Present on Admission Indicators

Today and Tomorrow

Patrick W. Kennedy
Administrator
Office of Data Collection & Quality Assurance
Agency for Health Care Administration
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The History of POA in Florida

• POA reporting adopted on a voluntary basis via administrative rule in 2006
• POA reporting then mandated by rule to begin in 1stQ of 2007 (numeric format) and 2ndQ of 2007 (alpha format)
• 2ndQ 2007 change aligns FL reporting with national standards
• Mandatory reporting began 1stQ 2007
Easy Stuff First...
POA Defined...

• Stands for: “Present on Admission”

• Defined in rule as: “Present at the time an order for inpatient admission occurs.”
What Does That Mean?

- Conditions that develop during an outpatient encounter, including ED, observation or outpatient surgery are considered as present on admission.
- For each diagnosis and external cause of injury code a present on admission indicator should be assigned.
POA Actual Indicators

- **Y = Yes** – Present at the time that the order for inpatient admission occurs.
- **N = No** – Not present at the time that the order for inpatient admission occurs.
- **U = Unknown** – Documentation is insufficient to determine if condition is present on admission.
- **W = Clinically undetermined** – Provider is unable to clinically determine whether condition was present on admission.
Exempt from Reporting

• Leave the present on admission field blank if the condition is on the list of ICD-9 CM codes for which this field is not applicable.

• These conditions are considered exempt because they do not represent a current disease or injury or are always present on admission:

• This is the only circumstance in which the POA field may be left blank.
Examples of Exempt Codes

- **V11** - Personal history of mental disorder
- **V22** – Normal pregnancy
- **V52** – Fitting and adjustment of prosthetic device and implant
- **V67** – Follow-up examination
- **E810-E819** – Motor vehicle traffic accidents
POA Examples

- Pt. admitted for diagnostic work-up for cachexia. Final dx malignant neoplasm with metastasis. *Assign “Y” as condition was clearly not present at admit even though dx occurred in hospital.*

- Pt. undergoes outpt surgery. During recovery develops a-fib and admitted. *Assign “Y” as condition developed prior to admit.*

- Pt. undergoes inpt surgery. Afterward devlops fever & is treated aggressively. Physician’s final dx “possible postop infection”. *Code “N” since final dx contains term “possible”.*
Nursing Homes and POA

• Many nursing home admissions are made through ED
• Standard practice for many nursing homes
• In such cases, proper use of POA is key in characterizing conditions that are hospital-acquired
Why POA?

- CMS began collecting POA indicators
- Consistency of data (comparability)
- Policy and Research
Policy and Research?

- Florida Center collects data from all hospitals, ASCs and EDs
- Data used by facilities, academia and government
- Understanding Florida’s healthcare system
- Supports reasonable and informed regulatory and systems change decision-making
- Transparency assists informed consumer decisions (www.FloridaHealthFinder.gov)
POA & VBP

- VBP – Value-based purchasing
- POA → (certain) HACs → SOS…er…VBP
- CMS limiting reimbursements for some conditions that were not POA
- Better than across-the-board cuts?
AHCA & POA: The Present

Potential Uses for POA:

• Transparency
• Track in-hospital morbidity (r/o)
• Track avoidable re-admissions (r/o)
AHCA & POA: The Present

Potential problems with POA:

• First Q = Garbage
• Second Q = ??
• Source of Admission (Point of Origin)
AHCA & POA: The Future

- Medicaid and VBP? – No!...
- As in No!...plans right now
- CMS has not authorized
- Legislature ultimate control
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