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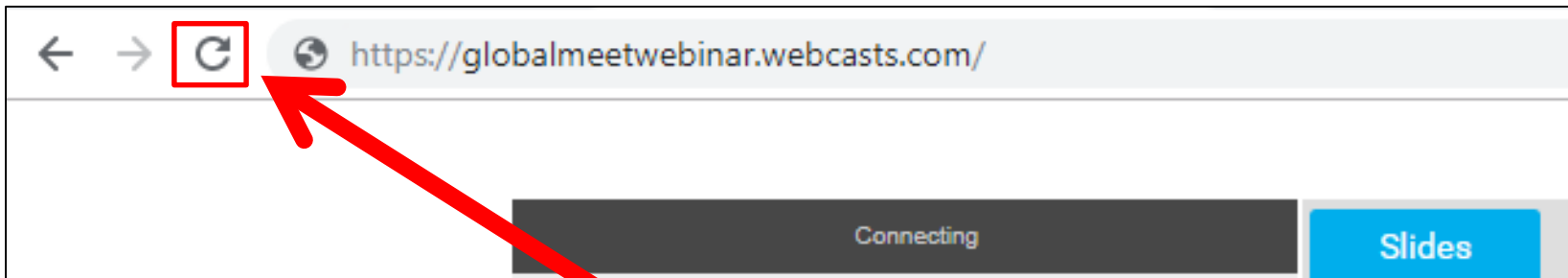
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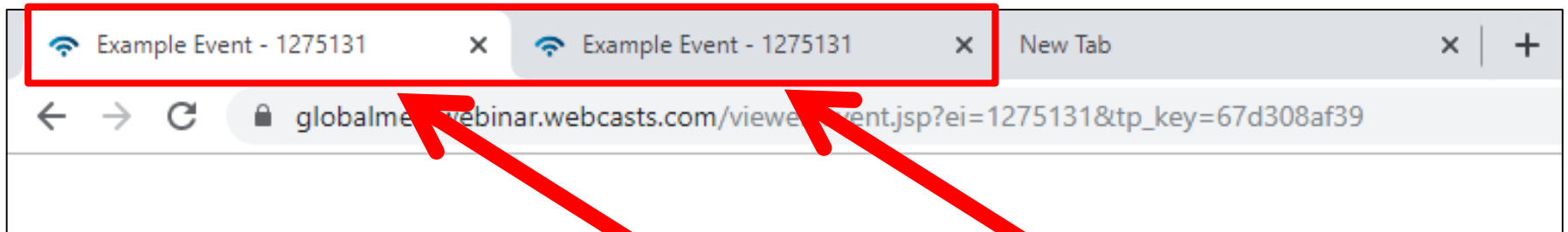
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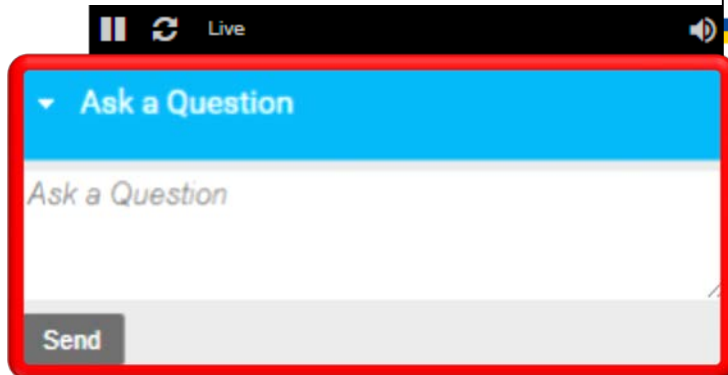
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Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor



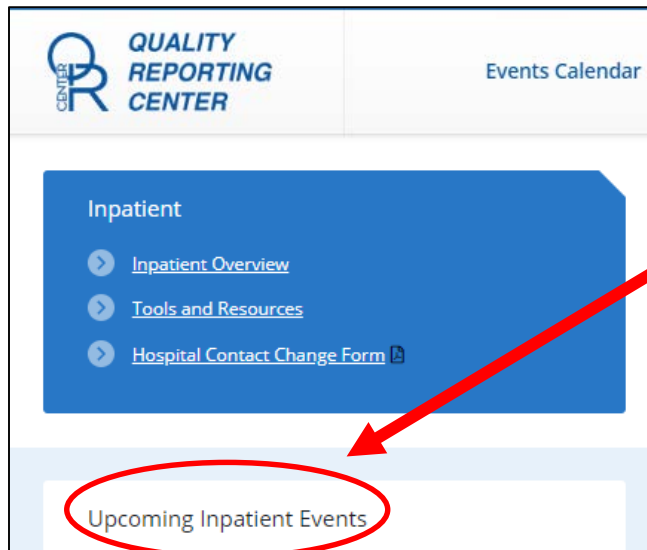
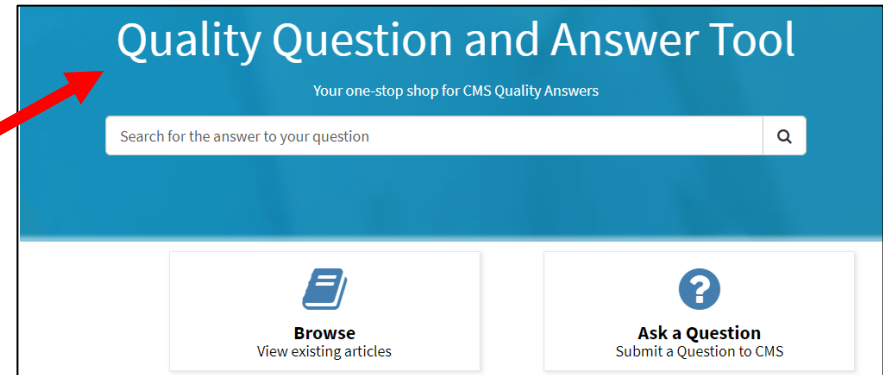
Today's Presentation



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- We will respond to any unanswered questions as soon as possible and may publish them in the [QualityNet Q&A Tool](#) at a later date.



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IPFQR Program Manual Version 5.1 and Updated Paper Tools Review

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January 30, 2020

Purpose

This presentation will review updates to the latest version of the *Inpatient Psychiatric Facility Quality Reporting Program Manual* and various optional paper tools to equip inpatient psychiatric facilities (IPFs) with tools to meet IPFQR Program requirements.

Objectives

At the conclusion of this presentation, attendees will be able to leverage the IPFQR Program Manual Version 5.1 and optional paper tools to meet IPFQR Program requirements.

