



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

**IPFQR Program:
FY 2022 IPF PPS Final Rule and APU Determination
Presentation Transcript**

Speaker

Evette Robinson, MPH, CPHQ
Program Lead, IPFQR Program
Inpatient VIQR Outreach and Education Support Contractor
Lauren Lowenstein, MPH, MSW
Program Lead, IPFQR Program
Centers for Medicare & Medicaid Services (CMS)

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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. 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: FY 2022 IPF PPS Final Rule and APU Determination*. My name is Evette Robinson. I am the IPFQR Program Lead for the VIQR Support Contractor. Joining me as our guest speaker for this presentation is Lauren Lowenstein. Lauren is the Program Lead for the Inpatient Psychiatric Facilities Quality Reporting Program at CMS. 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 changes to the IPFQR Program, as delineated in the Fiscal Year 2022 Inpatient Psychiatric Facilities Prospective Payment System, or IPF PPS, Final Rule and the annual payment update, or APU, determination and reconsideration processes related to the recent data submission period.

By the end of this presentation, attendees will be able to describe IPFQR Program changes per the FY 2022 IPF PPS Final Rule, as well as the APU determination and reconsideration processes.

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

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Lauren Lowenstein: Thank you, Evette. The next few slides will include an overview of the final rule as well as a brief summary of the changes that were finalized for the IPFQR Program.

Before I describe the content of the fiscal year 2022 final rule as it relates to the IPFQR Program, I would like to first remind everyone that the fiscal year 2022 final rule was published in the *Federal Register* on August 4, 2021. The final rule can be downloaded from the *Federal Register* at the website indicated on this slide. Updates to the IPFQR Program are described on pages 42624 through 42661.

CMS finalized the proposal to adopt the COVID-19 Vaccination Coverage Among Health Care Personnel measure and the Follow-Up After Psychiatric Hospitalization, or FAPH, measure into the IPFQR Program. CMS also finalized removal of two measures, specifically, the Follow-Up After Hospitalization for Mental Illness measure and the Timely Transmission of Transition Record measure. CMS decided to retain two of the measures that were proposed for removal, specifically, the Alcohol Use Brief Intervention Provided or Offered and Alcohol Use Brief Intervention (SUB-2/2a) and the Tobacco Use Treatment Provided or Offered and Tobacco Use Treatment (TOB-2/2a) measures.

CMS adopted changes to the procedural requirements of the IPFQR Program. Specifically, CMS removed the requirement to maintain an active QualityNet Security Official role in the Hospital Quality Reporting, or HQR, System. CMS also changed the data submission requirements by adopting patient-level reporting for chart-abstracted measures beginning with fiscal year 2024 payment determination and subsequent years

Next, I will review the measure updates that were updated in the final rule.

The COVID-19 Vaccination Coverage Among Health Care Personnel measure will assess the proportion of an IPF's health care workforce that has been vaccinated against COVID-19. IPFs will collect the numerator and denominator for the COVID-19 Health Care Personnel Vaccination measure for at least one self-selected week during each month of the

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reporting quarter and submit the data to the National Healthcare Safety Network (NHSN) Healthcare Personal Safety (HPS) Component before the quarterly deadline to meet IPFQR Program requirements. IPFs will report the number of health care personnel eligible to have worked at the facility during the self-selected week that the IPF reports data for in NHSN (denominator) and the number of those health care personnel who have received a complete course of a COVID-19 vaccination (numerator) during the same self-selected week. For fiscal year 2023/calendar year 2021, there will be a shortened reporting period from October 1, 2021, through December 31, 2021. Beginning with the calendar year 2022 reporting period, which aligns with fiscal year 2024 payment determination, and for subsequent years, the submission will be quarterly. For more information about the specifications for this measure, you can refer to the weblink at the bottom of this slide.

Another measure that CMS adopted for the IPFQR Program is the Follow-up after Psychiatric Hospitalization (FUH) measure. This slide provides a side-by-side comparison of the newly adopted FAPH measure compared to the FUH measure, which CMS removed from the IPFQR Program. The FUH measure will be calculated and reported by CMS for the last time for the fiscal year 2023 payment determination year and the following year CMS will report the FAPH measure.

