

Centers for Medicare & Medicaid Services (CMS)

**Inpatient Psychiatric
Facility Quality Reporting
(IPFQR) Program**

**Welcome Guide for
Newly Eligible IPFs**

Version 1.3

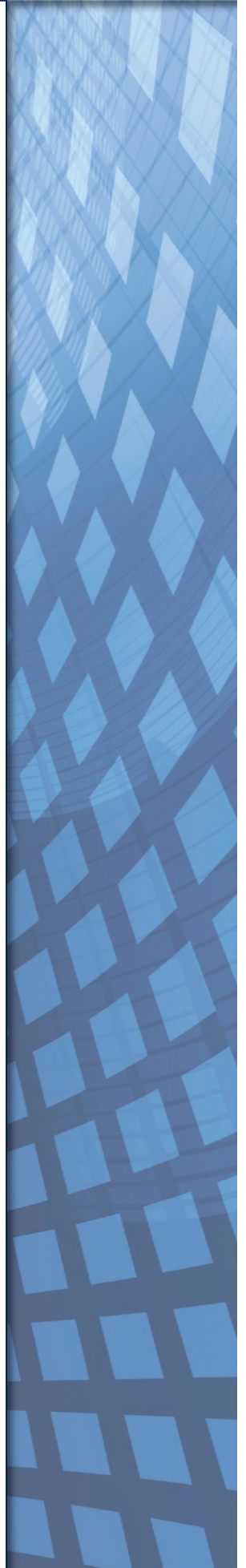




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IPFQR Program Welcome Guide for New Facilities

Introduction

Welcome to the CMS IPFQR Program!

The Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program has been notified that your inpatient psychiatric facility (IPF) recently received a new CMS Certification Number (CCN). This welcome guide will help ensure that you are aware of the IPFQR Program and its requirements.

IPFQR Program Overview

The IPFQR Program is a pay-for-reporting program that requires facilities to submit data for specific quality measures. As required by the Social Security Act, participating IPFs must report these measures or receive a two-percentage point reduction to their annual payment update (APU). Approximately 1,600 hospital psychiatric units and freestanding psychiatric hospitals participate in the program.

The IPFQR Program helps IPFs collect and track important quality metrics which inform quality improvement activities within IPFs as well as between IPFs and other healthcare providers within the community. The program encourages inpatient psychiatric facilities and clinicians to improve the quality of care provided to patients by ensuring that providers are aware of, and report on, best practices for their respective facilities and type of care. Additionally, the program aims to equip consumers with quality-of-care information to make more informed decisions about healthcare options.

The table below lists key steps to help you meet the IPFQR Program requirements.

Table 1: Key Steps to Participating in the IPFQR Program
1. Register for a <i>QualityNet</i> Security Administrator (SA) account on the <i>QualityNet.com</i> website as soon as possible.
2. Identify the Medicare Accept Date on the CMS letter that confirms your IPF's eligibility to participate in the IPFQR Program as soon as possible.
3. Complete the IPFQR Program Notice of Participation (NOP) within 180 days of the Medicare Accept Date indicated in the CMS letter that confirms your IPF's eligibility to participate in the IPFQR Program.
4. Begin collecting data by the beginning of the quarter following completion of the NOP.
5. Submit measure and non-measure data by the annual deadline of August 15, unless directed otherwise via the IPFQR Program Listserve.
6. Complete and submit the Data Accuracy and Completeness Acknowledgement (DACA) by the annual deadline of August 15, unless directed otherwise via the IPFQR Program Listserve.

More details concerning these key steps are described in the sections that follow.

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IPFQR Program Requirements

IPFs **must** adhere to **all** of the following four requirements:

Requirement One: Complete the *QualityNet* registration process and maintain an active *QualityNet* Security Administrator

Refer to Section 3 of the IPFQR Program Manual: *QualityNet* Registration.

In order to meet the first requirement for the IPFQR Program, IPFs must follow and complete the [QualityNet registration directions](#) for IPFs. This mandatory registration process will enable the IPF to identify at least one *QualityNet* SA who will facilitate the registration process for other users at the organization.

IPFs are required to maintain an active *QualityNet* SA at all times.

It is recommended that *QualityNet* SAs log into their accounts at least once per month to maintain an active account. Accounts that have been inactive for 120 days will be disabled. Once an account is disabled, the user will need to contact the *QualityNet* Help Desk to have the account reset.

Best Practice: It is highly recommended that facilities designate at least two *QualityNet* SAs: one to serve as the primary *QualityNet* SA and the other to serve as backup.

NOTE: Changing the password is not the same as logging into the system. Upon changing the password, SAs and users must log into the system with the new password for the account to remain active. We strongly recommend that all *QualityNet Secure Portal* SAs and users log into the portal every 30–60 days to maintain an active status.

Once the *QualityNet* registration process is complete and an active *QualityNet* SA is designated, the IPF will be able to access the [QualityNet Secure Portal](#) to meet the remaining program requirements listed below. The *QualityNet Secure Portal* is the only CMS-approved website for secure healthcare quality data exchange.

