Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

IPFQR Program: Keys to Successful FY 2020 Reporting

Presentation Transcript

Speaker

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Evette Robinson: Before we proceed with today's webinar, I would like to cover a few housekeeping items, specific to IPFQR Program webinar events. As a reminder, we do not recognize the raised-hand feature in the chat during webinars. Instead, you can submit any questions pertinent to the webinar topic to us via the chat tool. Any unanswered questions will be responded to and published in the *QualityNet* questions-and-answers, or Q&A. tool at a later date. Any questions received that are not related to the topic of the webinar will not be answered in the chat tool. Instead, we recommend that you go to the *QualityNet* Q&A tool to search for posted question-and-answer pairs, as well as submit any new questions to us that are not already addressed in the Q&A tool or in a previously published summary of questions and answers. The slides for this presentation were posted to the *Quality Reporting Center* website prior to the event. If you did not receive the slides beforehand, please go to *QualityReportingCenter.com* in your web browser and, on the bottom left of the screen, you will see a list of upcoming events. Click on the link for this event, scroll down to the bottom of the page, and there you will find the presentation slides available for download.

Hello everyone and welcome to today's presentation titled, *IPFQR Program: Keys to Successful Fiscal Year 2020 Reporting*. My name is Evette Robinson, and I am the Program Lead for the IPFQR Program with the VIQR Support Contract.

The purpose of this presentation is to summarize the fiscal year 2020 IPFQR Program requirements, provide keys to successful data submission, and offer guidance on how to confirm the accuracy of your data.

By the end of this presentation, attendees will be able to summarize the fiscal year 2020 IPFQR Program requirements, follow the steps to avoid common submission errors in order to successfully submit data in the *QualityNet Secure Portal*, as well as locate and access helpful IPFQR Program resources.

Let's begin by reviewing the data submission requirements for fiscal year 2020.

In order to participate in the IPFQR Program and obtain full annual payment update, or APU, for the fiscal year 2020 payment year, an IPF must meet the following requirements by August 15, 2019. First, an IPF must maintain at least one active *QualityNet* Security Administrator, or SA, though CMS recommends that each IPF have at least two SAs. The IPFQR Program Notice of Participation, or NOP, must have a pledge status of participating. IPFs must submit data for the HBIPS-2, -3, and -5 measures; the SUB-2/-2a, -3/-3a measures; the IMM-2 measure; the TOB-2/-2a, -3/-3a measures; the Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record measures; as well as the Screening for Metabolic Disorders measure. And finally, IPFs must submit non-measure data. We will review helpful information regarding submission of accurate measure and non-measure data later in this presentation. The final requirement that an IPF must complete in order to obtain full annual payment updates for the fiscal year 2020 payment year is that, once the measure and non-measure data have been entered, the IPF must complete the Data Accuracy and Completeness Acknowledgement, or DACA, as an attestation that the data entered are accurate and complete.

IPFs that do not meet one or more of the IPFQR Program requirements by the August 15, 2019 deadline will be subjected to a 2-percentage point reduction to their annual payment update, or APU, for fiscal year 2020.

The tables on slides 12 and 13 display the IPFQR Program reporting period, data submission deadline measure type, and also indicate whether sampling is allowed for each measure that is to be submitted for fiscal year 2020. For more details about sampling options for the IPFQR Program specific to calendar year 2018 discharges, refer to Version 3.1 of the IPFQR Program Manual. You will notice that the Follow Up After Hospitalization for Mental Illness measure and the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF measure are not included in the measure requirements table. They are claims-based measures which require no action by IPFs because CMS collects and calculates the data for those measures.

This slide is provided as an additional resource to help our stakeholders understand how the IPFQR Program reporting periods relate to the fiscal years, also known as payment years. CMS uses quality data collected by IPFs during a reporting period to make payment decisions for a future year. As you can see in the infographic on this slide, IPFs that collected data during the 2018 reporting period are required to submit the data to CMS during calendar year 2019. After the data submission deadline, CMS will make preliminary fiscal year 2020 APU decisions, and facilities that do not meet all requirements will receive a 2-percentage point reduction to their APU during fiscal year 2020. In other words, data collection in a particular year affects CMS payment update determination two years later.

