

**Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Online Data Entry Tool Content for Web-Based Measure Collection
FY 2018 and Subsequent Years**

IPFs should complete the form in a fillable PDF format and submit via email to: IPFQualityReporting@hcqis.org.

CCN	<input type="text"/>	Facility Name	<input type="text"/>
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Screening for Metabolic Disorders

Screening for Metabolic Disorders	<input type="text"/>
<i>NUMERATOR</i>	CY 2016
Total number of patients who received a metabolic screening either in the 12 months prior to, or during, the index IPF stay	
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<i>DENOMINATOR</i>	CY 2016
IPF patients discharged with one or more routinely scheduled antipsychotic medications during the measurement period	
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PRA DISCLOSURE STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1171**. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850