Inpatient Psychiatric Quality Reporting (IPFQR) Program

Support Contractor

IPFQR Program 101 and New Measure Review

Questions and Answers

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Transition Record Measures

Question 1: **What must be included in a list of medications with which current prescriptions may react? And what details must be sent to the next level of care?**

As described on slide 39 of the presentation, the requirement for a list of medications with which the current medications may react has been removed from the definition of the term "Current Medication List." For additional information regarding this topic, please refer to the latest version of the IPFQR Program Manual, available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 2: **Do the medications that cause an allergic reaction during this hospitalization need to be identified separately from other allergies the patient has?**

No. Details are provided in the IPFQR Program Manual on pages 19–23. Please reference the revised definition in the IPFQR Program Manual, available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 3: **Back in 2011 CMS removed Discharge Status as a data element replacing it with Discharge Disposition. I believe this change was due to the fact that use of National Uniform Billing Committee (NUBC) elements requires that we pay royalty fees. Now it appears that Discharge Status is to be used for the Transition Record measures. We had written in to the help desk asking about this and were told to use Discharge Disposition. What is correct?**

IPFs will use the Discharge Status code listed on the claim. A data element will not be used to retrieve this information, just the codes submitted on the claim. The Discharge Status and Type of Bill codes are listed in the IPP algorithm in Appendix C of the IPFQR Program Manual, which is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 4 **Why is UB-04 "Type of Bill" a required data element for the Transition Record initial patient population? What does it add to the already defined "IPF discharges" population? It includes Skilled Nursing Facility codes as part of the included population?**

This is part of the measure specification for the Transition Record measures, as defined by the measure developer, the American Medical Association (AMA) convened Physician Consortium for Performance Improvement (PCPI). The Discharge Status and Type of Bill codes are listed in the IPP algorithm in Appendix C of the IPFQR Program Manual, which is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 5 **Could the 24-hour number be the unit's number?**

Yes, the number to the IPF unit would be sufficient, as long as the receiving person has access to the patient's medical record related to the inpatient stay. The requirement for 24-hour/7-day contact information is referring to a person who can be contacted regarding concerns about the patient's inpatient stay. Details are provided in the IPFQR Program Manual on pages 19–23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 6: **Does the exact document that goes to the patient have to be transmitted to the next level of care?**

No, the same 11 elements must be transmitted to the next provider, but it does not have to be the exact document. Details are provided in the IPFQR Program Manual on pages 19–23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 7: **Do the results of the major procedures and tests performed during inpatient stay have to be printed and given to the patient?**

No, patient preference should be considered in sharing results of studies, including whether or not results should be provided on paper. Details are provided in the IPFQR Program Manual on pages 19-23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 8: **If a patient is discharged on several medications, can one blanket statement apply for the whole list, such as "continue all meds until otherwise instructed by your MD?" Or, does this need to be stated for each med?**

Yes, one blanket statement would suffice. As described on slide 39 of the webinar and on page 22 of the IPFQR Program Manual, dated June 7, 2016:

> *"A generalized statement regarding intended duration, such as a blanket statement indicating that the patient should continue the medications until told to stop would be acceptable for routine medications."*

The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 9: **Previously the indications for all medications were to be included on the Universal Medical Form at discharge. I do not see this requirement beginning with the July 1, 2016, discharges in the latest version of the IPFQR Program Manual. Are the indications for medications on the discharge medication list no longer required?**

That is correct; indications for medications on the discharge medication list are not required.

Question 10: **When will the measure information form (MIF) and data elements for the new measures (Transition record and metabolic screening) be available?**

The updated IPFQR Program manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/. The manual now includes additional clarification regarding the following: the definition of terms (pages 21–23); information about psychiatric advance directives; as well as, the identification of the initial patient population (Appendices B and C, pages 86-98) for the Transition Record measures. The MIF, algorithm, and data dictionary for the Screening for Metabolic Disorders measure are located in Appendix D (pages 99–120).

Question 11: **Will we ever receive a list of allowable values for the transition record data elements?**

The updated IPFQR Program manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/. The manual now includes additional clarification regarding the following: the definition of terms (pages 21–23); information about psychiatric advance directives; as well as, the identification of the initial patient population (Appendices B and C, pages 86–98) for the Transition Record measures. An optional abstraction tool to assist in the collection of information for the transition measures is available for download on the QualityReportingCenter.com website under the sub-header "Calendar Year 2017 Data to be Submitted Summer of 2018": http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 12: **As an IPF without an ER/ED or 24 hour admissions, concern has been expressed that the transition record 24/7 contact for emergencies requirement may inadvertently result in patients contacting our facility in cases of immediate risk of harm where delay in access to Emergency services could be detrimental to their safety and related outcomes. Are there any supporting guidelines or literature that show that implementation of this measure including the element as defined in the newly published specifications has been tested and/or will not result in inadvertent negative outcomes? If not, does CMS have any additional recommendations or guidelines regarding language to use for this element in the transition record that goes to the patient or caregiver to clearly indicate when contacting our facility post discharge would be appropriate versus seeking immediate assistance via emergency services?**

The measure requires that 24-hour per day / 7-day per week contact information be provided. However, it does not prevent the provision of other information that the facility determines helpful to the patient in the event of an emergency.

