



Inpatient Psychiatric Facility Quality Reporting Program

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IPFQR Program Manual and Paper Tools Review

Presentation Transcript

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Evette Robinson: Hello, everyone, and welcome to today's Inpatient Psychiatric Facility Quality Reporting Program webinar. My name is Evette Robinson and I am the project lead with the VIQR Support Contractor for the IPFQR Program. Today, I will be presenting our topic, *IPFQR Program Manual and Optional Paper Tools Review*. As a reminder, the slides for today's webinar were posted to the Quality Reporting Center website prior to the event. If you did not download the slides prior to this event, you may do so by going to www.qualityreportingcenter.com. On the right side of the home page, click on this event title under Upcoming Events. And, on the next screen, scroll down to the bottom of the page, where you will find the presentation slides available for download. This session is being recorded and the slides, transcript, webinar recording, and questions and answers from this presentation will be posted on the [QualityNet](#) and [Quality Reporting Center](#) websites at a later date.

The purpose of today's presentation is to review content of the IPFQR Program Manual and various optional paper tools that were published in November of 2016. The aim is to equip IPFs with the tools needed to meet IPFQR Program requirements.

At the conclusion of this presentation, attendees will be able to interpret and use the IPFQR Program manual and optional paper tools in order to meet IPFQR Program requirements in a timely fashion.

So, in the first part of today's presentation, I will review the updates to the IPFQR Program manual that were published in November of 2016.

The IPFQR Program manual is intended for use as a reference to encourage successful provider participation in the IPFQR Program. The manual is available in a downloadable format, and it is searchable by keywords to help providers access pertinent information easily. You can access the manual from the two websites referenced on this slide, slide 9; specifically, the IPF resources page on [QualityNet](#) and to the IPFQR Program Resources and Tools page on the [Quality Reporting Center](#) web



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pages. You may click on the hyperlinks on this slide to go directly to those pages.

So, let's begin with an overview of the contents of the IPFQR Program manual. Here, as you can see, on slide 10, there are nine sections and four appendices that make up the manual. And, in the next several slides, I will provide an overview of the contents of each section highlighting the changes that appeared in the latest version of the manual.

Section 1 of the manual provides a high level overview of the topics listed here on slide 11. The two most notable items that I will cover in the next couple of slides are the last two items here, Proposed Rule and Final Rule Publication Site and the IPFQR Program Requirements.

CMS publishes a Proposed Rule in the spring of each year and that the public is allowed to comment on those changes that are proposed for 30 days. CMS then publishes a Final Rule in the summer of that same year. And, links to the current and past Final Rules, as well as the Federal Register, are available in the IPFQR Program manual specifically in this section, Section 1 of the manual.

The IPFQR Program requirements are listed and described in brief for the current and upcoming payment determination years in the last part of Section 1 in the program manual. In slide 13, you can see here a list of the program requirements for fiscal year 2018 payment determination. And, in order to receive a full annual payment update for fiscal year 2018, IPFs must complete the *QualityNet* registration process to create and/or maintain their active security administrative status. They must complete, or already have in place, an IPFQR Program Notice of Participation, or NOP, status of participating. They must collect measure data during the measure reporting period and then submit that measure data during the annual data submission period. And finally, IPFs are required to complete Data Accuracy and Completeness Acknowledgement or DACA by August 15 of this year, which is the current submission deadline. A similar list



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exists in the manual pertaining to fiscal year 2019 and details the specific measures that must be reported for that particular payment determination year, as well as the deadlines for date of submission. A key update to this portion of the manual pertains to the collection of measure data.

Specifically, newly participating facilities must begin collecting measure data by the beginning of the first quarter following submission of the Notice of Participation.

Section 2 of the manual contains information about each of the program measures, including: guidelines for identifying the initial patient population, sampling, and the various measure reporting periods and deadlines. In the next few slides, I will focus on the major changes to the manual as they pertain to the newly added measures, as well as those that have been removed from the program.

