

Inpatient Psychiatric Facility Quality Reporting Program

Frequently Asked Questions: Psychiatric Inpatient Experience (PIX) Survey

August 2025

Responses below include current CMS guidance. Text in bold is updated guidance issued by CMS.

About the PIX Survey

1. **What is the PIX survey and who developed it?**

The PIX survey was developed by a team at the Yale University, Yale New Haven Psychiatric Hospital to address the gap in available experience of care surveys, specifically the lack of standardized, publicly available, minimally burdensome, psychometrically validated surveys specified for the IPF setting. The interdisciplinary team that developed this survey, including researchers and clinicians, conducted the following steps in developing the survey: (1) literature review; (2) patient focus groups; (3) solicitation of input from a patient and family advisory council; (4) review of content validity with an expert panel; (5) development of survey; and (6) survey testing within the Yale New Haven Psychiatric Hospital system.

The resulting survey contains 23 items in four domains. Patients can respond to each of the 23 items using a five-point Likert scale (that is, strongly agree, somewhat agree, neutral, somewhat disagree, strongly disagree) or choose that the item does not apply. The four domains are: Treatment Team Relationship, Nursing Team Presence, Treatment Effectiveness, and Environment.

Please refer to the [FY 2024 IPF PPS final rule](#) (pages 51121–51128) for additional information.

2. **Why did CMS add a patient experience survey to the IPFQR Program?**

CMS believes it is critical to ensure that the voice of the individual is included in care decisions and that a comprehensive approach to quality must include directly reported feedback from patients regarding facility, provider, and payer performance. CMS also received input from many interested members of the public who strongly advocated for a patient experience of care measure in the IPFQR Program. Furthermore, in the Consolidated Appropriations Act of 2023, the inclusion of a patient experience measure in the IPFQR Program became required by law.

Before adoption of the PIX survey, previous data from 2016 showed that while the majority of IPFs (approximately 76%) were collecting patient experience of care data through a standardized instrument, there was wide variation in the instrument being used. The PIX survey was identified as a publicly available survey instrument developed for and tested in the IPF setting. Pursuant to CMS' Meaningful Measures 2.0 framework, this survey addresses the "Person-Centered Care" priority area, as well as the "Individual and Caregiver Voice" foundation and aligns with our commitment to prioritize outcome and patient-reported measures.

3. **Is the PIX survey available in languages other than English?**

Yes, the PIX survey is available in English and Spanish, and other language translations are under development.

4. **Where can I find a copy of the PIX survey?**

The PIX Survey is available in English and Spanish on the QualityNet IPFQR Resources page (<https://qualitynet.cms.gov/ipf/ipfqr/resources>).

Survey Administration

5. **Where can I find information about survey protocol?**

The PIX survey is intended for individuals within the measure cohort, except: (1) patients who are under 13 years of age at the time of discharge and (2) patients who are unable to complete the survey due to cognitive or intellectual limitations. The survey can be distributed to patients by administrative staff at a time beginning 24 hours prior to planned discharge. The survey, which is available in English and Spanish, can be completed prior to discharge using either a paper copy of the survey or an electronic version of the survey via tablet or computer. An IPF can choose whether to provide the survey in a paper format or create an electronic survey tool that replicates the questions on the paper tool. The survey must be administered in a way that maintains the patient's anonymity. If it is not possible for the patient to complete the survey prior to discharge, the facility should provide a sealable, addressed, stamped envelope for the patient to return the survey following discharge.

Please refer to the PIX Survey Implementation Guidance document for additional information.

6. **The PIX survey refers to Counselors/Technicians. We refer to our therapists as Counselors in some cases. We refer to our technicians as Mental Health Counselors. Can we change the verbiage on the PIX to reflect that?**

The verbiage of the PIX survey questions cannot be altered. The terminology was selected with the expectation that it would be understood across most IPF settings.

However, if a patient requests assistance understanding the question, you may provide clarification using the specific terms used at your IPF (e.g., "Mental Health Counselors" for technicians).

Please see the PIX Survey Implementation Guidance documentation for additional information regarding anonymity.

7. **Can IPFs utilize a vendor for the survey administration or must the IPFs do this?**

IPFs are permitted to utilize a vendor for the PIX survey administration, however the use of a vendor is not required.

8. **Does the survey have to be anonymous?**

Yes, to promote honest and transparent communication, the PIX survey is anonymous, meaning that no patient-identifying data is collected or submitted, and responses cannot be linked back to the individual. This allows respondents to express their thoughts without any concerns about their personal information being disclosed. Patients should be informed that all responses provided will be treated with strict anonymity, and individual identities will be safeguarded. CMS will provide feedback reports to IPFs which will include information and data in aggregate with no identifying patient information.

