

# Adults' Access to Preventive/Ambulatory Health Services (AAP)

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## SUMMARY OF CHANGES TO HEDIS MY 2020 & MY 2021

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- No changes to this measure.

### Description

The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.

- Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year.
- Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.

### Eligible Population

**Note:** Members in hospice are excluded from the eligible population. Refer to General Guideline 17: Members in Hospice.

<b>Product lines</b>	Commercial, Medicaid, Medicare (report each product line separately).
<b>Ages</b>	20 years and older as of December 31 of the measurement year. Report three age stratifications and a total rate: <ul style="list-style-type: none"><li>• 20–44 years.</li><li>• 45–64 years.</li><li>• 65 years and older.</li><li>• Total.</li></ul> The total is the sum of the age stratifications.
<b>Continuous enrollment</b>	<i>Medicaid and Medicare:</i> The measurement year. <i>Commercial:</i> The measurement year and the two years prior to the measurement year.
<b>Allowable gap</b>	No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (e.g., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
<b>Anchor date</b>	December 31 of the measurement year.
<b>Benefit</b>	Medical.
<b>Event/diagnosis</b>	None.

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## Administrative Specification

- Denominator** The eligible population (report each age stratification separately).
- Numerator** *Medicaid and Medicare:* One or more ambulatory or preventive care visits during the measurement year.
- Commercial:* One or more ambulatory or preventive care visits during the measurement year or the two years prior to the measurement year.
- Use the following value sets to identify ambulatory or preventive care visits:
- Ambulatory Visits Value Set.
  - Other Ambulatory Visits Value Set.
  - Telephone Visits Value Set.
  - Online Assessments Value Set.

## Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

**Table AAP-1/2/3: Data Elements for Adults' Access to Preventive/Ambulatory Health Services**

	Administrative
Measurement year	✓
Eligible population	<i>For each age stratification and total</i>
Numerator events by administrative data	<i>For each age stratification and total</i>
Reported rate	<i>For each age stratification and total</i>

## Rules for Allowable Adjustments of HEDIS

This section *may not* be used for reporting health plan HEDIS.

NCQA's Rules for Allowable Adjustments of HEDIS describe how NCQA's HEDIS measure specifications can be adjusted for non-health plan reporting. Refer to the *Guidelines for the Rules of Allowable Adjustments of HEDIS* for additional information.

### Rules for Allowable Adjustments for Adults' Access to Preventive/Ambulatory Health Services

NONCLINICAL COMPONENTS		
Eligible Population	Adjustments Allowed (Yes/No)	Notes
Product Lines	Yes	Organizations are not required to use product line criteria; product lines may be combined and all (or no) product line criteria may be used.
Ages	Yes	Age determination dates may be changed (e.g., select, "age as of June 30"). Changing the denominator age range is allowed.
Continuous enrollment, Allowable gap, Anchor Date	Yes	Organizations are not required to use enrollment criteria; adjustments are allowed.
Benefits	Yes	Organizations are not required to use a benefit; adjustments are allowed.
Other	Yes	Organizations may use additional eligible population criteria to focus on a population of interest such as gender, sociodemographic characteristic or geographic region.
CLINICAL COMPONENTS		
Eligible Population	Adjustments Allowed (Yes/No)	Notes
Event/Diagnosis	NA	There is no event/diagnosis for this measure.
Denominator Exclusions	Adjustments Allowed (Yes/No)	Notes
Exclusions	NA	There are no exclusions for this measure.
Numerator Criteria	Adjustments Allowed (Yes/No)	Notes
One or More Ambulatory or Preventive Care Visits	No	Value sets and logic may not be changed.

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## ***Mental Health Utilization (MPT)***

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### **SUMMARY OF CHANGES TO HEDIS MY 2020 & MY 2021**

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- Deleted the Mental Health Practitioner Value Set.
- Replaced references to “mental health practitioner” with “mental health provider.”
- Added telephone visits (Telephone Visits Value Set), e-visits and virtual check-ins (Online Assessments Value Set) to the *Telehealth* section.
- Deleted redundant value sets from the *Telehealth* section.
- Revised the instructions in the *Notes* for identifying mental health providers.

### **Description**

This measure summarizes the number and percentage of members receiving the following mental health services during the measurement year:

- Inpatient.
- Intensive outpatient or partial hospitalization.
- Outpatient.
- ED.
- Telehealth.
- Any service.

