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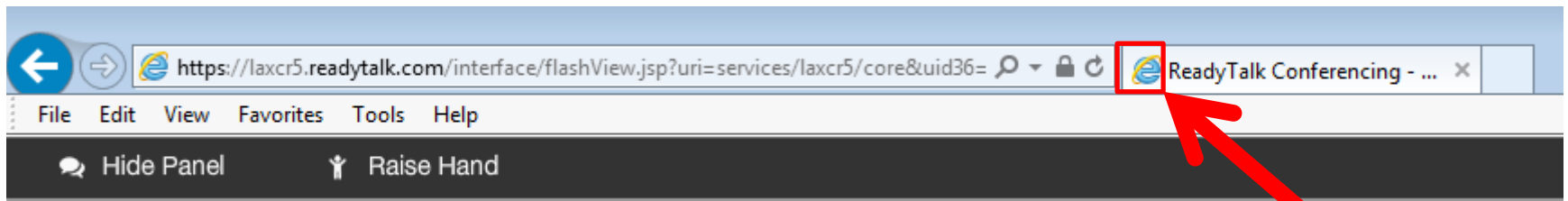


Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?
Click Refresh icon
– or –
Click F5



 F5 Key
Top Row of Keyboard

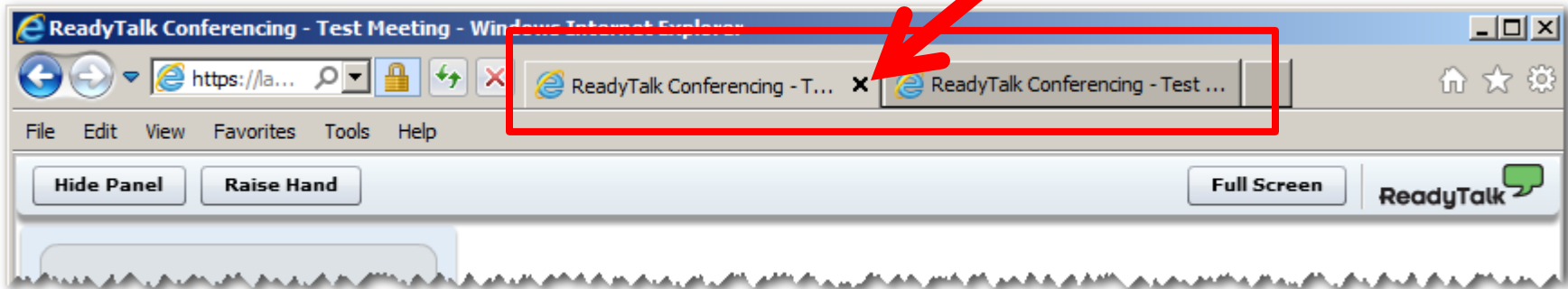


Location of Buttons

Refresh

Troubleshooting Echo

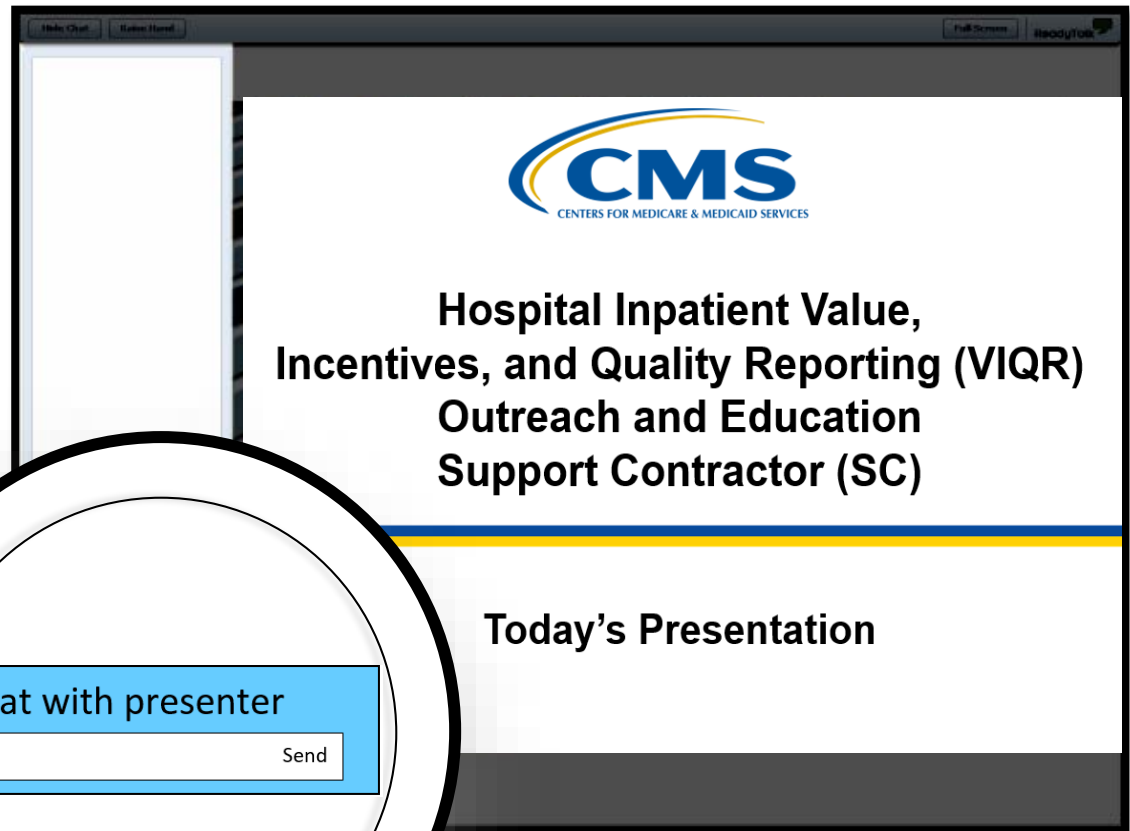
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



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.



