



Overview of IPFQR Program Resources, Part 2

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Outreach and Education Support Contractor

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Introduction

Part 1 of this webinar series included a review of the resources available for download from the QualityNet [IPFQR Program Resources](#) web page.

IPFQR Program Resources

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

Specifications Manuals

Resource Name

IPF Specifications Manual [View](#)

COVID HCP Measure Resources

File Name	File Type	File Size	
Frequently Asked Questions: COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) Measure	PDF	174 KB	Download
FY2023 NHSN COVID HCP Data Submission Checklist	PDF	63 KB	Download
FY2023 NHSN COVID HCP Verification Checklist	PDF	52 KB	Download

General Resources

File Name	File Type	File Size	
IPFQR Quick Support Reference Card	PDF	235 KB	Download
Understanding Reporting Period vs. Fiscal Years	PDF	253 KB	Download
IPFQR Quick Reference Guide: Notice of Participation (NOP)	PDF	34 KB	Download
Contact Change Form	PDF	414 KB	Download

Use to report any changes regarding key contacts at the facility (CEO/administrator, IPFQR specialist, medical record contact, National Healthcare Safety Network (NHSN) contact, and QualityNet Security Administrators) to help ensure the facility receives all necessary correspondence regarding the IPFQR Program.

Resource Name

IPFQR Program Questions and Answers Tool [View](#)
Click on the link to search for posted question and answer pairs as well as submit any new questions that are not already addressed in the Q&A tool or in a published summary of question and answers.

Fiscal Year (FY) 2023 Payment Determination

File Name	File Type	File Size	
FY 2023 IPFQR Program Guide	PDF	325 KB	Download
IPFQR Program Measures for FY 2023	PDF	109 KB	Download
IPFQR Quick Reference Guide: FY 2023 DACA	PDF	49 KB	Download

Fiscal Year (FY) 2024 Payment Determination

File Name	File Type	File Size	
FY 2024 IPFQR Program Guide	PDF	325 KB	Download
IPFQR Program Measures for FY 2024	PDF	111 KB	Download
IPFQR Quick Reference Guide: FY 2024 DACA	PDF	103 KB	Download

Data Submission and Verification Checklists

Refer to the [Archived Resources](#) page for the summer of 2021 checklists.

Purpose

This presentation will help participants navigate the QualityNet website to locate the *Specifications Manual for National Inpatient Psychiatric Facility Quality Measures* (IPF Specifications Manual) and answer several commonly asked questions related to the manual.

Objectives

At the conclusion of this presentation, attendees will be able to locate the IPF Specifications Manual on QualityNet and leverage the contents of the manual to optimize success in the IPFQR Program.

Webinar Questions

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

- Write “IPF Program Resources, Part 2” 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 2

