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

IPFQR Program: Specifications Manual and Paper Tools Review Presentation Transcript

Speakers

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Judy Wade: Welcome to today's presentation titled *IPFQR Program Specifications Manual and Paper Tools Review*. My name is Judy Wade, and I am a Project Coordinator for the VIQR Support Contractor. I will be the moderator for today's event.

Our speaker for today's presentation is Evette Robinson. Evette is the IPFQR Program Lead for the VIQR Support Contractor. She has over 20 years of cross-functional experience for a variety of providers in the healthcare industry, ranging from biomedical and clinical research to strategic planning and revenue cycle management consulting. Evette earned a Master of Public Health degree in Health Management and Policy from Emory University.

The purpose of today's webinar is to provide an overview of the recently published *Specifications Manual for National Inpatient Psychiatric Facility Quality Measures*, Version 1.0, as well as various optional paper tools pertinent to the IPFQR Program for fiscal years 2023 and 2024.

By the end of this presentation, attendees will be able to leverage the *Specifications Manual for National Inpatient Psychiatric Facility Quality Measures*, Version 1.0, and optional paper tools to meet IPFQR Program requirements.

We ask that you email any questions that are pertinent to the webinar topic to WebinarQuestions@hsag.com with IPF Specs Manual and Paper Tools as the subject line. If your question pertains to a specific slide, please include the slide number in the body of your email.

Now, I will turn the presentation over to our speaker, Evette Robinson.

Evette Robinson: Thank you, Judy! In the first part of this presentation, I will provide an overview of the recently published *Specifications Manual for National Inpatient Psychiatric Facility Quality Measures*, Version 1.0, heretofore referred to as the IPF Specifications Manual.

The IPF Specifications Manual is intended for use as a reference to facilitate successful patient-level reporting of measure data and facility-level non-measure data to CMS for the IPFQR Program. The effective date for the IPF Specifications Manual, Version 1.0, is January 1, 2022. The reporting period is calendar year 2022 discharges for all measure and non-measure data, except the IMM-2 measure, which is collected from October 1, 2022 through March 31, 2023, and quarterly reporting of the COVID-19 Vaccination Coverage Among Health Care Personnel measure. This means that IPFs and vendors will reference this version of the specifications manual to find IPFQR Program details pertinent to patient-level measure data that will be reported to CMS during the 2023 summer data submission period, impacting the fiscal year 2024 annual payment update, or APU. The IPF Specifications Manual is comprised of one main document and two XML file layouts pertinent to patient-level reporting of IPFQR Program measures and facility-level reporting of non-measure data. Note that information in the IPF Specifications Manual can be leveraged by IPFs that choose to voluntarily report patient-level data during the 2022 summer data submission period because the specifications are also applicable to measure data collected for calendar year 2021 discharges, including the Timely Transmission of Transition Record measure.

The IPF Specifications Manual 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. Note that a release notes document will accompany future versions of the manual, detailing specific changes made in comparison to the prior version.

This slide displays an image of the cover page and the table of contents of the IPF Specifications 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 measure and non-measure specifications.

The Data Dictionary describes the patient-level data elements required to capture and calculate individual measurements. It specifies those data elements that must be collected for each patient that fall into any of the selected Initial Patient Populations, data elements needed for a specific measure set, as well as the data elements that identify the IPF and measure set associated with the transmitted data or that are calculated by the vendor using the IPF's patient-level data and measure results.

The Measure Information is divided by measure sets and includes the following information: measures in each measure set, including identification numbers and short name; general, algorithm output, and specific measure set data elements; and algorithm output data elements A link to the *Specifications Manual for Joint Commission National Quality Measures* is provided for measures stewarded by The Joint Commission.

Section 3 of the manual addresses CMS's approach to missing and invalid data. "Missing data" refers to data elements that have no values present for one or more episodes of care, and "invalid data" refers to data element values that fall outside the range of the allowable values. Information and examples for using the "Unable to Determine," or UTD, value appear within the measure algorithm and on submission of data into the *HQR Secure Portal*, which flows into CMS Centralized Data Repository. This section also describes general and measure-specific data elements that are required for submission and the correct handling of missing and/or invalid data.

This section provides general guidance on defining the IPF's Initial Patient Population and information as well as examples on the order of data flow, sample size requirements, sampling approaches, and the transmission of Initial Patient Population and sample data elements to the CMS Centralized Data Repository. Specific measure set sample size requirement tables are in the Measure Information section.

This section of the manual highlights the data transmission specifications for national inpatient psychiatric facilities quality measure data for the CMS Centralized Data Repository.

The CMS Data Transmission section provides the data standards required for submission to the CMS Centralized Data Repository, by way of the *HQR Secure Portal*. Guidelines for Submission of Data includes an overview of the data required to be submitted to the CMS Centralized Data Repository, the IPF Clinical Data XML file layout, and the IPF Non-Measure Data XML file layout.

This section of the manual provides an overview of the claims-based measures calculated by CMS for the IPFQR Program. In addition, this section provides links to measure resources and email addresses to send questions.

