# Quality Incentive Payment Program

## Introduction to:

## Ambulatory Potentially Preventable Complications

**January 23rd, 2025**

MISSISSIPPI DIVISION OF MEDICAID

# Mississippi Division of Medicaid

## Agenda

1. Introduction - Mississippi Medicaid Quality Incentive Payment Program (QIPP) New Reporting Metric: Ambulatory Potentially Preventable Complications (AM-PPC) reporting
2. Solventum Corporation
3. Define AM-PPCs & Importance of AM-PPC Reporting
4. AM-PPC Comparison to PPC and PPHR
5. AM-PPC Clinical Logic Overview
6. Sample Reports & How to Utilize Reporting
7. QIPP Reporting Timeline
8. Q&A

# 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 2025, the QIPP program will disburse 53% 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 2025 components of QIPP.

- Potentially Preventable Hospital Returns (PPHR) – 20% of QIPP allocation.
- Potentially Preventable Complications (PPC) (Inpatient) – 20% of QIPP allocation.
- **Ambulatory Potentially Preventable Complications (AM PPC) – 20% of QIPP allocation.**
- Health Information Network (HIN) – 40% of QIPP allocation.

# QIPP Methodology

# Quality Incentive Payment Programs

## Lillian Johnson; Manager

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# Who is Solventum Corporation?

Many of us are familiar with 3M and its many health care related tools and products (e.g. APR-DRG, PPHR, PPC). In April 2024, 3M completed planned spin-off of its health care business to Solventum Corporation.

Solventum is an Industry leader with over 40 years of expertise in developing and maintaining clinical categorical classification tools for government and commercial value-based care, payment and quality programs.

The grouper programs are:

- **Fair:** Ensure equitable risk adjusted comparisons, and reimbursement are aligned without penalizing care delivery to complex patients.
- **Scalable:** Suitable for all populations, designed to support population, episodic and service-based use cases.
- **Accurate:** Clinical categorical approach enables accurate prospective payment that appropriately align with resource utilization.
- **Flexible:** Non claim sources can be used with Solventum classifications.
- **Efficient:** Reduces burden on administrators and providers through existing claims-based data.
- **Transparent:** Thorough clinical documentation and logic using universally understood clinical language, hierarchies and specifications published in definitions manuals.

# Solventum’s approach to potentially preventable events

**Focus** on adverse outcomes that are potentially preventable, are meaningful for patients and are expensive for the healthcare system

**Compare** overall risk adjusted rates, not individual events

**Remember**, not all events are preventable, but meaningful reductions can be achieved, saving money and improving health

# What are AM-PPCs?

Solventum defines **Elective Procedures** as procedures where providers and patients have time and opportunity to decide when it is appropriate to treat patients and in which setting.

AM-PPCs are **elective procedures** performed on an outpatient basis, without inpatient admission to a hospital or other facility, where a negative outcome developed after an ambulatory procedure was performed. The complication is the result from processes of care rather than from natural progression of an illness.

- The AM-PPC component takes a clinically based approach that uses sequenced billing or coded clinical data to provide comparative rates of complication exclusively for elective procedures.
- Based on the Solventum AM-PPC algorithm:
  - The algorithm identifies 53 complication groups, over 1,500 unique complications that are linked to 110 total Procedure Subgroups (PSGs) which include over 2,900 elective procedures.
  - Not every AM-PPC can be prevented, even with the best possible care.
  - A population approach reflects the expectation that outpatient facilities with higher-than-expected complication rates have room to improve the quality of care that they provide.

# Why add AM-PPC quality metric?

More medical procedures and treatments, particularly those considered less invasive or requiring shorter recovery times, are being performed in outpatient settings. This allows patients to receive care without needing an overnight stay.

Outpatient complication tracking is more complex because:

- Recovery takes place at home and
- Patients who experience a complication might not return to the facility where their outpatient procedure was performed
  - Telemedicine
  - Inpatient Hospital
  - Emergency department (ED)
  - Primary care provider
  - Another option that could be in a different health system altogether

The AM-PPC grouper helps provide visibility into instances where patients seek care for an outpatient complication.

# Inpatient PPHR and AM-PPC

| Inpatient PPHR | AM-PPC |
|---|---|
| What happens following an IP admission? | What could happen following an elective outpatient procedure? |
| ED visit or IP readmission that follow an initial inpatient admission within event window and are clinically related to the initial admission. | Identifies complications that occur after an elective outpatient procedure, within the event window, and that are identified within the ED and IP Admissions. |
| Based on a 15-day event window. | Based on a 30-day event window. |
| Examples:<br>Inpatient admission appendicitis:<br>• Subsequent ED visit w/ blood clot<br>• IP readmission with Septicemia | Example<br>Elective appendectomy followed by:<br>• Subsequent ED visit w/ GI bleeding<br>• OP revisit encounter w/ UTI |

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# Inpatient PPC and AM-PPC

| Inpatient PPC | AM-PPC |
|---|---|
| What could happen during an inpatient stay? | What could happen following an elective outpatient procedure? |
| Identifies complications occurring while in a facility and therefore is only applicable to inpatient claims. | Identifies complications that occur after an elective outpatient procedure and that are identified within the ED and IP Admissions. |
| Based on services not being present on admission (POA). | Based on services being present on admission (POA). |
| Examples:<br>• Hospital acquired blood infections<br>• Inpatient surgical complications<br>• Hospital acquired UTI | Example<br>Elective appendectomy followed by:<br>• Subsequent ED visit w/ GI bleeding<br>• OP revisit encounter w/ UTI |

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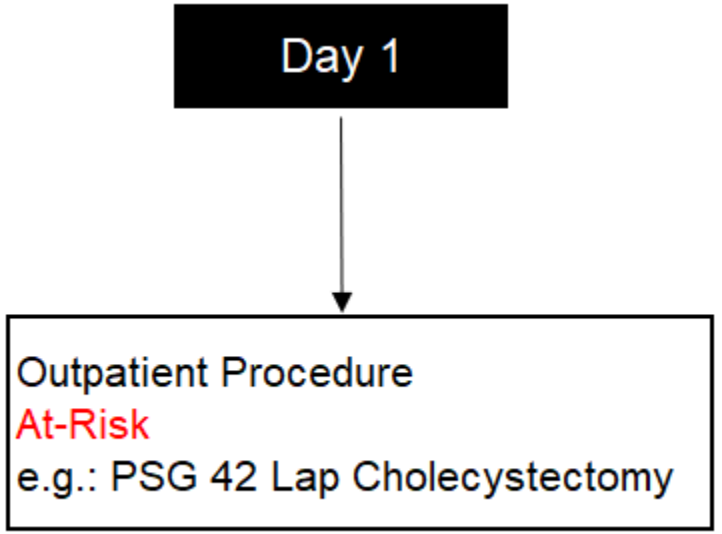
# AM-PPC Clinical Logic Overview

AM-PPC uses chain logic to evaluate and link an initial outpatient procedure (at-risk) to follow up encounters within an event window to identify complications of care.

