IPFQR Program:
FY 2024 IPF PPS Proposed Rule

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Purpose

This presentation will summarize the proposed updates to the IPFQR Program, as outlined in the Fiscal Year (FY) 2024 Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) Proposed Rule.

Learning Objectives

Attendees will understand the FY 2024 IPF PPS Proposed Rule's proposed changes to the IPFQR Program and know how to submit a public comment.

Overview

Functions of the Proposed Rule

Publication of the FY 2024 IPF PPS Proposed Rule enables CMS to:

- Inform IPFQR Program participants about intended modifications to the program.
- Solicit public comment on proposed changes.
- Provide ample time for IPFs to prepare for potential program changes.

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Summary of Proposed Changes
Measures to be Added

CMS proposes to adopt four new measures into the IPFQR Program:

1. Facility Commitment to Health Equity
2. Screening for Social Drivers of Health
3. Screen Positive Rate for Social Drivers of Health
4. Psychiatric Inpatient Experience (PIX) Survey

Summary of Proposed Changes
Measures to be Removed

CMS proposes to remove the following measures from the IPFQR Program:

1. Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification Hospital-Based Inpatient Psychiatric Services (HBIPS)-5 measure

2. Tobacco Use Brief Intervention Provided or Offered and Tobacco Use Brief Intervention Provided (TOB-2/-2a) measures

Acronyms 7

Summary of Proposed Changes
Measure to be Updated

CMS proposes to update the COVID-19 Vaccination Coverage Among Healthcare Personnel (COVID HCP) measure, beginning with data for the fourth quarter of 2023, impacting FY 2025 payment determination and subsequent years.

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Summary of Proposed Changes

CMS proposes to establish a data validation pilot for data collected in calendar year (CY) 2024, submitted in 2025, and continuing until a full data validation program is proposed and adopted in future rulemaking.

Acronyms

IPFQR Program Areas Without Proposed Changes

In this proposed rule, CMS is not proposing any changes to these previously finalized items:

- Public Display and Review Requirements
  - Reporting Requirements for the FY 2024 Payment Determination
  - Quality Measure Sampling Requirements
  - Non-Measure Data Collection
  - Data Accuracy and Completeness Acknowledgement (DACA) Requirements
- Reconsideration and Appeals Procedures
- Extraordinary Circumstances Exceptions (ECE) Policy

Acronyms

Measures Proposed for Adoption

Measures Proposed for Adoption

Previously adopted by the Hospital Inpatient Quality Reporting (IQR) Program in the FY 2023 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) PPS Final Rule:

1. Facility Commitment to Health Equity

2. Screening for Social Drivers of Health

3. Screen Positive Rate for Social Drivers

Unique to the IPFQR Program:

4. Psychiatric Inpatient Experience (PIX) Survey

Acronyms

Measures Proposed for Adoption
Facility Commitment to Health Equity

The Facility Commitment to Health Equity measure assesses an IPF's commitment to health equity using five equity-related attestation statements in the following domains:

- Equity is a Strategic Priority

- Data Collection

- Data Analysis

- Quality Improvement

- Leadership Engagement

Acronyms   13

Measures Proposed for Adoption
Facility Commitment to Health Equity

Numerator: Total number of domain attestations that the IPF can affirm

- If an IPF attests "Yes" to all elements within a domain, then it would receive one point.

- At most, an IPF can receive five points, one for each domain.

Denominator: Equals five (5) for all IPFs as it represents one point for each of the domains.

Sampling: As a structural attestation measure, sampling would not be allowed for this measure.

Acronyms

Measures Proposed for Adoption
Facility Commitment to Health Equity

The measure aligns with the CMS commitment to:

- Support healthcare organizations in building a culture of safety and equity that focuses on educating and empowering their workforce to recognize and eliminate health disparities.

- Identify high-priority areas for quality measurement and improvement to assess core issues most critical to high-quality healthcare and improving patient outcomes.

