IPFQR Program: Keys to Successful FY 2025 Reporting

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Purpose

This presentation provides inpatient psychiatric facilities (IPFs) and their vendors with the following information:

- Fiscal year (FY) 2025 IPFQR Program requirements for the upcoming August 15, 2024, data submission deadline

- Keys to successful data submission

- Guidance to verify data accuracy

Acronyms

Learning Objectives

Participants will be able to:

- Summarize the FY 2025 IPFQR Program requirements.

- Successfully submit data by avoiding common submission errors in the Hospital Quality Reporting (HQR) system.

- Locate and access helpful IPFQR Program resources.

Acronyms

FY 2025 Reporting Requirements

FY 2025 IPFQR Program Annual Payment Update (APU)

To obtain the full APU for the FY 2025 payment year, an IPF must meet all IPFQR Program requirements by August 15, 2024, or be subjected to a **2-percentage point reduction** to their APU for FY 2025.

Acronyms

FY 2025 IPFQR Program Requirements Due by August 15, 2024

- Pledge a status of "Participating" in the IPFQR Program Notice of Participation (NOP).

- Submit the following:

  - Hospital-Based Inpatient Psychiatric Services (HBIPS)-2, -3

  - Substance Use (SUB)-2/-2a, -3/3a

  - Influenza Immunization (IMM)-2

  - Tobacco Use (TOB) 3/-3a

  - Transition Record with Specified Elements Received by Discharged Patients (TR-1)

  - Screening for Metabolic Disorders (SMD)

  - Non-measure data

  - COVID-19 HCP measure data (via NHSN System)

- Complete Data Accuracy and Completeness Acknowledgement (DACA).

FY 2025 IPFQR Program Chart-Abstracted Measure Requirements

Measure	Reporting Period	Submission Deadline	Sampling Allowed *
HBIPS-2: Hours of Physical Restraint Use	January 1– December 31, 2023	August 15, 2024	No
HBIPS-3: Hours of Seclusion Use	January 1– December 31, 2023	August 15, 2024	No
SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention	January 1– December 31, 2023	August 15, 2024	Yes
SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge	January 1– December 31, 2023	August 15, 2024	Yes

*See Section 4: Population and Sampling Specifications, starting on page 98 of the *Specifications Manual for National Inpatient Psychiatric Facility Quality Measures, Version 1.1c* for more details about sampling options specific to calendar year (CY) 2023 discharges.

FY 2025 IPFQR Program Chart-Abstracted Measure Requirements

Measure	Reporting Period	Submission Deadline	Sampling Allowed *
TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge	January 1–December 31, 2023	August 15, 2024	Yes
IMM-2: Influenza Immunization	October 1, 2023 – March 31, 2024	August 15, 2024	Yes
SMD: Screening for Metabolic Disorders	January 1–December 31, 2023	August 15, 2024	Yes
TR-1: Transition Record with Specified Elements Received by Discharged Patients	January 1–December 31, 2023	August 15, 2024	Yes

*See Section 4: Population and Sampling Specifications, starting on page 98 of the *Specifications Manual for National Inpatient Psychiatric Facility Quality Measures, Version 1.1c* for more details about sampling options specific to CY 2023 discharges.

COVID-19 HCP Submissions and Payment Determinations

CY 2023 Reporting Period/FY 2025 Payment Determination		
Quarter	**Reporting Period**	**Submission Deadline**
Q1 2023	January 1–March 31, 2023	August 15, 2023
Q2 2023	April 1–June 30, 2023	November 15, 2023
Q3 2023	July 1–September 30, 2023	February 15, 2024
Q4 2023	October 1–December 31, 2023	May 15, 2024
CY 2024 Reporting Period/FY 2026 Payment Determination		
Q1 2024	January 1–March 31, 2024	August 15, 2024
Q2 2024	April 1–June 30, 2024	November 18, 2024
Q3 2024	July 1–September 30, 2024	February 18, 2025
Q4 2024	October 1–December 31, 2024	May 15, 2025

- Data reported for encounters that occurred during CY 2023 impact the IPFQR Program FY 2025 payment determination.
- Data reported for encounters that occurred during CY 2024 will impact the IPFQR Program FY 2026 payment determination.

Acronyms

Keys to Successful Reporting

Key #1: Access and log in to the *HQR Secure Portal*

The *HQR Secure Portal* is the **only** CMS-approved method for submitting IPFQR Program data and the DACA directly to CMS.

CMS **highly** recommends that all IPFs ensure at least two people with knowledge of the data can verify the accuracy of the data entered in the *HQR Secure Portal*, even if a vendor enters the data.

Key #1: Access and log in to the *HQR Secure Portal*

You will need to log in to the *HQR Secure Portal*.

1. Go to https://hqr.cms.gov/hqrng/login.

2. Enter your Health Care Quality Information Systems Access Roles and Profile (HARP) User ID and password.

3. Click the hyperlink below the Password field to view the terms and conditions for accessing the HQR system.

Acronyms

Key #1: Access and log in to the *HQR Secure Portal*

Terms & Conditions   ✖ Close

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.

This system is provided for Government-authorized use only.

Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.

Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.

By using this system, you understand and consent to the following: The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.

Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

Okay

Key #1: Access and log in to the *HQR Secure Portal*

4. Click the Log In button. If you do not have a HARP account, then click on the Sign Up button and follow instructions to create one. Refer to the [Setting Up Your HARP Account for Hospital Quality Reporting](#) webinar for additional guidance.

Key #1: Access and log in to the *HQR Secure Portal*

5. Select an option for two-factor authentication to verify your account. Then, click Next.

Two-factor authentication

Choose an authentication method

SMS to +1 XXX-XXX- XXXX ▲▼

Don't have access to a device? Use another method.

