IPFQR Program: Keys to Successful FY 2023 Reporting

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Purpose

This presentation provides inpatient psychiatric facilities (IPFs) and their vendors with the following information:

- Fiscal year (FY) 2023 IPFQR Program requirements for the upcoming August 15, 2022 data submission deadline
- Keys to successful data submission
- Guidance to verify data accuracy

Objectives

Participants will be able to:

- Summarize the FY 2023 IPFQR Program requirements.
- Successfully submit data by avoiding common submission errors in the Hospital Quality Reporting (HQR) system.
- Locate and access helpful IPFQR Program resources.

A Note on Patient-Level Reporting

This presentation does not address specific guidance regarding how the data requirement can be fulfilled via patient-level reporting (PLR).

Details about this process and the impact of PLR of data on the FY 2023 Annual Payment Update (APU) determination will be addressed in a future webinar.

Webinar Questions

Please email any questions pertinent to this webinar topic to WebinarQuestions@hsag.com.

- Write "FY 2023 IPF Keys to Reporting" in the subject line.
- If your question pertains to a specific slide, include the slide number in the body of the email.

FY 2023 Reporting Requirements

FY 2023
IPFQR Program APU

To obtain the full APU for the FY 2023 payment year, an IPF must meet all IPFQR Program requirements by August 15, 2022, or be subjected to a **two-percentage point reduction** to their APU for FY 2023.

FY 2023 IPFQR Program Participation Requirements

- Pledge a status of "Participating" in the IPFQR Program Notice of Participation (NOP)
- Submit data for the following:
  - Hospital-Based Inpatient Psychiatric Services (HBIPS)-2, -3, -5
  - Substance Use (SUB)-2/-2a, -3/3a
  - Influenza Immunization (IMM)-2
  - Tobacco Use (TOB)-2/-2a, -3/-3a
  - Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record measures
  - Screening for Metabolic Disorders (SMD)
  - Non-measure data
- Complete the Data Accuracy and Completeness Acknowledgement (DACA)

What about the HQR Security Official Requirement?

Per the FY 2022 IPF Prospective Payment System Final Rule, CMS removed the requirement to have an active HQR Security Official (SO) from the APU determination process for the IPFQR Program.

However, it is necessary for every facility participating in the IPFQR Program to designate at least one active SO. This ensures that someone has access to the *HQR Secure Portal* to meet the Program requirements.

To prevent interruption of *HQR Secure Portal* access, we encourage facilities to have at least two SOs. The process to create a new SO account may take four weeks. The FY 2023 IPFQR Program Guide, page 6, provides instructions. Download the instructions from the QualityNet IPFQR Program Resources page.

FY 2022 IPFQR Program Chart-Abstracted Measure Requirements

Measure	Reporting Period	Submission Deadline	Sampling Allowed *
HBIPS-2: Hours of Physical Restraint Use	January 1–December 31, 2021	August 15, 2022	No
HBIPS-3: Hours of Seclusion Use	January 1–December 31, 2021	August 15, 2022	No
HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	January 1–December 31, 2021	August 15, 2022	Yes
SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention	January 1–December 31, 2021	August 15, 2022	Yes
SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge	January 1–December 31, 2021	August 15, 2022	Yes

*See Section 4: Population and Sampling Specifications, starting on page 103 of the *Specifications Manual for National Inpatient Psychiatric Facility Quality Measures,* for more details about sampling options specific to calendar year (CY) 2021 discharges.

FY 2022 IPFQR Program Chart-Abstracted Measure Requirements

Measure	Reporting Period	Submission Deadline	Sampling Allowed*
TOB-2: Tobacco Use Treatment Provided or Offered and TOB-2a: Tobacco Use Treatment	January 1–December 31, 2021	August 15, 2022	Yes
TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge	January 1–December 31, 2021	August 15, 2022	Yes
IMM-2: Influenza Immunization	October 1, 2021 – March 31, 2022	August 15, 2022	Yes
Screening for Metabolic Disorders	January 1–December 31, 2021	August 15, 2022	Yes
Transition Record with Specified Elements Received by Discharged Patients	January 1–December 31, 2021	August 15, 2022	Yes
Timely Transmission of Transition Record	January 1–December 31, 2021	August 15, 2022	Yes

*See Section 4: Population and Sampling Specifications, starting on page 103 of the *Specifications Manual for National Inpatient Psychiatric Facility Quality Measures,* for more details about sampling options specific to CY 2021 discharges.

Keys to Successful Reporting

Key #1: Access and Log in to the HQR System

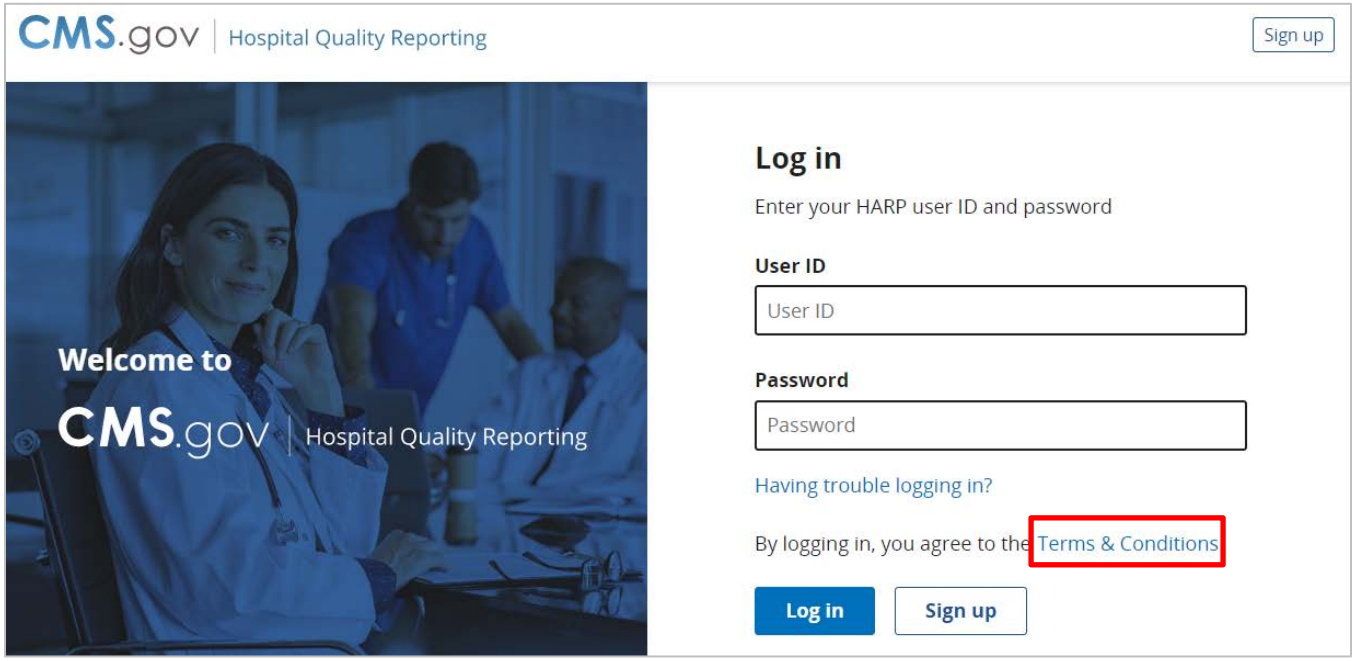
The HQR system is the **only** CMS-approved method for submitting IPFQR Program data and the DACA.

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

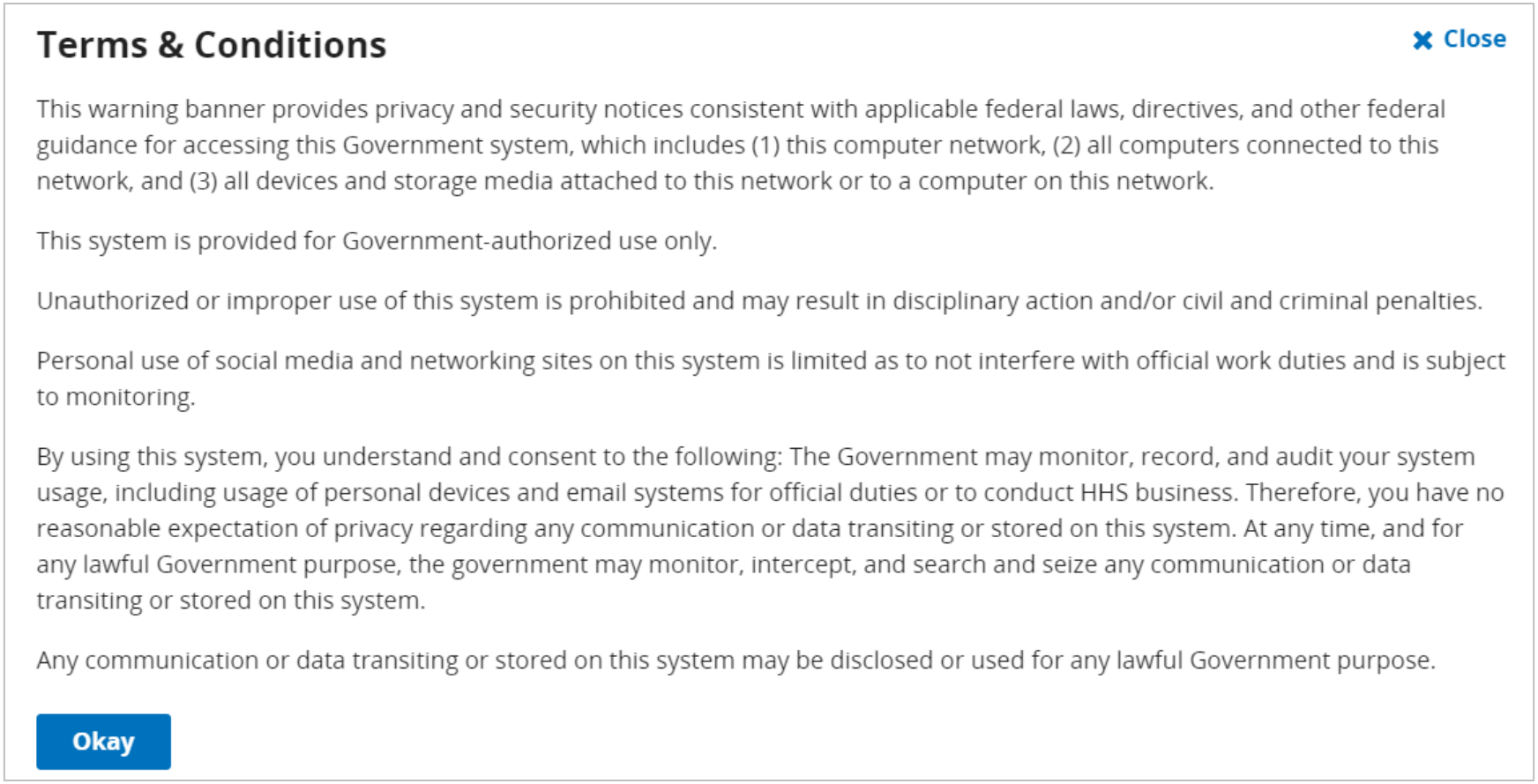
Key #1: Access and Log in to the HQR System

You will need to log in to the HQR system.

1. Go to https://hqr.cms.gov/hqrng/login.
2. Enter your HARP user ID and password.
3. Click the hyperlink below the Password field to view the Terms & Conditions for accessing the HQR system.



Key #1: Access and Log in to the HQR System



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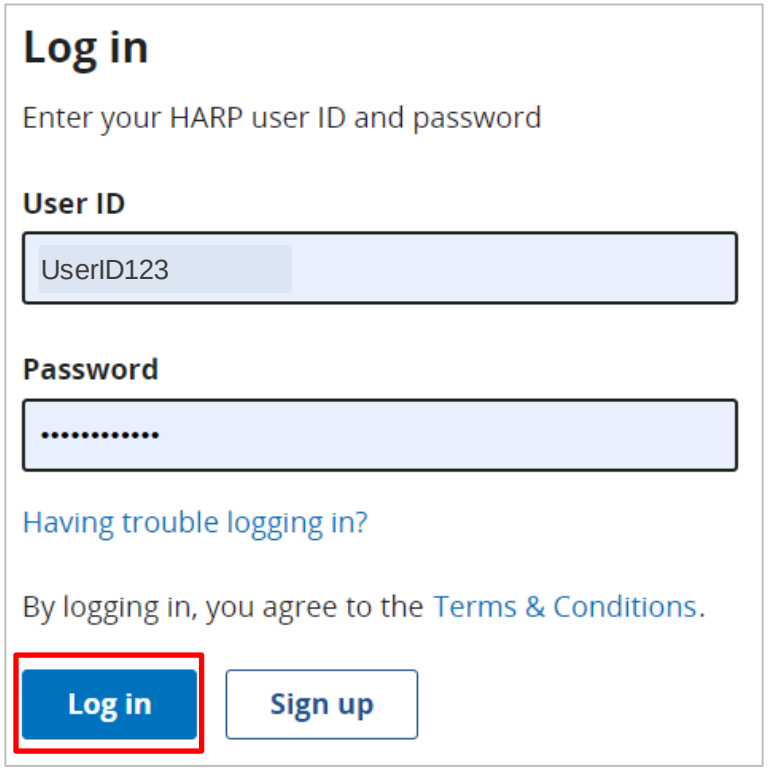
Okay

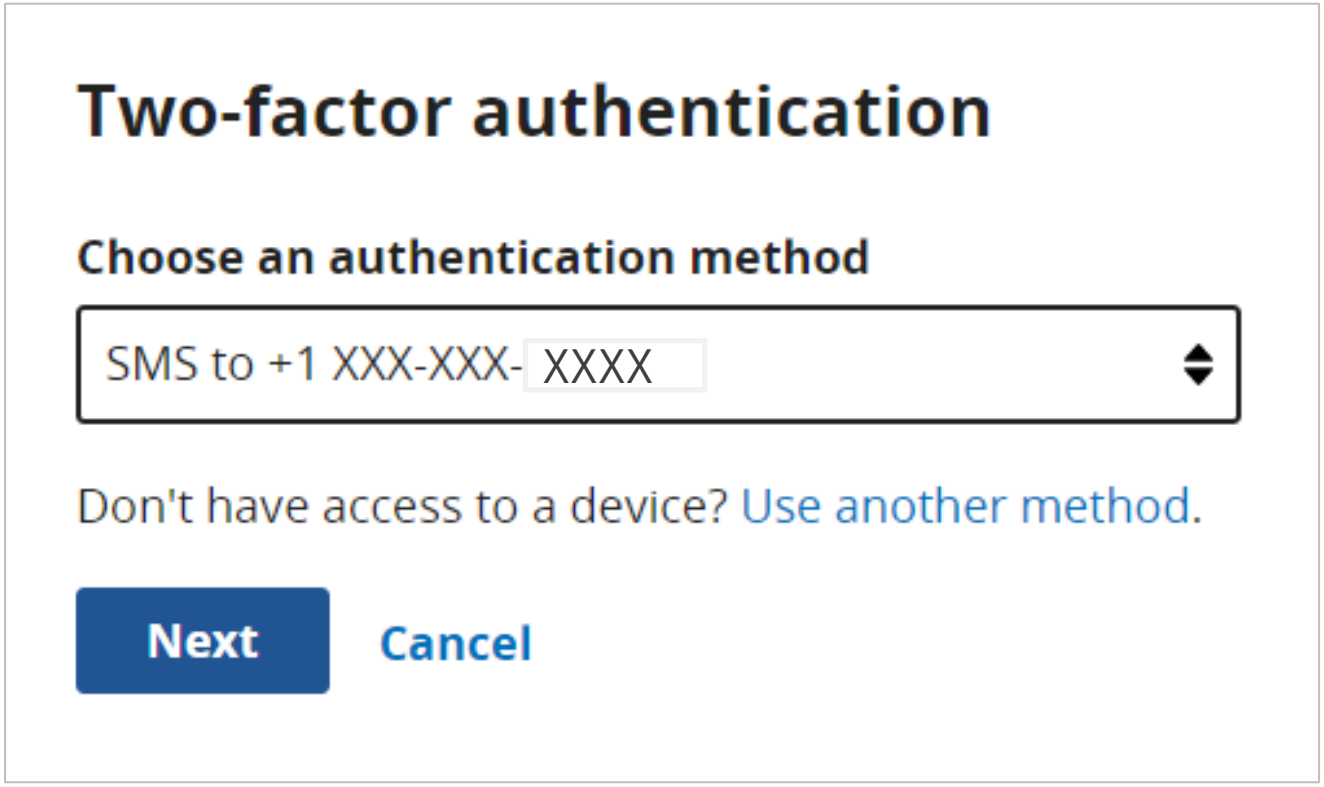
Key #1: Access and Log in to the HQR System

4. Click the Log in button. If you do not have a HCQIS Access Roles and Profile (HARP) account, then click on the Sign up button and follow instructions to create one. Refer to the Setting Up Your HARP Account for Hospital Quality Reporting webinar for additional guidance.



