



# Overview of IPFQR Program Resources, Part 1

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**June, 2022**

# Purpose

This presentation will help participants navigate the QualityNet website to locate the IPFQR Program Resources web page and describe the contents of each document on the page.

# Objectives

Participants will be able to:

- Navigate the QualityNet website to locate the IPFQR Program Resources web page.
- Leverage the contents of the documents on the page to optimize success in the IPFQR Program.

# Webinar Questions

Please email any questions that are pertinent to the webinar topic to [WebinarQuestions@hsag.com](mailto:WebinarQuestions@hsag.com).

- Write “IPF Program Resources, Part 1” in the subject line.
- If your question pertains to a specific slide, include the slide number in the body of the email.

Overview of IPFQR Program Resources, Part 1

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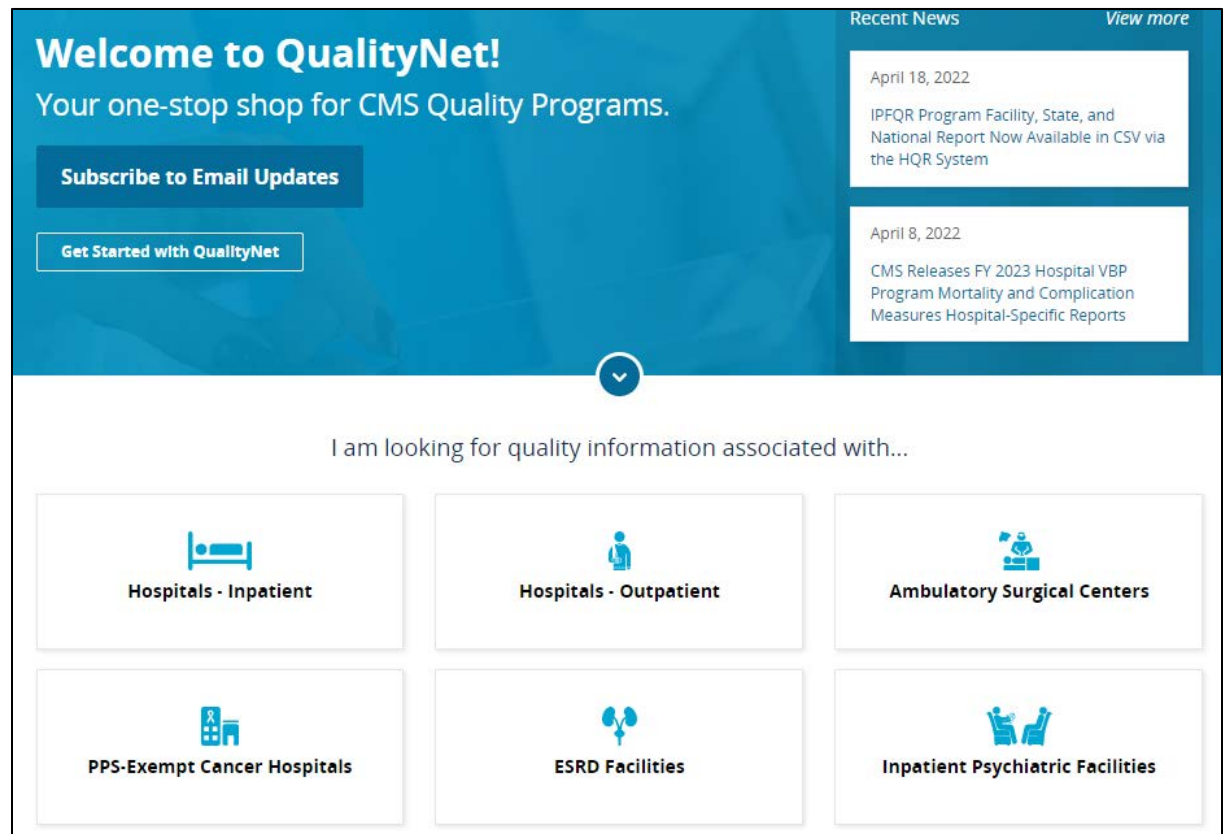
## **Navigating to the IPFQR Program Resources Web Page**

# QualityNet Home Page

There are several ways to access the **IPFQR Program Resources** web page. The simplest way is via the direct URL:

<https://qualitynet.cms.gov/ipf/ipfqr/resources>

To navigate to the web page from the [QualityNet home page](#), click on the icon for Inpatient Psychiatric Facilities.



The screenshot shows the QualityNet Home Page. The header is blue with the text "Welcome to QualityNet!" and "Your one-stop shop for CMS Quality Programs." Below this are two buttons: "Subscribe to Email Updates" and "Get Started with QualityNet". To the right, under "Recent News", there are two news items: "April 18, 2022: IPFQR Program Facility, State, and National Report Now Available in CSV via the HQR System" and "April 8, 2022: CMS Releases FY 2023 Hospital VBP Program Mortality and Complication Measures Hospital-Specific Reports". Below the header is a search bar with the placeholder text "I am looking for quality information associated with...". Below the search bar are six icons representing different facility types: "Hospitals - Inpatient", "Hospitals - Outpatient", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", and "Inpatient Psychiatric Facilities".

# Inpatient Psychiatric Facilities Overview Web Page

From the [IPF Overview](#) web page, you can access the IPFQR Program Resources web page via the following:

1. Resources link in the top menu
2. IPFQR Program Guide link
3. View all Program Resources link

The screenshot shows the 'Inpatient Psychiatric Facilities' web page. At the top, there is a blue header with the title 'Inpatient Psychiatric Facilities' and a 'Home /' link. Below the header is a navigation menu with links: 'Overview' (underlined), 'Measures', 'Public Reporting', 'Data Management', 'Resources' (circled with a red '1'), and 'Notifications'. The main content area is titled 'Inpatient Psychiatric Facility Quality Reporting Program Overview'. It contains a paragraph about the IPFQR program, a link to the 'IPF Specifications Manual v1.0a' (circled with a red '2'), and a link to the 'FY 2023 IPFQR Program Guide' (circled with a red '3'). Below this is a section titled 'PRA Disclosure Statement' with a paragraph of text and a 'Read more' button. At the bottom right, there is a link to 'View all Program Resources' (circled with a red '3').

Home /

## Inpatient Psychiatric Facilities

Overview Measures Public Reporting Data Management Resources Notifications

### Inpatient Psychiatric Facility Quality Reporting Program Overview

The Inpatient Psychiatric Facility Quality Reporting (IPFQR) program is a pay-for-reporting program intended to equip consumers with quality of care information to make more informed decisions about healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care provided to beneficiaries by, first, ensuring that providers are aware of and reporting on best practices for their respective facilities and type of care.

The following Paperwork Reduction Act (PRA) Disclosure Statement applies to forms and other information collection requirements associated with the IPFQR Program:

**PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1171 (Expires 11/30/2022)**. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

\*\*\*\*CMS Disclosure\*\*\*\*

Please do not send applications, claims, payments, medical records, or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, contact the IPFQR Support Contractor at (844) 472-4477.

[Read more](#)

Participating in the IPFQR Program?

[IPF Specifications Manual v1.0a](#)

[FY 2023 IPFQR Program Guide](#)

[View all Program Resources](#)

# Inpatient Psychiatric Facilities Overview Web Page

At the bottom of the [IPF Overview](#) web page is a Learn More button. (4)

## Inpatient Psychiatric Facility Quality Programs

Inpatient Psychiatric Facility Quality  
Reporting (IPFQR) Program

[Learn more](#)

Learn about Inpatient Psychiatric Facility  
Measures, Public Reporting, and Data  
Management

# Inpatient Psychiatric Facility Resources Web Page

Click on the Resources link in the top menu to access a web page that summarizes the top three IPFQR Program resources on QualityNet: IPF Specifications Manual, QualityNet Question and Answer Tool, and the IPFQR Program Resources web page.

Home / Inpatient Psychiatric Facilities /

## Inpatient Psychiatric Facility Resources

Overview Measures Public Reporting Data Management **Resources** Notifications

**Resources**  
Getting Started

### Inpatient Psychiatric Facility Resources

Frequently accessed Inpatient Psychiatric Facility tools, pages, and resources.

#### Specifications Manuals

Tool Name	
IPF Specifications Manual	<a href="#">View</a>

#### Tools

Tool Name	
Inpatient Psychiatric Facility Q&A Tool	<a href="#">View</a>

#### Program Resources

Program Name	
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program	<a href="#">View</a>

# Inpatient Psychiatric Facility Resources Web Page

Click on the Learn More button at the bottom of the IPF Overview web page to access the [IPFQR Overview](#) webpage, where different menu options appear at the top. These include a Resources link that directs you to the IPFQR Program Resources web page.

The screenshot shows the 'Resources' page of the IPFQR Program. The page has a blue header with the title 'Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program' and a navigation bar with links: Overview, IPFQR Measures, Participation, APU, Resources (highlighted with a red box), and Webinars. The main content area is titled 'About the IPFQR Program' and contains three paragraphs of text. The first paragraph describes the program's origin under the Social Security Act and the Affordable Care Act. The second paragraph explains the program's purpose to improve inpatient care quality. The third paragraph details the requirements for IPFs to participate, including payment reductions for non-participation. Below this is a section titled 'PRA Disclosure Statement' with a warning about sensitive information. On the right side, there are three boxes: 'Key Documents' with links to the 'IPF Specifications Manual v1.0a' and 'FY 2023 IPFQR Program Guide', a 'View all Program Resources' link, 'Participation' with a link to learn how to participate, and 'Support Contact' with a phone number and hours of operation.

Home / Inpatient Psychiatric Facilities /

## Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Overview IPFQR Measures Participation APU **Resources** Webinars

### About the IPFQR Program

The Inpatient Psychiatric Facility Quality Reporting (IPFQR) program was developed as mandated by section 1886(s)(4) of the Social Security Act, as added and amended by Sections 3401(f) and 10322(a) of the Affordable Care Act (Pub.L. 111-148).

The IPFQR pay-for-reporting program is intended to equip consumers with quality of care information to make more informed decisions about healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care provided to beneficiaries by, first, ensuring that providers are aware of and reporting on best practices for their respective facilities and type of care.

To meet the IPFQR program requirement, Inpatient Psychiatric Facilities (IPFs) are required to submit all quality measures in the form, manner, and time as specified by the Secretary, to the Centers for Medicare & Medicaid Services (CMS), beginning with Fiscal Year (FY) 2014 payment determination year and subsequent fiscal years. Because this is a pay-for-reporting program, eligible facilities will be subject to payment reduction for non-participation. Eligible IPFs that do not participate in the IPFQR program in a fiscal year or do not meet all of the reporting requirements will receive a 2.0 percentage point reduction of their annual update to their standard federal rate for that year. The reduction is non-cumulative across payment years.

The following Paperwork Reduction Act (PRA) Disclosure Statement applies to forms and other information collection requirements associated with the IPFQR Program:

#### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1171 (Expires 01/31/2022)**. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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### Key Documents

[IPF Specifications Manual v1.0a](#)

[FY 2023 IPFQR Program Guide](#)

[View all Program Resources](#)

### Participation

Not yet participating? [Learn how to participate in the IPFQR Program.](#)

### Support Contact

**(866) 800-8765 or (844) 472-4477**  
Weekdays from 8 a.m. to 8 p.m. Eastern Time (5 a.m. to 5 p.m. Pacific Time)

Overview of IPFQR Program Resources, Part 1

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## **IPFQR Program Resources Content**

# IPFQR Program Resources Content

Several resources are available for download from the [IPFQR Program Resources](#) web page.

