



IMPROVING HEALTH CARE QUALITY

Plan All-Cause Readmissions (PCR)

Blue Cross and Blue Shield of Texas (BCBSTX) collects data from our providers to measure and improve the quality of care our members receive. Plan all-cause readmissions (PCR) is one aspect that helps us measure programs.*

What We Measure

We capture 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 for members 18 – 64 years of age.

PCR is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the [National Committee for Quality Assurance \(NCQA\) website](#) for more details.

Why It Matters

A high rate of unplanned readmissions may indicate inadequate post-discharge planning and care coordination. Readmissions increase health care costs and often result in suboptimal member experiences.

Eligible Population

This measure includes members ages 18 – 64 within the measurement year.

Exclusions: Members who meet any of the following criteria are excluded:

- had a principle diagnosis of pregnancy or condition originating in the perinatal period on the discharge claim
- enrolled in hospice at any time in the measurement year



- had a principal diagnosis of maintenance chemotherapy
- had a principal diagnosis of rehabilitation
- had an organ transplant
- had a potentially planned procedure without a principal acute diagnosis

Ways to Improve

- Obtain hospital discharge summary and use to schedule post-discharge appointments within three to seven days or sooner to discuss:
 - Reason for hospitalization
 - Review discharge instructions to ensure the member understands them
 - Reconciliation of medications to prevent medication related readmissions
- Develop an action plan for chronic conditions, such as asthma and congestive heart failure, and discuss it with the member. Give clear instructions on changes that need immediate attention:
 - What symptoms should trigger the member to start “as needed”, or PRN medications,
 - What symptoms should trigger a phone call to you (during and after office hours) and
 - When to go to the emergency room
- Ask about barriers or issues that might have contributed to members’ hospitalization and discuss how to prevent them in the future
- Ask members if they completed or scheduled prescribed outpatient workups or other services. This could include physical therapy, home health care visits or obtaining durable medical equipment
- Consider telehealth or home health visits for discharged members, when appropriate
- Provide extensive ongoing member outreach to manage potential admissions

How to Document

Quality data for this measure is collected from claims.

- Document a thorough medication reconciliation and ask members and/or caregivers to describe their new medication regimen
- Document the reconciliation in the members’ medical record and submit a claim (*discharge medications reconciled with the current medication list*)

For more information, see [NCQA’s HEDIS Measures and Technical Resources](#).



Questions?

Contact your BCBSTX Network Representative.

* Quality measures evaluate a prior calendar year performance. Measure specifications are from the National Quality Forum (NQF) and/or National Committee for Quality Assurance (NCQA).

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