QIP Plan All-Cause Readmissions (PCR) Walkthrough

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RECORDING LINK

Agenda

BRIEF INTRODUCTIONS

PCR MEASURE BACKGROUND & OVERVIEW

CALCULATING PCR

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PCR Measure Background & Overview

Plan All-Cause Readmissions (PCR)

Measure Background

Measure Intent

Hospital readmissions may indicate poor care or missed opportunities to coordinate care better. This measure assesses the number of acute hospital stays at a QIP entity facility during the measurement year (MY) that were followed by an unplanned acute readmission for any diagnosis within 30 days for individuals 18 years of age and older.

Importance and Relevance

Readmission to the hospital within 30 days of discharge is frequently avoidable and can lead to adverse outcomes for patients.

30-day readmissions are a core quality metric across all levels of accountability – providers, hospitals, and plans.
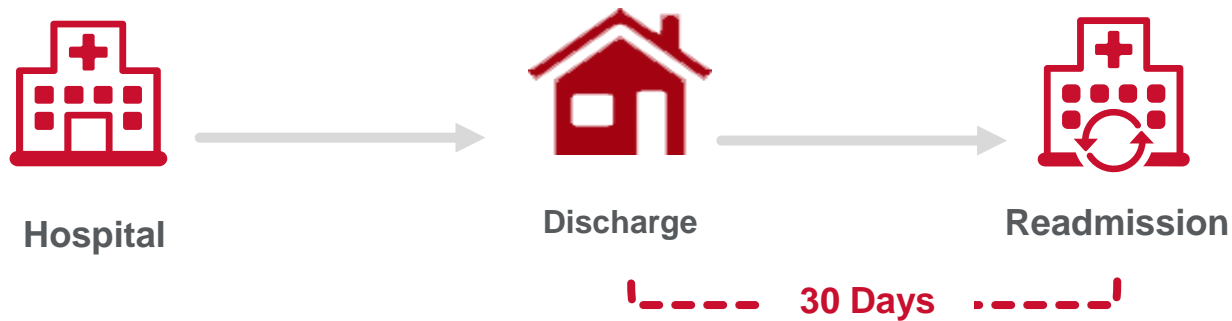
Plan All-Cause Readmissions (PCR)

Measure Description

Entities report acute readmissions:

Numerator: # of 30-day readmissions following index hospital stay discharge from a QIP entity facility

Denominator: # of acute inpatient or observation index hospital stay discharges from a QIP entity facility

Hospital   **Discharge**   **Readmission**

30 Days

Plan All-Cause Readmissions (PCR)
Measure Overview

Measure Category	Care Coordination
Data Source	Administrative *(**Note:** Supplemental data may **not** be used for this measure.)*
Target Population	Medi-Cal Managed Care beneficiaries assigned to the QIP Entity and meeting measure specific Continuous Assignment criteria

Entities Report:

1. Count of Index Hospital Stays (IHS)
   (denominator)

2. Count of Observed 30-Day Readmissions (Total)
   (numerator)

3. Count of Expected 30-Day readmissions (Total)
   (risk adjustment determination and weighting)

4. Entity population and count of outliers
   (denominator exclusion)

5. Variance

Plan All-Cause Readmissions (PCR)

Measure Exclusions

Measure Denominator	Measure Numerator
• Individuals in hospice • Non-acute hospital stays • Hospital stays where the Index Admission Date is the same as the Index Discharge Date • Hospital stays for outlier individuals	• Planned hospital stays
• Hospital stays in which individual died, had a principal diagnosis of pregnancy, or principal diagnosis of condition originating in the prenatal period	

For the purposes of this measure, "hospital stays" indicates
acute inpatient stays *and* observation stay discharges from a QIP entity facility.

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Plan All-Cause Readmissions (PCR)

Relevant Definitions

IHS	• Index hospital stay. • An acute inpatient or observation stay at a QIP entity facility with a discharge on or between January 1 and December 1 of the MY, as identified in the denominator.
Index Discharge Date	• IHS discharge date. • Must occur on or between January 1 and December 1 of the MY.
Entity population	• Individuals in the eligible population prior to exclusion of outliers. • Only used as a denominator for the Outlier Rate. • Based on individuals, not discharges. Count individuals only once in the entity population.
Outlier	• Individuals in the eligible population with four or more index hospital stays between January 1 and December 1 of the MY.
Nonoutlier	• Individuals in the eligible population who are not considered outliers.

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Calculating PCR

Eligible Population

Identify the Eligible Population

Ages	Ages 18-64 as of the Index Discharge Date.
Continuous Assignment	364 days prior to the Index Discharge Date through 30 days after the Index Discharge Date.
Allowable Gap	No more than one gap in assignment of up to 45 days during the 365 days prior to the Index Discharge Date and no gap during the 30 days following the Index Discharge Date.
Anchor Date	Index Discharge Date.
Event/ diagnosis	An acute inpatient or observation stay discharge from a QIP entity facility on or between January 1 and December 1 of the measurement year. The denominator for this measure is based on discharges, not individuals.

