CRISP

Readmissions Tableau User Guide for Rate Year 2024

By CRISP, last updated 6/24/2022

List of Abbreviations

APR-DRG	All-patient refined diagnosis-related group
CMS	Centers for Medicare & Medicaid Services
CMMI	Center for Medicare and Medicaid Innovation
CRISP	Chesapeake Regional Information System for Our Patients
CY	Calendar year
FFS	Fee-for-service
FFY	Federal fiscal year
HSCRC	Health Services Cost Review Commission
RRIP	Readmissions Reduction Incentive Program
RY	Rate year
SOI	Severity of illness
YTD	Year-to-date

Readmissions Reduction Incentive Program

The HSCRC's Readmissions Reduction Incentive Program (RRIP) is one of several pay for performance initiatives that provide incentives for hospitals to improve patient care and value over time. The RRIP incentivizes hospitals to reduce avoidable readmissions by linking rewards and penalties to improvements in readmissions rates, and to attainment of relatively low readmission rates. In April 2022, the Commission approved the staff recommendations for the Rate Year (RY) 2024 Readmission Reduction Incentive Program (RRIP), which can be found on the HSCRC website. For more information on the RRIP Policy, please visit the following HSCRC website page: http://hscrc.maryland.gov/Pages/init-readm-rip.aspx

Performance Methodology

The methodology for the RRIP measures performance uses a 30-day all-payer all hospital (both intra- and inter-hospital) readmission rate with adjustments for patient severity. Patient severity is based upon discharge APR-DRG SOI and planned admissions using the CRISP unique patient identifier to track patients across acute care hospitals. Statewide rate for readmissions (i.e., normative value or "norm") is calculated for each diagnosis and severity level. These statewide norms are applied to each hospital's case-mix to determine the expected number of readmissions, a process known as indirect standardization. The readmission rate during the performance period is then compared to historical rate during a base period to assess improvement and to a threshold and benchmark to assess attainment. The policy then determines a hospital's revenue adjustment for improvement and attainment and takes the better of the two revenue adjustments. Scaled rewards of up to 2 percent of inpatient revenue and scaled penalties of up to 2 percent of inpatient

revenue are the maximum reward or penalty under the program. The Commission approved that the RY 2024 policy will reward hospitals that achieve an improvement rate of -6.05% from CY 2018, or an attainment rate of 11.59% for CY 2022 (adjusted for out-of-state readmissions).

Improvement

Per Figure 1 below, hospitals with a 27.05 percent or larger decline (improvement) in CY 2022 readmission rates compared to CY 2018 base year rates will receive a positive adjustment of two percent of their inpatient revenue. Hospitals with a 14.95 percent or larger increase in their readmission rates will receive a negative adjustment of two percent of their inpatient revenue. Hospitals with performance between these two points will receive rewards and penalties based on their performance proportionate with the improvement target. For example, a hospital with a 16.55 percent decline (improvement) would receive a 1 percent positive adjustment.

Attainment

A similar point scale is created to calculate rewards and penalties based on attainment rates, illustrated in Figure 2. Hospitals with a CY 2022 Readmission Rate of 8.46 percent or lower will receive a positive adjustment of two percent inpatient revenue. Hospitals with a rate of 14.72 percent or greater will receive a negative adjustment of two percent of their inpatient revenue.

The final adjustment amounts are determined by the better of attainment or improvement (Column B in both Figures).

Figure 1. Abbreviated RY 2024 Improvement Scale
Improvement Target CY2018 – CY2022
Compound Improvement = -6.05%

Figure 2. Abbreviated RY 2023 Attainment Scale
Attainment Target: CY 2022 = 11.59%

All Payer Readmission Rate Change CY18-22		RRIP % Inpatient Revenue Payment Adjustment
	A	B
Improving Readmission Rate		2.0%
	-27.05%	2.00%
	-21.80%	1.50%
	-16.55%	1.00%
	-11.30%	0.50%
Target	-6.05%	0.00%
	-0.80%	-0.50%
	4.45%	-1.00%
	9.70%	-1.50%
	14.95%	-2.0%
Worsening Readmission Rate		-2.0%

All Payer Readmission Rate CY22		RRIP % Inpatient
Lower Absolute Readmission		2.0%
Benchmark	8.46%	2.00%
	10.02%	1.00%
Threshold	11.59%	0.00%
	13.16%	-1.00%
	14.72%	-2.00%
Higher Absolute Readmission		-2.0%

Inclusion and Exclusion Criteria

To increase the fairness of the program related to data limitations and clinical concerns, the all-payer readmission measure excludes certain types of discharges from consideration.

- Inclusions and Exclusions in Readmission Measurement
- Planned readmissions are excluded from the numerator based upon the CMS Planned Readmission Algorithm V. 4.0. The HSCRC has also added all vaginal and C-section deliveries and rehabilitation as planned to use the APR-DRGs, rather than principal diagnosis.7 Planned admissions are counted as eligible discharges in the denominator, because they could have an unplanned readmission.
- Discharges for newborn APR-DRG are removed.8
- Pediatric Oncology cases are removed prior to running readmission logic.
- Rehabilitation cases as identified by APR-860 (which are coded under ICD-10 based on type of daily service) are marked as planned admissions and made ineligible for readmission after readmission logic is run.
- Admissions with ungroupable APR-DRGs (955, 956) are not eligible for a readmission, but can be a readmission for a previous admission.
- APR-DRG-SOI categories with less than two discharges statewide are removed.
- Hospitalizations within 30 days of a hospital discharge where a patient dies is counted as a readmission; however, the readmission is removed from the denominator because the case is not eligible for a subsequent readmission.
- Admissions that result in transfers, defined as cases where the discharge date of the admission is on the same or next day as the admission date of the subsequent admission, are removed from the denominator. Thus, only one admission is counted in the denominator, and that is the admission to the transfer hospital (unless otherwise ineligible, i.e., died). It is the second discharge date from the admission to the transfer hospital that is used to calculate the 30-day readmission window.
- Beginning in RY 2019, HSCRC started including information about discharges from chronic beds within acute care hospitals.
- In addition, the following data cleaning edits are applied:
  - Cases with null or missing CRISP unique patient identifiers (EIDs) are removed.
  - Duplicates are removed.
  - Negative interval days are removed.