IPFQR Program Manual Version 5.1 and Updated Paper Tools Review

IPFQR Program Manual

IPFQR Program Manual Overview

The IPFQR Program manual is intended for use as a reference to facilitate successful provider participation in the IPFQR Program.

A release notes document detailing specific changes made to the manual was published alongside version 5.1 of the manual.

We encourage you to refer to the manual and associated release notes, now available on two websites:

- *QualityNet* → Inpatient Psychiatric Facilities → [View all Program Manuals](#)
- *Quality Reporting Center* → Inpatient → Inpatient Psychiatric Facilities Quality Reporting Program → [Resources and Tools](#)



IPFQR Program Manual

Table of Contents

- Section 1: CMS Inpatient Psychiatric Facility Quality Reporting Program
- Section 2: Measure Details
- Section 3: *QualityNet* Registration
- Section 4: Vendor Authorization
- Section 5: Notice of Participation
- Section 6: Data Accuracy and Completeness Acknowledgement
- Section 7: Accessing and Reviewing Reports
- Section 8: Public Reporting of IPFQR Program Data
- Section 9: Resources
- Appendices
 - Appendix A: Psychiatric Advance Directives (PAD)
 - Appendix B: Screening for Metabolic Disorders

IPFQR Program Manual

Title Page

The title page provides a clarification on the manual effective date:

- Effective date: January 1, 2020
- All data that are to be reported to CMS in CY 2021

IPFQR Program Manual

Section 1: Criteria Required to Participate in the IPFQR Program

Section 1 updated the description of eligibility to clarify that it includes the following entities:

- Psychiatric hospitals
- Certified psychiatric units in the following:
 - Acute care hospitals
 - Critical access hospitals
 - Long-term care hospitals
 - Inpatient rehabilitation facilities
 - Children's hospitals

IPFQR Program Manual

Section 1: Glossary of Terms

Section 1: Glossary of Terms includes a change to the term “Principal diagnosis at discharge” to ensure consistency in measure abstraction.

IPFQR Program Manual

Section 2: Measure Details

Details in Table 1: Specification Resources for IPFQR Program Measures were updated to provide the correct links to references for the TOB, SUB, IMM-2, and claims-based measures specifications and to include the addition of the Medication Continuation Following Inpatient Psychiatric Discharge measure among the claims-based measures.

IPFQR Program Manual

Section 2: Measure Details

In the Chart Abstraction area of Section 2, text was added to clarify the Transition Record measures. Specifically, the Chart Abstraction area now clarifies the *Transition Record with Specified Elements Received by Discharged Patients* measure numerator **must be met** for a case to be included in the *Timely Transmission of Transition Record* measure numerator.

IPFQR Program Manual

Section 2: Measure Details

The Data Submission area of the manual was revised to include updated instructions and images to reflect the new appearance and flow of the *QualityNet Secure Portal*.

IPFQR Program Manual

Sections 3, 4, 5, 6, and 7

The following sections of the manual were revised to include updated instructions and images to reflect the new appearance and flow of the *QualityNet Secure Portal*:

- Section 3: QualityNet Registration
- Section 4: Vendor Authorization
- Section 5: Notice of Participation
- Section 6: Data Accuracy and Completeness Acknowledgement
- Section 7: Accessing and Reviewing Reports

IPFQR Program Manual

Section 8: Public Reporting of IPFQR Program Data

Section 8 includes revised instructions and images that show you how to use *Hospital Compare* to view measure data for up to three facilities at a time and to access current and prior reported data from the [Data.Medicare.gov](https://data.medicare.gov) website.

IPFQR Program Manual

Section 9: Resources

This section of the manual contains updated hyperlinks and instructions for how to use various IPFQR Program resources, including the *QualityNet* Questions & Answers tool.

IPFQR Program Manual Version 5.1 and Updated Paper Tools Review

Optional Paper Tools

Optional Paper Tools

Various optional paper tools were developed for IPFs to use as a mechanism to aid in the collection of measure data for CMS. Changes to paper tools relevant to the 2020 and 2021 data submission periods will be addressed in the following slides.

Optional Paper Tools

CY 2019 Non-Measure Data Collection Tool

CMS updated the non-measure data collection tool effective for Q1–Q4 2019 discharges to include updated instructions for how to access coding crosswalks on page 2. The optional paper tool for CY 2020 discharges will be posted as soon as it is finalized.

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Non-Measure Data Collection Tool
01-01-2019 (Q1 2019) through 12-31-2019 (Q4 2019)

This paper tool is provided as an optional, informal mechanism to aid inpatient psychiatric facilities (IPFs) in the collection of non-measure data for the Centers for Medicare & Medicaid Services (CMS) IPFQR Program. If there are any questions or concerns regarding the use of this paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hsag.com.

Total Annual Discharges	

Age Strata	Total Annual Discharges
Children (≥ 1 year and < 13 years)	
Adolescent (≥ 13 years and < 18 years)	
Adult (≥ 18 years and < 65 years)	
Older Adult (≥ 65 years)	

Diagnostic Categories	Total Annual Discharges
Anxiety disorders (651)	
Delirium, dementia, and amnesic and other cognitive disorders (653)	
Mood disorders (657)	
Schizophrenia and other psychotic disorders (659)	
Alcohol-related disorders (660)	
Substance-related disorders (661)	
Other diagnosis—not included in one of the above categories	

To define the diagnostic categories above, please note the following:

- Categorization should be based on the primary diagnosis at discharge.
- Diagnostic code grouping to report non-measure data utilizes the categories developed for the Clinical Classifications Software (CCS) under the Healthcare Cost and Utilization Project by the Agency for Healthcare Research and Quality. See the instructions below to access crosswalks of CCS codes with International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes.

CMS Paper Tool – Non-Measure Data Collection Tool
Discharges 01-01-19 (Q1 2019) through 12-31-19 (Q4 2019) Page 1 of 2

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Non-Measure Data Collection Tool
01-01-2019 (Q1 2019) through 12-31-2019 (Q4 2019)

Instructions to Access Coding Crosswalks: Access the appropriate crosswalk of CCS codes with ICD-10-CM codes and descriptions for discharges in calendar year 2019 at https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp.

Discharges January 1, 2019 through December 31, 2019

- Next to **Version 2019.1**, Fiscal Year (FY) 2019, click on [CCS for ICD-10-CM, FY 2019](#) to open the ZIP file.
- Click on the [ccs_dx_icd10cm_2019_1] file to view the crosswalk.

