



Inpatient Psychiatric Facility Quality Reporting Program

Support Contractor

IPFQR Program FY 2019 New Measures Review

Questions & Answers

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November 14, 2016

2 p.m. ET

To maximize the usefulness of the questions and answers document, we have consolidated questions received through the Chat feature during the event and focused on the most important and frequently asked questions. To obtain answers to questions that are not specific to the content of this webinar, we recommend that you refer to the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Manual, the *QualityNet* question and answer tool, or call the Hospital Inpatient VIQR Support Contractor at (866) 800-8765 or (844) 472-4477.

Substance Use (SUB) Measure Set

Question 1: Did the SUB-1 measure change to require completion of the assessment within 1 day instead of within 3 days of admission? If so, when did the alcohol screening time change from within 72 hours to within 24 hours? This is difficult especially with patients who came in symptomatic and are refusing the screening within 24 hours but within 72 hours are more cooperative when they begin to clear.

Yes, The Joint Commission (the measure developer) changed the Substance Use Measure, SUB-1 timeframe for assessment to within the first day of admission beginning with January 1, 2017, discharges. This includes the day of admission, which is Day 0, and the day after admission, which is Day 1.



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Question 2: Does a nurse's assessment in the first 24 hours of patient admission count for the SUB-1 measure alcohol screening?

The patient's alcohol use status must be assessed using a validated screening questionnaire for unhealthy alcohol use within the first day of admission. The timeframe for completing the alcohol use screen is within the first day of admission. This includes the day of admission (Day 0) and the day after admission (Day 1). A validated screening questionnaire is an instrument that has been psychometrically tested for reliability (the ability of the instrument to produce consistent results), validity (the ability of the instrument to produce true results), and sensitivity (the probability of correctly identifying a patient with the condition). For more information, please see the data element Alcohol Use Status in the Hospital Inpatient Quality Reporting (HIQR) Specifications Manual on www.qualitynet.org.

Question 3: Is there further guidance on what qualifies as a "validated screening questionnaire" for SUB-1?

Yes, please see the data element Alcohol Use Status in the HIQR Specifications Manual on www.qualitynet.org. An example of a validated questionnaire for alcohol screening is the ten-item, Alcohol Use Disorder Identification Tests (AUDIT). The first three questions of the AUDIT, the AUDIT-C, ask about alcohol consumption, and can be used reliably and validly to identify unhealthy alcohol use.

Question 4: At what score on the AUDIT tool is a patient considered to have severe enough disorder to require treatment referral? Is there a particular level?

Scores may vary from tool to tool, so your facility will need to select the appropriate value based on the key that accompanies the tool.

Question 5: Our facility continues to use a non-validated tool; will CMS mandate inpatient facilities to use a specific tool to increase compliance?

No, CMS will not mandate that facilities use a specific tool. For the measures, if the facility uses a non-validated tool, the case will fail SUB-1 and could potentially be excluded from SUB-2. Note that all data submitted to CMS will be publically reported on Hospital Compare.



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Question 6: Is cognitive impairment still a possible answer/exclusion for the initial alcohol use screening?

Yes, if there is documentation that the patient is cognitively impaired, the case would be excluded from the substance use measures.

Question 7: Is it correct that patients who refused Brief Intervention in SUB-2 are not included in the numerator for SUB-2a?

Yes, that is correct. Patients that did not receive or refused a Brief Intervention are not included in the SUB-2a numerator. Please refer to the September 1, 2015, event [Keys to Implementing and Abstracting the Substance Use Measure Set](#) located at [Qualityreportingcenter.com](#), under IPFQR Program > Archived Events, to access further information regarding the SUB-2/-2a measure set.

Question 8: Is there any guidance as to what constitutes a brief intervention? Duration? Content? Timeframe in which the brief intervention must be completed? etc.

The components of a brief intervention include feedback concerning the quantity and frequency of alcohol consumed by the patient in comparison with national norms; a discussion of negative physical, emotional, and occupational consequences; and a discussion of the overall severity of the problem. The brief intervention must be performed prior to discharge.

Question 9: If a brief intervention has not been provided (SUB-2/-2a) can the medication and/or a referral for outpatient treatment (SUB-3/-3a) be entered into the abstract?

