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F5 Key
Top row of keyboard

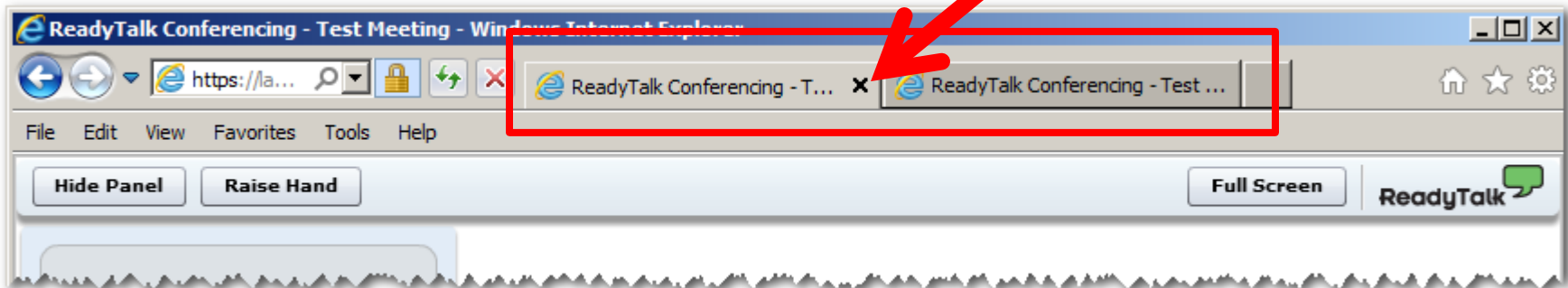


Location of Buttons

Refresh

Troubleshooting Echo

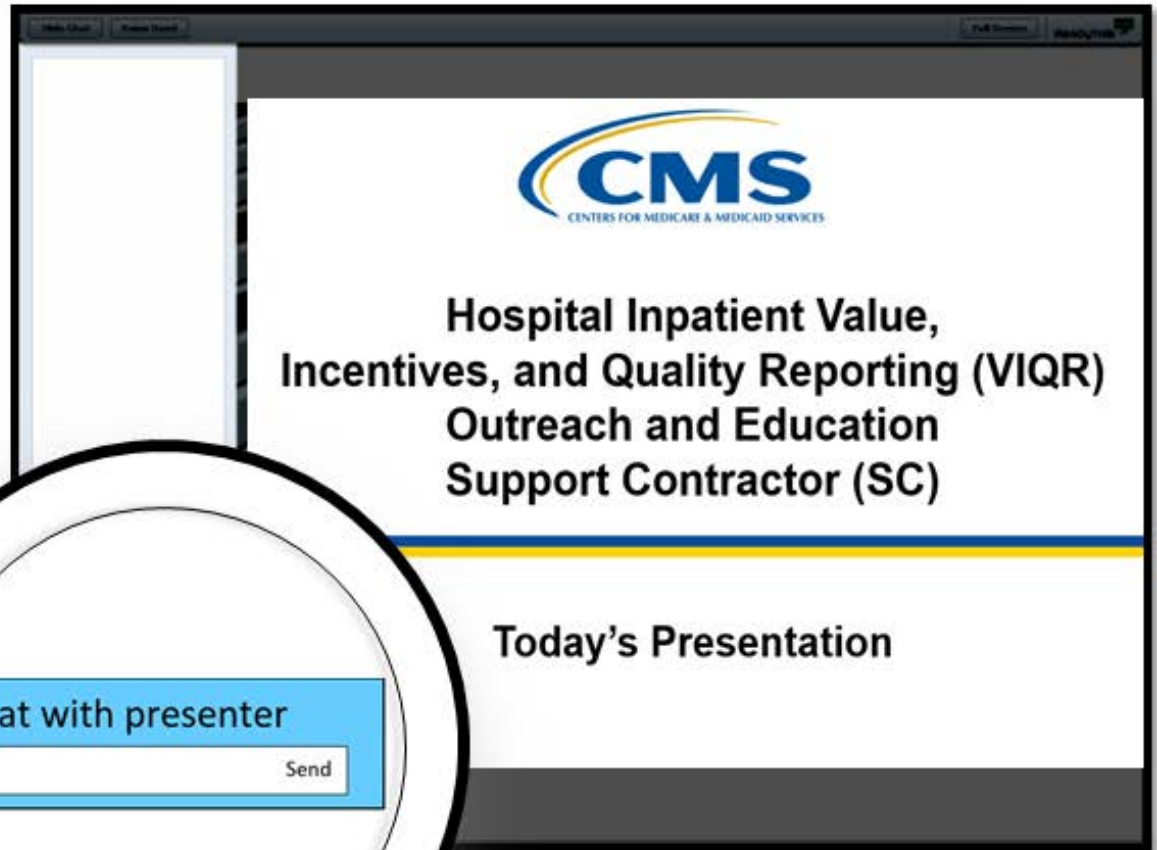
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Example of two browsers/tabs open in same event

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IPFQR Program Manual, Version 3.1 and Updated Paper Tools Review

Evette Robinson, MPH

Project Lead, Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

Louisa Heath, BS

Project Manager, IPFQR Program, VIQR SC

December 19, 2017

Webinar Chat Questions

- As a reminder, we do not use the raised-hand feature in the chat tool during webinars.
- Please submit any questions that are pertinent to the webinar topic to us via the chat tool.
- If you have questions unrelated to the current webinar topic, we recommend that you search for your question in the [QualityNet](#) Hospital Inpatient Questions and Answers tool, accessed directly at <https://cms-ip.custhelp.com/app/homeipf/p/831>.
- If you do not find an answer, submit your question to us via the same tool. We will respond as soon as possible.

