



An Introduction to the IPFQR Program, Part 1

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Inpatient Value, Incentives, and Quality Reporting (VIQR)

Outreach and Education Support Contractor

Purpose

This presentation will provide an overview of the IPFQR Program, highlighting the following parts:

- Background
- Eligibility requirements
- Rulemaking process
- Registration
- Annual Payment Update (APU) requirements
- Online tools

Learning Objectives

Participants will be able to understand the different aspects of the IPFQR Program.

An Introduction to the IPFQR Program, Part 1

IPFQR Program Overview

IPFQR Program Overview

- The IPFQR Program is a pay-for-reporting program. This means that IPFs are required to submit measure and non-measure data to CMS and meet other administrative requirements or otherwise be subject to a two-percentage point reduction to their annual payment update.
- The intention of this program is to:
 - Encourage IPFs and clinicians to improve the quality of inpatient care in the psychiatric setting.
 - Improve transparency and patient choice through the public reporting of quality measure data.

IPFQR Program Eligibility

- Eligibility to participate in the IPFQR Program is determined by the Medicare payment system under which a facility is paid.
- All IPFs paid under the Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) are eligible to participate in the IPFQR Program and subject to the IPFQR Program requirements.
- The IPF PPS applies to inpatient psychiatric services provided by Medicare participating entities in the United States classified as psychiatric hospitals or certified psychiatric units that are part of the following:
 - Acute care hospitals (ACHs)
 - Critical access hospitals (CAHs)
 - Long-Term Care Hospitals (LTCHs)
 - Inpatient rehabilitation facilities (IRFs)
 - Cancer hospitals
 - Children's hospitals
- This includes the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

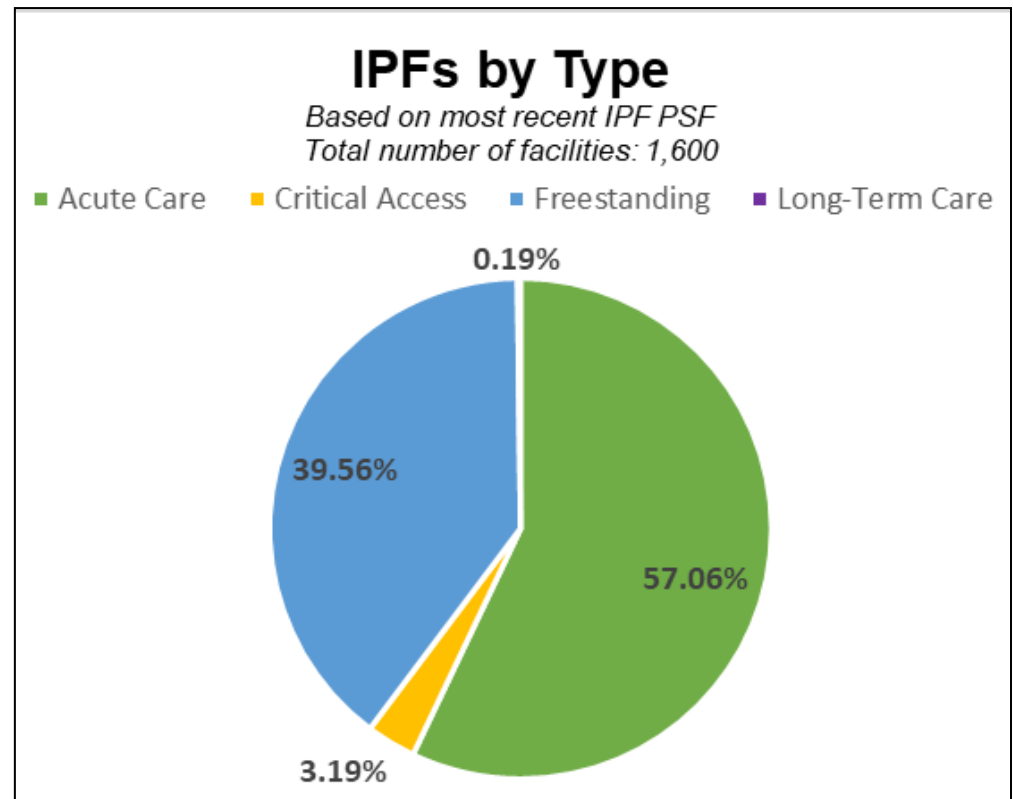
Identifying and Classifying IPFs

CMS assigns a six-character CMS Certification Number (CCN) to identify facilities that are eligible to participate in the IPFQR Program.