## IPFQR Program Resources

The following documents are designed to assist facilities participating in the IPFQR Program:

### Specifications Manuals

Resource Name	
IPF Specifications Manual	<a href="#">View</a>

### COVID HCP Measure Resources

File Name	File Type	File Size	
Frequently Asked Questions: COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) Measure	PDF	174 KB	<a href="#">Download</a>
FY2023 NHSN COVID HCP Data Submission Checklist	PDF	63 KB	<a href="#">Download</a>
FY2023 NHSN COVID HCP Verification Checklist	PDF	52 KB	<a href="#">Download</a>

### General Resources

File Name	File Type	File Size	
IPFQR Quick Support Reference Card	PDF	235 KB	<a href="#">Download</a>
Understanding Reporting Period vs. Fiscal Years	PDF	253 KB	<a href="#">Download</a>
IPFQR Quick Reference Guide: Notice of Participation (NOP)	PDF	34 KB	<a href="#">Download</a>
Contact Change Form	PDF	414 KB	<a href="#">Download</a>

Use to report any changes regarding key contacts at the facility (CEO/administrator, IPFQR specialist, medical record contact, National Healthcare Safety Network (NHSN) contact, and QualityNet Security Administrators) to help ensure the facility receives all necessary correspondence regarding the IPFQR Program.

### Resource Name

IPFQR Program Questions and Answers Tool [View](#)

Click on the link to search for posted question and answer pairs as well as submit any new questions that are not already addressed in the Q&A tool or in a published summary of question and answers.

### Fiscal Year (FY) 2023 Payment Determination

File Name	File Type	File Size	
FY 2023 IPFQR Program Guide	PDF	325 KB	<a href="#">Download</a>
IPFQR Program Measures for FY 2023	PDF	109 KB	<a href="#">Download</a>
IPFQR Quick Reference Guide: FY 2023 DACA	PDF	49 KB	<a href="#">Download</a>

### Fiscal Year (FY) 2024 Payment Determination

File Name	File Type	File Size	
FY 2024 IPFQR Program Guide	PDF	325 KB	<a href="#">Download</a>
IPFQR Program Measures for FY 2024	PDF	111 KB	<a href="#">Download</a>
IPFQR Quick Reference Guide: FY 2024 DACA	PDF	103 KB	<a href="#">Download</a>

### Data Submission and Verification Checklists

Refer to the [Archived Resources](#) page for the summer of 2021 checklists.

# IPFQR Program

## Resources Content

A link to the latest version of the IPF Specifications Manual is at the top. The next table includes resources for the COVID-19 Vaccination Coverage Among Healthcare Personnel (COVID HCP) measure.

### IPFQR Program Resources

The following documents are designed to assist facilities participating in the IPFQR Program:

#### Specifications Manuals

Resource Name
IPF Specifications Manual

[View](#)

#### COVID HCP Measure Resources

File Name	File Type	File Size
Frequently Asked Questions: COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) Measure	PDF	174 KB
FY2023 NHSN COVID HCP Data Submission Checklist	PDF	63 KB
FY2023 NHSN COVID HCP Verification Checklist	PDF	52 KB

[Download](#)[Download](#)[Download](#)

# IPFQR Program Resources Content: COVID HCP Resources

## Hospital Quality Reporting

### Frequently Asked Questions: COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) Measure

February 2022

The COVID HCP Measure Frequently Asked Questions (FAQs) document includes information pertinent to all CMS quality reporting programs for which reporting the COVID HCP measure is required.

IPFs that are uncertain about reporting requirements can refer to Questions 16–18 on page 9 for additional information.

**16. Our facility reports for the Hospital IQR, Hospital Outpatient Quality Reporting (OQR), and IPFQR Programs. Do we remove HCP from the IQR reporting to report separately for the IPFQR Program, or can we use an all-inclusive facility total for all programs? For example, for an inpatient psych unit within our hospital, how do we isolate HCPs only in the IPF, such as dietary and housekeeping? If a facility has distinct areas (IPF/IRF/IP/OP), are the rates reported specific to each area?**

If the IRF or IPF unit CMS Certification Number (CCN) is 100 percent identical to the CCN of its acute care or critical access facility, then separate healthcare personnel COVID-19 vaccination summary data reporting is not required by CMS. Therefore, counts of healthcare personnel working in the IRF or IPF unit can be included in the total counts for the acute care or critical access facility.

However, IRF or IPF units whose CCNs differ from the acute care or critical access facility CCN by even one letter or number—for example, having a “T” or “R” in the third position—must either be mapped as locations of the parent facility or enrolled as a separate NHSN facility, and their data must be reported separately. Also, if an individual works in both the IPF unit and the acute care facility, then the individual will be counted in the reports for both the IPF unit and acute care facility. However, if an individual only works in the IPF unit, the individual should only be included in the report for the IPF unit.

**17. If we have two hospitals with medical staff working at both, should we include the physician data in both hospital submissions? Would we only include them in the facility where they primarily work?**

These reports describe vaccination rates among individuals working at a specific facility, so all eligible individuals must be counted at each facility where they work during the week of data collection.

**18. Are Critical Access Hospitals (CAHs) required to submit the HCP COVID-19 Vaccination measure? If a CAH has an IPF unit, are they required to report?**

Under the Hospital IQR Program, CAHs are strongly encouraged, but are not required, to report on the HCP COVID-19 Vaccination measure. (CAHs are not required to report data for any quality measure.)

All inpatient psychiatric facilities that are eligible to participate in the IPFQR Program are required to submit data for the measure. An IPF unit that is part of a CAH and has the letter “M” in the third position of the CMS Certification Number (CCN) will be required to submit the HCP COVID-19 Vaccination measure data. The finalization of this requirement can be found at [86 FR 42640](#).

# IPFQR Program Resources Content:

## Fiscal Year (FY) 2023 National Healthcare Safety Network (NHSN) COVID HCP Checklists

### Verification Checklist

Due	Steps	
At least six weeks prior to the data submission deadline (05/16/2022)	<b>STEP 1: Complete NHSN enrollment and setup processes.</b> <b>IPFs NOT enrolled must</b> complete NHSN enrollment and setup processes. • Visit <a href="https://www.cdc.gov/nhsn/ipf/enroll.html">https://www.cdc.gov/nhsn/ipf/enroll.html</a> for more information regarding the enrollment process. Visit <a href="https://www.cdc.gov/nhsn/ipf/training/enroll/nhsn-facility-enrollment-training.pdf">https://www.cdc.gov/nhsn/ipf/training/enroll/nhsn-facility-enrollment-training.pdf</a> for training and enrollment procedures. • The Facility Administrator completes the NHSN setup process: o Activate the Healthcare Personnel Safety (HPS) Component. o Map locations for IPFs in acute care, critical access, long-term care, children's, and rehabilitation hospitals. o Add users and assign rights.	<input type="checkbox"/>
On or before 05/16/2022	<b>STEP 2: Report COVID-19 Vaccination Coverage Among HCP measure data to NHSN.</b> 1. Log into SAMS to access NHSN reporting at <a href="https://sams.cdc.gov">https://sams.cdc.gov</a> by entering the SAMS username, password, and grid card numbers. 2. From the NHSN landing page, select the Healthcare Personnel Safety component and facility ID from the dropdown menu. Select Submit. 3. Complete the <u>Monthly Reporting Plan</u> form: <div style="display: flex;"> <div style="flex: 1;"> <b>IPF Units Monthly Reporting:</b> <ul style="list-style-type: none"> <li>From the Healthcare Personnel Safety Component Home Page select Reporting Plan and Add.</li> <li>Select appropriate month and year from dropdown menus (e.g., December 2021).</li> <li>Under Weekly COVID-19 Vaccination Module, check the box next to COVID-19 Vaccination Summary for the Inpatient Psychiatric Facility Unit(s).</li> <li>Click Save.</li> <li>"HCW Plan created successfully" will appear at the top of the page. (HCW = healthcare worker)</li> <li>Click Next to proceed to update the next monthly reporting plan.</li> </ul> </div> <div style="flex: 1;"> <b>IPF Free-Standing Units Monthly Reporting:</b> <ul style="list-style-type: none"> <li>Select appropriate month and year from dropdown menus (e.g., December 2021).</li> <li>Check the box next to COVID-19 Vaccination Summary.</li> <li>Click Save.</li> <li>"HCW Plan created successfully" will appear at the top of the page.</li> <li>Click Next to proceed to update the next monthly reporting plan.</li> </ul> </div> </div>	<input type="checkbox"/>
	4. Complete the <u>COVID-19 Weekly Vaccination Summary Data</u> form. • Click the yellow COVID-19 Vac box to enter COVID HCP measure data for a specific week.	<input type="checkbox"/>
	5. Enter COVID HCP Measure Data on the <u>Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Non-Long-Term Care Facilities</u> form. • Enter COVID HCP measure data in all required data fields, indicated by red asterisks. Enter "0" if no HCP are reported for a required field. • Click Save at the bottom of your screen to save the record. • A message will appear indicating that your data have been saved. • Once data have been entered as saved in NHSN, look for the green tab for each existing record on the calendar.	<input type="checkbox"/>
	6. Edit COVID HCP Measure Summary Data. • Click on the week to edit data. o After editing data, please click the Save button at the bottom of your data entry screen. o Date Last Modified shows when the data were last entered and saved. Create Date indicates when the data were first entered and saved. • Click Save to save updated data. A message confirming data were saved should appear at the top of the screen.	<input type="checkbox"/>
<p><b>Note:</b> While navigating through NHSN, use the NHSN buttons and not the web browser buttons. Data submitted correctly in NHSN will be transmitted from the CDC to CMS. Refer to the <u>Verification Checklist: IPF Reporting of COVID-19 Vaccination Coverage Among Healthcare Personnel Measure Data - FY 2023</u> for guidance on how to confirm complete and accurate submission of the measure data.</p> <p><b>Additional Resources:</b>  <b>Educational Webinars:</b> Educational webinar materials pertaining to the COVID HCP measure (e.g., slides, Q&amp;A transcript) are available on the <a href="#">QRC Archived Events</a> and <a href="#">QualityNet Webinars/Calls</a> web pages.            NHSN training materials, including slide sets and an operational guidance document on COVID-19 vaccination data reporting, are located at: <a href="#">Weekly HCP COVID-19 Vaccination   HPS   NHSN   CDC</a></p> <p><b>NHSN Help Desk:</b> For questions about NHSN enrollment, COVID HCP measure data submission, or data verification process, contact <a href="mailto:NHSN@cdc.gov">NHSN@cdc.gov</a>. We recommend including the IPF name, IPF-specific CCN, and either "IPF Enrollment Guidance" or "Weekly COVID-19 Vaccination - IPF" in the email subject line.</p> <p><b>SAMS Help Desk:</b> For assistance with SAMS, contact the help desk toll-free at (877) 681-2901 (Monday-Friday, 8:00 a.m. to 6:00 p.m. Eastern Time, excluding U.S. Federal Holidays) or <a href="mailto:samshelp@cdc.gov">samshelp@cdc.gov</a>.</p>		

