

HEDIS MEASURE OVERVIEW

Plan All-Cause Readmissions (PCR)

Coordination of care, including a post-discharge visit, has always been critical to patient health outcomes. Beginning with measurement year 2019, the National Committee for Quality Assurance (NCQA) implemented changes to the Plan All-Cause Readmissions (PCR) Healthcare Effectiveness Data and Information Set (HEDIS®) measure that will likely increase the number of patient events reported.

Please note: The information offered in this flyer is based on HEDIS technical specifications. It is not meant to preclude your clinical judgment.

Who is included in the PCR measure?

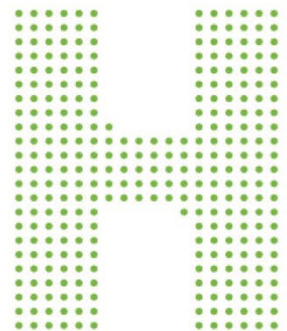
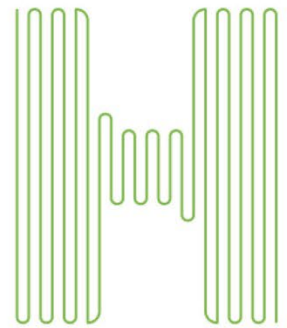
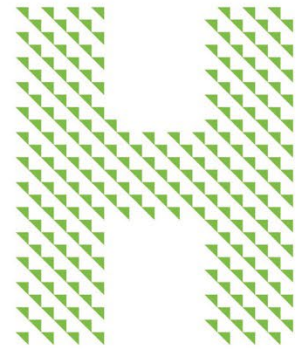
Medicare Advantage patients 18 years old and older, and Medicaid and commercial patients 18-64 years old, who have had an acute inpatient or observation stay through Dec. 1 of the measurement year (denominator) and a subsequent unplanned acute readmission or observation stay for any diagnosis within 30 days (numerator) are eligible for this measure. Includes patients who may have been readmitted to the same hospital or a different one.

*Planned admissions for chemotherapy, rehabilitation, transplant, etc., are not included as readmissions. Rehabilitation exclusions are limited to fitting and adjustment of prosthesis and other medical devices, such as infusion pumps, neuropacemakers etc.

Exclusions (unless otherwise indicated, these apply to Medicare, Medicaid and Commercial patients)

- Stays with discharge dates of Dec. 2–31
- Planned admissions for chemotherapy, rehabilitation[†], transplant, etc.
- For acute to acute direct transfers, the subsequent admission's discharge date is the relevant date for the measure
- Pregnancy-related admission
- Patients in hospice or using hospice services
- Patient died during stay
- Medicare and Medicaid patients with four or more stays, and commercial patients with three or more stays, during the measurement year (acute inpatient and observation) between January 1 and December 1
- For stays that included a direct transfer, exclude original admission's discharge date. Only the last discharge should be considered
- Rehabilitation exclusions are limited to fitting and adjustment of prosthesis and other medical devices, such as infusion pumps, neuropacemakers, etc.

[†] Rehabilitation exclusions are limited to fitting and adjustment of prosthesis and other medical devices, such as infusion pumps, neuropacemakers, etc.



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Service needed for PCR measure compliance

While there is no particular service needed for compliance, practices can have a process in place to identify patients who have been discharged from acute facilities using daily discharge reporting. Outreaches to these patients to schedule follow-up care and medication reconciliation may reduce the risk of readmission. Research on improving the rate of readmissions has indicated programs that include nurse-led care planning before discharge and pharmacist-led medication reconciliation after discharge observed significantly fewer readmissions.^{1,2}

Why is it important to perform well on the PCR measure?

It can prevent patients from returning to a hospital shortly after being discharged, which can be costly and often avoidable. Hospital readmissions are used to measure quality of care in a healthcare system. Common avoidable reasons for hospital readmission include:

- Patient confusion about dosing frequency of prescribed medications
- Important information, such as test results not communicated to the primary care physician
- Inadequate follow-up care after release

What is a good PCR performance rate?

PCR is one example of an inverse measure, which CMS defines as: “... a lower calculated performance rate for measures, which indicates better clinical care or control.” For an inverse measure, the desired performance rate is 0%. Better clinical care or control will produce a performance rate that trends closer to 0% as quality increases.

PCR Star measure cut points				
Published October 2019				
Cut points for compliance percentages that determine the measure-level Star rating				
1 Star	2 Stars	3 Stars	4 Stars	5 Stars
Greater than 10%	Greater than 8% to 10%	Greater than 7% to 8%	Greater than 3% to 7%	3% or less

Please note: Plan All-Cause Readmissions (PCR) returns for MY22 as a 1x weight. PCR cut points will be updated in October 2023.

PCR Star Measure Cut Points

Please note: Plan All-Cause Readmissions (PCR) returns for MY22 as a 1x weight.

Reminder: PCR was a display measure from MY19 through the end of MY21. Therefore, there are no cut points available in 2020 and 2021 Stars Technical notes. These values for MY22 will be released by CMS in October 2023.

Measure best practices

- Promote health plan services (e.g., transition of care, care coordination, home health, etc.).
- Be aware of the daily discharge census.
- When possible, manage scheduling capacity to ensure discharged patients can be seen within seven days.
- Conduct medication reconciliation during the first post-discharge visit with the patient.
- Have a discussion with patients to determine if they have issues accessing the resources necessary to prevent a readmission (e.g., ability to get the medications prescribed at discharge, transportation for follow-up appointments, family or community support)
- Connect patients to community resources and/or health plan care management services to help remove

barriers to care and/or access to resources.

¹Foot, H., Freeman, C., Hemming, K., Scott, I., Coombes, I. D., Williams, I. D., ... Cottrell, N. (2017). Reducing medical admissions into hospital through optimizing medicines (REMAIN HOME) study: Protocol for a stepped-wedge, cluster-randomized trial. *BMJ Open*, 7(4). doi:<http://dx.doi.org/10.1136/bmjopen-2016-015301>

²Polinski, J. M., Moore, J. M., Kyrychenko, P., Gagnon, M., Matlin, O. S., Fredell, J. W., ... Shrank, W. H. (2016). An insurer's care transition program emphasizes medication reconciliation, reduces readmissions and costs. *Health Affairs*, 35(7), 1222-1229. doi:<http://dx.doi.org/10.1377/hlthaff.2015.0648>

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