

CBE ID

2505

Title

Emergency Department Use without Hospital Readmission During the First 30 Days of Home Health

Project

All-Cause Admissions and Readmissions

Endorsement Status

Endorsement Removed

Is Under Review

No

Previous Endorsement Cycle

Spring 2020

Removal Date

Wed, 06/10/2020 - 20:00

Initial Endorsement

Tue, 12/23/2014 - 08:07

Steward

Centers for Medicare & Medicaid Services

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

Percentage of home health stays in which patients who had an acute inpatient hospitalization in the 5 days before the start of their home health stay used an emergency department but were not admitted to an acute care hospital during the 30 days following the start of the home health stay.

1.7 Measure Type

Outcome

1.8 Level of Analysis

Facility

1.9 Care Setting

Home Care

1.14 Numerator

Number of home health stays for patients who have a Medicare claim for outpatient emergency department use and no claims for acute care hospitalization in the 30 days following the start of the home health stay.

1.15 Denominator

Number of home health stays that begin during the relevant observation period for patients who had an acute inpatient hospitalization in the five days prior to the start of the home health stay. A home health stay is a sequence of home health payment episodes separated from other home health payment episodes by at least 60 days.

1.20 Types of Data Sources

Claims Data

6.1.2 Current or Planned Use(s)

Public Reporting

Exclusions

The measure denominator excludes several types of home health stays:

First, the measure denominator for the Rehospitalization During the First 30 Days of Home Health measure excludes the following home health stays that are also excluded from the all-patient claims-based NQF 0171 Acute Care Hospitalization measure: (i) Stays for patients who are not continuously enrolled in fee-for-service Medicare during the measure numerator window; (ii) Stays that begin with a Low-Utilization Payment Adjustment (LUPA). Stays with four or fewer visits to the beneficiary qualify for LUPAs; (iii) Stays in which the patient is transferred to another home health agency within a home health payment episode (60 days); and (iv) Stays in which the patient is not continuously enrolled in Medicare fee-for-service during the previous six months.

Second, to be consistent with the Hospital-Wide All-Cause Unplanned Readmission measure (as of January 2013), the measure denominator excludes stays in which the hospitalization occurring within 5 days of the start of home health care is not a qualifying inpatient stay. Hospitalizations that do not qualify as index hospitalizations include admissions for the medical treatment of cancer, primary psychiatric disease, or rehabilitation care, and admissions ending in patient discharge against medical advice.

Third, the measure denominator excludes stays in which the patient receives treatment in another setting in the 5 days between hospital discharge and the start of home health.

Finally, stays with missing payment-episode authorization strings (needed for risk-adjustment) are excluded.

Measure Disclaimer

Not applicable.

Planned Use

Public Reporting

Risk Adjustment

Statistical risk model

Target Population

Elderly

Steward Organization

Centers for Medicare & Medicaid Services

Steward POC email

MMSSupport@Battelle.org