Welcome

- **Audio for this event is available via ReadyTalk® Internet Streaming.**

- **No telephone line is required.**

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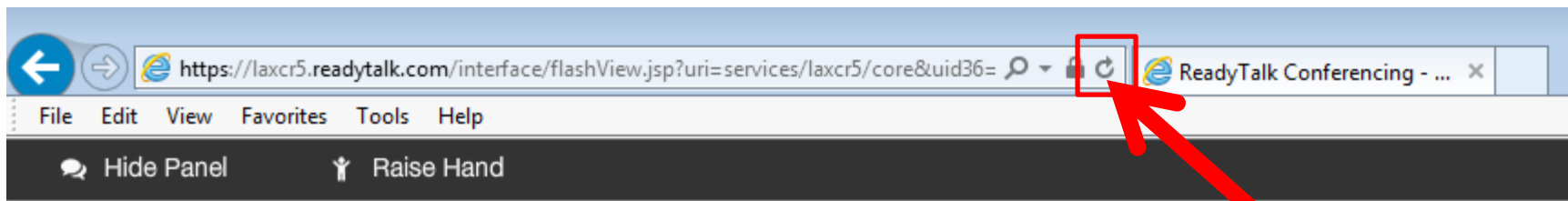
- **This event is being recorded.**

Troubleshooting Audio

Audio from computer speakers breaking up? Audio suddenly stop?

- **Click <u>Refresh</u> icon – or-**
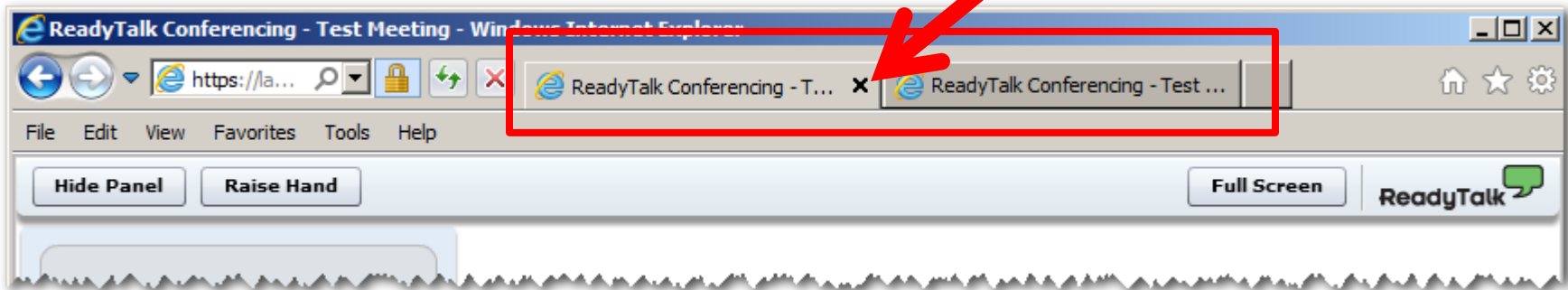 **Click F5**

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.

IPFQR Program
Keys to Successful
FY 2018 Reporting

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June 20, 2017

Webinar Chat Questions

As a reminder, we do not use the raised-hand feature in the Chat tool during webinars.

Please submit any questions that are pertinent to the webinar topic to us via the Chat tool. These questions will be addressed in a questions-and-answers document, to be published at a later date.

Any questions received that are **not** related to the topic of the webinar will not be answered in the Chat tool, nor in the questions-and-answers document for the webinar.

If you have questions unrelated to the current webinar topic, we recommend that you first search for it in the QualityNet Hospital Inpatient Questions and Answers tool, accessed directly at https://cms-ip.custhelp.com/app/homeipf/p/831. If you do not find an answer, then submit your question to us via the same tool. We will respond as soon as possible.

