IPFQR Program:
Patient-Level Reporting

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Purpose

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

- Keys to successful patient-level data submission
- Guidance to verify data accuracy

Objectives

Participants will be able to:

- Successfully submit data by avoiding common submission errors in the Hospital Quality Reporting (HQR) system.

- Locate and access helpful IPFQR Program resources.

Acronyms   3

Webinar Questions

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

- Write "IPF PLR" in the subject line.

- If your question pertains to a specific slide, include the slide number in the body of the email.

What is Patient-Level Reporting?

Patient-Level Reporting for the IPFQR Program

In the IPFQR Program, the term "patient-level reporting" describes data that are abstracted from patient medical records into discrete XML files and then uploaded into the *Hospital Quality Reporting (HQR) Secure Portal.*

CMS also collects facility-level data from IPFs in XML files pertaining to annual discharges.

In this presentation, we will use "patient-level reporting" (PLR) to broadly describe the XML files that will be uploaded into the *HQR Secure Portal* during the voluntary period.

Acronyms   6

Patient-Level Reporting for the IPFQR Program

As stated in the [FY 2022 IPF Prospective Payment System (PPS) Final Rule](#), reporting will be on a voluntary basis during the summer 2022 data submission period.

Mandatory patient-level data reporting starts with the summer 2023 data submission period and includes subsequent years.

- CMS is finalizing an XML file layout designed to enable reporting of the facility-level denominator values for the Hospital-Based Inpatient Psychiatric Services (HBIPS)-2 and HBIPS-3 measure.

- More details about this and other improvements to the IPFQR Program's PLR process will be addressed in an upcoming addendum to the *Specification Manual for National Inpatient Psychiatric Facility Quality Measures* (IPF Specifications Manual) and in future webinars.

How to Upload XML Files

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 have **at least two people** with knowledge of the data to verify the accuracy of the data in the HQR system, even if a vendor enters the data.

- Refer to slides 14–18 in the *IPFQR Program: Keys to Successful FY 2023 Reporting* webinar for instructions to log in to the *HQR Secure Portal.*

Test vs. Production Environment in the *HQR Secure Portal*

Test Environment

- Ensure all data are accurate before uploading into the production environment.
- Validate vendor authorizations.
- Verify whether the XML file layout is correct.
- Review reasons for rejection (i.e., edit messages).
- Review measure set counts.

Production Environment

- Upload clean, actual XML data files for submission to CMS.
- Data from these files will be used to calculate measure numerator, denominator, and rate values.
- **Only** data submitted into this environment will be submitted to CMS.

More information about reports that can be generated based on XML files uploaded into these environments will be addressed later in this presentation.

Acronyms   10

Upload XML Files

To upload XML files:

1. Log into the *HQR Secure Portal.*

2. Hover your mouse on the left side of the screen to expand menu options.

3. Click on Data Submissions
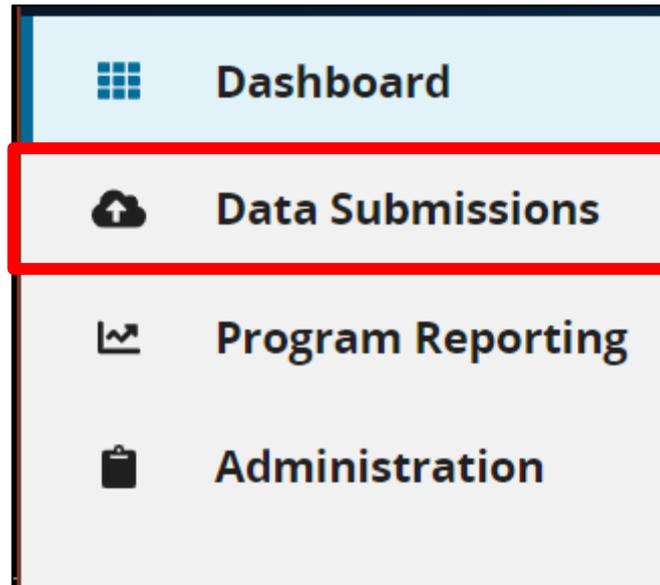
Upload XML Files

The image below appears on the next screen if you only have access to upload data for the IPFQR Program.
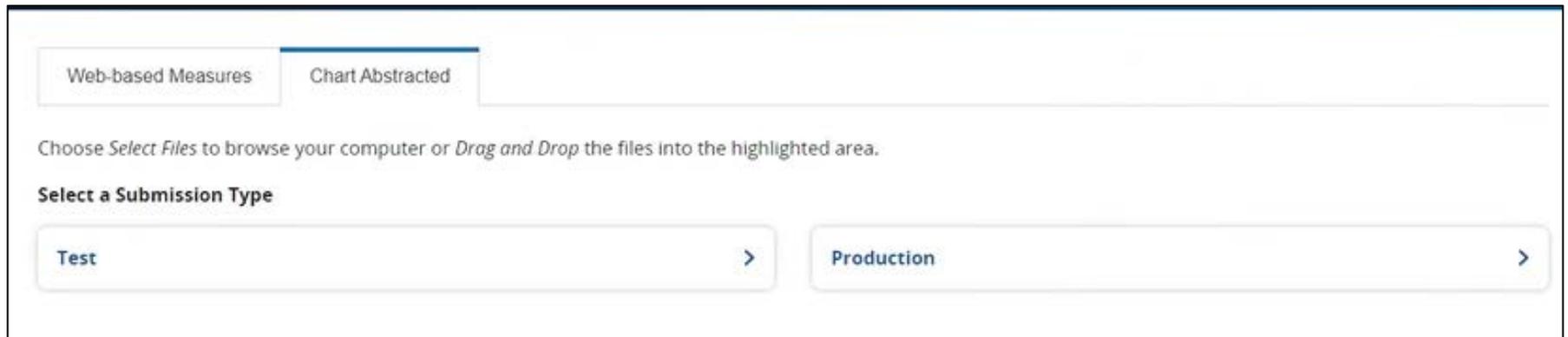
If you have access to upload data for <u>more than one</u> Quality Reporting Program, you will see multiple tabs at the top of the screen.

