



Overview of IPFQR Program Resources, Part 3

Judy Wade, BA

Project Coordinator

Inpatient Value, Incentives, and Quality Reporting (VIQR)

Outreach and Education Support Contractor

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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*.

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Inpatient Psychiatric Facility Specifications Manuals

Specifications Manuals

Version 1.0a
Version 1.0

Version 1.0a - Effective for Discharges starting 01/01/2022

The *Specifications Manual for National Inpatient Psychiatric Facility Quality Measures* (IPF Specifications Manual) contains abstraction guidance and technical specifications to successfully submit the Centers for Medicare & Medicaid Services (CMS) inpatient psychiatric facilities quality measures.

Over time, it will be necessary to present more than one version of the manual on this web page so that a specific data collection time period (i.e., based on effective discharge date) can be associated with the applicable manual.

The Release Notes for each version of the manual outline the changes associated with that specific release and include corrections and clarifications based on ongoing alignment discussions between the Centers for Medicare & Medicaid Services and the Joint Commission.

NOTE: For enhanced accessibility, the formatting of the manual has changes. Some documents contained in this manual are for use by technical staff. Persons using assistive technology may not be able to fully access all documents. If you need assistance in accessing a specific document, contact the [QualityNet Service Center](#).

Complete Manual

File Name	File Type	File Size	
Version 1.0a - IPF Specifications Manual	ZIP	1.4 MB	Download
Release Notes, Version 1.0a	PDF	388 KB	Download

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.

Overview of IPFQR Program Resources, Part 3

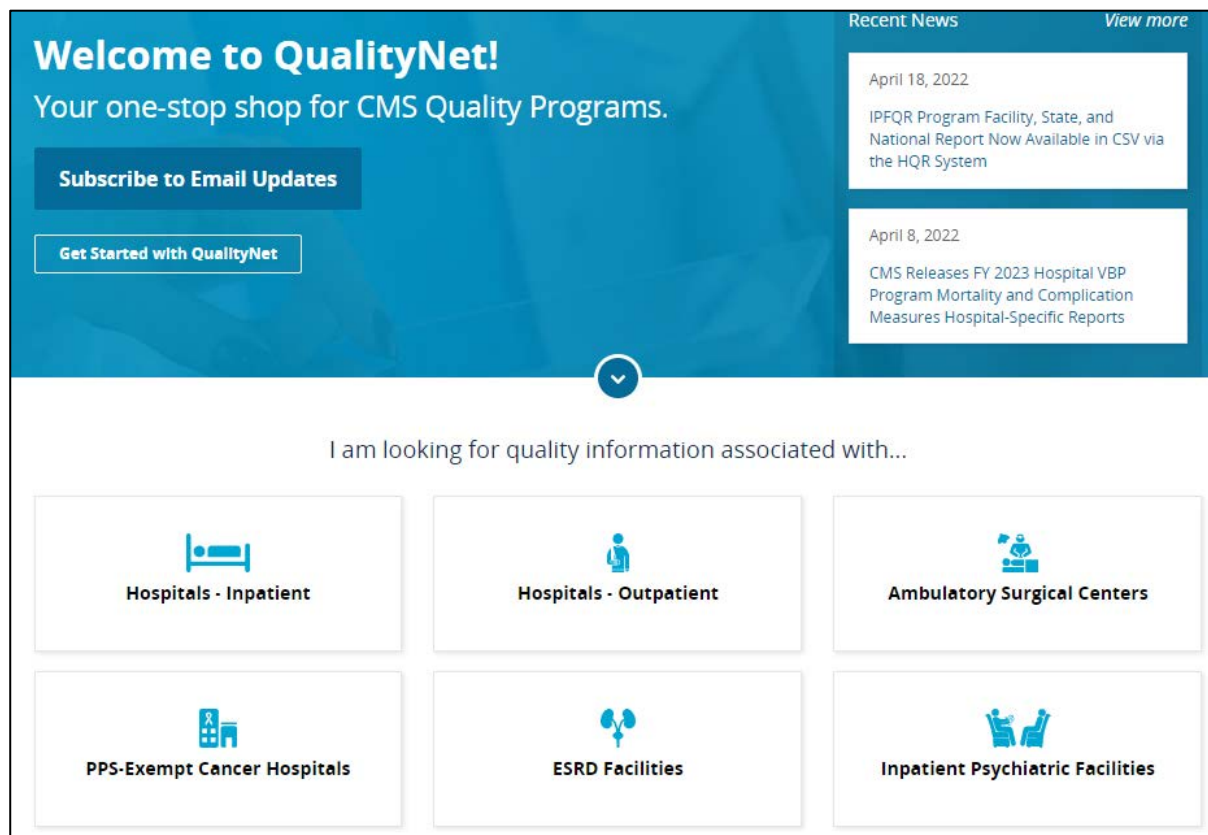
Navigating to the IPFQR Program Measure Resources Web Page

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](https://qualitynet.cms.gov/ipf/ipfqr/resources#tab2) 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.



The screenshot shows the QualityNet Home Page. At the top, a blue banner contains the text "Welcome to QualityNet!" and "Your one-stop shop for CMS Quality Programs." Below this, there are two buttons: "Subscribe to Email Updates" and "Get Started with QualityNet". To the right of the banner, there is a "Recent News" section with two news items: "April 18, 2022: IPFQR Program Facility, State, and National Report Now Available in CSV via the HQR System" and "April 8, 2022: CMS Releases FY 2023 Hospital VBP Program Mortality and Complication Measures Hospital-Specific Reports". Below the banner, there is a search bar with the text "I am looking for quality information associated with...". Below the search bar, there are six icons representing different facility types: "Hospitals - Inpatient", "Hospitals - Outpatient", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", and "Inpatient Psychiatric Facilities".

