



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

IPFQR Program: Keys to Successful FY 2021 Reporting

Presentation Transcript

Speaker

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Evette Robinson: Hello everyone and welcome to this presentation titled *IPFQR Program: Keys to Successful Fiscal Year 2021 Reporting*. My name is Evette Robinson, and I am the Program Lead for the IPFQR Program with the VIQR support contractor.

The purpose of this presentation is to summarize the fiscal year 2021 IPFQR Program requirements, provide keys to successful data submission, and offer guidance to verify data accuracy.

By the end of this presentation, attendees will be able to summarize the fiscal year 2021 IPFQR Program requirements, 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.

Please email any questions that are pertinent to the webinar topic to WebinarQuestions@hsag.com with the webinar title as the subject line. If your question pertains to a specific slide, please include the slide number in the body of your email.

Let's begin by reviewing the data submission requirements for fiscal year 2021.

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.

This slide lists all the requirements that IPFs must meet by August 17, 2020: 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 measure and non-measure data, which we will review in more detail throughout this presentation. Once the measure and non-measure data have been entered, an IPF must complete the Data Accuracy and Completeness Acknowledgement, or DACA, as an attestation that the data entered are accurate and complete.

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The table on this slide and the following slide display the IPFQR Program reporting period, data submission deadline, measure type, and indicates whether sampling is allowed for each measure. For more details about sampling options for the IPFQR Program, specific to calendar year 2019 discharges, refer to version 4.1 of the IPFQR Program Manual.

Slide 9 is a continuation of the table listing the chart-abstracted measures that are to be reported by the August 17, 2020, submission deadline. You will notice that the Follow-up After Hospitalization for Mental Illness, 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF, and Medication Continuation Following Inpatient Psychiatric Discharge measures are not included in the measure requirements table. These are claims-based measures, which require no action by IPFs, because CMS collects and calculates the data for these 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 2019 reporting period are required to submit the data to CMS during calendar year 2020. After the data submission deadline, CMS will make preliminary fiscal year 2021 APU decisions, and facilities that do not meet all requirements will receive a 2-percentage point reduction to their annual payment update during fiscal year 2021. In other words, data collection in a particular year effects CMS' payment update determinations two years later. Due to COVID-19, CMS has made exceptions to the program requirements for the reporting period of January 1, 2020, through June 30, 2020. These will be described in more detail on the next slide.

Although the reporting periods, submission deadlines, and payment determination periods have not changed due to COVID-19 for the fiscal year 2021 data submission period, CMS has issued an Extraordinary Circumstances Exception memo that exempts IPFs from submitting

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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 fiscal year 2022 payment determination, except for the IMM-2 measure, which is reported during the summer 2020 data submission period for the fiscal year 2021 payment determination.

More details about the ECE policy are outlined in the COVID-19 memo found at the link displayed on this slide.

The next several slides will describe our recommended keys to successful reporting for the fiscal year 2021 payment determination.

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 the 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 and vendors avoid entering questionable or erroneous data, and improved process flows to ensure all data are entered before the DACA is signed by a representative of the IPF.

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 as well as DACA submission. CMS highly recommends that all IPFs ensure that at least two people with knowledge of the data can verify the accuracy of the data entered in 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, click the “Register” button at the top of the *QualityNet* home page, and follow the instructions to register.

Once registered, you will need to log in to the *QualityNet Secure Portal*. To login, go to the HQR HARP Sign In page by clicking on the first link on slide 16. Enter your HARP User ID and password. Then, click Login.

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If you do not have a HARP account, sign into Hospital Quality Reporting and follow the prompts to create one. You may refer to the webinar titled [Setting Up Your HARP Account for Hospital Quality Reporting](#) for additional guidance. We provided a link to that webinar for your convenience.

The next step in the login process is two-factor authentication. Select either SMS text or email for authentication to be sent to, and click Next.

Once you have received the code, enter the code and click Continue.

Read the Terms and Conditions, and click on Accept to continue.

After following these steps, you will be logged in and taken to the Hospital Quality Reporting My Tasks page.

The second key to successful reporting is to ensure that the IPF has at least one active Security Administrator (SA). 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 17, 2020. 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 30–60 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 17, 2020, in order to be considered for the full fiscal year 2021 APU. To access the NOP for one or more IPFs, you must be logged into the *QualityNet Secure Portal*. From the “My Tasks” page, select the

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“View/Edit Notice of Participation, Contacts, Campuses” hyperlink in the Manage Notice of Participation box.

To continue accessing a facility’s NOP, enter the facility’s six-digit CMS Certification Number, or CCN, if you have access to more than one IPF’s information in the *QualityNet Secure Portal*. Otherwise, the CCN for your facility should automatically appear and you will proceed to Step 4.

Click the Next button to view the IPFQR Notice of Participation menu. Then, click the Notice of Participation hyperlink on the right side of the page to view the NOP status.

