## Guidelines for Using Release Notes

Release Notes Version 7.0 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 7.0 – Publication date: May 28, 2021**
**Effective date: January 1, 2022**
**(All data that are to be reported to CMS in calendar year 2023)**"

### Section 1 – Inpatient Psychiatric Facility Quality Reporting Program

**Impacts:** Glossary of Terms

**Rationale:** Provides clarification in the definition of terms used in the manual.

**Description of Change:**

**Changed** the following definitions:

**Contact Information for obtaining results of studies pending at discharge** – Health care professional or facility contact number at which patient can receive information on studies that were not concluded at discharge. This would be a contact at the discharging IPF, not a health care professional or site designated for follow-up care. Patient preference should be considered in sharing results of studies, including whether results should be provided on paper. If there is documentation in the transition record indicating that no tests are pending at discharge, then this will satisfy the element.

**Healthcare Quality Information System (HCQIS)** – The software network that supports a variety of services on the Hospital Quality Reporting system (Formerly the *QualityNet Secure Portal)*, including accounts needed to access the Hospital Quality Reporting system.

**HCQIS Access, Roles, and Profile (HARP) system** – The secure identity management portal authentication method used to log in to a number of CMS applications, including the Hospital Quality Reporting system (formerly the *QualityNet Secure Portal)*. It streamlines the login process to allow access to all CMS Quality organizations resources and tools within one login.

**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), and contractors supporting CMS' quality reporting programs and initiatives.

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**Impacts:** IPFQR Program Requirements

**Rationale:** Provides updated language to accurately reflect revisions to the first two IPFQR Program requirements .

**Description of Change:**

**Changed** the first requirement and first bullet as follows:

1. "Register for a HCQIS Access Roles and Profile (HARP) Security Administrator /Official (SA/O) account on the Getting Started with QualityNet webpage.
    - This step must be accomplished for each SA/O who will access the Hospital Quality Reporting (HQR) system.
    - Once registered, it is important that the SAs/Os maintain an active account by periodically logging into the system. CMS recommends that each IPF have at least two SA/Os, so one can serve as a backup.

**Changed** the second and third bullet under the second requirement as follows:

- An IPF NOP status of "Participating" must be in the Hospital Quality Reporting system by the annual August 15 deadline to meet the NOP requirement, unless directed otherwise via the IPFQR Program Listserve. Once a participation status is selected, the status automatically carries over year after year.
- Any eligible IPF that chooses not to participate in the program should contact the IPFQR Program Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Project Lead by emailing IPFQualityReporting@hsag.com.

**Removed** the following text at the end of the second bullet under the third requirement: "See next bullet for more information."

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**Impacts:** IPFQR Program Requirements

**Rationale:** Removed language regarding CMS' response to COVID-19 because it is not relevant to the reporting periods addressed in this version of manual.

**Description of Change:**

**Removed** the following text:

**"CMS Response to COVID-19**

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:** Table 1: Specification Resources for IPFQR Program Measures

**Rationale**: Provides updated URL to access the PDF for the Transition Record measures' specifications.

**Description of Change**:

**Changed** the URL of the *Care Transitions – Performance Measures Set* to:

Care Transitions – Performance Measures Set

**Removed** reference to "(*American Medical Association [AMA] – convened Physician Consortium for Performance Improvement® [PCPI]"* in the second row of Table 1.

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**Impacts:** Identifying the IPFQR Program Patient Population

**Rationale**: Provides updated URL to access the PDF for the transition record measures' specifications.

**Description of Change**:

**Changed** the URL of the *Care Transitions – Performance Measures Set* under the **Identifying the Initial Patient Population** sub-header to:

Care Transitions – Performance Measures Set

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**Impacts:** Chart Abstraction

**Rationale**: Provides updates to accurately reflect the transition from the *QualityNet Secure Portal* to the Hospital Quality Reporting system.

**Description of Changes**:

**Changed** "*QualityNet Secure Portal*" to "Hospital Quality Reporting system" under the **Chart Abstraction** sub-header and throughout the remainder of the document.

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**Impacts:** Chart-Based Measures: SUB, TOB, IMM-2, Transition Record, and Screening for Metabolic Disorders Measures

**Rationale**: Provides updates to accurately reflect the transition from the *QualityNet Secure Portal* to the Hospital Quality Reporting system.

**Removed** the word "located" from the last sentence in the last paragraph in the **HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification** sub-header.

