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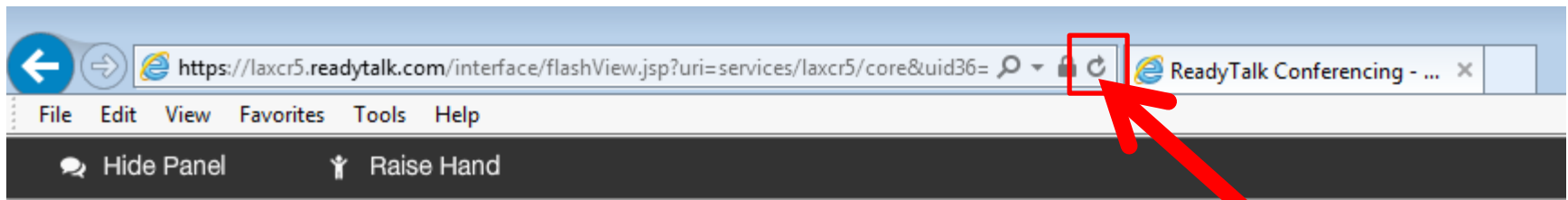
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

- Click Refresh icon –
or-
Click F5



F5 Key
Top row of Keyboard

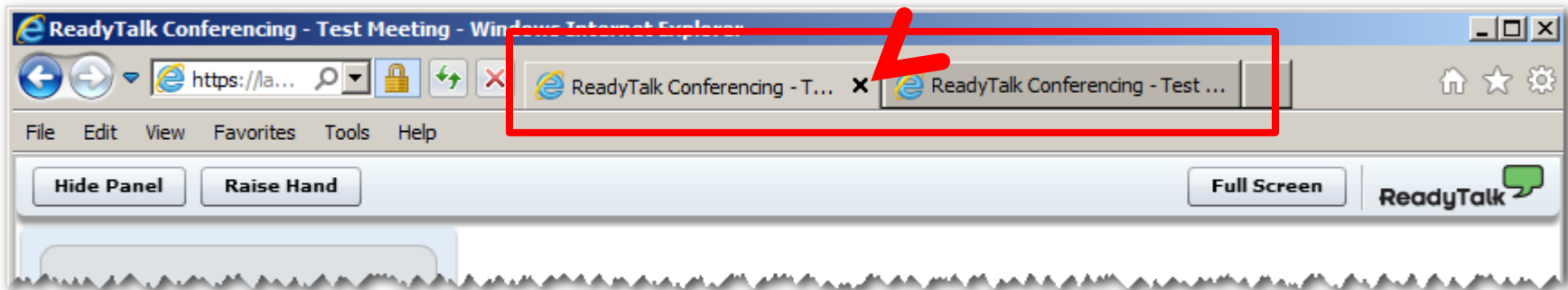


Location of Buttons

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 up.



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 content area features the CMS logo (Centers for Medicare & Medicaid Services) and a large heading that reads "Welcome to Today's Event". Below this, a message says "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 2017 IPPS Final Rule IPFQR Program Changes, APU Determination and Reconsideration Review

Jeffrey A. Buck, PhD

Senior Advisor for Behavioral Health, Program Lead
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Centers for Medicare & Medicaid Services (CMS)

Evette Robinson, MPH

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

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Acronyms

APU	Annual Payment Update	HBIPS	Hospital-Based Inpatient Psychiatric Services
CCN	CMS Certification Number	HIT	Health Information Technology
CDC	Centers for Disease Control and Prevention	IMM	Immunization
CMS	Centers for Medicare & Medicaid Services	IPF	Inpatient Psychiatric Facility
CY	Calendar Year	IPFQR	Inpatient Psychiatric Facility Quality Reporting
DACA	Data Accuracy and Correctness Acknowledgement	IPPS	Prospective Payment System
eCQM	electronic Clinical Quality Measure	NOP	Notice of Participation
EHR	Electronic Health Record	NQF	National Quality Forum
FDA	Food and Drug Administration	PPS	Prospective Payment System
FFS	Fee for Service	Q	Quarter
FR	Federal Register	SDS	Sociodemographic Status
FUH	Follow-Up After Hospitalization for Mental Illness	SUB	Substance Use
FY	Fiscal Year	SUD	Substance Use Disorder
		TOB	Tobacco Use

