

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'. 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 left of the table, 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.' To the right of the table, there is a box titled 'I'd Like To' containing three links: 'Add New Vendor Authorization', 'Update Vendor Authorization', and 'View Previous Authorizations', with a fourth link 'Select Another HQR Program' below them.

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.

The 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 navigation bar, there is a progress indicator 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, there 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, there 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.

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Home ▾ Quality Programs ▾ My Reports ▾ Help ▾

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

Quality Reporting System: My Tasks

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

Select the program.

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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 06:15:05 PT

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

A structural measure reflects the environment in which providers care for patients. Structural measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes requesting structural measures information will encourage facilities to increase the use of tools, ultimately improving the quality of care provided to Medicare beneficiaries.

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.

Meaningful Use (MU) is a CMS Medicare and Medicaid program that awards incentives for using Certified Electronic Health Record Technology (CEHRTs) to improve patient care. To achieve Meaningful Use and avoid penalties, providers must follow a set of criteria that serves as a roadmap for effectively using an EHR.

Select a Program

- Inpatient Structural Measures/DACA
- Inpatient Web-Based Measures
- Outpatient Web-Based Measures
- Inpatient Psychiatric Facilities Web-Based Measures/DACA**
- Ambulatory Surgical Center Web-Based Measures
- PPS Exempt Cancer Hospitals Web-Based Measures
- PPS Exempt Cancer Hospitals DACA

Select the payment year.

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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 06:18:41 PT

Inpatient Psychiatric Facilities Web-Based Measures/DACA Print

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.

* Payment Year: Please select a Payment Year
-- Select --

Continue

IPFQR Data Accuracy and Completeness Acknowledgement.

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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

Return to Summary Calculate Submit Print

HBIPS-3

Enter the numerator and the denominator.

Information
Successfully Saved HBIPS-2 Information.

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

Results

HBIPS-2: Hours per 1000 Patient Hours 0.17

[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-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.

[Return to Summary](#)

[Calculate](#)

[Submit](#)

[Print](#)

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).

[Return to Summary](#)

[Calculate](#)

[Submit](#)

[Print](#)

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.

[Return to Summary](#)

[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.

[Return to Summary](#)

[Calculate](#)

[Submit](#)

[Print](#)

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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[Calculate](#)

[Submit](#)

[Print](#)

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)

Adolescent (13 - 17 years)

Adult (18 - 64 years)

Older Adult (65 and over)

Diagnostic Categories

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

Anxiety disorders (651)

Delirium, dementia, and amnesic and other cognitive disorders (653)

Mood disorders (657)

Schizophrenia and other psychotic disorders (659)

Alcohol-related disorders (660)

Substance-related disorders (661)

Other diagnosis - Not included in one of the above categories

Payer

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

Medicare

Non-Medicare

[Return to Summary](#)

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