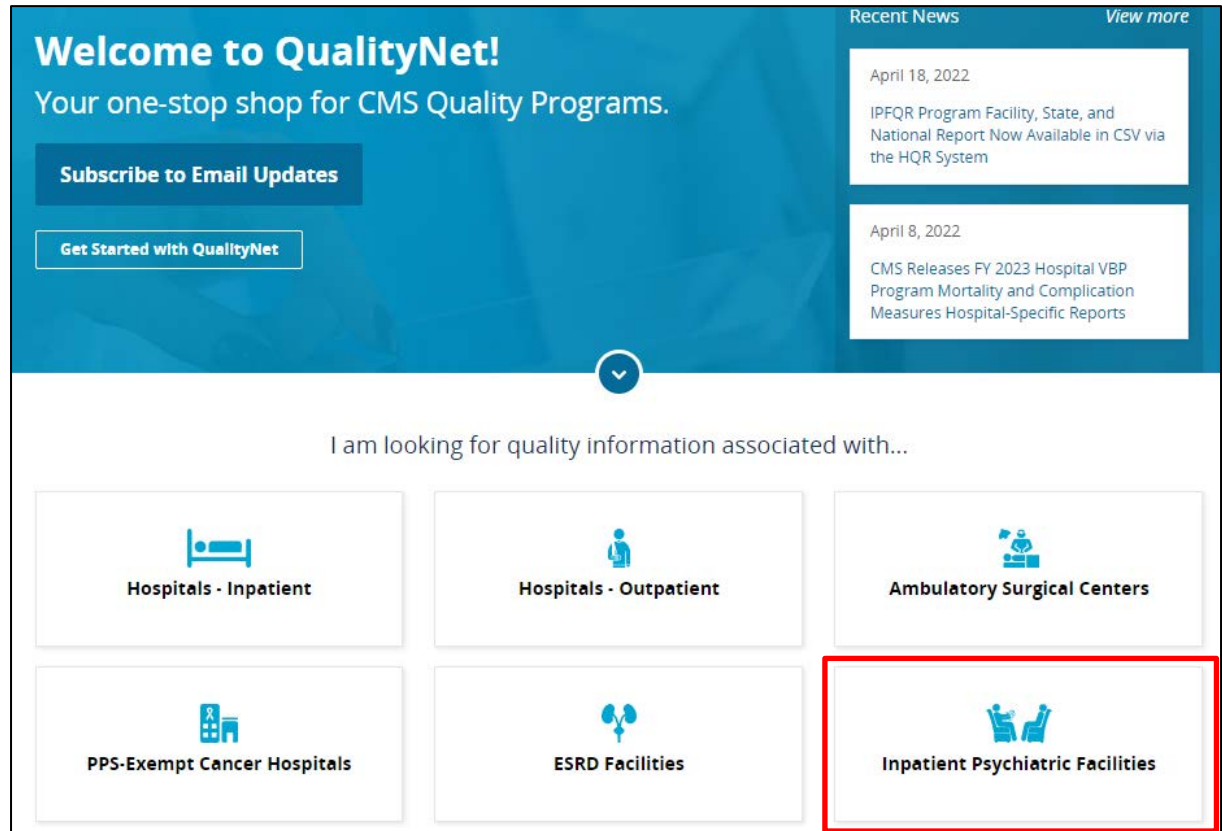
Navigating to the IPF Specifications Manual Web Page

QualityNet Home Page

There are a few ways to access the IPF Specifications Manual.

The simplest way is via the direct URL for the [IPF Specifications Manuals](https://qualitynet.cms.gov/ipf/specifications-manuals#tab1) web page:
<https://qualitynet.cms.gov/ipf/specifications-manuals#tab1>

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. The header is blue with the text "Welcome to QualityNet!" and "Your one-stop shop for CMS Quality Programs." Below this are two buttons: "Subscribe to Email Updates" and "Get Started with QualityNet". To the right, under "Recent News", there are two news items dated April 18, 2022 and April 8, 2022. Below the header is a section titled "I am looking for quality information associated with..." with six icons representing different facility types: Hospitals - Inpatient, Hospitals - Outpatient, Ambulatory Surgical Centers, PPS-Exempt Cancer Hospitals, ESRD Facilities, and Inpatient Psychiatric Facilities. The "Inpatient Psychiatric Facilities" icon is highlighted with a red border.

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April 18, 2022
IPFQR Program Facility, State, and National Report Now Available in CSV via the HQR System

April 8, 2022
CMS Releases FY 2023 Hospital VBP Program Mortality and Complication Measures Hospital-Specific Reports

I am looking for quality information associated with...

- Hospitals - Inpatient
- Hospitals - Outpatient
- Ambulatory Surgical Centers
- PPS-Exempt Cancer Hospitals
- ESRD Facilities
- Inpatient Psychiatric Facilities**

Inpatient Psychiatric Facilities Overview Web Page

From the [IPF Overview](#) web page you can access the manual by clicking the blue button (1), IPF Specifications Manual. This will take you to the latest version.

As shown in Part 1, you can also access the manual (2) from the IPFQR Program Resources web page.

Home /

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?

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

2 [FY 2023 IPFQR Program Guide](#)

[View all Program Resources](#)

Inpatient Psychiatric Facilities Overview Web Page

At the bottom of the [IPF Overview](#) web page is a Learn more button (3) .

