Welcome!

- **Audio for this event is available via ReadyTalk® Internet streaming.**

- **No telephone line is required.**

- **Computer speakers or headphones are necessary to listen to streaming audio.**

- **Limited dial-in lines are available. Please send a chat message if needed.**

- **This event is being recorded.**

Troubleshooting Audio

Audio from computer speakers breaking up? Audio suddenly stop?

Click Refresh icon
– or –
Click F5
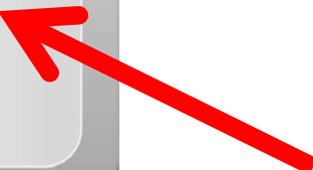
F5 Key
Top Row of Keyboard
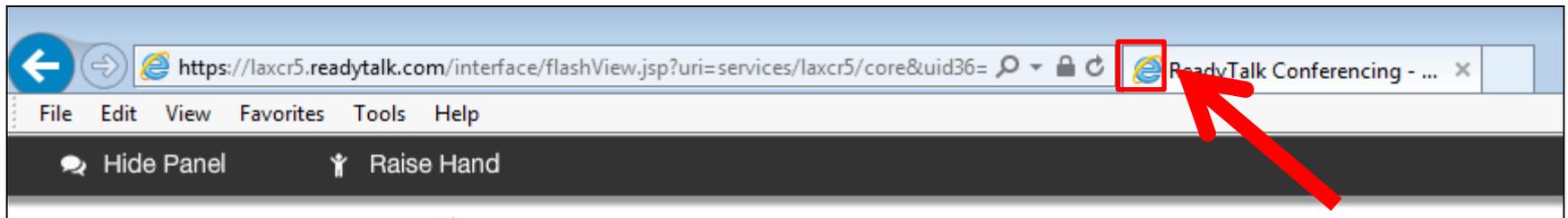
Refresh

Location of Buttons

Troubleshooting Echo

- **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.**
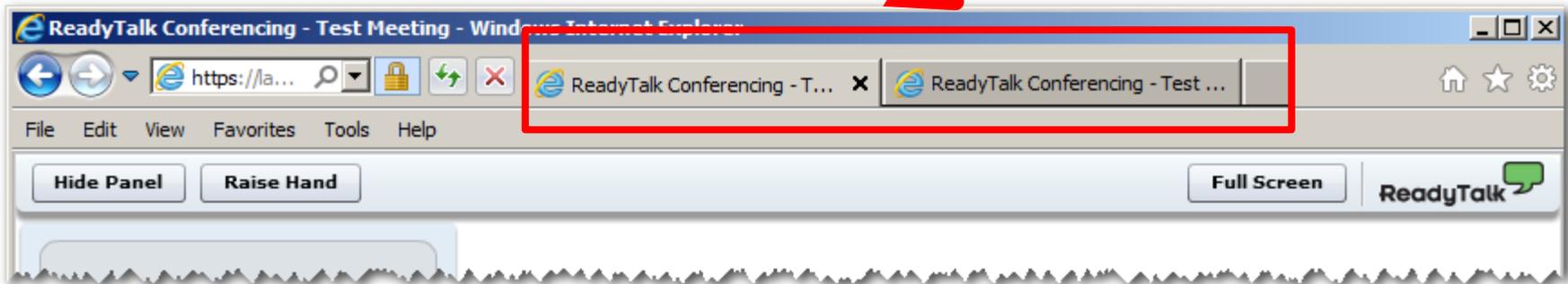
Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