Payer	Total Annual Discharges
Medicare	
Non-Medicare	

Non-Measure Data	Response
Did your facility use global sampling? (Yes or No)	

NOTE: If the IPF used the global sampling methodology described on page 18 of the IPFQR Program Manual Version 4.1 for any of the measures collected for submission in 2020, then the IPF should answer "Yes" to the sampling question. As a reminder, the HBIPS-2 and HBIPS-3 measures do not allow sampling.

CMS Paper Tool – Non-Measure Data Collection Tool
Discharges 01-01-19 (Q1 2019) through 12-31-19 (Q4 2019) Page 2 of 2

Optional Paper Tools

CY 2020 HBIPS-2 and HBIPS-3

The data collection paper tool for the HBIPS-2 and HBIPS-3 measures includes updates for data collection effective for Q1–Q4 2020 discharges.

Event Tracking Log for the HBIPS-2 and HBIPS-3 Measures
Discharges 01-01-2020 (Q1 2020) through 12-31-2020 (Q4 2020)

The Hospital-Based Inpatient Psychiatric Services (HBIPS) Event Tracking Log tool is provided as an optional, informal mechanism to aid inpatient psychiatric facilities in the collection of measure data for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. Facilities can choose to track events daily, weekly, monthly, or quarterly. It is suggested that facilities print two separate Event Tracking Logs, one for HBIPS-2: Hours of Physical Restraint Use and a second for HBIPS-3: Hours of Seclusion Use. CMS is not responsible for potential errors and issues arising from modifications made by external parties. If there are any questions or concerns regarding the use of this Event Tracking Log, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hsaq.com.

Measures: HBIPS-2: Hours of Physical Restraint Use
HBIPS-3: Hours of Seclusion Use

Track each event by completing the fields in the numerator table. These measures do not allow sampling. The steps below will provide monthly numerator and denominator values that will be aggregated for an annual entry into the *QualityNet Secure Portal*.

1. Calculate the Numerator
 - a. Determine the daily event minutes for each patient by entering the start and end times in the Event Tracking Log on page three of this document.
 - b. Total the daily event minutes by patient.
 - c. Determine the total event minutes by month.
 - d. Divide total monthly minutes by 60 minutes to convert to hours.
 - e. Enter the total hours (from Step 4) into the numerator field on page 3, Step A.

Monthly Numerator Calculation Example

For the month of July, the facility's total minutes of restraint (or seclusion) use = 253. Divide the total minutes of restraint (or seclusion) use by 60 minutes: $253 \div 60 = 4.220$ hours. The total numerator for July is 4.22 hours of restraint (or seclusion) use.
2. Calculate the Denominator
 - a. Determine the total number of inpatient days by month for all patients.
 - b. Determine the annual total of inpatient days.
 - c. Determine the total number of leave days (defined below) by month for all patients. The *Specifications Manual for Joint Commission National Quality Measures* defines a leave day as, "an authorized or unauthorized absence from a facility, excluding discharges, during which the patient is absent from the facility at the time of the daily census and is not under the direct supervision of facility staff while absent."
 - d. Determine the annual total of leave days.
 - e. Subtract the Total Leave Days from Total Inpatient Days.
 - f. Enter the Total Number of Days (from Step 5) into the denominator field on page 3 of this document, Step B.

Monthly Denominator Calculation Example

Total number of inpatient days = 14,266. Total number of leave days = 200.
Subtract the leave days from the inpatient days: $14,266 - 200 = 14,066$ days.

Event Tracking Log for the HBIPS-2 and HBIPS-3 Measures
Discharges 01-01-2020 (Q1 2020) through 12-31-2020 (Q4 2020)

Page 1 of 2

Optional Paper Tools

CY 2020 HBIPS-5

The data collection paper tool for the HBIPS-5 measure includes updates for data collection effective for Q1–Q4 2020 discharges.

Abstraction Paper Tool for the HBIPS-5 Measure
Discharges 01-01-2020 (Q1 2020) through 12-31-2020 (Q4 2020)

This measure abstraction paper tool is provided as an optional, informal mechanism to aid inpatient psychiatric facilities in the collection of the measures for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. The tool is designed to collect patient-specific data; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate. If there are any questions or concerns regarding the use of this measure abstraction paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hcgis.org.

Birth Date: _____/_____/_____
Unable to determine (UTD) is not an allowable entry.

Patient Identifier: _____

Admission Date: _____/_____/_____
UTD is not an allowable entry.

Discharge Date: _____/_____/_____
UTD is not an allowable entry.

Individual Medical Record Data Collection Tool

1. What is the length of stay?
Length of Stay (in days) equals Discharge Date minus Admission Date: _____

a. If *Length of Stay* is less than or equal to 3 days, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for HBIPS-5. Add 0 to the numerator and denominator.

b. If *Length of Stay* is greater than 3 days, proceed to *Discharge Disposition*.

2. What was the patient's discharge disposition? (*Discharge Disposition*)

____ 1 Home
____ 2 Hospice – home
____ 3 Hospice – healthcare facility
____ 4 Acute care facility
____ 5 Other healthcare facility
____ 6 Expired
____ 7 Left against medical advice (AMA)
____ 8 Not documented or unable to determine (UTD)

a. If *Discharge Disposition* equals 6, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator. Add 0 to the numerator and denominator.

b. If *Discharge Disposition* equals 1, 2, 3, 4, 5, 7, or 8, proceed to *Psychiatric Care Setting*.

Abstraction Paper Tool for the HBIPS-5 Measure
Discharges 01-01-2020 (Q1 2020) through 12-31-2020 (Q4 2020)

Page 1 of 3

Optional Paper Tools

CY 2020 Transition Record Measures

The data collection paper tool for the Transition Record measures includes updates for data collection effective for Q1–Q4 2020 discharges.

Data Collection Paper Tool for Compliance with the *Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures*
Discharges 01-01-2020 (Q1 2020) through 12-31-2020 (Q4 2020)

This document is provided as an optional, informal mechanism to aid psychiatric facilities and hospital psychiatric units in the collection of data for the Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record measures for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program under the Centers for Medicare & Medicaid Services (CMS). The tool is designed to collect patient-specific data; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate. If there are any questions or concerns regarding the use of this data collection paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hsaqa.com.

Transition Record with Specified Elements Received by Discharged Patients

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. All 11 elements must be captured to satisfy the measure numerator.

The **denominator** includes all patients, regardless of age, discharged from the inpatient facility to home/self-care or any other site of care. The measure excludes patients who died, left against medical advice (AMA), or discontinued care.

The elements of the Transition Record with Specified Elements Received by Discharged Patients measure must be abstracted from the transition record, NOT the medical chart.

