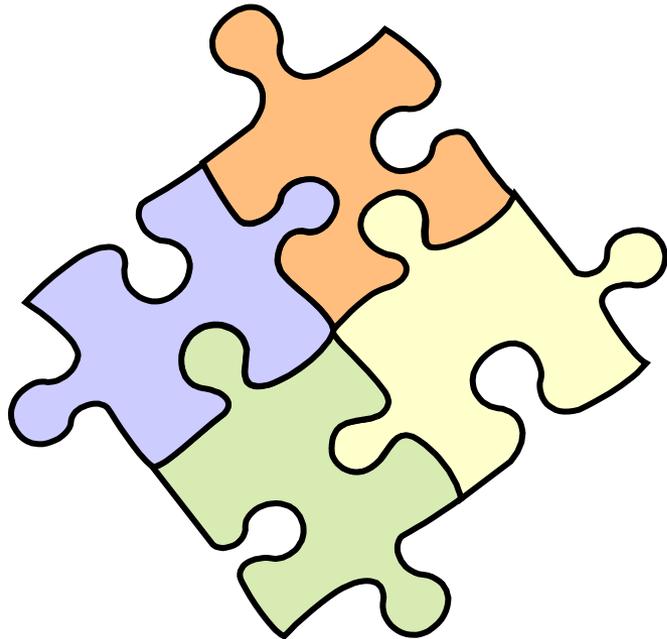
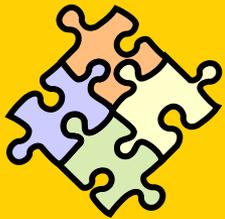


Refresher Training: Tips for Successful Completion of FY 2015 IPFQR Program Requirements



*Reneé Parks, RN, BSN
Project Lead, IPFQR
FMQAI/HSAG*

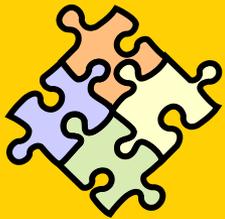
August 21, 2014



Learning Objectives

At the conclusion of this National Provider Call, attendees will be able to:

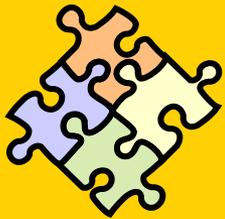
- Implement procedures for successfully entering and submitting data
- Identify solutions for known data entry issues
- Acquire contact information for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Support Contractor



Program Announcements

Friday, August 29, 2014 is the deadline for:

- Having at least one active Security Administrator (SA)
- Having an accurate Notice of Participation (NOP) on file
- Submitting your program data
- Signing the Data Accuracy and Completeness Acknowledgement (DACA)



Save the Date

- September (Date TBD)
 - Inpatient Psychiatric Facility Prospective Payment System Final Rule FY 2015



Known Issues

- Some IPFs are not able to enter their data
Contact FMQAI/HSAG for direction
- NOP will not allow edit of 2 contacts
Contact the QualityNet Help Desk
- SAs do not have the role to enter data
Contact the QualityNet Help Desk
- Vendors cannot see all their facilities
Contact the QualityNet Help Desk

Known Issue with HBIPS-2 and -3

- Inability to accept decimal places
- Converts decimal to whole number
- Example: 1.25 converts to 125

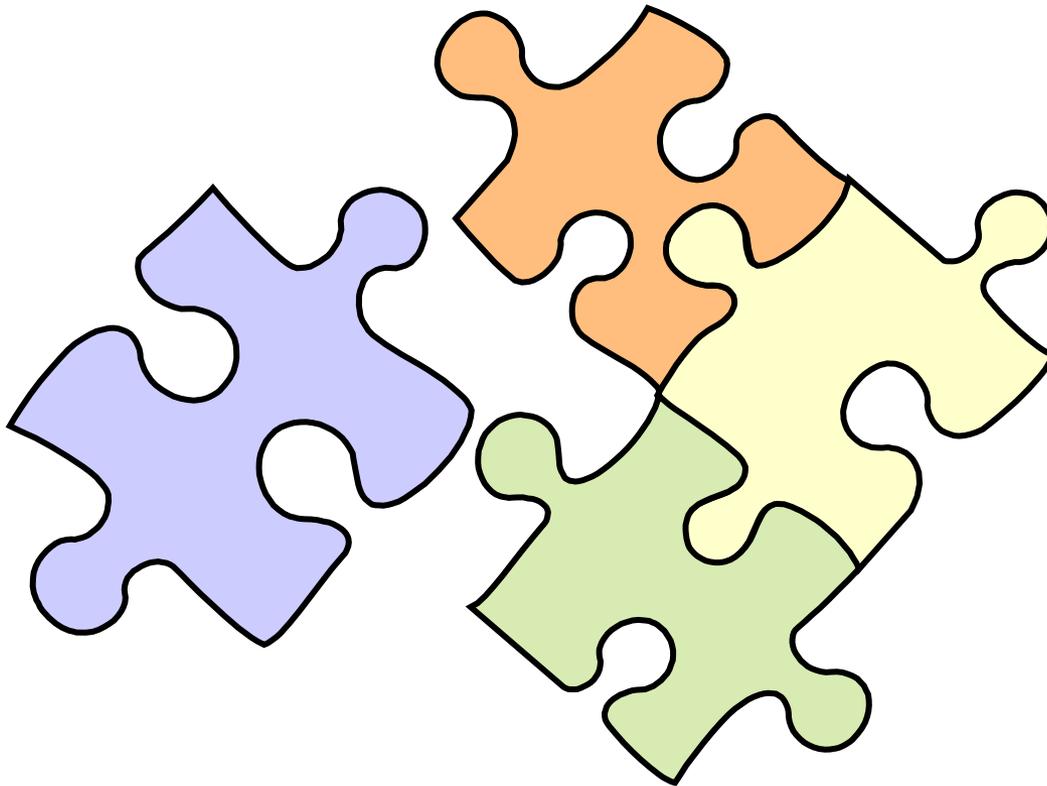
- Application now corrected
- Ability to submit data with decimals two places to the right