The first screen shot on 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 will appear just above the 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.

The fourth key to successful reporting is to prepare and verify the accuracy of the IPF’s data prior to submitting. 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 expectations should be reviewed to verify accuracy. Later in the

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presentation, we will review a tool that is available to assist you with this process. 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 reported.

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 restraint, while the numerator for HBIPS-3 should reflect the total number of hours of seclusion. It is important to ensure that the numerator 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 HBIPS-2 and HBIPS-3 measures have the same denominator values. Ensure that the total number of psychiatric inpatient days are entered for the denominator values. In other words, HBIPS-2 and HBIPS-3 denominator values should not be entered as hour or minutes. Also, you may enter up to six digits for the denominator and it cannot be “0” if the numerator is a non-zero number. If this occurs, please review your data. Remember, a “0” 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 conventions. If the last number is a “5” 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. For the HBIPS-5, SUB, TOB, IMM-2, Transition Record, and Screening for Metabolic Disorders measures, the numerator and denominator data must be entered in whole number digits. 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. The denominator cannot be

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0 if the numerator is a non-zero number. For non-measure data/population counts, all values must be entered as whole numbers of up to five digits.

The next several slides describe various criteria to identify questionable measure and non-measure data for the fiscal year 2021 payment determination. We will begin with guidance on how to identify incorrect data entries for the HBIPS-2 and HBIPS-3 measures. Check that the denominator values of the HBIPS-2 and HBIPS-3 measures are the same number of psychiatric inpatient days, are not less than the total number of annual discharges (as reported on the non-measure data entry page), were 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, were not mistakenly reported as the number of days in the calendar year (for example, 365 days), and that the denominators should do not exceed 365 times the total number of beds at the IPF. With respect to the calculated rates for the HBIPS-2 and HBIPS-3 measures, the HBIPS-2 measure values should not equal or exceed five hours per 1,000 patient hours of care, and the calculated HBIPS-3 measure values should not equal or exceed three hours per 1,000 patient hours of care.

To avoid questionable data entry of HBIPS-2 and HBIPS-3 denominator values, the data entry page has been updated to have one data entry field for the denominator of both measures.

Criteria to identify questionable data for the measures listed in the box on slide 30 include when the denominator is greater than the Total Number of Discharges and when the numerator exceeds the denominator.

An additional criterion for the measures in the box on slide 31 is that the subset measure numerator cannot be 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.

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This slide shows 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 slide 33 (the total number of discharges by age strata, by diagnostic categories, or by payer category) is greater than the Total Annual Discharges, then be sure to re-check your data for accuracy.

Slide 34 displays a tool that CMS introduced last year, which has been updated to summarize CMS guidance for identifying questionable measure and non-measure data for the IPFQR Program as it pertains to FY 2021. It was created 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 17, 2020, 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@hsag.com with "Measure Accuracy Question" in the subject line.

Once you have prepared and verified the accuracy of the data, you will want to access the Simple Data Entry Form for the IPFQR Program to enter the measure and non-measure data values, which is the fifth key to successful reporting. In the Simple Data Entry Form, the user will be able to enter and submit IPFQR Program measure and non-measure data. To access a facility's data entry pages, you will need to first:

- Log in to the *QualityNet Secure Portal*.
- From the My Tasks page, click on the "View the new Hospital Quality Reporting" box on the upper right side of the page.

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- Select the “Data Entry” button.
- Click the “Data Form” button.

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

If you are someone logging in from the IPF, then the next screen will display the index page of the Simple Data Entry Form, which lists all non-measure and measure data entry pages for the summer 2020 data submission period. Click the “Start Measure” button to begin the data entry process.

If you are a vendor who has access to submit data for multiple IPFs, you will follow the same steps described above, except that you will have the option to choose the provider for which data will be entered. In order to change to the data entry form of another provider, click the blue Change Organization button.

The next step is to enter data into all the fields. This slide uses the HBIPS-2 and HBIPS-3 data entry page as an example of what the data entry pages look like, but you will need to enter data for each measure. Once each field is populated, click the green “Save & Return” button at the bottom of the page. This returns you to the index page.

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.

From the index page, you can view the calculated measure results and see a breakdown of the data entered by clicking the “+” sign next to the name of the measure(s).

Once all data entry pages have been populated and saved, the tracker at the top of the page will change to show a check mark next to the “Enter” stage, the “Preview” stage will be indicated by a blue circle with the #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

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signal entry of questionable data, if applicable. Review data entries again to ensure that these warning messages are addressed before proceeding to the next step. If changes need to be made to the data, click the “Edit Measure” hyperlink to make changes to data already entered.

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. The image on this slide shows the warning messages that will appear when HBIPS-3 values are entered that result in a rate that exceeds the three hours per 1,000 patient hours of care rate described earlier in this presentation.

