Guidelines for Using Release Notes

Release Notes Version 6.1 provides a high-level overview of changes to the *Inpatient Psychiatric Facility Quality Reporting Program Manual*. This Release Notes document is to be used as a reference and is not intended to be used to develop abstraction tools. Please refer to the *Inpatient Psychiatric Facility Quality Reporting Program Manual* for references to the complete and current technical specification and abstraction information.

These notes are organized to follow the Table of Contents in the *Inpatient Psychiatric Facility Quality Reporting Program Manual*. The headings are described below:

- **Impacts** – used to identify the impacted measures and portion(s) of the *Inpatient Psychiatric Facility Quality Reporting Program Manual* section (e.g., Measure Specifications, Appendix).
- **Rationale** – provided for the change being made.
- **Description of Changes** – used to identify the section within the document where the change occurs (e.g., Definition, Denominator Statement, Reporting Period).

TITLE PAGE – Inpatient Psychiatric Facility Quality Reporting Program Manual

Impacts: Title Page

Rationale: Updates the version number and the effective date to enable users to determine which Centers for Medicare & Medicaid Services (CMS) manual is relevant to the discharge period in question.

Description of Changes:

Changed the text below the document title to:
"**Version 6.1 – Publication date: December 18, 2020**
Effective date: January 1, 2021
(All data that are to be reported to CMS in calendar year 2022)"

Section 1 – Inpatient Psychiatric Facility Quality Reporting Program

Impacts: *QualityNet*

Rationale: Provides IPFQR Program stakeholders with a general statement differentiating between the *QualityNet* website and the Hospital Quality Reporting (HQR) system accessible through *QualityNet* as well as inform them of the updated URL for *QualityNet* webpages.

Description of Change:

Added the following sentences to the paragraph:

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"The Hospital Quality Reporting (HQR) system is an application-based system accessible through the *QualityNet* website that integrates several resources, tools, data submission/retrieval platforms, and secure communication interfaces designed to support CMS' quality reporting programs and initiatives.

Note that the URL for *QualityNet* webpages recently changed and have been updated throughout this document."

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Impacts: Glossary of Terms

Rationale: Provides the definition of a term used in the manual.

Description of Change:

Added the following term and definition:

Hospital Quality Reporting (HQR) system – An application-based system that includes data submission interfaces, data results, reporting tools, and administrative forms for providers and facilities (including Inpatient Psychiatric Facilities), as well as platforms for secure information exchange between providers, facilities, vendors, quality improvement organizations (QIOs), end-stage renal disease (ESRD) networks and facilities, and contractors supporting CMS' quality reporting programs and initiatives.

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Impacts: Proposed Rule and Final Rule Publication Site

Rationale: Provides updated information to ensure users can locate the latest IPF PPS final rule confirming that no changes were made to the IPFQR Program's requirements for the FY 2022 payment determination and subsequent years.

Description of Changes:

Added the following text at the bottom of the subsection: "The FY 2021 IPF PPS Final Rule was published on August 4, 2020. The rule confirmed that no changes were made to the IPFQR Program for the FY 2022 payment determination and subsequent years. Information for the IPFQR Program is on page 47043 (direct download, 2.96 MB): https://www.govinfo.gov/content/pkg/ FR-2020-08-04/pdf/2020-16990.pdf."

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Impacts: IPFQR Program Requirements

Rationale: Provides updated language to accurately reflect CMS' response to COVID-19.

Description of Change:

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Changes the paragraph under the CMS Response to COVID-19 sub-header to:

"On April 14, 2020, a communication was delivered via the IPFQR Program Listserve to provide additional information regarding CMS' response to the COVID-19 public health emergency. The Extraordinary Circumstances Exceptions (ECE) policy excepted IPFs from reporting to CMS all chart-abstracted measure and non-measure data collected for discharges that occur January 1, 2020 through June 30, 2020, to be reported during the summer 2021 reporting period for the FY 2022 payment determination. The COVID-19 ECE does not apply to data collected for discharges that occurred in 2019, to be submitted during the summer 2020 data submission period for FY 2021 payment determination. The one exception to this concerns the IMM-2 measure, for which IPFs may elect to only report data for the measure that are collected during the last quarter of 2019 and exclude IMM-2 data that are collected during the period of January 1, 2020–March 31, 2020 (Q1 2020). Also, for claims-based measures, CMS will not include data from discharges that occur from January 1–June 30, 2020 in its calculation of the measure rates. More details about the ECE policy are outlined in the COVID-19 memo found at the following link: https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf."

