


CAH Swing Bed QAPI Meeting Transition Status Q&A (Zoom Meeting)

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Agenda

- Pneumococcal Vaccine**
- Data input for Q3 (2019-2020 version)**
- Closing of Q3 (30-day Follow-up)**
- Data entry status for October**
- Patient Engagement / Satisfaction**
- COVID-19 – it's continued implication on CAHs**
- Reminders & Next Benchmarking Webinar**

Pneumococcal Vaccine

- ❑ Anybody willing to share input on your hospital policy?
- ❑ Why did we add in QAPI?
 - Because CMS requires this data from SNF
- ❑ What is the latest from CDC?



Morbidity and Mortality Weekly Report (*MMWR*)

Weekly / November 22, 2019 / 68(46);1069–1075

- **What is already known about this topic?**
- In 2014, the Advisory Committee on Immunization Practices (ACIP) recommended 13-valent pneumococcal conjugate vaccine (PCV13) in series with 23-valent polysaccharide vaccine (PPSV23) for all adults aged ≥ 65 years.
- **What is added by this report?**
- PCV13 use in children has led to sharp declines in pneumococcal disease among adults and children. Based on a review of accrued evidence ACIP changed the recommendation for PCV13 use in adults.

Pneumococcal Vaccine

❑ What are the implications for public health practice?

- ACIP (Advisory Committee on Immunization Practices) recommends a routine single dose of PPSV23 for adults aged ≥ 65 years.
- Shared clinical decision-making is recommended regarding administration of PCV13 to persons aged ≥ 65 years who do not have an immunocompromising condition, cerebrospinal fluid leak, or cochlear implant and who have not previously received PCV13.
- If a decision to administer PCV13 is made, PCV13 should be administered first, followed by PPSV23 at least 1 year later.
 - PCV13 and PPSV23 should not be coadministered



Pneumococcal Vaccine

- ❑ ACIP continues to recommend PCV13 in series with PPSV23 for adults aged ≥ 19 years (including those aged ≥ 65 years) with immunocompromising conditions, CSF leaks, or cochlear implants
- ❑ **PPSV23 for adults aged ≥ 65 years.** ACIP continues to recommend that all adults aged ≥ 65 years receive 1 dose of PPSV23.
- ❑ A single dose of PPSV23 is recommended for routine use among all adults aged ≥ 65 years
 - PPSV23 contains 12 serotypes in common with PCV13 and an additional 11 serotypes for which there are no indirect effects from PCV13 use in children.
 - The additional 11 serotypes account for 32%–37% of IPD (Invasive Pneumococcal Disease) among adults aged ≥ 65 years.
 - Adults aged ≥ 65 years who received ≥ 1 dose of PPSV23 before age 65 years should receive 1 additional dose of PPSV23 at age ≥ 65 years, at least 5 years after the previous PPSV23 dose

Pneumococcal Vaccine

- ❑ Based on this information, what should we do if the hospital's policy is to leave the decision of giving or not giving the vaccine to the PCP
 - Could have a policy to assess the patient for pneumococcal vaccine status and report to the PCP as to what he/she want to do as well as to write an order for the vaccine if applicable
 - Others may have a policy to not provide the vaccine while a SB patient

- ❑ So, how do we complete the Pneumococcal Vaccine section of the Option 2 form:

Pneumococcal Vaccine	
Enter Code <input type="checkbox"/>	A. Is the patient's Pneumococcal vaccination up to date? 0. No → Continue to B, if Pneumococcal vaccine not received, state reason 1. Yes → Stop
Enter Code <input type="checkbox"/>	B. If Pneumococcal vaccine not received, state reason: 1. Not eligible - medical contraindication 2. Offered and declined 5. Not offered  

Pneumococcal Vaccine

- ❑ If your hospital allows you to assess whether pneumococcal vaccine is up to date or not (based on APIC recommendations)
 - Complete A as in 0 = No (Not up to date) or 1 = Yes (Up to date)
 - If 1/Yes (following APIC) then move to the next section of the data collection form
 - If 0/No then move to B and answer 1-2 or 3

- ❑ Coding Instructions (according to CMS)
 - **Code 1**, Not eligible: if the patient is not eligible due to medical contraindications, including a life-threatening allergic reaction to the pneumococcal vaccine or any vaccine component(s) or a physician order not to immunize.

 - **Code 2**, Offered and declined: patient or responsible party/legal guardian has been informed of what is being offered and chooses not to accept the pneumococcal vaccine

 - **Code 3**, Not offered: patient or responsible party/legal guardian not offered the pneumococcal vaccine.

