The target audience for this publication is hospitals participating in the Inpatient Psychiatric Facility Quality Reporting Program. The document scope is limited to instructions for hospitals on how to access and interpret the data provided on the Preview Report prior to the publication of data on Hospital Compare.

October 2017 Preview/December 2017 Hospital Compare Release
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Hospital Compare Preview Report Help Guide:
Inpatient Psychiatric Facility Quality Reporting Program

OVERVIEW

Hospital Compare has information about the quality of care at more than 4,000 hospitals and facilities across the country. It uses information from providers that receive Medicare and Medicaid payments and participate in one or more of the various quality reporting programs. Along with some contextual information about Hospital Compare and QualityNet, this help guide focuses on the accessing Preview Reports for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program.

Section 1886(s)(4)(E) of the Social Security Act established procedures for making the data submitted under the IPFQR Program available to the public. Inpatient psychiatric facilities (IPFs) have the opportunity to review the data that will be made public. For each payment determination year, the submitted data will be publicly displayed.

Facilities are provided the opportunity to review data published on Hospital Compare. Preview Reports are made available for facilities participating in the IPFQR Program during a 30-day preview period. The purpose of this review is to preview the data that will be published on Hospital Compare and not for data correction. Facilities are only able to make changes to their data prior to the submission deadline.

HOSPITAL COMPARE

The Centers for Medicare & Medicaid Services (CMS) and the nation’s hospitals worked collaboratively to create and publicly report hospital quality performance information on the Hospital Compare website, located at http://www.medicare.gov/hospitalcompare.

INPATIENT PSYCHIATRIC FACILITY QUALITY REPORTING (IPFQR) PROGRAM

The IPFQR Program was developed as mandated by section 1886(s)(4) of the Social Security Act, as added and amended by Sections 3401(f) and 10322(a) of the Affordable Care Act (Pub.L. 111-148).

The IPFQR pay-for-reporting program is intended to equip consumers with quality of care information to make more informed decisions about healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care provided to beneficiaries by ensuring that providers are aware of and reporting on best practices for their respective facilities and type of care.

To meet the IPFQR Program requirement, IPFs are required to submit all quality measures in the form, manner, and time as specified by the Secretary, to CMS, beginning with fiscal year (FY) 2014 payment
determination year and subsequent fiscal years. Because this is a pay-for-reporting program, eligible facilities will be subject to payment reduction for non-participation. Eligible IPFs that do not participate in the IPFQR Program in a fiscal year or do not meet all of the reporting requirements will receive a 2.0 percentage point reduction of their annual update to their standard federal rate for that year. The reduction is non-cumulative across payment years.

**PREVIEW PERIOD**

Prior to the release of data on *Hospital Compare*, hospitals are given the opportunity to review data during a 30-day preview period. Reports can be accessed via the *QualityNet Secure Portal*, the only CMS-approved website for secure healthcare quality data exchange, at [https://www.qualitynet.org](https://www.qualitynet.org).
ACCESSING PREVIEW REPORTS

There are four basic steps to accessing Preview Reports:

1. Register as a QualityNet user.
2. Enroll for QualityNet Secure Portal access and receive the “Hospital Reporting Feedback – IPFQR” role.
3. Log in to the QualityNet Secure Portal.
4. Run Preview Reports.

REGISTER AS A QUALITYNET USER

For the most up-to-date registration instructions, go to the QualityNet Registration page.


The QualityNet homepage

The QualityNet Registration: Inpatient Psychiatric Facilities screen
3. Follow the link corresponding to the desired user role, either Security Administrator (SA) or Basic User, and follow the instructions to successfully register. Information on these roles is available on the web site.

**ENROLL FOR QUALITYNET SECURE PORTAL ACCESS**

Detailed enrollment and login instructions can be found on the QualityNet homepage on the QualityNet Secure Portal Resources screen. To begin the enrollment and access process:


2. Under the Log in to QualityNet Secure Portal sidebar, on the right-hand side of the page, select the Portal Resources link.
The Resources: QualityNet Secure Portal screen appears.

3. Select the resource material pertinent to your needs from the list of live links. This step is optional and based on individual need.

