

Inpatient Psychiatric Facility Quality Reporting Program Manual

Release Notes Version 3.1 Release Notes Completed: December 11, 2017

Guidelines for Using Release Notes

Release Notes Version 3.1 provides modification to the *Inpatient Psychiatric Facility Quality Reporting Program Manual*. The information in this document is to be used as a reference and is not intended to be used to program abstraction tools. Please refer to the *Inpatient Psychiatric Facility Quality Reporting Program Manual* for references to the complete and current technical specification and abstraction information.

The notes are organized to follow the order of the Table of Contents in the IPFQR Program Manual. The headings are described below:

- **Impacts** – used to identify the impacted measures and portion(s) of the IPFQR Program Manual section (e.g., Measure Specifications, Appendix).
- **Rationale** – provided for the change being made.
- **Description of Changes** – used to identify the section within the document where the change occurs (e.g., Definition, Denominator Statement, Reporting Period).

The content below is organized to follow the Table of Contents in the IPFQR Program Manual.

TITLE PAGE – Inpatient Psychiatric Facility Quality Reporting Program Manual

Impacts: Title Page

Rationale: Updating the version number and effective date will allow users to easily distinguish the current manual from others.

Description of Changes:

Change to Version 3.1

Add Effective December 7, 2017

Impacts: Notices and Disclaimers

Rationale: The American Medical Association has updated the copyright.

Description of Changes:

Change to copyright version 2016.

TABLE OF CONTENTS

Impacts: Table of Contents

Rationale: Adding the PRA Disclosure statement will make the document compliant with Office of Management and Budget (OMB) requirements.

Description of Changes:

Add text at the end of the table of contents:

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1171 (Expires 07/31/2019)**. The time required to complete this information collection is estimated to average **10 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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SECTION 1 – CMS Inpatient Psychiatric Facility Quality Reporting Program

Impacts: Overview

Rationale: The addition of an effective date will assist in the implementation of the program.

Description of Changes:

Add text to the first sentence of the third paragraph: "... and is effective as of the date listed on the cover page of this document."

Impacts: Glossary of Terms

Rationale: The definitions of the terms "Sampling Size" and "Stratified Measure" were updated.

Description of Changes:

Change the definition of "Sampling Size" to "The number of individual or patients included."

Change the first two sentences in the definition of "Stratified Measure" to "A measure that is classified into several categories to assist in analysis and interpretation. The overall or un-stratified measure evaluates all the strata together."

Impacts: Proposed Rule and Final Rule Publication Site

Rationale: The details of FY 2013 through 2018 final rules were updated.

Description of Changes:

Change FY 2013, 2014, and 2017 IPPS final rule titles to IPPS/LTCH Final Rule.

Remove "...of the FY 2013 IPPS/LTCH PPS Final Rule" from the second paragraph.

Add "Information for the IPFQR Program begins on page 56774" to FY 2017 final rule description.

Add FY 2018 IPPS/LTCH Final Rule text: “The FY 2018 IPPS/LTCH Final Rule was published on August 14, 2017. The rule contained changes to the IPFQR Program applicable for FY 2018 and beyond. Information for the IPFQR Program begins on page 38461 (direct download, 7.53 MB): <https://www.gpo.gov/fdsys/pkg/FR-2017-08-14/pdf/2017-16434.pdf>.”

Impacts: IPFQR Program Requirements

Rationale: The Program Requirements have been updated for FY 2019.

Description of Changes:

Remove FY 2018 Program Requirements.

FY 2019

Add “, unless directed otherwise via the IPFQR Program ListServe” to #2, second bullet.

Add “Value, Incentives, and Quality Reporting (VIQR) Outreach and Education” to #2, third bullet.

Change #3 to:

- Newly participating facilities must start collecting measure and non-measure data at the beginning of the first quarter following submission of the NOP.
- The reporting period is January 1, 2017, through December 31, 2017, (1Q 2017 through 4Q 2017) for all but one of the 13 chart-abstracted IPF quality measures and the non-measure data.
- IPFs must collect data for the two structural measures based on the status of the facility as of December 31, 2017.
- For the IMM-2 (a chart-abstracted measure) and the Influenza Vaccination Coverage Among Healthcare Personnel measures, the reporting period is October 1, 2017, through March 31, 2018.

Add “, unless directed otherwise via the IPFQR Program ListServe” to #4, both bullets.

Add “, unless directed otherwise via the IPFQR Program ListServe” to #5.

FY 2020

Add FY 2020 program requirements.

SECTION 2 – Measure Details

Impacts: Measure Details

Rationale: The introductory information was updated regarding measure stewardship and specifications.

