

Release Notes to the Specifications Manual for National Hospital Inpatient Quality Measures- Hospital-Based Inpatient Psychiatric Services Core Measure Set v2.1 (12-1-2008)

Guidelines for Using Release Notes

Release Notes 2.1 provide modifications to the *Specifications Manual for National Hospital Inpatient Quality Measures- Hospital-Based Inpatient Psychiatric Services Core Measure Set*. The Release Notes are provided as a reference tool and are not intended to be used to program abstraction tools. Please refer to the *Specifications Manual for National Hospital Inpatient Quality Measures- Hospital-Based Inpatient Psychiatric Services Core Measure Set* for the complete and current technical specifications and abstraction information.

The notes are organized to follow the order of the Table of Contents. Within each topic section, a row represents a change beginning with general changes followed by data elements in alphabetical order. The implementation date is **4-01-2009** unless otherwise specified. The column headings are described below:

- **Section** - used to identify which section(s) listed in the Table of Contents contain the change listed. The sections are Data Dictionary, Measurement Information, Missing and Invalid Data, etc.
- **Impacts** - used to identify which portion(s) of the Manual Section is impacted by the change listed. Examples are Alphabetical Data Dictionary, Measure Information Form (MIF) and Flowchart (Algorithm). The measures that the data element is collected for are identified.
- **Rationale** – provided to identify why the change is being made.
- **Description of Changes** - used to identify the section within the document where the change occurs, e.g., Definition, Data Collection Question, Allowable Values, and Denominator Statement - Data Elements.

NOTE: Additions and Deletions are listed and additions are **yellow highlighted** in the corresponding document. Exceptions: The additions and changes to the Algorithms are not yellow highlighted, and the Hospital Initial Patient Population and Clinical Data XML File Layouts are **yellow highlighted** in the cells that have a change in them and the actual changes are **bolded**.

- **Page**- the beginning page number is from the 2.0ab version of the manual

Data elements that cross multiple measures and contain the same changes will be consolidated into one row. If those changes do not apply to all of the measures listed in the Impacts column that is identified in the description of changes.

This document should allow the reader to identify the exact location of each change by reading from left to right across the columns. An **example** is: Changing a note for abstraction within ***Initial Blood Culture Collection Time, which is collected for PN-3a, PN-3b.***

Example:

Section	Impacts	Rationale	Description of Changes	Page
Data Dictionary	Introduction to the Data Dictionary	To be consistent with the Specifications Manual for National Hospital Inpatient Quality Measures V2.6	Delete Medicare from <i>Payment Source</i> in the last bullet point on the page.	1-1
Data Dictionary	Alphabetical Data Element List	Modified list as appropriate – see below for more	Split Psychiatric Inpatient Days into 2 data elements: <i>Psychiatric Inpatient Days-</i>	1-11

		information on each change.	<i>Medicare Only, Psychiatric Inpatient Days- Non-Medicare Only.</i> Split <i>Total Leave Days</i> into 2 data elements: <i>Leave Days- Medicare Only, Leave Days- Non-Medicare Only.</i> Change name of element from <i>Payment Source – Medicare</i> to <i>Payment Source</i>	
<i>Admission Date</i>				
<i>Birthdate</i>				
<i>Discharge Date</i>				
<i>Event Date</i>				
<i>ICD-9-CM Other Procedure Dates</i>				
<i>iCD-9-CM Principal Procedure Date</i>				
Data Dictionary	Alphabetical Data Dictionary All Measures	To be consistent with the Specifications Manual for National Hospital Inpatient Quality Measures V2.6	<u>Allowable Values</u> Change YYYY from “Year (2000-9999)” to “Year (2001-Current Year)”	1-12, 1-16, 1-31, 1-37, 1-41, 1-45
<i>Appropriate Justification for Multiple Antipsychotic Medications</i>				
Data Dictionary	Alphabetical Data Dictionary HBIPS- 5	Clarification of minimum documentation required for the tapering plan.	<u>Guidelines for Abstraction</u> Add the following sentence to the last paragraph: The recommended plan must include the name(s) of the medication(s) to be tapered.	1-15
<i>Continuing Care Plan- Discharge Medications</i>				
Data Dictionary	Alphabetical Data Dictionary HBIPS-6, 7	Clarification to include all medications ordered rather than just prescribed.	Replace ‘prescribed’ with ‘ordered’ throughout the page.	1-18
<i>Payment Source - Medicare</i>				
Data Dictionary	Alphabetical Data Dictionary HBIPS- 4, 5, 6,	To be consistent with the Initial Patient Population and Sampling elements for	<u>Data Element Name</u> Change name of element from <i>Payment Source – Medicare</i> to <i>Payment Source</i>	1-65