To satisfy SUB-2/-2a, a brief intervention must be performed. Selecting allowable value 3 for the data element Brief Intervention will cause the case to fail both SUB-2 and SUB-2a, but will have no effect on SUB-3/-3a. The medication and/or referral for outpatient treatment can still be provided to pass SUB-3/-3a.

Question 10: Do we end up failing the measure if the patient refuses a prescription and/or a referral for the SUB-3/-3a measure?



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A case will pass SUB-3/-3a if the referral is made OR if the patient is given a prescription for alcohol or drug disorder medication. It does not have to be both. If the patient refuses the referral, the prescription can still be provided. If the patient refuses both, the case passes SUB-3 but not SUB-3a.

Question 11: Does it lower scores for a facility if the patient refuses a referral for substance and/or alcohol abuse?

If the patient refuses a referral for addictions treatment, the case still has an opportunity to pass SUB-3, if the patient is given a prescription for alcohol or drug disorder medication. If the patient refuses both the referral and the prescription, the case will pass SUB-3 but will fail SUB-3a.

Question 12: Will the SUB-3/-3a data be publicly reported and if so when?

Yes, SUB-3/-3a measure data collected in calendar year (CY) 2017 will be submitted to CMS during the summer of 2018. Then, measure data impacting fiscal year (FY) 2019 will be publically reported on the Hospital Compare website thereafter. The IPFQR Program will announce the availability of the FY 2019 measure data via the IPFQR Program ListServe.

Question 13: SUB-3: If a patient resides outside the United States of America, but is going to a group home type setting or an outpatient drug rehab program; would you still abstract as patient's residence as being outside the United States of America?

Yes, for this scenario select allowable value 4 for the data element Referral for Addictions Treatment.

Question 14: If a patient is being discharged to a treatment facility, does that need to be explicitly documented and does this count as a referral for the SUB-3/-3a measure?

Yes, the referral may be to an addictions treatment program, to a mental health program or mental health specialist for follow-up for substance use or addiction treatment, or to a medical or health professional for follow-up



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for substance use or addiction. Documentation must indicate the referral is for addictions treatment.

Question 15: **Aren't there some substance use disorders (SUDs) for which there is no medication? Should patients with these diagnoses be excluded from the medication indicator?**

For the SUB-3/-3a measures, either a referral to addictions treatment OR medication will pass the measure. If the physician determines that there is no medication to treat the disorder, a referral for treatment should be made.

Question 16: **If the patient received a referral for outpatient addiction treatment, must they also receive a prescription for FDA approved medication?**

No, as stated on slide 31 of the webinar presentation, 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 17: **So, for addictions treatment programs that do not allow appointments to be made by the provider, we can provide the contact information and the hours of operation of the facility and document this in the record and the abstracted value we would select would be # 1?**

Yes, in this scenario, a provider would select allowable value 1 for the data element Referral for Addictions Treatment.

Question 18: **Is there a list of approved medications for the treatment of alcohol and drug dependence that we can use as reference?**

Yes, as stated on slide 26, please 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 5.2a Discharges 01/01/2017 to 12/31/2017](#).



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Question 19: If a referral is made to a mental health program should the documentation specifically refer to "addiction" or "substance abuse/dependence" on the abstracted documentation?

Yes, documentation must reflect that addictions treatment will be included in the mental health program.

Question 20: For the most part, behavioral inpatient facilities discharge patients with an appointment for psychiatric follow-up within seven days to be seen as a whole, if applicable addictions are addressed? Would this meet the measure? For example, all of our patients have an appointment with a mental health provider upon discharge, does this suffice for the SUB-3 data element Referral for Addictions Treatment, or does the patient record have to specify that the appointment is for substance abuse treatment?

Yes, documentation must reflect that the follow up appointment will include addictions treatment.

Question 21: Since the SUB-3 measure includes drug use, must we perform a separate screen that is just for drug use? I ask because the AUDIT-C is only for alcohol use. What tool is used for other substances?

