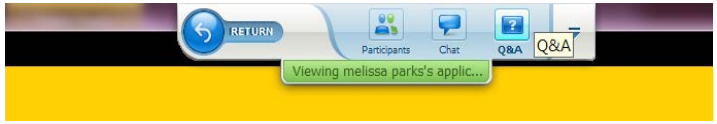
FY 2015 IPF PPS Final Rule: USING THE WEBEX Q+A FEATURE

All lines are placed on mute to block out background noises. However, you can send in questions to the panelists via the "**Q&A**" button.
Follow the directions below to use the "**Q&A**" button:

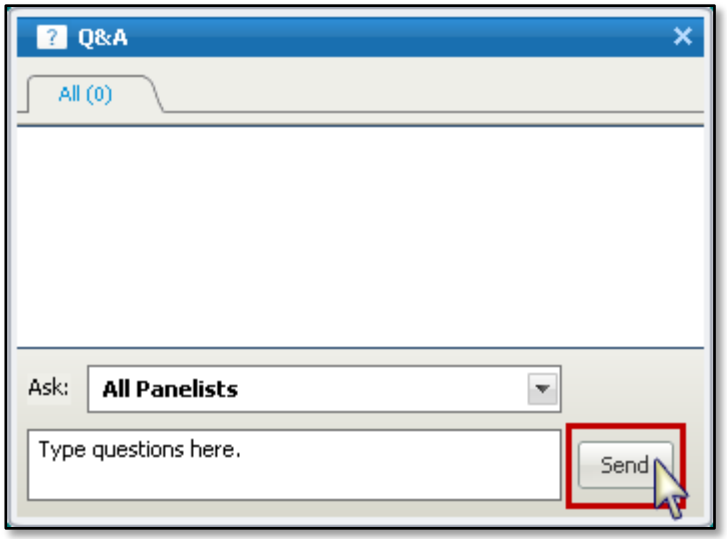
1 Move your mouse over the green **WebEx Navigation Panel** at the top of your screen. The menu will drop-down.



2 Click on Q & A and the Q&A panel will display on your screen.

3 Click the **drop-down arrow** next to "Ask:" and select **All Panelists**.

Type your question, and click the **Send** button. Your question will be viewed and addressed by a Subject Matter Expert.



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Requirements: FY 2015 IPF PPS Final Rule

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Project Lead, IPFQR

September 24, 2014

Save the Date

Upcoming IPFQR Program educational webinars:

- October – New Measure Review
- November – IPF Measures Data Analysis
- December – Public Reporting

Learning Objectives

At the conclusion of the program, attendees will:

- Understand the IPFQR Program requirements, new measures, and reporting timeline for FY 2016
- Understand the program requirements needed to receive the full Annual Payment Update for FY 2016 and FY 2017

FY 2015 Final Rule

The Inpatient Psychiatric Facilities (IPF) Prospective Payment System (PPS) FY 2015 Final Rule was published on August 6, 2014, in the *Federal Register* at the following link.

- http://www.gpo.gov/fdsys/pkg/FR-2014-08-06/pdf/2014-18329.pdf
- IPFQR Program (Section VIII) begins on page 25 of the pdf or page 45961 of the *Federal Register*

Participation

Participation Requirements

To participate, IPFs must:

- Receive payments under Medicare's IPF PPS for psychiatric hospitals and psychiatric units;
- Register with QualityNet;
- Have and maintain an active QualityNet Security Administrator;
- Complete the online Notice of Participation (NOP);
- Submit aggregate measure data using the web-based measures application in the Secure Portal on QualityNet;
- Permit the facility's aggregate measure rates to be publicly reported; and
- Complete the Data Accuracy and Completeness Acknowledgement (DACA).

Participation Requirements

- Once signed up, IPFs need to re-apply only if withdrew previously
- Find program resources and requirements on QualityNet at www.qualitynet.org

Notice of Participation Requirement: *Resuming* IPFs

For those IPFs that completed an NOP for FY 2014 and/or FY 2015 and plan to continue participating in the IPFQR Program, you do **not** need to complete an NOP for FY 2016.

- Log in to the NOP application on QualityNet to verify that the NOP was automatically updated.
  - The "CARRY_FORWARD" indicator on QualityNet indicates that your NOP was completed previously and has carried forward to the current year.
  - Update the two contacts. Make certain one is selected to receive communication updates via e-mail.
- The NOP remains in effect until an IPF decides to withdraw or change eligibility status.