Purpose

During this presentation, participants will learn about the changes to the IPFQR Program, as delineated in the FY 2017 Inpatient IPPS Final Rule. Participants will also learn about the APU 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 2017 IPPS Final Rule
- Describe the APU Determination and Reconsideration Processes

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FY 2017 IPPS FINAL RULE

FY 2017 Final Rule

- The IPF PPS FY 2017 Final Rule was published on August 22, 2016, in the *Federal Register* found at <https://www.gpo.gov/fdsys/pkg/FR-2016-08-22/pdf/2016-18476.pdf>.
- The IPFQR Program (81 FR 162) updates are located on pages 57236–57249 of the *Federal Register*.

Summary of Final Rule Changes: Executive Version

The Final Rule adopted all program changes in the Proposed Rule as well as one additional change that was not in the proposed rule. IPFs are expected to begin collecting data for the following three measures beginning with the first quarter of CY 2017, thus impacting the FY 2019 payment determination:

- **Transition Record with Specified Elements Received by Discharged Patients** (discharges from an inpatient facility to home/self care or any other site of care)
- **Timely Transmission of Transition Record** (discharges from an inpatient facility to home/self care or any other site of care)
- **Screening for Metabolic Disorders**

Summary of Final Rule Changes: New Measures

For the FY 2019 payment determination and subsequent years, CMS has adopted two new measures:

- Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge (SUB-3) and the subset Alcohol and Other Drug Use Disorder Treatment at Discharge (SUB-3a)
- 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF

Summary of Final Rule Changes: Updates to Previously Finalized Measures

CMS updated the previously finalized ***Screening for Metabolic Disorders*** measure by updating the length of stay exclusion as follows:

- Exclude patients with a length of stay equal to or greater than 365 days
- Exclude patients with a length of stay equal to or less than 3 days

Summary of Final Rule Changes: Public Display and Review Requirements

CMS has updated the IPQR Program to change timeframe specifications for public display of data and data preview. We will no longer specify:

- Precise timelines for the IPFQR data preview period
 - Projected date to begin “approximately 12 weeks prior to public display of data” is no longer stated
 - Actual dates will be dependent on technical feasibility and will ensure that IPFs have 30 days to preview their data
- Date of public display of data in rulemaking

CMS will announce timeframes through sub-regulatory guidance, including ListServes and/or the *QualityNet.org* website.

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SUB-3/-3a Measure

Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge (SUB-3) and the subset, Alcohol and Other Drug Use Disorder Treatment at Discharge (SUB-3a)

- The SUB-3 measure and its subset SUB-3a are chart-abstracted and reported as two rates:
 - The overall rate, SUB-3, assesses hospitalized patients identified with an alcohol or drug use disorder who **received or refused** a prescription for FDA-approved medications for alcohol or drug use disorder at discharge **OR** who **received or refused** a referral for addictions treatment.
 - The subset rate, SUB-3a, includes only patients who **received** a prescription for FDA-approved medications for alcohol or drug use disorder at discharge **OR** who **received** a referral for addiction treatment.

Summary of Comments Received: SUB-3/-3a Measure

Comment: Support the inclusion of the SUB-3/-3a measure in the IPFQR Program citing reasons including:

- Encouraging IPFs to offer and provide addiction treatment for patients with co-occurring drug or alcohol disorders
- Helping to ensure patients continue to receive treatment after discharge
- Complementing the SUB-1, SUB-2/2a measure set
- Requirements for this measure seem reasonable for IPFs

Response: We thank the commenters for their support.

Summary of Comments Received: SUB-3/-3a Measure

Comment: Enhance the measure to include, for example, evidence-based behavioral therapies

Response: CMS encourages commenters send suggestions to the measure steward, The Joint Commission, so that any changes to the measure can be properly specified, tested, and endorsed for those changes as part of the measure maintenance process.

