



Inpatient Psychiatric Facility Quality Reporting Program
Inpatient and Outpatient Healthcare Quality Systems Development
and Program Support

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

Speakers

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**October 14, 2026
2:00 p.m. Eastern**

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Lisa Vinson: Welcome to today's presentation, titled IPF Quality Reporting Program: Fiscal Year 2027 Inpatient Psychiatric Facilities Prospective Payment System, or IPF PPS, Final Rule. My name is Lisa Vinson. I am the IPF Quality Reporting Program Lead for Inpatient and Outpatient Healthcare Quality Systems Development and Program Support, and I will be the moderator for today's event.

Before I introduce our main speaker for today, I will review a couple of housekeeping items. First, the slides for this presentation were posted to the [Quality Reporting Center website](#) prior to the event. If you did not receive the slides beforehand, please go to the [QualityReportingCenter.com](#) in your web browser. On the bottom left side of the screen, you will see a list of upcoming events. Click on the link for this event, and there you will find the presentation slides available for download. This webinar is being recorded, and the transcript, slides, and a recording of today's presentation will be posted to [QualityNet](#) at a later date. Secondly, we ask that you submit any questions pertinent to the webinar topic in the question-and-answer section. To do so, click on the question mark in a thought bubble on the right side of the screen and submit your question. Questions received that are not related to the topic of the webinar will not be answered in the question-and-answer feature. Instead, we recommend that you go to the [QualityNet Question and Answer Tool](#) to search for posted question-and-answer pairs, as well as submit any new questions to us that are not already addressed in the question-and-answer tool. Joining me today as our main speaker for this presentation is Kaleigh Emerson. Kaleigh is the Program Lead for the Inpatient Psychiatric Facility Quality Reporting Program at CMS.

This presentation will summarize the changes of the IPF Quality Reporting Program as outlined in the fiscal year 2027 Inpatient Psychiatric Facility's Prospective Payment System final rule.



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By the end of this presentation, attendees will be able to describe IPF Quality Reporting Program changes per the fiscal year 2027 IPF PPS final rule.

Lastly, for your convenience, provided on this slide is a list of the acronyms that will be referenced during this presentation, which include API for Application Programming Interface, DEL for Data Element Library, FHIR® for Fast Healthcare Interoperability Resources, iQIES for Internet Quality Improvement and Evaluation System, PAI for Patient Assessment Instrument, and PARIT for Patient Assessment Reporting Interoperability Tool. Now, I would like to turn the presentation over to Kaleigh. Kaleigh, the floor is yours.

Kaleigh Emerson: Thank you, Lisa. The next few slides will discuss the updates made to the IPF Quality Reporting Program in the fiscal year 2027 IPF PPS final rule.

The final rule was published in the *Federal Register* on July 31, 2026. A link to the final rule and pages pertaining to the IPF Quality Reporting Program are provided on this slide.

In this final rule, we finalized the removal of 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 and Discharge measure. We also finalized the adoption of the Inpatient Psychiatric Facilities Patient Assessment Instrument.

First, I'll describe the measure removals.

Two measures, Alcohol Use Brief Intervention Provided or Offered, the subset Alcohol Use Brief Intervention, the Tobacco Use Treatment



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Provided or Offered at Discharge, and the subset Tobacco Use Treatment and Discharge, were finalized for removal beginning with the calendar year 2026 reporting period, fiscal year 2028 payment determination.

Next, I'll describe the adoption of the IPF-PAI beginning with modifications that were proposed in the proposed rule.

We finalized the proposed assessment items for the IPF-PAI and established a new category of administrative data with the following modifications: The Mobility: Chair/Bed-to-Chair transfer item is to be collected at admission only; and the Special Services, Treatments, and Interventions in the Inpatient Psychiatric Setting item is to be collected at discharge only and modified to have a look-back period of the entire IPF stay. The Social Security Number was not finalized for inclusion in the IPF-PAI. The Medicare number will be required only for patients whose primary payer is Medicare.

Reporting periods and data submission policies were finalized with the following modifications: In response to comments regarding the overlap in admission and discharge assessment windows, IPFs will not be required to complete a separate discharge assessment for patients with length of stay less than three calendar days. The admission assessment will include select discharge items and will be counted as two assessments. For purposes of meeting the compliance threshold, if all required items are completed, it will count as two complete assessments. If any required items are not completed, it will count as two incomplete assessments. Additionally, we note that the admission date, or for discharge, the discharge date, should be used for the purpose of determining which applicable reporting quarter the admission or discharge falls within.

After consideration of public comment, the compliance threshold for APU was finalized with the following modifications:



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Reporting will begin with three-quarters of voluntary reporting beginning October 1, 2027, with mandatory reporting July 1, 2028. The compliance threshold, which is the required percent of IPF-PAIs submitted by an IPF that are 100 percent complete in order to meet the IPF-PAI requirement for the applicable payment determination, will begin at 50 percent for Quarters 3 and 4 of 2028 and calendar year 2029 reporting periods. In other words, at least 50 percent of IPF-PAIs submitted by an IPF must contain responses for all required items. Then, for all quarters of calendar year 2030 and subsequent reporting periods, the compliance threshold will increase to 70 percent, meaning 70 percent of IPF-PAIs submitted by an IPF must contain responses for all required items.

