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Audio from computer speakers breaking up?
Audio suddenly stop?
Click Refresh icon
– or –
Click F5

F5 Key
Top Row of Keyboard

Location of Buttons
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- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.

Example of Two Browsers/Tabs Open in Same Event
Submitting Questions

Type questions in the “Chat with presenter” section, located in the bottom-left corner of your screen.

Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC)

Today’s Presentation
Webinar Chat Questions

Chat Tool

• Submit questions pertinent to today’s topic.
• Any unanswered questions will be responded to and published in the *QualityNet* Questions and Answers (Q&A) Tool at a later date.
IPFQR Program:
Keys to Successful FY 2020 Reporting

Evette Robinson, MPH
Program Lead, Inpatient Psychiatric Facility Quality Reporting (IPFQR)
Program Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

June 27, 2019
Purpose

The purpose of this presentation is to:

• Summarize the Fiscal Year (FY) 2020 IPFQR Program requirements.
• Provide keys to successful data submission.
• Offer guidance to verify data accuracy.
Objectives

At the end of this presentation, participants will be able to:

• Summarize the FY 2020 IPFQR Program requirements.
• Follow the steps to avoid common submission errors to successfully submit data in the QualityNet Secure Portal.
• Locate and access helpful IPFQR Program resources.
IPFQR Program: Keys to Successful FY 2020 Reporting

FY 2020 Reporting Requirements
FY 2020 IPFQR Program Participation Requirements

To obtain the full annual payment update (APU) for the FY 2020 payment year, an IPF must meet the following requirements by August 15, 2019:

• Maintain at least one active QualityNet Secure Portal Security Administrator

• Pledge a status of “Participating” in the IPFQR Program Notice of Participation (NOP)

• Submit data for:
  o Hospital-Based Inpatient Psychiatric Services (HBIPS)-2, -3, -5
  o SUB-2/-2a, -3/3a
  o IMM-2
  o TOB-2/-2a, -3/-3a
  o Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record measures
  o Screening for Metabolic Disorders
  o Non-measure data

• Complete the Data Accuracy and Completeness Acknowledgement (DACA)
Annual Payment Update

IPFs that do not meet one or more of the IPFQR Program requirements by the August 15, 2019 deadline will be subjected to a two percentage point reduction to their APU for FY 2020.
<table>
<thead>
<tr>
<th>Measure</th>
<th>Reporting Period</th>
<th>Submission Deadline</th>
<th>Sampling Allowed *</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBIPS-2: Hours of Physical Restraint Use</td>
<td>January 1–December 31, 2018</td>
<td>August 15, 2019</td>
<td>No</td>
</tr>
<tr>
<td>HBIPS-3: Hours of Seclusion Use</td>
<td>January 1–December 31, 2018</td>
<td>August 15, 2019</td>
<td>No</td>
</tr>
<tr>
<td>HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification</td>
<td>January 1–December 31, 2018</td>
<td>August 15, 2019</td>
<td>Yes</td>
</tr>
<tr>
<td>SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention</td>
<td>January 1–December 31, 2018</td>
<td>August 15, 2019</td>
<td>Yes</td>
</tr>
<tr>
<td>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</td>
<td>January 1–December 31, 2018</td>
<td>August 15, 2019</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*See pages 14 and 15 of the IPFQR Program Manual, version 3.1, for more details about sampling options specific to Calendar Year (CY) 2018 discharges.
## FY 2020 IPFQR Program Chart
### Abstracted Measure Requirements

<table>
<thead>
<tr>
<th>Measure</th>
<th>Reporting Period</th>
<th>Submission Deadline</th>
<th>Sampling Allowed*</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOB-2: Tobacco Use Treatment Provided or Offered and TOB-2a: Tobacco Use Treatment</td>
<td>January 1–December 31, 2018</td>
<td>August 15, 2019</td>
<td>Yes</td>
</tr>
<tr>
<td>TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge</td>
<td>January 1–December 31, 2018</td>
<td>August 15, 2019</td>
<td>Yes</td>
</tr>
<tr>
<td>IMM-2: Influenza Immunization</td>
<td>October 1, 2018 – March 31, 2019</td>
<td>August 15, 2019</td>
<td>Yes</td>
</tr>
<tr>
<td>Screening for Metabolic Disorders</td>
<td>January 1–December 31, 2018</td>
<td>August 15, 2019</td>
<td>Yes</td>
</tr>
<tr>
<td>Transition Record with Specified Elements Received by Discharged Patients</td>
<td>January 1–December 31, 2018</td>
<td>August 15, 2019</td>
<td>Yes</td>
</tr>
<tr>
<td>Timely Transmission of Transition Record</td>
<td>January 1–December 31, 2018</td>
<td>August 15, 2019</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*See pages 14 and 15 of the IPFQR Program Manual, version 3.1, for more details about sampling options specific to CY 2018 discharges.
IPFQR Program: Reporting Periods vs. Fiscal Years
January 1, 2018–December 31, 2021