The next several slides will describe our recommended keys to successful reporting for the fiscal year 2020 payment determination.

The first key to successful reporting for the IPFQR Program is to access and log in to the *QualityNet Secure Portal*. The *QualityNet Secure Portal* is the only approved method for IPFQR Program measure and non-measure data submission. All measure data, non-measure data, and the DACA, are submitted via the secure online CMS web-based tool, which is accessible through the *QualityNet Secure Portal*. 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.

If you are not already a registered *QualityNet* user with access to the *Secure Portal*, then go to *www.QualityNet.org*, select the Inpatient Psychiatric Facilities link on the left side of the *QualityNet* home page, and follow the instructions to register.

Once registered, you will need to log into 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.

If you are already enrolled in the *QualityNet Secure Portal*, enter your *QualityNet* user ID, password, and Symantec VIP security code. Then, click the submit button. If you are not already enrolled in the *QualityNet Secure Portal,* select the Start/Complete New User Enrollment link, and complete enrolment. Then, download a Symantec VIP access token and complete identity proofing.

The second key to successful reporting is to ensure that the IPF has at least one active Security Administrator. The Security Administrator is the person in the organization who can grant *QualityNet Secure Portal* 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, August 15, 2019. A second Security Administrator is highly recommended as backup in case the primary Security Administrator's account expires. All users must log in to the *QualityNet Secure Portal* every 30 to 60 days to keep their account active. Consider putting a reminder on your calendar so that your account remains active throughout the year. Also, if you are not sure about your SA status, contact the *QualityNet* Help Desk for assistance by calling 866-288-8912.

The third key to successful reporting is to manage the IPFQR Program Notice of Participation, or NOP. As mentioned earlier, an IPF must have an NOP status of "participating" in the *QualityNet Secure Portal* by August 15, 2019, in order to be considered for the full fiscal year 2020 APU. To access the NOP for one or more IPFs, you must be logged into the *QualityNet Secure Portal*. Once logged in, you will first click the Quality Programs tab on the *QualityNet Secure Portal* home screen. Next, select the Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR option from the dropdown menu. Then, you will select View/Edit Notice of Participation, Contacts, Campuses in the Manage Notice of Participation box. Then you will select Inpatient Psychiatric Facility (IPF) Notice of Participation.

The next step is to enter the facility's six-digit CMS Certification Number, or CCN, if you have access to more than one IPF information in the *QualityNet Secure Portal*. Otherwise, the CCN for your facility should

automatically appear, and you will proceed to Step 6. In Step 6, you will click the Next button to view the IPFQR Notice of Participation menu. Next, you will click the Notice of Participation hyperlink in the lower right side of the page to view the NOP status.

The screenshot at the top of this slide is an example of what you can expect to see in the IPFQR Notice of Participation Summary Table, if you already have a Notice of Participation on file that is carrying forward from the previous fiscal year and you have at least two contacts listed in the *QualityNet Secure Portal*. If two or more contacts are not listed in the *QualityNet Secure Portal*, then the note highlighted in red in the bottom image on this slide will appear just above the [IPFQR] Notice of Participation Summary Table. This is a reminder to add the name, email address, and mailing address of the individuals who will be contacted via email whenever changes are made to the IPFQR Program Notice of Participation, contact, or campus data. Make sure that both contacts have Yes indicated for email notifications and, once that information is saved in the *Secure Portal*, the note highlighted in red will go away. If the IPF closes or chooses not to participate, contact the IPFQR Program support contractor to learn about next steps.

CMS strongly recommends that IPFs carry out the fourth key to successful fiscal year 2020 reporting for the IPFQR Program, which is to prepare and verify the accuracy of all data prior to submitting it to the web-based data collection tool. Being prepared encourages IPFs to provide accurate data to those who will submit data in the web-based data collection tool, such as a vendor. It prevents IPFs from submitting extreme outlier values and also reduces or eliminates data entry editing. It facilitates submission of data well in advance of the data submission deadline and ensures confidence in the final review of data submitted prior to completion of the DACA.