Types of IPFs by CCN include the following:

- Freestanding: XX4000–XX4499
- ACH: S replaces 0 in the third position.
- CAH: M replaces 1 in the third position.
- LTCH: SA replaces 20 in the third and fourth position.

If unsure about the IPF's CCN, contact the facility's Medicare Administrative Contractor (MAC) to request documentation.



Medicare Administrative Contractors (MACs)

- MACs are multi-state, regional contractors responsible for administering both Medicare Part A and Medicare Part B claims.
- IPFs can contact their MAC to obtain official documentation regarding the CCN assigned to the facility and inquire about Medicare Fee-For-Service (FFS) billing requirements.
- Refer to <https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs> for more information.

Commonly Asked Eligibility Questions

How do I know if my inpatient psychiatric unit is eligible to participate in the IPFQR Program?

Eligibility is based on the CCN assigned to the facility.

If the facility's CCN falls into one of the following IPF types, then it is eligible to be reimbursed under the IPF PPS and eligible to participate in the IPFQR Program.

- XX4000–XX4499
- “S” in the third position
- “M” in the third position
- “SA” in the third and fourth position

Commonly Asked Eligibility Questions

Where can I find the CCN for my inpatient psychiatric unit?

CMS or the MAC for the facility sent official documentation on CMS letterhead confirming the effective date of the CCN to the facility's leadership (CEO, Administrator).

Can contact the MAC for the facility for additional guidance by referring to the contact information at the following link:

[Who Are the MACs?](#)

Commonly Asked Eligibility Questions

We are a psychiatric hospital that treats adolescent patients. We do not bill Medicare for services.

Why are we subject to the IPFQR Program requirements?

If the psychiatric hospital's assigned CCN is between XX4000 and XX4499 ("XX" represents the two-digit state code), then it is eligible to be reimbursed under the IPF PPS and is eligible to participate in the IPFQR Program.

Commonly Asked Eligibility Questions

Can our inpatient psychiatric unit submit data to the IPFQR Program even though we share the same CCN with the main hospital under the Inpatient Prospective Payment System (IPPS)?

No, an IPF must be eligible to participate in the IPFQR Program to submit and publicly report data to CMS for the IPFQR Program.

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Rulemaking for the IPFQR Program

Rulemaking: Proposed & Final Rules

CMS implemented the IPFQR Program in the Fiscal Year (FY) 2013 IPPS/LTCH PPS Final Rule, published August 31, 2012. This rule set the foundation for what we know today as the IPFQR Program.

Rulemaking: Proposed & Final Rules

Each spring, CMS publishes proposed program and policy changes to the IPFQR Program.

- The proposed changes are published to the *Federal Register* and are open to the public for review and comment for 60 days.
- CMS provides notices about proposed and final rules through the QualityNet website and the IPFQR Program Listserve to ensure broad awareness.
- CMS also hosts an educational webinar that describes the proposed changes and guidance to submit comments.

CMS ***strongly encourages*** IPFQR Program's interested parties to attend the proposed rule webinar, review the proposed rule in detail, and submit comments during the 60-day comment period.

Rulemaking: Proposed & Final Rules

Following the comment period, CMS summarizes the comments and responds to them in the final rule. CMS publishes the final rule in mid-summer. Access links to the previous final rules in Appendix B of the [Inpatient Psychiatric Facility Quality Reporting Program Guide](#).

Rulemaking: Proposed & Final Rules

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 Listserv 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>.

