

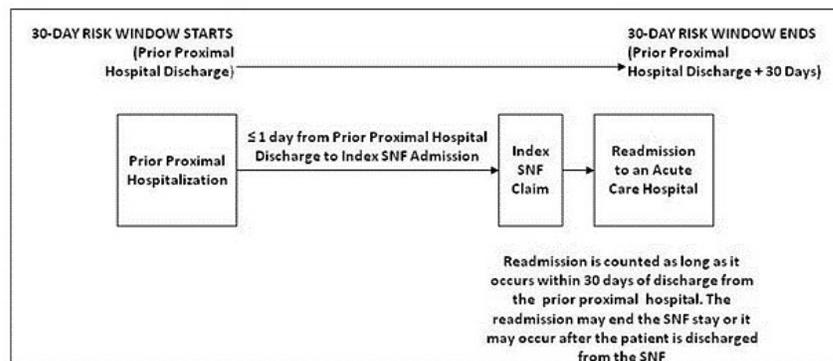
**Skilled Nursing Facility 30-Day Potentially Preventable Readmission Measure (NQF# N/A)**  
**Version: August 23, 2016**

**Short Name:** SNFPPR

**Description:** This outcome measure assesses the risk-standardized rate of unplanned, potentially preventable readmissions (PPRs) for Medicare fee-for-service (FFS) Skilled Nursing Facility (SNF) patients within 30 days of discharge from a prior proximal hospitalization. A prior proximal hospitalization is defined as an admission to an inpatient prospective payment system (IPPS) hospital, critical access hospital (CAH), or psychiatric hospital.

The measure is calculated using 12 months of FFS claims data. Potentially preventable hospital readmission conditions for post-acute care (PAC) are defined using the existing literature, empirical analysis, and [technical expert panel \(TEP\) consensus](#). Planned readmissions are not counted as being potentially preventable and are defined using a modified version of the [CMS Planned Readmissions Algorithm](#).

**Risk Window:**



The figure is of the 30-day risk window for the SNFPPR measure and requires a prior proximal hospitalization within less than 1 day of the index SNF admission. The readmission is counted as long as it occurs within 30 days of discharge from the prior proximal hospital stay. The readmission may end the SNF stay, or it may occur after the patient is discharged from the SNF.

**Numerator:** The measure does not have a simple form for the numerator—that is, the risk adjustment method used does not make the observed number of readmissions the numerator. The numerator is specifically defined as the risk-adjusted estimate of the number of unplanned, potentially preventable readmissions (to an IPPS or CAH) that occurred within 30 days from discharge from the prior proximal acute hospitalization. The numerator as defined includes risk adjustment for patient characteristics and a statistical estimate of the facility effect beyond patient mix.

**Denominator:** The measure does not have a simple form for the denominator—that is, the risk adjustment method used does not make the predicted number of readmissions the denominator. The denominator, in effect, is the number of unplanned, potentially preventable readmissions that would be expected for the SNF population at the average facility. The denominator is computed with the same model used for the numerator, which is developed using all non-excluded SNF stays in the national data. For a particular facility the model is applied to the patient population, but the facility effect term is 0.

**Denominator Exclusions:**

The following are excluded from the denominator:

- 1) SNF patients less than 18 years old.

*Rationale:* Patients under 18 years old are not included in the target population for this measure. Pediatric patients are relatively few and may have different patterns of care from adults.

- 2) SNF stays where the resident had one or more intervening PAC admissions (IRF or LTCH) which occurred either between the prior proximal hospital discharge and SNF admission or after the SNF discharge, within the 30-day risk window. Also excluded are SNF admissions where the resident had multiple SNF admissions after the prior proximal hospitalization, within the 30-day risk window.

*Rationale:* For the purposes of this measure, the focus is on the transition to the SNF from the hospital. Intervening stays make assessing this more complicated. For residents who have IRF or LTCH admissions prior to their first SNF admission, these residents are starting their SNF admission later in the 30-day risk window and receiving other additional types of services as compared to residents admitted directly to the SNF from the prior proximal hospitalization.

- 3) SNF stays where the resident did not have at least 12 months of FFS Medicare enrollment prior to the proximal hospital discharge (measured as enrollment during the month of proximal hospital discharge and the 11 months prior to that discharge).

*Rationale:* FFS Medicare claims are used to identify comorbidities during the 12-month period prior to the proximal hospital discharge for risk adjustment.

- 4) SNF stays in which the resident did not have FFS Medicare enrollment for the entire risk period (measured as enrollment during the month of proximal hospital discharge and the month following the month of discharge).

*Rationale:* Readmissions occurring within the 30-day risk window when the resident does not have FFS Medicare coverage cannot be detected using claims.

- 5) SNF stays with a gap of greater than 1 day between discharge from the prior proximal hospitalization and the SNF admission.

*Rationale:* These residents are starting their SNF admissions later in the 30-day risk window than residents admitted directly to the SNF from the prior proximal hospitalization. They are clinically different and their risk for readmission is different than the rest of SNF admissions.

- 6) SNF stays where the resident was discharged from the SNF against medical advice.

*Rationale:* The SNF was not able to complete care as needed.

- 7) SNF stays in which the principal diagnosis for the prior proximal hospitalization was for the medical treatment of cancer. Residents with cancer whose principal diagnosis from the prior proximal hospitalization was for other diagnoses or for the surgical treatment of their cancer remain in the measure.

*Rationale:* These admissions have a very different mortality and readmission risk than the rest of the Medicare population, and outcomes for these admissions do not correlate well with outcomes for other admissions.

- 8) SNF stays in which the prior proximal hospitalization was for pregnancy.

*Rationale:* This is a very atypical reason for beneficiaries to be admitted to SNFs.

- 9) SNF patients who were transferred to a federal hospital from the SNF.

*Rationale:* Patients who are transferred to federal hospitals will not have complete inpatient claims in the system.

- 10) SNF patients who received care from a provider located outside of the United States, Puerto Rico or a U.S. territory.

*Rationale:* Patients who received care from foreign providers may not have complete inpatient claims in the system, and these providers may not be subject to policy decisions related to readmissions.

- 11) SNF stays with data that are problematic (e.g., anomalous records for hospital stays that overlap wholly or in part or are otherwise erroneous or contradictory).

*Rationale:* This measure requires accurate information from the SNF stay and prior short-term acute-care stays in the elements used for risk adjustment. No-pay SNF stays involving exhaustion of Part A benefits are also excluded.

**Data Source:** Administrative claims