

Present On Admission Webinar

TX HHSC webinar
7/8/2015

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Research

Agenda



- Refresh on HHSC PPR and PPC quality based payment policy
- Introduction of TX POA policy
- Intro to Present on Admission (POA)
- Explanation of the POA Quality Test
- Best Practice on evaluating POA
- Failing one of more POA Quality Screens
- Summary

HHSC PPR and PPC quality based payment policy

Background

- Potentially Preventable Readmissions (PPRs)
 - Goals, Methodology and process
- Potentially Preventable Complications (PPCs)
 - Goals, Methodology and process
- Present on Admission (POA) quality screen
- Reports
- HHSC Customer Service/Technical Support



HHSC Policy on POA performance



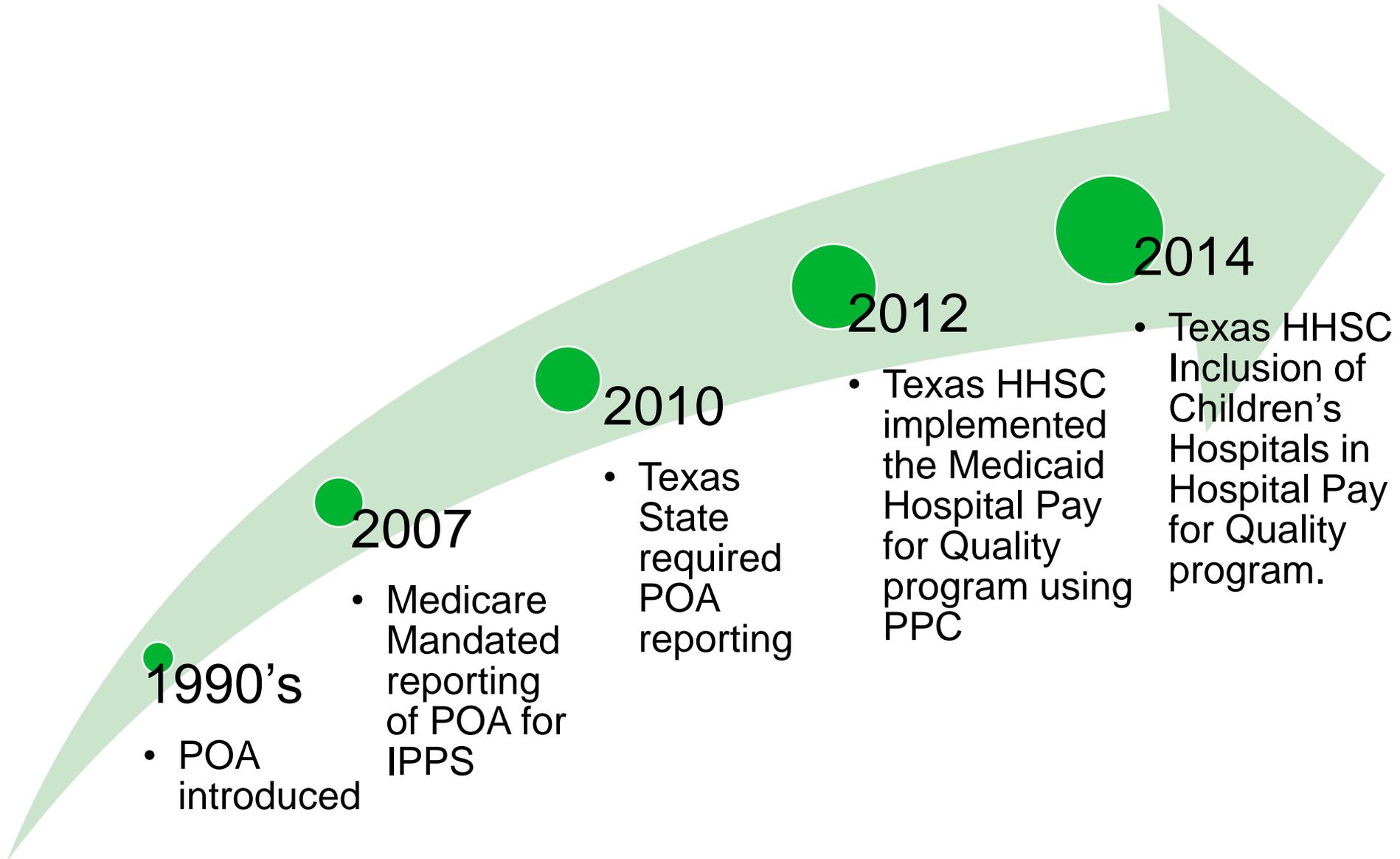
- Why focus on POA?
 - Rationale and potential consequences outlined in Administrative Rules
- Basic Process
 - Annual Measurement of most recent fiscal year dataset
 - POA quality check for PPC
 - Hospital reports
 - Reimbursement Adjustments
 - HHSC , EQRO, 3M Technical Assistance

