



Hospitalizations for Ambulatory Care Sensitive Conditions among Home and Community Based Services (HCBS) Participants Measure

Draft Testing Results for Public Comment

1.1 Measure Testing Results

1.1.1 DATA SAMPLE DESCRIPTION

The *Hospitalization for Ambulatory Care Sensitive Conditions among HCBS Participants* measure is a claims-based measure that uses Medicaid administrative claims data from the Transformed Medicaid Statistical Information System, Transformed Medicaid Statistical Information System (T-MSIS) Analytical File (TAF) for calculation.

Preliminary rates were calculated using data from TAF for calendar year 2019. Testing used data from the measurement period, January 1, 2019–December 31, 2019, or longer. Eligible participants need to have turned the age of 18 by January 1, 2019.

To construct the denominator, TAF claims data were used to identify all eligible participants within the measurement period. Using MSIS ID, claims data were linked to eligibility records within the TAF annual demographic & eligibility (DE) file to restrict the eligible population to Medicaid participants aged 18 years and older with at least 18 months of enrollment in Medicaid (i.e., enrollment for the 12 months of the measurement period, as well as 6 months prior to the measurement period).

To construct the numerator, appropriate diagnosis codes for ambulatory care sensitive conditions were identified using value sets containing International Classification of Disease, Version 10 (ICD-10) codes. These ambulatory care sensitive condition-specific value sets were then linked to the TAF claims data for relevant admissions during the measurement period. The numerator was reported as three rates: a rate for chronic conditions, a rate for acute conditions, and a total rate (i.e., a single rate that combines acute and chronic conditions).

To supplement the risk model demographic factors, TAF claims data were linked to eligibility records within the TAF annual DE file.

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1.1.2 HOW MANY AND WHICH MEASURED ENTITIES WERE INCLUDED IN THE TESTING AND ANALYSIS?

Measured entities include all 50 states, the District of Columbia, and five United States territories—American Samoa, Guam, Puerto Rico, the Northern Mariana Islands, and the Virgin Islands, which were represented in the Medicaid data.

1.1.3 HOW MANY AND WHICH PARTICIPANTS WERE INCLUDED IN THE TESTING AND ANALYSIS?

Participants eligible for Medicaid, who were aged 18 years and over, met the 18-month enrollment requirement, were enrolled in a single state, and were not on hospice care, were included in the analysis. For the 2019 measurement period, this represented 4,130,440 participants.

Exhibit 1 presents descriptive data about states' participants who were included in the sample for the 2019 measurement period. **Exhibit 2** displays the observed hospitalization rates for ambulatory care sensitive conditions for each included state. **Exhibit 3** displays risk-adjusted rates for ambulatory care conditions with or without the inclusion of behavioral health diagnoses.

Hospitalization for Ambulatory Care Sensitive Conditions among HCBS Participants

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Exhibit 1. Hospitalization for ACSCs among HCBS Participants - Denominator Identification and Related Exclusions

Denominator Identification and Related Exclusions	Participants (#)	Exclusion (Attrition) Rate (#)	Exclusion (Attrition) Rate (%)
Medicaid HCBS Participants, National Count (2019)	7,692,761	—	—
Aged 18 Years or Older, as of January 01, 2019	5,231,292	2,461,469	32.00%
Enrollment in Medicaid for ≥18 Months (July 2018–December 2019, or Longer)	4,215,960	1,015,332	19.41%
Enrollment in a Single State	4,130,459	85,501	2.03%
Remove Medicaid HCBS Participants with Claims-Based Documentation of Hospice Care This is the denominator	4,130,440	19	0.00%

In total, 4,130,440 participants were identified for the 2019 measurement period. Nearly one-third of Medicaid HCBS participants were under age 18 and, thus, were excluded. The criteria requiring a minimum of 18-month continuous enrollment in Medicaid removed about one-fifth of Medicaid HCBS participants.

