Plan All-Cause Readmission

Measure Basic Information

Name and date of specifications used: HEDIS® 2015 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, 2015

2013 Benchmark: *10.5%, average of 2013 Commercial and Medicare 75th percentiles*.
http://www.ncqa.org/portals/0/Publications/2012%20BI_NCQA%20ReAdMi%20_Pub.pdf
2014 Benchmark: *10.5%, average of 2013 Commercial and Medicare 75th percentiles.*
2015 Benchmark: *10.5%, average of 2013 Commercial and Medicare 75th percentiles[1].*

Measure changes in specifications from 2014 to 2015:
OHA is using HEDIS® 2015 specifications for all 2015 measurements.

Changes from HEDIS 2013 to HEDIS 2015 include:
- Add 'potentially planned procedures' to be excluded as readmissions (HEDIS® 2015).

For measurements involving NDC lists published by NCQA (http://www.ncqa.org), OHA will use the latest available version for the measures; 2016 NDC lists will be used for the final calculations of 2015 measurement year. Before the 2016 NDC lists are available, OHA will use the 2015 lists for any progress reports.

For 2015 measurement, OHA is only including CCO A and CCO B members. For dental related measures (e.g., dental sealants, DHS custody) OHA is only including CCO A members.

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

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[1] Updated Commercial and Medicare rates are not available. OHA will continue to use the 2013 percentiles.

that was denied because it included codes not on the prioritized list might still be counted toward the measure.

Denied claims: Included ☐   Not included ■

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.

   Include acute admissions to behavioral healthcare facilities. Exclude nonacute inpatient rehabilitation services, including nonacute inpatient stays at rehabilitation facilities.

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.

3. Exclude hospital stays where the Index Admission Date is the same as the Index Discharge Date.

4. Exclude any acute inpatient stay with a discharge date in the 30 days prior to the Index Admission Date

5. Exclude stays for the following reasons:

   o Inpatient stays with discharges for death.
   o Acute inpatient discharge with a principal diagnosis of pregnancy (Pregnancy Value Set).
   o Acute inpatient discharge with a principal diagnosis of a condition originating in the perinatal period (Perinatal Conditions Value Set).

6. Calculate continuous enrollment.

See HEDIS® 2015 Technical Specifications for Health Plans (Volume 2) for additional details.

Required exclusions for denominator:
See denominator section above and HEDIS® 2015 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:
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® 2015 Technical Specifications for Health Plans (Volume 2) for additional details)

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

Required exclusions for numerator:
See HEDIS® 2015 Technical Specifications for Health Plans (Volume 2) for details.

Deviations from cited specifications for 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.

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.

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.

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.

Explanation of Exclusions and Deviations

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.