SECTION 2 – Measure Details

Impacts: Identifying the IPFQR Program Patient Population

Rationale: Provides updates to ensure users can identify the initial patient population for the Screening for Metabolic Disorders measure.

Description of Change:

Changed the third bulled under the Identifying the Initial Patient Population subheader on page 17 to:

• Screening for Metabolic Disorders measure IPP is the denominator.

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Impacts: Chart Abstraction

Rationale: Provides updates to ensure users can access appropriate specification resources for the IPFQR Program measures.

Description of Changes:

Removed the blue box on page 20 referring to the SUB-1 measure. It stated:

"In the FY 2019 IPF PPS Final Rule, the SUB-1 measure was removed from the IPFQR Program for FY 2020 and subsequent payment determination years. Therefore, IPFs

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discontinued reporting SUB-1 measure data to CMS starting with January 1, 2018 discharges. Refer to the algorithms in the Specifications Manual for Joint Commission National Quality Measures for guidance that will assist with the data collection process for the SUB-2/-2a and SUB-3/-3a measures."

Changed the text in the second paragraph on page 20 below the SUB-2: Alcohol Use Brief Intervention Provided or Offered and the subset SUB-2a: Alcohol Use Brief Intervention sub-header to:

"The SUB-2 numerator is defined as the number of patients who screened positive for unhealthy alcohol use who received or refused a brief intervention during the hospital stay. The SUB-2a numerator is defined as the number of patients who received a brief intervention. The denominator for the SUB-2 measure is the number of hospital inpatients 18 years of age and older who screen positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence). The SUB-2a denominator is the same as that of the SUB-2 measure, but excludes those who were screened with a non-validated tool within the first day of admission (by end of Day 1) and those not screened for alcohol use within the first day of admission (by end of Day 1) or unable to determine from medical record documentation. Both measures exclude patients who are less than 18 years of age, are cognitively impaired, patients who refused or were not screened for alcohol use during the hospital stay or have Comfort Measures Only documented. Exclusions based on LOS are determined using the current *Specifications Manual*."

Removed the blue box on page 21 referring to the TOB-1 measure. It stated:

"In the FY 2019 IPF PPS Final Rule, the TOB-1 measure was removed from the IPFQR Program for FY 2020 and subsequent payment determination years. Therefore, IPFs discontinued reporting TOB-1 measure data to CMS starting with January 1, 2018, discharges. Refer to the to the algorithms in the Specifications Manual for Joint Commission National Quality Measures for guidance that will assist with the data collection process for the TOB-2/-2a and TOB-3/-3a measures."

Changed the first sentence in the second paragraph under the TOB-2: Tobacco Use Treatment Provided or Offered and the subset TOB-2a: Tobacco Use Treatment on page 21 sub-header to:

"The overall rate, TOB-2, assesses patients identified as tobacco product users who receive or refuse practical counseling to quit and receive or refuse Food and Drug Administration (FDA)-approved cessation medications."

Changed the fourth paragraph under the TOB-2: Tobacco Use Treatment Provided or Offered and the subset TOB-2a: Tobacco Use Treatment sub-header on page 21 to:

"The **denominator** for the TOB-2 measure includes the number of hospitalized patients 18 years of age and older identified as current tobacco users. The TOB-2a denominator is the same as that of the TOB-2 measure but excludes those not screened for tobacco use within the first day of admission (by the end of Day 1) or unable to determine the patient's tobacco use status from medical record documentation. Both measures

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exclude patients who are less than 18 years of age, are cognitively impaired, are not current tobacco users, refused or were not screened for tobacco use during the hospital stay or have Comfort Measures Only documented. Exclusions based on LOS are determined using the current *Specifications Manual*."

Changed the first sentence under the TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and the subset TOB-3a: Tobacco Use Treatment at Discharge sub-header on page 22 to:

"The overall rate, TOB-3, assesses patients identified as tobacco product users who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication upon discharge."

