IPFQR Program: Keys to Successful FY 2026 Reporting

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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.

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.

Keys to Successful Reporting

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

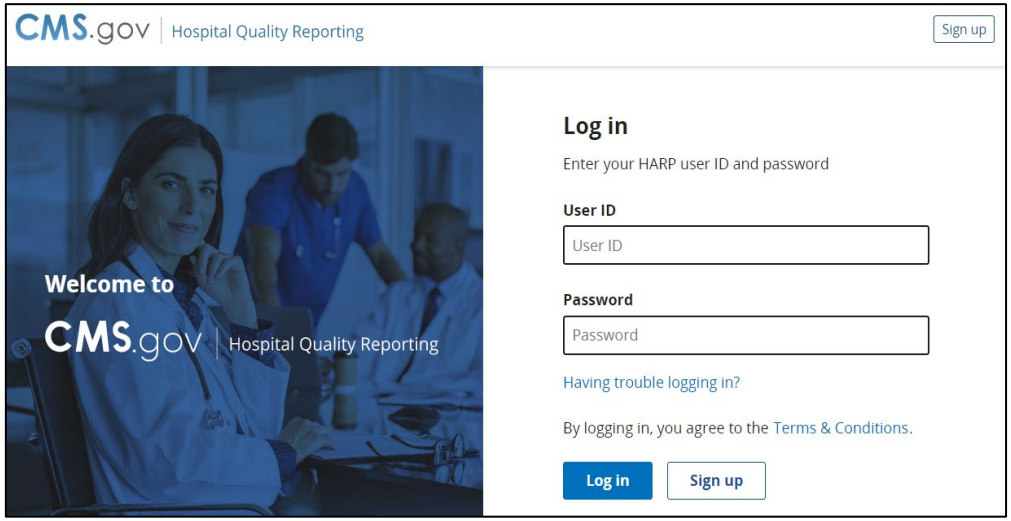
The *HQR Secure Portal* is the **only** CMS-approved method for submitting IPFQR Program data and the DACA directly to CMS.

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.



Key #2: Have Two Active SOs

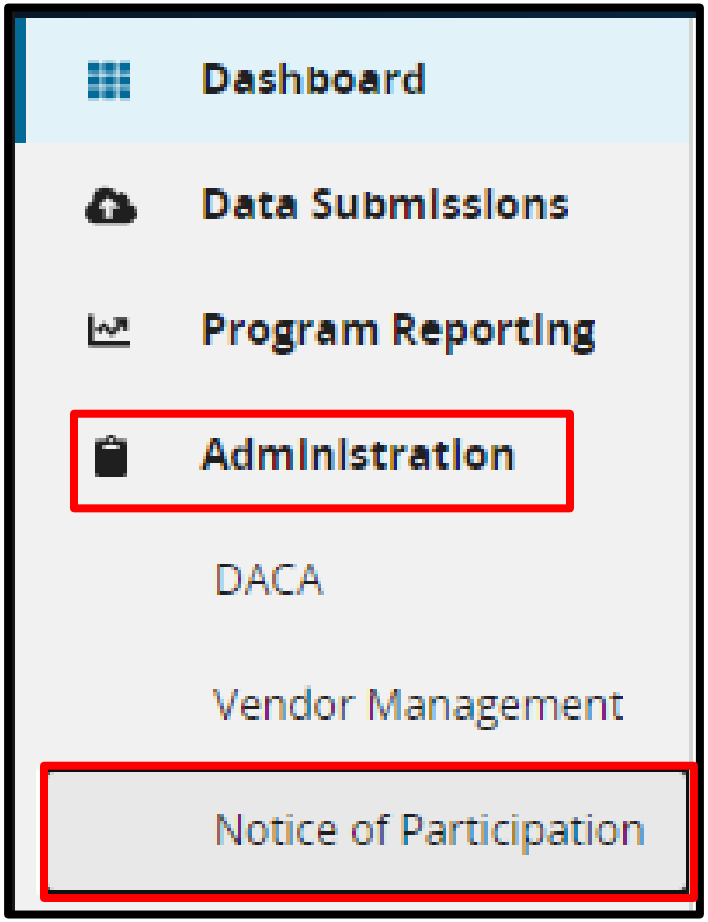
- A Security Official (SO) is a person in the organization who can grant *HQR Secure Portal* access to those who need to enter, review and confirm accuracy of submitted data.
- Page 6 of the FY 2026 IPFQR Program Guide provides instructions about setting up an active SO account.
- Download the instructions 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 for assistance.

Key #3: Manage the NOP

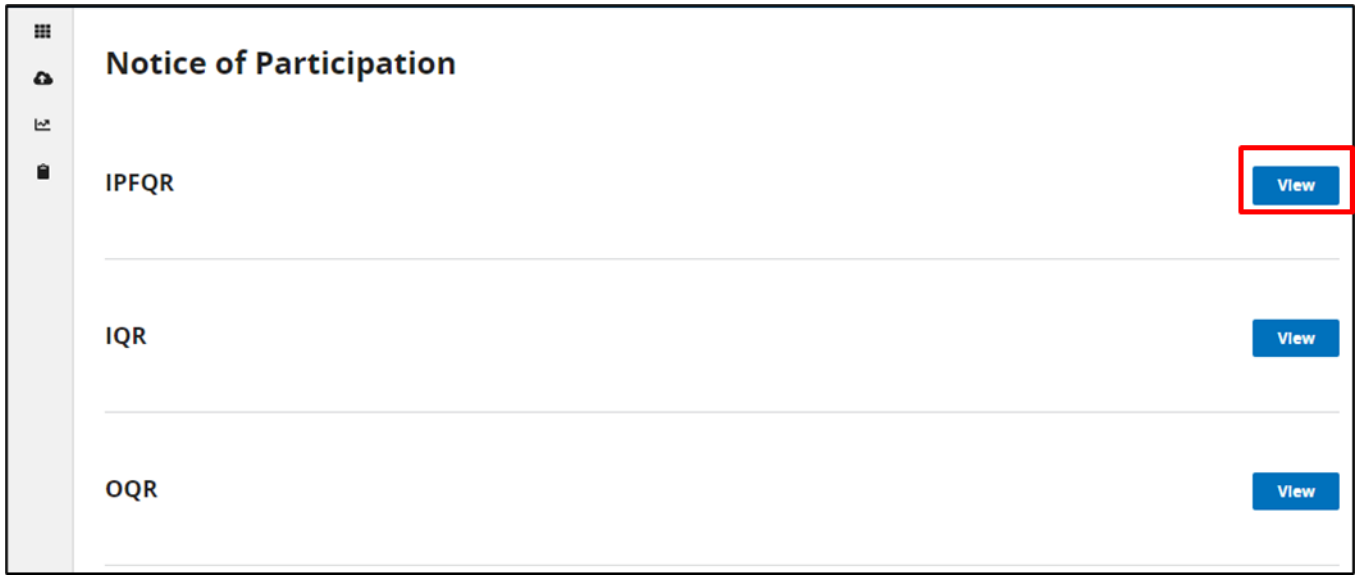
To access a facility's NOP:

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.



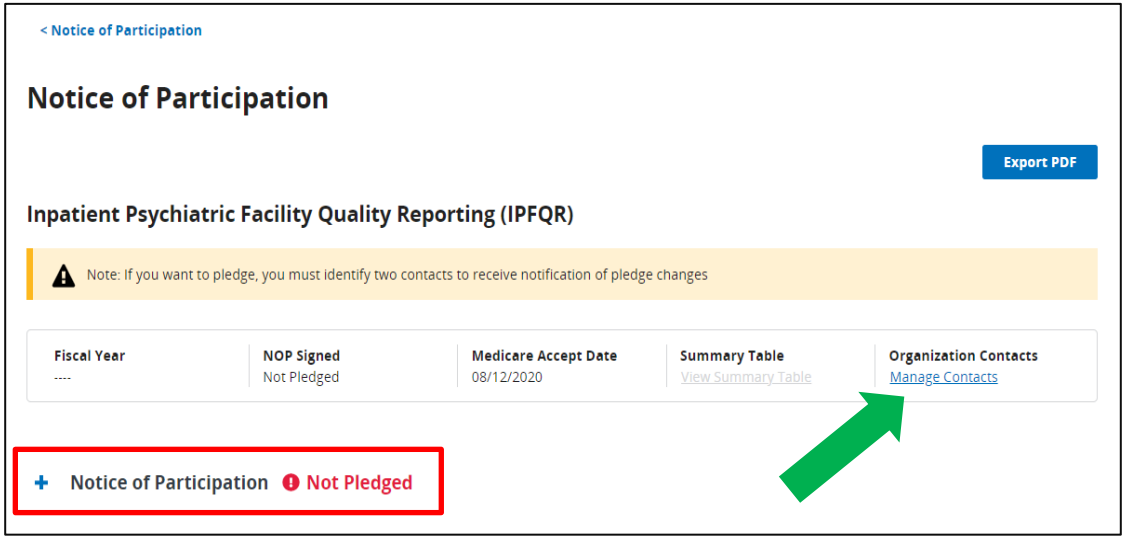
Key #3: Manage the NOP

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.



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 to learn how to withdraw from the IPFQR Program.



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

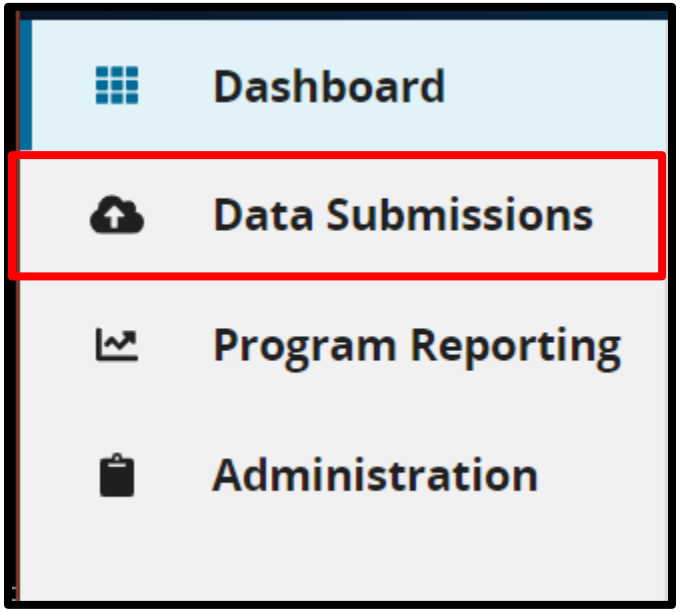
- Upload clean, actual XML data files for submission to CMS.
- Data from these files will be used to calculate measure numerator, denominator, and rate values.
- **Only** data submitted into this environment will be submitted to CMS.

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

To upload XML files:

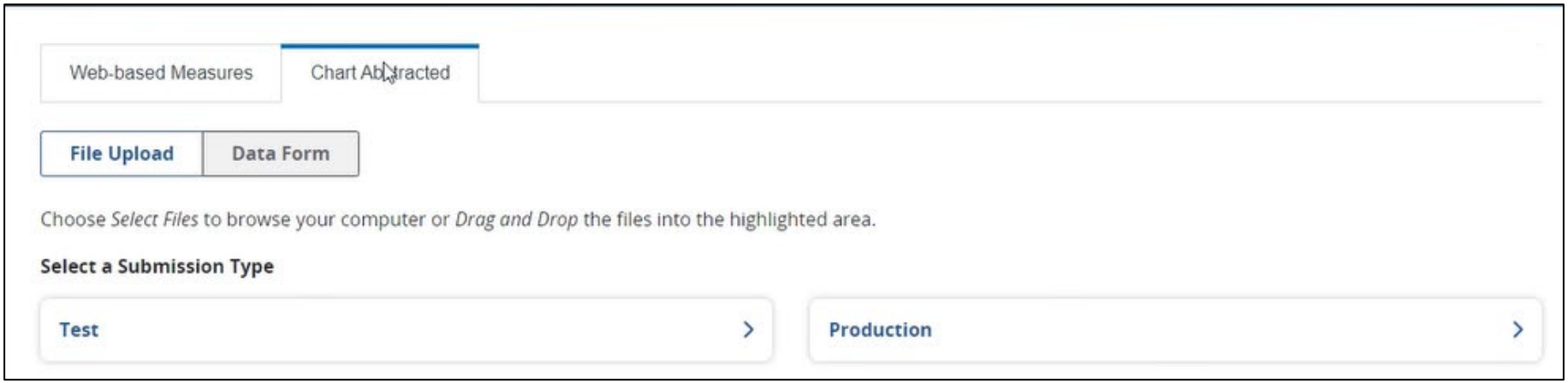
1. Log into the *HQR Secure Portal.*
2. Hover your mouse on the left side to expand menu options.
3. Click on Data Submissions.



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.

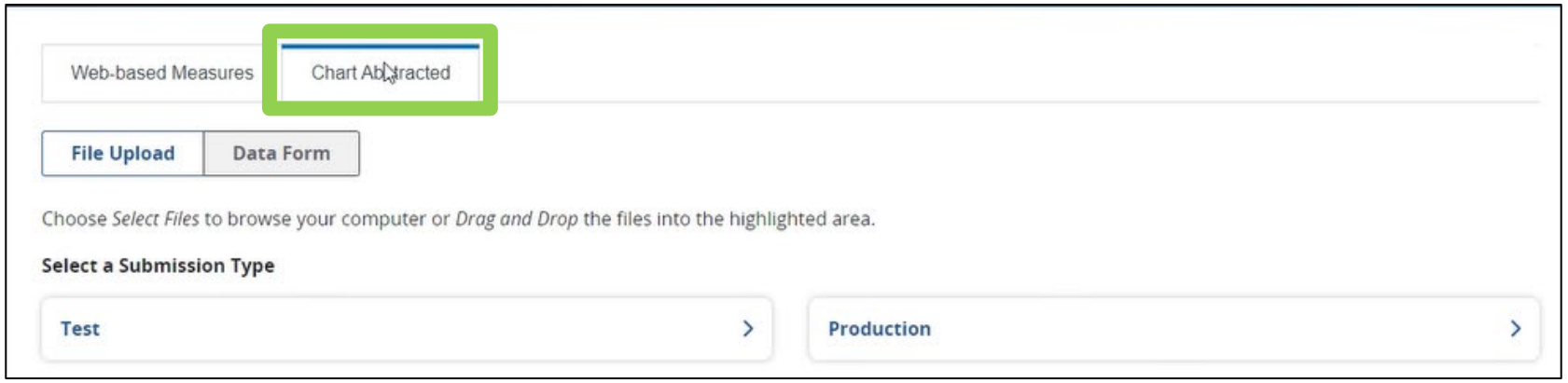


If you have access to upload data for more than one Quality Reporting Program, you will see multiple tabs at the top of the screen.

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.



Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

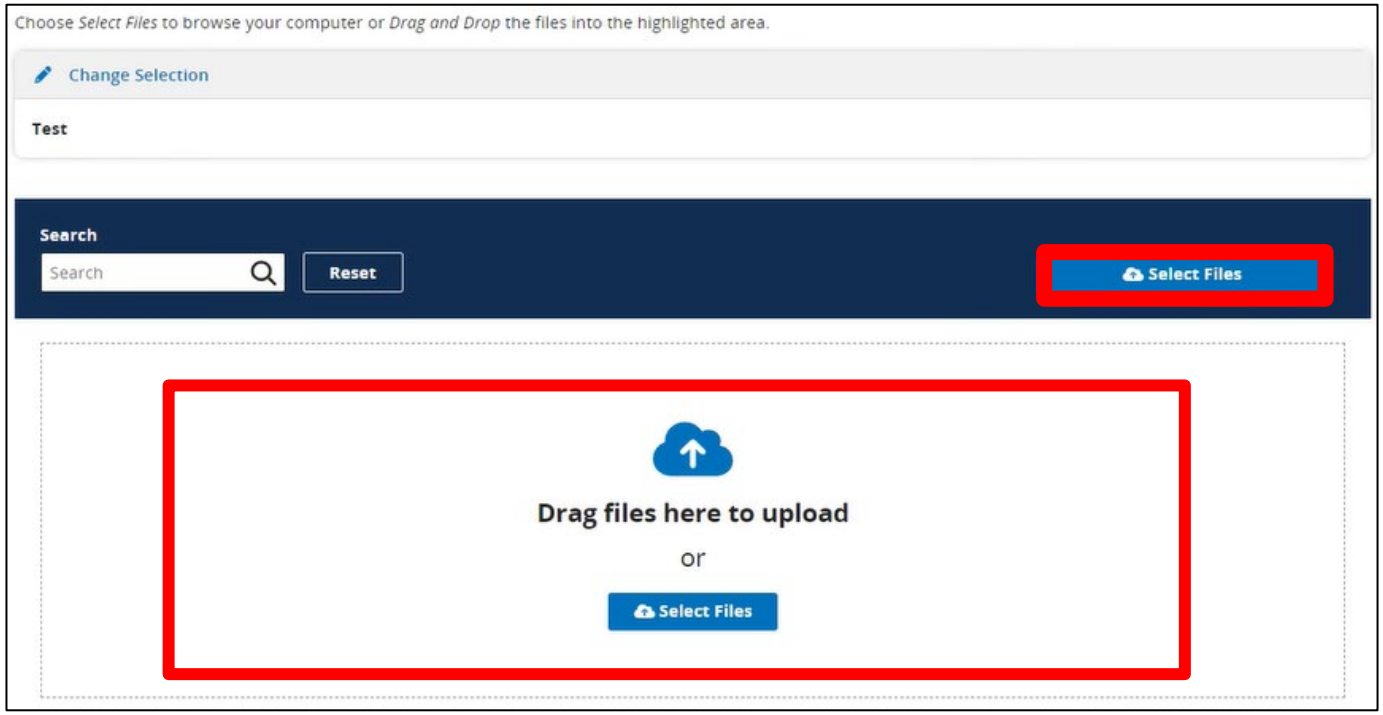
We recommend uploading files into the Test environment first to ensure file accuracy and completeness.

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

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

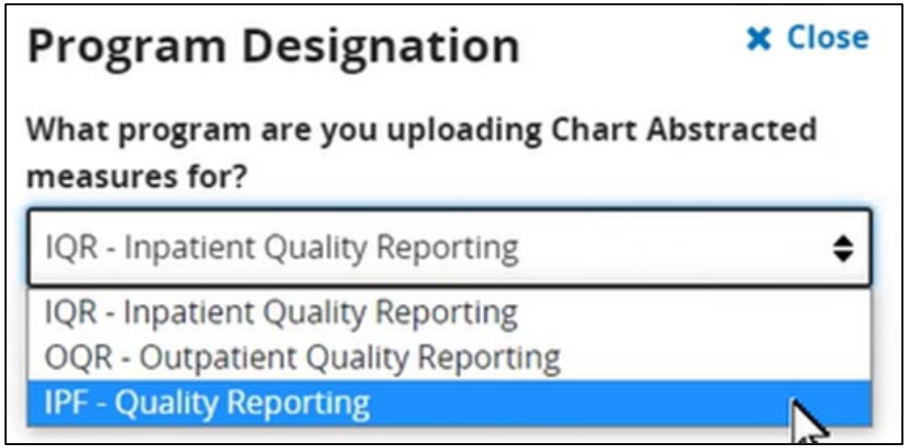
Click the blue Select Files button to upload the XML files or drag and drop the XML files into the designated area.



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.



