

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

Due	Task	✓														
<p><b>On or before 08/15/2019</b></p>	<p><b><u>STEP 1: Check the Measure Summary Page for FY 2020 IPFQR Program Data Submission via the <i>QualityNet Secure Portal</i>.</u></b></p> <p><b>A.</b> Log in to the <i>QualityNet Secure Portal</i>.</p> <p><b>B.</b> Select <b>Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR</b> from the <i>Quality Programs</i> drop-down menu.</p> <p><b>C.</b> Look for “Manage Measures” and select <b>View/Edit View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)</b>.</p> <p><b>D.</b> Select <b>Inpatient Psychiatric Facilities Web-Based Measures/DACA</b>.</p> <p><b>E.</b> Select <b>2020</b> from the “Payment Year” drop-down box and click <b>Continue</b>.</p> <p><b>F.</b> 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><b>G.</b> View the reporting statuses on each of the following measure and non-measure data entry fields. All should be marked as “Completed.”</p> <table border="0" data-bbox="357 766 1364 1050"> <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>
<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><b>On or before 08/15/2019</b></p>	<p><b><u>STEP 2: Check the IPF Participation Report for IPFQR Program Administrative Requirements via the <i>QualityNet Secure Portal</i>.</u></b></p> <p><b>A.</b> Log in to the <i>QualityNet Secure Portal</i>.</p> <p><b>B.</b> Select <b>Run Reports</b> from the “My Reports” drop-down menu. Select <b>Run Report(s)</b>.</p> <p><b>C.</b> Select <b>IPFQR</b> from the “Report Program” drop-down menu; then select <b>Hospital Reporting – Feedback – IPFQR</b>. Then, select <b>View Reports</b>.</p> <p><b>D.</b> Select <b>Hospital Reporting – Inpatient Psychiatric Facility Participation Report</b>.</p> <p><b>E.</b> Enter your desired report parameters and the Payment Year (2020). If you are a vendor with access to multiple providers’ reports, select <b>State</b> (Facility State), <b>Facility</b> (Facility Name), <b>Payment Year</b> (2020), and <b>Report Format</b> (PDF).</p> <p><b>F.</b> Click on the <b>Run Report(s)</b> button. Select <b>Search Report(s)</b>.</p> <p><b>G.</b> 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="357 1648 1364 1722"> <tr> <td><input type="checkbox"/> Active <i>QualityNet</i> Security Administrator – Should display “Yes.”</td> </tr> <tr> <td><input type="checkbox"/> Notice of Participation (NOP) Date – A date will be displayed if the NOP is active.</td> </tr> </table>	<input type="checkbox"/> Active <i>QualityNet</i> Security Administrator – Should display “Yes.”	<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>												
<input type="checkbox"/> Active <i>QualityNet</i> Security Administrator – Should display “Yes.”																
<input type="checkbox"/> Notice of Participation (NOP) Date – A date will be displayed if the NOP is active.																

**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](mailto:IPFQualityReporting@hcqis.org), or by phone at (866) 800-8765 or (844) 472-4477.