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Publication of Potentially Preventable Readmission Measures for the Post-Acute Care Quality Reporting Programs (QRPs)

Today, the Centers for Medicare & Medicaid Services (CMS) announced that it will publish a potentially preventable hospital readmission measure for the Skilled Nursing Facility (SNF), Inpatient Rehabilitation Facility (IRF), Long-Term Care Hospital (LTCH), and Home Health (HH) QRPs this Fall 2019. The measures will fulfill requirements under the Improving Medicare Post-Acute Care Transformation (IMPACT) Act and align with CMS's Meaningful Measures Initiative to pursue measures that address high-priority areas for quality improvement and advance better outcomes for patients, their families, and providers while reducing clinician burden.

Summary

Because potentially preventable readmission rates are relatively low, CMS conducted additional testing to ensure that the measure reliably assesses the performance of SNFs, IRFs, LTCHs, and home health agencies (HHAs) on quality. We postponed publishing these measures while we were conducting this additional testing. However, providers did obtain confidential feedback reports enabling them to view their performance. We have since completed our additional testing and will publish these measures on the Nursing Home Compare website for the October 2019 Nursing Home Compare Quarterly Refresh, on the IRF and LTCH Compare websites for the September 2019 IRF and LTCH Compare Quarterly Refresh, and on the HH Compare website for the October 2019 HH Compare Quarterly Refresh. In addition, we have refined our method for assigning providers to performance categories for purposes of public reporting. This refinement will also be reflected in the Provider Preview Reports.

Background

The IMPACT Act of 2014 directs the Secretary to specify a measure that reflects all-condition risk-adjusted potentially preventable hospital readmission rates for use in the SNF, IRF, LTCH, and HH QRPs. The IMPACT Act also requires the Secretary to publicly report provider performance on resource use and other measures, including measures to reflect all-condition risk-adjusted potentially preventable hospital readmission measures. In addition to the potentially preventable 30-day post-discharge readmission measures for the SNF, IRF, LTCH, and HH QRPs, CMS developed a potentially preventable within-stay measure for the IRF QRP. In 2018, CMS issued confidential feedback reports, which informed providers of their performance in these measures.

Purpose of the Potentially Preventable Readmission Measures

The potentially preventable readmission (PPR) measures in the SNF, IRF, LTCH, and HH QRPs are outcome measures that reflect readmission rates for patients who are readmitted to a hospital for a reason that is considered unplanned and potentially preventable. PPRs are a subset of all-cause unplanned readmissions. CMS had previously publicly reported all-cause unplanned

readmission measures for IRFs and LTCHs (NQF #2502 and #2512) and is currently using the SNF all-cause readmission measure (NQF #2510) for the SNF Value-Based Purchasing Program. However, because all-cause unplanned readmissions among the Medicare population are common and costly occurrences, focusing readmission measures on readmissions that are more likely to be preventable with high-quality care may allow providers to focus on conditions considered more actionable.

The potentially preventable 30-day post-discharge readmission measures for SNFs, IRFs, LTCHs, and HHAs assess readmissions during a 30-day period after discharge from the post-acute care provider. Another measure, the potentially preventable within-stay measure for IRFs, assesses readmissions during the IRF stay. These PPR measures are calculated using Medicare Fee-For-Service claims and do not require any data collection on the part of providers.

Public Reporting of the PPR Measures

Publicly reported measures should be reliable enough to adequately distinguish between high- and low-quality providers. CMS conducted extensive testing to assess the reliability of the PPR measures with methods commonly used for similar measures. As a result of this testing, CMS will publish the provider's potentially preventable readmission rate and its performance category – whether the provider's rate is “better than the national rate,” “worse than the national rate,” or “no different than the national rate.” CMS will also publish confidence intervals, measures of the uncertainty surrounding the provider's rate, which are used as the basis for the performance categories. However, we have refined the statistical method for calculating the confidence interval and for assigning the provider to a performance category. This refinement will better align the PPR measures with CMS hospital readmission measures used in other programs.

For more information, please visit

- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Spotlights-and-Announcements.html> for the SNF QRP;
- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/> for the IRF QRP;
- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html> for the LTCH QRP; and
- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/index.html> for the HH QRP.

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