

Inpatient Psychiatric Facility Quality Reporting Program Manual

Release Notes Version 4.1 Release Notes Completed: December 20, 2018

Guidelines for Using Release Notes

Release Notes Version 4.1 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 Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Manual.

TITLE PAGE – Inpatient Psychiatric Facility Quality Reporting Program Manual

Impacts: Title Page

Rationale: Updating the version number and adding explanation of the effective date will allow users to determine which manual is relevant to the discharge period in question.

Description of Changes:

Change to Version 4.1 – Publication date: December 20, 2018

Change to Effective date(s): January 1, 2019

(All data that are to be reported to CMS in Calendar Year 2020)

NOTICES AND DISCLAIMERS

Impacts: Notices and Disclaimers Page

Rationale: No longer relevant to the IPFQR Program Manual.

Description of Changes:

Remove the Notices and Disclaimers page.

Section 1 – CMS Inpatient Psychiatric Facility Quality Reporting Program

Impacts: Overview

Rationale: Provides clarification about the IPFQR Program as a pay-for-reporting program as well as additional details regarding the intent of the IPFQR Program Manual.

Description of Changes:

Change the text to:

The Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program was developed as mandated by section 1886(s)(4) of the Social Security Act and amended by Sections 3401(f) and 10322(a) of the Affordable Care Act (Pub. L. 111–148). It was implemented on October 1, 2012, as a Centers for Medicare & Medicaid Services (CMS) pay-for-reporting program. As a pay-for reporting program, eligible inpatient psychiatric facilities (IPFs) must meet all program requirements annually to obtain the full annual payment update (APU) for the upcoming fiscal year (FY). Eligible IPFs that do not meet one or more IPFQR Program requirements will be subject to a two-percentage point reduction to the APU.

The IPFQR Program is intended to equip consumers with quality of care information to make more informed decisions about health care options. It is also intended to encourage psychiatric facilities and clinicians to improve the quality of inpatient care provided to patients by ensuring that providers are aware of and reporting on best practices for their respective facilities and type of care. To meet the IPFQR Program requirements, IPFs are required to collect and submit all quality measures to CMS in the form, manner, and time as specified by the Secretary, which began with the FY 2014 APU and continues in subsequent fiscal years.

This program manual is intended for use as a reference to assist in the implementation of the program and is effective as of the date listed on the cover page of this document. Each section of the manual provides detailed instructions for completing the steps necessary for successful implementation of the IPFQR Program. The sections include the following:

- CMS Inpatient Psychiatric Facility Quality Reporting Program Measure Details
- *QualityNet* Registration
- Vendor Authorization
- Notice of Participation
- Data Accuracy and Completeness Acknowledgement
- Accessing and Reviewing Reports
- Public Reporting of IPFQR Data
- Resources
- Appendices

Impacts: Glossary of Terms

Rationale: Provides more comprehensive list of terms used in the manual.

Description of Changes:

Added the following terms and their definitions: 24-hour/7-day contact information including physician for emergencies related to inpatient stay; Advance directive; Advance directives or surrogate decision maker documented OR documented reason for not providing advance care plan; Aftercare; Against Medical Advice (AMA); Alphabetical Data Dictionary; Allowable Value; Augmentation of Clozapine; Caregiver; Contact information for obtaining results of studies pending at discharge; Contact information/plan for follow-up care; Current medication list; Data Element; Data Entry; Data Transmission; Denominator Statement; Discontinued care, Documented reason for not providing advance care plan; Elopement; Episode of Care (EOC); ICD-10 Codes; Inpatient facility; Inpatient Psychiatric Facility (IPF); Inpatient Psychiatric Services; Leave day; Low-density Lipoprotein (LDL); Major procedures and tests performed during inpatient stay and summary of results; Measure Information Algorithm; Monotherapy; Multiple Antipsychotic Medications; Next Level of Care; Notes for Abstraction; Numerator Statement; Patient instructions; Percentile; Performance Measure; Physical Restraint; Plan for follow-up care; Primary physician, other health

care professional, or site designated for follow-up care; Principal diagnosis at discharge; Range; Rate; Ratio; Reason for IPF admission; Risk Adjustment; Risk Factor; Routinely Scheduled Medications; Seclusion; Studies pending at discharge; Subset Measure; Suggested Data Sources; Surrogate Decision Maker; Transition record; Transmitted; Unable to be determined (UTD); Within 24 hours of discharge.

Change last sentence in the definition of the term Advance directive to: Information on the Patient Self-Determination Act (PSDA) (<http://www.nrc-pad.org/images/stories/PDFs/fedaddirectives2a.pdf>), the components of a Psychiatric Advance Directive (PAD) (<http://www.samhsa.gov/section-223/governance-oversight/directives-behavioral-health>), and a sample PAD are in Appendix A of this manual.

