



## **Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program**

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### **Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor**

#### **IPFQR Program: FY 2024 IPF PPS Final Rule and APU Determination Presentation Transcript**

#### **Speakers**

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## Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

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**Evette Robinson:** Welcome to today's presentation titled *IPFQR Program: FY 2024 IPF PPS Final Rule and APU Determination*. My name is Evette Robinson. I am the IPFQR Program Lead for the Inpatient Values, Incentives, and Quality Reporting, or VIQR, Support Contractor, and I will be the moderator for today's event. Before I introduce today's speaker, I will review a couple of housekeeping items. First, the slides for this presentation were posted to the [Quality Reporting Center](#) website prior to the event. If you did not receive the slides beforehand, please go to [QualityReportingCenter.com](#) in your web browser. On the bottom left of the screen, you will see a list of Upcoming Events. Click on the link for this event, and there you will find the presentation slides available for download. This webinar is being recorded, and the transcript, slides, and a recording of today's presentation will be posted to [QualityNet](#) at a later date. Secondly, we ask that you submit any questions, pertinent to the webinar topic, in the Q&A section. To do so, click on the question mark in the thought bubble on the right side of the screen. Any unanswered questions will be responded to and considered for publication in the [QualityNet Question and Answer Tool](#) at a later date. Questions received that are not related to the topic of the webinar will not be answered in the Q&A feature. Instead, we recommend that you go to the QualityNet Q&A Tool to search for posted question-and-answer pairs, as well as submit any new questions to us that are not already addressed in the Q&A tool or in a previously published summary of questions and answers. Joining me as our guest speaker for this presentation is Lauren Lowenstein-Turner. Lauren is the Program Lead for the Inpatient Psychiatric Facility Quality Reporting Program at CMS. She received her Master's in Public Health degree from the Johns Hopkins Bloomberg School of Public Health and her Master's in Social Work degree from the University of Maryland.

This presentation will summarize the changes to the IPFQR Program, as outlined in the fiscal year 2024 Inpatient Psychiatric Facility Prospective Payment System, or IPF PPS, final rule and describe the fiscal year 2024 annual payment update, or APU, determination and reconsideration processes for the recent data submission period.

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By the end of this presentation, attendees will be able to describe IPFQR Program changes per the fiscal year 2024 IPF PPS final rule, as well as the IPFQR Program's fiscal year 2024 APU determination and reconsideration processes.

Now, I will turn the presentation over to our speaker. Lauren, the floor is yours.

#### **Lauren**

**Lowenstein-Turner:** Thank you, Evette. The next few slides will include an overview of the final rule, as well as a brief summary of the changes that were finalized for the IPFQR Program.

Before I describe the content of the fiscal year 2024 final rule as it relates to the IPFQR Program, I would like to first remind everyone that the fiscal year 2024 final rule was published in the *Federal Register* on August 2, 2023. The final rule can be downloaded from the *Federal Register* at the website indicated on this slide. Updates to the IPFQR Program are described on the pages indicated on this slide.

CMS finalized the proposal to adopt the Facility Commitment to Health Equity; Screening for Social Drivers of Health; Screen Positive Rate for Social Drivers of Health; and Psychiatric Inpatient Experience, or PIX, Survey measures. CMS also finalized removal of the Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification Hospital-Based Inpatient Psychiatric Services, or HBIPS-5, measure and the Tobacco Use Brief Intervention Provided or Offered and Tobacco Use Brief Intervention Provided, TOB-2/-2a, measures. This rule also finalized modification of the COVID healthcare personnel measure, as well as adoption of a data validation pilot program.

Now, I will describe the measure updates that were finalized in the rule.

The Facility Commitment to Health Equity measure will assess an IPF's commitment to health equity using five equity-related attestation statements in the five domains listed on this slide:

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Equity is a Strategic Priority, Data Collection, Data Analysis, Quality Improvement, and Leadership Engagement. Since this is a structural attestation measure, no sampling will be allowed. IPFs will begin reporting this measure by submitting numerator and denominator values for the calendar year 2024 reporting period into the HQR System during the summer of 2025. This will impact the fiscal year 2025 payment determination. For more details about the attestations and their elements, refer to Table 17: The Facility Commitment to Health Equity Measure Five Attestations on page 51103 of the final rule.

