



IPFQR Program: FY 2025 IPF PPS Proposed Rule

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Question and Answer Limitations

- CMS can only address procedural questions about comment submissions.
- CMS cannot address any rule-related questions.
- We appreciate your understanding of these constraints.
- CMS looks forward to your formal comments on the proposed rule.

Purpose

This presentation will summarize the proposed updates to the IPFQR Program, as outlined in the fiscal year (FY) 2025 Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) proposed rule.

Learning Objectives

Attendees will understand:

- The FY 2025 IPF PPS proposed rule's proposed changes to the IPFQR Program.
- The steps to submit a public comment.

IPFQR Program: FY 2025 IPF PPS Proposed Rule

Overview

Functions of the Proposed Rule

Publication of the FY 2025 IPF PPS proposed rule enables CMS to:

- Inform IPFQR Program participants about intended modifications to the program.
- Solicit public comment on proposed changes.
- Provide ample time for IPFs to prepare for potential program changes.

Summary of Proposed Changes

Measure Proposed for Adoption

CMS proposes to adopt the 30-Day Risk-Standardized All-Cause Emergency Department (ED) Visit Following an IPF Discharge (IPF ED Visit) measure beginning with the calendar year (CY) 2025 Performance Period/FY 2027 Payment Determination.

Summary of Proposed Changes

Modification to Data Submission Requirements

CMS proposes to require IPFs to submit patient-level quality data on a quarterly basis. (This is currently on an annual basis.)

Summary of Proposed Changes

Request for Information (RFI):

IPF Patient Assessment Instrument (IPF-PAI)

CMS solicits comments with the goal of engaging the public to identify meaningful data elements for collection that are appropriate for the IPF setting and potential criteria for development and implementation of the instrument.

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Measure Proposed for Adoption

Measure Proposed for Adoption: IPF ED Visit

Background

- 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 of care, and implementing care transition models, IPFs can reduce the need for post-discharge acute care.

Measure Proposed for Adoption: IPF ED Visit

Background

The IPFQR Program currently has three measures that assess post-discharge outcomes:

- 1) Follow-up After Psychiatric Hospitalization
- 2) Medication Continuation Following Inpatient Psychiatric Discharge
- 3) 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF (IPF Unplanned Readmission)

Measure Proposed for Adoption: IPF ED Visit

Background

- The Follow-up After Psychiatric Hospitalization and Medication Continuation measures do not quantify patient outcomes with respect to use of acute care services post-discharge.
- The IPF Unplanned Readmission measure does not quantify the proportion of patients 18 and older with an ED Visit without subsequent admission within 30 days of discharge from an IPF.
- There is a gap in our understanding regarding patients' successful reintegration into their communities following their IPF discharge.

Measure Proposed for Adoption: IPF ED Visit

Background

CMS is proposing to adopt an all-cause, rather than condition-specific, ED Visit measure:

- 1) Aligns most closely with the IPF Unplanned Readmission measure as this measure is also an all-cause measure.
- 2) An all-cause measure emphasizes the importance of whole-person care for patients.
- 3) Patients visiting the ED may do so for physical symptoms associated with a mental health condition or substance use disorder.

Measure Proposed for Adoption: IPF ED Visit

The measure aligns with CMS goals and priorities:

- National Quality Strategy Goals
 - Engagement
 - Outcomes
 - Alignment
- Meaningful Measures 2.0 Framework
 - Seamless Care Coordination
 - Person-Centered Care
- Behavioral Health Strategy
 - Quality of Care
 - Equity and Engagement

Measure Proposed for Adoption: IPF ED Visit

Measure Calculation

The focus population for this measure is adult Medicare Fee for Service (FFS) patients with a discharge from an IPF. This measure is based on all eligible index admissions from this population, which is defined as meeting the following criteria:

- 1) Age 18 or older at admission
- 2) Discharged alive from an IPF
- 3) Enrolled in Medicare FFS Parts A and B during the 12 months before the admission date, the month of admission, and at least one month after the month of discharge from the index admission (the original stay in an IPF)
- 4) Discharged with a principal diagnosis that indicates a psychiatric disorder