Acronyms 12

Upload XML Files

4. Next, click the **Chart Abstracted** (***not*** the Web-based Measures) tab.

Upload XML Files

We recommend uploading files into the Test environment first to ensure file accuracy and completeness.

Select a Submission Type		
Test	>	
Production		>

5. Click on Test to upload an XML file into the Test environment.

Web-based Measures   Chart Abstracted

Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.

✏ Change Selection

Test

Upload XML Files

6. Click the blue Select Files button to upload the XML files or drag and drop the XML files into the designated area.
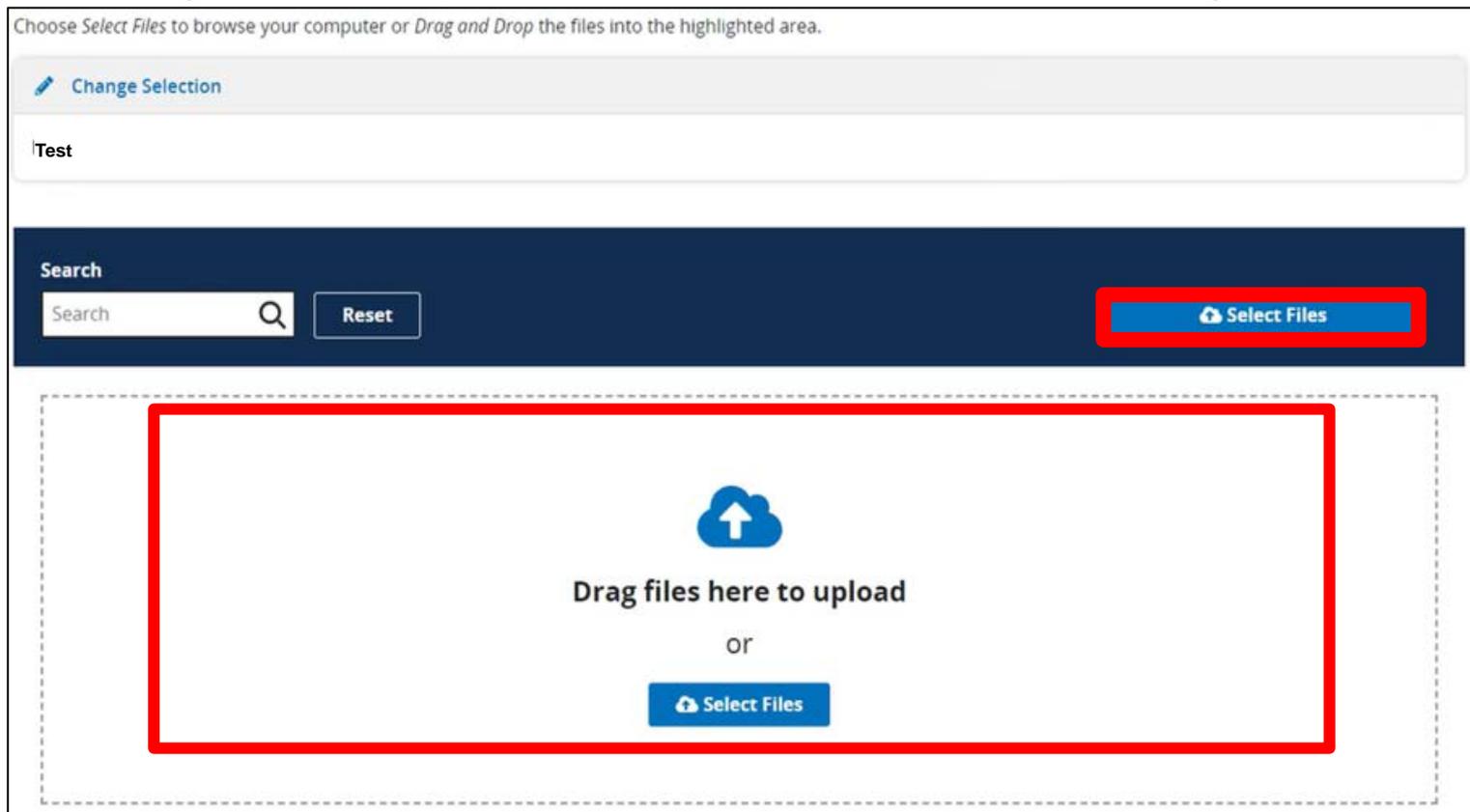
Upload XML Files

If you have access to more than one Quality Reporting Program, then you will have the option to select the program to upload XML files. Choose IPF Quality Reporting for Program Designation when uploading Chart Abstracted files.

Note: For a vendor to upload XML files on behalf of an IPF, the vendor must be authorized by the IPF to upload files <u>and</u> the specific individual from the vendor must have the appropriate permission in the HQR system to upload files.

Upload XML Files

Batch ID
You may want to note this for reviewing specific uploads in the Submission Detail Report.

