



Inpatient Quality Reporting (IPFQR) Program

Support Contractor

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

Presentation Transcript

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2 p.m. ET.

Matt McDonough: Good afternoon everybody, and thank you for joining us for this afternoon's webinar. My name is Matt McDonough and I am going to be your virtual host for today's event. Before we start today's event, I'd like to cover some basic housekeeping items with you, so that you understand how today's event is going to work and how you can interact with our presenters throughout the course of the event today.

As you can see on the screen, we are streaming audio for this event over ReadyTalk® Internet streaming, and what that means for you is that there is no telephone line that's required for you to listen in, but you got to have those computer speakers or headphones connected in order to hear that streaming audio feed. Now we realize that not everybody has speakers or headphones, or that there may be some issues encountered during that, so we do have a limited number of dial-in lines available. If you find that you need one of those lines at any time during today's event, please go ahead and send a Chat message to all of our presenters, and one of our presenters will get that number out to you immediately. Also, as a standard process, this event is being recorded, so that we can archive it and publish it at a later date.

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Now for those of you who are streaming audio over the computer, we do have some troubleshooting tips that may help you resolve some commonly encountered issues, such as the one displayed on this screen. If your audio from your speakers starts to breaking up or suddenly stops completely – what you can do to resolve this is just click that “Pause” button that’s located in the upper left side of your screen, as shown here. Once you click that button, wait about five seconds and then click the “Play” button. That should resume your audio stream and it will also catch you up to the current location in the slide deck. So, if you find that your slides or your audio, or slides are – maybe lagging behind a little bit, you can always do this process, as well, to get up to the audio feed.

Now, if you hear my voice right now and it seems to be a very bad echo, like you are hearing me more than once, that usually means that you are connected to our event more than once and you are hearing multiple audio feeds over your speakers. So the easy way to resolve this is to close all but one of those browsers or tabs that might be open. Just leave one of them open. At that point, you’ll only be hearing one audio feed and that echo that you are experiencing will clear up. And an example of what that might look like is found here on the slide. Now, although we are all in a listen only mode today, as an attendee that doesn’t mean that we can’t submit our questions to our panelists and presenters today. To do that you do have a chat window located on the left side of your screen. At the bottom left there is a Chat with Presenter box. You would simply type your question into that Chat with Presenter Box. Once you have typed it in, click “Send.” All of our panelists online today will see your question and, as time and as resources and as the availability of answers allows, we’ll answer as many questions in the Chat as we can. So, please keep in mind that your questions are being archived to be addressed in a future Q&A document for this event.

That’s going to do it for my brief introduction. So, without further ado, I would like to hand it over to first speaker of the day.

Evette Robinson

Hello and welcome to the Fiscal Year 2016 IPF PPS Final Rule APU Determination Process and Reconsideration Review webinar for the IPFQR Program. My name is Evette Robinson, and I am the project lead with the Value, Incentives, and Quality Reporting Education and Outreach Support Contractor for the IPFQR Program. Before we start today’s presentation, I would like to cover just a few housekeeping items pertaining to today’s webinar. The slides for this presentation were posted to the qualityreportingcenter.com website prior to the event. If you did not receive these slides beforehand, please go to qualityreportingcenter.com. On the right side you will see a list of upcoming events. Click on the link for this event; scroll down to the bottom of the page; and there you will find the presentation slides available for download. Toward the end of

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today's presentation we will include some polling questions. And, as was mentioned earlier, this session is being recorded, and the slides, transcript, webinar recording, and questions and answer session of the presentation will be posted on the *QualityNet* and *Quality Reporting Center* websites at a later date.

I am delighted to introduce to you all our guest speakers for today's presentation, Dr. Jeffrey Buck. Dr. Jeffrey Buck is the Program Lead for the Inpatient Psychiatric Facility Quality Reporting Program and the Senior Advisor for Behavioral Health in the Center for Clinical Standards and Quality in the Centers for Medicare & Medicaid Services, or CMS. Before coming to CMS, Dr. Buck held senior positions in the Substance Abuse and Mental Health Services Administration and was a Section Editor of the Surgeon General's Report on Mental Health. We also have in attendance with us today, Rebecca Kliman, the Senior Technical Advisor for the IPFQR Program. And now I'll turn the presentation over to Dr. Buck.