Description of Changes:

Change first paragraph to:

Information for this program manual was developed for use by facilities participating in the CMS IPFQR Program. Measures adopted by CMS for the IPFQR Program are from a variety of sources and, unless otherwise indicated, the specifications are generally the same as those of the original measure steward. **This manual is not intended to provide direction for reporting to The Joint Commission, the National Committee for Quality Assurance (NCQA), or NHSN.**

Change second paragraph to:

The measure stewards periodically update the measure specification. IPFs and vendors must update their documentation and software when applicable, based on the published manuals. In any program manual where the measure specifications are under other ownership, the IPFQR Program strives to provide sufficient information pertaining to the applicable reporting year. Changes made to measure specifications that affect measure collection and reporting for the IPFQR Program are published twice each year. This enables CMS to coordinate changes in IPFQR Program reporting with changes in reporting of identical measures to other entities, such as The Joint Commission.

Change third paragraph to:

When abstracting data, it is important for IPFs and vendors to use the specifications applicable to the time period for which the data are being abstracted. For example, for IPFQR Program reporting applicable to the FY 2020 annual payment update, the data collected are for calendar year 2018 for most measures. This requires the facility to reference the *Specifications Manual for National Hospital Inpatient Quality Measures, Version 5.3a*, for collection of the first two quarters of 2018 and the *Specifications Manual for National Hospital Inpatient Quality Measures, Version 5.4*, for the third and fourth quarters of 2018. Refer to the following table to access detailed measure specifications for current IPFQR Program measures.

Add Table 1: Specification Resources for IPFQR Program Measures

Add below Table 1:

To view all updates made in this version of the IPFQR Program Manual compared to the previous version, review the Release Notes document associated with this version of the manual, which is available at the following websites:

- [QualityNet](#) > Inpatient Psychiatric Facilities > [Resources](#)
- [Quality Reporting Center](#) > Inpatient > IPFQR Program > [Resources and Tools](#)

Add Measure Removal and Retention Criteria.

Inpatient Psychiatric Facility Quality Measures

Remove FY 2018 information.

Add “and Subsequent Years” after FY 2019.

Revise text above Table 2 to:

The following table lists all IPFQR program measures for FY 2019 and subsequent years. New measures for FY 2017 are marked with an asterisk.

Change Table 2 title to:

IPFQR Program Measures for FY 2019 and Subsequent Years

Remove asterisks after the SUB-3/-3a, Transition Record with Specified Elements Received by Discharged Patients, Timely Transmission of Transition Record, and Screening for Metabolic Disorders measure descriptions.

Move the Follow Up After Hospitalization for Mental Illness and 30-Day All Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF) measures to the bottom of Table 2.

Identifying the IPFQR Patient Population: Identifying the Initial Patient Population

Add to third bullet “(collectively referred to as Transition Record measures).”

Add “The” to the beginning of and use the acronym “IPP” at the end of the fourth bullet.

SUB, TOB, IMM, Transition and Metabolic Screening Measures Population

Change first paragraph to:

Data for the following measures are collected from patients within freestanding IPF or acute care hospital/critical access hospital psychiatric units that are reimbursed under IPF PPS during the reporting period: SUB-1, SUB-2/-2a, SUB-3/-3a, TOB-1, TOB-2/-2a, TOB-3/-3a, IMM-2, Transition Record, and Screening for Metabolic Disorders.

Change note to:

The initial patient population for the SUB, TOB, IMM, Transition Record, and Screening for Metabolic Disorders measure sets differs for CMS IPFQR Program reporting as compared to The Joint Commission.

Sampling

Change text above Option 1 to:

FY 2019 Payment Determination and Subsequent Years

Data collected by IPFs during the 2017 calendar year will be reported to CMS in 2018 and impact the FY 2019 payment determination. Data collected by IPFs during the 2018 calendar year will be reported to CMS in 2019 and impact the FY 2020 payment determination. IPFs will have two options for sampling of measure data.

Change note under Option 1 to:

The sampling guidelines in the Specifications Manual for National Hospital Inpatient Quality Measures can be applied to the Transition Record and Screening for Metabolic Disorders measures **after** determining each measure's Initial Patient Population, even though the new measures are not listed in that manual.

Change Option 2 to:

IPFs may choose to use the sampling guidelines described in the table below. This option was adopted in the FY 2016 IPF PPS Final Rule and went into effect for the FY 2018 payment determination year. The guidelines listed below in Table 3: IPFQR Program Measures Global Population and Sampling (FY 2016 IPF PPS Final Rule) can be applied to the following measures: HBIPS-5, SUB and TOB measures, IMM-2, Transition Record measures, and the Screening for Metabolic Disorders measure.

