Coming Soon: Annual Potentially Preventable Readmissions (PPR) Information

Information posted November 11, 2011

Beginning January 16, 2012, reports for potentially preventable readmissions (PPR) will be available on this website when providers log into their TMHP account in accordance with legislative direction.

PPR is defined as a return hospitalization of a client within 15 days of the initial discharge date when the return hospitalization could have been the result of deficiencies in care or treatment provided to the client during a previous hospital stay or in follow-up after hospital discharge.

PPR rates will be calculated for services that are rendered to Texas Medicaid clients in acute care facilities. A statewide average rate will be calculated for all hospitals within Texas as well as a rate for each individual hospital, which will allow hospitals to compare their rate of PPR to the statewide average. A hospital will have access only to the statewide average and the hospital’s specific PPR rate. Rates of individual hospitals will not be shared with other hospitals or with the general public at this time.

Claim data for hospital stays that occurred between September 2009 and August 2010 will be used for the reports that will be available January 16, 2012. The claim data includes fee-for-service, Primary Care Case Management (PCCM), and Medicaid managed care programs.

In addition to the individual hospital’s PPR rate and the statewide average hospital PPR rate, the following information will be available through the provider’s TMHP website account:

- General information that explains how PPR is one method used to measure health-care quality
- A description of how PPR is calculated
- A data breakdown of PPR rates by types of admissions and types of readmissions
- Detailed claims data used to calculate the provider’s specific PPR rate and to contribute to the statewide hospital average

The PPR rates look at combined performance over many acute inpatient stays. The PPR methodology classifies individual hospital admissions as unique and unrelated or as potentially preventable. The methodology does not attempt to classify any stay as specifically or clearly preventable.

PPR rates do not include hospital readmissions caused by unrelated events after discharge. PPR does include readmissions of clients to a hospital for any of the following:

- The same condition or procedure for which the client was previously admitted
- An infection or other complication resulting from care previously provided
- A condition or procedure that indicates that a surgical intervention performed during a previous admission did not achieve the anticipated outcome
Another condition or procedure of a similar nature to the original admission, as determined by the executive commissioner

HHSC will be providing this information to help hospitals measure their quality of care and to make decisions about how it can be improved. PPR information should help providers to focus their attention on the critical time of transition between inpatient and outpatient phases of treatment for an acute illness. PPR information can highlight complications from treatment that become evident only after discharge.

Providers may submit questions about the PPR report to PPR.Report@tmhp.com.

For more information, call the TMHP Contact Center at 1-800-925-9126.