



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

**Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program:  
FY 2022 IPF PPS Proposed Rule  
Presentation Transcript**

**Moderator**

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# Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

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**Evette Robinson:** Before we proceed with today's webinar, I would like to remind everyone that 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, as well as submit any new questions to us that are not already addressed in the Q&A tool or in a previously published summary of 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 *Inpatient Psychiatric Facility Quality Reporting Program: FY 2022 IPF PPS Proposed Rule*. My name is Evette Robinson. I am the IPFQR Program Lead for the [Inpatient] VIQR Support Contractor, and I will be the moderator for today's event. I would like to welcome our guest speaker for today's presentation, Lauren Lowenstein. Lauren is the Program Lead for the Inpatient Psychiatric Facility Quality Reporting Program. She received her Master's in Public Health degree from the Johns Hopkins Bloomberg School of Public Health and her Master's in Social Work degree from the University of Maryland.

This presentation will summarize the proposed updates to the IPFQR Program, as outlined in the Fiscal Year (FY) 2022 Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) Proposed Rule.

By the end of this presentation, attendees will be able to interpret the FY 2022 IPF PPS Proposed Rule and describe the proposed changes to the IPFQR Program.

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Now, I will turn the presentation over to our speaker, Lauren Lowenstein.

**Lauren Lowenstein:** Thank you, Evette. The next few slides will include an overview of the purpose and rationale of the proposed changes to the IPFQR Program.

Publication of the proposed rule enables CMS to inform IPFQR Program participants about intended modifications to the program, solicit public comment on proposed changes, and provide ample time for IPFs to prepare for potential program changes.

There are two new measures that CMS proposes to adopt into the IPFQR Program: the COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) measure (which IPFs would report to the CDC for the FY 2023 payment determination and subsequent years) and the Follow-Up After Psychiatric Hospitalization, or FAPH, measure for the FY 2024 payment determination and subsequent years. This is a claims-based measure that would be calculated by CMS.

CMS is proposing to remove four measures from the IPFQR Program, including three chart-abstracted measures and one claims-based measure. The chart abstracted measures proposed for removal are the Alcohol Use Brief Intervention Provided or Offered and Alcohol Use Brief Intervention, referred to as the SUB-2/2a measure; the Tobacco Use Brief Intervention Provided or Offered and Tobacco Use Brief Intervention, also known as the TOB-2/2a measure; as well as the Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care). The Follow-Up After Hospitalization for Mental Illness claims-based measure is being proposed for removal and to be replaced by the Follow-Up After Psychiatric Hospitalization, or FAPH, measure mentioned on the previous slide.

CMS proposes changes to the procedural requirements of the IPFQR Program, pertaining to the QualityNet System Administrator role in the Hospital Quality Reporting, or HQR, system.

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CMS also proposes to change the data submission requirements by adopting patient-level reporting for certain chart-abstracted measures beginning with FY 2024 payment determination and subsequent years.

In addition, we are requesting public comment on elements of a potential data validation pilot considering CMS' plans to adopt a data validation policy for the IPFQR Program, if we finalize our proposal to adopt patient-level data requirements. Also, CMS welcomes public comment on CMS' plans to close the Health Equity Gap in CMS Quality Programs, the current measure set, as well as on possible new measures and new measure topics.

In this proposed rule, CMS is not proposing any changes to its previously finalized public display and review requirements, including the areas of reporting requirements for the FY 2022 payment determination and subsequent years, quality measure sampling requirements, non-measure data collection, Data Accuracy and Completeness Acknowledgement (DACA) requirements, reconsideration and appeals procedures, and the Extraordinary Circumstances Exceptions (ECE) policy. Next, slide.

In the next portion of today's presentation, I will describe the proposed COVID-19 Vaccination Coverage Among Healthcare Personnel measure.

Vaccination is a critical part of the nation's strategy to effectively counter the spread of COVID-19 and ultimately help restore societal functioning. CMS believes it is important to require that IPFs report healthcare personnel vaccination in their facilities in order to assess whether they are taking steps to protect healthcare workers and to help sustain the ability of IPFs to continue serving their communities throughout the public health emergency and beyond.

COVID-19 Vaccination Coverage Among Healthcare Personnel is a process measure developed by the CDC to assess the proportion of an IPF's healthcare workforce that has been vaccinated against COVID-19.

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Vaccination coverage for the purposes of this measure is defined as the estimated percentage of healthcare personnel eligible to work at the IPF for at least one day who received a completed vaccination course.

