



IPFQR Program Manual and Paper Tools Review

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Purpose

This presentation will review content of the *Inpatient Psychiatric Facility Quality Reporting Program Manual* and various optional paper tools that were published in November 2016. The aim is to equip inpatient psychiatric facilities (IPFs) with the tools needed to meet IPFQR Program requirements.

Learning Objectives

At the conclusion of this presentation, attendees will be able to interpret and use the IPFQR Program manual and optional paper tools in order to meet IPFQR Program requirements in a timely fashion.

IPFQR Program Manual and Paper Tools Review

IPFQR Program Manual

IPFQR Program Manual Overview

The IPFQR Program manual is intended for use as a reference to facilitate successful provider participation in the IPFQR Program.

- The manual is available in a downloadable format.
- It is searchable by keywords to help providers access pertinent information easily.
- The manual can be located on two websites:
 - *QualityNet.org > Inpatient Psychiatric Facilities > [Resources](#)*
 - *QualityReportingCenter.com > Inpatient > IPFQR Program > [Resources and Tools](#)*

IPFQR Program Manual

What's Where?

- Section 1: CMS Inpatient Psychiatric Facility Quality Reporting Program
- Section 2: Measure Specifications
- Section 3: *QualityNet* Registration
- Section 4: Vendor Authorization
- Section 5: Notice of Participation
- Section 6: Data Accuracy and Completeness Acknowledgement
- Section 7: Accessing and Reviewing Reports
- Section 8: Public Reporting of IPFQR Data
- Section 9: Resources
- Appendices
 - Appendix A: Components of the *Specifications Manual for National Hospital Inpatient Quality Measures* and the *Specifications Manual for Joint Commission National Quality Core Measures*
 - Appendix B: Psychiatric Advance Directive
 - Appendix C: Initial Patient Population for the Transition Record Measures
 - Appendix D: Screening for Metabolic Disorders

IPFQR Program Manual

Section 1: CMS IPFQR Program

- Overview
- *QualityNet*
- Eligibility
- Additional Program Information
- Glossary of Terms
- Proposed Rule and Final Rule Publication Site
- IPFQR Program Requirements

IPFQR Program Manual

Section 1: CMS IPFQR Program

Proposed Rule and Final Rule Publication Site

IPFQR Program requirements are reflected in the Final Rule.

- CMS publishes a Proposed Rule in spring of each year.
- The public can comment on the proposals for 30 days.
- CMS then publishes the Final Rule in summer of the same year.
- Links to the *Federal Register*, as well as, current and past Final Rules are available in the IPFQR Program manual.

IPFQR Program Manual

Section 1: CMS IPFQR Program

IPFQR Program Requirements

Fiscal year (FY) 2018

- Complete the *QualityNet* registration.
- Complete the IPFQR Program notice of participation (NOP) indicating participation status.
- Collect measure data during the measure reporting period.
- Submit measure data before the annual data-submission deadlines.
- Complete the Data Accuracy and Completeness Acknowledgement (DACA) by the August 15, 2017 submission deadline.

IPFQR Program Manual

Section 2: Measure Specifications

Section 2 of the manual contains information regarding the IPFQR Program measures.

- Identifying the IPFQR Patient Population
- Sampling
- Claims-Based Measures
- Attestations
- National Healthcare Safety Network (NHSN)-Collected Measure: Influenza Vaccination Coverage Among Healthcare Personnel (HCP)

NOTE: The NHSN enrollment, HCP data collection process, and submission deadlines were described in the January 26, 2017 webinar, *IPFQR Program: Collecting and Entering Healthcare Personnel Influenza Vaccination Data*.

IPFQR Program Manual

Section 2: Measure Specifications

IPFQR Program measures to be submitted to CMS in the summer of calendar year (CY) 2017 will impact FY 2018 payment determination.

- Effective for FY 2018 payment determination and subsequent years, CMS added two new Substance Use (SUB) and Tobacco Use (TOB) measures to the IPFQR Program. Both are chart-abstracted measures.
 - Tobacco Use Treatment Provided or Offered at Discharge (TOB-3) and the subset Tobacco Use Treatment at Discharge (TOB-3a)
 - Alcohol Use Brief Intervention Provided or Offered (SUB-2) and the subset Alcohol Use Brief Intervention (SUB-2a)
- CMS removed two Hospital-Based Inpatient Psychiatric Services (HBIPS) measures from the IPFQR Program for the FY 2018 payment determination and subsequent years.
 - Post Discharge Continuing Care Plan Created (HBIPS-6)
 - Post Discharge Continuing Care Plan Transmitted to Next Level of Care at Discharge (HBIPS-7)
- A comprehensive list of the measures that will impact FY 2018 payment determination can be found in the IPFQR Program manual.

IPFQR Program Manual

Section 2: Measure Specifications

Table 2: FY 2018 Measures

Measure ID	Measure Description
HBIPS-2	Hours of Physical Restraint Use
HBIPS-3	Hours of Seclusion Use
HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification
SUB-1	Alcohol Use Screening
SUB-2/-2a	Alcohol Use Brief Intervention Provided or Offered and the subset Alcohol Use Brief Intervention*
FUH	Follow-Up After Hospitalization for Mental Illness
TOB-1	Tobacco Use Screening
TOB-2/-2a	Tobacco Use Treatment Provided or Offered and the subset Tobacco Use Treatment
TOB-3/-3a	Tobacco Use Treatment Provided or Offered at Discharge and the subset Tobacco Use Treatment at Discharge*
N/A	Assessment of Patient Experience of Care
N/A	Use of an Electronic Health Record
IMM-2	Influenza Immunization
N/A	Influenza Vaccination Coverage Among Healthcare Personnel

* New quality measures for the FY 2018 payment determination and subsequent years.

