



Inpatient Psychiatric Facility Quality Reporting Program

Support Contractor

FY 2016 IPF PPS Final Rule, APU Determination Process, and Reconsideration Review

Questions and Answers

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September 17, 2015
2 p.m. ET.

Question 1: What manuals will outline the new January 2016 measures and July 2016 Measures? Can you send link and specify manual number?

Answer 2: A revised version of the IPFQR Program manual is targeted for publication in November 2015. The manual and other resources will be available on the *QualityNet* website (www.qualitynet.org) under Inpatient Psychiatric Facilities > Resources.

Question 2: Tobacco cessation medication does not require a prescription; it can be purchased over the counter. Would the discharge medication reconciliation for the patient with the smoking cessation medication listed be enough to satisfy this measure?

Answer 2: More specific details pertaining to abstraction for the new measures will be addressed in upcoming webinars. Please submit your question using the Q&A tool (www.qualitynet.org) to ensure that it is addressed in an upcoming webinar.



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- Question 3:** To clarify, although The Joint Commission has retired measures HBIPS-4, -6, and -7 for 2016, CMS timeframe to remove those same measures does differ for IPFQR. Is that accurate?
- Answer 3:** The Joint Commission is retiring those measures for discharges beginning January 1, 2016, also. For the IPFQR Program, measures collected in CY 2015 are reported between July 1, 2016 and August 15, 2016. The measures that are being retired by The Joint Commission January 1, 2016 will not be collected for CY 2016 in the IPFQR Program.
- Question 4:** Which three of the five proposed measures are delaying collection until third and fourth quarter?
- Answer 4:** The two transition measures and the metabolic screening measure have data collection beginning July 1, 2016. For the FY 2018 payment determination, IPFs will be required to collect data during the third and fourth quarters only, beginning July 1, 2016. Beginning with the FY 2019 payment determination, IPFs will be required to report all four quarters of data.
- Question 5:** Will we discontinue reporting HBIPS-6 and HBIPS-7 after December 2015?
- Answer 5:** Yes.
- Question 6:** HBIPS-6 now asks for information to be given to the patient or caregiver. Is this correct? Previously this was considered non-compliant. Please advise if this information is to be given to the patient.
- Answer 6:** HBIPS-6 and -7 are measures evaluating whether a continuing care plan was created (HBIPS-6) and transmitted to the next level of care (HBIPS-7). The new transition measures evaluate whether a transition record was provided to the patient and/or family/caregiver and transmitted to the follow-up health care professional or facility within 24 hours after discharge.
- Question 7:** Are there specifications for the transition record with specified elements received by discharged patients?
- Answer 7:** More specific details regarding abstraction for the new measures will be addressed in upcoming webinars. Please submit your question using the Q&A tool (www.qualitynet.org) to ensure that it is addressed in an upcoming webinar.



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- Question 8:** Why require data collection for the two transition record measures and the screening for metabolic disorders measures to begin July 1, 2016 and not January 1, 2016?
- Answer 8:** This will allow facilities additional time to implement the processes for data collection on these new measures. For the FY 2018 payment determination, IPFs will be required to collect data third and fourth quarters only, beginning July 1, 2016, on the two transition measures and the metabolic screening measure. Beginning with the FY 2019 payment determination, IPFs will be required to report all four quarters of data.
- Question 9:** Where can I find a listing of the specific 11 elements required for the Transition Record with Specified Elements Received by Discharged Patients measure?
- Answer 9:** Elements are listed in the Final Rule found at <http://www.gpo.gov/fdsys/pkg/FR-2015-08-05/pdf/2015-18903.pdf> on page 46,072.
- Question 10:** How is screening for metabolic disorders done, chart abstraction? How do we report?
- Answer 10:** After medical record review and abstraction for the measure, aggregate numerators and denominators will be submitted via the Web-Based Measures Application in *QualityNet*, similar to the other measures.
- Question 11:** What will be the numbering of the new measures, HBIPS-8, -9, and -10?
- Answer 11:** The new measures listed below are not part of the HBIPS measure set developed by The Joint Commission, so they do not have the HBIPS designations.
- Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) (NQF #0647)
 - Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) (NQF #0648)
 - Screening for Metabolic Disorders measures the percentage of patients discharged with an antipsychotic prescription for which a structured metabolic screening for: was completed in the past year.
- Question 12:** What were the four components of the metabolic screening?



