



# **IPFQR Program: FY 2026 IPF PPS Proposed Rule**

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# Speakers

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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) 2026 Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) proposed rule.

# Learning Objectives

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Attendees will understand the FY 2026 IPF PPS proposed rule's proposed changes to the IPFQR Program and the steps to submit a public comment.

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### **Overview**

# Functions of the Proposed Rule

Publication of the FY 2026 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

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## Proposed Measure Modification

CMS proposes to modify the timeline of the 30-Day Risk-Standardized All-Cause Emergency Department (ED) Visit Following an IPF Discharge (IPF ED Visit) measure.



# Summary of Proposed Changes

## Proposed Measure Removals

CMS proposes to remove four measures, all beginning with calendar year (CY) 2024 reporting period/FY 2026 Payment Determination:

- Facility Commitment to Health Equity (FCHE)
- COVID–19 Vaccination Coverage among Health Care Personnel (COVID HCP)
- Screening for Social Drivers of Health (Screening for SDOH)
- Screen Positive Rate for SDOH (Screen Positive)

# Summary of Proposed Changes

## Proposed Policy Updates

CMS proposes to update changes to the Extraordinary Circumstances Exception (ECE) policy to explicitly include extensions as a type of relief that we may grant in the event of an extraordinary circumstance that affects the ability of an IPF to comply with reporting requirements. Additionally, we are proposing to codify the process for requesting or granting an ECE.

# Summary of Proposed Changes

## Requests for Information (RFI)

CMS is seeking input on the following three RFIs:

- Potential future star rating system for the IPFQR Program for display on the Compare tool on medicare.gov
- Future measure concepts on the topics of well-being and nutrition
- Potential use of Fast Healthcare Interoperability Resources® (FHIR) standard the IPF patient assessment instrument that is currently under development

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## **Proposed Measure Modification**

# Modify the Reporting Period of the IPF ED Visit Measure

## Proposed Modification

- The IPF ED Visit Measure was adopted in the [FY 2025 IPF PPS final rule](#) (pages 64650–64659).
- CMS proposes to modify the reporting period from a 12-month calendar year period to a 24-month period (July 1 to June 30).
- The proposed modification will allow the IPF ED Visit measure to complement the related IPFQR Program measure, the Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF measure.

# Modify the Reporting Period of the IPF ED Visit Measure

## Proposed Modification

- This measure requires no additional data collection or submission by IPFs because the data used to calculate the IPF ED Visit measure are available on Medicare claims and enrollment data.
- First reporting period would be Quarter (Q)3 2025 through Q2 2027 for FY 2029 payment determination.
- First public display would be in January 2029 on the [Compare tool on Medicare.gov](#) or its successor website.

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## **Measures Proposed for Removal**

# Measure Removal #1: FCHE

## Proposal for Removal

- The FCHE measure was adopted in the [FY 2024 IPF PPS final rule](#) (pages 51100–51107).
- Proposed removal would be effective for FY 2026 payment determination.



# Measure Removal #1: FCHE

## Proposal for Removal

- If finalized, IPFs that do not report their CY 2024 reporting period data for the FCHE measure would not be considered noncompliant for the purposes of FY 2026 payment determination and data would not be used for public reporting.
- If not finalized, IPFs that do not report their CY 2024 reporting period data for the FCHE measure would be considered noncompliant for the purposes of FY 2026 payment determination. Upon receipt of the non-compliance letter, the 30-day reconsideration period would begin.

# Measure Removal #2: COVID HCP

## Proposal for Removal

- The COVID-19 HCP measure as adopted in the [FY 2022 IPF PPS final rule](#) (pages 42633–42640) and modified in the FY 2024 IPF PPS final rule (pages 51128–51133).
- Proposed removal would be effective for CY 2024 reporting period/FY 2026 payment determination.

# Measure Removal #2: COVID HCP

## Proposal for Removal

- If finalized, IPFs that do not report their CY 2024 reporting period data for the COVID-19 HCP measure would not be considered noncompliant for the purposes of FY 2026 payment determination and data would not be used for public reporting.
- If not finalized, IPFs that do not report their CY 2024 reporting period data for COVID-19 HCP measure would be considered noncompliant for the FY 2026 payment determination. Upon receipt of the non-compliance letter, the 30-day reconsideration period would begin.

