



# **Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program**

## **Support Contractor**

### **FY 2019 IPF PPS Final Rule and APU Determination**

#### **Presentation Transcript**

##### **Speakers**

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Program Lead, IPFQR Program  
Centers for Medicare & Medicaid Services (CMS)

###### **Lauren Lowenstein, MPH, MSW**

Program Specialist, IPFQR Program, CMS

##### **Moderator**

###### **Evette Robinson, MPH**

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**Evette Robinson:** To maximize the usefulness of the Summarized Questions and Answers document for this event, we will consolidate the questions received and focus on the most important and frequently-asked questions. If you have a question that is not related to today's webinar topic, we recommend that you go to the *QualityNet* Q&A tool by clicking on the link on this slide. There, you can 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 Webinar Questions and Answers document.

Hello, everyone, and thank you for joining us for the Fiscal Year 2019 IPF PPS Final Rule and APU Determination webinar. My name is Evette Robinson and I will be the moderator for today's webinar. I'm the Project Lead for the IPFQR Program Support Contractor, and I'm delighted to welcome our guest speakers for today's presentation: Dr. Jeffrey Buck and Lauren Lowenstein. Dr. Jeffrey Buck is the Program Lead for the Inpatient Psychiatric Facility Quality Reporting Program and the Senior Advisor for Behavioral Health in the Center for Clinical Standards and Quality in the Centers for Medicare & Medicaid Services. Before coming to CMS, Dr. Buck held senior positions in the Substance Abuse and Mental Health Services Administration, also known as SAMHSA, and was a Section Editor of the Surgeon General's report on mental health. Lauren Lowenstein is a Program Specialist in the IPFQR Program. Before coming to CMS, Lauren worked for the [U.S. Department of] Health and Human Services Assistant Secretary of Preparedness and Response in the Division of At-Risk Individuals, Behavioral Health & Community Resilience. Lauren received her master's in public health degree from the John Hopkins Bloomberg School of Public Health and her master's in social work degree from the University of Maryland. Before we proceed with today's webinar, I would like to remind you that the slides for this presentation were posted to the *Quality Reporting Center* website at [www.QualityReportingCenter.com](http://www.QualityReportingCenter.com) prior to the event. If you did not receive the slides beforehand, you can download them from the *Quality Reporting Center* website. On the bottom of the home page, you will see a

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list of upcoming events. Click on the link for this event, and you will find a link to the presentation slides available for download.

During this presentation, Dr. Buck will discuss the changes to the IPFQR Program as delineated in the Fiscal Year 2019 Inpatient Psychiatric Facility Prospective Payment System [IPF PPS] Final Rule. Then, from Lauren Lowenstein, participants will learn about the annual payment update [APU] determination and reconsideration processes as they pertain to the recent data submission period.

By the end of this presentation, attendees will be able to explain the IPFQR Program changes per the FY 2019 IPF PPS Final Rule as well as describe the APU determination and reconsideration processes.

This is a list of the acronyms that will be referenced in today's presentation.

And, now, I will turn the presentation over to our first speaker, Dr. Buck.

**Dr. Jeffrey Buck:** Thank you, Evette. In the next few slides, I will provide an overview of the final rule as well as a brief summary of the changes that were finalized for the IPFQR Program.

Before I describe the content of the FY 2019 final rule as it relates to the IPFQR Program, I would like to first remind everyone that the FY 2019 final rule was published in the *Federal Register* on August 6th of this year. The final rule can be downloaded from the *Federal Register* at the website indicated on this slide. Updates to the IPFQR Program are described on pages 38589 through 38608.

CMS finalized removal of five of the eight measures it proposed to remove, specifically: Influenza Vaccination Coverage Among Healthcare Personnel, Alcohol Use Screening, Assessment of Patient Experience of Care, Use of an Electronic Health Record, and the Tobacco Use Screening measure. In addition, CMS adopted the proposed policy that no longer require facilities to submit the sample size count for measures for which sampling is performed beginning in the FY 2020 payment determination

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as well as the new measure removal factor, “The costs associated with a measure outweigh the benefit of its continued use in the program.”