Next   **Cancel**

Key #1: Access and log in to the *HQR Secure Portal*

6. Enter the code received. Then, click Next.

Two-factor authentication

Code sent via SMS to +1 XXX-XXX-7595

Enter code

123456
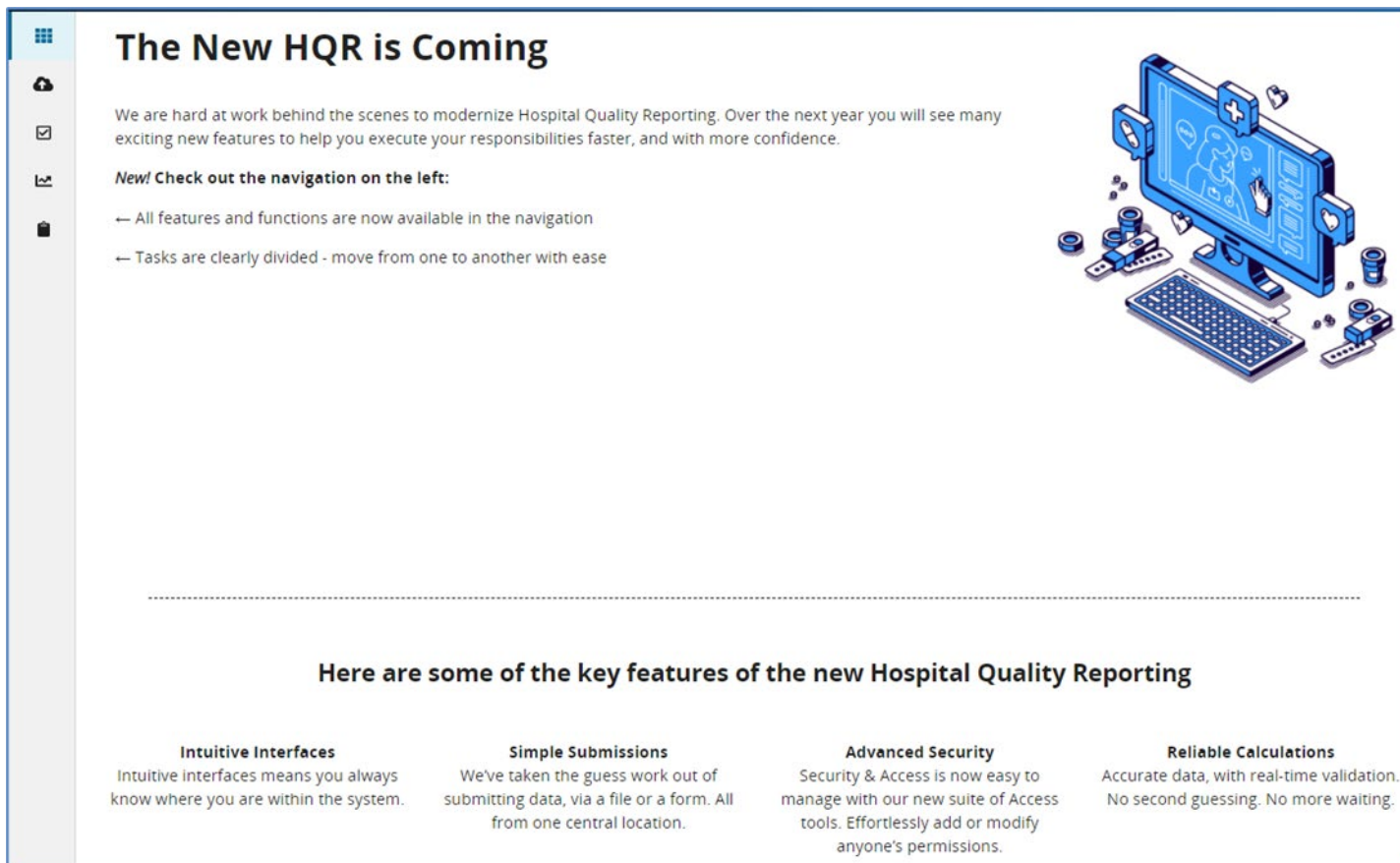
↻ Resend code   ⇄ Change method

Next   **Cancel**

Key #1: Access and log in to the *HQR Secure Portal*

Once logged in, you will see the HQR landing page.

Key #2: Have Two Active Security Officials (SOs)

- An SO is a person in the organization who can grant *HQR Secure Portal* access to those who need to enter, review, and confirm accuracy of submitted data.

- It is necessary for every facility participating in the IPFQR Program to designate at least one active SO to ensure that someone has access to the *HQR Secure Portal* to meet the program requirements.

- CMS highly recommends a second SO to act as a backup to prevent interruption of *HQR Secure Portal* access if the primary SO's account expires or if there are staffing changes. The process to create a new SO account may take up to four weeks.

Acronyms

Key #2: Have Two Active SOs

- The FY 2025 IPFQR Program Guide, on page 6, provides instructions about setting up an active SO account. Download the instructions from the [QualityNet IPFQR Program Resources](#) page.

- You must log in to the *HQR Secure Portal* at least once every 90 days to keep accounts active.

- Consider putting a reminder on your calendar to log in every two months to avoid an inactive status so that your account remains active throughout the year.

If you are not sure of your SO status, contact the Center for Clinical Standards and Quality (CCSQ) Service Center at (866) 288-8914 or QNetSupport@cms.hhs.gov for assistance.

Key #3: Manage the NOP

To access a facility's NOP:

1. Log onto the *HQR Secure Portal.*

2. Hover your mouse on the left side of the screen to expand the menu options. Click on Administration and Notice of Participation.

Acronyms
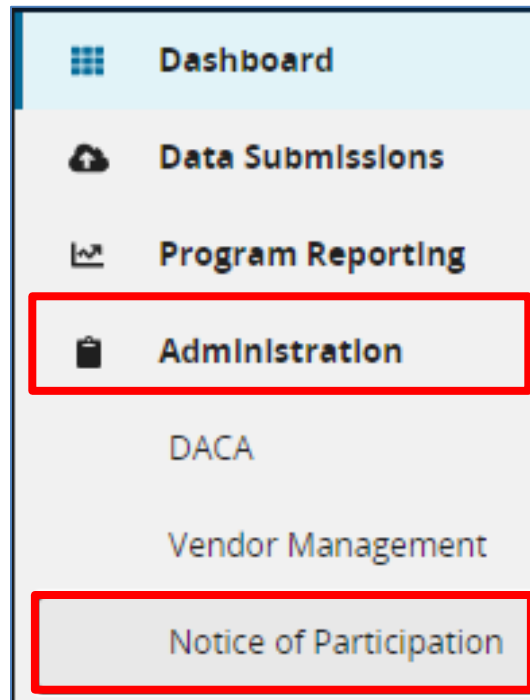
Key #3: Manage the NOP

If your facility participates in more than one quality reporting program, as shown in the image below, then you will have the option to view each program's NOP.

3. Click the View button on the IPFQR row.

Acronyms
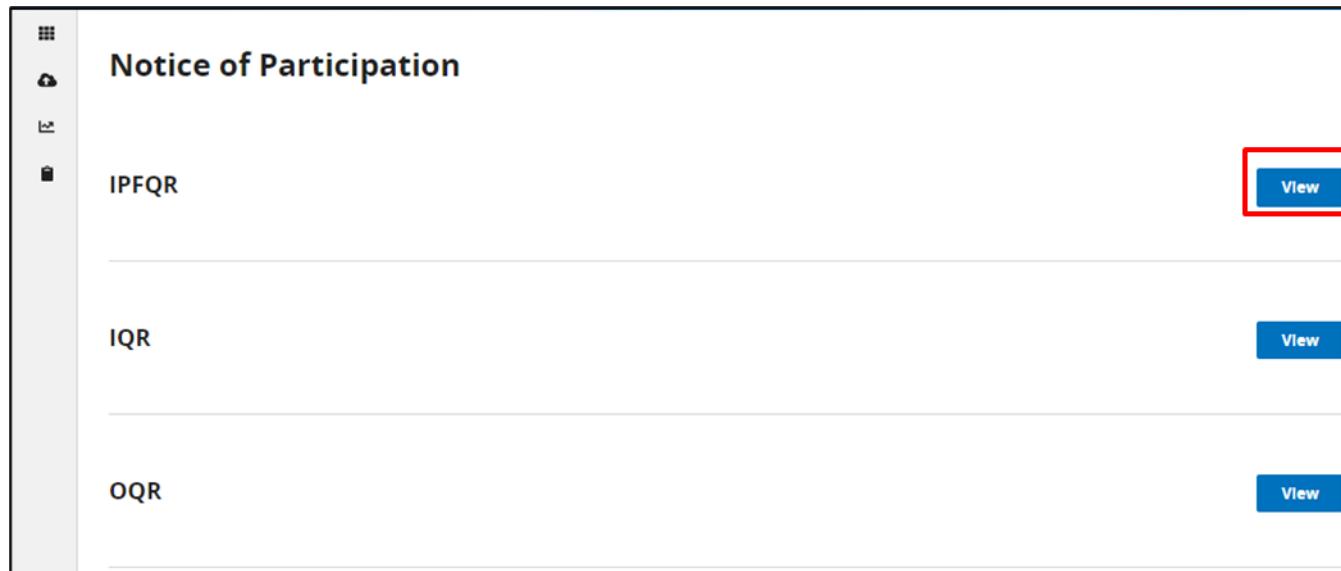
Key #3: Manage the NOP

- If this is the IPF's first time participating in the IPFQR Program, click on the Manage Contacts link in the table's last column to enter the name and information for at least two contacts at your facility. The IPF will receive any updates that occur with the IPFQR Program NOP.

- To review/sign the Notice of Participation, click on the plus (+) sign next to the text Notice of Participation.

- If the IPF closes or chooses not to participate, contact the IPFQR Program support contractor at IPFQualityReporting@hsag.com to learn how to withdraw from the IPFQR Program.

Acronyms

Key #4: Prepare Data and Verify Accuracy Prior to Submitting

- Compare this year's values to those submitted in previous years, where applicable.
    - 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 following information:
    - Facility's operations
    - Facility's annual census
    - Facility's population
- Values that seem out of line with general expectations should be reviewed to verify accuracy.

Acronyms

Key #4: Prepare Data and Verify Accuracy Prior to Submitting

Tool to Assist with Identifying Questionable Data

- The tool lists criteria to help IPFs identify the following types of questionable data:

  o Entered in error

  o Missing

  o Invalid

  o Exceeds normal parameters

- If you have questions about your IPF's data in relation to these criteria, email us at IPFQualityReporting@hsag.com with "Measure Accuracy Question" in the subject line.