Calendar Year and Fiscal Year
The Centers for Medicare and 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 Determination Year
• Annual payment update (APU) = the annual percentage increase CMS applies to Medicare reimbursement for eligible IPFs

IPF Data → CMS Annual Payment Update (APU) Decisions
Submission of CY data is connected to payment in a future FY, as illustrated below.
• IPFs collect data for CY 2018 discharges.
• IPFs submit data to CMS in 2019.
• CMS makes preliminary FY 2020 APU decisions.
• CMS provides IPFs with an opportunity to request reconsiderations of FY 2020 APU decisions.
• CMS makes final FY 2020 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, 2018–March 31, 2019 and submit the data in 2019 to impact the FY 2020 payment determination.
IPFQR Program: Keys to Successful FY 2020 Reporting

Keys to Successful Reporting
Key #1: Access and Log in to the QualityNet Secure Portal

The QualityNet Secure Portal is the only CMS-approved method for IPFQR Program data submission.

CMS *highly* recommends that all IPFs ensure that at least two people with knowledge of the data are able to verify the accuracy of the data entered into the Secure Portal, even if data entry is done by a vendor.
Key #1: Access and Log in to the QualityNet Secure Portal

If you are not already a registered QualityNet user with access to the Secure Portal:

2. Select the [Inpatient Psychiatric Facilities] link on the left side of the QualityNet home page.
3. Follow the instructions to register.
Key #1: Access and Log in to the QualityNet Secure Portal

Once registered, you will need to log in to the QualityNet Secure Portal.

Select the [Login] link on the right side of the QualityNet home page under Log in to QualityNet Secure Portal.

- If you are not enrolled in the QualityNet Secure Portal yet, you will be able to enroll at this time.
- If you are enrolled already, you will be able to log in.
Key #1: Access and Log in to the QualityNet Secure Portal

If you are already enrolled in the QualityNet Secure Portal:
1. Enter your QualityNet User ID, Password, and Symantec VIP Security Code
2. Click the [Submit] button

If you are not already enrolled in the QualityNet Secure Portal:
1. Select the [Start/Complete New User Enrollment] link and complete enrollment
2. Download a Symantec VIP Access token and complete identity proofing
Key #2: Have Two Active Security Administrators

- The Security Administrator (SA) is the person in the organization who is able to grant access to those who need to enter, review, and confirm accuracy of the data submitted.
- Each participating IPF **must** have at least one **active** SA at the time of the submission deadline (Thursday, August 15, 2019).
- A second SA is highly recommended as a backup, in case the primary SA’s account expires.
- All users **must** log in to the *QualityNet Secure Portal* every 30–60 days to keep their accounts active.
  - Consider putting a reminder on your calendar.

If you are not sure of your SA status, call the *QualityNet Help Desk* at (866) 288-8912 for assistance.
Key #3: Manage the Notice of Participation

To access a facility’s NOP:

1. Click the [Quality Programs] tab on the QualityNet Secure Portal home screen.
2. Select the [Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR] option from the drop-down menu.
4. Select [Inpatient Psychiatric Facility (IPF) Notice of Participation].
Key #3: Manage the Notice of Participation

To access a facility’s NOP:

5. Enter the facility’s six-digit CMS Certification Number (CCN) only if you have access to information for more than one IPF in the QualityNet Secure Portal.

