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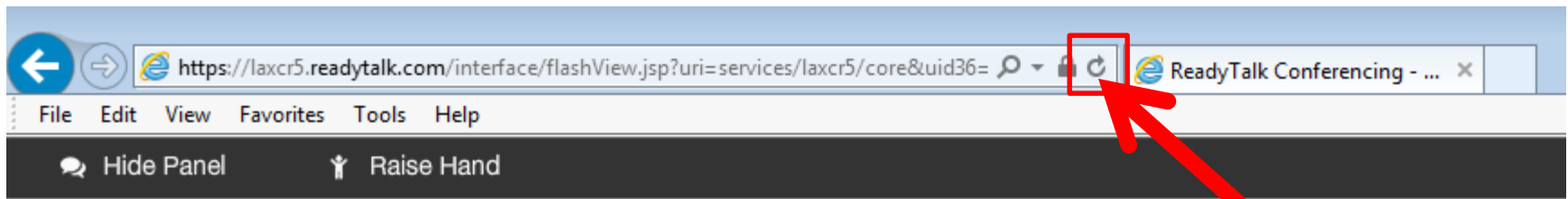
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Audio from computer speakers breaking up?
Audio suddenly stop?

- Click Refresh icon –
or-
Click F5



F5 Key
Top row of Keyboard

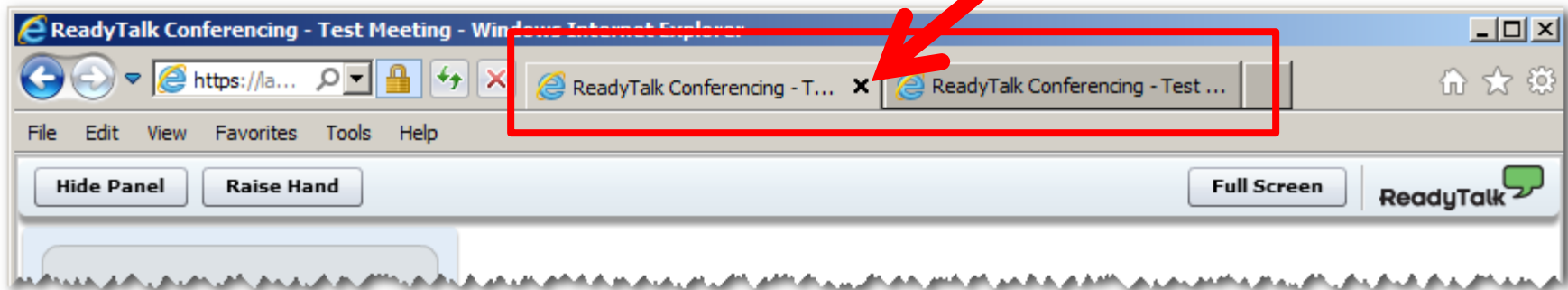


Location of Buttons

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Troubleshooting Echo

- Hear a bad echo on the call?
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- Close all but one browser/tab and the echo will clear up.



Example of Two Browsers Tabs open in Same Event

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



A screenshot of a web browser window showing a CMS event page. The page 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 of the browser window, there is a vertical chat window titled "Chat with Presenter". At the bottom of this chat window, there is a text input field labeled "Type questions here." and a "Send" button. The browser's address bar and other interface elements are visible at the top of the window.



IPFQR Program FY 2019 New Measures Review

Evette Robinson, MPH

Project Lead

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

November 14, 2016

Purpose

This presentation provides an overview of the measure specifications and data reporting requirements for the following newly adopted measures: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge (SUB-3) measure, its subset the Alcohol and Other Drug Use Disorder Treatment at Discharge (SUB-3a) measure, as well as the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF measure.

Learning Objectives

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

- Describe the measure specifications and data reporting requirements for the SUB-3/-3a measure and the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF measure
- Locate and access helpful IPFQR Program resources

Acronyms

AHQR	Agency for Healthcare Research and Quality	HIT	Health Information Technology
APU	Annual Payment Update	ICD-10	International Classification of Diseases, Tenth Revision
CC	Condition Categories	IMM	Immunization
CCS	Clinical Classification System	IPPS	Inpatient Prospective Payment System
CY	Calendar Year	IPFQR	Inpatient Psychiatric Facility Quality Reporting
CMS	Centers for Medicare & Medicaid Services	LOS	Length of Stay
EHR	Electronic Health Record	NHSN	National Healthcare Safety Network
FDA	Food and Drug Administration	NQF	National Quality Forum
FFS	Fee for Service	ONC	Office of the National Coordinator
FR	Final Rule	SDS	Excluded Sociodemographic
FY	Fiscal Year	SUB	Substance Use Measure
HCP	Healthcare Personnel	SUD	Substance Abuse Disorder
HIQR	Hospital Inpatient Quality Reporting	TOB	Tobacco Use Measure
HISP	Health Information Service Provider		

IPFQR Program
FY 2019 New Measures Review

**SUB-3/-3A MEASURE SPECIFICATIONS AND
REPORTING REQUIREMENTS**

Substance Use Measure Set

- SUB-1: Alcohol Use Screening
- SUB-2/-2a: Alcohol Use Brief Intervention Provided or Offered and the subset SUB-2a Alcohol Use Brief Intervention
- SUB-3/-3a: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and the subset SUB-3a Alcohol & Other Drug Use Disorder Treatment at Discharge

SUB-1: Alcohol Use Screening

Description: Hospitalized patients who are screened within the first day of admission using a validated screening questionnaire for unhealthy alcohol use

Numerator: The number of patients who were screened for alcohol use using a validated screening questionnaire for unhealthy drinking within the first day of admission

