

Vendor Authorization

The screenshot shows the CMS QualityNet interface. At the top, there is a navigation bar with tabs for Home, Quality Programs, My Data, My Measures, My Scores, and My Reports. Below this, the breadcrumb trail reads: Quality Programs > Quality Reporting Programs: ASC-Cancer-Psychiatric Facility > Authorize Vendors to Submit Data > Vendor Authorization. The main content area is titled 'VendorAuth' and has two tabs: 'Start' and 'Add New Vendor Authorization'. The 'Add New Vendor Authorization' tab is active. On the left, there is instructional text: 'To authorize and add a new vendor to the list, click the 'Add New Vendor Authorization' tab. Then select the Vendor and, for the measure set(s) of interest, enter the required Start Discharge Date and the required Start Data Transmission Date. Entering End dates for both will put a time limit on the authorization, which will end after the End Dates. To update a currently authorized vendor, click the 'Update Vendor Authorization' tab. Select the Vendor and the measure set(s) of interest. Then add or modify the dates of interest.' On the right, there is a 'Provider Information' section with columns for Provider, CCN, and NPI. Below this, there are two links: 'Add New Vendor Authorization' and 'Update Vendor Authorization', both of which are circled in red.

Add a vendor- By typing in the first letter of the name of existing vendors, the list will populate with those identified as IPF vendors.

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Update Vendor Authorization- If a vendor had been previously selected- this allows the facility to update.

CMS .gov QualityNet

Home Quality Programs My Data My Measures My Scores My Reports

Quality Programs > Quality Reporting Programs: ASC-Cancer-Psychiatric Facility > Authorize Vendors to Submit Data > Vendor Authorization

VendorAuth

Start Add New Vendor Authorization Update Vendor Authorization

Select Vendor to Update Update Dates Approve Authorization Update Confirmation

Provider Information CCN NPI

Select Currently Authorized Vendor

Select a vendor from the list below and click Continue.

Select	Vendor ID	Vendor Name	Measure Set	Discharge Date	Data Transmission Date
No data to display.					

CANCEL CONTINUE

Notice of Participation

CMS .gov QualityNet

Home Quality Programs My Data My Measures My Scores My Reports

Quality Programs > Quality Reporting Programs: ASC-Cancer-Psychiatric Facility > Manage Notice of Participation > View/Edit Notice of Participation, Contacts, Campuses

Quality Reporting System: My Tasks

Reports
Run Report
View Search Report
View/Request/Approve Access

Authorize Vendors to Submit Data
Vendor Authorization

Manage Measures
View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)

Manage Security
Manage Multifactor Credentials

Manage Notice of Participation
View/Edit Notice of Participation, Contacts, Campuses

Facility enters their CCN

CMS .gov QualityNet

Home Quality Programs My Data My Measures My Scores My Reports

Quality Programs > Quality Reporting Programs: ASC-Cancer-Psychiatric Facility > Manage Notice of Participation > View/Edit Notice of Participation, Contacts, Campuses

Notice of Participation application

Start

Start: Notice of Participation

Instructional Text:
Select your Supplier Type
Enter a 6-digit CCN

* Identify Supplier Type

Inpatient Psychiatric Facilities (IPF) Notice of Participation

PPS - Exempt Cancer (PCH) Notice of Participation

* Enter a 6-digit CCN

NEXT

In order to add an NOP, the facility must first add a minimum of 2 contacts.

Quality Programs > Quality Reporting Programs: ASC-Cancer-Psychiatric Facility > Manage Notice of Participation > View/Edit Notice of Participation, Contacts, Campuses

Notice of Participation application

Start **Contacts**

IPFQR Contacts

Provider Name: [Empty] Provider ID: [Empty] Medicare Accept Date: 06/30/1966 20:00:00 PT Facility Close Date: [Empty]

Notice of Participation Contacts Table.

ADD CONTACT

Select a Contact Name to view/edit/delete.

Contact Type	Contact Name	Telephone	Extension	Address	E-mail	E-mail when changed?
Administrator	UPDATE USER					

Completing the Notice of Participation

Start **Notice of Participation**

IPFQR Notice of Participation | Text

Provider Name: [Empty] Provider ID: [Empty] Medicare Accept Date: 12/04/1989 21:00:00 PT Facility Close Date: [Empty]

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Notice of Participation

Please review the Notice of Participation below.

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Notice of Participation Agreement

The Inpatient Psychiatric Facility (IPF) agrees to follow procedures for participating in the IPFQR Program as outlined in the federal regulations found in the Federal Register, or is indicating its decision to decline participation. The IPF understands that participation in the IPFQR Program is voluntary for the applicable fiscal year.

