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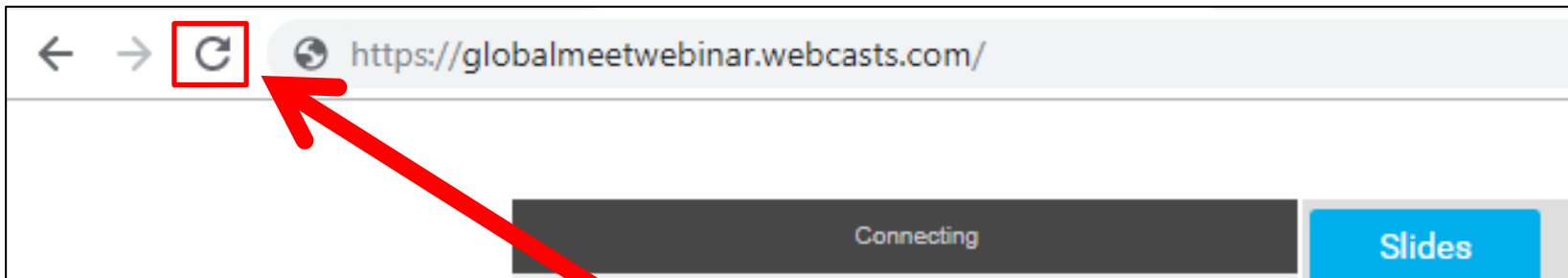
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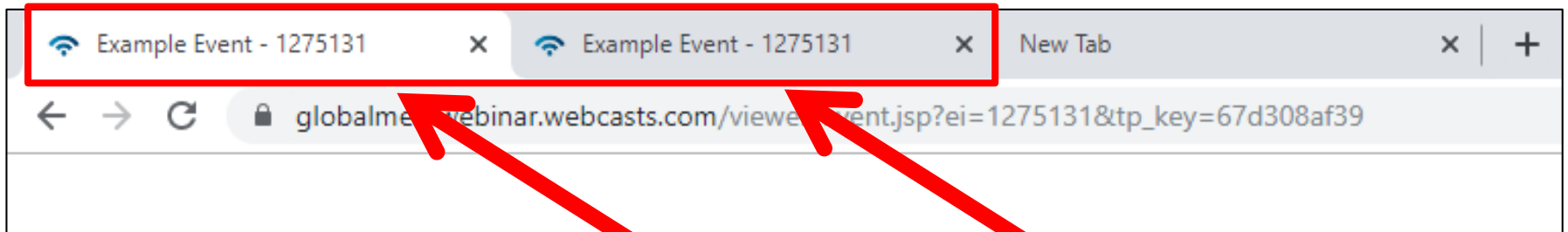
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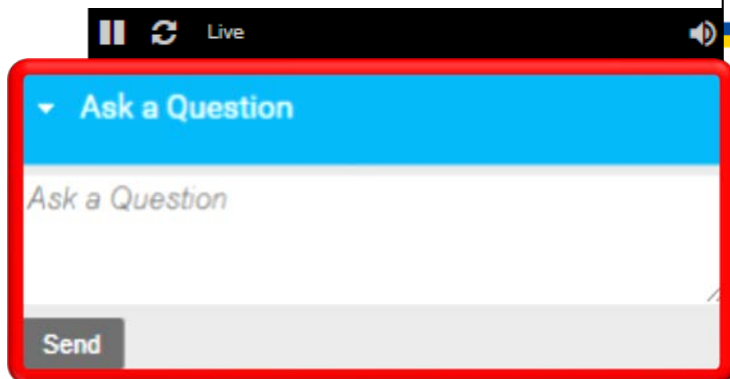
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Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor



