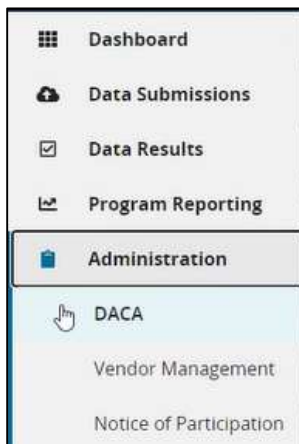


## IPFQR Program HQR Secure Portal Images

### Data Accuracy and Completeness Acknowledgement (DACA)

After logging in to the HQR Secure Portal, access the DACA by hovering over “Administration” and then “DACA” in the left menu.



Below is an image of a DACA form that has not been signed.

## IPFQR Program HQR Secure Portal Images

### 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

### 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 2024 IPFQR Program requirements, is accurate and complete. This information includes the following:

- Aggregated data for all required measures
- Non-measure data
- Current Notice of Participation

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 2024 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 2024 IPFQR Program requirements.

#### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1171 (Expires 08/31/2025)**. The time required to complete this information collection is estimated to average **10 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

#### CMS Disclosure Statement

Please do not send applications, claims, payments, medical records, or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the IPFQR Support Contractor at (844) 472-4477.

---

**Position**

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

---

### Web-Based Data Submission

Starting with the summer 2023 data submission period, IPFs must submit data via XML file upload into the *HQR Secure Portal*. IPFs that use the CMS Abstraction & Reporting Tool (CART) to abstract IPFQR Program measure data can only do so for the patient-level measures because the IPF module in CART is not designed to abstract aggregate, facility-level data. Thus, IPFs using CART to create XML files for patient-level reporting must manually enter the non-measure data and the data elements of the Hospital-Based Inpatient Psychiatric Services (HBIPS)-2 and HBIPS-3 denominator value directly into a data entry form in the *HQR Secure Portal*.

The final mockups of this data entry page are in development and not available at this time; however, the images below relative to non-measure data closely align with the latest version of mockups that were shared with us by the ADO. These images also closely align with the anticipated data entry pages for newly proposed aggregate measures, that is the Screening for Social Drivers of Health measure, the Screen Positive Rate for Social Drivers of Health measure, and the Psychiatric Inpatient Experience (PIX) survey measure.

# IPFQR Program HQR Secure Portal Images

## Total Annual Discharges

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

Ex. 0,1,2,3,...,99999

## 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)

Ex. 0,1,2,3,...,99999

\* Adolescent (13 - 17 years)

Ex. 0,1,2,3,...,99999

\* Adult (18 - 64 years)

Ex. 0,1,2,3,...,99999

\* Older Adult (65 and over)

Ex. 0,1,2,3,...,99999

## IPFQR Program HQR Secure Portal Images

### 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)**

Ex. 0,1,2,3,...,99999

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

Ex. 0,1,2,3,...,99999

\* **Mood disorders (657)**

Ex. 0,1,2,3,...,99999

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

Ex. 0,1,2,3,...,99999

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

Ex. 0,1,2,3,...,99999

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

Ex. 0,1,2,3,...,99999

### 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**

Ex. 0,1,2,3,...,99999

\* **Non-Medicare**

Ex. 0,1,2,3,...,99999

## IPFQR Program HQR Secure Portal Images

### 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

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

\* **Absent from facility**

Total Leave Days - Medicare Only

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





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

\* **Absent from facility**

Total Leave Days - Non-Medicare Only

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

## Vendor management

 <b>Dashboard</b>
 <b>Data Submissions</b>
 <b>Program Reporting</b>
 <b>Administration</b>
DACA
Access Management
<b>Vendor Management</b>
Notice of Participation

# IPFQR Program HQR Secure Portal Images

### Vendor Management

Your Vendors

Search   Status

4 Vendors

Name ^	Vendor ID	Status	
<input type="button" value="VENDOR A"/>	V123456	● Active	<input type="button" value="⋮"/>
<input type="button" value="VENDOR B"/>	V123456	● Active	<input type="button" value="⋮"/>

### Add Vendor

Search

### Vendor Management

Your Vendors

Search   Status

4 Vendors

Name ^	Vendor ID	Status	
<input type="button" value="VENDOR A"/>	V123456	● Active	<input type="button" value="⋮"/>
<input type="button" value="VENDOR B"/>	V123456	● Active	<input type="button" value="⋮"/>

### Vendor Management

Your Vendors

Search   Status

2 Vendors

Name ^	Vendor ID	Status	
<input type="button" value="NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS ..."/>	V100551	● Active	<input type="button" value="⋮"/>
<input type="button" value="PRESS GANEY ASSOCIATES"/>	V100063	● Active	<input type="button" value="⋮"/>

< Previous 1 Next >

- Edit Access
- Suspend Access
- Remove

gov Hospital Quality Reporting

# IPFQR Program HQR Secure Portal Images

### Data Submissions - Chart Abstracted ✕ Close

By assigning IPFQR permissions, you are also assigning permission for File Accuracy (for the specified measure set only).