IPFQR Program measures to be submitted to CMS in the summer of this year, 2017, will impact the fiscal year 2018 payment determination. And, effective for the fiscal year 2018 payment determination and subsequent years, CMS has added two new measures to the IPFQR Program. Those are chart-abstracted measures, specifically TOB-3 and the subset TOB-3a, as well as SUB-2 and the subset SUB-2a. CMS removed two measures from the IPFQR Program for the fiscal year 2018 payment determination and subsequent years, specifically HBIPS-6 and HBIPS-7.

And here, on slide 16, you will see a list of those measures that IPFs will report for fiscal year 2018 payment determination. The new quality measures are indicated by the asterisk symbol.

Now, effective for fiscal year 2019 payment determination and subsequent years, CMS will collect five new measures for the IPFQR Program. Four of which are chart-abstracted measures and one is a claims-based measure, as indicated on slide 17. Please note that data collection for the new chart-abstracted measures, specifically SUB-3/-3a, the Screening for Metabolic Disorders measure, and the two transition record measures, will begin with



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discharges in the first quarter of this year, 2017. IPFs will not collect or report data for the new claims-based measure as CMS will complete the calculation for that measure.

And here, on slide 18, we have a list of those measures that IPFs will report for the fiscal year 2019 payment determination year. Again, new quality measures are indicated by the asterisk symbol.

Links to the CMS specifications for the claims-based measures are available within the IPFQR Program manual. The two claims-based measures currently in the IPFQR Program are the Follow-Up After Hospitalization for Mental Illness and the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility. The claims-based measures specifications document includes details, such as tables for the identification of various codes for both of these measures, as well as items such as the identification of codes and co-morbidity risk factors, specifically for the 30-day readmission measure.

There are two structural measures currently in the IPFQR Program: the Assessment of Patient Experience of Care and the Use of Electronic Health Record measures. These measures do not depend on systems for collecting and abstracting individual patient information and only require simple attestation by the IPFs. These attestations should reflect to the IPF's activities on December 31 of the year prior to the submission period.

Section 2 of the program manual also contains important details concerning data-submission, such as tables (which detailed fiscal year 2018 and 2019 measures by measure name and type), collection and reporting periods, as well as sampling information. Information on the submission of non-measure data, as well as screenshots for guidance as to where measure – non-measure data and the data acknowledgement correctness – I'm sorry, Data Accuracy and Correctness Acknowledgement submission are completed in the web-based data



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collection tool are also located in this section. We often provide this as a means of informing IPFs of what they can expect when they log into the *QualityNet Secure Portal* at the time of data submission.

IPFs will use the CDC's National Healthcare Safety Network, or NHSN, infrastructure and protocol to report the influenza vaccination among healthcare personnel measure data to CMS. We have provided several useful links to resources in the IPFQR Program manual, which include step by step instructions pertaining to NHSN enrollment and the measure data-submission processes. We also encourage anyone who was unable to participate in the January 26 webinar titled, *IPFQR Program Collecting and Entering Healthcare Personnel Influenza Vaccination Data*, to review the webinar materials, which are available on the [Quality Reporting Center](#) website under Inpatient > IPFQR > Archived Events, and will be posted to the [QualityNet](#) website under IPFQR webinars at a later date.

Section 3 of the program manual focuses on one of the key first steps to successfully meeting the IPFQR Program's requirement, and that is *QualityNet* registration. This section of the manual specifically describes the *QualityNet* registration process and purpose, and gives directions on how to register successfully. In order to participate and submit data to CMS for the IPFQR Program, a representative from each IPF must obtain a *QualityNet* user account and register with the *QualityNet Secure Portal*. All users requesting access to the *QualityNet Secure Portal* must be individually approved and verified at the facility level and then submit it to *QualityNet*. This mandatory registration process is used to maintain the confidentiality and security of healthcare information and data transmitted via the *QualityNet Secure Portal*. IPFs will use the *QualityNet Secure Portals* web-based data collection tool to report IPFQR Program measure data requirements that are not claims-based, as well as administrative requirement such as the DACA. And, in order to complete this process, again, IPFs must first register with *QualityNet*. IPFs that complete the *QualityNet* registration process successfully will have full access to