**Changed** the last paragraph below the **Timely Transmission of Transition Record** sub-header to reflect the correct link to the measure specifications for the Transition Record measures:

"Please refer to the definitions provided in the Glossary of Terms section of this manual for additional guidance pertaining to the required elements for the Transition Record measures. For measure information, please refer to the measure specifications for the Transition Record of Specified Elements Received by Discharged Patients (NQF #0647) and Timely Transmission of Transition Record (NQF #0648) measures, which can be downloaded from the following website: https://qualitynet.cms.gov/files/602d8a8b6bb42a002559574e?filename=AMA_PCPI_Care_Transitions_2016.pdf."

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**Impacts:** Claims-Based Measures

**Rationale**: Provides clarification regarding measure counting discharges rather than patients.

**Changed** the first sentence in the first paragraph under the **Claims-Based Measure: 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)** sub-header to:

"This measure estimates an unplanned, 30-day, risk-standardized readmission rate for adult Medicare FFS patient discharges from an IPF with a principal discharge diagnosis of a psychiatric disorder or dementia/Alzheimer's disease."

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**Impacts:** Data Submission

**Rationale**: Provide IPFQR Program stakeholders with updates to the IPFQR Program Measure tables for the FY 2023 and FY 2024 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 2023 and FY 2024 payment determinations."

**Changed** the title of Table 4 to: **"**Table 4: IPFQR Program Measures for FY 2023 Payment Determination" and removed all footnotes.

**Changed** the date in the Reporting Period column of Table 4: IPFQR Program Measures for FY 2023 Payment Determination to: January 1–December 31, 2021" for all chart-abstracted measures, except the IMM-2 measure, which was changed to October 1, 2021–March 31, 2022.

**Changed** the date in the Reporting Period column of Table 4: IPFQR Program Measures for FY 2023 Payment Determination to: “July 1, 2020–June 30, 2021” for the FUH: Follow-Up After Hospitalization for Mental Illness measure.

**Changed** the date in the Reporting Period column of Table 4: IPFQR Program Measures for FY 2023 Payment Determination to: “July 1, 2019–June 30, 2021” for the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF and Medication Continuation Following Inpatient Psychiatric Discharge measures.

**Changed** the date in the Submission Period column of Table 4: IPFQR Program Measures for FY 2023 Payment Determination to: “July 1–August 15, 2022” for all chart-abstracted measures.

**Removed** footnotes from Table 4: IPFQR Program Measures for FY 2023 Payment Determination.

**Added** a footnote for the IMM-2 measure that states the following:

“[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.”

**Added** a footnote for the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF and the Medication Continuation Following Inpatient Psychiatric Discharge measures that states the following:

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

**Changed** the title of Table 5 to: “Table 5: IPFQR Program Measures for FY 2024 Payment Determination.”

**Changed** the date in the Reporting Period column of Table 5: IPFQR Program Measures for FY 2024 Payment Determination to: January 1–December 31, 2022” for all chart-abstracted measures, except the IMM-2 measure, which was changed to October 1, 2022–March 31, 2023.

**Changed** the date in the Reporting Period column of Table 5: IPFQR Program Measures for FY 2024 Payment Determination to: “July 1, 2021–June 30, 2022” for the FUH: Follow-Up After Hospitalization for Mental Illness measure.

**Changed** the date in the Reporting Period column of Table 5: IPFQR Program Measures for FY 2024 Payment Determination to: “July 1, 2020–June 30, 2022” for the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF and Medication Continuation Following Inpatient Psychiatric Discharge measures.

**Changed** the date in the Submission Period column of Table 5: IPFQR Program Measures for FY 2024 Payment Determination to: “July 1–August 15, 2023” for all chart-abstracted measures.

**Removed** footnotes from Table 5: IPFQR Program Measures for FY 2024 Payment Determination.

**Added** a footnote for the table title that states the following:

“[3]Measures for FY 2024 payment determination are subject to change. Information in this table is current as of the publication date for this manual.”

**Added** a footnote for the IMM-2 measure that states the following:

“[4] 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.”

**Changed** text in the first sentence in the first paragraph under the ***Submission for Non-Measure Data/Population Counts*** sub-header to: “CMS requires IPFs to report non-measure data as an aggregate, yearly count.”

