Illinois Department of Healthcare and Family Services
Illustrative Potentially Preventable Readmissions (PPR) Analysis for SFY2014
Facility: KINDRED HOSPITAL - SYCAMORE ID: 19012
Exhibit 1: Facility-Specific Summary Report

Notes:
1. Please refer to Appendix A for definitions of each row of data.
2. Analysis is illustrative based on historical SFY2011 performance. Each facility is expected to improve results which may lower or eliminate any potential payment penalty.

I. Admission Breakdown

Admits		Description
-	(A)	Total Admissions
-	(B)	Admissions with Errors (=)
-	(C)	Admissions Excluded (= C1 + … + C10)
-	(C1)	*Neonatal Admissions*
-	(C2)	*OB Admissions*
-	(C3)	*Malignancy Admissions*
-	(C4)	*Left Against Medical Advice*
-	(C5)	*Admission Transferred*
-	(C6)	*Non-Event (e.g.: Rehab) Admission*
-	(C7)	*Patient Died*
-	(C8)	*HIV-Related Admissions*
-	(C9)	*DRGs with Fewer than 5 Qualifying Admissions*
-	(C10)	*Pediatric Behavioral Health*
-	(C11)	*Other Exclusions*
-	(D)	All Readmissions at Facility
-	(E)	Qualifying Admissions (= A - B - C - D)
-	(F)	Admissions with Associated Readmissions (PPR Chains)
-	(G)	Admissions with No Associated Readmissions (= E - F)
-	(H)	Readmissions Due to PPR Chains (= H1 + H2)
-	(H1)	*Occurring at Facility*
-	(H2)	*Occurring at Other Facility*

II. PPR Rates and Analysis

Admits and Rates				
All Admits	**Non-BH**	**BH**		**Description**
-	-	-	(E)	Qualifying Admissions
-	-	-	(F)	PPR Chains
0.00%	0.00%	0.00%	(I)	Actual PPR Rate (= F / E)
0.00%	0.00%	0.00%	(J)	Target PPR Rate
n/a	n/a	n/a	(K)	Actual PPR Rate over Target PPR Rate (= I / J). *(See Note)*
-			(L)	PPR Chains in Excess of (or Below) Target (= [I - J] * E), rounded to the nearest whole number. *(See Note)*

Note: Result may vary slightly when calculating (K) or (L) with the numbers displayed in (I) and (J) as the Actual and Target PPR rates used for this calculation are unrounded.

III. Illustrative PPR Rate Payment Penalty Based on SFY2011 Experience

Dollars		Description
$ -	(M)	Total Payments for Readmissions in PPR Chains
n/a	(N)	Average Readmission Payments per PPR Chains (= M / F)
$ 3,074,053	(O)	Total Payments for All Inpatient Admissions, Plus IP Static and Assessment Payments
n/a	(P)	Total Readmission Payments in Excess of Target (= N * L or 0)
$ 92,222	(Q)	Payment Penalty Cap (= O * 3%)
n/a	(R)	**Illustrative Payment Penalty (= Lessor of P or Q)**

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Exhibit 2: Facility-Specific Top Five APR-DRGs Ranked by the Difference Between the Number of Actual and Target PPR Chains

Notes:
1. Please refer to Appendix A for definitions of each column of data.
2. The number of Target PPR Chains is rounded at the APR-DRG level for purposes of this exhibit. As such, it is possible for the number of Target PPR Chains to be less than one.
3. Only APR-DRGs with two or more qualifying admissions may be included in this exhibit.
4. If less than five APR-DRGs are displayed, there were not enough individual APR-DRGs with (a) two or more qualifying admissions, or (b) Excess PPR Chains (rounded to the nearest whole number).

APR-DRG	Description	Total Admissions	Qualifying Admissions	PPR Chains		
				Actual	Target	Excess

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Appendix A: Description of Row Values for Exhibit 1

Notes: Rows E, F and I through L are divided into behavioral health and non-behavioral health subcategories, which are defined based on APR-DRG assignment (APR-DRGs for behavioral health are 740 through 776). This division is for informational purposes only.

Row	Description

A. Total Admissions	Admissions included in analysis, which represent Medical Assistance fee-for-service discharges (includes Medicaid, SCHIP and state-only funded programs) with dates of service in SFY 2010. These admissions exclude:
	• Managed care
	• Dual eligibles
	• Claims with a detox primary diagnosis code (detox readmissions fall under a separate HFS policy through Senate Bill 2840). The primary diagnosis codes used to identify these admissions are:
	  o Alcohol detoxification: 291.0 – 291.9 except 291.82, 303.00-303.92, 305.00-305.2, and 790.3
	  o Drug detoxification: 292.0-292.9 except 292.85, 304.00-304.92, and 305.20-305.92
	• Long Term Acute Care
	• Rehabilitation
	
	Note: Zero paid claims are included for purposes of tracking complete PPR chains. Interim bills are merged into a single claim.

