Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Inpatient & Outpatient Healthcare Quality Systems Development and Program Support

IPFQR Program: Keys to Successful FY 2025 Reporting Presentation Transcript

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Judy Wade: Hello, everyone. Welcome to the webinar titled *IPFQR Program: Keys to Successful FY 2025 Reporting*. My name is Judy Wade, and I am a Project Coordinator for the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support. I am one of the speakers for today's event. I am joined today by Lisa Vinson. She is the IPFQR Program Lead for the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support Team.

This presentation provides inpatient psychiatric facilities and their vendors with the following information: fiscal year 2025 IPFQR Program requirements for the upcoming August 15, 2024, data submission deadline; keys to successful data submission; and guidance to verify data accuracy.

By the end of this presentation, attendees will be able to summarize the fiscal year 2025 IPFQR Program requirements to successfully submit data by avoiding common submission errors in the Hospital Quality Reporting system, as well as locate and access helpful IPFQR Program resources.

Now, I will turn the presentation over to Lisa, who will review the reporting requirements for FY 2025.

Lisa Vinson: Thank you, Judy. Now, we will discuss FY 2025 reporting requirements.

To obtain the full annual payment update, or APU, for the fiscal year 2025 payment year, an IPF must meet all IPFQR Program requirements by Thursday, August 15. Failure to meet these requirements will result in the IPF being subjected to a 2-percentage point reduction to their APU for fiscal year 2025.

This slide lists all the requirements that IPFs must meet by August 15. The IPFQR Program Notice of Participation, or NOP, must have a pledge status of Participating. IPFs must submit measure and non-measure data, including the COVID-19 HCP measure data, which we will review in more detail throughout this presentation.

Once the measure and non-measure data have been entered, an IPF must complete the Data Accuracy and Completeness Acknowledgement, or DACA, as an attestation that the data entered are accurate and complete.

This is the first of two slides that display the fiscal year 2025 IPFQR Program reporting period, data submission deadline, measure type, and it indicates whether sampling is allowed for each measure that IPFs are required to report by the August 15 deadline.

This is the second slide that displays the fiscal year 2025 IPFQR Program measures that IPFs are required to report by the August 15 deadline. To learn more about sampling options specific to calendar year 2023 discharges, refer to Section 4: Population and Sampling Specifications in the Specifications Manual for National Inpatient Psychiatric Facility Quality Measures, Version 1.1c, beginning on page 98.

This slide provides both fiscal year 2025 and fiscal year 2026 data submission due dates for the COVID-19 Vaccination Coverage Among Healthcare Personnel, or COVID-19 HCP, measure. As stated previously, the COVID-19 HCP measure data are due as well by August 15. It is important to note that Quarter 1 2024 COVID-19 HCP measure data are due to be submitted to the National Healthcare Safety Network, or NHSN, on August 15, and submission of these data are necessary to meet the requirements for the fiscal year 2026 APU determination. The COVID-19 HCP requirements for fiscal year 2025 were required to be met by the May 15 deadline.

Now that we've covered the major requirements, let's dive into the details regarding keys to successful reporting for fiscal year 2025 payment determination.

The *Hospital Quality Reporting*, *or HQR*, *Secure Portal* is the only CMS-approved method for submitting IPFQR 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.

To log in to the *HQR Secure Portal*, go to the HQR sign in page by clicking on the first link on this slide. You will come to a log in page, displayed on this slide, where you can enter your HARP User ID and password. To review the Terms & Conditions of accessing this system, click on the hyperlink indicated by the red box on this slide.

This slide is for informational purposes and displays an image of what appears when you click the Terms & Conditions hyperlink prior to logging into the *HQR Secure Portal*.

Next, you will click the Log In button. If you do not have a HCQIS Access Roles and Profile, or HARP, account, then click on the Sign Up button and follow instructions to create one. Refer to the *Setting Up Your HARP Account for Hospital Quality Reporting* webinar for additional guidance.