**Changed** the second paragraph under the ***Submission for Non-Measure Data/Population Counts*** sub-header to:

“IPFs are no longer required to acknowledge whether they used the global sampling methodology (described on page 17 of this program manual) to sample any of the applicable measures collected for submission starting with calendar year 2022 discharges, which will be reported to CMS during the summer 2023 data submission period.”

**Changed** the statement under instruction 1.e. under the ***Submission Information*** sub-header to: “Once logged in, you will see the HQR landing page.”

**Changed** the step 2 under the ***Submission Information*** sub-header to:

2. “Hover your mouse on the left side of the screen to expand the menu options and select “Data Submissions”.

**Removed** the original step 3 under the ***Submission Information*** sub-header quoted below, thus shifting the number of the remaining instructions up by one:

3. Click the “**Data Entry**” button.

## SECTION 3: HCQIS Access Roles and Profile (HARP) Registration

**Impacts:** HARP registration process

**Rationale:** New text and images were added to provide IPFs with instructions to register for a HARP account as a Security Administrator/Official or User in the Hospital Quality Reporting system.

**Description of Changes:**

**Changed** the title of Section 3 from "Section 3: *QualityNet* Registration" to "Section 3: HCQIS Access Roles and Profile (HARP) Registration"

**Changed** all references to the former "*QualityNet Secure Portal*" to "Hospital Quality Reporting system".

**Changed** first sentence under Section 3 to read: "To participate and submit data for reporting in the IPFQR Program, facilities must obtain a HCQIS Access Roles and Profile (HARP) user account and register with the *QualityNet* Hospital Quality Reporting system."

**Changed** introduction to instructions to read: "To register for a HARP account as a Security Administrator/ Official:"

**Changed** instructions to register for a HARP account as a Security Administrator/Official to:

1. "Access the *QualityNet* website located at http://qualitynet.cms.gov from your web browser.
2. Click the **Register** button on the top right of the homepage. The Getting Started with *QualityNet*/Registering for HARP page appears.
   The Registering for HARP page contains a table of resources, including a user guide, frequently asked questions document, and training videos.
3. Click on the "I am an HQR user" link on the left side of the page.
4. Scroll down the page and complete the steps to register for access to the HQR system as a Security Administrator/Official."

**Changed** the first sub-header to **Security Administrator/Official**.

**Changed** the first sentence under the **Security Administrator/Official** sub-header to:

"The IPFQR Program requires the facility to have at least one active Security Administrator/Official in the HQR system."

**Changed** the first two sentences in the blue box under the **Security Administrator/Official** sub-header to:

"**Best Practice:** We recommend facilities designate a minimum of two Security Administrators/Officials (SA/Os) in the HQR system, one to serve as the primary SA/O and the other to serve as the alternate SA/O. To keep the facility's account active, your SA/O should sign in at least once a month."

**Changed** the next sub-header to ***Security Administrator/Official Responsibilities***

**Changed** the text below the ***Security Administrator/Official Responsibilities*** sub-header to:

"The Security Administrator/Official has the following responsibilities:

- Approve, edit, deny, suspend, and/or remove Basic User permissions
- Monitor HQR system usage at the IPF to ensure security and confidentiality is maintained
- Serve as a point of contact for information regarding the HQR system"

**Added** the next sub-header and text as follows:

"***Security Administrator/Official Tasks***

The Security Administrator/Official has all the permissions necessary to complete the following tasks:

- Access reports
- Authorize vendors to submit data
- Manage measures
- Manage security
- Submit and make changes to the Notice of Participation
- View/edit online forms

**Changed** the next sub-header from **Non-Administrative User** to **Basic User**

**Changed** the text below the **Basic User** sub-header to:

"Any user not designated as a Security Administrator/ Official in the HQR system is considered a Basic User. If assigned the appropriate permissions, the user may perform one or more of the following tasks listed above.

***Basic User Permissions***

For the IPFQR Program, there are two types of user permissions that may be assigned. Those permissions are "View" or "Upload/Edit." The "Upload/Edit" role allows the user to edit information within the application, whereas the "View" role allows the user to read the information only. Below is a list of permissions that a Security Administrator/Official may assign to a Basic User account, via the Access Management option under **Administration** in the navigation menu.

