



# Inpatient Psychiatric Facility Quality Reporting Program

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## Support Contractor

### IPFQR Program Public Reporting and Fiscal Year 2017 Data Review

#### 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.

### **Public Reporting**

**Question 1:** Since this is a preview report, does this mean that the data will be displayed on *Hospital Compare* at a later date? When will the data be displayed on *Hospital Compare*?

*Yes, the data displayed in the Hospital Compare Preview Report will be displayed on the [Hospital Compare](#) website during the December 2016 release.*



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**Question 2:** The 11th slide says the report is for January 1, 2015 – March 31, 2016, but why does mine say first quarter 2015 through fourth quarter 2015?

*The reporting period shown at the top of each page of the Hospital Compare Preview Report reflects the reporting period for the measures on that page. For example, page one of the report will list the HBIPS measure data that was collected during the reporting period of first quarter 2015 through fourth quarter 2015 discharges. On the page that lists the flu season measure data you will note the reporting period will be fourth quarter 2015 through first quarter 2016.*

**Question 3:** What does the 1 in parentheses mean on the numerator and denominator on facility info on slide 21? It says too few cases to report, but yet there are cases reported.

*As stated during the webinar, the Hospital Compare Preview Report screenshots used during the presentation are only examples that are not reflective of actual measure data. Footnote number 1 is applied under the following circumstances:*

- *When the number of cases/patients doesn't meet the required minimum amount for public reporting*
- *When the number of cases/patients is too small to reliably tell how well a hospital is performing*
- *To protect personal health information.*

*A complete list and details of the footnotes can be found on the Hospital Compare website at [www.medicare.gov/hospitalcompare/data/footnotes.html](http://www.medicare.gov/hospitalcompare/data/footnotes.html).*

**Question 4:** Starting on Slide 21, is the State and National data on the slides accurate for time period 1/1/15 – 12/31/15?

*As stated during the webinar, the Hospital Compare Preview Report screenshots used during the presentation are only examples that are not reflective of actual measure data.*



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**Question 5:** What is the Footnote Legend web link that was verbally referenced for slide 21?

*A complete list and details of the footnotes can be found on the Hospital Compare website at [www.medicare.gov/hospitalcompare/data/footnotes.html](http://www.medicare.gov/hospitalcompare/data/footnotes.html).*

**Question 6:** Can you please explain "Facility Count" on both Patient Experience and EHR Reports on slides 22 and 23 in more detail?

*Data in the facility count column reflect the number of facilities at the state and national levels that chose the response listed in each row of the Assessment of Patient Experience of Care and the Use of an Electronic Health Record measure tables.*

**Question 7:** What were the dates for the data used in the Follow-Up After Hospitalization for Mental Illness (FUH) measure?

*The information on slide 30 is based on claims submitted July 1, 2014, through June 30, 2015.*

**Question 8:** Would it be possible for the Support Contractor to develop a hospital specific report for the FUH measure?

*CMS will take this under consideration.*

**Question 9:** Where can we find the data sets for the information presented on these Preview Reports? Many of the values are not the same as the values in Midas.

*IPFs using vendors, in your case Midas, need to review the data prior to submission in order to ensure that the values reflect your measure results.*



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**Question 10:** Do you need to be a QNET administrator to run this report? I'm new to my position. I do not have an account and my predecessor did not leave information about how to register. How do I obtain access to this information?

*No, you do not need to be a QualityNet Security Administrator (SA) to run the IPFQR Preview Period Report. The SA at your facility can grant QualityNet Users access to the IPFQR Program reports. If the SA does not have access to the IPFQR reports, then he/she will need to contact the QualityNet Help desk by phone at (866)288-8912 or by email to [qnet-support@hcqis.org](mailto:qnet-support@hcqis.org) in order to request access.*

*If you do not currently have access to the QualityNet Secure Portal, you will find information on how to setup a QualityNet Security Administrator or User account, in Section 3: QualityNet Registration of the [IPFQR Program Manual](#) located on pages 42 through 58. The most recent IPFQR Program Manual can also be accessed from slide 42 of this webinar presentation.*

**Question 11:** Before the presentation I logged on to QNET to pull up my report, but when I tried to run the report it took me back to the "START REPORT" tab. Can you please advise?

*Please contact the QualityNet Help desk by phone at (866) 288-8912 or by emailing [qnet-support@hcqis.org](mailto:qnet-support@hcqis.org) for assistance.*



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**Question 12:** If there is a mistake on the preview IPF report is there a way to change an answer to a question?

*No. As stated during the webinar presentation, the Hospital Compare Preview Period is the time in which IPFs can review the data that will be publically displayed on the Hospital Compare website in December 2016. This is not a time for IPFs to change their data as the data submission deadline for the FY 2017 annual payment update (APU) determination already passed. As stated in the [July 7, 2016 IPFQR Program: Keys to Successful FY 2017 Reporting webinar](#) on slides 65 and 67, the Data and Accuracy and Completeness Attestation (DACA) provides the opportunity for IPFs to attest to the accuracy and completeness of the data submitted to CMS before data will be publically displayed at a later date.*

*IPFs cannot enter or edit data after the submission deadline, as IPFQR Program policies do not allow changes of data or the completion of the DACA form after the data submission deadline.*

## FY 2017 Data Review

**Question 13:** Since the state and national percentages are low for TOB-2a will CMS adopt the methodology that facilities cannot control whether patients refuse cessation medication and counseling?

*The TOB measures were developed by The Joint Commission; therefore, CMS cannot change the specifications. You may wish to relay your recommendations to the measure steward, The Joint Commission.*

## Helpful Resources

**Question 14:** Can you tell us when the updated IPFQR Program Manual will be published?

*CMS will publish the IPFQR Program Manual prior to January 1, 2017.*