Webinar Chat Questions

Chat Tool

- Submit questions pertinent to today's topic.
- As time permits, we will answer these questions at the end of the webinar.

***QualityNet* Questions and Answers (Q&A) Tool**

- The *QualityNet* Q&A Tool is the best way to send us questions unrelated to the current webinar topic.
- Access the Q&A Tool directly at:
<https://cmsip.custhelp.com/app/homeipf/p/831>.
- Look for published Q&As with the searchable tool.



IPFQR Program: Keys to Successful FY 2019 Reporting

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July 11, 2018

Purpose

The purpose of this presentation is to:

- Summarize the FY 2019 IPFQR Program requirements.
- Provide keys to successful data submission.
- Offer guidance to verify data accuracy.

Objectives

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

- Summarize the FY 2019 IPFQR Program requirements.
- Follow the steps to avoid common submission errors to successfully submit data in the *QualityNet Secure Portal*.
- Locate and access helpful IPFQR Program resources.

IPFQR Program: Keys to Successful FY 2019 Reporting

FY 2019 Reporting Requirements

[Acronyms](#)

FY 2019 IPFQR Program Participation Requirements

To obtain the full APU for the FY 2019 payment year, an IPF must meet the following requirements by August 15, 2018, 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 for:
 - **May 15:** Influenza Vaccination Coverage among Healthcare Personnel (HCP)
 - **August 15:** The remaining IPFQR Program data requirements, including:
 - HBIPS-2, -3, -5
 - SUB-1, -2/-2a, -3/3a
 - IMM-2
 - TOB-1, -2/-2a, -3/-3a
 - Use of EHR
 - Assessment of Patient Experience of Care
 - Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record measures
 - Screening for Metabolic Disorders
 - Non-measure data
- Complete the DACA

[Acronyms](#)

Annual Payment Update

IPFs that do not meet one or more of the IPFQR Program requirements by the August 15, 2018 deadline will be subjected to a **two percentage point reduction** to their APU for FY 2019.

FY 2019 IPFQR

Measure Requirements

Measure	Reporting Period	Submission Deadline	Measure Type	Sampling Allowed
HBIPS-2: Hours of Physical Restraint Use	January 1– December 31, 2017	August 15, 2018	Chart-Abstracted	No
HBIPS-3: Hours of Seclusion Use	January 1– December 31, 2017	August 15, 2018	Chart-Abstracted	No
HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	January 1– December 31, 2017	August 15, 2018	Chart-Abstracted	Yes
SUB-1: Alcohol Use Screening	January 1– December 31, 2017	August 15, 2018	Chart-Abstracted	Yes
SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention	January 1– December 31, 2017	August 15, 2018	Chart-Abstracted	Yes
SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge	January 1– December 31, 2017	August 15, 2018	Chart-Abstracted	Yes
TOB-1: Tobacco Use Screening	January 1– December 31, 2017	August 15, 2018	Chart-Abstracted	Yes

FY 2019 IPFQR

Measure Requirements

Measure	Reporting Period	Submission Deadline	Measure Type	Sampling Allowed
TOB-2: Tobacco Use Treatment Provided or Offered and TOB-2a: Tobacco Use Treatment	January 1– December 31, 2017	August 15, 2018	Chart-Abstracted	Yes
TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge	January 1– December 31, 2017	August 15, 2018	Chart-Abstracted	Yes
IMM-2: Influenza Immunization	October 1, 2017– March 31, 2018	August 15, 2018	Chart-Abstracted	Yes
Influenza Vaccination Coverage Among Healthcare Personnel	October 1, 2017– March 31, 2018	May 15, 2018	Web-Based Reported on NHSN Website	No
Use of Electronic Health Record	As of December 31, 2017	August 15, 2018	Structural Web-Based	N/A

FY 2019 IPFQR

Measure Requirements

Measure	Reporting Period	Submission Deadline	Measure Type	Sampling Allowed
Assessment of Patient Experience of Care	As of December 31, 2017	August 15, 2018	Structural Web-Based	N/A
Screening for Metabolic Disorders	January 1–December 31, 2017	August 15, 2018	Chart-Abstracted	Yes
Transition Record with Specified Elements Received by Discharged Patients	January 1–December 31, 2017	August 15, 2018	Chart-Abstracted	Yes
Timely Transmission of Transition Record	January 1–December 31, 2017	August 15, 2018	Chart-Abstracted	Yes

IPFQR Program: Keys to Successful FY 2019 Reporting

Keys to Successful Reporting

Key #1: Access and Log in to 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 two people with knowledge of the data are 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 in to the *QualityNet Secure Portal*

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

1. Go to 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 in to the *QualityNet Secure Portal*

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

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

- If you are 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.

The screenshot displays the QualityNet Secure Portal home page. At the top, there is a search bar with a 'Search' button. Below this, there are two main navigation tabs: 'Inpatient Psychiatric Facilities' and 'Quality Improvement'. The 'Quality Improvement' tab is selected. In the main content area, there is a section titled 'Log in to QualityNet Secure Portal'. A red arrow points to the 'Login' link within this section. Below the 'Login' link, there are two bullet points: 'Download Symantec ID (required for login)' and 'Portal Resources'. To the left of the 'Log in to QualityNet Secure Portal' section, there is a 'More News >' link and a 'Directions' link. Below these, there is a partially visible link for 'Hospital-Specific and Hospital ns-based hospitals and'.