Change table in option 2 to:

IPFQR Program Measures Global Population and Sampling (FY 2016 IPF PPS Final Rule)

Chart Abstraction**Change** first sentence to:

The facility may elect to use a vendor to electronically enter its data and obtain the aggregate data to manually enter in the CMS web-based measure tool via the *QualityNet Secure Portal*.

Change last sentence under Screening for Metabolic Disorders to:

Additional details about the Screening for Metabolic Disorders measure, including a data dictionary and algorithm, are in Appendix D of this program manual.

Claims-Based Measures

Add "Version 1.0" after *Claims-Based Measure: Follow-Up After Hospitalization for Mental Illness (FUH)*

Change second paragraph under *Claims-Based Measure: Follow-Up After Hospitalization for Mental Illness (FUH)* to:

The measurement period used to identify cases in the denominator is 11 months of the measurement year. The measurement year begins on July 1 and ends on May 30 of the following year. Data from July 1 through June 30 of the following year are used to identify follow-up visits in the numerator.

Change first two sentences of third paragraph under *Claims-Based Measure: Follow-Up After Hospitalization for Mental Illness (FUH)* to:

Facilities are not required to collect and submit data for this claims-based measure. CMS will calculate the measure using Part A and Part B claims data received by Medicare for payment purposes.

Change third bullet under “The **denominator** includes admissions to IPFs for patients:” to:

Enrolled in Medicare FFS Parts A and B during the 12 months prior to, the month of, and at least one month after the index admission

Change fourth bullet under “The **denominator** includes admissions to IPFs for patients” to:

Discharged with a psychiatric principal diagnosis included in one of the Agency for Healthcare Research and Quality (AHRQ) Clinical Classification Software (CCS) ICD groupings.

Change bullets under “The **denominator** excludes admissions for patients:” to:

- Discharged against medical advice (AMA) because the IPF may have limited opportunity to complete treatment and prepare for discharge.
- With unreliable demographic and vital status data defined as the following:
 - Age greater than 115 years
 - Missing gender
 - Discharge status of “dead” but with subsequent admissions
 - Death date prior to admission date
 - Death date within the admission and discharge dates but the discharge status was not “dead”
- With readmissions on the day of discharge or day following discharge because those readmissions are likely transfers to another inpatient facility. The hospital that discharges the patient to home or a non-acute care setting is accountable for subsequent readmissions.
- With readmissions two days following discharge because readmissions to the same IPF within two days of discharge are combined into the same claim as the index admission and do not appear as readmissions due to the interrupted stay billing policy. Therefore, complete data on readmissions within two days of discharge are not available.

Change bullets under “The measure is **risk adjusted** using hierarchical logistic regression model. Four types of risk factors are included in the model:” to:

1. Demographics
2. Principal discharge diagnosis of the IPF index admission
3. Comorbidity risk variables
4. Other risk factor variables from the literature that are available in Medicare FFS claims

Attestations

Change second sentence under *Assessment of Patient Experience of Care* to:

Surveys of individuals about their experience in all healthcare settings provide important information as to whether high-quality, person-centered care is actually provided and address elements of service delivery that matter most to recipients of care.

NHSN-Collected Measure: Influenza Vaccination Coverage Among Healthcare Personnel (HCP)

Change first sentence of first paragraph to:

The Influenza Vaccination Coverage Among HCP measure assesses the percentage of HCP who receive the influenza vaccination.

Change last sentence in the note to:

Step by step instructions on the NHSN enrollment and Influenza Vaccination Coverage Among HCP measure data submission processes are available at the following websites:

Data Submission

Change first sentence to:

The following tables list information pertinent to data submission for the FY 2019 and FY 2020 measures.

Remove FY 2018 table.

Revise FY 2019 table title to:

Table 4: IPFQR Program Measures for FY 2019 Payment Determination.

Revise footnote 1 to:

Each new entry overwrites the previous entry, as the system does not calculate cumulative data.

Add Table 5: IPFQR Program Measures for FY 2020 Payment Determination.

Change note under Table 5 to:

The reporting period for the IMM-2 and Influenza Vaccination Coverage Among Healthcare Personnel measures crosses over two calendar years, from October 1, 2017, through March 31, 2018, for the FY 2019 payment determination and from October 1, 2018, through March 31, 2019, for the FY 2020 payment determination. While the annual data submission timeframe for IMM-2 aligns with the other measures (July 1 through August 15), IPFs will submit the Influenza Vaccination Coverage Among Healthcare Personnel data from October 1, 2017, through May 15, 2018, for the FY 2019 payment determination and October 1, 2018, through May 15, 2019, for the FY 2020 payment determination.