Acronyms

Measures Proposed for Adoption
Facility Commitment to Health Equity

- CMS believes that adoption of this measure would:
  - Incentivize IPFs to collect and utilize data to identify critical equity gaps.
  - Implement plans to address these gaps.
  - Ensure that resources are dedicated toward addressing health equity initiatives.

- CMS proposes to adopt this attestation-based structural measure beginning with attestation in CY 2025, reflecting data collected in CY 2024 and affecting the FY 2026 payment determination.

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Measures Proposed for Adoption
Social Drivers of Health Measures

- CMS aims to adopt two social drivers of health measures:
  - Screening for Social Drivers of Health
  - Screen Positive Rate for Social Drivers
- Adoption of these measures would:
  - Support identification of specific risk factors for inadequate healthcare access and adverse health outcomes among patients.
  - Enable systemic collection of health-related social needs (HRSNs) data.
  - Be the first measurements of social drivers of health in the IPFQR Program.

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Measures Proposed for Adoption
Screening for Social Drivers of Health

The Screening for Social Drivers of Health measure assesses the percent of patients 18 years of age and older screened for the following five domains:

- Food Insecurity
- Housing Instability
- Transportation Problems
- Utility Help Needs
- Interpersonal Safety

The intent of this measure is to promote linkages with relevant community-based services that address HRSNs and support improvements in health outcomes following discharge from the IPF.

Acronyms   18

Measures Proposed for Adoption
Screening for Social Drivers of Health

Numerator: Total number of patients admitted for an IPF stay who are 18 years or older on the date of admission and are screened during their IPF stay for the following five HRSNs:

- Food insecurity
- Housing instability
- Transportation needs
- Utility difficulties
- Interpersonal safety

Denominator: The number of patients who are admitted to an IPF and who are 18 years or older on the date of admission.

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Measures Proposed for Adoption
Screening for Social Drivers of Health

Denominator exclusions include the following:

- Patients who opt-out of screening

- Patients who are themselves unable to complete the screening during their inpatient stay and have no legal guardian or caregiver able to do so on the patient's behalf during their inpatient stay

Sampling: This measure would apply to all patients; therefore, sampling policies would not apply.

Acronyms

Measures Proposed for Adoption
Screening for Social Drivers of Health

Measure Calculation

The result of this measure would be calculated as the number of patients admitted to an IPF stay, who are 18 years or older on the date of admission, screened for all five HRSNs, divided by the number of patients 18 years or older on the date of admission admitted to the IPF.

Acronyms

Measures Proposed for Adoption
Screening for Social Drivers of Health

CMS proposes to adopt this measure for:

- <u>Voluntary</u> reporting, beginning with data collected in CY 2024, which would be reported to CMS in CY 2025.

- <u>Required</u> reporting, beginning with data collected in CY 2025, which would be reported to CMS in CY 2026 for the FY 2027 payment determination.

Acronyms

Measures Proposed for Adoption
Screen Positive Rate for Social Drivers of Health

The Screen Positive Rate for Social Drivers of Health measure assesses the percentage of patients 18 years of age and older who screen positive for one or more of the core HRSNs:

- Food Insecurity

- Housing Instability

- Transportation Problems

- Utility Help Needs

- Interpersonal Safety

The intent of this measure is to promote linkages with relevant community-based services that address HRSNs and support improvements in health outcomes following discharge from the IPF.

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Measures Proposed for Adoption
Screen Positive Rate for Social Drivers of Health

Numerator: Total number of patients admitted for an IPF stay who are 18 years or older on the date of admission, who are screened for an HRSN, and who screen positive for having an unmet need in one or more of the following five HRSNs:

- Food insecurity

- Housing instability

- Transportation needs

- Utility difficulties

- Interpersonal safety

IPFs would report the number of patients who screened positive for having unmet needs in each of the five HRSNs as a separate numerator

Acronyms   24

Measures Proposed for Adoption
Screen Positive Rate for Social Drivers of Health

Denominator: The number of patients admitted to an IPF who are 18 years or older on the date of admission and who are screened for all five HRSNs in the Screening for Social Drivers of Health measure during their IPF stay.

