# Proposed Retirement for HEDIS<sup>®1</sup> 2020: Ambulatory Care (AMB) Inpatient Utilization—General Hospital/Acute Care (IPU)

NCQA seeks comments on the proposed retirement of the HEDIS Ambulatory Care (AMB) and Inpatient Utilization—General Hospital/Acute Care (IPU) measures.

AMB summarizes utilization of ambulatory care in outpatient visits and emergency department visits. IPU summarizes utilization of acute inpatient care and services in maternity, surgery, medicine and total inpatient. Both measures are reported by all three product lines.

AMB and IPU may be redundant with several HEDIS measures that encompass most of the same components.

*Emergency Department Utilization* and *Acute Hospital Utilization* are utilization measures that assess similar services, but because they are risk-adjusted, we can designate and benchmark a desired rate that accounts for an organization's case mix.

Adults' Access to Preventive/Ambulatory Health Services and Children and Adolescents' Access to Primary Care Practitioners are access measures that assess outpatient ambulatory and outpatient care for adults and children, respectively. The child measure applies to commercial and Medicaid plans; the adult measure applies to all product lines.

The AMB and IPU measures' use in programs varies. AMB, IPU and their corresponding risk-adjusted measures are used in the Align Measure Perform program. The AMB measure is also used in the Centers for Medicare & Medicaid Services Medicaid Child Core Set and the Health Home Core Set to assess ED visits.

Stakeholders with whom we spoke indicated support for retirement of AMB and IPU because they are redundant with existing risk-adjusted measures of ambulatory and inpatient utilization. Some stakeholders expressed concerns about the lack of corresponding risk-adjusted measures for the Medicaid product line. A few stakeholders noted use of the AMB and IPU measures for internal monitoring of utilization.

Supporting documents include the current measure specifications.

#### NCQA acknowledges the contributions of the Technical Measurement Advisory Panel

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# Ambulatory Care (AMB)

#### **PROPOSED RETIREMENT FOR HEDIS 2020**

### Description

This measure summarizes utilization of ambulatory care in the following categories:

- Outpatient Visits including telehealth.
- ED Visits.

### Calculations

Note: Members in hospice are excluded from this measure. Refer to General Guideline 17: Members in Hospice.

Product lines	Report the following tables for each applicable product line:			
	<ul> <li>Table AMB-1a</li> </ul>	Total Medicaid.		
	<ul> <li>Table AMB-1b</li> </ul>	Medicaid/Medicare Dual-Eligibles.		
	<ul> <li>Table AMB-1c</li> </ul>	Medicaid—Disabled.		
	<ul> <li>Table AMB-1d</li> </ul>	Medicaid—Other Low Income.		
	Table AMB-2	Commercial—by Product or Combined HMO/POS.		
	• Table AMB-3	Medicare.		
Member months	year. IDSS automatical	and table, report all member months for the measurement Ily produces member years data for the commercial and . Refer to <i>Specific Instructions for Utilization Tables</i> for more		
Counting multiple services		<i>ultiple ambulatory services</i> falling in different categories on the service that meets the criteria in the appropriate category.		
Outpatient visits	Identify outpatient visits using any of the following.			
including telehealth	<ul> <li>Outpatient visits (<u>Ambulatory Outpatient Visits Value Set</u>), with or without a telehealth modifier (<u>Telehealth Modifier Value Set</u>).</li> </ul>			
	<ul> <li>Telephone visits</li> </ul>	( <u>Telephone Visits Value Set</u> ).		
	<ul> <li>Online assessme</li> </ul>	ents ( <u>Online Assessments Value Set</u> ).		
	Count multiple codes with the same practitioner on the same date of service a single visit. Count visits with different practitioners separately (count visits with different providers on the same date of service as different visits).			
	Report services withou	t regard to practitioner type, training or licensing.		
ED visits		ED once, regardless of the intensity or duration of the visit. s on the same date of service as one visit. Identify ED visits wing:		
	<ul> <li>An ED visit (ED visit)</li> </ul>	Value Set).		
		e (ED Procedure Code Value Set) with an ED place of O POS Value Set).		
	Do not include ED visit	s that result in an inpatient stay (Inpatient Stay Value Set).		

### Exclusions (required)

The measure does not include mental health or chemical dependency services. Exclude visits for mental health or chemical dependency. Any of the following meet criteria:

- A principal diagnosis of mental health or chemical dependency (<u>Mental and Behavioral Disorders Value</u> <u>Set</u>).
- Psychiatry (Psychiatry Value Set).
- Electroconvulsive therapy (Electroconvulsive Therapy Value Set).

#### Note

• This measure provides a reasonable proxy for professional ambulatory encounters. It is neither a strict accounting of all ambulatory resources nor an effort to be all-inclusive.

#### Table AMB-1: Ambulatory Care

Age	Member Months
<1	
1-9	
10-19	
20-44	
45-64	
65-74	
75-84	
85+	
Unknown	
Total	

	OUTPATIE	ENT VISITS	ED VISITS	
Age	Visits	Visits/1,000 Member Months	Visits	Visits/1,000 Member Months
<1				
1-9				
10-19				
20-44				
45-64				
65-74				
75-84				
85+				
Unknown				
Total				

### Table AMB-2/3: Ambulatory Care

Age	Member Months
<1	
1-9	
10-19	
20-44	
45-64	
65-74	
75-84	
85+	
Unknown	
Total	

	OUTPATIE	ENT VISITS	ED V	ISITS
Age	Visits	Visits/1,000 Member Years	Visits	Visits/1,000 Member Years
<1				
1-9				
10-19				
20-44				
45-64				
65-74				
75-84				
85+				
Unknown				
Total				

# Inpatient Utilization—General Hospital/Acute Care (IPU)

### **PROPOSED RETIREMENT FOR HEDIS® 2020**

#### Description

This measure summarizes utilization of acute inpatient care and services in the following categories:

- Maternity.
- Surgery.
- Medicine.
- Total inpatient (the sum of Maternity, Surgery and Medicine).

