



Inpatient Psychiatric Facility (IPF) Quality Reporting Program

Support Contractor

IPFQR Program: Keys to Successful FY 2017 Reporting

Presentation Transcript

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Evette Robinson: Thank you. Hello, everyone, and welcome to today's IPFQR Program webinar. My name is Evette Robinson, and I am the Project Lead for the Inpatient Psychiatric Facility Quality Reporting Program. I will be the presenter for our topic today, *Keys to Successful Fiscal Year 2017 Reporting*. At this time, I would like to take a moment just to let everyone know that we have an attendance with us from CMS, the IPFQR Program Lead, Dr. Jeff Buck. Before we dive into the presentation today, I would like to cover a few more housekeeping items. As many of you know, the slides for this presentation were posted to the Quality Reporting Center website prior to the event. If you did not receive the slides beforehand, please go to qualityreportingcenter.com. On the right side of the screen, you will see a list of upcoming events. Click on the link for this event, scroll down to the bottom of the page, and there you will find the presentation slides available for download. This session is being recorded and the slides, transcripts, webinar recording, and questions and answers from this presentation will be posted on the [QualityNet](#) and [Quality Reporting Center](#) websites at a later date.

This is a list of the acronyms that will be referenced in today's presentation.



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The purpose of this presentation is to summarize the FY 2017 the IPFQR Program requirements, provide keys to successful data submission, as well as offer guidance on how to verify data accuracy.

By the end of this presentation, attendees will be able to summarize the FY 2017 IPFQR Program requirements, delineate keys to successful submission of data in the *QualityNet Secure Portal*, be able to utilize tips to avoid common submission errors, as well as to locate and access helpful IPFQR Program resources.

The next couple of slides provide an overview of the data submission requirements for fiscal year 2017.

In order to participate in the IPFQR Program and obtain full APU, or annual payment update, for the FY 2017 payment year, an IPF must meet the following requirements by August 15, 2016, unless otherwise noted. First, an IPF must maintain at least one active *QualityNet Security Administrator*, or SA, but we recommend at least two. Next, the IPFQR notice of participation, or NOP, must have a pledged status of participating. The IPF must meet the two annual data submission deadlines. The first one was the Influenza Vaccination Coverage among Healthcare Personnel measure data, which was originally due on May 15 of this year. However, the deadline was extended to June 15. The remaining IPFQR Program data requirements must be submitted by the August 15 deadline. This includes HBIPS-2, -3, -5, -6, -7, SUB-1, IMM-2, TOB-1, -2 and -2a, use of the Electronic Health Record, Assessments of Patient Experience of Care measures, as well as the Non-Measure data. And finally, once the Measure and the Non-Measure have been entered, an IPF must complete the Data Accuracy and Completeness Acknowledgment, or DACA form, which is an attestation that the data entered is in fact accurate and complete.



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IPFs that do not meet one or more of the IPFQR Program requirements by the August 15, 2016, deadline will be subject to a two percentage point reduction to their APU for fiscal year 2017.

The table on this slide and the next slide display the reporting period, data submission deadlines, measure type, and indicates whether sampling is allowed for each measure.

Again, this slide, it shows the remaining Measures required for the IPFQR Program. As previously mentioned, the original submission deadline of May 15, 2016, for the Influenza Vaccination Coverage among Healthcare Personnel measure data was extended to June 15, 2016, for the IPFQR Program. The deadline is scheduled to be May 15 in the year 2017 and subsequent years. Also as a reminder, the Follow-Up After Hospitalization for mental illness, or FUH measure, is a claim state measure, and IPFs do not need to take action for reporting this measure. It will be calculate by CMS using Medicare Parts A and B claims data.

This slide shows screenshots of the FY 2017 Non-Measure data collection tool, which is in fillable form, meaning that upon downloading the PDF file, one can type directly into the tool and save the file. It also includes more detailed instructions, as well as links pertaining to the CCS code and ICD-9 and ICD-10 crosswalk. This is a tool that we think will be helpful, and it is optional for collecting the Non-Measure data that is required to be submitted for the first time this year for the IPFQR Program. A question that we received recently, regarding this tool, is why do we reference the coding crosswalk. IFPs will report their total annual discharges by diagnostic category based on the primary diagnosis at discharge. Diagnostic code grouping, for the purpose of reporting Non-Measure data, utilizes the categories developed by the Clinical Classification Software, or CCS, under the healthcare cost and utilization project by the agency for healthcare research and quality. The coding crosswalks are a mapping of the ICD-9 and ICD-10 codes to the relevant CCS codes, so IPFs can



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determine the diagnostic code for each discharge. This tool is available on the Quality Reporting Center website under IPFQR Program Resources and Tools.