After careful review and consideration of the public comments we received in response to our proposals, we did not finalize removal of the measure for Hours of Physical Restraint Use, Hours of Seclusion Use, Tobacco Use Treatment Provided or Offered at Discharge, and its subset Tobacco Use Treatment at Discharge for the FY 2020 payment determination.

Next, I will discuss the measure changes for the IPFQR Program. CMS evaluated the IPFQR Program measure set under our Meaningful Measures Framework and, also, according to measure removal and retention factors. Five measures were determined appropriate for removal for the FY 2020 payment determination and subsequent years.

A few commenters expressed concern about removing the measure for Influenza Vaccination [Coverage] Among Healthcare Personnel because they believe IPF patients have a high risk of contracting influenza. However, many commenters expressed support for removal of this measure because of the significant cost associated with reporting it. We agree that influenza vaccination for both patients and healthcare personnel is important in the IPF setting and that both the immunization measure, IMM-2 and the Influenza Vaccination Coverage Among Healthcare Personnel measure, were adopted to address this public health concern. We believe that the influenza immunization measure will continue to address the public health concern of reducing influenza infection in the IPF setting. We also recognize that the entire burden of registering for and maintaining access to the CDC’s NHSN system for IPFs, especially independent or free-standing IPFs, is due to this one measure. Therefore, we believe that the cost of this measure outweighed its benefits and finalized our proposal to remove it.

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 patient population. However, most commenters supported removal of these measures because of their high performance.

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We acknowledge the importance of addressing alcohol use and tobacco use in IPFs. However, we also believe that the high performance on the SUB-1 and high performance on the topped-out TOB-1 measures indicates that IPFs will continue to screen for alcohol and tobacco use. Thus, we are finalizing our proposal to remove the SUB-1 and TOB-1 measures.

Commenters generally expressed support for removing the Assessment of Patient Experience of Care measure and the Use of an Electronic Health Record measure because the cost of removing these measures in the IPF program outweigh the benefits. We thank these commenters for their support and are finalizing our proposal to remove these measures.

Next, I will discuss the measures that we finalized for retention within the program for the following and subsequent years. We did not finalize the removal of the Hours of Physical Restraint Use, the Hours of Seclusion Use, the Tobacco Use Treatment Provided or Offered at Discharge, and its subset Tobacco Use Treatment at Discharge measures for the FY 2020 payment determination.

A few commenters supported the removal of the measures for seclusion and restraint because of the cost associated with reporting these measures. However, the vast majority of commenters oppose removing these measures because they're critical patient safety measures. Many commenters expressed concern that removing these measures would result in a deterioration of facility performance which could harm patients. Some commenters expressed that, because these are patient safety measures, any variation in the measures provide meaningful data and, therefore, the topped-out criteria should not be applicable.

After reviewing comments, we 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 and caregivers in selecting an IPF for their care and by IPFs in quality improvement activities. We further believe retaining these measures will better ensure that IPFs will continue to proactively track and

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continually strive for performance improvement on these measures. We are, therefore, retaining them.

Several commenters noted that the Transition Record Received by Discharged Patients measure is not a sufficient replacement for the TOB-3 and TOB-3a measures as we originally claimed in the proposed rule. After reviewing comments, we agree that the transition record is not a sufficient replacement for TOB-3 and TOB-3a because data reported for the transition record 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. For those reasons, we are retaining this measure.

With the measure removals we are finalizing with this final rule, resulting in five of the 18 previously finalized IPFQR Program measures set being removed for the FY 2020 payment determination in subsequent years, there are now 13 measures in the program which are displayed on this slide.

In the FY 2019 IPF PPS Proposed Rule, we solicited public comments on several topics that will be discussed in the next several slides.