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Answer 12: This is from the Fact Sheet based on the IPF PPS Final Rule: Screening for Metabolic Disorders measures the percentage of patients discharged with an antipsychotic prescription for which a structured metabolic screening for:

- 1) BMI
- 2) Blood pressure
- 3) Glucose or HbA1c
- 4) Lipid panel was completed in the past year.

For the FY 2018 payment determination, IPFs will be required to collect only two quarters of data, beginning on July 1, 2016. This Fact Sheet is located at this link: <http://www.qualityreportingcenter.com/inpatient/ipf/tools/>

Question 13: Are all four tests required to meet the metabolic monitoring standard? Will there be an option for patient refusal?

Answer 13: More specific details regarding abstraction for the new measures will be addressed in upcoming webinars. Please submit your question using the Q&A tool (www.qualitynet.org) to ensure that it is addressed in an upcoming webinar.

Question 14: Since the two measures that replace HBIPS-6 and -7 begin July 2016, will we still need to complete HBIPS-6 and -7 from January through June?

Answer 14: No, not for the IPFQR Program.

Question 15: Can you provide the specifications for the Screening for Metabolic Disorders measure?

Answer 15: More specific details regarding abstraction for the new measures will be addressed in upcoming webinars. Please submit your question using the Q&A tool (www.qualitynet.org) to ensure that it is addressed in an upcoming webinar.

Question 16: It would be so helpful if you used comprehensible time frames, not FY payment determination.

Answer 16: It is confusing. The IPFQR Program Support Contractor will prepare the information in table format and distribute it via the ListServe in the near future.

Question 17: Is HBIPS-7 being discontinued? It was not mentioned as removed.



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Answer 17: Yes, HBIPS-7 is being removed along with HBIPS-6 beginning with FY 2018 Payment Determination. It will no longer be collected beginning January 1, 2016.

Question 18: You said the new measures are not part of the HBIPS measure set, but they do pertain only to our Hospital-Based Inpatient Psychiatric patients, correct?

Answer 18: All eligible IPFs that are participating in the IPFQR program are required to collect and submit data using the new measures as stated in the IPF PPS FY 2016 Final Rule. These new measures only apply to Inpatient Psychiatric Facility units within acute care or critical access hospitals or to the entire population of a free-standing IPF.

Question 19: Can the facilities continue with the existing methods of sampling (monthly/quarterly) instead of the yearly global and submit the aggregate annual count?

Answer 19: The facility can continue to sample monthly or quarterly, but will report the data as a single, yearly count. The global sampling methodology is optional.

Question 20: Is the AUDIT-C screening tool acceptable to use to screen in SUB-1 or does the larger tool need to be used?

Answer 20: Yes, the AUDIT-C is a validated alcohol screening tool and can be used to satisfy the requirements for SUB-1.

Question 21: Will TOB-2a be publically displayed on *Hospital Compare*?

Answer 21: Yes.

Question 22: For the non-measure data collection, we still need to provide counts broken out by age strata, correct?

Answer 22: That is correct.

Question 23: Where can I find the APU list of facilities who met all of the IPFQR Program requirements? Where is the APU list of IPFs showing who met and who didn't?

Answer 23: These are available on *QualityNet* at <https://www.QualityNet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772517361>.