- **Data Submissions** – DACA; Web-Based Measures
- **Submission Results** – Web-Based Measures
- **Program Results** – Public Reporting
- **Authorizations** – Auto-Route (IPFQR); Managed File Transfer (MFT); Notice of Participation and Vendor Management

**Removed** the following text and associated images.

## "**Completing the *QualityNet* Registration Form**

When completing the *QualityNet* Registration form, print the information legibly and completely in each of the applicable fields. For the "Specify Setting" section, check the Inpatient Psychiatric Facility box.

Sign and date the ***QualityNet* Security Administrator Registration Form** in the presence of a Notary Public, obtaining the Notary's stamp and seal on the form. Even though not all states require the stamp or seal of the notary, it is a requirement for *QualityNet*.

Have the highest-level executive at your location complete and sign the ***QualityNet* Security Administrator Executive Authorization Form.** Depending on the facility, this may be the Chief Executive Officer, Administrator, Medical Director, or other similar position.

Refer to the information below for mailing instructions of the original, completed ***QualityNet* Security Administrator Registration Form** and the ***QualityNet* Security Administrator Executive Authorization Form**. Photocopies or faxes of the forms will not be accepted. The facility should retain a copy of all forms for their records.

**Mail the original completed form (not a copy) to the *QualityNet* Help Desk at this address:**

*QualityNet* Help Desk
12000 Ridgemont Drive
Urbandale, IA 50323-2317

For questions regarding the *QualityNet* Registration Form, contact:

*QualityNet* Help Desk
Monday through Friday
7:00 a.m. to 7:00 p.m. Central Time
E-mail: QualityNet-Registration-Submission@hcqis.org
Phone: (866) 288-8912
TTY: (877) 715-6222

### Activating the Security Administrator/Security Official Account

Once the *QualityNet* Registration Forms are processed by *QualityNet*, the approved Security Administrator(s)/Security Official(s) will receive an email notification with the individual assigned username and a temporary password.

To begin account activation:

1. Access the QualityNet website located at http://qualitynet.cms.gov from your web browser.
2. Click either the Log into Secure Portal button located in the top right corner of the webpage or the Log Into QualityNet Secure Portal button located on the left side of the webpage.
3. The Choose Your QualityNet Destination page will open. From the Select Your QualityNet Destination drop-down menu, select Hospital Quality Reporting from the drop-down menu and click the Let's Go button.
4. Select the Start/Complete New User Enrollment link in the yellow box. (Do not enter information in the fields under Log In to QualityNet.)
5. Enter the individual assigned username and a temporary password provided via the email notification in the required fields and click the SUBMIT button.
6. Follow the instructions to establish a new password.

   **Note:** After the password is established, the user must complete the enrollment to obtain access to the *QualityNet Secure Portal*. This establishes access to the web-based Notice of Participation (NOP), Web-Based Measures, Data Accuracy and Completeness Acknowledgement (DACA) applications, and IPFQR Program reports.

### *QualityNet Secure Portal* Access

Before logging in to *QualityNet Secure Portal* for the first time, a user must complete the New User Enrollment Process. The prerequisites for this process are:

- A completed QualityNet Registration
- Receipt of the applicable user roles assigned by your facility security administrator
- A Symantec VeriSign ID Protection (VIP) multifactor credential application in order to obtain VeriSign, an authentication service that enables secure access to networks and applications.

To download the multifactor authentication application to a PC or tablet:

1. Access the QualityNet website located at http://qualitynet.cms.gov from your web browser.
2. Click the Register button on the top right of the homepage. The Getting Started with QualityNet page appears.
3. Select the "New User Enrollment" tab from the menu on the left side of the page and complete step 1 to download the Symantec VIP Access Desktop application. The Symantec VeriSign ID Protection web page will appear.
4. Select the download option that is appropriate to the device being used, either for Windows® or Mac®.

   **Note:** It may be necessary to consult with your IT department before downloading the VeriSign ID to the PC due to system firewalls or other restrictions.
   Once the Symantec multifactor authentication application download is on the computer, users are ready to access the QualityNet Secure Portal.

5. Access the QualityNet Secure Portal from the http://qualitynet.cms.gov website by clicking either the Log into Secure Portal button located in the top right corner of the webpage or the Log into QualityNet Secure Portal button located on the left side of the webpage.
6. The Choose Your QualityNet Destination page will open. From the Select Your QualityNet Destination drop-down menu, select Hospital Quality Reporting then the Let's Go button.
7. The Log In to QualityNet window appears.
   Each IPFQR user must complete the authenticating (proofing), required by the Federal Information Security Management Act (FISMA), for accessing government systems.
8. Select the link Start/Complete New User Enrollment on the login page to begin the enrollment process.
   The *QualityNet Starting and Completing New User Enrollment* page appears.
9. Enter your User ID and Password and select Submit.
10. Follow the instructions for the enrollment process described in the following sections.

