Inpatient Psychiatric Facility (IPF) Quality Reporting Program: FY 2027 Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Final Rule

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Purpose

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

Objectives

Participants will understand the updates to the IPF Quality Reporting Program as outlined in the FY 2027 IPF PPS final rule.

Acronyms

API	Application Programming Interface	**IPF**	inpatient psychiatric facility
APU	annual payment update	**iQIES**	Internet Quality Improvement & Evaluation System
ARD	Assessment Reference Date	**Med Cont**	Medication Continuation Following Inpatient Psychiatric Discharge
CBE	Consensus-based Entity	**PAI**	Patient Assessment Instrument
CMS	Centers for Medicare & Medicaid Services	**PARIT**	Patient Assessment Reporting Interoperability Tool
CY	calendar year	**PIX**	Psychiatric Inpatient Experience
DEL	Data Element Library	**PPS**	Prospective Payment System
FAPH	Follow-Up After Psychiatric Hospitalization	**Q**	quarter
FHIR®	Fast Healthcare Interoperability Resources	**SMD**	Screening for Metabolic Disorders
FY	fiscal year	**SUB**	Alcohol Use
HBIPS	Hospital-Based Inpatient Psychiatric Services	**TOB**	Tobacco Use
IMM	Influenza Immunization	**TR**	Transition Record

Finalized Policy Updates

FY 2027 IPF PPS Final Rule

- The FY 2027 IPF PPS final rule was published on July 31, 2026, in the *Federal Register*.
- Updates to the IPF Quality Reporting Program are on pages 48536–48569.

IPF Quality Reporting Program Final Rule Summary

- Removal of two measures:
  - 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 at Discharge (TOB-3/3a)
- Finalized adoption of the Inpatient Psychiatric Facilities Patient Assessment Instrument (IPF-PAI)

Finalized: Measure Removals

Measure Removals

CMS finalized the following measures for removal 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 at Discharge TOB-3/3a)

Summary of Finalized Modifications: Adoption of the IPF-PAI

Finalized Modification #1: Assessment Items

CMS finalized the proposed assessment items for IPF-PAI and established a new category of Administrative Data with modifications:

- Require that the **Mobility: Chair/Bed-to-Chair Transfer** assessment item be collected at Admission only.
- Require that the **Special Services, Treatments, and Interventions in the Inpatient Psychiatric Setting** assessment item be collected at Discharge only.
  - Because the first three days will no longer be captured under the Admission assessment for this assessment item, we also changed the lookback period for it to the entire stay.
- Use of the Social Security Number is not finalized for inclusion in the IPF-PAI. Medicare Number will be required for patients whose primary payer is Medicare.

Finalized Modification #2: Reporting Periods and Data Submission Deadlines

CMS finalized the reporting periods and data submission policies and deadlines with modifications:

- IPFs will not be required to complete a separate discharge assessment for patients whose length of stay is less than three calendar days.
  - The Admission assessment with some select discharge items will be counted as two assessments for the purpose of determining if the IPF meets the compliance threshold.
  - If all required items are completed, it will be counted as two complete assessments, while if any required items are not complete, it will count as two incomplete assessments.
- For the purpose of determining which applicable reporting quarter the admission or discharge falls within, IPFs should use the admission or discharge date, rather than the Admission Assessment Reference Date (ARD) and the Discharge ARD, as proposed.

Finalized Modification #3: Compliance Threshold for the IPF-PAI to Receive the Applicable Annual Payment Update

- Begin with three quarters of voluntary reporting, beginning with Quarter (Q) 4 2027 (October 1, 2027).
- Mandatory reporting period starts Q3 2028 (July 1, 2028) for FY 2030 payment determination.
- Complete 100% of the required IPF-PAI assessment items on 50% of IPF-PAIs submitted to meet program requirements for Q3 and Q4 2028 and CY 2029 reporting periods.
  - Increasing to 70% of IPF-PAIs submitted for CY 2030 and subsequent reporting periods.