Acronyms

APU	Annual Payment Update	IQR	[Hospital] Inpatient Quality Reporting
CCN	CMS Certification Number	IPF	Inpatient Psychiatric Facility
CCS	Clinical Classification Software	IPPS	Inpatient Prospective Payment System
CEO	Chief Executive Officer	LTCH	Long-Term Care Hospital
CY	Calendar Year	NCQA	National Committee for Quality Assurance
DACA	Data Accuracy and Completeness Acknowledgement	NHSN	National Healthcare Safety Network
FR	Final Rule	NOP	Notice of Participation
FUH	Follow-Up After Hospitalization for Mental Illness	ONC	Office of the National Coordinator for Health Information Technology
FY	Fiscal Year	PPS	Prospective Payment System
HBIPS	Hospital-Based Inpatient Psychiatric Services	Q	Quarter
HCP	Healthcare Personnel	Q&A	Questions and Answers
HISP	Health Information Service Provider	SA	Security Administrator
HIT	Health Information Technology	SUB	Substance Use
ICD-10-CM	International Classification of Diseases, Tenth Edition, Clinical Modification	TOB	Tobacco Use
IMM-2	Influenza Immunization	TJC	The Joint Commission
		WBDCT	Web-Based Data Collection Tool

Purpose

This presentation will review updates to the content of the *Inpatient Psychiatric Facility Quality Reporting Program Manual* and various optional paper tools that were recently published. The aim of this webinar is to equip IPFs with the tools needed to meet IPFQR Program requirements.

Learning Objectives

At the conclusion of this presentation, attendees will be able to interpret and use the IPFQR Program manual and optional paper tools in order to meet IPFQR Program requirements.

IPFQR Program Manual, Version 3.1
and Updated Paper Tools Review

IPFQR Program Manual

IPFQR Program Manual Overview

The IPFQR Program manual is intended for use as a reference to facilitate successful provider participation in the IPFQR Program.

- A Release Notes document, detailing specific changes made to the manual, was published alongside version 3.1 of the manual.
- We encourage you to refer to the manual and associated release notes, which are available on two websites:
 - *QualityNet* → Inpatient Psychiatric Facilities → [Resources](#)
 - *Quality Reporting Center* → Inpatient → IPFQR Program → [Resources and Tools](#)

IPFQR Program Manual

Table of Contents

- Section 1: CMS Inpatient Psychiatric Facility Quality Reporting Program
- Section 2: Measure Details
- Section 3: *QualityNet* Registration
- Section 4: Vendor Authorization
- Section 5: Notice of Participation
- Section 6: Data Accuracy and Completeness Acknowledgement
- Section 7: Accessing and Reviewing Reports
- Section 8: Public Reporting of IPFQR Data
- Section 9: Resources
- Appendices
 - Appendix A: Components of the *Specifications Manual for National Hospital Inpatient Quality Measures* and the *Specifications Manual for Joint Commission National Quality Core Measures*
 - Appendix B: Psychiatric Advance Directives (PAD)
 - Appendix C: Initial Patient Population (IPP) for the Transition Record Measures
 - Appendix D: Screening for Metabolic Disorders

IPFQR Program Manual

Section 2: Measure Details

Measure Stewardship and Specifications

CMS revised the introductory portion of Section 2: Measure Details to provide clarification to IPFQR Program stakeholders about measure stewardship and specifications.

- Explains that the IPFQR Program manual is not intended to provide direction for reporting to TJC, NCQA, or NHSN
- Addresses measure stewardship by listing the specification resources for IPFQR Program measures in Table 1
- Specifies location of the Release Notes document associated with version 3.1 of the IPFQR Program manual

IPFQR Program Manual

Section 2: Measure Details

Measure Removal and Retention Criteria

In the FY 2018 IPPS/LTCH Final Rule, CMS aligned the IPFQR Program criteria with the Hospital IQR Program regarding the following:

- Measure removal factors
- Criteria for determining when a measure is “topped-out”
- Measure retention factors

IPFQR Program Manual

Section 2: Measure Details

Submission Information

- Updated the image of the “Measure Summary” table on the WBDCT landing page to include the SUB-3/-3a data entry screen
- Clarified guidance on the optional global sampling methodology to align with the email notification distributed on 7/10/2017 titled, [“Global Sampling in the Payment Year \(PY\) 2018 IPFQR, Web-Based Data Collection Tool \(WBDCT\)”](#)

IPFQR Program Manual

Section 8: Public Reporting of IPFQR Data

UPDATED: Medicare.gov *Hospital Compare Website*

The manual now includes updated screenshots. This image indicates where the end user can access the IPFQR Program landing page.

Spotlight

- **NEW** View the new "Hospital Returns" tab for data on readmissions and extra days spent back in the hospital.
- Compare hospitals based on their overall star rating, summarizing up to 57 measures of quality shown on Hospital Compare. [Learn more.](#)
- Get data on:
 - **NEW** Department of Defense (DoD) Hospital Performance Data. Updated December 2017.
 - Veterans Administration (VA) hospitals. Updated December 2017.
 - PPS-exempt cancer hospitals. Updated December 2017.
 - **NEW** Inpatient Psychiatric Facility Quality Reporting measures. Updated December 2017.

IPFQR Program Manual

Section 8: Public Reporting of IPFQR Data

UPDATED: Medicare.gov Hospital Compare Website

The manual also includes a screenshot of the IPFQR Program landing page, which has been updated to include descriptions of the TOB-3 measure and the subset, TOB-3a.

The screenshot shows the Medicare.gov Hospital Compare website. The page title is "Inpatient Psychiatric Facility Quality Reporting Program". Below the title, there is a list of measures with descriptions. A red arrow points from the list to a separate box containing a detailed list of measures.

Medicare.gov | Hospital Compare
The Official U.S. Government Site for Medicare

Inpatient Psychiatric Facility Quality Reporting Program

The Inpatient Psychiatric Facility Quality Reporting program measures allow consumers to find and compare the quality of care given at psychiatric facilities where patients are admitted as inpatients. Inpatient psychiatric facilities are required to report data on these measures. Facilities that are eligible for this program may have their Medicare payments reduced if they do not report.

