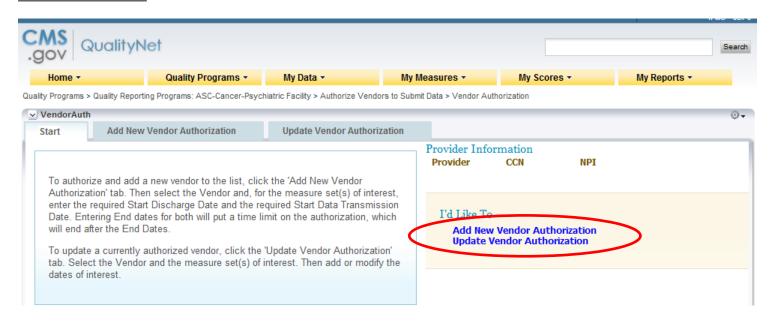
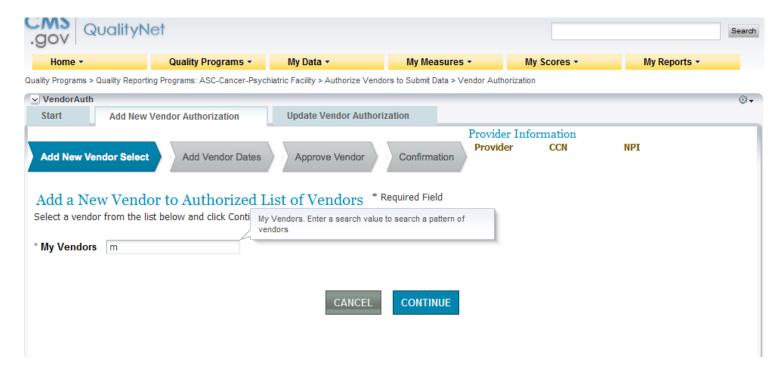
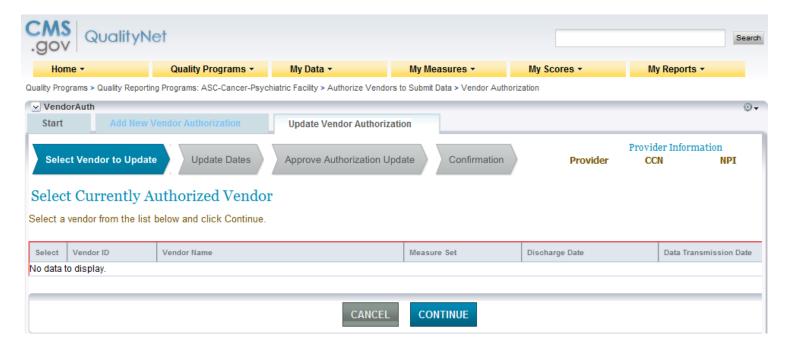
Vendor Authorization



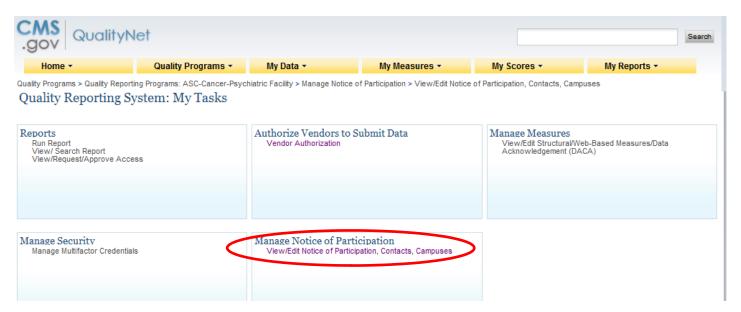
Add a vendor- By typing in the first letter of the name of existing vendors, the list will populate with those identified as IPF vendors.



