Overview of IPFQR Program Resources, Part 3

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Introduction

Part 2 of this webinar series included a review of various commonly asked questions pertinent to the *Specifications Manual for National Inpatient Psychiatric Facility Quality Measures.*

Purpose

This presentation shows you the online location of the IPFQR Program optional paper tools on the QualityNet website and answers commonly asked questions for each document.

Objectives

Attendees will be able to:

- Locate the IPFQR Program optional paper tools on QualityNet.

- Leverage the documents to optimize success in the IPFQR Program.

- Further understand the IPFQR Program by receiving the answers to commonly asked questions.

Webinar Questions

Please email any questions that are pertinent to the webinar topic to WebinarQuestions@hsag.com.

- Write "IPF Program Resources, Part 3" in the subject line.
- If your question pertains to a specific slide, include the slide number in the body of the email.
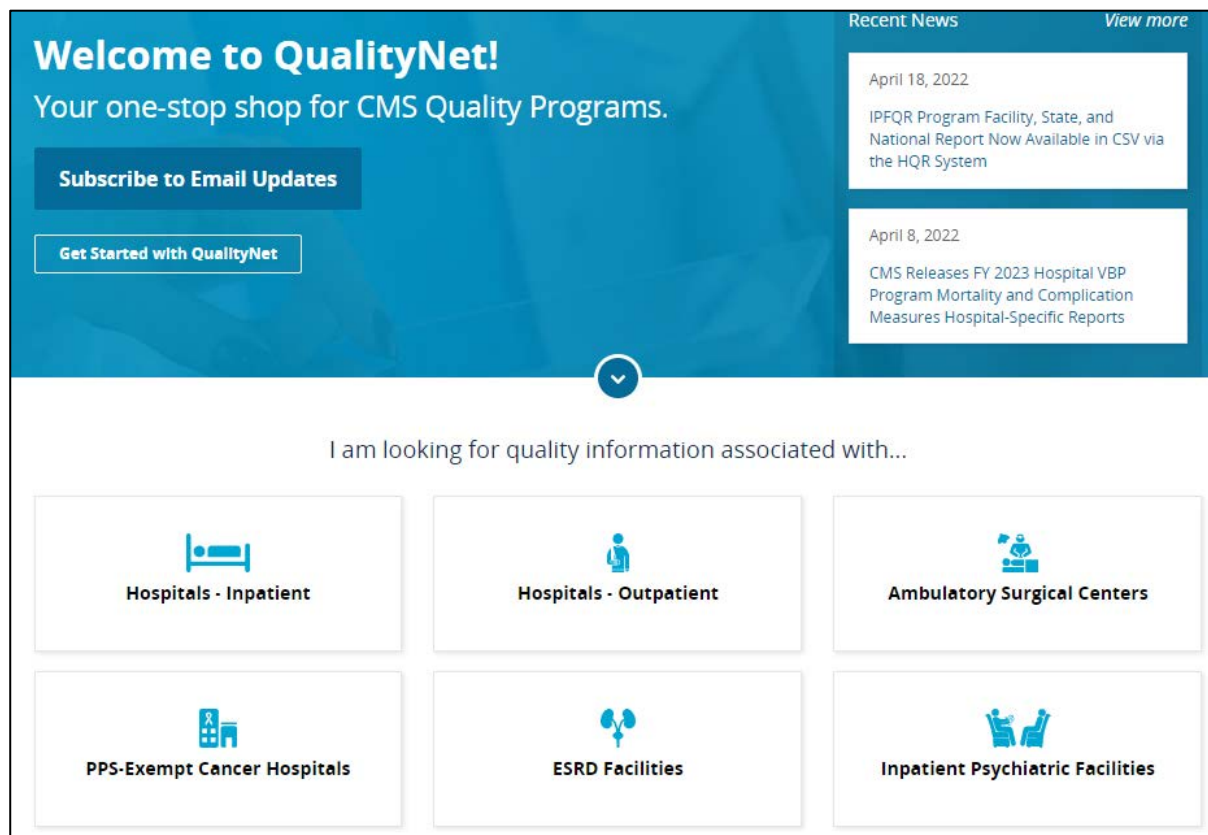
Navigating to the IPFQR Program Measure Resources Web Page

QualityNet Home Page

There are two ways to access the optional paper tools.

The simplest way is via the direct link for the IPFQR Measures Resources web page: https://qualitynet.cms.gov/ipf/ipfqr/resources#tab2.

To navigate to the web page from the QualityNet home page, click on the icon for Inpatient Psychiatric Facilities.

Inpatient Psychiatric Facilities Overview Web Page

From the IPF Overview web page, click View all Program Resources link.

IPFQR Program Resources Web Page

From the IPFQR Program Resources web page, click on Measures Resources in the menu on the left side of the page.

Overview of IPFQR Program Resources, Part 3

IPFQR Measures Resources

IPFQR Measures Resources Web Page

The table at the top of the page includes links to optional paper tools for the upcoming data submission period.

