

## Guidelines for Using Release Notes

Release Notes Version 5.1 provides a high-level overview of changes to the *Inpatient Psychiatric Facility Quality Reporting Program Manual*. This Release Notes document is to be used as a reference and is not intended to be used to develop abstraction tools. Please refer to the *Inpatient Psychiatric Facility Quality Reporting Program Manual* for references to the complete and current technical specification and abstraction information.

These notes are organized to follow the order of the Table of Contents in the IPFQR Program Manual. The headings are described below:

- **Impacts** – used to identify the impacted measures and portion(s) of the IPFQR Program Manual section (e.g., Measure Specifications, Appendix).
- **Rationale** – provided for the change being made.
- **Description of Changes** – used to identify the section within the document where the change occurs (e.g., Definition, Denominator Statement, Reporting Period).

The content below is organized to follow the Table of Contents in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Manual.

### TITLE PAGE – Inpatient Psychiatric Facility Quality Reporting Program Manual

**Impacts:** Title Page

**Rationale:** Updates the version number and the effective date to enable users to determine which manual is relevant to the discharge period in question.

**Description of Changes:**

**Changed** the text below the document title to:

**“Version 5.1 – Publication date: January 2, 2020**

**Effective date: January 1, 2020**

**(All data that are to be reported to CMS in calendar year 2021)”**

### Table of Contents

**Impacts:** Table of Contents Page

**Rationale:** Updates the expiration date in the PRA Disclosure Statement to inform users how long the OMB control number for information in the manual is valid.

**Description of Changes:**

**Changed** the expiration date for the PRA Disclosure Statement to 11/30/2022.

## Section 1 – Inpatient Psychiatric Facility Quality Reporting Program

**Impacts:** Eligibility

**Rationale:** Provides updated information to ensure users understand the criteria that determine whether an entity can participate in the IPFQR Program.

**Description of Changes:**

**Changed** the header from **Eligibility** to **Criteria Required to Participate in the IPFQR Program**

**Changed** the second sentence in the first paragraph to:

“The IPF PPS applies to inpatient psychiatric services furnished by Medicare participating entities in the United States that are classified as psychiatric hospitals or certified psychiatric units in acute care hospitals (ACHs), critical access hospitals (CAHs), long-term care hospitals (LTCHs), inpatient rehabilitation facilities (IRFs), and children’s hospitals.”

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**Impacts:** Additional Program Information

**Rationale:** Provides instructions to ensure users can access National Provider Webinars.

**Description of Change:**

**Changed** the hyperlink after the first sentence to <https://www.qualitynet.org/ipf>.

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**Impacts:** Glossary of Terms

**Rationale:** Clarifies the definition of a term to ensure consistency in measure abstraction.

**Description of Change:**

**Changed** the definition of the term Principal diagnosis at discharge to:

“The final principal diagnosis at the time of discharge. Documentation of the principal diagnosis at discharge from the physician’s final progress note may be included in the transition record to meet this element.”

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**Impacts:** Proposed Rule and Final Rule Publication Site

**Rationale:** Provides an updated list to ensure users can access the latest IPF PPS Final Rule.

**Description of Change:**

**Added** the following after the information about the FY 2019 IPF PPS Final Rule: “The FY 2020 IPF PPS Final Rule was published on August 6, 2019. The rule contained changes to the IPFQR Program applicable for FY 2021 and beyond. Information for the IPFQR Program begins on page 38459 (direct download, 6.27 MB): <https://www.govinfo.gov/content/pkg/FR-2019-08-06/pdf/2019-16370.pdf>.”

## SECTION 2 – Measure Details

**Impacts:** Table 1: Specification Resources for IPFQR Program Measures

**Rationale:** Provides updated resource information to ensure users reference the correct specifications for the TOB, SUB, and IMM-2 measure sets and the claims-based measures.

**Description of Changes:**

**Changed** the hyperlink for the *IPFQR Program Claims-Based Measure Specifications* to go to the new *QualityNet* IPFQR Program Resources web page.

**Changed** the list of claims-based measures to: Follow-Up After Hospitalization (FUH) for Mental Illness, 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF, and Medication Continuation Following Inpatient Psychiatric Discharge.

