

Office of the Governor | Mississippi Division of Medicaid

Quality Incentive Payment Program

Potentially Preventable Complications and Potentially Preventable Hospital Returns

July 18 and July 20, 2023



Mississippi Division of Medicaid

Agenda

1. Introduction - Mississippi Medicaid Quality Incentive Payment Program (QIPP), including Potentially Preventable Hospital Returns (PPHR) and Potentially Preventable Complications (PPC) reporting
2. QIPP Methodology
3. Sample Reports
4. Statewide Performance
5. QIPP PPC updates
6. QIPP PPHR updates
7. Hospital Success Stories
8. Coordinated Care Organizations
9. Q&A

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QIPP Methodology

What is the Quality Incentive Payment Program?

In 2016, the Centers for Medicare and Medicaid Services (CMS) introduced a requirement that federal pass-through payments transition to accountability-based models within 10 years.

The Quality Incentive Payment Program (QIPP) is designed to link a portion of Mississippi Hospital Access Program (MHAP) payments to utilization, quality and outcomes.

- QIPP's goal is to use state and federal funds to improve the quality of care and health status of the Mississippi Medicaid population
- For SFY 2024, the QIPP program will disburse 52% of all MHAP payments
 - The Division of Medicaid (DOM) annually evaluates the percentage of MHAP to include in QIPP with the expectation that the QIPP portion will increase as more of MHAP is tied to quality metrics

SFY 2024 components of QIPP

- Potentially Preventable Hospital Returns (PPHR) – 40% of QIPP allocation
- Potentially Preventable Complications (PPC) (Inpatient) – 10% of QIPP allocation
- Health Information Network (HIN) – 50% of QIPP allocation

What are Potentially Preventable Complications?

- Hospital complications often represent adverse healthcare outcomes, but some complications of care are unavoidable and are a natural consequence of disease progression
- The Potentially Preventable Complications (PPC) component of QIPP takes a population-based approach to identify hospitals that have more complications than would be expected based on a national benchmark
- Based on the 3M PPC algorithm
 - The algorithm identifies 57 separate complications ranging from major (myocardial infarction, pulmonary embolism) to “monitor” (renal failure without dialysis, clostridium difficile colitis)
 - Not every PPC can be prevented, even with the best possible care
 - A population approach reflects the expectation that hospitals with higher-than-expected complication rates have room to improve the quality of care that they provide
- Some PPCs are more difficult to treat and costly than other PPCs
- PPC weights reflect the relative impact on hospital cost of a given PPC, adjusted for a MS Medicaid population

Identifying PPCs

- PPCs are identified based on:
 - A combination of principal and secondary diagnoses, sometimes in combination with length of stay or present on admission
 - Procedures that were performed within a specific time period relative to the admission date
 - PPC 45 (Post-procedural foreign bodies) will be assigned regardless of global exclusions
- Exclusions include:
 - “Monitor” PPCs are excluded due to inconsistent diagnostic coding
 - Medical inpatient stays would not be considered at risk for perioperative PPCs such as PPC 39 – Reopening Surgical Site
 - Pediatric stays are excluded from consideration for a variety of PPCs
 - Admissions with severe or catastrophic conditions are excluded from PPC consideration
 - Normal newborns (DRG 626 and 640) were also excluded from analysis
- The specific list of excluded conditions will be evaluated and potentially updated at the start of each new reporting cycle

PPC hospital exclusions

- Psychiatric hospitals will be excluded from PPC performance measurement as PPCs were not developed for psychiatric populations
- Hospitals that don't meet POA coding requirements are expected to refine their POA coding for PPC reporting
- Hospitals with fewer than 10 expected PPCs who meet POA coding guidelines will be identified as "Low Volume" These hospitals will be expected to attest that they have received and reviewed their reports, but will not be assessed for performance incentives

Cycles of QIPP PPC reporting

Note about QIPP cycles: Performance measurement occurs in three-year cycles. A cycle is a period of three years that includes one baseline year, one year for corrective action plans, and one year for performance incentives. A new cycle starts each state fiscal year. The cycles overlap such that the second cycle's baseline year will cover the same time period as the first cycle's corrective action plan year.

PPC Cycle	Cycle 1	Cycle 2	Cycle 3
Baseline Period	1/1/2019-12/31/2020	1/1/2020-12/31/2021	1/1/2021-12/31/2022
Date of Report to determine if CAP is required	July 2022	July 2023	July 2024
If CAP is required, due date to submit CAP	No CAP Required	9/1/2023	9/1/2024
Corrective Action Plan (CAP) Period	1/1/2020-12/31/2021	1/1/2021-12/31/2022	1/1/2022-12/31/2023
Date of Report that Provider Performance Incentives will be assessed (1%-2% improvement from CAP period)	January 2025	January 2026	January 2027
Performance Incentives Period	7/1/2022-6/30/2024	7/1/2023-6/30/2025	7/1/2024-6/30/2026

What are potentially preventable hospital returns?

Basis for clinical relationships in the PPR/PPED algorithm:

1. Medical readmissions for a continuation or recurrence of the reason for the initial admission, or for a closely related condition
2. Readmissions for a surgical procedure to address a continuation or a recurrence of the problem causing the initial admission
3. Medical readmission for an acute medical condition or complication that may be related to or may have resulted from care during the initial admission or in the post-discharge period after the initial admission
4. Readmissions for surgical procedure to address a complication that may be related to or may have resulted from care during the initial admission
5. Ambulatory care sensitive conditions as designated by ARHQ
6. All other readmissions for a chronic problem that may be related to care either during or after the initial admission
7. Readmissions for mental health reasons following an initial admission for a non-mental health, non-substance abuse reason
8. Readmissions for a substance abuse diagnosis reason following an initial admission for a non-mental health, non-substance abuse reason
9. Mental health or substance abuse readmissions following an initial admission for a substance abuse or mental health diagnosis

Identifying PPHRs

- The PPHR rate measures the number of at-risk inpatient discharges that are followed by one or more PPRs and/or PPEDs
- PPEDs are visits to the emergency department that follow at-risk inpatient discharges within 15 days and are clinically related to the inpatient admission
- High rates can signal problems with premature inpatient discharge, inadequate discharge planning, poor follow-up care, or difficulty accessing care in the community
- PPRs and PPEDs are combined into a single measure of potentially preventable hospital returns (PPHRs).
- Average performance is defined as the Mississippi statewide performance during a baseline year
- Hospital performance is compared to the statewide baseline, adjusted for each hospital's casemix, age mix, and mental health burden
- Performance is measured using the actual-to-expected ratio
 - Expected rates are calculated separately for general acute care and psychiatric care hospitals
 - Each hospital's actual rate is the number of hospital return chains

PPHR exclusions

Some inpatient admissions were excluded from consideration as at-risk admissions for various reasons:

- Obstetric and newborn
- Conditions with a high rate of unpreventable readmissions include:
 - Trauma
 - Metastatic malignancy
 - HIV/AIDS
 - Neonates
 - Sickle cell crisis
 - COVID-19 (adjustments for COVID-19 to be determined when data is available)
- Patient transferred to another hospital
- Patient left against medical advice
- Patient died



Cycles of QIPP PPHR reporting

Note about QIPP PPHR cycles: PPHR performance measurement occurs in three-year cycles. A PPHR cycle is a period of three years that includes one baseline year, one year for corrective action plans, and one year for performance incentives. A new cycle starts each state fiscal year. The cycles overlap such that the second cycle's baseline year will cover the same time period as the first cycle's corrective action plan year.

PPHR Cycle	Cycle 2	Cycle 3	Cycle 4	Cycle 5
Statewide Threshold A/E Ratio	1.07	1.04	1.04	1.04
Baseline Period	1/1/2019-12/31/2019	1/1/2019-12/31/2020	1/1/2020-12/31/2021	1/1/2021-12/31/2022
Date of Report to determine if CAP is required	July 2021	July 2022	July 2023	July 2024
If CAP is required, due date to submit CAP	9/1/2021	9/1/2022	9/1/2023	9/1/2024
Corrective Action Plan (CAP) Period	1/1/2020-12/31/2020	1/1/2020-12/31/2021	1/1/2021-12/31/2022	1/1/2022-12/31/2023
Date of Report that Provider Performance Incentives will be assessed (1%-2% improvement from CAP period)	January 2023	January 2024	January 2025	January 2026
Performance Incentives Period	7/1/2021-6/30/2022	7/1/2021-6/30/2023	7/1/2022-6/30/2024	7/1/2023-6/30/2025

QIPP payment requirement: attestation

- All years: complete the PPHR and PPC certification form to attest that the hospital has received and reviewed the QIPP PPHR and PPC reports
 - Attestation is due 30 days after QIPP reports are distributed to hospitals
 - If attestation is not received within 30 days of QIPP report delivery, 100% of the QIPP PPHR and PPC funds may be withheld



CERTIFICATION STATEMENT OF

Hospital Name

Medicaid Provider Number

TO THE
STATE OF MISSISSIPPI DIVISION OF MEDICAID
TO THE RECEIPT OF THE HOSPITAL PPHR and PPC REPORTS

FOR THE PERIOD:
June 30, 2021
(Report for the Quarter Ended)

Name of Person Attesting:

Title:

Phone Number:

I hereby attest that the PPHR report for the hospital named above for the period indicated has been received.

I hereby attest that the PPC report for the hospital named above for the period indicated has been received.

Date of Attestation:

Date of Attestation:

Signature – Hospital CEO, CFO or Authorized Signatory

Title

Sample Reports

PPC Report

The following are the tabs as labeled in the report:

- Cover
- PPC Attestation
- POA Flags
- Performance Measurement
- Hospital Summary
- Chart Performance
- PPC List
- PPC Detail, Cycle 1
- PPC Detail, Cycle 2
- PPC Detail, Cycle 3

PPC Report

Cover

Changes in this report:

A new cycle (cycle 3) has started. The baseline time period for this new cycle is Jan. 1, 2021 through Dec. 31, 2022. This cycle uses V.40 of the 3M grouper.

The PPC attestation is included on the second tab of this report. Please verify that you have received and reviewed the report by completing the attestation, scanning and upload the signed and completed form as a PDF for your hospital to your respective hospital QIPP/FY2024 folder in the DSH PSR SharePoint site.