Measure Proposed for Adoption: IPF ED Visit

Measure Calculation

The following patients are excluded from the measure:

- Patients who are discharged against medical advice from the IPF index admission
- Patients with unreliable data regarding death demographics or a combination thereof in their claims record
- Patients who expired during the IPF stay
- Patients with a discharge resulting in a transfer to another care facility
- Patients discharged but readmitted within three days of discharge, also known as an interrupted stay

Measure Proposed for Adoption: IPF ED Visit

Measure Calculation

- Data sources would include the following:
 - Medicare beneficiary and coverage files
 - Medicare FFS Part A records
 - Medicare FFS Part B records
- This measure would not use claims for services such as laboratory tests, medical supplies, or other ambulatory services.

Measure Proposed for Adoption: IPF ED Visit

Measure Calculation

To calculate this measure, CMS would:

- 1) Identify all IPF admissions in the one-year performance period.
- 2) Apply inclusion and exclusion criteria to identify index admissions.
- 3) Identify ED visits and observation stays within the 30 days of discharge from each index admission.
- 4) Identify risk factors in the 12 months prior to index admission and during the index admission.
- 5) Run hierarchical logistic regression to compute the risk-standardized ED visit rate for each IPF.

Measure Proposed for Adoption: IPF ED Visit

CMS proposes to adopt this claims-based measure with a proposed reporting period beginning with data from CY 2025 performance period/FY 2027 payment determination year.

- Since all files used to calculate this measure are available on Medicare claims, there is no additional data collection burden or submission by IPFs.

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IPFQR Program Measures for FY 2027

FY 2027 IPFQR Program Measures (1)

Consensus-Based Entity (CBE) #	Measure ID	Measure
Required		
0640	HBIPS-2	Hours of Physical Restraint Use
6041	HBIPS-3	Hours of Seclusion Use
N/A	FAPH	Follow-Up After Psychiatric Hospitalization
N/A*	SUB-2/2a	Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention
N/A*	SUB-3/3a	Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge
N/A*	TOB-3/3a	Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a Tobacco Use Treatment at Discharge
1659	IMM-2	Influenza Immunization
N/A*	N/A	Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)
N/A	N/A	Screening for Metabolic Disorders
2860	N/A	Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility

FY 2027 IPFQR Program Measures (2)

CBE#	Measure ID	Measure
Required		
N/A	N/A	30-Day Risk-Standardized All-Cause Emergency Department Visit Following an Inpatient Psychiatric Facility Discharge ¹
3205*	Med Cont.	Medication Continuation Following Inpatient Psychiatric Discharge
N/A	N/A	Modified COVID-19 Healthcare Personnel (HCP) Vaccination
N/A	Facility Commitment	Facility Commitment to Health Equity
N.A	Screening for SDOH	Screening for Social Drivers of Health
N/A	Screen Positive	Screen Positive Rate for Social Drivers of Health
Voluntary		
N/A	PIX	Psychiatric Inpatient Experience Survey ²

*Measure no longer endorsed by the CBE but was endorsed at the time of adoption.

Please refer to pg. 66 of this proposed rule for additional details.

¹ Measure proposed for adoption in Section V.B.2. (pages 61–65) of this proposed rule.

² We note that the PIX measure will become mandatory for the FY 2028 payment determination, as finalized in the [FY 2024 IPF PPS final rule](#) (pages 68-75).

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Modification to Data Submission Requirements

Modification to Data Submission Requirements

Quarterly Data Reporting

- Annual data submission periods require IPFs to store large volumes of patient data to prepare for transmission to CMS.
- Increasing the frequency of data submission would allow additional analysis of measure trends over time and quarterly highs and lows would be easily identifiable.

Modification to Data Submission Requirements

Data submission for each calendar quarter would be required during a period of at least 45 days beginning three months after the end of calendar quarter.