Change second sentence in definition of the term Contact information/plan for follow-up care to:

For patients discharged to an inpatient facility, all four of the following elements are to be discussed between the discharging and the receiving facilities.

Added “having an” and “a” to the definition of the term Documented reason for not providing advance care plan.

Change definition of the term Inpatient Psychiatric Facility (IPF) to: A psychiatric hospital or a certified unit in an acute care or CAH which is primarily engaged in providing psychiatric services for the diagnosis and treatment of mentally ill persons.

Change definition of the term Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) to:

A payment system for psychiatric hospitals and certified psychiatric units in acute care hospitals established by Section 124 of the Medicare, Medicaid, and State Children’s Health Insurance Program Balanced Budget Refinement Act of 1999 (BBRA). The BBRA was amended by Section 405(g)(2) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) to extend the IPF PPS to certified psychiatric units in Critical Access Hospitals. The BBRA established a per diem prospective payment system for IPFs that includes an adequate patient classification system that reflects the differences in patient resource use and costs among psychiatric hospitals and certified psychiatric units. Facilities paid under this system are required to report under the CMS IPFQR Program.

Change definition of the term Inpatient Psychiatric Services to: Inpatient psychiatric services include care provided to a patient for a mental disorder while hospitalized in a certified psychiatric unit of an acute care hospital, CAH, or a free-standing psychiatric hospital. Services rendered to outpatients or “day treatment” patients are not considered inpatient psychiatric services.

Change first sentence in the definition of transition record to:

A core, standardized set of data elements consolidated into a single document related to 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 health care professional providing follow-up care.

Change second paragraph in the definition of transition record to:

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, all four of the following elements must be discussed with the receiving facility to be included in the numerator for the Transition Record with Specified Elements Received by Discharged Patients measure:

Change the last two sentences after definition of Within 24 hours of discharge to:

This means the facility should complete the transmission by 6/3/2017 at 08:23 a.m.

Remove the following terms and their definitions: Sampling Size; Strata; Stratified Measure

Remove the following statement from the definition of the terms Sampling Method and Systemic Random Sampling: Refer to the "Sampling Approaches" discussion in the Population and Sampling Specifications section of the respective manuals for further information.

Impacts: Proposed Rule and Final Rule Publication Site

Rationale: Provides accurate title for past final rules pertaining to the IPFQR Program.

Description of Changes:

Change the first three paragraphs to:

Every year, CMS publishes proposed program and policy changes to the IPFQR Program in early spring. The proposed changes are published to the *Federal Register* and are open to the public for review and comment for 60 days. CMS also provides notices through the *QualityNet* website and the IPFQR Program ListServe to ensure broad awareness. Following the comment period, CMS summarizes the comments and responds to them in the final rule. The final rule is published in mid-summer.

The IPFQR Program was implemented with the FY 2013 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule, published August 31, 2012. Information for the IPFQR Program begins on page 53644 (direct download, 15.1 MB): <http://www.gpo.gov/fdsys/pkg/FR-2012-08-31/pdf/FR-2012-08-31.pdf>.

The FY 2014 IPPS/LTCH PPS Final Rule was published August 19, 2013. The rule contained updated information applicable for FY 2015 and beyond. Information for the IPFQR Program begins on page 50887 (direct download, 12.5 MB): <http://www.gpo.gov/fdsys/pkg/FR-2013-08-19/pdf/2013-18956.pdf>.

Change the second to last paragraph to:

The FY 2018 IPPS/LTCH PPS 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>.

Add information about the current FY 2019 IPF PPS Final Rule:

The FY 2019 IPF PPS Final Rule was published on August 6, 2018. The rule contained changes to the IPFQR program applicable for FY 2019 and beyond. Information for the IPFQR Program begins on page 38576 (direct download, 685 KB): <https://www.gpo.gov/fdsys/pkg/FR-2018-08-06/pdf/2018-16518.pdf>.

Impacts: IPFQR Program Requirements

Rationale: The Program requirements have been updated to reflect changes finalized in the FY 2019 IPF PPS Final Rule.

Description of Changes:

Remove FY 2019 program requirements

Remove sub-header FY 2019 and Subsequent Years

Change last sentence in #1 to:

“CMS recommends that each IPF have at least two SAs, so one can serve as a backup.”

Change #3 to:

- Newly participating facilities must start collecting measure data at the beginning of the first quarter following submission of the NOP.
- The measure reporting period is January 1 through December 31 for all chart-abstracted measures, except the Influenza Immunization (IMM-2) measure. See next bullet for more information.
- For the IMM-2 measure, the reporting period is October 1 through March 31 of the following year.