Exhibit 2. Hospitalization for ACSCs Among HCBS Participants Measure—State Participant Counts and Performance Rates (per 1,000 Participants)

State, Territory, or District	Medicaid HCBS Participant Count (#)	Admissions (#) With Behavioral Health Diagnoses			Performance Rate (per 1,000 Participants) With Behavioral Health Diagnoses			Admissions (#) Without Behavioral Health Diagnoses			Performance Rate (per 1,000 Participants) Without Behavioral Health Diagnoses		
		Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total
Overall	4,130,440	445,054	94,997	535,362	107.75	23.00	129.61	252,827	94,997	343,998	61.21	23.00	83.28
1.	9,103	378	141	519	41.52	15.49	57.01	305	141	446	33.51	15.49	48.99

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State, Territory, or District	Medicaid HCBS Participant Count (#)	Admissions (#) With Behavioral Health Diagnoses			Performance Rate (per 1,000 Participants) With Behavioral Health Diagnoses			Admissions (#) Without Behavioral Health Diagnoses			Performance Rate (per 1,000 Participants) Without Behavioral Health Diagnoses		
		Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total
2.	37,057	4,742	609	5,279	127.97	16.43	142.46	3,355	609	3,903	90.54	16.43	105.32
3.	24,882	3,315	1,153	4,329	133.23	46.34	173.98	2,478	1,153	3,507	99.59	46.34	140.95
4.	0	—	—	—	—	—	—	—	—	—	—	—	—
5.	74,063	5,964	1,597	7,497	80.53	21.56	101.22	3,171	1,597	4,720	42.81	21.56	63.73
6.	172,074	5,298	2,538	7,803	30.79	14.75	45.35	4,291	2,538	6,801	24.94	14.75	39.52
7.	51,491	3,086	994	4,021	59.93	19.30	78.09	2,233	994	3,179	43.37	19.30	61.74
8.	49,759	7,273	1,443	8,651	146.16	29.00	173.86	4,082	1,443	5,478	82.04	29.00	110.09
9.	10,962	1,508	249	1,745	137.57	22.71	159.19	1,251	249	1,489	114.12	22.71	135.83
10.	12,118	1,899	501	2,383	156.71	41.34	196.65	756	501	1,243	62.39	41.34	102.57
11.	134,314	14,702	5,119	19,658	109.46	38.11	146.36	9,396	5,119	14,387	69.96	38.11	107.11
12.	67,652	8,397	2,245	10,498	124.12	33.18	155.18	7,040	2,245	9,158	104.06	33.18	135.37
13.	0	—	—	—	—	—	—	—	—	—	—	—	—

Hospitalization for Ambulatory Care Sensitive Conditions among HCBS Participants

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State, Territory, or District	Medicaid HCBS Participant Count (#)	Admissions (#) With Behavioral Health Diagnoses			Performance Rate (per 1,000 Participants) With Behavioral Health Diagnoses			Admissions (#) Without Behavioral Health Diagnoses			Performance Rate (per 1,000 Participants) Without Behavioral Health Diagnoses		
		Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total
14.	17,900	1,639	403	1,993	91.56	22.51	111.34	954	403	1,318	53.30	22.51	73.63
15.	33,663	3,418	866	4,269	101.54	25.73	126.82	1,433	866	2,286	42.57	25.73	67.91
16.	17,535	1,087	276	1,357	61.99	15.74	77.39	591	276	864	33.70	15.74	49.27
17.	187,606	27,950	4,175	32,075	148.98	22.25	170.97	9,396	4,175	13,536	50.08	22.25	72.15
18.	45,590	5,066	1,818	6,807	111.12	39.88	149.31	3,703	1,818	5,459	81.22	39.88	119.74
19.	26,889	3,067	657	3,623	114.06	24.43	134.74	1,544	657	2,130	57.42	24.43	79.21
20.	27,863	3,115	1,306	4,391	111.80	46.87	157.59	2,533	1,306	3,815	90.91	46.87	136.92
21.	37,553	3,558	935	4,482	94.75	24.90	119.35	2,103	935	3,028	56.00	24.90	80.63
22.	123,435	26,866	4,764	31,113	217.65	38.60	252.06	17,605	4,764	21,972	142.63	38.60	178.00
23.	123,442	1,235	63	1,298	10.00	0.51	10.52	185	63	248	1.50	0.51	2.01
24.	13,431	862	400	1,246	64.18	29.78	92.77	636	400	1,025	47.35	29.78	76.32
25.	175,412	20,954	3,051	23,980	119.46	17.39	136.71	7,832	3,051	10,863	44.65	17.39	61.93