The next several slides will describe our recommended keys to successful reporting for the fiscal year 2017 payment determination.

The first key to successful reporting for the IPFQR Program is to access and log into the *QualityNet Secure Portal*. The *QualityNet Secure Portal* is the only approved method for IPFQR Program data submission other than the Influenza Vaccination Coverage among Healthcare Personnel measure, which was previously submitted to the CDC. All other Measure data and the DACA are submitted via the secure online CMS web-based tool, which is accessible through this *QualityNet Secure Portal*. CMS highly recommends that all IPFs ensure that at least one person with knowledge of the data is able to verify the accuracy of the data entered into the Secure Portal, even if data entry is done by a vendor.

If you are not already a registered *QualityNet* user with access to the Secure Portal, then you will need to go to the link referenced on this slide, which is the *QualityNet* website. Select the Inpatient Psychiatric Facilities link, on the left side of the *QualityNet* home page, and follow the instructions to register.

Once registered, you will need to login to the *QualityNet Secure Portal*. Select the Login link on the right side of the *QualityNet* home page under Log in to *QualityNet Secure Portal*. If you are not enrolled in the *QualityNet Secure Portal* yet, you will be able to enroll at this time. If you are enrolled already, then you should be able to log in.

So, if you are already enrolled in the *QualityNet Secure Portal*, you'll need to enter in your *QualityNet* User ID, password and Symantec VIP Security Code and then click the Submit button. However, if you are not already involved in the *QualityNet Secure Portal*, you will need to select



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the Start/Complete New User Enrollment link and complete enrollment. Then, you'll need to download a Symantec VIP Access token and complete identity proofing.

The second key to successful reporting is to ensure that the IPF has at least two active Security Administrators. The Security Administrator is the person in the organization who can grant *QualityNet Secure Portal* access to those who need to enter, review, and confirm accuracy of the data submitted. Each participating IPF must have at least one active Security Administrator at the time of the submission deadline, which will be Monday, August 15, 2016. A second Security Administrator is highly recommended as a backup, in case the primary Security Administrator's account expires. All users must login to the *QualityNet Secure Portal* every 30 to 60 days to keep their account active. We suggest that you consider putting a reminder on your calendar to login to the *QualityNet Secure Portal* periodically to keep your account active.

The next key to successful reporting is to manage the IPFQR Program Notice of Participation, or NOP. As mentioned earlier, an IPF must have an NOP status of "Participating" in the *QualityNet Secure Portal* by August 15, 2016, in order to be considered for the full fiscal year 2017 APU. To access the NOP for one or more IPFs, you must be logged in to the *QualityNet Secure Portal*. Once logged in, you will first click the Quality Programs tab on the *QualityNet Secure Portal* home screen, then select the Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR option from the dropdown menu. Next, you'll select View/Edit Notice of Participation, Contacts, Campuses in the Manage Notice of Participation box. And then, you'll select Inpatient Psychiatric Facility Notice of Participation.

To continue accessing a facility's Notice of Participation, you'll then want to enter the facility's six-digit CCN if you have access to more than one IPF's information in the *QualityNet Secure Portal*. Otherwise, the CCN



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for your facility should automatically appear, and you'll proceed to step six, which is to click on the Next button to view the IPFQR Notice of Participation menu. Click the Notice of Participation hyperlink, on the lower right side of the page, to view the NOP status.

The first screenshot on this slide is an example of what you can expect to see in the IPFQR Notice of Participation summary table. If you already have an NOP on file, that is carrying forward from the previous fiscal year, and you have at least two contacts listed in the *QualityNet Secure Portal*. If two or more contacts are not listed in the *QualityNet Secure Portal*, then the note highlighted in red in the second screenshot on this slide will appear just above the Notice of Participation summary table. This is a reminder to add the name, email address, and mailing address of the individuals who will be contacted via email whenever there are any data changes to the IPFQR Program Notice of Participation contacts or campus data. Make sure that both contacts have Yes indicated for email notifications. And, once that information is saved in the Secure Portal, the note highlighted in red will go away. If the IPF closes or chooses not to participate, we ask that you contact the IPFQR Program Support Contractor to learn about next steps.

