



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Inpatient and Outpatient Healthcare Quality Systems Development
and Program Support

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program:
Navigating the PIX Survey
Presentation Transcript

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Lisa Vinson:

Welcome to today's presentation titled *IPFQR Program: Navigating the PIX Survey*. My name is Lisa Vinson. I am the IPFQR Program lead for the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support, and I will be one of the speakers for today's event. Before I introduce our other speakers, I would like to review a few housekeeping items. First, the slides for this presentation were posted to the [Quality Reporting Center](#) website prior to the event. If you did not receive the slides beforehand, please go to [QualityReportingCenter.com](#) in your web browser. On the bottom left of the screen, you will see a list of upcoming events. Click on the link for this event, and there you will find the presentation slides available for download. Please note that this webinar is being recorded, and the transcript slides, along with the recording of today's presentation, will be posted to [QualityNet](#) at a later date. Secondly, we ask that you submit any questions pertinent to the webinar topic in the question-and-answer, or QA, section. To do so, click on the question mark in the thought bubble on your screen. We will review a few commonly asked questions we have received about the PIX Survey before we end today's event. Any questions we are unable to address will be responded to and considered for publication in the [QualityNet Question and Answer Tool](#) at a later date. Questions received that are not related to the webinar will not be answered in the Q&A feature. Instead, we recommend that you go to the QualityNet Q&A Tool to search for posted question-and-answer pairs as well as submit any new questions to us that are not already addressed in the tool or in a previously published summary of questions and answers.

Joining me for today's event are our guest speakers, David Klemanski, Cindy Bautista, and Kaleigh Emerson. David is the Chief of Psychology and Faculty of Psychiatry at Harvard Psychiatry at Cambridge Health Alliance and Harvard Medical School. Cindy is an associate professor at Fairfield University.



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Kaleigh is the IPFQR Program lead for the Quality Measurement and Value-Based Incentives Group and Center for Clinical Standards and Quality at the Centers for Medicare & Medicaid Services, also known as CMS.

As a reminder, please use the chat tool to submit questions that are pertinent to the webinar topic. Of note, we do not use the raised-hand feature in the chat tool during webinars. If you have a question unrelated to the current webinar topic, we recommend that you first search for the question in the Quality Net Question and Answer Tool mentioned previously. If you do not find an answer, then you may want to submit your question to us via the same tool, and we will respond to you as soon as possible.

Acronyms that are used in this presentation are listed on the slide. They include CMS for Centers for Medicare & Medicaid Services, CY for calendar year, FY for fiscal year, HQR for Hospital Quality Reporting, IPF for inpatient psychiatric facility, IPFQR for Inpatient Psychiatric Facility Quality Reporting, PIX for Psychiatric Inpatient Experience, and Q&A for question and answer.

The purpose of today's presentation is to provide a general overview of the Psychiatric Inpatient Experience, or PIX, Survey data collection, and submission processes.

At the end of the event, participants should be able to understand the background of the PIX Survey and steps to collect PIX Survey data, explain the scoring methodology of the PIX Survey, describe how to successfully submit PIX Survey data to CMS, apply best practices when administering the PIX Survey, and, lastly, answer common questions about the survey.



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I will now turn the presentation over to Kaleigh. Kaleigh, the floor is yours.

Kaleigh Emerson: Hi, everyone,. I want to welcome you to today’s webinar for the Psychiatric Inpatient Experience, or PIX, Survey.

We adopted the PIX Survey as a quality measure in the fiscal year 2024 IPF PPS final rule. We believe that it is critical to ensure that the voice of the individual is included in care decisions and that a comprehensive approach to quality must include directly reported feedback from patients. We also received input from many interested members of the public who strongly advocated for a patient experience of care measure in the IPFQR Program. Furthermore, in the Consolidated Appropriations Act of 2023, the inclusion of a patient experience measure in the IPFQR Program became required by law. The PIX Survey is a publicly available survey instrument developed for and tested in the IPF setting, and we are grateful to have the measure developers here to talk a little bit more about the survey and provide some guidance for best practices. I will now turn it over to them. Thank you.

Cindy Bautista: Thank you, Kaleigh. Now I’d like to share with you a little overview of the PIX Survey. Before the PIX Survey overview, I’d like to share with you some goals.

The PIX Survey goals are to assess patient experiences in psychiatric inpatient care settings. By assessing these patient perspectives, this will contribute to continuous improvement in behavioral health services and support a patient-centered approach to psychiatric inpatient care. We encourage you to adhere to the administrative protocols. With that, you’ll be able to get increased patient responses to the survey, and your responses will be unbiased and based on care experiences.



