

# Welcome!

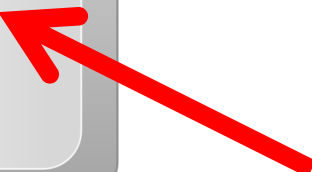
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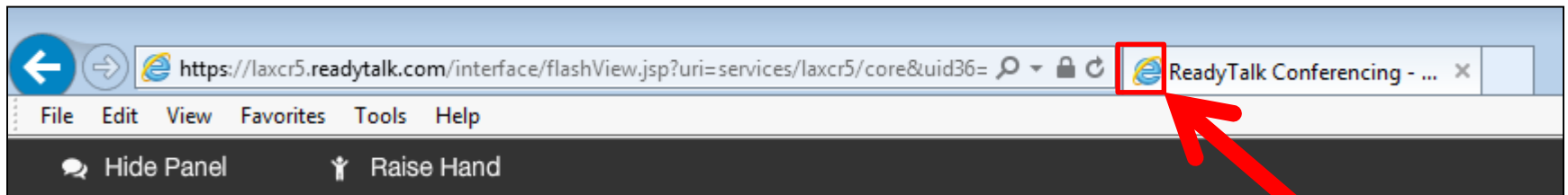


# Troubleshooting Audio

Audio from computer speakers breaking up?  
Audio suddenly stop?  
Click the Refresh icon  
– or –  
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 F5 Key  
Top Row of Keyboard

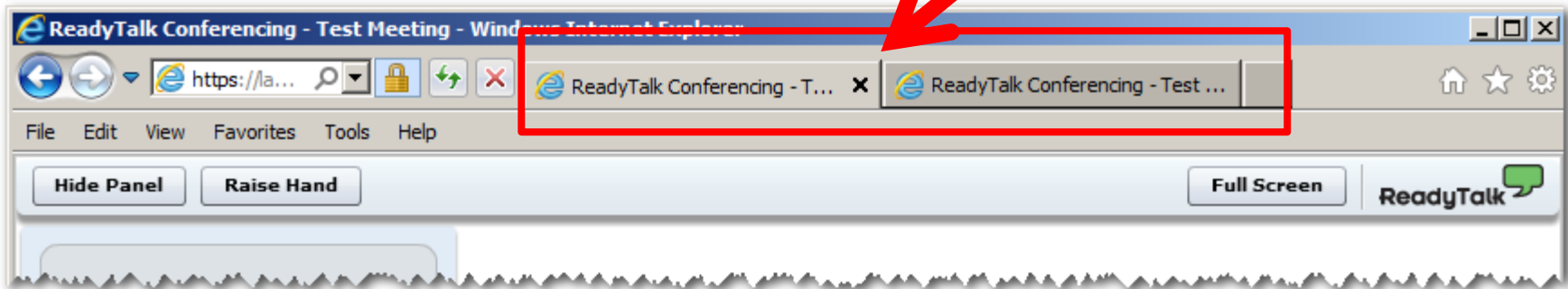


Location of Buttons

 Refresh

# Troubleshooting Echo

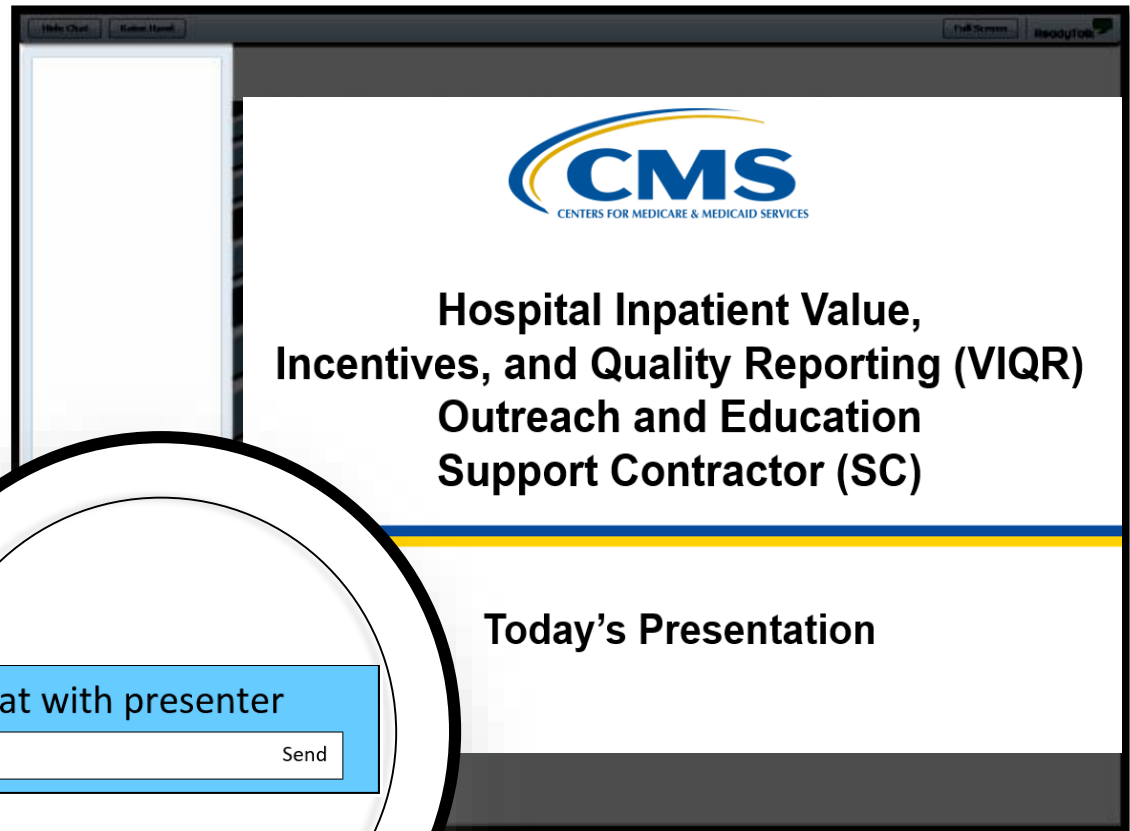
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Example of Two Browsers/Tabs Open in Same Event