6. Click the [NEXT] button to view the IPFQR Notice of Participation menu.

7. Click the [Notice of Participation] hyperlink in the lower right side of the page to view the NOP status.
Key #3: Manage the Notice of Participation

- The IPFQR NOP Summary Table lists an IPF’s fiscal year(s) of active participation.
- A note highlighted in red appears in the Summary Table if fewer than two contacts are listed in the Secure Portal.
- If the IPF closes or chooses not to participate, contact the IPFQR Program Support Contractor to learn how to withdraw from the IPFQR Program.
Key #4: Prepare and Verify Accuracy of Data Prior to Submitting

CMS strongly recommends that IPFs prepare and verify accuracy of data *prior to* initiating the data-submission process in the *QualityNet* web-based data collection tool (WBDCT). Being prepared:

- Encourages IPFs to provide accurate data, both to the WBDCT and to third-party submitters (i.e., vendors).
- Prevents IPFs from submitting extreme outlier values.
- Reduces/eliminates data entry editing.
- Facilitates early submission of data.
- Ensures confidence in the final review of data submitted prior to completion of the DACA.
Key #4: Prepare and Verify Accuracy of Data Prior to Submitting

• Compare this year’s values to those submitted in previous years, where applicable.
  o Significant changes in values should invite closer review before finalizing submission.

• Measure values should always be reviewed by one or more person(s) familiar with the facility’s:
  o Operations
  o Annual census
  o Population

• Values that seem out of line with general expectations should be reviewed to verify accuracy.
Key #4: Prepare and Verify Accuracy of Data Prior to Submitting Parameters for the HBIPS-2 and HBIPS-3 Data Entry Pages

- Check the numerator data.
  - Ensure that the **total number of hours** that all psychiatric inpatients were maintained in physical restraints (HBIPS-2) or seclusion (HBIPS-3) is completed.
    - **Do not** enter minutes or days.
  - Enter up to seven whole number digits and up to two decimal digits.
    - For example, the value can be as low as 0 or as high as 9999999.99.
    - If the value is zero, then entering a single digit of “0” is adequate (i.e., 0000000.00 is not necessary).

- Check the denominator data.
  - Ensure that the correct number of days is entered for the denominator.
  - Ensure the number of days does not exceed 365 times the facility’s bed capacity.
  - Enter up to six digits.
    - The denominator cannot be zero if the numerator is a nonzero number.

- Traditional rounding is allowed to the hundredth digit. For example:
  - 123.4567 = 123.46
  - 123.4531 = 123.45
Key #4: Prepare and Verify
Accuracy of Data Prior to Submitting
Parameters for the Other Measures and Non-Measure Data Entry Pages

Data entry parameters for the HBIPS-5, SUB, TOB, IMM-2, Transition Record, and Screening for Metabolic Disorders measures, and the Non-Measure Data/Population Counts data entry pages are listed below:

- Numerator and denominator data must be entered in whole number digits.
- Enter up to five whole number digits for the numerator.
- Enter up to six whole number digits for the denominator.
  o The denominator cannot be zero if the numerator is a nonzero number.
Key #4: Prepare and Verify
Accuracy of Data Prior to Submitting
Tool to Assist with Identifying Questionable Data

The tool lists criteria to help IPFs identify the following types of questionable data:

- Entered in error
- Missing
- Invalid
- Exceeds normal parameters

If you have questions about your IPF’s data in relation to these criteria, email us at IPFQualityReporting@hcqis.org with “Measure Accuracy Question” in the subject line.
Key #4: Prepare and Verify Accuracy of Data Prior to Submitting Criteria to Identify Questionable FY 2020 Measure and Non-Measure Data

• The HBIPS-2 and HBIPS-3 measures should have the same denominator values (i.e., number of psychiatric inpatient days).
  o If different denominator values are entered for HBIPS-2 and HBIPS-3, then it is likely that the data are incorrect and the data entries should be checked.

• The denominator values should not be less than the IPF’s total annual discharges.
  o If the denominator values for HBIPS-2 or HBIPS-3 are less than the total number of patient discharges reported in the Non-Measure Data/Population Counts data entry page, then it is likely that the data are incorrect and the data entries should be checked.

• The denominator values should not exceed 365 times the total number of beds at the IPF.
  o If the aggregate number of inpatient days exceeds 365 times the IPF’s total bed size, then it is likely that the data are incorrect and the data entries should be checked.
Key #4: Prepare and Verify Accuracy of Data Prior to Submitting
Criteria to Identify Questionable FY 2020 Measure and Non-Measure Data

HBIPS-2 and HBIPS-3 should have the same denominator values (i.e., the number of psychiatric inpatient days).

