



# **Hospital Quality-Based Program: Potentially Preventable Readmissions (PPR) Hospital-Level Report**

**Hospital:**

**NPI:**

**TPI:**

**Reporting Period:** State Fiscal Year 2020 (September 1, 2019 through August 31, 2020)

**Population:** All Medicaid and CHIP

**Effective Date:** State Fiscal Year 2022 (September 1, 2021 through August 31, 2022)

*\* This is a low-volume hospital*

## **About this report**

Senate Bill (S.B.) 7, 82nd Texas Legislature, First Called Session, 2011, and S.B. 7, 83rd Texas Legislature, Regular Session, 2013, requires HHS to implement a hospital reporting process and reimbursement reductions to hospitals based on their performance in potentially preventable readmissions (PPRs) and potentially preventable complications (PPCs). For the Medicaid Program, actual rates of these potentially preventable events (PPEs) are compared to their expected rates and a final reimbursement adjustment is determined and applied to all claims paid by HHS to each hospital. Calculation of the PPE rates are made using Medicaid/CHIP fee-for-service claims and managed care encounters.

A hospital with an actual-to-expected PPR ratio equal to or greater than 1.10 and equal to or less than 1.25 is subject to a reimbursement adjustment of -1% of the hospital's inpatient claims. An actual-to-expected PPR ratio greater than 1.25 is subject to a reimbursement adjustment of -2% of the hospital's inpatient claims. Total reimbursement reduction is based on the unweighted actual-to-expected PPR ratio. It is important to note that the actual-to-expected ratio is rounded to two decimal places.

HHS can provide underlying detailed data for this report to each hospital, following their request (please include full name, email, phone number, NPI, TPI, and hospital name) emailed to [MCD\\_PPR\\_PPC@hpsc.state.tx.us](mailto:MCD_PPR_PPC@hpsc.state.tx.us)

**HHS Potentially Preventable Events webpage:** <https://hhs.texas.gov/about-hhs/process-improvement/medicaid-chip-quality-efficiency-improvement/potentially-preventable-events>

## Table 1 - Hospital PPR Rates

	Total Admissions at Risk for PPR	Actual Number of PPR Chains	Expected Number of PPR Chains
Hospital			

### Table 1A – Hospital PPR Rates (Unweighted)

Actual PPR Rate	Expected PPR Rate	Actual-to-Expected Ratio	Total Reimbursement Reduction

### Table 1B – Hospital PPR Rates (Weighted)

Actual PPR Weights	Expected PPR Weights

## Table 2 - Hospital PPR Expenditures

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

## Table 3 - State-Wide Hospital PPR Rate

	25th Percentile	50th Percentile	90th Percentile
PPR Weights	129.1700	57.6985	10.5877

## Table 4 - State-Wide Hospital Distributions

	25th Percentile	50th Percentile	90th Percentile
Total Admissions at Risk for PPR	531	1,261	4,948
Actual Number of PPR Chains	15	38	164
Members with PPRs	14	38	150
Number of PPR Events	18	46	224

**Table 5 - Hospital PPR Results by PPR Reason**

PPR Reason	Number of PPR Events	Fraction of Total PPR Events	PPR Weights	Fraction of Total PPR Weights	PPR Expenditures	Fraction of PPR Expenditures
<b>1 – Medical readmission for a continuation or recurrence of the reason for the initial admission, or for a closely related condition</b>						
<b>2A – Ambulatory care sensitive conditions as designated by AHRQ</b>						
<b>2B – All other readmissions for a chronic problem that may be related to care either during or after the initial admission</b>						
<b>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</b>						
<b>4 – Readmission for surgical procedure to address a continuation or a recurrence of the problem causing the initial admission</b>						
<b>5 –Readmission for surgical procedure to address a complication that may be related to or may have resulted from care during the initial admission</b>						
<b>6A –Readmission for mental health reasons following an initial admission for a non-mental health, non-substance abuse reason</b>						
<b>6B –Readmission for a substance abuse diagnosis reason following an initial admission for a non-mental health, non-substance abuse reason</b>						

PPR Reason	Number of PPR Events	Fraction of Total PPR Events	PPR Weights	Fraction of Total PPR Weights	PPR Expenditures	Fraction of PPR Expenditures
6C – Mental health or substance abuse readmission following an initial admission for a substance abuse or mental health diagnosis						

**Table 6 - Hospital PPR Results by APR-DRG (Top 40 APR-DRGs by Number of PPR Events)**

APR-DRG (by initial admission)	Number of PPR Events	Fraction of Total PPR Events	PPR Weights	Fraction of Total PPR Weights	PPR Expenditures	Fraction of PPR Expenditures



<b>APR-DRG (by initial admission)</b>	<b>Number of PPR Events</b>	<b>Fraction of Total PPR Events</b>	<b>PPR Weights</b>	<b>Fraction of Total PPR Weights</b>	<b>PPR Expenditures</b>	<b>Fraction of PPR Expenditures</b>