Ambulatory Care: Emergency Department and Outpatient Utilization

Measure Basic Information

Name and date of specifications used: HEDIS® 2019 Technical Specifications for Health Plans (Volume 2)

URL of Specifications: N/A

Measure Type:
HEDIS ■   PQI☐   Survey☐   Other☐   Specify:

Measure Utility:
CCO Incentive■ (Only Emergency Department utilization)   State Quality ■   CMS Adult Core Set☐
CMS Child Core Set■   Other☐   Specify:

Data Source: MMIS/DSSURS

Measurement Period: January 1, 2019 – December 31, 2019

Emergency Department utilization benchmark*:
2013 Benchmark: 44.4/ 1,000 member months; 2011 National Medicaid 90th percentile
2014 Benchmark: 44.6/ 1,000 member months; 2013 National Medicaid 90th percentile
2015 Benchmark: 39.4/ 1,000 member months; 2014 National Medicaid 90th percentile
2016 Benchmark: 39.8 / 1,000 member months; 2015 national Medicaid 90th percentile
2017 Benchmark: 42.9 / 1,000 member months; 2016 national Medicaid 90th percentile
2018 Benchmark: 44.2 / 1,000 member months; 2017 national Medicaid 90th percentile
2019 Benchmark: 43.1 / 1,000 member months; 2018 national Medicaid 90th percentile

2019 Improvement Targets: Minnesota method with 2 percent floor.

*Benchmark is for the Emergency Department (ED) utilization rate only. OHA is continuing to measure and report on outpatient utilization, but CCOs receive the incentive payment based on the ED utilization rate.

Incentive Measure changes in specifications from 2018 to 2019:
- HEDIS 2019 added Telephone Visits Value Set, Telehealth Modifier Value Set, and Online Assessments Value Set to outpatient utilization.
- HEDIS 2019 moved instructions for identifying ED/observation visits that result in an inpatient stay to General Guideline 44. The method is modified to exclude any residual ED service dates may previously be identified after an inpatient admission date, but during the duration of the inpatient stay.
- HEDIS 2019 Ambulatory Outpatient Visits Value Set added CPT code 99483.

- HEDIS 2019 Mental and Behavioral Disorders Value Set added 15 ICD10CM diagnosis codes: F10.11, F11.11, F12.11, F12.23, F12.93, F13.11, F14.11, F15.11, F16.11, F18.11, F19.11, F50.82, F53.0, F53.1, F68.A. Deleted all ICD9CM diagnosis codes
- HEDIS 2019 ED Procedure Code Value Set added 42 and deleted 29 CPT codes.
- OHA clarified the method used for excluding members utilizing hospice services.

HEDIS specifications are written for multiple lines of business and include a broad set of codes that could be used for measurement. Codes OHA is not using include, but are not limited to, LOINC, CPT, and HCPCS codes that are not open to Medicaid in Oregon. A general is that only CPT/HCPCS codes associated with the prioritized list will be used to calculate the measures; however as some measure specifications include denied claims, a claim that was denied because it included codes not on the prioritized list might still be counted toward the measure.

OHA is following HEDIS guidelines for Effectiveness of Care, Access/Availability of Care, Experience of Care, and Utilization measures to determine which services count. OHA is not using all codes listed in the HEDIS specifications.

Member type: CCO A ■   CCO B ■   CCO G ☐

Specify claims used in the calculation:

AMB	Claim from matching CCO	Denied claims included
Numerator event	Y	N

Measure Details

Data elements required denominator: 1,000 Member Months

Required exclusions for denominator: Members in hospice are excluded from this measure. These members are identified using HEDIS 2019 Hospice Value Set, with claims within the measurement year. (See HEDIS 2019 General Guideline 17 for detail.)

Hospice Value Set		
CPT/HCPCS	**UBREV**	**UBTOB**
99377, 99378, G0182, G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046	0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659	0810-0815, 0817-0825, 0827-0829, 081A, 081B, 081C, 081D, 081E, 081F, 081G, 081H, 081I, 081J, 081K, 081M, 081O, 081X, 081Y, 081Z, 082A, 082B, 082C, 082D, 082E, 082F, 082G, 082H, 082I, 082J, 082K, 082M, 082O, 082X, 082Y, 082Z

Deviations from cited specifications for denominator: None.

Data elements required numerator: See HEDIS® 2019 Technical Specifications for Health Plans (Volume 2) and Value Set workbook for details.

Numerator for Emergency Department Visits – Count each visit to an ED that does not result in an inpatient encounter once; count multiple ED visits on the same date of service as one visit. Emergency Department visits are specified by the following codes:

ED Value Set	
CPT	**UB Revenue**
99281-99285	0450, 0451, 0452, 0456, 0459, 0981

OR

ED Procedure Code Value Set			ED POS Value Set
CPT			**POS**
Total of 5,790 CPT codes are included. See HEDIS 2019 Value Set Dictionary for detail		<u>With</u>	23

Do not include ED visits that result in an inpatient stay (Inpatient Stay Value Set).

HEDIS 2019 General Guideline 44: When an ED or observation visit and an inpatient stay are billed on separate claims, the visit results in an inpatient stay when the ED/observation date of service occurs on the day prior to the admission date or any time during the admission (admission date through discharge date). An ED or observation visit billed on the same claim as an inpatient stay is considered a visit that resulted in an inpatient stay.

Inpatient Stay Visits Value Set	
UBREV	0100, 0101, 0110 – 0114, 0116 – 0124, 0126 – 0134, 0136 – 0144, 0146 – 0154, 0156 – 0160, 0164, 0167, 0169 – 0174, 0179, 0190 – 0194, 0199 – 0204, 0206 – 0214, 0219, 1000 – 1002

Numerator for Outpatient Visits - Count multiple codes with the same practitioner on the same date of service as a single visit. Count visits with different practitioners separately (count visits with different providers on the same date of service as different visits). Outpatient visits are specified by the following codes:

Ambulatory Outpatient Visits Value Set			Telehealth Modifier Value Set
CPT	92002, 92004, 92012, 92014, 99201 - 99205, 99211 - 99215, 99241 - 99245, 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99429, 99461, 99483	**With or without**	95, GT
HCPCS	G0463, T1015		
UBREV	0510 - 0517, 0519 - 0529, 0982, 0983		

OR

Telephone Visits Value Set	
CPT	98966-98968, 99441-99443

<div align="center">OR</div>

Online Assessments Value Set	
CPT	98969, 99444

Required exclusions for numerator: Mental health and chemical dependency services are excluded, using the following codes. Note OHA began applying the exclusions at the <u>claim line level</u> in measurement year 2016. OHA keeps all paid claim lines (i.e., unless the entire claim was denied, the paid lines pass through the algorithm and are picked up for this exclusion).

Mental and Behavioral Disorders Value Set
Principal ICD-10 CM Diagnosis
Total of 724 diagnosis codes are included. See HEDIS 2019 Value Set Dictionary for detail

<div align="center">OR</div>

Psychiatry Value Set
CPT
90785, 90791, 90792, 90832 - 90834, 90836 - 90840, 90845 - 90847, 90849, 90853, 90863, 90865, 90867 - 90870, 90875, 90876, 90880, 90882, 90885, 90887, 90889, 90899

<div align="center">OR</div>

Electroconvulsive Therapy Value Set
ICD-10 PCS Procedure
GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ

Deviations from cited specifications for numerator: None.

What are the continuous enrollment criteria: None.

What are allowable gaps in enrollment: None.

Define Anchor Date (if applicable): None.