? Questionable

Correct

<table>
<thead>
<tr>
<th>HBIPS-2: Hours of Physical Restraint Use</th>
<th>HBIPS-3: Hours of Seclusion Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Denominator</strong></td>
<td><strong>Denominator</strong></td>
</tr>
<tr>
<td>* Number of psychiatric inpatient days</td>
<td>* Number of psychiatric inpatient days</td>
</tr>
<tr>
<td>6,000</td>
<td>8,000</td>
</tr>
</tbody>
</table>

6/27/2019
Key #4: Prepare and Verify Accuracy of Data Prior to Submitting
Criteria to Identify Questionable FY 2020 Measure and Non-Measure Data

HBIPS-2 and HBIPS-3 denominator values (i.e., number of psychiatric inpatient days) should not be less than total annual discharges.

**Example:** Total Annual Discharges = 6,000

? Questionable

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HBIPS-2:</strong> Hours of Physical Restraint Use</td>
<td><strong>HBIPS-3:</strong> Hours of Seclusion Use</td>
</tr>
<tr>
<td>Denominator</td>
<td>Denominator</td>
</tr>
<tr>
<td>* Number of psychiatric inpatient days</td>
<td>* Number of psychiatric inpatient days</td>
</tr>
<tr>
<td>5,500</td>
<td>5,500</td>
</tr>
</tbody>
</table>

✓ Correct

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HBIPS-2:</strong> Hours of Physical Restraint Use</td>
<td><strong>HBIPS-3:</strong> Hours of Seclusion Use</td>
</tr>
<tr>
<td>Denominator</td>
<td>Denominator</td>
</tr>
<tr>
<td>* Number of psychiatric inpatient days</td>
<td>* Number of psychiatric inpatient days</td>
</tr>
<tr>
<td>6,500</td>
<td>6,500</td>
</tr>
</tbody>
</table>
Key #4: Prepare and Verify

Accuracy of Data Prior to Submitting

Criteria to Identify Questionable FY 2020 Measure and Non-Measure Data

HBIPS-2 and HBIPS-3 denominators should not exceed 365 times the total number of beds at the IPF.

**Example:** IPF Bed Size = 20
365 X 20 = 7300

? Questionable

![ HBIPS-2: Hours of Physical Restraint Use Denominator
  * Number of psychiatric inpatient days 8,000 ]

![ HBIPS-3: Hours of Seclusion Use Denominator
  * Number of psychiatric inpatient days 8,000 ]

✓ Correct

![ HBIPS-2: Hours of Physical Restraint Use Denominator
  * Number of psychiatric inpatient days 6,500 ]

![ HBIPS-3: Hours of Seclusion Use Denominator
  * Number of psychiatric inpatient days 6,500 ]
Key #4: Prepare and Verify
Accuracy of Data Prior to Submitting
Criteria to Identify Questionable FY 2020 Measure and Non-Measure Data

- **HBIPS-2** measure, values equaling or exceeding nine (9) hours per 1,000 patient hours of care
- **HBIPS-3** measure, values equaling or exceeding four (4) hours per 1,000 patient hours of care
Key #4: Prepare and Verify
Accuracy of Data Prior to Submitting
Criteria to Identify Questionable FY 2020 Measure and Non-Measure Data

Example of an Outlier Rate for the HBIPS-2 Measure

A rate equal to or greater than nine (9) hours per 1,000 patient hours of care is questionable and should be re-evaluated.

<table>
<thead>
<tr>
<th>HBIPS-2: Hours of Physical Restraint Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Numerator</strong></td>
</tr>
<tr>
<td>* The total number of hours that all psychiatric inpatients were maintained in physical restraint</td>
</tr>
<tr>
<td>25</td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
</tr>
<tr>
<td>* Number of psychiatric inpatient days</td>
</tr>
<tr>
<td>100</td>
</tr>
</tbody>
</table>

**Results**

HBIPS-2: Hours per 1000 Patient Hours 10.42
Key #4: Prepare and Verify
Accuracy of Data Prior to Submitting
Criteria to Identify Questionable FY 2020 Measure and Non-Measure Data

Example of an Outlier Rate for the HBIPS-3 Measure

A rate equal to or greater than four (4) hours per 1,000 patient hours of care is questionable and should be re-evaluated.

