

# **Fiscal Year 2025 Inpatient Psychiatric Facility Quality Reporting Program Guide**

**Fiscal Year 2025 Payment Determination  
Calendar Year 2023 Reporting Period**

**January 2023**





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### About This Program Guide

This *Fiscal Year 2025 Inpatient Psychiatric Facility Quality Reporting Program Guide* may be used as a resource to help you understand the requirements of the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. Inside these pages you will find an outline of the IPFQR Program participation requirements as well as information about measures, data submission, and public reporting.

This program guide is specifically for inpatient psychiatric facility (IPF) quality reporting for calendar year (CY) 2023. Calendar year 2023 quality measure data reported by inpatient psychiatric facilities and submitted to the Centers for Medicare & Medicaid Services (CMS) will affect an IPF's Medicare payment between October 1, 2024 and September 30, 2025. This payment time frame is known as fiscal year (FY) 2025. The fiscal year is also known as the payment year (PY).

Please reach out to us if you have any questions about the IPFQR Program:

- Phone numbers: (844) 472-4477 or (866) 800-8765
- Email: [https://cmsqualitysupport.servicenowservices.com/qnet\\_qa](https://cmsqualitysupport.servicenowservices.com/qnet_qa)

We hope you find this information helpful.

***Your IPFQR Program Outreach and Education Support Team***

### IPFQR Program Quick Start

New to inpatient psychiatric facility quality reporting? Take a few minutes to review this quick start section before proceeding to the **IPFQR Program Overview** section of this document.

### Introduction

IPFs that participate in the IPFQR Program report data related to inpatient psychiatric quality of care measures to CMS. The IPFQR Program is a pay-for-reporting program because IPFs that participate in the program and successfully meet all requirements receive the full annual payment update (APU). As required by the Social Security Act, participating IPFs must report these measures or receive a two-percentage point reduction to their APU.

IPFs that wish to participate in the IPFQR Program must let CMS know by submitting an IPFQR Notice of Participation (NOP). By submitting the IPFQR NOP, the IPF agrees to have CMS publicly report its IPFQR data. 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.

### Calendar Year, Fiscal Year, and Payment Year

IPFQR Program reporting for any calendar year affects the IPF's Medicare reimbursement during a future year. This future year is known as the fiscal year (FY), or the payment year (PY).

For example, IPFQR Program data submissions related to 2023 discharges will affect the IPF's Medicare reimbursement between October 1, 2024, and September 30, 2025. The time frame between October 1, 2024, and September 30, 2025, is known as FY 2025, or PY 2025.

For more information, refer to the infographic **Understanding Reporting Periods vs. Fiscal Years**, available for download from the CMS QualityNet website's [IPFQR Program Resources](#) page and the Quality Reporting Center's [IPFQR Program Resources and Tools](#) page under **General Resources** (<https://www.qualityreportingcenter.com/>).

### IPFQR Program Measures

Measures in the IPFQR Program rely on various data sources to determine the quality of care that patients receive.

#### Claims-Based Measures

CMS uses Medicare enrollment data and Part A and Part B claims data to calculate these measures. All information is provided by the IPF on the claim it sends to Medicare to obtain reimbursement for the care provided to the patient. IPFs do not have to submit any additional data to CMS.

#### Chart-Abstracted Measures

Chart-abstracted measures require IPFs or an IPF's vendor to review and abstract medical record documentation from the current episode of care for the purposes of data collection and submission to CMS.

#### Public Health Registry Measure

Public health registry measure data are submitted by IPFs to the Centers for Disease Control and Prevention (CDC) via the National Healthcare Safety Network (NHSN). IPFs must enroll in NHSN and complete NHSN training to do this. The CDC sends the public health registry data to CMS immediately following each submission deadline for quality measurement purposes.

