

# Welcome!

- **Audio for this event is available via ReadyTalk® Internet streaming.**
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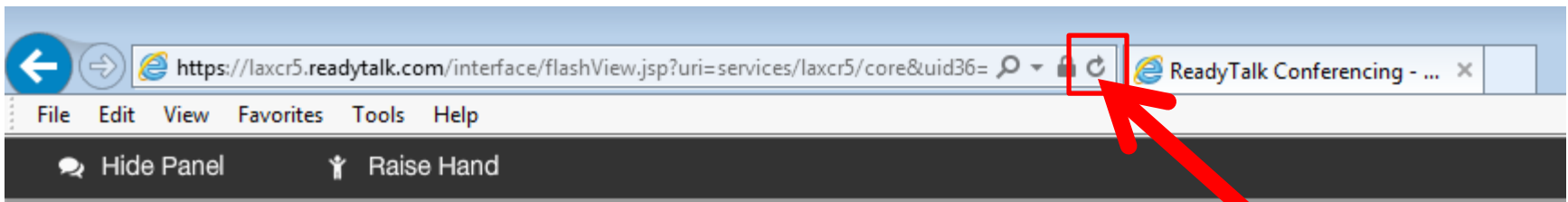
# Troubleshooting Audio

Audio from computer speakers breaking up?  
Audio suddenly stop?

- Click Refresh icon  
-or-  
Click F5



F5 Key  
Top Row of Keyboard

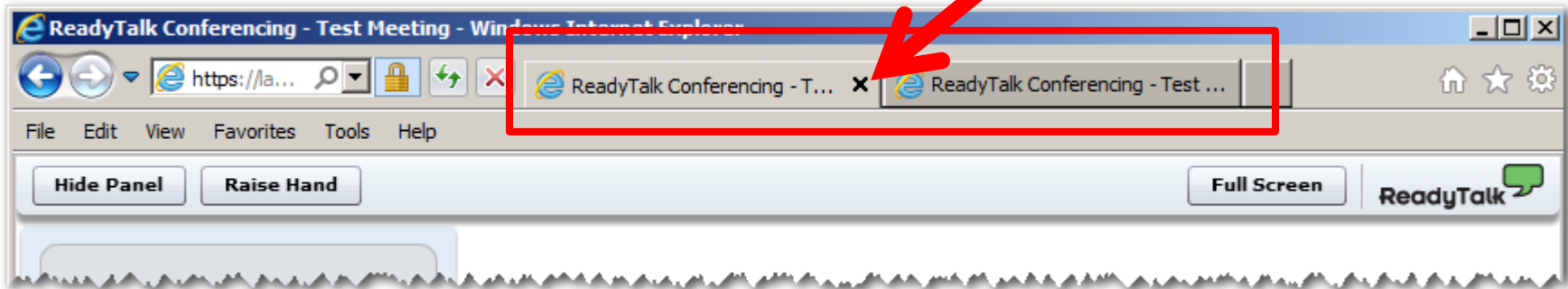


Location of Buttons

Refresh

# Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



Example of two browsers/tabs open in same event

# Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



A screenshot of a web interface for a CMS event. The main area displays the CMS logo (Centers for Medicare &amp; Medicaid Services) and a large heading "Welcome to Today's Event". Below this, a message reads "Thank you for joining us today! Our event will start shortly." On the left side, there is a vertical chat window titled "Chat with Presenter" which contains a text input field labeled "Type questions here" and a "Send" button. The top of the chat window has "Hide Chat" and "Raise Hand" buttons, and the top right of the main interface has "Full Screen" and "ReadyToGo" buttons.



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

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# 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. These questions will be addressed in a questions-and-answers document and published at a later date.

Any questions **not** related to the topic of the webinar will not be answered in the Chat tool, nor in the questions-and-answers document for the webinar.

