

Measure specifications: 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® Measurement Year 2023 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: Lower is better.

URL of specifications: [NCQA HEDIS measures](#)

Metric Details

Eligible population

Measure	Description
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.
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:
 - 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: 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 observe 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.

August 2020 update: Additional information about updates to the AHU metric can be found [here](#).

August 2023 update: The following changes have been made for measurement year 2022. The Acute Hospital Utilization added an exclusion and definition for a planned hospital stay: A principal diagnosis of maintenance chemotherapy (Chemotherapy Encounter Value Set), rehabilitation (Rehabilitation Value Set), organ transplant (Kidney Transplant Value Set, Bone Marrow Transplant Value Set, Organ Transplant Other Than Kidney Value Set, Introduction of Autologous Pancreatic Cells Value Set), or a potentially planned procedure

(Potentially Planned Procedures Value Set) without a principal acute diagnosis. The update also clarified that hospice is a required exclusion and that diagnoses must be found on the discharge claim.

November 2024 update: MTP 1.0 DSRIP related criteria have been removed from metric production calculations. The metric aligns with HEDIS specifications.