Centers for Medicare & Medicaid Services (CMS)

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Welcome Guide for Newly Eligible IPFs

Version 1.4

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IPFQR Program Welcome Guide for New Facilities

Introduction

Welcome to the CMS IPFQR Program!

The Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program has been notified that your inpatient psychiatric facility (IPF) recently received a new CMS Certification Number (CCN). This welcome guide will help ensure that you are aware of the IPFQR Program and its requirements.

IPFQR Program Overview

The IPFQR Program is a pay-for-reporting program that requires facilities to submit data for specific quality measures. As required by the Social Security Act, participating IPFs must report these measures or receive a two-percentage point reduction to their annual payment update (APU). Approximately 1,600 hospital psychiatric units and freestanding psychiatric hospitals participate in the program.

The IPFQR Program helps IPFs collect and track important quality metrics which inform quality improvement activities within IPFs, as well as between IPFs and other healthcare providers in the community. The program encourages inpatient psychiatric facilities and clinicians to improve the quality of care provided to patients by ensuring that providers are aware of, and report on, best practices for their respective facilities and type of care. Additionally, the program aims to equip consumers with quality-of-care information to make more informed decisions about healthcare options.

The table below lists key steps to help you meet the IPFQR Program requirements.

Table 1: Key Steps to Participating in the IPFQR Program
1. Register for a HCQIS Access Roles and Profile (HARP) Security Administrator/Official (SA/O) account on the Getting Started with QualityNet webpage as soon as possible.
2. Identify the Medicare Accept Date on the CMS letter that confirms your IPF's eligibility to participate in the IPFQR Program as soon as possible.
3. Complete the IPFQR Program Notice of Participation (NOP) within 180 days of the Medicare Accept Date indicated in the CMS letter that confirms your IPF's eligibility to participate in the IPFQR Program.
4. Begin collecting data by the beginning of the quarter following completion of the NOP.
5. Submit measure and non-measure data by the annual deadline of August 15.[1]
6. Complete and submit the Data Accuracy and Completeness Acknowledgement (DACA) by the annual deadline of August 15.

More details concerning these key steps are described in the sections that follow.

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[1] The August 15 date is applicable for all IPFQR Program requirements. If August 15 falls on a weekend or holiday, then the deadline changes to the next business day.

IPFQR Program Requirements

IPFs **must** adhere to **all** four of the following requirements:

Requirement One: Register and maintain an active HARP SA/O account in the QualityNet Hospital Quality Reporting (HQR) system.

Instructions to create an active HARP account are provided on the [Getting Started with QualityNet](#) webpage. This mandatory registration process will enable the IPF to identify at least one [Hospital Quality Reporting](#) (HQR) system SA/O. The SA/O is the individual at the IPF who will facilitate the registration process for other users at the organization.

It is recommended that HQR SA/Os log into their accounts at least once per month to maintain an active account to, at a minimum, assign the role of basic user to another individual at the IPF. Accounts that have been inactive for 90 days will be suspended. Once an account is suspended, the user will need to contact the [QualityNet Help Desk](#) to have the account reset.

Refer to the **IPFQR Program Manual Section 3: QualityNet Hospital Quality Reporting (HQR) System Registration** for details.

> **Best Practice**
> It is highly recommended that facilities designate at least two HQR SA/Os:
> One serves as the primary HQR SA/O and the other serves as backup.

Note: Changing the password is not the same as logging into the system. Upon changing the password, SA/Os and basic users must log into the system with the new password for the account to remain active. We strongly recommend that all HQR SA/Os and basic users log into the portal every 30–60 days to maintain an active status.

Once the HQR registration process is complete and an active HQR SA/O is designated, the IPF will be able to access the [Hospital Quality Reporting](#) system to meet the remaining program requirements listed below. The HQR system is the only CMS-approved website for secure healthcare quality data exchange.

Requirement Two: Complete the IPFQR Program NOP to indicate participation status.

