

Plan All-Cause Readmission

Measure Basic Information

Name and date of specifications used: HEDIS® 2016 Technical Specifications for Health Plans (Volume 2)

URL of Specifications: n/a

Measure Type: HEDIS PQI Survey Other Specify:

Measure Utility: CCO Incentive Core Performance CMS Adult Set CHIPRA Set State Performance Other Specify:

Data Source: MMIS/DSSURS

Measurement Period: January 1 – December 31, 2016

2013 Benchmark: 10.5%, average of 2013 Commercial and Medicare 75th percentiles.

2014 Benchmark: 10.5%, average of 2013 Commercial and Medicare 75th percentiles.

2015 Benchmark: 10.5%, average of 2013 Commercial and Medicare 75th percentiles.

2016 Benchmark: 10.5%, average of 2013 Commercial and Medicare 75th percentiles¹.

Measure changes in specifications from 2014 to 2015:

OHA is using HEDIS® 2016 specifications for all 2016 measurements. Changes in HEDIS® specifications from 2015 to 2016 include:

- Added methods and Inpatient Stay Value Set and Nonacute Inpatient Stay Value Set for identifying denominator discharges and numerator readmissions. (See Required Denominator and Required Numerator sections)
- Added instructions for identifying the transfer setting in step 2 of the event/diagnosis. (See Required Denominator section)
- Added a note to steps 4 and 5 of the event/diagnosis.
- Deleted ICD-9 procedure codes 37.52, 37.53, and 37.54 from the Organ Transplant Other Than Kidney Value Set (in the denominator exclusion section)
- HEDIS® 2016 included ICD-10 diagnosis and procedure codes for Acute Condition, Bone Marrow Transplant, Chemotherapy, Kidney Transplant, Organ Transplant Other Than Kidney, Perinatal Conditions, Potentially Planned Procedures, Pregnancy, and Rehabilitation Value Sets.

OHA also rearranged the ‘Data elements required numerator’ section and the ‘Deviations from cited specifications for numerator’ section to provide more clarity.

¹ Updated Commercial and Medicare rates are not available. OHA will continue to use the 2013 percentiles.
http://www.ncqa.org/portals/0/Publications/2012%20BI_NCQA%20ReAdMi%20_Pub.pdf

HEDIS specifications are written for multiple lines of business and include a broad set of codes that could be used for measurement. OHA is not using all codes listed in the HEDIS specifications. Codes OHA is not using include, but are not limited to, LOINC, CPT, and HCPCS codes that are not open to Medicaid in Oregon. A general rule of thumb is that only CPT/HCPCS codes associated with the prioritized list will be used to calculate the measures; however as some measure specifications include denied claims, a claim that was denied because it included codes not on the prioritized list might still be counted toward the measure.

Denied claims: Included

Not included

Member type: CCO A

CCO B

CCO G

Measure Details

Definitions

IHS	Index Hospital Stay. An acute inpatient stay with a discharge on or between January 1 and December 1 of the measurement year. Exclude stays that meet the exclusion criteria in the denominator section.
Index Admission Date	The IHS admission date.
Index Discharge Date	The HIS discharge date. The index discharge date must occur on or between January 1 and December 1 of the measurement year.
Index Readmission Stay	An acute inpatient stay for any diagnosis with an admission date within 30 days of a previous Index Discharge Date.
Index Readmission Date	The admission date associated with the Index Readmission Stay

Data elements required denominator:

Members age 18 and older as of the Index Discharge Date with a qualifying discharge from an acute inpatient stay on or between January 1 and December 1 of the measurement year.

Note the denominator for this measure is based on discharges, not members. Include all acute inpatient discharges for members who had one or more discharges on or between January 1 and December 1 of the measurement year.

To identify acute inpatient stays:

1. Identify all acute inpatient stays with a discharge date on or between January 1 and December 1 of the measurement year.
 - Identify all inpatient stays (Inpatient Stay Value Set).
 - Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).