Denominator: The number of hospitalized inpatients 18 years of age and older

SUB-2: Alcohol Use Brief Intervention Provided or Offered

Description: Patients who screened positive for unhealthy alcohol use who received or refused a brief intervention during the hospital stay

Numerator: The number of patients who received or refused a brief intervention

Denominator: The number of hospitalized inpatients 18 years of age and older who screen positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence)

SUB-2a: Alcohol Use Brief Intervention

Description: Patients who received a brief intervention during the hospital stay

Numerator: The number of patients who received a brief intervention

Denominator: The number of hospitalized inpatients 18 years of age and older who screen positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence)

SUB-3/-3a Measure Data Reporting

- Adopted in the FY 2017 IPPS Final Rule for the FY 2019 payment determination and subsequent years
- Data reporting to begin with patient discharges in CY 2017 (January 1 – December 31, 2017) includes patients discharged in the first quarter of 2017 who were admitted at the end of 2016 and have an LOS of less than 120 days
- Sampling allowed
- Data collected in CY 2017 will be submitted to CMS during the 2018 data submission period and will impact FY 2019 APU Determination

SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge

Description: Patients who are identified with alcohol or drug use disorder who receive or refuse a prescription for FDA-approved medications for alcohol or drug use disorder at discharge OR who receive or refuse a referral for addictions treatment

Numerator: The number of patients who received or refused a prescription for medication for treatment of alcohol or drug use disorder at discharge OR received or refused a referral for addictions treatment

Denominator: The number of hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder

SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge

Description: Patients who are identified with alcohol or drug use disorder who receive a prescription for FDA-approved medications for alcohol or drug use disorder OR a referral for addictions treatment

Numerator: The number of patients who received a prescription for medication for treatment of alcohol or drug use disorder at discharge OR a referral for addictions treatment

Denominator: The number of hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder

Rationale for the SUB-3/-3a Measure

- SUB-1 and SUB-2/-2a focus on alcohol use only
- SUB-3/-3a addresses co-occurring substance use disorders (prevalent in many patients with psychiatric diagnoses)
- SUB-3/-3a does not flow directly from the SUB-1 and SUB-2/-2a measures; however, its inclusion in the SUB measure set will:
 - Ensure that patients continue to receive treatment after discharge
 - Encourage IPFs to offer and provide FDA-approved medication OR a referral for addictions treatment to patient with co-occurring drug or alcohol use disorders at discharge
 - Provide information regarding the rate at which these treatment options are accepted by patients
 - Provide a fuller picture of the entire episode of care

SUB-3/-3a Denominator Statement

Included Populations

- Patients with ICD-10-CM Principal or Other Diagnosis Code for alcohol or drug use disorder listed on Table 13.1 and 13.2 in Appendix A in the [Hospital IQR Specifications Manual, Version 5.2 Discharges 01/01/2017 to 12/31/2017](#)
- Patients with a Principal or Other ICD-10-PCS Procedure Code listed on Table 13.3 in Appendix A in the [Hospital IQR Specifications Manual, Version 5.2 Discharges 01/01/2017 to 12/31/2017](#)

SUB-3/-3a Denominator Statement

Excluded Populations

- Patients less than 18 years of age
- Patient drinking at unhealthy levels who do not meet criteria for an alcohol use disorder
- Patients who are cognitively impaired
- Patients who expire
- Patients discharged to another hospital
- Patients who left against medical advice
- Patients discharged to another healthcare facility
- Patients discharged to home or another healthcare facility for hospice care
- Patients who have a duration of stay less than or equal to one day or greater than 120 days
- Patients who do not reside in the United States
- Patients receiving *Comfort Measures Only* documented

SUB-3 and SUB-3a

Denominator Data Elements

Data Elements:

- Admission Date
- Alcohol Use Status
- Birthdate
- Comfort Measures Only
- Discharge Date
- Discharge Disposition
- ICD-10-CM Other Diagnosis Codes
- ICD-10-PCS Other Procedure Codes
- ICD-10-CM Principal Diagnosis Code
- ICD-10-PCS Principal Procedure Code

SUB-3/-3a Numerator Statement Data Elements

Data Elements:

- Referral for Addictions Treatment
- Prescription for Alcohol or Drug Disorder Medication

SUB-3 Measure Data Element: Referral for Addictions Treatment

Definition

Documentation that a referral was made at discharge for addictions treatment by a physician or non-physician (such as a nurse, psychologist, or counselor)

A referral may be defined as an appointment made by the provider either through telephone contact, fax, or email. The referral may be to an addictions treatment program, to a mental health program, or mental health specialist for follow-up regarding substance use or addiction treatment; it may also be to a medical or health professional for follow-up for substance use or addiction.

SUB-3 Measure Data Element: Referral for Addictions Treatment

Inclusion Guidelines for Abstraction

- Group Counseling
- Individual Counseling
 - Addictions counselor
 - Personal physician
 - Psychiatrist
 - Psychologist

Exclusion Guidelines for Abstraction

- Self-help interventions, such as brochures, videotapes, audiotapes, reactive hotlines/help lines)
- Support groups, such as Alcoholics Anonymous

SUB-3 Measure Data Element: Referral for Addictions Treatment

Allowable Values for Measure Abstraction

1. The referral to addictions treatment was made by the healthcare provider or healthcare organization at any time prior to discharge
2. Referral information was given to the patient at discharge but the appointment was not made by the provider or health care organization prior to discharge
3. The patient refused the referral for addictions treatment and the referral was not made
4. The patient's residence is not in the USA
5. The referral for addictions treatment was not offered at discharge or unable to determine from the medical record documentation

NOTE: To understand the role of these allowable values in the abstraction of the SUB-3/-3a measure we recommend that you review the optional abstraction paper tool that is available on the QualityNet and Quality Reporting Center websites.

