

# Welcome!

- **Audio for this event is available via GlobalMeet® Internet streaming.**
- **Connect via Chrome.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please request a dial-in line via the Ask a Question box.**
- **This event is being recorded.**



# Troubleshooting Audio

Audio from computer speakers breaking up?

Audio suddenly stop?

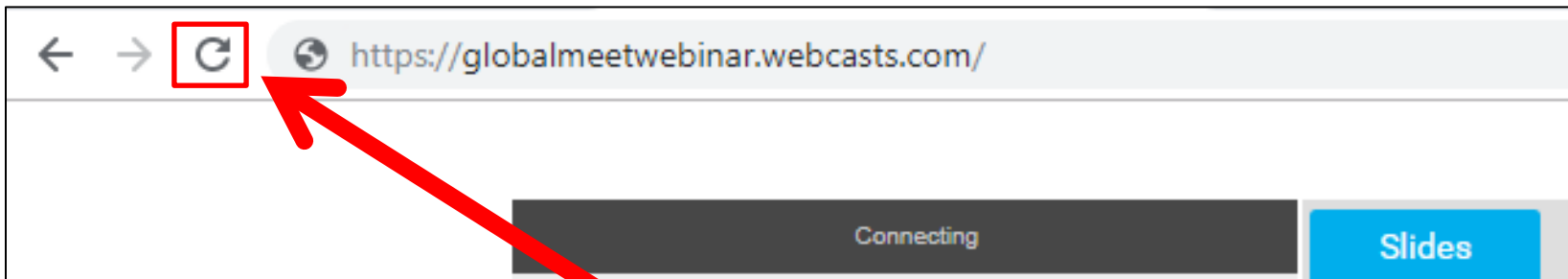
Click Refresh

– or –

Press F5



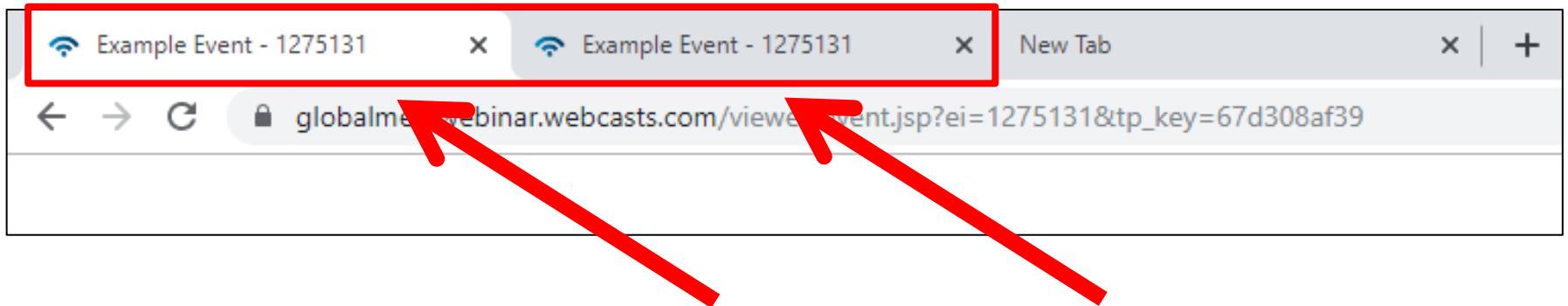
F5 Key  
Top Row of Keyboard



Refresh

# Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



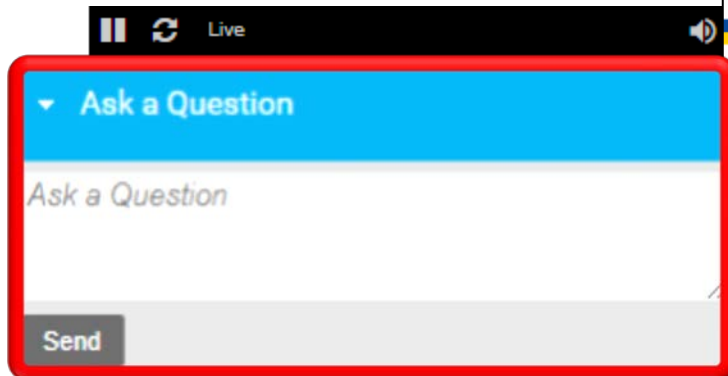
Example of Two Browsers/Tabs Open in Same Event

# Submitting Questions

Type questions in the Ask a Question section, located on the left-hand side of your screen.



**Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor**

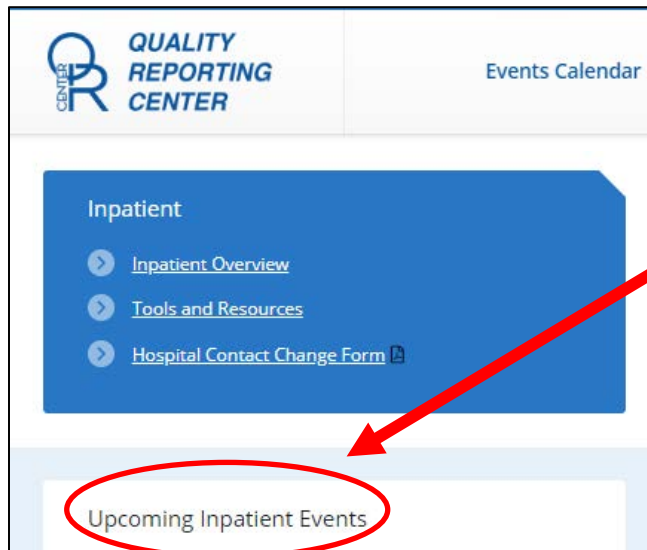
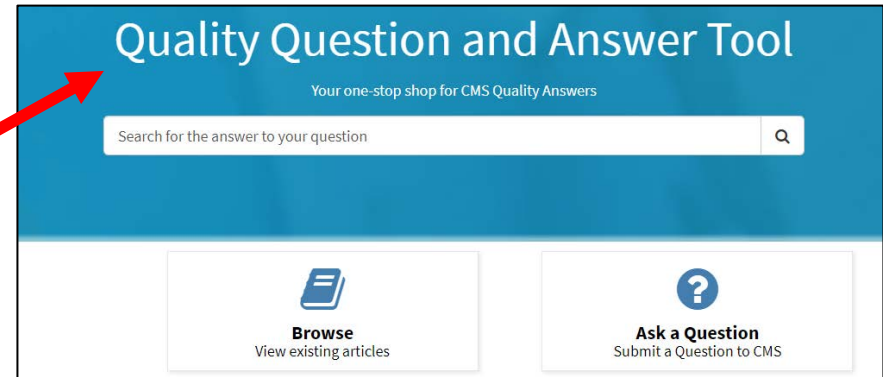


**Today's Presentation**

# Before We Begin...

## Chat Tool

- Submit questions pertinent to today's topic.
- We will respond to any unanswered questions as soon as possible and may publish them in the [QualityNet Q&A Tool](#).



## Today's Slide Presentation

- Go to <https://www.QualityReportingCenter.com/> to download today's slides.
- Click link for this event under Upcoming Inpatient Events on the bottom left of the screen.



# **Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program: Keys to Successful FY 2022 Reporting**

**Evette Robinson, MPH, CPHQ**

Program Lead, IPFQR Program

Inpatient Value, Incentives, and Quality Reporting (VIQR)

Outreach and Education Support Contractor

**June 24, 2021**

# Purpose

This presentation provides IPFs and their vendors with information regarding Fiscal Year (FY) 2022 IPFQR Program requirements for the upcoming August 2021 data submission deadline, keys to successful data submission, and guidance to verify data accuracy.

# Objectives

Participants will be able to:

- Summarize the FY 2022 IPFQR Program requirements.
- Successfully submit data by avoiding common submission errors in the Hospital Quality Reporting (HQR) system.
- Locate and access helpful IPFQR Program resources.



IPFQR Program: Keys to Successful FY 2022 Reporting

---

## **FY 2022 Reporting Requirements**

# FY 2022 IPFQR Program Annual Payment Update

To obtain the full annual payment update (APU) for the FY 2022 payment year, an IPF must meet all IPFQR Program requirements by August 16, 2021, or be subjected to a **two-percentage point reduction** to their APU for FY 2022. The deadline is extended due to the original deadline of August 15, 2021, falling on a weekend.