### IPFQR Program Overview

The IPFQR Program is a quality reporting program with the goal of driving quality improvement through measurement and transparency. IPFs participate by submitting data to CMS on measures of inpatient psychiatric quality of care. CMS makes quality data from the IPFQR Program available to the public. The [Care Compare](#) website presents IPF data to beneficiaries, their families, and their caregivers to ensure the public availability of information about the care delivered in the nation's IPFs. Prior to the release of data on this public website, IPFs are given the opportunity to review their data during a 30-day preview period via the *Hospital Quality Reporting Secure Portal*.

All IPFs paid under the Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) have to meet IPFQR Program requirements. The IPF PPS applies to inpatient psychiatric services given by psychiatric hospitals or psychiatric units (also known as mental health or behavioral health units) in Acute Care Hospitals (ACHs) or Critical Access Hospitals (CAHs) in the United States that participate in Medicare. Eligible IPFs that do not take part in the IPFQR Program in a fiscal year, or do not meet all of the reporting requirements, will have a **2.0% reduction** of their annual update to their APU for that year.

### Centers for Medicare & Medicaid Services Communications

One of the ways that CMS communicates important program information to IPFs is by email notifications. Make sure you are signed up for these communications and that we have current contact information for your IPF so that we may send you targeted communications.

#### **Email Updates (Listserves)**

CMS regularly communicates IPFQR Program information to participants and stakeholders via email using contacts in the QualityNet Email Updates database. The following CMS Hospital Quality Reporting (HQR) program notification and discussion lists are relevant to the IPFQR Program and available for sign up on [QualityNet](#):

#### **Notification**

- CART Notify: CMS Chart Abstraction and Reporting Tool (CART)
- IPFQR Notify: Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
- QNet Notify: QualityNet Notifications

#### **Discussion**

- IQR Imp Discuss: Hospital Inpatient Quality Reporting (IQR) and Improvement Discussion

#### **Targeted Communications**

The IPFQR Program Outreach and Education Support Team is responsible for maintaining the CMS provider contact database. This database contains contact information for key staff members in each participating IPF. Information in this database is used to provide critical targeted communications to IPFs about meeting the requirements of the IPFQR Program and other CMS quality reporting programs.

Quality improvement staff members, infection preventionists, and C-suite personnel rely on our reminder emails and phone calls to help get their data submitted and program requirements met prior to the CMS deadlines. It is important to keep your IPF's contact information current, so you do not miss our reminders.

The fillable [Hospital Contact Change Form](#) is available electronically on the QualityNet and Quality Reporting Center websites:

*QualityNet.cms.gov > Inpatient Psychiatric Facilities > Resources > View Program Resources > [Program Resources](#)*

*QualityReportingCenter.com > Inpatient > Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program > Resources and Tools > [General Resources](#)*

You may submit the form via secure fax or email at any time an update is needed:

- Secure Fax Number: (877) 789-4443
- Email: [QRFormsSubmission@hsag.com](mailto:QRFormsSubmission@hsag.com)

## Data Submission Deadlines – CY 2023 Reporting (FY 2025 Payment Determination)

CMS gathers data in different ways: Data are abstracted from charts, pulled from claims, and entered into forms. Data submissions must be timely, complete, and accurate.

With one exception, CMS requires patient-level reporting of all chart-abstracted measures. The exception is the (shared) denominator value for the Hospital-Based Inpatient Psychiatric Services (HBIPS)-2 and HBIPS-3 measures. Non-measure data are reported at the facility level.

Information on the IPFQR Program data submission deadlines and reporting periods used for FY 2025 payment determination is available on QualityNet and Quality Reporting Center.

*QualityNet.cms.gov > Inpatient Psychiatric Facilities > Resources > View Program Resources > [Program Resources](#)*

*QualityReportingCenter.com > Inpatient > Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program > Resources and Tools > [FY 2025 Payment Determination](#)*

The following mandatory requirement is due **quarterly**:

- COVID-19 Vaccination Coverage Among Health Care Personnel (COVID HCP) measure data (Refer to the CMS IPFQR Program Measures and Non-Measure Data for the FY 2025 Payment Update for information about the reporting and submission periods.)