Hospitalization for Ambulatory Care Sensitive Conditions among HCBS Participants

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State, Territory, or District	Medicaid HCBS Participant Count (#)	Admissions (#) With Behavioral Health Diagnoses			Performance Rate (per 1,000 Participants) With Behavioral Health Diagnoses			Admissions (#) Without Behavioral Health Diagnoses			Performance Rate (per 1,000 Participants) Without Behavioral Health Diagnoses		
		Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total
26.	80,721	6,593	1,609	8,133	81.68	19.93	100.75	3,546	1,609	5,095	43.93	19.93	63.12
27.	71,067	9,056	2,455	11,322	127.43	34.54	159.31	6,331	2,455	8,632	89.08	34.54	121.46
28.	0	—	—	—	—	—	—	—	—	—	—	—	—
29.	28,304	3,631	1,177	4,786	128.29	41.58	169.09	2,684	1,177	3,842	94.83	41.58	135.74
30.	6,140	330	185	515	53.75	30.13	83.88	212	185	397	34.53	30.13	64.66
31.	76,103	10,577	2,856	13,208	138.98	37.53	173.55	8,717	2,856	11,383	114.54	37.53	149.57
32.	5,351	545	183	727	101.85	34.20	135.86	259	183	441	48.40	34.20	82.41
33.	10,986	622	301	920	56.62	27.40	83.74	350	301	648	31.86	27.40	58.98
34.	12,875	806	367	1,168	62.60	28.50	90.72	616	367	979	47.84	28.50	76.04
35.	70,884	7,680	2,034	9,603	108.35	28.69	135.47	5,307	2,034	7,235	74.87	28.69	102.07
36.	58,350	4,346	1,095	5,371	74.48	18.77	92.05	2,705	1,095	3,746	46.36	18.77	64.20
37.	17,201	2,712	613	3,308	157.67	35.64	192.31	1,377	613	1,974	80.05	35.64	114.76

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State, Territory, or District	Medicaid HCBS Participant Count (#)	Admissions (#) With Behavioral Health Diagnoses			Performance Rate (per 1,000 Participants) With Behavioral Health Diagnoses			Admissions (#) Without Behavioral Health Diagnoses			Performance Rate (per 1,000 Participants) Without Behavioral Health Diagnoses		
		Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total
38.	633,154	77,910	13,367	90,778	123.05	21.11	143.37	42,119	13,367	55,081	66.52	21.11	86.99
39.	305,823	48,712	6,508	54,740	159.28	21.28	178.99	19,861	6,508	25,979	64.94	21.28	84.95
40.	24,821	3,410	1,405	4,775	137.38	56.61	192.38	2,913	1,405	4,286	117.36	56.61	172.68
41.	147,326	7,518	1,636	9,058	51.03	11.10	61.48	4,739	1,636	6,306	32.17	11.10	42.80
42.	335,995	34,069	5,075	39,023	101.40	15.10	116.14	13,929	5,075	18,905	41.46	15.10	56.27
43.	7,759	494	178	670	63.67	22.94	86.35	442	178	618	56.97	22.94	79.65
44.	9,634	463	106	560	48.06	11.00	58.13	313	106	410	32.49	11.00	42.56
45.	56,670	4,243	1,138	5,196	74.87	20.08	91.69	3,480	1,138	4,457	61.41	20.08	78.65
46.	4,961	240	165	405	48.38	33.26	81.64	170	165	335	34.27	33.26	67.53
47.	43,929	2,951	1,161	4,008	67.18	26.43	91.24	2,304	1,161	3,385	52.45	26.43	77.06
48.	304,560	30,385	8,324	38,307	99.77	27.33	125.78	24,314	8,324	32,290	79.83	27.33	106.02
49.	20,491	1,696	366	2,043	82.77	17.86	99.70	702	366	1,058	34.26	17.86	51.63

