

# Inpatient Psychiatric Facilities Quality Reporting Program

## Support Contractor

### FY 2015 IPF PPS Final Rule Questions and Answers

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**Speaker:**

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**2:00 p.m. ET**

**Question 1:** Please clarify: does smoking versus smokeless tobacco satisfy documentation of “type” of tobacco product, or do we need to be specific (example, cigar, pipe, etc.) and name the tobacco product used?

**Answer 1:** From the data element *Tobacco Use Status*: Tobacco use includes all forms of tobacco including cigarettes, smokeless tobacco products, pipe, and cigars. A tobacco use screen should identify the type of tobacco product used, the volume used, and the time frame of use.

**Question 2:** Are facilities that are licensed as behavioral health facilities (not acute care) required to report their healthcare personnel influenza vaccination data in NHSN?

**Answer 2:** Yes. Each facility is required to report the data to NHSN in order to meet the IPFQR Program requirements. Questions about the specifications for the new measures will be collected and used in the educational presentation scheduled for October 29, 2014. Questions about the specifications will be answered within the presentation OR at the end, during the Question and Answer period.

**Question 3:** Our hospital uses HFAP for accreditation, not Joint Commission. Will we have to abstract data for the new tobacco measure, or only Joint Commission hospitals?

**Answer 3:** CMS is using The Joint Commission measures, so yes; you will have to abstract the tobacco measure to meet the IPFQR Program requirements.

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**Question 4:** What is considered a standardized collection protocol to assess patient experience of care? Can we use the vendor we use for HCAHPS?

**Answer 4:** This is a web-based structural measure. For IPF, the measure ascertains whether the facility administers a detailed assessment of patient experience of care using a standardized collection protocol and a structured instrument. A specific tool has not been recommended. If a tool is used, the name of the tool is required. The IPF Program is a pay for reporting program. There is no penalty assessed based on how you answer this measure, only that you submit the answer.

**Question 5:** Is there a recommended tobacco use screening form? Or is it open to facilities?

**Answer 5:** A specific screening tool is not required in the specifications. From the data element *Tobacco Use Status*, a tobacco use screen should identify the type of tobacco product used, the volume used, and the time frame of use.

**Question 6:** We are a psychiatric department in a large acute care hospital. The hospital already submits immunization data for both patients and employees throughout the hospital. Do we need to report separately for our psychiatric department?

**Answer 6:** The facility will need to submit the data for the psychiatric department separately, by CCN. Additional education will be provided prior to data submission.

**Question 7:** For the Alcohol Screening measure, if a client is readmitted 30 days or less of initial screening, do they need another screening?

**Answer 7:** Yes, there is no exclusion built into the measure specifications to remove those patients.

**Question 8:** I am confused by the HBIPS sampling. Don't we have to sample by strata?

**Answer 8:** Yes, you sample by age strata. This has not changed.

**Question 9:** For SUB-1, isn't the exclusion a stay of less than three days?

**Answer 9:** That is correct. For SUB-1, excluded populations include patients with a LOS less than or equal to 3 days.

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- Question 10:** Do you have an abstraction tool for the new SUB-1 and TOB-1 measures?
- Answer 10:** Paper tools for SUB-1 are posted on QualityNet.org under the Inpatient Psychiatric Facilities tab. Click on Measures and then Measures Resources. New tools will be developed and posted for FY 2017 measures.
- Question 11:** Are we to submit SUB-1 only through the QualityNet Portal through 2014 or beginning in 2015? Thank you.
- Answer 11:** The SUB-1 measure is being collected for FY 2016; the reporting period is for discharges January 1, 2014 through December 31, 2014. You will report the data via the Secure Portal during the submission period of July 1, 2015 through August 15, 2015. Collection for this measure will also continue for FY 2017.
- Question 12:** For FY 2017, will the data collection for the IMM measure begin with October 2015 discharges? Thank you.
- Answer 12:** Yes. Data collection for IMM-2 will begin with the 2015/2016 flu season.
- Question 13:** How can we find out which alcohol screening tools are approved for SUB-1? I missed what was said on where we can go.
- Answer 13:** The SUB-1 measure can be found in the IQR Specifications Manual on QualityNet.org. Review the data element *Alcohol Use Status* for a list of tools.
- Question 14:** To answer yes to the patient experience attestation or yes to the use of the EHR, what period would a facility have had to these in place?
- Answer 14:** These are for FY 2017, so this will be the reporting period for services provided January 1, 2015 through December 31, 2015.
- Question 15:** What is APU? (Please pardon my ignorance if this is a common term)
- Answer 15:** It is Annual Payment Update for Medicare services.
- Question 16:** For healthcare flu shot, is it hospital wide or just psych personnel?
- Answer 16:** For IPF, it is just the employees working within the IPF.