Data Sources

1. Inpatient Case-mix data run under APR-DRG grouper v39
2. Out-of-state readmission rates from Medicare data obtained from CMMI

Readmissions Tableau User Guide

The HSCRC writes the RRIP policy and methodology behind this report, which CRISP hosts on the CRS portal. The Readmissions report includes 11 tableau-based reports, which are populated using the inpatient Case-mix data (run under APR-DRG grouper v38) and out-of-state readmission rates from Medicare data obtained from CMMI.

Tableau Readmissions Report Access/Card

The Tableau Readmissions Report can be accessed by visiting reports.crisphealth.org and logging-in with a CRS username and password.

Step 1. To access the Readmissions Reports, a user must first login to the CRISP Reporting Services Portal by visiting reports.crisphealth.org. Once in the CRS Portal, a dashboard of multiple blue report "cards" will appear based on the access of the user. Clicking the card named "HSCRC Regulatory Reports" will bring up the Report Finder page. The following screen shots represent the user's workflow.

Step 2. You will be taken to the Report Finder Page after selecting the "HSCRC Regulatory Reports" card on the homepage. Select "Readmissions" in the second tier of reports. All the available Readmissions reports will appear in the third tier. Click the interactive report icon to open Readmissions RY24 Monthly Summary Tableau.
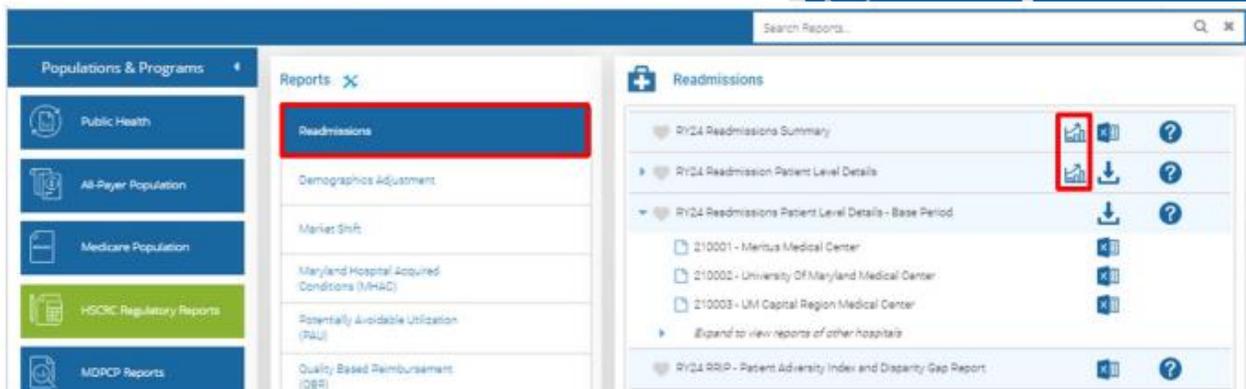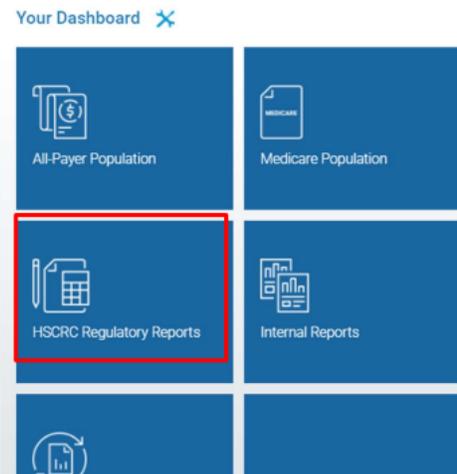
Tableau Features

On each tableau dashboard, there are menu options for the user to select, which are listed below. Additionally, the tableau report hosts multiple dashboards. The available dashboards are listed at the top. The arrows located on the right and left of the tab allows the user to scroll through the available dashboards, and the downward arrow displays a dropdown list of all the available dashboards when the user clicks it.

| Refresh	If the tableau is taking too long to load with the filters, the refresh button is useful to refresh the tableau.
Revert	This option is intended to revert the report to its default view, undoing all user selections and/or filtering.
Pause	This option allows the user to pause the update of data as the user is filtering. Tableau reports process filter selections as the user makes them, and the tableau may take longer to process. If process time seems too long, utilize the 'Pause' button to prevent the report from processing each filter upon selection, resuming by clicking the pause button again only when you are ready for Tableau to proceed with processing the desired filters selected.
Help	When this menu option is selected, this tableau user guide will automatically open.
Print	This option allows you print selected tabs from the tableau. When you click the icon, a menu with various printing options shows up. The user can print multiple tabs and with the desired filters, and the user has options to adjust the page scaling, paper size, and paper orientation for printing.
Crosstab	The crosstab option allows user to extract a dataset into excel and provides more columns for details. You will have to separately download a new crosstab if you want crosstabs of data tables showing differing filter options. This function is only available to PHI users with access to the Patient

Data Dictionary

Measures

Case-mix Adjusted Readmission Rate	Readmission Ratio multiplied by the statewide unadjusted rate.
Out-of-State (OOS)	Ratio of readmissions to out-of-state hospitals, which is done by adjusting case-mix adjusted rates by the ratio of Medicare readmissions that were outside-of-Maryland in the most recent four full quarters of data.
Case-mix Adjusted Rate with OOS Adjustment	OOS ratio is multiplied by the case-mix-adjusted rate to get the case-mix adjusted rate with OOS adjustment (based on CY19).
Eligible Discharges	Discharges identified based on the RRIP methodology.
Readmissions	Eligible readmissions based on the RRIP methodology.
Percent Readmissions	The total number of readmissions divided by the total number of eligible inpatient discharges.
Intra Readmissions	Readmissions that occur at the index hospital.
Inter Readmissions	Readmission that occurs at a different hospital than the index hospital.
Readmission Ratio	Ratio of observed-to-expected readmissions. For example, a ratio of 1 indicates observed readmissions equals expected readmissions.
Inpatient Discharges	Total number of discharges that are eligible for a readmission.
Total Number of Expected Readmissions	Number of readmissions for each hospital are calculated by multiplying the base year statewide readmission rate by the number of eligible discharges at each hospital, adjusted for diagnosis and severity of illness categories.