IPFQR Program Manual

Section 2: Measure Specifications

FY 2019 IPFQR Program Measures

- Effective for FY 2019 payment determination and subsequent years, CMS will collect five new measures for the IPFQR Program.
- Four are chart-abstracted measures:
 - Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge (SUB-3) and the subset Alcohol and Other Drug Use Disorder Treatment at Discharge (SUB-3a)
 - Screening for Metabolic Disorders
 - Transition Record with Specified Elements Received by Discharged Patients
 - Timely Transmission of Transition Record
- The fifth new measure is a claims-based measure:
 - 30-Day, All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility

NOTE: Data collection for the new chart-abstracted measures begins with discharges in the first quarter of 2017. IPFs will not collect or report data for the new claims-based measure as CMS will complete the calculation.

IPFQR Program Manual

Section 2: Measure Specifications

Table 3: FY 2019 Measures

Measure ID	Measure Description
HBIPS-2	Hours of Physical Restraint Use
HBIPS-3	Hours of Seclusion Use
HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification
SUB-1	Alcohol Use Screening
SUB-2/-2a	Alcohol Use Brief Intervention Provided or Offered and the subset Alcohol Use Brief Intervention
SUB-3/-3a	Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and the subset measure Alcohol and Other Drug Use Disorder Treatment at Discharge*
FUH	Follow-Up After Hospitalization for Mental Illness
N/A	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)*
TOB-1	Tobacco Use Screening
TOB-2/-2a	Tobacco Use Treatment Provided or Offered and the subset Tobacco Use Treatment
TOB-3/-3a	Tobacco Use Treatment Provided or Offered at Discharge and the subset Tobacco Use Treatment at Discharge
Transition Record with Specified Elements Received by Discharge Patients	Transition Record with Specified Elements Received by Discharged Patients*
Timely Transmission of Transition Record	Timely Transmission of Transition Record*
Screening for Metabolic Disorders	Screening for Metabolic Disorders*
N/A	Assessment of Patient Experience of Care
N/A	Use of an Electronic Health Record
IMM-2	Influenza Immunization
N/A	Influenza Vaccination Coverage Among Healthcare Personnel

* New quality measures for the FY 2019 payment determination and subsequent years.

IPFQR Program Manual

Section 2: Measure Specifications

Claims-Based Measures

Links to the CMS IPFQR Program Claims-Based Measure (CBM) Specifications document are available in the IPFQR Program manual.

- Follow-Up After Hospitalization for Mental Illness (FUH)
 - Examples of the FUH CBM specifications provided include, but are not limited to, the following:
 - Identifying practitioner codes
 - Identifying service-location codes
 - Identifying eligible admission and discharge codes
- Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF) – Version 1.0
 - Examples of the 30-Day Readmission Measure CBM specifications provided include, but are not limited to, the following:
 - Planned and potentially planned readmission diagnoses and procedures codes
 - Diagnostic codes
 - Comorbidity risk factors

IPFQR Program Manual

Section 2: Measure Specifications

The IPFQR Program currently includes two structural measures:

- Assessment of patient experience of care
- Use of electronic health record (EHR)

Characteristics of structural measures include the following:

- These measures do not depend on systems for collecting and abstracting individual patient information and only require simple attestation.
- The attestations should reflect the IPF's activities on December 31 of the year prior to the submission period.

IPFQR Program Manual

Section 2: Measure Specifications

Data Submission

- The data-submission subsection of section 2 provides tables detailing FY 2018 and FY 2019 measures and includes the following:
 - Measure name and type
 - Collection and reporting periods
 - Sampling information
- This subsection also includes the following:
 - Information on the submission of non-measure data
 - Screenshots with guidance as to where measure data, non-measure data, and the DACA data submissions are completed in the web-based data collection tool (WBDCT) located on the *QualityNet Secure Portal*

IPFQR Program Manual

Section 2: Measure Specifications

HCP Data Submission

IPFs use the Centers for Disease Control and Prevention (CDC) NHSN infrastructure and protocol to report the Influenza Vaccination Among HCP measure data to CMS for the IPFQR Program.

- Links to step-by-step instructions pertaining to NHSN enrollment and HCP measure data-submission processes are provided in the IPFQR Program manual. These include, but are not limited to, the following:
 - IPF NHSN enrollment/location mapping and HCP data-submission processes training slides
 - Protocols
 - Data collection forms
 - CMS supporting materials
 - Frequently asked questions
- The January 26, 2017 presentation on this topic is available at *Qualityreportingcenter.com > Inpatient > IPFQR > Archived Events*

IPFQR Program Manual

Section 3: *QualityNet* Registration

IPFs that complete the *QualityNet* registration process successfully will have full access to all of the IPFQR Program areas of the *QualityNet Secure Portal*, including the following:

- NOP
- Reports
- Secure file transfer
- Vendor authorization
- WBDCT

NOTE: If one or more of these accesses is missing, contact the *QualityNet* Help Desk at (866) 288-8912 for assistance.

