AMBULATORY CARE SENSITIVE CONDITION (ACSC) AND CARE COORDINATION OUTCOME MEASURES FOR THE 2012 MEDICAL GROUP PRACTICE QUALITY AND RESOURCE USE REPORTS

Measure Title and Description	Numerator Statement	Denominator Statement	Exclusions
Diabetes ACSC Composite Measure	Number of observed short-term hospital discharges that occurred	Number of expected short-term hospital discharges that occurred	Hospital admissions that are transfers from a hospital, skilled
Risk-adjusted rate of hospitalizations for (1) short-term diabetes complications, (2), long-term diabetes complications, (3) uncontrolled diabetes, or (4) diabetes-related lower-extremity amputation, expressed as discharges per 1,000 Medicare beneficiaries with diabetes attributed to a medical group practice (based on the Agency for Healthcare Research and Quality's (AHRQ) Prevention Quality Indicators, or PQIs)	during calendar year 2012 with ICD-9-CM principal diagnosis codes for any of the following individual PQIs: PQI 01: Diabetes Short-Term Complications Admission Rate PQI 03: Diabetes Long-Term Complications Admission Rate PQI 14: Uncontrolled Diabetes Admission Rate PQI 16: Rate of Lower-Extremity Amputation Diabetes	during calendar year 2012 with ICD-9-CM principal diagnosis codes for any of the following individual PQIs: PQI 01: Diabetes Short-Term Complications Admission Rate PQI 03: Diabetes Long-Term Complications Admission Rate PQI 14: Uncontrolled Diabetes Admission Rate PQI 16: Rate of Lower-Extremity Amputation Diabetes The expected discharges account for the age and sex distribution of beneficiaries attributed to the medical group practice.	nursing facility, intermediate care facility, or other health care facility. For PQI 16, Rate of Lower-Extremity Amputation Diabetes: discharges during which any of the following conditions were diagnosed or procedures performed as identified by ICD-9 CM diagnosis or procedure code listed by AHRQ for PQI 16 for: Any diagnosis included in major diagnostic category (MDC) 14: pregnancy, childbirth, and puerperium Diagnosis of traumatic amputation of the lower extremity Toe amputation procedure

<u> </u>	Measure Title and Description	Numerator Statement	Denominator Statement	Exclusions
2	Chronic Obstructive Pulmonary Disease (COPD) or Asthma ACSC Measure	Number of observed short-term nospital discharges that occurred during calendar year 2012 with	Number of expected short-term hospital discharges of beneficiaries 40 years of age and	Hospital admissions that are transfers from a hospital, skilled nursing facility, intermediate care facility, or other health care facility.
	Risk-adjusted rate of COPD or asthma–related hospitalizations of beneficiaries 40 years of age and older, expressed as	ICD-9-CM principal diagnosis codes for the following individual PQI: PQI 05: COPD or Asthma in	odes for the following individual year 2012 with ICD-9-CM principal diagnosis codes for the following individual POL:	
	discharges per 1,000 Medicare beneficiaries with COPD or	Older Adults Admission Rate	PQI 05: COPD or Asthma in Older Adults Admission Rate	
	asthma attributed to a medical group practice (based on AHRQ's PQIs)		The expected discharges account for the age and sex distribution of beneficiaries attributed to the medical group practice.	
3	Heart Failure ACSC Measure	Number of observed short-term	Number of expected short-term	Hospital admissions that are
	Risk-adjusted rate of heart failure–related hospitalizations, expressed as discharges per 1,000 Medicare beneficiaries with chronic heart failure attributed to a medical group practice (based on AHRQ's PQIs)	hospital discharges that occurred in calendar year 2012 with ICD-9-CM principal diagnosis codes for the following individual PQI:	hospital discharges that occurred in calendar year 2012 with ICD-9-CM principal diagnosis codes for the following individual PQI:	transfers from a hospital, skilled nursing facility, intermediate care facility, or other health care facility.
		PQI 08: Heart Failure Admission Rate	PQI 08: Heart Failure Admission Rate	Discharges for a hospitalization during which a cardiac procedure
			The expected discharges account for the age and sex distribution of beneficiaries attributed to the medical group practice.	was performed, as identified through ICD-9-CM procedure codes by AHRQ for PQI 08.

