

**Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Aggregate Measure and Non-Measure Data Submission and Administrative Requirements
Fiscal Year (FY) 2023 Data Submission Checklist**

| Due | Task | ✓ | | | | | | | | | | | |
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| On or before 08/15/2022 | <u>STEP 1: Enter aggregate, facility-level measure and non-measure data.</u> | <input type="checkbox"/> | | | | | | | | | | | |
| | A. Log in to the Hospital Quality Reporting (HQR) system . | <input type="checkbox"/> | | | | | | | | | | | |
| | B. Hover your mouse on the left side of the screen to expand the menu options. Select Data Submissions . | <input type="checkbox"/> | | | | | | | | | | | |
| | C. Click the Data Form button. | <input type="checkbox"/> | | | | | | | | | | | |
| | D. Under the Select the Data Form sub-header, select IPF . Then, click Launch Data Form . | <input type="checkbox"/> | | | | | | | | | | | |
| | E. A page listing all non-measure and measure data entry pages will appear. Click the Start Measure button to begin the data entry process. | <input type="checkbox"/> | | | | | | | | | | | |
| | F. Enter data values in the data entry fields for each of the following FY 2023 submission requirements: <table border="0" style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> HBIPS-2/-3</td> <td><input type="checkbox"/> IMM-2</td> </tr> <tr> <td><input type="checkbox"/> HBIPS-5</td> <td><input type="checkbox"/> Screening for Metabolic Disorders</td> </tr> <tr> <td><input type="checkbox"/> SUB-2/-2a</td> <td><input type="checkbox"/> Non-Measure Data and Population Counts</td> </tr> <tr> <td><input type="checkbox"/> SUB-3/-3a</td> <td><input type="checkbox"/> Transition Record with Specified Elements</td> </tr> <tr> <td><input type="checkbox"/> TOB-2/-2a</td> <td>Received by Discharged Patients and Timely</td> </tr> <tr> <td><input type="checkbox"/> TOB-3/-3a</td> <td>Transmission of Transition Record</td> </tr> </table> Once each field is populated, click the green Save & Return button at the bottom. | <input type="checkbox"/> HBIPS-2/-3 | <input type="checkbox"/> IMM-2 | <input type="checkbox"/> HBIPS-5 | <input type="checkbox"/> Screening for Metabolic Disorders | <input type="checkbox"/> SUB-2/-2a | <input type="checkbox"/> Non-Measure Data and Population Counts | <input type="checkbox"/> SUB-3/-3a | <input type="checkbox"/> Transition Record with Specified Elements | <input type="checkbox"/> TOB-2/-2a | Received by Discharged Patients and Timely | <input type="checkbox"/> TOB-3/-3a | Transmission of Transition Record |
| <input type="checkbox"/> HBIPS-2/-3 | <input type="checkbox"/> IMM-2 | | | | | | | | | | | | |
| <input type="checkbox"/> HBIPS-5 | <input type="checkbox"/> Screening for Metabolic Disorders | | | | | | | | | | | | |
| <input type="checkbox"/> SUB-2/-2a | <input type="checkbox"/> Non-Measure Data and Population Counts | | | | | | | | | | | | |
| <input type="checkbox"/> SUB-3/-3a | <input type="checkbox"/> Transition Record with Specified Elements | | | | | | | | | | | | |
| <input type="checkbox"/> TOB-2/-2a | Received by Discharged Patients and Timely | | | | | | | | | | | | |
| <input type="checkbox"/> TOB-3/-3a | Transmission of Transition Record | | | | | | | | | | | | |
| G. After all data are saved, click the blue I'm ready to submit button at the bottom of the page. A green box will appear at the top of the page to indicate data were submitted successfully. | <input type="checkbox"/> | | | | | | | | | | | | |
| On or before 08/15/2022 | <u>STEP 2: Submit the FY 2023 DACA.</u> | | | | | | | | | | | | |
| | A. Access the Data Accuracy and Completeness Acknowledgement (DACA) form by logging in to the HQR system . | | | | | | | | | | | | |
| | B. Hover your mouse on the left side of the screen to expand the menu options and click on Data Submissions . | | | | | | | | | | | | |
| | C. Select the Data Entry button. | <input type="checkbox"/> | | | | | | | | | | | |
| | D. At the top of the Data Submissions page, a blue banner indicates the DACA needs to be signed. Review the data for accuracy and completeness and then click the Sign button to view the DACA. | | | | | | | | | | | | |
| | E. Enter your job title in the field below "Position" and click the button attesting to the accuracy and completeness of the data. F. Click the Sign button at the bottom of the page. | | | | | | | | | | | | |
| NOTE: If any edits are made to previously submitted data, then you must re-sign and submit the DACA to acknowledge that those changes are accurate and complete. | | | | | | | | | | | | | |
| On or before 08/15/2022 | <u>STEP 3: Ensure the IPFQR Program Notice of Participation requirement is met.</u> Access the IPFQR Program Notice of Participation in the Hospital Quality Reporting system under Administration to ensure the status is "Participating." | <input type="checkbox"/> | | | | | | | | | | | |
| While an active Security Official (SO) is not a requirement for the IPFQR Program, it is necessary to have at least one active SO at your facility to ensure that someone has access to the <i>HQR Secure Portal</i> to meet the annual requirements. If SO status has lapsed, contact the CCSQ Service Center at (866) 288-8912. | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> • For guidance on IPFQR Program requirements and data verification processes, refer to the FY 2023 IPFQR Program Guide on the <i>QualityNet</i> IPFQR Program Resources web page. • For other assistance, contact the IPFQR Program Support Contractor via the QualityNet Q&A Tool, IPFQualityReporting@hsag.com email, or phone at (866) 800-8765 or (844) 472-4477. | | | | | | | | | | | | | |