## *Verifying Identity*

To verify a user's identity:

1. Access the QualityNet Starting and Completing New User Enrollment page and Log In. The Verify Identity page appears.
2. Enter the required information within each field on the screen.
   A Social Security number is required for users residing within the United States. A Social Security number is considered the most available source of identification that can be verified, as not all users have a driver's license or passport. When a user enters a Social Security number, the screen displays hash marks instead of numbers to protect privacy.

   **Note**: You must enter your personal street address, NOT your associated facility's address.

   CMS is aware of the privacy concerns regarding disclosure of personal data, including social security numbers. CMS is collecting the Personally Identifiable Information (PII) on this screen and on the identity question screen to verify identity only. Verifying a user's identity meets the National Institute of Standards and Technology (NIST) and the Federal Information Security Management Act (FISMA) requirements.

   FISMA was passed as Title III of the E-Government Act (Public Law 107–347) in December 2002. FISMA requires each federal agency to develop, document, and implement an agency-wide program to provide information security for the information and information systems that support the operations and assets of the agency, including those provided or managed by another agency, contractor, or other source.

This Act assigned NIST the responsibility to develop standards to be used by federal agencies to categorize information and information systems based on the objectives of providing appropriate levels of information security according to a range of risk levels.

CMS is complying with the NIST standards by verifying a user's identity using Experian's Precise ID platform (an external authentication service provider). To maintain the privacy of users, Social Security numbers will be masked and encrypted during this transaction to ensure it is secure. Other than a name, none of the PII data collected in this process is retained by CMS.

3. Once the required fields have been entered, check the privacy statement, and click Submit. The screen will display a message stating that the information has been sent to Experian and will instruct the user to wait as the information is being processed.

   A set of questions will appear that will need to be answered. Example questions may be downloaded from the User Guide located on *QualityNet*. Typical types of identity proofing questions include:

   - Verification of where you have lived (street address, city, and state)
   - Verification of the type of car you own or have leased (color, make, license plate number)
   - Verification of banking institutes that you may have used for banking or various types of loans
   - Verification of phone numbers (home and cell)
   - Verification of education completed
   - Verification of where you have been employed
   - Verification of dates associated with any of the above activities

4. Answer the identity challenge questions, and then select Submit. Once a user has completed the identity proofing questions correctly, the verification will display on the computer screen indicating successful completion of the CMS identity proofing.

   If the questions are not answered accurately or if there is an alert on the credit report due to identity theft, the user will be prompted to call Experian to complete telephone verification.

   A phone number will appear on the screen. If unsuccessful during the telephone verification, the user will be referred to the facility's Security Administrator/Security Official to complete a face-to-face verification.

   **Note**: An individual user must have attempted both the online and telephone verification before a face-to-face verification can be done.

## *Enrolling the Credentials*

To enroll credentials, access the *Enroll Your Two-Factor Credential with QualityNet* page. After, entering identity questions, the penultimate step is to *Enroll Your Credentials*.

Steps for enrolling the credentials are as follows:

1. Access the previously downloaded Symantec VIP Application from your desktop. The Symantec VIP window appears.
2. Enter the credential ID number in the first field.
3. Enter a security code within the 30-second freshness period.

**Note:** A counter will display a countdown of the seconds from 30 until the next code displays. The security code may be typed in the field or copied and pasted into the Security Code field.

4. Select Submit."

**Changed** the ***Logging in to the QualityNet Secure Portal*** sub-header to ***Logging in to the Hospital Quality Reporting System***

**Changed** the following steps under the ***Logging in to the Hospital Quality Reporting System*** sub-header:

3. "Select an option for two-factor authentication to be sent to verify your account and click "Next". The device option(s) was setup when you registered for your HARP account (e.g., email, SMS text number, voice).
4. Enter the code to received and click "Continue."
5. Read and scroll to the bottom of the Terms & Conditions then click on "Accept" Once logged in, you will be taken to the "Hospital Quality Reporting: My Tasks" dashboard of the Hospital Quality Reporting system page.

   The content of the dashboard page includes helpful general information and announcements about the HQR system.