Here, you will select an option for two-factor authentication to be sent to verify your account. Then, you will need to click Next.

Here, you will enter the 6-digit code received. Then, click Next.

Once logged in, you will see the HQR landing page. You are now ready to start the data entry and submission process.

A Security Official, or SO, is a person in the organization who can grant *HQR Secure Portal* access to those who need to enter, review, and confirm accuracy of the data submitted. It is necessary for every facility participating in the IPFQR Program to designate at least one active SO to ensure that someone has access to the *HQR Secure Portal* to meet the program's requirements. A second SO is highly recommended as a backup to prevent interruption of *HQR Secure Portal* access in case the primary SO's account expires or in case of staffing changes. Please keep in mind that the process to create a new SO account may take up to four weeks.

The FY 2025 IPFQR Program Guide, on page 6, provides instructions about setting up an active SO account. Download the instructions from the QualityNet IPFQR Program Resources page.

You must log in to the *HQR Secure Portal* at least once every 90 days to keep your account active. Consider putting a reminder on your calendar to log in every two months to avoid an inactive status so that your account remains active throughout the year. If you are not sure of your SO status, please contact CCSQ Service Center by phone at (866) 288-8914 or via email at QNetSupport@cms.hhs.gov for assistance.

The third key to successful reporting for fiscal year 2025 is to manage the IPF's Notice of Participation, or NOP. To access a facility's NOP, you must first log onto the *HQR Secure Portal,* then hover your mouse on the left side of the screen to expand the menu options. Click on Administration and then Notice of Participation.

If your facility participates in more than one Quality Reporting Program, as shown in the image on this slide, then you will have the option to view each program's NOP. To view the NOP for the IPFQR Program, click the View button on the IPFQR row.

If you are participating in the IPFQR Program for the first time, click on the Manage Contacts link in the last column of the table to enter the name and contact information for at least two contacts at your facility. They will receive any updates that occur with the IPFQR Program NOP. Click on the plus [+] sign next to the text Notice of Participation to review and sign the NOP. If the IPF closes or chooses not to participate, contact the IPFQR Program support team at IPFQualityReporting@hsag.com to learn how to officially withdraw from the IPFQR Program.

The fourth key to successful reporting is to prepare and verify the accuracy of the IPF's data prior to submitting. During your data preparation, we recommend that you compare this year's values to those submitted in previous years, where applicable. Generally, significant changes in values would not be expected and should invite closer review before finalizing submission. Measure values should always be reviewed by one or more persons familiar with the facility's operations, annual census, and population. Also, values that seem out of line with general expectations should be reviewed to verify accuracy.

The aim of the next several slides is to emphasize instructions on how to identify inaccurate data entries and extreme outliers. We want to ensure that all IPFs understand the importance of submitting correct and accurate data to CMS, which will later be publicly reported.

The *Criteria to Identify Questionable FY 2025 Measure and Non-Measure Data for the IPFQR Program* is a tool that lists criteria to help IPFs identify the following types of questionable data: data entered in error, missing data, invalid data, and data that exceeds normal parameters. If you have questions about your IPF's data in relation to these criteria, email us at IPFQualityReporting@hsag.com with Measure Accuracy Question in the subject line.

Here is some guidance on how to identify incorrect data entries for the HBIPS-2 and HBIPS-3 measures, with respect to the calculated rates. The HBIPS-2 measure value should not equal or exceed four hours per 1,000 patient hours of care, and the calculated HBIPS-3 measure value should not equal or exceed four hours per 1,000 patient hours of care. Additional guidance specifically regarding the accuracy of the facility-level denominator value is addressed later in the data entry portion of this presentation.

To avoid questionable data, the data elements pertinent to the denominator value for HBIPS-2 and HBIPS-3 measures are entered in the same data entry field.

Be sure to re-check your data for the measures listed on this slide if the denominator is greater than the Total Number of Discharges and if the numerator exceeds the denominator.