Inpatient Psychiatric Facilities Overview Web Page

From the [IPF Overview](#) web page, click View all Program Resources link.

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Inpatient Psychiatric Facilities

[Overview](#) [Measures](#) [Public Reporting](#) [Data Management](#) [Resources](#) [Notifications](#)

Inpatient Psychiatric Facility Quality Reporting Program Overview

The Inpatient Psychiatric Facility Quality Reporting (IPFQR) program is a pay-for-reporting program intended to equip consumers with quality of care information to make more informed decisions about healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care provided to beneficiaries by, first, ensuring that providers are aware of and reporting on best practices for their respective facilities and type of care.

The following Paperwork Reduction Act (PRA) Disclosure Statement applies to forms and other information collection requirements associated with the IPFQR Program:

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1171 (Expires 11/30/2022)**. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

******CMS Disclosure******

Please do not send applications, claims, payments, medical records, or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, contact the IPFQR Support Contractor at (844) 472-4477.

[Read more](#)

Participating in the IPFQR Program?

[IPF Specifications Manual v1.0a](#)

[FY 2023 IPFQR Program Guide](#)

[View all Program Resources](#)

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.

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Resources

Overview IPFQR Measures Participation APU **Resources** Webinars

Program Resources

Measures Resources

Web Resources

Program Manuals

Archived Resources

IPFQR Program Resources

The following documents are designed to assist facilities participating in the IPFQR Program:

Specifications Manuals

Resource Name	
IPF Specifications Manual	View

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.

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Resources

Overview IPFQR Measures Participation APU **Resources** Webinars

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IPFQR Measures Resources

The following tools are designed as optional, informal mechanisms to assist IPFs in the collection of data for the IPFQR Program:

Paper Tools for Data to be Submitted Summer of 2022

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 Measures (TR-1, -2)	PDF	Download
IMM-2 (Q4 2021 through Q1 2022)	PDF	Download
Non-Measure Data Collection Tool	PDF	Download
Appendix for Non-Measure Data Collection Tool (Excel)	XLSX	Download

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) - <i>Coming soon</i>		
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.

HBIPS-2 and HBIPS-3 Event Tracking Log

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

Abstraction Paper Tool for the HBIPS-5 Measure
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 inpatient psychiatric facilities in the collection of the HBIPS-5 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. During the summer of 2022 IPFQRs 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 made available 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.

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

1. **What is the length of stay?**
Length of Stay (in days) equals Discharge Date minus Admission Date: _____

a. If *Length of Stay* is less than or equal to 3 days, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for HBIPS-5. Add 0 to the numerator and denominator.

b. If *Length of Stay* is greater than 3 days, proceed to *Discharge Disposition*.

2. **What was the patient's discharge disposition?** (*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 6, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator. Add 0 to the numerator and denominator.

b. If *Discharge Disposition* equals 1, 2, 3, 4, 5, 7, or 8, proceed to *Psychiatric Care Setting*.

Abstraction Paper Tool for the HBIPS-5 Measure
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

Abstraction Paper Tool for the HBIPS-5 Measure
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

3. **Did the patient receive care in an inpatient psychiatric setting?** (*Psychiatric Care Setting*)

____ Yes The patient received care in an inpatient psychiatric setting.

____ No The patient did not receive care in an inpatient psychiatric setting.

a. If *Psychiatric Care Setting* equals Yes, proceed to *Patient Status at Discharge*.

b. If *Psychiatric Care Setting* equals No, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator. Add 0 to the numerator and denominator.

4. **What was the patient's status at the time the patient left the hospital-based inpatient psychiatric care setting?** (*Patient Status at Discharge*)

____ 1 The medical record contains documentation that the patient was discharged from the hospital-based inpatient psychiatric care setting AND hospital care at the same time.

____ 2 The medical record contains documentation of one of the following:

- The patient eloped and was discharged.
- The patient failed to return from leave and was discharged.
- The patient has not yet been discharged from the hospital.
- The patient was discharged from the hospital to another level of care outside of the hospital system from a setting other than a psychiatric care setting.

____ 3 Unable to determine from medical record documentation.

a. If *Patient Status at Discharge* equals 2, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator. Add 0 to the numerator and denominator.

b. If *Patient Status at Discharge* equals 1 or 3, proceed to *Number of Antipsychotic Medications Prescribed at Discharge*.

5. **What is the documented number of antipsychotic medications prescribed for the patient at discharge?** (*Number of Antipsychotic Medications Prescribed at Discharge*)

____ 0–99

____ UTD

Abstraction Paper Tool for the HBIPS-5 Measure
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

Abstraction Paper Tool for the HBIPS-5 Measure
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

a. If *Number of Antipsychotic Medications Prescribed at Discharge* is less than or equal to 1, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator. Add 0 to the numerator and denominator.

b. If *Number of Antipsychotic Medications Prescribed at Discharge* equals UTD, the case will be included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator. Add 0 to the numerator.

c. If *Number of Antipsychotic Medications Prescribed at Discharge* is greater than or equal to 2, proceed to *Appropriate Justification for Multiple Antipsychotic Medications*.

