



Inpatient Psychiatric Facilities (IPF) Quality Reporting Program

Support Contractor

Keys to Successful FY 2016 Reporting

Presentation Transcript

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Matt McDonough: Hello and welcome to today's webinar.

My name is Matt McDonough and I'll be your virtual host for today's event. As you can see on this slide, audio for today's event is being provided over Internet streaming, and, if you're hearing my voice right now, then you already know that. What this means is that no telephone line is required to listen to today's event but that you must have computer speakers or headphones to hear the audio portion of today's presentation.

If you're unable to stream audio or encounter any difficulty with your audio stream at any time during the event, please send a Chat message to us and let us know. We do have a limited number of dial-in lines, and we can provide you a dial-in number if streaming is not working for you.

During today's event, you may encounter some issues with streaming audio; so, this slide is here to give some guidance on resolving these issues. If your audio suddenly stops or if it becomes choppy or broken up, you can click the "Pause" button that's located on the left side of your screen, as shown here. Wait about five seconds, then click the play button. Your audio will resume and should be clearer.

Additionally, if you're hearing a really bad echo on my voice right now, it means that you're connected to the event more than once, which means you're hearing more than one audio stream. You can see an example of what that might look like on the slide. Close all but one of the connections you have to the event by closing any additional browsers or tabs and the echo clears up.

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Even though audio is streaming over your speakers today and attendees are in a listen only mode, you can still interact with our presenters today. As you see on this slide, there's a Chat window in the left column of your screen. You can submit your questions and comments on the contents of today's event by typing your question in the Chat window and then clicking the "Send" button. You can do this at any time during today's event. Please note that that [the] raise hand feature is not being monitored today; so, please submit any questions you may have via the Chat window.

That's going to do it for my introduction. So, without further ado, I'll hand this over to our first speaker of the day.

Evette Robinson: Thank you 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 FY 2016 Reporting*.

At this time, I would like to take a moment to let everyone know that we do have in attendance with us from CMS, the IPFQR Program Lead, Dr. Jeff Buck, as well as our IPFQR Program Technical Advisor, Rebecca Kliman.

Before we dive into the presentation today, I would like to cover a couple 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, 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, transcript [of the] 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 the presentation.

The purpose of this presentation is to summarize the data submission requirements, provide keys to successful data reporting, and offer some guidance on how to confirm accuracy of data.

By the end of this presentation, attendees will understand the FY 2016 data submission requirements, should be able to perform procedures for reporting data in the *QualityNet Secure Portal*, as well as have tools to assess the accuracy of measure data.

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During this webinar, we will discuss the FY 2016 data submission requirements, the keys to successful reporting, and provide some helpful resources, and also have a Q&A session.

The next couple of slides provide an overview of the data submission requirement for FY 2016.

There are several steps that must be completed in order for an IPF to participate in the IPFQR program. First of all, it is important to identify a *QualityNet* Security Administrator who will register according to the process that is outlined on the *QualityNet* website prior to the start of reporting. At least one SA must be active as of August 15, 2015. Secondly, it's important to ensure that an active FY 2016 IPFQR Program Notice of Participation or NOP is in place. Third, of course we want to make sure that everyone submits aggregate numerator and denominator data for the HBIP-2 through -7 and SUB-1 measures. It is also necessary to complete the use of electronic health record and assessment of patient experience of care structural measure attestations. And finally, the DACA or Data Accuracy and Completeness Acknowledgment must be completed by the submission deadline. Please note that the submission period has begun. It started on July 1st and it will end on August 15, 2015.

This slide details the measures, reporting period, data submission period, measure type, sampling, and public display date for the various measures required for fiscal year 2016 payment determination year. There are 10 measures required for submission by August 15th. The HBIP-2 through -7 as well as SUB-1, FUH, and the structural measures; however, as a reminder, the FUH measure, or follow-up after hospitalization for mental illness, is a claims-based measure, and IPFs do not need to take action for reporting this measure. It is calculated by CMS using Medicare parts A and B claims data.

Now, the next several slides will describe our recommended keys to successful reporting.

The first key is to have two active Security Administrators. The Security Administrator is the person in the organization who is able to grant access to those who need to enter, review, and/or confirm the accuracy of the data submitted. Each participating IPF must have at least one active SA at the time of the submission deadline, which is Saturday, August 15, 2015. However, a second SA is highly recommended as a backup, particularly in case the primary SA's account expires. All users must login to the *QualityNet Secure Portal* every 30 to 60 days to keep their account active. So, please consider putting a reminder on your calendar.