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- Question 24:** Is there a current plan to present a Webinar to address the new TOB-3/3a measures?
- Answer 24:** Yes, the next educational webinar will address the new TOB-3/-3a measure. To register for the event go to www.qualityreportingcenter.com and on the right side of the page under “Upcoming Events,” click on the IPFQR webinar link for the month of October.
- Question 25:** Will there be consideration given to stopping the abstraction through the end of this year for HBIPS-6 and -7? It seems like a waste of resources to continue to abstract measures that are being eliminated.
- Answer 25:** No, HBIPS-6 and -7 are being removed from the program beginning with FY 2018 Payment Determination. These two measures will no longer be collected beginning January 1, 2016.
- Question 26:** Just to clarify: the 0.2% payment reduction will be determined if the institution is not able to meet all the requirements by the deadline (i.e., QNet Registration, NOP, aggregate numerator and denominator for HBIPS and SUB, structural measure, patient experience). Is there going to be consideration for the quality of the measures submitted that will impact payment?
- Answer 26:** Measure results do not impact payment at this time. Also, an IPF that does not meet all of the aforementioned requirements is subject to a 2.0% reduction to the annual payment update (APU), not 0.2%.
- Question 27:** For HBIPS-2 and -3, we are not allowed to sample for CY 2015? But we can sample HBIPS-5, -6, and -7?
- Answer 27:** There is no sampling for the HBIPS event measures, HBIPS-2 and -3. IPFs are expected to submit all cases with seclusion or restraint minutes. HBIPS-5, -6, -7 can be sampled according to the sampling requirements outlined in The Joint Commission specifications located at this link: <https://manual.jointcommission.org/releases/TJC2015A1/HospitalBasedInpatientPsychiatricServices.html>.
- Question 28:** When will the specifications for the new Transition Record measures be available?
- Answer 28:** The specifications are available from the measure steward, the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement (PCPI). An abstraction tool is available at this



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link: <http://www.ama-assn.org/apps/listserv/x-check/qmeasure.cgi?submit=PCPI>. The PCPI-Approved Quality Measures are available to registered users royalty free. Select the [Care Transitions] topic on this webpage and complete the registration process.

- Question 29:** Please clarify, what calendar date will TOB-3 and-3a and SUB-2 and -2a be collected?
- Answer 29:** IPFs participating in the IPFQR Program will be required to begin collecting data for TOB-3/-3a and SUB-2/-2a January 1, 2016.
- Question 30:** Most of our patients are transferred to us from all over the state. How are we supposed to set patients positive for tobacco use for outpatient counseling? We don't have those resources available in the patient's place of origin.
- Answer 30:** All 50 U.S. states, the District of Columbia, Puerto Rico, and Guam operate Quitlines that can be accessed through the 1-800-QUIT-NOW Quitline (operated by the National Cancer Institute). This toll-free number automatically transfers callers to their state Quitline. Healthcare professionals should refer patients who are interested in quitting to 1-800-QUIT-NOW prior to discharge. Please attend the October, 29 educational webinar, titled *Inpatient Psychiatric Facility Quality Reporting Program New Measures and Non-Measure Reporting – Part 1*, which will address the new TOB-3 and TOB-3a measures specifications, abstraction and reporting requirements.
- Question 31:** Is there any way you can produce an example Excel document for each collection period showing exactly what measures apply, what elements are required, and what the possible findings are?
- Answer 31:** The IPFQR Program Support Contractor will prepare the data collection period information in table format and distribute it via the ListServe in the near future. Additional resources will also be posted on the QualityReportingCenter.com website at <http://www.qualityreportingcenter.com/inpatient/ipf/tools/> as they are developed.
- Question 32:** Where can we find specification manuals for ALL the measures? How can we build and prepare for the three new measures if nothing is in the manual yet? When will details be provided?
- Answer 32:** The IPFQR Program Manual, targeted for publication in November 2015, will contain links to the specifications for the new measures. Because the



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measures are developed by different measure stewards, the IPFQR Program Manual will contain links to the measure specifications.

The TOB and SUB measure specifications can be found at this link:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1141662756099>.

The HBIPS measure specifications can be found at this link:
<https://manual.jointcommission.org/releases/>.

The specifications are available from the measure steward (AMA-convened PCPI). An abstraction tool is available at this link: <http://www.ama-assn.org/apps/listserv/x-check/qmeasure.cgi?submit=PCPI>. The PCPI-Approved Quality Measures are available to registered users royalty free. Select the [Care Transitions] topic on this webpage and complete the registration process.

The specifications for the metabolic screening are available in the IPF PPS FY 2016 Final Rule, specifically on page 46710 of the Federal Register / Vol. 80, No. 150 / Wednesday, August 5, 2015 / Rules and Regulations (direct link: <https://www.federalregister.gov/articles/2015/08/05/2015-18903/medicare-program-inpatient-psychiatric-facilities-prospective-payment-system-update-for-fiscal-year>). In addition to the November IPFQR Program Manual revision, new measure specifications will also be reviewed in the October and November, 2015 educational webinars.