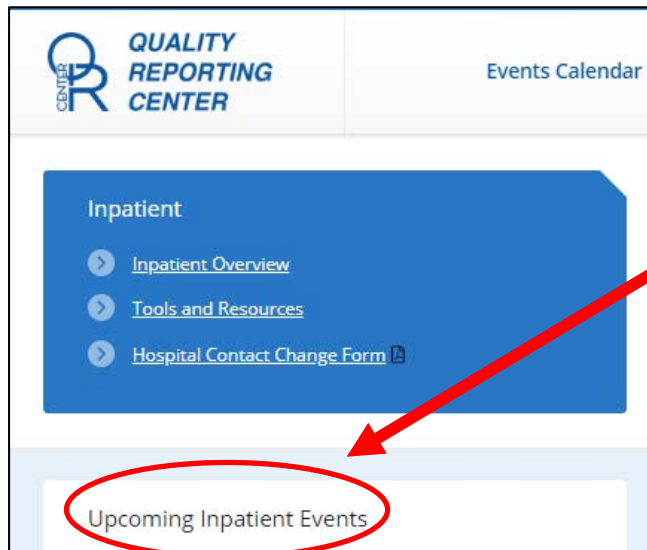
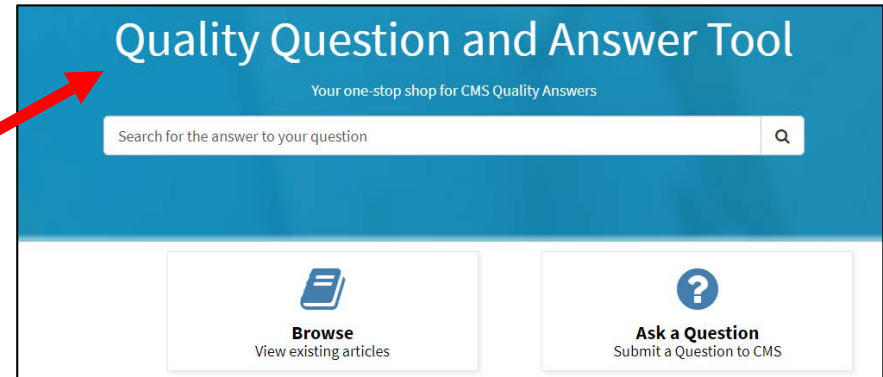
Today's Presentation



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IPFQR Program Manual Version 6.1 and Updated Paper Tools Review

Evette Robinson, MPH, CPHQ

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

February 10, 2021

Purpose

This presentation will review updates to the latest version of the *Inpatient Psychiatric Facility Quality Reporting Program Manual Version 6.1* and various optional paper tools to equip inpatient psychiatric facilities (IPFs) with tools to meet IPFQR Program requirements.

Objectives

Attendees will be able to leverage the IPFQR Program Manual Version 6.1 and optional paper tools to meet IPFQR Program requirements.

IPFQR Program Manual Version 6.1 and Updated Paper Tools Review

IPFQR Program Manual: Overview

IPFQR Program Manual Overview

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

The effective date for the IPFQR Program Manual Version 6.1 is January 1, 2021, meaning that it pertains to all data that will be reported to CMS in calendar year (CY) 2022.

A release notes document detailing specific changes made to the manual was published alongside version 6.1 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
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- 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 Version 6.1 and Updated Paper Tools Review

IPFQR Program Manual: Major Changes

IPFQR Program Manual

Section 1: *QualityNet* and Glossary of Terms

Section 1 includes the addition of the term “Hospital Quality Reporting (HQR) system” to the Glossary of Terms and provides clarification between the *QualityNet* website and the HQR system.

- ***QualityNet*** provides health care quality improvement news, resources, and data reporting tools and applications.
- 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.

IPFQR Program Manual

Section 2: Measure Details

In the Chart Abstraction area of Section 2, references to the Alcohol Use Screening (SUB-1) and Tobacco Use Screening (TOB-1) measures were removed and the numerator and denominator statements of the following measures were updated to align with specifications pertinent to discharges from January 1, 2021 onward, as delineated by The Joint Commission:

- SUB-2/-2a
- TOB-2/-2a
- TOB-3/-3a

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

Section 6: Data Accuracy and Completeness Acknowledgement

The Data Accuracy and Completeness Acknowledgement (DACA) section of the manual was revised to include new text and an image to illustrate how IPFs can view the status of the DACA in the Hospital Quality Reporting system.

IPFQR Program Manual

Section 8: Public Reporting of IPFQR Program Data

Section 8 includes revised instructions and images that show ways to access data on the new public reporting websites:

- [Medicare Care Compare](#)
- [Provider Data Catalogue](#)

IPFQR Program Manual Version 6.1 and Updated Paper Tools Review

Optional Paper Tools

Optional Paper Tools

CMS developed various optional paper tools to aid IPFs in the collection of measure data. The paper tools are available for download at the following webpages:

- [QualityNet IPFQR Program Measures Resources](#)
- [Quality Reporting Center IPFQR Program Resources and Tools](#)

Optional Paper Tools

Effective dates and/or relevant discharge dates were changed in the following optional paper tools:

- Hospital-Based Inpatient Psychiatric Services (HBIPS)-2 and HBIPS-3
- HBIPS-5
- Screening for Metabolic Disorders
- IMM-2

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.