The tables that follow contain facility (provider) results, state results, and national results. You can also visit data.medicare.gov to download these datasets in access or csv format.

Data for the following measures are displayed in the tables below:

- Hours of physical restraint use (HBIPS-2) – lower numbers are better
- Hours of seclusion use (HBIPS-3) – lower numbers are better
- Patients discharged on multiple antipsychotic medications with appropriate justification (HBIPS-5) – higher numbers are better
- Percent of patients screened for alcohol use using a validated screening questionnaire (SUB-1) – higher numbers are better
- Alcohol use brief intervention provided or offered (SUB-2) – higher numbers are better
- Alcohol use brief intervention (SUB-2a) – higher numbers are better
- Tobacco use screening (TOB-1) – higher numbers are better
- Tobacco use treatment provided or offered (TOB-2) – higher numbers are better
- Tobacco use treatment (TOB-2a) – higher numbers are better
- Tobacco Use Treatment Provided or Offered at Discharge (TOB-3) – higher numbers are better
- Tobacco Use Treatment at Discharge (TOB-3a) – higher numbers are better
- Attestation of patient experience of care (PEoC) routinely assessed using standardized collection protocol
- Attestation of facility's highest level typical use of an electronic health records system (EHR) and exchange of interoperable health information with a health information service provider (HISP) at times of transitions in care
- Percent of patients receiving follow-up care within 30 days (FUH-30) or within 7 days (FUH-7) after hospitalization for mental illness – higher numbers are better

Note: Due to an error in the calculation of the Follow-Up After Hospitalization for Mental Illness (FUH) measure, the measure is labeled "Inpatient psychiatric facility quality measure data" as "Not Available." Recalculated data for the FUH measure is labeled, "Inpatient psychiatric facility follow-up after hospitalization for mental illness (FUH-30) – higher numbers are better".

- Tobacco use screening (TOB-1) – higher numbers are better
- Tobacco use treatment provided or offered (TOB-2) – higher numbers are better
- Tobacco use treatment (TOB-2a) – higher numbers are better
- Tobacco Use Treatment Provided or Offered at Discharge (TOB-3) – higher numbers are better
- Tobacco Use Treatment at Discharge (TOB-3a) – higher numbers are better

IPFQR Program Manual, Version 3.1
and Updated Paper Tools Review

Optional Paper Tools

Optional Paper Tools

Various optional paper tools have been developed for IPFs to use as a mechanism to aid in the collection of measure data for CMS. Changes to paper tools relevant to the summer 2018 and 2019 data submission periods will be addressed in the following slides.

Note that the paper tools reviewed in the archived February 16, 2017 webinar titled, [IPFQR Program Manual and Paper Tools Review](#) remain unchanged, with the exception of the non-measure data collection paper tool.

We recommend that you check the following websites regularly for the most recent updates to paper tools:

- *QualityNet* → Inpatient Psychiatric Facilities → [Resources](#)
- *Quality Reporting Center* → Inpatient → IPFQR Program → [Resources and Tools](#)

Optional Paper Tools

Non-Measure Data Collection Tool

Effective for Discharges Q1 – Q4 2017

CMS updated the non-measure data collection tool for data collection in CY 2017. This includes links to access coding crosswalks necessary to define the diagnostic categories for discharges between January 1, 2017 and September 30, 2017, as well as discharges between October 1, 2017 and December 31, 2017.

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Non-Measure Data Collection Tool
01-01-2017 (Q1 2017) through 12-31-2017 (Q4 2017)

Instructions to Access Coding Crosswalks: Access the appropriate crosswalk of CCS codes with ICD-10-CM codes and descriptions for discharges in calendar year 2017 at <https://www.hcup-us.ahrq.gov/toolsoftware/ccs10/ccs10.jsp#download>

- Discharges January 1, 2017, through September 30, 2017
 - Under **Version 2017.1**, click on [CCS for ICD-10-CM, FY 2017 \(October 2016\)](#) to open the zip file.
 - Click on the [\[ccs_dx_icd10cm_2017.csv\]](#) file to view the crosswalk.
- Discharges October 1, 2017, through December 31, 2017
 - Next to **Version 2018.1**, click on [CCS for ICD-10-CM, FY 2018](#) to open the zip file.
 - Click on the [\[ccs_dx_icd10cm_2018_1\]](#) file to view the crosswalk.

Payer	Total Annual Discharges
Medicare	
Non-Medicare	

Non-Measure Data/Sample Size Counts	Response
Did your facility use global sampling? (Yes or No) <ul style="list-style-type: none">If Yes, then enter the data requested in the next row to complete this section of the Non-Measure Data Collection Tool.If No, then this section of the Non-Measure Data Collection Tool is complete.	
Please enter an aggregate, annual count of the sample size used.	

Note: If the IPF used the global sampling methodology described on page 14 of the IPFQR Program Manual to sample any of the SUB, TOT, or IMM-2 measures collected for program year 2019, even if global sampling was not used for HBIPS-5, then the IPF should answer "Yes" to the sampling question and provide the sample volume in the Global Sample Size field. If the IPF only sampled HBIPS-5 and no other measure that allows sampling, then the IPF should select "No" to the global sampling question. If IMM-2 was the only measure sampled, the IPF should take the sum of the two quarters of IMM-2 data collected in calendar year 2017 (i.e., January–March 2017 and October–December 2017) and multiply it by two to calculate the full sample sizes between measure sets, representative of the aggregate annual

Page 2 of 2

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Non-Measure Data Collection Tool
01-01-2017 (Q1 2017) through 12-31-2017 (Q4 2017)

Instructions to Access Coding Crosswalks: Access the appropriate crosswalk of CCS codes with ICD-10-CM codes and descriptions for discharges in calendar year 2017 at <https://www.hcup-us.ahrq.gov/toolsoftware/ccs10/ccs10.jsp#download>

- Discharges January 1, 2017, through September 30, 2017
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 - Click on the [\[ccs_dx_icd10cm_2018_1\]](#) file to view the crosswalk.