The fourth key to successful reporting is to prepare and verify accuracy of data prior to submitting. CMS strongly, strongly recommends that IPFs prepare and verify the accuracy of their data before initiating the data submission process in the *QualityNet* web-based data collection tool. Being prepared encourages IPFs to provide accurate data to those who will submit data in the web-based data collection tool such as a vendor. It also prevents IPFs from submitting extreme outlier values. Being prepared also reduces or eliminates data entry editing. It facilitates the submission of data well in advance of the data submission deadline and ensures confidence in the final review of data submitted prior to completion of the DACA.



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The tables on this slide summarized the sampling guidelines for the upcoming data submission period. As a reminder, sampling is optional for the measures listed in the tables on this slide. And, we ask that you review this, again, as part of your preparation for the data submission period.

This slide includes a list of the optional paper tools available for download from the [Quality Reporting Center](#) website to facilitate preparation of the required Measure data to be submitted on or before the August 15, 2016, deadline. We strongly encourage that you prepare your data prior to actually entering it into the *QualityNet Secure Portal* and, again, advise that these optional paper tools are available to you for download to facilitate that process.

In general, CMS recommends that during the data preparation that you compare this year's values to those submitted in previous years, where applicable. Generally, large changes in values would not be expected and should invite closer review before finalizing this data submission. Also, measure values should always be reviewed by one or more persons familiar with the facility's operations, annual census, and population. In addition, values that seem out of line with general expectations should be reviewed to verify accuracy.

In the next several slides, we will review some measure specific suggestions pertaining to specifically to HBIPS-2 and HBIPS-3 measures, since they are most similar compared to other measures what will be entered during the upcoming data submission period. The HBIPS-2, Hours of Physical Restraint Use measure, numerator data should include the total number of hours that all psychiatric inpatients were maintained in physical restraint. While for HBIPS-3, you will want to ensure that the numerator values reflects the total number of hours of seclusion. It is important to ensure that the values entered for the numerator are the total number of hours, not minutes or days, and that all psychiatric inpatients that were placed in physical restraints for HBIPS-2 or seclusion for



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HBIPS-3 are reflected. In other words, sampling is not allowed for these particular measures. The system allows for entry of data that includes up to seven whole number digits and up to two decimal digits in the numerator field for these two measures. Next, we advise that you check the denominator data by ensuring that the correct number of days are entered for the denominator. You should ensure that the number of days do not exceed 365 times the facility's bed capacity. Also, you may enter up to six digits for the denominator, and it cannot be zero, if the numerator is a non zero number. If that occurs, please review your data. Keep in mind that a zero or numeric value must be entered into each field. If you need to round your raw data to comply with this decimal format, use traditional rounding conventions. For example, if the last number is a five or higher, round up, otherwise round down.

Historically, we have provided instructions on how to identify incorrect data entries and extreme outliers via email to the IPF Program ListServes. This year, we want to emphasize these instructions in this webinar, as well as in subsequent communications, leading up to entering the data submission period to ensure that all IPFs understand the importance of submitting correct and accurate data to CMS. The next several slides provide guidance on how to identify incorrect data entries, starting with the HBIPS-2 and HBIPS-3 measures. In general, there are three key approaches one can use to spot incorrect data for these two measures. HBIPS-2 and HBIPS-3 should have the same, or very close to the same, values in their denominators. If you find that those numbers are different, we ask that you take another look at that data. Secondly, the patient days, if they appear to be less than patient numbers, meaning the total number of discharged patients from that facility, we ask that you take a look at that information as well. Because, if the denominator for HBIPS-2 or HBIPS-3 are less than the total number of patient discharges reported in the Non-Measure data population counts data entry page, then the data entry should be checked. And finally, another flag for identifying potentially incorrect data entries is that, if the Measure values are in conflict with the facility's



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other information (for example, if the aggregate number of patient days exceeds 365 times the IPF's total bed size), then it is likely that the data are incorrect.

To help clarify the points described in the previous slide, we will review examples of data points that should be called in to question when preparing the HBIPS-2 and HBIPS-3 Measure data. At the top of this slide is an example of questionable HBIPS-2 and HBIPS-3 data in which the denominator values are not the same nor similar. We recommend that if you find the discrepancy in the number of psychiatric inpatient days that you reevaluate the values for accuracy before entering them into the web-based data collection tool.

As you may know, this year IPFs are required to submit Non-Measure data, which includes the total number of annual discharges that occurred at the IPF during calendar year 2015. Another way to verify accuracy of the HBIPS-2 and HBIPS-3 data is to compare the number of psychiatric inpatient days and the denominator of those measures with the total annual discharges for the facility. If the denominator for these measures are less than the total annual discharges, then the numbers should be reevaluated for accuracy.