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Measure Title and De	escription	Numerator Statement	Denominator Statement	Exclusions
Rate of risk-adjusted hospitalizations for the chronic care ACSC me (diabetes composite; Casthma; or heart failure expressed as discharg 1,000 Medicare benefi with diabetes, COPD or chronic heart failure to a medical group pra (based on AHRQ's PC)	three easures COPD or e), es per ciaries or asthma, attributed ctice	Number of observed short-term hospital discharges that occurred in calendar year 2012 with ICD-9-CM principal diagnosis codes for any of the following individual PQIs: PQI 01: Diabetes Short-Term Complications Admission Rate PQI 03: Diabetes Long-Term Complications Admission Rate PQI 14: Uncontrolled Diabetes Admission Rate PQI 16: Rate of Lower-Extremity Amputation Diabetes PQI 05: COPD or Asthma in Older Adults Admission Rate PQI 08: Heart Failure Admission Rate	Number of expected short-term hospital discharges that occurred in calendar year 2012 with ICD-9-CM principal diagnosis codes for any of the following individual PQIs: PQI 01: Diabetes Short-Term Complications Admission Rate PQI 03: Diabetes Long-Term Complications Admission Rate PQI 14: Uncontrolled Diabetes Admission Rate PQI 16: Rate of Lower-Extremity Amputation Diabetes PQI 05: COPD or Asthma in Older Adults Admission Rate PQI 08: Heart Failure Admission Rate The expected discharges account for the age and sex distribution of beneficiaries attributed to the medical group practice.	Hospital admissions that are transfers from a hospital, skilled nursing facility, intermediate care facility, or other health care facility. For PQI 16, Rate of Lower-Extremity Amputation Diabetes: Discharges during which any of the following conditions were diagnosed or procedures performed as identified by ICD-9-CM diagnosis or procedure codes listed by AHRQ for PQI 16 for: (1) Any diagnosis included in MDC 14: pregnancy, childbirth, and puerperium (2) Diagnosis of traumatic amputation of the lower extremity(3) Toe amputation procedure For PQI 08, Heart Failure Admission Rate: Discharges for a hospitalization during which a cardiac procedure was performed, as identified through ICD-9-CM procedure codes by AHRQ for PQI 08.

	Measure Title and Description	Numerator Statement	Denominator Statement	Exclusions
5	Bacterial Pneumonia ACSC Measure Risk-adjusted rate of bacterial pneumonia–related hospitalizations, expressed as	Number of observed short-term hospital discharges that occurred in calendar year 2012 with ICD-9-CM principal diagnosis codes for the following individual PQI:	Number of expected short-term hospital discharges that occurred in calendar year 2012 with ICD-9-CM principal diagnosis codes for the following individual PQI:	Hospital admissions that are transfers from a hospital, skilled nursing facility, intermediate care facility, or other health care facility.
	discharges per 1,000 Medicare beneficiaries (all) attributed to a medical group practice (based on AHRQ's PQIs)	PQI 11: Bacterial Pneumonia Admission Rate	PQI 11: Bacterial Pneumonia Admission Rate	Hospital discharges for which there was any ICD-9-CM diagnosis code for sickle-cell anemia or HB-S disease, or any ICD-9-CM diagnosis or procedure code for immunocompromised state, as identified by AHRQ for PQI 11.
			The expected discharges account for the age and sex distribution of beneficiaries attributed to the medical group practice.	
6	O Urinary Tract Infection ACSC Measure	Number of observed short-term hospital discharges that occurred	Number of expected short-term hospital discharges that occurred	Hospital admissions that are transfers from a hospital, skilled
	Risk-adjusted rate of urinary tract infection–related hospitalizations, expressed as discharges per 1,000 Medicare beneficiaries (all) attributed to a medical group practice (based on AHRQ's PQIs)	in calendar year 2012 with ICD-9- CM principal diagnosis codes for the following individual PQI:	in calendar year 2012 with ICD-9- CM principal diagnosis codes for the following individual PQI:	nursing facility, intermediate care facility, or other health care facility.
		PQI 12: Urinary Tract Infection Admission Rate	PQI 12: Urinary Tract Infection Admission Rate	Hospital discharges for which there was any ICD-9-CM diagnosis code for kidney/urinary tract disorder or any ICD-9-CM diagnosis or procedure code for immunocompromised state, as identified by AHRQ for PQI 12.
			The expected discharges account for the age and sex distribution of beneficiaries attributed to the medical group practice.	