6. **Is there documentation in the medical record of appropriate justification for the patient being discharged on 2 or more antipsychotic medications?** (*Appropriate Justification for Multiple Antipsychotic Medications*)

____ 1 The medical record contains documentation of a history of a minimum of 3 failed multiple trials of monotherapy.

____ 2 The medical record contains documentation of a recommended plan to taper to monotherapy due to previous use of multiple antipsychotic medications OR documentation of a cross-taper in progress at the time of discharge.

____ 3 The medical record contains documentation of augmentation of clozapine.

____ 4 The medical record contains documentation of a justification other than those listed in Allowable Values 1–3.

____ 5 The medical record does not contain documentation supporting the reason for being discharged on 2 or more antipsychotic medications OR unable to determine from medical record documentation.

a. If *Appropriate Justification for Multiple Antipsychotic Medications* equals 1, 2, or 3, the case will be included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator.

b. If *Appropriate Justification for Multiple Antipsychotic Medications* equals 4 or 5, the case will be included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator. Add 0 to the numerator.

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

Patient Level – HBIPS-5

____ Numerator

____ Denominator

Abstraction Paper Tool for the HBIPS-5 Measure
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

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IPFQR Measures Resources: Screening for Metabolic Disorders (SMD)

SMD Measure Abstraction Paper Tool

Abstraction Paper Tool for the Screening for Metabolic Disorders Measure
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 Screening for Metabolic Disorders 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. During the summer of 2022 IPFs will have the option to complete 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 use of this measure abstraction paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hsa.gov.

Individual Medical Record Data Collection Tool

Patient Identifier: _____

Discharge Date: ____/____/____
Unable to Determine (UTD) is not an allowable entry.

1. Calculate length of stay. Length of Stay, in days, is equal to the Discharge Date minus the Admission Date: _____

a. If Length of Stay is equal to or greater than 365 days or equal to or less than days, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator.

b. If Length of Stay is less than 365 days and greater than 3 days, proceed to Discharge Disposition.

2. What is the patient's 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 6, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator.

b. If Discharge Disposition equals 1, 2, 3, 4, 5, 7, or 8, proceed to Number of Antipsychotic Medications Prescribed at Discharge.

Abstraction Paper Tool for the Screening for Metabolic Disorders Measure
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021) Page 1

Abstraction Paper Tool for the Screening for Metabolic Disorders Measure
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

3. What is the Number of Antipsychotic Medications Prescribed at Discharge? _____

a. If Number of Antipsychotic Medications Prescribed at Discharge is equal to 0, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator.

b. If Number of Antipsychotic Medications Prescribed at Discharge is equal to greater than 1, or unable to determine, proceed to Body Mass Index (BMI).

4. Was there a numerical value of Body Mass Index (BMI) documented in the patient's medical record during this stay or at any time during the 12 months prior to discharge? _____

a. If BMI equals No, proceed to Reason for Incomplete Metabolic Screening.

b. If BMI equals Yes, proceed to Blood Pressure.

5. Was there a Blood Pressure (numerical systolic and diastolic values in mmHg) documented in the patient's medical record during this stay or at any time during the 12 months prior to discharge? _____

a. If Blood Pressure equals No, proceed to Reason for Incomplete Metabolic Screening.

b. If Blood Pressure equals Yes, proceed to Blood Glucose.

6. Is there documentation of a numerical value of Blood Glucose in the patient's medical record during this stay or at any time during the 12 months prior to discharge? _____

a. If Blood Glucose equals No, proceed to Reason for Incomplete Metabolic Screening.

b. If Blood Glucose equals Yes, proceed to Lipid Panel.

7. Is there documentation of numerical values of all four of the components of a Lipid Panel (total cholesterol, triglycerides, high-density lipoprotein cholesterol [HDL-C], and low-density lipoprotein cholesterol [LDL-C]) in the patient's medical record during this stay or at any time during the 12 months prior to discharge? _____

a. If Lipid Panel equals No, proceed to Reason for Incomplete Metabolic Screening.

b. If Lipid Panel equals Yes, the case will be included (Measure Category Assignment of "E"). Add 1 to BOTH the numerator and denominator count. Stop abstracting.

8. Is there a Reason for Incomplete Metabolic Screening? _____

a. If Reason for Incomplete Metabolic Screening equals No, the case will be included (Measure Category Assignment of "D"). Add 1 to the denominator and 0 to the numerator. Stop abstracting.

Abstraction Paper Tool for the Screening for Metabolic Disorders Measure
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021) Page 2

Abstraction Paper Tool for the Screening for Metabolic Disorders Measure
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

b. If Reason for Incomplete Metabolic Screening equals Yes, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator.

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

Patient Level - SMD

____ Numerator

____ Denominator

IPFQR Measures Resources

Commonly Asked Questions

Invega Sustenna Injectable (Paliperidone 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?