Notice of Participation Requirement: *New* IPFs

For new hospitals **not** currently participating:

- Log in to the QualityNet Secure Portal
  - Confirm or establish a QualityNet Security Administrator
- Complete the NOP on QualityNet for FY 2016 (deadline is August 15, 2015)

Participation Requirements

IPFQR Program Requirements	FY 2016
Submit NOP	By August 15, 2015
Submit Data	July 1, 2015 – August 15, 2015
Measure Reporting Period	January 1, 2014 – December 31, 2014
Complete DACA	By August 15, 2015
Measure IDs	HBIPS 2 - 7 **SUB-1** **FUH (calculated by CMS)** **Patient Experience** **EHR Use**

IPFQR Data Due Dates

Payment Determination Year/Measures	Reporting Period	Data Submission Period
FY2016 HBIPS 2-7 SUB-1 Patient Experience EHR Use	Q1 (January 1, 2014 – March 31, 2014)	July 1, 2015 – August 15, 2015
	Q2 (April 1, 2014 – June 30, 2014)	
	Q3 (July 1, 2014 – September 30, 2014)	
	Q4 (October 1, 2014 – December 31, 2014)	

Measures

FY 2016 IPFQR Program Measures

Hospital-Based Inpatient Psychiatric Services (HBIPS) Measures:

- HBIPS-2: Physical Restraint
- HBIPS-3: Seclusion
- HBIPS-4: Multiple Antipsychotic Medications at Discharge
- HBIPS-5: Multiple Antipsychotic Medications at Discharge with Appropriate Justification
- HBIPS-6: Post Discharge Continuing Care Plan
- HBIPS-7: Post Discharge Continuing Care Plan Transmitted
- **SUB-1: Alcohol Use Screening**
- **FUH: Follow-Up After Hospitalization for Mental Illness**
- **Assessment of Patient Experience of Care**
- **Use of Electronic Health Record**

HBIPS Measure Set Population

Sampling (HBIPS-4, -5, -6, -7)

- Use either the entire patient population OR a random sample.
- Sampling is not required.
- If a random sample is not used, then data from 100% of the patient population should be utilized.

Quarterly Population Size	Minimum Sampling Size
>877	176
221 – 877	20%
44 – 220	44
<44	100%

HBIPS Measure Set Population

- Inpatient Psychiatric Patients
- Psychiatric Inpatient Discharges: HBIPS-4 through HBIPS-7
- Psychiatric Inpatient Days: HBIPS-2 and -3
- Includes all ages stratified by four age groups:
  1. Children (1 – 12 years old)
  2. Adolescents (13 – 17 years old)
  3. Adults (18 – 64 years old)
  4. Older Adults (65 years or older)

New Measure for FY 2016: SUB-1

SUB-1 (Alcohol Use Screening)

- Does not utilize age strata; aggregate numerator and denominator
- Patients with a length of stay less than or equal to 120 days
- All payor sources
- **Numerator:** Includes the number of patients who were screened for alcohol use using a validated screening questionnaire for unhealthy drinking
- **Denominator:** Includes the number of hospitalized inpatients 18 years of age or older
- **Exclusions:** Those younger than 18 years, cognitively impaired patients, and/or patients admitted for less than 1 day or greater than 120 days

SUB-1 Measure Set Population

Sampling (SUB-1)

- Use either the entire patient population OR a random sample.
- Sampling is not required.
- If a random sample is not used, then data from 100% of the patient population should be utilized.
- Not reported by age strata.

Quarterly Population Size	Minimum Sampling Size
≥1,530	306
765-1,529	20%
153-764	153
6-152	100%

New Measure for FY 2016: FUH

FUH (Follow-Up After Hospitalization for Mental Illness)

- Assesses the percentage of discharges for patients six years of age and older who were hospitalized for treatment of selected mental health disorders, and who subsequently had an outpatient visit or an intensive outpatient encounter with a mental health practitioner, or received partial hospitalization services
- Medicare Fee-For-Service Claims (Parts A and B)
- Inpatients age six and older who have subsequent outpatient follow-up within 7 – 30 days of inpatient discharge