#### Calculations

Note: Members in hospice are excluded from this measure. Refer to General Guideline 17: Members in Hospice.

**Product lines** Report the following tables for each applicable product line:

- Table IPU-1a Total Medicaid.
- Table IPU-1b Medicaid/Medicare Dual-Eligibles.
- Table IPU-1c Medicaid—Disabled.
- Table IPU-1d Medicaid—Other Low Income.
- Table IPU-2 Commercial—by Product or Combined HMO/POS.
- Table IPU-3 Medicare.
- Member<br/>monthsFor each product line and table, report all member months for the measurement year.IDSS automatically produces member years data for the commercial and Medicare<br/>product lines. Refer to Specific Instructions for Utilization Tables for more information.

Maternity rates are reported per 1,000 male and per 1,000 female total member months for members 10–64 years in order to capture deliveries as a percentage of the total inpatient discharges.

- **Days** Count all days associated with the identified discharges. Report days for total inpatient, maternity, surgery and medicine.
- ALOS Refer to *Specific Instructions for Utilization Tables* for the formula. Calculate average length of stay for total inpatient, maternity, surgery and medicine.

Use the following steps to identify and categorize inpatient discharges.

- **Step 1** Identify all acute inpatient discharges on or between January 1 and December 31 of the measurement year. To identify acute inpatient discharges:
  - 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
  - 2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
  - 3. Identify the discharge date for the stay.
- **Step 2** Exclude discharges with a principal diagnosis of mental health or chemical dependency (Mental and Behavioral Disorders Value Set).

Exclude newborn care rendered from birth to discharge home from delivery (only include care rendered during subsequent rehospitalizations after the delivery discharge). Identify newborn care by a principal diagnosis of live-born infant (<u>Deliveries Infant Record Value Set</u>). Organizations must develop methods to differentiate between the mother's claim and the newborn's claim, if needed.

- *Step 3* Report total inpatient, using all discharges identified after completing steps 1 and 2.
- **Step 4** Report maternity. A delivery is not required for inclusion in the *Maternity* category; any maternity-related stay is included. Include birthing center deliveries and count them as one day of stay.

Starting with all discharges identified in step 3, identify maternity using either of the following:

- A maternity-related principal diagnosis (Maternity Diagnosis Value Set).
- A maternity-related stay (Maternity Value Set).
- **Step 5** Report surgery. From discharges remaining after removing maternity (identified in step 4) from total inpatient (identified in step 3), identify surgery (<u>Surgery Value Set</u>).
- *Step 6* Report medicine. Categorize as medicine the discharges remaining after removing maternity (identified in step 4) and surgery (identified in step 5) from total inpatient (identified in step 3).

### Table IPU-1: Inpatient Utilization—General Hospital/Acute Care

Age	Member Months
<1	
1-9	
10-19	
20-44	
45-64	
65-74	
75-84	
85+	
Unknown	
Total	

Age	Discharges	Discharges/1,000 Member Months	Days	Days/1,000 Member Months	Average Length of Stay
Total Inpatient					
<1					
1-9					
10-19					
20-44					
45-64					
65-74					
75-84					
85+					
Unknown					
Total					
Maternity*					·
10-19					
20-44					
45-64					
Unknown					
Total					
Surgery					
<1					
1-9					
10-19					
20-44					
45-64					
65-74					
75-84					·
85+					
Unknown					
Total					

\*The *Maternity* category is calculated using member months for members 10–64 years.

### Draft Document for HEDIS Public Comment—Obsolete After March 11, 2019

Age	Discharges	Discharges/1,000 Member Months	Days	Days/1,000 Member Months	Average Length of Stay
Medicine					
<1					
1-9					
10-19					
20-44					
45-64					
65-74					
75-84					
85+					
Unknown					
Total					

## Table IPU-2/3: Inpatient Utilization—General Hospital/Acute Care

Age	Member Months
<1	
1-9	
10-19	
20-44	
45-64	
65-74	
75-84	
85+	
Unknown	
Total	

Age	Discharges	Discharges/ 1,000 Member Years	Days	Days/ 1,000 Member Years	Average Length of Stay
Total Inpatient					
<1					
1-9					
10-19					
20-44					
45-64					
65-74					
75-84					
85+					
Unknown					
Total					

### Draft Document for HEDIS Public Comment—Obsolete After March 11, 2019

Age	Discharges	Discharges/ 1,000 Member Years	Days	Days/ 1,000 Member Years	Average Length of Stay
Maternity*					
10-19					
20-44					
45-64					
Unknown					
Total					
Surgery					
<1					
1-9					
10-19					
20-44					
45-64					
65-74					
75-84					
85+					
Unknown					
Total					
Medicine					
<1					
1-9					
10-19					
20-44					
45-64					
65-74					
75-84					
85+					
Unknown					
Total					

\*The Maternity category is calculated using member months for members 10-64 years.