Tableau Filters

Filter can be selected from a dropdown menu. Certain filters are only available based on the tab selected. Below is a description of the filters that can be applied throughout the tableau report.
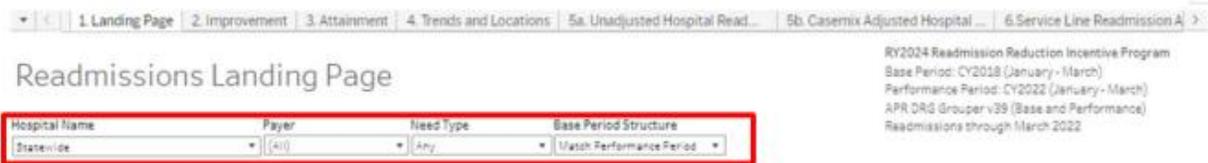
Basic Period Structure	View either the complete base period (Based on CY2016 data) and/or matched YTD performance period.
Discharge Date	Select the year(s) of discharge.
Hospital Name	Filter on one or more hospitals
Index APR Service Line	Filter groups services into higher level categories, which is based on the index hospital.
Index APR Value	APR value from the index hospital.
Need Type	<u>High Utilizer</u>: 3+ bedded care visits (inpatient and observation stays over 24 hours) in the 12 months prior to their index visit <u>Rising Needs</u>: 2+ visits bedded care or ED in the 12 months before their index visit
Payer	Filter based on the type of payer (commercial, Medicare, Medicaid, and charity/self-pay)
Primary Diagnosis	Diagnosis at index visit
Sort Order	Sorted numerically based on the selected filter. Hospital name is sorted based on hospital ID.

Report Tabs

1. Landing Page
2. Improvement
3. Attainment
4. Trends & Locations
5. Readmission Trends
   a. Unadjusted Hospital Readmission Trends
   b. Case-mix Adjusted Readmission Trends
6. Service Line Readmission Analysis
7. Length of Discharge to Readmission
8. Forecasting
9. Patient Level Details
10. Documentation
11. Summary by Month

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Landing Page (1)

This dashboard provides the user with a snapshot of readmissions. The table at the top of this dashboard contains information relating to improvement, attainment, and revenue scales measures statewide and for an individual hospital. The line graph at the bottom of the dashboard shows the monthly or quarterly Case-mix Adjusted Readmission Rates for the selected hospitals compared to the statewide Case-mix Adjusted Readmission Rates.

Readmissions Landing Page

RY2024 Readmission Reduction Incentive Program
Base Period: CY2018 (January - March)
Performance Period: CY2022 (January - March)
APR DRG Grouper v39 (Base and Performance)
Readmissions through March 2022

Hospital Name	Payer	Need Type	Base Period Structure
Statewide	(All)	Any	Match Performance Period

| | Improvement | | | | Attainment | | Revenue Adjustment | |
| | Casemix Adjusted Readmission Rate | | Readmission Ratio (O/E) | | Casemix Adjusted Rate with OOS Adjustment | Out of State (OOS) Ratio | Improvement Scaling | Attainment Scaling |
	Base Period	Performance...	Base Period	Performance...				
Statewide	12.28%	11.12%	1.080	0.978				

The Attainment and Revenue Scales metrics are not impacted by the Need Type and Payer filters.

Monthly Casemix Adjusted Readmission Rates

Time Period: March

Statewide

Improvement (2)

This dashboard shows the hospital's improvement based on the RRIP methodology, which compares the base period and performance period. This mirrors the regulatory report numbers that can be found in the RRIP Summary static Excel report tabs 4, 4a, and 4b. Filters are provided based on the user's needs. The improvement target for RY2024 is -6.05%.
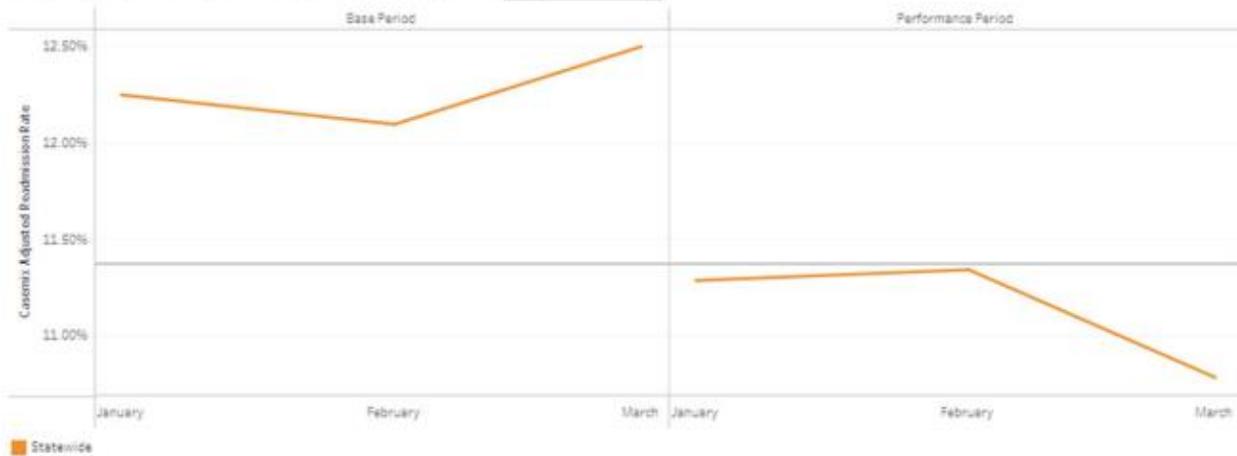
Improvement

RY2024 Readmission Reduction Incentive Program
Base Period: CY2018 (January - March)
Performance Period: CY2022 (January - March)
APR DRG Grouper v39 (Base and Performance)
Readmissions through March 2022

Hospital Name	Payer	Need Type	Sort Order	Base Period Structure
(All)	(All)	Any	Hospital Name	Match Performance Period