IPFQR Measures Resources Web Page

Optional paper tools for the following submission period are further down. There, you'll also find claims-based measures manual and codebooks.

Paper Tools for Data to be Submitted Summer of 2023

File Name	File Type	
Hospital-Based Inpatient Psychiatric Services (HBIPS)-2 and -3	PDF	Download
HBIPS-5	PDF	Download
Screening for Metabolic Disorders	PDF	Download
Substance Use (SUB) -2/-2a, -3/-3a	PDF	Download
Tobacco Use (TOB) -2/-2a, -3/-3a	PDF	Download
Transition Record Measure (TR-1)	PDF	Download
IMM-2 (Q4 2022 through Q1 2023) - *Coming soon*		
Non-Measure Data Collection Tool	PDF	Download
Appendix for Non-Measure Data Collection Tool (Excel)	XLSX	Download

Claims-Based Measures Manual and Codebooks

The following resources are for the claims-based measures in the IPFQR program, which CMS will calculate for FY 2022 public reporting using Medicare Fee-for-Service claims data:

File Name	File Type	
IPFQR Program Claims-Based Measure Specifications	PDF	Download
CBM IPF Specific Reports Quick Reference Guide	PDF	Download
Follow-up After Hospitalization for Mental Illness Codebook	XLSX	Download
30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility Codebook	XLSX	Download
Medication Continuation Following Inpatient Psychiatric Discharge Codebook	XLSX	Download

IPFQR Measures Resources Commonly Asked Questions

Where can I find a complete list of the IPFQR Program's required measures?

There are a few resources that provide information about the measures IPFs are required to report for the IPFQR Program:

1. [QualityNet IPF Measures](#): Groups the measures into measure sets

2. [QualityNet IPFQR Measure](#): Lists the measures and their measure ID (if applicable) in a table

3. [IPFQR Program Measures for Fiscal Year (FY) 2023](#): Lists measures by name and includes the reporting period, submission period, data source, and whether the data are publicly reported. Available for download from the [QualityNet IPFQR Program Resources](#) web page.

IPFQR Measures Resources: Hospital-Based Inpatient Psychiatric Services (HBIPS)-2 and HBIPS-3

HBIPS-2 and HBIPS-3 Event Tracking Log

Event Tracking Log for the HBIPS-2 and HBIPS-3 Measures
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

The Hospital-Based Inpatient Psychiatric Services (HBIPS) Event Tracking Log tool is provided as an optional, informal mechanism to aid inpatient psychiatric facilities in the collection of measure data for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. Facilities can choose to track events daily, weekly, monthly, or quarterly. It is suggested that facilities print two separate Event Tracking Logs, one for HBIPS-2: Hours of Physical Restraint Use and a second for HBIPS-3: Hours of Seclusion Use. CMS is not responsible for potential errors and issues arising from modifications made by external parties. If there are any questions or concerns regarding the use of this Event Tracking Log, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hsag.com.

Measures: HBIPS-2: Hours of Physical Restraint Use
HBIPS-3: Hours of Seclusion Use

Track each event by completing the fields in the numerator table. These measures do not allow sampling. The steps below will provide monthly numerator and denominator values that will be aggregated for an annual entry into the *QualityNet Secure Portal*.

1. **Calculate the Numerator**

    a. Determine the daily event minutes for each patient by entering the start and end times in the Event Tracking Log on page three of this document.
    b. Total the daily event minutes by patient.
    c. Determine the total event minutes by month.
    d. Divide total monthly minutes by 60 minutes to convert to hours.
    e. Enter the total hours (from Step 4) into the numerator field on page 3, Step A.

    Monthly Numerator Calculation Example

    For the month of July, the facility's total minutes of restraint (or seclusion) use = 253. Divide the total minutes of restraint (or seclusion) use by 60 minutes: 253 ÷ 60 = 4.220 hours. The total numerator for July is 4.22 hours of restraint (or seclusion) use.

2. **Calculate the Denominator**

    a. Determine the total number of inpatient days by month for all patients.
    b. Determine the annual total of inpatient days.
    c. Determine the total number of leave days (defined below) by month for all patients. The *Specifications Manual for Joint Commission National Quality Measures* defines a leave day as, "an authorized or unauthorized absence from a facility, excluding discharges, during which the patient is absent from the facility at the time of the daily census and is not under the direct supervision of facility staff while absent."
    d. Determine the annual total of leave days.
    e. Subtract the Total Leave Days from Total Inpatient Days.
    f. Enter the Total Number of Days (from Step 5) into the denominator field on page 3 of this document, Step B.

    Monthly Denominator Calculation Example

    Total number of inpatient days = 14,266. Total number of leave days = 200. Subtract the leave days from the inpatient days: 14,266 − 200 = 14,066 days.