Inpatient Psychiatric Facility Quality Programs

Inpatient Psychiatric Facility Quality
Reporting (IPFQR) Program

3

Learn more

Learn about Inpatient Psychiatric Facility
Measures, Public Reporting, and Data
Management

Inpatient Psychiatric Facility Quality Reporting Program Overview Web Page

On the [IPFQR Overview](#) web page, where you can access the latest version of the IPF Specifications Manual under Key Documents on the right side of the web page.

Home / Inpatient Psychiatric Facilities /

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Overview IPFQR Measures Participation APU Resources Webinars

About the IPFQR Program

The Inpatient Psychiatric Facility Quality Reporting (IPFQR) program was developed as mandated by section 1886(s)(4) of the Social Security Act, as added and amended by Sections 3401(f) and 10322(a) of the Affordable Care Act (Pub.L. 111-148).

The IPFQR pay-for-reporting program is 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

Key Documents

IPF Specifications Manual v1.0a

FY 2023 IPFQR Program Guide

[View all Program Resources](#)

Overview of IPFQR Program Resources, Part 2

IPF Specifications Manual

IPF Specifications Manual Web Page

By default, the most recently published version of the manual is displayed. You can access prior versions from the menu on the left side of the screen. This presentation focuses on the IPF Specification Manual Version 1.0a.

Home / Hospitals - Inpatient Psychiatric Facilities /

Inpatient Psychiatric Facility Specifications Manuals

Specifications Manuals

Version 1.1

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

IPF Specifications Manual

When you download and open the ZIP folder, you will see three files:

1. IPF Specifications Manual
2. IPF Clinical Data XML File Layout
3. IPF Non-Measure XML File Layout



IPF Specifications Manual v1.0a_FINAL(508)



IPF_ClinicalDataXMLFileLayout_v1.0a_Final



IPF_Non-MeasureXMLFileLayout_v1.0a_Final

IPF Specifications Manual

Specifications Manual for Inpatient Psychiatric Facility Quality Measures

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

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IPF Specifications Manual

IPF Clinical Data XML File Layout: Elements

Inpatient Psychiatric Facility (IPF) Clinical Data XML File Layout							
Note: This file is to be used as posted March 18, 2022 , and CMS is not responsible for potential errors and issues arising from modifications made by external parties.							
XML Element	Attributes	Description	Data Element	Valid Values	Data Type	Field Size	Data Required (CMS)
A header is OPTIONAL at the beginning of each XML file as follows: <?xml version="1.0" encoding="UTF-8" ?>							
<submission>	Opening tag is required.						
	type	Describes the setting for which data is being submitted.	N/A	IPF	Character	20	Yes
	data	Describes the type of data being submitted.	N/A	CLINICAL	Character	20	Yes
	version	The version of the file layout.	N/A	1.0	Character	20	Yes
	action-code	Describes the intended action of the file being submitted.	N/A	DELETE, ADD	Character	20	Yes
<file-audit-data>	Opening tag for file audit data. Note: This tag and the entire <file-audit-data> section are optional in the XML document. If submitted, this tag contains no data. Required if sub-elements are included.						
<create-date>	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <create-date>05-10-2021</create-date>						
	None	The month, day, and year the XML file was created.	N/A	MM-DD-YYYY Must be a valid date: MM (01-12) DD (01-31) YYYY (20xx)	Date	10	No
<create-time>	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <create-time>23:01</create-time>						
	None	The hour and minutes representing the time the file was created.	N/A	HH:MM (Military format with or without colon) HH (00-23) MM (00-59)	Time	5	No
<create-by>	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <create-by>VendorA</create-by>						
	None	The entity who created the file	N/A	Up to 50 letters, numbers, and/or special characters can be entered. Only the following special characters will be allowed: ~ ! @ # \$ % ^ * () _ + { } : ; ' - = [] \ , . / and	Character	50	No
<version>	Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <version>1.0</version>						
	None	The version of the file being submitted	N/A	Up to 20 letters, numbers, and/or special characters can be entered.	Character	20	No

