



# **IPFQR Program: Keys to Successful FY 2026 Reporting**

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**July 23, 2025**

# Purpose

This presentation provides inpatient psychiatric facilities (IPFs) and their vendors with the following information:

- Fiscal year (FY) 2026 IPFQR Program requirements for the upcoming August 18, 2025, data submission deadline
- Keys to successful data submission
- Guidance to verify data accuracy

# Learning Objectives

Participants will be able to:

- Summarize the FY 2026 IPFQR Program requirements.
- Successfully submit data by avoiding common submission errors in the Hospital Quality Reporting (HQR) system.
- Locate and access helpful IPFQR Program resources.

IPFQR Program: Keys to Successful FY 2026 Reporting

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## **FY 2026 Reporting Requirements**

# FY 2026 IPFQR Program APU

To obtain the full annual payment update (APU) for the FY 2026 payment determination, an IPF must meet all IPFQR Program requirements by August 18, 2025, or be subject to a **2-percentage point reduction** to their APU for FY 2026.

# FY 2026 IPFQR Program Requirements

## Due by August 18, 2025

- Pledge a status of “Participating” in the IPFQR Program Notice of Participation (NOP).
- Submit the following:
  - Hospital-Based Inpatient Psychiatric Services (HBIPS)-2, -3
  - Substance Use (SUB)-2/-2a, -3/3a
  - Influenza Immunization (IMM)-2
  - Tobacco Use (TOB) 3/-3a
  - Transition Record with Specified Elements Received by Discharged Patients (TR-1)
  - Screening for Metabolic Disorders (SMD)
  - Non-measure data

# FY 2026 IPFQR Program Requirements Due by August 18, 2025

- Submit the following (continued):
  - COVID-19 Healthcare Personnel (HCP) measure data via the National Healthcare Safety Network system\*
  - Facility Commitment to Health Equity (FCHE)\*
  - Screening for Social Drivers of Health (SDOH)\*\*
  - Screen Positive Rate for Social Drives of Health\*\*
- Complete Data Accuracy and Completeness Acknowledgement (DACA)

\*In the [FY 2026 IPF Prospective Payment System \(PPS\) proposed rule](#), CMS proposed removal of this measure from the IPFQR Program beginning effective calendar year (CY) 2024/FY 2026 payment determination.

\*\* Measure reporting is voluntary for CY 2024/FY 2026 payment determination.

# FY 2026 IPFQR Program Chart-Abstracted Measure Requirements

Measure	Reporting Period	Submission Deadline	Sampling Allowed *
HBIPS-2: Hours of Physical Restraint Use	January 1– December 31, 2024	August 18, 2025	No
HBIPS-3: Hours of Seclusion Use	January 1– December 31, 2024	August 18, 2025	No
SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention	January 1– December 31, 2024	August 18, 2025	Yes
SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge	January 1– December 31, 2024	August 18, 2025	Yes

\*See Section 4: Population and Sampling Specifications, starting on page 107 of the [Specifications Manual for National Inpatient Psychiatric Facility Quality Measures, Version 1.2a](#), for more details about sampling options specific to CY 2024 discharges.



# FY 2026 IPFQR Program Chart-Abstracted Measure Requirements

Measure	Reporting Period	Submission Deadline	Sampling Allowed *
TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge	January 1– December 31, 2024	August 18, 2025	Yes
IMM-2: Influenza Immunization	October 1, 2024 – March 31, 2025	August 18, 2025	Yes
SMD: Screening for Metabolic Disorders	January 1– December 31, 2024	August 18, 2025	Yes
TR-1: Transition Record with Specified Elements Received by Discharged Patients	January 1– December 31, 2024	August 18, 2025	Yes

\*See Section 4: Population and Sampling Specifications, starting on page 107 of the [\*Specifications Manual for National Inpatient Psychiatric Facility Quality Measures, Version 1.2a\*](#), for more details about sampling options specific to CY 2024 discharges.

# COVID-19 HCP Submissions and Payment Determinations

## CY 2024 Reporting Period/FY 2026 Payment Determination\*

Reporting Period	Deadline Date
January 1–March 31, 2024 (Quarter (Q)1 2024)	August 15, 2024
April 1–June 30, 2024 (Q2 2024)	November 18, 2024
July 1–September 30, 2024 (Q3 2024)	February 18, 2025
October 1–December 31, 2024 (Q4 2024)	May 15, 2025

## CY 2025 Reporting Period/FY 2027 Payment Determination

Reporting Period	Deadline Date
January 1–March 31, 2025 (Q1 2025)	August 18, 2025
April 1–June 30, 2025 (Q2 2025)	November 17, 2025
July 1–September 30, 2025 (Q3 2025)	February 17, 2026
October 1–December 31, 2025 (Q4 2025)	May 18, 2026

- Data reported for encounters that occurred during CY 2024 will impact the IPFQR Program FY 2026 payment determination.
  - Data reported for encounters that occur during CY 2025 will impact the IPFQR FY 2027 payment determination.
- \* In the FY 2026 IPF PPS Proposed Rule, CMS is proposing to remove this measure from the IPFQR Program beginning effective CY 2024/FY 2026 Payment Determination.

IPFQR Program: Keys to Successful FY 2026 Reporting

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## **Keys to Successful Reporting**

# Key #1: Access and log in to the *HQR Secure Portal*

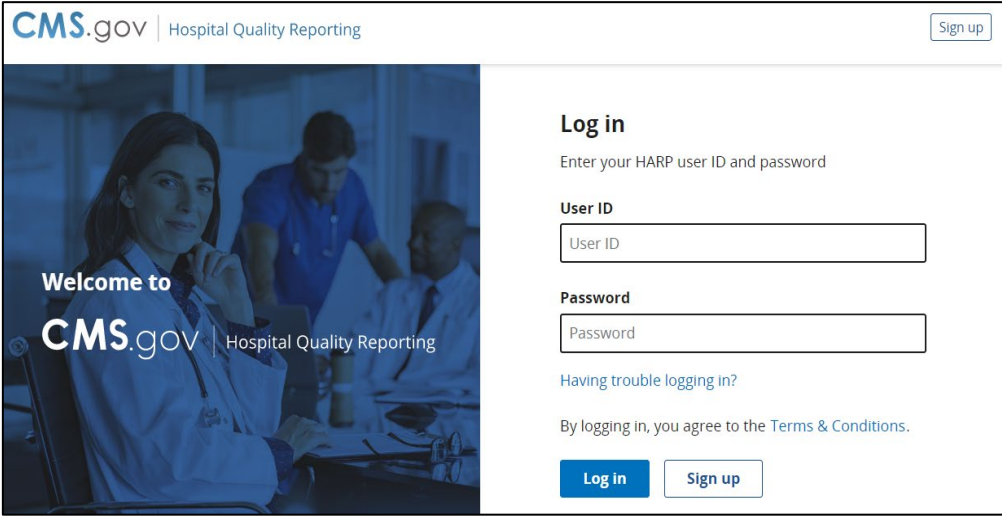
The *HQR Secure Portal* is the **only** CMS-approved method for submitting IPFQR Program data and the DACA directly to CMS.

CMS **highly** recommends that all IPFs ensure at least two people with knowledge of the data can verify the accuracy of the data entered in the *HQR Secure Portal*, even if a vendor enters the data.

# Key #1: Access and log in to the *HQR Secure Portal*

You will need to log in to the *HQR Secure Portal*.

1. Go to <https://hqr.cms.gov/hqrng/login>.
2. Enter your Health Care Quality Information Systems Access Roles and Profile (HARP) User ID and password.
3. Click the hyperlink below the Password field to view the terms and conditions for accessing the HQR system.
4. Click the Log In button.
  - 4a. If you do not have a HARP account, then click Sign Up and follow instructions to create one.
5. Select an option for two-factor authentication to verify your account. Then, click Next.
6. Enter the code received. Then, click Next. Once logged in, you will see the HQR landing page.



The screenshot shows the login interface for the CMS.gov Hospital Quality Reporting system. On the left, there is a blue-tinted image of healthcare professionals in a meeting, with the text "Welcome to CMS.gov Hospital Quality Reporting" overlaid. On the right, the "Log in" section includes a prompt to "Enter your HARP user ID and password". Below this are two input fields: "User ID" and "Password". A link "Having trouble logging in?" is positioned below the password field. At the bottom, there is a statement "By logging in, you agree to the Terms & Conditions." and two buttons: a blue "Log in" button and a white "Sign up" button with a blue border. A "Sign up" link is also present in the top right corner of the page header.

# Key #2: Have Two Active SOs

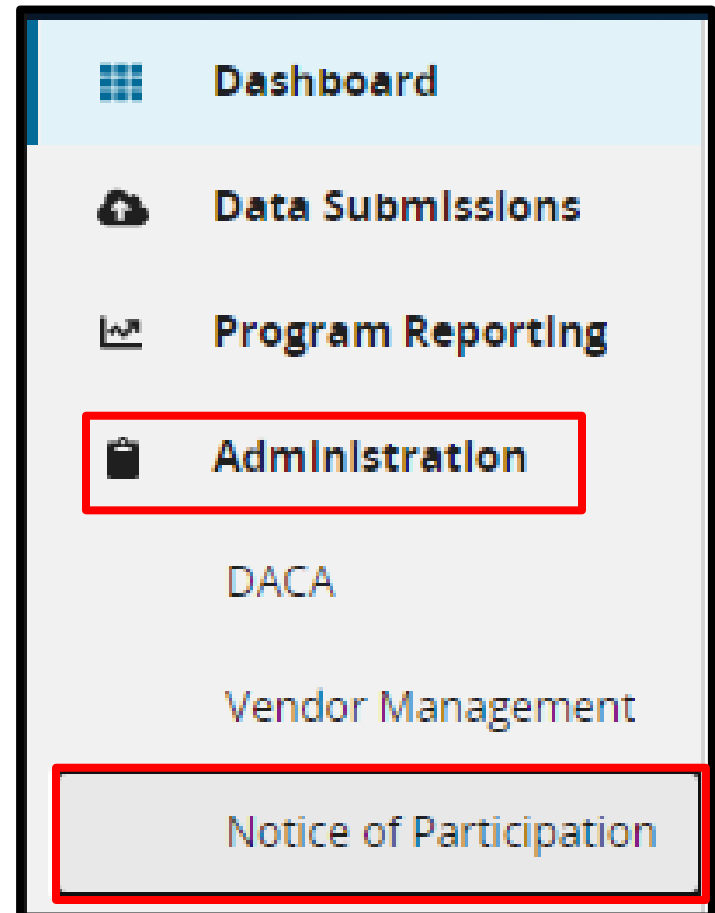
- A Security Official (SO) is a person in the organization who can grant *HQR Secure Portal* access to those who need to enter, review and confirm accuracy of submitted data.
- Page 6 of the FY 2026 IPFQR Program Guide provides instructions about setting up an active SO account.
- Download the instructions from the [QualityNet IPFQR Program Resources](#) page.
- You must log in to the *HQR Secure Portal* at least once every 90 days to keep accounts active.

If you are not sure of your SO status, contact the Center for Clinical Standards and Quality (CCSQ) Service Center at (866) 288-8914 or [QNetSupport@cms.hhs.gov](mailto:QNetSupport@cms.hhs.gov) for assistance.