Change #4 to:

- The chart-abstracted IPF quality measures data and non-measure data are due during the annual data submission period, July 1 through August 15, unless directed otherwise via the IPFQR Program ListServe.

NOTE: The claims-based measures will be calculated by CMS using Medicare fee-for-service (FFS) Parts A and B claims data; therefore, no action is required by IPFs for these measures.

Change #5 to:

- Complete the DACA by the annual August 15 submission deadline, unless directed otherwise via the IPFQR Program ListServe.

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 and the National Committee for Quality Assurance (NCQA).**

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 2021 annual payment update, the data collected are for CY 2019 for most measures. This requires the facility to reference the appropriate version of the [Specifications Manual for National Hospital Inpatient Quality Measures](#) that applies to the data collection time period. Refer to the following table to access detailed measure specifications for current IPFQR Program measures

Change IPFQR Program Measures listed in row 1 of Table 1:

Specification Resources for IPFQR Program Measures to “TOB, SUB, and IMM-2 measure sets”

Remove row 3 of Table 1:

Specification Resources for IPFQR Program Measures referencing the NHSN and Influenza Vaccination Among Healthcare Personnel measure.

Change hyperlink for the Care Transitions – Performance Measurement Set specifications resource in Table 1: Specification Resources for IPFQR Program Measures to:

https://cdn.ymaws.com/www.thepcpi.org/resource/resmgr/Care_Transitions_updated_mea.pdf

Change hyperlink in the last row of Table 1: Specification Resources for IPFQR Program Measures to [IPFQR Program Manual - Appendix B](#)

Change paragraph after Table 1: Specification Resources for IPFQR Program Measures to the following:

To compare content in this version of the IPFQR Program Manual to the previous version, review the Release Notes document associated with this version of the manual, available at the following websites:

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

Impacts: Measure Abstraction

Rationale: The General Measure Abstraction Guidance sub-section was added to provide clarification on measure abstraction expectations.

Description of Changes:

Add General Measure Abstraction Guidance sub-header with the following content: 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.

Measure Removal and Retention Criteria

Add “In the FY 2019 IPF PPS Final Rule, CMS added measure removal Factor 8 to the IPFQR Program.” to the end of the first paragraph.

Change list of measure removal factors from bullets to numerals.

Add measure removal Factor 8 to the bottom of the list:

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

Change first bullet below third paragraph to: The measure aligns with other CMS and HHS policy goals.

Change first sentence of the fourth paragraph to:
CMS will consider these removal and retention factors when examining the benefits and drawbacks of removing measures on a case-by-case basis, but these factors do not necessarily preclude the use of other considerations in making such determinations.

Inpatient Psychiatric Facility Quality Measures

Change sub-header to FY 2020 and Subsequent Years

Change text below FY 2020 and Subsequent Years to:

In the FY 2019 IPF PPS Final Rule, CMS removed five measures from the IPFQR Program, effective for FY 2020 payment determination and subsequent years.

Three chart-abstracted measures:

- Alcohol Use Screening (SUB-1)
- Tobacco Use Screening (TOB-1)
- Influenza Vaccination Among Healthcare Personnel (HCP)

Two attestation measures:

- Assessment of Patient Experience of Care
- Use of Electronic Health Record

The TOB-1 measure was removed under measure removal Factor 1 because performance among IPFs is so high and unvarying that meaningful distinctions and improvements in performance can no longer be made. The SUB-1, Influenza Vaccination Among HCP, Assessment of Patient Experience of Care, and Use of Electronic Health Record measures were removed under measure removal Factor 8 because the costs associated with the measures outweigh the benefits of retaining those measures in the IPFQR Program.

The following table lists all IPFQR Program measures for FY 2020 and subsequent years.

Change title of Table 2 to Table 2: IPFQR Program Measures for FY 2020 and Subsequent Years

Remove the following measures from Table 2: IPFQR Program Measures for FY 2020 and Subsequent Years, per the FY 2019 IPF PPS Final Rule: Alcohol Use Screening, Tobacco Use Screening, Assessment of Patient Experience of Care, Use of an Electronic Health Record, and Influenza Vaccination Coverage Among Healthcare Personnel (HCP)

Change Transition Record with Specified Elements Receive by Discharged Patients to Transition Record with Specified Elements Received by Discharged Patients in the Measure ID column of Table 2: IPFQR Program Measures for FY 2020 and Subsequent Years.