Status
This column tells you whether the file was accepted or rejected. If rejected, refer to the instructions in the next section to run reports to find out the reasons the XML files were rejected.

Web-based Measures | Chart Abstracted

Choose *Select Files* to browse your computer or *Drag and Drop* the f...

✏ **Change Selection**

Test

Search

Search 🔍 **Reset**

☁ **Select Files**

Batch File Name	Batch ID	Program	File Size	Upload Date ▾	Uploaded By	Status
📄 HBIPS2_eventD...	3094100	IPF	2100 bytes	6/29/2022	NEURODIAGNOSTIC ...	❌ Rejected
📄 154008.xml	3085256	IPF	2084 bytes	5/23/2022	NEURODIAGNOSTIC ...	✅ Accepted

Acronyms

Upload XML Files

When you are ready to upload XML files into the Production environment, click the Change Selection link and select Production from the drop-down menu under Select a Submission Type. Then, click the blue Display Results button.
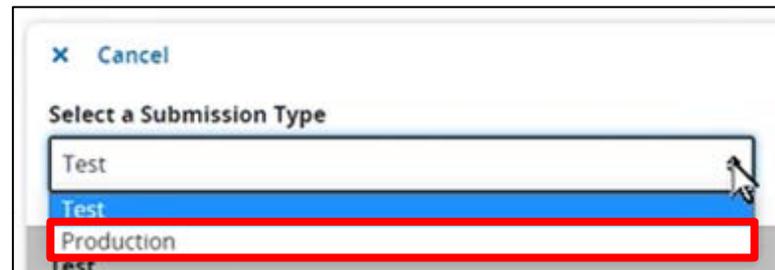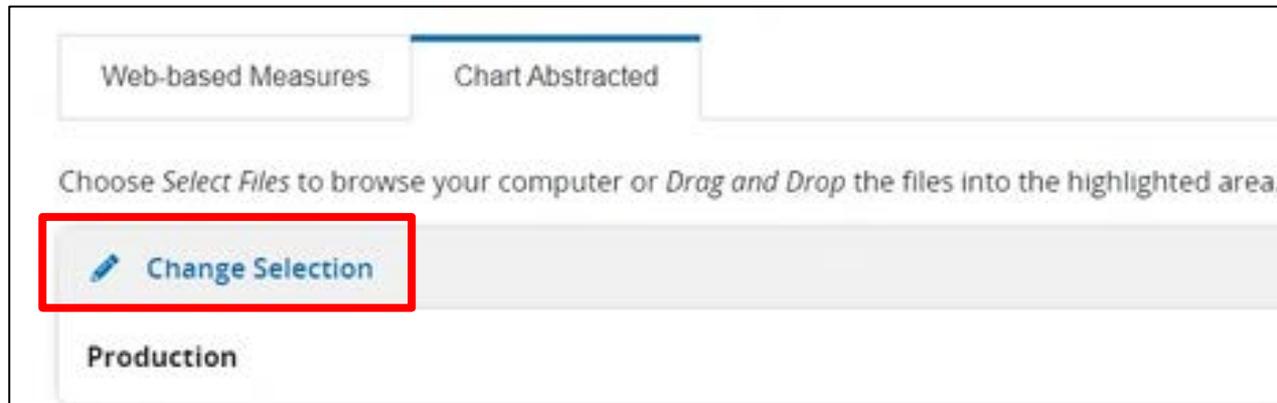
How to Access and Run Reports of XML Files

IPFQR Program Reports for XML File Uploads

Submission Detail

Review information about each XML file uploaded, including the measure set, patient ID, batch ID, patient admit / discharge / event dates, upload date, action code, file name, file status, whether it is a test case, and edit messages

Potential Duplicate

Identify potential duplicates to determine if the records pertain to two different episodes of care or if the duplicates are due to incorrect entry of a patient identifier

Case Status Summary

Review measure set counts, including the number of unique cases submitted, accepted, and rejected

Acronyms

Accessing the
Submission Detail Report

1. From the left menu, click on Data Results and Chart Abstracted.

IPFQR Program Options	IPFQR, Hospital IQR, and Hospital OQR Program Options
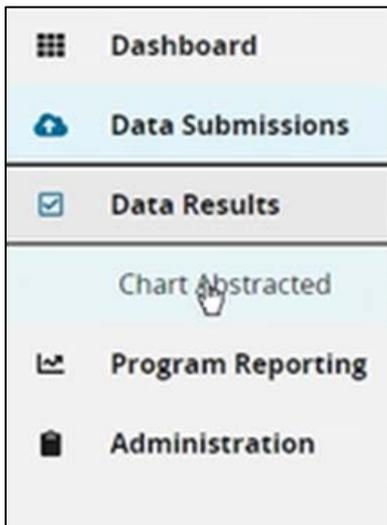
Acronyms 21
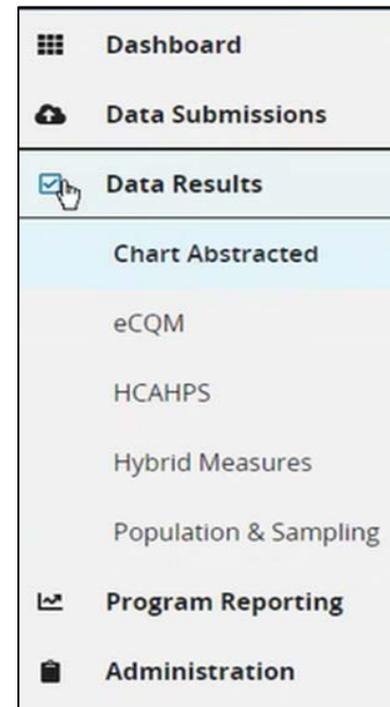
Accessing the
Submission Detail Report

2. In the File Accuracy tab, select IPFQR under Program. (If your provider participates in more than one Quality Reporting Program, then you may see other programs in the drop-down.)