# Key #3: Manage the NOP

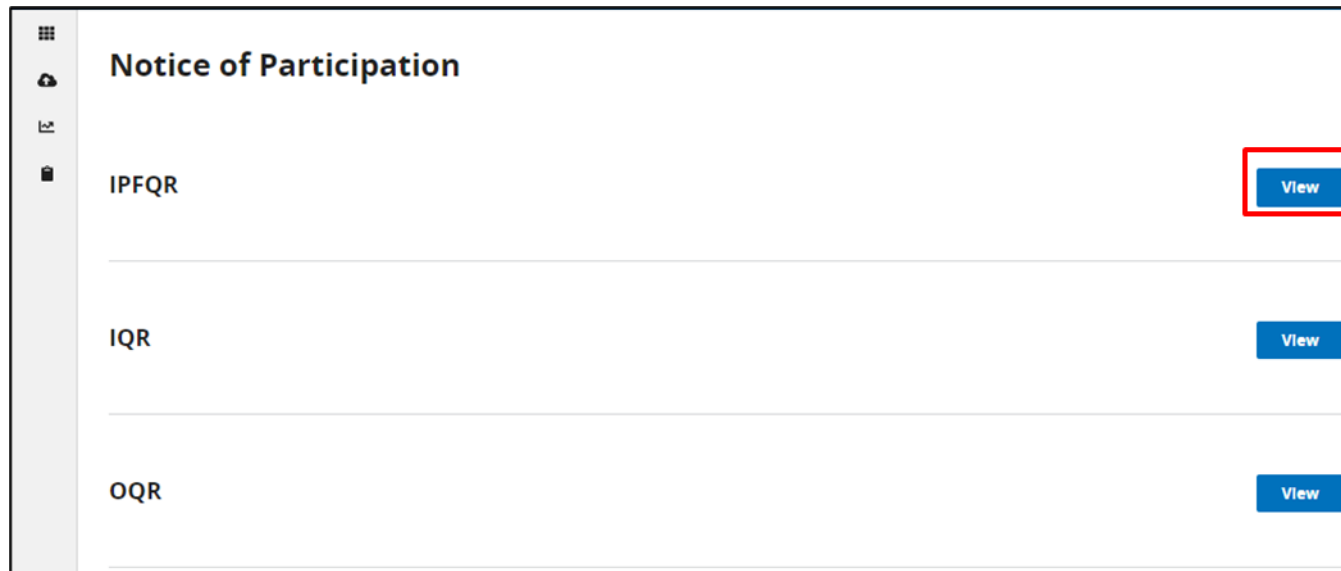
To access a facility's NOP:

1. Log onto the *HQR Secure Portal*.
2. Hover your mouse on the left side of the screen to expand the menu options.
3. Click on Administration and Notice of Participation.



# Key #3: Manage the NOP

If your facility participates in more than one quality reporting program, as shown in the image below, then you will have the option to view each program's NOP. Click the View button on the IPFQR row.



The screenshot shows a web application interface. On the left is a vertical sidebar with four icons: a grid, a cloud, a document, and a folder. The main content area is titled "Notice of Participation". Below the title is a table with three rows. The first row is for "IPFQR" and has a blue "View" button highlighted with a red rectangle. The second row is for "IQR" and has a blue "View" button. The third row is for "OQR" and has a blue "View" button.

Notice of Participation	
IPFQR	<a href="#">View</a>
IQR	<a href="#">View</a>
OQR	<a href="#">View</a>



# Key #3: Manage the NOP

- If this is the IPF's first time participating in the IPFQR Program, click on the Manage Contacts link in the table's last column to enter the name and information for at least two contacts at your facility. The IPF will receive any updates that occur with the IPFQR Program NOP. (Green arrow)
- To review/sign the Notice of Participation, click on the plus (+) sign next to the text Notice of Participation. (Red box)
- If the IPF closes or chooses not to participate, contact the IPFQR Program support contractor at [IPFQualityReporting@hsag.com](mailto:IPFQualityReporting@hsag.com) to learn how to withdraw from the IPFQR Program.

< Notice of Participation

## Notice of Participation

Export PDF

### Inpatient Psychiatric Facility Quality Reporting (IPFQR)

**Note:** If you want to pledge, you must identify two contacts to receive notification of pledge changes

Fiscal Year ----	NOP Signed Not Pledged	Medicare Accept Date 08/12/2020	Summary Table <a href="#">View Summary Table</a>	Organization Contacts <a href="#">Manage Contacts</a>
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+ Notice of Participation Not Pledged

# Key #4: Prepare Data and Verify Accuracy Prior to Submitting

- Compare this year's values to those submitted in previous years, where applicable.
  - Significant changes in values should invite closer review before finalizing submission.
- Measure values should always be reviewed by one or more person(s) familiar with the following information:
  - Facility's operations
  - Facility's annual census
  - Facility's population
- Values that seem out of line with general expectations should be reviewed to verify accuracy.

# Key #5: Enter Data and Verify Accuracy

## Patient-Level Reporting of IPFQR Program Data

In the IPFQR Program, the term “patient-level reporting” describes data that are abstracted from patient medical records into discrete XML files and then uploaded into the *HQR Secure Portal*.

CMS also collects facility-level data (FLD) from IPFs in XML files pertaining to annual, aggregated data.

In this presentation, we will use “patient-level reporting” to broadly describe the XML files that will be uploaded into the *HQR Secure Portal*, and specify FLD, as needed.

# Key #5: Enter Data and Verify Accuracy

## Patient-Level Reporting of IPFQR Program Data

### Test Environment

- Ensure all data are accurate before uploading into the production environment.
- Validate vendor authorizations.
- Verify whether the XML file layout is correct.
- Review reasons for rejection (edit messages).
- Review measure set counts.

### Production Environment

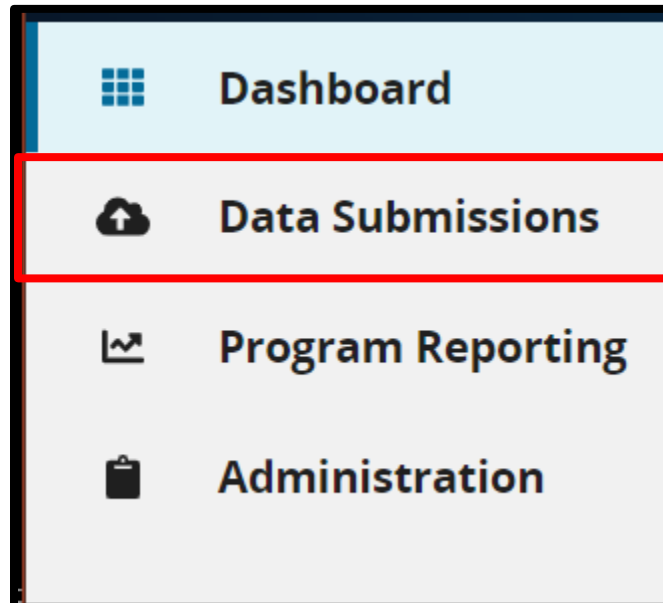
- Upload clean, actual XML data files for submission to CMS.
- Data from these files will be used to calculate measure numerator, denominator, and rate values.
- **Only** data submitted into this environment will be submitted to CMS.

# Key #5: Enter Data and Verify Accuracy

## Patient-Level Reporting of IPFQR Program Data

To upload XML files:

1. Log into the *HQR Secure Portal*.
2. Hover your mouse on the left side to expand menu options.
3. Click on Data Submissions.



# Key #5: Enter Data and Verify Accuracy

## Patient-Level Reporting of IPFQR Program Data

The image below appears on the next screen if you only have access to upload data for the IPFQR Program.

The screenshot shows a web interface for data entry. At the top, there are two tabs: 'Web-based Measures' and 'Chart Abstracted'. The 'Chart Abstracted' tab is selected and highlighted with a blue border. Below the tabs, there are two buttons: 'File Upload' and 'Data Form'. Below these buttons, there is a text instruction: 'Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.' Below this instruction, there is a section titled 'Select a Submission Type' with two buttons: 'Test' and 'Production'. Both buttons have a right-pointing chevron icon.

If you have access to upload data for more than one Quality Reporting Program, you will see multiple tabs at the top of the screen.

The screenshot shows a web interface for data entry with multiple tabs at the top. The tabs are: 'eCQM', 'Web-based Measures', 'Population & Sampling', 'Chart Abstracted', 'HCAHPS', 'Structural Measures', 'Hybrid Measures', and 'PRO-PM'. The 'Chart Abstracted' tab is selected and highlighted with a blue border. Below the tabs, there are two buttons: 'File Upload' and 'Data Form'.

# Key #5: Enter Data and Verify Accuracy

## Patient-Level Reporting of IPFQR Program Data

Next, click the **Chart Abstracted**, not the Web-based Measures, tab.

The image displays two screenshots of a web application interface for reporting IPFQR program data. The top screenshot shows the 'Chart Abstracted' tab selected and highlighted with a green box. The bottom screenshot shows the 'Web-based Measures' tab with a red prohibition sign over it, indicating it should not be selected.

**Top Screenshot:**

- Tab: **Chart Abstracted** (highlighted with a green box)
- Buttons: **File Upload**, **Data Form**
- Text: Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.
- Section: **Select a Submission Type**
- Options: **Test** > , **Production** >

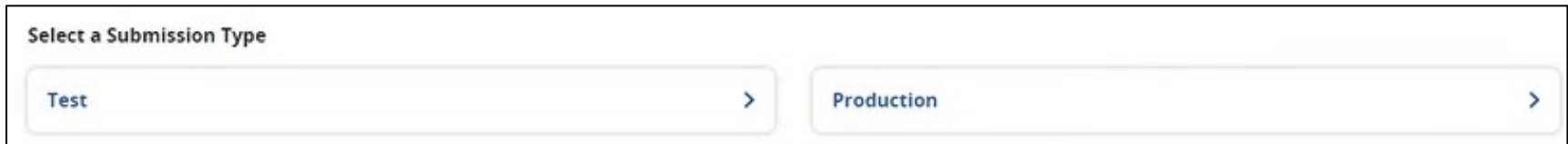
**Bottom Screenshot:**

- Tab: **Web-based Measures** (marked with a red prohibition sign)
- Tab: **Chart Abstracted**
- Buttons: **File Upload**, **Data Form**
- Text: Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.
- Section: **Select a Submission Type**
- Options: **Test** > , **Production** >

# Key #5: Enter Data and Verify Accuracy

## Patient-Level Reporting of IPFQR Program Data

We recommend uploading files into the Test environment first to ensure file accuracy and completeness.



This screenshot shows a web interface for selecting a submission type. At the top, there is a label "Select a Submission Type". Below it, there are two buttons: "Test" and "Production". Both buttons have a right-pointing chevron (>) next to them, indicating they are clickable.

Click on Test to upload an XML file into the Test environment.



This screenshot shows a web interface for uploading files. At the top, there are two tabs: "Web-based Measures" and "Chart Abstracted". The "Chart Abstracted" tab is currently selected and highlighted with a blue underline. Below the tabs, there is a text instruction: "Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area." Below this instruction, there is a large, light gray rectangular area. On the left side of this area, there is a blue pencil icon followed by the text "Change Selection". At the bottom left of this area, the word "Test" is displayed.



# Key #5: Enter Data and Verify Accuracy

## Patient-Level Reporting of IPFQR Program Data

Click the blue Select Files button to upload the XML files or drag and drop the XML files into the designated area.

Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.

[Change Selection](#)

Test

Search

Search

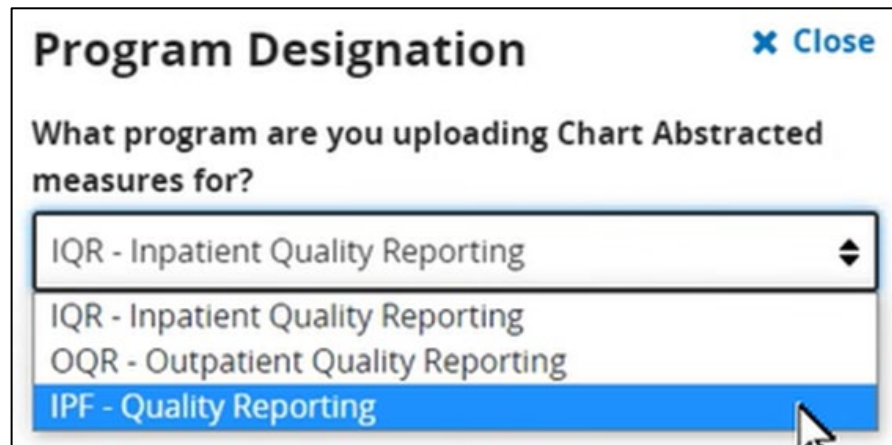
Drag files here to upload

or

# Key #5: Enter Data and Verify Accuracy

## Patient-Level Reporting of IPFQR Program Data

If you have access to more than one Quality Reporting Program, then, after you select the file to be uploaded, you will have the option to select the program to upload XML files. Choose IPF Quality Reporting for Program Designation when uploading Chart Abstracted files.