Optional Paper Tools

Non-Measure Data Collection Tool

Effective for Discharges Q1 – Q4 2017

CMS provided updated instructions pertaining to the application of the global sampling methodology to specific measures described in Section 2: Measure Details of the IPFQR Program manual. This content is based on information disclosed in the July 10, 2017 email sent to the IPFQR Program ListServe titled, [“Global Sampling in the Payment Year \(PY\) 2018 IPFQR, Web-Based Data Collection Tool \(WBDCT\).”](#)

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Non-Measure Data Collection Tool
01-01-2017 (Q1 2017) through 12-31-2017 (Q4 2017)

Instructions to Access Coding Crosswalks: Access the appropriate crosswalk of CCS codes with ICD-10-CM codes and descriptions for discharges in calendar year 2017 at <https://www.hcup-us.ahrq.gov/toolssoftware/ccs10/ccs10.jsp#download>

- Discharges January 1, 2017, through September 30, 2017
 - Under Version 2017.4, click on **CCS for ICD-10-CM, FY 2017 (October 2016)** to open the zip file.
 - Click on the **[ccs_dx_icd10cm_2017.csv]** file to view the crosswalk.
- Discharges October 1, 2017, through December 31, 2017
 - Next to Version 2018.1, click on **CCS for ICD-10-CM, FY 2018** to open the zip file.
 - Click on the **[ccs_dx_icd10cm_2018_1]** file to view the crosswalk.

Payer	Total Annual Discharges
Medicare	
Non-Medicare	

Non-Measure Data/Sample Size Counts	Response
Did your facility use global sampling? (Yes or No) <ul style="list-style-type: none"> If Yes, then enter the data requested in the next row to complete this section of the Non-Measure Data Collection Tool. If No, then this section of the Non-Measure Data Collection Tool is complete. 	
Please enter an aggregate, annual count of the sample size used.	

Note: If the IPF used the global sampling methodology described on page 14 of the IPFQR Program Manual to sample any of the SUB, TOB, or IMM-2 measures collected for program year 2019, even if global sampling was not used for HBIPS-5, then the IPF should answer “Yes” to the sampling question and provide the sample volume in the Global Sample Size field. If the IPF only sampled HBIPS-5 and no other measure that allows sampling, then the IPF should select “No” to the global sampling question. If IMM-2 was the only measure sampled, the IPF should take the sum of the two quarters of IMM-2 data collected in calendar year 2017 (i.e., January–March 2017 and October–December 2017) and multiply it by two to calculate the annualized sample size. If there are differing sample sizes between measure sets, select the larger sample size as it is more representative of the aggregate annual patient population.

Non-Measure Data Collection Tool
177 through 12-31-17 (Q4 2017) Page 2 of 2

Non-Measure Data/Sample Size Counts	Response
Did your facility use global sampling? (Yes or No) <ul style="list-style-type: none"> If Yes, then enter the data requested in the next row to complete this section of the Non-Measure Data Collection Tool. If No, then this section of the Non-Measure Data Collection Tool is complete. 	
Please enter an aggregate, annual count of the sample size used.	

Note: If the IPF used the global sampling methodology described on page 14 of the IPFQR Program Manual to sample any of the SUB, TOB, or IMM-2 measures collected for PY 2019, even if global sampling was not used for HBIPS-5, then the IPF should answer “Yes” to the sampling question and provide the sample volume in the Global Sample Size field. If the IPF only sampled HBIPS-5 and no other measure that allows sampling, then the IPF should select “No” to the global sampling question. If IMM-2 was the only measure sampled, the IPF should take the sum of the two quarters of IMM-2 data collected in calendar year 2017 (i.e., January–March 2017 and October–December 2017) and multiply it by two to calculate the annualized sample size. If there are differing sample sizes between measure sets, select the larger sample size as it is more representative of the aggregate annual patient population.

Optional Paper Tools

Non-Measure Data Collection Tool

Effective for Discharges Q1 – Q4 2018

CMS created the non-measure data collection tool with links to access coding crosswalks necessary to define the diagnostic categories for discharges between January 1, 2018 and December 31, 2018.

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Non-Measure Data Collection Tool
01-01-2018 (Q1 2018) through 12-31-2018 (Q4 2018)

Instructions to Access Coding Crosswalks: Access the appropriate crosswalk of CCS codes with ICD-10-CM codes and descriptions for discharges in calendar year 2018 at <https://www.hcup-us.ahrq.gov/toolsoftware/ccs10/ccs10.jsp#download>

- Discharges January 1, 2018, through December 31, 2018
 - Next to **Version 2018.1**, click on **CCS for ICD-10-CM, FY 2018** to open the zip file.
 - Click on the **[ccs_dx_icd10cm_2018_1]** file to view the crosswalk.

Payer	Total Annual Discharges
Medicare	
Non-Medicare	

Non-Measure Data/Sample Size Counts	Response
Did your facility use global sampling? (Yes or No) <ul style="list-style-type: none"> If Yes, then enter the data requested in the next row to complete this section of the Non-Measure Data Collection Tool. If No, then this section of the Non-Measure Data Collection Tool is complete. 	
Please enter an aggregate, annual count of the sample size used.	

Note: If the IPF used the global sampling methodology described on page 14 of the IPFQR Manual for 2019, even if global sampling was not used for HBIPS-5, answer "Yes" to the sampling question and provide the sample size in the Sample Size field. If the IPF only sampled HBIPS-5 and no other measures, then the IPF should select "No" to the global sampling question. If the IPF sampled both HBIPS-5 and IMM-2, and IMM-2 was the only measure sampled, the IPF should take the number of IMM-2 data collected in calendar year 2017 (i.e., January–December 2017) and multiply it by two to calculate the aggregate annual count. If there are differing sample sizes between measure sets, use the sample size as it is more representative of the aggregate annual count.