NOTE: The “Hospital Reporting Feedback – IPFQR” role must be assigned by the hospital’s QualityNet SA to those with a “User” access level. This role is necessary in order to access the Preview Reports.
LOG INTO THE QUALITYNET SECURE PORTAL

Once a user is registered, the QualityNet Help Desk has issued a User ID and Password, and your SA grants the “Hospital Reporting Feedback IPFQR” role, you are ready to access Preview Reports. To access your institution’s Preview Report:

1. Launch an Internet browser and go to https://www.qualitynet.org/. The QualityNet homepage appears.

   ![The QualityNet Home Screen](image)

2. Select the My QualityNet tab, the Log In button, or the Login link. All three lead to the same screen. The Choose Your QualityNet Destination screen appears.
3. Select the **Inpatient Psychiatric Facility Quality Reporting Program** link. The Log In to **QualityNet** screen appears.

4. Enter your User ID, Password, and the Security Code displayed by the Symantec Validation & ID (VIP) Protection Software. The installation of the Symantec Validation & ID (VIP) Protection Software is required to complete enrollment. It provides a dynamic Security Code and the static Credential ID. For more information on this software, review the information provided on **QualityNet for QualityNet Secure Portal New User Enrollment**.

5. Select **Submit** and then **I Accept** on the Terms and Conditions window that appears.

**NOTE:** If you select **I Decline** on the Terms and Conditions window, the program will close.
RUN PREVIEW REPORT

Once you are enrolled and have the required access and role assignments, you can see your facility’s reports. To access and run Preview Reports:


![QualityNet Secure Portal home screen]

2. Select Run Reports from the My Reports drop-down. The Start tab appears.

![The Start tab]

3. Select Run Reports from the “I’d Like To…” reports portlet. The Run Reports tab appears.
4. Select **IPFQR** from the *Report Program* drop-down. The Run Reports tab prompts the selection of a report category.

5. Select **Public Reporting – Preview Reports** from the list in the Report Category drop-down. The Run Reports tab is populated with the selection.
6. Select **View Reports**. The selected report will display under Report Name.

7. Select **Public Reporting – Preview Reports** under Report Name.

8. Select **Run Report**.

9. To see the Preview Report, select the **Search Reports** tab. The requested report and the report status will display. A green check mark will display in the Status column when the report is complete. Once complete, the report can be viewed or downloaded.
IPFQR PREVIEW REPORT DETAILS

The Preview Report displays your facility’s CMS Certification Number (CCN) and name above the facility characteristics information. When your facility’s characteristics are inaccurate, the facility should contact the IPFQR Program Support Contractor and provide the correct information.

Hospital-Based Inpatient Psychiatric Services (HBIPS) Measures

The HBIPS Measures section of the preview report includes the following measures:

- HBIPS-2: Hours of physical restraint use
- HBIPS-3: Hours of seclusion use
- HBIPS-5: Patients discharged on multiple antipsychotic medications with appropriate justification

The following measures are no longer reported beginning with December 2017 release:

- HBIPS-6: Post discharge continuing care plan created
- HBIPS-7: Post discharge continuing care plan transmitted to next level of care provider upon discharge

Measure Details

Each measure displays the following data for the Facility, State, and National columns:

- Numerator
- Denominator
- Rate per 1,000 Patient Hours (HBIPS-2 and -3) or % of Total (HBIPS-5)
Substance Use Measures

The Substance Use section of the preview report contains the following measures:

- SUB-1 Alcohol Use Screening
- SUB-2 Alcohol Use Brief Intervention Provided or Offered and the subset
- SUB-2a Alcohol Use Brief Intervention

Tobacco Use Measures

The Tobacco Use measure section of the preview report contains the following measures:

- TOB-1 Tobacco Use Screening
- TOB-2 Tobacco Use Treatment Provided or Offered and the subset
- TOB-2a Tobacco Use Treatment (during the hospital stay)
- TOB-3 Tobacco Use Treatment Provided or Offered at Discharge and the subset
- TOB-3a Tobacco Use Treatment at Discharge

Measure Details for the Substance Use and Tobacco Use Measures

The measures display the following data for the Facility, State, and National columns:

- Numerator
- Denominator
- Percentage
Assessment of Patient Experience of Care Measure

The Assessment of Patient Experience of Care section of the preview report contains the following measure:

- **IPFQR-PEoC** – Did your facility routinely assess patient experience of care using a standardized collection protocol and a structured instrument?
  - Yes
  - No

**Measure Details**

The facility response to the measure is listed in the first column. The State column indicates the number of facilities in the State that responded “Yes,” the number that responded “No,” and the percentage for both responses. The National column indicates the number of facilities in the nation that responded “Yes,” and the number that responded “No,” and the percentage for both responses.

