Medi-Cal Managed Care (MCMC)

All-Cause Readmissions (ACR) Measure Specification

(Non-HEDIS®[1] State-defined measure; Modified from HEDIS Plan All-Cause Readmissions Specification)

Updated January 2017

MCMC QIP Reporting Requirements

- Managed care plans (MCPs) should follow the most current HEDIS specifications each year and apply the collaboratively defined modifications as outlined in this document.
- Gray shading indicates deviation from the HEDIS® PCR specification.
- MCPs are required to report the ACR rates for the following three distinct populations for members enrolled in the MCPs. MCPs are required to report separate rates for each reporting county and/or regional entity as specified by DHCS:

    1) Total Eligible Population
    2) Seniors and Persons with Disabilities (SPDs) Population
    3) Non-SPD Population

- Aid codes used to identify SPDs are located in Table 1.

Description

For members *21 years of age and older*, the number of acute inpatient 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. Data are reported in the following categories:

1) Count of Index Hospital Stays (IHS) (denominator)
2) Count of 30-Day Readmissions (numerator)

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 IHS discharge date. The index discharge date must occur on or between January 1 and December 1 of the measurement year.

[1] HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

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.
Planned Hospital Stay	A hospital stay is considered planned if it meets criteria as described in step 5 (required exclusions) of the *Eligible Population*.
Classification Period	120 days prior to and including an Index Discharge Date.

Eligible Population

Product line	***Medi-Cal (report separate rates for each reporting county and/or regional entity).***
Ages	***21*** *years and older as of the Index Discharge Date.*
Continuous enrollment	***120*** *days prior to the Index Discharge Date through 30 days after the Index Discharge Date.*
Allowable gap	***None****.*
Anchor date	Index Discharge Date.
Benefit	Medical.
Event/ diagnosis	An acute inpatient discharge on or between January 1 and December 1 of the measurement year. 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. The organization should follow the steps below to identify acute inpatient stays.

Administrative Specification

Denominator The eligible population.

Step 1 Identify all acute inpatient stays with a discharge date on or between January 1 and December 1 of the measurement year.

1. Include all acute and non-acute inpatient days (Inpatient Stay Value Set)
2. Exclude non-acute inpatient stays (Nonacute Inpatient Stay Value Set).
3. Identify the discharge date for the stay.

- The measure includes acute discharges from any type of facility (including behavioral healthcare facilities).

Step 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. Organizations

must identify "transfers" using their own methods and then confirm the acute inpatient care setting using the process in step 1.

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

Step 4 (Required exclusions) Exclude hospitals stays for the 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.

Step 5 (Required exclusions) 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:

1. Include all acute and non-acute inpatient days (Inpatient Stay Value Set)
2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
3. Identify the admission date for the stay.
4. 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, 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 stays in this step (i.e., do not use diagnoses and procedures from the transfer stay).

Example 1 For a member with the following acute inpatient stays, exclude stay 1 as an Index Hospital Stay.

- *Stay 1 (January 30–February 1 of the measurement year):* Acute inpatient discharge with a principal diagnosis of COPD.
- *Stay 2 (February 5–7 of the measurement year):* Acute inpatient discharge with a principal diagnosis of maintenance chemotherapy.

Example 2 For a member with the following acute inpatient stays, exclude stays 2 and 3 as Index Hospital Stays in the following scenario.

- *Stay 1 (January 15–17 of the measurement year):* Acute inpatient discharge with a principal diagnosis of diabetes.

- *Stay 2 (January 30–February 1 of the measurement year):* Acute inpatient discharge with a principal diagnosis of COPD.
- *Stay 3 (February 5–7 of the measurement year):* Acute inpatient discharge with an organ transplant.
- *Stay 4 (February 10–15 of the measurement year):* Acute inpatient discharge with a principal diagnosis of rehabilitation.

Step 6 Calculate continuous enrollment.

Step 7 Assign each acute inpatient stay to an age category.

Numerator At least one acute readmission for any diagnosis within 30 days of the Index Discharge Date.

Step 1 Identify all acute inpatient stays with an admission date on or between January 2 and December 31 of the measurement year.

Step 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.

Step 3 Exclude acute inpatient hospital **admissions** ~~discharges~~ with a principal diagnosis of pregnancy (Pregnancy Value Set) or a principal diagnosis for a condition originating in the perinatal period (Perinatal Conditions Value Set).

Step 4 For each IHS, determine if any of the acute inpatient stays have an admission date within 30 days after the Index Discharge Date.

Reporting: *Denominator*

Count the number of IHS for each age and enter these values into the reporting table.

Reporting: *Numerator*

Count the number of IHS with a readmission within 30 days for each age and enter these values into the reporting table.

Table 1: Aid Codes to Identify Seniors and Persons with Disabilities

Aid Codes	Aid Code Calculated Desc (E1r)	Two Plan	GMC	COHS-1	COHS-2
10	Aged	X	X	X	X
13	Aged - LTC -SOC			X	X
14	MN Aged	X	X	X	X
16	Pickle-Aged	X	X	X	X
17	Aged - SOC			X	X
20	Blind-SSI/SSP-Cash	X	X	X	X
23	Blind - LTC			X	X
24	MN Blind	X	X	X	X
26	Pickle-Blind	X	X	X	X
27	Blind MN SOC			X	X
36	Disabled Widow/ers	X	X	X	X
60	SSI/SSP Disabled	X	X	X	X
63	Disabled - LTC - SOC			X	X
64	Disabled - MN	X	X	X	X
12/21/12 Update – Removed aid code 65.					
66	Pickle-Disabled	X	X	X	X
67	Disabled - SOC			X	X
1E	Eligibility for the Aged	X	X	X	X
1H	Aged-FPL Program	X	X	X	X
2E	Eligibility for the Blind	X	X	X	X
2H	Disabled - Federal Poverty Level for the Blind Prog	X	X	X	X
6A	Disabled Ad/Chld Blind	X	X	X	X
6C	Disabled Ad/Chld Disabled	X	X	X	X
6E	Eligibility for the Disabled	X	X	X	X
6G	Disabled - 250 Percent Working Disabled Program	X	X	X	X
6H	Disabled-FPL Program	X	X	X	X
6J	Pending Disability Determination	X	X	X	X
6N	No Longer Disabled Bene in Appeal (Not 6R)	X	X	X	X
6P	PRWORA/No Longer Disabled Children	X	X	X	X
6R	Potential Grandfathered SSI Disabled Children			X	X
6V	DDS Waiver	X	X	X	X
6W	DDS Regional Waiver			X	X
6X	IHO Waiver			X	X
6Y	IHO Waiver - SOC			X	X
C1	OBRA Aged Medically Needy (MN) - Aliens				X
C2	OBRA Aged MN - Aliens - SOC				X
C3	OBRA Blind MN - Aliens				X
C4	OBRA Blind MN - Aliens - SOC				X
C7	OBRA Disabled MN - Aliens				X
C8	OBRA Disabled MN - Aliens - SOC				X
D2	OBRA Aged LTC - Aliens				X
D3	OBRA Aged LTC - Aliens - SOC				X
D4	OBRA Blind LTC - Aliens				X
D5	OBRA Blind LTC - Aliens - SOC				X
D6	OBRA Disabled LTC - Aliens				X
D7	OBRA Disabled LTC - Aliens - SOC				X