During your data preparation, we recommend that you compare this year's values to those submitted in previous years where applicable. Generally, significant changes in values would not be expected and should invite closer review before finalizing submission. Measure values should always be reviewed by one or more persons familiar with the facility's operations,

annual census, and population. Also, values that seem out of line with general expectation should be reviewed to verify accuracy. Later in the presentation, we will review a new tool that is available to assist you with this process. The first measure specific suggestions will be with respect to the HBIPS-2 and HBIPS-3 measures. The HBIPS-2 Hours of Physical Restraint Use measure numerator data should include the total number of hours that all psychiatric inpatients were maintained in physical restraints, while the numerator for the HBIPS-3 measure should reflect the total number of hours of seclusion. It is important to ensure that the values entered are the total number of hours, not minutes or days that all psychiatric inpatients were placed in physical restraints for HBIPS-2 or seclusion for HBIPS-3. The system allows for entry of data that includes up to seven whole number digits and up to two decimal digits in the numerator field for these two measures. Next, check the denominator data by ensuring that the correct number of days are entered. You should ensure that the number of days does not exceed 365 times the facility's bed capacity. Also, you may enter up to six digits for the denominator, and it cannot be zero if the numerator is a non-zero number. If this occurs, please review your data. Remember, a zero or numeric value must be entered into each field. If you need to round your raw data to comply with this decimal format, use traditional rounding convention. If the last number is a five or higher, round up. Otherwise, round down.

A few key guidelines for preparing data for other measures, as well as the non-measure data and population counts data entry pages, are listed on this slide. Specifically, the numerator and denominator data must be entered in whole number digits for these data entry pages. Note that you will be able to enter up to five whole number digits for the numerator and up to six whole number digits for the denominator, and the denominator cannot be zero if the numerator is a non-zero number.

The aim of this and the next several slides is to emphasize instructions on how to identify incorrect data entries and extreme outliers. We want to ensure that all IPFs understand the importance of submitting correct and accurate data to CMS, which will later be publicly displayed on the

Hospital Compare website. The image on this slide is a new tool that displays CMS guidance for identifying questionable measure and non-measure data for the IPFQR Program for the fiscal year 2020 data submission period. Specifically, this new tool is intended to help IPFs identify data entered in error, data that are missing, invalid, or that exceed the parameters described in this presentation. The hope is that IPFs will submit complete and accurate data prior to the August 15, 2019 deadline. If you have questions regarding the criteria to identify questionable data as it pertains to your facility's data in the *QualityNet Secure Portal* during the data submission period, send an email to IPFQualityReporting@hcqis.org with "Measure Accuracy Question" in the subject line.

We will begin with guidance on how to identify incorrect data entries for the HBIPS-2 and HBIPS-3 measures. In general, there are three key approaches one can use. The HBIPS-2 and HBIPS-3 measures should have the same denominator values. If different denominator values are entered for HBIPS-2 and -3, then it is likely that the data are incorrect and the data entries should be checked. Also, 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 should be checked. Finally, the denominator values should not exceed 365 times the total number of beds at the IPF.

To help clarify the points described in the previous slide, we will review examples of data points that should be called into question when preparing the HBIPS-2 and HBIPS-3 measure data. At the top of this slide is an example of questionable HBIPS-2 and HBIPS-3 data, in which the denominator values are not the same. We recommend that, if you find a discrepancy in the number of psychiatric inpatient days, you re-evaluate the values for accuracy before entering them in the web-based data collection tool.

Another way to verify accuracy of the HBIPS-2 and HBIPS-3 measure data is to compare the number of psychiatric inpatient days in the

denominator of those measures, with the total annual discharges at the IPF during calendar year 2018 and, if the denominator for these measures are less than the total annual discharges, then the number should be re-evaluated for accuracy.