**Step 1 - Evaluate:** At-risk elective outpatient procedure




NOTE: **At-risk elective outpatient ambulatory services** are services that may or may not result in an AM-PPC.

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# Procedure Subgroup

Solventums' PSG classification describes the principal reason for the ambulatory procedure encounter with consistent expectations on the subsequent complications that will be included for measurement.

- PSGs are assigned to individual HCPCS/CPT procedure codes reported on an outpatient service.
- There are 110 total groups which include over 2,900 elective procedures.
- PSGs include similar/like procedures that also share the same relative risk.
- A PSG Classification Hierarchy is applied to select a single and primary PSG that best classifies outpatient encounters.

| PSG | PSG Description |
|---|---|
| **52** | Left Heart Catheterization Procedures |
| **70** | Upper Gastrointestinal Endoscopy Procedures |
| **84** | Colonoscopy Screening Procedures |
| **85** | Lower Gastrointestinal Endoscopy Procedures |
| **91** | Lower Genitourinary Procedures |
| **99** | Spine Injection Procedures |
| **103** | Routine Cataract Procedures |

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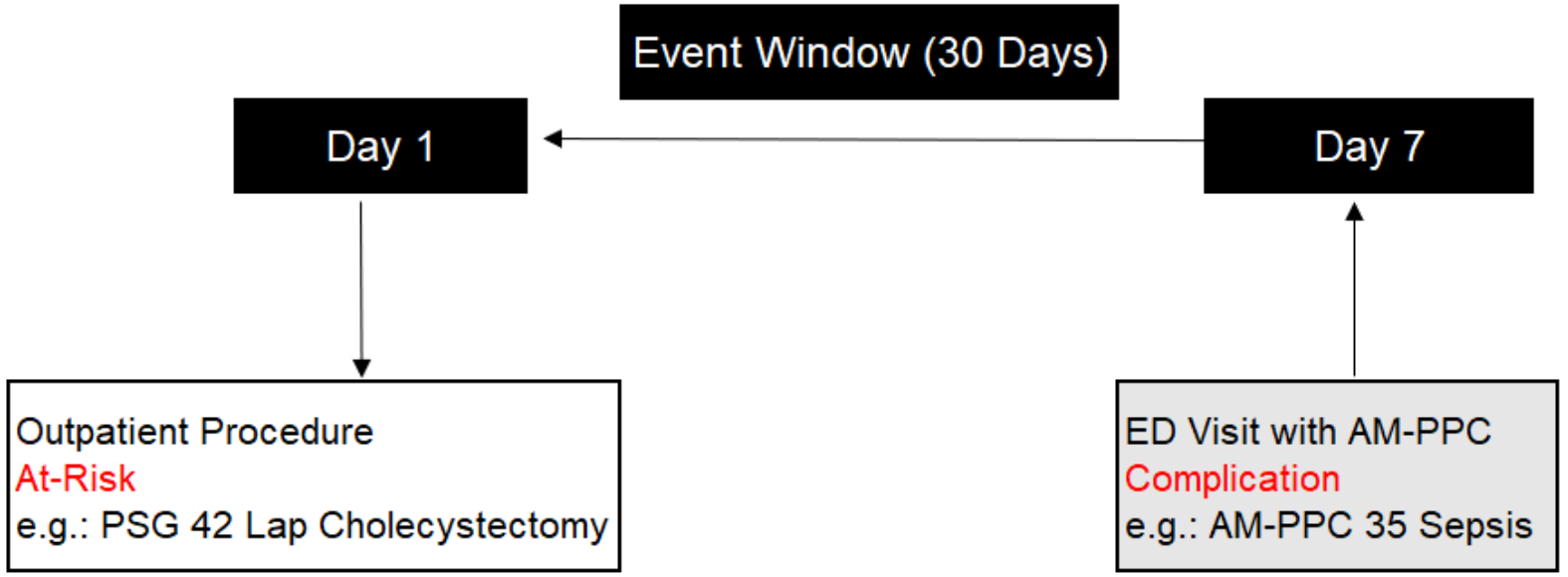
# AM-PPC Clinical Logic Overview

**Step 1 - Evaluate:** At-risk elective outpatient procedure

**Step 2 - Link:** Patient in ED with Sepsis within Event Window




NOTE: The **Event Window** defines the analysis period that will be used to evaluate subsequent encounters for complications and link them back to an initial elective ambulatory procedure encounter.

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# AM-PPCs

AM-PPCs are identified and linked to an ambulatory procedure (PSG) when a complication diagnosis is reported on a subsequent encounter or admission, in timeline sequence, and matching a predefined procedure specific complication list.

