



IPF Quality Reporting Program: FY 2027 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.

Acronyms

API	application programming interface	HBIPS	Hospital-Based Inpatient Psychiatric Services
APU	Annual Payment Update	IPF	inpatient psychiatric facility
CAA	Consolidated Appropriations Act	IPF-PAI	Inpatient Psychiatric Facilities Patient Assessment Instrument
CBE	Consensus-based Entity	IPF PPS	Inpatient Psychiatric Facilities Prospective Payment System
CCN	CMS Certification Number	iQIES	Internet Quality Improvement & Evaluation System
CMS	Centers for Medicare & Medicaid Services	IT	information technology
CY	calendar year	Q	quarter
FDA	Food and Drug Administration	SUB-2/2A	Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention
FHIR®	Fast Healthcare Interoperability Resources	TOB-3/3A	Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a Tobacco Use Treatment at Discharge
FY	fiscal year		

Purpose

This presentation will summarize the proposed updates to the IPF Quality Reporting Program, as outlined in the fiscal year (FY) 2027 Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) proposed rule.

Learning Objectives

Attendees will understand the FY 2027 IPF PPS proposed rule's proposed changes to the IPF Quality Reporting Program and the steps to submit a public comment.

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Overview

Functions of the Proposed Rule

Publication of the FY 2027 IPF PPS proposed rule enables CMS to:

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

Summary of Proposed Changes

Proposed Measure Removals

CMS proposes to remove two measures, beginning with calendar year (CY) 2026 reporting period/FY 2028

Payment Determination:

- Alcohol Use Brief Intervention Provided or Offered and Alcohol Use Brief Intervention (SUB-2/2a)
- Tobacco Use Treatment Provided or Offered at Discharge and Tobacco Use Treatment Provided (TOB-3/3a)

Summary of Proposed Changes

Proposed Instrument Implementation

CMS proposes to implement the Inpatient Psychiatric Facilities Patient Assessment Instrument (IPF-PAI) beginning Quarter (Q) 4 of the CY 2027 reporting period for the FY 2029 payment determination.

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Measures Proposed for Removal

Measure Removal #1: SUB-2/2a

Proposal for Removal

CMS proposes to remove the Alcohol Use Brief Intervention Provided or Offered (SUB-2) and subset Alcohol Use Brief Intervention (SUB-2a) measure beginning with CY 2026 reporting/FY 2028 payment determination and subsequent years.

Measure Removal #1: SUB-2/2a

Proposal for Removal

- The program currently includes two measures that address alcohol use disorders:
 - Alcohol Use Brief Intervention Provided or Offered (SUB-2) and Alcohol Use Brief Intervention (SUB-2a)
 - Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge (SUB-3) and Alcohol and Other Drug Use Disorder Treatment at Discharge (SUB-3a)
- SUB-3/3a includes a broader patient population than SUB-2/2a by capturing patients with either alcohol use disorder or substance use disorder, whereas SUB-2/2a is limited to alcohol use disorder only.
- CMS encourages continued use of brief alcohol interventions, when clinically appropriate, if the proposal to remove SUB-2/2a is finalized.

Measure Removal #2: TOB-3/3a

Proposal for Removal

CMS proposes to remove the Tobacco Use Treatment Provided or Offered at Discharge (TOB-3) and subset Tobacco Use Treatment at Discharge (TOB-3a) measure beginning with CY 2026 reporting/FY 2028 payment determination and subsequent years.

Measure Removal #2: TOB-3/3a

Proposal for Removal

- TOB-3 assesses whether patients were offered evidence-based outpatient counseling and offered a prescription for Food and Drug Administration (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.

Measure Removal #2: TOB-3/3a

Soliciting Comment

CMS recognizes the prevalence of nicotine use in patients treated in IPFs and the importance of interventions and treatment. We are soliciting comments on alternative ways to address this topic, potentially through the proposed standardized patient assessment (the IPF-PAI), including how to assess nicotine use as well as treatments and interventions for nicotine use.

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Proposed Implementation of the IPF-PAI

Background

The Consolidated Appropriations Act of 2023 (CAA, 2023) requires IPFs participating in the IPF Quality Reporting Program collect and submit standardized patient assessment data using a standardized assessment instrument.

- IPFs must administer the same assessment instrument with identical questions, response options, standards and definitions.
- IPFs must submit such data for admission and discharge.

Development of the IPF-PAI

Considerations in selecting assessment items for the proposed IPF-PAI included:

- Identifying key clinical topic areas within the broad CAA, 2023 data categories;
- Identifying and evaluating candidate assessment items within those topic areas;
- Engaging with IPF subject matter experts, clinicians, administrators, individuals with lived experience, along with input from interoperability experts to ensure alignment with health IT standards.

Development of the IPF-PAI

Considerations in selecting assessment items for the proposed IPF-PAI also included conducting formative (alpha) and field (beta) testing on those candidate assessment items.