Criteria to Identify Questionable Fiscal Year (FY) 2025 Measure and Non-Measure Data for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Key #4: Prepare Data and Verify Accuracy Prior to Submitting

Criteria to Identify Questionable
FY 2025 Measure and Non-Measure Data

- The calculated HBIPS-2 measure values should not equal or exceed six (4) hours per 1,000 patient hours of care.

- The calculated HBIPS-3 measure values should not equal or exceed four (4) hours per 1,000 patient hours of care.

Acronyms

Key #4: Prepare Data and Verify Accuracy Prior to Submitting

Criteria to Identify Questionable
FY 2025 Measure and Non-Measure Data

To avoid questionable data, the data elements that comprise the denominator value for the HBIPS-2 and HBIPS-3 measures are entered in the same data entry field.

HBIPS-2 and HBIPS-3 Denominator

Sum of number of days each Medicare patient was:

* **Included in psychiatric inpatient census during month**
Psychiatric Inpatient Days - Medicare Only

Ex. 0,1,2,3,...,999999

* **Absent from facility**
Total Leave Days - Medicare Only

Ex. 0,1,2,3,...,999999

Sum of number of days each non-Medicare patient was:

* **Included in psychiatric inpatient census during month**
Psychiatric Inpatient Days - Non-Medicare Only

Ex. 0,1,2,3,...,999999

* **Absent from facility**
Total Leave Days - Non-Medicare Only

Ex. 0,1,2,3,...,999999

Key #4: Prepare Data and Verify Accuracy Prior to Submitting

Criteria to Identify Questionable FY 2025 Measure and Non-Measure Data

Re-check your data for the measures below if:

1. The denominator is greater than the Total Number of Discharges.

2. The numerator exceeds the denominator.

☐ SUB-2/-2a
☐ SUB-3/-3a
☐ TOB-3/-3a
☐ Screening for Metabolic Disorders
☐ IMM-2
☐ Transition Record with Specified Elements Received by Discharged Patients

Acronyms

Key #4: Prepare Data and Verify Accuracy Prior to Submitting

Criteria to Identify Questionable
FY 2025 Measure and Non-Measure Data

- Check the data for SUB-2 measure if the subset measure (SUB-2a) denominator is greater than the primary measure (SUB-2) denominator.

- Check the data for the measures below if the subset measure numerator is greater than the primary measure numerator.

❑ SUB-3
❑ TOB-3

Key #4: Prepare Data and Verify Accuracy Prior to Submitting

Criteria to Identify Questionable
FY 2025 Measure and Non-Measure Data

- The total number of discharges by Age Strata is greater than the Total Annual Discharges.

- The total number of discharges by Diagnostic Categories is greater than the Total Annual Discharges.

- The total number of discharges by Payer category is greater than the Total Annual Discharges.

Key #4: Prepare Data and Verify Accuracy Prior to Submitting

Check the denominator value for the HBIPS-2 and HBIPS-3 measures:

- Are they the same (i.e., number of psychiatric inpatient days)?

- Are they less than the total number of annual discharges (as reported in the non-measure data entry field)?

- Are they accidentally multiplied by 24, resulting in a value that represents patient-hours instead of patient-days?

- Are they significantly different from previous years' submissions?

- Are they mistakenly reported as the number of days in a calendar year (i.e., 365)?

- Does the denominator value exceed 365 times the total number of beds at the IPF?

Acronyms

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

In the IPFQR Program, the term "patient-level reporting" describes data that are abstracted from patient medical records into discrete XML files and then uploaded into the *HQR Secure Portal*.

CMS also collects facility-level data from IPFs in XML files pertaining to annual, aggregated data.

In this presentation, we will use "patient-level reporting" to broadly describe the XML files that will be uploaded into the *HQR Secure Portal*, and specify facility-level data, as needed.

Acronyms

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

The *HQR Secure Portal* is the **only** CMS-approved method for submitting IPFQR Program data and the DACA directly to CMS.

CMS **highly** recommends that all IPFs have **at least two people** with knowledge of the data to verify the accuracy of the data in the *HQR Secure Portal*, even if a vendor enters the data.

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

Test Environment

- Ensure all data are accurate before uploading into the production environment.
- Validate vendor authorizations.
- Verify whether the XML file layout is correct.
- Review reasons for rejection (i.e., edit messages).
- Review measure set counts.

Production Environment

- Upload clean, actual XML data files for submission to CMS.
- Data from these files will be used to calculate measure numerator, denominator, and rate values.
- **Only** data submitted into this environment will be submitted to CMS.

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

To upload XML files:
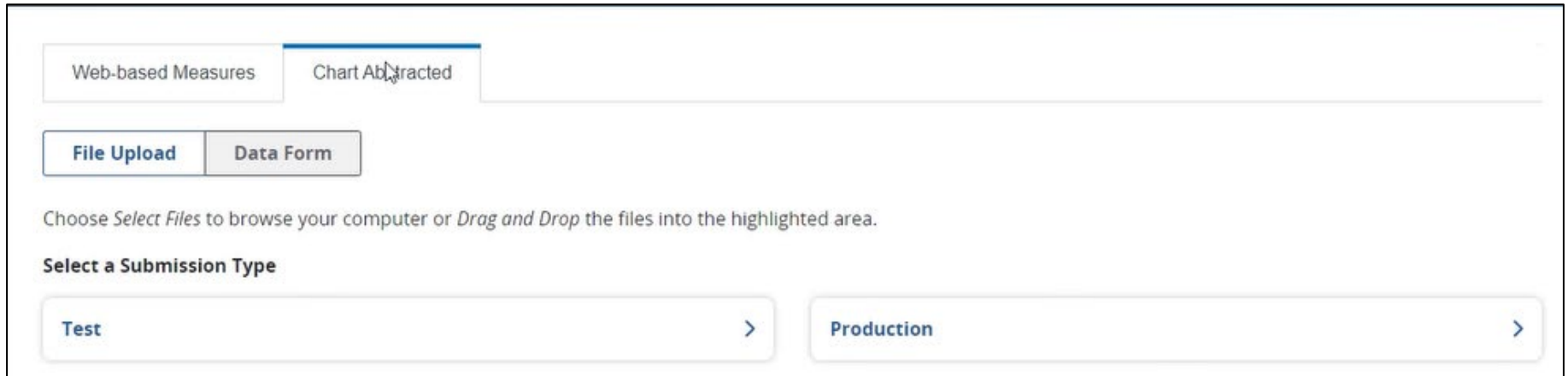
1. Log into the *HQR Secure Portal.*

2. Hover your mouse on the left side to expand menu options.

3. Click on Data Submissions.

Acronyms
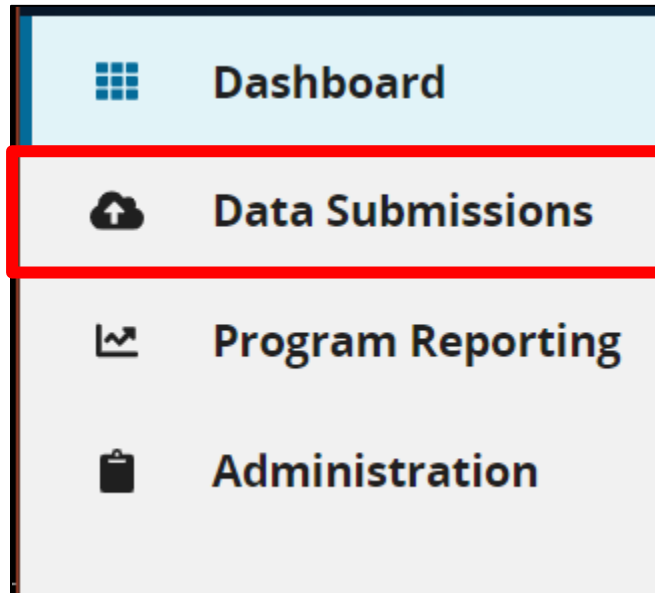
Key #5: Enter Data and Verify Accuracy
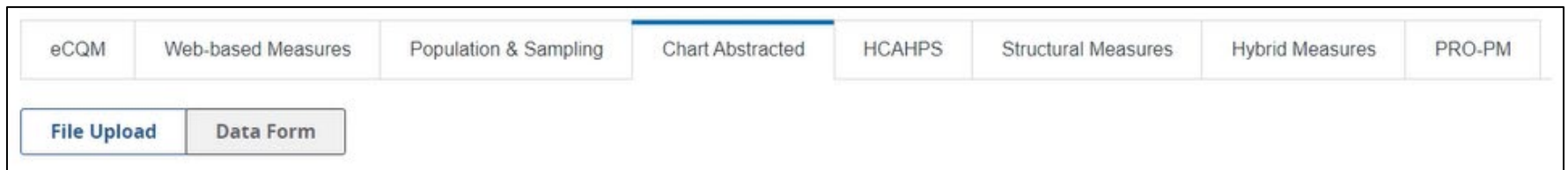
Patient-Level Reporting of IPFQR Program Data

The image below appears on the next screen if you only have access to upload data for the IPFQR Program.

