



## **Percentage of Inpatient Admissions with Follow Up Within 14 Calendar Days Tip Sheet**

### **What is the CMS Star Rating Program?**

CMS uses a five-star quality rating system to measure the experiences Medicare beneficiaries have with their health plan and healthcare system – the Star Rating Program. Health plans are rated on a scale of 1 to 5 stars, with 5 being the highest. These ratings are then published on the Medicare Plan Finder at [medicare.gov](http://medicare.gov) to raise the quality of care for Medicare beneficiaries, strengthen beneficiary protections and help consumers compare health plans more easily. Improving this measure will help to increase the performance in the Stars measures relating to 30 day all cause readmission rates and the CAHPS measures for access to care.

### **Measure Description**

This measure shows the percent of members who have a follow up appointment within 14 calendar days of inpatient discharge.

### **Measure Source and Timeframe**

- Claims.
- Rolling 12 calendar months.

### **Measure Specifications**

Eligible member has had the following:

- An inpatient admission (excluding inpatient SNF) during the measurement timeframe. Members are excluded from this measure if they are transferred to another facility or expire during their inpatient stay.
- Eligible follow-up visits:
  - Includes:
    - Professional Visits (Physicians, Nurse Practitioners, and Telehealth).
  - Excludes:
    - Emergency Physician visits.
    - Institutional Visits.
    - Physical and Occupational Therapy.

### **Strategies for Success**

- Encourage members to follow up with providers in a timely manner following discharge.
- Work with inpatient and/or outpatient discharge planners to assist in scheduling timely follow up visits.
- Ensure member has no barriers to attending follow up visits (i.e. transportation needs, scheduling delays, etc).
- Care Coordination and Health Coaching is a free benefit for members to assist with wellness goals and planning post discharge.
- Initiate dietician consult for members being discharged from hospital stay and/or after a medication change per ADA guidelines.



<b>Coding and Documentation Tips</b>
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Claims for professional visits to MDs and APNs within the 14 day window after discharge including Primary Care and some specialty providers are included. Does NOT include Ophthalmology, PT/OT, Anesthesia, SNF, LTACH or any inpatient visit claims (Some CPT code examples: G0438, G0439, 99211, 99441).
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If you have any questions, please contact your Provider Relations Specialist.