

2024 Measure Set Review (MSR): Final Preliminary Assessment

The following information was sourced in June of 2024 from the Centers for Medicare & Medicaid Services (CMS) Measures Inventory Tool (CMIT), the PQM Submission Tool and Repository (STAR), discussions with CMS program leads, and publicly available CMS datasets (see links below).

I. Measure Information

CMIT ID	Title
00561-02-C-PARTC	Plan All-Cause Readmissions
Measure Steward	CMS Program
National Committee for Quality Assurance (NCQA)	Medicare Part C Star Rating

Measure Overview
<p>Rationale: A high rate of patient readmissions may indicate inadequate quality of care in the hospital and/or lack of appropriate post-discharge planning and care coordination. Unplanned readmissions are associated with increased mortality and higher health costs.</p>
<p>Description¹: The percentage of plan members aged 18 and older discharged from a hospital stay who were readmitted to a hospital within 30 days, either for the same conditions as their recent hospital stay or for a different reason.</p> <p>(Patients may have been readmitted back to the same hospital or to a different one. Rates of readmission take into account how sick patients were when they went into the hospital the first time. This “risk-adjustment” helps make the comparisons between plans fair and meaningful.)</p>
<p>Numerator: The percentage of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days, for members 18 years of age and older, controlling for differences in the case mix of patients across different contracts. For contract A, their case-mix-adjusted readmission rate relative to the national average is the observed readmission rate for contract A divided by the expected readmission rate for contract A. This ratio is then multiplied by the national average observed rate. See Attachment F: Calculating Measure C15: Plan All-Cause Readmissions (18+) in the Medicare 2024 Part C and D Star Ratings Technical Notes for the complete formula, example calculation, and National Average Observation value used to complete this measure.</p>
<p>Exclusions: None</p>
<p>Denominator: Acute inpatient stays</p> <p>Exclusions: Exclude hospital stays for the following reasons: 1) The member died during the stay. 2) Members with a principal diagnosis of pregnancy on the discharge claim. 3) A principal diagnosis of a condition originating in the perinatal period on the discharge claim. 4) Exclude members in hospice or using hospice services any time during the measurement year. 5) Contracts whose enrollment was at least 500 but less than 1,000 as of the July of the measurement year and having measure score reliability less than 0.7 are excluded. Contracts</p>

¹ Description and other specifications include updated information from CMS program leads and may differ from CMIT database.

whose enrollment was less than 500 as of the July of the measurement year are excluded from this measure. CMS has excluded contracts whose denominator was less than 150.	
Measure type: Outcome	Measure is a composite: No Measure is digital and/or an eCQM: Yes
Level(s) of analysis/measured entity: Health plan	Care setting: Hospitals
Risk adjustment and/or stratification: Yes	Data source(s): Healthcare Effectiveness Data and Information Set (HEDIS)
Data collection method: Medicare Advantage contracts submit these data directly to NCQA based on their administrative data.	Reporting frequency: Annually
All required data are collected as part of clinical workflow: Yes	Reporting overlap with similar/related measures: No significant overlap with other measures within program or outside of program based on measure specification.
Does this measure fill a statutorily required category for the program? No	Is this measure included in upcoming rulemaking? No

Measure Status	
Current CBE Endorsement Status: Not Endorsed	CBE Endorsement History: None

II. Measure Performance

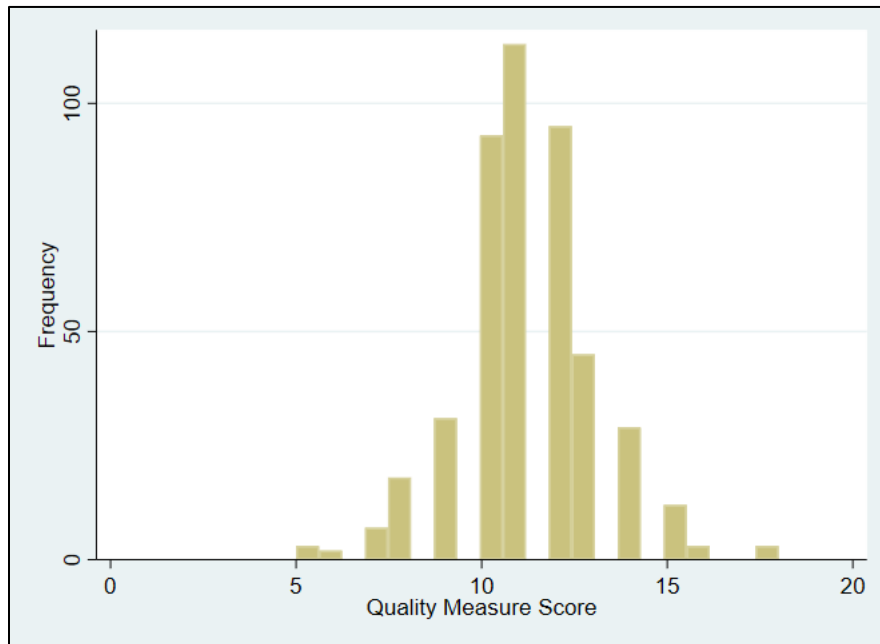
00561-02-C-PARTC Performance in Star Part C 2022

For this measure, the MSR evaluation and analysis team reviewed the following publicly available datasets at [Part C and D Performance Data | CMS](#).

A histogram of performance score is shown in Figure 1. This is a quick view of the distribution of the scores across all entities. Performance years prior to 2022 have not been assessed because changes were made in the way the measure is calculated prior to the most recent performance year.

Interpretation: As shown, scores are clustered around mid-level performance. There is a range in scores across measured entities, with wide variation during the 2022 performance year.

Figure 1. Histogram of Measure Score in 2022



Importance Table

This table shows the relative spread of the scores and how many patients are impacted. Often the lowest or highest deciles (which, by definition, each represent 10% of the entities) may represent a disproportionately higher or lower percentage of patients. If the lowest decile contains only 5% of the patients for example, it suggests that low patient population may be related to low scores.

Interpretation of measure scores: The table can also be used to evaluate the impact of improving the score. Scores range from 5-18 in 2022. Overall mean score was 11.2 during this period across the 454 measured entities.

Table 1. Importance (Decile by performance score, 2022)²

Data Type	Overall	Min	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Max
Mean Score (SD)	11.20 (1.87)	5.00	7.91	9.67	10.00	10.63	11.00	11.13	12.00	12.04	13.04	14.67	18.00
Entities	454	3	46	45	46	45	45	46	45	46	45	45	3

Reliability Table

Table 2 is a summary of measure reliability provided by the developer. Entities are sorted by reliability, and percentiles of reliability are reported. Mean, minimum reliability, and maximum reliability are also included. This table can be used to see the distribution of the reliability of the entities. A measure score is generally considered reliable when the reliability for at least 70% of the individual entities is above 60%.

Table 2. Mean reliability and reliability percentiles³

Mean	Min	Percentile									Max
		10 th	20 th	30 th	40 th	50 th	60 th	70 th	80 th	90 th	
0.717	0.172	0.337	0.485	0.617	0.714	0.779	0.839	0.893	0.936	0.961	0.998

Interpretation: Over 70% of the entities have an estimated reliability greater than 0.6, suggesting that this measure is effective in differentiating entities by quality of performance.

² The count of stays contributing to calculation of the measure was not available at the time of this analysis.

³ This table was provided from the CMS program. Original data source and methodology may differ from reliability approaches in other PAs.