

Disparity Measure: Emergency Department Utilization for Individuals Experiencing Mental Illness

Measure Basic Information

Name and date of specifications used: HEDIS® 2020 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, 2020 – December 31, 2020

Benchmark for OHA measurement year	2018	2019	2020
MHED	92.9/1000 MM	87.7/1000 MM	86.5/1000 MM
Source:	CCO 90th percentile from two years prior		

2020 Improvement Targets: Minnesota method with 3 percent floor

Incentive Measure changes in specifications from 2019 to 2020:

- HEDIS 2020 removed “with or without a telehealth modifier” language; refer to General Guideline 43.
- Added a note to indicate that supplemental data may not be used for this measure.
- HEDIS 2020 added 34 CPT codes to 2020 ED Procedure Code Value Set.
- HEDIS 2020 updated hospice exclusion rule in General Guideline 17 which replaced Hospice Value Set with two new value sets: Hospice Encounter Value Set and Hospice Intervention Value Set. UBTOB codes are no longer in use for identifying hospice exclusion.
- Several newly effective ICD-10 diagnosis codes are added to Members Experiencing Mental Illness Value Set: F3289, F3481, F3489, F422, F423, F428, F429. ICD-9 diagnosis codes are removed from the value set since they are no longer relevant for the measurement period.

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 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 visits¹ with any of the diagnoses in the Members Experiencing Mental Illness Value Set² below are identified for inclusion in the denominator:

Members Experiencing Mental Illness Value Set
ICD-10 CM Diagnosis
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, F3289, F329, F330, F331, F332, F333, F3340, F3341, F3342, F338, F339, F348, F3481, F3489, F349, F39, F42, F422, F423, F428, F429, 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

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.

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 2020 Hospice Encounter Value Set and Hospice Intervention Value Set, with claims within the measurement year. (See HEDIS 2020 General Guideline 17 for detail.)

Hospice Encounter Value Set	
CPT/HCPCS	UBREV
G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046	0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659

Hospice Intervention Value Set
CPT/HCPCS
99377, 99378, G0182

Note HEDIS 2020 included SNOMED CT codes in Hospice Encounter Value Set and Hospice Intervention Value Set which are not in the administrative claims data that OHA uses for the measure, therefore these codes are omitted in the above code tables.

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 5,824 CPT codes are included. See HEDIS 2020 Value Set Dictionary for detail	With	23

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

HEDIS 2020 General Guideline 45: When an outpatient, ED or observation visit and an inpatient stay are billed on separate claims, the visit results in an inpatient stay when the outpatient/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 outpatient, 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 2020 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	
CPT	ICD-10 PCS Procedure
90870	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.

Version Control

- The specifications were updated on January 29, 2020 to include the HEDIS 2020 [Hospice Encounter Value Set](#) and [Hospice Intervention Value Set](#) code tables for hospice exclusion. Previously the HEDIS 2019 version [Hospice Value Set](#) was still listed by mistake.