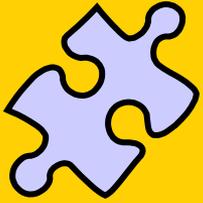
Known Outlier Values

Check for accuracy if data exceeds the following values:

- HBIPS-2: 0.275 hours of physical restraint use per 1,000 patient hours
- HBIPS-3: 0.1 hours of seclusion per 1,000 patient hours
- HBIPS-4: 31% of patients discharged on multiple antipsychotic medications

Reporting IPF Quality Measures





Are You Ready to Enter Data?

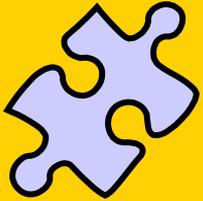
- Your facility **MUST** have at least one **active SA** at the time of the submission deadline (Friday, **August 29, 2014**).
 - The SA is the person in your organization that is able to grant you access to perform necessary activities in QualityNet.
 - A 2nd Security Administrator is recommended for backup.
- All users **MUST** log in to the QualityNet Secure Portal every 30 – 60 days to keep the account active.
 - Consider putting a reminder on your calendar.



Accessing the System: QualityNet Registration

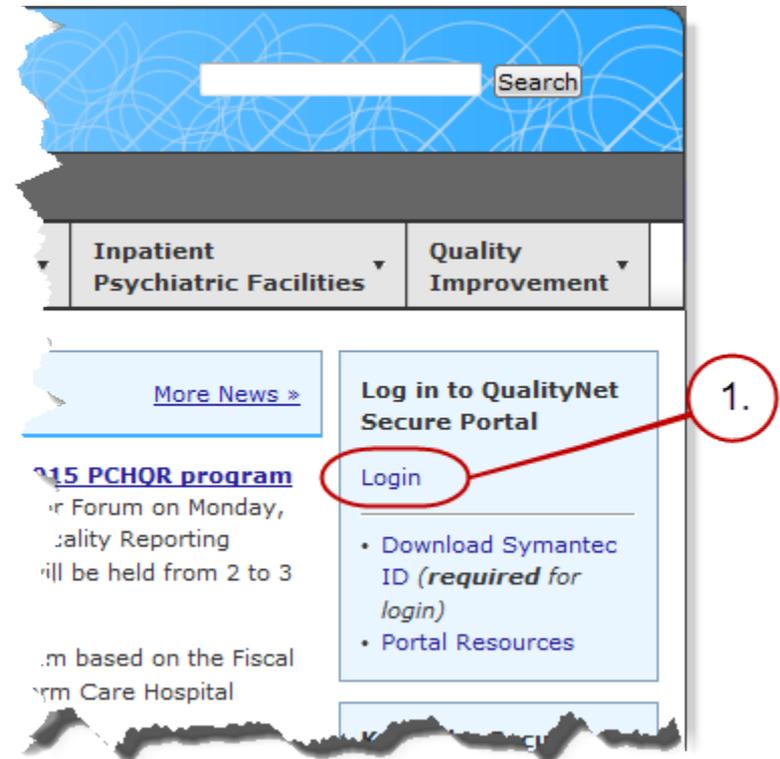


1. In order to enter data, you must:
 - Be a QualityNet registered user, and
 - Be enrolled in the QualityNet Secure Portal.
2. If you are **not** a QualityNet registered user, go to the QualityNet website, <https://www.qualitynet.org>, and select the **Inpatient Psychiatric Facilities** link on the left side of the QualityNet home page under QualityNet Registration.
3. Follow the instructions to register.



Accessing the System: QualityNet Secure Portal

- Once you **are** a QualityNet registered user, you will need to log in 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 already enrolled in the QualityNet Secure Portal, you will be able to login (see next slide).
 - If you are **not** enrolled in the QualityNet Secure Portal, see the next slide for assistance via the Help screen.





Accessing the System: Logging In

- If you are **already enrolled** in the QualityNet Secure Portal:
 - Enter your QualityNet User ID, Password, and Symantec VIP Security Code.
 - Select the **SUBMIT** button.
- If you are **not** enrolled in the QualityNet Secure Portal :
 - Select the **Start/Complete New User Enrollment** link and complete enrollment.
 - You will need to download a Symantec VIP Access token and complete identity proofing. See your System Administrator for help with the VIP Security Code.

