Ambulatory Care: Emergency Department and Outpatient Utilization

Measure Basic Information

Name and date of specifications used: HEDIS® 2016 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, 2016 – December 31, 2016.

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

*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 2015 to 2016:
OHA is using HEDIS 2016 specifications for all 2016 measurement. Changes from HEDIS 2015 to 2016 include:

- HEDIS 2016 ED Procedure Code Value Set added 84 new CPT codes and deleted one obsolete code. Please see HEDIS 2016 value set and code table for detail.

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. See HEDIS® 2016 Technical Specifications for Health Plans (Volume 2) for details.

Deviations from cited specifications for denominator: None.

Data elements required numerator: See HEDIS® 2016 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		ED Procedure Code Value Set
CPT	With	**POS**
10030-69979*		23

*Total of 5,775 CPT codes are included in the HEDIS 2016 '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
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	**Principal ICD-10 CM Diagnosis**
290-316	See HEDIS 2016 for details.

<div align="center">**OR**</div>

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

<div align="center">**OR**</div>

Electroconvulsive Therapy Value Set	
ICD-9-CM Procedure	**ICD-10-CM Procedure**
94.26, 94.27	GZB4ZZZ, GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ

<div align="center">**OR**</div>

AOD Rehab and Detox Value Set	
ICD-9-CM Procedure	**ICD-10-CM Procedure**
94.61 - 94.69	See HEDIS 2016 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.