<table>
<thead>
<tr>
<th>HBIPS-3: Hours of Seclusion Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Numerator</strong></td>
</tr>
<tr>
<td>* The total number of hours that all psychiatric inpatients were held in seclusion</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
</tr>
<tr>
<td>* Number of psychiatric inpatient days</td>
</tr>
<tr>
<td>50</td>
</tr>
</tbody>
</table>

**Results**
HBIPS-3: Hours per 1000 Patient Hours 8.33
Key #4: Prepare and Verify Accuracy of Data Prior to Submitting
Criteria to Identify Questionable FY 2020 Measure and Non-Measure Data

Re-check your data for the measures below if:

1. The denominator is greater than the Total Number of Discharges.

2. The numerator exceeds the denominator.

- HBIPS-5
- SUB-2/-2a
- SUB-3/-3a
- TOB-2/-2a
- TOB-3/-3a
- Screening for Metabolic Disorders
- IMM-2
- Transition Record with Specified Elements Received by Discharged Patients
- Timely Transmission of Transition Record
Key #4: Prepare and Verify

Accuracy of Data Prior to Submitting

Criteria to Identify Questionable FY 2020 Measure and Non-Measure Data

Check your data for the measures below if the subset measure numerator is greater than the primary measure numerator.

- SUB-2
- SUB-3
- TOB-2
- TOB-3
- Transition Record with Specified Elements Received by Discharged Patients
Two additional criteria for the Screening for Metabolic Disorders (SMD) measure are:

1. The absence of numerator and denominator SMD measure values for IPFs that report values for the HBIPS-5 measure.
2. The SMD measure denominator value is smaller than the denominator value for the HBIPS-5 measure.
Key #4: Prepare and Verify Accuracy of Data Prior to Submitting
Criteria to Identify Questionable FY 2020 Measure and Non-Measure Data

Criteria to identify questionable non-measure data

• The total number of discharges by Age Strata is greater than the Total Annual Discharges.
• The total number of discharges by Diagnostic Categories is greater than the Total Annual Discharges.
• The total number of discharges by Payer category is greater than the Total Annual Discharges.
Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program WBDCT to enter a facility’s measure data:

1. Click the [Quality Programs] tab on the QualityNet Secure Portal home screen.

2. Select the [Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR] option from the drop-down menu.

3. Select [View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)].

4. Select [Inpatient Psychiatric Facilities Web-Based Measures/DACA].
To access a facility’s measure data:

5. Select [2020] from the Payment Year drop-down menu and click the [Continue] button.
   
   • If you are a single facility with access only to your data, you will see the Measures Summary page.
   • If you are a user with access to multiple facilities (e.g., a vendor), then select the provider(s) for which data will be entered.
     
     o **Clear**: De-selects providers from the provider selection list
     o **Cancel**: Returns to the Payment Year selection page
     o **Continue**: Goes to the Measures Summary page
Key #5: Enter and Verify Accuracy of Data
Access the IPFQR Program WBDCT

Inpatient Psychiatric Facilities Web-Based Measures/DACA

Submission Period
07/01/2019 – 08/15/2019

With Respect to Reporting Period
Varies by Measure

Web-Based Measures | FY 2020
Use the horizontal scroll bar in the middle of this page to scroll completely to the right to view and edit the remaining data submissions.

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Non-Measure Data</th>
<th>HBIPS-2</th>
<th>HBIPS-3</th>
<th>HBIPS-5</th>
<th>Screening for Metabolic Disorders</th>
<th>Transition Record with Specified Elements</th>
<th>Timely Transmission of Transition Record</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Incomplete</td>
<td>Incomplete</td>
<td>Incomplete</td>
<td>Incomplete</td>
<td>Incomplete</td>
<td>Incomplete</td>
<td>Incomplete</td>
</tr>
</tbody>
</table>

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<tr>
<th>Provider ID</th>
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<th>HBIPS-2</th>
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<th>Screening for Metabolic Disorders</th>
<th>Transition Record with Specified Elements</th>
<th>Timely Transmission of Transition Record</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB-2/-2a</td>
<td>Incomplete</td>
<td>Incomplete</td>
<td>Incomplete</td>
<td>Incomplete</td>
<td>Incomplete</td>
<td>Incomplete</td>
<td>Incomplete</td>
</tr>
</tbody>
</table>

Acronyms
Key #5: Enter and Verify Accuracy of Data

Overview of the Data Entry Process

Let’s review the data entry process!

1. Enter Data Values
2. Calculate
3. Submit
4. Edit*
5. Print (optional)
6. Return to Summary

*After clicking [Submit], the [Calculate] button will be replaced by an [Edit] button. You can edit data entered into the FY 2020 WBDCT anytime before the August 15, 2019 deadline.
Key #5: Enter and Verify Accuracy of Data
Enter HBIPS-2 Data

How to Complete Data Submission:
1. Enter the measure data.
How to Complete Data Submission:

2. Click the grey [Calculate] button to compute your results. If the calculation is successful, the grey [Submit] button turns blue.