Optional Paper Tools

CY 2021 Non-Measure Data Collection Tool

CMS updated the non-measure data collection tool effective for Q1–Q4 2021 discharges to include updated instructions for how to identify and categorize discharges by diagnostic code and included an updated appendix for the coding crosswalk.

Non-Measure Data Collection Tool
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

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) Inpatient Psychiatric Facility Quality Reporting (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.
- To report non-measure data to CMS, IPFs must group the annual discharges based on the diagnostic categories listed in the table above. CMS created crosswalk tables of the Clinical Classifications Software (CCS) and the Clinical Classifications Software Refined (CCSR) codes developed under the Healthcare Cost and Utilization Project by the Agency for Healthcare Research and Quality as they relate to International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes. See the instructions below to access the crosswalk tables of these codes in the Appendix at the end of this document.

Non-Measure Data Collection Tool
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021) Page 1 of 30

Non-Measure Data Collection Tool
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

Appendix

Table 1: CCS 651 - Anxiety Disorders

ICD-10-CM Code	CCSR Category 1	CCSR Category 1 Description
F064	MBD005	Anxiety disorder due to known physiological condition
F4000	MBD005	Agoraphobia, unspecified
F4001	MBD005	Agoraphobia with panic disorder
F4002	MBD005	Agoraphobia without panic disorder
F4010	MBD005	Social phobia, unspecified
F4011	MBD005	Social phobia, generalized
F40210	MBD005	Arachnophobia
F40218	MBD005	Other animal type phobia
F40220	MBD005	Fear of thunderstorms
F40228	MBD005	Other natural environment type phobia
F40230	MBD005	Fear of blood
F40231	MBD005	Fear of injections and transfusions
F40232	MBD005	Fear of other medical care
F40233	MBD005	Fear of injury
F40240	MBD005	Claustrophobia
F40241	MBD005	Acrophobia
F40242	MBD005	Fear of bridges
F40243	MBD005	Fear of flying
F40248	MBD005	Other situational type phobia
F40290	MBD005	Androphobia
F40291	MBD005	Gynephobia
F40298	MBD005	Other specified phobia
F408	MBD005	Other phobic anxiety disorders
F409	MBD005	Phobic anxiety disorder, unspecified
F410	MBD005	Panic disorder [episodic paroxysmal anxiety]
F411	MBD005	Generalized anxiety disorder
F413	MBD005	Other mixed anxiety disorders
F418	MBD005	Other specified anxiety disorders
F419	MBD005	Anxiety disorder, unspecified
F42	MBD006	Obsessive-compulsive disorder
F422	MBD006	Mixed obsessional thoughts and acts
F423	MBD006	Hoarding disorder
F424	MBD006	Excoriation (skin-picking) disorder
F428	MBD006	Other obsessive-compulsive disorder
F429	MBD006	Obsessive-compulsive disorder, unspecified
F430	MBD007	Acute stress reaction
F4310	MBD007	Post-traumatic stress disorder, unspecified
F4311	MBD007	Post-traumatic stress disorder, acute

Non-Measure Data Collection Tool
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021) Page 3 of 30

Optional Paper Tools

CY 2021 Transition Record Measures

The data collection paper tool for the Transition Record measures includes updates for data collection effective for Q1–Q4 2021 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 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

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@hsag.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 a short synopsis that describes how and/or why the patient was admitted to the inpatient psychiatric facility, including any triggering or precipitating events. A diagnosis or a list of symptoms 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 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

Page 1 of 8

Optional Paper Tools

Reason for IPF Admission Element Guidelines

CMS collaborated with the American Psychiatric Association to create guidelines to assist IPFs and abstractors utilize and identify documentation necessary to meet the *Reason for IPF Admission* element of the Transition Record with Specified Elements Received by Discharged Patients measure.

Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) Measure: *Reason for IPF Admission* Element Guidelines*

Definition

Reason for IPF Admission - A short synopsis that describes how and/or why the patient was admitted to the inpatient psychiatric facility, including any triggering or precipitating events. A diagnosis or a list of symptoms alone is not sufficient.¹

Documentation should include:

- Patient name
- Brief history of present illness, including duration. This should generally include a description of recent events, contributing symptoms, and/or behaviors that prompted admission (including risk to self or others)
- Key psychosocial, legal and/or physical health factors that contributed to the need for admission
- Legal status (if relevant)

Sample Documentation

The *Reason for IPF Admission* element description may be kept to a relatively short text field to allow most electronic health records (EHRs) to accommodate it as structured text. The following examples provide enough information to satisfy the *Reason for IPF Admission* element of the measure and fit into most EHRs.

- Jane Doe was admitted with a 2-month history of an increasingly depressed mood, difficulty sleeping and suicidal thoughts with a plan to take an overdose. Recent events include poor adherence with antidepressant treatment, becoming homeless and conflict with family that led them to contact police.
- Jacob Doe was admitted with a 3-week history of social withdrawal, suspiciousness, and thoughts that the neighbors were poisoning the ventilation system, and statements that he may wish to harm the neighbors. Recent events include a hospitalization for uncontrolled diabetes and last week's loss of his job as a waiter.
- James Doe was admitted with an acute onset of depression, hopelessness and a suicide attempt by hanging with sheets in a jail holding cell. Recent events include financial difficulties, homelessness, heavy alcohol use, and an arrest for driving under the influence.
- Jean Doe was admitted with a 6-month history of increasing auditory hallucinations, disorganization, poor self care, and limited insight into having an illness. Recent events include poor adherence to medications, reluctance to engage with her assertive community treatment team, and a hospitalization for staph infection of a stasis ulcer on her left leg.

* Developed in collaboration with the American Psychiatric Association

June 2020

¹ The definition of the term Reason for IPF Admission was updated for clarity in the IPFQR Program Manual, Version 6.0



Optional Paper Tools

CY 2021 Substance Use Measures

CMS updated the Substance Use measures paper tool to reflect collection of data for Q1–Q4 2021 discharges.

Abstraction Paper Tool for the Substance Use (SUB) Measures
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

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.

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-2

- 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 for SUB-2. The case will not be included in the numerator or denominator count for SUB-2.
 - 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 for SUB-2. The case will not be included in the numerator or denominator count for SUB-2.
 - b. If *Length of Stay* is greater than one day, proceed to *Comfort Measures Only*.
- 3. When is the earliest physician, advanced practice nurse (APN), or physician assistant (PA) documentation of comfort measures only?** (*Comfort Measures Only*) _____
 - a. If *Comfort Measures Only* equals 1, 2, or 3, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for SUB-2. The case will not be included in the numerator or denominator count for SUB-2.
 - b. If *Comfort Measures Only* equals 4, proceed to *Alcohol Use Status*.

Abstraction Paper Tool for the Substance Use (SUB) Measures
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021) Page 1 of 7

Optional Paper Tools

CY 2021 Substance Use Measures

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

Abstraction Paper Tool for the Substance Use (SUB) Measures
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

4. What is the patient's alcohol use status? (Alcohol Use Status)

- 1 The patient was screened with a validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates no or low risk of alcohol related problems.
- 2 The patient was screened with a validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates unhealthy alcohol use (moderate or high risk) benefiting from brief intervention.
- 3 The patient was screened with a non-validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates no or low risk of alcohol related problems.
- 4 The patient was screened with a non-validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates unhealthy alcohol use (moderate or high risk) benefiting from brief intervention.
- 5 The patient refused the screen for alcohol use within the first day of admission (by end of Day 1).
- 6 The patient was not screened for alcohol use within the first day of admission (by end of Day 1) or unable to determine from medical record documentation.
- 7 The patient was not screened for alcohol use within the first day of admission (by end of Day 1) because of cognitive impairment.

a. If Alcohol Use Status equals 1, 5, or 7, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator count for SUB-2.

b. If Alcohol Use Status equals 3, 4, or 6, the case will be included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for SUB 2. Add 0 to the numerator for SUB 2.

c. If Alcohol Use Status equals 2 proceed to Brief Intervention.