	<p>7 (Optional for HBIPS-2 , 3)</p>	<p>Medicare and Non-Medicare and to be consistent with the Specifications Manual for National Hospital Inpatient Quality Measures V2.6</p>	<p><u>Definition</u> Change from “Medicare is the source of payment for the services provided, and the patient has a standard HIC number.” to “The source of payment for this episode of care.”</p> <p><u>Suggested Data Collection Question</u> Change from “Does the patient have Medicare as a payment source with a standard HIC number?” to “What is the patient’s source of payment for this episode of care?”</p> <p><u>Allowable Values</u> Change the from “Yes/No” to:</p> <ol style="list-style-type: none"> 1 Source of payment is Medicare 2 Source of payment is Non-Medicare <p><u>Notes for Abstraction</u> Remove the 1st, 3rd, and 5th bullets</p> <p>Change 2nd bullet from “Medicare can be listed as the primary, secondary, tertiary, or even lower down on the list of payers.” to “If Medicare is listed as the primary, secondary, tertiary, or even lower down on the list of payers, select “1”.”</p> <p>Change 1st sentence in 4th bullet from “If the patient is an Undocumented Alien or Illegal immigrant, select “No”.” to “If the patient is an Undocumented Alien or Illegal immigrant, select “1”.”</p>	
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<i>Psychiatric Care Setting</i>				
Data Dictionary	Alphabetical Data Dictionary All Measures	Clarification of examples for inclusion in the HBIPS measures.	<u>Guidelines for Abstraction</u> Change Example 1 From: A patient with substance use disorder and a psychiatric diagnosis was admitted to a substance abuse treatment unit and received treatment primarily for substance abuse, the patient would be excluded from the HBIPS measures. To: Chemical Dependency Units that treat patients primarily for substance use disorders and occasionally psychiatric diagnoses are excluded from the HBIPS measures. Example 2 From: A patient with substance use disorder and a psychiatric diagnosis was admitted to a substance abuse treatment unit and received treatment for both substance use disorder and the psychiatric diagnosis, the patient would be included in the HBIPS measures. To: Psychiatric Units that treat dual diagnosis patients (patients with both substance use disorders and psychiatric diagnoses) are included in the HBIPS measures.	1-73
<i>Provider ID</i>				
Inpatient Specifications Manual	All sections	To maintain consistent terminology with CMS and to be consistent with the Specifications Manual for National Hospital Inpatient	Change all references to "Provider ID" to "CMS Certification Number" within the manual	6-3 6-45