Paliperidone 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

Abstraction Paper Tool for the Substance Use (SUB) Measures Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)			
<p>This measure abstraction paper tool is provided as an aid inpatient psychiatric facilities in the collection of the Centers for Medicare & Medicaid Services (CMS) Inpatient Reporting (IPFQR) Program. The tool is designed to collect the summer of 2022 IPFs will have the option to complete aggregate or to submit patient-level data to the Hospital Portal. Once data are submitted, they will be stored in the Repository for data analysis and report generation. If the concerns regarding the use of this measure abstraction IPFQR Program Support Contractor at IPFQualityReport</p> <p>Individual Medical Record Data Collection Tool</p> <p>Birth Date: _____ Unable to determine (UTD) is not an allowable entry.</p> <p>Patient Identifier: _____</p> <p>Admission Date: _____ UTD is not an allowable entry.</p> <p>Discharge Date: _____ UTD is not an allowable entry.</p> <p>SUB-2</p> <p>1. What is the patient's age? Patient Age (in years) is minus Birth Date _____</p> <p>a. If Patient Age is fewer than 18 years, the case will be included in the numerator or denominator count for SUB-2a. Stop abstracting for SUB-2a.</p> <p>b. If Patient Age is 18 years of age or greater, proceed to SUB-2b.</p> <p>2. What is the length of stay? Length of Stay (in days) Admission Date _____</p> <p>a. If Length of Stay is less than or equal to one day (Measure Category Assignment of "B"). Stop abstracting for SUB-2a. Stop abstracting for SUB-2a.</p> <p>b. If Length of Stay is greater than one day, proceed to SUB-2b.</p> <p>3. When is the earliest physician, advanced practice nurse (PA) documentation of comfort measures (Comfort Measures Only) _____</p> <p>a. If Comfort Measures Only equals 1, 2, or 3, the Case Category Assignment of "B". Stop abstracting for SUB-2a. Stop abstracting for SUB-2a.</p> <p>b. If Comfort Measures Only equals 4, proceed to SUB-2b.</p>			
<p>Abstraction Paper Tool for the Substance Use (SUB) Measures Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)</p> <p>SUB-2a</p> <p>1. Determine numerator and denominator for SUB-2a.</p> <p>a. If the case is excluded for SUB-2 (Measure Category Assignment of "E"). Add 0 to the numerator and denominator count for SUB-2a. Stop abstracting.</p> <p>b. If the case is included in SUB-2 (Measure Category Assignment of "E"), recheck Alcohol Use Status.</p> <p>2. What is the patient's alcohol use status? (Alcohol Use Status)</p> <p>a. If Alcohol Use Status equals 3, 4, or 6, the case will be included in the numerator and denominator count for SUB-2a.</p> <p>b. If Alcohol Use Status equals 2 proceed to SUB-2b.</p> <p>3. Did patient receive a brief intervention prior to discharge?</p> <p>a. If Brief Intervention equals 2 or 3, the case will be included in the numerator and denominator count for SUB-2a.</p> <p>b. If Brief Intervention equals 1, the case will be included in the numerator and denominator count for SUB-2a.</p> <p>SUB-3</p> <p>1. What is the patient's age? Patient Age (in years) is minus Birth Date _____</p> <p>a. If Patient Age is fewer than 18 years, the case will be included in the numerator or denominator count for SUB-3a. Stop abstracting for SUB-3a.</p> <p>b. If Patient Age is 18 years of age or greater, proceed to SUB-3b.</p> <p>2. What is the length of stay? Length of Stay (in days) Admission Date _____</p> <p>a. If Length of Stay is less than or equal to one day, the Case Category Assignment of "B". Stop abstracting for SUB-3a. Stop abstracting for SUB-3a.</p> <p>b. If Length of Stay is greater than one day, proceed to SUB-3b.</p> <p>3. When is the earliest physician, advanced practice nurse (PA) documentation of comfort measures (Comfort Measures Only) _____</p> <p>a. If Comfort Measures Only equals 1, 2, or 3, the Case Category Assignment of "B". Stop abstracting for SUB-3a. Stop abstracting for SUB-3a.</p> <p>b. If Comfort Measures Only equals 4, proceed to SUB-3b.</p>			
<p>Abstraction Paper Tool for the Substance Use (SUB) Measures Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)</p> <p>10. Was a referral for addiction treatment made for the patient at discharge? (Referral for Addictions Treatment)</p> <p>a. If Referral for Addictions Treatment equals 1 or 3, the Case Category Assignment of "E". Add 1 to BC denominator count for SUB-3a. Proceed to SUB-3a.</p> <p>b. If Referral for Addictions Treatment equals 2 or 5, recheck for Alcohol or Drug Disorder Medication.</p> <p>SUB-3a</p> <p>1. Was one of the FDA-approved medications for alcohol prescribed at discharge? (Prescription for Alcohol or Drug Disorder Medication)</p> <p>a. If Prescription for Alcohol or Drug Disorder Medication equals 1, the Case Category Assignment of "D". Add 1 to BC denominator count for SUB-3a. Add 0 to the numerator count. Proceed to SUB-3b.</p> <p>b. If Prescription for Alcohol or Drug Disorder Medication equals 2, the Case Category Assignment of "E". Add 1 to BC denominator count for SUB-3a. Add 0 to the numerator count. Proceed to SUB-3b.</p> <p>2. Determine numerator and denominator for SUB-3a.</p> <p>a. If the case is excluded for SUB-3 (Measure Category Assignment of "E"), recheck Referral for Addictions Treatment.</p> <p>b. If the case is included in SUB-3 (Measure Category Assignment of "E"), recheck Referral for Addictions Treatment.</p> <p>3. Was a referral for addiction treatment made for the patient at discharge? (Referral for Addictions Treatment)</p> <p>a. If Referral for Addictions Treatment equals 1, the Case Category Assignment of "E". Add 1 to BC denominator count for SUB-3a. Stop abstracting for SUB-3a.</p> <p>b. If Referral for Addictions Treatment equals 2, 3, or 5 for Alcohol or Drug Disorder Medication.</p> <p>4. Was one of the FDA-approved medications for alcohol prescribed at discharge? (Prescription for Alcohol or Drug Disorder Medication)</p> <p>a. If Prescription for Alcohol or Drug Disorder Medication equals 1, the Case Category Assignment of "D". Add 1 to BC denominator count for SUB-3a. Add 0 to the numerator count for SUB-3a. Proceed to SUB-3b.</p> <p>b. If Prescription for Alcohol or Drug Disorder Medication equals 2, the Case Category Assignment of "E". Add 1 to BC denominator count for SUB-3a. Add 0 to the numerator count for SUB-3a. Proceed to SUB-3b.</p>			
<p>Abstraction Paper Tool for the Substance Use (SUB) Measures Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)</p> <p>Determine whether the patient is included in the numerator and denominator count.</p> <p>Patient Level – SUB-2</p> <p>____ Numerator</p> <p>____ Denominator</p> <p>Patient Level – SUB-2a</p> <p>____ Numerator</p> <p>____ Denominator</p> <p>Patient Level – SUB-3</p> <p>____ Numerator</p> <p>____ Denominator</p> <p>Patient Level – SUB-3a</p> <p>____ Numerator</p> <p>____ Denominator</p>			