This spreadsheet does contain protected health information and should be protected accordingly	
Potentially Preventable Complications (PPC) for the Mississippi Quality Incentive Payment Program	
Report for Quarter 1 of State Fiscal Year 2024	
Report date	7/1/2023
Hospital Details	
Provider name:	Main Street Hospital
Medicaid Provider Id:	00012345
Date range for analysis	Discharges from 1/1/2021-12/31/2022
Cycle 1: Corrective plan implementation	
Current quarter PPC Performance (actual-to-expected ratio)	0.622
Statewide target:	1.000
Hospital specific performance target, Did not require CAP cycle one	
Percent improvement in PPC actual-to-expected ratio (goal is at least 2%)	25%
% of QIPP PPC at-risk funds affected	No Reduction
% of QIPP PPC funds at-risk for MHAP reduction	0%
Total QIPP PPC MHAP reduction	0%
Note: Cycle 1 performance adjustments will be made based on the report distributed in January 2025. This is for informational purposes only.	
Cycle 2: Corrective plan identification	
Current quarter PPC Performance (actual-to-expected ratio)	0.812
Statewide target:	1.000
Corrective Action Plan required:	No
Corrective Action Plan template:	https://medicaid.ms.gov/value-based-incentives/
Cycle 3: Baseline period	
Current quarter PPC Performance (actual-to-expected ratio)	0.897
Statewide target:	1.000

PPC Report

Hospital Summary

Cycle One: Corrective plan implementation, V.38 of the PPC algorithm Report covers time period: 1/1/2021-12/31/2022									
Hospital Performance (rolling two year analysis period):									
	1/1/2021 - 12/31/2022 ^a	10/1/2020 - 9/30/2022 ^a	7/1/2020 - 6/30/2022 ^a	4/1/2020 - 3/31/2022 ^a	1/1/2020 - 12/31/2021	10/1/2019 - 9/30/2021	7/1/2019 - 6/30/2021	4/1/2019 - 3/31/2021	1/1/2019 - 12/31/2020
Number of total inpatient admissions, including global exclusions ¹ :	1,439	1,443	1,523	1,524	1,680	1,722	1,742	1,747	1,775
Number of potentially preventable complications (PPCs) ² :	7	7	8	9	11	8	7	4	4
Actual PPC weight ⁴ :	3.53	3.53	4.44	4.73	6.12	4.08	3.61	1.94	1.94
Expected PPC weight:	5.67	5.21	5.52	5.48	7.40	7.41	7.19	6.64	5.46
Cost-Weighted Actual-to-Expected Ratio ⁵ :	0.622	0.677	0.803	0.862	0.825	0.550	0.501	0.292	0.354
Statewide threshold for cost-weighted actual-to-expected Ratio	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Note: PPC count excludes PPCs 21 and 24, which are recommended for monitoring only. PPC count also excludes inpatient stays with more than 6 PPCs, as these are likely catastrophic stays where complications could not be avoided.									

Cycle Two: Corrective plan identification, V.39.1 of the PPC algorithm Report covers time period: 1/1/2021-12/31/2022					
Hospital Performance (rolling two year analysis period):					
	1/1/2021 - 12/31/2022 ^a	10/1/2020 - 9/30/2022 ^a	7/1/2020 - 6/30/2022 ^a	4/1/2020 - 3/31/2022 ^a	1/1/2020 - 12/31/2021
Number of total inpatient admissions, including global exclusions ¹ :	1,439	1,443	1,523	1,524	1,680
Number of potentially preventable complications (PPCs) ² :	7	7	8	9	10
Actual PPC weight ⁴ :	4.44	4.44	5.67	5.92	6.56
Expected PPC weight:	5.46	5.05	5.38	5.41	7.25
Cost-Weighted Actual-to-Expected Ratio ⁵ :	0.812	0.877	1.051	1.095	0.903
Statewide threshold for cost-weighted actual-to-expected Ratio	1.000	1.000	1.000	1.000	1.000
Note: PPC count excludes PPCs 21 and 24, which are recommended for monitoring only. PPC count also excludes inpatient stays with more than 6 PPCs, as these are likely catastrophic stays where complications could not be avoided.					

Cycle Three: Baseline period, V.40 of the PPC algorithm Report covers time period: 1/1/2021-12/31/2022	
Hospital Performance (rolling two year analysis period):	
	1/1/2021 - 12/31/2022 ^a
Number of total inpatient admissions, including global exclusions ¹ :	1,439
Number of potentially preventable complications (PPCs) ² :	8
Actual PPC weight ⁴ :	4.35
Expected PPC weight:	4.85
Cost-Weighted Actual-to-Expected Ratio ⁵ :	0.897
Statewide threshold for cost-weighted actual-to-expected Ratio	1.000
Note: PPC count excludes PPCs 21 and 24, which are recommended for monitoring only. PPC count also excludes inpatient stays with more than 6 PPCs, as these are likely catastrophic stays where complications could not be avoided.	

PPC Report

PPC List

Partial list of 57 total PPCs

PPC-Specific Performance - Managed care data only																	
PPCs Included in the PPC Performance Metric:			Discharges from 1/1/2021-12/31/2022														
PPC	Description	Group	Excess PPC Weight	Cycle 2							Cycle 3						
				MS Medicaid PPC Weight	At-Risk Stays	Number of PPCs	PPC Rate	Expected Number of PPCs	Excess Number of PPCs	Excess PPC Weight	MS Medicaid PPC Weight	At-Risk Stays	Number of PPCs	PPC Rate	Expected Number of PPCs	Excess Number of PPCs	Excess PPC Weight
38	Post-Procedural Infection & Deep Wound Disruption with Procedure	Perioperative Complications	-0.02	1.67	118	0	0.00%	0.0	0	-0.01	1.54	118	0	0.00%	0.0	0	-0.01
39	Reopening Surgical Site	Perioperative Complications	-0.08	1.23	234	0	0.00%	0.1	0	-0.12	1.31	234	0	0.00%	0.1	0	-0.12
40	Peri-Operative Hemorrhage & Hematoma without Hemorrhage Control Procedure or I&D Procedure	Perioperative Complications	0.38	0.64	239	1	0.42%	0.3	1	0.45	0.61	239	1	0.42%	0.3	1	0.43
41	Peri-Operative Hemorrhage & Hematoma with Hemorrhage Control Procedure or I&D Procedure	Perioperative Complications	-0.05	0.75	244	0	0.00%	0.0	0	-0.03	0.71	244	0	0.00%	0.0	0	-0.02
42	Accidental Puncture/Laceration during Invasive Procedure	Perioperative Complications	0.30	0.43	700	1	0.14%	0.3	1	0.29	0.31	701	2	0.29%	0.3	2	0.51
44	Other Surgical Complications - Moderate	Other Medical and Surgical Complications	-0.03	1.31	240	0	0.00%	0.0	0	-0.04	1.23	240	0	0.00%	0.0	0	-0.04
45	Post-Procedural Foreign Bodies and Substance Reaction	Perioperative Complications	-0.01	0.78	1,437	0	0.00%	0.0	0	0.00	0.76	1,437	0	0.00%	0.0	0	0.00
47	Encephalopathy	Other Medical and Surgical Complications	-0.16	0.63	582	0	0.00%	0.3	0	-0.17	0.56	582	0	0.00%	0.3	0	-0.14
48	Other Complications of Medical Care	Other Medical and Surgical Complications	-0.05	1.55	633	0	0.00%	0.1	0	-0.15	1.15	634	0	0.00%	0.1	0	-0.12
49	Iatrogenic Pneumothorax	Malfunctions, Reactions, etc.	-0.01	0.35	691	0	0.00%	0.0	0	-0.01	0.34	692	0	0.00%	0.0	0	-0.01
50	Mechanical Complication of Device, Implant & Graft	Malfunctions, Reactions, etc.	-0.07	1.12	632	0	0.00%	0.0	0	-0.03	1.07	633	0	0.00%	0.0	0	-0.03
51	Gastrointestinal Ostomy Complications	Malfunctions, Reactions, etc.	-0.11	1.83	632	0	0.00%	0.1	0	-0.15	1.72	633	0	0.00%	0.1	0	-0.14
52	Infection, Inflammation & Other Complications of Devices, Implants or Grafts except Vascular Infection	Malfunctions, Reactions, etc.	0.64	1.03	632	1	0.16%	0.1	1	0.88	1.00	633	1	0.16%	0.1	1	0.85
53	Infection, Inflammation and Clotting Complications of Peripheral Vascular Catheters and Infusions	Malfunctions, Reactions, etc.	-0.01	0.59	610	0	0.00%	0.0	0	0.00	0.58	611	0	0.00%	0.0	0	0.00
54	Central Venous Catheter-Related Infection	Malfunctions, Reactions, etc.	-0.04	2.76	725	0	0.00%	0.0	0	0.00	2.66	734	0	0.00%	0.0	0	-0.01
59	Medical & Anesthesia Obstetric Complications	Obstetrical Complications	-0.08	0.11	536	1	0.19%	3.0	-2	-0.22	0.11	536	1	0.19%	3.0	-2	-0.22
60	Major Puerperal Infection and Other Major Obstetric Complications	Obstetrical Complications	-0.14	0.67	508	0	0.00%	0.3	0	-0.19	0.65	507	0	0.00%	0.3	0	-0.18
61	Other Complications of Obstetrical Surgical & Perineal Wounds	Obstetrical Complications	-0.10	0.15	529	0	0.00%	0.9	-1	-0.14	0.15	529	0	0.00%	0.9	-1	-0.14
63	Post-Procedural Respiratory Failure with Tracheostomy	Extreme Complications	-0.27	6.32	3	0	0.00%	0.0	0	-0.10	6.95	3	0	0.00%	0.0	0	-0.11
64	Other In-Hospital Adverse Events	Other Medical and Surgical Complications	0.00	0.00	633	0	0.00%	0.3	0	0.00	0.00	634	0	0.00%	0.3	0	0.00
65	Urinary Tract Infection	Infectious Complications	0.16	0.63	618	1	0.16%	0.4	1	0.37	0.60	618	1	0.16%	0.4	1	0.36
66	Catheter-Related Urinary Tract Infection	Infectious Complications	-0.01	0.70	684	0	0.00%	0.0	0	0.00	0.64	685	0	0.00%	0.0	0	0.00
Total			-2.1	NA	NA	7		10.8	-3.8	-1.0	NA	NA	8		10.5	-2.5	-0.5

PPHR Report

The following are the tabs as labeled in the report:

- Cover
- PPHR Attestation
- Performance Measurement
- Hospital Summary
- Chart Hospital Return Rate
- Chart Performance
- Expected Rates, Cycle 3
- Hospital Detail, Cycle 3
- Secondary Readmissions, Cycle3
- Expected Rates, Cycle 4
- Hospital Detail, Cycle 4
- Secondary Readmissions, Cycle4
- Expected Rates, Cycle 5
- Hospital Detail, Cycle 5
- Secondary Readmissions, Cycle5

PPHR Report

Cover

Changes for this report:

Cycle 2 is complete and has been removed from this report. A new cycle has started (cycle 5) using V40 of the 3M grouper. The baseline time period for cycle 5 is Jan. 1, 2021, through Dec. 31, 2022.

The PPHR attestation is included on the second tab of this report. Please verify that you have received and reviewed the report by completing the attestation, scanning and upload the signed and completed form as a PDF for your hospital to your respective hospital QIPP/FY2024 folder in the DSH PSR SharePoint site.

The Division of Medicaid is continuing to monitor the effects of COVID-19 on hospital utilization and readmissions. Accordingly, we have excluded stays with a COVID-19 principal or secondary diagnosis (ICD-10 code U07.1) from this and future reports.