New Measure for FY 2016: Assessment of Patient Experience of Care

Assessment of Patient Experience of Care

- Proposed as a mandatory structural measure for FY 2016 payment determination
- Asks whether IPFs administer a detailed assessment of patient experience of care using a standardized collection protocol and a structured instrument
  - If yes, indicate the name of the survey administered

New Measure for FY 2016: Use of Electronic Health Record

Use of Electronic Health Record (EHR)

- Structural measure
- Two attestations (i.e., no chart abstraction)
- Applies to the **FY 2016** APU determination

Use of EHR

1. Select which statement best describes the facility's highest level typical use of EHR:
   - The facility most commonly used paper document or other forms of information exchange not involving the transfer of health information using EHR technology at times of transitions in care.
   - The facility most commonly exchanged health information using non-certified EHR technology at times of transitions in care.
   - The facility most commonly exchanged health information using certified EHR technology at times of transitions in care.
2. Indicate whether transfers of health information at times of transitions in care included the exchange of interoperable health information with a health information service provider.

FY 2017 IPFQR Program Measures (1 of 2)

- HBIPS-2: Physical Restraint
- HBIPS-3: Seclusion
- HBIPS-4: Multiple Antipsychotic Medications at Discharge
- HBIPS-5: Multiple Antipsychotic Medications at Discharge with Appropriate Justification
- HBIPS-6: Post Discharge Continuing Care Plan
- HBIPS-7: Post Discharge Continuing Care Plan Transmitted

FY 2017 IPFQR Program Measures (2 of 2)

- SUB-1: Alcohol Use Screening
- FUH: Follow-Up After Hospitalization for Mental Illness
- Assessment of Patient Experience of Care
- Use of Electronic Health Record
- **IMM-2: Influenza Immunization**
- **Influenza Vaccination Coverage Among Healthcare Personnel**
- **TOB-1: Tobacco Use Screening**
- **TOB-2: Tobacco Use Treatment Provided or Offered**
- **TOB-2a: Tobacco Use Treatment**

New Measures for FY 2017

- IMM-2: Influenza Immunization
- Influenza Vaccination Coverage Among Healthcare Personnel
- TOB-1: Tobacco Use Screening
- TOB-2: Tobacco Use Treatment Provided or Offered
- TOB-2a: Tobacco Use Treatment

New Measure for FY 2017
IMM-2: Influenza Immunization

- Chart-abstracted measure
- Assesses inpatients, age six months and older, discharged during the 2015-2016 flu season (beginning in October 2015 and extending through March 2016) who are screened for influenza vaccination status and vaccinated prior to discharge, if indicated

IMM-2: Influenza Immunization

- **Numerator**: Includes discharges that were screened for influenza vaccine status and were vaccinated prior to discharge, if indicated
- **Denominator**: Inpatients, age six months or older, discharged during October, November, or December of 2015 and January, February, or March of 2016
- **Excludes**: Those who expire prior to hospital discharge or have an organ transplant during the current hospitalization, have a length of stay of greater than 120 days, are transferred or discharged to another acute care hospital, or leave against medical advice

New Measure for FY 2017: Influenza Vaccination Coverage Among Healthcare Personnel

- National Quality Forum (NQF) #0431
- Reporting will begin for the 2015 – 2016 influenza season (i.e., **October 1, 2015 – March 31, 2016**).
  - Reporting deadline is **May 15, 2016.**
- The measure is designed to ensure that reported healthcare personnel influenza vaccination percentages are consistent over time within a single facility, as well as comparable across facilities.
- Use the National Healthcare Safety Network for the IPFQR Program.

Influenza Vaccination Coverage Among Healthcare Personnel: Numerator

Numerator – Includes healthcare personnel who from October 1 to March 31 of the reporting period:

a. Received an influenza vaccination administered at the healthcare facility, or reported in writing or provided documentation that influenza vaccination was received elsewhere;

b. Were determined to have a medical contraindication/condition of severe allergic reaction to eggs or to other components of the vaccine, or history of Guillain-Barré syndrome within six weeks after a previous influenza vaccination;

c. Declined influenza vaccination; or

d. Had an unknown vaccination status or did not otherwise fall under any of the above mentioned numerator categories.

Influenza Vaccination Coverage Among Healthcare Personnel: Denominator

Denominator: The number of healthcare personnel working in the facility for at least **one** working day between October 1 and March 31 of the reporting year, regardless of patient contact or clinical responsibility, and is calculated separately for employees, licensed independent practitioners, and adult students/trainees and volunteers.