Pneumococcal Vaccine

❑ Coding tips based on CMS (MDS Manual)

- If a patient has received one or more pneumococcal vaccinations and is indicated to get an additional pneumococcal vaccination but is not yet eligible for the next vaccination because the recommended time interval between vaccines has not lapse then code 1, yes, indicating the patient's pneumococcal vaccination is up to date.
- Examples of not eligible would be when they are not due yet
- Another is if the physician has an order not to give the vaccine

Example: Mrs. B, who is 95 years old, has never received a pneumococcal vaccine. Her physician has an order stating that she is NOT to be immunized.

Coding: code A - 0, no; and B would be coded 1, not eligible.

Rationale: Mrs. B. has never received the pneumococcal vaccine; therefore, her vaccine is not up to date. Her physician has written an order for her not to receive a pneumococcal vaccine, thus she is not eligible for the vaccine. 8

Pneumococcal Vaccine

- ❑ On the other hand, if the hospital does not want you to even assess the patient for whether they are due or not
 - Code A: Leave blank
 - Code B: 5 = Not Offered

- ❑ I have discussed with Stroudwater and they agreed to not mark the portal as incomplete for those of you who left Pneumococcal Vaccine A /Not assessed Blank



Quarter 3 Data Entry



- Is data entry for all patients admitted before Oct 1 in the portal?
- Around the table – WHEN WILL YOUR 30-DAY FOLLOW-Up BE COMPLETED AND IN THE PORTAL?

Quarter 4 Data Entry



- Did you all use Option 1 (2 CAHs only) or Option 2 paper form for October Admissions?
- Have you started entering the data in the portal? Any issues?
- Q&A about the new forms?

Patient Engagement / Satisfaction



- How many of you have a process to evaluate patients' level of satisfaction specific for the SB Program (paper or interview...)
- If so, are outcomes part of your PI/QI program?

COVID-19 Q&A Specific to CAHs

- ❑ <https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Provider-Survey-and-Certification-Frequently-Asked-Questions.pdf>

- ❑ Read the above website to understand what is needed in order for this to be a non-issue during a pandemic such as covid-19
 - **D-1. 25 Inpatient Bed Rule:**
 - **D-2. 96-Hour Rule**

COVID-19 Q&A Specific to CAHs

❑ 3-day Qualifying Stay Waiver - ?? Still active?

To clarify this, Dr. Hirsch contacted the Centers for Medicare & Medicaid Services (CMS) and asked. Here is an excerpt from that correspondence:

Question: Does the section 1812(f) waiver for the 3-day qualifying hospital stay apply only to those beneficiaries who are actually diagnosed with COVID-19, or does the waiver apply to all SNF-level beneficiaries under Medicare Part A?

Answer: The qualifying hospital stay waiver applies to all SNF-level beneficiaries under Medicare Part A, regardless of whether the care the beneficiary requires has a direct relationship to COVID-19.

“I would hope this answer, sent to me by CMS on June 26, would make it clear that the 3-day waiver continues to apply to every SNF and swing bed in the country,” added Hirsch. RACmonitor has heard some reports of SNF claims without 3-day stays being denied but Hirsch notes, “If that is the case, either the claim did not have the DR condition code properly applied or the Medicare Administrative Contractor did not process the claim correctly. A phone call to the MAC should be able to sort it out.”

<https://www.racmonitor.com/amid-confusion-the-snf-3-day-waiver-remains-intact-nationally>



- Any remaining questions and/or comments before we move to Next Step?
- Anybody interested in a copy of these slides?

Next Step

- 1) If you did not tell us today, please email me ASAP when you know your final 30-day follow-up for Sept. will be completed
- 2) Dianna and I will determine a date/time for our benchmarking webinar for Q3
- 3) Please pre-register early when an invite is sent requiring pre-registering – Register by HOSPITAL NAME – not your name
- 4) Be sure to send your signed Option 2 contract to Paula Knowlton (pknowlton@stroudwater.com) if you have not already done so
 - Dianna & I do not need to be cc'ed
- 5) Again, if you have a question about data entry in the portal, PLEASE email Paula Knowlton directly – feel free to cc me if you choose. If your questions pertain to clinical questions, coding, QAPI processes etc... do email me directly
- 6) Do remember to email Dianna and me if you have any changes with the team of names you provided us including if there are changes in who is the key contact for the team and who are the 2+ who are registered to access the portal – I am updating the contact list for 2020-2021.

