## Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program **Quick Reference Guide**

**Notice of Participation (NOP)** 

1. NOP Rules	2. Adding/Updating Contacts	3. Submitting a NOP
New inpatient psychiatric facilities (IPFs) that wish to participate in the IPFQR Program need to submit a NOP no later than 180 days from the facility's Medicare accept date. Existing IPFs that would like to participate in the program for the first time, or that praviously withdraw and would like to	<ol> <li>Sign in to the <u>HQR Secure Portal</u>.</li> <li>Under Administration, select Notice of Participation.</li> <li>Select View in the IPFQR row.</li> <li>Click on the "Manage Contacts" link in the last column of the table.</li> </ol>	<ol> <li>Click on the plus sign next to "Notice of Participation Not Pledged" and the IPFQR Program NOP Agreement will appear.</li> <li>Review the NOP agreement.</li> <li>Select the desired pledge option and the acknowledgement check box.</li> </ol>
participate again, must complete an NOP by August 15. For example, if a facility submits an IPFQR Program NOP status of "Participating" by August 15, 2022, then this status will be in effect for the 2023 FY payment determination and subsequent years. IPFs need to begin collecting program measure and non-measure data by the first day of the quarter following the date the IPF signed the IDEOP Program NOP	<ol> <li>Click on the blue "Add Contact" button.</li> <li>Enter and submit information in the required fields for at least two contacts who will receive notifications of any pledge changes.</li> <li>Click Edit to revise or delete an existing contact.</li> <li>Click the blue "IPFQR Notice of Participation" link at the top left of the page to return to the previous page</li> </ol>	<ol> <li>Click the "Submit" button to confirm, save, and submit the IPFQR Program NOP or click "Cancel" to return to the pledge page.</li> <li>Once your facility participates in the IPFQR Program, a summary table will be created to track and carry forward the facility's participation status annually, until a change is made to the NOP (e.g., withdrawn or not participating).</li> </ol>
IPEs that wish to participate in the IPEOP	<b>Note:</b> Each hospital must have at least two separate contacts designated to receive email notices of tool updates.	4. Withdrawing
Program must complete an NOP through an online tool that is only available by logging in to CMS' <i>Hospital Quality Reporting (HQR)</i> <i>Secure Portal.</i> An IPF that previously indicated the intent to participate in the program is considered an active participant until the IPF		If an IPF wishes to withdraw participation from the IPFQR Program while maintaining an active IPF-specific CCN, then the IPF's APU will be reduced by two percentage points for the applicable fiscal year. If the IPF-specific CCN is termed, then contact the VIQR Support contractor at IPFOualityReporting@bsag.com

contractor at IPFQualityReporting@hsag.com for information regarding next steps.

withdraws participation or the Centers for

Medicare & Medicaid Services (CMS) Certification Number (CCN) is termed.