

**Supporting Statement A**  
**Revised and New Procedural Requirements for the FY 2020**  
**Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program**  
**CMS-10432, OMB 0938-1171**

*Note: As explained below, this package is associated with the April 23, 2019 (84 FR 16948) Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) proposed rule (CMS-1712-P, RIN 0938-AT69).*

## **Background**

Pursuant to section 1886(s)(4) of the Social Security Act, as amended by sections 3401 and 10322 of the Patient Protection and Affordable Care Act (ACA), starting in fiscal year (FY) 2014, and for subsequent FYs, Inpatient Psychiatric Facilities (IPF) shall submit pre-defined quality measures to the Centers for Medicare & Medicaid Services (CMS). IPFs that fail to report on the selected quality measures and comply with other administrative requirements will have their IPF prospective payment system (PPS) payment updates reduced by 2.0 percentage points. To comply with the statutory mandate, we are updating the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program for FY 2020. This package addresses the proposed changes to the IPFQR Program in the FY 2020 IPF PPS proposed rule. These changes are adoption of a new measure and update of the wage rate. Details of the effect of these policies on our currently approved burden estimates are provided in section 15, below.

## **A. Justification**

### **1. Need and Legal Basis**

Section 1886(s)(4)(C) of the Act requires that, for FY 2014 (October 1, 2013 through September 30, 2014) and each subsequent FY, each psychiatric hospital and psychiatric unit paid under the Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) shall submit to the Secretary data on quality measures as specified by the Secretary (42 CFR 412.404(b)). Such data shall be submitted in a form and manner, and at a time, specified by the Secretary.

The following is a list of measures previously finalized for inclusion in the IPFQR Program and a brief explanation of their inclusion in this program.

- The Hospital-Based Inpatient Psychiatric Services (HBIPS)-2, HBIPS-3, and HBIPS-5 measures collect information on hours of physical restraint use, hours of seclusion use, and patients discharged on multiple antipsychotic medications with appropriate justification respectively. These are NQF-endorsed measures (NQF #0640, NQF #0641, and NQF #0560). Documentation on the website of The Joint Commission (TJC), the measure steward, has more detail on the specification of these measures:  
[http://www.jointcommission.org/assets/1/6/TJC\\_Annual\\_Report\\_2011\\_9\\_13\\_11\\_.pdf](http://www.jointcommission.org/assets/1/6/TJC_Annual_Report_2011_9_13_11_.pdf)
- The SUB-2 and SUB-2a, and SUB-3 and SUB-3a measures provide information on substance use screening, substance use brief intervention offered or provided, and substance use treatment or referral offered or provided at discharge, respectively. Documentation on

the website of TJC, the measure steward, has more detail on the specification of these measures:

[http://www.jointcommission.org/specifications\\_manual\\_for\\_national\\_hospital\\_inpatient\\_quality\\_measures.aspx](http://www.jointcommission.org/specifications_manual_for_national_hospital_inpatient_quality_measures.aspx).

- The TOB-2 and TOB-2a, and TOB-3 and TOB-3a measures provide information on tobacco use screening, tobacco use brief intervention offered or provided, and tobacco use treatment or referral offered or provided at discharge, respectively. Documentation on the website of TJC, the measure steward, has more detail on the specification of these measures: [http://www.jointcommission.org/assets/1/6/HIQR\\_Jan2015\\_v4\\_4a\\_1\\_EXE.zip](http://www.jointcommission.org/assets/1/6/HIQR_Jan2015_v4_4a_1_EXE.zip).
- The Follow-up After Hospitalization for Mental Illness (FUH) measure provides information on the percentage of discharges for which patients receive follow-up within 7 and 30 days of discharge. This is an NQF-endorsed measure (NQF #0576). The measure steward for this measure is the National Committee for Quality Assurance (NCQA), and more detail on the specification is available on the NQF website: <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=70617>