There are no excluded populations/persons for this measure.

National Healthcare Safety Network (NHSN)

New Measure for FY 2017
TOB-1: Tobacco Use Screening

- Chart-abstracted measure
- Assesses hospitalized patients who are screened within the first three days of admission for tobacco use (cigarettes, smokeless tobacco, pipe, and cigar) within the previous 30 days

TOB-1: Tobacco Use Screening

- **Numerator**: The number of patients who were screened for tobacco use status within the first three days of admission
- **Denominator**: The number of hospitalized inpatients 18 years of age and older
- **Excludes**: Those who are less than 18 years of age, are cognitively impaired, have a duration of stay less than or equal to three days or greater than 120 days, and/or have comfort measures only documented

New Measures for FY 2017 TOB-2: Tobacco Use Treatment Provided or Offered & TOB-2a: Tobacco Use Treatment

Subset measures to TOB-1: TOB-2 & TOB-2a

- **TOB-2**: Assesses patients identified as tobacco product users who receive or refuse practical counseling to quit, and receive or refuse FDA-approved cessation medications during the first three days following admission
- **TOB-2a**: Assesses patients who receive counseling and medication, as well as those who received counseling and had reason for not receiving the medication during the first three days following admission

TOB-2: Tobacco Use Treatment Provided or Offered & TOB-2a: Tobacco Use Treatment

- **TOB-2 Numerator**: The number of patients who received or refused practical counseling to quit, and received or refused FDA-approved cessation medications during the first three days after admission
- **TOB-2a Numerator**: The number of patients who received practical counseling to quit and received FDA-approved cessation medications during the first three days after admission
- **TOB-2 & TOB-2a Denominators**: The number of hospitalized inpatients age 18 years and older identified as current tobacco users
- **Excludes:** Those who are less than 18 years of age, are cognitively impaired, are not current tobacco users, refused or were not screened for tobacco use during the hospital stay, have a duration of stay less than or equal to three days or greater than 120 days, and/or have comfort measures only documented

Other Additions to FY 2017 APU Determination

- IPFs must submit to CMS aggregate population counts for Medicare and non-Medicare discharges by age group, diagnostic group, and quarter, and sample size counts for measures for which sampling is performed (HBIPS-4 through -7 and SUB-1).
- Failure to report this will be subject to the 2.0 percentage point reduction in the APU.

Process to Adopt New Measures

- Measures must address six priority domains: clinical care, patient experience and engagement, population and community health, safety, care coordination, and cost and efficiency
- Goal: Identify important measures, discontinue using those of little value, and construct those that meet the needs of payers, policy makers, and the public

Process to Adopt New Measures

- Measure development to implementation takes approximately three years.
- CMS' measures development process consists of the following steps:
  - Identifying important quality goals related to healthcare services
  - Conducting literature reviews and grading evidence
  - Defining and developing specifications for each quality measure
  - Obtaining evaluation of proposed measures by technical expert panels
  - Soliciting public comment on proposed measures
  - Testing measures for validity, reliability, ease, and accuracy of collection
  - Refining measures as needed
- In order for a measure to be considered, it must on the Measures Under Consideration (MUC) List.

Measure Topics for Future Consideration

- Intention to propose the addition of a **readmissions measure** to the program
- Welcomes recommendations for the adoption of other outcome measures for IPF

Measures Undergoing Testing for Future Consideration

- **Suicide risk** screening completed within one day of admission
- **Violence risk** screening completed within one day of admission
- **Drug use** screening completed within one day of admission
- **Alcohol use** screening completed within one day of admission
- **Metabolic** screening

Public Reporting

Public Display Preview Period

- Preview period will occur in December each year for the following April release.
- There will not be a period where corrections can be made.
- Data entered during the submission period will be publicly displayed.
- To view your data, run the Facility, State, and National Report.

Public Display

Payment Determination (Fiscal Year)	Reporting Period (Calendar Year)	Public Display (Calendar Year)
2016	Q1 2014	April 2016
	Q2 2014	
	Q3 2014	
	Q4 2014	
2017	Q1 2015	April 2017
	Q2 2015	
	Q3 2015	
	Q4 2015	

Annual Payment Update (APU) Determination

Payment Reduction for IPFs That Fail to Meet IPFQR Requirements

- A 2% reduction is applied to the annual payment update to IPFs not meeting program requirements.
- Any reduction applies only to the payment year involved (i.e., the reduction is not cumulative).