These mandatory requirements are due **annually**, and the submission period is July 1–August 15 each year):

- Measure and non-measure data
- Data Accuracy and Completeness Acknowledgement (DACA)

### Important Information About Submission Deadlines

CMS allows IPFs to add new data and submit, resubmit, change, and delete existing data up until the submission deadline. Data should be submitted well before the deadline to allow time to review them for accuracy and make necessary corrections.

**Note:** Submission deadlines that fall on a weekend or holiday move to the next business day.

**COVID HCP:** You can modify this measure's data in NHSN at any time. However, changes after the quarterly submission deadline do not go to CMS and are not publicly reported.

**Clinical Process of Care and Population and Sampling:** The *Hospital Quality Reporting Secure Portal* does not allow data to be submitted or corrected after the annual deadline.

## IPFQR Program Requirements – CY 2023 Reporting (FY 2025 Payment Determination)

This section summarizes the IPFQR Program requirements for IPFs paid by Medicare under the IPF PPS. IPFs participating in the IPFQR Program must follow requirements outlined in the applicable final rule. New and modified requirements are published in the *Federal Register* at [www.gpo.gov](http://www.gpo.gov). Refer to Appendix B: Proposed Rule and Final Rule Publication Site at the end of this document for links to specific rules.

### HARP Registration

Before an IPF can meet the requirements of the IPFQR Program, a representative from the IPF must register and maintain an active HARP Security Official (SO) account in the *HQR Secure Portal*.

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

CMS recommends that HQR SOs log into their accounts at least once per month to maintain an active account and to, at a minimum, assign the Basic User role 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 [CCSQ Service Center](#) to have the account reset.

#### Best Practice

It is highly recommended that facilities designate at least two HQR SOs: One serves as the primary HQR SO, and the other serves as a backup.

**Note:** Changing the password is not the same as logging into the system. Upon changing the password, SOs and basic users must log into the system with the new password for the account to remain active. We strongly recommend that all HQR SOs 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 SO is designated, the IPF will be able to access the [Hospital Quality Reporting](#) System to meet the program requirements listed below. The HQR System is the only CMS-approved website for secure healthcare quality data exchange.



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In order to receive the full APU) IPFs **must** adhere to **all three** of the following requirements:

1. Complete the IPFQR Program Notice of Participation (NOP), indicating participation status.
2. Collect and submit aggregate measure and non-measure data during the measure reporting period and by the annual data submission deadlines
3. Complete the DACA by the annual August 15 submission deadline, unless directed otherwise via the IPFQR Program Listserve.

### IPFQR Program Requirements

#### Requirement One: Complete the IPFQR Program Notice of Participation (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. Once a participation status is selected, the status automatically carries over year after year. Refer to the [IPFQR Quick Reference Guide: Notice of Participation \(NOP\)](#) for detailed instructions.

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](#).

When an eligible IPF chooses to withdraw from the IPFQR Program, it must withdraw the NOP (using the NOP tool in the *Hospital Quality Reporting Secure Portal*) **by August 15 prior to the start** of the affected fiscal year. Eligible IPFs that choose to **withdraw** from the IPFQR Program will automatically receive a two-percentage point reduction of their annual payment update for the affected fiscal year. Any eligible IPF that chooses not to participate in the program should contact the IPFQR Program Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor Program Lead by emailing [IPFQualityReporting@hsag.com](mailto:IPFQualityReporting@hsag.com).

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

Newly participating IPFs must start collecting measure data at the beginning of the first quarter following submission of the IPFQR Program NOP.

The measure and non-measure reporting period is January 1 through December 31 for all chart-abstracted IPF quality measures, except the Influenza Immunization (IMM-2) and (COVID HCP) measures.

- For the IMM-2 measure, the reporting period aligns with the influenza season (October 1 through March 31 of the following year).
- For the COVID HCP measure, the reporting period is every quarter.

**Tip:** CMS recommends that IPFs sign up for NHSN communications via newsletters and email updates: [www.cdc.gov/nhsn](http://www.cdc.gov/nhsn) > [Newsletters/Members Meeting Updates](#).