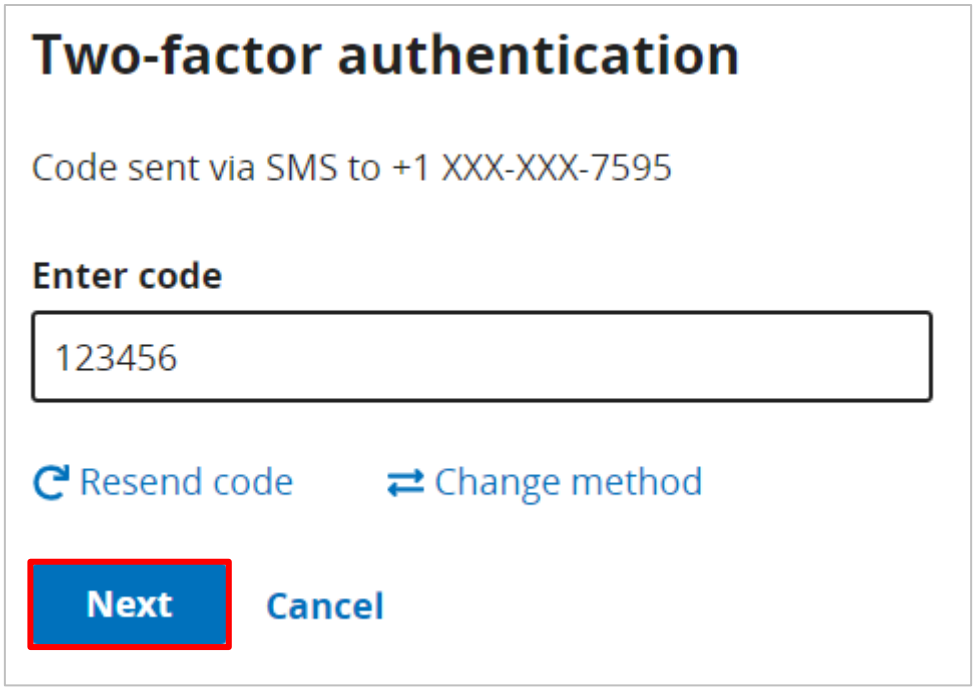
Key #1: Access and Log in to the HQR System

5. Select an option for two-factor authentication to be sent to verify your account. Then, click Next.



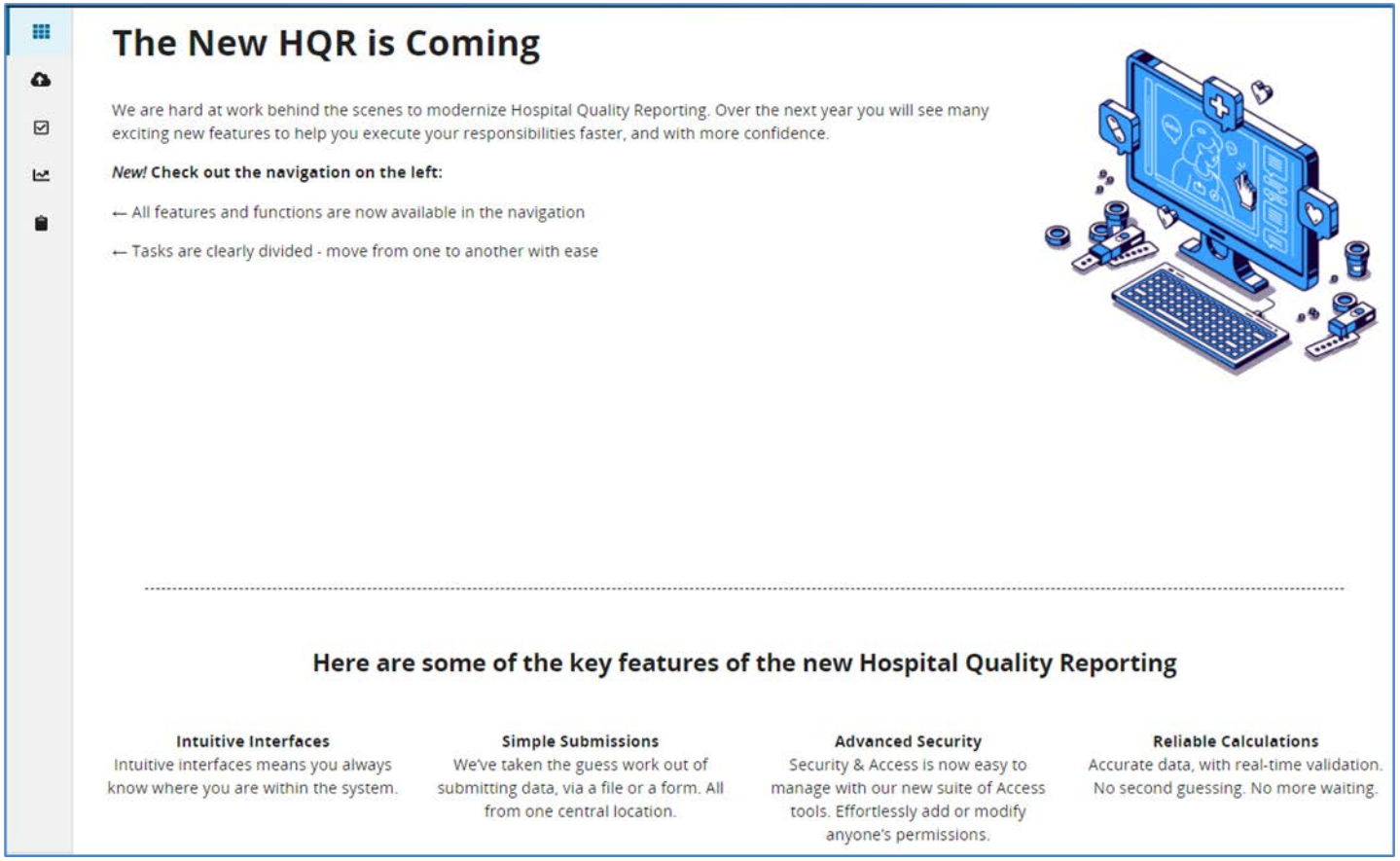
Key #1: Access and Log in to the HQR System

6. Enter the code received. Then, click Next.



Key #1: Access and Log in to the HQR System

Once logged in, you will see the HQR landing page.



Key #2: Have Two Active SOs

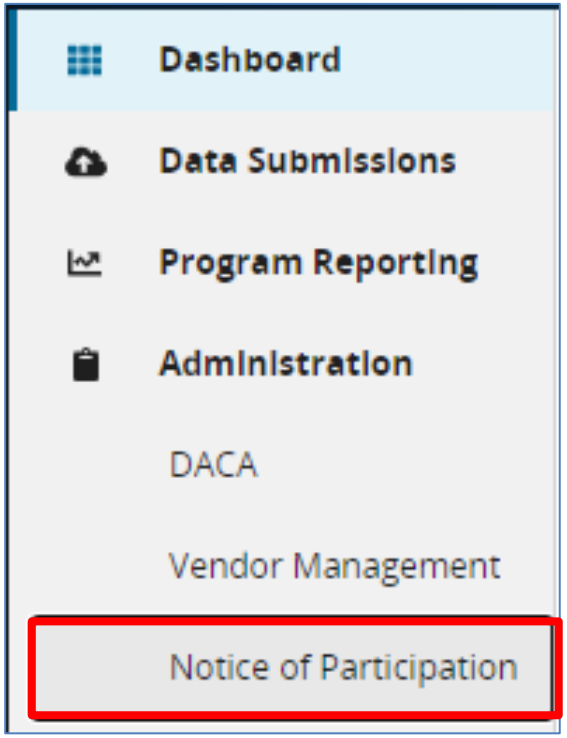
- A Security Official (SO) is a person in the organization who can grant HQR system access to those who need to enter, review, and confirm accuracy of the data submitted.
- It is necessary for every facility participating in the IPFQR Program to designate at least one active SO to ensure that someone has access to the *HQR Secure Portal* to meet the Programs' requirements.
- A second SO is highly recommended as a backup, to prevent interruption of *HQR Secure Portal* access in case the primary SO's account expires. The process to create a new SO account may take up to four weeks.
- You must log in to the HQR system at least once every 90 days to keep accounts active.
  - Consider putting a reminder on your calendar to log in every two months to avoid an inactive status so that your account remains active throughout the year.

If you are not sure of your SO status, contact CCSQ Support Central **at (866) 288-8914** or via email at ServiceCenterSOS@cms.hhs.gov for assistance.

Key #3: Manage the NOP

To access a facility's NOP:

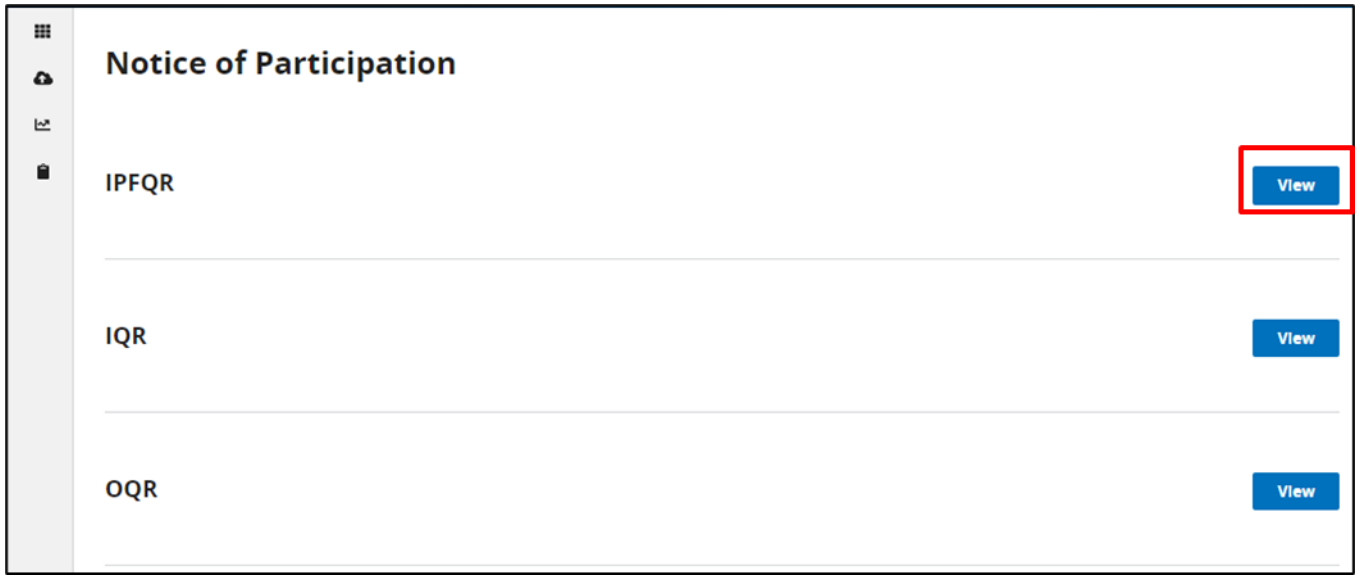
1. Log onto the HQR system.
2. Hover your mouse on the left side of the screen to expand the menu options. Click on Administration and Notice of Participation.



Key #3: Manage the NOP

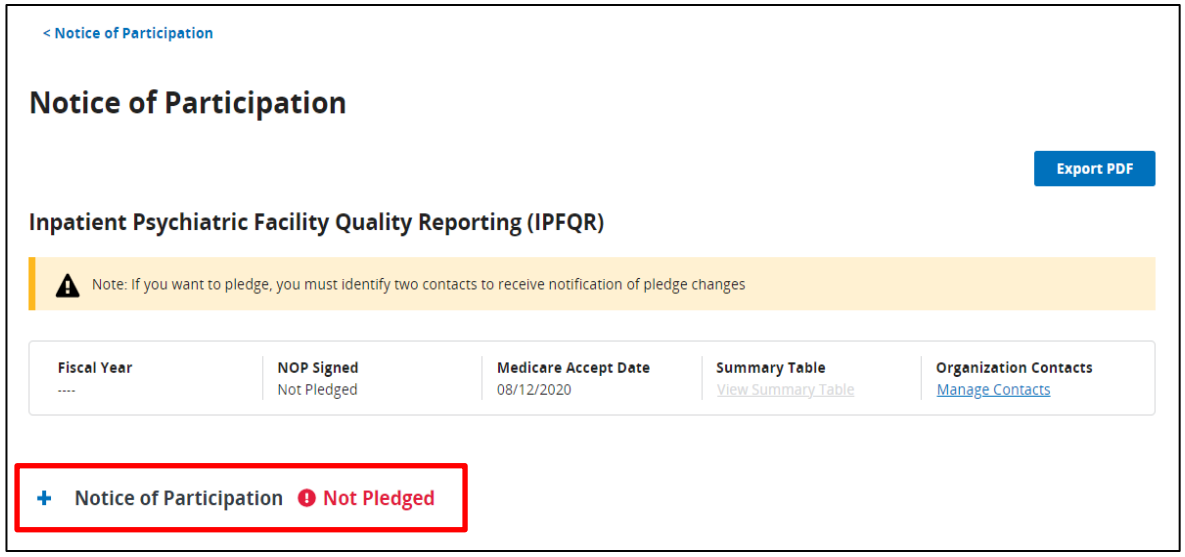
If your facility participates in more than one quality reporting program, as shown in the image below, then you will have the option to view each program's NOP.

3. Click the View button on the IPFQR row.



Key #3: Manage the NOP

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



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

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

- Compare this year's values to those submitted in previous years, where applicable.
  - Significant changes in values should invite closer review before finalizing submission.
- Measure values should always be reviewed by one or more person(s) familiar with the following:
  - Facility's operations
  - Facility's annual census
  - Facility's population
- Values that seem out of line with general expectations should be reviewed to verify accuracy.

