

Verification 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	<u>STEP 1: Check the Measure Summary Page for FY 2019 IPFQR Program Data Submission via the <i>QualityNet Secure Portal</i>.</u>	<input type="checkbox"/>	
	A. Log in to the <i>QualityNet Secure Portal</i> .	<input type="checkbox"/>	
	B. Select Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR from the <i>Quality Programs</i> drop-down menu.	<input type="checkbox"/>	
	C. Look for “Manage Measures” and select View/Edit View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA) .	<input type="checkbox"/>	
	D. Select Inpatient Psychiatric Facilities Web-Based Measures/DACA .	<input type="checkbox"/>	
	E. Select 2019 from the “Payment Year” drop-down box and click Continue .	<input type="checkbox"/>	
	F. If you are a single facility with access to only your data, you will see the <i>Measures Summary</i> page. If you are a user with access to multiple facilities, select the provider(s) whose data you want to review.	<input type="checkbox"/>	
On or before 08/15/2018	G. View the status of reporting on each of the following data entry pages. All should be marked as “Completed.”	<input type="checkbox"/>	
	<input type="checkbox"/> HBIPS-2	<input type="checkbox"/> SUB-3/-3a	<input type="checkbox"/> Screening for Metabolic Disorders
	<input type="checkbox"/> HBIPS-3	<input type="checkbox"/> IMM-2	<input type="checkbox"/> Non-Measure Data/Population Counts
	<input type="checkbox"/> HBIPS-5	<input type="checkbox"/> TOB-1	<input type="checkbox"/> Assessment of Patient Experience of Care
	<input type="checkbox"/> SUB-1	<input type="checkbox"/> TOB-2/-2a	<input type="checkbox"/> Use of an Electronic Health Record
	<input type="checkbox"/> SUB-2/-2a	<input type="checkbox"/> TOB-3/-3a	<input type="checkbox"/> DACA
	<input type="checkbox"/> Transition Record with Specified Elements Received by Discharged Patients		
	<input type="checkbox"/> Timely Transmission of Transition Record Measures		
	<u>STEP 2: Check the IPF Participation Report for IPFQR Program Administrative Requirements via the <i>QualityNet Secure Portal</i>.</u>	<input type="checkbox"/>	
	A. Log in to the <i>QualityNet Secure Portal</i> .	<input type="checkbox"/>	
	B. Select Run Reports from the “My Reports” drop-down menu.	<input type="checkbox"/>	
	C. Select IPFQR from the “Report Program” drop-down menu; then select Hospital Reporting – Feedback – IPFQR . Then, select View Reports .	<input type="checkbox"/>	
	D. Select Hospital Reporting – Inpatient Psychiatric Facility Participation Report .	<input type="checkbox"/>	
E. Select State (Facility State), Facility (Facility Name), Payment Year (2019), and Report Format (PDF).	<input type="checkbox"/>		
F. Click on the Run Report(s) button.	<input type="checkbox"/>		
G. Review your facility’s <i>Inpatient Psychiatric Facility Participation Report Provider Participation Report</i> to ensure that the following IPFQR Program administrative requirements have been met:	<input type="checkbox"/>		
<input type="checkbox"/> Active <i>QualityNet Security Administrator</i> – Should display “Yes.”			
<input type="checkbox"/> Notice of Participation (NOP) Date – A date will be displayed if the NOP is active.			
<p>NOTE: Please refer to the latest version of the IPFQR Program Reporting Program Manual located at the following websites for guidance on data submission processes and IPFQR Program requirements.</p> <ul style="list-style-type: none"> • <i>Quality Reporting Center</i>: IPFQR Program Resources and Tools • <i>QualityNet</i>: IPFQR Program Resources <p>For questions, contact the IPFQR Program Support Contractor at (866) 800-8765, (844) 472-4477, https://cms-ip.custhelp.com, or IPFQualityReporting@hcqis.org.</p>			