Jeffrey Buck

Thank you, Evette. During this presentation participants will learn about changes to the IPFQR program as delineated in the FY 2016 IPF Prospective Payment System Final Rule, as well as the Annual Payment Update determination and reconsideration processes.

At the conclusion of this presentation, attendees will understand the IPFQR program changes as stated in the FY 2016 IPF PPS Final Rule, as well as the APU determination and reconsideration processes.

This slide includes a list of acronyms we'll be referencing during the presentation.

The first part of today's webinar will focus on the Fiscal Year 2016 IPF PPS Final Rule.

The IPF PPS FY 2016 Final Rule was published on August 5, 2015 in the Federal Register found at the web link on the slide. The IPFQR Program, 42 CFR Part 412, begins on page one of the PDF, or page 46,651 of the Federal Register. In the next several slides I will review changes to the IPFQR program as described in the Final Rule.

I would like to take this time to summarize the measure additions, removals, and new data reporting requirements described in the FY 2016 Proposed Rule. However, before I do this in detail, on this slide is all you need to know about the changes that occurred between the Proposed and the Final Rule. In the Proposed Rule we received a number of comments expressing concern about the ability of facilities to be able to make the changes necessary to begin collecting measure data by January 1 for three

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of the five new measures that we proposed. These measures were: Transition Record with Specified Elements Received by Discharged Patients; Timely Transmission of Transition Record; and Screening for Metabolic Disorders. As a result of these concerns, we changed the initial date for collecting these measures from January 1 to July 1 of 2016. This will give facilities nearly a year to prepare for the collection of these measures. This change only affects these three measures. Data collection for the other two new measures remains at January 1.

I will now review all of the changes to the reporting program that were established in the Final Rule that take effect on October 1. The purpose of today's review is just to re-familiarize you with the changes made to the program. Future webinars will go into more detail about the collection of the new measures and other program changes. First we have added five new measures to the program beginning with the FY 2018 payment determination and subsequent years. These are: Tobacco Use Treatment Provided or Offered at Discharge and the subset, Tobacco Use Treatment at Discharge; Alcohol Use Brief Intervention Provided or Offered and the subset, Alcohol Use Brief Intervention; Transition Record with Specified Elements Received by Discharged Patients; Timely Transmission of the Transition Record; and finally, Screening for Metabolic Disorders. So I have just described collection of data for the first two measures [which] should begin on January first, the remaining three on July first.

The first new measure that we will discuss is the TOB-3 measure and its subset, TOB-3a. The TOB-3 Tobacco Use Treatment Provided or Offered at Discharge measure and its subset to TOB-3a Tobacco Use Treatment at Discharge is chart-abstracted and reported as two rates. The first rate concerns patients identified as tobacco product users within the past 30 days, who were referred to or refused evidence-based outpatient counseling and received or refused a prescription for FDA-approved cessation medication upon discharge. The subset, TOB-3a, are patients who were referred to evidence-based outpatient counseling and received a prescription for FDA-approved cessation medication upon discharge, as well as those who were referred to outpatient counseling and had a reason for not receiving a prescription for medication. The difference between the two is that TOB-3a does not include patients who refuse the offer of outpatient counseling and medication. Tobacco use is a major problem among inpatient psychiatric inpatient patients. Part of the rationale for the adoption of this measure is that together with the TOB-1 and TOB-2 and 2a measures, it would showcase both the facilities' practice of screening patients for tobacco use and the outcomes of facilities' practice of offering opportunities for tobacco use cessation, both during the course of the stay and upon discharge. They will also alert IPFs to gaps in treatment for smoking cessation at discharge if rates for these measures are low.

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Alcohol use Brief Intervention Provided or Offered and the subset, Alcohol Use Brief Intervention is the second new measure. The SUB-2 and SUB-2a measure is charted – are chart-abstracted and reported as two rates. The overall rate, SUB-2, assesses patients to whom a brief alcohol use intervention was provided, or offered and refused. The second rate includes only patients who receive a brief intervention. Part of the rationale for this measure is that the SUB-2 and its subset 2 – SUB-2a depict the rate at which patients who screen positive for unhealthy use accept the offered interventions. This could alert IPFs to gaps in treatment for unhealthy use if rates are low, which supports the development of quality improvement plans and better patient engagement in treatment.