Identifying the IPFQR Patient Population

Change sub-header to: **Identifying the IPFQR Program Patient Population**

Change first paragraph to:

The initial selection of cases (i.e., patient medical records) intended for data abstraction under the IPFQR Program must be all patients (i.e., Medicare and non-Medicare patients) receiving care in a psychiatric hospital or psychiatric unit paid under IPF PPS.

Identifying the IPFQR Program Patient Population: Identifying the Initial Patient Population

Change the first two bullets to:

- HBIPS measure IPP details are found in the [Specifications Manual for Joint Commission National Quality Measures](#).
- SUB, TOB, and IMM measure IPP details are found in the [Specifications Manual for National Hospital Inpatient Quality Measures](#) (Section 2 – Measure Information, Section 2.10 Prevention).

Add sub-bullets to the third bullet:

- A list of codes for denominator inclusions (eligible population) and denominator exclusions can be found in the Technical Specifications: Administrative Data section of the [Care Transitions Performance Measurement Set](#) document on pages 27–30.
- These codes can be used to facilitate integration of the transition record measures into the EHR used by IPFs. As noted in the specifications on page 27, “Facilities are responsible for determining the appropriate use of codes.”

Event Measures (HBIPS-2 and HBIPS-3)

Change first and second paragraphs to:

All patients within an IPF reimbursed under the IPF PPS during the reporting quarter are included in the IPP for events.

Facilities must use the entire IPP for reporting, including all payer sources (Medicare and non-Medicare). The event measures (HBIPS-2 and HBIPS-3) **are not eligible for sampling**.

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

Change sub-header to:

SUB, TOB, IMM, Transition Record and Screening for Metabolic Disorders Measures Population

Change paragraph to:

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

Remove NOTE: 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 first paragraph and note to:

IPFs are **not** required to sample. IPFs submit data for either a complete population of cases or a random sample for each of the measure sets covered by the quality measures. Per the FY 2016 IPF PPS Final Rule, IPFs are no longer required to report measure data by quarter and age strata. If the IPP size does not exceed the minimum number of cases per year for the measure set, the facility must submit 100% of the IPP.

NOTE: Sampling is not allowed for the HBIPS-2 and HBIPS-3 measures.

Change sub-header to: ***FY 2020 Payment Determination and Subsequent Years***

Change first paragraph to:

Data collected pertaining to IPF discharges during CY 2018 will be reported to CMS in 2019 and impact FY 2020 payment determination. IPF discharges during CY 2019 (except IMM-2 data which is collected October 2019 through March 2020) will be reported to CMS in 2020 and impact the FY 2021 payment determination. IPFs will have two options for sampling measure data. Either sampling option may be used only after a measure's IPP is determined

Change second bullet under Option 1 to:

[*Specifications Manual for National Hospital Inpatient Quality Measures*](#)

SUB, TOB, IMM-2, Transition Record, and the Screening for Metabolic Disorders measures.

NOTE: The sampling guidelines in the *Specifications Manual for National Hospital Inpatient Quality Measures* can be applied to the Transition Record measures and Screening for Metabolic Disorders measures even though those measures are not listed in that manual.

Change last sentence in paragraph for Option 2 to:

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, TOB, IMM-2, Transition Record, and the Screening for Metabolic Disorders.

Chart Abstraction

Change last sentence in first paragraph to:

The facility must also have access to the data definitions from the associated specifications manual to ensure the collection of valid and reliable data. Refer to the Resources section of this manual for more information about the paper-based data collection tools.

Chart-Based Measures: HBIPS-2, -3, and -5

Change second paragraph under HBIPS-2: Hours of Physical Restraint Use, after the denominator statement, to:

The denominator is calculated by subtracting the total number of leave days from the total number of inpatient days and multiplying the result by 24 to convert to hours. However, when reporting data to CMS, IPFs should provide the denominator value for the HBIPS-2 measure in days. CMS will convert the data from days to hours prior to calculating the HBIPS-2 measure rate.

Change second paragraph under HBIPS-3: Hours of Seclusion Use, after the denominator statement, to:

The denominator is calculated by subtracting the total number of leave days from the total number of inpatient days and multiplying the result by 24 to convert to hours. However, when reporting data to CMS, IPFs should provide the denominator value for the HBIPS-3 measure in days. CMS will convert the data from days to hours prior to calculating the HBIPS-3 measure rate.

Change first sentence in the first paragraph under HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification to:

This measure's data are collected from those patients discharged on multiple antipsychotics and are reported as the rate of patients discharged on multiple antipsychotics with appropriate justification.

Change last sentence in the third paragraph under HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification to:

The measure excludes patients who died, patients with an unplanned departure resulting in discharge due to elopement, patients with an unplanned departure resulting in discharge due to failing to return from leave, and patients with a length of stay (LOS) less than or equal to three days.

