

Plan All-Cause Readmission (PCR)



The **Plan All-Cause Readmission (PCR)** measure tracks unplanned hospital readmissions within 30 days of discharge for members aged 18–64. It evaluates the quality of care and the effectiveness of post-discharge support, helping to improve patient outcomes and reduce unnecessary hospital visits.

This measure is crucial for identifying gaps in patient care, enhancing care coordination, and lowering healthcare costs by preventing avoidable readmissions. It applies to members aged 18 and older enrolled in Exchange (Marketplace) plans, with eligibility based on their continuous enrollment period.

Reducing Readmissions

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| 1 Follow Discharge Plans | Take medications, attend follow-ups, and follow care instructions. |
| 2 Schedule Follow-Ups | See a provider within seven days of discharge. |
| 3 Manage Chronic Conditions | Monitor health indicators and stay proactive. |
| 4 Recognize Warning Signs | Seek help for worsening symptoms early. |
| 5 Use Care Coordination | Utilize case management, home health, and community support. |
| 6 Emergency Readiness | Keep provider contact info accessible. |

Reducing hospital readmissions is essential for improving patient care, enhancing care coordination, and lowering healthcare costs. By following discharge plans, scheduling follow-ups, and utilizing available support services, members can improve their recovery and overall health outcomes. Lowering readmission rates not only benefits individual patients but also strengthens the healthcare system's efficiency and effectiveness.