

**AMBULATORY CARE SENSITIVE CONDITION (ACSC) AND CARE COORDINATION OUTCOME MEASURES FOR
THE 2011 MEDICAL GROUP PRACTICE QUALITY AND RESOURCE USE REPORTS**

| Measure Title and Description | Source of Data | Numerator Statement | Denominator Statement |
|--|------------------------|--|---|
| <p>1 Diabetes ACSC Composite</p> <p>Rate of diabetes-related hospitalizations per 1,000 Medicare beneficiaries with diabetes attributed to a medical group practice (based on the Agency for Healthcare Research and Quality's Prevention Quality Indicators, or PQIs)</p> | <p>Medicare Claims</p> | <p>Sum of counts of short-term hospital admissions that occurred in calendar year 2011 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</p> | <p>Number of Medicare beneficiaries identified as having diabetes in the prior calendar year who are attributed to a given medical group practice, divided by 1,000</p> <p>Exclusions: None</p> |
| <p>2 Chronic Obstructive Pulmonary Disease (COPD) or Asthma ACSC</p> <p>Rate of COPD-related or asthma-related hospitalizations per 1,000 Medicare beneficiaries with COPD or asthma attributed to a medical group practice (based on the Agency for Healthcare Research and Quality's Prevention Quality Indicators, or PQIs)</p> | <p>Medicare Claims</p> | <p>Sum of counts of short-term hospital admissions that occurred in calendar year 2011 with ICD-9-CM principal diagnosis codes for the following individual PQI: PQI 05: COPD or Asthma in Older Adults Admission Rate</p> | <p>Number of Medicare beneficiaries identified as having COPD or asthma in the prior calendar year who are attributed to a given medical group practice, divided by 1,000</p> <p>Exclusions: None</p> |
| <p>3 Heart Failure ACSC</p> <p>Rate of heart failure-related hospitalizations per 1,000 Medicare beneficiaries with chronic heart failure attributed to a medical group practice (based on the Agency for Healthcare Research and Quality's Prevention Quality Indicators, or PQIs)</p> | <p>Medicare Claims</p> | <p>Sum of counts of short-term hospital admissions that occurred in calendar year 2011 with ICD-9-CM principal diagnosis codes for the following individual PQI: PQI 08: Heart Failure Admission Rate</p> | <p>Number of Medicare beneficiaries identified as having heart failure in the prior calendar year who are attributed to a given medical group practice, divided by 1,000</p> <p>Exclusions: None</p> |

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|--|------------------------|--|---|
| <p>4 Acute Conditions ACSC Composite</p> <p>Rate of hospitalizations for dehydration, bacterial pneumonia, or urinary tract infection per 1,000 Medicare beneficiaries attributed to a medical group practice (based on the Agency for Healthcare Research and Quality's Prevention Quality Indicators, or PQIs)</p> | <p>Medicare Claims</p> | <p>Sum of counts of short-term hospital admissions that occurred in calendar year 2011 with ICD-9-CM principal diagnosis codes for any of the following individual PQIs: PQI 10: Dehydration Admission Rate PQI 11: Bacterial Pneumonia Admission Rate PQI 12: Urinary Tract Infection Admission Rate If a beneficiary is hospitalized with one of the acute conditions as a principal diagnosis more than once during the calendar year, the beneficiary is counted more than once in the numerator</p> | <p>Number of Medicare beneficiaries attributed to a given medical group practice, divided by 1,000</p> <p>Exclusions: None</p> |
| <p>5 Total ACSC Composite</p> <p>Rate of hospitalizations related to diabetes, COPD or asthma, heart failure, dehydration, bacterial pneumonia, or urinary tract infection per 1,000 Medicare beneficiaries attributed to a medical group practice</p> | <p>Medicare Claims</p> | <p>Sum of the medical group practice's numerators computed for the Diabetes ACSC Composite, the COPD or Asthma ACSC, the Heart Failure ACSC, and the Acute Care ACSC Composite</p> | <p>Sum of the medical group practice's denominators computed for the Diabetes ACSC Composite, the COPD or Asthma ACSC, the Heart Failure ACSC, and the Acute Care ACSC Composite, divided by 1,000</p> <p>Exclusions: None</p> |
| <p>6 30-Day Post Discharge Provider Visit</p> <p>Rate of provider visits within 30 days of discharge from an acute care hospital per 1,000 discharges among eligible beneficiaries attributed to a medical group practice (a Physician Group Practice Transition Demonstration measure)</p> | <p>Medicare Claims</p> | <p>Number of patients in the denominator who saw a physician within 30 days of discharge or prior to readmission (if the readmission occurred within 30 days)</p> | <p>Number of discharges from an acute care hospital during the calendar year of Medicare beneficiaries 18 years and older attributed to a given medical group practice who were discharged alive, divided by 1,000</p> <p>Exclusions: Beneficiaries with claims for dates of service in the 30-day window following discharge from any of the following institutional post-acute care settings: skilled nursing facility, hospice, Critical Access Hospital, long-term hospital, rehabilitation hospital, or psychiatric hospital</p> |

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|--|-----------------|--|--|
| 7 All Cause Readmissions Rate of hospital readmissions within 30 days of discharge from an acute care hospital per 1,000 discharges among eligible beneficiaries attributed to a medical group practice (a Physician Group Practice Transition Demonstration measure) | Medicare Claims | Number of hospital readmissions to an acute care hospital within 30 days of an acute care hospital discharge; zero-day stays are included in the numerator | Number of discharges from an acute care hospital during the calendar year of Medicare beneficiaries attributed to a given medical group practice who were discharged alive, divided by 1,000 Exclusions: None |

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