



Hospital Quality-Based Program: Potentially Preventable Complications (PPC) Hospital-Level Report

Hospital:

NPI:

TPI:

Reporting Period: State Fiscal Year 2022 (September 1, 2021 through August 31, 2022)

Population: All Medicaid and CHIP

Effective Date: State Fiscal Year 2024 (September 1, 2023 through August 31, 2024)

** 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 PPC ratio equal to or greater than 1.10 and equal to or less than 1.25 is subject to a reimbursement adjustment of -2% of the hospital's inpatient claims. An actual-to-expected PPC ratio greater than 1.25 is subject to a reimbursement adjustment of -2.5% of the hospital's inpatient claims. 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

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

Table 1 - Hospital Present on Admission (POA) Quality Check

% Not POA for Pre-Existing Secondary Diagnosis	% POA for Secondary Diagnosis Codes	% POA for Secondary Diagnosis on Elective Surgical Cases	POA Quality Screen #1	POA Quality Screen #2	POA Quality Screen #3	POA Quality Screen #4	POA Quality Check

Table 2 - Hospital PPC Resource Utilization

	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							

Table 3 - Hospital PPC Counts

	Unique Members with PPCs	Actual PPC Counts
Hospital		

Table 4 - State-Wide Hospital PPC Resource Utilization

	25th Percentile	50th Percentile	90th Percentile
PPC Weights			

Table 5 - State-Wide Hospital Distributions

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

Table 6 - Hospital PPC Results by PPC Group

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				

PPC Group	PPC Weights	Fraction of Total PPC Weights	PPC Counts	Fraction of Total PPCs
6 – Malfunctions, Reactions, etc.				
7 – Obstetrical Complications				
8 – Other Medical and Surgical Complications				

Table 7 - Hospital PPC Results by PPC Category (Top 40 PPC Categories by PPC Weights)

PPC Category	PPC Weights	Fraction of Total PPC Weights	PPC Counts	Fraction of Total PPCs



PPC Category	PPC Weights	Fraction of Total PPC Weights	PPC Counts	Fraction of Total PPCs