

Welcome!

- **Audio for this event is available via ReadyTalk® Internet Streaming.**
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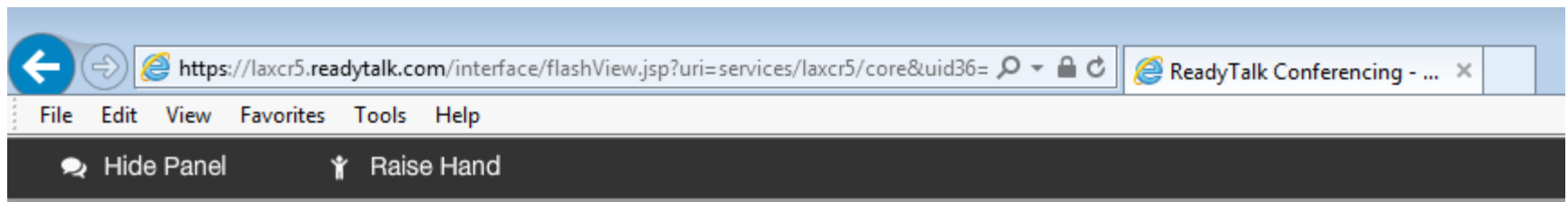
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

- Click Refresh icon –
or-
Click F5



F5 Key
Top row of Keyboard



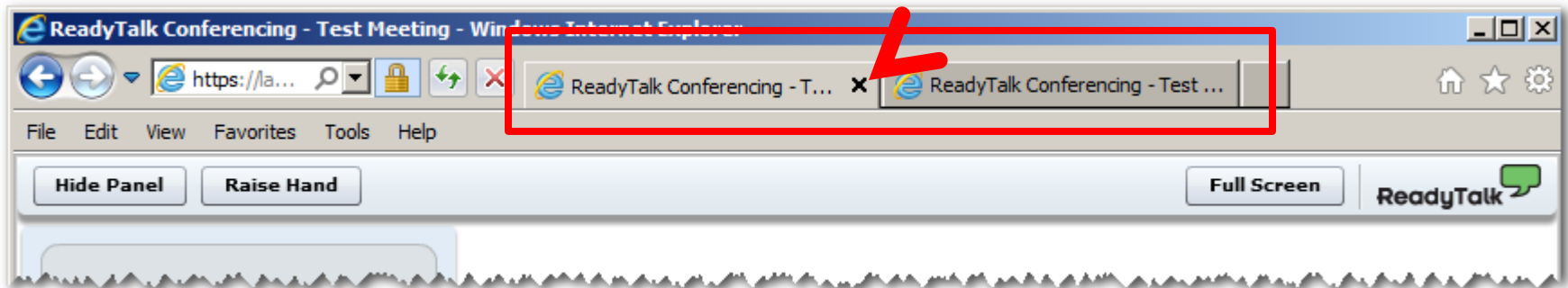
Location of Buttons



Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
- Close all but one browser/tab and the echo will clear up.



Example of Two Browsers Tabs open in Same Event

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



A screenshot of a web interface for a CMS event. The interface is split into two main sections. The left section is a vertical chat window with a white background and a blue border. At the top of this window are buttons for "Hide Chat" and "Raise Hand". At the bottom is a "Chat with Presenter" section containing a text input field with the placeholder "Type questions here." and a "Send" button. The right section has a grey background. At the top center is the CMS logo (Centers for Medicare & Medicaid Services). Below the logo, the text "Welcome to Today's Event" is displayed in a large, blue, sans-serif font. At the bottom of this section, a message reads "Thank you for joining us today! Our event will start shortly." in a smaller, italicized, blue font. The top of the screenshot shows a dark header bar with "Full Screen" and "ReadyToGo" buttons.



IPFQR Program: Keys to Successful FY 2017 Reporting

Evette Robinson, MPH

Project Lead, Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

July 7, 2016

Acronyms

- **APU** Annual Payment Update
- **CCN** CMS Certification Number
- **CMS** Centers for Medicare & Medicaid Services
- **DACA** Data Accuracy and Completeness Acknowledgement
- **EHR** Electronic Health Record
- **FSN** Federal, State, and National
- **FUH** Follow-Up After Hospitalization for Mental Illness
- **FY** Fiscal Year
- **HBIPS** Hospital-Based Inpatient Psychiatric Services
- **HISP** Health Information Service Provider
- **HIT** Health Information Technology
- **IMM-2** Influenza Immunization Measure
- **IPF** Inpatient Psychiatric Facility
- **IPFQR** Inpatient Psychiatric Facility Quality Reporting
- **NOP** Notice of Participation
- **ONC HIT** Office of the National Coordinator for Health Information Technology
- **Q** Quarter
- **SA** Security Administrator
- **SC** Support Contractor
- **SUB** Substance Use
- **TOB** Tobacco Use
- **WBDCT** Web-Based Data Collection Tool

Purpose

The purpose of this presentation is to:

- Summarize the FY 2017 IPFQR Program requirements
- Provide keys to successful data submission
- Offer guidance on how to verify data accuracy

Learning Objectives

At the conclusion of this presentation, attendees will be able to:

- Summarize the FY 2017 IPFQR Program requirements
- Delineate keys to successfully submit data in the *QualityNet Secure Portal*
- Utilize tips to avoid common submission errors
- Locate and access helpful IPFQR Program resources

IPFQR Program

FY 2017 REPORTING REQUIREMENTS

FY 2017 IPFQR Program Participation Requirements

To obtain full APU for the FY 2017 payment year, an IPF must meet the following requirements by August 15, 2016, unless otherwise noted:

- Maintain at least one active *QualityNet Secure Portal* Security Administrator
- Pledge a status of “Participating” in the IPFQR NOP
- Meet the two annual data submission deadlines:
 - **May 15:** Influenza Vaccination Coverage among Healthcare Personnel (HCP) measure
 - **NOTE:** The deadline was extended to **June 15, 2016** this year.
 - **August 15:** The remaining IPFQR program data requirements, which include HBIPS-2, -3, -5, -6, -7; SUB-1; IMM-2; TOB-1, -2/-2a; Use of Electronic Health Record; and Assessment of Patient Experience of Care measures as well as Non-Measure data
- Complete the DACA

Annual Payment Update

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

FY 2017 IPFQR

Measure Requirements

Measure	Reporting Period	Submission Deadline	Measure Type	Sampling Allowed
HBIPS-2: Hours of Physical Restraint Use	January 1– December 31, 2015	August 15, 2016	Chart- Abstracted	No
HBIPS-3: Hours of Seclusion Use	January 1– December 31, 2015	August 15, 2016	Chart- Abstracted	No
HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	January 1– December 31, 2015	August 15, 2016	Chart- Abstracted	Yes
HBIPS-6: Post Discharge Continuing Care Plan Created	January 1– December 31, 2015	August 15, 2016	Chart- Abstracted	Yes
HBIPS-7: Post Discharge Continuing Care Plan Transmitted to Next Level of Care at Discharge	January 1– December 31, 2015	August 15, 2016	Chart- Abstracted	Yes
SUB-1: Alcohol Use Screening	January 1– December 31, 2015	August 15, 2016	Chart- Abstracted	Yes
TOB-1: Tobacco Use Screening	January 1– December 31, 2015	August 15, 2016	Chart- Abstracted	Yes
TOB-2: Tobacco Use Treatment Provided or Offered and TOB-2a: Tobacco Use Treatment	January 1– December 31, 2015	August 15, 2016	Chart- Abstracted	Yes

