

Table PCR-AD. Rate of Acute Inpatient Stays for Adults Ages 18 to 64 that were Followed by an Unplanned Acute Readmission for All Causes within 30 Days, as Submitted by States for the FFY 2018 Adult Core Set Report (n = 25 states) [Lower rates are better]

State	Population	Methodology	Count of Index Hospital Stays	Count of 30-Day Readmissions	Observed Readmission Rate	Expected Readmission Rate	Observed/Expected (O/E) Ratio
State Mean							1.0616
State Median							0.8853
Arizona	Medicaid	Administrative	33,085	3,956	11.9571	13.5060	0.8853
Arkansas	Medicaid; CHIP; Dual Eligibles	Administrative	16,373	3,069	18.7443	18.1670	1.0318
California	Medicaid	Administrative	298,044	49,968	16.7653	12.9991	1.2897
Connecticut	Medicaid; CHIP	Administrative	30,756	5,296	17.2194	18.2700	0.9425
Delaware	Medicaid; Dual Eligibles	Administrative	2,408	508	21.0963	7.1614	2.9458
Dist. of Col.	Medicaid; CHIP; Dual Eligibles	Administrative	3,690	529	14.3360	16.2991	0.8796
Iowa	Medicaid	Administrative	14,010	2,280	16.2741	15.6248	1.0416
Louisiana	Medicaid; CHIP	Administrative	44,935	7,247	16.1277	19.0282	0.8476
Massachusetts	Medicaid; CHIP; Dual Eligibles	Administrative	47,044	8,756	18.6124	19.0270	0.9782
Michigan	Medicaid	Administrative	84,101	14,714	17.4956	35.3575	0.4948
Minnesota	Medicaid; CHIP; Dual Eligibles	Administrative	52,065	9,010	17.3053	7.0362	2.4595
Mississippi	Medicaid	Administrative	11,134	1,912	17.1726	40.0500	0.4288
Missouri	Medicaid; CHIP	Administrative	37,662	8,473	22.4975	15.1310	1.4868
New Jersey	Medicaid; CHIP	Administrative	35,181	5,386	15.3094	19.9105	0.7689
North Carolina	Medicaid	Administrative	67,091	8,994	13.4057	13.9600	0.9603
Ohio	Medicaid; CHIP	Administrative	103,200	16,624	16.1085	19.8634	0.8110
Oklahoma	Medicaid; Dual Eligibles	Administrative	30,580	8,857	28.9634	77.0602	0.3759
Pennsylvania	Medicaid	Administrative	69,469	9,115	13.1210	17.4922	0.7501
Rhode Island	Medicaid; CHIP	Administrative	12,944	2,562	19.7930	19.9999	0.9897
South Carolina	Medicaid; CHIP	Administrative	18,315	2,910	15.8886	18.9200	0.8398
Tennessee	Medicaid	Administrative	70,795	12,283	17.3501	7.5200	2.3072
Texas	Medicaid	Administrative	77,884	15,775	20.2545	24.1802	0.8376
Utah	Medicaid	Administrative	3,209	416	12.9635	27.2275	0.4761
Vermont	Medicaid; CHIP	Administrative	4,351	605	13.9048	14.9641	0.9292
Washington	Medicaid; Dual Eligibles	Administrative	44,013	6,457	14.6707	18.7545	0.7822

Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle. More information on the Adult Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set/index.html>.

Notes: For adults ages 18 to 64 this measure identifies the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. This measure uses risk adjustment to calculate the Expected Readmission Rate based on the characteristics of index hospital stays, including presence of surgeries, discharge condition, comorbidity, age, and gender. The Observed/Expected (O/E) Ratio is calculated as the ratio of the Observed Readmission Rate to the Expected Readmission Rate. The O/E Ratio is interpreted as "lower-is-better." An O/E ratio < 1.0 means there were fewer readmissions than expected given the case mix. An O/E ratio = 1 means that the number of readmissions was the same as expected given the case mix. An O/E ratio > 1.0 means that there were more readmissions than expected given the case mix.

The term "states" includes the 50 states and the District of Columbia.

Means are calculated as the unweighted average of all state rates.

Table PCR-AD (continued)

Unless otherwise specified, states used Adult Core Set specifications, based on National Committee for Quality Assurance 2018 specifications. This table excludes FL, HI, NM, NY and OR, which reported the measure but did not use Adult Core Set specifications to calculate the measure.

Unless otherwise specified, the measurement period for this measure was January 1, 2017 to December 31, 2017. AZ reported data for FFY 2016.

The Adult Core Set specifications include guidance for calculating this measure using the administrative method. Unless otherwise specified, the administrative data source is the state's MMIS and/or data submitted by managed care plans, including behavioral health plans.