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## Chat Tool

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# **IPFQR Program Manual (Version 4.1) and Updated Paper Tools Review**

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**January 22, 2019**

# Purpose

This presentation will review updates to the latest version of the *Inpatient Psychiatric Facility Quality Reporting Program Manual* and various optional paper tools to equip inpatient psychiatric facilities (IPFs) with tools to meet IPFQR Program requirements.

# Objectives

At the conclusion of this presentation, attendees will be able to leverage the IPFQR Program manual (version 4.1) and optional paper tools to meet IPFQR Program requirements.



IPFQR Program Manual (Version 4.1) and Updated 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.

- A release notes document, detailing specific changes made to the manual, was published alongside version 4.1 of the manual.
- We encourage you to refer to the manual and associated release notes, now available on two websites:
  - *QualityNet* → Inpatient Psychiatric Facilities → [Resources](#)
  - *Quality Reporting Center* → Inpatient → IPFQR Program → [Resources and Tools](#)

# IPFQR Program Manual

## Table of Contents

- Section 1: CMS Inpatient Psychiatric Facility Quality Reporting Program
- Section 2: Measure Details
- 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 Program Data
- Section 9: Resources
- Appendices
  - Appendix A: Psychiatric Advance Directives (PAD)
  - Appendix B: Screening for Metabolic Disorders

# IPFQR Program Manual

## Title Page

The title page provides a clarification on the manual effective date:

- Effective date: January 1, 2019
- All data that are to be reported to CMS in Calendar Year (CY) 2020

# IPFQR Program Manual

## Section 1: Glossary of Terms

Section 1: Glossary of Terms now provides a more comprehensive list of terms used in the manual:

- Added 53 terms
- Removed 3 terms

# IPFQR Program Manual

## Section 2: Measure Details

General Measure Abstraction Guidance was added to provide clarification on CMS measure abstraction expectations for the IPFQR Program.

### *General Measure Abstraction Guidance*

CMS requires the submission of aggregate numerator and denominator data. There are no patient-level data reported to CMS for the IPFQR Program. The intent of abstraction is to use only documentation that was part of the medical record during the hospitalization (i.e., is present upon discharge) and that is present at the time of abstraction. The medical record must be abstracted as documented (i.e., taken at “face value”). Information should not be added after the fact and assumptions should not be made to meet a measure.

Documentation is not to be added at the time of abstraction to ensure the passing of measures for the IPFQR Program.

If documentation is invalid, missing, or ambiguous with respect to the measure specifications, then the measure requirement in question has not been met. A third-party auditor or abstractor should be able to review documentation in the patient record and reach the same determination as the original abstractor.

# IPFQR Program Manual

## Section 2: Measure Details

Per the Fiscal Year (FY) 2019 Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) Final Rule, CMS added a new measure removal factor to the IPFQR Program:

Factor 8 - The costs associated with a measure outweigh the benefit of its continued use in the program.

# IPFQR Program Manual

## Section 2: Measure Details

Per the FY 2019 IPF PPS Final Rule, IPFs are no longer required to collect and report the following data, effective for FY 2020 payment determination and subsequent years:

- Data for five quality measures
  - Influenza Vaccination Coverage Among Healthcare Personnel (HCP)
  - Alcohol Use Screening (SUB-1)
  - Tobacco Use Screening (TOB-1)
  - Assessment of Patient Experience of Care
  - Use of an Electronic Health Record (EHR)
- Sample size counts for measures for which sampling is performed



# IPFQR Program Manual

## Section 2: Measure Details

Section 2: Measure Details identifies the Initial Patient Population for IPFQR Program quality measures:

- Revises the bullet pertaining to the Transition Record measures to be consistent with information provided for other measures
- Includes guidance regarding facility-level discharge codes that can be used to facilitate integration of the Transition Record measures into the EHR used by IPFs

With this change, CMS removed the former Appendix C: Initial Patient Population (IPP) for the Transition Record Measures.