6. Use the navigation options on the left side of the screen to access any of the tasks assigned to your account. Hover over the icon in the lower left corner of the page to lock the navigation menu.

   If you have a Security Administrator/Official account, then you have access to all of the tasks listed below:

   - Data Submissions – DACA, Web-Based Measures
   - Submission Results – Web-Based Measures
   - Program Results – Public Reporting
   - Authorizations – Auto-Route, Managed File Transfer (MFT), Notice of Participation, Vendor Management

If you have a Basic User account, then you have access to the tasks that were assigned to you by your facility's Security Administrator/Official."

## SECTION 4: Notice of Participation

**Impacts:** Notice of Participation

**Rationale:** Text and images were changed to provide IPFs with instructions regarding how to complete the IPFQR Program Notice of Participation (NOP) in the new Hospital Quality Reporting system.

**Description of Changes:**

**Changed** the location of the section to immediately follow Section 3: HCQIS Access Roles and Profile (HARP) Registration.

**Changed** the name of the section from Section 5: Notice of Participation to Section 4: Notice of Participation.

**Changed** the last sentence in the third paragraph to:

"For example, IPFs must ensure that the NOP status is "Participating" by August 15, 2022, to meet the NOP requirement for the FY 2023 payment determination."

**Changed** the sub-header from **Notice of Participation Application** to **Notice of Participation Agreement**.

Changed images and text below the **Notice of Participation Agreement** sub-header to:

"To access the online NOP agreement:

1. Ensure that you have the appropriate permissions to access the IPFQR Program NOP.

   If you have a Security Administrator/Official account for your IPF, then you will have access to the IPFQR NOP agreement.

   If you have a Basic User account for your IPF, then you must request Upload/Edit permissions from the Security Administrator/Official at your facility.

2. Log in to the Hospital Quality Reporting system. (See instructions on pages 50–53).
3. Select **Administration** then Notice of Participation from the menu.

   If your facility participates in more than one quality reporting program, as shown in the example below, then you will have the option to view each program's Notice of Participation.

4. Click the “View” button on the IPFQR row. If you choose to participate in the IPFQR Program, you will first have to enter the name and contact information for at least two contacts at your facility who will be notified of any updates that occur with the IPFQR Program NOP.
5. On the next webpage, click on the “Manage Contacts” link in the last column of the table.
6. Click on the blue “Add Contact” button and a new window will appear.
7. Enter and submit information in the required fields for at least two contacts who will receive notifications of any pledge changes.
8. Click Edit to revise or delete an existing contact.
9. Return to the previous page by clicking the blue “< IPFQR Notice of Participation” link at the top left of the page.
10. Next, click on the plus sign next to “Notice of Participation Not Pledged” and the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Notice of Participation Agreement will appear.
11. Review the NOP agreement.

    - Your facility’s CCN will auto-populate.
    - You will have three pledge options from which to choose:
      - Agree to participate
      - Do not agree to participate
      - Request to be withdrawn from participation

12. Select the desired pledge option and the acknowledgement check box. A window will appear asking you to confirm that you wish to submit the NOP.
13. Click the “Submit” button to confirm, save, and submit the IPFQR Program NOP, or click “Cancel” to return back to the pledge page.

    Once your facility participates in the IPFQR Program, a summary table will be created to track and carry forward the facility’s participation status annually, until a change is made to the NOP (e.g., withdrawn or not participating).

    As a reminder, once a facility has agreed to participate, they remain a program participant until they log in and select the option to not participate or withdraw.”

## SECTION 5: Vendor Management

**Impacts:** Vendor Management

**Rationale:** Text and images were changed to provide IPFs with instructions regarding the vendor management process in the new Hospital Quality Reporting system.

**Description of Changes:**

**Changed** the location of this section of the manual to immediately follow Section 4: Notice of Participation.

**Changed** the name of the section from “Section 4: Vendor Authorization” to “Section 5: Vendor Management”.

**Changed** images and the text below “Section 5: Vendor Management” to:

“Facilities may elect to use a vendor to collect and submit data on their behalf. A vendor must have an assigned vendor ID before the IPF authorizes the vendor to submit data or to have access to the facility’s data and/or reports.

To register as a new vendor, the vendor may submit an email request to the *QualityNet* Support Team at qnetsupport@hcqis.org.