FY 2017 IPFQR

Measure Requirements

Measure	Reporting Period	Submission Period	Measure Type	Sampling Allowed
IMM-2: Influenza Immunization	October 1, 2015 – March 31, 2016	August 15, 2016	Chart-Abstracted	Yes
Influenza Vaccination Coverage Among Healthcare Personnel	October 1, 2015 – March 31, 2016	June 15, 2016*	Web-Based reported on NHSN Website	No
FUH: Follow-Up After Hospitalization for Mental Illness	January 1– December 31, 2015	Calculated by CMS	Claims-Based	N/A
Use of Electronic Health Record	As of December 31, 2015	August 15, 2016	Structural Web-Based	N/A
Assessment of Patient Experience of Care	As of December 31, 2015	August 15, 2016	Structural Web-Based	N/A

NOTE: The original submission deadline of May 15, 2016 for the Influenza Vaccination Coverage among Healthcare Personnel measure data was extended to June 15, 2016 for the IPFQR Program.

The deadline is scheduled to be May 15 in calendar year 2017 and subsequent years.

FY 2017 IPFQR

Non-Measure Data Requirements

The Non-Measure Data Collection Tool is available on the Quality Reporting Center under IPFQR Program > Resources and Tools

Inpatient Psychiatric Facility (IPF)
Non-Measure Data Collection Tool
01/01/2015 through 12/31/2015 (Q1 through Q4 2015)

This paper tool is provided as an optional, informal mechanism to aid IPFs in the collection of non-measure data for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. If there are any questions or concerns regarding use of this paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@area-m.hcqs.org.

Total Annual Discharges	

Age Strata	Total Annual Discharges
Children (≥ 1 year and < 13 years)	
Adolescent (≥ 13 years and < 18 years)	
Adult (≥ 18 years and < 65 years)	
Older Adult (≥ 65 years)	

Diagnostic Categories	Total Annual Discharges
Anxiety disorders (651)	
Delirium, dementia, and amnesic and other cognitive disorders (653)	
Mood disorders (657)	
Schizophrenia and other psychotic disorders (659)	
Alcohol-related disorders (660)	
Substance-related disorders (661)	
Other diagnosis – Not included in one of the above categories	

For the purpose of defining the diagnostic categories above, please note the following:

- Categorization should be based on the primary diagnosis at discharge.
- Diagnostic code grouping for the purpose of reporting non-measure data utilizes the categories developed for the Clinical Classifications Software (CCS) under the Healthcare Cost and Utilization Project (H-CUP) by the Agency for Healthcare Research and Quality (AHRQ). See the instructions at the bottom of this document to access crosswalks of CCS codes with International Classification of Diseases (ICD)-9-CM and ICD-10-CM codes.

Non-Measure Data Collection Tool Page 1 of 2

Inpatient Psychiatric Facility (IPF)
Non-Measure Data Collection Tool
01/01/2015 through 12/31/2015 (Q1 through Q4 2015)

Payer	Total Annual Discharges
Medicare	
Non-Medicare	

Measure	Sample Size
HBIPS-5, -6, -7	
SUB-1, IMM-2, TOB-1, TOB-2, and TOB-2a	

Instructions to Access Coding Crosswalks:

- Access a crosswalk of CCS codes with ICD-9-CM codes and descriptions for January 1–September 30, 2015 discharges at: <https://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp#download>
 - Option 1
 - Click on [Single Level CCS] to open zip file
 - Click on [Sdxref2015] file
 - Option 2
 - Click on the [Appendix A: Single-Level Diagnoses] for an HTML listing of the CCS codes with corresponding ICD-9-CM codes
- Access a crosswalk of CCS codes with ICD-10-CM codes and descriptions for October 1–December 31, 2015 discharges at: <https://www.hcup-us.ahrq.gov/toolssoftware/ccs10/ccs10.jsp#download>
 - Click on [CCS for ICD-10-CM] to open zip file
 - Click on the [ccs_dx_icd10cm2016.csv] file

Non-Measure Data Collection Tool Page 2 of 2

IPFQR Program

KEYS TO SUCCESSFUL REPORTING

Key #1: Access and Log Into the *QualityNet Secure Portal*

- The *QualityNet Secure Portal* is the ONLY approved method for IPFQR Program data submission
- 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

Key #1: Access and Log Into the QualityNet Secure Portal

If you are not already a registered QualityNet user with access to the Secure Portal:

1. Go to <https://www.qualitynet.org>
2. Select the **[Inpatient Psychiatric Facilities]** link on the left side of the QualityNet home page
3. Follow the instructions to register

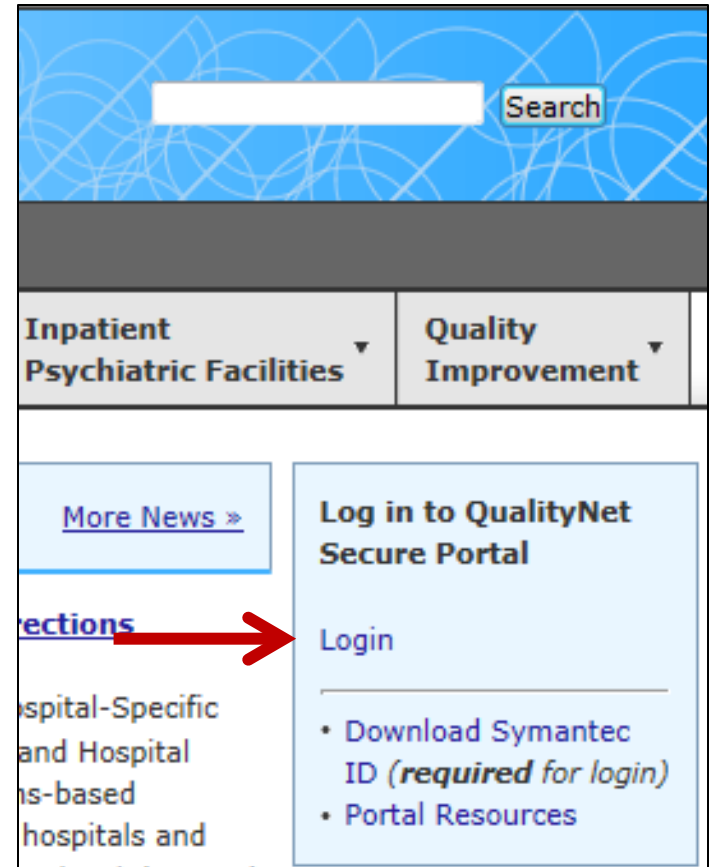


Key #1: Access and Log Into the *QualityNet Secure Portal*

Once registered, you will need to login to the *QualityNet Secure Portal*.