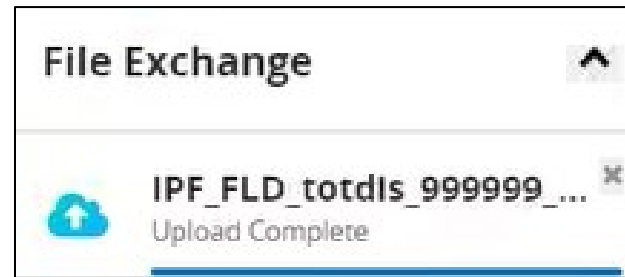
The screenshot shows a dialog box titled "Program Designation" with a "Close" button in the top right corner. The main text asks, "What program are you uploading Chart Abstracted measures for?". Below this is a dropdown menu. The menu is open, showing three options: "IQR - Inpatient Quality Reporting", "OQR - Outpatient Quality Reporting", and "IPF - Quality Reporting". The "IPF - Quality Reporting" option is highlighted in blue, and a mouse cursor is pointing at it.

For a vendor to upload XML files on behalf of an IPF, the vendor must be authorized by the IPF to upload files and the specific individual from the vendor must have the appropriate permission in the *HQR Secure Portal* to upload files.

# Key #5: Enter Data and Verify Accuracy

## Patient-Level Reporting of IPFQR Program Data

In the lower right corner of your screen, you will see a message indicating the upload status of the XML file upload.



# Key #5: Enter Data and Verify Accuracy

## Patient-Level Reporting of IPFQR Program Data

When you are ready to upload XML files into the Production environment, you can do so one of two ways.

1) Click the Change Selection link and select Production from the drop-down menu under Select a Submission Type. Then, click the blue Display Results button.

The screenshot displays the IPFQR Program Data upload interface. At the top, a text box says "Choose Select Files to browse your computer or Drag and Drop the files into the highlighted area." Below this, a button labeled "Change Selection" with a pencil icon is highlighted with a red rectangle. Underneath, the text "Production" is visible. A dropdown menu titled "Select a Submission Type" is open, showing a list with "Test" and "Production" (the latter is highlighted with a red rectangle). To the right of the dropdown are two buttons: "File Upload" and "Data Form". Below the dropdown is a large blue button labeled "Display Results". At the bottom right, there is a button labeled "Acronyms".

# Key #5: Enter Data and Verify Accuracy

## Patient-Level Reporting of IPFQR Program Data

2) Click the File Upload. This will bring you back to the Chart Abstracted tab landing page. Click on the Production button to see the page where you can upload XML files.




Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.

Select a Submission Type

Test >

**Production >**

Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.

 Change Selection

Production

# Key #5: Enter Data and Verify Accuracy

## Patient-Level Reporting of IPFQR Program Data

### Batch ID

You may want to note this for reviewing specific uploads in the Submission Detail Report.

### Status

This column tells you whether the file was accepted or rejected. If rejected, refer to the instructions in the next section to run reports to find out the reasons the XML files were rejected.

The screenshot shows a web application interface for reviewing uploads. At the top, there's a 'Change Selection' link and a 'Production' status indicator. Below that is a search bar with a 'Reset' button. A red arrow points from the 'Batch ID' callout box to the 'Batch ID' column header in the table. Another red arrow points from the 'Status' callout box to the 'Status' column header in the table. The table has columns: Batch File Name, Batch ID, Program, File Size, Upload Date, Uploaded By, and Status. Two rows of data are visible, both showing 'Accepted' status.

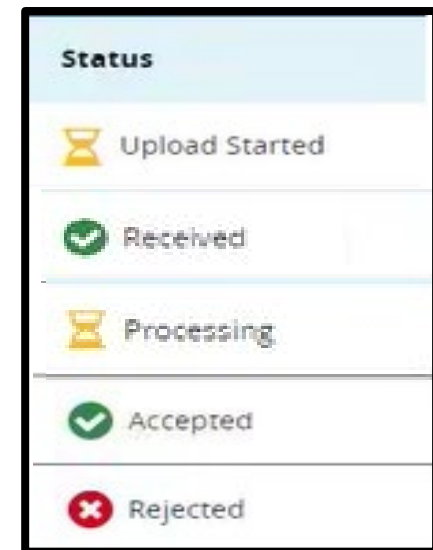
Batch File Name	Batch ID	Program	File Size	Upload Date	Uploaded By	Status
IPF_FLD_totdi.....	3143728	IPF	1769 bytes	07/01/2025	NEURODIAGNOSTIC ...	Accepted
IPF_FLD_totdi.....	3143213	IPF	1769 bytes	07/01/2025	NEURODIAGNOSTIC ...	Accepted

# Key #5: Enter Data and Verify Accuracy

## Patient-Level Reporting of IPFQR Program Data

There are multiple status options that can appear in the Status column.

- 1) Upload Started
- 2) Received
- 3) Processing
- 4) Accepted
- 5) Rejected



If the file remains in the Upload Started status for more than two minutes, this may be due to an issue with the file or the system.

If you try again to upload the file and the same issue occurs, we recommend that you submit a ticket to the CCSQ Service Center via email [QNetSupport@cms.hhs.gov](mailto:QNetSupport@cms.hhs.gov) or phone at 866-288-8912.

# Key #5: Enter Data and Verify Accuracy

## XML File Upload Reports of IPFQR Program Data

### **Submission Detail**

Review information about each XML file uploaded, including the measure set, patient ID, batch ID, patient admit / discharge / event dates, upload date, action code, file name, file status, whether it is a test case, and edit messages.

### **Potential Duplicate**

Identify potential duplicates to determine if the records pertain to two different episodes of care or if the duplicates are due to incorrect entry of a patient identifier.

### **Case Status Summary**

Review measure set counts, including the number of unique cases submitted, accepted, and rejected.

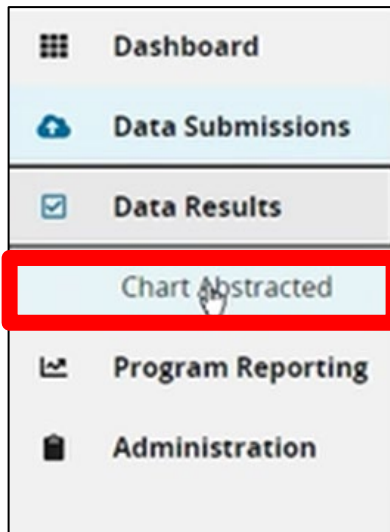


# Key #5: Enter Data and Verify Accuracy

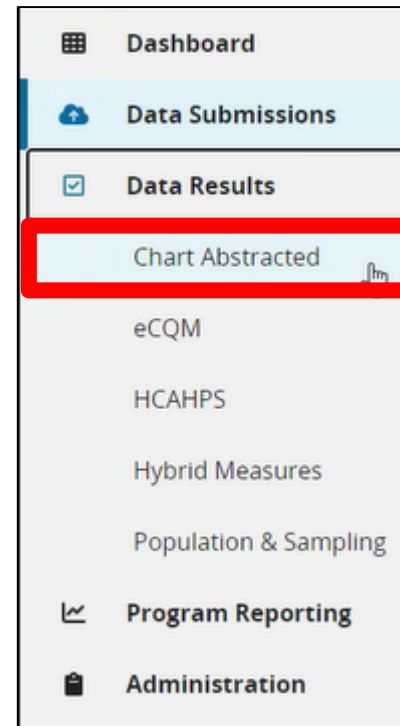
## XML File Upload Reports of IPFQR Program Data

1. From the left menu, click on Data Results and Chart Abstracted.

### IPFQR Program Options



### IPFQR, Hospital Inpatient Quality Reporting, and Hospital Outpatient Quality Reporting Program Options



# Key #5: Enter Data and Verify Accuracy

## XML File Upload Reports of IPFQR Program Data

2. In the File Accuracy tab, select IPFQR under Program.

(If your provider participates in more than one Quality Reporting Program, then you may see other programs in the drop-down.)

**Data Results - Chart Abstracted**

File Accuracy

Claims Details

**File Accuracy**

This is where you see the accuracy of your files, and potential duplicates. It encompasses data from the Quality Net legacy reports, including: Case Status Summary, Submission Detail, and Potential Duplicate Records.

**Program**

Select Program

Select Program

IPFQR

IQR

OQR

**Report**

Select Report

**Quarter**

Select Quarter

Export CSV

# Key #5: Enter Data and Verify Accuracy

## XML File Upload Reports of IPFQR Program Data

3. Under Report, select the report you wish to review.

**Data Results - Chart Abstracted**

File Accuracy

Claims Details

**File Accuracy**

This is where you see the accuracy of your files, and potential duplicates. It encompasses data from the Quality Net legacy reports, including: Case Status Summary, Submission Detail, and Potential Duplicate Records.

**Program**  
IPFQR

**Report**  
Select Report  
Select Report  
Case Status Summary  
Potential Duplicate  
Submission Detail

**Fiscal Year**  
Select Year

Export CSV

# Key #5: Enter Data and Verify Accuracy

## XML File Upload Reports of IPFQR Program Data

4. Under Fiscal Year, select 2026.

**Data Results - Chart Abstracted**

File Accuracy Claims Details

**File Accuracy**

This is where you see the accuracy of your files, and potential duplicates. It encompasses data from the Quality Net legacy reports, including: Case Status Summary, Submission Detail, and Potential Duplicate Records.

Program Report Fiscal Year

IPFQR Select Report Select Year

2026 2025

Export CSV

5. Click the blue Export CSV button to export the report.

Export CSV

# Key #5: Enter Data and Verify Accuracy

## XML File Upload Reports of IPFQR Program Data

- The Submission Detail and Potential Duplicate Reports can be run based on XML files uploaded into either the Test or the Production environment.
- Leverage the Submission Detail and Potential Duplicate Reports after uploading XML files into the Test environment (and before uploading into the Production environment) to ensure file layout and content issues are resolved before the data go to CMS for calculations and public reporting.
- The Case Status Summary Report, like the other reports, can be populated by data submitted via XMLs uploaded into the Test or the Production environment.

# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program FLD Form

IPFs that do not have a vendor or an information technology department that provides a measure abstraction and reporting tool can use the IPF Module in the CMS Abstraction & Reporting Tool (CART) to generate patient-level XML data files.

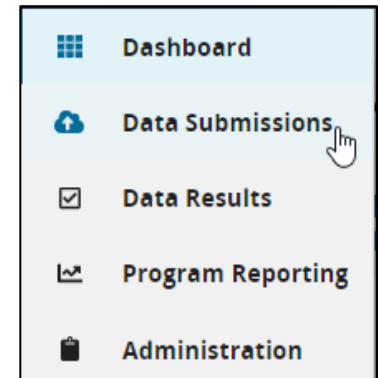
**Note:** However, since the tool is only coded to abstract and generate XML files for patient-level data, IPFs that use CART will need to manually enter the aggregate, FLD values directly into the *HQR Secure Portal* using a form like the simple data entry tool used in prior years to submit aggregate data.

This will include non-measure data and data needed to calculate the denominator value for the HBIPS-2 and HBIPS-3 measures.

# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program FLD Form

1. To enter FLD, access and log into the *HQR Secure Portal*: <https://hqr.cms.gov/hqrng/login>
2. Hover your mouse on the left side of the screen to expand the menu options.
3. Then, select Data Submissions.
4. Click the Chart Abstracted tab.

A screenshot of the HQR Secure Portal interface. At the top, there is a horizontal tab bar with eight tabs: 'eCQM', 'Web-based Measures', 'Population & Sampling', 'Chart Abstracted' (which is selected and highlighted with a blue border), 'HCAHPS', 'Structural Measures', 'Hybrid Measures', and 'PRO-PM'. Below the tabs, there are two buttons: 'File Upload' and 'Data Form'. Underneath these buttons, the text 'Select the Data Form' is displayed. At the bottom, there is a search bar containing the text 'IPFQR' and a button labeled 'Launch Data Form' with a green circular arrow icon.

# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program FLD Form

4. Under the Chart Abstracted tab click the Data Form button.
5. Click on the IPFQR Launch Data Form button.

The screenshot shows a web interface for the IPFQR Program FLD Form. At the top, there is a horizontal menu with tabs: eCQM, Web-based Measures, Population & Sampling, Chart Abstracted (which is highlighted with a blue bar and a mouse cursor), HCAHPS, Structural Measures, Hybrid Measures, and PRO-PM. Below this menu, there are two buttons: 'File Upload' and 'Data Form'. The 'Data Form' button is highlighted with a blue border. Below the buttons, the text 'Select the Data Form' is displayed. Underneath, there is a red-bordered box containing the text 'IPFQR' and a button labeled 'Launch Data Form' with a green right-pointing arrow.

eCQM	Web-based Measures	Population & Sampling	Chart Abstracted	HCAHPS	Structural Measures	Hybrid Measures	PRO-PM
------	--------------------	-----------------------	------------------	--------	---------------------	-----------------	--------

File Upload   Data Form

Select the Data Form

IPFQR

Launch Data Form ➔



# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program FLD Form

6. A landing page for the facility-level data entry form will appear.
7. Click the Start button to begin the data entry process.

The screenshot shows a web interface for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) program. At the top left is a link "< Data Submissions". The main title is "Inpatient Psychiatric Facility Quality Reporting (IPFQR)". Below this, it displays the CMS Certification Number (123456), the Submission Period (07/01/2025 - 08/18/2025), and the Reporting Period (01/01/2024 - 12/31/2024). The current submission period is marked as "Open". On the right, there is a "Fiscal Year" dropdown menu set to "2026". Below the submission information, there is a status for "Facility-Level Data (FLD)" which is "Not Submitted" with a yellow warning triangle. At the bottom left, there is a link for "Facility-Level Data (FLD)". On the right side, there are two buttons: a blue "Export PDF" button and a green "Start" button, which is highlighted with a red border.

< Data Submissions

### Inpatient Psychiatric Facility Quality Reporting (IPFQR)

CMS Certification Number: 123456  
Submission Period: 07/01/2025 - 08/18/2025  
With Respect to Reporting Period: 01/01/2024 - 12/31/2024

Current Submission Period: **Open**

Fiscal Year: 2026

Export PDF

Facility-Level Data (FLD) ⚠ Not Submitted

Facility-Level Data (FLD)

Start

# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program FLD Form

A blue banner at the top of the screen will display Facility-Level Data (FLD).

A summary of information is on the right side.

The summary includes the CMS Certification Number, submission period, reporting period, and the last date that data were updated.

Facility-Level Data (FLD)	
<p>* Indicates required field</p>	
<b>CMS Certification Number:</b> 123456	
<b>Submission Period:</b> 07/01/2025 - 08/18/2025	
<b>With Respect to Reporting Period:</b> 01/01/2024 - 12/31/2024	
<b>Last Updated:</b>	

# Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

## **\*\*Important Note\*\***

You **will not** be able to save partial data. Be prepared to enter data into all fields to submit the data to the *HQR Secure Portal*.

The IPF is ultimately responsible for consolidating all data that will be entered into the FLD entry form.

# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program FLD Form

The first data entry field that appears at the top of the page is the total annual discharges from the IPF during CY 2024.

Once you enter a data value in the Total Annual Discharges field, the following warning message will appear above all subsequent data entry fields: “This field is required.”

**Total Annual Discharges**

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

100

**Age Strata**

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

**i** The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

\* **Children (1 - 12 years)**

This field is required

Ex. 0,1,2,3,...,999999

\* **Adolescent (13 - 17 years)**

This field is required

Ex. 0,1,2,3,...,999999

# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program FLD Form

In the next section, enter the total discharge data by age strata based on the age groups displayed in the images below.

**Age Strata**

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

**i** The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

\* **Children (1 - 12 years)**

\* **Adolescent (13 - 17 years)**

\* **Adult (18 - 64 years)**

\* **Older Adult (65 and over)**

**Age Strata**

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

**i** The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

\* **Children (1 - 12 years)**

\* **Adolescent (13 - 17 years)**

\* **Adult (18 - 64 years)**

\* **Older Adult (65 and over)**

# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program FLD Form

In the next section, enter annual discharge data by diagnostic categories.

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

**i** The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

- \* **Anxiety disorders (651)**
- \* **Delirium, dementia, and amnestic 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**

# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program FLD Form

If you enter a total annual discharges value that does not equal the sum of one or more strata on the form, then the error below will appear.

**Total Annual Discharges**  
  
\* Please enter an aggregate, yearly count of your facility's annual discharges.  
The number of Total Annual Discharges does not equal the sum of one or more strata below.

The following slide shows an example in which the sum of the diagnostic category strata do not equal the total annual discharges.

# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program FLD Form

You must add correct information in each data entry field that has a warning message.

### Total Annual Discharges

- \* Please enter an aggregate, yearly count of your facility's annual discharges.  
The number of Total Annual Discharges does not equal the sum of one or more strata below.

100

### Diagnostic Categories

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

**i** The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

#### \* Anxiety disorders (651)

The number of Total Annual Discharges does not equal the sum of one or more strata below.

15

#### \* Delirium, dementia, and amnestic and other cognitive disorders (653)

The number of Total Annual Discharges does not equal the sum of one or more strata below.

15

#### \* Mood disorders (657)

The number of Total Annual Discharges does not equal the sum of one or more strata below.

15

#### \* Schizophrenia and other psychotic disorders (659)

The number of Total Annual Discharges does not equal the sum of one or more strata below.

15

#### \* Alcohol-related disorders (660)

The number of Total Annual Discharges does not equal the sum of one or more strata below.

15

#### \* Schizophrenia and other psychotic disorders (659)

The number of Total Annual Discharges does not equal the sum of one or more strata below.

15

#### \* Alcohol-related disorders (660)

The number of Total Annual Discharges does not equal the sum of one or more strata below.

15

#### \* Substance-related disorders (661)

The number of Total Annual Discharges does not equal the sum of one or more strata below.

15

#### \* Other diagnosis - Not included in one of the above categories

The number of Total Annual Discharges does not equal the sum of one or more strata below.

40



# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program FLD Form

Enter the total number of discharged patients that were Medicare vs. non-Medicare beneficiaries.

**Payer**

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

**i** The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

\* Medicare

\* Non-Medicare

**Payer**

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

**i** The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

\* Medicare

\* Non-Medicare

# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program FLD Form

Enter the total number of psychiatric inpatient days and the total leave days for Medicare patients and for non-Medicare patients for the HBIPS-2 and HBIPS-3 denominator calculation.

<b>HBIPS-2 and HBIPS-3 Denominator</b>	
Sum of number of days each Medicare patient was:	
* Included in psychiatric inpatient census during month	
Psychiatric Inpatient Days - Medicare Only	<input type="text" value="Ex. 0,1,2,3,....,999999"/>
* Absent from facility	
Total Leave Days - Medicare Only	<input type="text" value="Ex. 0,1,2,3,....,999999"/>
Sum of number of days each non-Medicare patient was:	
* Included in psychiatric inpatient census during month	
Psychiatric Inpatient Days - Non-Medicare Only	<input type="text" value="Ex. 0,1,2,3,....,999999"/>
* Absent from facility	
Total Leave Days - Non-Medicare Only	<input type="text" value="Ex. 0,1,2,3,....,999999"/>

<b>HBIPS-2 and HBIPS-3 Denominator</b>	
Sum of number of days each Medicare patient was:	
* Included in psychiatric inpatient census during month	
Psychiatric Inpatient Days - Medicare Only	<input type="text" value="1100"/>
* Absent from facility	
Total Leave Days - Medicare Only	<input type="text" value="100"/>
Sum of number of days each non-Medicare patient was:	
* Included in psychiatric inpatient census during month	
Psychiatric Inpatient Days - Non-Medicare Only	<input type="text" value="1200"/>
* Absent from facility	
Total Leave Days - Non-Medicare Only	<input type="text" value="200"/>

# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program FLD Form

If you enter leave days that are equal to or greater than inpatient days, then you must correct the values and submit again.

You must re-type information in each data entry field that has a warning message to submit the data.

**HBIPS-2 and HBIPS-3 Denominator**  
**Sum of number of days each Medicare patient was:**  
**\* Included in psychiatric inpatient census during month**  
Psychiatric Inpatient Days - Medicare Only  
Inpatient days must be equal to or greater than absent days. Correct the values, then submit again.  
  
**\* Absent from facility**  
Total Leave Days - Medicare Only  
Inpatient days must be equal to or greater than absent days. Correct the values, then submit again.  
  
**Sum of number of days each non-Medicare patient was:**  
**\* Included in psychiatric inpatient census during month**  
Psychiatric Inpatient Days - Non-Medicare Only  
Inpatient days must be equal to or greater than absent days. Correct the values, then submit again.  
  
**\* Absent from facility**  
Total Leave Days - Non-Medicare Only  
Inpatient days must be equal to or greater than absent days. Correct the values, then submit again.

# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program FLD Form

Once all data are entered, the Submit button will change from grey to blue at the bottom of the page. Click the Submit button.



# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program FLD Form

Once the data are successfully submitted in the FLD entry form, the following message with a green background will appear in the upper right corner. Next to **Facility-Level Data (FLD)**, you will see a checkmark and Submitted.



[< Data Submissions](#)

### Inpatient Psychiatric Facility Quality Reporting (IPFQR)

CMS Certification Number: 123456  
Submission Period: 07/01/2025 - 08/18/2025  
With Respect to Reporting Period: 01/01/2024 - 12/31/2024  
Last Updated: 07/01/2025 12:00 PM

Current Submission Period: **Open**

Facility-Level Data (FLD) Submitted

Facility-Level Data (FLD)  
Updated July 1, 2025 at 12:00 PM

Fiscal Year  
2026

[Export PDF](#)

HBIPS-2/-3  
Denominator

2220

[Edit](#)

# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program FLD Form

Click on the arrow next to the Edit button for an expanded view of the submitted data.

**Facility-Level Data (FLD)** ✓ Submitted

Facility-Level Data (FLD)  
Updated July 1, 2025 at 1:00 PM

HBIPS-2/-3  
Denominator

2220

Edit

↑

**Total Annual Discharges**

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

100

**Age Strata**

**Children (1 - 12 years)**

0

**Adolescent (13 - 17 years)**

0

**Adult (18 - 64 years)**

50

**Older Adult (65 and over)**

50

# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program FLD Form

You can also click the Edit button to review the data.

Facility-Level Data (FLD) <span>✔ Submitted</span>	HBIPS-2/-3 Denominator	2220	<b>Edit</b> 
Facility-Level Data (FLD)			

The Re-submit button will be greyed-out and not accessible unless you change data in one or more fields on the data entry page.

If you edit data in one or more fields, then the Re-submit button will turn dark blue and you must click the button to submit the changes to the *HQR Secure Portal*.

<b>Re-submit</b>	<b>Cancel</b>
------------------	---------------

<b>Re-submit</b> 	<b>Cancel</b>
--	---------------

If you do not make any changes, click the Cancel button to return to the FLD landing page.

# Key #5: Enter Data and Verify Accuracy

## Zero-Patient Attestation

- This is a separate attestation in the *HQR Secure Portal*.
- If the IPF has zero patients/events for one or more measures, submitting this attestation ensures the IPF will meet the data submission requirements for the applicable measure and/or measure sets.
  - By submitting the attestation, IPFs with zero patients/events no longer need to submit a file for every patient ID with empty fields.



# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program Zero-Patient Attestation Data Form

[< Data Submissions](#)

### Inpatient Psychiatric Facility Quality Reporting (IPFQR)

CMS Certification Number: 123456  
Submission Period: 07/01/2025 - 08/18/2025  
With Respect to Reporting Period: 01/01/2024 - 12/31/2024  
Last Updated: 07/01/2025 12:00 PM

Fiscal Year: 2026

Current Submission Period: **Open**

Export PDF

Facility-Level Data (FLD) Submitted  
Facility-Level Data (FLD)  
Updated July 1, 2025 at 12:00 PM

HBIPS-2/-3 Denominator: 2220

Attestation of zero patient cases / events Not Submitted



Start

# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program Zero-Patient Attestation Data Form

If you have zero patient events or zero patient discharges for any measure below, select the corresponding **checkbox**. By default this selection will not be made, and you will need to submit as usual.