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

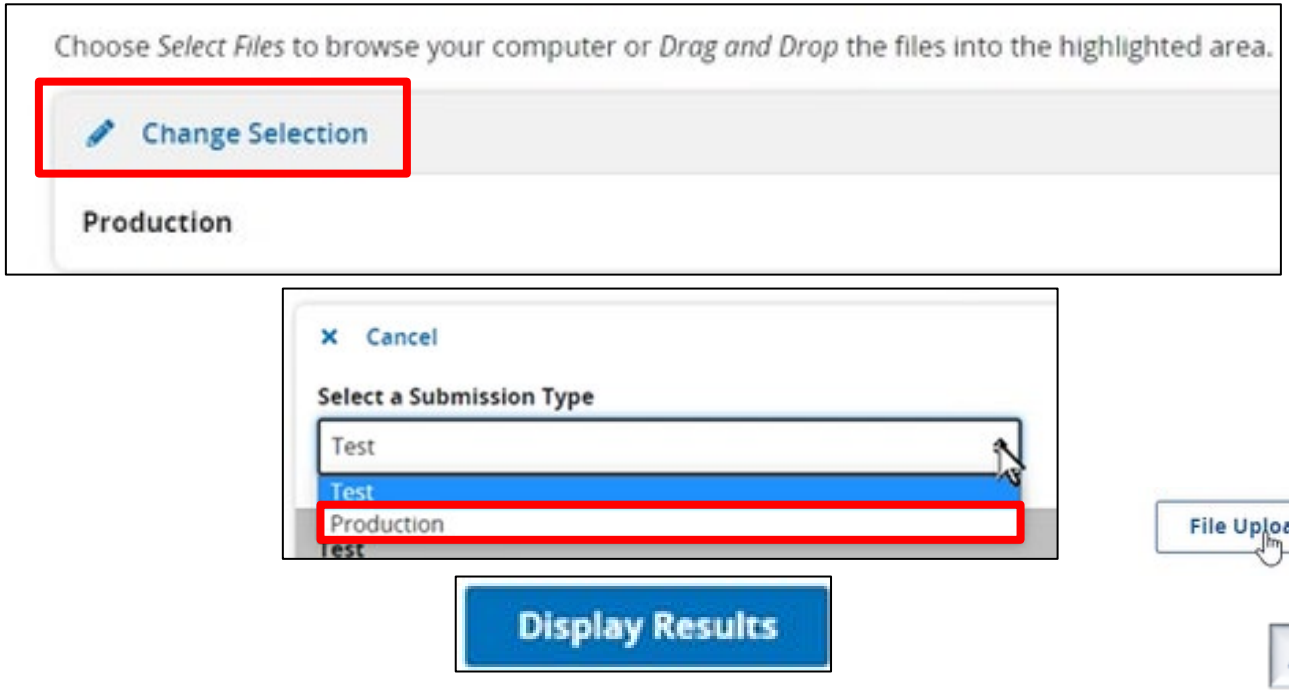
In the lower right corner of your screen, you will see a message indicating the upload status of the XML file upload.

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.

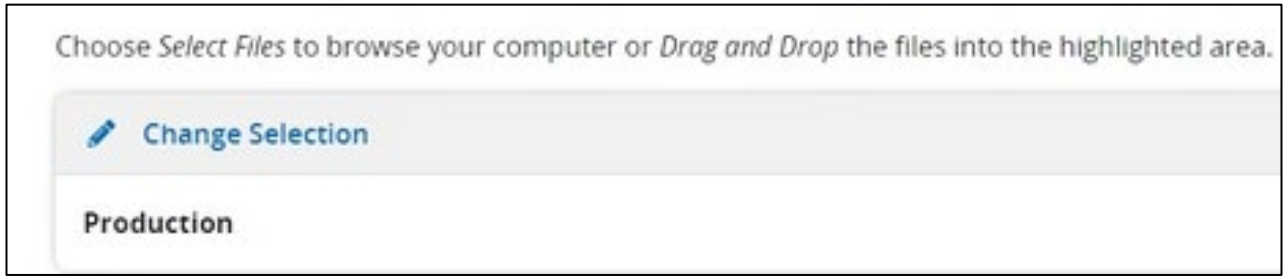
1) Click the Change Selection link and select Production from the drop-down menu under Select a Submission Type. Then, click the blue Display Results button.



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.

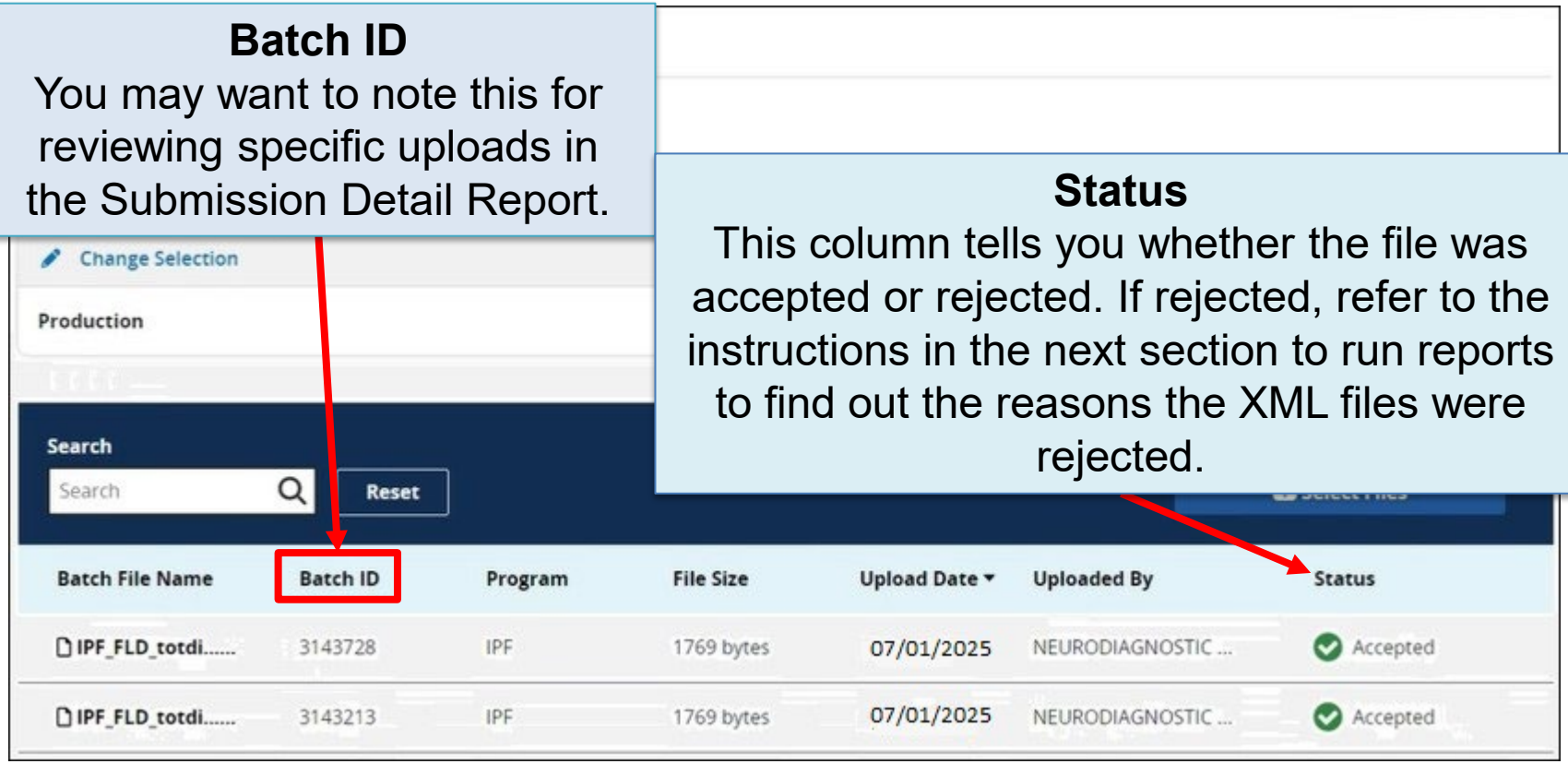


Key #5: Enter Data and Verify Accuracy

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.

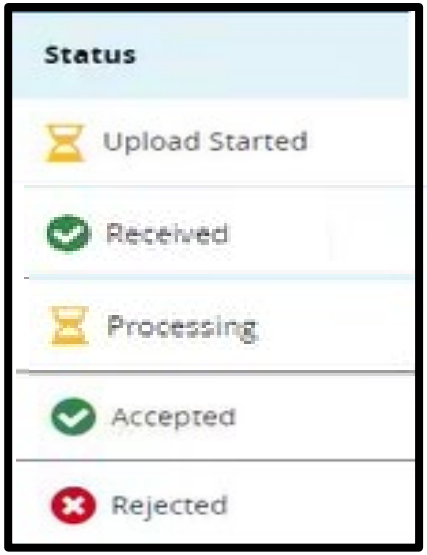


Key #5: Enter Data and Verify Accuracy

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 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.

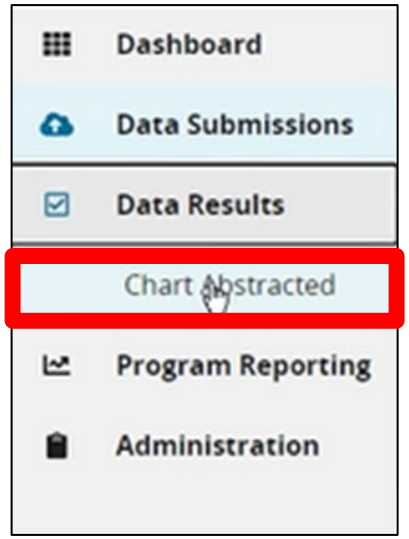
Case Status Summary
Review measure set counts, including the number of unique cases submitted, accepted, and rejected.

Key #5: Enter Data and Verify Accuracy

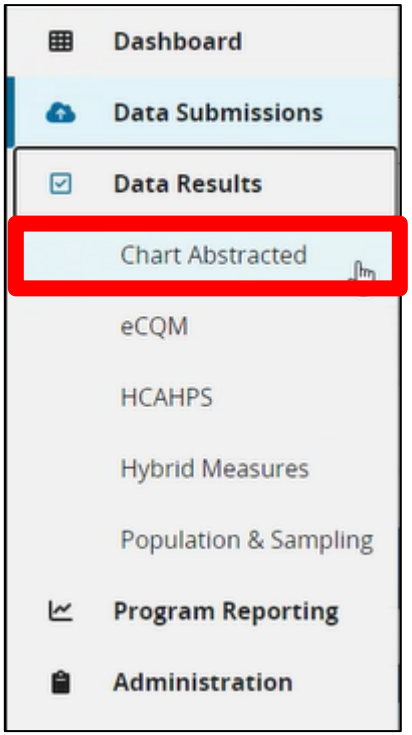
XML File Upload Reports of IPFQR Program Data

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

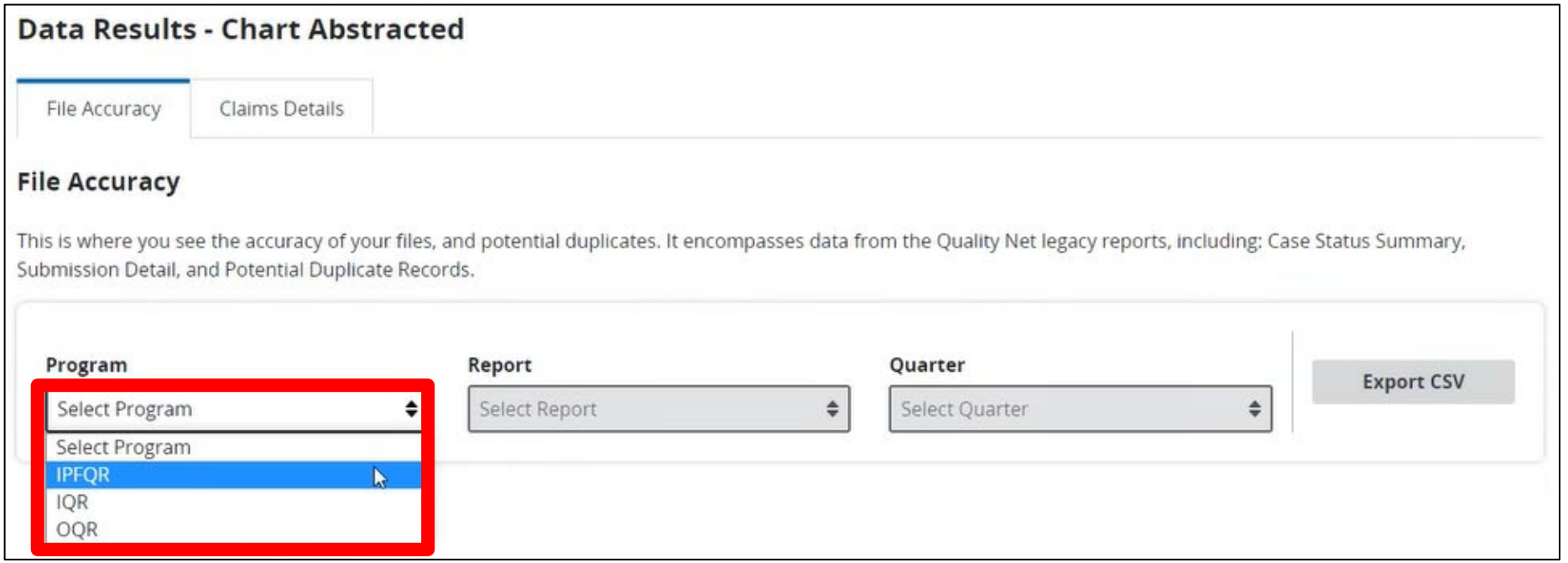


Acronyms

Key #5: Enter Data and Verify Accuracy

XML File Upload Reports of IPFQR Program Data

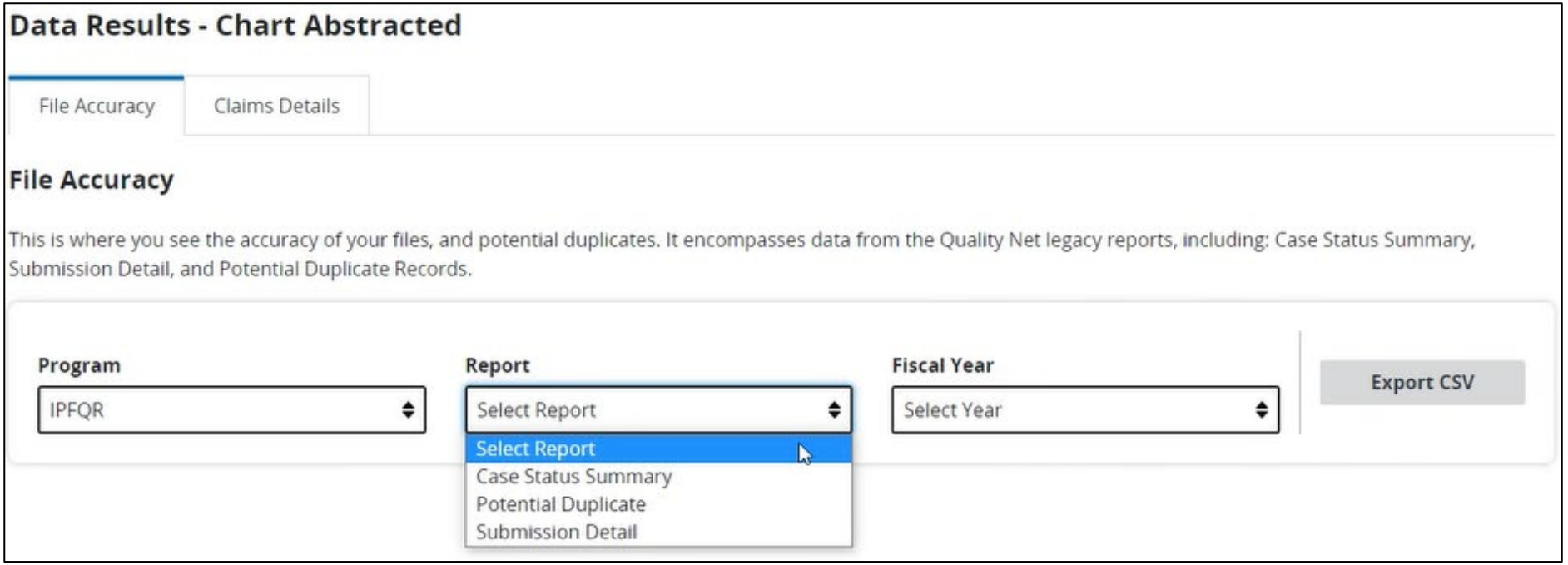
2. In the File Accuracy tab, select IPFQR under Program.
(If your provider participates in more than one Quality Reporting Program, then you may see other programs in the drop-down.)



Key #5: Enter Data and Verify Accuracy

XML File Upload Reports of IPFQR Program Data

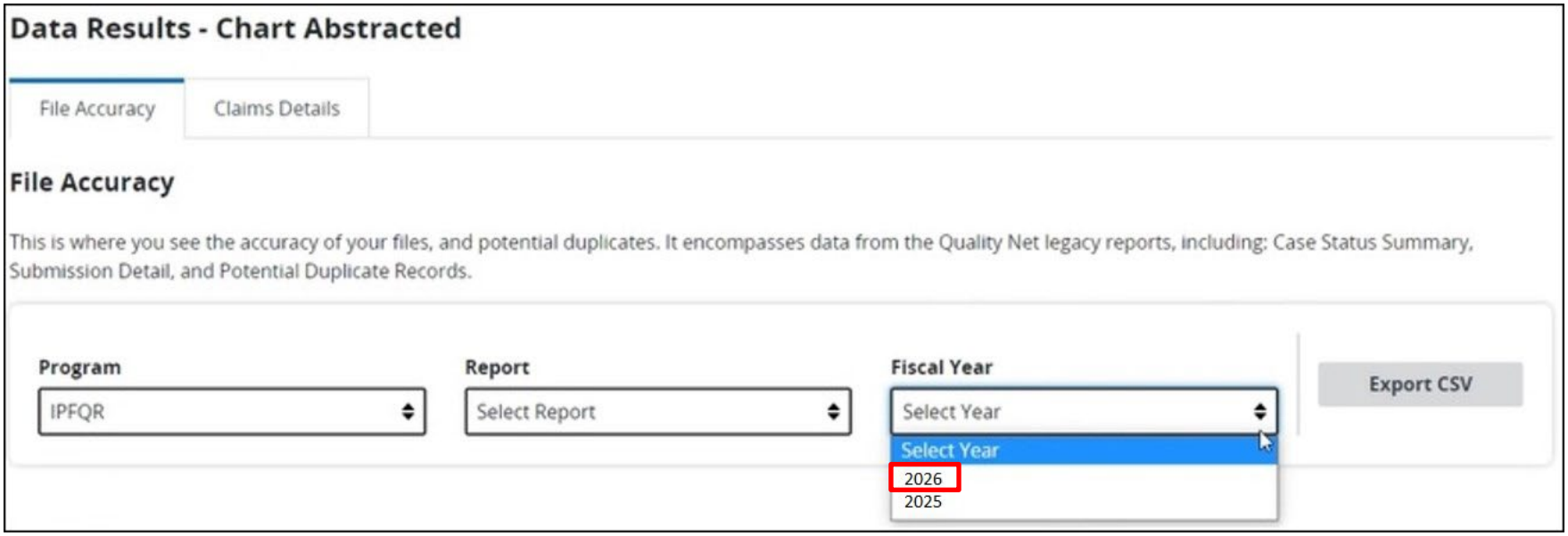
3. Under Report, select the report you wish to review.



