

[AHCAH-34230] Created: Jul/24/2024 Updated: Jul/24/2024 Resolved: Jul/24/2024	
Status:	Measures Submitted
Project:	Acute Hospital Care at Home
Component/s:	None
Affects Version/s:	None
Fix Version/s:	None

Type:	AHCAH Measure - Tier 2	Priority:	Medium
Reporter:		Assignee:	Unassigned
Resolution:	Done	Votes:	0
Labels:	None		
Remaining Estimate:	Not Specified		
Time Spent:	Not Specified		
Original Estimate:	Not Specified		

Issue Links:	Relates		
	relates to	CCN:	Approved
Hospital Name:			
CCN:	140150		
Measure From Date:			
Measure To Date:			
1a. How many Fee For Service (FFS) Medicare patients were discharged from acute hospital care at home in the last 7 days?:			
1b. How many non-managed care Medicaid patients were discharged from acute hospital			

care at home in the last 7 days?:	
1c. How many discharges involved patients who had both FFS Medicare and FFS Medicaid (Dual-Eligibles)?:	
2a. Excluding patients on hospice and those not on hospice but whose death was expected by the care team and the patient and their family/caregivers, how many FFS Medicare patients died during their hospitalization in the past 7 days?:	
2b. Excluding patients on hospice and those not on hospice but whose death was expected by the care team and the patient and their family/caregivers, how many non-managed care Medicaid patients died during their hospitalization in the past 7 days?:	
2c. Excluding patients on	

hospice and those not on hospice but whose death was expected, how many patients died during their hospitalization in the past 7 days who had both FFS Medicare and FFS Medicaid (Dual-Eligibles)?:	
3a. How many FFS Medicare patients required transfer back and admission to the traditional inpatient hospital setting from their acute hospital care at home in the past 7 days?:	
3b. How many non-managed care Medicaid patients required transfer back and admission to the traditional inpatient hospital setting from their acute hospital care at home in the past 7 days?:	
3c. How many patient discharges involved a transfer to the traditional inpatient hospital setting from their	

acute hospital care at home in the past 7 days and had coverage by both FFS Medicare and FFS Medicaid (Dual-Eligibles)?:	
4. Has your acute hospital care at home safety committee reviewed the metrics being reported in this weekly report?:	
POC Name:	
POC Email:	
Measures Submitter Name:	
Measures Submitter Email:	

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