Chart-Based Measures: SUB, TOB, IMM-2, Transition Record, and Screening for Metabolic Disorders

Change sub-header to ***Chart-Based Measures: SUB, TOB, IMM-2, Transition Record, and Screening for Metabolic Disorders Measures***

Add text box after first paragraph:

In the FY 2019 IPF PPS Final Rule, the SUB-1 measure was removed from the IPFQR Program for FY 2020 and subsequent payment determination years. Therefore, SUB-1 will **no longer** be reported to CMS starting with January 1, 2018 discharges. Refer to the applicable measure abstraction paper tool for SUB-1 guidance that will assist with the data collection process for the SUB-2/-2a and SUB-3/-3a measures.

Remove SUB-1: Alcohol Use Screening overview, numerator statement, and denominator statement.

Remove SUB-1 from the statement after the SUB-3/-3a measure overview, numerator statement, and denominator statement.

Add text box after the SUB-3/-3a measure overview, numerator statement, and denominator statement.

In the FY 2019 IPF PPS Final Rule, the TOB-1 measure was removed from the IPFQR Program for FY 2020 and subsequent payment determination years. Therefore, TOB-1 will **no longer** be reported to CMS starting with January 1, 2018 discharges. Refer to the applicable measure abstraction paper tool for TOB-1 guidance that will assist with the data collection process for the TOB-2/-2a and TOB-3/-3a measures.

Remove TOB-1: Tobacco Use Screening overview, numerator statement, and denominator statement.

Change last sentence in second paragraph under Transition Record with Specified Elements Received by Discharged Patients to:

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, all four of the following elements must be discussed with the receiving facility to be included in the numerator for the Transition Record with Specified Elements Received by Discharged Patients measure:

Change third paragraph under Transition Record with Specified Elements Received by Discharged Patients to:

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 including, at a minimum, all the following elements:

Change third paragraph under Timely Transmission of Transition Record to:
The **numerator** includes patients for whom the transition record, as specified in the Transition Record with Specified Elements Received by Discharged Patients measures, was transmitted to the facility (including inpatient facilities) or primary physician or other health care 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.

Change last two sentences under Timely Transmission of Transition Record to:
Please refer to the definitions provided in the Glossary of Terms section of this manual for additional guidance pertaining to the required elements for the Transition Record measures.

For measure information, please refer to the measure specifications for Transition Record of Specified Elements Received by Discharged Patients (NQF #0647) and Timely Transmission of Transition Record (NQF #0648) measures, which can be downloaded from the NQF website:

<http://www.qualityforum.org/ProjectMeasures.aspx?projectID=83375>.

Remove the acronyms AACE and NAASO in the second paragraph after Screening for Metabolic Disorders.

Change the third paragraph after Screening for Metabolic Disorders to:
The Screening for Metabolic Disorders measure was developed to assess the percentage of patients discharged with at least one antipsychotic from an IPF for which a structured metabolic screening for four elements was completed in the past year.

Change the fourth and fifth paragraphs after Screening for Metabolic Disorders to:
The **numerator** is the total number of patients who received a metabolic screening either prior to, or during, the index IPF stay. The screening must contain four tests: (1) body mass index (BMI); (2) blood pressure; (3) blood glucose or HbA1c; and (4) a lipid panel. The screening must have been completed at least once in the 12 months prior to the patient's date of discharge. Screenings can be conducted either at the reporting facility or at another facility for which records are available to the reporting facility.

The **denominator** includes IPF patients discharged with one or more routinely scheduled antipsychotic medications during the measurement period. The measure excludes patients for whom a screening could not be completed within the stay due to the patient's enduring unstable medical or psychological condition and patients with a LOS equal to or greater than 365 days or equal to or less than three days.

Change the 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 B of this program manual

Claims-Based Measures**Change** sub-header to ***Claims-Based Measure: Follow-Up After Hospitalization for Mental Illness (FUH)*****Change** second and third paragraphs to:

The reporting period used to identify cases in the denominator is 12 months. The reporting period begins on July 1 and ends on June 30 of the following year. Data from July 1 through July 30 of the following year are used to identify follow-up visits in the numerator.

CMS will calculate the measure using Part A and Part B claims data received by Medicare for payment purposes. CMS will calculate this measure by linking Medicare FFS claims submitted by IPFs and subsequent outpatient providers for Medicare FFS IPF discharges. This approach requires no additional data collection or reporting by IPFs. Completion of this measure does not affect an IPF's payment determination.

