



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

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

IPFQR Program FY 2023 APU Reconsideration Process Presentation Transcript

Speakers

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Evette Robinson: Good afternoon, everyone. My name is Evette Robinson. I'm the IPFQR Program Lead with the VIQR support contractor, and I will be monitoring the chat during today's event. Then, at the end of the webinar, I will review the questions submitted via the chat tool. Now, I'll turn the presentation over to our presenter, Lauren Lowenstein-Turner.

Lauren

Lowenstein-Turner: Thank you, Evette. Hello, everyone. Welcome to today's webinar titled, *IPFQR Fiscal Year 2023 Annual Payment Update Reconsideration Process*. My name is Loren Lowenstein-Turner, and I am the Program Lead for the IPFQR Program with the Centers for Medicare & Medicaid Services. Also, this webinar's recording, slides, and transcript from this presentation will be posted on the [QualityNet](#) and [Quality Reporting Center](#) websites at a later date.

This is a list of the acronyms that will be referenced in the presentation.
Next slide.

The purpose of today's presentation is to provide information regarding CMS' Inpatient Psychiatric Facility Quality Reporting Program Annual Payment Update reconsideration process for fiscal year 2023. Next slide.

At the end of this presentation, participants will be able to understand the requirements for the IPFQR Program and the APU reconsideration process, as well as how to file a reconsideration with CMS. Next slide.

There were 1,601 IPFs eligible to participate in the IPFQR Program for fiscal year 2023. One thousand, four hundred, and twenty eligible IPFs, 88.7 percent, met all of the requirements. Thirty IPFs, 1.9 percent, are new facilities that are not required to meet program requirements for the payment year 2023. One hundred and forty-six IPFs, or 9.1 percent, participated in the program but failed to meet all requirements. Thirty-five IPFs, 2.2 percent, chose not to participate. Next slide.

This slide lists the four major requirements to participate in the IPFQR Program and qualify to receive the full fiscal year 2023 APU.

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Specifically, eligible IPFs had to submit Quarter 4 2021 COVID Healthcare Personnel measure data to the NHSN system by May 16, 2022, and had to meet the following requirements by the August 15, 2022, deadline. They had to have an IPFQR Program Notice of Participation status of “Participating,” submit all measure and non-measure data, and complete the DACA form. Eligible IPFs that chose not to participate in the IPFQR Program for fiscal year 2023, or did not meet all of the reporting requirements listed above, will be subject to a 2.0-percentage point reduction of their APU during fiscal year 2023, which begins October 1, 2022, and ends September 30, 2023. Next slide.

APU determination notification letters were mailed on September 7, 2022, via FedEx Priority Overnight delivery, to facilities that did not meet one or more of the program requirements. Reconsideration requests for decisions are due to CMS 30 days from the date on the payment notification letter. Facilities that file an APU reconsideration request will be notified by CMS approximately 90 days after the reconsideration request is submitted. Next slide.

An overview of the reconsideration process, including the IPF Reconsideration Request Form, can be found on the APU Reconsideration page on CMS’ QualityNet website. You can also access it by going to the link that is provided in this slide. Next slide.

This slide details how to access APU reconsideration information from the QualityNet website. From the QualityNet home page, click on the Inpatient Psychiatric Facilities button. In the Inpatient Psychiatric Facility Quality Reporting Program box, click the Learn More button. Next, you will click on APU in the top menu. On the page that appears, select APU Reconsideration on the left side of the page. There, you will find an overview page for the IPFQR Program APU reconsideration process for fiscal year 2023. Next slide.

In the APU reconsideration request, your facility must include the CMS-identified reason that it did not meet the APU requirements.

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Your facility must also specify the reason or reasons for believing that it did meet the IPF Program requirements and should receive the full APU. Requests should be specific, complete, and include accurate details. Your facility may include supporting information or documentation, as deemed necessary, by attaching a PDF file with your Reconsideration Request Form. The completed Reconsideration Request Form may be submitted by either of the methods listed on this slide. Upon receipt of the reconsideration request, CMS will provide an email acknowledgement to the facility's CEO and QualityNet Security Administrator that the form has been received. CMS expects the process to take no longer than approximately 90 days from receipt of the reconsideration request. Next slide.

