Guidelines for Using Release Notes

Release Notes Version 6.0 provides a high-level overview of changes to the *Inpatient Psychiatric Facility Quality Reporting Program Manual*. This Release Notes document is to be used as a reference and is not intended to be used to develop abstraction tools. Please refer to the *Inpatient Psychiatric Facility Quality Reporting Program Manual* for references to the complete and current technical specification and abstraction information.

These notes are organized to follow the Table of Contents in the *Inpatient Psychiatric Facility Quality Reporting Program Manual*. The headings are described below:

- Impacts – used to identify the impacted measures and portion(s) of the Inpatient Psychiatric Facility Quality Reporting Program Manual section (e.g., Measure Specifications, Appendix).
- Rationale – provided for the change being made.
- Description of Changes – used to identify the section within the document where the change occurs (e.g., Definition, Denominator Statement, Reporting Period).

TITLE PAGE – Inpatient Psychiatric Facility Quality Reporting Program Manual

Impacts: Title Page

Rationale: Updates the version number and the effective date to enable users to determine which Centers for Medicare and Medicaid Services (CMS) manual is relevant to the discharge period in question.

Description of Changes:

Changed the text below the document title to:
"**Version 6.0 – Publication date: July 1, 2020**
Effective date: January 1, 2021
(All data that are to be reported to CMS in calendar year 2022)"

Section 1 – Inpatient Psychiatric Facility Quality Reporting Program

Impacts: Overview

Rationale: Provides updated information to ensure users understand the that all Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program requirements must be met, or the Inpatient Psychiatric Facility (IPF) will be subject to a reduction to the annual payment update (APU).

Inpatient Psychiatric Facility Quality Reporting Program Manual
Discharges 01-01-21 (Q1 2021) through 12-31-21 (Q4 2021)

Page 1 of 14

Description of Changes:

Changed the last sentence in the first paragraph on page 1 to: "Eligible IPFs that do not meet all IPFQR Program requirements will be subject to a two-percentage point reduction to the APU."

_____

Impacts: Additional Program Information

Rationale: Provides instructions to ensure users can access National Provider Webinars.

Description of Change:

Changed the last sentence in the second paragraph on page 2 to: "The slides from each of the education sessions are published to the *QualityNet* website and are available for review under the Inpatient Psychiatric Facilities tab by selecting the **Webinars** link from the top menu."

_____

Impacts: Glossary of Terms

Rationale: Clarifies the definition of a term to ensure consistency in measure abstraction.

Description of Change:

Changed the definition of the term "Discontinued care" on page 5 to:

"This definition includes elopement and failure to return from leave, as defined below.

Elopement: When a patient wanders away, walks away, runs away, escapes, or otherwise leaves the hospital unsupervised, unnoticed, and/or prior to their scheduled discharge. In these cases, effective discharge planning cannot be performed.

Failure to return from leave: This occurs when a patient does not return at the previously agreed upon date and time for continued care. If the patient fails to return from leave, then the patient has left care without staff's knowledge. In these cases, effective discharge planning cannot be accomplished."

Moved the stand-alone definition of the term "Elopement" into the definition of the term "Discontinued Care."

Added the terms "Healthcare Quality Information System (HCQIS)" and "HCQIS Access, Roles, and Profile (HARP)" on pages 5 and 6, respectively.

Changed the definition of the term Reason for IPF admission on page 9 to:

"A short synopsis that describes how and/or why the patient was admitted to the inpatient psychiatric facility, including any triggering or precipitating events. A diagnosis or a list of symptoms alone is not sufficient."

Added "(Specifications Manual)" after the term "Specifications Manual for Joint Commission National Quality Measures" on page 9.

Removed the word "state's" from the second sentence in the definition of the term "Surrogate Decision Maker" on page 10.

_____

Impacts: *QualityNet* Security Administrator role name

Rationale: The term Security Official(s) and acronym SO(s) were added after the *QualityNet* term Security Administrator(s) and acronym SA(s) throughout the Manual to indicate that both terms are interchangeable for the purpose of the Program.