### Data Submission Checklist

Due	Steps	
On or before 05/16/2022	<b>STEP 1: Perform Data Verification in National Healthcare Safety Network (NHSN).</b> • Verify that the data have been saved correctly by running a <b>Line Listing – All COVID-19 Vaccination Cumulative Summary Data – Healthcare Personnel Report</b> . • Facilities should confirm that data have been reported for a minimum of one week per month for each month of a quarter. <b>Important Report Information</b> • If a separate HTML window does <u>not</u> appear, you will need to verify that your pop-up blocker is set to allow pop-ups from *.cdc.gov. • The Centers for Disease Control and Prevention (CDC) Healthcare Personnel Safety Component website contains links to the data collection forms, tables of instructions for reporting data, data tracking worksheets, training slides, analysis, and reporting guides, and .CSV file templates and instructions. Access training materials at: <a href="https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html">https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html</a>	<input type="checkbox"/>
On or before 05/16/2022	<b>STEP 2: Perform IPF Unit CMS Certification Number (CCN) and CCN Effective Date Verification in NHSN.</b> Verify that the facility or IPF unit is enrolled in NHSN correctly and that the correct facility CCN and CCN effective date have been entered in to NHSN. <div style="display: flex;"> <div style="flex: 1;"> <b>IPFs associated with an acute care, critical access, long-term care, children's, or rehabilitation hospital:</b> <ul style="list-style-type: none"> <li>Verify that the facility is enrolled properly as an acute care facility (e.g., "HOSP-GEN," "CAH," "HOSP-SURG," or "HOSP-WOM") on the Facility Info page of NHSN.</li> <li>Ensure that for <u>each</u> CMS IPF unit:               <ul style="list-style-type: none"> <li>"Yes" is selected for the question, "Is this location a CMS IPF unit within a hospital?"</li> <li>The correct CCN and CCN effective date were entered in the NHSN Location record for the unit. The CCN effective date is the date of receipt of the CCN from CMS.</li> </ul> </li> </ul> </div> <div style="flex: 1;"> <b>Free-standing IPFs:</b> <ul style="list-style-type: none"> <li>Verify that the facility is enrolled as "HOSP-PSYCH."</li> <li>Verify that the correct facility CCN and CCN effective date have been entered in to the "Facility Info" page of NHSN for the IPF. Your facility's CCN effective date is the date of receipt of the CCN from CMS.</li> </ul> </div> </div>	<input type="checkbox"/>
<p><b>Note:</b> Upon completing verifications, it is recommended that you retain screenshots or printouts for your own records. If the CCN is incorrect or if the IPF unit is not mapped appropriately for IPF units associated with other facilities, CMS will <b>not</b> receive the data submitted to NHSN.</p> <p><b>Additional Resources:</b>  <b>Educational Webinars:</b> Educational webinar materials pertaining to the COVID HCP measure (e.g., slides, Q&amp;A transcript, etc.) are on the <a href="#">Quality Reporting Center Archived Events</a> and <a href="#">QualityNet Webinars/Calls</a> web pages.  <b>NHSN Help Desk:</b> For questions about NHSN enrollment, HCP Influenza Vaccination data submission, or data verification process, contact <a href="mailto:NHSN@cdc.gov">NHSN@cdc.gov</a>. We recommend including the IPF name and IPF specific CCN, as well as either "IPF Enrollment Guidance" or "Weekly COVID-19 Vaccination" (as appropriate) in the email subject line.  <b>SAMS Help Desk:</b> For assistance with SAMS, contact the help desk toll-free at (877) 681-2901 or <a href="mailto:samshelp@cdc.gov">samshelp@cdc.gov</a>.</p>		

# IPFQR Program Resources Content:

## General Resources

### General Resources

File Name	File Type	File Size	
IPFQR Quick Support Reference Card	PDF	235 KB	<a href="#">Download</a>
Understanding Reporting Period vs. Fiscal Years	PDF	275 KB	<a href="#">Download</a>
IPFQR Quick Reference Guide: Notice of Participation (NOP)	PDF	34 KB	<a href="#">Download</a>
Contact Change Form	PDF	414 KB	<a href="#">Download</a>
Use to report any changes regarding key contacts at the facility (CEO/administrator, IPFQR specialist, medical record contact, National Healthcare Safety Network (NHSN) contact, and QualityNet Security Administrators) to help ensure the facility receives all necessary correspondence regarding the IPFQR Program.			

### Resource Name

#### IPFQR Program Questions and Answers Tool

[View](#)


Click on the link to search for posted question and answer pairs as well as submit any new questions that are not already addressed in the Q&A tool or in a published summary of question and answers.

# IPFQR Program Resources Content:

## IPFQR Quick Support Reference Card

The IPFQR Quick Support Reference Card contains instructions to contact the VIQR Support Contract team and obtain information about the IPFQR Program. These methods include:

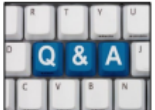
- (1) QualityNet Question and Answer Tool
- (2) Phone support
- (3) Live chat
- (4) Educational webinars
- (5) Secure fax
- (6) Quality Reporting Center website

**Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program**  
VISIT US ONLINE  
[www.qualityreportingcenter.com](http://www.qualityreportingcenter.com)

Quick Support Reference Card


1

**QUESTION AND ANSWER TOOL**  
Need an answer right now? No time to pick up the phone or email for support? The **Question and Answer Tool** is here for you. With only a few clicks, immediate answers to the most commonly asked questions are at your fingertips. Visit [https://cmsqualitysupport.servicenow.com/qnet\\_qa](https://cmsqualitysupport.servicenow.com/qnet_qa) to browse existing questions and responses. Unable to find a response for your question? Visit [https://cmsqualitysupport.servicenow.com/qnet\\_qa?id=ask\\_a\\_question](https://cmsqualitysupport.servicenow.com/qnet_qa?id=ask_a_question) to ask a question.




2

**PHONE SUPPORT**  
The IPFQR Program team is waiting on the other end of the **phone** line, ready to assist you. Our experienced staff is available to help you from 8 a.m. to 8 p.m. ET, Monday through Friday. Give us a call toll free at (844) 472-4477 or (866) 800-8765. Your support center is standing by!




3

**LIVE CHAT**  
Connect with an IPFQR team member via **live chat** – no phone, email, or fax needed! Give it a try! Visit [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com) and click on the Inpatient link. Then, click the “Talk to Us” banner on the bottom of the screen to get started!




4

**WEBINARS**  
IPFQR Program **web conferences** offer helpful information from experts on key subjects pertinent to the IPFQR Program. Interact with CMS and program leads, ask questions, and receive data relevant to your job. Click on the [Events Calendar](#) link to register to attend an event! Also, you can watch past webinars under [Archived Events](#).




5

**SECURE FAX**  
When you need to send documents, reports, or data **securely**, use the IPFQR **secure fax** line. Whatever you need to send to our team, the **secure fax** line will help ensure it is delivered quickly. To send a fax, dial (877) 789-4443.

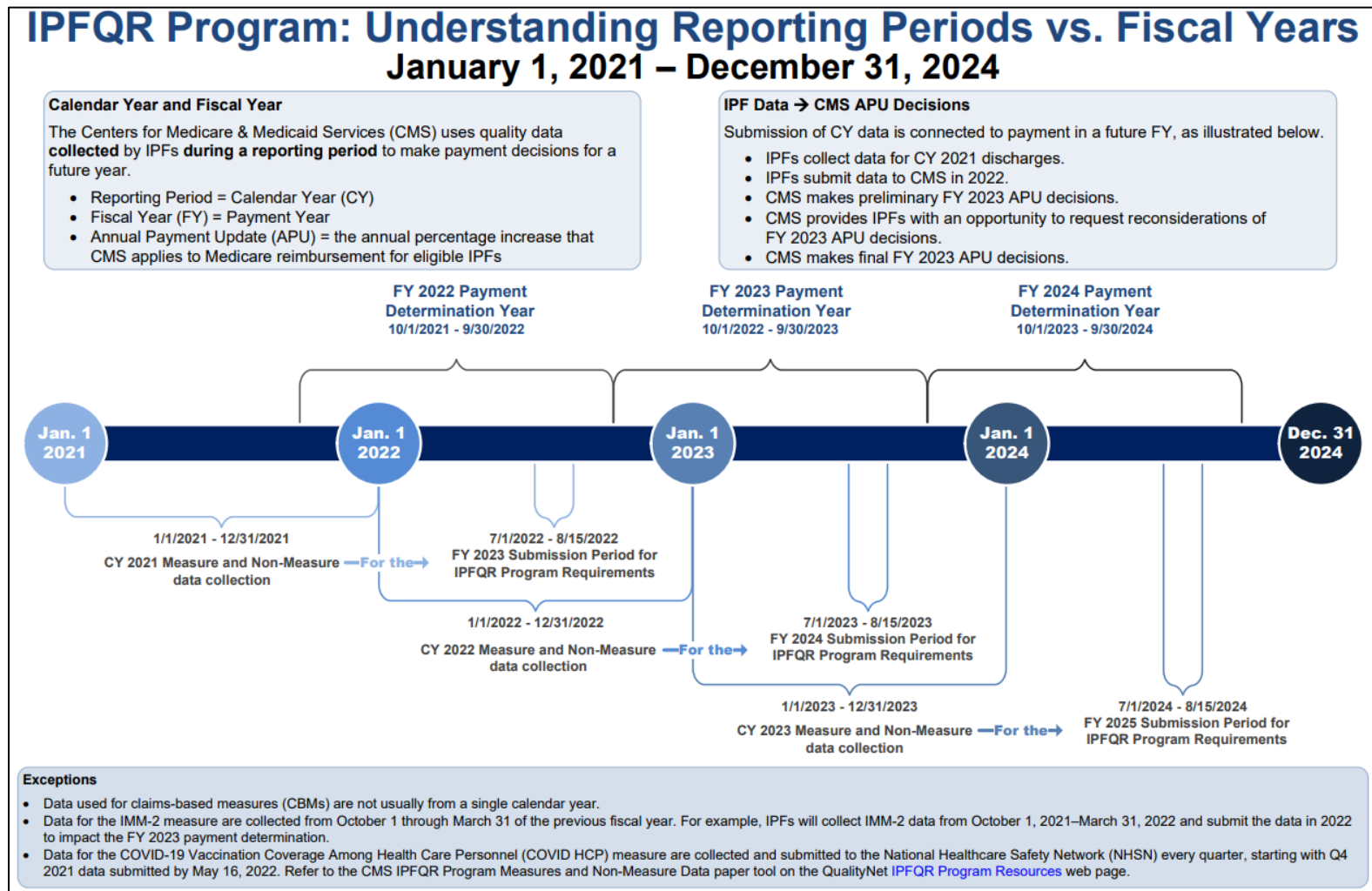


6

**WEBSITE**  
For up-to-date information, events, and reporting deadlines about Inpatient Psychiatric Facilities Quality Reporting, visit the IPFQR Support Center **website** at [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com).  
For your convenience, you can also find links to resources for other quality reporting programs, such as the hospital inpatient, outpatient, and ambulatory surgical center. To find what you’re looking for, use the search tool in the top right corner of the home page.



# IPFQR Program Resources Content: Understanding Reporting Period vs. Fiscal Years



# IPFQR Program Resources Content:

## IPFQR Quick Reference Guide: Notice of Participation (NOP)

The quick reference guide for the IPFQR Program NOP is a newer addition to the list of resources. It includes rules for the IPFQR Program NOP, instructions to add or update contacts, steps to submit a NOP, and guidance for IPFs that choose to withdraw from the IPFQR Program.

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Quick Reference Guide Notice of Participation (NOP)		
1. NOP Rules	2. Adding/Updating Contacts	3. Submitting a NOP
<p>New inpatient psychiatric facilities (IPFs) that wish to participate in the IPFQR Program need to submit a NOP no later than 180 days from the facility's Medicare accept date.</p> <p>Existing IPFs that would like to participate in the program for the first time, or that previously withdrew and would like to participate again, must complete an NOP by August 15. For example, if a facility submits an IPFQR Program NOP status of "Participating" by August 15, 2022, then this status will be in effect for the 2023 FY payment determination and subsequent years.</p> <p>IPFs need to begin collecting program measure and non-measure data by the first day of the quarter following the date the IPF signed the IPFQR Program NOP.</p> <p>IPFs that wish to participate in the IPFQR Program must complete an NOP through an online tool that is only available by logging in to CMS' <i>Hospital Quality Reporting (HOR) Secure Portal</i>.</p> <p>An IPF that previously indicated the intent to participate in the program is considered an active participant until the IPF withdraws participation or the Centers for Medicare &amp; Medicaid Services (CMS) Certification Number (CCN) is termed.</p>	<ol style="list-style-type: none"><li>1. Sign in to the <a href="#">HOR Secure Portal</a>.</li><li>2. Under Administration, select <b>Notice of Participation</b>.</li><li>3. Select <b>View</b> in the IPFQR row.</li><li>4. Click on the "Manage Contacts" link in the last column of the table.</li><li>5. Click on the blue "Add Contact" button.</li><li>6. Enter and submit information in the required fields for at least two contacts who will receive notifications of any pledge changes.</li><li>7. Click Edit to revise or delete an existing contact.</li></ol> <p>Click the blue "IPFQR Notice of Participation" link at the top left of the page to return to the previous page.</p> <p><b>Note:</b> Each hospital must have at least two separate contacts designated to receive email notices of tool updates.</p>	<ol style="list-style-type: none"><li>1. Click on the plus sign next to "Notice of Participation Not Pledged" and the IPFQR Program NOP Agreement will appear.</li><li>2. Review the NOP agreement.</li><li>3. Select the desired pledge option and the acknowledgement check box.</li><li>4. Click the "Submit" button to confirm, save, and submit the IPFQR Program NOP or click "Cancel" to return to the pledge page.</li><li>5. Once your facility participates in the IPFQR Program, a summary table will be created to track and carry forward the facility's participation status annually, until a change is made to the NOP (e.g., withdrawn or not participating).</li></ol>
4. Withdrawing		
<p>If an IPF wishes to withdraw participation from the IPFQR Program while maintaining an active IPF-specific CCN, then the IPF's APU will be reduced by two percentage points for the applicable fiscal year. If the IPF-specific CCN is termed, then contact the VIQR Support contractor at <a href="mailto:IPFQualityReporting@hsag.com">IPFQualityReporting@hsag.com</a> for information regarding next steps.</p>		

# IPFQR Program Resources Content: Contact Change Form

**Hospital Contact Change Form**

\*\*\*If there are no updates to be made, please do not submit this form.\*\*\*  
Complete and submit this form only if any of the contact types indicated below have changed in your facility. If there are no updates to be made, please do not submit this form. Provide information only for the contact type(s) that need to be replaced, added, updated, or removed. If a contact type does not apply, please leave the section blank or indicate not applicable (N/A). When requesting a change to a contact type, if the Type of Contact Change (i.e., Add New to Replace Existing, Add Additional, Update Existing, or Remove Existing) is not selected, the current contact information in the system for the specified contact type will be removed and replaced with the new information listed on this form.

