



## Complete Summary

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### TITLE

Substance abuse: percentage of enrollees with substance abuse diagnosis receiving day/outpatient substance abuse treatment by primary care providers (PCPs)/unspecified providers (MEDDIC-MS).

### SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS. Medicaid encounter data driven improvement core measure set. Madison (WI): State of Wisconsin; 2003 Jan 1. 47 p.

## Brief Abstract

### DESCRIPTION

This measure assesses the percentage of enrollees with substance abuse diagnosis receiving day/outpatient substance abuse treatment by primary care providers (PCPs)/unspecified providers.

See the related NQMC measure summary, [Substance abuse: percentage of enrollees with substance abuse diagnosis receiving day/outpatient substance abuse treatment by substance abuse specialists \(MEDDIC-MS\)](#), that tracks day/outpatient substance abuse treatment.

### RATIONALE

Analysis of Office of Health Care Information (OHCI) (now known as Bureau of Health Information [BHI]) data indicated that access to mental health and substance abuse evaluations and treatment services are of high importance to overall health status for the working age men and women expected to comprise a larger proportion of the new enrolled population under the BadgerCare program than in Medicaid in general.

### PRIMARY CLINICAL COMPONENT

Substance abuse; day/outpatient substance abuse treatment; primary care providers/unspecified providers

### DENOMINATOR DESCRIPTION

Medicaid/BadgerCare enrollees in each age cohort (birth to age 18 years and age 19 years and older) continuously enrolled with the same health maintenance

organization (HMO) for at least ten months (304 days) immediately prior to the measure end date with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.

#### NUMERATOR DESCRIPTION

The number of unduplicated enrollees in the denominator age cohorts with substance abuse diagnosis receiving day/outpatient substance abuse treatment by primary care providers (PCPs)/unspecified providers (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

### Evidence Supporting the Measure

#### PRIMARY MEASURE DOMAIN

Process

#### SECONDARY MEASURE DOMAIN

Access

#### EVIDENCE SUPPORTING THE MEASURE

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Use of this measure to improve performance

#### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 1, 2002 HMO aggregate performance data. Wisconsin Medicaid and BadgerCare programs. Milwaukee (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 31 p.

Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 2, 2002 HMO performance data. Medicaid program data and BadgerCare program data compared. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 25 p.

Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 3, 2002 HMO-specific performance data. Wisconsin Medicaid

and BadgerCare programs. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 36 p.

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Decision-making by consumers about health plan/provider choice  
External oversight/Medicaid  
External oversight/State government program  
Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Managed Care Plans

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

All ages are included in the measure.

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

Unspecified

## ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

## BURDEN OF ILLNESS

Unspecified

## UTILIZATION

Unspecified

## COSTS

Unspecified

### Institute of Medicine National Healthcare Quality Report Categories

## IOM CARE NEED

Living with Illness

## IOM DOMAIN

Effectiveness  
Patient-centeredness

### Data Collection for the Measure

## CASE FINDING

Both users and nonusers of care

## DESCRIPTION OF CASE FINDING

Medicaid/BadgerCare enrollees in each age cohort (birth to age 18 years and age 19 years and older) continuously enrolled with the same health maintenance organization (HMO) for at least ten months (304 days) immediately prior to the measure end date\* with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.\*\*

\*Measure end date: The last date by which measured services can be rendered to be included in the measure numerator.

\*\*Measure look-back period: 12 months (365 days) from the measure end date. The measure look-back period may vary as specified by the Chief Medical Officer according to program needs.

Measure data extraction date: The date(s) determined by the department for extraction of data from the data warehouse for the purposes of reporting the measure. This will be at least 182 days after the

measure end date. Typically, measure end date is December 31 if a calendar year is to be measured, but it may be any date specified by the Chief Medical Officer according to program needs.

#### DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

#### DENOMINATOR (INDEX) EVENT

Patient Characteristic

#### DENOMINATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

Medicaid/BadgerCare enrollees in each age cohort (birth to age 18 years and age 19 years and older) continuously enrolled with the same health maintenance organization (HMO) for at least ten months (304 days) immediately prior to the measure end date with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.

##### Exclusions

Unspecified

#### NUMERATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

The number of unduplicated enrollees in the denominator age cohorts with substance abuse diagnosis\* receiving day/outpatient substance abuse treatment\*\* by primary care providers (PCPs)/unspecified providers

\*Refer to the original measure documentation for specified International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) substance abuse diagnosis codes.

\*\*Refer to the original measure documentation for Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, Uniform Billing (UB-92) revenue codes, and ICD-9-CM codes.

##### Exclusions

Unspecified

#### DENOMINATOR TIME WINDOW

Time window precedes index event

#### NUMERATOR TIME WINDOW

Fixed time period

#### DATA SOURCE

Administrative data

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

#### PRE-EXISTING INSTRUMENT USED

Unspecified

### Computation of the Measure

#### SCORING

Rate

#### INTERPRETATION OF SCORE

Better quality is associated with a higher score

#### ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)

#### DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Two age cohorts are reported:

- Birth to age 18 years
- Age greater than or equal to 19 years

#### STANDARD OF COMPARISON

External comparison of time trends

Internal time comparison

### Evaluation of Measure Properties

#### EXTENT OF MEASURE TESTING

This measure was tested and validated by an independent third party and subject to internal review in 2002.

#### EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Innovative Resources Group (IRG). Measure testing/validation reports for MEDDIC-MS. Brookfield (WI); Innovative Resources Group (IRG); 2002.

## Identifying Information

### ORIGINAL TITLE

Mental health and/or substance abuse: substance abuse day/outpatient treatment.

### MEASURE COLLECTION

[MEDDIC-MS \(Medicaid Encounter Data Driven Improvement Core Measure Set\). Rapid-cycle performance improvement measures system for Medicaid managed care.](#)

### MEASURE SET NAME

[MEDDIC-MS \(Medicaid Encounter Data Driven Improvement Core Measure Set\). Measures applicable to AFDC/HS \(Medicaid\) and SCHIP \(BadgerCare\).](#)

### MEASURE SUBSET NAME

[Monitoring Measures](#)

### DEVELOPER

State of Wisconsin, Department of Health and Family Services

### ADAPTATION

Measure was not adapted from another source.

### RELEASE DATE

2003 Jan

### MEASURE STATUS

This is the current release of the measure.

### SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS. Medicaid encounter data driven improvement core measure set. Madison (WI): State of Wisconsin; 2003 Jan 1. 47 p.

### MEASURE AVAILABILITY

The individual measure, "Mental Health and/or Substance Abuse: Substance Abuse Day/Outpatient Treatment," is published in "Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS)."

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#### COMPANION DOCUMENTS

The following are available:

- Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 1, 2002 HMO aggregate performance data. Wisconsin Medicaid and BadgerCare programs. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 31 p. This document is available in Portable Document Format (PDF) from the [Wisconsin Medicaid Managed Care Web site](#).
- Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 2, 2002 HMO performance data. Medicaid program data and BadgerCare program data compared. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 25 p. This document is available in PDF from the [Wisconsin Medicaid Managed Care Web site](#).
- Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 3, 2002 HMO-specific performance data. Wisconsin Medicaid and BadgerCare programs. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 36 p. This document is available in PDF from the [Wisconsin Medicaid Managed Care Web site](#).

#### NQMC STATUS

This NQMC summary was completed by ECRI on June 14, 2004. The information was verified by the measure developer on June 17, 2004.

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