**Removed** a note indicating that the version of the *Specifications Manual for Joint Commission National Quality Measures* that will include the TOB, SUB, and IMM-2 measures is likely to be published in July 2019.

**Changed** the instructions to navigate to the IPFQR Program Manuals and release notes on QualityNet to: [QualityNet](#) > Inpatient Psychiatric Facilities > Resources > [IPFQR Program Resources](#).

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**Impacts:** Inpatient Psychiatric Facility Quality Measures

**Rationale:** Ensures users have access to an accurate list of IPFQR Program measure requirements for FY 2021 and subsequent years.

**Description of Changes:**

**Changed** the sub-header to FY 2021 and Subsequent Years

**Removed** the following text:

In the FY 2019 IPF PPS Final Rule, CMS removed five measures from the IPFQR Program, effective for FY 2020 payment determination and subsequent years.

Three chart-abstracted measures:

- Alcohol Use Screening (SUB-1)
- Tobacco Use Screening (TOB-1)
- Influenza Vaccination Among Healthcare Personnel (HCP)

Two attestation measures:

- Assessment of Patient Experience of Care
- Use of Electronic Health Record

The TOB-1 measure was removed under measure removal Factor 1 because performance among IPFs is so high and unvarying that meaningful distinctions and improvements in performance can no longer be made. The SUB-1, Influenza Vaccination Among HCP, Assessment of Patient Experience of Care, and Use of Electronic Health Record measures were removed under measure removal Factor 8 because the costs associated with the measures outweigh the benefits of retaining those measures in the IPFQR Program.

**Changed** the title of Table 2 to: IPFQR Program Measures for FY 2021 and Subsequent Years.

**Added** a row to Table 2 listing Measure ID of N/A and Measure Description of Medication Continuation Following Inpatient Psychiatric Discharge

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**Impacts:** Sampling

**Rationale:** Provides updated measure collection and reporting period information for end users to reference pertaining to FY 2021 and subsequent years.

**Description of Changes:**

**Changed** sub-header to: FY 2021 Payment Determination and Subsequent Years

**Changed** first sentence in the first paragraph to:

“Data collected pertaining to IPF discharges during CY 2019 (except IMM-2 data, which is collected October 2019 through March 2020) will be reported to CMS in 2020 and impact FY 2021 payment determination.”

**Changed** the first sentence in Option 1 to:

“IPFs may choose to continue referencing the sampling guidelines described in Section 5: Population and Sampling Specifications of the [Specifications Manual for Joint Commission National Quality Measures](#) for the HBIPS-5, SUB, TOB, IMM-2, Transition Record, and the Screening for Metabolic Disorders measures.”

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**Impacts:** Chart Abstraction

**Rationale:** Provides updates to ensure users can access appropriate specification resources for the IPFQR Program measures.

**Description of Changes:**

**Changed** the last sentence of the last paragraph under the HBIPS-5 to:

“Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification sub-header to: The HBIPS data elements are located in Section 3 – Introduction to the Data Dictionary within the Alphabetical List of Data Elements.”

**Changed** the last paragraph under the SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and the subset SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge sub-header to:

“For SUB measure information, please refer to Substance Use Measure (SUB) in Section 1: Measure Information Forms of the [Specifications Manual for Joint Commission National Quality Measures](#).”

**Changed** the last paragraph under the TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and the subset TOB-3a: Tobacco Use Treatment at Discharge sub-header to:

“For TOB measure information, please refer to Tobacco Treatment Measures (TOB) in Section 1: Measure Information Forms of the [Specifications Manual for Joint Commission National Quality Measures](#).”

**Changed** the last paragraphs under the IMM-2 sub-header to:

“For IMM-2 measure information, including a list of exclusions, please refer to Immunization (IMM) in Section 1: Measure Information Forms of the [Specifications Manual for Joint Commission National Quality Measures](#).”

**Changed** the first sentence in the last paragraph below the list of required elements under the numerator statement of the Transition Record with Specified Elements Received by Discharged Patients measure to:

“All eleven elements must be captured in the transition record to satisfy the measure numerator.”

**Added** the following text in a blue box after the third paragraph under the Timely Transmission of Transition Record sub-header:

“The case must meet the numerator of the Transition Record with Specified Elements Received by Discharged Patients measure to be included in the numerator of the Timely Transmission of Transition Record measure. Therefore, the numerator for the Timely Transmission of Transition Record measure cannot exceed the numerator for the Transition Record with Specified Elements Received by Discharged Patients measure.”