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

Validated Screening Tools for Unhealthy Alcohol Use: This list is not ALL Inclusive

- AUDIT
- AUDIT-C
- ASSIST
- CRAFFT
- G-MAST
- MAST
- TWEAK

Exclusion

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.

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

Abstraction Paper Tool for the Tobacco Treatment (TOB) Measures Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)		Abstraction Paper Tool for the Tobacco Treatment (TOB) Measures Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)		Abstraction Paper Tool for the Tobacco Treatment (TOB) Measures Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)		Abstraction Paper Tool for the Tobacco Treatment (TOB) Measures Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)	
<p>This measure abstraction paper tool is provided as an optional, info aid inpatient psychiatric facilities in the collection of the Tobacco Tr the Centers for Medicare & Medicaid Services (CMS) Inpatient Psy Reporting (IPFQR) Program. The tool is designed to collect patient the summer of 2022 IPFs will have the option to compile and subm aggregate or to submit patient-level data to the Hospital Quality Re Portal. Once data are submitted, they will be stored in the CMS Ce Repository for data analysis and report generation. If there are any regarding use of this measure abstraction paper tool, please conta Support Contractor at IPFQualityReporting@hsag.com.</p> <p>Individual Medical Record Data Collection Tool</p> <p>Birth Date: ____/____/____ Unable to determine (UTD) is not an allowable entry.</p> <p>Patient Identifier: ____</p> <p>Admission Date: ____/____/____ UTD is not an allowable entry.</p> <p>Discharge Date: ____/____/____ UTD is not an allowable entry.</p> <p>TOB-2</p> <p>1. What is the patient's age? Patient Age (in years) is calculated minus Birth Date.</p> <p>a. If Patient Age is fewer than 18 years, the case will be excl Category Assignment of "B"). Stop abstracting. The case v in the numerator or denominator for TOB-2. Add 0 to the n denominator for TOB-2.</p> <p>b. If Patient Age is 18 years of age or greater, proceed to L</p> <p>2. What is the length of stay? Length of Stay (in days) equals D Admission Date</p> <p>a. If Length of Stay is less than or equal to one day, the case (Measure Category Assignment of "B"). Stop abstracting. 1 included in the numerator or denominator for TOB-2. Add 0 and denominator for TOB-2.</p> <p>b. If Length of Stay is greater than one day, proceed to Comf</p> <p>3. When is the earliest physician, APN, or PA documentation of measures only? (Comfort Measures Only)</p> <p>a. If Comfort Measures Only equals 1, 2, or 3, the case will be (Measure Category Assignment of "B"). Stop abstracting. 1 included in the numerator or denominator for TOB-2. Add 0 and denominator for TOB-2.</p> <p>b. If Comfort Measures Only equals 4, proceed to Tobacco U</p>		<p>TOB-2a</p> <p>1. Determine numerator and denominator for TOB-2a.</p> <p>a. If the case is excluded for TOB-2 (Measure Category Assignment of "B"), the case will not be in sub-measure TOB-2a. Stop abstracting. Add 0 to the numerator and denominator for TOB-2a.</p> <p>b. If the case is included in TOB-2 (Measure Category Assignment of "D" or "E"), recheck Tobacco Use Status.</p> <p>2. What is the patient's tobacco use status? (Tobacco Use Status)</p> <p>a. If Tobacco Use Status equals 6, the case will not be included. Stop abstracting. Add 0 to BOTH the numerator and denominator for TOB-2.</p> <p>b. If Tobacco Use Status equals 1 or 2, proceed to Tobacco Use Treatment Practical Counseling.</p> <p>3. Did the patient receive all components of practical counseling (recognize danger situations, developing coping skills, and providing basic information about quitting) during the hospital stay? (Tobacco Use Treatment Practical Counseling)</p> <p>a. If Tobacco Use Treatment Practical Counseling equals 2 or 3, the case will be included (Measure Category Assignment of "D"). Stop abstracting. Add 0 to the numerator for TOB-2a. Add 0 to the denominator for TOB-2a.</p> <p>b. If Tobacco Use Treatment Practical Counseling equals 1, proceed to Tobacco Use Status.</p> <p>4. What is the patient's tobacco use status? (Tobacco Use Status)</p> <p>a. If Tobacco Use Status equals 2, the case will be included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-2a.</p> <p>b. If Tobacco Use Status equals 1, proceed to Tobacco Use Treatment FDA-Approved Cessation Medication.</p> <p>5. Did the patient receive one of the FDA-approved tobacco cessation medications during the hospital stay? (Tobacco Use Treatment FDA-Approved Cessation Medication)</p> <p>a. If Tobacco Use Treatment FDA-Approved Cessation Medication equals 1, the case is included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-2a.</p> <p>b. If Tobacco Use Treatment FDA-Approved Cessation Medication equals 2, the case is included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for TOB-2a. Add 0 to the numerator for TOB-2a.