**Note:** IPFs may authorize a vendor to submit data on behalf of the facility. However, CMS maintains that **an IPF is responsible for ALL data submission, even when contracting with a vendor**.

A representative from the IPF must have the Vendor Management permission to access the **Vendor Management** link in the HQR system.

1. Log in to the Hospital Quality Reporting system (see instructions on pages 50-53).
2. Select **Administration** then Vendor Management from the menu.
   The Vendor Management page will display all the vendors associated with the IPF in the “Your Vendors” tab.

**Add a Vendor**

1. Click the “Add Vendor” button and a search window will appear.
2. Type the name of the vendor in the search field. As you type a word a list of vendors with that name will appear along with the associated vendor ID.

   If the vendor does not appear on the list, contact the vendor to ensure that you have the correct name and vendor ID.

   As stated above, to register as a new vendor, the vendor may submit an email request to the QualityNet Support Team at qnetsupport@hcqis.org

3. Select the vendor from the list and the following window will appear listing options for you to assign permissions to the vendor.

   The remaining instructions are specific to the Data Submissions – Web-Based Measures permissions, which are also applicable for the Submission Results – Web-Based Measures permissions.

4. Click the “Add” button under Data Submissions – Web-Based Measures to update permissions and the following window will appear.

5. Click the next “Add” button, as shown in the image below, to view/select options.

The following window appears showing that the vendor does not currently have permissions pertaining to data submission for the web-based measures.

6. Select “Upload / Edit” and then complete all required fields.
   In the Discharge Quarters section, click the box next to “Do not include an end date” if you wish to grant the vendor authorization to submit data pertaining to all quarters and years after the selected start quarter and year.

   In the Submission Date section, click the box next to “Do not include an end date” if you wish to grant the vendor authorization to submit data indefinitely.
   If there is another vendor with permissions that overlap with the selected vendor’s discharge quarters, it will be stated in red text.

   You will be able to proceed but will need to verify that the dates entered are correct, per the acknowledgment statement that will appear above the greyed out “Confirm” button.

7. Click the box next to the acknowledgement statement and click “Confirm.”

8. Click the “Apply & Close” button in the new window that opens.

   The image below shows the updated “Web-Based Measures” section under Data Submissions.

9. Hover over the WBSM in italics to view the selections.

10. Click the “Save & Close” button to confirm and return to the Vendor Management landing page. A notification will appear at the top of the page to indicate that the vendor permission was created/update.

## Change an Active Vendor’s Access

If you need to make any changes to an active vendor’s access, then you have a few options from which to choose.

1. On the main Vendor Management page, click on the three vertical dots on the row of the vendor you wish to update.
2. Select one of the following options from the short menu that appears:

   - Edit Access: Choose this option to revise the vendor’s access to the facility’s data and reports.
   - Suspend Access: Choose this option to retain but pause the vendor’s existing access until the IPF choses to resume or remove the vendor’s permissions. If the IPF chooses to resume the vendor’s access, after it has been suspended, then you must click on the three vertical dots on the row of the vendor you wish to update and select “Resume Access”

- Remove: Choose this option to eliminate a vendor's access. Note that the vendor's access can only be reinstated for the IPF if the vendor is added via the **Add a Vendor** instructions above

**Recommendations**

Do not enter end dates unless it is known that a specific vendor will not submit data after the specified end dates or if you are converting from one CMS Certification Number (CCN) to a new CCN.

If you are terminating a vendor relationship at the end of a submission period, CMS recommends that you do not enter the submission deadline date as the last date the vendor can submit data may precede the data submission deadline due to the possibility of a submission date extension. CMS recommends that you enter the Submission Date End Date when all data have been transmitted."

## SECTION 6: Data Accuracy and Completeness Acknowledgement

**Impacts:** Data Accuracy and Completeness Acknowledgement

**Rationale:** Revised text to provide IPFs guidance that aligns with the Hospital Quality Reporting system.

**Description of Changes:**

**Changed** all references to the former "*QualityNet Secure Portal*" to "Hospital Quality Reporting system".

**Changed** steps 1.b.ii. and 2. in the DACA completion process to:

"ii. Hover your mouse on the left side of the screen to expand the menu options and click on **Data Submissions**.

At the top of the Data Submissions page, a blue banner indicates the DACA needs to be signed.