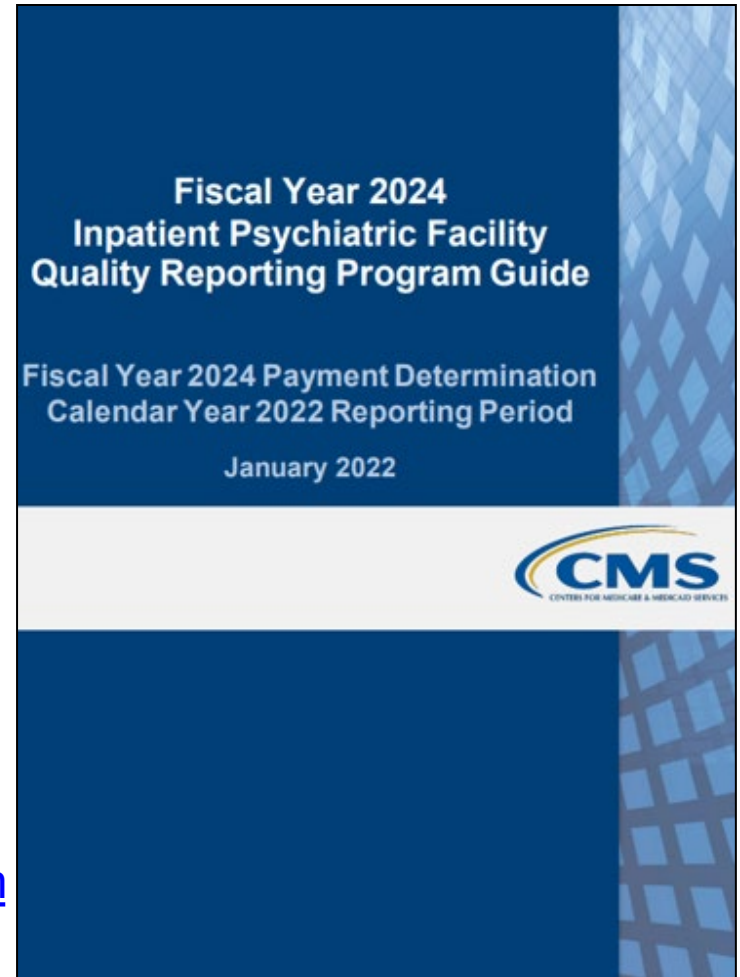
The FY 2019 IPF PPS Final Rule was published on August 6, 2018. The rule contained changes to the IPFQR program applicable for FY 2019 and beyond. Information for the IPFQR Program begins on page 38576 (direct download, 685 KB): <https://www.gpo.gov/fdsys/pkg/FR-2018-08-06/pdf/2018-16518.pdf>.

An Introduction to the IPFQR Program, Part 1

Inpatient Psychiatric Facility Quality Reporting Program Guide

Inpatient Psychiatric Facility Quality Reporting Program Guide

- This key resource:
 - Summarizes the tasks for successful participation in the program.
 - Describes steps to obtain the full annual payment update (APU) for a fiscal year.
 - Provides information about public reporting of program data.
- The guide first appeared in January 2022. CMS aims to publish a new version each year to describe program changes and *Hospital Quality Reporting (HQR) Secure Portal* updates.
- Download the guide here:
 - [QualityNet IPFQR Program Resources](#)
 - [Quality Reporting Center IPFQR Program Resources and Tools](#)








Inpatient Psychiatric Facility Quality Reporting Program Guide

QualityNet IPFQR Program Resources

Fiscal Year (FY) 2024 Payment Determination				
File Name	File Type	File Size		
FY 2024 IPFQR Program Guide	PDF	325 KB	Download	
IPFQR Program Measures for FY 2024	PDF	111 KB	Download	
IPFQR Quick Reference Guide: FY 2024 DACA	PDF	103 KB	Download	

Quality Reporting Center IPFQR Program Resources and Tools

FY 2024 Payment Determination	
FY 2024 IPFQR Program Guide (for summer 2023 submission) 	
IPFQR Program Measures for FY 2024  	
IPFQR Quick Reference Guide FY 2024 DACA 	

An Introduction to the IPFQR Program, Part 1

HCQIS Access Roles and Profile (HARP) Registration

HARP Registration

Once the IPF's eligibility for the IPFQR Program is confirmed, a representative from the IPF must register and maintain an active [HCQIS Access Roles and Profile \(HARP\)](#) Security Official (SO) account.

