



Inpatient Psychiatric Facilities Quality Reporting Program

Support Contractor

FY 2015 IPF Data: Status, Opportunity, and Action Presentation Questions and Answers

Moderator:

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Speaker:

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- Question 1:** Is Influenza Patient starting with January 2015?
- Answer 1:** IMM-2, the immunization measure for patients, will be collected for 2015, but the flu season is October 1 through March 31. Data will be submitted for 4th quarter 2015 through 1st quarter 2016. The reporting period will be July 1 through August 15, 2016.
- Question 2:** Will you be talking about the new measure FY 2016 Assessment of Patient Experience of Care?
- Answer 2:** No, we will not be discussing this measure today. Please submit any questions to the IPF Q&A tool on *QualityNet*.
- Question 3:** Do we have the specific indicator questions for TOB measures?
- Answer 3:** The TOB measures can be found at:
www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228773989482.
- Question 4:** Are the HBIPS and SUB-1 and TOB-1, -2, and -2a required by CMS, or just some of the 12 measures from which we can choose six?
- Answer 4:** For FY 2017 (2015 discharges), the IPFQR Program requires HBIPS-2 through -7, SUB-1, FUH, TOB-1, TOB-2, and TOB-2a, Assessment of Patient Experience of Care, Use of EHR, IMM-2, and Influenza Vaccination Coverage Among Healthcare Personnel.
- Question 5:** Is Patient Experience of Care a voluntary submission or mandatory?
- Answer 5:** The Assessment of Patient Experience of Care measure is a requirement of the IPFQR Program, but it will be an attestation question.

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- Question 6:** FUH is claims based only, correct?
- Answer 6:** That is correct. It will be calculated by CMS.
- Question 7:** The Assessment of Patient Experience of Care measure is an attestation. Who usually submits this attestation?
- Answer 7:** This will be “yes” or “no.” If you answer “yes,” you will be asked to document what standardized instrument you use.
- Question 8:** For SUB on a 30-day readmission psychosocial assessment, an AUDIT C is not done, but it was done on the previous admit, and I have access to those data. Does that count as compliant?
- Answer 8:** Because the patient’s alcohol use status may have changed in the previous 30 days, another assessment should be performed and documented in the new medical record.
- Question 9:** Is it mandatory for psych hospitals to report hospital staff influenza vaccination data to CMS? If so, where can I find the requirements?
- Answer 9:** The Influenza Vaccination Coverage among Healthcare Workers measure will be required for FY 2017, with data collection to begin October 1, 2015. This information will be reported via NHSN, on the CDC website. More information about this measure can be found in the 2015 IPF Final Rule. Also, the Support Contractor recently held an education session on the new measures on October 29, 2014. The presentation, recording, transcript, and questions and answers are available at www.qualityreportingcenter.com/events/archive/ipf/.
- Question 10:** Are you going to discuss the new tobacco measures today?
- Answer 10:** No, this presentation is about data that have already been submitted.
- Question 11:** The lower rate is better for HBIPS-5, -6, and -7? Is that what we just heard?
- Answer 11:** A lower rate is desirable for HBIPS-2, HBIPS-3, and HBIPS-4. A higher rate is desirable for HBIPS-5, HBIPS-6, and HBIPS-7.
- Question 12:** Is it correct with SUB-1 that a stay less than or equal to three days is excluded?
- Answer 12:** That is correct.
- Question 13:** Is HBIPS-1 required for 2015?
- Answer 13:** HBIPS-1 is not collected by CMS. It is collected by The Joint Commission. If you have any questions about SUB-1, please submit them to The Joint Commission at <https://manual.jointcommission.org/Manual/WebHome>.

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- Question 14:** We have facilities that do not have a Behavioral Health Unit, but were receiving notices that they were failing to meet the IPF PPS requirements. How do we make sure we don't receive these notifications in the future?
- Answer 14:** Please contact the SC at 866-800-8765. Reference that you are an IPF, and the SC will review the process for removal from the PSF file. There is a process that must be followed.
- Question 15:** I had received a *QualityNet* Q&A response that IMM-2 would start with January 2015 b/c it was approved for FY 2017. I only saw in the final rule that the Employee Influenza would start with Oct 2015 discharges.
- Answer 15:** IMM-2 covers vaccination during the influenza season, which is October 1 through March 31 of the following year. This will start with October 2015 flu season.
- Question 16:** We do screen for tobacco use. What is included with treatment offered or provided?
- Answer 16:** TOB-2 and TOB-2a (Tobacco Use Treatment Provided or Offered and Tobacco Use Treatment) utilize the following data elements for abstraction:
- Reason for No Tobacco Cessation Medication During the Hospital Stay
 - Tobacco Use Status
 - Tobacco Use Treatment FDA-Approved Cessation Medication
 - Tobacco Use Treatment Practical Counseling
- Please refer to the following link to the HIQR manual, where the MIFs and data elements are found, at
www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1141662756099.
- Question 17:** Do you have best practice interventions implemented for improvement on HBIPS-6 and -7?
- Answer 17:** At this time, we have not identified these types of improvement interventions for HBIPS-6 and HBIPS-7, but we plan to provide additional education in the future that will include best practices. The Joint Commission (the measure developer) has suggested these interventions:
- Identify areas of CCP not completed consistently, e.g., medications and indications for use
 - Standardize location of components of CCP
 - Educate staff on required components of CCP
 - Provide timely feedback on performance to staff
- Question 18:** Please share the name of the Optimization method.
- Answer 18:** It is the Jenks Optimization Method.