Check the data for the SUB-2 measure, if the subset measure, SUB-2a, denominator is greater than the primary measure, SUB-2, denominator. Also, check the data for the SUB-3 and TOB-3 measures if the subset measure numerator is greater than the primary measure numerator.

Finally, you can spot questionable non-measure data when the total number of discharges by Age Strata is greater than the Total Annual Discharges; when the total number of discharges by Diagnostic Categories is greater than the Total Annual Discharges; and when the total number of discharges by Payer category is greater than the Total Annual Discharges. While reviewing the exported PDF file, you can refer to the guidance from the *Criteria to Identify Questionable FY 2025 Measure and Non-Measure Data* document to assess the accuracy of data entries for the HBIPS-2 and HBIPS-3 measure denominator value. Specifically, you can check the denominator value for the HBIPS-2 and HBIPS-3 measures by asking the following questions: Are the values the same number of psychiatric inpatient days? Are they less than the total number of annual discharges, as reported in the non-measure data entry field? Were they accidentally multiplied by 24, resulting in a value that represents patient-hours instead of patient-days? Are they significantly different from previous years' submissions? Are they mistakenly reported as the number of days in the calendar year, for example, 365 days? Lastly, does the denominator value exceed 365 times the total number of beds at the IPF?

As a reminder, in the IPFQR 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 from IPFs in XML files pertaining to annual, aggregated data. In this presentation, we will use the term "patient-level reporting" to broadly describe the XML files that will be uploaded into the *HQR Secure Portal* and specify facility-level data as needed.

As another reminder, the *HQR Secure Portal* is the only CMS-approved method for submitting IPFQR Program data and the DACA directly to CMS. Again, CMS highly recommends that IPFs have at least two people with knowledge of the data to verify the accuracy of the data in the *HQR Secure Portal*, even if a vendor enters these data.

There are two separate environments in which XML files can be uploaded. The Test environment is designed to ensure that all data are accurate before uploading into the Production environment.

Specifically, you can upload XML files into the Test environment to validate vendor authorizations, verify whether the XML file layout is correct, review reasons why a file or files were rejected as described in edit messages, and review measure set counts. For these reasons, we recommend uploading XML files into the Test environment first to ensure that they are being processed as expected. Once you are ready to upload clean, actual XML data files for submission to CMS, then you will do so in the Production environment. Only the data from the files submitted to the Production environment will be used to calculate the measure numerator, denominator, and rate values. Additionally, only data submitted into the Production environment will be submitted to CMS. Later in this presentation, we will cover the reports that can be generated based on XML files uploaded into these two environments.

To upload XML files, the first step is to log into the *HQR Secure Portal*. Next, you will hover your mouse on the left side of the screen to expand the menu options. Then, you will need to click on Data Submissions.

On the next screen you will see the Chart Abstracted tab, which provides options to upload a file into the Test or Production environments. 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 as displayed in the image at the bottom of this slide.

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

We recommend uploading files into the Test environment first to ensure file accuracy and completeness. To do this, click on Test.

Then, you will click the blue Select Files button to upload the XML files, or you can drag and drop the XML files into the designated area. If you have access to more than one Quality Reporting Program, then, after you select the file to be uploaded, you will have the option to select the program to upload XML files. Choose IPF Quality Reporting for Program Designation when uploading chart abstracted files.

Note that 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 permissions in the *HQR Secure Portal* to upload files.

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

When you are ready to upload XML files into the Production environment, you can do so in one of two ways. The first way is to click the Change Selection link and select Production from the top drop-down menu under Select a Submission Type. Then, click the blue Display Results button. The second option is to click the File Upload button. This will bring you back to the Chart Abstracted tab landing page where you will click on the Production button to see the page where you can upload XML files.

After you upload the XML file, the screen will update to show a table like the one displayed on this slide. The most significant information you may notice include the Batch ID and the status. The Batch ID can come in handy when reviewing specific uploads in the Submission Detail report. In the Status column you find out if the XML file was uploaded successfully. For example, it may have been accepted or rejected. If the file was rejected, then refer to the instructions that we will review in the next section of this presentation to learn how you can run reports to find out why the XML files were rejected.