**HBIP-2**  
☐ There are zero patient events to submit

**HBIP-3**  
☐ There are zero patient events to submit

**SMD**  
☐ There are zero patient discharges to submit

**SUB-2**  
☐ There are zero patient discharges to submit

**SUB-2a**  
☐ There are zero patient discharges to submit

**SUB-3**  
☐ There are zero patient discharges to submit

**SUB-3a**  
☐ There are zero patient discharges to submit

**TOB-3**  
☐ There are zero patient discharges to submit

**TOB-3a**  
☐ There are zero patient discharges to submit

**TR-1**  
☐ There are zero patient discharges to submit

**IMM-2**  
☐ There are zero patient discharges to submit

# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program Zero-Patient Attestation Data Form

If you have zero patient events or zero patient discharges for any measure below, select the corresponding **checkbox**. By default this selection will not be made, and you will need to submit as usual.

**HBIPS-2**  
☒ There are zero patient events to submit

**HBIPS-3**  
☐ There are zero patient events to submit

**SMD**  
☐ There are zero patient discharges to submit

**SUB-2**  
☒ There are zero patient discharges to submit

**SUB-2a**  
☐ There are zero patient discharges to submit

**SUB-3**  
☐ There are zero patient discharges to submit

**SUB-3a**  
☐ There are zero patient discharges to submit

**TOB-3**  
☒ There are zero patient discharges to submit

**TOB-3a**  
☐ There are zero patient discharges to submit

**TR-1**  
☐ There are zero patient discharges to submit

**IMM-2**  
☐ There are zero patient discharges to submit

**Submit** **Cancel**

# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program Zero-Patient Attestation Data Form

[< Data Submissions](#)

### Inpatient Psychiatric Facility Quality Reporting (IPFQR)

CMS Certification Number: 123456  
Submission Period: 07/01/2025 - 08/18/2025  
With Respect to Reporting Period: 01/01/2024 - 12/31/2024  
Last Updated: 07/01/2025 12:00 PM

**Current Submission Period:** Open

**Facility-Level Data (FLD)** ✔ Submitted  
Facility-Level Data (FLD)  
Updated July 1, 2025 at 12:00 PM

**HBIPS-2/-3 Denominator** | 2220 | Edit ▼

**Export PDF**

**Attestation of zero patient cases / events** ✔ Submitted  
Updated July 1, 2025 at 12:00 PM

**Zero Patient Attestations** | 3 | Edit ▼

# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program Zero-Patient Attestation Data Form

You have two options to view the measures you submitted an attestation:

1. Edit button
2. Upward arrow (^)

Attestation of zero patient cases / events

Submitted

July 1, 2025 at 12:00 PM

Zero Patient Attestations | 3 | [Edit](#)

If you have zero patient events or zero patient discharges for any measure below, select the corresponding checkbox. By default this selection will not be made, and you will need to submit as usual.

HBIPS-2	There are zero patient events to submit	true
HBIPS-3	There are zero patient events to submit	false
SMD	There are zero patient discharges to submit	false
SUB-2	There are zero patient discharges to submit	true
SUB-2a	There are zero patient discharges to submit	false
SUB-3	There are zero patient discharges to submit	false
SUB-3a	There are zero patient discharges to submit	false
TOB-3	There are zero patient discharges to submit	true

# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program Zero-Patient Attestation

If you have zero patient events or zero patient discharges for any measure below, select the corresponding **checkbox**. By default this selection will not be made, and you will need to submit as usual.

**HBIPS-2**

☒ There are zero patient events to submit

**HBIPS-3**

☐ There are zero patient events to submit

**SMD**

☐ There are zero patient discharges to submit

**SUB-2**

☒ There are zero patient discharges to submit

**SUB-2a**

☐ There are zero patient discharges to submit

**SUB-3**

☐ There are zero patient discharges to submit

**SUB-3a**

☐ There are zero patient discharges to submit

**TOB-3**

☒ There are zero patient discharges to submit

**TOB-3a**

☐ There are zero patient discharges to submit

**TR-1**

☐ There are zero patient discharges to submit

**IMM-2**

☐ There are zero patient discharges to submit



- The Re-submit button will be greyed-out and not accessible unless you change data in one or more fields on the data entry page.
- If you edit data in one or more fields, then the Re-submit button will turn dark blue and you must click the button to submit the changes to the *HQR Secure Portal*.
- If you do not make any changes, click the Cancel button to return to the FLD landing page.

# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program Zero-Patient Attestation Data Form

Click the blue Export PDF button to download a four-page PDF of submitted data.

[< Data Submissions](#)

### Inpatient Psychiatric Facility Quality Reporting (IPFQR)

CMS Certification Number: 123456  
Submission Period: 07/01/2025 - 08/18/2025  
With Respect to Reporting Period: 01/01/2024 - 12/31/2024  
Last Updated: 07/01/2025 12:00 PM

**Current Submission Period:** Open

Facility-Level Data (FLD) ✓ Submitted

Facility-Level Data (FLD)  
Updated July 1, 2025 at 12:00 PM

HBIPS-2/-3  
Denominator

2220

Edit ✓

Attestation of zero patient cases / events ✓ Submitted

Updated July 1, 2025 at 12:00 PM

Zero Patient Attestations

3

Edit ✓

Fiscal Year

2026 ⬆

Export PDF

# Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program  
Zero-Patient Attestation Data Form  
Export PDF.

123456-ipf-ild-FY2026.pdf 1 / 4 75%

IPFQR Facility Level Data Data Form Page 1 of 4  
Exported 07/01/2025 1:00 PM

IPF BEHAVIORAL HEALTH MEDICAL CENTER  
CMS Certification Number: 123456

Submission Period: 07/01/2025 08/18/2025  
With Respect to Reporting Period: 01/01/2024 12/31/2024  
Last Updated: 07/01/2025 1:00 PM

IPFQR Facility Level Data

☒ All Measures Successfully Submitted

Measure	Submission Status	Last Updated
Facility-Level Data (FLD)	Submitted	07/01/2025 12:00 PM
Attestation of zero patient cases / events	Submitted	07/01/2025 12:00 PM

Facility-Level Data (FLD)

Total Annual Discharges  
Please enter an aggregate, yearly count of your facility's annual discharges.  
80

Age Strata

Children (1 - 12 years)  
20

Adolescent (13 - 17 years)  
20

Adult (18 - 64 years)  
20

Older Adult (65 and over)  
20

Diagnostic Categories

Anxiety disorders (651)  
10

Delirium, dementia, and amnesic and other cognitive disorders (653)  
10

IPFQR Facility Level Data Data Form Page 2 of 4  
Exported 07/01/2025 1:00 PM

Mood disorders (657)  
10

Schizophrenia and other psychotic disorders (659)  
10

Alcohol-related disorders (660)  
10

Substance-related disorders (661)  
10

Other diagnosis - Not included in one of the above categories  
20

Payer

Medicare  
40

Non-Medicare  
40

HBIPS-2 and HBIPS-3 Denominator

Sum of number of days each Medicare patient was:  
Included in psychiatric inpatient census during year  
0

Absent from facility  
0

Sum of number of days each non-Medicare patient was:  
Included in psychiatric inpatient census during year  
0

Absent from facility  
0

HBIPS-2/-3 Denominator 0

Attestation of zero patient cases / events

If you have zero patient events or zero patient discharges for any measure below, select the corresponding checkbox. By default this selection will not be made, and you will need to submit as usual.



# Key #5: Enter Data and Verify Accuracy

## Access the IPFQR Program Zero-Patient Attestation Data Form Export PDF

IPFQR Facility Level Data Data Form  
Page 3 of 4  
Exported 07/01/2025 1:00 PM

HBIPS-2  
There are zero patient events to submit  
true

HBIPS-3  
There are zero patient events to submit  
true

SMD  
There are zero patient discharges to submit  
false

SUB-2  
There are zero patient discharges to submit  
false

SUB-2a  
There are zero patient discharges to submit  
false

SUB-3  
There are zero patient discharges to submit  
false

SUB-3a  
There are zero patient discharges to submit  
false

T08-3  
There are zero patient discharges to submit  
false

T08-3a  
There are zero patient discharges to submit  
false

TR-1  
There are zero patient discharges to submit  
false

IMM-2

IPFQR Facility Level Data Data Form  
Page 4 of 4  
Exported 07/01/2025 1:00 PM

There are zero patient discharges to submit  
true

Zero Patient Attestations 3

# Key #5: Enter Data and Verify Accuracy

## Accessing Web-Based Measures

The screenshot displays the IPF Behavioral Health Medical Center dashboard. The header is dark blue with the center's name in white and a 'Change Organization' button. A left sidebar lists navigation options: Dashboard, Data Submissions (highlighted), Data Results, Program Reporting, and Administration. The main content area has two tabs: 'Web-based Measures' (active) and 'Chart Abstracted'. Under the active tab, it asks 'How would you like to submit your data?' and provides two options: 'File Upload' with a cloud icon and 'Data Form' with a list icon. Both options include the text 'Enter data for program credit here.' and an 'Unlock Menu' button at the bottom left.

**IPF BEHAVIORAL HEALTH MEDICAL CENTER** [Change Organization](#)

- Dashboard
- Data Submissions**
- Data Results
- Program Reporting
- Administration

**Web-based Measures** | Chart Abstracted

How would you like to submit your data?

**File Upload**  
Upload files for program credit here.

**Data Form**  
Enter data for program credit here.

Unlock Menu

# Key #5: Enter Data and Verify Accuracy

Select IPFQR - Launch Data Form

The screenshot shows the IPF Behavioral Health Medical Center web application. The header is blue with the text "IPF BEHAVIORAL HEALTH MEDICAL CENTER" and a "Change Organization" button. A left sidebar contains a menu with "Dashboard", "Data Submissions", "Data Results", "Program Reporting", and "Administration". The "Data Submissions" section is active, showing tabs for "Web-based Measures" and "Chart Abstracted". Under "Web-based Measures", there are buttons for "File Upload" and "Data Form". Below these, a message states: "You have selected Data Form submission. You can choose a different method at any time." The "Select the Data Form" section features a dropdown menu with "IPFQR" selected and a "Launch Data Form" button with a green checkmark icon. At the bottom of the sidebar is an "Unlock Menu" button.

IPF BEHAVIORAL HEALTH MEDICAL CENTER

Change Organization

Dashboard

Data Submissions

Data Results

Program Reporting

Administration

Web-based Measures

Chart Abstracted

File Upload

Data Form

You have selected Data Form submission. You can choose a different method at any time.

Select the Data Form

IPFQR

Launch Data Form

Unlock Menu

# Key #5: Enter Data and Verify Accuracy

Select Start to begin the data entry process.  
Submit Data for FCHE.

The screenshot shows the CMS.gov Hospital Quality Reporting interface for the IPF Behavioral Health Medical Center. The page has a blue header with the CMS.gov logo and the text "Hospital Quality Reporting". The main content area is titled "IPF BEHAVIORAL HEALTH MEDICAL CENTER" and includes a "Change Organization" button. A left sidebar contains navigation links: Dashboard, Data Submissions, Data Results, Program Reporting, and Administration. The main content area displays a "Data Submissions" section with a "DACA - Signature Needed" alert. Below this, the "Inpatient Psychiatric Facility Quality Reporting (IPFQR)" section shows the CMS Certification Number (123456), Submission Period (07/01/2025 - 08/18/2025), and Current Submission Period (Open). The "FCHE" section shows "Not Submitted" status with a "Start" button highlighted by a red box. The "Screening for SDOH and Screen Positive" section also shows "Not Submitted" status with a "Start" button. A footer bar contains the text "Help improve HQR. Participate in user feedback >".

CMS.gov | Hospital Quality Reporting

IPF BEHAVIORAL HEALTH MEDICAL CENTER

Change Organization

Dashboard

Data Submissions

Data Results

Program Reporting

Administration

< Data Submissions

**DACA - Signature Needed**

This account requires an annual acknowledgement of submission accuracy. [Sign](#)

**Inpatient Psychiatric Facility Quality Reporting (IPFQR)**

CMS Certification Number: 123456

Submission Period: 07/01/2025 - 08/18/2025

With Respect to Reporting Period: 01/01/2024 - 12/31/2024

Current Submission Period: **Open**

Fiscal Year: 2026

[Export PDF](#)

**FCHE** ⚠ Not Submitted

Facility Commitment to Health Equity

[Start](#)

**Screening for SDOH and Screen Positive** ⚠ Not Submitted

Screening for Social Drivers of Health & Screen Positive Rate for Social Drivers of Health

[Start](#)

Unlock Menu

Help improve HQR. Participate in user feedback >

# Key #5: Enter Data and Verify Accuracy

Submit Data for FCHE.