# FY 2022 IPFQR Program Participation Requirements

- Maintain at least one active Security Administrator/Official (SA/O)
- 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)

# CMS Response to COVID-19

Although the reporting periods, submission deadlines, and payment determination periods have not changed due to COVID-19, CMS issued an Extraordinary Circumstances Exception (ECE) memo that exempts IPFs from submitting measure and non-measure data for discharges that occurred from January 1, 2020, through June 30, 2020.

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>

**Note:** IPFs can submit individual ECE requests for Quarter (Q)3 and/or Q4 2020 if their ability to report measure and non-measure data were impacted by COVID-19.

# CMS Response to COVID-19 IPFQR Program Measures

Specifically, IPFs are exempt from submitting measure and non-measure data for discharges that occurred January 1, 2020–June 30, 2020 (Quarter 1 2020–Quarter 2 2020) for the following:

- Hospital-Based Inpatient Psychiatric Services (HBIPS)-2, -3, -5
- Substance Use (SUB)-2/-2a, -3/3a
- 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

**Note:** The IMM-2 measure is not subject to the COVID-19 exemption because the IMM-2 measure data to be reported during the summer 2021 data submission period pertain to discharges that occurred October 1, 2020–March 31, 2021.

# FY 2022 IPFQR Program Chart-Abstracted Measure Requirements

Measure	Reporting Period	Submission Deadline	Sampling Allowed *
HBIPS-2: Hours of Physical Restraint Use	January 1–December 31, 2020	August 16, 2021	No
HBIPS-3: Hours of Seclusion Use	January 1–December 31, 2020	August 16, 2021	No
HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	January 1–December 31, 2020	August 16, 2021	Yes
SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention	January 1–December 31, 2020	August 16, 2021	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, 2020	August 16, 2021	Yes

\*See pages 14 and 15 of the IPFQR Program Manual, version 5.1, for more details about sampling options specific to Calendar Year (CY) 2020 discharges.

# FY 2022 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, 2020	August 16, 2021	Yes
TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge	January 1– December 31, 2020	August 16, 2021	Yes
IMM-2: Influenza Immunization	October 1, 2020 – March 31, 2020	August 16, 2021	Yes
Screening for Metabolic Disorders	January 1– December 31, 2020	August 16, 2021	Yes
Transition Record with Specified Elements Received by Discharged Patients	January 1– December 31, 2020	August 16, 2021	Yes
Timely Transmission of Transition Record	January 1– December 31, 2020	August 16, 2021	Yes

\*See pages 14 and 15 of the IPFQR Program Manual, version 5.1, for more details about sampling options specific to CY 2020 discharges.

IPFQR Program: Keys to Successful FY 2022 Reporting

---

## **Keys to Successful Reporting**



# Key #1: Access and Log in to the Hospital Quality Reporting System

The Hospital Quality Reporting (HQR) system replaced the *QualityNet Secure Portal* in December 2020 as the **only** CMS-approved method for IPFQR Program data and DACA submission.

CMS **highly** recommends that all IPFs ensure at least two people with knowledge of the data can verify the accuracy of the data entered in the HQR system, even if data entry is done by a vendor.

# Key #1: Access and Log in to the Hospital Quality Reporting System

You will need to log in to the HQR system.

1. Go to <https://hqr.cms.gov/hqrng/login>
2. Enter your 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.



The screenshot shows the 'Hospital Quality Reporting' login page. At the top, it says 'Hospital Quality Reporting'. Below that is a white box titled 'HARP Sign In' with the instruction 'Enter your user ID and password to login.' A yellow warning box contains a triangle icon and the text: 'If you do NOT have a HARP account please sign in to the Hospital Quality Reporting on <https://www.qualitynet.org> to create one.' Below the warning are two input fields: 'User ID' and 'Password'. At the bottom of the white box is a grey 'Login' button.

# Key #1: Access and Log in to the Hospital Quality Reporting System

3. Select an option for two-factor authentication to be sent to verify your account and click Next.

The screenshot shows a web interface for 'Hospital Quality Reporting'. The main heading is 'Hospital Quality Reporting'. Below it, a white modal window titled 'Two-Factor Authentication' is displayed. The modal contains the text 'Select a device to verify your account' and two options: 'SMS Text for number ending in 3551' (which is selected and has a green checkmark) and 'Email'. At the bottom of the modal are 'Cancel' and 'Next' buttons.

# Key #1: Access and Log in to the Hospital Quality Reporting System

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 asks the user to 'Please enter it below.' There is an 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.

