



Plan All-Cause Readmissions (PCR)

Assesses the rate of adult acute inpatient stays that were followed by an unplanned acute readmission for any diagnosis within 30 days after discharge. 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 IT MATTERS

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. They can be prevented by standardizing and improving coordination of care after discharge and increasing support for patient self-management.¹

RESULTS

READMISSION RATE (18–64 YEARS)*

Year	Commercial		Medicare	
	HMO	PPO	HMO	PPO
2017	8.2	8.1	16.1	16.2
2016	8.0	8.0	16.0	15.7

READMISSION RATE (18–64 YEARS)*

2015	10.9	10.9	19.5	17.8
2014	11.9	11.9	22.4	22.1
2013	8.5	8.3	14.7	15.1
2012	9.1	8.1	15.1	15.8
2011	8.4	8.3	—	—

*Lower rates signify better performance.

READMISSION RATE (65 YEARS AND OLDER)*

Year	Commercial		Medicare	
	HMO	PPO	HMO	PPO
2017	—	—	12.9	12.6
2016	—	—	15.2	15.7
2015	—	—	15.2	15.7
2014	—	—	17.5	17.9
2013	—	—	12.7	12.8
2012	—	—	13.7	13.7
2011	—	—	14.1	13.5

*Lower rates signify better performance.

References

- Boutwell, A., F. Griffin, S. Hwu, D. Shannon. 2009. "Effective Interventions to Reduce Rehospitalizations: A Compendium of 15 Promising Interventions." Cambridge, MA. Institute for

Healthcare Improvement.

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