The Screening for Social Drivers of Health measure will assess the percentage of patients 18 years of age and older screened for the five health-related social needs, which are Food Insecurity, Housing Instability, Transportation Problems, Utility Help Needs, and Interpersonal Safety. Sampling will not be allowed for this measure because it is applicable to all patients who are at least 18 years old. There will be a voluntary reporting period for this measure, starting with data collected in calendar year 2024, which will be reported as aggregate numerator and denominator values to CMS in calendar year 2025. IPFs will be required to report this measure starting with data collected in calendar year 2025, which will be reported to CMS in calendar year 2026, and impact the fiscal year 2027 payment determination. To learn more about the five domains of this measure, refer to Table 18: The Five Core HRSN Domains to Screen for Social Drivers of Health. This is found on pages 51108 through 51110 of the final rule.

The Screen Positive Rate for Social Drivers of Health measure will assess the percentage of patients 18 years of age and older who screened positive for one or more of the five core HRSNs. Like the Screening for Social Drivers of Health measure, sampling will not be allowed because it is applicable to all patients who are at least 18 years old. Also like the Screening for Social Drivers of Health measure, there will be voluntary reporting period for the Screen Positive Rate for Social Drivers of Health measure, starting with data collected in calendar year 2024, which will be reported as aggregate numerator and denominator values to CMS in

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calendar year 2025. IPFs will be required to report this measure starting with data collected in calendar year 2025, which will be reported to CMS in calendar year 2026, and impact the fiscal year 2027 payment determination.

The last measure that CMS adopted in this final rule for the IPFQR Program is the Psychiatric Inpatient Experience, or PIX, measure. This measure involves the PIX Survey, which addresses the gap in publicly available, minimally burdensome, psychometrically validated experience of care surveys specified for the IPF setting. Specifically, the PIX Survey addresses 23 items in four domains, namely, Relationship with Treatment Team, Nursing Presence, Treatment Effectiveness, and Healing Environment. The measure applies to all patients, aged 13 or older, discharged from an IPF who are able to complete the survey. The PIX measure does allow sampling of 300 complete PIX Surveys per year. If an IPF is unable to submit 300 completed surveys in a year, then all of the survey results for all eligible patient discharges must be submitted to CMS. There will be a voluntary reporting period for this measure in which IPFs will report a separate rate for each of the four domains and an overall rate to CMS, starting with calendar year 2025 data, which will be reported to CMS in calendar year 2026. IPFs will be required to report measure data collected in calendar year 2026 to CMS in calendar year 2027, impacting the fiscal year 2028 payment determination.

This rule finalized CMS' removal of the HBIPS-5 measure from the IPFQR Program beginning with the fiscal year 2025 payment determination under measure removal Factor 2: Measure does not align with current clinical guidelines or practice. IPFs reported HBIPS-5 measure data from calendar year 2022 to CMS for the last time during the summer 2023 submission period, impacting F fiscal year 2024 payment determination.

The second measure removal finalized in the rule is that of the TOB-2 measure and the subset measure TOB-2a, beginning with the fiscal year 2025 payment determination.

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CMS determined that the TOB-3/-3a measure adequately address the smoking cessation interventions that occur during the IPF's discharge process and, thereby, offer more opportunity for IPFs to improve their performance compared to the TOB-2/-2a measure. Due to the removal of the TOB-2/-2a measure, the Tobacco Use Treatment Provided or Offered at Discharge measure and subset, Tobacco Use Treatment at Discharge, will remain in the IPFQR Program.

CMS finalized modification of the COVID HCP measure by replacing the phrase "complete vaccination course" with "up-to-date" in the numerator statement of the COVID HCP measure. This change goes into effect with data collected from the fourth quarter of calendar year 2023 onward, thereby impacting fiscal year 2025 payment determination and subsequent years. The denominator for the COVID HCP measure remains unchanged.

This slide displays the 14 measures of the IPFQR Program for fiscal year 2024 payment determination.

The total number of measures for the IPFQR Program will decrease to 12 for the fiscal year 2025 payment determination due to removal of the HBIPS-5 and TOB-2/-2a measures.

The total number of measures for the IPFQR Program will increase from 12 to 13 for the fiscal year 2026 with the adoption of the Facility Commitment to Health Equity measure. Note that the voluntary measures, Screening for Social Drivers of Health and Screen Positive Rate for Social Drivers of Health, are italicized on this slide.