If you have access to upload data for <u>more than one</u> Quality Reporting Program, you will see multiple tabs at the top of the screen.
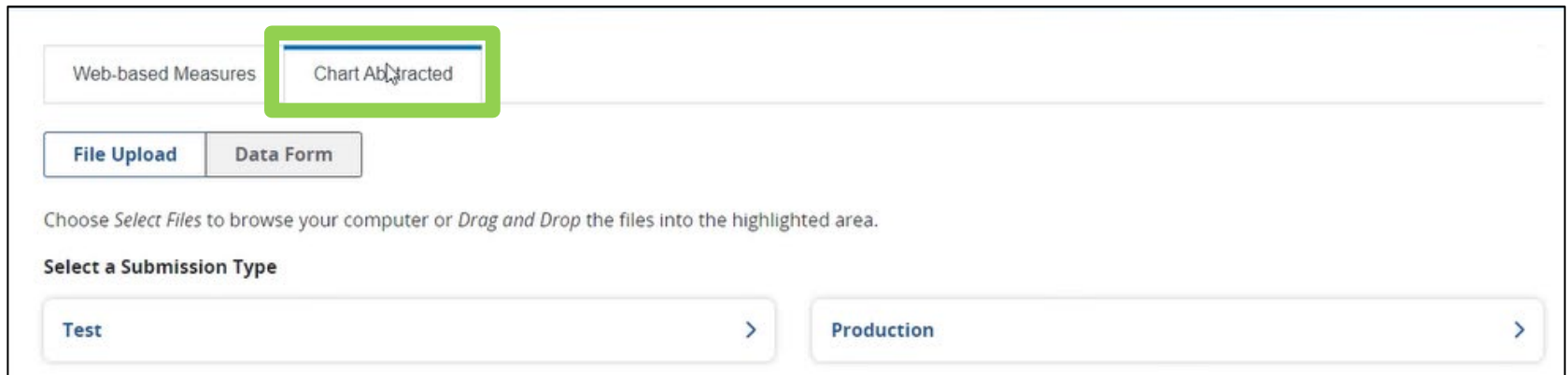
Acronyms

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

4. Next, click the **Chart Abstracted** (**not Web-based Measures**) tab.

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

We recommend uploading files into the Test environment first to ensure file accuracy and completeness.

Select a Submission Type

Test	>	Production	>

5. Click on Test to upload an XML file into the Test environment.
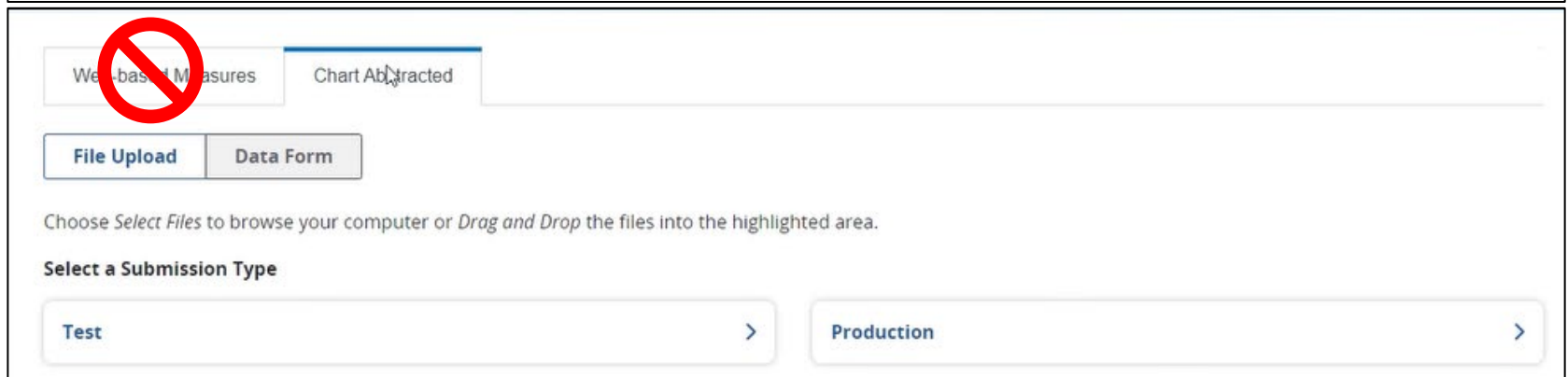
Web-based Measures	Chart Abstracted

Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.

✏ **Change Selection**

Test

Acronyms

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data
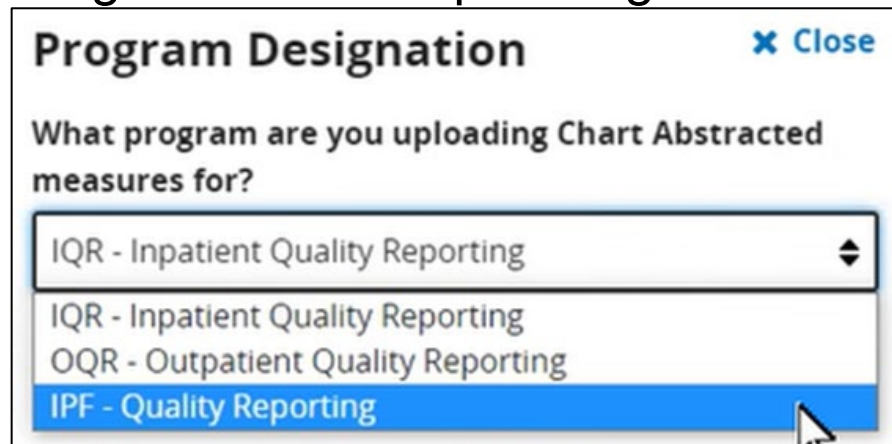
6. Click the blue Select Files button to upload the XML files or drag and drop the XML files into the designated area.
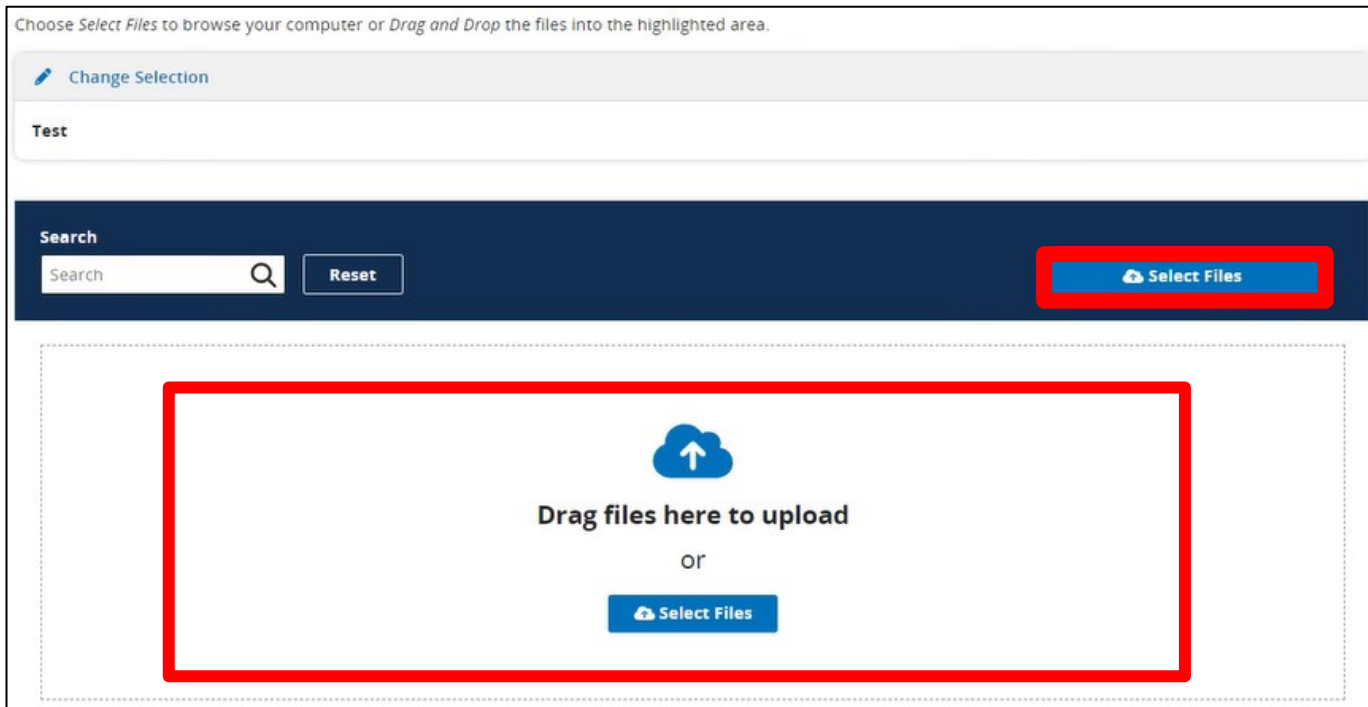
Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

