



Pennsylvania Admission Rate Performance Measures

Measurement Year 2021 Performance Measures

The Department of Human Services (DHS) has developed four key performance measures that capture members with chronic diseases that have been admitted for inpatient care due to exacerbations in these conditions. In this document you will learn about:

- Asthma in Children and Younger Adults Admission Rate
- Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate
- Diabetes Short-term Complications Admission Rate
- Heart Failure Admission Rate

Asthma in Children and Younger Adults Admission Rates

This measure captures the number of discharges for asthma in enrollees ages 2 years to 39 years per 100,000 member months.

Eligible Population

Members age 2 - 39 years.

- Age is determined as of the date of discharge.

The Following Rates Are to Be Reported

Reporting for the eligible population will be as follows:

- Members 2 to 17
- Members 18 to 39 years

How is Care Captured for this Measure?

All non-maternal inpatient hospital discharges for enrollees ages 2-39 years with an ICD-10-CM principal diagnosis code of asthma

Code Class	Codes	Description
ICD-10-CM	J4521	Mild intermittent asthma with (acute) exacerbation
ICD-10-CM	J4541	Moderate persistent asthma with (acute) exacerbation
ICD-10-CM	J4551	Severe persistent asthma with (acute) exacerbation

Quality Measure Toolkit

AetnaBetterHealth.com/Pennsylvania

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Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate

This measure captures the number of discharges for chronic obstructive pulmonary disease (COPD) or asthma for Medicaid members 40 years and older per 100,000 member months.

Eligible Population

- Members 40 years of age and older.
- Age is determined as of the date of discharge.

The Following Rates Are to Be Reported

Reporting for the eligible population will be as follows:

- Members 40-64
- Members 65 years and older

How is Care Captured for this Measure?

All non-maternal inpatient hospital discharges for enrollees ages 40 years of age and older with an ICD-10-CM principal diagnosis code for COPD **or** asthma

Code Class	Codes	Description
ICD-10-CM	J441	Chronic obstructive pulmonary disease with (acute) exacerbation
ICD-10-CM	J449	Chronic obstructive pulmonary disease, unspecified
ICD-10-CM	J4521	Mild intermittent asthma with (acute) exacerbation
ICD-10-CM	J4522	Mild intermittent asthma with status asthmaticus

Diabetes Short-term Complications Admission Rate

This measure captures the number of discharges for diabetes short-term complications (ketoacidosis, hyperosmolarity or coma) in adults 18 years and older per 100,000 Medicaid member months.

Eligible Population

- Members 18 years of age and older.
- Age is determined as of the date of discharge.

The Following Rates Are to Be Reported

Reporting for the eligible population will be as follows:

- Members 18-64
- Members 65 years and older.

How is Care Captured for this Measure?

All non-maternal discharges with an ICD-10-CM principal diagnosis code for diabetes short-term complications, for two age groups: ages 18-64 years and age 65 years and older

Code Class	Codes	Description
ICD-10-CM	E1010	Type 1 diabetes mellitus with ketoacidosis without coma
ICD-10-CM	E1011	Type 1 diabetes mellitus with ketoacidosis with coma
ICD-10-CM	E1100	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)

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Heart Failure Admission Rate

This measure captures the number of discharges for heart failure in adults 18 years and older per 100,000 Medicaid member months.

Eligible Population

Members 18 years of age and older.

- Age is determined as of the date of discharge.

The Following Rates Are to Be Reported

Reporting for the eligible population will be as follows:

- Members 18-64
- Members 65 years and older.

How is Care Captured for this Measure?

All non-maternal discharges with an ICD-10-CM principal diagnosis code for heart failure

Code Class	Codes	Description
ICD-10-CM	I0981	Rheumatic heart failure
ICD-10-CM	I110	Hypertensive heart disease with heart failure
ICD-10-CM	I509	Heart failure, unspecified

Strategies to Decrease Hospital Admissions

- Outreach members to schedule follow-up visits as need for chronic condition maintenance and exacerbation.
- Talk to the patient about the importance of medication adherence and scheduling follow-up visits, even if they feel better.
- Educate the patient on reducing triggers in their home, school, work and environment that could exacerbate their condition.
- Coordinate care with specialists such as cardiologists, endocrinologists, and pulmonologists.
- Include as part of the health care team patient advocates or family members to support the patients' health goals and advise practices. This extra support could decrease exacerbations in conditions leading to inpatient admissions.
- Help patients go through the screening and diagnosis processes, treatment courses, and may attend follow-ups with patients

Numerator Codes

There is a large list of approved NCQA codes used to identify the services included in the performance measures in this document.

This document supplied a few applicable codes for each measure. For a complete list please reach out to your dedicated Quality Practice Liaison (QPL) or the Quality Management Department at AetnaBetterHealthPAQM@Aetna.com.