The next new measure is the Transition Record with Specified Elements Received by Discharged Patients. The measure replaces the existing HBIPS-6 Post-Discharge Continuing Care Plan measure. The measure's numerator includes 11 required elements compared to four in the existing HBIPS-6 measure. This chart-abstracted measure, which was developed by the American Medical Association-convened Physician Consortium for Performance Improvement, assesses the percentage of patients, regardless of age, discharged from an inpatient facility to home or another site of care, or their caregivers, who received a transition record and with whom a record of all included information was documented at the time of discharge. The aim of this new measure is to increase patient care coordination and prevent gaps in care transitions caused by patients receiving inadequate or insufficient information that lead to avoidable adverse events in patient readmissions.

Another new measure pertaining to the transition record is the Timely Transmission of Transition Record. The measure replaces the existing HBIPS-7 Post-Discharge Continuing Care Plan Transmitted to the Next Level of Care Provider Upon Discharge measure. The new measure's numerator includes patients with transmission of a transition record within 24 hours of discharge, compared to those transmitted within five days of discharge for the HBIPS-7 measure. The aim of this measure is to improve patient care, reduce systemic medical errors, and improve patient outcomes through more timely communication of vital information regarding the inpatient hospitalization.

The last new measure is Screening for Metabolic Disorders. This chart-abstracted measure assesses the percentage discharges with an antipsychotic medication, who received a metabolic screening either prior to or during the index IPF stay. The metabolic screening must consist of four tests: BMI, blood pressure, glucose, or HBA1C anti-lipid panel, and the screening must have been – must have been completed within the past year. The rationale for this measure is to reduce the risk of preventable adverse events and improve the physical health status of the patient into

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address the recognized quality issue and the treatment of patients receiving antipsychotics. This measure aligns with a consensus statement supported by the American Diabetes Association, the American Psychiatric Association, the American Association of Clinical Endocrinologists, and the North American Association for the Study of Obesity, which recommended the implementation of baseline screening measures for patients before, or as soon as clinically feasible after the initiation of any antipsychotic medication to assess patients' risk for metabolic syndrome.

Consistent with the loss of NQF endorsement, CMS removed the HBIPS-4, Patients Discharged on Multiple Antipsychotic Medications measure for the FY 2017 payment determination and subsequent years. The HBIPS-5 measure, Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification, sufficiently includes the information that HBIPS-4 was intended to collect. Through the adoption of the two new transition measures, CMS removed HBIPS-6, Post Discharge Continuing Care Plan Created and HBIPS-7, Post Discharge Continuing Care Plan Transmitted to the Next Level of Care at Discharge. These measures will not be required for collection after the end of the current calendar year.

There are two ways in which the Final Rule aims to reduce the burden of data collection and reporting for IPFs. First, through the elimination of reporting by age [group] and quarter. Beginning with the 20 – excuse me, beginning with the FY 2017 payment determination and subsequent years, IPFs will only need to report data for chart-abstracted measure on an aggregate basis by year rather than by quarter and to discontinue reporting by age group. Second area in which we have attempted to reduce the burden of data collection, concerns aggregate population count reporting. For FY 2017 payment determination in subsequent years, CMS will no longer require non-measure data by quarter, but instead as an aggregate yearly count. However, requirements for reporting non-measure data by age group, payer, and diagnosis remain.

CMS also addressed previous concerns expressed about sampling, by now allowing IPFs to optionally use one global sample for the following measures: HBIPS-5; SUB-1, -2, and -2a; TOB-1, -2, -2a, -3, and -3a; IMM-2; Transition Record with Specified Elements Received by Discharged Patients; Timely Transmission of Transition Record; and Screening for Metabolic Disorders.

This slide presents the annual global sampling requirements and shows how they translate to monthly and quarterly requirements.

This slide and the following one provide an overview of the reporting, submission, and sampling expectations for measures impacting this FY

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2017 payment determination. Note that this table excludes HBIPS-4, which has been removed.

Again, this slide provides the remainder of the overview of the remaining four measures for FY 2017.

Because of the changes in the Final Rule, the non-measure data collection required of IPFs now includes discharge by diagnostic categories, payer groups, and age strata. Additionally, information will be collected on sample sizes for measures for which sampling is allowed. This information will assist us in determining compliance with program requirements, as well as to improve CMS' ability to assess relevance and impact of potential future measures.

