



# **IPFQR Program: Specifications Manual and 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

**Judy Wade**

Project Coordinator, IPFQR Program  
Inpatient VIQR Outreach and Education Support Contractor

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# Purpose

This presentation will provide an overview of the recently published *Specifications Manual for National Inpatient Psychiatric Facility Quality Measures, Version 1.0* and various optional paper tools pertinent to the IPFQR Program for fiscal years 2023 and 2024.

# Objectives

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.

# Webinar Questions

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- Write “IPF Specs Manual & Paper Tools” in the subject line.
- If your question pertains to a specific slide, include the slide number in the body of the email.

IPFQR Program: Specifications Manual and Paper Tools Review

***Specifications Manual for National Inpatient  
Psychiatric Facility Quality Measures  
(IPF Specifications Manual), Version 1.0***

# IPF Specifications Manual

## Overview

The *IPF Specifications Manual* is intended for use as a reference to facilitate successful patient-level reporting of measure and facility-level non-measure data to CMS for the IPFQR Program.

- **Effective date:** January 1, 2022
- **Reporting Period:** CY 2022 discharges for all measure and non-measure data, except IMM-2 (October 1, 2022–March 31, 2023) and quarterly reporting of the COVID-19 Vaccination Coverage Among Health Care Personnel (COVID HCP) measure
- **Submission Period:** Summer 2023, except the COVID HCP measure impacting the fiscal year (FY) 2024 annual payment update (APU).
- **Composition:** One main document and two XML file layouts pertinent to patient-level reporting of IPFQR Program measure and facility-level non-measure data.

**Note:** 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 applicable to measure data collected for CY 2021 discharges, including the Timely Transmission of Transition Record measure.



# IPF Specifications Manual Overview

The *IPF Specifications Manual*, Version 1.0 is 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](#)

**Note:** A release notes document will accompany future versions of the manual, detailing specific changes made in comparison to the prior version.

# IPF Specifications Manual

## Title Page and Table of Contents

### Specifications Manual for Inpatient Psychiatric Facility Quality Measures

Version 1.0  
 Effective date: January 1, 2022 discharges  
 (All data that are to be reported to CMS in calendar year 2023)

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# IPF Specifications Manual

## Section 1: Data Dictionary

- 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 falls 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.

# IPF Specifications Manual

## Section 2: Measurement Information

- The Measure Information section 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
  - Algorithm output data elements
- A link to the Joint Commission's *Specifications Manual for Joint Commission National Quality Measures* is provided for measures stewarded by the Joint Commission.

# IPF Specifications Manual

## Section 3: Missing and Invalid Data

- This section 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” (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.

# IPF Specifications Manual

## Section 4: Population and Sampling Specifications

- This section provides general guidance on defining the IPF's Initial Patient Population and information and 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 requirements tables are in the Measure Information section.

# IPF Specifications Manual

## Section 5: Data Transmission

- 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.
- 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.



# IPF Specifications Manual

## Section 6: CMS Outcome Measures (Claims Based)

- 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.

# IPF Specifications Manual

## Appendices

- Appendix A: ICD-10 Code Tables\*
- Appendix B: Medication Tables\*
- Appendix C: Crosswalk Tables for Non-Measure Data
- Appendix D: Glossary of Terms
- Appendix E: Overview of Measure Information Form and Flowchart Formats
- Appendix F: Resources
- Appendix G: Psychiatric Advance Directives (PAD)
- Appendix H: Measure Name Crosswalk
- Appendix I: Preview Section

\* Refer to code and medication tables in the [Specifications Manual for Joint Commission National Quality Measures](#)



# IPF Specifications Manual

## XML File Layouts

- 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 and 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.



# IPF Program Manual

## CMS Abstraction and Reporting Tool (CART)

- 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 by July 1, 2022.
- More information regarding the specific rollout of enhancements to CART and the HQR Secure Portal will be communicated via email at a later date.

IPFQR Program: Specifications Manual and Paper Tools Review

## Optional Paper Tools

# Optional Paper Tools

CMS developed various optional paper tools to aid IPFs in the collection of measure and non-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](#)

