



Regulatory Reporting Tool (RRT) Webinar

March 2022



Content covered

- ✔ **January 1, 2022: IPFv1.0 Specification Updates**
- ✔ **July 1, 2022: Preview of NHQM v5.12 Specification Updates**
- ✔ **July 1, 2022: Preview of TJC v2022 Specification Updates**
- ✔ **Chrome Browser Compatibility Updates**
- ✔ **Miscellaneous Updates & Reminders**



IPF v1.0

Effective January 1, 2022 Discharges



IPF v1.0 Specifications Manual

Specifications Include:

- New Data Elements and Flowchart for TRA measures
- New Data Dictionary
- Data Layouts for:
 - CMS Patient XML Data File
 - CMS IPF Non-Measure XML Data File

Manual available: <https://qualitynet.cms.gov/ipf/ipfqr/resources#tab1>

CMS On-Demand Webinar: <https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/inpatient-psychiatric-facilities-quality-reporting-program/2022-events/ipf12422ondemand/>

Transition Record Data Element Updates

- IPF Discharge Disposition (TRA-1): New Data Element
- IPF Discharge Date and Time (TRA-2*): New Data Element
- IPF Transition Record Transmission Date and Time (TRA-2*): New Data Element
- Method of Transition Record Transmission (TRA-2*): New Data Element
- Transition Record Discussed with Patient (TRA-1): New Allowable Values

TRA-2 is no longer required as of CY2022 Discharges*

Transition Record Data Element Updates

- Was the other type of healthcare facility one of the following? (TRA-1): Removed
- Is there documentation stating that the discharging clinician determined the patient was clinically unstable, or the patient and/or caregiver was unable to comprehend the information? (TRA-1): Removed
- Are all specified data elements included in the transition record? (TRA-1): Removed
- Date Transition Record was transmitted to the receiving facility, physician, or other health care professional? (TRA-2*): Removed
- Time Transition Record was transmitted to receiving facility, physician, or other health care professional? (TRA-2*): Removed

TRA-2 is no longer required as of CY2022 Discharges*

IPF Discharge Disposition

New Data Element (TRA-1)

Suggested Data Collection Question: What was the patient's discharge disposition from the IPF?

Allowable Values:

1. Home
2. Inpatient Facility
3. The transition record contains documentation of one of the following:
 - the patient expired
 - the patient left against medical advice
 - the patient discontinued care
4. UTD from medical record documentation

IPF Discharge Disposition will now be evaluated at the beginning of the flowchart.

- Patients with an allowable value = 3 proceed to measure category B.
- Patients with an allowable value = 4 proceed to measure category D.
- Patients with an allowable value 1 or 2 proceed to Reason for IPF Admission.

Mapping of IPF Discharge Disposition

- January 1, 2022 cases abstracted prior to the March 2nd RRT release
- RRT has mapped any TRA abstracted Discharge Disposition -> IPF Discharge Disposition Values

Location	Discharge Disposition	IPF Discharge Disposition
Home	1	1
Hospice: Home	2	1
Hospice: Home Health Facility	3	2
Acute Care Facility	4	2
Other Healthcare Facility	5	2
Expired	6	3
AMA	7	3
UTD	8	4

Transition Record Discussed and Provided

New Allowable Values (TRA-1)

Transition record discussed and provided is now combined with documentation that the patient was clinically unstable. A UTD allowable value has been added.

Suggested Data Collection Question: Was the medical record discussed with and provided to the patient and/or caregiver at discharge?

Allowable Values:

1. Transition record was discussed with and provided to the patient and/or caregiver at discharge
2. Transition record was not discussed with and provided to the patient and/or caregiver at discharge for one of the following reasons:
 - the patient was clinically unstable
 - the patient and/or caregiver was unable to comprehend the information at discharge
3. Transition record was not discussed with and/or provided to the patient and/or caregiver at discharge or UTD from the medical record documentation.

IPF Discharge Date and Time

New Data Element (TRA-2*)

Suggested Data Collection Question: Does the medical record include the date and time the patient was discharged from the IPF?

Allowable Values:

- Yes, the patient's discharge date and time were documented in the medical record.
- No, the patient's discharge date and time were not documented in the medical record.