This spreadsheet does contain protected health information and should be protected accordingly	
Potentially Preventable Hospital Returns (PPHR) for the Mississippi Quality Incentive Payment Program	
Report for Quarter 1 of State Fiscal Year 2024	
Report date	7/1/2023
Hospital Details	
Provider name:	Main Street Hospital
Medicaid Provider Id:	00012345
Readmission time window:	15 days
Cycle 3: Corrective action plan implementation period	
Date range for analysis	Discharges from 1/1/2021-12/31/2022, with readmissions until 1/15/2023
Current quarter PPHR Performance (actual-to-expected ratio), cycle three	0.720
Corrective Action Plan threshold, cycle three:	1.040
Hospital specific performance target, cycle three	1.046
Percent improvement in PPHR actual-to-expected ratio (goal is at least 2%)	32.5%
% of QIPP PPHR at-risk funds affected	No Reduction
% of QIPP PPHR funds at-risk for MHAP reduction	25%
Total QIPP PPHR MHAP reduction	0%
Note: Cycle 3 performance adjustments will be made based on the report distributed in January 2024. This is for informational purposes only.	
Cycle 4: Corrective plan identification period	
Date range for analysis	Discharges from 1/1/2021-12/31/2022, with readmissions until 1/15/2023
Current quarter PPHR Performance (actual-to-expected ratio), cycle four	0.776
Corrective Action Plan threshold, cycle four:	1.040
Corrective Action Plan required:	No
Corrective Action Plan template:	https://medicaid.ms.gov/value-based-incentives/
Cycle 5: Baseline monitoring period	
Date range for analysis	Discharges from 1/1/2021-12/31/2022, with readmissions until 1/15/2023
Current quarter PPHR Performance (actual-to-expected ratio), cycle five	0.801
Corrective Action Plan threshold	1.040



PPHR Report

Hospital Summary

Cycle 4

Cycle Four: Corrective plan identification period, V.39.1 of the PPR Algorithm					
Rolling Two Years Report: 1/1/2021-12/31/2022					
Hospital Performance (rolling year):					
	1/1/2021- 12/31/2022 ⁵	10/1/2020- 9/30/2022 ⁵	7/1/2020- 6/30/2022 ⁵	4/1/2020- 3/31/2022 ⁵	1/1/2020- 12/31/2021
Potentially preventable hospital return (PPHR) rate ¹ :	10.43%	10.00%	11.86%	13.04%	15.68%
Casemix-adjusted statewide PPHR rate (based on calendar year 2020-2021 baseline) ²	13.45%	13.56%	13.46%	13.61%	13.99%
PPHR Actual-to-expected ratio³:	0.776	0.737	0.881	0.959	1.120
Additional Performance Metrics:					
Potentially Preventable Inpatient Readmission (PPR) rate	4.35%	2.73%	3.39%	4.35%	8.11%
Casemix-adjusted statewide PPR rate	5.49%	5.48%	5.42%	5.53%	5.96%
PPR Actual-to-expected ratio:	Low Volume	Low Volume	Low Volume	Low Volume	1.361
Potentially Preventable Return Emergency Department Visit (PPED) rate	6.14%	7.27%	8.47%	8.62%	8.85%
Casemix-adjusted statewide PPED rate	8.55%	8.68%	8.63%	8.72%	8.91%
PPED Actual-to-expected ratio:	Low Volume	Low Volume	Low Volume	Low Volume	0.994

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Cycle Four: Hospital Return Details (1/1/2021-12/31/2022):	
Potentially Preventable Hospital Returns	
Number of at-risk admissions:	115
Number of at-risk admissions followed by potentially preventable hospital returns including both inpatient readmission and preventable emergency department readmissions:	12
Total number of potentially preventable hospital returns for your hospital ⁴	13
Potentially Preventable Inpatient Readmissions	
Number of at-risk admissions:	115
Number of at-risk admissions followed by potentially preventable inpatient readmission	5
Total number of potentially preventable readmissions for your hospital ⁴	5
Potentially Preventable Return Emergency Department (ED) Visits	
Number of at-risk admissions:	114
Number of at-risk admissions followed by potentially preventable return ED visits	7
Total number of potentially preventable return ED visits for your hospital ⁴	8

PPHR Report

Hospital Summary

Cycle 5

Cycle Five: Baseline period, V.40 of the PPR Algorithm Rolling Two Years Report: 1/1/2021-12/31/2022	
Hospital Performance (rolling year):	
	1/1/2021- 12/31/2022 ⁵
Potentially preventable hospital return (PPHR) rate ¹ :	10.62%
Casemix-adjusted statewide PPHR rate (based on calendar year 2021-22 baseline with updated casemix) ²	13.26%
PPHR Actual-to-expected ratio³:	0.801
Additional Performance Metrics:	
Potentially Preventable Inpatient Readmission (PPR) rate	4.42%
Casemix-adjusted statewide PPR rate	5.36%
PPR Actual-to-expected ratio:	Low Volume
Potentially Preventable Return Emergency Department Visit (PPED) rate	6.25%
Casemix-adjusted statewide PPED rate	8.61%
PPED Actual-to-expected ratio:	Low Volume

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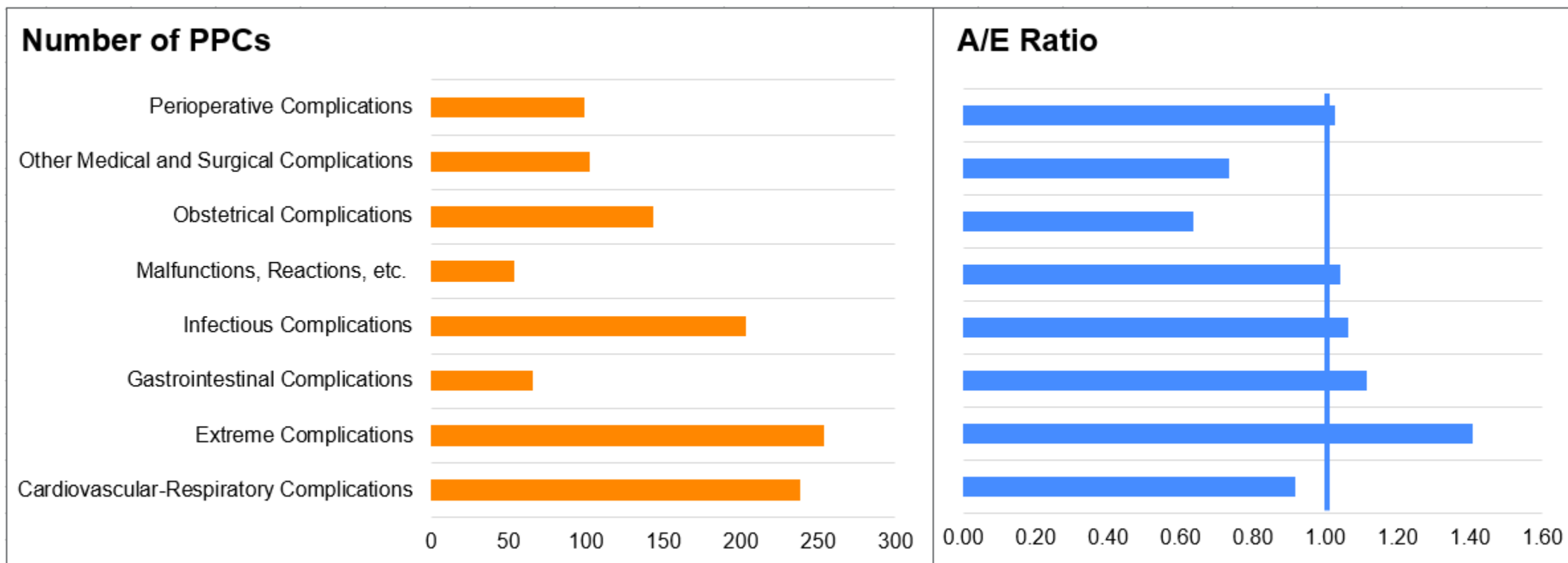
Cycle Five: Hospital Return Details (1/1/2021-12/31/2022):	
Potentially Preventable Hospital Returns	
Number of at-risk admissions:	113
Number of at-risk admissions followed by potentially preventable hospital returns including both inpatient readmission and preventable emergency department readmissions:	12
Total number of potentially preventable hospital returns for your hospital ⁴	13
Potentially Preventable Inpatient Readmissions	
Number of at-risk admissions:	113
Number of at-risk admissions followed by potentially preventable inpatient readmission	5
Total number of potentially preventable readmissions for your hospital ⁴	5
Potentially Preventable Return Emergency Department (ED) Visits	
Number of at-risk admissions:	112
Number of at-risk admissions followed by potentially preventable return ED visits	7
Total number of potentially preventable return ED visits for your hospital ⁴	8