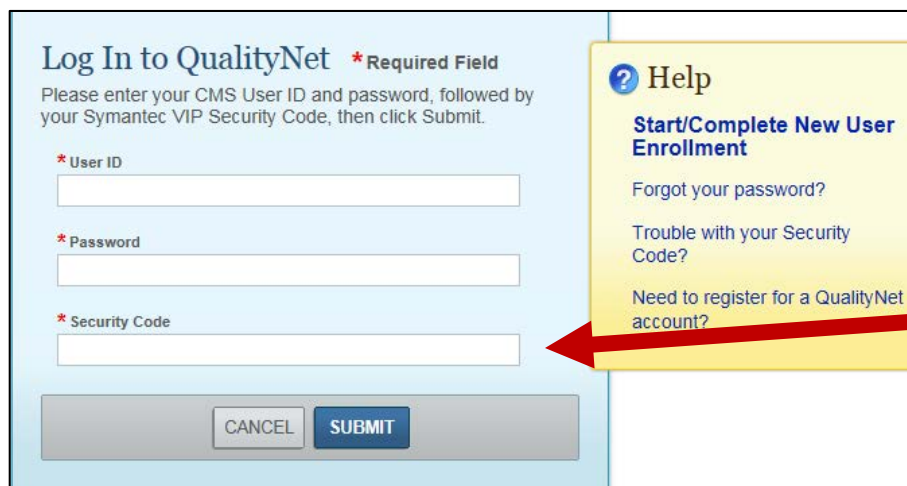
Key #1: Access and Log in to the *QualityNet Secure Portal*

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*:

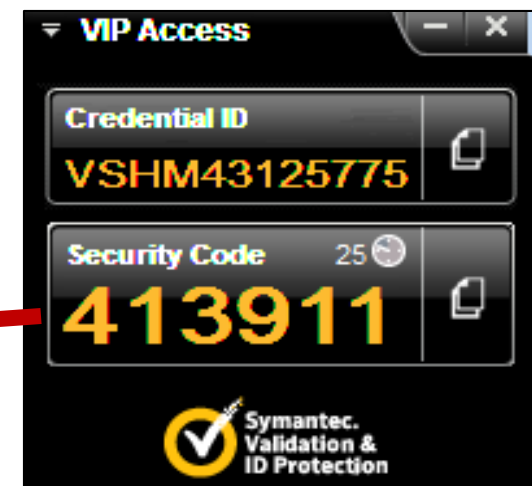
1. Select the **[Start/Complete New User Enrollment]** link and complete enrollment
2. Download a Symantec VIP Access token and complete identity proofing



The screenshot shows the 'Log In to QualityNet' form. It has three input fields: '* User ID', '* Password', and '* Security Code'. Below the fields are 'CANCEL' and 'SUBMIT' buttons. A yellow help popup is overlaid on the right side of the form, containing the following text:

- Help**
- Start/Complete New User Enrollment**
- Forgot your password?
- Trouble with your Security Code?
- Need to register for a QualityNet account?

A red arrow points from the 'Need to register for a QualityNet account?' link in the help popup to the 'Security Code' input field in the login form.



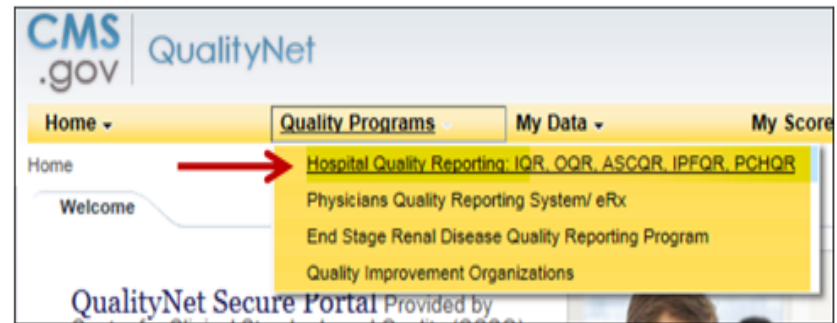
Key #2: Have Two Active Security Administrators

- 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 (Tuesday, August 15, 2018).
- A second SA is highly recommended as a backup, in case the primary SA's account expires.
- All users **must** log in to 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 information for more than one IPF 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 fewer 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
2019	Participating	06/27/2014 10:49:05 PT	CARRY_FORWAR...	
2019	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

- Compare this year's values to those submitted in previous years, where applicable.
 - Significant changes in values should invite closer review before finalizing submission.
- Measure values should always be reviewed by one or more person(s) 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, the value can be as low as 0 or as high as 9999999.99.
 - If the value is zero, then entering a single digit of “0” is adequate (i.e., 0000000.00 is not necessary).
- Check the denominator data.
 - Ensure that the correct number of days is entered for the denominator.
 - Ensure the number of days does not exceed 365 times the facility’s bed capacity.
 - Enter up to six digits.
 - The denominator cannot be zero if the numerator is a nonzero 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

- The HBIPS-2 and HBIPS-3 measures should have the same denominator values (i.e., number of psychiatric inpatient days).
 - If different denominator values are entered for HBIPS-2 and HBIPS-3, then it is likely that the data are incorrect and the data entries should be checked.
- The denominator values should not be less than the IPF's total annual discharges.
 - If the denominator values 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 it is likely that the data are incorrect and the data entries should be checked.
- The denominator values should not exceed 365 times the total number of beds at the IPF.
 - If the aggregate number of inpatient days exceeds 365 times the IPF's total bed size, then it is likely that the data are incorrect and the data entries should be checked.