- The SO is the person at the IPF who will facilitate the registration process for other users at the organization.
- Instructions to create an active HARP account appear on the [Getting Started with QualityNet](#) web page.

Note: The *HQR Secure Portal* only recognizes numeric, six-digit CCNs.

HARP Registration

CMS recommends that:

- IPFs designate at least two HQR SOs:
 - One serves as the primary HQR SO.
 - The other serves as backup.
- SOs log into their accounts at least once per month to maintain an active account.
 - Accounts that have been inactive for 90 days will be suspended.
 - Once an account is suspended, the user will need to contact the Center for Clinical Standards and Quality ([CCSQ Service Center](#)) to reset the account.

HARP Registration

Once the HARP registration process is complete and at least one active HQR SO is designated, the IPF will be able to access the IPFQR Program areas of the [HQR Secure Portal](#), the only CMS-approved website for secure healthcare quality data exchange.

Maintaining an active SO account is no longer a requirement of the IPFQR Program; however, it is essential to ensure that IPFs can meet the requirements, (e.g., notice of participation, data submission) necessary to obtain the APU for the IPFQR Program each year.

An Introduction to the IPFQR Program, Part 1

Notice of Participation (NOP) Requirement

IPFQR NOP Requirement

Requirement One: Complete the IPFQR Program NOP to indicate a “Participating” status.

- Newly eligible facilities have 180 days from the Medicare Accept Date to submit an NOP for the IPFQR Program through the HQR system.
- IPFs must designate at least two contacts in the *HQR Secure Portal* before submitting an NOP.
- An IPF NOP status of “Participating” must be on file in the *HQR Secure Portal* 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.
- An IPF must have a status of “Participating” to obtain full APU.
- Once a participation status is selected, the status automatically carries over year after year.
- Refer to the *IPFQR Quick Reference Guide: Notice of Participation*.

IPFQR Program NOP Status

QualityNet IPFQR Program Resources

General Resources			
File Name	File Type	File Size	
IPFQR Quick Support Reference Card	PDF	235 KB	Download
Understanding Reporting Period vs. Fiscal Years	PDF	275 KB	Download
IPFQR Quick Reference Guide: Notice of Participation (NOP)	PDF	34 KB	Download
Contact Change Form	PDF	414 KB	Download
Use to report any changes regarding key contacts at the facility (CEO/administrator, IPFQR specialist, medical record contact, National Healthcare Safety Network (NHSN) contact, and QualityNet Security Administrators) to help ensure the facility receives all necessary correspondence regarding the IPFQR Program.			

QualityReporting Center IPFQR Program Resources and Tools

General Resources
<ul style="list-style-type: none">• IPFQR Quick Support Reference Card• IPFQR Quick Reference Guide Notice of Participation (NOP)• Understanding Reporting Periods vs. Fiscal Years• IPF Vendor Management• IPF Accessing Publicly Reported Data• Facility Contact Change Form

Commonly Asked NOP Questions

My IPF's is part of an ACH and the CCN has "S" in the third position. When I log into the HQR Secure Portal and access IPFQR Program-specific pages (e.g., NOP, data, reports) why does it only reference the ACH's six-digit CCN?

Currently, the *HQR Secure Portal* only accepts numeric CCN values.

- If you are the IPF's representative, on system login, you will see that your account is associated with the numeric CCN of the main hospital. From there you can access the various IPFQR Program-specific modules.
- If you are a vendor with permissions to access data and/or reports of multiple IPFs, on system login, you must select the relevant IPF by referencing the all numeric, six-digit CCN.

If you have an active HARP account, but need the option to select IPFQR NOP, contact the [CCSQ Service Center](#) and copy the IPFQualityReporting@hsag.com email address for assistance.

Commonly Asked NOP Questions

If our IPF currently participates in the IPFQR Program but closes temporarily for renovation, do we need to change the IPF's NOP status? Are we exempt from meeting the IPFQR Program requirements?