</p> <p>c. If Tobacco Use Treatment FDA-Approved Cessation Medication equals 3, the case is included (Measure Category Assignment of "B"). Stop abstracting. Add 0 to the numerator and denominator for TOB-2a.</p>		<p>Abstraction Paper Tool for the Tobacco Treatment (TOB) Measures Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)</p> <p>6. Is there documentation of a reason for not administering one of the approved tobacco cessation medications during the hospital stay? (Reason for No Tobacco Cessation Medication During the Hospital Stay)</p> <p>a. If Reason for No Tobacco Cessation Medication During the Hospital Stay equals No, the case is included (Measure Category Assignment of "B"). Stop abstracting. Add 1 to the denominator for TOB-2a. Add 0 to the numerator for TOB-2a.</p> <p>b. If Reason for No Tobacco Cessation Medication During the Hospital Stay equals Yes, the case is included (Measure Category Assignment of "B"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-2a.</p> <p>TOB-3</p> <p>1. What is the patient's age? Patient Age (in years) is calculated by Admission Date minus Birth Date</p> <p>a. If Patient Age is fewer than 18 years, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for TOB-3. The case will not be included in the numerator or denominator count for TOB-3.</p> <p>b. If Patient Age is 18 years of age or greater, proceed to Length of Stay</p> <p>2. What is the length of stay? Length of Stay (in days) equals Discharge Date minus Admission Date</p> <p>a. If the Length of Stay is less than or equal to one day, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for TOB-3. The case will not be included in the numerator or denominator count for TOB-3.</p> <p>b. If the Length of Stay is greater than one day, proceed to Comfort Measures</p> <p>3. When is the earliest physician, APN, or PA documentation of comfort measures only? (Comfort Measures Only)</p> <p>a. If Comfort Measures Only equals 1, 2, or 3, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for TOB-3. The case will not be included in the numerator or denominator count for TOB-3.</p> <p>b. If Comfort Measures Only equals 4, proceed to Tobacco Use Status</p> <p>4. What is the patient's tobacco use status? (Tobacco Use Status)</p> <p>a. If Tobacco Use Status equals 3, 4, 5, 6, or 7 the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for TOB-3. Add 0 to the numerator and denominator for TOB-3.</p> <p>b. If Tobacco Use Status equals 1 or 2, proceed to Discharge Disposition</p>		<p>Abstraction Paper Tool for the Tobacco Treatment (TOB) Measures Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)</p> <p>TOB-3a</p> <p>1. Determine numerator and denominator for TOB-3a.</p> <p>a. If the case is excluded for TOB-3 (Measure Category Assignment of "B"), it will not be in sub-measure TOB-3a. Stop abstracting. Add 0 to the numerator and denominator for TOB-3a.</p> <p>b. If the case is included in TOB-3 (Measure Category Assignment of "D" or "E"), recheck Referral for Outpatient Tobacco Cessation Counseling.</p> <p>2. Did the patient receive a referral for outpatient tobacco cessation counseling? (Referral for Outpatient Tobacco Cessation Counseling)</p> <p>a. If Referral for Outpatient Tobacco Cessation Counseling equals 2, 3, or 5, the case will not be included in the numerator (Measure Category Assignment of "D"). Add 1 to the denominator for TOB-3a. Add 0 to the numerator for TOB-3a. Stop abstracting.</p> <p>b. If Referral for Outpatient Tobacco Cessation Counseling equals 1, proceed to Tobacco Use Status.</p> <p>3. What is the patient's tobacco use status? (Tobacco Use Status)</p> <p>a. If Tobacco Use Status equals 2, the case will be included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-3a.</p> <p>b. If Tobacco Use Status equals 1, proceed to Prescription for Tobacco Cessation Medication.</p> <p>4. Was an FDA-approved tobacco cessation medication prescribed at discharge? (Prescription for Tobacco Cessation Medication)</p> <p>1 A prescription for an FDA-approved tobacco cessation medication was given to the patient at discharge.</p> <p>2 A prescription for an FDA-approved tobacco cessation medication was offered at discharge and the patient refused.</p> <p>3 The patient:</p> <ul style="list-style-type: none"> is being discharged to a residence outside the USA. is released to court hearing and does not return. is being discharged to jail/law enforcement. <p>4 A prescription for an FDA-approved tobacco cessation medication was not offered at discharge, or unable to determine from medical record documentation.</p>	

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

- Chewing (spit) Tobacco
- Dry snuff
- Moist snuff
- Plug tobacco
- Redman
- Smokeless Tobacco
- Snus
- Twist

Exclusion

- 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

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.