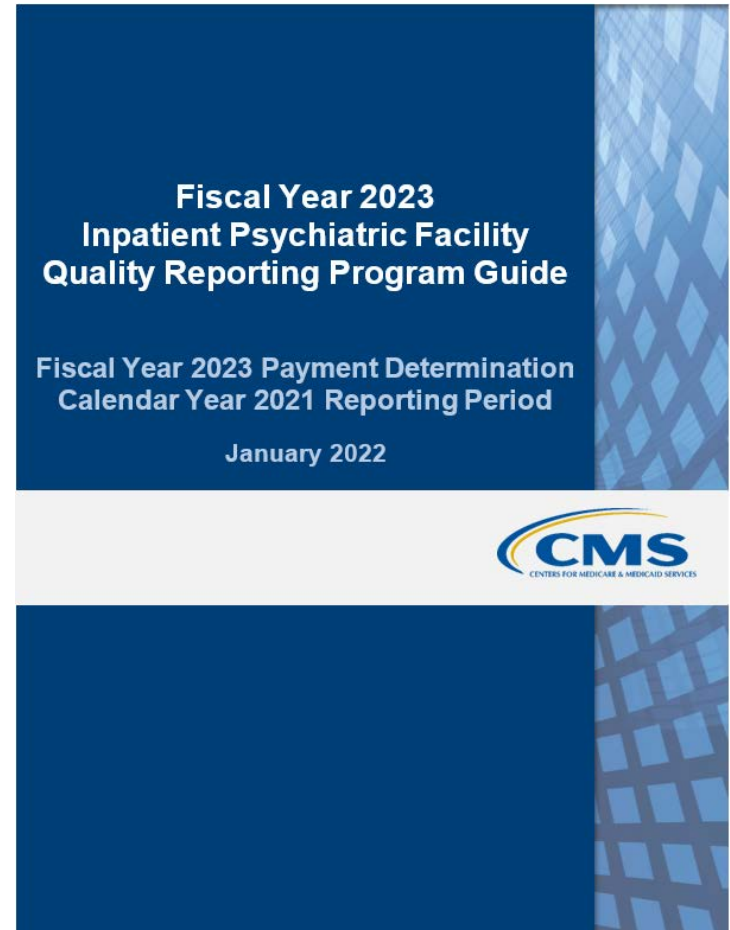
# Optional Paper Tools

- 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*.
- Only effective dates and/or relevant discharge dates were changed in the following optional paper tools:
  - HBIPS-2 and HBIPS-3
  - HBIPS-5
  - Screening for Metabolic Disorders
  - IMM-2
  - Non-measure data
- New paper tools relevant to the 2022 and 2023 data submission periods will be addressed in the following slides.

# FY 2023 IPFQR Program Guide

The Fiscal Year (FY) 2023 Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Guide is intended for use as a reference to facilitate successful provider participation in the IPFQR Program.

The FY 2023 IPFQR Program Guide pertains to all data that will be reported to CMS in calendar year (CY) 2022.



# FY 2023 IPFQR Program Guide

The document describes the IPFQR Program participation requirements as well as information about measures, the data submission process, and public reporting.

The document also includes links and information about the COVID-19 Vaccination Coverage Among Health Care Personnel measure.

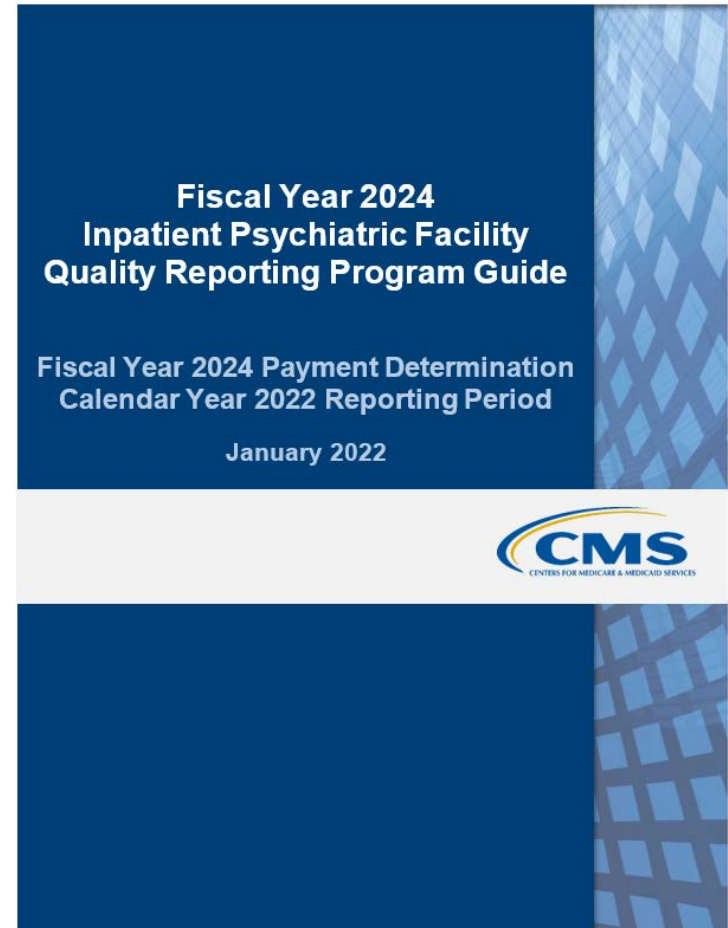
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# FY 2024 IPFQR Program Guide

The FY 2024 IPFQR Program Guide is like the FY 2023 version, except that the FY 2024 version:

- pertains to all data that will be reported to CMS in 2023 based on CY 2022 discharges,
- replaces the Follow-Up After Hospitalization for Mental Illness claims-based measure with the Follow-Up After Psychiatric Hospitalization measure, and
- removes the Timely Transmission of Transition Record (TR-2) measure.