If a facility is dissatisfied with the result of CMS's reconsideration determination, the facility may file a Provider Reimbursement Review Board, PRRB, appeal. An appeal can be filed with the PRRB only after the facility has submitted a request for reconsideration and received an adverse decision on the request. Facilities can submit PRRB appeals up to 180 days following the IPF reconsideration notification date. More details about the PRRB process can be found on the CMS website using the direct link found on this slide. Next slide.

Please submit all questions regarding the APU reconsideration process to the IPFQR Program or Shannon Kerr at the email address listed on this slide. If you have a question specific to your IPF, then we ask that you submit questions through the [QualityNet Q&A Tool](#), using the link at the bottom of this slide. I will now turn back to Evette to answer any questions that are applicable to the IPF community. Thank you.

Evette Robinson: All right. Thank you, Lauren. So, looking at our chat here, I see that we have received a few questions. The first couple appear to be coming from the same person, Dinorah Hernandez. Thank you for submitting your questions. This first one says, "For facilities who weren't able to access the 2021 calendar for IPF submission, entered it on the first week of January of 2022, and submitted this information via email to quality reporting, will it be considered as submitted?"

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Okay. I'm not 100 percent sure I understand what this question is specifically asking, but I will say that in terms of submitting any of the calendar year 2021 data for fiscal year 2023, it was required that IPFs or their vendors submit that data through the HQR System anytime between July 1 and August 15 of 2022. There are no other avenues by which these data can be submitted. It must be through the HQR System. So, it should not be submitted through email or any other means outside of the HQR Simple Data Entry tool that is available.

The next question is regarding the COVID HCP measure. "If NHSN reopened the Q4 2021 window for IPFs to enter data, and this was submitted before the August 15, 2022, deadline, will this be taken into consideration?" So, the COVID HCP data for Q4 2021 were due for submission by May 16 of 2022. Although the NHSN system may allow you to submit that data at a later date, any data submitted after May 16 of 2022 will not be considered acceptable or approved for the purposes of fiscal year 2023 annual payment update determination. So, the August 15, 2022, deadline was specifically for all of those measures that Lauren mentioned earlier in the presentation. That included the Quarter 1 2022 COVID HCP measure, but, for the Quarter 4 2021 data, that had to be submitted by the May 16, 2022, deadline in order to be considered acceptable, having met that requirement for the fiscal year 2023 annual payment update.

The next question we have here is asking, "If my facility has received a notification of non-compliance and has closed their IPF, do we just file a Form 855a, notifying CMS of the unit closure? Are there other actions that we need to take, and is there a reason to submit a reconsideration request?" This is an excellent question. If there are any of you on the line whose IPFs have closed, and either you've already submitted the Form 855a to CMS or you are planning to submit it to CMS to terminate your IPF-specific CCN, then there is not a reason for you to submit a reconsideration request. As a reminder, the IPFQR Program functions on a prospective payment process, meaning that data collected in calendar year 2021 are submitted in calendar year 2022 and impact fiscal year 2023.

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So, if your IPF is closed and will not be reopening and, thereby, you plan to terminate the IPF-specific CCN for that unit, then there is no reason to submit that reconsideration because that unit will not be billing during the fiscal year 2023 time frame that would be affected by the information that we just discussed or that Lauren just presented. My recommendation to you, Frankie Solomon, would be that you proceed with submitting that Form 855a to CMS regarding the unit closure. Be sure to notify the VIQR support contractor at the IPFQR email account, so that we can then process that documentation once you've received it from CMS confirming termination of that CCN. You can contact us at that Ask a Question link that's at the bottom of the slide that's currently displayed, and we'll be sure to provide you with information regarding next steps.