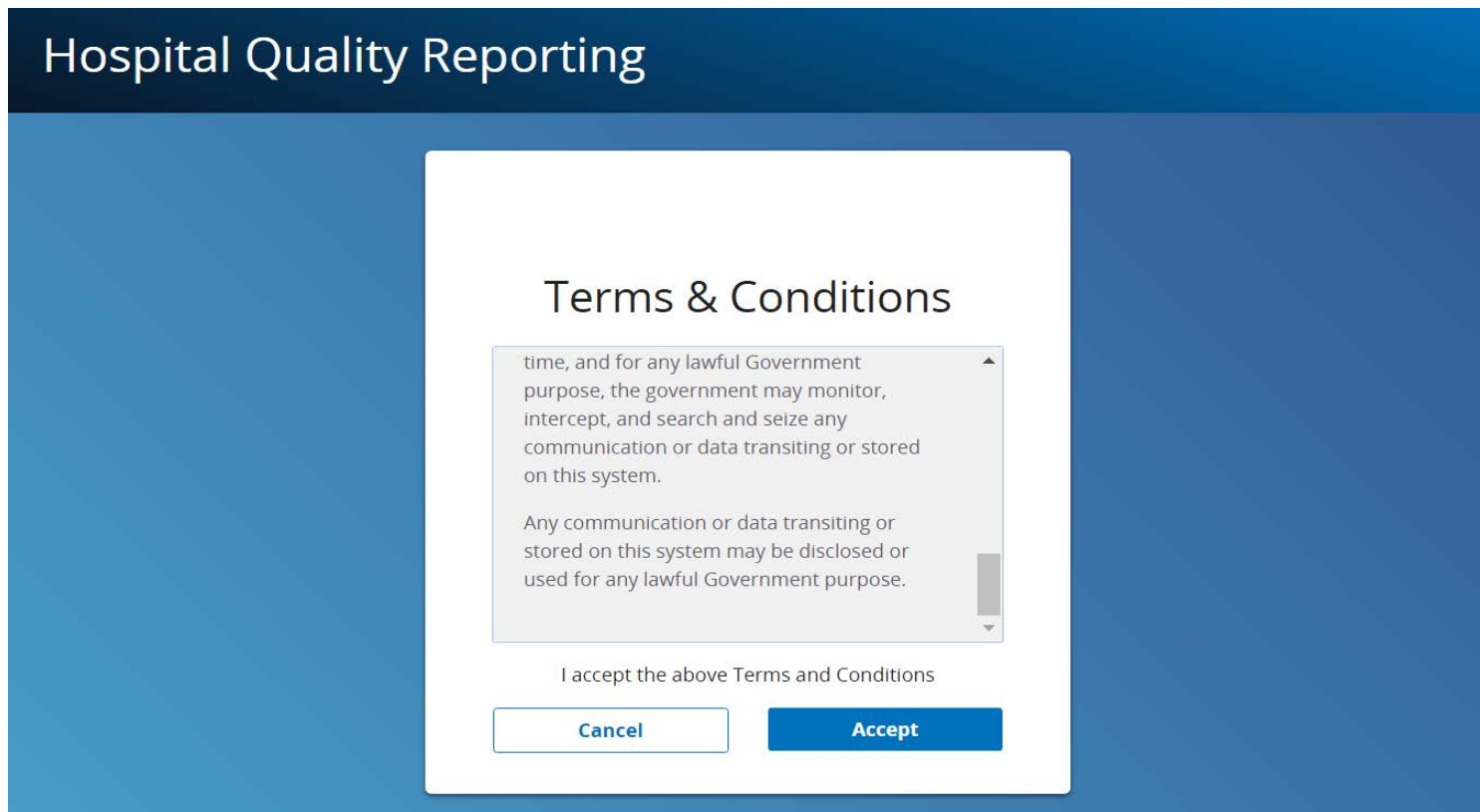
Enter Code

**Continue**

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

# Key #1: Access and Log in to the Hospital Quality Reporting System

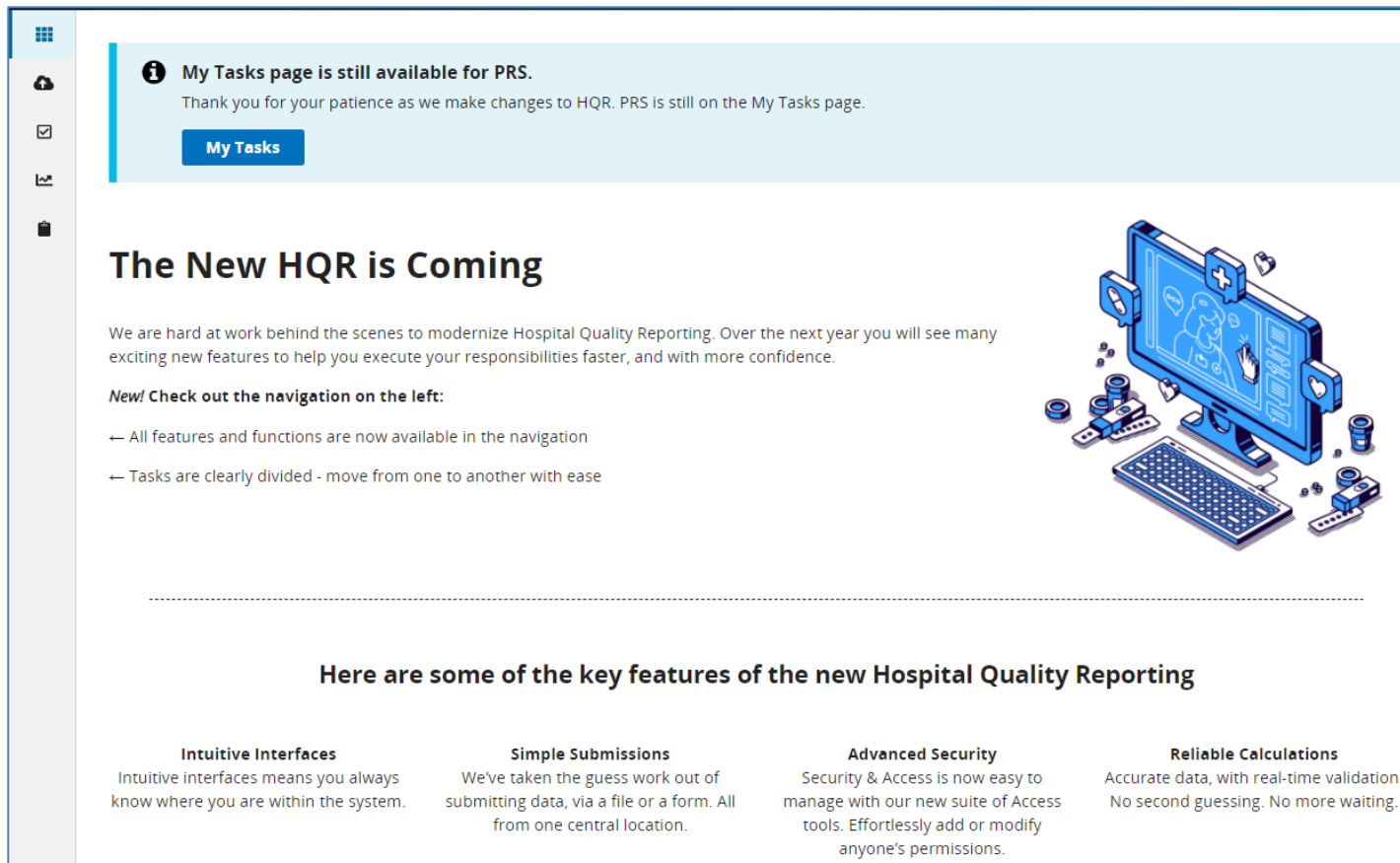
5. Read Terms & Conditions and click Accept.



The screenshot shows a web interface for the Hospital Quality Reporting system. At the top, there is a dark blue header with the text "Hospital Quality Reporting" in white. Below the header is a large blue area containing a white dialog box titled "Terms & Conditions". The dialog box 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 box, there are two buttons: a white "Cancel" button and a blue "Accept" button.

# Key #1: Access and Log in to the Hospital Quality Reporting System

Once logged in, you will be taken to the HQR landing page.




**i** My Tasks page is still available for PRS.  
Thank you for your patience as we make changes to HQR. PRS is still on the My Tasks page.  
[My Tasks](#)

## The New HQR is Coming

We are hard at work behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many exciting new features to help you execute your responsibilities faster, and with more confidence.

**New! Check out the navigation on the left:**

- All features and functions are now available in the navigation
- Tasks are clearly divided - move from one to another with ease



---

### Here are some of the key features of the new Hospital Quality Reporting

<b>Intuitive Interfaces</b> Intuitive interfaces means you always know where you are within the system.	<b>Simple Submissions</b> We've taken the guess work out of submitting data, via a file or a form. All from one central location.	<b>Advanced Security</b> Security & Access is now easy to manage with our new suite of Access tools. Effortlessly add or modify anyone's permissions.	<b>Reliable Calculations</b> Accurate data, with real-time validation. No second guessing. No more waiting.
------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------

# Key #2: Have Two Active Security Administrators/Officials

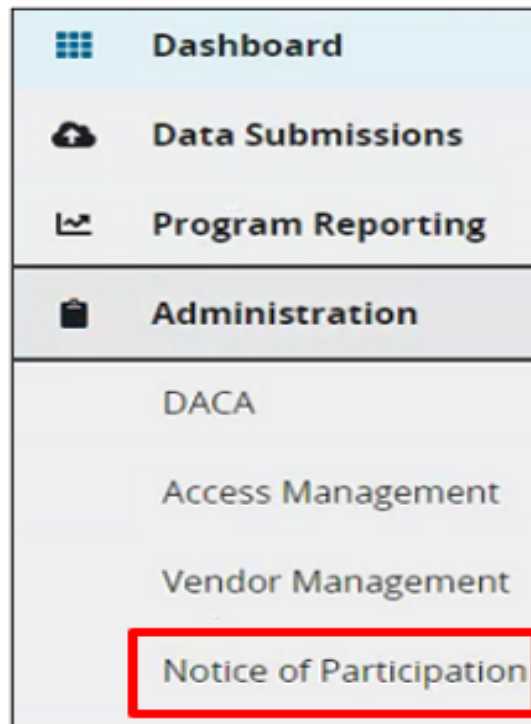
- The Security Administrator/Official (SA/O) is the person in the organization who can grant HQR system access to those who need to enter, review, and confirm accuracy of the data submitted.
- Each participating IPF **must** have **at least** one **active** SA at the time of the submission deadline (August 16, 2021).
- A second SA/O is highly recommended as a backup, in case the primary SA/O's account expires.
- All users **must** log in to the HQR system at least once every 90 days to keep their accounts active.
  - Consider putting a reminder on your calendar to log in every two months to avoid an inactive status so that your account remains active throughout the year.

If you are not sure of your SA/O 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 HQR system.
2. Hover your mouse on the left side of the screen to expand the menu options. Click on **Administration** and Notice of Participation.

