

Acute Hospital Utilization (AHU)

Description of Measure

For members 18 years of age and older, the risk-adjusted ratio of observed-to-expected acute inpatient and observation stay discharges during the measurement year.

Note: For Medicaid, report only members 18–64 years of age.

Measure Compliance

- This rate is reported as an observed count of hospital admissions over expected count (O/E Ratio).
 - An O/E Ratio below one indicates there were less acute hospital admissions than expected while an O/E Ratio greater than one indicates more acute hospital admissions occurred than expected.
- This measure is risk-adjusted and looks at the predicted probability that the member may have an acute inpatient or observation stay during the year.

Exclusions

Exclusions	Time limit
<ul style="list-style-type: none">■ Outliers:<ul style="list-style-type: none">- Medicare members with four or more inpatient or observation stay discharges during the measurement year.- Medicaid members with six or more inpatient or observation stay discharges during the measurement year.- Commercial members with three or more inpatient or observation stay discharges during the measurement year.■ Nonacute inpatient stays.■ Observation and inpatient discharges with any of the following:<ul style="list-style-type: none">- A principal diagnosis of mental health or chemical dependence.- A principal diagnosis of live-born infant.- A maternity related diagnosis or a maternity related stay.- A planned hospital for any of the following:<ul style="list-style-type: none">• Principal diagnosis of maintenance chemotherapy.• Principal diagnosis of rehabilitation.• An organ transplant.• Potentially planned procedure without a principal acute diagnosis.- Inpatient and observation stays with a discharge for death.■ Members in hospice during the measurement year.	Any time during measurement year (MY)



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Exclusion Codes

Code	Definition
HCPCS: G9473 - G9479, Q5003 - Q5008, Q5010, S9126, T2042 - T2046	Hospice Care
CPT: 98000 – 98015, 98966 – 98968, 99202 – 99205, 99211 – 99215, 99221 – 99223, 99231 – 99236, 99238, 99239, 99242 – 99245, 99251 – 99255, 99281 – 99285, 99291, 99304 – 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347 – 99350, 99381 – 99387, 99391 – 99397, 99401 – 99404, 99411, 99412, 99429, 99441 – 99443, 99455, 99456, 99483	Outpatient, ED, Telephone, Acute Inpatient and Nonacute Inpatient
HCPCS: G0402, G0438, G0439, G0463, T1015	

Strategies for Success

- Encourage engagement with provider for annual wellness visits, screenings, and coordinate care.
- Coordinate support services for patients diagnosed with chronic conditions or who are experiencing exacerbations
- Ask about barriers or issues that might have contributed to patients' hospitalization and discuss how to prevent them in the future.
- Consider telehealth hours, nurse line or extended clinic times.
- Schedule timely post-discharge follow-up for patients who have had an acute inpatient or observation stay.

Resources

1. National Committee for Quality Assurance, HEDIS® Measurement Year 2025 Volume 2 Technical Specifications for Health Plans