Another helpful calculation to confirm accuracy through these measures is to review the denominators against the product of 365 times the total number of IPF beds at the IPF. One would expect that the number of psychiatric inpatient days will not exceed the number of days in calendar year 2015 times the number of beds at the facility.

We have noted in the last few years that there have been some extreme data entries that needed to be corrected. So, we wanted to take this time to share pointers on how to identify extreme outliers for the measures. CMS has determined that a rate equal to or greater than five hours per 1,000 patient hours of physical restraint for the HBIPS-2 measure or seclusion for the HBIPS-3 measure, it is questionable and should be reevaluated.



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The screenshot on this slide is an example of an outlier rate for the HBIPS-2 measure in which the result is 8.33 hours per 1,000 patient hours.

This slide summarizes criteria for identifying extreme outliers for other measures for which IPFs will submit data during the upcoming data submission period. For the HBIPS-5 measure, CMS determined that no criteria are needed for this measure because prior mean and distribution of data values for this measure have been reasonable. For the HBIPS-6 and HBIPS-7, as well as SUB-1 measures, values of zero in the numerator are considered questionable and should be reevaluated. For the TOB-1, TOB-2, TOB-2A, and IMM-2 measures, no criteria for identifying questionable data values have been determined due to the absence of historical data.

A few key guidelines for preparing data for the HBIPS-5, HBIPS-6 and HBIPS-7, as well as the SUB-1, TOB-1, TOB-2, TOB-2A, IMM-2 measures, as well as the Non-Measure data population counts data, are listed on this slide. Specifically, the numerator and denominator data must be entered in whole number digits for these data entry pages. Note that you will be able to enter up to five whole number digits for the numerator and up to six whole number digits for the denominator. The denominator cannot be zero if the numerator is a non-zero number.

This slide lists parameters that are built into the Non-Measure Data/Population Counts data entry page. First, the sum of the values entered into each subcategory must equal the value entered in the total annual discharges field. Each sample size value entered must be equal to or less than the value entered in the total annual discharges field. And, the sample size value entered for the HBIPS-5, HBIPS-6, HBIPS-7 sample field must be equal to or less than the value entered in the SUB-1, TOB-1, TOB-2, TOB-2a, and IMM-2 sample field.

To help clarify the points described in the previous slide, we will review examples of correct and incorrect data entry for the Non-Measure



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Data/Population counts page. At the top of the slide is an example of an incorrect data entry on the Non-Measure Data Population Counts page, in which there are 1,000 total annual discharges enter. However, the total number of annual discharges by Medicare as the payer, which is entered as 900 plus non-Medicare payers of 200 exceeds the total annual discharges indicated above. If the sum of the values entered into a subcategory does not equal the value entered in the total annual discharges field, then an error message will appear. You will not be able to submit the data until the entries are corrected.

If your IPF samples data, then the sample sizes entered must be equal to or less than the value entered in the total annual discharges field. The incorrect example, shown at the top of this slide, indicates that sample size of 1,001 for the SUB, TOB and IMM-2 measures. But, this value exceeds the total annual discharges of 1,000, which is entered in the top screenshot. As indicated in the previous slide, an error message will appear until those values are corrected. In the bottom screenshots are the minimum sample size values for each data entry field. And, you can reference slide 25 of this presentation to review the guidelines for sampling.

The final example shows data entered into the HBIPS-5, HBIPS-6, HBIPS-7 sample size field with a value that exceeds the sample size entered in the SUB, TOB, IMM-2 sample field. Again, an error message will appear, and you will need to correct the values entered into this field in order to submit the data.

Once you have prepared and verified the accuracy of the data that you want to enter into the web-based data collection tool, the next key to successful reporting is to access the IPFQR Program web-based data collection tool. In the web-based data collection tool, the user will be able to enter and submit the program's structural and web-based data, as well as sign the DACA form. To access the facility's Measure data, you will



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need to first click the Quality Programs tab on the *QualityNet Secure Portal* home screen. Then select the Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR option from the dropdown menu. Next, you will select the View/Edit Structural Web-Based Measure/Data Acknowledgment (DACA) hyperlink under Manage Measures. And, in step four, you will select the Inpatient Psychiatric Facilities Web-Based Measures/DACA.