# Optional Paper Tools

## CY 2021 Transition Record Measures

The new measure abstraction paper tool for the Transition Record measures includes step-by-step guidance for data collection effective for Q1–Q4 2021 discharges.

- TR-1: Transition Record with Specified Elements Received by Discharged Patients
- TR-2: Timely Transmission of Transition Record

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.

### Abstraction Paper Tool for the Transition Record (TR) 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 Transition Record 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. 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 Hospital Quality Reporting (HQR) Secure Portal. Once data are submitted, they will be stored in the CMS Centralized Data Repository for data analysis and report generation. 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](mailto: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.

#### TR-1

##### 1. What was the patient's discharge disposition from the IPF?

(IPF Discharge Disposition) \_\_\_\_\_

- \_\_\_ 1 The patient was discharged to home.
- \_\_\_ 2 The patient was discharged to an inpatient facility
- \_\_\_ 3 The transition record contains documentation of one of the following:
  - the patient expired
  - the patient left against medical advice (AMA)
  - the patient discontinued care
- \_\_\_ 4 Unable to Determine (UTD) from medical record documentation

- a. If IPF Discharge Disposition equals 1 or 2, proceed to Reason for IPF Admission data element.
- b. If IPF Discharge Disposition equals 3, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for TR-1. The case will not be included in the numerator or denominator count for TR-1.
- c. If IPF Discharge Disposition equals 4, the case will be included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for TR-1. Add 0 to the numerator for TR-1.
- d. If IPF Discharge Disposition is missing, the case will be rejected. Stop abstracting for TR-1.



# Optional Paper Tools

## CY 2022 Transition Record Measures

This measure abstraction paper tool for the Transition Record measure includes step-by-step guidance for data collection effective for Q1–Q4 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.

Starting the summer of 2023, IPFs will be required to submit patient-level data to the *HQR Secure Portal*. Submitted data will be stored in the CMS Centralized Data Repository for data analysis and report generation.

### Abstraction Paper Tool for the Transition Record with Specified Elements Received by Discharged Patients Measure Discharges 01-01-2022 (Q1 2022) through 12-31-2022 (Q4 2022)

This measure abstraction paper tool is provided as an optional, informal mechanism to aid inpatient psychiatric facilities in the collection of the Transition Record with Specified Elements Received by Discharged Patients measure for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. The tool is designed to collect patient-specific data and starting the summer of 2023, IPFs will be required to submit patient-level data to the Hospital Quality Reporting (HQR) Secure Portal. Once data are submitted, they will be stored in the CMS Centralized Data Repository for data analysis and report generation. 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](mailto:IPFQualityReporting@hsag.com).

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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.

#### TR-1

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  - the patient discontinued care
- \_\_\_4 Unable to Determine (UTD) from medical record documentation

- a. If IPF Discharge Disposition equals 1 or 2, proceed to Reason for IPF Admission data element.
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- c. If IPF Discharge Disposition equals 4, the case will be included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for TR-1. Add 0 to the numerator for TR-1.
- d. If IPF Discharge Disposition is missing, the case will be rejected. Stop abstracting for TR-1.

# 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.
- IPFs may submit patient-level or aggregate level data during the summer 2022 data submission period.
  - **Patient-level:** The tools are designed to collect patient-specific data. Data may be submitted to CMS via the *HQR Secure Portal* via vendor-designed tools created based on the XML formats and specifications provided or via the upcoming CART tool.
  - **Aggregate:** 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*.

# Points to Remember

- 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

<b>CART</b>	CMS Abstraction and Reporting Tool	<b>IPF</b>	inpatient psychiatric facility
<b>COVID HCP</b>	COVID-19 Vaccination Coverage Among Health Care Personnel measure	<b>IPFQR</b>	Inpatient Psychiatric Facility Quality Reporting
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>PAD</b>	Psychiatric Advance Directives
<b>CY</b>	Calendar Year	<b>Q</b>	Quarter
<b>DACA</b>	Data Accuracy and Completeness Acknowledgement	<b>Q&amp;A</b>	Questions and Answers
<b>FY</b>	Fiscal Year	<b>SUB</b>	Substance Use Measures
<b>HBIPS</b>	Hospital-Based Inpatient Psychiatric Services	<b>TOB</b>	Tobacco Treatment Measures
<b>HQR</b>	Hospital Quality Reporting	<b>TR</b>	Transition Record measures
<b>IMM-2</b>	Influenza Immunization measure	<b>UTD</b>	Unable to Determine
<b>ICD-10</b>	International Classification of Diseases, Tenth Revision	<b>VIQR</b>	Value, Incentives, and Quality Reporting

## IPFQR Program: Specifications Manual and Paper Tools Review

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### **Helpful Resources**

# Helpful Resources

**IPFQR Program Webpages  
(Click the Icons)**



# Helpful Resources

Stay up to date...



...and get answers to your questions.



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- Write “IPF Specs Manual & Paper Tools” in the subject line.
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## IPFQR Program: Specifications Manual and Paper Tools Review

**Thank You**

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