▶   **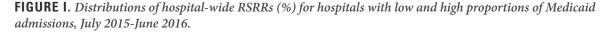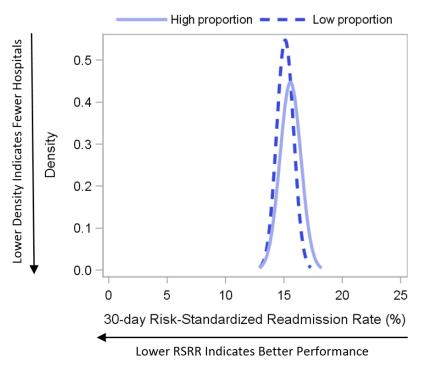Performance on the hospital-wide readmission measure:** Hospitals that serve high and low proportions of Medicaid patients.

The Centers for Medicare & Medicaid Services (CMS) evaluates hospital performance in relation to the proportion of Medicaid patients served in order to monitor patterns, changes, and potential unintended consequences in the measure results. This information allows CMS to better understand the current state of care within U.S. hospitals.

The hospital-wide readmission measure assesses the occurrence of unplanned readmission for any cause within 30 days after discharge from a hospitalization for admissions admitted for any condition or procedure for Medicare fee-for-service (FFS) beneficiaries aged 65 or older [1].

CMS began publicly reporting hospital-wide 30-day risk-standardized readmission rates (RSRRs) in 2013 [2]. Publicly reported measure results are updated annually on the *Hospital Compare* website.

FIGURE I. *Distributions of hospital-wide RSRRs (%) for hospitals with low and high proportions of Medicaid admissions, July 2015-June 2016.*

Variation in risk-standardized readmission rates (RSRRs) reflects differences in performance among hospitals; lower RSRRs suggest better quality and higher RSRRs suggest worse quality. To understand how caring for Medicaid patients might impact a hospital's RSRR, we examined RSRRs among hospitals with high and low proportions of Medicaid patients. We compared the hospital-wide RSRRs for the 446 hospitals with ≤4.6% Medicaid admissions to the 446 hospitals with ≥30.5% Medicaid admissions for the July 2015 - June 2016 reporting period. We defined hospitals with low and high proportions of Medicaid admissions as those that fall within the lowest and highest deciles of all hospitals with 25 or more qualifying discharges (N= 4,463). The proportion of Medicaid admissions for each hospital was determined using the American Hospital Association (AHA) Annual Survey Database Fiscal Year 2015 [3]. To ensure accurate assessment of each hospital, the hospital-wide readmission measure uses a statistical model to adjust for key differences in patient risk factors that are clinically relevant and that have a strong relationship with the readmission outcome [1].

TABLE I. *Distributions of hospital-wide RSRRs (%) for hospitals with low and high proportions of Medicaid admissions, July 2015-June 2016.*

	Hospital-wide RSRR (%)	
	Hospitals with low proportions (≤ 4.6%) of Medicaid admissions n = 446	Hospitals with high proportions (≥ 30.5%) of Medicaid admissions n = 446
Maximum	17.7	19.2
90%	15.8	16.7
75%	15.5	16.1
Median (50%)	15.1	15.4
25%	14.8	15.0
10%	14.4	14.6
Minimum	11.3	13.2

The median hospital-wide RSRR for hospitals with low proportions of Medicaid admissions was 15.1% (interquartile range [IQR]: 14.8%-15.5%; Figure 1 and Table 1). The median hospital-wide RSRR for hospitals with high proportions of Medicaid admissions was 15.4% (IQR: 15.0%- 16.1%; Figure 1 and Table 1).

Hospitals with low proportions of Medicaid admissions had a median hospital-wide RSRR that was 0.3 percentage points lower than hospitals with high proportions.

1. Jaymie Simoes, Jacqueline N. Grady, Jo DeBuhr, et al. 2017 All-Cause Hospital-Wide Measure Updates and Specifications Report: Hospital-Level 30-Day Risk-Standardized Readmission Measure – Version 6.0. https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1219069855841. Available as of April 4, 2017.

2. Hospital Inpatient Quality Reporting (IQR) Program Overview. QualityNet website. https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2F-Page%2FQnetTier2&cid=1138115987129. Accessed March 1, 2017.

3. AHA Annual Survey Database Fiscal Year 2014; http://www.ahadataviewer.com/book-cd-products/AHA-Survey/. Accessed March 2, 2017.