Transition Record Transmission Date and Time

New Data Element (TRA-2*)

Suggested Data Collection Question: Does the medical record contain the date and time the transition record was transmitted to the next level of care provider?

Allowable Values:

- Yes, the date and time the transition record was transmitted to the next level of care provider were documented in the medical record.
- No, the date and time the transition record was transmitted to the next level of care provider were not documented in the medical record.

Method of Transition Record Transmission

New Data Element (TRA-2*)

Suggested Data Collection Question: Is the method used to transmit the transition record to the next level of care provider documented in the medical record?

Allowable Values:

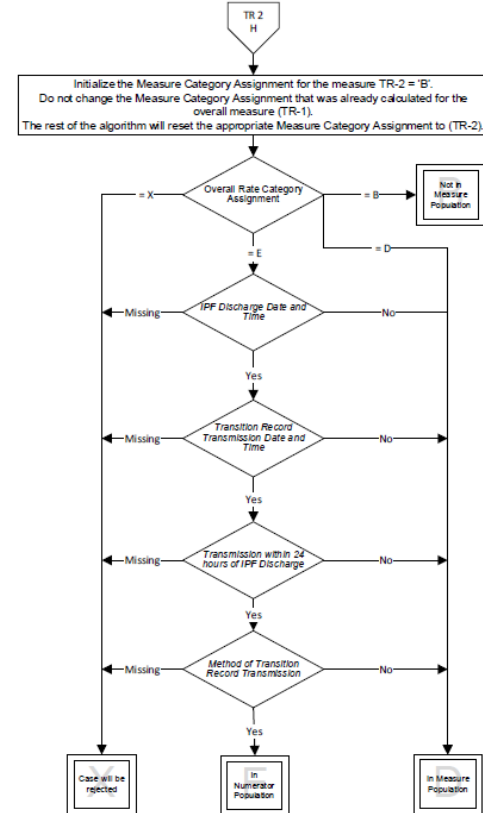
- Yes, the method used to transmit the transition record from the discharging IPF to the next level of care provider is documented in the medical record.
- No, the method used to transmit the transition record from the discharging IPF to the next level of care provider is not documented in the medical record.

TRA-2 Flowchart

TR-2: Timely Transmission of Transition Record

Numerator: The number of patients for whom the transition record, as specified in the Transition Record with Specified Elements Received by Discharged patients measure, was transmitted to the facility (including inpatient facilities) or primary physician or other health care professional designated for follow-up care within 24 hours of discharge.

Denominator: The number of all patients, regardless of age, discharged from the inpatient facility to home/self-care or any other site of care.



CY2021 Measure Requirements

CMS IPFQR Program Measures and Non-Measure Data for the FY 2023 Payment Update

Measure and Non-Measure Data Required to Meet IPFQR Program APU Requirements

National Healthcare Safety Network Measure				
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?
HCP COVID-19 Vaccination: COVID-19 Vaccination Coverage Among Health Care Personnel	Q4 2021	Oct 1, 2021 – May 16, 2022	NHSN	Yes

Non-Measure Data				
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?
Total Annual Discharges	CY 2021	Jul 1–Aug 15, 2022	Medical Record	No
Annual Discharges by Age Strata	CY 2021	Jul 1–Aug 15, 2022	Medical Record	No
Annual Discharges by Primary Diagnostic Code	CY 2021	Jul 1–Aug 15, 2022	Medical Record	No
Annual Discharges by Payer	CY 2021	Jul 1–Aug 15, 2022	Medical Record	No

Chart-Abstracted Clinical Process of Care				
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?
HBIPS-2: Hours of Physical Restraint Use	CY 2021	Jul 1–Aug 15, 2022	Medical Record	No
HBIPS-3: Hours of Sedation Use	CY 2021	Jul 1–Aug 15, 2022	Medical Record	No
HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes
Transition Record with Specified Elements Received by Discharged Patients	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes
Timely Transmission of Transition Record	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes
Screening for Metabolic Disorders	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes
SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes
SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge) and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes

CY2021 Measure Requirements

Chart-Abstracted Clinical Process of Care				
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?
TOB-2: Tobacco Use Treatment Provided or Offered and TOB-2a Tobacco Use Treatment	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes
TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes
IMM-2: Influenza Immunization ¹	Q4 2021–Q1 2022	Jul 1–Aug 15, 2022	Medical Record	Yes
Claims-Based Coordination of Care				
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?
FUH: Follow-Up After Hospitalization for Mental Illness	Q3 2020–Q2 2021	Calculated by CMS	Claims	Yes
30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF ²	Q3 2019–Q2 2021	Calculated by CMS	Claims	Yes
Medication Continuation Following Inpatient Psychiatric Discharge ²	Q3 2019–Q2 2021	Calculated by CMS	Claims	Yes
Acronyms				
APU	Annual Payment Update	IPF	Inpatient Psychiatric Facility	
CMS	Centers for Medicare & Medicaid Services	IPFQR	Inpatient Psychiatric Facility Quality Reporting	
FUH	Follow-Up After Hospitalization for Mental Illness	NHSN	National Healthcare Safety Network	
FY	Fiscal Year	Q	Quarter	
HBIPS	Hospital Based Inpatient Psychiatric Services	READM	Readmission	
HCP	Healthcare Personnel	SUB	Substance Use Measures	
IMM	Immunization	TOB	Tobacco Treatment Measures	

¹ The IMM-2 measure is the only chart-abstracted measure in which the reporting period crosses over two calendar years, from October 1, 2021, through March 31, 2022, for the FY 2023 payment determination.

² Q1 and Q2 2020 data for all claims-based measures are excepted per the ECE policy outlined in the COVID-19 memo (<https://www.cms.gov/files/document/guidance-memoexceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>).

Submission Details CY2021/FY2023

- CY2021 IPF discharges will be reported between July 1 – August 15, 2022
- **Q-Centrix Submission for CY2021 will be manual submission of aggregate data entered to the QualityNet web-based data entry tool (no patient-level XML submission for CY2021)**
 - CMS Non-Measure Submission Report
 - CMS Submission Report
- IMM-2 aligns with flu season is October 1 – March 31 of the following year
- COVID HCP to be entered to NHSN
- Zeros to be submitted if no discharges for a measure or non-measure data field
- Data Accuracy Completeness Acknowledgement (DACA) required to be completed annually

CY2022 Measure Requirements

CMS IPFQR Program Measures and Non-Measure Data for the FY 2024 Payment Update

Measure and Non-Measure Data Required to Meet IPFQR Program APU Requirements

National Healthcare Safety Network Measure				
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?
HCP COVID-19 Vaccination: COVID-19 Vaccination Coverage Among Health Care Personnel	Q1 2022	Jan 1, 2022 – Aug 15, 2022	NHSN	Yes
	Q2 2022	Apr 1, 2022 – Nov 15, 2022	NHSN	Yes
	Q3 2022	Jul 1, 2022 – Feb 15, 2023	NHSN	Yes
	Q4 2022	Oct 1, 2022 – May 16, 2023	NHSN	Yes
Non-Measure Data ¹				
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?
Total Annual Discharges	CY 2022	Jul 1–Aug 15, 2023	Medical Record	No
Annual Discharges by Age Strata	CY 2022	Jul 1–Aug 15, 2023	Medical Record	No
Annual Discharges by Primary Diagnostic Code	CY 2022	Jul 1–Aug 15, 2023	Medical Record	No
Annual Discharges by Payer	CY 2022	Jul 1–Aug 15, 2023	Medical Record	No
Chart-Abstracted Clinical Process of Care ¹				
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?
HBIPS-2: Hours of Physical Restraint Use	CY 2022	Jul 1–Aug 15, 2023	Medical Record	No
HBIPS-3: Hours of Sedation Use	CY 2022	Jul 1–Aug 15, 2023	Medical Record	No
HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	CY 2022	Jul 1–Aug 15, 2023	Medical Record	Yes
Transition Record with Specified Elements Received by Discharged Patients	CY 2022	Jul 1–Aug 15, 2023	Medical Record	Yes
Screening for Metabolic Disorders	CY 2022	Jul 1–Aug 15, 2023	Medical Record	Yes
SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention	CY 2022	Jul 1–Aug 15, 2023	Medical Record	Yes

