

HIGH UTILIZERS: Data Parameters

INDICATOR	DATA PARAMETERS
Top 3% of high utilizers (adult) based on non-primary care encounters.	Data is pulled for the top 3% of the entire adult (> 18) membership population for each plan. The top 3% of utilization is measured by the total sum of both inpatient and emergency department (ED) claims. Each line item below is a percentage of the top 3 %.
Three or more ED visits	% of members with three or more ED visits
Ten or more ED visits	% of members with ten or more ED visits
One Inpatient (IP) stay	% of members with at least one inpatient stay
Two or more IP stays	% of members with two or more inpatient stays
Homelessness	Defined by diagnosis code ICD 10 Z590 and “Homeless” is listed as the member address.
Complex care management	% of members engaged in intensive Case Management programs including Complex Case Management.
Mental Health (MH) diagnosis	% with Major Depressive Disorder, Psychotic Disorder, or Bipolar Disorder.
County Mental Health Plan (MHP) Specialty Services	% of members on County MHP listing. County MHP will send CIN numbers of respective members to plans.
<i>Chronic Conditions</i>	<i>% of members based on specified ICD 10 codes (see High Utilizer ICD 10 Codes, March 2018)</i>
• Major Depressive Disorder	
• Psychotic Disorder	
• Bipolar Disorder	
• Substance Use Disorder (SUD)	
• Hypertension	
• Diabetes	
• Asthma	
• COPD	
• Congestive heart failure	
• Coronary artery disease	
• Chronic liver disease	
• Dementia	
• Traumatic Brain Injury	
• Obesity	
<i>Comorbid Conditions</i>	<i>Same codes as Chronic Conditions, rolled up for comorbidities</i>
Diabetes/hypertension	
Diabetes/SUD	
3 or more chronic conditions	Defined as a combination of any 3 of the 14 chronic conditions listed above.

- Plans reached consensus on the specified definitions and data parameters in early 2018.
- Reference: High Utilizer ICD 10 Codes, March 2018