Statewide Performance

Statewide performance

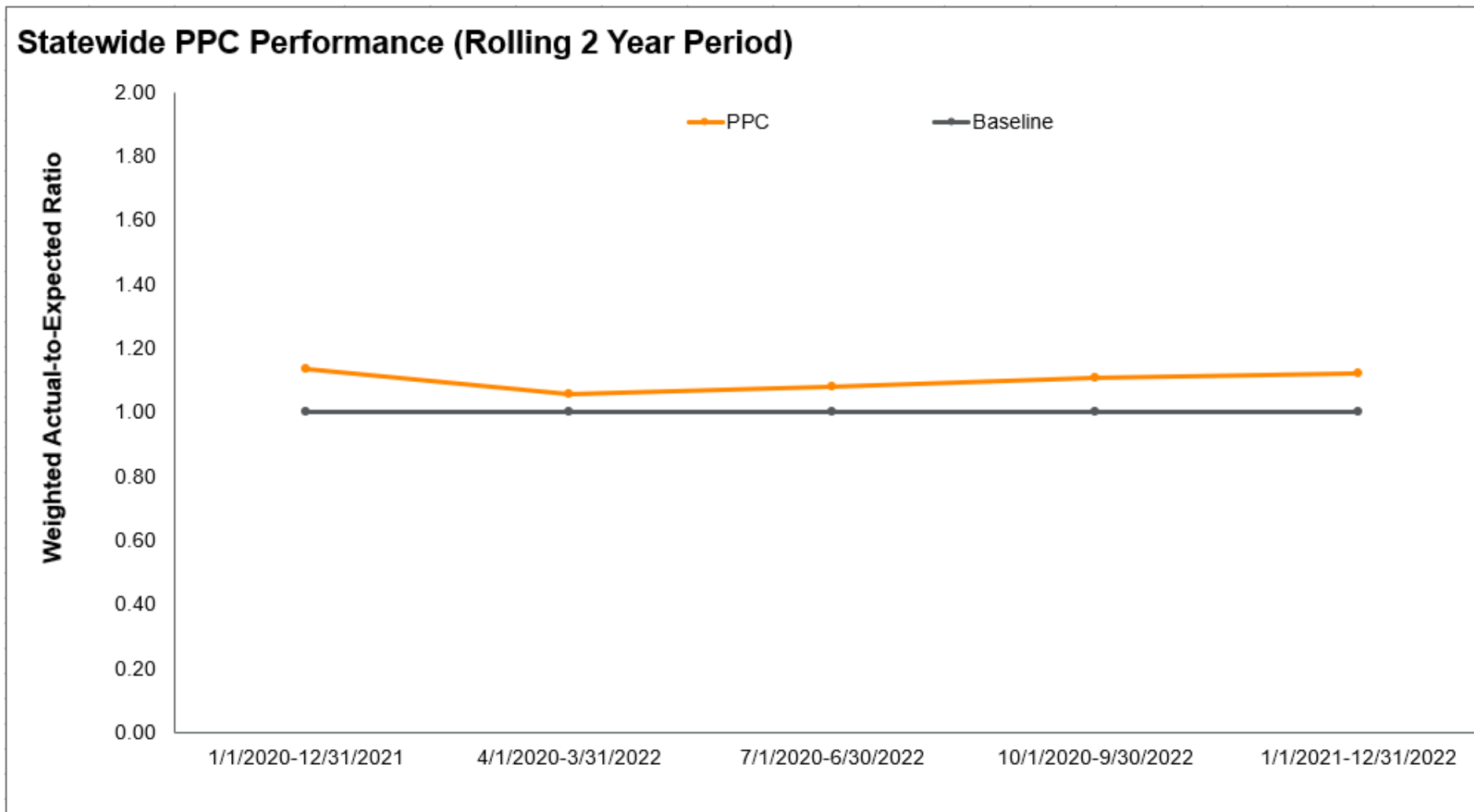
PPC performance by complication type

1/1/2021-12/31/2022 Statewide weighted A/E ratio = 1.123



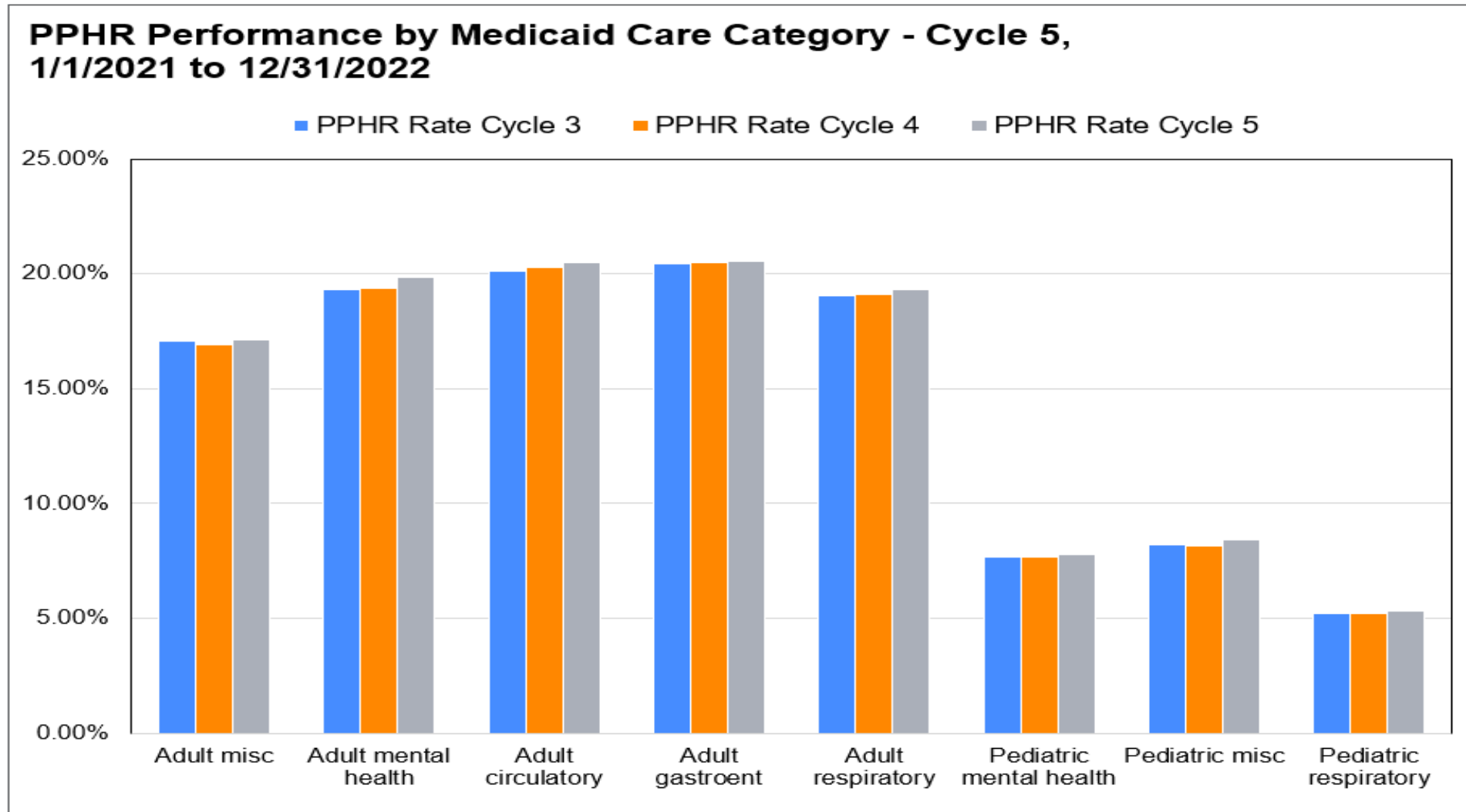
Statewide performance

PPC performance



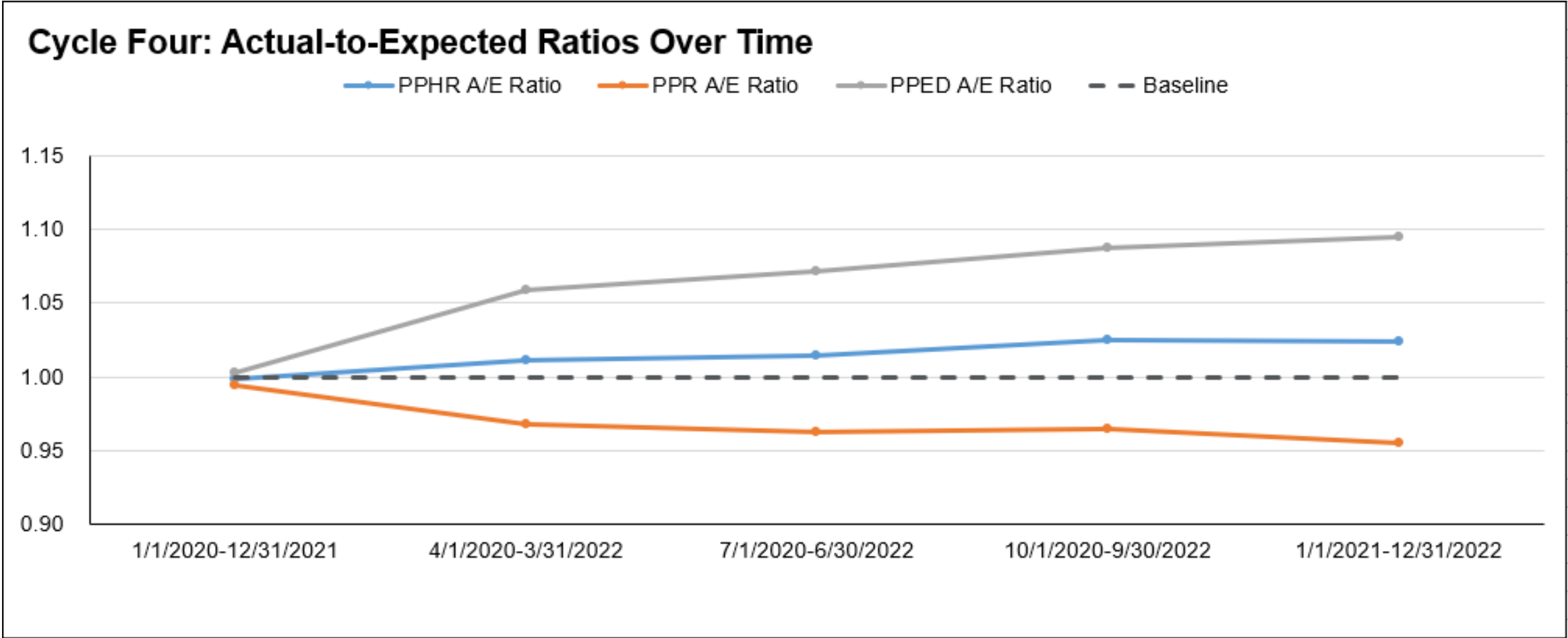
Statewide performance

PPHR performance by Medicaid Care Category



Statewide performance

PPHR performance



QIPP PPC updates

PPC-related payments

Year 1: For the first year of the QIPP PPC program, hospitals will need to attest that they have received and reviewed their report to receive their QIPP PPC-related payments

Year 2: For the second year of the QIPP PPC program, hospitals will need to attest that they have received and reviewed their report to receive their QIPP PPC-related payments.

Year 3: In July 2023, hospitals having a PPC A/E ratio greater than 1.00 will be required to submit a corrective action plan (CAP)

Year 4: CAP implementation year, no additional requirements

Year 5: In January 2026, hospitals with a CAP will be required to improve their performance by 2% to receive their at-risk QIPP PPC funds for state fiscal year 2026


At-Risk Payment Thresholds			
	Low Range	High Range	At Risk % of QIPP PPC Funds
Actual-to-expected ratio:		<=1.00	0%
	>1.00	<=1.10	25%
	>1.10	<=1.20	50%
	>1.20	<=1.30	75%
	>1.30		100%

QIPP PPC updates

Completing corrective action plans

- The Division of Medicaid has developed a template for CAPs to guide hospitals that need to submit a plan
- Hospitals that have a PPC CAP requirement for cycle two are expected to complete and submit the corrective action plan template by September 1, 2023
- Questions about completing the PPC CAP should be directed to the QIPP mailbox at QIPP@Medicaid.ms.gov

Mississippi Hospital PPC Corrective Action Plan (CAP)



General Hospital Provider Data:

Hospital Name:

Medicaid Provider Number:

STATE OF MISSISSIPPI DIVISION OF MEDICAID
TO THE PROVISION OF THE ATTACHED PLAN

For the Period: **JUNE 30, 2023**
(Report for the Fiscal Year Ended)

Attestation Information:

Name of Preparer:

Title:

Phone Number:

I hereby attest that the Corrective Action Plan for the hospital named above for the period indicated has been reviewed and approved.