If you have access to more than one Quality Reporting Program, then, after you select the file to be uploaded, you will have the option to select the program to upload XML files. Choose IPF Quality Reporting for Program Designation when uploading Chart Abstracted files.

For a vendor to upload XML files on behalf of an IPF, the vendor must be authorized by the IPF to upload files <u>and</u> the specific individual from the vendor must have the appropriate permission in the *HQR Secure Portal* to upload files.

Acronyms 39

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

In the lower right corner of your screen, you will see a message indicating the upload status of the XML file upload.
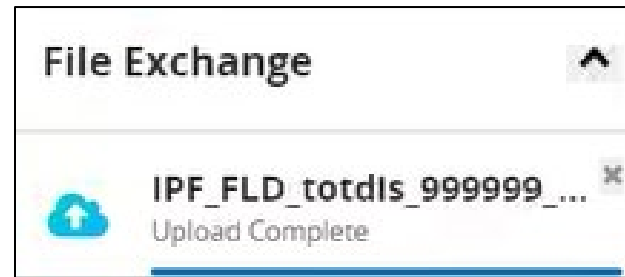
Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

When you are ready to upload XML files into the Production environment, you can do so one of two ways.

1) Click the Change Selection link and select Production from the drop-down menu under Select a Submission Type. Then, click the blue Display Results button.

Acronyms

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

2) Click the File Upload. This will bring you back to the Chart Abstracted tab landing page. Click on the Production button to see the page where you can upload XML files.

Acronyms   42
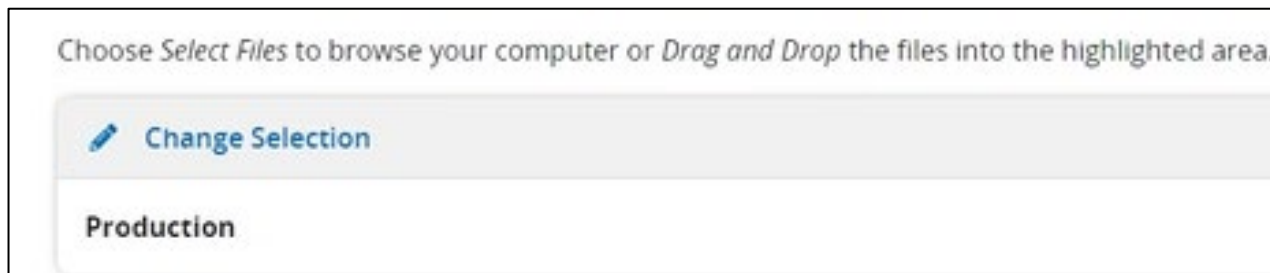
Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

Batch ID
You may want to note this for reviewing specific uploads in the Submission Detail Report.

Status
This column tells you whether the file was accepted or rejected. If rejected, refer to the instructions in the next section to run reports to find out the reasons the XML files were rejected.

Change Selection

Production

Search

Search   Reset

Select Files

Batch File Name	Batch ID	Program	File Size	Upload Date ▼	Uploaded By	Status
📄 IPF_FLD_totdi......	3143728	IPF	1769 bytes	7/01/2024	NEURODIAGNOSTIC ...	✅ Accepted
📄 IPF_FLD_totdi......	3143213	IPF	1769 bytes	7/01/2024	NEURODIAGNOSTIC ...	✅ Accepted

Acronyms

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

There are multiple status options that can appear in the Status column.

1) Upload Started
2) Received
3) Processing
4) Accepted
5) Rejected
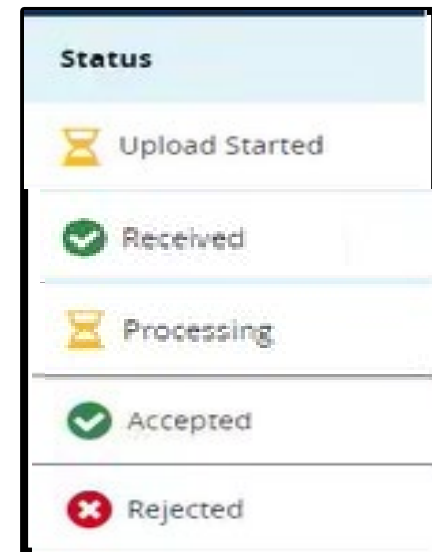
If the file remains in the Upload Started status for more than two minutes, this may be due to an issue with the file or the system.

If you try again to upload the file and the same issue occurs, we recommend that you submit a ticket to the CCSQ Service Center via email QNetSupport@cms.hhs.gov or phone at 866-288-8912.

Key #5: Enter Data and Verify Accuracy

XML File Upload Reports of IPFQR Program Data

Submission Detail
Review information about each XML file uploaded, including the measure set, patient ID, batch ID, patient admit / discharge / event dates, upload date, action code, file name, file status, whether it is a test case, and edit messages.

Potential Duplicate
Identify potential duplicates to determine if the records pertain to two different episodes of care or if the duplicates are due to incorrect entry of a patient identifier.

Case Status Summary
Review measure set counts, including the number of unique cases submitted, accepted, and rejected.