Key #5: Enter Data and Verify Accuracy

XML File Upload Reports of IPFQR Program Data

4. Under Fiscal Year, select 2026.



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

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.

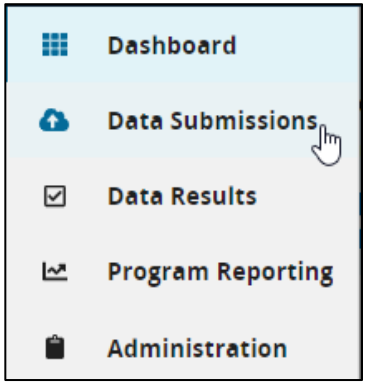
Note: However, since the tool is only coded to abstract and generate XML files for patient-level data, IPFs that use CART will need to manually enter the aggregate, FLD values directly into the *HQR Secure Portal* using a form like the simple data entry tool used in prior years to submit aggregate data.

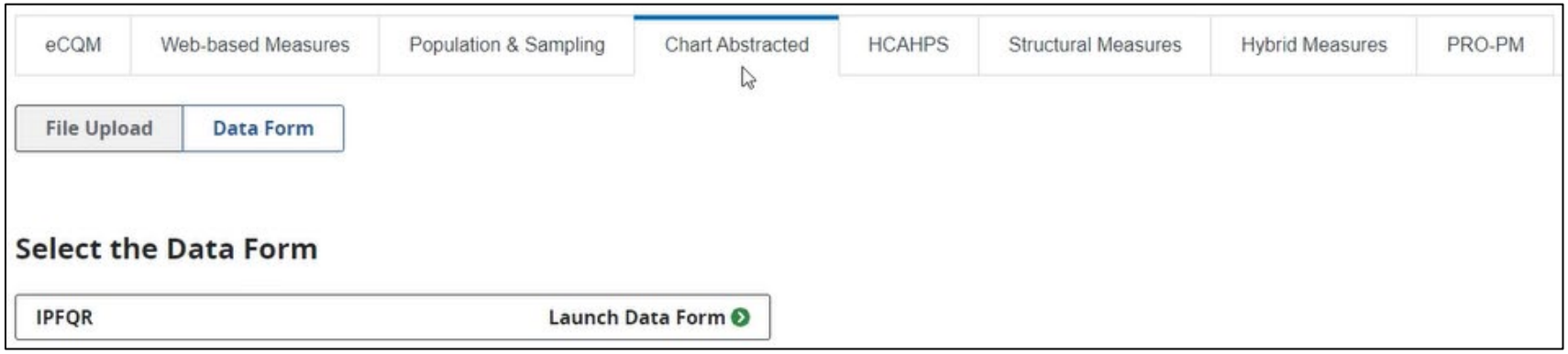
This will include non-measure data and data needed to calculate the denominator value for the HBIPS-2 and HBIPS-3 measures.

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.

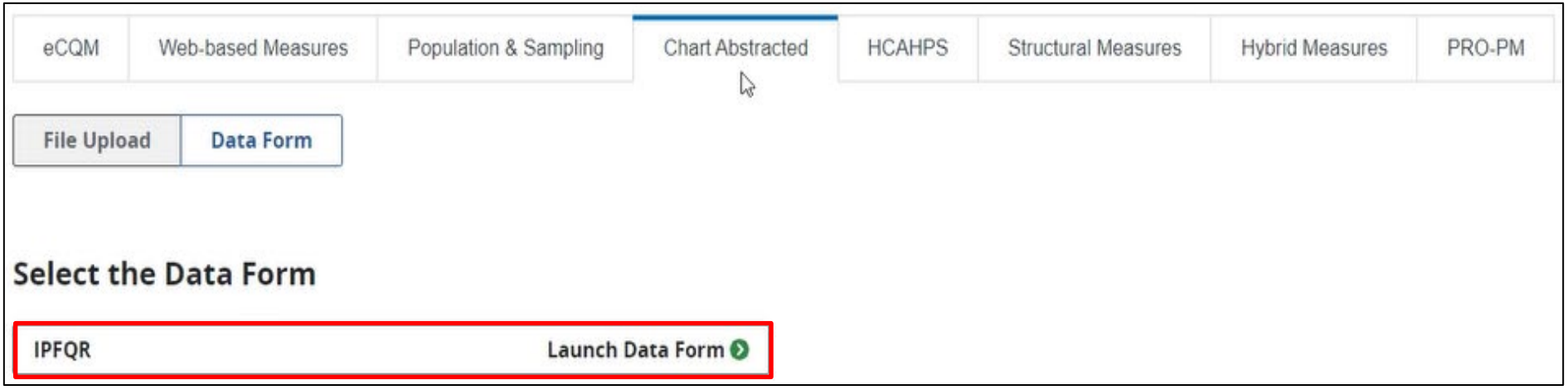




Key #5: Enter Data and Verify Accuracy

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.



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.

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.

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.*

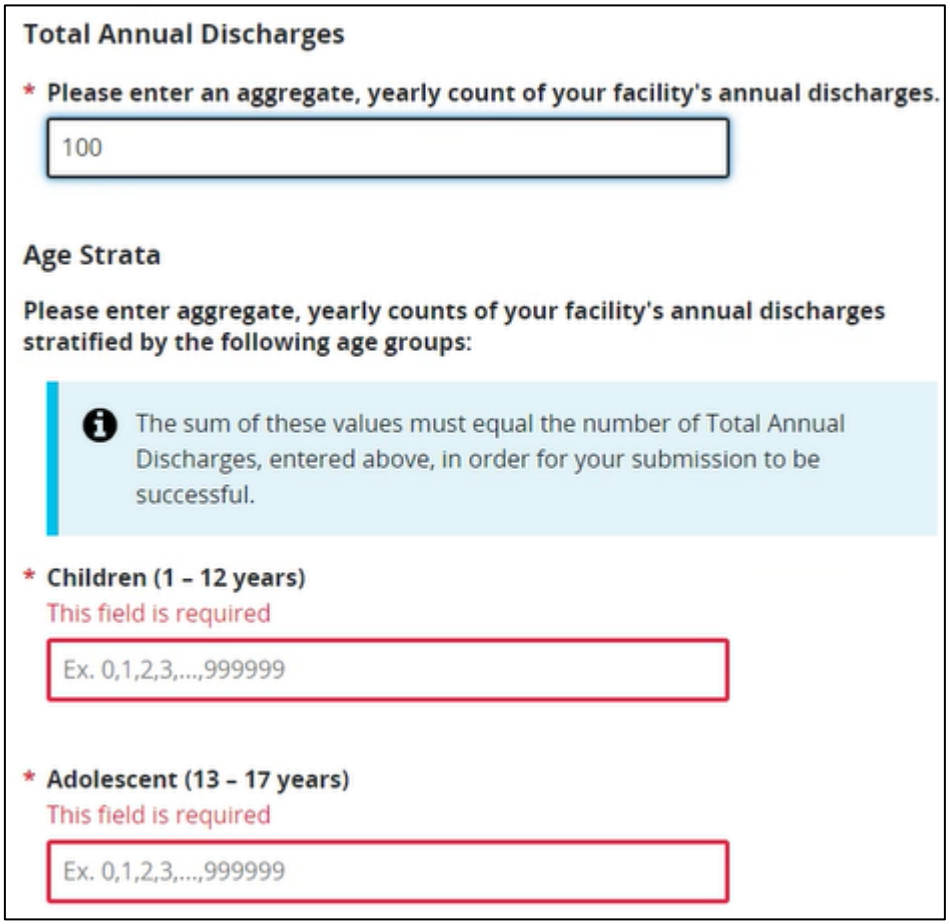
The IPF is ultimately responsible for consolidating all data that will be entered into the FLD entry form.

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.

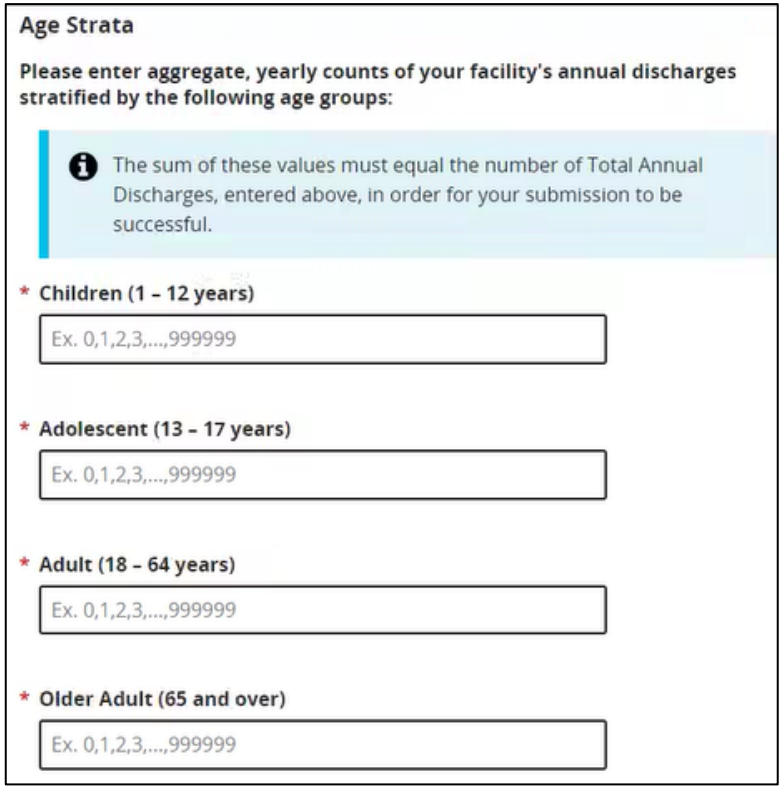
Once you enter a data value in the Total Annual Discharges field, the following warning message will appear above all subsequent data entry fields: “This field is required.”

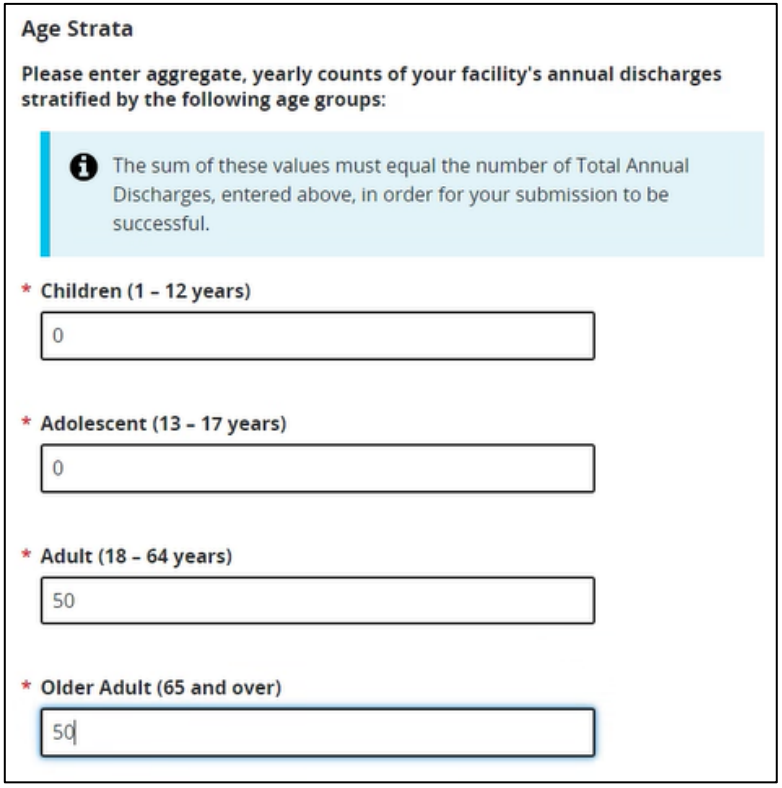


Key #5: Enter Data and Verify Accuracy

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.

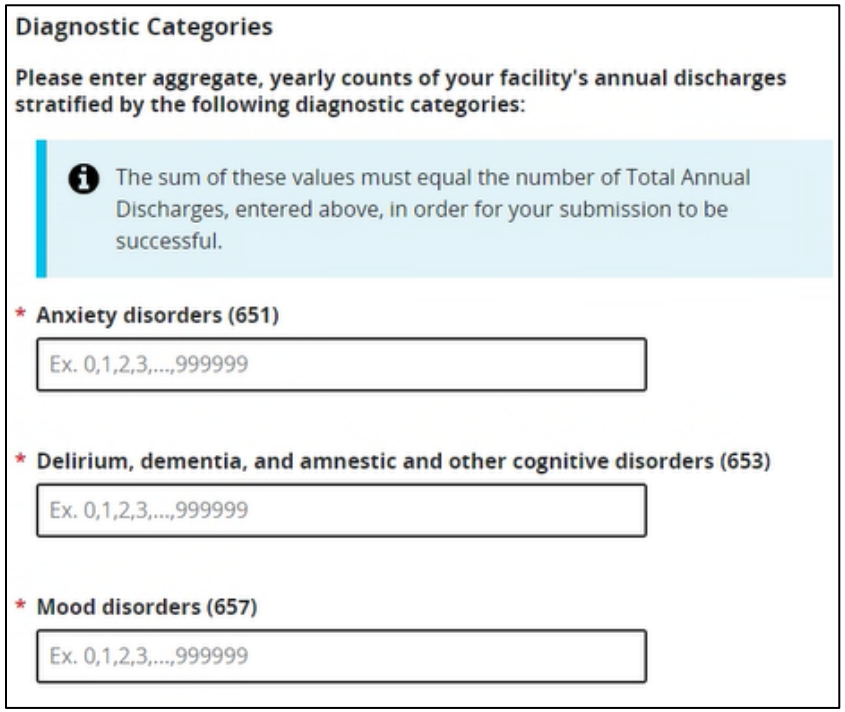


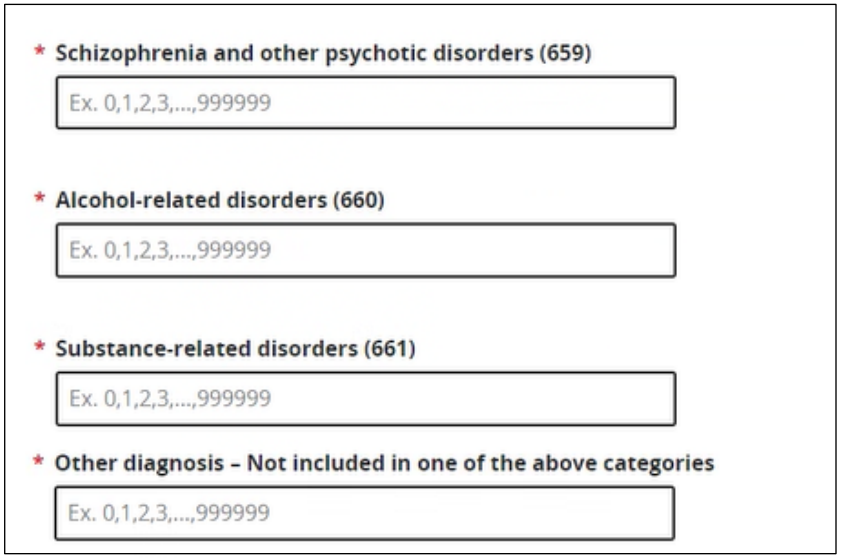


Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

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

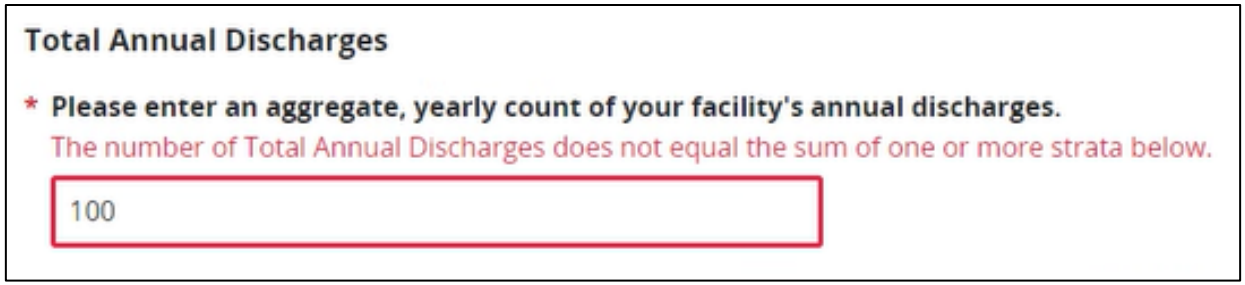




Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

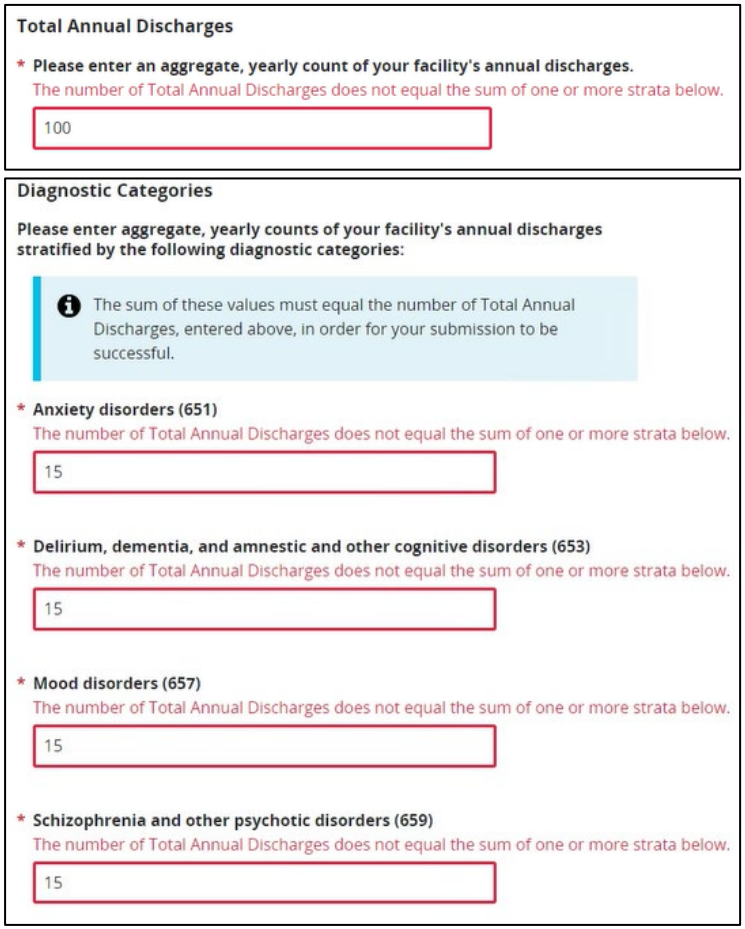
If you enter a total annual discharges value that does not equal the sum of one or more strata on the form, then the error below will appear.