Event Tracking Log for the HBIPS-2 and HBIPS-3 Measures
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

NOTE: The Event Tracking Log below is provided as a resource for facilities to conduct data collection. The example log does not include a full month for space-consideration purposes.

Event Tracking Log
HBIPS-2: Hours of Physical Restraint Use or
HBIPS-3: Hours of Seclusion Use

Numerator				
Date	Patient	Start Time	End Time	Total Minutes
			Sum	

A. Convert numerator from minutes to hours: Sum of total minutes ÷ 60 = _____

B. Enter denominator as total number of days: _____

To allow the system to calculate the measure rate, enter the numerator and denominator (values A and B) into the *QualityNet Secure Portal*.

To manually calculate the HBIPS-2 and -3 measure rates, perform the following additional steps:

1. Multiply the numerator by 1,000 hours. (e.g., 4.22 hours x 1,000 hours = 4,220)
2. Multiply the denominator by 24 to convert to hours. (e.g., 14,066 days x 24 hours = 337,584 hours)
3. Divide result from Step 1 (numerator hours) by result from Step 2 (denominator hours). The resulting value will be the measure rate in thousand hours. (e.g., 4,220 ÷ 337,584 = 0.0125)
4. Round to the second decimal place. (e.g., The rate = .01 per 1000 patient hours)

Measure rate formula: (A x 1000) ÷ (B x 24) = rate per 1000 patient hours

IPFQR Measures Resources Commonly Asked Questions

If a patient was restrained in a manual hold at 1105 and then placed in 4-point restraints at 1118, is this considered one restraint event or two?

The *Minutes of Physical Restraint* data element specifies that the total number of minutes a patient was in event type 1 (physical restraint) for each event date must be abstracted. Do not count the minutes for different physical restraint interventions separately in a single day. Only abstract the total amount of time spent in physical restraints for each Event Date. The definition of the *Minutes of Physical Restraint* data element follows:

> "The total minutes recorded in the medical record that a patient was maintained in Event Type 1 (physical restraint(s)) for the associated Event Date."

IPFQR Measures Resources: HBIPS-5

HBIPS-5 Measure Abstraction Paper Tool

IPFQR Measures Resources: Screening for Metabolic Disorders (SMD)

SMD Measure Abstraction Paper Tool

IPFQR Measures Resources Commonly Asked Questions

**Invega Sustenna Injectable (Palperidone Palmitate) and Risperdal (Risperidone) are listed separately in Table 10.0 (Antipsychotic Medications), but the clinician stated these are not separate because they are basically the same chemical.
If a patient is discharged on both, should I abstract 1 or 2?**

Palperidone Palmitate and Risperidone have similar physiological effects, but they differ in the way they metabolize within the body. Invega Sustenna Injectable is a long-acting medication (administered every 28 days). As a long-acting intramuscular (IM) antipsychotic medication, this should be counted in the number of antipsychotic medications for the HBIPS-5 and SMD measures. Risperdal can be given concurrently with Invega and should be counted individually. Based upon your example, abstract "2" antipsychotic medications for the *Number of Antipsychotic Medications Prescribed at Discharge* data element.

IPFQR Measures Resources: Substance Use (SUB)

Abstraction Paper Tool for the Substance Use Measures

IPFQR Measures Resources Commonly Asked Questions

"Alcohol, current use" is documented in the behavioral health admission assessment, and there is no additional documentation regarding amount of use. How should this be abstracted?

Based on "Alcohol, current use" documentation, it is appropriate to abstract value "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" because no score for a validated tool OR non-validated tool is documented to indicate no, low, moderate, or high risk, as described in Allowable Values 1–4 of the *Alcohol Use Status* data element.

IPFQR Measures Resources Commonly Asked Questions

What are some examples of a validated screening tool for the *Alcohol Use Status* data element?

Refer to the "Inclusion" column in the Guidelines for Abstraction table below and at the bottom of the *Alcohol Use Screening* data element web page to view a list of validated screening tools for unhealthy alcohol use. It is not all inclusive. Note that if a tool is listed in the Exclusion column or is an adaptation of a tool listed in the Exclusion column of the table, then it is not a validated screening tool for this data element.

Guidelines for Abstraction:

Inclusion	Exclusion
Validated Screening Tools for Unhealthy Alcohol Use: This list is not ALL Inclusive • AUDIT • AUDIT-C • ASSIST • CRAFFT • G-MAST • MAST • TWEAK	Any tool which specifically screens for alcohol use disorder, alcohol dependency or alcohol abuse. Examples include, but are not limited to: • CAGE • SASSI • S2BI

IPFQR Measures Resources Commonly Asked Questions

A recent upgrade in the electronic charting system asks AUDIT-C questions; however, instead of providing a score, it populates "heavy drinker", or "low risk" based on the patient responses.
Is this acceptable for alcohol use screening?

