



IPF Quality Reporting Program: Keys to Successful FY 2027 Reporting

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Purpose

This presentation provides IPFs and their vendors with the following information:

- Fiscal year (FY) 2027 IPF Quality Reporting Program requirements for the upcoming August 17, 2026, data submission deadline
- Keys to successful data submission
- Guidance to verify data accuracy

Learning Objectives

Participants will be able to:

- Summarize the FY 2027 IPF Quality Reporting Program requirements.
- Successfully submit data by avoiding common submission errors in the Hospital Quality Reporting (HQR) system.
- Locate and access helpful IPF Quality Reporting Program resources.

Acronyms

APU	Annual Payment Update	ID	identification
CART	CMS Abstraction & Reporting Tool	IMM	Influenza Immunization
CCSQ	Center for Clinical Standards and Quality	IPF	inpatient psychiatric facility
CMS	Centers for Medicare & Medicaid Services	PDF	Portable Document Format
CY	calendar year	NOP	Notice of Participation
DACA	Data Accuracy and Completeness Acknowledgement	PIX	Psychiatric Inpatient Experience
FLD	facility-level data	SMD	Screening for Metabolic Disorders
FY	fiscal year	SUB	Substance Use
HARP	Health Care Quality Information Systems Access Roles and Profile	TOB	Tobacco Use
HBIPS	Hospital-Based Inpatient Psychiatric Services	TR	Transition Record
HQR	Hospital Quality Reporting	XML	extensible markup language

IPF Quality Reporting Program: Keys to Successful FY 2027 Reporting

FY 2027 Reporting Requirements

FY 2027 IPF Quality Reporting Program APU

To obtain the full annual payment update (APU) for the FY 2027 payment determination, an IPF must meet all IPF Quality Reporting Program requirements by August 17, 2026, or be subject to a **2-percentage point reduction** to their APU for FY 2027.

FY 2027 IPF Quality Reporting Program Requirements Due by August 17, 2026

- Pledge a status of “Participating” in the IPF Quality Reporting 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
 - Psychiatric Inpatient Experience (PIX) Survey*
- Complete Data Accuracy and Completeness Acknowledgement (DACA).

* Measure reporting is voluntary for calendar year (CY) 2025 reporting period.

FY 2027 IPF Quality Reporting Program Chart-Abstracted Measure Requirements

Measure	Reporting Period	Submission Deadline	Sampling Allowed
HBIPS-2: Hours of Physical Restraint Use	January 1– December 31, 2025	August 17, 2026	No*
HBIPS-3: Hours of Seclusion Use	January 1– December 31, 2025	August 17, 2026	No*
SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention	January 1– December 31, 2025	August 17, 2026	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, 2025	August 17, 2026	Yes*

*See Section 4: Population and Sampling Specifications, starting on page 107 of the [Specifications Manual for National Inpatient Psychiatric Facility Quality Measures, Version 1.3](#), for more details about sampling options specific to CY 2025 discharges.

FY 2027 IPF Quality Reporting 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, 2025	August 17, 2026	Yes*
IMM-2: Influenza Immunization	October 1, 2025 – March 31, 2026	August 17, 2026	Yes*
SMD: Screening for Metabolic Disorders	January 1– December 31, 2025	August 17, 2026	Yes*
TR-1: Transition Record with Specified Elements Received by Discharged Patients	January 1– December 31, 2025	August 17, 2026	Yes*
Psychiatric Inpatient Experience (PIX) Survey	January 1– December 31, 2025	August 17, 2026	Yes**

*See Section 4: Population and Sampling Specifications, starting on page 107 of the [Specifications Manual for National Inpatient Psychiatric Facility Quality Measures, Version 1.3](#), for more details about sampling options specific to CY 2025 discharges.

** Measure reporting is voluntary for CY 2025 reporting period.

Keys to Successful Reporting



1. Access and log in to the *HQR Secure Portal*.
2. Establish two active Security Officials.
3. Manage the NOP.
4. Prepare and verify data before submission.
5. Verify data uploads, reports, and forms.
6. Review submission before signing the DACA..
7. Re-check all FY 2027 IPF Quality Reporting Program Requirements

IPF Quality Reporting Program: Keys to Successful FY 2027 Reporting

Key #1: Access and Log In to the *HQR Secure Portal*

Access the *HQR Secure Portal*

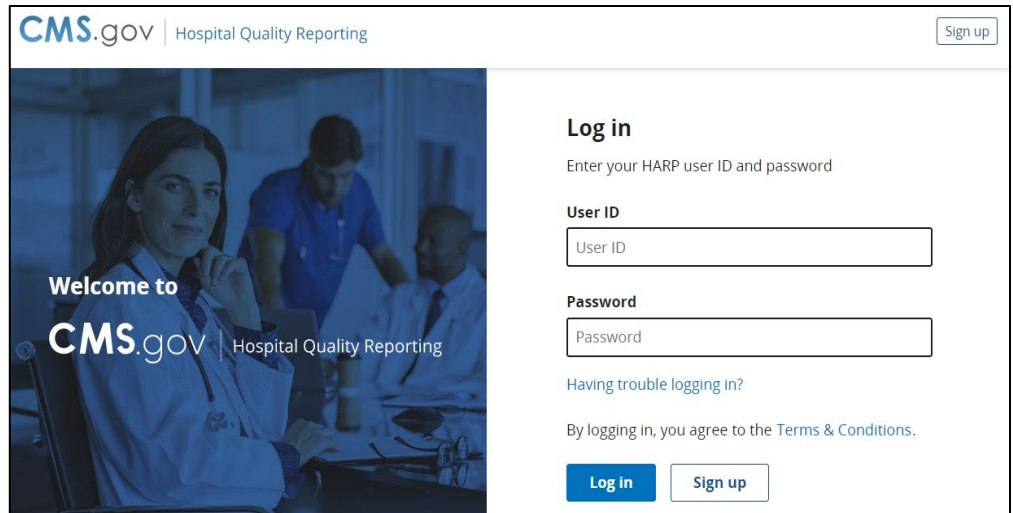
The *HQR Secure Portal* is the **only** CMS-approved method for submitting IPF Quality Reporting Program data and the DACA directly to CMS.

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.

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. (If you do not have a HARP account, 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 you receive and click Next. Once logged in, the HQR landing page appears.



The screenshot shows the login page for the CMS.gov Hospital Quality Reporting system. The page features a header with the CMS.gov logo and the text "Hospital Quality Reporting" and a "Sign up" button. The main content area is split into two sections: a large image on the left showing a healthcare professional in a white coat, and a login form on the right. The login form includes a "Log in" heading, a prompt to "Enter your HARP user ID and password", and two input fields for "User ID" and "Password". Below the password field, there is a link for "Having trouble logging in?" and a statement: "By logging in, you agree to the Terms & Conditions." At the bottom of the form are two buttons: "Log in" and "Sign up".

IPF Quality Reporting Program: Keys to Successful FY 2027 Reporting

Key #2: Establish Two Active Security Officials

Establish Two Active Security Officials

- A Security Official 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.
- It is highly recommended that facilities designate at least two HQR Security Officials: One serves as the primary HQR Security Official, and the other serves as a backup.
- Page 8 of the FY 2027 IPF Quality Reporting Program Guide, found on the [QualityNet IPF Quality Reporting Program Resources](#) page, provides instructions about setting up an active Security Official account.
- 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 Security Official status, contact the Center for Clinical Standards and Quality (CCSQ) Service Center at (866) 288-8914 or QNetSupport@cms.hhs.gov for assistance.

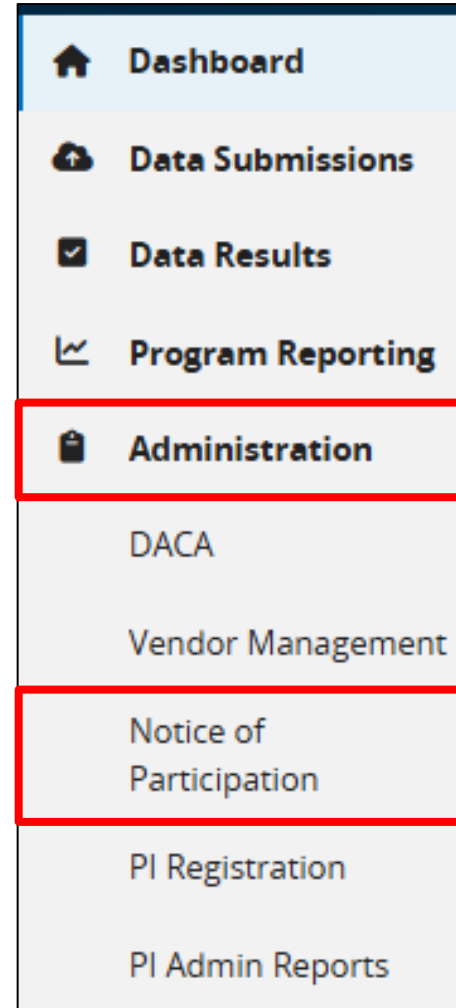
IPF Quality Reporting Program: Keys to Successful FY 2027 Reporting