Requirement Two: Complete the IPFQR Program NOP to indicate participation status

Refer to Section 5 of the IPFQR Program Manual: Notice of Participation.

Newly eligible facilities have 180 days from the Medicare Accept Date to submit an NOP for the IPFQR Program through the *QualityNet Secure Portal*. Before an NOP can be submitted, IPFs must designate contacts and include the name and address of each hospital campus sharing the same CCN. An IPF NOP status of “Participating” must be on file in the *QualityNet Secure Portal* by the annual August 15 deadline (unless directed otherwise via the IPFQR Program Listserve) to meet the NOP requirement for the current data submission period. Once a participation status is selected, the status automatically carries over year after year.

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Facilities are responsible for updating their staff contacts. Facilities are encouraged to maintain up-to-date contact records in the *QualityNet Secure Portal* and to submit and maintain updated contact information by completing and submitting the [Hospital Contact Change Form](#).

Any eligible IPF that chooses not to participate in the program should contact the IPFQR Program Inpatient VIQR Outreach and Education Support Contractor Program Lead by emailing IPFQualityReporting@hcqis.org.

Requirement Three: Collect and submit aggregate measure and non-measure data by the annual data submission deadlines

Refer to Section 2 of the IPFQR Program Manual: Measure Details.

Measure and Non-Measure Data

Newly participating IPFs must start collecting measure data at the beginning of the first quarter following submission of the NOP. IPFs must collect and submit annual, aggregate measure and non-measure data by the August 15 deadline, unless directed otherwise via the IPFQR Program Listserve.

- IPFs are required to submit the annual, aggregate population and sample size counts.
- A zero must be submitted when there are no discharges for a particular measure set.

For more information about the data reporting and submission periods for the required measures, please refer to Section 2: Measure Details in the current version of the IPFQR Program Manual located on the [IPFQR Program Manuals](#) page of the *QualityNet* (www.qualitynet.org) website. You can also find the manual on the [IPFQR Program Resources and Tools](#) page of the *Quality Reporting Center* (www.QualityReportingCenter.com) website in the Inpatient Psychiatric Facility Quality Reporting Program Manual drop-down.

Facilities have the option of using a vendor to submit data on their behalf. In order to allow a vendor to submit data, an IPF must complete the online vendor authorization process, accessible from the *QualityNet Secure Portal*. (Refer to Section 4 of the IPFQR Program Manual: Vendor Authorization.)

Requirement Four: Complete and submit the DACA by the submission deadline

Refer to Section 6 of the IPFQR Program Manual: Data Accuracy and Completeness Acknowledgment.

The DACA is a requirement for IPFs participating in the IPFQR Program. The DACA is the way IPFs electronically acknowledge that the data they submitted for the IPFQR Program are accurate and complete to the best of their knowledge. The deadline for signing and completing the DACA is August 15, unless directed otherwise via the IPFQR Program Listserve. IPFs are required to complete and sign the DACA **on an annual basis** via the *QualityNet Secure Portal*.

This requirement must be completed by the IPF and cannot be fulfilled by a vendor.

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For more information about the DACA, please refer to the IPFQR Program Manual on the [IPFQR Program Resources](#) page of *QualityNet*. You can also find it on the [IPFQR Program Resources and Tools](#) page on the [Quality Reporting Center](#) website.

Helpful Resources

To learn more about the IPFQR Program and its requirements, visit the links provided below. CMS may use any one of these resources as a sub-regulatory means to inform IPFQR Program participants about changes and updates to the IPFQR Program.

Program Manual and Paper Tools

The [IPFQR Program Manual](#), measure abstraction paper tools, and measure data collection tools are among the various resources available on the [IPFQR Program Resources](#) page of *QualityNet*. They are also available on the [IPFQR Program Resources and Tools](#) page of *Quality Reporting Center*.

Education and Outreach Events

On the *Quality Reporting Center* homepage, select the [Events Calendar](#) tab. In the Filter by Program field, select IPFQR Program. You may also filter by year. Materials from previous webinars are available for download on the [IPFQR Program Archived Events](#) page on *Quality Reporting Center*.

On *QualityNet*, visit the IPFQR Program [Webinars](#) page for webinar recordings, presentation slides, and transcripts.

Listserves

All IPFs are advised to sign up to receive email notifications from the [IPFQR Program Listserve](#). The Inpatient VIQR Outreach and Education Support Contractor for the IPFQR Program sends information to providers pertaining to program updates, upcoming education webinars, new resources, and new tools.

For further assistance regarding the information contained in this document, or for any other IPFQR Program related matter, please contact the Inpatient VIQR Outreach and Education Support Contractor for the IPFQR Program by emailing IPFQualityReporting@hcqis.org or by calling (866) 800-8765 or (844) 472-4477. Please ensure that all correspondence includes the name and CCN of your IPF.