The screenshot shows the 'Log In to QualityNet' login page. On the left is a 'VIP Access' token window displaying a 'Credential ID' and a 'Security Code' of '335954'. The main login form has three input fields: 'User ID', 'Password', and 'Security Code', each with an asterisk indicating it is required. A 'SUBMIT' button is at the bottom right. A yellow 'Help' box on the right contains links for 'Start/Complete New User Enrollment', 'Forgot your password?', 'Trouble with your Security Code?', and 'Need to register for a QualityNet account?'. Red circles with numbers 1, 2, and 3 point to the Security Code field, the SUBMIT button, and the 'Start/Complete New User Enrollment' link, respectively.

1. Security Code field

2. SUBMIT button

3. Start/Complete New User Enrollment link

Log In to QualityNet * Required Field

Please enter your CMS User ID and password, followed by your Symantec VIP Security Code, then click Submit.

* User ID

* Password

* Security Code

CANCEL SUBMIT

Help

Start/Complete New User Enrollment

Forgot your password?

Trouble with your Security Code?

Need to register for a QualityNet account?

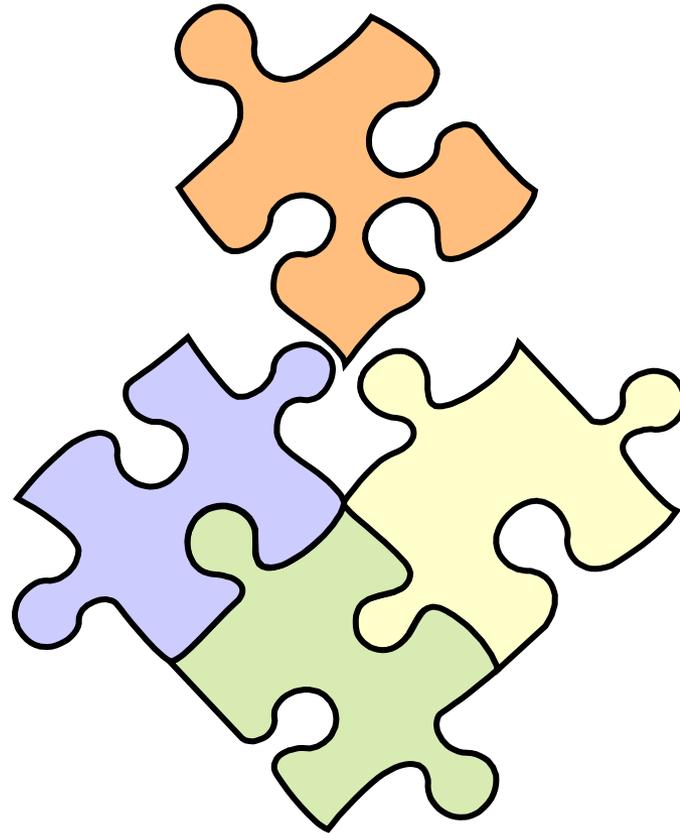


Accessing the System: IPFQR Tab

1. From the QualityNet Secure Portal home screen, select the **Quality Programs** tab.
2. Select the **Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR** option from the drop down menu.

The screenshot shows the CMS QualityNet portal interface. At the top, there are alerts and notifications. The main navigation bar includes 'Home', 'Quality Programs', 'My Data', 'My Scores', and 'My Reports'. The 'Quality Programs' dropdown menu is open, showing options: 'Physicians Quality Reporting System / eRx', 'End Stage Renal Disease Quality Reporting Program', 'Quality Improvement Organizations', and 'Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR'. A red circle with the number '1.' points to the 'Quality Programs' dropdown, and another red circle with the number '2.' points to the 'Hospital Quality Reporting' option. The page also features a 'Welcome' message and a description of the QualityNet Secure Portal.

Entering/Updating Data





My Tasks Screen

The **My Tasks** screen has boxes with links to specific tasks. The tasks that appear are user role-dependent. Two examples are:

- 1. Manage Notice of Participation:** Allows viewing and editing the facility's NOP in the IPFQR Program, including information for facility contacts and campus information.
- 2. Manage Measures:** Allows entering and submission of IPFQR data, and the ability to sign the DACA form.

A screenshot of the CMS QualityNet web application interface. The top navigation bar includes 'Alerts (0)', 'Notifications (5)', 'Secure File Transfer', 'User Profile', and 'Log Out'. Below this is the 'CMS.gov QualityNet' logo and a search bar. A yellow navigation menu contains 'Home', 'Quality Programs', 'My Data', 'My Scores', 'My Reports', 'My Tools', and 'Help'. The main content area is titled 'Quality Reporting System: My Tasks' and lists three task boxes: 'Manage Measures' (with subtext 'View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)'), 'Manage Notice of Participation' (with subtext 'View/Edit Notice of Participation, Contacts, Campuses'), and 'Manage Security' (with subtext 'Manage Multifactor Credentials My Account'). A fourth box, 'Vendor Authorization' (with subtext 'Authorize Vendors to Submit Data'), is partially visible at the bottom. Red circles with numbers '1' and '2' are placed over the 'Manage Notice of Participation' and 'Manage Measures' boxes, respectively, with red lines pointing to the corresponding text in the list above.



