



Disparity Measure: Emergency Department Utilization for Individuals Experiencing Mental Illness

Measure Basic Information

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

Other Specify:

Data Source: MMIS/DSSURS

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

2018 Benchmark: 92.9 / 1,000 member months; Metrics & Scoring Committee consensus based on 2016 CCO 90th percentile.

2018 Improvement Targets: Minnesota method with 3 percentage floor.

Incentive Measure changes in specifications from 2017 to 2018:

N/A.

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:

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 month 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 with a 36-month rolling look back period, and the members who had two or more visits¹ with any of the **principal** diagnoses in the Members Experiencing Mental Illness Value Set² below are identified for inclusion in the denominator:

Members Experiencing Mental Illness Value Set	
Principal ICD-9 Diagnosis	Principal 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, 29650, 29651, 29652, 29653, 29654, 29655, 29656, 29660, 29661, 29662, 29663, 29664, 29665, 29666, 29680, 29681, 29682, 29689, 29690, 29699, 30122, 30183, 30981	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, F329, F330, F331, F332, F333, F3340, F3341, F3342, F338, F339, F348, F349, F39, F42, F4310, F4311, F4312, F603

To note, the 36-month look back period for measurement year 2018 would be January 1, 2016 to December 31, 2018. During the look back period, the claims to identify mental illness can come from organizations other than the same one a member is enrolled with during the measurement period. For example, a member could have a fee-for-service mental illness claim in 2016, another mental illness claim from another CCO in 2017, and qualify as a member with mental illness in measurement year 2018. For all the organizations that the member had enrollment with during 2018, they will contribute to the denominator member months for this measure, depending on the length of the enrollment.

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.



Required exclusions for denominator: None.

Deviations from cited specifications for denominator: None.

Data elements required numerator: Number of emergency department visits when the member experiencing mental illness is enrolled with the organization. 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 2018 for details.		23

*Total of 5,777 CPT codes are included in the HEDIS 2018 'ED Procedure Code' Value Set; **not all of the codes in this range are included by HEDIS.**

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

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.	

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
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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.

Version Control

- Updated on March 28, 2018:
 - Clarified all diagnosis files and all claims for a member in the 36-month look back period are used for identifying mental illness. OHA does not only use the principal diagnosis filed. This has been the way the indicator has been populated in monthly CCO metrics dashboard.
 - Clarified the codes included by HEDIS in the 'ED Procedure Code Value Set.'
 - Corrected typos.