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### **Impacts:** Claims-Based Measures

**Rationale:** Remove duplicative information and provide a high-level overview of the newly adopted claims-based measures to ensure users have clear and concise information.

### **Description of Changes:**

**Removed** the following text located at the end of the Claims-Based Measure: Follow-Up After Hospitalization for Mental Illness (FUH) sub-header:

“Refer to Section 9: Resources – Claims-Based Measure Specifications of this program manual for information on where to find a claims-based measure specifications document on the *QualityNet* and *Quality Reporting Center* websites.”

**Added** the Claims-Based Measure: Medication Continuation Following Inpatient Psychiatric Discharge sub-header and the following text:

This measure assesses whether adult Medicare FFS patients covered under Medicare Part D who were admitted to an inpatient psychiatric facility (IPF) for major depressive disorder (MDD), schizophrenia, or bipolar disorder filled a prescription for evidence-based medication during the follow-up period (within 2 days prior to discharge and 30 days post-discharge).

The reporting period for the measure is 24 months. The reporting period begins on July 1 and ends on June 30 two years later.

CMS will calculate the measure using Medicare FFS Part A, B, and D data, linking Medicare FFS claims submitted by IPFs with medication claims within 2 days prior to discharge and 30 days post discharge. Patients must be enrolled in Medicare FFS Part A and Part B during the index admission and Parts A, B, and D at least 30 days post-discharge to be included in the denominator. This approach requires no additional data collection or reporting by IPFs.”

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**Impacts:** Data Submission

**Rationale:** Provide updates to the IPFQR Program Measure tables for the FY 2021 and FY 2022 payment determinations as well as instructions to submit data to CMS to ensure that users abstract, collect, and report data to CMS for the correct measures during the correct time periods.

**Description of Changes:**

**Changed** the first sentence to: “The following tables list information pertinent to data submission for the FY 2021 and FY 2022 payment determinations.”

**Changes** the title of Table 4 to: “**Table 4: IPFQR Program Measures for FY 2021 Payment Determination**”.

**Changed** the year in the Reporting Period column of Table 4 to 2019 for all measures except IMM-2 (October 1, 2019–March 31, 2020), FUH (July 1, 2018–June 30, 2019), 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF (July 1, 2017–June 30, 2019).

**Changed** the year in the Submission Period column of Table 4 to 2020 for all measures except FUH (Calculated by CMS), 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF (Calculated by CMS ), and Medication Continuation Following Inpatient Psychiatric Discharge (Calculated by CMS).

**Added** the following information to Table 4:

Measure: Medication Continuation Following Inpatient Psychiatric Discharge

Reporting Period: July 1, 2017–June 30, 2019

Submission Period: Calculated by CMS

Measure Type: Claims-Based

Sampling Allowed: N/A

**Changed** the Note after Table 4 to:

“The IMM-2 measure is the only chart-abstracted measure in which the reporting period crosses over two calendar years, from October 1, 2019, through March 31, 2020, for the FY 2021 payment determination.”

**Changed** the title of Table 5 to: “**Table 5: IPFQR Program Measures for FY 2022 Payment Determination**”.

**Changed** the year in the Reporting Period column of Table 5 to 2020 for all measures except IMM-2 (October 1, 2020–March 31, 2021), FUH (July 1, 2019–June 30, 2020), 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF (July 1, 2018–June 30, 2020).

**Added** the following information to Table 5:

Measure: Medication Continuation Following Inpatient Psychiatric Discharge

Reporting Period: July 1, 2018–June 30, 2020

Submission Period: Calculated by CMS

Measure Type: Claims-Based

Sampling Allowed: N/A

**Changed** the year in the Submission Period column of Table 5 to 2021 for all measures except FUH (Calculated by CMS), 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF (Calculated by CMS), and Medication Continuation Following Inpatient Psychiatric Discharge (Calculated by CMS).

**Changed** the Note after Table 5 to:

“The IMM-2 measure is the only chart-abstracted measure in which the reporting period crosses over two calendar years, from October 1, 2020, through March 31, 2021, for the FY 2022 payment determination.”