Description of Changes:

Changed the two bullets under the first requirement, "1. Complete the *QualityNet* Registration", on page 12 to:

- "This step must be accomplished for each *QualityNet* Security Administrator (SA)/Security Official (SO) and user who will access the *QualityNet Secure Portal*.
- Once registered, it is important that the SA(s)/SO(s) and user(s) maintain an active account by periodically logging into the system. CMS recommends that each IPF have at least two SAs/SOs, so one can serve as a backup*.*

_____

Impacts: IPFQR Program Requirements

Rationale: Provides a corrected list of requirements to address non-measure data and the impact of the Extraordinary Circumstances Exceptions (ECE) policy pertaining to COVID-19 for data collected in Quarter (Q) 1 and Q2 of 2020 for the fiscal year (FY) 2021 and FY 2022 payment determinations.

Description of Changes:

Changed the third requirement and sub-bullets on page 12 to:

3. Collect measure and non-measure data during the measure reporting period.

    - Newly participating facilities must start collecting measure and non-measure data at the beginning of the first quarter following submission of the NOP.
    - The measure and non-measure reporting period is January 1 through December 31 for all chart-abstracted IPF quality measures, except the Influenza Immunization (IMM-2) measure. See next bullet for more information.
    - For the IMM-2 measure, the reporting period aligns with the influenza season, which is October 1 through March 31 of the following year.

Changed the fourth requirement on page 12 to: "Submit measure and non-measure data before the annual data submission deadlines."

Inpatient Psychiatric Facility Quality Reporting Program Manual
Discharges 01-01-21 (Q1 2021) through 12-31-21 (Q4 2021)

Page 3 of 14

Added the text below the fifth requirement on page 13:

"**CMS Response to COVID-19**

On April 14, 2020, a communication was delivered via the IPFQR Program Listserve to provide additional information regarding CMS' response to the COVID-19 pandemic. The Extraordinary Exceptions Policy (ECE) excepted IPFs from reporting to CMS all chart-abstracted measure and non-measure data collected for discharges that occur January 1, 2020 through June 30, 2020, to be reported during the summer 2021 reporting period for the FY 2022 payment determination. The COVID-19 ECE does not apply to data collected for discharges that occurred in 2019, to be submitted during the summer 2020 data submission period for FY 2021 payment determination. The one exception to this concerns the IMM-2 measure, for which IPFs may elect to only report data for the measure that are collected during the last quarter of 2019 and exclude IMM-2 data that are collected during the period of January 1, 2020–March 31, 2020 (Q1 2020). Also, for claims-based measures, CMS will not include data from discharges that occur from January 1–June 30, 2020, in its calculation of the measure rates. More details about the ECE policy are outlined in the COVID-19 memo found at the following link: https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf "

SECTION 2 – Measure Details

Impacts: Inpatient Psychiatric Facility Quality Measures

Rationale: Ensures users have access to an accurate list of IPFQR Program measure requirements for FY 2022 and subsequent years.

Description of Changes:

Changed the sub-header on page 16 to FY 2022 and Subsequent Years.

Changed the sentence below the sub-header on page 16 to "The following table lists all IPFQR Program measures for FY 2022 and subsequent years."

Changed the title of Table 2 on page 16 to: IPFQR Program Measures for FY 2022 and Subsequent Years.

_____

Impacts: Sampling

Rationale: Provides updated measure collection and reporting period information for end users to reference pertaining to calendar year (CY) 2020 and subsequent years.

Inpatient Psychiatric Facility Quality Reporting Program Manual
Discharges 01-01-21 (Q1 2021) through 12-31-21 (Q4 2021)

Page 4 of 14

Description of Changes:

Changed sub-header on page 17 to "FY 2022 Payment Determination and Subsequent Years."

Changed first sentence in the first paragraph under the FY 2022 Payment Determination and Subsequent Years" sub-header to:

"Data collected pertaining to IPF discharges during CY 2020 (except IMM-2 data, which is collected October 2020 through March 2021) will be reported to CMS in 2021 and impact FY 2022 payment determination, unless directed otherwise via the IPFQR Program Listserve."

_____

Impacts: Chart Abstraction

Rationale: Provides updates to ensure users can access appropriate specification resources for the IPFQR Program measures.

Description of Changes:

Changed the second and third sentences in the blue box on page 20 above the SUB-2: Alcohol Use Brief Intervention Provided or Offered and the subset SUB-2a: Alcohol Use Brief Intervention sub-header to:

"Therefore, IPFs discontinued reporting SUB-1 measure data to CMS starting with January 1, 2018 discharges. Refer to the algorithms in the *Specifications Manual for Joint Commission National Quality Measures* for guidance that will assist with the data collection process for the SUB-2/-2a and SUB-3/-3a measures."