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The next key is to manage the Notice of Participation. To access the facility's Notice of Participation you will need to login to the *QualityNet Secure Portal* and click on the quality programs tab at the top of the screen. Next, select the hospital quality reporting IQR, OQR, ASCQR, IPFQR, PCHQR option from the drop-down menu. Next, you will select "View/Edit Notice of Participation, Contact, Campuses" in the manage notice of participation box followed by selecting the IPF notice of participation. Next, you can enter in the facility's six digit CCN if it does not automatically populate. Next, you would want to click on the next button in order to view the IPFQR notice of participation menu. Click on the notice of participation hyperlink in the lower right side of the page in order to view the NOP's status.

Now, in order to be considered for the FY 2016 APU, an IPF must have a notice of participation status of participating in the *QualityNet Secure Portal* by August 15 of 2015. The first screenshot on this page is an example of what you can expect to see if you already have a Notice of Participation on file that is carrying forward from the previous fiscal year. A note highlighted in red appears in the summary table if less than two contacts are currently listed in the secure portal.

If the NOP is active however, two or more contacts are not listed in the *QualityNet Secure Portal*, then this note in red 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 notice of participation, contact, or campus data. It's important to verify that the notice of participation has at least two facility contacts and that both contacts have "Yes" indicated for email notification. If the IPF closes or chooses not to participate please contact the IPFQR program support contractor to learn about next steps on how to withdraw from the program.

The next key we would like to cover here is regarding access and logging into the *QualityNet Secure Portal*. The *QualityNet Secure Portal* is the only approved method for IPFQR Program data submission. Therefore, all measured data and the DACA are submitted via the secure online CMS web-based tool, accessible through the *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 quality net user with access to the security portal then please go to <https://www.qualitynet.org> and select the **Inpatient Psychiatric Facilities** link on the left side of the *QualityNet* homepage, then follow the instructions to register. Once registered, you will need to login to the *QualityNet Secure Portal*. You can select the

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login link on the right side of the *QualityNet* homepage under login to *QualityNet Secure Portal*. If you're not already enrolled in the *QualityNet Secure Portal* yet, then you will be able to enroll at this time. If you are enrolled already then you'll be able to login.

So, If you have already enrolled in the *QualityNet Secure Portal*, then you will need to enter in your *QualityNet* user ID, password, and the semantic VIP security code and then click the "Submit" button. If you're not already enrolled in the *QualityNet Secure Portal*, then you'll need to select the **Start/Complete New User Enrollment** link and complete enrollment. Then, you'll need to download a semantic VIP access token and complete the identity proofing process.

In order to access the facility's measure data you'll need to – once you've logged into the *Secure Portal*, click on the [**Quality Programs**] tab. Then, select the **Hospital Quality Reporting** [link], select **View or Edit Structural Web-Based Measures Data Acknowledgment (DACA)**, and then select the **Inpatient Psychiatric Facilities Web-Based Measures/DACA**.

The next step will then be to select 2016 from the [**Payment Year**] drop-down menu and click the "Continue" button. One must have a role assigned in order to submit data. If you are at [an] IPF with access to only your facility's information, then you will not see the provider selection page noted here in the second screenshot of this slide. Instead, you will see the measure's summary page after you click the "Continue" button, which we will review on 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 names of providers for which 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 names. Only facilities associated with the account currently logged in to the *Secure Portal* will appear in the provider selection list. A couple of things to note here about the buttons associated with the screens: "Clear" will de-select the providers that were chosen from the provider's selection list; "Cancel" will return the user to the payment year selection page; and "Continue" will proceed to the measures summary page.

Upon selecting Continue, the **Structural Web-Based Measures** tab opens and the **Measures Summary Screen** appears. The submission period and reporting period are displayed. Also, the provider ID of each facility selected, if applicable, is displayed along with the status of reporting on each measure and the DACA for each facility, which will appear as either "Incomplete" or "Completed." Then, the measure code at the top of each

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column is a link that will go directly to the data entry screen for that measure.