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.

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

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@hsa-q.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

- What is the patient's age? Patient Age (in years) is calculated by Admission Date minus Birth Date: ____.
 - 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.
 - If Patient Age is 6 months or greater, proceed to ICD-10-PCS Principal or Other Procedure Codes.
- 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)

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) _____

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

- Home
- Hospice – home
- Hospice – healthcare facility
- Acute care facility
- Other healthcare facility
- Expired
- Left Against Medical Advice/AMA
- Not documented or unable to determine (UTD)

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

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

- Influenza vaccine was given during this hospitalization.
- Influenza vaccine was received prior to admission during the current flu season, not during this hospitalization.
- 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)

- 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.

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

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

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

Non-Measure Data Collection Tool Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

This paper tool is provided as an optional, informal mechanism to aid inpatient psychiatric facilities (IPFs) in the collection of non-measure data for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. If there are any questions or concerns regarding the use of this paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hsag.com.

Total Annual Discharges

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Age Strata	Total Annual Discharges
Children (≥ 1 year and < 13 years)	
Adolescent (≥ 13 years and < 18 years)	
Adult (≥ 18 years and < 65 years)	
Older Adult (≥ 65 years)	

Diagnostic Categories	Total Annual Discharges
Anxiety disorders (651)	
Delirium, dementia, and amnesic and other cognitive disorders (653)	
Mood disorders (657)	
Schizophrenia and other psychotic disorders (659)	
Alcohol-related disorders (660)	
Substance-related disorders (661)	
Other diagnosis—not included in one of the above categories	

To define the diagnostic categories above, please note the following:

- Categorization should be based on the primary diagnosis at discharge.
- To report non-measure data to CMS, IPFs must group the annual discharges based on the diagnostic categories listed in the table above. CMS created crosswalk tables of the Clinical Classifications Software (CCS) and the Clinical Classifications Software Refined (CCSR) codes developed under the Healthcare Cost and Utilization Project by the Agency for Healthcare Research and Quality as they relate to International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes. See the instructions below to access the crosswalk tables of these codes in the Appendix at the end of this document.

Non-Measure Data Collection Tool Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

Instructions to Determine Diagnostic Category

- Identify the ICD-10-CM code for the primary diagnosis of the case in question.
- Search for the ICD-10-CM code in the appendix of this document.
 - You can search the electronic version of this document by clicking Ctrl+F and typing in the ICD-10-CM code.
- Determine the appropriate diagnostic category based on the ICD-10-CM code.
 - If the ICD-10-CM code is listed in a table in the appendix, then add "1" to the corresponding CCS code listed at the top of the table.
 - Example: A patient is discharged from the IPF unit on March 10, 2021 with a primary diagnosis code of F0633. This code is in Table 3: CCS 657 – Mood Disorders. Add "1" to the Mood disorders (657) in the table on page one of this document.
 - If the ICD-10-CM code is not listed in a table in the appendix, then add "1" to the "Other diagnosis—not included in one of the above categories" row in the table on page one of this document.

Payer	Total Annual Discharges
Medicare	
Non-Medicare	

Non-Measure Data	Response
Did your facility use global sampling? (Yes or No)	

Note: If the IPF used the global sampling methodology described on page 18 of the IPFQR Program Manual, Version 6.1, for any of the measures collected in calendar year 2021 for submission in 2022, then the IPF should answer "Yes" to the sampling question. As a reminder, the Hospital-Based Inpatient Psychiatric Services (HBIPS)-2 and HBIPS-3 measures do not allow sampling.

Non-Measure Data Collection Tool Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

Appendix

Table 1: CCS 651 - Anxiety Disorders		
ICD-10-CM Code	CCSR Category 1	CCSR Category 1 Description
F064	MBD005	Anxiety disorder due to known physiological condition
F4000	MBD005	Agoraphobia, unspecified
F4001	MBD005	Agoraphobia with panic disorder
F4002	MBD005	Agoraphobia without panic disorder
F4010	MBD005	Social phobia, unspecified
F4011	MBD005	Social phobia, generalized
F40210	MBD005	Arachnophobia
F40218	MBD005	Other animal type phobia
F40220	MBD005	Fear of thunderstorms
F40228	MBD005	Other natural environment type phobia
F40230	MBD005	Fear of blood
F40231	MBD005	Fear of injections and transfusions
F40232	MBD005	Fear of other medical care
F40233	MBD005	Fear of injury
F40240	MBD005	Claustrophobia
F40241	MBD005	Acrophobia
F40242	MBD005	Fear of bridges
F40243	MBD005	Fear of flying
F40248	MBD005	Other situational type phobia
F40290	MBD005	Androphobia
F40291	MBD005	Gynephobia
F40298	MBD005	Other specified phobia
F408	MBD005	Other phobic anxiety disorders
F409	MBD005	Phobic anxiety disorder, unspecified
F410	MBD005	Panic disorder [episodic paroxysmal anxiety]
F411	MBD005	Generalized anxiety disorder
F413	MBD005	Other mixed anxiety disorders
F418	MBD005	Other specified anxiety disorders
F419	MBD005	Anxiety disorder, unspecified
F42	MBD006	Obsessive-compulsive disorder
F422	MBD006	Mixed obsessional thoughts and acts
F423	MBD006	Hoarding disorder
F424	MBD006	Excoriation (skin-picking) disorder
F428	MBD006	Other obsessive-compulsive disorder
F429	MBD006	Obsessive-compulsive disorder, unspecified
F430	MBD007	Acute stress reaction
F4310	MBD007	Post-traumatic stress disorder, unspecified
F4311	MBD007	Post-traumatic stress disorder, acute