Acronyms

APU	Annual Payment Update		**HIQR**	Hospital Inpatient Quality Reporting
CCN	CMS Certification Number			
CE	Continuing Education		**IMM-2**	Influenza Immunization Measure
CEO	Chief Executive Officer		**IPF**	Inpatient Psychiatric Facility
CMS	Centers for Medicare & Medicaid Services		**IPFQR**	Inpatient Psychiatric Facility Quality Reporting
DACA	Data Accuracy and Completeness Acknowledgement		**NOP**	Notice of Participation
			ONC HIT	Office of the National Coordinator for Health Information Technology
EHR	Electronic Health Record			
FR	Final Rule		**PPS**	Prospective Payment System
FUH	Follow-Up After Hospitalization for Mental Illness		**Q**	Quarter
			SA	Security Administrator
FY	Fiscal Year		**SC**	Support Contractor
HBIPS	Hospital-Based Inpatient Psychiatric Services		**SUB**	Substance Use
			TOB	Tobacco Use
HCP	Healthcare Personnel		**TJC**	The Joint Commission
HISP	Health Information Service Provider		**VIQR**	Value, Incentives, and Quality Reporting
HIT	Health Information Technology			
			WBDCT	Web-Based Data Collection Tool

Purpose

The purpose of this presentation is to:

- Summarize the FY 2018 IPFQR Program requirements
- Provide keys to successful data submission
- Offer guidance on how to verify data accuracy

Learning Objectives

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

- Summarize the FY 2018 IPFQR Program requirements
- Delineate keys to successfully submit data in the *QualityNet Secure Portal*
- Utilize tips to avoid common submission errors
- Locate and access helpful IPFQR Program resources

IPFQR Program
Keys to Successful FY 2018 Reporting

FY 2018 Reporting Requirements

FY 2018 IPFQR Program Participation Requirements

To obtain full APU for the FY 2018 payment year, an IPF must meet the following requirements by August 15, 2017, 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:
    - **May 15**: Influenza Vaccination Coverage among Healthcare Personnel (HCP) measure

    - **August 15**: The remaining IPFQR Program data requirements, which include HBIPS-2, -3, -5; SUB-1, -2/-2a; IMM-2; TOB-1, -2/-2a, -3/-3a; Use of EHR; and Assessment of Patient Experience of Care measures, as well as non-measure data

- Complete the DACA

Annual Payment Update

IPFs that do not meet one or more of the IPFQR Program requirements by the August 15, 2017 deadline will be subjected to a **two percentage point reduction** to their APU for FY 2018.

FY 2018 IPFQR Measure Requirements

Measure	Reporting Period	Submission Deadline	Measure Type	Sampling Allowed
HBIPS-2: Hours of Physical Restraint Use	January 1– December 31, 2016	August 15, 2017	Chart-Abstracted	No
HBIPS-3: Hours of Seclusion Use	January 1– December 31, 2016	August 15, 2017	Chart-Abstracted	No
HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	January 1– December 31, 2016	August 15, 2017	Chart-Abstracted	Yes
SUB-1: Alcohol Use Screening	January 1– December 31, 2016	August 15, 2017	Chart-Abstracted	Yes
SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention	January 1– December 31, 2016	August 15, 2017	Chart-Abstracted	Yes
TOB-1: Tobacco Use Screening	January 1– December 31, 2016	August 15, 2017	Chart-Abstracted	Yes
TOB-2: Tobacco Use Treatment Provided or Offered and TOB-2a: Tobacco Use Treatment	January 1– December 31, 2016	August 15, 2017	Chart-Abstracted	Yes

FY 2018 IPFQR Measure Requirements

Measure	Reporting Period	Submission Deadline	Measure Type	Sampling Allowed
TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge	January 1– December 31, 2016	August 15, 2017	Chart-Abstracted	Yes
IMM-2: Influenza Immunization	October 1, 2016 – March 31, 2017	August 15, 2017	Chart-Abstracted	Yes
Influenza Vaccination Coverage Among Healthcare Personnel	October 1, 2016 – March 31, 2017	May 15, 2017	Web-Based reported on NHSN Website	No
FUH: Follow-Up After Hospitalization for Mental Illness	January 1– December 31, 2016	Calculated by CMS	Claims-Based	N/A
Use of Electronic Health Record	As of December 31, 2016	August 15, 2017	Structural Web-Based	N/A
Assessment of Patient Experience of Care	As of December 31, 2016	August 15, 2017	Structural Web-Based	N/A