CMS also recommends that IPFs review the denominators against the product of 365 times the total number inpatient psychiatric beds at the IPF. One would expect that the number of psychiatric inpatient days will not exceed the number of days in calendar year 2018 times the number of beds at the facility.

Additional criteria for identifying questionable HBIPS-2 and HBIPS-3 measure data are displayed on slide 33. Unlike in previous years, the HBIPS-2 and HBIPS-3 measures have different criteria, specifically, values equal to or exceeding nine hours per 1,000 patient hours of care for the HBIPS-2 measure will be considered questionable, and, for the HBIPS-3 measure, values equaling or exceeding four hours per 1,000 patient hours of care are questionable and should be re-evaluated.

To give you an idea of what this looks like, we've provided an image on this slide to show an HBIPS-2 measure result of 10.42 hours per 1,000 patient hours, which CMS considers questionable and should be re-evaluated.

Likewise, this slide displays an image of a questionable rate for the HBIPS-3 measure in which the result is 8.33 hours per 1,000 patient hours.

Criteria to identify questionable data for the measures displayed on slide 36 are when the denominator is greater than the total number of discharges and when the numerator exceeds the denominator.

An additional criterion for the SUB-2, SUB-3, TOB-2, TOB-3, and the Transition Record with Specified Elements Received by Discharged Patients measures is that the subset measure numerator is greater than the primary measure numerator. For example, it would be considered questionable data if the numerator for the SUB-2a measure was greater than the numerator for the SUB-2 measure.

This slide displays two additional criteria for the Screening for Metabolic Disorders measure. We recommend that you recheck your data if there are no numerator and denominator values for the Screening for Metabolic Disorders measure, but your IPF is reporting values for the HBIPS-5 measure. Also, recheck the data if the Screening for Metabolic Disorders measure denominator value is smaller than the denominator value for the HBIPS-5 measure.

If you find that your non-measure data meets any of the criteria listed on this slide, for example the total number of discharges by age strata, by diagnostic categories, or by pair category is greater than the total annual discharges, then be sure to recheck your data for accuracy.

Once you have prepared and verified the accuracy of the data, you will want to access the web-based data collection tool for the IPFQR Program to enter the measure and non-measure data values, which is the fifth key to successful reporting. In the web-based data collection tool, the user will be able to enter and submit this data, as well as sign the DACA. To access the facility's measure data, you will need to first click the Quality Programs tab on the *QualityNet Secure Portal* home screen. Then, select the Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR option from the dropdown menu. Next, you will select the View/Edit Structural/Web-Based Measures, Data Acknowledgement (DACA). Then, in Step 4, you will select Inpatient Psychiatric Facilities Web-Based Measures/DACA.

The next step is to select the payment year, which is the payment determination year that will be impacted by the current submission period. Select payment year 2020 and click the Continue button. One must have a role assigned in order to submit data. If you are an IPF with access to only your facility's information, then you will not see the provider selection page. Instead, you will see the Measures Summary page, which we will review on the next slide.

For users such as vendors who have access to multiple providers, a list of IPFs will appear from which to choose. You can hold down the control key and click on the names of the providers for which you wish to enter

data. You can select All or choose to enter data for one provider at a time. The provider selection list includes the CCN and facility name. Only facilities associated with the account currently logged into the *Secure Portal* will appear in the provider selection list. Clicking the Clear button will deselect providers from the provider selection list. If you click the Cancel button, you will return to the Payment Year selection page. Click on the Continue button to go to the measures summary page.