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Impacts: Data Submission

Rationale: Provide IPFQR Program stakeholders with updates to the IPFQR Program Measure tables for the FY 2022 and FY 2023 payment determinations as well as instructions to submit data to CMS in the Next Generation Simple Data Entry tool.

Description of Changes:

Changed the first sentence under Data Submission to read, "The following tables list information pertinent to data submission for the FY 2022 and FY 2023 payment determinations."

Removed Table 4: IPFQR Program Measures for FY 2021 Payment Determination

Changed the title of Table 5: IPFQR Program Measures for FY 2022 Payment Determination to Table 4: IPFQR Program Measures for FY 2022 Payment Determination.

Changed the date in the Submission Period column of Table 4: IPFQR Program Measures for FY 2022 Payment Determination to: "July 1–August 16, 2021" starting on page 27 for all chart-abstracted measures.

Added the Table 5: IPFQR Program Measures for FY 2023 Payment Determination starting on page 28 and the following footnote at the bottom of the table on page 29:

"[4] 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."

Added text to step 9 under the Submission Information sub-header starting on page 30:

- "If you click the "Edit Measure" link for any of the data entry pages prior to the deadline you must ensure that you click the green "Save & Return" button followed by the blue "I'm ready to submit" button again, even if you do not make any changes to the data within those data entry pages.
- If you edit any of the data, be sure to also re-sign the DACA to acknowledge the accuracy and correctness of the edited data.
- Once the data are entered, you will have the option to export the data in PDF file as well as sign the data accuracy and correctness acknowledgement (DACA) form. Refer to Section 6: Data Accuracy and Correctness Acknowledgement for detailed instructions about submitting the DACA."

Added text above the sub-header ***SUB-2/-2a: Alcohol Use Brief Intervention Provided or Offered/Alcohol Use Brief Intervention*** on page 41:

Note: The new denominator statement for the SUB measures applicable for CY 2021 discharges will be updated in the SDE tool prior to the start of the data submission period in the summer of 2022.

Added text above the sub-header ***TOB-2/-2a: Tobacco Use Treatment Provided or Offered*** on page 42:

Note: The new denominator statement for the TOB measures applicable for CY 2021 discharges will be updated in the SDE tool prior to the start of the data submission period in the summer of 2022.

SECTION 6: Data Accuracy and Completeness Acknowledgement

Impacts: Data Accuracy and Completeness Acknowledgement

Rationale: Text and an image were added to provide IPFs with instructions to view the status of a Data Accuracy and Completeness Acknowledgement (DACA) form in the new Hospital Quality Reporting system.

Description of Changes:

Added and image and the following text following the bullets listed under step 5 on page 73:

6. To view a signed DACA, hover your mouse on the left side of the screen.
7. Select the "Administration" button at the bottom of the list and click on "DACA." You will be able to view, and, if needed, re-sign the DACA form.

Section 8 – Public Reporting of IPFQR Program Data

Impacts: Background

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Rationale: Provides information to users about the new public reporting websites.

Description of Change:

Changed text under the __Background__ sub-header to:

Section 1886(s)(4)(E) of the Social Security Act requires the Secretary of Health and Human Services to establish procedures for making the data submitted under the IPFQR Program available to the public.

CMS has made that data available to the public on *Hospital Compare* and *data.Medicare.gov*. CMS is replacing these two websites with successor websites *Medicare Care Compare* and *Provider Data Catalogue*, respectively. This IPFQR program manual will therefore refer to the new *Medicare Care Compare* and *Provider Data Catalogue* websites rather than the older legacy websites.

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Impacts: Preview

Rationale: Provides information to users about how to access data on the new public reporting websites.

Description of Change:

Changed text under the __Preview__ sub-header to:

Prior to the public release of data on CMS websites, facilities are given the opportunity to preview data for 30 days. Preview reports will be accessible for download by the facility via the Hospital Quality Reporting Public Reporting User Interface, and Claims-based measure (CBM) IPF-Specific Reports (ISRs) will be accessible for download by the facility via the Secure File Transfer function in the *QualityNet Secure Portal*. Providers will be notified via Listserve and on the *QualityNet* home page when the reports are available.

Preview Reports and ISRs are delivered separately although generally during the same timeframe. CBM results will be displayed in the same locations on the *Medicare Care Compare* and *Provider Data Catalogue* websites as the results for the remainder of the IPFQR program's measure data. Non-measure data are not publicly displayed on the *Medicare Care Compare* and *Provider Data Catalogue* websites.