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 one person with knowledge of the data is 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 https://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.
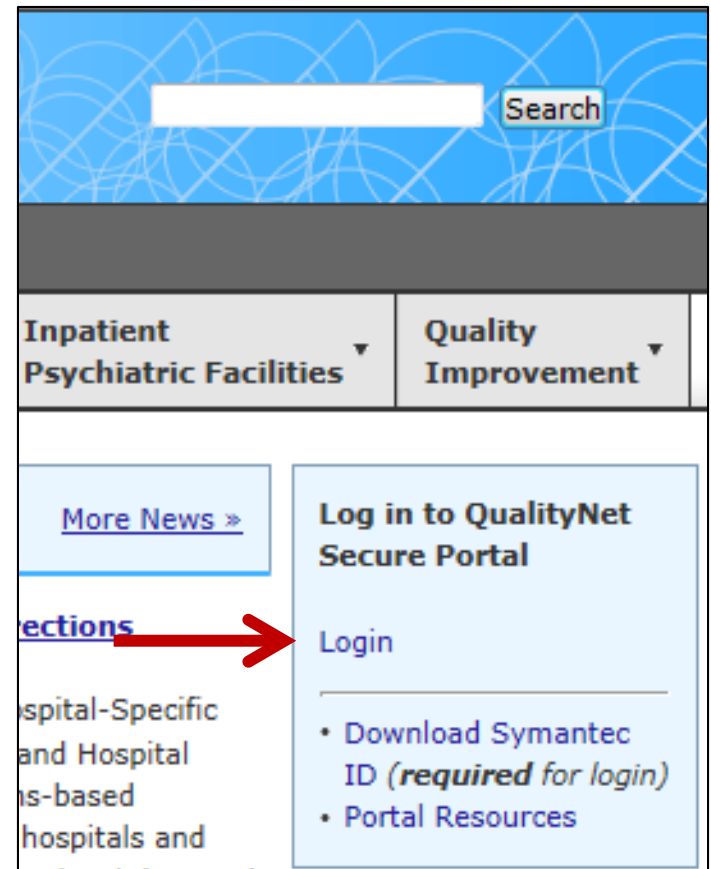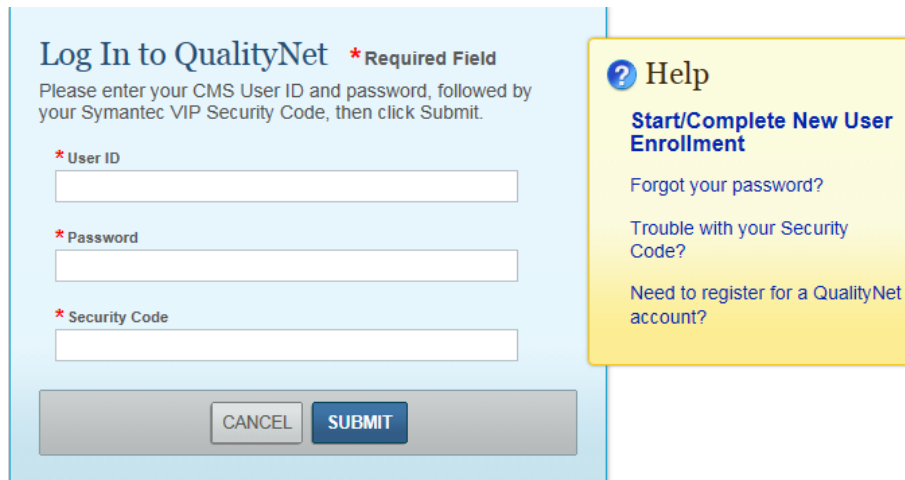
Key #1: Access and Log in to the *QualityNet Secure Portal*

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

Log In to QualityNet *Required Field
Please enter your CMS User ID and password, followed by your Symantec VIP Security Code, then click Submit.

