

Hospital Readmissions

18-State Summary

Background

Supported by the Agency for Healthcare Research and Quality (AHRQ) since 2005, the MMDLN, as an integrated national resource, seeks to advance the health of Medicaid patients in over 45 member States and across the Nation while best stewarding available resources. The network is focused on the development and use of evidence-based medicine, measurement and improvement of health care quality, and the redesign of health care delivery systems.

This brief highlights 30-day readmission rates of acute hospitalizations in the 18 participating States for 2009 and 2010.

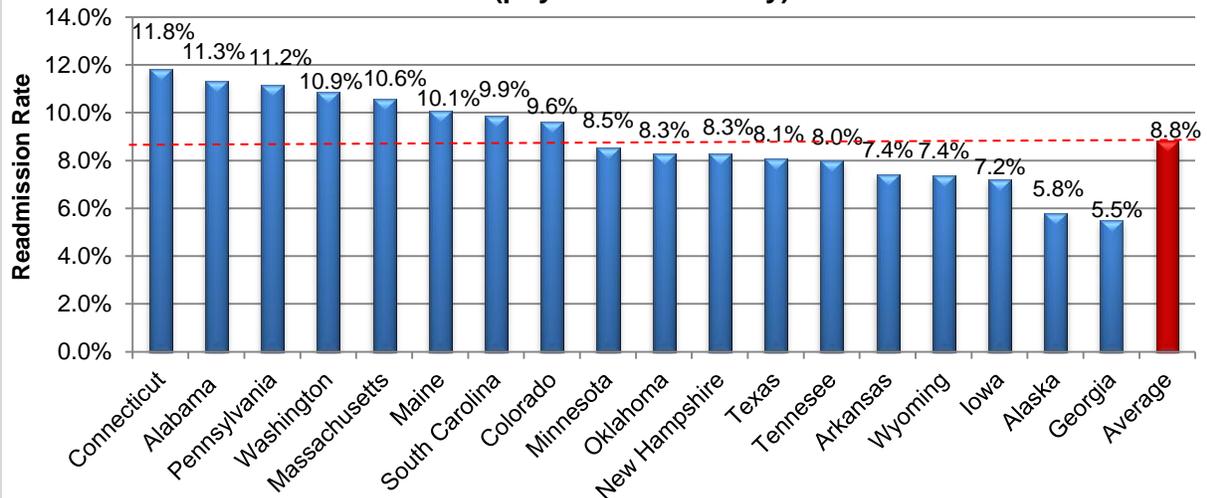
Methods

Readmission rates were:

- Calculated by dividing the number of 30-day readmission events by the total hospital admissions.
- Based on the 2009 and 2010 calendar year and incorporated a 30-day window preceding and following the study.
- Excluded for those who were dual eligible, ≥ age 65, or died. Transfers were not counted as a separate admission.

Data were submitted voluntarily at the State aggregate level. Four States submitted 2009 data and 14 States submitted 2010 data—both sets of data were used in the analysis to calculate the 18-State average. These data represent initial findings. As dually eligible data becomes available it will also be included in future analysis.

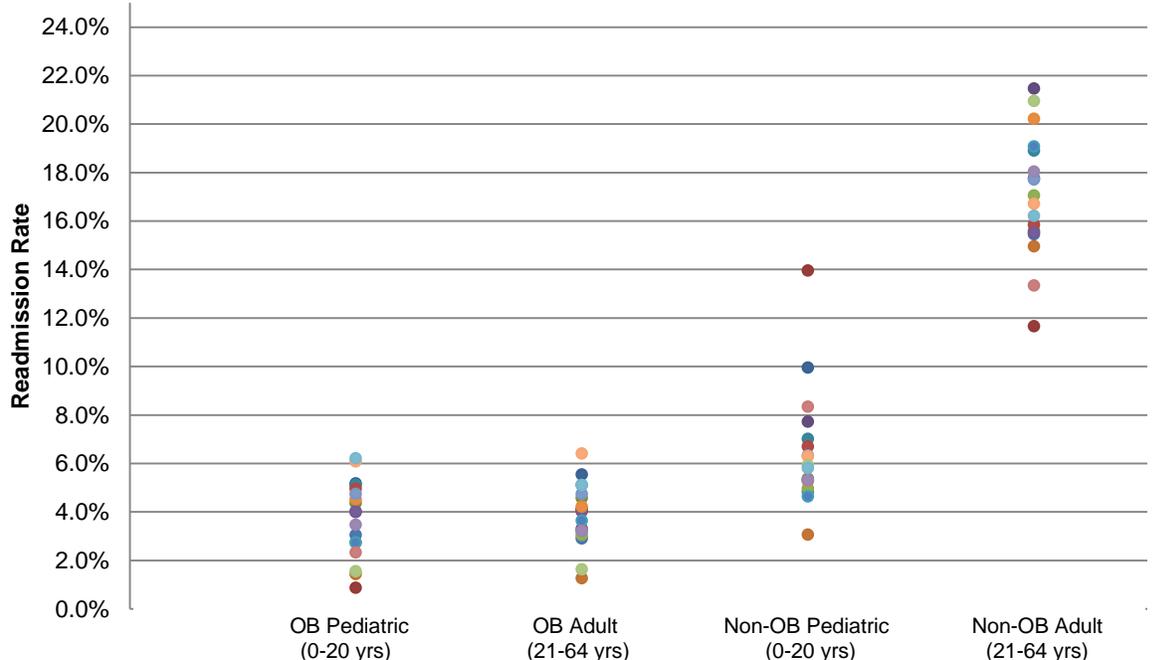
2009/2010 overall 30-day readmission rates for all 18 participating States (physical health only)



In 2009/2010, the readmission rate for each of the 18 participating States varied from 5.5% to 11.8%. The **18-State average readmission rate was 8.8%**.