Question 33: Will the age strata requirement be removed for the event measures, HBIPS-2 and HBIPS-3, as well as the discharge measures?

Answer 33: Yes, beginning with data collected in calendar year 2015, submitted during the data submission period July 1–August 15, 2016, and impacting the FY 2017 Payment Determination, CMS will require IPFs to report measure data as a single, yearly count rather than by quarter and age. Obtaining data for each quarter and by age is burdensome to providers and the resultant number of cases is often too small to allow for public reporting. In addition, CMS will require IPFs to report aggregate population counts for discharges as a single, yearly count rather than by quarter.

Question 34: FY 2017 measures begin with January discharges of 2016, right, except those that were delayed until July 2016?



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- Answer 34:** Data collection for FY 2018 measures begins January 1, 2016. Data collection for FY 2017 measures began January 1, 2015 with reporting July 1 through August 15, 2016.
- Question 35:** When will ICD-10 codes be available for the Non-Measure Data Collection Diagnostic Categories?
- Answer 35:** Diagnostic code grouping for the purpose of reporting non-measure data utilizes the categories developed for the Clinical Classifications Software (CCS) under the Healthcare Cost and Utilization Project (H-CUP) by the Agency for Healthcare Research and Quality (AHRQ), with codes found at: <https://www.hcup-us.ahrq.gov/toolssoftware/ccs10/ccs10.jsp#download>
- Question 36:** So, from January 1, 2016 through June 30, 2016, we are not required to collect data for HBIPS-6 and -7 even though the transition record measure data collection does not start until July 2016?
- Answer 36:** Correct, data collection for HBIPS-6 and -7 will discontinue for the IPFQR Program after December 31, 2015.
- Question 37:** Can the facilities continue with the existing methods of sampling (monthly/quarterly) for SUB and TOB measures, instead of the yearly global and submit the aggregate annual count for FY 2018 payment determination?
- Answer 37:** The facility can continue to sample monthly or quarterly, but will report the data as a single, yearly count. The global sampling methodology is optional.
- Question 38:** Is sampling permitted for the TOB/SUB/IMM populations?
- Answer 38:** Yes, details regarding the sampling methodology for the TOB/SUB/IMM populations are available in the IPFQR Program Manual on *QualityNet* or at this link: <http://www.qualityreportingcenter.com/inpatient/ipf/tools/>.
- Question 39:** Will you please explain slide 24 again? I don't understand it. I thought we were stopping the age strata reporting and reporting all the ages together?
- Answer 39:** For the non-measure data collection, IPFs will still provide counts broken out by age.
- Question 40:** What documentation will be required to satisfy Alcohol Use Brief Intervention Provided?



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- Answer 40:** Documentation must be explicit enough to determine that the intervention contained the specific components. A brief intervention focuses on increasing the patient's understanding of the impact of substance use on his or her health and motivating the patient to change risky behaviors. The components of the intervention include feedback concerning the quantity and frequency of alcohol consumed by the patient in comparison with national norms; a discussion of negative physical, emotional, and occupational consequences; and a discussion of the overall severity of the problem. The qualified health care professional engages the patient in a joint decision-making process regarding alcohol use and plans for follow-up are discussed and agreed to. Brief intervention corresponds directly with the 5 A's (Ask, Advise, Assess, Assist, Arrange) recommended for alcohol dependence. Please refer to the September 1, 2015 [Keys to Implementing and Abstracting the Substance Use Measure Set: SUB-1, SUB-2/2a](#) educational webinar for further detail regarding the documentation required to satisfy Alcohol Use Brief Intervention Provided
- Questions 41:** Isn't this measure data actually impacting FY 2018 payment but sampled in 2016?
- Answer 41:** Data collection for the measures for FY 2018 Payment Determination begins January 1, 2016. Sampling can be performed for the FY 2018 measures beginning January 1, 2016.
- Question 42:** Can the specification manuals be posted on the *QualityNet* website for easy access? The Joint Commission is difficult to find things on, at least for me.
- Answer 42:** Because the measures are developed by different measure stewards, the IPFQR Program Manual targeted for publication November 2015 will contain links to the measure specifications. It may be helpful to add a shortcut to The Joint Commission manual to your desktop (<https://manual.jointcommission.org/releases/TJC2015B1/>).
- Question 43:** What do you mean the new transition record and screening for metabolic disorders measures aren't part of HBIPS? That is confusing. So, they are brand new areas to collect on the psych population?
- Answer 43:** Yes, the new transition and metabolic screening measures are new to the IPFQR program and apply to all participating IPF's. The IPFQR measures are developed by different measure stewards, The Joint Commission is just one of the stewards that have developed the current IPFQR measures. The new transition record and screening for metabolic disorders measures are not part of the HBIPS measure set developed by The Joint Commission, so they do not



