



IPFQR Program: Keys to Successful FY 2021 Reporting

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Purpose

The purpose of this presentation is to:

- Summarize the Fiscal Year (FY) 2021 IPFQR Program requirements.
- Provide keys to successful data submission.
- Offer guidance to verify data accuracy.

Objectives

Participants will be able to:

- Summarize the FY 2021 IPFQR Program requirements.
- Avoid common submission errors and successfully submit data in the *QualityNet Secure Portal*.
- Locate and access helpful IPFQR Program resources.

Webinar Questions

Please email any questions pertinent to the webinar topic to WebinarQuestions@hsag.com with the following information:

- Subject Line: IPFQR Program: Keys to Successful FY 2021 Reporting
- Email Body: If your question pertains to a specific slide, please include the slide number.

IPFQR Program: Keys to Successful FY 2021 Reporting

FY 2021 Reporting Requirements

FY 2021 IPFQR Program Annual Payment Update

To obtain the full annual payment update (APU) for the FY 2021 payment year, an IPF must meet all IPFQR Program requirements by August 17, 2020, or be subjected to a **two-percentage point reduction** to their APU for FY 2021. The deadline is extended due to the original deadline of August 15, 2020 falling on a weekend.

FY 2021 IPFQR Program Participation Requirements

- 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
 - Substance Use (SUB)-2/-2a, -3/3a
 - Influenza Immunization (IMM)-2
 - Tobacco Use (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 (SMD)
 - Non-measure data
- Complete the Data Accuracy and Completeness Acknowledgement (DACA)

FY 2021 IPFQR Program Chart-Abstracted Measure Requirements

Measure	Reporting Period	Submission Deadline	Sampling Allowed *
HBIPS-2: Hours of Physical Restraint Use	January 1–December 31, 2019	August 17, 2020	No
HBIPS-3: Hours of Seclusion Use	January 1–December 31, 2019	August 17, 2020	No
HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	January 1–December 31, 2019	August 17, 2020	Yes
SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention	January 1–December 31, 2019	August 17, 2020	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, 2019	August 17, 2020	Yes

*See pages 14 and 15 of the IPFQR Program Manual, version 4.1, for more details about sampling options specific to Calendar Year (CY) 2019 discharges.

FY 2021 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, 2019	August 17, 2020	Yes
TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge	January 1– December 31, 2019	August 17, 2020	Yes
IMM-2: Influenza Immunization**	October 1, 2019 – March 31, 2020	August 17, 2020	Yes
Screening for Metabolic Disorders	January 1– December 31, 2019	August 17, 2020	Yes
Transition Record with Specified Elements Received by Discharged Patients	January 1– December 31, 2019	August 17, 2020	Yes
Timely Transmission of Transition Record	January 1– December 31, 2019	August 17, 2020	Yes

*See pages 14 and 15 of the IPFQR Program Manual, version 4.1, for more details about sampling options specific to CY 2019 discharges.

**Q1 2020 data are excepted per the ECE policy outlined in the [COVID-19 memo](#).

IPFQR Program:

Reporting Periods vs. Fiscal Years

January 1, 2018–December 31, 2021

Calendar Year and Fiscal Year

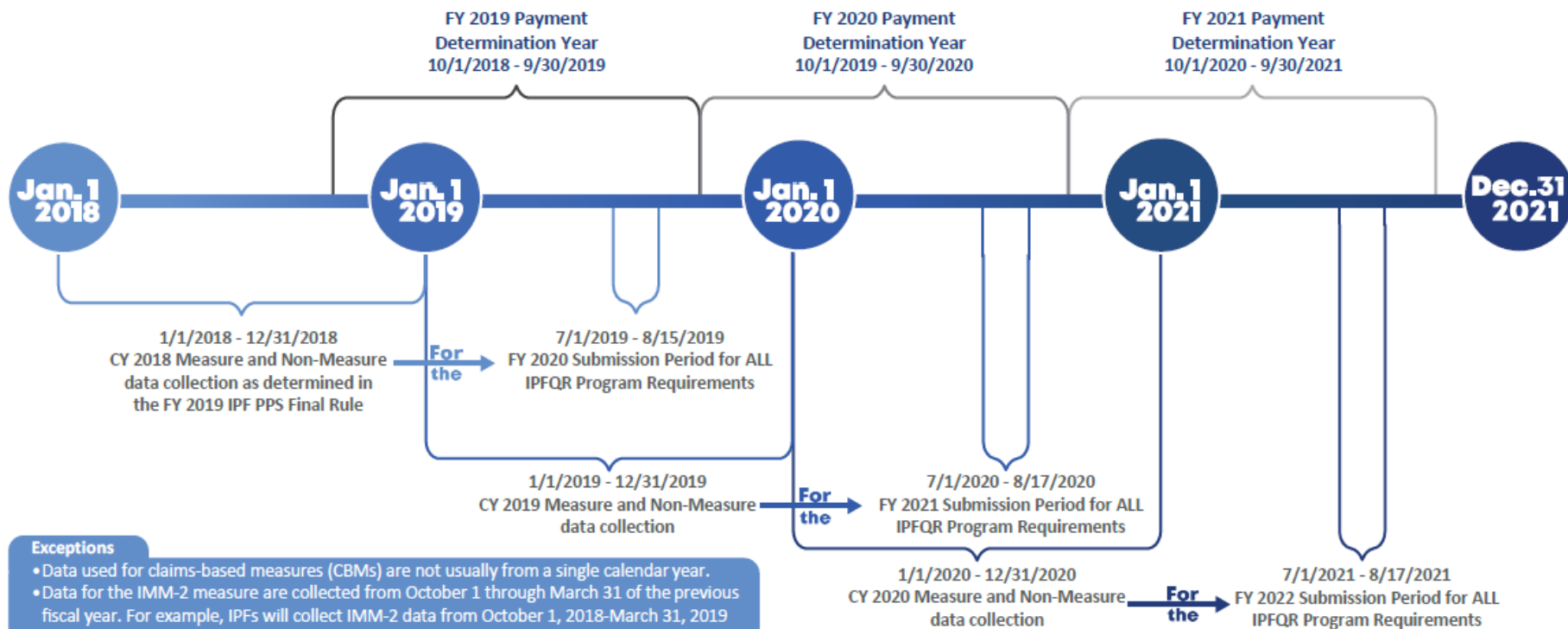
The Centers for Medicare and Medicaid Services (CMS) uses quality data collected by IPFs during a reporting period to make payment decisions for a future year.

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

IPF Data → CMS Annual Payment Update (APU) Decisions

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

- IPFs collect data for CY 2018 discharges.
- IPFs submit data to CMS in 2019.
- CMS makes preliminary FY 2020 APU decisions.
- CMS provides IPFs with an opportunity to request reconsiderations of FY 2020 APU decisions.
- CMS makes final FY 2020 APU decisions.



Exceptions

- Data used for claims-based measures (CBMs) are not usually from a single calendar year.
- Data for the IMM-2 measure are collected from October 1 through March 31 of the previous fiscal year. For example, IPFs will collect IMM-2 data from October 1, 2018-March 31, 2019 and submit the data in 2019 to impact the FY 2020 payment determination.

CMS Response to COVID-19

Although the reporting periods, submission deadlines, and payment determination periods have not changed due to COVID-19, CMS has issued an Extraordinary Circumstances Exception (ECE) memo that exempts IPFs from submitting measure and non measure data for discharges that occur from January 1, 2020 through June 30, 2020. For the IPFQR Program, these discharge dates correspond to the summer 2021 data submission period for FY 2022 payment determination, except for the IMM-2 measure, which is reported during the summer 2020 data submission period for FY 2021 payment determination.

More details about the ECE policy are outlined in the COVID-19 memo found at the following link:

<https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>

IPFQR Program: Keys to Successful FY 2021 Reporting

Keys to Successful Reporting

Major Changes for the Summer 2020 Data Submission

On July 1, 2020, the *QualityNet Secure Portal* will include a completely updated process and appearance pertaining to summer data submission for the IPFQR Program. The major changes include:

- HARP account and two-factor authentication log in process
- Redesigned data entry screens to enter measure and non-measure data as well as complete the DACA
- Built-in parameters to help IPFs avoid entering questionable or erroneous data
- Improved process flows to ensure all data are entered before the DACA is signed by a representative of the IPF

Key #1: Access and Log in to the *QualityNet Secure Portal*

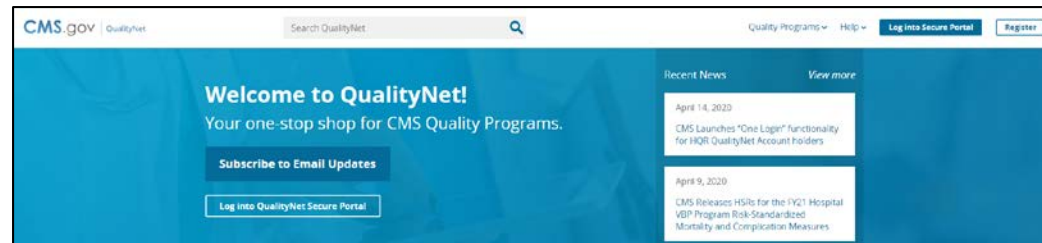
The *QualityNet Secure Portal* is the **only** CMS-approved method for IPFQR Program data submission.

