

County (Parish) 30-Day Medicare Re-hospitalization Measure Report Q&As

March 2, 2016

Q: What is this report for?

A: The 30-Day Medicare Re-hospitalization Measure Report presents the number and proportion of Medicare Fee-for-Service (FFS) beneficiaries who lived in a county and were readmitted to an inpatient facility within 30 days of an inpatient discharge from an acute care hospital or a critical access hospital. The readmission can be to an acute care hospital, a critical access hospital, an inpatient psychiatric facility or an inpatient psychiatric unit within an acute care hospital.

The report can be used to track 30-day readmission rate of a county's residents who are FFS beneficiaries over time and can be a resource for directing or monitoring readmission reduction initiatives. The readmission rate is raw and not risk-adjusted. The report does not take into account that some counties may have sicker residents and/or residents being discharged from the hospital to environments with less support.

Q: Who is included in the calculation? In other words, what is the definition for denominator and numerator?

A: The total number of Medicare FFS beneficiaries that were admitted to an in-state acute care or critical access hospital is included in the calculation. Readmission to an acute care hospital, a critical access hospital, an inpatient psychiatric facility or an inpatient psychiatric unit within an acute care hospital within 30 days of initial discharge is included in the numerator.

Q: My ranking is 14 of 50. What does that mean?

A: The ranking of the county readmission rate among all of the counties in your state is presented in the column entitled "State Ranking". A lower number for a county indicates a better ranking and a lower readmission rate. A ranking of 14 out of 50 counties indicates that your county's overall readmission rate is higher than 13 counties in the state but lower than the other 36 counties which had a higher ranking number than your county.

Q: What is unit of analysis for the state rate?

A: The state rate includes all Medicare FFS residents with inpatient stays in acute care or critical access hospitals in in-state hospitals during the measurement time frame. Medicare FFS residents of your county who hospitalized in an out-of-state hospital were included in the analysis.

Q: What does "principal diagnosis" mean in Table 2?

A: The principal diagnosis is the main reason for a hospitalization that is determined at the time that the patient is discharged. A principal diagnosis of heart failure (HF) means that the patient was primarily treated for heart failure during the hospitalization. A patient with heart failure who was primarily treated for a kidney infection would be counted as a heart failure patient in this calculation.