Our next question is asking, "Are we required to participate? We are an inpatient psychiatric facility for children and adolescents. We have a CCN, but we do not bill any Medicare, only Medicaid." Thank you for asking this question. I know that we do have a number of providers that are eligible to participate in the IPFQR Program but choose not to participate because they are in a very similar situation. So, to determine the eligibility for participation in this program, it is based on the CCN or the CMS Certification Number of facilities. In many cases, facilities that are in this situation that was just described will be freestanding facilities, that for whom the last four digits are between 4000 and 4499. In those instances, again since you are not billing Medicare for any services, it does not impact you to not have the full APU. The full APU really only impacts those who are billing Medicare, and it impacts them prospectively for the future fiscal year. One option that you may want to do is, if you choose to enter an NOP status of Not Participating or Withdrawn, then you can do that. Again, we would still reach out to you at the end of each APU determination to let you know that, because you have an eligible CCN but have a Withdrawn status, you will not receive the full APU. Again, it doesn't impact you if you do not in fact bill CMS for services in your inpatient psychiatric facility, specifically for Medicare.

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I hope that answers your question because I do understand there are some facilities in that scenario that, for whatever reason, sometimes at the local-level or at the state-level, they are required to have a CCN, even though they're not billing Medicare for services.

The next question we have here is, "I received a letter that our Q4 COVID-19 data were not submitted. We had a new agent for reporting data who registered as an agent in 2022 and, as such, did not have access to enter these data. We sent multiple trouble tickets to fix the issue prior to the May 16 deadline; however, access was not granted until May 19. At that point, we immediately entered the data. At no time was the hospital not acting in compliance. Do we need to send proof of the reach-outs for assistance prior to May 16 from this session? It appears as if we send in copies of emails etc. of attempting to gain access as our reason for consideration." Okay. There's a lot there, but I think the gist of this question is whether or not it is valid to submit an APU reconsideration and what type of information to include. I do think that there may be others on this call, on this webinar, who have experienced something similar to what was just described. You are of course encouraged to submit an APU reconsideration form and provide any and all evidence that you have to support the reason you believe that there should be a change to the original APU consideration or APU decision. I think that the examples that were provided, such as copies of emails and any communications, are definitely worth including as part of your form, as attachments to your form. I can't advise you on any specifics as to what to submit, but I would encourage you to provide any evidence that you believe supports the reason that you believe you should receive the full annual payment update.

All right. Our next question: "Can you please put back up the slide on how to get to the reconsideration form?" Okay. Let's see. We can go back to slide number nine, I believe. Can we jump back up to that slide number? No, sorry. I forgot the numbers got a little adjusted. There we go. It would actually be...it's slide number 12. There we go. So, the first step in terms of accessing the reconsideration form is to go to the link that's posted here on slide 12.

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Looking at slide 13, you'll find that this is providing you with kind of step-by-step [info] to get to that page if you're accessing it from the QualityNet home page. So, if you're at the QualityNet home page, you'll find the little icon for Inpatient Psychiatric Facilities. Then, on that next page, scroll down to click on the Learn More button. Then, in the top menu, click on the letters APU. Then, the second tab on the left side of the screen will say APU Reconsideration, where you'll find a link to both the APU reconsideration form as well as a quick reference guide.

Okay. Our next question here: "What is the Security Officer? I'm not sure we have one. Is there any other names for this position?" That's a good question. A Security Officer was previously referred to as the Security Administrator. That was the previous term for the person at your facility who is generally responsible for managing access to the Hospital Quality Reporting System. They can provide access and permissions to other users at your facility. They can also grant vendors access to the system.

"My facility has submitted our data in NHSN, and I have an email from NHSN that the data is in the system for our IPF. Why would these data not be available for CMS to see the data? We do have the correct CMS number." Well, again, I would advise you to proceed with submitting an APU reconsideration and provide whatever evidence you have to support what is stated here in your question. Generally speaking, you hinted at one of the reasons that sometimes CMS does not receive data that are submitted into the NHSN. One of those would be the CCN may be incorrect, or, if it is an IPF unit that is part of a larger facility, sometimes that IPF unit's CCN may not be correctly mapped in the NHSN system. So, those are reasons that you may want to look into and just verify that they have been corrected to ensure that any future COVID HCP measure data that are submitted are transmitted and received correctly to CMS.

Okay. There's another question that came in. "Am I saying July 2021?" I'm not sure if this is a reference to an earlier question, but I meant to refer to the submission period between July 2022, July 1, 2022, and August 15 of 2022 for submission of data and meeting the NOP and DACA requirements.

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Another question: “We had a change in the management company, and the old company took all the files that would be needed to complete. What do we do to recover the documentation?” That is not a question that we can answer for you. You may want to contact the legal department of your facility to find out what your options are to obtain that information.