This slide lists the nine appendices at the end of the manual. Note that the first two appendices, for the ICD-10 code table and medication table, refer to the *Specifications Manual for Joint Commission National Quality Measures*. Appendix C is comprised of the crosswalk tables for non-measure data originally posted in the optional paper tool for non-measure data. The glossary of terms defines acronyms and terms used throughout the document. Appendix E describes each of the terms used on the Measure Information Form and provides a brief introduction to flowcharting, including an explanation of flowchart symbols. Various resources are listed in Appendix F, while Appendix G provides general information about Psychiatric Advance Directives, including common components of a Psychiatric Advance Directive and an example. The Measure Name Crosswalk is currently a placeholder in Appendix H to identify differences between the measure names published within the IPF Specifications Manual and the measure names within the published *Federal Register* IPF PPS proposed and final rules. Finally, Appendix I is the preview section which is intended to provide an overview of future updates.

IPFs and their vendors can leverage the Clinical Data and Non-Measure XML file layouts alongside details in the IPF Specifications Manual for the Screening for Metabolic Disorders and Transition Record measures, coupled with *the Specifications Manual for Joint Commission National Quality Measures* for the Hospital-Based Inpatient Psychiatric Services (HBIPS), Influenza Immunization (IMM-2), Substance Use (SUB), and

Tobacco Treatment (TOB) measures. Updates to the HQR System are in progress to enable IPFs and vendors to upload XML files containing patient-level data as well as generate reports.

Software developers of the *Hospital Quality Reporting (HQR) Secure Portal* are working diligently to ensure that the CMS Abstraction and Reporting Tool, or CART, is refined to accommodate the collection of IPFQR Program measure and non-measure data. More information regarding the specific rollout of enhancements to CART and the HQR System will be communicated via email at a later date.

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 and non-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 and non-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 web links on this slide.

CMS discontinued the Reason for IPF Admission Element Guidelines paper tool because its contents are housed in the data dictionary of the IPF Specifications Manual. For most of the optional paper tools for the chart abstracted measures, the only changes were with respect to discharge dates for data to be submitted in the summer of 2023. This is applicable for the HBIPS-2 and HBIPS-3 event log, HBIPS-5, Screening for Metabolic Disorders, and IMM-2 measure abstraction tools as well as the non-measure data collection paper tool. New paper tools developed for the summer 2022 and 2023 data submission periods will be addressed in the following slides.

The Fiscal Year 2023 IPFQR Program Guide is available to IPFs and their vendors to serve as a reference to facilitate successful provider participation in the IPFQR Program. This document replaces the IPFQR Program Welcome Guide going forward.

Specifically, this document describes the requirements for participation in the IPFQR Program as well as information about the program's measures, data submission process, and public reporting. A notable distinction is the inclusion of links and information about the COVID-19 Vaccination Coverage Among Health Care Personnel measure.

The Fiscal Year 2024 IPFQR Program Guide is similar to the fiscal year 2023 version, except that the fiscal year 2024 version pertains to all data that will be reported to CMS in 2023 based on calendar year 2022 discharges, it replaces the Follow-Up After Hospitalization for Mental Illness claims-based measure with the Follow-Up After Psychiatric Hospitalization measure, and it removes the Timely Transmission of Transition Record (TR-2) measure.

The new calendar year 2021 measure abstraction paper tool for the Transition Record measures includes step-by-step guidance for data collection effective for Q1–Q4 2021. The acronym TR-1 refers to the Transition Record with Specified Elements Received by Discharged Patients measure, while the TR-2 acronym is for the Timely Transmission of Transition Record measure. During the summer of 2022, IPFs will have the option to compile and submit data to CMS in aggregate or to submit patient-level data to the *HQR Secure Portal*. Once submitted, data will be stored in the CMS Centralized Data Repository for data analysis and report generation.

The calendar year 2022 measure abstraction paper tool for the Transition Record measure includes step-by-step guidance for data collection effective for Q1–Q4 of 2022 discharges for the TR-1 measure only. Data for the TR-2 measure will no longer be collected and submitted to CMS for the IPFQR Program after the summer 2022 data submission period.

Here are 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. IPFs may submit patient-level or aggregate level data during the summer 2022 data submission period.

For patient-level reporting, the tools are designed to collect patient-specific data. Data may be submitted to CMS via the *HQR Secure Portal* using vendor-designed tools that were created based on the XML formats and specifications provided or via the upcoming CART tool module. If submitting in aggregate, then once abstracted at the patient level, the data will need to be compiled and reported to CMS in aggregate form via the *HQR Secure Portal.*

All the optional paper tools are downloadable, should any IPF choose to use them. Please remember that 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.

This concludes the content portion of this webinar. I will now turn the presentation back over to Judy.

Judy Wade: The next several slides include links to helpful resources.

CMS recommends that IPFs refer to the latest version of IPFQR Program resources which are located on the QualityNet and Quality Reporting Center websites and can be accessed by clicking on the icons on this slide.

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 done so, 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.

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This concludes today's webinar titled *IPFQR Specifications Manual and Paper Tools Review*. Thank you for your time and attention. Have a great day!