No, do not change the IPF's NOP due to its temporary closure. During the temporary closure, CMS does not expect the IPF to collect data since the IPF is not rendering inpatient psychiatric services at that time. However, the IPF is expected to collect data leading up to and following the end of the closure period and meet all other program requirements to receive full APU for the payment determination year. If the IPF's CCN is active, it is eligible and required to meet the IPFQR Program requirements or be subject to a two-percentage point reduction to the affected APU.

Commonly Asked NOP Questions

Our IPF is no longer eligible for the IPFQR Program because our inpatient psychiatric beds converted from the IPF PPS to another billing system. What should we do?

IPFs can become ineligible for in the IPFQR Program due to voluntary or involuntary termination of the IPF-specific CCN. There are several circumstances that can lead to the termination of the IPF-specific CCN:

- Beds no longer bill the IPF PPS
- facility closure
- Facility merger

To learn the next steps, email the Support Contractor at IPFQualityReporting@hsag.com and include official CMS or MAC documentation that confirms the effective termination date of the CCN.

Commonly Asked NOP Questions

What happens when an eligible IPF withdraws from the IPFQR Program?

An IPF can discontinue participating in the IPFQR Program by changing the IPF NOP to “Withdrawn” or “Not Participating.” Eligible IPFs that choose to withdraw from the IPFQR Program will be subject to a two-percentage point reduction of their APU for the affected fiscal year. Any eligible IPF that chooses not to participate in the program should email the Support Contractor a IPFQualityReporting@hsag.com.

An Introduction to the IPFQR Program, Part 1

IPFQR Program Data Reporting and Acknowledgment Requirements

IPFQR Program Data Requirements

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





- The measure and non-measure reporting period is January 1 through December 31 for all IPF quality measures, **except** Influenza Immunization (IMM-2) and COVID-19 Vaccination Coverage Among Health Care Personnel (COVID HCP).
 - For the IMM-2 measure, the reporting period aligns with the influenza season, which is October 1 through March 31 of the following year.
 - For the COVID HCP measure, the reporting period is every quarter.
- Refer to the IPFQR Program Measures document for the complete list of measure and non-measure data and submission deadlines required to meet IPFQR Program APU requirements.

IPFQR Program Data Requirements

QualityNet IPFQR Program Resources

Fiscal Year (FY) 2024 Payment Determination			
File Name	File Type	File Size	
FY 2024 IPFQR Program Guide	PDF	274 KB	Download
IPFQR Program Measures for FY 2024	PDF	111 KB	Download
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Quality Reporting Center IPFQR Program Resources and Tools

FY 2024 Payment Determination
FY 2024 IPFQR Program Guide (for summer 2023 submission) 
IPFQR Program Measures for FY 2024  
IPFQR Quick Reference Guide FY 2024 DACA 

IPFQR Program Data Requirements

CMS IPFQR Program Measures and Non-Measure Data for the FY 2024 Payment Update

Measure and Non-Measure Data Required to Meet IPFQR Program APU Requirements

National Healthcare Safety Network Measure				
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?
HCP COVID-19 Vaccination: COVID-19 Vaccination Coverage Among Health Care Personnel	Q1 2022	Jan 1, 2022 – Aug 15, 2022	NHSN	Yes
	Q2 2022	Apr 1, 2022 – Nov 15, 2022	NHSN	Yes
	Q3 2022	Jul 1, 2022 – Feb 15, 2023	NHSN	Yes
	Q4 2022	Oct 1, 2022 – May 16, 2023	NHSN	Yes

Non-Measure Data ¹				
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?
Total Annual Discharges	CY 2022	Jul 1–Aug 15, 2023	Medical Record	No
Annual Discharges by Age Strata	CY 2022	Jul 1–Aug 15, 2023	Medical Record	No
Annual Discharges by Primary Diagnostic Code	CY 2022	Jul 1–Aug 15, 2023	Medical Record	No
Annual Discharges by Payer	CY 2022	Jul 1–Aug 15, 2023	Medical Record	No