Now, we'll talk about the entry and verification of data for the measures specifically. The first measure-specific suggestion will be with respect to HBIPS-2 and -3. You will note that the description is listed alongside the numerator and denominator as a reminder of the values that are being entered into the respective fields. For example, the HBPS-2 Hours of Physical Restraint Used measure numerator data should include the total number of hours that all psychiatric inpatients were maintained in physical restraints; while for HBIPS-3, you will want to ensure that the values reflect the total number of hours of seclusion. It important to ensure that the values entered are the total number of hours, not minutes or days, that all psychiatric inpatients were maintained in physical restraints for HBIPS-2 or seclusion for HBIPS-3. The system allows for entry of data that includes up to seven whole number digits and up to two decimal digits in the HBIPS-2 numerator field. If you need to round your raw data to comply with this revised decimal format, use [the] standard rounding convention (i.e., if the last number is a five or higher round up, otherwise round down).

Next, we recommend that you check the denominator data by ensuring that the correct number of days [is] entered for the denominator. Since the data are entered in by quarter and there are 365 days in a calendar year, we ask that you ensure that the overall total denominator values per quarter not exceed 92 times the facility bed capacity or the HBIPS-2 and the HBIPS-3 measures. 365 days divided by four quarters equals 91.25 days per quarter. Therefore, again we advise you to review the overall quarter values in the denominator for the HBIPS-2 and -3 measures to ensure that the number of psychiatric inpatient days does not exceed 92 times the facility's bed capacity. The denominator data can be up to six digits and cannot be zero if the numerator is a non-zero number. Doing so will result in an error. The value of the inpatient day entry field must not equal zero.

After the numerator and denominator values are entered, click the "Calculate" button to populate the percentages in the results section. The results are expressed as a rate per 1,000 patient hours to two decimal places. Results are displayed by age strata for each quarter and overall by quarter. Remember a zero or a numeric value must be entered into each field. Results cannot be calculated until data entry is complete. And please note that if zero was entered in a numerator, then there will be a zero result for that age group category. If the numerator is larger than the denominator, then you will receive the message, "The denominator must be equal to or greater than the numerator." Also, check to ensure that the data do not exceed the following values because analysis of previous

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years' data suggests that values greater than these are likely to be valid for HBIPS-2 and -3:

- For HBIPS-2 a value exceeding .71 hours of physical restraint used per 1,000 patient hours should be questioned.
- For HBIPS-3 a value exceeding .45 hours of seclusion per 1,000 patient hours should be questioned, as well.

As mentioned in the previous slide, you must click “Calculate” in order to populate the results table. It is necessary to click the green “Calculate” button before you click the blue “Submit” button, because if you do not click on “Calculate” prior to “Submit,” your data will not be saved and you will see an application error message like the one shown on this slide. If this occurs, you must contact the *QualityNet* Help Desk for assistance to reenter your data.

Once again, it's important to click on the submit button in order to actually save the data. A green box will appear with a checkmark indicating that the particular measure or measures have been updated and saved to the system. This green box will appear on the top left of the screen. 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. You may then click on the “Return to Summary” page in order to view the “Measure Completion Status Summary” page. Or, if you are a vendor or other user with access to multiple providers, you will have the option to click on “Previous Provider” or “Next Provider” in order to enter a measured data for additional providers.

Data for HBIPS-4 through HBIPS-7 measures are entered as whole numbers up to five digits in both the numerator and denominator. Leading zeroes are not needed and no decimal places are allowed. We will use HBIPS-4 as an example in the screenshots that are displayed on the slide. HBIPS numerator value can be zero if there is no data to enter. HBIPS-4 denominator values must be non-zero if the numerator value is non-zero and the value must be equal to or larger than the corresponding numerator value. If not, then you will receive an error message, "The denominator must be equal to or greater than the numerator."

Like the HBIPS-4 measure, the HBIPS-5 measure “Patient Discharge on Multiple Entry Psychiatric Medications with Appropriate Justification” requires that denominator values [be] non-zero if the numerator value is non-zero. A value must be in every data entry field before the results can be calculated. If data is missing, then an error message will appear, "You must first enter either a zero or a positive whole number in all numerator or denominator field."

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Sampling is allowed for HBIPS-4 through -7, and if an IPF chooses to sample the data, then you can find those requirements listed in the *Helpful Resources* section of this presentation. After the numerator and denominator values are entered, click the “Calculate” button to populate the percentages in the results section. As you can see in this slide, when you click the “Calculate” button, the results table for HBIPS measures -4 and -5 will populate. The results are expressed as percentages for quarter, per age group for the HBIPS-4, -5, -6 and -7 measures.