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

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

- Check the numerator data.
  - Ensure the **total number of hours** that all psychiatric inpatients were maintained in physical restraints (HBIPS-2) or seclusion (HBIPS-3) are entered for the numerator values.
    - **Do not** enter minutes or days**.**
  - Enter up to seven whole number digits and up to two decimal digits.
    - For example, the value can be as low as 0 or as high as 9999999.99.
    - If the value is zero, then entering a single digit of "0" is adequate (i.e., 0000000.00 is not necessary).
- Check the denominator data.
  - The HBIPS-2 and HBIPS-3 measures should have the same denominator values.
  - Ensure the **total number of psychiatric inpatient days** are entered for the denominator values.
    - **Do not** enter hours or minutes**.**
  - Enter up to six digits.
    - The denominator cannot be zero if the numerator is a nonzero number.
- Traditional rounding is allowed to the hundredth digit.
  Two examples: 123.4567 = 123.46 and 123.4531 = 123.45)

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

Parameters for the Other Data Entry Pages

- For the HBIPS-5, SUB, TOB, IMM-2, Transition Record, and Screening for Metabolic Disorders measures:
  - Numerator and denominator data must be entered in whole number digits.
  - Enter up to five whole number digits for the numerator.
  - Enter up to six whole number digits for the denominator.
    - The denominator cannot be zero if the numerator is a nonzero number.
- Non-Measure Data/Population Counts:
  - All values must be entered in whole number digits of up to five digits.

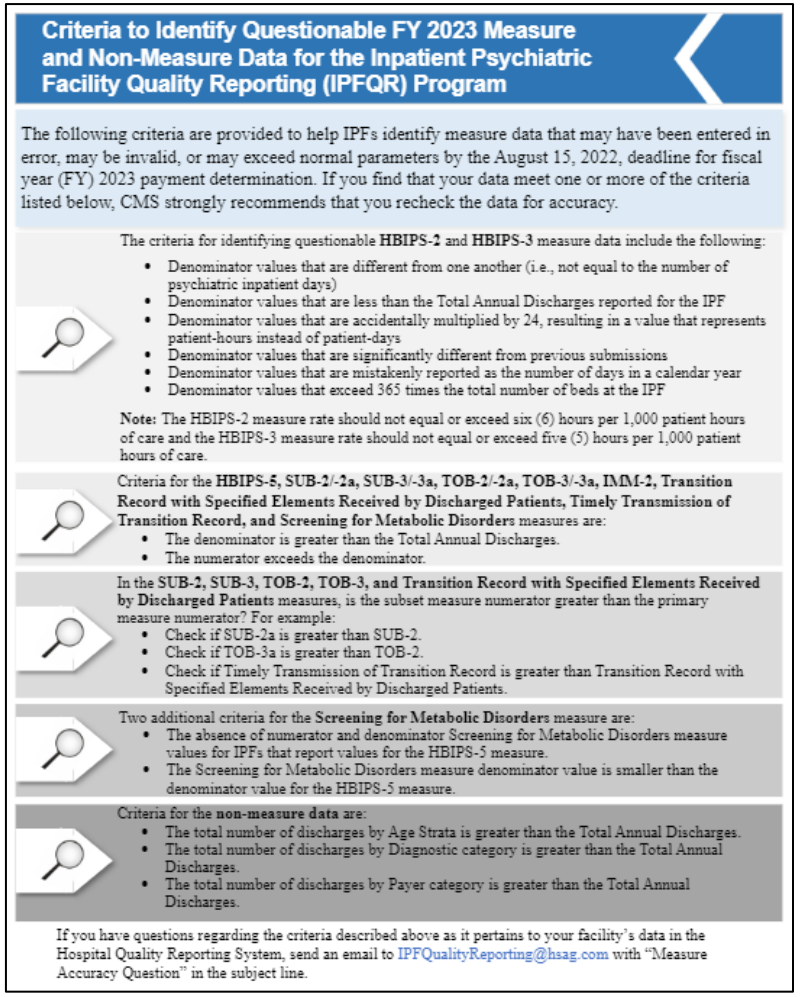
Key #4: Prepare Data and Verify Accuracy Prior to Submitting

Tool to Assist with Identifying Questionable Data

The tool lists criteria to help IPFs identify the following types of questionable data:

- Entered in error
- Missing
- Invalid
- Exceeds normal parameters

If you have questions about your IPF's data in relation to these criteria, email us at IPFQualityReporting@hsag.com with "Measure Accuracy Question" in the subject line.



Criteria to Identify Questionable FY 2023 Measure and Non-Measure Data for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

The following criteria are provided to help IPFs identify measure data that may have been entered in error, may be invalid, or may exceed normal parameters by the August 15, 2022, deadline for fiscal year (FY) 2023 payment determination. If you find that your data meet one or more of the criteria listed below, CMS strongly recommends that you recheck the data for accuracy.

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

- Denominator values that are different from one another (i.e., not equal to the number of psychiatric inpatient days)
- Denominator values that are less than the Total Annual Discharges reported for the IPF
- Denominator values that are accidentally multiplied by 24, resulting in a value that represents patient-hours instead of patient-days
- Denominator values that are significantly different from previous submissions
- Denominator values that are mistakenly reported as the number of days in a calendar year
- Denominator values that exceed 365 times the total number of beds at the IPF

Note: The HBIPS-2 measure rate should not equal or exceed six (6) hours per 1,000 patient hours of care and the HBIPS-3 measure rate should not equal or exceed five (5) hours per 1,000 patient hours of care.

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

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

In the **SUB-2, SUB-3, TOB-2, TOB-3, and Transition Record with Specified Elements Received by Discharged Patients** measures, is the subset measure numerator greater than the primary measure numerator? For example:

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

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

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

Criteria for the **non-measure data** are:

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

If you have questions regarding the criteria described above as it pertains to your facility's data in the Hospital Quality Reporting System, send an email to IPFQualityReporting@hsag.com with "Measure Accuracy Question" in the subject line.

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

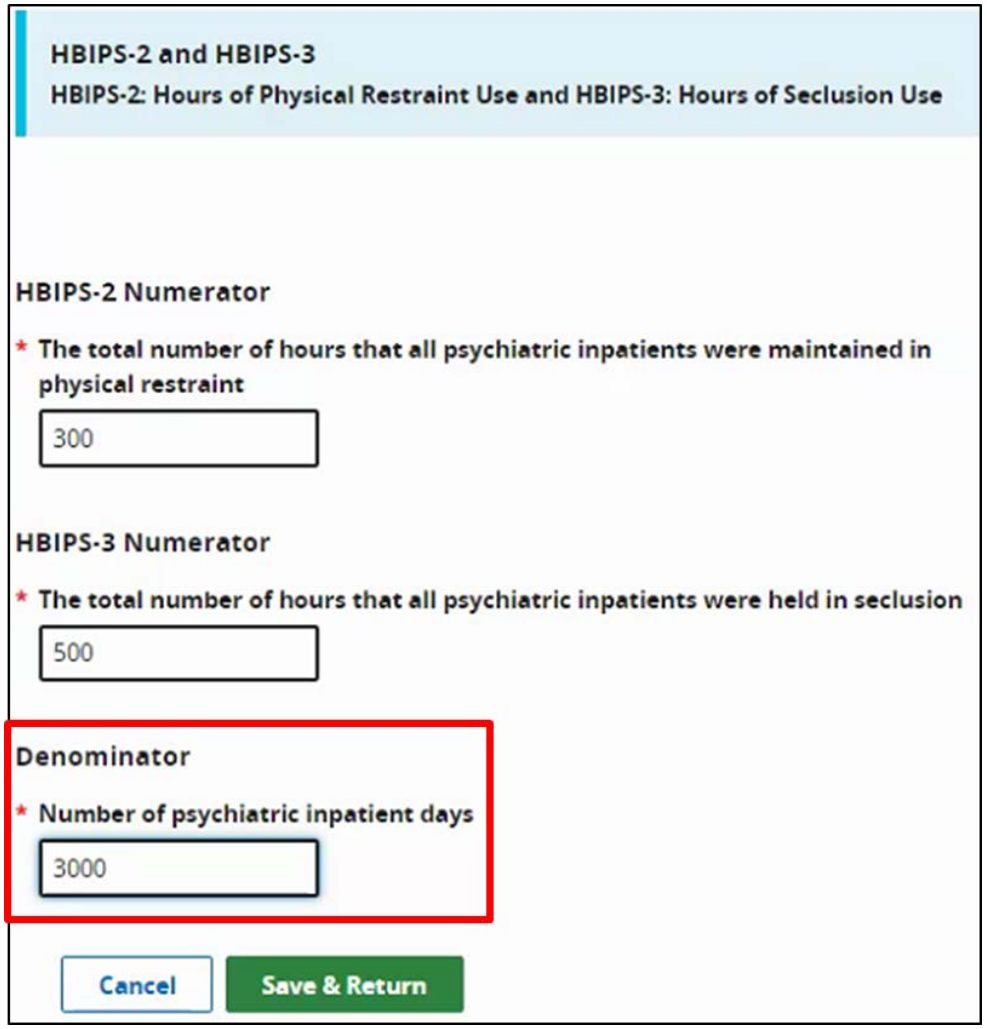
Criteria to Identify Questionable FY 2023 Measure and Non-Measure Data

- Check the HBIPS-2 and HBIPS-3 measure denominator values:
  - Are they the same (i.e., number of psychiatric inpatient days)?
  - Are they less than the total number of annual discharges (as reported on the non-measure data entry page)?
  - Are they accidentally multiplied by 24, resulting in a value that represents patient-hours instead of patient-days?
  - Are they significantly different from previous years' submissions?
  - Are they mistakenly reported as the number of days in a calendar year (i.e., 365)?
  - Do they exceed 365 times the total number of beds at the IPF?
- The calculated HBIPS-2 measure values should not equal or exceed six (6) hours per 1,000 patient hours of care.
- The calculated HBIPS-3 measure values should not equal or exceed five (5) hours per 1,000 patient hours of care.

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

Criteria to Identify Questionable FY 2023 Measure and Non-Measure Data

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



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

Criteria to Identify Questionable FY 2023 Measure and Non-Measure Data

Re-check your data for the measures below if:

1. The denominator is greater than the Total Number of Discharges.
2. The numerator exceeds the denominator.

- ❑ HBIPS-5
- ❑ SUB-2/-2a
- ❑ SUB-3/-3a
- ❑ TOB-2/-2a
- ❑ TOB-3/-3a
- ❑ Screening for Metabolic Disorders
- ❑ IMM-2
- ❑ Transition Record with Specified Elements Received by Discharged Patients
- ❑ Timely Transmission of Transition Record

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

Criteria to Identify Questionable FY 2023 Measure and Non-Measure Data

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

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

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

Criteria to Identify Questionable FY 2023 Measure and Non-Measure Data

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

1. Values of zero for the SMD measure numerator and/or denominator for IPFs that report values other than zero for the HBIPS-5 measure
2. SMD measure denominator value is less than the denominator value for the HBIPS-5 measure

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

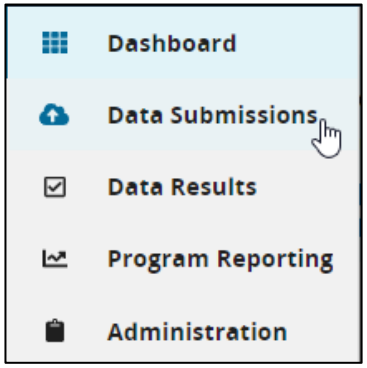
Criteria to Identify Questionable FY 2023 Non-Measure Data

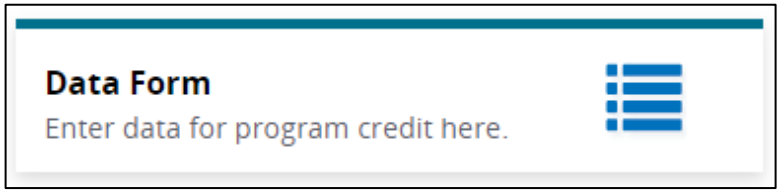
- The total number of discharges by Age Strata is greater than the Total Annual Discharges.
- The total number of discharges by Diagnostic Categories is greater than the Total Annual Discharges.
- The total number of discharges by Payer category is greater than the Total Annual Discharges.

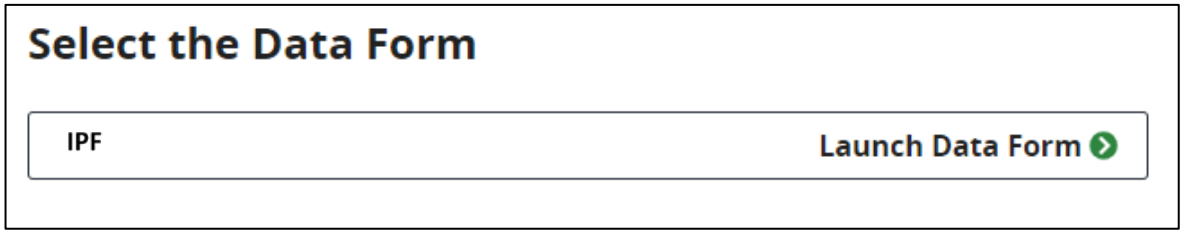
Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form

1. To enter a facility's measure data, access and log into the HQR system: https://hqr.cms.gov/hqrng/login.
2. Hover your mouse on the left side of the screen to expand the menu options. Then, select Data Submissions.
3. Click the Data Form button.
4. Under the Select the Data Form sub-header, select IPF. Then, click Launch Data Form.

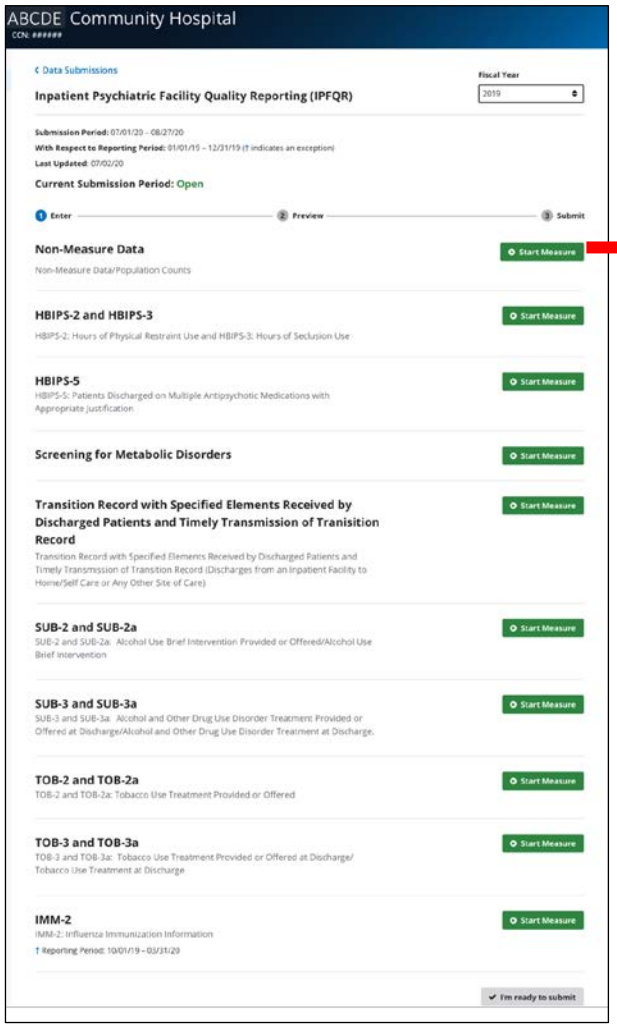






Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form

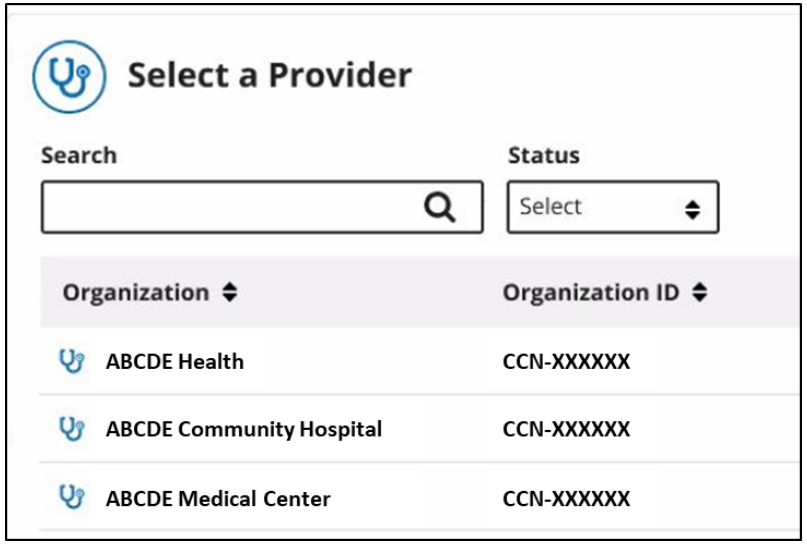


5. A page listing all non-measure and measure data entry pages will appear. Click the Start Measure button next to a data entry page name to begin the data entry process.