Acronyms

Measures Proposed for Adoption
Screen Positive Rate for Social Drivers of Health

Denominator exclusions include the following:

- Patients who opt-out of screening

- Patients who are themselves unable to complete the screening during their inpatient stay and have no legal guardian or caregiver able to do so on the patient's behalf during their inpatient stay

Sampling: This measure would apply to all patients; therefore, sampling policies would not apply.

Acronyms

Measures Proposed for Adoption
Screen Positive Rate for Social Drivers of Health

Measure Calculation

The result of this measure would be calculated as five separate rates, one for each HRSN.

- For example, to calculate the rate for food insecurity divide the number of patients who screened positive for food insecurity by the number of patients 18 years or older on the date of admission that were screened for all five HRSNs.

- The same calculation would apply for patients who screened positive for housing instability, transportation needs, utility difficulties, and interpersonal safety.

Acronyms

Measures Proposed for Adoption
Screen Positive Rate for Social Drivers of Health

CMS proposes to adopt this measure for:

- <u>Voluntary</u> reporting, beginning with data collected in CY 2024, which would be reported to CMS in CY 2025.

- <u>Required</u> reporting, beginning with data collected in CY 2025, which would be reported to CMS in CY 2026 for the FY 2027 payment determination.

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Measures Proposed for Adoption
Psychiatric Inpatient Experience (PIX) Measure

The PIX survey addresses the gap in publicly available, minimally burdensome, psychometrically validated experience of care surveys specified for the IPF setting.

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Measures Proposed for Adoption
Psychiatric Inpatient Experience (PIX) Measure

The PIX survey:

- Consists of 23 items in four domains:
  - Relationship with Treatment Team
  - Nursing Presence
  - Treatment Effectiveness
  - Healing Environment
- Requires patients to respond to each of the 23 items with strongly disagree, somewhat disagree, neutral, somewhat agree, strongly agree, or does not apply.

Measures Proposed for Adoption
Psychiatric Inpatient Experience (PIX) Measure

The PIX survey:

- Is distributed to patients by administrative staff, beginning 24 hours prior to planned discharge from the IPF.

- Is available in both English and Spanish.

- Can be completed prior to discharge with a paper copy or an electronic version of the survey via tablet computer.

A complete list of survey questions is in the description provided in the Journal of Patient Experience:
https://journals.sagepub.com/doi/full/10.1177/23743735221105671

Measures Proposed for Adoption
Psychiatric Inpatient Experience (PIX) Measure

Measure Cohort

The cohort for this measure includes all patients discharged from an IPF during the reporting period who do not meet one of the following exclusions:

1. Patients who are under 13 years of age at the time of discharge

2. Patients who are unable to complete the survey due to cognitive or intellectual limitations

Measure Calculation

The measure would be reported as five separate rates, one for each of the four domains of the PIX survey and one overall rate.

Acronyms

Measures Proposed for Adoption
Psychiatric Inpatient Experience (PIX) Measure

Sampling

- CMS proposes to require IPFs to develop sampling plans that ensure that IPFs can submit data for 300 completed PIX surveys per year.

- IPFs would be required to sample from every month throughout the entire reporting period and not stop sampling or curtail ongoing interview activities once a certain number of completed surveys has been attained.

- IPFs that are unable to reach 300 completed surveys per year through sampling would be required to submit data on survey results for all eligible patient discharges.

Measures Proposed for Adoption
Psychiatric Inpatient Experience (PIX) Measure

Data Collection, Submission and Reporting

- IPFs would be responsible for:
  - Administering the survey beginning 24 hours prior to a patient's planned discharge.
  - Collecting data on survey responses.
  - Reporting these data to CMS prior to the annual submission deadline.

Public Reporting

The mean (average) rate for all five separate rates would be publicly reported – a rate for each of the four domains as well as the overall mean rate.