- More information about testing and Technical Expert Panel meetings is available on the IPF-PAI pages of QualityNet at <https://qualitynet.cms.gov/ipf/PAI>.
 - ❖ [IPF-PAI Testing Report](#)
 - ❖ [IPF-PAI Meeting Summary Report](#)

Proposal to Implement the IPF-PAI

- Collect and submit IPF-PAI data for admission and discharge.
- Collect and submit IPF-PAI assessments for all patients age 18 years and older
- Mandatory reporting period begins October 1, 2027, for FY 2029 payment determination.
- IPF-PAI data submitted as quarterly reporting periods by a submission deadline of the 15th day of the second month after the end of the calendar quarter.

Proposed IPF-PAI Assessment Items

Category	Proposed Assessment Item(s)
Functional Status	Mobility: Chair/Bed-to-Chair Transfer
Cognitive function and mental status	Suicide Screening
Special services, treatments, and interventions	Special Services, Treatments, and Interventions in the Inpatient Psychiatric Setting (Psychiatric Treatments, Restrictive Interventions)
Medical conditions and comorbidities	Primary Medical Condition Category
Impairments	Hearing; Speech Clarity; Vision
Administrative: Assessment items required for record matching and database management	Legal Name of Patient, Birth Date, Sex, Social Security and Medicare Numbers, Facility Provider Numbers (National Provider Identifier, CMS Certification Number [CCN]), Admission/Discharge Date, Payer Information—Primary Payer, Type of Record, Assessment Reference Date, Reason for Assessment, Type of Admission/Type of Discharge, IPF-PAI Completion Date

Proposed IPF-PAI Assessment Items

- **Mobility: Chair/Bed-to-Chair Transfer** evaluates the patient's physical ability to move around, one of the basic activities of daily living, specifically the patient's ability to transfer to and from a bed to a chair (or wheelchair).
- **Suicide Screening** evaluates whether and with what method a patient was screened for suicide risk.

Proposed IPF-PAI Assessment Items

- **Special Services, Treatments, and Interventions in the Inpatient Psychiatric Setting** requires the assessor to indicate which psychiatric treatments or restrictive interventions were used during the IPF stay.
- **Primary Medical Condition** records the category of the primary diagnosis associated with the IPF stay.
- **Hearing, Speech Clarity, and Vision:** Assessor records a patient's ability to hear, a description of their speech pattern, and their ability to see in adequate light by selecting the level of impairment from a set of response options within each assessment item.

Proposed IPF-PAI Assessment Items

Legal Name of Patient, Birth Date, Sex, Social Security and Medicare Numbers, Facility Provider Numbers (National Provider Identifier, CCN), Admission/ Discharge Date, Payer Information – Primary Payer, Type of Record, Assessment Reference Date, Reason for Assessment, Type of Admission /Type of Discharge, and IPF-PAI Completion Date: Enable database management and record matching. Also enable stratification of outcomes by patient and stay characteristics.

Proposed IPF-PAI Assessment Items

The following resources are available at

<https://qualitynet.cms.gov/ipf/PAI>

- Draft IPF-PAI Item Sets ([Admission](#) and [Discharge](#))
- [Draft IPF-PAI Guidance Manual](#)

Form, Manner, and Timing of Data Collection and Submission

- Proposed mandatory reporting of the proposed IPF-PAI begins with a reporting period of October 1, 2027, through December 31, 2027 (Q4 2027), impacting the FY 2029 payment determination.
- Beginning with the FY 2030 payment determination and subsequent years, an IPF must report admission and discharge IPF-PAI data for the calendar year two years preceding the FY payment determination.
 - Example: January 1, 2028, through December 31, 2028, for FY 2030 payment determination

Proposed IPF-PAI Data Submission Deadlines

IPF-PAI data must 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.

Quarter of IPF-PAI Data Collection	Data Submission Deadline	Applicable Payment Determination
Q4 2027 (Oct 1–Dec 31, 2027)	February 15, 2028	FY 2029
Q1 2028 (Jan 1–Mar 31, 2028)	May 15, 2028	FY 2030
Q2 2028 (Apr 1–Jun 30, 2028)	August 15, 2028	
Q3 2028 (Jul 1–Sept 30, 2028)	November 15, 2028	
Q4 2028 (Oct 1–Dec 31, 2028)	February 15, 2029	
Q1 2029 (Jan 1–Mar 31, 2029)	May 15, 2029	FY 2032
Q2 2029 (Apr 1–Jun 30, 2029)	August 15, 2029	
Q3 2029 (Jul 1–Sept 30, 2029)	November 15, 2029	
Q4 2029 (Oct 1–Dec 31, 2029)	February 19, 2030	

Proposed Compliance Threshold

- CMS proposes that an IPF would need to complete 100 percent of the IPF-PAI assessment items on 80 percent of the IPF-PAIs submitted to satisfy the program data requirement for the applicable annual payment determination.
 - An IPF that does not submit 100 percent of the assessment items on at least 80 percent of the IPF-PAIs submitted would subject to a 2 percentage point reduction to its Annual Payment Update (APU).
- For FY 2029 payment determination, the compliance rate would be calculated for Q4 2027 reporting quarter.
- For FY 2030 payment determination and subsequent years, the compliance rate would be calculated based on the entire calendar year reporting period.

