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**Audio from computer speakers breaking up?
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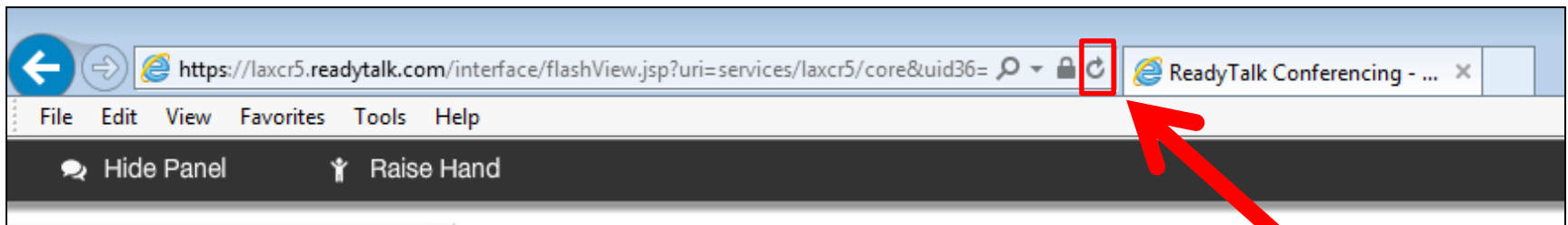
Click Refresh icon