Changed the text in the blue box on page 21 above the TOB-2: Tobacco Use Treatment Provided or Offered) and the subset TOB-2a: Tobacco Use Treatment sub-header to:

"Therefore, IPFs discontinued reporting TOB-1 measure data to CMS starting with January 1, 2018 discharges. Refer to the algorithms in the *Specifications Manual for Joint Commission National Quality Measures* for guidance that will assist with the data collection process for the TOB-2/-2a and TOB-3/-3a measures."

Added (AACE) after "American Association of Clinical Endocrinologists" and (NAASO) after "North American Association for the Study of Obesity" in the second paragraph under the Screening for Metabolic Disorders sub-header on page 25.

Changed the second sentence in the denominator statement for the Screening for Metabolic Disorders measure on page 25 to:

"The measure excludes patients for whom a screening could not be completed within the stay due to the patient's enduring unstable medical condition or enduring unstable psychological condition and patients with a LOS equal to or greater than 365 days or equal to or less than three days."

Inpatient Psychiatric Facility Quality Reporting Program Manual
Discharges 01-01-21 (Q1 2021) through 12-31-21 (Q4 2021)

Page 5 of 14

_____

Impacts: Claims-Based Measures

Rationale: Remove duplicative information.

Description of Changes:

Added the following text below the Claims-Based Measures sub-header on page 25:

"Claims-based measures are calculated by CMS. There are three such measures in the IPFQR Program. Completion of these measures does not affect an IPF's payment determination."

Removed the following text located at the end of the Claims-Based Measure: Follow-Up After Hospitalization for Mental Illness (FUH) sub-header on page 26:

"Completion of this measure does not affect an IPF's payment determination."

Removed the following text located at the end of the Claims-Based Measure: 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF) sub-header on page 26:

"Completion of this measure does not affect an IPF's payment determination."

_____

Impacts: Data Submission

Rationale: Provide IPFQR Program stakeholders with updates to the IPFQR Program Measure tables for the FY 2021 and FY 2022 payment determinations as well as instructions to submit data to CMS in the Next Generation Simple Data Entry tool.

Description of Changes:

Changed the date in the Submission Period column of Table 4: IPFQR Program Measures for FY 2021 Payment Determination to: "July 1–August 17, 2020" starting on page 27 for all chart-abstracted measures.

Changed the NOTE below Table 4 to a footnote on page 28:

[1] Q1 2020 data are excepted per the ECE policy outlined in the COVID-19 memo (https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf). The IMM-2 measure is the only chart-abstracted measure for which this applies for the FY 2021 payment determination.

Added a footnote for the "Submission Period" column in Table 4 on page 28:

"[2] The original submission period deadline of August 15, 2020 will be extended to August 17, 2020 due to August 15, 2020 falling on a weekend."

Changed the date in the Submission Period column of Table 4: IPFQR Program Measures for FY 2021 Payment Determination to: "July 1–August 17, 2020" starting on page 27 for all chart-abstracted measures.

Added a footnote for the "Measure" column in Table 5 on page 29:

"[3] Q1 and Q2 2020 data for all chart-abstracted measures are excepted per the ECE policy outlined in the COVID-19 memo (https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf)."

Added a footnote for the "Submission Period" column in Table 5: IPFQR Program Measures for FY 2022 Payment Determination on page 29.

"[4] The original submission period deadline of August 15, 2021 will be extended to August 17, 2021 due to August 15, 2021 falling on a weekend."

Added a footnote after "IMM-2: Influenza Immunization" in Table 5: IPFQR Program Measures for FY 2022 Payment Determination on page 29.

[5] The IMM-2 measure is the only chart-abstracted measure in which the reporting period crosses over two calendar years, from October 1, 2020, through March 31, 2021, for the FY 2022 payment determination."

Changed text and images under the Submission Information sub-header starting on page 30 to:

"IPFs submit measure and non-measure data via the Simple Data Entry (SDE) tool located in the *QualityNet Secure Portal.* IPFs will also complete and submit the DACA form but in a separate location in the *QualityNet Secure Portal.* This is the only CMS-approved method for IPFQR Program data submission. CMS highly recommends that all IPFs ensure that at least two people with knowledge of the data verify the accuracy of the data entered in the *QualityNet Secure Portal,* even if data entry is done by a vendor.

NOTE: The claims-based measures, calculated by CMS, are not submitted via the SDE tool (FUH, the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF, and Medication Continuation Following Inpatient Psychiatric Discharge measures).