“I submitted Q4 COVID-19 data through NHSN. Was I also supposed to submit it into HQR?” No, the only way to submit the COVID HCP measure data is through the NHSN system. That is a good question, and we have received that question before. Just to clarify, the only measure data that are required to be submitted through the NHSN is the COVID-19 Vaccination Coverage Among Healthcare Personnel measure data. All other measure and non-measure data that are required for the IPFQR Program are to be submitted into the HQR System.

“If data were submitted a day late for May 16 due to IT issues, and we can show that, could it be considered?” Again, make sure, in your APU reconsideration, to provide all evidence that you have to support why you believe that you should have your APU decision reconsidered. If you can provide the evidence related to these IT issues, then that will be something that CMS will take into consideration.

“Our IPF closed due to COVID-19. Our vendor did not enter 0s on the required fields. We came up as Not Submitted. What are our chances on applying for reconsideration?” Again, all providers that received an APU decision letter are eligible to submit an APU reconsideration form. Again, providing all information that you believe is relevant for that reconsideration is what we advise you to do. From there, CMS will review all of the forms that are submitted and all of the supporting documentation. Based on that information, they make their final decisions.

“Will the lack of technical support, telephone support, and the inability of IPFQR staff to see the SAMS system to provide support be taken into account?” I’m guessing this is again related to the COVID-19 measure. Again, as part of the VIQR support contract team, my role is really to advise you on the steps that you can take to submit the form. I do not have

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access to information from CMS on what they will be considering and what will make their determinations. My suggestion is to simply provide as much evidence as you possibly can when you submit your form, and CMS will respond accordingly.

“What happens when we submitted COVID HCP on May 13, but we still received a letter of not meeting requirements?” I did address this in an earlier question. It may be that there could be an issue related to how your IPF is mapped in the NHSN system, particularly if you are an IPF unit that’s part of a larger acute care or critical access hospital. It is possible that it may not be mapped correctly in the NHSN system. So, I do recommend contacting NHSN as soon as possible to ensure that your CCN is mapped correctly for all future COVID HCP measure data requirements and upcoming deadlines.

“If you were displaced due to the hurricane and did not receive notification that 2021 data were required, will you consider this? All data are now in, but we put it in late for Q4 2021.” I do believe again that this pertains to the COVID measure, and I would again recommend submitting an APU reconsideration with your reasons to be considered by CMS.

“The response to COVID data was unclear. May 16 was the NHSN deadline. Was there an August deadline for COVID data, as well?” Yes, the May 16 deadline was specifically for the Quarter 4 2021 COVID HCP measure data. The August 15 deadline was for the Quarter 1 2022 COVID HCP measure data.

I do recommend that you all take into consideration or consider going to the QualityNet Q&A Tool and doing a search for COVID. If you just type in COVID HCP, then a number of different question-and-answer pairs will show up. One of those question-and-answer pairs lists out the deadlines that are coming up for the COVID data. Another resource I recommend is on the IPFQR Program Resources page. There are several resources there that will be helpful to you. One of those resources lists the measures that are required for fiscal year 2023. We also have one listed for fiscal year 2024 that will provide you with the list of the measures that are required,

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the time frames for submission of those measures, and their deadlines. So, I strongly recommend looking into those resources for your reference.

“When the IPF submission time frame is near, CMS sends out reminder emails. Did CMS send out reminder emails when the time frame was closed and data were not submitted for the Q4 COVID data?” Yes. We sent out reminder emails. We always send reminder emails to the general Listserve, usually 30 days and 15 days prior to the deadline. We also send out what we refer to as targeted emails, specifically to those providers that we’ve identified have not yet met the requirement for an upcoming deadline, including the Q4 2021 COVID HCP measure data. Those emails usually begin about a week prior to the deadline, and I believe this year we sent three or four of those out. If you did not receive an email, it is possible that we may not have your current email information in our system. So, we do recommend, again referring to the QualityNet website and going to our IPFQR Program Resources page. We do have a contact change form that you can download and use to, first of all, check to see what contacts we currently have available and listed in our system. Then, you can fill out that form and submit it to us so that we have the correct email addresses and information in our database for outreach purposes.