If inappropriate data are entered, then a warning message will appear in red after clicking the “Save & Return” button. This image shows the type of error that will appear if a numerator value greater than the denominator value is entered into the data entry tool. Warning messages in red text will alert you to the error that needs to be corrected and the affected data entry fields will be outlined in red. You must replace the values in all fields outlined in red with the correct values to make the warning messages go away. If you do not make changes to these fields, the error messages will not go away, and the data will not be saved.

Another example of a warning message that will appear in red after clicking the “Save & Return” button is displayed on slide 45 in which the numerator of the subset measure (in this case, the Timely Transmission of Transition Record measure) is greater than the numerator of the primary measure’s numerator, which is the Transition Record with Specified Elements Received by Discharged Patients. Again, you must replace the values in all fields outlined in red with the correct values to make the warning messages go away. If you do not make changes to these fields, the error messages will persist, and the data will not be saved.

As data are saved in each of the data entry pages, a green check mark and the word “Complete” will appear next to the name of the data entry page to indicate that data are saved in the system. You can click on the blue

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button to the left of each entry screen name to see a complete list of the data that were entered on that page. The top half of the index page displayed on this slide shows you that you can also view the calculated results for the measures, where applicable, a notation of where higher or lower rates are better, and a hyperlink with the option to edit the data, if needed.

This slide displays the lower half of the index page of the Simple Data Entry [Form] tool.

After data have been saved in all the data entry fields and all error messages corrected, click the blue “I’m ready to submit” button located at the bottom of the index page. Once all data have been successfully submitted, a green box will appear at the top of the page and completion of all three stages of the submission process (“Enter,” “Preview,” and “Submit”) will be marked with a green circle and check mark.

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. Since the appearance of the data entry pages are very different from previous years, we will highlight major updates in the next several slides.

The images on this slide show the top portion of the data entry page for non-measure data. All required fields are indicated by a red asterisk, and you will notice that messages appear in blue boxes above the entry fields for the age strata and diagnostic categories stating that the sum of the values entered in each of these sections must equal the total annual discharges.

You will find the Payer and Global Sample sections of the data entry page upon scrolling down the page. For the Global Sample question, you will Yes or No from a drop-down menu.

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We shared a preview of the data entry page for the HBIPS-2 and HBIPS-3 on prior slides. Unlike prior years, data for these two measures will be entered on the same data entry page where one denominator value will be entered for both measures. This is because the denominator for both the HBIPS-2 and HBIPS-3 measures are expected to be the same.

On the data entry page for HBIPS-5, displayed on this slide, be sure that the numerator value does not exceed the denominator value.

This is the data entry screen for the Screening for Metabolic Disorders measure.

This year, data for the Transition Record measures will be entered on one screen. As a reminder, a case can only be included in the numerator of the Timely Transmission of Transition Record measure after it first meets the numerator criteria for the Transition Record with Specified Elements Received by Discharged Patients measure. In other words, be sure that the numerator value for the Timely Transmission of Transition Record measure does not exceed the numerator of the Transition Record with Specified Elements Received by Discharged Patients measure, as described in the criteria to identify questionable data.

This is the data entry page for the SUB-2 and SUB-2a measures, which is like prior years in that there is only one field for the denominator because the denominator for both the SUB-2 and SUB-2a measures are expected to be the same.

Similarly, the data entry page for SUB-3 and SUB-3a measures is like prior years in that there is only one field for the denominator because the denominator for both the SUB-3 and SUB-3a measures are expected to be the same.

This also applies for the data entry page for the TOB-2 and TOB-2a measures wherein the denominator for these measures are expected to be the same.

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The same applies for the data entry page for TOB-3 and TOB-3a measures wherein the denominator for these measures are expected to be the same.

This is the data entry page for the IMM-2 measure. You will notice that the denominator for this measure only includes inpatients over six months of age discharged between October and March. This measure is structured this way due to the seasonality of influenza. As mentioned earlier in this presentation, IPFs are exempt from reporting IMM-2 data from Q1 2020 discharges due to the COVID-19 pandemic.

The next 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 Simple Data Entry [Form] 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 17, 2020. 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 17, 2020, deadline.

The DACA is the only opportunity for IPFs to attest to the accuracy and completeness of the data submitted to CMS, which will be publicly displayed at a later date. IPFs CANNOT enter or edit data after the submission deadline. Data that are entered as of 11:59:59 p.m. Pacific Standard Time on Monday, August 17, 2020, will be considered final. We highly recommend that you enter the data as far in advance of the deadline as possible.

When all the measure and non-measure data have been entered, reviewed, verified, and confirmed to be accurate, then it is time for a representative of the IPF to complete the DACA form. To access the DACA there are two options. The first option is to access the DACA from the data entry overview page immediately after all data are successfully submitted. If you are a representative of the IPF, then the banners in the image on this slide will appear at the top of the screen to indicate that measures were

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successfully submitted and that the IPFQR Program DACA is ready to be signed. Click the “Sign” button to access the DACA form. Note that if you are logged in as a vendor you will not have access to sign the DACA.