Finalized: Adoption of the IPF-PAI

IPF-PAI: Finalized Assessment Items

CAA, 2023 Category	Finalized Assessment Item
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 Data	Legal Name of Patient, Birth Date, Sex, Medicare Number*, Facility Provider Numbers (National Provider Identifier, CMS Certification Number), 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

† *Mobility: Chair/Bed-to-Chair Transfer* finalized to be collected at Admission only.*

‡ *Special Services, Treatments, and Interventions in the Inpatient Psychiatric Setting* finalized to be collected at Discharge only*, with a lookbook period of the entire stay IPF stay.*

Note: Use of the Social Security Number was not finalized for inclusion in the IPF-PAI. Medicare Number finalized to be required only for patients for whom Medicare is the primary payer.*

* Modified from the proposed rule

IPF-PAI: Compliance Threshold

- Compliance threshold of 50%* for Q3 and Q4 2028 and CY 2029 reporting periods, increasing to 70%* beginning with CY 2030 and subsequent reporting periods.
- An IPF that does not submit 100% of the assessment items on at least the required percent of the IPF-PAIs submitted to CMS, as determined by the reporting period, would not meet the program requirement and would be at risk of a 2 percentage point reduction to its Annual Payment Update (APU).

Data collection period	Completeness requirements (for mandatory assessment items)	Compliance Threshold (percent of submissions meeting completeness requirements	Applicable payment determination
Q4 2027 (Oct 1 – Dec 31, 2027)	N/A (Voluntary)	N/A (Voluntary)	N/A (Voluntary)
Q1 and Q2 2028 (Jan 1 – Jun 30, 2028)	N/A (Voluntary)	N/A (Voluntary)	N/A (Voluntary)
Q3 and Q4 2028 (Jul 1 – Dec 31, 2028)	100 percent	50 percent	FY 2030
CY 2029 (Jan 1, 2029 – Dec 31, 2029)	100 percent	50 percent	FY 2031
CY 2030 (Jan 1, 2030 – Dec 31, 2030)	100 percent	70 percent	FY 2032

*Modified from the proposed rule

IPF-PAI: Compliance Threshold

- Submission of IPF-PAI admission and discharge assessments is required for all patients aged 18 and older.
- IPFs will not be required to complete a separate discharge assessment for patients whose length of stay is less than three calendar days.*
  - The Admission assessment with some select discharge items will be counted as two assessments for the purpose of determining if the IPF meets the compliance threshold.
  - If all required items are completed, it will be counted as two complete assessments, while if any required items are not complete, it will count as two incomplete assessments.

*Modified from the proposed rule

IPF-PAI Assessment Items Required to Meet the 100% Completeness Requirement

	Patient Stay Less Than 3 Calendar Days	Patient Stay Greater Than or Equal to 3 Calendar Days	
Assessment Item	**Admission**	**Admission**	**Discharge**
Legal Name of Patient	Yes	Yes	Yes
Birth Date	Yes	Yes	Yes
Sex	Yes	Yes	Yes
Medicare Number	Yes*	Yes*	Yes*
National Provider Identifier	No	No	No
CMS Certification Number	Yes	Yes	Yes
Admission Date	Yes	Yes	No
Discharge Date	Yes	No	Yes
Payer Information—Primary Payer	Yes	Yes	Yes
Type of Record	Yes	Yes	Yes
Assessment Reference Date	Yes	Yes	Yes
Reason for Assessment	Yes	Yes	Yes
Type of Admission	Yes	Yes	No
Type of Discharge	Yes	No	Yes
Mobility: Chair/bed-to-chair transfer	Yes	Yes	No
Suicide Screening	Yes	Yes	Yes
Special Services, Treatments, and Interventions in the Inpatient Psychiatric Setting	Yes	No	Yes
Primary Medical Condition Category	Yes	Yes	Yes
Hearing	Yes	Yes	No
Speech Clarity	Yes	Yes	No
Vision	Yes	Yes	No
IPF-PAI Completion Date	Yes	Yes	Yes

* Medicare Number is required for patients for whom Medicare is the primary payer, that is, where A1405. Payer Information - Primary Payer is "01. Medicare - Part A (traditional fee-for-service)" or "02. Medicare - Part C (Medicare Advantage)"

IPF-PAI: Data Submission Deadlines and Payment Determination Years

Quarter of Patient Admission or Discharge Date	Data Submission deadline*	Applicable Payment Determination
Q4 2027 (Oct 1 – Dec 31, 2027)	February 15, 2028	N/A (Voluntary)
Q1 2028 (Jan 1 – Mar 31, 2028)	May 15, 2028	N/A (Voluntary)
Q2 2028 (Apr 1 – Jun 30, 2028)	August 15, 2028	N/A (Voluntary)
Q3 2028 (Jul 1 – Sept 30, 2028)	November 15, 2028	FY 2030
Q4 2028 (Oct 1 – Dec 31, 2028)	February 15, 2029	FY 2030
Q1 2029 (Jan 1 – Mar 31, 2029)	May 15, 2029	FY 2031
Q2 2029 (Apr 1 – Jun 30, 2029)	August 15, 2029	FY 2031
Q3 2029 (Jul 1 – Sept 30, 2029)	November 15, 2029	FY 2031
Q4 2029 (Oct 1 – Dec 31, 2029)	February 19, 2030	FY 2031

* Submission deadlines reflect consideration of federal holidays and weekends. When that occurs, the data submission deadline will be moved to the next business day.