IPFQR Program Manual

Section 3: *QualityNet* Registration

- *QualityNet* Security Administrator
- Non-Administrative User
- Completing the *QualityNet* Registration Form
- Activating the Security Administrator Account
 - *QualityNet* Secure Portal Access
 - Verifying Identity
 - Enrolling the Credentials
 - Logging in to the *QualityNet* Secure Portal
 - User Roles

IPFQR Program Manual

Section 4: Vendor Authorization

Facilities may elect to use a vendor to collect and submit data on their behalf.

- A vendor must have an assigned vendor identification number and be authorized to submit data prior to the IPF's authorizing them to submit data or to have access to the facility's data and/or reports.
- Section 4 of the manual provides the following:
 - Vendor registration information
 - Email address for the submission of vendor authorization requests
 - Step-by-step directions for an IPF to authorize a vendor to submit data into the WBDCT
 - Helpful recommendations to consider when completing the authorization process

NOTE: IPFs must have the IPF Vendor Authorization role to access the Vendor Authorization link; this will have been reviewed in the *QualityNet* Registration section of the manual.

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Section 5: Notice of Participation

The NOP is a reporting requirement for facilities participating in the IPFQR Program.

Section 5 includes instructions on how to add or change the NOP for an IPF, the NOP completion time frame, pledge period, as well as, add or update *QualityNet Secure Portal* contacts.

IPFQR Program Manual

Section 6: Data Accuracy and Completeness Acknowledgement

The DACA is a reporting requirement for facilities participating in the IPFQR Program. Section 6 provides directions relating to the DACA.

- Locating the DACA
- Completing the DACA
- Timing the DACA submission

IPFQR Program Manual

Section 7: Accessing and Reviewing Reports

The IPFQR Program reports were created to help IPFs monitor their status in relation to the IPFQR Program.

- The program has two reports accessible via the *QualityNet Secure Portal*:
 - The Facility, State, and National (FSN) Report
 - The IPFQR Participation Report
- Section 7 of the manual explains the purpose of each of the two reports and provides step-by-step instructions on how to access and interpret the reports.
- The reports are designed to be used as a reference tool and do not impact a facility's ability to receive full APU.

IPFQR Program Manual

Section 8: Public Reporting of IPFQR Data

Section 8 provides a brief historical perspective as to why IPFQR data is made available to the public, and how this data can be located and accessed.

In addition, this section describes the timeline for public display of IPFQR Program data, as well as, guidance on how to access and interpret the *Hospital Compare* Preview Report via links to the following resources:

- The *Hospital Compare Preview Report Help Guide: Inpatient Psychiatric Facility Quality Reporting*
- The one-page quick reference guide for the IPFQR Program *Hospital Compare* Preview Report

IPFQR Program Manual

Section 8: Public Reporting of IPFQR Data

Also in this section, to help you access and run the *Hospital Compare* IPFQR Program public reports, we have provided the following:

- Useful links
 - Medicare.gov
 - Data.Medicare.gov
- Guidance on running the reports
- Screenshots with step-by-step directions

IPFQR Program Manual

Section 9: Resources

Section 9 contains information on additional resources available for IPFs participating in the IPFQR Program that may not have been otherwise mentioned in the manual.

- IPFQR ListServe
- Questions & Answers
- Help Desk - *QualityNet*
- *QualityNet* Website
- Paper Tools
- Specification Manuals
- Claims-Based Measures' Specifications Tool
- National Committee for Quality Assurance (NCQA)
- Other Resources

IPFQR Program Manual

Appendix A

Components of the *Specifications Manual for National Hospital Inpatient Quality Measures* and the *Specifications Manual for Joint Commission National Quality Core Measures*

This portion of the manual describes key components of the manuals that contain specifications for the following measures:

- SUB, TOB, IMM-2: *Specifications Manual for National Hospital Inpatient Quality Measures*
- HBIPS: *Specifications Manual for Joint Commission National Quality Core Measures*

Key components described include:

- Table of Contents
- Introduction
- Using the Manual
- Data Dictionary Section
- Measure Information Form (MIF)
- Measure Information Algorithms

IPFQR Program Manual

Appendix B

Psychiatric Advance Directives (PAD)

Appendix B describes legislative and programmatic information about PAD. This includes an example of a PAD that IPFs may reference with respect to the transition record measures.

IPFQR Program Manual

Appendix C

Initial Patient Population (IPP) for the Transition Record Measures

Appendix C contains an initial patient population algorithm for determining the initial selection of cases, i.e., patient medical records, intended for data abstraction for the transition record measures.

IPFQR Program Manual

Appendix D

Screening for Metabolic Disorders

Appendix D contains the following measure specifications for the Screening for Metabolic Disorders measure:

- MIF
- Data Dictionary
- Links to the Joint Commission's list of routinely scheduled antipsychotic medications are located in the Measure Specifications, Appendix C, Table Number 10.0: Antipsychotic Medications
- Algorithm

IPFQR Program Manual and Optional Paper Tools Review

Optional Paper Tools

Optional Paper Tools

For Data to be Submitted in CY 2017

The CY 2017 measure abstraction and non-measure data collection paper tools have been developed for IPFs to use as an optional mechanism to aid in the collection of measure data for CMS. We recommend that you check the following websites regularly for the most recent updates to paper tools:

- *QualityNet* ➔ IPFQR Program ➔ [Resources](#)
- *Quality Reporting Center* ➔ IPFQR Program ➔ [Resources and Tools](#)

Optional Paper Tools

Event Tracking Log: HBIPS-2 and -3

The *optional* paper tool for the HBIPS-2 and -3 is referred to as an Event Tracking Log.