**Changed** the first sentence in second paragraph after Submission of Non-Measure Data/Population Counts sub-header to:

“IPFs are to acknowledge whether they used the global sampling methodology (described on page 17 of this program manual) to sample any of the applicable measures collected for submission in 2020.”

**Changed** text and images under the Submission Information sub-header to:

**“Submission Information**

IPFs submit measure and non-measure data submissions as well as complete the DACA form via the web-based data collection tool (WBDCT) located on the *QualityNet Secure Portal*. The only measure data not submitted via the WBDCT are the FUH, the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF, and Medication Continuation Following Inpatient Psychiatric Discharge measures (claims-based, calculated by CMS).

To begin the data submission process:

1. Access and log into the *QualityNet Secure Portal*.
  - a. From the *QualityNet* home page, click on the Log into Secure Portal button or the Log Into *QualityNet* Secure Portal button
  - b. Select **Hospital Quality Reporting** from the drop-down menu and click the **Let’s Go** button
  - c. Log into the portal using your User ID, Password, and Security Code and accept the terms and conditions.



2. From the “Hospital Quality Reporting: My Tasks” page, select **View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)** under Manage Measures.
3. On the next screen, you may have the option to choose from several quality reporting programs, depending on user access settings. Select **Inpatient Psychiatric Facilities Web-Based Measures/DACA**.

Select the appropriate payment year from the drop-down menu (i.e., for data collected in CY 2020 to be entered in 2021, select Payment Year 2022).

On the landing page of the WBDCT, there are hyperlinks to the data submission pages and the DACA form. The submission status will remain “Incomplete” until data are entered and saved for each submission page. The screenshot below illustrates the hyperlinks to the submission pages, which will appear in a single row across the screen.”

**Changed** the screenshot after the DACA sub-header from FY 2019 DACA entry page to the FY 2020 DACA entry page.

**Changed** the second sentence under the DACA sub-header from FY 2019 to FY 2020.

### SECTION 3: *QualityNet* Registration

**Impacts:** *QualityNet* registration process

**Rationale:** The images and instructions were updated to familiarize users with the new layout of the *QualityNet* website.

#### **Description of Changes:**

**Changed** the images and instructions after the first paragraph below the ***QualityNet Secure Portal Access*** sub-header to:

“To begin *QualityNet* Registration as a Security Administrator:

1. Access the *QualityNet* website located at *http://www.QualityNet.org* from your web browser.
2. Click the **Register** button on the top right of the homepage. The Getting Started with *QualityNet* page appears.  
The *QualityNet* Registration page contains an overview of the registration process and helpful links for getting started with *QualityNet*.
3. Scroll down the page to the **I am a Security Administrator** section and complete the steps to register.”

**Changed** the screenshot under the Completing the *QualityNet* Registration Form sub-header.

**Added** a screenshot of the second page of the *QualityNet* Registration Form below the third paragraph under the Completing the *QualityNet* Registration Form sub-header.

**Changed** the mailing address in the last section of the Completing the *QualityNet* Registration Form sub-header to:  
“QualityNet Help Desk  
12000 Ridgmont Drive  
Urbandale, IA 50323-2317”

**Changed** the email address in the last section of the Completing the *QualityNet* Registration Form sub-header to: [QualityNet-Registration-Submission@hcqis.org](mailto:QualityNet-Registration-Submission@hcqis.org).

**Changed** the text and images after “To begin account activation:” below the Activating the Security Administrator Account to:

1. “Access the *QualityNet* website located at <http://www.QualityNet.org> from your web browser.
2. Click either the **Log into Secure Portal** button or the **Log Into QualityNet Secure Portal** button.
3. Select **Hospital Quality Reporting** from the drop-down menu and click the **Let’s Go** button.

Select the **Start/Complete New User Enrollment** link in the yellow box. (Do not enter information in the fields under Log In to QualityNet.)

4. Enter the individual assigned username and a temporary password provided via the email notification in the required fields and click the **SUBMIT** button.
5. Follow the instructions to establish a new password.

**NOTE:** After the password is established, the user must complete the enrollment to obtain access to the *QualityNet Secure Portal*. This establishes access to the web-based Notice of Participation (NOP), Web-Based Measures, Data Accuracy and Completeness Acknowledgement (DACA) applications, and IPFQR Program reports.”