SUB-3 Measure Data Element: Prescription for Alcohol or Drug Disorder Medication

Definition

Documentation that an FDA-approved medication for alcohol or drug disorder was prescribed at hospital discharge.

SUB-3 Measure Data Element: Prescription for Alcohol or Drug Disorder Medication

Inclusion Guidelines for Abstraction:

Refer to Appendix C, Table 9.2 for a comprehensive list of FDA-approved medications for alcohol and drug dependence in the [Hospital IQR Specifications Manual, Version 5.2 Discharges 01/01/2017 to 12/31/2017](#)

There are no exclusion guidelines for abstraction.

SUB-3 Measure Data Element: Prescription for Alcohol or Drug Disorder Medication

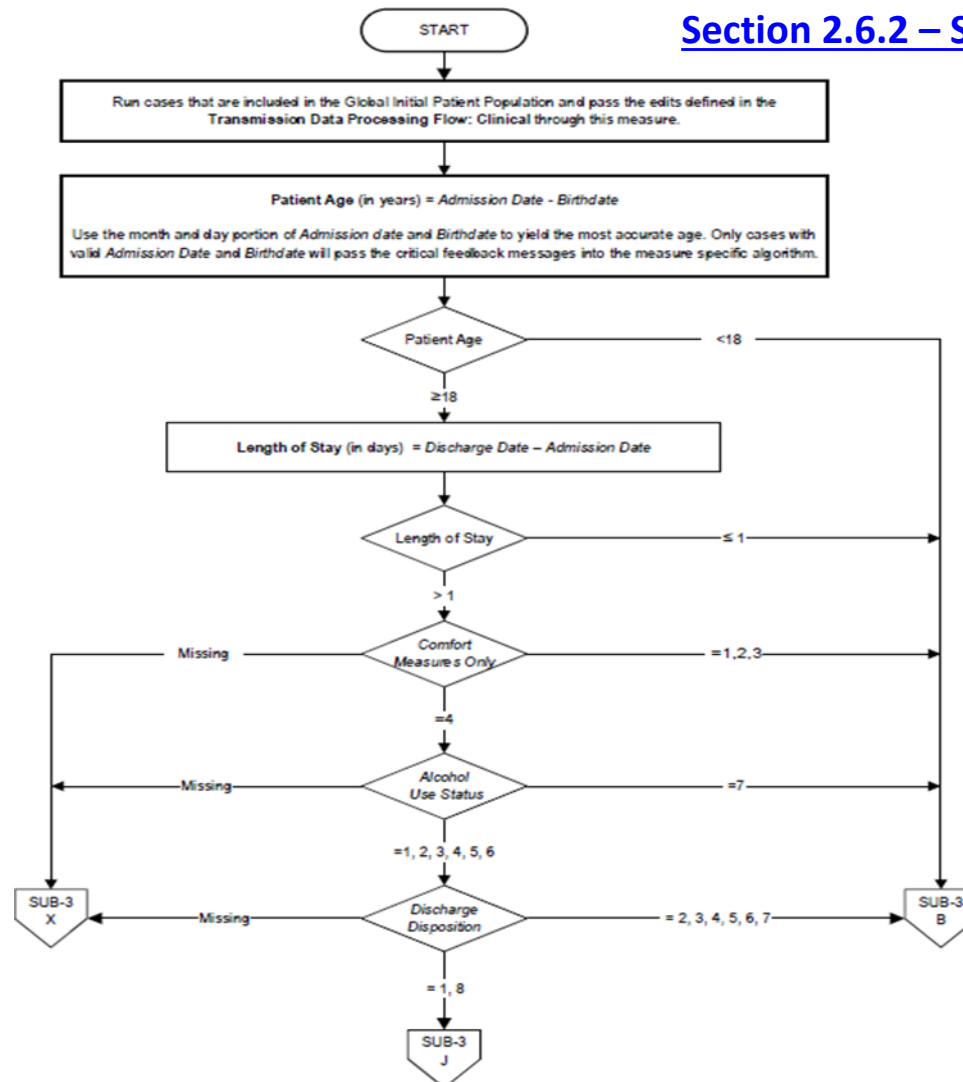
Allowable Values for Measure Abstraction

1. A prescription for an FDA-approved medication for alcohol or drug disorder was given to the patient at discharge
2. A prescription for an FDA-approved medication for alcohol or drug disorder was offered at discharge and the patient refused
3. The patient's residence is not in the USA
4. A prescription for an FDA-approved medication for alcohol or drug disorder was not offered at discharge, or unable to determine from medical record documentation