Manage Notice of Participation

To provide or change information on your facility's NOP:

1. Select **Inpatient Psychiatric Facility (IPF) Notice of Participation**.
2. Enter the facility's 6-digit CMS Certification Number (CCN).
3. Select the **NEXT** button.

Home ▾ Quality Programs ▾ My Data ▾ My Scores ▾ My Reports ▾ My Tools ▾

Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR > Manage Notice of Participation > View/Edit Notice of Participation, Contacts, Campuses

Start: Notice of Participation

Instructional Text:
* Required
Select your Program Type
Enter a 6-digit CCN
Enter a 10-Character NPI

*** Identify Program Type**

- Inpatient Notice of Participation
- Outpatient Notice of Participation
- Inpatient Psychiatric Facility (IPF) Notice of Participation
- PPS - Exempt Cancer Hospital (PCH) Notice of Participation
- Ambulatory Surgical Center (ASC) Notice of Participation

*** Enter a 6-digit CCN**

*** Enter a 10-Character NPI**

NEXT

Note: DO NOT enter a 10-Character National Provider Identifier (NPI).



Manage Notice of Participation: Enter - Review - Update

1. The **Provider** (facility) **Name**, **Provider ID**, **Medicare Accept Date**, and, if applicable, **Facility Close Date** are shown on the screen.
2. Select the appropriate link for the activity needed.
 - Review or update **Notice of Participation**
 - Review or update **Contacts** for NOP
 - Add, update, or remove **Additional Campuses**

The screenshot shows a web application interface for managing a Notice of Participation (NOP). At the top, there is a navigation bar with links for Home, Quality Programs, My Data, My Scores, My Reports, My Tools, and Help. Below the navigation bar, the breadcrumb trail reads: Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR > Manage Notice of Participation > View/Edit Notice of Participation, Contacts, Campuses. The main heading is "IPFQR Notice of Participation | Menu". A table displays the following information:

Provider Name	Provider ID	Medicare Accept Date	Facility Close Date
ST. JOSEPH'S HOSPITAL	000001	07/01/1966	

Below the table, there is a section titled "Notice of Participation" with a sub-heading "I'd Like To View, Add or Update". This section contains a list of links: "Notice of Participation", "Contacts", and "Additional Campuses". A button labeled "RETURN TO PREVIOUS SCREEN" is located at the bottom of the page. Two red callout boxes with numbers 1 and 2 are overlaid on the screenshot. Callout 1 points to the table header, and callout 2 points to the list of links.



Notice of Participation

The NOP will carry over each year, unless the facility withdraws from the program.

☐ Notice of Participation Summary Table

NOTE: If you want to Pledge, you must identify two Contacts to receive notification of Pledge changes.

Fiscal Year	Notice of Participation Status	Notice of Participation Date	Added By	Date Edited	Edited By	Comments
2015	Participating	04/29/2013 21:00:00PT	CARRY_FORWARD			
2014	Participating	04/29/2013 21:00:00PT	ACRANSTON			



Manage Notice of Participation: Important Points

- If your facility wants to be considered for the FY 2015 Annual Payment Update (APU), you should have completed an NOP pledging to participate by August 15, 2014. If you have not submitted an NOP, submit one as soon as possible.
- Verify that your NOP has 2 facility contacts and that at least 1 contact has “Yes” indicated for e-mail notifications.
- If your facility/unit *closes*, complete a paper NOP to withdraw from the IPFQR Program.
- If your facility *chooses not to participate*, complete a paper NOP indicating your facility is choosing not to participate. The published APU list will display “chose not to participate” instead of “not meeting program requirements.”



Manage Measures

Return to the **My Tasks** screen to start the data entry process. Select the **View/Edit Structural/Web-based Measures/Data Acknowledgement (DACA)** link under **Manage Measures**. A **Start** tab will open.

1. Select the **Payment Year**. Select **2015** to enter data or to review/edit previously entered data for payment year 2015. You can view 2014 data but **cannot** change it.
2. Select the **Continue** button.



Manage Measures: Select Your Facility

Next, identify the facility or facilities to enter, review, or edit data.

1. **Provider Selection** includes the CCN and facility name. Note: You will only see facilities you are associated with. Select a single facility or multiple facilities, as applicable. To select more than one, hold down the **Ctrl** key while making your selection.
2. Select the **Continue** button.

Home ▾ Quality Programs ▾ My Data ▾ My Scores ▾ My Reports ▾ My Tools ▾ Help ▾

Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR > Manage Measures > View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)

06/25/2014 13:40:19 PT

Start

Inpatient Psychiatric Facilities Web-Based Measures/DACA

Structural Measures | PY 2015

Web-Based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes reporting Web-Based measures information will encourage facilities to improve the quality of care provided to all patients.