Next question: “Where can I access the data that were submitted for my facility? I am the CEO of this facility which has had a transition from one director who is submitting data to another director who will resume this process. Our previous director was very detailed and diligent in submitting the data by deadlines.” We have what’s referred to as an IPF Provider Participation Reports. Right now, that report is available for download in CSV format. It will provide you with the information that was submitted for all measure and non-measure data. It will also inform you regarding the NOP status, as well as the status of the DACA. It includes a couple of columns towards the end specifically related to COVID HCP measure data. To access that information, we recommend that you log into the HQR System and follow the instructions provided in a prior webinar.

I’ll take a look and see if I can have someone look up exactly what that webinar is, while I go through the remainder of these questions. We did

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present a number of webinars earlier, a number of On Demand webinars earlier this summer. It was a three-part overview of IPFQR Program resources. In those resources we do provide instructions on a variety of resources that we have available. I believe one of them includes directions on how to access and download the IPF PPR. However, if you would like, I can also send you a direct email with that information. Just go ahead and submit your question at this link at the bottom of slide 16. I'll be sure to provide you with the detailed instructions so that you have it for future reference in your email.

“After all indicators covered, if the COVID-19 vaccination was not submitted through a specific website due to a change of ownership, no emails received, will that be reconsidered?” Again, I am not a representative of CMS leadership and cannot speak to what will and will not be reconsidered. Again, I would just encourage you to submit your form and provide your supporting documentation.

“Can you please repeat the email for termination confirmation?” I apologize. The email, if you have a CMS letter, or a letter from the MAC, or a Medicare ID report confirming the termination, the effective date for termination of an IPF CCN, you can send that email to us at IPFQualityReporting@hsag.com. That email address again is IPFQualityReporting@hsag.com.

“If I submitted a help desk ticket prior to the May 16 deadline, and the ticket was not resolved, will that be taken into consideration?” Again, please be sure to submit any and all supporting documentation you have for your APU reconsideration form. Then, here it says, “I received the email notification for the IPFQR Program APU reconsideration, but I have not received the FedEx document from CMS since 9/7/22.” Okay. I'll take note of your email address for the person who submitted this question, and we'll take a look into what our records show. We do have all of the letters sent in a trackable format, and I believe all came back as delivered. If for some reason you did not receive it, we'll make sure to look into that and get back to you. Okay.

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“I attempted to create an account to submit data for my organization days before the deadline, but I was not granted an account or the ability to submit Q4 2021 data until after May 16. Could I submit my emails to NHSN for proof that we attempted to meet the deadline, but I was not able to, due to not having account access.” Yes. You may submit any documentation that you believe supports the reason that requirement was missed.

“[What] if our Q4 2021 COVID HCP was submitted two days late due to NHSN enrollment issues?” This again goes back to the previous question. The same thing applies. Again, if you can provide the evidence and just supporting documentation regarding your reason for submitting the APU reconsideration, we encourage you to do so.

“I requested access prior to the deadline, but I was not granted access until a couple of days after the deadline. I was notified via email that there was a delay granting access due to the volume of requests.” The same response is here. Again, be sure to provide all supporting documentation that you have when submitting your APU reconsideration.

I believe this next question is the same response, but I’ll read it aloud to acknowledge that we’ve received it. “I received a notice that submission of COVID-19 vaccination data for Q4 2021 were incomplete. There were numerous attempts made to gain access registration to be able to submit the data. I am requesting if it would be worthwhile to submit an APU reconsideration with proof of outreach to NHSN SAMS to resolve the numerous issues.” Yes. It is worthwhile to submit an APU reconsideration.

“My facility was not able to sign up for the NHSN portal on time for the COVID-19 due to a clearance question; therefore, we submitted our COVID-19 data via email. Does that qualify as submitted?” No.

“My understanding is that the only way to submit COVID-19 data for CMS to receive it from the CDC is for it to be submitted in the NHSN portal. NHSN data shows that my records are complete for Q4 2021. It

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shows both our hospital and IPF as being complete. Why would I receive a letter stating we did not meet the requirement?” As I mentioned earlier, it could be due to how your facility is mapped in the NHSN system. Again, this is something that we have noticed has been an issue for some IPF units. So, we recommend that you contact the NHSN to just ensure that your IPF unit’s CCN is appropriately mapped in the system, so that CMS receives your COVID HCP measure going data going forward.

