



PPR and PPC Education Webinar #2:

Overview of Goals, Process, & Reports

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August 20th, 2014

Housekeeping Items

- These slides are available for download on the HHSC PPE webpage:
 - http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml
- Questions:
 - Depending on time and volume of questions, these will either be addressed during the webinar or handled via a Q&A document post webinar. Please submit your questions via chat function.

Topics Covered in this Presentation

- Rules
- Goals
- Timeline for reports and General Timeline
- Reports and their utility
- Present on Admission (POA)
- Resources/Outreach
- Contact information

- Rule amendments to Texas Administrative Code
 - Update and refine the methodology
 - Financial disincentives for improperly coding POA
 - Timing of reports relative to payment adjustments
- TAC Sections 354.1445, 354.1446
- Rules to be adopted/effective September 1, 2014

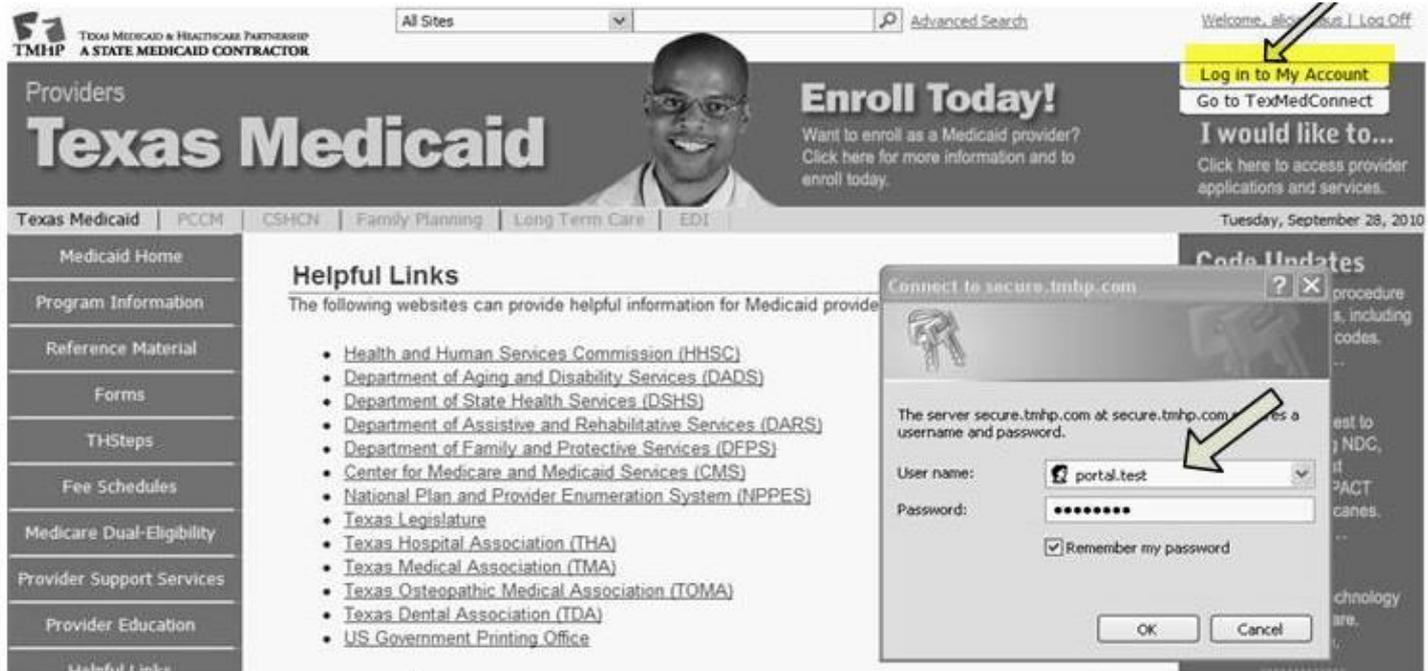
Goals

- Reports and supplemental information are designed to help hospitals:
 - understand the process
 - efficiently assess their own performance relative to statewide averages
 - identify the categories of PPR/PPC so that they can target strategies to most effectively move their rates and impact their actual to expected ratios.