The IMM-2 measure provides information on influenza vaccination among the patient population in IPFs. This is an NQF-endorsed measure (NQF #1659). The measure steward for IMM-2 is CMS, and more detail on the specification is available in the specifications manual: [https://www.qualitynet.org/dcs/BlobServer?](https://www.qualitynet.org/dcs/BlobServer?blobkey=id&blobnocache=true&blobwhere=1228890901994&blobheader=multipart%2Foctet-stream&blobheadername1=Content-Disposition&blobheadervalue1=attachment%3Bfilename%3DIPF_PrgmMnl_V4.1_121918%2C0.pdf&blobcol=urldata&blobtable=MungoBlobs)

[blobkey=id&blobnocache=true&blobwhere=1228890901994&blobheader=multipart%2Foctet-stream&blobheadername1=Content-Disposition&blobheadervalue1=attachment%3Bfilename%3DIPF\\_PrgmMnl\\_V4.1\\_121918%2C0.pdf&blobcol=urldata&blobtable=MungoBlobs](https://www.qualitynet.org/dcs/BlobServer?blobkey=id&blobnocache=true&blobwhere=1228890901994&blobheader=multipart%2Foctet-stream&blobheadername1=Content-Disposition&blobheadervalue1=attachment%3Bfilename%3DIPF_PrgmMnl_V4.1_121918%2C0.pdf&blobcol=urldata&blobtable=MungoBlobs).

- The Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) and the Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) measures provide information on the completeness and timeliness of the transition records provided to patients and transmitted to the next level care provider upon discharge. These are NQF-endorsed measures (NQF #0647 and NQF #0648). Documentation on the website of the American Medical Association (AMA) convened Physician Consortium for Performance Improvement (PCPI), the steward for these measures, has more detail on the specification of these measures: <http://www.thepcpi.org/page/PCPI Measures>.
- The Screening for Metabolic Disorders measure provides information on the percentage of patients on antipsychotic medications who are screened for metabolic disorders. This measure has never been submitted for NQF endorsement. The measure steward for this measure is CMS, and more information regarding the specification of the measure can be found in the IPFQR Program Manual: [https://www.qualitynet.org/dcs/BlobServer?blobkey=id&blobnocache=true&blobwhere=122\\_8890516476&blobheader=multipart%2Foctet-stream&blobheadername1=Content-Disposition&blobheadervalue1=attachment%3Bfilename%3D2.6.1\\_IMM\\_v5\\_1.pdf&blobcol=urldata&blobtable=MungoBlobs](https://www.qualitynet.org/dcs/BlobServer?blobkey=id&blobnocache=true&blobwhere=122_8890516476&blobheader=multipart%2Foctet-stream&blobheadername1=Content-Disposition&blobheadervalue1=attachment%3Bfilename%3D2.6.1_IMM_v5_1.pdf&blobcol=urldata&blobtable=MungoBlobs)
- The Thirty-day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF measure provides information regarding the number of patients who are readmitted to an inpatient care setting (either acute care or psychiatric) within thirty days of discharge.

This is an NQF-endorsed measure (NQF #2860). The measure steward for this measure is CMS, and more information on the measure specifications can be found in the IPFQR Program Manual: [https://www.qualitynet.org/dcs/BlobServer?blobkey=id&blobnocache=true&blobwhere=122\\_8890516476&blobheader=multipart%2Foctet-stream&blobheadername1=Content-Disposition&blobheadervalue1=attachment%3Bfilename%3D2.6.1\\_IMM\\_v5\\_1.pdf&blobcol=urldata&blobtable=MungoBlobs](https://www.qualitynet.org/dcs/BlobServer?blobkey=id&blobnocache=true&blobwhere=122_8890516476&blobheader=multipart%2Foctet-stream&blobheadername1=Content-Disposition&blobheadervalue1=attachment%3Bfilename%3D2.6.1_IMM_v5_1.pdf&blobcol=urldata&blobtable=MungoBlobs)

In summary the previously adopted thirteen (13) measures for the FY 2020 IPFQR Payment Determination and subsequent years are:

- Hours of Physical Restraint Use (HBIPS-2, NQF #0640)
- Hours of Seclusion Use (HBIPS-3, NQF #0641)
- Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification (HBIPS-5, NQF #0560)
- Tobacco Use Treatment Provided or Offered and Tobacco Use Treatment (TOB-2 and TOB-2a, NQF #1654)
- Tobacco Use Treatment or Referral Offered or Provided at Discharge and Tobacco Use Treatment at Discharge (TOB-3 and TOB-3a, NQF #1656)
- Alcohol Use Brief Intervention Provided or Offered and Alcohol Use Brief Intervention (SUB-2 and SUB-2a, NQF #1663)
- Alcohol Use and Other Drug Use Disorder Treatment Provided or Offered at Discharge and Alcohol and Other Drug Use Disorder Treatment at Discharge (SUB-3 and SUB-3a, NQF #1664)
- Follow-up After Hospitalization for Mental Illness (FUH, NQF #0576)
- Influenza Immunization (IMM-2, NQF #1659)
- Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) (NQF #0647)
- Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) (NQF #0648)
- Screening for Metabolic Disorders
- Thirty-day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF (NQF #2860)

For the FY 2021 Payment determination and subsequent years, we are proposing one additional measure, the Medication Continuation Following Discharge from an IPF (NQF #3205) measure. This measure provides information on whether patients with Major Depressive Disorder (MDD), schizophrenia, or bipolar disorder filled at least one evidence-based medication prior to discharge or during the post-discharge period. This is an NQF-endorsed measure. The measure steward is CMS and more information can be found in the measure specifications (<https://www.qualityforum.org/QPS/3205>).

Section 1886(s)(4)(E) of the Act requires the Secretary to establish procedures for making public the data submitted by IPFs under the IPFQR Program. For CMS to publish the measure rates, IPFs are required to submit the Notice of Participation (NOP) form. By such submission, IPFs indicate their agreement to participate in the IPFQR Program and submit the required data pertaining to the thirteen (13) quality measures for the FY 2020 payment determination. In

addition, IPFs give their consent to publicly report their measure rates on a CMS website. CMS is mindful and respectful that IPFs may choose not to participate or may choose to withdraw from the IPFQR Program. To this end, our procedures include the necessary steps that IPFs must take to indicate their intent to participate or withdraw.

As part of our procedural requirements, we require that IPFs acknowledge the accuracy and completeness of submitted data. We seek to collect information on valid, reliable, and relevant measures of quality, and to share this information with the public; therefore, IPFs must submit the Data Accuracy and Completeness Acknowledgement (DACA) form. In our effort to foster alignment across quality reporting programs, we now include the Extraordinary Circumstances Exception form and the Reconsideration Request form as part of the Hospital Inpatient Quality Reporting (IQR) Program's PRA package (OMB control number 0938-1022; CMS-10210).

While IPFs may also need to complete and submit these forms, the associated burden is addressed in the Hospital IQR Program PRA package.

## 2. Information Users

- **IPFs:** The primary ways an IPF will use the information are: to examine the individual IPFs' specific care domains and types of patients; to compare present performance to past performance and to national performance norms; to use quality measures to evaluate the effectiveness of care provided to specific types of patients; to monitor quality improvement outcomes over time; to assess their own strengths and weaknesses in the clinical services that they provide; to address care-related areas, activities, or behaviors that result in effective patient care; and to alert themselves to needed improvements. Such information is essential to IPFs in initiating quality improvement strategies. This information can also be used to improve an IPF's financial planning and marketing strategies.
- **State Agencies/CMS:** Agencies will use the data to compare an IPF's results with its peer performance. The availability of peer performance enables state agencies and CMS to identify opportunities for improvement in the IPF and to evaluate more effectively the IPF's own quality assessment and performance improvement program.
- **Accrediting Bodies:** National accrediting organizations, such as TJC, or state accreditation agencies may wish to use the information to target potential or identified problems during the organization's accreditation review of that facility.
- **Beneficiaries/Consumers:** The IPFQR Program publicly reports data through a CMS website. This data provides information for consumers and their families on the quality of care provided by individual facilities, allowing them to compare patient outcomes between facilities and against the state and national average. The website provides information in consumer-friendly language and offers a tool to assist consumers with selecting a hospital.

