

Criteria to Identify Questionable FY 2020 Measure and Non-Measure Data for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

The following criteria are provided to help Inpatient Psychiatric Facilities (IPFs) identify measure and non-measure data that may have been entered in error, may be invalid, or may exceed normal parameters prior to submission of data by the August 15, 2019 deadline for fiscal year (FY) 2020 payment determination. If you find that your data meet one or more of the criteria listed below, the Centers for Medicare & Medicaid Services strongly recommends that you recheck the data for accuracy.



The criteria for identifying questionable **HBIPS-2** and **HBIPS-3** measure data are:

- For the **HBIPS-2** measure, values equaling or exceeding nine (9) hours per 1,000 patient hours of care.
- For the **HBIPS-3** measure, values equaling or exceeding four (4) 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 Number of Discharges.
- The numerator exceeds the denominator.



One additional criterion for the **SUB-2, SUB-3, TOB-2, TOB-3, and Transition Record with Specified Elements Received by Discharged Patients** measures is that the subset measure numerator is greater than the primary measure numerator. Examples of questionable data include:

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



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

- The absence of numerator and denominator SMD measure values for IPFs that report values for the HBIPS-5 measure
- The SMD 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 Categories 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 *QualityNet Secure Portal*, send an email to IPFQualityReporting@hcqis.org with "Measure Accuracy Question" in the subject line.