



# ***IPF Prospective Payment System FY 2015 Final Rule***



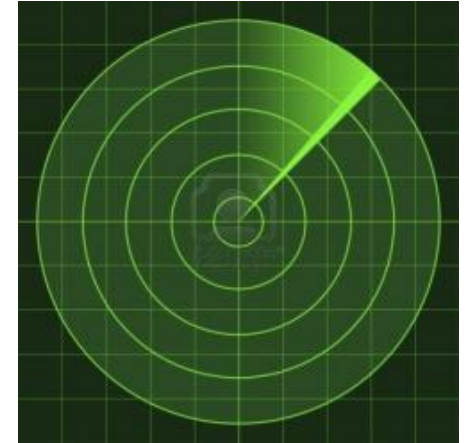
AHA Member Call  
August 21, 2014

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# Overview

- Payment update
- IPF Quality Reporting
- Questions



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# IPF PPS Final Rule FY 2015

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

42 CFR Part 412

[CMS-1606-F]

RIN 0938-AS08

#### Medicare Program; Inpatient Psychiatric Facilities Prospective Payment System—Update for Fiscal Year Beginning October 1, 2014 (FY 2015)

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Final rule.

**SUMMARY:** This final rule will update the prospective payment rates for Medicare inpatient hospital services provided by inpatient psychiatric facilities (IPFs). These changes will be applicable to IPF discharges occurring during the fiscal year (FY) beginning October 1, 2014 through September 30, 2015. This final rule will also address implementation of ICD-10-CM and ICD-10-PCS codes; finalize a new methodology for updating the cost of living adjustment (COLA), and finalize new quality measures and reporting requirements under the IPF quality reporting program.

**DATES:** These regulations are effective on October 1, 2014.

#### FOR FURTHER INFORMATION CONTACT:

Dorothy Myrick or Jana Lindquist, (410) 786-4533, for general information. Hudson Osgood, (410) 786-7897 or Bridget Dickensheets, (410) 786-8670, for information regarding the market basket and labor-related share.

Theresa Bean, (410) 786-2287, for information regarding the regulatory impact analysis. Rebecca Kliman, (410) 786-9723 or Jeffrey Buck, (410) 786-0407, for information regarding the inpatient psychiatric facility quality reporting program.

#### SUPPLEMENTARY INFORMATION:

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- CAH Critical Access Hospital
- DSM-IV-TR Diagnostic and Statistical Manual of Mental Disorders Fourth Edition—Text Revision
- DRGs Diagnosis-Related Groups
- FY Federal Fiscal Year (October 1 through September 30)
- ICD-9-CM International Classification of Diseases, 9th Revision, Clinical Modification
- ICD-10-CM International Classification of Diseases, 10th Revision, Clinical Modification
- ICD-10-PCS International Classification of Diseases, 10th Revision, Procedure Coding System
- IPFs Inpatient Psychiatric Facilities
- IPFQR Inpatient Psychiatric Facilities Quality Reporting
- IRFs Inpatient Rehabilitation Facilities
- LTCHs Long-Term Care Hospitals
- MAC Medicare Administrative Contractor
- MedPAR Medicare Provider Analysis and Review File
- RPL Rehabilitation, Psychiatric, and Long-Term Care
- RY Rate Year (July 1 through June 30)
- TEFRA Tax Equity and Fiscal Responsibility Act of 1982 (Pub. L. 97-248)

#### I. Executive Summary

##### A. Purpose

This final rule updates the prospective payment rates for Medicare inpatient hospital services provided by inpatient psychiatric facilities for discharges occurring during the fiscal year (FY) beginning October 1, 2014 through September 30, 2015.