When you click the Continue button, the Web-Based Measures summary page opens. You will note that the measures summary page displays the submission period and reporting period, the provider ID of each facility selected, as well as the status of reporting on each data entry page, and the DACA for each facility. The status will display as Incomplete or Completed. The measure code at the top of each column is a hyperlink that will go to the data entry screen for that measure, or for the non-measure data, or for the DACA. You will also notice in the top image on this slide, that there are two scroll bars outlined in red. You must use the horizontal scrollbar to access all of the data entry screens in the web-based data collection tool. The image below the red horizontal scroll bar on this slide displays the non-measure data, measure data, and DACA entry pages. When you click on any of those data entry pages, you will find that you will need to use the vertical scroll bar to complete the data entry process. Prior to entering data into the web-based data collection tool, we advise you to have all of the aggregated data values for each of the data entry pages readily available to facilitate a timely submission. Please note that IPFs have until August 15, 2019, to enter or edit measure data and complete the DACA. No data can be entered or edited, nor the DACA completed in the system, after the submission deadline. Data that are entered as of 11:59:59 Pacific Time on Thursday August 15, 2019, will be considered final. We highly recommend that you submit the data as far in advance of the deadline as possible.

Before we dive into a specific example of how to submit data to CMS via the web-based data collection tool, let's review the data entry process at a high level. First, you will, of course, enter the data values into the system.

Next, you must click the Calculate button if it is applicable for the given data entry screen. Then, you will click Submit. After clicking Submit, the Calculate button will be replaced by an Edit button. You can edit data, enter it into the web-based data collection tool any time before the August 15, 2019 deadline, at which point you would click Calculate again, and then click Submit. Once you are satisfied that you have submitted accurate and correct data, you have the option to print your data from the web-based data collection tool. After printing your results, you will need to click the Return to Summary button to be able to return to the measures summary screen and make your next data entry selection. The aim is to repeat the data entry process until the data entry status is complete for all of the options in the measures summary screen. Please note that the non-measure data and the DACA are simple submissions that do not require calculation. So, you will not have Calculate buttons available on those data entry screens. In the next several slides, we will review the data entry process step by step using the HBIPS-2 measure as an example.

Here you can see the data entry screen for the HBIPS-2 measure. The numerator field requires entry of the total annual aggregate number of hours that all psychiatric inpatients were maintained in physical restraint, while the denominator field requires entry of the total annual aggregate number of psychiatric inpatient days. Remember, sampling is not allowed for this measure, and a zero or numeric value must be entered into each field because results cannot be calculated until data entry is complete.

After the accurate numerator and denominator values are entered, click the Calculate button and the results will appear as depicted on this slide. As you can see, the values expressed as a rate per 1,000 patient hours to two decimal places for the HBIPS-2 measure. Upon reviewing the data entered and the results, click the Submit button.

This slide displays the informational message that will appear at the top of the screen indicating that the measure data was saved and, therefore, successfully submitted. From here, you can click on the Return to Summary button and repeat the process to enter data on another data entry page. If you would like to view images of the data entry screens for each

of the measures, you will find them in Section 2: Measure Details of the IPFQR Program Manual versions 4.1 and 5.0. The only data entry screen that has changed from previous years is the non-measure data population count screen, which is displayed on this slide. IPFs are no longer required to submit sample size per the Fiscal Year 2019 IPF PPS Final Rule.

There are two options to edit data during a measure submission process. First, you may edit after calculating and before submitting data, or you may edit after submitting the data. The next several slides will display the steps for each of these edit options with a couple of scenarios that we have put together to help explain this process.

Slide 49 describes the first scenario available to correct data during the process of submission for any given measure. After data have been calculated, an Edit button will generate, and this will prompt you to ensure that your results have calculated correctly. It also allows you to edit any incorrect data. Select the Edit button on that data entry page, and then complete steps one through four of the How to Complete Data Submission Process described on the previous slide. Once you have corrected your data using the Edit button as described above, you must select the Calculate button, followed by the Submit button in order to save the changes. If you leave any data entry page before clicking the Submit button, the data entered will be lost. There will be an informational warning message to which you must respond. Once submitted, data can be edited prior to the August 15, 2019 submission deadline.

This slide describes the second scenario available to correct data during the data submission process. 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. Once you have corrected the data, you must select the Calculate button, followed by the Submit button, in order to save the changes. If you leave any data entry page before clicking the Submit button, again, the data entered will be lost and there will be an informational warning message to which you must respond. Again, once submitted, data can be edited prior to the August 15, 2019 submission deadline.