Introduction of Present on Admission (POA)

POA Defined : The Present on Admission (POA) indicator is a data element on the hospital administrative record that is associated with each diagnosis field and indicates whether the condition was present at hospital admission (a comorbidity) or whether it arose during the hospitalization stay (a complication).



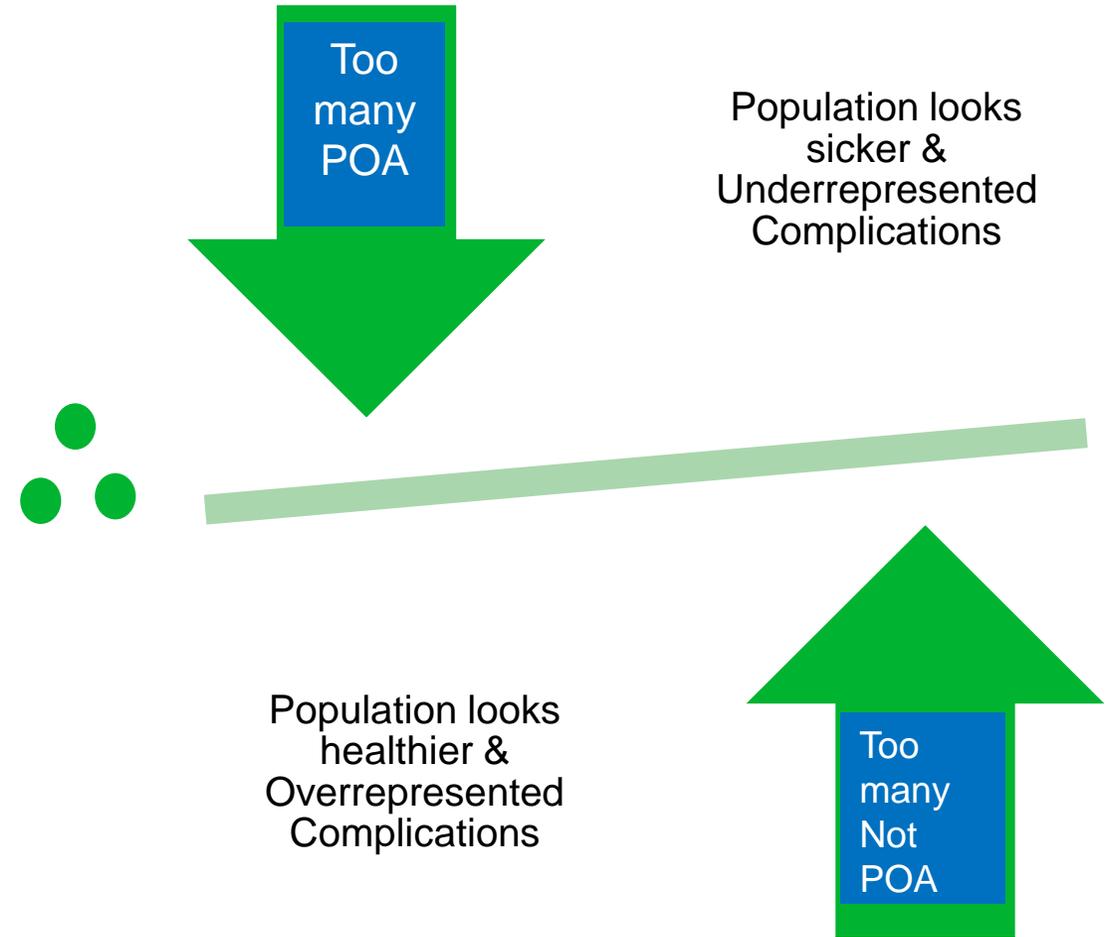
Introduction of Present on Admission (POA)



Why is POA important to Potentially Preventable Complications (PPC) study?

