Plan All-Cause Readmissions
Follow up with patients after an inpatient stay to help lower readmission risk.

UnitedHealthcare is grateful for the care you provide your patients who are our Medicare Advantage plan members when they’re doing well — and when they’re experiencing a health-related setback. When a patient needs an inpatient stay because of their condition, we also recognize the time and effort needed to make sure they’re on the road to recovery.

The good news is taking these extra steps can help prevent a patient’s condition from getting worse and resulting in another readmission. Doing so also addresses the plan all-cause readmissions (PCR) Healthcare Effectiveness Data and Information Set (HEDIS®) measure, which helps you meet quality care standards.

Defining the HEDIS measure for PCR
The PCR measure applies to plan members ages 18 and older. It's defined as 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.

An acute discharge can be from any type of facility, including behavioral health facilities. A lower rate for this measure means a better score, and the denominator is based on discharges — not plan members specifically.

Preventing readmissions
To meet PCR measure requirements and help lower the risk for readmissions, please follow your normal process for providing appropriate pre- and post-services to your patients after they've been discharged from an inpatient stay. The following suggestions and best practices also can help.

**Identify patients who are UnitedHealthcare Medicare Advantage plan members and were recently discharged.**

The Census Dashboard in UHCTransitions™ (Health BI) is a good way to do that. Check it every day by signing in to the tool at [uhc.healthcollaborate.com](http://uhc.healthcollaborate.com). If you have questions about UHCTransitions, please contact your UnitedHealthcare representative.

**Keep a close watch on plan members who are considered high-risk.**

This includes those with chronic conditions such as cardiovascular disease, hypertension, diabetes and chronic obstructive pulmonary disease (COPD). For these patients:

- **Check in** to see they’re following your treatment plan.
- **Educate** them about when to use walk-in or urgent care, as appropriate.
- **Follow up** with them within two days of their discharge.
- **Have** them come in for their annual wellness visit.
- **Review** your Patient Care Opportunity Report (PCOR) for other open care opportunities related to chronic conditions including diabetes — and address, as needed.
- **See** if they’re filling their medications on time in UHCTransitions, and call them if there are any concerns.
**Addressing the care opportunity**

To successfully manage PCR and other HEDIS and pharmacy measures for UnitedHealthcare plan members, please review your Patient Care Opportunity Report (PCOR) often to see who has open care opportunities. If you have questions, your UnitedHealthcare representative can help.

**Also consider these tips, specific to PCR:**

- Follow up with plan members within one week of their discharge from an inpatient stay.
- Make sure members filled their new prescriptions post-discharge.
- Implement a robust, safe discharge plan that includes a post-discharge phone call to discuss these questions:
  - Do you completely understand all of the instructions you were given at discharge?
  - Do you completely understand the medications and your medication instructions? Have you filled all of your prescriptions?
  - Have you made your follow-up appointments? Do you need help scheduling them?
  - Do you have transportation to the appointment and/or do you need help arranging transportation?
  - Do you have any questions?

**Complete medication reconciliation post-discharge (MRP).**

The MRP HEDIS measure requires you to review the medication your patient was prescribed at the hospital and compare it against what they were taking prior to admission. The review must take place within 30 days of discharge, and can help:

- Address medication errors or duplications
- Educate your patients on their new medications and side effects
- Lower the risk for adverse interactions

You can submit a completed MRP with CPT® Category II code 1111F. There is no reimbursement for this code, but it closes an important HEDIS measure that can help you meet your performance goals and potentially earn a reward if you’re participating in a UnitedHealthcare incentive program.

**Contact us to learn more.** For more information about how our programs can help support your patients who are UnitedHealthcare Medicare Advantage plan members, please contact your UnitedHealthcare representative.