- There are 53 AM-PPCs, over 1,500 unique complications.
- Each complication group has a defined relationship with the PSG. Only complications that are credibly related to an initial procedure should be counted.
- Each complication group has defined timing criteria, complications that occur prior to expected are not counted. For example, infections which require an incubation period.

| AM-PPC | AM-PPC Description |
|---|---|
| **01** | Stroke and Intracranial Hemorrhage |
| **05** | Pneumonia and Other Lung Infections |
| **07** | Pulmonary Embolism |
| **09** | Shock |
| **16** | Venous Thrombosis |
| **26** | Diabetic Ketoacidosis and Coma |
| **65** | Urinary Tract Infection |

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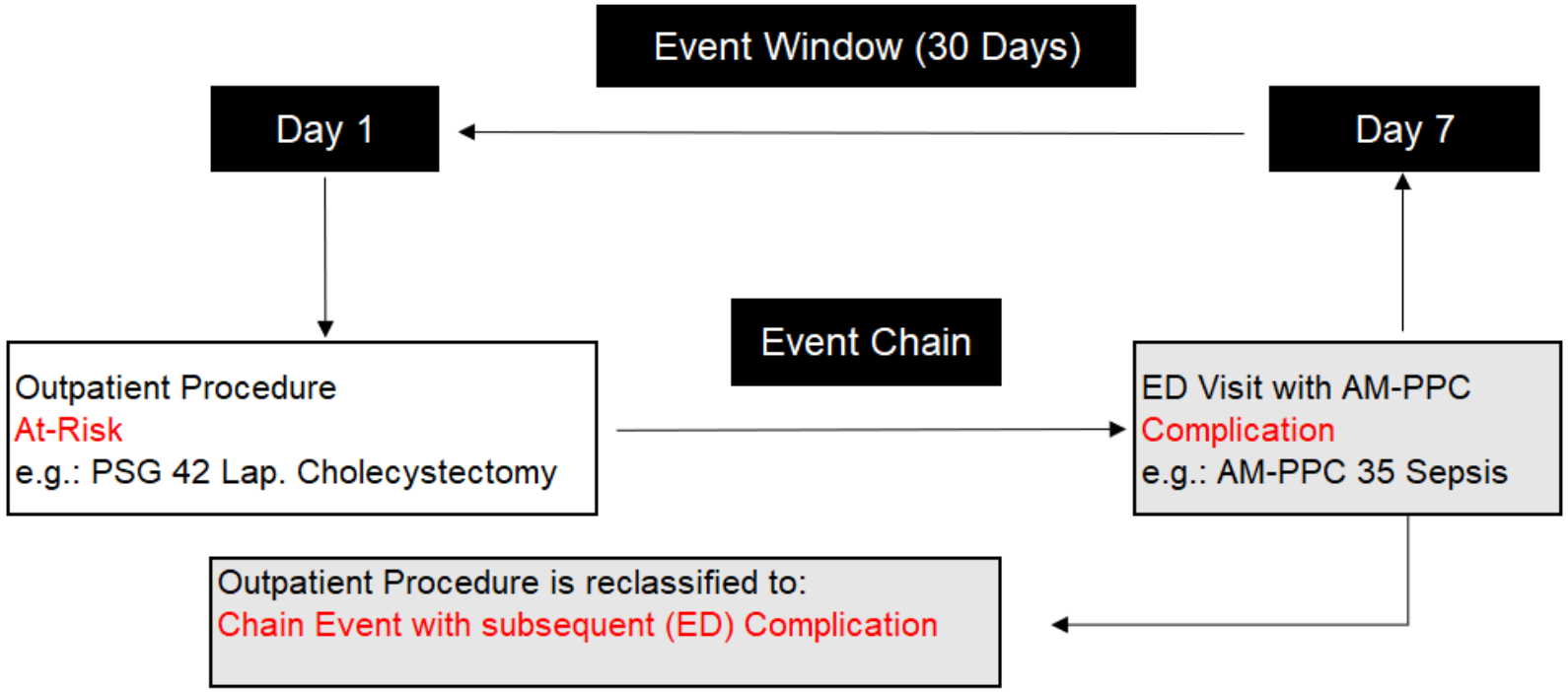
# AM-PPC Clinical Logic Overview

**Step 1 - Evaluate:** At-risk elective outpatient procedure

**Step 2 - Link:** Patient in ED with Sepsis within Event Window

**Step 3 - Identify:** Patient chain event established with AM-PPC




NOTE: Not all elective outpatient ambulatory services result in an AM-PPC.

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# Complication/Service Type

After the Initial Ambulatory Event, the Complication/Service type is where the patient went for follow up treatment pertaining to the complication.

- Emergency Room Visits
- Inpatient Admission
- Solventum has only included follow up services at Emergency Room Visits and Inpatient Admission in their AM-PPC calculations.

| Chain Description | Service Type | IP/OP Bill Type |
|---|---|---|
| Initial Ambulatory Event | Outpatient Services | 131 |
| Related Complication | **Inpatient Admission** | 111 |
| Initial Ambulatory Event | Outpatient Services | 137 |
| Related Complication | **OP Emergency Department** | 137 |
| Initial Ambulatory Event | Outpatient Services | 137 |
| Related Complication | **Inpatient Admission** | 117 |
| Related Complication | **Inpatient Admission** | 117 |

NOTE: Solventum is currently working on logic to utilize follow up visits Professional Offices and other non-hospital outpatient facilities.

# Sample Reports

**Screen shots of the hospital report tabs do not contain any Mississippi provider data.**
**Data in the examples does not represent any hospital AM-PPC reporting.**

# AM-PPC Report

**The following are the tabs as labeled in the report:**

- Cover
- AM-PPC Attestation
- Performance Measurement
- Hospital Summary
- Chart Performance
- PSG – Summary
- PSG – Expected Rates
- AM-PPC List
- AM-PPC Detail
- OP Visit – IP Admission

# Cover Tab

The cover tab contains information about your current quarterly performance, including whether or not a CAP is required.