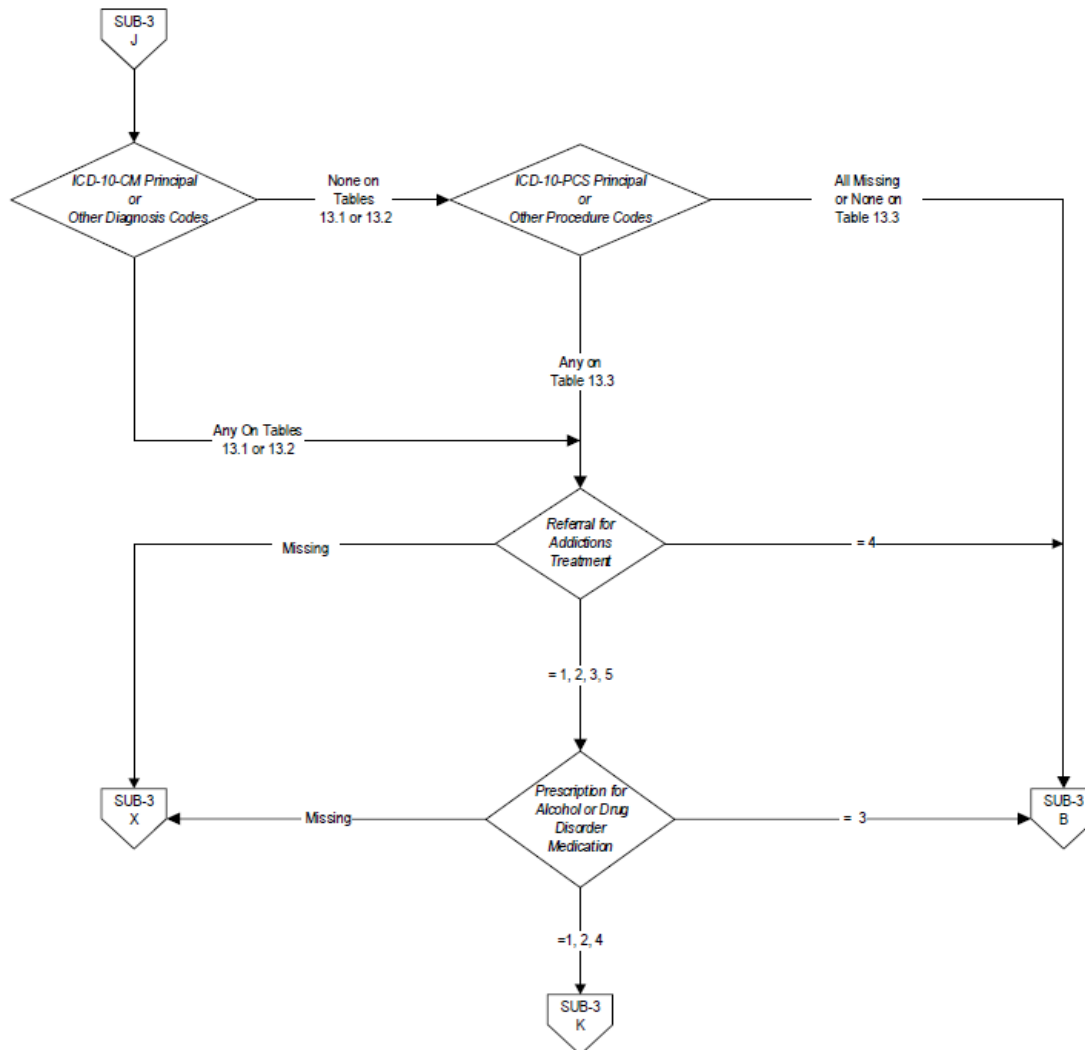
NOTE: To understand the role of these allowable values in the abstraction of the SUB-3/-3a measure we recommend that you review the optional abstraction paper tool that is available on the QualityNet and Quality Reporting Center websites.

SUB-3/-3a Algorithm (part 1)