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various IPFQR Program areas of the *QualityNet Secure Portal*, which are listed on slide 23, such as the Notice of Participation, reports, the secure file transfer function, vendor authorization, and the web-based data collection tool. Note that if you are a registered security administrator with *QualityNet* and one or more of these accesses are missing, please contact the *QualityNet* Help Desk at [correction: (866) 288-8912] for assistance. Again, the *QualityNet* Help Desk number is [correction: (866) 288-8912].

This section of the program manual also provides details about the items listed here on slide 24. These are just additional details and more clarification around the different access levels within the *QualityNet*.

IPFs may choose to use a vendor to collect and submit data on their behalf. Section 4 of the program manual details the process of authorizing a vendor to collect and submit data for entry into the web-based data collection tool. Please remember that CMS maintains that an IPF is responsible for all data submission, even when contracting with a vendor to submit on their behalf.

The Notice of Participation, or NOP, is a reporting requirement for facilities participating in the IPFQR Program. And, Section 5 includes instructions on how to add or change the NOP for an IPF, the NOP completion time frame, the pledge period, as well as instructions on how to add or update *QualityNet Secure Portal* contact or contacts.

The Data Accuracy and Completeness Acknowledgement is another reporting requirement for facilities participating in the IPFQR Program. And in Section 6 of the program manual, we focused on describing the DACA and also provide directions on where to locate it in the web base data collection tool. This includes screenshots that are provided to help direct you with completing the DACA, as well as the recommended timing for submitting it.



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The IPFQR Program reports were created to help IPFs monitor their status in relation to the IPFQR Program. The program has two reports that are accessible via the *QualityNet Secure Portal*, and they are the Facilities, State, and National Report; as well as, the IPFQR Participation Report. Section 7 of the manual explains the purpose of each of the two reports and details the timing of the calculation of the data that will be generated in this report, as well as step by step directions regarding how to access, run, and interpret data. The reports are designed to be used as a reference tool and do not guarantee a facility will receive their full APU.

Section 8 of the program manual provides a brief historical perspective as to why IPFQR data is made available to the public and how this data can be located and accessed. In addition, this section describes the time line for public display of IPFQR Program data, and guidance on how to access and interpret the Hospital Compare Preview Report via links to the following resources, the *Hospital Compare Preview Report Help Guide: Inpatient Psychiatric Facility Quality Reporting* and the one-page quick reference guide for the IPFQR Program Hospital Compare Preview Report.

Also, in this section of the manual, to help you access and run the Hospital Compare IPFQR Program public report, we have provided the following useful links, specifically, medicare.gov and data.medicare.gov. There's also guidance on running the reports and screenshots with step-by-step instructions.

The final section of the manual, before the appendices, is Section 9, which contains information on additional resources available for IPFs participating in the IPFQR Program that may not have been otherwise mentioned in the manual but are listed here on slide 31. Of particular note here is the addition of the bullet here for the claims-based measures specifications tool. The manual does include a link that will take you to the resources page on the *QualityNet* for the IPFQR Program, as well as



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the resources and tools page of the [Quality Reporting Center](#) webpage where you can find this tool.

The first Appendix of the manual, Appendix A, describes key components of the manuals that contain specifications for certain measures, as indicated on slide 32. The Specifications Manual for the National Hospital Inpatient Quality Measures includes details about the SUB, TOB, and IMM-2 measures; while the Specifications Manual for Joint Commission National Quality Core Measures describes specifications for the HBIPS measures. Key components include those listed on this slide. And typically, those that most interest, particularly to those that are abstracting data for these measures, are components such as the Data Dictionary, the Measure Information Form, or MIF, and the Algorithms.

