

# IPFQR Program Web-Based Data Collection Tool Images

## Vendor Authorization

Select vendor authorization option.

The screenshot shows the CMS QualityNet interface. At the top, there is a navigation bar with 'Home', 'Quality Programs', 'My Reports', and 'Help' menus. Below this is a breadcrumb trail: 'Home > Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR > Vendor Authorization > Authorize Vendors to Submit Data'. The main content area is titled 'Provider Information' and contains a table with columns for 'Provider', 'CCN', and 'NPI'. To the right of the table is a box titled 'I'd Like To' containing four blue links: 'Add New Vendor Authorization', 'Update Vendor Authorization', 'View Previous Authorizations', and 'Select Another HQR Program'. The first link is highlighted with a red box.

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.

This screenshot shows the 'Add New Vendor Select' step of the vendor authorization process. The navigation bar and breadcrumb trail are the same as in the previous screenshot. Below the breadcrumb trail is a progress bar with four steps: 'Add New Vendor Select' (highlighted in blue), 'Add Vendor Dates', 'Approve Vendor', and 'Confirmation'. The main content area is titled 'Provider Information' and contains a table with columns for 'Provider', 'CCN', and 'NPI'. Below the table is a section titled 'Add a New Vendor to Authorized List of Vendors' with a '\* Required Field' label and a 'PRINT' button. The text below this section says 'Select a vendor from the list below and click Continue.' There is a search input field labeled '\* My Vendors' with a dropdown arrow on the right. At the bottom of the page are two buttons: 'CANCEL' and 'CONTINUE'.

Update vendor authorization: if a vendor had been previously selected, this page allows the facility to update the vendor's information.

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Home ▾ Quality Programs ▾ My Reports ▾ Help ▾

Home>Quality Programs>Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR>Vendor Authorization>Authorize Vendors to Submit Data

Select Vendor to Update Update Dates  Approve Authorization Update step has not been completed.  Confirmation step has not been completed.

**Provider Information**

Provider	CCN	NPI
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**Select Currently Authorized Vendor** \* Required Field **PRINT**

\* Select a vendor from the list below and click Continue.  
There are currently no vendors authorized for this program. Please add a new vendor to authorize.

**CANCEL** **CONTINUE**

### Data Accuracy and Completeness Acknowledgement (DACA)

DACA is located under the “Manage Measures” task heading.

CMS.gov | QualityNet

Home ▾ Quality Programs ▾ My Reports ▾ Help ▾

Home>Quality Programs>Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR

Quality Reporting System: My Tasks

<b>Hospital Reporting Inpatient / Outpatient</b> View / Edit Population and Sampling	<b>Manage Measures</b> View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)	<b>Manage Security</b> Manage Multifactor Credentials My Account
<b>Manage Notice of Participation</b> View/Edit Notice of Participation, Contacts, Campuses	<b>Report Authorization</b> View/Request/Approve Access	<b>Vendor Authorization</b> Authorize Vendors to Submit Data

Select the program.

The screenshot shows the CMS QualityNet interface. At the top, there is a search bar and navigation tabs for Home, Quality Programs, My Reports, and Help. The breadcrumb trail indicates the user is in the 'View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)' section. The main content area is titled 'View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)' and includes a 'Print' button. On the left, there is a text box explaining structural and web-based measures. On the right, a 'Select a Program' section lists several options: Inpatient Structural Measures/DACA, Inpatient Web-Based Measures, Outpatient Web-Based Measures, Inpatient Psychiatric Facilities Web-Based Measures/DACA (highlighted with a red box), Ambulatory Surgical Center Web-Based Measures, PPS Exempt Cancer Hospitals Web-Based Measures, and PPS Exempt Cancer Hospitals DACA.

Select the payment year.

The screenshot shows the same CMS QualityNet interface, but now focused on the 'Inpatient Psychiatric Facilities Web-Based Measures/DACA' page. The breadcrumb trail is updated to reflect the selected program. The main content area includes a text box on the left explaining web-based measures. On the right, there is a 'Payment Year' dropdown menu with a tooltip that says 'Please select a Payment Year'. Below the dropdown is a 'Continue' button.