##### B. Summary of the Major Provisions

In this final rule, we update the IPF PPS, as specified in 42 CFR 412.428. The updates include the following:

- The FY 2008-based Rehabilitation, Psychiatric, and Long Term Care (RPL) market basket update (currently estimated to be 2.9 percent) will be adjusted by a 0.3 percentage point reduction as required by section 1886(s)(2)(A)(ii) of the Social Security Act (the Act) and a reduction for economy-wide productivity (currently estimated to be 0.5 percentage point) as required by section 1886(s)(2)(A)(i) of the Act.
- The FY 2015 per diem rate is

- Issued July 31, published in [Federal Register](#) Aug 6
- Most provisions effective Oct. 1
- AHA *Regulatory Advisory* forthcoming



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# IPF PPS Final Rule FY15

- Average payment rate increase of 2.5 %

Policy	Average Impact on Payments
Market basket update	2.9%
Productivity cut mandated in the Affordable Care Act of 2010 (ACA)	- 0.5%
Additional cut mandated in ACA	- 0.3%
Outlier Threshold Update	+ 0.4%
<b>Total Update</b>	<b>+2.5%</b>



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# ***IPF Quality Reporting Program***

- Mandated by *Affordable Care Act*, measure IPFQR reporting began in Oct. 2012 for FY 2014 payment determination
  - 2.0 percent reduction to payment update for non-compliance
- Psychiatric hospitals and units **reimbursed under the IPF PPS** must fulfill program requirements. Eligible facilities include:
  - Free-standing psychiatric hospitals, including government-operated psychiatric hospitals
  - Licensed distinct part psychiatric units of acute care hospitals and critical access hospitals



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# *IPFQR – Who's NOT Eligible?*

- IPFQR generally excludes facilities not reimbursed under IPF PPS
- Other types of exclusions
  - IPF units **not** separately licensed with services billed under the acute hospital's CCN
  - IPF units within children's hospitals
  - Veterans Administration hospitals

***Check with your billing office!***



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# IPFQR public reporting began April 2014

Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

Inpatient psychiatric  
facility quality reporting

Data details

## Inpatient Psychiatric Facility Quality Reporting Program

The Inpatient Psychiatric Facility Quality Reporting program measures allow consumers to find and compare the quality of care given at psychiatric facilities where patients are admitted as inpatients. Inpatient psychiatric facilities are required to report data on these measures. Facilities that are eligible for this program may have their Medicare payments reduced if they do not report.

The tables that follow contain facility (provider) results, state results, and national results. You can also visit [data.medicare.gov](http://data.medicare.gov) to [download these datasets in access or csv format](#).

Data for the following measures are displayed in the tables below:

- ◆ Hours of physical restraint use (HBIPS 2) – *lower numbers are better*
- ◆ Hours of seclusion use (HBIPS 3) – *lower numbers are better*
- ◆ Post discharge continuing care plan created (HBIPS 6) – *higher numbers are better*
- ◆ Post discharge continuing care plan transmitted to next level of care provider upon discharge (HBIPS 7) – *higher numbers are better*

CMS has suppressed data for the following measures for the April 2014 display.

- ◆ Patients discharged on multiple antipsychotic medications (HBIPS 4)
- ◆ Patients discharged on multiple antipsychotic medications with appropriate justification (HBIPS 5)

[Get more details about these measures.](#)

## Inpatient Psychiatric Facility Quality Measure Data – by Facility

Data Reporting Period: October 1, 2012 - March 31, 2013

If you would like to sort or filter these data, click the three-line menu icon ☰ for that particular column header.

Data.Medicare.gov				MENU
Inpatient Psychiatric Facility Quality Measure Data – by Facility				
	Provider_Number	Hospital_Name	Address	
17	010091	GROVE HILL MEMORIAL HOSPITAL	295 JACKSON HWY	▲
18	010092	D C H REGIONAL MEDICAL CENTER	809 UNIVERSITY BO	
19	010101	CITIZENS BAPTIST MEDICAL CENTER	604 STONE AVENUE	
20	010103	BAPTIST MEDICAL CENTER-PRINCETON	701 PRINCETON AV	
21	010104	TRINITY MEDICAL CENTER	800 MONTCLAIR RD	

Website [link](#)



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# IPF Quality Reporting Measures

Measure	FY 2014	FY 2015	FY 2016	FY 2017
HBIPS 2, 3, 4, 5, 6, 7	X	X	X	X
SUB 1 – Alcohol Use Screening			X	X
FUH – Follow-up after Mental Health Hospitalization (calculated by CMS)			X	X
<b>IPF Patient experience survey use</b>			<b>X</b>	<b>X</b>
<b>IPF Electronic Health Record use</b>			<b>X</b>	<b>X</b>
<b>Patient flu vaccination (IMM-2)</b>				<b>X</b>
<b>Health care personnel flu vaccination</b>				<b>X</b>
<b>TOB-1 – Tobacco use screening</b>				<b>X</b>
<b>TOB-2/TOB-2a – Tobacco use treatment offered or provided</b>				<b>X</b>