Measures Proposed for Adoption
Psychiatric Inpatient Experience (PIX) Measure

CMS proposes to adopt this measure for:

- <u>Voluntary</u> reporting, beginning with data collected in CY 2025, which would be reported to CMS in CY 2026.

- <u>Required</u> reporting, beginning with data collected in CY 2026, which would be reported to CMS in CY 2027 for the FY 2028 payment determination.

Acronyms

Measures Proposed for Removal

Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification (HBIPS-5)

- CMS proposes to remove the HBIPS-5 measure from the IPFQR Program beginning with the FY 2025 payment determination under measure removal Factor 2: "Measure does not align with current clinical guidelines or practice."

- The American Psychiatric Association (APA) updated their clinical guidelines for the treatment of schizophrenia regarding polypharmacy for patients on antipsychotic medications and this measure no longer aligns with these guidelines.

- If this removal is finalized, then IPFs will report HBIPS-5 data from CY 2022 to CMS for the last time during the summer 2023 submission period, impacting FY 2024 payment determination.

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Tobacco Use Brief Intervention Provided or Offered and Tobacco Use Brief Intervention (TOB-2/2a)

- CMS proposes to remove the TOB-2 measure and the subset measure TOB-2a from the IPFQR Program beginning with the FY 2025 payment determination.

- The TOB-2/-2a and TOB-3/-3a measures are chart-abstracted measures that address tobacco use among IPF patients
  - TOB-2/-2a addresses smoking cessation interventions that occur during the IPF stay
  - TOB-3/-3a addresses smoking cessation interventions that occur during the IPF's discharge process

- There is more opportunity for IPFs to improve their performance on the TOB-3/-3a measure.

- If the removal of TOB-2/-2a measure is finalized, then the Tobacco Use Treatment Provided or Offered at Discharge (TOB-3) and Tobacco Use Treatment at Discharge (TOB-3a) measure will remain in the program.

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COVID HCP Measure Update

COVID HCP Measure Update

- CMS proposes to update the COVID HCP measure, beginning with data from the fourth quarter of CY 2023 (impacting FY 2025 payment determination and subsequent years), to address refinements pertaining to the availability and Food and Drug Administration (FDA) authorization of Moderna and Pfizer-BioNTech COVID-19 vaccines for use as booster doses.

- The update reflects:
  - The current status of COVID-19 transmission in the U.S.
  - Recommendations from the Centers for Disease Control and Prevention (CDC) and FDA that eligible individuals receive bivalent booster vaccine doses.
  - Real-world data demonstrating vaccine efficacy.

- There are no updates proposed for the denominator of the COVID HCP measure.

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COVID HCP Measure Update

Numerator: The cumulative number of HCP in the denominator population who are "up-to-date" with CDC recommended COVID-19 vaccines

- Instead of referring to "complete vaccination course," the proposed numerator value refers to "up-to-date" vaccination.

- Refer to the CDC's guidance to determine the then-applicable definition of "up-to-date," as of the first day of the applicable reporting quarter.
https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf

- Refer to the following link for more details on the proposed modified measure specifications:
https://www.cdc.gov/nhsn/nqf/index.html

COVID HCP Measure Update

Denominator: The number of HCP eligible to work in the facility for at least one day during the reporting period, excluding persons with contraindications to COVID-19 vaccination that are described by the CDC.

IPFs will report the following four categories of HCP to the National Healthcare Safety Network (NHSN), the first three of which are included in the denominator:

1. Employees
2. Licensed independent practitioners
3. Adult students/trainees and volunteers
4. Other contract personnel

Acronyms

Data Validation Pilot

Data Validation Pilot

- CMS proposes to establish a data validation pilot for data submitted in 2025 (representing care provided in CY 2024) and continuing until a full data validation program is proposed and adopted in future rulemaking.

- This pilot would allow CMS to proceed towards validating the accuracy of the data reported by IPFs that are then publicly reported on the Care Compare website.

- CMS proposes to randomly select up to 100 IPFs annually and request each selected IPF provide to CMS eight charts per quarter (32 charts total per year) that were used to calculate all chart-based measures.