### **Calculations**

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

<b>Product lines</b>	Report the following tables for each applicable product line: <ul style="list-style-type: none"><li>• Table MPT-1a Total Medicaid.</li><li>• Table MPT-1b Medicaid/Medicare Dual-Eligibles.</li><li>• Table MPT-1c Medicaid—Disabled.</li><li>• Table MPT-1d Medicaid—Other Low Income.</li><li>• Table MPT-2 Commercial.</li><li>• Table MPT-3 Medicare.</li></ul>
<b>Benefit</b>	Mental health.
<b>Member months</b>	For each product line and table, report all member months during the measurement year for members with the benefit.
<b>Categorizing mental health services</b>	Use the instructions below to identify members who had any of the following services during the measurement year: <ul style="list-style-type: none"><li>• Inpatient.</li><li>• Intensive outpatient or partial hospitalization.</li><li>• Outpatient.</li></ul>

- ED.
- Telehealth.

Count services provided by physician and nonphysician providers.

For members who had more than one service on different dates of service in different service categories (Inpatient, Intensive Outpatient or Partial Hospitalization, Outpatient, ED, Telehealth), count only the first encounter in each service category and report the member in the respective age category as of the date of service or discharge. For example, if a member had an outpatient visit and an ED visit on January 5 and a telehealth service on March 5, report the member in the Outpatient, ED and Telehealth service categories.

*Any Services.* The Any Services category is not a sum of the Inpatient, Intensive Outpatient or Partial Hospitalization, Outpatient, ED and Telehealth categories. Report members who had an encounter in any listed setting during the measurement year only once in the Any Services category. Categorize members in the Any Services category based on their age as of the first eligible encounter in any service category.

The intent of excluding ED/observation visits that result in an inpatient stay is to not double count events. For example, an ED visit with a principal mental health diagnosis that resulted in an inpatient stay for a principal diagnosis of mental health is reported only once in the Inpatient Stay category. An ED visit with a principal mental health diagnosis that resulted in an inpatient stay with a principal diagnosis for something other than mental health (e.g., heart attack) is reported only once in the ED category.

***Inpatient*** Report acute and nonacute inpatient discharges from either a hospital or a treatment facility with a mental health principal diagnosis (Mental Health Diagnosis Value Set) on the discharge claim. To identify acute and nonacute inpatient discharges:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Identify the discharge date for the stay.

***Intensive outpatient and partial hospitalization*** Report intensive outpatient and partial hospitalization claims/encounters in conjunction with a principal mental health diagnosis. Any of the following code combinations meet criteria:

- Partial Hospitalization or Intensive Outpatient Value Set **with** a principal mental health diagnosis (Mental Health Diagnosis Value Set).
- (MPT IOP/PH Group 1 Value Set; Electroconvulsive Therapy Value Set; Transcranial Magnetic Stimulation Value Set) **with** Partial Hospitalization POS Value Set **with** a principal mental health diagnosis (Mental Health Diagnosis Value Set).
- (MPT IOP/PH Group 1 Value Set; Electroconvulsive Therapy Value Set; Transcranial Magnetic Stimulation Value Set) **with** Community Mental Health Center POS Value Set **with** a principal mental health diagnosis (Mental Health Diagnosis Value Set), where the organization can confirm that the visit was in an intensive outpatient or partial hospitalization setting (this POS code can be used in settings other than intensive outpatient and partial hospitalization).

- MPT IOP/PH Group 2 Value Set **with** Partial Hospitalization POS Value Set **with** a principal mental health diagnosis (Mental Health Diagnosis Value Set) billed by a mental health provider.
- MPT IOP/PH Group 2 Value Set **with** Community Mental Health Center POS Value Set **with** a principal mental health diagnosis (Mental Health Diagnosis Value Set), where the organization can confirm that the visit was in an intensive outpatient or partial hospitalization setting (this POS code can be used in settings other than intensive outpatient and partial hospitalization) **and** billed by a mental health provider.

**Note:** Report only in-person services in the Intensive Outpatient and Partial Hospitalization category. Exclude all services billed with a telehealth modifier (Telehealth Modifier Value Set) or billed with a telehealth POS code (Telehealth POS Value Set) from the Intensive Outpatient and Partial Hospitalization category.

