



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

IPFQR Program Manual Version 6.1 and Updated Paper Tools Review

Presentation Transcript

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Evette Robinson : Before we proceed with today's webinar, I would like to cover a couple of housekeeping items specific to the IPFQR Program's webinar events. We ask that you submit any questions, pertinent to the webinar topic, to us via the Chat tool. Any unanswered questions will be responded to and considered for publication in the [QualityNet Questions and Answers Tool](#) at a later date. Any questions received that are not related to the topic of the webinar will not be answered in the Chat tool. Instead, we recommend that you go to the *QualityNet* Q&A tool to search for posted question-and-answer pairs and 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. 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 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.

Welcome to today's presentation titled *IPFQR Program Manual Version 6.1 and Updated Paper Tools Review*. My name is Evette Robinson, the IPFQR Program Lead for the VIQR Support Contractor, and I will be the presenter for today's event.

The purpose of today's webinar is to review key updates to the recently published Inpatient Psychiatric Facility Quality Reporting Program Manual Version 6.1, as well as various optional paper tools pertinent to the IPFQR Program to equip IPFs with tools to meet IPFQR Program requirements.

By the end of this presentation, attendees will be able to interpret and use the IPFQR Program Manual Version 6.1 and optional paper tools in order to meet IPFQR Program requirements.

In the first part of today's presentation, I will talk about the recently published IPFQR Program Manual. To level-set our understanding of the manual, I will provide an overview of the document.

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The IPFQR Program manual is intended for use as a reference to encourage successful provider participation in the IPFQR Program. The effective date for the IPFQR Program Manual Version 6.1 is January 1, 2021. This means that you will reference this version of the manual to find IPFQR Program requirements pertaining to data that will be reported to CMS during the 2022 summer data submission period, impacting the Fiscal Year (FY) 2023 annual payment update, or APU. It is available in a downloadable format and it is searchable by keywords to help providers access pertinent information easily. The manual can be downloaded from the [QualityNet](#) and [Quality Reporting Center](#) websites by clicking the links on this slide. As previously stated, the aim of today's presentation is to provide an overview of key changes to the program manual; however, we strongly recommend that you review the associated release notes for specific details about updates to the IPFQR Program Manual Version 6.1.

This slide displays the major sections and appendices included in the table of contents for version 6.1 of the IPFQR Program Manual. In addition to searching for information in the file by keywords, you can also select the section or appendix of your choice to directly access and learn more about the program requirements and resources.

Next, I will review key updates found in version 6.1 of the IPFQR Program Manual.

Section 1 of the IPFQR Program Manual was updated to include the addition of the term Hospital Quality Reporting, or HQR, System to the Glossary of Terms and provides clarification between the *QualityNet* website and the HQR System. Specifically, the *QualityNet* website provides health care quality improvement news, resources, and data reporting tools and applications. Whereas, the HQR System is an application-based system accessible through the *QualityNet* website that integrates several resources, tools, data submission/retrieval platforms, and secure communication interfaces designed to support CMS' quality reporting programs and initiatives.

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In the Chart Abstraction area of Section 2, references to the SUB-1 and TOB-1 measures were removed, and the numerator and denominator statements of the SUB-2/-2a, TOB-2/-2a, and TOB-3/-3a measures were updated to align with specifications pertinent to discharges from January 1, 2021, as delineated by the measure steward, The Joint Commission.

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*.

The Data Submission area of the manual was revised to include new text and an image to illustrate how IPFs can view the status of the Data Accuracy and Completeness Acknowledgement, or DACA, in the HQR System.

On December 1, 2020, CMS retired the original Hospital Compare tools, which have been replaced by the Medicare Care Compare and Provider Data Catalog websites. In Section 8 of the manual, you will find revised instructions and images that show how IPFQR Program stakeholders can access data in the new public reporting websites. For example, the guidance provided describes how to view measure data for up to three facilities at a time on the Medicare Care Compare site and how to navigate the Provider Data Catalog website to access tables of current and prior reported data at the facility, state, and national level. You can access these websites via the links on this slide.

In the next part of this presentation, I will review the optional paper tools that were created to help IPFs successfully collect and abstract measure data for the IPFQR Program.

Various optional paper tools have been developed for IPFs to use as a mechanism to aid in the collection of measure data for CMS. These tools are available for download at the *QualityNet* IPFQR Program Measures Resources and the Quality Reporting Center IPFQR Program Resources and Tools websites using the weblinks on this slide.