IPFs **must** be enrolled in NHSN, and employees who submit HCP data in NHSN **must** have received access by the CDC. For more information, visit CMS Resources for NHSN Users at [www.cdc.gov/nhsn](http://www.cdc.gov/nhsn) > *Inpatient Psychiatric Facilities* > *HCP COVID-19 Vaccination*. Questions regarding NHSN data should be submitted to [nhsn@cdc.gov](mailto:nhsn@cdc.gov).

**Best Practice:** CMS highly recommends that IPFs have at least two active NHSN users who have the ability to enter data. **This practice may help IPFs meet data submission deadlines in the event one of the NHSN users becomes unavailable.**

IPFs **must** collect and submit cumulative COVID HCP measure data by the quarterly deadline. Refer to the [FAQs on Reporting COVID-19 Vaccination Data](#) for guidance.

**Note:** Make sure to allow ample time before the submission deadline to review and, if necessary, correct your COVID HCP measure data. Data that are modified in NHSN after the submission deadline are not sent to CMS and will not be publicly reported.

IPFs must collect and submit measure and non-measure data by the August 15 deadline, unless directed otherwise via the IPFQR Program Listserve.

IPFs are required to submit patient-level measure data, the facility-level HBIPS-2/-3 denominator value, and facility-level non-measure data during the summer of 2024. Options for this submission process will include direct upload of XML files containing patient-level data directly into the *HQR Secure Portal* as well as the use of CART for measure and non-measure data. CMS stores submitted data in the CMS Centralized Data Repository for analysis and report generation. Additionally, facility-level data can be submitted directly into the web-based tool in the *HQR Secure Portal*.

For more information about the measure specifications and patient-level reporting guidance, refer to the *Specifications Manual for Inpatient Psychiatric Facility National Quality Reporting (Specifications Manual for IPFs)*.

See *CMS IPFQR Program Measures and Non-Measure Data for the FY 2025 Payment Update* for details regarding data reporting and submission periods on the [QualityNet Resources](#) page and the [Resources and Tools](#) page of the Quality Reporting Center.

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Facilities have the option of using a vendor to submit data on their behalf. To allow a vendor to submit data, an IPF must complete the online vendor management process, accessible from the HQR System.

**Note:** When a vendor submits data for an IPF, the **IPF** remains responsible for the accuracy and the timeliness of the submission.

### Requirement Three: 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. IPFs are required to complete and sign the DACA **on an annual basis** via the *HQR Secure Portal*.

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

For more information about the DACA, please refer to the IPFQR Quick Reference Guide: FY 2024 DACA available for download from the QualityNet [IPFQR Program Resources](#) page.

## IPFQR Program Additional Information

### Claims-Based Measures

CMS collects information for certain quality measures using the data that IPFs provide on their Part A and Part B claims for fee-for-service Medicare patients. These measures are called claims-based measures and are related to either patient outcomes or payments. **No additional data submission by the hospital is necessary for these measures.** CMS calculates the measure rates based solely on data provided by the IPFs on their claims.

The IPFQR Program provides IPFs with IPF-Specific Reports (ISRs) for claims-based measures. ISRs contain confidential information that is not available to the public, like the beneficiary level claims data and risk factors used to calculate the measures, to help inform quality improvement activities.

IPFs will find their ISRs available for download from the *HQR Secure Portal* by clicking on Program Reporting in the left menu, select Claims-based measures, and then selecting the specific release year, program, and report for download. For help on accessing an ISR, contact the CCSQ Service Center at [QNetSupport@cms.hhs.gov](mailto:QNetSupport@cms.hhs.gov). The ISRs contain discharge-level data, IPF-specific results, and state and national results for the claims-based measures. ISRs will be accompanied by a user guide describing the details of the ISR.

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**Important Note:** The ISR contains personally identifiable information and protected health information.