The next step is to select the Payment Year, which is the payment determination year that will be impacted by the current submission period. Select Payment Year 2017, and click the Continue button. One must have roll assigned in order to submit data. If you are an IPF with access to only your facility's information, then you will not see the provider's selection page, which is indicated in the second screenshot on this slide. Instead, you will see the Measure Summary page, which we will review in the next slide. For users, such as vendors who will have access to multiple providers, a list of IPFs will appear from which to choose. One can hold down the control key and click on Means of Providers for which they want to enter data. You may select All or choose to enter data for one provider at a time. The Provider Selection list includes the CCN and facility name, and only facilities associated with the account currently logged into the Secure Portal will appear in the provider selection list. The Clear button on that page will deselect providers from the Provider Selection list. The Cancel button will return the user to the payment year selection page. And, the Continue button will lead these to the Measure Summary page. So, upon selecting Continue, you will see the web-based data collection tool for the IPFQR Program where the data will in fact be entered for the facility or facilities.

The Structural/Web-Based Measures summary page will appear, and you will note that this summary page displays the Submission Period and Reporting Period. It will show the provider ID for each facility selected and the status of reporting on each data entry page, as well as the DACA



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for each facility. The status will display as either Incomplete or Completed. The Measure code at the top of each column is a link that will go to the data entry screen for that measure. Or, in the case of the Non-Measure data for the Non-Measure data entry page. You will also note in the top image on this slide that there are two scroll bars outlined in red. You must use the horizontal scroll bars to access all of the data entry pages in the web-based data collection tool. The bottom image on this slide, which is also in the IPF through our program manual displays all of the Non-Measure data, Measure data and DACA entry pages. When you click on one of those options, you may find that you will need to use the vertical scroll bar to complete the data entry process. Prior to entering data into the Web-Based Data Collection tool, we strongly advise you to have all of the aggregated data values for each of the data entry pages readily available to facilitate timely submission. Please note again that IPFs have until August 15 of 2016 to enter or edit their Measure data and complete the DACA. However, no data can be entered or edited nor the DACA completed in the system after the submission deadline. Data that is entered as of 11:59 p.m. Pacific Time on Monday, August 15 will be considered final. So, we highly recommend that you prepare the data and submit it as far in advance of the deadline as possible.

Before we dive into a specific example of how to submit data to CMS via the Web-Based Data Collection Tool, let's review the data entry process at a high level. First, you will of course enter the data values into the system. Next, you must click the Calculate button, if it's applicable, for the given measure or data entry page. Then, you will click Submit. After clicking Submit, the Calculate button will be replaced by an Edit button. You can edit data entered into the Web-Based Data Collection Tool any time before the August 15 deadline, at which point you would need to click Calculate again and the click Submit in order for the system to save that new edited data. Once you are satisfied that you have submitted accurate and correct data, we strongly recommend that you print your measure data results. Guidance on printing your results will be described later in the



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presentation. After printing your results, you will need to click the Return to Summary button to be able to return that Measure summary screen and make your next data entry selection. The aim is to repeat this data entry process for each of the data entry pages until the data entry status is completed for all of the options in the Measure summary screen. Please note that the Non-Measure data, the structural measures and the DACA are simple submissions that do not require a calculation, so you will not have Calculate buttons available on those pages. We will be discussing those – all of these entry pages later in the presentation. But, in the next several slides, we'll review the specific data entry process step by step using the HBIPS-2 measure as an example.

Here you can see what the data entry screen will look like for the HBIPS-2 measure. The numerator field requires entry of the total annual aggregate number of hours that all psychiatric inpatients were maintained in physical restraint; while the denominator field requires entry of the total annual aggregate number of psychiatric inpatient days. Remember sampling is not allowed for this measure, and a zero or a numeric value must be entered into each field because results cannot be calculated until data entry is complete. Please note that if zero was entered in the numerator, then there will be a zero result for that particular measure. If the numerator is larger than the denominator, then you will receive a message, “The denominator must be equal to or greater than the numerator.” If this occurs, please review your data.

After the accurate numerator and denominator values are entered, click the Calculate button, and the results will appear as depicted on this slide. As you can see, the value is expressed as a rate per 1,000 patient hours to two decimal places for the HBIPS-2 measure. Upon reviewing the data entered and the results, you can then click the Submit button, and an informational message will appear at the top of the screen indicating that the data was successfully submitted.



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This slide displays the informational message that will appear at the top of the screen indicating that the Measure data was successfully submitted. From here, you can click on the Return to Summary button and repeat the process to enter data on another data entry page, or you may click the Print button and proceed to print the data end results for that particular data entry page. We'll review the steps for printing in a few slides.

This slide summarizes the steps for editing previously submitted data. In order to edit previously submitted data, you will click the grey Edit button on that data entry page, and then complete the steps on how to complete data submission that were described in the previous slides. That would be step one through four. If you leave any data entry page, before clicking the Submit button, the data entered will be lost. There will be an informational warning message to which you must respond.