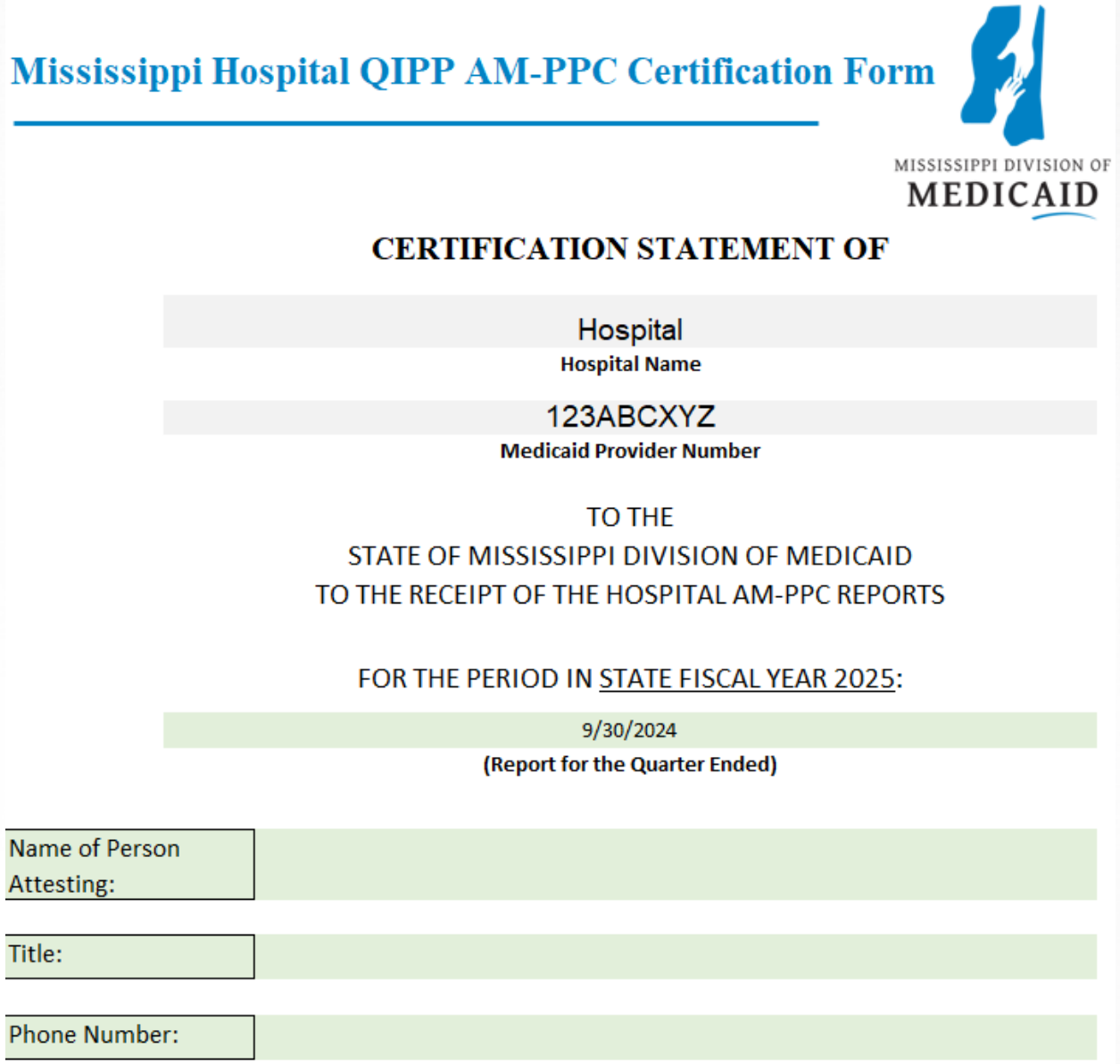
The cover tab also includes overview information helpful in reviewing the rest of the report, including notes about changes on the report relative to previous reports.

| This spreadsheet does contain protected health information and should be protected | |
|---|---|
| Ambulatory Potentially Preventable Complications (AM-PPCs) for the Mississippi Qua | |
| Report for Quarter 1 of State Fiscal Year 2025 | |
| **Report date** | 1/17/2025 |
| **Hospital Details** | |
| Provider name: | Hospital |
| Medicaid Provider Id: | 123ABCXYZ |
| Date range for analysis | Discharges from 1/1/2022 - 12/31/2023 |
| **Changes in this report:** | Beginning July 1st, 2024, of State Fiscal Year 2025, metric used by MS DOM. State Fiscal Year 2025 is th<br><br>File name of the AM-PPC report represents the perio (cell B4) represents the date the report was provided |
| **Cycle 1: Baseline period** | |
| Current quarter AM-PPC Performance (actual-to-expected ratio) | 1.310 |
| Statewide target: | 1.000 |
| CAP Required: | No CAP Required. |

# Attestation

AM-PPCs will require hospitals to attest they have received their AM-PPC report.

- Hospitals will be required to attest each quarter. Attestation is due 30 days after QIPP reports are distributed to hospitals.
- If attestation is not received within 30 days of QIPP report delivery, hospitals may be subject to a 10% forfeiture of the QIPP AM-PPC funds.



Mississippi Hospital QIPP AM-PPC Certification Form

MISSISSIPPI DIVISION OF MEDICAID

CERTIFICATION STATEMENT OF

Hospital
Hospital Name

123ABCXYZ
Medicaid Provider Number

TO THE
STATE OF MISSISSIPPI DIVISION OF MEDICAID
TO THE RECEIPT OF THE HOSPITAL AM-PPC REPORTS

FOR THE PERIOD IN STATE FISCAL YEAR 2025:

9/30/2024
(Report for the Quarter Ended)

| | |
|---|---|
| Name of Person Attesting: | |
| Title: | |
| Phone Number: | |

# Performance Measurement

The Performance Measurement tab indicates the dates and criteria that will be used for Quality Incentive Payment Program (QIPP) ambulatory potentially preventable complications (AM-PPC) performance measurement.

| | |
|---|---|
| **QIPP AM-PPC Cycle One: Current report covers the baseline period** | |
| **Discharge dates covered by the initial reporting year:** | 1/1/2022 - 12/31/2023 |
| **Version of the AM-PPC algorithm:** | V.1.1 |
| | |
| **Corrective Action Plans (CAPs):** | |
| Actual-to-expected ratio threshold for CAPs: | 1.000 |
| Date that providers requiring CAPs will be identified: | No CAP Required |
| Data period that will be used to determine CAP requirements: | Cycle 1 performance: 1/1/2023 - 12/31/2024 |
| | |
| **QIPP AM-PPC Performance Incentives:** | |
| Who will be affected: | No CAP Required |
| Criteria for assigning performance incentives: | 1. Reduce the hospital's actual-to-expected ratio below 1.00 OR<br>2. Improve the hospital's actual-to-expected ratio by 1% to receive 50% of the QIPP AM-PPC portion of the MHAP funds OR<br>3. Improve the hospital's actual-to-expected ratio by 2% to receive 100% of the QIPP AM-PPC portion of the MHAP funds |
| Date that provider performance incentives will be assessed: | No CAP Required |
| Data period that will be used to determine QIPP AM-PPC performance incentive improvement: | Cycle 1 performance: 7/1/2025 - 6/30/2027 |

# Hospital Summary

The Hospital Summary tab provides an overall view of the hospitals' AM-PPC performance over time, using a rolling two years of data. Measuring a full two years of data reduces quarter-to-quarter variability.