- The measure developer created the Event Tracking Log so that facilities could choose to track events daily, weekly, monthly, or quarterly.
- Regardless of the frequency of tracking, all measure values ultimately need to be aggregated for an annual entry into the *QualityNet Secure Portal*.
- This Event Tracking Log is downloadable; it is suggested that facilities print two separate logs, one for the HBIPS-2 measure and one for the HBIPS-3 measure.

Optional Paper Tools

Event Tracking Log: HBIPS-2 and -3

Numerator				
Date	Patient	Start Time	End Time	Total Minutes
SUM				

A. Convert Numerator from minutes to hours: Sum of total minutes ÷ 60 = _____

B. Denominator: Total number of days: _____

Measure Rate Formula: $(A \times 1000) \div (B \times 24) = \text{Rate per 1000 patient hours}$

Optional Paper Tools

Calculating Numerator Values for the HBIPS-2 and -3 Measures

Calculate the HBIPS-2 and -3 numerators:

1. Determine the daily event minutes for each patient by entering the Start and End Times in the Event Tracking Log on page 3 of the document.
2. Total the daily event minutes by patient.
3. Determine the total event minutes by month.
4. Divide total monthly minutes by 60 minutes to convert to hours.
5. Enter the total hours (from Step 4) into the numerator field

Monthly numerator calculation example:

For the month of July, the facility's total minutes of Restraint (or Seclusion) Use = 253. Divide the total minutes of Restraint (or Seclusion) Use by 60 minutes: $253 \div 60 = 4.220$ hours. The total numerator for July is 4.22 hours of Restraint (or Seclusion) Use.

Optional Paper Tools

Calculating Denominator Values for the HBIPS-2 and -3 Measures (1 of 2)

Calculate the HBIPS-2 and -3 denominators:

1. Determine the total number of Inpatient Days by month for all patients.
2. Determine the annual total of Inpatient Days.
3. Determine the total number of Leave Days (defined below) by month for all patients.

The *Specifications Manual for Joint Commission National Quality Measures* defines a leave day as, “an authorized or unauthorized absence from a facility, excluding discharges, during which the patient is absent from the facility at the time of the daily census, and is not under the direct supervision of facility staff while absent.”

Optional Paper Tools

Calculating Denominator Values for the HBIPS-2 and -3 Measures (2 of 2)

Calculate the HBIPS-2 and -3 denominators (continued):

5. Determine the annual total of Leave Days.
6. Subtract the Total Leave Days from Total Inpatient Days.
7. Enter the Total Number of Days (from Step 5) into the Denominator field on page 3 of the document, Step B.

Monthly denominator calculation example:

1. Total number of Inpatient Days = 14,266.
2. Total number of Leave Days = 200.
3. Subtract the Leave Days from the Inpatient Days:
$$14,266 - 200 = 14,066 \text{ days.}$$

Optional Paper Tools

Manually Calculating HBIPS-2 and -3 Denominators Accurately

To manually calculate the HBIPS-2 and -3 measure rates, perform the following steps:

1. Multiply the numerator by 1,000 hours.
(e.g., 4.22 hours X 1,000 hours = 4,220)
2. Multiply the denominator by 24 to convert to hours.
(e.g., 14,066 days X 24 hours = 337,584 hours)
3. Divide result from Step 1 (numerator hours) by result from Step 2 (denominator hours). The resulting value will be the measure rate in thousand hours.
(e.g., $4,220 \div 337,584 = 0.0125$)
4. Round to the second decimal place.
(e.g., The rate = .01 per 1000 patient hours)

NOTE: Calculating the rate is not required by the providers since this function is completed by the WBDCT.

Optional Paper Tools

HBIPS-5

Quarter (Q)1 – Q2 2016

This version of the HBIPS-5 paper tool contains the data element *Patient Referral to Next Level of Care Provider*.

Hospital-Based Inpatient Psychiatric Services Paper Tool for Discharge Measure HBIPS-5 01-01-2016 (Q1 2016) through 06-30-2016 (Q2 2016)	
2. What was the patient's discharge disposition? (<i>Discharge Disposition</i>)	
<input type="checkbox"/> 1	Home
<input type="checkbox"/> 2	Hospice – home
<input type="checkbox"/> 3	Hospice – healthcare facility
<input type="checkbox"/> 4	Acute care facility
<input type="checkbox"/> 5	Other healthcare facility
<input type="checkbox"/> 6	Expired
<input type="checkbox"/> 7	Left against medical advice (AMA)
<input type="checkbox"/> 8	Not documented or unable to determine (UTD)
<ul style="list-style-type: none">• If <i>Discharge Disposition</i> equals 6, then the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator. Add 0 to the numerator and denominator.• If <i>Discharge Disposition</i> equals 1, 2, 3, 4, 5, 7, or 8, then proceed to <i>Psychiatric Care Setting</i>.	
3. Did the patient receive care in an inpatient psychiatric setting? (<i>Psychiatric Care Setting</i>)	
<input type="checkbox"/> (Yes)	The patient received care in an inpatient psychiatric setting.
<input type="checkbox"/> (No)	The patient did not receive care in an inpatient psychiatric setting.
<ul style="list-style-type: none">• If <i>Psychiatric Care Setting</i> equals Yes, then proceed to <i>Patient Referral to Next Level of Care Provider</i>.• If <i>Psychiatric Care Setting</i> equals No, then the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator. Add 0 to the numerator and denominator.	
4. Is there documentation in the medical record that the patient was referred to the next level of care provider upon discharge from a hospital-based inpatient psychiatric setting? (<i>Patient Referral to Next Level of Care Provider</i>)	
<input type="checkbox"/> 1	The medical record contains documentation that the patient was referred to the next level of care provider upon discharge from a hospital-based inpatient psychiatric setting.
CMS Abstraction Paper Tool – HBIPS-5 Discharges 01-01-16 (Q1 2016) through 06-30-16 (Q2 2016)	
Page 2 of 4	

Optional Paper Tools

HBIPS-5

NEW: Q3 – Q4 2016

- In this version of the HBIPS-5 paper tool, the new data element *Patient Status at Discharge* is used.
- The measure developer made these changes effective July 1, 2016.