**Changed** the text and images after “To download the multifactor authentication application to a PC or tablet” to:

1. “Access the *QualityNet* website located at <http://www.QualityNet.org> from your web browser.
2. Click the Register button on the top right of the homepage. The Getting Started with *QualityNet* page appears.
3. Select the “New User Enrollment” tab from the menu on the left side of the page and complete step 1 to download the Symantec VIP Access Desktop application.

The Symantec VeriSign ID Protection web page will appear.

4. Select the download option that is appropriate to the device being used, either for Windows® or Mac®.

**NOTE:** It may be necessary to consult with your IT department before downloading the VeriSign ID to the PC due to system firewalls or other restrictions.

Once the Symantec multifactor authentication application download is on the computer, users are ready to access the *QualityNet Secure Portal*.

5. Access the *QualityNet Secure Portal* from the [QualityNet.org](https://www.qualitynet.org) website by clicking either the Log into Secure Portal button located in the top right corner of the webpage or the Log into QualityNet Secure Portal button located on the left side of the webpage.
6. The *Choose Your QualityNet Destination* page will open. From the *Select Your QualityNet Destination* drop-down menu, select Hospital Quality Reporting then the Let's Go button.
7. The *Log In to QualityNet* window appears.  
Each IPFQR user must complete the authenticating (proofing), required by the Federal Information Security Management Act (FISMA), for accessing government systems.
8. Select the link Start/Complete New User Enrollment on the login page to begin the enrollment process.  
The *QualityNet Starting and Completing New User Enrollment* page appears.
9. Enter your User ID and Password and select Submit.
10. Follow the instructions for the enrollment process described in the following sections.”

**Removed** the following NOTE after “4. Select **Submit**” under the Enrolling the Credentials sub-header:

“**NOTE:** For additional information on the New User Enrollment Process, select the *QualityNet Secure Portal User Guide* link:  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetBasic&cid=1228773343598>.”

The New User Enrollment Process information is contained in Section 4 of the guide.”

**Changed** the text and images after the Logging In to the QualityNet Secure Portal sub-header to:

“After completing all necessary paperwork and the New User Enrollment, the user will have access to the *QualityNet Secure Portal*.”

To access the *QualityNet Secure Portal*:

1. Go to the [QualityNet.org](https://www.qualitynet.org) website and log in.
2. The *Choose Your QualityNet Destination* page will open. From the *Select Your QualityNet Destination* drop-down menu, select **Hospital Quality Reporting** then the **Let's Go** button.
3. The *Log In to QualityNet* screen appears.

4. Open the previously downloaded Symantec VIP application for the time sensitive Security Code.
5. Enter the **User ID, Password, and Security Code**.
6. Select **Submit**. The security screen will be displayed, indicating the user has access a U.S. Government Information system.
7. Accept the terms to be granted access to the *QualityNet Secure Portal*.
8. The “Hospital Quality Reporting: My Tasks” page will appear.

The content of the My Tasks page is dependent upon the user roles assigned to the individual. If assigned the appropriate roles, the user may perform one or more of the following tasks as they relate to the IPFQR Program:

- Manage measures – View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)
- Manage Notice of Participation – View/Edit Notice of Participation, Contacts, Campuses
- Access reports from the My Reports link in the top menu
- Report Authorizations – View/Request/Approve Access
- Vendor Authorization – Authorize vendors to submit data
- Manage security”

## SECTION 4: Vendor Authorization

**Impacts:** Instructions for the IPFQR Program’s vendor authorization process.

**Rationale:** The images and instructions were updated to familiarize users with the new layout of the *QualityNet* website.

### Description of Changes:

**Changed** images and text for instructions one through seven to:

1. “Log in to the *QualityNet Secure Portal* and from the “Hospital Quality Reporting: My Tasks” page, select the Authorize vendors to Submit Data link in the box labeled **Vendor Authorization**.
2. The *Vendor Authorization* screen appears.
3. Select the Inpatient Psychiatric Facility program from the drop-down box and click **Submit**. The *Provider Information* screen appears.
4. Select either the **Add New Vendor Authorization** or the **Update Vendor Authorization** link.

All vendors that have been allowed to submit clinical data on the institution’s behalf are automatically authorized to submit web-based measures for the data submission period beginning July 1.