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 denominator values (i.e., the number of psychiatric inpatient days).

? Questionable

HBIPS-2: Hours of Physical Restraint Use

Denominator

* Number of psychiatric inpatient days

HBIPS-3: Hours of Seclusion Use

Denominator

* Number of psychiatric inpatient days

✓ Correct

HBIPS-2: Hours of Physical Restraint Use

Denominator

* Number of psychiatric inpatient days

HBIPS-3: Hours of Seclusion Use

Denominator

* Number of psychiatric inpatient days

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

HBIPS-2 and HBIPS-3 denominator values (i.e., number of psychiatric inpatient days) 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

HBIPS-3: Hours of Seclusion Use

Denominator

* Number of psychiatric inpatient days

✓ **Correct**

HBIPS-2: Hours of Physical Restraint Use

Denominator

* Number of psychiatric inpatient days

HBIPS-3: Hours of Seclusion Use

Denominator

* Number of psychiatric inpatient days

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

HBIPS-3: Hours of Seclusion Use

Denominator

* Number of psychiatric inpatient days

✓ Correct

HBIPS-2: Hours of Physical Restraint Use

Denominator

* Number of psychiatric inpatient days

HBIPS-3: Hours of Seclusion Use

Denominator

* Number of psychiatric inpatient days

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

Identify Questionable Data

HBIPS-2 and HBIPS-3

- A rate equal to or greater than 4 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 Questionable Data

- All chart-abstracted measures (HBIPS-5, SUB, TOB, IMM-2, Transition Record, and Screening for Metabolic Disorders Measures)
 - If the numerator value exceeds the denominator value, then the data entered are considered questionable.
- Screening for Metabolic Disorders (SMD) measure
 - Absence of numerator and denominator values for the SMD measure for IPFs that report values for the HBIPS-5 measure is questionable.
 - Denominator values for the SMD measure are questionable if they are smaller than those of the HBIPS-5 measure.

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

Other Measures and Non-Measure Data Parameters

Data parameters for the HBIPS-5, SUB, TOB, IMM-2, Transition Record, and Screening for Metabolic Disorders measures and the Non-Measure Data/Population Counts data entry pages are listed below:

- Numerator and denominator data must be entered in whole number digits.
- 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 nonzero number.

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

The purpose of this screen is to collect annual, aggregate data on discharges overall, as well as by specific age, diagnostic, and payer categories.

In addition, this screen collects information regarding sampling.

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)

Adolescent (13 - 17 years)

Adult (18 - 64 years)

Older Adult (65 and over)

Diagnostic Categories

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

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

Payer

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

Medicare

Non-Medicare

Non-Measure Data/Sample Size Counts

Global Sample

* Did your facility use global sampling?

Yes

No

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 of the Total Annual Discharges field located at the top of the Non-Measure Data/Population screen.

Non-Measure Data/Population Counts

Total Annual Discharges

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

This value represents the **total** number of annual Medicare **and** non-Medicare patients that were discharged after receiving care in the IPF.

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 field 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.

Example 1

Total Annual Discharges = 1,000
Payer Source
• Medicare = 900
• Medicaid = 110



✓ Correct

Total Annual Discharges = 1,000
Payer Source
• Medicare = 900
• Medicaid = 100

Example 2

Total Annual Discharges = 1,000
Age Strata
• Children (1-12 years) = 75
• Adolescent (13-17 years) = 225
• Adult (18-64 years) = 455
• Older Adult (65 and over) = 250



Total Annual Discharges = 1,000
Age Strata
• Children (1-12 years) = 75
• Adolescent (13-17 years) = 225
• Adult (18-64 years) = 450
• Older Adult (65 and over) = 250

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 field 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.

Total Annual Discharges = 1,000

Diagnostic Categories

- Anxiety disorders (651) = 157
- Delirium, dementia, and amnesic and other cognitive disorders (653) = 201
- Mood disorders (657) = 152
- Schizophrenia and other psychotic disorders (659) = 141
- Alcohol-related disorders (660) = 88
- Substance-related disorders (661) = 119
- Other diagnosis – not included in one of the above categories = 144

✓ Correct

Total Annual Discharges = 1,000

Diagnostic Categories

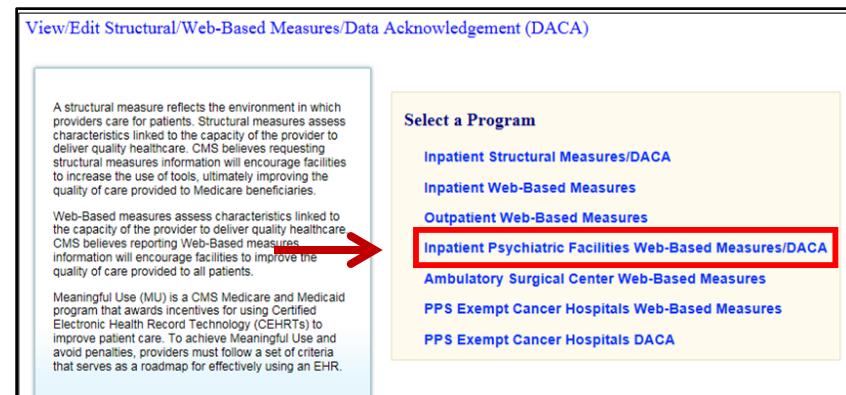
- Anxiety disorders (651) = 155
- Delirium, dementia, and amnesic and other cognitive disorders (653) = 198
- Mood disorders (657) = 154
- Schizophrenia and other psychotic disorders (659) = 139
- Alcohol-related disorders (660) = 89
- Substance-related disorders (661) = 122
- Other diagnosis – not included in one of the above categories = 143

Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Web-Based Data Collection Tool

Access the IPFQR Program WBDCT to enter 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: Enter and Verify Accuracy of Data

Access the IPFQR Program Web-Based Data Collection Tool

To access a facility's measure data:

5. Select **[2019]** from the Payment Year drop-down menu and click the **[Continue]** button.
 - 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 (e.g., 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

The image displays two screenshots of the CMS QualityNet web interface. The top screenshot shows the 'Payment Year' selection screen. The 'Payment Year' dropdown menu is open, with '2019' selected and circled in red. A tooltip above the dropdown reads 'Please select a Payment Year'. A 'Continue' button is visible to the right. The bottom screenshot shows the 'Provider Selection' screen. The 'All' checkbox is selected and circled in red. Below it are several other checkboxes. 'Clear', 'Back', and 'Continue' buttons are at the bottom.

Key #5: Enter and Verify Accuracy of Data

Access the IPFQR Program Web-Based Data Collection Tool

Inpatient Psychiatric Facilities Web-Based Measures/DACA

Submission Period
07/01/2018 - 08/15/2018

With Respect to Reporting Period
Varies by Measure

Web-Based Measures | PY 2019

Provider ID	Non-Measure Data	HBIPS-2	HBIPS-3	HBIPS-5	Screening for Metabolic Disorders	Transition Record with Specified Elements	Timely Transmission of Transition Record
██████	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete

Web-Based Measures | PY 2019

Provider ID	Non-Measure Data	HBIPS-2	HBIPS-3	HBIPS-5	Screening for Metabolic Disorders	Transition Record with Specified Elements	Timely Transmission of Transition Record
_____	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete
Assessment of Patient Experience of Care	Use of an Electronic Health Record	SUB-1	SUB-2/-2a	SUB-3/-3a	TOB-1	TOB-2/-2a	TOB-3/-3a
Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete
IMM-2	DACA						
Incomplete	Incomplete						

Key #5: Enter and Verify Accuracy of Data

Overview of the Data Entry Process

Let's review the data entry process!

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

*After clicking [**Submit**], the [**Calculate**] button will be replaced by an [**Edit**] button. You can edit data entered into the FY 2019 WBDCT anytime before the August 15, 2018 deadline.

Key #5: Enter and Verify Accuracy of Data

Enter HBIPS-2 Data

How to Complete Data Submission:

1. Enter the measure data

The screenshot shows a web-based data entry form for HBIPS-2: Hours of Physical Restraint Use. The form has two main sections: Numerator and Denominator. The Numerator section is titled "Numerator" and includes a description: "* The total number of hours that all psychiatric inpatients were maintained in physical restraint". Below this is a text input field containing the number "2". The Denominator section is titled "Denominator" and includes a description: "* Number of psychiatric inpatient days". Below this is a text input field containing the number "500". At the bottom of the form are four buttons: "Return to Summary", "Calculate", "Submit", and "Print". A modal dialog box titled "Message from webpage" is overlaid on the right side of the form. The message reads: "Please verify that you have entered your Numerator value in hours, and your Denominator in days. Click OK to continue. Click Cancel to remain on the current page." The dialog box has two buttons: "OK" and "Cancel".

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

Return to Summary Calculate Submit Print

Message from webpage

Please verify that you have entered your Numerator value in hours, and your Denominator in days. Click OK to continue. Click Cancel to remain on the current page.

OK Cancel

Key #5: Enter and Verify Accuracy of Data

Calculate and Submit HBIPS-2 Data

How to Complete Data Submission:

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

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

Results
HBIPS-2: Hours per 1000 Patient Hours 0.17

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

Key #5: Enter and Verify Accuracy of Data

Confirm Submission of HBIPS-2 Data

How to Complete Data Submission:

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 is titled "HBIPS-2: Hours of Physical Restraint Use". It contains two input fields: "Numerator" with a value of 2 and "Denominator" with a value of 500. A "Results" section at the bottom shows "HBIPS-2: Hours per 1000 Patient Hours 0.17". At the bottom of the interface are four buttons: "Return to Summary", "Calculate", "Submit", and "Print".

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

Results

HBIPS-2: Hours per 1000 Patient Hours 0.17

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

Key #5: Enter and Verify Accuracy of Data

You have two opportunities to edit data during a measure submission process:

1. Edit after calculating and **before** submitting data.
2. Edit **after** submitting data.

Key #5: Enter and Verify Accuracy of Data

Scenario 1: Correcting data after calculation and before submission

1. After entering data and selecting the **[Calculate]** button, the **[Edit]** button will appear in place of the **[Calculate]** button. Select the **[Edit]** button to revise data that is identified as incorrect.



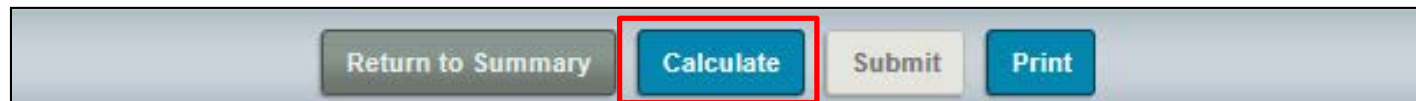
2. Once you have corrected your data, you must select the **[Calculate]** button and then the **[Submit]** button in order to save the changes.