Key #3: Manage the NOP

Access the NOP

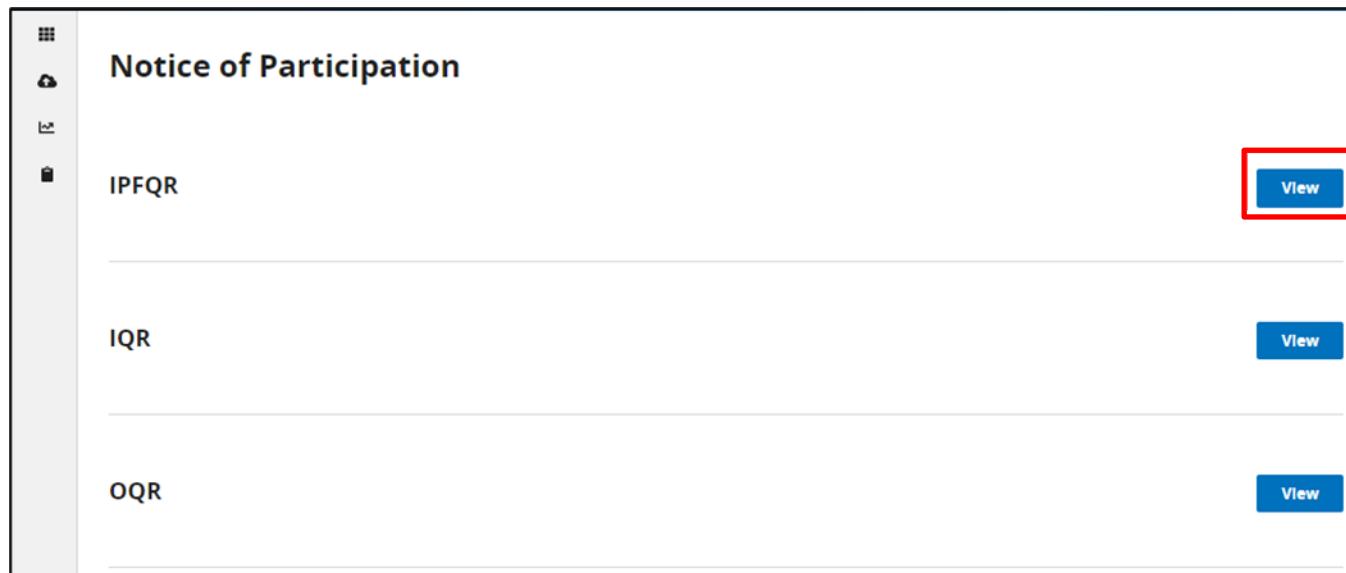
To access a facility's NOP:

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.



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 IPF Quality Reporting row.



Manage the NOP (continued)

- If this is the IPF's first time participating in the IPF Quality Reporting 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 IPF Quality Reporting 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 IPF Quality Reporting Program support team at IPFQualityReporting@hsag.com to learn how to withdraw from the IPF Quality Reporting Program.

< Notice of Participation

Notice of Participation

Export PDF

Inpatient Psychiatric Facility Quality Reporting (IPFQR)

Note: If you want to pledge, you must identify two contacts to receive notification of pledge changes

Fiscal Year	NOP Signed Not Pledged	Medicare Accept Date 08/12/2020	Summary Table View Summary Table	Organization Contacts Manage Contacts
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+ Notice of Participation **Not Pledged**

IPF Quality Reporting Program: Keys to Successful FY 2027 Reporting


Key #4: Prepare and Verify Data Before Submission

Prepare and Verify Data Before Submission


- 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.

Identifying Questionable Data

- There is a tool to help find questionable data.
- [This tool](#) lists criteria to help IPFs identify data that were entered in error, missing, invalid, and/or exceed normal parameters.
- If you have questions about your IPF's data and these criteria, email us at IPFQualityReporting@hsag.com with "Measure Accuracy Question" in the subject line.


Criteria to Identify Questionable Fiscal Year (FY) 2027 Measure and Non-Measure Data for the Inpatient Psychiatric Facility (IPF) Quality Reporting Program 

The following criteria are provided to help IPFs identify measure data that may have been entered in error, may be invalid, or may exceed normal parameters by the August 17, 2026, deadline for FY 2027 payment determination. If you find that your data meet one or more of the criteria listed below, CMS strongly recommends that you recheck the data for accuracy.


 The criteria for identifying questionable HBIPS-2 and HBIPS-3 measure data include denominator values that are:


- Different from one another (not equal to the number of psychiatric inpatient days).
- Less than the Total Annual Discharges reported for the IPF.
- Accidentally multiplied by 24, resulting in a value that represents patient-hours instead of patient-days.
- Significantly different from previous submissions.
- Mistakenly reported as the number of days in a calendar year.
- More than 365 times the total number of beds at the IPF.

Note: An HBIPS-2 measure rate that equals or exceeds six (6) hours per 1,000 patient hours of care should be checked for accuracy. Likewise, an HBIPS-3 measure rate that equals or exceeds five (5) hours per 1,000 patient hours of care should be checked for accuracy.


 The criteria for identifying questionable SUB-2/-2a, SUB-3/-3a, TOB-3/-3a, IMM-2, Transition Record with Specified Elements Received by Discharged Patients, and Screening for Metabolic Disorders measure data are:

- The denominator is greater than the Total Annual Discharges.
- The numerator exceeds the denominator.

 In the SUB-2 measure, is the subset measure denominator greater than the primary measure denominator? For example, check if the SUB-2a denominator is greater than the SUB-2 denominator.

 In the SUB-3 and TOB-3 measures, is the subset measure numerator greater than the primary measure numerator? For example, check if the:

- SUB-3a numerator is greater than the SUB-3 numerator.
- TOB-3a numerator is greater than the TOB-3 numerator.

 Criteria for identifying questionable non-measure data:

- Age Strata is greater than the Total Annual Discharges.
- Diagnostic category is greater than the Total Annual Discharges.
- Payer category is greater than the Total Annual Discharges.

If you have questions regarding the criteria described above as it pertains to your facility's data in the Hospital Quality Reporting System, email IPFQualityReporting@hsag.com with "Measure Accuracy Question" in the subject line.

IPF Quality Reporting Program: Keys to Successful FY 2027 Reporting

Key #5: Verify Data Uploads, Reports, and Forms

Patient-Level Reporting

In the IPF Quality Reporting 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 IPFs upload into the *HQR Secure Portal*. We will specify FLD, as needed.

Patient-Level Reporting (continued)

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.

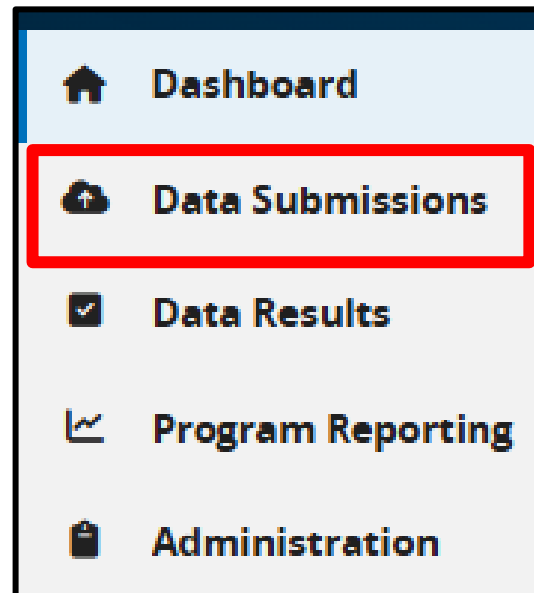
Production Environment

- 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.

Uploading XML Files

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.



Uploading XML Files (continued)

The image below appears on the next screen if you only have access to upload data for the IPF Quality Reporting Program.

The screenshot shows a web interface for uploading XML files. At the top, there are two tabs: "Web-based Measures" and "Chart Abstracted", with the latter being the active tab. Below the tabs are two buttons: "File Upload" and "Data Form". A text instruction reads: "Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area." Below this is a section titled "Select a Submission Type" with two buttons: "Test" and "Production", both with right-pointing chevrons.

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.

The screenshot shows a web interface for uploading XML files with multiple tabs. The tabs are: "eCQM", "Web-based Measures", "Population & Sampling", "Chart Abstracted" (the active tab), "HCAHPS", "Structural Measures", "Hybrid Measures", and "PRO-PM". Below the tabs are two buttons: "File Upload" and "Data Form".

Uploading XML Files (continued)

Next, click the **Chart Abstracted**, not the Web-based Measures, tab.

The image displays two screenshots of a web interface for uploading XML files. The top screenshot shows the 'Chart Abstracted' tab highlighted with a green box, indicating it is the correct choice. The bottom screenshot shows the 'Web-based Measures' tab highlighted with a red 'X' over it, indicating it is not the correct choice. Both screenshots show the 'File Upload' and 'Data Form' buttons, and the 'Select a Submission Type' dropdown menu with 'Test' and 'Production' options.

Web-based Measures | **Chart Abstracted**

File Upload | Data Form

Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.

Select a Submission Type

Test > | Production >

Web-based Measures | ~~Chart Abstracted~~

File Upload | Data Form

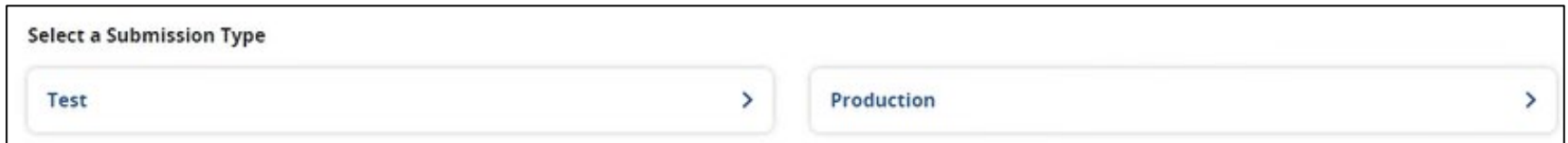
Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.