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State, Territory, or District	Medicaid HCBS Participant Count (#)	Admissions (#) With Behavioral Health Diagnoses			Performance Rate (per 1,000 Participants) With Behavioral Health Diagnoses			Admissions (#) Without Behavioral Health Diagnoses			Performance Rate (per 1,000 Participants) Without Behavioral Health Diagnoses		
		Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total
50.	59,983	7,997	1,869	9,765	133.32	31.16	162.80	5,266	1,869	7,046	87.79	31.16	117.47
51.	0	—	—	—	—	—	—	—	—	—	—	—	—
52.	7,815	688	318	1,003	88.04	40.69	128.34	509	318	824	65.13	40.69	105.44
53.	82,631	5,583	1,519	7,000	67.57	18.38	84.71	4,343	1,519	5,776	52.56	18.38	69.90
54.	121,525	13,478	2,577	15,912	110.91	21.21	130.94	6,436	2,577	8,902	52.96	21.21	73.25
55.	44,283	2,551	922	3,467	57.61	20.82	78.29	1,719	922	2,637	38.82	20.82	59.55
56.	7,231	383	182	565	52.97	25.17	78.14	286	182	468	39.55	25.17	64.72

The total performance rate for hospitalization—for acute and chronic ambulatory care sensitive conditions, including behavioral health conditions as potential ambulatory care sensitive conditions—varies substantially by state, ranging from 10.5 admissions per 1,000 Medicaid HCBS participants in one mid-Atlantic state to 252.1 admissions per 1,000 Medicaid HCBS participants in a northern state.

Exclusion of behavioral health conditions as potential ambulatory care sensitive conditions reduces the hospitalization rate for chronic conditions from 107.8 admissions per 1,000 Medicaid HCBS participants to 61.2 admissions per 1,000 Medicaid HCBS participants for the national HCBS ambulatory care sensitive condition performance rate (i.e., states, territories, and the District of Columbia).

Hospitalization for Ambulatory Care Sensitive Conditions among HCBS Participants

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Exhibit 3. Risk adjusted Hospitalization for ACSCs Among HCBS Participants Measure: State Participant Counts and Performance Rates (per 1,000 Participants)

State, Territory, or District	Medicaid HCBS Participant Count (#)	Admissions (#) With Behavioral Health Diagnoses			Risk- Adjusted Performance Rate (per 1,000 Participants) With Behavioral Health Diagnoses			Admissions (#) Without Behavioral Health Diagnoses			Risk- Adjusted Performance Rate (per 1,000 Participants) Without Behavioral Health Diagnoses		
		Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total
Overall	4,130,440	445,054	94,997	535,362	107.75	23.00	129.61	252,827	94,997	343,998	61.21	23.00	83.28
1.	9,103	378	141	519	35.66	14.09	49.41	305	141	446	29.66	14.09	43.26
2.	37,057	4,742	609	5,279	123.48	17.32	140.28	3,355	609	3,903	91.19	17.32	108.30
3.	24,882	3,315	1,153	4,329	129.33	47.60	173.13	2,478	1,153	3,507	95.12	47.60	137.90
4.	0	—	—	—	—	—	—	—	—	—	—	—	—
5.	74,063	5,964	1,597	7,497	81.45	21.35	101.13	3,171	1,597	4,720	40.22	21.35	60.87
6.	172,074	5,298	2,538	7,803	29.74	14.44	42.72	4,291	2,538	6,801	25.09	14.44	38.44
7.	51,491	3,086	994	4,021	54.44	18.60	71.10	2,233	994	3,179	40.01	18.60	57.64
8.	49,759	7,273	1,443	8,651	141.30	28.72	167.01	4,082	1,443	5,478	85.42	28.72	112.20
9.	10,962	1,508	249	1,745	146.80	21.70	169.02	1,251	249	1,489	132.02	21.70	153.86
10.	12,118	1,899	501	2,383	167.73	46.07	218.91	756	501	1,243	57.18	46.07	107.23