Comment: Not adopt because the measure is not specified for IPFs

Response: SUDs are a common comorbidity for populations hospitalized in IPFs and offering SUD treatment at discharge when a comorbid SUD has been identified is a part of high quality care regardless of the treatment setting. The measure is NQF-endorsed for the Behavioral Health/Psychiatric: Inpatient setting.

Summary of Comments Received: SUB-3/-3a Measure

Comment: Not adopt until CMS demonstrates that this is an area with variation across IPFs. All IPFs should already be meeting the criteria for this measure, and therefore the measure will not demonstrate meaningful variation across providers

Response: Based on SUB-1 data submitted for FY 2016, facility performance ranged between 0.0 percent and 100.0 percent, with a mean performance of 77.4 percent and a coefficient of variance of 0.35. Because the SUB-3/-3a measure depends on the identification of alcohol and substance abuse disorders, IPF performance on the SUB-1 measure indicates that there is a likely variation in performance across providers on the SUB-3/-3a measure as well.

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**30-DAY ALL-CAUSE UNPLANNED
READMISSION FOLLOWING
PSYCHIATRIC HOSPITALIZATION IN AN
IPF MEASURE**

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

The 30-day all-cause unplanned readmission following psychiatric hospitalization in an IPF is a claims-based measure that:

- Estimates a facility-level, risk-standardized readmission rate for unplanned, all-cause readmissions within 30 days of discharge from an IPF
- Uses Medicare FFS claims and enrollment data over a 24-month measurement period to calculate the measure results.

Summary of Comments Received: 30-Day All Cause Readmission Measure

Comment: Support for inclusion of the Thirty-Day All-Cause Unplanned Readmissions Following Psychiatric Hospitalization in an IPF measure in the IPFQR Program.

Response: We thank the commenters for their support.

Comment: Support for the adoption of the Thirty-Day All-Cause Unplanned Readmissions Following Psychiatric Hospitalization in an IPF measure contingent on the measure having been tested for validity and reliability.

Response: We tested for validity and reliability as part of the measure development process. We refer readers to the technical report for this measure, which includes a detailed description of the validity and reliability testing. This report can be found at: <https://www.cms.gov/medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html>.

Summary of Comments Received: 30-Day All Cause Readmission Measure

Comment: Postpone adoption until NQF endorsed and risk-adjusted for sociodemographic factors

Response: When we compared the results of a model with both SDS risk factors and clinical risk factors to one with only clinical risk factors we found that the inclusion of SDS risk factors did not improve model performance.

Ninety-five percent of the NQF committee members who met on June 9, 2016 voted in support of the measure as specified in the final technical report without inclusion of SDS factors in the risk model. Review for a final NQF endorsement decision is anticipated in the fall of 2016.

Summary of Comments Received: 30-Day All Cause Readmission Measure

Comment: Not adopt because inclusion of all-cause readmissions may unfairly reflect on IPFs for unrelated readmissions as well as impact the ability of IPFs to use the measure results for quality improvement

Response: There are several reasons to measure both psychiatric and non-psychiatric readmissions following psychiatric admissions, as cited in the FR.

- The measure will encourage improved integration of physical and behavioral health care
- Readmissions, regardless of cause, are disruptive to patients and their families or caregivers
- Readmission due to medical conditions may be related to the previous psychiatric index admission
- The designation of the principal versus secondary diagnosis may be somewhat arbitrary, making it difficult to determine if the readmission is related to the previous psychiatric treatment

Summary of Comments Received: 30-Day All Cause Readmission Measure

Comment: Concern CMS would impose penalty based on performance

Response: The IPFQR Program does not penalize IPFs based on performance; it is a pay for reporting program.