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Description</th>
<th>Facility Numerator</th>
<th>Denominator</th>
<th>Percentage</th>
<th>State Numerator</th>
<th>Denominator</th>
<th>Percentage</th>
<th>National Numerator</th>
<th>Denominator</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB-1</td>
<td>Alcohol Use Screening</td>
<td>20</td>
<td>30</td>
<td>66.67%</td>
<td>820</td>
<td>1261</td>
<td>66.00%</td>
<td>1261</td>
<td>7623</td>
<td>16.54%</td>
</tr>
<tr>
<td>SUB-2</td>
<td>Alcohol Use Brief Intervention Provided or Offered</td>
<td>1200</td>
<td>1500</td>
<td>80.00%</td>
<td>1600</td>
<td>3066</td>
<td>64.00%</td>
<td>1600</td>
<td>10245</td>
<td>29.34%</td>
</tr>
<tr>
<td>SUB-2a</td>
<td>Alcohol Use Brief Intervention</td>
<td>100</td>
<td>1500</td>
<td>6.67%</td>
<td>200</td>
<td>1246</td>
<td>8.00%</td>
<td>200</td>
<td>10245</td>
<td>12.16%</td>
</tr>
</tbody>
</table>

**Use of an Electronic Health Record (EHR) Measure**

The Use of an Electronic Health Record section of the preview report contains the IPFQR-EHR, which asks the following:

- 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:
  - Paper or Other Form
Did the transfers of health information at times of transition in care include the exchange of interoperable health information with a health information service provider (HISP)?  

- Yes  
- No

### Measure Details

The Facility column contains the response by the facility to each of the questions. The State column contains a count of the number of facility responses to each of the EHR questions within the state and the percentage that response represents. The National column contains a count of the number of facility responses to each of the EHR questions within the nation and the percentage that response represents.

### Follow-Up After Hospitalization for Mental Illness (FUH)

The Follow-Up After Hospitalization for Mental Illness section of the preview report contains the following measures:

- FUH-30 Follow-Up after Hospitalization for Mental Illness 30-Days  
- FUH-7 Follow-Up after Hospitalization for Mental Illness 7-Days

**NOTE**: An error in the calculation of the FUH measures was discovered after the preview report was in production. Due to this error, the FUH measure data on this report will not be displayed on Hospital Compare. The corrected FUH measure data are being recalculated and will be provided to your facility prior to the December 2017 Hospital Compare release. Recalculated FUH data will be provided to your facility for preview in a separate document that will be sent to your Security Administrator via QualityNet Secure File Transfer.
Measure Details

The measures display the following data for the Facility, State, and National columns:

- Numerator
- Denominator
- Percentage

<table>
<thead>
<tr>
<th>Follow-Up After Hospitalization for Mental Illness</th>
<th>Facility</th>
<th>State</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure ID</td>
<td>Measure Description</td>
<td>Numerator</td>
<td>Denominator</td>
</tr>
<tr>
<td>FUH-30</td>
<td>Hospitalization for Mental Illness 30-Days</td>
<td>N/A(5)</td>
<td>N/A(5)</td>
</tr>
<tr>
<td>FUH-7</td>
<td>Follow-Up after Hospitalization for Mental Illness 7 Days</td>
<td>N/A(5)</td>
<td>N/A(5)</td>
</tr>
</tbody>
</table>

Flu Season Measures

The Flu Season Measures are only collected for the flu season or fourth quarter of one year through the first quarter of the following year. This section of the preview report contains the following measures:

- IPFQR-IMM-2 Influenza Immunization
- IPFQR-HCP-FluVac Healthcare Personnel Influenza Vaccination

Influenza Immunization (IPFQR-IMM-2)

The aggregate rate for the IPFQR-IMM-2 measure includes data collected only during the influenza season quarters. Data displayed is for the 2016/2017 influenza season, 4Q 2016–1Q 2017.

