

Measure Attribution of Clients to Service Contracting Entities

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Version 2.2

Context

This document provides definitions used to attribute Medicaid clients to specific service contracting entities for 5732/1519 cross-system outcome measure reporting. This information is intended to complement the technical specifications for each outcome measure.

Client Attribution to Service Contracting Entities

The criteria used to attribute patients to a service contracting entity in the reporting period depend on the measure type. Measures fall into three different types:

1. Annual-experience measures

- a. Adults' Access to Preventative/Ambulatory Care (HEDIS)
- b. Substance Use Disorder Treatment Penetration Rate
- c. Mental Health Services Penetration Rate (Broad and Narrow)
- d. Homelessness Rate (Broad and Narrow)
- e. Employment Rate
- f. Arrest Rate

2. Index-event measures

- a. Plan All-Cause Readmission Rate (HEDIS)
- b. Psychiatric Hospital Readmission Rate
- c. Initiation and Engagement in Substance Use Disorder Treatment (Washington Circle Adaptation)

3. Utilization measures

- a. Emergency Department (ED) Visits per 1000 Member Months
- b. Home and Community-Based Service (HCBS) Use as a Proportion of All Long-term Supports and Services (LTSS) Use

Annual-experience measures generally examine a client's experience over the course of the reporting year to identify whether a specific qualifying event (e.g., an ambulatory care visit or receipt of mental health treatment) has occurred. The event may occur at any point in the year. NCQA-HEDIS measures of this type (such as Adults' Access to Preventative/Ambulatory Care) generally require near-continuous health plan enrollment for a member to be attributed to a health plan in the reporting year. We have adopted an analogous attribution approach that requires near-continuous affiliation of the client with the service contracting entity in the measurement year.

Index-event measures reflect the occurrence of a sentinel "index event" (e.g., a hospital discharge) at some time during the measurement year. For hospital readmission measures, we have adopted the HEDIS approach that requires near-continuous affiliation of the client with the

service contracting entity in the 12 months prior to the index discharge and in the 30-day follow-up window.

Utilization measures reflect the volume of measured services used, relative to the volume of qualifying months of service in the population. The ED utilization metric reflects the number of outpatient ED visits, relative to the number of qualifying medical coverage months in the population. For this metric, we have adopted a somewhat less restrictive continuous enrollment criterion (6 months of continuous enrollment up to and including the measurement month) for client attribution to a service contracting entity.

The HCBS/Institutional balance measure reflects HCBS service use relative to the volume of qualifying person-months receiving LTSS services. For this metric we attribute a client to a service contracting entity based on the client's residential location in the qualifying month of service.

For annual-experience measures – with the exception of the arrest, employment and housing measures – the following methods were used to attribute a client to a service contracting entity in the measurement year:

- Area Agencies on Aging
 - Assigned to the reported AAA (PSA) as recorded in the CARE “Clientassignhistory” table in at least 11 months in the measurement year AND
 - Received AL TSA-funded in-home personal care services in at least 11 months in the measurement year
- Medicaid enrollees with mental health service needs (Behavioral Health Organizations)
 - Resided in the BHO service area in at least 11 months in the measurement year AND
 - Presented an indication of a mental health service need in the 24 months leading up to the end of the measurement year¹
- Medicaid enrollees with substance use disorders (Behavioral Health Organizations)
 - Resided in the BHO service area in at least 11 months in the measurement year AND
 - Presented an indication of a substance use disorder treatment need in the 24 months leading up to the end of the measurement year²
- HCA Managed Care Organizations (MCOs)
 - Enrolled with the MCO in at least 11 months in the measurement year
 - Will include fully integrated managed care plans

For arrest, employment and housing measures, we perform attribution using a threshold of 7+ months of Medicaid enrollment and 7+ months of residential location or managed care enrollment affiliation. Less stringent inclusion criteria are used for arrest and housing stability measures because criminal justice involvement and homelessness are associated with increased risk of Medicaid enrollment disruption. Using this less restrictive approach for the employment metric extends the period of time during which clients who have earned their way off Medicaid count positively towards measured employment outcomes.

¹ See the Mental Health Service Penetration measure definition document for detailed information regarding the identification of mental health service needs.

² See the Substance Use Disorder (SUD) Treatment Penetration measure definition document for detailed information regarding the identification of SUD treatment needs.

For hospital readmission index event measures, the following methods were used to attribute a client to a service contracting entity in the measurement year:

- Area Agencies on Aging
 - Assigned to the reported AAA (PSA) as recorded in the CARE “Clientassignhistory” table in at least 11 of the 12 months up to/including the index discharge and in the month after discharge AND
 - Received AL TSA-funded in-home personal care services in at least 11 of the 12 months up to and including the index discharge and in the month after discharge
- Medicaid enrollees with mental health service needs (Behavioral Health Organizations)
 - Resided in the BHO service area in at least 11 of the 12 months up to/including the index discharge and in the month after discharge AND
 - Presented an indication of a mental health service need in the 24 months leading up to and including the index discharge and in the month after discharge
- Medicaid enrollees with substance use disorders (Behavioral Health Organizations)
 - Resided in the BHO service area in at least 11 of the 12 months up to/including the index discharge and in the month after discharge AND
 - Presented an indication of a substance use disorder treatment need in the 24 months leading up to and including the index discharge and in the month after discharge
- HCA Managed Care Organizations
 - Enrolled with the MCO in at least 11 of the 12 months up to/including the index discharge, and enrolled in the month after discharge

For the HCBS/Institutional balance measure, the following methods were used to attribute a client to a service contracting entity in the measurement year:

- Area Agencies on Aging
 - Assigned to the reported AAA (PSA) as recorded in the CARE “Clientassignhistory” table in the qualifying month of service
 - Received AL TSA-funded services in the qualifying month of service in one of the five modalities:
 - In-home personal care
 - Adult family home
 - Assisted living
 - Adult residential care
 - Nursing facility
- Medicaid enrollees with mental health service needs (Behavioral Health Organizations)
 - Resided in the BHO service area in the qualifying month of service
 - Presented an indication of a mental health service need in the 24 months leading up to and including the qualifying month of service
 - Received AL TSA-funded services in the qualifying month of service in one of the five modalities:
 - In-home personal care

- Adult family home
 - Assisted living
 - Adult residential care
 - Nursing facility
- Medicaid enrollees with substance use disorders (Behavioral Health Organizations)
 - Resided in the BHO service area in the qualifying month of service
 - Presented an indication of a substance use disorder treatment need in the 24 months leading up to and including the qualifying month of service
 - Received ALTSA-funded services in the qualifying month of service in one of the five modalities:
 - In-home personal care
 - Adult family home
 - Assisted living
 - Adult residential care
 - Nursing facility
- HCA Managed Care Organizations
 - Enrolled with the MCO in the qualifying month of service
 - Received services from ALTSA in the qualifying month of service in one of the five modalities:
 - In-home personal care
 - Adult family home
 - Assisted living
 - Adult residential care
 - Nursing facility

For the ED utilization measure, the following methods were used to attribute a client to a service contracting entity in the measurement year:

- Area Agencies on Aging
 - Assigned to the reported AAA (PSA) as recorded in the CARE “Clientassignhistory” table continuously in the 6 months up to and including the qualifying service month AND
 - Received ALTSA-funded in-home personal care services continuously in the 6 months up to and including the qualifying service month
- Behavioral Health Organization Mental Health
 - 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 service need in the 24 months leading up to and including the qualifying service month
- Behavioral Health Organization Substance Use Disorder
 - 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 substance use disorder treatment need in the 24 months leading up to and including the qualifying service month