Change sub-header to ***Claims-Based Measure:30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)*****Change** text under the Claims-Based Measure:30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF) sub-header to:

This measure estimates an unplanned, 30-day, risk-standardized readmission rate for adult Medicare FFS patients with a principal discharge diagnosis of a psychiatric disorder or dementia/Alzheimer's disease. This measure reflects the quality of care provided to patients at IPFs by providing a reliable comparison between an individual IPF risk-standardized readmission rate and a national readmission rate.

The reporting period used to identify index admissions is 24 months. The reporting period begins on July 1 and ends on June 30 two years later. Data from July 1 through July 30 two years later are used to identify readmissions.

CMS will calculate the measure using Part A and Part B claims data received by Medicare for payment purposes. Part A data are used to identify index admissions, readmissions, and some risk factors. Part B data are used to identify additional risk factors. This approach requires no additional data collection or reporting by IPFs. Completion of this measure does not affect an IPF's payment determination.

Refer to Section 9: Resources - Claims-Based Measure Specifications of this program manual for information on finding a claims-based measure specifications document on the [QualityNet](#) and [Quality Reporting Center](#) websites.

Remove the sub-headers **Attestations**, **Assessment of Patient Experience of Care**, **Use of Electronic Health Record**, and **NHSN Collected Measure: Influenza Vaccination Coverage Among Health Care Personnel (HCP)** as well as associated text.

Data Submission**Change** first sentence to:

The following tables list information pertinent to data submission for the FY 2020 and FY 2021 payment determinations.

Remove Table 4: IPFQR Program Measures for FY 2019 Payment Determination and the subsequent footnote

Change Table 5: IPFQR Program Measures for FY 2020 Payment Determination to Table 4: IPFQR Program Measures for FY 2020 Payment Determination and remove information pertaining to the following measures: SUB-1: Alcohol Use Screening, TOB-1: Tobacco Use Screening, Influenza Vaccination Coverage Among Healthcare Personnel, Use of Electronic Health Record, and Assessment of Patient Experience of Care.

Change measure name at bottom of Table 4 to 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF

Remove footnote below Table 4.

Change text below Table 4 to:

NOTE: The reporting period for the IMM-2 measure crosses over two calendar years, from October 1, 2018, through March 31, 2019, for the FY 2020 payment determination.

Add Table 5: IPFQR Program Measures for FY 2021 Payment Determination

Add text below Table 5:

NOTE: The reporting period for the IMM-2 measure crosses over two calendar years, from October 1, 2019, through March 31, 2020, for the FY 2021 payment determination.

Change sub-header to ***Submission of Non-Measure Data/Population Counts***

Change text below the Submission of Non-Measure Data/Population Counts sub-header to:

Beginning with the FY 2017 payment determination and subsequent years, CMS requires non-measure data as an aggregate, yearly count. It is vital for IPFs to accurately determine and submit general population data for CMS to assess data reporting completeness for their total population, both Medicare and non-Medicare. This information is expected to improve the ability of CMS to interpret measure results and assess the relevance and impact of potential future measures. Understanding that the size of subgroups of patients addressed by a particular measure varies over time could be helpful in assessing the stability of reported measure values and in subsequent decision-making concerning measure retention. Similarly, better understanding of the size of particular subgroups in the overall population will assist CMS in making choices among potential future measures specific to a particular subgroup (e.g., patients with depression).

IPFs are to acknowledge whether they used the global sampling methodology (described on page 18 of this program manual) to sample any of the applicable measures collected for submission in 2020.

Refer to Section 9: Resources - Paper Tools of this program manual to find links to an optional non-measure data collection paper tool and other helpful resources on the [QualityNet](#) and [Quality Reporting Center](#) websites.

Change text below the Submission Information sub-header to:

IPFs submit measure and non-measure data submissions as well as complete the DACA form via the web-based data collection tool (WBDCT) located on the *QualityNet Secure Portal*. The only measure data not submitted via the WBDCT are the FUH and the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF measures (claims-based, calculated by CMS).

Change text in step 4 to:

Select the appropriate payment year from the drop-down menu (i.e., for data collected in CY 2019 to be entered in 2020, select Payment Year 2021). On the landing page of the WBDCT, there are hyperlinks to the data submission pages and the DACA form. The submission status will remain “Incomplete” until data are entered and saved for each submission page. The screenshot below illustrates the hyperlinks to the submission pages, which will appear in a single row across the screen

Remove text following step 4 pertaining to guidance for responding to global sampling question in the web-based data collection tool (WBDCT).

Add Non-Measure Data/Population Counts sub-header and subsequent image

Remove sub-headers and WBDCT images for the following measures: Assessment of Patient Experience of Care, Use of an Electronic Health Record, SUB-1: Alcohol Use Screening, TOB-1: Alcohol Use Screening.

