Present on Admission Indicators

Today and Tomorrow

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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

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Easy Stuff First...

POA Defined...

- Stands for: "Present on Admission"

- Defined in rule as: "Present at the time an order for inpatient admission occurs."

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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.

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POA Actual Indicators

- **Y = Yes** – Present at the time that the order for inpatient admission occurs.

- **N = No** – Not present at the 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".*

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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

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Why POA?

- CMS began collecting POA indicators

- Consistency of data (comparability)

- Policy and Research

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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)

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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?

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AHCA & POA: The *Present*

Potential Uses for POA:

- Transparency
- Track in-hospital morbidity (r/o)
- Track avoidable re-admissions (r/o)

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AHCA & POA: The *Present*

Potential problems with POA:

- First Q = Garbage
- Second Q = ??
- Source of Admission (Point of Origin)

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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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