Provider selection: A single facility with access only to its own data will not see this page. However, a user with access to more than one provider (for example, a vendor) must select the CCN for one or more providers.

The screenshot shows the CMS QualityNet interface for 'Web-Based Measures | 2019'. The page title is 'Inpatient Psychiatric Facilities Web-Based Measures/DACA'. A text box on the left explains that web-based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. The main section is titled 'Provider Selection' and asks the user to 'Select one or more providers.' It features a list of checkboxes, each followed by a '0' and a hyphen, representing different providers. At the bottom, there are 'Clear', 'Back', and 'Continue' buttons.

IPFQR Data Submission Selection.

The screenshot shows the CMS QualityNet interface for 'Web-Based Measures | PY 2019'. The page title is 'Inpatient Psychiatric Facilities Web-Based Measures/DACA'. It displays the 'Submission Period' as '07/01/2018 - 08/15/2018' and notes that the reporting period 'Varies by Measure'. Below this, a table lists various measures for selection:

Measure Name	Code
Use of an Electronic Health Record	SUB-1
	SUB-2/-2a
	SUB-3/-3a
	TOB-1
	TOB-2/-2a
	TOB-3/-3a
	IMM-2
	DACA

## IPFQR Data Accuracy and Completeness Acknowledgement.

CMS.gov | QualityNet  Search QualityNet.org

Home - Quality Programs - My Reports - Help -

Home>Quality Programs>Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR>Manage Measures>View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)

Start Structural/Web-Based Measures 04/26/2018 06:26:54 PT

### Inpatient Psychiatric Facilities Web-Based Measures/DACA

Provider	CCN	Submission Period 07/01/2018 - 08/15/2018	With Respect to Reporting Period 01/01/2017 - 12/31/2017
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**Data Accuracy and Completeness Acknowledgement | PY2019** \* Required field

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.

**Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program  
Data Accuracy and Completeness Acknowledgement FY 2019**

I acknowledge that to the best of my ability all of the information reported for this Inpatient Psychiatric Facility (IPF) Quality Reporting (IPFQR) Program, as required for the Fiscal Year 2019 IPFQR Program requirements, is accurate and complete. This information includes the following:

- Aggregated data for all required measures
- Non-measure data
- Current Notice of Participation and
- Active QualityNet Security Administrator

I understand that this acknowledgement covers all IPFQR information reported by this inpatient psychiatric hospital or psychiatric unit (and any data vendor(s) acting as agents on behalf of this IPF) to CMS and its contractors, for the FY 2019 payment determination year. 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 2019 IPFQR Program requirements.

## HBIPS-2

Enter the numerator and the denominator

### HBIPS-2: Hours of Physical Restraint Use

**Numerator**

\* The total number of hours that all psychiatric inpatients were maintained in physical restraint

  
  

**Denominator**

\* Number of psychiatric inpatient days

### HBIPS-3

Enter the numerator and the denominator.

#### HBIPS-3: Hours of Seclusion Use

**Numerator**

\* The total number of hours that all psychiatric inpatients were held in seclusion

**Denominator**

\* Number of psychiatric inpatient days

[Return to Summary](#) [Calculate](#) [Submit](#) [Print](#)

### HBIPS-5

Enter the numerator and the denominator.

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

**Numerator**

\* Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications with appropriate justification

**Denominator**

\* Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications

[Return to Summary](#) [Calculate](#) [Submit](#) [Print](#)

## TOB-2 and TOB-2a

Enter the numerator for TOB-2, the numerator for TOB-2a and the denominator.

### TOB-2/-2a: Tobacco Use Treatment Provided or Offered

#### Numerator 1

- \* Number of patients who received or refused practical counseling to quit AND received or refused FDA-approved cessation medications or had a reason for not receiving the medication during the first three days after admission.

#### Numerator 2

- \* Number of patients who received practical counseling to quit AND received FDA-approved cessation medication or had a reason for not receiving the medication during the first three days after admission.

#### Denominator

- \* Number of hospitalized patients 18 years of age and older identified as current tobacco users.

## TOB-3 and TOB-3a

Enter the numerator for TOB-3, the numerator for TOB-3a and the denominator.