Topic	Are the following elements included in the transition record?	Element Satisfied?		Definition
		Yes	No	
Inpatient Care	Reason for IPF admission			Documentation of the events the patient experienced prior to this hospitalization; the reason for hospitalization must be documented as a short synopsis describing or listing the triggering or precipitating event. A diagnosis alone is not sufficient.
	Major procedures and tests, including summary of results			All procedures and tests noteworthy in supporting patient diagnosis, treatment, or discharge plan, as determined by provider or facility. Examples may include complete blood count and metabolic panel, urinalysis, and/or radiological imaging. Select Yes in the Element Satisfied column if major procedures and tests are in the transition record. If documentation exists in the transition record indicating that no major procedures or tests were performed, then select Yes in the Element Satisfied column.

Data Collection Paper Tool for Compliance with the *Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures*
Discharges 01-01-2020 (Q1 2020) through 12-31-2020 (Q4 2020)

Page 1 of 8

Optional Paper Tools

CY 2020 Transition Record Measures

The definition of the Principal diagnosis at discharge element has been updated on the page to align with the definition found in the IPFQR Program Manual Version 5.1.

Data Collection Paper Tool for Compliance with the *Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures*
Discharges 01-01-2020 (Q1 2020) through 12-31-2020 (Q4 2020)

Topic	Are the following elements included in the transition record?	Element Satisfied?		Definition
		Yes	No	
Inpatient Care	Principal diagnosis at discharge			Documentation indicating the final principal diagnosis at the time of discharge. Documentation of the principal diagnosis at discharge from the physician's final progress note may be included in the transition record to meet this element.
Post-Discharge/ Patient Self- Management	Current Medication List			<p>The current medication list should include prescriptions, over-the-counter medications, and herbal products in the following categories:</p> <ul style="list-style-type: none"> Medications to be TAKEN by patient: Medications prescribed prior to IPF stay to be continued after discharge AND new medications started during the IPF stay to be continued after discharge AND newly prescribed or recommended medications to be taken after discharge. Prescribed or recommended dosage, special instructions/considerations, and intended duration must be included for each continued and new medication listed. A generalized statement regarding intended duration, such as a blanket statement indicating that the patient should continue the medications until told to stop, would be acceptable for routine medications. Medications NOT to be taken by patient: Medications (prescription, over-the-counter, and herbal products) taken by the patient before the inpatient stay that should be discontinued or withheld after discharge. If there are no medications to be discontinued, it is not necessary to document this in the transition record.

Data Collection Paper Tool for Compliance with the *Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures*
Discharges 01-01-2020 (Q1 2020) through 12-31-2020 (Q4 2020) Page 2 of 8

Optional Paper Tools

CY 2020 Transition Record Measures

Note the additional guidance and clarification provided in the table on page 6 regarding final case review of requirements for the *Transition Record with Specified Elements Received by Discharged Patients* measure.

Data Collection Paper Tool for Compliance with the *Transition Record with Specified Elements Received by Discharged Patients* and *Timely Transmission of Transition Record Measures*
 Discharges 01-01-2020 (Q1 2020) through 12-31-2020 (Q4 2020)

Final Case Review of Requirements for the Transition Record with Specified Elements Received by Discharged Patients Measure	Yes	No
A. Are ALL 11 specified elements included in the transition record?		
B. Was the transition record discussed with and provided to the patient and/or caregiver?		
If the patient was discharged to home , stop review for the Transition Record with Specified Elements Received by Discharged Patients measure and see Notes for Abstraction below. If the patient was discharged to an inpatient facility , proceed to (C).		
C. Is there documentation stating that the patient was clinically unstable or the patient and/or caregiver was unable to comprehend the information at discharge?		
D. Is there documentation that the four elements listed below were discussed with the receiving inpatient facility? 1. 24-hour/7-day contact information 2. Contact information for pending studies 3. Plan for follow-up care 4. Primary physician, other healthcare professional, or site designated for follow-up care		
Notes for Abstraction <ul style="list-style-type: none"> Include the case in the numerator for the Transition Record with Specified Elements Received by Discharged Patients measure when: <ul style="list-style-type: none"> Patient discharged to home: <ul style="list-style-type: none"> "Yes" to (A) and (B) Patient discharged to inpatient facility: <ul style="list-style-type: none"> "Yes" to (A), (B), and (D) OR <ul style="list-style-type: none"> "Yes" to (A), (C), and (D) All patients discharged from an IPF are included in the denominator, unless the patient died, left AMA, or discontinued care. Answers to (B), (C), and (D) may be abstracted from the medical record or the transition record. 		
Timely Transmission of Transition Record The numerator includes patients for whom the transition record, as specified in the <i>Transition Record with Specified Elements Received by Discharged Patients</i> measure, was transmitted to the facility (including inpatient facilities) or primary physician or other healthcare 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.		

Data Collection Paper Tool for Compliance with the *Transition Record with Specified Elements Received by Discharged Patients* and *Timely Transmission of Transition Record Measures*
 Discharges 01-01-2020 (Q1 2020) through 12-31-2020 (Q4 2020) Page 6 of 8

Optional Paper Tools

CY 2020 Transition Record Measures

Similarly, a table was added to provide additional guidance and clarification on page 7 regarding final case review of requirements for the *Timely Transmission of Transition Record* measure.

Data Collection Paper Tool for Compliance with the *Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures Discharges 01-01-2020 (Q1 2020) through 12-31-2020 (Q4 2020)*

The case **must** meet the numerator of the Transition Record with Specified Elements Received by Discharged Patients measure to be included in the numerator of the Timely Transmission of Transition Record measure. The numerator for the Timely Transmission of Transition Record measure cannot exceed the numerator for the Transition Record with Specified Elements Received by Discharged Patients measure.

The denominator includes all patients, regardless of age, discharged from an IPF to home/self-care or any other site of care. The measure excludes patients who died, left AMA, or discontinued care. Patients who discontinued care include those who eloped or failed to return from leave.

Final Case Review of Requirements for the Timely Transmission of Transition Record Measure	Yes	No
A. The case met the numerator criteria for the Transition Record with Specified Elements Received by Discharged Patients measure.		
B. The patient record includes date and time patient was discharged from the facility.		
C. The patient record includes the date and time the transition record was transmitted to the next level of care provider.		
D. The patient record includes documentation of one of the following methods of transmission: Mail, fax, secure e-mail, mutual access to the patient's electronic health record (EHR), or hard copy provided to facility transport personnel.		
E. The transition record was transmitted within 24 hours of discharge.		