No. As stated in the specifications for the _Alcohol Use Status_ data element, a score must be documented in the medical record to abstract values 1–4. If no score is documented, then abstract value "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" for the _Alcohol Use Status_ data element for the SUB-2/-2a and SUB-3/-3a measures.

AUDIT-C= Alcohol Use Disorders Identification Test-Concise

IPFQR Measures Resources Commonly Asked Questions

The patient medical record includes documentation of a referral for co-occurring treatment at XYZ Clinic on MM-DD-YYYY at 9 a.m. Is this sufficient to abstract value 1 for the *Referral for Addictions Treatment* data element?

Yes, it is appropriate to abstract value "1" for the *Referral for Addictions Treatment* data element because the medical record contains documentation that specifically references co-occurring/dual diagnosis treatment in association with the appointment. Similar documentation of an appointment for addiction treatment OR substance abuse treatment is also sufficient to abstract value "1". If that is not clearly documented, then abstract value "5 A referral for addictions treatment was not offered anytime prior to discharge or Unable to Determine (UTD) from the medical record documentation."

IPFQR Measures Resources Commonly Asked Questions

Based on the medical record documentation, we abstracted value "2" for the _Referral for Addictions Treatment_ data element. Can this case still be included in the numerator for the SUB-3a measure?

Per the algorithm for the SUB-3a measure, the case will be included in the numerator if there is documentation that the patient received a prescription at discharge for medication for treatment of alcohol or drug use disorder, which meets value "1" for the _Prescription for Alcohol or Drug Disorder Medication_ data element. Refer to the SUB-3 Measure Information Form for more details.

❑ KB0017204: Numerator criteria for SUB-3/-3a measures

IPFQR Measures Resources: Tobacco Treatment (TOB)

Abstraction Paper Tool for the Tobacco Treatment Measures

IPFQR Measures Resources Commonly Asked Questions

Many of our patients who vape are using a nicotine product. Does vaping count as a form of tobacco use?

No. Vaping, even when it involves a nicotine product, does not count as tobacco use for the *Tobacco Use Status* data element because it is listed in the "Exclusion" column under the Guidelines for Abstraction table for this data element. See the table below.

Guidelines for Abstraction:

Inclusion	Exclusion
• Chewing (spit) Tobacco • Dry snuff • Moist snuff • Plug tobacco • Redman • Smokeless Tobacco • Snus • Twist	• E-cigarettes • Hookah pipe • Marijuana use only • Nicotine delivery system • Vaping or nicotine vaporizer use

IPFQR Measures Resources Commonly Asked Questions

Is documentation of a smoking cessation video sufficient to abstract value "1" for the *Tobacco Use Treatment Practical Counseling* data element?

Training that addresses the three components of counseling (recognizing danger situations, developing coping skills, and providing basic information about quitting) can include videos; however, per the definition of the *Tobacco Use Treatment Practical Counseling* data element, practical counseling is defined as "a one-on-one interaction with the patient to address" the three components. Documentation of this one-on-one interaction is required to meet the *Tobacco Use Treatment Practical Counseling* data element. Documentation of a patient viewing videos that address the three components by itself is not sufficient.

❑ KB0017260 – Tobacco Use Counseling - Video

IPFQR Measures Resources Commonly Asked Questions

I abstracted value "3" for the *Referral for Outpatient Tobacco Cessation Counseling* data element because the patient refused a referral for outpatient tobacco cessation counseling. I abstracted value "1" for the *Prescription for Tobacco Cessation Medication* data element because the patient accepted a Chantix prescription. Will this meet the numerator criteria for TOB-3 and TOB-3a?

If the medical record includes documentation that the patient received or refused at discharge evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication at discharge, then the case is included in the numerator for the TOB-3 measure. The subset measure TOB-3a requires documentation in the medical record that the patient received evidence-based outpatient counseling at discharge AND received a prescription for FDA-approved cessation medication (or a reason for not receiving a prescription) at discharge. Refer to the TOB-3 Measure Information Form for more details.

IPFQR Measures Resources Commonly Asked Questions

What documentation is required to abstract value 1 for the *Referral for Outpatient Tobacco Cessation Counseling* data element?

To abstract value "1 The referral to outpatient tobacco cessation counseling treatment was made by the healthcare provider prior to discharge" for the *Referral for Outpatient Tobacco Cessation Counseling* data element, there must be documentation that states the location, date, and time for the patient to present for counseling and specifies that the counseling is for outpatient tobacco cessation.

IPFQR Measures Resources

Abstraction Paper Tool for the Transition Record Measures

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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.

Individual Medical Record Data Collection Tool

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.