5. Select a vendor from the list and verify the correct vendor is displayed. Click the Continue button

**NOTE:** Use the **Cancel** button to return to the previous page to make a vendor change, if necessary.

6. The **Add Dates to Selected Vendor** screen will appear.

Select the **Calendar** icon to choose a Discharge/Encounter Date > Start and then Data Transmission Date > Start for the measures.

Both start dates are required, but end dates are not. The Discharge/Encounter Date > Start Date must be the first day of a quarter. The Data Transmission Date > Start Date must be equal to or greater than the current date.

### **Recommendations**

Do not enter end dates unless it is known that a specific vendor will not submit data after the specified end dates or if you are converting from one CMS Certification Number (CCN) to a new CCN. The Discharge/Encounter Date > End Date must be the last day of a quarter.

If you are terminating a vendor relationship at the end of a submission period, CMS recommends that you do not enter the submission deadline date as the Data Transmission Date > End Date due to the possibility of a submission date extension. CMS recommends that you enter the Data Transmission Date > End Date when all data have been transmitted.

If more than one vendor is authorized for the same topic and timeframe, a message indicating there is more than one vendor authorized to submit data for the same measure set and time period will display. You will be able to proceed but will need to verify that the dates entered are correct.”

## **SECTION 5: Notice of Participation**

**Impacts:** Notice of Participation Application

**Rationale:** The images and instructions were updated to familiarize users with the new layout of the *QualityNet* website.

**Description of Changes:**

**Changed** images and text for instructions one through six to:

“To access the online NOP application:

1. Ensure the IPFQR NOP Read or IPFQR NOP Update (to add or edit) role has been assigned by the Security Administrator.

2. Log in to the *QualityNet Secure Portal* and from the “Hospital Quality Reporting: My Tasks” page, select the *View/Edit Notice of Participation Contacts Campuses* link in the box labeled **Manage Notice of Participation**.

Users that are affiliated with only one facility will see their facility’s 6-digit CMS CCN after selecting the **Manage Notice of Participation** link under the *My Tasks* screen.

Users that are affiliated with more than one program type will be prompted to select the radio button next to Inpatient Psychiatric Facility (IPF) Notice of Participation. Users that are affiliated with more than one facility will be prompted to enter the 6-digit CCN, as shown below.

3. Select the action to be completed.

**View**, **Add**, or **Update** the Notice of Participation, Contacts, or Additional Campuses information.

Additional campus information may not apply to all IPFs. It is applicable for facilities that have more than one physical location but are licensed and reimbursed under the same CCN.

Quality data are reported and published under the same CCN regardless of the number of physical locations associated with a CCN.

4. If this is the first time the NOP is being added, enter the contact information. Do not enter a pledge before entering contact information. Notice no pledge exists for this provider.
5. Select Contacts from the list.
6. Enter at least **two** facility contacts within the contact screen and ensure that the “Yes” box is checked to indicate that an email notification will be sent to the contact if there are any NOP, Contact, or Campus data changes.
7. Select the desired pledge option and the acknowledgement check box.

Upon initial completion of the NOP, two pledge options are available: **Participate** or **Do not agree to participate.**”

## SECTION 6: Data Accuracy and Completeness Acknowledgement

**Impacts:** Data Accuracy and Completeness Acknowledgement

**Rationale:** Text and images were updated to familiarize users with the new layout of the *QualityNet* website.

**Description of Changes:**

**Changed** images and text from the fourth paragraph onward to:

“When you have completed submitting data for all measures, select the **DACA** link to complete your “Data Accuracy and Completeness Acknowledgement,” denoted by #2 below.

The following page appears.

**NOTE:** The DACA form is updated annually to address the payment determination year impacted by the current data submission period. The updated form is accessible only during the annual data submission period (July 1–August 15). The screenshot below of the FY 2020 DACA is provided as an example for your reference.

1. Select the **Yes, I Acknowledge** radio button.
2. Enter your position or title.
3. Select the **Submit** button.”

## SECTION 7: Accessing and Reviewing Reports

**Impacts:** Instructions to access and review Facility, State, and National as well as IPF Participation reports.

**Rationale:** The images and instructions were updated to familiarize users with the new layout of the *QualityNet* website.