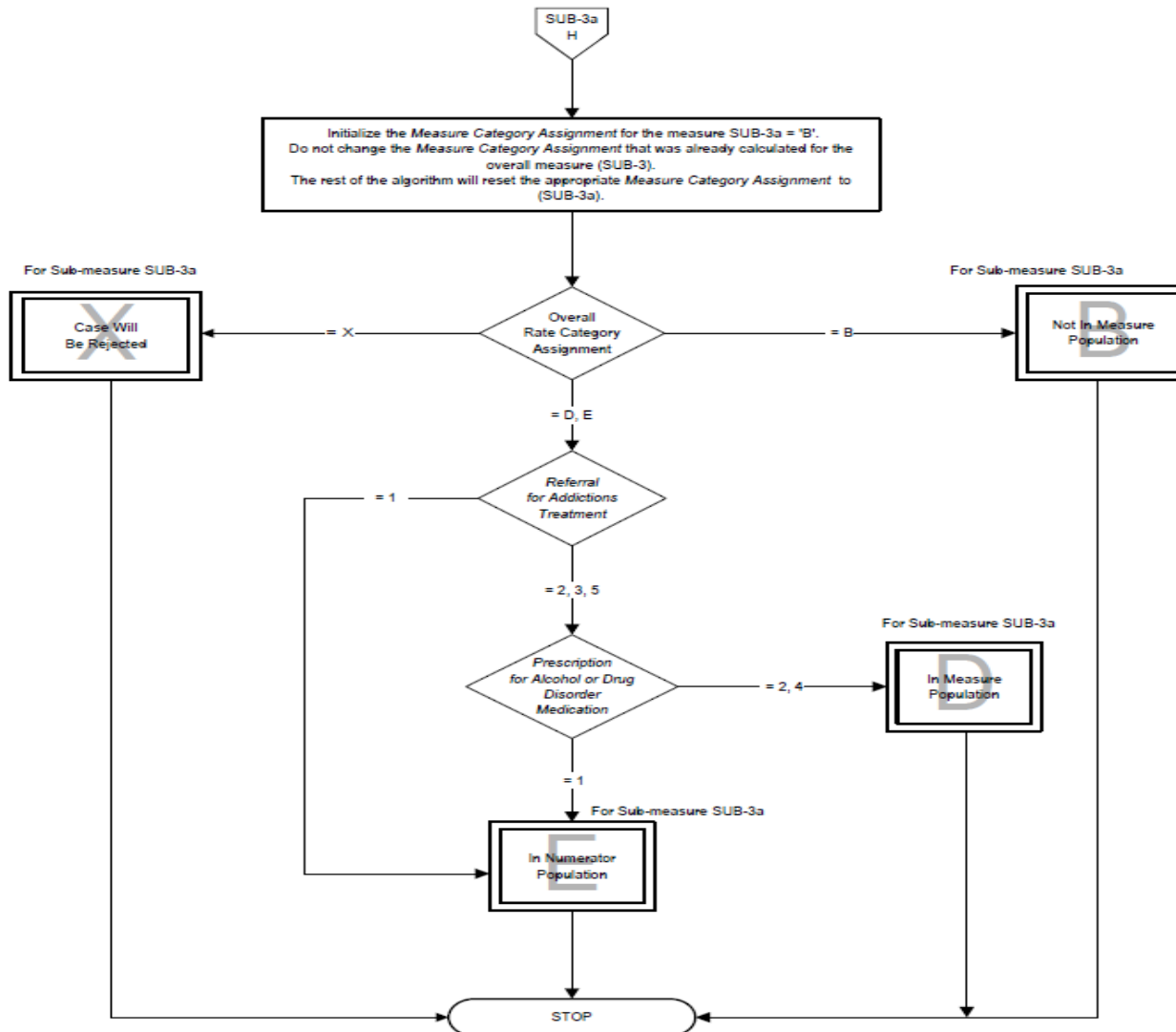
Section 2.6.2 – Substance Use (SUB) MIF



SUB-3/-3a Algorithm (part 2)



SUB-3/-3a Algorithm (part 3)



SUB-3/-3a Measure

Abstraction Questions

Question 1: Are IPFs required to offer both the prescription and a referral for continuing care treatment to meet the SUB-3/-3a measure requirements?

***No.** According to the Measure Information Form found in the Specifications manual for National Hospital Inpatient Quality Measures, a prescription for alcohol or drug disorder medication OR a referral for addiction treatment can be provided at discharge for the case to be included in the numerator of both SUB-3 and the subset SUB-3a.*

Question 2: If an alcohol outpatient agency does not accept appointments but provides the dates and times for a walk-in and this information is provided to the patient and documented, will this be acceptable for referral made?

***Yes.** As long as this information is provided to the patient and documented, it is acceptable.*

Difference Between SUB-3 and the Subset SUB-3a

- **SUB-3** includes all patients who were identified with alcohol or drug use disorder who received or refused at discharge a prescription for FDA-approved medication for alcohol or drug use disorder OR who received or refused a referral for addictions treatment
- **SUB-3a** includes only patients who received a prescription for FDA-approved medications for alcohol or drug use disorder OR received a referral for addictions treatment. Patients who refused the prescription and the referral are not included in the numerator of the subset rate SUB-3a

Sampling Options for FY 2019 Payment Determination Year

The following three options will be available for measure data collected in CY 2017 and submitted in CY 2018, impacting FY 2019 payment determination:

- No sampling
- Use the existing sampling methodologies described in the HIQR Specifications Manual
- Submit one uniform sample as described in the FY 2016 IPF PPS Final Rule

HIQR Specifications Manual

Sampling Guidelines

Monthly Sample Size		Quarterly Sample Size	
Average Monthly Initial Patient Population Size “ <i>N</i> ”	Minimum Required Sample Size “ <i>n</i> ”	Average Quarterly Initial Patient Population Size “ <i>N</i> ”	Minimum Required Sample Size “ <i>n</i> ”
≥ 516	104	≥ 1551	306
131–515	20% of the IPP	391 - 1550	20% of the IPP
26–130	26	78-390	78
<26	No sampling; 100% IPP required	6 – 77	No sampling 100% IPP required
		0 – 5	If submission occurs, 1 – 5 cases of the IPP may be submitted

IPFQR Program Uniform Sampling Guidelines

IPFQR Program Uniform Sampling (FY 2016 IPF PPS Final Rule)	
Number of Cases in Initial Patient Population	Number of Records to be Sampled
$\geq 6,117$	1,224
3,057–6,116	20%
609–3,056	609
0–608	All cases

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**THE 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 Background

- Readmissions following IPF admissions are common. More than 20% of IPF admissions for Medicare beneficiaries were followed by readmission within 30 days of discharge (2012 – 2013)
- There is a wide variation in readmission rates. Unadjusted facility-level 30-day readmission rates varied from 12% in the 10th percentile to 27% in the 90th percentile
- Readmissions are costly Average Medicare payment for IPF admissions in 2012 was nearly \$10,000
- Readmissions are an undesirable outcome for patients and their caregivers, they:
 - Represent deterioration in condition
 - Disrupt recovery process

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

IPF Influence on Readmission Rates

There are effective strategies IPFs have used to reduce readmission rates

- Administering evidence-based treatments
- Connecting patients to post-discharge services and follow-up care
- Performing medication reconciliation
- Communicating with the outpatient care provider
- Providing discharge planning including patient education

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

Adopted for use in the IPFQR Program, per the FY 2017 IPPS Final Rule

- Dry Run to be conducted in 2017
- Public reporting on Hospital Compare to begin in 2018
- NQF endorsement is pending

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

- Estimates unplanned, 30-day, risk-standardized readmission rates for adult FFS patients with principal discharge diagnoses of psychiatric disorder
- Represents a 24 month performance period
- Uses administrative claims calculated by CMS
 - IPFs do not have to submit any additional data to get credit for their IPF payment determination
 - Measure being re-specified for ICD-10
- Expresses a harmonized development of this “all-cause” readmission measure with other readmission measures that are endorsed by NQF and in use by CMS programs
- Promotes a holistic approach to the treatment of patients with psychiatric disorders, who often have comorbid medical conditions

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

CMS will calculate the measure outcome using information from the following three sources:

- Medicare Denominator file
- Medicare FFS Part A records
- Medicare FFS Part B records

NOTE: This is a claims-based measure; therefore, no action is required of IPFs to satisfy this measure.

