

HQIP 30-day All Cause Readmission

Description of measure

Non-adjusted hospital readmissions within 30 days of discharge using the CMS-PCR defined methodology (see below). Data included are: count of index hospital stays (denominator), count of 30-day readmissions (numerator), readmission rate.

Eligible Population

Includes paid claims only.

Ages: 18 and older by age and gender cohorts: 18-44, 45-54, 55-64, 65-74, 75-84, 85+. Provide numerator, denominator, rate and totals/subtotals for the following subsets: each age cohort by gender and subtotal as well as subtotals for <65 population, >65 population, and overall population total

Eligibility: Exclude the following Eligibility Types: 010 QMB Only, 011, SLMB, 012, QDWI, 013 OAP State Only, 014 Non-Citizens/NF/HCBS, 015 Legal Immigrant Prenatal, 016 NCRA, 017 CHP+, 018 CICP, 019 Qualified individuals

Continuous enrollment requirement: 365 days prior to Index Discharge Date through 30 days after the Index Discharge Date

Provider type, if applicable

Hospitals: Include provider type code 01, general hospital. Psychiatric hospitals are excluded per statute for HQIP purposes. See also Other information section below.

Allowable gap in eligibility, if applicable

No more than one gap not to exceed 45 days during the 365 day period and no gap during the 30 days following the Index Discharge Date. If there is more than one gap during the 365 day period, even if the gap does not exceed 45 days, the client should be excluded from the calculation.

Reporting frequency

Annually

Dates of service to include

Jan 1 of reporting year – December 31 of reporting year

Amount of time allowed for claims runout

6 months

Data source

HCPF

Numerator definition

See CMS- PCR specifications, below, and three readmission exclusions lists for steps 4 and 5 of the referenced CMS-PCR documents (Perinatal Conditions, Pregnancy and Other dx and proc Value Sets).

Applicable numerator codes

See CMS- PCR specifications, below.

Denominator definition

See CMS- PCR specifications, below.

Applicable denominator codes

See CMS- PCR specifications, below.

Numerator Exclusions

1. See CMS- PCR specifications, below

ALSO

2. Non-acute inpatient rehabilitation services and non-acute inpatient stays at rehab facilities.
3. Clients with "case status code/med flag of j" (indicating emergency Medicaid).
4. Discharges and readmissions from non-Colorado hospitals.

Denominator Exclusions

1. See CMS-PCR specifications, below.

ALSO

2. Non-acute inpatient rehabilitation services and non-acute inpatient stays at rehab facilities.
3. Clients with "case status code/med flag of "j (indicating emergency Medicaid).
4. Discharges and readmissions from non-Colorado hospitals.

Measure Steward

CMS

Other information

Note: claims with mental health dx are included. However, encounter claims for inpatient admissions paid for by BHOs are not included in these rates.

CMS PCR : PLAN ALL-CAUSE READMISSIONS RATE

Measure Steward: National Committee for Quality Assurance

A. DESCRIPTION

For Medicaid enrollees age 18 and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. Data are reported in the following three categories:

Count of Index Hospital Stays (IHS) (denominator)
Count of 30-Day Readmissions (numerator)
Readmission Rate

Data Collection Method:

Administrative

Guidance for Reporting:

This measure applies to Medicaid enrollees age 18 and older.

Include all paid claims only.

This measure requires risk adjustment. However, there are no standardized risk adjustment tables for Medicaid. Therefore, CMS suggests that states report unadjusted rates for this measure until a standardized risk adjustor is made available.

B. DEFINITIONS

Index Hospital Stay (IHS) - An acute inpatient stay with a discharge on or between January 1 and December 1 of the measurement year. Exclude stays that meet the exclusion criteria in the denominator section.

Index Admission Date - The IHS admission date

Index Discharge Date - The IHS discharge date. The index discharge date must occur on or between January 1 and December 1 of the measurement year.

Index Readmission Stay - An acute inpatient stay for any diagnosis with an admission date within 30 days of a previous Index Discharge Date.

Index Readmission Date - The admission date associated with the Index Readmission Stay.

Planned Hospital Stay - A hospital stay is considered planned if it meets criteria as described in step 5 (required exclusions) of the Eligible Population.

Classification Period - 365 days prior to and including an Index Discharge Date

Version of Specification: PQRS version 7.2 Current Procedural Terminology © 2014 American Medical Association. All rights reserved.

Measure PCR-AD: Plan All-Cause Readmissions Rate

C. ELIGIBLE POPULATION

Age: Age 18 and older as of the Index Discharge Date.