Select the **[Login]** link on the right side of the *QualityNet* home page under *Log in to QualityNet Secure Portal*.

- If you are not enrolled in the *QualityNet Secure Portal* yet, you will be able to enroll at this time.
- If you are enrolled already, you will be able to log in.




Key #1: Access and Log Into the QualityNet Secure Portal

If you are *already* enrolled in the *QualityNet Secure Portal*:

1. Enter your *QualityNet* User ID, Password, and Symantec VIP Security Code
2. Click the **[Submit]** button

If you are *not already* enrolled in the *QualityNet Secure Portal*:

1. Select the **[Start/Complete New User Enrollment]** link and complete enrollment
2. Download a Symantec VIP Access token and complete identity proofing

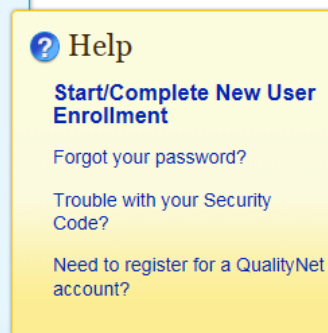


Log In to QualityNet *Required Field
Please enter your CMS User ID and password, followed by your Symantec VIP Security Code, then click Submit.

* User ID

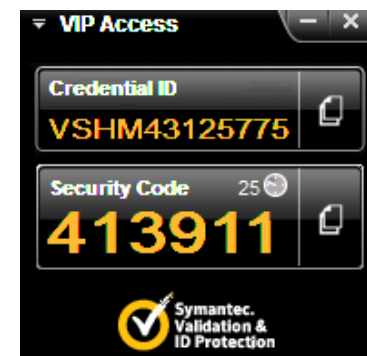
* Password

* Security Code



Help

- [Start/Complete New User Enrollment](#)
- [Forgot your password?](#)
- [Trouble with your Security Code?](#)
- [Need to register for a QualityNet account?](#)



Key #2: Have Two Active Security Administrators (SAs)

- The SA is the person in the organization who is able to grant access to those who need to enter, review, and confirm accuracy of the data submitted.
- Each participating IPF **MUST** have **at least** one active SA at the time of the submission deadline (Monday, August 15, 2016).
- A second SA is highly recommended as backup, in case the primary SA's account expires.
- All users **MUST** log into the *QualityNet Secure Portal* every 30–60 days to keep their accounts active.
 - Consider putting a reminder on your calendar.

Key #3: Manage the Notice of Participation

To access a facility's NOP:

1. Click the **[Quality Programs]** tab on the *QualityNet Secure Portal* home screen.
2. Select the **[Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR]** option from the drop down menu.
3. Select **[View/Edit Notice of Participation, Contacts, Campuses]** in the *Manage Notice of Participation* box.
4. Select **[Inpatient Psychiatric Facility (IPF) Notice of Participation]**.



Key #3: Manage the Notice of Participation

To access a facility's NOP:

5. Enter the facility's six digit CCN only if you have access to more than one IPF's information in the *QualityNet Secure Portal*
6. Click the **[NEXT]** button to view the IPFQR Notice of Participation menu
7. Click the **[Notice of Participation]** hyperlink in the lower right side of the page to view the NOP status

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**

I'd Like To View, Add or Update:

[Notice of Participation](#)

[Contacts](#)

[Additional Campuses](#)

Key #3: Manage the Notice of Participation

- The IPFQR NOP Summary table lists an IPF's fiscal year(s) of active participation
- A note highlighted in red appears in the summary table if less than two contacts are listed in the *Secure Portal*
- If the IPF closes or chooses not to participate, contact the IPFQR Program Support Contractor to learn how to withdraw from the IPFQR program

IPFQR Notice of Participation | Summary

Provider Name

Provider ID Medicare Accept Date Facility Close Date

☐ Notice of Participation Summary Table

Fiscal Year	Notice of Participation Status	Notice of Participation Date	Added By	Date Edited
2016	Participating	06/27/2014 10:49:05 PT	CARRY_FORWAR...	
2015	Participating	06/27/2014 10:49:05 PT		

PREVIOUS CHANGE NOTICE OF PARTICIPATION

☐ Notice of Participation Summary Table

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

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting

CMS strongly recommends that IPFs prepare and verify accuracy of data prior to initiating the data submission process in the *QualityNet* WBDCT.

Being prepared:

- Encourages IPFs to provide accurate data, both to the WBDCT and to third party submitters, i.e., vendors
- Prevents IPFs from submitting extreme outlier values
- Reduces/eliminates data entry editing
- Facilitates early submission of data
- Ensures confidence in the final review of data submitted prior to completion of the DACA

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting Sampling Guidelines

- These tables summarize the sampling parameters for the current data submission period
- Sampling is optional for these measures

NOTE: Sampling is not allowed for the HBIPS-2 or HBIPS-3 measures

HBIPS-5 through HBIPS-7 Measures	
HBIPS Average Quarterly Stratum Initial Population "N"	HBIPS Minimum Required Stratum Sample Size "n"
>877	176
221–877	20%
44–220	44
<44	100%

SUB-1, TOB-1,-2/-2a, and IMM-2 Measures	
Average Quarterly Initial Patient Population "N"	Minimum Required Sample Size "n"
≥ 1,530	306
765–1,529	20%
153–764	153
<152	No sampling; 100% Initial Patient Population

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting

Optional Paper Tools

There are optional paper tools available for download from the [Quality Reporting Center](#) to facilitate the preparation of data to be submitted:

- [HBIPS–2 and HBIPS–3 Event Tracking Log](#)
- [HBIPS-5 Measure Abstraction Paper Tool](#)
- [HBIPS-6 Measure Abstraction Tool](#)
- [HBIPS-7 Measure Abstraction Tool](#)
- [SUB-1 Measure Abstraction Tool](#)
- [IMM-2 Measure Abstraction Tool](#)
- [Tobacco Screening and Treatment Resource](#) and [TOB-1, -2/-2a Measure Abstraction Tool](#)

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting General Recommendations

- Compare this year's values to those submitted in previous years, where applicable
 - Large changes in values should invite closer review before finalizing submission
- Measure values should always be reviewed by one or more persons familiar with the facility's:
 - Operations
 - Annual census
 - Population
- Values that seem out of line with general expectations should be reviewed to verify accuracy

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting HBIPS-2 and HBIPS-3 Parameters