### Description of Changes:

**Changed** images and text after the first paragraph under the Facility, State, and National Report sub-header to:

“To run a Hospital Reporting-Inpatient Psychiatric Facility, State, and National Report:

1. Log in to the *QualityNet Secure Portal* and from the “Hospital Quality Reporting: My Tasks” page, select **My Reports** from the menu in the yellow tool bar at the top of the summary screen.
2. Select the **Run Report(s)** tab or click the “Run Report(s)” link under “I’d Like To...”.
3. The Select Program, Category and Report screen will appear.
4. Select **IPFQR** for Report Program and **Hospital Reporting Feedback – IPFQR** for Report Category. Then, select the **VIEW REPORTS** button.
5. A list of report options will appear. Select **Hospital Reporting – Inpatient Psychiatric Facility, State and National Report**.
6. Enter your desired report parameters and the payment year.
7. Select the **Run Report** button and the Report Submitted screen will appear.
8. Select the **Search Reports** tab at the top or the **Search Reports** button at the bottom of the screen.
9. Select the new report and open it.”

**Changed** images and text after the first paragraph under Provider Participation Report sub-header to:

“To run a Hospital Reporting-Inpatient Psychiatric Facility Participation Report complete the same steps as outlined above for the Facility, State, and National Report except in step 5, select Hospital Reporting – Inpatient Psychiatric Facility Participation Report (see image below).”

## Section 8 – Public Reporting of IPFQR Program Data

**Impacts:** IPF-Specific Reports (ISRs) for Claims-Based Measures

**Rationale:** Provides updates to advise users about the ISRs for the IPFQR Program claims-based measures.

### Description of Changes:

**Changed** text in the first two sentences to:

“The Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program provides inpatient psychiatric facilities (IPFs) with IPF-Specific Reports (ISRs) for claims-based measures.

ISRs allow IPFs to review the information that will be publicly reported annually for the Follow-Up After Hospitalization for Mental Illness and Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF measures which are calculated by Centers for Medicare & Medicaid Services (CMS) using administrative claims data.”

**Changed** text in the first sentence of the fifth paragraph to:

“The ISR user guides for the three claims-based measures provide detailed information about the ISR for each measure.”

**Removed** “for FY 2019” from the last sentence.

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**Impacts:** *Medicare.gov Hospital Compare Website*

**Rationale:** Provides updated images and instructions to advise IPFQR Program stakeholders on how to leverage the compare pages to view measure data for up to three facilities as well as how to navigate the website to access current and prior reported data from the data.medicare.gov website.

### Description of Changes:

**Changed** text after the first sentence to:



## Access and Compare IPFQR Program Data from up to Three Facilities in the *Hospital Compare* Pages

1. Access the [Medicare Hospital Compare Search](http://medicare.gov/hospitalcompare/search.html) webpage (<http://medicare.gov/hospitalcompare/search.html>)
2. Use the “Find a hospital” function to search for list of facilities by entering ZIP code or City, State, or State information in the Location field and then click the Search button.
3. On the next page, select up to three hospitals to compare by clicking on the “Add to Compare” button. As each hospital is selected, it will appear in the Hospital Results box near the top of the page with a check mark next to it.
4. Once selections are complete, click the “Compare Now” button.
5. The “Compare Hospitals” page appears and will default to the General information tab, which provides an overview of the selected hospitals, side-by-side. Click on the “Psychiatric unit services” tab to compare IPFQR Program measure results between the selected facilities.
6. In the “Psychiatric unit services” tab you will find 1) a brief introduction, 2) hyperlinks to additional information, and 3) expandable accordion categories of measure information.
  - Click the “Learn why these measures are important” hyperlink to see a table listing each quality measure, a description of what it is, and why it is important.
  - Click the “Get more information about the data” hyperlink to review information about patients included in the measures, sources of the information, risk adjustment, significance testing, the IPF performance categories, and additional information.
  - Click the “Get the current data collection period” hyperlink to view a comprehensive of measures that are included on the Hospital Compare website for the IPFQR and other quality reporting programs. The following is an image at the top of the webpage; however, the Psychiatric unit services data are listed starting about two-thirds down the page.