POA is used in 3 places in the PPC logic:

- Admissions APR DRG and SOI assignment.
- Assignment Criteria
- Exclusion Criteria



Admission APR

- Aimed at determining how sick the patient is based on reason for admission when they entered the admission.
- Uses POA and 7 pre-processing steps to determine which of the discharge ICD codes will be included in the APR DRG assignment.
- Uses same 18 step classification as Discharge APR DRG.
- Used in PPC Assignment and Exclusion Criteria
- Used as Risk Adjustor for PPC rates.

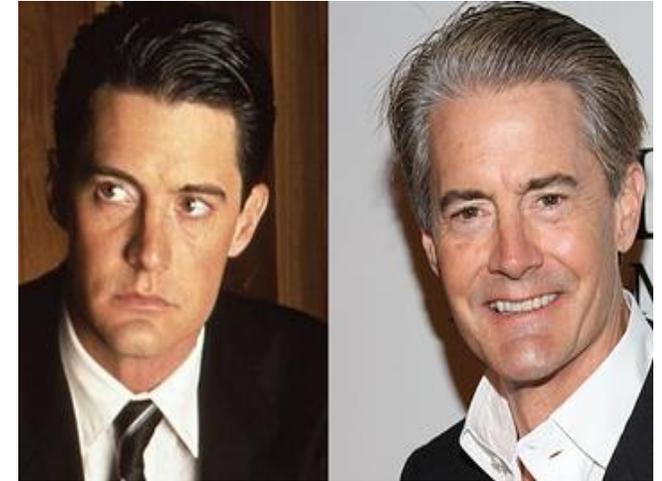
Ex:

Discharge Code	POA	Admission Code	POA
4280	Y	4280	Y
42731	Y	42731	Y
481	N		
00845	N		
8872	Proc	8872	Proc



How does that affect PPC rates?

Representation	Population Represent: (Admission APR DRG/SOI)	PPC Assignment	PPC Actual rates	PPC Expected Rate	PPC marginal Costs
Too Many POA	Looks Sicker	Under counts complications	Lower than real	Higher than real	Potentially lower costs than is real
Too Many Not POA	Looks Healthier	Over counts complications	Higher than real	Lower than real	Potentially higher costs than is real



POA Quality Check Test

Developed by 3M Clinical and Economic Research group.

Clinical panels looked at ICD codes and determined which codes were likely never to be POA.

Data was run to examine coding practice patterns

Multiple States are using the POA Quality Check as part of their Potentially Preventable Complications initiative.

Document is refined based on research and feedback each year.