# Measure Removal #3 and #4: Screening for SDOH and Screen Positive

## Proposal for Removal

- Screening for SDOH and Screen Positive measures were adopted in the [FY 2024 IPF PPS final rule](#) (pages 51107–51117 and 51117–51122).
- CMS proposes to remove both measures effective for the CY 2024 reporting period/FY 2026 payment determination.

# Measure Removal #3 and #4: Screening for SDOH and Screen Positive

## Proposal for Removal

- Screening for SDOH and Screen Positive measures are both voluntary for the CY 2024 reporting period/FY 2026 payment determination. Therefore, finalized or not finalized, IPFs that do not report their CY 2024 reporting period data for Screening for SDOH and Screen Positive measures would not be considered noncompliant for the purposes of FY 2026 payment determination and data would not be used for public reporting

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## **IPFQR Program Measures for FY 2028**

# FY 2028

## IPFQR Program Measures

Consensus-Based Entity (CBE) #	Measure ID	Measure
<b>Required</b>		
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*	TR-1	Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)

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

# FY 2028

## IPFQR Program Measures Continued

CBE#	Measure ID	Measure
N/A	SMD	Screening for Metabolic Disorders
N/A	PIX	Psychiatric Inpatient Experience Survey
2860	IPF Unplanned Readmission	Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility
N/A	IPF ED Visit	30-Day Risk-Standardized All-Cause Emergency Department Visit Following an Inpatient Psychiatric Facility Discharge <sup>1</sup>
3205*	Med Cont.	Medication Continuation Following Inpatient Psychiatric Discharge
N/A	COVID HCP	COVID-19 Healthcare Personnel (HCP) Vaccination <sup>2</sup>
N/A	Facility Commitment	Facility Commitment to Health Equity <sup>2</sup>
N.A	Screening for SDOH	Screening for Social Drivers of Health <sup>2</sup>
N/A	Screen Positive	Screen Positive Rate for Social Drivers of Health <sup>2</sup>

<sup>1</sup> Measure proposed for modification in Section IV.B of this proposed rule.

<sup>2</sup> Measure proposed for removal in Section IV.C, IV.D, an IV.E of this proposed rule.



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## **Proposed Policy Updates**

# IPFQR Program

## ECE Policy Update

### Proposed Policy Updates

- The current policy set forth in CMS regulations at 412.433(f) allows for CMS to grant exceptions with respect to quality data reporting requirements in the event of extraordinary circumstances beyond the control of an IPF.
- CMS proposes to update the regulations to specify that an ECE could be granted in the form of an extension of time for an IPF to comply with data reporting requirements, if CMS deems it an appropriate type of relief.

# IPFQR Program

## ECE Policy Update

### Proposed Policy Updates

- 42 CFR 412.433(f)(1) – CMS may grant an ECE for extraordinary circumstances defined as an event beyond control of the IPF (natural or man-made disaster).
- 42 CFR 412.433(f)(2)(i) – IPF may request an ECE within 30 calendar days of when the extraordinary event occurred.
- 42 CFR 412.433(f)(2)(ii) – CMS to notify the requestor with a decision in writing, via email.
- 42 CFR 412.433(f)(3) – CMS may grant an ECE to one or more IPFs that have not requested an ECE if they determine the reason is a systemic problem impacting ability to comply with reporting requirements or that the entire region/locale is affected.
- 42 CFR 412.433(f)(4) – CMS' evaluation of an extraordinary circumstance will include, but not limited to, whether the extraordinary event was beyond the control of the IPF and impacted its ability to provide healthcare and meet data reporting requirement deadlines.
- At 42 CFR 412.433(f)(5) – CMS will notify the IPF of an ECE denial via email.

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### **RFIs**

# RFI #1: Potential IPF Star Ratings

- Star ratings summarize facility or provider performance using symbols to help patients and caregivers quickly and easily understand quality of care information.
- The Compare tool currently displays star ratings for many provider types, including doctors and clinicians, and some types of hospitals, not including inpatient psychiatric facilities.
- Star ratings for IPFs would be designed to help consumers quickly identify differences in quality when selecting an IPF.

