



Ambulatory Care: Emergency Department and Outpatient Utilization

Measure Basic Information

Name and date of specifications used: HEDIS® 2017 Technical Specifications for Health Plans (Volume 2)

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, 2017 – December 31, 2017.

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

2016 Benchmark: 39.8 / 1,000 member months* (Emergency Department utilization rate); from 2015 national Medicaid 90th percentile

2017 Benchmark: 42.9 / 1,000 member months* (Emergency Department utilization rate); from 2016 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 2016 to 2017:

OHA is using HEDIS 2017 specifications for all 2017 measurement. Changes from HEDIS 2016 to 2017 include:

- HEDIS 2017 adds specific methods to identify ED visits that result in an inpatient stay for exclusion. The specifications start to use the Inpatient Stay Value Set for excluding ED visits, and include “ED date of service and the admission date for the inpatient stay are one calendar day apart or less” for exclusion. The new instruction excludes more than the exact match of ED and admission dates (ED visits result in admission in the next day also included), therefore OHA no longer uses the ‘inpatient admission date database’ method. OHA will rebase the 2017 CCO targets with the 2016 results recalculated with this change.



- HEDIS 2017 ED Procedure Code Value Set added 51 new CPT codes and deleted 78 obsolete codes. Please see HEDIS 2017 value set and code table for detail.
- HEDIS 2017 Psychiatry Value Set deleted 28 obsolete CPT codes.
- OHA adds clarification that exclusions are applied at claim line level. OHA keeps all paid claims lines (i.e., unless the entire claim was denied, the paid lines pass through the algorithm and are included).

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.

Denied claims: Included Not included

Member type: CCO A CCO B CCO G

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® 2017 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 2017 for details.	23
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*Total of 5,748 CPT codes are included in the HEDIS 2017 'ED Procedure Code' Value Set.

Do not include ED visits that result in an inpatient stay (Inpatient Stay value Set). An ED visit results in an inpatient stay when the ED date of service and the admission date for the inpatient stay are one calendar day apart or less. In other words, exclude ED visits with an inpatient admission on the same day or the next day.

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
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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 2017 for details.	

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 PCS Procedure	ICD-10 PCS Procedure
See HEDIS 2017 for details.	



94.26, 94.27	GZB4ZZZ, GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ
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OR

AOD Rehab and Detox Value Set	
ICD-9PCS Procedure	ICD-10 PCS Procedure
See HEDIS 2017 for details.	

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.