**Hospital-Based Inpatient Psychiatric Services
Paper Tool for Discharge Measure HBIPS-5
07-01-2016 (Q3 2016) through 12-31-2016 (Q4 2016)**

2. What was the patient's discharge disposition? (*Discharge Disposition*)

____ 1 Home

____ 2 Hospice – home

____ 3 Hospice – healthcare facility

____ 4 Acute care facility

____ 5 Other healthcare facility

____ 6 Expired

____ 7 Left against medical advice (AMA)

____ 8 Not documented or unable to determine (UTD)

a. If *Discharge Disposition* equals 6, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator. Add 0 to the numerator and denominator.

b. If *Discharge Disposition* equals 1, 2, 3, 4, 5, 7, or 8, proceed to *Psychiatric Care Setting*.

3. Did the patient receive care in an inpatient psychiatric setting? (*Psychiatric Care Setting*)

____ Yes The patient received care in an inpatient psychiatric setting.

____ No The patient did not receive care in an inpatient psychiatric setting.

a. If *Psychiatric Care Setting* equals Yes, proceed to *Patient Status at Discharge*.

b. If *Psychiatric Care Setting* equals No, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator. Add 0 to the numerator and denominator.

4. What was the patient's status at the time the patient left the hospital-based inpatient psychiatric care setting? (*Patient Status at Discharge*)

____ 1 The medical record contains documentation that the patient was discharged from the hospital-based inpatient psychiatric care setting AND hospital system at the same time.

____ 2 The medical record contains documentation of one of the following:

CMS Abstraction Paper Tool – HBIPS-5
Discharges 07-01-16 (Q3 2016) through 12-31-16 (Q4 2016)

Page 2 of 4

Optional Paper Tools

IMM-2

NEW: Influenza Season

Oct. 1, 2016 – Mar. 31, 2017

- The only change to the updated IMM-2 paper tool for the current influenza season is the removal of one step. The previous paper tool included a step that determined whether the patient had a procedure code for a vaccination. The code was not specific to the influenza vaccination, so that step was removed.
- This tool is downloadable and the first page is displayed here to help you identify the correct tool when you abstract measure data.

Immunization (IMM)
Paper Tool for Discharge Measure Influenza Immunization (IMM-2)
10-01-2016 (Q4 2016) through 03-31-2017 (Q1 2017)

This measure abstraction paper tool is provided as an optional, informal mechanism to aid psychiatric facilities and hospital psychiatric units in the collection of the measures for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. The tool is designed to collect patient-specific data; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate. It should be noted that skip logic is not contained within the measure abstraction paper tool. If there are any questions or concerns regarding the use of this measure abstraction paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hqais.org.

Birth Date: _____/_____/_____
Unable to determine (UTD) is not an allowable entry.

Patient Identifier: _____

Admission Date: _____/_____/_____
UTD is not an allowable entry.

Discharge Date: _____/_____/_____
UTD is not an allowable entry.

Individual Medical Record Data Collection Tool

Determine whether or not the patient is included in the numerator and denominator count.

Patient Level – IMM-2

____ Numerator

____ Denominator

The numerator and denominator for each medical record will be used to determine the numerator and denominator, which will be aggregated for submission to QualityNet.

IMM-2

1. What is the patient's age? Patient Age (in years) is calculated by Admission Date minus Birth Date: _____

- If Patient Age is less than 6 months old, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for IMM-2. The case will not be included in the numerator or denominator count for IMM-2.
- If Patient Age is 6 months or greater, proceed to ICD-10-PCS Principal or Other Procedure Codes.

CMS Abstraction Paper Tool – IMM-2
Discharges 10-01-2016 (Q4 2016) through 03-31-2017 (Q1 2017)

Page 1 of 3

Optional Paper Tools

SUB-1 and SUB-2/-2a

Q1 – Q4 2016

- CMS has no updates to the FY 2018 SUB-1 and SUB-2/-2a measure abstraction tool with the latest iteration of the IPFQR Program manual.
- CMS has provided an optional, five-page tool to help with collection of the Substance Use measures, which is downloadable.

Substance Use (SUB)
Paper Tool for Discharge Measure Alcohol Use Screening (SUB-1, SUB-2/-2a)
01-01-2016 (Q1 2016) through 12-31-2016 (Q4 2016)

This paper abstraction tool is provided as an optional, informal mechanism to aid psychiatric facilities and hospital psychiatric units in the collection of the measures for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. The tool is designed to collect patient specific data; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate. It should be noted that skip logic is not contained within the paper abstraction tool. If there are any questions or concerns regarding use of this paper abstraction tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hcqis.org.