This slide details the reporting periods and data submission period for IPF measures that impact the FY 2018 payment determination. Again, this excludes the HBIPS-4 measure and replaces the HBIPS-6 and HBIPS-7 measures with the Transition Record with Specified Elements Received by Discharged Patients and the Timely Transmission of Transition Record measures, respectively.

This slide is a continuation of the previous slide, with details on the reporting periods and data submission periods for IPF measures that impact the FY 2018 payment determination year and beyond. This completes the overview of the Final Rule. We understand that you may have questions about some of these new measures and program provisions. We intend to go into more detail about all of these areas in future webinars. If you have particular issues that you would like us to address in these webinars, you may submit them through the Q&A tool, which Evette will reference toward the end of this webinar. We will do our very best to answer them. Now I am returning the presentation to Evette, who will go over the APU determination and reconsideration processes.

Evette Robinson

Thank you, Dr. Buck. The next few slides will provide a general overview of the APU determination and reconsideration processes.

This slide lists the four major requirements to participate in the IPFQR programs, as well as qualify to receive the full FY 2016 APU. Specifically, eligible IPFs have to meet the following requirements by the August 15, 2015 deadline: first, there had to be a complete *QualityNet* registration on file – this is to ensure that an IPF had an active Security Administrator; second, the IPFQR Program Notice of Participation had to have a status of *Participating*; third, IPFs had to submit measure data, which include the aggregate numerator and denominator data for all age groups and quarters for the HBIPS-2, -3, -4, -5, -6, and -7 measures,

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aggregate numerator and denominator data for all quarters for the SUB-1 measure; and finally, the Structural Measure attestations, which included use of Electronic Health Record and Assessment of Patient Experience of Care. The fourth and final requirement was to complete the DACA form, or the Data Accuracy and Completeness Acknowledgement form. Eligible IPFs that did not participate in the IPFQR program for Fiscal Year 2016 or did not meet all of the reporting requirements will be subject to a two percentage point reduction of their Annual Payment Update or APU for Fiscal Year 2016.

Currently there 1,662 facilities that are eligible to participate in the Inpatient Psychiatric Facility Quality Reporting Program for FY 2016. Despite access issues and systems errors encountered over the course of the data submission period, 97 percent of eligible IPFs met all of the program requirements to qualify for receipt of full APU.

APU status notification letters were sent on September 8, 2015 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 payment notification. Facilities that choose to file a reconsideration [request] will be notified by CMS approximately 90 days after the reconsideration request is submitted.

An overview of the APU reconsideration process, including the IPF reconsideration request form, can be found on the APU Reconsideration page on CMS' *QualityNet* website. You can access it by going to the direct link that is provided on this slide. Before we continue through the remainder of the presentation we would like to ask a few polling questions.

Matt McDonough

Thank you very much, Evette. This is Matt, your host, and as Evette just noted, we are going to ask some polling questions – polling/quizzing questions to make sure the information that was presented during today's webinar is fully understood. So how this is going to work is on the next few slides there will be polling questions that display on your screen and to answer those questions you simply click one of the options as presented and then click the "Submit" button. Once you do click the "Submit" button for any question that is asked, you actually see real time results coming from all 800 plus of our attendees today. So we do invite you to test your knowledge, provide your feedback, et cetera, by participating in these polling questions as they come up. So let's go ahead and we'll advance to the first polling question.

And the question is this, "When are IPFs required to begin collecting data for the screening for Metabolic Disorders measure?"

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Your four options are Quarter one 2016, Quarter two 2016, Quarter three 2016 or Quarter four 2016. And to answer this question, again, simply check the box for one of those four questions or four answers. Once you make your selection click that “Submit” button. Please keep in mind that you are not being graded on this. This is not a quiz that you receive a grade on, and your responses are actually anonymous. We just want to do this as an exercise in a knowledge check, if you will. So again, please make one of your choices. Choose one of those four options, and once you’ve done so, click that “Submit” button. Evette, I know you are on the line, and we’ve still got a number of responses rolling in. And I do want to give everybody a fair chance to respond to this question if they choose to do so. It looks like we are up over 550 responses so far. So, to those of you who have submitted your answer, thank you so much for participating. And they are still rolling in. We are going to leave this open for about 10 maybe 15 more seconds. So if you haven’t made your choice yet and haven’t clicked that “Submit” button, please do so. We’ve got about just about 10 seconds to go before we close this polling question, simply because we’ve got few more to follow this one. Alright, Evette, I think we are going to go ahead at this point and we’ll shut this one down. We got quite a great response for this one, over 600 responses, and you should be able to see the answers on your screen now.

