Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

FY 2017 IPPS Final Rule IPFQR Program Changes, APU Determination and Reconsideration Review

Questions and Answers

Moderator/Speaker:

Evette Robinson, MPH
Project Lead, IPFQR Program
Inpatient Hospital Value, Incentives, and Quality Reporting Outreach and Education Support Contractor

Speaker:

Jeffrey A. Buck, Ph.D.
Senior Advisor for Behavioral Health
Program Lead, IPFQR Program
Centers for Medicare & Medicaid Services

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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* question and answer tool, or call the Hospital Inpatient VIQR Support Contractor at (866) 800-8765 or (844) 472-4477.

FY 2017 IPPS Final Rule: IPFQR Program Changes

Question 1: **Will the SUB-3/-3a and 30-day all cause unplanned readmission measures go into effect with 1/1/17 discharges?**

Data collection for the SUB-3/-3a measure will begin with January 1, 2017 discharges with a data submission period of July 1 through August 15, 2018. The 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF), a claims-based measure calculated by CMS, has a reporting period of

January 1, 2016 through January 31, 2018. As this is a claims-based measure, CMS will calculate the measure outcome using information from the following three sources: Medicare Denominator file, Medicare fee-for-service (FFS) Part A records, and Medicare FFS Part B records. This approach requires no additional data collection or reporting by IPFs. Completion of this measure does not affect an IPF's payment determination.

Question 2: **Is there a projected date of the eCQM requirements or when the specs will be released?**

As described on slide 29, eCQMs are not currently part of the IPFQR Program; however, CMS will consider including eCQMs in the future.

Substance Use (SUB-3/-3a Measures)

Question 3: **Will the SUB-3/-3a measure just pertain to alcohol use, and if so will giving the patient a schedule of the local Alcoholics Anonymous (AA) meetings fulfill the outpatient referral requirement?**

The SUB-3/-3a measure "includes hospitalized patients age 18 years and older ''who are identified with an alcohol or drug use disorder who receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use disorder, OR who receive or refuse a referral for addictions treatment.'' (81 FR 57239)

Providing a schedule of the local AA meetings will not meet the intent of the data element Referral for Addictions Treatment. Please review the data element in the Data Dictionary of the Specifications Manual for National Hospital Inpatient Quality Measures. Support groups that are not considered treatment, such as AA, are listed as exclusions. The Inclusions lists group counseling or individual counseling by a counselor, personal physician, psychiatrist, or psychologist.

Question 4: **SUB-3 passes with either prescription or referral?**

That is correct. A prescription for alcohol or drug disorder medication OR a referral for addiction treatment can be provided at discharge.

Question 5: **Does the patient need to be offered both, the prescription and continuing care treatment to meet the SUB-3/-3a measure requirements?**

No, according to the Measure Information Form found in the Specifications Manual for National Hospital Inpatient Quality Measures, a prescription for alcohol or drug disorder medication OR a referral for addiction treatment can be provided at discharge.

Question 6: **So the SUB-3/-3a measure is not adopted, correct?**

The SUB-3/-3a measure was adopted into the IPFQR Program per the FY 2017 IPPS Final Rule. You can read about this and other approved changes to the IPFQR Program on pages 57236–57249 of the Federal Register at https://www.gpo.gov/fdsys/pkg/FR-2016-08-22/pdf/2016-18476.pdf.

Question 7: **For SUB-3/-3a, is there a definition of or criteria for "addictions treatment"?**

The measure specifications do not provide details regarding the criteria for addictions treatment, it just provides the definition of a referral for that treatment. Please see the data element Referral for Addictions Treatment in the Specifications Manual for National Hospital Inpatient Quality Measures. A referral may be defined as an appointment made by the provider either through telephone contact, fax, or e-mail. The referral may be to an addictions treatment program, to a mental health program, to a mental health specialist for follow-up for substance use or addiction treatment, or to a medical or health professional for follow-up for substance use or addiction.

Question 8: **If SUB-3 is to include other substances, will SUB-1 be changed so that the assessment includes other substances instead of only alcohol use? If not, how will the organization assess for this?**

No, the measure rate for SUB-3/-3a is not based solely on the Alcohol Use screen. The SUB-3/-3a measure does use the alcohol screening data element (Alcohol Use Status) that is used in SUB-1. However, only those

patients with principal or other diagnoses codes of Alcohol or Drug Dependence, or that are undergoing Alcohol or Drug Treatment, are assessed for a referral for addictions treatment or a prescription for alcohol or drug disorder medication (SUB-3/-3a). Please reference the algorithm in the Measure Information Form (MIF) for SUB-3/-3a. Before the patient is assessed for a referral or prescription, there must be a diagnosis of dependence or the patient is undergoing abuse treatment. Table 13.1 contains diagnoses for Alcohol Dependence and Table 13.2 contains diagnoses for Drug Dependence. Table 13.3 contains codes for Alcohol or Drug Treatment procedures. These tables are found in Appendix A of the Specifications Manual for National Hospital Inpatient Quality Measures.

Question 9: **If an alcohol outpatient agency does not accept appointments but provides the dates and times for a walk-in and this information is provided to the patient and documented, will this be acceptable for referral made?**

As long as this information is provided to the patient and documented, it is acceptable.