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This slide lists the measures for which the only changes were with respect to discharge dates for data to be submitted in the summer of 2022. This is applicable for the HBIPS-2 and HBIPS-3 event log and the HBIPS-5, Screening for Metabolic Disorders, and the IMM-2 measure abstraction tools. Changes to paper tools relevant to the 2022 data submission period for the remaining non-measure and measure data requirements will be addressed in the following slides.

As you can see on this slide, CMS updated the non-measure data collection tool effective for discharges in calendar year 2021 to include updated instructions for how you can identify and categorize discharges by diagnostic code. It also includes an updated appendix for the coding crosswalks pertinent to the diagnostic categories. Refer to the webinar titled *Review of the Non-Measure Data Collection Paper Tool* for more details at the *QualityNet* IPFQR Program Webinar and Quality Reporting Center Archived Events websites.

The data collection paper tool for the Transition Record measures includes updates for data collection in calendar year 2021, and the revised definition for the *Reason for IPF Admission* element has been aligned with the definition found in the IPFQR Program Manual Version 6.1.

CMS collaborated with the American Psychiatric Association (APA) to create guidelines to further clarify and provide examples of documentation necessary to meet the *Reason for IPF Admission* element of the Transition Record with Specified Elements Received by Discharged Patients measure. Initially published on July 1, 2020, this document includes examples that demonstrate how an IPF can succinctly include all the information that is most useful for this element, and each example includes a statement regarding the duration of the present illness. While it may be possible to meet this element without including information about duration, CMS and the APA believe that providing information about the duration of present illness is an important component of the description of how and why a patient was admitted to an inpatient psychiatric facility.

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CMS updated the Substance Use measures paper tool to reflect collection of data for discharges in Quarter 1 through Quarter 4 of 2021. You will notice that the blue box pertaining to the SUB-1 measure was removed as was text pertaining to abstracting for the SUB-1 measure elements.

CMS revised the Substance Use measures paper tool to align with the algorithm of the SUB-2 and SUB-2a measures.

CMS updated the Tobacco Treatment measures paper tool to reflect collection of data for discharges in Quarter 1 through Quarter 4 of 2021. Again, you will notice that the blue box pertaining to the TOB-1 measure was removed as was text pertaining to abstracting for the TOB-1 measure elements.

In addition to adjusting the dates, CMS revised the Tobacco Treatment measures paper tool to align with the algorithm of the TOB-2 and TOB-2a measures, including the new allowable values for the *Tobacco Use Status* data element.

Here some points to remember about the paper tools. CMS created these optional paper tools to assist IPFs with the collection of the measure and non-measure data that are required for the IPFQR Program. The tools are designed to collect patient-specific, or patient-level, data; however, once abstracted, the data will need to be compiled and reported to CMS annually in aggregate into the *QualityNet Secure Portal*. All 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.

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

The next few slides include links to helpful resources.

This slide lists several upcoming webinar topics. We use the IPFQR Program Listserve to notify subscribers of future webinar information.

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In a few moments I will provide more information about how you can subscribe to the IPFQR Program Listserve to receive email notifications about upcoming webinar events and other information about the IPFQR Program.

CMS recommends that IPFs refer to the updated IPFQR Program Manual for information pertaining to the IPFQR Program. The manual is located on the *QualityNet* and Quality Reporting Center websites, which can be accessed by clicking on the icons on this slide. The IPFQR Program Manual contains information about program requirements, program measures, and various tools pertinent to the IPFQR program.

We encourage you to keep us up to date with points of contact at your facility by sending the completed Contact Change Form to us whenever there are staff changes relevant to the IPFQR Program or other quality reporting programs. We also recommend that you sign up for the IPFQR Program Listserve, if you have not already, by clicking on the Listserve Registration icon on this slide. Once enrolled in the IPFQR Program Listserve, you will receive communications pertaining to IPFQR Program webinars, program updates, and other announcements. Information about upcoming webinars can be viewed by clicking on the Upcoming Webinars icon. We encourage everyone to leverage the Find an Answer function in the *QualityNet* Q&A tool to find information about program requirements and measures, OR, if not found, submit your inquiries to us via the tool. We also welcome your recommendations for future webinar topics via the Q&A tool, which you can access by selecting the Q&A tool icon. You can click on the Email Support icon to send an email to us with questions regarding eligibility, such as next steps for a newly-eligible provider or to notify us that an IPF is closed or will be closing. You can also contact the VIQR Support Contract team via phone at (866) 800-8765 or secure fax at (877) 789-4443.

This concludes the content portion of today's webinar titled *IPFQR Program Manual Version 6.1 and Updated Paper Tools Review*. Thank you for your time and attention. Have a great day!