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Abstraction Paper Tool for the Transition Record (TR) Measures
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

16. **Were the four key elements of the transition record (at a minimum) discussed with the receiving inpatient facility?** *(Four Elements Discussed with Receiving Inpatient Facility)*

   _____Yes

   _____No

   a. If *Four Elements Discussed with Receiving Inpatient Facility* equals Yes, the case will be included in the numerator (Measure Category Assignment of "E"). Stop abstracting. Add 1 to both the numerator and denominator for TR-1.

   b. If *Four Elements Discussed with Receiving Inpatient Facility* equals No, 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.

   c. If *Four Elements Discussed with Receiving Inpatient Facility* is missing, the case will be rejected. Stop abstracting for TR-1.

TR-2

1. **Determine numerator and denominator for TR-2.**

   a. If the case is excluded for TR-1 (Measure Category Assignment of "B"), it will not be in sub-measure TR-2. Add 0 to the numerator and denominator for TR-2. Stop abstracting.

   b. If the case is included in the denominator only in TR-1 (Measure Category Assignment of "D"), stop abstracting. Add 1 to the denominator for TR-2. Add 0 to the numerator for TR-2.

   c. If the case is rejected for TR-1 (Measure Category Assignment of "X"), the case will be rejected for TR-2. Stop abstracting for TR-2.

   d. If the case is included in the numerator and denominator for TR-1 (Measure Category Assignment of "E"), proceed to *IPF Discharge Date and Time*.

2. **Does the medical record include the date and time the patient was discharged from the IPF?** *(IPF Discharge Date and Time)*

   _____ Yes

   _____ No

   a. If *IPF Discharge Date and Time* equals Yes, proceed to *Transition Record Transmission Date and Time.*

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Abstraction Paper Tool for the Transition Record (TR) Measures
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

5. **Is the method used to transmit the transition record to the next level of care provider documented in the medical record?** *(Method of Transition Record Transmission)*

   _____Yes

   _____ No

   a. If *Method of Transition Record Transmission* Yes, the case will be included in the numerator (Measure Category Assignment of "E"). Stop abstracting. Add 1 to both the numerator and denominator for TR-2.

   b. If *Method of Transition Record Transmission* equals No, the case will be included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for TR-2. Add 0 to the numerator for TR-2.

   c. If *Method of Transition Record Transmission* is missing, the case will be rejected. Stop abstracting for TR-2.

Determine whether the patient is included in the numerator and denominator count.

Patient Level – TR-1

_____ Numerator

_____ Denominator

Patient Level – TR-2

_____ Numerator

_____ Denominator

IPFQR Measures Resources Commonly Asked Questions

Is documentation in the transition record for the patient to "Follow up with IOP (intensive outpatient program)" sufficient to meet the *Plan for Follow-Up Care* data element?

Documentation of the name of the IOP for which the patient is scheduled to follow-up minimally meets the *Plan for Follow-Up Care* data element due to the nature of IOP (or co-occurring disorder or dual diagnosis) treatment programs for patients with substance use and mental health disorders; however, including details about the substance use treatment (e.g., alcohol) and mental health disorder that will be addressed would be helpful.

IPFQR Measures Resources Commonly Asked Questions

The medical record includes documentation that all 11 elements of the transition record were transmitted to the receiving inpatient facility. Does this meet the *Four Elements Discussed with Receiving Inpatient Facility* data element?

No. Documentation of verbal communication regarding the four elements (at a minimum) is required to abstract "Y (Yes)", as defined for the *Four Elements Discussed with Receiving Inpatient Facility* data element on page 38 of the IPF Specifications Manual, Version (V)1.0a. The discussion can occur during verbal report when the patient transitions to a medical floor (for example) or by phone to the receiving inpatient facility.

- ❑ KB0017169: Transition record for patient transferred to medical floor
- ❑ KB0017170: Phone conversation between discharging/receiving inpatient facilities
- ❑ KB0017283: Elements to be discussed with receiving inpatient facility
- ❑ KB0017313: Documentation of four elements discussed with receiving facility

IPFQR Measures Resources: Influenza Immunization (IMM-2)

Abstraction Paper Tool for the IMM-2 Measure

Page 1 of 3

Abstraction Paper Tool for the IMM-2 Measure
Discharges 10-01-2021 (Q4 2021) through 03-31-2022 (Q1 2022)

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 Facilities 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

Determine whether the patient is included in the numerator and denominator count.

Patient Level – IMM-2

_____ Numerator

_____ Denominator

The numerator and denominator for each medical record will be used to determine the numerator and denominator, which will be aggregated for submission to *QualityNet*.

IMM-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 less than 6 months old, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for IMM-2. The case will not be included in the numerator or denominator count for IMM-2.

   b. If *Patient Age* is 6 months or greater, proceed to *ICD-10-PCS Principal or Other Procedure Codes*.