Question 13: **Does the 24-hr/7-day contact allow for the discharge instructions to include an emergency room? Does the 24/7 access need to have specific names that are available for every hour? Or [would] something like, "Please contact a nurse at (phone number to the unit)," be acceptable? Is there a specified length of time that this contact person needs to be available after [the] patient [is] discharged?**

A specific name is not required, but providing the number to the emergency department would not be adequate unless the ED staff have access to medical records and could provide information about the patient's inpatient stay. The requirement for 24-hour / 7-day contact information is referring to a person who can be contacted regarding concerns about the patient's inpatient stay. This person should be a healthcare team member who has access to medical records and other information concerning the inpatient stay. There is no specific timeframe associated with this element. IPFs are expected to follow state and federal laws and regulations regarding the release of patient health information. Details are provided in the IPFQR Program Manual on pages 19–23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 14: **Contact Information/Plan for Follow Up Care states to include physician for emergencies related to inpatient stay. Is it required to name a physician or can we indicate that a Behavioral Health Team Physician will be contacted by staff directly in the event of an emergency?**

Yes, it is acceptable to indicate that a Behavioral Health Team Physician will be contacted by staff directly in the event of an emergency. The requirement for 24-hour / 7-day contact information is referring to a person who can be contacted regarding concerns about the patient's inpatient stay. This person should be a healthcare team member who has access to medical records and other information concerning the inpatient stay. IPFs are expected to follow state and federal laws and regulations regarding the release of patient health information.

For the element regarding contact information for the primary physician, other healthcare professional, or site designated for follow-up care, this refers to the healthcare team member who will be responsible for appointments after the inpatient visit. A site of care may include a group practice specific to psychiatric care.

Details are provided in the IPFQR Program Manual on pages 19–23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 15: **Do "medications NOT to take" need to include meds whose dose has changed?**

No, as described on page 22 of the IPFQR Program Manual, dated June 7, 2016:

> *"Medications NOT to be taken by patient: Medications (prescription, over-the-counter, and herbal products) taken by the patient before the inpatient stay that should be discontinued or withheld after discharge."*

Details are provided in the IPFQR Program Manual on pages 19–23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 16: **Does "Transition Record may only be provided in electronic format if acceptable to the patient" refer to email or sharing of the EMR? If the patient agrees to electronic access and the facility reviews all elements with the patient, do we have to give a copy of all elements reviewed to the patient or caregiver?**

Patients would generally access the transition record in electronic format via a patient portal. A copy of the transition record does not have to be given to the patient if they agree to access the record electronically. Details are provided in the IPFQR Program Manual on pages 19–23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 17: **Does the healthcare personnel responsible for transmitting the record need to sign his/her name in regard to when and how the record was transmitted?**

No, for the measure, personnel transmitting the record do not need to sign. However, if your facility opts to include the abstraction tool in the medical record, your facility's policy and procedures should be followed regarding requiring signatures on completed forms. Details are provided in the IPFQR Program Manual on pages 19–23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 18: **Does a transitional record still have to be sent within 24 hours of discharge?**

Yes, the Timely Transmission of Transition Record measure requires that the transition record be transmitted to the follow-up care provider within 24 hours after discharge. Details are provided in the IPFQR Program Manual on pages 19–23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 19: **If a facility has to mail the record to the next level of care provider, do we need to send it certified mail, or is there other documentation we can use to indicate the date and time the information was mailed?**

The measure does not require that the transition record be sent via certified mail. The transition record should be mailed within 24 hours after discharge without regard as to when it may be received. Details are provided in the IPFQR Program Manual on pages 19–23. Please reference the revised definition in the IPFQR Program Manual, available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 20: **How would a psychiatric unit/facility be expected to review a transition record with a patient/caregiver who is transferred to a medical facility for an emergent condition?**

Please see page five of the Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record data collection tool available for download on the QualityReportingCenter.com website at http://www.qualityreportingcenter.com/inpatient/ipf/tools/. It is listed under the sub-header, "Calendar Year 2017 Data to be Submitted Summer of 2018."

For patients that are discharging to an inpatient facility, a transition record covering all 11 elements must be:

- *Created*
- *Discussed with the receiving facility, but only highlighting these four elements:*
  - *24-hour/7-day contact information*
  - *Contact information for pending studies*
  - *Plan for follow-up care*
  - *Healthcare professional/site designated for follow-up care*
- *Transmitted to the next provider within 24 hours after discharge*

It is not required that the elements of the transition record be discussed with the patient/caregiver if they are transferring to an inpatient acute care facility. Details are provided in the IPFQR Program Manual on page 19–23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 21: **How will transfers to acute care in the same facility be abstracted for the Transition Record measures?**

It is not required that the elements of the transition record be discussed with the patient/caregiver if they are discharging to an inpatient acute care facility.

For patients that are discharging to an inpatient facility, a transition record covering all 11 elements must be:

- *Created*
- *Discussed with the receiving facility, but only highlighting these four elements:*
  - *24-hour/7-day contact information*
  - *Contact information for pending studies*
  - *Plan for follow-up care*
  - *Healthcare professional/site designated for follow-up care*
- *Transmitted to the next provider within 24 hours after discharge*

The answer to this is provided in the IPFQR Program Manual on page 19–23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 22: **Regarding discontinued care, what if a patient is transferred to either an ED or medical unit of a hospital (i.e., the patient leaves the IPF unit with the staff's knowledge) and then the patient fails to return to the IPF unit after receiving care in another department? Would this scenario be considered discontinued care?**

No, this scenario would not be considered discontinued care. If the patient was discharged from the IPF to another unit for care, a transition record would be developed as part of the discharge plan. If the patient eloped from the receiving unit, then the IPF would not be responsible for that elopement.. Because this would be considered a discharge from the IPF, it would not fall under the definition of "discontinued care."