## 3. Use of Information Technology

IPFs can utilize electronic means to submit/transmit their forms and data via a CMS-provided

secure web-based tool, which is available on the QualityNet website. IPF users are required to open an account to set up secure logins and then will be able to complete all the necessary forms/applications as may be applicable to their circumstance (e.g., NOP or DACA). We have included copies of these forms within this package.

A web-based measure online tool is used for data entry through the QualityNet website. Data are stored to support retrieving reports for hospitals to view their measure rates/results. Facilities are sent a preview report via QualityNet Exchange prior to release of data on the CMS website for public viewing.

#### **4. Duplication of Efforts**

Facilities that currently collect and report data on TJC measures can use the same information to report to CMS on TJC measures remaining in the IPFQR Program, which avoids duplication of efforts and reduces burden to the IPFs. As for collection of the FUH and Thirty-day All-cause Readmission Following Hospitalization in an IPF, CMS will collect such data using Medicare Part A and Part B claims; therefore, reporting these measures will pose no additional information collection burden on IPFs.

#### **5. Small Business**

Information collection requirements are designed to allow maximum flexibility specifically to small IPF providers participating in the IPFQR Program. This effort assists small IPF providers in gathering information for their own quality improvement efforts. For example, we provide a help-desk hotline for troubleshooting purposes and 24/7 free information available on the QualityNet website through a Questions and Answers (Q&A) functionality.

#### **6. Less Frequent Collection**

We have designed the collection of quality of care data to be the minimum necessary for reporting of data on measures considered to be meaningful indicators of psychiatric patient care. To this end, we only require a single, annual report of measure data from facilities.

#### **7. Special Circumstances**

There are no special circumstances that would require an information collection to be conducted in a manner that requires respondents to:

- Report information to the agency more often than quarterly;
- Prepare a written response to a collection of information in fewer than 30 days after receipt of it;
- Submit more than an original and two copies of any document;
- Retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
- Collect data in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study,
- Use a statistical data classification that has not been reviewed and approved by OMB;

- Include a pledge of confidentiality that is not supported by authority established in statute or regulation that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
- Submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

## **8. Federal Register Notice/Outside Consultation**

### *Federal Register Notice*

The April 23, 2019, FY 2020 IPF PPS proposed rule (84 FR 16948) is serving as the 60-day Federal Register notice (CMS-1712-P, RIN 0938-AT69).

### *Outside Consultation*

CMS is supported in this initiative by TJC, the NQF, and the Agency for Healthcare Research and Quality (AHRQ). These organizations, in conjunction with CMS, will provide technical assistance in developing or identifying quality measures, and assist in making the information accessible, understandable, and relevant to the public.

## **9. Payment/Gift to Respondent**

Although participation in the IPFQR Program is voluntary (i.e., not required by Medicare Conditions of Participation), all eligible IPFs must submit their data to receive the full market basket update for a given FY. If data are not submitted to CMS, the IPF receives a reduction of 2 percentage points from its Annual Payment Update (APU) unless CMS grants an exception.

No other payments or gifts will be given to respondents for participation.

## **10. Confidentiality**

All information collected under this initiative is maintained in strict accordance with statutes and regulations governing confidentiality requirements, which can be found at 42 CFR part 480. In addition, the tools used for transmission of data are considered confidential forms of communication and are Health Insurance Portability and Accountability Act (HIPAA)-compliant. Further, the program requires submission of aggregate data, thereby eliminating the need to transmit confidential or patient level information.

## **11. Sensitive Questions**

Pursuant to 42 CFR part 480, no case-specific clinical data will be collected or released to the public.

## **12. Burden Estimate (Total Hours and Wages)**

The following burden calculations include the time required for chart abstraction and for training personnel on collection of chart-abstracted data and aggregation of the data, training for submitting aggregate-level data through QualityNet, and the time required for submitting non-measure specific patient population data (e.g., population counts by payer).