Appendix B in the program manual describes legislative and programmatic information about Psychiatric Advance Directives. This includes an example of a Psychiatric Advance Directive that IPFs may reference with respect to the transition record measures.

Appendix C contains an initial patient population algorithm for determining the initial selection of cases (i.e., the patient medical records) intended for data abstraction for the transition record measures.

And finally, Appendix D contains the measure specifications for the Screening for Metabolic Disorders measure including: the Measure Information Form; the Data Dictionary; links to the Joint Commission's list of routinely scheduled antipsychotic medications, which are located in the Measure Specifications, Appendix C, table number 10.0; Antipsychotic Medications; as well as, the Algorithm for the Screening for Metabolic Disorders Measure.

Now, during the second part of this presentation, I will review the optional IPFQR Program paper tools that were created to help IPF successfully collect and abstract measure and non-measure data.



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The measure abstraction and non-measure data collection paper tools have been developed for IPFs to use as an optional mechanism to aid in the collection of measure data and non-measure data for the IPFQR Program. The paper tools are available on the following websites. On *QualityNet*, you will select the IPFQR Program tab and the Resources tab. On the Quality Reporting Center webpage, you will select the IPFQR Program tab and then select Resources and Tools. You can also access these pages by clicking directly on the links available on this slide, slide number 37. And, we highly recommend that you check these websites regularly for the most recent updates to paper tools and other resources for the IPFQR Program.

We'll begin by reviewing the Optional Paper Tool for the HBIPS-2 and HBIPS-3 measures. The optional paper tool for the HBIPS-2 and HBIPS-3 measures is referred to Event Tracking Log. The Event Tracking Log was created so that facilities could choose to track events daily, weekly, monthly, or quarterly. Regardless of the frequency of tracking, all measure values ultimately need to be aggregated for an annual entry into the *QualityNet Secure Portal*. This Event Tracking Log is downloadable, and it is suggested that facilities print two separate logs, one for the HBIPS-2 measure, hours of physical restraint, and one for the HBIPS-3 measure, hours of seclusion.

On slide 39, you'll see displayed an example event log purely for demonstration purposes only. Please note that the event log here does not represent a full month due to space restrictions. However, each event should be tracked by completing the fields in the numerator table. We have included the calculations for the monthly numerator and denominator values that will be aggregated for an annual entry into the *QualityNet Secure Portal*. Remember also that the HBIPS-2 and the HBIPS-3 measures do not allow sampling. Now, in the next couple of slides, I will take a – we'll take a closer look at just how to calculate both the numerator and denominator values correctly for the HBIPS-2 and HBIPS-3 measures.



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During the fiscal year 2017 data submission, it became evident that these two measures produce the majority of questionable data, including some extreme values. So, to that point, we wanted to make sure that we provide you with as much detail as possible to improve data accuracy moving forward.

In order to calculate the HBIPS-2 and HBIPS-3 numerators correctly, first, one must determine the daily event minutes for each patient by entering the start and end times in the Event Tracking Log on page three of the document. Next, total the daily event minutes by patient, then determine the total event minutes by month. The next step is to divide total monthly minutes by 60 minutes to convert to hours. And finally, enter the total hours from Step 4 into the numerator field. Here on slide 40, we have an example of a monthly numerator calculation, which is also included in the paper tool itself.

To calculate the HBIPS-2 and HBIPS-3 denominators correctly, one must follow these steps. First, determine the total number of Inpatient Days by month for all patients. Next, determine the annual total of Inpatient Days. The third step is to determine the total number of Leave Days by month for all patients. Please note that the Specifications Manual for Joint Commission National Quality Measures defines a leave day as an authorized or unauthorized absence from a facility, excluding discharges, during which the patient is absent from the facility at the time of the daily census and is not under the direct supervision of the facility staff while absent.

