

Vendor Authorization

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

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.

Provider Information

Provider	CCN	NPI
I'd Like To		
Add New Vendor Authorization		
Update 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.

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VendorAuth

Start Add New Vendor Authorization Update Vendor Authorization

Add New Vendor Select Add Vendor Dates Approve Vendor Confirmation

Provider Information

Provider	CCN	NPI
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Add a New Vendor to Authorized List of Vendors * Required Field

Select a vendor from the list below and click Continue

* My Vendors

My Vendors. Enter a search value to search a pattern of vendors

CANCEL CONTINUE

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

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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

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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

Help

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.

The screenshot shows the CMS QualityNet interface. At the top, there is a search bar and a navigation menu with options: Home, Quality Programs, My Data, My Measures, My Scores, and My Reports. Below the navigation menu, 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 content area is titled 'IPFQR Contacts' and includes a 'Help' icon. There are two tabs: 'Start' and 'Contacts'. The 'Contacts' tab is active. Below the tabs, there are fields for 'Provider Name', 'Provider ID', 'Medicare Accept Date' (06/30/1966 20:00:00 PT), and 'Facility Close Date'. A section titled 'Notice of Participation Contacts Table' contains an 'ADD CONTACT' button and a message: 'Select a Contact Name to view/edit/delete.' Below this is a table with columns: Contact Type, Contact Name, Telephone, Extension, Address, E-mail, and E-mail when changed?. The table contains one row with 'Administrator' as the Contact Type and 'UPDATE USER' as the Contact Name.

Completing the Notice of Participation

The screenshot shows the 'IPFQR Notice of Participation | Text' form. At the top, there is a 'Start' tab and a 'Notice of Participation' sub-tab. The form includes fields for 'Provider Name', 'Provider ID', 'Medicare Accept Date' (12/04/1989 21:00:00 PT), and 'Facility Close Date'. Below these fields is a section titled 'Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Notice of Participation'. The text in this section reads: 'Please review the Notice of Participation below.' followed by the 'Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Notice of Participation Agreement'. The agreement text states: '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 its 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 IPFs submitting their quality performance data in accordance with section 1886(v)(4) of the Social Security Act. Pursuant to section 1886(v)(4)(E) of the Act, IPFs 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.' Below the agreement text are two radio buttons: 'Agree to participate' (which is selected and circled in red) and 'Do not agree to participate'. A blue box with a red border contains the text: 'Two pledge options are available initially. Select the desired pledge status and acknowledge selection.' Below the radio buttons is a 'Required Field' message: 'By entering my acknowledgement, I hereby issue this IPFQR Notice of Participation with the specified direction contained within:'. Below this is a dropdown menu with 'Withdrawal' selected. A blue box with a red border contains the text: 'Save pledge after acknowledgement.' Below the dropdown menu is a section titled 'By entering this pledge, I agree to:' followed by two bullet points: '(1) Transmit or have data transmitted to CMS and/or the QO Clinical Warehouse; and (2) Permit my hospital's performance information to be publicly reported.' At the bottom of the form are 'CANCEL' and 'SAVE' buttons.

Data Accuracy and Completeness Acknowledgement

The screenshot shows the CMS QualityNet interface. At the top left is the CMS .gov logo and 'QualityNet'. A search bar is on the top right. Below the logo is a navigation bar 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 cards: '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' card is circled in red.

Select the Program

The screenshot shows the 'Select a Program' page in the CMS QualityNet system. 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 has a 'Start' tab and a 'Structural/Web-Based Measures' tab. The main heading 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 titled 'Select a Program' with the link 'Inpatient Psychiatric Facilities Web-Based Measures/DACA DACA'. A printer icon is visible on the right side of the page.

Enter the CCN

Start Structural/Web-Based Measures

Inpatient Psychiatric Facilities Web-Based Measures/DACA

View/Edit Web-Based Measures/DACA for:

CCN (6 digits):

FIND PROVIDER

Web-Based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes reporting Web-Based measures information will encourage facilities to improve the quality of care provided to all patients.

CONTINUE

Start Structural/Web-Based Measures

Inpatient Psychiatric Facilities Web-Based Measures/DACA | Summary

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
<input type="text"/>		

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
<input type="text"/>		

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 5

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-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