The weighted actual-to-expected ratio tells you how well hospitals performed relative to the age-adjusted national norm.

Hospitals can use this information to help understand how changes implemented to their programs are starting to impact their overall performance.

| Cycle One: Baseline period, V.1.1 of the AM-PPC algorithm<br>Report covers time period: 7/1/2022 - 6/30/2024 | | | |
|---|---|---|---|
| **Hospital Performance (rolling two year analysis period):** | **7/1/2022 - 6/30/2024** | **4/1/2022 - 3/31/2024** | **1/1/2022 - 12/31/2023** |
| Number of elective outpatient ambulatory services[1]: | 170 | 180 | 190 |
| Number of ambulatory potentially preventable complications (AM-PPCs)[2]: | 82 | 79 | 80 |
| Actual AM-PPC's[3]: | 21 | 21 | 19 |
| Expected AM-PPC's[4]: | 16.87 | 17.10 | 14.51 |
| **Actual-to-Expected Ratio[5]:** | **1.245** | **1.228** | **1.310** |
| Statewide threshold for actual-to-expected Ratio | 1.000 | 1.000 | 1.000 |

# PSG - Summary

This PSG – Summary tab contains a list of all PSGs with the total elective outpatient ambulatory services (At-Risk), the total AM-PPCs and the expected number of AM-PPCs identified by the Solventum AM-PPC algorithm for each PSG.

This tab provides valuable insights that can be utilized to identify potential issues with specific surgeries.

Monitor AM-PPCs are for visibility.

**Procedure Subgroup (PSG) Specific Performance - Managed Care Data Only**

**PSG's Included in the PSG Performance Metric:**

| | | | Cycle 1 | | |
|---|---|---|---|---|---|
| Surgery Sub Category | PSG ID | PSG ID Description | SFY25Q1 At-Risk Servic | SFY25Q1 Actual AM-PPC | SFY25Q1 Total Expected AM-PPC |
| Shoulder and Elbow Surgery | 01 | Shoulder and Elbow Arthroscopy | 1 | 0 | 0.0000 |
| Hand and Wrist Surgery | 02 | Hand and Wrist Arthroscopy | 2 | 0 | 0.0000 |
| Knee Surgery | 03 | Knee Arthroscopy | 0 | 0 | 0.0180 |
| Hip Surgery | 04 | Hip Arthroscopy | 0 | 0 | 0.0000 |
| Foot and Ankle Surgery | 05 | Ankle Arthroscopy | 3 | 0 | 0.0000 |
| Shoulder and Elbow Surgery | 07 | Shoulder and Elbow Arthroplasty | 0 | 0 | 0.0000 |
| Shoulder and Elbow Surgery | 09 | Shoulder and Elbow Arthroplasty Revision | 1 | 1 | 0.0000 |
| Hand and Wrist Surgery | 10 | Hand and Wrist Arthroplasty | 4 | 0 | 0.0000 |
| Hip Surgery | 11 | Hip Arthroplasty | 2 | 0 | 0.0000 |
| Knee Surgery | 13 | Knee Arthroplasty | 3 | 0 | 0.0032 |
| Knee Surgery | 14 | Knee Arthroplasty Revision | 1 | 0 | 0.0165 |
| Spine Surgery | 16 | Cervical Spine Fusion | 2 | 0 | 0.0402 |
| Spine Surgery | 17 | Cervical Spine Procedures | 0 | 0 | 0.0000 |
| Spine Surgery | 19 | Lumbar and Sacral Spine Fusion | 0 | 0 | 0.0000 |

**Monitor AM-PPCs 7 (Not Included in AM-PPC Performance Metric)[1]**

| Surgery Sub Category | PSG ID | PSG ID Description | SFY25Q1 At-Risk Services | SFY25Q1 Total AM-PPC | SFY25Q1 Expected Number AM-PPC |
|---|---|---|---|---|---|
| Foot and Ankle Surgery | 06 | Foot Arthroscopy Procedures | | | |
| Hip Surgery | 12 | Hip Arthroplasty Revision | | | |
| Foot and Ankle Surgery | 15 | Foot and Ankle Arthroplasty | | | |
| Cardiothoracic Surgery | 18 | Scalenus Procedures | | | |
| Spine Surgery | 21 | Thoracic Spine Fusion | | | |
| Hip Surgery | 32 | Open Hip Intra-Articular Procedures | | | |
| Hepatobiliary Surgery | 87 | Hepatobiliary Procedures | | | |
| **Total (Monitor AM-PPCs)** | | | **0** | **0.0000** | **0.0000** |

# How to use: PSG - Summary

| Procedure Subgroup (PSG) Specific Performance - Managed Care Data Only | | | | | |
|---|---|---|---|---|---|
| PSG's Included in the PSG Performance Metric: | | | | | |
| | | | Cycle 1 | | |
| Surgery Sub Category | PSG ID | PSG ID Description | SFY25Q1 At-Risk Service | SFY25Q1 Actual AM-PPC | SFY25Q1 Total Expected AM-PPC |
| Shoulder and Elbow Surgery | 01 | Shoulder and Elbow Arthroscopy | 300 | 7 | 2.2643 |
| Hand and Wrist Surgery | 02 | Hand and Wrist Arthroscopy | 1050 | 5 | 1.0054 |
| Knee Surgery | 03 | Knee Arthroscopy | 600 | 4 | 2.0422 |
| Hip Surgery | 04 | Hip Arthroscopy | 130 | 4 | 0.0000 |
| Hip Surgery | 11 | Hip Arthroplasty | 200 | 3 | 0.0406 |
| Hip Surgery | 31 | Hip Extra-Articular and Soft Tissue Procedures | 150 | 3 | 0.0000 |

- By sorting the “Actual AM-PPC” column in descending order, this allows institutions to pinpoint specific PSGs that may benefit from targeted improvement efforts. If multiple PSGs with the highest “Actual AM-PPC” counts fall under the same sub-category, it could indicate the need for systemic improvements within that category, rather than focusing solely on individual surgeries. In this example, ‘Hip Surgery’ is in the top 6 count of highest complications.