Birthdate: _____/_____/_____
Unable to determine (UTD) is not an allowable entry.

Patient Identifier: _____

Admission Date: _____/_____/_____
UTD is not an allowable entry.

Discharge Date: _____/_____/_____
UTD is not an allowable entry.

Individual Medical Record Data Collection Tool
During review of the record, the abstractor will be prompted to enter a 0 or a 1 for both the numerator and denominator for the measure below.

Patient Level – SUB-1
____ Numerator
____ Denominator

Patient Level – SUB-2
____ Numerator
____ Denominator

Patient Level – SUB-2a
____ Numerator
____ Denominator

The information from each medical record will be used to determine the numerator and denominator, which will be aggregated for annual entry into *QualityNet Secure Portal*.

Optional Paper Tools

TOB-1, TOB-2/-2a, and TOB-3/-3a

Q1 – Q2 2016

In this version of the TOB paper tool, the Length of Stay exclusion was less than or equal to 3 days.

Paper Tool for Discharge Measure Tobacco Treatment Provided or Offered at Discharge (TOB-1, TOB-2/-2a, TOB-3/-3a)
01-01-2016 (Q1 2016) through 06-30-2016 (Q2 2016)

Patient Level – TOB-3

_____ Numerator

_____ Denominator

Patient Level – TOB-3a

_____ Numerator

_____ Denominator

The information from each medical record will be used to determine the numerator and denominator, which will be aggregated for annual entry into the *QualityNet Secure Portal*.

TOB-1

1. **What is the patient's age?** Patient Age (in years) is calculated by *Admission Date* minus *Birthdate*. _____
 - If *Patient Age* is less than 18 years, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for TOB-1. Add 0 to the numerator and denominator for TOB-1.
 - If *Patient Age* is 18 years of age or greater, proceed to *Length of Stay*.
2. **What is the Length of Stay?** *Length of Stay* (in days) equals *Discharge Date* minus *Admission Date*.
 - If the *Length of Stay* is less than or equal to 3 days, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for TOB-1. Add 0 to the numerator and denominator for TOB-1.
 - If the *Length of Stay* is greater than 3 days, proceed to *Comfort Measures Only*.
3. **When is the earliest physician, Advanced Practice Nurse (APN), or Physician Assistant (PA) statement documenting comfort measures only?** (*Comfort Measures Only*)
 - _____ 1 Day 0 or 1: The earliest day the physician/APN/PA documented *Comfort Measures Only* was the day of arrival (Day 0) or day after arrival (Day 1).
 - _____ 2 Day 2 or after: The earliest day the physician/APN/PA documented *Comfort Measures Only* was 2 or more days after arrival day (Day 2+).

Optional Paper Tools

TOB-1, TOB-2/-2a, and TOB-3/-3a

NEW: Q3 – Q4 2016

- In this version of the TOB paper tool, the Length of Stay exclusion was changed to less than or equal to 1 day.
- The measure developer made these changes effective July 1, 2016.

Tobacco Use (TOB)
Paper Tool for Discharge Measures TOB-1, 2/-2a, 3/-3a
07-01-2016 (Q3 2016) through 12-31-2016 (Q4 2016)

Patient Level – TOB-3
____ Numerator
____ Denominator

Patient Level – TOB-3a
____ Numerator
____ Denominator

The information from each medical record will be used to determine the numerator and denominator, which will be aggregated for annual entry into the *QualityNet Secure Portal*.

TOB-1

1. What is the patient's age? *Patient Age* (in years) is calculated by *Admission Date* minus *Birth Date*: _____

- If *Patient Age* is fewer than 18 years, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for TOB-1. Add 0 to the numerator and denominator for TOB-1.
- If *Patient Age* is 18 years of age or greater, proceed to *Length of Stay*.

2. What is the length of stay? *Length of Stay* (in days) equals *Discharge Date* minus *Admission Date*: _____

- If *Length of Stay* is less than or equal to 1 day, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for TOB-1. Add 0 to the numerator and denominator for TOB-1.
- If *Length of Stay* is greater than 1 day, proceed to *Comfort Measures Only*.

3. When is the earliest physician, advanced practice nurse (APN), or physician assistant (PA) documentation of comfort measures only? (*Comfort Measures Only*)

____ 1 Day 0 or 1: The earliest day the physician/APN/PA documented *Comfort Measures Only* was the day of arrival (Day 0) or day after arrival (Day 1).

____ 2 Day 2 or after: The earliest day the physician/APN/PA documented *Comfort Measures Only* was 2 or more days after arrival day (Day 2+).

CMS Paper Tool – TOB-1, TOB-2/-2a, TOB-3/-3a
Discharges 07-01-16 (Q3 2016) through 12-31-16 (Q4 2016)

Page 2 of 13

Optional Paper Tools

Non-Measure Data Collection Tool

UPDATED: Q1 – Q4 2016

This optional data collection tool is fillable and downloadable.

**Inpatient Psychiatric Facility (IPF)
Non-Measure Data Collection Tool
01-01-2016 (Q1 2016) through 12-31-2016 (Q4 2016)**

This data collection paper tool is provided as an optional, informal mechanism to aid IPFs in the collection of non-measure data for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. If there are any questions or concerns regarding the use of this paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@area-m.hcais.org.