The total number of measures for the IPFQR Program will increase to 15 for fiscal year 2027 when reporting of the Screening for Social Drivers of Health and Screen Positive Rate for Social Drivers of Health measures is required. You will note that the voluntary measure, Psychiatric Inpatient Experience Survey, is italicized.

Then, in fiscal year 2028, the total number of measures for the IPFQR Program will increase to 16 with the required reporting of the Psychiatric Inpatient Experience Survey measure.

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Another area in which CMS finalized changes to the IPFQR Program is to start a data validation pilot.

CMS finalized the decision to establish a pilot data validation policy for the IPFQR Program, starting with data submitted in 2025 that represent care provided in calendar year 2024. The pilot will continue until a full data validation program is proposed and adopted in future rulemaking. CMS will randomly select up to 100 IPFs annually and request that each selected IPF provide to CMS eight charts per quarter, or 32 charts total per year, that were used to calculate all chart-based measures. IPFs that are selected for and that subsequently participate in the validation pilot program will not receive any payment penalties.

This concludes the final rule portion of the presentation. I will now turn it over to Evette Robinson to review the fiscal year 2024 APU determination.

**Evette Robinson:** Thank you, Lauren. The next few slides will provide a general overview of the APU determination and reconsideration processes.

This slide lists all the requirements to participate in the IPFQR Program and qualify to receive the full fiscal year 2024 APU. Specifically, eligible IPFs had to meet the following requirements by the September 1, 2023, deadline: IPFs must have an IPFQR Program Notice of Participation, or NOP, status of “Participating;” IPFs must have submitted measure and non-measure data; and, on completion of the measure and non-measure data submission, IPFs must have completed the Data Accuracy and Completeness Acknowledgement, or DACA. Eligible IPFs that did not meet all the reporting requirements as described on this slide will be subject to a 2-percentage point reduction of their annual payment update.

APU notification letters will be sent in September 2023 to facilities that did not meet one or more of the program requirements by the September 1, 2023, deadline. Reconsideration requests for decisions are due to CMS 30 days from the date of receipt of the payment notification.

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CMS will send notifications of APU reconsideration decisions to facilities that file a reconsideration approximately 90 days following the submission of the reconsideration request.

An overview of the APU reconsideration process, including the IPF Reconsideration Request Form, can be found on the [APU Reconsideration](#) page of the QualityNet website under Inpatient Psychiatric Facilities and APU Reconsideration. You can also access it by clicking on the link on this slide.

Now, we will review some helpful resources.

This slide displays a list of the acronyms that we referenced during this presentation.

CMS recommends that IPFs refer to the latest versions of IPFQR Program resources to stay up to date on program requirements. Various documents, including the IPF Specifications Manual, IPFQR Program Manual, and optional paper tools are available for download from the QualityNet and Quality Reporting Center websites, which can be accessed by clicking on the icons on this slide. The IPFQR Program Guide is a great place to start, as it highlights the keys to successfully participate in the IPFQR Program.

Has there been any turnover at your facility within the last several months? If so, then we want to hear from you! You can let us know about any changes to points of contact at your facility by clicking the Contact Change Form link on this slide and sending the information to us by following the instructions on the form. Would you like to receive email communications about future IPFQR Program webinars, program updates, resources, and other announcements? Then, we invite you to sign up for the IPFQR Program Listserve by clicking on the Listserve Registration icon on this slide. Another way to find information about upcoming webinars is to click on the Upcoming Webinars icon on this slide. When you have a general question about the IPFQR Program or need clarification about any of the program measures, be sure to leverage the Find an Answer function in the QualityNet Q&A tool.

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If you do not see a published article in the Q&A tool related to your question, then you can submit your inquiry to us via the Q&A tool, which you can access by selecting the Q&A Tool icon. The best way to reach us when you have questions about IPFQR Program eligibility or next steps for a newly-eligible provider or to notify us that an IPF is closed or will be closing is via email. Just click on the Email Support icon to send an email to us regarding eligibility updates. Finally, you can also contact the VIQR support contract team via phone at (866) 800-8765 or via secure fax at (877) 789-4443.

This concludes the content portion of today's webinar titled, *IPFQR Program: FY 2024 IPF PPS Final Rule and APU Determination*. After this presentation, you will have the opportunity to complete a survey. We ask that you complete the survey as we value your feedback regarding what works well as well as any areas for improvement in future presentations. Thank you for your time and attention.