The 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF Data Source Defined

The Medicare Denominator file

Patient demographic, enrollment, and vital status information for all beneficiaries enrolled during the calendar year

Part A data

Final action claims submitted by institutional providers for reimbursement of services provided to beneficiaries

Institutional providers include acute care and critical access hospitals, inpatient psychiatric facilities, home health agencies, and skilled nursing facilities

Part B data

Final action claims submitted by non-institutional providers including physicians, physician assistants, clinical social workers, nurse practitioners, and other providers, such as clinical laboratories and ambulance providers

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

The eligible population includes index admissions to inpatient psychiatric facilities during the measurement period

- Index admissions define the measure cohort
- Readmission outcomes are attributed to eligible index admissions

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

The cohort includes admissions to IPFs for patients:

- Age 18 or older at admission
- Discharged alive
- Enrolled in Medicare FFS Parts A and B during the 12 months before the admission date, month of admission, and at least one month after the month of discharge
- Discharged with a principal diagnosis of psychiatric illness included in one of the AHRQ CCS ICD groupings

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

The cohort excludes admissions for patients:

- Discharged against medical advice
- With unreliable demographic and vital status data
- Transferred to another acute setting
 - Transfers are defined as admission to another IPF or acute care hospital on the day of or day following discharge (day zero or day one of follow-up period)
 - The hospital that discharges the patient to home or a non-acute care setting is accountable for subsequent readmissions
- With interrupted stays
 - Interrupted stays are defined as admissions to the same IPF within two days of discharge (day zero – day two of follow-up period)
 - Claims for interrupted stays are combined into the same claim as the index admission and do not appear as readmissions

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

Facility-level, risk-standardized readmission rate

- Eligible readmissions are defined as unplanned inpatient admissions for any cause to IPF or short-stay acute care hospitals, including critical access hospitals, on or between days three and 30 post-discharge (The CMS 30-Day Planned Readmission Algorithm, Version 4.0 is used to identify planned readmissions)
- Readmissions are eligible as index admissions if they meet all other eligibility criteria

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

- Gender
- Age (7 groupings)
- Principal discharge diagnoses (Modified AHRQ CCS ICD groupings for psychiatric disorders)
- Comorbidities (Modified CMS CC ICD groupings)
 - Psychiatric CCs
 - Non-psychiatric CCs
- Other variables from 12 months prior to admission
 - Discharged against medical advice
 - Suicide attempt or self-harm
 - Aggression

NOTE: The final risk model for the measure as submitted to the NQF SDS status as such risk factors did not improve model performance.

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**FY 2017 IPF PERFORMANCE AND
IMPROVEMENT REVIEW**

Recognition for FY 2017

Performance and Improvement

CMS would like to acknowledge the top performing and most improved IPFs in the nation. The following criteria were used in this analysis:

- Lower rates indicate better performance for the HBIPS-2 and HBIPS-3 measures
- Higher rates indicate better performance for the HBIPS-5, HBIPS-6, HBIPS-7, and SUB-1 measures
- Performance improvement for the HBIPS-2 and HBIPS-3 measure is defined as a decrease in the rate from FY 2016 to FY 2017
- Performance improvement for the HBIPS-5, HBIPS-6, HBIPS-7, and SUB-1 measures is defined as an increase in the rate from FY 2016 to FY 2017
- Only IPFs that selected the attestations, reflected on the following slide for the structural measures, were included in the highest performing and most improved calculations

Recognition for FY 2017

Performance and Improvement

Only IPFs that submitted the following responses to the structural measures were eligible for recognition on the highest performing and most improved lists:

Structural Measure	Question	Answer
Use of an Electronic Health Record	Please select which of the following statements best describes your facility's highest level of typical use of an EHR System (excluding the billing system) during the reporting period.	ONC HIT Certified EHR technology
Use of an Electronic Health Record	Did the transfers of health information at times of transitions in care include the exchange of interoperable health information with a HISP?	Yes
Assessment of Patient Experience of Care	Did your facility routinely assess patient experience of care using a standardized collection protocol and a structured instrument?	Yes

Top Performers for FY 2017

State	Hospital ID	Hospital Name
CA	050124	USC VERDUGO HILLS HOSPITAL
FL	100226	ORANGE PARK MEDICAL CENTER
IN	150037	HANCOCK REGIONAL HOSPITAL
IN	150046	TERRE HAUTE REGIONAL HOSPITAL
KS	170086	STORMONT VAIL HOSPITAL
LA	190133	ALLEN PARISH HOSPITAL
MN	240056	RIDGEVIEW MEDICAL CENTER
MS	250093	BOLIVAR MEDICAL CENTER
NC	340001	CAROLINAS MEDICAL CENTER-NORTHEAST
NC	340144	DAVIS REGIONAL MEDICAL CENTER
NH	300017	PARKLAND MEDICAL CENTER
NH	300029	PORTSMOUTH REGIONAL HOSPITAL
NV	290047	SOUTHERN HILLS HOSPITAL AND MEDICAL CENTER
NY	330193	FLUSHING HOSPITAL MEDICAL CENTER
PA	390116	SUBURBAN COMMUNITY HOSPITAL
SC	420030	COLLETON MEDICAL CENTER
SD	430014	AVERA ST LUKES
TX	450087	NORTH HILLS HOSPITAL
TX	450766	U.T. SOUTHWESTERN UNIVERSITY HOSPITAL - ZALE LIPSHY
VA	490126	LEWISGALE HOSPITAL - ALLEGHANY
WI	521343	STOUGHTON HOSPITAL