No, a separate screen for drug use is not required. The SUB-3/-3a measure does use the alcohol screening data element (Alcohol Use Status) that is used in SUB-1; however, only those patients with principal or other diagnoses codes of Alcohol or Drug Dependence or that are undergoing Alcohol or Drug Treatment are assessed for a referral for addictions treatment or a prescription for alcohol or drug disorder medication (SUB-3/-3a). Please reference the algorithm in the Measure Information Form (MIF) for SUB-3/-3a. Before the patient is assessed for a referral or prescription, there must be a diagnosis of dependence or the patient is undergoing abuse treatment. Table 13.1 contains diagnoses for Alcohol Dependence and Table 13.2 contains diagnoses for Drug Dependence. Table 13.3 contains codes for Alcohol or Drug Treatment procedures. These tables are found in Appendix A of the Specifications Manual for National Hospital Inpatient Quality Measures.



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Question 22: What if the prescriber determines that giving medications for alcohol on discharge is inappropriate? Do we score that as "not given?"

In this scenario, select allowable value 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." A case will pass SUB-3/-3a if the referral is made OR if the patient is given a prescription for alcohol or drug disorder medication. It does not have to be both. If the patient refuses the referral, the prescription can still be provided. If the patient refuses both, the case passes SUB-3 but not SUB-3a.

Question 23: Where do these codes need to be documented in the official EMR? Progress notes, discharge summary, discharge diagnosis?

Only those patients with Principal or Other Diagnoses Codes of Alcohol or Drug Dependence or that are undergoing Alcohol or Drug Treatment are assessed for a referral for addictions treatment or a prescription for alcohol or drug disorder medication (SUB-3/-3a). The Principal/Other Diagnosis codes are assigned by the facility's coding department (based on supporting documentation by the physician) prior to submitting a claim for payment.

Please reference the algorithm in the MIF for SUB-3/-3a. Before the patient is assessed for a referral or prescription; there must be a diagnosis of dependence or the patient is undergoing abuse treatment. Table 13.1 contains diagnoses for Alcohol Dependence and Table 13.2 contains diagnoses for Drug Dependence. Table 13.3 contains codes for Alcohol or Drug Treatment procedures. These tables are found in Appendix A of the Specifications Manual for National Hospital Inpatient Quality Measures.

Question 24: Based on the definition of the SUB-3/-3a measure, will this be a separate population and sample size from the population and sample size used when abstracting the SUB-1 and SUB-2/-2a measures?

No, please reference the Global Initial Patient Population section (section 2.4) of the HIQR Specifications Manual found on www.QualityNet.org. Select Hospitals-Inpatient and then Specifications Manual from the drop-



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down menu. The same Initial Patient Population algorithm is used for all the SUB measures.

Question 25: If a patient who is discharged has a psychiatric primary diagnosis and is screened positive for both substance abuse and alcohol addictions must referrals be given for both?

No, the referral may be to an addictions treatment program, to a mental health program, or a mental health specialist for follow-up for substance use or addiction treatment. It can also be a referral to a medical or health professional for follow-up for substance use or addiction. The documentation should reflect that a referral was provided for addictions treatment and does not need to specify which addiction is being treated.

Question 26: A patient must receive either medications or a referral if they have risky alcohol or drug use, correct?

Only those patients with Principal or Other Diagnoses Codes of Alcohol or Drug Dependence or that are undergoing Alcohol or Drug Treatment are assessed for a referral for addictions treatment or a prescription for alcohol or drug disorder medication (SUB-3/-3a). Please reference the algorithm in the MIF for SUB-3/-3a. Before the patient is assessed for a referral or prescription, there must be a diagnosis of dependence or documentation that the patient is undergoing abuse treatment. Table 13.1 contains diagnoses for Alcohol Dependence; Table 13.2 contains diagnoses for Drug Dependence; Table 13.3 contains codes for Alcohol or Drug Treatment procedures. These tables are found in Appendix A of the Specifications Manual for National Hospital Inpatient Quality Measures.

Question 27: For excluded populations, what is the definition of cognitive impairment? If there is documentation within the first day of admission that a patient is confused, is this documentation enough to completely stop reviewing for substance and select the response that the patient was not screened because of cognitive impairment?

Yes, if the medical record contains documentation that the patient was confused, select allowable value 7 for the data element Alcohol Use Status. This will exclude the patient from the SUB measures.



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Question 28: Just to clarify: Referring to Page 23, did I hear you say that if the referral is to a facility that does not provide appointment dates/times, but only has patients arrive for follow-up at particular times, that this is acceptable to answer 1- the referral to addiction treatment was made at any time prior to discharge? As long as the information for referral is presented to the patient upon discharge? Is this only true if there is a date/time attached to the information provided to the patient?

