

Acute hospital utilization

Metric Information

Metric description: The rate of Medicaid beneficiaries, 18 years of age and older, with acute inpatient discharges. Metric is expressed as a rate per 1,000 members during the measurement year.

Metric specification version: HEDIS® 2019 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

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.
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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:
 - o 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 and observation discharges during the measurement year and exclude all non-acute inpatient stays. Relevant HEDIS® value sets include: Inpatient Stay Value Set, Nonacute Inpatient Stay Value Set, and Observation Stay Value Set. Include final paid claims or accepted encounters meeting the following condition:
 - o CLM_TYPE_CID in (31,33)
- (2) 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.
- (3) For the remaining events, exclude some discharges – see HEDIS® for specific instructions. Relevant value sets include:
 - o Mental and Behavioral Disorders Value Set
 - o Deliveries Infant Record Value Set
 - o Maternity Diagnosis Value Set
 - o Maternity Value Set
 - o Inpatient and observation stays with a discharge for death
- (4) Remove “outliers” from remaining discharges. See HEDIS® for specific instructions.

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- (5) Calculate total inpatient discharges using all discharges identified after completing the above steps.
- (6) 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®

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 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.

August 2019 update: The specification sheet has been updated to reflect the current version of the HEDIS® technical specification (from HEDIS® 2018 to HEDIS® 2019). Non-P4P metric calculation relevant HEDIS® directions were removed from the technical specifications. Names of the value sets included in the specifications have changed and the underlying values may have been updated. See HEDIS® for specific instructions.