Provider Selection
Select one provider or select multiple providers by holding down the ctrl key while making selection

-- Select --
All
MEDICAL CENTER
COMMUNITY HOSPITAL
REGIONAL MEDICAL CENTER
HOSPITAL

Clear Cancel **Continue**

1.

2.

Print



Manage Measures: Measure Data Entry

- A **Web-Based Measures** tab will open. The facility is identified at the top.
- Enter the requested data by quarter for each age group. Overall values will display after you select **Submit**.

Start **Web-Based Measures** 1. 06/25/2014 13:41 PT

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Web-Based Measures Program

Provider WISCONSIN STATE MENTAL HEALTH CENTER	CCN 000000	NPI 000000	Submission Period 07/17/2014 - 08/29/2014	With Respect to Performance Period 04/01/2013 - 12/31/2013
--	---------------	---------------	--	---

Web-Based Measures PY 2015 * Required Field

For Inpatient Psychiatric Facility Quality Reporting participating providers, responses for all age groups for the measures questions are required in order to fulfill the Annual Payment Update (APU) requirement. If no data for measures, please enter zero. Do not leave any entry fields blank.

HBIPS-2: Hours of Physical Restraint Use

Please follow The [Joint Commission Specification Manual](#) for guidance on measure data collection, exclusions and population sampling.

* NUMERATOR [The total number of hours that all psychiatric inpatients were maintained in physical restraint]

Age(Years)	Q2 2013	Q3 2013	Q4 2013
1-12	<input type="text"/>	<input type="text"/>	<input type="text"/>
13-17	<input type="text"/>	<input type="text"/>	<input type="text"/>
18-64	<input type="text"/>	<input type="text"/>	<input type="text"/>
65 and over	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overall	<input type="text"/>	<input type="text"/>	<input type="text"/>

2.

3.



Measure Data Entry: Important Points

- Enter a numeric value for each numerator or denominator in each age strata. Zeroes are acceptable for the numeric value.
- Should the numerator for HBIPS-2 & -3 not accept decimal places, convert the numeric value to a whole number. Enter the hour as a whole number.



Manage Measures: Calculating Results

1. Scroll down the page to continue entering denominator data.
2. To calculate results, select the **CALCULATE** button.
3. Calculated results show in the **RESULT** section.
4. Select the **Print** button to print the data entered.
5. If you selected an additional facility, select the **Next Provider** link.

*** DENOMINATOR [Number of psychiatric inpatient days]**

Age(Years)	Q2 2013	Q3 2013	Q4 2013
1-12	<input type="text" value="5"/>	<input type="text" value="10"/>	<input type="text" value="20"/>
13-17	<input type="text" value="22"/>	<input type="text" value="23"/>	<input type="text" value="24"/>
18-64	<input type="text" value="250"/>	<input type="text" value="200"/>	<input type="text" value="195"/>
65 and over	<input type="text" value="200"/>	<input type="text" value="225"/>	<input type="text" value="210"/>
Overall			

CALCULATE

RESULT HBIPS-2: [Hours per 1000 Patient Hours]

Age(Years)	Q2 2013	Q3 2013	Q4 2013
1-12	0	0	0
13-17	1.89	0	3.47
18-64	0.33	0.83	0.21
65 and over	0.83	1.11	0.79
Overall			

[Return to Summary](#) **Print** [Next Provider >](#)



Manage Measures: Summary Screen

A **Structural/Web-Based Measures** tab will open.

1. The Submission Period and Performance Period will be displayed.
2. Each facility's Provider ID, reporting status on each measure, and DACA form status for each facility will appear (Completed or Incomplete).
3. The measure code at the top of each column is a link to the data entry screen for that measure.

Home ▾ Quality Programs ▾ My Data ▾ My Scores ▾ My Reports ▾ My Tools ▾ Help ▾

Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR > Manage Measures > View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)

Start | **Structural/Web-Based Measures** | 06/25/2014 13:41:12 PT

Inpatient Psychiatric Facilities Web-Based Measures/DACA

Print

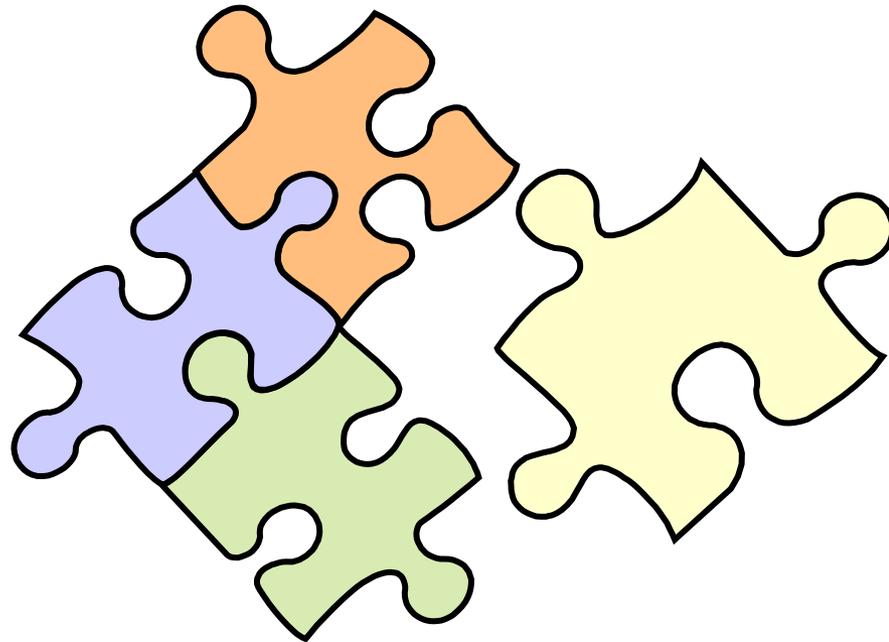
Submission Period: 07/17/2014 - 08/29/2014 (1.) With Respect to Performance Period: 04/01/2013 - 12/31/2013 (3.)