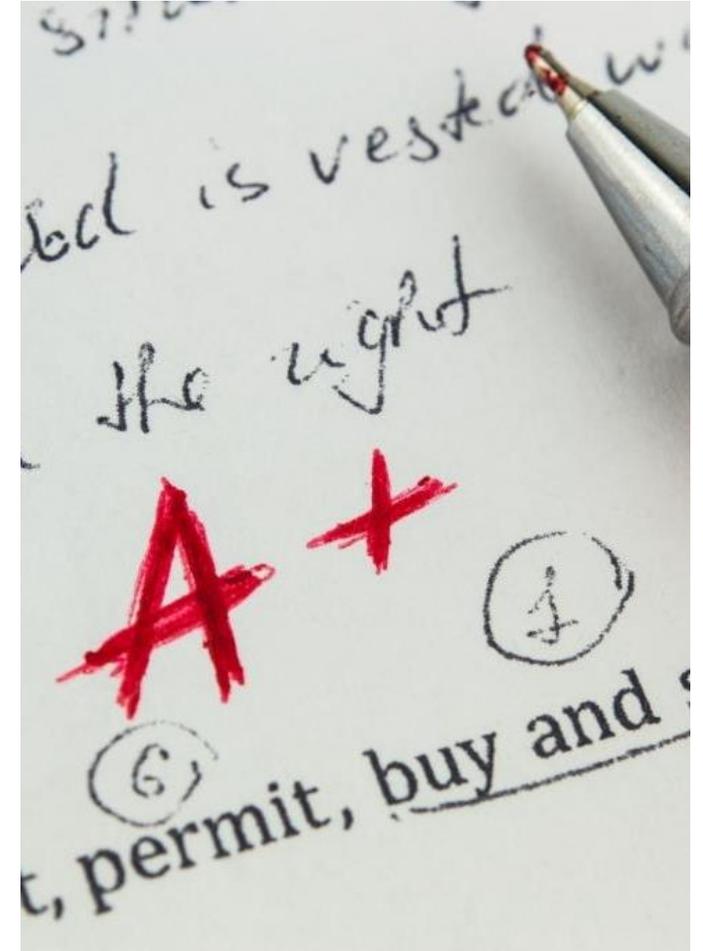
- Ex: 3 Neonatal codes were recently taken off the Pre-existing list.

POA Values:

Y= POA, N= Not POA, U= Unknown, W= Clinically undeterminable, Null= Exempted from POA

In PPC grouper- User Preference:

U value is seen as N and W are seen as Y



TX HHSC POA Quality Screen

POA Criteria
<p>Quality Screen 1: High % Non POA for secondary diagnoses on the Pre-Existing List This criterion identifies hospitals with a high percent non-POA (POA = N) for pre-existing secondary diagnosis codes.</p> <p>Red Zone: % Non POA on Pre-Exist \geq 7.5%</p> <p>Grey Zone: $5\% \leq$ % Non POA on Pre-Exist $<$ 7.5%</p>
<p>Quality Screen 2: High % POA for secondary diagnoses This criterion identifies hospitals with an extremely high percent present on admission (POA = Y) for secondary diagnosis codes (excluding exempt, pre-existing, and OB 7600x-7799x codes).</p> <p>Red Zone: % POA \geq 96%</p> <p>Grey Zone: $93\% \leq$ % POA $<$ 96%</p>
<p>Quality Screen 3: Low % POA for secondary diagnoses This criterion identifies hospitals with an extremely low percent present on admission for secondary diagnoses codes (excluding exempt, pre-existing, and OB 7600x-7799x codes).</p> <p>Red Zone: % POA \leq 70%</p> <p>Grey Zone: $70\% <$ % POA \leq 77%</p>
<p>Quality Screen 4: High % POA for secondary diagnoses on the Elective Surgical List This criterion identifies hospitals with a high percent POA (POA = Y) for elective surgery secondary diagnosis codes.</p> <p>Red Zone: % POA \geq 40%</p> <p>Grey Zone: $30\% \leq$ % POA $<$ 40%</p>

Research suggests that these thresholds indicate that your coding for POA may warrant further review to ensure accuracy.

- Screen 1: Looking for Not POA on codes that likely to be always POA.
- Screen 2: looking for too many POA on codes not necessarily always POA.
- Screen 3: Looking for too few POA on codes not necessarily always POA
- Screen 4: Looking for too many POA on surgical risk conditions.
 - List can be found in Evaluating the quality of POA reporting in hospital claims data – List #4
- Test Failure Criteria
- 2 or more Grey Zone
- 1 or more Red Zone

3M Proprietary Lists used in POA evaluation

- Pre-existing List
 - Pre-Existing list can be found in APR DRG Definitions Manual Vol1 Appendix F
 - Intended to ID conditions not likely to be Hospital Acquired or Not present on Admission.
 - Infections (ex: Valley Fever, Lyme Disease, Botulism)
 - Cancer (ex: Neoplasms)
 - Congenital Diseases (ex: Down's Syndrome, CF)
 - Long Term Chronic (ex: Cataracts)
 - History or Family History v codes
- Elective Surg List #4
 - Elective Surgical list is a list of conditions that are not likely to be present on admission.