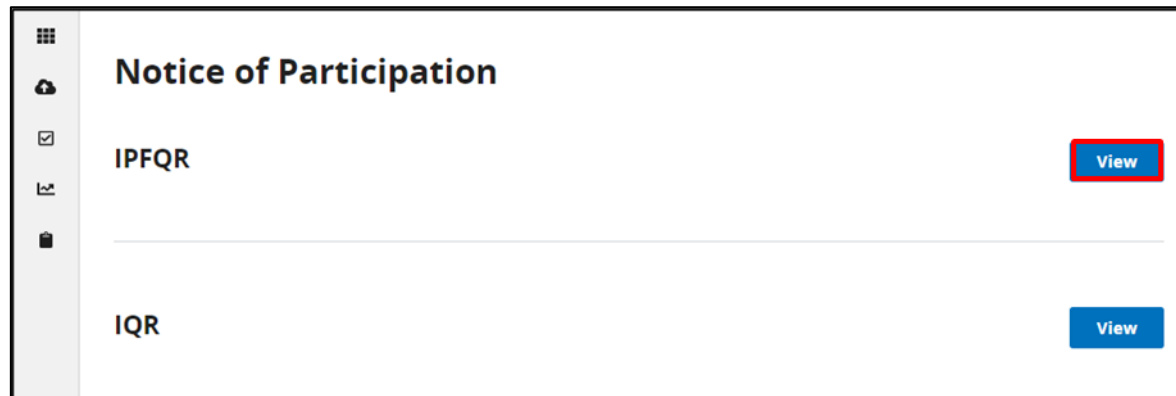




# Key #3: Manage the Notice of Participation

If your facility participates in more than one quality reporting program, as shown in the image below, then you will have the option to view each program's Notice of Participation:

3. Click the View button on the IPFQR row



# Key #3: Manage the Notice of Participation

- If you are participating in the IPFQR Program for the first time, enter the name and contact information for at least two contacts at your facility by clicking on the Manage Contacts link in the last column of the table. They will be notified of any updates that occur with the IPFQR Program NOP.
- Click on the plus (+) sign next to the text Notice of Participation to review and sign the NOP.

The screenshot displays the 'Notice of Participation' page for the IPFQR program. At the top left, there is a back arrow and the text '< Notice of Participation'. The main heading is 'Notice of Participation', with an 'Export PDF' button to its right. Below this is the title 'Inpatient Psychiatric Facility Quality Reporting (IPFQR)'. A yellow warning banner contains a triangle icon and the text: 'Note: If you want to pledge, you must identify two contacts to receive notification of pledge changes'. A table below the banner has five columns: 'Fiscal Year' (value: ---), 'NOP Signed' (value: Not Pledged), 'Medicare Accept Date' (value: 08/12/2020), 'Summary Table' (value: View Summary Table), and 'Organization Contacts' (value: Manage Contacts). At the bottom, a red-bordered box highlights a '+ Notice of Participation' link followed by a red circle with a white exclamation mark and the text 'Not Pledged'.

- If the IPF closes or chooses not to participate, contact the IPFQR Program Support contractor to learn how to withdraw from the IPFQR Program.

# 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

## 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](mailto:IPFQualityReporting@hsag.com) with "Measure Accuracy Question" in the subject line.

### Criteria to Identify Questionable FY 2022 Measure and Non-Measure Data for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

The following criteria are provided to help IPFs identify measure data that may have been entered in error, may be invalid, or may exceed normal parameters by the August 16, 2021 deadline for fiscal year (FY) 2022 payment determination. If you find that your data meet one or more of the criteria listed below, the CMS strongly recommends that you recheck the data for accuracy.

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

- Denominator values that are different from one another (i.e., not equal to the number 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 four (4) hours per 1,000 patient hours of care.

Criteria for the **HBIPS-5**, **SUB-2/-2a**, **SUB-3/-3a**, **TOB-2/-2a**, **TOB-3/-3a**, **IMM-2**, **Transition Record with Specified Elements Received by Discharged Patients**, **Timely Transmission of Transition Record**, and **Screening for Metabolic Disorders** measures are:

- The denominator is greater than the Total Annual Discharges.
- The numerator exceeds the denominator.

In 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 greater than the primary measure numerator? For example:

- Check data if **SUB-2a** is greater than **SUB-2**.
- Check data if **TOB-3a** is greater than **TOB-2**.
- Check data if **Timely Transmission of Transition Record** is greater than **Transition Record with Specified Elements Received by Discharged Patients**.

Two additional criteria for the **Screening for Metabolic Disorders** measure are:

- The absence of numerator and denominator **Screening for Metabolic Disorders** measure values for IPFs that report values for the **HBIPS-5** measure.
- The **Screening for Metabolic Disorders** 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 category 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 Hospital Quality Reporting system, send an email to [IPFQualityReporting@hsag.com](mailto:IPFQualityReporting@hsag.com) with "Measure Accuracy Question" in the subject line.

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

## Criteria to Identify Questionable FY 2022 Measure and Non-Measure Data

- Check that the HBIPS-2 and HBIPS-3 measure denominator values:
  - 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 four (4) hours per 1,000 patient hours of care.

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

Criteria to Identify Questionable FY 2022 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 2022 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 with Specified Elements Received by Discharged Patients |
| <input type="checkbox"/> SUB-3/-3a                         | <input type="checkbox"/> Timely Transmission of Transition Record                                  |
| <input type="checkbox"/> TOB-2/-2a                         |                                                                                                    |
| <input type="checkbox"/> TOB-3/-3a                         |                                                                                                    |
| <input type="checkbox"/> Screening for Metabolic Disorders |                                                                                                    |

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

Criteria to Identify Questionable FY 2022 Measure and Non-Measure Data

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

- SUB-2
- SUB-3
- TOB-2
- TOB-3
- Transition Record with Specified Elements Received by Discharged Patients

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

Criteria to Identify Questionable FY 2022 Measure and Non-Measure Data

There are two additional criteria for the Screening for Metabolic Disorders (SMD) measure:

1. Values of zero for the numerator and/or denominator SMD measure values for IPFs that report values other than zero 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 2022 Measure and Non-Measure Data

Criteria to identify questionable non-measure data:

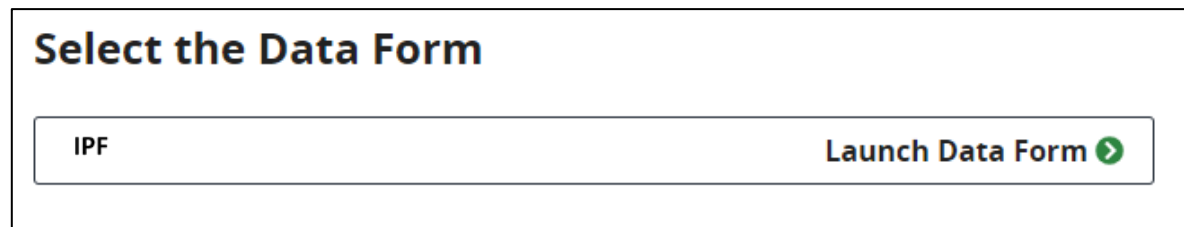
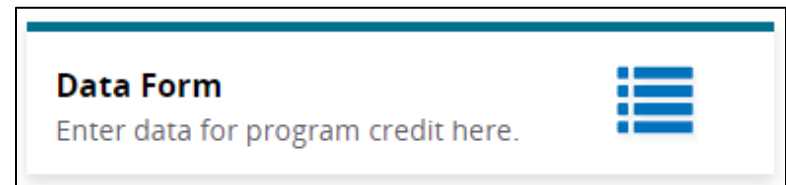
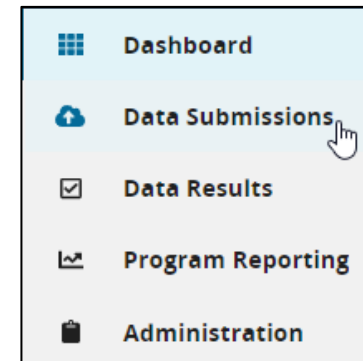
- The total number of discharges by Age Strata is greater than the Total Annual Discharges.
- The total number of discharges by Diagnostic Categories is greater than the Total Annual Discharges.
- The total number of discharges by Payer category is greater than the Total Annual Discharges.

# Key #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. Access and log into the HQR system:  
<https://hqr.cms.gov/hqrng/login>.
2. Hover your mouse on the left side of the screen to expand the menu options and select Data Submissions.
3. Click the **Data Form** button.
4. Under the **Select the Data Form** sub-header, select **IPF** and click **Launch Data Form**.