Timeline of Reports

- Hospital level reports for both PPR and PPC were distributed via TMHP secure provider portal
 - Hospitals with reductions – End of June 2014
 - Hospitals without reductions – July 31, 2014
- The secure provider portal has a tab called Potentially Preventable Events (PPE) Provider Reports, which has separate tabs for PPR and PPC reports, and provider notifications.

Existing users:



The screenshot shows the TMHP Portal website. At the top, there is a navigation bar with "All Sites" and "Advanced Search". The main header features the "Texas Medicaid" logo and a "Providers" section with a "Log in to My Account" button highlighted by a yellow box and an arrow. Below the header, there is a "Helpful Links" section with a list of links to various Texas state agencies and organizations. A "Code Updates" section is also visible. In the foreground, a "Connect to secure.tnhp.com" dialog box is open, showing a login form with fields for "User name" (containing "portal.test") and "Password" (masked with dots). A "Remember my password" checkbox is checked. The dialog box has "OK" and "Cancel" buttons. An arrow points to the "User name" field in the dialog box.

To create an account please email MCD_PPR_PPC@hhsc.state.tx.us

Timeline of Reports

- 7/3/14 Notice was posted to the TMHP PPE webpage re: the timing of the reports:
http://www.tmhp.com/News_Items/2014/07-July/07-03-14%20PPR%20and%20PPC%20Performance%20Reports%20for%20Hospitals%20Accessible%20July%2031%202014.pdf
- 8/8/14 Notice was posted to the TMHP Medicaid homepage re: reminder to pick up reports:
http://www.tmhp.com/News_Items/2014/08-August/8-8-14%20Reminder%20about%20Hospital%20PPR%20and%20PPC%20Performance%20Reports%20That%20Will%20Be%20Accessible%20July%2031.pdf
- 9/2014 Statewide PPR and PPC reports will be available on the HHSC PPE webpage:
http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml

PPRs and PPCs- Adjustment Timeline

Reporting period and Adjustment timeline:

Reporting Period	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Adjustment Period	May 2013- Oct 2013	Nov 2013- Aug 2014	No Adjustment for FY 2012 performance	Sept 2014- Aug 2015	Sept 2015- Aug 2016	Sept 2016- Aug 2017
POA Penalty	No	No	No	No	No	Yes

PPR and PPC Reports

Covered in the following slides:

- Layout
- Data Elements included
- How to use reports to help target interventions
- POA quality check and supplemental information
- Contact information for questions

Critical Report Elements-PPR

	Total Admissions at Risk for PPR	Actual Number of PPR Chains	Actual PPR Rate	Expected Number of PPR Chains	Expected PPR Rate	Actual-to-Expected Ratio	Total Reimbursement Reduction
Hospital Results							

	Members with PPRs	Number of PPR Events	Actual PPR Expenditures
Hospital Results			

	State Norm	25 th Percentile	50 th Percentile	90 th Percentile
PPR Rate				

	25 th Percentile	50 th Percentile	90 th Percentile
Total Admissions at Risk for PPR			
Actual Number of PPR Chains			
Members with PPRs			
Number of PPR Events			

Critical Report Elements-PPR

PPR Reason	Number of PPR Events	Fraction of all PPR Events	PPR Expenditures	Fraction of PPR Expenditures
1 — Medical readmission for a continuation or recurrence of the reason for the initial admission, or for a closely related condition				
2A — Ambulatory care sensitive conditions as designated by AHRQ				
2B — All other readmissions for a chronic problem that may be related to care either during or after the initial admission				
3 — Medical readmission for acute medical condition or complication that may be related to or may have resulted from care during initial admission or in post-discharge period after initial admission				
4 — Readmission for surgical procedure to address a continuation or a recurrence of the problem causing the initial admission				
5 — Readmission for surgical procedure to address a complication that may be related to or may have resulted from care during the initial admission				
6A — Readmission for mental health reasons following an initial admission for a non-mental health, non-substance abuse reason				
6B — Readmission for a substance abuse diagnosis reason following an initial admission for a non-mental health, non-substance abuse reason				
6C — Mental health or substance abuse readmission following an initial admission for a substance abuse or mental health diagnosis				