Type questions in the "Chat with presenter" section, located in the bottom-left corner of your screen.
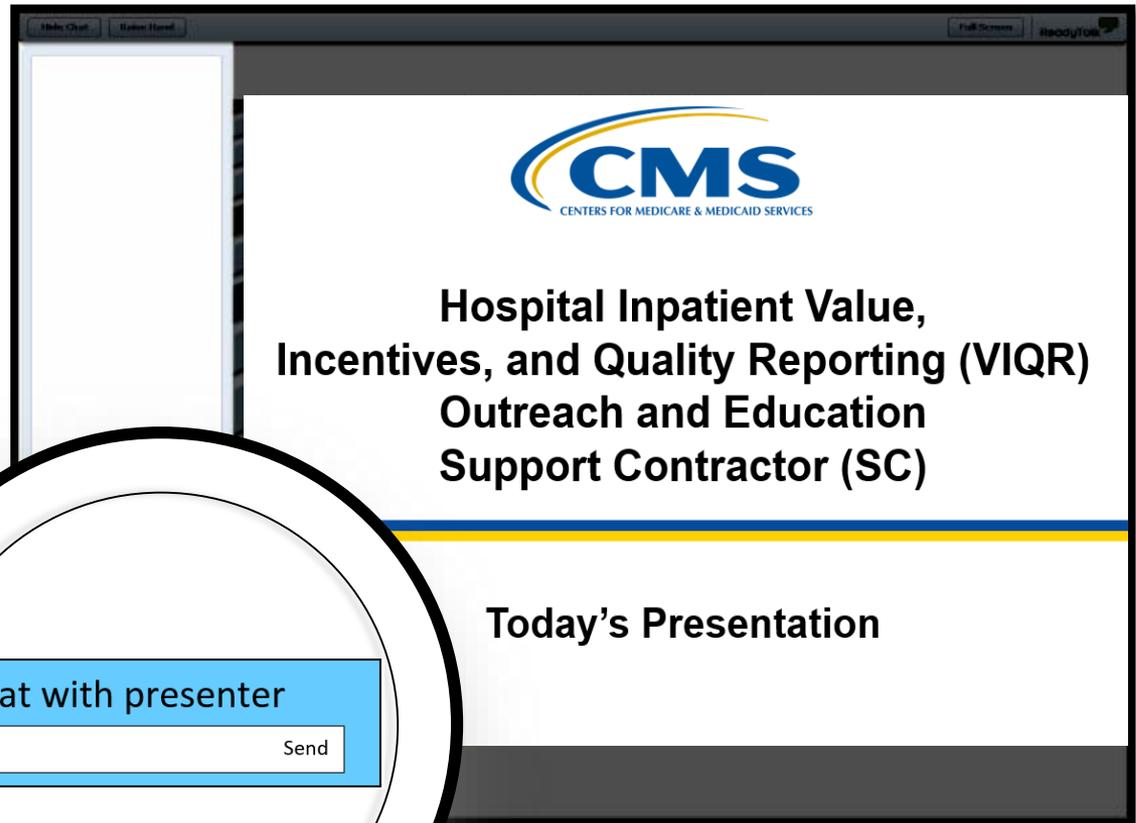
Webinar Chat Questions

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

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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.

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

Acronyms   11

FY 2020 IPFQR Program Chart-Abstracted Measure Requirements

Measure	Reporting Period	Submission Deadline	Sampling Allowed *
HBIPS-2: Hours of Physical Restraint Use	January 1– December 31, 2018	August 15, 2019	No
HBIPS-3: Hours of Seclusion Use	January 1– December 31, 2018	August 15, 2019	No
HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	January 1– December 31, 2018	August 15, 2019	Yes
SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention	January 1– December 31, 2018	August 15, 2019	Yes
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	January 1– December 31, 2018	August 15, 2019	Yes

*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.

Acronyms

FY 2020 IPFQR Program Chart-Abstracted Measure Requirements

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

*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.

FY 2019 Payment Determination Year
10/1/2018 - 9/30/2019

FY 2020 Payment Determination Year
10/1/2019 - 9/30/2020

FY 2021 Payment Determination Year
10/1/2020 - 9/30/2021

Jan. 1 2018

Jan. 1 2019

Jan. 1 2020

Jan. 1 2021

Dec. 31 2021

1/1/2018 - 12/31/2018
CY 2018 Measure and Non-Measure data collection as determined in the FY 2019 IPF PPS Final Rule

For the

7/1/2019 - 8/15/2019
FY 2020 Submission Period for ALL IPFQR Program Requirements

1/1/2019 - 12/31/2019
CY 2019 Measure and Non-Measure data collection

For the

7/1/2020 - 8/15/2020
FY 2021 Submission Period for ALL IPFQR Program Requirements

1/1/2020 - 12/31/2020
CY 2020 Measure and Non-Measure data collection

For the

7/1/2021 - 8/15/2021
FY 2022 Submission Period for ALL IPFQR Program Requirements

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.

Acronyms

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.