# Key #5: Enter and Verify Accuracy of Data

## Access the IPFQR Program Simple Data Entry Form

ABCDE Community Hospital  
CCN: #####

Data Submissions

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Fiscal Year: 2019

Submission Period: 07/01/20 - 08/27/20  
With Respect to Reporting Period: 01/01/19 - 12/31/19 († indicates an exception)  
Last Updated: 07/02/20  
Current Submission Period: Open

1 Enter 2 Preview 3 Submit

**Non-Measure Data** Start Measure

Non-Measure Data/Population Counts

**HBIPS-2 and HBIPS-3** Start Measure

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

**HBIPS-5** Start Measure

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

**Screening for Metabolic Disorders** Start Measure

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

**SUB-2 and SUB-2a** Start Measure

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

**SUB-3 and SUB-3a** Start 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

**TOB-2 and TOB-2a** Start Measure

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

**TOB-3 and TOB-3a** Start Measure

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

**IMM-2** Start Measure

IMM-2: Influenza Immunization Information  
† Reporting Period: 10/01/19 - 03/31/20

I'm ready to submit

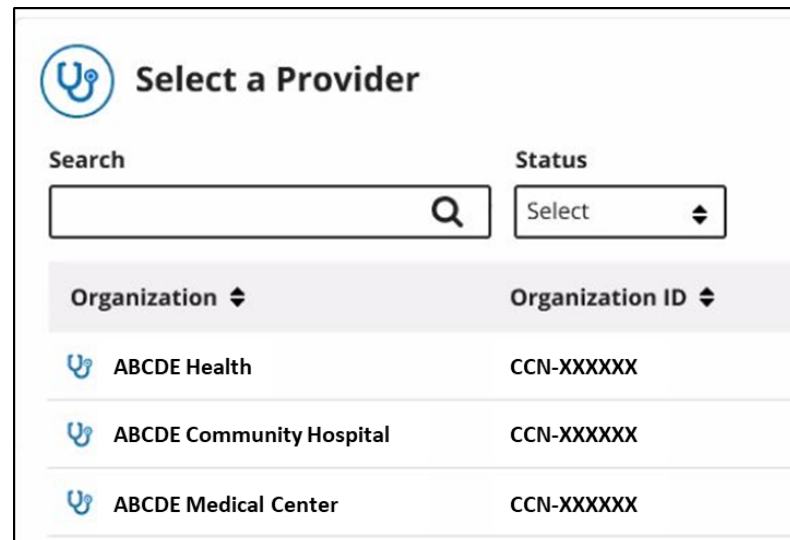
▶ Start Measure

5. 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

6. Enter data into each of the fields.
7. 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](#)



# Key #5: Enter and Verify Accuracy of Data

## Access the IPFQR Program Simple Data Entry Form

8. 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

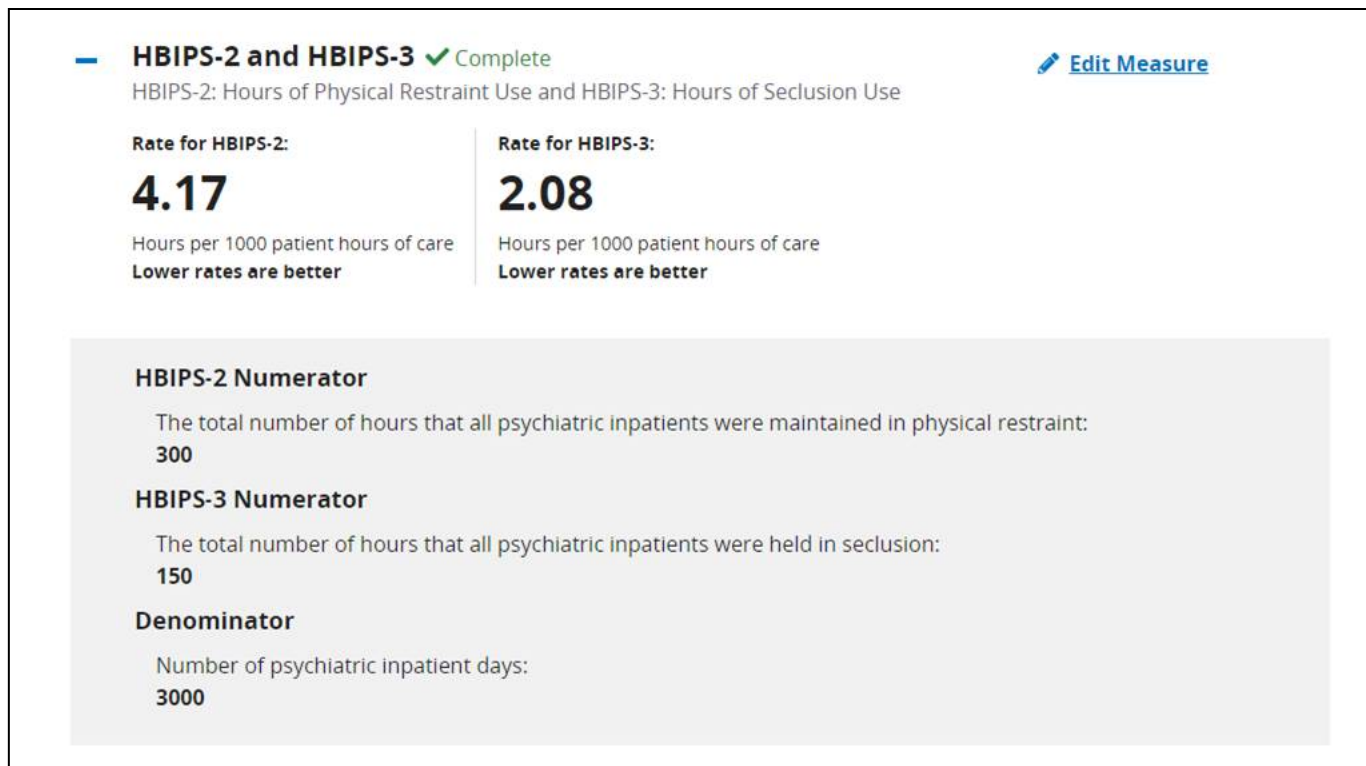
[Edit Measure](#)

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

9. 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

10. 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.



**Note:** If you click the “Edit Measure” hyperlink you will need to click the “Save & Return” button to save the data, even if no changes are made on the data entry page.

