Members ages 18 and older (Medicare)
Members ages 18–64 (Commercial and Medicaid)

COMMERCIAL | MEDICARE | MEDICAID

Measure definition

For members with an acute inpatient **and** observation stays with a discharge on or between January 1 and December 1 of measurement year that were followed by an unplanned acute readmission for **any** diagnosis within 30 days **and** the predicted probability of an acute readmission

This measure is based on discharges rather than individual members and encompasses behavioral health facilities.

Commonly used claim codes*

Claims data

Observation Stay:

- UBREV **0760**
- UBREV: **0762**
- UBREV: **0769**

Exclusions:

- Outpatient, ED, acute inpatient and nonacute inpatient: **99304**

Medical record submission methods may not be applicable to all plan types.
For more details, you can reach out to your HEDIS plan representative.

Required exclusions (Other exclusions may also apply)

- Members in hospice or using hospice services during measurement year

Eligible population exclusions (Members who meet any of the following criteria are excluded)

- Hospital stay if the direct transfer's discharge date occurs after December 1 of measurement year
- Nonacute inpatient stays
- Hospital stays for the following reasons:
    - Member died during the stay
    - Members with a principal diagnosis of pregnancy on discharge claim
    - A principal diagnosis of a condition originating in the perinatal period on discharge claim
- Planned hospital stays using any of the following
    - Principal diagnosis of:
        · Maintenance chemotherapy
        · Rehabilitation

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- · Organ transplants
- · Potentially planned procedure without a principal acute diagnosis

Insights and recommendations

- Ensure smooth transition of care and that a post-discharge follow-up appointment is made within 3–7 days of discharge with PCP or appropriate specialist
- Perform a medication reconciliation post discharge and make sure member fills newly prescribed medication post discharge
- Obtain test results unavailable upon discharge and track any pending tests
- Identify if member has multiple comorbidities or chronic conditions — these members are at higher risk for readmission

  Common chronic conditions prone to readmission are as follows:
  - Asthma
  - Congestive Heart Failure (CHF)
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Diabetes (DM)
  - End-Stage Renal Disease (ESRD)
- Educate member about what is considered an urgent symptom compared to nonurgent
- Encourage members to engage in palliative care or hospice programs as appropriate
- Uncover members' nonclinical issues and challenges in accessing post-hospital care to prevent avoidable hospitalizations in the future

- Evaluate members':
  - Access to ambulatory care
  - Access to behavioral health care
  - Functional status
  - Social determinant of health
  - Accessibility to community resources and services, such as:
    - · Community health worker
    - · Food program
    - · Language support
    - · Transportation services

*FOR COMMONLY USED CODES: Not a comprehensive list of codes.

For measures that require claims data only, we cannot accept supplemental data sources such as data feeds and medical record collection methods.

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3430256-05-02

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