The next step is to determine the annual total of Leave Days, followed by subtracting the Total Leave Days from Total Inpatient Days. And finally, enter the Total Number of Days from Step 5 into the denominator field on page 3 of the document, which is noted as Step B on slide 39. An example of a monthly denominator calculation is displayed here on slide 42 where you can see that by subtracting the total number of Leave Days from the



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total number of Inpatient Days will yield the total monthly denominator value.

Slide 43 serves as a demonstration of how one can manually calculate the rates for the HBIPS-2 and HBIPS-3 measures. However, please note that IPFs are not required to calculate the rates since this functionality is built in to the Web-Based Data Collection Tool.

The optional paper tool for the HBIPS-5 measure and other measures are referred to as measure abstraction tools. This version of the HBIPS-5 paper tool pertains specifically to quarters one and two of 2016, as it contains the data element Patient Referral to Next Level of Care Provider. You will see in the next slide that this data element was replaced for quarters three and four of 2016 with another data elements, and this is because the measure steward made this change effective July 1 of 2016. So, the paper tools were updated accordingly. It is displayed here on slide 44 to help you identify the correct tool for abstracting HBIP-5 data for the first and second quarters of 2016.

On slide 45, you will see the new tool for HBIPS-5 measure data collection covering this charges that occurred during the third and fourth quarters of 2016. In this version of the HBIPS-5 paper tool, the data element Patient Referral to Next Level of Care Provider was replaced with Patient Status at Discharge. Again, this change to use the Patient Status at Discharge data element went it to effect July 1 of 2016. And, we encourage you to be sure that you selected the correct tool for the quarters that are being reported.

This slide displays the new optional tool for the collection of the IMM-2 measure data; specifically, to be used for data collected during the October 1, 2016, through March 31, 2017, influenza season. The only change to the updated paper tool compared to prior years is the removal of one step. The previous paper tool included a step that determined whether the patient had a procedure code for a vaccination. The code was not specific



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to the influenza vaccination so that step was removed. As with the HBIPS-5 and HBIPS-2 and HBIPS-3 paper tools, this tool for the IMM-2 measure is also downloadable. And, we have provided a screenshot here on slide 46. It's displayed here to just help you identifying the correct tool when abstracting for this measure's data.

On slide 47, you will see the optional paper tool for the SUB-1 and SUB-2/SUB-2a measure. This is specifically designed to be used for data collected from January through December of calendar year 2016. This is a five-page tool. And, again, it's also downloadable.

Here on slide 48, we displayed the optional tool for the TOB measures, TOB-1, TOB-2/TOB-2a, and TOB-3/TOB-3a. And this paper tool is specifically designed for use for January through June of calendar year 2016 as indicated on the slide. This version of the paper tool includes a length of stay exclusion of less than or equal to three days.

As with the HBIPS-5 measure, the measure steward changed – also made a change for the TOB measures, and in this case, it pertains to the Length of Stay exclusion. As indicated in slide 48, that exclusion was for less than or equal to three days. But, as you can see here on slide 49, the Length of Stay exclusion to less than or equal to one day went into effect on July 1 of 2016. And the slide, it displays the optional tool for collection of, again, TOB measures from July through December of calendar year 2016. This is a 12-page downloadable tool.

The updated non-measure data collection tool is fillable tool and also downloadable. As a reminder, this and all other IPFQR Program tools are optional. And, this tool is provided for collection of non-measure data on all eligible discharges between January and December of 2016, so the full calendar year.

Now, you will note on slide 51 that we've displayed the second page of the non-measure data collection tool. This page you'll notice that it will – it's



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designed to collect the information pertaining to sampling. And, it also provides instruction on accessing a coding crosswalk of the CCS code with ICD-10 codes. Key updates to this particular tool include the updated sample size, data collection boxes, and instructions. More details about this will be described in a future webinar in which we will talk about keys to successful data submission for fiscal year 2018.