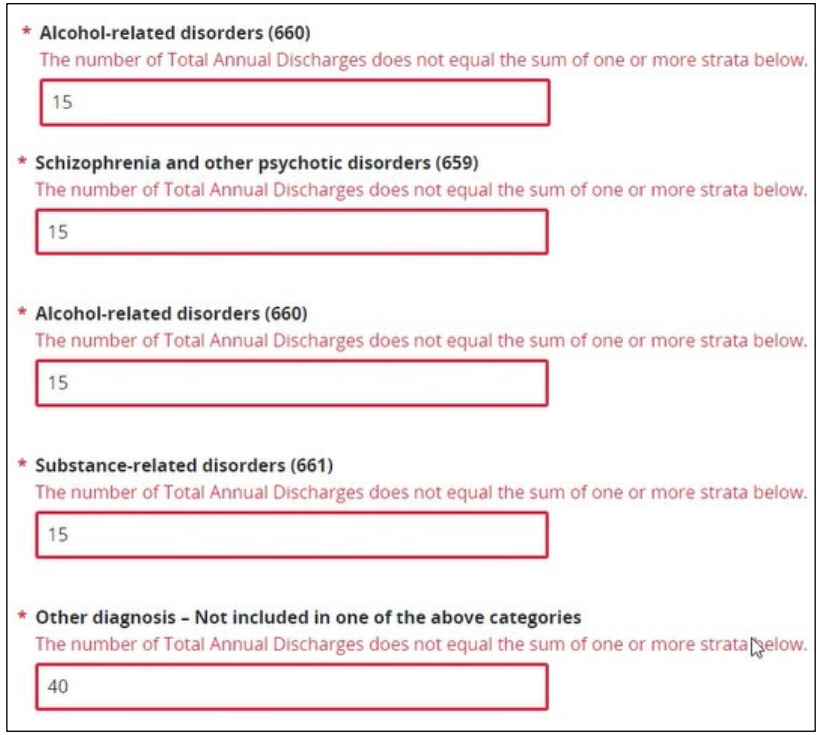
The following slide shows an example in which the sum of the diagnostic category strata do not equal the total annual discharges.

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form



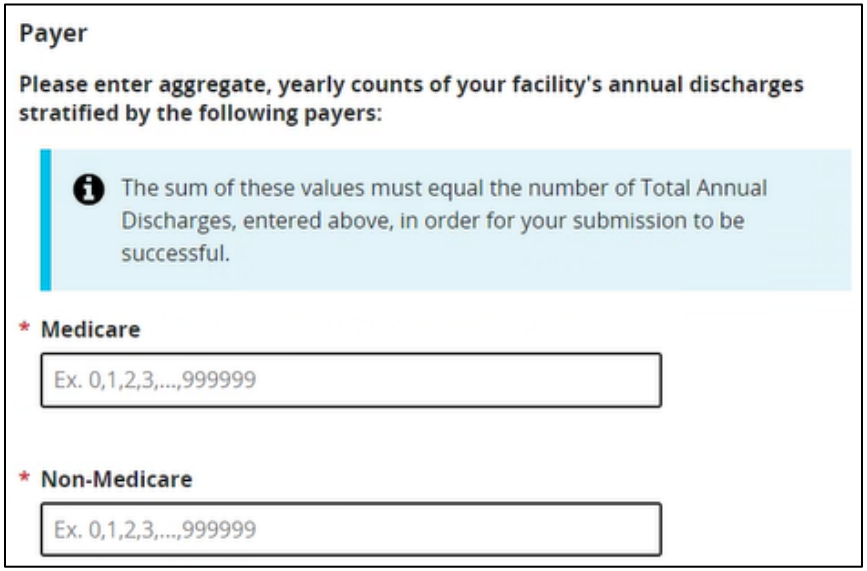
You must add correct information in each data entry field that has a warning message.

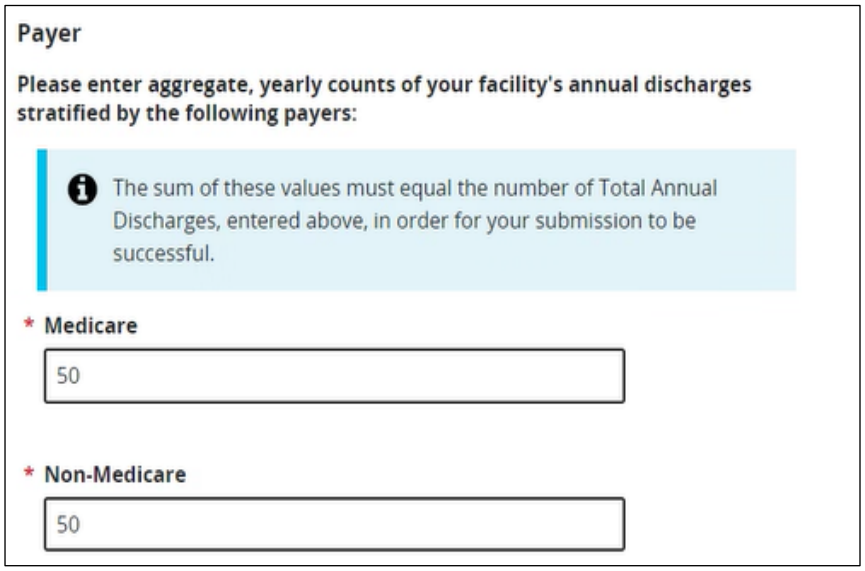


Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

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

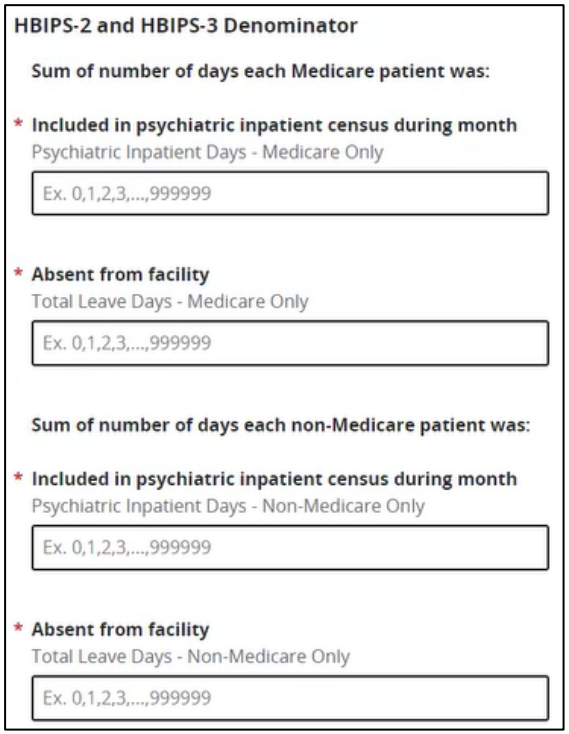


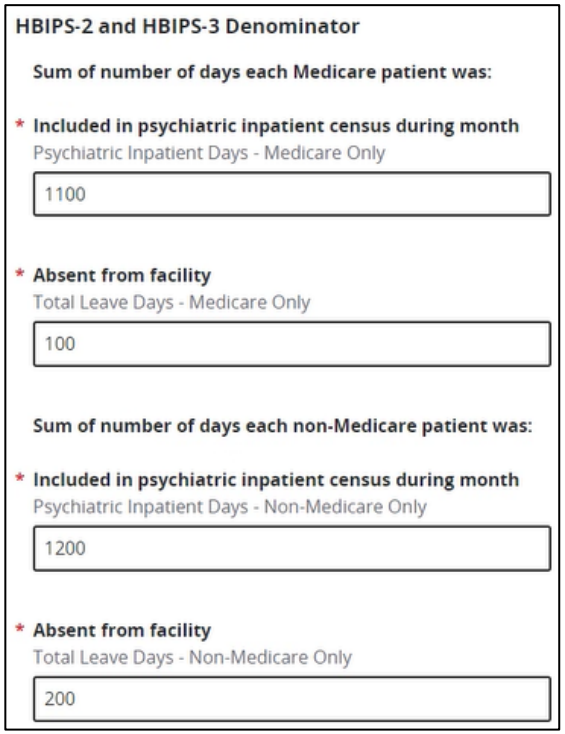


Key #5: Enter Data and Verify Accuracy

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.



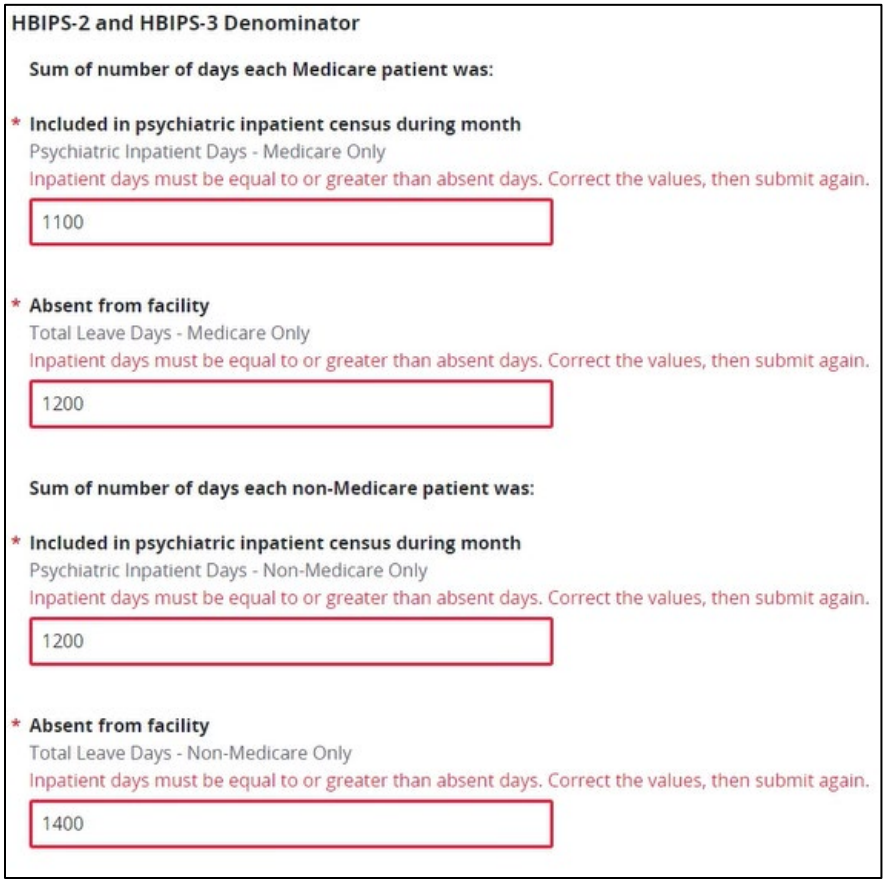


Key #5: Enter Data and Verify Accuracy

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.

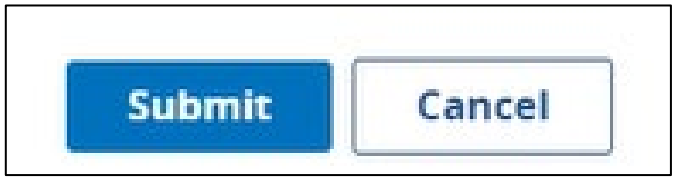
You must re-type information in each data entry field that has a warning message to submit the data.



Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

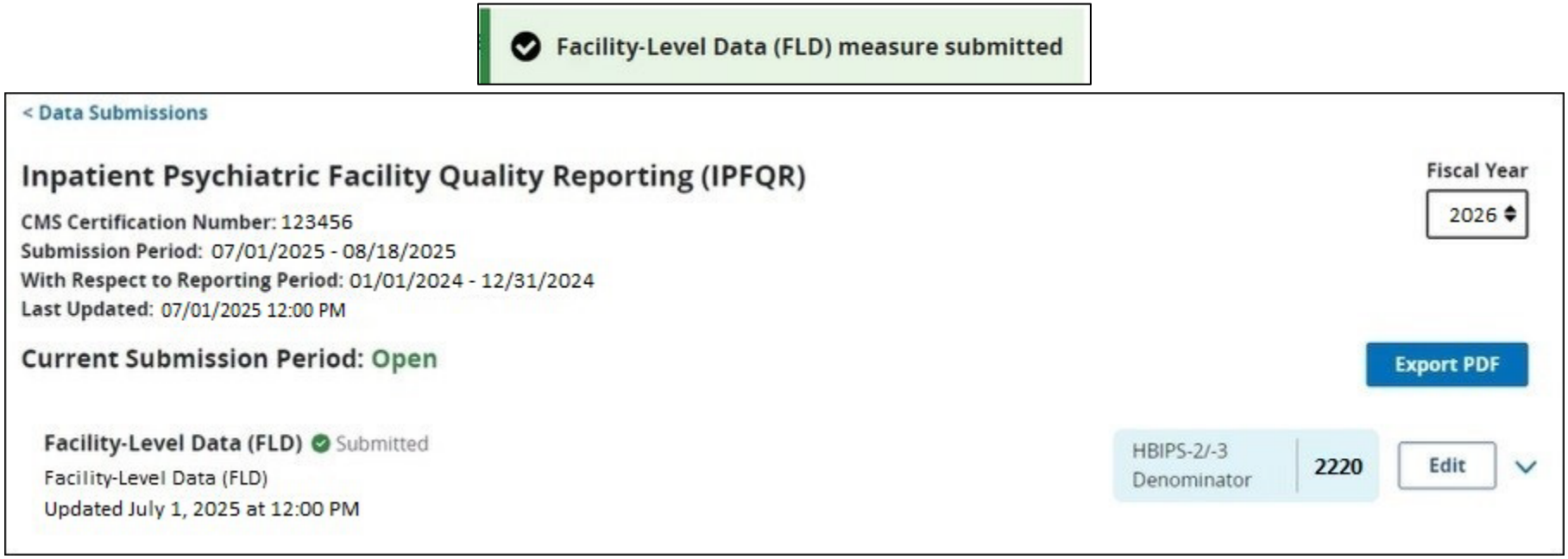
Once all data are entered, the Submit button will change from grey to blue at the bottom of the page. Click the Submit button.



Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

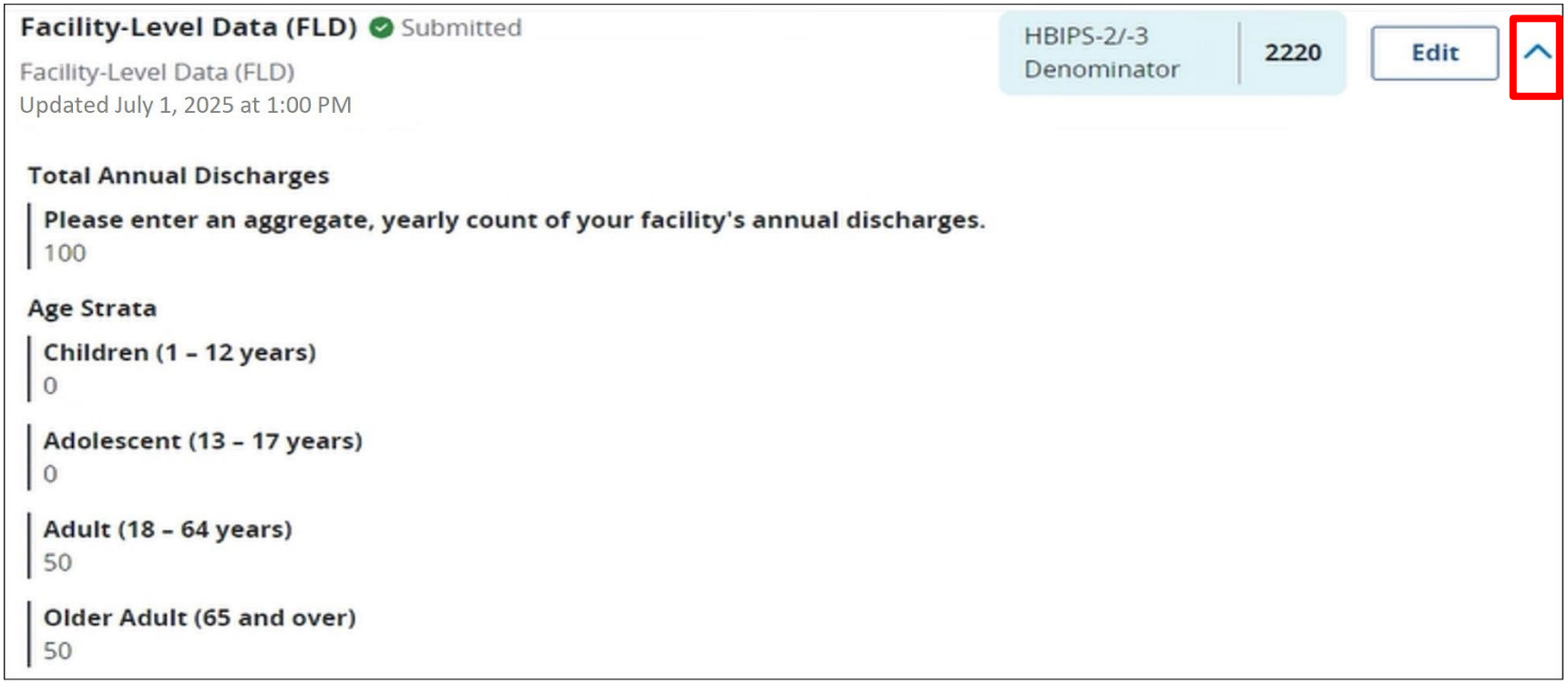
Once the data are successfully submitted in the FLD entry form, the following message with a green background will appear in the upper right corner. Next to **Facility-Level Data (FLD),** you will see a checkmark and Submitted.



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.



Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program FLD Form

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

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

Zero-Patient Attestation

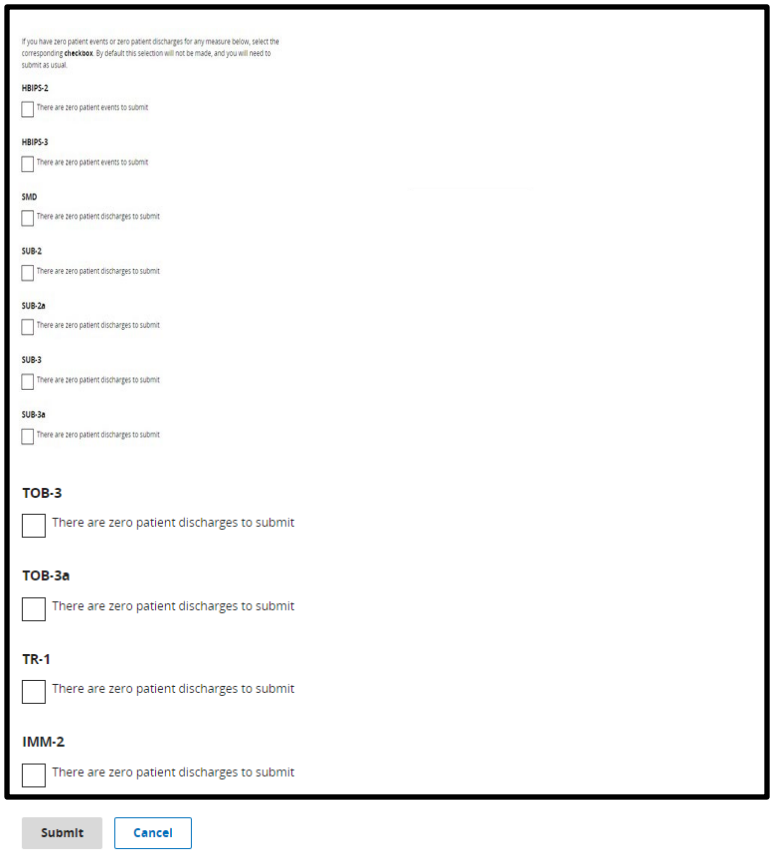
- This is a separate attestation in the *HQR Secure Portal*.
- If the IPF has zero patients/events for one or more measures, submitting this attestation ensures the IPF will meet the data submission requirements for the applicable measure and/or measure sets.
  - By submitting the attestation, IPFs with 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

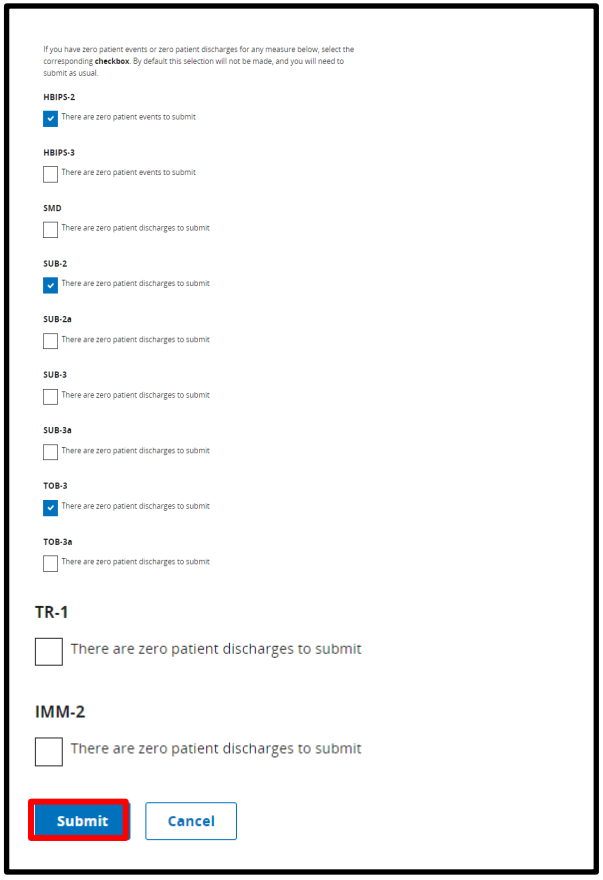
Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Zero-Patient Attestation Data Form



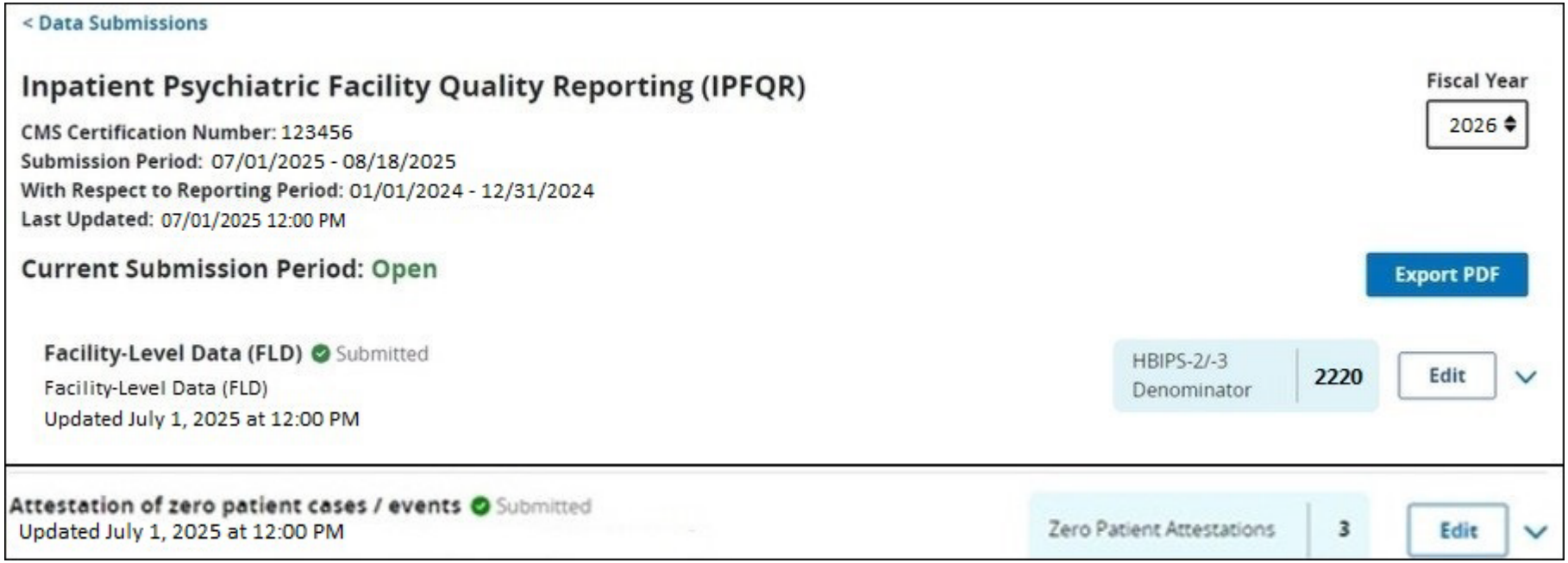
Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Zero-Patient Attestation Data Form



Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program
Zero-Patient Attestation Data Form

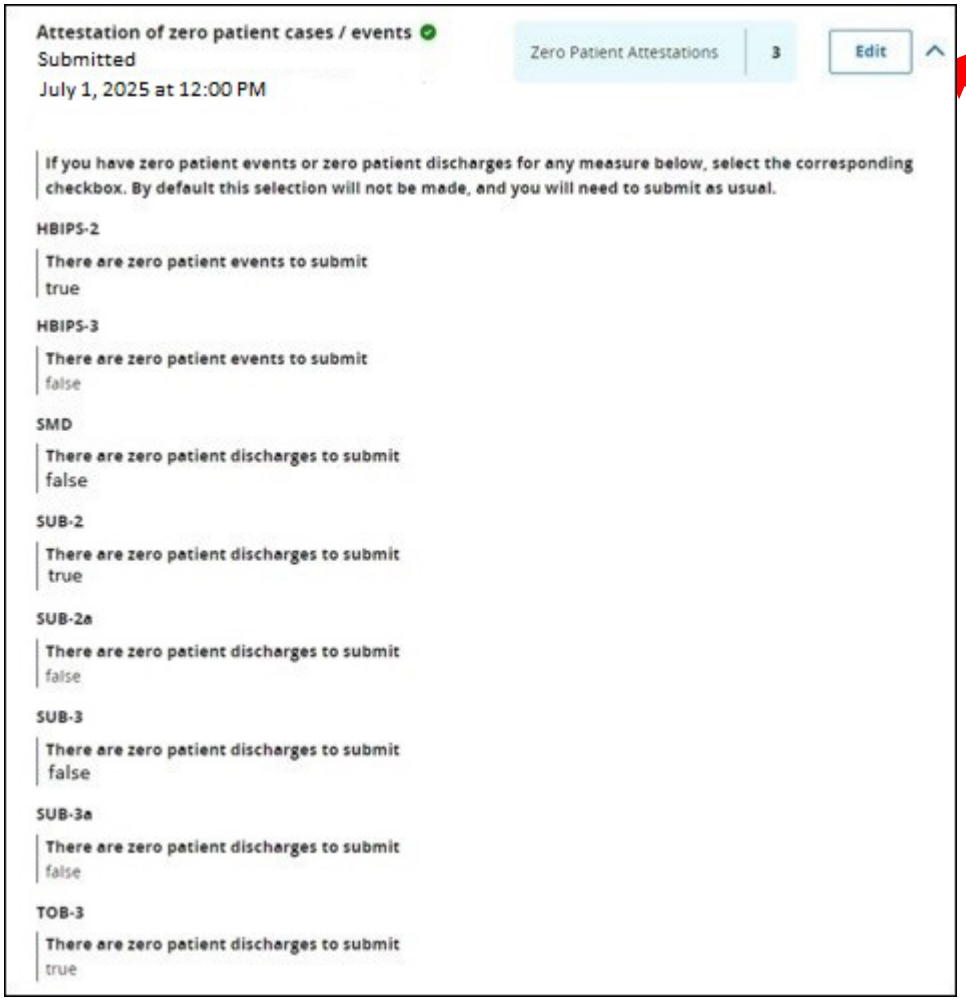


Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Zero-Patient Attestation Data Form

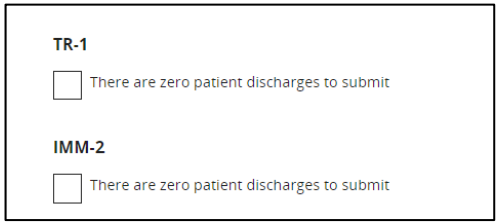
You have two options to view the measures you submitted an attestation:

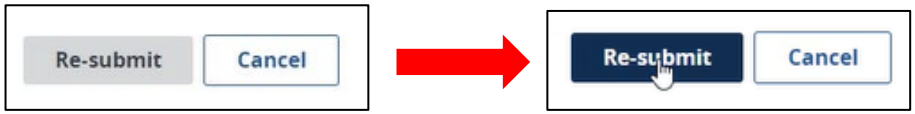
1. Edit button
2. Upward arrow (^)



Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Zero-Patient Attestation



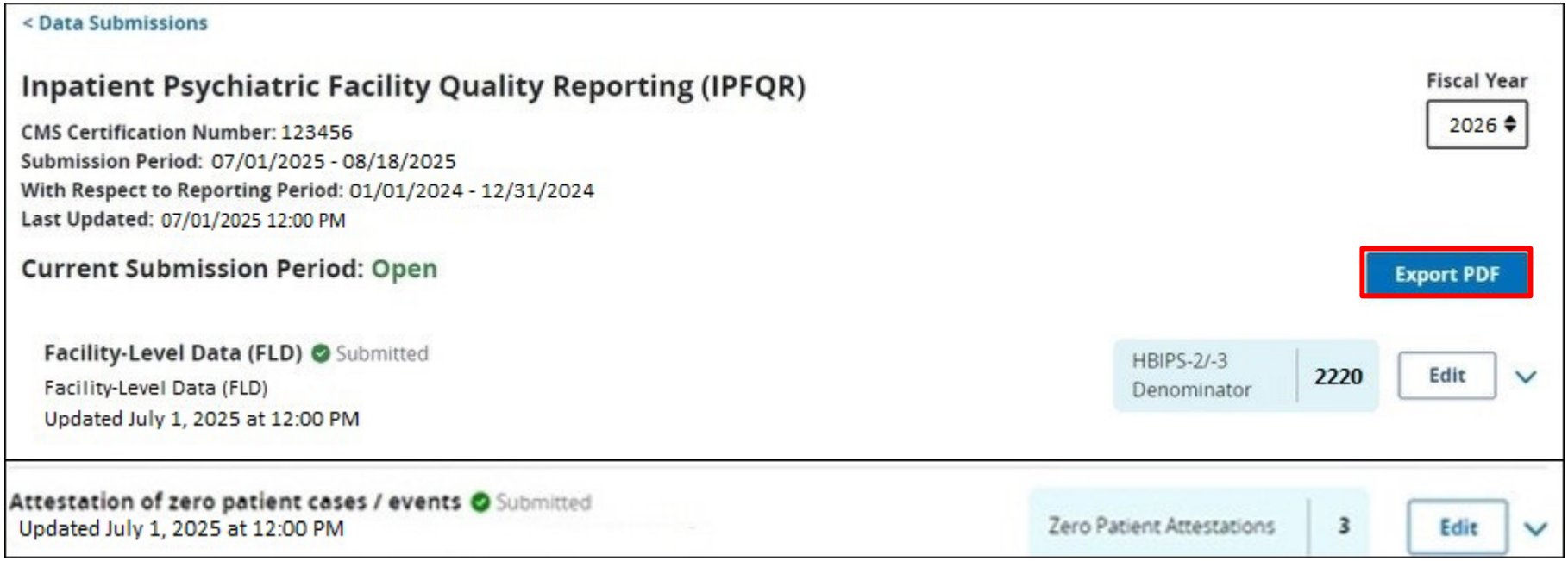


- The Re-submit button will be greyed-out and not accessible unless you change data in one or more fields on the data entry page.
- If you edit data in one or more fields, then the Re-submit button will turn dark blue and you must click the button to submit the changes to the *HQR Secure Portal*.
- If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

Key #5: Enter Data and Verify Accuracy

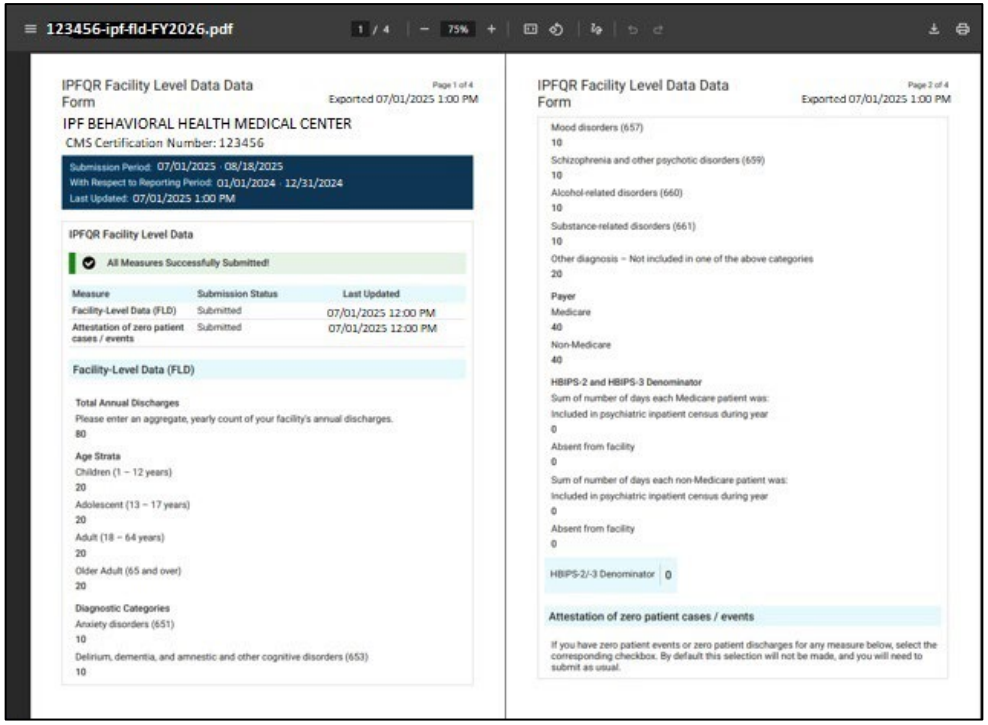
Access the IPFQR Program
Zero-Patient Attestation Data Form