2. **What was the ICD-10-PCS Principal code selected as the principal procedure for this record?** (*ICD-10-PCS Principal Procedure Code*)_____

Abstraction Paper Tool for the IMM-2 Measure
Discharges 10-01-2021 (Q4 2021) through 03-31-2022 (Q1 2022)

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Abstraction Paper Tool for the IMM-2 Measure
Discharges 10-01-2021 (Q4 2021) through 03-31-2022 (Q1 2022)

3. **What was the ICD-10-PCS Other Procedure code(s) selected as the other procedures for this record?** (*ICD-10-PCS Other Procedure Code*) _____

   a. If none of the codes above are on Table 12.10, proceed to *Discharge Disposition*.

   b. If at least one code above is on Table 12.10, the case will be excluded (Measure Category Assignment of "B"). The case will not be included in the numerator or denominator count for IMM-2. Stop abstracting.

4. **What was the patient's discharge disposition on the day of discharge?** (*Discharge Disposition*)

   _____ 1 Home
   _____ 2 Hospice – home
   _____ 3 Hospice – healthcare facility
   _____ 4 Acute care facility
   _____ 5 Other healthcare facility
   _____ 6 Expired
   _____ 7 Left Against Medical Advice/AMA
   _____ 8 Not documented or unable to determine (UTD)

   a. If Discharge Disposition equals 1, 2, 3, 5, or 8, proceed to Discharge Date.

   b. If *Discharge Disposition* equals 4, 6, or 7, the case will be excluded (Measure Category Assignment of "B"). The case will not be included in the numerator or denominator count for IMM-2. Stop abstracting.

5. **What was the patient's date of discharge?** (*Discharge Date*): _____/_____/_____
   All dates are in the MM-DD-YYYY format. UTD is not an allowable entry.

   a. If the *Discharge Date* is 10-01-YYYY through 03-31-YYYY, proceed to Influenza Vaccination Status.

   b. If the *Discharge Date* is 04-01-YYYY through 09-30-YYYY, the case will be excluded (Measure Category Assignment of "B"). The case will not be included in the numerator or denominator count for IMM-2. Stop abstracting.

6. **What is the patient's influenza vaccination status?** (*Influenza Vaccination Status*) _____

   _____ 1 Influenza vaccine was given during this hospitalization.
   _____ 2 Influenza vaccine was received prior to admission during the current flu season, not during this hospitalization.
   _____ 3 Documentation of patient's or caregiver's refusal of influenza vaccine.

Abstraction Paper Tool for the IMM-2 Measure
Discharges 10-01-2021 (Q4 2021) through 03-31-2022 (Q1 2022)

Page 3 of 3

Abstraction Paper Tool for the IMM-2 Measure
Discharges 10-01-2021 (Q4 2021) through 03-31-2022 (Q1 2022)

   _____ 4 There was documentation of an allergy/sensitivity to influenza vaccine, anaphylactic latex allergy, or anaphylactic allergy to eggs; OR is not likely to be effective because of bone marrow transplant within the past 6 months; OR history of Guillain-Barré syndrome within 6 weeks after a previous influenza vaccination; OR symptomatic, suspected, or confirmed COVID-19.

   _____ 5 None of the above/Not documented/Unable to determine from medical record documentation.

   _____ 6 Only select this allowable value if there is documentation the vaccine has been ordered but has not yet been received by the hospital due to problems with vaccine production or distribution AND allowable values 1–5 are not selected.

   a. If the *Influenza Vaccination Status* equals 1, 2, 3, 4, or 5, proceed to recheck Influenza Vaccination Status.

   b. If the *Influenza Vaccination Status* equals 6, the case will be excluded (Measure Category Assignment of "B"). The case will not be included in the numerator or denominator count for IMM-2. Stop abstracting.

7. **What is the patient's influenza vaccination status?** (*Influenza Vaccination Status*) _____

   a. If the Influenza Vaccination Status equals 1, 2, 3, or 4, the case will be included (Measure Category Assignment "E"). Add 1 to both the numerator and denominator count for IMM-2. Stop abstracting.

   b. If the *Influenza Vaccination Status* equals 5, the case will be included (Measure Category Assignment of "D"). Add 1 to the denominator. Add 0 to the numerator. Stop abstracting.

Abstraction Paper Tool for the IMM-2 Measure
Discharges 10-01-2021 (Q4 2021) through 03-31-2022 (Q1 2022)

IPFQR Measures Resources Commonly Asked Questions

A patient arrives and is positive, but asymptomatic, for COVID-19. How would I abstract for the *Influenza Vaccination Status* data element?

Allowable Value 4 of the *Influenza Vaccination Status* data element is applicable for patients who are documented to (1) have symptoms of COVID-19, (2) are suspected of having COVID-19, or (3) confirmed to have COVID-19. Based on the information provided in your inquiry, the patient was confirmed to have COVID-19; therefore, it is appropriate to abstract value "4 There was documentation of an allergy/sensitivity to influenza vaccine, anaphylactic latex allergy or anaphylactic allergy to eggs OR is not likely to be effective because of bone marrow transplant within the past 6 months OR history of Guillain-Barré syndrome within 6 weeks after a previous influenza vaccination OR symptomatic suspected or confirmed COVID-19" for the *Influenza Vaccination Status* data element.