Acronyms   16

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*:

1. Go to www.QualityNet.org.
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.

Acronyms   18

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

Log In to QualityNet   *Required Field
Please enter your CMS User ID and password, followed by your Symantec VIP Security Code, then click Submit.

* User ID

* Password

* Security Code

CANCEL   SUBMIT

? Help
Start/Complete New User Enrollment
Forgot your password?
Trouble with your Security Code?
Need to register for a QualityNet account?

VIP Access
Credential ID
VSHM43125775

Security Code   25
413911

Symantec.
Validation &
ID Protection

Acronyms
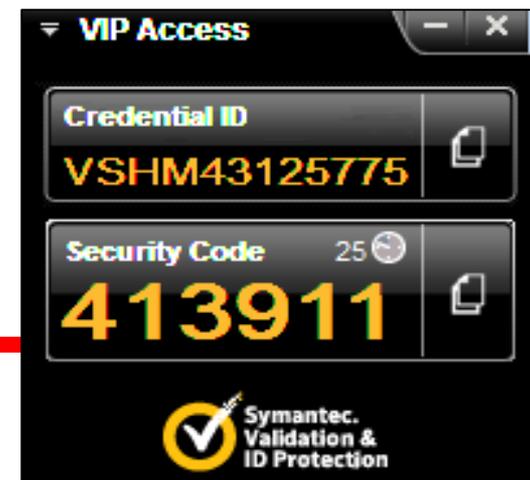
Key #2: Have Two Active Security Administrators

- 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.
  - o 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.

Acronyms

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.

3. Select **[View/Edit Notice of Participation, Contacts, Campuses]** in the *Manage Notice of Participation* box.

4. Select **[Inpatient Psychiatric Facility (IPF) Notice of Participation]**.

Acronyms   21

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.

Acronyms 22

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.

IPFQR Notice of Participation | Summary

Provider Name

Provider ID   **Medicare Accept Date**   **Facility Close Date**

⊟ **Notice of Participation Summary Table**

Fiscal Year	Notice of Participation Status	Notice of Participation Date	Added By	Date Edited
2020	Participating	06/27/2014 10:49:05 PT	CARRY_FORWAR...	
2019	Participating	06/27/2014 10:49:05 PT		

PREVIOUS   **CHANGE NOTICE OF PARTICIPATION**

⊟ **Notice of Participation Summary Table**

NOTE: If you want to Pledge, you must identify two Contacts to receive notification of Pledge changes.

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.

  - 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:

  - Operations

  - Annual census

  - Population

- Values that seem out of line with general expectations should be reviewed to verify accuracy.

Acronyms

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

Acronyms

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.
  - The denominator cannot be zero if the numerator is a nonzero number.

Acronyms

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.

Criteria to Identify Questionable FY 2020 Measure and Non-Measure Data for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

The following criteria are provided to help Inpatient Psychiatric Facilities (IPFs) identify measure and non-measure data that may have been entered in error, may be invalid, or may exceed normal parameters prior to submission of data by the August 15, 2019 deadline for fiscal year (FY) 2020 payment determination. If you find that your data meet one or more of the criteria listed below, the Centers for Medicare & Medicaid Services strongly recommends that you recheck the data for accuracy.

The criteria for identifying questionable **HBIPS-2** and **HBIPS-3** measure data are:
- For the **HBIPS-2** measure, values equaling or exceeding nine (9) hours per 1,000 patient hours of care.
- For the **HBIPS-3** measure, values equaling or exceeding four (4) hours per 1,000 patient hours of care.

Criteria for the **HBIPS-5, SUB-2/-2a, SUB-3/-3a, TOB-2/-2a, TOB-3/-3a, IMM-2, Transition Record with Specified Elements Received by Discharged Patients, Timely Transmission of Transition Record, and Screening for Metabolic Disorders** measures are:
- The denominator is greater than the Total Number of Discharges.
- The numerator exceeds the denominator.