“An IPF submitted COVID HCP data in the NHSN platform before 5/6/2022, plus, as required by email, submitted this evidence to quality reporting for facilities that could not access the 2021 calendar and all the IPFQR data were submitted to HARP before the 8/15 deadline, and still it received the non-compliance letter.” Okay. We’ve received a question from someone else at the same provider. I would again encourage you to submit your APU reconsideration and provide that information, as well as supporting documentation.

“Our IPF CCN number defaulted to our hospital CCN in NHSN during transmission. We have documentation of the issue to NHSN for the May submission. What would you recommend to resolve?” I do recommend that you continue working with NHSN to resolve that issue. Again, it sounds like this is something related to how the IPF unit is mapped in the system, which only members of the NHSN team would be able to resolve for you.

“The Security Administrator for the system retired three years ago, so we were unaware of the omission until we received a letter from CMS. How do we get the Security Administrator changed so that this does not occur?” I mentioned earlier that we do have a contact change form that’s available for download from the IPFQR Program Resources web page on QualityNet, but my recommendation to you, Catherine, specifically if you and if there are others on the line who are attending this webinar who would like to update their information, go ahead and submit your question to the Q&A tool using the link at the bottom of slide 16. A member of our team will be sure to direct you to the appropriate form that you can fill out to get that information corrected.

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“The prior question related to the attempts to get registered. It failed to get a response from the Quality Reporting Center. It took close to six months to get a response from the support team.” Okay. Unfortunately, I don’t have a way to filter these questions to know exactly which prior question this question is in reference to. Again, if you did want to follow up with us you can certainly send an email to us directly through the link at the bottom of slide 16.

“Regarding CCNs for freestanding hospitals with the last four digits ending between 4000 and 4499, did you say that these hospitals are not required to report?” No, I wasn’t saying that those hospitals are not required to report. I was specifically speaking about those hospitals that treat primarily adolescents or youth or generally speaking do not bill Medicare for services, but they’re required to have a CMS Certification Number for whatever reason. Those providers they can still, actually, let me back up and say this. There are essentially two options. The first option I mentioned earlier was that for those providers that have a CMS Certification Number, that are eligible to participate in the IPFQR Program, you can choose to have an NOP status of Withdrawn and each year receive the same letter indicating that you have an NOP status of Withdrawn and, if at any time in the future fiscal year that is impacted, you decide to bill CMS, then it will be reduced by 2-percentage points. The alternative is to have an NOP status of Participating, enter 0s for your data for all measure and non-measure data, and sign the DACA. That would actually meet the APU requirements, if you’re telling us that you had 0 patients who actually met any of the requirements or any of the measures that are related to the IPFQR Program. The reality is there are very few hospitals that have zero patients, so you probably would have discharged some patients and you would need to indicate that as far as the non-measure data. Then, for all of the other measures, you would have to then still go through the abstraction process for all of the measures that are required for this program. If you were to go that route of participating and submitting data that reflect what your patient population is during that calendar year, just note that that information will be publicly reported.

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For more information about this, we do have a number of webinars that have been posted that talk about this process. We do intend to have another webinar specifically related to how to identify and review data that are publicly reported later on this year. That information will be announced in a future Listserve.

“If the data were submitted to NHSN on May 17 due to an upload error, is it still considered a non-submission?” Any of the Q4 2021 COVID HCP measure data that were submitted after May 16 were not considered submitted, which is why many folks received the APU decision letter. So, if you can provide, again, that supporting evidence and documentation in your APU reconsideration form, then feel free to submit that for CMS to consider in their review.

“Are there other vendors instead of NHSN to submit?” I’m not quite sure I understand that question, but I will say that when it comes to the COVID HCP measure data, again for the purposes of the IPFQR Program, the NHSN is the only means by which those data are to be submitted for the purpose of being transmitted to CMS for the IPFQR Program.