Results are displayed by age strata for each quarter and overall by quarter. Remember a zero or a numeric value must be entered into each field. Result cannot be calculated until data entry is complete. Please note again that if zero was entered in the numerator, then there will be a zero result for that age group category. If the numerator is larger than the denominator, then you will receive the message, "the denominator must be equal to or greater than the numerator." We also ask that you please check to ensure that your values for the HBIPS-4 measure does not exceed 31 percent because analysis of previous year's data suggest that a value greater than this is unlikely to be valid.

For the SUB-1 measure, “Alcohol Use Screenings,” the numerator value reflects the number of patients who were screened for alcohol use using a validated screening questionnaire for unhealthy drinking within the first three days of admission. These values must be whole numbers and a value must be entered into each field. The denominator value must be non-zero if the numerator is non-zero and must be equal to or greater than the corresponding numerical values entered. After entering the numerator and denominator values and clicking on the “Calculate” button, the results table will populate with percentages by quarter, keeping in mind that sampling is also allowed for this SUB-1 measure.

The next couple of slides describe the structural measures. As a reminder, IPFs are expected to attest to the status of the facility as of December 31st 2014, with respect to the assessment of “Patient Experience of Care,” as well as the “Use of an Electronic Health Record.” Please note that with these two measures, entering numeric data or a zero does not apply. 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. If the response is “No,” then the “Submit” button will be selected and the requirement completed. Please remember that when entering the name of the survey, you would still need to click the “Submit” button and ensure that the green box appears at the top left to indicate that your data has been entered and saved.

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To clarify some of the terminology pertaining to this measure, a survey is considered a structured measure; and the standardized collection protocol describes the process used to administer a survey or a structured instrument. This slide shows what will appear when the “Use of the Electronic Health Record” measure is selected. The EHR attestation requires that the IPF select one of the three statements listed on the slide based on IPF activities on December 31 of 2014.

- The facility most commonly use paper document[s] or other forms of information exchange, for example email, not involving the transfer of health information using EHR technology at times of transitions in care;
- The facility most commonly exchanged health information using noncertified EHR technology that is not certified under the ONC HIT certification program at times of transitions in care; or,
- The facility most commonly exchanged health information using certified EHR technology certified under the ONC HIT certification program at times of transitions in care.

After selecting an attestation, the IPF will respond to the following questions: visit transfers of health information at times of transitions of care, including exchange of interoperable health information with a health information service provider or HISP, “Yes” or “No.” Once the selection is made for the two questions, click “Submit” and again, ensure that the green box appears in the top left corner to indicate that the data was entered and saved. And then, either return to the Measure Summary” page or indicate that the user who is entering information for multiple providers – you can click “Next Provider.”

Once all of the data is entered in the system and saved, it is important that the data is reviewed and verified for accuracy. Here are some tips to help that along. First of all, make sure that someone who is familiar with the measure areas reviews the measure results. Next, always question any extreme or perfect values such as zero or 100 percent, particularly if it occurs across multiple quarters. And then, of course, compare the current values to those of the facility from last year and to the state and national result using the following: the web-based measures application can be used to compare the current data to last year's data by selecting payment year 2015 in the “Inpatient Psychiatric Facilities Web-Based Measures DACA” page that was referenced in an earlier slide.

The “IPFQR Participation Report” can also be reviewed. Once you've submitted the data, we recommend that you run this report to check measure values prior to the submission period closing on August 15th, and this is just another way of viewing the data to ensure that the data submitted by August 15th is final. Please note that no changes can be made after the submission deadline of August 15th. And finally, the

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“IPFQR Facility, State and National Report” is one that allows the provider to review data submitted in comparison to what was submitted last year at the facility state and national level.

