



# Inpatient Psychiatric Facility (IPF) Quality Reporting Program

## Support Contractor

### IPFQR Program: Keys to Successful FY 2017 Reporting

#### Questions and Answers

##### Moderator/Speaker:

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To maximize the usefulness of the questions and answers transcript, we have consolidated questions received through the Chat feature during the event and focused 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 refer to the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Manual, the *QualityNet* question and answer tool, or call the Hospital Inpatient VIQR Support Contractor at 866.800.8765 or 844.472.4477.

## General Data Submission

**Question 1:** I have always submitted measure data through the portal, even though we have a vendor submit other (i.e., IQR, OQR) measure data for us. I thought we could only submit this data web-based. Is this a change that our vendor can submit the measure data?

*You are correct that data for the IPFQR Program is submitted through the web-based data collection tool (WBDCT) located on the QualityNet Secure Portal. This has not changed, and a vendor can submit data through the WBDCT on behalf of the IPF. The submission of measure and non-measure data, as well as completion of the Data Accuracy Correctness and Acknowledgement (DACA) form, must be completed through this tool. Regardless of whether data is submitted to CMS by the IPF, or through a vendor, external file transfer of measure data is **not** an option for data submission for the IPFQR Program. For more information, please see the IPFQR Program Manual, dated June 7, 2016, available for download at <http://www.qualityreportingcenter.com/inpatient/ipf/tools/>.*



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**Question 2: Is there any plan to extend the deadline since submission will not begin until mid-July?**

*As announced in an email to the IPFQR Program ListServe on Wednesday, July 13, the data submission deadline has been extended to Friday, August 26 at 11:59 pm PT.*

**Question 3: For FY17 IPFQR checklist when I go to run the measure summary report the payment year drop down box will not let me select 2017, as it only goes to 2016. Will this be modified to include 2017 on or before the 8/15/16 date the checklist indicates should be looked at by?**

*Yes. The IPFQR Program data submission period is scheduled to begin on Tuesday, July 19, 2016. At that time, the 2017 payment year option will appear in the web-based data collection tool and IPFs will be able to submit data in the data entry screens.*

**Question 4: I received notification that the QualityNet Psychiatric Structural measures/DACA will not be available for data submission until mid-July. Can you please comment?**

*The IPFQR Program data submission period started on Tuesday, July 19, 2016.*

**Question 5: We are reporting data for calendar year 2015?**

*Yes. IPFs are required to submit measure and non-measure data collected during calendar year 2015 with the exception of the IMM-2 measure. For the IMM-2 measure, the numerator and denominator data that will be entered will reflect data collected from October 1, 2015 through March 31, 2016.*

**Question 6: Will the IPF Core measures be entered into the QualityNet web-based data collection tool (WBDCT) by quarter for 2015 or do we need to add them up to create a yearly total?**

*IPFs can collect the data by quarter, but must add the values together to create an annual, aggregate total.*



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**Question 7:** Are there any plans to submit patient-level data at some point for the IPFQR program? Are there any plans to validate IPFQR quality reported data in the future?

*There are no current plans to require patient-level data for the IPFQR program. However, methods to validate data are in development.*

## Hospital-Based Inpatient Psychiatric Services (HBIPS)

**Question 8:** In recording restraint times, can you clarify that we should record in hours not minutes? Midas, a restraint abstraction tool, asks for-Minutes of Physical Restraint and is updated nightly.

*The numerator for the HBIPS-2 restraint measure requires the entry of “The total number of hours that all psychiatric inpatients were maintained in physical restraint.” If data are collected in minutes, such as in the Midas abstraction tool, then it needs to be converted to hours before entry into the WBDCT.*

**Question 9:** We do not use restraints in our facility. We also do not use any hours of seclusion. Can we just leave those data entry fields blank?

*As stated during the webinar, IPFs cannot leave any data entry fields blank. If the facility’s chart abstraction for HBIPS-2 indicates that there were zero hours of physical restraint, the numerator entered would be zero. Likewise, if the facility’s chart abstraction for HBIPS- 3 indicates that there were zero hours of seclusion, the numerator entered would be zero. The IPF would still calculate and submit the denominator indicating the total number of inpatient hours overall for patients during the time period in question for the HBIPS-2 and HBIPS-3 measures.*

**Question 10:** The HBIPS data for Restraints pertains to the entire year of 2015, correct? It isn't like IMM-2 which only applies to Q4, right?