For addiction treatment programs that do not allow appointments to be made by the IPF, the facility can provide the contact information and the hours of operation of the addiction treatment program and document this in the record. The referral to the program can be made any time prior to discharge.

Question 29: What is the definition of principal diagnosis?

The definition of the Principal Diagnosis is defined in the Uniform Hospital Discharge Data Set (UHDDS) as: "That condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care." The Principal Diagnosis refers to the final principal diagnosis at the time of discharge. This may be found in the physician's final progress note as well as the discharge coding sheet.

Question 30: So, if a patient refused both addiction treatment and addiction medication at discharge, will this affect FY 2019 payment? Seems like we cannot always convince patients who come to us for other diagnostic treatment that they need alcohol or substance use treatment, especially with the much shorter lengths of stay.

The IPFQR Program is a pay-for-reporting program for CMS. Therefore, as long as an IPF meets all of the IPFQR Program requirements, including submission of measure data, the IPF will receive the full APU. In terms of abstracting for the SUB-3/-3a measure, if the patient refuses both the additional treatment and medication, the case passes SUB-3 but not SUB-3a. SUB-3/-3a measure data collected in CY 2017 will be submitted to CMS during the summer of 2018. Then, measure data impacting FY 2019 will be publicly reported on the Hospital Compare website thereafter. The



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IPFQR Program will announce the availability of the FY 2019 measure data via the IPFQR Program ListServe.

Question 31: Which appendix has the list of approved medications for the SUB-3/-3a measure?

Refer to Appendix C, Table 9.2 for a comprehensive list of FDA-approved medications for alcohol and drug dependence in the [Specifications Manual for National Hospital Inpatient Quality Measures](#) [direct link]. The Measure Information Form for SUB-3/-3a contains specific detailed information for this measure.

Question 32: Patients referred to substance abuse and or alcohol treatment have federal confidentiality protections and may not consent to having substance abuse and or alcohol treatment referrals included in a discharge instruction that is transmitted to other providers. In some situations, work place requests for evidence of treatment may be required and patients do not choose to disclose SUB referrals. Please, can you speak to this confidentiality issue in the SUB measures?

IPFs are expected to follow state/federal laws or regulations regarding the release of patient health information. This measure is not about disclosing referrals to the patient's employer, but referring the patient to the next level of care who will be expected to follow the same HIPAA requirements as the referring facility.

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

Question 33: So, since this is claims based, it is not a measure that needs to be abstracted, correct?

Correct.

Question 34: Will readmissions data include both Medicare and Medicaid or just Medicare?



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CMS calculates this measure by using Medicare administrative claims only.

Question 35: There are times patients request transfer from one acute facility to another. Will this be considered a readmission?

No, it will not be considered a readmission if the patient is admitted to the second acute care facility within two days of discharge from the first IPF.

Question 36: Would you please describe "final action claim?"

Final action claims are claims with no adjustments or outstanding interim bills.

Question 37: If a patient is discharged from a geriatric psychiatric unit and then is readmitted for another reason such as a stroke, is this patient counted in the measure?

Yes, a readmission is defined as an unplanned admission for any cause between days three and thirty post-discharge.

Question 38: What will be the first 24-month timeframe used for the 30-day readmission measure?

Calendar years 2016 and 2017 (January 1, 2016 – December 31, 2017) represent the first 24-month timeframe for the 30-day readmission measure.

Question 39: Will the 30-day All-Cause Readmissions affect payment for 2019, since it is "dry run" for CY 2017?

The dry run results will neither be publically reported nor used to affect payment. The measure will be publically reported for the first time in 2018 based on CY 2016 – CY 2017 data. Given that the IPFQR program is a pay-for-reporting program, performance on any measure, including the readmission measure, does not affect payment.



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Question 40: I have a question about interrupted stays (psych discharge to acute medical and once stabilized back to psych). If it occurs over a 48-hour period, then would the patient be considered readmitted even though he/she never left the hospital?

No, a patient discharged from an IPF unit and admitted to a medical floor on the day of discharge or within two days post-discharge would be considered a transfer or interrupted stay. Therefore, that IPF admission would be excluded from the measure cohort. If the admission to the IPF unit following stabilization in a medical unit met all other inclusion and exclusion criteria, that admission would become an index admission in the measure cohort.

