Data Submission Checklist: Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Measure and Non-Measure Data Submission and Administrative Requirements – Fiscal Year (FY) 2019

Due	Task	✔
On or **before** **08/15/2018**	**STEP 1: Enter measure and non-measure data via the Measure Summary screen in the *QualityNet Secure Portal.*** **A.** Log in to the *QualityNet Secure Portal*.	☐
	B. Select **Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR** from the *Quality Programs* drop-down menu.	☐
	C. Look for "Manage Measures" and select **View/Edit View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)**.	☐
	D. Select **Inpatient Psychiatric Facilities Web-Based Measures/DACA**.	☐
	E. Select **2019** from the "Payment Year" drop-down box and click **Continue**.	☐
	F. If you are a single facility with access to only your data, you will see the *Measures Summary* page. If you are a user with access to multiple facilities, select the provider(s) whose data you want to review.	☐
	G. Click on the hyperlink for each displayed *Incomplete* measure.	☐
	H. Enter data values in the data entry fields for each of the following FY 2019 submission requirements: ☐ HBIPS-2 ☐ SUB-3/-3a ☐ Screening for Metabolic Disorders ☐ HBIPS-3 ☐ IMM-2 ☐ Non-Measure Data/Population Counts ☐ HBIPS-5 ☐ TOB-1 ☐ Assessment of Patient Experience of Care ☐ SUB-1 ☐ TOB-2/-2a ☐ Use of an Electronic Health Record ☐ SUB-2/-2a ☐ TOB-3/-3a ☐ DACA ☐ Transition Record with Specified Elements Received by Discharged Patients ☐ Timely Transmission of Transition Record Measures	☐
On or **before** **08/15/2018**	**STEP 2: Check the IPF Participation Report for IPFQR Program Administrative Requirements via the *QualityNet Secure Portal.*** **A.** Log in to the *QualityNet Secure Portal*.	☐
	B. Select **Run Reports** from the "My Reports" drop-down menu.	☐
	C. Select **IPFQR** from the "Report Program" drop-down menu; then select **Hospital Reporting – Feedback – IPFQR.** Then, select **View Reports**.	☐
	D. Select **Hospital Reporting – Inpatient Psychiatric Facility Participation Report**.	☐
	E. Select **State** (Facility State), **Facility** (Facility Name), **Payment Year** (2019), and **Report Format** (PDF).	☐
	F. Click on the **Run Report(s)** button.	☐
	G. Review your facility's *Inpatient Psychiatric Facility Participation Report Provider Participation Report* to ensure that the following IPFQR Program administrative requirements have been met: ☐ Active *QualityNet* Security Administrator – Should display **"Yes."** ☐ Notice of Participation (NOP) Date – A date will be displayed if the NOP is active.	☐

NOTE: Please refer to the latest version of the IPFQR Program Manual located at the following websites for guidance on data submission processes and IPFQR Program requirements.

- *Quality Reporting Center*: IPFQR Program Resources and Tools
- *QualityNet*: IPFQR Program Resources

For questions, contact the IPFQR Program Support Contractor at (866) 800-8765, (844) 472-4477, https://cmsip.custhelp.com, or IPFQualityReporting@hcqis.org.