CY2022 Measure Requirements

Chart-Abstracted Clinical Process of Care ¹					
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?	
SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge) and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge	CY 2022	Jul 1–Aug 15, 2023	Medical Record	Yes	
TOB-2: Tobacco Use Treatment Provided or Offered and TOB-2a Tobacco Use Treatment	CY 2022	Jul 1–Aug 15, 2023	Medical Record	Yes	
TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge	CY 2022	Jul 1–Aug 15, 2023	Medical Record	Yes	
IMM-2: Influenza Immunization ²	Q4 2022–Q1 2023	Jul 1–Aug 15, 2023	Medical Record	Yes	

Claims-Based Coordination of Care					
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?	
FAPH: Follow-Up After Psychiatric Hospitalization	Q3 2021–Q2 2022	Calculated by CMS	Claims	Yes	
30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF	Q3 2020–Q2 2022	Calculated by CMS	Claims	Yes	
Medication Continuation Following Inpatient Psychiatric Discharge	Q3 2020–Q2 2022	Calculated by CMS	Claims	Yes	

Acronyms					
APU	Annual Payment Update	HCP	Healthcare Personnel	Q	Quarter
CMS	Centers for Medicare & Medicaid Services	IMM	Immunization	READM	Readmission
FUH	Follow-Up After Hospitalization for Mental Illness	IPF	Inpatient Psychiatric Facility	SUB	Substance Use Measures
FY	Fiscal Year	IPFQR	Inpatient Psychiatric Facility Quality Reporting	TOB	Tobacco Treatment Measures
HBIPS	Hospital Based Inpatient Psychiatric Services	NHSN	National Healthcare Safety Network		

² The IMM-2 measure is the only chart-abstracted measure in which the reporting period crosses over two calendar years, from October 1, 2022, through March 31, 2023, for the FY 2024 payment determination.

Submission Details CY2022/FY2024

- CY2022 IPF discharges will be reported between July 1 – August 15, 2023
- CY2022 requires submission of patient-level reporting (aggregate data entry not permitted)
- **Q-Centrix Submission for CY2022 will be patient-level XML data files to the CMS HQR Warehouse on behalf of your facility**
- IMM-2 aligns with flu season is October 1 – March 31 of the following year
- COVID HCP to be entered to quarterly via NHSN
- Zeros to be submitted if no discharges for a measure or non-measure data field
- Data Accuracy Completeness Acknowledgement (DACA) required to be completed annually