– or –

Click F5



F5 Key
Top Row of Keyboard

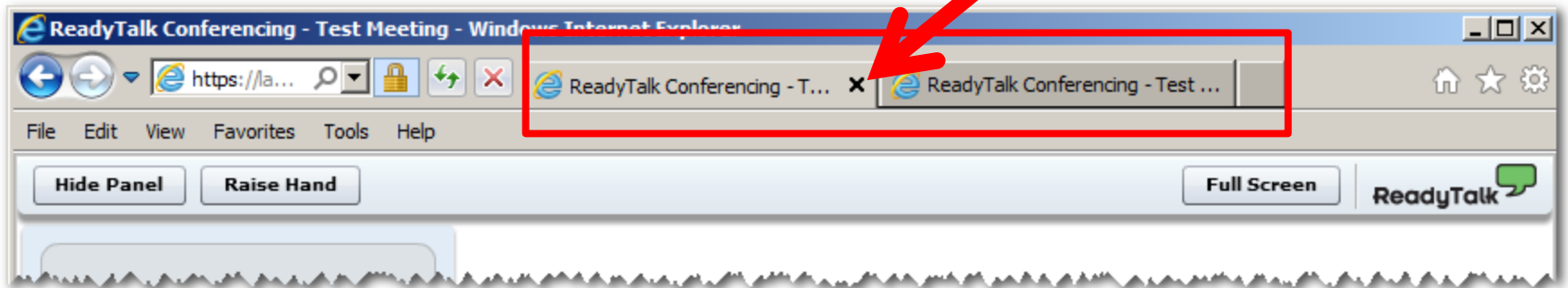


Location of Buttons

Refresh

Troubleshooting Echo

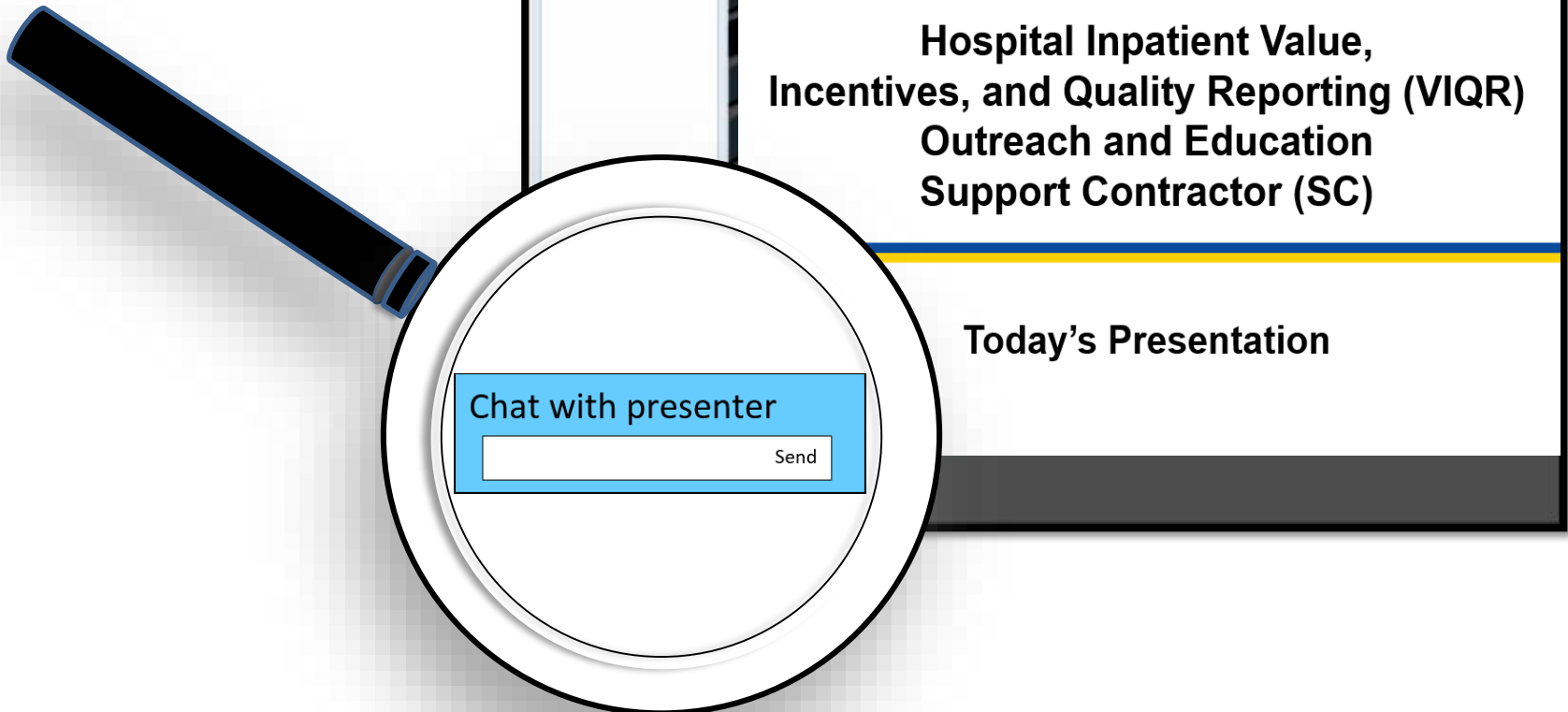
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Example of Two Browsers/Tabs open in Same Event

Submitting Questions

Type questions in the “Chat with presenter” section, located in the bottom-left corner of your screen.



The image shows a screenshot of a presentation slide from the CMS (Centers for Medicare & Medicaid Services) website. The slide content includes the CMS logo, the title "Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC)", and the subtitle "Today's Presentation". A magnifying glass is positioned over the bottom-left corner of the slide, highlighting a blue chat input box. The box contains the text "Chat with presenter" and a "Send" button.

Webinar Chat Questions

Chat Tool

- Submit questions pertinent to the topic of today's event.
- As time permits, we will answer these questions at the end of the webinar.

QualityNet Questions and Answers (Q&A) Tool

- The Q&A tool is the best way to send us questions unrelated to the current webinar topic.
- Direct link:
<https://cms-ip.custhelp.com/app/homeipf/p/831>
- Look for published Q&As in the searchable tool.



FY 2019 IPF PPS Final Rule and APU Determination

Jeffrey A. Buck, PhD

Senior Advisor for Behavioral Health

Program Lead, Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Centers for Medicare & Medicaid Services (CMS)

Lauren Lowenstein, MPH, MSW

Program Specialist, IPFQR Program, CMS

Evette Robinson, MPH

Project Lead, IPFQR Program

Hospital Inpatient Value, Incentives, and Quality Reporting
Outreach and Education Support Contractor

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Purpose

During this presentation, participants will learn about the changes to the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program, as delineated in the Fiscal Year (FY) 2019 Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) Final Rule. Participants will also learn about the annual payment update (APU) determination and reconsideration processes, as they pertain to the recent data submission period.

Learning Objectives

At the conclusion of this presentation, attendees will be able to:

- Explain the IPFQR Program Changes per the FY 2019 IPF PPS Final Rule.
- Describe the APU determination and APU reconsideration processes.

Acronyms

| | |
|----------------|--|
| APU | annual payment update |
| CDC | Centers for Disease Control and Prevention |
| CMS | Centers for Medicare & Medicaid Services |
| DACA | Data Accuracy and Correctness Acknowledgement |
| eCQM | electronic clinical quality measure |
| EHR | electronic health record |
| FUH | Follow-Up After Hospitalization for Mental Illness |
| FY | Fiscal Year |
| HBIPS | Hospital-Based Inpatient Psychiatric Services |
| HCP | healthcare personnel |
| IMM | immunization |
| IPF | inpatient psychiatric facility |
| IPFQR | Inpatient Psychiatric Facility Quality Reporting |
| NHSN | National Healthcare Safety Network |
| NOP | Notice of Participation |
| PPS | prospective payment system |
| Q | quarter |
| Q&A | question and answer |
| SUB | Substance Use measure |
| TOB | Tobacco Use measure |

FY 2019 IPF PPS Final Rule and APU Determination

Overview of the FY 2019 IPF PPS Final Rule

FY 2019 Final Rule

- The FY 2019 IPF PPS Final Rule was published on August 6, 2018, in the *Federal Register* at:
<https://www.federalregister.gov/documents/2018/08/06/2018-16518/medicare-program-fy-2019-inpatient-psychiatric-facilities-prospective-payment-system-and-quality>.
- The IPFQR Program (83 FR 38576) updates are located on pages 38589–38608 of the *Federal Register*.