Web-Based Measures | PY 2015

Provider ID	HBIPS-2	HBIPS-3	HBIPS-4/HBIPS-5	HBIPS-6	HBIPS-7	DACA
070001	Completed	Completed	Completed	Completed	Completed	Completed
070002	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete

Exit to My Tasks | Payment Year Selection

Verify and Submit Your Facility's Data





Verify and Submit: Oracle Error Message

If you receive an Oracle error message indicating that an incorrect username or password was specified, close all open browsers and repeat the login process. If the issue persists, call the Help Desk.





Verify and Submit: Submitting Results

After completing data entry for all facilities for a measure, submit results to save them.

1. Select the **Submit** button.
2. Overall numbers and results will appear in the **Overall** fields.

Note: To save data and results, the **Submit** button *must* be selected. You can go back and change your data.

65 and over 200 225 210

Overall 447 458 449

CALCULATE

RESULT HBIPS-2: [Hours per 1000 Patient Hours]

Age(Years)	Q2 2013	Q3 2013	Q4 2013
1-12	0	0	0
13-17	1.89	0	3.47
18-64	0.33	0.83	0.21
65 and over	0.83	1.11	0.79
Overall	0.01	0.02	0.02

Return to Summary **Submit**

<Previous Provider |



Submitting Data: Important Points

- Check the calculations for accuracy and outlier values.
- Once the reporting period ends, the data cannot be changed.
- Accurate data are important.
- Data will be publically reported.



Verify and Submit: Confirm Submission

After selecting the **Submit** button, the system will check the data entry against a set of data entry rules.

1. If data entered pass the check process, a green banner will appear with a check mark indicating that data (for the specific measure you submitted) is “Updated.”

Start | Web-Based Measures 06/25/2014 13:41 PT

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Web-Based Measures Program

Provider	CCN	NPI	Submission Period	With Respect to Performance Period
WILLIAMSBURG VA MEDICAL CENTER	070001	1100000001	07/17/2014 - 08/29/2014	04/01/2013 - 12/31/2013

HBIPS2 Updated 1.

Web-Based Measures PY 2015 * Required Field

For Inpatient Psychiatric Facility Quality Reporting participating providers, responses for all age groups for the measures questions are required in order to fulfill the Annual Payment Update (APU) requirement. If no data for measures, please enter zero. Do not leave any entry fields blank.

HBIPS-2: Hours of Physical Restraint Use

Please follow The [Joint Commission Specification Manual](#) for guidance on measure data collection, exclusions and population sampling.

* NUMERATOR [The total number of hours that all psychiatric inpatients were maintained in physical restraint]



Verify and Submit Warning: Numerator Larger than Denominator

The system will **only** allow submission of a numerator that is larger than the denominator for HBIPS-2 and HBIPS-3. If data is entered for *any other measure* and an attempt is made to submit that data...

1. A red warning will appear near the top of the data entry screen.
2. The denominator in question will highlight in yellow.

⚠ The denominator must be equal to or greater than the numerator.

Start | Web-Based Measures | 06/25/2014 13:46 PT

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Web-Based Measures Program

Provider: ~~XXXXXXXXXX~~ MEDICAL CENTER | CCN: ~~XXXXXXXXXX~~ | NPI: ~~XXXXXXXXXX~~ | Submission Period: 07/17/2014 - 08/29/2014 | With Respect to Performance Period: 04/01/2013 - 12/31/2013

Web-Based Measures PY 2015 * Required Field

For Inpatient Psychiatric Facility Quality Reporting participating providers, responses for all age groups

*** DENOMINATOR [Number of psychiatric inpatient days]**

Age(Years)	Q2 2013	Q3 2013	Q4 2013
1-12	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
13-17	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
18-64	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="40"/>
65 and over	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Overall			



Verify and Submit Warning: Missing Data

The system will not allow any empty data entry fields. If an empty data entry field occurs...

1. A red warning will appear near the top of the data entry screen.
2. The blank field will highlight in yellow.

1.

⚠ You must first enter either zero (0) or a positive whole number in all Numerator and Denominator fields.