		Quality Measures V2.6		
<i>Psychiatric Inpatient Days- Medicare Only</i>				
<i>Psychiatric Inpatient Days- Non- Medicare Only</i>				
Data Dictionary	Alphabetical Data Dictionary HBIPS-2, 3	To be consistent with the Initial Patient Population and Sampling elements for Medicare and Non-Medicare.	Split <i>Psychiatric Inpatient Days</i> into 2 data elements: <i>Psychiatric Inpatient Days- Medicare Only, Psychiatric Inpatient Days- Non- Medicare Only.</i>	1-74, 1-75, 1-76, 1-77
<i>Sample</i>				
Data Dictionary	Alphabetical Data Dictionary All Measures	To align with the IPPS Final Rule and to be consistent with the Specifications Manual for National Hospital Inpatient Quality Measures V2.6	<u>Notes for Abstraction</u> Add When Sampling Frequency equals '3' or '4' (N/A, submission of patient level data is not required), then abstract <i>Sample</i> as "No".	1-81
<i>Total Leave Days- Medicare Only</i>				
<i>Total Leave days- Non- Medicare Only</i>				
Data Dictionary	Alphabetical Data Dictionary HBIPS-2, 3	To be consistent with the Initial Patient Population and Sampling elements for Medicare and Non-Medicare.	Split <i>Total Leave Days</i> into 2 data elements: <i>Leave Days- Medicare Only, Leave Days- Non-Medicare Only.</i>	1-86, 1-87, 1-88, 1-89
Measure Information	HBIPS Data Element List	Modified list appropriately to support changes in the data dictionary.	Split <i>Psychiatric Inpatient Days</i> into 2 data elements: <i>Psychiatric Inpatient Days-Medicare Only, Psychiatric Inpatient Days- Non-Medicare Only.</i> Split <i>Total Leave Days</i> into 2 data elements: <i>Leave Days- Medicare Only, Leave Days- Non-Medicare Only.</i> Change name of element from <i>Payment Source – Medicare</i> to <i>Payment Source</i>	HBIPS-3
Measure Information	Initial Patient Population –	Census data need to be captured for	Change the census data equation in the 2 nd	HBIPS-5

	Event Measures (HBIPS-2 & 3)	Medicare and Non-Medicare patients separately so the <i>Initial Patient Population</i> and <i>Sample Size</i> data elements can be transmitted split between the two groups of patients.	<p>sentence of the 2nd paragraph for the Initial Patient Population discussion for Event Measures</p> <p>From: (<i>Psychiatric Inpatient - Total Leave Days</i>)</p> <p>To: [(<i>Psychiatric Inpatient Days – Medicare Only - Total Leave Days– Medicare Only</i>) + (<i>Psychiatric Inpatient Days – Non-Medicare Only - Total Leave Days– Non-Medicare Only</i>)].</p>	
Measure Information	Measure Information Form (MIF) HBIPS-5	To remain consistent with the algorithm.	<p><u>Excluded Populations</u></p> <p>Change Patients with a length of stay < 3 days to Patients with a length of stay ≤ 3 days.</p>	HBIPS-5-2
Missing and Invalid Data	Data Collection and the Unable to be Determined (UTD) Allowable Value	Modified list appropriately to support changes in the data dictionary.	<p>Modified the 1st bullet to:</p> <ul style="list-style-type: none"> - Split <i>Psychiatric Inpatient Days</i> into 2 data elements: <i>Psychiatric Inpatient Days- Medicare Only, Psychiatric Inpatient Days- Non-Medicare Only</i>. - Split <i>Total Leave Days</i> into 2 data elements: <i>Leave Days- Medicare Only, Leave Days- Non-Medicare Only</i> 	3-1
Population and Sampling Specifications	Sample Size Requirements	To align with the IPPS Final Rule and to be consistent with the Specifications Manual for National Hospital Inpatient Quality Measures V2.6	<p><u>Sample Size Requirements</u></p> <p>Add after 1st sentence in the 6th paragraph: Hospitals that have five or fewer AMI, HF, PN and/or SCIP discharges (both Medicare and non-Medicare combined) are not required to submit patient level data to the QIO Clinical Warehouse and Joint Commission’s Data Warehouse. Hospitals that have five or</p>	4-4, 4-5, 4-6, 4-8, 4-10

