

From Volume To Value, With Care.



# Plan All-Cause Readmissions

## 2024 Performance Year

Commercial, Medicaid, Medicare

#### **Measure Description**

For patients ages 18 and older, the number of acute inpatient and observation stays during the performance year that were followed by an **unplanned** acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

### NOTE: A *lower* rate indicates a better score for this measure.

This measure is based on the number of discharges, not patients. A patient may fall into this measure several times during the performance year.

**\*\*NOTE:** For Medicaid and Commercial patients – The included age range is 18–64 only.

### **Required Exclusions**

- Patients in hospice or using a hospice benefit anytime during the performance year
- Patients who passed away during the hospital stay
- Patients with a principal diagnosis of pregnancy on the discharge claim or a principal diagnosis of a condition originating in the perinatal period on the discharge claim
- Acute hospitalizations where the discharge claims has a diagnosis for:
  - Chemotherapy maintenance
  - Principle diagnosis of rehabilitation
  - Organ transplant
  - Potentially planned procedure without a principal acute diagnosis
- Patients who were admitted and discharged on the same day

### **Important Measure Notes**

- This measure is based on claims and encounters. Supplemental data may be submitted to verify exclusion criteria.
- An acute discharge can be from any type of facility, including behavioral health facilities.
- A lower readmission rate and comprehensive diagnosis documentation will drive better scores for this measure.
- Patients with multiple comorbidities are expected to return post inpatient or observation discharge at a higher rate. Ensure all suspect conditions are appropriately identified in the patient's medical record and claims.
- Encourage patients to engage in palliative care or hospice programs as appropriate.
- Remember to document Transition of Care Indicators, including medication reconciliation (Code 1111F).
- Discharges are excluded if a direct transfer takes place after the end of the performance year.

#### Resources

HEDIS MY2024 Technical Specs Vol 2. Pg.448-461