Start **Web-Based Measures** 06/25/2014 13:46 PT

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Web-Based Measures Program

Provider: **MEDICAL CENTER** CCN: **010000** NPI: **1407000000** Submission Period: **07/17/2014 - 08/29/2014** With Respect to Performance Period: **04/01/2013 - 12/31/2013**

Web-Based Measures PY 2015 * Required Field

For Inpatient Psychiatric Facility Quality Reporting participating providers, responses for all age groups for the measures questions are required in order to fulfill the Annual Payment Update (APU) requirement. If no data for measures, please enter zero. Do not leave any entry fields blank.

2.

HBIPS-2: Hours of Physical Restraint Use

Please follow The [Joint Commission Specification Manual](#) for guidance on measure data collection, exclusions and population sampling.

* NUMERATOR [The total number of hours that all psychiatric inpatients were maintained in physical restraint]

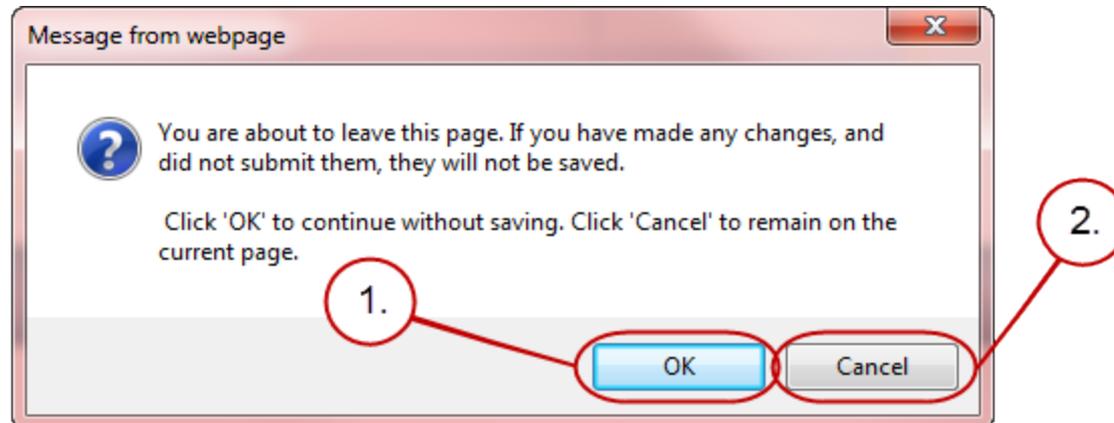
Age(Years)	Q2 2013	Q3 2013	Q4 2013
1-12		8	4
13-17		0	0



Manage Measures Warning: Leaving Without Submitting

If the **Submit** button is *not* selected prior to exiting the data entry screens, the following will appear:

1. If you want to leave the screen without saving your data, select the **OK** button. You will lose the data you entered.
2. If you want to save your data before leaving the data entry screen, select the **Cancel** button and submit your data.



Note: If you leave the data entry screens without selecting the **Submit** button, you will lose the data you entered.



Verify and Submit: DACA (Slide 1 of 3)

After submission of data, select the **Return to the Summary** button to return to the summary screen and continue submitting data for each measure.

1. After data for each measure are submitted, the measure status will change from “Incomplete” to “Completed.”
2. After data for *all* measures are submitted, select the **DACA** link to complete the DACA form.

Start | Structural/Web-Based Measures | 06/25/2014 13:41:12 PT

Inpatient Psychiatric Facilities Web-Based Measures/DACA

Submission Period: 07/17/2014 - 08/29/2014 | With Respect to Performance Period: 04/01/2013 - 12/31/2013

Web-Based Measures | PY 2015

Provider ID	HBIPS-2	HBIPS-3	HBIPS-4/HBIPS-5	HBIPS-6	HBIPS-7	DACA
010001	Completed	Completed	Completed	Completed	Completed	Completed
010002	Completed	Completed	Completed	Completed	Completed	Incomplete

1. Exit to My Tasks | Payment Year Selection

2. DACA



Verify and Submit: DACA (Slide 2 of 3)

1. Select the radio button in front of “**Yes, I Acknowledge***”
2. Type in your position or title
3. Select the **[Submit]** button

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

***Data Accuracy and Completeness Acknowledgement for FY 2015 and Subsequent Fiscal Years**

(* indicates required for providers participating in the Inpatient Psychiatric Quality Reporting Program.

To the best of my knowledge, at the time of submission, all of the information reported for this Inpatient Psychiatric Facility (IPF) for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program, as required for the Fiscal Year 2015 and subsequent fiscal years IPFQR Program requirements, is accurate and complete. This information includes the following:

- Aggregated measure sets;
- Current Notice of Participation and QualityNet Security Administrator.

I understand that this acknowledgement covers all IPFQR information reported by this IPF (and any data or survey vendor(s) acting as agents on behalf of this hospital) to CMS and its contractors for the FY 2015 and subsequent fiscal years.

To the best of my knowledge, at the time of submission, this information was collected in accordance with all applicable requirements. I understand that this information is used as the basis for the public reporting of quality of care.

I understand that this acknowledgement is required for purposes of meeting any Fiscal Year 2015 IPFQR Program requirements.