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form

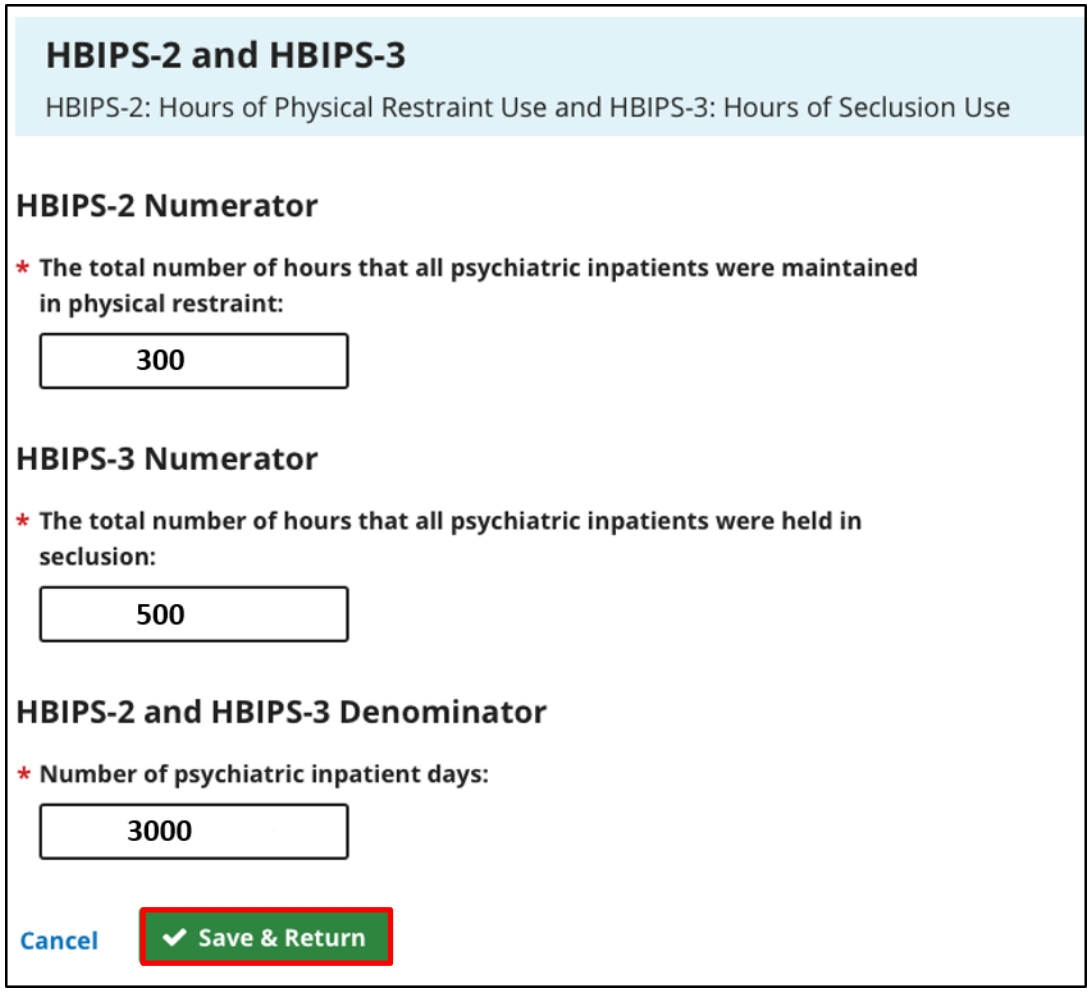
Vendors that have access to submit data for multiple IPFs will have the option to choose each provider. Use the blue Change Organization button to change to the data entry form for a different provider.



Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form

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



Key #5: Enter Data and Verify Accuracy

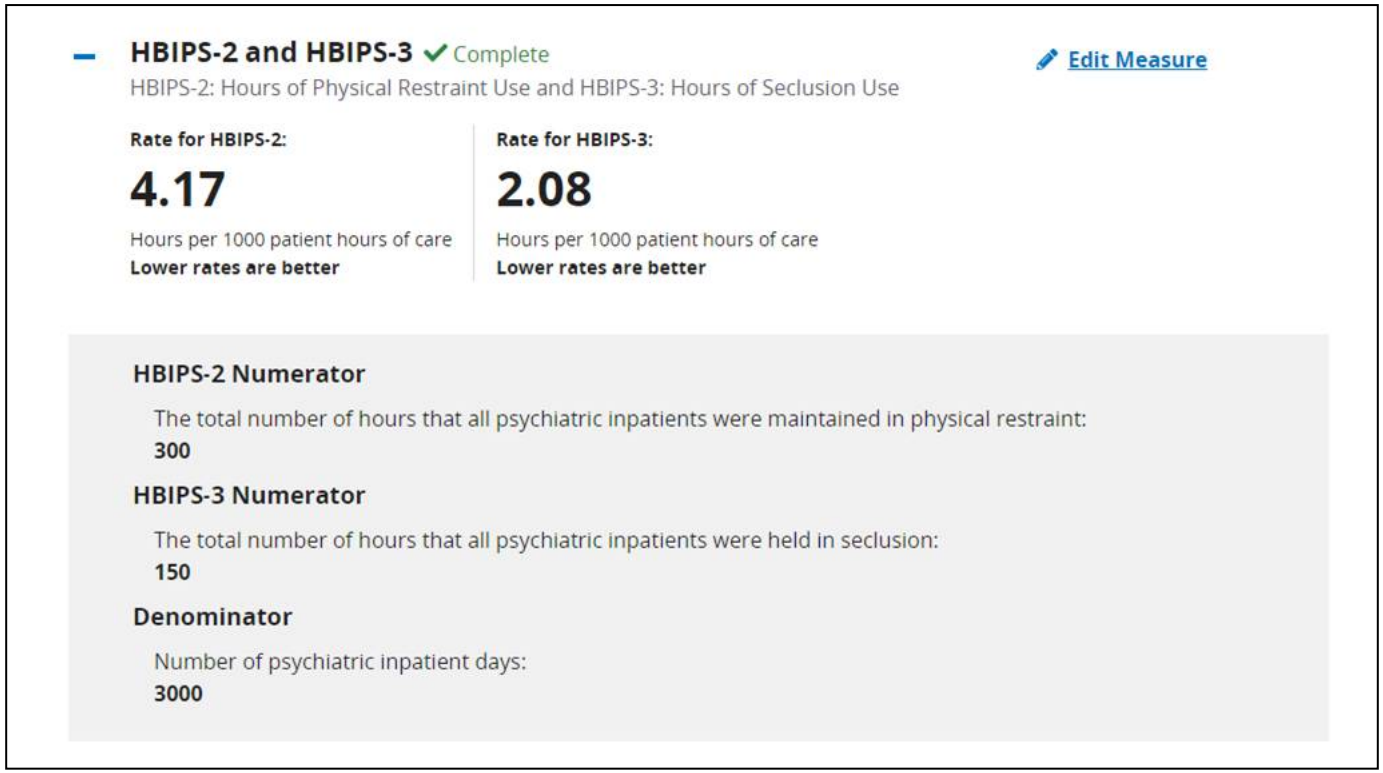
Access the IPFQR Program Simple Data Entry Form

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

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form

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

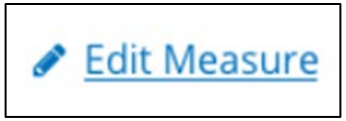


Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form

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

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



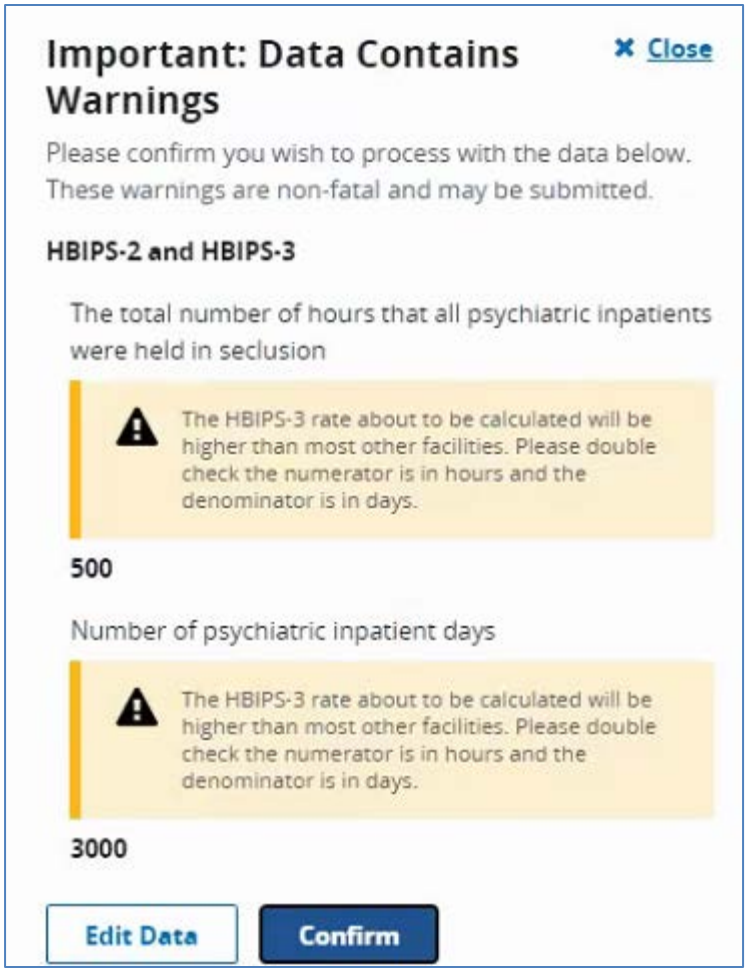
Note: If you click the "Edit Measure" hyperlink you will need to click the "Save & Return" button to save the data, even if no changes are made on the data entry page.

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form

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

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

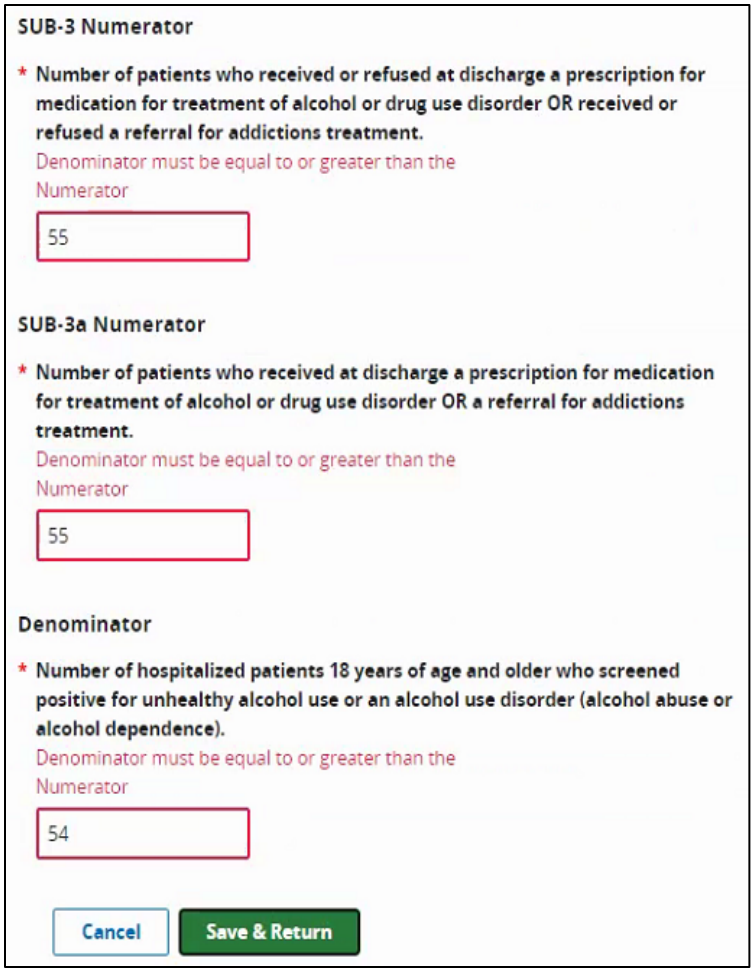


Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form

This is an example of numerator values that exceed the denominator value.