The first image on this slide displays the Return to Summary button. Once you have successfully submitted data for a specific measure, you will select the Return to Summary button and repeat the process to enter data on another data entry page. At that point, the system will generate a message box which will tell you that, if you made any changes and did not submit them, they will not be saved. If you do have changes that you have not saved, you can select the Cancel button and remain on the page to submit your measure data, at which point the submission will be saved and you can proceed with the Return to Summary selection again.

Once you have successfully completed data entry for your measure and non-measure data, you will need to return to the measures summary page to verify that all of the data entry fields show a status of Completed. Upon completion of your data submission, the web-based measures summary page will show a status of Completed under the hyperlink for each of these data entry pages. We recommend that you retain printouts of each data entry page, as well as the measures summary page for your records. When you are satisfied that you have submitted all of the requirements indicated on the measures summary screen, you can proceed to the Data for Accuracy and Completeness, or DACA, screen.

The final key to successful reporting for the IPFQR Program is to review your submissions before signing the DACA form. It is important that IPFs review all measure and non-measure data for accuracy and completeness before and after it is submitted into the web-based data collection tool and only then complete and submit the DACA. IPFs can submit or edit previously submitted measure data and non-measure data, as well as complete the DACA, prior to the submission deadline of August 15, 2019. A third-party vendor may submit data on an IPF's behalf if the vendor has been previously authorized. However, the IPF must complete the online DACA form prior to the August 15 deadline.

The DACA is the only opportunity for IPFs to attest to the accuracy and completeness of the data submitted to CMS which, again, will be publicly displayed at a later date. IPFs cannot enter or edit data after the submission deadline. In other words, all data that are entered as of 11:59:59 p.m.

Pacific Standard Time on Thursday August 15, 2019, will be considered final. Therefore, we highly recommend that IPFs enter the data as far in advance of the August 15, 2019 deadline as possible.

When all of the measure and non-measure data have been entered reviewed, verified, and confirmed to be accurate, then it is time to complete the DACA form. This requires that a representative from the IPF click "Yes, I Acknowledge" and then type in his or her position at the IPF. Once again, a third-party vendor may submit data on a participating IPF's behalf if that vendor has been previously authorized by the IPF. However, the IPF, the facility, must complete the online DACA form prior to the August 15, 2019 deadline.

The IPF Provider Participation Report will be available during the data submission period for providers to review facility-level data for accuracy. The Provider Participation Report will provide IPFs with a summary of the requirements for participation in the IPFQR Program and assist IPFs in determining their facility status towards meeting the program requirements by providing information about the data that are submitted to the CMS Clinical Data Warehouse, following entry into the web-based data collection tool. Please note that there are a couple of things that you should be aware of with regard to this report. First and foremost, the fiscal year 2020 report measures that are no longer being reported to CMS, such as SUB-1 and TOB-1, are still listed in this report. However, you will see an N/A instead of results in those areas of the report. Also, the information provided in the IPF Provider Participation Report does not guarantee that the IPF will receive the full annual payment update.

We suggest that you 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 participation report for your own records.

Let's review the six keys to successful reporting. First and foremost, you must ensure that you have access to and are able to log into the *QualityNet Secure Portal*. The second key is that, while one active Security

Administrator is required, we strongly recommend that each IPF have at least two active Security Administrators, so that one can serve as a backup to the other. Third, be sure to manage the IPFQR Program Notice of Participation for your facility so that it has a status of Participating by the August 15, 2019 deadline. The fourth key is to prepare and verify the accuracy of all measure and non-measure data prior to submitting it to the IPFQR Program web-based data collection tool. The fifth key is to enter and verify the accuracy of the data that are in the web-based data collection tool. Finally, IPFs should confirm that all IPFQR Program data reporting requirements have been met before completing the DACA. Remember, IPFs cannot change data, nor complete the DACA form, after the data submission deadline.