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The PIX Survey has four domains, and these include 23 items across all four. Now the four domains include Treatment Team Relationship, which will assess patient trust and communication with care providers. It looks at the environment which will look at cleanliness, safety, and overall atmosphere within the facility. Also, it looks at Treatment Effectiveness, which will measure the patient's perceptions of the quality and impact of their treatment. Nursing Team Presence is another domain that this survey looks at, and it assesses the responsiveness and support provided by the nursing staff. Now these domains focus on elements of care that are particularly critical in psychiatric settings, helping to facilitate better understanding and addressing patients' needs. I just wanted to let you know that these four domains were created by a literature review, patient-focused groups, and an interdisciplinary clinical team.

This is the PIX Survey rating scale. You can see the spaces. It's a five-point Likert scale from a Strongly Agree all the way down to Strongly Disagree. Now this scale, including the direction of the scale and the use of the emojis, cannot be modified in any way as this is how the survey was validated using this five-point Likert scale. Now over to you, David.

David Klamanski: Thanks, Cindy. We're now going to talk about the PIX Survey administration. Regarding survey administration, we recommend that IPFs administer the survey in the facility up to 24 hours before the patient's discharge. The survey should be conducted anonymously, ensuring patients understand that their responses and identities cannot be identified. Anonymous means that no identifying information about the respondent is collected or retained. Responses cannot be traced back to individual patients by the facility or survey administrators. Anonymity is required for the PIX Survey.



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Confidential means that responses may be linked to an individual, but access to that information is restricted and safeguarded. Results are reported only in aggregate, and individual-level data are never disclosed publicly or internally in identifiable form. Confidentiality is not sufficient for the PIX Survey.

To further elaborate, PIX is anonymous and not confidential. No patient identifiers are collected. Staff cannot link surveys to individuals, and those who receive assistance in completing the surveys must follow strict neutrality. Measure exclusion decisions must occur before distribution.

The survey can be distributed by paper survey or electronically via a computer or tablet. We recommend that you allow at least 10 to 15 minutes of uninterrupted time. Those distributing the survey ideally should not be involved in direct patient care or treatment decisions. Staff distributing the survey should be trained in survey administration. Copies of the survey in English and Spanish are available for download from the QualityNet IPFQR Program Resource page linked here on this slide. When it is not possible for a patient to complete the survey prior to discharge, or if the patient requests to complete the survey post-discharge, the facility should provide a paper copy of the survey with a self-addressed stamped envelope for the patient to return to the facility following discharge. There are situations, however, where we caution relying exclusively on mail-back options because they may prevent the IPF from meeting the measure's minimum sampling requirements. All mail-back surveys received on or prior to December 31 count toward the calendar year reporting period in which the survey was received.

In terms of accessibility, we recommend that all facilities ensure accessibility in survey administration because it's important for collecting comprehensive and fair insights.



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Facilities should consider offering alternative survey formats to meet accessibility requirements. That may include large print and screen reader surveys, ASL video surveys, keyboard or switch accessible digital surveys, or interviewer-administered or phone surveys. You want to consider offering alternative survey formats to meet the accessibility requirements, and patients must be offered the option to seek help from staff while taking the survey. You should also ensure that patients have a private, quiet space for survey completion.

In terms of cognitive impairment, staff should determine exclusion based on cognitive impairment documented in the medical record. Examples of cognitive impairment include the inability to understand the purpose of the survey, comprehend questions, select responses that reflect their experience, or maintain attention.

Patients should complete the survey when alert and not sedated. You should also provide adequate space for assistive devices if needed and remind patients that their participation is entirely voluntary. Also, we recommend maintaining a respectful and non-pressured environment.

We recommend that all facilities maintain neutrality when administering the survey. Staff may encourage participation to complete the survey, but they should remain neutral during that process. We also recommend avoiding influencing or implying preferred responses on the fixed survey. There should never be any incentive or rewards for completing the survey, and no pre-notification messages or posters using the PIX Survey scale language should be used.

Some examples of allowed communication that are consistent with neutrality include: We want to understand your experience during your stay. Your feedback helps us improve our care. Participation is voluntary, and responses are anonymous. Now, I'll turn it over to Lisa.



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Lisa Vinson: Thank you, David. Now I would like to discuss PIX Survey sampling.

Per the available PIX Survey resources and guidelines, sampling is allowed and should be performed every month throughout the entire reporting period, which would be the applicable calendar year. CMS requires at least 300 completed surveys per year, noting that the survey collection should not stop once 300 surveys are completed. CMS understands that some IPFs may not meet the 300 survey per year requirement due to having less than 300 eligible patients. In these instances, when an IPF is unable to sample, the requirement would then be for the IPF to submit data on all completed surveys. As stated previously, for IPFs who choose to sample, it must be conducted every month during the reporting period. Sampling plans should take into account expected non-completion rates. Do not stop collecting or sampling after receiving 300 completed surveys. On the next series of slides, we will review three sampling scenarios that may be encountered.

