

**PPR and PPC Education Webinar Question and Answer**  
**June 18, 2014**

#	Question	Answer	Hyperlink if applicable
1	Q: Where can I get a copy of the presentation slides?	Please see weblink	<a href="http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml">http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml</a>
2	Q: Will the methodology for both programs be published on the website? Some hospitals that have this 3M grouper may want to try and create their own reports.	Please see weblink	<a href="http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml">http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml</a>
3	Q: Is there any plan in the future to run this PPR and PPC groupers on the THIC data that would be inclusive of all payer inpatient data?	The Department of State Health Services is currently working on this process	
4	Q: speaker keeps breaking up...not sure if it is me or if everyone is having the same problem	We apologize for this. We think the problem may have been with your individual phone. We will have the PPT and a recording on the website	<a href="http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml">http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml</a>
5	Q: You mentioned that every hospital will receive a actual-to-expected ratio which will show you have you rate against the state norm. Is the state norm calculated by facility types, meaning, all adult hospital are compared against one another and all children hospitals are compared against one another for calculating the state norm?	The risk adjustment process is more extensive. Please see the PPR and PPC methodology documents and Technical Notes for more information.	<a href="http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml">http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml</a>
6	Q: Will HHSC send out an email to hospitals letting them know when PPR, PPC reports are available on the secure portal site?	This communication will distributed via a TMHP bulletin. If a hospital did not receive their report by August 31, 2014, please contact MCD_PPR_PPC@hhsc.state.tx.us.	
7	Q: Can you re-state the PPC criteria for when a penalty adjustment would be implemented?	PPC: actual to expected ratios of 1.10 up to 1.25: 2% reduction for all claims. Actual to expected ratios of 1.25 or higher: 2.5 % reduction for all claims. PPR: actual to expected ratios of 1.10 up to 1.25: 1% reduction for all claims. Actual to expected ratios of 1.25 or higher: 2 % reduction for all claims. Ratios will be re-calculated annually.	
8	Q: Will you explain the process of distribution of PPR_PPC reports for individual hospitals once more? Can you tell us the web address and availability?	This communication will distributed via a TMHP bulletin. If a hospital did not receive their report by August 31, 2014, please contact MCD_PPR_PPC@hhsc.state.tx.us.	
9	Q: Readmissions for a different dx or problem would not count as a readmission.....is this correct?	The criteria for establishment of a clinical relationship between an admission and a readmission is somewhat more involved. Please see the PPR and PPC methodology other documents and Technical Notes for more information.	<a href="http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml">http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml</a>
10	Q: What documentation is needed to assure the software captures a planned readmission?	Please see the PPR methodology document on our website. In addition, on the www.apdrngassign.com website under the Potentially Preventable Readmissions portal, there is a PPR definitions manual. Under the appendix called "Non -Clinically Related Readmissions" section you will find a list of the combinations that are classified as Planned by looking at the combination which have a "P" readmission reason listed. It is important to note that this list is updated and refined each year, so memorizing this list would not be recommended.	<a href="http://www.hhsc.state.tx.us/hhsc_projects/ECI/docs/PPR_methodology_overview.pdf">http://www.hhsc.state.tx.us/hhsc_projects/ECI/docs/PPR_methodology_overview.pdf</a>
11	Q: We often have patients who are non-compliant with their medical regimen which results in a readmission. How is this taken into account?	Non compliance of patient is not an exclusionary criteria	
12	Q: Can we get a print out of the presentation?	Please see weblink	<a href="http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml">http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml</a>
13	Q: Are the slides available?	Please see weblink	<a href="http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml">http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml</a>
14	Q: Relating to the POA Quality Check. It was said there is a proprietary list used. Is there an expectation MCOs conduct this same level of analysis, and if so, is there a way we can receive this same list so that our methodologies match?	The POA Quality Criteria and Documentation for the algorithm can be found on www.apdrngassign.com under the Potentially Preventable Complications portal, the link will be listed on the left side of the page. In this documentation, the list of codes are referenced. Note to HHSC: this document is being edited by our Tech writing team and will be posted to the site shortly.	<a href="http://www.apdrngassign.com">www.apdrngassign.com</a>
15	Q: Will you be sending out a copy of this presentation?	Please see weblink	<a href="http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml">http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml</a>
16	Q: Will the PPC report cover all payor or Medicaid only?	This initiative utilizes claims for Medicaid and CHIP for analysis. Hospital may receive an reduction based on high actual to expected rates of PPR and PPC	

