## Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Fiscal Year (FY) 2026 Data Verification and Administrative Requirements Checklist for Data Due 8/18/2025

	Task	✓
	EP 1: Run reports.	
	. Log in to the <u>Hospital Quality Reporting (HQR) Secure Portal</u> .	
В.	Hover your mouse on the left side of the screen to expand the menu. Select <b>Data Results</b> . Then, click <b>Chart Abstracted</b> to access the following reports:	
	<ul> <li>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.</li> </ul>	
	<ul> <li>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.</li> <li>Case Status Summary - Review measure set counts, including the number of unique cases</li> </ul>	
	submitted, accepted, and rejected.	
C.	. In the <b>File Accuracy</b> tab, under Program, select <b>IPFQR</b> . If your provider participates in another Quality Reporting Program, you may see other programs in the drop-down.	
D.	. Under Report, select a report.	
E.	. For each report, select the appropriate parameter values. (For example, select <b>2026</b> for the Fiscal Year parameter.) Select any other applicable parameter value, as necessary.	
F.	Click the blue <b>Export CSV</b> button. The file will download to your computer at a location determined by your browser settings. Click on the file to open it.	
G.	. To access another report, return to the <b>STEP D</b> and select a different report. When you have finished reviewing the <b>File Accuracy</b> reports, proceed to <b>STEP H</b> .	
Н.	To review the aggregate, facility-level non-measure data, denominator values for the Hospital-Based Inpatient Psychiatric Services (HBIPS)-2 and HBIPS-3 measures, and zero-patient attestations, hover over the left side to expand the menu. Select <b>Data Submissions</b> .	
Ι.	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.	
К.	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 <b>Data Submissions</b> page and select the <b>Web-based Measures</b> tab. Click the <b>Data Form</b> button. Then return to Steps J and K to verify data submission for the web-based measures.	
М.	. To review or edit the facility-level data or the zero-patient attestation, click the <b>Edit</b> or <b>Start</b> button to access the attestation. Review/revise the data and select <b>Submit</b> to save changes, if necessary. Otherwise, select <b>Cancel</b> . Follow these steps to review or edit the web-based measure data.	
STE	EP 2: Confirm FY 2026 Data Accuracy and Completeness Acknowledgement (DACA) submission	
	Access the DACA form by logging in to the <u>HQR Secure Portal</u> .	
В.	. Hover over the left side to expand the menu. Click <b>Administration</b> and <b>DACA</b> to view the DACA.	
If data changed, you must re-sign/submit the DACA to acknowledge that changes are accurate.		
	EP 3: Check IPFQR Program Notice of Participation (NOP) status.	
Re	view the NOP in the HQR system under <b>Administration</b> 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 <i>HQR Secure Portal</i> 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 <u>QualityNet Q&amp;A Tool</u> , <u>IPFQualityReporting@hsag.com</u> email, (866) 800-8765, or (844) 472-4477.	