Question 10: **For SUB-3/-3a: Why is there only screening for alcohol in SUB-1, but then in SUB-2 and SUB-3, the IPF is required to provide intervention while hospitalized and to refer at discharge for a Substance Use Disorder as well?**

The Joint Commission developed this measure set. Any questions regarding the rationale for how this measure set was developed should be addressed to The Joint Commission.

Question 11: **Will an educational webinar be held specifically about the new substance measure and specifications?**

Yes, registration for the webinar will be announced via the IPFQR Program ListServe.

30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF Measure

Question 12: **Where on QualityNet are the 30-day all-cause unplanned readmission following psychiatric hospitalization in an IPF measure specifications? I don't see them listed anywhere.**

Specifications for the IPF 30-Day All Cause Readmission measure will be provided in a future iteration of the IPFQR Program Manual. An email announcement will be sent to the IPFQR Program ListServe when this information becomes available.

Question 13: **Will the 30-day all-cause unplanned readmission following psychiatric hospitalization in an IPF measure universe be only cases billed to Medicare?**

Yes, admissions are only included if the patient is enrolled in Medicare Part A and Part B during the 12 months prior to, the month of, and at least one month after the index admission.

Question 14: **In the 30-day all cause readmission following psychiatric hospitalization in an IPF measure, whose payment is penalized, the discharging IPF or the admitting IPF?**

Neither, the IPFQR Program is a pay-for-reporting program.

Question 15: **99% of our patients are involuntarily detained. The factors for readmission are divided per case managers and Mental Health Professionals conducting the detainment, also early discharge from the hospital AMA. These factors would not be reflected in our readmission rate. How will this be differentiated to the public if this is going to be reported?**

Patients who are involuntarily detained are included in the measure. However, an analysis using the claims indicator for involuntary admissions found that observed readmission rates are lower for involuntarily admitted patients than they are for the general cohort (17.8% and 19.4%,

respectively). The measure reports a single rate for the facility and is not disaggregated by any factor.

Question 16: **Does the 30-day all-cause unplanned readmission following psychiatric hospitalization in an IPF measure rate only include readmissions to a psych facility or is it to either a psych facility or an acute care (medical) facility?**

This measure evaluates readmissions to IPFs and to short-stay acute care hospitals including critical access hospitals.

Question 17: **Will IPFs be given a report to review the 30-day all-cause unplanned readmission following psychiatric hospitalization in an IPF measure results prior to being publically reported?**

Yes, an IPF Report is in development and will be made available to providers. A webinar will be scheduled prior to the release of the report to review its components. Communications pertaining to this report and the supporting webinar will be announced via the IPFQR Program ListServe at a later date.

Question 18: **Do IPFs have to review every single readmission within 30 days regardless of causes?**

No, the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF measure is a claims-based measure calculated by CMS. IPFs do not collect or report data pertaining to this measure.

Question 19: **Regarding readmission, if a patient was transferred to acute Medicine from inpatient psych and discharge to home, is this considered all cause readmission?**

No, the transfer and the entire index admission are excluded from the denominator for this measure.

APU Determination and Reconsideration Processes

Question 20: **When will facilities be notified if they have met the APU requirements for FY 2017?**

Annual Payment Update (APU) decisions are currently posted on the QualityNet *website and can be accessed by selecting the* Inpatient Psychiatric Facilities *drop down menu and clicking on* APU Recipients.

General IPFQR Program Information

Question 21: **All these data abstractions are reported annually, not quarterly correct?**

Yes, data collected for the IPFQR Program are reported as annual, aggregate values.

Question 22: **How can I sign up for the listserve?**

Users can sign up for the IPF ListServe via QualityNet. Go to www.QualityNet.org and click on the "Join ListServes" link on the left navigation pane.

Question 23: **Is HBIPS 1 no longer being reported on?**

HBIPS-1 has never been a measure requirement for the IPFQR Program.

Question 24: **I do not find the new Transition Record and Metabolic Screening measures in the Alphabetical Data Dictionary of the latest Specifications Manual V 5.2 for discharges Jan. 1 − Dec. 31, 2017. Where can we find the Allowable Values for these measures?**

The Transition Record with Specified Elements for Discharged Patients and the Timely Transmission of Transition Record measures are not measures collected for the Hospital IQR program; therefore, they will not be found in the Hospital IQR Specifications manual. Details about these

measures are found in the IPFQR Program Manual as well as the guide developed by the measure developers, the American Medical Association – Physician Consortium for Performance Improvement (AMA-PCPI).

Question 25: **For the Transition Record with Specified Elements for Discharged Patients measure, will asking if the patient has a medical and psychiatric advanced directive be sufficient or do we have to have actual copy of directive/have directive done for them?**

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.*

Question 26: **Regarding the component "Principal Diagnosis at Discharge" that is required to be included on the new Transition Record given to the patient at time of discharge − usually this is determined by physician documentation in the Discharge Summary, and then a code is assigned by coding after the patient has left. What is the expectation for providing this diagnosis (dx) if the MD does not get the discharge summary transcribed and the case coded before the patient is discharged? Is there any other documentation that could be used in place of the final dx documented in the Discharge Summary, since that document may not be available at the time the patient leaves the facility (e.g., a dx or impression in a progress note close to time of discharge)?**

The AMA PCPI did not provide an additional definition for this component. The last diagnosis documented by the physician in a progress note prior to discharge would suffice.