



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

FY 2018 IPPS Final Rule IPFQR Program Changes, APU Determination and Reconsideration Review

Presentation Transcript

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August 30, 2017

2 p.m. ET

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Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

Evette Robinson: Hello everyone and welcome to today's IPFQR Program webinar. My name is Evette Robinson and I am the project lead for the Inpatient Psychiatric Facility Quality Reporting Program. We have with us today Dr. Jeffrey Buck who will present the Fiscal Year 2018 IPPF Final Rule, IPFQR Program Changes portion of today's presentation. Dr. Buck is the program lead for the IPFQR Program and the senior advisor for behavioral health in the Center for Clinical Standards and Quality in the Centers for Medicare and Medicaid Services, or CMS. Before coming to CMS, Dr. Buck held senior positions in the Substance Abuse and Mental Health Services Administration, also known as SAMHSA, and was a section editor of the Surgeon General's Report on Mental Health. After Dr. Buck's presentation, I will review the APU determination and reconsideration processes.

Before we dive into the presentation today, I would like to cover a couple more housekeeping items. As many of you know, the slides for this presentation were posted to the Quality Reporting Center website prior to the event. If you did not receive the slides beforehand, please go to qualityreportingcenter.com and on the right side you will see a list of upcoming events. Click on the link for this event. Scroll down to the bottom of the page and there you will find the presentation slides available for download. This presentation is being recorded and the slides, transcript, webinar recording, and questions and answers from this webinar will be posted on the *QualityNet* and Quality Reporting Center website at a later date.

Please note that we do not recognize the raised hand feature in the chat tool during webinars. Instead, you may submit any questions that are related to the topic of this webinar to us via the chat tool. These questions will be reviewed and documented in a Q&A transcript which will be available at a later date. If you have a question that is not related to the content of this webinar, we recommend that you go to the *QualityNet* Q&A tool, which you can access using the link on this slide.

This is a list of the acronyms that will be referenced in this webinar.

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

During today's presentation, Dr. Buck will discuss the changes to the IPFQR Program as delineated in the Fiscal Year 2018 Inpatient Prospective Payment System, or IPPS, Final Rule. Participants will also learn about the annual payment update, or APU, determination and reconsideration processes as they pertain to the recent data submission period.

At the conclusion of this presentation, attendees will be able to explain IPFQR Program changes per the fiscal year 2018 final rule, as well as describe the APU determination and reconsideration processes.

At this time, I will turn the presentation over to Dr. Buck to summarize changes to the IPFQR Program as described in the FY 2018 IPPS final rule. Dr. Buck, the floor is yours.

Dr. Buck:

Thank you, Evette. Before I describe the content of the FY 2018 final rule as it relates to the IPFQR Program, I would like to first remind everyone that the rule was published in the Federal Register on August 14, 2017. The final rule can be downloaded from the Federal Register of the website indicated on this slide. Updates to the IPFQR Program are described on pages 38461 through 38474 of the Federal Register.

CMS adopted all but one of the program changes that were outlined in the FY 2018 proposed rule.

Specifically, we did not adopt the Medication Continuation Following Inpatient Psychiatric Discharge measure for the FY 2020 payment determination and subsequent years.

We did adopt the previously proposed administrative changes. These were to establish criteria to evaluate measures for retention or removal, change timeframe specifications for the data submission period and the notice of participation or program withdrawal submissions. And we also modified the IPFQR Program's extraordinary circumstances exception policy. What's useful to note for all of these is we don't think that any of these changes will either impact, burden, or in any way really substantively change anything that program stakeholders are currently

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

engaged in. In fact, I think the best way to characterize these changes is they were largely administrative housekeeping and I will go into some detail about that in a minute.

Over the next several slides, I will review the IPFQR Program criteria to evaluate for measure, removal or retention changes, as well as summarize public comments that were received in response to these proposed changes that were published in the proposed rule.

We finalized the following criteria to evaluate IPFQR Program measures for removal or retention. We specified measure removal factors. We specified criteria for determining when a measure is topped out, meaning most facilities were performing toward the top end of the range of possible measure results. We also indicated criteria by which we would, that we would, use to determine if we should retain measures. All of these criteria for either removal or retention are essentially identical with those that have already been published for the Hospital Inpatient Quality Reporting Program and, in fact, we adopted and published these to bring us into alignment with those previously established criteria.

Most of the comments we received supported the adoption of these criteria.

We did receive a few comments saying that only measures specific to psychiatric care should be retained in the program. Further, that the measure retention factors should not outweigh the benefit of removing measures that need at least one removal factor. Also, it was suggested that additional factors related to that implementation puts patients at greater harm and risk of harm. And measures not being specified or tested in the IPF setting should be added to the list of removal factors. We did not agree with these recommendations. CMS believes that IPFs should consider the overall health of the patient throughout the length of his or her episodic care, in addition to the patient's psychiatric condition. We believe selecting measures for this, or any of the CMS quality reporting programs, requires multiple considerations, which is why we've aligned

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

these measure removal and retention factors with those of other programs, which also must balance multiple considerations.

An additional comment we received expressed concern that the definition of topped out is not standardized across private and public payers. This commenter also expressed concern that removing topped out measures may worsen performance on the processes that these measures evaluate. In response to that comment, we seek to align definitions and criteria with other programs wherever possible. However, as the commenter has noted here, there are multiple definitions of topped out across private and public payers. We wish to align definitions and criteria with other CMS quality reporting programs to the extent possible. However, because of a non-standardization of this definition, it's not possible to align with all payers. There may be times that retaining a topped out measure is beneficial, as the measure continues to encourage high levels of performance and we intend to evaluate each measure on a case-by-case basis, in accordance with our removal and retention policy to address this concern.