For the purposes of the Transition Record measures, "discontinued care" covers two scenarios only: elopement and failure to return from leave. The National Quality Forum (NQF) defines elopement as any situation in which an admitted patient leaves the healthcare facility without staff's knowledge. A failure to return from leave occurs when a patient does not return at the previously agreed upon date and time for continued care. If the patient fails to return from leave, then the patient has left care without staff's knowledge. Details are provided in the IPFQR Program Manual on page 19–23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 23: **What if the patient leaves inpatient care prior to having aftercare arranged? For example, if the patient is admitted on a Friday night and is discharged Sunday morning, there would be no opportunity for social work to meet with patient to arrange aftercare and most outpatient providers are not open for business on weekends. How should this scenario be scored?**

In this scenario, all elements of the Transition Record measure would not be completed and Timely Transmission of the Transition Record would not occur. These cases would not be counted in the numerator. Details are provided in the IPFQR Program Manual on page 19-23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/

Question 24: **In regard to the 24-hour requirement for transmission of record, how does this apply to discharges on holidays and weekends when the discharge appointment has not been made yet so we do not know where to send the record?**

In this scenario, all elements of the Transition Record measure would not be completed and Timely Transmission of the Transition Record would not occur. These cases would not be counted in the numerator. Details are provided in the IPFQR Program Manual on page 19. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 25: **Is an RN attestation that the patient was provided a written discharge record sufficient to meet the new measure?**

No, an RN attestation that the patient was provided a written discharge record is not sufficient to meet the new measure. This measure requires that a transition record containing 11 specific elements be created and provided to the patient. There must be documentation in the medical record that the 11 specified and required elements were created, discussed and transmitted, along with an attestation containing that specific documentation. An abstraction tool to assist in the collection of information for the transition measures is available for download on the QualityReportingCenter.com website: http://www.qualityreportingcenter.com/inpatient/ipf/tools/. This tool can be placed in the medical record to ensure that all elements are included in the transition record.

Details are provided in the IPFQR Program Manual on page 19–23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 26: **Is it acceptable to list verbiage, such as "Take These Medications as Prescribed" and "Medications Not be to taken" by the patient on the Transition record, or do we have to have the verbiage such as "New Medications on discharge," "Continue to take these medications which have changed," "Continue these medications which have not changed," and "Stop taking these medications?" Our hospital medication reconciliation committee feels that this is more confusing to patients and prefers to just list all of the current medications the patient is to take. Please clarify exact verbiage that the Transition record is to include.**

It would be acceptable to list verbiage, such as "Take These Medications as Prescribed" AND "Medications Not to be taken" by the patient on the Transition Record. Details are provided in the IPFQR Program Manual on page 19–23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 27: **Is there an example of an accurately completed transition record available?**

Because each facility should determine how to satisfy the requirements based on their policies and procedures, an example has not been provided. An abstraction tool to assist in the collection of information for the transition measures is available for download on the QualityReportingCenter.com website: http://www.qualityreportingcenter.com/inpatient/ipf/tools/. This tool can be placed in the medical record to ensure that all elements are included in the transition record.

Question 28: **State laws do not allow for the sharing of alcohol and other drug abuse (AODA) information. How do we handle this with the transition record elements? Must the transition record include information on whether the patient is a tobacco user and an alcohol user within the follow-up care section of the transmission record?**

No, as described on slide 42 of the webinar, reference to "tobacco and alcohol use" has been removed as it relates to the data elements to be described in the transition record. CMS still believes that tobacco and alcohol use is important information to include, but it is no longer included in the definition of the term "Transition Record."

Question 29: **Relative to "patient instructions": if facility d/c instructions contain "call your doctor for symptoms worsening, call for severe pain, report to emergency room if symptoms worsen, instructions on activation of emergency services provided," is this sufficient for addressing "warning signs and symptoms and what to do if they occur?"**

Yes, this is sufficient. The definition in the IPFQR Program Manual states that patient instructions are the directions for the patient and/or caregiver to follow upon discharge from facility. Examples include: medication information, activity restrictions, warning signs and symptoms associated with the condition, information regarding what to do if symptoms occur, etc. Patient instructions should be appropriate for the patient, including the use of language services as appropriate. The information provided in your example covers the "warning signs and symptoms associated with the condition" piece of the patient instructions element. Details are provided in the IPFQR Program Manual on page 19–23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 30: **When did the transition record changes go into effect?**

As described in an email sent to the IPFQR Program ListServe on Thursday, June 9, 2016:

> *"Inpatient Psychiatric Facilities (IPFs) were originally required to begin collecting these measures starting July 1, 2016. The revised date for the beginning of measure collection is now January 1, 2017 and will apply to the Fiscal Year (FY) 2019 payment determination. IPFs will be required to report all four quarters of data or face a payment reduction. Reporting periods for all other measures remain unchanged."*

Question 31: **Some private offices request verbal reports instead of faxed information. Is this acceptable for the transmission of the transition of care record?**

Transmission may be accomplished by mail, fax, secure email, or hard copy provided to transport personnel. If the follow-up healthcare professional has mutual access to the electronic health record (EHR), this must be documented as the transmission method. A verbal report may be given in addition to the transition record, but information must be provided by the methods listed unless there is mutual access to the EHR. Details are provided in the IPFQR Program Manual on page 19–-23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 32: **[The] measure says date and time of transmission of transition record must be documented. If provider documents next level of care as EHR/EMR access, how is time of transmission documented? Is date/time of clinical note considered the time of transmission?**

If the follow up healthcare professional has mutual access to the EHR and this is documented as the transmission method, the 24-hour requirement has been met. An optional abstraction tool to assist in the collection of information for the Transition Measures is available for download on the QualityReportingCenter.com website under the sub-header "Calendar Year 2017 Data to be Submitted Summer of 2018": http://www.qualityreportingcenter.com/inpatient/ipf/tools/. Details are provided in the IPFQR Program Manual on page 19–23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 33: **The 24-hour number will connect the caller to those that have access to the records, but information cannot be shared without release of information forms completed, signed, and on file, in compliance with patients' rights and the Health Insurance Portability and Accountability Act (HIPAA). How would having this number in the transition record help in an emergency?**

The requirement for 24-hour/7-day contact information is referring to a person who can be contacted regarding concerns about the patient's inpatient stay. This person should be a healthcare team member who has access to medical records and other information concerning the inpatient stay and could be the physician that followed the patient during the hospitalization. IPFs are expected to follow state and federal laws or and regulations regarding the release of patient health information. If the patient did sign a Release of Information form, it will be accessible in the medical record. Details are provided in the IPFQR Program Manual on page 19–23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 34: **The updated manual does not appear to address walk-in clinic follow-up. How are we instructed to handle those in terms of numerator, denominator, and exclusion under the updated specifications?**