Most Improved Performance from FY 2016 and FY 2017

State	Hospital ID	Hospital Name
AR	040119	WHITE RIVER MEDICAL CENTER
AZ	030007	VERDE VALLEY MEDICAL CENTER
CA	050305	ALTA BATES SUMMIT MEDICAL CENTER - ALTA BATES CAMP
FL	100045	FLORIDA HOSPITAL DELAND
FL	100034	MOUNT SINAI MEDICAL CENTER
FL	100110	OSCEOLA REGIONAL MEDICAL CENTER
IL	140008	GOTTLIEB MEMORIAL HOSPITAL
IN	150082	DEACONESS HOSPITAL INC
MI	230047	HENRY FORD MACOMB HOSPITAL
MI	230046	UNIVERSITY OF MICHIGAN HEALTH SYSTEM
MO	260062	SAINT LUKES NORTHLAND HOSPITAL
MO	260195	CITIZENS MEMORIAL HOSPITAL
NY	330125	ROCHESTER GENERAL HOSPITAL
OH	360134	GOOD SAMARITAN HOSPITAL
OR	380017	LEGACY GOOD SAMARITAN MEDICAL CENTER
PA	390009	SAINT VINCENT HOSPITAL
RI	410005	OUR LADY OF FATIMA HOSPITAL
VA	490059	BON SECOURS ST MARYS HOSPITAL
WA	500015	MULTICARE AUBURN MEDICAL CENTER
WI	520098	UNIVERSITY OF WI HOSPITALS & CLINICS AUTHORITY

IPFQR Program
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HELPFUL RESOURCES

Helpful Resources

IPFQR Program Manual and Paper Tools

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:

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

Helpful Resources

IPFQR Program Manual

Key updates to the manual include:

- Information about the SUB-3/-3a and 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF
- Refined measure specifications, including definition of terms for the Transition Record with Specified Elements Received by Discharged Patients and the Timely Transmission of Transition Record measures
- Updated data reporting, sampling, and submission details

Helpful Resources

IPFQR Program Optional Paper Tools

Optional Measure Abstraction and Data Collection Tools

- HBIPS-2 and HBIPS-3
- HBIPS-5
- IMM-2
- SUB-1, 2/-2a, -3/3a
- TOB-1, 2/-2a, -3/3a
- Screening for Metabolic Disorders
- Transition Record with Specified Elements Received by Discharged Patients and the Timely Transmission of Transition Record
- Non-Measure Data Collection Tool

Helpful Resources Links

FY 2017 IPPS Final Rule

<https://www.gpo.gov/fdsys/pkg/FR-2016-08-22/pdf/2016-18476.pdf>

National Hospital Inpatient Quality Measures Specifications Manual v5.2a

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic/Page/QnetTier4&cid=1228775749207>

Helpful Resources

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 IPFQR Program educational webinars:

December 2016

Measures Under Consideration (MUC) and the Measure Applications Partnership (MAP) Processes

January 2017

NHSN Enrollment and Influenza Vaccination Among HCP Measure Refresher

February 2017

IPFQR Program Manual and Paper Tools

IPFQR Program FY 2019 New Measures Review

QUESTIONS?

Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

CE Credit Process

- Complete the ReadyTalk[®] survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
 - This is a separate registration from ReadyTalk[®].
 - Please use your PERSONAL email so you can receive your certificate.
 - Healthcare facilities have firewalls up that block our certificates.

CE Certificate Problems?

- If you do not immediately receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that is sent out.
- Please go back to the **New User** link and register your personal email account.
 - Personal emails do not have firewalls.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by [SurveyMonkey](#)
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CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

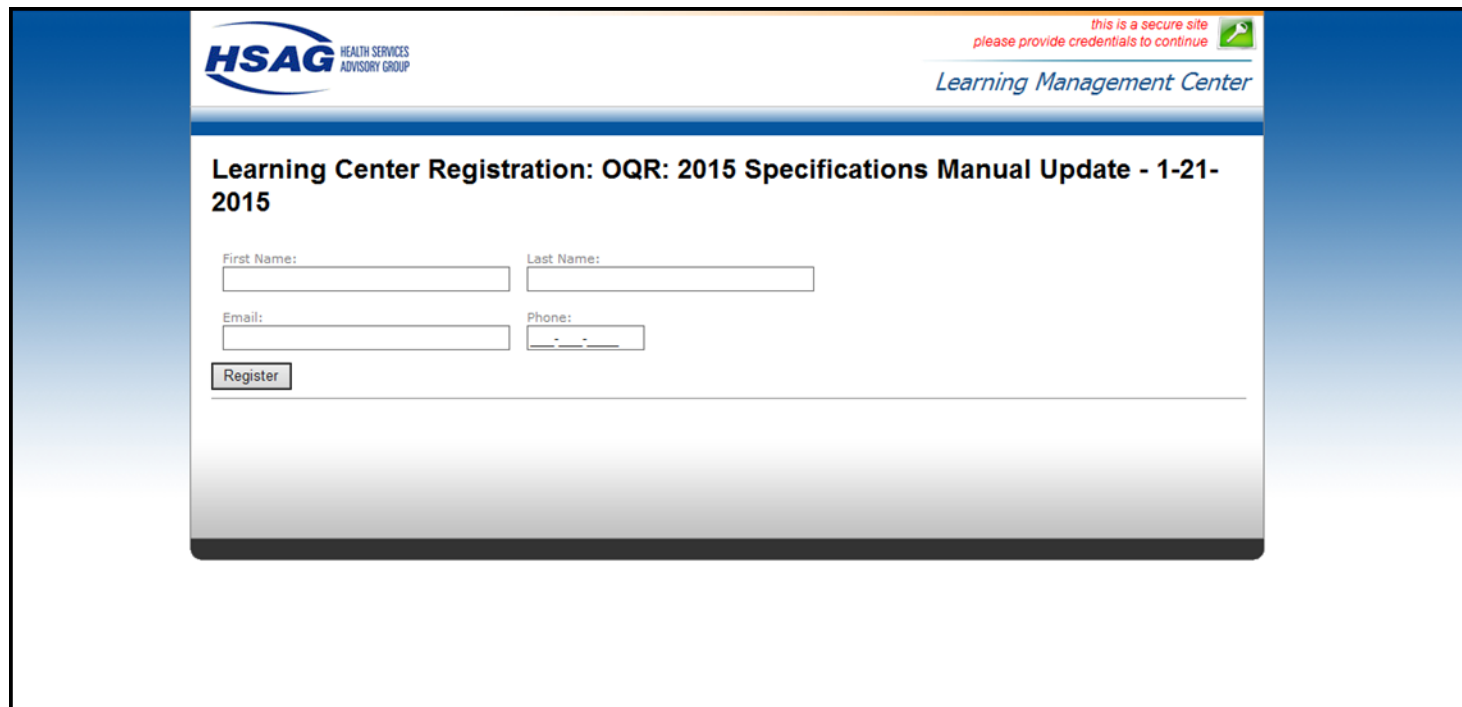
New User Link:
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User