**IPF BEHAVIORAL HEALTH MEDICAL CENTER**

Change Organization

Dashboard

Data Submissions

Data Results

Program Reporting

Administration

< Back

**FCHE**  
Facility Commitment to Health Equity

Indicates required field

CM5 Certification Number:  
123456

Submission Period:  
07/01/2025 - 08/18/2025

With Respect to Reporting Period:  
01/01/2024 - 12/31/2024

Last Updated:  
-

**Facilities must attest to all sub-elements to receive points**

This measure includes five attestation-based questions, one for each domain used to assess a facility's commitment to health equity.

- To receive a point, facilities must attest "yes" to all sub-elements that make up the domain.
- Facilities may not receive partial credit for a domain.

[Visit QualityNet for more information on this measure.](#)

**Domain 1: Equity is a strategic priority**

Facility commitment to reducing healthcare disparities is strengthened when equity is a key organizational priority. Please attest that your facility has a strategic plan for advancing healthcare equity and that it includes all of the following elements.

Our facility strategic plan:

Identifies priority populations who currently experience health disparities. \*

☐ Yes

☐ No

Identifies health equity goals and discrete action steps to achieving these goals. \*

☐ Yes

☐ No

Outlines specific resources which have been dedicated to achieving our equity goals. \*

☐ Yes

☐ No

# Key #5: Enter Data and Verify Accuracy

## Submit Data for FCHE.

The screenshot shows a web application interface for submitting data. On the left is a sidebar with navigation links: Dashboard, Data Submissions (highlighted), Data Results, Program Reporting, and Administration. The main content area is titled 'Data Submissions' and contains several sections with radio button options.

**Data Submissions**

Describes our approach for engaging key stakeholders, such as community-based organizations. \*

☐ Yes

☐ No

**Domain 2: Data collection**

Collecting valid and reliable demographic and SDOH data on patients served in a facility is an important step in identifying and eliminating health disparities. Please attest that your facility engages in the following activities.

Our facility:

Collects demographic information (such as self-reported race, national origin, primary language, and ethnicity data) and/or social determinant of health information on the majority of our patients. \*

☐ Yes

☐ No

Has training for staff in culturally sensitive collection of demographic and/or SDOH information. \*

☐ Yes

☐ No

Inputs demographic and/or SDOH information collected from patients into structured, interoperable data elements using a certified electronic health record (EHR) technology. \*

☐ Yes

☐ No

**Domain 3: Data analysis**

Effective data analysis can provide insights into which factors contribute to health disparities and how to respond. Please attest that your facility engages in the following activities.

Our facility stratifies key performance indicators by demographic and/or SDOH variables to identify equity gaps and includes this information on facility performance dashboards. \*

☐ Yes

☐ No

# Key #5: Enter Data and Verify Accuracy

## Submit Data for FCHE.

The screenshot displays a web application for submitting data to FCHE. On the left is a sidebar with navigation links: Dashboard, Data Submissions (highlighted), Data Results, Program Reporting, and Administration. The main content area is titled 'Domain 4: Quality improvement' and contains a paragraph about health disparities, followed by a question about facility participation in quality improvement activities. Below this is a 'Domain 5: Leadership engagement' section with a paragraph about leadership capacity and two questions about strategic planning and key performance indicators. At the bottom are 'Submit' and 'Cancel' buttons.

**Domain 4: Quality improvement**

Health disparities are evidence that high quality care has not been delivered equitably to all patients. Engagement in quality improvement activities can improve quality of care for all patients.

Our facility participates in local, regional, or national quality improvement activities focused on reducing health disparities. \*

☐ Yes

☐ No

**Domain 5: Leadership engagement**

Leaders and staff can improve their capacity to address disparities by demonstrating routine and thorough attention to equity and setting an organizational culture of equity. Please attest that your facility engages in the following activities.

Our facility senior leadership, including chief executives and the entire facility board of trustees:

Annually reviews our strategic plan for achieving health equity. \*

☐ Yes

☐ No

Annually reviews key performance indicators stratified by demographic and/or social factors. \*

☐ Yes

☐ No

# Key #5: Enter Data and Verify Accuracy

FCHE data submission complete. Export PDF.

The screenshot shows the CMS.gov Hospital Quality Reporting interface for the IPF Behavioral Health Medical Center. The page features a left sidebar with navigation links: Dashboard, Data Submissions (selected), Data Results, Program Reporting, and Administration. The main content area is titled 'Inpatient Psychiatric Facility Quality Reporting (IPFQR)' and displays submission details for the fiscal year 2026. A green notification banner at the top right states 'FCHE measure submitted' with a 'Close' button. The submission status for the FCHE measure is 'Submitted' (green checkmark). The current submission period is 'Open' (green text). A table shows the score for the FCHE measure as '5 of 5 Points' with an 'Edit' button. The 'Screening for SDOH and Screen Positive' measure is marked as 'Not Submitted' (yellow triangle) with a 'Start' button.

Dashboard  
Data Submissions  
Data Results  
Program Reporting  
Administration

< Data Submissions

**Inpatient Psychiatric Facility Quality Reporting (IPFQR)**

Fiscal Year: 2026

CMS Certification Number: 123456  
Submission Period: 07/01/2025 - 08/18/2025  
With Respect to Reporting Period: 01/01/2024 - 12/31/2024  
Last Updated: 07/01/2025 12:00 PM

Current Submission Period: **Open**

**FCHE** Submitted  
Facility Commitment to Health Equity  
Updated July 1, 2025 at 12:00 PM

Score: 5 of 5 Points Edit

**Export PDF**

**Screening for SDOH and Screen Positive** Not Submitted Start  
Screening for Social Drivers of Health & Screen Positive Rate for Social Drivers of Health



# Key #5: Enter Data and Verify Accuracy

Export PDF.

IPFQR Data Form

Page 1 of 3  
Exported 07/01/2025 1:00 PM

IPF BEHAVIORAL HEALTH MEDICAL CENTER

CMS Certification Number: 123456

Submission Period: 07/01/2025 - 08/18/2025

With Respect to Reporting Period: 01/01/2024 - 12/31/2024

Last Updated: 07/01/2025 1:00 PM

Measure	Submission Status	Last Updated
FCHE	Submitted	07/01/2025 1:00 PM
Screening for SDOH and Screen Positive	Not Submitted	N/A

FCHE

Facilities must attest to all sub-elements to receive points This measure includes five attestation-based questions, one for each domain used to assess a facility's commitment to health equity.

To receive a point, facilities must attest "yes" to all sub-elements that make up the domain.

Facilities may not receive partial credit for a domain.

Visit QualityNet for more information on this measure.

**Domain 1: Equity is a strategic priority**

Facility commitment to reducing healthcare disparities is strengthened when equity is a key organizational priority. Please attest that your facility has a strategic plan for advancing healthcare equity and that it includes all of the following elements. Our facility strategic plan:

Identifies priority populations who currently experience health disparities.

Yes

Identifies health equity goals and discrete action steps to achieving these goals.

Yes

Outlines specific resources which have been dedicated to achieving our equity goals.

Yes

Describes our approach for engaging key stakeholders, such as community-based organizations.

Yes

# Key #5: Enter Data and Verify Accuracy

Submit data for Screening for SDOH and Screen Positive.

**IPF BEHAVIORAL HEALTH MEDICAL CENTER** [Change Organization](#)

- Dashboard
- Data Submissions**
- Data Results
- Program Reporting
- Administration

[< Data Submissions](#)

### Inpatient Psychiatric Facility Quality Reporting (IPFQR)

CMS Certification Number: 123456  
Submission Period: 07/01/2025 - 08/18/2025  
With Respect to Reporting Period: 01/01/2024 - 12/31/2024  
Last Updated: 07/01/2025 12:00 PM

Fiscal Year: 2026

Current Submission Period: **Open**

**Export PDF**

**FCHE** Submitted

Facility Commitment to Health Equity  
Updated July 1, 2025 at 12:00 PM

Score	5 of 5 Points	<a href="#">Edit</a> <span>▼</span>
-------	---------------	-------------------------------------

**Screening for SDOH and Screen Positive** Not Submitted

Screening for Social Drivers of Health & Screen Positive Rate for Social Drivers of Health

[Start](#)

[Unlock Menu](#)

# Key #5: Enter Data and Verify Accuracy

Submit data for Screening for SDOH and Screen Positive.

The screenshot shows a web application interface for the IPF Behavioral Health Medical Center. The header is blue with the center's name and a 'Change Organization' button. A left sidebar contains navigation links: Dashboard, Data Submissions, Data Results, Program Reporting, and Administration. The main content area is titled '< Back' and 'Screening for SDOH and Screen Positive'. It includes a subtitle 'Screening for Social Drivers of Health & Screen Positive Rate for Social Drivers of Health' and a note '\* Indicates required field'. The form is divided into three sections: 1. 'Screening for SDOH Numerator & Screen Positive Denominator' with a text box for the numerator (example: 0,1,2,3,...,999999999). 2. 'Screening for SDOH Denominator' with a text box for the denominator (example: 0,1,2,3,...,999999999). 3. 'Screen Positive Numerators - Health related social needs' with a sub-section 'Food Insecurity' and a text box for the number of patients (example: 0,1,2,3,...,999999999). A right sidebar contains a box with the following information: CMS Certification Number: 123456, Submission Period: 07/01/2025 - 08/18/2025, With Respect to Reporting Period: 01/01/2024 - 12/31/2024, and Last Updated: -.

# Key #5: Enter Data and Verify Accuracy

Submit data for Screening for SDOH and Screen Positive.

**Data Submissions**

- ☒ Data Results
- ☐ Program Reporting
- ☐ Administration

**Housing instability**

The number of patients admitted to an IPF stay who are 18 years or older on the date of admission, who were screened for all five HRSNs, and who screen positive for housing instability. \*

Ex: 0,1,2,3,...,99999999

**Transportation needs**

The number of patients admitted to an IPF stay who are 18 years or older on the date of admission, who were screened for all five HRSNs, and who screen positive for transportation needs. \*

Ex: 0,1,2,3,...,99999999

**Utility difficulties**

The number of patients admitted to an IPF stay who are 18 years or older on the date of admission, who were screened for all five HRSNs, and who screen positive for utility difficulties. \*

Ex: 0,1,2,3,...,99999999

**Interpersonal safety**

The number of patients admitted to an IPF stay who are 18 years or older on the date of admission, who were screened for all five HRSNs, and who screen positive for interpersonal safety. \*

Ex: 0,1,2,3,...,99999999

**Submit** **Cancel**

# Key #5: Enter Data and Verify Accuracy

Screening for SDOH and Screen Positive data submission complete. Export PDF.

## IPF BEHAVIORAL HEALTH MEDICAL CENTER

[Change Organization](#)

[Dashboard](#)[Data Submissions](#)[Data Results](#)[Program Reporting](#)[Administration](#)

[Data Submissions](#)

### Inpatient Psychiatric Facility Quality Reporting (IPFQR)

CMS Certification Number: 123456  
Submission Period: 07/01/2025 - 08/18/2025  
With Respect to Reporting Period: 01/01/2024 - 12/31/2024  
Last Updated: 07/01/2025 12:00 PM

Current Submission Period: Open

FCHE Submitted  
Facility Commitment to Health Equity  
Updated July 1, 2025 at 12:00 PM

✓ Screening for SDOH and Screen Positive measure submitted

✕ Close

Fiscal Year  
2026

Score

5 of 5 Points

Edit

Export PDF

Screening for SDOH and Screen Positive Submitted

Screening for Social Drivers of Health & Screen Positive Rate for Social Drivers of Health  
Updated July 1, 2025 at 12:00 PM

Edit

Screening for SDOH	5 Numerator 5 Denominator	Rate 100%
Screen positive: Food insecurity	5 Numerator 5 Denominator	Rate 100%
Screen positive: Housing instability	5 Numerator 5 Denominator	Rate 100%
Screen positive: Transportation needs	5 Numerator 5 Denominator	Rate 100%
Screen positive: Utility difficulties	5 Numerator 5 Denominator	Rate 100%
Screen positive: Interpersonal safety	5 Numerator 5 Denominator	Rate 100%

# Key #5: Enter Data and Verify Accuracy

Export PDF.

