



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

**IPF Quality Reporting Program:  
FY 2027 IPF PPS Proposed Rule  
Presentation Transcript**

**Speakers**

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**Lisa Vinson:**

Welcome to today's presentation, *IPF Quality Reporting Program: FY 2027 IPF PPS Proposed Rule*. My name is Lisa Vinson. I am the IPF Quality Reporting Program Lead for the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support, and I will be one of the speakers for today's event. As the title indicates, we will be discussing the fiscal year 2027 IPF PPS proposed rule. Please note that today's event is specific to participants in the IPF Quality Reporting Program.

Our main speaker for today's presentation is Kaleigh Emerson. Kaleigh is the Program Lead for the Inpatient Psychiatric Facility Quality Reporting Program at CMS within the Quality Measurement and Value-Based Incentives Group and Center for Clinical Standards and Quality. On our next slide, we will discuss the question and answer limitations for today's event.

Questions submitted pertaining to this event have limitations. The limitations include CMS only addressing procedural questions about the comment submission process, and CMS will not be able to address any rule-related questions at this time. Later during this presentation, I will be reviewing the comment submission process, and CMS looks forward to receiving your formal comments on the proposed rule.

This slide shows the acronyms that we will reference during the presentation, such as API for application programming interface; CAA for Consolidated Appropriations Act; FHIR, or FIRE, for Fast Healthcare Interoperability Resources; and iQIES, or I-Keys, for Internet Quality Improvement & Evaluation System.

The purpose of this presentation is to summarize the proposed updates to the IPF Quality Reporting Program, as outlined in the fiscal year 2027 Inpatient Psychiatric Facility Prospective Payment System proposed rule.



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By the end of this presentation, attendees will understand the fiscal year 2027 IPF PPS proposed rule's proposed changes to the IPF Quality Reporting Program and know how to submit a public comment. At this time, I will turn the presentation over to Kaleigh.

**Kaleigh Emerson:** Thank you, Lisa. Hello, everyone. The next few slides will include an overview of the purpose and rationale of the proposed changes to the IPF Quality Reporting Program.

Publication of the proposed rule enables CMS to inform IPF Quality Reporting Program participants about intended modifications to the program, solicit public comment on proposed changes, and provide time for IPFs to prepare for potential program changes.

I'll begin with a summary of the proposed changes. CMS has proposed to remove two measures, the Alcohol Use Brief Intervention Provided or Offered, the subset Alcohol Use Brief Intervention measure, the Tobacco Use Treatment Provided or Offered at Discharge, and the subset Tobacco Use Treatment at Discharge measure.

In addition, we have proposed to implement the Inpatient Psychiatric Facilities Patient Assessment Instrument, the IPF-PAI, beginning Quarter 4 of calendar year 2027.

Next, I will describe the proposed measure removals.

The first measure proposed for removal is the Alcohol Use-Brief Intervention Provided or Offered and the subset Alcohol Use Brief Intervention measure, known as SUB-2/2a. It is proposed for removal beginning with calendar year 2026 reporting period, fiscal year 2028 payment determination.



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The SUB-2/2a measure assesses whether patients received or were offered a brief alcohol use intervention during their IPF stay. There is another measure in the IPF Quality Reporting Program that assesses treatment provided at discharge for alcohol and other drug use disorders. That is the Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge, the SUB-3/3a measure. This assesses the percentage of patients identified with alcohol or drug use disorder who receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use disorder or a referral for addiction treatment. We do note that should we finalize removal of the SUB-2/2A measure from the program, we do continue to believe that brief alcohol use interventions are valuable, and we encourage IPFs to continue to offer this intervention to patients for whom it is appropriate.

The second measure proposed for removal is the Tobacco Use Treatment Provided or Offered at Discharge and the subset Tobacco Use Treatment at Discharge measure. It is proposed for removal beginning with the calendar year 2026 reporting period, fiscal year 2028 payment determination. TOB-3 assesses whether patients were offered evidence-based outpatient counseling and offered a prescription for FDA-approved cessation medication upon discharge. TOB-3a identifies the subset of those IPF patients who received a referral and received a prescription for FDA-approved cessation medication upon discharge.