The denominator statement for this measure is the number of healthcare personnel eligible to work in the IPF for at least one day during the reporting period, excluding persons with contraindications to the COVID-19 vaccination that are described by the CDC.

The numerator is the cumulative number of healthcare personnel eligible to work in the healthcare facility for at least one day during the reporting period and who received a completed vaccination course against COVID-19 since the vaccine was first available or on a repeated interval if revaccination on a regular basis is needed.

If finalized, IPFs would report COVID-19 vaccination data to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) web-based surveillance system. Data would be reported at least one week each month beginning in October 2021 for the fourth quarter of 2021, which is October 1, 2021 through December 31, 2021, affecting FY 2023 payment determination. Reporting would continue for each quarter in subsequent years. The current specifications for this measure will be available at [the URL listed on this slide](#).

Now, I will describe the proposed Follow-Up After Psychiatric Hospitalization (FAPH) measure.

The FAPH measure is an expanded and enhanced version of the Follow-Up After Hospitalization for Mental Illness measure. This measure addresses the percentage of Medicare fee-for-service (FFS) beneficiaries who were discharged from an IPF with a principal diagnosis of select mental illness or Substance Use Disorders (SUDs) for which the patient received a follow-up visit for treatment of mental illness or Substance Use Disorders.

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The FAPH measure uses Medicare FFS claims to calculate two rates would be calculated for this measure. These rates are the percentage of discharges for which the patient received follow-up within seven days of discharge and the percentage of discharges for which the patient received follow-up within 30 days of discharge. Specifically, the measure links Medicare FFS claims submitted by IPFs and subsequent outpatient providers for Medicare FFS IPF discharges. If adopted the FAPH measure would replace the current FUH measure and IPFs would not be required to collect or report data for this FUH claims-based measure or for the FAPH claims-based measure.

The denominator for FAPH includes the number of discharges paid under the IPF PPS during the performance period for Medicare FFS patients with a principal diagnosis of mental illness or Substance Use Disorders.

The first rate that would be reported for this measure includes discharges from a psychiatric facility that are followed by an outpatient visit for treatment of mental illness or Substance Use Disorders within seven days. The second rate reported for this measure would include discharges from a psychiatric facility that are followed by an outpatient visit for treatment of mental illness or Substance Use Disorders within 30 days. This measure includes all provider types for the follow-up visit if it is billed with a diagnosis of mental illness or Substance Use Disorders. For more information about the proposed Follow-Up After Psychiatric Hospitalization measure, click on the link at the bottom of this slide.

Now that we have reviewed the measures proposed for adoption, I would like to provide a brief overview of the measures that CMS proposes to remove from the IPFQR Program.

If CMS finalizes adoption of the Follow-Up After Psychiatric Hospitalization measure, then Follow-Up After Hospitalization for Mental Illness will be removed from the IPFQR Program under measure removal Factor 3, which applies when a “measure can be replaced by a more broadly applicable measure (across settings or populations) or a measure that is more proximal in time to desired patient outcomes for the particular topics applies.”

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CMS proposes to remove the SUB-2 measure and the subset measure SUB-2a from the IPFQR Program beginning with the FY 2024 payment determination under measure removal Factor 8: The costs associated with a measure outweigh the benefit of its continued use in the program. Also, based on data received for the FY 2019 and FY 2020 payment determination, CMS believes that most IPFs routinely offer alcohol use brief interventions and that IPFs will continue to offer these interventions to patients, regardless of whether the SUB-2/2a measure is in the IPFQR Program measure set because it has become an embedded part of their clinical workflows. Please note that the Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge (SUB-3) and the Alcohol & Other Drug Use Disorder Treatment at Discharge (SUB-3a) measures are still in the program.

CMS proposes to remove the TOB-2 measure and the subset measure TOB-2a from the IPFQR Program beginning with the FY 2024 payment determination under measure removal Factor 8: The costs associated with a measure outweigh the benefit of its continued use in the program. Based on data received for the FY 2019 and FY 2020 payment determination, CMS believes that most IPFs routinely offer tobacco use treatment interventions and that IPFs will continue to offer these interventions to patients, regardless of whether the TOB-2/2a measure is in the IPFQR Program measure set because it has become an embedded part of their clinical workflows. Please note that the Tobacco Use Treatment Provided or Offered at Discharge (TOB-3) and the Tobacco Use Treatment at Discharge (TOB-3a) measures are still in the program.