# IPFQR Program Manual

## Section 8: Public Reporting of IPFQR Program Data

The manual now includes an overview of the IPF-Specific Reports (ISRs) that were created and distributed by CMS for the following claims-based measures:

- Follow-Up After Hospitalization for Mental Illness (FUH)
- 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)

IPFQR Program Manual (Version 4.1) and Updated Paper Tools Review

## **Optional Paper Tools**

# Optional Paper Tools

Various optional paper tools have been developed for IPFs to use as a mechanism to aid in the collection of measure data for CMS. Changes to paper tools relevant to the 2019 and 2020 data submission periods will be addressed in the following slides.

In the following slides the applicable discharge period is highlighted in the header and footer of each paper tool to emphasize the importance of using the correct tool during a collection period.

We recommend that you check the following websites regularly for the most recent updates to paper tools:

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

# Optional Paper Tools

## Non-Measure Data Collection Tool CY 2018

CMS updated the non-measure data collection tool effective for discharges Q1–Q4 2018 to include removal of guidance pertaining to sample size counts (page 2).

**Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program  
Non-Measure Data Collection Tool**  
01-01-2018 (Q1 2018) through 12-31-2018 (Q4 2018)

This paper tool is provided as an optional, informal mechanism to aid inpatient psychiatric facilities (IPFs) in the collection of non-measure data for the Centers for Medicare & Medicaid Services (CMS) 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.hcqs.org](mailto:IPFQualityReporting@area-m.hcqs.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	

To define the diagnostic categories above, please note the following:

- Categorization should be based on the primary diagnosis at discharge.
- Diagnostic code grouping to report non-measure data utilizes the categories developed for the Clinical Classifications Software (CCS) under the Healthcare Cost and Utilization Project by the Agency for Healthcare Research and Quality. See the instructions below to access crosswalks of CCS codes with International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes.

CMS Paper Tool – Non-Measure Data Collection Tool  
Discharges 01-01-18 (Q1 2018) through 12-31-18 (Q4 2018) Page 1 of 2

**Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program  
Non-Measure Data Collection Tool**  
01-01-2018 (Q1 2018) through 12-31-2018 (Q4 2018)

**Instructions to Access Coding Crosswalks:** Access the appropriate crosswalk of CCS codes with ICD-10-CM codes and descriptions for discharges in calendar year 2018 at <https://www.hcup-us.ahrq.gov/toolssoftware/ccs10/ccs10.jsp#download>.

Discharges January 1, 2018 through December 31, 2018

- Next to **Version 2018.1**, Fiscal Year (FY) 2018, click on [CCS for ICD-10-CM, FY 2018](#) to open the ZIP file.
- Click on the [\[ccs\\_dx\\_icd10cm\\_2018\\_1\]](#) file to view the crosswalk.

Payer	Total Annual Discharges
Medicare	
Non-Medicare	

Non-Measure Data	Response
Did your facility use global sampling? (Yes or No)	

**NOTE:** If the IPF used the global sampling methodology described on page 18 of the IPFQR Program Manual Version 4.1 to sample any of the measures collected for submission in 2019, then the IPF should answer “Yes” to the sampling question.

CMS Paper Tool – Non-Measure Data Collection Tool  
Discharges 01-01-18 (Q1 2018) through 12-31-18 (Q4 2018) Page 2 of 2

# Optional Paper Tools

## Non-Measure Data Collection Tool CY 2019

CMS updated page 1 of the non-measure data collection tool effective for discharges Q1–Q4 2019 to include changes to the applicable discharges.

### Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Non-Measure Data Collection Tool

01-01-2019 (Q1 2019) through 12-31-2019 (Q4 2019)

This paper tool is provided as an optional, informal mechanism to aid inpatient psychiatric facilities (IPFs) in the collection of non-measure data for the Centers for Medicare & Medicaid Services (CMS) 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.hcqls.org](mailto:IPFQualityReporting@area-m.hcqls.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	

To define the diagnostic categories above, please note the following:

- Categorization should be based on the primary diagnosis at discharge.
- Diagnostic code grouping to report non-measure data utilizes the categories developed for the Clinical Classifications Software (CCS) under the Healthcare Cost and Utilization Project by the Agency for Healthcare Research and Quality. See the instructions below to access crosswalks of CCS codes with International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes.

# Optional Paper Tools

## Non-Measure Data Collection Tool CY 2019

CMS updated page 2 of the non-measure data collection tool effective for discharges Q1–Q4 2019 to include:

- An updated link to access the coding crosswalks necessary to define the required diagnostic categories.
- Removal of guidance pertaining to sample size counts.

**Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program  
Non-Measure Data Collection Tool  
01-01-2019 (Q1 2019) through 12-31-2019 (Q4 2019)**

**Instructions to Access Coding Crosswalks:** Access the appropriate crosswalk of CCS codes with ICD-10-CM codes and descriptions for discharges in calendar year 2019 at <https://www.hcup-us.ahrq.gov/toolsoftware/ccs10/ccs10.jsp#download>.

Discharges January 1, 2019 through December 31, 2019

- Next to **Version 2019.1**, Fiscal Year (FY) 2019, click on **CCS for ICD-10-CM, FY 2019** to open the ZIP file.
- Click on the **[ccs\_dx\_icd10cm\_2019\_1]** file to view the crosswalk.

Payer	Total Annual Discharges
Medicare	
Non-Medicare	

Non-Measure Data	Response
Did your facility use global sampling? (Yes or No)	

**NOTE:** If the IPF used the global sampling methodology described on page 18 of the IPFQR Program Manual Version 4.1 for any of the measures collected for submission in 2020, then the IPF should answer "Yes" to the sampling question. As a reminder, the HBIPS-2 and HBIPS-3 measures do not allow sampling.

CMS Paper Tool – Non-Measure Data Collection Tool  
Discharges 01-01-19 (Q1 2019) through 12-31-19 (Q4 2019)

Page 2 of 2

# Optional Paper Tools

## HBIPS-2 and HBIPS-3 CY 2019

The data collection paper tool for the HBIPS-2 and HBIPS-3 measures includes updates for data collection effective for discharges Q1–Q4 2019.

### Instructions for Hospital-Based Inpatient Psychiatric Services (HBIPS) Event Tracking Log for Event Measures HBIPS-2 and HBIPS-3 01-01-2019 (Q1 2019) through 12-31-2019 (Q4 2019)

The Hospital-Based Inpatient Psychiatric Services (HBIPS) Event Tracking Log tool is provided as an optional, informal mechanism to aid psychiatric facilities and hospital psychiatric units in the collection of measure data for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. Facilities can choose to track events daily, weekly, monthly, or quarterly. It is suggested that facilities print two separate Event Tracking Logs, one for HBIPS-2: Hours of Physical Restraint Use and a second for HBIPS-3: Hours of Seclusion Use. CMS is not responsible for potential errors and issues arising from modifications made by external parties. If there are any questions or concerns regarding the use of this Event Tracking Log, please contact the IPFQR Program Support Contractor at [IPFQualityReporting@hcqis.org](mailto:IPFQualityReporting@hcqis.org).

**Measures:** HBIPS-2: Hours of Physical Restraint Use  
HBIPS-3: Hours of Seclusion Use

Track each event by completing the fields in the numerator table. These measures do not allow sampling. The steps below will provide monthly numerator and denominator values that will be aggregated for an annual entry into the *QualityNet Secure Portal*.

#### I. Calculate the Numerator

1. Determine the daily event minutes for each patient by entering the start and end times in the Event Tracking Log on page three of this 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 on page 3, Step A.

#### 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.

#### II. Calculate the Denominator

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."
4. Determine the annual total of leave days.
5. Subtract the Total Leave Days from Total Inpatient Days.
6. Enter the Total Number of Days (from Step 5) into the denominator field on page 3 of this document, Step B.

#### Monthly Denominator Calculation Example

Total number of inpatient days = 14,266. Total number of leave days = 200. Subtract the leave days from the inpatient days:  $14,266 - 200 = 14,066$  days.



# Optional Paper Tools

## HBIPS-5 CY 2019

The data collection paper tool for the HBIPS-5 measure includes updates for data collection effective for discharges Q1–Q4 2019.

**Hospital-Based Inpatient Psychiatric Services (HBIPS)  
Paper Tool for Discharge Measure HBIPS-5  
01-01-2019 (Q1 2019) through 12-31-2019 (Q4 2019)**

This measure abstraction paper tool is provided as an optional, informal mechanism to aid inpatient psychiatric facilities 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. 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@hcqis.org](mailto:IPFQualityReporting@hcqis.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

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.

#### HBIPS-5

\_\_\_\_\_ Numerator

\_\_\_\_\_ Denominator

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

#### 1. 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 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 HBIPS-5. Add 0 to the numerator and denominator.
- If *Length of Stay* is greater than 3 days, proceed to *Discharge Disposition*.

# Optional Paper Tools

## Transition Record Measures CY 2019

The data collection paper tool for the Transition Record measures includes updates for data collection effective for discharges Q1–Q4 2019.

Data Collection Paper Tool for Compliance with the *Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures 01-01-2019 (Q1 2019) through 12-31-2019 (Q4 2019)*

This document is provided as an optional, informal mechanism to aid **psychiatric facilities and hospital psychiatric units** in the collection of **data** for the Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record measures for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program under the Centers for Medicare & Medicaid Services (CMS). 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. 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](mailto:IPFQualityReporting@hcqis.org).