Select a Submission Type

Test > | Production >

Uploading XML Files – Test Environment

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



A screenshot of a web interface showing a selection menu for submission types. The title is "Select a Submission Type". There are two buttons: "Test" and "Production", each with a right-pointing chevron icon. The "Test" button is highlighted with a light blue background.

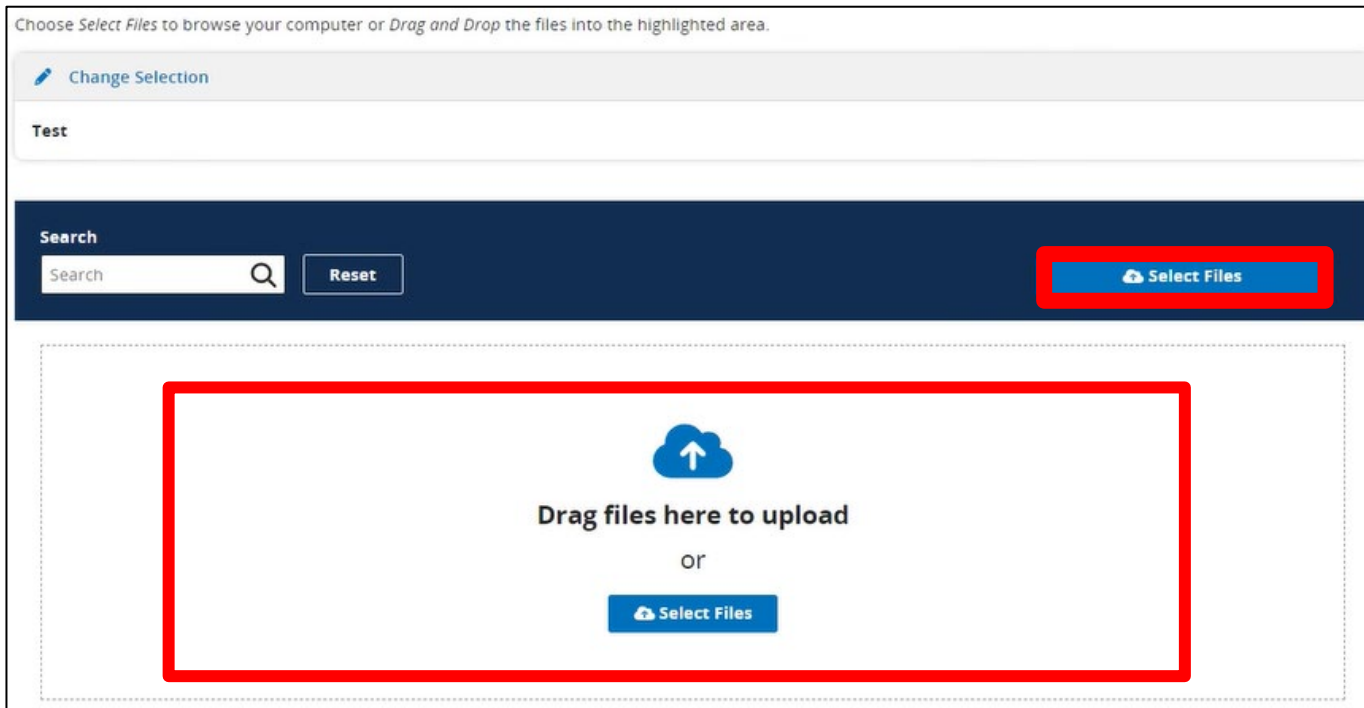
Click on Test to upload an XML file into the Test environment.



A screenshot of a web interface for file upload. At the top, there are two tabs: "Web-based Measures" and "Chart Abstracted", with "Chart Abstracted" being the active tab. Below the tabs, there is a text instruction: "Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area." Below this instruction is a large, light gray rectangular area. At the top left of this area is a button with a pencil icon and the text "Change Selection". Below the button, the word "Test" is displayed in a bold font, indicating the selected environment.

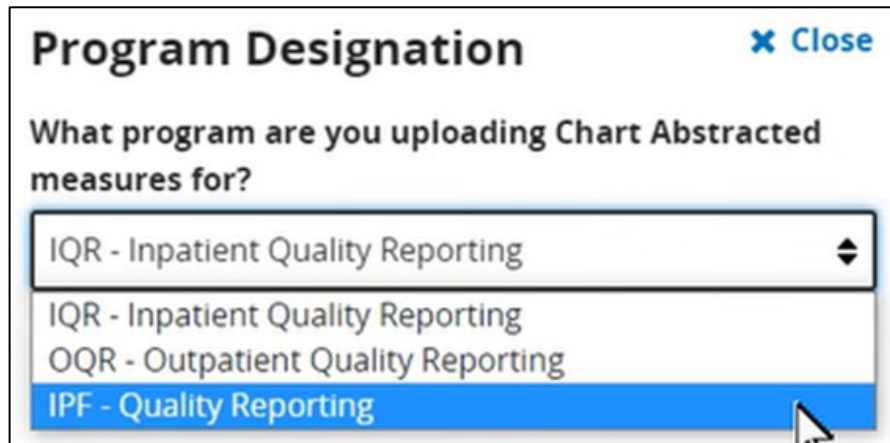
Uploading XML Files – Test Environment (continued)

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



Uploading XML Files – Test Environment (continued)

If you have access to more than one Quality Reporting Program, then you will have the option to select the program to upload XML files after you select the file to upload. Choose IPF Quality Reporting for Program Designation when uploading chart-abstracted files.



Program Designation ✕ Close

What program are you uploading Chart Abstracted measures for?

IQR - Inpatient Quality Reporting

IQR - Inpatient Quality Reporting

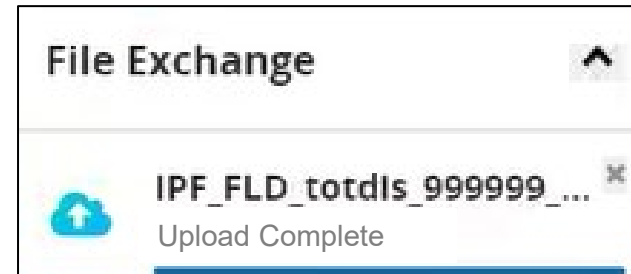
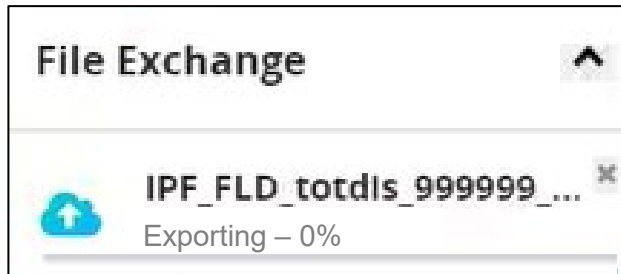
OQR - Outpatient Quality Reporting

IPF - Quality Reporting

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.

Uploading XML Files – Test Environment (continued)

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



Uploading XML Files – Production Environment

When you are ready, there are two ways to upload XML files into the Production environment.

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

The screenshot illustrates the steps for uploading XML files to the Production environment. It shows a file upload area with a red box around the 'Change Selection' button. Below this, a dropdown menu titled 'Select a Submission Type' is open, with 'Production' highlighted in blue and a red box around it. To the right, there are buttons for 'File Upload' and 'Data Form'. At the bottom center, there is a blue 'Display Results' button.

Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.

Change Selection

Production

× Cancel

Select a Submission Type

Test

Test

Production

Test

File Upload Data Form

Display Results

Acronyms

Uploading XML Files – Production Environment (continued)

- 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.




Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.

Select a Submission Type

Test >

Production >

Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.

 Change Selection

Production

Confirming XML File Upload Status

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 that show reasons XML files were rejected.

Change Selection

Production

Search

Search

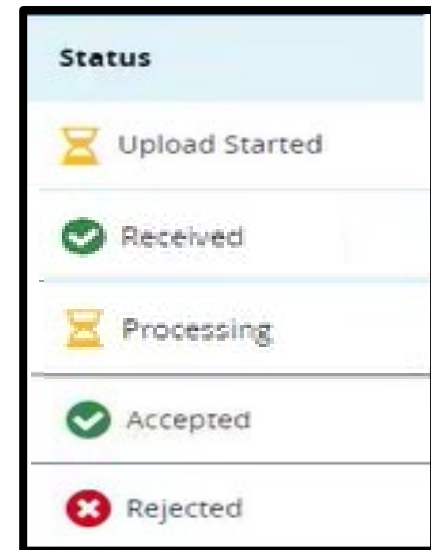
Batch File Name	Batch ID	Program	File Size	Upload Date ▾	Uploaded By	Status
<input type="checkbox"/> IPF_FLD_totdi.....	3143728	IPF	1769 bytes	07/01/2026	NEURODIAGNOSTIC ...	✓ Accepted
<input type="checkbox"/> IPF_FLD_totdi.....	3143213	IPF	1769 bytes	07/01/2026	NEURODIAGNOSTIC ...	✓ Accepted

Confirming XML File Upload Status

(continued)

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.