- Identify the discharge date for the stay.
2. **Acute-to-acute transfers:** Keep the original admission date as the Index Admission Date, but use the transfer's discharge date as the Index Discharge Date. (See OHA's method for identifying transfers in Explanation of Exclusions and Deviations section.)
 3. Exclude hospital stays where the Index Admission Date is the same as the Index Discharge Date.
 4. Exclude any acute inpatient stay for following reasons:
 - The member died during the stay
 - A principal diagnosis of pregnancy (Pregnancy Value Set).
 - A principal diagnosis of a condition originating in the perinatal period (Perinatal Conditions Value Set).

Note: For hospital stays where there was an acute-to-acute transfer (identified in step 2), use both the original stay and the transfer stay to identify exclusions in this step.

5. For all acute inpatient discharges identified using steps 1-4, determine if there was a planned hospital stay within 30 days. To identify planned hospital stays, identify all acute inpatient discharges on or between January 1 and December 31 of the measurement year:
 - Identify all inpatient stays (Inpatient Stay Value Set).
 - Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
 - Identify the discharge date for the stay.
 - Exclude any hospital stay as an Index Hospital Stay if the admission date of the first stay within 30 days meets any of the following criteria:
 - A principal diagnosis of maintenance chemotherapy (Chemotherapy Value Set)
 - A principal diagnosis of rehabilitation (Rehabilitation Value Set)
 - An organ transplant (Kidney Transplant Value Set, Bone Marrow Transplant Value Set, and Organ Transplant Other Than Kidney Value Set).
 - A potentially planned procedure (Potentially Planned Procedure Value Set) without a principal acute diagnosis (Acute Condition Value Set).

Note: For hospital stays where there was an acute-to-acute transfer (identified in step 2), use only the original stay to identify planned hospital stay in this step (i.e., do not use diagnoses and procedures from the transfer stay).

6. Calculate continuous enrollment.

See HEDIS® 2016 Technical Specifications for Health Plans (Volume 2) for additional details.

Required exclusions for denominator:

See denominator section above, and HEDIS® 2016 Technical Specifications for Health Plans (Volume 2) for details.

Deviations from cited specifications for denominator:

HEDIS specifications require continuous enrollment for 365 days prior to index discharge date. OHA does not follow this rule.

Data elements required numerator:

Members in the eligible population readmitted for any diagnosis within 30 days of the Index Discharge Date.

1. Identify all acute inpatient stays with an admission date on or between January 2 and December 31 of the measurement year.
 - Identify all inpatient stays (Inpatient Stay Value Set).
 - Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
 - Identify the discharge date for the stay.
2. **Acute-to-acute transfers:** Keep the original admission date as the Index Admission Date, but use the transfer's discharge date as the Index Discharge Date. (See OHA's method for identifying transfers in Explanation of Exclusions and Deviations section.)
3. Exclude inpatient hospital discharges with a principal diagnosis for maternity related inpatient discharges (Pregnancy Value Set & Perinatal Conditions Value Set).
4. For each IHS, determine if any of the acute inpatient stays have an admission date within 30 days after the Index Discharge Date.

See 'Deviations from cited specifications for numerator' section for numerator data elements.

Required exclusions for numerator:

See HEDIS® 2016 Technical Specifications for Health Plans (Volume 2) for details.

Deviations from cited specifications for numerator:

This specification was set up to gather qualifying risk adjustment data. OHA does not risk-adjust this measure since there are no adjusters available for the Medicaid population. (See HEDIS® 2016 Technical Specifications for Health Plans (Volume 2) for additional details)

What are the continuous enrollment criteria:

The hospital stay and 30 days following discharge. Note this is also a deviation from HEDIS® specifications, which require continuous enrollment for 365 days prior to the Index Discharge Date.

What are allowable gaps in enrollment:

None. (No gap allowed from the hospital stay to 30 days following discharge.)

Define Anchor Date (if applicable):

Index Discharge Date.

List other required exclusions and or deviations from cited specifications not already indicated:

- OHA defined "transfers" as contiguous stays when a member was discharged from one hospital and admitted to another on the same day.
- No risk adjustment was conducted on the results.