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Non-Measure Data Collection Tool
01-01-2018 (Q1 2018) through 12-31-2018 (Q4 2018)

Instructions to Access Coding Crosswalks: Access the appropriate crosswalk of CCS codes with ICD-10-CM codes and descriptions for discharges in calendar year 2018 at <https://www.hcup-us.ahrq.gov/toolsoftware/ccs10/ccs10.jsp#download>

- Discharges January 1, 2018, through December 31, 2018
 - Next to **Version 2018.1**, click on **CCS for ICD-10-CM, FY 2018** to open the zip file.
 - Click on the **[ccs_dx_icd10cm_2018_1]** file to view the crosswalk.

Optional Paper Tools

Event Tracking Log: HBIPS-2 and HBIPS-3

Effective for Discharges Q1 – Q4 2018

- The event tracking log for the HBIPS-2 and HBIPS-3 measures has been updated to capture discharges between 01-01-2018 (Q1 2018) and 12-31-2018 (Q4 2018).
- The measure developer did not make any updates to the measure specifications for this reporting period.

Instructions for Hospital-Based Inpatient Psychiatric Services (HBIPS)
Event Tracking Log for Event Measures HBIPS-2 and HBIPS-3
01-01-2018 (Q1 2018) through 12-31-2018 (Q4 2018)

The Hospital-Based Inpatient Psychiatric Services (HBIPS) Event Tracking Log tool is provided as an optional, informal mechanism to aid psychiatric facilities and hospital psychiatric units in the collection of measure data for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. Facilities can choose to track events daily, weekly, monthly, or quarterly. It is suggested that facilities print two separate Event Tracking Logs, one for HBIPS-2: Hours of Physical Restraint Use and a second for HBIPS-3: Hours of Seclusion Use. CMS is not responsible for potential errors and issues arising from modifications made by external parties. If there are any questions or concerns regarding the use of this Event Tracking Log, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hcois.org.

Measures: HBIPS-2: Hours of Physical Restraint Use
HBIPS-3: Hours of Seclusion Use

Track each event by completing the fields in the numerator table. These measures do not allow sampling. The steps below will provide monthly numerator and denominator values that will be aggregated for an annual entry into the *QualityNet Secure Portal*.

I. Calculate the Numerator

1. Determine the daily event minutes for each patient by entering the start and end times in the Event Tracking Log on page three of this document.
2. Total the daily event minutes by patient.
3. Determine the total event minutes by month.
4. Divide total monthly minutes by 60 minutes to convert to hours.
5. Enter the total hours (from Step 4) into the numerator field on page 3, Step A.

Monthly Numerator Calculation Example

For the month of July, the facility's total minutes of restraint (or seclusion) use = 253. Divide the total minutes of restraint (or seclusion) use by 60 minutes: $253 \div 60 = 4.220$ hours. The total numerator for July is 4.22 hours of restraint (or seclusion) use.

II. Calculate the Denominator

1. Determine the total number of inpatient days by month for all patients.
2. Determine the annual total of inpatient days.
3. Determine the total number of leave days (defined below) by month for all patients.
The Specifications Manual for Joint Commission National Quality Measures defines a leave day as, "an authorized or unauthorized absence from a facility, excluding discharges, during which the patient is absent from the facility at the time of the daily census and is not under the direct supervision of facility staff while absent."
4. Determine the annual total of leave days.
5. Subtract the Total Leave Days from Total Inpatient Days.
6. Enter the Total Number of Days (from Step 5) into the denominator field on page 3 of this document, Step B.

Monthly Denominator Calculation Example

Total number of inpatient days = 14,266. Total number of leave days = 200. Subtract the leave days from the inpatient days: $14,266 - 200 = 14,066$ days.

Optional Paper Tools

HBIPS-5

Effective for Discharges Q1 – Q4 2018

- The HBIPS-5 paper tool has been updated to cover an entire calendar year.
- The measure developer did not make any updates to the measure specifications for this reporting period.
- The updated version should be used for discharges between 01-01-2018 (Q1 2018) and 12-31-2018 (Q4 2018).

Hospital-Based Inpatient Psychiatric Services (HBIPS)
Paper Tool for Discharge Measure HBIPS-5
01-01-2018 (Q1 2018) through 12-31-2018 (Q4 2018)

[This measure abstraction paper tool is provided as an optional, informal mechanism to aid psychiatric facilities and hospital psychiatric units in the collection of the measures for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. The tool is designed to collect patient-specific data; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate. It should be noted that skip logic is not contained within the measure abstraction paper tool. If there are any questions or concerns regarding the use of this measure abstraction paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hcais.org.

Birth Date: _____/_____/_____
Unable to determine (UTD) is not an allowable entry.

Patient Identifier: _____

Admission Date: _____/_____/_____
UTD is not an allowable entry.

Discharge Date: _____/_____/_____
UTD is not an allowable entry.

Individual Medical Record Data Collection Tool

During review of the record, the abstractor will be prompted to enter a 0 or a 1 for both the numerator and denominator for the measure below.

HBIPS-5

_____ Numerator

_____ Denominator

The information from each medical record will be used to determine the numerator and denominator, which will be aggregated for submission to *QualityNet*.

1. What is the length of stay?
Length of Stay (in days) equals *Discharge Date* minus *Admission Date*: _____

a. If *Length of Stay* is less than or equal to 3 days, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for HBIPS-5. Add 0 to the numerator and denominator.

b. If *Length of Stay* is greater than 3 days, proceed to *Discharge Disposition*.