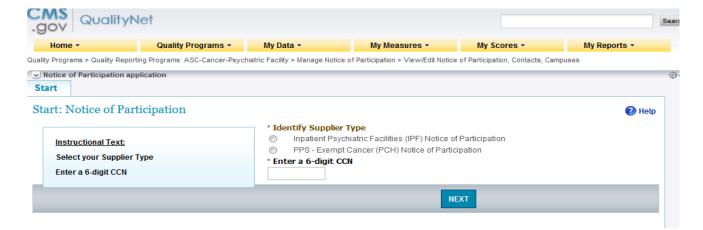
Update Vendor Authorization- If a vendor had been previously selected- this allows the facility to update.



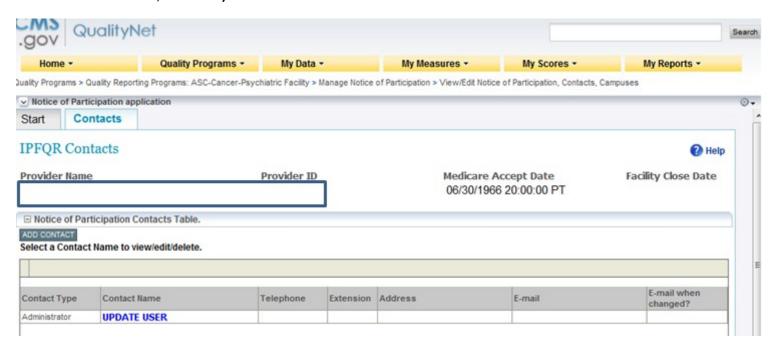
Notice of Participation



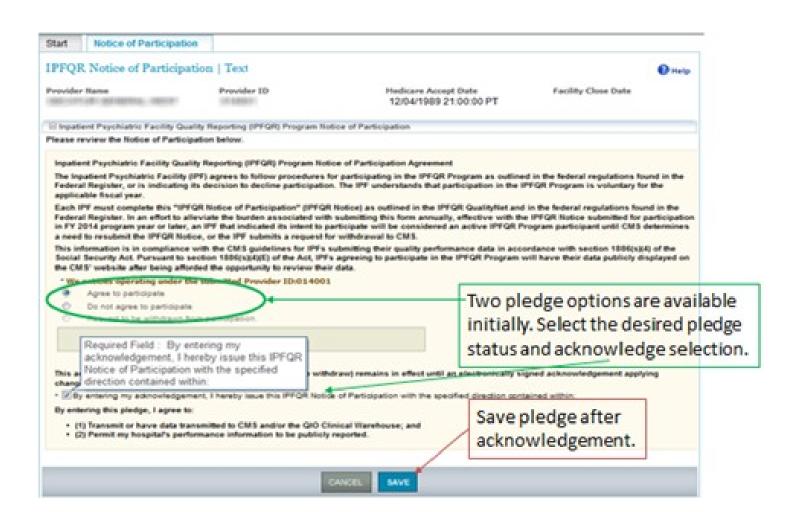
Facility enters their CCN



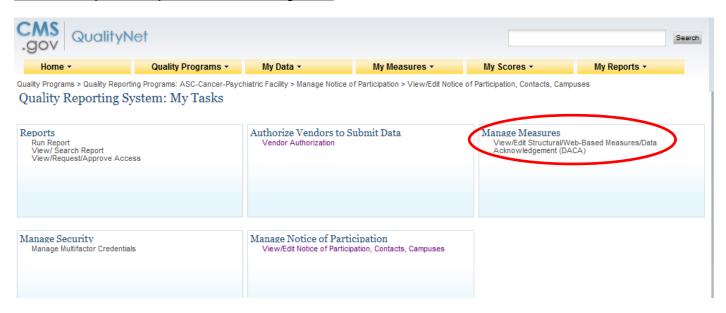
In order to add an NOP, the facility must first add a minimum of 2 contacts.