We ask that you contact the IPFQR Program support contractor about any key personnel changes, such as a change in leadership at the CEO or administrator level, as well as any other quality reporting contacts at your facility. The best way to send us updates of this nature is to send an updated and complete Hospital Contact Change Form to us via fax. The Hospital Contact Change Form can be accessed via the link on this slide.

The next several slides include links to helpful resources. CMS has provided three IPFQR Program data accuracy tools, which are available at the *QualityNet* and Quality Reporting Center websites, as displayed on this slide. These tools include the new criteria to identify questionable fiscal year 2020 measure and non-measure data for the IPFQR Program tool, the data submission checklist, and the data verification checklist for the IPFQR Program measure and non-measure data submission, and administrative requirements for fiscal year 2020.

This slide lists some of the future webinar topics that will be covered in the next several months. We use the IPFQR Program Listserve to notify subscribers of future webinar information. So be sure to subscribe so that you can receive emails about upcoming educational events. CMS recommends that IPFs refer to the updated IPFQR Program Manual for information pertaining to the IPFQR Program.

The manual is located on the *QualityNet* and Quality Reporting Center websites, which can be accessed by clicking on the icons on this slide. The IPFQR Program Manual contains information about program requirements, program measures, and various tools pertinent to the IPFQR Program.

We encourage you to keep us up to date with points of contact at your facility, again by completing the hospital contact change form so that we are aware of any staff changes relevant to the IPFQR Program or any other quality reporting program. We also recommend that you sign up for the IPFQR Program Listserve, if you have not already done so, by clicking on the Listserve registration icon on this slide.

Everyone is encouraged to leverage the find an answer function in the *QualityNet* Q&A tool to find information about program requirements and measures, or if not found, submit your inquiries to us via the tool. We also welcome your recommendations for future educational webinar topics via the Q&A tool, which you can access by clicking the Q&A tool icon on this slide.

You can click on the email support icon to send an email to us at IPFqualityreporting@hcqis.org regarding eligibility, such as next steps for a newly eligible provider, or notification than an IPF is or will be closing. Contact the VIQR support contractor via phone at 866-800-8765, or secure fax at 877-789-4443.

Here's a list of the acronyms that were referenced during today's webinar. This concludes the content portion of the webinar titled, *IPFQR Program: Keys to Successful Fiscal Year 2020 Reporting*. The remainder of this presentation will focus on the Continuing Education credits process for today's event. Thank you for your time and attention.

Dr. Debra Price: Well, thank you, and I'd like to talk to everyone for a moment about Continuing Education credit. This presentation has been approved for Continuing Education credits by the boards listed on this slide. If your board is not listed, you can forward your certificate to your own board and see if they accept this certificate across state lines.

There are three easy ways to get your credits. Number one, complete the survey at the end of the event; number two, register as a New User or an Existing User on HSAG's Learning Management Center; number three, print out your certificate from the Learning Management Center website.

I have a couple of caveats, however, and let me just go over those real quick. First one is, this is a separate registration from the one that you used for ReadyTalk. So please, if you are a new user, use your personal email. And that's because healthcare facilities have blocks on our automatic links, so sometimes they don't work.

This is what the survey will look like when you see it. It will pop up at the end of our slides and will also be sent to you within 48 hours, so you'll have a second one. When you're done, click on the Done button down in the bottom right-hand corner.

This is the page that pops up after you click that Done button. You notice that there are two green links in the middle. The first one is if you have never attended or never received credits. Click that New User link. The second one is if you have been attending our event and you have not had any problems so far, then you click the Existing User link.

And depending on which link you clicked on, you will be taken to one of these two pages. For the New User link on the left, use your personal email and your personal phone number. If you've had any problems getting credits before, I'm asking that you go back and register as a new user with your personal email and personal phone number. If you are an existing user, the right-hand side of this screen is what pops up. You're going to use your entire email address as your username, and that's including what's after the @ sign.

Now, I'd like to thank everyone for attending today's event. If we didn't get to your question, all submitted questions related to the webinar will be posted to the *QualityReportingCenter.com* website at a later date. We hope you learned something today. Thanks and enjoy the rest of your day. Goodbye.