Each IPF must complete this "IPFQR Notice of Participation" (IPFQR Notice) as outlined in the IPFQR QualityNet and in the federal regulations found in the Federal Register. In an effort to alleviate the burden associated with submitting this form annually, effective with the IPFQR Notice submitted for participation in FY 2014 program year or later, an IPF that indicated its intent to participate will be considered an active IPFQR Program participant until CMS determines a need to resubmit the IPFQR Notice, or the IPF submits a request for withdrawal to CMS.

This information is in compliance with the CMS guidelines for IPF's submitting their quality performance data in accordance with section 1886(x)(4) of the Social Security Act. Pursuant to section 1886(x)(4)(E) of the Act, IPF's agreeing to participate in the IPFQR Program will have their data publicly displayed on the CMS' website after being afforded the opportunity to review their data.

* We are not operating under the Withdrawal Provider ID-014001

Agree to participate

Do not agree to participate

I want to be withdrawn from participation.

Required Field: By entering my acknowledgement, I hereby issue this IPFQR Notice of Participation with the specified direction contained within:

By entering my acknowledgement, I hereby issue this IPFQR Notice of Participation with the specified direction contained within:

By entering this pledge, I agree to:

- (1) Transmit or have data transmitted to CMS and/or the QIO Clinical Warehouse; and
- (2) Permit my hospital's performance information to be publicly reported.

CANCEL **SAVE**

Two pledge options are available initially. Select the desired pledge status and acknowledge selection.

Save pledge after acknowledgement.

Data Accuracy and Completeness Acknowledgement

The screenshot shows the CMS QualityNet dashboard. At the top left is the CMS.gov logo and QualityNet text. A search bar is on the top right. Below the logo is a navigation menu with buttons for Home, Quality Programs, My Data, My Measures, My Scores, and My Reports. The breadcrumb trail reads: Quality Programs > Quality Reporting Programs: ASC-Cancer-Psychiatric Facility > Manage Notice of Participation > View/Edit Notice of Participation, Contacts, Campuses. The main heading is "Quality Reporting System: My Tasks". There are five task tiles: "Reports" (Run Report, View/Search Report, View/Request/Approve Access), "Authorize Vendors to Submit Data" (Vendor Authorization), "Manage Measures" (View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)), "Manage Security" (Manage Multifactor Credentials), and "Manage Notice of Participation" (View/Edit Notice of Participation, Contacts, Campuses). The "Manage Measures" tile is circled in red.

Select the Program

The screenshot shows the "Select a Program" page. The breadcrumb trail is: Quality Programs > Quality Reporting Programs: ASC-Cancer-Psychiatric Facility > Manage Measures > View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA). The page title is "Select Structural / Web-Based Measures / DACA". On the left, there is a text box explaining structural and web-based measures. On the right, there is a yellow box with the heading "Select a Program" and the text "Inpatient Psychiatric Facilities Web-Based Measures/DACA DACA".

Enter the CCN

The screenshot shows the "Enter the CCN" page. The breadcrumb trail is: Quality Programs > Quality Reporting Programs: ASC-Cancer-Psychiatric Facility > Manage Measures > View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA). The page title is "Inpatient Psychiatric Facilities Web-Based Measures/DACA". On the left, there is a text box explaining web-based measures. On the right, there is a heading "View/Edit Web-Based Measures/DACA for:" followed by "CCN (6 digits):" and an input field. A "FIND PROVIDER" button is next to the input field. Below the input field is a large "CONTINUE" button.

Start Structural/Web-Based Measures

Inpatient Psychiatric Facilities Web-Based Measures/DACA | Summary

Print

Provider CCN NPI

Submission Period
07/01/2013 - 08/23/2013

Web-Based Measures | PY 2014

Structural Measure	Completed	Actions
Data Accuracy and Completeness Acknowledgement		

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Data Accuracy and Completeness Acknowledgement

Print

Provider CCN NPI

Submission Period
07/01/2013 - 08/23/2013

Data Accuracy and Completeness Acknowledgement FY 2014 * Required Field 04/14/2014 14:17 PT

For all Inpatient Psychiatric Facility Quality Reporting participating providers, the Data Accuracy and Completeness Acknowledgement is required by CMS in order to fulfill the Annual Payment Update (APU) requirement.

***Data Accuracy and Completeness Acknowledgement for FY 2014 and subsequent fiscal years**

(* indicates required for providers participating in the Inpatient Psychiatric Quality Reporting Program.