Change text below the IMM-2: Influenza Immunization Information image to:

A **Calculate** button will appear at the bottom of the data entry pages for the following measures: HBIPS-2, -3, -5; SUB-2/-2a, -3/-3a; TOB-2/-2a, -3/-3a; and IMM-2. Data must be entered in all required fields before the **Calculate** button is selected. After the **Calculate** button is selected, click the **Submit** button to save the measure data.

Add two sentences at the beginning of the description under the DACA sub-header:

The DACA form is updated annually to address the payment determination year impacted by the current data submission period (July 1–August 15). The updated form is accessible only during the annual data submission period. The screenshot below of the FY 2019 DACA is provided as an example for your reference.

SECTION 3: *QualityNet* Registration

Impacts: *QualityNet* registration process

Rationale: The information was updated to provide clarification on completing *QualityNet* registration.

Description of Changes:

Add images throughout Section 3 to align with current webpages on *QualityNet*.

Remove the step “Select the **Log In** button or **Login** link” from under the sub-header ***QualityNet Secure Portal Access***.

Add the following steps under the sub-header ***QualityNet Secure Portal Access***:

5. The *Choose Your QualityNet Destination* page will open. From the *Select Your QualityNet Destination* drop-down menu, select **Inpatient Psychiatric Facility Quality Reporting Program**.
6. After selecting Inpatient Psychiatric Facility Quality Reporting Program, select the **Let’s Go** button.

Change the first sentence after the ***Enrolling the Credentials*** sub-header to:
To enroll credentials, access the *Enroll Your Two-Factor Credential with QualityNet* page. After, entering identity questions, the penultimate step is to *Enroll Your Credentials*.

Add the following steps in the ***Logging In to the QualityNet Secure Portal*** process

2. The *Choose Your QualityNet Destination* page will open. From the *Select Your QualityNet Destination* drop-down menu, select **Inpatient Psychiatric Facility Quality Reporting Program**.
3. After selecting Inpatient Psychiatric Facility Quality Reporting Program, select the **Let’s Go** button.

Remove the step “Select the **Log In** button or **Login** link” from under the sub-header ***Logging In to the QualityNet Secure Portal***.

SECTION 4: Vendor Authorization

Impacts: Vendor Authorization

Rationale: The information was updated to provide clarification on the vendor authorization process.

Description of Changes:

Add images after step 4 pertaining to adding a new vendor authorization or updating an existing vendor authorization.

Change second paragraph under **Recommendations** sub-header in step 7 to:
If you are terminating a vendor relationship at the end of a submission period, CMS recommends that you do not enter the submission deadline date as the Data

Transmission Date > End Date due to the possibility of a submission date extension. CMS recommend that you enter the Data Transmission Date > End Date when all data have been transmitted.

Change “as desired” in step 8 to “correct.”

Add images after step 8 pertaining to confirmation of adding a new vendor authorization or updating an existing vendor authorization.

SECTION 6: Data Accuracy and Completeness Acknowledgment

Impacts: DACA for the IPFQR Program

Rationale: The information was updated to indicate that the screenshot is provided for illustrative purposes.

Description of Changes:

Add the following note:

NOTE: The DACA form is updated annually to address the payment determination year impacted by the current data submission period (July 1–August 15). The updated form is accessible only during the annual data submission period. The screenshot below of the FY 2019 DACA is provided as an example for your reference.

SECTION 8: Public Reporting of IPFQR Data

Impacts: Public reporting for the IPFQR Program

Rationale: The information was updated to align with recent changes to the Hospital Compare Preview period resources.

Description of Changes:

Change paragraphs under the **Preview** sub-header to:

Prior to the public release of data on CMS website, facilities are given the opportunity to preview data for 30 days. Preview reports and Claims-based measure (CBM) IPF-Specific Reports (ISRs) will be accessible for download by the facility, via the *QualityNet Secure Portal*. Providers will be notified via list serve and on the [QualityNet](#) home page when the reports are available.

Preview Reports and ISRs are delivered separately although generally during the same time frame. CBM results will be displayed in the same location on *Hospital Compare* (i.e., SOCRATA table) as the results for other measure data. Non-measure data are not publicly displayed on *Hospital Compare*.

Add sub-section **IPF-Specific Reports (ISRs) for Claims-Based Measures** under the **Preview** with the following text:

Starting in FY 2019, the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program will provide inpatient psychiatric facilities (IPFs) with IPF-Specific Reports (ISRs) for claims-based measures.