We recognize that that the reporting of aggregate measure data does not allow for data accuracy validation. Subsequently, we asked for public comment on requiring patient-level data reporting of IPFQR Program measure data in the future. Commenters were generally supportive of moving to patient-level data reporting and offered a few suggestions to CMS should CMS transition to patient-level data reporting in the future. We will take note of all of these comments we received into consideration as we move in this direction.

CMS asked for public comment pertaining to the development of process and outcome measures related to treatment and management of depression. We also welcome public comment on any other possible new measures or new measure topics. We received multiple suggestions for the development of those process and outcome measures for depression as well as many new measure topic ideas. We will take all of these

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suggestions into account prior to proposing any new measures for the IPFQR Program.

This concludes the final rule portion of this presentation. I will now turn it over to Lauren Lowenstein who will review the FY 2019 APU determination information.

**Lauren Lowenstein:** Thank you, Dr. Buck. The next few slides will provide a general overview of the APU determination and reconsideration processes.

This slide lists the four major requirements to participate in the IPFQR Program and qualify for the full FY 2019 annual payment update. Specifically, eligible IPFs had to meet the following requirements by the August 15, 2018 deadline, unless otherwise noted. First, IPFs must have at least one active *QualityNet* Security Administrator and have an IPFQR Program Notice of Participation status of “Participating.” Second, IPFs must have submitted measure and non-measure data for the measures listed on this slide. Third, IPFs must have submitted non-measure data and population counts for the Calendar Year 2017. And, finally, IPFs must also have completed and submitted the Data Accuracy and Correctness Acknowledgement form. Eligible IPFs that did not meet all of the reporting requirements as described on this slide will be subject to a two-percentage point reduction of their annual payment update.

APU notification letters will be sent in September 2018 to facilities that did not meet one or more of the program requirements by the aforementioned deadlines. Reconsideration requests for decisions are due to CMS 30 days from the date of the receipt of the payment notification. We will send notifications of APU reconsideration decisions to facilities that file reconsideration approximately 90 days following the submission of the reconsideration request.

An overview of the APU reconsideration process, including the IPF reconsideration request form, can be found on the APU reconsideration page of the *QualityNet* website under the Inpatient Psychiatric Facilities

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and APU Reconsideration tab. You can access it by clicking on the link on this slide.

This concludes my portion of today's webinar. I will now turn the presentation back over to Evette.

**Evette Robinson:** Thank you, Lauren. In the next several slides, I will review helpful resources pertaining to this topic as well as the IPFQR Program in general.

Listed on this slide are several links that you can access pertaining to the current final rule as well as the various measures that are part of the IPFQR Program.

This slide contains a link to the Meaningful Measure Framework where you can learn more about CMS's new initiative, Meaningful Measures.

CMS recommends that IPFs refer to the IPFQR Program Manual and various optional paper tools for information pertaining to the IPFQR Program. These materials are available for download on the *QualityNet* and *Quality Reporting Center* websites at the links on this slide.

You can click on the title of the table on this slide to access the IPFQR Program Resources page on the *QualityNet* website. Additional active links on this slide are available for you to send us your questions about the IPFQR Program. We encourage you to use the Q&A Tool in particular because it provides the best means by which we can track questions and answers and also delivers our responses directly to your email inbox. Additionally, this is a great way for you to let us know what types of questions and topics you would like for us to address in future webinars. We recommend that you sign up for the IPFQR Program ListServe if you have not already done so. That way, you can receive communications that we distribute to the IPFQR Program community pertaining to webinars, program updates, and other announcements. You can sign up to be added to the ListServe on the *QualityNet* ListServe Registration page. We also encourage you to utilize available resources found on the *QualityNet* website in the Inpatient Psychiatric Facilities dropdown menu to ensure appropriate knowledge of the IPFQR Program requirements and deadlines.

This concludes our webinar titled *FY 2019 IPF PPS Final Rule and APU Determination*. We thank you for your time and attention.