Key #5: Enter Data and Verify Accuracy

XML File Upload Reports of IPFQR Program Data

1. From the left menu, click on Data Results and Chart Abstracted.

IPFQR Program Options
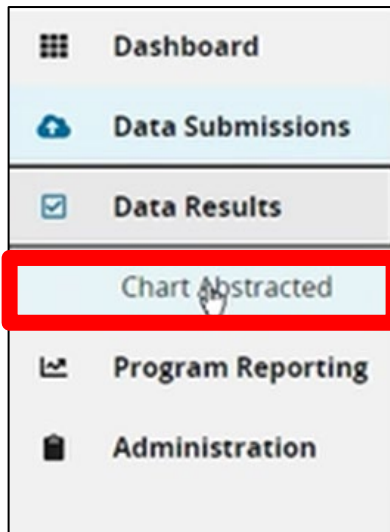
IPFQR, Hospital Inpatient Quality Reporting, and Hospital Outpatient Quality Reporting Program Options

Acronyms
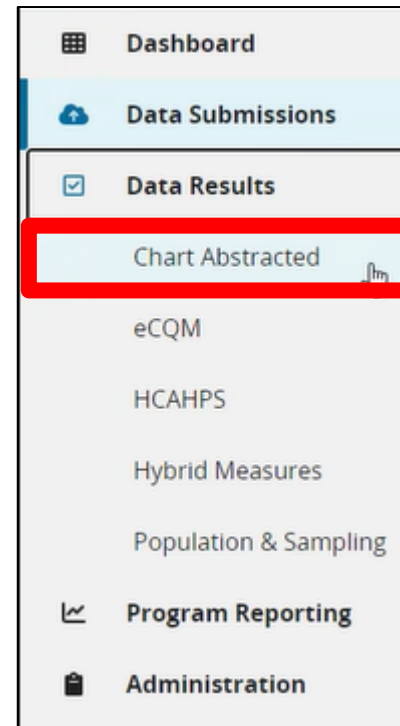
Key #5: Enter Data and Verify Accuracy

XML File Upload Reports of IPFQR Program Data

2. In the File Accuracy tab, select IPFQR under Program. (If your provider participates in more than one Quality Reporting Program, then you may see other programs in the drop-down.)

Key #5: Enter Data and Verify Accuracy

XML File Upload Reports of IPFQR Program Data

3. Under Report, select the report you wish to review.

Key #5: Enter Data and Verify Accuracy

XML File Upload Reports of IPFQR Program Data

4. Under Fiscal Year, select 2025.

Data Results - Chart Abstracted

File Accuracy | Claims Details

File Accuracy

This is where you see the accuracy of your files, and potential duplicates. It encompasses data from the Quality Net legacy reports, including: Case Status Summary, Submission Detail, and Potential Duplicate Records.

Program	Report	Fiscal Year	
IPFQR ⇕	Select Report ⇕	Select Year ⇕	Export CSV
		Select Year	
		2025	
		2024	

5. Click the blue Export CSV button to export the report.

Export CSV

Key #5: Enter Data and Verify Accuracy

XML File Upload Reports of IPFQR Program Data

- The Submission Detail and Potential Duplicate Reports can be run based on XML files uploaded into either the Test or the Production environment.

- Leverage the Submission Detail and Potential Duplicate Reports after uploading XML files into the Test environment (and before uploading into the Production environment) to ensure file layout and content issues are resolved before the data go to CMS for calculations and public reporting.

- The Case Status Summary Report, like the other reports, can be populated by data submitted via XMLs uploaded into the Test or the Production environment.

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Facility-Level Data (FLD) Form

IPFs that do not have a vendor or an information technology department that provides a measure abstraction and reporting tool can use the IPF Module in the CMS Abstraction & Reporting Tool (CART) to generate patient-level XML data files.
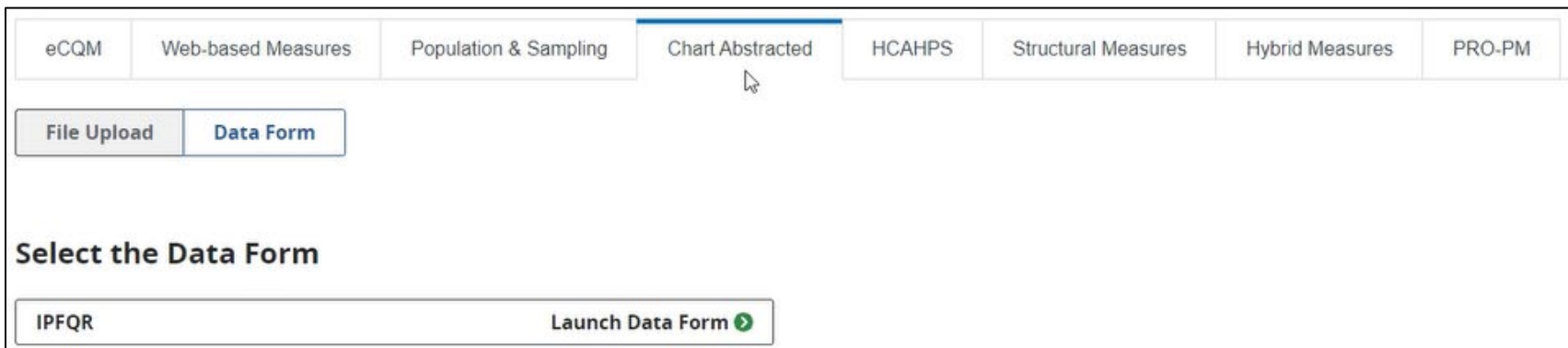
However, since the tool is only coded to abstract and generate XML files for patient-level data, IPFs that use CART will need to manually enter the aggregate, facility-level data values directly into the *HQR Secure Portal* using a form like the simple data entry tool used in prior years to submit aggregate data.

This will include non-measure data and data needed to calculate the denominator value for the HBIPS-2 and HBIPS-3 measures.

Acronyms

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

1. To enter FLD, access and log into the *HQR Secure Portal*: https://hqr.cms.gov/hqrng/login

2. Hover your mouse on the left side of the screen to expand the menu options. Then, select Data Submissions.

3. Click the Chart Abstracted tab.
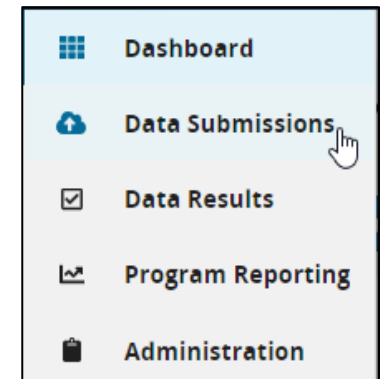
Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

4. Under the Chart Abstracted tab click the Data Form button.
5. Click on the IPFQR Launch Data Form button.

Acronyms   53

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

6. A landing page for the facility-level data entry form will appear. Click the Start button to begin the data entry process.

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

Facility-Level Data (FLD)

A blue banner at the top of the screen will display Facility-Level Data (FLD). A summary of information is on the right side. The summary includes the CMS Certification Number, submission period, reporting period, and the last date that data were updated.

* Indicates required field

CMS Certification Number:
343434

Submission Period:
7/01/2024 - 8/15/2024

With Respect to Reporting Period:
1/01/2023 - 12/31/2023

Last Updated:

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

Important to Note

You **will not** be able to save partial data. Be prepared to enter data into all fields to submit the data to the *HQR Secure Portal.*

The IPF is ultimately responsible for consolidating all data that will be entered into the Facility-Level Data entry form.

Acronyms

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

The first data entry field that appears at the top of the page is the total annual discharges from the IPF during calendar year 2023.

Once you enter a data value in the Total Annual Discharges field, the following warning message will appear above all subsequent data entry fields: "This field is required."

Total Annual Discharges

* Please enter an aggregate, yearly count of your facility's annual discharges.

100

Age Strata

Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following age groups:

> ℹ The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

* **Children (1 – 12 years)**
This field is required

Ex. 0,1,2,3,...,999999

* **Adolescent (13 – 17 years)**
This field is required

Ex. 0,1,2,3,...,999999

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

In the next section, enter the total discharge data by age strata based on the age groups displayed in the images below.

Age Strata

Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following age groups:

ℹ The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

* Children (1 – 12 years)

Ex. 0,1,2,3,...,999999

* Adolescent (13 – 17 years)

Ex. 0,1,2,3,...,999999

* Adult (18 – 64 years)

Ex. 0,1,2,3,...,999999

* Older Adult (65 and over)

Ex. 0,1,2,3,...,999999

Age Strata

Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following age groups:

ℹ The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

* Children (1 – 12 years)

0

* Adolescent (13 – 17 years)

0

* Adult (18 – 64 years)

50

* Older Adult (65 and over)

50

Acronyms

Key #5: Enter Data and Verify Accuracy

<u>Access the IPFQR Program FLD Form</u>

In the next section, enter annual discharge data by diagnostic categories.