Total Annual Discharges

Age Strata	Total Annual Discharges
Children (≥ 1 year and < 13 years)	
Adolescent (≥ 13 years and < 18 years)	
Adult (≥ 18 years and < 65 years)	
Older Adult (≥ 65 years)	

Diagnostic Categories	Total Annual Discharges
Anxiety disorders (651)	
Delirium, dementia, and amnesic and other cognitive disorders (653)	
Mood disorders (657)	
Schizophrenia and other psychotic disorders (659)	
Alcohol-related disorders (660)	
Substance-related disorders (661)	
Other diagnosis – not included in one of the above categories	

For the purpose of defining the diagnostic categories above, please note the following:

- Categorization should be based on the primary diagnosis at discharge.
- Diagnostic code grouping for the purpose of reporting non-measure data utilizes the categories developed for the Clinical Classifications Software (CCS) under the Healthcare Cost and Utilization Project (HCUP) by the Agency for Healthcare Research and Quality (AHRQ). See the instructions at the bottom of this

Optional Paper Tools

Non-Measure Data Collection Tool

The second page includes instructions on accessing a coding crosswalk of CCS codes with ICD-10-CM codes pertaining to the diagnostic codes on the first page of the tool, and also includes revised instructions for collecting sampling size counts.

Inpatient Psychiatric Facility (IPF) Non-Measure Data Collection Tool 01-01-2016 (Q1 2016) through 12-31-2016 (Q4 2016)	
document to access crosswalks of CCS codes with International Classification of Diseases (ICD) ICD-10-CM codes.	
Instructions to Access Coding Crosswalks: Access a crosswalk of CCS codes with ICD-10-CM codes and descriptions for discharges at https://www.hcup-us.ahrq.gov/toolssoftware/ccs10/ccs10.jsp#download .	
<ul style="list-style-type: none">• Click on [CCS for ICD-10-CM] to open zip file• Click on the [ccs_dx_icd10cm2017.csv] file	
Payer	Total Annual Discharges
Medicare	
Non-Medicare	
Non-Measure Data/Sample Size Counts	Response
Did your facility use global sampling? (Yes or No) <ul style="list-style-type: none">• If Yes, then enter the data requested in the next row to complete this section of the Non-Measure Data Collection Tool.• If No, then this section of the Non-Measure Data Collection Tool is complete.	
Please enter an aggregate, annual count of the sample size used.	
Note: If your facility used the uniform global sampling guidelines described in the fiscal year (FY) 2016 IPF prospective payment system (PPS) Final Rule (see pages 46717 – 46719) after you applied the initial patient population algorithms for each measure set, then answer Yes. Otherwise, answer No.	

Optional Paper Tools

For Data to be Submitted in CY 2018

The CY 2018 measure abstraction and non-measure data collection paper tools have been developed for IPFs to use as an optional mechanism to aid in the collection of measure data for CMS. We recommend that you check the following websites regularly for the most recent updates to paper tools:

- *QualityNet* → IPFQR Program → [Resources](#)
- *Quality Reporting Center* → IPFQR Program → [Resources and Tools](#)

Optional Paper Tools

Transition Measures

UPDATED: Q1 – Q4 2017

- The optional seven-page tool that CMS has provided to help with collection of the transition record measures has been updated for FY 2019 and includes updates based on feedback from the National Association of Psychiatric Health Systems.
- This tool is downloadable.
- It is displayed here to help you identify the correct tool when you access the program manual.
- Ensure that you select the right tool for the quarters that you will be collecting.

Data Collection Tool for Compliance with the *Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures*

This document is provided as an optional, informal mechanism to aid psychiatric facilities in the collection of information pertaining to the Transition Record for Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures. Data collected for these measures satisfy a requirement of the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program under the Centers for Medicare & Medicaid Services (CMS). The tool is designed to collect data abstracted from the patient medical record; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate. It should be noted that skip logic is not contained within the data collection paper tool. If there are any questions or concerns regarding the use of this data collection paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hcqis.org.

Transition Record with Specified Elements Received by Discharged Patients

The **numerator** is comprised of patients or their caregiver(s) who received a transition record (and with whom a review of all included information was documented) at the time of discharge. All 11 elements must be captured to satisfy the measure numerator.

The **denominator** includes all patients, regardless of age, discharged from the inpatient facility to home/self-care or any other site of care. The measure excludes patients who died, left against medical advice (AMA), or discontinued care. Patients who discontinued care include those who eloped or failed to return from leave, as defined in the notes below.

Topic	Are the following elements included in the transition record?	Element Satisfied?		Definition
		Yes	No	
Inpatient Care	Reason for IPF admission			Documentation of the events the patient experienced prior to this hospitalization; the reason for hospitalization may be a short synopsis describing or listing the triggering or precipitating event. A diagnosis alone is not sufficient.
	Major procedures and tests, including summary of results			All procedures and tests noteworthy in supporting patient diagnosis, treatment, or discharge plan, as determined by provider or facility. Examples may include complete blood count and metabolic panel, urinalysis, and/or radiological imaging. Select Yes in the Element Satisfied column if major procedures and tests are in the transition record. If documentation exists in the transition record indicating that no major procedures or tests were performed, then select Yes in the Element Satisfied column.

Optional Paper Tools

SUB-1, SUB-2/-2a, and SUB-3/-3a

NEW: Q1 – Q4 2017

- In this version of the SUB paper tool, the Length of Stay exclusion was changed to less than or equal to 1 day.
- Ensure that you select the right tool for the quarters that you will be collecting.