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- Question 19:** CMS is mandating the addition of TOB-1, -2, and -2a for HBIPS. Is Joint Commission requiring agencies accredited by them to also comply with TOB-3?
- Answer 19:** No, TOB-3 is not required for the IPFQR Program.
- Question 20:** Where can we download state and national numbers?
- Answer 20:** Facilities can download these through the *Quality Net* Secure Portal under Reports for IPF users.
- Question 21:** Can the data be broken out by psych unit in general acute care facility compared to freestanding psych facilities?
- Answer 21:** That has not been reviewed at this time.
- Question 22:** What % of psych units are within an acute care/med-surgical hospital?
- Answer 22:** There are 64.5 percent that have psychiatric units in acute care facilities.
- Question 23:** What is the web address where we can drill down into our hospitals data?
- Answer 23:** The web address is www.qualitynet.org; look at the Facility, State, and National Reports.
- Question 24:** What is the website link for use to find my facility's specific data?
- Answer 24:** The website link is www.qualitynet.org.
- Question 25:** Are the new TOB-1, -2, and -2a, and IMM for psych patients required for TJC or only for CMS?
- Answer 25:** TOB-1, TOB-2, and TOB-2a are collected for TJC only. IMM-2 is collected for both TJC and CMS.
- Question 26:** Who do we contact if we don't get the survey? I have registered but have not been getting these surveys.
- Answer 26:** Please send an email to Debra.Price@HSAG.com.
- Question 27:** Is the ultimate reimbursement a combination of achievement and improvement?
- Answer 27:** Currently, the IPFQR Program is pay for reporting and NOT pay for performance.
- Question 28:** If post-discharge tx plan is not complete, for example, it is lacking the medication dosage component, but it was sent to the provider at discharge, is this a pass or fail for tx plan created and tx plan transmitted to next level of care provider?

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- Answer 28:** If there is documentation that the medication list, including dosage and indication, was transmitted to the next level of care provider no later than the fifth post-discharge day, this would be sufficient. However, if the medication dosage was sent separately, it must be documented that this separate documentation was also submitted to the next level of care provider before the fifth post-discharge day. The hospital must be able to identify which documents make up the CCP and what was transmitted to the next level of care provider.
- Question 29:** When will the data be available for public viewing?
- Answer 29:** The Preview Period will be December 31, 2014 through January 29, 2015, for the April release.
- Question 30:** Is the new Assessment of Patient Experience of Care measure a voluntary or mandatory submission?
- Answer 30:** It is a mandatory measure for FY 2016 payment determination.
- Question 31:** I thought SUB-1 was if a patient stay was 24 hours?
- Answer 31:** The inpatient population for SUB-1 is those patients with a length of stay greater than or equal to three days. Patients with a stay less of than three days are excluded.
- Question 32:** We use an EMTALA form when we transfer a patient to another facility. It is a state required form with boxes that are checked with what the patient was sent with, e.g., Hospital Chart, Lab and X-rays, Nursing Notes, and so on. Is this enough to pass HBIPS Measures 6 and 7?
- Answer 32:** There are four elements that must be addressed in the Continuing Care Plan (CCP): Discharge Medications, Next Level of Care, Principal Discharge Diagnosis, and Reason for Hospitalization. Also, there must be documentation that the CCP was transmitted to the next level of care provider, rather than “the patient.”
- Question 33:** Is seclusion of a patient also measured in the restraint data?
- Answer 33:** A patient in seclusion may not be in restraints also. For the purposes of these measures, the two events should not overlap, and a clarification regarding this will be included in a future manual.
- Question 34:** What is FUH?
- Answer 34:** FUH is Follow-Up Hospitalization for Mental Illness. 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. The FUH measure does not require data abstraction. CMS will calculate this measure by linking Medicare Fee for Service (FFS) Part A & B claims submitted by IPFs and subsequent

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outpatient providers for Medicare FFS IPF discharges. The information about this measure can be found here: www.ncqa.org/portals/0/Follow-Up%20After%20Hospitalization%20for%20Mental%20Illness.pdf.

Question 35: For the TOB-2/-2a, is there any clarification/guidance re: what counts as "practical counseling"?

Answer 35: 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 36: Are there any changes planned for the measures for multiple antipsychotic medications on discharge and rationale for multiple antipsychotics.

Answer 36: Several clarifications for abstraction purposes were added to the data element *Number of Antipsychotic Medications Prescribed at Discharge*, based on questions received by the measure stewards. All of these changes are also provided in the Release Notes that The Joint Commission provided for the January 2015 manual (<https://manual.jointcommission.org/releases/TJC2015A/>); scroll down to a PDF of the Release Notes for this version).

Question 37: Where can I find more information regarding the new measures?

Answer 37: The Support Contractor conducted an education session on the new measures for FY 2017 on October 29, 2014. The presentation, recording, transcript, and questions and answers are available at www.qualityreportingcenter.com/events/archive/ipf/.

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