- Check the numerator data
 - Ensure that the **total number of hours** that all psychiatric inpatients were maintained in physical restraints (HBIPS-2) or seclusion (HBIPS-3) is completed
 - Do not enter **minutes** or **days**
 - Enter up to seven whole number digits and up to two decimal digits
 - For example: 0-9999999.99
- Check the denominator data
 - Ensure that the correct number of days are entered for the denominator
 - Ensure the number of days do not exceed 365 times the facility's bed capacity
 - Enter up to six digits
 - It cannot be zero if numerator is a non-zero number
- Traditional rounding is allowed to the hundredth digit, for example:
 - $123.4567 = 123.46$
 - $123.4531 = 123.45$

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting HBIPS-2 and HBIPS-3 Parameters

- Measures should have the same denominator, but different numbers are entered
 - HBIPS-2 and HBIPS-3 should have the same or very close denominators
- Patient days are less than patient numbers
 - If the denominators for HBIPS-2 or HBIPS-3 are less than the total number of patient discharges reported in the Non-Measure Data/Population Counts data entry page, then the data entries should be checked
- Measure values may be in conflict with the facility's other information
 - If the aggregate number of patient days exceeds 365 times the IPF's total bed size, then it is likely that the data are incorrect

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting HBIPS-2 and HBIPS-3 Parameters

HBIPS-2 and HBIPS-3 should have the same or similar denominators

? **Questionable**

HBIPS-2: Hours of Physical Restraint Use

Denominator

* Number of psychiatric inpatient days

6,000

HBIPS-3: Hours of Seclusion Use

Denominator

* Number of psychiatric inpatient days

8,000

✓ **Correct**

HBIPS-2: Hours of Physical Restraint Use

Denominator

* Number of psychiatric inpatient days

6,000

HBIPS-3: Hours of Seclusion Use

Denominator

* Number of psychiatric inpatient days

6,000

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting HBIPS-2 and HBIPS-3 Parameters

HBIPS-2 and HBIPS-3 denominators should not be less than total annual discharges

Example: Total Annual Discharges = 6,000

? **Questionable**

HBIPS-2: Hours of Physical Restraint Use

Denominator

* Number of psychiatric inpatient days

5,500

HBIPS-3: Hours of Seclusion Use

Denominator

* Number of psychiatric inpatient days

5,500

✓ **Correct**

HBIPS-2: Hours of Physical Restraint Use

Denominator

* Number of psychiatric inpatient days

6,500

HBIPS-3: Hours of Seclusion Use

Denominator

* Number of psychiatric inpatient days

6,500

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting HBIPS-2 and HBIPS-3 Parameters

HBIPS-2 and HBIPS-3 denominators should not exceed 365 times the total number of beds at the IPF.

Example: IPF Bed Size = 20
 $365 \times 20 = 7300$

? Questionable

HBIPS-2: Hours of Physical Restraint Use

Denominator

* Number of psychiatric inpatient days

7,500

HBIPS-3: Hours of Seclusion Use

Denominator

* Number of psychiatric inpatient days

7,500

✓ Correct

HBIPS-2: Hours of Physical Restraint Use

Denominator

* Number of psychiatric inpatient days

6,500

HBIPS-3: Hours of Seclusion Use

Denominator

* Number of psychiatric inpatient days

6,500

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting

Identify Extreme Outliers

- HBIPS-2 and HBIPS-3

- A rate equal to or greater than 5 hours per 1,000 patient hours of care is questionable and should be re-evaluated

Example of an Outlier Rate for the HBIPS-2 Measure

HBIPS-2: Hours of Physical Restraint Use

Numerator

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

Denominator

* Number of psychiatric inpatient days

Results

HBIPS-2: Hours per 1000 Patient Hours 8.33

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting

Identify Extreme Outliers

- HBIPS-5
 - No criteria are needed for this measure because prior mean and distribution of data values for this measure have been reasonable
- HBIPS-6, -7; SUB-1
 - Values of zero in the numerator are considered questionable and should be re-evaluated
- TOB-1, -2/-2a; IMM-2
 - No criteria for identifying questionable data values have been determined for these measures due to the absence of historical data

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting Other Measures and Non-Measure Data Parameters

- Numerator and denominator data must be entered in whole number digits for the following data entry pages:
 - HBIPS-5
 - HBIPS-6
 - HBIPS-7
 - SUB-1
 - TOB-1
 - TOB-2/-2a
 - IMM-2
 - Non-Measure Data/Population Counts
- Enter up to five whole number digits for the numerator
- Enter up to six whole number digits for the denominator
 - The denominator cannot be zero if the numerator is a non-zero number

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting Non-Measure Data/Population Counts Parameters

The following parameters are built into the Non-Measure Data/Population Counts data entry page:

- The sum of the values entered into each subcategory must equal the value entered in the Total Annual Discharges field
- Each sample size value entered must be equal to or less than the value entered in the Total Annual Discharges field
- The sample size value entered for the HBIPS-5, -6, -7 sample field must be equal to or less than the value entered in the SUB-1, TOB-1, TOB-2/-2a, and IMM-2 sample field

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting Non-Measure Data/Population Counts Parameters

The sum of the values entered into each subcategory must equal the value entered in the Total Annual Discharges field

X Incorrect

- This will cause an error message to appear
- You will not be able to submit until corrected

Non-Measure Data/Population Counts

Total Annual Discharges

* Please enter an aggregate, yearly count of your facility's annual discharges.

Payer

* Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following payers:

Medicare	<input type="text" value="900"/>
Non-Medicare	<input type="text" value="200"/>

✓ Correct

Non-Measure Data/Population Counts

Total Annual Discharges

* Please enter an aggregate, yearly count of your facility's annual discharges.

Payer

* Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following payers:

Medicare	<input type="text" value="900"/>
Non-Medicare	<input type="text" value="100"/>

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting Non-Measure Data/Population Counts Parameters

Each sample size value entered must be equal to or less than the value entered in the Total Annual Discharges field

X Incorrect

- This will cause an error message to appear
- You will not be able to submit until corrected

Non-Measure Data/Population Counts

Total Annual Discharges

* Please enter an aggregate, yearly count of your facility's annual discharges.

Sample Size

* Please enter aggregate, yearly counts of the sample sizes used for the measures below:

HBIPS-5, -6, -7

SUB-1, TOB-1, TOB-2/-2a, IMM-2

✓ Correct

Non-Measure Data/Population Counts

Total Annual Discharges

* Please enter an aggregate, yearly count of your facility's annual discharges.

Sample Size

* Please enter aggregate, yearly counts of the sample sizes used for the measures below:

HBIPS-5, -6, -7

SUB-1, TOB-1, TOB-2/-2a, IMM-2

Key #4: Prepare and Verify Accuracy of Data Prior to Submitting Non-Measure Data/Population Counts Parameters

The sample size value entered for the HBIPS-5, -6, -7 sample field must be **equal to or less** than the value entered in the SUB-1, TOB-1, TOB-2/-2a, and IMM-2 sample field

X Incorrect

- This will cause an error message to appear
- You will not be able to submit until corrected

Non-Measure Data/Population Counts

Total Annual Discharges

* Please enter an aggregate, yearly count of your facility's annual discharges.