IPFQR Data Form

Page 1 of 5  
Exported 07/01/2025 1:00 PM

IPF BEHAVIORAL HEALTH MEDICAL CENTER


CMS Certification Number: 123456

Submission Period: 07/01/2025 - 08/18/2025

With Respect to Reporting Period: 01/01/2024 - 12/31/2024

Last Updated: 07/01/2025 at 1:00 PM

IPFQR

 All Measures Successfully Submitted!

Measure	Submission Status	Last Updated
FCHE	Submitted	07/01/2025 1:00 PM
Screening for SDOH and Screen Positive	Submitted	07/01/2025 1:00 PM

# Key #6: Review Submission Before Signing the DACA Form

- Review **all** measure and non-measure data for accuracy and completeness **before and after** it is submitted.
- Leverage the FY 2026 IPFQR Provider Participation Report and Facility, State, and National Report to check the submission status and calculated data values **prior to submitting the DACA.**
- Review of submitted data **must** be done **prior to** completion and submission of the DACA.
- Submit and/or edit previously submitted measure data as well as complete and submit the DACA **prior to** the submission deadline of **August 18, 2025.**

# Key #6: Review Submission Before Signing the DACA Form

If using a third-party vendor:

- Ensure the vendor has been previously authorized.
- Complete the online DACA form prior to the **August 18, 2025**, deadline.
  - The **facility is responsible** for completion of the DACA form, not the vendor.
  - The DACA is an annual program requirement.



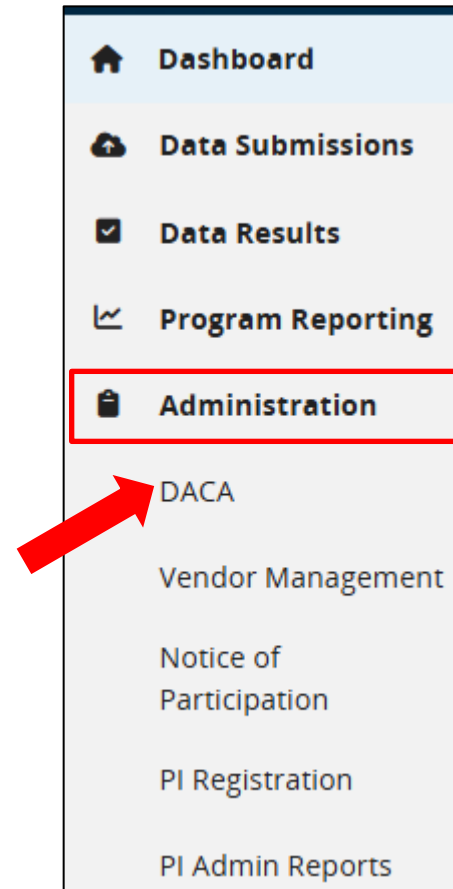
# Key #6: Review Submission Before Signing the DACA Form

- The DACA is the only opportunity for IPFs to attest to the accuracy and completeness of the data submitted to CMS.
  - Data will be publicly displayed later.
- IPFs **cannot** enter or edit data after the submission deadline.
  - CMS **highly recommends** that IPFs enter the data as far in advance of the **August 18, 2025**, deadline as possible.

# Key #6: Review Submission Before Signing the DACA Form

You must access the DACA form from the main menu. After logging into the *HQR Secure Portal*, hover your mouse over the left side of the screen to expand the menu options.

1. Click on Administration.
2. Then, click DACA.



# Key #6: Review Submission Before Signing the DACA Form

## Data Accuracy and Completeness Acknowledgement (DACA)

The DACA is an annual requirement for providers participating in the Hospital IQR, IPFQR, and PCHQR Programs to electronically acknowledge that the data submitted to these programs by or on behalf of the providers are accurate and complete to the best of their knowledge.

IPFQR

IQR/HACRP

PCHQR

## Data Accuracy and Completeness Acknowledgement (DACA)

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 2026 IPFQR Program requirements, is accurate and complete. This information includes the following:

- All required measure and non-measure data
- Current Notice of Participation

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 2026 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 2026 IPFQR Program requirements.

Position \*

Ex. Administrator, Director, etc.

☐

I confirm that the information I have submitted is accurate and complete, to the best of my knowledge. \*

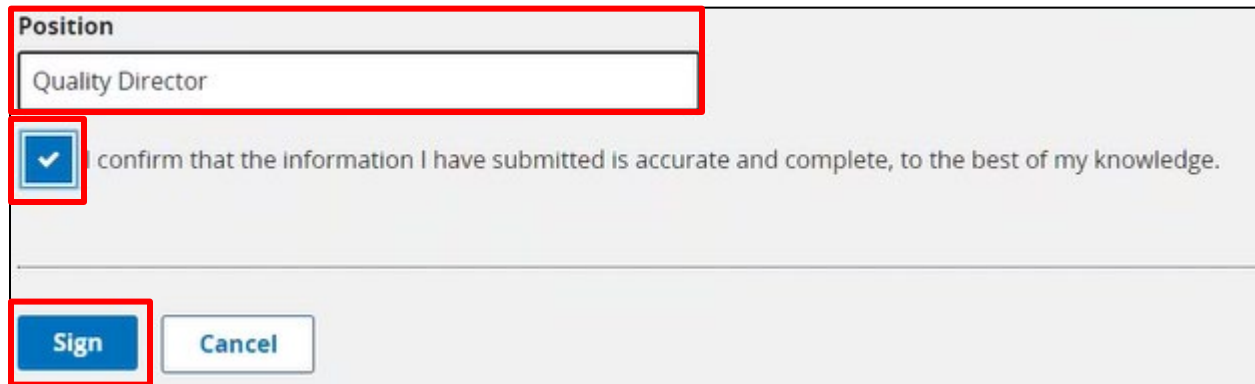
Sign

Cancel

# Key #6: Review Submission Before Signing the DACA Form

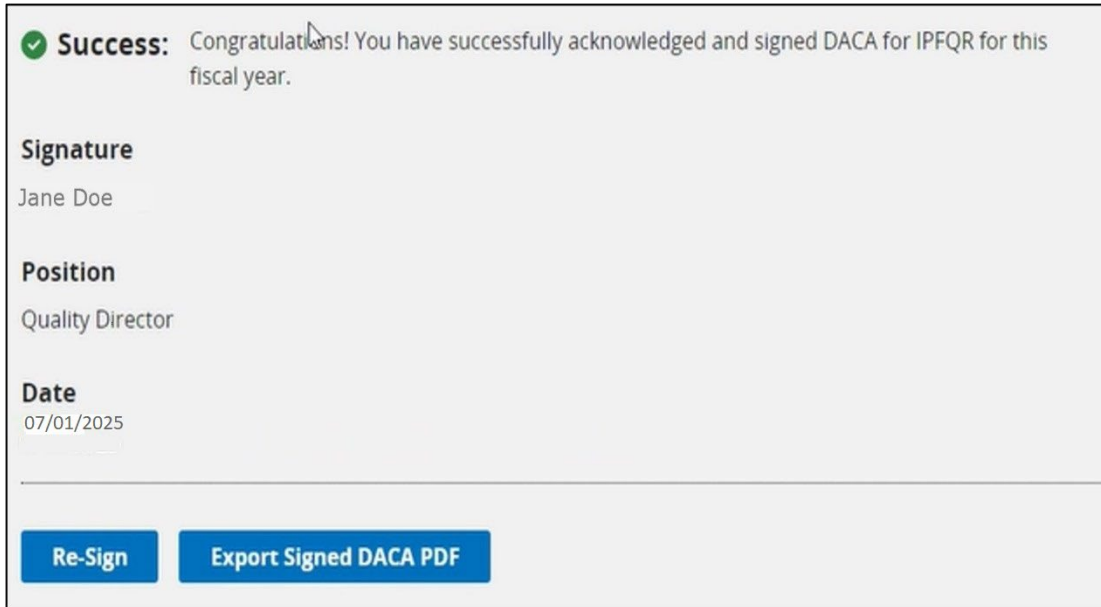
To complete the DACA:

1. Enter your job title in the empty field below the word Position.
2. Click the button next to the statement that reads, “I confirm that the information I have submitted is accurate and complete to the best of my knowledge.”
3. Click the Sign button at the bottom of the page.



The screenshot shows a web form for DACA submission. A red box highlights the 'Position' label and the text input field containing 'Quality Director'. Another red box highlights a blue square button with a white checkmark, followed by the text 'confirm that the information I have submitted is accurate and complete, to the best of my knowledge.'. A third red box highlights the 'Sign' button at the bottom left, with a 'Cancel' button to its right.

# Key #6: Review Submission Before Signing the DACA Form



✓ **Success:** Congratulations! You have successfully acknowledged and signed DACA for IPFQR for this fiscal year.

**Signature**  
Jane Doe

**Position**  
Quality Director

**Date**  
07/01/2025

[Re-Sign](#) [Export Signed DACA PDF](#)

- Once you successfully submit the DACA, a confirmation message will appear above the signature line.
- The option to export the signed DACA as a PDF form is at the bottom of the page.

## What if I edit data after signing the DACA?

If you upload or edit and re-submit any data into the *HQR Secure Portal*, then return to the DACA. Click the Re-Sign button at the bottom of the page to sign the DACA form again to confirm your approval of the edits made. If you do not re-sign the DACA after making changes, your DACA submission will be incomplete.

# Key #7: Re-Check All FY 2026 IPFQR Program Requirements

Follow these steps to check whether your facility has met all FY 2026 IPFQR Program requirements prior to the **August 18, 2025**, deadline.

1. Check NOP.

Refer to instructions on slides 15–17 of this presentation to ensure the IPFQR Program NOP status is “Participating.”

2. Check accuracy of data.

Review the IPFQR Provider Participation Report and Facility, State, and National Reports against facility data.

3. Check DACA.

Ensure that DACA status is complete in the *HQR Secure Portal* based on instructions provided on slides 79–85.

# Review of Keys to Successful Reporting

- Access and log in to the *HQR Secure Portal*.
- Have two active SOs.
- Manage the NOP.
- Prepare and verify accuracy of data prior to submitting.
- Enter and verify accuracy of data.
- Review submission before signing the DACA form.
- Re-check all FY 2026 IPFQR Program Requirements



**Note:** Confirm all IPFQR Program data reporting requirements have been met before completing the DACA. IPFs cannot change data nor complete the DACA form after the data-submission deadline.

# Important Tip

In the event of staff turnover, remember to use the [Hospital Contact Change Form](#) to inform Inpatient and Outpatient Healthcare Quality Systems Development and Program Support about key personnel changes. (This includes the Chief Executive Officer and quality reporting contact).