* User ID

* Password

* Security Code

CANCEL   SUBMIT

Help
Start/Complete New User Enrollment

Forgot your password?

Trouble with your Security Code?

Need to register for a QualityNet account?

VIP Access
Credential ID
VSHM43125775

Security Code 25
413911

Symantec.
Validation &
ID Protection
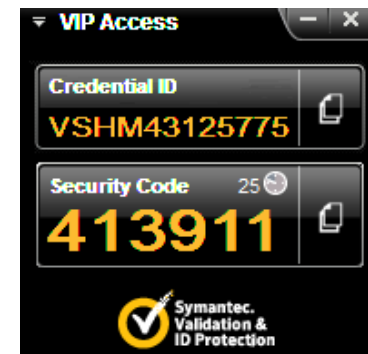
Key #2: Have Two Active Security Administrators

- 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, 2017).

- 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 from 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

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
2018	Participating	06/27/2014 10:49:05 PT	CARRY_FORWAR...	
2018	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
General Recommendations

- Compare this year's values to those submitted in previous years, where applicable.

  - o 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:

  - o Operations

  - o Annual census

  - o 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 are entered for the denominator.
  - Ensure the number of days does not exceed 366 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 or similar denominator values, i.e., number of psychiatric inpatient days.
  - o 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.
  - o 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 366 times the total number of beds at the IPF.
  - o If the aggregate number of inpatient days exceeds 366 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 or similar denominator values, i.e., the number of psychiatric inpatient days.

? Questionable

HBIPS-2: Hours of Physical Restraint Use	HBIPS-3: Hours of Seclusion Use
Denominator	**Denominator**
* Number of psychiatric inpatient days	* Number of psychiatric inpatient days
6,000	8,000

✓ Correct

HBIPS-2: Hours of Physical Restraint Use	HBIPS-3: Hours of Seclusion Use
Denominator	**Denominator**
* Number of psychiatric inpatient days	* Number of psychiatric inpatient days
6,000	6,000

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

5,500

HBIPS-3: Hours of Seclusion Use

Denominator

* Number of psychiatric inpatient days

5,500

✓ **Correct**

HBIPS-2: Hours of Physical Restraint Use

Denominator

* Number of psychiatric inpatient days

6,500

HBIPS-3: Hours of Seclusion Use

Denominator

* Number of psychiatric inpatient days

6,500

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 366 times the total number of beds at the IPF.

Example: IPF Bed Size = 20
366 X 20 = 7300

? Questionable

HBIPS-2: Hours of Physical Restraint Use

Denominator

* Number of psychiatric inpatient days

75,000

HBIPS-3: Hours of Seclusion Use

Denominator

* Number of psychiatric inpatient days

75,000

✓ **Correct**

HBIPS-2: Hours of Physical Restraint Use

Denominator

* Number of psychiatric inpatient days

6,500

HBIPS-3: Hours of Seclusion Use

Denominator

* Number of psychiatric inpatient days

6,500

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

- 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

    10

Denominator

* Number of psychiatric inpatient days

    50

Results

HBIPS-2: Hours per 1000 Patient Hours   8.33

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

- ## HBIPS-5
  - o No criteria are needed for this measure because prior mean and distribution of data values for this measure have been within expected parameters.

- ## SUB-1; TOB-1, -2/-2a; IMM-2
  - o Values of zero numerators with nonzero denominators are considered questionable.

- ## SUB-2/-2a; TOB-3/-3a
  - o No criteria exist, as these measures will be newly reported to the IPFQR Program in FY 2018.

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, and IMM-2 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 Data Entry Screen 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.

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

The sum of the values entered into each subcategory field must equal the value entered in the Total Annual Discharges field.

Example 1   Example 2

X Incorrect

This will cause an error message to appear. You will not be able to submit until corrected.