Accessing the Submission Detail Report

3. Under Report, select Submission Detail.
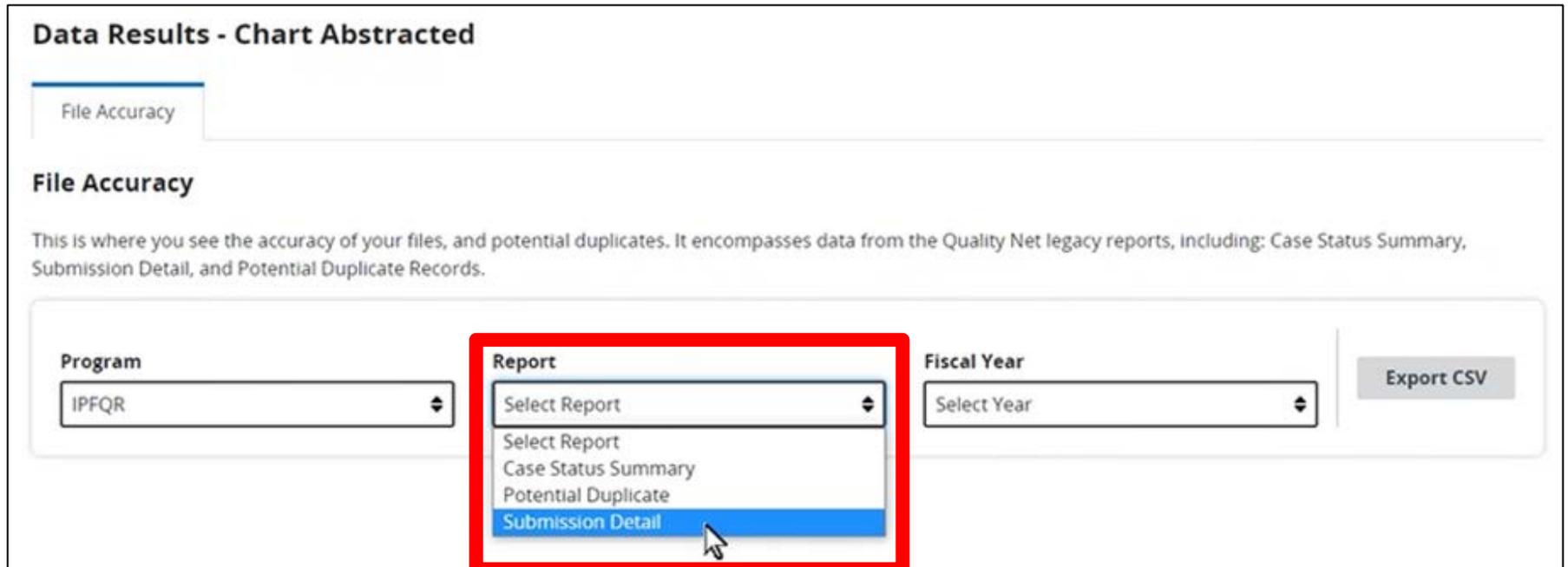
Accessing the Submission Detail Report

4. Under Fiscal Year, select 2023.
(The next few drop-downs are optional. For example, under File Status, you can select Accepted or Rejected.
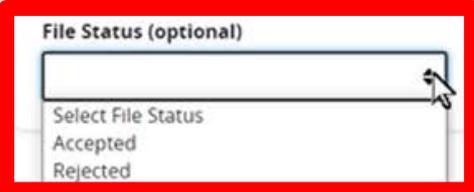
Accessing the Submission Detail Report

5. Under Submission Type, you have the option of selecting Test or Production files. If you noted and want to search by a specific Batch ID, then you can do that as well. Next, click the blue Export CSV button.

Accessing the Submission Detail Report

6. After you click the Export CSV button, the file will download to your computer at a location determined by your browser settings. Click on the file to open it.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	IPF - Submission Detail Report												
2	Fiscal Year: 2023												
3	Provider(s): 123456												
4	Status: ACCEPTED												
5													
6	Provider ID	Measure Set	Patient ID	Batch ID	Admit Date	Discharge Date	Event Date	Upload Date	Action Code	File Name	File Status	Test Case	Message
7	123456 ABC Med Ctr	HBIPS-DSC	999999990	3089157	1/1/2021	1/5/2021		7/1/2022	ADD	HBIPS5_AGE_0_DAY_50040.xml	ACCEPTED	Yes	50040 Informational Message: HBIPS-5: PASSED (E) - The patient met the intent of the measure.
8	123456 ABC Med Ctr	HBIPS-DSC	999999991	3089168	5/2/2021	5/5/2021		7/1/2022	ADD	HBIPS5_DISCHGDISP_6_50010.xml	ACCEPTED	Yes	50010 Informational Message: HBIPS-5: EXCLUDED (B) - There is documentation that the patient expired.
9	123456 ABC Med Ctr	HBIPS-DSC	999999992	3089169	3/20/2021	3/27/2021		7/1/2022	ADD	HBIPS5_DISCHGDISP_7_50040.xml	ACCEPTED	Yes	50040 Informational Message: HBIPS-5: PASSED (E) - The patient met the intent of the measure.
10	123456 ABC Med Ctr	HBIPS-DSC	999999993	3089180	7/15/2021	8/2/2021		7/1/2022	ADD	HBIPS5_JSTPSYCHMD_4_50035.xml	ACCEPTED	Yes	50035 Informational Message: HBIPS-5: NOT MET (D) - There was no appropriate justification for multiple antipsychotic medications data element.
11	123456 ABC Med Ctr	HBIPS-DSC	999999994	3089179	4/9/2021	4/13/2021		7/1/2022	ADD	HBIPS5_JSTPSYCHMD_5_50035.xml	ACCEPTED	Yes	50035 Informational Message: HBIPS-5: NOT MET (D) - There was no appropriate justification for multiple antipsychotic medications data element.
12	123456 ABC Med Ctr	HBIPS-DSC	999999995	3089184	10/19/2021	11/1/2021		7/1/2022	ADD	HBIPS5_LOS_0_DAYS_50005.xml	ACCEPTED	Yes	50005 Informational Message: HBIPS-5: EXCLUDED (B) - Length of Stay [01-05-2021] - [01-05-2021] cannot be equal to or less than 3 days.