XML File Upload Reports

XML File Upload Reports of IPF Quality Reporting 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

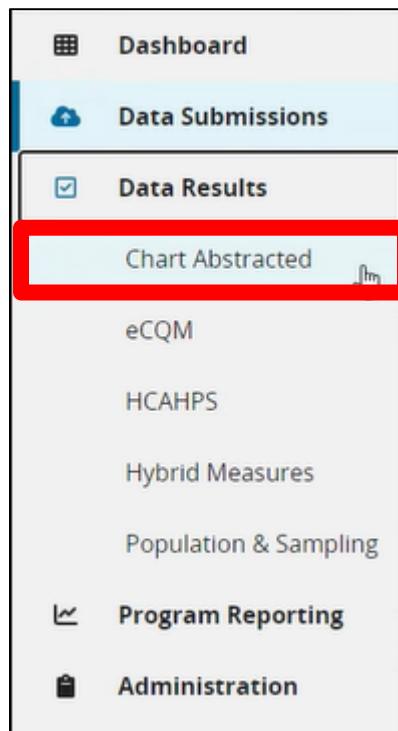
Identify potential duplicates to determine if the records pertain to two different episodes of care or if the duplicates are due to incorrect entry of a patient identifier.

Case Status Summary

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

XML File Upload Reports (continued)

1. From the left menu, click on Data Results and Chart Abstracted.



XML File Upload Reports (continued)

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.)

Data Results - Chart Abstracted

File Accuracy Claims Details

File Accuracy

This is where you see the accuracy of your files, and potential duplicates. It encompasses data from the Quality Net legacy reports, including: Case Status Summary, Submission Detail, and Potential Duplicate Records.

Program **Report** **Quarter** [Export CSV](#)

Select Program Select Report Select Quarter

- Select Program
- IPFQR**
- IQR
- OQR

XML File Upload Reports (continued)

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

Data Results - Chart Abstracted

File Accuracy | Claims Details

File Accuracy

This is where you see the accuracy of your files, and potential duplicates. It encompasses data from the Quality Net legacy reports, including: Case Status Summary, Submission Detail, and Potential Duplicate Records.

Program: IPFQR

Report: **Select Report** (dropdown menu open showing: Case Status Summary, Potential Duplicate, Submission Detail)

Fiscal Year: Select Year

Export CSV

XML File Upload Reports (continued)

4. Under Fiscal Year, select 2027.

Data Results - Chart Abstracted

File Accuracy | Claims Details

File Accuracy

This is where you see the accuracy of your files, and potential duplicates. It encompasses data from the Quality Net legacy reports, including: Case Status Summary, Submission Detail, and Potential Duplicate Records.

Program: IPFQR

Report: Select Report

Fiscal Year: Select Year (dropdown menu open, showing 2027 and 2026)

Export CSV

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

XML File Upload Reports (continued)

- 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.

Accessing the FLD Form

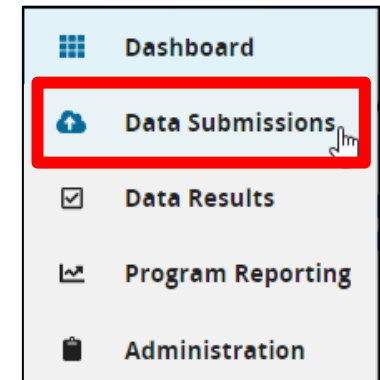
IPFs that do not have a vendor or an information technology department that provides a measure abstraction and reporting tool can use the IPF Module in the CMS Abstraction & Reporting Tool (CART) to generate patient-level XML data files.

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.

Accessing the FLD Form (continued)

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.



Accessing the FLD Form (continued)

4. Under the Chart Abstracted tab click the Data Form button.
5. Click on the IPFQR Launch Data Form button.

The screenshot displays a web interface with a navigation bar at the top containing three tabs: 'Web-based Measures', 'PIX', and 'Chart Abstracted'. The 'Chart Abstracted' tab is highlighted with a red border. Below the tabs, there are two buttons: 'File Upload' and 'Data Form'. The 'Data Form' button is highlighted with a blue border. Below these buttons, the text 'Select the Data Form' is displayed. At the bottom of the interface, there is a red-bordered box containing the text 'IPFQR' on the left and 'Launch Data Form' with a green right-pointing arrow on the right.

Starting the FLD Form Submission Process

6. A landing page for the facility-level data entry form will appear.
7. Click the Start button to begin the data entry process.

The screenshot displays a web interface for 'Inpatient Psychiatric Facility Quality Reporting (IPFQR)'. At the top left, there is a navigation link '< Data Submissions'. The main title is 'Inpatient Psychiatric Facility Quality Reporting (IPFQR)'. Below the title, the following information is provided: 'CMS Certification Number: 123456', 'Submission Period: 07/01/2026 – 08/17/2026', and 'With Respect to Reporting Period: 01/01/2025 – 12/31/2025'. The 'Current Submission Period' is indicated as 'open'. On the right side, there is a 'Fiscal Year' dropdown menu set to '2027'. Below the submission details, there is a blue 'Export PDF' button and a green 'Start' button, which is highlighted with a red border. At the bottom left, there is a status indicator 'Facility-Level Data (FLD) ⚠ Not Submitted' and a link for 'Facility-Level Data (FLD)'.

Summary of Information on the 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.

Facility-Level Data (FLD)	
<p align="center">**Important Note**</p> <p align="center">You will not be able to save partial data. Be prepared to enter data into all fields to submit the data to the <i>HQR Secure Portal</i>.</p> <p align="center">The IPF is ultimately responsible for consolidating all data that will be entered into the FLD entry form.</p>	<p align="center">* Indicates Required Field</p> <hr/> <p>CMS Certification Number: 123456</p> <p>Submission Period: 07/01/2026 – 08/17/2026</p> <p>With Respect to Reporting Period: 01/01/2025 – 12/31/2025</p> <p>Last Updated:</p>

Entering Total Annual Discharge Data

The first data entry field that appears at the top of the page is the total annual discharges from the IPF during CY 2025.

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.”

Total Annual Discharges

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

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)
This field is required

* Adolescent (13 - 17 years)
This field is required

Entering Total Annual Discharge Data by Age Strata

In the next section, enter the total discharge data by age strata based on the age groups displayed in the images below.

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)**

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

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

* **Older Adult (65 and over)**

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)**

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

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

* **Older Adult (65 and over)**

Entering Total Annual Discharge Data by Diagnostic Categories

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

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)**

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

* **Mood disorders (657)**

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

* **Alcohol-related disorders (660)**

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

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

Identifying and Correcting Total Annual Discharge Data Entry Errors

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.

Total Annual Discharges

* Please enter an aggregate, yearly count of your facility's annual discharges.
The number of Total Annual Discharges does not equal the sum of one or more strata below.

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

Identifying and Correcting Total Annual Discharge Data Entry Errors

(continued)

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

Total Annual Discharges

- * Please enter an aggregate, yearly count of your facility's annual discharges.
The number of Total Annual Discharges does not equal the sum of one or more strata below.

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)
The number of Total Annual Discharges does not equal the sum of one or more strata below.

- * Delirium, dementia, and amnestic and other cognitive disorders (653)
The number of Total Annual Discharges does not equal the sum of one or more strata below.

- * Mood disorders (657)
The number of Total Annual Discharges does not equal the sum of one or more strata below.

- * Schizophrenia and other psychotic disorders (659)
The number of Total Annual Discharges does not equal the sum of one or more strata below.

- * Alcohol-related disorders (660)
The number of Total Annual Discharges does not equal the sum of one or more strata below.

- * Schizophrenia and other psychotic disorders (659)
The number of Total Annual Discharges does not equal the sum of one or more strata below.

- * Alcohol-related disorders (660)
The number of Total Annual Discharges does not equal the sum of one or more strata below.

- * Substance-related disorders (661)
The number of Total Annual Discharges does not equal the sum of one or more strata below.

- * Other diagnosis - Not included in one of the above categories
The number of Total Annual Discharges does not equal the sum of one or more strata below.

Entering Total Number of Annual Discharges by Payer

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

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

* Non-Medicare

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

* Non-Medicare

Entering Total Number of Psychiatric Inpatient and Leave Days

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.

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
- * **Absent from facility**
Total Leave Days - Medicare Only

Sum of number of days each non-Medicare patient was:

- * **Included in psychiatric inpatient census during month**
Psychiatric Inpatient Days - Non-Medicare Only
- * **Absent from facility**
Total Leave Days - Non-Medicare Only

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
- * **Absent from facility**
Total Leave Days - Medicare Only

Sum of number of days each non-Medicare patient was:

- * **Included in psychiatric inpatient census during month**
Psychiatric Inpatient Days - Non-Medicare Only
- * **Absent from facility**
Total Leave Days - Non-Medicare Only

Identifying and Correcting Leave Days Data Entry Errors

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.

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

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
Inpatient days must be equal to or greater than absent days. Correct the values, then submit again.
- * **Absent from facility**
Total Leave Days - Medicare Only
Inpatient days must be equal to or greater than absent days. Correct the values, then submit again.

