



## Ambulatory Care: Emergency Department and Outpatient Utilization

### Measure Basic Information

**Name and date of specifications used:** HEDIS® 2018 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 Measure  CMS Adult Core Set  CMS Child Core Set  Other  Specify:

**Data Source:** MMIS/DSSURS

**Measurement Period:** January 1, 2018 – December 31, 2018.

**Emergency Department utilization benchmark\*:**

**2013 Benchmark:** 44.4 / 1,000 member months; 2011 National Medicaid 90<sup>th</sup> percentile

**2014 Benchmark:** 44.6 / 1,000 member months; 2013 National Medicaid 90<sup>th</sup> percentile

**2015 Benchmark:** 39.4 / 1,000 member months; 2014 National Medicaid 90<sup>th</sup> percentile

**2016 Benchmark:** 39.8 / 1,000 member months; 2015 national Medicaid 90<sup>th</sup> percentile

**2017 Benchmark:** 42.9 / 1,000 member months; 2016 national Medicaid 90<sup>th</sup> percentile

**2018 Benchmark:** 44.2 / 1,000 member months; 2017 national Medicaid 90<sup>th</sup> percentile

**2018 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 2017 to 2018:**

OHA is using HEDIS 2018 specifications for all 2018 measurement. Changes from HEDIS 2017 to 2018 include:

- HEDIS 2018 further clarify the methods to identify an ED visit that resulted in an inpatient stay for exclusion: When an ED visit and an inpatient stay are billed on separate claims, the visit results in an inpatient stay when the admission date for the inpatient stay occurs on the ED date of service, or on calendar day after. An ED visit billed on the same claim as an inpatient stay is considered a visit that resulted in an inpatient stay.
- HEDIS 2018 removed 'AOD Rehab and Detox Value Set' from required exclusion; this value set only contained ICDPCS inpatient procedure codes, and these services may still be identified for



exclusion based on chemical dependency diagnosis codes (included in the Mental and Behavioral Disorders Value Set).

- HEDIS 2018 Ambulatory Outpatient Visits value set deleted one CPT code 99420.
- HEDIS 2018 Mental and Behavioral Disorders Value Set added 13 ICD10 diagnosis codes: F32.81, F32.89, F34.81, F34.89, F42.2, F42.3, F42.4, F42.8, F42.9, F50.81, F50.89, F64.0, F80.82.
- HEDIS 2018 ED Procedure Code Value Set added 51 and deleted 22 CPT codes.

*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 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.*

*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:** None.

**Deviations from cited specifications for denominator:** None.

**Data elements required numerator:** See HEDIS® 2018 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, 0451, 0452, 0456, 0459, 0981



OR

ED Procedure Code Value Set	With	ED POS Value Set
CPT		POS
10021-69990* See HEDIS 2018 for details.		23

\*Total of 5,777 CPT codes are included in the HEDIS 2018 'ED Procedure Code' Value Set.

Do not include ED visits that result in an inpatient stay (Inpatient Stay value Set). When an ED visit and an inpatient stay are billed on separate claims, the visit results in an inpatient stay when the admission date for the inpatient stay occurs on the ED date of service, or on calendar day after. An ED 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

**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	G0463, T1015
UBREV	0510 - 0517, 0519 - 0529, 0982, 0983

**Required exclusions for numerator:** Mental health and chemical dependency services are excluded, using the following codes. Note OHA began applying the exclusions at the claim line level 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-9 CM Diagnosis	Principal ICD-10 CM Diagnosis
See HEDIS 2018 for details (Total of 1,181 diagnosis codes are included in the HEDIS 2018 Mental and Behavioral Disorders Value Set)	

OR

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

OR



<b>Electroconvulsive Therapy Value Set</b>
<b>ICD-10 PCS Procedure</b>
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.