Notes for Abstraction:

- Include the case in the numerator for the Timely Transmission of Transition Record measure if the answer is "Yes to (A), (B), (C), (D), and (E)
- Answers to (A), (B), (C), (D), and (E) may be abstracted from the medical record or the transition record.
- Transmission must be calculated as 24 consecutive hours from the time the facility ordinarily records the patient discharge. This may include transmission prior to discharge, but the timeframe must end 24 hours after discharge.
- Documentation that the follow-up healthcare professional has mutual access to the patient's EHR is sufficient to meet the date, time, and method of transmission requirements for the Timely Transmission of Transition Record measure.
- All patients discharged from an IPF are included in the denominator, unless the patient died, left AMA, or discontinued care.

The date and time of discharge are to be used as the "trigger time" to determine if the transition record was transmitted within 24 hours after hospital discharge; therefore, use the date and time that the patient is "officially" discharged to begin calculating the 24-hour period. **Example:** The IPF discharge date and time are 6/2/2017 and 08:23 a.m. The transition record should be transmitted within 24 hours after that discharge date and time. Meaning, the facility should complete the transmission by 6/3/2017 at 08:23 a.m.

Data Collection Paper Tool for Compliance with the *Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures Discharges 01-01-2020 (Q1 2020) through 12-31-2020 (Q4 2020)*

Page 7 of 8

Optional Paper Tools

CY 2020 Transition Record Measures

The last page of the optional data collection paper tool for the Transition Record measures was revised to align with guidance provided in the IPFQR Program Manual Version 5.1 and earlier in the document.

Data Collection Paper Tool for Compliance with the *Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures*
Discharges 01-01-2020 (Q1 2020) through 12-31-2020 (Q4 2020)

Notes

Patient and/or Caregiver Receipt of the Transition Record in Electronic Format

For the purposes of the Transition Record measures for the IPFOR Program, a **transition record** is defined as a core, standardized set of data elements consolidated into a single document related to a 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 healthcare professional providing follow-up care. The transition record may only be provided in an electronic format, if acceptable to the patient, and only after all components have been discussed with the patient.

Numerator Criteria for the Transition Record Measures

Transition Record with Specified Elements Received by Discharged Patients Measure

To satisfy the numerator for the Transition Record with Specified Elements Received by Discharged Patients measure, the following **must** occur:

For patients who are discharging to **home**, a transition record covering all 11 elements must be:

- Created,
- Discussed with the patient and/or caregiver, and
- Provided to the patient and/or caregiver in hard copy or, if the patient agrees, electronically.

For patients who are discharging to an **inpatient facility**, a transition record covering all 11 elements must be:

- Created,
- Discussed with and provided to the patient and/or caregiver, and
- Discussed with the receiving facility including, at a minimum, the following four elements:
 1. 24-hour/7-day contact information
 2. Contact information for pending studies
 3. Plan for follow-up care
 4. Primary physician, other healthcare professional, or site designated for follow-up care

If a patient is transferred to another inpatient facility and the discharging clinician documents in the patient record that the patient is clinically unstable, or the patient and/or caregiver is unable to comprehend the information at discharge, then the discharging facility is **not** required to discuss and provide the transition record to the patient and/or caregiver, however, the four elements listed above **must** be discussed with the receiving facility for the case to be included in the numerator for the Transition Record with Specified Elements Received by Discharged Patients measure.

Timely Transmission of Transition Record Measure

To satisfy the numerator for the Timely Transmission of Transition Record measure, the transition record must be transmitted to the next provider within 24 hours of discharge. The case **must** meet the numerator of the Transition Record with Specified Elements Received by Discharged Patients measure to **be included** in the numerator of the Timely Transmission of Transition Record measure. The numerator for the Timely Transmission of Transition Record measure **cannot** exceed the numerator for the Transition Record with Specified Elements Received by Discharged Patients measure.

Data Collection Paper Tool for Compliance with the *Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures*
Discharges 01-01-2020 (Q1 2020) through 12-31-2020 (Q4 2020)

Page 8 of 8

Optional Paper Tools

CY 2020 Substance Use Measures

CMS updated the *Substance Use* measures paper tool to reflect collection of data for Q1–Q4 2020 discharges.

Abstraction Paper Tool for the Substance Use (SUB) Measures Discharges 01-01-2020 (Q1 2020) through 12-31-2020 (Q4 2020)

This measure abstraction paper tool is provided as an optional, informal mechanism to aid inpatient psychiatric facilities in the collection of the measures for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. The tool is designed to collect patient-specific data; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate. If there are any questions or concerns regarding the use of this measure abstraction paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hsag.com.

The SUB-1 measure was removed from the IPFQR Program as finalized in the Fiscal Year (FY) 2019 Inpatient Psychiatric Facility Prospective Payment Services Final Rule for FY 2020 and subsequent payment determination years.

SUB-1 guidance is included in this abstraction paper tool **only** to assist with the data collection process for the SUB-2 /-2a and SUB-3 /-3a measures.

SUB-1 will **no longer** be reported to CMS.

Birth Date: _____/_____/_____
Unable to determine (UTD) is not an allowable entry.

Patient Identifier: _____

Admission Date: _____/_____/_____
UTD is not an allowable entry.

Discharge Date: _____/_____/_____
UTD is not an allowable entry.

Individual Medical Record Data Collection Tool

SUB-1

1. **What is the patient's age?** *Patient Age* (in years) is calculated by *Admission Date* minus *Birth Date*:

a. If *Patient Age* is fewer than 18 years, then the case will be excluded (Measure Category Assignment of 'B'). Stop abstracting. The case will not be included in the numerator or denominator for SUB-1. Add 0 to the numerator and denominator for SUB-1.

b. If *Patient Age* is 18 years of age or greater, then continue and proceed to *Length of Stay*.

2. **What is the length of stay?** *Length of Stay* (in days) equals *Discharge Date* minus *Admission Date*: _____

a. If *Length of Stay* is less than or equal to one day, then the case will be excluded (Measure Category Assignment of 'B'). Stop abstracting. The case will not be included in the numerator or denominator for SUB-1. Add 0 to the numerator and denominator for SUB-1.

b. If *Length of Stay* is greater than one day, then continue and proceed to *Comfort Measures Only*.

Optional Paper Tools

CY 2020 Tobacco Treatment Measures

CMS updated the *Tobacco Use* measures paper tool to reflect collection of data for Q1–Q4 2020 discharges.

Abstraction Paper Tool for the Tobacco Use (TOB) Measures Discharges 01-01-2020 (Q1 2020) through 12-31-2020 (Q4 2020)

This measure abstraction paper tool is provided as an optional, informal mechanism to aid inpatient psychiatric facilities in the collection of the measures for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. The tool is designed to collect patient-specific data; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate. If there are any questions or concerns regarding use of this measure abstraction paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hsag.com.

