

# ED Utilization Measure Definition (ED)

July 25, 2016

Medicaid Version 1.1

## Description

Outpatient Emergency Department (ED) Visits per 1,000 Member Months

These specifications are derived from a measure developed by the Washington State Department of Social and Health Services, in collaboration with Medicaid delivery system stakeholders, as part of the 5732/1519 performance measure development process.

## Eligible Population

Ages	Separate reporting for age groups 10 – 17, 18 – 64 and 65+
Medicaid enrollment	Continuous Medicaid coverage in the 6 months up to and including the denominator-compliant member month
Anchor date	December 31 of the measurement year
Identification window	January 1 of the year prior to the measurement year through December 31 of the measurement year (24 months)
Benefit	Full benefit Medicaid-only and dual eligibles excluding Part C enrollees Exclude persons with third-party liability (coverage)
Data sources	Medicaid MCO encounters and HCA-paid claims RSN/BHO encounter data and DBHR-paid behavioral health services CARE assessment diagnoses for identification of mental illness and substance use disorder Medicare Parts A and B claims and Medicare Part D encounters Long-term care service data for AAA affiliation
Service contracting entity attribution	For Behavioral Health Organization (BHO), Area Agency on Aging (AAA) and Managed Care Organization (MCO) reporting, members must meet the additional attribution criteria defined below: <ul style="list-style-type: none"><li>Resided in the BHO service area continuously in the 6 months up to and including the qualifying service month AND presented an indication of a mental health treatment need in the 24 months leading up to and including the denominator-compliant member month</li><li>Resided in the BHO service area continuously in the 6 months up to</li></ul>

	<p>and including the qualifying service month AND presented an indication of a substance use disorder treatment need in the 24 months leading up to and including the denominator-compliant member month</p> <ul style="list-style-type: none"> <li>Resided in the AAA service area continuously in the 6 months up to and including the qualifying service month AND received AL TSA-funded in-home personal care services continuously in the 6 months up to and including the denominator-compliant member month</li> <li>Enrolled with the MCO continuously in the 6 months up to and including the denominator-compliant member month</li> </ul>
Event	Outpatient ED visits meeting the numerator criteria defined below
Claim status	Include only final paid claims or accepted encounters in measure calculation

### Denominator

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Medical coverage months in the eligible population in the measurement year.

### Numerator

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Outpatient ED visits during medical coverage months in the eligible population in the measurement year.

ED visits are defined by the following criteria:

- Claim or encounter is a hospital outpatient claim type AND
- One or more of the following criteria is met:
  - Revenue code in the set ('0450', '0451', '0452', '0456', '0459')
  - Procedure code in the set ('99281', '99282', '99283', '99284', '99285', '99288')
  - Place of service code = Emergency Department

Measure is expressed as a rate per 1,000 denominator member months in the measurement year.