Now, that we have reviewed each of the calendar year 2017 tools, I will use the next several slides to briefly describe the paper tools that pertain to the transition record measures, the SUB-3/ -3a measure (or the Substance Use measures, which include SUB-3/ -3a) and the Screening for Metabolic Disorders measure. All of which will be used for data collected in calendar year 2017 and submitted in December of 2018. The calendar year 2018 measure abstraction and non-measure data collection paper tools are available at the links on this slide; again, on the *QualityNet* and Quality Reporting Center websites. And again, we also recommend that as with any publication pertaining to the program that you regularly check these websites for the most recent updates.

This slide displays the optional tool for the collection of the new measures – the new transition measures for physical year 2019 determination and subsequent years. This tool includes updates that are based on feedback received from the National Association for Psychiatric Health Systems. And, this tool is available for the collection of transition measures data, for the quarters one through four, or all of calendar year 2017. Again, this is a downloadable tool, and it's also a fillable tool.

On slide 54 we displayed the new optional tool for the collection of the sub measures. And, this is specific for calendar year 2017, so January 1 through December 31 of 2017. The main update that goes into effect for this measure is starting with January 1 of 2017. The length of stay changed from less than or equal to three days to less than or equal to one



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day as highlighted here on slide 54. Again, this is another downloadable tool.

On slide 54, we have displayed a paper tool that is provided to help with collection of the Screening for Metabolic Disorders measure. And the main updates for this one includes the headers in terms of the date. Again, this is data that will be collected based on discharges from January 1 through December 31 of 2017. And, we've displayed the first page of the tool as a way to help with identifying that you've downloaded the correct version.

Now, there are a few points that we do want you to remember regarding these tools. Specifically, CMS did create these optional measure abstraction tools to assist IPFs with the collection of measure and non-measure data, which are all required for the IPFQR Program. And, again, because they're optional, IPFs are not required to use them. However, these tools are designed to collect patient-specific data. However, once abstracted the data will need to be compiled and reported to CMS in aggregate. It should be noted that skip logic is not contained within the measure abstraction paper tools. And, that all measure of values ultimately need to be aggregated for annual entry into the *QualityNet Secure Portal*. Again, as I stated repeatedly in today's presentation, these tools are downloadable should you choose to use them. And, we also encourage you to just verify that you are pulling down and using the correct tool to avoid any data errors given that some of them are broken down by certain periods of time during the calendar year.

Now, in the next few slides I will review several helpful resources and followed by a review of the continuing education credit process.

CMS recommends that IPFs refer to the most recent IPFQR Program manual for information pertaining to the IPFQR Program. The manual, as I've stated, previously, it is located in two locations on the [QualityNet](#) and the [Quality Reporting Center](#) websites. And, it does contain information



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about program requirements and all of the topics that have been discussed in today's webinar. Always stay alert as far as when those materials are updated. And, we do anticipate that another iteration of the manual will be published once we have additional updates to provide regarding the program. So, please monitor your email and subscribe to ListServes to ensure that you receive timely notification of updates.

Here on slide 59, there are several links that you can access pertaining to the current final rule as well as the various measure-specific publications provided by the measure stewards for a number of measures within the IPFQR Program; and also, information regarding, NHSN from the CDC, the coding crosswalk for the non-measure data, and the Psychiatric Advance Directive.

On slide 60, we've included several active links that you can click on to send us your questions about the IPFQR Program. As always, we encourage you to use the Q&A Tool, in particular, because it provides the best means by which we can track questions and answers. And, it also delivers our responses directly to your email inbox. This is also a really great way for you let us know what types of questions and topics you would like for us to address in future webinars. As previously mentioned, I do – we strongly recommend that you also sign up for the IPFQR Program ListServes, if you've not already done so, so that you can receive communications that we sent out to the IPFQR community pertaining to webinars, program updates or changes, and other announcements. You can sign up to be added to the ListServe on the *QualityNet* ListServe registration page. We encourage you to utilize these available resources found on the *QualityNet* website, specifically in the Inpatient Psychiatric Facilities dropdown menu, to ensure that you have the appropriate knowledge for all IPFQR Program requirements and deadlines.