*For the FY 2017 payment determination IPFs are required to submit HBIPS-2 (restraints) data for the entire 2015 calendar year. For IMM-2, IPFs will enter data collected in Q4 2015 (October 1-December 31, 2015) and Q1 2016(January 1-March 31, 2016).*



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**Question 11:** If a hospital does not sample HBIPS or TOB/SUB for one quarter out of a year and samples the other three quarters how is that entered into *QualityNet* in the sampling area of the Non-Measure data entry page? In other words, if my quarterly values are not the same each quarter, how do I report the aggregate, yearly count?

*The sample size should reflect the aggregate annual volume for the measures. To do this, enter the sum of discharges for the four quarters into the sample size data entry field. Below is an example of how an IPF can calculate the total aggregate annual sample and non-sample volumes for HBIPS-5. In the example, the initial patient population (IPP) is 100 for each quarter, where data collected in the first quarter were not sampled. Based on this example, an IPF would enter the number 232 in the field next to HBIPS-5, -6, -7 in the Sample Size table.*

CY 2015	Initial Patient Population (IPP)	Sampled?	Sample Size
Q1	100	No	100
Q2	100	Yes	44
Q3	100	Yes	44
Q4	100	Yes	44
TOTAL			232

**Question 12:** Regarding slide 39, this is not accurate if a facility has followed The Joint Commission (TJC) sampling requirements for the HBIPS measures, which require sampling by age stratification. If they serve all four age strata, their HBIPS sample will likely be more than the Global sample.

*Thank you for bringing this to our attention. You are correct that such a scenario can exist. The WBDCT system allows for the entry of an HBIPS measure sample size that exceeds that of the SUB, TOB, and IMM-2 measures. Consequently, you may disregard the last bullet on slide 36 as well as the content of slide 39. A note indicating this update will be posted to the in the IPFQR Program Archived Events page of the Quality Reporting Center website.*



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### Immunization (IMM-2)

**Question 13:** Just to clarify, when I enter IMM-2 data into the WBDCT, I will enter measure data collected October 2015 – March 2016. When I enter IMM-2 data on the Non-Measure/Population Counts data entry screen, I will only enter fourth quarter (4Q) 2015 data. Is this correct?

*The IMM-2 measure was adopted into the IPFQR program for FY 2017 (Calendar Year 2015 data) and the reporting period for this measure began with the fourth quarter of 2015. It is correct that on the IMM-2 data entry page, IPFs will enter data covering two quarters: quarter four 2015 (October 1-December 31, 2015) and quarter one 2016 (January 1-March 31, 2016).*

*On the Non-Measure/Population Counts data entry screen, we advise IPFs that sampled to enter the aggregate annual total of the minimum sample size for each quarter or month of calendar year (CY) 2015. If IMM-2 was the only measure for which data was sampled, then enter the annualized quarter four 2015 sample size. For example, if the IPF was able to sample for IMM-2, but did not sample for TOB and SUB and the quarter four 2015 sample size was 25, then the annualized sample size would be 100, and it would be entered in the field for the SUB-1, TOB-1, TOB-2/-2a, IMM-2 sample size.*

**Question 14:** On the Non-Measure Data entry screenshot, it indicates to enter one sample size for all of the Global sample measures. But IMM-2 will not have the same sample size as the other Global measures since it includes Q1 2016. How do we account for this?

