



Plan All-Cause Readmissions (PCR)

PCR Measure Description¹

For members between 18 and 64 years of age, 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 and the predicted probability of an acute readmission.

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.

Numerator Compliance²

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.

Data Collection Method²

Administrative (Claims)



Trillium Percentages/NCQA National Averages¹

PCR	Measurement Year	Trillium	NCQA National Average
Observed vs. Expected Ratio	2023	-	0.99*
	2022	1.0*	0.98*

*A lower rate indicates better performance.

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¹ Source: <https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/measures-list/>

² Source: HEDIS MY 2025 Tech Specs Manual Vol. 2