Acute Hospital Utilization

**Metric Information**

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

**Metric specification version:** HEDIS®¹ 2021 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](http://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**

<table>
<thead>
<tr>
<th>Eligible Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Minimum Medicaid enrollment</td>
</tr>
<tr>
<td>Allowable gap in Medicaid enrollment</td>
</tr>
</tbody>
</table>

- **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.

¹ The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA.
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<table>
<thead>
<tr>
<th>Medicaid enrollment anchor date</th>
<th>Last day of measurement year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid benefit and eligibility</td>
<td>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.</td>
</tr>
</tbody>
</table>

**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:* Identify relevant acute inpatient and observation discharges. Calculate the rate of acute inpatient discharges per 1,000 members.

*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.
**Acute Hospital Utilization**

**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.

**August 2020 update:** The specification sheet has been updated to reflect the current version of the HEDIS® technical specification (from HEDIS® 2019 to HEDIS® 2020). Additional information about updates to the AHU metric can be found [here](#). Note that while the names of the value sets included in the specifications have not changed, the underlying values may have been updated. See HEDIS® for specific instructions.

**August 2021 update:** The specification sheet has been updated to reflect the current version of the HEDIS® technical specification (from HEDIS® 2020 to HEDIS® 2021). Specification details are proprietary information and are available through NCQA HEDIS®.