The TOB-1 measure was removed from the IPFQR Program as finalized in the Fiscal Year (FY) 2019 Inpatient Psychiatric Facility Prospective Payment Services Final Rule for FY 2020 and subsequent payment determination years.

TOB-1 guidance is included in this abstraction paper tool **only** to assist with the data collection process for the TOB-2 / -2a and TOB-3 / -3a measures.

TOB-1 will **no longer** be reported to CMS.

Birth Date: _____/_____/_____
Unable to determine (UTD) is not an allowable entry.

Patient Identifier: _____

Admission Date: _____/_____/_____
UTD is not an allowable entry.

Discharge Date: _____/_____/_____
UTD is not an allowable entry.

Individual Medical Record Data Collection Tool

TOB-1

1. What is the patient's age? *Patient Age* (in years) is calculated by *Admission Date* minus *Birth Date*: _____.
 - a. If *Patient Age* is fewer than 18 years, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for TOB-1. Add 0 to the numerator and denominator for TOB-1.
 - b. If *Patient Age* is 18 years of age or greater, proceed to *Length of Stay*.
2. What is the length of stay? *Length of Stay* (in days) equals *Discharge Date* minus *Admission Date*: _____.
 - a. If *Length of Stay* is less than or equal to one day, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for TOB-1. Add 0 to the numerator and denominator for TOB-1.
 - b. If *Length of Stay* is greater than one day, proceed to *Comfort Measures Only*.

Optional Paper Tools

CY 2020 Screening for Metabolic Disorders

CMS updated the paper tool for the *Screening for Metabolic Disorders* measure to reflect the CY 2020 data collection period, effective for Q1–Q4 2020 discharges.

Abstraction Paper Tool for the Screening for Metabolic Disorders Measure
Discharges 01-01-2020 (Q1 2020) through 12-31-2020 (Q4 2020)

This measure abstraction paper tool is provided as an optional, informal mechanism to aid inpatient psychiatric facilities in the collection of the measures for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. The tool is designed to collect patient-specific data; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate. If there are any questions or concerns regarding use of this measure abstraction paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hcqsis.org.

Patient Identifier: _____

Discharge Date: ____/____/____
Unable to Determine (UTD) is not an allowable entry.

Individual Medical Record Data Collection Tool

1. Calculate length of stay. *Length of Stay*, in days, is equal to the *Discharge Date* minus the *Admission Date*: _____

a. If *Length of Stay* is equal to or greater than 365 days or equal to or less than 3 days, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator.

b. If *Length of Stay* is less than 365 days and greater than 3 days, proceed to *Discharge Disposition*.

2. What is the patient's *Discharge Disposition*? _____

____ 1 Home
____ 2 Hospice – home
____ 3 Hospice – healthcare facility
____ 4 Acute care facility
____ 5 Other healthcare facility
____ 6 Expired
____ 7 Left against medical advice (AMA)
____ 8 Not documented or unable to determine (UTD)

a. If *Discharge Disposition* equals 6, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator.

b. If *Discharge Disposition* equals 1, 2, 3, 4, 5, 7, or 8, proceed to *Number of Antipsychotic Medications Prescribed at Discharge*.

3. What is the *Number of Antipsychotic Medications Prescribed at Discharge*? ____

a. If *Number of Antipsychotic Medications Prescribed at Discharge* is equal to 0, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator.

b. If *Number of Antipsychotic Medications Prescribed at Discharge* is equal to or greater than 1, or unable to determine, proceed to *Body Mass Index (BMI)*.

Abstraction Paper Tool for the Screening for Metabolic Disorders Measure
Discharges 01-01-2020 (Q1 2020) through 12-31-2020 (Q4 2020) Page 1 of 2

Optional Paper Tools

Influenza Immunization Measure CY 2020

CMS updated the paper tool for the *Influenza Immunization* measure to reflect the data collection period for the 2019–2020 influenza season, effective for Q4 2019–Q1 2020 discharges.

Influenza Immunization (IMM-2)
Paper Tool for Discharge Measure IMM-2
10-01-2019 (Q4 2019) through 03-31-2020 (Q1 2020)

This measure abstraction paper tool is provided as an optional, informal mechanism to aid psychiatric facilities and hospital psychiatric units in the collection of the measures for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. The tool is designed to collect patient-specific data; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate. If there are any questions or concerns regarding the use of this measure abstraction paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hcqis.org.

Birth Date: _____/_____/_____
Unable to determine (UTD) is not an allowable entry.

Patient Identifier: _____

Admission Date: _____/_____/_____
UTD is not an allowable entry.

Discharge Date: _____/_____/_____
UTD is not an allowable entry.

Individual Medical Record Data Collection Tool
Determine whether the patient is included in the numerator and denominator count.

Patient Level – IMM-2
____ Numerator
____ Denominator

The numerator and denominator for each medical record will be used to determine the numerator and denominator, which will be aggregated for submission to *QualityNet*.

IMM-2

1. **What is the patient's age?** *Patient Age* (in years) is calculated by *Admission Date* minus *Birth Date*:

- If *Patient Age* is less than 6 months old, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for IMM-2. The case will not be included in the numerator or denominator count for IMM-2.
- If *Patient Age* is 6 months or greater, proceed to *ICD-10-PCS Principal or Other Procedure Codes*.

CMS Abstraction Paper Tool – IMM-2
Discharges 10-01-19 (Q4 2019) through 03-31-20 (Q1 2020)

Page 1 of 3

Points to Remember

- CMS created these **optional** paper tools to assist IPFs with the collection of the measure data that are required for the IPFQR Program.
- The tools are designed to collect patient-specific data; however, once abstracted, the data will need to be compiled and reported to CMS annually in aggregate form via the *QualityNet Secure Portal*.
- All of the optional paper tools are downloadable, should an IPF choose to use them.
- The tools have been updated; therefore, ensure the correct tool is being used for the data collection period to avoid data errors.