Resources with instructions on how to download and interpret data in the ISRs are available on the IPFQR Program Resources and Tools page on the QualityNet [IPF Public Reporting](#) and the Quality Reporting Center [IPFQR Program Resources and Tools](#) web pages. A one-page quick reference guide is also available to provide an overview of the Claims-Based Measure Confidential Review Period. The *Quick Reference Guide for Claims-Based Measure Confidential Review Period* contains detailed instructions on how to download your ISRs and the Claims-Based Measure Specifications document contains information on how each measure was calculated.

The table below lists the claims-based measures for the IPFQR Program pertinent to the FY 2025 payment determination.

Claims-Based Coordination of Care	
Short Name	Measure Name
FAPH	Follow-Up After Psychiatric Hospitalization
IPF Readmission	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF
MedCont	Medication Continuation Following Inpatient Psychiatric Discharge

### Public Reporting

The CMS public reporting website presents performance data in a consistent, unified manner to ensure the availability of information about the care delivered in the nation's IPFs. IPFs participating in the IPFQR Program are required to display quality data for public viewing on the [Care Compare](#) website. Prior to the public release of data, IPFs can review their data during a 30-day preview period via the *HQR Secure Portal*.

### When IPFQR Program Requirements Are Not Met

#### Extraordinary Circumstances Exceptions Policy

CMS offers a process for IPFs to request exceptions to the reporting of required quality data when an IPF experiences an extraordinary circumstance beyond the IPF's control. Such circumstances may include, but are not limited to, natural disasters (such as a severe hurricane or flood) or systemic problems with CMS data-collections systems that directly affected the ability of the IPF to submit data.

IPFs must submit a CMS Quality Program Extraordinary Circumstances Exceptions (ECE) Request Form with **all** required fields completed **within 90 calendar days** of the extraordinary circumstance. Submission instructions are on the form.

The Extraordinary Circumstances Exceptions (ECE) Request Form is available electronically on QualityNet and Quality Reporting Center:

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QualityNet.cms.gov > Inpatient Psychiatric Facilities > Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program > Participation > [Extraordinary Circumstances](#)

QualityReportingCenter.com > Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Resources and Tools > [Extraordinary Circumstances Exceptions \(ECE\) Requests](#)

### Annual Payment Update Reconsideration Process

A reconsideration process is available for IPFs that received notification that they **did not** meet IPFQR Program requirements and are, therefore, not eligible to receive the full annual payment update. Information regarding the reconsideration process is available on the [IPFQR APU Reconsideration](#) web page on QualityNet.

### Contact Information and Resources

#### Centers for Medicare & Medicaid Services

[www.CMS.gov](http://www.CMS.gov)

CMS is the Department of Health and Human Services agency responsible for administering Medicare, Medicaid, the State Children's Health Insurance Program, and several other health-related programs.

#### Federal Register

[www.federalregister.gov](http://www.federalregister.gov)

The *Federal Register* is the official publication for rules, proposed rules, and notices of federal agencies and organizations, as well as executive orders and other presidential documents. Refer to Appendix B of this document for links to past final rules pertinent to the IPFQR Program.

### Inpatient Psychiatric Facility Quality Reporting Program

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

#### IPFQR Program Website

QualityReportingCenter.com > Inpatient > [Inpatient Psychiatric Facilities Quality Reporting \(IPFQR\) Program](#)

The IPFQR Program website contains numerous resources concerning reporting requirements, including reference materials; tools for data collection and submission; educational presentations; timelines, and deadlines. CMS and the IPFQR Support Contractor provide National Provider Webinars on a routine basis.

### IPFQR Program Webinars

The slides from each of the education sessions are published to the *QualityNet* website and are available for review from the [Inpatient Psychiatric Facility Quality Reporting \(IPFQR\) Program](#) landing page by selecting the [Webinars](#) link from the top menu. These materials are also available on the *Quality Reporting Center* website on the [Archived Events](#) web page.

### Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor

- Phone Numbers: (844) 472-4477 or (866) 800-8765 (8 a.m.– 8 p.m. Eastern, Monday–Friday)
- Email: [IPFQualityReporting@hsag.com](mailto:IPFQualityReporting@hsag.com)
- Live Chat: *QualityReportingCenter.com* > *Inpatient* > [Talk to Us](#)

**Best Practice:** Ensure that all correspondence includes the IPF's name and CCN.

### IPFQR Program Listserve

Notices generated on the Listserve are used to disseminate timely information related to quality initiatives. QualityNet users are urged to register for these email notifications to receive information on enhancements and new releases, timelines or process/policy modifications, and alerts about applications and initiatives. The IPFQR Notify: Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Notifications list is available for signup on [QualityNet](#).

### IPFQR Program Questions and Answers

The CMS [Quality Questions and Answer Tool](#) (Q&A tool) is a knowledge database, which allows users to search knowledge articles for answers to questions by keywords or phrases, and if not found in the search results, submit a new question. Please ensure that all correspondence includes the name and CCN of your IPF.

## QualityNet

### QualityNet Website

<https://qualitynet.cms.gov/>

Established by CMS, the QualityNet website provides healthcare quality improvement news, resources, as well as data-reporting tools and applications used by healthcare providers and others. The *Hospital Quality Reporting Secure Portal* is the only CMS-approved website for secure communications and healthcare quality data exchange.

### QualityNet Service Center

The QualityNet Service Center assists providers with technical issues, such as sending and receiving files in the *HQR Secure Portal*.

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12000 Ridgemont Drive  
Urbandale, IA 50323  
Phone Number: (866) 288-8912  
Fax Number: (888) 329-73-77  
Email: [QNetSupport@cms.hhs.gov](mailto:QNetSupport@cms.hhs.gov)

### Other Resources

#### ***Centers for Disease Control and Prevention (CDC)***

The CDC is one of the major operating components of the Department of Health and Human Services. It aims to protect America from health, safety, and security threats, both foreign and in the U.S.

#### ***The Joint Commission (TJC)***

TJC is a not-for-profit organization that accredits and certifies over 22,000 health care organizations and programs in the United States. It is the nation's oldest and largest standards-setting and accrediting body in health care.

#### ***National Institute on Alcohol Abuse and Alcoholism (NIAAA)***

NIAAA is one of the 27 institutes and centers that comprise the National Institutes of Health (NIH). NIAAA supports and conducts research on the impact of alcohol use on human health and well-being. It is the largest funder of alcohol research in the world. The NIAAA has published a list of validated screening tools that may be used by facilities in conducting their alcohol screening for the SUB measures (<http://www.niaaa.nih.gov/>).

## Appendix A: Acronyms and Terms

Acronym	Term
ACH	Acute Care Hospital
APU	Annual Payment Update
CAH	Critical Access Hospital
CART	Chart Abstraction and Reporting Tool
CDC	Centers for Disease Control and Prevention
COVID HCP	COVID-19 Vaccination Coverage Among Health Care Personnel measure
CMS	Centers for Medicare & Medicaid Services
DACA	Data Accuracy and Completeness Acknowledgment
ECE	Extraordinary Circumstance Exception
FAPH	Follow-Up After Psychiatric Hospitalization measure
FY	Fiscal Year
HCP	Health Care Personnel
HQR	Hospital Quality Reporting
IMM-2	Influenza Immunization measure
IPF	Inpatient Psychiatric Facility
IPFQR	Inpatient Psychiatric Facility Quality Reporting
IPF Readmission	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF measure
IPPS	Inpatient Prospective Payment System
IQR	Inpatient Quality Reporting
IRF	Inpatient Rehabilitation Facility
ISRs	IPF-Specific Reports
LTCH	Long-term Care Hospital
MedCont	Medication Continuation Following Inpatient Psychiatric Discharge measure
NCQA	National Committee for Quality Assurance



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<b>Acronym</b>	<b>Term</b>
NHSN	National Healthcare Safety Network
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NOP	Notice of Participation
PPS	Prospective Payment System
PY	Payment Year
Q	Quarter
Q&A tool	Question and Answer Tool
QNet	QualityNet
SO	Security Official
SUB	Substance Use measures

### Appendix B: Proposed Rule and Final Rule Publication Site

Every year, CMS publishes proposed program and policy changes to the IPFQR Program in early spring. The proposed changes are published to the *Federal Register* and are open to the public for review and comment for 60 days. CMS also provides notices through the *QualityNet* website and the IPFQR Program Listserve to ensure broad awareness. Following the comment period, CMS summarizes the comments and responds to them in the final rule. The final rule is published in mid-summer. Links to the final rules listed below are provided as a courtesy and does not address any applicable correction notices that may have been published in the Federal Register.