**Outpatient** Report outpatient. Any of the following meet criteria:

- MPT Stand Alone Outpatient Group 1 Value Set **with** a principal mental health diagnosis (Mental Health Diagnosis Value Set).
- MPT Stand Alone Outpatient Group 2 Value Set **with** a principal mental health diagnosis (Mental Health Diagnosis Value Set) billed by a mental health provider.
- Observation Value Set **with** a principal mental health diagnosis (Mental Health Diagnosis Value Set) billed by a mental health provider.
- (Visit Setting Unspecified Value Set; Electroconvulsive Therapy Value Set; Transcranial Magnetic Stimulation Value Set) **with** Outpatient POS Value Set **with** a principal mental health diagnosis (Mental Health Diagnosis Value Set).
- (Visit Setting Unspecified Value Set; Electroconvulsive Therapy Value Set; Transcranial Magnetic Stimulation Value Set) **with** Community Mental Health Center POS Value Set **with** a principal mental health diagnosis (Mental Health Diagnosis Value Set), where the organization can confirm that the visit was in an outpatient setting (this POS code can be used in settings other than outpatient).
- (Electroconvulsive Therapy Value Set; Transcranial Magnetic Stimulation Value Set) **with** (Ambulatory Surgical Center POS Value Set) **with** a principal mental health diagnosis (Mental Health Diagnosis Value Set).

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

**Note:** Report only in-person services in the Outpatient category. Exclude all services billed with a telehealth modifier (Telehealth Modifier Value Set) or billed with a telehealth POS code (Telehealth POS Value Set) from the Outpatient category.

**ED** Report ED. Any of the following meets criteria:

- ED Value Set **with** a principal mental health diagnosis (Mental Health Diagnosis Value Set) billed by a mental health provider.
- Visit Setting Unspecified Value Set **with** ED POS Value Set **with** a principal mental health diagnosis (Mental Health Diagnosis Value Set).

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- Visit Setting Unspecified Value Set with Community Mental Health Center POS Value Set with a principal mental health diagnosis (Mental Health Diagnosis Value Set), where the organization can confirm that the visit was in an ED setting (this POS code can be used in settings other than the ED).

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

**Note:** Report only in-person services in the ED category. Exclude all services billed with a telehealth modifier (Telehealth Modifier Value Set) or billed with a telehealth POS code (Telehealth POS Value Set) from the ED category.

**Telehealth** Report telehealth. Any of the following meet criteria.

- Visit Setting Unspecified Value Set **with** (Telehealth Modifier Value Set; Telehealth POS Value Set) **with** a principal mental health diagnosis (Mental Health Diagnosis Value Set).
- Telephone Visits Value Set **with** a principal mental health diagnosis (Mental Health Diagnosis Value Set).
- Online Assessments Value Set **with** a principal mental health diagnosis (Mental Health Diagnosis Value Set).

#### **Note**

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- *Supplemental data may not be used for this measure.*
- *Refer to Appendix 3 for the definition of “mental health provider.” Organizations must develop their own methods to identify mental health providers. Methods are subject to review by the HEDIS auditor.*

**Table MPT-1/2/3: Mental Health Utilization**

Member Months			
Age	Male	Female	Total
0-12			
13-17			
18-64			
65+			
Unknown			
<b>Total</b>			

Age	Sex	Any Service		Inpatient		Intensive Outpatient/Partial Hospitalization		Outpatient		ED		Telehealth	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-12	Male												
	Female												
	Total												
13-17	Male												
	Female												
	Total												
18-64	Male												
	Female												
	Total												
65+	Male												
	Female												
	Total												
Unknown	Male												
	Female												
	Total												
<b>Total</b>	Male												
	Female												
	Total												



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### Rules for Allowable Adjustments for Mental Health Utilization

NONCLINICAL COMPONENTS		
Eligible Population	Adjustments Allowed (Yes/No)	Notes
Product Lines	Yes	Organizations are not required to use product line criteria; product lines may be combined and all (or no) product line criteria may be used.
Ages	NA	There are no ages specified in this measure. Organizations can choose whether to apply age band criteria.
Continuous enrollment, Allowable gap, Anchor Date	NA	There are no continuous enrollment, Allowable gap or Anchor date requirements for this measure. Organizations are not required to calculate member months.
Benefits	Yes	Organizations are not required to use a benefit; adjustments are allowed.
Other	Yes	Organizations may use additional eligible population criteria to focus on a population of interest such as gender, sociodemographic characteristic or geographic region.
CLINICAL COMPONENTS		
Eligible Population	Adjustments Allowed (Yes/No)	Notes
Event/Diagnosis	NA	There is no event/diagnosis for this measure.
Denominator Exclusions	Adjustments Allowed (Yes/No)	Notes
Exclusions	NA	There are no exclusions for this measure.
Numerator Criteria	Adjustments Allowed (Yes/No)	Notes
Mental Health Services	No	Value sets and logic may not be changed.