



## Complete Summary

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### TITLE

Satisfaction with referral for mental health/substance abuse care: percentage of enrollees who responded that they did get a referral for mental health or substance abuse services (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 utilizes Consumer Assessment of Health Plans (CAHPS®) Enrollee Satisfaction Survey Data to assess satisfaction with health maintenance organization/managed care organization (HMO/MCO) customer service on a state-specified data element.

### RATIONALE

In early 1999, the "Mental Health/Alcohol and Other Drug Abuse (AODA) Quality Indicator Workgroup," comprised of key stakeholders in the Medicaid system, provided the Department with recommendations for specific outcome and performance measures for the Medicaid health maintenance organization (HMO) contract. One of the measures recommended by the workgroup was: "Satisfaction with referral for mental health or substance abuse treatment among those enrollees who say they need help with those issues, as measured by the Consumer Assessment of Health Plans (CAHPS®) survey."

### PRIMARY CLINICAL COMPONENT

Mental health; substance abuse; referral for care; satisfaction

### DENOMINATOR DESCRIPTION

Medicaid/BadgerCare enrollees responding that they had sought assistance with a mental health or substance abuse problem from their health maintenance organization/managed care organization (HMO/MCO) on state-specified question (#39) on the Wisconsin 1999 Consumer Assessment of Health Plans (CAHPS®) survey tool.

## NUMERATOR DESCRIPTION

The number of enrollees from the denominator responding that they did get a referral for mental health or substance abuse services on state-specified question (#40) on the Wisconsin 1999 Consumer Assessment of Health Plans (CAHPS®) survey tool.

### Evidence Supporting the Measure

#### PRIMARY MEASURE DOMAIN

Patient Experience

#### 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

Overall poor quality for the performance measured  
Use of this measure to improve performance

#### EVIDENCE SUPPORTING NEED FOR THE MEASURE

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.

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.

### 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

Unspecified

#### 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

Getting Better  
Living with Illness

### IOM DOMAIN

Patient-centeredness

## Data Collection for the Measure

### CASE FINDING

Users of care only

### DESCRIPTION OF CASE FINDING

Medicaid/BadgerCare enrollees responding that they had sought assistance with a mental health or substance abuse problem from their health maintenance organization/managed care organization (HMO/MCO) on state-specified question (#39) on the Wisconsin 1999 Consumer Assessment of Health Plans (CAHPS®) survey tool.

### DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

### DENOMINATOR (INDEX) EVENT

Patient Characteristic

### DENOMINATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

Medicaid/BadgerCare enrollees responding that they had sought assistance with a mental health or substance abuse problem from their health maintenance organization/managed care organization (HMO/MCO) on state-specified question (#39) on the Wisconsin 1999 Consumer Assessment of Health Plans (CAHPS®) survey tool.

#### Exclusions

Unspecified

## NUMERATOR INCLUSIONS/EXCLUSIONS

### Inclusions

The number of enrollees from the denominator responding that they did get a referral for mental health or substance abuse services on state-specified question (#40) on the Wisconsin 1999 Consumer Assessment of Health Plans (CAHPS®) survey tool.

### Exclusions

Unspecified

## DENOMINATOR TIME WINDOW

Time window precedes index event

## NUMERATOR TIME WINDOW

Fixed time period

## DATA SOURCE

Patient survey

## LEVEL OF DETERMINATION OF QUALITY

Not 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

This measure is risk adjusted for age and education level.

## STANDARD OF COMPARISON

External comparison of time trends  
Internal time comparison  
Prescriptive standard

## PRESCRIPTIVE STANDARD

The Division of Health Care Financing (DHCF) Health Maintenance Organization (HMO) Quality Technical Advisory Committee will evaluate factors affecting satisfaction with referral for mental health and substance abuse treatment during 2003 and will recommend a performance measure specification and performance goals in 2003 for implementation in 2004.

## EVIDENCE FOR PRESCRIPTIVE STANDARD

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.

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

In addition to Agency for Healthcare Research and Quality (AHRQ) Consumer Assessment of Health Plans (CAHPS®) documentation, statistical testing of state-specified elements was performed by the third party contractor responsible for survey administration and analysis of respondent data.

### 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

Satisfaction with referral for mental health/substance abuse care.

### 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

[Targeted Performance Improvement Measures \(TPIM\)](#)

DEVELOPER

State of Wisconsin, Department of Health and Family Services

ADAPTATION

Measure was adapted from another source.

PARENT MEASURE

Adult Medicaid HMO Recipient Satisfaction Survey (Consumer Assessment of Health Plans [CAHPS®])

Child Medicaid HMO Recipient Satisfaction Survey (Consumer Assessment of Health Plans [CAHPS®])

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, "Satisfaction with Referral for Mental Health/Substance Abuse Care," 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 January 30, 2004. The information was verified by the measure developer on February 9, 2004.

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