The screenshot shows a web browser window displaying the registration page for a new user. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security warning on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the page title is "Learning Management Center". The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The page is framed by a blue border on the left and right sides.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

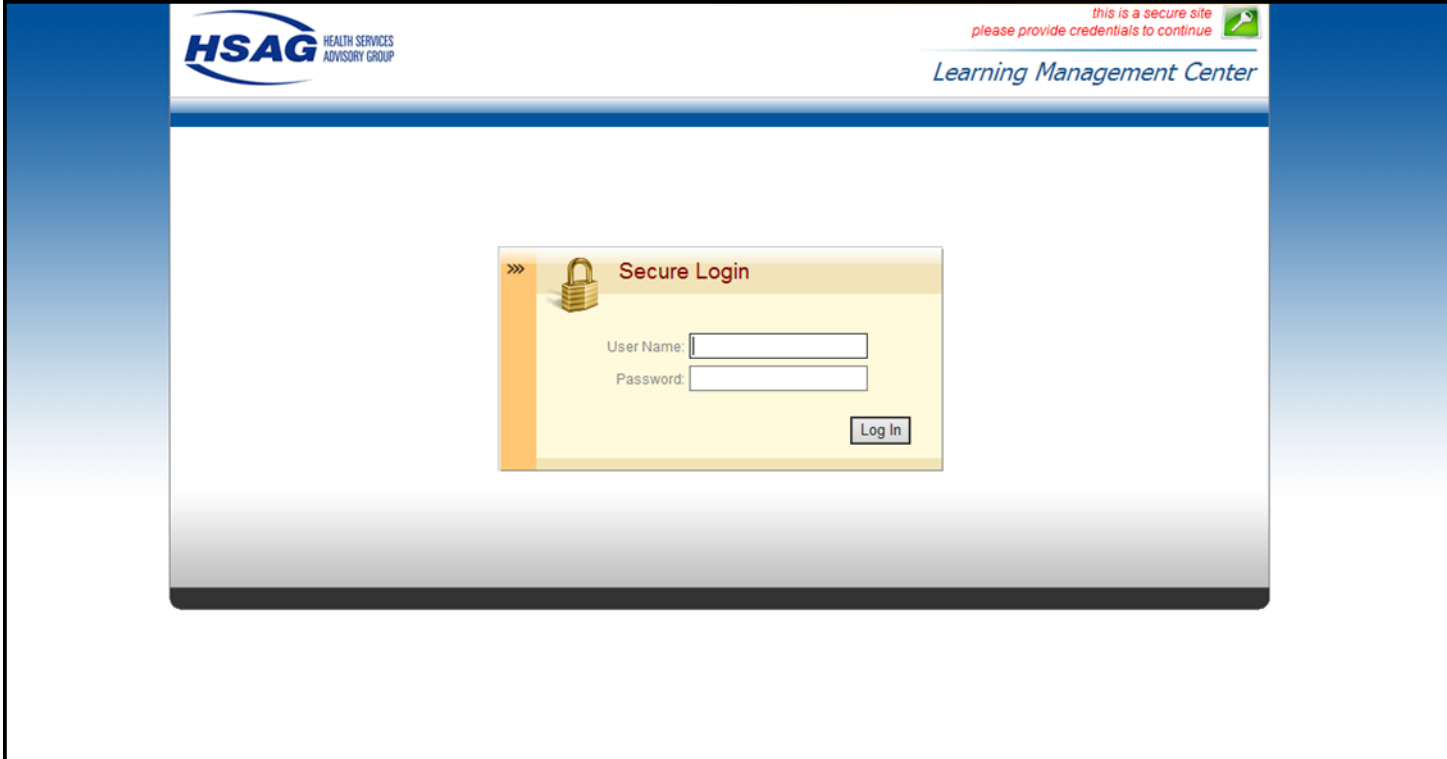
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security notice reads "this is a secure site please provide credentials to continue" next to a lock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.