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

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

✓ **Correct**

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

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 Data Entry Screen 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 amnestic 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 amnestic 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]**
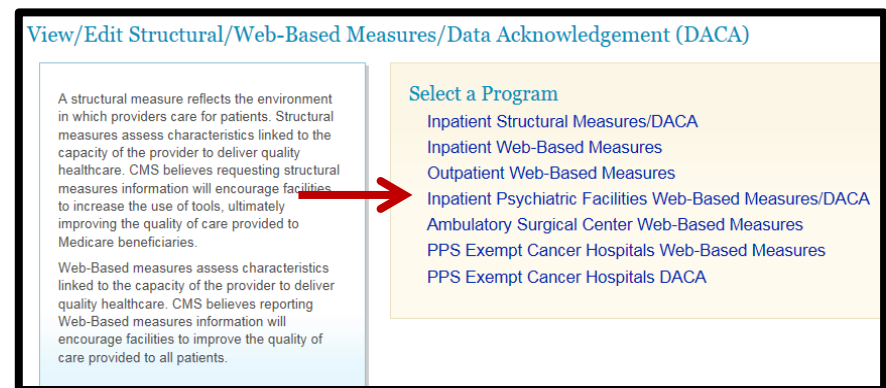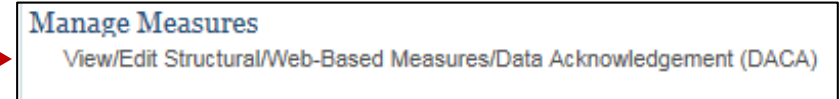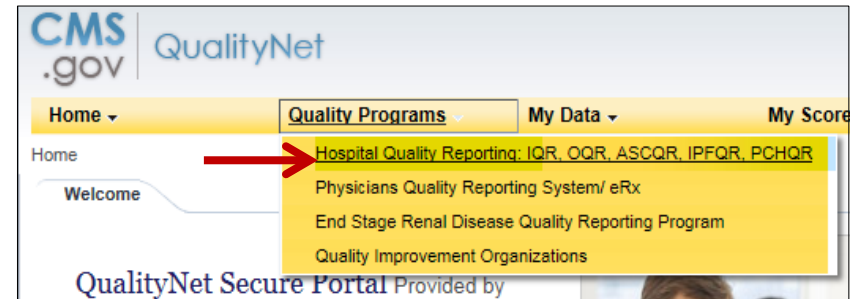
Key #5: Enter and Verify Accuracy of Data
Access the IPFQR Program Web-Based Data Collection Tool

To access a facility's measure data:

5. Select **[2018]** 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, i.e., a vendor, then select the provider(s) for which data will be entered.
    - o **Clear:** De-selects providers from the provider selection list
    - o **Cancel:** Returns to the Payment Year selection page
    - o **Continue:** Goes to the Measures Summary page

Key #5: Enter and Verify Accuracy of Data
Access the IPFQR Program Web-Based Data Collection Tool

NOTE: CMS does not require the Screening for Metabolic Disorders measure or the Transition Record measures to be submitted for PY 2018.

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 2018 WBDCT anytime before the August 15, 2017 deadline.

Key #5: Enter and Verify Accuracy of Data
Enter HBIPS-2 Data

How to Complete Data Submission:

1. Enter the measure data

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

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

Key #5: Enter and Verify Accuracy of Data
Editing 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
Editing 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, then the **[Submit]** button in order to save the changes.