IPFQR Measures Resources

Paper Tool for the Collection of Non-Measure Data

IPFQR Measures Resources Commonly Asked Questions

Our IPF does not have a full calendar year of non-measure data to report. We were not open to begin collecting data until the beginning of Quarter (Q)2 2021. Do we report data collected from Q2–Q4 2021 anyway?

Yes, your IPF should report non-measure and measure data collected during that time period as accurately and completely as possible prior to the August 15, 2022, deadline to meet the data requirement necessary to obtain the full annual payment update for fiscal year (FY) 2023.

IPFQR Measures Resources: Claims-Based Measures (CBMs)

Claims-Based Measure Specifications

Inpatient Psychiatric Facility Quality Reporting Program: Claims-Based Measure Specifications

This document is a resource for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program for the Centers for Medicare & Medicaid Services (CMS).

June 2022

IPFQR Measures Resources

Claims-Based Measures Codebooks

Measure Name:	Follow-Up After Hospitalization for Mental Illness	
Performance Period:	July 1, 2020 - June 30, 2021	
Date:	August 1, 2022	

Tab number		
Tab 1:		
Tab 2:		
Tab 3:		
Tab 4:		
Tab 5:		
Tab 6:		
Tab 7:		
Tab 8:		

Measure Name:	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility	
Performance Period:	July 1, 2019 - June 30, 2021 (excuding the first two quarters of 2020)	
Date:	August 1, 2022	

Tab number	Measure component	Code system
Tab 1:	Cover sheet	n/a
Tab 2:	Risk Factors Descriptions	n/a
Tab 3:	Denominator: Principal discharge diagnosis clinical categories designating psychiatric illness for measure cohort	Agency for Healthcare Research and Quality (AHRQ) Clinical Classification Software (CCS) Diagnosis groupings
Tab 4:	Planned Readmission Algorithm	n/a
Tab 5:	Numerator: Procedure categories that are always planned	AHRQ Procedure CCS groupings
Tab 6:	Numerator: Diagnosis categories that are always planned	AHRQ Diagnosis CCS groupings
Tab 7:	Numerator: Potentially planned procedure categories	AHRQ Procedure CCS groupings
Tab 8:	Numerator: Potentially planned procedure codes	ICD-10
Tab 9:	Numerator: Acute principal discharge diagnosis categories	AHRQ Diagnosis CCS groupings
Tab 10:	Numerator: Acute principal discharge diagnosis codes	ICD-10
Tab 11:		
Tab 12:		
Tab 13:		
Tab 14:		
Tab 15:		
Tab 16:		

Measure Name:	Medication Continuation Following Inpatient Psychiatric Discharge	
Performance Period:	July 1, 2019 - June 30, 2021 (excluding the first two quarters of 2020)	
Date:	August 1, 2022	

Tab number	Measure component	Code system
Tab 1:	Cover sheet	n/a
Tab 2:	Denominator: Codes for Bipolar Disorder, Major Depressive Disorder and Schizophrenia	ICD-10-CM
Tab 3:	Exclusions: Diagnosis and Procedural Codes for Exclusions	CPT, ICD-10-CM, ICD-10-PCS
Tab 4:	Numerator: Codes for medications relevant to measure numerator	NDC
Tab 5:	Numerator: J-codes for long acting injectables	HCPCS

IPFQR Measures Resources: CBM IPF-Specific Report (ISR)

ISR Quick Reference Guide

Quick Reference Guide for Claims-Based Measure Confidential Review Period

Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program Fiscal Year 2022 Public Reporting

Overview

In FY 2022, the Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program will conduct a confidential review period for the claims-based measures prior to public reporting on the Provider Data Catalog hosted by the Department of Health & Human Services. During this confidential review period, the Centers for Medicare & Medicaid Services (CMS) will provide inpatient psychiatric facilities (IPFs) with IPF-Specific Reports (ISRs).

ISRs allow IPFs to review the information that will be publicly reported in FY 2022 for the *Follow-Up After Hospitalization for Mental Illness*, *Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF*, and *Medication Continuation Following Inpatient Psychiatric Discharge* measures calculated by CMS using administrative claims data. ISRs also contain information that is not available to the public, like beneficiary-level claims data and risk factors used to calculate the measure, to help inform quality improvement activities.

IPFs are encouraged to download and review their ISRs and accompanying user guides. Any requests for corrections of the data, measure results, measure scores, or notation of measure results **must be submitted to the *QualityNet* Help Desk by the end of the confidential review period**. The confidential review period does not allow hospitals to submit additional corrections related to the underlying claims data or add new claims to the data extract used to calculate the rates.

Accessing Your IPF-Specific Reports

Your IPF's ISRs are available for download through the *Managed File Transfer (MFT) Dashboard*. Users will need to log in to the *MFT Dashboard* using their HARP username and password to access the mailbox.