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



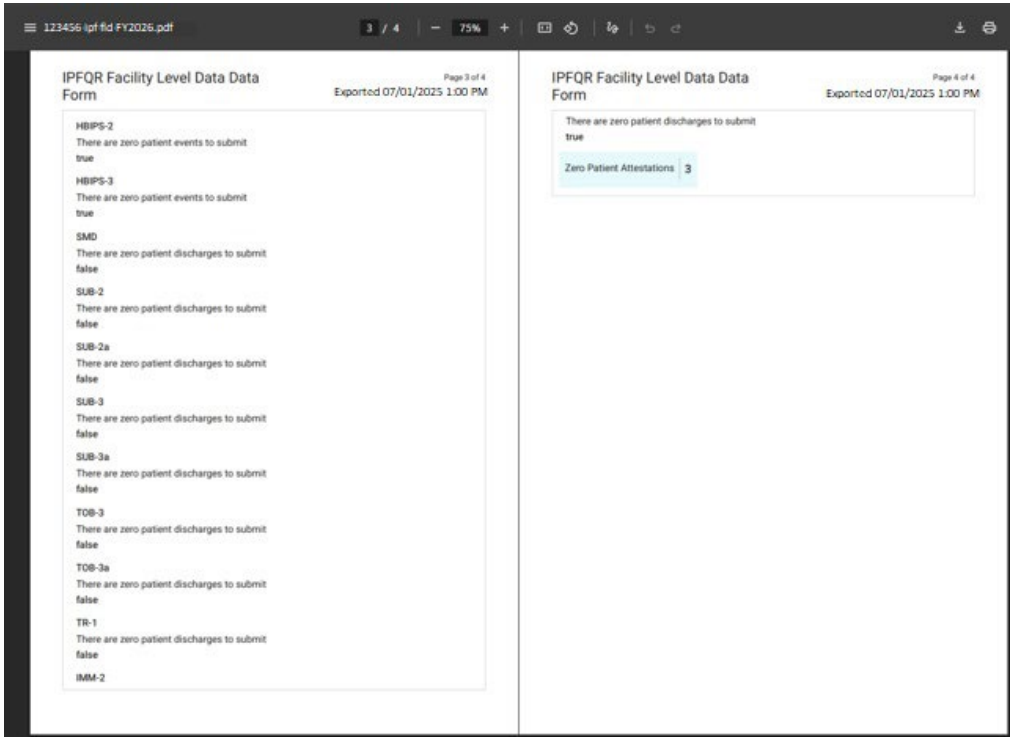
Key #5: Enter Data and Verify Accuracy

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



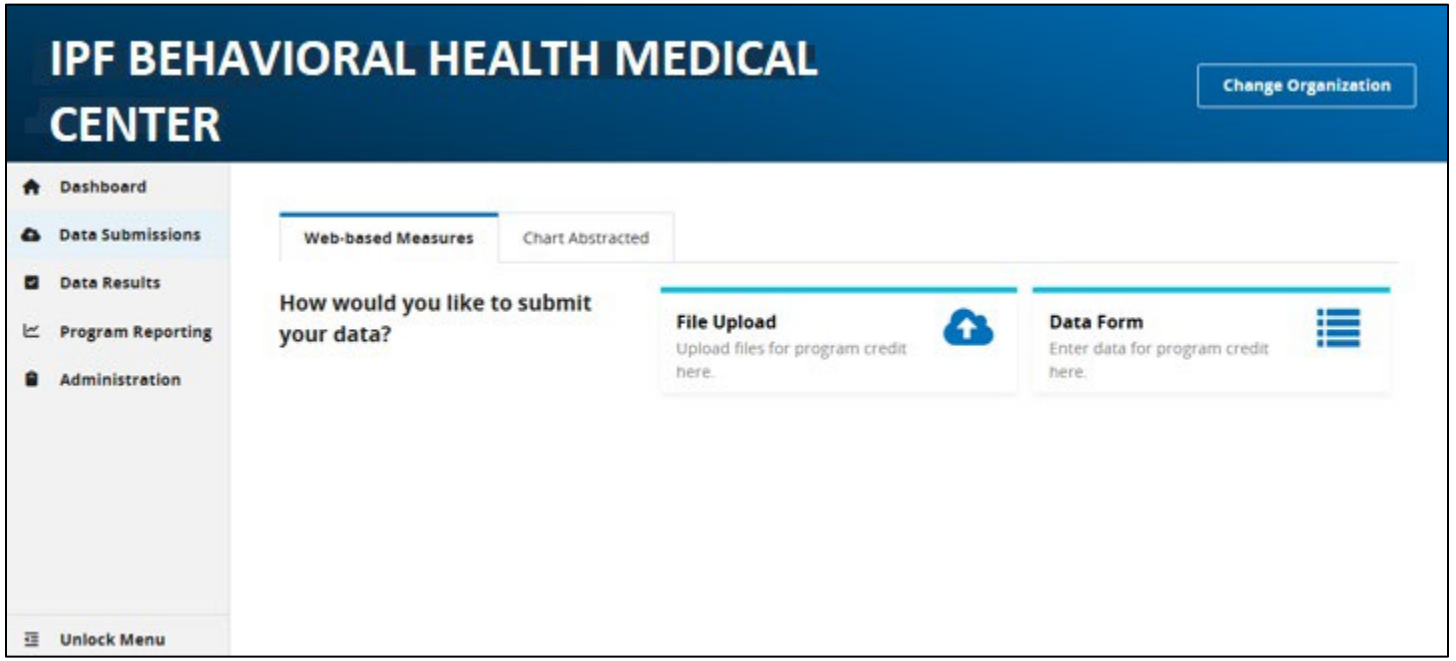
Key #5: Enter Data and Verify Accuracy

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



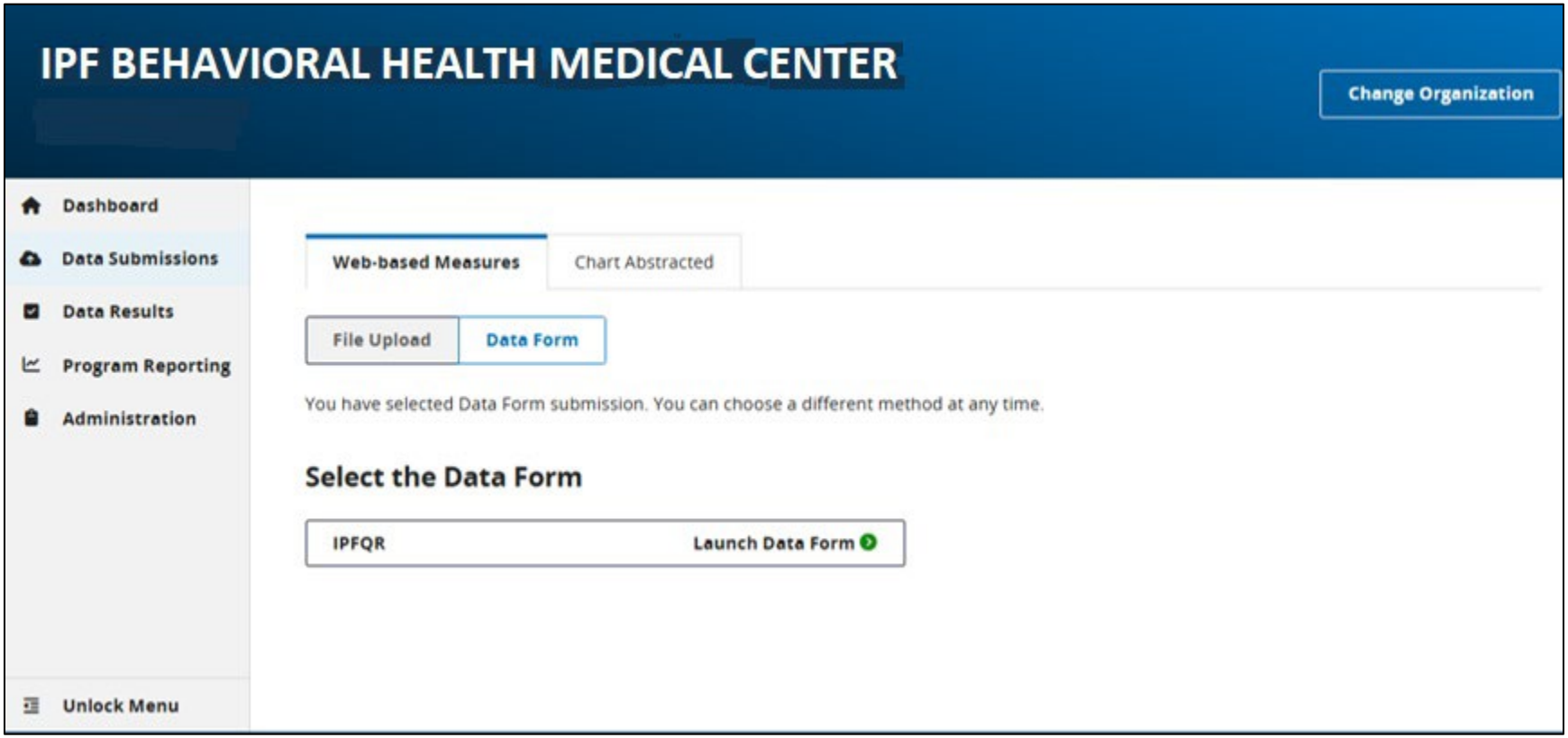
Key #5: Enter Data and Verify Accuracy

Accessing Web-Based Measures



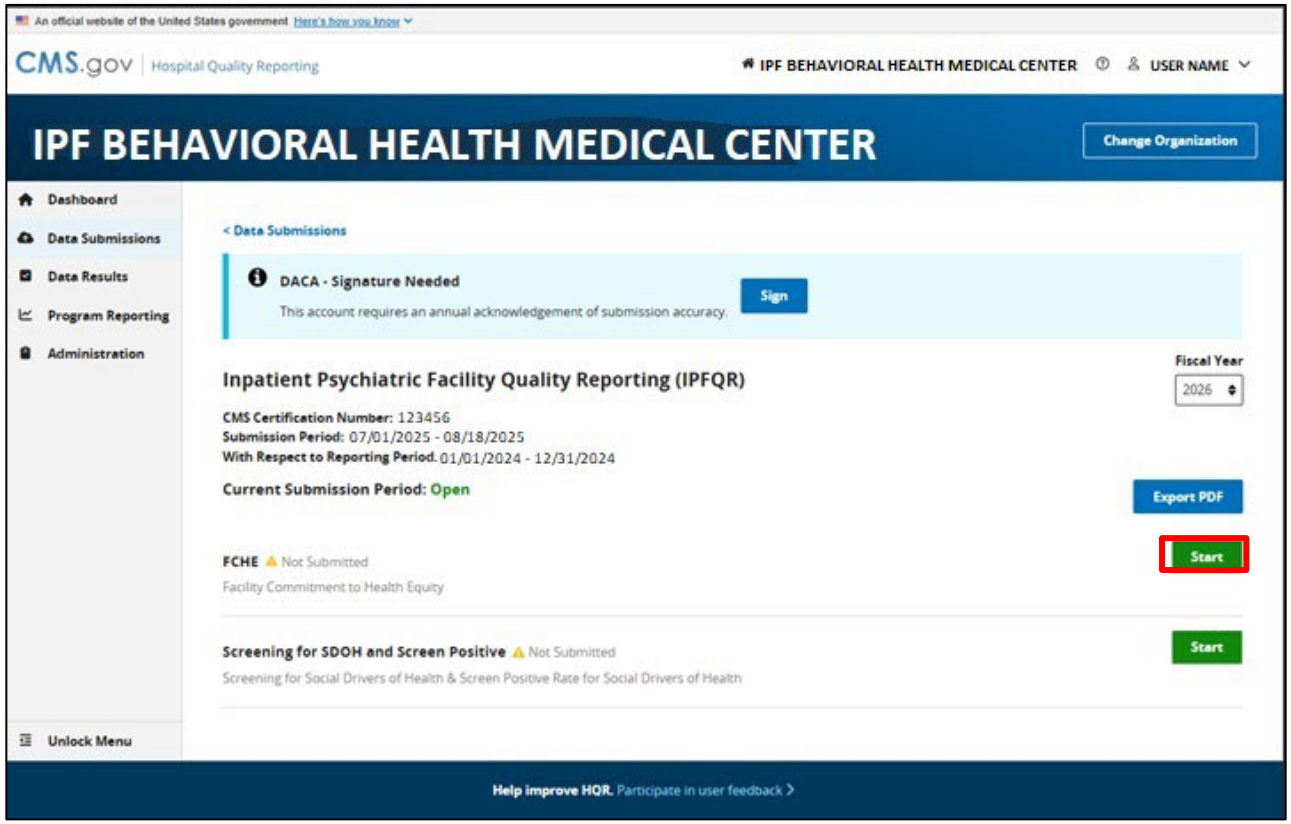
Key #5: Enter Data and Verify Accuracy

Select IPFQR - Launch Data Form



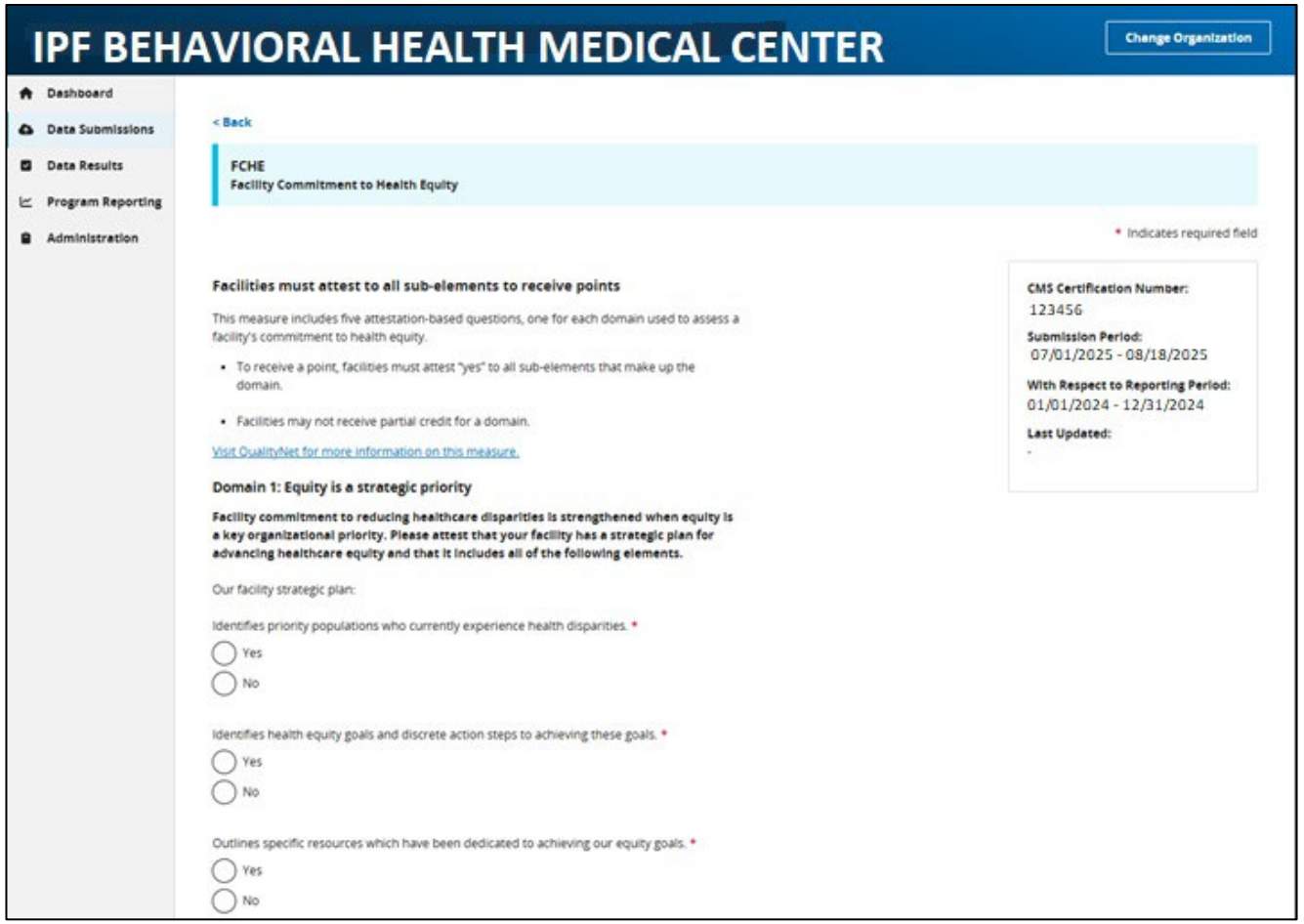
Key #5: Enter Data and Verify Accuracy

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



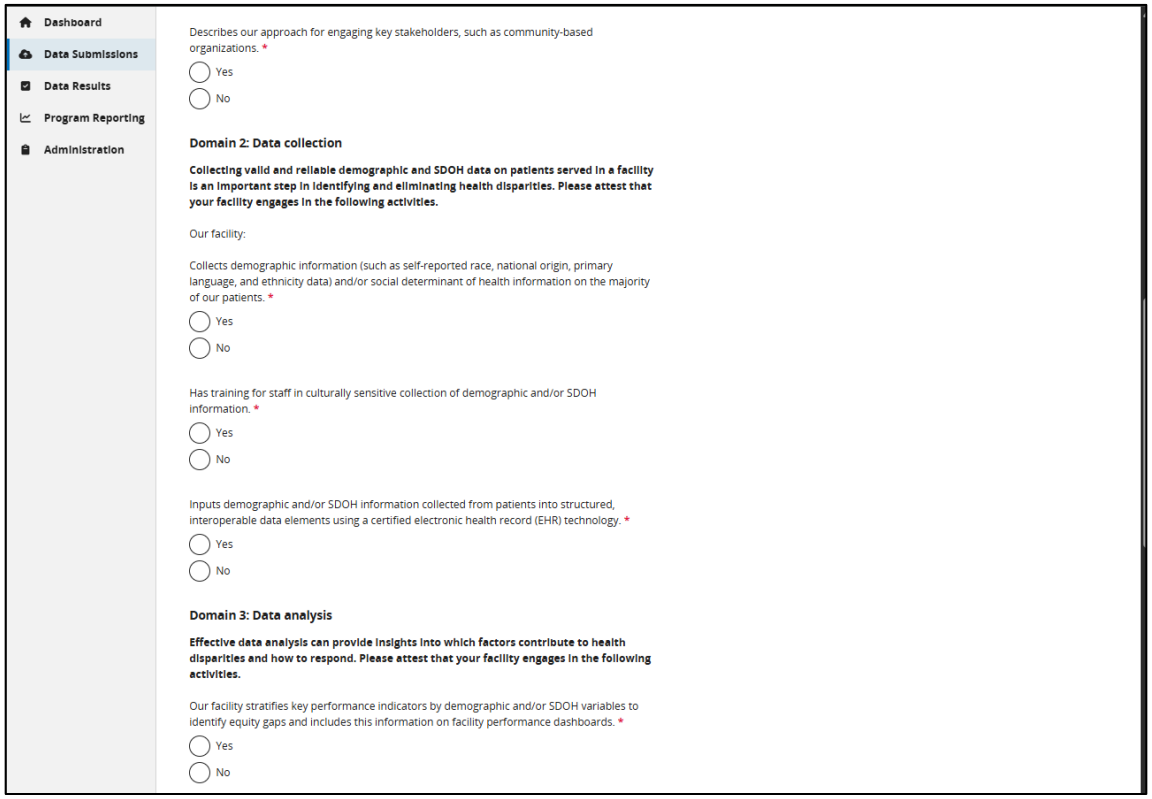
Key #5: Enter Data and Verify Accuracy

Submit Data for FCHE.



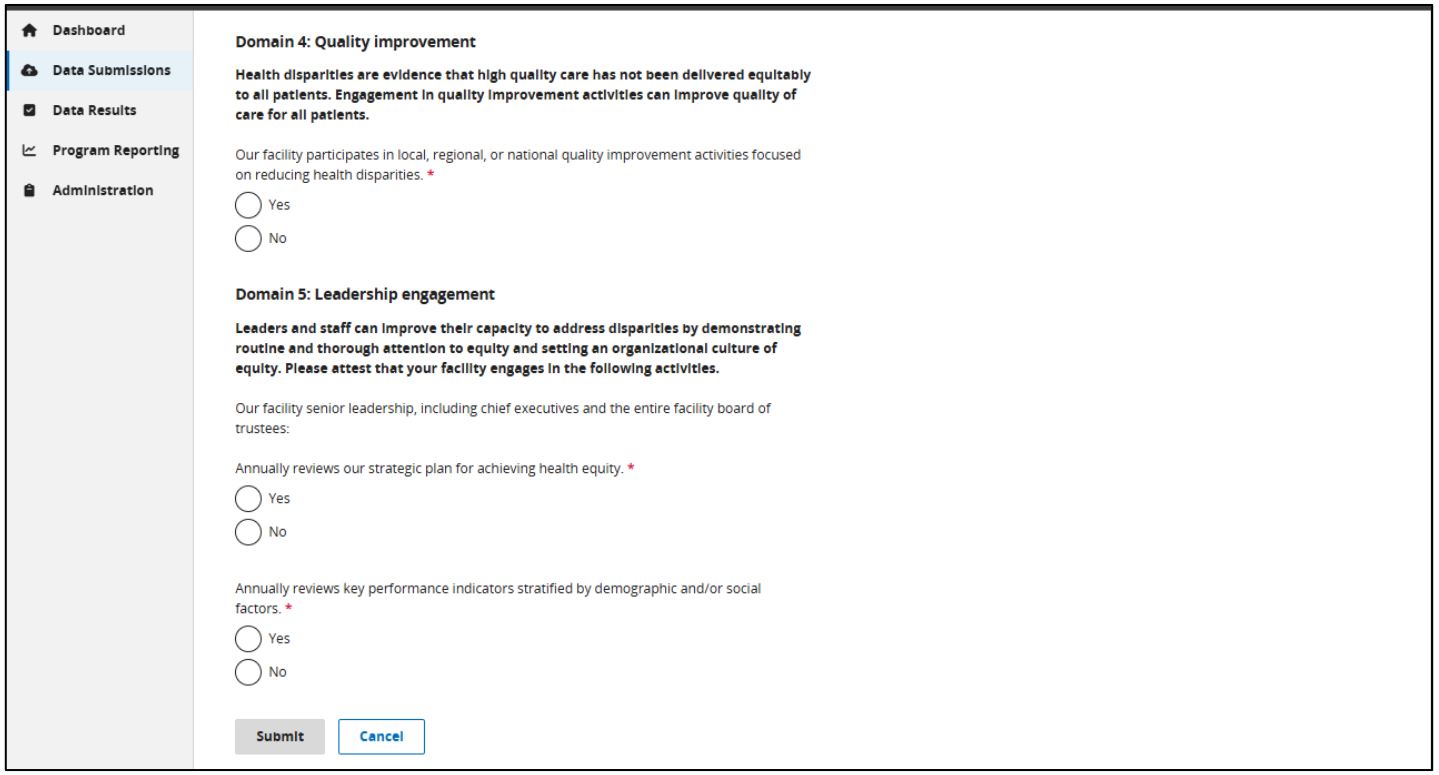
Key #5: Enter Data and Verify Accuracy

Submit Data for FCHE.