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

Key #1: Access and Log in to the *QualityNet Secure Portal*

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

1. Go to www.QualityNet.org.
2. At the top right, click “Register.”
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*.

1. Go to <https://hqr.cms.gov/hqrng/login>
2. Enter your Healthcare Quality Information System (HCQIS) Access, Roles, and Profile (HARP) user ID and password and click “Login.”
 - If you do not have a HARP account, sign into Hospital Quality Reporting and follow instructions to create one. Refer to the [Setting Up Your HARP Account for Hospital Quality Reporting](#) webinar for additional guidance.



Hospital Quality Reporting

HARP Sign In

Enter your user ID and password to login.

⚠ If you do NOT have a HARP account please sign in to the Hospital Quality Reporting on <https://www.qualitynet.org> to create one.

User ID

Password

Login

Key #1: Access and Log in to the *QualityNet Secure Portal*

3. Select either email or SMS text number for two-factor authentication and click “Next.”



The screenshot shows a web interface for 'Hospital Quality Reporting'. A central white box titled 'Two-Factor Authentication' contains the instruction 'Select a device to verify your account'. There are two options: 'SMS Text for number ending in 3551' (selected with a green checkmark) and 'Email'. At the bottom of the box are 'Cancel' and 'Next' buttons.

Hospital Quality Reporting

Two-Factor Authentication

Select a device to verify your account

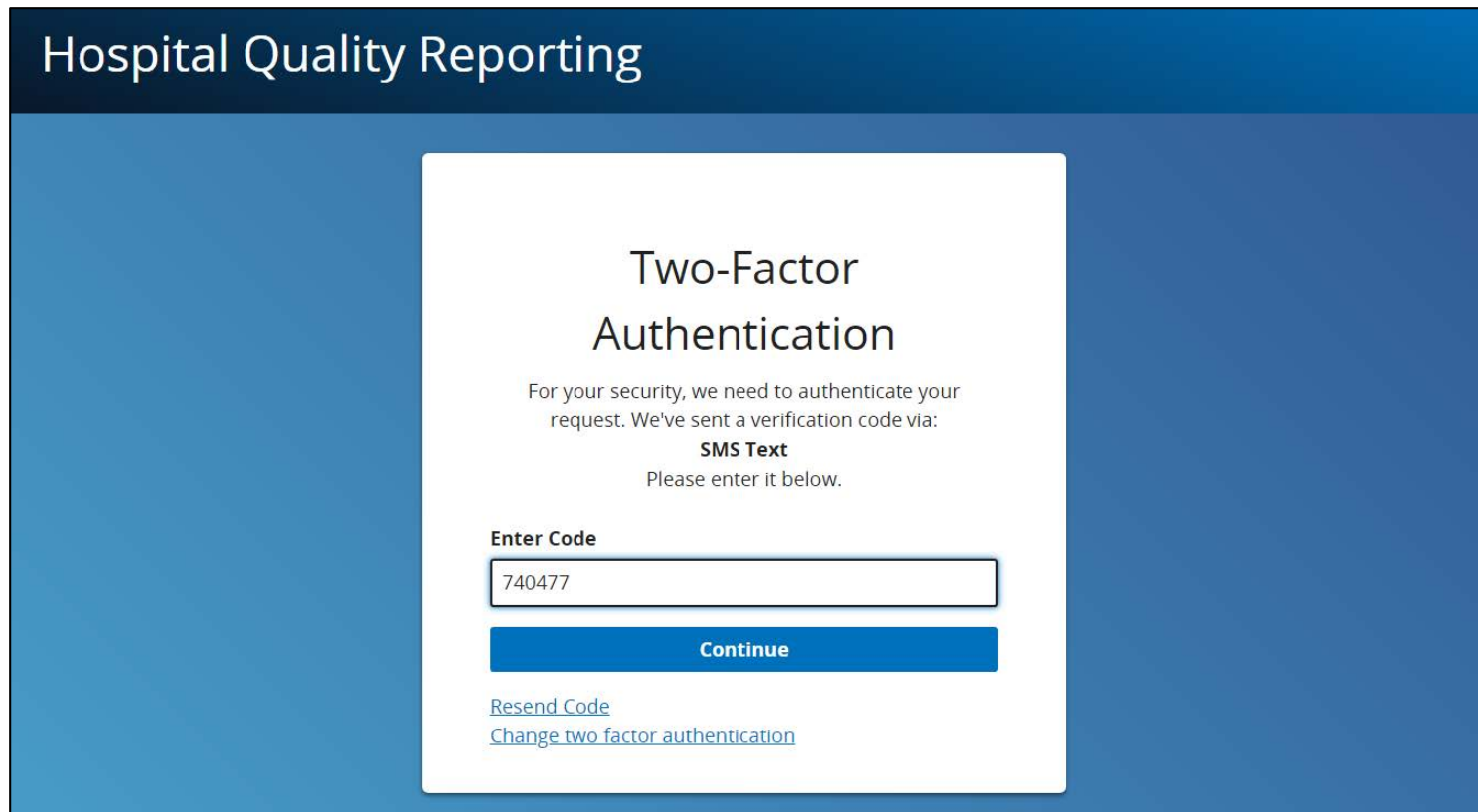
 SMS Text for number ending in 3551 

 Email

[Cancel](#) [Next](#)

Key #1: Access and Log in to the *QualityNet Secure Portal*

4. Enter the code received and click “Continue.”



The screenshot shows a web interface for 'Hospital Quality Reporting'. The main heading is 'Two-Factor Authentication'. Below this, a message states: 'For your security, we need to authenticate your request. We've sent a verification code via: SMS Text'. It then says 'Please enter it below.' There is a text input field labeled 'Enter Code' containing the number '740477'. Below the input field is a blue button labeled 'Continue'. At the bottom, there are two links: 'Resend Code' and 'Change two factor authentication'.

Hospital Quality Reporting

Two-Factor Authentication

For your security, we need to authenticate your request. We've sent a verification code via:
SMS Text
Please enter it below.

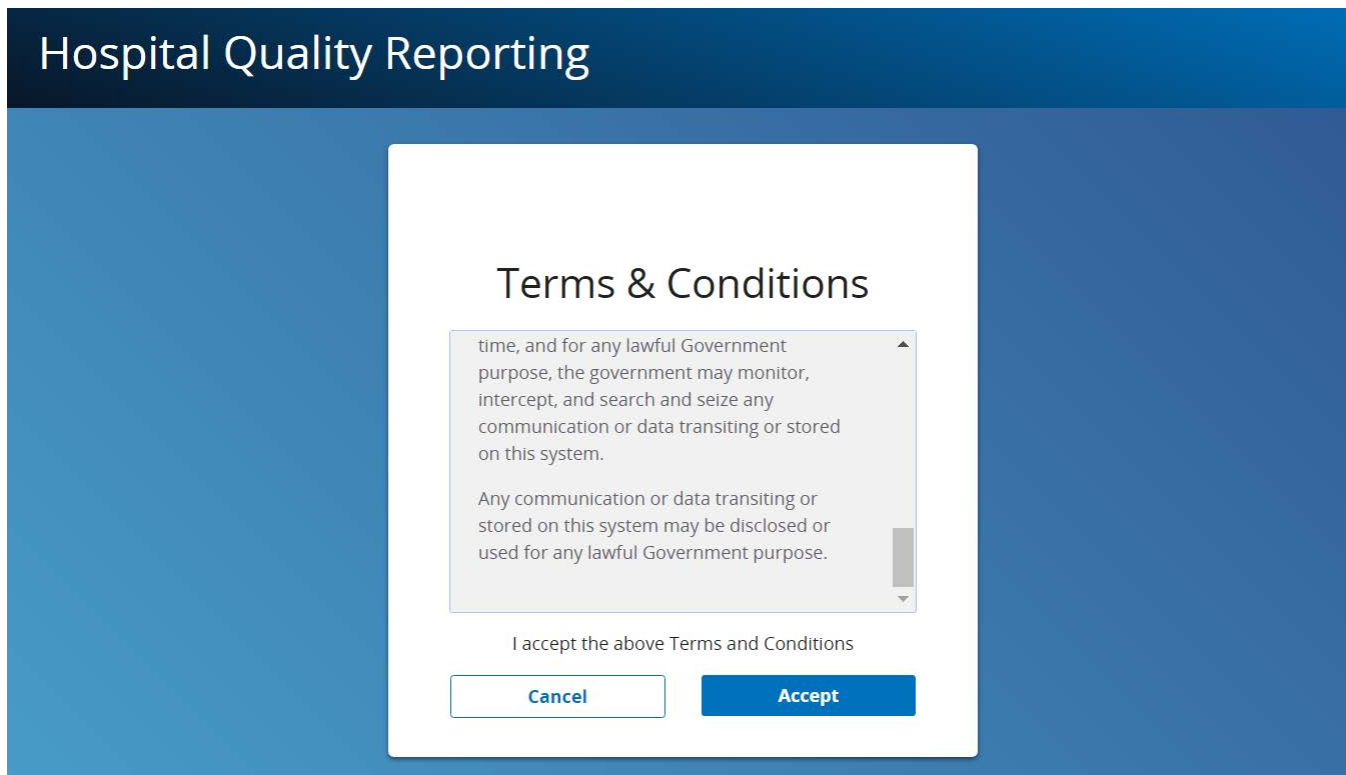
Enter Code

[Resend Code](#)
[Change two factor authentication](#)