Form may be sent by email to [QRFFormsSubmission@hsq.com](mailto:QRFFormsSubmission@hsq.com)

Date: \_\_\_\_\_ Provider Name: \_\_\_\_\_ Provider ID/CMS Certification Number (CCN): \_\_\_\_\_  
Name/Title of Person Completing the Form: \_\_\_\_\_ Phone Number: \_\_\_\_\_

[Click here to view your Facility's current contacts.](#)

Change 1	Type of Contact Change	Contact Type	Contact Name	Title	Telephone Number	Email Address
	Choose an Option	Choose an Option				
If applicable add the name of the person being replaced here:						
Change 2	Type of Contact Change	Contact Type	Contact Name	Title	Telephone Number	Email Address
	Choose an Option	Choose an Option				
If applicable add the name of the person being replaced here:						
Change 3	Type of Contact Change	Contact Type	Contact Name	Title	Telephone Number	Email Address
	Choose an Option	Choose an Option				
If applicable add the name of the person being replaced here:						
Change 4	Type of Contact Change	Contact Type	Contact Name	Title	Telephone Number	Email Address
	Choose an Option	Choose an Option				
If applicable add the name of the person being replaced here:						
Change 5	Type of Contact Change	Contact Type	Contact Name	Title	Telephone Number	Email Address
	Choose an Option	Choose an Option				
If applicable add the name of the person being replaced here:						

The updated Hospital Contact Change Form is now two pages. The table includes more options in the Contact Type drop-down list. A link to register for a HQCIS Access Roles and Profile (HARP) account, steps to submit the completed form, and an acronyms table are also included.

Keep us up to date on the contacts at your facility when you have changes to leadership and/or staff pertinent to the IPFQR Program and other CMS quality reporting programs to ensure you receive timely communications about Annual Payment Update (APU) requirements.

**Hospital Contact Change Form**

Change 6	Type of Contact Change	Contact Type	Contact Name	Title	Telephone Number	Email Address
	Choose an Option	Choose an Option				
If applicable add the name of the person being replaced here:						
Change 7	Type of Contact Change	Contact Type	Contact Name	Title	Telephone Number	Email Address
	Choose an Option	Choose an Option				
If applicable add the name of the person being replaced here:						
Change 8	Type of Contact Change	Contact Type	Contact Name	Title	Telephone Number	Email Address
	Choose an Option	Choose an Option				
If applicable add the name of the person being replaced here:						
Change 9	Type of Contact Change	Contact Type	Contact Name	Title	Telephone Number	Email Address
	Choose an Option	Choose an Option				
If applicable add the name of the person being replaced here:						
Change 10	Type of Contact Change	Contact Type	Contact Name	Title	Telephone Number	Email Address
	Choose an Option	Choose an Option				
If applicable add the name of the person being replaced here:						

**Click here to submit form via Internet Explorer.**  
For all other browsers, download and send form by email to [QRFFormsSubmission@hsq.com](mailto:QRFFormsSubmission@hsq.com).

Acronyms					
APU	Annual Payment Update	ID	Identification	PCHOR	PPS-Exempt Cancer Hospital Quality Reporting
CDAC	Clinical Data Abstraction Center	NIEN	National Health and Safety Network	SA	Security Administrator
CDO	Chief Executive Officer	IPFQR	Inpatient Psychiatric Facility Quality Reporting	NO	Security Officer
CMS	Centers for Medicare and Medicaid Services	RQR	Inpatient Quality Reporting		
CCN	CMS Certification Number	QQR	Outpatient Quality Reporting		

# IPFQR Program Resources Content:

## Contact Change Form

### Hospital Contact Change Form

\*\*\*If there are no updates to be made, please do not submit this form.\*\*\*

Complete and submit this form only if any of the contact types indicated below have changed in your facility. **If there are no updates to be made, please do not submit this form.** Provide information only for the contact type(s) that need to be replaced, added, updated, or removed. If a contact type does not apply, please leave the section blank or indicate not applicable (N/A). When requesting a change to a contact type, if the Type of Contact Change (i.e., Add New to Replace Existing, Add Additional, Update Existing, or Remove Existing) is not selected, the current contact information in the system for the specified contact type will be removed and replaced with the new information listed on this form.

Form may be sent by email to [QRFormsSubmission@hsag.com](mailto:QRFormsSubmission@hsag.com)

Date: \_\_\_\_\_ Provider Name: \_\_\_\_\_ Provider ID/CMS Certification Number (CCN): \_\_\_\_\_

Name/Title of Person Completing the Form: \_\_\_\_\_ / \_\_\_\_\_ Phone Number: \_\_\_\_\_

[Click here to view your Facility's current contacts.](#)

#### Change 1

Type of Contact Change	Contact Type	Contact Name	Title	Telephone Number	Email Address
Choose an Option	Choose an Option				

If applicable add the name of the person being replaced here:

#### Change 2

Type of Contact Change	Contact Type	Contact Name	Title	Telephone Number	Email Address
Choose an Option	Choose an Option				

If applicable add the name of the person being replaced here:

#### Change 3

Type of Contact Change	Contact Type	Contact Name	Title	Telephone Number	Email Address
Choose an Option	Choose an Option				

If applicable add the name of the person being replaced here:

#### Change 4

Type of Contact Change	Contact Type	Contact Name	Title	Telephone Number	Email Address
Choose an Option	Choose an Option				

If applicable add the name of the person being replaced here:

#### Change 5

Type of Contact Change	Contact Type	Contact Name	Title	Telephone Number	Email Address
Choose an Option	Choose an Option				

If applicable add the name of the person being replaced here:

# IPFQR Program Resources Content: Contact Change Form

## Provider Contact Lookup Form

Enter your hospital's six-digit CMS Certification Number (CCN) into the form to verify the current information we have on file.

- [CCN Contact Lookup \(enable macros\) Updated: 4/27/22](#)



PROTECTED VIEW Be careful—files from the Internet can contain viruses. Unless you need to edit, it's safer to stay in Protected View.

Enable Editing




SECURITY WARNING Macros have been disabled.

Enable Content

You can also access the [Provider Contact Lookup Form](https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/CCNLookup/) here:  
<https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/CCNLookup/>

# IPFQR Program Resources Content: Contact Change Form



## Provider Contact Look Up

\*Data is current as of 4/27/2022

Enter CCN 1 Here>

Enter CCN 2 Here>

Search

Clear Form

Print

Contact Correction Form


CCN	Hospital Name	Contact Type	Contact Name	Contact Title

Type the 6-digit CMS Certification Number (CCN) of your facility, using numerals only.

- If your IPF unit CCN has “S” in the 3rd position, replace “S” with “0”. (For example, XXS001 → XX0001)
- If your IPF unit CCN has “M” in the 3rd position, replace “M” with “1”. (For example, XXM001 → XX1001)
- If your IPF unit is part of a long-term care hospital, replace “SA” with “20”. (For example, XXSA01 → XX2001)
- The CCN for free-standing IPFs are already numeric and no changes are needed.

# IPFQR Program Resources Content:

## Contact Change Form



### Provider Contact Look Up

\*Data is current as of 4/27/2022

Enter CCN 1 Here> XX0001

Enter CCN 2 Here> XX4001

Search

Clear Form

Print

Contact Correction Form

CCN	Hospital Name	Contact Type	Contact Name	Contact Title
XX0001	ABC REGIONAL MEDICAL CENTER	CEO	FNAME LNAME	CEO
XX0001	ABC REGIONAL MEDICAL CENTER	IPFQR PROGRAM	FNAME LNAME	QUALITY DIRECTOR
XX0001	ABC REGIONAL MEDICAL CENTER	QNET EXCHANGE ADMIN	FNAME LNAME	CHIEF QUALITY OFFICER
XX4001	DEF PSYCHIATRIC HOSPITAL	CEO	FNAME LNAME	PRESIDENT/CEO
XX4001	DEF PSYCHIATRIC HOSPITAL	IPFQR PROGRAM	FNAME LNAME	QUALITY DIRECTOR
XX4001	DEF PSYCHIATRIC HOSPITAL	QNET EXCHANGE ADMIN	FNAME LNAME	CHIEF QUALITY OFFICER

Contact information for up to two IPFs can be searched at one time.

- To look up the contact information for one IPF, enter the numeric CCN in the “Enter CCN 1 Here” field. Click the Search button.
- To look up two different IPFs, enter one CCN in each of the yellow fields. Click the Search button.
- To reset the table to blank, click the Clear Form button
- You may print the information by clicking the Print button.
- Click the Contact Correction Form to provide us with the most up to date information.

Note: This worksheet will be updated periodically as new information becomes available.

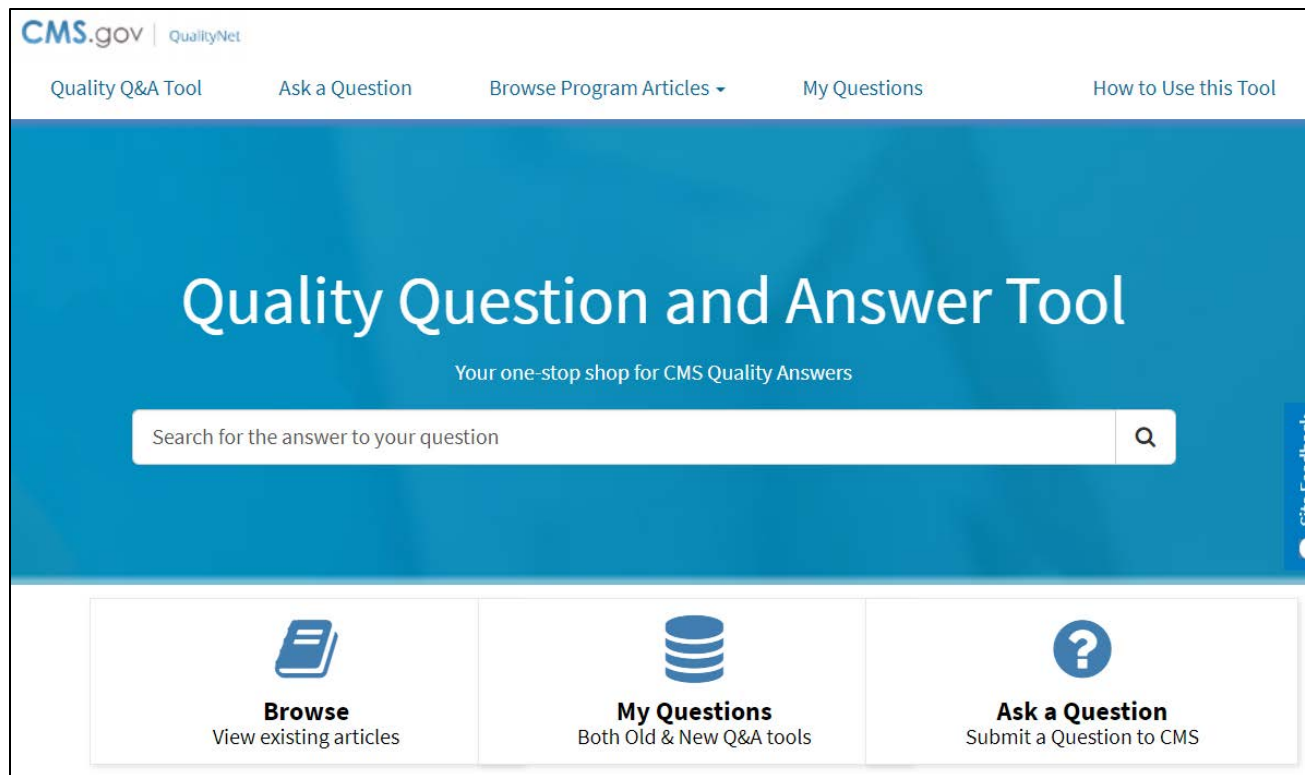
# IPFQR Program Resources Content: Contact Change Form

To ensure timely processing, we recommend submitting the completed form to the [QRFormsSubmission@hsag.com](mailto:QRFormsSubmission@hsag.com) email account.