Next, I'll provide a summary of the policies finalized for the IPF-PAI, which includes the modifications described in the previous slides.

This table provides the assessment items finalized for inclusion in the IPF-PAI. Please note that the Mobility: Chair/Bed-to-Chair Transfer item was finalized at admission only. The Special Services, Treatments, and Interventions in the Inpatient Psychiatric Setting item was finalized at discharge only, with a look-back period of the entire IPF stay. Finally, Social Security Number was not finalized for inclusion, and the Medicare number is required only for patients for whom Medicare is the primary payer.

For Quarters 3 and 4 of 2028 and all quarters of 2029 reporting periods, we finalized a compliance threshold of 50 percent, which means 50 percent of IPF-PAIs submitted by an IPF must have 100 percent of required assessment items completed. This compliance threshold will increase from 50 percent to 70 percent, beginning with Quarter 1 of calendar year 2030 and subsequent reporting periods.



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An IPF that does not meet the compliance threshold would not meet the IPF Quality Reporting Program's IPF-PAI requirement and would be at risk of a 2-percentage point reduction to its annual payment update.

Submission of IPF-PAI admission and discharge assessments is required for all patients aged 18 years and older. However, when a patient's length of stay is less than three calendar days, the IPF will not be required to complete a separate discharge assessment. Instead, the admission assessment will contain select discharge items and will be counted as two assessments for the purposes of determining whether the IPF meets the compliance threshold.

This table summarizes which assessment items are required to meet 100 percent completeness.

This table summarizes the data submission deadlines for the IPF-PAI, beginning with the voluntary reporting period, which starts October 1 of 2027.

We finalized the IPF-PAI data submission methods as proposed with two options, the FHIR APIs or the web app, which is named the Patient Assessment Reporting Interoperability Tool or PARIT. Both methods will securely transmit IPF-PAI data to CMS, be received, and reside in the iQIES environment. The DEL FHIR Implementation Guide and the iQIES FHIR Receiving System Implementation Guide will be available between 6 to 12 months in advance of the voluntary reporting period. The PARIT web app will be available in spring or summer of 2027. Their availability will be announced via the IPFQR Program listserv.

We finalized the policy for maintenance and technical specifications for the IPF-PAI as proposed. Non-substantive updates to technical specifications will be made through sub-regulatory mechanisms.



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Substantive changes, such as addition or removal of assessment items, will be done via rulemaking. We aim to keep technical updates as limited and targeted as possible.

We plan to provide implementation support in the form of trainings, webinars, listserv announcements, and a help desk. As mentioned earlier, PARIT, the web app option for data submission, will be available in spring or summer of 2027.

The next slide will summarize IPF-PAI resources currently available.

Drafts of the IPF-PAI Guidance Manual, Assessment Item Table, and item sets are available on QualityNet. We will be posting an updated guidance manual later this month. Updates and resources will be announced via the IPFQR listserv.

That concludes the IPF-PAI content, and the next two slides display the IPF Quality Reporting Program measure sets for fiscal year 2028 and fiscal year 2029.

This is the fiscal year 2028 measure set. You'll see the SUB-2/2a and TOB-3/3a measures are removed.

This is the fiscal year 2029 measure set, which includes the IPF ED visit measure. Thank you, and I will pass it back to Lisa.

Lisa Vinson:

Thank you, Kaleigh. Now, we will review some helpful resources.

CMS recommends that IPFs refer to the latest version of IPF Quality Reporting Program resources to stay up-to-date on program requirements.



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Various documents, including the IPF Specifications Manual and IPF Quality Reporting Program Guide, are available for download from the QualityNet and Quality Reporting Center website. These sites can be accessed by clicking on the icons on this slide. 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. Of note, we are in the process of updating various resources on both of these websites.

Lastly, the resources on this slide will keep you up to date and help you find answers to your questions. To stay up to date, please let us know about any changes to points of contact at your facility by clicking the Contact Change Form icon and send information to us by following the directions on the form. You can also sign up to receive IPF Quality Reporting Program Listserv communication by clicking on the Listserv Registration icon. When you have a general question about the IPF Quality Reporting Program or need clarification about the program measures, you can utilize the Find an Answer function in the Question and Answer, or Q&A, tool. If you are unable to find relatable information, then you can submit an inquiry to us via the Q&A tool by selecting the Q&A icon on this slide. If you have questions about IPF Quality Reporting Program eligibility, such as next steps for a newly eligible provider or to notify us that an IPF is closed or will be closing is via email. You can click on the Email Support icon to send an email to us regarding eligibility updates. Finally, you can also contact the IPF Quality Reporting Program support team via phone or fax at the numbers provided on this slide labeled Phone Support and Fax.

This concludes today's event. I would like to thank our CMS Program Lead, Kaleigh, for joining us today.



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After this presentation, you will have the opportunity to complete a survey. We ask that you complete the survey as we value your feedback regarding what works well as well as any areas for improvement in future presentations. Thank you for your time and attention, and we hope you enjoy the remainder of your day.