List #4 -The following list of secondary diagnosis codes assigned to surgical DRG cases.

Secondary diagnosis code	Description
4582	IATROGENIC HYPOTENSION
7991	RESPIRATORY ARREST
9971	SURG COMPL-HEART
9972	SURG COMP-PERI VASC SYST
9973	SURG COMPLIC-RESPIR-SYST
9974	SURG COMP-DIGESTV SYSTEM
9975	SURG COMPL-URINARY TRACT
99811	HEMORRHAGE COMPLIC PROC
99812	HEMATOMA COMPLIC PROC
9982	ACCIDENTAL OP LACERATION
99859	OTHER POSTOP INFECTION
99889	OTH SPCF CMLPC PROCD NEC
9992	VASC COMP MED CARE NEC
9993	INFEC COMPL MED CARE NEC
9998	TRANSFUSION REACTION NEC
45829	OTHER IATROGENIC HYPOTENSION
5185	POST TRAUM PULM INSUFFIC
99701	SURG COMPLICATION - CNS
99702	IATROGEN DV INFARC/HMRHG
9980	POSTOPERATIVE SHOCK
99881	EMPHYSEMA RESULT FRM PROC
41511	IATROG PULM EMB/INFARC
99662	INFEC AND INFLAMMATORY REACTION DUE TO OTHER VASC DEVICE, IMPLANT, and GRAFT
99931	INFEC DUE TO CENTRAL VENOUS CATHETER

How to read the report

Potentially Preventable Complications (PPC)



About this report

Senate Bill 7, 82nd Legislature, First Called Session, 2011, and S.B. 7, 83rd Legislature, Regular Session, 2013, requires HHSC to implement a reporting process and reimbursement reductions to hospitals based on performance in potentially preventable readmissions (PPRs) and potentially preventable complications (PPCs). In fee-for-service (FFS) Medicaid, actual rates of these potentially preventable events are compared to expected rates and a final reimbursement adjustment is determined and applied to all claims paid by HHSC.

Hospitals can be penalized up to 2% for a PPC actual to expected ratio of 1.10 or greater (10% above the statewide risk adjusted average) or 2.5% for a PPC actual to expected ratio of greater than 1.25 (25% above the statewide, risk adjusted average).

This report is designed to help hospitals target their improvement efforts. HHSC will provide underlying detailed data for this report through an e-mail request (please include full name, email, phone number, NPI, TPI, and hospital name) to MCD_PPR_PPC@hhsc.state.tx.us

HHSC Potentially Preventable webpage: http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml

Hospital:

NPI: TPI:

Reporting Period: State Fiscal Year 2014

Population: All Medicaid and CHIP

Effective Date: September 1, 2015

* This is a low-volume hospital

Hospital Present on Admission (POA) Quality Check

% Not POA for Pre-Existing Secondary Diagnosis	% POA for Secondary Diagnosis Codes	% POA for Secondary Diagnosis on Elective Surgical Cases	POA Quality Screen #1	POA Quality Screen #2	POA Quality Screen #3	POA Quality Screen #4	POA Quality Check
6.75%	82.6%	71.3%	GREY	N/A	N/A	RED	FAIL

Hospital PPC Resource Utilization

Hospital Results	Total Number of Admissions	Admissions at Risk for PPC	Number of PPC Admissions	Actual PPC Weights	Expected PPC Weights	Actual-to-Expected Ratio	Total Reimbursement Reduction

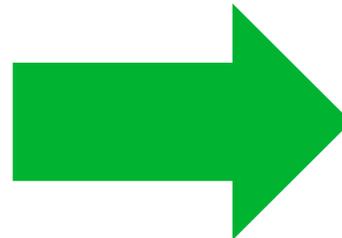
Hospital PPC Expenditures

Hospital Results	Members with PPCs	Actual PPC Counts

State-Wide Hospital PPC Resource Utilization

PPC Weights	25 th Percentile	50 th Percentile	90 th Percentile

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Too Many

Too Few

Present on Admission	Not Present on Admission
Quality Screen 2	Quality Screen 3
Quality Screen 1	Quality Screen 4



