



**Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program**  
**Inpatient Value, Incentives, and Quality Reporting (VIQR)**  
**Outreach and Education Support Contractor**

**IPFQR Program: FY 2024 IPF PPS Proposed Rule**  
**Presentation Transcript**

**Speakers**

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## Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

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**Evette Robinson:** Welcome to today's presentation, titled *IPFQR Program: Fiscal Year 2024 IPF PPS Proposed Rule*. My name is Evette Robinson. I am the IPFQR Program Lead for the Inpatient Values, Incentives, and Quality Reporting, or VIQR, Support Contractor, and I will be the moderator for today's event. Before I introduce today's speaker, I will review a couple of housekeeping items. First, the slides for this presentation were posted to the [Quality Reporting Center website](#) prior to the event. If you did not receive the slides beforehand, please go to [QualityReportingCenter.com](http://QualityReportingCenter.com) in your web browser, and, on the bottom left of the screen, you will see a list of upcoming events. Click on the link for this event, and there you will find the presentation slides available for download. This webinar is being recorded, and the transcript, slides, and a recording of today's presentation will be posted to QualityNet at a later date. Secondly, we ask that you submit any questions, pertinent to the webinar topic, in the Q&A section. To do so, click on the question mark in a thought bubble on the right side of the screen. Any unanswered questions will be responded to and considered for publication in the [QualityNet Question and Answer Tool](#) at a later date. Questions received that are not related to the topic of the webinar will not be answered in the Q&A feature. Instead, we recommend that you go to the QualityNet Q&A Tool to search for posted question-and-answer pairs as well as submit any new questions to us that are not already addressed in the Q&A tool or in a previously published summary of questions and answers.

I would like to welcome our guest speaker for today's presentation, Lauren Lowenstein-Turner. Lauren is the Program Lead for the Inpatient Psychiatric Facility Quality Reporting Program at CMS. She received her Master's in Public Health degree from the Johns Hopkins Bloomberg School of Public Health and her Master's in Social Work degree from the University of Maryland.

This presentation will summarize the proposed updates to the IPFQR Program, as outlined in the fiscal year 2024 Inpatient Psychiatric Facility Prospective Payment System, or IPF PPS, proposed rule.

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By the end of this presentation, attendees will understand the fiscal year 2024 IPF PPS proposed rule's proposed changes to the IPFQR Program and know how to submit a public comment. Now, I will turn the presentation over to our speaker, Lauren Lowenstein-Turner.

#### **Lauren**

**Lowenstein-Turner:** Thank you, Evette. The next few slides will include an overview of the purpose and rationale of the proposed changes to the IPFQR Program.

Publication of the proposed rule enables CMS to inform IPFQR Program participants about intended modifications to the program, solicit public comment on proposed changes, and provide ample time for IPFs to prepare for potential program changes. There are four new measures that CMS proposes to adopt into the IPFQR Program: Facility Commitment to Health Equity, Screening for Social Drivers of Health, Screen Positive Rate for Social Drivers of Health, and Psychiatric Inpatient Experience, or PIX, Survey.

CMS is proposing to remove the following chart-abstracted measures from the IPFQR Program: the Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification Hospital-Based Inpatient Psychiatric Services, or HBIPS-5, measure; Tobacco Use Brief Intervention Provided or Offered, or TOB-2, measure; and the subset, Tobacco Use Brief Intervention Provided, TOB-2a.

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.

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

In this proposed rule, CMS is not proposing any changes to its previously finalized public display and review requirements, including the areas of reporting requirements for the fiscal year 2024 payment determination and

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subsequent years; quality measure sampling requirements; non-measure data collection; and Data Accuracy and Completeness Acknowledgement, or DACA, requirements. CMS is not proposing any changes to the reconsideration and appeals procedures or Extraordinary Circumstances Exceptions policy.

Now, I will describe the proposed health equity related measures that CMS proposes to adopt into the IPFQR Program.

As mentioned earlier in the presentation, CMS proposes to adopt four new measures into the IPFQR Program. Three of those measures are health equity related measures that were adopted by the Hospital Inpatient Quality Reporting Program in the fiscal year 2023 IPPS/LTCH final rule: Facility Commitment to Health Equity, Screening for Social Drivers of Health, Screen Positive Rate for Social Drivers. The proposed Psychiatric Inpatient Experience Survey is unique to the IPFQR Program.

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, and Leadership Engagement.

This slide shows the numerator and denominator of the Facility Commitment to Health Equity measure. The numerator is the 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. The denominator equals five for all IPFs, as it represents one point for each of the domains. As a structural attestation measure, sampling would not be allowed for this measure. 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, as well as identify high-priority areas for quality measurement and improvement to assess core issues most critical to high-quality healthcare and improving patient outcomes.

