



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

IPFQR Program Fiscal Year 2018 Data Review

Questions & Answers

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Question 1: Can you give an example of a health information service provider (HISP)?

A HISP manages security and transport of health information exchange among health care entities or individuals using the Direct standard for transport. HISP functions can be performed by existing organizations (such as EHR vendors, hospitals, or Health Information Exchange [HIE] organizations) or by stand-alone organizations specializing in security and transport of health information. Information pertaining to HISPs can be located at the following link: <https://www.directtrust.org/accreditation-status/>. The HISPs that are available at this link have been accredited by the DirectTrust association. It should be noted that, for the purposes of responding to the IPFQR Program’s “Use of Electronic Health Record attestation,” the use of an accredited HISP is not a requirement at this time.

Question 2: How can we access facility-specific data for 2016?

Facility-specific data collected in 2016 and reported to CMS in 2017 are available in the IPFQR Program Provider Participation and Facility, State, and National (FSN) reports located on *QualityNet Secure Portal*. For more guidance, refer to Section 7: Accessing and Reviewing Reports in the latest version of the [IPFQR Program Manual](#) at the following link: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864255>.

These data were also sent to the *QualityNet* Security Administrator (SA) of participating IPFs in a *Hospital Compare* Preview Report during the month of October 2017. Note that the FY 2018 Follow-Up After Hospitalization for Mental Illness (FUH) measure data in the Provider Participation, FSN, and original FY 2018 *Hospital Compare* Preview Reports were inaccurate. A separate *Hospital Compare* Preview Report was sent to *QualityNet* SAs of participating IPFs on October 24, 2017, via *QualityNet* Secure File Transfer and these data are scheduled to be publicly reported on the *Hospital Compare* website (<http://www.hospitalcompare.hhs.gov/>) in December 2017. Refer to Section 8: Public Reporting of IPFQR Data in the IPFQR Program Manual for additional guidance.



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Question 3: How can we access the annual payment update (APU) decision list for fiscal year (FY) 2018 for reimbursement?

An email announcement will be distributed to the IPFQR Program ListServe when the FY 2018 APU recipient lists are available to view and download from the *QualityNet* [IPFQR Program APU Recipients](#) web page at the following link:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772517361>.

Question 4: What data is reported for the FY 2018 results? Is this calendar year (CY) 2016 data?

The data that was reported for FY 2018 payment determination were from CY 2016 for all measure and non-measure data except for the following:

- IMM-2 and Influenza Vaccination Among Health Care Personnel: October 1, 2016 through March 31, 2017
- FUH measure: July 1, 2015 through June 30, 2016

Question 5: Is a manual hold for intramuscular (IM) injection considered a physical restraint for the HBIPS-2 measure?

Yes. A physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition. Examples of physical restraint include, but are not limited to the following:

- 2-point restraint
- 4-point restraint
- 5-point restraint
- Body nets
- Mittens for the purpose of preventing intentional self-harm
- Wrist-to-waist restraints
- Soft wrist restraints
- Manual holds
- Stapling
- Jarvis



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- Leather restraints
- Devices that serve multiple purposes such as a Geri chair or side rails, when they have the effect of restricting a patient's movement and cannot be easily removed by the patient, constitute a restraint.

For more information about the inclusion/exclusion criteria, notes for abstraction, and other specifications for this measure, refer to the [Specifications Manual for Joint Commission National Quality Measures](https://manual.jointcommission.org/) manual located at the following link: <https://manual.jointcommission.org/>