IPF Clinical Data XML File Layout							
Note: This file is to be used as posted March 18, 2022 , and CMS is not responsible for potential errors and issues arising from modifications made by external parties.							
Question	Question/Field Name	Data Type	Field Size	Occurs	Answer Code	Answer Value	Applicable Measure(s)
including physician for emergencies related to inpatient stay	247CONTACT	Alphanumeric	1	1	Y	Yes	TR1
					N	No	
Advance Directives or surrogate decision maker documented OR documented reason for not providing advance care plan	ADPADSDM	Alphanumeric	1	1	Y	Yes	TR1
					N	No	
Alcohol Use Status	ALCSTATUS	Alphanumeric	1	1	1	The patient is screened with a validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates no or low risk of alcohol related problems.	All SUB Measures
					2	The patient was screened with a validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates unhealthy alcohol use (moderate or high risk) benefiting from brief intervention.	
					3	The patient was screened with a non-validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates no or low risk of alcohol related problems.	
					4	The patient was screened with a non-validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates unhealthy alcohol use (moderate or high risk) benefiting from brief intervention.	
					5	The patient refused the screen for alcohol use within the first day of admission (by end of Day 1).	
					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.	
					7	The patient was not screened for alcohol use within the first day of admission (by end of Day 1) because of cognitive impairment.	
Appropriate Justification for Multiple Antipsychotic Medications	JSTPSYCHMD	Alphanumeric	1	1	1	1 The medical record contains documentation of a history of a minimum of three failed multiple trials of monotherapy.	HBIPS-5
					2	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	3 The medical record contains documentation of augmentation of Clozapine.	
					4	4 The medical record contains documentation of a justification other than those listed in Allowable Values 1-3.	
					5	5 The medical record does not contain documentation supporting the reason for being discharged on two or more antipsychotic medications OR unable to determine from medical record documentation.	
Blood Glucose	BLDGLUCOSE	Alphanumeric	1	1	Y	Yes	SMD
					N	No	
Blood Pressure	BLDPRESS	Alphanumeric	1	1	Y	Yes	SMD
					N	No	

IPF Clinical Data XML File Layout: Detail Elements Info

IPF Specifications Manual

Commonly Asked Questions

How will I know when a new version of the manual is available for download?

Are separate XML files required for each episode of care?

What changed from the previous version to the current version of the manual?

Where can I find a complete list of the 11 elements that must be in the TR-1 measure?

Where is information about the COVID-19 Vaccination Coverage Among HCP measure?

How do IPFs abstract for the advance care plan data element for minors?

Do the following examples meet the *Reason for IPF Admission* data element?

Can parts of the transition record be electronic and the rest on paper?

Can I upload a ZIP file containing 15k XML files into the HQR System?

IPF Specifications Manual

Commonly Asked Questions

Why isn't there an IPFQR Program Manual after v7.0a?

Due to CMS' decision to transition from aggregate to patient-level reporting of measure data for the IPFQR Program (per the FY 2022 IPF PPS Final Rule: <https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-16336.pdf>), CMS decided to discontinue producing the IPFQR Program Manual. Instead, CMS created the IPF Specifications Manual and several supporting resources, which will be used going forward. These documents are modeled after those used by the Hospital IQR Program.

IPF Specifications Manual

Commonly Asked Questions

How will I know when a new version of the manual is available for download?

CMS communicates the availability of the IPF Specifications Manual via email notifications distributed to IPFQR Program Listserve subscribers. We recommend that you sign up for the [IPFQR Program Listserve](https://qualitynet.cms.gov/listserve-signup) ([https://qualitynet.cms.gov /listserve-signup](https://qualitynet.cms.gov/listserve-signup)), if you have not already, to ensure that you receive timely communications regarding the availability of the manual, other IPFQR Program resources, and updates.

IPF Specifications Manual

Commonly Asked Questions

What changed from the previous version to the current version of the IPF Specifications Manual?

A Release Notes document is posted each time a new version of the manual is published. Where possible, the document includes the page number where information was added or changed. The document also states when information was removed. You can download the Release Notes from the [QualityNet Inpatient Psychiatric Facility Specifications Manuals](https://qualitynet.cms.gov/ipf/specifications-manuals) web page: <https://qualitynet.cms.gov/ipf/specifications-manuals>

IPF Specifications Manual

Commonly Asked Questions

Why is the Timely Transmission of Transition Record (TR-2) measure in the manual for CY 2022 discharges if the measure was discontinued after CY 2021?