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State, Territory, or District	Medicaid HCBS Participant Count (#)	Admissions (#) With Behavioral Health Diagnoses			Risk- Adjusted Performance Rate (per 1,000 Participants) With Behavioral Health Diagnoses			Admissions (#) Without Behavioral Health Diagnoses			Risk- Adjusted Performance Rate (per 1,000 Participants) Without Behavioral Health Diagnoses		
		Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total
11.	134,314	14,702	5,119	19,658	118.40	39.62	157.94	9,396	5,119	14,387	71.71	39.62	111.06
12.	67,652	8,397	2,245	10,498	129.78	33.25	162.46	7,040	2,245	9,158	109.33	33.25	142.69
13.	0	—	—	—	—	—	—	—	—	—	—	—	—
14.	17,900	1,639	403	1,993	88.71	24.01	107.93	954	403	1,318	53.40	24.01	73.32
15.	33,663	3,418	866	4,269	96.42	26.37	121.22	1,433	866	2,286	36.00	26.37	60.45
16.	17,535	1,087	276	1,357	56.46	14.99	68.42	591	276	864	34.23	14.99	46.31
17.	187,606	27,950	4,175	32,075	153.93	22.04	175.98	9,396	4,175	13,536	48.75	22.04	70.47
18.	45,590	5,066	1,818	6,807	111.70	39.49	152.51	3,703	1,818	5,459	81.81	39.49	122.16
19.	26,889	3,067	657	3,623	100.60	24.23	120.76	1,544	657	2,130	52.67	24.23	74.88
20.	27,863	3,115	1,306	4,391	107.71	47.40	156.82	2,533	1,306	3,815	87.02	47.40	136.44
21.	37,553	3,558	935	4,482	91.03	24.80	114.36	2,103	935	3,028	52.13	24.80	75.57
22.	123,435	26,866	4,764	31,113	248.23	39.86	283.84	17,605	4,764	21,972	162.98	39.86	201.34

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State, Territory, or District	Medicaid HCBS Participant Count (#)	Admissions (#) With Behavioral Health Diagnoses			Risk- Adjusted Performance Rate (per 1,000 Participants) With Behavioral Health Diagnoses			Admissions (#) Without Behavioral Health Diagnoses			Risk- Adjusted Performance Rate (per 1,000 Participants) Without Behavioral Health Diagnoses		
		Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total
23.	123,442	1,235	63	1,298	7.33	0.48	7.75	185	63	248	1.01	0.48	1.41
24.	13,431	862	400	1,246	54.83	28.47	79.68	636	400	1,025	41.10	28.47	65.34
25.	175,412	20,954	3,051	23,980	116.98	17.88	134.95	7,832	3,051	10,863	47.48	17.88	65.63
26.	80,721	6,593	1,609	8,133	75.34	19.94	93.60	3,546	1,609	5,095	42.14	19.94	61.56
27.	71,067	9,056	2,455	11,322	128.91	34.84	162.60	6,331	2,455	8,632	90.58	34.84	124.73
28.	0	—	—	—	—	—	—	—	—	—	—	—	—
29.	28,304	3,631	1,177	4,786	129.42	41.56	169.43	2,684	1,177	3,842	93.78	41.56	134.33
30.	6,140	330	185	515	42.35	27.41	70.67	212	185	397	30.29	27.41	58.40
31.	76,103	10,577	2,856	13,208	138.02	38.00	173.06	8,717	2,856	11,383	114.91	38.00	151.10
32.	5,351	545	183	727	92.44	38.00	135.23	259	183	441	45.77	38.00	93.58
33.	10,986	622	301	920	46.95	26.47	75.39	350	301	648	26.88	26.47	54.39
34.	12,875	806	367	1,168	54.96	27.07	83.03	616	367	979	41.95	27.07	71.26