### TOB-3/-3a: Tobacco Use Treatment Provided or Offered at Discharge/Tobacco Use Treatment at Discharge

#### Numerator 1

- \* Number of patients who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication upon discharge.

#### Numerator 2

- \* Number of patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication upon discharge as well as those who were referred to outpatient counseling and had reason for not receiving a prescription for medication.

#### Denominator

- \* Number of hospitalized patients 18 years of age and older identified as current tobacco users.

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## SUB-2 and SUB-2a

Enter the numerator for SUB-2, the numerator for SUB-2a, and the denominator.

### SUB-2/-2a: Alcohol Use Brief Intervention Provided or Offered/Alcohol Use Brief Intervention

#### Numerator 1

\* Number of patients who screened positive for unhealthy alcohol use who received or refused a brief intervention during the hospital stay.

#### Numerator 2

\* Number of patients who received the brief intervention during the hospital stay.

#### Denominator

\* Number of hospitalized patients 18 years of age and older who screened positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence).

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## SUB-3 and SUB-3a

Enter the numerator for SUB-3, the numerator for SUB-3a, and the denominator.

### SUB-3/-3a: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge/Alcohol and Other Drug Use Disorder Treatment at Discharge

#### Numerator 1

\* Number of patients who received or refused at discharge a prescription for medication for treatment of alcohol or drug use disorder OR received or refused a referral for addictions treatment.

#### Numerator 2

\* Number of patients who received at discharge a prescription for medication for treatment of alcohol or drug use disorder OR a referral for addictions treatment.

#### Denominator

\* Number of hospitalized patients 18 years of age and older who screened positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence).

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## IMM-2

Enter the numerator and the denominator.

### IMM-2: Influenza Immunization Information

#### Numerator

\* Inpatient discharges who were screened for influenza vaccine status and were vaccinated prior to discharge if indicated.

#### Denominator

\* Inpatients age 6 months and older discharged during the months of October, November, December, January, February or March.

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[Calculate](#)

[Submit](#)

[Print](#)

## Screening for Metabolic Disorders Measure

Enter the numerator and the denominator.

### Screening for Metabolic Disorders

#### Numerator

\* Total number of patients who received a metabolic screening either prior to, or during, the index IPF stay.

#### Denominator

\* Number of patients discharged with one or more routinely scheduled antipsychotic medications during the measurement period.

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## Transition Record with Specified Elements Received by Discharged Patients Measure

Enter the numerator and the denominator.

### Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)

#### Numerator

\* Number of patients, regardless of age, discharged from your facility to home or other site of care, or their caregiver(s), who received a transition record (and with whom a review of all included information was documented) at the time of discharge.

#### Denominator

\* Number of patients, regardless of age, discharged from your facility to home or other site of care, or their caregiver(s).

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## Timely Transmission of Transition Record Measure

Enter the numerator and the denominator.

### Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)

#### Numerator

\* Number of patients, regardless of age, discharged from an inpatient facility to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge.

#### Denominator

\* Number of patients, regardless of age, discharged from your facility to home or other site of care, or their caregiver(s).

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## Non-Measure Data Collection

Enter information regarding total annual discharges.

### Non-Measure Data/Population Counts

#### Total Annual Discharges

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

  

#### Age Strata

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

Children (1 - 12 years)	<input type="text"/>
Adolescent (13 - 17 years)	<input type="text"/>
Adult (18 - 64 years)	<input type="text"/>
Older Adult (65 and over)	<input type="text"/>

  

#### Diagnostic Categories

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

Anxiety disorders (651)	<input type="text"/>
Delirium, dementia, and amnesic and other cognitive disorders (653)	<input type="text"/>
Mood disorders (657)	<input type="text"/>
Schizophrenia and other psychotic disorders (659)	<input type="text"/>
Alcohol-related disorders (660)	<input type="text"/>
Substance-related disorders (661)	<input type="text"/>
Other diagnosis - Not included in one of the above categories	<input type="text"/>

  

#### Payer

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

Medicare	<input type="text"/>
Non-Medicare	<input type="text"/>