Evette Robinson Right, and it looks like nearly three quarters of you all answered correctly, which is that, the Screening for Metabolic Disorders Measure will begin to be collected in the third quarter of 2016. So, and for those of you who didn’t catch that, of course feel free to review these slides again, as well as this recording, which will be made available to you within a few days after this presentation. So I think we are ready to move on to the next polling question, Matt.

Matt McDonough Great, thank you, Evette. So, question number two today is this – this is a true or false question –

“IPFs may begin using global sampling to report annual data starting in Fiscal Year 2018. Is that statement true or false?” So again, you can make one of those two choices, just like last time. Except there’s only two choices this time, and click the “Submit” button to submit your answer to our second polling question. And Evette, I don’t know if it’s possible if – and then this is just an idea – but if we do have a reference in the slide deck for the answers to these once we do the wrap up.

Evette Robinson Oh, sure.

Matt McDonough I don’t know if that’s in there or not, but it might be a good idea to say you can find this data on slide X ...

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- Evette Robinson** Yes.
- Matt McDonough** ... to help our folks out. Great, thank you. And again, a great response in this one. We are up over 500 responses already. Fantastic! And again, we leave it – this open for about 15 more seconds or so. We still do have a little bit of our presentation to cover once we are done with these questions. So, about 10 seconds or so, if you haven't made your response – selected your response and clicked "Submit" yet, now is the time to do so because we are going to go ahead and close it down right about now. So thank you for your responses, and Evette, you should be able to see the answers on your screen now.
- Evette Robinson** Yes, okay, looks like an overwhelming majority of you did select "True," and this is correct. If you refer back to slide 20 in this webinar presentation, you will see that the CMS sampling requirement will allow for uniform global sampling of specific measures, and those specific measures are listed on slide 20. Also, if you refer to slide 21, you can actually see a couple of tables which give you an idea of what those yearly sample sizes look like. And as Dr. Buck referenced earlier, this is a table that can be found in the Final Rule. Also, this slide 21 also includes the monthly sample sizes and quarterly sample sizes for your reference to sort of help facilitate that sampling process, since most people wouldn't want to wait until the very end to try and sample, you know, 600 plus cases. So again those are slides 20 and 21 where we specifically address the global sampling options. So, with that we'll turn it back over to you again, Matt.
- Matt McDonough** Thank you, Evette. And our third question is open.
- This one has a little bit of a larger variety of choices for answers.
- "Which of the following non-measure data will be reported during the 2016 data submission period for the FY 2017 payment determination?" Your five choices are age strata, payer groups, diagnostic categories, measure sample size, or all of the above. And by now, those of you who responded know how this works. So please, make your selection, and click that "Submit" button once you've done so. And Evette, it's great to see we've got a very interactive group on our call today with well over 300 responses already. That's fantastic.
- Evette Robinson** That's great. Thank you to all of you who are participating. We really appreciate it.
- Matt McDonough** And again, your five choices are displayed on the screen. I won't read them again for you, but please do select one of those five options – what you think is the correct answer, and then click that "Submit" button. Again, 15 about seconds before we'll close this one down, so if you

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haven't made that choice yet, please go ahead and do so at this point. Alright, this is going to be a last call for answers. If you haven't made that choice, please click that "Submit" button. We're going to go ahead and shut this one down. We'll close it down now. It looks like it's slowing down just a little bit here. So, again, thank you to everybody who submitted your answers to us. And you should see them on your screen Evette.

Evette Robinson

Yes, and again, nearly three quarters of you answered "All of the above," which is the best answer. Obviously each of these options is part of the non-measure data, but the best answer of course is "All of the above" since age strata, the payer group, diagnostic categories, and measure sample sizes will be submitted for the non-measure data component of the program. And for reference, you can look at slide 24, which details a bit more information about each of these categories. And we will, of course, provide additional information in future webinars where we talk more specifically about the non-measure data, as well as the new measures. So, I'll turn it back over to you, Matt, as we have a couple more polling questions left.

Matt McDonough

We sure do. We've got two more.