Sample Size

* Please enter aggregate, yearly counts of the sample sizes used for the measures below:

HBIPS-5, -6, -7

SUB-1, TOB-1, TOB-2/-2a, IMM-2

✓ Correct

Non-Measure Data/Population Counts

Total Annual Discharges

* Please enter an aggregate, yearly count of your facility's annual discharges.

Sample Size

* Please enter aggregate, yearly counts of the sample sizes used for the measures below:

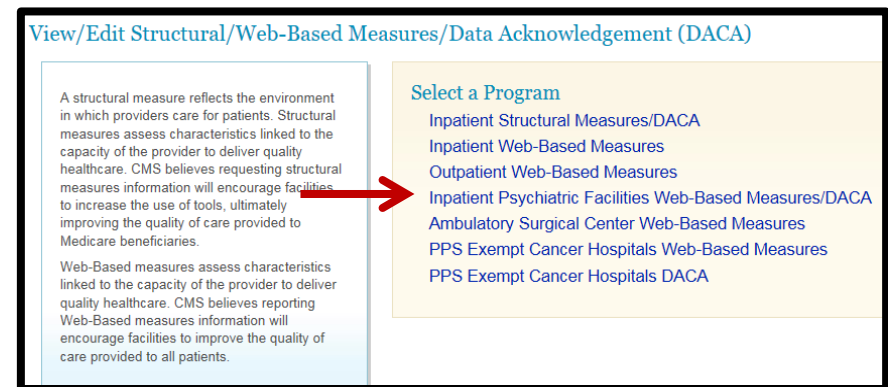
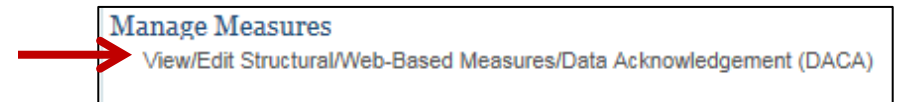
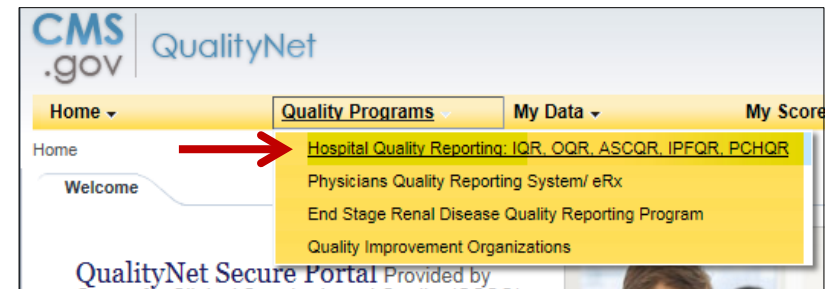
HBIPS-5, -6, -7

SUB-1, TOB-1, TOB-2/-2a, IMM-2

Key #5: Access the IPFQR Program Web-based Data Collection Tool

To access a facility's measure data:

1. Click the **[Quality Programs]** tab on the *QualityNet Secure Portal* home screen.
2. Select the **[Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR]** option from the drop down menu.
3. Select **[View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)]**
4. Select **[Inpatient Psychiatric Facilities Web-Based Measures/DACA]**



Key #5: Access the IPFQR Program Web-based Data Collection Tool

To access a facility's measure data:

5. Select **[2017]** from the Payment Year drop-down menu and click the **[Continue]** button.

Notes:

- If you are a single facility with access only to your data, you will see the Measures Summary page
- If you are a user with access to multiple facilities (i.e., a vendor), then select the provider(s) for which data will be entered.
 - **Clear:** De-selects providers from the provider selection list
 - **Cancel:** Returns to the Payment Year selection page
 - **Continue:** Goes to the measures summary page

Alerts (0) | Notifications (0) | CMS.gov | QualityNet

Home | Quality Programs | My Reports | My Tools | Help

Start Structural/Web-Based Measures

Inpatient Psychiatric Facilities Web-Based Measures/DACA

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.

-- Select --
2018
2017
2016
2015
2014

Please select a Payment Year

Continue

Start Structural/Web-Based Measures

Inpatient Psychiatric Facilities Web-Based Measures/DACA

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.

Web-Based Measures | PY 2018

Provider Selection

Select one or more providers:

All
 001000 -
 050007 -
 200100 -
 200205 -

Clear Back Continue

Key #5: Access the IPFQR Program Web-based Data Collection Tool

Start Structural/Web-Based Measures 05/12/2016 14:15:55PT

[Inpatient Psychiatric Facilities Web-Based Measures/DACA](#) Print

Submission Period: 07/19/2016 – 08/15/2016 With Respect to Reporting Period: Varies by Measure

Web-Based Measures | PY 2017

Provider ID	Non-Measure Data	HBIPS-2	HBIPS-3	HBIPS-5	HBIPS-6	HBIPS-7	Assessment of Patient Experience of Care	Use of an Electronic Health Record

Web-Based Measures | PY 2017

Provider ID	Non-Measure Data	HBIPS-2	HBIPS-3	HBIPS-5	HBIPS-6	HBIPS-7
	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete

Assessment of Patient Experience of Care	Use of an Electronic Health Record	SUB-1	TOB-1	TOB-2/-2a	IMM-2	DACA
Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete

Key #6: Enter and Verify Accuracy of Data

Overview of Data Entry Process

Let's review the data entry process!

1. Enter Data Values
2. Calculate
3. Submit
4. Edit*
5. Print – *strongly recommended*
6. Return to Summary

*After clicking [**Submit**], the [**Calculate**] button will be replaced by an [**Edit**] button. You can edit data entered into the WBDCT anytime before the August 15, 2016 deadline

Key #6: Enter and Verify Accuracy of Data

Enter HBIPS-2 Data

How to Complete Data Submission:

1. Enter the measure data

HBIPS-2: Hours of Physical Restraint Use

Numerator

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

Denominator

* Number of psychiatric inpatient days

[Calculate](#)

[Return to Summary](#) [Submit](#) [Print](#)

Key #6: Enter and Verify Accuracy of Data Calculate and Submit HBIPS-2 Data

How to Complete Data Submission (cont.):

2. Click the grey **[Calculate]** button to compute your results
 - a. If the calculation is successful, the grey **[Submit]** button will turn blue
3. Click the blue **[Submit]** button

HBIPS-2: Hours of Physical Restraint Use

Numerator

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

Denominator

* Number of psychiatric inpatient days

Calculate

Results

HBIPS-2: Hours per 1000 Patient Hours 8.33

[Return to Summary](#) **Submit** [Print](#)

Key #6: Enter and Verify Accuracy of Data Confirm Submission of HBIPS-2 Data

How to Complete Data Submission (cont.):

4. Confirm successful submission, which will be indicated by the appearance of a successful submission confirmation message at the top left-hand side of your page

The screenshot displays a web interface for entering and calculating HBIPS-2 data. At the top left, a red-bordered box highlights an information message: "Information Successfully Saved HBIPS-2 Information." Below this, the section "HBIPS-2: Hours of Physical Restraint Use" is shown. It includes a "Numerator" field with the value "10" and a "Denominator" field with the value "50". A "Calculate" button is positioned below the denominator field. The "Results" section at the bottom shows "HBIPS-2: Hours per 1000 Patient Hours 8.33". At the very bottom, a red-bordered box highlights the "Return to Summary" button, along with "Submit" and "Print" buttons.

