

## FAQs for 30-Day Medicare Re-hospitalization Measure Report

- 1) Are these all-payer readmission rates? No, these graphs show the readmission rates only for Medicare beneficiaries.
- 2) These numbers look very high. In general, readmission rates for Medicare patients are higher than those for commercially insured patients. These reports also capture readmissions to other hospitals so are likely to show higher readmission rates than internal data that captures only readmissions to the same hospital. For example, readmissions to other hospitals represent approximately 20% of readmissions for Heart Failure.
- 3) Do all of the rates shown in the tables and graphs include readmissions to any hospital? Yes, the readmission rates include readmissions to the same or to a different hospital.
- 4) Do the rates include inpatients that are discharged and readmitted as swing bed patients? Our reports include only readmissions to inpatient status. Patients who are coded as discharged to death or transferred to another hospital are also excluded from these numbers.
- 5) Do the rates include only readmissions for the same condition? No, the readmission measures are all-cause readmission measures. The patient does not have to be readmitted for the same condition or a “related” condition.
- 6) Can we have the list of individual patients behind the numbers? We are unable to provide patient-level data. We encourage hospitals to focus on current patients and current discharge processes along with working with community partners to identify preventable readmissions. CMS does provide each hospital with Hospital-Specific Reports (HSRs) in advance of public reporting for six outcome measures: 30-day mortality and readmission for AMI, HF, and PN. The HSRs provide your hospital with: results of your hospital and of other hospitals in your state and the nation for each measure; it is accompanied by a patient-level .csv data file that lists your patients with AMI, HF, or PN to help your hospital design and target its quality improvement efforts. The report is intended to provide important information to aid you in your quality improvement efforts and help you understand what will be publicly reported.
- 7) What are the differences between these rates and the rates used for readmission payment penalties? Our hospital readmission reports are similar to the readmission payment penalties in that both are restricted to Medicare patients and both exclude patients who are transferred or who are discharged to death. There are differences however in that: (1) our reports cover different time periods with our reports being more current; (2) readmission payment penalty rates are risk-adjusted while our reports are not; and (3) readmission payment penalty rates additionally exclude patients discharged against medical advice (AMA), as well as those discharged with certain additional ICD-9 codes for PTCA, CABG, and Cardiac arrest.
- 8) How can I best track my hospital’s performance on the readmission measures for quality improvement purposes? The CMS risk-standardized readmission rates are not designed for hospitals to use to track improvement, since they are measures of each hospital’s performance relative to other hospitals in a given time period. For quality improvement purposes, tracking your hospital’s raw (unadjusted) readmission rate as produced in these reports may be helpful. If your hospital’s case mix and the proportion of patients readmitted to other hospitals are stable over time, the raw rate can be used to track improvement.

## **30 – Readmission Calculations:**

### Hospitals

- Numerator and denominator for this measure The readmissions rates for the hospitals are calculated as below:
  - Facility # of live discharges = the denominator
  - Facility # of readmissions to same hospital = numerator a
  - Facility # of readmissions to other hospitals = numerator b
  - Facility # of total readmissions= numerator a+ b / denominator  
= %

### Long term Care

- Calculate 30-day readmission rate by
  - Numerator = counting number of patients returning to a hospital within 30 days divided by
  - Denominator = number of patients received from a hospital during a time period.