Hospital Contact Change Form																																									
<b>Change 6</b>																																									
Type of Contact Change	Contact Type	Contact Name	Title	Telephone Number	Email Address																																				
Choose an Option	Choose an Option																																								
If applicable add the name of the person being replaced here:																																									
<b>Change 7</b>																																									
Type of Contact Change	Contact Type	Contact Name	Title	Telephone Number	Email Address																																				
Choose an Option	Choose an Option																																								
If applicable add the name of the person being replaced here:																																									
<b>Change 8</b>																																									
Type of Contact Change	Contact Type	Contact Name	Title	Telephone Number	Email Address																																				
Choose an Option	Choose an Option																																								
If applicable add the name of the person being replaced here:																																									
<b>Change 9</b>																																									
Type of Contact Change	Contact Type	Contact Name	Title	Telephone Number	Email Address																																				
Choose an Option	Choose an Option																																								
If applicable add the name of the person being replaced here:																																									
<b>Change 10</b>																																									
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Choose an Option	Choose an Option																																								
If applicable add the name of the person being replaced here:																																									
<small>*Important note about QualityNet SAs: Every facility participating in the Hospital IQR Program and/or IPFQR Program must designate a minimum of one SA. To prevent possible interruption of QualityNet access, facilities are highly encouraged to appoint at least two SAs. If your facility does not have an SA, it may be at risk of incurring a reduction to its annual payment update (APU). For more information about how to designate an SA, please refer to the <a href="#">QualityNet Security Administrator Registration</a> page. Please Note: Submitting SA contact information on this form WILL NOT update or change your SA information in QualityNet.</small>																																									
<p style="text-align: center;"><b>Click here to submit form via Internet Explorer.</b></p> <p style="text-align: center;">For all other browsers, download and send form by email to <a href="mailto:QRFormsSubmission@hsag.com">QRFormsSubmission@hsag.com</a>.</p>																																									
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# IPFQR Program Resources Content: QualityNet Question and Answer Tool

The final row of information under General Resources includes a link to the [QualityNet Question and Answer Tool](#). Refer to the *IPFQR Program: Navigating the QualityNet Q&A Tool* webinar for details to leverage this tool.



- **QualityNet:**  
[IPFQR Program 2021 Webinars & Calls](#)
- **Quality Reporting Center:**  
[IPFQR Program Archived Events](#)

# IPFQR Program Resources Content:

## FY 2023 Payment Determination

### Fiscal Year (FY) 2023 Payment Determination

File Name	File Type	File Size	
FY 2023 IPFQR Program Guide	PDF	325 KB	<a href="#">Download</a>
IPFQR Program Measures for FY 2023	PDF	109 KB	<a href="#">Download</a>
IPFQR Quick Reference Guide: FY 2023 DACA	PDF	49 KB	<a href="#">Download</a>

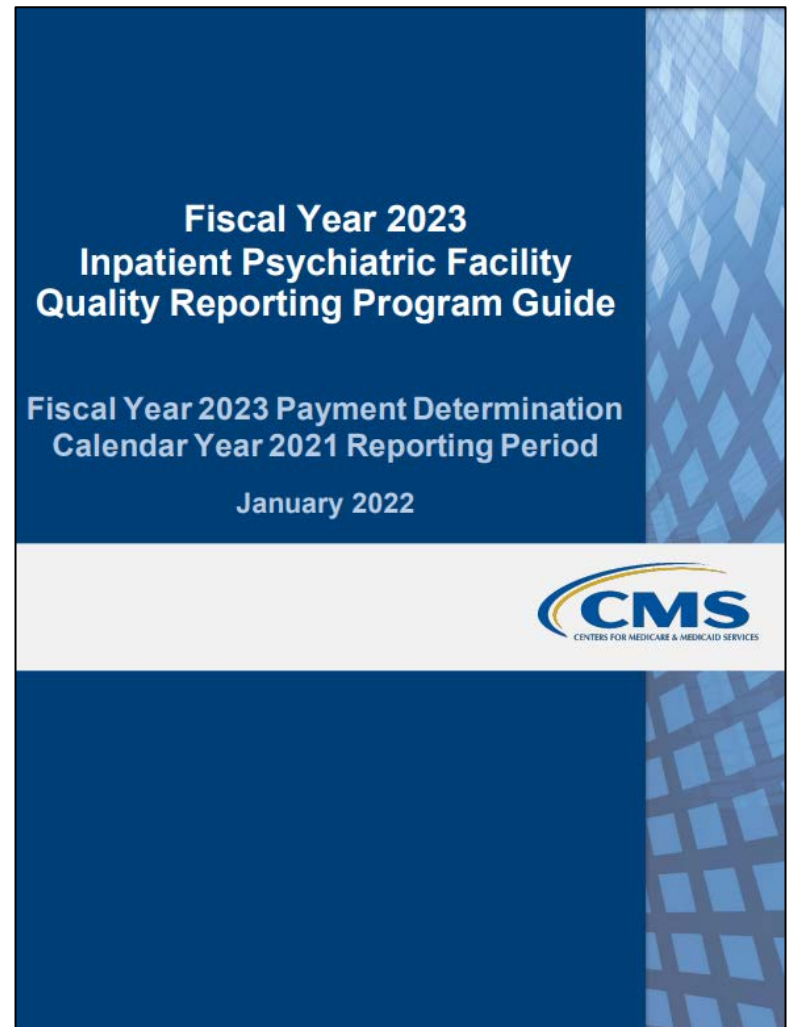
# IPFQR Program Resources Content:

## FY 2023 IPFQR Program Guide

There are two versions of the IPFQR Program Guide posted on the QualityNet IPFQR Program Resources web page.

Both guides include updated links to the Center for Clinical Standards and Quality (CCSQ) Service Center (formerly the QualityNet Service Center) and the Hospital Contact Change Form.

The version pertaining to fiscal year 2023 payment determination addresses requirements relevant to the calendar year 2021 reporting period.



# IPFQR Program Resources Content:

## FY 2023 IPFQR Program Guide

The guide is designed to help you understand the IPFQR Program participation requirements and includes information about measures, data submission, and public reporting.

### About This Program Guide

This *Fiscal Year 2023 Inpatient Psychiatric Facility Quality Reporting Program Guide* may be used as a resource to help you understand the requirements of the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. Inside these pages you will find an outline of the IPFQR Program participation requirements as well as information about measures, data submission, and public reporting.

This program guide is specifically for inpatient psychiatric facility quality reporting for calendar year (CY) 2021. Calendar year 2021 quality measure data reported by inpatient psychiatric facilities and submitted to the Centers for Medicare & Medicaid Services (CMS) will affect an IPF's future Medicare payment between October 1, 2022 and September 30, 2023. This payment time frame is known as fiscal year 2023. The fiscal year is also known as the payment year (PY).

Please reach out to us if you have any questions about the IPFQR Program:

- Phone numbers: (844) 472-4477 or (866) 800-8765
- Email: [https://cmsqualitysupport.servicenow.com/qnet\\_qa](https://cmsqualitysupport.servicenow.com/qnet_qa)

We hope you find this information helpful.

*Your IPFQR Program Outreach and Education Support Team*

# IPFQR Program Resources Content:

## FY 2023 IPFQR Program Guide

### IPFQR Program Quick Start

New to inpatient psychiatric facility quality reporting? Take a few minutes to review this quick start section before proceeding to the **IPFQR Program Overview** section of this document.

#### Introduction

Inpatient Psychiatric Facilities (IPFs) that participate in the IPFQR Program report data related to inpatient psychiatric quality of care measures to CMS. The IPFQR Program is a pay-for-reporting program because IPFs that participate in the program and successfully meet all requirements receive the full annual payment update (APU). As required by the Social Security Act, participating IPFs must report these measures or receive a two-percentage point reduction to their APU.

IPFs that wish to participate in the IPFQR Program must let CMS know by submitting an IPFQR Notice of Participation (NOP). By submitting the IPFQR NOP, the IPF agrees to have CMS publicly report its IPFQR data. Approximately 1,600 hospital psychiatric units and freestanding psychiatric hospitals participate in the program.

The IPFQR Program helps IPFs collect and track important quality metrics which inform quality improvement activities within IPFs, as well as between IPFs and other healthcare providers in the community. The program encourages inpatient psychiatric facilities and clinicians to improve the quality of care provided to patients by ensuring that providers are aware of, and report on, best practices for their respective facilities and type of care. Additionally, the program aims to equip consumers with quality-of-care information to make more informed decisions about healthcare options.

#### Calendar Year, Fiscal Year, and Payment Year

IPFQR Program reporting for any calendar year affects the IPF's Medicare reimbursement during a future year. This future year is known as the fiscal year (FY), or the payment year (PY).

For example, IPFQR Program data submissions related to 2021 discharges will affect the IPF's Medicare reimbursement between October 1, 2022 and September 30, 2023. The time frame between October 1, 2022 and September 30, 2023, is known as FY 2023, or PY 2023.

For more information, refer to the infographic **Understanding Reporting Periods vs. Fiscal Years**, available for download from the QualityNet [IPFQR Program Resources](#) and Quality Reporting Center [IPFQR Program Resources and Tools](#) webpages under **General Resources**.

The IPFQR Program Quick Start section begins on page 2. The intent is to provide general information about the IPFQR Program for those who are new.

For example, approximately 1,600 IPFs participate in the IPFQR Program, a pay-for-reporting program. This means that IPFs that participate and successfully meet all requirements receive the full APU.

# IPFQR Program Resources Content:

## FY 2023 IPFQR Program Guide

This section provides an overview of the types of measures that are collected, calculated, and publicly reported for the IPFQR Program.

### **IPFQR Program Measures**

CMS uses a variety of measures from various data sources to determine the quality of care that patients receive.

#### **Claims-Based Measures**

Claims-based measures pertain to patient outcomes and healthcare costs. CMS uses Medicare enrollment data and Part A and Part B claims data to calculate these measures. All information is provided by the IPF on the claim it sends to Medicare to obtain reimbursement for the care provided to the patient. IPFs do not have to submit any additional data to CMS.

#### **Clinical Process of Care Measures**

Data for these measures – also referred to as chart-abstracted measures – are related to the processes used to care for patients, not directly related to patient outcomes. The IPF or IPF's vendor abstract data from medical records and submit to CMS.

#### **Public Health Registry Measure**

Public health registry measure data are submitted by IPFs to the Centers for Disease Control and Prevention (CDC) via the National Healthcare Safety Network (NHSN). IPFs must enroll in NHSN and complete NHSN training to do this. The CDC sends the public health registry data to CMS immediately following each submission deadline for quality measurement purposes.

