

### **Support Contractor**

# IPFQR Program: FY 2019 IPF PPS Proposed Rule

#### **Questions and Answers**

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Subject-matter experts researched and answered the following questions after the live webinar.

### Question 1: What measures are not affected by the proposed rule?

See Table 8, "Proposed Measure Set for the FY 2020 Payment Determination and Subsequent Years," in the Fiscal Year (FY) 2019 Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) Proposed Rule (83 FR 21124) which lists the following measures not affected by the proposed rule:

### **Chart-Abstracted Measures**

- Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification (HBIPS-5)
- Alcohol Use Brief Intervention Provided or Offered and the subset Alcohol Use Brief Intervention (SUB-2/-2a)
- Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and the subset measure Alcohol and Other Drug Use Disorder Treatment at Discharge (SUB-3/-3a)
- Tobacco Use Treatment Provided or Offered and the subset Tobacco Use Treatment (TOB-2/-2a)
- Influenza Immunization (IMM-2)
- Screening for Metabolic Disorders
- Transition Record with Specified Elements Received by Discharged Patients
- Timely Transmission of Transition Record

#### Claims-Based Measures

- Follow-Up After Hospitalization for Mental Illness (FUH)
- 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)

## **Question 2:**

Does retirement of the eight measures for FY 2020 mean we will not have to report 2018 data if the proposals are finalized? When can we stop collecting data for the eight measures?

As described in the FY 2019 IPF PPS Proposed Rule, if CMS finalizes the removal of any of the IPFQR Program measures, the measure removal(s) will begin with the FY 2020 payment determination. This means, for any measures that are removed, data that are collected on discharges in calendar year (CY) 2018 would not be reported during the CY 2019 data submission period.



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**Question 3:** 

How will the populations be determined for SUB-2 and TOB-2 without the screening that is completed for SUB-1 and TOB-1?

Both TOB-1 and SUB-1 show high levels of measure performance across IPFs; our measure results demonstrate that IPFs are routinely providing tobacco use and alcohol use screenings to patients. We expect facilities to continue to provide these screenings even though we are proposing to no longer require facilities to report TOB-1 and SUB-1 data to CMS. IPFs should use the information obtained from continued provision of tobacco use and alcohol use screenings to inform the SUB-2/SUB-2a and TOB-2/TOB-2a denominator populations.

**Question 4:** 

The Influenza Vaccination Coverage Among Health Care Personnel (HCP) measure is not being proposed as being removed for the Hospital Inpatient Quality Reporting Program. Does this removal only pertain to personnel who work at IPF units/facilities?

If CMS finalizes removal of the Influenza Vaccination Coverage Among HCP measure from the IPFQR Program, providers that are eligible to participate in the IPFQR Program will no longer be required to report the measure data. Specifically, while IPF units that are part of an acute care hospital (ACH) would not have to submit HCP measure data for IPF personnel, the ACH will still have to report HCP data for hospital personnel outside of the IPF unit as part of the IQR measure requirements.

**Question 5:** 

The FY 2019 proposed rule also listed SUB-1 and TOB-3/-3a measures as being removed. Is this no longer valid?

As described in the webinar on slides 12 and 16, as well as in the FY 2019 IPF PPS Proposed Rule (83 FR 21120–21122), the SUB-1, TOB-3/-3a measures were proposed for removal.

**Question 6:** 

What is the expected release date of the final rule?

CMS will announce the release of the FY 2019 IPF PPS Final Rule to IPFQR Program stakeholders via the IPFQR Program ListServe. You may subscribe to receive email notifications via the IPFQR Program ListServe at the www.QualityNet.org website.



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### **Question 7:**

Please elaborate on "patient-level data." Does patient-level data reporting mean 100 percent reporting? How are Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations upheld if we submit patient-level data to CMS for non-Medicare patients?

CMS has not determined the exact form and manner of potential patient-level data reporting in the IPFQR Program. We are soliciting input on this concept, and we encourage you to share your questions, concerns, and opinions about patient-level data reporting by submitting a public comment to the FY 2019 IPF PPS Proposed Rule. If you would like to submit a comment electronically, you may do so by either:

• Clicking on the green button at the top of the proposed rule posted in the *Federal Register* 

#### OR

• Clicking on <a href="http://www.regulations.gov">http://www.regulations.gov</a>, searching for Inpatient Psychiatric Facilities, and clicking on the Comment Now! button next to the rule.

CMS will consider public comments regarding patient-level data while considering whether to require patient-level data reporting in the future.

#### **Question 8:**

# Would CMS use existing methodology from The Joint Commission for submission of patient-level data?

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### Question 9: Where can we get a copy of the Patient Health Questionnaire (PHQ-9)?

The PHQ-9 can be downloaded for free from several online sources, including the Substance Abuse and Mental Health Services Administration at <a href="https://www.integration.samhsa.gov/clinical-practice/screening-tools">https://www.integration.samhsa.gov/clinical-practice/screening-tools</a>.