We estimate that there are approximately 1,679 facilities eligible to participate in the IPFQR Program (based on the most recent eligibility data, submitted in CY 2018). Because historical data indicates that almost all facilities participate, and because we wish to be conservative in our estimates, we estimated that all eligible facilities will participate in the IPFQR Program.

We also estimate that the average facility would submit measure data on 609 cases per year for all measures that allow sampling, and measure data on 1,283 cases for measures that require data submission on all discharges. Furthermore, the Follow-up After Hospitalization for Mental Illness, the Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF, and the Medication Continuation Following Discharge from an IPF measures will not require facilities to submit data on any cases since CMS will collect the data under Medicare Part A, Part B, and Part D reporting.

We continue to estimate that it takes an IPF approximately 15 minutes (0.25 hours) per case for chart abstraction of a measure for collection.

The collection of quality of care data is designed to be the minimum necessary for reporting of data on measures considered to be meaningful indicators of psychiatric patient care. To this end, we only require a single, annual report of measure data from facilities.

### *Estimated Wages*

In the FY 2020 IPF PPS proposed rule, we updated our wage estimates to the new hourly base salary of \$18.83/hour (increased from \$18.29/hour in the FY 2019 IPF PPS final rule), which is based on the Bureau of Labor Statistics (BLS) median wage for a Medical Records and Health Information Technician (occupation code: 29-2071). Additionally, per OMB Circular A-76 ([http://www.whitehouse.gov/omb/circulars/a076/a76\\_incl\\_tech\\_correction](http://www.whitehouse.gov/omb/circulars/a076/a76_incl_tech_correction)), in calculating direct labor, agencies should not only include salaries and wages, but also “other entitlements” such as fringe benefits. However, obtaining data on other overhead costs is challenging. Overhead costs vary greatly across industries and firm sizes. In addition, the precise cost elements assigned as “indirect” or “overhead” costs, as opposed to direct costs or employee wages, are subject to some interpretation at the firm level. Therefore, we have chosen to calculate the cost of overhead at 100 percent of the mean hourly wage. This is necessarily a rough adjustment, both because fringe benefits and overhead costs vary significantly from employer to employer and because methods of estimating these costs vary widely from study to study. We believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method. In calculating the labor cost, we estimated an adjusted labor rate of \$37.66/hr.

Occupation Title	Occupation Code	Median Hourly Wage (\$/hr)	Fringe Benefits and Overhead (\$/hr)	Adjusted Hourly Wage (\$/hr)
Medical Records and Health Information Technician	29-2071	18.83	18.83	37.66

*Information Collection/Reporting Requirements and Associated Burden Estimates*

Measure Data Collection and Reporting: In the FY 2019 IPPS/LTCH PPS final rule, for the FY 2020 payment determination and subsequent years, we had adopted thirteen (13) measures. The FY 2020 IPF PPS proposed rule proposes to add one (1) additional measure, which will be calculated by CMS using Medicare claims data that facilities already submit. Therefore, this measure does not impose additional information collection burden. The burden associated with these fourteen (14) measures is summarized in the following table.

NQF #	Measure ID	Measure Description	Estimated Cases per facility	Effort per Case (hours)	Annual Effort per facility (hours)	IPFs	Total Annual Effort (hours)	Total Annual Cost (\$)
0640	HBIPS-2	Hours of Physical Restraint Use	1,283	0.25	320.75	1,679	538,539.25	20,281,388
0641	HBIPS-3	Hours of Seclusion Use	1,283	0.25	320.75	1,679	538,539.25	20,281,388
0560	HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	609	0.25	152.25	1,679	255,627.75	9,626,941
1663	SUB-2 and SUB-2a	Alcohol Use Brief Intervention Provided or Offered	609	0.25	152.25	19,626,941,679	255,627.75	9,626,941
1664	SUB-3 and SUB-3a	Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and Alcohol and Other Drug Use Disorder Treatment at Discharge	609	0.25	152.25	1,679	255,627.75	9,626,941
0576	FUH	Follow-up After Hospitalization for Mental Illness*	0	0	0	0	0	0