<input type="text"/> Hospital CEO or CFO Signature	<input type="text"/> Title	<input type="text"/> Attestation Date
<input type="text"/> CEO or CFO Printed Name	<input type="text"/> CEO or CFO Telephone Number	<input type="text"/> Hospital CEO or CFO E-Mail

QIPP PPHR updates

PPHR exclusions performance over time

- During the PPHR program's first improvement cycle, readmissions have been reduced by 7%
- During the first cycle, 43 hospitals met the volume criteria for performance measurement
 - 20 hospitals were required to submit corrective action plans
 - One hospital did not meet the required improvement and forfeited funds at the end of the cycle.
- During the second cycle, 40 hospitals met the volume criteria for performance measurement
 - 10 hospitals were required to submit a corrective action plan
 - Adjustments to QIPP PPHR funds for cycle 2 performance will be allocated in January of 2023
- During the third cycle 48 hospitals met the volume criteria for performance measurement
 - 15 hospitals will be required to submit corrective action plans
- During the fourth cycle 43 hospitals met the volume criteria for performance measurement
 - 21 hospitals will be required to submit corrective action plans

PPHR performance targets

- For all performance-related payments, the proportion of each hospital's QIPP PPHR payments that are at-risk depends on the hospital's PPHR actual-to-expected ratio:

Cycle 1 & 2	Low Range	High Range	At Risk % of QIPP PPHR Funds
Actual-to-expected ratio:		<= 1.07	0%
	>1.07	<=1.17	25%
	>1.17	<=1.27	50%
	>1.27	<=1.37	75%
	>1.37		100%

Cycle 3, 4 & 5	Low Range	High Range	At Risk % of QIPP PPHR Funds
Actual-to-expected ratio:		<=1.04	0%
	>1.04	<=1.14	25%
	>1.14	<=1.24	50%
	>1.24	<=1.34	75%
	>1.34		100%

- To reflect DOM's commitment to improving care quality over time, the performance target for cycle three was reduced from 1.07 to 1.04
- At-risk performance ranges were updated accordingly

PPHR payment requirements cycles 4 and 5

Requirement for the corrective action plan year (Cycle 4):

- Hospitals with an actual-to-expected ratio greater than 1.04 on the July 2023 report of the corrective action plan year will be required to complete the corrective action plan template
 - Corrective action plans are due by September 1 of the corrective action plan year
 - If a corrective action plan is not received by the deadline:
 - That quarter's PPHR funds may be withheld
 - If the corrective action plan is still not received by subsequent quarters' attestation deadlines, those quarters' QIPP PPHR funds may be withheld


Requirement for the baseline year (Cycle 5):

- Complete the PPHR/PPC certification form to attest that the hospital has received and reviewed the QIPP PPHR and PPC reports

QIPP PPHR updates


Completing corrective action plans

- The Division of Medicaid has developed a template for CAPs to guide hospitals that need to submit a plan
- Hospitals that have a PPHR CAP requirement for cycle four are expected to complete and submit the corrective action plan template by September 1, 2023
- Questions about completing the PPHR CAP should be directed to the QIPP mailbox at QIPP@Medicaid.ms.gov

Mississippi Hospital PPHR Corrective Action Plan (CAP)		
 MISSISSIPPI DIVISION OF MEDICAID		
General Hospital Provider Data:		
Hospital Name:	<input type="text"/>	
Medicaid Provider Number	<input type="text"/>	
STATE OF MISSISSIPPI DIVISION OF MEDICAID TO THE PROVISION OF THE ATTACHED PLAN		
For the Period:	JUNE 30, 2020 <i>(Report for the Fiscal Year Ended)</i>	
Attestation Information:		
Name of Preparer:	<input type="text"/>	
Title:	<input type="text"/>	
Phone Number:	<input type="text"/>	
I hereby attest that the Corrective Action Plan for the hospital named above for the period indicated has been reviewed and approved.		
Hospital CEO or CFO Signature	Title	Attestation Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
CEO or CFO Printed Name	CEO or CFO Telephone Number	Hospital CEO or CFO E-Mail
<input type="text"/>	<input type="text"/>	<input type="text"/>

Health Information Network (HIN)

Two statewide HINs

- 
1. Mississippi Hospital Association (MHA)
 2. Mississippi State Medical Association (MSMA)

The hospital must be connecting and participating in one of the two statewide HINs with a current valid contract. The HIN connection is expected to support clinical and admission, discharge and transfer (ADT) sharing for Medicaid beneficiaries.

If a hospital is not participating in a HIN or does not submit the attestation form timely, the HIN portion of the MHAP funds may be forfeited.

Accessing QIPP Reports and Attestations

DSH PSR SharePoint site: <https://msmedicaid.sharepoint.com/sites/DSHPSR/>.

Please see the **QIPP calendar for Attestation deadlines** under SFY 2024 QIPP Resources: [Value-Based Incentives - Mississippi Division of Medicaid \(ms.gov\)](#)

Attestation Forms:

- PPHR and PPC reports are sent quarterly to the DSH PSR SharePoint site. Each report contains the Attestation form required to be submitted via the SharePoint site in the QIPP/FY2024 folder. The PPHR and PPC attestations both affect the third month of each quarter's MHAP payment.
- HIN Attestation form is located on DOM's site: [Value-Based Incentives - Mississippi Division of Medicaid \(ms.gov\)](#) under the SFY 2024 QIPP Resources section "SFY 2024 MS HIN Attestation". The Attestation form is required to be submitted via the SharePoint site in the QIPP/FY2024 folder. Support for the hospital participation in a HIN must be provided with the first quarter's HIN Attestation. HIN attestations affect the first month of each quarter's MHAP payment.

Access to SharePoint:

- All hospitals participating in MHAP should have access to the DSH PSR SharePoint site.
- New user requests or access error issues should be sent to the QIPP mailbox at QIPP@medicaid.ms.gov.
- All users are granted 90-day access (no permanent access).

Hospital Success Stories

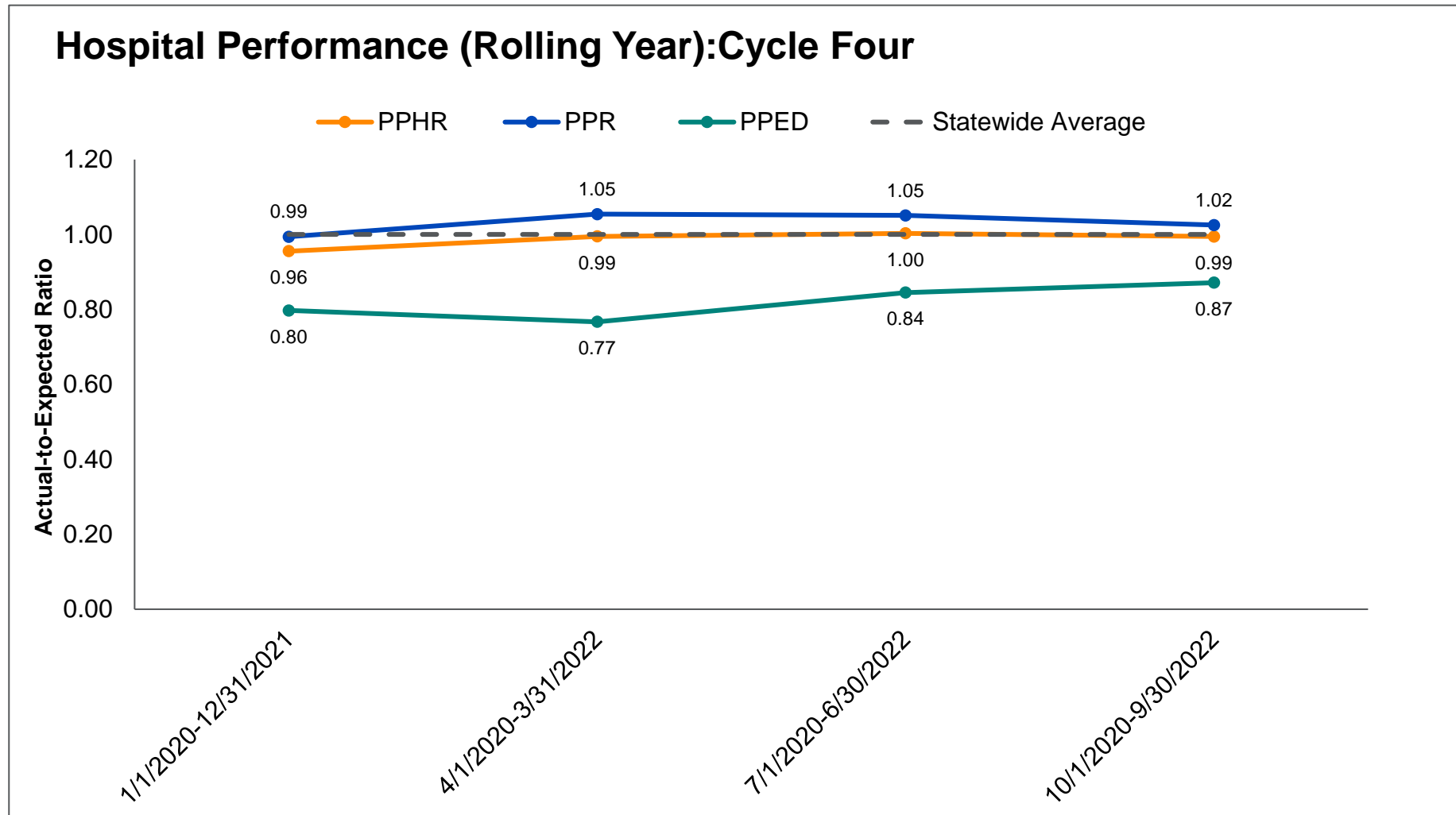
- Brentwood Behavioral Healthcare of MS
Alison Land, CEO
- Neshoba General Hospital
Tracey James, BSN, RN, CPHQ
Director of Quality and Risk Management

Update on Potentially Preventable Hospital Returns (PPHR) program

Brentwood Behavioral Healthcare of MS

Alison Land, CEO

July, 2023



Initiatives to Reduce Readmissions (Inpatient and ER)

- Comprehensive Discharge Plan
 - Genoa Meds to Beds Program (30-day supply goes home with patient)
 - Follow-up appointments scheduled within 7 days of discharge
 - Improved biopsychosocial assessment to include identifying social determinants of health that need to be addressed and referral to resources given in the discharge plan (transportation, safe housing, food, etc.)
 - Safety Action Plans developed to include a toolkit of skills and strategies to maintain wellness and feel better, identifying triggers, a daily plan, warning signs, list of supporters, and a crisis plan
- Case Managers and Patient's Therapists are connecting/communicating during stay
- Financial counseling for all uninsured patients to include assistance for families to complete Medicaid applications to ensure access to follow-up care and preventative care going forward
- Implemented structured outpatient programs that allow patients to step down into community to ensure more successful recovery and reduce readmissions. Adolescent IOP and PHP programs with medication management are active. Transportation within a 25-minute radius of the facility is available if needed for a charge (transportation assistance available based on need)
- Brentwood offers free assessments in person or by phone - 24/7/365 to alleviate need to go to ER

Initiatives with Medicaid and MCOs

- Medicaid: Weekly meeting about Pilot with Region 8 to ensure follow-up within 7 days occurs
- Monthly calls with: Magnolia (Centene) and Molina to review readmission data and discuss actual readmissions in previous month and what we need to change to improve in future



1. Initiatives that were not successful in producing measurable improvement:
 - a. Post discharge call-backs by hospital nurse manager
 - b. Clinic Project- Reducing potentially preventable hospital returns through use of HARMS 8 assessment
2. Initiatives that were successfully implemented, but are no longer in consistent use:
 - a. Formal Hospital Readmissions Reduction Team
 - b. High Utilizer Group Support calls
3. Current initiatives to help reduce readmissions and connect with patients post-discharge:
 - a. Daily Interdisciplinary care team meeting to deploy targeted team member resources to prepare patients for successful discharge
 - b. Follow-up appointment scheduling
 - c. Pharmacist bedside medication education during hospitalizations
 - d. TCM/CCM/RPM services
 - e. Physician and leadership involvement
 - f. Clinic PI Committee efforts to improve preventative care and management of chronic conditions
 - g. Collaboration with Magnolia

Coordinated Care Organizations

Magnolia Health Plan

The logo consists of a stylized flower with five petals. The petals are outlined in orange, and the center is a solid purple circle.

magnolia health™

READMISSIONS

Michael Adcock,
Vice President, Population Health and
Clinical Operations

7/20/2023

A solid orange wave shape that starts at the bottom left, curves upwards and to the right, and then curves back down towards the bottom right corner of the slide.