Hospital Name		Total Number of Inpatient Discharges	Total Number of Readmissions	Total Number of Expected Readmissions	Readmission Ratio (O/E)	Percent Readmissions	Casemix Adjusted Readmission Rate	Change in Casemix Adjusted Rate from CY2018
Statewide	Base Period	120,381	14,095	13,047	1.080	11.71%	12.28%	
	Performance Period	96,994	11,007	11,250	0.978	11.35%	11.12%	-9.43
210001 Meritus Medical Center	Base Period	3,321	375	379	0.990	11.29%	11.25%	
	Performance Period	2,946	370	337	1.099	12.56%	12.50%	11.05
210002 University Of Maryland Medical Center	Base Period	5,606	830	661	1.255	14.81%	14.27%	
	Performance Period	4,542	532	554	0.960	11.71%	10.92%	-23.53
210003 UM Capital Region Medical Center	Base Period	2,851	318	327	0.972	11.15%	11.06%	
	Performance Period	2,131	221	251	0.879	10.37%	10.00%	-9.59
210004 Holy Cross Hospital	Base Period	5,786	469	462	1.015	8.11%	11.54%	
	Performance Period	4,832	361	379	0.952	7.47%	10.82%	-6.22
210005 Frederick Health Hospital, Inc	Base Period	3,748	418	413	1.012	11.15%	11.50%	
	Performance Period	3,065	320	337	0.950	10.44%	10.80%	-6.12
210006 UM-Harford Memorial Hospital	Base Period	1,055	166	138	1.205	15.73%	13.70%	
	Performance Period	795	116	110	1.050	14.59%	11.94%	-12.86
210008 Mercy Medical Center	Base Period	3,145	282	247	1.141	8.97%	12.97%	
	Performance Period	2,034	178	165	1.078	8.75%	12.26%	-5.49
210009 Johns Hopkins Hospital	Base Period	9,184	1,332	1,076	1.238	14.50%	14.07%	
	Performance Period	7,622	946	965	0.980	12.41%	11.14%	-20.83
210011 Ascension Saint Agnes Hospital	Base Period	3,456	418	382	1.094	12.09%	12.44%	
	Performance Period	2,144	252	248	1.018	11.75%	11.57%	-6.95
210012 Sinai Hospital	Base Period	3,599	468	406	1.152	13.00%	13.10%	
	Performance Period	3,022	323	376	0.860	10.69%	9.77%	-25.40
210015 Medstar Franklin Square	Base Period	5,140	727	578	1.257	14.14%	14.29%	
	Performance Period	3,527	423	427	0.991	11.99%	11.27%	-21.12
210016 Adventist White Oak Hospital	Base Period	2,366	228	243	0.937	9.64%	10.66%	
	Performance Period	1,843	183	200	0.913	9.93%	10.38%	-2.59
210017 Garrett County Memorial Hospital	Base Period	491	29	52	0.553	5.91%	6.28%	
	Performance Period	316	16	37	0.436	5.06%	4.96%	-21.08
210018 Medstar Montgomery Medical Center	Base Period	1,659	205	187	1.096	12.36%	12.46%	
	Performance Period	1,100	133	139	0.956	12.09%	10.88%	-12.71
210019 Tidalhealth Peninsula Regional, Inc.	Base Period	3,836	433	427	1.013	11.29%	11.52%	
	Performance Period	3,063	334	339	0.986	10.90%	11.21%	-2.69
210022 Suburban Hospital	Base Period	3,196	359	353	1.017	11.23%	11.56%	

Attainment (3)

This dashboard shows the hospital's attainment, mirroring the regulatory report numbers that can be found in the RRIP Summary static Excel report tab 5. The user can only filter the tableau by hospital(s). The attainment for RY2024 is 11.59%

Attainment

Hospital Name
[(All) ▼]

Out of State Readmission Ratios for RRIP Attainment
Based on CMMI Data FY 2021

Ratios are subject to change with updated data.
Casemix Adjusted Readmission Rate through March 2022

Hospital ID	Hospital Name	Out-of-State (OOS) Ratio	Case-Mix Adjusted Readmission Rate	Case-Mix Adjusted Rate with OOS Adjustment
210001	Meritus Medical Center	1.05	12.50%	13.10
210002	University Of Maryland Medical Center	1.03	10.92%	11.24
210003	UM Capital Region Medical Center	1.15	10.00%	11.50
210004	Holy Cross Hospital	1.12	10.82%	12.08
210005	Frederick Health Hospital, Inc	1.05	10.80%	11.39
210006	UM-Harford Memorial Hospital	1.01	11.94%	12.11
210008	Mercy Medical Center	1.02	12.26%	12.46
210009	Johns Hopkins Hospital	1.07	11.14%	11.88
210011	Ascension Saint Agnes Hospital	1.00	11.57%	11.59
210012	Sinai Hospital	1.01	9.77%	9.84
210015	Medstar Franklin Square	1.01	11.27%	11.41
210016	Adventist White Oak Hospital	1.11	10.38%	11.55
210017	Garrett County Memorial Hospital	1.53	4.96%	7.56
210018	Medstar Montgomery Medical Center	1.10	10.88%	11.99
210019	Tidalhealth Peninsula Regional, Inc.	1.04	11.21%	11.66
210022	Suburban Hospital	1.10	10.13%	11.18
210023	Anne Arundel Medical Center	1.05	12.07%	12.68
210024	Medstar Union Memorial Hospital	1.01	10.22%	10.30
210027	UPMC - Western Maryland	1.13	9.36%	10.58
210028	Medstar St. Mary's Hospital	1.14	10.91%	12.49
210029	Johns Hopkins Bayview Medical Center	1.02	12.13%	12.42
210030	UM-Shore Regional Health At Chestertown	1.15	10.59%	12.20
210032	Christianacare, Union Hospital	1.27	12.71%	16.18
210033	Carroll Hospital Center	1.05	12.15%	12.74
210034	Medstar Harbor Hospital Center	1.04	12.53%	13.06
210035	UM-Charles Regional Medical Center	1.18	11.61%	13.72
210037	UM-Shore Regional Health At Easton	1.08	9.48%	10.25
210038	UMMC Midtown Campus	1.02	10.67%	10.88
210039	Calvert Health Medical Center	1.13	9.95%	11.24
210040	Northwest Hospital Center	1.01	11.36%	11.52
210043	UM-Baltimore Washington Medical Center	1.01	11.64%	11.80
210044	Greater Baltimore Medical Center	1.01	9.72%	9.85
210048	Howard County General Hospital	1.02	11.90%	12.17

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Trends & Locations (4)

This dashboard can be used to help understand which hospital a patient is readmitted to. The hospital filter at the top of the sheet allows the user to select the index hospital for the readmit visits. The map on the top of the dashboard shows the number of patients with a readmission from a zip code. The table at the bottom shows the number of visits and unique patients by the receiving hospital of the readmission. When a user selects a hospital in the bottom table, this will filter the map to show only the patient zip codes and counts from patients with a readmission to the selected hospital.