5. Did patient receive a brief intervention prior to discharge? (Brief Intervention)

- 1 The patient received the components of a brief intervention.
- 2 The patient refused/declined the brief intervention.
- 3 Brief counseling was not offered to the patient during the hospital stay or unable to determine if a brief intervention was provided from medical record documentation.

a. If Brief Intervention equals 3, the case will be included (Measure Category Assignment of "D"). Add 1 to the denominator count for SUB-2. Add 0 to the numerator count. Stop abstracting for SUB-2.

b. If Brief Intervention equals 1 or 2, the case will be included (Measure Category Assignment of "E"). Add 1 to BOTH the numerator and denominator count for SUB-2. Proceed to SUB-2a.

Abstraction Paper Tool for the Substance Use (SUB) Measures
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021) Page 2 of 7

Abstraction Paper Tool for the Substance Use (SUB) Measures
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

SUB-2a

1. Determine numerator and denominator for SUB-2a.

- a. If the case is excluded for SUB-2 (Measure Category Assignment of "B"), it will not be in sub-measure SUB-2a. Add 0 to the numerator and denominator for SUB-2a. Stop abstracting.
- b. If the case is included in SUB-2 (Measure Category Assignment of "D" or "E"), recheck Alcohol Use Status.

2. What is the patient's alcohol use status? (Alcohol Use Status)

- a. If Alcohol Use Status equals 3, 4, or 6, the case will be not included. Stop abstracting. The case will not be included in the numerator and denominator count for SUB-2a.
- b. If Alcohol Use Status equals 2 proceed to Brief Intervention.

3. Did patient receive a brief intervention prior to discharge? (Brief Intervention)

- a. If Brief Intervention equals 2 or 3, the case will be included (Measure Category Assignment of "D"). Add 1 to the denominator count for SUB-2a. Add 0 to the numerator. Stop abstracting for SUB-2a.
- b. If Brief Intervention equals 1, the case will be included (Measure Category Assignment of "E"). Add 1 to BOTH the numerator and denominator count for SUB-2a. Stop abstracting.

SUB-3

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 for SUB-3. The case will not be included in the numerator or denominator count for SUB-3.
- 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 for SUB-3. The case will not be included in the numerator or denominator count for SUB-3.
- b. If Length of Stay is greater than one day, proceed to Comfort Measures Only.

3. When is the earliest physician, advanced practice nurse (APN), or physician assistant (PA) documentation of comfort measures only? (Comfort Measures Only) _____

Abstraction Paper Tool for the Substance Use (SUB) Measures
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021) Page 3 of 7

Optional Paper Tools

CY 2021 Tobacco Treatment Measures

CMS updated the Tobacco Treatment measures paper tool to reflect collection of data for Q1–Q4 2021 discharges.

Abstraction Paper Tool for the Tobacco Treatment (TOB) Measures
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

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.

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-2

- 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-2. Add 0 to the numerator and denominator for TOB-2.
 - 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-2. Add 0 to the numerator and denominator for TOB-2.
 - b. If *Length of Stay* is greater than one day, proceed to *Comfort Measures Only*.
- 3. When is the earliest physician, APN, or PA documentation of comfort measures only?** (*Comfort Measures Only*) _____
 - a. If *Comfort Measures Only* equals 1, 2, or 3, 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-2. Add 0 to the numerator and denominator for TOB-2.
 - b. If *Comfort Measures Only* equals 4, proceed to *Tobacco Use Status*.

Abstraction Paper Tool for the Tobacco Treatment (TOB) Measures
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

Page 1 of 9

Optional Paper Tools

CY 2021 Tobacco Treatment Measures

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.

Abstraction Paper Tool for the Tobacco Treatment (TOB) Measures Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

4. What is the patient's tobacco use status? (*Tobacco Use Status*) _____

- _____ 1 Current everyday tobacco user.
- _____ 2 Current some day tobacco user.
- _____ 3 Former tobacco user.
- _____ 4 Never tobacco user.
- _____ 5 The patient refused the tobacco use screen.
- _____ 6 Tobacco use status unknown.
- _____ 7 The patient was not screened for tobacco use within the first day of admission (by end of Day 1) because of cognitive impairment.

- a. If *Tobacco Use Status* equals 3, 4, 5, 6, or 7, proceed to *Tobacco Use Status*.
- b. If *Tobacco Use Status* equals 1 or 2, proceed to *Tobacco Use Treatment Practical Counseling*.

