

Topic	Explanation
Measure Type	Dynamic Star Measure
Description of the Measure	For Medicare Advantage members, the number of acute inpatient stays and observation stays during the measurement year which were followed by an unplanned acute readmission for any diagnosis within 30 days.
Eligible Population	<p>Count of index hospital stays (IHS) – For Medicare Advantage members 18 years and older, the count of acute inpatient stays AND observation stays with a discharge on or between the first day of the measurement year and 31 days prior to the last day of the measurement year. Includes acute admissions to behavioral health care facilities.</p> <ul style="list-style-type: none"> • All-Cause Readmissions has an anchor date which is the Index Discharge Date and continuous enrollment through 30 days after the Index Discharge Date, therefore members who cease to breathe after 30 days of discharge remain in the denominator. <p>Outlier (Excluded from scoring)</p> <ul style="list-style-type: none"> • Members with 4 or more index hospital stays (including both inpatient and observation). Stays must occur between the first day of the measurement year and December 1st of the measurement year.
Compliant Member	<p>A member not readmitted as an acute inpatient or observation stay within the 30 days following discharge.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Hospital stays where the index admission date is the same as the index discharge date. • Inpatient stays and Observation stays with discharges for death. • Acute inpatient discharges or Observation stays with a principal diagnosis of pregnancy. • Acute inpatient discharge or Observation stays with a principal diagnosis for a condition originating in the perinatal period. • Acute inpatient stays or Observation stays as an IHS if the admission date of the first planned hospital stay within 30 days of the discharge includes any of the following: <ul style="list-style-type: none"> - A principal diagnosis of maintenance chemotherapy. - A principal diagnosis of rehabilitation. - An organ transplant. - A potentially planned procedure without a principal acute diagnosis as defined on the HEDIS value set.
How to Submit to Highmark Inc.	This measure is captured through inpatient claims.

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Best Practices	<ul style="list-style-type: none"> • To allow population of the discharge query tool, assure that hospital partners are entering discharge date into NaviNet. • Monitor admission, discharge and ED visit reports to schedule timely patient follow-up. • Schedule post-discharge appointments within three to seven days. • Assure adequate diagnoses coding within claims submissions to reflect accurate acuity of patient. Claims diagnoses are used to determine expected component of observed/expected ratio. • Consider home health visit for discharged patients, when appropriate. • Acquire and review medication reconciliation and discharge summary and update outpatient medication list as appropriate. • Complete patient risk assessments to manage potential admissions. • Contact Highmark Member Service if additional Care Coordination is needed. • Provide extensive ongoing member outreach to manage potential admissions. • Develop a coordinated transition of care process (include multi-faceted treatment team).
Other	<ul style="list-style-type: none"> • Star Rating for this measure is based on a ratio of observed admissions divided by expected admissions. Observed admissions are defined by actual inpatient admissions, whereas expected admissions are based on a CMS algorithm that calculates the number of patients who were admitted that are likely to be readmitted. • Example calculation: <ul style="list-style-type: none"> - There were 100 patients admitted to the hospital. Within 30 days of discharge, 20 patients were readmitted (observed). Based on the 100 patients initially admitted, CMS calculated* that 30 of these patients are likely to be readmitted (expected). Accordingly, $20 \text{ (observed)} / 30 \text{ (expected)} = 0.66$. The lower the ratio, the better the Star Rating.

*Please reference HEDIS specifications for detail on CMS calculation algorithm.

Key Additional Resources

Additional information can be found on the Provider Resource Center under Value-Based Reimbursement Programs Overview, in the Medicare Advantage Stars section.