Continue

Key #1: Access and Log in to the *QualityNet Secure Portal*

5. Read Terms & Conditions and click on “Accept.”



The screenshot shows a web interface for "Hospital Quality Reporting". A modal dialog box titled "Terms & Conditions" is centered on the screen. The dialog contains a scrollable text area with the following text: "time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system." and "Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose." Below the text area, there is a checkbox labeled "I accept the above Terms and Conditions". At the bottom of the dialog, there are two buttons: "Cancel" and "Accept".

Hospital Quality Reporting

Terms & Conditions

time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.

Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

☐ I accept the above Terms and Conditions

Cancel Accept

Key #1: Access and Log in to the *QualityNet Secure Portal*

Once logged in, you will be taken to the Hospital Quality Reporting: My Tasks Page.

The screenshot shows the CMS.gov Hospital Quality Reporting: My Tasks page. The header includes the CMS.gov logo, the text "Hospital Quality Reporting", a "Logout" button, and a "Change Organization" button. A navigation bar contains "My Tasks", "My Reports", and "Help". The main content area is titled "Hospital Quality Reporting: My Tasks" and contains a paragraph about CMS improvements. To the right is a box titled "View the new Hospital Quality Reporting" with a blue arrow icon and text about accessing new functions. At the bottom are three boxes: "Hospital Reporting Inpatient/Outpatient" with a link to "View / Edit Population and Sampling", "Manage Measures" with a link to "View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)", and "Manage Notice of Participation" with a link to "View/Edit Notice of Participation, Contacts, Campuses".

CMS.gov | Hospital Quality Reporting [Logout](#) [Change Organization](#)


[My Tasks](#) [My Reports](#) [Help](#) ▾

Hospital Quality Reporting: My Tasks

CMS is making improvements to QualityNet based on user feedback. We are creating a new interface that improves the way you submit, review and track the status of data. Continue using this My Tasks page to enter web-based data, view submission and feedback reports, and other tasks available here.

View the new Hospital Quality Reporting

Access the new and improved Hospital Quality Reporting functions.



Hospital Reporting Inpatient/Outpatient

[View / Edit Population and Sampling](#)

Manage Measures

[View/Edit Structural/Web-Based Measures/Data Acknowledgement \(DACA\)](#)

Manage Notice of Participation

[View/Edit Notice of Participation, Contacts, Campuses](#)

Key #2: Have Two Active Security Administrators

- The Security Administrator (SA) is the person in the organization who can 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 (August 17, 2020).
- A second SA is highly recommended as a backup, in case the primary SA's account expires.
- All users **must** log in to the *QualityNet Secure Portal* every 30–60 days to keep their accounts active.
 - Consider putting a reminder on your calendar.

If you are not sure of your SA status, call the **QualityNet Help Desk at (866) 288-8912** for assistance.

Key #3: Manage the Notice of Participation

To access a facility's NOP:

1. Log onto the *QualityNet Secure Portal*.
2. Click on “Manage Notice of Participation.”

The screenshot displays the CMS.gov Hospital Quality Reporting portal. At the top, there is a dark blue header with a user profile icon and a 'Logout' link. Below this is a yellow navigation bar with 'CMS.gov' and 'Hospital Quality Reporting' on the left, and a 'Change Organization' button on the right. The main content area has a yellow bar with 'My Tasks', 'My Reports', and 'Help' dropdowns. Under 'My Tasks', there is a section titled 'Hospital Quality Reporting: My Tasks' with a paragraph about CMS improvements. To the right of this section is a box titled 'View the new Hospital Quality Reporting' with a blue arrow icon and text about accessing new functions. At the bottom, there are three white boxes with blue borders. The first box is 'Hospital Reporting Inpatient/Outpatient' with a link 'View / Edit Population and Sampling'. The second box is 'Manage Measures' with a link 'View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)'. A red arrow points from this second box to the third box, 'Manage Notice of Participation', which has a link 'View/Edit Notice of Participation, Contacts, Campuses'. This third box is highlighted with a red border.

CMS.gov | Hospital Quality Reporting

Change Organization

My Tasks My Reports Help ▾

Hospital Quality Reporting: My Tasks

CMS is making improvements to QualityNet based on user feedback. We are creating a new interface that improves the way you submit, review and track the status of data. Continue using this My Tasks page to enter web-based data, view submission and feedback reports, and other tasks available here.

View the new Hospital Quality Reporting
Access the new and improved Hospital Quality Reporting functions.

Hospital Reporting Inpatient/Outpatient
[View / Edit Population and Sampling](#)

Manage Measures
[View/Edit Structural/Web-Based Measures/Data Acknowledgement \(DACA\)](#)

Manage Notice of Participation
[View/Edit Notice of Participation, Contacts, Campuses](#)

Key #3: Manage the Notice of Participation

To access a facility's NOP:

3. 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*.
4. Click the **[NEXT]** button to view the IPFQR Notice of Participation menu.
5. Click the **[Notice of Participation]** hyperlink in the lower right side of the page to view the NOP status.

Start: Notice of Participation

Instructional Text:

* Required

Select your Program Type

Enter a 6-digit CCN

* **Identify Program Type**

- ☐ Inpatient Notice of Participation
- ☐ Outpatient Notice of Participation
- ☒ **Inpatient Psychiatric Facility (IPF) Notice of Participation**
- ☐ PPS - Exempt Cancer Hospital (PCH) Notice of Participation
- ☐ Ambulatory Surgical Center (ASC) Notice of Participation

* **Enter a 6-digit CCN**

I'd Like To View, Add or Update:

- [Notice of Participation](#)
- [Contacts](#)
- [Additional Campuses](#)

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
2021	Participating	01/24/2014 12:11:27PT	CARRY_FORWARD
2020	Participating	01/24/2014 12:11:27PT	CARRY_FORWARD

☒ 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

- 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 following:
 - Facility's operations
 - Facility's annual census
 - Facility's population
- Values that seem out of line with general expectations should be reviewed to verify accuracy.

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting

Parameters for the HBIPS-2 and HBIPS-3 Data Entry Pages

- Check the numerator data.
 - Ensure the **total number of hours** that all psychiatric inpatients were maintained in physical restraints (HBIPS-2) or seclusion (HBIPS-3) are entered for the numerator values.
 - **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.
 - The HBIPS-2 and HBIPS-3 measures should have the same denominator values.
 - Ensure the **total number of psychiatric inpatient days** are entered for the denominator values.
 - **Do not** enter hours or minutes.
 - Enter up to six digits.
 - The denominator cannot be zero if the numerator is a nonzero number.
- Traditional rounding is allowed to the hundredth digit. For example:
 - 123.4567 = 123.46
 - 123.4531 = 123.45

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting

Parameters for the Other Data Entry Pages

Data entry parameters for other data entry pages:

- HBIPS-5, SUB, TOB, IMM-2, Transition Record, and Screening for Metabolic Disorders measures:
 - 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.
- Non-Measure Data/Population Counts:
 - All values must be entered in whole number digits of up to five digits.

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting

Criteria to Identify Questionable FY 2021 Measure and Non-Measure Data

- Check that the denominator values of the HBIPS-2 and HBIPS-3 measures:
 - Are the same (i.e., number of psychiatric inpatient days)
 - Are not less than the total number of annual discharges (as reported on the non-measure data entry page)
 - Are not accidentally multiplied by 24, resulting in a value that represents patient-hours instead of patient-days
 - Are not significantly different from previous years' submissions
 - Are not mistakenly reported as the number of days in a calendar year (i.e., 365)
 - Do not exceed 365 times the total number of beds at the IPF.
- The calculated HBIPS-2 measure values should not equal or exceed five (5) hours per 1,000 patient hours of care.
- The calculated HBIPS-3 measure values should not equal or exceed three (3) hours per 1,000 patient hours of care.