As mentioned on the previous slide, CMS decided to remove the Follow-Up After Hospitalization for Mental Illness measure because the FAPH measure, which was finalized for adoption, is more broadly applicable to a larger patient population. CMS decided to remove the Timely Transmission of Transition Record measure due to the overall of the updated Conditions of Participation (CoP) for IPFs participating in the Medicare program and the costs and burdens associated with this chart-abstracted measure outweighing the benefit of its continued use in the IPFQR Program. If you are interested in learning more information about the CoPs, which were updated in May 2020, you can refer to the weblink referenced on this slide.

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After receipt of public comments regarding benefits associated with retaining the SUB-2/2a and TOB-2/2a measures that CMS had not previously considered, CMS decided to retain these measures. Some of the benefits described by various comments include the potential for IPFs to continue improving performance on the measures, the importance of substance use and tobacco use interventions due to increased substance and tobacco use during the COVID-19 pandemic, and the potential influence of the measures on other quality improvement activities related to substance and tobacco use.

This slide displays the 15 total measures of the IPFQR Program based on the adoption of the COVID-19 HCP measure starting with fiscal year 2023 payment determination and subsequent years.

The total number of measures for the IPFQR Program will decrease to 14 for the fiscal year 2024 payment determination and subsequent years due to the removal of two measures and the adoption of the FAPH measure.

Another area in which CMS adopted changes for the IPFQR Program is regarding procedural and data submission requirements.

CMS finalized use of the term QualityNet Security Official instead of QualityNet System Administrator and to no longer require active accounts to qualify for payment starting with fiscal year 2023 payment determination. CMS also adopted patient-level reporting for chart-abstracted measures. This will include numerator only data for the HBIPS-2 and HBIPS-3 measures and will not include any claims-based measures, as the claims-based measures will continue to be calculated by CMS. The 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. The XML file specifications will be published in an upcoming specifications manual for the IPFQR Program, in a manner similar to how it is presented for the [Hospital] IQR Program in the *Specifications Manual for National Hospital Inpatient Quality Measures*.

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An exact date is not available at this time; however, CMS aims to have IPFQR Program measures added to CART and available for use during Q1 or Q2 2022.

In the Fiscal Year 2022 IPF PPS Proposed Rule, we solicited public comments on several topics that will be discussed in the next slides.

We recognize the opportunity to validate data accuracy with the adoption of patient-level reporting of measure data. Subsequently, we asked for public comment on potentially adopting a data validation policy for the IPFQR Program in the future.

CMS also requested comments on possible new measures or new measure topics, specifically with respect to future adoption of a Patient Experience of Care Data Collection Instrument, a Patient Reported Functional Outcomes measure, measures for Electronic Data Reporting, and efforts to address health equity in the IPFQR Program. CMS will continue to consider the public comments received. Any proposals regarding inclusion of these measures in a CMS program would be announced via notice and comment rulemaking

This concludes the final rule portion of the presentation. I will now turn it over to Evette Robinson who will review the fiscal year 2022 APU determination.

Evette Robinson: Thank you, Lauren. The next few slides will provide a general overview of the APU determination and reconsideration processes.

This slide lists all the requirements to participate in the IPFQR Program and qualify to receive the full fiscal year 2022 APU. Specifically, eligible IPFs had to meet the following requirements by the August 16, 2021, deadline: have at least one active Security Administrator/Official or SA/O; have an IPFQR Program Notice of Participation, or NOP, status of Participating; IPFs must have submitted Q3 through Q4 2020 measure and non-measure data; and, on completion of the measure and non-measure data submission, IPFs must have completed the Data Accuracy and Completeness Acknowledgement, or DACA.

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Eligible IPFs that did not meet all the reporting requirements as described on this slide will be subject to a 2-percentage point reduction of their annual payment update.

APU notification letters will be sent in September 2021 to facilities that did not meet one or more of the program requirements by the August 16, 2021, deadlines. Reconsideration requests for decisions are due to CMS 30 days from the date of receipt of the payment notification. CMS will send notifications of APU reconsideration decisions to facilities that file a reconsideration approximately 90 days following the submission of the reconsideration request.

An overview of the APU reconsideration process, including the IPF Reconsideration Request Form, can be found on the APU Reconsideration page of the QualityNet website under Inpatient Psychiatric Facilities and APU Reconsideration. You can also access it by clicking on the link on this slide.

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 Listserv 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 Listserv 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.

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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 via secure fax at (877) 789-4443.

This concludes today’s webinar titled, *IPFQR Program: FY 2022 IPF PPS Final Rule and APU Determination*. Thank you for your time and attention. Have a great day!