## FY 2026 Inpatient Psychiatric Facilities Prospective Payment System Proposed Rule: Summary of Updates on IPFQR Program PRA Package forms

Form	Notes on Updates	
Data Accuracy and Completeness Acknowledgement	<ul> <li>Updated date</li> <li>Removed PRA disclaimer statement as this statement is now located in HQR to cover all forms</li> </ul>	
(Word document)		
Web-Based Data Submission screen shots	Removed reference to measures that are proposed for removal in the FY 2026 proposed rule	
(IPFQR Program HQR Secure Portal Images pdf document)		
Psychiatric Inpatient Experience (PIX) Survey	No changes made	

## FY 2026 Inpatient Psychiatric Facilities Prospective Payment System Proposed Rule: Technical Corrections

Original	Correction
Page 18516, second column, first paragraph: "Removal of this measure would alleviate an estimated annual burden of approximately 267 hours, at a cost of \$11,978, across all participating IPFs (88 FR 51151)."	"As stated in section V.B.3, removal of this measure would alleviate an estimated annual burden of approximately 267 hours, at a cost of \$14,761, across all participating IPFs."
	Corrects burden estimate to more recent approved values, which were used in the COI section.
Page 18516, third column, first paragraph:  "in section IV.E. for more information regarding our areas of focus for new measures"	"in section IV.H.2. for more information regarding our areas of focus for new measures".  Corrects section reference.
Page 18517, second column, second paragraph:  "In the FY 2024 IPF PPS final rule we estimated a total annual burden of surveying IPF patients for health-related social needs under the Screening for Social Drivers of Health measures will be 66,414 hours (1,596 facilities × 1,261 patients per facility × 0.033 hr) at a cost of \$1,375,434 (66,414 hour × \$20.71/hour) across all patients (88 FR 51152). We estimated that the submission of the Screen Positive measure to CMS would have incurred an additional 266 hours across all IPFs, at a cost of \$11,933 (88 FR 51152 through 51153)."	"As stated in section V.B.3. and shown in Tables 8 through 10, removal of the Screening for Social Drivers of Health measure would alleviate an estimated annual burden for patients of 66,414 hours, at a cost of \$1,702,191. Also, as stated in section V.B.3., removal of both Social Drivers of Health measures would alleviate an estimated of 532 hours for IPFs to report these measures, at a cost of \$29,520, for the FY 2027 payment determination, when these measures would become mandatory."
Page 18519, first column:  "At 42 CFR 412.433(f)(4), we state that CMS' evaluation of an extraordinary circumstance will include, but is not limited to whether the extraordinary circumstance was beyond the control of the IPF, and affected the ability of the IPF to provide high-quality healthcare and report required measure data by specified deadlines. At 42 CFR 412.433(f)(5) we state that CMS will notify the IPF of a denial of an ECE in writing, via email."	Paragraph should be removed for alignment with IPPS rule language.
Page 18522, first column, last paragraph: "We are soliciting public comment (see section	"We are soliciting public comment on"

V.E. of this proposed rule) on"	Removes section reference that does not exist in IPF PPS proposed rule.
Page 18522, second column, third paragraph: "In section V.C. of this proposed rule, we estimate the changes in burden associated with the update to more recent wage rates. Then in section V.D. of this proposed rule, we discuss the policies proposed in this proposed rule."	"In section V.B.2. of this proposed rule, we estimate the changes in burden associated with the update to more recent wage rates. Then in section V.B.3. of this proposed rule, we discuss the policies proposed in this proposed rule."  Corrects section reference.