



Criteria to Identify Questionable FY 2022 Measure and Non-Measure Data for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

The following criteria are provided to help IPFs identify measure data that may have been entered in error, may be invalid, or may exceed normal parameters by the August 16, 2021 deadline for fiscal year (FY) 2022 payment determination. If you find that your data meet one or more of the criteria listed below, the CMS strongly recommends that you recheck the data for accuracy.


The criteria for identifying questionable **HBIPS-2** and **HBIPS-3** measure data include the following:

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- Denominator values that are different from one another (i.e., not equal to the number of psychiatric inpatient days)
 - Denominator values that are less than the Total Annual Discharges reported for the IPF
 - Denominator values that are accidentally multiplied by 24, resulting in a value that represents patient-hours instead of patient-days
 - Denominator values that are significantly different from previous years' submission
 - Denominator values that are mistakenly reported as the number of days in a calendar year
 - Denominator values that exceed 365 times the total number of beds at the IPF
 - The calculated **HBIPS-2** measure values should not equal or exceed five (5) hours per 1,000 patient hours of care.
 - The calculated **HBIPS-3** measure values should not equal or exceed four (4) hours per 1,000 patient hours of care.


Criteria for the **HBIPS-5, SUB-2/-2a, SUB-3/-3a, TOB-2/-2a, TOB-3/-3a, IMM-2, Transition Record with Specified Elements Received by Discharged Patients, Timely Transmission of Transition Record, and Screening for Metabolic Disorders** measures are:

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- The denominator is greater than the Total Annual Discharges.
 - The numerator exceeds the denominator.


In the **SUB-2, SUB-3, TOB-2, TOB-3, and Transition Record with Specified Elements Received by Discharged Patients** measures, is the subset measure numerator greater than the primary measure numerator? For example:

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- Check data if SUB-2a is greater than SUB-2.
 - Check data if TOB-3a is greater than TOB-2.
 - Check data if Timely Transmission of Transition Record is greater than Transition Record with Specified Elements Received by Discharged Patients.

Two additional criteria for the **Screening for Metabolic Disorders** measure are:

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- The absence of numerator and denominator Screening for Metabolic Disorders measure values for IPFs that report values for the HBIPS-5 measure.
 - The Screening for Metabolic Disorders measure denominator value is smaller than the denominator value for the HBIPS-5 measure.

Criteria for the **non-measure data** are:

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- The total number of discharges by Age Strata is greater than the Total Annual Discharges.
 - The total number of discharges by Diagnostic category is greater than the Total Annual Discharges.
 - The total number of discharges by Payer category is greater than the Total Annual Discharges.

If you have questions regarding the criteria described above as it pertains to your facility's data in the Hospital Quality Reporting system, send an email to IPFQualityReporting@hsag.com with "Measure Accuracy Question" in the subject line.