

# PRESENT ON ADMISSION ACTION PLAN WEBINAR

## Question and Answer

July 8, 2015

### Resources:

- HHSC PPE webpage: [http://www.hhsc.state.tx.us/hhsc\\_projects/ECI/Potentially-Preventable-Events.shtml](http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml)
- 3M Definitions Manuals can be accessed via <http://www.aprdrgassign.com>. Username – TXHosp; Password – aprdrg004
- Questions? E-mail: MCD\_PPR\_PPC@hhsc.state.tx.us

#	Question	Answer
1	If my hospital fails the PPC criteria, who will assess penalties, HHSC or the MCOs?	<p>For Fee for Service Claims, the Medicaid fee for service claims administrator will make these payment adjustments.</p> <p>For managed care organization (MCO) claims, HHSC makes adjustments to MCO capitation rates, and the MCO typically passes down reductions to applicable hospitals.</p> <p>Adjustments for FY16 claims (9/1/15-8/31/16) are made based on FY14 data (9/1/13-8/31/14)</p>
2	How is a high noncompliance population accommodated/adjusted for POA/PPC?	<p>For its data source, HHSC used inpatient claims data. Risk adjustments are made to ensure populations are measured fairly, but there are not any accommodations/adjustments made for patient noncompliance with treatment/treatment recommendations.</p>
3	Does an ICD-9 to APR_DRG crosswalk exist?	<p>The All Patient Refined Diagnosis Related Groups (APR-DRGs) are a clinical categorical model that expand the basic DRG structure by adding two sets of subclasses to each base APR-DRG. Thus, the use of ICD-9-CM diagnosis and procedures are evaluated for the assignment of the base APR DRG. The clinical logic, defined by diagnosis and procedure codes, along with a few other variables including birth weight, age, and patient discharge status, for the base APR DRG assignment is documented in the definition manual detailing the specific ICD-9-CM diagnosis and/or procedure code used to define each group. There is no map of ICD-9-CM diagnosis code to APR DRG as this is a hierarchical model that depends on the combination of principal diagnosis, secondary diagnosis and procedures coded on the patient record. Appendix in the definition manual detail the base APR DRGs that principal diagnosis and procedure codes can be assigned.</p> <p>The PPCs are also a clinical categorical model. Thus, the definition manual details all the diagnosis, procedure and additional clinical logic used for each PPC assignment and exclusion criteria.</p>

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4	What were the 3 neonate codes taken off the list?	<p>Our apologies, there are actually more than three codes. The codes are found in the Appendix F – Pre-existing List, marked as Neonate only (Y) were exempted from all four of the Quality Screens. Documentation is in update now and should be posted shortly.</p> <p>Ex: Quality Screen #1 %NPOA for conditions on pre-existing list now reads.                      % Not POA for secondary diagnosis on the Pre-Existing List – This criterion identifies hospitals with a high not POA rate for pre-existing secondary diagnosis codes (excluding exempt codes and codes identified by a “Y” in the “Neonate” column). Numerator is the count of sdx codes on the pre-existing list with a POA indicator Not POA. Denominator is the count of sdx codes on the pre-existing list. Some diagnoses will only be considered pre-existing conditions if the patient is a neonate (i.e. Age on Admission is 0 – 7 days). Diagnosis codes identified by a “Y” in the “Neonate” column represent codes that are considered pre-existing conditions only if the patient is a neonate for the sole purpose of assigning the admission APR DRG and are excluded from this POA quality check.</p>
5	If one fails the data quality check for POA, then do you really know that the hospital had high PPCs? Should this be a penalty for faulty data then rather than a penalty for PPC, which we really can't say happened with the data presented?	<p>What you describe is the rationale for the POA screen / potential for penalties based on not passing the POA screen. The POA quality check is intended to be used as a screen for hospital level data quality. Because HHSC wants to ensure it are analyzing the best data possible, we exclude the hospital data that failed the POA screen, but hospitals have been still measured on their PPC actual to expected ratio. When HHSC measures PPC performance in February 2016 (using FY15 data) it will have the option of implementing reimbursement reductions to hospitals based on failing the POA quality screen. We feel that this will incentivize provision of high quality data.</p>
6	This is assuming that if we are somehow coding or documenting incorrectly if we are out of alignment with other hospitals--when in fact we may be coding and documenting accurately. Maybe our population really is healthier or sicker than the average. I don't think it's fair to penalize hospitals based on "averages" with no audit of whether we are really correct or not...	<p>In its administrative rules, HHSC has the option to implement a reimbursement reduction if a hospital does not pass the POA quality screen. HHSC will be reviewing whether to implement this policy when the FY15 data is analyzed (in spring 2016)</p>
7	Are the MCOs required to implement POAs? If yes, are they required to use the 3M software?	<p>MCOs are required to ensure that hospital claims have POA codes on them using the specific CMS POA codes. However, MCOs do not run these data through the 3M POA</p>

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		quality screen.
8	What was the website she said www.aprdrg?	<a href="http://www.aprdrgassign.com">http://www.aprdrgassign.com</a> Username – TXHosp; Password – aprdrg004
9	Is it possible to receive a transcript of the audio? That would be easier to share the contents of this presentation rather than having to listen to the entire hour.	We apologize for the inconvenience, however due to limited resources, we hope that providing the recording of the webinar will suffice.