Sum of number of days each non-Medicare patient was:

- * **Included in psychiatric inpatient census during month**
Psychiatric Inpatient Days - Non-Medicare Only
Inpatient days must be equal to or greater than absent days. Correct the values, then submit again.
- * **Absent from facility**
Total Leave Days - Non-Medicare Only
Inpatient days must be equal to or greater than absent days. Correct the values, then submit again.

Submit

Cancel

Acronyms

Successful Submission of the 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.



[< Data Submissions](#)

Inpatient Psychiatric Facility Quality Reporting (IPFQR)

CMS Certification Number: 123456
Submission Period: 07/01/2026 – 08/17/2026
With Respect to Reporting Period: 01/01/2025 – 12/31/2025
Last Updated: 07/01/2026 12:00 PM

Current Submission Period: Open

Facility-Level Data (FLD) ✓ Submitted

Facility-Level Data (FLD)
Updated July 1, 2026 at 12:00 PM

Fiscal Year: 2027

Export PDF


HBIPS-2/-3 Denominator: 2220 Edit

Editing the FLD Form

Click on the arrow next to the Edit button for an expanded view of the submitted data.

Facility-Level Data (FLD) ✓ Submitted

Facility-Level Data (FLD)
Updated July 1, 2026 12:00 PM

HBIPS-2/-3 Denominator | 2220 | [Edit](#) 

Total Annual Discharges
Please enter an aggregate, yearly count of your facility's annual discharges.
100

Age Strata

Children (1 - 12 years)
0

Adolescent (13 - 17 years)
0

Adult (18 - 64 years)
50

Older Adult (65 and over)
50

Editing the FLD Form (continued)

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.

About the Zero-Patient Attestation Data Form

- 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.

Starting the Zero-Patient Attestation Data Form

Select the Start button to access the zero-patient attestation form.

[< Data Submissions](#)

Inpatient Psychiatric Facility Quality Reporting (IPFQR)

CMS Certification Number: 123456
Submission Period: 07/01/2026 – 08/17/2026
With Respect to Reporting Period: 01/01/2025 – 12/31/2025
Last Updated: 07/01/2026 12:00 PM

Fiscal Year: 2027

Current Submission Period: **Open**

Export PDF

Facility-Level Data (FLD) ✔ Submitted

Facility-Level Data (FLD)
Updated July 1, 2026 at 12:00 PM

HBIPS-2/-3 Denominator: 2220 Edit

Attestation of zero patient cases / events ⚠ Not Submitted



Start

Submitting the Zero-Patient Attestation Data Form

Select the box(es) for the measures with zero patient events or zero patient discharges, then select Submit.

If you have zero patient events 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 discharges to submit

SUB-2
 There are zero patient discharges to submit

SUB-2a
 There are zero patient discharges to submit

SUB-3
 There are zero patient discharges to submit

SUB-3a
 There are zero patient discharges to submit

TOB-3
 There are zero patient discharges to submit

TOB-3a
 There are zero patient discharges to submit

TR-1
 There are zero patient discharges to submit

IMM-2
 There are zero patient discharges to submit

Successful Submission of the Zero-Patient Attestation Data Form

[< Data Submissions](#)

Inpatient Psychiatric Facility Quality Reporting (IPFQR)

CMS Certification Number: 123456

Submission Period: 07/01/2026 – 08/17/2026

With Respect to Reporting Period: 01/01/2025 – 12/31/2025

Last Updated: 07/01/2026 12:00 PM

Current Submission Period: Open

Facility-Level Data (FLD) ✔ Submitted

Facility-Level Data (FLD)
Updated July 1, 2026 12:00 PM

Attestation of zero patient cases / events measure submitted

Fiscal Year: 2027

[Export PDF](#)

HBIPS-2/-3 Denominator: 2220 [Edit](#)

Attestation of zero patient cases events ✔ Submitted

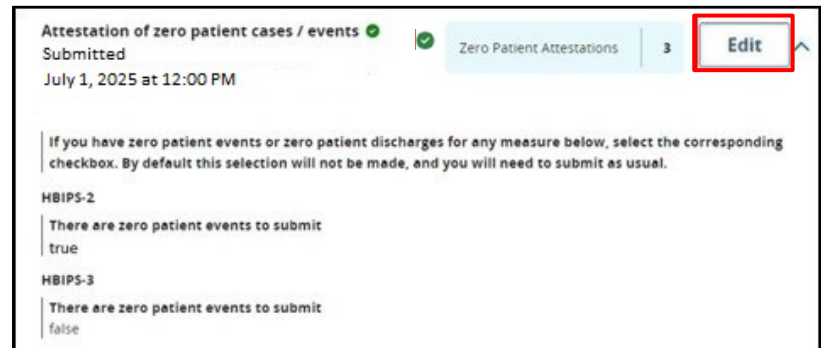
Updated July 1, 2026 12:00 PM

Zero Patient Attestations: 3 [Edit](#)

Editing the Zero-Patient Attestation Data Form

1. You have two options to view measures you submitted for attestation: Edit button or Upward arrow (^).
2. The Re-submit button will grey out. It is 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.
 - You must click the button to submit changes to the *HQR Secure Portal*.
 - If you do not make any changes, click the Cancel button to return to the FLD landing page.

Option 1:



Attestation of zero patient cases / events ✔ ✔ Zero Patient Attestations 3 **Edit** ^

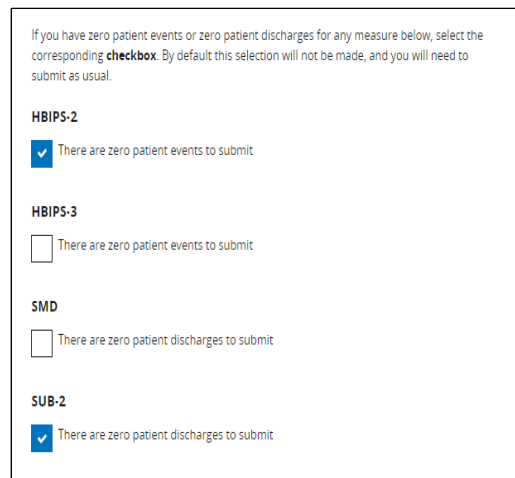
Submitted
July 1, 2025 at 12:00 PM

If you have zero patient events 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
 true

HBIPS-3
There are zero patient events to submit
 false

Option 2:



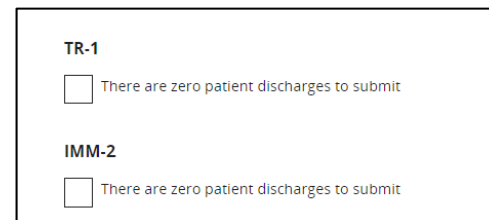
If you have zero patient events or zero patient discharges for any measure below, select the corresponding **checkbox**. By default this selection will not be made, and you will need to submit as usual.

HBIPS-2
 There are zero patient events to submit

HBIPS-3
 There are zero patient events to submit

SMD
 There are zero patient discharges to submit

SUB-2
 There are zero patient discharges to submit

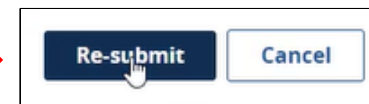


TR-1
 There are zero patient discharges to submit

IMM-2
 There are zero patient discharges to submit



Re-submit Cancel



Re-submit Cancel

How to Export a PDF of Submitted Data

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

[< Data Submissions](#)

Inpatient Psychiatric Facility Quality Reporting (IPFQR)

CMS Certification Number: 123456
Submission Period: 07/01/2026 – 08/17/2026
With Respect to Reporting Period: 01/01/2025 – 12/31/2025
Last Updated: 07/01/2026 12:00 PM

Fiscal Year: 2027

Current Submission Period: **Open**

Export PDF

Facility-Level Data (FLD) ✔ Submitted

Facility-Level Data (FLD)
Updated July 1, 2026 at 12:00 PM

HBIPS-2/-3 Denominator | 2220 Edit

Attestation of zero patient cases / events ✔ Submitted

Updated July 1, 2026 at 12:00 PM

Zero Patient Attestations | 3 Edit

Example of Exported PDF

123456-ipf-fld-FY2027.pdf 1 / 4 75%

IPFQR Facility Level Data Data Form

Page 1 of 4
Exported 07/01/2026 1:00 PM

IPF BEHAVIORAL HEALTH MEDICAL CENTER
CMS Certification Number: 123456

Submission Period: 07/01/2026 – 08/17/2026
With Respect to Reporting Period: 01/01/2025 – 12/31/2025
Last Updated: 07/01/2026 12:00 PM

IPFQR Facility Level Data

All Measures Successfully Submitted!

Measure	Submission Status	Last Updated
Facility-Level Data (FLD)	Submitted	07/01/2026 12:00 PM
Attestation of zero patient cases / events	Submitted	07/01/2026 12:00 PM

Facility-Level Data (FLD)

Total Annual Discharges
Please enter an aggregate, yearly count of your facility's annual discharges.
80

Age Strata

Children (1 – 12 years)
20

Adolescent (13 – 17 years)
20

Adult (18 – 64 years)
20

Older Adult (65 and over)
20

Diagnostic Categories

Anxiety disorders (651)
10

Delirium, dementia, and amnesic and other cognitive disorders (653)
10

IPFQR Facility Level Data Data Form

Page 2 of 4
Exported 07/01/2026 1:00 PM

Mood disorders (657)
10

Schizophrenia and other psychotic disorders (659)
10

Alcohol-related disorders (660)
10

Substance-related disorders (661)
10

Other diagnosis – Not included in one of the above categories
20

Payer

Medicare
40

Non-Medicare
40

HBIPS-2 and HBIPS-3 Denominator
Sum of number of days each Medicare patient was included in psychiatric inpatient census during year
0

Absent from facility
0

Sum of number of days each non-Medicare patient was included in psychiatric inpatient census during year
0

Absent from facility
0

HBIPS-2/-3 Denominator 0

Attestation of zero patient cases / events

If you have zero patient events 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.