Question 41: Does "unreliable demographics" translate to homeless?

No, unreliable demographic information is defined as age greater than 115 years or missing gender.

Question 42: What is an Index Admission?

An index admission is any eligible admission to an IPF during the measurement period to which 30-day unplanned readmissions are attributed. Index admissions define the measure denominator.

FY 2017 Performance and Improvement Review

Question 43: Can a hospital find out where they fall in relation to other hospitals, or if they were near the top performers? Do you publish where non-recognized hospitals fall in the percentiles (would be helpful for driving improvement if they know how they compare nationally)?

A hospital can view measure results in comparison to other hospitals on the Hospital Compare website. Measure results that were submitted in the summer of 2016 will be available on the Hospital Compare website in December 2016. An email announcement will be sent to the IPFQR Program ListServe when the measure results are available.



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Question 44: On slide 52, for the State of Missouri, CCN 260195 is listed as University Michigan. Shouldn't this be University of Missouri?

Thank you for pointing this out. The correct CCN and facility name is CCN 260195, Citizens Memorial Hospital located in Missouri and this has been updated in the slide presentation posted on the Quality Reporting Center website under IPFQR Program Archived Events.

IPFQR Program Requirements and Resources

Question 45: Will there be release notes for the updated November IPFQR program manual to identify what was changed? When will the IPFQR Program Manual release notes be available online?

No, the VIQR Support Contractor will host a webinar in February to describe the updates to the manual in full detail.

Question 46: The IPFQR Reporting Manual 1/6/16 does not include SUB-3/-3a. This is the first I am seeing this. We just completed preparing for the Transition of Care beginning 1/1/17. Am I understanding correctly that SUB 3/-3a will also be required 1/1/17?

Yes, IPFs are required to begin collecting data for the SUB-3/-3a measure starting January 1, 2017, as described in the FY 2017 IPPS Final Rule on pages 57239-57241. This was addressed during the FY 2017 IPPS Final Rule webinar held on September 15, 2016. Event resources are available on the Quality Reporting Center [IPFQR Program Archived Events](#) webpage. The IPFQR Program Manual is available on the QualityNet [IPFQR Program Resources](#) webpage and the Quality Reporting Center [IPFQR Program Resources and Tools](#) webpage.

Question 47: Is the most recent IPFQR Program Manual dated 6/7/16?

No, the most recent version of the IPFQR Program Manual is dated November 10, 2016. This updated version is available on the QualityNet [IPFQR Program Resources](#) webpage and the Quality Reporting Center [IPFQR Program Resources and Tools](#) webpage.



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Question 48: What is the definition of an Initial Patient Population (IPP)?

The initial selection of cases (i.e., patient medical records) intended for data abstraction under the IPFQR Program must be Medicare and non-Medicare patients receiving care in a psychiatric hospital or psychiatric unit paid under IPF PPS. Please review pages 12-13 of the updated IPFQR Program Manual for more information about identifying the IPP for various measures. The IPFQR Program Manual is available on the QualityNet [IPFQR Program Resources](#) webpage and the Quality Reporting Center [IPFQR Program Resources and Tools](#) webpage. Identification of the IPP must be performed prior to sampling.

Question 49: If an IPF can use the IQR sampling guidelines, they would report significantly fewer cases. Is this correct?

Yes, that is correct. For example, if an IPF had an annual total of 1,000 discharges the IPF could sample 609 cases using the global sampling method described in FY 2016 IPF PPS compared to 312 using the HIQR sampling guidelines.

Question 50: Can you please clarify the sampling requirements? We are being given two options for sampling, correct? First option would be 306 cases quarter, and the second would be 609 cases annually if our discharge count is >1551, but less than 3056, correct?

Yes, that is correct. Please refer to page 14 of the updated IPFQR Program Manual for more information. The IPFQR Program Manual is available on the QualityNet [IPFQR Program Resources](#) webpage and the Quality Reporting Center [IPFQR Program Resources and Tools](#) webpage.

Question 51: Are these new measures to be submitted on a quarterly or annual basis?

The SUB-3/-3a measure data will be submitted annually starting in the summer of 2018. The 30-Day All-Cause Readmission After Hospitalization in an IPF measure is a claims-based measure and will be calculated by CMS annually.