NQF #	Measure ID	Measure Description	Estimated Cases per facility	Effort per Case (hours)	Annual Effort per facility (hours)	IPFs	Total Annual Effort (hours)	Total Annual Cost (\$)
1654	TOB-2 TOB-2a	Tobacco Use Treatment Provided or Offered and Tobacco Use Treatment	609	0.25	152.25	1,679	255,627.75	9,626,941
1656	TOB-3 and TOB-3a	Tobacco Use Treatment Provided or Offered at Discharge and Tobacco Use Treatment at Discharge	609	0.25	152.25	1,679	255,627.75	9,626,941
1659	IMM-2	Influenza Immunization	609	0.25	152.25	1,679	255,627.75	9,626,941
647	n/a	Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	609	0.25	152.25	1,679	255,627.75	9,626,941
648	n/a	Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	609	0.25	152.25	1,679	255,627.75	9,626,941
n/a	n/a	Screening for Metabolic Disorders	609	0.25	152.25	1,679	255,627.75	9,626,941
2860	n/a	Thirty-day all-cause unplanned readmission following Psychiatric hospitalization in an Inpatient Psychiatric Facility*	0	0	0	0	0	0

NQF #	Measure ID	Measure Description	Estimated Cases per facility	Effort per Case (hours)	Annual Effort per facility (hours)	IPFs	Total Annual Effort (hours)	Total Annual Cost (\$)
3205	n/a	Medication Continuation Following Inpatient Psychiatric Discharge*	0	0	0	0	0	0
<b>TOTAL</b>			<b>8,047</b>	<b>Varies</b>	<b>2,011.75</b>	<b>1,679</b>	<b>3,377,728</b>	<b>127,205,246</b>

\*CMS will collect this data using data from Medicare Part A, Part B, and Part D claims; therefore, these measures will not require facilities to submit data on any cases.

Non-Measure Data Collection and Reporting: Continuing for FY 2020 and subsequent payment determinations, IPFs must submit to CMS aggregate population counts for Medicare and non-Medicare discharges by age group and diagnostic group. Our currently approved information collection request estimates that it will take each facility approximately 2.0 hours to comply with this requirement.

Tasks	IPFs	Hours per IPF	Total Hours for All IPFs	Wage Rate (\$/hr)	Cost per IPF (\$)	Total Cost for All IPFs (\$)
Non-measure Data Collection and Submission	1,679	2.0	3,358	37.66	75.32	126,462

Notice of Participation, Data Accuracy and Correctness (DACA) Acknowledgement, and Vendor Authorization Form: The NOP must be completed once per facility and the DACA form must be filled out only once for each data submission period. The Vendor Authorization form is optional. While it is estimated that these forms should take less than five (5) minutes to complete, the 15 minutes per measure estimated for chart abstraction also includes the time for completing and submitting any forms related to the measures.

*Annual Burden Summary*

Requirement	Respondents	Responses	Time (hours)	Cost (\$)
Measure Data Collection and Reporting	1,679	13,510,913 (8,047 responses per facility * 1,679 facilities)	3,377,728	127,205,246
Non-Measure Data Collection and Reporting	1,679	6,716 (4 responses per facility * 1,679 facilities)	3,358	126,462
Notice of Participation, Data Accuracy Acknowledgement,	n/a	n/a	n/a	n/a

and Vendor Authorization Form*				
<b>TOTAL</b>	<b>1,679</b>	<b>13,517,629</b>	<b>3,381,086</b>	<b>127,331,708</b>

\*The 15 minutes per measure estimate for chart abstraction under Measure Data Collection and Reporting also includes the time for completing and submitting any forms.

