

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

Public Comment Framing Document

The Centers for Medicare & Medicaid Services (CMS) seeks stakeholder comments on the following measure under development:

TITLE:

Hospitalizations for Ambulatory Care Sensitive Conditions among HCBS Participants—Home and Community Based Services Measures Development and Maintenance Contract

DESCRIPTION:

For Medicaid HCBS participants aged 18 years and older, this measure calculates the state-level observed and risk-adjusted rates of hospital admissions for ambulatory care sensitive conditions, including select behavioral health conditions, per 1,000 participants for chronic and acute ambulatory care sensitive conditions. This measure has three rates reported for potentially avoidable acute inpatient hospital admissions:

- Chronic conditions composite;
- Acute conditions composite; and
- Chronic and acute conditions composite.

NOTE: This document provides a draft description of the measure. We seek comments from the public about the measure specification and specific questions outlined in the <u>Feedback</u> section of this document. See the Measure Information Form (MIF) for more details.

MEASURE RATIONALE:

The Hospitalization for ACSCs among HCBS Participants measure is a composite measure of ambulatory care sensitive conditions for Medicaid HCBS participants. This composite measure provides an overall rate of hospital admissions for ambulatory care sensitive conditions in a state, which could help states understand a more complete picture of the quality of outpatient care for Medicaid participants. In addition to ambulatory care sensitive conditions assessed by other quality metrics, findings from the Hospitalization for ACSCs among HCBS Participants measure's environmental scan/literature review (ES/LR) suggest evaluating care for diagnoses of mental health and substance use disorders (SUD).

MEASURE INTENT:

The Hospitalization for ACSCs among HCBS Participants measure focuses on capturing trends in hospital admissions for ambulatory care sensitive conditions within the Medicaid HCBS participant population over time. This measure will be calculated using claims data and is intended for use at the state level. Implementation of the Hospitalization for ACSCs among HCBS Participants measure has the potential to monitor changes in outpatient care for ambulatory care sensitive conditions, which may result in changing rates of hospital admissions for both chronic and acute conditions.

DRAFT NARRATIVE SPECIFICATIONS:

- Eligible Population: The eligible population refers to all participants who could be assessed by a specific measure. These participants share a common set of characteristics that make them eligible for inclusion in the measure, including having a specific procedure, being of a certain age, or having some other commonality.
 For the Hospitalization for ACSCs among HCBS Participants measure, the eligible population includes Medicaid participants receiving HCBS who are aged 18 years and older and are enrolled continuously in Medicaid for at least 18 months (i.e., the measurement year
- **Numerator:** The number of potentially avoidable acute inpatient hospital admissions for ambulatory care sensitive conditions include:

plus six months prior to the measurement year) within each state.

- Chronic conditions composite: Diabetes short-term complications, diabetes long-term complications, uncontrolled diabetes, low-extremity amputation for persons with diabetes, chronic obstructive pulmonary disease, hypertension, heart failure, persistent asthma, and behavioral health diagnoses (including bipolar, depression, psychosis, suicide risk/attempt, and substance use disorder).
- Acute conditions composite: Cellulitis, urinary tract infection, bacterial pneumonia, and pressure ulcers.
- Total composite: Sum of acute and chronic composites for acute inpatient hospital admissions and readmissions.
- **Denominator**: Adults receiving Medicaid HCBS, aged 18 years and older during the measurement year, within each state.
- Denominator Exclusions:
 - Hospitalizations for obstetrics;
 - Hospice; and
 - Acute hospital transfers.

NEXT STEPS FOR MEASURE SPECIFICATION:

Following the close of the public comment period, Lewin will review stakeholders' comments and determine if revisions to the measure specifications are needed.

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FEEDBACK:

CMS is exploring different services provided in a hospital setting for Medicaid HCBS participants and is seeking feedback on all components of the measure, including the following topics:

- The importance, reliability, validity, feasibility, and usability of the Hospitalization for ACSCs among HCBS Participants measure which aims to assess and improve the quality of care for Medicaid HCBS participants;
- Potential unintended consequences of the measure implementation;
- The clinical appropriateness of the proposed list of measure inclusions and exclusions;
- The clinical appropriateness of including mental health and SUD in the measure and considering them as ACSCs; and
- Appropriate conditions or hospital setting encounters that are currently not included in the draft specifications and should be included.