

**Hospital Quality Incentive Program (HQIP)  
Potentially Preventable Admissions (PPA)  
CY2017 Performance Year Changes**

**Overview**

The 2017-2018 HQI Program measures preventable inpatient acute care hospital admission events which occurred during calendar year 2017 to provide rewards on incremental improvement in reducing potentially preventable admissions (PPA) and achieving benchmarks of the statewide preventable event rate. The measurement is based on the 3M™ Population-focused Preventables Software.

During the Department of Human Services' (DHS) preliminary data review, it was determined that 3M CGS Version 2016.2.2 PPA version 1.3.1 did not include APR-DRG versions 34 and 35. DHS implemented the versions 34 and 35 effective discharge dates of October 1, 2016 and October 1, 2017, respectively. After discussion directly with 3M™, DHS determined that an upgrade to *2018.1.1 PPA version 2.1.0* was necessary. With the upgrade, DHS notes that 3 APR-DRGs are no longer identified as potentially preventable: 662 Sickle Cell, 310 Intervertebral Disc Excision and Depression, and 245 Inflammatory Bowel Disease. For this reason, DHS has decreased the APR-DRGs for CY2017 to 22 which is now displayed on DHS' website.

**Standard Benchmarks**

Based on the upgraded software and the reduced potentially preventable APR-DRGs, DHS has revised the Benchmarks:

<b>PPA Version</b>	<b>2016.2.2 PPA 1.3.1 (Original)</b>	<b>2018.1.1 PPA 2.1.0 (Upgraded)</b>
CY 2016 25 <sup>th</sup> Percentile	8.38%	8.46%
CY 2016 50 <sup>th</sup> Percentile	10.98%	11.53%

**Children's Benchmark**

Beginning with the FY 2017-2018, Children's Hospitals will be evaluated under a separate benchmark measure. The changes above resulted in a Children's Hospital benchmark of 24.33.