I acknowledge that to the best of my ability all of the information reported for this Inpatient Psychiatric Facility (IPF) for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program, as required for the Fiscal Year 2014 and subsequent fiscal years IPFQR Program requirements, is accurate and complete. This information includes the following:

- Aggregated measure sets;
- Current Notice of Participation and QualityNet Security Administrator.

I understand that this acknowledgement covers all IPFQR information reported by this IPF (and any data or survey vendor(s) acting as agents on behalf of this hospital) to CMS and its contractors for the FY 2014 and subsequent fiscal years.

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 2014 IPFQR Program requirements.

HBIPS Measure Screen Shot From FY 2014

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Web-Based Measures Program

Provider

CCN

NPI

Submission Period

07/01/2013 - 08/23/2013

Web-Based Measures PY 2014 * Required Field 04/14/2014 14:19 PT

For Inpatient Psychiatric Facility Quality Reporting participating providers, responses for all age groups for the measures questions are required in order to fulfill the Annual Payment Update (APU) requirement. If no data for measures, please enter zero. Do not leave any entry fields blank.

With respect to October 1, 2012 - March 31, 2013

HBIPS2

HBIPS-2: Hours of Physical Restraint Use

Please follow The [Joint Commission Specification Manual](#) for guidance on measure data collection, exclusions and population sampling.

* NUMERATOR [The total number of hours that all psychiatric inpatients were maintained in physical restraint]

Age(Years)	Q4 2012	Q1 2013
1-12	<input type="text" value="0"/>	<input type="text" value="0"/>
13-17	<input type="text" value="0"/>	<input type="text" value="0"/>
18-64	<input type="text" value="0"/>	<input type="text" value="0"/>
65 and over	<input type="text" value="0"/>	<input type="text" value="0"/>
Overall	0	0

* DENOMINATOR [Number of psychiatric inpatient days]

Age(Years)	Q4 2012	Q1 2013
1-12	<input type="text" value="0"/>	<input type="text" value="0"/>
13-17	<input type="text" value="0"/>	<input type="text" value="0"/>
18-64	<input type="text" value="29"/>	<input type="text" value="31"/>
65 and over	<input type="text" value="0"/>	<input type="text" value="0"/>
Overall	29	31

RESULT HBIPS-2: [Hours per 1000 Patient Hours]

Age(Years)	Q4 2012	Q1 2013
1-12	N/A	N/A
13-17	N/A	N/A
18-64	0	0
65 and over	N/A	N/A
Overall	0	0

HBIPS 3

HBIPS-3: Hours of Seclusion Use

Please follow The [Joint Commission Specification Manual](#) for guidance on measure data collection, exclusions and population sampling.

* NUMERATOR [The total number of hours that all psychiatric inpatients were held in seclusion]

Age(Years)	Q4 2012	Q1 2013
1-12	<input type="text" value="0"/>	<input type="text" value="0"/>
13-17	<input type="text" value="0"/>	<input type="text" value="0"/>
18-64	<input type="text" value="0"/>	<input type="text" value="0"/>
65 and over	<input type="text" value="0"/>	<input type="text" value="0"/>
Overall	0	0

* DENOMINATOR [Number of psychiatric inpatient days]

Age(Years)	Q4 2012	Q1 2013
1-12	<input type="text" value="0"/>	<input type="text" value="0"/>
13-17	<input type="text" value="0"/>	<input type="text" value="0"/>
18-64	<input type="text" value="29"/>	<input type="text" value="31"/>
65 and over	<input type="text" value="0"/>	<input type="text" value="0"/>
Overall	29	31

RESULT HBIPS-3: [Hours per 1000 Patient Hours]

Age(Years)	Q4 2012	Q1 2013
1-12	N/A	N/A
13-17	N/A	N/A
18-64	0	0
65 and over	N/A	N/A
Overall	0	0

HBIPS 4 & 5

HBIPS-4: Patients Discharged on Multiple Antipsychotic Medications

Please follow The [Joint Commission Specification Manual](#) for guidance on measure data collection, exclusions and population sampling.

* NUMERATOR [Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications]

Age(Years)	Q4 2012	Q1 2013
1-12	<input type="text" value="0"/>	<input type="text" value="0"/>
13-17	<input type="text" value="0"/>	<input type="text" value="0"/>
18-64	<input type="text" value="9"/>	<input type="text" value="5"/>
65 and over	<input type="text" value="0"/>	<input type="text" value="0"/>
Overall	9	5

* DENOMINATOR [Psychiatric inpatient discharges]

Age(Years)	Q4 2012	Q1 2013
1-12	<input type="text" value="0"/>	<input type="text" value="0"/>
13-17	<input type="text" value="0"/>	<input type="text" value="0"/>
18-64	<input type="text" value="38"/>	<input type="text" value="32"/>
65 and over	<input type="text" value="0"/>	<input type="text" value="0"/>
Overall	38	32

HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification

Please follow The [Joint Commission Specification Manual](#) for guidance on measure data collection, exclusions and population sampling.