Editing 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.
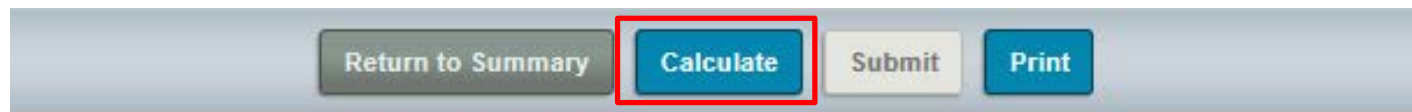
Key #5: Enter and Verify Accuracy of Data
Return to Summary Page

Return to the Measure Completion Status Summary page by clicking the **[Return to Summary]** button.
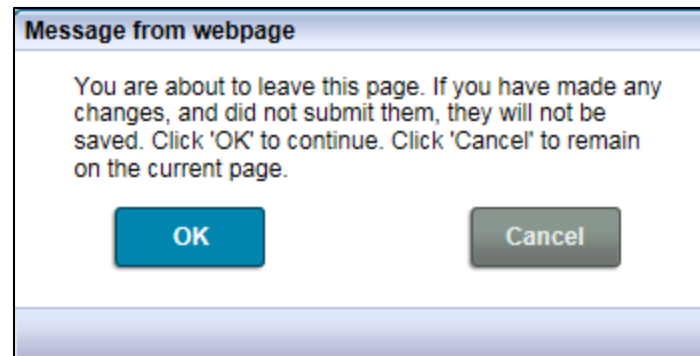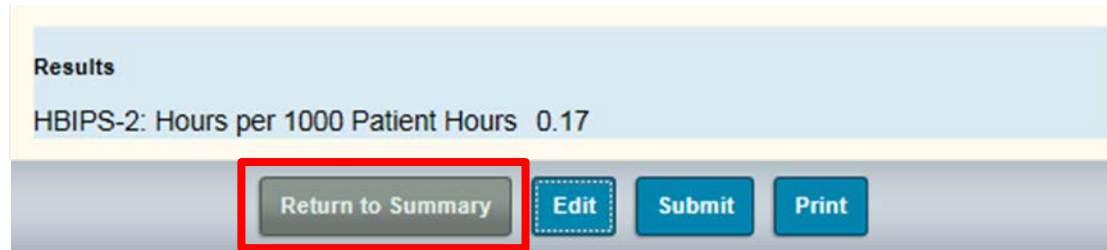
Key #5: Enter and Verify Accuracy of Data
Review Data for Accuracy

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 and

- 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
Review Data for Accuracy

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
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
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

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
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

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 amnestic 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

Return to Summary   Submit   Print

Remember, sampling is optional!

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.

Non-Measure Data/Population Counts

Sampling: Yes

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.

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.
  - o 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, 2017.**

- If using a third-party vendor:
  - o Ensure the vendor has been previously authorized
  - o Complete the online DACA form prior to the **August 15, 2017** 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.
  - o Data will be publicly displayed at a later date.

- IPFs **cannot** enter or edit data **after the submission deadline.**
  - o It is **highly recommended** that IPFs enter their data as far in advance of the **August 15, 2017** 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 2018

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 2018 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 2018 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 2018 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: Policies **do not** allow change of data or the completion of the DACA form **after** the data-submission deadline.

Important Tip

In the event of staff turnover, remember to inform the VIQR SC for the IPFQR Program about key personnel changes, e.g., CEO and quality reporting contact.

- The **Hospital Contact Correction Form** (direct link) is located on the *Quality Reporting Center* website.

- Click on **[Inpatient, Resources and Tools]** and the form is the first item listed on the page.

IPFQR Program
Keys to Successful FY 2018 Reporting

Helpful Resources

Helpful Resources
IPFQR Program Manual

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

- [QualityNet](https://www.qualitynet.org) > Inpatient Psychiatric Facilities > Resources
(https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864255)

- [Quality Reporting Center](http://www.qualityreportingcenter.com) > IPFQR Program > Resources and Tools
(http://www.qualityreportingcenter.com/inpatient/ipf/tools/)

Helpful Resources
Optional Paper Tools

There are several optional paper tools available for download from the *QualityNet* and *Quality Reporting Center* websites to facilitate the preparation of data to be submitted.