Summary of Final Rule Changes: Executive Summary

CMS finalized the following changes:

- Removed five measures:
 1. Influenza Vaccination Coverage Among Healthcare Personnel (HCP)
 2. Alcohol Use Screening (SUB-1)
 3. Assessment of Patient Experience of Care
 4. Use of an Electronic Health Record (EHR)
 5. Tobacco Use Screening (TOB-1)
- Removed a non-measure data submission requirement:
 - Sample size counts for measures for which sampling is performed beginning with the FY 2020 payment determination
- Adopted a new IPFQR Program measure removal Factor 8:
 - The costs associated with a measure outweigh the benefit of its continued use in the program.

Summary of Final Rule Changes: Measure Retention

CMS did not the finalize the proposals to remove the following measures for the FY 2020 payment determination and subsequent years:

- Hours of Physical Restraint Use (HBIPS-2)
- Hours of Seclusion Use (HBIPS-3)
- Tobacco Use Treatment Provided or Offered at Discharge (TOB-3), and its subset Tobacco Use Treatment at Discharge (TOB-3a)

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Measures Finalized for Removal

Summary of Final Rule Changes: Influenza Vaccination Among HCP Measure Finalized for Removal

Comments: A few commenters expressed concern about removing this measure because they believe IPF patients have a high risk of contracting influenza. However, many commenters expressed support for removal of the Influenza Vaccination Coverage Among HCP (HCP) measure because of the significant costs associated with reporting this measure.

Response: CMS believes that the Influenza Immunization measure (IMM-2) will continue to address the public health concern of reducing influenza infection in the IPF setting, and that the benefits of the Influenza Vaccination Among HCP measure are outweighed by its costs, as it is the only NHSN measure required by the IPFQR program.

Summary of Final Rule Changes: SUB-1 and TOB-1 Measures Finalized for Removal

Comment: Some commenters expressed concerns with removing the SUB-1 and TOB-1 measures because of the harms associated with alcohol use and tobacco use in the IPF patient population. However, most commenters supported removal of these measures because of their high performance.

Response: CMS acknowledges the importance of addressing alcohol use and tobacco use in IPFs. CMS also believes that the high performance on the SUB-1 and the high performance on the topped-out TOB-1 measure indicates that IPFs will continue to screen for alcohol use and tobacco use. Thus, CMS is finalizing its proposal to remove the SUB-1 and TOB-1 measures.

Summary of Final Rule Changes: Use of an EHR and Assessment of Patient Experience of Care Measures Finalized for Removal

Comment: Commenters generally expressed support for removing the Use of an EHR and the Assessment of Patient Experience of Care measures because the costs of retaining these measures in the IPFQR Program outweigh the benefits.

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Measures Finalized for Retention

Summary of Final Rule Changes: HBIPS-2 and HBIPS-3 Measures Retained

Comment: A few commenters supported the removal of HBIPS-2 and HBIPS-3 because of the costs associated with reporting these measures.

However, the vast majority of commenters opposed removing these measures because they are critical patient safety measures. Many commenters expressed concern that removing these measures would result in a deterioration in facility performance on these topics which could harm patients. Some commenters expressed that, because these are patient safety measures, any variation in these measures provides meaningful data and, therefore, the topped-out criteria are not applicable.

Summary of Final Rule Changes: HBIPS-2 and HBIPS-3 Measures Retained

Response: After reviewing comments (the vast majority of which opposed removing these measures), CMS recognized that retaining these measures, despite their topped-out status, will allow data for this critical patient safety issue to continue to be publicly reported for use by patients and their families/caregivers in selecting an IPF for their care and by IPFs in quality improvement activities. CMS further believes retaining these measures will better ensure IPFs continue to proactively track and continually strive for performance improvement on these measures. Therefore, we are retaining these measures.

Summary of Final Rule Changes: TOB-3/-3a Measures Retained

Comment: Several commenters noted that The Transition Record Received by Discharged Patients (Patients Discharged to Home or Other Site of Care) measure (Transition Record measure) is not a sufficient replacement for the TOB-3 and TOB-3a measures.