* NUMERATOR [Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications with appropriate justification]

Age(Years)	Q4 2012	Q1 2013
1-12	<input type="text" value="0"/>	<input type="text" value="0"/>
13-17	<input type="text" value="0"/>	<input type="text" value="0"/>
18-64	<input type="text" value="0"/>	<input type="text" value="5"/>
65 and over	<input type="text" value="0"/>	<input type="text" value="0"/>
Overall	0	5

* DENOMINATOR [Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications]

Age(Years)	Q4 2012	Q1 2013
1-12	<input type="text" value="0"/>	<input type="text" value="0"/>
13-17	<input type="text" value="0"/>	<input type="text" value="0"/>
18-64	<input type="text" value="9"/>	<input type="text" value="5"/>
65 and over	<input type="text" value="0"/>	<input type="text" value="0"/>
Overall	9	5

RESULT(HBIPS-4) (Proportions) [Percentages per Quarter per Age Group]

Age(Years)	Q4 2012	Q1 2013
1-12	N/A	N/A
13-17	N/A	N/A
18-64	23.7	15.6
65 and over	N/A	N/A
Overall	23.7	15.6

RESULT(HBIPS-5)(Proportions) [Percentages per Quarter per Age Group]

Age(Years)	Q4 2012	Q1 2013
1-12	N/A	N/A
13-17	N/A	N/A
18-64	0	100
65 and over	N/A	N/A
Overall	0	100

HBIPS 6

HBIPS-6: Patients Discharged from a Hospital-based Inpatient Psychiatric Setting with a Continuing Care Plan Created

Please follow The [Joint Commission Specification Manual](#) for guidance on measure data collection, exclusions and population sampling.

* NUMERATOR [Psychiatric inpatients for whom the post discharge continuing care plan is created and contains all of the following: reason for hospitalization, principal discharge diagnosis, discharge medications and next level of care recommendations]

Age(Years)	Q4 2012	Q1 2013
1-12	<input type="text" value="0"/>	<input type="text" value="0"/>
13-17	<input type="text" value="0"/>	<input type="text" value="0"/>
18-64	<input type="text" value="44"/>	<input type="text" value="44"/>
65 and over	<input type="text" value="0"/>	<input type="text" value="0"/>
Overall	44	44

* DENOMINATOR [Psychiatric inpatient discharges]

Age(Years)	Q4 2012	Q1 2013
1-12	<input type="text" value="0"/>	<input type="text" value="0"/>
13-17	<input type="text" value="0"/>	<input type="text" value="0"/>
18-64	<input type="text" value="44"/>	<input type="text" value="44"/>
65 and over	<input type="text" value="0"/>	<input type="text" value="0"/>
Overall	44	44

RESULT HBIPS-6: (Proportions) [Percentages per Quarter per Age Group]

Age(Years)	Q4 2012	Q1 2013
1-12	N/A	N/A
13-17	N/A	N/A
18-64	100	100
65 and over	N/A	N/A
Overall	100	100

HBIPS 7

HBIPS-7: Post Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge

Please follow The [Joint Commission Specification Manual](#) for guidance on measure data collection, exclusions and population sampling.

* NUMERATOR [Psychiatric inpatients for whom the post discharge continuing care plan was transmitted to the next level of care]

Age(Years)	Q4 2012	Q1 2013
1-12	<input type="text" value="0"/>	<input type="text" value="0"/>
13-17	<input type="text" value="0"/>	<input type="text" value="0"/>
18-64	<input type="text" value="44"/>	<input type="text" value="44"/>
65 and over	<input type="text" value="0"/>	<input type="text" value="0"/>
Overall	44	44

* DENOMINATOR [Psychiatric inpatient discharges]

Age(Years)	Q4 2012	Q1 2013
1-12	<input type="text" value="0"/>	<input type="text" value="0"/>
13-17	<input type="text" value="0"/>	<input type="text" value="0"/>
18-64	<input type="text" value="44"/>	<input type="text" value="44"/>
65 and over	<input type="text" value="0"/>	<input type="text" value="0"/>
Overall	44	44

RESULT HBIPS-7: (Proportions) [Percentages per Quarter per Age Group]

Age(Years)	Q4 2012	Q1 2013
1-12	N/A	N/A
13-17	N/A	N/A
18-64	100	100
65 and over	N/A	N/A
Overall	100	100