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

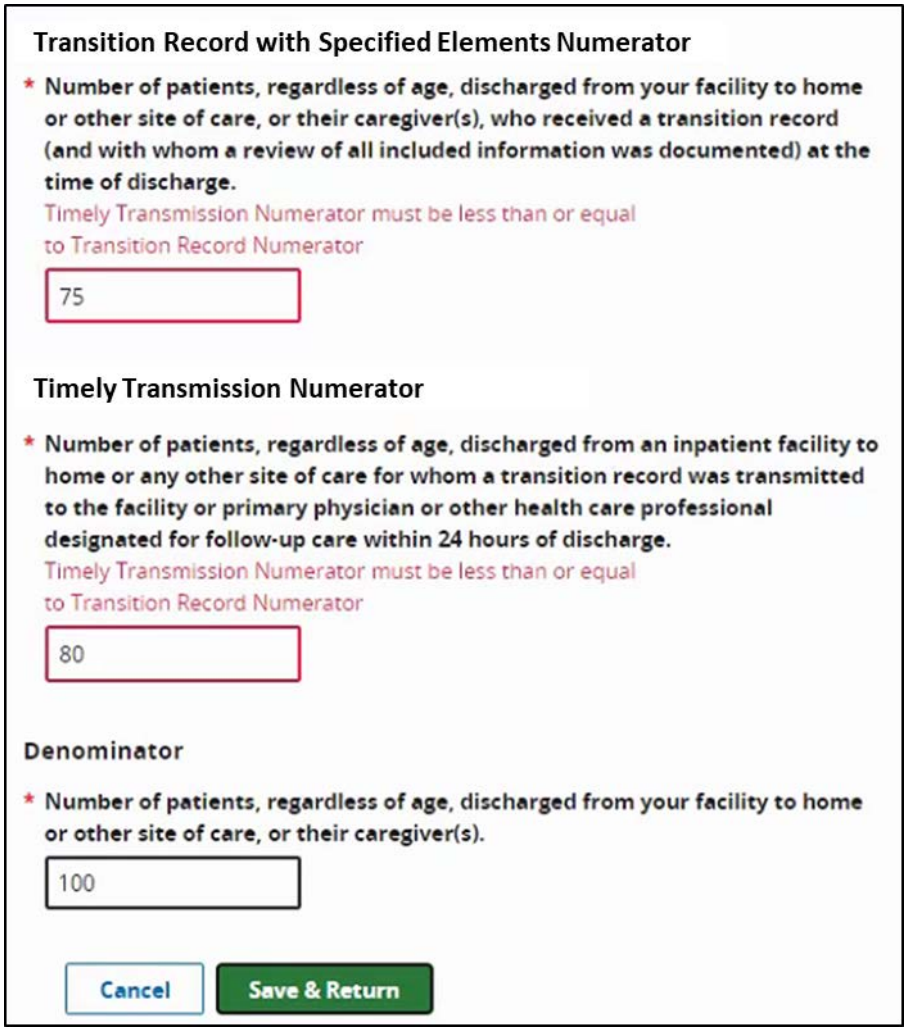


Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form

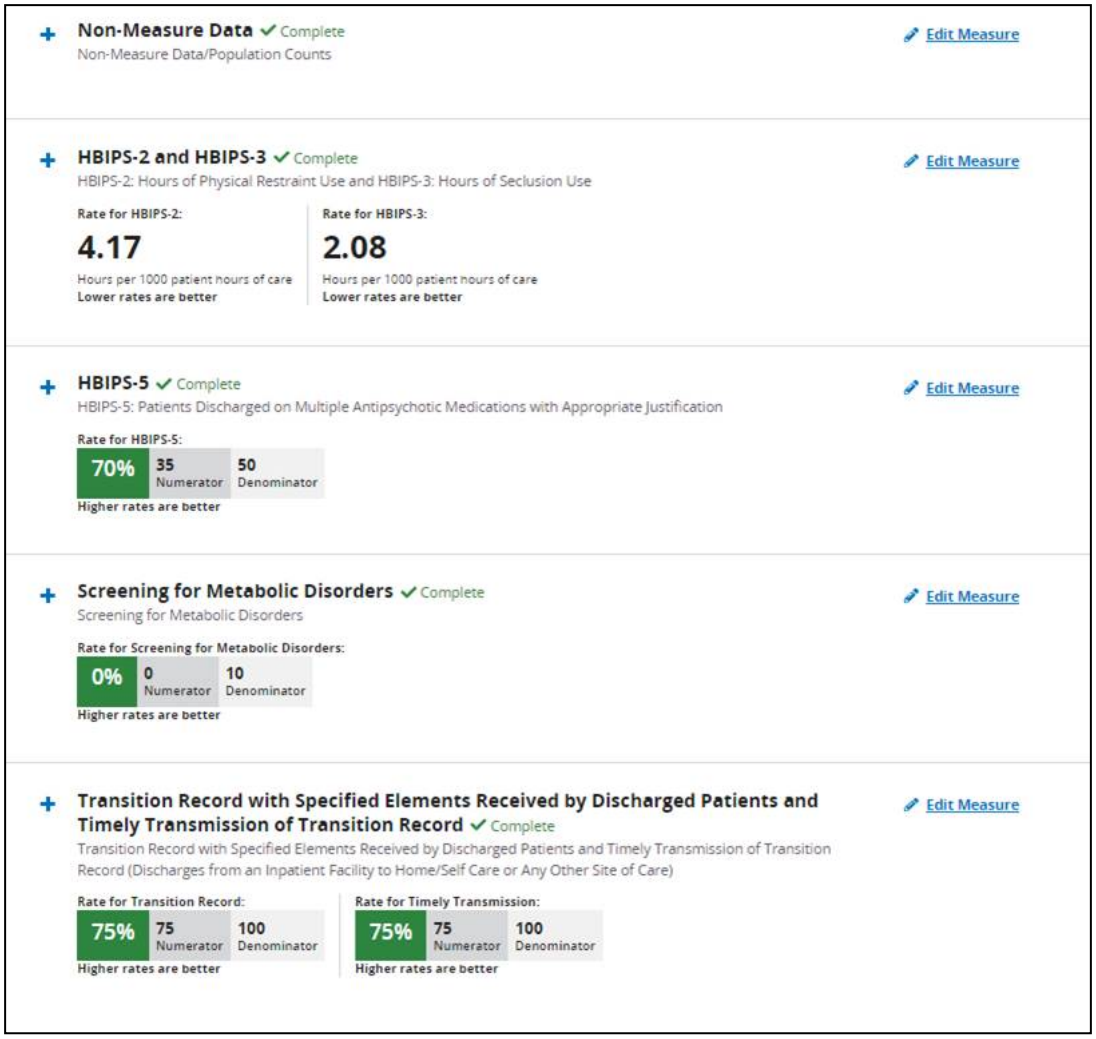
This is an example of the subset measure numerator value exceeding the primary measure numerator value.

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



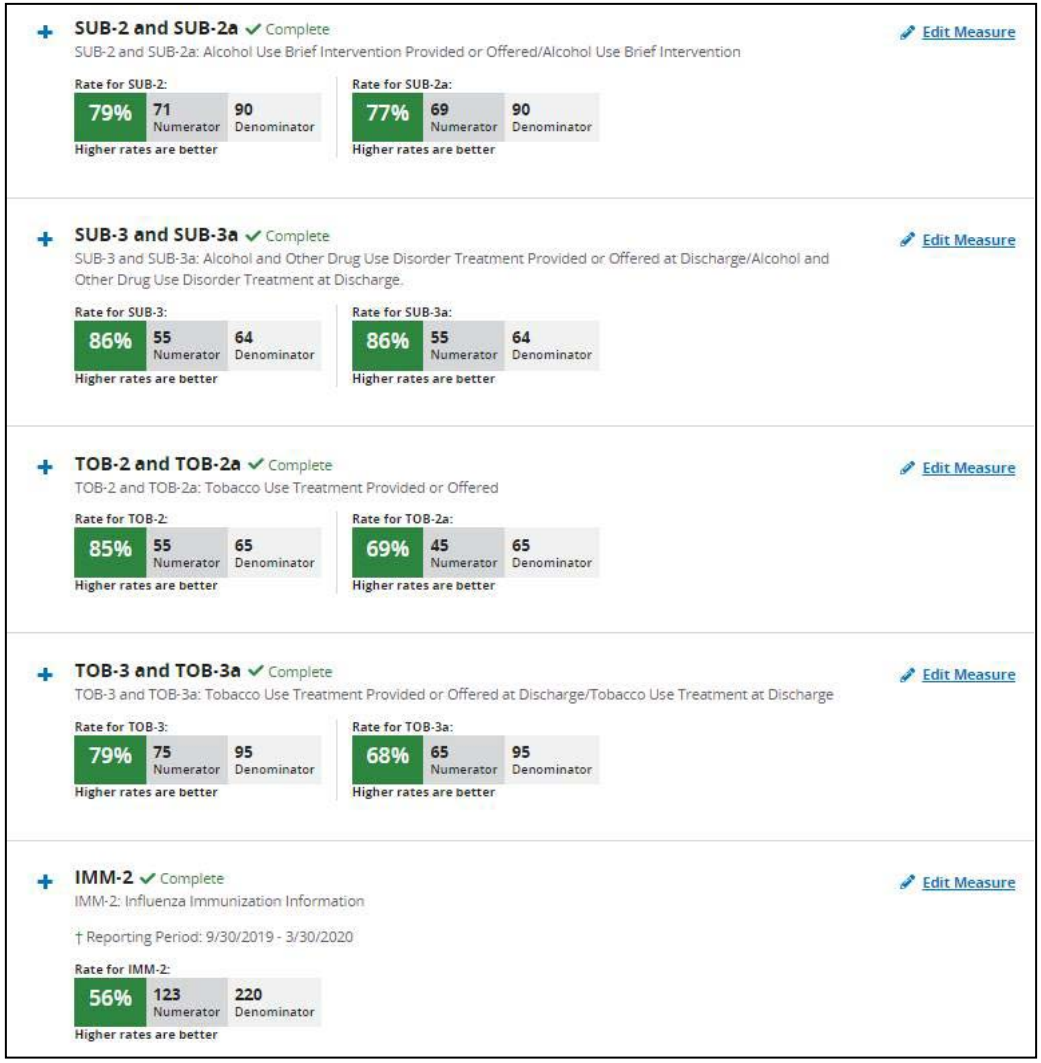
Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form



Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form



Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form

11. After data have been saved in all the data entry fields, click the blue "I'm ready to submit" button at the bottom of the page.

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

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form

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

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form

Non-Measure Data

Non-Measure Data/Population Counts

Total Annual Discharges

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

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

Age Strata

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

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

* **Children (1 – 12 years)**

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

* **Adolescent (13 – 17 years)**

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

* **Adult (18 – 64 years)**

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

* **Older Adult (65 and over)**

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

Diagnostic Categories

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

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

* **Anxiety disorders (651)**

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

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

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

* **Mood disorders (657)**

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

* **Schizophrenia and other psychotic disorders (659)**

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

* **Substance-related disorders (661)**

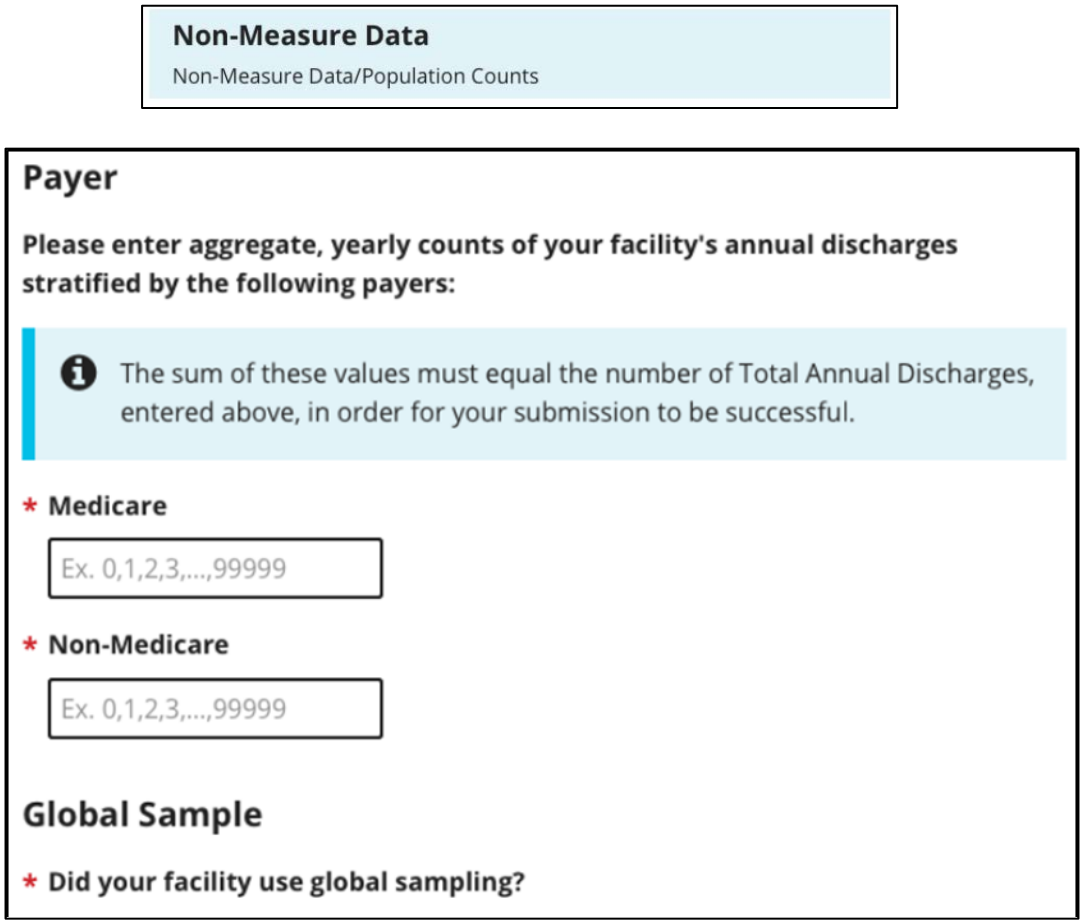
Ex. 0,1,2,3,...,99999

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

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

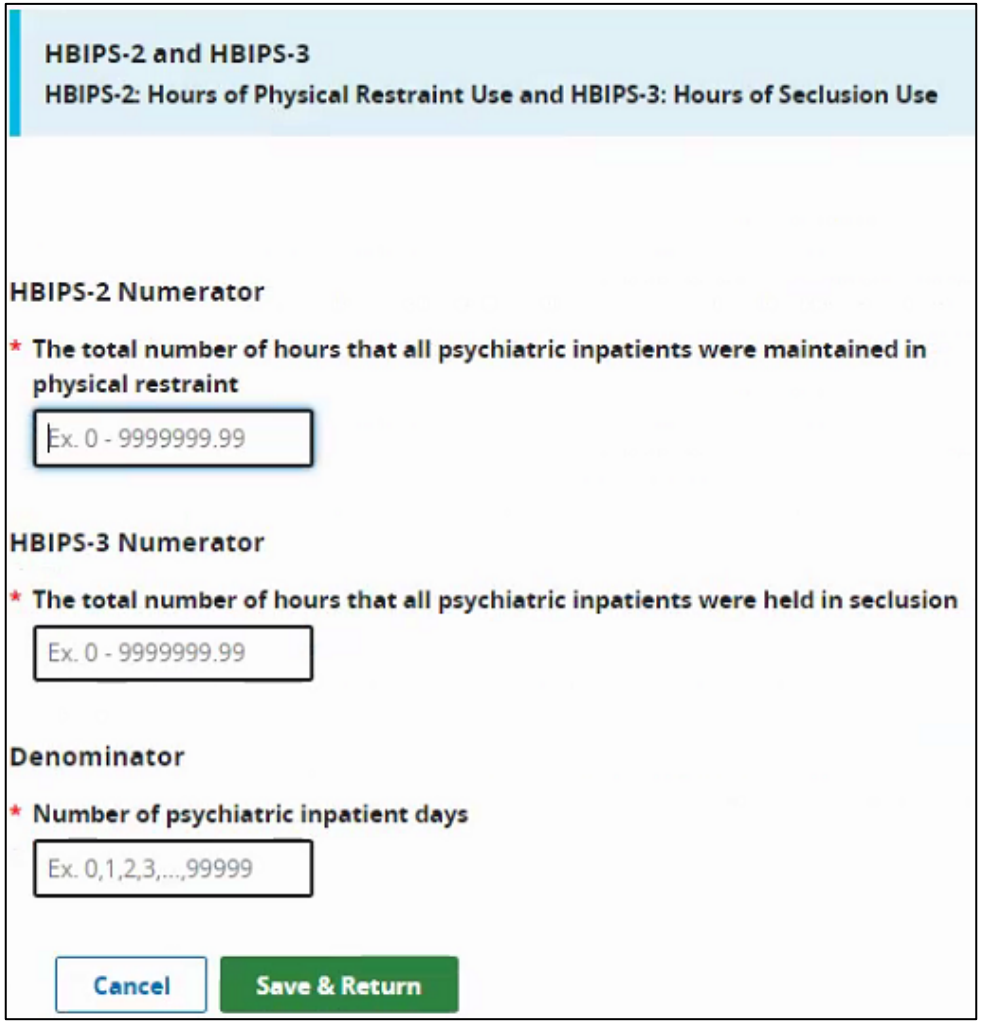
Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form