9. **Are family members and assistive personnel allowed to help patients complete the surveys?**

We understand that some individuals may request assistance, and patients must be offered the option to seek help from staff, a caregiver (including parents or guardians), or a peer.

Some individuals may require assistance due to visual impairments, literacy challenges, or physical limitations. In such cases, only trained staff who are not involved in the patient's direct care or discharge planning should assist with survey completion. When assistance is provided, patient anonymity must be maintained throughout the process.

10. **The PIX survey indicates that each patient who is 13 years of age or older at the time of discharge is eligible for the PIX survey. If the IPF is divided into an adult department and a pediatric department and the pediatric unit includes patients between the ages of 10 and 18 years of age, should submissions include the pediatric IPF or only include the adult IPF?**

The IPF should offer the PIX Survey to all patients discharged from an IPF during the reporting period who do not meet one of the following exclusions: (1) patients who are under 13 years of age at the time of discharge and (2) patients who are unable to complete the survey due to cognitive or intellectual limitations. The PIX Survey was tested with adolescents aged 13 to 17, and testing found that they were able to complete the survey without any significant differences from adult scores.

If an IPF is divided into an adult department and a pediatric department and the pediatric unit includes patients, for example, between the ages of 10 and 18 years of age, the pediatric IPF should administer the PIX Survey to eligible patients between the ages of 13 and 18 years of age at the time of discharge, but not to patients younger than 13 years of age.

11. **Some patients are court ordered to be discharged to a higher level of care for longer hospitalization. In these cases, staff may not inform the patient of the pending discharge. Do we still ask these patients to complete a PIX survey?**

If a patient is not aware of the discharge and/or staff believe that administering the survey would escalate risk, administering the survey should be skipped and this should be logged internally.

12. **Should the PIX survey be administered for discharges that are against medical advice (AMA), or discharged to medical unit or emergency department?**

Patients discharged AMA or discharged to an emergency department or medical unit should not be excluded by default. If they meet general eligibility, they should be offered the PIX survey.

13. **Since the survey is collected at discharge, should the competency restoration population who return (or are discharged) to jail be included or excluded in the PIX survey?**

These patients should be provided the PIX survey (included) unless they meet another exclusion criterion.

- 14. What assessment and/or documentation is required to deem a patient unable to complete the survey due to cognitive or intellectual limitations?**

The intent of those exclusions is to provide the opportunity for IPFs to recognize that some patients, upon discharge, could potentially still have cognitive limitations. While this would not be reported on the PIX survey, there should be documentation of such limitations in the patient's medical record supporting the decision to deem the patient unable to complete the survey.

- 15. How can we ensure proper survey exclusion of patients who do not qualify for the survey when the surveys are not associated with a patient?**

Exclusion of ineligible patients (e.g., under age 13 or unable to complete due to cognitive limitations) must occur prior to survey distribution through clinical screening processes. Once the survey is distributed anonymously, it cannot be retracted or retroactively excluded.

- 16. If a patient is unable to complete the PIX survey prior to discharge, what is the latest they can mail it to the IPF?**

The facility can administer the PIX survey beginning 24 hours prior to a patient's planned discharge. If it is not possible for a patient to complete the survey prior to discharge, the facility should provide a paper copy of the survey with a sealable, addressed, stamped envelope for the patient to return the survey following discharge. This situation could apply where there is uncertainty regarding the timing of a patient's discharge. However, we caution that relying exclusively on the mail-back option may prevent the IPF from meeting the measure's minimum sampling requirements. All mail-back surveys received on or prior to December 31 count toward the calendar year reporting period in which the survey was received.

- 17. Should the PIX survey be part of the patient's medical record?**

No, to maintain anonymity the PIX survey should not be integrated with the patient's medical record. However, it is permitted, and recommended, to note in the medical record that a PIX survey was administered.

- 18. Are we allowed to put a survey ID on the PIX like they do with the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey?**

No. The PIX survey is anonymous, so no identifying information about the respondent (such as a survey ID) can be collected or retained.

- 19. Can we create a QR code to capture survey data?**

Yes, use of a QR code for survey administration at the facility beginning 24 hours before discharge is permitted. However, a QR code should not be used as a substitute for the paper mail-back survey option.

- 20. Are we still able to add additional questions, including write-in responses, to the PIX survey?**

Yes, facilities may add additional questions. However, because the PIX survey is a validated instrument, the PIX survey questions and domains must remain intact – meaning no additional questions interspersed within the PIX survey.

