



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

IPFQR Program: Keys to Successful FY 2019 Reporting

Questions and Answers

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts researched and answered the questions after the live webinar. The questions and answers may have been edited for grammar.

Question 1: What are the current data submission period start and end dates?

The Inpatient Psychiatric Facility Quality Reporting Program Fiscal Year 2019 data submission period started July 1, 2018, and will end August 15, 2018.

Question 2: What should be done if I am unable to see the “Manage Measures” heading under my account in the *QualityNet Secure Portal*?

One must have an assigned role to access the “Manage Measures” link in the *QualityNet Secure Portal* and to submit data via the Web-Based Data Collection Tool. Contact the *QualityNet* Security Administrator at your facility to request to have this role assigned to your account. If you are the *QualityNet* Security Administrator at your facility, contact the *QualityNet* Help Desk

If you are not a registered *QualityNet* user with access to the *QualityNet Secure Portal*, then go to QualityNet.org, select the “Inpatient Psychiatric Facilities” link on the left side of the *QualityNet* home page, and follow the instructions to register. As a reminder, the Centers for Medicare & Medicaid Services highly recommends that all inpatient psychiatric facilities ensure that at least two people with knowledge of the data are able to verify the accuracy of the data entered into the *QualityNet Secure Portal*, even if data entry is done by a vendor.

Question 3: Is there a single data submission checklist that lists the numerator and denominator statements for each measure?

At this time such a tool does not exist for the Inpatient Psychiatric Facility Quality Reporting Program; however, the Centers for Medicare & Medicaid Services will take this into consideration for a future optional paper tool.

Question 4: In both the December 11, 2017, and May 30, 2018, versions of the Inpatient Psychiatric Facility Quality Reporting Program manual, in the Measure Details section, the denominator statement for Hospital-



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Based Inpatient Psychiatric Services (HBIPS)-2: Hours of Physical Restraint Use and HBIPS-3: Hours of Seclusion Use says that the denominator is in hours, not days. Example: “The numerator is defined as the total number of hours that all psychiatric inpatients were maintained in physical restraint. The denominator is defined as the number of psychiatric inpatient hours overall. Total leave days are excluded from the denominator.” Is that an error?

No, it is not an error that the denominator definition for HBIPS-2 and HBIPS-3 is in hours rather than days. The denominator for HBIPS-2 and HBIPS-3 is calculated by subtracting the total number of leave days from the total number of inpatient days and multiplying the result by 24 to convert to hours.

However, when reporting data through the Web-Based Data Collection Tool (WBDCT), inpatient psychiatric facilities should enter the denominator values for HBIPS-2 and HBIPS-3 in days. After selecting the “Calculate” button, the WBDCT converts the data from days to hours and subsequently calculates the rates for the HBIPS-2 and HBIPS-3 measures.

Question 5:

Is it possible for the numerator values that the inpatient psychiatric facility (IPF) reports in the Web-Based Data Collection Tool (WBDCT) for the HBIPS-2: Hours of Physical Restraint Use and HBIPS-3: Hours of Seclusion Use measures to be larger than the respective denominator values that the IPF reports, since the numerator is reported in hours and the denominator is reported in days?

Yes, that is correct for reporting the HBIPS-2 and HBIPS-3 measures. The WBDCT will convert the denominator reported by the IPF from days to hours when calculating the HBIPS-2 and HBIPS-3 measure rates. However, the remaining measures reported to the Inpatient Psychiatric Facility Quality Reporting Program with numerator and denominator values are calculated as percentages. Therefore, if the numerator value is greater than the denominator value for those measures, the data are invalid. Specifically, this pertains to the HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification; TOB-1: Tobacco Use Screening; TOB-2/-2a: Tobacco Use Treatment Provided or Offered and the subset, Tobacco Use Treatment (during the hospital stay); TOB-3/3a: Tobacco Use Treatment Provided or Offered at Discharge and the subset, Tobacco Use Treatment at Discharge; SUB-1: Alcohol Use Screening; SUB-2/-2a: Alcohol Use Brief Intervention Provided or Offered and the subset, Alcohol



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Use Brief Intervention; SUB-3/-3a: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and the subset, Alcohol and Other Drug Use Disorder Treatment at Discharge; IMM-2: Influenza Immunization; Transition Record with Specified Elements Received by Discharged Patients; Timely Transmission of Transition Record; and Screening for Metabolic Disorders measures.

Question 6: **When evaluating HBIPS-2: Hours of Physical Restraint Use and HBIPS-3: Hours of Seclusion Use measure data for accuracy, should the denominator value (i.e., number of psychiatric inpatient days) be less than the number of inpatient psychiatric facility (IPF) beds times 360 or the total number of patient days for the year?**

The denominator values for the HBIPS-2 and HBIPS-3 measures 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.