Denominator

Identify IHS for the Eligible Population

Step 1	Identify all IHS and include acute discharges from any type of facility (including behavioral healthcare facilities).
Step 2	Using the discharges identified in step 1, identify direct transfers between acute inpatient and observation or between observation and acute inpatient. • *For discharges with one or more direct transfers, use the last discharge.*
Step 3	Exclude hospital stays where the Index Admission Date is the same as the Index Discharge Date.
Step 4	Exclude hospital stays if the individual died during the stay, had a principal diagnosis of pregnancy, or principal diagnosis of condition originating in the perinatal period.
Step 5	Calculate continuous assignment.
Step 6	Identify individuals with four or more IHS between January 1 and December 1 of the MY. Remove all hospital stays among these outliers.

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Risk Adjustment Determination

Classify the Risk Adjustment Categories for Each IHS

For each IHS among nonoutlier individuals, classify the risk adjustment categories based on the following:

Observation Stay	Determine if the IHS at discharge was an observation stay.
Demographics	Age/gender
Surgeries	Determine if the individual underwent surgery during the stay.
Discharge Condition	Assign a discharge Clinical Condition (CC) category code or codes to the IHS based on its primary discharge diagnosis. Use **Table CC_Mapping** in **RAU Table-PCR Medicaid** file.
Comorbidities	Assign Risk Adjustment Determination of Comorbidities based on all encounters during the 12 months prior to the Index Discharge Date.

Risk Adjustment Comorbidity Category Determination

Step 1	• Identify all diagnoses for encounters during the classification period (365 days prior to and including an Index Discharge Date) for each denominator unit of the measure.
Step 2	• Assign each diagnosis code to a comorbid Clinical Condition (CC) category using **Table CC – Mapping** in the **RAU Table – PCR Medicaid** file. • If the code appears more than once in **Table CC-Mapping**, assign to multiple CCs. • Exclude all diagnoses that cannot be assigned to a comorbid CC category.
Step 3	• Determine HCCs for each comorbid CC identified. Refer to **Table HCC – Rank.** • For each comorbid CC list, match the comorbid CC code in the table, assign the ranking group, the rank, and the HCC. • For comorbid CCs that do not match to **Table HCC – Rank**, use the comorbid CC as the HCC and assign a rank of 1.

Risk Adjustment Comorbidity Category Determination

Step 4
- Assess each ranking group separately and **select only the highest ranked HCC in each ranking group** using the "Rank" column.
- Drop all other HCCs in each ranking group.
- De-duplicate the HCC list if necessary.

Example: Table HCC—Rank

Ranking Group	CC	Description	Rank	HCC
NA	CC-85	Congestive Heart Failure	NA	HCC-85
Diabetes 1	CC-17	Diabetes With Acute Complications	1	HCC-17
	CC-18	Diabetes With Chronic Complications	2	HCC-18
	CC-19	Diabetes Without Complication	3	HCC-19

Risk Adjustment Comorbidity Category Determination

Step 5
- Identify combination HCCs listed in **Table HCC – Comb.**
- Compare each denominator unit's list of unique HCCs to those in the *Comorbid HCC* columns in Table HCC – Comb and assign any additional HCC.

Example: Table HCC—Comb

Comorbid HCC 1	Comorbid HCC 2	Comorbid HCC 3	HCC-Combination	HCC-Comb Description
HCC-17	HCC-85	NA	HCC-901	Combination: Diabetes and CHF
HCC-18	HCC-85	NA	HCC-901	Combination: Diabetes and CHF
HCC-19	HCC-85	NA	HCC-901	Combination: Diabetes and CHF

Risk Adjustment Weighting

Assign Risk Adjustment Weights

- For each IHS, identify risk adjustment weights based on presence of observation stay status at discharge, surgeries, discharge condition, comorbidity, age and gender.

- Risk adjustment rates for each classification are available at the NCQA website at https://store.ncqa.org/hedis-my-2021-risk-adjustment-tables.html. **For QIP PY4, entities should only use the RAU Table – PCR Medicaid file and the Medicaid tab of the PCR Risk Adjustment Tables file.**

- Refer to the **reporting indicator column** in the **PCR Risk Adjustment Tables** to link the weights appropriately.

Risk Adjustment Weighting

Sum Risk Adjustment Weights

Sum all the risk adjustment weights for each IHS.

Example of Risk Adjustment Weighting based on the Attributes of a Hypothetical IHS

Hypothetical Attribute	Value	Weight	Table File	Table Tab
Assignment of Risk Adjustment Weights				
Gender/Age	Female & Age 18-44	-2.7841	PCR Risk Adjustment Tables	Medicaid
Observation Stay Weight	No	-	PCR Risk Adjustment Tables	Medicaid
Surgical Weight	Yes	-0.1251	PCR Risk Adjustment Tables	Medicaid
Discharge CC	CC-57 (Schizophrenia)	0.2516	PCR Risk Adjustment Tables	Medicaid
HCC	HCC-18 (Diabetes with Chronic Complications)	0.0748	PCR Risk Adjustment Tables	Medicaid
	HCC-55 (Drug/Alcohol Dependence)	0.0832	PCR Risk Adjustment Tables	Medicaid
Sum of Weights				= -2.4996

Risk Adjustment Weighting

Calculate the Estimated Readmission Risk for each IHS

Use the formula:

Estimated Readmission Risk = $\dfrac{e^{(\Sigma WeightsForIHS)}}{1+e^{(\Sigma WeightsForIHS)}}$

OR

Estimated Readmission Risk = [exp (sum of weights for IHS)] / [1 + exp (sum of weights for IHS)]

Note: *"Exp" refers to the exponential or antilog function.*

Sum of Weights (from slide 17)	= -2.4996
Estimated Readmission Risk for Hypothetical IHS	= 0.0759

Calculate the Count of Expected Readmissions

Sum the estimated readmission risk for each age and stratification category.

