# Acute Hospital Utilization

| Metric Information |
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**Metric description:** For Medicaid beneficiaries, 18 years of age and older, the rate of acute inpatient discharges per 1,000 members during the measurement year.

**Metric specification version:** HEDIS® 2018 Technical Specifications for Health Plans, NCQA (modified).

**Data collection method:** Administrative only.

**Data source:** ProviderOne Medicaid claims/encounter and enrollment data.

**Claim status:** Include only final paid claims or accepted encounters in metric calculation.

**Identification window:** Measurement year.

**Direction of quality improvement:** Lower is better.

**URL of specifications:** www.ncqa.org/hedis/measures

| DSRIP Program Summary |
|---|

**Metric utility:** ACH Project P4P ■     ACH High Performance □     DSRIP statewide accountability □

**ACH Project P4P – Metric results used for achievement value:** Single metric result.

**ACH Project P4P – improvement target methodology:** improvement over self (1.9% improvement over reference baseline performance).

**ACH regional attribution:** Residence in the ACH region for 11 out of 12 months in the measurement year.

| DSRIP Metric Details |
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| Eligible Population | |
|---|---|
| Age | 18 years and older. Age is as of the last day of the measurement year. |
| Gender | N/A |
| Minimum Medicaid enrollment | Measurement year. Enrollment must be continuous. |
| Allowable gap in Medicaid enrollment | One gap of one month during the measurement year. |
| Medicaid enrollment anchor date | Last day of measurement year. |

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| Medicaid benefit and eligibility | Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid. |
|---|---|

**Denominator:**

*Data elements required for denominator:* Medicaid beneficiaries who meet the above eligibility criteria.

*Required exclusions for denominator.*
- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
    - Beneficiaries in hospice care.

*Deviations from cited specifications for denominator.*
- HEDIS® specifications require no more than one gap in continuous 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, as is the case for the ProviderOne data source, the Medicaid beneficiary may not have more than a 1-month gap in coverage (i.e., a Medicaid beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

**Numerator:**

Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator.

*Data elements required for numerator:* Identification of acute inpatient and observation discharges.
   (1) Identify all acute inpatient discharges during the measurement year. Include final paid claims or accepted encounters meeting the following condition:
       - CLM_TYPE_CID in (31,33)
   (2) Identify all observation stays during the measurement year and combine with acute inpatient discharges. See HEDIS® for specific instructions. Relevant value sets include:
       - Observation Stay Value Set
   (3) For direct transfers: keep the final discharge and drop the direct transfer's discharge. Look for overlapping stays or stays where the discharge date from the first inpatient setting precedes the admission date to a second inpatient setting by one calendar day or less. Include observation stays when looking for direct transfers.
   (4) For the remaining events, exclude some discharges – see HEDIS® for specific instructions. Relevant value sets include:
       - Mental and Behavioral Disorders Value Set
       - Deliveries Infant Record Value Set
       - Maternity Diagnosis Value Set
       - Maternity Value Set
       - Maternity MS-DRG Value Set

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- o   IPU Exclusions MS-DRG Value Set
- o   Newborns/Neonates MS-DRG Value Set

(5) Remove "outliers" from remaining discharges. See HEDIS® for specific instructions.
(6) Calculate total inpatient discharges using all discharges identified after completing the above steps.
(7) Calculate surgery. See HEDIS® for specific instructions. Relevant value sets include:
- o   Surgery Value Set

(8) Calculate medicine. Categorize as medicine the discharges remaining after removing surgery from the total discharges.
(9) Calculate the rate of acute inpatient discharges per 1,000 members.

*Value sets required for numerator.*

| Name | Value Set |
|------|-----------|
| Observation Stay Value Set | See HEDIS® |
| Mental and Behavioral Disorders Value Set | See HEDIS® |
| Deliveries Infant Record Value Set | See HEDIS® |
| Maternity Diagnosis Value Set | See HEDIS® |
| Maternity Value Set | See HEDIS® |
| Maternity MS-DRG Value Set | See HEDIS® |
| IPU Exclusions MS-DRG Value Set | See HEDIS® |
| Newborns/Neonates MS-DRG Value Set | See HEDIS® |
| Surgery Value Set | See HEDIS® |

*Required exclusions for numerator.*
- -   None

*Deviations from cited specifications for numerator.*
- -   This is a modified HEDIS® metric. The original HEDIS® metric requires risk adjustment and reporting as a ratio of expected to observed acute inpatient discharges. However, there are no Medicaid specific risk adjustment specifications provided by HEDIS®. Therefore, instead of applying Medicare or Commercial insurance coverage risk adjustment criteria and reporting this measure as a ratio, the rate of acute inpatient discharges per 1,000 members of the eligible population (denominator) is reported.

## Version Control

**July 2018 Release**: In February 2018, HEDIS® announced the replacement of the Inpatient Hospital Utilization (IHU) metric by the revised and renamed Acute Hospital Utilization (AHU) metric. The updated specifications are reflected in this technical specification sheet. There are three key changes

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between IHU and AHU: (1) observations stays are now included in the numerator; (2) clarification of how acute-to-acute direct transfers are handled; (3) removes discharges for Medicaid beneficiaries with three or more inpatient or observation stay discharges in the measurement year.

**January 2019 update:** Minor formatting updates were made to the metric specification sheet. This includes updating the URL of the source specification and changing HEDIS™ to HEDIS®. No substantive changes were made to the specification.