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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, and ensure that resources are dedicated toward addressing health equity initiatives. CMS proposes to adopt this attestation-based structural measure beginning with attestation in calendar year 2025, reflecting data collected in calendar year 2024 and affecting the fiscal year 2026 payment determination.

CMS aims to adopt two Social Drivers of Health measures. These are the Screening for Social Drivers of Health and Screen Positive Rate for Social Drivers measures. 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 data, and be the first measures of social drivers of health in the IPFQR Program.

The Screening for Social Drivers of Health measure assesses the percent[age] of patients 18 years of age and older screened for five domains. Those domains are Food Insecurity, Housing Instability, Transportation Problems, Utility Help Needs, and Interpersonal Safety. The intent of this measure is to promote linkages with relevant community-based services that address health related social needs and support improvements in health outcomes following discharge from the IPF.

The numerator of the Screening for Social Drivers of Health measure is defined as the 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 health related social needs: food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety. The denominator is defined as 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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There are two denominator exclusions for this measure. Specifically, patients who opt-out of screening and 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 would be excluded from the denominator of this measure. This measure would apply to all patients; therefore, sampling policies would not apply.

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 health related social needs, divided by the number of patients 18 years or older on the date of admission admitted to the IPF.

CMS proposes to adopt the Screening for Social Drivers of Health measure for voluntary reporting beginning with data collected in calendar year 2024, which would be reported to CMS in calendar year 2025, followed by required reporting beginning with data collected in calendar year 2025, which would be reported to CMS in calendar year 2026 for the fiscal year 2027 payment determination.

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 health related social needs included in the Screening for Social Drivers of Health measure. This slide displays those five again. The intent of this measure is to promote linkages with relevant community-based services that address health related social needs and support improvements in health outcomes following discharge from the IPF.

This slide includes the numerator description of the Screen Positive Rate for Social Drivers of Health measure. The numerator is the number of patients admitted for an IPF stay who are 18 years or older on the date of admission, who are screened for an health related social need and who screen positive for having an unmet need in one or more of the five health related social needs included in the Screening for Social Drivers of Health measure.

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

The denominator for this proposed measure consists of 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 health related social needs in the Screening for Social Drivers of Health measure during their IPF stay. The proposed Screen Positive Rate for Social Drivers of Health measure has the same two denominator exclusions as the Screening for Social Drivers of Health measure. Specifically, patients who opt-out of screening and 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 would be excluded from the denominator of this measure. This measure would also apply to all patients; therefore, sampling policies would not apply.

The result of this measure would be calculated as five separate rates, one for each health related social need. 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 health related social needs. The same calculation would apply for patients who screened positive for housing instability, transportation needs, utility difficulties, and interpersonal safety.

Like the Screening for Social Drivers of Health measure, CMS proposes to adopt the Screen Positive Rate for Social Drivers of Health measure for voluntary reporting, beginning with data collected in calendar year 2024, which would be reported to CMS in calendar year 2025, followed by required reporting beginning with data collected in calendar year 2025, which would be reported to CMS in calendar year 2026 for the fiscal year 2027 payment determination.

The last measure that CMS proposes to adopt for the IPFQR Program is the Psychiatric Inpatient Experience, or PIX, measure.

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This measure uses the newly developed PIX Survey to measure patient experience of care.

The Pix Survey consists of 23 items in four domains. Those domains are Relationship with Treatment Team, Nursing Presence, Treatment Effectiveness, and Healing Environment. To complete the survey, patients must respond to each of the 23 items with Strongly Disagree, Somewhat Disagree, Neutral, Somewhat Agree, Strongly Agree, or Does Not Apply. The PIX Survey is distributed to patients by administrative staff beginning 24 hours prior to planned discharge from the IPF. It is available in both English and Spanish, and it can be completed prior to discharge using either a paper copy or an electronic version of the survey via tablet computer. You can access a complete list of survey questions in the Journal of Patient Experience by clicking the link on this slide.

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, patients who are under 13 years of age at the time of discharge and patients who are unable to complete the survey due to cognitive or intellectual limitations. The measure would be reported as five separate rates, one for each of the four domains of the PIX Survey and one overall rate.

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.

With regards to the collection and reporting of PIX measure data, IPFs would be responsible for administering the survey beginning 24 hours prior to a patient's planned discharge, collecting data on survey responses, and reporting these data to CMS prior to the annual submission deadline.



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As far as public reporting of the data, the mean 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.

CMS proposes to adopt this measure for voluntary reporting beginning with data collected in calendar year 2025, which would be reported to CMS in calendar year 2026, and required reporting beginning with data collected in calendar year 2026, which would be reported to CMS in calendar year 2027 for the fiscal year 2028 payment determination.

Now that we have reviewed the measures proposed for adoption, I would like to provide a brief overview of the measures that CMS proposes to remove from the IPFQR Program.