3. Click the blue [Submit] button.
Key #5: Enter and Verify Accuracy of Data

Confirm Submission of HBIPS-2 Data

How to Complete Data Submission:

4. Confirm successful submission, which will be indicated by the appearance of a successful submission confirmation message at the top left-hand side of your page.
Key #5: Enter and Verify Accuracy of Data
Non-Measure Data/Population Counts

As described in the FY 2019 IPF PPS Final Rule, IPFs are no longer required to submit sample size on the Non-Measure Data/Population Counts data entry screen.
Key #5: Enter and Verify Accuracy of Data

You have two opportunities to edit data during a measure submission process:

1. Edit after calculating and **before** submitting data.
2. Edit **after** submitting data.
Key #5: Enter and Verify Accuracy of Data

Scenario 1: Correcting data after calculation and before submission

1. After entering data and selecting the [Calculate] button, the [Edit] button will appear in place of the [Calculate] button. Select the [Edit] button to revise data that is identified as incorrect.

2. Once you have corrected your data, you must select the [Calculate] button and then the [Submit] button in order to save the changes.
Key #5: Enter and Verify Accuracy of Data

Scenario 2: Correcting data after submission

1. If you realize that you need to correct data after clicking the [Submit] button before you leave the data entry page, simply place your cursor in the field that requires editing and change the value.

2. Once you have corrected your data, you must select the [Calculate] button followed by the [Submit] button in order to save the changes.
Key #5: Enter and Verify Accuracy of Data

Return to Summary Page

Return to the Measure Completion Status Summary page by clicking the [Return to Summary] button.

![Image of Results and Options]

**Message from webpage**

You are about to leave this page. If you have made any changes, and did not submit them, they will not be saved. Click 'OK' to continue. Click 'Cancel' to remain on the current page.

- OK
- Cancel
Verify that all the web-based measures are complete. The Measures Summary page will show a status of “Completed” under the hyperlink of each data entry page.
Key #6: Review Submission Before Signing the DACA Form

- Review all measure and non-measure data for accuracy and completeness before and after it is submitted into the WBDCT.
  - This must be done prior to completion and submission of the DACA.

- Submit and/or edit previously submitted measure data and complete/submit the DACA prior to the submission deadline of August 15, 2019.

- If using a third-party vendor:
  - Ensure the vendor has been previously authorized.
  - Complete the online DACA form prior to the August 15, 2019 deadline.
    - The facility is responsible for completion of the DACA form, not the vendor.
Key #6: Review Submission Before Signing the DACA Form

• The DACA is the only opportunity for IPFs to attest to the accuracy and completeness of the data submitted to CMS.
  ○ Data will be publicly displayed at a later date.

• IPFs cannot enter or edit data after the submission deadline.
  ○ It is highly recommended that IPFs enter their data as far in advance of the August 15, 2019 deadline as possible.
Key #6: Review Submission Before Signing the DACA Form

Inpatient Psychiatric Facilities Web-Based Measures/DACA

Data Accuracy and Completeness Acknowledgement | PY2020  * Required field

For all Inpatient Psychiatric Facility Quality Reporting participating providers, the Data Accuracy and Completeness Acknowledgement is required by CMS in order to fulfill the Annual Payment Update (APU) requirement.

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Data Accuracy and Completeness Acknowledgement FY 2020

I acknowledge that to the best of my ability all of the information reported for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program, as required for the Fiscal Year 2020 IPFQR Program requirements, is accurate and complete. This information includes the following:

- Aggregated data for all required measures
- Non-measure data
- Current Notice of Participation and
- QualityNet Security Administrator

I understand that this acknowledgement covers all IPFQR information reported by this inpatient psychiatric hospital or psychiatric unit (and any data or survey vendor(s) acting as agents on behalf of this hospital) to CMS and its contractors, for the FY 2020 payment determination. To the best of my knowledge, this information was collected in accordance with all applicable requirements. I understand that this information is used as the basis for the public reporting of quality of care.

I understand that this acknowledgement is required for purposes of meeting any Fiscal Year 2020 IPFQR Program requirements.