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State, Territory, or District	Medicaid HCBS Participant Count (#)	Admissions (#) With Behavioral Health Diagnoses			Risk- Adjusted Performance Rate (per 1,000 Participants) With Behavioral Health Diagnoses			Admissions (#) Without Behavioral Health Diagnoses			Risk- Adjusted Performance Rate (per 1,000 Participants) Without Behavioral Health Diagnoses		
		Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total
35.	70,884	7,680	2,034	9,603	99.37	28.17	124.47	5,307	2,034	7,235	68.87	28.17	94.51
36.	58,350	4,346	1,095	5,371	69.07	18.17	84.26	2,705	1,095	3,746	46.37	18.17	61.66
37.	17,201	2,712	613	3,308	173.36	35.40	210.76	1,377	613	1,974	88.77	35.40	125.13
38.	633,154	77,910	13,367	90,778	128.09	21.17	148.66	42,119	13,367	55,081	67.73	21.17	88.05
39.	305,823	48,712	6,508	54,740	154.05	20.85	173.51	19,861	6,508	25,979	63.26	20.85	82.66
40.	24,821	3,410	1,405	4,775	131.65	57.36	186.61	2,913	1,405	4,286	115.16	57.36	169.90
41.	147,326	7,518	1,636	9,058	45.26	11.10	54.48	4,739	1,636	6,306	29.82	11.10	39.52
42.	335,995	34,069	5,075	39,023	100.90	14.84	114.83	13,929	5,075	18,905	39.79	14.84	53.66
43.	7,759	494	178	670	0.00	0.00	0.00	442	178	618	0.00	0.00	0.00
44.	9,634	463	106	560	51.40	11.54	62.04	313	106	410	32.97	11.54	44.40
45.	56,670	4,243	1,138	5,196	74.03	20.11	91.29	3,480	1,138	4,457	60.96	20.11	78.09
46.	4,961	240	165	405	34.81	30.48	68.68	170	165	335	24.19	30.48	59.16

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State, Territory, or District	Medicaid HCBS Participant Count (#)	Admissions (#) With Behavioral Health Diagnoses			Risk- Adjusted Performance Rate (per 1,000 Participants) With Behavioral Health Diagnoses			Admissions (#) Without Behavioral Health Diagnoses			Risk- Adjusted Performance Rate (per 1,000 Participants) Without Behavioral Health Diagnoses		
		Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total	Chronic	Acute	Total
47.	43,929	2,951	1,161	4,008	66.93	26.32	94.38	2,304	1,161	3,385	51.09	26.32	78.91
48.	304,560	30,385	8,324	38,307	103.45	27.38	130.15	24,314	8,324	32,290	82.99	27.38	109.76
49.	20,491	1,696	366	2,043	75.22	17.98	93.75	702	366	1,058	29.08	17.98	46.46
50.	59,983	7,997	1,869	9,765	130.71	30.95	160.15	5,266	1,869	7,046	85.16	30.95	114.17
51. *	0	—	—	—	—	—	—	—	—	—	—	—	—
52.	7,815	688	318	1,003	73.07	41.56	120.28	509	318	824	54.97	41.56	104.16
53.	82,631	5,583	1,519	7,000	59.15	17.86	74.08	4,343	1,519	5,776	48.82	17.86	64.76
54.	121,525	13,478	2,577	15,912	106.54	20.65	125.88	6,436	2,577	8,902	50.09	20.65	69.30
55.	44,283	2,551	922	3,467	50.69	20.67	68.95	1,719	922	2,637	33.97	20.67	53.11
56.	7,231	383	182	565	50.27	23.74	73.92	286	182	468	36.04	23.74	59.77

The expected (risk-adjusted) performance rate based on a Poisson risk model—for acute and chronic ambulatory care sensitive conditions, including behavioral health conditions as potential ambulatory care sensitive conditions—varies substantially by state, ranging from 7.7 admissions per 1,000 Medicaid HCBS participants in one mid-Atlantic state to 283.8 admissions per 1,000 Medicaid HCBS participants in a northern state.

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Exclusion of behavioral health conditions as potential ambulatory care sensitive conditions reduces the hospitalization rate for chronic conditions. Risk adjusted state performance varies from 1.4 admissions per 1,000 Medicaid HCBS participants to 201.3 admissions per 1,000 Medicaid HCBS participants.

1.1.4 COMPARISON RATES OF PERFORMANCE BETWEEN THE *HOSPITALIZATION FOR AMBULATORY CARE SENSITIVE CONDITIONS AMONG HCBS PARTICIPANTS MEASURE* AND THE *HOSPITALIZATION FOR AMBULATORY CARE SENSITIVE CONDITIONS FOR DUAL ELIGIBLE BENEFICIARIES (DUALS-1) MEASURE*

Exhibits 4 compares the national unadjusted performance rates between the *Hospitalization for Ambulatory Care Sensitive Conditions among HCBS Participants* measure with the DUALS-1 measure.