APU Determinations for FY 2015

- APU determinations are being finalized.
- Congratulations to all of you for a successful reporting period.
- The vast majority were successful in reporting all the program requirements during the reporting period.

Special Circumstances

Reconsideration Procedures

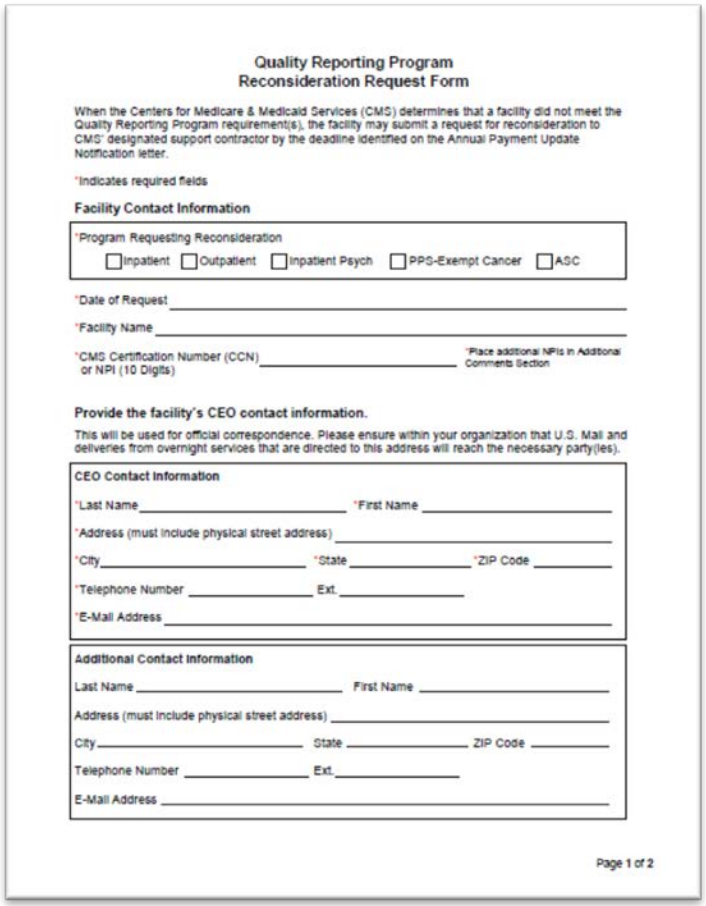
No changes to the reconsideration process

- Information can be located in the FY 2014 IPPS/LTCH PPS final rule (78 FR 50903)
- Reconsideration Requests must be submitted to the CMS Support Contractor no later than 30 days from receipt of the APU notification letter
- CMS will notify the facility within 90 days upon receipt of the reconsideration request

Reconsideration Quick Reference Guide

1. Access https://www.qualitynet.org.
2. Select the “Inpatient Psychiatric Facilities” tab.
3. Select “APU Reconsideration” from the drop-down menu.
4. Select the “Reconsideration Request Form” link on the bottom of the page.
5. Complete the Reconsideration Request Form. CMS will not accept the form if it is not filled out completely.

Reconsideration Form



Quality Reporting Program
Reconsideration Request Form

When the Centers for Medicare & Medicaid Services (CMS) determines that a facility did not meet the Quality Reporting Program requirement(s), the facility may submit a request for reconsideration to CMS' designated support contractor by the deadline identified on the Annual Payment Update Notification letter.

*Indicates required fields

Facility Contact Information

*Program Requesting Reconsideration
☐ Inpatient ☐ Outpatient ☐ Inpatient Psych ☐ PPS-Exempt Cancer ☐ ASC

*Date of Request _____

*Facility Name _____

*CMS Certification Number (CCN) or NPI (10 Digits) _____ *Place additional NPIs in Additional Comments Section

Provide the facility's CEO contact information.

This will be used for official correspondence. Please ensure within your organization that U.S. Mail and deliveries from overnight services that are directed to this address will reach the necessary party(ies).

