Adult Access to Preventive/Ambulatory Health Services

Metric Information

Metric description: The percentage of Medicaid beneficiaries, 20 years of age and older, who had an ambulatory or preventive care visit in the measurement year.

Metric specification version: HEDIS® Measurement Year 2020 and Measurement Year 2021 Technical Specifications for Health Plans, NCQA.

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: Higher is better.

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

DSRIP Program Summary

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

This is an information only metric

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

DSRIP Metric Details

Eligible Population	
Age	20 years of age 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.
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare

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	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: One or more ambulatory or preventive care visits during the measurement year. Ambulatory or preventive care visits are defined by the value sets listed below. See HEDIS® for specific instructions.

Value sets required for numerator.

Name	Value Set
Ambulatory Visits Value Set	See HEDIS®
Telehealth Modifier Value Set	See HEDIS®
Other Ambulatory Visits Value Set	See HEDIS®
Telephone Visits Value Set	See HEDIS®
Online Assessments Value Set	See HEDIS®

Required exclusions for numerator.

- None

Deviations from cited specifications for numerator.

- None

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Version Control