	Measure Title and Description	Numerator Statement	Denominator Statement	Exclusions
7	Dehydration ACSC Measure	Number of observed short-term	Number of expected short-term	Hospital admissions that are
	Risk-adjusted rate of dehydration-related hospitalizations, expressed as discharges per 1,000 Medicare	hospital discharges that occurred in calendar year 2012 with ICD-9-CM principal diagnosis codes for the following individual PQI:	hospital discharges that occurred in calendar year 2012 with ICD-9-CM principal diagnosis codes for the following individual PQI:	transfers from a hospital, skilled nursing facility, intermediate care facility, or other health care facility.
	beneficiaries (all) attributed to a medical group practice (based on AHRQ's PQIs)	PQI 10: Dehydration Admission Rate	PQI 10: Dehydration Admission Rate	Hospital discharges for which there was any ICD-9-CM diagnosis code for chronic renal failure, as identified by AHRQ for PQI 10.
			The expected discharges account for the age and sex distribution of beneficiaries attributed to the medical group practice.	

	Measure Title and Description	Numerator Statement	Denominator Statement	Exclusions
8	Acute Conditions ACSC Composite Measure Rate of risk-adjusted hospitalizations for the three acute condition ACSC measures (dehydration, bacterial pneumonia, or urinary tract infection), expressed as discharges per 1,000 Medicare beneficiaries (all) attributed to a medical group practice (based on AHRQ's PQIs)	Number of observed short-term hospital discharges that occurred in calendar year 2012 with ICD-9-CM principal diagnosis codes for any of the following individual PQIs: PQI 11: Bacterial Pneumonia Admission Rate PQI 12: Urinary Tract Infection Admission Rate PQI 10: Dehydration Admission Rate	Number of expected short-term hospital discharges that occurred in calendar year 2012 with ICD-9-CM principal diagnosis codes for any of the following individual PQIs: PQI 11: Bacterial Pneumonia Admission Rate PQI 12: Urinary Tract Infection Admission Rate PQI 10: Dehydration Admission Rate The expected discharges account for the age and sex distribution of beneficiaries attributed to the medical group practice.	Hospital admissions that are transfers from a hospital, skilled nursing facility, intermediate care facility, or other health care facility. For PQI 11, Bacterial Pneumonia Admission Rate: Hospital discharges for which there was any ICD-9-CM diagnosis code for sickle-cell anemia or HB-S disease, or any ICD-9-CM diagnosis or procedure code for immunocompromised state, as identified by AHRQ for PQI 11. For PQI 12, Urinary Tract Infection Admission Rate: Hospital discharges for which there was any ICD-9-CM diagnosis code for kidney/urinary tract disorder or any ICD-9-CM diagnosis or procedure code for immunocompromised state, as identified by AHRQ for PQI 12. For PQI 10, Dehydration Admission Rate: Hospital discharges for which there was any ICD-9-CM diagnosis code for chronic renal failure, as identified by AHRQ for PQI 10.

	Measure Title and Description	Numerator Statement	Denominator Statement	Exclusions
9	Measure Title and Description All Cause Inpatient Hospital Readmissions Risk-adjusted percentage of beneficiaries age 65 or older attributed to medical group practices who were hospitalized at an acute care hospital and then readmitted to an acute care hospital within 30 days following the initial hospitalization discharge.	Cause Inpatient Hospital radmissions Sk-adjusted percentage of neficiaries age 65 or older ributed to medical group actices who were hospitalized an acute care hospital and en readmitted to an acute care spital within 30 days following actives initial hospitalization Number of risk-adjusted, unplanned readmissions (i.e., excluding planned readmissions) at a non-federal, short-stay, acute-care or critical access hospital, within 30 days of discharge from the index admission included in the denominator. Number of risk-adjusted, hospitalizations (i.e., excluding planned readmissions) admissions) for be 65 or older at non stay acute-care or critical access hospitals that occ calendar year 201 admission included in the denominator.	Denominator Statement Number of acute care hospitalizations (index admissions) for beneficiaries age 65 or older at non-federal, shortstay acute-care or critical access hospitals that occurred during calendar year 2012.	Exclusions Exclude hospitalizations from the denominator for patients: Died during the index admission Not continuously enrolled in Medicare Part A fee-forservice for at least 30 days following discharge from the index admission Lacking complete Medicare Part A fee-for-service enrollment history for the 12 months prior to the index admission
				 Discharged against medical advice Transferred from the index admission to another acute care hospital Hospitalized in a prospective payment system-exempt cancer hospital Hospitalized for medical treatment of cancer Hospitalized for a primary psychiatric disease Hospitalized for rehabilitation care and fitting of prostheses and adjustment devices

Notes: Data source for all measures is Medicare administrative claims.

Further information about PQIs may be found at http://www.qualityindicators.ahrq.gov/modules/pqi_overview.aspx.

Specifications based on the latest PQI version measure specifications available as of the date required to produce the measures.