CMS proposes to remove the Timely Transmission of Transition Record measure beginning with the FY 2024 payment determination under measure removal Factor 8: The costs associated with a measure outweigh the benefit of its continued use in the program. The updated Conditions of Participation (CoPs) adopted on May 1, 2020, overlap with requirements of the Timely Transmission of Transition [Record] measure, thereby increasing costs of the measure while decreasing its benefit.

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Per the updated Conditions of Participation, psychiatric hospitals that have EHR systems with the technical capacity to generate information for electronic patient event notifications are required to send electronic patient event notifications of a patient's admission, discharge, and/or transfer to another healthcare facility or to another community provider at the time of a patient's discharge or transfer.

Another area in which CMS proposes to make changes to the IPFQR Program is regarding procedural and data submission requirements.

CMS proposes to update references to the QualityNet System Administrator to QualityNet Security Official and to no longer require active account to qualify for payment. CMS also proposes to adopt patient-level reporting for chart-abstracted measures. The proposed timeline is for voluntary reporting of patient-level data to be available for the summer 2022 data submission period and for mandatory patient-level reporting to be required for the summer 2023 data submission period and subsequent years.

This slide, as well as Table 4 in the proposed rule, can be viewed to see the IPFQR Program measure set for the FY 2023 payment determination and subsequent years if measure adoption is finalized as proposed.

This slide, as well as Table 5 in the proposed rule, can be viewed to see the IPFQR Program measure set for the FY 2024 payment determination and subsequent years if measure adoption is finalized as proposed.

The image on this slide is an infographic designed to help our stakeholders understand how the IPFQR Program reporting periods relate to the fiscal years, otherwise known as payment years. CMS uses quality data collected by IPFs during a reporting period to make payment decisions for a future year. As you can see in the infographic on this slide, IPFs that collected data during the 2020 reporting period are required to submit the data to CMS during calendar year 2021.



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After the data submission deadline, CMS will make preliminary fiscal year 2022 APU decisions, and facilities that do not meet all requirements will receive a 2.0-percentage point reduction to their annual payment update during fiscal year 2022. In simple terms, data collection in a particular year affects CMS payment update determinations two years later.

At this time, I would like to draw your attention to CMS's request for public comment.

CMS is requesting comments on potentially adopting a data validation policy for the IPFQR Program.

CMS aims to address the inequities in healthcare outcomes that persist in the U.S. Specifically, CMS “request[s] information on expanding several related CMS programs to make reporting of health disparities based on social risk factors and race and ethnicity more comprehensive and actionable for hospitals, providers, and patients...[as] part of an ongoing effort across CMS to evaluate appropriate initiatives to reduce health disparities.”

The Request for Information (RFI) in this proposed rule addresses the CMS Disparity Methods initiative, which CMS is considering implementing in the IPFQR Program. Specifically, CMS is “seeking public comment on the potential stratification of quality measures in the IPFQR Program across two social risk factors: dual eligibility and race/ethnicity.” CMS is seeking comment as well on the potential creation of a Facility Equity Score to summarize facility performance across multiple social risk factors, across the two disparity methods, and potentially for multiple measures.

CMS welcomes all comments, but we are particularly interested in comments on future adoption of a patient experience of care data collection instrument, a patient reported functional outcomes measure, and measures for electronic data reporting. I would like to hand the presentation back to Evette at this point, who will tell you how you can access the proposed rule and send us your comments.

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**Evette Robinson:** Thank you, Lauren. We appreciate you taking the time to review this information with us today. As Lauren mentioned, the FY 2022 IPF PPS Proposed Rule is available at the *Federal Register* website and can be accessed by clicking on the link on this slide. CMS will accept comments on the proposed rule and input on the Request for Information until Monday, June 7, 2021.

If you would like to submit a comment electronically you may do so by either clicking on the green button at the top of the proposed rule posted in the *Federal Register* or by clicking on [the URL on this slide](#), searching for “Inpatient Psychiatric Facilities,” and then clicking on the Comment button below the rule. Refer to the *Federal Register* for additional information about other methods to submit comments, such as by mail.

In the next several slides I will review helpful resources pertaining to today’s webinar as well as the IPFQR Program in general.

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

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

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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 [Inpatient] VIQR support contract team via phone at (866) 800-8765, or via secure fax at (877) 789-4443.

This concludes the content portion of today's webinar titled, *IPFQR Program: FY 2022 IPF PPS Proposed Rule*. Thank you for your time and attention. Have a great day!