Submission Information

Change #4 to:

Select the appropriate Payment Year from the drop-down menu (i.e., for data collected in CY 2017 to be entered in 2018, select Payment Year 2019, and for data collected in CY 2018 to be entered in 2019, select Payment Year 2020).

Change the second screen shot under #4 to include SUB-3/-3a.

Change first sentence under *Non-Measure Data/Population Counts* to:
If the response is “Yes” to the question “Did your facility use global sampling?” under Global Sample, then an additional data entry field will appear. Enter

Add: Guidance for Responding to Global Sampling Question in the WBDCT
If the IPF used the global sampling methodology (described on page 14 of this program manual) to sample any of the SUB, TOB, or IMM-2 measures collected for PY 2019, even if global sampling was not used for HBIPS-5, then the IPF should answer “Yes” to the sampling question followed by the sample volume in the Global Sample Size field.

If the IPF only sampled HBIPS-5 and no other measure that allows sampling, then the IPF should select “No” to the global sampling question.

If IMM-2 was the only measure sampled, take the sum of the two quarters of IMM-2 data collected in calendar year 2017 (i.e., January–March 2017 and October–December 2017) and multiply it by two to calculate the annualized sample size. If there are differing sample sizes between measure sets, select the larger sample size as it is more representative of the aggregate annual patient population.

As a reminder, sampling is not allowed for the HBIP-2 and HBIPS-3 measures.

Remove note and text above the Screening for Metabolic Disorders screen shot.

Change text above the Assessment of Patient Experience of Care screenshot to:
If the response to “Did your facility routinely assess patient experience of care using a standardized collection protocol and a structured instrument?” is “Yes,” then a data entry field will appear. Enter the name of the survey administered by the facility in the blank field.

Add: SUB-3/-3a: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge/Alcohol and Other Drug Use Disorder Treatment at Discharge title and screen shot.

SECTION 5: Notice of Participation

Impacts: Notice of Participation

Rationale: The screen shot under #6 was updated to provide a relevant image to users.

Description of Changes:

Add updated screen shot.

SECTION 6: Data Accuracy and Completeness Acknowledgement

Impacts: Data Accuracy and Completeness Acknowledgement

Rationale: The screen shots were updated to provide relevant images to users.

Description of Changes:

Add updated screen shots.

SECTION 7: Accessing and Reviewing Reports

Impacts: Facility, State, and National Report

Rationale: The information was updated to provide clarification on contents of reports.

Description of Changes:

Change first paragraph to:

The Facility, State and National Report provides information about the data that is submitted to CMS. The facility rate is specific to the facility accessing the report.

SECTION 8 – Public Reporting of IPFQR Data

Impacts: Medicare.gov *Hospital Compare* Website

Rationale: The screen shots were updated to provide relevant images to users.

Description of Changes:

Add updated screen shots.

SECTION 9 – Resources

Impacts: Questions & Answers

Rationale: A direct link is now available to the tool.

Description of Changes:

Change direct link to [https://cms-](https://cms-ip.custhelp.com/app/homeipf/p/831/session/L3RpbWUvMTUwNzg0MDc2My9zaWQvNnBRX2oqdW4%3D)

[ip.custhelp.com/app/homeipf/p/831/session/L3RpbWUvMTUwNzg0MDc2My9zaWQvNnBRX2oqdW4%3D](https://cms-ip.custhelp.com/app/homeipf/p/831/session/L3RpbWUvMTUwNzg0MDc2My9zaWQvNnBRX2oqdW4%3D).

APPENDIX C – Initial Patient Population (IPP) for the Transition Record Measures

Impacts: Initial Patient Population (IPP) for the Transition Record Measures

Rationale: The American Medical Association-convened Physician Consortium for Performance Improvement (AMA-PCPI) updated the Type of Bill and Discharge Status codes for this measure.

Description of Changes:

Remove 2017 IPP Algorithm.

Revise 2018 IPP Algorithm title to: Figure 1: IPP Algorithm for the Transition Record Measures, Starting January 1, 2018

APPENDIX D – Screening for Metabolic Disorders

Impacts: Measure Information Form

Rationale: The measure is no longer a new measure.

Description of Changes:

Performance Measure Name

Remove text: New Measure: January 2017

Remove: Version 1.1.

Rationale

Remove last sentence of third paragraph.

Sampling

Change to: For reporting to the IPFQR Program, two options are available for sampling, as described on pages 13–14 of this program manual.