IPFQR Program Manual Version 5.1 and Updated Paper Tools Review

Navigating the New *QualityNet* Website

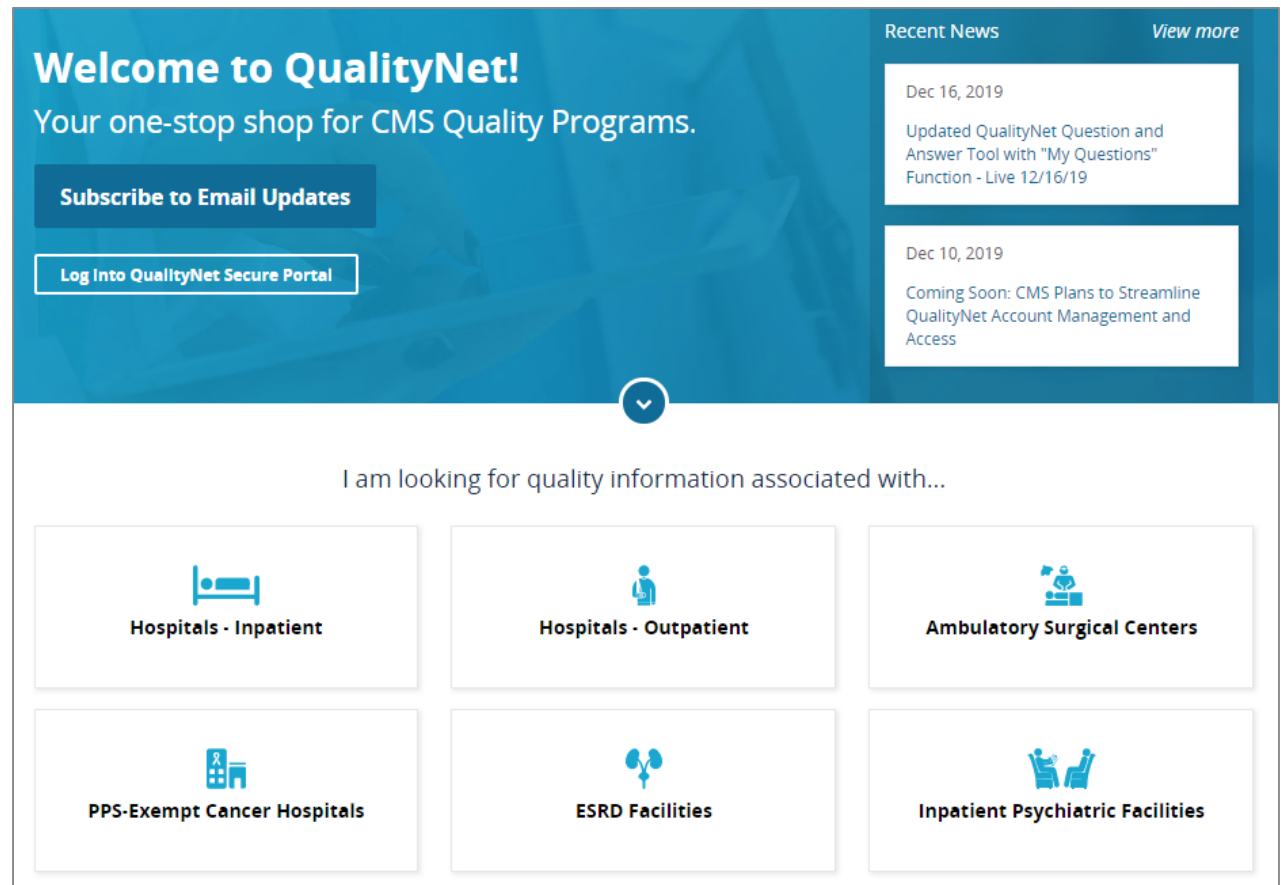
Navigating the New *QualityNet* Website

- On September 25, 2019, the new *QualityNet* website launched, presenting the same information in a different way.
- Throughout the IPFQR Program Manual hyperlinks were updated to align with the new *QualityNet* website.

Navigating the New *QualityNet* Website

QualityNet Home Page

From the *QualityNet* home page, click on the icon for Inpatient Psychiatric Facilities.



The screenshot shows the QualityNet Home Page. At the top left, there is a blue banner with the text "Welcome to QualityNet!" and "Your one-stop shop for CMS Quality Programs." Below this banner are two buttons: "Subscribe to Email Updates" and "Log Into QualityNet Secure Portal". To the right of the banner is a "Recent News" section with two news items: "Updated QualityNet Question and Answer Tool with 'My Questions' Function - Live 12/16/19" and "Coming Soon: CMS Plans to Streamline QualityNet Account Management and Access". Below the banner is a search bar with the text "I am looking for quality information associated with...". Below the search bar are six icons representing different facility types: "Hospitals - Inpatient", "Hospitals - Outpatient", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", and "Inpatient Psychiatric Facilities".

Navigating the New *QualityNet* Website

Inpatient Psychiatric Facility Quality Reporting Program Overview Page

From the IPFQR Program, (1) Overview page, you can access (2) program measures, (3) public reporting, (4) data management, (5) resources, (6) email notifications sent to the IPFQR Program Listserve, and (7) most recent versions of the IPFQR Program Manual.

Home /

Inpatient Psychiatric Facilities

1 Overview **2** Measures **3** Public Reporting **4** Data Management **5** Resources **6** Notifications

Inpatient Psychiatric Facility Quality Reporting Program Overview

The Inpatient Psychiatric Facility Quality Reporting (IPFQR) program is a pay-for-reporting program intended to equip consumers with quality of care information to make more informed decisions at healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality inpatient care provided to beneficiaries by, first, ensuring that providers are aware of and reporting on best practices for their respective facilities and type of care. **7**

The following Paperwork Reduction Act (PRA) Disclosure Statement applies to forms and other information collection requirements associated with the IPFQR Program:

PRA Disclosure Statement
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1171 (Expires 11/30/2022)**. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

******CMS Disclosure******
Please do not send applications, claims, payments, medical records, or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, contact the IPFQR Support Contractor at (844) 472-4477.

[Read more](#)

Participating in the IPFQR Program?

[Download v.5.0 Program Manual](#)

[Download v.4.1 Program Manual](#)

[View all Program Manuals](#)

Navigating the New *QualityNet* Website

Inpatient Psychiatric Facility Quality Reporting Program Overview Page

Scroll down to the bottom half of the page for options to view additional IPFQR Program information:

- (1) Learn more button
- (2) Measures, Public Reporting, and Data Management links
- (3) Inpatient Psychiatric Facility News link

Inpatient Psychiatric Facility Quality Programs

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program **1** [Learn more](#)

Learn about Inpatient Psychiatric Facility Measures, Public Reporting, and Data Management **2**

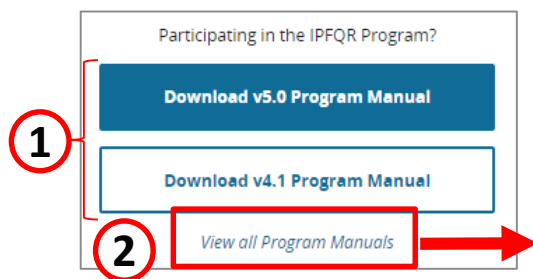
Inpatient Psychiatric Facility News **3**

Nov 4, 2019
CMS Releases January 2020 Hospital Compare Hospital Data for Preview

Nov 30, 2018
CMS Releases February 2019 Hospital Compare Preview Reports

Nov 16, 2018
CMS Announcing New Preview User Interface for the Hospital Compare Preview Period, Refresh of Hospital Star Ratings, and Other Important Updates

Navigating the New *QualityNet* Website IPFQR Program Manuals



On the IPF Overview page, click (1) a button to download one of the last two versions of the manual or (2) click the *View all Program Manuals* link to see the IPFQR Program Resources page. You can access other resources from (3) the menu on the left side of the Resources page.