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have HBIPS designations. These new measures do apply to Inpatient Psychiatric Facility units within acute care or critical access hospitals or to the entire population of a free-standing IPF.

Question 44: Please explain TOB-3 and -3a. What should be given to the patient at discharge?

Answer 44: More specific details regarding abstraction for the new measures will be addressed in upcoming webinars. Please submit your question using the Q&A tool (www.qualitynet.org) to ensure that it is addressed in an upcoming webinar.

Question 45: Will HBIPS-4 be required for Q4 2015?

Answer 45: HBIPS-4 will not be required to be collected in Q4 2015. HBIPS-4 will not be submitted during the July 1–August 15, 2016 data submission period.

Question 46: Please confirm that the only HBIPS measure reported January 1–July 1, 2016 are HBIPS-2, -3, and -5.

Answer 46: For FY 2018 Payment Determination, HBIPS-2, -3 and -5 will be collected January 1–December 31, 2016. Data submission for these three measures will occur July 1–15, 2017. Facilities will no longer be required to collect HBIPS-6 and -7 starting January 1, 2016.

Question 47: Will the 2016 algorithm match your new requirements? For example, currently HBIPS-5 algorithm does not include failure if justifications not transmitted? Will your algorithm contain this element, as well as all new requirements?

Answer 47: More specific details regarding abstraction for the new measures will be addressed in upcoming webinars. Please submit your question using the Q&A tool (www.qualitynet.org) to ensure that it is addressed in an upcoming webinar.

Question 48: It's my impression that the changes to measures in the IPFQR program have occurred at a much more rapid rate than has historically been done with the IQR and OQR programs. It doesn't allow hospitals much time to improve before changing the measures. Is this a common opinion?

Answer 48: In fact, the rate of measure addition for IPFQR has been slower than that for the IQR and OQR programs. The time allowed for implementation has been similar.



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Question 49: Data collection is discontinued for HBIPS-6 and -7 as of December 31, 2015. Please advise if HBIPS-4 also follows this timeline or if it is different?

Answer 49: HBIPS-6 and HBIPS-7 have both been removed from the IPFQR measure set for FY 2018 payment determination and subsequent years. HBIPS-4 has been removed from the IPFQR measure set for FY 2017 payment determination and subsequent years. Therefore IPF's are not required to submit HBIPS-4 data during the July 1- August 15, 2016 data submission, or subsequent submission periods.

Question 50: Are the three new measures chart abstracted?

Answer 50: Yes.

Question 51: Would referring a patient to a Quitline, which is the only mechanism to provide nicotine replacement therapy (NRT) for the Medicaid Population in our state, meet the requirements for the TOB-3/-3a measure?

Answer 51: All 50 U.S. states, the District of Columbia, Puerto Rico, and Guam operate Quitlines that can be accessed through the 1-800-QUIT-NOW Quitline (operated by the National Cancer Institute). This toll-free number automatically transfers callers to their state Quitline. Health care professionals can refer patients who are interested in quitting to 1-800-QUIT-NOW. Please attend the October, 29 educational webinar, titled *Inpatient Psychiatric Facility Quality Reporting Program New Measures and Non-Measure Reporting – Part 1*, which will address the new TOB-3 and TOB-3a measures' specifications, abstraction, and reporting requirements.