Critical Report Elements-PPC

% Not POA for Pre-Existing Secondary Diagnosis	% POA for Secondary Diagnosis Codes	% POA for Secondary Diagnosis on Elective Surgical Cases	POA Quality Check

	Total Number of Admissions	Admissions at Risk for PPC	Number of PPC Admissions	Actual PPC Weights	Expected PPC Weights	Actual-to-Expected Ratio	Total Reimbursement Reduction
Hospital Results							

	Members with PPCs	Actual PPC Counts	Estimated PPC Expenditures
Hospital Results			

	25 th Percentile	50 th Percentile	90 th Percentile
PPC Weights			

Critical Report Elements-PPC

	25 th Percentile	50 th Percentile	90 th Percentile
Total Number of Admissions			
Admissions at Risk for PPC			
Number of PPC Admissions			
Members with PPCs			
Actual PPC Counts			

PPC Group	PPC Weights	Fraction of Total PPC Weights	PPC Counts	Fraction of Total PPCs
1 — Extreme Complications				
2 — Cardiovascular-Respiratory Complications				
3 — Gastrointestinal Complications				
4 — Perioperative Complications				
5 — Infectious Complications				
6 — Malfunctions, Reactions, etc.				
7 — Obstetrical Complications				
8 — Other Medical and Surgical Complications				

POA Quality Check process



Sort all
codes by
POA value

Evaluate POA

- Look at the Not POA codes
 - Unlikely to be hospital acquired
- Look POA= Y codes
 - Too many or too few
- Look at Not POA codes on surgical records
 - Too many

Calculate
the
percentages

Categorize
results

- Acceptable
- Gray Zone
- Red Zone

POA Quality Check

Quality Screen 1: High % Non POA for secondary diagnoses on the Pre-Existing List

This criterion identifies hospitals with a high percent non-POA (POA = N) for pre-existing secondary diagnosis codes.

Red Zone: % Non POA on Pre-Exist \geq 7.5%

Grey Zone: $5\% \leq$ % Non POA on Pre-Exist $<$ 7.5%

Quality Screen 2: High % POA for secondary diagnoses

This criterion identifies hospitals with an extremely high percent present on admission (POA = Y) for secondary diagnosis codes (excluding exempt, pre-existing, and OB 7600x-7799x codes).

Red Zone: % POA \geq 96%

Grey Zone: $93\% \leq$ % POA $<$ 96%

Quality Screen 3: Low % POA for secondary diagnoses

This criterion identifies hospitals with an extremely low percent present on admission for secondary diagnoses codes (excluding exempt, pre-existing, and OB 7600x-7799x codes).

Red Zone: % POA \leq 70%

Grey Zone: $70\% <$ % POA \leq 77%

Quality Screen 4: High % POA for secondary diagnoses on the Elective Surgical List

This criterion identifies hospitals with a high percent non-POA (POA = N) for elective surgery secondary diagnosis codes.

Red Zone: % POA \geq 40%

Grey Zone: $30\% \leq$ % POA $<$ 40%

Failure of 2 Grey Zones

- Updates to HHSC PPE Quality webpage:
http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml
 - 3M portal URL and login information – Definitions manual, Methodology overview, POA evaluation
www.aprdrgassign.com
Username – TXHosp
Password – aprdrg004
 - June 18, 2014 PPR and PPC Education Webinar #1 – Audio recording, slides, and Q&A
 - August 20, 2014 PPR and PPC Education Webinar #2 – Slides, Audio posting and or Q&A TBD

Resources to help reduce PPRs and PPCs:

- Health Care Leader Action Guide to Reduce Readmissions:
<http://www.hret.org/care/projects/guide-to-reduce-readmissions.shtml>
- Twelve Strategies to Reduce Error and Complication Rates
http://www.cna.com/vcm_content/CNA/internet/Static%20File%20for%20Download/Risk%20Control/Medical%20Services/SurgicalSafety-TwelveStrategies.pdf

Forward focus

- Ongoing Engagement with Hospital Associations
- Continuing to explore socioeconomic factors-PPRs
- Discussion of other enhancements

Questions?



Questions about PPRs and PPCs?

Email:

MCD_PPR_PPC@hhsc.state.tx.us