**Transition Record with Specified Elements Received by Discharged Patients**

The numerator is comprised of patients or their caregiver(s) (or inpatient facilities in the case of patient transfer) 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.

**The elements of the Transition Record with Specified Elements Received by Discharged Patients measure must be abstracted from the transition record, NOT the medical chart.**

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 must be documented as 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

## Transition Record Measures CY 2019

The data collection paper tool for the Transition Record with Specified Elements Received by Discharged Patients measure effective for discharges Q1–Q4 2019 includes the definition of a surrogate decision maker.

Data Collection Paper Tool for Compliance with the Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures  
01-01-2019 (Q1 2019) through 12-31-2019 (Q4 2019)

Advance Care Plan	Advance Directives or surrogate decision maker documented OR documented reason for not providing advance care plan		<p>A surrogate decision maker is a health care proxy who acts as the patient's advocate when he/she is legally incapacitated and unable to make decisions for him/herself about personal health care. To meet the intent of the transition record measures, the surrogate decision maker must be designated by the patient in a way that complies with the state's laws for the state in which the patient receives care and must have the authority to make all psychiatric and non-psychiatric decisions on behalf of the patient. The surrogate decision maker must be identified in the transition record by name and telephone number.</p> <p>This element can be met if one of the following is documented:</p> <ul style="list-style-type: none"> <li>A. The patient has an appointed surrogate decision maker.</li> <li>B. The patient has a non-psychiatric (medical) Advance Directive and a psychiatric Advance Directive.</li> <li>C. If (a) or (b) was not met, the patient was offered information about designating a surrogate decision maker or completing Advance Directives, and, if the criteria for (a) or (b) still were not met, a reason was documented.</li> </ul> <p>Advance Directives must be compliant with the state laws for the state in which the patient receives care. Additional information on the Advance Care Plan element can be found in the <a href="#">IPFQR Program Manual</a>.</p>
Contact Information/ Plan for Follow-Up Care	24-hour/7-day contact information, including physician for emergencies related to inpatient stay		Physician, healthcare team member, or other healthcare personnel who have access to medical records and other information concerning the inpatient stay and who could be contacted regarding emergencies related to the stay. Crisis lines, 800 numbers, or other general emergency contact numbers do not meet this requirement unless personnel have access to the medical records and other information concerning the inpatient stay.

Data Collection Paper Tool for Compliance with the Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures Discharges 01-01-19 (Q1 2019) through 12-31-19 (Q4 2019) Page 4 of 8

# Optional Paper Tools

## Transition Record Measures CY 2019

The Final Review of All Specified Elements Required for Transition Record Prior to Transmission section on page 6, effective for discharges Q1–Q4 2019, was updated with a checklist and notes for abstraction.

*Data Collection Paper Tool for Compliance with the Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures*  
01-01-2019 (Q1 2019) through 12-31-2019 (Q4 2019)

Final Review of Requirements for the Transition Record Measure	Yes	No
A. Are ALL specified elements included in the transition record?		
B. Was the transition record discussed with and provided to the patient and/or caregiver?		
C. Is there documentation stating that the discharging clinician determined the patient was clinically unstable, or the patient and/or caregiver was unable to comprehend the information?		
D. If the answer to (C) is "Yes" AND the patient was transferred to an inpatient facility, is there documentation that the four elements listed below were discussed with the receiving inpatient facility? <ol style="list-style-type: none"> <li style="background-color: #ffffcc;">1. 24-hour/7-day contact information</li> <li style="background-color: #ffffcc;">2. Contact information for pending studies</li> <li style="background-color: #ffffcc;">3. Plan for follow-up care</li> <li style="background-color: #ffffcc;">4. Primary physician, other healthcare professional, or site designated for follow-up care</li> </ol>		
See NOTES on page 8 for additional guidance regarding the four elements listed above.		
<b>Notes for Abstraction</b> Include the case in the numerator for the Transition Record with Specified Elements Received by Discharged Patients measure in the following scenarios: <ul style="list-style-type: none"> <li style="background-color: #ffffcc;">• Patient discharged to home: "Yes" to (A) and (B).</li> <li style="background-color: #ffffcc;">• Patient discharged to inpatient facility: "Yes" to (A) and (B) OR (A), (C), and (D).</li> </ul>		

# Optional Paper Tools

## Transition Record Measures CY 2019

The tool, effective for discharges Q1–Q4 2019, provided clarification on page 7 regarding:

- The numerator statement of the Timely Transmission of Transition Record measure.
- The requirement for a case to meet the Transition Record with Specified Elements Received by Discharged Patients measure to be included in the numerator of the Timely Transmission of Transition Record measure.
- The “trigger time” used to determine if the transition record was transmitted within 24 hours of hospital discharge.