The facility should list the physician or other healthcare professional or site (e.g., walk-in clinic) that will provide the follow-up care. The measure specifications were revised and the requirement of an appointment date and time with the follow-up provider was removed. An optional abstraction tool to assist in the collection of information for the Transition Measures is available for download on the QualityReportingCenter.com website under the sub-header "Calendar Year 2017 Data to be Submitted Summer of 2018": http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 35: **What is the expectation regarding the transition record requirement that medications prescribed at discharge include the "duration?"**

As described on slide 39 of the webinar presentation and on page 22 of the IPFQR Program manual under the definition of the term "Current medication list," the …

> *"… intended duration must be included for each continued and new medication listed. A generalized statement regarding intended duration, such as a blanket statement indicating that the patient should continue the medications until told to stop would be acceptable for routine medications."*

Details are provided in the IPFQR Program Manual on pages 19–23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 36: **We are a behavioral health unit (BHU) in an acute care hospital. Is the transition record content and timely transmission excluded in patients who are discharged from the IPF and admitted to acute care?**

The eligible population is determined by Type of Bill and Discharge Status codes as entered on the claim Uniform Billing (UB-04). The UB-04 is submitted to the payer for payment, so abstraction will have to occur after the claim is developed. Please consult your billing department to determine whether patients discharged to an inpatient acute care facility are excluded. The Discharge Status and Type of Bill codes are listed in the IPP algorithm in Appendix C of the Program Manual at this link: http://www.qualityreportingcenter.com/inpatient/ipf/tools/. Please look at the answer previously provided for question five in the IPF: Inpatient Psychiatric Facility Quality Reporting Program New Measures and Non-Measure Reporting Part 2, Q&A transcript.
http://www.qualityreportingcenter.com/inpatient/ipf/events/

Question 37: **What conditions exist in which a patient is not required to receive a copy of the transition record?**

Conditions in which a patient is not required to receive a copy of the transition record include: patient death; AMA; and discontinued care of patient due to elopement or failure to return from leave. Patients in any of these categories are excluded from the measure. The transition record may be provided to the patient in an electronic format only if acceptable to the patient and only after all components have been discussed with the patient.

For patients that discharge to an inpatient facility, it is not required that a transition record be provided to the patient. For patients that are discharging to an inpatient facility, a transition record covering all 11 elements must be:

- *Created*
- *Discussed with the receiving facility, but only highlighting these four elements:*
  - *24-hour/7-day contact information*
  - *Contact information for pending studies*
  - *Plan for follow-up care*
  - *Healthcare professional/site designated for follow-up care*
- *Transmitted to the next provider within 24 hours after discharge*

Details are provided in the IPFQR Program Manual on pages 19–23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 38: **What if a patient refuses to review the transition record with the facility staff?**

There is no exclusion for patients who refuse to review the transition record. If family members or caregivers cannot be involved and receive the transition record for the patient, the case will fail the Transition Record with Specified Elements Received by Discharged Patients measure. Details are provided in the IPFQR Program Manual on pages 19–23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 39: **What if a patient's residence is not in the USA and they are returning to another country after discharge?**

There is no exclusion for patients that discharge to a residence outside of the United States. The transition record must be developed and transmitted to the next provider within 24 hours after discharge.

Please look at the answer previously provided for question 14 in the IPF: Inpatient Psychiatric Facility Quality Reporting Program New Measures and Non-Measure Reporting Part 2, Q&A Transcript Part 2 *at* *http://www.qualityreportingcenter.com/inpatient/ipf/events/*.

Question 40: **What if the patient goes home? Do we need to transmit record somewhere?**

Yes, the transition record should be transmitted to the physician or site of care that will be following the patient after discharge.

Please look at the answer previously provided for question three in the IPF: Inpatient Psychiatric Facility Quality Reporting Program New Measures and Non-Measure Reporting Part 2, Q&A Transcript Part 2 *at* *http://www.qualityreportingcenter.com/inpatient/ipf/events/*.

Question 41: **What is considered a routine medication?**

A routine medication is one that is given on a consistent basis, at regularly scheduled intervals. Please review the IPFQR Program Manual on pages 19–23. The latest version of the IPFQR Program Manual is available for download at *http://www.qualityreportingcenter.com/inpatient/ipf/tools/*.

Question 42: **What if giving the patient all this information would be detrimental to the patient's state of mind or care?**

There is no exception for this scenario. If family members or caregivers cannot be involved and receive the transition record for the patient, the case will fail the Transition Record with Specified Elements Received by Discharged Patients measure. Details are provided in the IPFQR Program Manual on pages 19–23. The latest version of the IPFQR Program Manual is available for download at *http://www.qualityreportingcenter.com/inpatient/ipf/tools/*.

Question 43: **What needs to be represented on the transition record related to advanced directive? Patient has medical advanced directed Y/N? Patient has psychiatric advanced directive Y/N? Then reason if N?**

Refer to the Transition Record with Specified Elements Received by Discharged patients and Timely Transmission of Transition Record paper tool that is available for download on the QualityReportingCenter.com website under the sub-header "Calendar Year 2017 Data to be Submitted Summer of 2018": http://www.qualityreportingcenter.com/inpatient/ipf/tools/. Details are provided in the IPFQR Program Manual on page 21. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Advanced Directives

Question 44: **Can a patient refuse to complete a psychiatric advanced directive? If so, will that not count against us if the patient refused to have one?**

Yes, a patient can refuse to provide an Advance Directive. The patient need not create an advance directive to satisfy the measure. There are a number of possible circumstances where an individual may not be offered or complete advance directives. The measure only requires that the IPF provide documentation as to why this occurred. Details are provided in the IPFQR Program Manual on pages 21–22. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 45: **Are we supposed to collect "Documented reason for not providing advance care plan" as a separate data element, or this is just a definition as part of the "Advance Directive" data element?**

It is not a separate data element and must simply be documented if the patient has no advance directives. It is part of the requirements for the advance directives component.