TX HHSC POA Quality Test Results

FY14 POA: Based on Counts of Admissions At-Risk for a PPC

	Good POA	Suspect POA	Total
High Volume	61%	39%	100%
Low Volume	29%	71%	100%

FY 14 POA: Based on Counts of Hospitals

	Good POA	Suspect POA	Total
High Volume	51%	49%	100%
Low Volume	39%	61%	100%

Best Practice on evaluating your data – Analysis on your data

- Query for top 5 Secondary Diagnoses coded Not POA
 - Check if any of the Diagnoses are on the Pre-existing list
 - Look at what APR DRG/Principal is coded on the records
 - Look for trends and connections
 - Query for most frequent 20 diagnoses found on Pre-existing list
 - How many of these Diagnoses are coded Not POA
 - What APR or Principle is associated with the records.
 - Look for trends and connections
- Query for Top 5 Secondary Diagnoses coded POA on Surgical Cases
 - Are any of these on the List #4
 - Are any of these chronic diagnoses
 - Look for trends and connections

Consequences of a Failure on POA Quality Test

Your data is not included in the normative or costing tables.

Financial Consequence for poor reporting

Under or Over representation of POA on the following:

- Hospital Acquired Conditions
- AHRQ PSI's/PDI's
- Public Reporting /Report Cards
- Federal audits

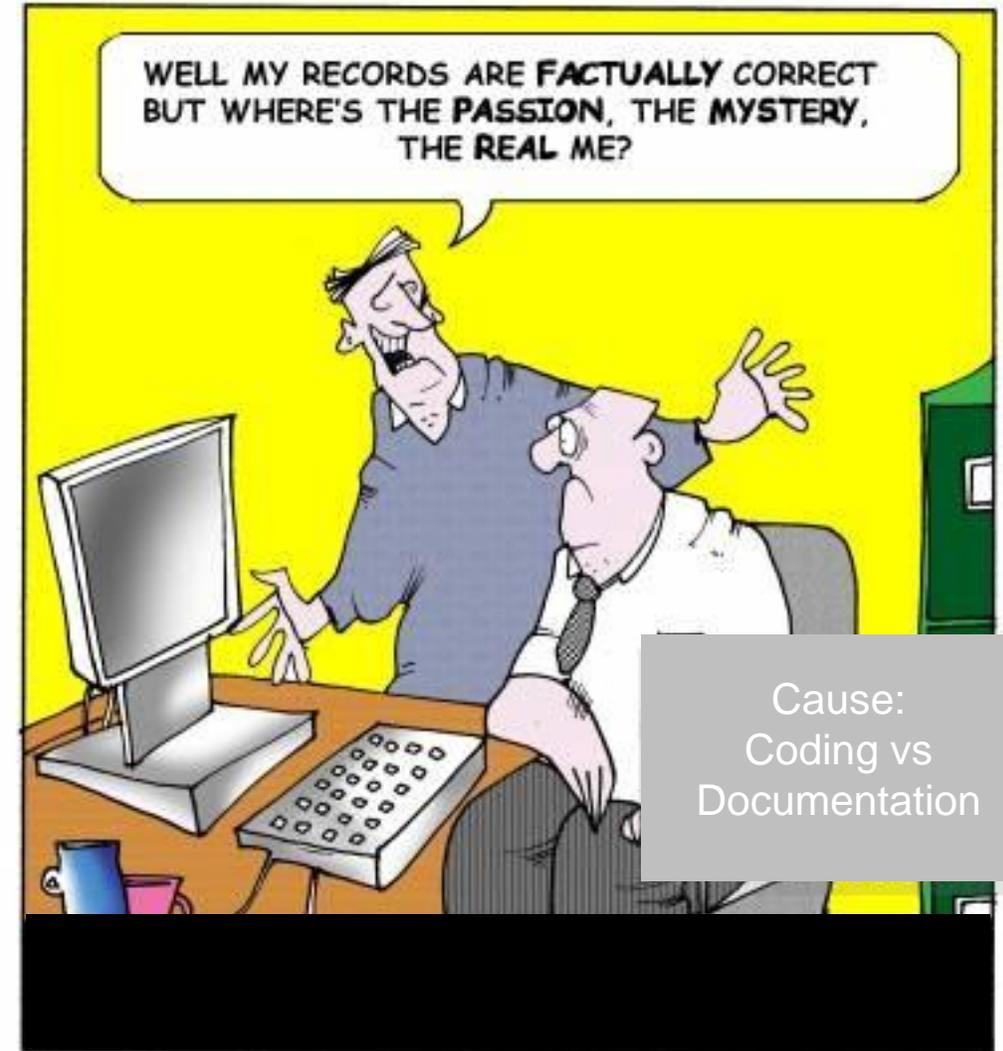
Compromises in Quality Management Planning