As stated in footnote 2 on page 87 of the IPF Specifications Manual, v1.0a:

“Eligible IPFs will collect Timely Transmission of Transition Record (TR-2) measure data through December 31, 2021 and report the data to CMS for the IPFQR Program for the last time during the summer 2022 data submission period. This IPF Specifications Manual provides guidance for CY 2022 discharges; however, this measure is included because it is the only resource available to providers who choose to voluntarily report TR-2 measure data at the patient-level during the summer of 2022.”

IPF Specifications Manual

Commonly Asked Questions

How do I abstract for the TR-1 and TR-2 measures if the patient has multiple admissions to the IPF and the visits are combined into one encounter?

A transition record must be created for each discharge from the IPF and abstracted accordingly, not based on how the patient encounters are billed. Refer to the Episode of Care section on page 7 of the IPF Specifications Manual, v1.0a:

“For the Transition Record measures, abstract each discharge from the IPF separately, regardless of whether the patient was discharged from the IPF to home, to another unit within the same facility, or to a different inpatient facility. If a patient is transferred from an IPF unit to another IPF unit within the same healthcare system and the IPF units share the same CCN, this should be abstracted as one episode of care.”

❑ [KB0017308](#): Multiple admissions/discharges

IPF Specifications Manual

Commonly Asked Questions

Where can I find a complete list of the 11 data elements that must be in the transition record?

The 11 required data elements of the transition record are:

- ☐ *24-hour/7-day contact information including physician for emergencies related to inpatient stay*
- ☐ *Advance directives or surrogate decision maker documented OR documented reason for not providing advance care plan*
- ☐ *Contact information for obtaining results of studies pending at discharge*
- ☐ *Current medication list*
- ☐ *Major procedures and tests performed during inpatient stay and summary of results*
- ☐ *Patient instructions*
- ☐ *Plan for follow-up care*
- ☐ *Primary physician, other health care professional, or site designated for follow-up care*
- ☐ *Principal diagnosis at discharge*
- ☐ *Reason for inpatient admission*
- ☐ *Studies pending at discharge (or documentation that no studies are pending)*

IPF Specifications Manual

Commonly Asked Questions

Our after-visit summary (AVS) and discharge summary together include all 11 data elements.

Can the transition record be multiple documents?

The transition record must be clearly identifiable as a single document containing all 11 data elements and it can be multiple pages long. If one or more elements is missing from the transition record - even though the information may be available elsewhere in the patient's medical record (e.g., via the patient portal) or provided to the patient as a separate document - the transition record is considered incomplete, and the case will not be included in the numerator for the Transition Record measures.

- ☐ [KB0017254](#): Transition record – 11 elements on different forms
- ☐ [KB0017282](#): All 11 elements must be in the transition record
- ☐ [KB0017218](#): Transition Record Missing element

IPF Specifications Manual

Commonly Asked Questions

Must the contact person for the *24-hour/7-day contact information including physician for emergencies related to inpatient stay* data element be a physician?

As stated in the definition of the *24-hour/7-day contact information, including physician for emergencies related to inpatient stay* data element on pages 16 and 146 of the *Specifications Manual for National Inpatient Psychiatric Facility Quality Measures, v1.0a*, it is appropriate to abstract “Y (Yes)” when the transition record includes documentation regarding the "Physician, health care team member, or other health care personnel who has access to medical records and other information concerning the inpatient stay and who could be contacted regarding emergencies related to the stay."

(<https://qualitynet.cms.gov/ipf/specifications-manuals>).

IPF Specifications Manual

Commonly Asked Questions

Our hospital uses a signature page to indicate the transition record was discussed with and provided to the patient and/or caregiver. What should we abstract if they refuse to sign?

Signatures are not required and do not indicate in and of themselves whether the transition record was discussed with and provided to the patient, the patient's caregiver, or both. If there is documentation anywhere in the medical record indicating that the transition record was discussed with and provided to the patient or the patient's caregiver at discharge, then it is acceptable to abstract value “1 Transition record was discussed with and provided to the patient and/or caregiver at discharge” for the *Transition Record Discussed and Provided* data element, as described on page 71 of the IPF Specifications Manual, v1.0a.