Magnolia Readmission Reduction Program

- Readmission reduction is a high priority for Magnolia Health
 - Magnolia staff make post-discharge calls within 3-10 days of discharge to identify any barriers/risk for readmission.
 - Medication review and education.
 - Needed SDOH resource identification.
 - Assistance with scheduling appointments and transportation to ensure follow up within 7 and 30 days of discharge.
 - Home health and Durable Medical Equipment needs and support are assessed.
 - Members are stratified and referred to the appropriate level of Care Management to be followed over time.

Care Management



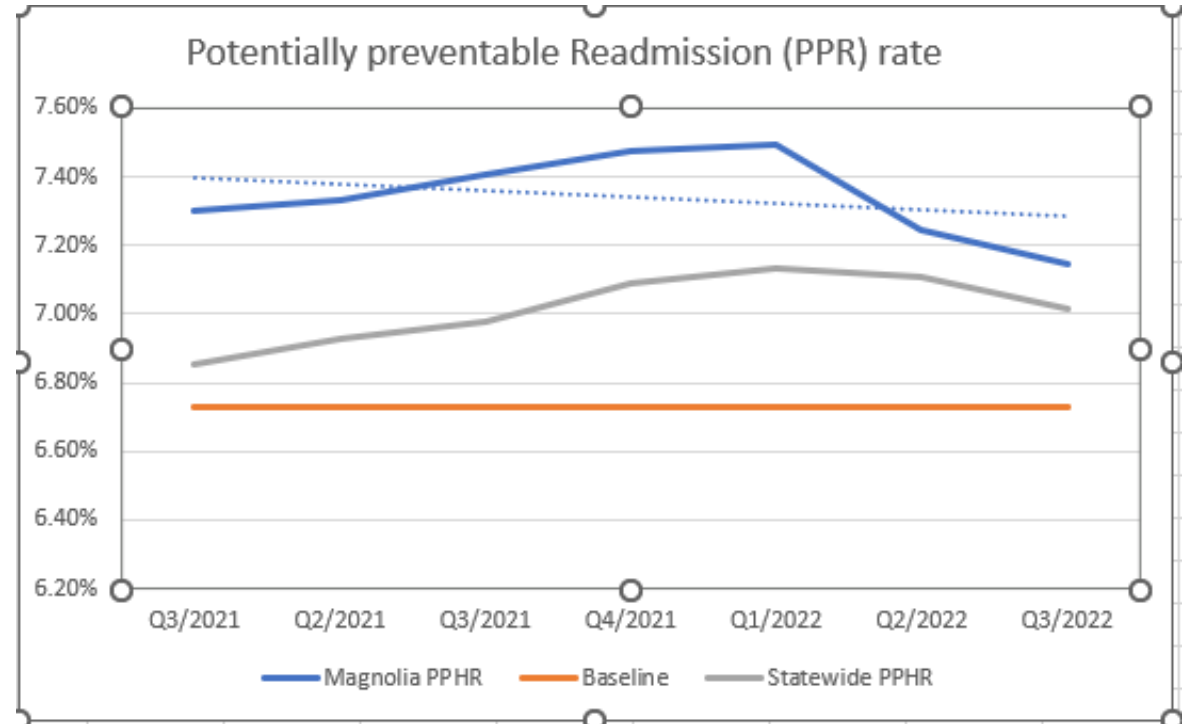
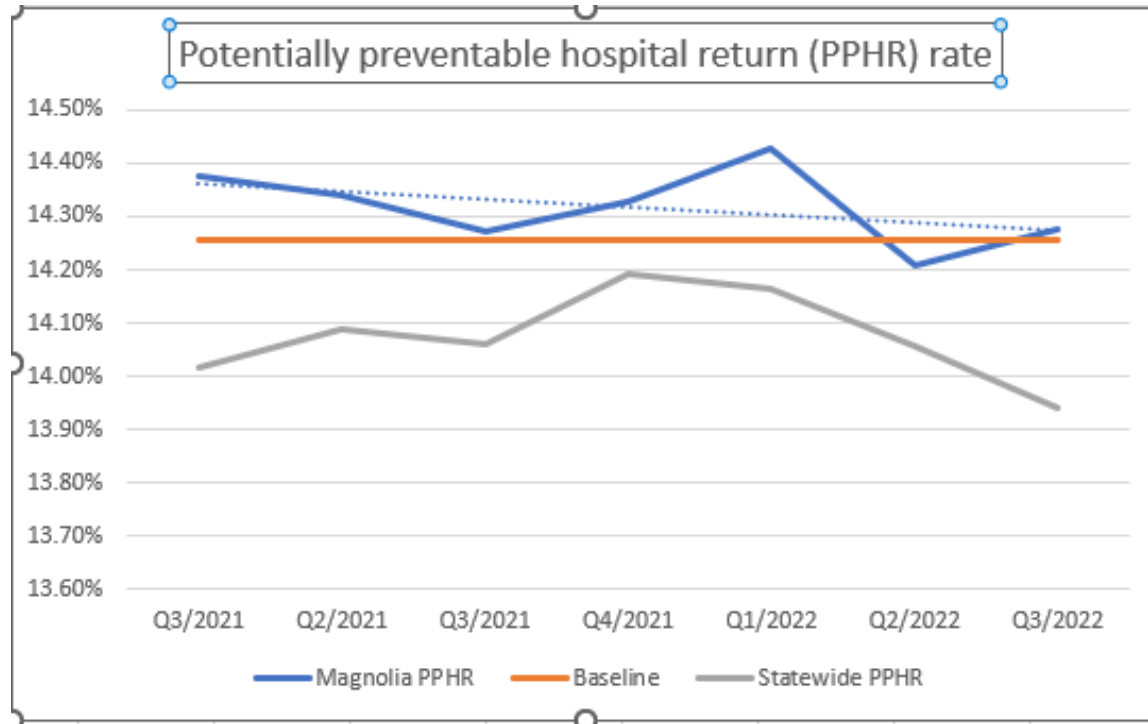
All Magnolia Health members have access to Care Management services delivered by a large, local Care Management staff including:

- Education on follow-up appointments and assistance with scheduling when needed, ensuring appropriate referrals are made, SDOH needs are met, medication assistance and transportation assistance when needed.
- Members are stratified and referred to the appropriate level of Care Management to be followed.

Referrals from Providers can be made in any of the following ways:

- Providers may log into our Provider Portal and complete the Provider Referral Form for Care Management and Disease Management.
- Go to our website www.magnoliahealth.com and fill out the Provider Referral Form for Care Management and Disease Management, which is located under the Forms and Resources section.
- Call Magnolia Health at 866.912.6285 Ext. 66415 to speak with the Care Management Department or choose the Provider prompt to speak with a Provider Services Representative who can assist.
- Reach out to one of our contacts via email or phone to refer a member.

Outcomes



Magnolia Contact Information

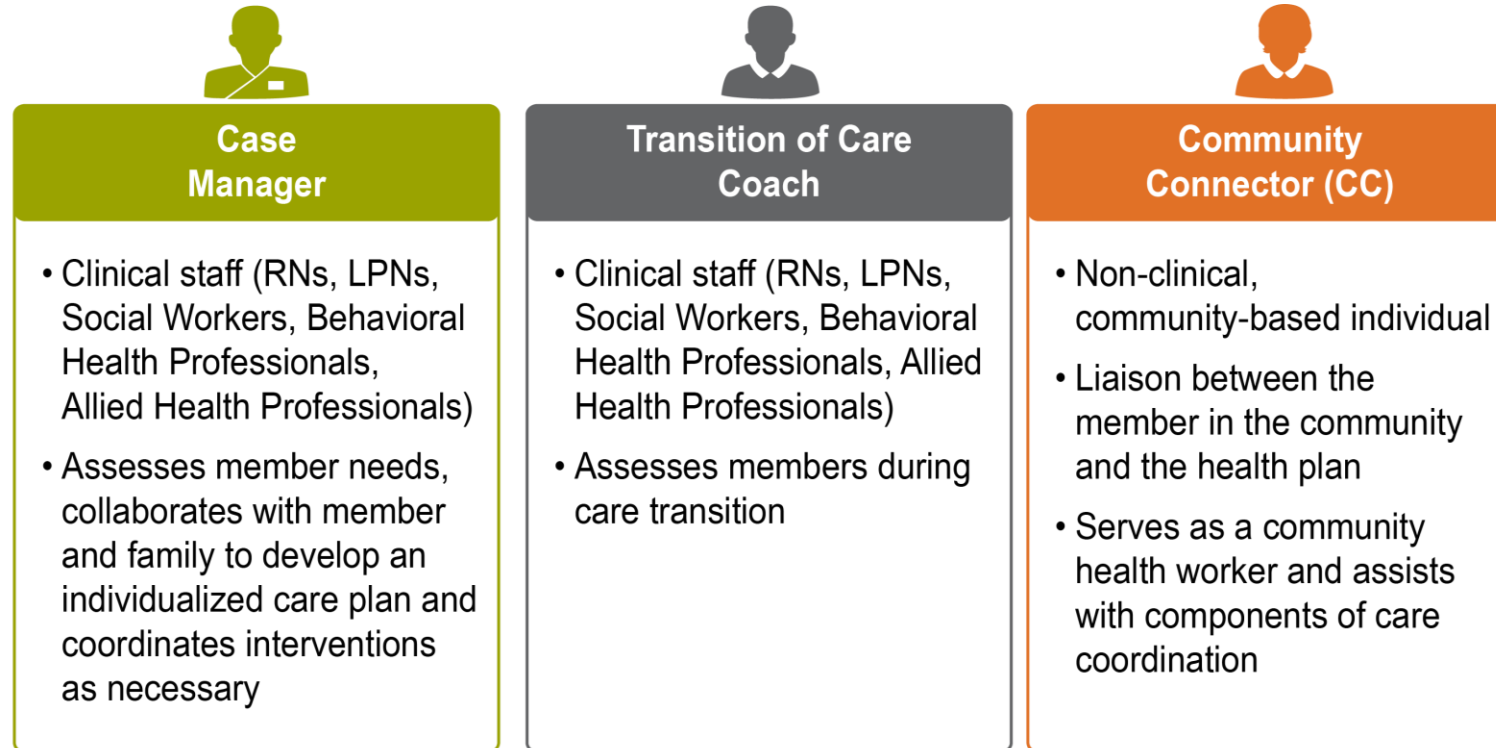
- **Magnolia main number** 1-866-912-6285, ext. 66415 or ask for the Care Management Department
- **Christie Moody**, Director Population Health Management Care Management **601-715-8260**
chmoody@centene.com
- **Jasmine Richardson**, Supervisor Transitional Team **601-850-2588** jarichardson@centene.com
- **Allyson McDonnieal**, Clinical Manager for Behavioral Health **601-937-7365**
amcdonnieal@centene.com
- **Angela Brown**, Manager Utilization Management **1-866-912-6285 ext 66881**
angelbrown@centene.com
- **Michael Adcock**, Vice President, Population Health Management **1-601-317-2343**
michael.Adcock@centene.com

