Neighborhood Health Plan OF RHODE ISLAND™
910 Douglas Pike, Smithfield, RI 02917

HEDIS® PLAN ALL-CAUSE READMISSIONS (PCR) MEASURE GUIDE

Measure Description

The number of acute inpatient and observation stays for patients 18 years of age and older 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.

- ✓ **Note:** Commercial and Medicaid Products report only members 18-64 years of age.
- ✓ **Behavioral Health** discharges are included in this measure.

Exclusions

Patients are excluded if they:

- ✗ Died during the hospital stay
- ✗ Received hospice care at any time during the measurement year
- ✗ Have a primary diagnosis of pregnancy
- ✗ Had a primary diagnosis of a condition originating in the perinatal period
- ✗ Had four (4) or more stays within the measurement year (Medicaid and Medicare Products)
- ✗ Had three (3) or more stays within the measurement year (Commercial Product)

Tips for Success

- ✓ Keep a few open appointments available so patients who are discharged from the hospital can be seen within seven (7) days of discharge
- ✓ Discuss the discharge summary with patients and ask if they understand the instructions and filled new prescriptions
- ✓ Obtain any test results that weren't available when patients were discharged and track tests that are still pending
- ✓ Ask about barriers or issues that might have contributed to patients' hospitalization and discuss how to prevent them in the future
- ✓ Ask patients if they completed or scheduled prescribed outpatient workups or other services such as physical therapy, home health care visits, or obtaining durable medical equipment.
- ✓ Connect with your state's automated electronic Admission, Discharge, and Transfer (ADT) system to receive discharge data
- ✓ Consider implementing:
  - ➢ A post-discharge process to track, monitor, and follow-up with patients
  - ➢ Transitional care management for patients who are at high-risk for readmissions
- ✓ Develop a patient action plan for chronic conditions like asthma and congestive heart failure. The plan should include what symptoms would trigger the patient to:
  - ➢ Start as needed medications
  - ➢ Call you (during and after office hours)
  - ➢ Go to the emergency room
- ✓ After explaining the patient's condition and red flags to watch for, ask them to explain their condition and warning signs back to you
- ✓ Schedule a follow-up appointment, as appropriate. You may want to see them back in just a few days or a week

Post-Discharge Medication Reconciliation

- ✓ Review all medications with the patient, including post-discharge medication changes, OTC, and supplements
- ✓ Ask patients and/or caregivers to describe their new medication regimen back to you
- ✓ Document the reconciliation in patient's medical record and submit a claim with CPT II code 1111F (discharge medications reconciled with the current medication list in the outpatient medical record)
- ✓ Provide the patient with a current medication list