Here on slide 61 is a list of the IPFQR Program educational webinars that we have planned for the next few months. Specifically, next month, in



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March, we plan to present a webinar titled, *Potential Measures for the IPFQR Program and the Pre-Rulemaking Process*. As you can see here, we also plan to discuss other topics pertaining to the readmission, the proposed rule, as well as keys to successful data submission for the fiscal year 2018 payment determination year. Note that all future webinars will be posted on the events calendar found on the Quality Reporting Center website. The events calendar can be accessed from the qualityreportingcenter.com homepage under Upcoming Events. And, again, you can learn more about or hear about upcoming webinars by subscribing to the IPFQR Program ListServe, where you can receive notifications of upcoming events and other program related topics.

All questions received via the chat tool during today's webinar will be reviewed, and a question and answer transcript made available at a later date. To maximize the usefulness of the Q&A transcript, we will consolidate the questions received during this event and focus on the most important and frequently asked questions. To obtain answers to questions that are not specific to the content of this webinar, we strongly recommend that you go to the *QualityNet* Q&A tool that was referenced on slide 60 and submit your question to us that way. Now, I will turn the presentation over to the Deb Price, who will discuss the CE credit process for this webinar.

Deb Price:

Well, thank you, Evette. And now, I will go over the CE process with everyone. Today's webinar has been approved for one continuing education credit by the boards listed on this slide. We are now a nationally accredited nursing provider. And as such, all nurses report their own credit to the boards using our national provider number 16578. It's on the last bullet. It is your responsibility to submit your CE certificates and the number to your own board.

We now have an online certificate process. You can receive your CE certificate two different ways. The first is: if you're on the call right now



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and you registered yourself. At the end of our slides, you will be receiving a survey. That survey will take you to your certificate. The second way is in – within 48 hours, we will be distributing another survey. So, you can wait and take the survey at that time. And, if you prefer, you can send that email to other people that are in the room with you now. After completion of the survey you click done at the bottom of the screen. And then, another page will open up. And, that page will allow you to register for your certificate.

Once again, after the survey you must register on a website as either a new user or as an existing user. If you do not immediately receive a response to that link that you are registering with, that means that there is a firewall up somewhere. And then, you need to go back and register as a new user using your personal email account.

So, this is what it's going to look like. These next few slides show you what I'm talking about. This is your survey. It's going to open up as soon as my last slide appears at the very bottom right hand side, the gray box, you're going to click Done when you finish the survey.

This page will open up. This page is very important. There are two separate links: a New User link and Existing User link. If you have not had any problems getting your certificate, click on the Existing User link. And then, you will go from there and get your certificate. If you have had problems, or if this is the first webinar where you're going to get a CE certificate, please click on the New User link.

This is where you're going to go for the New User link. You put in your first name, last name, we suggest a personal email like ATT or Yahoo or Gmail, because we know that those personal accounts do not get firewalls up. Hospitals and nursing centers tend to have firewalls because of the material that goes through your computer. The phone number we're asking you to put in there, again, is a personal phone number that's not associated with your work phone number. So, it's a separate registration.



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And, this is what the Existing User link would look like. You click on the Existing User only if you have not had any problem so far. If you've been getting your certificates all along, you click on the Existing User link. Your user name is your entire email address, including what's found after @ sign, like maryjones@gmail.com. Make sure you put the @gmail.com in there also. And, if you forgot your password, click into that box and another link will show up, and that will help you create a new email. And now, I'd like to thank everyone for attending today's event. We all hope that you learn something. So, with that being said, we'd like to tell you to have a great rest of the day. Goodbye.