- IPFs that are selected for and that subsequently participate in the validation pilot program will not receive any payment penalties

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Request for Public Comment

Proposed Rule Available for Review and Comments

- The FY 2024 IPF PPS Proposed Rule (88 FR 21238) is available to view and download from the *Federal Register:* https://www.federalregister.gov/documents/2023/04/10/2023-07122/medicare-program-fy-2024-inpatient-psychiatric-facilities-prospective-payment-system-rate-update

- CMS will accept comments on the proposed rule and the request for information until June 5, 2023.
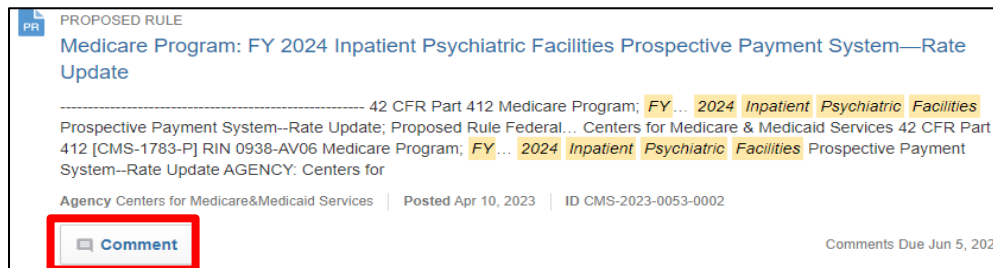
Proposed Rule Available for Review and Comments

- To submit a comment electronically you can:
  - Click on the green button at the top of the proposed rule posted in the *Federal Register.*

SUBMIT A FORMAL COMMENT

OR

  - Click the following link to the comment page on Regulations.gov: https://www.regulations.gov/commenton/CMS-2023-0053-0002
  - Click on http://www.regulations.gov, search for FY 2024 Inpatient Psychiatric Facilities and click on the **Comment** button below the rule.

PROPOSED RULE

Medicare Program: FY 2024 Inpatient Psychiatric Facilities Prospective Payment System—Rate Update

--- 42 CFR Part 412 Medicare Program; *FY* ... *2024 Inpatient Psychiatric Facilities* Prospective Payment System--Rate Update; Proposed Rule Federal... Centers for Medicare & Medicaid Services 42 CFR Part 412 [CMS-1783-P] RIN 0938-AV06 Medicare Program; *FY* ... *2024 Inpatient Psychiatric Facilities* Prospective Payment System--Rate Update AGENCY: Centers for

Agency Centers for Medicare&Medicaid Services | **Posted** Apr 10, 2023 | **ID** CMS-2023-0053-0002

Comments Due Jun 5, 2023

Comment

- Refer to the *Federal Register* for other methods to submit comments.

Helpful Resources

Acronyms

APA	American Psychiatric Association	**HRSN**	health-related social needs
CDC	Centers for Disease Control and Prevention	**IPF**	inpatient psychiatric facility
CMS	Centers for Medicare & Medicaid Services	**IPFQR**	Inpatient Psychiatric Facility Quality Reporting
CY	calendar year	**IPPS**	Inpatient Prospective Payment System
DACA	Data Accuracy and Completeness Acknowledgement	**IQR**	Inpatient Quality Reporting
ECE	Extraordinary Circumstances Exception	**LTCH**	Long-Term Care Hospital
FDA	Food and Drug Administration	**NHSN**	National Healthcare Safety Network
FR	*Federal Register*	**PIX**	Psychiatric Inpatient Experience
FY	fiscal year	**PPS**	Prospective Payment System
HBIPS	Hospital-Based Inpatient Psychiatric Services	**TOB**	Tobacco Use
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	**VIQR**	Value, Incentives, and Quality Reporting
HCP	healthcare personnel		Back

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Acronyms

IPFQR Program: FY 2024 IPF PPS Proposed Rule

Thank you!

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Acronyms