### *Information Collection Instruments and Instruction/Guidance Documents*

The following documents are part of the IPFQR program:<sup>1</sup>

- IPFQR web based submission screen shots\_v3.pdf
  - Vendor Authorization Form (no changes)
  - Data Accuracy and Completeness (DACA) Form (no changes)
  - HBIS-2 (NQF #0640) (no changes)
  - HBIS-3 (NQF #0641) (no changes)
  - HBIS-5 (NQF #0560) (no changes)
  - TOB-2 and -2a (NQF #1654) (no changes)
  - TOB-3 and -3a (NQF #0656) (no changes)
  - IMM-2 (NQF #0659) (no changes)
  - SUB-2 and -2a (NQF #0663) (no changes)
  - SUB-3 and -3a (NQF #0664) (no changes)
  - Screening for metabolic disorders (no changes)
  - Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) (NQF #0647) (no changes)
  - Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) (NQF #0648) (no changes)
  - Non Measure Data Collection Tool (no changes)
- Notice of Participation (paper form, no changes)

### **13. Capital Costs (Maintenance of Capital Costs)**

There are no capital costs being placed on IPFs.

### **14. Cost to Federal Government**

The data for the IPFQR Program measures will be reported directly to the QualityNet website utilizing existing system functionality. A support contractor will be utilized to provide help desk and Q&A assistance, as well as the monitoring and evaluation effort for the program. There will be minimal costs for development of the data entry tools because the development is part of an existing software development contract.

The labor cost for IPFQR Program oversight is estimated as follows:

- Current year 1.0 FTE (2,080 hours) at GS-13 salary = \$106,839
- For subsequent years 1.0 FTE (2,080 hours) at GS-13 salary = \$106,839

<sup>1</sup> For All-Cause Unplanned Readmission (NQF #2860), Follow-up after Hospitalization (FUH, NQF #0576), and Medication Continuation Following Inpatient Psychiatric Discharge (NQF #3205) we collect this data using Medicare Part A, Part B, and Part D claims.

## 15. Program or Burden Changes

In the FY 2020 IPF PPS proposed rule, we proposed adoption of one new measure, Medication Continuation Following Inpatient Psychiatric Discharge (NQF #3205). This measure will not require facilities to submit data on any cases since CMS will collect the data under Medicare Part A, Part B, and Part D reporting. Therefore, we do not believe that there is any change of burden associated with this new measure.

### *Update Wage Rate*

In the FY 2020 IPF PPS proposed rule, we updated our estimated wage rate from \$36.58 per hour to \$37.66 per hour (a change of \$1.08 per hour). The previous estimate shows two (2) measures which do not allow sampling and had 1,213 cases per measure and nine (9) measures which do allow sampling and have 609 cases per measure per facility and a burden of 0.25 hours per case.

Data collection type	Number of measures	Number of estimated cases per measure per facility	Total number of cases per facility	Effort per case (hours)	Total effort per facility (hours)	Change in cost per facility (\$)
No-sampling measure	2	1,213	2,426	0.25	606.5	1,479.87
Sampling	9	609	5,481	0.25	1,370.25	655.02
Non-Measure Data	1	4	4	0.5	2	2.16
<b>Total Change per Facility</b>						<b>2,137</b>

The remaining tables will use the updated wage rate to calculate the effects of other updates.

### *Estimated Number of Responses*

In the FY 2019 IPF PPS final rule, for the FY 2020 payment determination and subsequent years, we had estimated 1,213 cases for measures which do not allow sampling, and 609 cases for measures which do. Based on more recent data, we are updating our estimate for measures that do not allow sampling to 1,283 cases per facility (a change of +70 cases for each of these 2 measures), and are not changing our estimate for measures that allow sampling. We continue to assume an average of 0.25 hours of effort per case. This is a change in total annual effort of 35 hours per facility (2 measures \* 70 cases per measure \* 0.25 hours per case).

### *Estimated Number of Facilities*

Our currently approved information collection request estimates 1,734 IPFs, as indicated above we now estimate 1,679 facilities, or a decrease of 55 IPFs. The following table shows the effects of this update on the 11 measures that require data submission and the non-measure data collection.