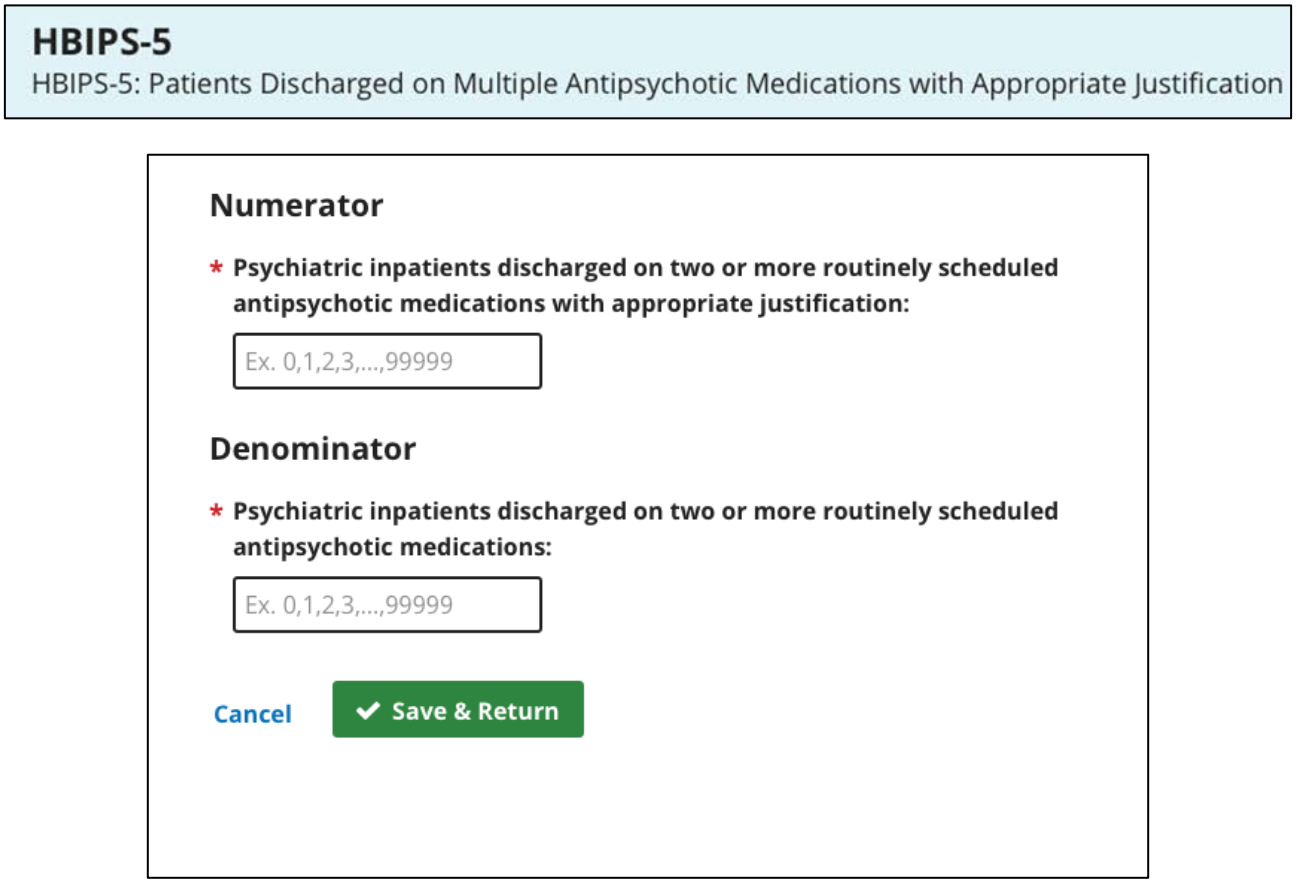
Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form



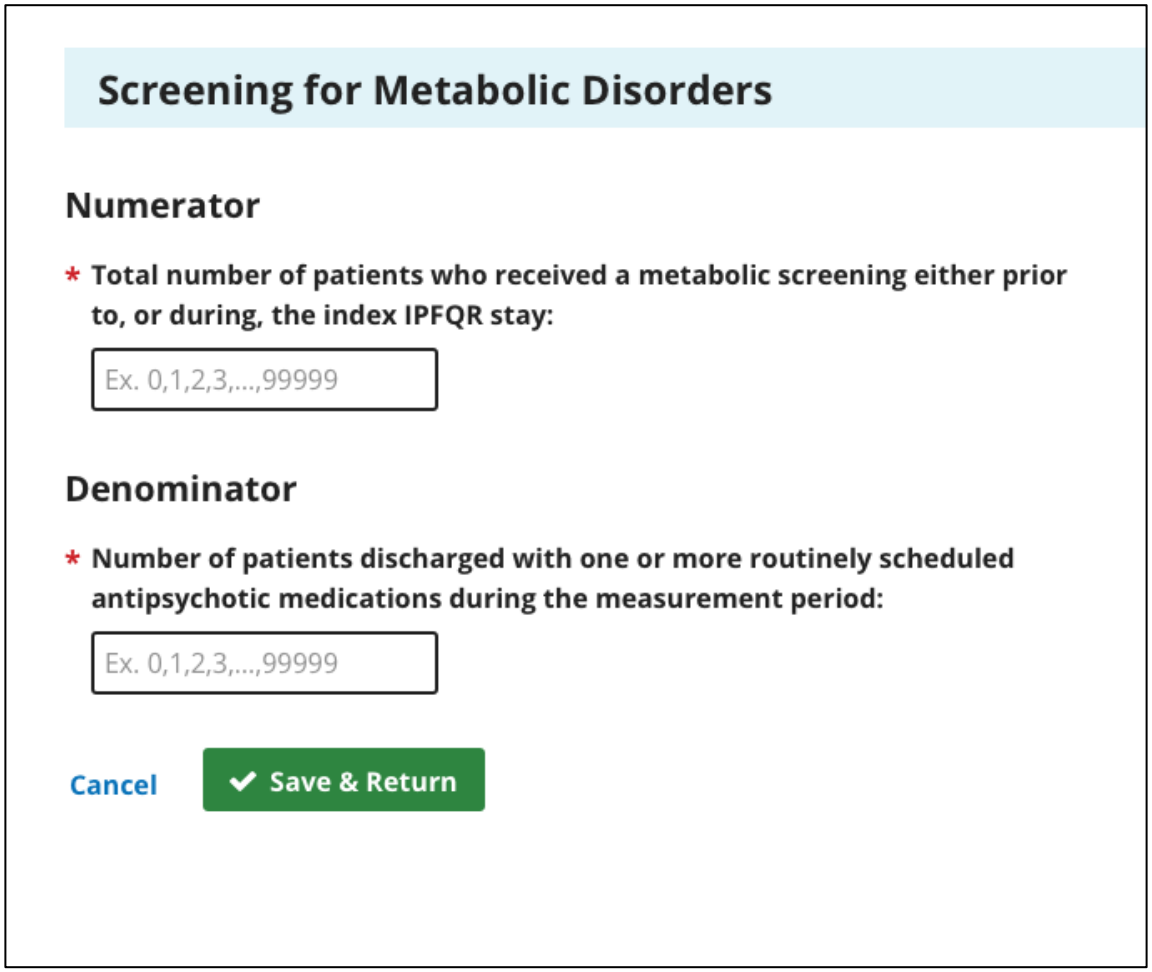
Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form



Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form



Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form

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

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

Transition Record with Specified Elements Received by Discharged Patients

Numerator

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

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

Denominator

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

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

Timely Transmission of Transition Record

Numerator

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

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

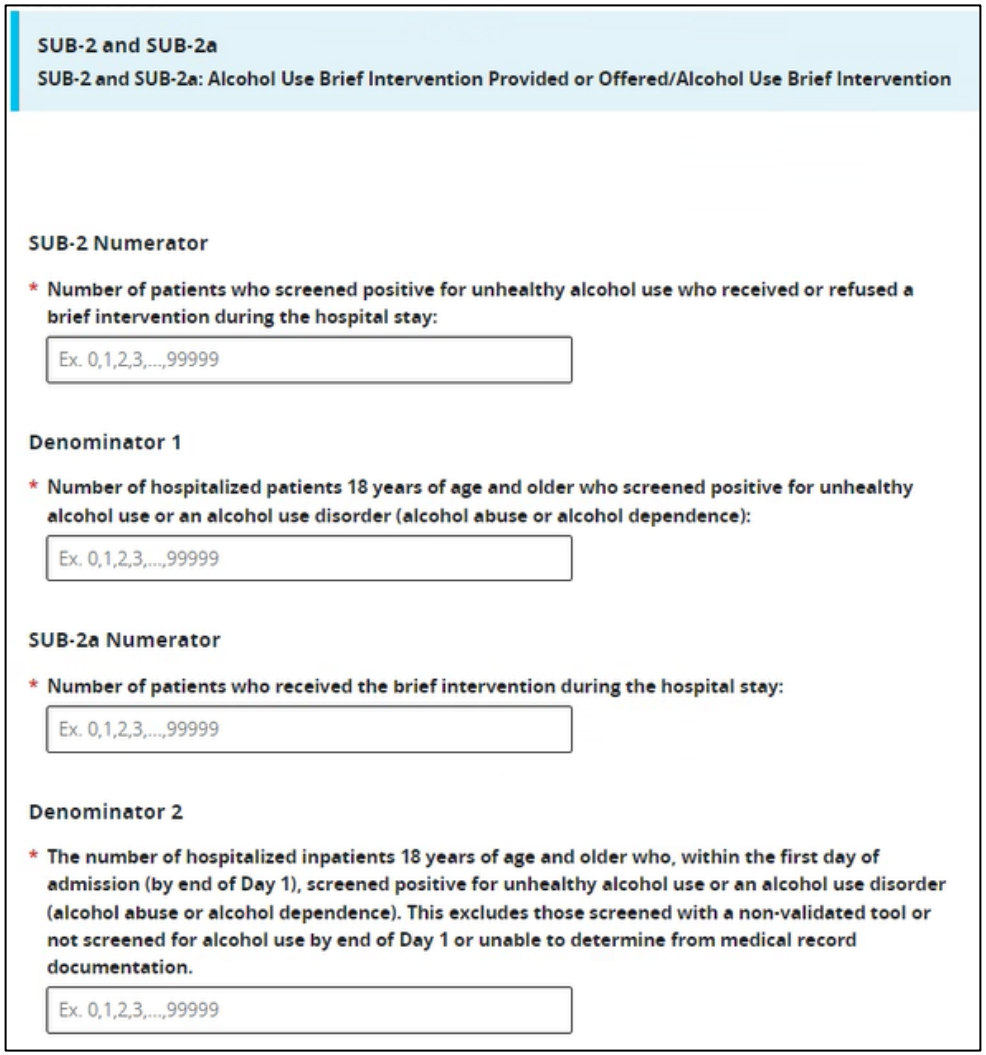
Denominator

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

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

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form



SUB-2 and SUB-2a

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

SUB-2 Numerator

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

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

Denominator 1

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

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

SUB-2a Numerator

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

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

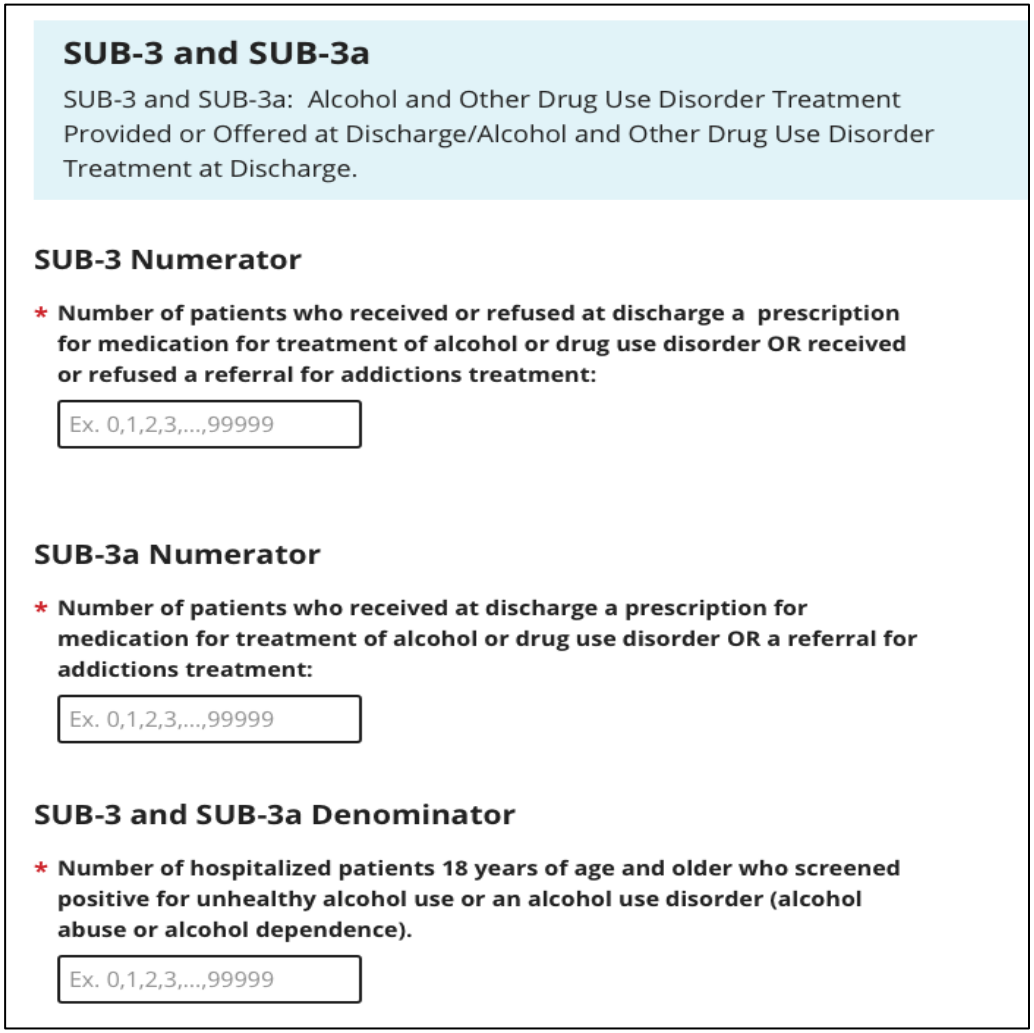
Denominator 2

* The number of hospitalized inpatients 18 years of age and older who, within the first day of admission (by end of Day 1), screened positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence). This excludes those screened with a non-validated tool or not screened for alcohol use by end of Day 1 or unable to determine from medical record documentation.