So here is our second to last one. "A reconsideration request for decisions is due to CMS how many days from the date of receipt of the payment notification?" Your four choices there are 30 days, 45 days, 60 days, or 90 days. So, again, to respond to this question, should you chose to do so, just simply select one of those options and click the grey "Submit" button that appears on your screen. I believe it's grey. Click the "Submit" button that appears on your screen to send your answer to our fourth polling question. And just as a reminder, if there is any concern about this, again, you are not being graded. Your responses are anonymous. This is more of a group exercise, if you will, to knowledge check on some of the more important points of today's presentation. And again, we are well up over 500 responses. Thank you, again. About 15 more seconds remaining open on this question. We'll make sure that everybody gets a shot to answer and to submit their answer. It looks like it is slowing down just a bit, so about five more seconds to submit to your answer to our fourth polling question. Please make your choice and click "Submit," because we are going to go ahead and close our fourth question down at this point. And you should see them Evette.

Evette Robinson:

And it looks like again, the overwhelming majority of you chose the 30 days, and that is the correct answer. If you refer to slide 30, you will see that the second bullet specifically addresses the – this is reflected in this question, and we did state that the reconsideration request or decisions are due to CMS 30 days from the date of receipt of the payment notification.

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And of course, if anyone has any additional question about or would like to see an overview of the APU reconsideration process for the IPFQR program, that information is available on *QualityNet* and the link specifically to that topic is found on slide 31. You can click directly on that link from the PDF that you may have downloaded from the Quality Reporting Center website. And again, that's slide 30 that relates directly to this question and slide 31 for any additional information you may want to look into related to this topic. And Matt, I'll turn it back to you for our final polling question.

Matt McDonough Thank you very much. And our fifth and final question today is this, ... and this is more of a pulse check, if you will, of our attendees today. "I believe that I understand the changes to the IPFQR program that were finalized in the FY 2016 IPF PPS Final Rule." Your five choices there are, you *Strongly Agree* with that statement; you *Agree*; you are neutral, *Neither Agree nor Disagree*; you *Disagree*; or *Strongly Disagree*. So please, again, this is a temperature check, if you will. How do you feel about your understanding of the changes to the IPFQR program in this Final Rule? We'll go head, and again, fantastic response rate. We'll leave this open for about 20 more seconds. Again, I think everybody could be able to provide us a response with this if they chose to do so. We want to make sure that you have that opportunity. So please do make your choice share with us how you feel on this final question. We'll leave it open for about 10 more seconds or so. Alright, and it does look like it's slowing down quite a bit here. So we'll go ahead and we'll close our fifth and final question. Again thank, you for responding and sharing your thoughts with us on this one. And Evette you should see the results here.

Evette Robinson Right, great. And so this is great to see that the majority of you who have responded to this polling question do feel that you have a better understanding of the changes to the IPFQR program. Of course, a little bit later on in the presentation, I will talk about some of our upcoming webinars and the specific dates, but I really recommend – we strongly recommend that you plan on attending, especially the next few webinars, because we will go into much greater detail for these – for the new measures, for the non-measure data, as well as the global sampling option. And so we'll just dig a bit deeper so that we can answer some of these more granular questions and data abstraction questions that we see coming across in the Chat field today. So again, we thank you for your participation in the polling portion of this presentation, and we'll continue on with the remainder of today's webinar.

Matt McDonough Great, Evette. Thank you so much for helping me out on that one. So again, everyone who participated, all 500 plus of you, thank you so much, and we'll go ahead and resume today's presentation.

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Evette Robinson

The next few slides include helpful resources pertaining to the Final Rule and the IPFQR program, in general.

Listed on the slide are several resources that you can access by clicking on the link found on the slide, including the Fiscal Year 2016 IPF PPS Final Rule, Specification Manuals for various measures, as well as a list of a validated screening tools for the SUB-1 measure.

You can find several IPFQR program resources and tools on the *QualityNet* website under **IPF Resources**, as well as the Quality Reporting Center website, by clicking on the **IPFQR Program Resources and Tools**.

We have three more educational webinars scheduled through the end of this year. Currently we plan to discuss *New Measures and Non-Measure Reporting – Part I* on October 15, and we'll continue with *Part II* of this topic on November 19. On December 17 we plan to discuss *Public Reporting* and review the *Follow-Up After Hospitalization for Mental Illness or FUH Measure*. ListServe announcements will be forthcoming for these IPFQR program webinars as we get closer to those dates.

