Trillium HEALTH RESOURCES

HEDIS Provider Tip Sheet

Plan All-Cause Readmissions (PCR)

PCR Measure Description[1]

Assesses the rate of adult acute inpatient and observation stays that were followed by an unplanned acute readmission for any diagnosis within 30 days after discharge among members 18 to 64. As well as reporting observed rates, NCQA also specifies that plans report a predicted probability of readmission to account for the prior and current health of the member, among other factors.

Why is PCR Important?[1]

A “readmission” occurs when a patient is discharged from the hospital and then admitted back into the hospital within a short period of time. A high rate of patient readmissions may indicate inadequate quality of care in the hospital and/or a lack of appropriate post-discharge planning and care coordination. Unplanned readmissions are associated with increased mortality and higher health care costs. Unplanned readmissions can be prevented by standardizing and improving coordination of care after discharge and increasing support for patient self-management.

Best Practices

- ✓ Submit claim/encounter data in a timely manner.
- ✓ Review discharges and verify that they are for acute inpatient stays. Some maybe sub-acute, transitional care, rehab, etc.
- ✓ Schedule a follow-up once member has been discharged from the hospital to assess how the member is doing to avoid possible readmission.
- ✓ Capture all diagnoses, as this is a case mix adjusted rate. The sicker the member, the higher probability of a readmission.

[1] Source: ncqa.org/hedis/measures
[2] Source: HEDIS MY 2024 Tech Specs Manual Vol. 2

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Numerator Compliance[2]

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

If a single numerator event meets criteria for multiple denominator events, only count the last denominator event. For example, consider the following events:

- Acute inpatient stay 1: May 1–10.
- Acute inpatient stay 2: May 15–25 (principal diagnosis of maintenance chemotherapy).
- Acute inpatient stay 3: May 30–June 5.

All three acute inpatient stays are included as denominator events. Stay 2 is excluded from the numerator because it is a planned hospitalization. Stay 3 is within 30 days of Stay 1 and Stay 2. Count Stay 3 as a numerator event only toward the last denominator event (Stay 2, May 15–25).

Numerator Codes[2]

Refer to HEDIS Numerator Codes Dashboard on the Trillium HEDIS Resources website.

Data Collection Method[2]

Administrative (Claims)

Trillium Percentages/NCQA National Averages[1]

PCR	Calendar Year	Trillium	NCQA National Average
At least one acute readmission for any diagnosis within 30 days of the Index Discharge Date.	2022	1.0*	9.8
	2021	-	10.0

*Observed vs. Expected Ratio. A lower rate indicates better performance.

[1] Source: ncqa.org/hedis/measures
[2] Source: HEDIS MY 2024 Tech Specs Manual Vol. 2