# 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

This is an 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

**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

**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

Cancel

Save & Return

# Key #5: Enter and Verify Accuracy of Data

## Example of Error Messages in the Simple Data Entry Tool

This is an 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

**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

**Denominator**

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

# Key #5: Enter and Verify Accuracy of Data

## IPFQR Program Data Saved in the Simple Data Entry Tool

<p><b>+ Non-Measure Data</b> ✓ Complete</p> <p>Non-Measure Data/Population Counts</p>	<p><a href="#">Edit Measure</a></p>		
<p><b>+ HBIPS-2 and HBIPS-3</b> ✓ Complete</p> <p>HBIPS-2: Hours of Physical Restraint Use and HBIPS-3: Hours of Seclusion Use</p> <table border="0"> <tr> <td data-bbox="488 546 716 646"> <p>Rate for HBIPS-2:</p> <p><b>4.17</b></p> <p>Hours per 1000 patient hours of care Lower rates are better</p> </td> <td data-bbox="726 546 954 646"> <p>Rate for HBIPS-3:</p> <p><b>2.08</b></p> <p>Hours per 1000 patient hours of care Lower rates are better</p> </td> </tr> </table>	<p>Rate for HBIPS-2:</p> <p><b>4.17</b></p> <p>Hours per 1000 patient hours of care Lower rates are better</p>	<p>Rate for HBIPS-3:</p> <p><b>2.08</b></p> <p>Hours per 1000 patient hours of care Lower rates are better</p>	<p><a href="#">Edit Measure</a></p>
<p>Rate for HBIPS-2:</p> <p><b>4.17</b></p> <p>Hours per 1000 patient hours of care Lower rates are better</p>	<p>Rate for HBIPS-3:</p> <p><b>2.08</b></p> <p>Hours per 1000 patient hours of care Lower rates are better</p>		
<p><b>+ HBIPS-5</b> ✓ Complete</p> <p>HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification</p> <table border="0"> <tr> <td data-bbox="488 772 736 853"> <p>Rate for HBIPS-5:</p> <p><b>70%</b></p> <p>35 Numerator 50 Denominator</p> <p>Higher rates are better</p> </td> </tr> </table>	<p>Rate for HBIPS-5:</p> <p><b>70%</b></p> <p>35 Numerator 50 Denominator</p> <p>Higher rates are better</p>	<p><a href="#">Edit Measure</a></p>	
<p>Rate for HBIPS-5:</p> <p><b>70%</b></p> <p>35 Numerator 50 Denominator</p> <p>Higher rates are better</p>			
<p><b>+ Screening for Metabolic Disorders</b> ✓ Complete</p> <p>Screening for Metabolic Disorders</p> <table border="0"> <tr> <td data-bbox="488 979 726 1061"> <p>Rate for Screening for Metabolic Disorders:</p> <p><b>0%</b></p> <p>0 Numerator 10 Denominator</p> <p>Higher rates are better</p> </td> </tr> </table>	<p>Rate for Screening for Metabolic Disorders:</p> <p><b>0%</b></p> <p>0 Numerator 10 Denominator</p> <p>Higher rates are better</p>	<p><a href="#">Edit Measure</a></p>	
<p>Rate for Screening for Metabolic Disorders:</p> <p><b>0%</b></p> <p>0 Numerator 10 Denominator</p> <p>Higher rates are better</p>			
<p><b>+ Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record</b> ✓ Complete</p> <p>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)</p> <table border="0"> <tr> <td data-bbox="488 1229 736 1310"> <p>Rate for Transition Record:</p> <p><b>75%</b></p> <p>75 Numerator 100 Denominator</p> <p>Higher rates are better</p> </td> <td data-bbox="765 1229 1012 1310"> <p>Rate for Timely Transmission:</p> <p><b>75%</b></p> <p>75 Numerator 100 Denominator</p> <p>Higher rates are better</p> </td> </tr> </table>	<p>Rate for Transition Record:</p> <p><b>75%</b></p> <p>75 Numerator 100 Denominator</p> <p>Higher rates are better</p>	<p>Rate for Timely Transmission:</p> <p><b>75%</b></p> <p>75 Numerator 100 Denominator</p> <p>Higher rates are better</p>	<p><a href="#">Edit Measure</a></p>
<p>Rate for Transition Record:</p> <p><b>75%</b></p> <p>75 Numerator 100 Denominator</p> <p>Higher rates are better</p>	<p>Rate for Timely Transmission:</p> <p><b>75%</b></p> <p>75 Numerator 100 Denominator</p> <p>Higher rates are better</p>		

# 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

<p>Rate for SUB-2:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #2e8b57; color: white; padding: 5px; text-align: center;"><b>79%</b></td> <td style="padding: 5px;">71</td> <td style="padding: 5px;">90</td> </tr> <tr> <td style="font-size: 8px; text-align: center;">Higher rates are better</td> <td style="font-size: 8px; text-align: center;">Numerator</td> <td style="font-size: 8px; text-align: center;">Denominator</td> </tr> </table>	<b>79%</b>	71	90	Higher rates are better	Numerator	Denominator	<p>Rate for SUB-2a:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #2e8b57; color: white; padding: 5px; text-align: center;"><b>77%</b></td> <td style="padding: 5px;">69</td> <td style="padding: 5px;">90</td> </tr> <tr> <td style="font-size: 8px; text-align: center;">Higher rates are better</td> <td style="font-size: 8px; text-align: center;">Numerator</td> <td style="font-size: 8px; text-align: center;">Denominator</td> </tr> </table>	<b>77%</b>	69	90	Higher rates are better	Numerator	Denominator
<b>79%</b>	71	90											
Higher rates are better	Numerator	Denominator											
<b>77%</b>	69	90											
Higher rates are better	Numerator	Denominator											

**+ 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.

<p>Rate for SUB-3:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #2e8b57; color: white; padding: 5px; text-align: center;"><b>86%</b></td> <td style="padding: 5px;">55</td> <td style="padding: 5px;">64</td> </tr> <tr> <td style="font-size: 8px; text-align: center;">Higher rates are better</td> <td style="font-size: 8px; text-align: center;">Numerator</td> <td style="font-size: 8px; text-align: center;">Denominator</td> </tr> </table>	<b>86%</b>	55	64	Higher rates are better	Numerator	Denominator	<p>Rate for SUB-3a:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #2e8b57; color: white; padding: 5px; text-align: center;"><b>86%</b></td> <td style="padding: 5px;">55</td> <td style="padding: 5px;">64</td> </tr> <tr> <td style="font-size: 8px; text-align: center;">Higher rates are better</td> <td style="font-size: 8px; text-align: center;">Numerator</td> <td style="font-size: 8px; text-align: center;">Denominator</td> </tr> </table>	<b>86%</b>	55	64	Higher rates are better	Numerator	Denominator
<b>86%</b>	55	64											
Higher rates are better	Numerator	Denominator											
<b>86%</b>	55	64											
Higher rates are better	Numerator	Denominator											

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

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

<p>Rate for TOB-2:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #2e8b57; color: white; padding: 5px; text-align: center;"><b>85%</b></td> <td style="padding: 5px;">55</td> <td style="padding: 5px;">65</td> </tr> <tr> <td style="font-size: 8px; text-align: center;">Higher rates are better</td> <td style="font-size: 8px; text-align: center;">Numerator</td> <td style="font-size: 8px; text-align: center;">Denominator</td> </tr> </table>	<b>85%</b>	55	65	Higher rates are better	Numerator	Denominator	<p>Rate for TOB-2a:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #2e8b57; color: white; padding: 5px; text-align: center;"><b>69%</b></td> <td style="padding: 5px;">45</td> <td style="padding: 5px;">65</td> </tr> <tr> <td style="font-size: 8px; text-align: center;">Higher rates are better</td> <td style="font-size: 8px; text-align: center;">Numerator</td> <td style="font-size: 8px; text-align: center;">Denominator</td> </tr> </table>	<b>69%</b>	45	65	Higher rates are better	Numerator	Denominator
<b>85%</b>	55	65											
Higher rates are better	Numerator	Denominator											
<b>69%</b>	45	65											
Higher rates are better	Numerator	Denominator											

**+ 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

<p>Rate for TOB-3:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #2e8b57; color: white; padding: 5px; text-align: center;"><b>79%</b></td> <td style="padding: 5px;">75</td> <td style="padding: 5px;">95</td> </tr> <tr> <td style="font-size: 8px; text-align: center;">Higher rates are better</td> <td style="font-size: 8px; text-align: center;">Numerator</td> <td style="font-size: 8px; text-align: center;">Denominator</td> </tr> </table>	<b>79%</b>	75	95	Higher rates are better	Numerator	Denominator	<p>Rate for TOB-3a:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #2e8b57; color: white; padding: 5px; text-align: center;"><b>68%</b></td> <td style="padding: 5px;">65</td> <td style="padding: 5px;">95</td> </tr> <tr> <td style="font-size: 8px; text-align: center;">Higher rates are better</td> <td style="font-size: 8px; text-align: center;">Numerator</td> <td style="font-size: 8px; text-align: center;">Denominator</td> </tr> </table>	<b>68%</b>	65	95	Higher rates are better	Numerator	Denominator
<b>79%</b>	75	95											
Higher rates are better	Numerator	Denominator											
<b>68%</b>	65	95											
Higher rates are better	Numerator	Denominator											

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

IMM-2: Influenza Immunization Information

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

<p>Rate for IMM-2:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #2e8b57; color: white; padding: 5px; text-align: center;"><b>56%</b></td> <td style="padding: 5px;">123</td> <td style="padding: 5px;">220</td> </tr> <tr> <td style="font-size: 8px; text-align: center;">Higher rates are better</td> <td style="font-size: 8px; text-align: center;">Numerator</td> <td style="font-size: 8px; text-align: center;">Denominator</td> </tr> </table>	<b>56%</b>	123	220	Higher rates are better	Numerator	Denominator
<b>56%</b>	123	220				
Higher rates are better	Numerator	Denominator				



# Key #5: Enter and Verify Accuracy of Data

## Access the IPFQR Program Simple Data Entry Form

11. 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.



12. 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

13. 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 notification banner states: 'IPFQR Measures Successfully Submitted' with a checkmark icon, followed by the text 'IPFQR measures for ABCD Community Hospital have been successfully submitted.' Below the notification, the submission details are listed: 'Submission Period: 07/01/20 - 08/17/20', 'With Respect to Reporting Period: 01/01/19 - 12/31/19 († indicates an exception)', and 'Last Updated: 07/02/20'. The current status is 'Current Submission Period: Open'. At the bottom, there are three buttons: 'Enter', 'Preview', and 'Submit', each with a green checkmark icon. The 'Export Data' button, located in the top right corner of the main content area, is highlighted with a red rectangular box.