Data Collection Paper Tool for Compliance with the *Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures* 01-01-2019 (Q1 2019) through 12-31-2019 (Q4 2019)

**Timely Transmission of Transition Record**

The numerator includes patients for whom the transition record, as specified in the *Transition Record with Specified Elements Received by Discharged Patients* measure, was transmitted to the facility (including inpatient facilities) or primary physician or other healthcare professional designated for follow-up care within 24 hours of discharge. All 11 elements must be captured and transmitted within 24 hours to satisfy the measure numerator.

**The case must meet the numerator of the Transition Record with Specified Elements Received by Discharged Patients measure to be included in the numerator of the Timely Transmission of Transition Record measure. The numerator for the Timely Transmission of Transition Record measure cannot exceed the numerator for the Transition Record with Specified Elements Received by Discharged Patients measure.**

The denominator includes all patients, regardless of age, discharged from an IPF to home/self-care or any other site of care. The measure excludes patients who died, left AMA, or discontinued care. Patients who discontinued care include those who eloped or failed to return from leave.

Discharge Information	Date and time patient was discharged from facility		
	Date and time transition record was transmitted		
	Method of transmission		Mail, fax, secure e-mail, or hard copy provided to transport personnel. If the follow-up healthcare professional has mutual access to the electronic health record (EHR), this must be documented as the transmission method.
	Was the transition record transmitted within 24 hours of discharge?	Yes	No

**The date and time of discharge are to be used as the “trigger time” to determine if the transition record was transmitted within 24 hours after hospital discharge; therefore, use the date and time that the patient is “officially” discharged to begin calculating the 24-hour period.**  
**Example:** The IPF discharge date and time are 8/2/2017 and 08:23 a.m. The transition record should be transmitted within 24 hours after that discharge date and time. Meaning, the facility should complete the transmission by 8/3/2017 at 08:23 a.m.

Data Collection Paper Tool for Compliance with the *Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures* Discharges 01-01-19 (Q1 2019) through 12-31-19 (Q4 2019) Page 7 of 8

# Optional Paper Tools

## Transition Record Measures CY 2019

The tool, effective for discharges Q1–Q4 2019, includes an updated notes section to include clarification regarding the following:

- Patient and/or Caregiver Receipt of the Transition Record in Electronic Format
- Numerator Criteria for the Transition Record Measures
- Inpatient discharges when patient and/or caregiver are unable to comprehend the transition record

Data Collection Paper Tool for Compliance with the *Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures*  
01-01-2019 (Q1 2019) through 12-31-2019 (Q4 2019)

### Notes

#### Patient and/or Caregiver Receipt of the Transition Record in Electronic Format

A transition record is defined as a core, standardized set of data elements consolidated into a single document related to a patient's demographics, diagnosis, treatment, and care plan that is discussed with and provided to the patient and/or caregiver in a printed or electronic format at each transition of care and transmitted to the facility/physician/other healthcare professional providing follow-up care. The transition record may only be provided in an electronic format, if acceptable to the patient, and only after all components have been discussed with the patient.

#### Numerator Criteria for the Transition Record Measures

##### Transition Record with Specified Elements Received by Discharged Patients Measure

To satisfy the numerator for the Transition Record with Specified Elements Received by Discharged Patients measure, the following **must** occur:

For patients who are discharging to **home**, a transition record covering all 11 elements must be:

- Created
- Discussed with the patient and/or caregiver
- Provided to the patient and/or caregiver either in hard copy or electronically, if the patient agrees.

For patients who are discharging to an **inpatient facility**, a transition record covering all 11 elements must be:

- Created
- Discussed with the patient and/or caregiver **AND** the receiving facility.

If a patient is transferred to another inpatient facility and the discharging clinician determines that the patient is clinically unstable, or the patient and/or caregiver is unable to comprehend the information, then the discharging facility is not required to discuss and provide the transition record to the patient and/or caregiver, however, the following four elements **must** be discussed with the receiving facility for the case to be included in the numerator for the Transition Record with Specified Elements Received by Discharged Patients measure:

1. 24-hour/7-day contact information
2. Contact information for pending studies
3. Plan for follow-up care
4. Primary physician, other healthcare professional, or site designated for follow-up care

##### Timely Transmission of Transition Record Measure

To satisfy the numerator for the Timely Transmission of Transition Record measure, the transition record must be transmitted to the next provider within 24 hours of discharge. The case **must** meet the numerator of the Transition Record with Specified Elements Received by Discharged Patients measure to be included in the numerator of the Timely Transmission of Transition Record measure. The numerator for the Timely Transmission of Transition Record measure **cannot** exceed the numerator for the Transition Record with Specified Elements Received by Discharged Patients measure.

##### Definition of Discontinued Care

Patients who discontinued care include those who eloped or failed to return from leave, as defined in the notes below. The National Quality Forum (NQF) defines elopement as any situation in which an admitted patient leaves the healthcare facility without staff's knowledge. A failure to return from leave occurs when a patient does not return at the previously agreed-upon date and time for continued care. If the patient fails to return from leave, then the patient has left care without staff's knowledge.

