Disparity Measure: Emergency Department Utilization for Individuals Experiencing Mental Illness

Measure Basic Information

Name and date of specifications used: HEDIS® 2019 Technical Specifications for Health Plans (Volume 2) and Oregon-specific definition for identifying individuals with mental illness.

URL of Specifications: N/A

Measure Type:

HEDIS☐ PQI☐ Survey☐ Other■ Specify: HEDIS, with OHA modifications.

Measure Utility:

CCO Incentive■ State Quality ☐ CMS Adult Core Set☐ CMS Child Core Set☐ Other☐
Specify:

Data Source: MMIS/DSSURS

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

2018 Benchmark: 92.9 / 1,000 member months; 2016 CCO 90th percentile
2019 Benchmark: 87.7 / 1,000 member months; 2017 CCO 90th percentile

2019 Improvement Targets: Minnesota method with 3 percent floor

Incentive Measure changes in specifications from 2018 to 2019:

- 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 how members are identified in the denominator using all claims history in the 36-month lookback period, but only their enrollment and ED visits within the measurement year are attributed to the organizations for the same year. These are clarifications and do not change how OHA produces the measure.

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 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:

Disparity	Claim from matching CCO	Denied claims included
Mental illness claims for denominator member list	N	N
Numerator AMB ED event	Y	N

Measure Details

Data elements required denominator: 1,000 member months of the adult members enrolled with the organization, who are identified as having experienced mental illness. The adult members are identified as age 18 or older at the end of the measurement year. OHA uses claims from the measurement year, and the two years preceding the measurement year (a rolling look back period for total of 36 months), and the members who had two or more visits[1] with any of the diagnoses in the Members Experiencing Mental Illness Value Set[2] below are identified for inclusion in the denominator:

Members Experiencing Mental Illness Value Set	
ICD-9 Diagnosis	**ICD-10 CM Diagnosis**
2967, 2973, 2988, 2989, 3003, 29500, 29501, 29502, 29503, 29504, 29505, 29510, 29511, 29512, 29513, 29514, 29515, 29520, 29521, 29522, 29523, 29524, 29525, 29530, 29531, 29532, 29533, 29534, 29535, 29540, 29541, 29542, 29543, 29544, 29545, 29550, 29551, 29552, 29553, 29554, 29555, 29560, 29561, 29562, 29563, 29564, 29565, 29570, 29571, 29572, 29573, 29574, 29575, 29580, 29581, 29582, 29583, 29584, 29585, 29590, 29591, 29592, 29593, 29594, 29595, 29600, 29601, 29602, 29603, 29604, 29605, 29606, 29610, 29611, 29612, 29613, 29614, 29615, 29616, 29620, 29621, 29622, 29623, 29624, 29625, 29626, 29630, 29631, 29632, 29633, 29634, 29635, 29636, 29640, 29641, 29642, 29643, 29644, 29645, 29646,	F200, F201, F202, F203, F205, F2081, F2089, F209, F21, F23, F24, F250, F251, F258, F259, F28, F29, F3010, F3011, F3012, F3013, F302, F303, F304, F308, F309, F310, F3110, F3111, F3112, F3113, F312, F3130, F3131, F3132, F314, F315, F3160, F3161, F3162, F3163, F3164, F3170, F3171, F3172, F3173, F3174, F3175, F3176, F3177, F3178, F3181, F3189, F319, F320, F321, F322, F323, F324, F325, F328,

[1] A 'visit' is defined as a unique member and date of service.
[2] The 'Members Experiencing Mental Illness Value Set' is defined by OHA specifically for the Disparity measure, which should not be confused with the HEDIS Mental Illness Value Set.

29650, 29651, 29652, 29653, 29654, 29655, 29656, 29660, 29661, 29662, 29663, 29664, 29665, 29666, 29680, 29681, 29682, 29689, 29690, 29699, 30122, 30183, 30981	F329, F330, F331, F332, F333, F3340, F3341, F3342, F338, F339, F348, F349, F39, F42, F4310, F4311, F4312, F603

To note, the denominator members are identified on an individual-basis. A member could be included in the measure due to a history of qualifying mental illness claims in the 36-month look back period from any of the organizations in OHP with which they have coverage at the time. Once the members are identified, their length of enrollment (member months) within the measurement year is attributed according to the organizations they have enrolled with for the same year for the denominator. The mental illness claims in the 36-month look back period do not need to match the organization(s) to which the member has enrolled with during the measurement year.

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: Number of emergency department visits from the denominator members (members experiencing mental illness), during the enrollment span with the organization within the measurement year. 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	With	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

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-10 CM Diagnosis
Total of 724 diagnosis codes are included. See HEDIS 2019 Value Set Dictionary for detail

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

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.