# 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 16, 2021**.
- If using a third-party vendor:
  - Ensure the vendor has been previously authorized.
  - Complete the online DACA form prior to the **August 16, 2021**, 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 the data as far in advance of the **August 16, 2021**, 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 HQR system 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.



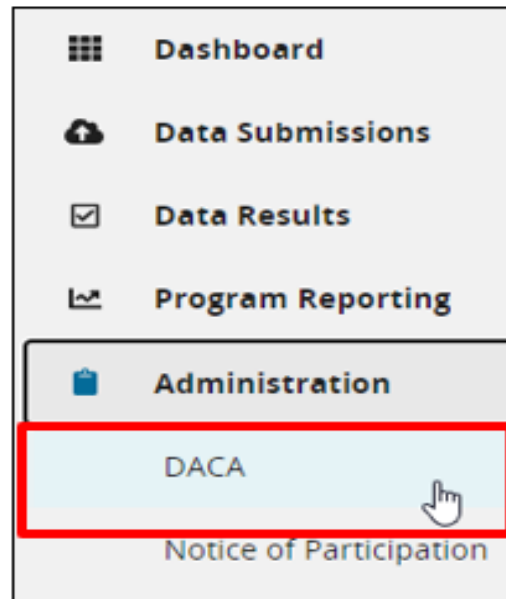
**i** **IPFQR DACA - Signature Needed by Provider**  
Provider must sign annual acknowledgement of submission accuracy. [Sign](#)

**✓** **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 main menu. After logging in to the HQR system, hover your mouse on the left side of the screen to expand the menu options. Click on **Administration** and then **DACA**.



# 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 that reads, “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 for ABCDE Community Hospital (CCN: #####). The page is titled "Data Accuracy and Completeness Acknowledgement (DACA)". It includes a navigation bar with tabs for IQR, IPFQR (selected), and PCHQR. The main content area contains the following text:

**Data Accuracy and Completeness Acknowledgement (DACA)**

For Hospital Inpatient Quality Reporting participants, the Structural Measures question(s), their applicable child question(s), and the Data Acknowledgement are required in order to fulfill the Annual Payment Update (APU) requirement.

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 2018 IPFQR Program requirements, is accurate and complete. This information includes the following:

- \* Aggregated data for all required measures
- \* Non-measure data
- \* Current Notice of Participation and
- \* Active QualityNet Security Administrator

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.

I understand that this acknowledgement is required for purposes of meeting any Fiscal Year 2018 IPFQR Program requirements.

**Position**

Ex. Administrator, Director, etc.

I confirm that the information I have submitted is accurate and complete, to the best of my knowledge.

Sign 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.
- The option to export the signed DACA as a PDF form is at the bottom of the page.

## What if I edit data after signing the DACA?

If you edit and re-save any measure or non-measure data on the data entry pages, then return to the DACA and click the Re-Sign button at the bottom of the page to sign the DACA form again confirming your approval of the edits made. If you do not re-sign the DACA after making changes, your DACA submission will be incomplete.

The screenshot shows a web interface for the Data Accuracy and Completeness Acknowledgement (DACA) form. At the top, there are three tabs: IQR, IPFQR (which is selected), and PCHQR. Below the tabs is the title "Data Accuracy and Completeness Acknowledgement (DACA)". The main text of the acknowledgment 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:" followed by a bulleted list: "\* Aggregated data for all required measures", "\* Non-measure data", "\* Current Notice of Participation and", and "\* Active QualityNet Security Administrator". Below this, a 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." Another 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 details are listed: "Signature: Jane Doe", "Position: HealthOrg Admin", and "Date: 12/24/2019". At the bottom, there are two buttons: "Re-Sign" and "Export Data".

# Key #7: Re-Check all FY 2022 IPFQR Program Requirements

The IPF Provider Participation Report is in development. Follow the steps below to check whether your facility has met all FY 2022 IPFQR Program requirements prior to the August 16, 2021, deadline.

1. Check *QualityNet* SA/O status.

- Ensure that the SA/O at your IPF logs in to the HQR system at least once during the data submission period.
- If SA/O 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 24–25 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 HQR system based on instructions provided on the previous slide.

# Review of Keys to Successful Reporting

- Access and log in to the HQR system
- Have two active SA/Os
- 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 2022 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 Inpatient VIQR Support Contractor for the IPFQR Program about key personnel changes (e.g., CEO and quality reporting contact).

IPFQR Program: Keys to Successful FY 2022 Reporting

---

## **Helpful Resources**

# Helpful Resources: Data Accuracy Tools

## Criteria to Identify Questionable Measure and Non-Measure Data

**Criteria to Identify Questionable FY 2022 Measure and Non-Measure Data for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program**

The following criteria are provided to help IPFs identify measure data that may have been entered in error, may be invalid, or may exceed normal parameters by the August 16, 2021 deadline for fiscal year (FY) 2022 payment determination. If you find that your data meet one or more of the criteria listed below, the CMS strongly recommends that you check the data for accuracy.

The criteria for identifying questionable HHIPS-2 and HHIPS-3 measure data include the following:

- Denominator values that are different from one another (i.e., not equal to the number 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-days instead of patient-days
- Denominator values that are significantly different from previous years' submissions
- Denominator values that are unusually reported as the number of days in a calendar year
- Denominator values that exceed 165 times the total number of beds in the IPF
- The calculated HHIPS-2 measure values should not equal or exceed five (5) hours per 1,000 patient hours of care
- The calculated HHIPS-3 measure values should not equal or exceed four (4) hours per 1,000 patient hours of care

Criteria for the HHIPS-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.

In 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 greater than the primary measure numerator? For example:

- Check data if SUB-2a is greater than SUB-2.
- Check data if TOB-3a is greater than TOB-2.
- Check data if Timely Transmission of Transition Record is greater than Transition Record with Specified Elements Received by Discharged Patients.

Two additional criteria for the Screening for Metabolic Disorders measure are:

- The absence of numerator and denominator Screening for Metabolic Disorders measure values for IPFs that report values for the HHIPS-5 measure.
- The Screening for Metabolic Disorders measure denominator value is smaller than the denominator value for the HHIPS-5 measure.

Criteria for the non-measure data are:

- The total number of discharges by Age Status is greater than the Total Annual Discharges.
- The total number of discharges by Diagnostic category is greater than the Total Annual Discharges.
- The total number of discharges by Primary 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 Hospital Quality Reporting system, send an email to [IPFQualityReporting@hsq.com](mailto:IPFQualityReporting@hsq.com) with "Measure Accuracy Question" 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) 2022												
Due	Task											
On or before 08/16/2021	<b>STEP 1: Enter measure and non-measure data.</b> A. Log in to the Hospital Quality Reporting (HQR) system. B. Hover your mouse on the left side of the screen to expand the menu options. Select <b>Data Submissions</b> . C. Click the <b>Data Form</b> button. D. Under the <b>Select the Data Form</b> sub-header, select <b>IPF</b> . Then, click <b>Launch Data Form</b> . E. A page listing all non-measure and measure data entry pages will appear. Click the <b>Start Measure</b> button to begin the data entry process. F. Enter data values in the data entry fields for each of the following FY 2022 submission requirements*: <table border="0"> <tr> <td><input type="checkbox"/> HHIPS-2-3</td> <td><input type="checkbox"/> IMM-2</td> </tr> <tr> <td><input type="checkbox"/> HHIPS-5</td> <td><input type="checkbox"/> Screening for Metabolic Disorders</td> </tr> <tr> <td><input type="checkbox"/> SUB-2-2a</td> <td><input type="checkbox"/> Non-Measure Data and Population Counts</td> </tr> <tr> <td><input type="checkbox"/> SUB-3-3a</td> <td><input type="checkbox"/> Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record</td> </tr> <tr> <td><input type="checkbox"/> TOB-2-2a</td> <td><input type="checkbox"/> TOB-3-3a</td> </tr> </table> Once each field is populated, click the green <b>Save &amp; Return</b> button at the bottom. *The ECE policy outlined in the COVID-19 memo scope Q1 2020 through Q2 2020 data from reporting during the summer 2021 submission period. This policy is applicable to all measures except IMM-2 in the upcoming submission period because the IMM-2 reporting period is October 1, 2020 through March 31, 2021. G. After all data are saved, click the blue <b>I'm ready to submit</b> button at the bottom of the page. A green box will appear at the top of the page to indicate data were submitted successfully.	<input type="checkbox"/> HHIPS-2-3	<input type="checkbox"/> IMM-2	<input type="checkbox"/> HHIPS-5	<input type="checkbox"/> Screening for Metabolic Disorders	<input type="checkbox"/> SUB-2-2a	<input type="checkbox"/> Non-Measure Data and Population Counts	<input type="checkbox"/> SUB-3-3a	<input type="checkbox"/> Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record	<input type="checkbox"/> TOB-2-2a	<input type="checkbox"/> TOB-3-3a	<input type="checkbox"/>
<input type="checkbox"/> HHIPS-2-3	<input type="checkbox"/> IMM-2											
<input type="checkbox"/> HHIPS-5	<input type="checkbox"/> Screening for Metabolic Disorders											
<input type="checkbox"/> SUB-2-2a	<input type="checkbox"/> Non-Measure Data and Population Counts											
<input type="checkbox"/> SUB-3-3a	<input type="checkbox"/> Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record											
<input type="checkbox"/> TOB-2-2a	<input type="checkbox"/> TOB-3-3a											
On or before 08/16/2021	<b>STEP 2: Submit the FY 2022 DACA.</b> A. Access the Data Accuracy and Completeness Acknowledgement (DACA) form by logging in to the HQR system. B. Hover your mouse on the left side of the screen to expand the menu options and click on <b>Data Submissions</b> . C. Select the <b>Data Entry</b> button. D. At the top of the Data Submissions page, a blue banner indicates the DACA needs to be signed. Review the data for accuracy and completeness and then click the <b>Sign</b> button to view the DACA. E. Enter your job title in the field below "Position" and click the button attesting to the accuracy and completeness of the data. F. Click the <b>Sign</b> button at the bottom of the page.	<input type="checkbox"/>										
NOTE: If any edits are made to previously submitted data, then you must re-sign and submit the DACA to acknowledge that those changes are accurate and complete.												
On or before 08/16/2021	<b>STEP 3: Ensure IPFQR Program administrative requirements are met.</b> A. Ensure the IPF's Security Administrator Official (SA/O) logs into the Hospital Quality Reporting system during the summer 2021 data submission period. If SA/O status has lapsed, contact the QualityNet Help Desk at (866) 288-8912. B. Access the IPFQR Program Notice of Participation in the Hospital Quality Reporting system under Administration to ensure the status is "Participating".	<input type="checkbox"/>										
<ul style="list-style-type: none"> <li>For guidance on IPFQR Program requirements and data verification processes, refer to the IPFQR Program Manual, Version 6.1 on the <a href="#">QualityNet IPFQR Program Manual</a> web page.</li> <li>For other assistance, contact the IPFQR Program Support Contractor via the <a href="#">QualityNet Q&amp;A Tool</a>, <a href="mailto:IPFQualityReporting@hsq.com">IPFQualityReporting@hsq.com</a>, email, or phone at (866) 800-8765 or (844) 472-4477.</li> </ul>												

## Verification Checklist

Verification Checklist: Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Measure and Non-Measure Data Submission and Administrative Requirements Fiscal Year (FY) 2022		
Due	Task	
On or before 08/16/2021	<b>STEP 1: Check the Simple Data Entry (SDE) page to verify submission of FY 2022 IPFQR Program Data.</b> A. Log in to the Hospital Quality Reporting (HQR) system. B. Hover your mouse on the left side of the screen to expand the menu options. Select <b>Data Submissions</b> . C. Click the <b>Data Form</b> button. D. Under the <b>Select the Data Form</b> sub-header, select <b>IPF</b> . Then, click <b>Launch Data Form</b> . E. 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: <ul style="list-style-type: none"> <li>A green checkmark and the word "Complete" will appear next to the name of each data entry page.</li> <li>To view the submitted data in a PDF file, click the <b>Export Data</b> button.</li> </ul> F. If any edits are needed: <ul style="list-style-type: none"> <li>Click the <b>Edit Measure</b> link next to the data entry page and revise the data.</li> <li>Click the green <b>Save &amp; Return</b> button on the main SDE page.</li> <li>Scroll to the bottom of the page.</li> <li>Click the blue <b>I'm ready to submit</b> button.</li> </ul>	<input type="checkbox"/>
On or before 08/16/2021	<b>STEP 2: Confirm submission of FY 2022 Data Accuracy and Completeness Acknowledgement (DACA).</b> A. Access the DACA form by logging in to the HQR system. B. Hover your mouse on the left side of the screen to expand the menu options. Click <b>Administration</b> . Then, click <b>DACA</b> to view the DACA for your facility.	<input type="checkbox"/>
NOTE: If any edits are made to previously submitted data, then you must re-sign and submit the DACA to acknowledge that those changes are accurate and complete.		
On or before 08/16/2021	<b>STEP 3: Check Completion of IPFQR Program administrative requirements.</b> A. Confirm your IPF's Security Administrator Official (SA/O) account is active. If SA/O status has lapsed, contact the QualityNet Help Desk at (866) 288-8912. B. Review the IPFQR Program Notice of Participation in the HQR system under Administration to ensure the status is "Participating".	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>For guidance on IPFQR Program requirements and data verification processes, refer to the IPFQR Program Manual, Version 6.1 on the <a href="#">QualityNet IPFQR Program Manual</a> web page.</li> <li>For other assistance, contact the IPFQR Program Support Contractor via the <a href="#">QualityNet Q&amp;A Tool</a>, <a href="mailto:IPFQualityReporting@hsq.com">IPFQualityReporting@hsq.com</a>, email, or phone at (866) 800-8765 or (844) 472-4477.</li> </ul>		

These resources can be found at [QualityNet.org](http://QualityNet.org) and [QualityReportingCenter.com](http://QualityReportingCenter.com).



# Acronyms

<b>APU</b>	Annual Payment Update	<b>IMM</b>	Influenza Immunization
<b>CEO</b>	Chief Executive Officer	<b>IPF</b>	inpatient psychiatric facility
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>IPFQR</b>	Inpatient Psychiatric Facility Quality Reporting
<b>CY</b>	calendar year	<b>NOP</b>	Notice of Participation
<b>DACA</b>	Data Accuracy and Completeness Acknowledgement	<b>PPS</b>	Prospective Payment System
<b>ECE</b>	Extraordinary Circumstances Exceptions	<b>Q</b>	quarter
<b>FDA</b>	Food and Drug Administration	<b>SA/O</b>	Security Administrator/Official
<b>FY</b>	fiscal year	<b>SMD</b>	Screening for Metabolic Disorders
<b>HARP</b>	HCQIS Access Roles and Profile	<b>SUB</b>	Substance Use Measure
<b>HBIPS</b>	Hospital-Based Inpatient Psychiatric Services	<b>TOB</b>	Tobacco Treatment Measures
<b>HCQIS</b>	Healthcare Quality Information Systems	<b>VIQR</b>	Value, Incentives, and Quality Reporting
<b>HQR</b>	Hospital Quality Reporting	<b>VIQR</b>	Value, Incentives, and Quality Reporting

# Future Webinar Topics



**FY 2022 IPF PPS Final Rule and APU Determination**  
Review IPFQR Program changes finalized in the FY 2022 rule and the CMS process for APU decisions.

## IPFQR Program FY 2022 Data in Review

Review national-level data submitted during the summer of 2021 for fiscal year 2022 payment determination.



**Future webinar titles, dates, and times will be communicated via the IPFQR Program Listserve.**

# Helpful Resources

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



# Helpful Resources

Stay up to date...



...and get answers to your questions.



IPFQR Program: Keys to Successful FY 2022 Reporting

---

**Thank You**

# Continuing Education (CE) Approval

This program has been approved for [CE credit](#) for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

**Note:** To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

# Disclaimer

This presentation was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.