Acronyms

Accessing the Submission Detail Report

	A	B	C	D	E	F	G	H	I	J
1	IPF - Submission Detail Report									
2	Fiscal Year: 2023									
3	Provider(s): 123456									
4	Status: ACCEPTED									
5										
6	Provider ID	Measure Set	Patient ID	Batch ID	Admit Date	Discharge Date	Event Date	Upload Date	Action Code	File Name
7	123456 ABC Med Ctr	HBIPS-DSC	999999990	3089157	1/1/2021	1/5/2021		7/1/2022	ADD	HBIPS5_AGE_0_DAY_50040.xml
8	123456 ABC Med Ctr	HBIPS-DSC	999999991	3089168	5/2/2021	5/5/2021		7/1/2022	ADD	HBIPS5_DISCHGDISP_6_50010.xml
9	123456 ABC Med Ctr	HBIPS-DSC	999999992	3089169	3/20/2021	3/27/2021		7/1/2022	ADD	HBIPS5_DISCHGDISP_7_50040.xml
10	123456 ABC Med Ctr	HBIPS-DSC	999999993	3089180	7/15/2021	8/2/2021		7/1/2022	ADD	HBIPS5_JSTPSYCHMD_4_50035.xml
11	123456 ABC Med Ctr	HBIPS-DSC	999999994	3089179	4/9/2021	4/13/2021		7/1/2022	ADD	HBIPS5_JSTPSYCHMD_5_50035.xml
12	123456 ABC Med Ctr	HBIPS-DSC	999999995	3089184	10/19/2021	11/1/2021		7/1/2022	ADD	HBIPS5_LOS_0_DAYS_50005.xml

K	L	M
File Status	Test Case	Message
ACCEPTED	Yes	50040 Informational Message: HBIPS-5: PASSED (E) - The patient met the intent of the measure.
ACCEPTED	Yes	50010 Informational Message: HBIPS-5: EXCLUDED (B) - There is documentation that the patient expired.
ACCEPTED	Yes	50040 Informational Message: HBIPS-5: PASSED (E) - The patient met the intent of the measure.
ACCEPTED	Yes	50035 Informational Message: HBIPS-5: NOT MET (D) - There was no appropriate justification for multiple antipsychotic medications data element.
ACCEPTED	Yes	50035 Informational Message: HBIPS-5: NOT MET (D) - There was no appropriate justification for multiple antipsychotic medications data element.
ACCEPTED	Yes	50005 Informational Message: HBIPS-5: EXCLUDED (B) - Length of Stay [01-05-2021] - [01-05-2021] cannot be equal to or less than 3 days.

Go to the QualityNet IPFQR Edits Documents web page for details
about text in the Message column of the IPF Submission Detail Report.

Potential Duplicate Report

To access the Potential Duplicate Report, return to the File Accuracy tab and select Potential Duplicate from the Report drop-down. Then, select 2023 for the Fiscal Year.

Data Results - Chart Abstracted

File Accuracy

File Accuracy

This is where you see the accuracy of your files, and potential duplicates. It encompasses data from the Quality Net legacy reports, including: Case Status Summary, Submission Detail, and Potential Duplicate Records.

