

Report on the hospital readmissions, July 2020-Dec. 2023

October 2024

Report Mandate:

Item 288.AA. of the 2024 Appropriations Act states: The Department of Medical Assistance Services shall amend the State Plan for Medical Assistance Services under Title XIX to modify the definition of readmissions to include cases when patients are readmitted to a hospital for the same or a similar diagnosis within 30 days of discharge, excluding planned readmissions, obstetrical readmissions, admissions to critical access hospitals, or in any case where the patient was originally discharged against medical advice. If the patient is readmitted to the same hospital for a potentially preventable readmission then the payment for such cases shall be paid at 50 percent of the normal rate, except that a readmission within five days of discharge shall be considered a continuation of the same stay and shall not be treated as a new case. Similar diagnoses shall be defined as ICD diagnosis codes possessing the same first three digits. The department shall have the authority to implement this reimbursement change effective July 1, 2020, and prior to the completion of any regulatory process undertaken in order to effect such change. The department shall report quarterly on the number of hospital readmissions, the cost, and the primary diagnosis of such readmissions to the Joint Subcommittee for Health and Human Resources Oversight.

Background

The Hospital Readmissions Dashboard presents a quarterly report of the number of hospital readmissions, the cost, and the primary diagnosis of such readmissions when patients are readmitted to a hospital for the

same or a similar diagnosis within 30 days of discharge, excluding planned readmissions, obstetrical readmissions, admissions to critical access hospitals, or in any case where the patient was originally discharged against medical advice.

Users can access the dashboard on the DMAS website (<https://www.dmas.virginia.gov/data-reporting/general-assembly-reports/>) filter results by Calendar Year, and view all the Primary Diagnoses for the hospital readmissions.

Table 1, Hospital Readmissions from February – December 2023, the cost, and top primary diagnosis of the readmissions.

GA Hospital Readmissions

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Calendar Year 🔍
 (Multiple values) ▼

Readmissions by MCO and month								
Month	Aetna	Anthem	Molina	Sentara	United	VA Premier	FFS	Grand Total
2023-02		41		17	10	176	14	258
2023-03		54		19	20	228	9	330
2023-04	1	42		20	17	146	12	238
2023-05	1	63		15	18	121	12	230
2023-06		43		13	12	160	5	233
2023-07		32		181	16		16	245
2023-08		32		187	18		12	249
2023-09		44		156	16		11	227
2023-10		35		235	17		12	299
2023-11		42		353	12		16	423
2023-12		39		204	17		18	278
Grand Total	103	1,317	191	2,068	420	3,114	482	7,695

Cost of Readmissions	
Health Plan	Dollars paid
Aetna	\$898,285
Anthem	\$8,680,989
Molina	\$1,572,233
Sentara	\$8,767,870
United	\$2,740,873
VA Premier	\$14,614,472
FFS	\$3,947,206
Grand Total	\$41,221,928

Primary diagnoses associated with readmissions

Primary Diagnoses	Count of Claims	Dollars paid
Alcohol dependence, uncomplicated	830	\$390,906
Opioid dependence, uncomplicated	751	\$324,028
Sepsis, unspecified organism	432	\$3,830,495
Hb-S5 disease with crisis, unspecified	304	\$1,499,114
Type 1 diabetes mellitus with ketoacidosis	297	\$1,072,741
Hyp hrt & chr kidney dis w hrt fail and st	277	\$1,907,639
Hypertensive heart disease with heart failure	150	\$902,117
Alcohol dependence with withdrawal, unspecified	148	\$397,646
Encounter for antineoplastic chemotherapy	135	\$1,375,488
Schizoaffective disorder, bipolar type	125	\$635,945
Alcoholic cirrhosis of liver with ascites	118	\$786,640

About DMAS and Medicaid

The mission of the Virginia Medicaid agency is to improve the health and well-being of Virginians through access to high-quality health care coverage. The Department of Medical Assistance Services (DMAS) administers Virginia's Medicaid and CHIP programs for over 2 million Virginians. Members have access to primary and specialty health services, inpatient care, dental, behavioral health as well as addiction and recovery treatment services. In addition, Medicaid long-term services and supports enable thousands of Virginians to remain in their homes or to access residential and nursing home care.

Medicaid members historically have included children, pregnant women, parents and caretakers, older adults, and individuals with disabilities. In 2019, Virginia expanded the Medicaid eligibility rules to make health care coverage available to more than 600,000 newly eligible, low-income adults.

Medicaid and CHIP (known in Virginia as Family Access to Medical Insurance Security, or FAMIS) are jointly funded by Virginia and the federal government under Title XIX and Title XXI of the Social Security Act. Virginia generally receives an approximate dollar-for-dollar federal spending match in the Medicaid program. Medicaid expansion qualifies the Commonwealth for a federal funding match of no less than 90% for newly eligible adults, generating cost savings that benefit the overall state budget.