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting

Criteria to Identify Questionable FY 2021 Measure and Non-Measure Data

To avoid questionable data, denominator values for HBIPS-2 and HBIPS-3 are entered in the same data entry field.

HBIPS-2 and HBIPS-3
HBIPS-2: Hours of Physical Restraint Use and HBIPS-3: Hours of Seclusion Use

HBIPS-2 Numerator
★ The total number of hours that all psychiatric inpatients were maintained in physical restraint

HBIPS-3 Numerator
★ The total number of hours that all psychiatric inpatients were held in seclusion

Denominator
★ Number of psychiatric inpatient days

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting

Criteria to Identify Questionable FY 2021 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.

- | | |
|--|---|
| <input type="checkbox"/> HBIPS-5 | <input type="checkbox"/> IMM-2 |
| <input type="checkbox"/> SUB-2/-2a | <input type="checkbox"/> Transition Record |
| <input type="checkbox"/> SUB-3/-3a | with Specified |
| <input type="checkbox"/> TOB-2/-2a | Elements Received by |
| <input type="checkbox"/> TOB-3/-3a | Discharged Patients |
| <input type="checkbox"/> Screening for | <input type="checkbox"/> Timely Transmission of |
| Metabolic Disorders | Transition Record |

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting

Criteria to Identify Questionable FY 2021 Measure and Non-Measure Data

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

- | | |
|--------------------------------|---|
| <input type="checkbox"/> SUB-2 | <input type="checkbox"/> Transition Record with |
| <input type="checkbox"/> SUB-3 | Specified Elements Received |
| <input type="checkbox"/> TOB-2 | by Discharged Patients |
| <input type="checkbox"/> TOB-3 | |

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting

Criteria to Identify Questionable FY 2021 Measure and Non-Measure Data

Two additional criteria for the Screening for Metabolic Disorders (SMD) measure:

1. Absence of numerator and denominator SMD measure values for IPFs that report values for the HBIPS-5 measure
2. SMD measure denominator value less than the denominator value for the HBIPS-5 measure

Key #4: Prepare and Verify

Accuracy of Data Prior to Submitting

Criteria to Identify Questionable FY 2021 Measure and Non-Measure Data

Criteria to identify questionable non-measure data:

- The total number of discharges by Age Strata is greater than the Total Annual Discharges.
- The total number of discharges by Diagnostic Categories is greater than the Total Annual Discharges.
- The total number of discharges by Payer category is greater than the Total Annual Discharges.

Key #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@hsag.com with "Measure Accuracy Question" in the subject line.

Criteria to Identify Questionable FY 2021 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 data that may have been entered in error, may be invalid, or may exceed normal parameters by the August 17, 2020 deadline for fiscal year (FY) 2021 payment determination. If you find that your data meet one or more of the criteria listed below, the Centers for Medicare & Medicaid Services (CMS) strongly recommends that you recheck the data for accuracy.

The criteria for identifying questionable HBIPS-2 and HBIPS-3 measure data include:

- Denominator values that are different (i.e., numbers of psychiatric inpatient days).
- Denominator values that are less than the Total Annual Discharges reported for the IPF.
- Denominator values that are accidentally multiplied by 24, resulting in a value that represents patient-hours instead of patient-days.
- Denominator values that are significantly different from previous years' submission.
- Denominator values that are mistakenly reported as the number of days in a calendar year.
- Denominator values that exceed 365 times the total number of beds at the IPF.
- The calculated HBIPS-2 measure values should not equal or exceed five (5) hours per 1,000 patient hours of care.
- The calculated HBIPS-3 measure values should not equal or exceed three (3) 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 Annual 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 the subset measure numerator is greater than the primary measure numerator, for example:

- 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@hsag.com with "Measure Accuracy Question" in the subject line.

Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Simple Data Entry Form

Access the IPFQR Program Simple Data Entry Form to enter a facility's measure data:

1. Log in to the *QualityNet Secure Portal*.
2. From the My Tasks page, click on the “**View the new Hospital Quality Reporting**” box on the upper right side of the page.
3. Select the “**Data Entry**” button.
4. Click the “**Data Form**” button.

View the new Hospital Quality Reporting

Access the new and improved Hospital Quality Reporting functions.



Data Entry

Enter data for program credit.



Web-based Measures

Web-based Measures

How would you like to submit your data?

Data Form

Enter data for program credit here.



Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Simple Data Entry Form

5. Under the “**Select the Data Form**” sub-header, select “**IPF**” and click “**Launch Data Form.**”

Select the Data Form

IPF

Launch Data Form >

Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Simple Data Entry Form

The screenshot shows the 'Data Submissions' page for 'ABCDE Community Hospital'. The page title is 'Inpatient Psychiatric Facility Quality Reporting (IPFQR)'. It includes a 'Fiscal Year' dropdown set to '2019'. Below this, it shows the 'Submission Period' as '07/01/20 - 08/27/20' and the 'With Respect to Reporting Period' as '01/01/19 - 12/31/19 (it indicates an exception)'. The 'Last Updated' is '07/02/20' and the 'Current Submission Period' is 'Open'. A progress bar shows three steps: 'Enter', 'Preview', and 'Submit', with 'Enter' being the active step. The main content area lists several data entry categories, each with a 'Start Measure' button: 'Non-Measure Data', 'HBIPS-2 and HBIPS-3', 'HBIPS-5', 'Screening for Metabolic Disorders', 'Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record', 'SUB-2 and SUB-2a', 'SUB-3 and SUB-3a', 'TOB-2 and TOB-2a', 'TOB-3 and TOB-3a', and 'IMM-2'. At the bottom, there is a checkbox labeled 'I'm ready to submit'.

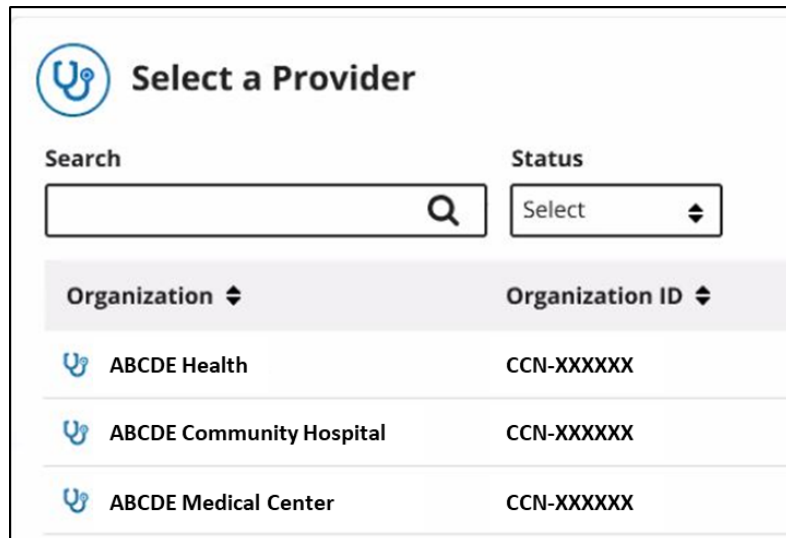
▶ Start Measure

6. A page listing all non-measure and measure data entry pages will appear. Click the “Start Measure” button next to a data entry page name to begin the data entry process.

Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Simple Data Entry Form




Vendors that have access to submit data for multiple IPFs will have the option to choose the provider for which data will be entered. Use the blue “Change Organization” button to change to the data entry form for a different provider.



Select a Provider

Search

Status

Organization	Organization ID
 ABCDE Health	CCN-XXXXXX
 ABCDE Community Hospital	CCN-XXXXXX
 ABCDE Medical Center	CCN-XXXXXX

Change Organization

Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Simple Data Entry Form

7. Enter data into each of the fields.
8. Once each field is populated, click the green “Save & Return” button at the bottom of the page. This returns you to the index page.

HBIPS-2 and HBIPS-3
HBIPS-2: Hours of Physical Restraint Use and HBIPS-3: Hours of Seclusion Use

HBIPS-2 Numerator
★ The total number of hours that all psychiatric inpatients were maintained in physical restraint:

HBIPS-3 Numerator
★ The total number of hours that all psychiatric inpatients were held in seclusion:

HBIPS-2 and HBIPS-3 Denominator
★ Number of psychiatric inpatient days:

[Cancel](#) [✓ Save & Return](#)

Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Simple Data Entry Form

9. As data are entered and saved for each data entry page, a check mark and the word “Complete” will appear next to the name of the data entry screen.