Molina Healthcare

Molina Healthcare of Mississippi Transitions of Care for Members with PPHR

Presented by Rich Jones, RN, VP HCS
July 2023

Introduction to Molina's Care Management (CM) Team



Managing Transition of Care (TOC) Cases and Members with Potentially Preventable Hospital Readmissions (PPHR)

Collaboration is the Key to Success

- Connecting with hospital discharge planners within 24 hours of admission notification
- Coordinating timely “Follow-Up after Hospitalization” (FUH) care post-hospitalization (7/30 days) includes scheduling FUH with new or previously established community providers
- Medication Reconciliation
- Coordinating with Molina Pharmacy to reduce risk of members being unable to obtain running out of Rx post-discharge
- Coordinating “Non-Emergency Transportation” (NET)
- Coordinating with “Primary Care Provider” (PCP)
- Presenting members with PPHR in weekly complex case rounds with Medical Directors
- Connecting with Community Connectors to address social risk and provide resources
- Coordinating Readmission Conferences with the hospital’s treatment team
- Faxing “Behavior Health” (BH) Discharge Planning Checklist



Transition of Care Coach

- Clinical staff (RNs, LPNs, Social Workers, Behavioral Health Professionals, Allied Health Professionals)
- Assesses members during care transition

** TOC cases may also be assigned to a CM*

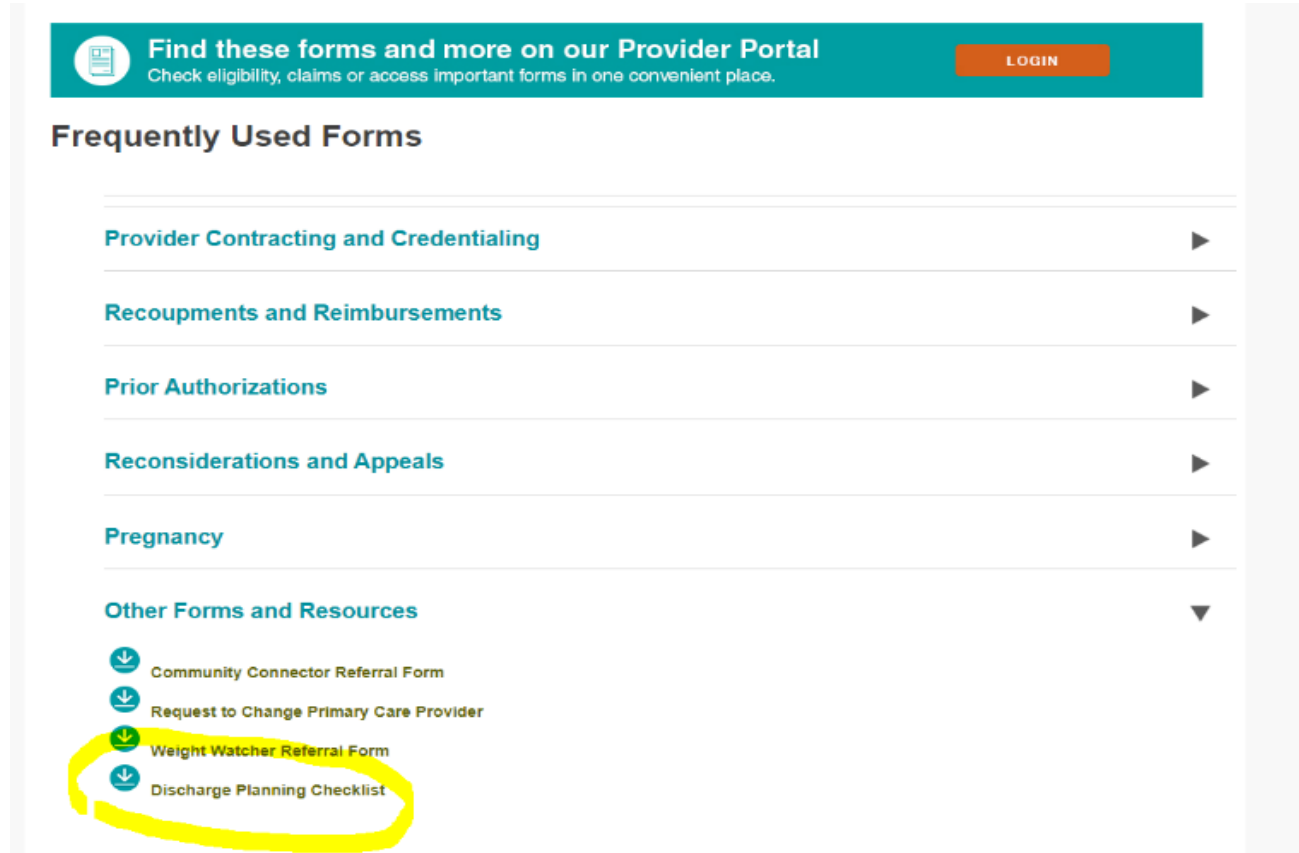
Connecting with Care Management (CM) to Reduce PPHR

- Care Management/Transition of Care (CM/TOC) Coaches need ongoing access to hospital discharge planners for the most successful collaboration of post-discharge care
- Hospital discharge planners may direct dial the assigned CM/TOC Coach when barriers arise or note these on the BH Discharge Checklist
- If assignment is unknown, hospital discharge planners are able to direct message/refer to Care Management at:
MHMS_CM_Referrals@MolinaHealthCare.Com

Past Examples of when Hospital Discharge Planners have reached out to Care Management

- ☐ Hospital staff encountering barriers with scheduling FUH or FUH care is not timely (within 7 days of discharge)
- ☐ Member unable to obtain post-discharge medication(s)- RX requires PA
- ☐ Member has ongoing social risk factors (i.e., lack of stable housing)
- ☐ Member discharged on a Friday or Saturday and, FUH needs to be scheduled
- ☐ Hospital discharge planners encountering barriers scheduling NET
- ☐ Hospital discharge planners needs to alert and/or refer a member to Care Management

Molina's Care Management Team: How to Find the Discharge Planning Checklist



The screenshot displays the Molina Provider Portal interface. At the top, a teal banner contains a document icon, the text "Find these forms and more on our Provider Portal" with a subtext "Check eligibility, claims or access important forms in one convenient place.", and a "LOGIN" button. Below this is the "Frequently Used Forms" section, which lists several categories with right-pointing chevrons: "Provider Contracting and Credentialing", "Recoupments and Reimbursements", "Prior Authorizations", "Reconsiderations and Appeals", and "Pregnancy". Under the "Other Forms and Resources" category, which has a downward-pointing chevron, there is a list of four forms, each preceded by a download icon. The "Discharge Planning Checklist" is the last item in this list and is circled in yellow.

Find these forms and more on our Provider Portal
Check eligibility, claims or access important forms in one convenient place. **LOGIN**

Frequently Used Forms

- Provider Contracting and Credentialing ▶
- Recoupments and Reimbursements ▶
- Prior Authorizations ▶
- Reconsiderations and Appeals ▶
- Pregnancy ▶
- Other Forms and Resources ▼
 - Community Connector Referral Form
 - Request to Change Primary Care Provider
 - Weight Watcher Referral Form
 - Discharge Planning Checklist**

https://www.molinahealthcare.com/providers/ms/medicaid/forms/~media/Molina/PublicWebsite/PDF/Providers/ms/medicaid/DischargePlanningChecklist_Revised002_R.pdf

Molina's Care Management Team: PPHR Trend

Corrective Action Plan Implementation Report, V.38 of the PPR/ED Algorithm Rolling Year Report: 1/1/2021-12/31/2022									
	1/1/2021-12/31/2022	10/1/2020-9/30/2022	7/1/2020-6/30/2022	4/1/2020-3/31/2022	1/1/2020-12/31/2021	10/1/2019 - 9/30/2021	7/1/2019 - 6/30/2021	4/1/2019 - 3/31/2021	Baseline: 1/1/2019 - 12/31/2020
Potentially Preventable Hospital Returns:									
Potentially preventable hospital return (PPHR) rate ¹ :	12.67%	12.99%	13.12%	13.17%	12.74%	12.65%	13.77%	13.76%	13.71%
Casemix-adjusted statewide PPHR rate (based on calendar year 2019-2020 baseline with updated casemix)	13.03%	13.30%	13.43%	13.48%	13.40%	13.26%	13.37%	13.30%	12.94%
PPHR Actual-to-expected ratio:	0.97	0.98	0.98	0.98	0.95	0.95	1.03	1.04	1.06
Additional Performance Metrics:									
Potentially Preventable Inpatient Readmission (PPR) rate	6.18%	6.55%	6.79%	6.82%	6.31%	6.11%	6.77%	6.89%	6.87%
Casemix-adjusted statewide PPR rate	6.17%	6.37%	6.43%	6.48%	6.40%	6.33%	6.43%	6.36%	6.21%
PPR Actual-to-expected ratio:	1.00	1.03	1.06	1.05	0.99	0.96	1.05	1.08	1.11
Potentially Preventable Return Emergency Department Visit (PPED) rate	7.56%	7.56%	7.35%	7.40%	7.34%	7.58%	8.33%	8.31%	8.25%
Casemix-adjusted statewide PPED rate	7.76%	7.89%	7.98%	8.01%	7.99%	7.91%	7.95%	7.93%	7.70%
PPED Actual-to-expected ratio:	0.97	0.96	0.92	0.92	0.92	0.96	1.05	1.05	1.07