Preview of NHQM v5.12

Effective July 1, 2022 Discharges



Pregnant 20 Weeks Through Day 3 Post-Delivery

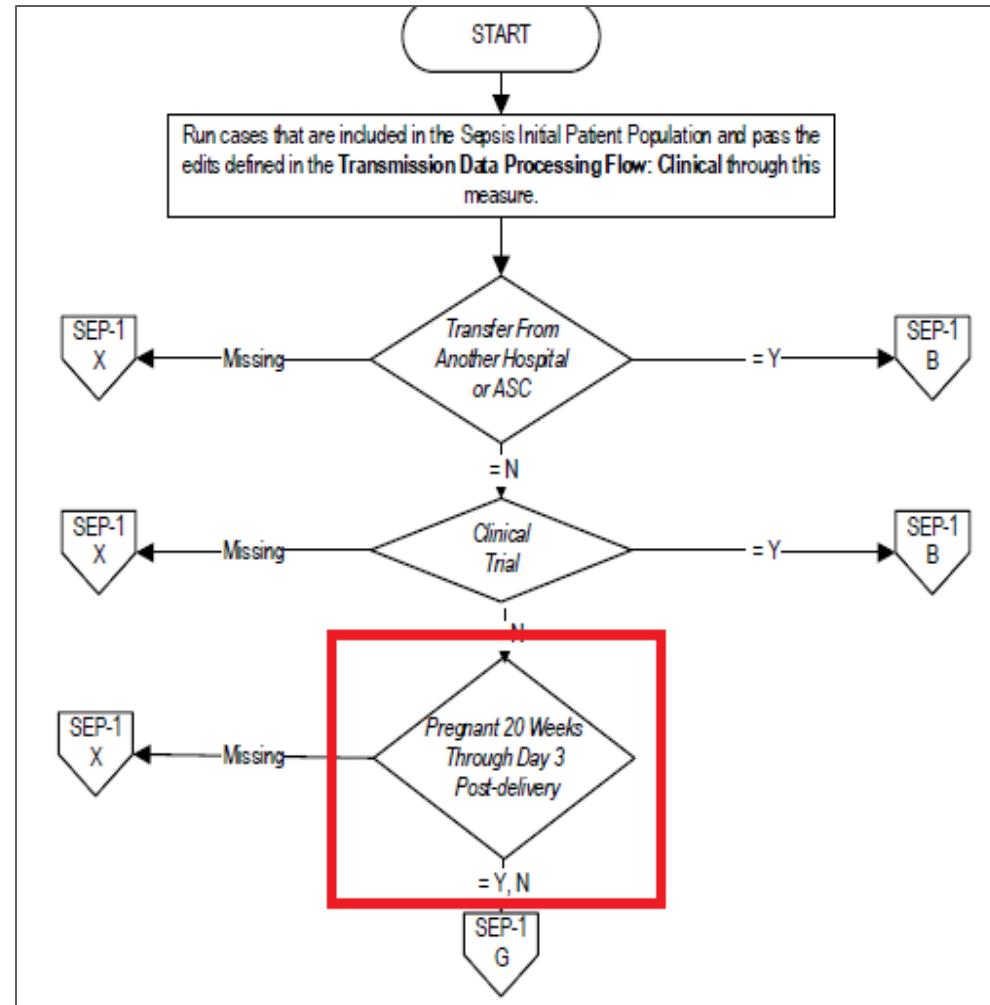
New Data Element

Suggested Data Collection Question: Is there documentation that patient is at least 20 weeks pregnant or within three days after the delivery at the time severe sepsis is identified?

Allowable Values:

- 1/Yes: Documentation the patient is at least 20 weeks pregnant or within three days after delivery at the time of severe sepsis is identified
- 2/No: There is no documentation that the patient is at least 20 weeks pregnant or within three days after delivery at the time severe sepsis is identified, the patient is not pregnant, or unable to determine

SEP-1 Flowchart





Preview of TJC v2022B

Effective July 1, 2022 Discharges



STK-VOL-1 New Measure

Measure: Eligible Ischemic Stroke Patients Who Receive Mechanical Endovascular Reperfusion Therapy (MT)

Improvement Noted As: Increase in the Rate

Numerator: Ischemic stroke patients who receive mechanical endovascular reperfusion therapy

Denominator: Ischemic Stroke Patients

Included Populations: Patients with documented mechanical endovascular reperfusion therapy (ICD-10-PCS Principal or Other Procedure Codes as defined in Appendix A, Table 8.1b for ICD-10 codes).

Excluded Populations:

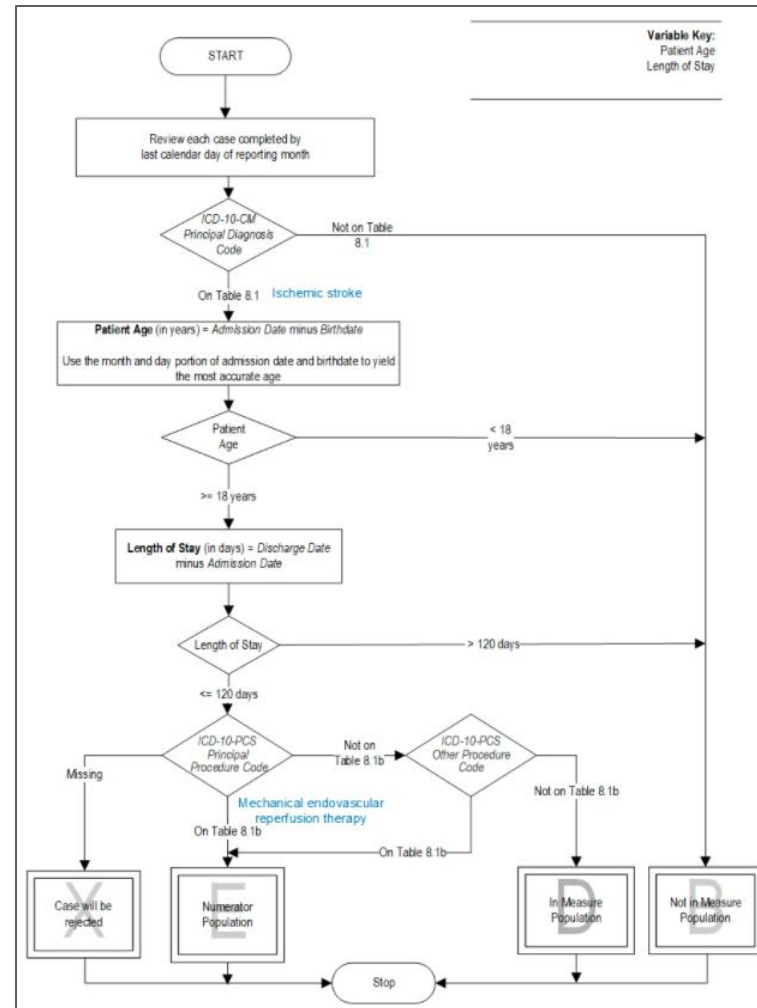
- Patients less than 18 years of age
- Patients who have a Length of Stay > 120 days