One additional criterion for the **SUB-2, SUB-3, TOB-2, TOB-3, and Transition Record with Specified Elements Received by Discharged Patients** measures is that the subset measure numerator is greater than the primary measure numerator. Examples of questionable data include:
- SUB-2a greater than SUB-2
- TOB-3a greater than TOB-2
- Timely Transmission of Transition Record greater than Transition Record with Specified Elements Received by Discharged Patients

Two additional criteria for the **Screening for Metabolic Disorders (SMD)** measure are:
- The absence of numerator and denominator SMD measure values for IPFs that report values for the HBIPS-5 measure
- The SMD measure denominator value is smaller than the denominator value for the HBIPS-5 measure.

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

If you have questions regarding the criteria described above as it pertains to your facility's data in the *QualityNet Secure Portal*, send an email to 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).
  - 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.
  - 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.
  - 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.

Acronyms 29

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

HBIPS-2: Hours of Physical Restraint Use

Denominator

*   Number of psychiatric inpatient days

    6,000

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

    6,000

HBIPS-3: Hours of Seclusion Use

Denominator

*   Number of psychiatric inpatient days

    6,000

Acronyms

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

HBIPS-2: Hours of Physical Restraint Use

Denominator

* Number of psychiatric inpatient days

5,500

HBIPS-3: Hours of Seclusion Use

Denominator

* Number of psychiatric inpatient days

5,500

✓ 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 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 <u>nine (9)</u> hours per 1,000 patient hours of care

- **HBIPS-3** measure, values equaling or exceeding <u>four (4)</u> 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.

HBIPS-2: Hours of Physical Restraint Use

Numerator

* The total number of hours that all psychiatric inpatients were maintained in physical restraint

25

Denominator

* Number of psychiatric inpatient days

100

Results

HBIPS-2: Hours per 1000 Patient Hours   10.42

Acronyms

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.

HBIPS-3: Hours of Seclusion Use

Numerator

* The total number of hours that all psychiatric inpatients were held in seclusion

> 10

Denominator

* Number of psychiatric inpatient days

> 50

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

Acronyms

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

Acronyms 37

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

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.

Acronyms 38

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.

Acronyms 39

Key #5: Enter and Verify Accuracy of Data
Access the IPFQR Program WBDCT

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]**.
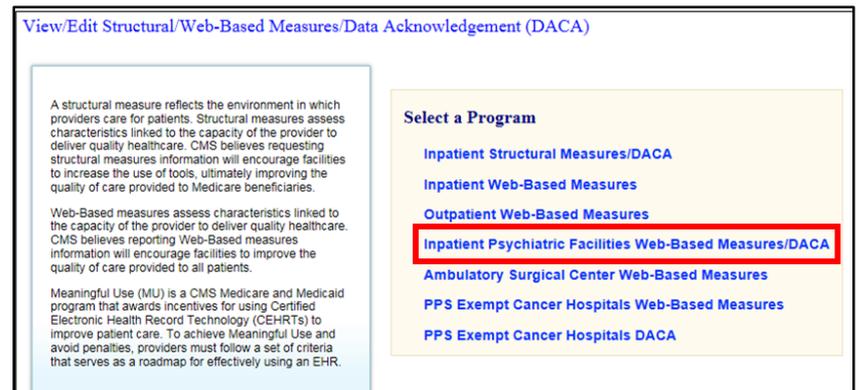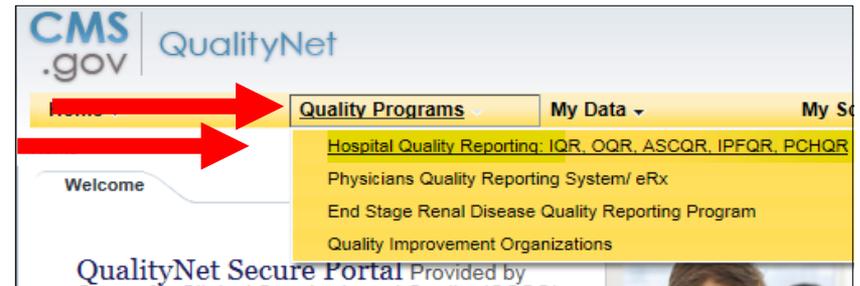
Key #5: Enter and Verify Accuracy of Data
Access the IPFQR Program WBDCT

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

Acronyms   41

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 | P.Y. 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.