Molina Healthcare of MS Care Management Contacts

Molina Care Management Referrals/General CM Questions

1-844-826-4335, **Option 5** for Case Management *OR Email Us at*

MHMS_CM_Referrals@MolinaHealthCare.Com

CM and BH Escalations

Demetria Young- Manager, Care Management



601-647-9085



Demetria.Young@Molinahealthcare.com

Shamekias Lampkin- Manager, Behavioral Health



601-281-5561



Shamekias.Lampkin@Molinahealthcare.com

Shira Brownell- AVP, Healthcare Services



601-281-5072



Shira.Brownell@Molinahealthcare.com

UnitedHealthcare



Potentially Preventable Hospital Returns Provider Webinar July 2023

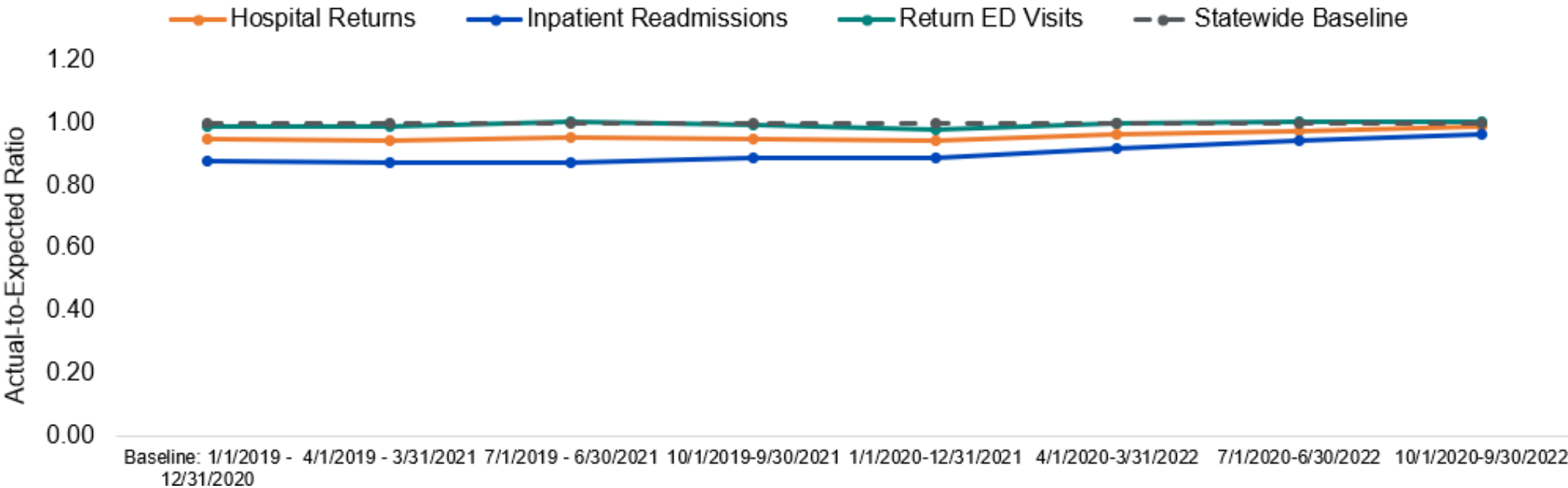
**Dana Carbo-Bryant, MD Chief Medical
Officer**

**Kristi Plotner, LCSW Behavioral Health
Executive Director**

**United
Healthcare**

Improvements in Readmission Efforts

Corrective Action Plan: Actual-to-Expected Ratios Over Time



Post-Discharge Efforts

Continued Collaborations with Our Hospital/Provider Partners:

- Forrest General/Pine Grove- monthly meeting to discuss *all* issues that impact our members and their ability to serve them well. Such as transportation, service expansion, case management/UM, community partners, and data
- Oceans Behavioral Health- Discussed follow up after hospital data. Regular engagement has been ongoing for the past year.
- Gulfport Behavioral- Discussed follow up after hospital data. Regular engagement is ongoing, implementation in process to start Meds to Beds
- Merit Central- MS Collaborative Aftercare Planning Pilot is at 1 year mark now. Weekly rounds ongoing between the Optum/UHC and Merit Central to provide enhanced case management and follow up for members. CM is also back in the facility.

Opportunities For Improvement: ER returns within 15 days of Discharge

BARRIERS

- Lack of identified PCP at discharge
- Ability to address SDoH needs
- Medication adherence
- Back up in getting follow up appointments for BH (long wait or walk in)
- Higher caseloads at CMHCs and difficulty communicating with inpatient providers prior to discharge

SOLUTIONS

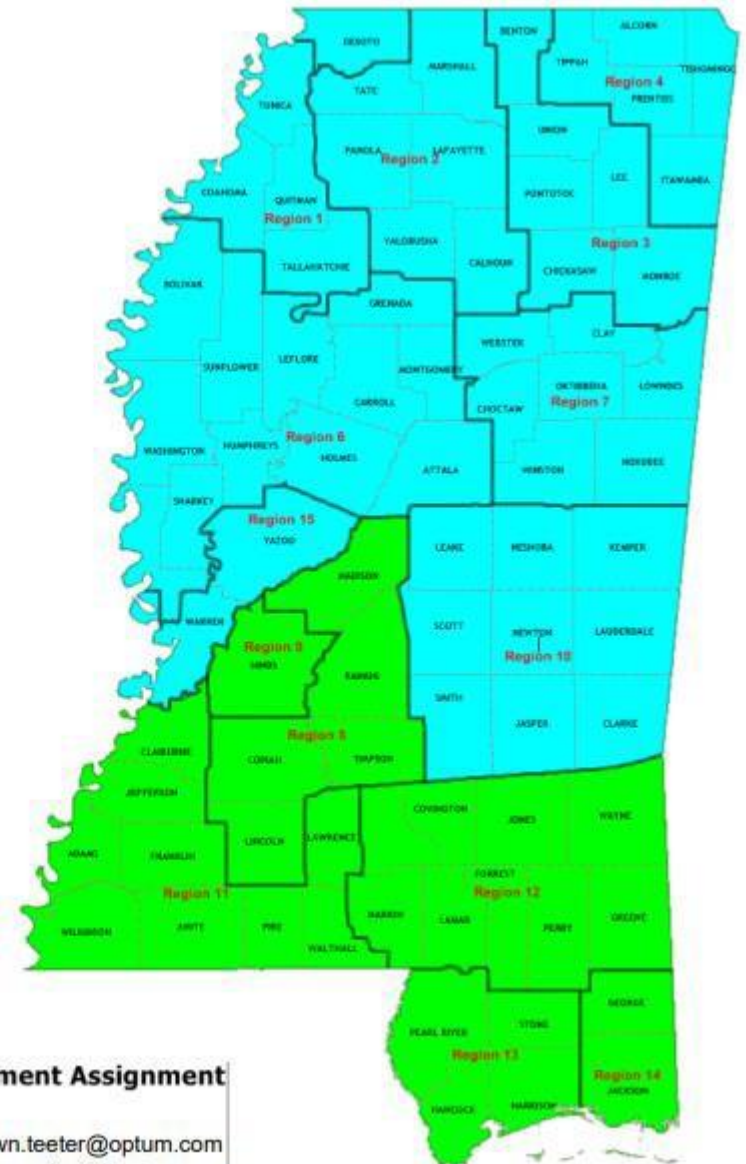
- Improved communication among partners
- Improving post-discharge follow up appointments
- Establishment of Meds-to-Beds Program to promote and improve med adherence at discharge
- Early identification of SDoH needs and referral to resources



UnitedHealthcare Provider Advocate Account Managers



Curtis Burroughs
curtis_burroughs@uhc.com



Assigned Area

Dawn Teeter dawn.teeter@optum.com
Rusty Palmer james.palmer@optum.com



Thank You!

QIPP Reporting Timeline

QIPP reporting timeline

Upcoming dates of interest: QIPP payments

- In SFY 2024, QIPP payments will be made quarterly by the coordinated care organizations to hospitals who meet QIPP PPHR reporting requirements
- For each quarter in SFY 24:
 - The Health Information Network (HIN) portion of QIPP will be paid the first month of the quarter
 - The PPHR and PPC portions of QIPP will be paid the last month of the quarter
 - September 2023
 - December 2023
 - March 2024
 - June 2024

Upcoming dates of interest: QIPP PPHR and PPC reporting

- June 29, 2023: Quarterly PPHR and PPC reports distributed to hospitals
Hospitals required to submit a PPHR and PPC corrective action plan identified
- August 9, 2023: Hospital deadline to attest receipt and review of the quarterly reports for Q1
- September 1, 2023: PPHR and PPC corrective action plan (CAP) deadline
- October 2, 2023: Quarterly PPHR and PPC reports distributed to hospitals for Q2
- November 1, 2023: Hospital deadline to attest receipt and review of the quarterly reports for Q2
- January 8, 2024: Quarterly PPHR and PPC reports distributed to hospitals for Q3
Performance incentives for PPHR allocated for Cycle 3
- February 7, 2024: Hospital deadline to attest receipt and review of the quarterly reports for Q3
- April 1, 2024: Quarterly PPHR and PPC reports distributed to hospitals for Q4
- May 1, 2024: Hospital deadline to attest receipt and review of the quarterly reports for Q4

Appendix

Glossary: PPCs

At-risk stays: Inpatient admissions that may or may not include a potentially preventable complication (PPC), but do not meet the clinical exclusion criteria. Each PPC has a different pool of at-risk stays, depending on the clinical characteristic of the stay. For example, only inpatient stays that included a procedure are at-risk for surgical PPCs.

Casemix adjustment: Mathematically adjusting the expected PPC rate for the mix of DRGs and severities of illness at a given hospital

Corrective action plan (CAP): Document that describes strategies for reducing potentially preventable complications. CAPs will be required from hospitals with a weighted actual-to-expected ratio greater than 1.00

Monitor PPCs: PPC 21 (clostridium difficile colitis) and 24 (renal failure without dialysis) are excluded from the PPC performance metric. Coding of these PPCs is inconsistent across hospitals, making it difficult to compare performance across hospitals

Potentially preventable complication (PPC): Patient conditions that develop during an inpatient stay that may reflect adverse outcomes

Present on admission flag (POA flag): POA flags are used to identify conditions that develop during an inpatient stay. Only conditions identified as not present on admission are used to identify PPCs

Quality Incentive Payment Program (QIPP): Mississippi Medicaid program designed to link MHAP funds to care quality

Weighted actual-to-expected ratio: Performance metric that compares the relative cost of potentially preventable complications at a given hospital to the expected relative cost nationwide during the baseline period

Glossary: PPHRs

Actual-to-expected ratio: Performance metric that compares a given hospital to an average Mississippi hospital with the same casemix

At-risk stays: Inpatient admissions that may or may not be followed by an inpatient readmission or return ED visit, but are not excluded from analysis per the requirements

Casemix adjustment: Mathematically adjusting the expected PPHR rate for the mix of patient characteristics at a given hospital

Corrective action plan (CAP): Document that describes strategies for reducing potentially preventable hospital returns

Initial admission: Inpatient admission that is followed by one or more inpatient readmissions and/or ED visits

Potentially preventable ED visit (PPED): Return ED visits that are clinically related to a preceding inpatient admission with a discharge within a specified time period (15 days in this analysis)

Potentially preventable hospital return (PPHR): Hospital returns refer to both inpatient readmissions and return ED visits, the PPHR rate refers to the rate of inpatient admissions that are followed by either an inpatient readmission, or a return ED visit, or both

Potentially preventable readmission (PPR): Inpatient readmissions that are clinically related to a preceding inpatient admission with a discharge within a specified time period (15 days in this analysis)

PPHR chain: The series of an initial admission and one or more inpatient readmissions and/or return ED visits, each chain is only counted once in the PPHR rates

Quality Incentive Payment Program (QIPP): Mississippi Medicaid program designed to link MHAP funds to care quality

Time window: 15 days after the preceding inpatient admission's discharge, during which clinically related inpatient admissions are considered PPRs, and ED visits are considered PPEDs

Questions

For further information

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For QIPP Resources including the presentation, see the following link: [Value-Based Incentives - Mississippi Division of Medicaid \(ms.gov\)](#)