This element can be met if one of the following is documented:

a. *The patient has an appointed surrogate decision maker*
b. *The patient has a non-psychiatric (medical) Advance Directive and a psychiatric Advance Directive*
c. *If (a) or (b) was not met, the patient was offered information about designating a surrogate decision maker or completing Advance Directives, and if the criteria for (a) or (b) still were not met, a reason was documented*

Refer to the Transition Record with Specified Elements Received by Discharged patients and Timely Transmission of Transition Record optional paper tool for guidance. The measure abstraction paper tool is available for download on the QualityReportingCenter.com website under the sub-header "Calendar Year 2017 Data to be Submitted Summer of 2018": http://www.qualityreportingcenter.com/inpatient/ipf/tools/. Details about the term "Advance Directive" are provided in the IPFQR Program Manual on page 21. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 46: **Are we supposed to collect "Surrogate Decision maker" as a separate data element or this is just a definition as part of the "Advance Directive" data element?**

Documentation of a surrogate decision maker is acceptable for the Advance Directive component. It is not a separate element. This element can be met if one of the following is documented:

a. *The patient has an appointed surrogate decision maker*
b. *The patient has a non-psychiatric (medical) Advance Directive and a psychiatric Advance Directive*
c. *If (a) or (b) was not met, the patient was offered information about designating a surrogate decision maker or completing Advance Directives, and if the criteria for (a) or (b) still were not met, a reason was documented*

Refer to the Transition Record with Specified Elements Received by Discharged patients and Timely Transmission of Transition Record optional paper tool that is available for download on the QualityReportingCenter.com website under the sub-header "Calendar Year 2017 Data to be Submitted Summer of 2018": http://www.qualityreportingcenter.com/inpatient/ipf/tools/. Details are provided in the revised definition of the term "Advance Directive" on page 21 of the IPFQR Program Manual. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 47: **I can't seem to find the appendix B anywhere in the manual that the slides refer to for information on advanced directives. Could someone tell me how to get the manual they are referring to in these slides?**

Please review the IPFQR Program Manual starting on page 86 to see Appendix B: Psychiatric Advance Directives (PAD). The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 48: **Is "the patient declines" a reason for not having an advanced directive? Our facility uses an advanced directive form that has a comment box that can be check marked saying "pt. confused, or pt. unwilling" to complete advance directives. Will this meet the "documented reason" part of the advance care plan element of the Transition Record with Specified Elements Received by Discharged Patients measure?**

Yes, this would be acceptable. The patient need not create an advance directive to satisfy the measure. Details are provided in the IPFQR Program Manual on pages 21–23. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 49: **In Massachusetts, the legally recognized advance care directive is the Health Care Proxy. This is a designation of a substitute decision maker. Instructional directives (those giving specific choices of treatments, etc.) are not legally recognized in Massachusetts except as non-binding guides to the health care agent. For the advance directive or surrogate decision maker element of the transition record would the name of the health care proxy or the reason no health care proxy was chosen be sufficient to meet this measure?**

Yes, please review the revised Definitions for Transition Record Measures on pages 21-23 of the IPFQR Program Manual. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 50: **Are Advance Directives documentation in the transition record only required for patients 18 and older? If the patient is less than 18, then do we need to have documentation of who the surrogate decision maker is?**

There are a number of possible circumstances where an individual may not be offered or complete advance directives. The measure only requires that the IPF provide documentation as to why this occurred. Documenting that the patient is under 18 and has a legal guardian would be acceptable.

Please look at the answer previously provided for question 20 in the IPF: Inpatient Psychiatric Facility Quality Reporting Program New Measures and Non-Measure Reporting Part 2, Q&A Transcript Part 2.
http://www.qualityreportingcenter.com/inpatient/ipf/events/

Question 51: **Do patients have to be offered Advance directives, one regular and one psychiatric?**

Yes, please review the revised definition for "Advance Directive" on page 21 of the IPFQR Program Manual. The latest version of the IPFQR Program Manual is available for download at
http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 52: **For advanced directives - does the documentation of patient refusal or inability to complete advanced directives need to be part of the discharging paperwork?**

The documentation should be part of the transition record. Refer to the Transition Record with Specified Elements Received by Discharged patients and Timely Transmission of Transition Record optional paper tool that is available for download on the QualityReportingCenter.com website under the sub-header "Calendar Year 2017 Data to be Submitted Summer of 2018":
http://www.qualityreportingcenter.com/inpatient/ipf/tools/. Details are provided in the revised definition of the term "Advance Directive" on page 21 of the IPFQR Program Manual. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 53: **How is a "surrogate decision maker" different from a "Healthcare Power of Attorney"(HCPOA)? Our EMR does not use the language Surrogate decision maker, but in Ohio, that is what a HCPOA is.**

Both "surrogate decision maker" and "Healthcare Power of Attorney" represent the same thing. Details are provided in the revised Definitions for Transition Record Measures on pages 21-23 of the IPFQR Program Manual. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 54: **If a patient comes in to an IPF and does not have an Advance Directive, is the IPF responsible for having the patient fill out an Advance Directive at the time of admission?**

The admission to the IPF is the optimal time to inquire about an Advance Directive so that, if the patient does have an Advance Directive, it is followed during the hospital stay. The patient need not create an Advance Directive to satisfy this element. This element can be met if one of the following is documented:

a. *The patient has an appointed surrogate decision maker*
b. *The patient has a non-psychiatric (medical) Advance Directive and a psychiatric Advance Directive*
c. *If (a) or (b) was not met, the patient was offered information about designating a surrogate decision maker or completing Advance Directives, and if the criteria for (a) or (b) still were not met, a reason was documented*

