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# Medicare Inpatient Psychiatric Facility Quality Reporting Program

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Inpatient Psychiatric Facility (IPF) Quality Reporting Program PROPOSED RULE Brief  
Program Year: FFY 2018

## Overview and Resources

On April 16, 2017 the Centers for Medicare and Medicaid Services (CMS) released a display copy of the federal fiscal year (FFY) 2018 proposed payment rule for the Medicare Inpatient Prospective Payment System (IPPS). Included with this IPPS proposed rule were proposed changes to the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. ***The annual updates to the Medicare IPF PPS payments for FFY 2018 are expected to be released in a payment update this summer.***

A display copy of the proposed rule *Federal Register* (FR) is available on the CMS website at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientPsychFacilPPS/index.html>.

An online version of the proposed rule will be available on April 28, 2017 at <https://federalregister.gov/a/2017-07800>.

Comments on the proposed rule are due to CMS by June 13, 2017 and can be submitted electronically at <https://www.regulations.gov/> by using the website's search feature to search for file code "1677-P".

A brief of the proposed rule is provided below along with display copy page references for additional details.

## IPF Quality Reporting Program

*DISPLAY pages 1324-1363*

IPFs that do not successfully participate in the IPFQR Program are subject to a 2.0 percentage point reduction to the marketbasket update for the applicable year.

In this proposed rule, CMS is seeking comment on whether or not CMS should account for social risk factors in the IPFQR program, and if so, which factors to include and how the collection would be operationalized.

CMS proposed: (1) measure removal factors; (2) criteria for determining when a measure is "topped-out;" and (3) measure retention factors. Specifically, CMS is proposing the following measure removal factors for the IPFQR Program:

- Measure performance among IPFs is so high and unvarying that meaningful distinctions and improvements in performance can no longer be made;
- Measure does not align with current clinical guidelines or practice;
- Measure can be replaced by a more broadly applicable measure or a measure that is more proximal in time to desired patient outcomes for the particular topic;
- Measure performance or improvement does not result in better patient outcomes;
- Measure can be replaced by a measure that is more strongly associated with desired patient outcomes for the particular topic;
- Measure collection or public reporting leads to negative unintended consequences other than patient harm; and
- Measure is not feasible to implement as specified.

CMS is also proposing to align the criteria for determining that a measure is “topped-out” with the Hospital IQR Program’s criteria whereby a measure is “topped-out” if there is statistically indistinguishable performance at the 75th and 90<sup>th</sup> percentiles and the truncated coefficient of variation is less than or equal to 0.10.

CMS is also proposing the following factors in deciding whether to retain a measure in the IPFQR Program:

- the measure aligns with other CMS and HHS policy goals, or
- aligns with other CMS programs, or
- it supports efforts to move IPFs towards reporting electronic measures.

In the proposed rule, CMS is proposing one additional measure, Medication Continuation following Inpatient Psychiatric Discharge, for the FFY 2020 payment determination and subsequent years. The measure uses Medicare fee-for-service claims to identify whether patients admitted to IPFs with diagnoses of major depressive disorder (MDD), schizophrenia, or bipolar disorder had filled at least one evidence-based medication within 2 days prior to discharge through 30 days post-discharge.

If the Medication Continuation following Inpatient Psychiatric Discharge is adopted, the number of measures for the FFY2020 payment determination and subsequent years will total 19 as set forth below:

Measure	NQF #	Payment Determination Year
HBIPS-2—Hours of Physical Restraint Use	#0640	FFY 2015 and beyond
HBIPS-3—Hours of Seclusion Use	#0641	FFY 2015 and beyond
HBIPS-5—Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	#0560	FFY 2015 and beyond
SUB-1—Alcohol Use Screening	#1661	FFY 2016 and beyond
FUH—Follow-Up After Hospitalization for Mental Illness	#0576	FFY 2016 and beyond
Assessment of Patient Experience of Care (web-based attestation)	N/A	FFY 2016 and beyond
Use of an electronic health record (web-based attestation)	N/A	FFY 2016 and beyond
IMM-2—Influenza Immunization	#1659	FFY 2017 and beyond
Influenza Vaccination Coverage Among Healthcare Personnel	#0431	FFY 2017 and beyond
TOB-1—Tobacco Use Screening	#1651	FFY 2017 and beyond
TOB-2/2a—Tobacco Use Treatment Provided or Offered and Tobacco Use Treatment	#1654	FFY 2017 and beyond
TOB-3/3a Tobacco Use Treatment Provided or Offered at Discharge and Tobacco Use Treatment at Discharge	#1656	FFY 2018 and beyond
SUB-2/2a Alcohol Use Brief Intervention Provided or Offered and Alcohol Use Brief Intervention	#1663	FFY 2018 and beyond
Transition record with specified elements received by discharged patients	#0647	FFY 2018 and beyond
Timely transmission of transmission record	#0648	FFY 2018 and beyond
Screening for Metabolic Disorders Measure	N/A	FFY 2018 and beyond
SUB-3/3a Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and Alcohol and Other Drug Use Disorder Treatment at Discharge	#1664	FFY 2019 and beyond
30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Facility	#2860	FFY 2019 and beyond
Medication Continuation following Inpatient Psychiatric Discharge	N/A	FFY 2020 and beyond <b>(Proposed)</b>

For future consideration, CMS welcome comments on a measure of *Medication Reconciliation on Admission* and a measure of *Identification of Opioid Use Disorder among Patients Admitted to Inpatient Psychiatric Facilities* for future inclusion in the IPFQR Program. Other areas that CMS is studying possible new measures for include:

- Family and caregiver engagement;
- Patient experience of care;
- Opioid use and treatment;
- Access to care; and
- Inpatient assaults and violence.

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