Program	Report	Fiscal Year	
IPFQR	Potential Duplicate	2023	**Export CSV**

Potential Duplicate Report

After you click the blue Export CSV button, a CSV file will download to your computer. The image below displays the type of information available for review in this report.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	IPF - Potential Duplicate Records Report																	
2	Fiscal Year: 2023																	
3	Provider(s): 123456																	
4																		
5	Admit Date	Discharge Date	Event Date	Event Type	Measure Set	Provider ID	Patient ID	Last Name	First Name	Sex	Birth Date	Postal Code	Upload Date	File Name	Upload User Name	Upload Batch ID	Import Provider ID	Matching ID
6	1/1/2021	1/5/2021			HBIPS-DSC	123456	999999990	Doe	Jane	F	1/1/1980	12345	7/1/2022	HBIPS5_18610.xml	A. Bass	3089556	123456	12493
7	1/1/2021	1/5/2021			HBIPS-DSC	123456	999999991	Doe	Janet	F	1/1/1980	12345	7/1/2022	HBIPS5_18611.xml	A. Bass	3089230	123456	12493
8	1/1/2021	1/5/2021			HBIPS-DSC	123456	999999992	Doe	Jane	F	1/1/1980	12345	7/1/2022	HBIPS5_18622.xml	A. Bass	3089557	123456	12495
9	1/1/2021	1/5/2021			HBIPS-DSC	123456	999999990	Doe	Janette	F	1/1/1980	12345	7/1/2022	HBIPS5_18650.xml	A. Bass	3089228	123456	12495
10	1/1/2021	1/5/2021			HBIPS-DSC	123456	999999991	Doe	Jane	F	1/1/1980	12345	7/1/2022	HBIPS5_18672.xml	A. Bass	3089559	123456	12523
11	1/1/2021	1/5/2021			HBIPS-DSC	123456	999999992	Doe	Jean	F	1/1/1980	12345	7/1/2022	HBIPS5_18601.xml	A. Bass	3089231	123456	12523
12	1/1/2021	1/5/2021			HBIPS-DSC	123456	999999993	Doe	Janey	F	1/1/1980	12345	7/1/2022	HBIPS5_18644.xml	A. Bass	3089166	123456	12761
13	1/1/2021	1/5/2021			HBIPS-DSC	123456	999999994	Doe	Jane	F	1/1/1980	12345	7/1/2022	HBIPS5_18616.xml	A. Bass	3089170	123456	12761
14	1/1/2021	1/5/2021			HBIPS-DSC	123456	999999995	Doe	Jane	F	1/1/1980	12345	7/1/2022	HBIPS5_18698.xml	A. Bass	3089234	123456	12761

Acronyms

Potential Duplicate Report

	A	B	C	D	E	F	G	H	I
1	IPF - Potential Duplicate Records Report								
2	Fiscal Year: 2023								
3	Provider(s): 123456								
4									
5	Admit Date	Discharge Date	Event Date	Event Type	Measure Set	Provider ID	Patient ID	Last Name	First Name
6	1/1/2021	1/5/2021			HBIPS-DSC	123456	999999990	Doe	Jane
7	1/1/2021	1/5/2021			HBIPS-DSC	123456	999999991	Doe	Janet
8	1/1/2021	1/5/2021			HBIPS-DSC	123456	999999992	Doe	Jane
9	1/1/2021	1/5/2021			HBIPS-DSC	123456	999999990	Doe	Janette
10	1/1/2021	1/5/2021			HBIPS-DSC	123456	999999991	Doe	Jane
11	1/1/2021	1/5/2021			HBIPS-DSC	123456	999999992	Doe	Jean
12	1/1/2021	1/5/2021			HBIPS-DSC	123456	999999993	Doe	Janey
13	1/1/2021	1/5/2021			HBIPS-DSC	123456	999999994	Doe	Jane
14	1/1/2021	1/5/2021			HBIPS-DSC	123456	999999995	Doe	Jane

Sex	Birth Date	Postal Code	Upload Date	File Name	Upload User Name	Upload Batch ID	Import Provider ID	Matching ID
F	1/1/1980	12345	7/1/2022	HBIPS5_18610.xml	A. Bass	3089556	123456	12493
F	1/1/1980	12345	7/1/2022	HBIPS5_18611.xml	A. Bass	3089230	123456	12493
F	1/1/1980	12345	7/1/2022	HBIPS5_18622.xml	A. Bass	3089557	123456	12495
F	1/1/1980	12345	7/1/2022	HBIPS5_18650.xml	A. Bass	3089228	123456	12495
F	1/1/1980	12345	7/1/2022	HBIPS5_18672.xml	A. Bass	3089559	123456	12523
F	1/1/1980	12345	7/1/2022	HBIPS5_18601.xml	A. Bass	3089231	123456	12523
F	1/1/1980	12345	7/1/2022	HBIPS5_18644.xml	A. Bass	3089166	123456	12761
F	1/1/1980	12345	7/1/2022	HBIPS5_18616.xml	A. Bass	3089170	123456	12761
F	1/1/1980	12345	7/1/2022	HBIPS5_18698.xml	A. Bass	3089234	123456	12761

Potential Duplicate Report

The IPF is responsible for reviewing the data to determine whether potential duplicates pertain to two different episodes of care and is thereby valid, or if the duplicates are due to incorrect entry of a patient identifier. Refer to the information about patient identifiers on page 107 of the IPF Specifications Manual, v1.0a, for more details.

For each patient episode of care the following patient identifiers should match for each *Measure Set* that is submitted:

- CMS Certification Number
- Patient Identifier
- Admission Date
- Discharge Date
- Measure set

For example, if the IPF submits a separate XML file for TOB and IMM, the above identifiers should be the same in each of the XML files. IPFs are encouraged to submit the same case for all chart abstracted measure sets (i.e., TOB and IMM) under the Global Initial Patient Population.

Exceptions

For the TR measures (e.g., TR-1 and TR-2), each discharge from the IPF must be abstracted as a separate episode of care, not based on how the inpatient stay was billed. This applies regardless of whether the patient was discharged from the IPF to home, to another unit within the same facility, or to a different inpatient facility. If a patient is transferred from an IPF unit to another IPF unit within the same healthcare system and the IPF units share the same CCN, this should be abstracted as one episode of care. The same patient identifiers listed above must match for each TR *Measure Set* transmitted.

For the HBIPS event (HBIPS-EVT) measures (e.g., HBIPS-2 and HBIPS-3), each case must have a separate XML file; however, if a patient has multiple events the following patient identifiers should match for each event record transmitted:

- CMS Certification Number
- Patient Identifier
- Measure set
- Event Type
- Event Date

Case Status Summary Report

To view the Case Status Summary Report, go to the File Accuracy tab, select Case Status Summary from the Report drop-down. Then, select 2023 for the fiscal year.