Uploading the PIX Survey via File Upload

This is a **voluntary** submission period for CY 2025 reporting period.

- Select Data Submissions and then the PIX tab.
- To upload a file, go to Select a Submission Type – Test or Production.

The screenshot displays the IPF Behavioral Health Medical Center dashboard. The header includes the organization name and a 'Change Organization' button. The left sidebar contains navigation options: Dashboard, Data Submissions (highlighted with a red box), Data Results, Program Reporting, and Administration. The main content area shows three tabs: Web-based Measures, PIX (highlighted with a red box), and Chart Abstracted. Below the tabs are two buttons: File Upload (highlighted with a red box) and Data Form. A red arrow points to the 'Select a Submission Type' section, which contains two buttons: Test and Production.

Uploading the PIX Survey via File Upload (continued)

Drag files to the designated area or Select Files to upload PIX Survey files to the HQR System. (See red box.)

The screenshot displays the IPF Behavioral Health Medical Center interface. The header includes the organization name and a 'Change Organization' button. A sidebar on the left lists navigation options: Dashboard, Data Submissions, Data Results, Program Reporting, and Administration. The main content area is titled 'PIX' and contains tabs for 'Web-based Measures', 'PIX', and 'Chart Abstracted'. Below these are buttons for 'File Upload' and 'Data Form'. A text prompt instructs users to 'Choose Select Files to browse your computer or Drag and Drop the files into the highlighted area.' A 'Change Selection' button is visible. A search bar with a 'Reset' button and a 'Select Files' button is present. A large red box highlights the central area with the text 'Drag files here to upload' and a 'Select Files' button.

PIX Survey File Confirmation

- Track the file upload status in the dialog box with the file details.
- Refer to slides 26-36 for more details on the upload process.

The screenshot displays the IPF Behavioral Health Medical Center dashboard. The main header is blue with the text "IPF BEHAVIORAL HEALTH MEDICAL CENTER" and a "Change Organization" button. A left sidebar contains navigation options: Dashboard, Data Submissions, Data Results, Program Reporting, and Administration. The "Data Submissions" section is active, showing tabs for "Web-based Measures", "PIX", and "Chart Abstracted". Below these are "File Upload" and "Data Form" buttons. A message instructs users to "Choose Select Files to browse your computer or Drag and Drop the files into the highlighted area." A "Change Selection" button is visible. A search bar with a "Reset" button and a "Select Files" button are also present. A table at the bottom shows the upload status of a file, with the entire table area highlighted by a red border.

Batch File Name	Batch ID	File Size	Upload Date	Uploaded By	Status
PIX_5_surveys.....	3072813	4898 bytes	7/1/2026	PERIMETER BE...	Received

Accessing PIX Survey Data Form

Select “Launch Data Form” to start the submission process.

The screenshot shows the IPF Behavioral Health Medical Center dashboard. The left sidebar contains navigation options: Dashboard, Data Submissions, Data Results, Program Reporting, Administration, and an Unlock Menu icon. The main content area has tabs for 'Web-based Measures', 'PIX', and 'Chart Abstracted'. Under the 'PIX' tab, there are buttons for 'File Upload' and 'Data Form'. Below these, a message states: 'You have selected Data Form submission. You can choose a different method at any time.' A section titled 'Select the Data Form' contains a button labeled 'IPFQR' and a 'Launch Data Form' button with a green checkmark. A red arrow points to the 'Launch Data Form' button.

Select “View” to access the data form.

The screenshot shows the IPF Behavioral Health Medical Center dashboard with the 'Data Submissions' section selected. The main content area displays 'Inpatient Psychiatric Facility Quality Reporting' information, including CMS Certification Number (123456), Submission Period (07/01/2026 – 08/17/2026), With Respect to Reporting Period (01/01/2025 – 12/31/2025), and Last Updated (07/01/2026 12:00 PM). The current submission period is 'Open'. Below this, the 'PIX (voluntary)' section is shown with 'Psychiatric Inpatient Experience' and a 'Not Submitted' warning. A 'View' button is highlighted with a red box. A 'Calendar Year' dropdown menu is set to 2027.

Adding a PIX Survey via the Data Form

Select “Add Survey” to start the manual submission process.

The screenshot displays the IPF Behavioral Health Medical Center dashboard. The main content area is titled "PIX Psychiatric Inpatient Experience". It features a search bar labeled "Survey ID" with a "Reset" button. Below the search bar, it indicates "0 surveys" and includes an "Export" button and an "Add survey" button (highlighted with a red box). A table header shows columns for "Survey ID", "Source", and "Updated". Below the table, the text "You haven't added any surveys" is displayed, with another "Add survey" button (also highlighted with a red box) positioned underneath.

How to Complete the PIX Survey Data Form

Complete the 23-item survey by selecting the appropriate response for the items in the four survey domains.

IPF BEHAVIORAL HEALTH MEDICAL CENTER [Change Organization](#)

- Dashboard
- Data Submissions
- Data Results
- Program Reporting
- Administration

[< Back](#)

PIX
Psychiatric Inpatient Experience

* Indicates required field

Treatment team relationship

My Doctor/Provider treated me with care and respect.

Somewhat agree (highlighted in red box)
Does not apply
Strongly agree
Somewhat disagree
Neutral
Strongly disagree

I had input into decisions about my treatment.

Strongly agree

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

Strongly agree

CMS Certification
123456

Submission Period:
07/01/2026 – 08/17/2026

Reporting Period:
01/01/2025 – 12/31/2025

Once all items are answered at the end of survey, select Submit.

IPF BEHAVIORAL HEALTH MEDICAL CENTER [Change Organization](#)

- Dashboard
- Data Submissions
- Data Results
- Program Reporting
- Administration

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

Strongly agree

My medications will help me.

Strongly agree

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

Strongly agree

Nursing team presence

Nurses were caring and respectful.

Strongly agree

Counselors/Technicians were caring and respectful.

Strongly agree

Nurses were attentive to my needs.

Strongly agree

Counselors/Technicians were attentive to my needs.

Strongly agree

Staff paid attention to what was happening on the unit.

Strongly agree

Staff worked together to care for me.

Strongly agree

Submit Cancel

Confirming PIX Survey Submission

The screenshot displays the IPF Behavioral Health Medical Center dashboard. At the top, the organization name is shown in a blue header, with a 'Change Organization' button on the right. A navigation sidebar on the left includes links for Dashboard, Data Submissions, Data Results, Program Reporting, Measure details, Submission requirements, Performance Reports, Public Reporting, Validation, and Administration. A red-bordered notification box in the top right corner contains a checkmark icon and the text 'PIX measure submitted'. The main content area shows the 'PIX' section for 'Psychiatric Inpatient Experience'. It includes a search bar for 'Survey ID' with a 'Reset' button. Below the search bar, a summary card shows '1 survey' with an 'Export' button and an 'Add survey' button. The summary card displays five categories, all at 100%: Overall, Treatment team relationship, Environment, Treatment effectiveness, and Nursing team presence. Below this, it states 'Scores last calculated 11:30.AM July 01, 2026'. A table lists survey entries with columns for 'Survey ID', 'Source', and 'Updated'. One entry is visible: a checkbox, '4', 'Data form', and 'Jun. 08, 2026 3:33 PM'. At the bottom of the table, there are navigation arrows and a page indicator '1'.

IPF BEHAVIORAL HEALTH MEDICAL CENTER Change Organization

PIX measure submitted

[< Index page](#)

PIX

Psychiatric Inpatient Experience

Search

Survey ID

1 survey

Overall	Treatment team relationship	Environment	Treatment effectiveness	Nursing team presence
100%	100%	100%	100%	100%

Scores last calculated 11:30.AM July 01, 2026

<input type="checkbox"/>	Survey ID	Source	Updated
<input type="checkbox"/>	4	Data form	Jun. 08, 2026 3:33 PM

« Previous **1** Next »

Submitted PIX Survey Options: Edit, Export, or Delete

For submitted individual surveys, the available options are Edit, Export, or Delete.

The screenshot displays the IPF Behavioral Health Medical Center dashboard. The left sidebar contains navigation options: Dashboard, Data Submissions, Data Results, Program Reporting, Administration, and an Unlock Menu. The main content area shows the 'PIX' (Psychiatric Inpatient Experience) survey results. A search bar is present above a table of survey data. The table has columns for Survey ID, Source, and Updated. A red box highlights a dropdown menu for the first survey entry, which includes 'Edit', 'Export', and 'Delete' options. A red arrow points to this menu.