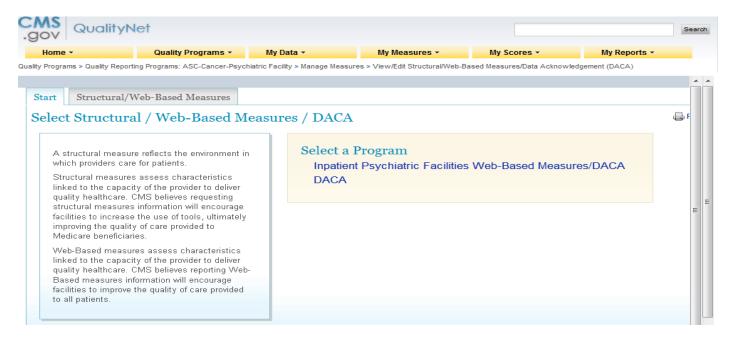
Completing the Notice of Participation



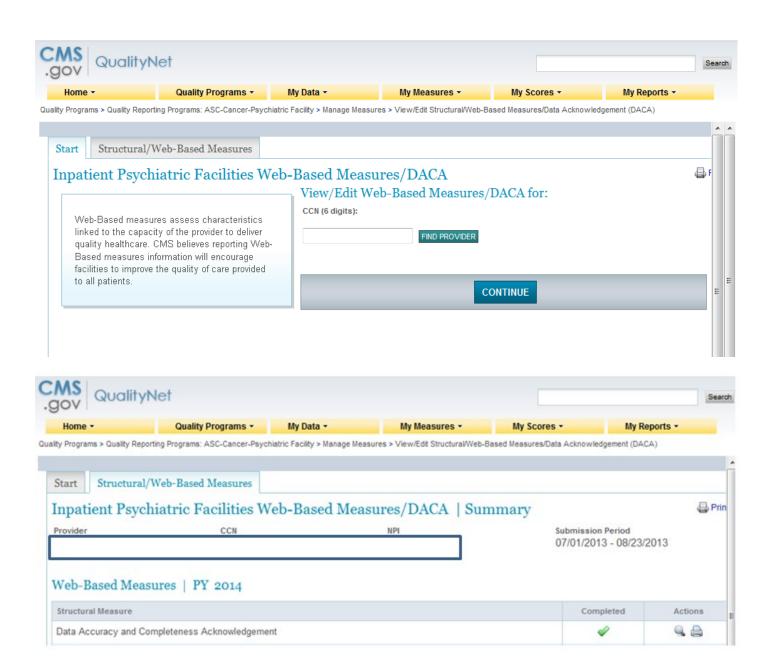
Data Accuracy and Completeness Acknowledgement



Select the Program



Enter the CCN



	Psychiatric Facility Quality Reporting (IPFQR) Program racy and Completeness Acknowledgement	Print
Provider	CCN NPI Submission Period 07/01/2013 - 08/23/	2013
Data Accura	cy and Completeness Acknowledgement FY 2014 *Required Field 04/14/2014 14:17 PT	
and Comp	patient Psychiatric Facility Quality Reporting participating providers, the Da bleteness Acknowledgement is required by CMS in order to fulfill the Annual 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	

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

2014 IPFQR Program requirements.

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	0	0
13-17	0	0
18-64	0	0
65 and over	0	0
Overall	0	0

*DENOMINATOR [Number of psychiatric inpatient days]

Age(Years)	Q4 2012	Q1 2013
1-12	0	0
13-17	0	0
18-64	29	31
65 and over	0	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: 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	0	0
13-17	0	0
18-64	0	0
65 and over	0	0
Overall	0	0

*DENOMINATOR [Number of psychiatric inpatient days]

Age(Years)	Q4 2012	Q1 2013
1-12	0	0
13-17	0	0
18-64	29	31
65 and over	0	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-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	0	0
13-17	0	0
18-64	0	5
65 and over	0	0
Overall	0	5

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

Q4 2012	Q1 2013
0	0
0	0
9	5
0	0
9	5
	0 0 9 0

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