# IPFQR Program Resources Content:

## FY 2023 IPFQR Program Guide

### IPFQR Program Overview

#### Centers for Medicare & Medicaid Services Communications

#### Data Submission Deadlines – Calendar Year 2021 Reporting (Fiscal Year 2023 Payment Determination)

### The IPFQR Program Overview

section describes the CMS public reporting website (Care Compare), the types of providers eligible to participate in the IPFQR Program, the various means by which information about the IPFQR Program are communicated to participants and stakeholders, and data submission deadlines for the FY 2023 payment determination, including important data and Data Accuracy and Completeness Acknowledgement (DACA) information.

#### Important Information About Submission Deadlines

CMS allows IPFs to add new data and submit, resubmit, change, and delete existing data up until the submission deadline. Data should be submitted well before the deadline to allow time to review them for accuracy and make necessary corrections.

**Note:** Submission deadlines that fall on a weekend or holiday will be moved to the next business day.

**COVID-19 Vaccination Coverage Among HCP:** Data can be modified in NHSN at any time. However, data that are modified in NHSN after the quarterly submission deadline are not sent to CMS and will not be publicly reported.

**Clinical Process of Care and Population and Sampling:** The Hospital Quality Reporting Secure Portal does not allow data to be submitted or corrected after the annual deadline.

**DACA:** Information cannot be added or changed after the annual deadline.

# IPFQR Program Resources Content:

## FY 2023 IPFQR Program Guide

### Inpatient Psychiatric Facilities Quality Reporting Program Requirements CY 2021 Reporting (FY 2023 Payment Determination)

The **IPFQR Program CY 2021 Reporting** section begins by providing a link the *Federal Register* and Appendix B of the document where you can access links to the proposed and final rules for the IPFQR Program.

Before an IPF can meet program requirements, a representative of the IPF must register and maintain an active HARP SA account in the *Hospital Quality Reporting (HQR) Secure Portal*.

Links to instructions for completing that process are on page 6.

A description of the three requirements that must be met to receive the full APU each year begins on page 7 and are as follows:

1. Complete the IPFQR Program NOP with the status of “Participating”.
2. Collect and submit measure and non-measure data during the measure reporting periods.
3. Complete the DACA by the annual August 15 submission deadline.

# IPFQR Program Resources Content:

## FY 2023 IPFQR Program Guide

Information about the claims-based measures and public reporting are in the **IPFQR Program Addition Information** section.

### IPFQR Program Additional Information

Claims-Based Coordination of Care	
Short Name	Measure Name
FUH*	Follow-Up After Hospitalization for Mental Illness
IPF Readmission	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF
MedCont	Medication Continuation Following Inpatient Psychiatric Discharge
* The FUH measure will be replaced by the Follow-Up After Psychiatric Hospitalization measure starting with the FY 2024 payment determination.	

#### Public Reporting

The CMS public reporting website presents performance data in a consistent, unified manner to ensure the availability of information about the care delivered in the nation's IPFs. IPFs participating in the IPFQR Program are required to display quality data for public viewing on the [Care Compare](#) website. Prior to the public release of data, IPFs can review their data during a 30-day preview period via the HQR Secure Portal.

# IPFQR Program Resources Content:

## FY 2023 IPFQR Program Guide

### When IPFQR Program Requirements Are Not Met

#### Extraordinary Circumstances Exceptions Policy

CMS offers a process for IPFs to request exceptions to the reporting of required quality data when an IPF experiences an extraordinary circumstance beyond the IPF's control. Such circumstances may include, but are not limited to, natural disasters (such as a severe hurricane or flood) or systemic problems with CMS data-collections systems that directly affected the ability of the IPF to submit data.

IPFs must submit a CMS Quality Program Extraordinary Circumstances Exceptions (ECE) Request Form with **all** required fields completed **within 90 calendar days** of the extraordinary circumstance. Submission instructions are on the form.

The [Extraordinary Circumstances Exceptions \(ECE\) Request Form](#) is available electronically on QualityNet and Quality Reporting Center:

QualityNet.cms.gov > Inpatient Psychiatric Facilities > Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program > Participation > [Extraordinary Circumstances](#)

QualityReportingCenter.com > Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Resources and Tools > Extraordinary Circumstances Exceptions (ECE) Requests

#### Annual Payment Update Reconsideration Process

A reconsideration process is available for IPFs notified that they **did not** meet IPFQR Program requirements and are, therefore, not eligible to receive the full annual payment update. Information regarding the reconsideration process is available on the [IPFQR APU Reconsideration](#) web page on QualityNet.

The **When IPFQR Program Requirements Are Not Met** section includes an overview of and links to information about the Extraordinary Circumstances Exceptions (ECE) Policy and the APU Reconsideration Process.

# IPFQR Program Resources Content:

## FY 2023 IPFQR Program Guide

The **Contact Information and Resources** section includes information about a plethora of resources, as depicted in the images below.

### Contact Information and Resources

<p><b>Centers for Medicare &amp; Medicaid Services</b></p> <p><a href="http://www.CMS.gov">www.CMS.gov</a></p> <p>CMS is the Department of Health and Human Services agency responsible for administering Medicare, Medicaid, the State Children's Health Insurance Program and several other health-related programs.</p> <p><b>Federal Register</b></p> <p><a href="http://www.federalregister.gov">www.federalregister.gov</a></p> <p>The <i>Federal Register</i> is the official publication for rules, proposed rules, and notices of federal agencies and organizations, as well as executive orders and other presidential documents. Refer to Appendix B of this document for links to past final rules pertaining to the IPFQR Program.</p> <p><b>Inpatient Psychiatric Facility Quality Reporting Program</b></p> <p>To learn more about the IPFQR Program and its requirements, visit the links below. CMS may use any of these resources to inform stakeholders about updates to the IPFQR Program.</p> <p><b>IPFQR Program Website</b></p> <p><a href="http://QualityReportingCenter.com">QualityReportingCenter.com</a> &gt; Inpatient &gt; <a href="#">Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program</a></p> <p>The IPFQR Program website contains numerous resources concerning reporting requirements, including reference materials; tools for data collection and submission; educational presentations; timelines, and deadlines. CMS and the IPFQR Support Contractor provide National Provider Webinars on a routine basis.</p> <p><b>IPFQR Program Webinars</b></p> <p>The slides from each of the education sessions are published to the <i>QualityNet</i> website and are available for review from the <a href="#">Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program</a> landing page by selecting the <a href="#">Webinars</a> link from the top menu. These materials are also available on the <i>Quality Reporting Center</i> website on the <a href="#">Archived Events</a> webpage.</p>	<p><b>Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor</b></p> <ul style="list-style-type: none"><li>➤ Phone Numbers: (844) 472-4477 or (866) 800-8765 (8 a.m.– 8 p.m. ET, Monday–Friday)</li><li>➤ Email: <a href="mailto:IPFQualityReporting@hhs.gov">IPFQualityReporting@hhs.gov</a></li><li>➤ Live Chat: <a href="http://QualityReportingCenter.com">QualityReportingCenter.com</a> &gt; Inpatient &gt; <a href="#">Talk to Us</a></li></ul> <p><b>BEST PRACTICE:</b> Ensure that all correspondence includes the name and CCN of your IPF.</p> <p><b>IPFQR Program Listserve</b></p> <p>Notices generated on the Listserve are used to disseminate timely information related to quality initiatives. <i>QualityNet</i> users are urged to register for these email notifications to receive information on enhancements and new releases, timelines or process/policy modifications, and alerts about applications and initiatives. The IPFQR Notify: Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Notifications list is available for sign up on <a href="#">QualityNet</a>.</p> <p><b>IPFQR Program Questions and Answers</b></p> <p>The CMS <a href="#">Quality Questions and Answer Tool</a> (Q&amp;A tool) is a knowledge database, which allows users to search knowledge articles for answers to questions by keywords or phrases, and if not found in the search results, submit a new question.</p> <p>Please ensure that all correspondence includes the name and CCN of your IPF.</p> <p><b>QualityNet</b></p> <p><b>QualityNet Website</b></p> <p><a href="https://qualitynet.cms.gov/">https://qualitynet.cms.gov/</a></p> <p>Established by CMS, the <i>QualityNet</i> website provides healthcare quality improvement news, resources, as well as data-reporting tools and applications used by healthcare providers and others. The Hospital Quality Reporting Secure Portal is the only CMS approved website for secure IPFQR healthcare quality data exchange.</p> <p><b>CCSQ Service Center</b></p> <p>The CCSQ Service Center assists providers with technical issues, such as sending and receiving files in the <i>HQR Secure Portal</i>.</p> <p>12000 Ridgemont Drive Urbandale, IA 50323 Phone Number: (866) 288-8912 Fax Number: (888) 329-7377 Email: <a href="mailto:QNetSupport@cms.hhs.gov">QNetSupport@cms.hhs.gov</a></p>	<p><b>Other Resources</b></p> <p><b>Centers for Disease Control and Prevention (CDC)</b></p> <p>The CDC is one of the major operating components of the Department of Health and Human Services. It aims to protect America from health, safety, and security threats, both foreign and in the U.S.</p> <p><b>The Joint Commission (TJC)</b></p> <p>TJC is a not-for-profit organization that accredits and certifies over 22,000 health care organizations and programs in the United States. It is the nation's oldest and largest standards-setting and accrediting body in health care.</p> <p><b>National Institute on Alcohol Abuse and Alcoholism (NIAAA)</b></p> <p>NIAAA is one of the 27 institutes and centers that comprise the National Institutes of Health (NIH). NIAAA supports and conducts research on the impact of alcohol use on human health and well-being. It is the largest funder of alcohol research in the world. The NIAAA has published a list of validated screening tools that may be used by facilities in conducting their alcohol screening for the SUB measures (<a href="http://www.niaaa.nih.gov/">http://www.niaaa.nih.gov/</a>).</p>
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# IPFQR Program Resources Content:

## FY 2023 IPFQR Program Guide

There are two appendices in the FY 2023 IPFQR Program Guide. Appendix A defines the acronyms and terms in the document. Appendix B lists links to the proposed and final rules published for the IPFQR Program.

Appendix A: Acronyms and Terms	
Acronym	Term
ACH	Acute Care Hospital
APU	Annual Payment Update
CAH	Critical Access Hospital
CART	Chart Abstraction and Reporting Tool
CDC	Centers for Disease Control and Prevention
COVID HCP	COVID-19 Vaccination Coverage Among Health Care Personnel measure
CMS	Centers for Medicare & Medicaid Services
DACA	Data Accuracy and Completeness Acknowledgment
ECE	Extraordinary Circumstance Exception
FUH	Follow-Up After Hospitalization for Mental Illness measure
FY	Fiscal Year
HCP	Health Care Personnel
HQR	Hospital Quality Reporting
IMM-2	Influenza Immunization measure
IPF	Inpatient Psychiatric Facility
IPFQR	Inpatient Psychiatric Facility Quality Reporting
IPF Readmission	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF measure
IPPS	Inpatient Prospective Payment System
IQR	Inpatient Quality Reporting
IRF	Inpatient Rehabilitation Facility
ISRs	IPF-Specific Reports
LTCH	Long-term Care Hospital
MedCont	Medication Continuation Following Inpatient Psychiatric Discharge measure