CMS proposes to remove the HBIPS-5 measure from the IPFQR Program beginning with the fiscal year 2025 payment determination under measure removal Factor 2: Measure does not align with current clinical guidelines or practice. The American Psychiatric Association updated their clinical guidelines for the treatment of schizophrenia regarding polypharmacy for patients on antipsychotic medications, and this measure no longer aligns with those guidelines. If this removal is finalized, then IPFs will report HBIPS-5 data from calendar year 2022 for the last time during the summer 2023 submission period, impacting fiscal year 2024 payment determination.

CMS proposes to remove the TOB-2 measure and the subset measure TOB-2a from the IPFQR Program beginning with the fiscal year 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, while 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 is finalized, then the Tobacco Use Treatment Provided or Offered at Discharge, TOB-3, and TOB-3a measure will remain in the program.

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Next, I will describe the update proposed for the COVID HCP measure.

CMS proposes to update the COVID HCP measure, beginning with data from the fourth quarter of calendar year 2023, impacting fiscal year 2025 payment determination and subsequent years, to address refinements to the COVID-19 vaccines produced as booster doses. The update reflects the current status of COVID-19 transmission in the U.S., recommendations from the CDC and FDA that eligible individuals receive bivalent booster vaccine doses, and real-world data demonstrating vaccine efficacy. There are no updates proposed for the denominator of the COVID HCP measure.

The numerator of the COVID HCP measure would be the cumulative number of HCP in the denominator population who are “up-to-date” with CDC recommended COVID-19 vaccines. Instead of referring to the “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. Refer to the [link](#) on this slide for more details on the proposed modified measure specifications.

The denominator of the COVID HCP measure will be 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 NHSN, the first three of which are included in the measure denominator: employees, licensed independent practitioners, adult students/trainees and volunteers, and other contract personnel.

Another area in which CMS proposes to make changes to the IPFQR Program is to propose a data validation pilot.

CMS proposes to establish a data validation pilot for data submitted in 2025, representing care provided in calendar year 2024, and continuing until a full data validation program is proposed and adopted in future rulemaking.

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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 based on the results of their data validation.

At this time, I would like to draw your attention to the CMS request for public comment, which will be presented by Evette.

**Evette Robinson:** Thank you, Lauren. We appreciate you for taking the time to review this information with us today. As Lauren mentioned, the fiscal year 2024 IPF PPS proposed rule is available at the *Federal Register* website and can be accessed by clicking on the link on this slide. CMS will accept comments on the proposed rule and input on the Request for Information until Monday, June 5, 2023.

If you would like to submit a comment electronically, you may do so by clicking on the green button at the top of the proposed rule posted in the *Federal Register* and by clicking the first link on this slide which will lead to the comment page on the Regulations.gov website, or you can click on the URL in the third bullet on this slide, search for fiscal year 2024 inpatient psychiatric facilities. Then, click on the Comment button below the rule. Refer to the *Federal Register* for additional information about other methods to submit comments, such as by mail.

Now, we will review some helpful resources.

This slide displays a list of the acronyms that we referenced during this presentation.

CMS recommends that IPFs refer to the latest versions of IPFQR Program resources to stay up to date on program requirements.

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Various documents, including the IPF Specifications Manual, IPFQR Program Guide, and optional paper tools, are available for download from the QualityNet and Quality Reporting Center websites, which can be accessed by clicking on the icons on this slide. The IPFQR Program Guide is a great place to start, as it highlights the keys to successfully participate in the IPFQR Program.

Has there been any turnover at your facility within the last several months? If so, then we want to hear from you! You can let us know about any changes to points of contact at your facility by clicking the Contact Change Form link on this slide and sending the information to us by following the instructions on the form. Would you like to receive email communications about future IPFQR Program webinars, program updates, resources, and other announcements? Then, we invite you to sign up for the IPFQR Program Listserve by clicking on the Listserve Registration icon on this slide. Another way to find information about upcoming webinars is to click on the Upcoming Webinars icon on this slide. When you have a general question about the IPFQR Program or need clarification about any of the program measures, be sure to leverage the Find an Answer function in the QualityNet Q&A Tool. If you do not see a published article in the Q&A tool related to your question, then you can submit your inquiry to us via the Q&A tool, which you can access by selecting the Q&A Tool icon. The best way to reach us when you have questions about IPFQR Program eligibility, such as next steps for a newly eligible provider or to notify us that an IPF is closed or will be closing, is via email. Just click on the Email Support icon to send an email to us regarding eligibility updates. Finally, you can also contact the VIQR support contract team via phone at (866) 800-876, or via secure fax at (877) 789-4443.

This concludes the content portion of today's webinar, *IPFQR Program: FY 2024 IPF PPS Proposed Rule*. After this presentation, you will have the opportunity to complete a survey. We ask that you complete the survey as we value your feedback regarding what works well as well as any areas for improvement in future presentations. Thank you for your time and attention.