+ HBIPS-2 and HBIPS-3 ✓ Complete

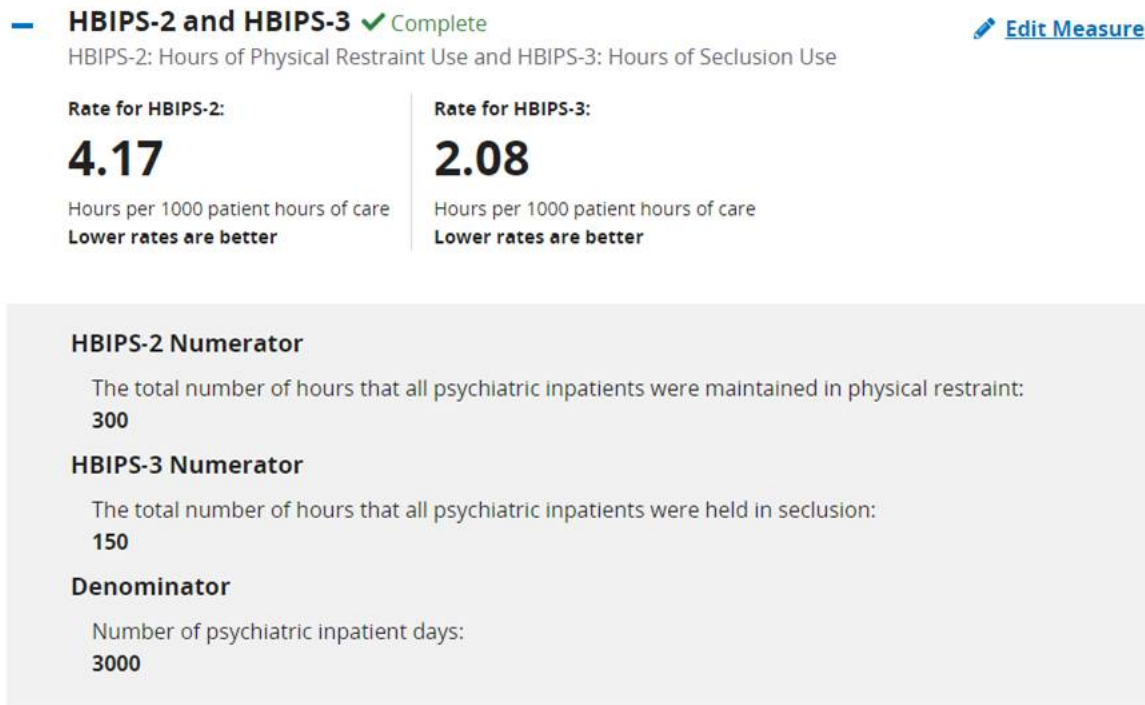
 [Edit Measure](#)

HBIPS-2: Hours of Physical Restraint Use and HBIPS-3: Hours of Seclusion Use

Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Simple Data Entry Form

10. Click the plus (+) sign next to the name of the data entry page to expand the view to see the data entered and calculated results below the name of the data entry screen.



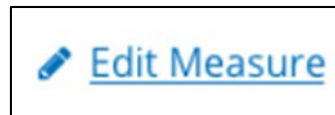
Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Simple Data Entry Form

11. Once all data entry pages have been populated and saved, the tracker at the top of the page will change to show a checkmark next to the “Enter” stage. The “Preview” stage will be indicated by a blue circle with #2, and the “Submit” stage will remain greyed out.



- After the last “Save & Return” button is selected, a box will appear with warning messages to signal entry of questionable data, if applicable.
- Be sure to review data entries again to ensure that these warning messages are addressed before proceeding to the next step.
- To edit data that has been entered, click the “Edit Measure” hyperlink.



Key #5: Enter and Verify Accuracy of Data

Example of Warning Messages in the Simple Data Entry Form

If data are entered that will result in calculation of a rate(s) that is higher than expected, then a warning message will appear after clicking the “Save & Return” button.

You will have the option to edit the data or confirm that the data entered are correct.

Important: Data Contains Warnings [Close](#)

Please confirm you wish to process with the data below.
These warnings are non-fatal and may be submitted.

HBIPS-2 and HBIPS-3

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

 The HBIPS-3 rate about to be calculated will be higher than most other facilities. Please double check the numerator is in hours and the denominator is in days.

500

Number of psychiatric inpatient days

 The HBIPS-3 rate about to be calculated will be higher than most other facilities. Please double check the numerator is in hours and the denominator is in days.

3000

[Edit Data](#) [Confirm](#)

Key #5: Enter and Verify Accuracy of Data

Example of Error Messages in the Simple Data Entry Tool

Example of numerator values that exceed the denominator value.

You must replace the values in all fields outlined in red with the correct values and click the “Save & Return” button in order to save your entry.

SUB-3 Numerator

* Number of patients who received or refused at discharge a prescription for medication for treatment of alcohol or drug use disorder OR received or refused a referral for addictions treatment.

Denominator must be equal to or greater than the Numerator

55

SUB-3a Numerator

* Number of patients who received at discharge a prescription for medication for treatment of alcohol or drug use disorder OR a referral for addictions treatment.

Denominator must be equal to or greater than the Numerator

55

Denominator

* Number of hospitalized patients 18 years of age and older who screened positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence).

Denominator must be equal to or greater than the Numerator

54

Cancel

Save & Return

Key #5: Enter and Verify Accuracy of Data

Example of Error Messages in the Simple Data Entry Tool

Example of the subset measure numerator value exceeding the primary measure numerator value.

You must replace the values in all fields outlined in red with the correct values and click the “Save & Return” button in order to save your entry.

Transition Record with Specified Elements Numerator

* Number of patients, regardless of age, discharged from your facility to home or other site of care, or their caregiver(s), who received a transition record (and with whom a review of all included information was documented) at the time of discharge.

Timely Transmission Numerator must be less than or equal to Transition Record Numerator

75

Timely Transmission Numerator

* Number of patients, regardless of age, discharged from an inpatient facility to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge.

Timely Transmission Numerator must be less than or equal to Transition Record Numerator

80

Denominator

* Number of patients, regardless of age, discharged from your facility to home or other site of care, or their caregiver(s).

100

Cancel

Save & Return

Key #5: Enter and Verify Accuracy of Data

IPFQR Program Data Saved in the Simple Data Entry Tool

+ **Non-Measure Data** ✓ Complete
Non-Measure Data/Population Counts

[Edit Measure](#)

+ **HBIPS-2 and HBIPS-3** ✓ Complete
HBIPS-2: Hours of Physical Restraint Use and HBIPS-3: Hours of Seclusion Use

[Edit Measure](#)

Rate for HBIPS-2:

4.17

Hours per 1000 patient hours of care
Lower rates are better

Rate for HBIPS-3:

2.08

Hours per 1000 patient hours of care
Lower rates are better

+ **HBIPS-5** ✓ Complete
HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification

[Edit Measure](#)

Rate for HBIPS-5:

70% 35 Numerator 50 Denominator

Higher rates are better

+ **Screening for Metabolic Disorders** ✓ Complete
Screening for Metabolic Disorders

[Edit Measure](#)

Rate for Screening for Metabolic Disorders:

0% 0 Numerator 10 Denominator

Higher rates are better

+ **Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record** ✓ Complete

[Edit Measure](#)

Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)

Rate for Transition Record:

75% 75 Numerator 100 Denominator

Higher rates are better

Rate for Timely Transmission:

75% 75 Numerator 100 Denominator

Higher rates are better

Key #5: Enter and Verify Accuracy of Data

IPFQR Program Data Saved in the Simple Data Entry Tool

+ SUB-2 and SUB-2a Complete [Edit Measure](#)

SUB-2 and SUB-2a: Alcohol Use Brief Intervention Provided or Offered/Alcohol Use Brief Intervention

Rate for SUB-2:

79%

71

Numerator

90

Denominator

Higher rates are better

Rate for SUB-2a:

77%

69

Numerator

90

Denominator

Higher rates are better

+ SUB-3 and SUB-3a Complete [Edit Measure](#)

SUB-3 and SUB-3a: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge/Alcohol and Other Drug Use Disorder Treatment at Discharge.

Rate for SUB-3:

86%

55

Numerator

64

Denominator

Higher rates are better

Rate for SUB-3a:

86%

55

Numerator

64

Denominator

Higher rates are better

+ TOB-2 and TOB-2a Complete [Edit Measure](#)

TOB-2 and TOB-2a: Tobacco Use Treatment Provided or Offered

Rate for TOB-2:

85%

55

Numerator

65

Denominator

Higher rates are better

Rate for TOB-2a:

69%

45

Numerator

65

Denominator

Higher rates are better

+ TOB-3 and TOB-3a Complete [Edit Measure](#)

TOB-3 and TOB-3a: Tobacco Use Treatment Provided or Offered at Discharge/Tobacco Use Treatment at Discharge

Rate for TOB-3:

79%

75

Numerator

95

Denominator

Higher rates are better

Rate for TOB-3a:

68%

65

Numerator

95

Denominator

Higher rates are better

+ IMM-2 Complete [Edit Measure](#)

IMM-2: Influenza Immunization Information

† Reporting Period: 9/30/2019 - 3/30/2020

Rate for IMM-2:

56%

123

Numerator

220

Denominator

Higher rates are better

Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Simple Data Entry Form

12. After data have been saved in all the data entry fields, click the blue “I’m ready to submit” button at the bottom of the page.