			<p>fewer CAC and/or PR discharges (both Medicare and non-Medicare combined) are not required to submit patient level data to the Joint Commission's Data Warehouse.</p> <p>Change Quarterly Sample Size, under Quarterly Example 1: Measure set is Not Stratified, <i>Average Quarterly Initial Patient Population Size</i>, under Quarterly Example 1: Measure set is Not Stratified, from < 78 to 6 – 77.</p> <p>Add to Quarterly Sample Size <i>Average Quarterly Initial Patient Population Size</i> 0- 5 and to <i>Minimum Required Sample Size</i> Submission of patient level data is not required. if submission occurs, 100% Initial Patient Population required</p> <p>Add a 4th bullet to <i>Examples</i>: A hospital's ABC Initial Patient Population is 5 patients during the first quarter. Using the above table, submission of patient level data is not required. If the hospital chooses to submit patient level data, the required quarterly sample size would be 100% of the patient population or 5 cases for the quarter.</p> <p>Change, in the 1st bullet under <i>Example</i> in the Quarterly Example 2: Measure set is stratified, from "The SCIP Initial Patient Population sizes for a hospital is 5, 50, 15,</p>	
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			<p>140, 35, 201, 3, and 481 patients respectively per quarter. The required quarterly sample sizes would be 5, 16, 15, 16, 16, 21, 3 and 48.” to “The XYZ Initial Patient Population sizes for a hospital is 5, 50, 15, 140, 35, 201, 3 and 481 patients respectively per stratum for the quarter. Since the total Initial Patient Population for XYZ is 930, the hospital must submit patient level data. The required quarterly sample sizes for each stratum would be 5, 16, 15, 16, 16, 21, 3, and 48.”</p> <p>Add 2nd bullet under <i>Example</i> in the Quarterly Example 2: Measure set is stratified:</p> <ul style="list-style-type: none"> • The XYZ Initial Patient Population sizes for a hospital are 1, 1, 0, 0, 1, 0, 1, and 1 patients respectively per stratum for the quarter. Since the total Initial Patient Population for XYZ is 5, the hospital may choose to not submit patient level data. If the hospital chooses to submit patient level data, the required quarterly sample sizes for each stratum would be 1, 1, 0, 0, 1, 0, 1, and 1. <ul style="list-style-type: none"> ▪ The 1st, 2nd, 5th, 7th, and 8th strata are less than the minimum required quarterly sample size, so 100% of each of these strata are sampled. 	
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			<ul style="list-style-type: none"> ▪ There are no data to sample for the 3rd, 4th, and 6th strata. <p>Change, in the 1st bullet under <i>Example</i> under Monthly Example 2: Measure set is Stratified, from “SCIP” to “XYZ”</p> <p><u>Transmission of Initial Patient Population and Sample Data Elements</u></p> <p>Change 2nd sentence in the 4th paragraph from “<i>Sampling Frequency</i> indicates if the hospital has sampled using the monthly or quarterly methodology, or whether the entire population was used for the specified time period.” to “<i>Sampling Frequency</i> indicates if the hospital has sampled using the monthly or quarterly methodology, whether the entire population was used for the specified time period or the hospital had five or fewer discharges for the discharge quarter and did not submit patient level data.”</p> <p>Add: Example 4 – Hospital has five or fewer discharges and chooses to not submit patient level data A hospital uses the Initial Patient Population(s) for the ABC measure set to identify 5 cases in the ABC Initial Patient Population for the entire measure set during the second quarter. Since the total Initial Patient Population for ABC is 5,</p>	
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			<p>the hospital chooses to not submit patient level data.</p> <p>Add: Example 5 – Hospital has five or fewer discharges and chooses to submit patient level data A hospital uses the Initial Patient Population(s) for the ABC measure set to identify 5 cases in the ABC Initial Patient Population for the entire measure set during the second quarter. Even though the total Initial Patient Population for ABC is 5, the hospital chooses to submit patient level data.</p>	
HBIPS NQM Data Transmission	HBIPS NQM Data Transmission	Consistency with naming of other document/sections.	Change “Transmission Data Element Pages” to “Transmission Alphabetical Data Dictionary”	6-1
HBIPS NQM Data Transmission	Hospital Clinical Data	Modified list appropriately to support changes in the data dictionaries.	Split <i>Psychiatric Inpatient Days</i> into 2 data elements: <i>Psychiatric Inpatient Days-Medicare Only</i> , <i>Psychiatric Inpatient Days- Non-Medicare Only</i> and split <i>Total Leave Days</i> into 2 data elements: <i>Leave Days- Medicare Only</i> , <i>Leave Days- Non-Medicare Only in the 8th</i> bullet.	6-3
HBIPS NQM Data Transmission	Aggregate Data	To clarify how vendors are to implement the Missing Data Policy when aggregating HCO-level data for transmission to The Joint Commission.	Add a bullet before the 1 st existing bullet that states: Include in the HCO-level statistical aggregate data (e.g., <i>Observed Rate</i> and <i>Number of Cases</i>) only those cases which process through the patient-level edits without being rejected and do not receive a <i>Measure Category Assignment = X</i> for any measure in the set. Refer to the data element <i>Number of Rejected Cases</i> for information on	6-4