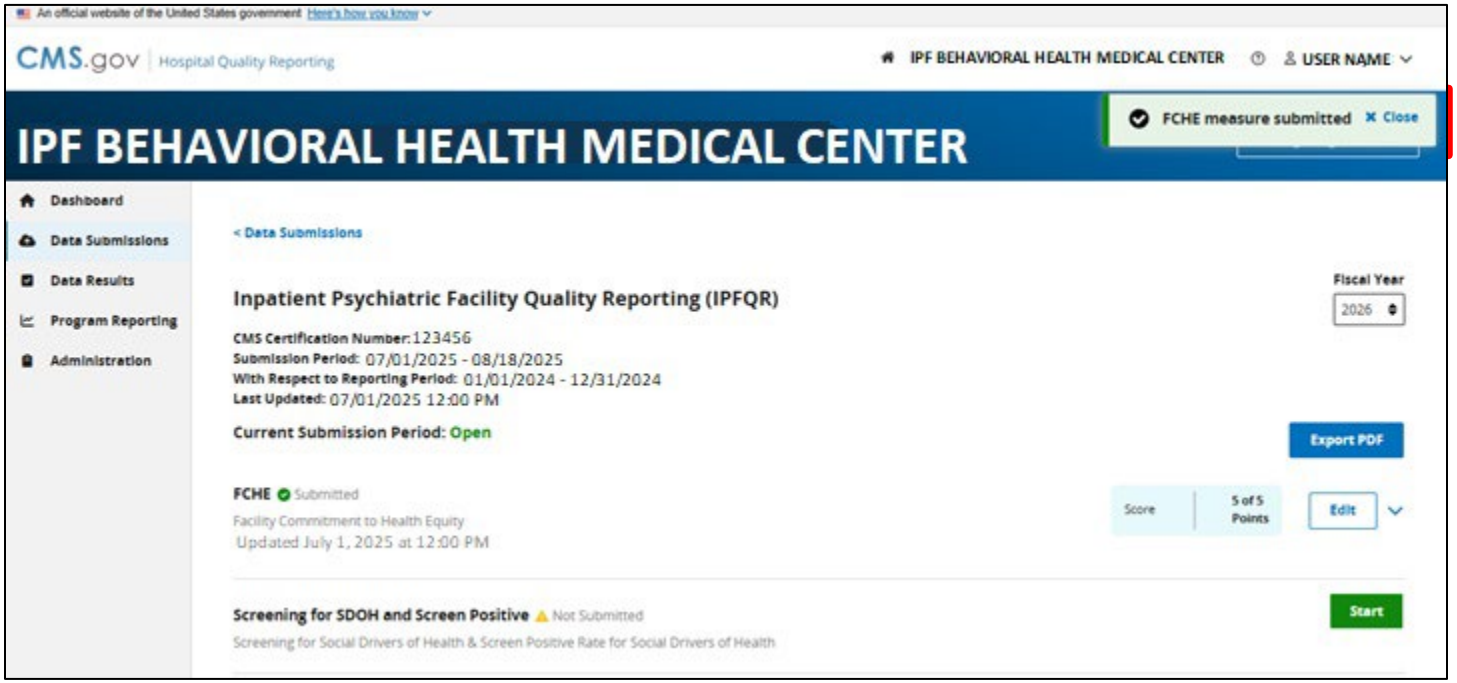
Key #5: Enter Data and Verify Accuracy

Submit Data for FCHE.



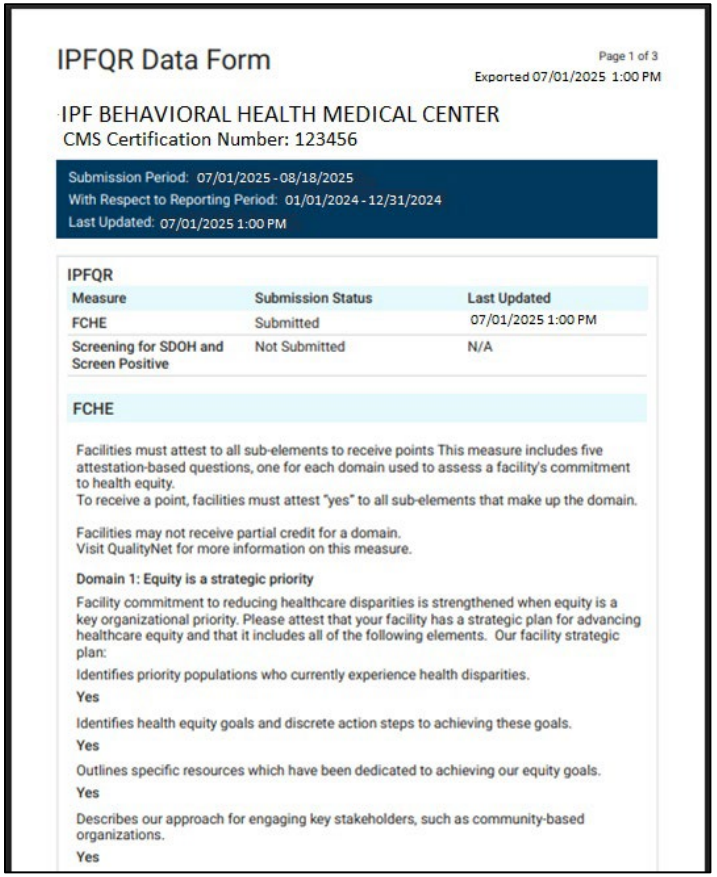
Key #5: Enter Data and Verify Accuracy

FCHE data submission complete. Export PDF.



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

IPFQR

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.

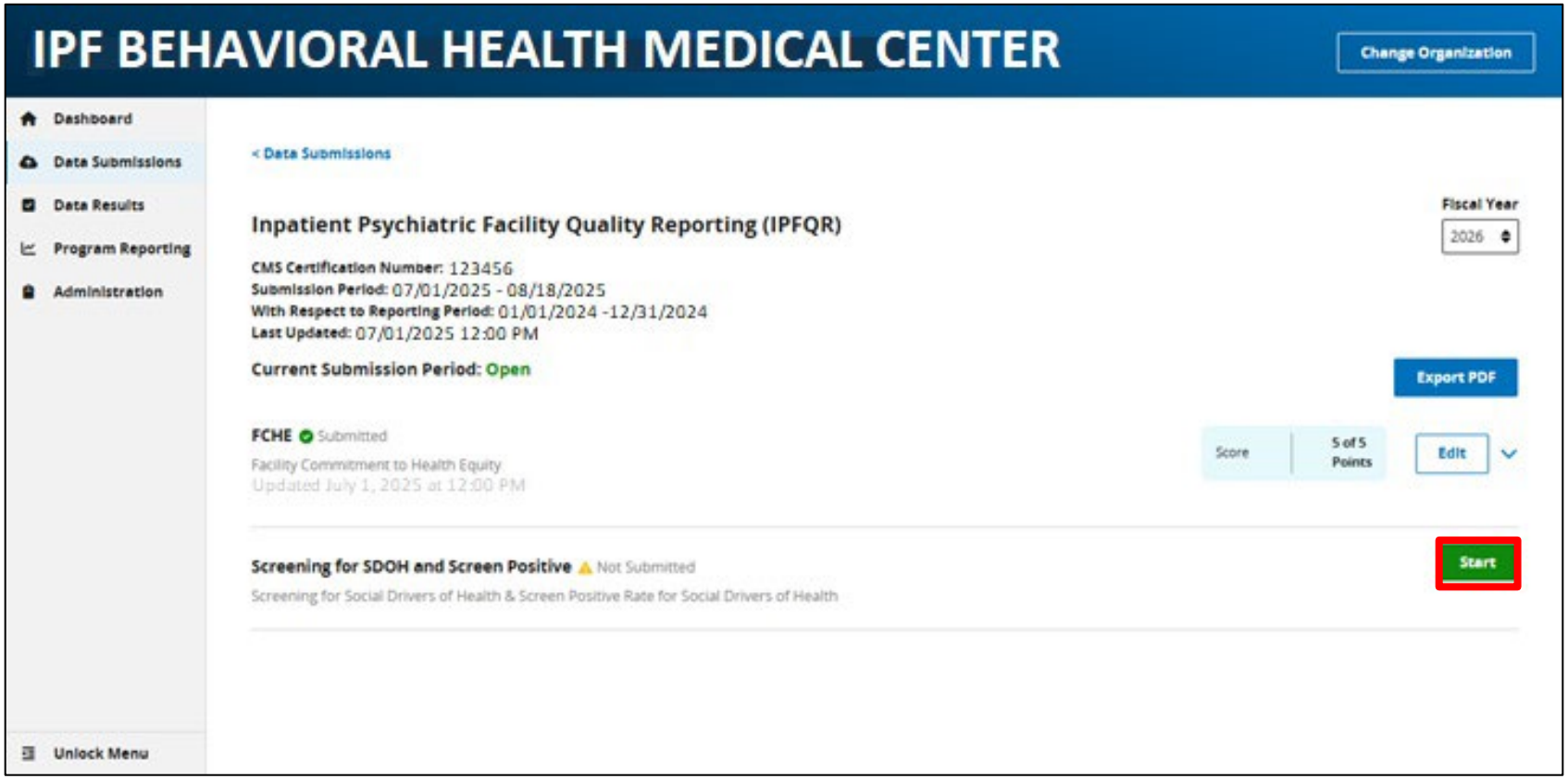
Yes

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

Yes

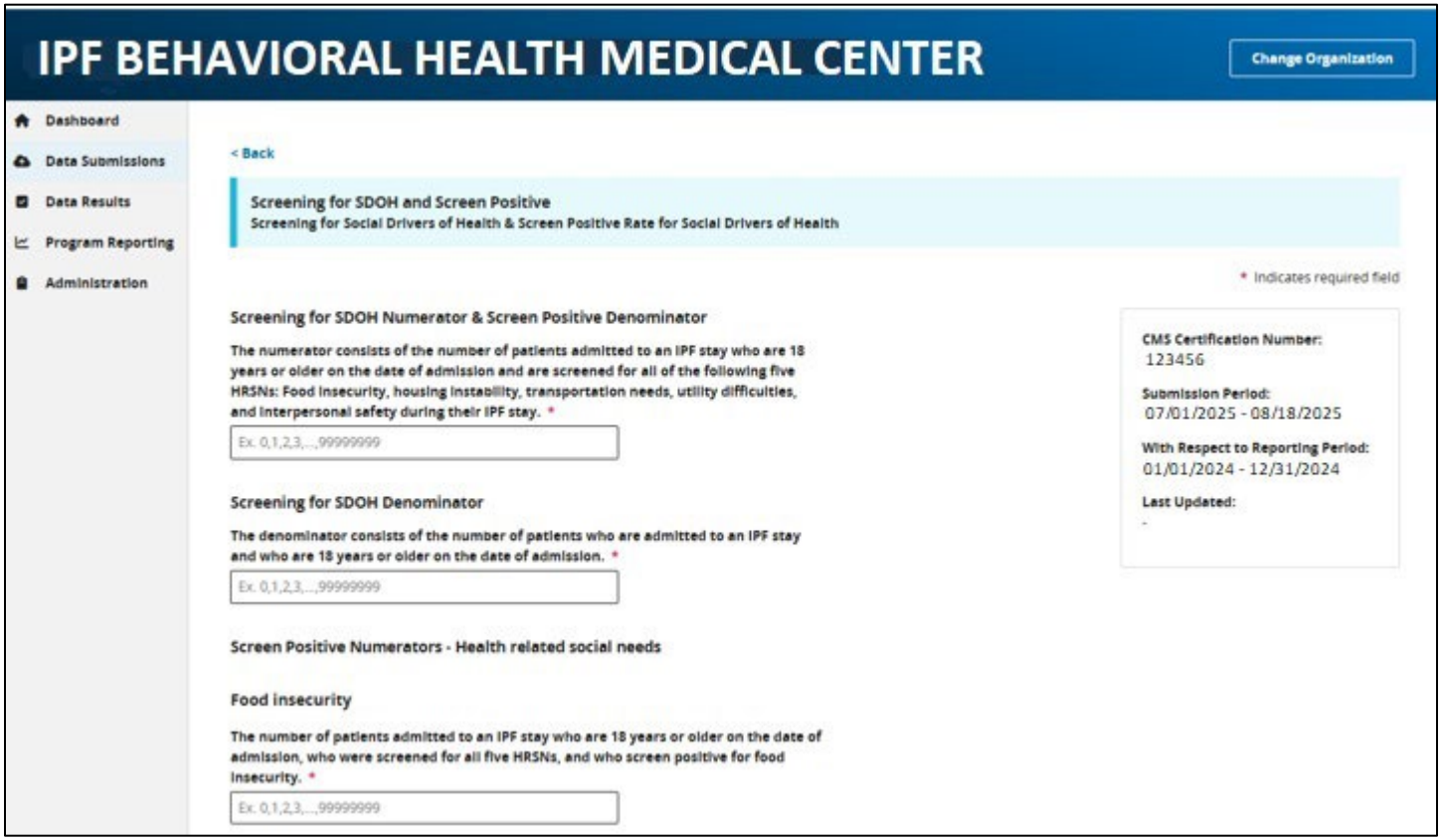
Key #5: Enter Data and Verify Accuracy

Submit data for Screening for SDOH and Screen Positive.



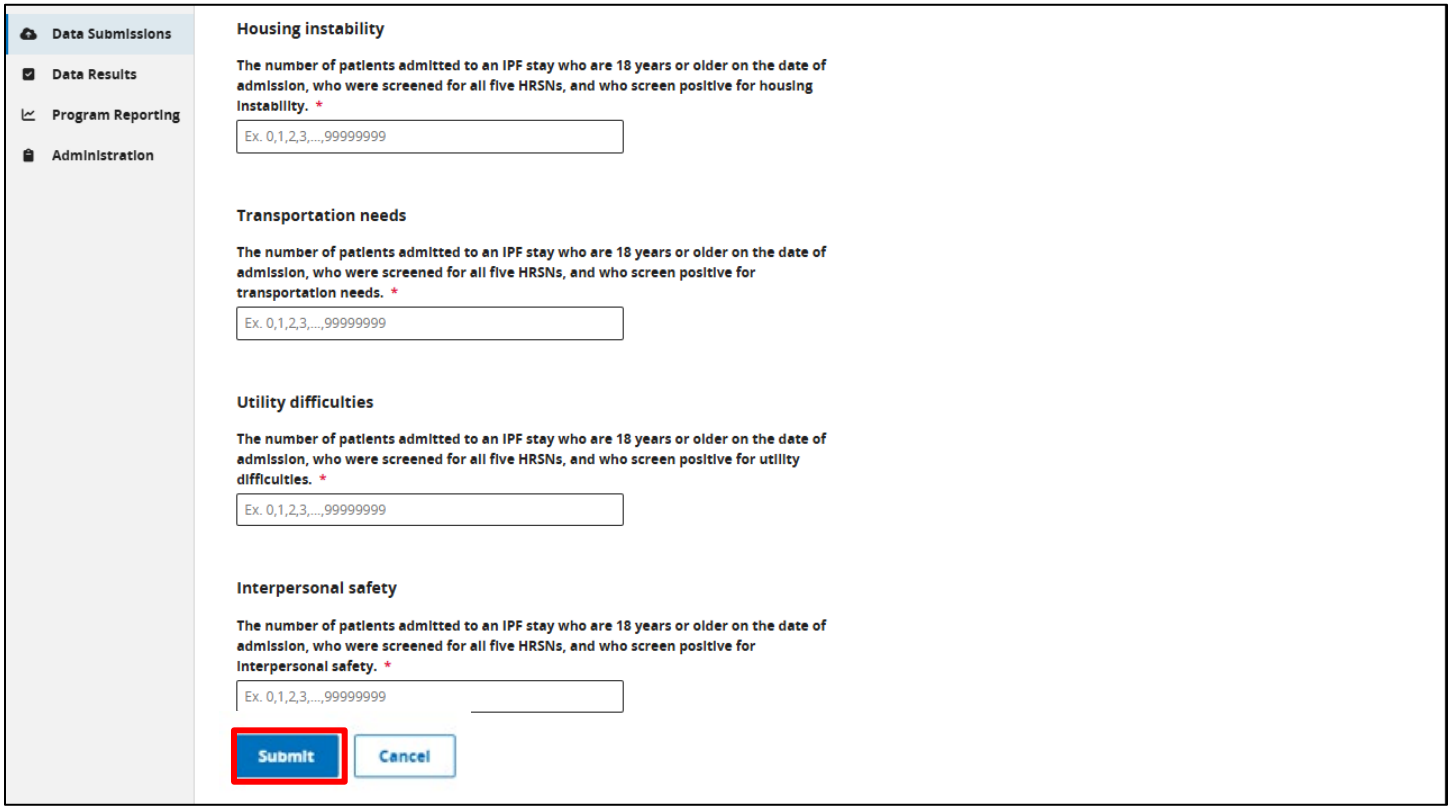
Key #5: Enter Data and Verify Accuracy

Submit data for Screening for SDOH and Screen Positive.



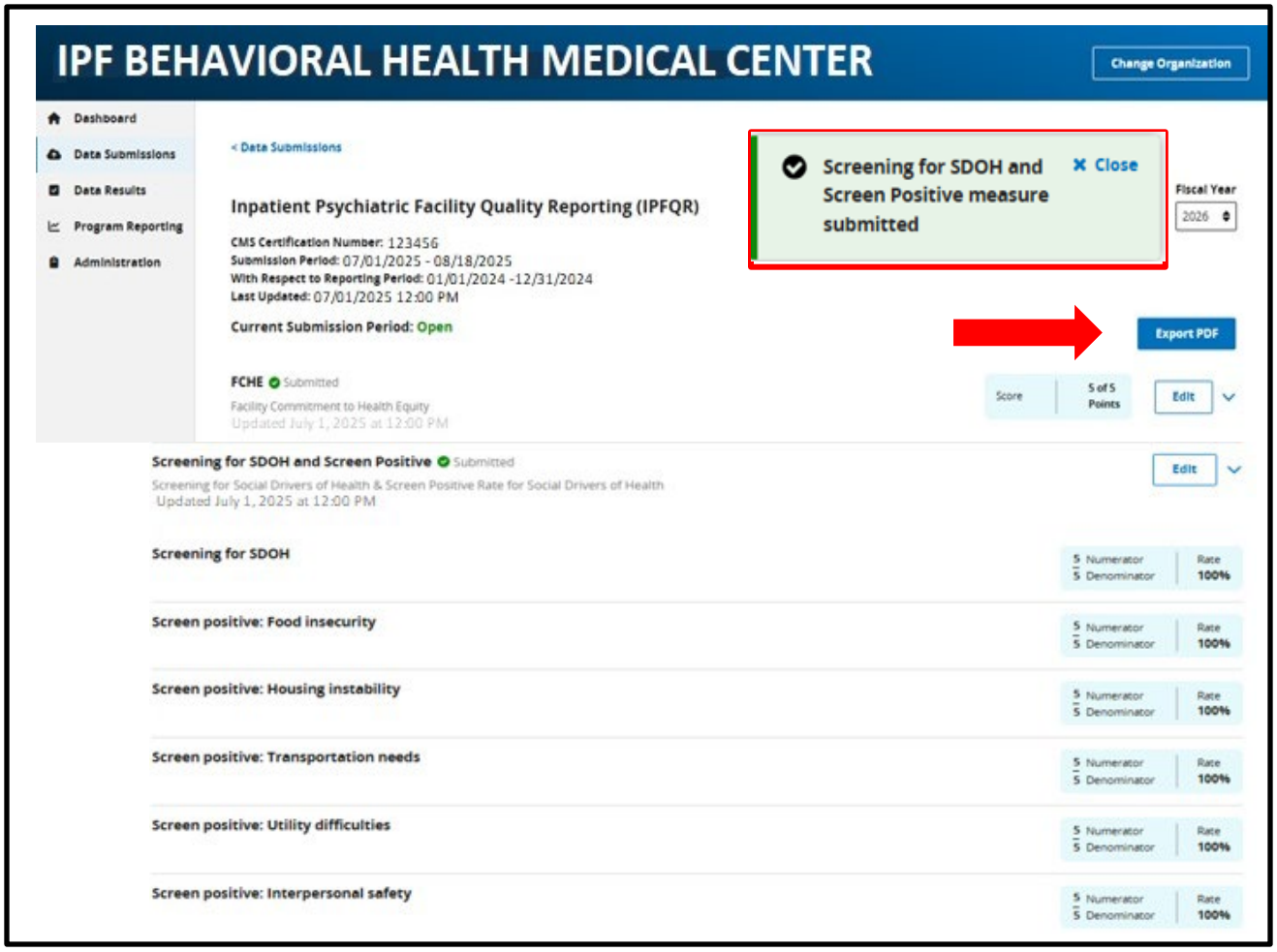
Key #5: Enter Data and Verify Accuracy

Submit data for Screening for SDOH and Screen Positive.