PSC Requirements Update

New Measure added for PSCs that perform Mechanical Endovascular Reperfusion Therapy

- PSCs that perform MT will be required to submit monthly CMIP data for the following measures:
 - STK-1-6, 8, 10
 - STK-VOL-1 - new
 - CSTK-01
 - CSTK-02 – new
 - CSTK-05 - new
 - CSTK-08 - new
 - CSTK-09 - new
 - STK-OP-1
- PSCs that do not perform MT will continue with their current measure requirements
- Please reach out to support@q-centrix.com if you need to add these new measures to your collection in RRT

STK-VOL-1 Flowchart



PSC Resources

- RRT will be creating a new report that will provide the counts for CMIP entry
 - Release in June 2022
- [Click here](#) to access TJC's Standardized Performance Measures for PSC's
- [Click here](#) to access STK-VOL-1 from TJC's Measure Specifications Manual



RRT & Chrome Browser Compatibility



Chrome for Abstraction

Users can now operate RRT on a Chrome Browser for the following pages:

- Login Page
- Inbox for Inpatient and Outpatient measure sets
- UB/Administrative Data Pages
- Clinical Abstraction Data Pages for all measure sets including NCDR CathPCI and STS ACSD
- Psychiatric Patient Census
- Inter-rater Reliability (IRR) Data Manager for all measure sets
- Lock/Unlock Case Record for Inpatient and Outpatient measure sets
- Case Listing Report for Inpatient and Outpatient measure sets
- Measure Data Manager for Inpatient and Outpatient measure sets
- Upload Statistics Report

Next Milestones

- Analysis & Reports Functionality
- Removal of need for the MSXML Patch Install
- Administration Functionality



Updates & Reminders



Sepsis Bundle Report Removed

- Removed due to lack of clarity and support from CMS Resources
- Is not legislatively mandated
- Is not part of the Specifications Manual but released separately

Q-Centrix Lock Dates (non-Partner)

Time Period	Lock Date
2021Q1	June 22, 2021
2021Q2	September 22, 2021
2021Q3	January 3, 2022
2021Q4	March 22, 2022

CMS Submission Deadlines

Time Period	CMS OQR ICD Pop/Sampling & Clinical File Deadline	CMS IQR ICD Pop/Sampling Deadline	CMS IQR Clinical File Deadline	CMS PC-01 Data Entry Deadline
2021 Q1	August 2, 2021	August 2, 2021	August 16, 2021	August 16, 2021
2021 Q2	November 1, 2021	November 1, 2021	November 15, 2021	November 15, 2021
2021 Q3	February 1, 2022	February 1, 2022	February 15, 2022	February 15, 2022
2021 Q4	May 2, 2022	May 2, 2022	May 16, 2022	May 16, 2022

TJC DDSP Submission Status

- Still on hold
- Hospitals will need to submit counts for 2021Q3 – forward on the new platform

Thank you!

Questions?

If you have a question, please submit: support@q-centrix.com

Contact Information

Q-Centrix Direct Customers

833-483-3786

support@q-centrix.com

Persivia Customers

clinicalanalyticssupport@Persivia.com

QualityWorks Customers

kpurdy@mhanet.com

TEIC Customers

teichelp@chime.org

Tenet eCQS Customers

(800) 639-7575, option 5