Chart-Abstracted Clinical Process of Care ¹				
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?
HBIPS-2: Hours of Physical Restraint Use	CY 2022	Jul 1–Aug 15, 2023	Medical Record	No
HBIPS-3: Hours of Seclusion Use	CY 2022	Jul 1–Aug 15, 2023	Medical Record	No
HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	CY 2022	Jul 1–Aug 15, 2023	Medical Record	Yes
Transition Record with Specified Elements Received by Discharged Patients	CY 2022	Jul 1–Aug 15, 2023	Medical Record	Yes
Screening for Metabolic Disorders	CY 2022	Jul 1–Aug 15, 2023	Medical Record	Yes
SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention	CY 2022	Jul 1–Aug 15, 2023	Medical Record	Yes

¹ Patient-level reporting of chart-abstracted clinical process of care data and facility-level non-measure data and will be required starting with the FY 2024 payment update.

IPFQR Program Data Requirements

Chart-Abstracted Clinical Process of Care ¹					
Name		Reporting Period	Submission Period	Data Source	Publicly Reported?
SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge) and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge		CY 2022	Jul 1–Aug 15, 2023	Medical Record	Yes
TOB-2: Tobacco Use Treatment Provided or Offered and TOB-2a Tobacco Use Treatment		CY 2022	Jul 1–Aug 15, 2023	Medical Record	Yes
TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge		CY 2022	Jul 1–Aug 15, 2023	Medical Record	Yes
IMM-2: Influenza Immunization ²		Q4 2022–Q1 2023	Jul 1–Aug 15, 2023	Medical Record	Yes
Claims-Based Coordination of Care					
Name		Reporting Period	Submission Period	Data Source	Publicly Reported?
FAPH: Follow-Up After Psychiatric Hospitalization		Q3 2021–Q2 2022	Calculated by CMS	Claims	Yes
30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF		Q3 2020–Q2 2022	Calculated by CMS	Claims	Yes
Medication Continuation Following Inpatient Psychiatric Discharge		Q3 2020–Q2 2022	Calculated by CMS	Claims	Yes
Acronyms					
APU	Annual Payment Update	HCP	Healthcare Personnel	Q	Quarter
CMS	Centers for Medicare & Medicaid Services	IMM	Immunization	READM	Readmission
FUH	Follow-Up After Hospitalization for Mental Illness	IPF	Inpatient Psychiatric Facility	SUB	Substance Use Measures
FY	Fiscal Year	IPFQR	Inpatient Psychiatric Facility Quality Reporting	TOB	Tobacco Treatment Measures
HBIPS	Hospital Based Inpatient Psychiatric Services	NHSN	National Healthcare Safety Network		

² 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.

Submission deadlines that fall on a weekend or holiday will be moved to the next business day.

IPFQR Program Data Requirements: Resources

Refer to the *Specifications Manual for Inpatient Psychiatric Facility National Quality Reporting* (IPF Specifications Manual) on the [QualityNet IPF Specifications Manuals](#) web page for detailed information about chart-abstracted measure specifications and guidance regarding patient-level and facility-level reporting of these data.

The [QualityNet IPFQR Measures Resources](#) web page includes optional paper tools pertaining to measure abstraction, non-measure data collection, as well as specifications and codebooks for the claims-based measures.

Details about the COVID HCP measure are located on the [QualityNet IPFQR Program Resources](#) webpage in the COVID HCP Measure Resources table.

Note: 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 Secure Portal*. See the IPF Vendor Management document, also on the [QualityNet IPFQR Program Resources](#) webpage, for more details.

IPFQR Program Data Requirements:

HQR Secure Portal

Data submissions must be timely, complete, and accurate.

- Starting the summer 2024, CMS requires patient-level reporting of all data, with these exceptions:
 - The non-measure data and denominator values for the HBIPS-2 and HBIPS-3 measures will be reported at the facility level.
 - COVID HCP data are reported to the National Healthcare Safety Network (NHSN) on a quarterly basis.
- CMS allows IPFs to add new data and submit, resubmit, change, and delete existing patient-level and facility-level data up until the submission deadline.
- Submit data well before the deadline to allow time to review for accuracy and make necessary corrections.