Data Collection Paper Tool for Compliance with the *Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures*  
Discharges 01-01-19 (Q1 2019) through 12-31-19 (Q4 2019)

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# Optional Paper Tools

## Substance Use Measures CY 2018

CMS updated the Substance Use measures paper tool for data effective for discharges Q1–Q4 2018 to clarify that, while SUB-1 will no longer be reported to CMS, SUB-1 guidance is included in the abstraction paper tool to assist with the data collection process for the SUB-2/-2a and SUB-3/-3a measures.

**Substance Use (SUB)**  
**Paper Tool for Discharge Measures SUB-1, -2/-2a, -3/-3a**  
**01-01-2018 (Q1 2018) through 12-31-2018 (Q4 2018)**

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. 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@hcqis.org](mailto:IPFQualityReporting@hcqis.org).

The SUB-1 measure was removed from the IPFQR Program as finalized in the Fiscal Year (FY) 2019 Inpatient Psychiatric Facility Prospective Payment Services Final Rule for FY 2020 and subsequent payment determination years.

SUB-1 guidance is included in this abstraction paper tool **only** to assist with the data collection process for the SUB-2 /-2a and SUB-3 /-3a measures.

SUB-1 will **no longer** be reported to CMS.

# Optional Paper Tools

## Substance Use Measures CY 2019

CMS updated the Substance Use measures paper tool for data effective for discharges Q1–Q4 2019 to clarify that, while SUB-1 will no longer be reported to CMS, SUB-1 guidance is included in the abstraction paper tool to assist with the data collection process for the SUB-2/-2a and SUB-3/-3a measures.

Substance Use (SUB)  
Paper Tool for Discharge Measures SUB-1, -2/-2a, -3/-3a  
01-01-2019 (Q1 2019) through 12-31-2019 (Q4 2019)

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. 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@hcqis.org](mailto:IPFQualityReporting@hcqis.org).

The SUB-1 measure was removed from the IPFQR Program as finalized in the Fiscal Year (FY) 2019 Inpatient Psychiatric Facility Prospective Payment Services Final Rule for FY 2020 and subsequent payment determination years.

SUB-1 guidance is included in this abstraction paper tool **only** to assist with the data collection process for the SUB-2 /-2a and SUB-3 /-3a measures.

SUB-1 will **no longer** be reported to CMS.



# Optional Paper Tools

## Tobacco Use Measures CY 2018

CMS updated the Tobacco Use measures paper tool effective for discharges Q1–Q2 2018 and Q3–Q4 2018 to clarify that, while TOB-1 will no longer be reported to CMS, TOB-1 guidance is included in the abstraction paper tool to assist with the data collection process for the TOB-2/-2a and TOB-3/-3a measures.

**Tobacco Use (TOB)**  
**Paper Tool for Discharge Measures TOB-1, 2/-2a, 3/-3a**  
**01-01-2018 (Q1 2018) through 06-30-2018 (Q2 2018)**

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. If there are any questions or concerns regarding use of this measure abstraction paper tool, please contact the IPFQR Program Support Contractor at

The TOB-1 measure was removed from the IPFQR Program as finalized in the Fiscal Year (FY) 2019 Inpatient Psychiatric Facility Prospective Payment Services Final Rule for FY 2020 and subsequent payment determination years.

TOB-1 guidance is included in this abstraction paper tool **only** to assist with the data collection process for the TOB-2 / -2a and TOB-3 / -3a measures.

TOB-1 will **no longer** be reported to CMS.

**Tobacco Use (TOB)**  
**Paper Tool for Discharge Measures TOB-1, -2/-2a, 3/-3a**  
**07-01-2018 (Q3 2018) through 12-31-2018 (Q4 2018)**

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. 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](mailto:IPFQualityReporting@hcqis.org).

The TOB-1 measure was removed from the IPFQR Program as finalized in the Fiscal Year (FY) 2019 Inpatient Psychiatric Facility Prospective Payment Services Final Rule for FY 2020 and subsequent payment determination years.

TOB-1 guidance is included in this abstraction paper tool **only** to assist with the data collection process for the TOB-2 / -2a and TOB-3 / -3a measures.

TOB-1 will **no longer** be reported to CMS.

# Optional Paper Tools

## Tobacco Use Measures CY 2019

CMS updated the Tobacco Use measures paper tool effective for discharges Q1–Q4 2019 to clarify that, while TOB-1 will no longer be reported to CMS, TOB-1 guidance is included in the abstraction paper tool to assist with the data collection process for the TOB-2/-2a and TOB-3/-3a measures.

**Tobacco Use (TOB)**  
**Paper Tool for Discharge Measures TOB-1, -2/-2a, 3/-3a**  
**01-01-2019 (Q1 2019) through 12-31-2019 (Q4 2019)**

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. 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](mailto:IPFQualityReporting@hcqis.org).