For those of you who aren't familiar with how to access reports in the *QualityNet Secure Portal*, this slide provides a general overview of the steps to access the “IPF Participation Report,” as well as the “IPF Facility State and National Report.” First, you will need to click on **My Report** in the top menu bar and select **Run Report** from the *Secure Portal* home page. Then you want to click on **Run Report**. Select IPFQR in the “Report Program” field. Select **Hospital Reporting – Feedback – IPFQR** in the “Report Category” field. Then, click on the **View Report** button and a list of report options will appear. So, you can then select a report by clicking on the name. And then, you may need to select the IPF name, if you have access to more than one IPF’s information, and then **Payment Year of 2016** for the participation report to see what was submitted for the current data submission period. Or, in the case of the “Facility, State and National Report,” you'd want to select the **Payment Year of 2015** to view last year's data. Then, you will want to click on the **Run Report** button. You will then come to a screen under the [**Search Report**] tab where you will see the status of the report as being either “In queue,” In Progress,” or “Completed.” In the [**Search Report**] tab, one can monitor the status of the reports by hovering over the icon in the leftmost column. A series of white papers shows that the report is currently in queue, a blue circle arrow will show that it is in progress, and a green checkmark shows that it's complete and ready for download or viewing.

You may click on the **Refresh Report Status** button every so often to view the latest data's other reports. And once the report is completed, select one of the following options from the action column on the far right: the magnifying glass enables you to view only in a new web browser tab or window; the green down arrow enables you to download the report; while the yellow star with a green plus sign enables you to save the report as a favorite. If the report is no longer needed, you may click on the red circle warning symbol to delete the report.

Once all of the data have been entered for the measures and the data has been reviewed, verified, and confirmed to be accurate, then it is time to complete the DACA form. This requires that a representative of the IPF click “Yes, I acknowledge” and then type in his or her position at the IPF. A third-party vendor may submit data on an IPF’s behalf, if the vendor has been previously authorized by the facility. However, the facility must complete the online DACA form prior to the August 15th 2015 deadline. This is not a requirement that can be met or completed by a vendor.

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This slide shows an example of the Measures Completion Data Summary page. Please note that IPFs have until August 15th to enter or edit measured data and complete the DACA and no data can be entered or edited nor the DACA completed in the system after the submission deadline. Data that is entered in as of 11:59 on Saturday, August 15th will be considered final. We highly recommend that you enter the data as far in advance of the deadline as possible.

This slide summarizes the keys to successful reporting that we discussed in this presentation. And just to recap, it is important to: have two active security administrators; manage the notice of participation; access and login to the *QualityNet Secure Portal*; enter and verify accuracy of data; and of course, confirm that all IPFQR program data reporting requirements have been met before completing the DACA. As a reminder, policies do not allow for any changes to the data nor completion of the DACA form after the data submission deadline.

In the event of staff turnover, please remember to inform the IPFQR program support contractor about key personnel changes; for example, CEO and quality reporting contacts. The *Hospital Contact Correction Form* is available and located on the *Quality Reporting Center* website. Please click on the **Inpatient Resources and Tools**, and the form is found as the first item listed on that page when you go to the website. We ask that you utilize available resources that can be found on the *QualityNet* website by going to the [**Inpatient Psychiatric Facilities**] drop down menu to ensure that appropriate knowledge of the IPFQR program requirements and deadline are known to those who may be new to the IPF, and also as a reminder, for those who may not have checked the website recently for any recent update.

The next several slides will include links to some helpful resources. Listed here are links to several pages within the *QualityNet* website, as well as others pertaining to the EHR measure that you may find helpful. The first *QualityNet* link is for the *How to Participate* in the IPFQR Program page where an overview of program requirements is listed. The IPFQR Program *Measures* page is where you'll find tables listing measure requirements. And finally, the *Resources* page, which includes the Program Manual, several paper tools, as well as various web resources, is another helpful link for you to access. Among those resources are the informal paper toolsets that can be used for a data collection for the HBIPS-2 and -3 measures, HBIPS-4 through 7, and the SUB-1 measure. For the EHR measure, we have a couple of links listed that we hope will help those of you who have contacted us with inquiries about your EHR system. Please go to the first link to verify if your EHR product is included in the Certified HIT Product List. And the second link provides some more information about HISP.

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These tables summarize the sampling requirements for the current data submission period. The first table is specifically for the HBIPS-4 through -7 measures, and the second table [is] for the SUB-1 measure. Please note that for HBIPS-2 and -3, sampling is not permitted.

And here we wanted to list a few *Save the Dates* for some of our upcoming educational webinars. The next educational webinar planned for the IPFQR program will occur on August 20th, when we plan to review the *Sub-1 Measure*. On September 17th, we will review the *Fiscal Year 2016 IPF PPS Final Rule*, and on October 17th, we will discuss *HBIPS Improving and Best Practices*. As a reminder, please ensure that you are signed-up for the IPFQR Program ListServe where we send the most up-to-date information regarding the dates and times of upcoming webinars.