Use the formula:

Count of Expected Readmissions = Σ *Estimated Readmission Risk*

Risk Adjustment Weighting

Calculate the Variance for Each IHS

- Use the formula below and the Estimated Readmission Risk to calculate the variance for each IHS.

- *Variance for IHS = Estimated Readmission Risk x (1 – Estimated Readmission Risk)*

Sum the variance

Use the formula:

$$\text{Total (sum) Variance} = \Sigma \ \text{Variance for IHS}$$

- **Note:** *Do not round the variance at the IHS level. Sum the variances for each stratification and age when populating the Variance cells in the reporting tables, and round the variance to 4 decimal places using the .5 rule.*

Numerator

Identify acute readmissions for any diagnosis within 30 days of the Index Discharge Date

Step 1	Identify all acute inpatient and observation stays with an admission date on or between January 3 and December 31 of the MY.
Step 2	Using the discharges identified in step 1, identify direct transfers between acute inpatient and observation or between observation and acute inpatient. • *For discharges with one or more direct transfers, use the last discharge.*
Step 3	Exclude acute hospitalizations in which the individual had a principal diagnosis of pregnancy, a principal diagnosis of condition originating in the perinatal period, or planned hospital stays.
Step 4	For each IHS identified in the denominator, determine if any of the acute inpatient and observations stays identified in the numerator have an admission date within 30 days after the Index Discharge Date. ***Note:*** *Count each acute hospitalization only once toward the numerator for the last denominator event. If a single numerator event meets criteria for multiple denominator events, only count the last denominator event.*

Reporting Tables

Reporting: Table PCR-1

Table PCR-1: *QIP Entity* Population and Outlier Rate (Medicaid, 18-64)

Age	Individuals in QIP Entity Population	Outlier Individuals	Outlier Rate
18-44			
45-54			
55-64			
18-64 Total			

Individuals in QIP Entity Population	Report the count of individuals in the entity population for each age group and the overall total* in the *Individuals in QIP Entity Population* column.
Outlier Individuals	Report the count of outlier individuals for each age group and the overall total* in the *Outlier Individuals* column.
Outlier Rate	Divide the number of outlier individuals by the number of individuals in the entity population, displayed as a permillage (multiplied by 1,000), for each age group and the overall totals in the *Outlier Rate* column.

*Use the individual's age as of the earliest Index Discharge Date.

Reporting: Table PCR-B-1

Table PCR-B-1: Plan All-Cause Readmissions Rates Among Nonoutlier *Individuals* by Age (Medicaid, 18–64)

Age	Count of Index Stays	Count of Observed 30-Day Readmissions	Observed Readmission Rate	Count of Expected 30-Day Readmissions	Expected Readmission Rate	Variance	O/E Ratio
18-44							
45-54							
55-64							
18-64 Total							

Count of Index Stays (Denominator)	Enter the number of IHS among nonoutlier individuals for each age group in *Count of Index Stays* column.
Count of Observed 30-day Readmissions (Numerator)	Enter the number of IHS among nonoutlier individuals with a readmission within 30 days of discharge for each age group in *Count of Observed 30-Day Readmissions* column.
Observed Readmission Rate	Divide the count of Observed 30-Day Readmissions by the Count of Index Stays and enter in the *Observed Readmission Rate* column.
Count of Expected 30-Day Readmissions	Calculate the Count of Expected Readmissions (see Slide 18) and enter in the *Count of Expected 30-Day Readmissions* column.
Expected Readmission Rate	Divide the Expected 30-Day Readmissions by the Count of Index Stays and enter in the *Expected Readmission Rate* column.
Variance	Calculate the total sum variance for each age group and enter in the *Variance* column.
O/E Ratio	Divide the count of Observed 30-Day Readmissions by the Count of Expected 30-Day Readmissions and enter in the *O/E Ratio* column.

Questions

Frequently Asked Questions

Where can the Risk Adjustment tables be found?

The Risk Adjustment tables for the QIP PY4 PCR measure are available for download at the NCQA Store here: https://store.ncqa.org/hedis-my-2021-risk-adjustment-tables.html.

QIP entities should **only** use the 'RAU Table-PCR Medicaid' and 'PCR Risk Adjustment Tables' files.

If a CC is not included in the PCR Risk Adjustment Tables, what weight should be assigned?

When a CC is not included in the PCR Risk Adjustment Tables it should be given a weight of zero (0.0000).

Please see the QIP PY4 PCS reports for additional questions and responses about the PCR measure.

Questions