Performance Period	Submission Deadline
January 1–March 31, 2025 (Q1 2025)	November 15, 2025
April 1–June 30, 2025 (Q2 2025)	November 15, 2025
July 1–September 30, 2025 (Q3 2025)	February 15, 2026
October 1–December 31, 2025 (Q4 2025)	May 15, 2026
January 1–March 31, 2026 (Q1 2026)	August 15, 2026
April 1–June 30, 2026 (Q2 2026)	November 15, 2026
July 1–September 30, 2026 (Q3 2026)	February 15, 2027
October 1–December 31, 2026 (Q4 2026)	May 15, 2027

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RFI: IPF-PAI

RFI: IPF PAI

- The Consolidated Appropriations Act, 2023 requires IPFs to collect and submit standardized patient assessment data on specified categories.
- IPFs must submit data from the patient assessments completed during, at least, admission to and discharge from the IPF.
- This data will enable CMS to propose future revisions to the IPF Prospective Payment System (IPF PPS) that would more accurately pay for care, monitor quality, and assess for disparities in behavioral health care.

RFI: IPF PAI

The IPF-PAI must collect standardized patient assessment data for six categories:

- 1) Functional status
- 2) Cognitive function and mental status
- 3) Special services, treatments, and interventions
- 4) Medical conditions and comorbidities
- 5) Impairments
- 6) Other categories deemed appropriate

RFI: IPF PAI

- CMS will consider similar legislatively derived PAIs previously implemented for certain post-acute care providers related to the goals and guiding principles for the IPF-PAI.
- CMS seeks to balance the need to collect meaningful patient data to improve care with the need to minimize administrative burden.

RFI: IPF PAI

CMS solicits comment on the following topics:

- Selection of Standardized Patient Assessment Data Elements to be collected on the IPF-PAI
- Implementation of the IPF-PAI
- Patient Assessment Instruments currently used upon admission and discharge
- Information about how IPFs estimate resource needs to determine capacity before a patient is admitted
- Methods for IPFs to submit patient assessment data
- Potential administrative burden
- Input on the relationship between the IPF-PAI and the measures within the IPFQR Program

RFI: IPF PAI

- CMS seeks to collect information that will help improve care in IPFs, improve the accuracy of the IPF PPS, and improve health equity.
- Please refer to pages 23200–23204 of this [proposed rule](#) for more details.

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Request for Public Comment

Proposed Rule Available for Review and Comments


- The FY 2025 IPF PPS Proposed Rule is available to view and download from the *Federal Register*:
<https://www.federalregister.gov/documents/2024/04/03/2024-06764/medicare-program-fy-2025-inpatient-psychiatric-facilities-prospective-payment-system-rate-update>
- CMS will accept comments on the proposed rule and the request for information until May 28, 2024.

Proposed Rule Available for Review and Comments

- To submit a comment electronically you can do one of the following:
 - Click on the green button at the top of the proposed rule posted in the *Federal Register*.


SUBMIT A FORMAL COMMENT

- Click the following link to the comment page on Regulations.gov:
<https://www.regulations.gov/docket/CMS-2024-0119/document>
- Click on the **Comment** button below the rule.

 PROPOSED RULE

Medicare Program: FY 2025 Inpatient Psychiatric Facilities Prospective Payment System—Rate Update

Agency Centers for Medicare&Medicaid Services | Posted Apr 3, 2024 | ID CMS-2024-0119-0002

 Comment

Comments Due May 28, 2024

- Refer to the *Federal Register* for other methods to submit comments.

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Helpful Resources

Acronyms

CBE	Claims-Based Entity	IPFQR	Inpatient Psychiatric Facility Quality Reporting
CMS	Centers for Medicare & Medicaid Services	PAC	post acute care
CY	calendar year	PAI	Patient Assessment Instrument
ED	emergency department	PIX	Psychiatric Inpatient Experience
FAPH	Follow-Up After Psychiatric Hospitalization	PPS	Prospective Payment System
FFS	Fee for Service	Q	quarter
FY	fiscal year	RFI	Request for Information
HBIPS	Hospital-Based Inpatient Psychiatric Services	SDOH	Social Drivers of Health
HCP	healthcare personnel	SUB	Substance Abuse
IMM	Influenza Immunization	TOB	Tobacco Use
IPF	inpatient psychiatric facility		Back

Helpful Resources

IPFQR Program Web Pages
(Click the icons.)



Helpful Resources

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Thank you!

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