Home / Inpatient Psychiatric Facilities / Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program /

Resources

Overview IPFQR Measures Participation APU Resources Webinars

Program Manuals

IPFQR Program Manuals

File Name	File Type	File Size	
Version 5.0 (05/31/19)	PDF	5.8 MB	Download
Provides a comprehensive overview of the IPFQR Program, measure details, as well as step-by-step guidance on the QualityNet Secure Portal registration, data submission using the web-based measures application, and preview report processes.			
Release Notes, Version 5.0 (05/31/19)	PDF	87 KB	Download
Key updates to the manual are described in the Release Notes, Version 5.0.			

Previous Program Manual Versions

File Name	File Type	File Size	
Version 4.1 (03/28/19)	PDF	5.2 MB	Download
Version 4.0 (06/21/18)	PDF	5.8 MB	Download
Version 3.1 (12/20/17)	PDF	3.8 MB	Download
Version 3.0 (06/13/17)	PDF	3.7 MB	Download
Version 2.2 (02/02/17)	PDF	3.7 MB	Download
Version 2.1 (06/07/16)	PDF	2.8 MB	Download
Version 2.0 (01/26/16)	PDF	2.5 MB	Download
Version 1.0 (02/04/15)	PDF	3.4 MB	Download

3

This screenshot shows the "Resources" page of the IPFQR Program. The page has a blue header with the title "Resources" and a navigation menu with links for "Overview", "IPFQR Measures", "Participation", "APU", "Resources", and "Webinars". The "Resources" link is highlighted with a red box. Below the navigation menu, there is a left-hand menu with links for "Program Manuals", "Program Resources", "Measures Resources", "Web Resources", and "Archived Resources". The "Program Manuals" link is highlighted with a red box. The main content area is titled "IPFQR Program Manuals" and contains a table of manual versions. The table has columns for "File Name", "File Type", and "File Size", and a "Download" link for each version. The current version is "Version 5.0 (05/31/19)". Below this table is a section for "Previous Program Manual Versions" with a similar table listing versions from 4.1 down to 1.0. A red bracket on the left side of the page encompasses the left-hand menu and is labeled with a circled "3".

Navigating the New *QualityNet* Website

IPFQR Measure Resources

Click the Measure Resources link to access the optional paper tools for data to be submitted in the summer of 2020 and the summer of 2021.

Home / Inpatient Psychiatric Facilities / Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program /

Resources

Overview IPFQR Measures Participation APU **Resources** Webinars

- Program Manuals
- Program Resources
- Measures Resources**
- Web Resources
- Archived Resources

IPFQR Measures Resources

The following tools are designed as optional, informal mechanisms to assist IPFs in the collection of data for the IPFQR Program:

Paper Tools for Data to be Submitted Summer of 2020

File Name	File Type	File Size
Hospital-Based Inpatient Psychiatric Services (HBIPS)-2 and -3	PDF	Download
HBIPS-5	PDF	Download
Screening for Metabolic Disorders	PDF	Download
Substance Use (SUB) -2/-2a, -3/-3a	PDF	Download
Tobacco Use (TOB) -2/-2a, -3/-3a	PDF	Download
Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record	PDF	Download
IMM-2 (Q4 2019 through Q1 2020)	PDF	Download
Non-Measure Data Collection Tool	PDF	Download

Navigating the New *QualityNet* Website

IPFQR Archived Resources

You can view previously referenced resources on the IPFQR Archived Resources page, including:

- (1) Resource materials pertaining to the claims-based measures
- (2) Summer submission checklists
- (3) Various measure abstraction, event tracking, and data collection paper tools

Home / Inpatient Psychiatric Facilities / Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program /

Resources

Overview IPFQR Measures Participation APU **Resources** Webinars

Program Manuals

Program Resources

Measures Resources

Web Resources

Archived Resources

IPFQR Archived Resources

1 Claims-Based Measures

Resource materials pertaining to past ISR confidential review periods for the CBMs are listed below:

File Name	File Type	File Size
FY 2019	ZIP	Download
FY 2018	ZIP	Download

2 Checklists

The following checklists were designed to assist IPFs with meeting prior submission deadlines:

File Name	File Type	File Size
FY 2020	ZIP	Download
FY 2019	ZIP	Download

3 Paper Tools

File Name	File Type	File Size
Submitted Summer of 2019	ZIP	Download
Submitted Summer of 2018	ZIP	Download
Submitted Summer of 2017	ZIP	Download

Acronyms

CE	continuing education	IPFQR	Inpatient Psychiatric Facility Quality Reporting
CMS	Centers for Medicare & Medicaid Services	PAD	Psychiatric Advance Directives
CY	Calendar Year	Q	Quarter
FY	Fiscal Year	Q&A	Questions and Answers
HBIPS	Hospital-Based Inpatient Psychiatric Services	SUB	Substance Use Measures
IMM	Influenza immunization measure	TOB	Tobacco Treatment Measures
IPF	inpatient psychiatric facility	VIQR	Value, Incentives, and Quality Reporting

IPFQR Program Manual Version 5.1 and Updated Paper Tools Review

Helpful Resources

Future Webinar Topics



IPFQR Program: Navigating the *Hospital Compare* Website

Find out how to leverage the *Hospital Compare* website to view and download IPFQR Program data.

Finding IPFQR Program Information on the *QualityNet* Website

Learn how to access all IPFQR Program areas of the *QualityNet* website, including the *QualityNet Secure Portal*.



COMPLIANCE



An Introduction to the IPFQR Program

Review program guidelines, requirements, and timelines.



Future webinar titles, dates, and times will be communicated via the IPFQR Program Listserve.

Helpful Resources

**IPFQR Program Webpages
(Click the Icons)**



Helpful Resources

Stay up to date...



...and get answers to your questions.



IPFQR Program Manual Version 5.1 and Updated Paper Tools Review

Thank You

Disclaimer

This presentation was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

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