



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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January 15, 2025

MEMORANDUM

TO: The Honorable Mark D. Sickles
Chair, Joint Subcommittee on Health and Human Resources Oversight

The Honorable R. Creigh Deeds
Vice Chair, Joint Subcommittee on Health and Human Resources Oversight

FROM: Cheryl Roberts
Director, Virginia Department of Medical Assistance Services

SUBJECT: Report on the hospital readmissions July 2020-June 2024

This report is submitted in compliance with 288.AA. of the 2024 Appropriations Act, which 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.

Should you have any questions or need additional information, please feel free to contact me at 804-664-2660.

CR/wf
Enclosure

Pc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources

Report on the hospital readmissions, July 2020-June 2024

January 2025

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 ([Workbook: GA Hospital Readmissions](#)) and filter results by Calendar Year and view all the Primary diagnoses on hospital readmissions.

Table 1, Hospital Readmissions from March 2023 –June 2024, the cost, and top primary diagnosis of the readmissions.

GA Hospital Readmissions

Data Last Refreshed: 1/7/2025 11:06:45 AM

Calendar Year

Readmissions by MCO and month									Cost of Readmissions	
Month	Aetna	Anthem	Molina	Sentara	United	VA Premier	FFS	Grand Total	Health Plan	Dollars paid
2023-03		52		19	20	228	9	328		
2023-04	1	42		20	18	147	12	240	Aetna	\$1,954,242
2023-05	1	64		15	18	122	12	232	Anthem	\$10,642,621
2023-06		43		13	12	160	5	233	Molina	\$1,576,274
2023-07		33		181	16		16	246	Sentara	\$13,284,736
2023-08		32		186	18		12	248	United	\$3,780,002
2023-09		44		155	16		11	226	VA Premier	\$17,015,967
2023-10		35		232	17		12	296	FFS	\$4,998,821
2023-11		42		354	12		16	424		
2023-12		38		207	17		19	281		
2024-01		37		46	10		17	110		
2024-02		40		111	15		16	182		
2024-03		52		118	19		12	201		
2024-04		39		113	12		19	183		
2024-05		43		104	10		24	181		
2024-06		42		94	10		9	155		
Grand Total	200	1,625	192	2,868	550	3,387	655	9,477	Grand Total	\$53,252,663

Primary diagnoses associated with readmissions

Primary Diagnoses	Count of Claims	Dollars paid
Alcohol dependence, uncomplicated	835	\$413,588
Opioid dependence, uncomplicated	750	\$321,039
Sepsis, unspecified organism	546	\$5,003,605
Hb-S5 disease with crisis, unspecified	405	\$1,960,265
Type 1 diabetes mellitus with ketoacidosis	357	\$1,264,407
Hypertensive heart disease with heart failure and stroke	343	\$2,350,653
Encounter for antineoplastic chemotherapy	188	\$1,769,880
Alcohol dependence with withdrawal, unspecified	185	\$480,864
Hypertensive heart disease with heart failure	184	\$1,090,497
Schizoaffective disorder, bipolar type	148	\$827,372
Alcoholic cirrhosis of liver with ascites	139	\$1,033,149
Acute and chronic respiratory failure with	125	\$927,712
Alcohol induced acute pancreatitis with	114	\$396,029
Major depressive disorder, recurrent severe	101	\$539,559
Chronic obstructive pulmonary disease with	99	\$515,319

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.