Question 7: **Why is the reporting period for IMM-2: Influenza Immunization (October 2017 through March 2018) not the same as the other measures (January 2017 through December 2017)?**

The reporting period for IMM-2 spans the influenza season that is associated with the annual payment updated period, in this case, Fiscal Year 2019.

Question 8: **Is it appropriate to select the following statement: "The facility most commonly exchanged health information using certified EHR technology (certified under the ONC HIT Certification Program) at times of transitions in care," if a psychiatric facility uses the fax feature within their Office of the National Coordinator for Health Information Technology (ONC)-certified electronic health record (EHR) to send discharge information to the next level of care provider's EHR or fax machine (if that provider does not have an EHR)?**

If the facility's activities on December 31, 2017, most commonly included the use of an ONC-certified EHR to send discharge information to the next level of care provider, then, yes, it is appropriate to make this selection.



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Question 9: Is there a definition for health information service provider (HISP)?

A HISP manages security and transport of health information exchange among health care entities or individuals using the Direct standard for transport. HISP functions can be performed by existing organizations (such as electronic health record vendors, hospitals, or Health Information Exchange organizations) or by standalone organizations specializing in security and transport of health information.

Question 10: What is the Assessment of Patient Experience of Care? How are data collected?

Assessment of Patient Experience of Care is a structural measure which asks inpatient psychiatric facilities whether they routinely assess patient experience of care using a standardized collection protocol and a structured instrument. The response will be “Yes” or “No,” based on the hospital’s activities on December 31 of the reporting year.

NOTE: This is a measure that does not depend on systems for collecting and abstracting individual patient information and only requires simple attestation. For the full measure description and for information about this measure’s data entry screen in the Web-Based Data Collection Tool, refer to pages 30 and 42 of the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Manual, Version 3.1. The manual is available on the [QualityNet IPFQR Program Resources](#) page and the [Quality Reporting Center IPFQR Program Resources and Tools](#) page.

Question 11: For the Non-Measure/Population Counts data entry page payer category, should the Medicare volume include only traditional Medicare, or does it include any type of Medicare, such as Medicare Advantage?

When reporting total annual discharges by payer, the Medicare category includes all types of Medicare.

Question 12: When reporting the total annual discharge volume on the Non-Measure/Population Counts data entry page, what time period should be used for the IMM-2: Influenza Immunization measure, Calendar Year 2017 or the influenza season of October 2017 through March 2018?



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The reporting period for the IMM-2 measure data entry page is October 1, 2017, through March 31, 2018.

Question 13: **If a facility used the sampling methodology for HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification (as described in the *Specifications Manual for Joint Commission National Quality Measures*) and the global sampling guidelines (as described on pages 14–15 of the *Inpatient Psychiatric Facility Quality Reporting [IPFQR] Program Manual, Version 3.1*), should the facility answer “Yes” to “Did your facility use global sampling?”**

Yes. Please refer to “Guidance for Responding to Global Sampling Question in the Web-Based Data Collection Tool (WBDCT)” on page 39 of the IPFQR Program Manual, Version 3.1. The manual is available on the *QualityNet* [IPFQR Program Resources](#) page and the *Quality Reporting Center* [IPFQR Program Resources and Tools](#) page. You may also review the 2017-33-IPF communication titled *Global Sampling in the Payment Year (PY) 2018 IPFQR, Web-Based Data Collection Tool (WBDCT)* sent to the IPFQR Program ListServe on July 10, 2017. The content remains applicable for the Program Year 2019 IPFQR Program WBDCT. It can be accessed on the *QualityNet* [IPFQR Program E-mail Notifications: 2017](#) page.

Question 14: **Once the Data Accuracy and Completeness Acknowledgment (DACA) was signed and submitted, it was determined that our data needed to be edited. Should the DACA be signed again after the edit is made?**

No. The DACA will not need to be signed again. However, the Centers for Medicare & Medicaid Services encourages inpatient psychiatric facilities to confirm that **all** Inpatient Psychiatric Facility Quality Reporting Program data reporting requirements have been met **before** completing the DACA.

Question 15: **Where can I find publicly reported data that was submitted last year?**

Fiscal Year 2018 Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program data are published on the *Hospital Compare* website, located at <http://medicare.gov/hospitalcompare/search.html>. Learn how to navigate the *Hospital Compare* website and view, download, sort, and filter IPFQR Program data by reviewing Section 8: Public Reporting of IPFQR Data in the IPFQR Program Manual, Version 3.1. The manual is available on the *QualityNet* [IPFQR Program Resources](#) and the *Quality Reporting Center* [IPFQR Program Resources and Tools](#) web pages.