There are multiple status options that can appear in the Status column: Upload Started, Received, Processing, Accepted, or Rejected. If the file remains in Upload Started status for more than a couple of minutes, then this may be due to an issue with the file itself or a system issue. If you try again to upload the file and the same issue occurs, then we recommend that you submit a ticket to the CCSQ Service Center via email at QNetSupport@cms.hhs.gov or by phone at (866) 288-8912.

IPFs and vendors can access three different types of reports relevant to the XML file upload process.

First, we will talk about how to access the Submission Detail Report, which you can use to 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. The Potential Duplicate Report will help you 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. The third report, Case Status Summary, allows you to review measure set counts, including the number of unique cases submitted, accepted, and rejected.

From the left menu of the *HQR Secure Portal* home page, click on Data Results then Chart Abstracted. The image on the left is what will display for most IPFs. The image on the right will appear for those providers that participate in the IPFQR Program as well as other Quality Reporting Programs, such as [Hospital] IQR and [Hospital] OQR [Programs]. Regardless of which options appear on your screen, you will select Chart Abstracted to access the reports.

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.

Under Report, select the report you wish to review.

For the current submission period, select 2025 under Fiscal Year. After you make your selections, the Export CSV button will change from grey to blue and allow you to export the requested report as a Comma-Separated Value, or CSV, file.

Here are a few key takeaways about the reports. The Submission Detail and Potential Duplicate Reports can be run based on XML files uploaded into either the Test or the Production environment. You can leverage the Submission Detail and Potential Duplicate Reports after uploading XML files into the Test environment before uploading into the Production environment to ensure that all issues with the file layout and content are resolved before the data are submitted 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.

IPFs that do not have a vendor or an IT department that provides a measure abstraction and reporting tool can use the IPF Module in the CMS Abstraction & Reporting Tool, also known as CART, to generate patient-level XML data files. However, since CART is only coded to abstract and generate XML files for patient-level data, IPFs that use CART will need to manually enter the aggregate, facility-level data values directly into the *HQR Secure Portal* via the Simple Data Entry Tool 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.

To enter facility-level data, you will need to access and log into the *HQR Secure Portal*, hover your mouse on the left side of the screen to expand the menu options. Then, select Data Submissions. Next, click the Chart Abstracted tab.

Under the Chart Abstracted tab. click the Data Form button. Then, click on the IPFQR Launch Data Form button.

A landing page for the facility-level data entry form will appear. You will click the Start button to begin the data entry process.

A blue banner at the top of the screen will display Facility-Level Data, or FLD, and, on the right side of the page is a summary of information, including the CCN, submission period, reporting period, and the last date that the data were updated.

An important note to consider regarding data submission in the Facility-Level Data entry form is that you will not be able to save partial data and must be prepared to enter data into all fields to submit the data to the *HQR Secure Portal*. The IPF is ultimately responsible for consolidating all data that will be entered into the Facility-Level Data entry form.

The first data entry field that appears at the top of the page is the Total Annual Discharges from the IPF during calendar year 2023. Once you enter a data value in the Total Annual Discharges field, the warning message of "This field is required" will appear above all subsequent data entry fields.

In the next section, enter the total discharge data by age strata based on the age groups displayed on this slide.

Next, you will enter annual discharge data by diagnostic categories.

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 displayed on this slide will appear. When you click Submit and are not returned to the index page, then there is an error. You need scroll to the top of the page to view the error and make the necessary corrections. The following slide shows an example in which the sum of the Diagnostic Category strata does not equal the Total Annual Discharges.

It is important to note that you must re-type correct information in each data entry field that has a warning message in order to submit the data again, not only the fields that contain erroneous data.

In the next section, you will enter the total number of discharged patients that were Medicare versus non-Medicare beneficiaries.