<table>
<thead>
<tr>
<th>Flu Season Measures</th>
<th>Facility</th>
<th>State</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure ID</td>
<td>Measure Description</td>
<td>Numerator</td>
<td>Denominator</td>
</tr>
<tr>
<td>IPFQR-IMM-2</td>
<td>Influenza Immunization</td>
<td>47</td>
<td>52</td>
</tr>
</tbody>
</table>

State and National Performance Rates

The state and national performance rates for IPFQR-IMM-2 are calculated based on the data in the IQR Clinical Warehouse.

**State Performance:** The state performance rate is derived by summing the numerators for all cases in the state divided by the sum of the denominators in the state.

**National Performance:** The national performance rate is derived by summing the numerators for all cases in the nation divided by the sum of the denominators in the nation.
IPFQR Influenza Vaccination Coverage Among Healthcare Personnel (HCP)

The IPFQR Influenza Vaccination Coverage Among HCP measure (IPFQR-HCP) includes the number of HCP contributing towards successful influenza vaccination adherence within the displayed time frame, regardless of clinical responsibility or patient contact.

Your facility or IPF unit’s quality measures will include the total number of healthcare personnel in your facility who were eligible for vaccination (denominator); the number of healthcare personnel who received the vaccination (numerator); and your facility’s reported vaccination adherence percentage. The same measures will be displayed for the state and the nation.

The denominator for your facility includes the total number of healthcare personnel who worked in your facility or IPF unit who were eligible to receive the influenza vaccine for the 2016/2017 flu season, per National Healthcare Safety Network (NHSN) protocol.

The numerator for your facility includes the total number of healthcare personnel in your facility or IPF unit who received the influenza vaccine for the 2016/2017 flu season, per NHSN protocol, and therefore contributed to successful vaccination adherence in your facility.

| IPFQR-HCP: FluVac | Healthcare Personnel Influenza Vaccination | 69 | 72 | 96% | 128291 | 158548 | 81 | 3199522 | 3754290 | 85 |

Influenza Vaccination Adherence Percentage

The Influenza Vaccination Adherence Percentage is calculated as the total number of IPF healthcare personnel contributing to successful vaccination adherence divided by the total number of healthcare personnel eligible to receive the influenza vaccine per NHSN protocol.

The State Reported Adherence Percentage is calculated as the total number of IPF healthcare personnel in the state contributing to successful vaccination adherence divided by the total number of IPF healthcare personnel in the state eligible to receive the influenza vaccine per NHSN protocol.

National Reported Adherence Percentage is calculated as the total number of IPF healthcare personnel in the nation contributing to successful vaccination adherence divided by the total number of IPF healthcare personnel in the nation eligible to receive the Influenza vaccine per NHSN protocol.
**FOOTNOTES**

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The number of cases/patients is too few to report.</td>
<td>Applied to any measure rate where the denominators are greater than 0 and less than 11. Data will not display on Hospital Compare.</td>
</tr>
<tr>
<td>4</td>
<td>Data suppressed by CMS for one or more quarters.</td>
<td>Reserved for CMS use.</td>
</tr>
<tr>
<td>5</td>
<td>Results are not available for this reporting period.</td>
<td>Applied when a hospital either elected not to submit data or the hospital had no data to submit for a particular measure, or when a hospital elected to suppress a measure.</td>
</tr>
<tr>
<td>7</td>
<td>No cases met the criteria for this measure.</td>
<td>Applied when a hospital treated patients for a particular topic, but no patients met the criteria for inclusion in the measure calculation.</td>
</tr>
</tbody>
</table>

**HELP RESOURCES**

Questions regarding the IPFQR Preview Report or the IPFQR Program may be directed to the IPFQR Program Support Contractor by email at IPFQualityReporting@area-m.hcqis.org or by calling (866) 800-8765, Monday to Friday, 8 a.m. to 8 p.m. ET.