Key #5: Enter and Verify Accuracy of Data

Scenario 2: Correcting data after submission

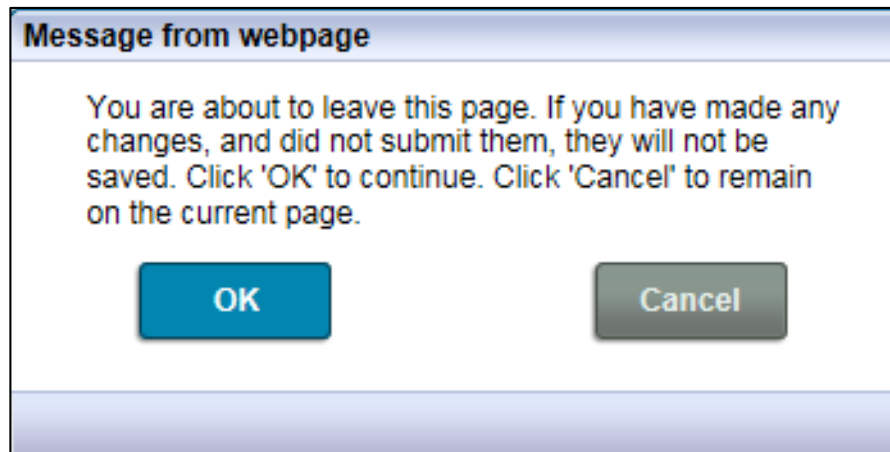
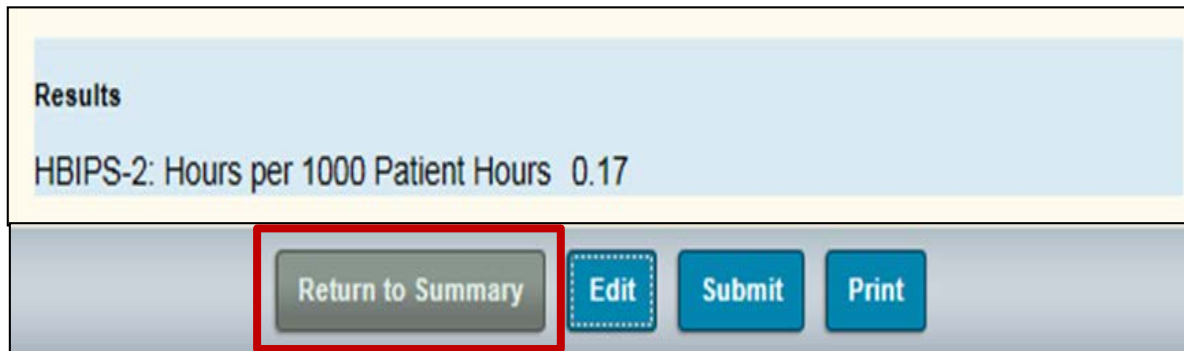
1. If you realize that you need to correct data after clicking the **[Submit]** button before you leave the data entry page, simply place your cursor in the field that requires editing and change the value.
2. Once you have corrected your data, you must select the **[Calculate]** button followed by the **[Submit]** button in order to save the changes.



Key #5: 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.



Key #5: Enter and Verify Accuracy of Data

The IPF Provider Participation Report will be available during the data-submission period for providers to review facility-level data for accuracy. The IPF Provider Participation Report will:

- Provide IPFs with a summary of the requirements for participation in the IPFQR Program.
- Assist IPFs in determining their facility's status towards meeting the program requirements by providing information about the data that is submitted to the CMS Clinical Data Warehouse, following entry into the web-based application.

NOTE: The information provided in the IPF Provider Participation report does not guarantee the hospital will receive the full APU.

Key #5: Enter and Verify Accuracy of Data

Refer to Section 7: Accessing and Reviewing Reports of the IPFQR Program Manual for guidance on how to run the IPF Provider Participation Report.

CMS recommends that you review and print your IPF Provider Participation Report for your own records.

Key #5: Enter and Verify Accuracy of Data

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

Results

HBIPS-2: Hours per 1000 Patient Hours 0.17

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

Key #5: Enter and Verify Accuracy of Data HBIPS-3

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

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

Key #5: 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

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

Key #5: 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

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

Key #5: Enter and Verify Accuracy of Data

SUB-2/-2a

SUB-2/-2a: Alcohol Use Brief Intervention Provided or Offered/Alcohol Use Brief Intervention

Numerator 1

* Number of patients who screened positive for unhealthy alcohol use who received or refused a brief intervention during the hospital stay.

Numerator 2

* Number of patients who received the brief intervention during the hospital stay.

Denominator

* Number of hospitalized patients 18 years of age and older who screened positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence).

Return to Summary

Calculate

Submit

Print

Key #5: Enter and Verify Accuracy of Data

SUB-3/-3a

SUB-3/-3a: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge/Alcohol and Other Drug Use Disorder Treatment at Discharge

Numerator 1

- * Number of patients who received or refused at discharge a prescription for medication for treatment of alcohol or drug use disorder OR received or refused a referral for addictions treatment.

Numerator 2

- * Number of patients who received at discharge a prescription for medication for treatment of alcohol or drug use disorder OR a referral for addictions treatment.

Denominator

- * Number of hospitalized patients 18 years of age and older who screened positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence).

Return to Summary

Calculate

Submit

Print

Key #5: 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 #5: 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 #5: Enter and Verify Accuracy of Data Transition Record

Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)

Numerator

- * Number of patients, regardless of age, discharged from your facility to home or other site of care, or their caregiver(s), who received a transition record (and with whom a review of all included information was documented) at the time of discharge.

Denominator

- * Number of patients, regardless of age, discharged from your facility to home or other site of care, or their caregiver(s).