Readmission Trends and Locations

Hospital Name	Payer	Need Type	Discharge Date
(All)	(All)	Any	2022

Race	Index APR ServiceLine	Index APR Value	Primary Diagnosis
(All)	(All)	(All)	(All)

Patient Location

Select a hospital in the table below to filter the map to show the patient zip code for the visits with a readmission to the selected hospital


© 2022 Mapbox © OpenStreetMap

Readmit Visits
1 — 218
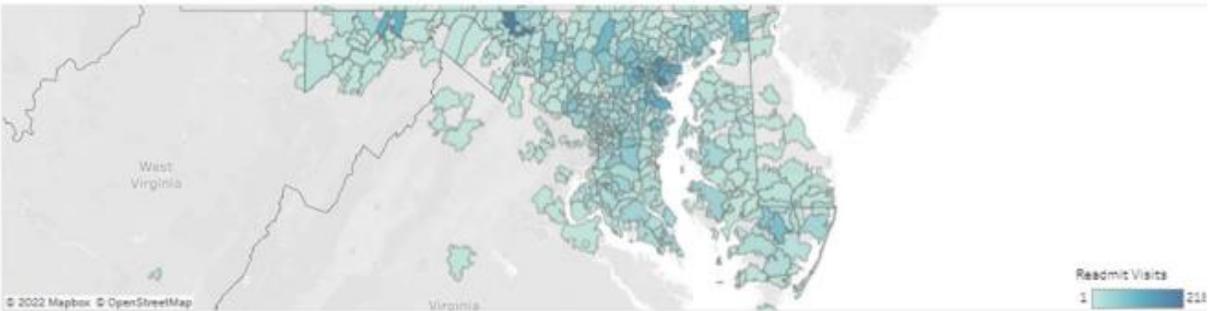
Readmissions with Index Visit Discharge from All

|			2022			
			January	February	March	Total
210009	Johns Hopkins Hospital	Readmit Visits	294	335	349	978
		Patients	273	311	327	815
210023	Anne Arundel Medical Center	Readmit Visits	179	171	198	548
		Patients	172	166	188	485
210043	UM-Baltimore Washington Medical Center	Readmit Visits	147	121	166	434
		Patients	141	115	154	383

Unadjusted Hospital Readmission Trends (5a)

The line graph displays the unadjusted readmission trends by month with each line a year. Multiple years can be selected with the 'Discharge Date' filter. Each year will be a line on the graph. The dashboard allows users to view data from 2012 to present, but data before CY2016 may use an incompatible APR grouper version
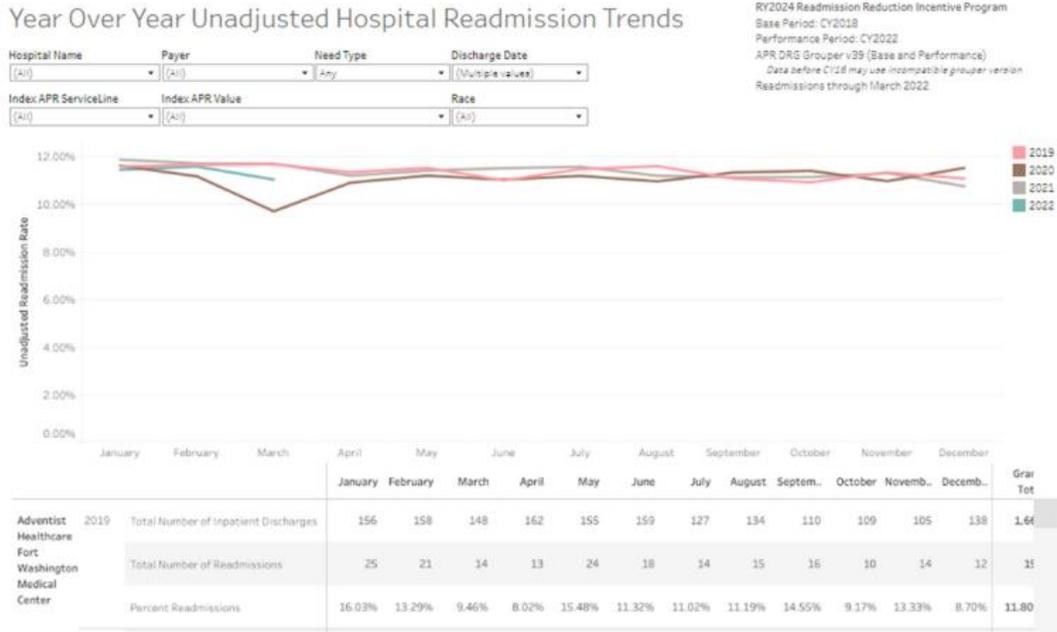
Case-mix Adjusted Readmission Trends (5b)

The Case-mix Adjusted Hospital Readmission Trends tab will appear overcrowded when first opened. It is recommended that you select specific hospitals with the 'Hospital Name' filter. The selected hospitals data will be populated in the chart below the graph.

![CRISP logo]
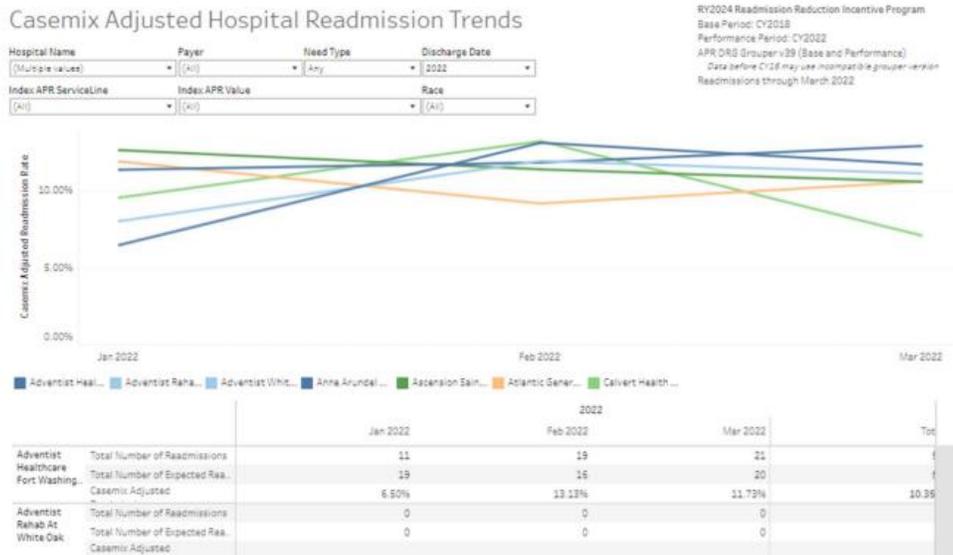
Service Line Readmission Analysis (6)

This dashboard allows users to evaluate readmissions by the APR Service Line of the Index visit. By selecting a service line in the table at the top of the dashboard, the tables at the bottom are filtered to show the top 5 DRGs for that Service Line at the selected hospital and statewide. The user can further drill down by selecting a DRG out of these top 5 to see information about the Readmit Visit DRG in the tables on the bottom right side of the dashboard.