Refer to the Transition Record with Specified Elements Received by Discharged patients and Timely Transmission of Transition Record optional paper tool that is available for download on the QualityReportingCenter.com website under the sub-header "Calendar Year 2017 Data to be Submitted Summer of 2018": http://www.qualityreportingcenter.com/inpatient/ipf/tools/. Details are provided in the revised definition of the term "Advance Directive" on page 21 of the latest version of the IPFQR Program Manual, which is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 55: **If an advance directive is done and the patient has subsequent admissions, is the initial advanced directive able to be used again, if we check with the patient and there are no changes?**

Yes, details are provided in the revised definition of the term "Advance Directive" on page 21 of the IPFQR Program Manual. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 56: **Often times our patients have IPOST that provides direction to providers on the level of care the patient desires, i.e., CPR, etc. If a patient has an IPOST, do they also need to have an Advanced Directive?**

The Iowa Physician Order for Scope of Treatment (IPOST) form complements an Advance Directive and is not intended to replace it. The IPOST form is not an Advance Directive because it is a medical document that contains actionable medical orders that are effective immediately based on a patient's current medical condition. Advance directives, including health care proxies and living wills, are legal documents that are effective only after the patient has lost capacity. In other words, a health care agent can make decisions for a person only after he or she has been determined to lack capacity; a living will is relevant only after the patient can no longer be consulted. The IPOST form, on the other hand, is a medical document signed by both the clinician and the patient, and is effective as soon as it is signed, regardless of a patient's capacity to make decisions.

Details are provided in the IPFQR Program Manual on page 21. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 57: **Psychiatric Advance Directives: Our state does not recognize PADs. If this is documented in the medical record, will we be excused from the PAD requirements?**

Yes, there are a number of possible circumstances where an individual may not be offered or complete advance directives. The measure only requires that the IPF provide documentation as to why this occurred.

Details are provided in the IPFQR Program Manual on page 21. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 58: **Where do we obtain a list of acceptable reasons for not obtaining a PAD?**

There is no list of acceptable reasons for not obtaining a PAD. There are a number of possible circumstances where an individual may not be offered or complete advance directives. The measure only requires that the IPF provide documentation as to why this occurred.

Refer to the Transition Record with Specified Elements Received by Discharged patients and Timely Transmission of Transition Record optional paper tool for guidance. The measure abstraction paper tool is available for download on the QualityReportingCenter.com website under the sub-header "Calendar Year 2017 Data to be Submitted Summer of 2018": http://www.qualityreportingcenter.com/inpatient/ipf/tools/. Details about the term "Advance Directive" and "Psychiatric Advance Directive" are provided in the IPFQR Program Manual on pages 21 and 83, respectively. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Screening for Metabolic Disorders

Question 59: **Does the Metabolic Screening include children and adolescents that are on antipsychotic medications?**

There is no age exclusion for the Screening for the Metabolic Disorders measure. All patients discharged from the IPF with one or more routinely scheduled antipsychotic medications should be included in the patient population for this measure. Details are provided in the IPFQR Program Manual on page 24. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 60: **Did the Metabolic disorder measure start January 1, 2016, or is it starting July 1, 2016?**

Per the email distributed on June 9, 2016, to the IPFQR Program ListServe, IPFs must begin collecting data for the Screening for Metabolic Disorders measure starting January 1, 2017.

Question 61: **Does the Screening for Metabolic Disorders include anyone discharged on an antipsychotic medication or just those discharged on more than one antipsychotic medication?**

This measure includes IPF patients discharged with one or more routinely scheduled antipsychotic medications during the measurement period. Details are provided in the IPFQR Program Manual on page 24. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 62: **Regarding the Screening for Metabolic Disorders measure algorithm and data element dictionary, are they included in the IPFQR Program manual dated June 7, 2016?**

Yes, the IPFQR Program manual dated June 7, 2016 includes specifications for the Screening for Metabolic Disorders in Appendix D, starting on page 99. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 63: **If a patient refuses to undergo metabolic screening, will the measure fall out?**

Patients who refuse screening will be included in the denominator. CMS encourages providers to educate patients about the importance of metabolic screening. Details are provided in the IPFQR Program Manual on page 24. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 64: **We have been utilizing the HBA1c instead of the blood glucose. Is that no longer allowed?**

An HbA1c is acceptable for the glucose result. Details are provided in the IPFQR Program Manual on page 24. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 65: **Can we use Point of Care testing or Rapid Testing for glucose and lipid panel, or are we required to have the patient have a full blood draw?**

Per the specifications outlined in Appendix D: Screening for Metabolic Disorders of the IPFQR Program Manual (dated June 7, 2016):

> *"If documentation of blood glucose test values obtained within 12 months of the patient visit are not available, then a blood draw would be required to obtain glucose levels in the blood using one of the following lab tests (which comply with the American Diabetes Association (ADA) guidelines):*
>
> - *HbA1c*
> - *Fasting plasma glucose*
> - *2-hour plasma glucose value after a 75g oral glucose tolerance test (OGTT) to test for diabetes"*

A finger-stick blood glucose (FSBS) is not sufficient to meet the fasting blood glucose test as it is listed as an exclusion guideline for abstraction for the data element "Blood Glucose." Please see pages 108–109 of the IPFQR Program Manual for more details. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 66: **Can we use Point of Care testing or Rapid Testing for the lipid panel or are we required to have the patient have a full blood draw? Please clarify if the lipid panel must be venous or if finger stick is also acceptable.**

No, point of care testing would not satisfy the requirements because not all point of care testing is certified for the following lipid panel components:

- *TC: total cholesterol;*
- *TG: triglycerides;*
- *HDL: high density lipoprotein;*
- *LDL-C: low density lipoprotein.*

Therefore, the sample would need to be a venous sample and not obtained via finger stick. Please see pages 108–109 of the IPFQR Program Manual for more details. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 67: **If a patient had a metabolic screening completed in the previous 12 months, it is not enough to have this information available in the EMR, correct? Meaning, the documentation needs to be in the current visit noting when the screening took place and what the results were.**

Yes, as described during the January 21 IPFQR Program webinar on slide 57, if the metabolic test values were not from the current stay, then documentation in the patient record for this stay needs to include the numeric value of the test results, the original date on which the value was calculated, and the source of the information (e.g., medical record of a prior hospital stay, information obtained from another provider, and the name of this provider).

