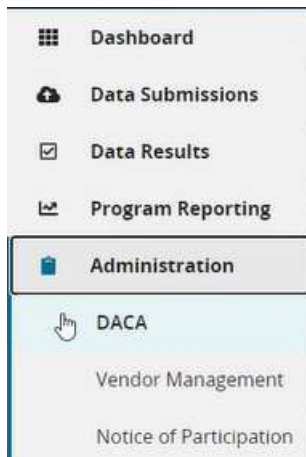


IPFQR Program HQR Secure Portal Images

1. 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

2. 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*. The patient-level data submitted for the measures proposed for removal in the FY 2027 proposed rule, SUB-2/2a and TOB-3/3a, are submitted via XML file upload. 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*.

A data collection tool available within the Hospital Quality Reporting system via the Hospital Quality Reporting Secure Portal allows hospitals to submit their PIX Survey data. This document is a representation of the text contained in the measure data form and is for reference purposes only.

Carroll Community Hospital

CCN: #####

Change Organization

- 🏠 Dashboard
- 📁 Data Submissions
- ☑️ Data Results
- 📄 Program Reporting
- 🔑 Administration

[< Back](#)

Psychiatric Inpatient Experience (PIX)

Survey ID:
000011

Treatment team relationship

My Doctor/Provider treated me with care and respect.

My Doctor/Provider valued my opinion even if we didn't always agree.

My Doctor/Provider helped me understand my treatment options.

I had input into decisions about my treatment.

My Social Worker helped me include family or other supports in my treatment if I wished.

Environment

The unit was clean.

I felt physically safe on the unit.

I had access to quiet space if I needed it.

Healthy food options were available.

I had enough access to fresh air and/or natural light.

I was satisfied with the services available on the weekends.

I was supported in keeping busy and finding social/recreational activities.

Treatment effectiveness

The symptoms/problems that brought me to the hospital have improved.

Group therapy was helpful.

I have skills to manage symptoms/problems I face in daily life.

My medications will help me.

CMS Certification Number:

123456

Submission period:

MM/DD/YYYY - MM/DD/YYYY

With respect to reporting period:

MM/DD/YYYY - MM/DD/YYYY

Last updated:

MM/DD/YYYY HH:MM AM/PM

I will have the resources I need to be successful after I leave the hospital.

Nursing team presence

Nurses were caring and respectful.

Counselors/Technicians were caring and respectful.

Nurses were attentive to my needs.

Counselors/Technicians were attentive to my needs.

Staff paid attention to what was happening on the unit.

Staff worked together to care for me.


[Submit](#) [Cancel](#)

Help improve HQR. Participate in user feedback >

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IPFQR Program HQR Secure Portal Images

3. Non-Measure Data

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

4. HBIPS Denominator

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

5. Zero Patient Attestation

Note: A data collection tool available within the Hospital Quality Reporting system via the Hospital Quality Reporting Secure Portal allows hospitals to complete and submit their Zero Patient Attestation data. This document is a representation of the text contained in the Zero Patient Attestation data and is for reference purposes only.

If you have zero patient event 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 events to submit

SUB-2

There are zero patient events to submit

SUB-2a

There are zero patient events to submit

SUB-3

There are zero patient events to submit

SUB-3a

There are zero patient events to submit

TOB-3

There are zero patient events to submit

TOB-3a

There are zero patient events to submit

TR-1

There are zero patient events to submit

IMM-2

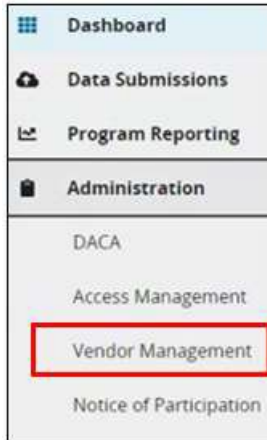
There are zero patient events to submit

Submit

Cancel

IPFQR Program HQR Secure Portal Images

6. Vendor management



Vendor Management

Your Vendors

Search Status

4 Vendors

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

[Close](#)

Add Vendor

Search

Vendor Management

Your Vendors

Search: Status:

4 Vendors

Name	Vendor ID	Status
VENDOR A	V123456	Active
VENDOR B	V123456	Active

Vendor Management

Your Vendors

Search: Status:

2 Vendors

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

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IPFQR Program HQR Secure Portal Images

Data Submissions - Chart Abstracted

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	-	-	-	<input type="button" value="Add"/>

Permissions

No Access
 Upload / Edit
 View

Discharge Quarters

* Start Quarter

* Start Year

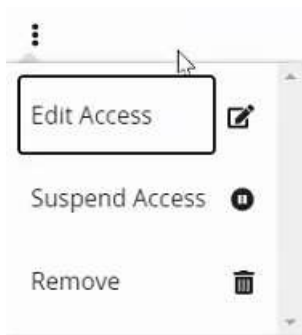
Do not include an end date

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	Edit

[Apply & Close](#) [Cancel](#)



IPFQR Program HQR Secure Portal Images

7. Notice of Participation

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

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 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.

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-034038 ***

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