Registered Security Officials (SOs)
Registered Security Officials will receive an Auto-Route File Delivery Notification email indicating that the ISRs are available. Alternatively, ISRs are also available via the Hospital Quality Reporting (HQR) system Managed File Transfer (MFT) inbox.

Non-Security Officials (SOs)
Users must have the basic *MFT* permission and be assigned the "Auto-Route (IPFQR)" permission to access their ISR. Users who are not an SO should contact the SO for their organization to confirm that they have the basic *MFT* permission and to obtain the "Auto-Route (IPFQR)" permission.

Resources

Contact Information
If you are unable to access your ISRs or have questions and comments after reviewing your ISRs, please contact the *QualityNet* Help Desk.
Phone: (866) 288-8912
TTY: (877) 715-6222
Email: qnetsupport@hcqis.org

IPFQR Program Webinar
CMS will host a webinar to review the ISR content and share tips for interpreting your facility's data. IPFQR Program Listserv subscribers will receive an email with registration information prior to this event. If you have not already done so, subscribe to the IPFQR Program Listserv to receive important notifications from CMS about program updates, reporting requirements, educational webinars, and submission deadlines.

Measure Specifications
For more information on the specifications and methodology used to calculate measure data for FY 2022 public reporting, download the Claims-Based Measure Specifications document from the *QualityNet* IPFQR Measure Resources page.

IPFQR Measures Resources Commonly Asked Questions

What about the Quality Reporting Center website?

IPFQR Program Resources on Quality Reporting Center

The IPFQR Program Resources and Tools web page on the Quality Reporting Center website contains most of the same resources found on QualityNet, but the sections are organized in a slightly way.

IPF Notifications on Quality Reporting Center

Inpatient Quality Reporting Programs

- Newsletters ⌄
- Hospital Inpatient Quality Reporting (IQR) Program ⌄
- PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program ⌄
- Inpatient Psychiatric Facilities Quality Reporting Program ⌃
  - Archived Events
  - Upcoming Events
  - Resources and Tools
  - Archive of Previous Paper Tools
  - ▸ Inpatient Psychiatric Facility Notifications

Inpatient Psychiatric Facility Notifications

The following email notifications regarding the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program have been issued to those registered for the notifications. Click on the following link to register to receive email notifications: IPFQR Program Listserve Registration Page. For previous years please go to QualityNet Notifications.

- 2022
- 2021

The Quality Reporting Center now includes an Inpatient Psychiatric Facility Notifications web page where you can view and download email notifications that were distributed to the IPFQR Program Listserve from 2021 onward.

IPFQR Measures Resources Commonly Asked Questions

What about past versions of all these resources? Are they archived somewhere?

IPFQR Archived Resources Web Page

Resource materials for the CBMs, checklists, and optional paper tools from prior years are available for download from the IPFQR Archived Resources web page.

IPFQR Archived Resources Web Page

Similarly, you can view and download archived resources from the Archive of Previous Paper Tools web page on Quality Reporting Center.

Overview of IPFQR Program Resources, Part 3

Helpful Resources

Acronyms

AUDIT-C	Alcohol Use Disorders Identification Test-Concise	**ISR**	IPF-Specific Report
CBM	claims-based measure	**KB**	knowledge base
CMS	Centers for Medicare & Medicaid Services	**PLR**	patient-level reporting
FDA	Food and Drug Administration	**Q**	quarter
FY	fiscal year	**SMD**	Screening for Metabolic Disorders
HBIPS	Hospital-Based Inpatient Psychiatric Services	**SUB**	Substance Use
IM	intramuscular	**TOB**	Tobacco Treatment
IMM	Influenza Immunization	**UTD**	unable to determine
IOP	Intensive Outpatient Program	**V**	version
IPF	Inpatient Psychiatric Facility	**VIQR**	Value, Incentives, and Quality Reporting
IPFQR	Inpatient Psychiatric Facility Quality Reporting		

Future Webinar Topics

Specifications Manual for Inpatient Psychiatric Facility Quality Measures, Version 1.1

Keys to Successful FY 2023 Data Reporting

IPFQR Program Patient-Level Reporting (PLR)

Future webinar titles, dates, and times will be communicated via the IPFQR Program ListServe.

Helpful Resources

Helpful Resources

Stay up to date...

Contact Change Form

Listserve Registration

Upcoming Webinars

…and get answers to your questions.

Q&A Tool

Email Support

Phone Support (866) 800-8765

FAX (877) 789-4443

Webinar Questions

Please email any questions that are pertinent to the webinar topic to WebinarQuestions@hsag.com.

- Write "IPF Program Resources, Part 3" in the subject line.

- If your question pertains to a specific slide, include the slide number in the body of the email.

Overview of IPFQR Program Resources, Part 3

Thank You!

Disclaimer

This presentation was current at the time of publication and/or upload onto the Quality Reporting Center and QualityNet websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

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