



IMPROVING HEALTH CARE QUALITY

Excess Days in Acute Care after Hospitalization for Heart Failure

Blue Cross and Blue Shield of Texas (BCBSTX) collects quality data from our providers to measure and improve the quality of care our members receive. Excess Days in Acute Care (EDAC) after Hospitalization for Heart Failure is one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

What We Measure

We capture the days our Original Medicare (fee-for-service) members age 65 and older spend in acute care within 30 days of discharge from an inpatient hospitalization for heart failure. We measure:

- Emergency department (ED) visits
- Observation stays
- Unplanned readmissions

EDAC after hospitalization for heart failure is a National Quality Forum (NQF) measure. See [NQF](#) and the [Centers for Medicare and Medicaid Services \(CMS\)](#) for more details.



Why It Matters

Congestive heart failure is one of the most common reasons people age 65 and older are hospitalized, according to the **Centers for Disease Control and Prevention**. Safely transitioning people from hospital to home can involve communication between providers, preventing and responding to complications, patient education and timely follow-up, according to **CMS**. Suboptimal transitions can contribute to additional ED visits, observation stays and hospital readmissions. Measuring adverse events after discharge provides a fuller picture to help improve health outcomes.

Eligible Population

Original Medicare members age 65 and older who were hospitalized at non-federal acute care hospitals for heart failure are included in this measure.

Exclusions: Admissions are excluded from this measure when the member is:

- Enrolled in Original Medicare less than 30 days after discharge
- Discharged against medical advice
- Admitted within 30 days of a previous discharge already being measured
- Admitted with a procedure code for left ventricular assist device implantation or heart transplantation either during the admission or in the 12 months before admission

Tips to Consider

- Use an electronic health information exchange and alerts to help manage members' information.
- Discuss with our members how to manage their condition when they are discharged from a hospital. Follow up with them after discharge.
- Document follow-up care thoroughly and submit appropriate coding. Submit claims in a timely manner.
- Educate inpatient and outpatient providers about this measure and health outcomes after discharge.

How to Document

Data for this measure is collected from claims data.



Questions?

Contact your BCBSTX Network Representative.



The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.