Data Results - Chart Abstracted

File Accuracy

File Accuracy

This is where you see the accuracy of your files, and potential duplicates. It encompasses data from the Quality Net legacy reports, including: Case Status Summary, Submission Detail, and Potential Duplicate Records.

Program	Report	Fiscal Year	
IPFQR ⬍	Case Status Summary ⬍	Select Year ⬍	Export CSV
		Select Year	
		2023	

Case Status Summary Report

The Case Status Summary Report displays the provider's CMS Certification Number (CCN), name, unique cases submitted, cases accepted, and cases rejected for each measure set submitted for the IPF. Refer to the footnotes in the report for more information.

	A	B	C	D	E	F
1	IPF - Case Status Summary Report					
2	Fiscal Year: 2023					
3	Provider(s): 123456					
4						
5	Provider	Measure Set	Unique Cases Submitted	Cases Accepted	Cases Rejected	
6	123456 ABC Med Ctr	HBIPS-DSC	98	52	46	
7	123456 ABC Med Ctr	HBIPS-EVT	116	42	74	
8	123456 ABC Med Ctr	IMM	1	0	1	
9						
10	Footnote:					
11	Unique Cases (patient medical records) that were abstracted and submitted to the CMS Clinical Data Warehouse. Identical cases that are resubmitted are only counted once.					
12	Accepted Cases met the acceptance criteria and were successfully submitted and stored in the CMS Clinical Data Warehouse.					
13	Rejected Cases DO NOT count toward successful submission. For specific information on this case detail, please see the Hospital Reporting - Submission Detail Report.					
14	Deleted cases and test cases have been removed from all case counts.					

Acronyms

Key Takeaways

- The Submission Detail and Potential Duplicate Reports can be run based on XML files uploaded into either the Test or the Production environment.

- Leverage the Submission Detail and Potential Duplicate Reports after uploading XML files into the Test environment (and before uploading into the Production environment) to ensure file layout and content issues are resolved before the data go to CMS for calculations and public reporting.

- The Case Status Summary Report, like the other reports, can be populated by data submitted via XMLs uploaded into the Test or the Production environment.

Commonly Asked Questions

Patient-Level Reporting Commonly Asked Questions

Can IPFs still submit data using the Simple Data Entry tool during the voluntary patient-level reporting period, or are we expected to submit measure and non-measure data using XML files during the summer of 2022?

CMS strongly encourages submission of all aggregate data in the *HQR Secure Portal*. After submitting all aggregate measure and non-measure data, IPFs may voluntarily submit patient-level measure data to test processes for and gain experience in submitting patient-level data prior to the mandatory FY 2024 data submission period. IPFs may choose to submit voluntary patient-level data for as few as one measure, or for all the required measures. Please note that IPFs must report denominators of HBIPS-2 and HBIPS-3 in aggregate in the *HQR Secure Portal* even if they submit patient-level numerator data for HBIPS-2 and/or HBIPS-3.

Acronyms 36

Patient-Level Reporting Commonly Asked Questions

I am a vendor, and my client is a participating IPF that wants to submit all measure and non-measure data via XML files during the voluntary period. Is this allowed?

IPFs can submit all measure and non-measure data to the *HQR Secure Portal* using XML files, except for the denominator value for the HBIPS-2 and HBIPS-3 measures.

- To calculate the HBIPS-2 and HBIPS-3 measure rates, the aggregate denominator value must be entered in the SDE tool.

- To access the DACA form in the *HQR Secure Portal*, all aggregate measure and non-measure data must first be entered and saved in the SDE Tool.

Acronyms 37

Patient-Level Reporting Commonly Asked Questions

**The XML files that I uploaded into the *HQR Secure Portal* are getting rejected but when I run the submission detail report it is blank.
What is causing the files to be rejected?**

The HQR system does not associate alpha-numeric CCNs with the eligibility status of participating IPFs. Therefore, IPFs and their vendors must ensure that the <provider-id> tag in all XML files uploaded into the *HQR Secure Portal* are only numeric 6-digit CCNs. Convert the IPF unit CCN to the following numeric CCNs in the XML files:

- Acute care hospital: Replace "S" in the third position with "0" (XXS001 →XX0001)

- Critical access hospital: Replace "M" in the third position with "1" (XXM301 →XX1301)

- Long term care hospital: "SA" in the third and fourth positions becomes "20" (XXSA01 →XX2001)

- The CCN for free-standing IPFs are already numeric and no changes are needed.

Acronyms

Patient-Level Reporting Commonly Asked Questions

Who should I contact if I have trouble uploading XML files and/or running reports in the *HQR Secure Portal?*

Contact the Center for Clinical Standards and Quality (CCSQ) Service Center and include the IPF CCN and name. Then, note that the issue is related to IPF PLR.

- Phone: (866) 288-8912
- Email: CCSQServiceNow@cms.hhs.gov

Patient-Level Reporting Commonly Asked Questions

Is there a validation process for the IPFQR Program now that IPFs are reporting patient-level data?

No. However, as stated in the [FY 2022 IPF PPS Final Rule](#), CMS aims to adopt a data validation policy for the IPFQR Program in the future. On page 42661, CMS stated: "We believe that it would be appropriate to develop such a policy incrementally through adoption of a data validation pilot prior to national implementation of data validation within the IPFQR Program."

Patient-Level Reporting Commonly Asked Questions

What about CART? How does that relate to the information in this presentation?