IPF BEHAVIORAL HEALTH MEDICAL CENTER Change Organization

PIX
Psychiatric Inpatient Experience

Search: Reset

1 survey Export Add survey

Overall	Treatment team relationship	Environment	Treatment effectiveness	Nursing team presence
100%	100%	100%	100%	100%

Scores last calculated 11:30 AM July 01, 2026

<input type="checkbox"/> Survey ID	Source	Updated
<input type="checkbox"/> 4	Data form	Jun. 08, 2026 3:33 PM

« Previous 1 Next »

Edit **Export** **Delete**

Help improve HQR. Participate in user feedback >

CSV Export of Submitted PIX Survey Data

A	B	C	D	E	F	G	H	I	J	K
Survey ID	Source	Updated	Batch ID	File Name	Treatment Team Relationship 1 Question	Treatment Team Relationship 1 Response	Treatment Team Relationship 1 Score	Treatment Team Relationship 2 Question	Treatment Team Relationship 2 Response	Treatment Team Relationship 2 Score
45	File upload	6/15/26 2:35:06 PM GMT-4	3073302	PIX_5_surveys_accepte	My Doctor/Provider treated me with care and respect.	Strongly Disagree	1	My Doctor/Provider valued my opinion even if we didn't always agree.	Somewhat Disagree	2

Column A: Survey ID generated by the HQR System

Column B: Submission method

Column C: Upload date and time

Column D: Batch ID generated via the file upload process

Column E: Name of file uploaded to the HQR System

Column F: Treatment Team Domain Question 1

Column G: Likert Response (if available)

Column H: Point Value (if available)

Note: This group of columns repeat for each survey domain question number, Likert response, and point value. Refer to Columns I-J-K for Question 2.

****Important Note****

- To delete a PIX Survey submission, select Delete from the survey options in the dialog box shown on slide 75. Then, if applicable, follow the steps to add a survey via file upload or data form.
- PIX Survey submission and file uploads **append** to previously submitted surveys and do **not** replace any previous submission.
- **Best Practices to Verify Accuracy:**
 - Track the number of surveys received along with the number of surveys submitted as noted in the HQR System.
 - Compare these numbers against the number of accepted files listed in the email confirmation entitled "File Processing Complete". This email will be sent to the address on file associated with the HARP account.

IPF Quality Reporting Program: Keys to Successful FY 2027 Reporting

Key #6: Data Review and DACA Submission

Review Your Data

- Review **all** measure and non-measure data for accuracy and completeness **before and after** it is submitted.
- 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 17, 2026**.

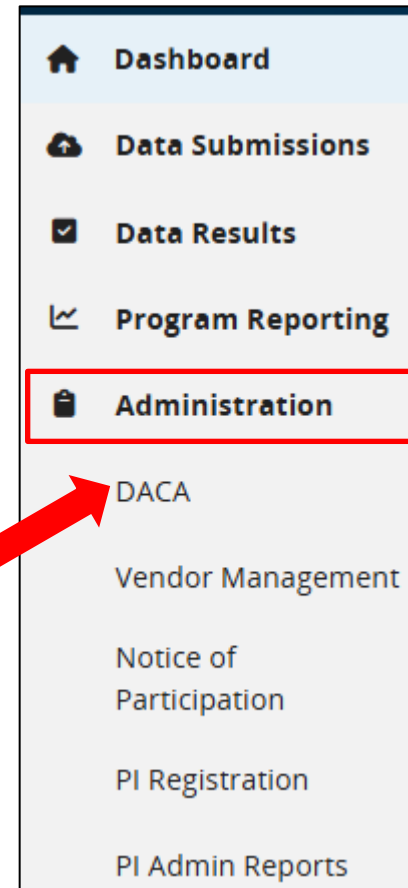
DACA Form

- If using a third-party vendor, ensure the vendor was previously authorized and complete the online DACA form prior to the **August 17, 2026**, deadline.
 - The **facility is responsible** for completion of the DACA form, not the vendor.
 - The DACA is an annual program requirement.
- 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 17, 2026**, deadline as possible.
- Confirm all IPF Quality Reporting 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.

Accessing 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.



Reviewing the DACA Form

Data Accuracy and Completeness Acknowledgement (DACA)

Fiscal Year
2027

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

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 2027 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 2027 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 2027 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. *

Submission Period:
07/01/2026 – 08/17/2026

With Respect to Reporting Period:
01/01/2025 – 12/31/2025

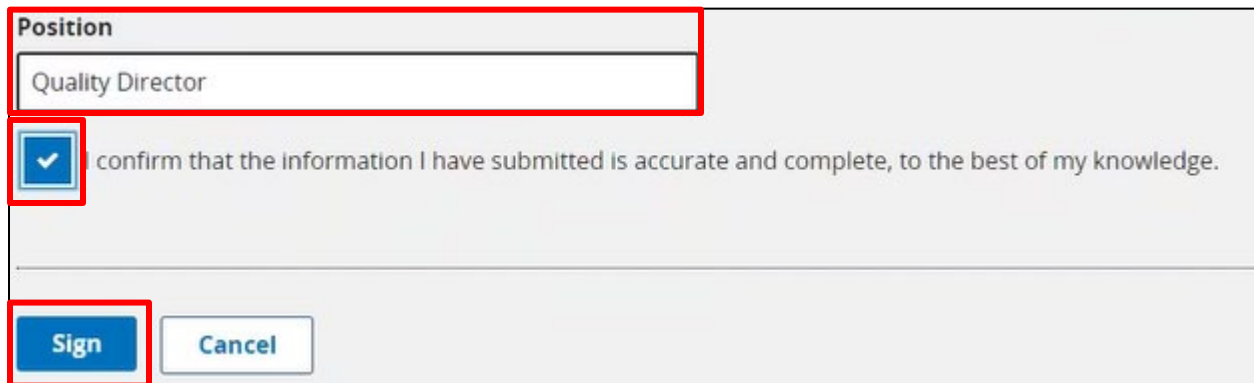
Last Updated:

Sign **Cancel**

Signing the DACA Form

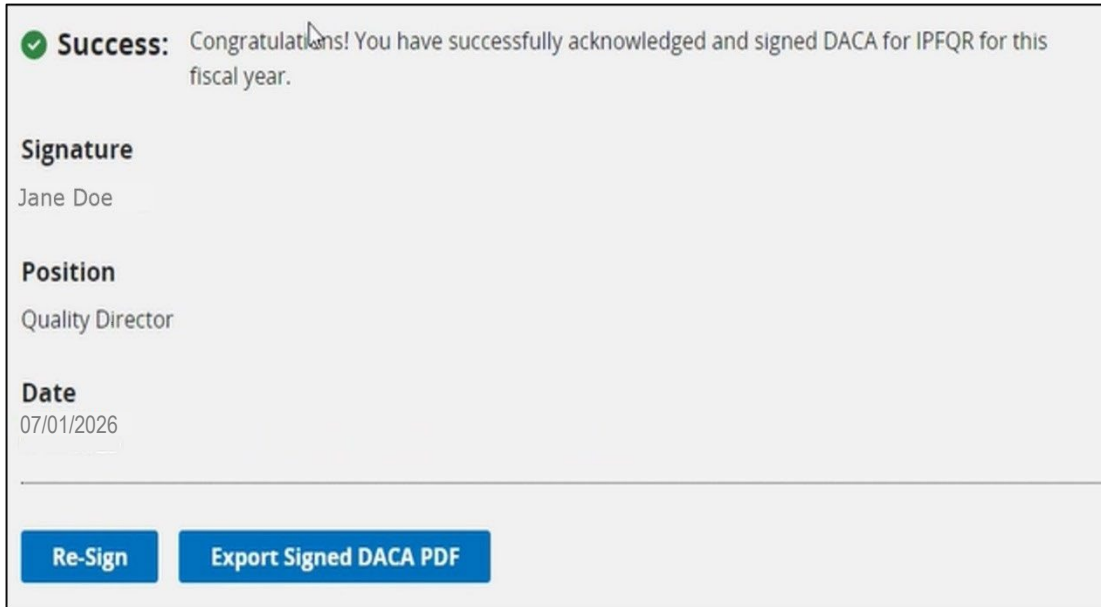
To complete the DACA:

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.



The screenshot shows a form with three main sections. The top section is a text input field labeled "Position" containing the text "Quality Director". The middle section features a blue checkbox with a white checkmark, followed by the text "confirm that the information I have submitted is accurate and complete, to the best of my knowledge." The bottom section contains two buttons: a blue "Sign" button and a white "Cancel" button with a grey border. Red rectangular boxes highlight the "Position" field, the checkbox, and the "Sign" button.

DACA Submission Confirmation



A screenshot of a web interface showing a success message. At the top left, there is a green checkmark icon followed by the text "Success: Congratulations! You have successfully acknowledged and signed DACA for IPFQR for this fiscal year." Below this message, there are three sections: "Signature" with the name "Jane Doe", "Position" with the title "Quality Director", and "Date" with the date "07/01/2026". At the bottom of the form, there are two blue buttons: "Re-Sign" and "Export Signed DACA PDF".

- 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.

IPF Quality Reporting Program: Keys to Successful FY 2027 Reporting

Key #7: Re-check FY 2027 Program Requirements

Have You Met All FY 2027 Reporting Requirements?

Follow these steps to check whether your facility has met all FY 2027 IPF Quality Reporting Program requirements prior to the **August 17, 2026**, deadline.

1. Check NOP.

Refer to instructions on slides 16–19 of this presentation to ensure the IPF Quality Reporting Program NOP status is “Participating.”