Option 2 is applicable for someone who is not logged in at the time that the data entry process is completed. You will need to access the DACA from the My Tasks page after logging in to the *QualityNet Secure Portal*. From the My Tasks page, click on the “View the new Hospital Quality Reporting” box on the upper-right side, and, on the next screen, select the “Data Entry” button and follow the prompt to sign the DACA form.

To complete and sign the DACA, first, enter your job title in the empty field below the word “Position.” Then, 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.” Finally, you will click the “Sign” button at the bottom of the page. Once again, a third-party vendor may submit data on an IPF’s behalf, if the vendor has been previously authorized by the facility; however, a representative from the IPF must complete the online DACA form prior to the August 17, 2020, deadline.

Once the DACA is submitted successfully, a confirmation message will appear above the signature line. At the bottom of the page will be a “Re-Sign” button, which will provide 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. Also, at the bottom of the page is the option to export the signed DACA as a PDF form.

The IPF Provider Participation Report is in development. Until it is available, follow the steps listed on this slide to complete the seventh key to successful reporting: Re-check all FY 2021 IPFQR Program Requirements. First, check your IPF’s *QualityNet* Security Administrator status. You can do this by ensuring that the *QualityNet* Security Administrator for your IPF logs in to the *QualityNet Secure Portal* at least once during the data submission period. If the *QualityNet* Security Administrator’s status has lapsed, contact the *QualityNet* Help Desk at (866) 288-8912 for assistance. Next, check the IPFQR Program Notice of

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Participation. You can do this after logging into the *QualityNet Secure Portal* from the My Tasks page by following the instructions on slides 22 through 24 of this presentation. Then, check the accuracy of the data entered by reviewing the exported PDF data report against your facility's data. Finally, it is important to check to ensure that the DACA was completed in the *QualityNet Secure Portal* based on instructions provided in previous slides. If, after all data are submitted, the blue banner requiring a provider signature for the DACA no longer appears at the top of the index data entry page, then the DACA form is complete. You can view the signed DACA by hovering on the left side of the index data entry page where a menu will appear with the option to click on "Administration," and then select "DACA." From there, you will have the option to select and view the signed IPFQR Program DACA form.

Let's review the seven keys to successful reporting. First and foremost, you must ensure that you have access to and are able to log in to 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 17, 2020, deadline. The fourth key is to prepare and verify the accuracy of all measure and non-measure data prior to submitting the data to the IPFQR Program Simple Data Entry [Form] tool. The fifth key is to enter and verify accuracy of the data that are in the Simple Data Entry [Form] tool. Next, a representative from the IPF must confirm that all IPFQR Program data reporting requirements have been met before completing the DACA. The final key is to re-check that all FY 2021 IPFQR Program requirements have been met. Remember, IPFs cannot change data nor complete the DACA form after the data submission deadline.

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We ask that you contact us, 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. The best way to send us updates of this nature is to send a completed Hospital Contact Change Form 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 Criteria to Identify Questionable Fiscal Year 2021 Measure and Non-Measure Data for the IPFQR Program, 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 2021.

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. Click on either of the icons on this slide to access the data submission and verification checklists, the one-pager with guidance on how to identify questionable criteria, as well as the various paper tools that CMS provides to help IPFs abstract and collect data for successful data reporting.

I would like to iterate that we encourage you to keep us up to date with points of contact at your facility by sending the completed Contact Change Form to us whenever there are staff changes relevant to the IPFQR Program or other quality reporting programs. We also recommend that you sign up for the IPFQR Program Listserve, if you have not already, by clicking on the “Listserve Registration” icon on this slide. Once enrolled in the IPFQR Program Listserve, you will receive communications pertaining to IPFQR Program webinars, program updates, and other announcements.

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Information about upcoming webinars can be viewed by clicking on the “Upcoming Webinars” icon.

We encourage everyone 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 webinar topics via the Q&A Tool, which you can access by selecting the “Q&A Tool” icon. You can click on the “Email Support” icon to send an email to us at IPFQualityReporting@hsag.com regarding eligibility, such as next steps for a newly-eligible provider or notification that an IPF is closed or will be closing. Contact the VIQR support contractor via phone at (866) 800-8765, or secure fax at (877) 789-4443

Again, please email any questions that are pertinent to the webinar topic to WebinarQuestions@hsag.com with the webinar title as the subject line. If your question pertains to a specific slide, we ask that you include the slide number in the body of your email.

Here is a list of the acronyms that were referenced during today’s webinar. This concludes the webinar titled *IPFQR Program Keys to Successful FY 2021 Reporting*.