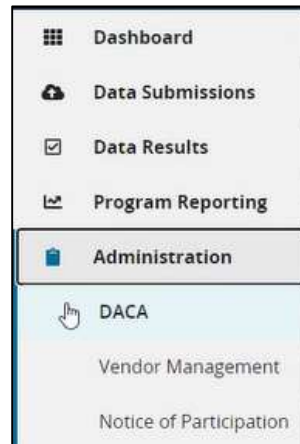# IPFQR Program HQR Secure Portal Images

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.

Please see attached Word document for mockup of DACA form that has not been signed.

IPFQR Program HQR Secure Portal Images

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.

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:

ℹ️ 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

- ▦ **Dashboard**
- ☁ **Data Submissions**
- ⬭ **Program Reporting**
- 🖉 **Administration**
  - DACA
  - Access Management
  - Vendor Management
  - Notice of Participation

IPFQR Program HQR Secure Portal Images

Vendor Management

Your Vendors

Search	Status
Search 🔍	Filter By Status ⬍

4 Vendors   🔖 **Add Vendor**

Name ▲	Vendor ID	Status	
🏢 VENDOR A	V123456	● Active	⋮
🏢 VENDOR B	V123456	● Active	⋮

✖ **Close**

Add Vendor

Search

Search by Vendor Name or Vendor ID 🔍

Cancel

Vendor Management

Your Vendors

Search	Status
Search 🔍	Filter By Status ⬍

4 Vendors   🔖 **Add Vendor**

Name ▲	Vendor ID	Status	
🏢 VENDOR A	V123456	● Active	⋮
🏢 VENDOR B	V123456	● Active	⋮

Vendor Management

Your Vendors

Search	Status
Search 🔍	⬍

2 Vendors   🔖 **Add Vendor**

Name ▲	Vendor ID	Status	
🏢 NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS ...	V100551	● Active	⋮
🏢 PRESS GANEY ASSOCIATES	V100063	● Active	

« 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	-	-	-	Add

Permissions

◉ No Access ○ Upload / Edit ○ View

Confirm **Cancel**

Discharge Quarters

* Start Quarter   * Start Year

[⬍]   [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	Edit

Apply & Close Cancel

⋮

Edit Access   ✎

Suspend Access   ⏸

Remove   🗑

✗ Close

Suspend Vendor Access?

Suspending Vendor ABC HEALTHY OUTCOMES will:

- Pause all active permissions

You may resume access for this Vendor at any time.

Suspend Vendor Access   Cancel

IPFQR Program HQR Secure Portal Images
Facility Level Data

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

IPFQR Program HQR Secure Portal Images

Fiscal Year	NOP Signed	Medicare Accept Date	Summary Table	Organization Contacts
----	Not Pledged	07/01/2022	View Summary Table	Manage Contacts

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 IFPQR 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

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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 IFPQR 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	Date
CARRY_FORWARD	08/01/2022 15:56:06