Question 68: **Do all data elements of the Screening for Metabolic Disorders measure have to be present in one format, or part of the EHR, or is it acceptable to have all elements present in the chart prior to discharge? For instance, do the lab values need to be on the same sheet within a chart within 12 months of discharged or can the values exist in our EMR?**

The values for the metabolic test results do not need to be located on the same sheet as long as they are all located in the patient's medical record under the qualifying inpatient psychiatric facility admission. As described during the January 21 IPFQR Program webinar on slide 57, if the metabolic test values were not from the current stay, then documentation in the patient record for this stay needs to include the numeric value of the test results, the original date on which the value was calculated, and the source of the information (e.g., medical record of a prior hospital stay, information obtained from another provider, and the name of this provider).

General IPFQR Program

Question 69: **I see that revised definitions will be available in the upcoming IPF Program Manual, which will be posted on www.qualityreportingcenter.com. When do we expect this to be posted?**

The IPFQR Program Manual, dated June 7, 2016, is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 70: **Where can we find the data collection tools and specifications for the Transition Record and Screening for Metabolic Disorders measures?**

The IPFQR Program Manual, dated June 7, 2016, contains additional information pertaining to these measures and is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

The paper tools for the Transition Record and Screening for Metabolic Disorders measures are available on the Quality Reporting Center website at the following link: http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 71: **Is the Inpatient Psychiatric Facility Quality Reporting Program Manual the only resource for all IPFQR measures, or are there other resources we should be using?**

The IPFQR Program Manual may refer users to other specification manuals or definitions, based on the developer or steward of the measure being collected.

Question 72: **Will SUB & TOB elements now be collected as data elements for all patients that are selected for the transition of care abstractions and the metabolic screening abstractions or will they remain separate?**

No, IPFs are still required to collect and report data for the SUB and TOB measures separately. As described on slide 42 of the webinar, reference to "tobacco and alcohol use" has been removed as it relates to the data elements to be included in the transition record. CMS still believes that tobacco and alcohol use is important information to include, but it is no longer included in the definition of the term "Transition Record." For more information please see the IPFQR Program Manual, dated June 7, 2016, available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 73: **How can I verify the data for HCP Influenza vaccine information has been received at *QualityNet*?**

The Healthcare Personnel (HCP) Measure data is not searchable on the QualityNet *website; however, the presentation at the following link includes instructions on how to review HCP measure data on the Centers for Disease Control and Prevention (CDC) website, starting on slide 58: http://www.cdc.gov/nhsn/pdfs/training/vaccination/hcp-flu-vax-summary-reporting-ipf-training.pdf. If you have any further questions, please contact the National Healthcare Safety Network (NHSN) Help Desk at NHSN@cdc.gov.*

Question 74: **The staff flu data is not reported into the *QualityNet* account, correct?**

That is correct. The HCP vaccination measure is reported to the CDC NHSN system. If you have any further questions, please contact the NHSN Help Desk at NHSN@cdc.gov.

The presentation NHSN Enrollment and HCP Measure Refresher *at the following link includes an overview of the steps required to complete the NHSN enrollment process and the reporting requirements for the Influenza Vaccination Among Healthcare Personnel measure: http://www.qualityreportingcenter.com/wp-content/uploads/2016/02/IPF_NHSNHCPMeasure_Webinar_20160204_FINAL.508.pdf.*

Question 75: **We are not supposed to be collecting HBIPS-6, 7, and 4 data from January 1, 2016, forward, correct?**

Correct. HBIPS-4, -6, and -7 are no longer being collected for the IPFQR Program as of January 1, 2016. Details are provided in the IPFQR Program Manual on page 9. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 76: **Are the IPFQR measures supposed to be submitted in Chart-abstracted manner only? What if the hospital wants to submit the measure information electronically (like eCQM) through a 3rd party vendor? Can they do that electronically?**

The submission of measure and non-measure data, as well as completion of the Data Accuracy Correctness and Acknowledgement (DACA) form, must be completed through the QualityNet *web-based data collection tool. Regardless of whether data is submitted to CMS by the IPF, or through a vendor, external file transfer of measure data is not an option for data submission for the IPFQR Program. For more information, please see the IPFQR Program Manual, dated June 7, 2016, available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.*

Question 77: **Are we expected, or is it recommended, to round off our submission data or should we submit our data with all the decimal places? If we are to round off, are we to round off to two decimal places?**

Numerator data for the HBIPS-2 and HBIPS-3 measures can be entered with up to two digits to the right of the decimal point. IPFs are expected to enter data to the correct precision and round appropriately using the traditional rounding rules, as demonstrated in the examples below:

- *123.4567 = 123.46*
- *123.4512 = 123.45*

The denominator values for the HBIPS-2 and HBIPS-3 measures, as well as all other measure data, must be entered as whole numbers.

Question 78: **Do Medicare drug plans cover the nicotine replacement therapy required at discharge for tobacco users?**

Medicare recipients have access to individual cessation counseling and prescription cessation medication. The benefit covers two quit attempts a year and four counseling sessions per quit attempt. Medicare copayment, coinsurance, and deductibles for cessation treatments are waived under the Affordable Care Act, effective January 1, 2011.*

*American Lung Association. Helping Smokers Quit: Tobacco Cessation Coverage 2012. Washington, DC: American Lung Association, 2012.http://www.lung.org/assets/documents/publications/smoking-cessation/helping-smokers-quit-2012.pdf. Accessed January 6, 2014.