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FINALIZED IPFQR PROGRAM MEASURES: FY 2018 AND FY 2019

IPFQR Program Measures

Measure	FY 2018	FY 2019	Measure Type	Sampling Allowed
HBIPS-2: Hours of Physical Restraint Use	X	X	Chart-Abstracted	No
HBIPS-3: Hours of Seclusion Use	X	X	Chart-Abstracted	No
HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	X	X	Chart-Abstracted	Yes
Transition Record with Specified Elements Received by Discharged Patients		X	Chart-Abstracted	Yes
Timely Transmission of Transition Record		X	Chart-Abstracted	Yes
Screening for Metabolic Disorders		X	Chart-Abstracted	Yes
SUB-1: Alcohol Use Screening	X	X	Chart-Abstracted	Yes
SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention	X	X	Chart-Abstracted	Yes
SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge		X	Chart-Abstracted	Yes

IPFQR Program Measures

Measure	FY 2018	FY 2019	Measure Type	Sampling Allowed
TOB-1: Tobacco Use Screening	X	X	Chart-Abstracted	Yes
TOB-2: Tobacco Use Treatment Provided or Offered and TOB-2a: Tobacco Use Treatment	X	X	Chart-Abstracted	Yes
TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge	X	X	Chart-Abstracted	Yes
IMM-2: Influenza Immunization	X	X	Chart-Abstracted	Yes
Influenza Vaccination Coverage among Healthcare Personnel	X	X	Web-Based reported on NHSN website	No
Use of Electronic Health Record	X	X	Structural Web-Based	N/A
Assessment of Patient Experience of Care	X	X	Structural Web-Based	N/A
FUH: Follow-Up After Hospitalization for Mental Illness	X	X	Claims-Based	N/A
30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Facility (IPF)		X	Claims-Based	N/A

Summary of Comments Received: Possible Measure and Topics for Future Consideration

Comments:

- Move to electronic clinical quality measures (eCQMs) to reduce burden on providers
- Consider the use of psychiatric scales and instruments commonly used in IPF settings
- Develop and adopt:
 1. An additional measure for identifying individuals with substance use disorders, such as HBIPS-1
 2. A patient and caregiver perception of care measure focused on the psychiatric patient population

Response: CMS will consider these comments as we develop future policy.

Summary of Comments Received:

Possible Measure and Topics for Future Consideration

Comment: Focus on measures that are meaningful to patients

Response: CMS agrees, however there is value in including measures that are not directly tied to the reason that the patient seeks care from an IPF, such as those reflecting professional standards for quality care or evidence-based factors associated with better outcomes. Such measures encourages facilities to address the overall health of the patient.

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FY 2017 APU DETERMINATION AND RECONSIDERATION PROCESSES

FY 2017 IPFQR Program Reporting Requirements

To participate in the IPFQR Program and qualify for the full FY 2017 APU, eligible IPFs had to meet the following requirements by the August 26, 2016, deadline (unless otherwise noted):

- At least one active *QualityNet* Security Administrator
- An IPFQR Program NOP status of “Participating”
- Submission of measure and non-measure data, including:
 - Aggregate, annual numerator and denominator data for the HBIPS-2, -3, -5, -6, -7; SUB-1; TOB-1, -2/-2a; and IMM-2 (Q4 2015 and Q1 2016 only) measures
 - Aggregate, Q4 2015 and Q1 2016 numerator and denominator data for the Influenza Vaccination Coverage among Healthcare Personnel measure (submitted to the CDC by June 15, 2016)
 - Structural measure attestations, including Use of Electronic Health Record and Assessment of Patient Experience of Care
 - Non-measure Data and Population Counts for CY 2015
- Complete and submit the DACA

APU Status Notifications

- Notification letters will be sent on September 15, 2016 to facilities not meeting 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 after the reconsideration request is submitted.

APU Reconsideration Process: *QualityNet* Location

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

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

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HELPFUL RESOURCES

Helpful Resources Links

- **FY 2017 IPPS Final Rule:**
<https://www.gpo.gov/fdsys/pkg/FR-2016-08-22/pdf/2016-18476.pdf>
- **The Joint Commission Specifications Manual, Version 5.0a:**
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228774725171>
- **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

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/>

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 Dates

Upcoming 2016 IPFQR Program educational webinars:

- **October 2016** – *Public Reporting and FY 2017 Measure Results*
- **November 2016** – *TBD*
- **December 2016** – *TBD*

QUESTIONS?