Inpatient Psychiatric Facility Quality Reporting Program Manual
Discharges 01-01-21 (Q1 2021) through 12-31-21 (Q4 2021)

Page 7 of 14

To begin the data submission process:

1. Access and log into the *QualityNet Secure Portal*.
    a. Go to https://hqr.cms.gov/hqrng/login.
    b. Enter your Healthcare Quality Information System (HCQIS) Access, Roles, and Profile (HARP) user ID and password and click "Login."
        i. If you do not have a HARP account, sign into Hospital Quality Reporting and follow instructions to create one.
    c. Select either email or SMS text number for two-factor authentication to be sent to and click "Next."
    d. Enter the code received and click "Continue."
    e. Read the Terms & Conditions and click on "Accept". Once logged in, you will be taken to the "Hospital Quality Reporting: My Tasks" page.
2. Click on the "View the new Hospital Quality Reporting" box on the upper right side of the page.
3. Select the "Data Entry" button.
4. Select the "Data Form" button.
5. Under the "Select the Data Form" sub-header, select "IPF" and click "Launch Data Form."
    f. If you are a representative from an IPF, proceed to step 6.
    g. If you are a vendor submitting data on behalf of an IPF(s), you will be directed to a page with an alert instructing you to click the "Change Organization" button in order to select the IPF for which you will submit data. You will be able to submit data for one IPF at a time.
6. On the landing page of the SDE tool, there is a "Start Measure" button next to each data submission page. Click the "Start Measure" button to begin entering data.
7. The bottom of each data entry page includes the options to Cancel or Save & Return the entered data.
    • If you click Cancel the entered data will not be saved and you will return to the previous page listing all of the measure and non-measure data entry pages.
    • If you click Save & Return the entered data will be saved and you will return to the previous page listing all of the measure and non-measure data entry pages. As data are entered and saved for each data entry page, a check mark and the word "Complete" will appear next to the name of the data entry screen. You also have the option to edit the data by clicking on the "Edit Measure" hyperlink."
8. After data have been saved in all data entry fields, click the blue "I'm ready to submit" button at the bottom of the page.
9. Once all data have been successfully submitted, a green box will appear at the top of the page and completion of all three stages of the submission process ("Enter", "Preview", and "Submit") will be marked with a green circle and checkmark."

Removed the screenshot after the Data Accuracy and Correctness Acknowledgement (DACA) sub-header on page 43.

Changed the paragraph under the DACA sub-header on page 43 to:

"The DACA form is updated annually to address the payment determination year impacted by the current data submission period. The updated form is accessible only during the annual data submission period (July 1–August 15). See instructions about completing the DACA form in Section 6: Data Accuracy and Completeness Acknowledgement."

SECTION 3: *QualityNet* Registration

Impacts: *QualityNet* registration process

Rationale: The names of forms were updated to ensure users complete the *QualityNet* registration process properly.

Description of Changes:

Changed the second and third paragraphs on page 47 to:

"Sign and date the ***QualityNet* Security Administrator Registration Form** in the presence of a Notary Public, obtaining the Notary's stamp and seal on the form. Even though not all states require the stamp or seal of the notary, it is a requirement for *QualityNet*.

Have the highest-level executive at your location complete and sign the ***QualityNet* Security Administrator Executive Authorization Form.** Depending on the facility, this may be the Chief Executive Officer, Administrator, Medical Director, or other similar position."

Changed the paragraph under the image on page 48 to:

"**Refer to the information below for mailing instructions of the original, completed ***QualityNet* Security Administrator Registration Form** and the ***QualityNet* Security Administrator Executive Authorization Form**. Photocopies or faxes of the forms will not be accepted. The facility should retain a copy of all forms for their records."

_____

Impacts: *QualityNet* log in process

Rationale: The images and instructions were updated to familiarize users with the new HARP system.

Description of Changes:

Changed the images and instructions under the ***Logging in to the QualityNet Secure Portal*** sub-header starting on page 59 to:

Inpatient Psychiatric Facility Quality Reporting Program Manual
Discharges 01-01-21 (Q1 2021) through 12-31-21 (Q4 2021)

Page 9 of 14

"After completing all necessary paperwork and the New User Enrollment, the user will have access to the *QualityNet Secure Portal*. While the registration and login steps noted earlier in this section will allow you to access the *QualityNet Secure Portal*, it is important to note that in April 2020, CMS launched the Health Care Quality Information Systems (HCQIS) Access Roles, and Profile (HARP) system. This streamlined ID management security allows access to many HQR reporting systems using "One Login" functionality. Refer to the HARP User Guide at the following link for more information: https://www.qualitynet.org/training-guides%23tab2#tab2.