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

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form



SUB-3 and SUB-3a

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

SUB-3 Numerator

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

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

SUB-3a Numerator

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

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

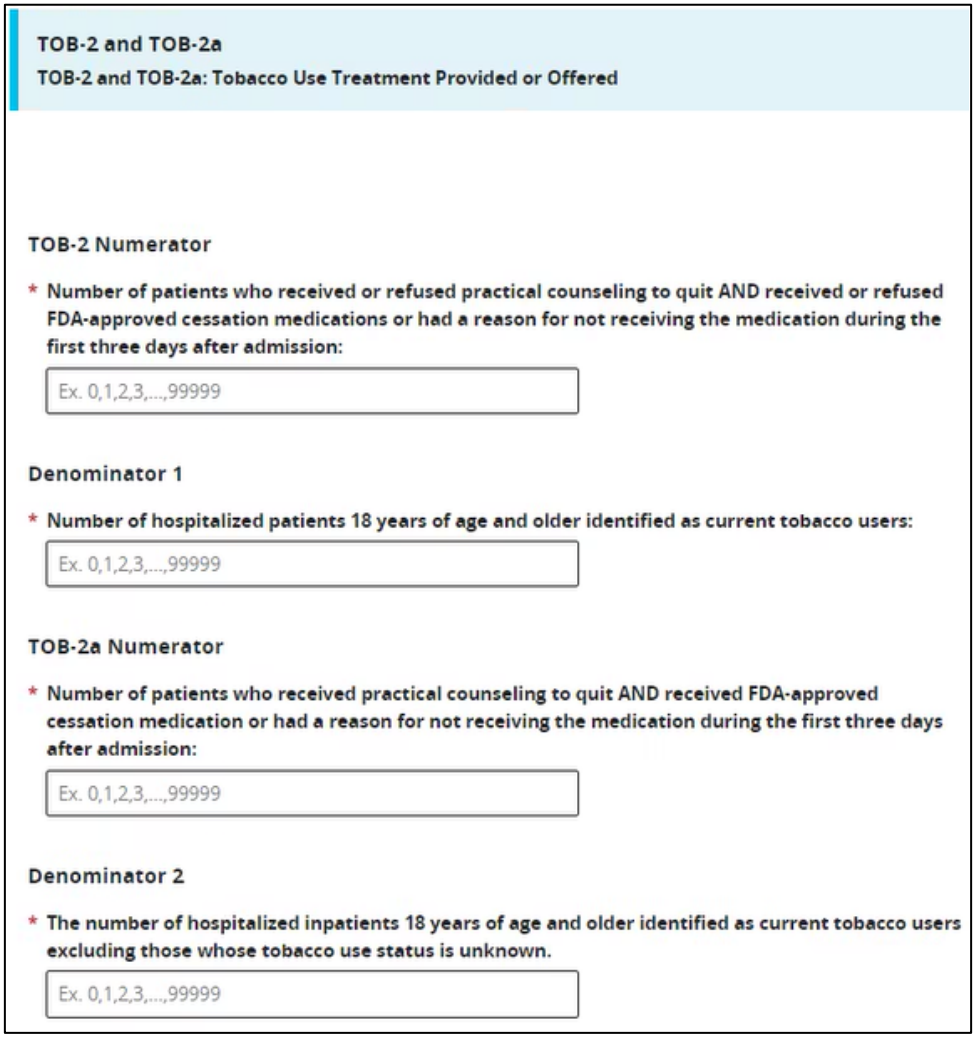
SUB-3 and SUB-3a Denominator

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

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

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form



TOB-2 and TOB-2a

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

TOB-2 Numerator

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

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

Denominator 1

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

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

TOB-2a Numerator

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

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

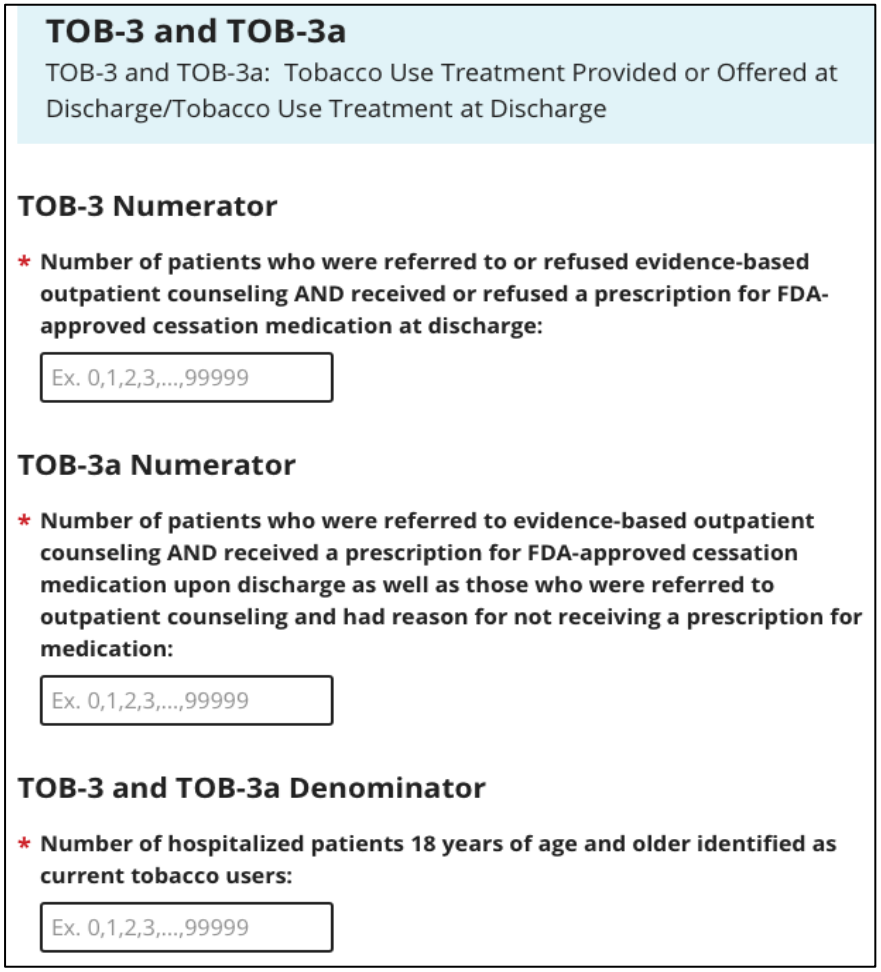
Denominator 2

* The number of hospitalized inpatients 18 years of age and older identified as current tobacco users excluding those whose tobacco use status is unknown.

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

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form



TOB-3 and TOB-3a

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

TOB-3 Numerator

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

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

TOB-3a Numerator

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

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

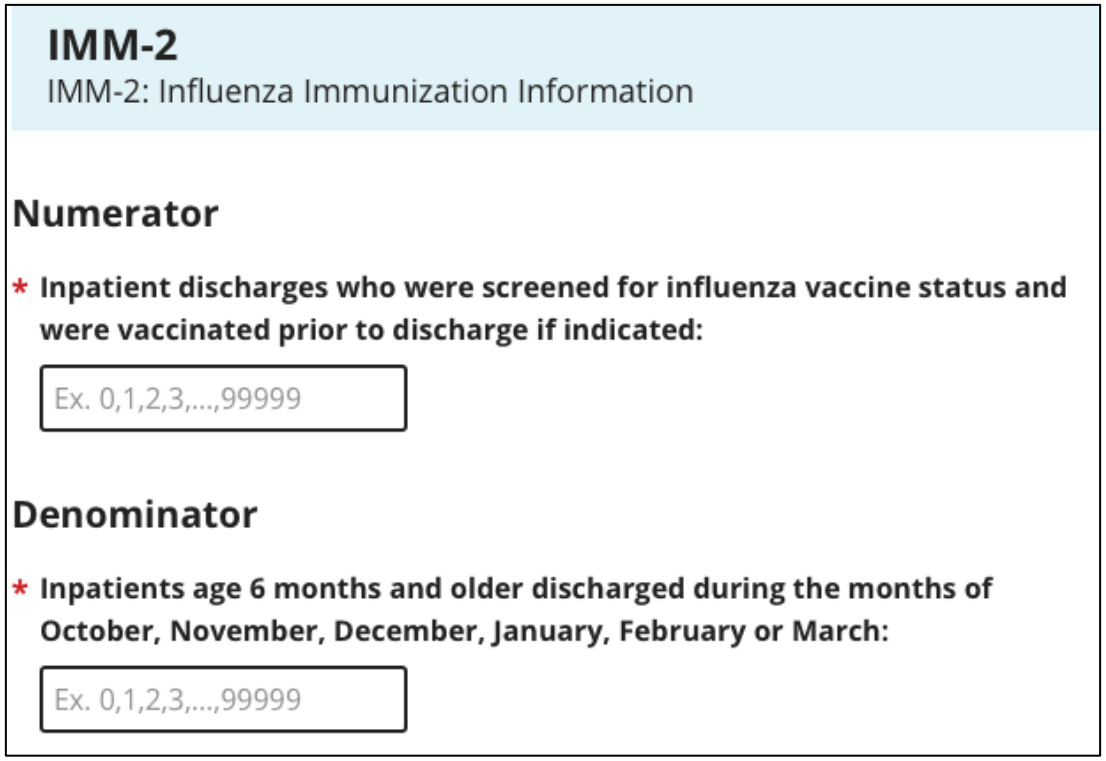
TOB-3 and TOB-3a Denominator

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

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

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Simple Data Entry Form



Key #6: Review Submission Before Signing the DACA Form

- Review **all** measure and non-measure data for accuracy and completeness **before and after** it is submitted.
  - This must be done **prior to** completion and submission of the DACA.
- Submit and/or edit previously submitted measure data and complete/submit the DACA **prior to** the submission deadline of **August 15, 2022.**
- If using a third-party vendor:
  - Ensure the vendor has been previously authorized.
  - Complete the online DACA form prior to the **August 15, 2022,** deadline.
    - The **facility is responsible** for completion of the DACA form, not the vendor.

Key #6: Review Submission Before Signing the DACA Form

- The DACA is the only opportunity for IPFs to attest to the accuracy and completeness of the data submitted to CMS.
  - Data will be publicly displayed at a later date.
- IPFs **cannot** enter or edit data **after the submission deadline.**
  - It is **highly recommended** that IPFs enter the data as far in advance of the **August 15, 2022,** deadline as possible.

Key #6: Review Submission Before Signing the DACA Form

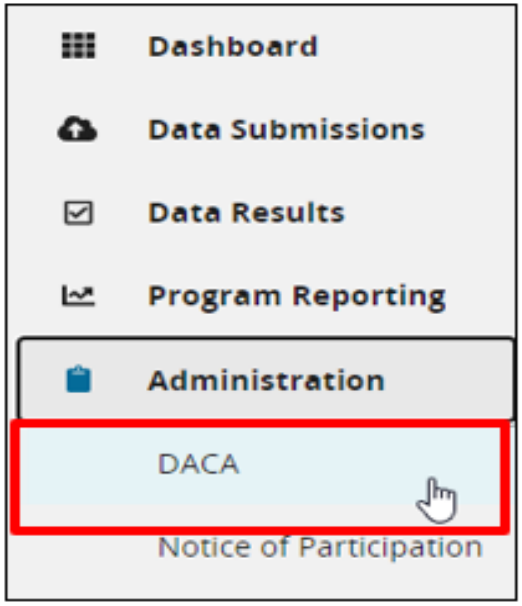
Option 1: Access from the data entry overview page

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

Key #6: Review Submission Before Signing the DACA Form

Option 2: Access the DACA form from the main menu.

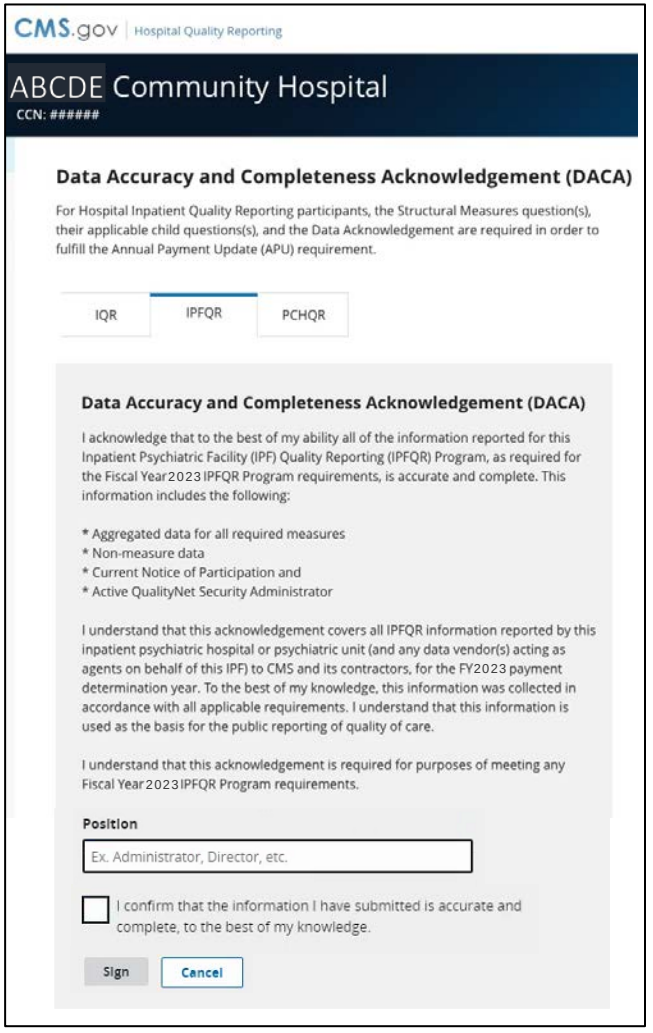
After logging in to the HQR system, hover your mouse on the left side of the screen to expand the menu options. Click on Administration. Then, click DACA.



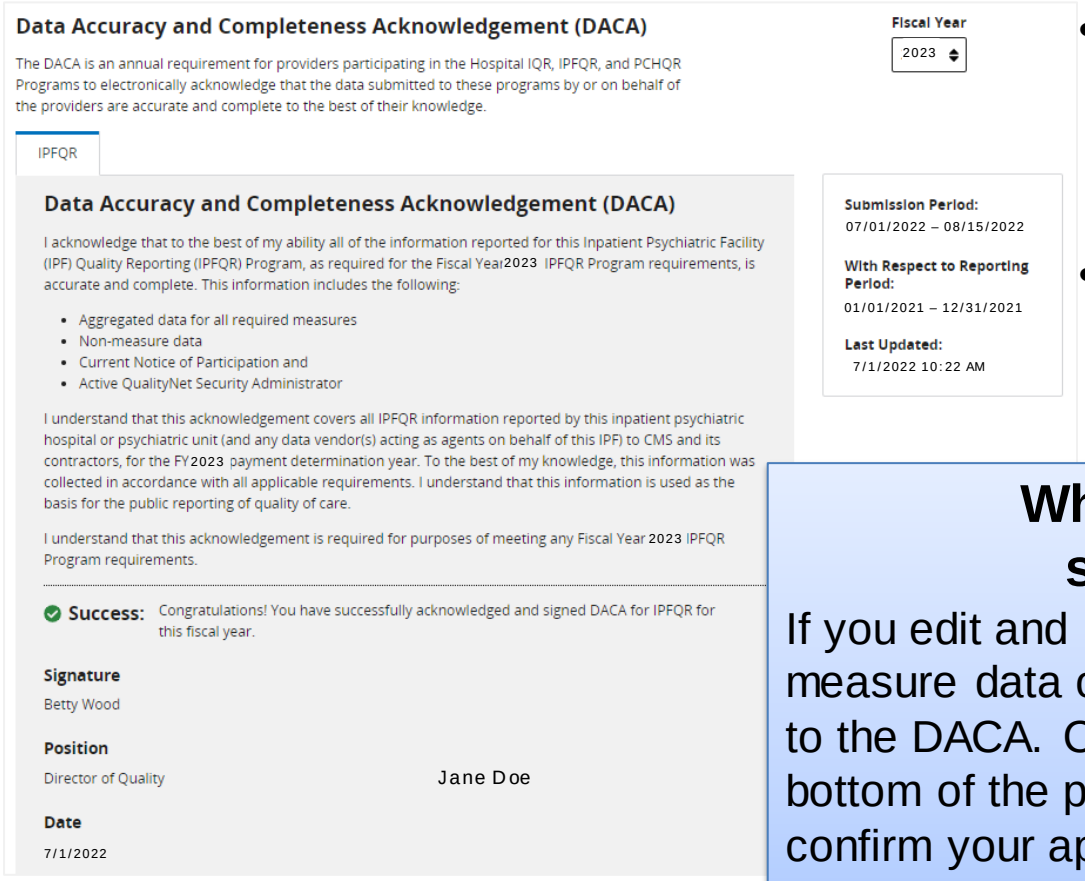
Key #6: Review Submission Before Signing the DACA Form

To complete the DACA:

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



Key #6: Review Submission Before Signing the DACA Form



Data Accuracy and Completeness Acknowledgement (DACA)

Fiscal Year: 2023

The DACA is an annual requirement for providers participating in the Hospital IQR, IPFQR, and PCHQR Programs to electronically acknowledge that the data submitted to these programs by or on behalf of the providers are accurate and complete to the best of their knowledge.