CEO Contact Information

*Last Name _____ *First Name _____

*Address (must include physical street address) _____

*City _____ *State _____ *ZIP Code _____

*Telephone Number _____ Ext. _____

*E-Mail Address _____

Additional Contact Information

Last Name _____ First Name _____

Address (must include physical street address) _____

City _____ State _____ ZIP Code _____

Telephone Number _____ Ext. _____

E-Mail Address _____

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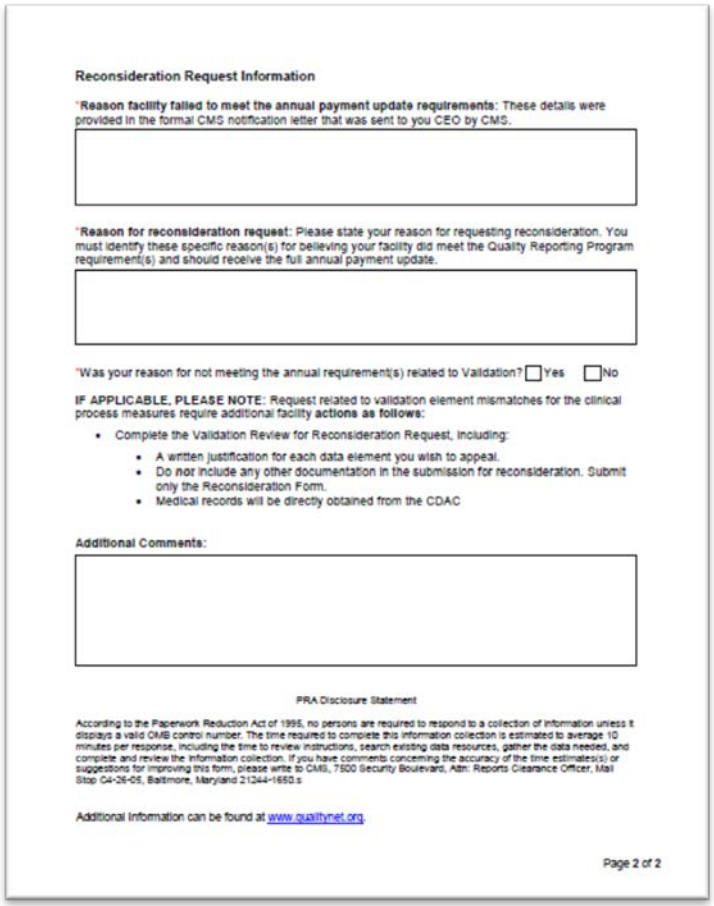

Reconsideration Request Information

***Reason facility failed to meet the annual payment update requirements:** These details were provided in the formal CMS notification letter that was sent to you CEO by CMS.

*__Reason for reconsideration request:__ Please state your reason for requesting reconsideration. You must identify these specific reason(s) for believing your facility did meet the Quality Reporting Program requirement(s) and should receive the full annual payment update.

*Was your reason for not meeting the annual requirement(s) related to Validation? ☐ Yes ☐ No

IF APPLICABLE, PLEASE NOTE: Request related to validation element mismatches for the clinical process measures require additional facility **actions as follows:**

- Complete the Validation Review for Reconsideration Request, including:
  - A written justification for each data element you wish to appeal.
  - Do *not* include any other documentation in the submission for reconsideration. Submit only the Reconsideration Form.
  - Medical records will be directly obtained from the CDAC

Additional Comments:

PRA Disclosure Statement

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

Additional information can be found at www.qualitynet.org.

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Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professions:
  - Florida Board of Nursing
  - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
  - Florida Board of Nursing Home Administrators
  - Florida Council of Dietetics
  - Florida Board of Pharmacy
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing Boards.

CE Credit Process

- Complete the WebEx survey you will receive by e-mail within the next 48 hours.
- The survey will ask you to log in or register to access your personal account in the Learning Management Center.
  - A one-time registration process is required.
- Additional details are available at: www.oqrsupport.com/hospitaloqr/education_continuing.

Thank You For Participating!

Please contact the IPFQR Support Contractor if you have any questions:

- Submit questions online to IPFQualityReporting@hcqis.org

Or

- Call the IPFQR Support Contractor at 844-472-4477 or 866-800-8765

This material was prepared by the Inpatient Psychiatric Facility Quality Reporting Program Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. HHSM-500-2013-13007I, FL-IQR-Ch8-10082014-01