Service Line Readmission Analysis

RY2024 Readmission Reduction Incentive Program
Base Period: CY2018
Performance Period: CY2022
APR DRG Grouper v39 (Base and Performance)
Data before CY18 may use incompatible grouper version
Readmissions through March 2022

Hospital Name	Payer	Need Type	Discharge Date	Race
(All)	(All)	Any	2022	(All)

Index APR ServiceLine	Eligible Discharges	Readmissions	Percent Readmissions	Intra Readmissions	Intra Readmit Rate	Inter Readmissions	Inter Readmit Rate	Readmission Ratio (O/E)
Grand Total	96,994	11,007	11.35%	7,106	7.33%	3,901	4.02%	0.9
Pulmonary	10,908	1,629	14.95%	1,144	10.49%	485	4.45%	1.1
General Medicine	10,899	1,500	14.13%	977	9.22%	523	4.93%	0.9
Psychiatry	9,191	1,158	12.60%	468	5.09%	690	7.51%	0.9
Infectious Disease	8,150	1,148	14.09%	744	9.13%	404	4.96%	0.9
Cardiology	7,322	1,126	15.35%	761	10.39%	365	4.98%	0.9
Gastroenterology	7,061	1,090	15.44%	755	10.69%	335	4.74%	0.9
General Surgery	5,883	716	12.13%	510	8.65%	206	3.50%	0.8
Neurology	5,124	556	10.85%	333	6.50%	223	4.35%	0.9
Orthopedic Surgery	4,288	379	8.84%	245	5.71%	134	3.13%	1.0
Hematology	1,339	291	21.73%	206	15.38%	85	6.35%	1.0
Oncology	1,333	244	18.71%	155	9.96%	89	5.73%	0.9

Index Visit Service Line: None (All)

Index Visit: 720 - SEPTICEMIA AND DISSEMINATED INFECTIONS

Index APR Value		Eligible Discharges	Readmiss	Percent Readmission	Intra Readmission	Intra Readmit Rate	Inter Readmission	Inter Readmit Rate	Readmission Ratio (O/E)	Readmit APR Code	Readmit Lead APR DRG Description	Readmiss	Intra Readmissions	Inter Readmissions
720	SEPTICEMIA AND DISS.	6,488	930	14.40%	598	9.26%	332	5.14%	0.975	720	SEPTICEMIA AND DISSEMIN.	269	176	93
137	EXTRACORPOREAL ME.									137	MAJOR RESPIRATORY INFEC.	43	30	13
	MAJOR RESPIRATORY I.	5,206	701	13.47%	464	8.91%	237	4.55%	1.390	466	MALFUNCTION, REACTION.	41	29	12
194	HEART FAILURE	3,563	633	18.82%	425	12.64%	208	6.18%	0.940	194	HEART FAILURE	36	25	11
750	SCHIZOPHRENIA	1,787	333	18.63%	106	5.93%	227	12.70%	0.908	469	ACUTE KIDNEY INJURY	31	16	15

Index Visit Service Line: None (Statewide)

Index Visit: 720 - SEPTICEMIA AND DISSEMINATED INFECTIONS

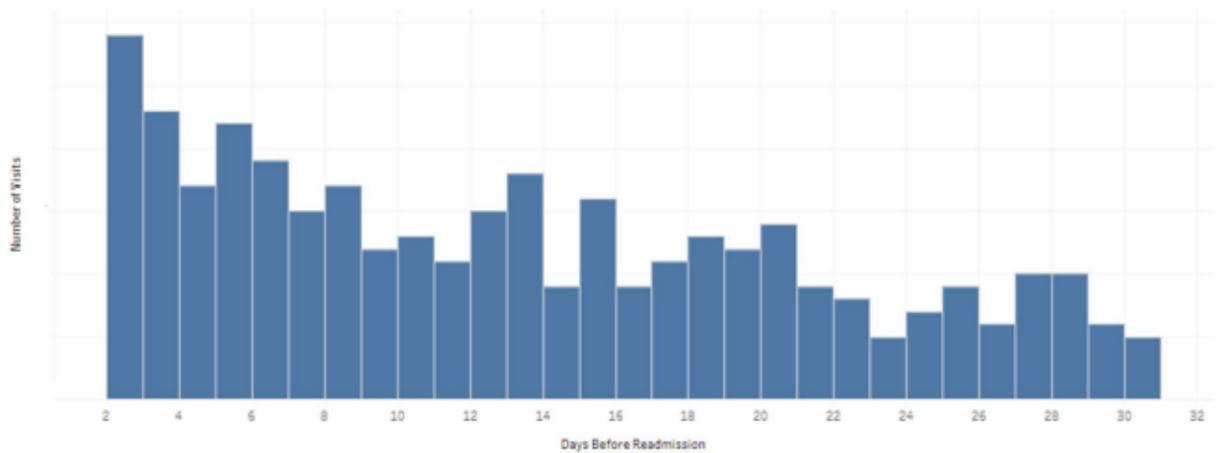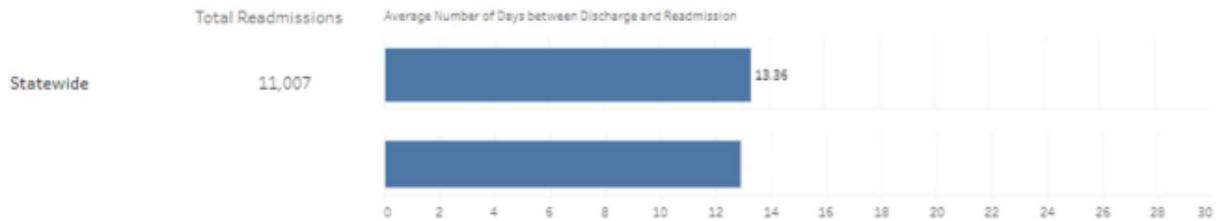| Index APR Value		Eligible Discharges	Readmiss	Percent Readmission	Intra Readmission	Intra Readmit Rate	Inter Readmission	Inter Readmit Rate	Readmission Ratio (O/E)	Readmit APR Code	Readmit Lead APR DRG Description	Readmiss	Intra Readmissions	Inter Readmissions
720	SEPTICEMIA AND DISS.	6,488	930	14.40%	598	9.26%	332	5.14%	0.975	720	SEPTICEMIA AND DISSEMIN.	269	176	93
137	EXTRACORPOREAL ME.	0	0	0		0				137	MAJOR RESPIRATORY INFEC.	43	30	13
	MAJOR RESPIRATORY I.	5,206	701	13.47%	464	8.91%	237	4.55%	1.390	466	MALFUNCTION, REACTION.	41	29	12
194	HEART FAILURE	3,563	633	18.82%	425	12.64%	208	6.18%	0.940	194	HEART FAILURE	36	25	11
750	SCHIZOPHRENIA	1,787	333	18.63%	106	5.93%	227	12.70%	0.908	469	ACUTE KIDNEY INJURY	31	16	15

Length of Discharge to Readmission (7)

This dashboard can be used to observe the number of days between the index visit discharge date and readmission visit admission date. This dashboard can be filtered by Hospital, Payer, Year, Index APR Service Line, Index APR DRG Value, and Primary Diagnosis. Note: This tab is only available to users of PHI access.