Newly eligible facilities have 180 days from the Medicare Accept Date to submit an NOP for the IPFQR Program through the HQR system. Before an NOP can be submitted, IPFs must designate at least two contacts. An IPF NOP status of "Participating" must be on file in the HQR system by the annual August 15 deadline (unless directed otherwise via the IPFQR Program Listserve) to meet the NOP requirement for the current data submission period. (See Footnote 1.) Once a participation status is selected, the status automatically carries over year after year.

Refer to the **IPFQR Program Manual Section 5: Notice of Participation** for details.

Facilities are responsible for updating their staff contacts. Facilities are encouraged to maintain up-to-date contact records in the HQR system and to submit and maintain updated contact information by completing and submitting the Hospital Contact Change Form.

Any eligible IPF that chooses not to participate in the program should contact the IPFQR Program Inpatient VIQR Outreach and Education Support Contractor Program Lead by emailing IPFQualityReporting@hsag.com.

Requirement Three: Collect and submit aggregate measure and non-measure data by the annual data submission deadlines.

Measure and Non-Measure Data

Newly participating IPFs must start collecting measure data at the beginning of the first quarter following submission of the NOP. IPFs must collect and submit annual, aggregate measure and non-measure data by the August 15 deadline, unless directed otherwise via the IPFQR Program Listserve. (See Footnote 1.)

- IPFs are required to submit the annual, aggregate population and sample size counts.
- A zero must be submitted when there are no discharges for a particular measure set.

For more information about the data reporting and submission periods for the required measures, please refer to **Section 2: Measure Details in the current version of the IPFQR Program Manual** located on the IPFQR Program Manuals page of the QualityNet (https://qualitynet.cms.gov/) website. You can also find the manual on the IPFQR Program Resources and Tools page of the Quality Reporting Center (www.QualityReportingCenter.com) website in the Inpatient Psychiatric Facility Quality Reporting Program Manual drop-down.

Facilities have the option of using a vendor to submit data on their behalf. In order to allow a vendor to submit data, an IPF must complete the online vendor management process, accessible from the HQR system. (Refer to Section 4 of the IPFQR Program Manual: Vendor Management.)

Requirement Four: Complete and submit the DACA by the submission deadline.

The DACA is a requirement for IPFs participating in the IPFQR Program. The DACA is the way IPFs electronically acknowledge that the data they submitted for the IPFQR Program are accurate and complete to the best of their knowledge.

The deadline for signing and completing the DACA is August 15. (See Footnote 1.) IPFs are required to complete and sign the DACA **on an annual basis** via the HQR system.

The IPF must complete this requirement. A vendor cannot fulfill this requirement.

For more information about the DACA, please refer to Section 6: Data Accuracy and Completeness Acknowledgment of the IPFQR Program Manual on the IPFQR Program Manuals page of QualityNet. You can also find it on the IPFQR Program Resources and Tools page on the Quality Reporting Center website.

Helpful Resources

To learn more about the IPFQR Program and its requirements, visit the links provided below. CMS may use any one of these resources as a sub-regulatory means to inform IPFQR Program participants about changes and updates to the IPFQR Program.

Program Manual and Paper Tools

The IPFQR Program Manual, measure abstraction paper tools, and measure data collection tools are among the various resources available on the IPFQR Program Resources page of QualityNet. They are also available on the IPFQR Program Resources and Tools page of Quality Reporting Center.

Education and Outreach Events

On the Quality Reporting Center homepage, select the Events Calendar tab. In the Filter by Program field, select IPFQR Program. You may also filter by year. Materials from previous webinars are available for download on the IPFQR Program Archived Events page on Quality Reporting Center.

On QualityNet, visit the IPFQR Program Webinars page for webinar recordings, presentation slides, and transcripts.

Listserves

All IPFs are advised to sign up to receive email notifications from the IPFQR Program Listserve. The Inpatient VIQR Outreach and Education Support Contractor for the IPFQR Program sends information to providers pertaining to program updates, upcoming education webinars, new resources, and new tools.

For further assistance regarding the information contained in this document, or for any other IPFQR Program related matter, please contact the Inpatient VIQR Outreach and Education Support Contractor for the IPFQR Program by emailing IPFQualityReporting@hsag.com or by calling (866) 800-8765 or (844) 472-4477. Please ensure that all correspondence includes the name and CCN of your IPF.