

Data Submission Checklist: Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Measure and Non-Measure Data Submission and Administrative Requirements – Fiscal Year (FY) 2020

Due	Task	✓														
On or before 08/15/2019	<p><u>STEP 1: Enter measure and non-measure data via the Measure Summary screen in the <i>QualityNet Secure Portal</i>.</u></p> <p>A. Log in to the <i>QualityNet Secure Portal</i>.</p> <p>B. Select Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR from the <i>Quality Programs</i> drop-down menu.</p> <p>C. Look for “Manage Measures” and select View/Edit View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA).</p> <p>D. Select Inpatient Psychiatric Facilities Web-Based Measures/DACA.</p> <p>E. Select 2020 from the “Payment Year” drop-down box and click Continue.</p> <p>F. If you are a single facility with access to only your data, you will see the <i>Measures Summary</i> page. If you are a user with access to multiple facilities, select the provider(s) whose data you want to review.</p> <p>G. Click on the hyperlink for each displayed <i>Incomplete</i> measure.</p> <p>H. Enter measure and non-measure data values in the data entry fields for each of the following FY 2020 submission requirements:</p> <table border="0" data-bbox="358 806 1360 1087"> <tr> <td><input type="checkbox"/> HBIPS-2</td> <td><input type="checkbox"/> IMM-2</td> </tr> <tr> <td><input type="checkbox"/> HBIPS-3</td> <td><input type="checkbox"/> Screening for Metabolic Disorders</td> </tr> <tr> <td><input type="checkbox"/> HBIPS-5</td> <td><input type="checkbox"/> Non-Measure Data and Population Counts</td> </tr> <tr> <td><input type="checkbox"/> SUB-2/-2a</td> <td><input type="checkbox"/> Transition Record with Specified Elements Received by Discharged Patients</td> </tr> <tr> <td><input type="checkbox"/> SUB-3/-3a</td> <td><input type="checkbox"/> Timely Transmission of Transition Record</td> </tr> <tr> <td><input type="checkbox"/> TOB-2/-2a</td> <td><input type="checkbox"/> DACA</td> </tr> <tr> <td><input type="checkbox"/> TOB-3/-3a</td> <td></td> </tr> </table>	<input type="checkbox"/> HBIPS-2	<input type="checkbox"/> IMM-2	<input type="checkbox"/> HBIPS-3	<input type="checkbox"/> Screening for Metabolic Disorders	<input type="checkbox"/> HBIPS-5	<input type="checkbox"/> Non-Measure Data and Population Counts	<input type="checkbox"/> SUB-2/-2a	<input type="checkbox"/> Transition Record with Specified Elements Received by Discharged Patients	<input type="checkbox"/> SUB-3/-3a	<input type="checkbox"/> Timely Transmission of Transition Record	<input type="checkbox"/> TOB-2/-2a	<input type="checkbox"/> DACA	<input type="checkbox"/> TOB-3/-3a		<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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On or before 08/15/2019	<p><u>STEP 2: Check the IPF Participation Report for IPFQR Program Administrative Requirements via the <i>QualityNet Secure Portal</i>.</u></p> <p>A. Log in to the <i>QualityNet Secure Portal</i>.</p> <p>B. Select Run Reports from the “My Reports” drop-down menu. Select Run Report(s).</p> <p>C. Select IPFQR from the “Report Program” drop-down menu; then select Hospital Reporting – Feedback – IPFQR. Then, select View Reports.</p> <p>D. Select Hospital Reporting – Inpatient Psychiatric Facility Participation Report.</p> <p>E. Enter your desired report parameters and the Payment Year (2020). If you are a vendor with access to multiple providers’ reports, select State (Facility State), Facility (Facility Name), Payment Year (2020), and Report Format (PDF).</p> <p>F. Click on the Run Report(s) button. Select Search Report(s).</p> <p>G. Review your facility’s <i>Inpatient Psychiatric Facility Participation Report Provider Participation Report</i> to ensure that the following IPFQR Program administrative requirements have been met:</p> <table border="0" data-bbox="358 1696 1398 1774"> <tr> <td><input type="checkbox"/> Active <i>QualityNet</i> Security Administrator – Should display “Yes.”</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Notice of Participation (NOP) Date – A date will be displayed if the NOP is active.</td> <td></td> </tr> </table>	<input type="checkbox"/> Active <i>QualityNet</i> Security Administrator – Should display “Yes.”	<input type="checkbox"/>	<input type="checkbox"/> Notice of Participation (NOP) Date – A date will be displayed if the NOP is active.		<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>										
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NOTE: For guidance on IPFQR Program requirements and data verification processes, please refer to the IPFQR Program Manual, Version 4.1, located at the following websites:

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

For questions, contact the IPFQR Program Support Contractor via the [QualityNet Q&A Tool](#), email at IPFQualityReporting@hcqis.org, or by phone at (866) 800-8765 or (844) 472-4477.