# RFI #1: Potential IPF Star Ratings

- CMS is seeking feedback on the development of a five-star methodology on the following topics:
  1. Criteria for measure selection
  2. Suitability of measures currently in the IPFQR Program
  3. Future use of additional data for an IPF Star Rating System
- For more details on each topic please refer to pages 18519–18520.

# RFI #2: Future Topics on Well-Being and Nutrition

CMS is seeking input on the quality measure concept of well-being for future quality measures, specifically:

- Tools and measures that assess overall health, happiness and satisfaction in life (emotional well-being, social connections, self-care work, etc.)
- Relevant aspects of well-being for the IPF setting

# RFI #2: Future Topics on Well-Being and Nutrition

CMS is also seeking input on the quality measure concept of nutrition for future quality measures, specifically:

- Tools and frameworks that promote healthy eating habits, exercise, nutrition, or physical activity for optimal health, wellbeing, and best care for all
- Relevant aspects of nutrition for the IPF setting

For more details on each topic please refer to page 18520.



# RFI #3: Digital Quality Measurement Strategy and Approach to FHIR® Patient Assessment Reporting

- CMS is considering opportunities to advance FHIR-based reporting of patient assessment data for the Inpatient Psychiatric Facility Patient Assessment Instrument (IPF-PAI) that is currently under development.
- In this proposed rule, we seek feedback on questions regarding:
  - Current state of health information technology use, including electronic health records, in IPFs
  - How FHIR-standardized data can be generated, used, and shared through other technologies, without the use of EHRs
  - Challenges or opportunities that may arise during this integration
- Please refer to pages 18520–18522 for more information.

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## **Request for Public Comment**

# Proposed Rule Available for Review and Comments

- The FY 2026 IPF PPS proposed rule is available to view and download from the *Federal Register*:  
<https://www.federalregister.gov/documents/2025/04/30/2025-06298/medicare-program-fy-2026-inpatient-psychiatric-facilities-prospective-payment-system-rate-update>
- CMS will accept comments on the proposed rule and the RFIs until June 10, 2025.

# 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 in the *Federal Register*.

SUBMIT A FORMAL COMMENT

- Click the following link to the comment page on Regulations.gov:  
<https://www.regulations.gov/document/CMS-2025-0029-0002>
- Click on the **Comment** button below the rule.

PR PROPOSED RULE Share

**Medicare Program: Fiscal Year 2026 Inpatient Psychiatric Facilities Prospective Payment System—Rate Update**

Posted by the Centers for Medicare&Medicaid Services on Apr 29, 2025

Comment

Comment Period Ends: Jun 10, 2025 at 11:59 PM EDT

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

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## **Helpful Resources**

# Acronyms

<b>CBE</b>	Claims-Based Entity	<b>HCP</b>	healthcare personnel
<b>CFR</b>	Code of Federal Regulations	<b>IPF</b>	inpatient psychiatric facility
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>IPFQR</b>	Inpatient Psychiatric Facility Quality Reporting
<b>CY</b>	calendar year	<b>IPF ED VISIT</b>	30-Day Risk-Standardized All-Cause Emergency Department Visit Following an IPF Discharge
<b>ECE</b>	Extraordinary Circumstances Exceptions	<b>PAI</b>	Patient Assessment Instrument
<b>FCHE</b>	Facility Commitment to Health Equity	<b>PPS</b>	Prospective Payment System
<b>FFS</b>	Fee for Service	<b>Q</b>	quarter
<b>FHIR®</b>	Fast Health Interoperability Resources	<b>RFI</b>	Request for Information
<b>FY</b>	fiscal year	<b>SDOH</b>	Social Drivers of Health

# Helpful Resources

IPFQR Program Web Pages  
*(Click the icons.)*



# Helpful Resources

Stay up to date...



**Contact  
Change Form**



**Listserve  
Registration**

...and get answers to your questions.



**Q&A Tool**



**Email  
Support**



**Phone Support  
(866) 800-8765**



**Fax  
(877) 789-4443**



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**Thank you!**

# Disclaimer

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