Key #6: Enter and Verify Accuracy of Data

Editing Data

How to Edit Previously Submitted Data:

1. Click the grey **[Edit]** button to revise previously entered data
2. Complete the four *How to Complete Data Submission* steps described in the previous slides.

NOTE: If you leave a data entry page before clicking the blue **[Submit]** button the data entered will be lost.

Key #6: Enter and Verify Accuracy of Data

Review Data for Accuracy

- IPFQR Participation and Facility, State, and National Reports will not be available during the data submission period
- Availability will be announced via IPFQR ListServe

Recommendation: Review and print submitted data for your records

Key #6: Enter and Verify Accuracy of Data

Printing Data

1. Click the blue **[Print]** button
 - a. The screen view preview may appear in a separate window or tab, depending on the browser

i Information
Successfully Saved HBIPS-2 Information.

HBIPS-2: Hours of Physical Restraint Use

Numerator

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

Denominator

* Number of psychiatric inpatient days

Calculate

Results

HBIPS-2: Hours per 1000 Patient Hours 8.33

Return to Summary Submit **Print**

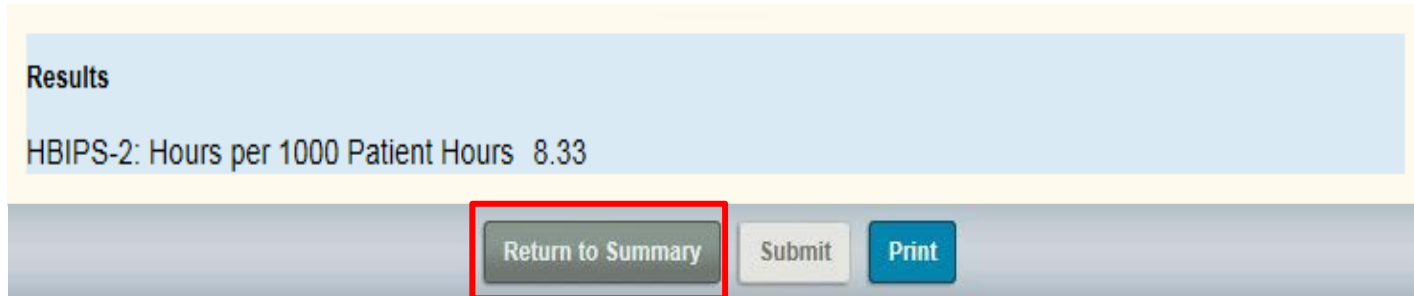
Key #6: Enter and Verify Accuracy of Data Printing Data

2. In the new window or tab, click **[CTRL+P]** to open the print dialogue box
3. Click the **[Print]** button
4. After you click the **[Print]** button, close the new print browser window or tab and you should see the return to summary button
 - a. Takes you to measure summary page

The screenshot shows a web-based data entry form titled "Structural/Web-Based Measures" and "Inpatient Psychiatric Facilities Web-Based Measures/DACA". The form includes a table with columns for "Provider", "CCN", "Submission Period", and "With Respect to Reporting Period". Below the table, there is a section for "Structural Measures | PY 2017" with a note: "For Inpatient Psychiatric Facility Quality Reporting participating providers, responses for all measure 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." The main form area is for "HBIPS-2: Hours of Physical Restraint Use". It has a "Numerator" field with the description "The total number of hours that all psychiatric inpatients were maintained in physical restraint" and a value of "10". It has a "Denominator" field with the description "Number of psychiatric inpatient days" and a value of "50". A "Calculate" button is located below the denominator field. The "Results" section shows "HBIPS-2: Hours per 1000 Patient Hours 8.33". A red circle highlights the text "To print the page please click CTRL + P" in the top right corner of the form. A "Print" dialog box is overlaid on the bottom right of the form, showing the "General" tab with options for "Select Printer", "Page Range", "Number of copies", and "Collate".

Key #6: Enter and Verify Accuracy of Data Return to Summary Page

Return to the *Measure Completion Status Summary* page by clicking the **[Return to Summary]** button



Start Structural/Web-Based Measures 05/12/2016 14:15:55PT

Inpatient Psychiatric Facilities Web-Based Measures/DACA Print

Submission Period 07/19/2016 – 08/15/2016 With Respect to Reporting Period Varies by Measure

Web-Based Measures | PY 2017

Provider ID	Non-Measure Data	HBIPS-2	HBIPS-3	HBIPS-5	HBIPS-6	HBIPS-7	Assessment of Patient Experience of Care	Use of an E Health Rec
	Incomplete	Completed	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomp

Key #6: Enter and Verify Accuracy of Data

Enter HBIPS-3 Data

HBIPS-3: Hours of Seclusion Use

Numerator

* The total number of hours that all psychiatric inpatients were held in seclusion

Denominator

* Number of psychiatric inpatient days

Calculate

Return to Summary

Submit

Print

Key #6: Enter and Verify Accuracy of Data

HBIPS-5

HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification

Numerator

- * Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications with appropriate justification

Denominator

- * Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications

Calculate

Return to Summary

Submit

Print

Key #6: Enter and Verify Accuracy of Data

HBIPS-6

HBIPS-6: Patients Discharged from a Hospital-based Inpatient Psychiatric Setting with a Continuing Care Plan Created

Numerator

- Psychiatric inpatients for whom the post discharge continuing care plan is created and contains all of the following: reason for hospitalization, principal discharge diagnosis, discharge medications and next level of care recommendations

Denominator

- Psychiatric inpatient discharges

Calculate

Return to Summary

Submit

Print

Key #6: Enter and Verify Accuracy of Data

HBIPS-7

HBIPS-7: Post Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge

Numerator

* Psychiatric inpatients for whom the post discharge continuing care plan was transmitted to the next level of care

Denominator

* Psychiatric inpatient discharges

Calculate

Return to Summary

Submit

Print

Key #6: Enter and Verify Accuracy of Data SUB-1

SUB-1: Alcohol Use Screening

Numerator

- * Number of patients who were screened for alcohol use using a validated screening questionnaire for unhealthy drinking

Denominator

- * Number of hospitalized patients 18 years of age or older

Calculate

Return to Summary

Submit

Print

Key #6: Enter and Verify Accuracy of Data Use of an Electronic Health Record

Use of an Electronic Health Record

- * Please select which of the following statements best describes your facility's highest level typical use of an EHR System (excluding the billing system) during the reporting period:
- The facility most commonly used paper documents 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 non-certified EHR technology (that is, not certified under the ONC HIT Certification Program) at times of transitions in care.
 - The facility most commonly exchanged health information using certified EHR technology (certified under the ONC HIT certification Program) at times of transitions in care.

