

# Spotlight on Core Measures



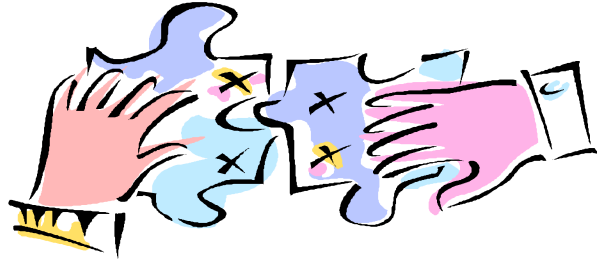
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*Spotlight on Core Measures is a news brief to provide the most current and up-to-date information on Core Measures for psychiatric facilities and answers to the most frequently asked questions.*

## NRI Specifications

We have received several clarifying questions regarding our Implementation Guide version 5, posted August 2008. We will be posting an Addendum to include all updates. If you find any conflicting information or find a definition that is not clear, please let us know via email to [CMInfo@nri-inc.org](mailto:CMInfo@nri-inc.org).



The FAQ for Core Measures will also be updated and posted.

## Publicity for Core Measure Set

A media briefing was held on September 29, 2008 featuring Frank Ghinassi (Technical Advisory Panel Chair), Richard C. Hermann (Technical Advisory Panel member), and Celeste Milton (The Joint Commission lead staff). The *Washington Post* October 1, 2008 issue included an announcement of the start of the HBIPS core measure set. An Informational Flyer was prepared by the collaboration (NRI, NAPHS, NASMHPD, APA, and TJC) to highlight key aspects of the core set including the development process and the expected utility of the measures. These documents are available through the NRI website.



## NRI Tool for Data Collection/Validation

NRI File Layout is a Microsoft Access tool that NRI created to assist facilities with their data submissions. This is a tool that facilities can use for simple error checks before uploading files to NRI. With the rollout of our newest version, there are some great new features that continue to assist in error checking, as well as other new features that make this tool very effective in helping you create your new data files. We were able to resolve compatibility issues with the import and export function for older versions of Access.

The tool assists facilities in fixing errors by giving them a way to view their data elements separated into their proper fields. There are checks for valid NDC codes, ICD-9 codes, and checks for "No Matching Episode" for the event file. We have added a completeness check for the new core measure file that will locate a code used that is not a valid selection for the field.

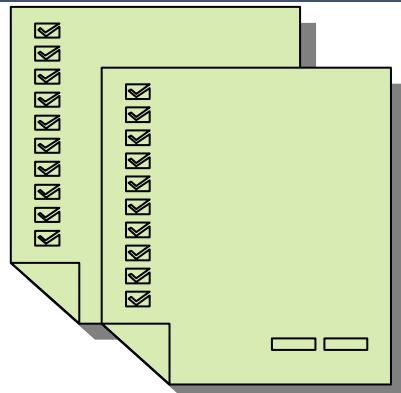
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Another new addition to our tool is the data entry forms for the core measure, episode, and event files. These forms allow you to do direct entry into our tool that can be easily exported and uploaded to NRI with all the correct formatting already done for you. These forms have all the valid coding options entered into pull down boxes for easy selection. For facilities that are still in the process of building the extraction process from their own system this is a wonderful way to start working on core measures data now.



Additional queries are planned and we are interested in your feedback. Please send comment to [CMInfo@nri-inc.org](mailto:CMInfo@nri-inc.org).

## Readiness and Programming for the Final Set

Many of the questions we have received relate to creating a crosswalk between the facility coding options and the new NRI requirements for certain data elements. In some cases, the facility had been using code options that directly mirrored the old NRI codes. For these facilities, they will need to expand and create new code options.

Other facilities used a longer list of code options and then converted these options into the NRI list during their extract process. These facilities will need to look at how they grouped their codes and design a new crosswalk to the new NRI options.

NRI will work with facilities to transition into the new code options, particularly as these effect clients on the census when the facility either selects the core measure set or begins reporting data for January 2009.

## September Call Notes and Frequently Asked Questions

*Are "medical units" excluded from the core measure set?*

Clients receiving services only on medical units will be excluded from the core measure set. NRI will add this exclusion to the Initial Client Population Algorithm.