Strategic Planning compromises



Common root causes for failing

- Pressure to decrease time to bill
- Lack of querying physician for POA
- Lack of performance measurement on POA
- Lack of physician and/or coder education
- High physician turnover
- Transfer conditions vs. complications
- Children's/Small Hospitals
 - Reporting POA exemption until recently
 - Difficult to discern temporal vs. congenital condition
 - Unusual syndromes and conditions



I failed the Test – now what do I do?

Plan

- Create a stakeholder group
- Create an Action Plan

Investigate

- Review reports /Emulate
- Do independent analysis on current data
- Categorize and Rank problems
- Concurrent review of audit

Improve

- Create intervention/education plan
- Roll out the plan house or system wide

Monitor

- Compare and trend over time



References that may help

POA Coding guidelines -

- http://www.cdc.gov/nchs/data/icd/ICD10cmguidelines_2015%209_26_2014.pdf
- <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/icd10cm-guidelines-2015.pdf>
- http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Statute_Regulations_Program_Instructions.html

TX HHSC PPE webpage -

- http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml

3M Documentation Website -

- www.aprdrgassign.com (Username – TXHosp; Password – aprdrg004)

HCUP Present on admission toolkit -

- <http://www.hcup-us.ahrq.gov/datainnovations/clinicaldata/poatoolkit.jsp>

AHIMA. “Present on Admission Reporting.” Audio seminar. February 1, 2007.

Available online at <http://campus.ahima.org/audio>



Industry Tools and Help

Children's Hospital Webinar – talk to the experts

Emulate the TX POA Quality Screen

Analytics for POA

HCUP Present on admission toolkit

Coding Editors

Consultants /Auditors

The screenshot displays the 3M Coding and Reimbursement System v6.16 JulSP2 2013 interface. The main window shows a 'Patient Code Summary' for a patient identified as 'Home, Self Care (1) Female, 25'. The interface includes a menu bar (File, View, Options, Reference, Help) and a toolbar with icons for various functions. The summary is organized into several sections:

- ICD-9 Translation ICD-10**
- Texas IP PPS (MC) DRG and MDC Information**
 - 775 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
TX wt 0.4366 GLOS 1.9 Outlier 4
 - 014 PREGNANCY, CHILDBIRTH & THE PUERPERIUM
- Estimated Reimbursement -- Texas Medicaid**
 - Total: \$218.30
 - Status: Normal Reimbursement
- Principal Diagnosis**
 - E 650 Normal delivery
- Secondary Diagnoses**
 - E V270 Mother with single liveborn
 - N 24900 Secondary diabetes mellitus without mention of complication, not stated as uncontrolled, or unspecified
POA Edit: Code likely to be POA
- Principal Procedure**
 - SP 736 Episiotomy (with subsequent repair)
- Other Procedures**
 - 8878 Diagnostic ultrasound of gravid uterus
 - 731 Surgical induction of labor

On the right side of the interface, there are several buttons: 'Add Diagnosis', 'Add Procedure', 'Codebook', 'Direct Code', 'Compute DRG', 'DRG Options', and 'Next Patient'. The system clock at the bottom right indicates the time is 11:08 AM.

Q&A

E-mail: MCD_PPR_PPC@hhsc.state.tx.us

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