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18	Q: will there be presentation slides available for download? I like to take notes directly on the slides when possible.	Please see weblink	<a href="http://www.hhsc.state.tx.us/hhsc-projects/ECI/Potentially-Preventable-Events.shtml">http://www.hhsc.state.tx.us/hhsc-projects/ECI/Potentially-Preventable-Events.shtml</a>
19	Q: Will chart reviews be performed for hospitals that "fail" the POA-based quality checks? Will health systems that "fail" the POA quality check have the opportunity to appeal the findings/associated penalties? Will hospitals be provided a comprehensive list of the diagnoses that will qualify for the POA quality check? From a coding perspective, it would be very difficult to determine whether POAs are assigned correctly or in error without reviewing the specific circumstances (i.e. diagnoses and corresponding medical record documentation).	HHSC does not have plans for chart reviews, and will rely on the threshold identified in the POA quality screen to make the determination. POA quality checks detect statistically significant abnormalities in the coding of present on admission diagnoses. Hospitals should ensure POA coding is conducted correctly and can verify their POA performance using the 3M software. We will monitor the dedicated email box (MCD_PPR_PPC@hhsc.state.tx.us) for questions/concerns related to all PPR and PPC issues. Regarding this POA quality check, it is our intent to have an education process over the summer to ensure that hospitals understand the process. Hospitals can also begin efforts now to implement best practices to ensure coding of POA criteria is met. The hospital specific reports will show if a hospital "failed" the POA quality screen (but as stated during the webinar, reductions for this screen will not take place until future years).	
20	Q: will this webinar be recorded?	Yes, please see link	<a href="http://www.hhsc.state.tx.us/hhsc-projects/ECI/Potentially-Preventable-Events.shtml">http://www.hhsc.state.tx.us/hhsc-projects/ECI/Potentially-Preventable-Events.shtml</a>
21	Does the PPR and PPC program apply Critical Access Hospitals?	<p>If the hospital is low volume, then they would receive a report BUT not be eligible for a penalty based on PPR or PPC actual to expected ratios. If the hospital is high volume, they should receive a report, and also could be eligible for a penalty, based on actual to expected ratios. Please see low volume thresholds directly below:</p> <p><u>Low Volume Criteria-PPR</u></p> <ul style="list-style-type: none"> <li>• Less than 40 total admissions at risk for PPR</li> <li>• Less than 5 actual PPR chains</li> <li>• Less than 5 expected PPR chains</li> </ul> <p><u>Low volume Criteria-PPC**</u></p> <ul style="list-style-type: none"> <li>• Less than 40 total admissions at risk for PPC (at risk for any PPC category) or less than 5 admissions that had any PPC.</li> </ul> <p>** Hospitals with less than 30 admissions would not receive a report</p>	
22	I was not able to catch all of the presentation, and may have missed this understand that the data used for this calculation will be the State FY 2013. When will the results be made available?	July for hospitals that will get a reduction, and shortly thereafter for hospitals who will get a report, but not a reduction.	
23	Will the hospitals receive correspondence as in the past? We have 18 hospitals and I need to obtain all of the correspondence for our data at corporate. Is there a way I can request copies come to me?	Yes, each hospital will get a report (exception Hospitals with less than 30 admissions). This can be done via out designated email address MCD_PPR_PPC@hhsc.state.tx.us	