If you have questions unrelated to the current webinar topic, we recommend that you first 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

<b>APU</b>	annual payment update	<b>IMM</b>	Immunization
<b>CDC</b>	Centers for Disease Control and Prevention	<b>IPF</b>	inpatient psychiatric facility
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>IPFQR</b>	Inpatient Psychiatric Facility Quality Reporting
<b>CY</b>	calendar year	<b>IPPS</b>	inpatient prospective payment system
<b>DACA</b>	Data Accuracy and Correctness Acknowledgement	<b>NHSN</b>	National Healthcare Safety Network
<b>ECE</b>	extraordinary circumstances exception	<b>NOP</b>	Notice of Participation
<b>FR</b>	Federal Register	<b>Q</b>	quarter
<b>FY</b>	fiscal year	<b>SUB</b>	Substance Use
<b>HBIPS</b>	Hospital-Based Inpatient Psychiatric Services	<b>SC</b>	Support Contractor
<b>IQR</b>	Inpatient Quality Reporting	<b>TOB</b>	Tobacco Use
		<b>VIQR</b>	Value, Incentives, and Quality Reporting

# Purpose

During this presentation, participants will learn about the changes to the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program, as delineated in the Fiscal Year (FY) 2018 Inpatient Prospective Payment System (IPPS) Final Rule. Participants will also learn about the APU (annual payment update) determination and reconsideration processes, as they pertain to the recent data submission period.



# Learning Objectives

At the conclusion of this presentation, attendees will be able to:

- Explain IPFQR Program changes per the FY 2018 IPPS Final Rule.
- Describe the APU determination and reconsideration processes.

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

# **Summary of FY 2018 IPPS Final Rule Changes**

# FY 2018 Final Rule

- The FY 2018 IPPS Final Rule was published on August 14, 2017, in the *Federal Register (FR)*: <https://www.federalregister.gov/documents/2017/08/14/2017-16434/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the>.
- The IPFQR Program (82 FR 155) updates are located on pages 38461–38474 of the *Federal Register*.

# Summary of Final Rule Changes: Executive Version

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The FY 2018 IPPS Final Rule adopted all but one of the Program changes that were outlined in the FY 2018 Proposed Rule.

# Summary of Final Rule Changes: New Measures

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The Centers for Medicare & Medicaid Services (CMS) did not the adopt the claims-based Medication Continuation Following Inpatient Psychiatric Discharge measure for the FY 2020 payment determination and subsequent years.

# Summary of Final Rule Changes

CMS adopted the following changes:

- Established criteria to evaluate measures for retention or removal
- Changed timeframe specifications for the following:
  - Data submission period
  - Notice of Participation (NOP) or program withdrawal submissions
- Modified the IPFQR Program's extraordinary circumstances exception (ECE) policy

NOTE: CMS does not believe that these changes will impact the burden on IPFQR Program stakeholders.

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

# **Criteria to Evaluate for Measure Removal or Retention**

# Criteria to Evaluate Measures for Removal or Retention

CMS finalized the following criteria to evaluate IPFQR Program measures for removal or retention:

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

These factors align with those of the Hospital Inpatient Quality Reporting (IQR) Program.



# Summary of Comments Received: Criteria to Evaluate Measures for Removal or Retention

**Comment:** Many support the adoption of measure removal factors, desire to see measure performance data, and for CMS to define and report on the outcomes that CMS believes are impacted by each process measure. One commenter supported the criteria for determining that a measure is “topped out.”

# Summary of Comments Received: Criteria to Evaluate Measures for Removal or Retention

- Comment:** Only measures specific to psychiatric care should be retained in the IPFQR Program. The measure retention factors do not appear to outweigh the benefit of removing measures that meet at least one removal factor. Add “implementation puts patients at greater risk of harm” and “measure has not been specified or tested in the IPF setting” to the list of removal factors.
- Response:** CMS believes IPFs should consider the overall health of the patient throughout the length of his/her episode of care, in addition to the patient’s psychiatric condition. We believe that selecting measures for this or any of the CMS quality reporting programs requires multiple considerations, which is why we have aligned these measure removal and retention factors with those of other programs which must also balance multiple considerations.

# Summary of Comments Received: Criteria to Evaluate Measures for Removal or Retention

**Comment:** Concerned 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.

**Response:** We seek to align definitions and criteria with other programs wherever possible. However, as the commenter noted, 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 the non-standardization of the definition, it is 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.

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# **Administrative Changes**

# Administrative Changes: Procedural Requirements

The previous timeframe for making changes to the IPFQR Program NOP was January 1 through August 15 of each year. Beginning with the FY 2019 payment determination, CMS will:

- Accept NOPs and withdrawals any time prior to the end of the data submission period before the respective payment determination year.
- Provide precise dates that define the end of the data submission period/NOP/withdrawal submission deadline through sub-regulatory means for the FY 2019 payment determination and subsequent years as proposed.