The 18-State average hospital payment for 30-day readmissions amounted to \$75,439,833, or 12.5% of total payment for acute hospital care.

State 30-Day readmission rates by clinical categories and population (physical health only)

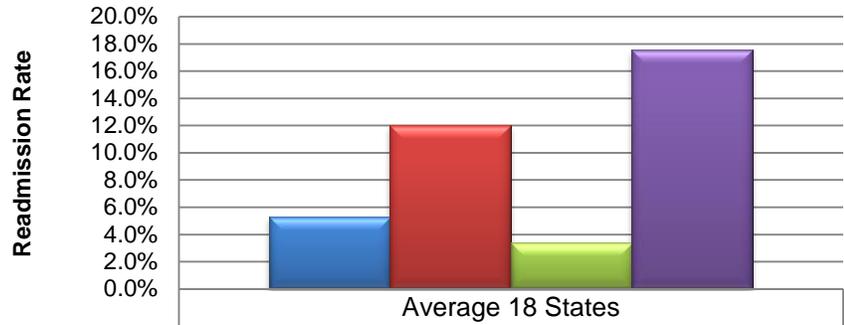


In 2009/2010, most 30-day readmissions variation among the 18 States lies within the Non-Obstetric Pediatric category (mainly due to one outlier), and the least variation lies within the Obstetric Adult category.

The MMDLN is funded by an AHRQ contract to AcademyHealth. The funding supports in person meetings, Web conferences, and other activities that help the members use evidence-based research findings to make policy decisions. The views expressed in this document do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the fact that AHRQ is funding this group imply endorsement of any publications or policy statements that come out from the MMDLN.

Average 30-day readmission rates for 18 States by population (physical health only)

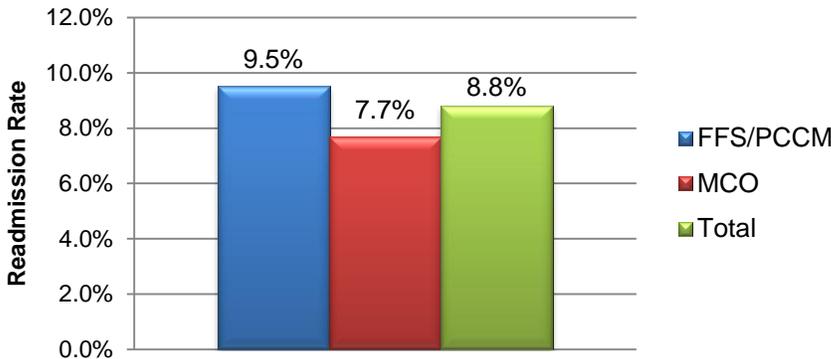
The 18-State average 30-day readmission rates for **total pediatric care, total adult care, adult obstetrical care, and adult non-obstetrical care** were **5.3%, 12.0%, 3.4%, and 17.5%**, respectively.



Category	Average 18 States	Range (18 States)
Pediatric Total (0-20 years)	5.3%	(2.8 - 8.8%)*
Adult Total (21-64 years)	12.0%	(7.2-14.9%)*
Adult Obstetric	3.4%	(1.2-6.3%)*
Adult Non-Obstetric	17.5%	(13.3-23.0%)*

*Indicates the range of the 30-day readmission rates of the 18 States

Average 30-day readmission rates for 18 States by health plan (physical health only)



Of the 18 States, 17 submitted FFS/PCCM health plan data and 6 of these States also submitted MCO health plan data. One State submitted only MCO health plan data. Overall, MCO had the lowest readmission rate.

➤ The major diagnostic categories in 17 States that contribute to the highest share of readmissions were: mental disorders; complications of pregnancy, childbirth and puerperium; respiratory diseases; digestive diseases; circulatory diseases. These accounted for **58% of 30-day readmissions** and **53% of readmission payments**.

Top Five Major Diagnostic Categories By Share of All Readmissions for 17 States

Category	Share of all readmissions (Readmissions within diagnostic category/ Total readmissions)	Share of payment for readmissions (Readmission payment within diagnostic category/ Total readmissions payment)	Readmission Rate	% hospital payment for readmissions
Mental Disorders	20%	16%	18%	16%
Complications of Pregnancy, Childbirth, & the Puerperium	12%	6%	4%	5%
Diseases of the Respiratory System	9%	12%	12%	15%
Diseases of the Digestive System	9%	9%	15%	17%
Diseases of the Circulatory System	8%	10%	17%	15%

*Alabama was not included in the major diagnostic categories analysis

18 States: Alabama, Alaska, Arkansas, Colorado, Connecticut*, Georgia*, Iowa, Maine, Massachusetts, Minnesota*, New Hampshire, Oklahoma, Pennsylvania*, South Carolina*, Tennessee (only MCO), Texas*, Washington, Wyoming

*States that submitted both FFS/PCCM & MCO health plans. All other States except Tennessee have only FFS/PCCM.