Enter your Position and click Submit.
* Yes, I Acknowledge
* Position
Key #6: Enter and Verify Accuracy of Data

The IPF Provider Participation Report will be available during the data-submission period for providers to review facility-level data for accuracy. The IPF Provider Participation Report will:

• Provide IPFs with a summary of the requirements for participation in the IPFQR Program.
• Assist IPFs in determining their facility’s status towards meeting the program requirements by providing information about the data that is submitted to the CMS Clinical Data Warehouse, following entry into the web-based application.

Note:

1. Measures that are no longer reported to CMS are included in the FY 2020 IPF Participation Report and results are indicated by "N/A."
2. The information provided in the IPF Provider Participation Report does not guarantee the hospital will receive the full APU.
Key #6: Enter and Verify Accuracy of Data

Refer to Section 7: Accessing and Reviewing Reports of the IPFQR Program Manual for guidance on how to run the IPF Provider Participation Report.

CMS recommends that you review and print your IPF Provider Participation Report for your own records.
Review of Keys to Successful Reporting

- Access and log in to the QualityNet Secure Portal
- Have two active SAs
- Manage the NOP
- Prepare and verify accuracy of data prior to submitting
- Enter and verify accuracy of data
- Review submissions before signing the DACA form

**Note:** Confirm that all IPFQR Program data reporting requirements have been met before completing the DACA. IPFs cannot change data nor complete the DACA form after the data-submission deadline.
Important Tip

In the event of staff turnover, remember to use the **Hospital Contact Change Form** to inform the VIQR SC for the IPFQR Program about key personnel changes (e.g., CEO and quality reporting contact).
IPFQR Program: Keys to Successful FY 2020 Reporting

Helpful Resources
Helpful Resources: Data Accuracy Tools

Criteria to Identify Questionable Measure and Non-Measure Data

Data Submission Checklist

Data Verification Checklist

QualityNet.org

QualityReportingCenter.com

Inpatient Inpatient Psychiatric Facilities

Inpatient Resources Data Submission Tools

Data Submission and Verification Checklists
Future Webinar Topics

FY 2020 IPF PPS Final Rule and APU Determination
• Overview of changes to the IPFQR Program, as outlined in the FY 2020 IPF PPS Final Rule
• Summary of the APU determination and reconsideration processes

FY 2020 IPFQR Program Data Review
• Review national level data submitted during summer 2019 data submission period

Future webinar titles, dates, and times will be communicated via the IPFQR Program ListServe.
Helpful Resources

IPFQR Program Webpages (Click the Icons)

Quality Reporting Center

QualityNet
Helpful Resources

Stay up to date...

Contact Change Form

ListServe Registration

Upcoming Webinars

...and get answers to your questions.

Q&A Tool

Email Support

Phone Support (866) 800-8765

Fax (877) 789-4443
### Acronyms

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<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>APU</td>
<td>annual payment update</td>
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<tr>
<td>ASCQR</td>
<td>Ambulatory Surgical Center Quality Reporting</td>
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<tr>
<td>CBM</td>
<td>claims-based measure</td>
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<td>CCN</td>
<td>CMS Certification Number</td>
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<td>CE</td>
<td>continuing education</td>
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<td>CEO</td>
<td>Chief Executive Officer</td>
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<td>Centers for Medicare &amp; Medicaid Services</td>
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<td>CY</td>
<td>Calendar Year</td>
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<td>DACA</td>
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<td>Influenza Immunization Measure</td>
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<td>PCHQR</td>
<td>PPS-Exempt Cancer Hospital Quality Reporting</td>
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<td>question and answer</td>
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<td>Support Contractor</td>
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<td>VIQR</td>
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<td>Web-Based Data Collection Tool</td>
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6/27/2019
IPFQR Program: Keys to Successful FY 2020 Reporting

Continuing Education Process
Continuing Education (CE) Approval

This program has been approved for CE 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

**Note:** To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.
CE Credit Process: Three Steps

1. Complete the ReadyTalk® survey that will pop up after the webinar.
2. Register on the HSAG Learning Management Center for the certificate.
3. Print out your certificate.

Note: An additional survey will be sent to all registrants within the next 48 hours.
CE Credit Process: Survey

10. What is your overall level of satisfaction with this presentation?
- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied
If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Powered by SurveyMonkey
Check out our sample surveys and create your own now!
Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

**New User Link:**
https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccbc1ae

**Existing User Link:**
https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccbc1ae

**Note:** If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.
Register for Credit

New User
Use personal email and phone.
Go to email address and finish process.

Existing User
Entire email is your user name.
You can reset your password.
Thank You
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