Preview Report Content

The *Compare tool on Medicare.gov* Preview Help Guide: Inpatient Psychiatric Facility Quality Reporting Program is a tool that provides detailed information about the Preview Report. Some of the highlights include:
- An overview of public reporting for the IPFQR Program
- Instructions on how to access preview reports

- Details about the IPFQR preview report

In addition, a one-page quick reference guide is also available to provide an overview of how to access the Preview User Interface by logging into the Hospital Quality Reporting system as well as the content of the Preview Report content.

These are optional, informal tools that are currently available online on the following websites:

- *QualityNet* on the IPF Public Reporting page
- *Quality Reporting Center* on the IPFQR Program Resources and Tools page

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Impacts: *Medicare.gov Care Compare* Website

Rationale: Provides information to users about how to access data on the new public reporting websites.

Description of Change:

Removed text and images pertaining to the *Hospital Compare* and Data.Medicare.gov websites that followed the text in the ***IPF-Specific Reports (ISRs) for Claims-Based Measures*** sub-header:

Access and Compare IPFQR Program Data from up to Three Facilities in the *Hospital Compare* Pages
1. Access the Medicare *Hospital Compare* Search webpage (http://medicare.gov/hospitalcompare/search.html)

2. Use the "Find a hospital" function to search for list of facilities by entering ZIP code or City, State, or State information in the Location field and then click the Search button.

3. On the next page, select up to three hospitals to compare by clicking on the "Add to Compare" button. As each hospital is selected, it will appear in the Hospital Results box near the top of the page with a check mark next to it.

4. Once selections are complete, click the "Compare Now" button.

5. The "Compare Hospitals" page appears and will default to the General information tab, which provides a side-by-side overview of the selected hospitals. Click on the "Psychiatric unit services" tab to compare IPFQR Program measure results between the selected facilities.

6. In the "Psychiatric unit services" tab you will find 1) a brief introduction, 2) hyperlinks to additional information, and 3) expandable accordion categories of measure information.

Click the "Learn why these measures are important" hyperlink to see a table listing each quality measure, a description of what it is, and why it is important.

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Click the "Get more information about the data" hyperlink to review information about patients included in the measures, sources of the information, risk adjustment, significance testing, the IPF performance categories, and additional information.

Click the "Get the current data collection period" hyperlink to view a comprehensive list of measures that are included on the *Hospital Compare* website for the IPFQR Program and other quality reporting programs. The following is an image at the top of the webpage; however, psychiatric unit services data are listed approximately two-thirds down the page.

Access the Most Recently Reported IPFQR Program Data in the *Hospital Compare* Data Archive

1. Go to https://data.medicare.gov/data/hospital-compare to access the *Hospital Compare* datasets webpage.

2. Select "Psychiatric Unit Services" from the drop-down menu next to the words "in category" in the blue bar.

3. Data sets will appear for the Inpatient Psychiatric Facility Quality Measure Data 1) by Facility, 2) by State, and 3) National. To view facility-level data, select the hyperlink ending in "by Facility."

Sort Table Data within the *Hospital Compare* Website
In the new webpage, you will see the following:

- Overview
- About this Dataset
- What's in this Dataset?
- A list of the "Columns in this Dataset"
- Table Preview, where columns of data can be sorted in ascending or descending order

Download Tables for Further Analysis

The following instructions describe how to download the data set in CSV Excel format by Facility for further analysis; however, these instructions are also applicable for the State and National level data tables.

1. Select the **Export** button in the top right of the screen.

2. A menu of download options will appear. To sort and/or filter the dataset, we recommend downloading it as a CSV or CSV for Excel file.

View Facility-Level IPFQR Program Data

Listed below are instructions on how to view the numerator, denominator, and rate or percentage values of a measure(s) reported to the IPFQR Program by a specific IPF by CCN. The following instructions describe ways to review the data set in Microsoft Excel by Facility; however, these instructions are also applicable for the State and National level data tables.

1. Follow instructions listed above on how to download the dataset as a CSV or CSV for Excel file.

2. Open the file from Microsoft Excel. At this point, you may choose to save the file as a Microsoft Excel file using the naming convention of your choice.