We acknowledge that rates of tobacco and nicotine use are high among the IPF patient population and that there is a need for nicotine or tobacco cessation services. We are soliciting comments on alternative ways to address this topic, potentially through the proposed standardized patient assessment instrument, the IPF-PAI, including how to assess nicotine use as well as treatments and interventions for nicotine use.



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Next, I will describe the proposed implementation of the Inpatient Psychiatric Facilities Patient Assessment Instrument. The Consolidated Appropriations Act of 2023 requires IPFs participating in the IPF Quality Reporting Program to collect and submit standardized patient assessment data using a standardized assessment instrument. It states that each IPF must administer the same assessment instrument with identical questions, response options, standards, and definitions, and that such data must be submitted for admission and discharge.

The development of the IPF-PAI included the identification of key clinical topic areas within five categories statutorily required by the CAA of 2023 and then identifying and evaluating candidate assessment items within those topic areas. It also included feedback from IPF Subject-Matter Experts, clinicians, administrators, individuals with lived experience, and interoperability experts.

The development process also included alpha and beta testing on candidate assessment items, and the testing report and the Technical Expert Panel meeting summary are available now on [QualityNet](#).

For the IPF-PAI, we propose the following: IPF-PAI data be collected and submitted at admission and discharge, per the statute; IPF-PAI data be collected and submitted for all patients age 18 years and older; the mandatory reporting period begin October 1, 2027, for fiscal year 2029 payment determination; and IPF-PAI data be submitted as quarterly reporting periods by a submission deadline of the 15th day of the second month after the end of the calendar quarter. This is detailed further in a future slide.

This table lists the five categories required by the Consolidated Appropriations Act of 2023 and then the administrative category, with the corresponding proposed assessment items.



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For the Functional Status category, the Mobility: Chair/Bed-to-Chair Transfer item evaluates the patient's physical ability to move around, specifically the ability to transfer to and from a bed to a chair or wheelchair. For the Cognitive Function and Mental Status category, the Suicide Screening item evaluates whether and with what method, meaning a screening tool or a clinical assessment, a patient was screened for suicide risk.

For the Special Services, Treatments, and Interventions category, the Special Services, Treatments, and Interventions in the Inpatient Psychiatric Setting requires the assessor to indicate which psychiatric treatments or, if applicable, restrictive interventions were used during the IPF stay. For the Medical Conditions and Comorbidities category, the Primary Medical Condition item records the category of the primary diagnosis associated with the IPF stay. For the Impairments category, the Hearing, Speech Clarity, and Vision items record a patient's ability to hear a description of their speech pattern and their ability to see an adequate light by selecting the level of impairment from a set of response options.

The items listed on this slide, there are several, comprise the Administrative category. Their purpose is for database management and record matching.

Draft versions of the admission and discharge item sets as well as a draft version of the guidance manual are available for viewing on [QualityNet](#).

As mentioned previously in the slides, we propose a mandatory reporting period beginning Quarter 4, so October 1, 2027, through December 31, 2027, for the fiscal year 2029 payment determination. Beginning with the fiscal year 2030 payment determination, IPFs must report admission and discharge IPF-PAI data for the calendar year two years preceding the fiscal year payment determination.



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As proposed, IPF-PAI data would be submitted as quarterly reporting periods by a submission deadline of the 15th day of the second month after the end of the calendar quarter. The table below outlines the quarter with the corresponding data submission deadline and payment determination.

We propose that an IPF would need to complete 100% of the assessment items on 80% of the IPF-PAIs submitted in order to satisfy the program data requirement for the applicable annual payment determination. If an IPF does not meet this compliance threshold, it would be subject to a two percentage point reduction to its annual payment update.

For the submission of IPF-PAI data, CMS would offer IPFs two tools to integrate into their existing systems and workflows, a web application and FHIR APIs. Use of either method for IPF-PAI data submission would transmit patient data securely to CMS using standard encryption protocols compliant with HIPAA. We believe that the collection and submission of data through Health IT, including digital capture and transfer of program data through FHIR, could reduce administrative burden on IPFs submitting the IPF-PAI in the long term.

The CMS-developed web app is a method for collecting and submitting IPF-PAI data to the CMS Internet Quality Improvement and Evaluation System, known as iQIES, and would be available around spring or summer of 2027. The web app would be open source and accessible in one of two ways, directly through a web browser or configured for launch from an electronic health record using SMART on Fire. Using the web app, an IPF would be able to review, correct, and change these data until the close of each submission deadline using the web app. An IPF could use a third-party vendor to submit IPF-PAI data via the web app on the IPF's behalf.