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	Measure Name:	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility
Tab 1:	Performance Period:	July 1, 2019 - June 30, 2021 (excluding the first two quarters of 2020)
Tab 2:	Date:	August 1, 2022
Tab 3:	Tab number	Measure component
Tab 4:	Tab 1:	Cover sheet
Tab 5:	Tab 2:	Risk Factors Descriptions
Tab 6:	Tab 3:	Denominator: Principal discharge diagnosis clinical categories designating psychiatric illness for measure cohort
Tab 7:	Tab 4:	Planned Readmission Algorithm
Tab 8:	Tab 5:	Numerator: Procedure categories that are always planned
	Tab 6:	Numerator: Diagnosis categories that are always planned
	Tab 7:	Numerator: Potentially planned procedure categories
	Tab 8:	Numerator: Potentially planned procedure codes
	Tab 9:	Numerator: Acute principal discharge diagnosis categories
	Tab 10:	Numerator: Acute principal discharge diagnosis codes
	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
	Tab 1:	Cover sheet
	Tab 2:	Denominator: Codes for Bipolar Disorder, Major Depressive Disorder and Schizophrenia
	Tab 3:	Exclusions: Diagnosis and Procedural Codes for Exclusions
	Tab 4:	Numerator: Codes for medications relevant to measure numerator
	Tab 5:	Numerator: J-codes for long acting injectables

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 \(HOR\) 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@hcgis.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.

The screenshot displays the Quality Reporting Center website interface. At the top, there is a navigation bar with the logo on the left and tabs for 'Events Calendar', 'Inpatient' (which is highlighted in yellow), 'Outpatient', 'ASC', 'SNF VBP', and 'Events'. Below the navigation bar, a breadcrumb trail reads: 'Home / Inpatient / Inpatient Psychiatric Facilities Quality Reporting Program / Resources and Tools'. The main content area is divided into two columns. The left column, titled 'Inpatient Quality Reporting Programs', contains a list of links: 'Newsletters', 'Hospital Inpatient Quality Reporting (IQR) Program', 'PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program', 'Inpatient Psychiatric Facilities Quality Reporting Program' (which is expanded to show 'Archived Events', 'Upcoming Events', and 'Resources and Tools'), 'Archive of Previous Paper Tools', 'Inpatient Psychiatric Facility Notifications', 'eCQM Archived', 'Hospital Value-Based Purchasing (VBP) Program', and 'Provider Contact Lookup Form'. The right column, titled 'Resources and Tools', includes the heading 'Inpatient Psychiatric Facility Quality Reporting Program Resources and Tools' followed by a descriptive sentence. Below this is a list of resource links: 'COVID HCP Measure Resources', 'General Resources', 'FY 2023 Payment Determination', 'FY 2024 Payment Determination', 'Inpatient Psychiatric Facility Quality Reporting Program Manual', 'Optional Paper Tools', 'Data Submission and Verification Checklists', 'Video Tutorials', 'IPFQR FAQs', 'Care Compare Resources', 'Claims-Based Measures Manual and Codebooks', and 'IPF-Specific Reports (ISRs) for CBMs'. Each link in the right column is accompanied by a downward-pointing arrow icon.

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.

Home / Inpatient Psychiatric Facilities / Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program /

Resources

Overview IPFQR Measures Participation APU **Resources** Webinars

Program Resources
Measures Resources
Web Resources
Program Manuals
Archived Resources

IPFQR Archived Resources

Claims-Based Measures

Resource materials pertaining to past ISR confidential review periods for the CBMs are listed below:

File Name	File Type	File Size	
FY 2021	ZIP	3.7 MB	Download
FY 2020	ZIP	2.8 MB	Download
FY 2019	ZIP	1.4 MB	Download
FY 2018	ZIP	433 KB	Download

Checklists

The following checklists were designed to assist IPFs with meeting prior submission deadlines:

File Name	File Type	File Size	
FY 2022	ZIP	484 KB	Download
FY 2021	ZIP	675 KB	Download
FY 2020	ZIP	1.2 MB	Download
FY 2019	ZIP	94 KB	Download

Paper Tools

File Name	File Type	File Size	
Previous Transition Record Paper Tools	ZIP	844 KB	Download
Submitted Summer of 2021	ZIP	1.6 MB	Download
Submitted Summer of 2020	ZIP	858 KB	Download
Submitted Summer of 2019	ZIP	729 KB	Download
Submitted Summer of 2018	ZIP	687 KB	Download
Submitted Summer of 2017	ZIP	779 KB	Download

IPFQR Archived Resources Web Page

QUALITY REPORTING CENTER

Events Calendar **Inpatient** Outpatient ASC SNF VBP Events on De

[Home](#) / [Inpatient](#) / [Inpatient Psychiatric Facilities Quality Reporting Program](#) / [Archive of Previous Paper Tools](#)

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

Archive of Previous Paper Tools

- Claims-Based Measures ▾
- Checklists ▾
- Optional Paper Tools ▾

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

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



Helpful Resources

Stay up to date...



...and get answers to your 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.

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.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.