3. Add filters to columns.
   a. Select columns all the way across from column A through the last column of data that you wish to review.

  b. Click the **Sort & Filter** button in the top Home menu.

  c. Select **Filter**.

4. View data for one or more specific IPFs, preserving all original data in the file.

  a. Click on the filter down arrow for Column A. A list of all CCNs will appear.

  b. Deselect the checkbox next to **Select All**.

  c. Click on the checkbox next to the CCN(s) of the IPF(s) you wish to view.

  d. Click **OK** and only data for the selected CCN(s) will appear. To view all data for all CCNs, go back to the filter for Column A and select the checkbox next to **Select All**.

5. View data for one or more specific IPFs, removing data for other facilities from the file.

  a. Right-click on the tab of the original data file.

  b. Select **Move** or **Copy**.

  c. Click on the checkbox next to "Create a copy" and click **OK**.

  d. Click on the filter down arrow for Column A in the copy version of the spreadsheet. A list of all CCNs will appear.

  e. Deselect the checkbox next to the CCN(s) of the IPF(s) you wish to keep

  f. Click **OK**.

  g. Highlight from Row 2 down to the last CCN listed in the file.

  h. Right click and select **Delete Row**.

  i. Click on the filter for Column and select the checkbox next to **Select All** to review the data for the remaining IPF(s) selected in step 5e.

6. View data for only one measure for providers in State X.

  a. Click on the filter in column E.

  b. Deselect **State X**.

  c. Highlight rows 2 through last row of data.

  d. Right click and select **Delete Row**.

  e. Click on the filter in column E.

  f. Select **State X**.

Access the Previously Reported IPFQR Program Data in the *Hospital Compare* Data Archive

1. Go to https://data.medicare.gov/data/hospital-compare to access the *Hospital Compare* datasets webpage.

2. Click the "GET ARCHIVED DATA" button.

3. A new window or tab will open, listing annual files by year. Each zip file contains Microsoft Excel Comma Separated Values (CSV) files for all data reported to the Data.Medicare.gov website.

  Notes:

- The most current zip file for a given year will include "Revised" in the file name.
- In the 2017 and prior annual files, the Excel file name for facility-level data will be listed as "HOSPITAL_QUARTERLY_IPFQR_MEASURES_HOSPITAL".
- In the 2018 and subsequent annual files, the Excel file name for facility-level data will be listed as "IPFQR_QualityMeasures_Facility".

Added text and images starting on page 86:

Medicare.gov Care Compare **Website**

Direct Link: https://www.medicare.gov/care-compare/

The following instructions describe how to navigate the *Care Compare* website to view, download, sort, and filter IPFQR Program data.

Access and Compare IPFQR Program Data from up to Three Facilities in the *Care Compare* Pages

1. Access the Medicare *Care Compare* Search webpage (http://medicare.gov/care-compare/).

2. There are two ways to search for a list of facilities.

    a. Use the search function by:

        i. Entering a ZIP code, or city (state options will auto-populate), or select "Use my current location" in the My Location field

        ii. Selecting a provider type from the drop-down menu

        iii. Entering keywords (optional), and

        iv. Clicking the Search button.

    b. Select a provider type by clicking on one of the icons below the main search tool.

        i. Click "Hospitals" to search for inpatient psychiatric facilities.

        ii. Enter a ZIP code or city (state options will auto-populate) or select "Use my current location" in the My Location field.

        iii. Click the Search button.

3. On the next page, select up to three hospitals to compare by clicking on the "Compare" button. As each hospital is selected, it will appear in the blue bar near the top of the page.

4. Once selections are complete, click the "Compare" button to the right of the selections in the blue bar near the top of the page.

5. The next page will display the selected hospitals in a row at the top and default to the Overview tab. Click on the "Psychiatric unit services" tab to compare IPFQR Program measure results between the selected facilities.

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6. In the "Psychiatric unit services" tab you will find 1) a brief introduction and 2) a table containing measure information. Scroll down the page to view measure descriptions and results for the selected providers in the "Psychiatric unit services" tab.

   - The left column of the table includes the measure description, indicator of whether higher or lower values are better, the national average for the measure, and the state average for the measure
   - The columns to the right show the results specific to the facilities selected for comparison
   - The statement "Not available [5]" indicates that the facility did not have results to report for this reporting period.