Substance Use (SUB) Paper Tool for Discharge Measures SUB-1, -2/-2a, -3/-3a 01-01-2017 (Q1 2017) through 12-31-2017 (Q4 2017)	
SUB-1	
1. What is the patient's age? <i>Patient Age</i> (in years) is calculated by <i>Admission Date</i> minus <i>Birth Date</i> : _____	
a. If <i>Patient Age</i> is fewer than 18 years, then the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for SUB-1. Add 0 to the numerator and denominator for SUB-1.	
b. If <i>Patient Age</i> is 18 years of age or greater, then continue and proceed to <i>Length of Stay</i> .	
2. What is the length of stay? <i>Length of Stay</i> (in days) equals <i>Discharge Date</i> minus <i>Admission Date</i> : _____	
a. If <i>Length of Stay</i> is less than or equal to 1 day, then the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for SUB-1. Add 0 to the numerator and denominator for SUB-1.	
b. If <i>Length of Stay</i> is greater than 1 day, then continue and proceed to <i>Comfort Measures Only</i> .	

Optional Paper Tools

Screening for Metabolic Disorders

UPDATED: Q1 – Q4 2017

- The optional three-page tool that CMS has provided to help with collection of the Screening for Metabolic Disorders measure has been updated for FY 2019 with new dates in the header.
- This tool is downloadable.
- It is displayed here to help you identify the correct tool.

Screening for Metabolic Disorders
Paper Tool for Screening for Metabolic Disorders Measure
01-01-2017 (Q1 2017) through 12-31-2017 (Q4 2017)

This measure abstraction paper tool is provided as an optional, informal mechanism to aid psychiatric facilities and hospital psychiatric units in the collection of the measures for the Centers for Medicare and Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. The tool is designed to collect patient-specific data; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate. It should be noted that skip logic is not contained within the measure abstraction paper tool. If there are any questions or concerns regarding use of this measure abstraction paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hcqis.org.

Patient Identifier: _____

Discharge Date: ____/____/____

Unable to Determine (UTD) is not allowable entry.

Individual Medical Record Data Collection Tool

1. Calculate length of stay. Length of Stay, in days, is equal to the Discharge Date minus the Admission Date: _____
 - a. If Length of Stay is equal to or greater than 365 days or equal to or less than 3 days, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator.
 - b. If Length of Stay is less than 365 days and greater than 3 days, proceed to Discharge Disposition.
2. What is the patient's Discharge Disposition?
 - a. If Discharge Disposition equals 6, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator.
 - b. If Discharge Disposition equals 1, 2, 3, 4, 5, 7, or 8, proceed to Number of Antipsychotic Medications Prescribed at Discharge.
3. What is the Number of Antipsychotic Medications Prescribed at Discharge?
 - a. If Number of Antipsychotic Medications Prescribed at Discharge is equal to zero, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator.
 - b. If Number of Antipsychotic Medications Prescribed at Discharge is equal to or greater than 1, or unable to determine, proceed to Body Mass Index (BMI).

Points to Remember

- CMS created these **optional** measure abstraction tools to assist IPFs with the collection of the measure data that are required for the IPFQR Program, if IPFs chose to do so.
- The tools are designed to collect patient-specific data; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate.
- It should be noted that skip logic is not contained within the measure abstraction paper tools. All measure values ultimately need to be aggregated for an annual entry into the *QualityNet Secure Portal*.
- All of the measure abstraction tools are downloadable, should you choose to use them.
- Ensure the correct tool is being used for the data collection period to avoid data errors.

IPFQR Program Manual and Optional Paper Tools Review

Helpful Resources

Helpful Resources Links

The updated IPFQR Program manual, and other helpful resources and tools, can be found at two locations:

- [QualityNet](#) > *Inpatient Psychiatric Facilities* > *Resources*

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864255>

- [Quality Reporting Center](#) > *Inpatient* > *IPFQR Program* > *Resources*

<http://www.qualityreportingcenter.com/inpatient/ipf/tools/>

Helpful Resources Links

FY 2017 IPPS Final Rule

<https://www.gpo.gov/fdsys/pkg/FR-2016-08-22/pdf/2016-18476.pdf>

Specifications Manual for Joint Commission National Quality Measures (HBIPS)

<https://manual.jointcommission.org/>

Specifications Manual for National Hospital Inpatient Quality Measures (SUB, TOB, IMM)

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1141662756099>

HCP Data Submission to NHSN

<http://www.cdc.gov/nhsn>

Coding Crosswalk of CCS Codes with ICD-10-CM Codes

<https://www.hcup-us.ahrq.gov/toolssoftware/ccs10/ccs10.jsp#download>

PAD Information

<https://www.congress.gov/bill/101st-congress/house-bill/4449>

IPFQR Program

General Resources

Q & A Tool	Email Support	Website	Phone Support
https://cms-ip.custhelp.com	ipfqualityreporting@hcqis.org	www.qualityreportingcenter.com	(866) 800-8765
Monthly Web Conferences	ListServes	Hospital Contact Change Form	Secure Fax
www.qualityreportingcenter.com	www.qualitynet.org	Hospital Contact Change Form	(877) 789-4443

Helpful Resources

Save the Dates

Upcoming IPFQR Program educational webinars include the following:

March 2017

Potential Measures for the IPFQR Program and the Pre-Rulemaking Process

April 2017

The Readmission Measure Dry Run

May 2017

FY 2018 Proposed Rule

June 2017

Keys to Successful FY 2018 Data Submission

IPFQR Program Public Reporting and Fiscal Year 2017 Measure Results Review

Questions?