Due to two revisions currently in progress for the IPF participation and Facility, State and National Reports, these reports will not be available during the data submission period for the IPFQR Program this summer. We will announce via the IPFQR Program ListServe when these reports are available. However, in the interim, we recommend that you review and print your submitted data for your records.

Facilities will be able to print the submitted data for each of the data entry screens. The steps that are involved with doing so are as follows. Click on that Data Entry screen and then click the Print button at the bottom of the page. Depending on the browser, you may need to navigate to a new browser tab in order to view the print preview screen.

You will know that you are viewing the correct screen to print when you see instructions in the top right corner, which is circled in red on this slide. To print the page, please click Control P. Then, you'll want to press Control P on your keyboard. Now, you should see your print dialogue box. From there, you want to ensure that you select your printer and then click the Print button. After you click the Print button, close the new print



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browser window or tab and you should see the Return to Summary button on the data entry date. This will take you to the measure summary page, which will be displayed on the next slides.

Here you can see the measure summary page. And, there you can find where the data entry pages have a status of either Complete or Incomplete. And from there, you can, again, select those headers to print out the data that's been entered and the calculated results. Now, we will proceed to review each of these data entry pages and describe data entry for these remaining measures.

Here you can see what the data entry screens will look like for the HBIPS-3 measure. HBIPS-3 requires entry of the numerator, which is the annual aggregator number of hours that all psychiatric inpatients were held in seclusion and the denominator, which is the number of psychiatric inpatient days. Note again that sampling is not allowed for the HBIPS-3 measure. Remember that a zero or a number value must be entered into each field, as results cannot be calculated until data entry is complete. Please note that, again, if zero was entered in a numerator, then there will be a zero result for that measure. If the numerator is larger than the denominator, you will receive a message, "The denominator must be equal to or greater than the numerator." If this occurs, please review your data. Again, as with the HBIPS-2 measure, after entering the numerator and denominator values, you will click the Calculate button to populate the rates in the result section.

This slide shows the data entry screen for HBIPS-5. Here you are required to enter the annual aggregate numerator and denominator data values. More information about these specific values can be found in the IPFQR Program Manual, as well as in the Measure Abstraction Tool, which are available on the [Quality Reporting Center](#) website. Remember that HBIPS-5 requires that the denominator values are non-zero, if the numerator value is non-zero. And, a value must be entered into every data



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entry field before the results can be calculated. Again, an error message will appear if data is missing. It will state “you must first enter either zero or a positive whole number in all numerator or denominator fields.” Again, results cannot be calculated until data entry is completed.

Here we have the data entry screen for HBIPS-6. And, as with the HBIPS-5 measure, you are required to enter the annual aggregate numerator and denominator data for this measure. Again, as with HBIPS-5, the denominator values, if they are non-zero, then the numerator should be a non-zero value. And, a value must be entered into each field in order for it to be calculated. And, these results cannot be calculated until data entry is completed. As discussed earlier, after entering your data – before and after entering your data, we ask that you verify that these entries are correct and accurate, values of zero in the numerator with a non-zero denominator are considered questionable and should be verified for accuracy.

This slide shows images from the web-based data collection tool displaying what you can expect to see for the HBIPS-7 data entry page. Again, these screenshots are also available in the IPFQR Program Manual and Measure Abstraction Tools, again, are available on the [Quality Reporting Center](#) website. We also advise you to verify, once again, the data, ensuring that it is not – does not fall into the category of an extreme outlier or an incorrect data entry. Any value of zero in the numerator, where the denominator is a non-zero value, should be called into question.

Here is the screenshot of the SUB-1 data entry page. Again, as with the previous measures, you are required to enter annual aggregate numerator and denominator data values. This should be whole values – whole number values. And, again, as with the other measures, a zero in the numerator, where the denominator is a non-zero number, should be reviewed and reevaluated. We do want to encourage you to really be



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vigilant in monitoring the data and ensuring that incorrect or extreme outlier data is not entered into the Web-Based Data Collection Tool.