- Hospitals can also filter the “Surgery Sub Category” column independently to focus on specific areas of interest. For instance, if a hospital specializes in a particular surgery category, they can filter for that category to assess performance and identify trends. This data can then be leveraged to optimize care coordination and improve outcomes within the targeted category.

# PSG – Expected Rate

This tab expands on the information included on the PSG Summary by providing visibility into the age range of patients, the age weighted adjustment rates, and the calculations used to determine the weighted AERatio.

Using the PSG – Summary tab, with the PSG – Expected Rates tab, you can begin to understand more about the patient and the related complication.

Monitor AM-PPCs are for visibility.

| Procedure Subgroup (PSG) Specific Performance - Managed Care Data C | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PSG's Included in the PSG Performance Metric: | | | | | | | | |
| A | B | C | D | E | F | G | H | I |
| | | | | Cycle 1 | | | | |
| PSG ID | PSG ID Description | Age Range | Cohort | At-Risk Visits | Actual AM-PPCs | Expected AM-PPC Rate[1] | Expected AM-PPCs[1] | Excess Number of Actual AM-PPCs[2] |
| Expected and Weighted Calculations: | | | | | | | ( E * G ) | ( F - H ) |
| 01 | Shoulder and Elbow Arthroscopy | Under 5 | | | | | 0.0000 | 0.0000 |
| 01 | Shoulder and Elbow Arthroscopy | 5-17 | | | | 0.0000 | 0.0000 | 0.0000 |
| 01 | Shoulder and Elbow Arthroscopy | 18-44 | | 2 | 0 | 0.0090 | 0.0180 | -0.0180 |
| 01 | Shoulder and Elbow Arthroscopy | 45 and Over | | | | 0.0093 | 0.0000 | 0.0000 |
| 02 | Hand and Wrist Arthroscopy | Under 5 | | | | | 0.0000 | 0.0000 |
| 02 | Hand and Wrist Arthroscopy | 5-17 | | | | | 0.0000 | 0.0000 |
| 02 | Hand and Wrist Arthroscopy | 18-44 | | | | 0.0007 | 0.0000 | 0.0000 |
| 02 | Hand and Wrist Arthroscopy | 45 and Over | | | | 0.0012 | 0.0000 | 0.0000 |
| 03 | Knee Arthroscopy | Under 5 | | | | | 0.0000 | 0.0000 |
| 03 | Knee Arthroscopy | 5-17 | | 1 | 0 | 0.0032 | 0.0032 | -0.0032 |
| 03 | Knee Arthroscopy | 18-44 | | 2 | 0 | 0.0083 | 0.0165 | -0.0165 |
| 03 | Knee Arthroscopy | 45 and Over | | 3 | 0 | 0.0134 | 0.0402 | -0.0402 |
| Monitor AM-PPCs 7 (Not Included in AM-PPC Performance Metric)[3] | | | | | | | | |
| 06 | Foot Arthroscopy Procedures | 18-44 | | | | | | 0.0000 |
| 06 | Foot Arthroscopy Procedures | 45 and Over | | | | | | 0.0000 |
| 06 | Foot Arthroscopy Procedures | 5-17 | | | | | | 0.0000 |
| 06 | Foot Arthroscopy Procedures | Under 5 | | | | | | 0.0000 |
| 12 | Hip Arthroplasty Revision | 18-44 | | 1 | | | | 0.0000 |
| 12 | Hip Arthroplasty Revision | 45 and Over | | | | | | 0.0000 |
| 12 | Hip Arthroplasty Revision | 5-17 | | | | | | 0.0000 |
| 12 | Hip Arthroplasty Revision | Under 5 | | | | | | 0.0000 |

# How to use: PSG – Expected Rates

| PSG I | PSG ID Description | Age Range | Cohort | At-Risk Visits | Actual AM-PPCs | Expected AM-PPC Rate[1] | Expected AM-PPCs[1] | Excess Number of Actual AM-PPCs[2] |
|---|---|---|---|---|---|---|---|---|
| 04 | Hip Arthroscopy | Under 5 | | | | | 0.0000 | 0.0000 |
| 04 | Hip Arthroscopy | 5-17 | | | | 0.0000 | 0.0000 | 0.0000 |
| 04 | Hip Arthroscopy | 18-44 | | 75 | 4 | 0.0000 | 0.0000 | 4.0000 |
| 04 | Hip Arthroscopy | 45 and Over | | 55 | 0 | 0.0000 | 0.0000 | 0.0000 |
| 11 | Hip Arthroplasty | Under 5 | | | | 0.0076 | 0.0000 | 0.0000 |
| 11 | Hip Arthroplasty | 5-17 | | | | | 0.0000 | 0.0000 |
| 11 | Hip Arthroplasty | 18-44 | | 100 | 3 | 0.0041 | 0.4060 | 2.5940 |
| 11 | Hip Arthroplasty | 45 and Over | | 100 | 0 | | 0.0000 | 0.0000 |
| 31 | Hip Extra-Articular and Soft Tissue Procedures | Under 5 | | | | | 0.0000 | 0.0000 |
| 31 | Hip Extra-Articular and Soft Tissue Procedures | 5-17 | | | | | 0.0000 | 0.0000 |
| 31 | Hip Extra-Articular and Soft Tissue Procedures | 18-44 | | 100 | 3 | 0.0000 | 0.0000 | 3.0000 |
| 31 | Hip Extra-Articular and Soft Tissue Procedures | 45 and Over | | 50 | 0 | | 0.0000 | 0.0000 |

- Once you have identified PSGs to analyze, you can filter on the “PSG ID” column and look at the age ranges. This allows hospitals to identify which age groups are experiencing the most complications. This may aid in the development of surgery specific care plans based off age.
- Hospitals can filter on the “Age Range” column if you typically see higher volume of patients in a particular age range.
- Hospitals can also filter on “Excess Number of Actual AM-PPCs” in decreasing order to see which PSGs are having *more* complications than expected (Column H Expected AM-PPCs) when compared to the hospitals “Actual AM-PPCs (Column F). This can be used by hospitals to identify PSGs that might need more follow up care efforts.