7. To learn more about and download hospital data click the link at the bottom of the page to access the data catalog on CMS.gov.

Find More Details About the IPFQR Program Measures in the Provider Data Catalogue

1. Go to https://data.cms.gov/provider-data/topics/hospitals to access the Provider Data Catalogue webpage for hospitals.

2. Scroll down to the "About this data" header and select "Psychiatric unit services."

3. The next page includes a menu of topics on the left side. On the right side, you will find a brief description of the IPFQR Program, a list of hyperlinks that align with the menu items on the left side of the page, a series of tables listing each quality measure, a description of what it is, and why it is important.

Access the Most Recently Reported IPFQR Program Data in the Provider Data Catalogue

1. Go to https://data.cms.gov/provider-data/search.

2. Type Inpatient Psychiatric Facility in the search field, and links to the facility, state, and national-level data will appear. Note that text highlighted in green indicates key words identified in the search field.

3. Select the hyperlink ending in "by Facility" to view facility-level data.

4. On the next page, you will see the following:

   - Overview
   - Dataset explorer
   - View topic details
   - The option to "Download this dataset" as a CSV file
   - The Hospital Compare Data Dictionary in PDF format

5. Click the "Download this dataset" link to download the facility-level data for further analysis. This process is also applicable for the State and National level data tables.

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View Facility-Level IPFQR Program Data

Listed below are instructions on how to view the numerator, denominator, and rate or percentage values of a measure(s) reported to the IPFQR Program by a specific IPF by CCN. The following instructions describe ways to review the data set in Microsoft Excel by Facility; however, these instructions are also applicable for the State and National level data tables.

1. Follow instructions listed above on how to download the dataset as a CSV or CSV for Excel file.

2. Open the file from Microsoft Excel. At this point, you may choose to save the file as a Microsoft Excel file using the naming convention of your choice.

3. Add filters to columns.

    a. Select columns all the way across from column A through the last column of data that you wish to review.

    b. Click the **Sort & Filter** button in the top Home menu.

    c. Select **Filter**.

4. View data for one or more specific IPFs, preserving all original data in the file.

    a. Click on the filter down arrow for Column A. A list of all CCNs will appear.

    b. Deselect the checkbox next to **Select All**.

    c. Click on the checkbox next to the CCN(s) of the IPF(s) you wish to view.

    d. Click **OK** and only data for the selected CCN(s) will appear. To view all data for all CCNs, go back to the filter for Column A and select the checkbox next to **Select All**.

5. View data for one or more specific IPFs, removing data for other facilities from the file.

    a. Right-click on the tab of the original data file.

    b. Select **Move** or **Copy**.

    c. Click on the checkbox next to "Create a copy" and click **OK**.

    d. Click on the filter down arrow for Column A in the copy version of the spreadsheet. A list of all CCNs will appear.

    e. Deselect the checkbox next to the CCN(s) of the IPF(s) you wish to keep

    f. Click **OK**.

    g. Highlight from Row 2 down to the last CCN listed in the file.

    h. Right click and select **Delete Row**.

    i. Click on the filter for Column and select the checkbox next to **Select All** to review the data for the remaining IPF(s) selected in step 5e.

6. View data for only one measure for providers in State X.

    a. Click on the filter in column E.

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b. Deselect **State X**.

c. Highlight rows 2 through last row of data.

d. Right click and select **Delete Row**.

e. Click on the filter in column E.

f. Select **State X**.

Access the Previously Reported IPFQR Program Data in the Provider Data Catalogue

1. Go to https://data.cms.gov/provider-data/archived-data/hospitals to access the *Provider Data Catalogue* Hospitals data archive webpage.

2. A new window or tab will open, listing annual files by year. Each zip file contains Microsoft Excel Comma Separated Values (CSV) files for all data reported to CMS.

   Notes:

   • The most current zip file for a given year will include "revised_flatfiles" in the file name.

   • In the 2017 and prior annual files, the Excel file name for facility-level data will be listed as "HOSPITAL_QUARTERLY_IPFQR_MEASURES_HOSPITAL".

   • In the 2018 and subsequent annual files, the Excel file name for facility-level data will be listed as "IPFQR_QualityMeasures_Facility".

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