*On the Non-Measure/Population Counts data entry screen, we advise IPFs that sampled to enter the aggregate annual total of the minimum sample size for each quarter or month of CY 2015. If IMM-2 was the only measure for which data was sampled, then enter the annualized quarter four 2015 sample size. For example, if the IPF was able to sample for IMM-2, but did not sample for TOB and SUB and the quarter four 2015 sample size was 25, then the annualized sample size would be 100, and it would be entered in the field for the SUB-1, TOB-1, TOB-2/-2a, IMM-2 sample size.*



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**Question 15: Are facilities that received CMS certification in 2016 expected to submit 1Q 2016 data for IMM-2 during this submission period?**

*No. IPFs that received CMS certification in CY 2016 are expected to pledge an IPFQR Program Notice of Participation within 180 days of receipt of the CMS letter. Upon pledging to participate in the IPFQR program, an IPF should begin collecting data for the required measures as soon as possible. An IPF that received CMS certification in CY 2016 will submit quarter four 2016 and quarter one 2017 IMM-2 data during the data submission period scheduled to occur in the summer of 2017.*

### **Tobacco Use Measures (TOB) / Substance Use Measures (SUB)**

**Question 16: Can an RN document the reason for not providing tobacco cessation medication during inpatient stay or does the reason have to be documented by the MD?**

*No. The reason for not providing a Food and Drug Administration (FDA) approved tobacco cessation medication must be documented by a physician/APN/PA or pharmacist.*

**Question 17: Can an RN document the patient refusal of Outpatient Tobacco Cessation counseling?**

*Yes, the RN can document the patient's refusal of outpatient counseling.*

**Question 18: Can documentation of pregnancy by the physician be a reason for not providing an FDA approved smoking cessation medication?**

*The documentation by the physician must result in an International Classification of Diseases, ICD-9 or ICD-10 code for pregnancy. That ICD-9 or ICD-10 code will be used by the algorithm to prevent that case from requiring smoking cessation medication. Refer to the Measure Information Form (and algorithm) for TOB-2 posted on the QualityNet website at [www.QualityNet.org](http://www.QualityNet.org). Select Hospitals-Inpatient and then Specifications Manual from the dropdown menu.*



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**Question 19:** If the RN and the therapist are assessing the patient for tobacco and substance abuse, which assessment do we accept to provide an intervention? Is it the most recent or the highest in value (Audit C score versus how many cigarettes they smoke daily)? If the highest usage rate is used, doesn't that skew the results?

*If there are multiple tobacco or alcohol use screenings performed, use the screening results that indicate the highest usage as the basis upon which to provide an intervention. These instructions are per the measure steward, The Joint Commission. The measure specifications are developed with guidance from a clinical Technical Advisory Panel.*

**Question 20:** What about if your facility is not reporting on the TOB and SUB measures? Can we enter zeros for these measures?

*IPFs are required to enter the values called for by the measure. IPFs should only enter zero in the numerator or denominator for a measure if there were no patients that met the numerator or denominator criteria at the facility during CY 2015 for that measure. If an IPF does not report the TOB or SUB measures (i.e., the data entry status is "Incomplete" in the WBDCT) then the IPF is not satisfying the reporting requirements for the IPFQR Program and may be subject to a two percentage point reduction to the APU for the 2017 payment determination year.*

**Question 21:** Is it correct that the TOB-1, -2/-2a measures are only for patients 18 year old and older?

*Yes, that is correct. The denominator for those measures includes patients 18 years of age and older.*

**Question 22:** On slide 56 the denominator says the number of hospitalized patients 18 years or older. Does this field want the number of admissions or discharges?

*Slide 56 contains information about SUB-1. The measure's denominator is based on discharges from the facility. For additional details, see the Measure Information Form (and algorithm) for SUB-1 posted on the QualityNet website at [www.QualityNet.org](http://www.QualityNet.org). Select Hospitals-Inpatient and then Specifications Manual from the dropdown menu.*



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### **Electronic Health Record (EHR)**

**Question 23:** Does the Use of EHR measure question about the use of a Hospital Information Service Provider (HISP) pertain to the entire hospital or specifically the psych unit?

*This attestation is answered specifically for the IPF unit.*

**Question 24:** Can you give an example of a HISP?

*A HISP manages security and transport of health information exchange among health care entities or individuals using the Direct standard for transport. HISP functions can be performed by existing organizations (such as EHR vendors, hospitals or Health Information Exchange [HIE] organizations) or by standalone organizations specializing in security and transport of health information.*

**Question 25:** What is an example of interoperable health information, as referenced on slide 57)?

*Interoperable health information is information that can be communicated (or exchanged) with other technology systems and software applications.*





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### Non-Measure Data

**Question 26:** Please clarify slide 14- Non-Measure Data Requirements. Is there something we need to report in the QualityNet Secure Portal other than the prior mentioned measures?