CMS Abstraction Paper Tool – HBIPS-5
Discharges 01-01-18 (Q1 2018) through 12-31-18 (Q4 2018)

Page 1 of 4

Optional Paper Tools Transition Measures

Effective for Discharges Q1 – Q4 2018

- The data collection paper tool for the transition record measures includes updates for data collection in CY 2018.
- The date changes and text updates are highlighted to help identify the correct tool.

Data Collection Tool for Compliance with the *Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures*
01-01-2018 (Q1 2018) through 12-31-2018 (Q4 2018)

Topic	Are the following elements included in the transition record?	Element Satisfied?		Definition
		Yes	No	
Inpatient Care	Principal diagnosis at discharge			Documentation indicating the final principal diagnosis at the time of discharge. Documentation of the principal diagnosis at discharge in the physician's final progress note may be used.
Post-Discharge/ Patient Self- Management	Current Medication List			The current medication list should include prescriptions, over-the-counter medications, and herbal products in the following categories: <ul style="list-style-type: none"> • Medications to be TAKEN by patient: Medications prescribed prior to IPF stay to be continued after discharge AND new medications started during the IPF stay to be continued after discharge AND newly prescribed or recommended medications to be taken after discharge. Prescribed or recommended dosage, special instructions/considerations, and 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. • 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. If there are no medications to be discontinued, it is not necessary to document this in the transition record.

Optional Paper Tools

Transition Measures

Effective for Discharges Q1 – Q4 2018

Note that the “Final Review of All Specified Elements Required for Transition Record Prior to Transmission” section is separated from the checklist of the 11 elements portion of the tool, as indicated in the image.

Data Collection Tool for Compliance with the *Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record Measures*
01-01-2018 (Q1 2018) through 12-31-2018 (Q4 2018)

Topic	Are the following elements included in the transition record?	Element Satisfied?		Definition
		Yes	No	
Contact Information/ Plan for Follow-Up Care (See NOTES on page 7.)	Primary physician, other healthcare professional, or site designated for follow-up care			The primary care physician (PCP), medical specialist, psychiatrist or psychologist, or other physician or healthcare professional who will be responsible for appointments after inpatient visit. A site of care may include a group practice specific to psychiatric care. A hotline or general contact does not suffice for follow-up care.
Final Review of All Specified Elements Required for Transition Record Prior to Transmission				
Are ALL specified elements included in the transition record?				
Was the transition record discussed with the patient or caregiver OR, if the patient was transferred to an inpatient facility, were the four elements discussed with the receiving inpatient facility? (See NOTES on page 7.)				

Optional Paper Tools

SUB-1, SUB-2/-2a, and SUB-3/3a

Effective for Discharges Q1 – Q4 2018

CMS updated the Substance Use measures paper tool to address data collected in CY 2018 and includes revisions to two data elements.

- The SUB-1 “Alcohol Use Status” data element allowable values now include the phrase “(by end of Day 1).”

NOTE: There are no updates to the paper tool with respect to the SUB-2/-2a measure.

Substance Use (SUB)
Paper Tool for Discharge Measures SUB-1, -2/-2a, -3/-3a
01-01-2018 (Q1 2018) through 12-31-2018 (Q4 2018)

4. What is the patient's alcohol use status? (*Alcohol Use Status*)

_____ 1 The patient is screened with a validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates no or low risk of alcohol related problems.

_____ 2 The patient was screened with a validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates unhealthy alcohol use (moderate or high risk) benefiting from brief intervention.

_____ 3 The patient was screened with a non-validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates no or low risk of alcohol related problems.

_____ 4 The patient was screened with a non-validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates unhealthy alcohol use (moderate or high risk) benefiting from brief intervention.

_____ 5 The patient refused the screen for alcohol use within the first day of admission (by end of Day 1).

_____ 6 The patient was not screened for alcohol use within the first day of admission (by end of Day 1) or unable to determine from medical record documentation.

_____ 7 The patient was not screened for alcohol use within the first day of admission (by end of Day 1) because of cognitive impairment.

a. If *Alcohol Use Status* equals 1, 2, or 5, the case will be included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for SUB-1.

b. If *Alcohol Use Status* equals 3, 4, or 6, the case will be included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for SUB-1. Add 0 to the numerator for SUB-1.

c. If *Alcohol Use Status* equals 7, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for SUB-1. Add 0 to the numerator and denominator for SUB-1.

SUB-2

5. What is the patient's age? *Patient Age* (in years) is calculated by *Admission Date* minus *Birth Date*: _____

CMS Abstraction Paper Tool – SUB-1, -2/-2a, -3/-3a
Discharges 01-01-18 (Q1 2018) through 12-31-18 (Q4 2018) Page 3 of 9

Optional Paper Tools

SUB-1, SUB-2/-2a, and SUB-3/3a

Effective for Discharges Q1 – Q4 2018

- The SUB-3 “Referral for Addictions Treatment” data element allowable value 5 has been updated to state “The referral for addictions treatment was not offered **at any time prior to** discharge or unable to determine from the medical record documentation.”
- The updated version should be used for discharges between 01-01-2018 (Q1 2018) and 12-31-2018 (Q4 2018).

Substance Use (SUB)
Paper Tool for Discharge Measures SUB-1, -2/-2a, -3/-3a
01-01-2018 (Q1 2018) through 12-31-2018 (Q4 2018)

5 Other healthcare facility
 6 Expired
 7 Left against medical advice/AMA
 8 Not documented or unable to determine (UTD)

a. If Discharge Disposition equals 2, 3, 4, 5, 6, or 7, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for SUB-3. The case will not be included in the numerator or denominator count for SUB-3.
b. If Discharge Disposition equals 1 or 8, proceed to ICD-10-CM Principal or Other Diagnosis Codes.

17. What were the ICD-10-CM Principal or Other Diagnosis Codes selected for this record? (ICD-10-CM Principal or Other Diagnosis Codes) _____
a. If none of the codes above are on Tables 13.1 or 13.2, proceed to ICD-10-PCS Principal or Other Procedure Codes.
b. If at least one code above is on Tables 13.1 or 13.2, proceed to Referral for Addictions Treatment.

