



One in a series of tip sheets that look at key 2019 Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Plan All-Cause Readmissions (PCR)

Utilization and Risk Adjusted Utilization HEDIS® Measure

HEDIS measure definition

The number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.

- The commercial measure applies to patients ages 18 to 64 within the measurement year.
- The star measure applies to Medicare patients ages 18 and older within the measurement year.

Exclusions from the HEDIS measure

Patients in hospice any time in the measurement year are excluded from the measure.

General tips

Before the appointment:

- Review patients' hospital discharge summary.
- Obtain any test results that were not available when patients were discharged and track tests that are still pending.
 - In one study, 41 percent of discharged patients had a test pending at discharge. Almost one in 10 of these patients potentially required an intervention but almost two-thirds of their aftercare providers were unaware that they had an outstanding test.¹
- Ask patients to bring all medications and supplements they were taking before the hospitalization and any they believe they are supposed to be taking after discharge.
 - The medications should include over-the-counter pills, liquids and topicals.

During the appointment:

- Complete a thorough medication reconciliation and ask patients or caregivers to describe their new medication regimen back to you.
 - Document the reconciliation in the patients' medical record and submit a claim with CPT® II code *1111F (discharge medications reconciled with the current medication list in the outpatient medical record).
- Develop an action plan for chronic conditions, such as asthma and congestive heart failure, and repeat the care plan back to patients. The plan should include:
 - What symptoms should trigger the patients to start as needed medications (also known as PRN medications)
 - What symptoms should trigger a phone call to you (during and after office hours)
 - When to go to the emergency room
- 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 work-ups or other services. This could include physical therapy, home health care visits or obtaining durable medical equipment.

Helpful HEDIS hints

- Keep open appointments so patients who are discharged from the hospital may be seen within seven days of their discharge.
- If you do not already have an automated electronic Admission, Discharge and Transfer system, work with your local hospitals to get connected.
- If patients have not scheduled their discharge follow-up appointments, reach out to patients and schedule them within seven days of discharge, or sooner, as needed.
- 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.
 - In-home telemonitoring technology for chronically ill patients.

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¹Patient safety concerns arising from test results that return after hospital discharge. Roy CL, Poon EG, Karson AS, Ladak-Merchant Z, Johnson RE, Maviglia SM, Gandhi TK Ann Intern Med. 2005;143(2):121.

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