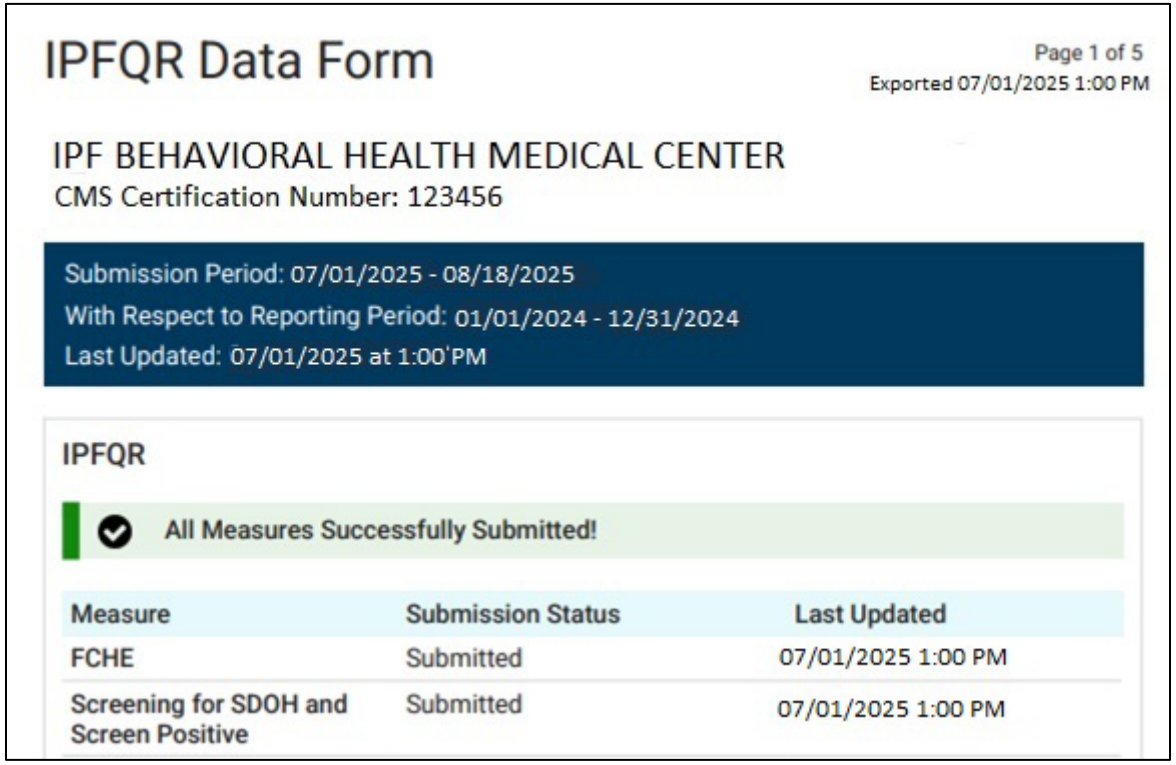
Key #5: Enter Data and Verify Accuracy

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



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.

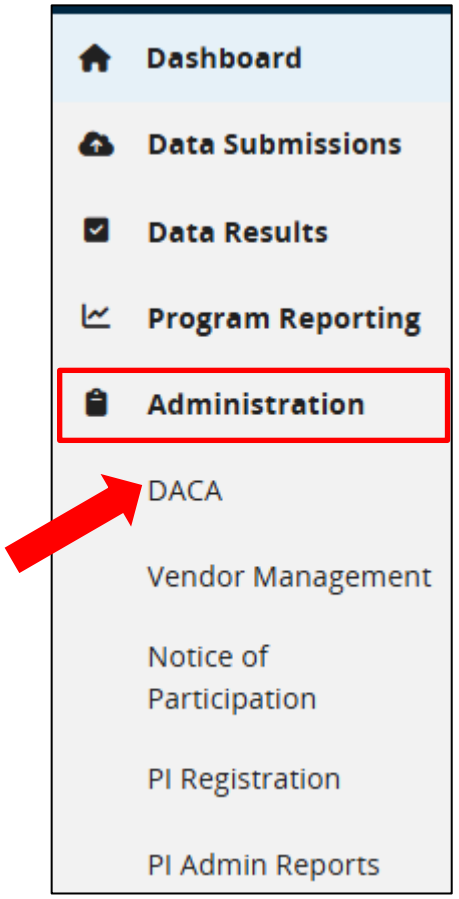
Key #6: Review Submission Before Signing the DACA Form

- 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.

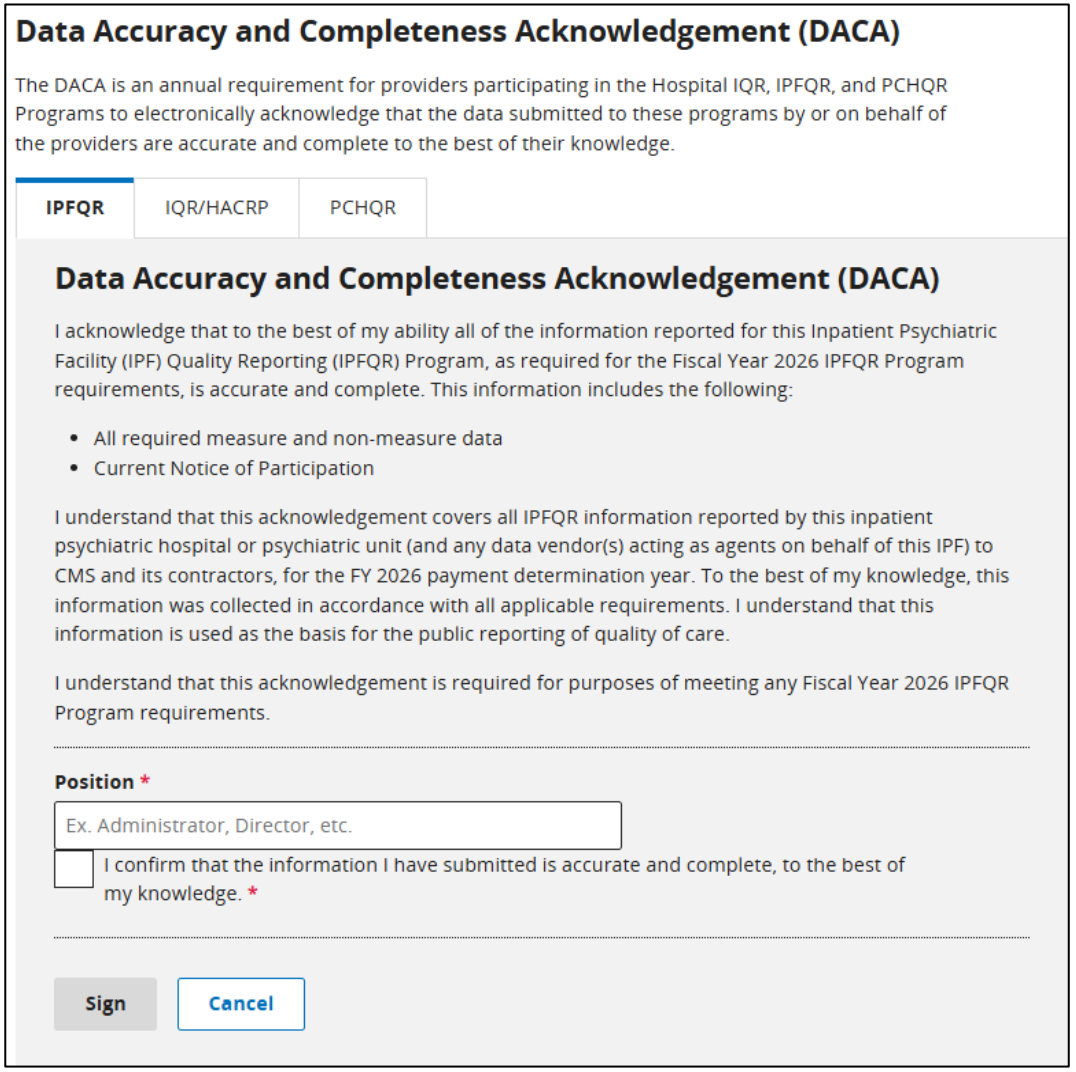
Key #6: Review Submission Before Signing the DACA Form

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.

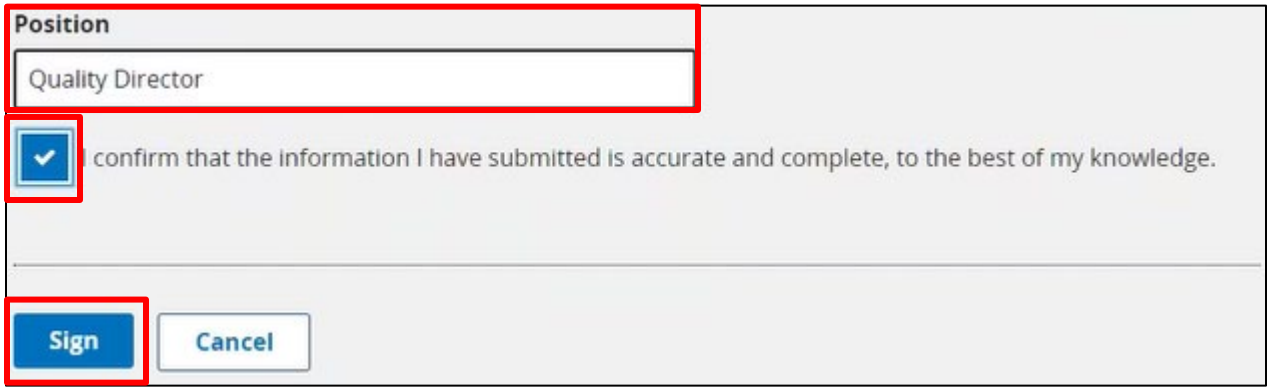
☐ I confirm that the information I have submitted is accurate and complete, to the best of my knowledge. *

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.



Key #6: Review Submission Before Signing the DACA Form

- 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.

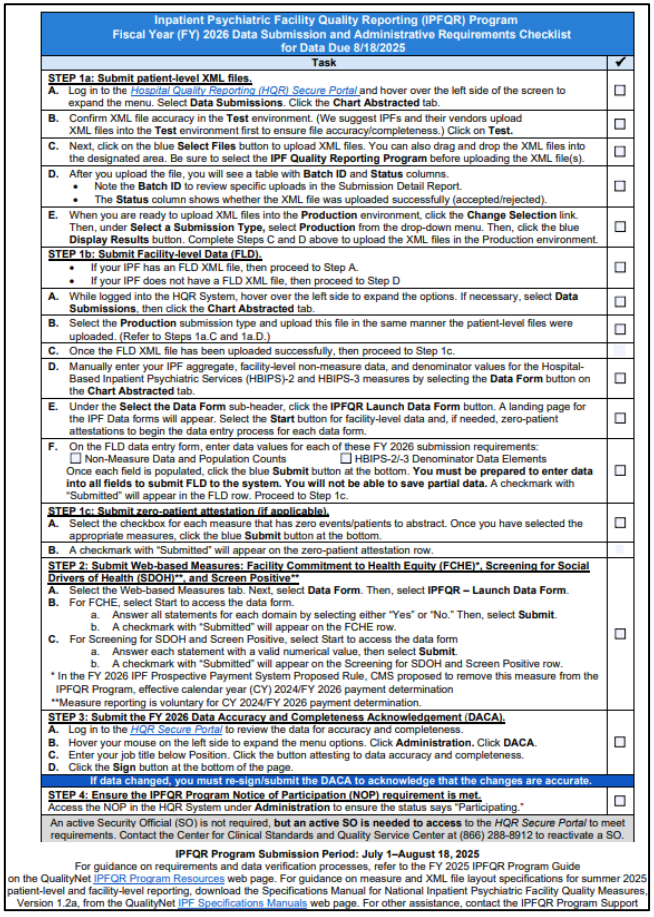
Important Tip

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).

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	✓
STEP 1a: Submit patient-level XML files.	
A. Log in to the *Hospital Quality Reporting (HQR) Secure Portal* and hover over the left side of the screen to expand the menu. Select **Data Submissions**. Click the **Chart Abstracted** tab.	☐
B. Confirm XML file accuracy in the **Test** environment. (We suggest IPFs and their vendors upload XML files into the **Test** environment first to ensure file accuracy/completeness.) Click on **Test.**	☐
C. Next, click on the blue **Select Files** button to upload XML files. You can also drag and drop the XML files into the designated area. Be sure to select the **IPF Quality Reporting Program** before uploading the XML file(s).	☐
D. After you upload the file, you will see a table with **Batch ID** and **Status** columns. • Note the **Batch ID** to review specific uploads in the Submission Detail Report. • The **Status** column shows whether the XML file was uploaded successfully (accepted/rejected).	☐
E. When you are ready to upload XML files into the **Production** environment, click the **Change Selection** link. Then, under **Select a Submission Type,** select **Production** from the drop-down menu. Then, click the blue **Display Results** button. Complete Steps C and D above to upload the XML files in the Production environment.	☐
STEP 1b: Submit Facility-level Data (FLD). • If your IPF has an FLD XML file, then proceed to Step A. • If your IPF does not have a FLD XML file, then proceed to Step D	☐
A. While logged into the HQR System, hover over the left side to expand the options. If necessary, select **Data Submissions**, then click the **Chart Abstracted** tab.	☐
B. Select the **Production** submission type and upload this file in the same manner the patient-level files were uploaded. (Refer to Steps 1a.C and 1a.D.)	☐
C. Once the FLD XML file has been uploaded successfully, then proceed to Step 1c.	
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 **Data Form** button on the **Chart Abstracted** tab.	☐
E. Under the **Select the Data Form** sub-header, click the **IPFQR Launch Data Form** button. A landing page for the IPF Data forms will appear. Select the **Start** button for facility-level data and, if needed, zero-patient attestations to begin the data entry process for each data form.	☐
F. On the FLD data entry form, enter data values for each of these FY 2026 submission requirements: ☐ Non-Measure Data and Population Counts ☐ HBIPS-2/-3 Denominator Data Elements Once each field is populated, click the blue **Submit** 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.	☐
STEP 1c: Submit zero-patient attestation (if applicable). **A.** Select the checkbox for each measure that has zero events/patients to abstract. Once you have selected the appropriate measures, click the blue **Submit** button at the bottom.	☐
B. A checkmark with "Submitted" will appear on the zero-patient attestation row.	
STEP 2: Submit Web-based Measures: Facility Commitment to Health Equity (FCHE)*, Screening for Social Drivers of Health (SDOH), and Screen Positive**** **A.** Select the Web-based Measures tab. Next, select **Data Form**. Then, select **IPFQR – Launch Data Form**. **B.** For FCHE, select Start to access the data form. a. Answer all statements for each domain by selecting either "Yes" or "No." Then, select **Submit**. b. A checkmark with "Submitted" will appear on the FCHE row. **C.** For Screening for SDOH and Screen Positive, select Start to access the data form a. Answer each statement with a valid numerical value, then select **Submit**. b. A checkmark with "Submitted" will appear on the Screening for SDOH and Screen Positive row. * 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.	☐
STEP 3: Submit the FY 2026 Data Accuracy and Completeness Acknowledgement (DACA). **A.** Log in to the *HQR Secure Portal* to review the data for accuracy and completeness. **B.** Hover your mouse on the left side to expand the menu options. Click **Administration.** Click **DACA**. **C.** Enter your job title below Position. Click the button attesting to data accuracy and completeness. **D.** Click the **Sign** button at the bottom of the page.	☐
If data changed, you must re-sign/submit the DACA to acknowledge that the changes are accurate.	
STEP 4: Ensure the IPFQR Program Notice of Participation (NOP) requirement is met. Access the NOP in the HQR System under **Administration** to ensure the status says "Participating."	☐
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

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	✓
STEP 1: Run reports.	☐
A. Log in to the *Hospital Quality Reporting (HQR) Secure Portal*.	
B. Hover your mouse on the left side of the screen to expand the menu. Select **Data Results**. Then, click **Chart Abstracted** to access the following reports: • Submission Detail - 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. • Potential Duplicate - 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. • Case Status Summary - Review measure set counts, including the number of unique cases submitted, accepted, and rejected.	☐
C. In the **File Accuracy** tab, under Program, select **IPFQR**. If your provider participates in another Quality Reporting Program, you may see other programs in the drop-down.	☐
D. Under Report, select a report.	☐
E. For each report, select the appropriate parameter values. (For example, select **2026** for the Fiscal Year parameter.) Select any other applicable parameter value, as necessary.	☐
F. Click the blue **Export CSV** button. The file will download to your computer at a location determined by your browser settings. Click on the file to open it.	☐
G. To access another report, return to the **STEP D** and select a different report. When you have finished reviewing the **File Accuracy** reports, proceed to **STEP H**.	☐
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 **Data Submissions**.	☐
I. Click the **Chart Abstracted** tab. Then, click the **Data Form** button.	☐
J. Under the **Select the Data Form** sub-header, select **IPFQR Launch Data Form.**	
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.	☐
L. Return to the **Data Submissions** page and select the **Web-based Measures** tab. Click the **Data Form** button. Then return to Steps J and K to verify data submission for the web-based measures.	
M. To review or edit the facility-level data or the zero-patient attestation, click the **Edit** or **Start** button to access the attestation. Review/revise the data and select **Submit** to save changes, if necessary. Otherwise, select **Cancel**. Follow these steps to review or edit the web-based measure data.	☐
STEP 2: Confirm FY 2026 Data Accuracy and Completeness Acknowledgement (DACA) submission.	☐
A. Access the DACA form by logging in to the *HQR Secure Portal*.	
B. Hover over the left side to expand the menu. Click **Administration** and **DACA** to view the DACA.	☐
If data changed, you must re-sign/submit the DACA to acknowledge that changes are accurate.	
STEP 3: Check IPFQR Program Notice of Participation (NOP) status. Review the NOP in the HQR system under **Administration** to ensure status says "Participating."	☐
An active Security Official (SO) is not a requirement, but an active SO is needed to ensure access to the *HQR Secure Portal* to meet requirements. Contact the CCSQ Service Center at (866) 288-8912 to reactivate a SO.	

- For guidance on IPFQR Program requirements and data verification processes, refer to the FY 2026 IPFQR Program Guide on the QualityNet IPFQR Program Resources web page.
- For other assistance, contact the IPFQR Program Support Contractor via the QualityNet Q&A Tool, IPFQualityReporting@hsag.com email, (866) 800-8765, or (844) 472-4477.

These resources can be found on the QualityNet and Quality Reporting Center websites.

Acronyms

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

Helpful Resources

IPFQR Program Web Pages
(Click the icons.)

Helpful Resources

Stay up to date…

…and get answers to your questions.

Thank you!

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