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The FHIR API method of submitting IPF-PAI data to CMS iQIES includes the use of two APIs built from the HL7 FHIR specification based on FHIR version 4.0.1. This method is suitable for IPFs that use Health IT or that engage third-party vendors to implement a custom tool or a custom SMART on FHIR application using the APIs developed to collect and submit IPF-PAI data to CMS. Links to the draft versions of the Data Element Library FHIR Implementation Guide and the iQIES FHIR Receiving System Implementation Guide are available on [QualityNet](#).

CMS intends to support clinical and technical staff before, during, and after the IPF-PAI is implemented on October 1, 2027. We plan to have ongoing education, trainings, and a help desk. We are currently planning discussions with EHR vendors and intermediaries to surface implementation questions and gather feedback on readiness. In the near term, we're looking to featuring the IPF-PAI web app during the CMS HL7 FHIR Connect-a-thon on July 14 through 16. In addition, we are considering testing opportunities at future Connect-a-thons. Updates on implementation resources, technical specifications, and trainings will be shared on [QualityNet](#) and through the IPF Quality Reporting Program Listserv.

Finally, regarding maintenance of specifications for the IPF-PAI, we propose that non-substantive updates would be made through sub-regulatory mechanisms such as website postings and Listserv messaging. We propose that substantive changes to the IPF-PAI, such as the addition or removal of data categories or assessment items or changes in data collection deadlines, would be done through rulemaking.

For the IPF-PAI, we are soliciting comments on the proposed age requirement of 18 years or older, specifically the potential inclusion of adolescents in the population for the IPF-PAI.



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Are there any specific guardrails or sensitivities that CMS should consider with the potential inclusion of adolescents or specific assessment items that would be inappropriate for this population? We are also soliciting comments on ways that CMS can reduce burden in implementing the IPF-PAI. For example, are any of the requirements currently proposed to IPF-PAI duplicative of any other CMS reporting and recordkeeping requirements? That concludes the review of changes proposed in the fiscal year 2027 proposed rule, and I will now turn it back to Lisa. Thank you.

**Lisa Vinson:**

Thank you, Kaleigh. We appreciate you taking the time to review this information with us today. Now, I would like to draw your attention to CMS' request for public comment.

The fiscal year 2027 IPF PPS proposed rule is available on the [Federal Register](#) website and can be accessed by clicking on the hyperlink on this slide. CMS will accept comments on the proposed rule until Monday, June 1, 2026.

If you would like to submit a comment electronically, you may do so by navigating to the proposed rule page in the *Federal Register* and selecting the green button labeled "Submit a Public Comment" as displayed by the image at the top of the slide in the first sub-bullet. Another option would be clicking the hyperlink on this slide, which is the second sub-bullet, which will direct you to the comment page on the [Regulations.gov](#) website. On this page you will see the proposed rule image as displayed on this slide,. From here, you will need to select the "Comment" button as denoted by the red box. Please refer to the *Federal Register* for additional information about alternative methods to submit comments, such as by mail.

Lastly, we will review some helpful resources.



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

This slide provides links to several available resources. They include the Contact Change Form, which can be used to update points of contacts at your facility. Listserv registration will allow you to receive email communications about future IPF Quality Reporting Program webinars, program updates, resources, and other announcements. The [Question and Answer, or Q&A, Tool](#) is available for you to submit general questions about the IPF Quality Reporting Program or if you need clarification about any of the program measures. You may also utilize the “Find An Answer” function in this tool as well. Email Support is the best way to reach us when you have questions related to IPF Quality Reporting Program eligibility, such as next steps for a newly-eligible IPF or to notify us that an IPF has closed or will be closing. Lastly you can also contact the IPF Quality Reporting Program Support Team via phone or fax. Both numbers are provided on this slide for your convenience.

This concludes today’s webinar. Please remember that comments regarding the fiscal year 2027 IPF PPS proposed rule are due by June 1. You can refer to slide 38 of this presentation to review information on how to formally submit an electronic comment.

Thank you for your time and attention, and we hope you enjoy the remainder of your day.