13. Once all data have been successfully submitted, a green box will appear at the top of the page. Completion of all three stages of the submission process (“Enter,” “Preview,” and “Submit”) will be marked with a green circle and checkmark.



Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Simple Data Entry Form

14. To export the entered data into a PDF file, click the “Export Data” button at the top right of the screen. This button will only appear when the data have been successfully submitted.

The screenshot displays the 'Inpatient Psychiatric Facility Quality Reporting (IPFQR)' interface. At the top right, there is a 'Fiscal Year' dropdown menu set to '2021'. Below this, a green banner with a checkmark icon and the text 'IPFQR Measures Successfully Submitted' indicates that 'IPFQR measures for ABCD Community Hospital have been successfully submitted.' To the right of this banner, the 'Export Data' button is highlighted with a red rectangular box. Below the banner, the 'Submission Period' is listed as '07/01/20 – 08/17/20', followed by 'With Respect to Reporting Period: 01/01/19 – 12/31/19 († indicates an exception)' and 'Last Updated: 07/02/20'. The 'Current Submission Period' is shown as 'Open'. At the bottom, a progress bar includes three steps: 'Enter' (checked), 'Preview' (checked), and 'Submit' (checked).

Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Simple Data Entry Form

Non-Measure Data

Non-Measure Data/Population Counts

Total Annual Discharges

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

Ex. 0,1,2,3,...,99999

Age Strata

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

i The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

* Children (1 – 12 years)

Ex. 0,1,2,3,...,99999

* Adolescent (13 – 17 years)

Ex. 0,1,2,3,...,99999

* Adult (18 – 64 years)

Ex. 0,1,2,3,...,99999

* Older Adult (65 and over)

Ex. 0,1,2,3,...,99999

Diagnostic Categories

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

i The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

* Anxiety disorders (651)

Ex. 0,1,2,3,...,99999

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

Ex. 0,1,2,3,...,99999

* Mood disorders (657)

Ex. 0,1,2,3,...,99999

* Schizophrenia and other psychotic disorders (659)

Ex. 0,1,2,3,...,99999

* Substance-related disorders (661)

Ex. 0,1,2,3,...,99999

* Other diagnosis – Not included in one of the above categories

Ex. 0,1,2,3,...,99999

Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Simple Data Entry Form

Non-Measure Data

Non-Measure Data/Population Counts

Payer

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

i The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

* Medicare

Ex. 0,1,2,3,...,99999

* Non-Medicare

Ex. 0,1,2,3,...,99999

Global Sample

* Did your facility use global sampling?

Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Simple Data Entry Form

HBIPS-2 and HBIPS-3
HBIPS-2: Hours of Physical Restraint Use and HBIPS-3: Hours of Seclusion Use

HBIPS-2 Numerator
* The total number of hours that all psychiatric inpatients were maintained in physical restraint

HBIPS-3 Numerator
* The total number of hours that all psychiatric inpatients were held in seclusion

Denominator
* Number of psychiatric inpatient days

Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Simple Data Entry Form

HBIPS-5

HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification

Numerator

* Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications with appropriate justification:

Ex. 0,1,2,3,...,99999

Denominator

* Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications:

Ex. 0,1,2,3,...,99999

[Cancel](#)

✓ [Save & Return](#)

Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Simple Data Entry Form

Screening for Metabolic Disorders

Numerator

* Total number of patients who received a metabolic screening either prior to, or during, the index IPFQR stay:

Ex. 0,1,2,3,...,99999

Denominator

* Number of patients discharged with one or more routinely scheduled antipsychotic medications during the measurement period:

Ex. 0,1,2,3,...,99999

[Cancel](#)

✓ [Save & Return](#)

Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Simple Data Entry Form

Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record

Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)

Transition Record with Specified Elements Received by Discharged Patients

Numerator

* Number of patients, regardless of age, discharged from an inpatient facility to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge:

Ex. 0,1,2,3,...,99999

Denominator

* Number of patients, regardless of age, discharged from your facility to home or other site of care, or their caregiver(s):

Ex. 0,1,2,3,...,99999

Timely Transmission of Transition Record

Numerator

* Number of patients, regardless of age, discharged from your facility to home or other site of care, or their caregiver(s), who received a transition record (and with whom a review of all included information was documented) at the time of discharge:

Ex. 0,1,2,3,...,99999

Denominator

* Number of patients, regardless of age, discharged from your facility to home or other site of care, or their caregiver(s):

Ex. 0,1,2,3,...,99999

Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Simple Data Entry Form

SUB-2 and SUB-2a

SUB-2 and SUB-2a: Alcohol Use Brief Intervention Provided or Offered/
Alcohol Use Brief Intervention

SUB-2 Numerator

- * Number of patients who screened positive for unhealthy alcohol use who received or refused a brief intervention during the hospital stay:

Ex. 0,1,2,3,...,99999

SUB-2a Numerator

- * Number of patients who received the brief intervention during the hospital stay:

Ex. 0,1,2,3,...,99999

SUB-2 and SUB-2a Denominator

- * Number of hospitalized patients 18 years of age and older who screened positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence):

Ex. 0,1,2,3,...,99999

Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Simple Data Entry Form

SUB-3 and SUB-3a

SUB-3 and SUB-3a: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge/Alcohol and Other Drug Use Disorder Treatment at Discharge.

SUB-3 Numerator

- * Number of patients who received or refused at discharge a prescription for medication for treatment of alcohol or drug use disorder OR received or refused a referral for addictions treatment:

Ex. 0,1,2,3,...,99999

SUB-3a Numerator

- * Number of patients who received at discharge a prescription for medication for treatment of alcohol or drug use disorder OR a referral for addictions treatment:

Ex. 0,1,2,3,...,99999

SUB-3 and SUB-3a Denominator

- * Number of hospitalized patients 18 years of age and older who screened positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence).

Ex. 0,1,2,3,...,99999

Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Simple Data Entry Form

TOB-2 and TOB-2a

TOB-2 and TOB-2a: Tobacco Use Treatment Provided or Offered

TOB-2 Numerator

- * Number of patients who received or refused practical counseling to quit AND received or refused FDA-approved cessation medications or had a reason for not receiving the medication during the first three days after admission:

Ex. 0,1,2,3,...,99999

TOB-2a Numerator

- * Number of patients who received practical counseling to quit AND received FDA-approved cessation medication or had a reason for not receiving the medication during the first three days after admission:

Ex. 0,1,2,3,...,99999

TOB-2 and TOB-2a Denominator

- * Number of hospitalized patients 18 years of age and older identified as current tobacco users:

Ex. 0,1,2,3,...,99999

Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Simple Data Entry Form

TOB-3 and TOB-3a

TOB-3 and TOB-3a: Tobacco Use Treatment Provided or Offered at Discharge/Tobacco Use Treatment at Discharge

TOB-3 Numerator

- * Number of patients who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication at discharge:

Ex. 0,1,2,3,...,99999

TOB-3a Numerator

- * Number of patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication upon discharge as well as those who were referred to outpatient counseling and had reason for not receiving a prescription for medication:

Ex. 0,1,2,3,...,99999

TOB-3 and TOB-3a Denominator

- * Number of hospitalized patients 18 years of age and older identified as current tobacco users:

Ex. 0,1,2,3,...,99999

Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Simple Data Entry Form

IMM-2

IMM-2: Influenza Immunization Information

Numerator

* Inpatient discharges who were screened for influenza vaccine status and were vaccinated prior to discharge if indicated:

Ex. 0,1,2,3,...,99999

Denominator

* Inpatients age 6 months and older discharged during the months of October, November, December, January, February or March:

Ex. 0,1,2,3,...,99999

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.
 - 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 17, 2020**.
- If using a third-party vendor:
 - Ensure the vendor has been previously authorized.
 - Complete the online DACA form prior to the **August 17, 2020** deadline.
 - The **facility is responsible** for completion of the DACA form, not the vendor.

Key #6: Review Submission Before Signing the DACA Form

- The DACA is the only opportunity for IPFs to attest to the accuracy and completeness of the data submitted to CMS.
 - Data will be publicly displayed at a later date.
- IPFs **cannot** enter or edit data **after the submission deadline**.
 - It is **highly recommended** that IPFs enter their data as far in advance of the **August 17, 2020** deadline as possible.