CRISP

Forecasting (8)

This dashboard was designed to mirror the "Calculation Sheet" in Tab 6 of the current RRIP workbook, with the enhancement of pre-filling the available data for a selected hospital. This allows the user to see how their CY21Case-mix Adjusted Readmission Rate would impact the Revenue Scaling targets.

Forecasting

RY2024 Readmission Reduction Incentive Program
Base Period: CY2018
Performance Period: CY2022
APR DRG Grouper v39 (Base and Performance)
Data before CY18 may use incompatible grouper version
Readmissions through March 2022

Hospital Name
Meritus Medical Center

Current Values			Improvement Scaling				Attainment Scaling			
RY24 (CY18) Case-Mix Adjusted Readmission Rate	RY24 (CY22) Case-Mix Adjusted Readmission Rate	Out-of-State (OOS) Ratio	Improvement Benchmark	RY24 % Change in Casemix Adjusted Rate CY 18-22	Difference from Improvement Benchmark	RY24 Improvement Scaling	Attainment Benchmark	CY22 Casemix Adjusted Rate with Out of State Adjustment	Difference from Attainment Benchmark	RY24 Attainment Scaling
11.25%	12.50%	1.05	-6.05%	11.05%	17.10%	-1.63%	11.59%	13.10%	1.51%	-0.96%

Improvement Scaling / Attainment Scaling charts
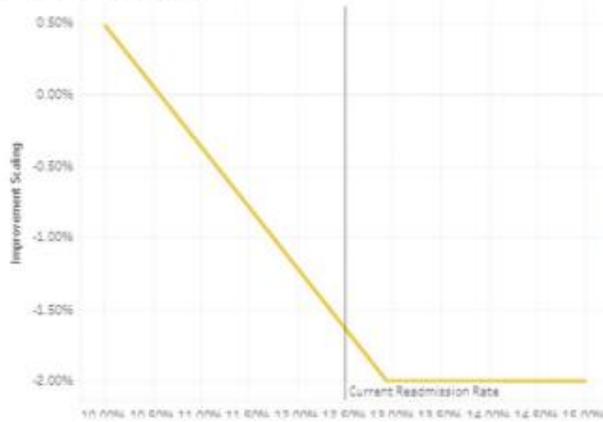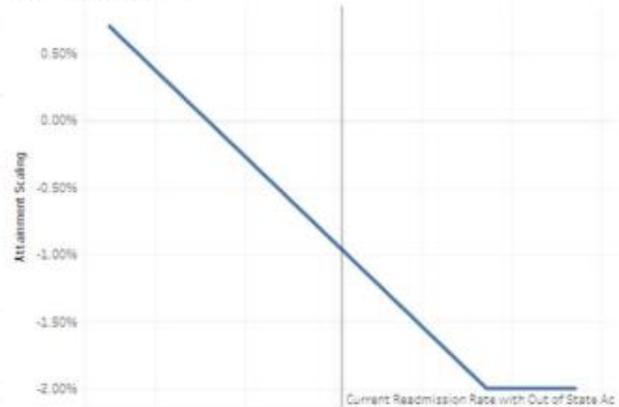
Patient Level Details (9)

This dashboard is designed to mirror, but not replace, the current RRIP Details files. The user can drill through from the Service Line Readmission Analysis dashboard to this sheet, to view patient level details for a specific group of patients. By clicking on the Crosstab button, an excel sheet will download and provide more columns with greater detailed information about the patients visit. Below is the list of columns available in the crosstab Excel. Note: This tab is only available to users of PHI access.

Patient Level Details

| Hospital Name | Payer | Need Type | Discharge Date | Index APR ServiceLine |
| (None) | (None) | Any | 2022 | (None) |

| Sort Order | Race |
| Total Number of Readmissions | (All) |

RY2024 Readmission Reduction Incentive Program
Base Period: CY2018
Performance Period: CY2022
APR DRG Grouper v39 (Base and Performance)
  Data before CY18 may use incompatible grouper version
Readmissions through March 2022

Variable Name	Variable Description
ADI Percentile	Index visit's level of geographic disadvantage measured from 1-100. (group 1 indicates the lowest ADI percent range (low disadvantage) while group 100 indicates the highest ADI percent range (high disadvantage)
AMA Flag	Left against medical advice or discontinued care (includes administrative discharge, escape, absent without official leave)
Imputed ADI Percentile	Index visit's average (mean) ADI for provided zip code
Index Visit Account Num	Index visit's patient account number (from casemix)
Index Visit Age	Index visit's patient age on date of discharge
Index Visit APR DRG	Index visit's APR DRG code (from casemix)
Index Visit APR DRG Description	Index visit's APR DRG description
Index Visit Changes	Index visit's total charges (from casemix)
Index Visit Date Admit	Index visit's date of admission (from casemix)
Index Visit Date Discharge	Index visit's date of discharge (from casemix)
Index Visit Flag Eligible Discharge	Is the index visit eligible for a readmission? (discharges not eligible are those who had same day transfers, died, or had missing data) 1 = yes (eligible), 0 = no (not eligible)
Index Visit Flag Ineligible Died	not eligible for a readmission: patient died 1 = yes, 0 = no
Index Visit Flag Ineligible Other	not eligible for a readmission: other reasons for exclusion (missing EID, duplicate record, or negative days) 1 = yes, 0 = no
Index Visit Flag Ineligible Transfer	not eligible for a readmission: same day transfer 1 = yes, 0 = no
Index Visit Flag Readmit Planned	Has readmission planned (based on CMS algorithm)1 = yes, 0 = no
Index Visit Flag Readmit Unplanned	Has readmission within 30 days (excluding planned admissions)1 = yes, 0 = no
Index Visit MRN	Index visit's medical record number (from casemix)
Index Visit Primary Payer	Index visit's primary payer, 0=Unknown 1= Medicare 2= Medicaid 3= Title V 4= BCBS MD 5= Commercial PPO 6= Oth Govt 7=Workers Comp 8= Self Pay 9= Charity 10= Other 11= Donor 12= Hmo 14= Medicaid Hmo 15=