Provider ID	Non-Measure Data	HBIPS-2	HBIPS-3	HBIPS-5	Screening for Metabolic Disorders	Transition Record with Specified Elements	Timely Transmission of Transition Record
	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete

Provider ID	Non-Measure Data	HBIPS-2	HBIPS-3	HBIPS-5	Screening for Metabolic Disorders	Transition Record with Specified Elements	Timely Transmission of Transition Record
	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete

	SUB-2/-2a	SUB-3/-3a	TOB-2/-2a	TOB-3/-3a	IMM-2	DACA
	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete

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.

HBIPS-2: Hours of Physical Restraint Use

Numerator

* The total number of hours that all psychiatric inpatients were maintained in physical restraint

2

Message from webpage

Please verify that you have entered your Numerator value in hours, and your Denominator in days. Click OK to continue. Click Cancel to remain on the current page.

OK   Cancel

Denominator

* Number of psychiatric inpatient days

500

Return to Summary   Calculate   Submit   Print

Key #5: Enter and Verify Accuracy of Data
Calculate and Submit HBIPS-2 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.

ⓘ Information
Successfully Saved HBIPS-2 Information.

HBIPS-2: Hours of Physical Restraint Use

Numerator

* The total number of hours that all psychiatric inpatients were maintained in physical restraint

2

Denominator

* Number of psychiatric inpatient days

500

Results

HBIPS-2: Hours per 1000 Patient Hours   0.17

Return to Summary   Calculate   Submit   Print

Acronyms

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.

ⓘ Information
Successfully Saved HBIPS-2 Information.

HBIPS-2: Hours of Physical Restraint Use

Numerator

* The total number of hours that all psychiatric inpatients were maintained in physical restraint

2

Denominator

* Number of psychiatric inpatient days

500

Results

HBIPS-2: Hours per 1000 Patient Hours 0.17

Return to Summary   Calculate   Submit   Print

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.

Non-Measure Data/Population Counts

Total Annual Discharges

* Please enter an aggregate, yearly count of your facility's annual discharges.

Age Strata

* Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following age groups:

Children (1 - 12 years)

Adolescent (13 - 17 years)

Adult (18 - 64 years)

Older Adult (65 and over)

Diagnostic Categories

* Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following diagnostic categories:

Anxiety disorders (651)

Delirium, dementia, and amnestic and other cognitive disorders (653)

Mood disorders (657)

Schizophrenia and other psychotic disorders (659)

Alcohol-related disorders (660)

Substance-related disorders (661)

Other diagnosis - Not included in one of the above categories

Payer

* Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following payers:

Medicare

Non-Medicare

Non-Measure Data/Sample Size Counts

* Did your facility use global sampling?
  - ○ Yes
  - ● No

Return to Summary   Submit   Print

Acronyms

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.
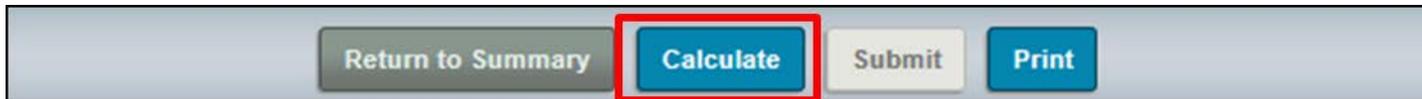
2. Once you have corrected your data, you must select the **[Calculate]** button followed by the **[Submit]** button in order to save the changes.