ISRs allow IPFs to review the information that will be publicly reported in January 2019 for the Follow-Up After Hospitalization for Mental Illness and Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF measures which are calculated by Centers for Medicare & Medicaid Services (CMS) using administrative claims data. ISRs also contain **confidential** information that is not available to the public, like the beneficiary level claims data and risk factors used to calculate the measures, to help inform quality improvement activities.

Registered users who have been assigned the Hospital Reporting Feedback - IPFQR role and the File Exchange and Search role will receive an Auto Route File Delivery Notification email indicating that the ISRs are available. The files will be available for download for 60 days. New users can create an account by visiting www.QualityNet.org/.

Resources with instructions on how to download and interpret your data are available on the IPFQR Program Resources and Tools page on <https://www.QualityReportingCenter.com/>.

The claims-based measures *ISR Help Guide: Inpatient Psychiatric Facility Quality Reporting Program* is a tool that provides detailed information about the ISR. Some of the highlights include:

- Instructions on how to access ISRs
- Details about the ISRs

A one-page quick reference guide is also available to provide an overview of the Claims-Based Measure Confidential Review Period. The IPFQR Claims-Based Measures ISR Reference Guide contains detailed instructions on how to download your ISRs and the Claims-Based Measure Specifications document contains information on how each measure was calculated for FY 2019.

Change the first two steps under **Access IPFQR Program Data Tables** sub-header to:

1. Access the [Medicare Hospital Compare Search](http://medicare.gov/hospitalcompare/search.html) webpage (<http://medicare.gov/hospitalcompare/search.html>)
2. In the “Spotlight” section, click on the link to access updated IPFQR measures.

NOTE: The “Find a hospital” function does not provide access to the quality measures submitted by IPFs. The screenshot below highlights the link to access IPFQR data on the *Hospital Compare* home page.

Remove screenshots from the *Medicare.gov* landing page after step 1.

Add the following statement in a third bullet after step 3:
Below is a screenshot of the top portion of the Inpatient Psychiatric Facility Quality Reporting Program landing page for your reference.

Impacts: Specifications Manuals for measures in the IPFQR Program

Rationale: The information was updated to include a hyperlink to the specifications document for the Transition Record measures.

Description of Changes:

Add hyperlink and instructions to access specifications for the Transition Record measures:

Care Transitions – Performance Measurement Set

To access this document for specific detailed information for the Transition Record measures, use the following link:

https://cdn.ymaws.com/www.theppci.org/resource/resmgr/Care_Transitions_updated_mea.pdf

APPENDIX A – Components of the Specifications Manual for National Hospital Inpatient Quality Measures and the Specifications Manual for Joint Commission National Quality Core Measures

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

Rationale: Relevant terms pertaining to components of the Specifications Manual for National Hospital Inpatient Quality Measures and the Specifications Manual for Joint Commission national Quality Core Measures are defined in the Glossary of Terms section of the manual.

Description of Changes:

Remove Appendix A

APPENDIX B – Psychiatric Advance Directives (PAD)

Impacts: PAD information for the Transition Record measures

Rationale: Removal of Appendix A – Components of the Specifications Manual for National Hospital Inpatient Quality Measures and the Specifications Manual for Joint Commission National Quality Core Measures changes letter assignment for subsequent appendices.

Description of Changes:

Change Appendix B – Psychiatric Advance Directives (PAD) to Appendix A – Psychiatric Advance Directives (PAD)

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

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

Rationale: Guidance on how to identify the IPP for the Transition Record measures is described in Section 2: Measure Details under **Identifying the Initial Patient Population**.

Description of Changes:

Remove Appendix C

APPENDIX D – Screening for Metabolic Disorders

Impacts: Screening for Metabolic Disorders

Rationale: Removal of Appendix A – Components of the Specifications Manual for National Hospital Inpatient Quality Measures and the Specifications Manual for Joint Commission National Quality Core Measures and Appendix C – IPP for the Transition Record Measures changes the letter assignment for subsequent appendices.

Description of Changes:

Change Appendix D – Screening for Metabolic Disorders to Appendix B – Screening for Metabolic Disorders.

Impacts: Measure Information Form

Rationale: The description of the measure was updated to provide clarification.

Description of Changes:

Change the description of the measure to:

Percentage of patients discharged from an Inpatient Psychiatric Facility (IPF) with a prescription for one or more routinely scheduled antipsychotic medications for which a structured metabolic screening for four elements was completed in the 12 months prior to discharge—either prior to or during the index IPF stay.

Change the first sentence in the second paragraph of the measure rationale to:

In 2004, a consensus statement was released by the ADA, the APA, the AACE, and the North American Association for the Study of Obesity regarding an association between the use of specific SGAs and diabetes and obesity.