Readmissions Within 30 Days Age 18 to 64
Readmissions Within 30 Days Age > 64

RULE DESCRIPTION

READMISSIONS WITHIN 30 DAYS AGE 18 TO 64 and READMISSIONS WITHIN 30 DAYS AGE > 64 identify the percentage of acute inpatient stays during the reporting time period, for patients aged 18 years and older, that were followed by an acute readmission for any diagnosis within 30 days of discharge.

This rule is based on the CMS Core Set of Adult Health Care Quality Measures for Medicaid, Measure PCR-AD, HEDIS measure Plan All-Cause Readmissions (PCR), and NQF measure #1768.

PROPRIETARY STATUS: This measure is owned by NCQA [NQF-endorsed^{TM}].

DEVIATIONS FROM MEDICAID CRITERIA:

1. The criteria specify that the enrollee should be age 18 years and older as of the date of discharge. We cannot determine age based on the discharge date, so we include enrollees age 18 years and older anytime during the reporting period.
2. The exclusion criteria have been simplified. We did not implement exclusion criteria for admissions in which there was a planned readmission within 30 days for kidney transplants or other organ transplants, or for a potentially planned procedure without a principal acute diagnosis. We did include exclusion criteria for admissions in which the admission date was the same as the discharge date, for admissions for pregnancy or perinatal conditions, for stays in which the enrollee died, and for admissions in which there was a planned readmission within 30 days for maintenance chemotherapy or rehabilitation.
3. The criteria specify a continuous enrollment period that runs from 365 days prior to the Index Discharge Date through 30 days after the Index Discharge Date. This could not be implemented, so a simplified CE criterion of medical coverage during the reporting period was implemented instead.
4. For the data collection time frame of 2015, Medicaid specifies that measures should be calculated using
5. ICD-10 codes for claims with a date of service or date of discharge on or after October 1, 2015. The s engine has no way to eliminate ICD-9 codes from a measure calculation if they are included on a claim following the October 1, 2015 date. The impact of this on results will depend on the extent to which incorrect codes appear on submitted claims.

 PACKAGE: Advantage Medicaid Focus

MEASURE DETAILS:

RATES: Plan All Cause Readmits Mcd Age 18 to 64 Rate {MR}
Plan All Cause Readmits Mcd Age > 64 Rate {MR}

DENOMINATORS: Admits Age 18 to 64 Years Mcd
Admits Age > 64 Years Mcd
Admits Acute Age 18 to 64 Years Mcd {MR}
Admits Acute Age > 64 Years Mcd {MR}

 Identifies the number of acute hospital admissions for patients aged 18-64 years and 65 years and older, during the reporting time period (Medicaid uses anuary 1 to December 1). States should report results for the two age groups.

Age in Years (during the reporting time period)	>= 18 and <=64
OR	

Age in Years (during the reporting time period)	>64

EXCLUSIONS:

Excludes hospital stays where the admission date is the same as the discharge date, any hospital stay with a discharge for death, any hospital stay with a principal diagnosis of pregnancy or conditions originating in the perinatal period, and any hospital stay where the readmission is for a principal diagnosis of maintenance chemotherapy or rehabilitation.

No hospital stays where the admission date is the same as the discharge date (during the reporting time period)	Days Since Last Admit >1
OR	
No hospital stays with a discharge for death (admission date in the measurement year)	Discharge Status Code UB = 20
OR	
No admissions with a principal diagnosis of pregnancy or a condition originating in the perinatal period (admission date in the measurement year)	Diagnosis Code Principal Admit ICD9 = 630-67914, 7600- 7799, V21*, V22*-V289, V29*-V392 or Diagnosis Code Principal Admit ICD10 = O000-O9A53, Z0371-Z0379, Z331, Z332, Z3400-Z36, P000-P969, Z3800- Z388
OR	
No planned readmission for a principal diagnosis of maintenance chemotherapy (admission date within 30 days of a hospital discharge)	Diagnosis Code Principal Admit ICD9 = V5811, V662, V672, 5812, V661, V580, V671 or Diagnosis Code Principal Admit ICD10 = Z510-Z5112
OR	
No planned readmission for a principal diagnosis of rehabilitation (admission date within 30 days of a hospital discharge)	Diagnosis Code Principal Admit ICD9 = V538, V570, V5721, V5722, V524, V5882, V520, V521, V528, V529,V574, V5781, V571, V5789, V579, V573 or Diagnosis Code Principal Admit ICD10 = Z440*, Z441*, Z443*-Z449, Z451, Z453*-Z45819, Z4682, Z4689, Z469

NUMERATORS: Readmissions All Plan Mcd Age 18 to 64 Num {MR}
                     Readmissions All Plan Medicaid Age > 64 Num {MR}

From the remaining hospital stays, the number of acute readmissions for any diagnosis within 30 days of discharge.