If there is no such documentation in the medical record and the patient or the patient's caregiver did not sign the signature page, then abstract value “3 Transition record was not discussed with and/or provided to the patient and/or caregiver at discharge or Unable to Determine (UTD) from the medical record documentation” for the *Transition Record Discussed and Provided* data element.

❑ [KB0017249](#): Documentation that transition record was discussed

IPF Specifications Manual

Commonly Asked Questions

Does the transmission of all 11 elements in the transition record to the inpatient facility satisfy the measure, or does it have to be verbally discussed with the receiving facility?

If a patient is discharged from an IPF to an inpatient facility, then the *Four Elements Discussed with Receiving Inpatient Facility* data element must be met. 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, v1.0a. 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 and receiving inpatient facilities
- ☐ [KB0017313](#): Documentation of four elements discussed with receiving facility
- ☐ [KB0017283](#): Elements to be discussed with receiving inpatient facility

IPF Specifications Manual

Commonly Asked Questions

When tests were completed during the visit, do the results need to be documented in the transition record, or is a blanket statement that the results were discussed with the patient and/or caregiver sufficient?

No, a blanket statement is not sufficient. Documentation of the specific noteworthy test(s) performed, and the results in the transition record, is required to abstract “Y (Yes)” for the *Major Procedures and Tests Performed During Inpatient Stay and Summary of Results* data element, unless there is documentation that none were performed during the IPF stay. Refer to the second bullet in the Notes for Abstraction for this element on page 44 of the IPF Specifications Manual, v1.0a:

“The name and results of noteworthy procedures and tests performed during the IPF stay must be documented to meet this element, if applicable.”

Also, note the following abstraction guidance on page 9 of the IPF specifications manual:

"The medical record must be abstracted as documented (taken at "face value"). Information should not be added after the fact and assumptions should not be made to meet a measure. Documentation is not to be added at the time of abstraction to ensure the passing of measures for the IPFQR Program. When the value documented is obviously in error (not a valid format/range or outside of the parameters for the data element) and no other documentation is found that provides this information, the abstractor should select 'UTD.'"

IPF Specifications Manual

Commonly Asked Questions

If the patient's active problem list is documented in the transition record, is this sufficient to abstract "Y (Yes)" for the *Principal Diagnosis at Discharge* data element?

No. Refer to the second bullet in the Notes for Abstraction for the *Principal Diagnosis at Discharge* data element on page 63 of the IPF Specifications Manual, v1.0a, which states:

"The principal diagnosis must be clearly identified in the transition record to meet this data element. A problem list cannot be used to meet this element."

IPF Specifications Manual

Commonly Asked Questions

If the discharge diagnosis list is numbered but there is no distinguishing principal diagnosis, will this meet the *Principal Diagnosis at Discharge* data element?

No. The second bullet in the Notes for Abstraction for the *Principal Diagnosis at Discharge* data element on page 62 of the IPF Specifications Manual, v1.0a, states:

“The principal diagnosis must be clearly identified in the transition record to meet this data element.”

Listing more than one diagnosis under “Principal Diagnosis” in the transition record introduces ambiguity as to which one is the final principal diagnosis and thereby would not meet the *Principal Diagnosis at Discharge* data element. If the transition record clearly labels the final principal diagnosis at discharge and lists only one diagnosis under that label (regardless of other diagnoses listed elsewhere in the transition record), then the *Principal diagnosis at Discharge* data element is met. If, when abstracting, there is ambiguity or doubt as to whether a data element is met, then abstract “No” for the data element.

IPF Specifications Manual

Commonly Asked Questions

What types of facilities meet value “1 Home” for the *IPF Discharge Disposition* data element?

If the patient was discharged to a place where the patient will no longer receive inpatient-level healthcare services (such as a home residence or homeless shelter), then it is appropriate to abstract Value “1 Home” for the *IPF Discharge Disposition* data element.