IPFQR Program: Keys to Successful FY 2026 Reporting

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## **Helpful Resources**

# Helpful Resources: FY 2026 Data Accuracy Tools

## Data Submission Checklist

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Fiscal Year (FY) 2026 Data Submission and Administrative Requirements Checklist for Data Due 8/18/2025	
Task	✓
<b>STEP 1a: Submit patient-level XML files.</b>	
A. Log in to the <a href="#">Hospital Quality Reporting (HQR) Secure Portal</a> and hover over the left side of the screen to expand the menu. Select <b>Data Submissions</b> . Click the <b>Chart Abstracted</b> tab.	<input type="checkbox"/>
B. Confirm XML file accuracy in the <b>Test</b> environment. (We suggest IPFs and their vendors upload XML files into the <b>Test</b> environment first to ensure file accuracy/completeness.) Click on <b>Test</b> .	<input type="checkbox"/>
C. Next, click on the blue <b>Select Files</b> button to upload XML files. You can also drag and drop the XML files into the designated area. Be sure to select the <b>IPF Quality Reporting Program</b> before uploading the XML file(s).	<input type="checkbox"/>
D. After you upload the file, you will see a table with <b>Batch ID</b> and <b>Status</b> columns. <ul style="list-style-type: none"> <li>Note the <b>Batch ID</b> to review specific uploads in the Submission Detail Report.</li> <li>The <b>Status</b> column shows whether the XML file was uploaded successfully (accepted/rejected).</li> </ul>	<input type="checkbox"/>
E. When you are ready to upload XML files into the <b>Production</b> environment, click the <b>Change Selection</b> link. Then, under <b>Select a Submission Type</b> , select <b>Production</b> from the drop-down menu. Then, click the blue <b>Display Results</b> button. Complete Steps C and D above to upload the XML files in the Production environment.	<input type="checkbox"/>
<b>STEP 1b: Submit Facility-level Data (FLD).</b>	
<ul style="list-style-type: none"> <li>If your IPF has an FLD XML file, then proceed to Step A.</li> <li>If your IPF does not have a FLD XML file, then proceed to Step D.</li> </ul>	<input type="checkbox"/>
A. While logged into the HQR System, hover over the left side to expand the options. If necessary, select <b>Data Submissions</b> , then click the <b>Chart Abstracted</b> tab.	<input type="checkbox"/>
B. Select the <b>Production</b> submission type and upload this file in the same manner the patient-level files were uploaded. (Refer to Steps 1a C and 1a D.)	<input type="checkbox"/>
C. Once the FLD XML file has been uploaded successfully, then proceed to Step 1c.	<input type="checkbox"/>
D. Manually enter your IPF aggregate, facility-level non-measure data, and denominator values for the Hospital-Based Inpatient Psychiatric Services (HBIPS)-2 and HBIPS-3 measures by selecting the <b>Data Form</b> button on the <b>Chart Abstracted</b> tab.	<input type="checkbox"/>
E. Under the <b>Select the Data Form</b> sub-header, click the <b>IPFQR Launch Data Form</b> button. A landing page for the IPF Data forms will appear. Select the <b>Start</b> button for facility-level data and, if needed, zero-patient attestations to begin the data entry process for each data form.	<input type="checkbox"/>
F. On the FLD data entry form, enter data values for each of these FY 2026 submission requirements: <ul style="list-style-type: none"> <li><input type="checkbox"/> Non-Measure Data and Population Counts</li> <li><input type="checkbox"/> HBIPS-2/3 Denominator Data Elements</li> </ul> Once each field is populated, click the blue <b>Submit</b> button at the bottom. You must be prepared to enter data into all fields to submit FLD to the system. You will not be able to save partial data. A checkmark with "Submitted" will appear in the FLD row. Proceed to Step 1c.	<input type="checkbox"/>
<b>STEP 1c: Submit zero-patient attestation (if applicable).</b>	
A. Select the checkbox for each measure that has zero events/patients to abstract. Once you have selected the appropriate measures, click the blue <b>Submit</b> button at the bottom.	<input type="checkbox"/>
B. A checkmark with "Submitted" will appear on the zero-patient attestation row.	<input type="checkbox"/>
<b>STEP 2: Submit Web-based Measures: Facility Commitment to Health Equity (FCHE), Screening for Social Drivers of Health (SDOH), and Screen Positive*</b>	
A. Select the <b>Web-based Measures</b> tab. Next, select <b>Data Form</b> . Then, select <b>IPFQR – Launch Data Form</b> .	<input type="checkbox"/>
B. For FCHE, select <b>Start</b> to access the data form. <ul style="list-style-type: none"> <li>Answer all statements for each domain by selecting either "Yes" or "No." Then, select <b>Submit</b>.</li> <li>A checkmark with "Submitted" will appear on the FCHE row.</li> </ul>	<input type="checkbox"/>
C. For Screening for SDOH and Screen Positive, select <b>Start</b> to access the data form. <ul style="list-style-type: none"> <li>Answer each statement with a valid numerical value, then select <b>Submit</b>.</li> <li>A checkmark with "Submitted" will appear on the Screening for SDOH and Screen Positive row.</li> </ul>	<input type="checkbox"/>
* In the FY 2026 IPF Prospective Payment System Proposed Rule, CMS proposed to remove this measure from the IPFQR Program, effective calendar year (CY) 2024/FY 2026 payment determination. *Measure reporting is voluntary for CY 2024/FY 2026 payment determination.	
<b>STEP 3: Submit the FY 2026 Data Accuracy and Completeness Acknowledgement (DACA).</b>	
A. Log in to the <a href="#">HQR Secure Portal</a> to review the data for accuracy and completeness.	<input type="checkbox"/>
B. Hover your mouse on the left side to expand the menu options. Click <b>Administration</b> . Click <b>DACA</b> .	<input type="checkbox"/>
C. Enter your job title below Position. Click the button attesting to data accuracy and completeness.	<input type="checkbox"/>
D. Click the <b>Sign</b> button at the bottom of the page.	<input type="checkbox"/>
If data changed, you must re-sign/submit the DACA to acknowledge that the changes are accurate.	
<b>STEP 4: Ensure the IPFQR Program Notice of Participation (NOP) requirement is met.</b>	
Access the NOP in the HQR System under <b>Administration</b> to ensure the status says "Participating."	<input type="checkbox"/>
An active Security Official (SO) is not required, but an active SO is needed to access to the HQR Secure Portal to meet requirements. Contact the Center for Clinical Standards and Quality Service Center at (866) 288-8912 to reactivate a SO.	

**IPFQR Program Submission Period: July 1–August 18, 2025**

For guidance on requirements and data verification processes, refer to the FY 2025 IPFQR Program Guide on the [QualityNet IPFQR Program Resources](#) web page. For guidance on measure and XML file layout specifications for summer 2025 patient-level and facility-level reporting, download the [Specifications Manual for National Inpatient Psychiatric Facility Quality Measures, Version 1.2a](#), from the [QualityNet IPF Specifications Manuals](#) web page. For other assistance, contact the IPFQR Program Support Contractor via the [QualityNet Q&A Tool](#), [IPFQualityReporting@hsa.com](mailto:IPFQualityReporting@hsa.com) email, (866) 800-8765, or (844) 472-4477.

## Data Verification Checklist

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Fiscal Year (FY) 2026 Data Verification and Administrative Requirements Checklist for Data Due 8/18/2025	
Task	✓
<b>STEP 1: Run reports.</b>	
A. Log in to the <a href="#">Hospital Quality Reporting (HQR) Secure Portal</a> .	<input type="checkbox"/>
B. Hover your mouse on the left side of the screen to expand the menu. Select <b>Data Results</b> . Then, click <b>Chart Abstracted</b> to access the following reports: <ul style="list-style-type: none"> <li><b>Submission Detail</b> - Review information about each XML file uploaded, including the measure set, patient ID, batch ID, patient admit/discharge/event date, upload date, action code, file name, file status (if a test case), and edit messages.</li> <li><b>Potential Duplicate</b> - Identify potential duplicates to determine if records pertain to two different episodes of care or if duplicates are due to incorrect entry of a patient identifier.</li> <li><b>Case Status Summary</b> - Review measure set counts, including the number of unique cases submitted, accepted, and rejected.</li> </ul>	<input type="checkbox"/>
C. In the <b>File Accuracy</b> tab, under Program, select <b>IPFQR</b> . If your provider participates in another Quality Reporting Program, you may see other programs in the drop-down.	<input type="checkbox"/>
D. Under Report, select a report.	<input type="checkbox"/>
E. For each report, select the appropriate parameter values. (For example, select <b>2026</b> for the Fiscal Year parameter.) Select any other applicable parameter value, as necessary.	<input type="checkbox"/>
F. Click the blue <b>Export CSV</b> button. The file will download to your computer at a location determined by your browser settings. Click on the file to open it.	<input type="checkbox"/>
G. To access another report, return to the <b>STEP D</b> and select a different report. When you have finished reviewing the <b>File Accuracy</b> reports, proceed to <b>STEP H</b> .	<input type="checkbox"/>
H. To review the aggregate, facility-level non-measure data, denominator values for the Hospital-Based Inpatient Psychiatric Services (HBIPS)-2 and HBIPS-3 measures, and zero-patient attestations, hover over the left side to expand the menu. Select <b>Data Submissions</b> .	<input type="checkbox"/>
I. Click the <b>Chart Abstracted</b> tab. Then, click the <b>Data Form</b> button.	<input type="checkbox"/>
J. Under the <b>Select the Data Form</b> sub-header, select <b>IPFQR Launch Data Form</b> .	<input type="checkbox"/>
K. Data were submitted if a checkmark and the word "Submitted" appear next to the name. Verify the submitted data by clicking the row to expand the information.	<input type="checkbox"/>
L. Return to the <b>Data Submissions</b> page and select the <b>Web-based Measures</b> tab. Click the <b>Data Form</b> button. Then return to Steps J and K to verify data submission for the web-based measures.	<input type="checkbox"/>
M. To review or edit the facility-level data or the zero-patient attestation, click the <b>Edit</b> or <b>Start</b> button to access the attestation. Review/revise the data and select <b>Submit</b> to save changes, if necessary. Otherwise, select <b>Cancel</b> . Follow these steps to review or edit the web-based measure data.	<input type="checkbox"/>
<b>STEP 2: Confirm FY 2026 Data Accuracy and Completeness Acknowledgement (DACA) submission.</b>	
A. Access the DACA form by logging in to the <a href="#">HQR Secure Portal</a> .	<input type="checkbox"/>
B. Hover over the left side to expand the menu. Click <b>Administration</b> and <b>DACA</b> to view the DACA.	<input type="checkbox"/>
If data changed, you must re-sign/submit the DACA to acknowledge that changes are accurate.	
<b>STEP 3: Check IPFQR Program Notice of Participation (NOP) status.</b>	
Review the NOP in the HQR system under <b>Administration</b> to ensure status says "Participating."	<input type="checkbox"/>
An active Security Official (SO) is not a requirement, but an active SO is needed to ensure access to the <a href="#">HQR Secure Portal</a> to meet requirements. Contact the CCSQ Service Center at (866) 288-8912 to reactivate a SO.	
<ul style="list-style-type: none"> <li>For guidance on IPFQR Program requirements and data verification processes, refer to the FY 2026 IPFQR Program Guide on the <a href="#">QualityNet IPFQR Program Resources</a> web page.</li> <li>For other assistance, contact the IPFQR Program Support Contractor via the <a href="#">QualityNet Q&amp;A Tool</a>, <a href="mailto:IPFQualityReporting@hsa.com">IPFQualityReporting@hsa.com</a> email, (866) 800-8765, or (844) 472-4477.</li> </ul>	

These resources can be found on the [QualityNet](#) and [Quality Reporting Center](#) websites.

# Acronyms

<b>APU</b>	Annual Payment Update	<b>IPF</b>	inpatient psychiatric facility
<b>CART</b>	CMS Abstraction & Reporting Tool	<b>IPFQR</b>	Inpatient Psychiatric Facility Quality Reporting
<b>CCSQ</b>	Center for Clinical Standards and Quality	<b>PDF</b>	Portable Document Format
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>PPS</b>	Prospective Payment System
<b>CY</b>	calendar year	<b>NOP</b>	Notice of Participation
<b>DACA</b>	Data Accuracy and Completeness Acknowledgement	<b>Q</b>	quarter
<b>FCHE</b>	Facility Commitment to Health Equity*	<b>SDOH</b>	Social Drivers of Health*
<b>FLD</b>	facility-level data	<b>SMD</b>	Screening for Metabolic Disorders
<b>FY</b>	fiscal year	<b>SO</b>	Security Official
<b>HARP</b>	Health Care Quality Information Systems Access Roles and Profile	<b>SUB</b>	Substance Abuse
<b>HBIPS</b>	Hospital-Based Inpatient Psychiatric Services	<b>TOB</b>	Tobacco Use
<b>HCP</b>	healthcare personnel	<b>TR</b>	Transition Record
<b>HQR</b>	Hospital Quality Reporting	<b>XML</b>	extensible markup language
<b>IMM</b>	Influenza Immunization	*Measure proposed for removal	

# Helpful Resources

IPFQR Program Web Pages  
*(Click the icons.)*



# Helpful Resources

Stay up to date...



**Contact  
Change Form**



**Listserve  
Registration**



**Upcoming  
Webinars**

...and get answers to your questions.



**Q&A Tool**



**Email  
Support**



**Phone Support  
(866) 800-8765**



**Fax  
(877) 789-4443**

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**Thank you!**

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