Return to Summary

Calculate

Submit

Print

Key #5: Enter and Verify Accuracy of Data

Timely Transmission

Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)

Numerator

* Number of patients, regardless of age, discharged from an inpatient facility to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge.

Denominator

* Number of patients, regardless of age, discharged from your facility to home or other site of care, or their caregiver(s).

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

Key #5: Enter and Verify Accuracy of Data Screening for Metabolic Disorders

Screening for Metabolic Disorders

Numerator

* Total number of patients who received a metabolic screening either prior to, or during, the index IPF stay.

Denominator

* Number of patients discharged with one or more routinely scheduled antipsychotic medications during the measurement period.

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

Key #5: 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.

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

Key #5: 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.

Return to Summary

Calculate

Submit

Print

Key #5: 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.

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

Key #5: Enter and Verify Accuracy of Data

TOB-3/-3a

TOB-3/-3a: Tobacco Use Treatment Provided or Offered at Discharge/Tobacco Use Treatment at Discharge

Numerator 1

- * Number of patients who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication upon discharge.

Numerator 2

- * Number of patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication upon discharge as well as those who were referred to outpatient counseling and had reason for not receiving a prescription for medication.

Denominator

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

Return to Summary

Calculate

Submit

Print

Key #5: Enter and Verify Accuracy of Data

Non-Measure Data/Population Counts

Remember, sampling is optional!

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)

Adolescent (13 - 17 years)

Adult (18 - 64 years)

Older Adult (65 and over)

Diagnostic Categories

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

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

Payer

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

Medicare

Non-Medicare

Non-Measure Data/Sample Size Counts

Global Sample

* Did your facility use global sampling?

Yes

No

Global Sample Size

* Please enter an aggregate, annual count of the sample size used.

Global Sample

* Did your facility use global sampling?

Yes

No

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

Non-Measure Data/Sample Size Counts

Global Sample

* Did your facility use global sampling?

Yes

No

Global Sample Size

* Please enter an aggregate, annual count of the sample size used.



If "Yes" is selected, you will be prompted to enter the aggregate annual count of the sample size.

Key #5: Enter and Verify Accuracy of Data

Non-Measure Data/Population Counts

Non-Measure Data/Sample Size Counts

Global Sample

* Did your facility use global sampling?

Yes ←

No

Global Sample Size

* Please enter an aggregate, annual count of the sample size used.

←

Sampling: Yes

Non-Measure Data/Sample Size Counts

Global Sample

* Did your facility use global sampling?

Yes

No

Sampling: No

Key #5: Enter and Verify Accuracy of Data Measures Summary Screen

Verify that all the web-based measures are complete.

The Measures Summary page will show a status of “Completed” under the hyperlink of each data entry page.

Provider ID	Non-Measure Data	HBIPS-2	HBIPS-3	HBIPS-5
	Incomplete	Completed	Incomplete	Incomplete

Key #6: 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 of **August 15, 2018**.
- If using a third-party vendor:
 - Ensure the vendor has been previously authorized.
 - Complete the online DACA form prior to the **August 15, 2018** deadline.
 - The **facility is responsible** for completion of the DACA form, not the vendor.

Key #6: 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 publicly 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, 2018** deadline as possible.

Key #6: Review Submission Before Signing the DACA Form

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Data Accuracy and Completeness Acknowledgement FY 2019

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 2019 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 2019 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 2019 IPFQR Program requirements.

Enter your Position and click Submit.

* Yes, I Acknowledge

* Position

Back

Submit

Print

Review of Keys to Successful Reporting

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

NOTE: IPFs cannot change data nor complete the DACA form after the data-submission deadline.

Important Tip

In the event of staff turnover, remember to use the [Hospital Contact Change Form](#) to inform the VIQR SC for the IPFQR Program about key personnel changes (e.g., CEO and quality reporting contact).

- The form is located on the *Quality Reporting Center* website. Click on **[Inpatient]** then **[Hospital IQR Program - Resources and Tools]** and the form is the first item listed on the page.

IPFQR Program: Keys to Successful FY 2019 Reporting

Helpful Resources

Helpful Resources

Sampling Guidelines

IPFs have the following three sampling **options**:

1. Not sample
2. Sample using previously used methodology, as defined by TJC/HIQR specification manuals
3. Sample using the global population and sampling table in the FY 2016 IPF PPS FR

Sampling is **not** allowed for the following measures:

- HBIPS-2
- HBIPS-3
- Influenza Vaccination Coverage Among Healthcare Personnel (HCP)

Helpful Resources

IPFQR Program Manual & Various Paper Tools

CMS recommends that IPFs refer to the IPFQR Program Manual for information pertaining to the IPFQR Program. This document and other helpful resources and tools can be found at:

- [QualityNet](https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864255) > Inpatient Psychiatric Facilities > Resources
(<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864255>)
- [Quality Reporting Center](https://www.qualityreportingcenter.com/inpatient/ipf/tools/) > IPFQR Program > Resources and Tools
(<https://www.qualityreportingcenter.com/inpatient/ipf/tools/>)

Helpful Resources Links

IPFQR Program General Resources

Q&A Tool	Email Support	Website	Phone Support
https://cms-IP.custhelp.com	IPFQualityReporting@hcqis.org	www.QualityReportingCenter.com	(866) 800-8765
Monthly Web Conferences	ListServes	Hospital Contact Change Form	Secure Fax
www.QualityReportingCenter.com	www.QualityNet.org	Hospital Contact Change Form	(877) 789-4443