This slide includes active links that you can click on to send us your questions about the IPFQR programs. As Dr. Buck mentioned earlier in the presentation, we encourage you to use the Q&A tool in particular, because it provides the best means by which we can track questions and answers and also deliver responses to your email inbox. This is also a great way for you to let us know what types of questions and topics you would like us to address in future webinars. We also recommend that you sign up for the IPFQR Program ListServe if you have not already done so, so that you can receive – we send through the IPFQR community pertaining to webinars, program updates or changes, and other announcements. You can sign up to be added to the ListServe on the *QualityNet* ListServe Registration page. Remember to keep us informed about key personal changes, such as changes in leadership at the CEO or administrator level, as well as any other quality reporting context. The best way to send us updates of this nature is to send the completed Hospital Contact Correction Form via fax. The Hospital Contact Correction Form is located on the qualityreportingcenter.com website where you will find that if you click on *Inpatient*, then *Resources and Tools*, this item is the very first link listed on the page. And our secure fax number is also listed on this slide for your reference. Now I will turn the presentation over to Deb Price, who will discuss the CE credit process for this webinar.

Deb Price

Thank you, Evette. And now I'd like to talk about our continuing education process. Today's webinar has been approved for one continuing

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education credit by the boards listed on the slide. We are now a nationally accredited nursing provider, and as such, all nurses report their credits to their own boards using the national provider number 16578 that is shown on the screen in front of you.

We now have an online CE certificate process. You can receive the CE certificate two different ways. If you registered for the webinar through ReadyTalk®, a survey will automatically pop up when the webinar closes. The survey will allow you to get your certificate. The second way is if you are in a room where just one person has registered, we will be sending out a survey link within 48 hours. Whoever receives that link, please forward it to the other people that are in your room. After completion of the survey, you click “Done” at the bottom of the screen. Another page will open up that asks you to register into our Learning Management Center. This is a separate registration from the original ReadyTalk® registration. This is the registration that takes you to our site and where you will receive your certificate. Please use a personal email, such as Yahoo or Gmail or ATT, because healthcare facilities have firewalls up and that are constantly changing, and they block our links.

This is what the survey will look like that will pop up after this is over and we will send out within 48 hours. In the bottom right hand side you see a little grey box that says “Done.” When you are through with the survey, please click that box ...

... and then this page pops open. And there are two links on this page: one is the New User link and one is the Existing User link. If you have already attended our webinars and are getting the certificates, go ahead and click on the *Existing User* link. However, if you have had problems getting your certificate use the *New User* link and register your personal email. We have found that personal emails do not have firewalls up that block our links.

This is what the *New User* screen looks like. You’ll register your first name, your last name and then your email. Your personal email, again, is the one that we want you to use, and of course, then, your phone number in case we need to contact you if you have problems.

This is what your *Existing User* page looks like. Where you see *User Name*, you have to put your entire email address, not just the beginning of the address, the entire address and whatever password you signed up for. And now I will let Evette finish the webinar with Qs & As that came in. Evette, please take it away.

Evette Robinson

Alright, thank you, Deb. So we did receive several questions that I would like to just review for the general audience. I know that our Chat tool can

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go really quickly, and sometimes not everyone can see all of the questions that are submitted and then answered. So I'll take the next few minutes to just verbally review those with you all and provide some additional guidance as far as where to find some of the resources and tools that have come through in these questions.

So, the first one here is regarding the manual. There was a question as to "What manuals will outline the new January 2016 and July 2016 measures and whether a specific link that's available?" And currently the IPFQR Program Manual is available and posted on the *QualityNet* at www.qualitynet.org – sorry, www.qualitynet.org website, as well as the www.qualityreportingcenter.com website. A new revised Program Manual will be posted in November which will include the new information that has been finalized through the current Rule. So, this manual will include links, appropriate links, to The Joint Commission Manuals and the HIQR manuals, as appropriate, as it relates to certain measures that are part of the IPFQR Program. So certainly, keep your eyes open for a ListServe announcement pertaining to this updated Program Manual, which will come available, as I mentioned before, in November.

