



Plan All-Cause Readmissions 2024

Medicare, Medicaid and Commercial

Measure Description

For patients ages 18 and older, the number of acute inpatient and observation stays during 2024 that were followed by an **unplanned** acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

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 in 2024.

For Medicaid and Commercial patients – The included age range is 18–64 only.

Required Exclusions

- Patients who use hospice services or elect to use a hospice benefit any time in 2024
- Patients who passed away during the inpatient stay
- Patients with a principal diagnosis of pregnancy on the discharge claim
- 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 members to engage in palliative care or hospice programs as appropriate to drive lower readmissions for high risk patients to reduce hospitalizations.



Important Measure Notes Continued...

- Remember to document Transition of Care Indicators, including medication reconciliation (Code 111F).
- Discharges are excluded if a direct transfer takes place after Dec. 1, 2024

Resources

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