Appendix B: Proposed Rule and Final Rule Publication Site
<p>Every year, CMS publishes proposed program and policy changes to the IPFQR Program in early spring. The proposed changes are published to the <i>Federal Register</i> and are open to the public for review and comment for 60 days. CMS also provides notices through the <i>QualityNet</i> website and the IPFQR Program Listserve to ensure broad awareness. Following the comment period, CMS summarizes the comments and responds to them in the final rule. The final rule is published in mid-summer. Links to the final rules listed below are provided as a courtesy and does not address any applicable correction notices that may have been published in the Federal Register.</p> <p>The IPFQR Program was implemented with the FY 2013 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule, published August 31, 2012. Information for the IPFQR Program begins on page 53644 (direct download, 15.1 MB): <a href="http://www.gpo.gov/fdsys/pkg/FR-2012-08-31/pdf/FR-2012-08-31.pdf">http://www.gpo.gov/fdsys/pkg/FR-2012-08-31/pdf/FR-2012-08-31.pdf</a>.</p> <p>The FY 2014 IPPS/LTCH PPS Final Rule was published August 19, 2013. The rule contained updated information applicable for FY 2015 and beyond. Information for the IPFQR Program begins on page 50887 (direct download, 12.5 MB): <a href="http://www.gpo.gov/fdsys/pkg/FR-2013-08-19/pdf/2013-18956.pdf">http://www.gpo.gov/fdsys/pkg/FR-2013-08-19/pdf/2013-18956.pdf</a>.</p> <p>The FY 2015 IPF PPS Final Rule was published on August 6, 2014. The rule contained changes to the IPFQR Program applicable for FY 2016 and beyond. Information for the IPFQR Program begins on page 45961 (direct download, 718 KB): <a href="http://www.gpo.gov/fdsys/pkg/FR-2014-08-06/pdf/2014-18329.pdf">http://www.gpo.gov/fdsys/pkg/FR-2014-08-06/pdf/2014-18329.pdf</a>.</p> <p>The FY 2016 IPF PPS Final Rule was published on August 5, 2015. The rule contained changes to the IPFQR Program applicable for FY 2016 and beyond. Information for the IPFQR Program begins on page 46694 (direct download, 790 KB): <a href="http://www.gpo.gov/fdsys/pkg/FR-2015-08-05/pdf/2015-18903.pdf">http://www.gpo.gov/fdsys/pkg/FR-2015-08-05/pdf/2015-18903.pdf</a>.</p> <p>The FY 2017 IPPS/LTCH Final Rule was published on August 22, 2016. The rule contained changes to the IPFQR Program applicable for FY 2017 and beyond. Information for the IPFQR Program begins on page 56774 (direct download, 3.52 MB): <a href="https://www.gpo.gov/fdsys/pkg/FR-2016-08-22/pdf/2016-18476.pdf">https://www.gpo.gov/fdsys/pkg/FR-2016-08-22/pdf/2016-18476.pdf</a>.</p> <p>The FY 2018 IPPS/LTCH PPS Final Rule was published on August 14, 2017. The rule contained changes to the IPFQR Program applicable for FY 2018 and beyond. Information for the IPFQR Program begins on page 38461 (direct download, 7.53 MB): <a href="https://www.gpo.gov/fdsys/pkg/FR-2017-08-14/pdf/2017-16434.pdf">https://www.gpo.gov/fdsys/pkg/FR-2017-08-14/pdf/2017-16434.pdf</a>.</p> <p>The FY 2019 IPF PPS Final Rule was published on August 6, 2018. The rule contained changes to the IPFQR program applicable for FY 2019 and beyond. Information for the IPFQR Program begins on page 38576 (direct download, 685 KB): <a href="https://www.gpo.gov/fdsys/pkg/FR-2018-08-06/pdf/2018-16518.pdf">https://www.gpo.gov/fdsys/pkg/FR-2018-08-06/pdf/2018-16518.pdf</a>.</p>

# IPFQR Program Resources Content:

## FY 2023 IPFQR Program Measures

The IPFQR Program Measures for FY 2023 document describes the CMS-approved measure and non-measure data requirements necessary to meet APU for the IPFQR Program. The data are grouped by type and each table includes the name, reporting period, submission period, and data source as well as whether the information is publicly reported.

CMS IPFQR Program Measures and Non-Measure Data for the FY 2023 Payment Update				
Measure and Non-Measure Data Required to Meet IPFQR Program APU Requirements				
National Healthcare Safety Network Measure				
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?
HCP COVID-19 Vaccination: COVID-19 Vaccination Coverage Among Health Care Personnel	Q4 2021	Oct 1, 2021 – May 16, 2022	NHSN	Yes
Non-Measure Data				
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?
Total Annual Discharges	CY 2021	Jul 1–Aug 15, 2022	Medical Record	No
Annual Discharges by Age Strata	CY 2021	Jul 1–Aug 15, 2022	Medical Record	No
Annual Discharges by Primary Diagnostic Code	CY 2021	Jul 1–Aug 15, 2022	Medical Record	No
Annual Discharges by Payer	CY 2021	Jul 1–Aug 15, 2022	Medical Record	No
Chart-Abstracted Clinical Process of Care				
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?
HBIPS-2: Hours of Physical Restraint Use	CY 2021	Jul 1–Aug 15, 2022	Medical Record	No
HBIPS-3: Hours of Seclusion Use	CY 2021	Jul 1–Aug 15, 2022	Medical Record	No
HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes
Transition Record with Specified Elements Received by Discharged Patients	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes
Timely Transmission of Transition Record	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes
Screening for Metabolic Disorders	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes
SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention	CY 2021	Jul 1–Aug 15, 2022	Medical Record	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	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes

Chart-Abstracted Clinical Process of Care				
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?
TOB-2: Tobacco Use Treatment Provided or Offered and TOB-2a Tobacco Use Treatment	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes
TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge	CY 2021	Jul 1–Aug 15, 2022	Medical Record	Yes
IMM-2: Influenza Immunization <sup>1</sup>	Q4 2021–Q1 2022	Jul 1–Aug 15, 2022	Medical Record	Yes
Claims-Based Coordination of Care				
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?
FUH: Follow-Up After Hospitalization for Mental Illness	Q3 2020–Q2 2021	Calculated by CMS	Claims	Yes
30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF <sup>2</sup>	Q3 2019–Q2 2021	Calculated by CMS	Claims	Yes
Medication Continuation Following Inpatient Psychiatric Discharge <sup>2</sup>	Q3 2019–Q2 2021	Calculated by CMS	Claims	Yes
Acronyms				
APU	Annual Payment Update	IPF	Inpatient Psychiatric Facility	
CMS	Centers for Medicare & Medicaid Services	IPFQR	Inpatient Psychiatric Facility Quality Reporting	
FUH	Follow-Up After Hospitalization for Mental Illness	NHSN	National Healthcare Safety Network	
FY	Fiscal Year	Q	Quarter	
HBIPS	Hospital Based Inpatient Psychiatric Services	READM	Readmission	
HCP	Healthcare Personnel	SUB	Substance Use Measures	
IMM	Immunization	TOB	Tobacco Treatment Measures	

<sup>1</sup> The IMM-2 measure is the only chart-abstracted measure in which the reporting period crosses over two calendar years, from October 1, 2021, through March 31, 2022, for the FY 2023 payment determination.

<sup>2</sup> Q1 and Q2 2020 data for all claims-based measures are excepted per the ECE policy outlined in the COVID-19 memo (<https://www.cms.gov/files/document/guidance-memoexceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>).

# IPFQR Program Resources Content:

## IPFQR Quick Reference Guide FY 2023 DACA

The IPFQR Quick Reference Guide: FY 2023 DACA is a one-page document that describes the purpose of the DACA, the roles required to access the DACA, and a list of steps to complete the DACA entry process.

Inpatient Psychiatric Facility Quality Reporting Program Quick Reference Guide: Fiscal Year 2023 Data Accuracy and Completeness Acknowledgement	
Data Accuracy and Completeness Acknowledgement (DACA)	Completing DACA Entry
<p>Every year via the DACA, IPFs electronically acknowledge that all information submitted for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program is complete and accurate to the best of their knowledge at the time of submission.</p> <p>The fiscal year 2023 acknowledgement references submissions from January 1 through December 31, 2021 for measure and non-measure data. The exception is the IMM-2 measure, for which data are submitted based on discharges from October 1, 2021 through March 31, 2022.</p> <p>The Centers for Medicare &amp; Medicaid Services (CMS) recommends the hospital Chief Executive Officer (who is ultimately responsible), or an authorized representative with the proper role, complete this requirement.</p> <p>Data are considered compliant even if data errors are identified after the DACA is submitted. For example:</p> <ul style="list-style-type: none"><li>A data error is identified after a submission deadline and the hospital is not able to correct the error.</li><li>Data abstraction mismatches are identified through the validation process.</li></ul>	<p>IPFs are required to electronically submit the DACA between <b>July 1 and August 15, 2022</b>. No information can be submitted or changed after the <b>August 15, 2022</b> submission deadline.</p> <p>Data entry is performed electronically by logging in through the CMS' <i>Hospital Quality Reporting (HQR) Secure Portal</i>.</p> <p>Complete the steps listed below:</p> <ol style="list-style-type: none"><li>Log in to the <a href="#">HQR Secure Portal</a>.</li><li>Hover your mouse on the left side of the screen to expand the menu options and click on <b>Data Submissions</b></li><li>Select the <b>"Data Entry"</b> button.</li><li>Review the data for accuracy and completeness and then click the <b>"Sign"</b> button to view and sign the DACA.</li><li>Enter your job title in the field below <b>"Position."</b></li><li>Click the <b>"Sign"</b> button at the bottom of the page. Once the DACA is submitted successfully, a confirmation message will appear above the signature line.<ul style="list-style-type: none"><li>At the bottom of the page will be a <b>"Re-Sign"</b> button, which will provide the option to sign the DACA form again should you need to edit and re-save any measure and/or non-measure data.</li><li>Also, at the bottom of the page is the option to export the signed DACA as a PDF form.</li></ul></li></ol>

**Required Roles**  
If you have a Security Official (SO) account, then you have access to sign the DACA.  
If you have a Basic User account, then you will have access to the DACA only if assigned to you by your facility's SO.

# IPFQR Program Resources Content: FY 2024 Payment Determination

## Fiscal Year (FY) 2024 Payment Determination

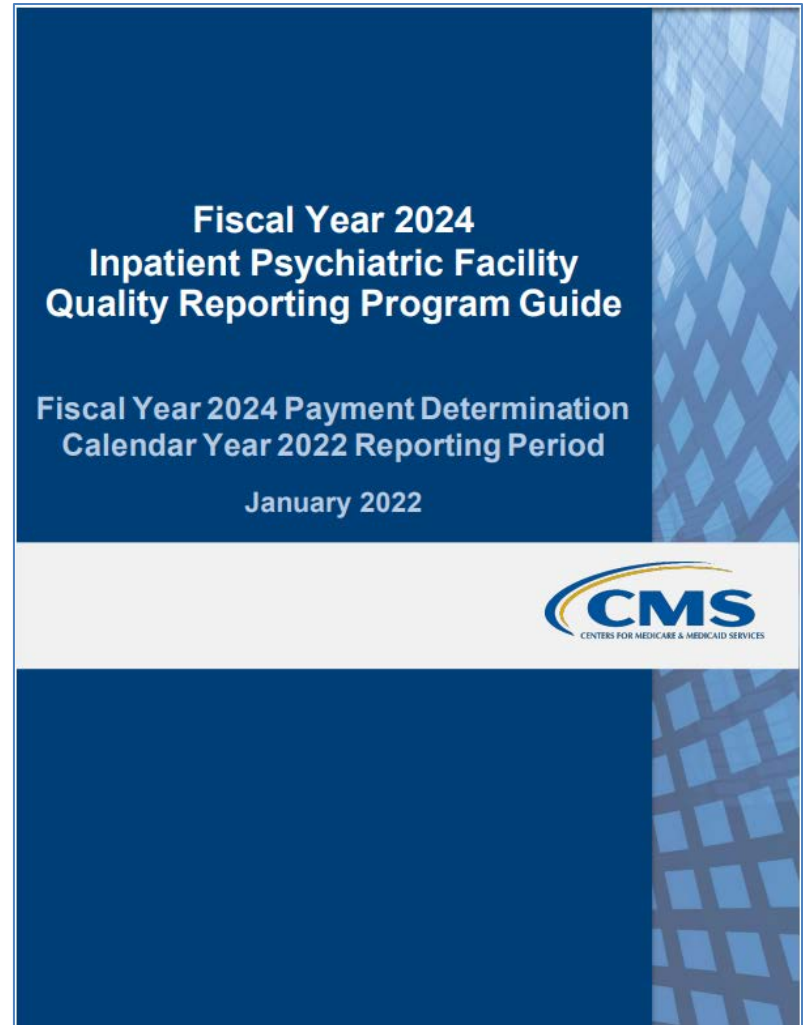
File Name	File Type	File Size	
FY 2024 IPFQR Program Guide	PDF	325 KB	<a href="#">Download</a>
IPFQR Program Measures for FY 2024	PDF	111 KB	<a href="#">Download</a>
IPFQR Quick Reference Guide: FY 2024 DACA	PDF	103 KB	<a href="#">Download</a>

# IPFQR Program Resources Content:

## FY 2024 IPFQR Program Guide

The FY 2024 version of the IPFQR Program Guide describes requirements for the calendar year 2022 reporting period, pertinent to the FY 2024 payment determination.