“Is there anyone who can help us with the mapping in NHSN at CMS? NHSN has not been able to help.” Okay. Unfortunately, really only members of the NHSN team can really walk you through that, but, if you would, go ahead and submit your question to us. Make sure to include the name of your facility and the CCN when you submit your question. Based on, using that link at the bottom of slide 16, we’ll see what we can find out and provide you with some additional resources that maybe could help beyond what you’ve received so far from NHSN. Okay.

“We did follow up with NHSN and follow the setup instruction to ensure it is set up correctly. Per instruction, it should not be set up as a different facility. Correct?” It looks like this is someone who submitted a question from an acute care facility. So, correct, any IPF unit that is part of an acute care, critical access, or LTCH, or any other main type of hospital, they should have their CCN mapped to the larger facility.

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“Is there any effort being undertaken to streamline any of the data submission processes?” This is an interesting question because, starting next summer, the data submission process will actually involve all patient-level or facility-level reporting. Again, we provided a webinar earlier this summer that discusses that process and gives a general idea of what that will look like for next summer. As many of you may know, per the Fiscal Year 2022 IPF PPS Final Rule, CMS decided to transition away from the submission of aggregate data for the measure and non-measure data, and instead move towards patient-level reporting. So, we posted a webinar on July 13, which can provide you with more information about how that will work. And as far as the COVID HCP measure, that is still something that will continue to be submitted through NHSN and then transmitted to CMS after each deadline.

“Please send me the email for accessing the report of previously submitted data.” Okay. This appears to be related to the PPR that I mentioned earlier. Peggy, if you could, please submit this question to the link at the bottom of slide 16. Just fill out that form on the QualityNet Q&A Tool, and we’ll be sure to respond accordingly.

“Where do I submit the contact change form?” The instructions for how to submit the contact change form are actually included on the form. I believe there are a couple of different ways it can be submitted, via fax or as an attachment to an email. Be sure to refer to the instructions on that contact change form so that it goes to the appropriate team for processing.

Okay. It looks like we have about six minutes left in today’s webinar, so I’m just going to try to get to as many of the remaining questions as we can. Again, it looks like, Mark, you submitted your, you provided your email address and again, we recommend that you submit that information to the QualityNet Q&A Tool using the link at the bottom of slide 16.

“Can you give a number to contact NHSN?” Unfortunately, we do not have a number; the NHSN does not have a phone number. Their team, you can only contact via email at this time. Of course, if that changes, we’ll be sure to let you know.

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“Can you repeat how to access the hospital quality contact form?” Yes. I can repeat those instructions. Again, I would suggest that, since we don’t have a visual right now on this screen, go ahead and submit your question to us then we can provide you with a direct link that way. Otherwise, in order to access that information, you would go to the QualityNet home page, click on the Inpatient Psychiatric Facilities button. After you click on that button, you will have the option, on the right side of the screen – I believe there’s some verbiage related to IPFQR Program resources – if you click on that link, then it’ll bring you to a page that has many links, many resources listed there. Near the top, we have a general resources table that includes the quality hospital quality contact form.

“If our system consists of two psychiatric campuses that have different NHSN numbers, but we have one CMS number, does this late submission for one of the campuses affect us?” That is an interesting question, and I’m not sure of an answer for that right now. I will definitely look into it and get back to you.

Someone else mentioned that NHSN, unfortunately, has not been able to help them with correctly mapping their IPF unit. So, we do appreciate you all for bringing this again to our attention. We’ll be sure to do what we can to work with our contacts at the NHSN to see what more can be done to improve that process.

The final question we have here is: “Will the Quarter 2 2022 COVID HCP data be due to CMS by November 15 of 2022?” Yes. That is correct. November 15 is the next deadline for COVID HCP measure data. It will be a reflection of the Quarter 2 2022 data that has been collected this year.

That concludes all the questions we’ve received for today’s call. We will be consolidating all of these questions and publishing those, trying to consolidate them and publish those that are appropriate and not too facility-specific in the QualityNet Q&A Tool at a later date. In the meantime, the transcript and recording for this event, as we mentioned at the beginning, these will be made available to you soon.

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We'll be sure to post those on QualityNet and the Quality Reporting Center website for your reference. Thank you all again so much for your time and attention. We appreciate all of your questions, and we hope that you enjoy the rest of your day.