This first scenario illustrates an IPF that met the minimum sampling requirement by the third month, which is March. The key takeaway here is that, although the minimum sampling requirement was met early in the reporting period, the IPF continued to sample during the subsequent month. Sampling efforts did not stop after March.

The second scenario presents an IPF that has a low volume of sample surveys. This IPF continued to sample throughout the entire reporting period and met the minimum sampling requirement by month 12, or December, which resulted in their survey total being exactly 300.

The last scenario illustrates another IPF that had a low volume of completed surveys and did not meet the minimum sampling requirement of 300 surveys.



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In this instance, the IPF would be expected to submit data on all completed surveys. I will now turn the presentation back over to David.

David Klamenski: In this next section, we'll talk about PIX Survey scoring.

The PIX Survey produces five scores in total, four domain scores and one overall score. Each domain score reflects the average of all answered items within this specific domain. This allows each domain to represent the distinct aspect of the patient experience measured by the survey. In addition to domain scores, you can calculate one overall score, which represents the average of all answered items across 23 questions on the survey. All items use a five-point Likert response scale, and that allows responses to be converted into a numeric value for scoring. Responses marked Do Not Apply or left blank are excluded from scoring calculations, so only answered items contribute to the results.

Domain scores are calculated only when all items in that domain have been answered. If any item is in domains left blank, the score for that entire domain would not be calculated for the survey response. Responses marked Does Not Apply are excluded from the calculations rather than scored. The overall score is calculated using all entered items across domains, meaning it still can be computed even if a specific domain score cannot be calculated. This approach helps ensure that scores reflect only the information respondents actually provided while maintaining consistency in how scores are derived.

This slide illustrates how facility-level domain scores are calculated using responses from multiple surveys. For each domain, we sum the numeric responses across all completed surveys excluding items marked Does Not Apply or those items that were left blank. The denominator reflects the number of valid responses which adjust automatically when items are excluded.



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The result is the mean score for that domain across all valid responses. To make the score easier to interpret, we convert the mean score into a percentage by dividing the maximum possible score of 5 and multiplying that by 100. This produces a standardized domain score between 0 and 100 percent, which can be compared across facilities or reporting periods. We encourage you to take some time to look at this slide to improve your scoring algorithms and to think about how you'll score the different surveys that are submitted by the patients based on those items that they completed versus those items that were not.

The facility overall score combines responses across all domains to provide a single summary measure. First, we sum all valid responses across every item and domain. As with domain scoring, Does Not Apply and blank responses are excluded, and the denominator reflects only answered items. We then calculate the mean score across all valid responses. Finally, the mean is converted into a percentage by dividing the maximum possible score of 5 and multiplying by 100. This result is the facility's overall PIX score, which summarizes the overall patient experience reflected in the survey data. Now, I'll turn it over to Lisa.

Lisa Vinson:

Thank you, David. I will now review some key points about the PIX Survey data submission process and Public Reporting.

PIX Survey data will be submitted via the Hospital Quality Reporting, or HQR, System using a data form, which is a manual submission process, or via file upload, which would be a comma separated value file, or CSV, or XML file. Please keep in mind that the first mandatory reporting period is calendar year 2026, which is January 1, 2026, through December 31, 2026, and the submission period is July 1 through August 16 of 2027.

As it relates to Public Reporting, CMS will publicly report PIX Survey results on the [Compare tool at Medicare.gov](#).



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Results will be presented at the facility level as five separate mean scores, overall patient experience and the four domains. Publicly available data will allow facilities to identify areas for improvement. As a standard process, facilities are given the opportunity to review and correct their data 30 days prior that the data is publicly displayed on the Care Compare tool at Medicare.gov.

Now, we would like to take a few moments to review some frequently asked questions we have received regarding the PIX Survey. We hope this information is beneficial and helps you understand the PIX Survey better. As a reminder, you may also submit questions via the chat tool during this presentation and/or via the QualityNet Question and Answer Tool. Let's look at our first question on the next slide.

Question 1: Is a power of attorney or surrogate able to complete the survey on the patient's behalf? The PIX Survey must only be completed by the patient who receives care. Responses from surrogate decision makers, power of attorney, or other representatives are not valid for this measure and should not be submitted under the IPFQR Program. We understand that some individuals may request assistance and patients must be offered the option to seek help from staff; a caregiver, which may include a parent or guardian; or a peer. Some individuals may require assistance due to visual impairment, literacy challenges, or physical limitations. In such cases, only trained staff who are not involved in the patient's direct care or discharge planning should assist with survey completion. When assistance is provided, patient anonymity must be maintained throughout the process.

Question 2: For patients who do not speak English or Spanish, how should the PIX Survey be administered to them? CMS encourages use of the validated PIX Survey in English and Spanish.