*Yes. In addition to the chart-abstracted and structural measures, IPFs are required to report non-measure data on the Non-Measure/Population Counts data entry page of the WBDCT. Additional information regarding the non-measure collection and data submission requirements – including presentation slides, recording, and questions and answer transcript – are available in the following presentations located in the IPFQR Program Archived Events page of the Quality Reporting Center Website*

*(<http://www.qualityreportingcenter.com/inpatient/ipf/events/>):*

- *June 18, 2015 – Non-Measure Data and Structural Measures*
- *October 29, 2015 – IPFQR New Measures and Non-Measure Reporting – Part 1*
- *January 21, 2016 – IPF: Inpatient Psychiatric Facility Quality Reporting Program New Measures and Non-Measure Reporting Part 2*

*The data collection tool is available at*

*<http://www.qualityreportingcenter.com/inpatient/ipf/tools/>. Scroll down to the Non-Measure Data Collection Tool under IPFQR Program Paper Tools.*

**Question 27:** Re: non data measures. Our child development unit is not part of the IPFQR - only adult units – are the annual discharges, diagnosis categories, Medicare and non-Medicare only related to the Psych units participating in the IPFQR?

*Yes, the values entered into the Non-Measure Data/Population Counts data entry page of the WBDCT should reflect data that is representative of only the participating IPF's discharges (overall and by the various categories) during CY 2015.*



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**Question 28:** Is the non-measure data reporting form required for submission? We use a vendor, which sends us all of our outcomes that are entered through the *QualityNet* WBDCT.

*No, the Non-Measure Data Collection tool is an optional informal mechanism designed to aid IPFs in the collection of the required data. IPFs are not required to submit this fillable form; however, the form aligns with the content and format of the Non-Measure Data/Population Counts data entry page on the QualityNet WBDCT to facilitate the collection and submission of data.*

**Question 29:** For the non-measure volume data, the specification manual provides a link to an ICD-10 link for the Diagnostic Categories. Since the time frame also includes the period of ICD-9, where can we locate the ICD-9 codes for the categories?

*Instructions on how to access a crosswalk of Clinical Classification Software (CCS) codes with ICD-9-CM and ICD-10-CM codes are listed on the last page of the Non-Measure Data Collection tool found on the IPFQR Program Resources and Tools page of the Quality Reporting Center website:  
<http://www.qualityreportingcenter.com/inpatient/ipf/tools/>.*

**Question 30:** Non-data measures: if a patient has several diagnoses that cross over 660, 661, and 657 are they counted in all three categories?

*As described at the bottom of page one of the Non-Measure Data Collection tool, categorization should be based on the primary diagnosis at discharge. The Non-Measure Data collection tool is located on the Quality Reporting Center website under “Calendar Year 2015 Data to be Submitted Summer of 2016,” available at <http://www.qualityreportingcenter.com/inpatient/ipf/tools/>.*



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**Question 31:** Can you please verify that the information listed on the Non-Measure Data Collection Tool, (age strata and diagnosis categories) will not be required by CMS. Is this an optional submission or will it affect APU?

*As described in the FY 2015 IPF PPS Final Rule (79 FR 45973) submission of non-measure data is a requirement for the IPFQR Program, starting with the FY 2017 payment determination year. This includes the annual, aggregate number of discharges from the IPF by age strata and diagnostic category. This is not an optional submission. IPFs must meet all of the program requirements, or else be subject to a two percentage point reduction to the FY 2017 APU. Note that IPFs are no longer required to report individual measure data into the WBDCT by quarter and age strata but rather as an annual aggregate rate, as described in the FY 2016 IPF PPS Final Rule (80 FR 46717).*

**Question 32:** In regards to the non-measure data submission by diagnostic category: Does the “Other” diagnosis category mean those diagnoses that are not included in one of the above categories for the CCS categories?