NQF #	Measure ID	Measure Description	New Number of Estimated Cases (per facility)	Effort per case	Effort per facility	Change in Annual Effort for removing 55 facilities (hours)	Change in Annual Effort for removing 55 facilities (dollars)
0640	HBIPS-2	Hours of Physical Restraint Use	1,283	0.25	320.75	(17,641.25)	(664,369.5)
0641	HBIPS-3	Hours of Seclusion Use	1,283	0.25	320.75	(17,641.25)	(664,369.5)
0560	HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	609	0.25	152.25	(8,373.75)	(315,355.4)
1663	SUB-2 and SUB-2a	Alcohol Use Brief Intervention Provided or Offered and Alcohol Use Brief Intervention Provided	609	0.25	152.25	(8,373.75)	(315,355.4)
1664	SUB-3 and SUB-3a	Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and Alcohol and Other Drug Use Treatment Provided at Discharge	609	0.25	152.25	(8,373.75)	(315,355.4)
1654	TOB-2 and TOB-2a	Tobacco Use Treatment Provided or Offered and Tobacco Use Treatment	609	0.25	152.25	(8,373.75)	(315,355.4)
1656	TOB-3 and TOB-3a	Tobacco Use Treatment Provided or Offered at Discharge and Tobacco Use Treatment at Discharge	609	0.25	152.25	(8,373.75)	(315,355.4)
1659	IMM-2	Influenza Immunization	609	0.25	152.25	(8,373.75)	(315,355.4)

0647	N/A	Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	609	0.25	152.25	(8,373.75)	(315,355.4)
0648	N/A	Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	609	0.25	152.25	(8,373.75)	(315,355.4)
N/A	N/A	Screening for Metabolic Disorders	609	0.25	152.25	(8,373.75)	(315,355.4)
N/A	N/A	Non-Measure Data Collection	4	0.5	2	(110)	(4,142.6)
<b>TOTAL</b>			<b>Varies</b>	<b>Varies</b>	<b>6,417</b>	<b>(110,756)</b>	<b>(4,171,080)</b>

*Burden Summary*

We estimate that the policies in the FY 2020 IPF PPS proposed rule for the IPFQR Program result in a total burden reduction as depicted in the following table:

	<b>Burden Per IPF (hr)</b>	<b>Total Burden (hr)</b>	<b>Cost per IPF (\$)</b>	<b>Total Cost (\$)</b>
Update Wage Rate	No adjustment	No adjustment	2,137	3,705,645
Update Case Estimates	35	60,690	1,318	2,285,585
Update estimate of participating facilities	No adjustment	(110,756)	No adjustment	(4,171,080)
<b>TOTAL</b>	<b>35</b>	<b>(50,066)</b>	<b>3,455</b>	<b>(1,820,050)</b>

**16. Publication/Tabulation Dates**

IPFs will submit their measures through a Web-based Measures Tool on the QualityNet website. After IPFs have previewed their data, CMS will publicly display the measure rates on the CMS website. The following is the planned schedule of activities to reach these objectives.

The following table shows the timeline for measures for the FY 2020 payment determination and subsequent years.

<b>Date</b>	<b>Scheduled Activity</b>
5/8/2019	Proposed Rule Published (approximate)
8/6/2019	Final Rule Published (approximate)
1/1/2018	Start of Reporting Period
12/31/2018	End of Reporting Period
7/1/2019	Begin Data Submission (approximate)
8/15/2019	End Submission Deadline (approximate)

Date	Scheduled Activity
8/15/2019	Deadline to Complete Data Accuracy and Completeness Acknowledgement (DACA) *
FY 2020	Public Display of data on <i>Hospital Compare</i> *

\*Specific dates to be announced via subregulatory guidance

## 17. Expiration Date

We will display the expiration date on associated forms.

## 18. Certification Statement

There are no exceptions to the certification statement.

### B. Collections of Information Employing Statistical Methods

CMS will not be employing any sampling techniques or statistical methods. However, CMS will allow IPFs to report data for certain measure using sampling.

Because CMS is not employing any sampling techniques or statistical methods, this section is not applicable to this collection.