IPFQR Program Data Requirements: Webinars

The [IPFQR Program: Patient-Level Reporting](#) webinar discusses the steps to submit patient-level data via the *HQR Secure Portal*.

CMS is developing additional webinars related to IPFQR Program data requirements:

- *Navigating the IPF Module of the CMS Abstraction and Reporting Tool (CART)*
- *IPFQR Program: Keys to Successful FY 2024 Reporting*

Look for event registration information via the IPFQR Program Listserve.

IPFQR Program Data Requirements: COVID HCP Measure

All IPFs eligible for the IPFQR Program are required to submit data for the COVID HCP measure by the quarterly deadline or be subject to a two-percentage point reduction to the APU.

IPFs can update the data entered in to NHSN at any time. However, data that are modified in NHSN after the quarterly submission deadline will not go to CMS and will not be publicly reported.

IPFQR Program Data Requirements: NHSN System

In 2022, CMS hosted these two COVID HCP webinars with the Centers for Disease Control and Prevention (CDC):

- [NHSN Enrollment and Reporting Healthcare Personnel COVID-19 Vaccination Data](#)
- [Reporting Healthcare Personnel COVID-19 Vaccination Data Refresher](#)

Another webinar will describe updates to the NHSN enrollment and COVID HCP data submission processes. The IPFQR Program Listserve will communicate more information about this upcoming event.

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

IPFQR Program Requirements: DACA

Requirement Three: Complete the Data Accuracy and Completeness Acknowledgement (DACA).

- August 15 is the deadline for signing and completing the DACA. IPFs are required to complete and sign the DACA on an annual basis via the *HQR Secure Portal*.
- 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 IPF must complete this requirement. A vendor cannot fulfill this requirement.
- For more information about the DACA requirement, please refer to the IPFQR Quick Reference Guide: FY 2024 DACA, available for download from the QualityNet [IPFQR Program Resources](#) and Quality Reporting Center [IPFQR Program Resources and Tools](#) pages.

IPFQR Program Requirements: Reporting Periods vs Fiscal Years

IPFQR Program: Understanding Reporting Periods vs. Fiscal Years January 1, 2021 – December 31, 2024

Calendar Year and Fiscal Year

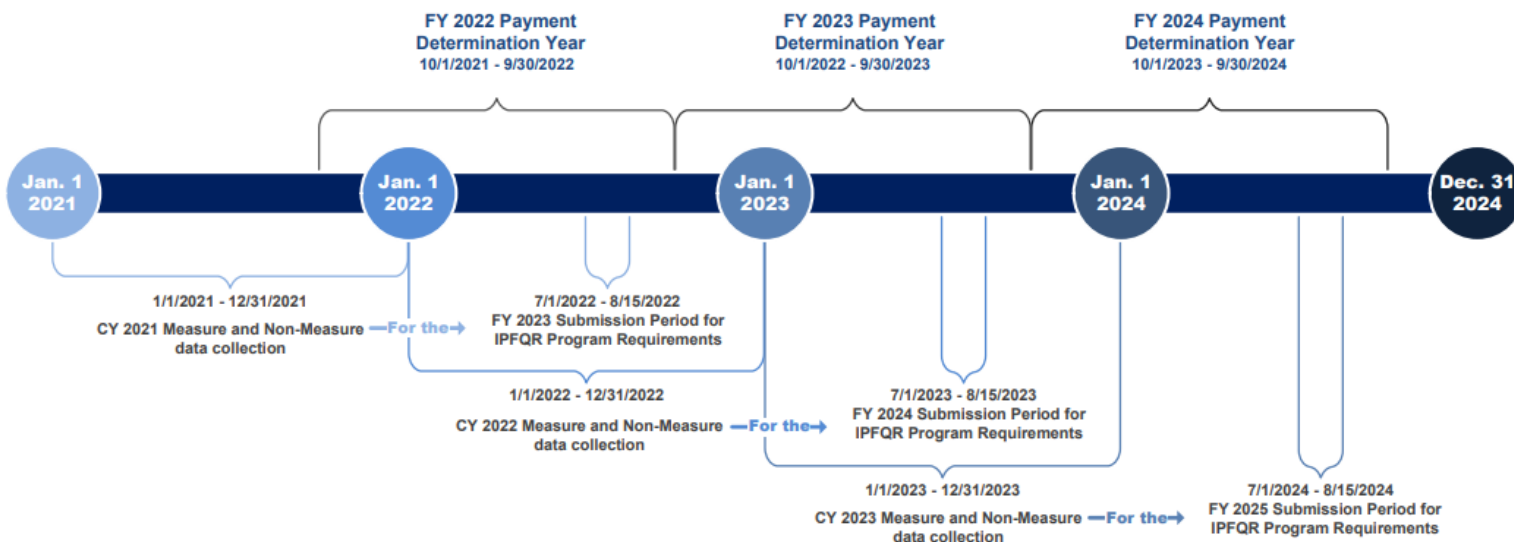
The Centers for Medicare & Medicaid Services (CMS) uses quality data collected by IPFs during a reporting period to make payment decisions for a future year.

