AMBULATORY CARE SENSITIVE CONDITION (ACSC) AND CARE COORDINATION OUTCOME MEASURES INCLUDED IN THE 2013 QUALITY AND RESOURCE USE REPORTS

.	Measure title and description	Numerator statement	Denominator statement	Exclusions
1	Diabetes ACSC Composite Measure 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 physician or group of physicians (based on the Agency for Healthcare Research and Quality's (AHRQ) Prevention Quality Indicators, or PQIs)	Number of observed short-term hospital discharges that occurred during calendar year 2013 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	Number of expected short-term hospital discharges that occurred during calendar year 2013 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 physician or group of physicians.	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: • Diagnosis of traumatic amputation of the lower extremity • Toe amputation procedure
2	Chronic Obstructive Pulmonary Disease (COPD) or Asthma ACSC Measure Risk-adjusted rate of COPD or asthma–related hospitalizations of beneficiaries 40 years of age and older, expressed as discharges per 1,000 Medicare beneficiaries with COPD or asthma attributed to a physician or group of physicians (based on AHRQ's PQIs)	Number of observed short-term hospital discharges that occurred during calendar year 2013 with ICD-9-CM principal diagnosis codes for the following individual PQI: PQI 05: COPD or Asthma in Older Adults Admission Rate	Number of expected short-term hospital discharges of beneficiaries 40 years of age and older that occurred in calendar year 2013 with ICD-9-CM principal diagnosis codes for the following individual PQI: PQI 05: COPD or Asthma in Older Adults Admission Rate The expected discharges account for the age and sex distribution of beneficiaries attributed to the physician or group of physicians.	Hospital admissions that are transfers from a hospital, skilled nursing facility, intermediate care facility, or other health care facility. Admissions that have an ICD-9 CM diagnosis code for cystic fibrosis and anomalies of the respiratory system in any diagnosis field.

.	Measure title and description	Numerator statement	Denominator statement	Exclusions
3	**Heart Failure ACSC Measure** Risk-adjusted rate of heart failure–related hospitalizations, expressed as discharges per 1,000 Medicare beneficiaries with chronic heart failure attributed to a physician or group of physicians (based on AHRQ's PQIs)	Number of observed short-term hospital discharges that occurred in calendar year 2013 with ICD-9-CM principal diagnosis codes for the following individual PQI: PQI 08: Heart Failure Admission Rate	Number of expected short-term hospital discharges that occurred in calendar year 2013 with ICD-9-CM principal diagnosis codes for the following individual PQI: PQI 08: Heart Failure Admission Rate The expected discharges account for the age and sex distribution of beneficiaries attributed to the physician or group of physicians.	Hospital admissions that are transfers from a hospital, skilled nursing facility, intermediate care facility, or other health care facility. Discharges for a hospitalization during which a cardiac procedure was performed, as identified through ICD-9-CM procedure codes by AHRQ for PQI 08.
4	**Chronic Care ACSC Composite Measure** Rate of risk-adjusted hospitalizations for the three chronic care ACSC measures (diabetes composite; COPD or asthma; or heart failure), expressed as discharges per 1,000 Medicare beneficiaries with diabetes, COPD or asthma, or chronic heart failure attributed to a physician or group of physicians (based on AHRQ's PQIs)	Number of observed short-term hospital discharges that occurred in calendar year 2013 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 physician or group of physicians.	Hospital admissions that are transfers from a hospital, skilled nursing facility, intermediate care facility, or other health care facility. Admissions that have an ICD-9 CM diagnosis code for cystic fibrosis and anomalies of the respiratory system for PQI 5: COPD or Asthma in Older Adults Admission Rate 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 (1) Diagnosis of traumatic amputation of the lower extremity • (22) 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 discharges per 1,000 Medicare beneficiaries (all) attributed to a physician or group of physicians (based on AHRQ's PQIs)	Number of observed short-term hospital discharges that occurred in calendar year 2013 with ICD-9-CM principal diagnosis codes for the following individual PQI: PQI 11: Bacterial Pneumonia Admission Rate	Number of expected short-term hospital discharges that occurred in calendar year 2013 with ICD-9-CM principal diagnosis codes for the following individual PQI: PQI 11: Bacterial Pneumonia Admission Rate The expected discharges account for the age and sex distribution of beneficiaries attributed to the physician or group of physicians.	Hospital admissions that are transfers from a hospital, skilled nursing facility, intermediate care facility, or other health care facility. 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.
6	Urinary Tract Infection ACSC Measure Risk-adjusted rate of urinary tract infection–related hospitalizations, expressed as discharges per 1,000 Medicare beneficiaries (all) attributed to a physician or group of physicians (based on AHRQ's PQIs)	Number of observed short-term hospital discharges that occurred in calendar year 2013 with ICD-9-CM principal diagnosis codes for the following individual PQI: PQI 12: Urinary Tract Infection Admission Rate	Number of expected short-term hospital discharges that occurred in calendar year 2013 with ICD-9-CM principal diagnosis codes for the following individual PQI: PQI 12: Urinary Tract Infection Admission Rate The expected discharges account for the age and sex distribution of beneficiaries attributed to the physician or group of physicians.	Hospital admissions that are transfers from a hospital, skilled nursing facility, intermediate care facility, or other health care facility. 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.
7	Dehydration ACSC Measure Risk-adjusted rate of dehydration–related hospitalizations, expressed as discharges per 1,000 Medicare beneficiaries (all) attributed to a physician or group of physicians (based on AHRQ's PQIs)	Number of observed short-term hospital discharges that occurred in calendar year 2013 with ICD-9-CM principal diagnosis codes for the following individual PQI: PQI 10: Dehydration Admission Rate	Number of expected short-term hospital discharges that occurred in calendar year 2013 with ICD-9-CM principal diagnosis codes for the following individual PQI: PQI 10: Dehydration Admission Rate The expected discharges account for the age and sex distribution of beneficiaries attributed to the physician or group of physicians.	Hospital admissions that are transfers from a hospital, skilled nursing facility, intermediate care facility, or other health care facility. 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
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 physician or group of physicians (based on AHRQ's PQIs)	Number of observed short-term hospital discharges that occurred in calendar year 2013 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 2013 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 physician or group of physicians.	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.

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9	**All Cause Inpatient Hospital Readmissions** Risk-standardized readmission rate of beneficiaries age 65 or older attributed to physicians and groups of physicians that were hospitalized at a short-stay acute care hospital for any cause and then readmitted to an acute care hospital within 30 days of discharge.	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. Risk-adjusted readmissions account for patient-level age and clinical risk factors of the beneficiaries attributed to the physician or group of physicians, and a random intercept.	Number of acute care hospitalizations (index admissions) for beneficiaries age 65 or older at non-federal, short-stay acute-care or critical access hospitals that occurred during calendar year 2013.	Exclude hospitalizations from the denominator for patients: • Died during the index admission • Not continuously enrolled in Medicare Part A fee-for-service 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: The 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 are based on the latest PQI version measure specifications available as of the date required to produce the measures.