			how to report the number of cases excluded from the HCO-level statistical aggregate data due to data quality and missing data issues.	
HBIPS NQM Data Transmission	Aggregate Data	To align with the IPPS Final Rule and to be consistent with the Specifications Manual for National Hospital Inpatient Quality Measures V2.6	<p>Add new bullet after the Missing and Invalid Data bullet:</p> <ul style="list-style-type: none"> • Five or fewer cases: The following HCO-level aggregate data elements are still required for hospitals electing to not report data for the quarter because they have five or fewer discharges (both Medicare and non-Medicare combined) for the set. The data elements include: <i>ICD Population Size</i> <i>Sample</i> <i>Data Received for Health Care Organization</i> <p>Note: Hospitals may choose to not report data when they have five or fewer discharges for Discharge measures only (HBIPS-1, 4, 5, 6, 7, and 8). Hospitals must report all data for Event measures regardless of the number of discharges or events that occur during the quarter.</p>	6-5
HBIPS NQM Data Transmission	National Comparison Group	To update information concerning the Joint Commission's National Comparison Group so it matches the measurement system's contract.	<p>Change the 2nd bullet from "Refer to the <i>ORYX Data Quality Manual</i> for the list of national comparison group data elements and related information." to "Refer to the <i>ORYX Data Quality Manual</i> for the list of national comparison group data elements, how measurement systems may utilize this data, and</p>	6-6

			related information.” Remove the 3 rd bullet	
HBIPS NQM Data Transmission	Joint Commission Guidelines for Submission of HBIPS Data	Correct the measure sets combinations for which multiple files for a single episode of care is valid	Added for patients age 18 and older to the following measure set combinations: HBIPS and AMI HBIPS and HF HBIPS and PN HBIPS and SCIP Added mothers to the following measure set combination of HBIPS and PR.	6-10
HBIPS NQM Data Transmission	Joint Commission Guidelines for Submission of HBIPS Hospital Initial Patient Population Data	To align with the IPPS Final Rule and to be consistent with the Specifications Manual for National Hospital Inpatient Quality Measures V2.6	Add under the title: The Hospital Initial Inpatient Population Data file must be transmitted to both the QIO Clinical Warehouse and Joint Commission's Data Warehouse even if the hospital has elected to not report the patient data when they have five or fewer cases for the set during the quarter.	6-16
<i>ICD Population Size</i>				
HBIPS NQM Data Transmission	Transmission Alphabetical Data Dictionary	To align with the IPPS Final Rule and to be consistent with the Specifications Manual for National Hospital Inpatient Quality Measures V2.6	<u>Notes for Abstraction</u> Add a second note “ <i>ICD Population Size</i> must contain the actual number of patients in the population even if the hospital has five or fewer discharges (both Medicare and non-Medicare combined) in a quarter and has decided to not submit patient level data.”	6-21
<i>Initial Patient Population Size – Medicare Only</i>				
HBIPS NQM Data Transmission	Transmission Alphabetical Data Dictionary	It is required to segregate Population Size data into Medicare and Non-Medicare buckets starting with 4/1/09 discharges.	<u>Definition</u> Modify the 2 nd sentence in the 4 th paragraph From: The HBIPS census data are calculated by (<i>Psychiatric Inpatient Days</i>	6-23 6-24