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24	<p>A hierarchy of POA-based penalties was discussed but not presented. Can you provide more information as to the specific reductions/penalties?</p>	<p>Excerpt from proposed rule...</p> <p>(4) Based on HHSC-approved POA data screening criteria, HHSC may implement automatic payment reductions to hospitals who fail POA screening. The POA screening criteria and methodology will be described in the statewide and hospital specific reports. The POA screening process will begin during the FY15 reporting time period and will apply to the corresponding adjustment time period as follows:</p> <p>(A) Failure to meet POA screening criteria, first reporting period violation: 2% reduction applied to all Medicaid fee-for-service claims in the corresponding adjustment period.</p> <p>(B) Failure to meet POA screening criteria, two or more violations in a row: 2.5% applied all Medicaid fee-for-service claims in the corresponding adjustment period.</p> <p>(C) If a hospital passes POA screening criteria during a reporting time period, any future violations of the POA screening criteria will be considered a first violation.</p> <p>(5) The reimbursement adjustments based on POA screening criteria will cease when the hospital passes HHSC-approved POA screening criteria for an entire reporting time period, at which the hospital will be subject to reimbursement adjustments, if applicable, based on criteria outlined in subsection (f) of this section.</p> <p>(6) Hospitals that receive a reimbursement adjustment based on POA screening criteria outlined in subsection (g)(4) of this section will not concurrently receive reductions outlined in subsection (f) of this section.</p>	
25	<p>From a coding perspective, it would be very difficult to determine whether POAs are assigned correctly or in error without reviewing the specific circumstances of that patient's admission (i.e. documented diagnoses and corresponding medical record documentation).</p> <p>There are many factors associated with assigning POAs but one concerning issue with this process involves the use of combination codes. On the call this morning, the 3M representative mentioned that diagnoses on the "pre-existing list" would be included as part of the POA quality screening. What constitutes the "pre-existing list?" In the coding world, we are often presented with chronic condition codes that also include an acute exacerbation. In those instances in which the exacerbation occurred after admission, we are instructed to assign a POA indicator of "N" on the entire combination code (obstructive chronic bronchitis with acute exacerbation and exacerbation was not present on admission; gastric ulcer that does not start bleeding until after admission; asthma patient develops status asthmaticus after admission). Will these cases of chronic conditions that may be listed on a "pre-existing" list and for which we are instructed to assign a POA of "N" be excluded from this process?</p>		

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	<p>Another area of concern involves conditions that are documented as possible, probable, suspected, or rule out at the time of discharge. Our Coding Guidelines explicitly state that if potential diagnoses are based on signs, symptoms, or clinical findings that were not present on admission, then we are to assign a POA of "N" to all of these secondary diagnoses. How will these cases be treated? Will those "possible, probable, suspected, etc." diagnoses that are required to be reported with a POA of "N" be excluded from the process?</p> <p>I have many other areas of concern as they related to the "POA quality check" (same diagnosis code for two or more conditions, obstetrical conditions, acute and chronic condition codes, etc.). I'm sure these concerns are shared by many other coding professionals throughout the state of Texas. Would it be possible for Texas HHSC to conduct a standalone meeting/webinar based solely on the upcoming POA quality check issue?</p>	<p>HHSC and 3M consider the coding guidelines as documented by CDC the standard for coding POA. So the possible, probable, suspected or rule out diagnosis will be interpreted within these guidelines. Also, the POA quality criteria used in the algorithm is posted on the <a href="http://www.apdrngassign.com">www.apdrngassign.com</a> website under the Potentially Preventable Complication portal.</p>	<p>CDC Guidelines: <a href="http://www.cdc.gov/nchs/icd/icd9cm.htm">http://www.cdc.gov/nchs/icd/icd9cm.htm</a> 3M POA Quality Screen documentation: <a href="http://www.apdrngassign.com">www.apdrngassign.com</a></p>
26	Where can I get more information of the 3M Preventable Methodologies ?	<p>There are 2 options:</p> <ol style="list-style-type: none"> <li>1. Go to <a href="http://www.apdrngassign.com">www.apdrngassign.com</a> ( User id: Txhosp password: apdrng004) to find more documentation.</li> <li>2. Contact your local 3M Client Relationship Manager or call 800-367-2447 from 8am to 5pm MST.</li> </ol>	