IPF Specifications Manual

Commonly Asked Questions

What types of facilities meet value “2 Inpatient Facility” for the *IPF Discharge Disposition* data element?

To determine whether the patient was discharged to an inpatient facility, refer to the second bullet in the Notes for Abstraction for the *IPF Discharge Disposition* data element on page 40 of the IPF Specifications Manual, v1.0a, which states:

“If the patient is discharged to a location where the patient will receive inpatient-level health care services, then abstract value ‘2 Inpatient Facility’.”

A few examples (though not inclusive) are included in the “inpatient facility” definition on page 150 of the manual:

“hospital inpatient or observation, skilled nursing facility (SNF), rehabilitation facility, or IPF.”

IPF Specifications Manual

Commonly Asked Questions

To abstract value 3 for the *IPF Discharge Disposition* data element, how can I tell if a patient discontinued care?

It is appropriate to abstract value 3 for the *IPF Discharge Disposition* data element when there is documentation in the medical record that the patient died, left against medical advice, or discontinued care. Per the definition of the term “discontinued care” on page 149 of the IPF Specifications Manual, v1.0a, it “includes elopement and failure to return from leave”, both of which are described in the definition.

❑ [KB0017168](#): Definition of discontinued care

IPF Specifications Manual

Commonly Asked Questions

Advance directives are not enforceable in my state. Does documentation of the law meet the data element?

No, because the psychiatric and non-psychiatric (medical) advance directives or the designation of a surrogate decision maker can still be completed even if it is not enforceable.

- ☐ [KB0017236](#): Psychiatric Advance Directive (PAD) not recognized in some states
- ☐ [KB0017315](#): Advance care plan for patients under the age of 18

IPF Specifications Manual

Commonly Asked Questions

Does the surrogate decision maker need to be identified by first and last name to meet the data element?

There are no format requirements for the name of the surrogate decision maker. Per the last sentence in the definition of the term “Surrogate decision maker” on page 154 of the IPF Specifications Manual, v1.0a:

“The surrogate decision maker must be identified in the transition record by name and telephone number.”

Documentation of a descriptor and first name (e.g., “daughter Sue”) and the surrogate decision maker's contact number would meet this requirement. Ideally, the surrogate decision maker would be identified by first and last name in the transition record to reduce/avoid confusion, particularly if the patient and the surrogate decision maker share the same or similar names, but the inclusion of the telephone number is also important to ensure that the person can be contacted.

IPF Specifications Manual

Commonly Asked Questions

What do I need to document to meet the *Reason for IPF Admission* data element?

To abstract “Y (Yes)” for the *Reason for IPF Admission* data element, the transition record must include documentation that states:

- How the patient came to be admitted to the IPF (e.g., self-admit, brought in by family member, transported by police, admitted through the emergency department) OR
- Why the patient was admitted to the IPF (e.g., behaviors and symptoms that led to IPF admission) AND
- The triggering or precipitating event that led to IPF admission, if applicable.

A triggering event should be included if there was one. In the absence of a triggering event, a clear description of how and/or why the patient was admitted is sufficient.

IPF Specifications Manual

Commonly Asked Questions

**Can you provide a specific example of documentation for the *Reason for IPF Admission* data element?
Is “danger to self” sufficient to abstract “Yes”?**

Specific examples are provided in the Notes for Abstraction for the *Reason for IPF Admission* data element on page 64 of the IPF Specifications Manual, v1.0a. The sample documentation demonstrates how an IPF can succinctly include all the information that is most useful for this data element. Documentation of “danger to self” is too vague, but it can be conveyed with more precision, as shown in the following example from page 64 of the manual:

“Jane Doe was admitted with a 2-month history of an increasingly depressed mood, difficulty sleeping and suicidal thoughts with a plan to take an overdose. Recent events include poor adherence with antidepressant treatment, becoming homeless and conflict with family that led them to contact police.”

IPF Specifications Manual

Commonly Asked Questions

I reviewed the specifications and the Notes for Abstraction for the *Reason for IPF Admission* data element. Can you help me understand how to determine if the documentation is sufficient?

Here is a breakdown of how the first example provided on page 64 of the IPF Specifications Manual, v1.0a, meets the *Reason for IPF Admission* data element.