Question 79: **Do you anticipate the IPFQR Program to change from a report to pay program to a performance to pay program in the near future?**

We do not have that information at this time.

Question 80: **Is Assessment of Patient Experience of Care the same as HCAHPS?**

This attestation measure asks IPFs whether they routinely assess patient experience of care using a standardized collection protocol and a structured instrument. The attestation should be based on the hospital's activities on December 31. The choice of survey administered to patients is up to the facility. Details are provided in the IPFQR Program Manual on page 26. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 81: **Is the updated non-measure data tool to be used for the July 1, 2016, reporting period (CY15 measurement period)?**

Correct, the Updated Non-Measure Data Collection Tool for 01/01/2015 through 12/31/2015 (quarter one through quarter four of 2015) is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 82: **Is there a list of the diagnosis codes that are used to determine the patients included in the FUH Measure?**

Yes, you will find a list of diagnosis codes in Appendix E of the IPFQR Program Manual. Details are provided in the IPFQR Program Manual on page 121. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 83: **Is there someone we can reach out to when there is a question from nursing staff about a current admitted patient? Occasionally an answer is needed right away rather than waiting to get an answer through *QualityNet*. Is there a contact person that the abstractor can contact to ask a question?**

As displayed on slide 61, there are multiple ways to submit questions regarding the measure specifications and reporting requirements. Email support is available, as well as phone and live chat. When you submit a question to the Question and Answer Tool for the IPFQR Program, a response is provided within two business days.

Question 84: **Is there still a requirement to have an appointment time with the smoking cessation appointments?**

If the facility chooses to use the Quitline as the referral source, the faxed or emailed referral is sufficient. Otherwise, an appointment must be made with an outpatient tobacco cessation counselor and the appointment information provided to the patient prior to discharge. Details are provided in the IPFQR Program Manual on pages 17–18. The latest version of the IPFQR Program Manual is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 85: **The revisions and necessary tools are just being released this week: do you expect institutions to meet these requirements come July 1?**

Per the email distributed on June 9, 2016, to the IPFQR Program ListServe, IPFs will begin collecting data for the Transition Record and Metabolic Screening for Metabolic Disorders measures beginning January 1, 2017.

Question 86: **The speaker said vendors could "transmit" data on behalf of the IPF on an earlier slide. Will vendors actually be able to electronically "transmit" data to *QualityNet* on behalf of providers or will this remain manual entry option, as has been the case in prior years?**

Regardless of whether data is submitted to CMS by the IPF or through a vendor, external file transfer of measure data is not an option for data submission for the IPFQR Program. The submission of measure and non-measure data, as well as completion of the DACA form must be completed through the QualityNet *web-based data collection tool. For more details, please see the IPFQR Program Manual, dated June 7, 2016, is available for download at* http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 87: **What time frame of data is being submitted August 15, 2016?**

Refer to the measures table located on the Quality Reporting Center *website for the date range of measures for submission. Details are provided in the IPFQR Program Manual on page 6. The latest version of the IPFQR Program Manual is available for download at* http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 88: **Why do CMS and TJC not agree on the sampling method for HBIPS-5, requiring abstractors to refer to 2 different manuals?**

The sampling methodology is the same, but the reporting requirements have been modified. Per the FY 2016 IPF PPS Final Rule, IPFs are no longer required to report measure data by quarter or by age strata.

Question 89: **Why do we need to reference the Coding Crosswalks indicated on slide 56?**

IPFs will report their total annual discharges by Diagnostic Category, based on the primary diagnosis at discharge. Diagnostic code grouping for the purpose of reporting non-measure data utilizes the categories developed for the Clinical Classifications Software (CCS) under the Healthcare Cost and Utilization Project (H-CUP) by the Agency for Healthcare Research and Quality (AHRQ). The coding crosswalks are a mapping of International Classification of Diseases ICD-9/-10 codes to the relevant CCS codes so that IPFs can determine the Diagnostic Category for each discharge. The Updated Non-Measure Data Collection Tool includes more detailed instruction on how to access coding crosswalks of CCS with ICD-9 and ICD-10 codes. The Updated Non-Measure Data Collection Tool for 01/01/2015 through 12/31/2015 (quarters one through four 2015) is available for download at http://www.qualityreportingcenter.com/inpatient/ipf/tools/.

Question 90: **Will the Transition Record and Screening for Metabolic Disorders be a part of the same sample as TOB, IMM and SUB.? So, the same patients?**

The population for all of the measures is the total pool of IPF discharges, but the measures may have different Initial Patient Populations based on length of stay exclusions and coding.

For details regarding the Initial Patient Population (IPP), please refer to each measure's specifications:

FY 2018 and Subsequent Years

- *Hospital Based Inpatient Psychiatric Services (HBIPS) measure IPP details are found in the Specifications Manual for Joint Commission National Quality Measures.*
- *Substance Use (SUB), Tobacco Use (TOB), and Immunization (IMM) measure IPP details are found in the Specifications Manual for National Hospital Inpatient Quality Measures (Section 2 – Measure Information, Section 2.10 – Prevention).*

FY 2019 and Subsequent Years

- *Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record measures will use the entire population (all IPF admissions) and the IPP algorithm located in Appendix C of the Program Manual.*
- *Screening for Metabolic Disorders measure will use the entire population (all IPF admissions) as the Initial Patient Population.*

To maximize the usefulness of the questions and answers transcript we have consolidated questions received through the Chat feature during the event and focused on the most important and frequently asked questions. To obtain answers to questions that are not specific to the content of this webinar, we recommend that you refer to the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Manual, the QualityNet Q&A tool, or call the Hospital Inpatient VIQR Support Contractor at 866.800.8765 or 844.472.4477.

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