Measure Title: Percentage of Patients who Died with Cancer with More Than One Emergency Department and/or Observation Visit in the Last 30 Days of Life *(lower score – better)*	
Measure Description:	Percentage of patients, aged 18 years and older, who died with cancer with more than one emergency department and/or observation visit in the last 30 days of life
Denominator	Patients, aged 18 years and older, who died with cancer **Denominator Criteria (Eligible Cases):** 1) Patients aged ≥ 18 years at the start of the measurement period: (Start Date of the Measurement Period minus Date of Birth) ≥ 18 years **AND** 2) At least two outpatient encounters that meet the following criteria: 2a) Place of Service: 02, 05, 07, 10, 11, 19, 22, 49, 50, 71, 72 **AND** 2b) Professional Service code: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99495, 99496, 99441, 99442, 99443 *(NOTE: Encounters coded with telehealth modifier GQ, GT, or 95 are allowed for both visits.)* **AND** 2c) Service Date <during Measurement Period> **AND** 2d) Diagnosis code for Cancer *(See tab "CancerDx" in "EOLMeasures_Coding")* **AND** **3)** Date of death <during Measurement Period> **Guidance:** For physician/group reporting, attribution of patients to an oncology practice is based on the presence of at least two outpatient visit claims for the patient with that practice. The two outpatient encounters required in the denominator are outpatient visits that occur on different calendar days. To be eligible in the denominator, patients must have continuous coverage during the measurement period. A cancer diagnosis code must appear within the top 3 diagnosis positions on an outpatient visit claim that meets the denominator encounter requirement.
Denominator Exclusions:	None

Numerator:	Patients who had more than one emergency department and/or observation visit in the last 30 days of life **Numerator Criteria:** At least two Emergency Department and/or observation visits that meet the following criteria: [Revenue codes for Emergency Department Visit: 0450- Emergency Room 0451- Emergency room - EMTALA emergency medical screening services 0452- Emergency room - ER beyond EMTALA screening 0456- Emergency room-urgent care 0459- Emergency room-other 0981- Emergency room Observation Visits: (0762-Observation hours **OR** 0760- General) **AND** G0378- Hospital observation service, per hour (HCPCS) **WITH** Unit of 8 or more **AND** Emergency Department or Observation Visit Admission Date <during Measurement Period> **AND** Emergency Department or Observation Visit Admission Date in the last 30 days of life: (Date of death minus Emergency Department or Observation Visit Admission Date) < 30 days **NOTE:** The intent of the measure is to count a scenario where patient starts in ED and transitions to observation as one (1) visit.
Denominator Exceptions:	Patients with more than one ED and/or observation visit in the last 30 days of life due to complications from 1) receipt or in process of receipt of bone marrow or peripheral blood stem cell transplant (transplant status) in the last 60 days of life, or 2) receipt or in process of receipt of CAR T cell therapy in the last 60 days of life **Denominator Exceptions Criteria:** Receipt or in process of receipt of bone marrow or peripheral blood stem cell transplant Code: *(See tab "BoneMarrowStemCellTransplant" in "EOLMeasures_Coding" file)* **AND** Service/Procedure Date or Claim from Date (for ICD-10-CM transplant status code) **AND** (Date of death minus Service/Procedure Date or Claim from Date) < 60 days

	OR Receipt or in process of receipt of CAR T cell therapy Code: *(See tab "CARTCellTx" in "EOLMeasures_Coding" file)* **AND** Service/Procedure Date **AND** (Date of death minus Service/Procedure Date) < 60 days
Interpretation of Score:	Better quality is associated with a lower score
Risk Adjustment:	None