Specifically, it excludes the measures that were removed from the IPFQR Program per the FY 2022 IPF Prospective Payment System (PPS) Final Rule, namely the Follow-Up After Hospitalization for Mental Illness (FUH) and Timely Transmission of Transition Record measures.



# IPFQR Program Resources Content:

## IPFQR Program Measures for FY 2024

The IPFQR Program Measures for FY 2024 document describes the CMS-approved measure and non-measure data requirements necessary to meet APU. The first table on page one includes all four quarters of COVID HCP measure data that must be submitted for the FY 2024 payment determination. The document excludes the Timely Transmission of Transition Record measure from the Chart-Abstracted Clinical Process of Care table. Also, the Follow-Up After Psychiatric Hospitalization (FAPH) measure replaced the FUH measure in the Claims-Based Coordination of Care table.

CMS IPFQR Program Measures and Non-Measure Data for the FY 2024 Payment Update				
Measure and Non-Measure Data Required to Meet IPFQR Program APU Requirements				
National Healthcare Safety Network Measure				
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?
HCP COVID-19 Vaccination: COVID-19 Vaccination Coverage Among Health Care Personnel	Q1 2022	Jan 1, 2022 – Aug 15, 2022	NHSN	Yes
	Q2 2022	Apr 1, 2022 – Nov 15, 2022	NHSN	Yes
	Q3 2022	Jul 1, 2022 – Feb 15, 2023	NHSN	Yes
	Q4 2022	Oct 1, 2022 – May 16, 2023	NHSN	Yes
Non-Measure Data <sup>1</sup>				
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?
Total Annual Discharges	CY 2022	Jul 1–Aug 15, 2023	Medical Record	No
Annual Discharges by Age Strata	CY 2022	Jul 1–Aug 15, 2023	Medical Record	No
Annual Discharges by Primary Diagnostic Code	CY 2022	Jul 1–Aug 15, 2023	Medical Record	No
Annual Discharges by Payer	CY 2022	Jul 1–Aug 15, 2023	Medical Record	No
Chart-Abstracted Clinical Process of Care <sup>1</sup>				
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?
HBIPS-2: Hours of Physical Restraint Use	CY 2022	Jul 1–Aug 15, 2023	Medical Record	No
HBIPS-3: Hours of Seclusion Use	CY 2022	Jul 1–Aug 15, 2023	Medical Record	No
HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	CY 2022	Jul 1–Aug 15, 2023	Medical Record	Yes
Transition Record with Specified Elements Received by Discharged Patients	CY 2022	Jul 1–Aug 15, 2023	Medical Record	Yes
Screening for Metabolic Disorders	CY 2022	Jul 1–Aug 15, 2023	Medical Record	Yes
SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention	CY 2022	Jul 1–Aug 15, 2023	Medical Record	Yes

<sup>1</sup> Patient-level reporting of chart-abstracted clinical process of care data and facility-level non-measure data and will be required starting with the FY 2024 payment update.

Chart-Abstracted Clinical Process of Care <sup>1</sup>					
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?	
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	CY 2022	Jul 1–Aug 15, 2023	Medical Record	Yes	
TOB-2: Tobacco Use Treatment Provided (or Offered and TOB-2a Tobacco Use Treatment	CY 2022	Jul 1–Aug 15, 2023	Medical Record	Yes	
TOB-3: Tobacco Use Treatment Provided (or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge	CY 2022	Jul 1–Aug 15, 2023	Medical Record	Yes	
IMM-2: Influenza Immunization <sup>2</sup>	Q4 2022–Q1 2023	Jul 1–Aug 15, 2023	Medical Record	Yes	
Claims-Based Coordination of Care					
Name	Reporting Period	Submission Period	Data Source	Publicly Reported?	
FAPH: Follow-Up After Psychiatric Hospitalization	Q3 2021–Q2 2022	Calculated by CMS	Claims	Yes	
30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF	Q3 2020–Q2 2022	Calculated by CMS	Claims	Yes	
Medication Continuation Following Inpatient Psychiatric Discharge	Q3 2020–Q2 2022	Calculated by CMS	Claims	Yes	
Acronyms					
APU	Annual Payment Update	HCP	Healthcare Personnel	Q	Quarter
CMS	Centers for Medicare & Medicaid Services	IMM	Immunization	READM	Readmission
FUH	Follow-Up After Hospitalization for Mental Illness	IPF	Inpatient Psychiatric Facility	SUB	Substance Use Measures
FY	Fiscal Year	IPFQR	Inpatient Psychiatric Facility Quality Reporting	TOB	Tobacco Treatment Measures
HBIPS	Hospital Based Inpatient Psychiatric Services	NHSN	National Healthcare Safety Network		

<sup>2</sup> The IMM-2 measure is the only chart-abstracted measure in which the reporting period crosses over two calendar years, from October 1, 2022, through March 31, 2023, for the FY 2024 payment determination.

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# IPFQR Program Resources Content:

## IPFQR Quick Reference Guide FY 2024 DACA

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<p>Every year via the DACA, IPFs electronically acknowledge that all information submitted for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program is complete and accurate to the best of their knowledge at the time of submission.</p> <p>The fiscal year 2024 acknowledgement references submissions from January 1 through December 31, 2022, for measure and non-measure data. The exception is the IMM-2 measure, for which data are submitted based on discharges from October 1, 2022 through March 31, 2023.</p> <p>The Centers for Medicare &amp; Medicaid Services (CMS) recommends the hospital Chief Executive Officer (who is ultimately responsible), or an authorized representative with the proper role, complete this requirement.</p> <p>Data are considered compliant even if data errors are identified after the DACA is submitted. For example:</p> <ul style="list-style-type: none"><li>A data error is identified after a submission deadline and the hospital is not able to correct the error.</li><li>Data abstraction mismatches are identified through the validation process.</li></ul>	<p>IPFs are required to electronically submit the DACA between <b>July 1 and August 15, 2023</b>. No information can be submitted or changed after the <b>August 15, 2023</b> submission deadline.</p> <p>Data entry is performed electronically by logging in through the CMS' <i>Hospital Quality Reporting (HQR) Secure Portal</i>.</p> <p>Complete the steps listed below:</p> <ol style="list-style-type: none"><li>Log in to the <a href="#">HQR Secure Portal</a>.</li><li>Hover your mouse on the left side of the screen to expand the menu options and click on <b>Data Submissions</b></li><li>Select the <b>"Data Entry"</b> button.</li><li>Review the data for accuracy and completeness and then click the <b>"Sign"</b> button to view and sign the DACA.</li><li>Enter your job title in the field below <b>"Position."</b></li><li>Click the <b>"Sign"</b> button at the bottom of the page. Once the DACA is submitted successfully, a confirmation message will appear above the signature line.</li></ol> <ul style="list-style-type: none"><li>At the bottom of the page will be a <b>"Re-Sign"</b> button, which will provide the option to sign the DACA form again should you need to edit and re-save any measure and/or non-measure data.</li><li>Also, at the bottom of the page is the option to export the signed DACA as a PDF form.</li></ul>

**Required Roles**

If you have a Security Official (SO) account, then you have access to sign the DACA.

If you have a Basic User account, then you will have access to the DACA only if assigned to you by your facility's SO.

# IPFQR Program Resources Content: Data Submission and Verification Checklists

Finalization of the data submission and verification checklists for the summer 2022 submission period is in progress.

The availability of these resources will be communicated via email through the IPFQR Program Listserve.

To review past versions of these checklists, you can access them from the QualityNet IPFQR Program [Archived Resources](#) web page in the **Checklists** table.

## Data Submission and Verification Checklists

Refer to the [Archived Resources](#) page for the summer of 2021 checklists.

### Checklists

The following checklists were designed to assist IPFs with meeting prior submission deadlines:

File Name	File Type	File Size	
FY 2022	ZIP	484 KB	<a href="#">Download</a>
FY 2021	ZIP	675 KB	<a href="#">Download</a>
FY 2020	ZIP	1.2 MB	<a href="#">Download</a>
FY 2019	ZIP	94 KB	<a href="#">Download</a>

## Overview of IPFQR Program Resources, Part 1

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### **What's next?**

# Future Webinar Topics

**Overview of IPFQR Program Resources, Part 2 (On Demand)**

**Overview of IPFQR Program Resources, Part 3 (On Demand)**

***Specifications Manual for Inpatient Psychiatric Facility Quality Measures, Version 1.1***

**Keys to Successful FY 2023 Data Reporting**

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



# What's next?

In part 2 of this webinar series, we will complete a similar review for the sections of the [Specifications Manual for National Inpatient Psychiatric Facility Quality Measures, v1.0a](#).

[Home](#) / [Hospitals - Inpatient Psychiatric Facilities](#) /

## Inpatient Psychiatric Facility Specifications Manuals

### Specifications Manuals

Version 1.0a

Version 1.0

#### Version 1.0a - Effective for Discharges starting 01/01/2022

The *Specifications Manual for National Inpatient Psychiatric Facility Quality Measures* (IPF Specifications Manual) contains abstraction guidance and technical specifications to successfully submit the Centers for Medicare & Medicaid Services (CMS) inpatient psychiatric facilities quality measures.

Over time, it will be necessary to present more than one version of the manual on this web page so that a specific data collection time period (i.e., based on effective discharge date) can be associated with the applicable manual.

The Release Notes for each version of the manual outline the changes associated with that specific release and include corrections and clarifications based on ongoing alignment discussions between the Centers for Medicare & Medicaid Services and the Joint Commission.

**NOTE:** For enhanced accessibility, the formatting of the manual has changes. Some documents contained in this manual are for use by technical staff. Persons using assistive technology may not be able to fully access all documents. If you need assistance in accessing a specific document, contact the [QualityNet Service Center](#).

#### Complete Manual

File Name	File Type	File Size	
Version 1.0a - IPF Specifications Manual	ZIP	1.4 MB	<a href="#">Download</a>
Release Notes, Version 1.0a	PDF	388 KB	<a href="#">Download</a>

## Overview of IPFQR Program Resources, Part 1

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### **Helpful Resources**

# Acronyms

<b>APU</b>	annual payment update	<b>HARP</b>	HQCIS Access Roles and Profile
<b>CCN</b>	CMS Certification Number	<b>HCP</b>	healthcare personnel
<b>CCSQ</b>	Center for Clinical Standards and Quality	<b>HCQIS</b>	Healthcare Quality Information System
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>HQR</b>	Hospital Quality Reporting
<b>CY</b>	calendar year	<b>IPF</b>	inpatient psychiatric facility
<b>DACA</b>	Data Accuracy and Completeness Acknowledgement	<b>IPFQR</b>	Inpatient Psychiatric Facility Quality Reporting
<b>ECE</b>	Extraordinary Circumstances Exception	<b>NHSN</b>	National Healthcare Safety Network
<b>FA</b>	Facility Administrator	<b>NOP</b>	Notice of Participation
<b>FAPH</b>	Follow-Up After Psychiatric Hospitalization	<b>PPS</b>	Prospective Payment System
<b>FAQ</b>	frequently asked question	<b>Q</b>	quarter
<b>FUH</b>	Follow-Up After Hospitalization for Mental Illness	<b>SA</b>	Security Administrator
<b>FY</b>	fiscal year	<b>VIQR</b>	Value, Incentives, and Quality Reporting

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- Write “IPF Program Resources, Part 1” in the subject line.
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# Helpful Resources

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



# Helpful Resources

Stay up to date...



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## Overview of IPFQR Program Resources, Part 1

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**Thank You!**

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