There was a question regarding – as the proposed, I mean, not proposed, the finalized measures, the new measures. Someone asks, "Which of the three – which three of the five measures are – have delayed collection in the third and fourth quarters the 2016?" And as you all know, this is one of our polling questions. This pertains the two transition record measures, as well as the metabolic screening measure. All three of those, we expect, are looking for the data collection to begin on July 1 in 2016.

There is a question regarding "Where can one find a listing of the specific 11 elements that are required for the transition record?" And if one refers to the Final Rule on page 46,072, the elements are listed there. But again, we will address these details, as well as more data abstraction-related details, in our upcoming webinars. So again, please stay tuned for that.

There was a question here pertaining to the – "no longer having the HBIPS-4, -6, and -7 measures data captured for those measures beginning in 2016, wanting to verify with the timeframe is for the – for providers to discontinue collecting data on the HBIPS -4, -6, and -7 measures." So, for the IPFQR Program, the measures collected in 2015, as you all know, are reported between July 1 and August 15 of 2016. So The Joint Commission is retiring those measures for discharges beginning January 1, 2016, and those measures that are being retired through The Joint Commission will not be collected for calendar year 2016 as part of the IPFQR program. Again, to confirm, the reporting or the collection of data

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pertaining to HBIPS-6 and -7 will discontinue after December 31 of this year, 2015.

There is a question regarding “Why the Transition Record and Metabolic Screening – Screening for Metabolic Disorders measures will be – the data would be collected July 1 of 2016 instead of January 1,” which is a great question. And the reason is because CMS would like to allow facilities some additional time to implement the processes for data collection on these new measures.

There was also a question pertaining to “How the Screening for Metabolic Disorders data will be reported?” This will be reported as an aggregate numerator, denominator, and will be submitted via the web-based measures application in the *QualityNet Secure Portal*, which is the same way the other measures that those of you who have been part of the program for a while are familiar with. So, and we can certainly address more details around that closer to the next data submission period, but if you would like some sort of reference to see what that looks like for those data – those measures that were reported in our recent data submission period, you can certainly reference our July webinar from this year to get an idea of what those screens look like.

There was a question regarding the metabolic tests that are part of the screening from metabolic disorders. And I would like to refer you all to the Quality Reporting Center website, where, if you hover over **Inpatient** and under the **IPFQR Program** select **Resources and Tools**, you will find there a factsheet listed under **IPFQR Program Resources**, and in that factsheet you will actually see the four tests listed there. But again, as I stated before, we will cover these details and more information in upcoming webinars.

There is a question here pertaining to sampling. “Can the facilities continue with the existing methods of sampling, i.e., monthly and quarterly, instead of the yearly global and submit the aggregate annual counts?” And the answer is yes, the global sampling option is an option. So, but again, I want to remind you all that this is an option that goes into effect for fiscal year 2018 payment determination, meaning that this will pertain to the data that will be collected January 1 through December 31 of 2016, submitted during the data submission period of July 1 through August 15, 2017 and thereby impacting the fiscal year 2018 payment determination year. Again, we will address this in more detail in an upcoming webinar.

And finally we did have another question here. “Where can I find the APU list of facilities who met the requirements?” And that information is available on the *QualityNet* website. If you hover over and select [APU

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Recipients], it will show the information for fiscal year 2016, 2015, and 2014 pertaining to annual payment update or APU recipients.

So I think for now that is it. We had some really great questions. And again, we really want to thank everyone who was able to participate in today's webinar as a listener and also for those of you who were able to provide us some additional information by participating in the polling questions. We greatly appreciate that.

We thank all of you who were able to also submit questions through the Chat tool. As a reminder, for those of you who did submit questions that are specific to data abstraction, we ask that you please submit them to us through the Q&A tool. And again, you can reference the link that is here on this IPFQR Program General Resources slide. And because, that way we will be able to ensure that we do address those questions in the next two webinars in which we will cover the new measures and non-measure data, as well as the other changes pertaining to the Final Rule. So, we wanted to make sure that we dedicated these two next webinars to providing you much more detail about these changes, and we really look to you to help us understand where you have your questions and what information or tools you might like to see. So again, we encourage you to submit those questions, and if you have any recommendations or ideas, through the Q&A tool, we would greatly appreciate it.

And with that, this will be the end of our Fiscal Year 2016 IPF PPS Final Rule Reporting Period and APU Review webinar. We thank you for your time and attention.

END