The IPFQR Program was implemented with the FY 2013 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule, published August 31, 2012. Information for the IPFQR Program begins on page 53644 (direct download, 15.1 MB): <http://www.gpo.gov/fdsys/pkg/FR-2012-08-31/pdf/FR-2012-08-31.pdf>.

The FY 2014 IPPS/LTCH PPS Final Rule was published August 19, 2013. The rule contained updated information applicable for FY 2015 and beyond. Information for the IPFQR Program begins on page 50887 (direct download, 12.5 MB): <http://www.gpo.gov/fdsys/pkg/FR-2013-08-19/pdf/2013-18956.pdf>.

The FY 2015 IPF PPS Final Rule was published on August 6, 2014. The rule contained changes to the IPFQR Program applicable for FY 2016 and beyond. Information for the IPFQR Program begins on page 45961 (direct download, 718 KB): <http://www.gpo.gov/fdsys/pkg/FR-2014-08-06/pdf/2014-18329.pdf>.

The FY 2016 IPF PPS Final Rule was published on August 5, 2015. The rule contained changes to the IPFQR Program applicable for FY 2016 and beyond. Information for the IPFQR Program begins on page 46694 (direct download, 790 KB): <http://www.gpo.gov/fdsys/pkg/FR-2015-08-05/pdf/2015-18903.pdf>.

The FY 2017 IPPS/LTCH Final Rule was published on August 22, 2016. The rule contained changes to the IPFQR Program applicable for FY 2017 and beyond. Information for the IPFQR Program begins on page 56774 (direct download, 3.52 MB): <https://www.gpo.gov/fdsys/pkg/FR-2016-08-22/pdf/2016-18476.pdf>.

The FY 2018 IPPS/LTCH PPS Final Rule was published on August 14, 2017. The rule contained changes to the IPFQR Program applicable for FY 2018 and beyond. Information for the IPFQR Program begins on page 38461 (direct download, 7.53 MB): <https://www.gpo.gov/fdsys/pkg/FR-2017-08-14/pdf/2017-16434.pdf>.

The FY 2019 IPF PPS Final Rule was published on August 6, 2018. The rule contained changes to the IPFQR program applicable for FY 2019 and beyond. Information for the IPFQR Program begins on page 38576 (direct download, 685 KB): <https://www.gpo.gov/fdsys/pkg/FR-2018-08-06/pdf/2018-16518.pdf>.

## **Fiscal Year (FY) 2025 Inpatient Psychiatric Facility Quality Reporting Program Guide**

The FY 2020 IPF PPS Final Rule was published on August 6, 2019. The rule contained changes to the IPFQR Program applicable for FY 2021 and beyond. Information for the IPFQR Program begins on page 38459 (direct download, 6.27 MB):

<https://www.govinfo.gov/content/pkg/FR-2019-08-06/pdf/2019-16370.pdf>.

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 FY 2022 and beyond.

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>.

The FY 2022 IPF PPS Final Rule was published on August 4, 2021. The rule contained changes to the IPFQR Program applicable for FY 2023 and beyond. Information for the IPFQR Program is on page 42608 (direct download, 6.14 MB):

<https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-16336.pdf>.

The FY 2023 IPF PPS Proposed Rule was published on April 4, 2022. The rule confirmed that no changes were made to the IPFQR Program for FY 2024 and beyond.

Information for the IPFQR Program is on page 19429 (direct download, 745 KB):

<https://www.govinfo.gov/content/pkg/FR-2022-04-04/pdf/2022-06906.pdf>.