5. What is the patient's tobacco use status? (*Tobacco Use Status*) _____

- a. If *Tobacco Use Status* equals 3, 4, 5, or 7, 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-2. Add 0 to the numerator and denominator for TOB-2.
- b. If *Tobacco Use Status* equals 6, the case will be included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for TOB-2. Add 0 to the numerator for TOB-2.

6. Did the patient receive all of the components of practical counseling (recognizing danger situations, developing coping skills, and providing basic information about quitting) during the hospital stay? (*Tobacco Use Treatment Practical Counseling*) _____

- _____ 1 The patient received all components of practical counseling during the hospital stay.
 - _____ 2 The patient refused/declined practical counseling during the hospital stay.
 - _____ 3 Practical counseling was not offered to the patient during the hospital stay, or unable to determine if tobacco use treatment was provided from medical record documentation.
- a. If *Tobacco Use Treatment Practical Counseling* equals 3, the case will be included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for TOB-2. Add 0 to the numerator for TOB-2.
 - b. If *Tobacco Use Treatment Practical Counseling* equals 1 or 2, proceed to *Tobacco Use Status*.

Abstraction Paper Tool for the Tobacco Treatment (TOB) Measures Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

TOB-2a

1. Determine numerator and denominator for TOB-2a.

- a. If the case is excluded for TOB-2 (Measure Category Assignment of "B"), it will not be in sub-measure TOB-2a. Stop abstracting. Add 0 to the numerator and denominator for TOB-2a.
- b. If the case is included in TOB-2 (Measure Category Assignment of "D" or "E"), recheck *Tobacco Use Status*.

2. What is the patient's tobacco use status? (*Tobacco Use Status*) _____

- a. If *Tobacco Use Status* equals 6, the case will not be included. Stop abstracting. Add 0 to BOTH the numerator and denominator for TOB-2a.
- b. If *Tobacco Use Status* equals 1 or 2, proceed to *Tobacco Use Treatment Practical Counseling*.

3. Did the patient receive all components of practical counseling (recognizing danger situations, developing coping skills, and providing basic information about quitting) during the hospital stay? (*Tobacco Use Treatment Practical Counseling*) _____

- a. If *Tobacco Use Treatment Practical Counseling* equals 2 or 3, the case will be included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for TOB-2a. Add 0 to the numerator for TOB-2a.
- b. If *Tobacco Use Treatment Practical Counseling* equals 1, proceed to *Tobacco Use Status*.

4. What is the patient's tobacco use status? (*Tobacco Use Status*) _____

- a. If *Tobacco Use Status* equals 2, the case will be included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-2a.
- b. If *Tobacco Use Status* equals 1, proceed to *Tobacco Use Treatment FDA-Approved Cessation Medication*.

5. Did the patient receive one of the FDA-approved tobacco cessation medications during the hospital stay? (*Tobacco Use Treatment FDA-Approved Cessation Medication*) _____

- a. If *Tobacco Use Treatment FDA-Approved Cessation Medication* equals 1, the case is included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-2a.
- b. If *Tobacco Use Treatment FDA-Approved Cessation Medication* equals 2, the case is included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for TOB-2a. Add 0 to the numerator for TOB-2a.
- c. If *Tobacco Use Treatment FDA-Approved Cessation Medication* equals 3, proceed to *Reason for No Tobacco Cessation Medication During the Hospital Stay*.

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 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.



Acronyms

CMS	Centers for Medicare & Medicaid Services	IPFQR	Inpatient Psychiatric Facility Quality Reporting
CY	Calendar Year	PAD	Psychiatric Advance Directives
DACA	Data Accuracy and Completeness Acknowledgement	Q	Quarter
FY	Fiscal Year	Q&A	Questions and Answers
HBIPS	Hospital-Based Inpatient Psychiatric Services	SUB	Substance Use Measures
HQR	Hospital Quality Reporting	TOB	Tobacco Treatment Measures
IPF	inpatient psychiatric facility	VIQR	Value, Incentives, and Quality Reporting

IPFQR Program Manual Version 6.1 and Updated Paper Tools Review

Helpful Resources

Future Webinar Topics



IPFQR Program: Navigating the Public Reporting Websites

Find out how to leverage the *Medicare Care Compare* and *Provider Data Catalogue* websites to view and download IPFQR Program data.

IPFQR Program: Leveraging the *QualityNet* Questions and Answers (Q&A) Tool Learn how to search the *QualityNet* Q&A Tool for published articles and submit questions that are not currently published.



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.



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Thank You

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