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**Question 17:** Is the IMM really Jan, Feb, and March 2016; shouldn't it be Jan, Feb, and March 2015?

**Answer 17:** Data collection for IMM-2 begins October 2015 and ends March 2016, with data submission July 1 through August 15, 2016.

**Question 18:** For IMM-2, Allergy wasn't listed as an exclusion. Is this going to be added?

**Answer 18:** The facility will use the specifications in the Hospital IQR Specifications Manual on QualityNet. For 2015 discharges, allowable value 4 in the data element Influenza Vaccination Status includes Allergy. Entering value 4 allows the case to be in the numerator and pass the measure. It is not an exclusion.

**Question 19:** Will the TOB measures be mandatory for all admitted patients or just psychiatric inpatients?

**Answer 19:** This presentation is only for IPF facilities, so it covers only psychiatric inpatients. We cannot speak for any other programs (IQR, etc.).

**Question 20:** Are electronic cigarettes considered in the TOB-1, or are they excluded because they do not actually contain tobacco?

**Answer 20:** According to the data element *Tobacco Use Status*, electronic cigarettes are excluded, as they contain nicotine not tobacco. If the patient has used electronic cigarettes ONLY in the past 30 days, enter value 3, the patient has not used any tobacco products in the past 30 days.

**Question 21:** Do we have a definition of "practical counseling"?

**Answer 21:** According to the data element *Tobacco Use Practical Counseling*, the components of practical counseling require interaction with the patient to address the following: recognizing danger situations, developing coping skills, and providing basic information about quitting.

**Question 22:** Does "cognitively impaired" include dementia dx?

**Answer 22:** The term "confused" is listed as an inclusion in the data element, so documentation of dementia would be acceptable ONLY if the patient was confused at all times. Dementia must be present during the entire hospitalization for 2014.

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**Question 23:** The exclusion for patients who are cognitively impaired, does that cognitive impairment only apply to the first three days of their stay, or does it have to be cognitive impairment for the entire hospitalization?

**Answer 23:** For 2014, the data element requires that the patient is cognitively impaired for the entire hospitalization. For 2015 data collection, this condition has been incorporated into other data elements and will apply to only the first three days after admission.

**Question 24:** What is considered practical treatment for the tobacco initiative?

**Answer 24:** According to the data element *Tobacco Use Practical Counseling*, the components of practical counseling require interaction with the patient to address the following: recognizing danger situations, developing coping skills, and providing basic information about quitting.

**Question 25:** Are The Joint Commission specifications to be utilized for abstracting the TOB measures? Also, when does data collection begin for the TOB measures - with October 2014 patient discharges?

**Answer 25:** The Joint Commission specifications are to be used for the TOB measures. You will start your data collection January 1, 2015.

**Question 26:** Slide # 35 – is HBIPS 2 & 3 not required for APU?

**Answer 26:** To receive full APU and meet all program requirements, HBIPS 2 & 3 are required, just not the submission of the aggregate population counts. For those measures that allow sampling, these counts will be required for FY 2017.

**Question 27:** Could someone please send a screenshot of where the TOB measure specifications are found? The spot on TJC website referred me to QualityNet.

**Answer 27:** The TOB and SUB measures can be found on <https://www.qualitynet.org/> under the Hospitals – Inpatient tab. Click on Specifications Manual in the drop-down menu.

**Question 28:** When do the SUB-1 data have to be entered? (Data collected from January 14 onward) And for what date range?

**Answer 28:** SUB-1 data are to be collected starting January 1, 2014 through December 31, 2014. These data will be submitted July 1, 2015 through August 15, 2015, for FY 2016 APU.