18. What were the ICD-10-PCS Principal or Other Procedure Codes selected for this record? (ICD-10-PCS Principal or Other Procedure Codes) _____
a. If none of the codes above are on Table 13.3, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for SUB-3. The case will not be included in the numerator or denominator count for SUB-3.
b. If at least one code above is on Table 13.3, proceed to Referral for Addictions Treatment.

19. Was a referral for addictions treatment made for the patient prior to discharge? (Referral for Addictions Treatment)

1 The referral to addictions treatment was made by the healthcare provider or healthcare organization at any time prior to discharge.
 2 Referral information was given to the patient at discharge, but the appointment was not made by the provider or healthcare organization prior to discharge.
 3 The patient refused the referral for addictions treatment and the referral was not made.
 4 The patient's residence is not in the USA.
 5 The referral for addictions treatment was not offered **at any time prior to** discharge or unable to determine from the medical record documentation.

CMS Abstraction Paper Tool – SUB-1, -2/-2a, -3/-3a
Discharges 01-01-18 (Q1 2018) through 12-31-18 (Q4 2018) Page 7 of 9

Optional Paper Tools

TOB-1, TOB-2/-2a, and TOB-3/-3a

Effective for Discharges Q1 – Q2 2018

- CMS updated the Tobacco Use measures paper tool to address a change to the TOB-1 portion of the document during the first half of 2018.
- The TOB-1 allowable values 4, 5, and 6 for the “Tobacco Use Status” data element include the phrase “(by the end of Day 1).”

Tobacco Use (TOB)
Paper Tool for Discharge Measures TOB-1, 2/-2a, 3/-3a
01-01-2018 (Q1 2018) through 06-30-2018 (Q2 2018)

___ 3 Timing unclear: There is physician/APN/PA documentation of *Comfort Measures Only* during this hospital stay, but whether the earliest documentation of *Comfort Measures Only* was on day 0 or 1 OR after day 1 is unclear.

___ 4 Not documented/UTD: There is no physician/APN/PA documentation of *Comfort Measures Only*, or unable to determine from medical record documentation.

- If *Comfort Measures Only* equals 1, 2, or 3, the case will be excluded (Measure Category Assignment of “B”). Stop abstracting. The case will not be included in the numerator or denominator for TOB-1. Add 0 to the numerator and denominator for TOB-1.
- If *Comfort Measures Only* equals 4, proceed to *Tobacco Use Status*.

4. What is the patient’s tobacco use status? (*Tobacco Use Status*)

___ 1 The patient has during the past 30 days:

- smoked, on average, five or more cigarettes ($\geq \frac{1}{4}$ pack) daily, and/or
- smoked cigars and/or pipes daily

___ 2 The patient has during the past 30 days:

- smoked, on average, four or fewer cigarettes ($< \frac{1}{4}$ pack) daily, and/or
- smoked cigarettes, cigars and/or pipes, but not daily, and/or
- used smokeless tobacco, regardless of frequency

___ 3 The patient has not used any forms of tobacco in the past 30 days.

___ 4 The patient refused the tobacco use screen within the first day of admission (by the end of Day 1).

___ 5 The patient was not screened for tobacco use within the first day of admission (by the end of Day 1) or unable to determine the patient’s tobacco use status from medical record documentation.

___ 6 The patient was not screened for tobacco use within the first day of admission (by the end of Day 1) because of cognitive impairment.

- If *Tobacco Use Status* equals 6, the case will be excluded (Measure Category Assignment of “B”). Stop abstracting. The case will not be included in the numerator or denominator for TOB-1. Add 0 to the numerator and denominator for TOB-1.
- If *Tobacco Use Status* equals 5, the case will be included (Measure Category Assignment of “D”). Stop abstracting. Add 1 to the denominator for TOB-1. Add 0 to the numerator for TOB-1.

CMS Abstraction Paper Tool – TOB-1, TOB-2/-2a, TOB-3/-3a
Discharges 01-01-18 (Q1 2018) through 06-30-18 (Q2 2018) Page 3 of 13

Optional Paper Tools

TOB-1, TOB-2/-2a, and TOB-3/-3a

Effective for Discharges Q3 – Q4 2018

CMS updated the Tobacco Use paper tool to address removal of the data element “ICD-10-CM Principal or Other Diagnosis Codes” from two data elements during the latter half of 2018.

- TOB-2 : If *Tobacco Use Treatment Practical Counseling* equals 1 or 2, proceed to *Tobacco Use Status*.
- TOB-2a: If *Tobacco Use Treatment Practical Counseling*, equals 1, proceed to *Tobacco Use Status*.
- TOB-3: If *Referral for Outpatient Tobacco Cessation Counseling* equals 1 or 3, proceed to *Tobacco Use Status*.
- TOB-3a: If *Referral for Outpatient Tobacco Cessation Counseling* equals 1, proceed to *Tobacco Use Status*.

Tobacco Use (TOB)
Paper Tool for Discharge Measures TOB-1, 2/-2a, 3/-3a
07-01-2018 (Q3 2018) through 12-31-2018 (Q4 2018)

5. Did the patient receive all of the components of practical counseling (recognizing danger situations, developing coping skills, and providing basic information about quitting) during the hospital stay?
(*Tobacco Use Treatment Practical Counseling*)

___ 1 The patient received all components of practical counseling during the hospital stay.

___ 2 The patient refused/declined practical counseling during the hospital stay.

___ 3 Practical counseling was not offered to the patient during the hospital stay or unable to determine if tobacco use treatment was provided from medical record documentation.

- If *Tobacco Use Treatment Practical Counseling* equals 3, the case will be included (Measure Category Assignment of “D”). Stop abstracting. Add 1 to the denominator for TOB-2. Add 0 to the numerator for TOB-2.
- If *Tobacco Use Treatment Practical Counseling* equals 1 or 2, proceed to *Tobacco Use Status*.