		<p>To align with the IPPS Final Rule and to be consistent with the Specifications Manual for National Hospital Inpatient Quality Measures V2.6</p>	<p>- <i>Total Leave Days</i>). To: The HBIPS census data are calculated by (<i>Psychiatric Inpatient Days-Medicare Only - Total Leave Days-Medicare Only</i>).</p> <p>Remove the second note: Note: For 10/1/08 through 3/31/09 discharges, it is not required to segregate Population Size data into Medicare and Non-Medicare buckets. The entire Population Size may be transmitted as Non-Medicare. If assigning all data to the Non-Medicare bucket, the Medicare bucket must be transmitted = 0. Starting with 4/1/09 discharges, it is expected that hospitals and vendors can segregate the Population Size data into Medicare and Non-Medicare buckets.</p> <p><u>Notes for Abstraction</u></p> <p>Remove None</p> <p>Add “<i>Initial Patient Population Size – Medicare Only</i> must contain the actual number of patients in the population even if the hospital has five or fewer discharges (both Medicare and non-Medicare combined) in a quarter and has decided to not submit patient level data.”</p>	
<i>Patient Population Size – Non-Medicare Only</i>				
HBIPS NQM Data Transmission	Transmission Alphabetical Data Dictionary	To align with the IPPS Final Rule and to be consistent with the Specifications	<u>Definition</u> Modify the 2 nd sentence in the 4 th paragraph	6-25 6-26

		Manual for National Hospital Inpatient Quality Measures V2.6	<p>From: The HBIPS census data are calculated by (<i>Psychiatric Inpatient Days - Total Leave Days</i>).</p> <p>To: The HBIPS census data are calculated by (<i>Psychiatric Inpatient Days-Non-Medicare Only - Total Leave Days-Non-Medicare Only</i>).</p> <p><u>Notes for Abstraction</u></p> <p>Remove None</p> <p>Add “<i>Initial Patient Population – Non-Medicare Only</i> must contain the actual number of patients in the population even if the hospital has five or fewer discharges (both Medicare and non-Medicare combined) in a quarter and has decided to not submit patient level data.”</p>	
<i>Predicted Value</i>				
HBIPS NQM Data Transmission	Transmission Alphabetical Data Dictionary	To clarify how vendors are to calculate the Predicted Value	<p><u>Allowable Values - Joint Commission Note To Programmers</u></p> <p>Change “Calculate to 9 decimal positions and round to 8”</p> <p>To “Round to 8 decimal positions”</p> <p>Add a second Note To Programmers that states “Use only the seventeen ICD-9-CM Diagnosis Codes that are transmitted as part of the patient record when evaluating the patient against the risk model. Do not use additional ICD-9-CM Diagnosis Codes that may be available in the medical record or from the UB</p>	6-34

			download.”	
<i>Provider ID</i>				
HBIPS NQM Data Transmission	Transmission Alphabetical Data Dictionary	To maintain consistent terminology with CMS.	<p><u>Data Element Name</u> Change from “<i>Provider ID</i>” to “<i>CMS Certification Number</i>”</p> <p><u>Definition</u> Change from “Hospital’s six digit acute care Medicare provider identifier” to “Hospital’s six digit acute care CMS Certification Number (CCN).”</p> <p><u>Suggested Data Collection Question</u> Change from “What is the hospital’s six digit acute Medicare provider ID?” to “What is the hospital’s six digit acute care CMS Certification Number?”</p> <p><u>Allowable Values</u> Change first sentence from “Any six digit Medicare provider ID” to “Any six digit CMS Certification Number.”</p> <p><u>Suggested Data Sources</u> Change from “UB-04, Field Location: 57A, B or C” to “None”</p>	6-36
<i>Sample Size – Medicare Only</i>				
HBIPS NQM Data Transmission	Transmission Alphabetical Data Dictionary	It is required to segregate Sample Size data into Medicare and Non-Medicare buckets starting with 4/1/09 discharges.	<p><u>Definition</u> Remove the second note: Note: For 10/1/08 through 3/31/09 discharges, it is not required to segregate Population Size data into Medicare and Non-Medicare buckets. The entire Population Size may be transmitted as Non-Medicare. If assigning all data to the Non-Medicare bucket, the Medicare bucket must be</p>	6-37 6-38

