

Plan All-Cause Readmissions (PCR) HEDIS Tip Sheet MY 2025



Measure definition

For members 18 years of age and older, the number of acute inpatient and observation 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

Plans(s)	Quality Program(s)	Collection and Reporting
Marketplace Medicaid Medicare	CMS Quality Rating System CMS Star Ratings NCQA Accreditation NCQA Health Plan Ratings	Administrative: Claim/Encounter Data

Note:

- For Marketplace and Medicaid report only members 18–64 years of age.
- Lower scores indicate better performance.
- The denominator for this measure is based on discharges, not members.

Best practices for quality care

- Follow-up with members within seven days after discharge to decrease avoidable readmissions.
- Provide written instructions that are easy to follow and include information on what to do if complications arise.
- Assess patients' ability to perform daily activities and provide resources or referrals for any support they may need.
- Ensure patients have access to necessary discharge medications and help them navigate any barriers to obtaining them, including offering assistance with insurance or pharmacy coordination.
- Screen for factors like housing instability, food insecurity, or transportation issues, which could affect recovery and access to follow-up care.
- Provide referrals or collaborate with social workers to address SDOH (Social Determinants of Health) challenges.
- Consider telehealth or home health visits for members if appropriate.

Quality score improvement tips

- Members that have multiple comorbidities are more likely to return for an inpatient or observation stay. Make sure their suspect conditions are appropriately identified in the medical record and claims.
- During the follow-up, educate patients about their diagnosis, medications and discharge plan. Use the teach-back method to ensure understanding and adherence.
- Conduct a follow-up call a few days after the visit to reinforce the care plan and check in with the patient.
- If appropriate, encourage members and family to consider palliative care or hospice.

Exclusions

- Members who used hospice services or elected to use a hospice benefit anytime during the measurement year.
- Exclude acute hospital stays for the following reasons:
 - o The member died during the stay.
 - o Members with a principal diagnosis of pregnancy on the discharge claim.
 - o Members with a principal diagnosis of a condition originating in the perinatal period on the discharge claim.
 - o Planned admissions for:
 - Diagnosis of maintenance chemotherapy
 - Diagnosis of rehabilitation
 - Organ transplant
 - Potentially planned procedure without a principal acute diagnosis
- Exclude Medicaid and Medicare members in the eligible population with 4 or more acute inpatient or observation stays January 1 through December 1 of the measurement year.

How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at WS_Quality_Dept@wellsense.org.