Response: CMS agrees that the Transition Record measure is not a sufficient replacement for the TOB-3 and TOB-3a measures because data reported for the Transition Record measure does not enable patients and their families to assess whether IPFs provided patients with tobacco cessation referrals and treatment at discharge, and, therefore, does not encourage providers to provide this care. CMS is therefore retaining this measure.

Summary of Final Rule Changes: Measure Set for the FY 2020 Payment Determination and Subsequent Years

| Measure ID | Measure |
|------------------|---|
| HBIPS-2 | Hours of Physical Restraint Use |
| HBIPS-3 | Hours of Seclusion Use |
| HBIPS-5 | Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification |
| FUH | Follow-up After Hospitalization for Mental Illness |
| SUB-2 and SUB-2a | Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention |
| SUB-3 and SUB-3a | Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge |
| TOB-2 and TOB-2a | Tobacco Use Treatment Provided or Offered and TOB-2a Tobacco Use Treatment |
| TOB-3 and TOB-3a | Tobacco Use Treatment Provided or Offered at Discharge and Tobacco Use Treatment at Discharge |
| IMM-2 | Influenza Immunization |
| N/A | Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) |
| N/A | Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) |
| N/A | Screening for Metabolic Disorders |
| N/A | Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility |

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CMS Requests for Public Comments

CMS Request for Public Comment: Patient-Level Data Reporting

CMS recognizes that the reporting of aggregate measure data does not allow for data accuracy validation. Subsequently, CMS asked for public comment on requiring patient-level data reporting of IPFQR Program measure data in the future.

CMS Request for Public Comment: Future Measure Considerations

CMS asked for public comment pertaining to the development of process and outcome measures related to treatment and management of depression.

CMS also welcomed public comment on any other possible new measures or new measure topics.

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FY 2019 APU Determination

FY 2019 IPFQR Program Reporting Requirements

To participate in the IPFQR Program and qualify for the full FY 2019 APU, eligible IPFs had to meet the following requirements by the August 15, 2018 deadline (unless otherwise noted):

- Have at least one active *QualityNet* Security Administrator
- Have an IPFQR Program Notice of Participation (NOP) status of “Participating”
- Submit measure and non-measure data, including:
 - Aggregate numerator and denominator data for HBIPS-2, -3, -5, SUB-1, -2/-2a, -3/-3a; TOB-1, -2/-2a, -3/-3a; IMM-2 (Quarter [Q] 4 2017 and Q1 2018 only), Screening for Metabolic Disorders, Transition Record with Specified Elements Received by Discharged Patients, and Timely Transmission of Transition Record Measure measures
 - Aggregate, Q4 2017 and Q1 2018 numerator and denominator data for the Influenza Vaccination Coverage Among HCP measure (submitted to the CDC by May 15, 2018)
 - Structural measure attestations, including Use of EHR and Assessment of Patient Experience of Care
 - Non-measure Data and Population Counts for Calendar Year 2017
- Complete and submit the Data Accuracy and Correctness Acknowledgement (DACA)

APU Status Notifications

- Notification letters will be sent in September 2018 to facilities that did not meet one or more of the program requirements.
- Reconsideration requests for decisions are due to CMS 30 days from the date of receipt of the APU decision letter.
- Notifications of APU reconsideration decisions will be sent by CMS to facilities filing a reconsideration approximately 90 days following the submission of the reconsideration request.

APU Reconsideration Process: *QualityNet* Location

An overview of the APU reconsideration process for the IPFQR Program is available on the **APU Reconsideration** page on *QualityNet*:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772517446>

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Helpful Resources

Helpful Resources: Links

- **FY 2019 IPF PPS Final Rule:**
<https://www.federalregister.gov/documents/2018/08/06/2018-16518/medicare-program-fy-2019-inpatient-psychiatric-facilities-prospective-payment-system-and-quality>
- **The Joint Commission Specifications Manual (HBIPS):**
<https://manual.jointcommission.org/>
- **Specifications Manual for National Hospital Inpatient Quality Measures (SUB, TOB, IMM):**
www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1141662756099

Helpful Resources: Meaningful Measures Framework

- **Meaningful Measures Framework:**

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html>

Helpful Resources: IPFQR Program Manual and Paper Tools

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

- [QualityNet](https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864255) > Inpatient Psychiatric Facilities > Resources
(<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864255>)
- [Quality Reporting Center](http://www.qualityreportingcenter.com/inpatient/ipf/tools/) > Inpatient > IPFQR Program > Resources and Tools (<http://www.qualityreportingcenter.com/inpatient/ipf/tools/>)

Helpful Resources:

Program Information and Support

IPFQR Program General Information and Support

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

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