- **Why:** “increasingly depressed mood, difficulty sleeping and suicidal thoughts with a plan to take an overdose”
- **How:** “police”
- **Triggering/Precipitating Event(s):** “poor adherence with antidepressant treatment, becoming homeless and conflict with family”

IPF Specifications Manual

Commonly Asked Questions

Would documentation of “Needs detox; psychosis or thought disorder” meet the *Reason for IPF Admission* data element?

No, the documentation provided does not meet the *Reason for IPF Admission* data element. The documentation is missing a clear description of how and/or why the patient was admitted to the IPF. Documentation of “Psychosis or thought disorder” is not sufficient per the last sentence in the definition of the data element: “A diagnosis or a list of symptoms alone is not sufficient.” Also, documentation of “needs detox” is too vague. Additional detail around how the patient came to the IPF (e.g., self-admit, brought in by family, etc.), the behaviors that led to admission (e.g., patient expressed auditory and visual hallucinations to family member), and a description of the triggering event (e.g., patient attempted detox from heroin) would meet the data element.

IPF Specifications Manual

Commonly Asked Questions

Are separate XML files required for each episode of care?

Yes. Refer to the guidance on page 107 in the IPF Specifications Manual, v1.0a: “Each case must have a separate XML file.” Exceptions pertaining to the Transition Record and HBIPS event measures are also described.

- **Transition Record Measures:** Each discharge from the IPF must be abstracted as a separate episode of care, not based on how the inpatient stay was billed; regardless of whether the patient was discharged from the IPF to home, to another unit within the same facility, or to a different inpatient facility.
- **HBIPS-2 and HBIPS-3:** If a patient has multiple events specific patient identifiers must match for each event record transmitted.

IPF Specifications Manual

Commonly Asked Questions

Can a ZIP folder containing 15k XML files be uploaded into the HQR System?

Yes, a single ZIP folder containing 15,000 XML files for the reporting period will be acceptable.

When will the CY 2023 specifications be available?

Version 1.1 of the IPF Specifications Manual was posted to the QualityNet website on May 27, 2022.

IPF Specifications Manual

Commonly Asked Questions

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Inpatient Psychiatric Facility Specifications Manuals

Specifications Manuals

Version 1.1

Version 1.0a

Version 1.0

Version 1.1 - Effective for Discharges starting 01/01/2023

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.

Complete Manual

File Name	File Type	File Size	
Version 1.1 - IPF Specifications Manual	ZIP	1 MB	Download
Release Notes, Version 1.1	PDF	93 KB	Download

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 CCSQ Service Center.

Manual by Section

View and/or download individual sections of the IPF Specifications Manual, (PDF documents, unless noted), listed below.

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Overview of IPFQR Program Resources, Part 2

What's next?

Future Webinar Topics

Overview of IPFQR Program Resources, Part 3 (On Demand)

***Specifications Manual for Inpatient Psychiatric Facility
Quality Measures, Version 1.1***

Keys to Successful FY 2023 Data Reporting

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



Overview of IPFQR Program Resources, Part 2

Helpful Resources

Acronyms

AVS	after visit summary	IPF	inpatient psychiatric facility
CCN	CMS Certification Number	IPFQR	Inpatient Psychiatric Facility Quality Reporting
CDC	Centers for Disease Control and Prevention	IQR	Inpatient Quality Reporting
CMS	Centers for Medicare & Medicaid Services	KB	knowledge base
CY	calendar year	PAD	psychiatric advance directive
EVT	event	PPS	prospective payment system
FY	fiscal year	Q	quarter
HBIPS	Hospital-based Inpatient Psychiatric Services	SNF	skilled nursing facility
HBIPS-2	Hours of Physical Restraint Use	TR-1	Transition Record with Specified Elements Received by Discharged Patients
HBIPS-3	Hours of Seclusion Use	TR-2	Timely Transmission of Transition Record
HCP	healthcare personnel	UTD	unable to determine
HQR	Hospital Quality Reporting	VIQR	Value, Incentives, and Quality Reporting

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 2” 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 2

Thank You!

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