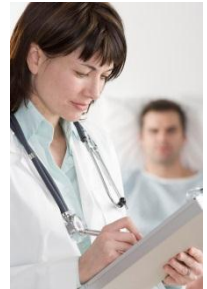
**Red = Finalized in FY 2015 IPF PPS final rule**

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# FY 2016 IPFQR Structural Measures

- CMS finalizes two structural measures for FY 2016
  - No data collection, just “attestation” by deadline
- IPF Patient Experience Survey
  - IPFs asked whether they use standardized patient experience surveys, and asked to name which one
- IPF Electronic Health Record (EHR) Use--***IPFs must select among the following options reflecting most common use of EHRs during transitions in care:***
  - IPF uses paper documents or other forms of information exchange (e.g., email) NOT involving transfer of health information using EHR technology
  - IPF most commonly exchanged health information using non-certified EHR technology (i.e., not certified under the ONC HIT Certification Program)
  - IPF most commonly exchanged health information using certified EHR technology



# FY 2017 IPFQR – Patient Flu Vaccination

- Chart abstracted using existing acute hospital specifications
- Assesses the percentage of patients discharged during influenza season (i.e., October through March) who are screened for flu vaccine status and vaccinated, if indicated
  - Includes patients vaccinated prior to IPF stay and those who are offered and decline vaccine
- Excludes patients who die prior to discharge, have lengths of stay greater than 120 days, are transferred to another acute care hospital, or leave against medical advice



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# FY 2017 IPFQR – Health Care Personnel Flu Vaccination

- To be collected for 2015 to 2016 flu season (i.e., Oct. 2015 through Mar. 2016)
- Data submitted using CDC's National Healthcare Safety Network (NHSN) application
- Same measure has been added to other programs
- Reported by CCN
  - *Will seek additional clarification from CMS*



# FY 2017 IPFQR – Tobacco Use

- TOB-1 (Tobacco Use Screening)
  - Assesses proportion of patients screened for tobacco use status within first 3 days of admission
- TOB-2 / TOB-2a (Tobacco Treatment Provided or Offered)
  - One measure, two rates
    - TOB-2 is percent of patients using tobacco who **receive or refused** counseling or medication
    - TOB-2a is percent of patients using tobacco who **receive** counseling or medication



# Future IPFQR Deadlines

Program Year	Reporting Period	Data Submission and DACA* Deadline	Public Display
FY 2016	Jan. 1, 2014 – March 31, 2014	July 1 - Aug. 15, 2015	April 2016
	Apr. 1, 2014 – June 30, 2014		
	July 1, 2014 – Sept. 30, 2014		
	Oct. 1, 2014 – Dec. 31, 2014		
FY 2017**	Jan. 1, 2015 – March 31, 2015	July 1 - Aug. 15, 2016	April 2017
	Apr. 1, 2015 – June 30, 2015		
	July 1, 2015 – Sept. 30, 2015		
	Oct. 1, 2015 – Dec. 31, 2015		

\*DACA = Data Completeness and Accuracy Agreement

\*\*Health care personnel flu vaccination measure to be collected from Oct. 1, 2015 through Mar. 31, 2016. Submission deadline will be May 15, 2016



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# REMINDER:

## Upcoming deadline for FY 2015 IPFQR

- **Aug. 29, 2014 is the deadline to:**
  - Register in QualityNet and identify system administrator
  - Submit measure data
    - HBIPS 2-7 data from CY 2013 Q2 through CY 2013 Q4
  - Complete the Data Completeness and Accuracy Agreement (DACA)



For questions, contact the QualityNet Help Desk at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or (866) 288-8912

# Other IPFQR Resources

- New support contractor as of July 15 (also supports several other CMS quality programs)
  - FMQAI / HSAG
- QualityNet Website
  - Educational [webinars](#)
  - Measure [information](#)



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# Questions?



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