A separate educational webinar will provide details to access and use the CMS Abstraction & Reporting Tool (CART) for PLR of IPFQR Program data. An email notification will be sent to subscribers of the IPFQR Program Listserve as soon as more information is available. Be sure to subscribe to the IPFQR Program Listserve, if you have not already done so, by clicking on this link: Listserve Signup.

Future of Patient-Level Reporting

Patient-Level Reporting for the IPFQR Program

Starting with the summer 2023 data submission period, IPFs will be able to report the facility-level denominator value for the HBIPS-2 and HBIPS-3 measures in an XML file.

Patient-Level Reporting for the IPFQR Program

Will the data submission period remain six weeks long?

When will validation become part of the IPFQR Program?

Will IPF data submission become quarterly once PLR is mandatory?

Currently, there are no answers to these questions. However, CMS welcomes your involvement in the rule-making process for the IPFQR Program by sharing your suggestions for consideration during the comment period of future proposed rules.

Helpful Resources

Patient-Level Reporting FY 2023 Data Submission and Verification Checklist

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Patient-Level Reporting Fiscal Year (FY) 2023 Data Submission & Verification Checklist		
Due	**Task**	**✓**
On or before 8/15/2022	**STEP 1: Submit XML file data.**	
	A. Log in to the Hospital Quality Reporting (HQR) System.	☐
	B. Hover over the left side of the screen to expand the menu. Select **Data Submissions**.	☐
	C. Click the **Chart Abstracted (NOT Web-based Measures) tab**.	☐
	D. Confirm XML file layout accuracy in the **Test** environment. (We suggest IPFs and their vendors upload XML files into the **Test** environment first to ensure file accuracy and completeness. To do this, click on **Test**.)	☐
	E. Next, click on the blue **Select Files** button to upload XML files. You can also drag and drop the XML files into the designated area. • If you access more than one Quality Reporting Program, then you can select the appropriate program to upload the XML file(s). Choose **IPF Quality Reporting**.	☐
	F. After you upload the file, you will see a table with **Batch ID** and **Status** columns. • Note the **Batch ID** to review specific uploads in the Submission Detail Report. • The **Status** column indicates whether the XML file was uploaded successfully (accepted or rejected).	☐
	G. When you are ready to upload XML files into the **Production** environment, click the **Change Selection** link. Then, under **Select a Submission Type**, select **Production** from the drop-down menu. Then, click the blue **Display Results** button. Complete Steps E and F above to upload the XML files in the Production environment.	☐
On or before 8/15/2022	**STEP 2: Run reports.**	
	A. From the left menu, click on **Data Results**. Then, click **Chart Abstracted** to access the report(s). There are three types of reports: • *Submission Detail* - Review information about each XML file uploaded, including the measure set, patient ID, batch ID, patient admit / discharge / event dates, upload date, action code, file name, file status, if a test case, and edit messages. • *Potential Duplicate* – Identify potential duplicates to determine if the records pertain to two different episodes of care or if the duplicates are due to incorrect entry of a patient identifier. • *Case Study Summary* - Review measure set counts, including the number of unique cases submitted, accepted, and rejected.	☐
	B. In the File Accuracy tab, under **Program**, select **IPFQR**. If your provider participates in another Quality Reporting Program, you may see other programs in the drop-down.	☐
	C. Under **Report** select a report.	☐
	D. Under **Fiscal Year**, select **2023**. Below are options for the Submission Detail Report: • File Status: Select **Accepted** or **Rejected**. • Submission Type: Select **Test** or **Production** files. • Batch ID: Enter the Batch ID, if known.	☐
	E. Click the blue **Export CSV** button. The file will download to your computer at a location determined by your browser settings. Click on the file to open it.	☐
	F. To access another report, return to the **File Accuracy** tab.	☐
On or before 8/15/2022	**STEP 3: Complete remaining IPFQR Program requirements.** A. Log in to the HQR System to submit aggregate data and the Data Accuracy and Correctness Acknowledgement (DACA). B. Refer to and download the FY 2023 data submission and verification checklists from the QualityNet IPFQR Program Resources webpage.	☐
Note: For guidance on measure and XML file layout specifications for summer 2022 voluntary patient-level reporting, download the *Specifications Manual for National Inpatient Psychiatric Facility Quality Measures, v1.0a*, from the QualityNet IPF Specifications Manuals web page. For other assistance, contact the IPFQR Program Support Contractor via the IPFQualityReporting@hsag.com email, QualityNet Q&A Tool, or phone at (866) 800-8765 or (844) 472-4477.		

The checklist can be found on the QualityNet and Quality Reporting Center websites.

Acronyms

Acronyms

APU	Annual Payment Update	**IMM**	Influenza Immunization
CART	CMS Abstraction & Reporting Tool	**IPF**	inpatient psychiatric facility
CCN	CMS Certification Number	**IPFQR**	Inpatient Psychiatric Facility Quality Reporting
CCSQ	Center for Clinical Standards and Quality	**PLR**	Patient-Level Reporting
CMS	Centers for Medicare & Medicaid Services	**PPS**	prospective payment system
CSV	Comma-Separated Value	**SDE**	Simple Data Entry
DACA	Data Accuracy and Completeness Acknowledgement	**SMD**	Screening for Metabolic Disorders
FY	fiscal year	**SUB**	Substance Use Measure
HBIPS	Hospital-Based Inpatient Psychiatric Services	**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

IPFQR Program Webpages (Click the Icons)

Helpful Resources

Stay up to date...

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Upcoming Webinars

…and get answers to your questions.

Q&A Tool

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FAX (877) 789-4443

Webinar Questions

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

- Write "IPF PLR" 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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