This slide and the subsequent slides will cover the structural measures. First, we'll talk about the use of an Electronic Health Record measure. IPFs are expected to attest to the status of the facility's use of Electronic Health Records as of December 31, 2015. And, please note that this measure does not require the entry of any numeric data, but rather just the attestation of, or responses to, the prompts displayed on the screenshots. And, here on the screen you can see that all of the measure questions are required in order to fulfill this particular measures data entry page. And, the EHR attestation requires that the IPF select one of the three statements listed on this slide, based on IPF's activities on December 31 of 2015. After selecting an attestation, the IPFs, or user entering the data, will respond to the following questions, "did the transfers of health information at times of transitions in care include the exchange of interoperable health information with the health information service provider, or HISP?" And, it's a simple Yes or No. Once a selection is made for these two questions, click Submit and ensure that at the top of the – in the top left corner of that data entry page that you see an indicator showing that the data was successfully submitted. Again, this is a simple attestation, and there is no paper tool or numeric data or calculation required.

To meet the Assessment of Patient Experience of Care measure requirement, IPFs will respond to the question, "did your facility routinely assess patient experience of care using a standardized collection protocol and a structured instrument?" If the response is Yes, then a prompt will appear requiring the name of the survey that the facility administered as of December 31, 2015. If the response is No, then the user can select the Submit button and this requirement will be completed. To clarify some of the terminology pertaining to this measure, a survey is considered a structured instrument. And, the standardized collection protocol describes the process used to administer survey or structured instrument. So, again,



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this is another simple attestation. No paper tool or numeric data entries required here. Again, we suggest that you refer to the IPFQR Program Manual, if you require some additional guidance around this and the use of the EHR measure.

The IMM-2 data entry screen requires you to enter your annual aggregate numerator and denominator data into these fields. And then, click the Calculate button in order to populate the results as a percentage for this measure. Please note that the denominator will reflect inpatients age six months and older discharged from the IPF from October of 2015 through March of 2016. And, also note that for this measure, CMS has not determined criteria for identifying extreme outlier data because this is in your measure without any data history at this time. And, again, more information about this measures can be found in the IPFQR Program Manual. And, we also have an optional measure abstraction tool related to this measure.

On this slide, you can see the data entry screen for the TOB-1, or tobacco use screening measures, where the numerator and denominator data should reflect the annual aggregate values. We ask that you, again, refer to the IPFQR Program Manual if you have any questions about this particular measure. We also offer the optional measure abstraction paper tool. The data entered must be in whole numbers, and a value must be entered into each field in order to calculate the percentages – the results – the percentage results for this particular measure.

You can see here that the TOB-2 and its subset -2a are reflected on a single data entry screen. Numerator 1 will reflect the data value, the aggregate annual numerator value for TOB-2, while Numerator 2 will include the annual aggregate data value for the subset of TOB-2a. And then, there is one denominator. And so, when you click on the Calculate button, the results – the percentage results will appear for the TOB-2 as well as its subset, TOB-2a, on that page. We ask that, again, you ensure



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that you make sure that the values entered in are whole numbers. And, again, with this being a newer measure, CMS has not determined criteria for identifying extreme outlier data. But, again, keep in mind sampling is allowed for this measure.

As referenced earlier in the presentation, we shared a couple of screenshots of the optional paper tool that's available for collection of Non-Measure data. Here we have the screenshots of the data entry pages for – that IPFs will see when they go in to enter their Non-Measure data. On the left side of the slide, you can see where an IPF indicated that the facility did sample some of the Measure data – some or all. And, on the right side, you can see that this is what will appear when an IPF indicates that they did not sample. Again, as a reminder, IPFs are not required to sample. This is completely optional. However, I just wanted to, as a reminder, state that on slide 36, we provided a list of parameters that are built into this data entry screen. So, be sure to pay attention to that to ensure that the data entered is accurate and correct. And, we also advise that you reference the optional paper tool if you'd like some guidance on – or have this tool available to assist you with the collection of this data prior to entering it into the Web-Based Data Collection tool.

Upon completion of your data submission, the Web-Based Measure summary page will show a status of “Completed” under the hyperlink for each data entry page. We recommend that you retain printouts of each data entry page, as well as the measure summary page for your record. When you're satisfied that you have submitted all of the requirements indicated on the measure summary screen, you can then proceed to the data accuracy and completeness or acknowledgments, or DACA screen.

Here we're highlighting key number seven, which is to review your data submissions before signing the DACA form. It is important that IPFs review all Measure data for accuracy and completeness before and after it is submitted into the Web-Based Data Collection tool and only then



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complete and submit the DACA. IPFs can submit or edit previously submitted Measure data and complete the DACA prior to the submission deadline of August 15, 2016. And, while a third party vendor may submit data on an IPF's behalf, if a vendor has been previously authorized, it is up to the facility to complete the online DACA form prior to the August 15 deadline.