Diagnostic Categories

Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following diagnostic categories:

> ℹ The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

* **Anxiety disorders (651)**

[Ex. 0,1,2,3,...,999999]

* **Delirium, dementia, and amnestic and other cognitive disorders (653)**

[Ex. 0,1,2,3,...,999999]

* **Mood disorders (657)**

[Ex. 0,1,2,3,...,999999]

* **Schizophrenia and other psychotic disorders (659)**

[Ex. 0,1,2,3,...,999999]

* **Alcohol-related disorders (660)**

[Ex. 0,1,2,3,...,999999]

* **Substance-related disorders (661)**

[Ex. 0,1,2,3,...,999999]

* **Other diagnosis – Not included in one of the above categories**

[Ex. 0,1,2,3,...,999999]

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

If you enter a total annual discharges value that does not equal the sum of one or more strata on the form, then the error below will appear.

Total Annual Discharges

* **Please enter an aggregate, yearly count of your facility's annual discharges.**

The number of Total Annual Discharges does not equal the sum of one or more strata below.

100

The following slide shows an example in which the sum of the diagnostic category strata do not equal the total annual discharges.

Acronyms

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

Total Annual Discharges

* Please enter an aggregate, yearly count of your facility's annual discharges.
The number of Total Annual Discharges does not equal the sum of one or more strata below.

> 100

You must add correct information in each data entry field that has a warning message.

Diagnostic Categories

Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following diagnostic categories:

> ℹ The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

* Anxiety disorders (651)
The number of Total Annual Discharges does not equal the sum of one or more strata below.

> 15

* Delirium, dementia, and amnestic and other cognitive disorders (653)
The number of Total Annual Discharges does not equal the sum of one or more strata below.

> 15

* Mood disorders (657)
The number of Total Annual Discharges does not equal the sum of one or more strata below.

> 15

* Schizophrenia and other psychotic disorders (659)
The number of Total Annual Discharges does not equal the sum of one or more strata below.

> 15

* Alcohol-related disorders (660)
The number of Total Annual Discharges does not equal the sum of one or more strata below.

> 15

* Schizophrenia and other psychotic disorders (659)
The number of Total Annual Discharges does not equal the sum of one or more strata below.

> 15

* Alcohol-related disorders (660)
The number of Total Annual Discharges does not equal the sum of one or more strata below.

> 15

* Substance-related disorders (661)
The number of Total Annual Discharges does not equal the sum of one or more strata below.

> 15

* Other diagnosis – Not included in one of the above categories
The number of Total Annual Discharges does not equal the sum of one or more strata below.

> 40

Acronyms

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

Enter the total number of discharged patients that were Medicare vs. non-Medicare beneficiaries.

Payer

Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following payers:

> ℹ The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

* **Medicare**

Ex. 0,1,2,3,...,999999

* **Non-Medicare**

Ex. 0,1,2,3,...,999999

Payer

Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following payers:

> ℹ The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

* **Medicare**

50

* **Non-Medicare**

50

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

Enter the total number of psychiatric inpatient days and the total leave days for Medicare patients and then for non-Medicare patients for the HBIPS-2 and HBIPS-3 measures' denominator calculation.

HBIPS-2 and HBIPS-3 Denominator

Sum of number of days each Medicare patient was:

* **Included in psychiatric inpatient census during month**
Psychiatric Inpatient Days - Medicare Only

> Ex. 0,1,2,3,...,999999

* **Absent from facility**
Total Leave Days - Medicare Only

> Ex. 0,1,2,3,...,999999

Sum of number of days each non-Medicare patient was:

* **Included in psychiatric inpatient census during month**
Psychiatric Inpatient Days - Non-Medicare Only

> Ex. 0,1,2,3,...,999999

* **Absent from facility**
Total Leave Days - Non-Medicare Only

> Ex. 0,1,2,3,...,999999

HBIPS-2 and HBIPS-3 Denominator

Sum of number of days each Medicare patient was:

* **Included in psychiatric inpatient census during month**
Psychiatric Inpatient Days - Medicare Only

> 1100

* **Absent from facility**
Total Leave Days - Medicare Only

> 100

Sum of number of days each non-Medicare patient was:

* **Included in psychiatric inpatient census during month**
Psychiatric Inpatient Days - Non-Medicare Only

> 1200

* **Absent from facility**
Total Leave Days - Non-Medicare Only

> 200

Acronyms

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

If you enter leave days that are equal to or greater than inpatient days, then you must correct the values and submit again.

You must re-type information in each data entry field that has a warning message to submit the data.

HBIPS-2 and HBIPS-3 Denominator

Sum of number of days each Medicare patient was:

* Included in psychiatric inpatient census during month
Psychiatric Inpatient Days - Medicare Only
Inpatient days must be equal to or greater than absent days. Correct the values, then submit again.

1100

* Absent from facility
Total Leave Days - Medicare Only
Inpatient days must be equal to or greater than absent days. Correct the values, then submit again.

1200

Sum of number of days each non-Medicare patient was:

* Included in psychiatric inpatient census during month
Psychiatric Inpatient Days - Non-Medicare Only
Inpatient days must be equal to or greater than absent days. Correct the values, then submit again.

1200

* Absent from facility
Total Leave Days - Non-Medicare Only
Inpatient days must be equal to or greater than absent days. Correct the values, then submit again.

1400

Acronyms

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

Once all data are entered, the Submit button will change from grey to blue at the bottom of the page. Click the Submit button.
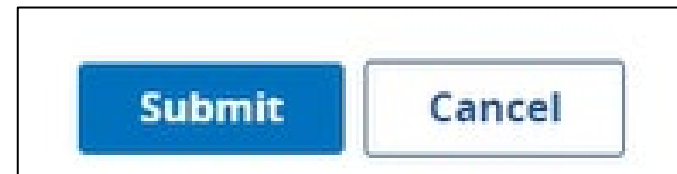
Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

Once the data are successfully submitted in the FLD entry form, the following message with a green background will appear in the upper right corner. Next to **Facility-Level Data (FLD),** you will see a checkmark and Submitted.

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

Click on the arrow next to the Edit button for an expanded view of the submitted data.

Key #5: Enter Data and Verify Accuracy

<u>Access the IPFQR Program FLD Form</u>

You can also click the Edit button to review the data.

The Re-submit button will be greyed-out and not accessible unless you change data in one or more fields on the data entry page.

If you edit data in one or more fields, then the Re-submit button will turn dark blue and you must click the button to submit the changes to the *HQR Secure Portal*.

If you do not make any changes, click the Cancel button to return to the FLD landing page.

Key #5: Enter Data and Verify Accuracy

NEW Zero-Patient Attestation

- This is a separate attestation in the *HQR Secure Portal*.

- If the IPF has zero patients/events for one or more measures, submitting this attestation ensures the IPF will meet the data submission requirements for the applicable measure and/or measure sets.

  - By submitting the attestation, IPFs with zero patients/events no longer need to submit a file for every patient ID with empty fields.

Acronyms   69

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Zero-Patient Attestation Data Form

< Data Submissions

Inpatient Psychiatric Facility Quality Reporting (IPFQR)

Fiscal Year
2025 ⬍

CMS Certification Number: 343434
Submission Period: 7/01/2024 - 8/15/2024
With Respect to Reporting Period: 1/01/2023 - 12/31/2023
Last Updated: 7/01/2024 1:00 PM

Current Submission Period: Open

Export PDF

Facility-Level Data (FLD) ✔ Submitted
Facility-Level Data (FLD)
Updated July 01, 2024 at 1:00 PM

| HBIPS-2/-3 Denominator | 2220 | Edit ⌄ |

Attestation of zero patient cases / events ⚠ Not Submitted   ➡ **Start**

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Zero-Patient Attestation Data Form

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Zero-Patient Attestation

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Zero-Patient Attestation Data Form

Acronyms   73

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Zero-Patient Attestation Data Form

Attestation of zero patient cases / events ✔
Submitted
Updated July 01, 2024 at 1:00 PM

Zero Patient Attestations   3   Edit

If you have zero patient events or zero patient discharges for any measure below, select the corresponding checkbox. By default this selection will not be made, and you will need to submit as usual.