# AM-PPC List

This tab contains a list of all possible AM-PPC's with the count of total AM-PPCs identified utilizing the Solventum AM-PPC algorithm for the reporting period.

Hospitals can begin to understand the frequency of complications across all disciplines. Also, hospitals may identify if there could be a link between complication and surgeries.

**AM-PPC-Specific Performance - Managed care data only**

**AM-PPCs Included in the AM-PPC Performance Metric**

**Note: The Count of AM-PPCs are complications that arise within 30 days post elective outpatient ambulatory services. This number may be higher than the Actual AM-PPC's for a hospital due to multiple complications after an elective outpatient surgery occured.**

| AM-PPC ID | AM-PPC ID Description | AM-PPC Group | Cycle 1 SFY25 Q1 Count AM-PPC | Cycle 1 SFY25 Q1 % of Total |
|---|---|---|---|---|
| 01 | Stroke and Intracranial Hemorrhage | Perioperative Complications | 0 | 0.0% |
| 03 | Acute Pulmonary Edema, Respiratory Failure or Distress | Cardiovascular-Respiratory Complications | 2 | 2.6% |
| 05 | Pneumonia and Other Lung Infections | Cardiovascular-Respiratory Complications | 8 | 10.3% |
| 06 | Aspiration Pneumonia | Cardiovascular-Respiratory Complications | 2 | 2.6% |
| 07 | Pulmonary Embolism | Cardiovascular-Respiratory Complications | 18 | 23.1% |
| 08 | COPD and Asthma Exacerbations | Cardiovascular-Respiratory Complications | 0 | 0.0% |
| 09 | Shock | Extreme Complications | 0 | 0.0% |
| 10 | Congestive Heart Failure | Cardiovascular-Respiratory Complications | 0 | 0.0% |
| 11 | Acute Myocardial Infarction | Cardiovascular-Respiratory Complications | 1 | 1.3% |
| 12 | Other Acute Cardiac Complications | Cardiovascular-Respiratory Complications | 0 | 0.0% |
| 13 | Acute Ischemic Heart Disease | Cardiovascular-Respiratory Complications | 0 | 0.0% |
| 14 | Ventricular Fibrillation and Cardiac Arrest | Extreme Complications | 1 | 1.3% |
| 16 | Venous Thrombosis | Cardiovascular-Respiratory Complications | 1 | 1.3% |

# AM-PPC Detail

| H | I | J | K | L | M | N |
|---|---|---|---|---|---|---|
| Provider Medicaid ID | Provider Name | Date of Service From | Date of Service To | Event Type ID | Event Description | Surgery Sub Category |
| 0000ABC123 | Initial Service Prov. | 12/1/2022 | 12/1/2022 | PSG - 223 | Neurostimulator Device Procedures | Neurological Surgery |
| MNO999996 | AM-PPC Provider | 1/1/2023 | 1/1/2023 | AM_PPC - 136 | Nervous System Procedure Complications | |
| 0000ABC123 | Initial Service Prov. | 3/29/2023 | 3/29/2023 | PSG - 58 | Peripheral Vascular Access - Tunneled and PICC | Interventional Radiology |
| MNO999996 | AM-PPC Provider | 4/17/2023 | 5/9/2023 | AM_PPC - 54 | Central Venous Catheter-Related Blood Stream Infection | |
| MNO999996 | AM-PPC Provider | 4/17/2023 | 5/9/2023 | AM_PPC - 35 | Septicemia and Other Severe Infections | |
| 0000ABC123 | Initial Service Prov. | 11/15/2023 | 11/15/2023 | PSG - 68 | Bronchoscopy | Pulmonology |
| MNO999996 | AM-PPC Provider | 11/15/2023 | 11/20/2023 | AM_PPC - 35 | Septicemia and Other Severe Infections | |
| MNO999996 | AM-PPC Provider | 11/15/2023 | 11/20/2023 | AM_PPC - 06 | Aspiration Pneumonia | |
| 0000ABC123 | Initial Service Prov. | 3/2/2023 | 3/2/2023 | PSG - 59 | Distal Autogenous AV Fistula and Other Hemodialysis Pxs | Vascular Surgery |
| MNO999996 | AM-PPC Provider | 3/8/2023 | 3/8/2023 | AM_PPC - 124 | Vascular Infection, Inflammation and Other Implant Complications | |
| 0000ABC123 | Initial Service Prov. | 10/17/2022 | 10/17/2022 | PSG - 56 | Percutaneous Transluminal Coronary Angioplasty (PTCA) | Interventional Cardiology |
| MNO999996 | AM-PPC Provider | 11/9/2022 | 12/6/2022 | AM_PPC - 35 | Septicemia and Other Severe Infections | |
| 0000ABC123 | Initial Service Prov. | 7/19/2023 | 7/19/2023 | PSG - 80 | Laparoscopic Insertion/Revision of Intraperitoneal Catheter | Minimally Invasive Surgery |
| MNO999996 | AM-PPC Provider | 7/21/2023 | 7/21/2023 | AM_PPC - 124 | Vascular Infection, Inflammation and Other Implant Complications | |
| 0000ABC123 | Initial Service Prov. | 8/16/2023 | 8/16/2023 | PSG - 59 | Distal Autogenous AV Fistula and Other Hemodialysis Pxs | Vascular Surgery |
| MNO999996 | AM-PPC Provider | 8/16/2023 | 8/16/2023 | AM_PPC - 14 | Ventricular Fibrillation and Cardiac Arrest | |

This tab lists the elective outpatient ambulatory service PSG with AM-PPCs that occurred during the current reporting period. More than one AM-PPC may occur during a given outpatient service; in such cases each AM-PPC will be listed on a separate row.