Proposed Methods of Data Submission for IPF-PAI

- For the submission of IPF-PAI data, CMS would offer IPFs two tools to integrate into their existing systems and workflows. Use of either method for IPF-PAI data submission would transmit patient data securely to CMS using standard encryption protocols compliant with the U.S. Health Insurance Portability and Accountability Act.
 - Web application (web app)
 - Fast Healthcare Interoperability Resources[®] (FHIR[®]) application programming interfaces (APIs)
- CMS believes that the collection and submission of data through health information technology (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.

Proposed Methods of Data Submission for IPF-PAI

Web Application (web app) Method

- The CMS-developed web app is a method for collecting and submitting IPF-PAI data to the CMS Internet Quality Improvement & Evaluation System (iQIES) via the Internet.
- Open-source and would be accessible in one of two ways: directly through a web browser or configured for launch from an electronic health record using Substitutable Medical Applications and Reusable Technologies (SMART) on FHIR®.
- 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.
- Would be available spring/summer 2027.

Proposed Methods of Data Submission for IPF-PAI

FHIR API Method

- Use of two APIs built from the Health Level Seven® FHIR® specification based on FHIR Version 4.0.1, as another method for submitting IPF-PAI data to iQIES via the Internet
- Suitable for IPFs that use health IT or that engage with 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
- Current draft versions of the Data Element Library FHIR Implementation Guide and the iQIES FHIR® Receiving System Implementation Guide: <https://qualitynet.cms.gov/ipf/PAI>

IPF-PAI Outreach and Training

- CMS intends to monitor the IPF Quality Reporting Program's impact on IPFs and help facilitate successful reporting outcomes through ongoing education, trainings, and technical support.
- CMS would also engage with software developers and vendors through various engagement efforts, during which we would consider questions, comments, and suggestions about technical requirements.

Proposal to Adopt Policy for Maintenance of Technical Specifications for the IPF-PAI

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

Soliciting Comment

- We are soliciting comments on the proposed age requirement of 18 years or older, specifically the potential inclusion of adolescents in the population for IPF-PAI. Are there any specific guardrails or sensitivities CMS should consider with this potential inclusion of adolescents, or specific assessment items that would be appropriate for this population?
- We are soliciting comments on ways that CMS can reduce burden in implementing the IPF-PAI. For example, are any of the requirements currently proposed for the IPF-PAI duplicative of any other CMS reporting and recordkeeping requirements?

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Request for Public Comment

Proposed Rule Available for Review and Comments

- The FY 2027 IPF PPS proposed rule is available to view and download from the *Federal Register*:
<https://www.federalregister.gov/documents/2026/04/07/2026-06675/medicare-program-fy-2027-inpatient-psychiatric-facilities-prospective-payment-system-rate-update>
- CMS will accept comments on the proposed rule until June 1, 2026.

Proposed Rule Available for Review and Comments

- To submit a comment electronically you can do one of the following:
 - Click the green button at the top of the proposed rule in the [Federal Register](#).

SUBMIT A PUBLIC COMMENT

- Click the following link to the comment page on Regulations.gov at: <https://www.regulations.gov/commenton/CMS-2026-1123-0002>
- Click on the **Comment** button below the rule.

PR PROPOSED RULE
Medicare Program: Fiscal Year 2027 Inpatient Psychiatric Facilities Prospective Payment System—Rate Update
Agency Centers for Medicare&Medicaid Services | Posted Apr 7, 2026 | ID CMS-2026-1123-0002

Open for Comments

Comment Period Ends: Jun 1, 2026 at 11:59 PM EDT

Comment

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

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Helpful Resources

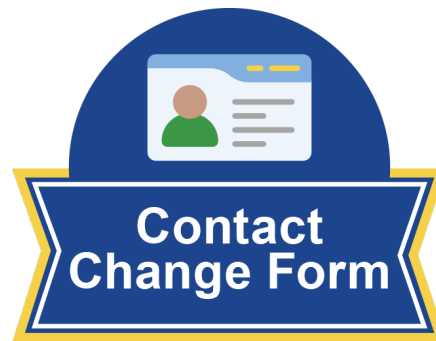
Helpful Resources

IPF Quality Reporting Program Web Pages
(Click the icons.)



Helpful Resources

Stay up to date...



...and get answers to your questions.



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Thank you!

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