2. Review the data for accuracy and completeness and then click the "Sign" button to view and sign the DACA."

## SECTION 7: Accessing and Reviewing Reports

**Impacts:** Accessing and Reviewing Reports

**Rationale:** Revised text to provide IPFs guidance that aligns with the Hospital Quality Reporting system.

**Description of Changes:**

**Changed** all references to the former "*QualityNet Secure Portal*" to Hospital Quality Reporting system.

**Changed** the steps following the third paragraph to:

1. "Check QualityNet SA/O status.
   - Ensure that the SA/O at your IPF logs in to the Hospital Quality Reporting system at least once during the data submission period
   - If SA status has lapsed, call the QualityNet Help Desk at (866) 288-8912 for assistance.
2. Check NOP.
   - Refer to instructions provided in Section 5 – Notice of Participation of this manual to ensure the IPFQR Program NOP status is "Participating.".
3. Check accuracy of data.
   - Review the exported PDF data report against facility data.
4. Check DACA.
   - Ensure that DACA status is complete in Hospital Quality Reporting system based on instructions provided in Section 6 – Data Accuracy and Completeness Acknowledgement of this manual.

## Section 8 – Public Reporting of IPFQR Program Data

**Impacts:** Preview

**Rationale:** Revised text to provide IPFs guidance that aligns with the Hospital Quality Reporting system.

**Description of Change:**

**Changed** text in the second sentence in the paragraph below the **Preview** sub-header to:

"Preview reports will be accessible for download by the facility via the Hospital Quality Reporting Public Reporting User Interface. Claims-based measure (CBM) IPF-Specific Reports (ISRs) will be accessible for download by the facility via the Managed File Transfer function in the Hospital Quality Reporting system."

**Changed** text in the first sentence below the **Preview Report Content** sub-header to:

"The Inpatient Psychiatric Facility Public Reporting Preview Help Guide provides detailed information about the Preview Report."

**Changed** text in the third sentence below the **Preview Report Content** sub-header to:

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

**Changed** the second sub-header below **Medicare.gov *Care Compare* Website** to "**Access and Compare IPFQR Program Data for up to Three Facilities in *Care Compare***"

**Changed** the first two sentences below the **Access the Previously Reported IPFQR Program Data in the *Provider Data Catalogue* Hospitals Data Archive** to:

"1. Go to https://data.cms.gov/provider-data/archived-data/hospitals to access the Provider Data Catalogue Hospitals data archive webpage, which lists files grouped by year.
2. Select the zip file of choice to download it to your computer."

## Section 9 – Resources

**Impacts:** Specifications Manuals for Chart-Based Measures

**Rationale:** Revised URL to provide IPFs access to the PDF version of the *Care Transitions – Performance Measurement Set* specifications for the Transition Record measures.

**Description of Change:**

**Changed** the URL below the sentence under the ***Care Transitions – Performance Measurement Set*** sub-header to:

"https://qualitynet.cms.gov/files/602d8a8b6bb42a002559574e?filename=AMA_PCPI_Care_Transitions_2016.pdf"

## Appendix B: Screening for Metabolic Disorders

**Impacts:** Data Element Name: Admission Date

**Rationale:** Provide IPFQR Program stakeholders with an example that includes dates within the reporting period.

**Description of Change:**

**Changed** the example in the third bullet in the Notes for Abstraction to:

"Medical record documentation reflects that the patient was admitted to observation on 04/05/2020. On 04/06/2020, the physician writes an order to admit to inpatient psychiatric care, effective 04/05/2020. The Admission Date would be abstracted as

04/06/2020; the date the determination was made to admit to inpatient psychiatric care and the order was written."

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**Impacts:** Data Element Name: Blood Glucose

**Rationale**: Provide IPFQR Program stakeholders with clarifying language to abstract for the data element.

**Description of Changes**:

**Added** the following sentence to the end of the first bullet under the **Notes for Abstraction**: "Fasting is not required for an HbA1c."

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**Impacts:** Data Element Name: Discharge Disposition

**Rationale**: Provide IPFQR Program stakeholders with an example that includes dates within the reporting period.

**Description of Change:**

**Changed** the example in the first bullet in the Notes for Abstraction to:

"Documentation in the Discharge Planning notes on 04/01/2020 state that the patient will be discharged back home. On 04/06/2020, the physician orders and nursing discharge notes on the day of discharge reflect that the patient was being transferred to skilled care. The documentation from 04/06/2020 would be used to select value "5" (Other Health Care Facility)."