

To find the category (Medicare Stars, Federal Employee Program®, etc.) this measure applies to, see our [chart of HEDIS® measures](#).

Plan All-Cause Readmissions (PCR)

We are committed to working with you to improve the quality of care and health outcomes for our members, your patients. The Healthcare Effectiveness Data and Information Set (HEDIS®) is one tool we use to measure many aspects of performance. This tip sheet details some of the key features of the HEDIS measure for planning all-cause readmissions.

What is the measure?

The measure reports the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days after discharge and the predicted probability of an acute readmission.

Eligible Population

Members age 18 and older with acute inpatient or observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days, and a predicted probability of an acute readmission.

Note: For Commercial, Federal Employee Program® and Medicaid, report only members age 18-64.

Best Practices for Discharge Planning and Reducing Readmissions

- Monitor admission, discharge and emergency department visit reports
- Obtain hospital discharge summary and use to schedule post-discharge appointments within three to seven days
- Document any conditions found during hospital admission within office visit notes and perform a medication reconciliation soon after discharge to prevent medication related readmissions
- Consider telehealth or home health visits for discharged patients, when appropriate
- Complete patient risk assessments to manage potential admissions (congestive heart failure, diabetes, COPD)
- Give clear instructions on changes that need immediate attention: to call office when condition changes (weight gain, medication changes, high/low blood sugar readings)
- Develop a coordinated transition of care process (include multi-faceted treatment team)
- Provide extensive ongoing member outreach to manage potential admissions

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HEDIS Measure: Plan All-Cause Readmissions (continued)

Exclusions

Use correct exclusion codes (list is not all inclusive):

- Female members with a principal diagnosis of pregnancy on the discharge claim
- Principal diagnosis of a condition originating in the perinatal period on the discharge claim
- Planned admission using any of the following:
 - Principal diagnosis of maintenance chemotherapy
 - Principal diagnosis of rehabilitation
 - An organ transplant
 - Potentially planned procedure without a principal acute diagnosis
- The member expired during the stay
- Hospice care

Note: For hospital stays that include an acute-to-acute direct transfer, use both the original stay and the direct transfer stay to identify exclusions in this step.

Resources

Strategies to Overcome the Readmission Crisis in Health Systems; David A. South, Pharm D, and Lindsey B. Amerine, PharmD, MS, BCPS, 11/20/15

pharmacytimes.com/publications/health-system-edition/2015/november2015/strategies-to-overcome-the-readmission-crisis-in-health-systems

Preventing Avoidable Readmissions. Content last reviewed February 2017. Agency for Healthcare Research and Quality, Rockville, MD.

ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/impptdis/index.html

2020 HEDIS Documentation and Coding Guide

Available on floridablue.com. Go to: Providers > News and Announcements > Quality/HEDIS/CAHPS > HEDIS Measures and Reference Materials