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- Question 29:** For 2017 measures, does data collection for the TOB questions begin with January 2015 discharges?
- Answer 29:** The tobacco measures are for FY 2017, with data collection January 1 through December 31, 2015, and data submission July 1 through August 15, 2016.
- Question 30:** We were told that psych population are excluded in HCAHPS?
- Answer 30:** Currently, only medical records with a non-psychiatric MS-DRG/principal diagnosis at discharge are included in the HCAHPS survey. However, for IPF, the measure ascertains whether the facility administers a detailed assessment of patient experience of care using a standardized collection protocol and a structured instrument. A specific tool has not been recommended.
- Question 31:** Our CCN will be activated on October 1, 2014, for the reporting time period due on July 15 through August 15, 2015; will we have to go back to abstract data from January?
- Answer 31:** No. You will be responsible for data from the date of your Medicare Acceptance Date located on your letter you received from State Survey and Certification. All fields must contain a numerical value upon entering data in 2015 during the submission period. For the quarters prior to your Medicare Acceptance Date, enter zeroes.
- Question 32:** For follow-up for treatment of mental health disorders, does this apply to nursing home patients who are admitted with dementia with problematic behaviors?
- Answer 32:** This measure is a claims-based measure and includes patients who were discharged from an acute inpatient setting with a principal mental health diagnosis and who received follow-up care with a mental health practitioner. There are specific codes for the mental health diagnosis as well as specific codes for the follow-up care with a mental health practitioner.
- Question 33:** If you are using a tool created by your organization, is it now required that you change to a standardized tool?
- Answer 33:** For IPF, the measure ascertains whether the facility administers a detailed assessment of patient experience of care using a standardized collection protocol and a structured instrument. A specific tool has not been recommended. The collection should be standardized using a structured instrument.

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**Question 34:** Does the new measure take into account that patients may have cognitive impairment and not able to answer survey.

**Answer 34:** For IPF, the measure ascertains whether the facility administers a detailed assessment of patient experience of care using a standardized collection protocol and a structured instrument. It applies to the psychiatric facility, not to specific patients.

**Question 35:** Is the EHR question asking how we are transmitting information to the next level of care, or what is used within the facility?

**Answer 35:** It is a structural measure that only requires the facility to attest to which one of the following statements best describes the facility's highest level typical use of an EHR system (excluding the billing system) during the reporting period, and whether this use includes the exchange of interoperable health information with a health information service provider:

- a) The facility most commonly used paper documents or other forms of information exchange (for example, email) not involving the transfer of health information using EHR technology at times of transitions in care.
- b) The facility most commonly exchanged health information using non-certified EHR technology (that is, not certified under the ONC HIT Certification Program) at times of transitions in care.
- c) The facility most commonly exchanged health information using certified HER technology (certified under the ONC HIT Certification Program) at times of transitions in care.

IPFs also indicate whether transfers of health information at times of transitions in care included the exchange of interoperable health information with a health information service provider (HISP).

**Question 36:** When do we have to report the EHR attestations?

**Answer 36:** The reporting period is January 1 through December 31, 2014, with data submission July 1 through August 15, 2015.

**Question 37:** When speaking of the Flu vaccine and "inpatients" or "discharges," are you referring to mental health patients only? Also, the flu vaccine for healthcare workers, are you speaking only about mental healthcare workers?

**Answer 37:** For the IPFQR Program, only the mental health patients will be used in the denominator for IMM-2. For the influenza vaccination of

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healthcare workers, data collection will only be for those working in mental health.

**Question 38:** Please define the denominator for IMM and also HBIPS 5, 6, 7 as well. Is it all patients discharged from the facility, or only those in the sample size providing that the facility does sample?

**Answer 38:** These measures (IMM-2, HBIPS-4 through HBIPS-7) include only those patients discharged from the inpatient psychiatric facility. The sample will be taken from those discharges only.

**Question 39:** The tobacco and influenza, are these for all hospitalized patients or psychiatric patients or both?

**Answer 39:** For the IPFQR Program, these measures apply to the inpatient psychiatric population only.

**Question 40:** Is the time frame requirement for employee vaccination for influenza a hard and fast requirement? Do those vaccinated prior to October 1 fall out of the numerator?

**Answer 40:** This healthcare worker should be counted in the numerator, since influenza vaccine for a given influenza season may be available as early as July or August. The strict reporting period for the measure (October 1 through March 31) applies to the denominator category. This HCW would be required to provide documentation of influenza vaccination and would be counted in the “vaccinated outside of the healthcare facility” category. If the HCW did not provide acceptable documentation, his/her vaccination status would be counted as “unknown.”

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