Continuous Enrollment: 365 days prior to the Index Discharge Date through 30 days after the Index Discharge Date.

Allowable Gap: No more than one gap in enrollment of up to 45 days during the 365 days prior to the Index Discharge Date and no gap during the 30 days following the Index Discharge Date

Anchor Date: Index Discharge Date.

Benefit: Medical

Event/Diagnosis: An acute inpatient discharge on or between January 1 and December 1 of the measurement year. The denominator for this measure is based on discharges, not Medicaid enrollees. Include all acute inpatient discharges for Medicaid enrollees who had one or more discharges on or between January 1 and December 1 of the measurement year.

The state should follow the steps below to identify acute inpatient stays.

D. ADMINISTRATIVE SPECIFICATION

Denominator

The eligible population

Step 1: Identify all acute inpatient stays with a discharge date on or between January 1 and December 1 of the measurement year. Include acute admissions to behavioral healthcare facilities.

Step 2: Acute-to-acute transfers: Keep the original admission date as the Index Admission Date, but use the transfer's discharge date as the Index Discharge Date.

Step 3: Exclude hospital stays where the Index Admission Date is the same as the Index Discharge Date.

Step 4: Required exclusions

Exclude stays for the following reasons:

- Inpatient stays with discharges for death.
- Acute inpatient discharge with a principal diagnosis of pregnancy (Pregnancy Value Set).
- Acute inpatient discharge with a principal diagnosis of a condition originating in the perinatal period (Perinatal Conditions Value Set).

Step 5: Required exclusions for planned readmissions

For all acute inpatient discharges identified using steps 1–4, determine if there was a planned hospital stay within 30 days using all acute inpatient stays. Exclude any acute inpatient discharge as an Index Hospital Stay if the admission date of the first planned hospital stay is within 30 days and includes any of the following.

- A principal diagnosis of maintenance chemotherapy (Chemotherapy Value Set).
- A principal diagnosis of rehabilitation (Rehabilitation Value Set).
- An organ transplant (Kidney Transplant Value Set, Bone Marrow Transplant Value Set, Organ Transplant Other Than Kidney Value Set).
- A potentially planned procedure (Potentially Planned Procedure Value Set) without a principal acute diagnosis (Acute Condition Value Set).

Example 1

For an enrollee with the following acute inpatient stays, exclude stay 1 as an Index Hospital Stay.

Stay 1: (January 30–February 1 of the measurement year): Acute inpatient discharge with a principal diagnosis of COPD.

Stay 2: (February 5–7 of the measurement year): Acute inpatient discharge with a principal diagnosis of maintenance chemotherapy.

Example 2

For an enrollee with the following acute inpatient stays, exclude stays 2 and 3 as Index Hospital Stays in the following scenario.

Stay 1: (January 15–17 of the measurement year): Acute inpatient discharge with a principal diagnosis of diabetes

Stay 2: (January 30–February 1 of the measurement year): Acute inpatient discharge with a principal diagnosis of COPD.

Stay 3: (February 5–7 of the measurement year): Acute inpatient discharge with an organ transplant.

Stay 4: (February 10–15 of the measurement year): Acute inpatient discharge with a principal diagnosis of rehabilitation.

Step 6: Calculate continuous enrollment

Step 7: Assign each acute inpatient stay to an age category. Refer to Table at end of document.

Numerator

At least one acute readmission for any diagnosis within 30 days of the Index Discharge Date.

Step 1: Identify all acute inpatient stays with an admission date on or between January 2 and December 31 of the measurement year.

Step 2: Acute-to-acute transfers: Keep the original admission date as the Index Admission Date, but use the transfer's discharge date as the Index Discharge Date.

Step 3: Exclude acute inpatient hospital discharges with a principal diagnosis of pregnancy (Pregnancy Value Set) or a principal diagnosis for a condition originating in the perinatal period (Perinatal Conditions Value Set).

Step 4: For each IHS, determine if any of the acute inpatient stays had an admission date within 30 days after the Index Discharge Date.

Reporting: Denominator

Count the number of IHS and enter these values into the table.

Reporting: Numerator

Count the number of IHS with a readmission within 30 days and enter these values into the table.

Reporting: Readmission Rate

This measure requires risk adjustment. However, there are no standardized risk adjustment tables for Medicaid. CMS suggests that states report unadjusted rates for this measure until a standardized risk adjustor is made available.

Age	Count of Index stays (denominator)	Count of 30-day readmissions (numerator)	Readmission Rate (numerator/denominator)
18-44			
45-54			
55-64			
18-64 Subtotal			
65-74			
75-84			
85+			
65+ Subtotal			
18 and up total			