Hospitals have more visibility into the patient experience and the claims that were submitted. This also allows hospitals to see the timeframes in which each part of the chain happened. Also, filtering on Event Type ID (column L) for the AM-PPC would allow hospitals some additional insight into total complications resulting from surgery.

# Op Visit – IP Admission

| Proivider Medicaid ID | Provider Name | ClaimId | PSG ID | Date of Service From | Date of Service To | Type of Bill | Discharge Status | Principal Diagnosis | Principal Diagnosis POA | Secondary Diagnosis |
|---|---|---|---|---|---|---|---|---|---|---|
| 00001234 | Main Street Hospital | abcd12345 | 146 | 7/1/2022 | 7/10/2022 | 111 | 01 | N920 | Y | J9601;J9811;N946;N801;N |

This tab contains the inpatient admissions that have an elective outpatient ambulatory procedure preceding the admission date and that also contain a complication indicated as present on admission (POA). The reason for evaluating inpatient admissions for ambulatory initiated procedures is due to the 3-day or 72-hour payment rule. This rule requires hospitals to consolidate the related ambulatory procedures/services rendered to a patient within 3 days/72 hours, within the inpatient admission.

**This tab is for informational purposes only. These claims do not impact reporting metrics.**

# AM-PPC Exclusions

**Exclusion Procedures** are procedures that are not elective, intrinsically clinically complex, or infrequently performed within the ambulatory setting and are excluded from consideration. Two common examples of exclusion procedures are emergency dialysis and emergency tracheostomy.

- Exclusions are:
  - Procedures performed in hospital emergency departments.
  - Inpatient admissions that have an ambulatory procedure encounter preceding the admission date and contain a complication indicated as present on admission (POA).
  - Admissions with severe or catastrophic conditions that are excluded from AM-PPC consideration.
  - Events where preventability is difficult to assess due to procedures being intrinsically clinically complex, not elective, or infrequently performed within the ambulatory setting.

# Cycles of QIPP AM-PPC Reporting

| AM-PPC Cycle | Cycle 1 | Cycle 2 | Cycle 3 | Cycle 4 |
|---|---|---|---|---|
| **Statewide Threshold A/E Ratio** | 1.00 | 1.00 | 1.00 | 1.00 |
| **Baseline Period** | 1/1/2022 - 12/31/2023 | 1/1/2023 - 12/31/2024 | 1/1/2024 - 12/31/2025 | 1/1/2025 - 12/31/2026 |
| **Date of Report to determine if CAP is required** | No CAP Required | July 2026 | July 2027 | July 2028 |
| **If CAP is required, due date to submit CAP** | N/A | 9/1/2026 | 9/1/2027 | 9/1/2028 |
| **Corrective Action Plan (CAP) Period** | 1/1/2023-12/31/2024 | 1/1/2024-12/31/2025 | 1/1/2025-12/31/2026 | 1/1/2026-12/31/2027 |
| **Performance Incentives Period** | 7/1/2025-6/30/2027 | 7/1/2026-6/30/2028 | 7/1/2027-6/30/2029 | 7/1/2028-6/30/2030 |
| **Date of Report that Provider Performance Incentives will be assessed (1%-2% improvement from CAP period)** | N/A | January 2029 | January 2030 | January 2031 |

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.

# 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 2025 QIPP Resources: Value-Based Incentives - Mississippi Division of Medicaid (ms.gov).

Attestation Forms:

- AM-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/FY2025 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 2025 QIPP Resources section "SFY 2025 MS HIN Attestation". The Attestation form is required to be submitted via the SharePoint site in the QIPP/FY2025 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).

# Upcoming dates of interest: QIPP AM-PPC Reporting

## Cycle 1 AM-PPC

| | |
|---|---|
| February 18, 2025: | Hospital deadline to attest receipt and review of the quarterly reports for Q1 |
| February 18, 2025: | Hospital deadline to attest receipt and review of the quarterly reports for Q2 |
| February 24, 2025: | Hospital deadline to attest receipt and review of the quarterly reports for Q3 |
| April 21, 2025: | Quarterly AM-PPC reports distributed to hospitals for Q4 |
| May 21, 2025: | Hospital deadline to attest receipt and review of the quarterly reports for Q4 |

## Cycle 2 AM-PPC

| | |
|---|---|
| July 2025 | Cycle 2 AM-PPC Starts: Quarterly AM-PPC reports distributed to hospitals for Q1 |

# Appendix

# Glossary: AM-PPC

- **Actual AM-PPC:** The count of each claim that has a PSG assigned with at least 1 AM-PPC. If there are multiple AM-PPCs related to the claim/visit, the Actual AM-PPC only assigns a count of 1 to the PSG.
- **Actual-to-expected ratio:** Performance metric that compares the total number of AM-PPCs that occurred to the statewide number of expected AM-PPCs.
- **Age Adjustment Weight:** An age adjusted reference weight is calculated for each Procedure Subgroup (PSG) by Solventum. Patient age is observed as a proxy for patient frailty and presence of undifferentiated comorbid chronic conditions.
- **At-risk elective outpatient ambulatory services:** An elective outpatient ambulatory service that may or may not result in an AM-PPC. These exclude any visits that met the criteria for global exclusions.
- **Corrective action plan (CAP):** Document that describes strategies for reducing potentially preventable hospital returns.
- **Elective Procedures:** Solventum defines Elective Procedures as procedures where providers and patients have time and opportunity to decide when it is appropriate to treat patients and in which setting.
- **Event Window:** defines the analysis period that will be used to evaluate subsequent encounters for complications and link them back to an initial elective ambulatory procedure encounter. The Solventum methodology recommends the AM-PPC event window be 30 days.
- **Exclusion Procedures:** Procedures that are not elective, intrinsically clinically complex, or infrequently performed with in the ambulatory setting are excluded from consideration.
- **Low Volume:** Hospitals with fewer than 10 actual or expected AM-PPCs. Such hospitals will receive an AM-PPC report, but the weighted actual-to-expected ratio will not be calculated.
- **PSG Rate:** Solventum has calculated the expected PSG rate for each PSG. This is the rate of PSGs that they would expect to have an AM-PPC.
- **Quality Incentive Payment Program (QIPP):** Mississippi Medicaid program designed to link MHAP funds to care quality.

# 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)