## Access the Most Recently Reported IPFQR Program Data in the *Hospital Compare* Data Archive

1. Go to <https://data.medicare.gov/data/hospital-compare> to access the *Hospital Compare* datasets webpage.
2. Select “Psychiatric Unit Services” from the drop-down menu next to the words “in category” in the blue bar.
3. Data sets will appear for the Inpatient Psychiatric Facility Quality Measure Data 1) by Facility, 2) by State, and 3) National. To view Facility-level data, select the hyperlink ending in “by Facility”.

## Sort Table Data within the *Hospital Compare* Website

In the new webpage that appears, you will see the following:

- Overview
- About this Dataset
- What's in this Dataset?
- A list of the Columns in this Dataset
- Table Preview, where columns of data can be sorted in ascending or descending order

**Added** the following text and images after the instructions on how to View Facility-Level IPFQR Program Data:

### **Access the Previously Reported IPFQR Program Data in the *Hospital Compare* Data Archive**

1. Go to <https://data.medicare.gov/data/hospital-compare> to access the *Hospital Compare* datasets webpage.
2. Click the “GET ARCHIVED DATA” button.
3. A new window or tab will open, listing annual files by year. Each zip file contains Microsoft Excel Comma Separated Values (CSV) files for all data reported to the Data.Medicare.gov website.

Notes:

- The most current zip file for a given year will include “Revised” in the file name.
- In the 2017 and prior annual files, the Excel file name for facility-level data will be listed as “HOSPITAL\_QUARTERLY\_IPFQR\_MEASURES\_HOSPITAL”.
- In the 2018 and subsequent annual files, the Excel file name for facility-level data will be listed as “IPFQR\_QualityMeasures\_Facility”.

## **Section 9 – Resources**

**Impacts:** Resources for the IPFQR Program

**Rationale:** Provides clarification on how users can leverage available resources for the IPFQR Program.

**Description of Changes:**

**Added IPFQR Program Webinars** sub-header.

**Changed** text after the first sentence under the **IPFQR Program Webinars** sub-header to:

“The slides from each of the education sessions are published to the *QualityNet* website and are available for review from the [Inpatient Psychiatric Facility Quality Reporting \(IPFQR\) Program](#) landing page by selecting the [Webinars](#) link from the top menu. These materials are also available on the *Quality Reporting Center* website on the [Archived Events](#) webpage.”

**Changed** text under the [IPFQR Program Listserve](#) sub-header to:

“To receive important IPFQR Program updates and notifications, please subscribe to the IPFQR Program Listserve on the *QualityNet* website. On the *QualityNet* home page, select the “Subscribe to Email Updates” box, enter your User Information, check the box next to Inpatient Psychiatric Facility Quality Reporting Program, and click **Submit**.”

**Changed** instructions under Questions & Answers sub-header to:

1. “Users can access the Q&A tool from *QualityNet* by hovering over the “Help” link at the top right of the screen and selecting the **Inpatient Psychiatric Facilities** link under Question & Answer Tool section. The direct link is [https://cmsqualitysupport.service-now.com/qnet\\_ga](https://cmsqualitysupport.service-now.com/qnet_ga)
2. From the landing page, click the **Browse** button.
3. On the left side of the screen select Inpatient Psychiatric Facilities from the drop-down menu under Program Knowledge Bases.
4. Under Categories, select the applicable category. Click the plus sign next to the IPFQR Measures category to see additional options. You can browse the Top Rated Articles, Most View Articles, or enter your question in the search field.
5. If you do not find an answer to your question via the **Browse** function, select the **Ask a Question** link to submit a question to the IPFQR Support Contractor.
6. You may also reach the IPFQR Support Contractor in the following ways.
  - Toll-Free Telephone: (844) 472-4477 or (866) 800-8765  
Hours of Operation: 8:00 a.m.–8:00 p.m. Eastern Time
  - Email: [IPFQualityReporting@hcqis.org](mailto:IPFQualityReporting@hcqis.org)”

**Removed** the second paragraph below the *QualityNet* Website sub-header.

**Changed** links under Paper Tools sub-header to:

- *QualityNet*: [IPFQR Program Resources](#)
- *Quality Reporting Center*: [IPFQR Program Resources and Tools](#)

**Changed** links under Claims-Based Measures Specifications sub-header to:

- *QualityNet*: [IPFQR Program Resources](#)
- *Quality Reporting Center*: [IPFQR Program Resources and Tools](#)