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If an individual's language is not English or Spanish and oral interpretation is reasonable, a qualified interpreter or translation service should be used to provide the PIX Survey in the individual's preferred language. A qualified interpreter for an individual with limited English proficiency is one who, through on-site or remote services, adheres to generally accepted interpreter ethics principles, including client confidentiality; has demonstrated proficiency in speaking and understanding both spoken English at least one other spoken language; and can interpret effectively, accurately, and impartially, both receptively and expressly to and from such languages and English, using any necessary specialized vocabulary, terminology, and phraseology.

Question 3: Are there technical specifications available for the PIX Survey data submission process? Yes. The following technical specifications are available on the QualityNet IPFQR Program Resources page, which is provided as a hyperlink on this slide. These resources include a CSV data collection template, CSV instructions, data dictionary, XML file layout and instructions, and file upload edit messages.

Question 4: Are vendors allowed to submit PIX Survey data on behalf of the IPF via the HQR System? Yes. An IPF can choose whether to administer the PIX Survey or use a vendor. If a vendor is used, anonymity must be maintained. The IPF will need to give the vendor the appropriate authorization and permission in the HQR System to submit the PIX Survey data.

Question 5: Can the PIX Survey questions be reworded? Since the PIX Survey is a validated instrument, the PIX Survey questions and domains cannot be reworded and must remain intact. Please note that additional questions cannot be interspersed within the survey.



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Question 6: Are supplemental questions allowed to be added to the end of the survey? Yes. If patient anonymity can be ensured, it is permissible to add optional, supplemental questions to the end of the survey. It should be clear to the patient that the supplemental questions are not a part of the CMS PIX Survey. For example, add a header such as “This ends the CMS Psychiatric Inpatient Experience Survey.” Now, (insert the name of your facility) would like to ask a few other questions.

Question 7: Are IPFs required to use the emoji scale when administering the PIX Survey to patients with mild impairments? The emoji scale should be used during the administration of the PIX Survey in this instance. This scale should not be in reverse order or renamed. IPFs are encouraged to offer simplified instructions and/or use visual aids for patients with impairments. The emoji scale is available in English and Spanish and can be accessed via the hyperlinks provided on this slide.

Here’s our last question, Question 8: What are the voluntary and mandatory reporting and submission periods for the PIX Survey? The voluntary reporting period is calendar year 2025, and the submission period is July 1 through August 17, 2026. The mandatory reporting period is calendar year 2026, and the submission period is July 1 through August 16, 2027. Please keep in mind that if the August 15 deadline date falls on a Friday, Saturday, Sunday, or federal holiday, then this date shifts to the next business day.

Before we conclude today’s event, I will review some helpful resources and tools.

As discussed previously, PIX Survey resources are available on QualityNet, specifically the IPFQR Program Resources and Measures Resources pages.



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You can access both pages by selecting the respective hyperlink provided on this slide. Additionally, this slide provides a listing of all available PIX Survey resources that are available on these pages. They include both the English and Spanish versions of the PIX Survey, the PIX emoji scale in English and Spanish, a one-page fact sheet, an implementation guide, a Frequently Asked Questions document, and lastly, the technical specifications, which are the CSV data collection template, CSV instructions, data dictionary, XML file layout and instructions, and file upload edit messages. Please note that as these webpages and documents are updated, you will be notified via an IPFQR Program notification. We will review how to sign up for these notifications along with other helpful resources on the next slide.

By clicking Select Icons on the slide, you will be directed to the appropriate resource. If you need to let us know about any changes to points of contact at your facility, you can click the Contact Change Form icon and send the information to us by following the instructions on the form. If you would like to receive email communications about future IPFQR Program webinars, program updates, resources, and other announcements, then you may sign up for the IPFQR Program Listserve by clicking on the Listserve Registration icon. When you have a general question about the IPFQR Program or need clarification about any of the program measures, please be sure to leverage the Find an Answer function and the QualityNet Question and Answer Tool. If you do not see a published article in the question-and-answer tool related to your question, then you can always submit your inquiry to us. The Q&A Tool icon will direct you to this site. The best way to reach us when you have questions about IPFQR Program eligibility, such as next steps for a newly eligible provider, or to notify us that an IPF is closed or will be closing, is via email. You can send an email to us regarding eligibility updates by selecting the Email Support icon.



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Additionally, you can reach the support team via phone and fax at the numbers provided on the Phone Support and Fax icons, respectively. Finally, you can click the Quality Reporting Center and QualityNet icons to be directed to the IPFQR Program webpages.

This concludes our event for today on navigating the PIX Survey. We would like to thank our speakers, Kaleigh, David, and Cindy, for joining us today. We would also like to thank you for your time and attention, and we hope you enjoy the remainder of your day.