IPFQR

Data Accuracy and Completeness Acknowledgement (DACA)

I acknowledge that to the best of my ability all of the information reported for this Inpatient Psychiatric Facility (IPF) Quality Reporting (IPFQR) Program, as required for the Fiscal Year 2023 IPFQR Program requirements, is accurate and complete. This information includes the following:

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

I understand that this acknowledgement covers all IPFQR information reported by this inpatient psychiatric hospital or psychiatric unit (and any data vendor(s) acting as agents on behalf of this IPF) to CMS and its contractors, for the FY 2023 payment determination year. To the best of my knowledge, this information was collected in accordance with all applicable requirements. I understand that this information is used as the basis for the public reporting of quality of care.

I understand that this acknowledgement is required for purposes of meeting any Fiscal Year 2023 IPFQR Program requirements.

Submission Period: 07/01/2022 – 08/15/2022

With Respect to Reporting Period: 01/01/2021 – 12/31/2021

Last Updated: 7/1/2022 10:22 AM

Success: Congratulations! You have successfully acknowledged and signed DACA for IPFQR for this fiscal year.

Signature
Betty Wood

Position
Director of Quality

Jane Doe

Date
7/1/2022

- Once the DACA is submitted successfully, a confirmation message will appear above the signature line.
- The option to export the signed DACA as a PDF form is at the bottom of the page.

What if I edit data after signing the DACA?

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

Key #7: Re-Check All FY 2023 IPFQR Program Requirements

Follow these steps to check whether your facility has met all FY 2023 IPFQR Program requirements prior to the August 15, 2022, deadline.

1. Check NOP.
   - Go to the HQR My Tasks page to ensure the IPFQR Program NOP status is "Participating". Refer to instructions on slides 21–23 of this presentation.
2. Check accuracy of data.
   - Review the exported PDF data report against facility data.
3. Check DACA.
   - Ensure that DACA status is complete in the HQR system based on instructions provided on the previous slide.

Review of Keys to Successful Reporting

- Access and log in to the HQR system
- Have two active SOs
- Manage the NOP
- Prepare and verify accuracy of data prior to submitting
- Enter and verify accuracy of data
- Review submission before signing the DACA form
- Re-check all FY 2023 IPFQR Program Requirements

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

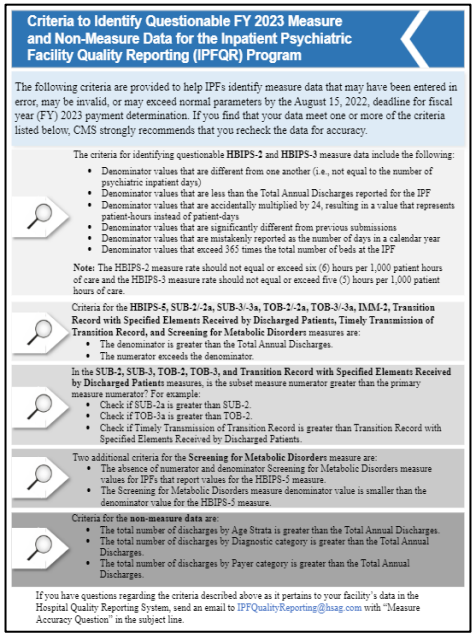
Important Tip

In the event of staff turnover, remember to use the **Hospital Contact Change Form** to inform the Inpatient VIQR Support Contractor for the IPFQR Program about key personnel changes. (This includes the CEO and quality reporting contact).

Helpful Resources

Helpful Resources: Data Accuracy Tools

Criteria to Identify Questionable Measure and Non-Measure Data



Criteria to Identify Questionable FY 2023 Measure and Non-Measure Data for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

The following criteria are provided to help IPFs identify measure data that may have been entered in error, may be invalid, or may exceed normal parameters by the August 15, 2022, deadline for fiscal year (FY) 2023 payment determination. If you find that your data meet one or more of the criteria listed below, CMS strongly recommends that you recheck the data for accuracy.

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

- Denominator values that are different from one another (i.e., not equal to the number of psychiatric inpatient days).
- Denominator values that are less than the Total Annual Discharges reported for the IPF
- Denominator values that are accidentally multiplied by 24, resulting in a value that represents patient-hours instead of patient-days
- Denominator values that are significantly different from previous submissions
- Denominator values that are mistakenly reported as the number of days in a calendar year
- Denominator values that exceed 365 times the total number of beds at the IPF

Note: The HBIPS-2 measure rate should not equal or exceed six (6) hours per 1,000 patient hours of care and the HBIPS-3 measure rate should not equal or exceed five (5) hours per 1,000 patient hours of care.

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

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

In the **SUB-2, SUB-3, TOB-2, TOB-3, and Transition Record with Specified Elements Received by Discharged Patients** measures, is the subset measure numerator greater than the primary measure numerator? For example:

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

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

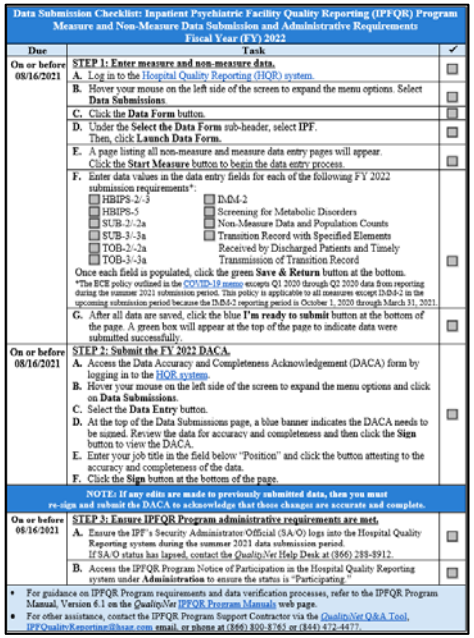
- The absence of numerator and denominator Screening for Metabolic Disorders measure values for IPFs that report values for the HBIPS-5 measure.
- The Screening for Metabolic Disorders measure denominator value is smaller than the denominator value for the HBIPS-3 measure.

Criteria for the **non-measure data** are:

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

If you have questions regarding the criteria described above as it pertains to your facility's data in the Hospital Quality Reporting System, send an email to IPFQualityReporting@hsag.com with "Measure Accuracy Question" in the subject line.

Data Submission Checklist

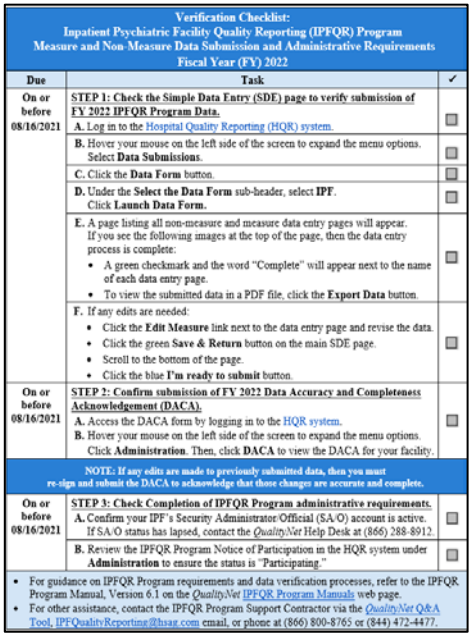


Data Submission Checklist: Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Measure and Non-Measure Data Submission and Administrative Requirements Fiscal Year (FY) 2022

Due	Task	✓
On or before 08/16/2021	**STEP 1: Enter measure and non-measure data.**	
	A. Log in to the Hospital Quality Reporting (HQR) system.	
	B. Hover your mouse on the left side of the screen to expand the menu options. Select **Data Submissions**.	
	C. Click the **Data Form** button.	
	D. Under the **Select the Data Form** sub-header, select **IPF**. Then, click **Launch Data Form.**	
	E. A page listing all non-measure and measure data entry pages will appear. Click the **Start Measure** button to begin the data entry process.	
	F. Enter data values in the data entry fields for each of the following FY 2022 submission requirements*: ☐ HBIPS-2/-3 ☐ HBIPS-5 ☐ SUB-2/-2a ☐ SUB-3/-3a ☐ TOB-2/-2a ☐ TOB-3/-3a ☐ IMM-2 ☐ Screening for Metabolic Disorders ☐ Non-Measure Data and Population Counts ☐ Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record. Once each field is populated, click the green **Save & Return** button at the bottom. *The ECE policy outlined in the COVID-19 memo excepts Q1 2020 through Q2 2020 data from reporting during the summer 2021 submission period. This policy is applicable to all measures except IMM-2 in the upcoming submission period because the IMM-2 reporting period is October 1, 2020 through March 31, 2021.	
	G. After all data are saved, click the blue **I'm ready to submit** button at the bottom of the page. A green box will appear at the top of the page to indicate data were submitted successfully.	
On or before 08/16/2021	**STEP 2: Submit the FY 2022 DACA.**	
	A. Access the Data Accuracy and Completeness Acknowledgement (DACA) form by logging in to the HQR system.	
	B. Hover your mouse on the left side of the screen to expand the menu options and click on **Data Submissions**.	
	C. Select the **Data Entry** button.	
	D. At the top of the Data Submissions page, a blue banner indicates the DACA needs to be signed. Review the data for accuracy and completeness and then click the **Sign** button to view the DACA.	
	E. Enter your job title in the field below "Position" and click the button attesting to the accuracy and completeness of the data.	
	F. Click the **Sign** button at the bottom of the page.	
	NOTE: If any edits are made to previously submitted data, then you must re-sign and submit the DACA to acknowledge that those changes are accurate and complete.	
On or before 08/16/2021	**STEP 3: Ensure IPFQR Program administrative requirements are met.**	
	A. Ensure the IPF's Security Administrator/Official (SA/O) logs into the Hospital Quality Reporting system during the summer 2021 data submission period. If SA/O status has lapsed, contact the *QualityNet* Help Desk at (866) 288-8912.	
	B. Access the IPFQR Program Notice of Participation in the Hospital Quality Reporting system under **Administration** to ensure the status is "Participating."	

- For guidance on IPFQR Program requirements and data verification processes, refer to the IPFQR Program Manual, Version 6.1 on the *QualityNet* IPFQR Program Manuals web page.
- For other assistance, contact the IPFQR Program Support Contractor via the *QualityNet* Q&A Tool, IPFQualityReporting@hsag.com email, or phone at (866) 800-8765 or (844) 472-4477.

Verification Checklist



Verification Checklist: Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Measure and Non-Measure Data Submission and Administrative Requirements Fiscal Year (FY) 2022

Due	Task	✓
On or before 08/16/2021	**STEP 1: Check the Simple Data Entry (SDE) page to verify submission of FY 2022 IPFQR Program Data.**	
	A. Log in to the Hospital Quality Reporting (HQR) system.	
	B. Hover your mouse on the left side of the screen to expand the menu options. Select **Data Submissions**.	
	C. Click the **Data Form** button.	
	D. Under the **Select the Data Form** sub-header, select **IPF**. Click **Launch Data Form.**	
	E. A page listing all non-measure and measure data entry pages will appear. If you see the following images at the top of the page, then the data entry process is complete: • A green checkmark and the word "Complete" will appear next to the name of each data entry page. • To view the submitted data in a PDF file, click the **Export Data** button.	
	F. If any edits are needed: • Click the **Edit Measure** link next to the data entry page and revise the data. • Click the green **Save & Return** button on the main SDE page. • Scroll to the bottom of the page. • Click the blue **I'm ready to submit** button.	
On or before 08/16/2021	**STEP 2: Confirm submission of FY 2022 Data Accuracy and Completeness Acknowledgement (DACA).**	
	A. Access the DACA form by logging in to the HQR system.	
	B. Hover your mouse on the left side of the screen to expand the menu options. Click **Administration**. Then, click **DACA** to view the DACA for your facility.	
	NOTE: If any edits are made to previously submitted data, then you must re-sign and submit the DACA to acknowledge that those changes are accurate and complete.	
On or before 08/16/2021	**STEP 3: Check Completion of IPFQR Program administrative requirements.**	
	A. Confirm your IPF's Security Administrator/Official (SA/O) account is active. If SA/O status has lapsed, contact the *QualityNet* Help Desk at (866) 288-8912.	
	B. Review the IPFQR Program Notice of Participation in the HQR system under **Administration** to ensure the status is "Participating."	

- For guidance on IPFQR Program requirements and data verification processes, refer to the IPFQR Program Manual, Version 6.1 on the *QualityNet* IPFQR Program Manuals web page.
- For other assistance, contact the IPFQR Program Support Contractor via the *QualityNet* Q&A Tool, IPFQualityReporting@hsag.com email, or phone at (866) 800-8765 or (844) 472-4477.

These resources can be found at QualityNet and Quality Reporting Center websites.

Acronyms

APU	Annual Payment Update	**IMM**	Influenza Immunization
CCSQ	Center for Clinical Standards and Quality	**IPF**	inpatient psychiatric facility
CMS	Centers for Medicare & Medicaid Services	**IPFQR**	Inpatient Psychiatric Facility Quality Reporting
CY	calendar year	**NOP**	Notice of Participation
DACA	Data Accuracy and Completeness Acknowledgement	**PLR**	Patient-Level Reporting
FY	fiscal year	**SMD**	Screening for Metabolic Disorders
HARP	HCQIS Access Roles and Profile	**SO**	Security Official
HBIPS	Hospital-Based Inpatient Psychiatric Services	**SUB**	Substance Use Measure
HCQIS	Healthcare Quality Information Systems	**TOB**	Tobacco Treatment Measures
HQR	Hospital Quality Reporting	**VIQR**	Value, Incentives, and Quality Reporting

Future Webinar Topics

FY 2023 IPF PPS Final Rule and APU Determination

IPFQR Program FY 2023 Data in Review

IPF-Specific Reports for Claims-Based Measures

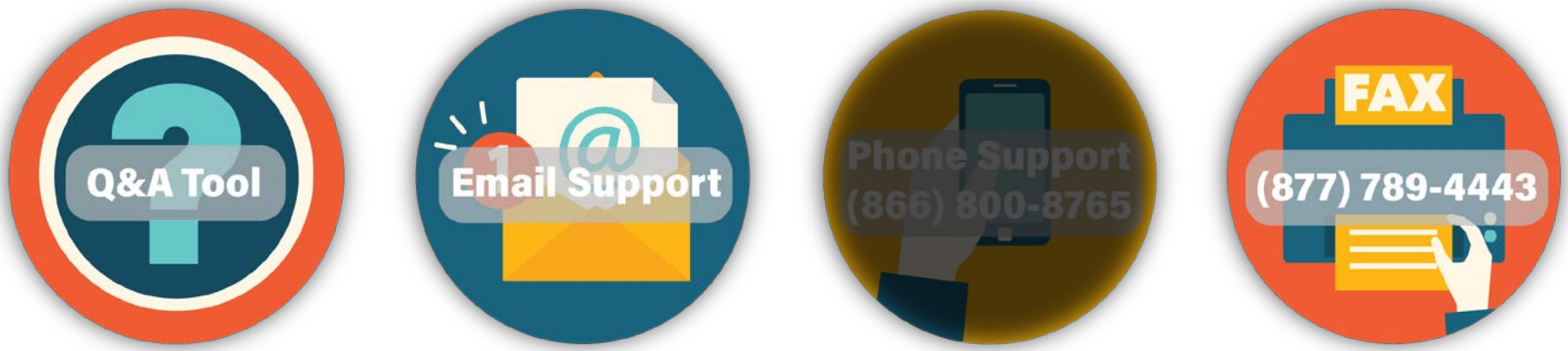
Future webinar titles, dates, and times will be communicated via the IPFQR Program Listserve.

Helpful Resources

Helpful Resources

Stay up to date...

...and get answers to your questions.



Webinar Questions

Please email any questions pertinent to this webinar topic to WebinarQuestions@hsag.com.

- Write "FY 2023 IPF Keys to Reporting" in the subject line.
- If your question pertains to a specific slide, include the slide number in the body of the email.

Thank You

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- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
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  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

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