6. What is the patient's tobacco use status? (*Tobacco Use Status*)
Enter value from TOB-1: _____

- If *Tobacco Use Status* equals 2, the case will be included (Measure Category Assignment of “E”). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-2.
- If *Tobacco Use Status* equals 1, proceed to *Tobacco Use Treatment FDA-Approved Cessation Medication*.

7. Did the patient receive one of the FDA-approved tobacco cessation medications during the hospital stay?
(*Tobacco Use Treatment FDA-Approved Cessation Medication*)

___ 1 The patient received one of the FDA-approved tobacco cessation medications during the hospital stay.

___ 2 The patient refused the FDA-approved tobacco cessation medications during the hospital stay.

___ 3 FDA-approved tobacco cessation medications were not offered to the patient during the hospital stay or unable to determine from medical record documentation.

- If *Tobacco Use Treatment FDA-Approved Cessation Medication* equals 1 or 2, the case will be included (Measure Category Assignment of “E”). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-2. Proceed to TOB-2a.
- If *Tobacco Use Treatment FDA-Approved Cessation Medication* equals 3, proceed to *Reason for No Tobacco Cessation Medication During the Hospital Stay*.

CMS Abstraction Paper Tool – TOB-1, TOB-2/-2a, TOB-3/-3a
Discharges 07-01-18 (Q3 2018) through 12-31-18 (Q4 2018) Page 5 of 12

Optional Paper Tools

Screening for Metabolic Disorders

Effective for Discharges Q1 – Q4 2018

- CMS updated the paper tool for the Screening for Metabolic Disorders measure to reflect the CY 2018 data collection period.
- The first page of the tool is displayed here to help you identify the correct tool.

Screening for Metabolic Disorders
Paper Tool for Screening for Metabolic Disorders Measure
01-01-2018 (Q1 2018) through 12-31-2018 (Q4 2018)

[This measure abstraction paper tool is provided as an optional, informal mechanism to aid psychiatric facilities and hospital psychiatric units in the collection of the measures for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. The tool is designed to collect patient-specific data; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate. It should be noted that skip logic is not contained within the measure abstraction paper tool. If there are any questions or concerns regarding use of this measure abstraction paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hcqis.org.

Patient Identifier: _____

Discharge Date: ____/____/____
Unable to Determine (UTD) is not an allowable entry.

Individual Medical Record Data Collection Tool

1. Calculate length of stay. *Length of Stay*, in days, is equal to the *Discharge Date* minus the *Admission Date*: _____
 - a. If *Length of Stay* is equal to or greater than 365 days or equal to or less than 3 days, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator.
 - b. If *Length of Stay* is less than 365 days and greater than 3 days, proceed to *Discharge Disposition*.
2. What is the patient's *Discharge Disposition*?
 - a. If *Discharge Disposition* equals 6, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator.
 - b. If *Discharge Disposition* equals 1, 2, 3, 4, 5, 7, or 8, proceed to *Number of Antipsychotic Medications Prescribed at Discharge*.
3. What is the *Number of Antipsychotic Medications Prescribed at Discharge*?
 - a. If *Number of Antipsychotic Medications Prescribed at Discharge* is equal to 0, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator.
 - b. If *Number of Antipsychotic Medications Prescribed at Discharge* is equal to or greater than 1, or unable to determine, proceed to *Body Mass Index (BMI)*.

Points to Remember

- CMS created these **optional** paper tools to assist IPFs with the collection of the measure data that are required for the IPFQR Program.
- The tools are designed to collect patient-specific data; however, once abstracted, the data will need to be compiled and reported to CMS annually in aggregate into the *QualityNet Secure Portal*.
- All of the optional paper tools are downloadable, should an IPF choose to use them.
- The tools have been updated; therefore, ensure the correct tool is being used for the data collection period to avoid data errors.

IPFQR Program Manual, Version 3.1
and Updated Paper Tools Review

Helpful Resources

Helpful Resources Links

The updated IPFQR Program manual, and other helpful resources and tools, can be found at two locations:

- [QualityNet](https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QualityNetPublic%2FPage%2FQnetTier2&cid=1228772864255) → Inpatient Psychiatric Facilities → Resources
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QualityNetPublic%2FPage%2FQnetTier2&cid=1228772864255>
- [Quality Reporting Center](https://www.qualityreportingcenter.com/inpatient/ipf/tools/) → Inpatient → IPFQR Program → Resources and Tools
<https://www.qualityreportingcenter.com/inpatient/ipf/tools/>

Helpful Resources Links

FY 2018 IPPS/LTCH Final Rule

<https://www.gpo.gov/fdsys/pkg/FR-2017-08-14/pdf/2017-16434.pdf>

Specifications Manual for Joint Commission National Quality Measures (HBIPS)

<https://manual.jointcommission.org/>

Specifications Manual for National Hospital Inpatient Quality Measures (SUB, TOB, IMM)

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1141662756099>

Coding Crosswalk of CCS Codes with ICD-10-CM Codes

<https://www.hcup-us.ahrq.gov/toolssoftware/ccs10/ccs10.jsp#download>

Helpful Resources Links

IPFQR Program General Resources

Q&A Tool	Email Support	Website	Phone Support
https://cms-IP.custhelp.com	IPFQualityReporting@hcqis.org	www.QualityReportingCenter.com	(866) 800-8765
Monthly Web Conferences	ListServes	Hospital Contact Change Form	Secure Fax
www.QualityReportingCenter.com	www.QualityNet.org	Hospital Contact Change Form	(877) 789-4443

Helpful Resources

Save the Date

Upcoming IPFQR Program Educational Webinar

January 2018

Collecting and Entering Healthcare Personnel
Influenza Vaccination Data

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