*Yes, the “Other” category would include those diagnoses not covered by the main diagnostic categories listed on the tool.*

## Sampling

**Question 33:** The IPFQR Program manual allows for monthly sampling, however on slide 25 it only shows quarterly sampling requirements. Are we to be held to quarterly sampling criteria when the data has already been collected and sampled based on the specification manuals monthly sampling criteria?

*You are correct that IPFs can use monthly or quarterly sampling. Refer to page five of the IPFQR Measures for FY 2017 and FY 2018 and Population and Sampling document located on the Quality Reporting Center website under IPFQR Program Resources and Tools:*

*<http://www.qualityreportingcenter.com/inpatient/ipf/tools/>.*



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**Question 34:** If we sampled through the third quarter of 2015, but did not sample during the fourth quarter, do we respond “Yes” to “Did your IPF sample”?

*Yes. If you sampled at any time during the reporting period, answer “Yes.” Refer to the answer to Question 11 for an example of how to determine the total aggregate annual sample size when sampling was done for some but not all quarters.*

**Question 35:** For slide 25 regarding the Sampling, Guidelines. When abstracting charts based on Joint Commission sampling, should I change all my sampling guidelines or just change the guidelines for HBIPS-5 through HBIPS-7, SUB-1 through IMM-2 Measures?

*The HBIPS-5 through HBIPS-7 sampling guidelines listed on slide 25 are the same as the Joint Commission guidelines, according to their manual found at [https://manual.jointcommission.org/releases/TJC2015B2/SamplingChapterTJC.html#Sample\\_Size\\_Requirements](https://manual.jointcommission.org/releases/TJC2015B2/SamplingChapterTJC.html#Sample_Size_Requirements). The SUB, TOB and IMM guidelines listed on slide 25 are the same as the global sampling requirements in the Hospital Inpatient Quality Reporting (IQR) Specifications Manual on [QualityNet.org](http://QualityNet.org).*

### Security Administrator/Notice of Participation

**Question 36:** I keep getting a notice that I have not logged in to the *QualityNet Secure Portal* within the last 60 days. This occurs even though I had logged in a few days prior to the notice. What should I do?

*We strongly recommend that you verify the status of your QualityNet Secure Portal account by sending an email to the QNET Help Desk at [qnet-support@hcqis.org](mailto:qnet-support@hcqis.org). Please use the phrase “SA Help Needed for IPFQR” in the subject line to help expedite the request. Be sure to keep all correspondence for your records.*



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**Question 37: Does the account go inactive after 30 or 60 days?**

*After 90 days of inactivity, the account will go into an inactive state. It will remain in the inactive state for the next nine months, unless the account holder contacts the QualityNet Help Desk to request to have the account re-activated. We strongly recommend that all QualityNet Secure Portal Security Administrators and Users log in to the QualityNet Secure Portal every 30-60 days to keep their accounts active. Please note that changing your password every 60 days is not the same as logging into the system. Upon changing the password you must log into the system with the new password for the account to remain active. If after following these recommendations you continue to encounter access issues, we recommend that you send an email to the QNET Help Desk at [qnet-support@hcqis.org](mailto:qnet-support@hcqis.org). Please use the phrase "SA Help Needed for IPFQR" in the subject line to help expedite the request. Be sure to keep all correspondence for your records.*

**Question 38: If we are a vendor, when will be able to see the providers that have completed their IPFQR Program Notice of Participation (NOP) and selected us as their vendor for payment year (PY) 2017 (or carried over from PY 2016)?**

*Vendors should be able to view the providers that have completed their Notice of Participation whenever the QualityNet Secure Portal is active and not undergoing maintenance. Instructions on how to access the NOP for an IPF are described on slides 21-23 of the presentation.*

### IPFQR Program

**Question 39: Where on the QualityNet website will we find the paper tools?**

*Use this link for the IPFQR Program Resources page and paper tools:  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864255>. From the QualityNet Home page, click on the drop down menu for the Inpatient Psychiatric Facilities tab, select Resources, and view the paper tools listed under the sub-heading "Measure Resources". The paper tools are also available from the Quality Reporting Center website at: <http://www.qualityreportingcenter.com/inpatient/ipf/tools/>.*

**END**