B. Admissions with Errors	Admissions with errors as identified by 3M's PPR software. See Table B following for a description of error types.
C. Admissions Excluded	Admissions excluded from the PPR rate calculations. These exclusions are performed after the total admissions in (A) are run through the 3M software. Rows (C1) through (C10) provide a breakdown of the admissions by exclusion type.
C1 – Neonatal admissions	Admissions assigned a 3M record type of NT (neonatal)
C2 – OB admissions	Admissions assigned one of the following APR-DRGs: 540 OB Cesarean delivery 541 OB Vaginal delivery w sterilization &/or D&C 542 OB Vaginal delivery w complicating procedures exc sterilization &/or D&C 544 OB D&C aspiration curettage or hysterectomy for obstetric diagnoses 545 OB Ectopic pregnancy procedure 546 OB Other O.R. proc for obstetric diagnoses except delivery diagnoses 560 OB Vaginal delivery 561 OB Postpartum & post abortion diagnoses w/o procedure 563 OB Threatened abortion 564 OB Abortion w/o D&C aspiration curettage or hysterectomy 565 OB False labor 566 OB Other antepartum diagnoses
C3 – Malignancy admissions	Admissions assigned a 3M record type of MM (major/metastatic malignancy) or MA (malignancy)
C4 – Left Against Medical Advice	Admissions assigned a 3M record type of LA (left against medical advice)
C5 – Admission Transferred	Admissions assigned a 3M record type of TA (transfer admissions)
C6 – Non-Event (e.g., Rehab) Admission	Admissions assigned a 3M record type of NE (non-event), which represent admissions to non-acute facilities and admissions to acute care hospitals for non-acute care (i.e., hospice). Rehabilitation claims fall into this category.
C7 – Patient Died	Admissions assigned a 3M record type of OD (only admission – died)
C8 – HIV Related Admissions	Admissions assigned a 3M record type of HV (HIV APR-DRGs)
C9 – DRGs with Fewer than 5 Qualifying Admissions	Admissions representing DRGs with fewer than five total qualifying admissions statewide

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Appendix A: Description of Row Values for Exhibit 1

Notes: Rows E, F and I through L are divided into behavioral health and non-behavioral health subcategories, which are defined based on APR-DRG assignment (APR-DRGs for behavioral health are 740 through 776). This division is for informational purposes only.

Row	Description
C10 – Pediatric Behavioral Health	Admissions assigned to a Behavioral Health DRG (740-760, 770-776) and patient age less than or equal to 18 years.
C11 – Other Exclusions	Admissions representing exclusions for other reasons, for example, the presence of an error APR-DRG assignment. Admissions assigned a 3M record type of EE (error DRG), NM (other exclusion), or OG (other global exclusion).
D. All Readmissions at a Facility	A count of all readmissions occurring at the facility, regardless of where the initial admission occurred that preceded the readmission. In contrast, Row H represents a count of readmissions attributable to this facility's PPR Chains.
E. Qualifying Admissions	Total admissions, less admissions with errors, excluded admissions and readmissions (A-B-C-D)
F. PPR Chains	A count of admissions occurring at the facility that are followed by one or more clinically-related readmission within 30 days. 3M software designates these admissions as "initial admissions" (IAs) in a PPR chain. The clinically-related readmissions may occur at the same facility or a different facility.
G. Admissions With No Associated Readmission(s)	A count of the admissions occurring at the facility that have no clinically-related readmissions at the facility or other facilities. 3M software designates these admissions as "only admissions" or "OAs".
H. Readmissions Associated with PPR Chains	A count of readmissions that are part of the PPR chains attributed to the facility
H1 – Occurring at Facility	The number of PPR chain readmissions that occur at the facility
H2 – Occurring at Other Facility	The number of PPR chain readmissions occurring at a different facility
I. Actual PPR Rate	The number of PPR Chains (F) divided by the number of qualifying admissions in study (E)
J. Target PPR Rate	The number of target PPR chains divided by the number of qualifying admissions in study. The number of target PPR chains is set at 86 percent of the facility's case-mix adjusted statewide expected PPRs (including adjustments for the mix of patient by age and behavioral health status).
K. PPR Actual to Target Ratio	The Actual PPR Rate (I) divided by the Target PPR Rate (J) *Note: Result may vary slightly when calculating this number with the numbers displayed in Exhibit 1 as the actual and target PPR rates used for this calculation are unrounded.*
L. PPR Chains In Excess (or Below) of Target	The difference between the Actual PPR rate (I) and the Target PPR rate (J), multiplied by the qualifying admissions (E) *Note: Result may vary slightly when calculating this number with the numbers displayed in Exhibit 1 as the actual and target PPR rates used for this calculation are unrounded.*
M. Total Payments for Readmissions in PPR Chains	Total Medical Assistance net liability attributable to readmissions associated with PPR Chains generated by this facility. Payments associated with the initial admissions of the chain are not included in this value.
N. Average Readmission Payments per PPR Chains	Total payments for readmissions in PPR chains (M) divided by the number of PPR chains (F)
O. Total Payments for All Inpatient Admissions	Total Medical Assistance allowed dollars for Total Admissions (A)
P. Total Readmission Payments in Excess of Target	The average readmission payments per PPR chains (N) multiplied by the number of PPR chains in excess of target (L). This calculation is not performed if there are no PPR chains in excess of target in (L).
Q. Payment Penalty Cap	Total payments for readmissions in PPR chains (M) multiplied by the statewide PPR cap of three percent.
R. Illustrative Payment Penalty	The lower of total readmission payments in excess of target (P) and the payment penalty cap (Q).

Table B: 3M Error Code Values

Error Code	Description
1	APR grouping error
9	Admissions after a patient has expired
10	Mismatched birth date
11	Mismatched sex
12	Dates out of order
13	Mismatched DtoA
14	Patient ID cannot be blank
15	Birth date error
16	Admit date error
17	Discharge date error
30	Invalid occurrence number
31	Duplicate occurrence number
32	Invalid chain number
40	Exceeded max admissions
41	Exceeded max chains
42	Exceeded max admissions per chain
99	Patient admission excluded due to an error in another admission