1. Access and log into the *QualityNet Secure* Portal by going to https://hqr.cms.gov/hqrng/login
2. Enter your Healthcare Quality Information System (HCQIS) Access, Roles, and Profile (HARP) user ID and password and click "Login."
   a. If you do not have a HARP account, sign into Hospital Quality Reporting and follow instructions to create one.
   b. If you are unable to complete this step, contact the *QualityNet* Help Desk for assistance.
3. Select either email or SMS text number for two-factor authentication to be sent to and click "Next."
4. Enter the code received and click "Continue."
5. Read the Terms & Conditions and click on "Accept". Once logged in, you will be taken to the "Hospital Quality Reporting: My Tasks" page."

Removed the following text after the "***User Roles"*** sub-header on page 61:

"**Online Forms**

- Online Forms View - Inpatient Psych
- Online Forms - Upload - Inpatient Psych"

SECTION 5: Notice of Participation

Impacts: Notice of Participation Application

Rationale: The text was updated to avoid confusion for users about the IPFQR Program Notice of Participation (NOP).

Description of Changes:

Removed the following text at the end of Section 5: Notice of Participation on page 71: "Detailed information about the NOP application is accessible on the *QualityNet* Home page by logging in through the *QualityNet Secure Portal* (direct link): http://www.*QualityNet*.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetHomepage&cid=1120143435363."

Inpatient Psychiatric Facility Quality Reporting Program Manual
Discharges 01-01-21 (Q1 2021) through 12-31-21 (Q4 2021)

Page 10 of 14

SECTION 6: Data Accuracy and Completeness Acknowledgement

Impacts: Data Accuracy and Completeness Acknowledgement

Rationale: Text and images were updated to provide IPFs with instructions to submit the Data Accuracy and Completeness Acknowledgement (DACA) form to CMS in the new *QualityNet Secure Portal.*

Description of Changes:

Changed images and text from the second sentence on page 72 onward to:

"The DACA must be completed annually by the August 15 submission deadline, unless directed otherwise via the IPFQR Program Listserve.

1. The IPFQR Program DACA is only accessible in the *QualityNet Secure Portal* from the Data Entry page by a representative of the IPF. After submitting data, a prompt to sign the DACA form will appear in a blue banner at the top of the simple data entry overview page.
    a. When a representative of the IPF is logged into the *QualityNet Secure Portal* the blue banner will appear immediately after all data are successfully submitted.
    b. If not currently logged in when ready to sign the DACA, a representative of the IPF must complete the following steps to access the DACA form:
        i. Log in to the *QualityNet Secure Portal.*
        ii. Click on the "**View the new Hospital Quality Reporting**" box on the upper right side of the My Tasks page.
        iii. Select the "Data Entry" button.
2. Click the "Sign" button to view the DACA.
3. Enter your job title in the field below "Position."
4. Click the button next to the statement "I confirm that the information I have submitted is accurate and complete to the best of my knowledge."
5. Click the "Sign" button at the bottom of the page. Once the DACA is submitted successfully, a confirmation message will appear above the signature line.
    • At the bottom of the page will be a "Re-Sign" button, which will provide the option to sign the DACA Form again should you need to edit and re-save any measure and/or non-measure data on the data entry pages.
    • Also, at the bottom of the page is the option to export the signed DACA as a PDF form.

NOTE: The DACA form is updated annually to address the payment determination year impacted by the current data submission period. The updated form is accessible only during the annual data submission period."

SECTION 7: Accessing and Reviewing Reports

Impacts: Instructions to access information typically available in Facility, State, and National as well as IPF Participation reports.

Rationale: Updated versions of the Facility, State, and National Report and the Provider Participation Report are in development and not currently available in the new *QualityNet Secure Portal.*

Description of Changes:

Changed the text in Section 7 on page 74 to:

"Reports described in this section are helpful in monitoring IPF status as it relates to the IPFQR Program. The reports should be used as reference tools and do not guarantee a facility will receive its full APU. Updated versions of the Facility, State and National and Provider Participation Reports are in development. IPFs will be notified via the IPFQR Program Listserve once the reports are available in the *QualityNet Secure Portal.*

The Facility, State and National Report provides information about the data that is submitted to CMS. The facility rate is specific to the facility accessing the report. The state and national rates are calculated approximately 30 days following the end of the submission period. This information is used for an individual facility to compare its facility-specific rates with state and national averages for each measure.

