



Ambulatory Care: Emergency Department and Outpatient Utilization (HEDIS®)

Measure Basic Information

Name and date of specifications used: HEDIS® 2015 Technical Specifications for Health Plans

URL of Specifications: N/A

Measure Type:

HEDIS PQI Survey Other Specify:

Measure Utility:

CCO Incentive Core Performance CMS Adult Set CHIP Set State Performance

Other Specify:

Data Source: MMIS/DSSURS

Measurement Period: January 1, 2015 – December 31, 2015

2013 Benchmark: 44.4/1,000 member months* (Emergency Department utilization rate); from 2011 National Medicaid 90th percentile

2014 Benchmark: 44.6/1,000 member months* (Emergency Department utilization rate); from 2013 National Medicaid 90th percentile

2015 Benchmark: 39.4/1,000 member months* (Emergency Department utilization rate); from 2014 National Medicaid 90th percentile

*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 2014 to 2015:

OHA is using HEDIS 2015 specifications for all 2015 measurement.

Changes from HEDIS 2013 to HEDIS 2015 include:

- ED visits numerator (formally Table AMB-B): Added 119 CPT codes and deleted 59 CPT codes, due to new procedure codes added and old codes retired. See ED Procedure Code Value Set workbook for details.
- Outpatient visits numerator (formally Table AMB-A): Added HCPCS G0463, T1015. See Ambulatory Outpatient Visits Value Set workbook for details.
- Mental health exclusion (formally Table AMB-C): Added CPT 90785, 90791, 90792. Deleted the ‘Principal ICD-9-CM Diagnosis WITH Secondary ICD-9-CM Diagnosis’ section. See Psychiatry Value Set workbook for details.



HEDIS specifications are written for multiple lines of business and include a broad set of codes that could be used for measurement. OHA is not using all codes listed in the HEDIS specifications. 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 rule of thumb 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.

Denied claims: Included Not included

Measure Details

Data elements required denominator: 1,000 Member Months

Required exclusions for denominator: None. See HEDIS® 2015 Technical Specifications for Health Plans (Volume 2) for details.

Deviations from cited specifications for denominator: None.

Data elements required numerator: See HEDIS® 2015 Technical Specifications for Health Plans (Volume 2) and Value Set workbook for details.

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 - 0459, 0981

OR

ED Procedure Code Value Set	With	ED Procedure Code Value Set
CPT		POS
10030-69979*		23

*Total of 5,692 CPT codes are included in the HEDIS 2015 'ED Procedure Code' Value Set.

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	
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, 99420, 99429, 99461
HCPCS	T1015, G0463



Ambulatory Outpatient Visits Value Set	
UBREV	0510 - 0517, 0519 - 0529, 0982, 0983

Required exclusions for numerator: Mental health and chemical dependency services are excluded, using the following codes:

Mental and Behavioral Disorders Value Set
Principal ICD-9 CM Diagnosis
290-316

OR

Psychiatry Value Set
CPT
90785, 90791, 90792, 90801, 90802, 90804 - 90819, 90821 - 90824, 90826 - 90829, 90832 - 90834, 90836 - 90840, 90845 - 90847, 90849, 90853, 90857, 90862, 90863, 90865, 90867 - 90870, 90875, 90876, 90880, 90882, 90885, 90887, 90889, 90899

OR

Electroconvulsive Therapy Value Set
ICD-9-CM Procedure
94.26, 94.27

OR

AOD Rehab and Detox Value Set
ICD-9-CM Procedure
94.61 - 94.69

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.