# Administrative Changes: Data Submission Requirements

Beginning with the FY 2019 payment determination, CMS will:

- No longer specify the exact dates of the submission period through rulemaking. This is to avoid contradictory guidance between dates established in the *Federal Register* and dates established through sub-regulatory guidance.
- Shift to a 45-day submission period that begins at least 30 days following the end of the collection period.
- Provide notification of exact dates for the data submission period through a sub-regulatory means, such as an update to a CMS website and/or on the IPFQR Program ListServe.

# Summary of Comments Received: Data Submission Requirements

**Comment:** One commenter asked whether this proposal pertains only to data submitted via the *QualityNet Secure Portal*, as opposed to data submitted via the National Healthcare Safety Network (NHSN) website.

**Response:** This proposal only applies to data submitted via the *QualityNet Secure Portal*.

# Summary of Comments Received: Data Submission Requirements

**Comment:** Many commenters expressed concerns that the data submission period, as proposed, may not allow adequate time to abstract and audit the data prior to submission. These commenters were also concerned that IPFs may have insufficient warning regarding the data submission timeframe for appropriate resource planning.

**Response:** 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 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 (or confirmation of the July 1 through August 15 timeframe) through sub-regulatory means. We expect that in most, if not all, cases, changes in the July 1 to August 15 reporting period will be to delay and/or extend the reporting period, rather than to move it forward.



# Administrative Changes: Extraordinary Circumstances Exception (ECE) Policy

CMS has updated the IPFQR Program's ECE policy, and will now:

- Specify that ECE forms can be signed by either the Chief Executive Officer or designated personnel listed on the ECE form.
- Change the ECE request form submission deadline to within 90 days of the date that the extraordinary circumstance occurred.
- Strive to complete CMS review of ECE requests within 90 days of receipt.

These changes go into effect beginning with the FY 2019 payment determination for extraordinary circumstances occurring on or after October 1, 2017.

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# **FY 2018 APU Determination and Reconsideration Processes**

# FY 2018 IPFQR Program Reporting Requirements

To participate in the IPFQR Program and qualify for the full FY 2018 APU, eligible IPFs had to meet the following requirements by the August 15, 2017 deadline (unless otherwise noted):

- Have at least one active *QualityNet* Security Administrator
- Have an IPFQR Program NOP status of “Participating”
- Submit measure and non-measure data, including:
  - Aggregate, annual numerator and denominator data for the Hospital-Based Inpatient Psychiatric Services (HBIPS)-2, -3, and -5, Substance Use (SUB)-1; SUB-2/-2a; Tobacco Use (TOB)-1, -2/-2a, -3/-3a; and Immunization (IMM)-2 (Quarter [Q] 4 2016 and Q1 2017 only) measures
  - Aggregate, Q4 2016 and Q1 2017 numerator and denominator data for the Influenza Vaccination Coverage among Healthcare Personnel measure (submitted to the Centers for Disease Control and Prevention [CDC] by May 15, 2017)
  - Structural measure attestations, including Use of Electronic Health Record and Assessment of Patient Experience of Care
  - Non-measure Data and Population Counts for Calendar Year (CY) 2016
- Complete and submit the Data Accuracy and Correctness Acknowledgement (DACA)

# APU Status Notifications

- Notification letters will be sent in September 2017 to facilities that did not meet one or more of the program requirements.
- Reconsideration requests for decisions are due to CMS 30 days from the date of receipt of the APU decision letter.
- Notifications of APU reconsideration decisions will be sent by CMS to facilities filing a reconsideration approximately 90 days following the submission of the reconsideration request.

# APU Reconsideration Process: *QualityNet* Location

An overview of the APU reconsideration process for the IPFQR Program is available on the **APU Reconsideration** page on *QualityNet*:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPa ge%2FQnetTier2&cid=1228772517446>

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

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## **Helpful Resources**

# Helpful Resources: Links

- **FY 2018 IPPS Final Rule:**

<https://www.federalregister.gov/documents/2017/08/14/2017-16434/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the>

- **The Joint Commission Specifications Manual (HBIPS):**

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

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

[www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1141662756099](http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1141662756099)

# Helpful Resources: Links

CMS recommends that IPFs refer to the updated IPFQR Program Manual for information pertaining to the IPFQR Program. This document, and other helpful resources and tools, can be found at:

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



# Helpful Resources: Links

## IPFQR Program General Resources

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

# Helpful Resources: Save the Dates

## 2017 IPFQR Program Educational Webinars

Date	Name
October 2017	IPF Readmission Measure Dry Run
November 2017	Public Reporting and FY 2018 Measure Results
December 2017	TBD

# Disclaimer

This presentation was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

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