- * Did the transfers of health information at times of transitions in care include the exchange of interoperable health information with a health information service provider (HISP)?
- Yes
 - No

[Return to Summary](#)

[Submit](#)

[Print](#)

Key #6: Enter and Verify Accuracy of Data Assessment of Patient Experience of Care

Assessment of Patient Experience of Care

* Did your facility routinely assess patient experience of care using a standardized collection protocol and a structured instrument?

- Yes
 No

* Please indicate the name of the survey that your facility administers:

[Return to Summary](#)

[Submit](#)

[Print](#)

Key #6: Enter and Verify Accuracy of Data

IMM-2

IMM-2: Influenza Immunization Information

Numerator

* Inpatient discharges who were screened for influenza vaccine status and were vaccinated prior to discharge if indicated.

Denominator

* Inpatients age 6 months and older discharged during the months of October, November, December, January, February or March.

Calculate

Return to Summary

Submit

Print

Key #6: Enter and Verify Accuracy of Data TOB-1

TOB-1: Tobacco Use Screening

Numerator

* Number of patients who were screened for tobacco use status within the first three days of admission.

Denominator

* Number of hospitalized inpatients 18 years of age and older.

Calculate

Return to Summary

Submit

Print

Key #6: Enter and Verify Accuracy of Data

TOB-2/-2a

TOB-2/-2a: Tobacco Use Treatment Provided or Offered

Numerator 1

- * Number of patients who received or refused practical counseling to quit AND received or refused FDA-approved cessation medications or had a reason for not receiving the medication during the first three days after admission.

Numerator 2

- * Number of patients who received practical counseling to quit AND received FDA-approved cessation medication or had a reason for not receiving the medication during the first three days after admission.

Denominator

- * Number of hospitalized patients 18 years of age and older identified as current tobacco users.

Calculate

Return to Summary

Submit

Print

Key #6: Enter and Verify Accuracy of Data Non-Measure Data/Population Counts

Non-Measure Data/Population Counts

Total Annual Discharges

* Please enter an aggregate, yearly count of your facility's annual discharges.

Age Strata

* Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following age groups:

Children (1 - 12 years)	<input type="text"/>
Adolescent (13 - 17 years)	<input type="text"/>
Adult (18 - 64 years)	<input type="text"/>
Older Adult (65 and over)	<input type="text"/>

Diagnostic Categories

* Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following diagnostic categories:

Anxiety disorders (651)	<input type="text"/>
Delirium, dementia, and amnestic and other cognitive disorders (653)	<input type="text"/>
Mood disorders (657)	<input type="text"/>
Schizophrenia and other psychotic disorders (659)	<input type="text"/>
Alcohol-related disorders (660)	<input type="text"/>
Substance-related disorders (661)	<input type="text"/>
Other diagnosis - Not included in one of the above categories	<input type="text"/>

Payer

* Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following payers:

Medicare	<input type="text"/>
Non-Medicare	<input type="text"/>

Non-Measure Data/Sample Size Counts

Sample

* Did your facility sample?

Yes
 No

Sample Size

* Please enter aggregate, yearly counts of the sample sizes used for the measures below:

HBIPS-5, -6, -7	<input type="text"/>
SUB-1, TOB-1, TOB-2/-2a, IMM-2	<input type="text"/>

Return to Summary

Submit

Print

Non-Measure Data/Population Counts

Total Annual Discharges

* Please enter an aggregate, yearly count of your facility's annual discharges.

Age Strata

* Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following age groups:

Children (1 - 12 years)	<input type="text"/>
Adolescent (13 - 17 years)	<input type="text"/>
Adult (18 - 64 years)	<input type="text"/>
Older Adult (65 and over)	<input type="text"/>

Diagnostic Categories

* Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following diagnostic categories:

Anxiety disorders (651)	<input type="text"/>
Delirium, dementia, and amnestic and other cognitive disorders (653)	<input type="text"/>
Mood disorders (657)	<input type="text"/>
Schizophrenia and other psychotic disorders (659)	<input type="text"/>
Alcohol-related disorders (660)	<input type="text"/>
Substance-related disorders (661)	<input type="text"/>
Other diagnosis - Not included in one of the above categories	<input type="text"/>

Payer

* Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following payers:

Medicare	<input type="text"/>
Non-Medicare	<input type="text"/>

Non-Measure Data/Sample Size Counts

Sample

* Did your facility sample?

Yes
 No

Return to Summary

Submit

Print

7/7/2016
Sampling: Yes

Sampling: No

Key #6: Enter and Verify Accuracy of Data Measures Summary Screen

Start Structural/Web-Based Measures 05/12/2016 14:15:55PT

[Inpatient Psychiatric Facilities Web-Based Measures/DACA](#) Print

Submission Period: 07/19/2016 – 08/15/2016 With Respect to Reporting Period: Varies by Measure

[Web-Based Measures | PY 2017](#)

Provider ID	Non-Measure Data	HBIPS-2	HBIPS-3	HBIPS-5	HBIPS-6	HBIPS-7	Assessment of Patient Experience of Care	Use of an E Health Rec
██████████	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Comple

Key #7: Review Submission Before Signing the DACA Form

- Review **all** measure data for accuracy and completeness **before and after** it is submitted into the WBDCT
 - This must be done **prior to** completion and submission of the DACA
- Submit and/or edit previously submitted measure data, and complete/submit the DACA, **prior to** the submission deadline, **August 15, 2016**
- If using a third-party vendor:
 - Ensure the vendor has been previously authorized
 - Complete the online DACA form prior to the **August 15, 2016** deadline
 - The **Facility is responsible** for completion of the DACA form, not the vendor

Key #7: Review Submission Before Signing the DACA Form

- The DACA is the only opportunity for IPFs to attest to the accuracy and completeness of the data submitted to CMS
 - Data will be publically displayed at a later date
- IPFs **cannot** enter or edit data **after the submission deadline**
 - It is **highly recommended** that IPFs enter their data as far in advance of the **August 15, 2016** deadline as possible

Key #7: Review Submission Before Signing the DACA Form

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Data Accuracy and Completeness Acknowledgement FY 2017

I acknowledge that to the best of my ability all of the information reported for this Inpatient Psychiatric Facility (IPF) Quality Reporting (IPFQR) Program, as required for the Fiscal Year 2017 IPFQR Program requirements, is accurate and complete. This information includes the following:

- Aggregated data for all required measures
- Non-measure data
- Current Notice of Participation and
- Active QualityNet Security Administrator

I understand that this acknowledgement covers all IPFQR information reported by this inpatient psychiatric hospital or psychiatric unit (and any data vendor(s) acting as agents on behalf of this IPF) to CMS and its contractors, for the FY 2017 payment determination year. To the best of my knowledge, 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 2017 IPFQR Program requirements.