Exhibit 4. Performance Rate Comparison of Hospitalization for Ambulatory Care Sensitive Conditions among HCBS Participants and DUALS-1 at Key Percentiles

Rate	Mean	Minimum	25 th Percentile	50 th Percentile (Median)	75 th Percentile	Maximum
<i>Hospitalizations for ACSCs among HCBS Participants Acute Performance Rate (per 1,000 Participants) among All Eligible Medicaid HCBS Participants</i>	26.91	0.51	19.93	25.17	34.20	56.61
<i>Hospitalizations for ACSCs among HCBS Participants Chronic Performance Rate (per 1,000 Participants) among All Eligible Medicaid HCBS Participants</i>	61.40	1.50	42.57	53.30	80.05	142.63
<i>Hospitalizations for ACSCs among HCBS Participants Total Performance Rate (per 1,000 Participants) among All Eligible Medicaid HCBS Participants</i>	87.33	2.01	63.73	78.65	109.59	178.00
<i>Hospitalizations for ACSCs among HCBS Participants Acute Performance Rate (per 1,000 Participants) for Dually Eligible Medicaid HCBS Participants Only</i>	35.84	0.56	26.48	36.04	43.17	60.39
<i>Hospitalizations for ACSCs among HCBS Participants Chronic Performance Rate (per 1,000 Participants) for Dually Eligible Medicaid HCBS Participants Only</i>	77.82	1.79	53.10	75.17	95.56	166.18
<i>Hospitalizations for ACSCs among HCBS Participants Total Performance Rate (per 1,000 Participants) for Dually Eligible Medicaid HCBS Participants Only</i>	111.79	2.35	86.22	110.55	139.98	205.39
<i>DUALS-1 HCBS Participants Acute Performance Rate (per 1,000 Participants)</i>	51.00	24.00	40.00	49.00	60.00	98.00

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Rate	Mean	Minimum	25 th Percentile	50 th Percentile (Median)	75 th Percentile	Maximum
DUALS-1 HCBS Participants Chronic Performance Rate (per 1,000 Participants)	54.00	11.00	38.00	54.00	67.00	101.00
DUALS-1 HCBS Participants Total Performance Rate (per 1,000 Participants)	114.00	38.00	86.00	118.00	137.00	210.00

*Note: Data for the *Hospitalizations for ACSCs among HCBS Participants* measure are based on rates calculated without behavioral health conditions to provide a closer comparison to the HCBS community dwelling stratum of the DUALS-1 results. Also, HCBS rates are provided for all eligible participants as well as for the subset of dual eligible participants to provide benchmarks for a population more similar to the Ambulatory Care Sensitive Conditions for Medicaid HCBS Participants measure. DUALS-1 data were pulled from the 2019 National Quality Forum (NQF) Measure Submission Form. Results presented by CMS for the DUALS-1 (in the National Quality Forum Measure Submission Form) were derived from Medicare fee-for-service claims and enrollment data, representing claims billed from October 2014 through September 2015. The DUALS-1 data reported on this worksheet tab reflect results from the community-dwelling HCBS stratum only (not overall performance rates).

Results for hospitalization for ambulatory care sensitive conditions are substantially lower when compared to those from the DUALS-1 chronic conditions performance rate (i.e., 87.3 admissions per 1,000 Medicaid HCBS participants versus 114.0 admissions per 1,000 Medicaid HCBS participants). For the *Hospitalizations for ACSCs among HCBS Participants* measure dual eligible participants have a higher rate of admissions (mean of 77.8 for duals vs 61.4 for all participants) and more variation (IQR 42.5 for duals vs. 37.9 for all participants).

Results for hospitalization for ambulatory care sensitive conditions excluding behavioral health (most comparable) for Medicare-Medicaid enrolled (dually eligible) Medicaid HCBS participants closely align with those from the DUALS-1 overall performance rate (i.e., 205.4 admissions per 1,000 participants versus 210.0 admissions per 1,000 participants), despite the data from the DUALS-1 measure being five years older. Rates for acute ambulatory care sensitive conditions are lower for the *Hospitalizations for ACSCs among HCBS Participants* measure (60.4 admissions per 1,000 participants versus 98.0 admissions per 1,000 participants), while rates for admissions associated with chronic ambulatory care sensitive conditions are higher (i.e., 166.2 admissions per 1,000 participants versus 101.0 admissions per 1,000 participants).