6/27/2019

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.
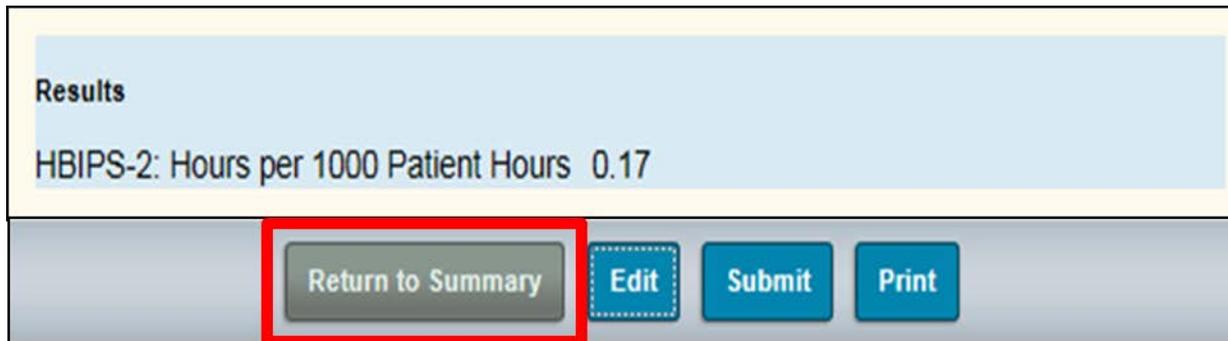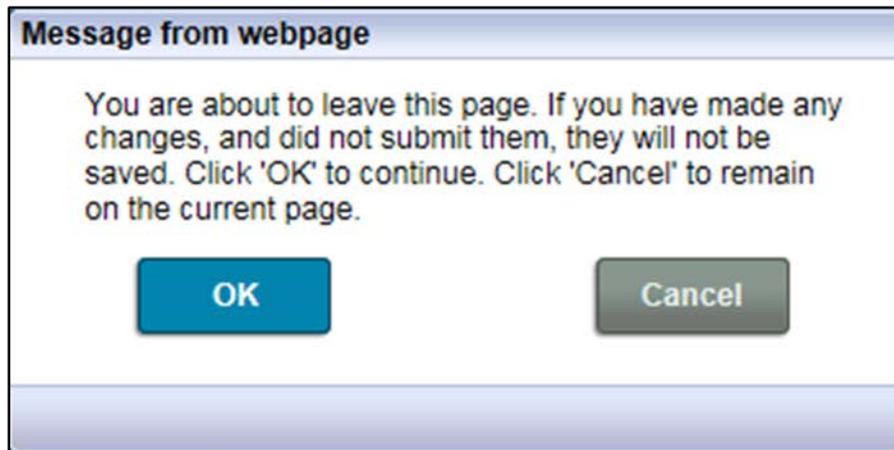
Key #5: Enter and Verify Accuracy of Data

Measures Summary Screen

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.

  o 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:

  o Ensure the vendor has been previously authorized.

  o 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.

  o Data will be publicly displayed at a later date.

- IPFs **cannot** enter or edit data **after the submission deadline.**

  o 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

Provider	CCN	Submission Period 07/01/2019 - 08/15/2019	With Respect to Reporting Period 01/01/2018 – 12/31/2018

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.

Acronyms

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.

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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).

Acronyms

Helpful Resources

Helpful Resources:
Data Accuracy Tools

Criteria to Identify Questionable Measure and Non-Measure Data

Data Submission Checklist

Data Verification Checklist

QualityNet.org ➡ Inpatient ➡ Inpatient Psychiatric Facilities ➡ Resources ➡ Data Submission Tools

QualityReportingCenter.com ➡ Inpatient ➡ Inpatient Psychiatric Facility Quality Reporting Program ➡ Resources and 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)

Acronyms 63

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 |

Acronyms

APU	annual payment update	**IPFQR**	Inpatient Psychiatric Facility Quality Reporting
ASCQR	Ambulatory Surgical Center Quality Reporting	**IQR**	Inpatient Quality Reporting
CBM	claims-based measure	**NOP**	Notice of Participation
CCN	CMS Certification Number	**OQR**	Outpatient Quality Reporting
CE	continuing education	**PCHQR**	PPS-Exempt Cancer Hospital Quality Reporting
CEO	Chief Executive Officer		
CMS	Centers for Medicare & Medicaid Services	**PPS**	prospective payment system
		Q&A	question and answer
CY	Calendar Year	**SA**	Security Administrator
DACA	Data Accuracy and Completeness Acknowledgement	**SC**	Support Contractor
		SMD	Screening for Metabolic Disorders
FY	Fiscal Year	**SUB**	Substance Use
HBIPS	Hospital-Based Inpatient Psychiatric Services	**TOB**	Tobacco Use
		VIQR	Value, Incentives, and Quality Reporting
IMM-2	Influenza Immunization Measure		
IPF	inpatient psychiatric facility	**WBDCT**	Web-Based Data Collection Tool

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.

CERTIFICATE

Continuing Education Credit

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

CE Credit Process: Survey

CE Credit Process: Certificate

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-d6f6b9ccb1ae

Existing User Link:
https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae

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

Done

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

Disclaimer

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