Measure Sets	Discharge Quarter	Submission Date	Permission Level	Actions
TOB	-	-	-	<a href="#">Add</a>

**Permissions**

No Access    Upload / Edit    View

[Confirm](#)   [Cancel](#)

### Discharge Quarters

\* Start Quarter \* Start Year

Do not include an end date

### Inpatient Psychiatric Facility Quality Reporting (IPFQR)

By assigning IPFQR permissions, you are also assigning permission for File Accuracy (for the specified measure set only)

Measure Sets	Discharge Quarter	Submission Date	Permission Level	Actions
IPFQR	Q1-01-01-2020 - Ongoing	03-08-2021 - Ongoing	Upload / Edit	<a href="#">Edit</a>

[Apply & Close](#)   [Cancel](#)

- Edit Access
- Suspend Access
- Remove

### Suspend Vendor Access? ✕ Close

Suspending Vendor ABC HEALTHY OUTCOMES will:

- Pause all active permissions

You may resume access for this Vendor at any time.

[Suspend Vendor Access](#)   [Cancel](#)

**CMS.gov** | Hospital Quality Reporting Cerner Corporation Jon Snow

## Carroll Community Hospital

CCN: ##### Change Organization

- Dashboard
- Data Submissions**
- Data Results
- Performance
- Administration

[< Back](#)

### Facility-Level Data (FLD)

\* Indicates required field

**Total annual discharges**

Enter an aggregate yearly count of your facility's annual discharges. \*

**Age strata**

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

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

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

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

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

**Diagnostic categories**

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

**Anxiety disorders (651) \***

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

**Mood disorders (657) \***

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

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

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

**Submission period:**  
07/01/2023 - 08/15/2023

**With respect to reporting period:**  
01/01/2022 - 12/31/2022

**Last updated:**  
MM/DD/YYYY HH:MM AM/PM

Facilities must submit a Notice of Participation which will remain active unless the IPF withdraws from the program.



# IPFQR Program HQR Secure Portal Images

<b>Fiscal Year</b> ----	<b>NOP Signed</b> Not Pledged	<b>Medicare Accept Date</b> 07/01/2022	<b>Summary Table</b> <a href="#">View Summary Table</a>	<b>Organization Contacts</b> <a href="#">Manage Contacts</a>
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**Notice of Participation** ● **Not Pledged**

## Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Notice of Participation Agreement \* Indicates Required Field

The Inpatient Psychiatric Facility (IPF) agrees to follow procedures for participating in the IPFQR Program as outlined in the federal regulations found in the Federal Register or is indicating its decision to decline participation.

Each IPF must complete this "IPFQR Notice of Participation" (IPFQR Notice) as outlined in the federal regulations found in the Federal Register. In an effort to alleviate the burden associated with submitting this form annually, effective with the IPFQR Notice submitted for participation in FY 2014 program year or later, an IPF that indicated its intent to participate will be considered an active IPFQR Program participant until CMS determines a need to resubmit the IPFQR Notice, or the IPF submits a request for withdrawal to CMS.

This information is in compliance with the CMS guidelines for IPFs submitting their quality performance data in accordance with section 1886(s)(4) of the Social Security Act. Pursuant to section 1886(s)(4)(E) of the Act, IPFs agreeing to participate in the IPFQR Program will have their data publicly displayed on a CMS' website after being afforded the opportunity to review their data.

**We entities operating under the submitted Provider ID:**  
CCN-123456 \*

Select participation status...

**This acknowledgement (to participate or to withdraw) remains in effect until an electronically signed acknowledgement applying changes has been entered.**

By entering my acknowledgement, I hereby issue this IPFQR Notice of Participation with the specified direction contained within. \*

**By entering this pledge, I agree to:**

- Transmit or have data transmitted to CMS; and
- Permit my hospital's performance information to be publicly reported.

# IPFQR Program HQR Secure Portal Images

## Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Notice of Participation Agreement

\* Indicates Required Field

The Inpatient Psychiatric Facility (IPF) agrees to follow procedures for participating in the IPFQR Program as outlined in the federal regulations found in the Federal Register or is indicating its decision to decline participation.

Each IPF must complete this "IPFQR Notice of Participation" (IPFQR Notice) as outlined in the federal regulations found in the Federal Register. In an effort to alleviate the burden associated with submitting this form annually, effective with the IPFQR Notice submitted for participation in FY 2014 program year or later, an IPF that indicated its intent to participate will be considered an active IPFQR Program participant until CMS determines a need to resubmit the IPFQR Notice, or the IPF submits a request for withdrawal to CMS.

This information is in compliance with the CMS guidelines for IPFs submitting their quality performance data in accordance with section 1886(s) (4) of the Social Security Act. Pursuant to section 1886(s)(4)(E) of the Act, IPFs agreeing to participate in the IPFQR Program will have their data publicly displayed on a CMS' website after being afforded the opportunity to review their data.

**We entities operating under the submitted Provider ID:**

CCN- 123456 \*

Agree to participate

**This acknowledgement (to participate or to withdraw) remains in effect until an electronically signed acknowledgement applying changes has been entered.**

By entering my acknowledgement, I hereby issue this IPFQR Notice of Participation with the specified direction contained within. \*

**By entering this pledge, I agree to:**

- Transmit or have data transmitted to CMS; and
- Permit my hospital's performance information to be publicly reported.

**Submitted By**

CARRY\_FORWARD

**Date**

08/01/2022 15:56:06