HBIPS-2

There are zero patient events to submit
true

HBIPS-3

There are zero patient events to submit
false

SMD

There are zero patient discharges to submit
false

SUB-2

There are zero patient discharges to submit
true

SUB-2a

There are zero patient discharges to submit
false

SUB-3

There are zero patient discharges to submit
false

SUB-3a

There are zero patient discharges to submit
false

TOB-3

There are zero patient discharges to submit
true

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Zero-Patient Attestation Data Form
You can also click the Edit button to review the data.

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Zero-Patient Attestation

If you have zero patient events or zero patient discharges for any measure below, select the corresponding **checkbox**. By default this selection will not be made, and you will need to submit as usual.

HBIPS-2
☑ There are zero patient events to submit

HBIPS-3
☐ There are zero patient events to submit

SMD
☐ There are zero patient discharges to submit

SUB-2
☑ There are zero patient discharges to submit

SUB-2a
☐ There are zero patient discharges to submit

SUB-3
☐ There are zero patient discharges to submit

SUB-3a
☐ There are zero patient discharges to submit

TOB-3
☑ There are zero patient discharges to submit

TOB-3a
☐ There are zero patient discharges to submit

TR-1
☐ There are zero patient discharges to submit

IMM-2
☐ There are zero patient discharges to submit

[Re-submit] [Cancel] → [**Re-submit**] [Cancel]

- The Re-submit button will be greyed-out and not accessible unless you change data in one or more fields on the data entry page.
- If you edit data in one or more fields, then the Re-submit button will turn dark blue and you must click the button to submit the changes to the *HQR Secure Portal*.
- If you do not make any changes, click the Cancel button to return to the FLD landing page.

Key #5: Enter Data and Verify Accuracy

Click the blue Export PDF button to download a two-page PDF of submitted data.

< Data Submissions

Inpatient Psychiatric Facility Quality Reporting (IPFQR)

Fiscal Year
2025

CMS Certification Number: 343434
Submission Period: 7/01/2024 - 8/15/2024
With Respect to Reporting Period: 1/01/2023 - 12/31/2023
Last Updated: 7/01/2024 1:00 PM

Current Submission Period: Open

Export PDF

Facility-Level Data (FLD) ✓ Submitted
Facility-Level Data (FLD)
Updated July 01, 2024 at 1:00 PM

| HBIPS-2/-3 Denominator | 2220 | Edit ⌄ |

Attestation of zero patient cases / events ✓ Submitted
Updated July 01, 2024 at 1:00 PM

| Zero Patient Attestations | 3 | Edit ⌄ |

Key #5: Enter Data and Verify Accuracy

Acronyms

Key #6: Review Submission Before Signing the DACA Form

- Review **all** measure and non-measure data for accuracy and completeness **before and after** it is submitted.

- Leverage the FY 2025 IPFQR Provider Participation Report and Facility, State, and National Report to check the submission status and calculated data values **prior to submitting the DACA**.

- Review of submitted data **must** be done **prior to** completion and submission of the DACA.

- Submit and/or edit previously submitted measure data as well as complete and submit the DACA **prior to** the submission deadline of **August 15, 2024.**

Acronyms

Key #6: Review Submission Before Signing the DACA Form

If using a third-party vendor:

- Ensure the vendor has been previously authorized.

- Complete the online DACA form prior to the **August 15, 2024,** deadline.

  - The **facility is responsible** for completion of the DACA form, not the vendor.

Acronyms

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 later.

- IPFs **cannot** enter or edit data after the submission deadline.

  o CMS **highly recommends** that IPFs enter the data as far in advance of the **August 15, 2024,** deadline as possible.

Key #6: Review Submission Before Signing the DACA Form

You must access the DACA form from the main menu. After logging into the *HQR Secure Portal*, hover your mouse over the left side of the screen to expand the menu options.

1. Click on Administration.

2. Then, click DACA.

- Dashboard
- Data Submissions
- Data Results
- Program Reporting
- Administration
- DACA
- Access Management
- Vendor Management
- Notice of Participation
- PI Registration

Key #6: Review Submission Before Signing the DACA Form

Acronyms

Key #6: Review Submission Before Signing the DACA Form

To complete the DACA:

1. Enter your job title in the empty field below the word Position.

2. Click the button next to the statement that reads, "I confirm that the information I have submitted is accurate and complete to the best of my knowledge."

3. Click the Sign button at the bottom of the page.

Position

Quality Director

☑ I confirm that the information I have submitted is accurate and complete, to the best of my knowledge.

Sign   Cancel

Key #6: Review Submission Before Signing the DACA Form

- Once you successfully submit the DACA, a confirmation message will appear above the signature line.

- The option to export the signed DACA as a PDF form is at the bottom of the page.

What if I edit data after signing the DACA?

If you upload or edit and re-submit any data into the *HQR Secure Portal*, then return to the DACA. Click the Re-Sign button at the bottom of the page to sign the DACA form again to confirm your approval of the edits made. If you do not re-sign the DACA after making changes, your DACA submission will be incomplete.

Key #7: Re-Check All FY 2025 IPFQR Program Requirements

Follow these steps to check whether your facility has met all FY 2025 IPFQR Program requirements prior to the August 15, 2024, deadline.

1. Check NOP.

   - Refer to instructions on slides **20–22** of this presentation to ensure the IPFQR Program NOP status is "Participating."

2. Check accuracy of data.

   - Review the IPFQR Provider Participation Report and Facility, State, and National Reports against facility data.

3. Check DACA.

   - Ensure that DACA status is complete in the *HQR Secure Portal* based on instructions provided on slides **82–84**.

Acronyms

Review of Keys to Successful Reporting

Access and log in to the *HQR Secure Portal.*

Have two active SOs.

Manage the NOP.

Prepare and verify accuracy of data prior to submitting.

Enter and verify accuracy of data.

Review submission before signing the DACA form.

Re-check all FY 2025 IPFQR Program Requirements

Note: Confirm all IPFQR Program data reporting requirements have been met before completing the DACA. IPFs cannot change data nor complete the DACA form after the data-submission deadline.

Acronyms

Important Tip

In the event of staff turnover, remember to use the Hospital Contact Change Form to inform the Inpatient & Outpatient Healthcare Quality Systems Development & Program Support Team about key personnel changes. (This includes the Chief Executive Officer and quality reporting contact).

Helpful Resources

Helpful Resources: Data Accuracy Tools

Criteria to Identify Questionable Measure and Non-Measure Data

Data Submission Checklist

Verification Checklist

These resources can be found on the QualityNet and Quality Reporting Center websites.

Acronyms

APU	Annual Payment Update	**HQR**	Hospital Quality Reporting
CART	CMS Abstraction & Reporting Tool	**IMM**	Influenza Immunization
CCSQ	Center for Clinical Standards and Quality	**IPF**	inpatient psychiatric facility
CMS	Centers for Medicare & Medicaid Services	**IPFQR**	Inpatient Psychiatric Facility Quality Reporting
CY	calendar year	**NOP**	Notice of Participation
DACA	Data Accuracy and Completeness Acknowledgement	**SMD**	Screening for Metabolic Disorders
FLD	facility-level data	**SO**	Security Official
FY	fiscal year	**SUB**	Substance Abuse
HARP	Health Care Quality Information Systems Access Roles and Profile	**TOB**	Tobacco Use
HBIPS	Hospital-Based Inpatient Psychiatric Services	**TR**	Transition Record

Back

Helpful Resources

IPFQR Program Web Pages
(Click the icons.)

Quality Reporting Center

QualityNet

Acronyms

Helpful Resources

Stay up to date…

Contact Change Form

Listserve Registration

Upcoming Webinars

…and get answers to your questions.

Q&A Tool

Email Support

Phone Support (866) 800-8765

Fax (877) 789-4443

IPFQR Program: Keys to Successful FY 2025 Reporting

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Thank you!

Continuing Education Approval

This program has been approved for [credit](#) for the following boards:

- **National credit**

  o Board of Registered Nursing (Provider #16578)

- **Florida-only credit**

  o Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling

  o Board of Registered Nursing

  o Board of Nursing Home Administrators

  o Board of Dietetics and Nutrition Practice Council

  o Board of Pharmacy

Note: To verify approval for any other state, license, or certification, please check with your licensing or certification board.

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