In the next part of today's presentation, I will review the administrative changes, as well as summarize public comments that were received in response.

The previous timeframe for making changes to the IPFQR Program Notice of Participation was January 1 through August 15 each year. Beginning with the FY 2019 payment determination, we will accept Notice of Participations and withdrawals any time prior to the end of the data submission period before the respective payment determination year and provide precise dates that define the end of the data submission period, the Notice of Participation and withdrawal submission deadlines through sub-regulatory means for the FY 2019 payment determination and subsequent years as proposed. This change was generally supported by commenters and I also want to note the comments we received or questions that assumed that we were intending to change the data reporting period. That is not the case. The primary purpose of these changes were, first of all, to be a little clearer about when NOPs and withdrawal notices could be submitted, as well as to allow us to modify data submission periods

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

through sub-regulatory means. We have no intention at this time to change the current data submission period of July 1 to August 15.

Beginning with the FY 2019 payment determination, we, therefore, will no longer specify the exact dates of the submission period through rulemaking and I've already explained the reason for that. We will shift to a 45-day, and additionally, for whatever changes we do make, we will still retain a 45-day submission period that begins at least 30 days following the end of the data collection period and we will provide notification of the exact dates for any such changes through sub-regulatory means, such as through the listserv.

Several commenters supported our proposal to change the specification of the submission deadline and provide notification of the exact dates through sub-regulatory means. One commenter asked for clarification whether this proposal pertains only to data submitted via the *QualityNet Secure Portal*, as opposed to the NHSN website and we clarified in the final rule that this proposal only applies to data submitted via the *QualityNet Secure Portal*.

Many commenters also expressed concerns that the data submission period as proposed may not allow adequate time to abstract and audit the data prior to its submission. These commenters were also concerned that IPFs may have insufficient warning regarding the data submission timeframe for appropriate resource planning. We recognize that IPFs must plan for appropriate resources for data collection and submission. We will strive to give as much notice as possible. It is our intent to continue, as I already mentioned, continue the July 1 to August 15 data reporting period. However, because there are instances where adherence to these dates would not be possible, we wish to provide more flexibility and communicate the dates of reporting periods through sub-regulatory means. We expect that in most, and not all cases, changes to the July 1 to August 15 reporting period will be to delay or to extend the period rather than to move it forward.

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

Another change we made was to update the IPFQR Program's extraordinary circumstances exception policy and that update specifies that, now that ECE forms can be signed either by the chief executive officer or designated personnel listed on the ECE form, we would change the request form submission deadline to within 90 days of the date that the extraordinary circumstance occurred and we indicated that it was our intention to complete review of requests within 90 days of receipt. Once again, these are changes that just bring us into greater alignment with similar requirements that exist in other reporting programs. These changes go into effect beginning with the FY 2019 payment determination for extraordinary circumstances occurring on or after October 1, 2017. This change was generally supported by the comments we received.

So, this concludes the final rule portion of the presentation. I will now turn it over to Evette Robinson, who will review the FY 2018 APU determination and reconsideration processes.

Evette Robinson: Thank you, Dr. Buck. The next few slides will provide a general overview of the APU determination and reconsideration processes.

This slide lists the four major requirements to participate in the IPFQR Program and qualify to receive the full fiscal year 2018 annual payment update. Specifically, eligible IPFs had to meet the following requirements by the August 15, 2017, deadline unless otherwise noted. First, have at least one active *QualityNet* Security Administrator. Secondly, have an IPFQR Program Notice of Participation status of "Participating." Third, submit measure and non-measure data including all that is listed here on slide 27 and, fourth, complete and submit the Data Accuracy and Correctness Acknowledgment, or DACA. Eligible IPFs that did not meet all of the reporting requirements as described on this slide will be subject to a 2 percent point reduction of their annual payment update.

Notification letters will be sent in September of 2017 to facilities that did not meet one or more of the program requirements by the aforementioned deadline. Reconsideration requests for decisions are due to CMS 30 days from the date of receipt of the payment and notification. Notifications of

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

APU reconsideration decisions will be sent by CMS to facilities that file a reconsideration approximately 90 days following the submission of the reconsideration request.

An overview of the APU reconsideration process, including the IPF reconsideration request form, can be found on the APU reconsideration page of the *QualityNet* website under inpatient psychiatric facilities and APU reconsideration. You can access that web page by clicking on the link on this slide, slide 29.

The next several slides include links to helpful resources.

Listed on this slide are several links that you can access pertaining to the current final rule, as well as the various measures that are part of the IPFQR Program.

CMS recommends that IPFs refer to the updated IPFQR Program Manual for information pertaining to the IPFQR Program. The manual is located on the *QualityNet* and *Quality Reporting Center* websites and it contains information about the program requirements, measures and various tools pertinent to the program. An updated version of the manual will be published before the end of this year and announced via the IPFQR Program listserv.

You can click on the title of the table on this slide to access the IPFQR Program resources page on the *QualityNet* website. Additional active links on this slide are available for you to send us your questions about the IPFQR Program. We encourage you to use the Q&A tool in particular because it provides the best means by which we can track questions and answers and also delivers our responses directly to your email inbox. This is also a great way for you to let us know what types of questions and topics you would like for us to address in future webinars. We also recommend that you sign up for the IPFQR Program listserv, if you have not already done so, so that you can receive communications that we send out to the IPFQR community pertaining to webinars, program updates, and

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

other announcements. You can sign up to be added to the listserv on the *QualityNet* listserv registration page.

Here is a list of upcoming educational webinar events that we have planned for the months of October and November. Again, please monitor your emails to ensure that you receive information regarding these webinars via the IPFQR Program listserv at a later date.

This concludes today's webinar. We thank you for your time and attention.