Key #6: Review Submission Before Signing the DACA Form

Option 1: Access from the data entry overview page

- When a representative of the IPF is logged into the *QualityNet Secure Portal* immediately after all data are successfully submitted, a blue banner indicating that the DACA must be reviewed and signed immediately above the green banner indicating successful submission of the data. Click the “Sign” button to view the DACA.

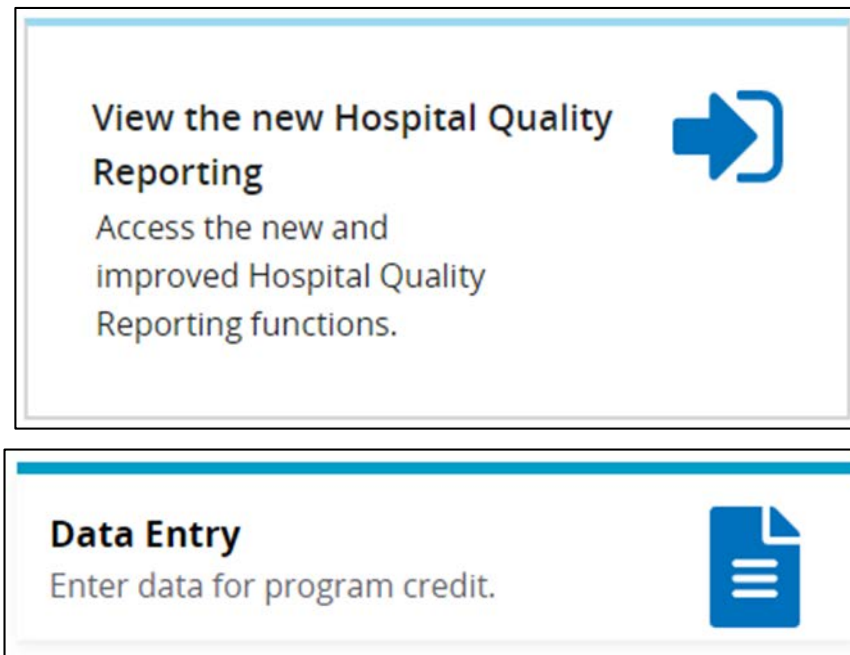
i IPFQR DACA - Signature Needed by Provider
Provider must sign annual acknowledgement of submission accuracy. [Sign](#)

✓ IPFQR Measures Successfully Submitted
IPF measures for ABCDE Community Hospital have been successfully submitted.

Key #6: Review Submission Before Signing the DACA Form

Option 2: Access the DACA form from the My Tasks page

- After logging in to the *QualityNet Secure Portal*, click on the “**View the new Hospital Quality Reporting**” box on the upper right side of the My Tasks page.
- Select the “**Data Entry**” button.



Key #6: Review Submission Before Signing the DACA Form

To complete the DACA,

1. Enter your job title in the empty field below the word “Position.”
2. Click the button next to the statement “I confirm that the information I have submitted is accurate and complete to the best of my knowledge.”
3. Click the “Sign” button at the bottom of the page.

The screenshot shows the CMS.gov Hospital Quality Reporting interface. At the top, it says 'CMS.gov | Hospital Quality Reporting'. Below that, the hospital name 'ABCDE Community Hospital' and 'CCN: #####' are displayed. The main section is titled 'Data Accuracy and Completeness Acknowledgement (DACA)'. It includes a sub-header 'Data Accuracy and Completeness Acknowledgement (DACA)' and a paragraph explaining the requirement for Hospital Inpatient Quality Reporting participants. There are three tabs: 'IQR', 'IPFQR' (which is selected), and 'PCHQR'. Below the tabs, there is a section titled 'Data Accuracy and Completeness Acknowledgement (DACA)' with a paragraph of acknowledgment text. This is followed by a list of bullet points: '* Aggregated data for all required measures', '* Non-measure data', '* Current Notice of Participation and', and '* Active QualityNet Security Administrator'. Another paragraph follows, stating 'I understand that this acknowledgement covers all IPFQR information reported by this inpatient psychiatric hospital or psychiatric unit (and any data vendor(s) acting as agents on behalf of this IPF) to CMS and its contractors, for the FY 2018 payment determination year. 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.' Below this is another paragraph: 'I understand that this acknowledgement is required for purposes of meeting any Fiscal Year 2018 IPFQR Program requirements.' There is a 'Position' label and a text input field containing 'Ex. Administrator, Director, etc.'. At the bottom, there is a checkbox labeled 'I confirm that the information I have submitted is accurate and complete, to the best of my knowledge.' and two buttons: 'Sign' and 'Cancel'.

Key #6: Review Submission Before Signing the DACA Form

- Once the DACA is submitted successfully, a confirmation message will appear above the signature line.
- A “Re-Sign” button, which provides the option to sign the DACA form again should you need to edit and re-save any measure or non-measure data on the data entry pages, is at the bottom of the page.
- The option to export the signed DACA as a PDF form is at the bottom of the page.

The screenshot displays the 'Data Accuracy and Completeness Acknowledgement (DACA)' form. At the top, there are three tabs: 'IQR', 'IPFQR' (which is selected), and 'PCHQR'. The main heading is 'Data Accuracy and Completeness Acknowledgement (DACA)'. Below this, a paragraph states: 'I acknowledge that to the best of my ability all of the information reported for this Inpatient Psychiatric Facility (IPF) Quality Reporting (IPFQR) Program, as required for the Fiscal Year 2021 IPFQR Program requirements, is accurate and complete. This information includes the following:'. A bulleted list follows: '* Aggregated data for all required measures', '* Non-measure data', '* Current Notice of Participation and', and '* Active QualityNet Security Administrator'. Another paragraph states: 'I understand that this acknowledgement covers all IPFQR information reported by this inpatient psychiatric hospital or psychiatric unit (and any data vendor(s) acting as agents on behalf of this IPF) to CMS and its contractors, for the FY 2021 payment determination year. 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.' A third paragraph states: 'I understand that this acknowledgement is required for purposes of meeting any Fiscal Year 2021 IPFQR Program requirements.' A green checkmark icon is followed by the text: 'Success: Congratulations! You have successfully acknowledged and signed DACA for XXXXX for this fiscal year.' Below this, the 'Signature' field shows 'Jane Doe', the 'Position' field shows 'HealthOrg Admin', and the 'Date' field shows '12/24/2019'. At the bottom, there are two buttons: 'Re-Sign' and 'Export Data'.

Key #7: Re-Check all FY 2021 IPFQR Program Requirements

The IPF Provider Participation Report is in development. Follow the steps below to check whether your facility has met all FY 2021 IPFQR Program requirements prior to the August 17, 2020 deadline.

1. Check *QualityNet* SA status.

- Ensure that the SA at your IPF logs in to the *QualityNet Secure Portal* at least once during the data submission period.
- If SA status has lapsed, call the *QualityNet* Help Desk at (866) 288-8912.

2. Check NOP.

- Go to the HQR My Tasks page to ensure the IPFQR Program NOP status is “Participating”. Refer to instructions on slides 22-24 of this presentation.

3. Check accuracy of data.

- Review the exported PDF data report against facility data.

4. Check DACA.

- Ensure that DACA status is complete in the *QualityNet Secure Portal* based on instructions provided on the previous slide.

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 submission before signing the DACA form
- Re-check all FY 2021 IPFQR Program Requirements



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

Important Tip

In the event of staff turnover, remember to use the [Hospital Contact Change Form](#) to inform the VIQR Support Contractor for the IPFQR Program about key personnel changes (e.g., CEO and quality reporting contact).

IPFQR Program: Keys to Successful FY 2021 Reporting

Helpful Resources

Helpful Resources: Data Accuracy Tools

Criteria to Identify Questionable Measure and Non-Measure Data

Criteria to Identify Questionable FY 2021 Measure and Non-Measure Data for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

The following criteria are provided to help inpatient psychiatric facilities (IPF's) identify measure data that may have been entered in error, may be invalid, or may exceed normal parameters by the August 17, 2020 deadline for fiscal year (FY) 2021 payment determination. If you find that your data meet one or more of the criteria listed below, the Centers for Medicare & Medicaid Services (CMS) strongly recommends that you recheck the data for accuracy.

The criteria for identifying questionable HEDIS-2 and HEDIS-3 measure data include:

- Denominator values that are different (i.e., numbers of psychiatric inpatient days).
- Denominator values that are less than the Total Annual Discharges reported for the IPF.
- Denominator values that are accidentally multiplied by 24, resulting in a value that represents patient hours instead of patient days.
- Denominator values that are significantly different from previous years' submission.
- Denominator values that are manually reported as the number of days in a calendar year.
- Denominator values that are greater than 365 times the total number of beds at the IPF.
- The calculated HEDIS-2 measure values should not equal or exceed five (5) hours per 1,000 patient hours of care.
- The calculated HEDIS-3 measure values should not equal or exceed three (3) hours per 1,000 patient hours of care.