Acronyms

APU	annual payment update	IMM-2	Influenza Immunization Measure
CCN	CMS Certification Number	IPF	Inpatient Psychiatric Facility
CE	continuing education	IPFQR	Inpatient Psychiatric Facility Quality Reporting
CEO	Chief Executive Officer	NOP	Notice of Participation
CMS	Centers for Medicare & Medicaid Services	PPS	prospective payment system
DACA	Data Accuracy and Completeness Acknowledgement	PY	payment year
EHR	electronic health record	Q	quarter
FR	final rule	SA	Security Administrator
FY	Fiscal Year	SC	Support Contractor
HBIPS	Hospital-Based Inpatient Psychiatric Services	SMD	Screening for Metabolic Disorders
HCP	healthcare personnel	SUB	Substance Use
HIQR	Hospital Inpatient Quality Reporting	TJC	The Joint Commission
		TOB	Tobacco Use
		VIQR	Value, Incentives, and Quality Reporting
		WBDCT	Web-Based Data Collection Tool

Helpful Resources

Save the Date

Upcoming IPFQR Program Educational Webinars

August 2018	FY 2019 IPF PPS Final Rule/ APU Determination and Reconsideration Review
September 2018	TBD
October 2018	FY 2019 Data Review

IPFQR Program Keys to Successful FY 2019 Reporting

Continuing Education Process

Continuing Education Approval

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

- **National**

- Board of Registered Nursing (Provider #16578)

- **Florida**

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

Please Note: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

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 the HSAG 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 was sent.
- Please go back to the **New User** link and register your personal email account.
 - Personal emails do not have firewalls.

*Please download your continuing education certificate for your records. HSAG retains attendance records for four years, not certificates.

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: Certificate

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>

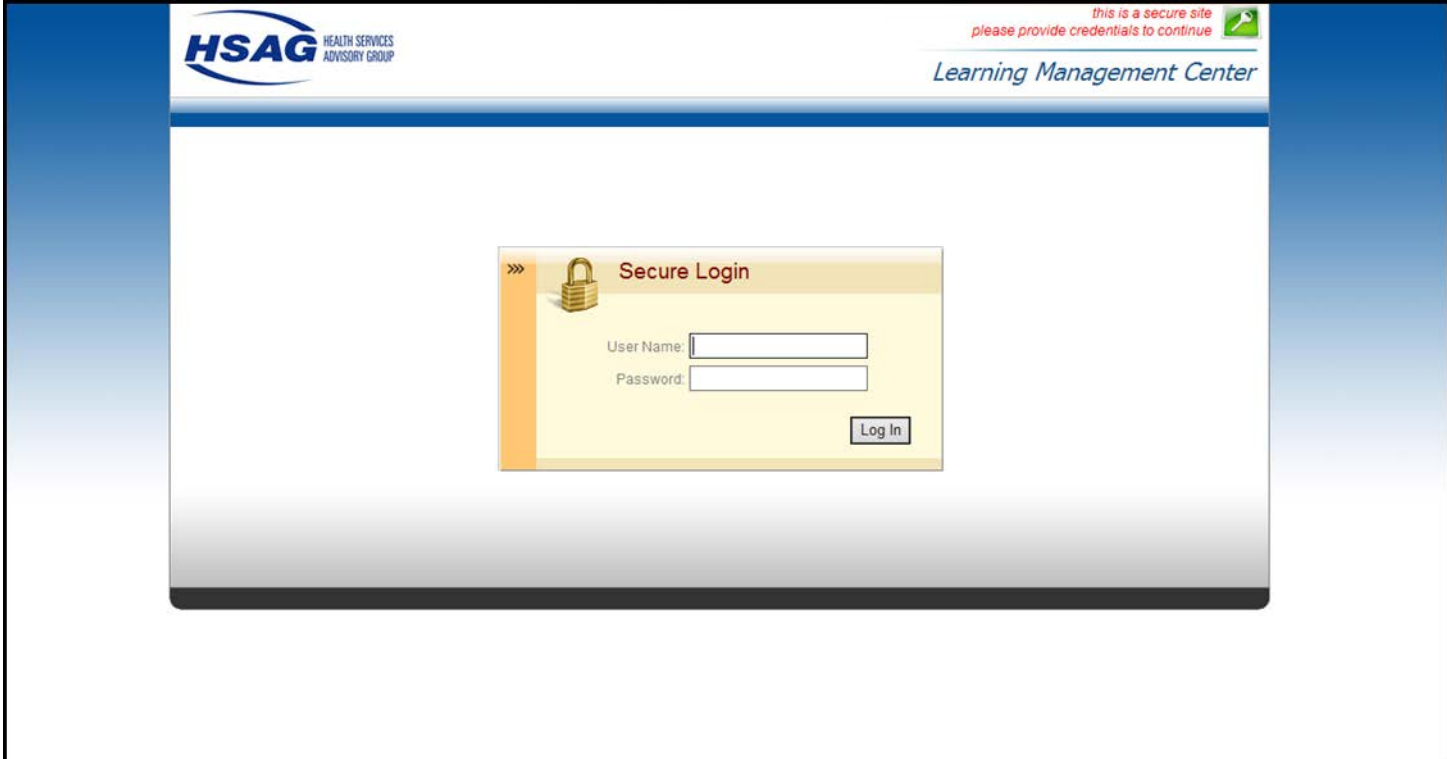
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a new user. The page features the HSAG logo (Health Services Advisory Group) in the top left corner. In the top right corner, there is a security notice: "this is a secure site please provide credentials to continue" with a small green padlock icon. Below this, the text "Learning Management Center" is displayed. The main heading of the page is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form includes four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The entire form is set against a light blue gradient background.

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning reads "this is a secure site please provide credentials to continue" next to a small green icon. Below this is the text "Learning Management Center". 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.

Disclaimer

This presentation was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

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