		To align with the IPPS Final Rule and to be consistent with the Specifications Manual for National Hospital Inpatient Quality Measures V2.6	<p>transmitted = 0. Starting with 4/1/09 discharges, it is expected that hospitals and vendors can segregate the Population Size data into Medicare and Non-Medicare buckets.</p> <p><u>Notes for Abstraction</u></p> <p>Remove None</p> <p>Add For Discharge measures (HBIPS-1, 4, 5, 6, and 7), when <i>Sampling Frequency</i> = 'N/A' because the hospital has five or fewer discharges (both Medicare and non-Medicare combined) in a quarter and has decided to not submit patient level data, <i>Sample Size – Medicare Only</i> equals zero.</p>	
<i>Sample Size – Non-Medicare Only</i>				
HBIPS NQM Data Transmission	Transmission Alphabetical Data Dictionary	To align with the IPPS Final Rule and to be consistent with the Specifications Manual for National Hospital Inpatient Quality Measures V2.6	<p><u>Notes for Abstraction</u></p> <p>Remove None</p> <p>Add For Discharge measures (HBIPS-1, 4, 5, 6, and 7), when <i>Sampling Frequency</i> = 'N/A' because the hospital has five or fewer discharges (both Medicare and non-Medicare combined) in a quarter and has decided to not submit patient level data, <i>Sample Size – Non-Medicare Only</i> equals zero.</p>	6-40
<i>Sampling Frequency</i>				
HBIPS NQM Data Transmission	Transmission Alphabetical Data Dictionary	To be consistent with the current public reporting requirements, align with the IPPS Final Rule, and to be consistent with the	<p><u>Notes for Abstraction</u></p> <p>Change "None" to</p> <ul style="list-style-type: none"> • <i>Sampling Frequency</i> must be consistent across a discharge time 	6-41 6-42

		Specifications Manual for National Hospital Inpatient Quality Measures V2.6	<p>period.</p> <p>Example: If the <i>Sampling Frequency</i> for April is monthly, then the <i>Sampling Frequency</i> for May and June must also be monthly.”</p> <p><u>Allowable Values</u></p> <p>Add: 4 N/A, submission of patient level data is not required.</p> <p><u>Notes for Abstraction</u></p> <p>Add bullet:</p> <p>Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) in a quarter are not required to submit patient level data.</p> <p>Add bullet: For Discharge measures (HBIPS-1, 4, 5, 6, and 7): Hospitals with five or fewer discharges (both Medicare and Non-Medicare combined) in a quarter are not required to submit patient level data.</p> <p>Add “For Event measures (HBIPS-2 and 3)” to the beginning bullet of the last bullet.</p>	
HBIPS NQM Data Transmission	HBIPS Hospital Clinical Data XML File Layout Table A	To reflect the changes in the data element in the Data Dictionary	<p><u>Table A</u></p> <p>Payment Source - Medicare</p> <p>Change “Question” from “Payment Source – Medicare” to “Payment Source”</p> <p>Change “Answer Code” from “N” to “1” and “Y” to “2”</p>	4

			Change “Answer Value” from “No” to “Source of payment is Medicare” and “Yes” to “Source of Payment is Non-Medicare”	
HBIPS NQM Data Transmission	HBIPS Hospital Initial Patient Population Data XML File Layout	To reflect the changes in the data element in the Data Dictionary	<u>Elements</u> <provider-id> Change Data Element from: “Provider ID” to “CMS Certification Number” Valid Value from: “Valid 6 digit Medicare Provider” to “Valid 6 digit CMS Certification Number”	2
HBIPS NQM Data Transmission	HBIPS Hospital Initial Patient Population Data XML File Layout	To align with the IPPS Final Rule and to be consistent with the Specifications Manual for National Hospital Inpatient Quality Measures V2.6	<sampling-frequency> Add ‘4’ to Valid Values	5
Appendix B	Table 10.0 Antipsychotic Medications	Medication added.	Add Risperdal Oral Solution.	Appendix B-2
Appendix E	Table 2.5 Discharge Status	Change to be consistent with NUBC guidelines.	Add as 2 nd bullet under value 70: Chemical dependency treatment facility that is not part of a hospital (if a chemical dependency treatment facility is not a psychiatric hospital or psychiatric distinct part unit of a hospital)	Appendix E-2