- Reporting Period = Calendar Year (CY)
- Fiscal Year (FY) = Payment Year
- Annual Payment Update (APU) = the annual percentage increase that CMS applies to Medicare reimbursement for eligible IPFs

IPF Data → CMS APU Decisions

Submission of CY data is connected to payment in a future FY, as illustrated below.

- IPFs collect data for CY 2021 discharges.
- IPFs submit data to CMS in 2022.
- CMS makes preliminary FY 2023 APU decisions.
- CMS provides IPFs with an opportunity to request reconsiderations of FY 2023 APU decisions.
- CMS makes final FY 2023 APU decisions.



Exceptions

- Data used for claims-based measures (CBMs) are not usually from a single calendar year.
- Data for the IMM-2 measure are collected from October 1 through March 31 of the previous fiscal year. For example, IPFs will collect IMM-2 data from October 1, 2021–March 31, 2022 and submit the data in 2022 to impact the FY 2023 payment determination.
- Data for the COVID-19 Vaccination Coverage Among Health Care Personnel (COVID HCP) measure are collected and submitted to the National Healthcare Safety Network (NHSN) every quarter, starting with Q4 2021 data submitted by May 16, 2022. Refer to the CMS IPFQR Program Measures and Non-Measure Data paper tool on the QualityNet [IPFQR Program Resources](#) web page.

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Helpful Resources

Acronyms

ACH	acute care hospital	HCQIS	Health Care Quality Information Systems
APU	annual payment update	HQR	Hospital Quality Reporting
CAH	critical access hospital	IMM-2	Influenza Immunization
CART	CMS Abstraction & Reporting Tool	IPF	inpatient psychiatric facility
CCN	CMS Certification Number	IPFQR	Inpatient Psychiatric Facility Quality Reporting
CCSQ	Center for Clinical Standards and Quality	IPPS	inpatient prospective payment system
CDC	Centers for Disease Control and Prevention	IRF	inpatient rehabilitation facility
CMS	Centers for Medicare & Medicaid Services	LTCH	Long-Term Care Hospital
DACA	Data Accuracy and Completeness Acknowledgement	MAC	Medicare Administrative Contractor
FFS	Fee-For-Service	NHSN	National Healthcare Safety Network
FY	fiscal year	NOP	Notice of Participation
HARP	HCQIS Access Roles and Profile	PPS	prospective payment system
HBIPS	Hospital-Based Inpatient Psychiatric Services	VIQR	Value, Incentives, and Quality Reporting
HCP	health care personnel		

Helpful Resources

**IPFQR Program Webpages
(Click the Icons)**



Helpful Resources

Stay up to date...



...and get answers to your questions.



An Introduction to the IPFQR Program, Part 1

Thank You!

Continuing Education Approval

This program has been approved for [credit](#) for the following boards:

- **National credit**

- Board of Registered Nursing (Provider #16578)

- **Florida-only credit**

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
 - Board of Registered Nursing
 - Board of Nursing Home Administrators
 - Board of Dietetics and Nutrition Practice Council
 - Board of Pharmacy

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