Denominators are assumed to be the measure-eligible population for states using the administrative method. Some states reported exclusions from the denominator, as noted in the state-specific comments below.

AHRQ = Agency for Healthcare Research and Quality; CCO = Coordinated Care Organization; CHIP = Children's Health Insurance Program; CMS = Centers for Medicare & Medicaid Services; CY = Calendar Year; ED = Emergency Department; EHR = Electronic Health Record; EQRO = External Quality Review Organization; FFS = Fee for Service; FFY = Federal Fiscal Year; HEDIS = Healthcare Effectiveness Data and Information Set; HMO = Health Maintenance Organization; ICD = International Classification of Diseases; LOINC = Logical Observation Identifiers Names and Codes; MACPro = Medicaid and CHIP Program System; MCO = Managed Care Organization; MMIS = Medicaid Management Information System; NCQA = National Committee for Quality Assurance; NR = Not Reported; PCCM = Primary Care Case Management; PCP = Primary Care Practitioner.

State-Specific Comments:

- AZ: Rates include managed care population (6 MCOs), representing 78 percent of the population. Rates exclude FFS population, Medicare-Medicaid Dual Eligibles, seriously mentally ill population, and state long-term care elderly, physically, or developmentally disabled populations, representing 22 percent of the population. State conducted an internal validation of the data.
- AR: Rates include FFS and PCCM populations. Rates were audited by the state's data contractor.
- CA: Rates include FFS and managed care populations (26 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.
- CT: Rates include FFS population. Rates exclude Medicare-Medicaid Dual Eligibles.
- DE: Rates include managed care population (1 MCO), representing 72 percent of the population. Rates exclude FFS population and enrollees in one MCO, representing 28 percent of the population.
- DC: Rates include managed care population (3 MCOs), representing 50 percent of the population. Rates exclude FFS population and enrollees in one MCO, representing 50 percent of the population. MCO rates were audited by certified HEDIS auditors.
- IA: Rates include FFS and managed care populations (3 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.
- LA: Rates include FFS and managed care populations (5 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles. Rates were calculated using HEDIS-certified code and the state conducted an internal validation of the data.
- MA: Rates include PCCM and managed care populations (5 MCOs), representing 63 percent of the population. Rates exclude FFS population, representing 37 percent of the population, but most FFS beneficiaries would not be eligible for the measure, including beneficiaries who have other insurance, reside in a long-term care institution, or receive limited or temporary Medicaid benefits.
- MI: Rates include FFS and managed care populations (11 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.
- MN: Rates include FFS and managed care populations (8 MCOs). Rates were audited by a certified HEDIS auditor.
- MS: Rates include managed care population (2 MCOs), representing 64 percent of the population. Rates exclude FFS population, representing 36 percent of the population, and Medicare-Medicaid Dual Eligibles.
- MO: Rates include FFS and managed care populations (3 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.
- NJ: Rates include managed care population (5 MCOs), representing 91 percent of the population. Rates exclude FFS population, representing 9 percent of the population, and Medicare-Medicaid Dual Eligibles.
- NC: Rates include FFS and PCCM populations. Rates exclude Medicare-Medicaid Dual Eligibles. Rates were validated by an NCQA-certified vendor.
- OH: Rates include managed care population (5 MCOs), representing 82 percent of the population. Rates exclude FFS population, representing 18 percent of the population, and Medicare-Medicaid Dual Eligibles. MCO rates were audited by a certified HEDIS auditor.
- OK: Rates include FFS and PCCM populations. Rates exclude home- and community-based services waiver enrollees.
- PA: Rates include managed care population (9 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles. Data were submitted by MCOs and compiled by the state's EQRO.

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RI:	Rates include managed care population (2 MCOs), representing 91 percent of the population. Rates exclude FFS population, representing 9 percent of the population, and Medicare-Medicaid Dual Eligibles.
SC:	Rates include managed care population (5 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.
TN:	Rates include managed care population (4 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.
TX:	Rates include FFS and managed care populations (23 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles. Rates were validated by the state's EQRO.
UT:	Rates include managed care population (4 MCOs), representing 75 percent of the population. Rates exclude FFS population, representing 25 percent of the population, and Medicare-Medicaid Dual Eligibles. MCO rates were audited by certified HEDIS auditors.
VT:	Rates include statewide 1115 waiver population enrolled in a public non-risk prepaid inpatient health plan population, representing the total Medicaid population. Rates exclude Medicare-Medicaid Dual Eligibles.
WA:	Rates include FFS and managed care populations (5 MCOs).