	Medicare Hmo 16= BCBS (NCA)17= BCBS Other 18= International Insurers 20= Commercial 77= Not Applicable 99= Unknown
Index Visit SAS county (casemix)	Casemix SAS county (from casemix), or lookup casemix using SAS zip-county mapping
Index Visit Secondary Payer	Index visit's secondary payer, 0=Unknown 1= Medicare 2= Medicaid 3= Title V 4= BCBS MD 5= Commercial PPO 6= Oth Govt 7=Workers Comp 8= Self Pay 9= Charity 10= Other 11= Donor 12= Hmo 14= Medicaid Hmo 15= Medicare Hmo 16= BCBS (NCA)17= BCBS Other 18= International Insurers 20= Commercial 77= Not Applicable 99= Unknown
Index Visit Service Line	Index visit's clinical service line, looked up using APR DRG
Index Visit Sex	Index visit's sex (from casemix) (from casemix, 1 = male, 2 = female, 9 = unknown)
Index Visit SOI	Index visit's level of severity (from casemix)
Index Visit zip code (casemix)	Index visit's Census zip code from geocoding latest EID address
Plus4	An extended ZIP+4 code, four additional digits that determine a more specific location
Race	Index visit's identified race; 1=White (White), 2= Black (Black or African American), 3= Other (Asian), 4= Other (American Indian or Alaskan Native),5= Other, 6= Other (Native Hawaiian or Pacific Islander), 7= Other(Two or More), 8= Other (Declined to Answer), 9=Other (Unknown)
Readmit Visit Account Num	Patient's readmit account number (Populate only if readmit is at the same hospital)
Readmit Visit APR DRG	Readmit visit's APR DRG code (from case-mix), (empty if no unplanned readmit)
Readmit Visit APR DRG Description	Readmit visit's APR DRG description (empty if no unplanned readmit)
Readmit Visit Charges	Total charges for next admission (from case-mix), (empty if no return visit within data period)
Readmit Visit Days to Readmit	Number of days between index visit discharge date and next admission date within data period (not restricted to 30 days to allow hospitals to monitor all return visits) (empty if no return visit within data period)
Readmit Visit Flag Same Hospital	(if there is an unplanned readmission) indicate if readmission was at the same hospital or at another hospital 1 = yes, readmit at same hospital; 0 = no, readmit at another hospital
Readmit Visit Service Line	Readmit visit's clinical service line, looked up using APR DRG (empty if no unplanned readmit)
Readmit Visit SOI	Readmit level of severity (from case-mix), (empty if no unplanned readmit)
Source ID	Index visit's hospital ID or Medicare provider ID
Zip_Plus4	A concatenation of V_Zip & Plus4, format XXXXX-YYYY

Documentation (10)

This dashboard is a collection of the reference data contained in the HSCRC's RRIP Excel workbook. The information is consolidated onto a single screen for ease of use.

Dropdown toggle displaying:

- Readmit Norms (RRIP Excel tab 2)
- Case-level Data Dictionary (RRIP Excel tab 8)
- CY2016 Readmit Rates (RRIP Excel tab 3)
- CY2017 Readmit Rates (RRIP Excel tab 5)

Documentation

Readmit Norms ▾

DRG_SEV	DENOMINATOR (CMS)	READMISSION (EXCLUDE PLANNED ADM)	NORM DRG READM
001_2	0	0	0.25
001_3	90	31	0.344444444
001_4	89	33	0.370786517
002_2	0	0	0.666666667
002_3	0	0	0.25

Summary by Month (11)

This dashboard is designed to mirror, but not replace, the trends and location tab from previous tableau readmission reports. The user can view eligible discharges, readmissions, readmission ratio, etc. broken down by month.

Summary by Month

RY2024 Readmission Reduction Incentive Program
Base Period: CY2018
Performance Period: CY2022
APR DRG Grouper v39 (Base and Performance)
Data before CY16 may use incompatible grouper version
Readmissions through March 2022

Hospital Name	Payer	Need Type	Discharge Date
(All) ▾	(All) ▾	Any ▾	2022 ▾

					2022			
SourceID	Hospital Name	Payer			January	February	March	Tot
	Statewide	All Payer	Eligible Discharges		31,959	30,470	34,565	96,99
			Readmissions		3,660	3,530	3,817	11,00
			Expected Readmissions		3,687	3,539	4,024	11,2!
			Intra Hospital Readmissions		2,318	2,307	2,481	7,10
			Inter Hospital Readmissions		1,342	1,223	1,336	3,90
			Intra Readmit Rate		7.25%	7.57%	7.18%	7.33
			Inter Readmit Rate		4.20%	4.01%	3.87%	4.02
			Readmission Ratio (O/E)		0.993	0.998	0.949	0.9;
			Casemix Adjusted Readmission Rate		11.29%	11.34%	10.79%	11.12
		Commercial/...	Eligible Discharges		9,997	9,781	10,772	30,5!
			Readmissions		670	670	733	2,0;
			Expected Readmissions		907	871	968	2,74
			Intra Hospital Readmissions		456	456	497	1,40
			Inter Hospital Readmissions		214	214	236	60
			Intra Readmit Rate		4.56%	4.66%	4.61%	4.61
			Inter Readmit Rate		2.14%	2.19%	2.19%	2.17
			Readmission Ratio (O/E)		0.739	0.769	0.757	0.7!
			Casemix Adjusted Readmission Rate		8.40%	8.74%	8.61%	8.58
		MD Medicaid FFS	Eligible Discharges		1,300	1,240	1,405	3,94
			Readmissions		119	137	146	40
			Expected Readmissions		130	129	143	40
			Intra Hospital Readmissions		78	93	88	2!
			Inter Hospital Readmissions		41	44	58	14
			Intra Readmit Rate		6.00%	7.50%	6.26%	6.57
			Inter Readmit Rate		3.15%	3.55%	4.13%	3.62
			Readmission Ratio (O/E)		0.916	1.062	1.019	1.00
			Casemix Adjusted Readmission Rate		10.42%	12.08%	11.59%	11.37