IPF-PAI: Data Submission Methods

- There are two data submission options for IPFs to integrate into their systems and workflows:
  - FHIR® application programming interfaces (APIs)
  - Web app – Patient Assessment Reporting Interoperability Tool (PARIT)
- Both methods will securely transmit IPF-PAI data to CMS, be received and reside in the Internet Quality Improvement & Evaluation System (iQIES) environment.
- The DEL FHIR® Implementation Guide and the iQIES FHIR® Receiving System Implementation Guide will be available between six to 12 months in advance of the voluntary reporting period.
- The PARIT web app will be available in spring or summer 2027.
- For more information refer to FY 2027 IPF PPS Final Rule (page 48566–48568).

IPF-PAI: Policy for Maintenance of Technical Specifications

- Non-substantive updates to the technical specifications will be made through subregulatory mechanisms (website postings and listserv messaging).
- Substantive changes (addition or removal of assessment items, changes data collection deadlines, etc.) will be done via rulemaking.
- CMS aims to keep technical updates as limited and targeted as possible. If we make subregulatory technical updates, they will be changes required to align with updates to FHIR® or other health IT standards.

IPF-PAI: Implementation Support

- CMS plans to provide implementation support in the form of trainings, webinars, listserv announcements, and a help desk that will be available to all IPFs.
- CMS will provide PARIT, a free web application that allows IPFs to submit IPF-PAI data with or without an electronic health record or a vendor. We refer readers to section V.C.4 (page 48566). of this final rule for more information on the PARIT.

IPF-PAI Resources

IPF-PAI Resources

- IPF-PAI resources are located on QualityNet: https://qualitynet.cms.gov/ipf/PAI#tab2
  - IPF-PAI Guidance Manual *(update to be posted in October 2027)*
  - IPF-PAI Assessment Item Table
  - IPF-PAI Item Sets

- IPFs will be notified about related updates via listserv communication
  - Subscribe to receive notifications: https://qualitynet.cms.gov/mailinglist/signup

IPF Quality Reporting Program Measure Sets

FY 2028 IPF Quality Reporting Program Measure Set

Consensus-based Entity (CBE)	Measure ID	Measure
N/A	HBIPS-2	Hours of Physical Restraint
N/A	HBIPS-3	Hours of Seclusion Use
N/A	FAPH	Follow-Up After Psychiatric Hospitalization
N/A	SUB-3 and SUB-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	IMM-2	Influenza Immunization
N/A	TR-1	Transition Record with Specified Elements Received by Discharged Patients (Discharges from and Inpatient Facility to Home/Self Care or Any Other Site of Care)
N/A	SMD	Screening for Metabolic Disorders
N/A	PIX	Psychiatric Inpatient Experience Survey
2860	IPF Readmission	Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility
N/A	Med Cont	Medication Continuation Following Inpatient Psychiatric Discharge

FY 2029 IPF Quality Reporting Program Measure Set

CBE	Measure ID	Measure
N/A	HBIPS-2	Hours of Physical Restraint
N/A	HBIPS-3	Hours of Seclusion Use
N/A	FAPH	Follow-Up After Psychiatric Hospitalization
N/A	SUB-3 and SUB-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	IMM-2	Influenza Immunization
N/A	TR-1	Transition Record with Specified Elements Received by Discharged Patients (Discharges from and Inpatient Facility to Home/Self Care or Any Other Site of Care)
N/A	SMD	Screening for Metabolic Disorders
N/A	PIX	Psychiatric Inpatient Experience Survey
2860	IPF Readmission	Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility
N/A	Med Cont	Medication Continuation Following Inpatient Psychiatric Discharge
NA	IPF ED Visit	30-Day Risk-Standardized All-Cause Emergency Department Visit Following an Inpatient Psychiatric Facility

Helpful Resources

Helpful Resources

IPFQR Program Web Pages
(Click the icons.)

Helpful Resources

Stay up to date…

…and get answers to your questions.

Thank You

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