The TOB-1 measure was removed from the IPFQR Program as finalized in the Fiscal Year (FY) 2019 Inpatient Psychiatric Facility Prospective Payment Services Final Rule for FY 2020 and subsequent payment determination years.

TOB-1 guidance is included in this abstraction paper tool **only** to assist with the data collection process for the TOB-2 / -2a and TOB-3 / -3a measures.

TOB-1 will **no longer** be reported to CMS.

# Optional Paper Tools

## Screening for Metabolic Disorders CY 2019

CMS updated the paper tool for the Screening for Metabolic Disorders measure to reflect the CY 2019 data collection period, effective for discharges Q1–Q4 2019.

**Screening for Metabolic Disorders**  
**Paper Tool for Screening for Metabolic Disorders Measure**  
**01-01-2019 (Q1 2019) through 12-31-2019 (Q4 2019)**

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. 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](mailto:IPFQualityReporting@hcqis.org).

Patient Identifier: \_\_\_\_\_

Discharge Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Unable to Determine (UTD) is not an 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 0, 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)*.

# Optional Paper Tools

## Influenza Immunization Measure CY 2019

CMS updated the paper tool for the Influenza Immunization measure to reflect the data collection period for the 2018–2019 influenza season, effective for discharges Q4 2018–Q1 2019.

**Influenza Immunization (IMM-2)**  
**Paper Tool for Discharge Measure IMM-2**  
**10-01-2018 (Q4 2018) through 03-31-2019 (Q1 2019)**

*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. 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@hcqis.org](mailto:IPFQualityReporting@hcqis.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 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 10-01-18 (Q4 2018) through 03-31-19 (Q1 2019)

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# Points to Remember

- CMS created these **optional** paper tools to assist IPFs with the collection of the measure data that are required for the IPFQR Program.
- The tools are designed to collect patient-specific data; however, once abstracted, the data will need to be compiled and reported to CMS annually in aggregate form via the *QualityNet Secure Portal*.
- All of the optional paper tools are downloadable, should an IPF choose to use them.
- The tools have been updated; therefore, ensure the correct tool is being used for the data collection period to avoid data errors.

IPFQR Program Manual (Version 4.1) and Updated Paper Tools Review

## **Helpful Resources**

# Helpful Resources

## IPFQR Program Manual and Paper Tools

CMS recommends that IPFs refer to the IPFQR Program Manual for information pertaining to the IPFQR Program. This document and other helpful resources and tools can be found at:

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

Direct link:

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

- [Quality Reporting Center](#) > IPFQR Program > [Resources and Tools](#)

Direct Link: <https://www.qualityreportingcenter.com/inpatient/ipf/tools/>

# Helpful Resources Links

## IPFQR Program General Resources

Q&A Tool	Email Support	Website	Phone Support
<a href="https://cms-IP.custhelp.com">https://cms-IP.custhelp.com</a>	<a href="mailto:IPFQualityReporting@hcqis.org">IPFQualityReporting@hcqis.org</a>	<a href="http://www.QualityReportingCenter.com">www.QualityReportingCenter.com</a>	(866) 800-8765
Monthly Web Conferences	ListServes	Hospital Contact Change Form	Secure Fax
<a href="http://www.QualityReportingCenter.com">www.QualityReportingCenter.com</a>	<a href="http://www.QualityNet.org">www.QualityNet.org</a>	<a href="#">Hospital Contact Change Form</a>	(877) 789-4443



# Acronyms

<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>ISR</b>	IPF-Specific Report
<b>CY</b>	Calendar Year	<b>PAD</b>	Psychiatric Advance Directives
<b>EHR</b>	electronic health record	<b>PPS</b>	Prospective Payment System
<b>FUH</b>	Follow-Up After Hospitalization for Mental Illness	<b>Q</b>	Quarter
<b>FY</b>	Fiscal Year	<b>Q&amp;A</b>	Questions and Answers
<b>HBIPS</b>	Hospital-Based Inpatient Psychiatric Services	<b>QIN-QIO</b>	Quality Innovation Network-Quality Improvement Organization
<b>HCP</b>	healthcare personnel	<b>SC</b>	support contractor
<b>IPF</b>	inpatient psychiatric facility	<b>SUB</b>	Substance Use
<b>IPFQR</b>	Inpatient Psychiatric Facility Quality Reporting	<b>TOB</b>	Tobacco Use
<b>IPP</b>	Initial Patient Population	<b>VIQR</b>	Value, Incentives, and Quality Reporting

# Helpful Resources

## Save the Date

### Upcoming IPFQR Program Educational Webinars

February 2019	IPFQR Program Resources
March 2019	Introduction to the QIN-QIO Program
April 2019	IPFQR Program Manual (Version 5.0)

# Disclaimer

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