Enter your Position and click 'Submit'.

* Yes, I Acknowledge

* Position

Back

Submit

Print

Review of Keys to Successful Reporting

- 0 — Access and log into the *QualityNet Secure Portal*
- 0 — Have two active SAs
- 0 — Manage the NOP
- 0 — Prepare and verify accuracy of data prior to submitting
- 0 — Access IPFQR Program web-based Data Collection Tool
- 0 — Enter and verify accuracy of data
- 0 — Review submissions before signing the DACA form
 - ! Confirm that **all** IPFQR Program data reporting requirements have been met before completing the DACA

REMINDER: Policies **do not** allow change of data or the completion of the DACA form ***after*** the data submission deadline.

Important Tip!

In the event of staff turnover, remember to inform the IPFQR Program SC about key personnel changes (e.g., CEO and Quality Reporting contact).

- The **Hospital Contact Correction Form** is located on the [Quality Reporting Center](#) website (direct link)
- Click on **[Inpatient, Resources and Tools]**, and the form is the first item listed on the page

IPFQR Program

HELPFUL RESOURCES

Helpful Resources Links

CMS recommends that IPFs refer to the updated IPFQR Program Manual for information pertaining to the IPFQR Program. This document can be found at:

- [QualityNet](#) > Inpatient Psychiatric Facilities > Resources
- [Quality Reporting Center](#) > IPFQR Program > Resources and Tools

IPFQR Program General Resources

Q & A Tool	Email Support	Phone Support	Inpatient Live Chat
https://cms-IP.custhelp.com	IPFQualityReporting@hcqis.org	866.800.8765	www.qualityreportingcenter.com/inpatient
Monthly Web Conferences	ListServes	Secure Fax	Website
www.QualityReportingCenter.com	www.QualityNet.org	877.789.4443	www.QualityReportingCenter.com

Helpful Resources

Save the Dates

Upcoming 2016 IPFQR Program educational webinars:

- **August, 2016** *No webinar*
- **September, 2016** *FY 2017 IPFQR Program
Final Rule and APU Overview*

IPFQR Program

QUESTIONS?

Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- 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
- Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

CE Credit Process

- Complete the ReadyTalk[®] survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
 - This is a separate registration from ReadyTalk[®].
 - Please use your PERSONAL email so you can receive your certificate.
 - Healthcare facilities have firewalls up that block our certificates.

CE Certificate Problems?

- If you do not immediately receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that is sent out.
- Please go back to the **New User** link and register your personal email account.
 - Personal emails do not have firewalls.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by **SurveyMonkey**
Check out our [sample surveys](#) and create your own now!

CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:

<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:

<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a CE credit course. The page header includes the HSAG logo (Health Services Advisory Group) and the text "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the course title "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015" is displayed. The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". A "Register" button is located below the form fields.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

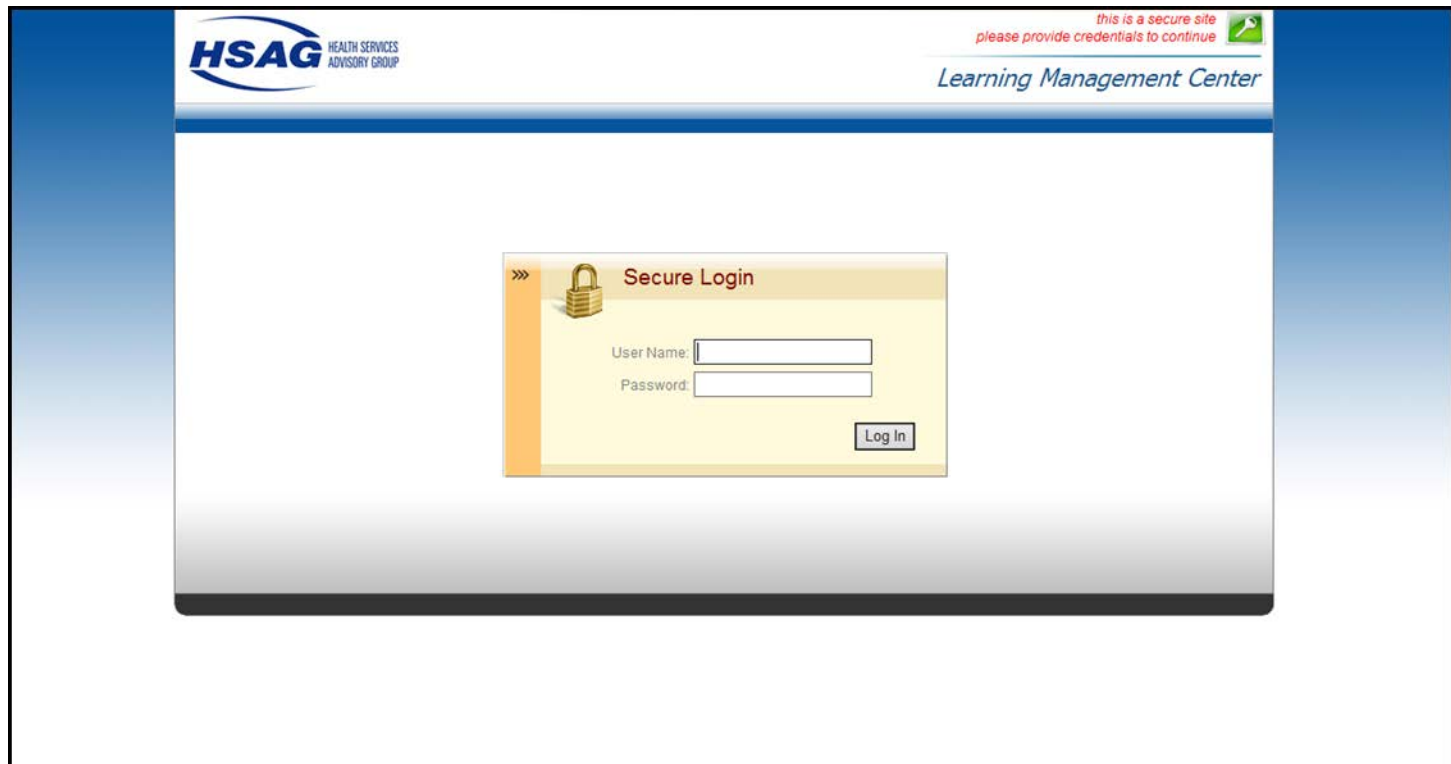
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left, the HSAG logo is accompanied by the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a security notice reads "this is a secure site please provide credentials to continue" next to a small green icon. Below this, the text "Learning Management Center" is displayed. The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.