The DACA is the only opportunity for IPFs to attest to the accuracy and completeness of the data submitted to CMS, which will be publicly displayed at a later date. IPFs cannot enter or edit data after the submission deadline. Therefore, we highly recommend that IPFs enter the data as far in advance of the August 15 deadline as possible.

This slide gives you an idea of what the DACA form looks like – what this data entry form – how it appears in the Web-Based Data Collection tool. And, when all the data entered for the Measures have been reviewed, verified and confirmed to be accurate, then it is time to complete this DACA form. This requires that a representative of the IPF click “Yes, I acknowledge” and then type his or her position at the IPF.

Now, let's review the seven keys to successful reporting. First and foremost, you must ensure that you have access and can log into the *QualityNet* Secure Portal. Secondly, it's important to have at least two active security administrators. And while it's only required that the IPFs have one, we do strongly recommend that each IPF have at least two, so that one can serve as a backup to the other. Third, be sure to manage the IPFQR Program Notice of Participation for your facility. The fourth key is to prepare and really verify the accuracy of the data prior to submitting it. And then next, the fifth key, is to access the IPFQR Program Web-Based Data Collection tool in order to then enter and verify, again, the accuracy of the data before finally reviewing those submissions prior to signing the DACA form. Remember that policy, do not allow for change



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of data nor the completion of the DACA after the August 15, 2016, data submission deadline.

As a reminder, we ask that you inform the IPFQR Program support contractor about any key personal changes, such as changes in leadership of the CEO or administrator level, as well as any other Quality Reporting contacts. The best way to send us updates of this nature is to send a completed Hospital Contact Correction Form to us via fax. The Hospital Contact Correction Form can be accessed in the [Quality Reporting Center](#) website, where you will want to click on Inpatient and then Resources and Tools, and the form should be the first item listed on that page.

The next several slides include links to helpful resources.

CMS recommends that IPFs refer to the updated IPFQR Program Manual for information pertaining to the program, data submission, and really any and all things pertaining to the IPFQR Program. This manual is located on the [QualityNet](#) and [Quality Reporting Center](#) websites and contains information about program requirements, the program measures for the fiscal year 2017 payment determination year, as well as links to helpful optional paper tools pertinent to the data submission process.

This slide includes active links that you can click on to send us your questions about the IPFQR Program. We encourage you to use the Q&A tool in particular because it provides the best means by which we can track questions and answers and also it delivers our responses to your email inbox. It's also a great way for you to let us know what types of questions and topics you would like for us to address in future webinars. We also recommend that you sign up for the IPFQR Program ListServe, if you have not already done so, so that you can receive communications that we send out to the IPFQR community pertaining to webinars, program updates or changes, and other announcements. You can sign up to be added to the ListServe on the [QualityNet](#) ListServe registration page.



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Here is a list of our upcoming educational webinars for the IPFQR Program. As you can see, we do not have a webinar currently scheduled for the month of August. However, in September, we will host a webinar to discuss the fiscal year 2017 Final Rule, as it pertains to the IPFQR Program, as well as provide an overview of the APU reconsideration process.

All questions received via the chat tool during this webinar will be reviewed and a Q&A transcript made available at a later date. To maximize the usefulness of the Q&A transcript, we will consolidate the questions received from the chat feature during this event and focus on the most important and frequently asked questions. To obtain answers to questions that are not specific to the content of this webinar, we recommend that you go to the [QualityNet](#) Q&A tool. Now, I will turn the presentation over to Deb Price who will review the CE credit process for today's webinar.

Deb Price:

Well, thank you, Evette. Due to our time constraint, I am going to move very quickly to the CE slides. If you need any assistance, please use the contact information on your survey. Today's webinar has been approved for one continuing education credit by the list – by the board listed on this slide.

You can get your CE either after today's survey or within 24 hours we will be sending you an additional survey that you can use to get your credit.

When you register for your CE, you should immediately get an email response. If you do not, please register your personal email when we send you the second survey. It will be in 48 hours.

This is what the survey will look like, at least the bottom of the survey.

And, this is the page that will pop-up at the end of the survey. You will see that there are two links, New User link and Existing User link.



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This is what the New User link will look like. Please register your first and last name and a personal email and a – and a personal phone number, so we can associate these other email with a different phone number.

And, this is what the Existing User page will look like. Your user name is your entire email address, including what is after the @ sign. And, of course your password. If you've forgotten your password, just put something in that space, and a clue will open up and you will be able to reset your password.

And now, I'd like to thank everyone for joining us today and spending the last hour with us. Please enjoy the rest of your day.

END