Criteria for the HEDIS-5, SUB-2-2a, SUB-3-3a, TOB-2-2a, TOB-3-3a, DSM-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 Annual Discharges.
- The numerator exceeds the denominator.

Our additional criterion for the SUB-2, SUB-3, TOB-2, TOB-3, and Transition Record with Specified Elements Received by Discharged Patients measures is the robust measure numerator is greater than the primary measure numerator. For example:

- 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 IPF's that report values for the HEDIS-5 measure.
- The SMD measure denominator value is smaller than the denominator value for the HEDIS-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 Payor 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@hsa.gov with "Measure Accuracy Questions" in the subject line.

Data Submission Checklist

Data Submission Checklist: Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Measure and Non-Measure Data Submission and Administrative Requirements-Fiscal Year (FY) 2021

Due	Task	
On or before 08/17/2020	STEP 1: Enter measure and non-measure data	<input checked="" type="checkbox"/>
	A. Log in to the <i>QualityNet Secure Portal</i> .	<input type="checkbox"/>
	B. From the My Tasks page, click on the "View the new Hospital Quality Reporting" box on the upper right side of the page.	<input type="checkbox"/>
	C. Select the "Data Entry" button.	<input type="checkbox"/>
	D. Click the "Data Form" button.	<input type="checkbox"/>
	E. Under the "Select the Data Form" sub-header, select "IPF" and click "Launch Data Form."	<input type="checkbox"/>
	F. A page listing all non-measure and measure data entry pages will appear. Click the "Start Measure" button to begin the data entry process.	<input type="checkbox"/>
	G. Enter data values in the data entry fields for each of the following FY 2021 submission requirements:	<input type="checkbox"/>
	<ul style="list-style-type: none"> HEDIS-2-* HEDIS-3 SUB-2-2a SUB-3-3a TOB-2-2a TOB-3-3a DSM-2* Screening for Metabolic Disorders Non-Measure Data and Population Counts Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record 	<input type="checkbox"/>
	Once each field is populated, click the green "Save & Return" button at the page bottom. *The ECE policy outlined in the COVID-19 memo exempts Q1 2020 data from reporting during the summer 2020 submission period.	<input type="checkbox"/>
	H. After all data have been saved, click the blue "I'm ready to submit" button at the bottom of the page. A green box will appear at the top of the page to indicate that data were submitted successfully.	<input type="checkbox"/>
On or before 08/17/2020	STEP 2: Submit FY 2021 Data Accuracy and Completeness Acknowledgement (DACA)	<input type="checkbox"/>
	A. Access the DACA form by logging in to the <i>QualityNet Secure Portal</i> and clicking on the "View the new Hospital Quality Reporting" box on the upper right side of the My Tasks page.	<input type="checkbox"/>
	B. Select the "Data Entry" button.	<input type="checkbox"/>
	C. At the top of the Data Submissions page will be a blue banner indicating that the DACA needs to be signed. Click the "Sign" button to view the DACA.	<input type="checkbox"/>
	D. Enter your job title in the field below "Position" and click the button attesting to the accuracy and completeness of the data.	<input type="checkbox"/>
	E. Click the "Sign" button at the bottom of the page.	<input type="checkbox"/>
On or before 08/17/2020	STEP 3: Ensure IPFQR Program Administrative Requirements are Met	<input type="checkbox"/>
	A. Ensure that the IPF's QualityNet Security Administrator (SA) logs into the <i>QualityNet Secure Portal</i> during the summer 2020 data submission period. If SA status has lapsed, contact QualityNetHelpDesk@hsa.gov for assistance.	<input type="checkbox"/>
	B. Access the IPFQR Program Notice of Participation from the <i>QualityNet Secure Portal</i> My Tasks page to ensure the status is "Participating."	<input type="checkbox"/>

Note: For additional guidance, refer to the *IPFQR Program: Keys to Successful FY 2021 Reporting* webinar in the Quality Reporting Center at [Events on Demand](#). For questions, contact the IPFQR Program Support Contractor via the [QualityNet Q&A Tool](#), IPFQualityReporting@hsa.gov email, or phone at (866) 800-8765 or (844) 472-4477.

Verification Checklist

Verification Checklist: Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Measure and Non-Measure Data Submission and Administrative Requirements-Fiscal Year (FY) 2021

Due	Task	
On or before 08/17/2020	STEP 1: Check the Simple Data Entry Page to verify submission of FY 2021 IPFQR Program Data.	<input type="checkbox"/>
	A. Log in to the <i>QualityNet Secure Portal</i> .	<input type="checkbox"/>
	B. From the My Tasks page, click on the "View the new Hospital Quality Reporting" box on the upper right side of the page.	<input type="checkbox"/>
	C. Select the "Data Entry" button.	<input type="checkbox"/>
	D. Click the "Data Form" button.	<input type="checkbox"/>
	E. Under the "Select the Data Form" sub-header, select "IPF" and click "Launch Data Form."	<input type="checkbox"/>
	F. A page listing all non-measure and measure data entry pages will appear. If you see the following images at the top of the page, then the data entry process is complete:	<input type="checkbox"/>
	<ul style="list-style-type: none"> A green checkmark and the word "Complete" will appear next to the name of each data entry page. To view the submitted data in a PDF file, click the "Export Data" button. 	<input type="checkbox"/>
	G. If any edits are needed:	<input type="checkbox"/>
	<ul style="list-style-type: none"> Click the "Edit Measure" link next to the data entry page and revise the data. Click the green "Save & Return" button on the main Simple Data Entry (SDE) page. Click the blue "I'm ready to submit" button. 	<input type="checkbox"/>
On or before 08/17/2020	STEP 2: Confirm submission of FY 2021 Data Accuracy and Completeness Acknowledgement (DACA)	<input type="checkbox"/>
	A. Access the DACA form by logging in to the <i>QualityNet Secure Portal</i> and clicking on the "View the new Hospital Quality Reporting" box on the upper right side of the My Tasks page.	<input type="checkbox"/>
	B. Hover your mouse over the gray vertical bar on the left side of the screen, and the word "Administration" will appear next to the clipboard icon.	<input type="checkbox"/>
	C. Click on "Administration," and the link to the DACA will appear.	<input type="checkbox"/>
	D. Click on "DACA" to view the DACA for your facility.	<input type="checkbox"/>
On or before 08/17/2020	STEP 3: Check Completion of IPFQR Program Administrative Requirements.	<input type="checkbox"/>
	A. Confirm the IPF <i>QualityNet</i> Security Administrator's (SA's) account is active.	<input type="checkbox"/>
	B. Review the IPFQR Program Notice of Participation (NOP) from the <i>QualityNet Secure Portal</i> My Tasks page to ensure the status is "Participating."	<input type="checkbox"/>

Note: For guidance on IPFQR Program requirements and data verification processes, refer to the IPFQR Program Manual, Version 6.0 on the [QualityNet IPFQR Program Manual](#) web page. For questions, contact the IPFQR Program Support Contractor via the [QualityNet Q&A Tool](#), IPFQualityReporting@hsa.gov email, or phone at (866) 800-8765 or (844) 472-4477.

These resources can be found at [QualityNet.org](https://www.qualitynet.org) and [QualityReportingCenter.com](https://www.qualityreportingcenter.com).

Helpful Resources

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



Helpful Resources

Stay up to date...



...and get answers to your questions.



Webinar Questions

Please email any questions that are pertinent to the webinar topic to WebinarQuestions@hsag.com with the following information:

- Subject Line: IPFQR Program: Keys to Successful FY 2021 Reporting
- Email Body: If your question pertains to a specific slide, please include the slide number

Acronyms

APU	annual payment update	HCQIS	Healthcare Quality Information System
CCN	CMS Certification Number	IPF	inpatient psychiatric facility
CE	continuing education	IPFQR	Inpatient Psychiatric Facility Quality Reporting
CEO	Chief Executive Officer	NOP	Notice of Participation
CMS	Centers for Medicare & Medicaid Services	Q	quarter
CY	calendar year	SA	Security Administrator
DACA	Data Accuracy and Completeness Acknowledgement	SDE	Simple Data Entry
FY	fiscal year	SMD	Screening for Metabolic Disorders
HARP	HCQIS Access, Roles, and Profile	SUB	Substance Use
HBIPS	Hospital-Based Inpatient Psychiatric Services	TOB	Tobacco Use
IMM-2	Influenza Immunization measure	VIQR	Value, Incentives, and Quality Reporting

Thank You

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