- HBIPS-2 and HBIPS-3 Event Tracking Log
- HBIPS-5 Measure Abstraction Paper Tool
  - Q1-Q2 2016
  - Q3-Q4 2016
- SUB-1, -2/-2a Measure Abstraction Tool
- IMM-2 Measure Abstraction Tool
- Tobacco Use TOB-1, -2/-2a, -3/-3a Measure Abstraction Tool
  - Q1-Q2 2016
  - Q3-Q4 2016
- Non-Measure Data Collection Tool

Helpful Resources
Sampling Guidelines

IPFs have the following 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 HBIPS-2, HBIPS-3, and the Influenza Vaccination Coverage Among Healthcare Personnel measures. See the IPFQR Program Manual for guidance.

IPFQR Program General Resources

Q & A Tool	Email Support	Phone Support	Inpatient Live Chat
https://cms-IP.custhelp.com	IPFQualityReporting@hcqis.org	(866) 800-8765	www.qualityreportingcenter.com/inpatient
Monthly Web Conferences	**ListServes**	**Secure Fax**	**Website**
www.QualityReportingCenter.com	www.QualityNet.org	(877) 789-4443	www.QualityReportingCenter.com

Helpful Resources
Save the Dates

Upcoming IPFQR Program educational webinars:

August 2017

FY 2018 Final Rule Changes to the IPFQR Program

Additional 2017 Webinar Topics

Public Reporting and FY 2018 Data Review

Dry Run for the IPF Readmission Measure
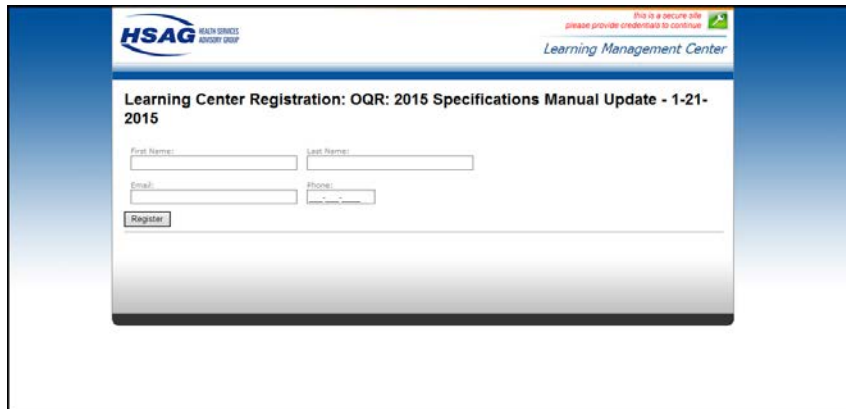
Continuing Education

- This event has been approved for 1.0 continuing education (CE) unit by the California Board of Registered Nursing (Provider #16578)
- Report your credit to your own board
- Complete the survey and register for credit
- Registration is automatic and instantaneous

Register for Credit
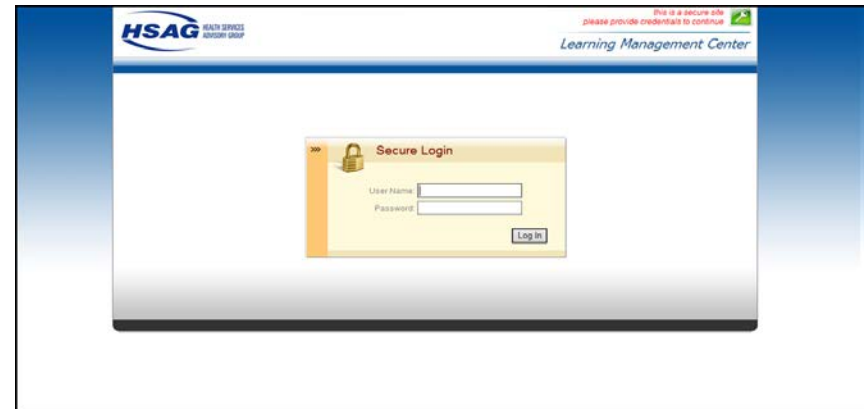
New User
Use personal email and phone
Go to email address; finish process

Existing User
Entire email is your user name
You can reset your password

Disclaimer

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