Data Submission

- 21. How do facilities submit PIX survey data?**

Patient-level (i.e., individual anonymous surveys, not aggregate) PIX survey data will be submitted via the Hospital Quality Reporting (HQR) System by submitting a data form (manual submission) or file upload (CSV or XML). There is an established scoring system for the PIX survey and the HQR System will calculate mean rates based on each submitted survey's answers to each statement.

File formats for both XML and CSV-based files will be published on QualityNet.

- 22. Is the reporting tool going to be available on the CMS Abstraction & Reporting Tool**

Due to the anonymity requirement, the PIX survey will not be available via CART. Data submission will be via the HQR System, either as a file upload or direct data entry.

- 23. When would facilities submit voluntary PIX data to the HQR System?**

For the CY 2025 voluntary reporting period, IPFs will be able to report the survey results in the HQR system from July 1 through August 17, 2026.

- 24. What data points do facilities need to be prepared to record and save from each survey to submit in the HQR (the date of completion, individual respondent information, mode of survey completion, etc.)?**

Facilities should prepare to record and submit individual survey responses. The date of completion should not be collected, unless the survey is mailed back (in which case it is appropriate to record the year the survey response is received). The facility may choose to document the mode survey administration, but it does not need to be submitted at this time.

- 25. How do we prevent duplicate survey submissions if the surveys are anonymous?**

Once the survey is distributed anonymously, it cannot be retracted or retroactively excluded. We encourage IPFs to develop protocols that ensure a patient is administered the PIX survey only one time per discharge.

Sampling and IPFQR Program Reporting Requirements

26. What if fewer than 300 patients complete surveys?

IPFs are required to develop sampling plans that ensure they are able to submit data for at least 300 completed PIX surveys per year. Sampling is required from every month throughout the entire reporting period. IPFs should not stop sampling or curtail survey activities once 300 surveys have been received. We recommend that in developing sampling plans, IPFs consider the predicted rate of non-completion to ensure that they reach 300 completed PIX surveys.

IPFs that are unable to reach 300 completed PIX surveys because of the small patient population size or characteristics of their patient population, such as patients who are unable to complete the survey due to cognitive or intellectual limitations, will be required to submit data on all surveys completed by eligible patients. IPFs that meet this requirement would not be penalized for submitting data on less than 300 completed PIX surveys.

IPFs that have more than 300 discharges per year will be required to meet the minimum sampling of at least 300 completed PIX surveys per year.

27. Will a return rate be calculated, like the number of surveys received divided by the number of eligible discharges?

CMS does not plan to calculate a return rate and it is not part of the measure scoring (we note that random sampling is allowed). However, IPFs are encouraged to track this information internally.

28. What happens if an individual answers some, but not all, questions?

If an individual answers some, but not all, questions, the survey will still count toward the minimum sampling requirement of 300 PIX surveys per year.

29. Our IPF uses a similar patient experience survey. Can we report those results?

No, IPFs may not substitute results from the other surveys to satisfy IPFQR Program requirements and must use the PIX survey.

Scoring

30. How is the survey scored and reported?

The measure will be reported as five separate rates, one for each of the four domains of the PIX Survey and one overall rate.

The facility domain score is the mean rate of all answered items for that domain when all items for that domain on the survey have been answered (i.e., no items left blank). When an item is left blank, all items in that domain from that survey are omitted from the facility domain calculation. To calculate the mean rate scores, CMS will assign a numerical value ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). CMS will then calculate the average response by adding the values of all appropriate responses and dividing that value by the number of responses, excluding questions to which the patient selected “Does Not Apply.” The facility overall score is the mean rate of all answered items. Items responded to with “Does Not Apply” or left blank are excluded.

Higher scores indicate better performance. Each of these rates will be calculated from patient responses on the PIX survey and then publicly reported on CMS’ Compare tool on Medicare.gov.

Resources and Tools/Outreach and Education

31. Where can I find PIX survey resources?

Visit the IPFQR Program Resources page at <https://qualitynet.cms.gov/ipf/ipfqr/resources> to view the PIX survey, fact sheet, implementation guidance, and frequently asked questions resource documents.

32. How do I ensure I receive communications and updates regarding the PIX survey?

CMS will provide additional guidance in webinars, IPFQR Program Listserves, and other CMS-approved resource materials. Sign up for Listserves here: <https://qualitynet.cms.gov/maillinglist/signup>.

Submit questions to CMS’ Inpatient and Outpatient Healthcare Quality Systems Development and Program Support via the Quality Question and Answer Tool at https://cmsqualitysupport.servicenowservices.com/qnet_qa or call toll-free (844) 472-4477 or (866) 800-8765 weekdays from 9 a.m. to 5 p.m. Eastern Time.