



**Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program**  
**Inpatient and Outpatient Healthcare Quality Systems Development**  
**and Program Support**

**IPFQR Program: FY 2025 IPPS/LTCH PPS Final Rule**  
**Presentation Transcript**

**Speakers**

**Kaleigh Emerson, MPH, LMSW**  
Program Lead, IPFQR Program, CMS

**Lisa Vinson, BS, BSN, RN**  
Program Lead, IPFQR Program  
Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

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# Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program **Inpatient and Outpatient Healthcare Quality Systems Development and Program Support**

**Lisa Vinson:** Welcome to today's presentation titled *IPFQR Program: FY 2025 IPF PPS Final Rule*. My name is Lisa Vinson. I am the IPFQR Program Lead for Inpatient and Outpatient Healthcare Quality Systems Development and Program Support, 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](http://QualityReportingCenter.com) in your web browser, and, on the bottom left-hand side 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 question-and-answer document. Joining me as our guest speaker for this presentation today is Kaleigh Emerson. Kaleigh is the Program Lead for the Inpatient Psychiatric Facility Quality Reporting Program at CMS.

This presentation will summarize the changes to the IPFQR Program, as outlined in the fiscal year 2025 Inpatient Psychiatric Facility Prospective Payment System, or IPF PPS, final rule.

By the end of this presentation, attendees will be able to describe IPFQR Program changes per the fiscal year 2025 IPF PPS final rule. Now, I will turn the presentation over to Kaleigh. Kaleigh, the floor is yours.

**Kaleigh Emerson:** Thank you, Lisa. The upcoming slides will discuss the updates made to the IPFQR Program in the fiscal year 2025 IPF PPS final rule.

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

### **Inpatient and Outpatient Healthcare Quality Systems Development and Program Support**

The fiscal year 2025 IPF PPS final rule was published in the *Federal Register* on August 7, 2024. A link to the final rule and IPFQR Program pages are provided on this slide.

In the fiscal year 2025 final rule, we focused on improving quality and health outcomes for patients treated in an IPF and on operational aspects of the IPFQR Program. We finalized the adoption of one new measure, the 30-Day Risk-Standardized All-Cause Emergency Department Visit Following an IPF Discharge measure, also called the IPF ED Visit measure. We did not finalize the proposal to require IPFs to submit data on a quarterly basis for patient-level, chart-abstracted measures. We summarized comments received on the Request for Information, RFI, in the proposed rule regarding the IPF Patient Assessment Instrument. We refer to it here as the IPF-PAI.

With the adoption of the IPF ED Visit measure, beginning with the calendar year 2025 performance period/fiscal year 2027 payment determination, the measure will provide information on the percent of patients discharged from the IPF who visit an emergency department within 30 days of their discharge without a subsequent readmission. It complements the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF measure, which is already in the program. Post-discharge outcomes are an important part of CMS' measurement strategy because long-term outcomes, including reduced incidence of readmissions and other post-discharge acute services, are improved by patient-centered discharge planning and coordination of care for patients with mental health conditions and substance use disorders. By proactively addressing potential barriers to post-discharge care, improving patient experience of care and patient-centeredness, and implementing care transition models, IPFs can reduce the need for post-discharge acute care. We believe that the measure will provide meaningful information about the quality of care in IPFs and that it will encourage IPFs to improve discharge planning, care coordination, and follow-up after discharge.

This table, which has been split between this slide and the next, provides the fiscal year 2027 IPFQR Program measures.

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

### **Inpatient and Outpatient Healthcare Quality Systems Development and Program Support**

With the adoption of the IPF ED Visit Measure, the program includes 16 mandatory measures and one voluntary measure. I mentioned in the previous slide that the IPF ED Visit measure assesses post-discharge outcomes. The IPFQR Program has three other measures that assess post-discharge outcomes, and they are listed in these tables: the Follow-up After Psychiatric Hospitalization measure; the Medication Continuation Following Inpatient Psychiatric Discharge measure; and the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF, also called the IPF Unplanned Readmission measure.

The table on this slide is the continuation of the measures for fiscal year 2027.

As CMS has gained experience with patient-level data submission for the IPFQR Program during the voluntary data submission period for fiscal year 2023 and the first mandatory data submission period for fiscal year 2024, we observed that annual data submission periods require IPFs to store large volumes of patient data to prepare for transmission to CMS. The Hospital Inpatient Quality Reporting Program and the Hospital Outpatient Quality Reporting Program require patient-level data submission, and both require quarterly submission of those data. When we proposed updating the reporting requirements from annual to quarterly, we believed that doing so would reduce provider burden. However, based on the comments we received on this proposal, we did not finalize the proposal at this time. IPFs will continue to be required to submit all patient-level data for measures in the IPFQR Program once per year.

The proposed rule included a request for information regarding the IPF Patient Assessment Instrument, IPF-PAI. The Consolidated Appropriations Act of 2023 requires IPFs to collect standardized patient assessment data, which CMS could then use to propose future revisions that would more accurately pay for care, monitor quality, and assess for disparities in behavioral health care. The RFI solicited comments with the goal of engaging the public to identify meaningful data elements for collection that are appropriate for the IPF setting, as well as potential criteria for development and implementation of the instrument.

## **Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program** **Inpatient and Outpatient Healthcare Quality Systems Development and Program Support**

The final rule provides a summary of these comments, and they will be taken into consideration for the development of the IPF-PAI. That concludes the summary of updates to the IPFQR Program in the fiscal year 2025 final rule, and I'll now turn it back to Lisa. Thank you.

**Lisa Vinson:**

Thank you, Kaleigh. 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 Guide, and optional paper tools, are available for download from the QualityNet and Quality Reporting Center websites. They 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 successful participation in the IPFQR Program. Of note, we are in the process of updating various resources on both QualityNet and Quality Reporting Center websites.

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 Question and Answer Tool.

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

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### **Inpatient and Outpatient Healthcare Quality Systems Development and Program Support**

If you do not see a published article in the question-and-answer tool related to your question, then you can submit your inquiry to us via the question-and-answer tool. You can access that by selecting the Q&A Tool icon on this slide. The best way to reach us when you have questions about IPFQR Program eligibility, such as next steps for a newly-eligible provider or ways 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 IPFQR Program Support team via phone at (866) 800-8765 or via secure fax at (877) 789-4443.

This concludes the today's event. I would like thank our CMS Program Lead, Kaleigh Emerson, for joining us today. 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, and we hope you enjoy the remainder of your day.