This slide includes active links that you can click on to send us your questions about the IPFQR program. We highly encourage you to use the Q&A tool in particular because it provides to – the best means by which we can track questions and answers and delivers our responses to your email inbox. Again, we recommend that you sign up for the IPFQR Program ListServe, if you have not already, so that you can receive communications that we send out to the IPFQR community pertaining to webinars, program updates or changes, and other announcements.

And now, I would like to take this opportunity to respond to several of the questions that we have received through the Chat poll pertaining to the IPFQR Program data submission requirement.

So, the first question to address here is: “Once I enter and submit my data in the *Secure Portal*, can I change or correct the data so long as it is before August 15th? And the answer is, “Yes, you may still make changes as long as they are prior to the deadline of August 15, 2015. If you make any changes, again, we recommend that you remember to click on “Submit and Confirm” so that the green box with the checkmark appears in the top left of your screen before moving on to the next screen.” Now, I will say as a reminder, I just mentioned to click on “Submit and Confirm,” the green box, but if there is a “Calculate” button on that particular measure, you want to make sure that you click that first and then the “Submit” button. But, again, you may need to scroll up due to the size of the screen in order to see the green box with the check mark, which will appear on the top left of the screen. Also, we do highly recommend that you submit your data and complete the DACA as far in advance of the deadline as possible. We would recommend even, at least a week in advance of the deadline, just ensure that you have enough time available to not only enter the data, but then review it and verify it for accuracy.

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We definitely received several questions pertaining to the use of EHR measures, so I will address many of those right now.

Okay, the first one here is, “How do I know if our EHR is ONC HIT certified?” So, in slide 39 I did reference a link there where you can search for your EHR product on the OMC HIT website product list. And also, if there is anyone in your organization who has one of the following roles, they or a member of their team should be able to let you know if your EHR is ONC HIT certified. Some of those examples, and these may not be exact titles of your organization, but you may have individuals with titles similar to: a Chief Clinical Information Officer, a Chief Medical Information Officer, Chief Nursing Information Officer, Chief Information Officer, Director of Health Information Services, or Director of Medical or Clinical Records. Again, some organizations may not use these exact titles but in those cases you may need to consult with your Chief Operating Officer who may note or should be able to refer you to the team for [an] individual in your organization who does know which types of Health Information Exchange or HIE your EHR technology supports, how often it is used and whether some or all of your organization's exchange of electronic health information involves a health information service provider or HISP. To learn more about HIE and providers of services supporting HIE, please visit the *House Information Exchange* section of the healthit.gov website.

Another question related to the use of EHR measure: “What is the second question of the EHR measure asking, and is my EHR software considered an HISP?” For this question, it's asking whether a health information service provider or HISP is used to transmit health information when a patient is transferred to a different facility for care. I wanted to point out that this is – transfers to a different facility and not transfers to another department within that same facility. A health information service provider or HISP is an organization that specifically supports electronic health information exchange. Based on this definition of an HISP, an EHR software would not be considered an HISP because it is an organization. An HISP is an organization that supports the electronic health information exchange.

Now, sort of related to this question, we have one regarding an organization that primarily transmits information via paper or fax to the next provider of care but that also sometimes exchanges information using an ONC HIT certified electronic health record that includes the exchange of interoperable health information with a health information service provider. Should they answer yes – “Should we answer “Yes” to the second question even though most of the transfers of information is done via fax?” Okay, that's kind of long, but the gist of it is, “Yes,” it is correct to select “Yes” for the second question for the EHR measure under these

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circumstances because this second question is asking whether the facility ever uses an HISP during information exchange. This question is more about capability rather than what the typical practice is for the EHR system. So, for instance, it is possible that the facility has EHR capability that includes HISP exchange but that typically uses papers or fax due to limitations of the providers with whom they usually communicate. So, those on the receiving end may only be able to receive the information via paper or fax, but there may be other providers with whom you are exchanging information that can support that HISP exchange, as well. So, when that occurs, we want you to know that, if you have the capability, then you would select “Yes” for that second question.