The Provider Participation Report provides the facility with a summary of the requirements for participation in the IPFQR Program. The report assists IPFs in determining their facility's status towards meeting the program requirements. However, the information provided does not guarantee the hospital will receive the full APU. Follow the steps below to check whether your facility has met all IPFQR Program requirements.

1. Check *QualityNet* SA status.
    * Ensure that the SA at your IPF logs in to the *QualityNet Secure Portal* at least once during the data submission period.
    * If SA status has lapsed, call the *QualityNet* Help Desk at (866) 288-8912 for assistance.
2. Check NOP.
    * Go to the HQR My Tasks page to ensure the IPFQR Program NOP status is "Participating". Refer to instructions starting on slide 20 of this presentation.
3. Check accuracy of data.
    * Review the exported PDF data report against facility data.
4. Check DACA.
    * Ensure that DACA status is complete in QualityNet Secure Portal based on instructions provided on the previous slide."

Inpatient Psychiatric Facility Quality Reporting Program Manual
Discharges 01-01-21 (Q1 2021) through 12-31-21 (Q4 2021)

Page 12 of 14

Section 8 – Public Reporting of IPFQR Program Data

Impacts: Background

Rationale: Provides information to users about future public reporting websites.

Description of Change:

Added a note to the third paragraph on page 75 after the hyperlink to the *Hospital Compare* website:

"*Note: Hospital Compare* and data.Medicare.gov will be replaced with new websites in the future. In this Program Manual, we continue to use *Hospital Compare* and data.Medicare.gov for ease. Please interpret all references to *Hospital Compare* and data.Medicare.gov to also apply to the successor websites when they are publicly launched."

_____

Impacts: Preview

Rationale: Provides corrected information to users about the location of results for the claims-based measures.

Description of Change:

Changed text in the second sentence in the second paragraph under the Preview sub-header on page 75 to:

"CBM results will be displayed in the same location on *Hospital Compare* as the results for other measure data."

Section 9 – Resources

Impacts: Resources for the IPFQR Program

Rationale: Provides clarification on how users can leverage available resources for the IPFQR Program.

Description of Changes:

Changed the link in step 1 under the Questions & Answers sub-header on page 86 to "https://cmsqualitysupport.servicenowservices.com/qnet_qa".

Appendix B – Screening for Metabolic Disorders

Impacts: Measure Information form

Rationale: Provides clarification for IPFQR Program stakeholders about excluded populations for the Screening for Metabolic Disorders measure.

Description of Changes:

Changed the text under "Excluded Populations" on page 101 to "Patients for whom a screening could not be completed due to the patient's enduring unstable medical condition or enduring unstable psychological condition".

Changed the text in the definition of the *Reason for Incomplete Metabolic Screening* data element on page 121 to: "A written statement by the physician/APN/PA in the current medical record indicating that the screening elements could not be completed due to patient's enduring unstable medical condition or enduring unstable psychological condition."

Changed the text in the first allowable value listed for the *Reason for Incomplete Metabolic Screening* data element on page 121 to: "Y (Yes) Documentation in the medical record for this stay specifies that the metabolic screening cannot be completed due to patient's enduring unstable medical condition or enduring unstable psychological condition."

Changed the "Notes for Abstraction" for the *Reason for Incomplete Metabolic Screening* data element on page 121 to:

- "There must be specific documentation by the physician/APN/PA in the medical record for this stay that contains the exact wording that the patient has an "enduring unstable medical condition" or an "enduring unstable psychological condition" that prevents completion of a metabolic screening.
- Documentation stating that the patient has an "enduring unstable medical or psychological condition" is not acceptable as it is not specific to the individual patient and does not indicate which of the two conditions is relevant for the patient.
- If both conditions apply to a patient, then there must be specific documentation by the physician/APN/PA in the medical record for this stay that contains the exact wording that the patient has an "enduring unstable medical condition and enduring unstable psychological condition."

Added the following text under the "Inclusion Guidelines for Abstraction" for the *Reason for Incomplete Metabolic Screening* data element on page 122:

"OR
- "Enduring unstable medical condition and enduring unstable psychological condition"