*What is expected for clients that transfer between units but the hospital is required to document these as discharges and admissions per CMS requirements?*

When CMS takes this set (since it is aligned with their requirements, TJC assumes that it will eventually happen), CMS would count discharges based on its requirements. TJC is thus following CMS on how many discharges to report. What is expected is a record for each episode of care – when clients are discharged from one unit and admitted to another unit because of a CMS requirement, they are given a new medical record number and a new episode of care is started. This appears to only happen for transfers between certified and non-certified units, between psych and medical units, between HAP accredited and BHC accredited units. So when you discharge a client (because of a CMS requirement), they are discharged for the core measure set and an episode has ended. It is expected that you would report a record in the core measure file for each of

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the discharges from the psych units. You would not report a record in the core measure file for a discharge from the medical unit. In terms of the continuing care plan components for these discharges, the in-hospital transfers usually include some statement of diagnosis, expected treatment/evaluation on the next unit, medication reconciliation, and reason for hospitalization in the sending unit (as part of its admission information). Most likely, you will reference different documentation for in-house transfers (like a Transfer Order) than for discharges to community (like Aftercare Plan).



*If the hospital knows a client qualifies for exclusion from a measure (such as discharge clinical status of death or elopement), should the hospital report the case in the core measure file? What data are expected on the case?*

The hospital is still expected to report the case in the core measure file and all available data for the case. NRI will confirm the exclusion. As identified in the measure algorithms, certain data must be validated before the exclusion is recognized. Fields that do not apply should be coded with the appropriate "Unknown, Unable to determine from Medical Record" option. If the hospital is sampling and the case was selected as part of the sample, the cases would be reported in the core measure file.

*For admission referral and discharge referral, when is Psychiatric Hospital chosen?*

The code options are determined by TJC and CMS and I think that is why accreditation type and Medicare are so prominent in the descriptions. Any psychiatric hospital participating in the core measure set would be coded as 21 – Psychiatric hospitals (they would have to be accredited as HAP to participate). There may be some psychiatric hospitals accredited as LTC only – you would probably need to ask them but it looks like the vast majority that are LTC accredited are also HAP accredited. And if they are HAP, then you code as "Psychiatric Hospital".

*Where are drug and alcohol inpatient treatment centers coded on referral source (admission and discharge)?*

These are coded for admission referral as "31-Other health care facility not defined elsewhere on list" and for discharge referral as "39-Other health care facility not defined elsewhere on list".

*Does the continuing care plan need to list the ICD9 code or the diagnosis name?*

The continuing care plan needs to minimally list the diagnosis name with specificity so that it can be clearly cross-walked to ICD9 code. It is helpful to auditors to have the code on the form. We understand that "coders" convert the name to a code for reporting to NRI or billing and that the physician will generally write the name of the diagnosis.

*How should reasons for multiple antipsychotic medications on discharge be captured?*

The Special Instruction is NRI's guidance on how to identify the "appropriate justifications" to those facilities that allow their clinicians to report multiple reasons. Facilities can choose to collect multiple reasons and then develop a method to report that information to NRI in a single data element. Facilities that only allow clinicians to report one reason should identify the priority ordering of the codes.

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## *How are long-acting and short-acting IM antipsychotic medications differentiated?*

There are six identified long-acting IM antipsychotic medications: Fluphenazine deconate, Haldol deconate, Haloperidol deconate, Prolixin deconate, Risperal Constra long-acting injectable, and Risperidone long-acting injectable. There are 11 identified short-acting IM antipsychotic medications; Haldol, Haloperidol, Prolixin also have short-acting forms. It is the facility's responsibility to be able to identify and distinguish these medications. The Antipsychotic Medication list for the Implementation Guide has been updated to identify long-acting IM antipsychotic medications.

## *When should "extended placement" be used as the discharge clinical status?*

Extended placement is used when a client is on conditional release or similar status and the client can be returned to the facility without a full admission process. This status was added to aid facilities that have clients on long placements and provide the continuing care plan at the start of the placement.

## *Why are there three classifications of nursing facility for referral?*

This relates to the CMS definitions. A facility should know whether it is certified under Medicare, Medicaid, or neither. If you are unable to determine its classification, use the code for "neither Medicaid nor Medicare."

If you have a question, please email it to [CMInfo@nri-inc.org](mailto:CMInfo@nri-inc.org). Responses are provided for each question and are also summarized in the following issue of *Spotlight*.

## Core Measure Set Conference Call

**This call is open to all facilities.** The call is held the third Wednesday of each month, at 2 pm (Eastern). We strongly encourage facilities and states to join the call.

Call Date: October 15, 2008 at 2pm (EDT).

To join the call, please call: 1-888-296-6500, guest code 804535#



**Agenda: Using NRI File Layout, Core Measure Set Reports, Q&A, Other topics for these educational calls**

*NRI will continue to send bulletins to states and facilities and post updates on its website. Earlier bulletins related to the core measure set for hospital based inpatient psychiatric services are available on the NRI website: [www.nri-inc.org/projects/BHPMS/](http://www.nri-inc.org/projects/BHPMS/). If you have any questions concerning the core measure set, please contact me through email at [Lucille.Schacht@nri-inc.org](mailto:Lucille.Schacht@nri-inc.org).*



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