2. Check accuracy of data.

Review the IPF Quality Reporting Program 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 76–81.

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.)

IPF Quality Reporting Program: Keys to Successful FY 2027 Reporting

Helpful Resources

Helpful Resources: FY 2027 Data Accuracy Tools

Data Submission Checklist

Inpatient Psychiatric Facility (IPF) Quality Reporting Program Fiscal Year (FY) 2027 Data Submission and Administrative Requirements Checklist for Data Due 8/17/2026	
Task	
STEP 1a: Submit patient-level XML files.	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>
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 .	<input type="checkbox"/>
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 before uploading the XML file(s).	<input type="checkbox"/>
D. After you upload the file, you will see a table with Batch ID and Status columns: <ul style="list-style-type: none"> 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). 	<input type="checkbox"/>
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.	<input type="checkbox"/>
STEP 1b: Submit Facility-level Data (FLD).	<input type="checkbox"/>
<ul style="list-style-type: none"> If your IPF has an FLD XML file, then proceed to Step A. If your IPF does not have an FLD XML file, then proceed to Step D. 	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.)	<input type="checkbox"/>
C. Once the FLD XML file has been uploaded successfully, then proceed to Step 1c.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
F. On the FLD data entry form, enter data values for each of these FY 2027 submission requirements: <ul style="list-style-type: none"> <input type="checkbox"/> Non-Measure Data and Population Counts <input type="checkbox"/> 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.	<input type="checkbox"/>
STEP 1c: Submit zero-patient attestation (if applicable).	<input type="checkbox"/>
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.	<input type="checkbox"/>
B. A checkmark with "Submitted" will appear on the zero-patient attestation row.	<input type="checkbox"/>
STEP 2: Submit Web-Based Measures: Psychiatric Inpatient Experience (PIX) Survey*	<input type="checkbox"/>
A. Select the Web-based Measures tab. Next, select Data Form . Then, select IPFQR - Launch Data Form .	<input type="checkbox"/>
B. For the PIX Survey, select Start to access the data form. <ul style="list-style-type: none"> Answer all statements for each domain by selecting Strongly Agree, Somewhat Agree, Neutral, Somewhat Disagree, Strongly Disagree, or Does Not Apply. Then, select Submit. A checkmark with "Submitted" will appear on the PI Survey row. 	<input type="checkbox"/>
*Measure reporting is voluntary for calendar year 2025/EY 2027 payment determination.	
STEP 3: Submit the FY 2027 Data Accuracy and Completeness Acknowledgement (DACA).	<input type="checkbox"/>
A. Log in to the HQR Secure Portal to review the data for accuracy and completeness.	<input type="checkbox"/>
B. Hover your mouse on the left side to expand the menu options. Click Administration . Click DACA .	<input type="checkbox"/>
C. Enter your job title below Position . Click the button affirming data accuracy and completeness.	<input type="checkbox"/>
D. Click the Sign button at the bottom of the page.	<input type="checkbox"/>
NOTE: If you are unable to sign the DACA to acknowledge that the changes are accurate.	
STEP 4: Ensure the IPF Quality Reporting Program Notice of Participation (NOP) requirement is met.	<input type="checkbox"/>
Access the NOP in the HQR System under Administration to ensure the status says "Participating."	<input type="checkbox"/>
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 Services Center at (866) 288-6912 to reactivate a SO.	
IPF Quality Reporting Program Submission Period: July 1-August 17, 2026	
For guidance on requirements and data entry processes, refer to the FY 2027 IPF Quality Reporting Program Guide on the QualityNet website. Facility Resources web page. For guidance on measure and XML file layout specifications for summer 2026 patient-level and final the Specifications Manual for National Inpatient Psychiatric Facility Quality Measures, Version 1.3, from the QualityNet IPF Specifications Manual web page. For guidance on the PIX Survey XML and CSV file layouts, download the technical specifications on the QualityNet IPF Quality Reporting Program website. For other assistance, contact the IPF Quality Reporting Program Support Contractor via the QualityNet QMA Tool . IPFQualityReporting@hsa.com email, (866) 800-6765, or (844) 472-4477.	

Data Verification Checklist

Inpatient Psychiatric Facility (IPF) Quality Reporting Program Fiscal Year (FY) 2027 Data Verification and Administrative Requirements Checklist for Data Due 8/17/2026	
Task	
STEP 1: Run reports.	<input checked="" type="checkbox"/>
A. Log in to the Hospital Quality Reporting (HQR) Secure Portal .	<input type="checkbox"/>
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: <ul style="list-style-type: none"> 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. 	<input type="checkbox"/>
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.	<input type="checkbox"/>
D. Under Report, select a report.	<input type="checkbox"/>
E. For each report, select the appropriate parameter values. (For example, select 2027 for the Fiscal Year parameter.) Select any other applicable parameter value, as necessary.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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, Psychiatric Inpatient Experience (PIX) Survey, and zero-patient attestations, hover over the left side to expand the menu.	<input type="checkbox"/>
I. Click the Chart Abstracted tab. Then, click the Data Form button.	<input type="checkbox"/>
J. Under the Select the Data Form sub-header, select IPFQR Launch Data Form .	<input type="checkbox"/>
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.	<input type="checkbox"/>
L. Return to the Data Submissions page and select the PIX tab. Click the Data Form button. Then return to Steps J and K to verify data submission for the PIX Survey.	<input type="checkbox"/>
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 PIX Survey data.	<input type="checkbox"/>
STEP 2: Confirm FY 2027 Data Accuracy and Completeness Acknowledgement (DACA) submission	<input type="checkbox"/>
A. Access the DACA form by logging in to the HQR Secure Portal .	<input type="checkbox"/>
B. Hover over the left side to expand the menu. Click Administration and DACA to view the DACA.	<input type="checkbox"/>
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.	<input type="checkbox"/>
Review the NOP in the HQR system under Administration to ensure status says "Participating."	<input type="checkbox"/>
An active Security Official (SO) is not a requirement, but an active SO is needed to ensure access to the HQR System to meet requirements. Contact the CSQO Service Center at (866) 288-6912 to reactivate a SO.	
<ul style="list-style-type: none"> For guidance on IPF Quality Reporting Program requirements and data verification processes, refer to the FY 2027 IPF Quality Reporting Program Guide on the QualityNet website. IPFQR Program Resources web page. For other assistance, contact the IPF Quality Reporting Program Support Contractor via the QualityNet QMA Tool. IPFQualityReporting@hsa.com email, (866) 800-6765, or (844) 472-4477. 	

Criteria to Identify Questionable FY 2027 Measure and Non-Measure Data

Criteria to Identify Questionable Fiscal Year (FY) 2027 Measure and Non-Measure Data for the Inpatient Psychiatric Facility (IPF) Quality Reporting Program	
	<p>The following criteria are provided to help IPFs identify measure data that may have been entered in error, may be invalid, or may exceed normal parameters by the August 17, 2026, deadline for FY 2027 payment determination. If you find that your data meet one or more of the criteria listed below, CMS strongly recommends that you check the data for accuracy.</p> <p>The criteria for identifying questionable HBIPS-2 and HBIPS-3 measure data include denominator values that are:</p> <ul style="list-style-type: none"> Different from one another (not equal to the number of psychiatric inpatient days). Less than the Total Annual Discharges reported for the IPF. Accidentally multiplied by 24, resulting in a value that represents patient-hours instead of patient-days. Significantly different from previous submissions. Mistakenly reported as the number of days in a calendar year. More than 365 times the total number of beds at the IPF. <p>Note: An HBIPS-2 measure rate that equals or exceeds six (6) hours per 1,000 patient hours of care should be checked for accuracy. Likewise, an HBIPS-3 measure rate that equals or exceeds five (5) hours per 1,000 patient hours of care should be checked for accuracy.</p>
	<p>The criteria for identifying questionable SUB-2(-3a), TOB-3(-3a), IMM-2, Transition Record with Specified Elements Received by Discharged Patients, and Screening for Metabolic Disorders measure data are:</p> <ul style="list-style-type: none"> The denominator is greater than the Total Annual Discharges. The numerator exceeds the denominator.
	<p>In the SUB-2 measure, is the subset measure denominator greater than the primary measure denominator? For example, check if the SUB-2a denominator is greater than the SUB-2 denominator.</p>
	<p>In the SUB-3 and TOB-3 measures, is the subset measure numerator greater than the primary measure numerator? For example, check if the:</p> <ul style="list-style-type: none"> SUB-3a numerator is greater than the SUB-3 numerator. TOB-3a numerator is greater than the TOB-3 numerator.
	<p>Criteria for identifying questionable non-measure data:</p> <ul style="list-style-type: none"> Age Strata is greater than the Total Annual Discharges. Diagnostic category is greater than the Total Annual Discharges. Payer category is greater than the Total Annual Discharges.
<p>If you have questions regarding the criteria described above as it pertains to your facility's data in the Hospital Quality Reporting System, email IPFQualityReporting@hsa.com with "Measure Accuracy Question" in the subject line.</p>	

These resources can be found on the [QualityNet](#) and [Quality Reporting Center](#) websites.

Helpful Resources

IPF Quality Reporting Program Web Pages
(Click the icons.)



Helpful Resources

Stay up to date...



...and get answers to your questions.



IPF Quality Reporting Program: Keys to Successful FY 2027 Reporting

Thank you!

Disclaimer

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