Enter your position and click 'Submit'.

Yes, I Acknowledge*

Name

Position

1.

2.

3.

[Return to Summary](#)

[Submit](#)

[Print](#)



Verify and Submit: DACA (Slide 3 of 3)

1. The screen will refresh indicating "**Acknowledgement has been submitted by:**" and will display the Name, Position, Date, and Time the DACA was submitted.
2. To print a copy for your records, select the **Print** button.
3. To return to the summary screen, select the **Return to Summary** button.

for the public reporting of quality of care.

1. I understand that this acknowledgement is required for purposes of meeting any Fiscal Year 2015 IPFQR Program requirements.

Acknowledgement has been submitted by:

Name	Position	Date	Time
Michelle Traylor	Quality Director	06/25/2014	14:01:41 PT

Update Acknowledgement

3. Return to Summary

2. Print

Note: You must submit your data and sign your DACA for Payment Year 2015 by 11:59:59 PM on Friday, August 29, 2014.



Print Web-Based Measure DACA Screen

- Print a copy for your records.
- Use the browser's print functionality to print the measure summary screen.
- Change the print orientation to landscape under the browser's page set-up option.
- If you select the print button in the Web-Based Measures Application, the information will be cut off.



Data Accuracy:

Compare Data to Last Year's

To run a 2014 “Hospital Reporting – Inpatient Psychiatric Facility, State and National Report” for your facility:

- Select **Run Reports** from the **My Reports** drop down menu in the yellow tool bar near the top of the summary screen.
- Select the **Run Report(s)** tab.
- Select **IPFQR** for **Report Program** and **Hospital Reporting Feedback – IPFQR** for **Report Category**. Select the **VIEW REPORTS** button.
- Select the **Hospital Reporting – Inpatient Psychiatric Facility, State and National Report**.
- Enter your desired report parameters. Enter **2014** for **Payment Year**.
- Select the **Run Report** button.
- Select the **Search Reports** tab.
- Select the new report and open it.



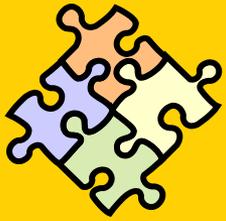
Data Accuracy: Reminders and Important Points

1. Review and double-check data before submission.
2. Make sure that someone who is familiar with the measures reviews the data results.
3. Compare this year's values to last year's values and to state and national results.
4. Question extreme or perfect values (e.g., 0 or 100%).
5. Program requirements include submission of the DACA statement verifying that data are accurate and complete.
6. Facilities are able to review and change data during the submission period.
7. Policies do not allow changes to data after publication.



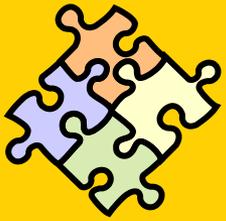
The Complete Picture

1. Know the program requirements, and enter and submit your data accurately.
2. Check your data.
3. Verify that the calculations are correct and ready to be publically reported.
4. Successful submission for meeting program requirements is now complete.



Closing Notes

- Know the IPFQR program requirements. To learn more, go to <https://www.qualitynet.org>.
 - Having at least one active SA
 - Having an accurate NOP on file
 - Submitting your data and signing the DACA
- Friday, August 29, 2014 is the end of the reporting period
- All requirements must be completed to receive full payment update
- Check your data for accuracy.



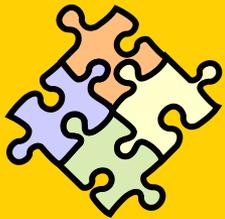
CE Credit Process

- Complete the WebEx survey you will receive by e-mail within the next 48 hours.
- At the end of the survey, click **Done**, and then click **New user** or **Existing user** to access the Learning Management Center for your CE Certificate.
 - A one time registration process is required.
 - The facility must allow automatic e-mails. If not, you must contact your IT department to open the following domain: lmc@hsag.com.
- Additional details are available at www.oqrsupport.com/asc/education.



Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professions:
 - Florida Board of Nursing
 - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
 - Florida Board of Nursing Home Administrators
 - Florida Council of Dietetics
 - Florida Board of Pharmacy
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing Boards.



Resources

- IPFQR Support Contractor:
FMQAI/HSAG
Phone: 844-472-4477 FAX: 877-789-4443
FMQAI/HSAG
3000 Bayport Drive, Suite 300
Tampa, FL 33607
Email: IPFQualityReporting@hcqis.org
- Questions regarding technical questions about the web applications may be directed to the **QualityNet Help Desk** as follows:
 - E-mail: qnet-support@hcqis.org
 - Phone: 866-288-8912 (Monday – Friday, 7 AM to 7 PM CT)
- For more information go to <https://www.qualitynet.org> and select a topic under the **Inpatient Psychiatric Facilities** drop down menu.
 - Resources
 - Support Contact
 - [Online CMS Questions & Answers Tool for Inpatient Psychiatric Facilities](#)

Questions and Answers



This material was prepared by the Hospital Inpatient VIQR outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. HHSM-500-2013-13007I, FL-IQR-Ch8-08192014-01