All right so, we have a couple of questions related to the *Patient Experience of Care*, as well. “We use a homegrown survey at our facility. Would that be considered standardized protocol and [a] structured instrument acceptable to include as part of this measure?” So, as long as the survey, which is considered a structured instrument, is administered in the same way to all patients via a standardized protocol, then you would answer “Yes” for this question. And of course, please note that upon selecting “Yes” you will be prompted to provide the name of the survey in a free text field. The name of the survey can be as simple as the name of the hospital IPF survey. So, for example, if the hospital's name is ABC, if you were to enter ABC Hospital IPF Survey in that free text field, that would be acceptable.

All right, another question pertaining to reviewing data, “How soon after I submit the data can I view it in a participation report?” You should be able to run the report and view the data entered on the same day. However, if you have any difficulty with this, please send us a message requesting assistance through the Q&A tool that was referenced in the previous slide to ensure that we can assist you with this and possibly troubleshoot why it may not be appearing. Also, please ensure that when you do submit your questions through the Q&A tool, that you include the name of the facility, as well as the CCN, as it will help us to facilitate the review and response process.

Regarding the FUH measure, there is a question as to, “When will the data for the FUH measure be available?” At this time CMS expects to make the FUH measure rates available in November or December of this year. We will provide you with additional information pertaining to that through communications that will be sent through the IPFQR ListServe. So again, if you've not already subscribed to the IPFQR Program ListServe, we advise you to do so, so that you can be up to date on communications, educational opportunities and any other outreach that we may send [via] that email.

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We did have a couple of other questions pertaining to HBIPS data submission and there was a concern that some of you have regarding the screen. We understand that it looks like there is an error that some have encountered even though they did click on the “Calculate” button before the “Submit” button. And so, for those of you that are having this problem or have not been able to view the data that has been entered, or if you're receiving an error message again, despite having clicked “Calculate” prior to “Submit,” then please email us at the ipfqualityreporting@area-m.hcqis.org email address. And, please include a – if you've already submitted a *QualityNet* ticket for this, please include that ticket number in your email. Again, that email address is ipfqualityreporting@area-m.hcqis.org. Again, that's ipfqualityreporting@area-m (as in mary) .hqis.org. Okay, so we will definitely work with our IT team and work to resolve this issue, or these issues, as quickly as possible to help facilitate the process for you all to not only enter and save, but also review your data once it's been submitted.

Okay, there is a question that came through and I see the response is already submitted to the Chat tool, but I'll just say this in case anyone missed it. There was a question as to whether or not this webinar will be archived and if so when will it be available? Yes, this event is being recorded and will be posted to the *Quality Reporting Center* website, and you will be able to find it there within the next 10 business days.

And let's see, I think there is another question here, one more. Let's see here. Okay there is a question regarding whether or not “... vendors could submit data on behalf of providers this year?” And yes, vendors who have been authorized by their – the respective IPF – they submit their data on the IPF's behalf, but it is only the IPF who can actually sign the DACA for the facility. So, although the vendor can enter in all of the data on the facility's behalf, we just want to reiterate here again, emphasize that it is the facility's responsibility to review the data that has been submitted by the vendor, and then once it's been confirmed that the data is accurate, then go on to sign the DACA and ensure that all the other requirements are met for the program.

So, I think any other questions that we have received that I have not been able to verbalize at this time will be captured in our Q&A transcript, which will also be available on the same website where you'll find this presentation, the recording of this presentation, that will be [on] the *Quality Reporting Center* website, and those will be posted within the next 10 business days.

This slide is a reminder that today's webinar has been approved for one Continuing Education credit by the boards listed on the slide. As many of you know, we have an online CE certificate process. So, if you have

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registered for this webinar through ReadyTalk[®], a survey will automatically appear on your screen when the webinar closes.

We will also send out the survey link in an email to all participants who registered for this event. That email will go out within the next 48 hours. If there are others who are listening to this event but who are not registered through ReadyTalk[®], we ask that you please pass the survey on to them. When you receive that survey and you complete the field within, you will need to click “Done” at the bottom of the page when you're finished. And after you click “Done” on the survey, you will be asked to log in as an existing user or to register as a new user to access your personal account in the Learning Management Center.

We ask that new users register using a personal email address, such as a Yahoo or a Gmail account because those accounts are typically not blocked by firewalls. Your email address will be your user ID going forward. And please remember your password, since you will need to use it to obtain credit for this and all of our future events.

And this concludes the July webinar of – for the IPFQR Program entitled *Keys to Successful FY 2016 Reporting*. We thank you all for your time and attention and thank you for your participation. Have a great day.

END

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