

Reference #: 2022-31-IPF

From: Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor
Sent: July 1, 2022
To: IPFQR Program ListServe
Subject: Hospital Quality Reporting System Open for IPFQR Program Data Submission

The purpose of this email is to notify providers participating in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program that the data submission period for this program began on **Friday, July 1, 2022**, and will end on **Monday, August 15, 2022**, at 11:59:59 p.m. Pacific Time (PT).

All eligible IPFQR Program providers must complete **all** the requirements listed below by August 15, 2022, to qualify for the full Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) annual payment update (APU). Each provider must:

- **Have an IPFQR Program Notice of Participation (NOP) status of “Participating” on file.**
 - An IPF’s NOP status can be verified in the *Hospital Quality Reporting (HQR) System*.
 - An existing NOP status will carry over from year to year.
 - IPFs that decide not to participate in the IPFQR Program should contact the IPFQR Program Support Contractor via email at IPFQualityReporting@hsag.com for guidance regarding next steps.
- **Submit data.** To satisfy all IPFQR program requirements, facilities should submit all aggregate data for the following measures in the Simple Data Entry Tool of the *HQR Secure Portal*.
 - Hospital-Based Inpatient Psychiatric Services (HBIPS-2, -3, -5)
 - Substance Use (SUB-2/-2a, -3/-3a)
 - Tobacco Use (TOB-2/-2a, -3/-3a)
 - Influenza Immunization (IMM-2)
 - Transition Record with Specified Elements Received by Discharged Patients
 - Timely Transmission of Transition Record
 - Screening for Metabolic Disorders
 - Non-measure data

After submitting all aggregate measure and non-measure data in the *HQR Secure Portal*, IPFs may voluntarily submit patient-level measure data to test processes for and gain experience in submitting patient-level data prior to the FY 2024 data submission period. IPFs may choose to submit voluntary patient-level data for as few as one measure, or for all the measures listed above (except for HBIPS-2 and HBIPS-3, as only numerators may be submitted at the patient-level).

IPFs that submit patient-level data will be able to receive reports that will allow them to:

1. Review information about each XML file uploaded, such as event dates and measure set
2. Identify potential duplicates

3. Review measure set counts, including the number of unique cases submitted, accepted, and rejected
4. Receive reports from CMS with patient-level data submissions consolidated into aggregate numerator, denominator, and rate values.

For those IPFs that wish to use CART, please note that not all CART modules include complete XML file layouts needed to assist in the creation of IPF XML files for submission of patient-level data. We are monitoring the process and will provide further updates as they become available.

- **Submit Quarter 1 2022 COVID-19 Vaccination Coverage Among Healthcare Personnel (COVID HCP) measure data to the National Healthcare Safety Network (NHSN).**
- **Complete the Data Accuracy and Completeness Acknowledgement (DACA).** Please note that the DACA must be accessed through the Simple Data Entry Tool in the *HQR Secure Portal*.
 - The DACA is the official statement by which IPFs attest to the accuracy and completeness of the data they submit to the Centers for Medicare & Medicaid Services (CMS).

Note: The opportunity to correct or otherwise modify your data ends on the data submission deadline of **Monday, August 15, 2022**, at 11:59:59 p.m. PT.

CMS encourages all eligible IPFs to complete data submission at least two days prior to the deadline to allow time to address any submission issues.

The *Specifications Manual for National Inpatient Psychiatric Facility Quality Measures, v1.0a* (IPF Specifications Manual, v1.0a); the FY 2023 IPFQR Program Guide; and various optional paper tools are available at the following links to help your facility meet the IPFQR Program requirements described in this email.

- [QualityNet: IPF Specifications Manuals](#)
- [QualityNet: General Resources](#) (including the FY 2023 IPFQR Program Guide)
- [QualityNet: Various Optional Paper Tools](#)
- [Quality Reporting Center: General Resources and Optional Paper Tools](#)

Refer to the following resources to assist with the NHSN enrollment and the COVID HCP measure data-submission processes.

On Demand Educational Webinars

Go to the Quality Reporting Center [IPFQR Program Archived Events](#) website to find the presentation slides, event recording, and presentation transcript for the following webinars:

- [NHSN Enrollment and Reporting COVID-19 Vaccination Coverage Among Healthcare Personnel Measure Data](#)
- [Reporting Healthcare Personnel COVID-19 Vaccination Data Refresher](#)

NHSN User Support

If you have questions, please contact the NHSN Help Desk at nhsn@cdc.gov. Be sure to include “IPF Enrollment Guidance” for NHSN enrollment questions or “Weekly COVID-19 Vaccination - IPF” for questions about reporting COVID HCP measure data in the subject line. In the body of the email, please include the name and CMS Certification Number (CCN) of the facility.

Extraordinary Circumstances Exceptions (ECE)

If your IPF is unable to submit data or meet requirements due to an extraordinary circumstance, then you may request an individual exception. For events impacting your submission of data, the ECE form must be submitted within 90 calendar days from when you determined that the extraordinary event occurred. The event may occur during the measurement period through the submission or reporting deadline. Please refer to the IPFQR Program’s [ECE Policy](#) webpage on QualityNet for further information.

Please do not respond directly to this email. For further assistance regarding the information contained in this message, please contact the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor Team at https://cmsqualitysupport.servicenowservices.com/qnet_qa or by phone at (866) 800-8765 or (844) 472-4477.