In the last section, enter the total number of psychiatric inpatient days, the total leave days for Medicare patients and for non-Medicare patients for the HBIPS-2 and HBIPS-3 measure denominator calculation.

If you enter leave days that are equal to or greater than the 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 in order to submit the data.

Once all data are entered, the Submit button will change from grey to blue at the bottom of the page to indicate that you can submit the data to CMS via the *HQR Secure Portal*. Click the Submit button.

Once the data are successfully submitted in the FLD data entry form, the message with a green background that appears on this slide will appear in the upper right corner of the screen. Next to the words Facility-Level Data (FLD), you will see a checkmark and the word Submitted.

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

You can also click the Edit button to review the data. This button is next to the HBIPS-2/-3 denominator value on the FLD landing page. 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 after reviewing the data you do not make any changes, simply click the Cancel button to return to the FLD landing page.

Newly available in the *HQR Secure Portal* is the zero-patient attestation. This is a separate attestation in the *HQR Secure Portal*. As you may recall, last year there was a work-around for IPFs who had zero patients or events; however, with the new zero-patient attestation, IPFs no longer need to submit a file for every patient ID with empty files, which was also known as a "fake patient data file." So again, IPFs no longer need to submit a file for "fake patients." This form should be used if the IPF has zero patients or 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. Before we discuss the steps on how to submit the zero-patient attestation, I would like to highlight a few key takeaways. The attestation form should be used for no abstracted cases or if there are rejected cases that are unable to be fixed or corrected.

All of the chart-abstracted measures are available for attestation because it is possible that an IPF will not have any patients as a result of a given measure's initial patient population or measure-specific algorithms. Except for HBIPS-2 and HBIPS-3, the IPF chart-abstracted measures require that a patient be discharged from the facility. It is possible to have zero patients available for abstraction for the other measures as well. Lastly, if your IPF is not able to submit XML records, the attestation process was created for this type of scenario.

You will begin the zero-patient attestation process, by first selecting Start to open the Attestation of Zero Patient Cases or Events page .

This is the zero-patient attestation. Per the instructions provided at the top, if you have zero patient events or zero patient discharges for any measure below, select the corresponding check box. By default, this selection will not be made and you will need to submit as usual.

Here, you will need to select the box next to each measure you wish to submit zero patient events or discharges. Then, click Submit.

Once your selections have been submitted, you will see a green module in the upper-right corner, indicating you have submitted your selections. You may edit this before the submission period window closes.

By clicking the arrow next to the Edit button, this will expand the measures and show you the measures you submitted a zero patient event or cases attestation for. You will see True for the measures that were submitted and False for the measures that were not submitted.

As stated previously, you can also click the Edit button to review and make changes to the selections that you have made. This button is next to the zero-patient attestation value on the landing page.

Once you determine if corrections are needed, 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, after reviewing the data you do not make any changes, simply click the Cancel button to return to the landing page.

Another way to view the data that were submitted is to click the blue Export PDF button to download a two-page PDF.

Once you click Export PDF, you can download a PDF copy of your facility-level data and attestation of zero patient cases or events. Here is an example of how the data will appear on the PDF.

The next key is to review the submitted data before signing the DACA form. It is essential to review all measure and non-measure data for accuracy and completeness before and after it is submitted in the *HQR Secure Portal*. One way to do this is to leverage the FY 2025 IPFQR Provider Participation Report, or PPR, and Facility, State, and National, or FSN, Report to check the submission status and calculated data values prior to submitting the DACA. Review of submitted data MUST be completed prior to completion and submission of the DACA. Be sure to submit and/or edit previously submitted measure data, as well as complete and submit the DACA prior to the submission deadline of August 15.

If your facility uses a third-party vendor to enter data into the *HQR Secure Portal*, then you must ensure that the vendor has been previously authorized to submit data on behalf of the IPF. Again, the online DACA form must be completed prior to the August 15, deadline, and the facility is responsible for completion of the DACA form, not the vendor.

The DACA is the only opportunity for IPFs to attest to the accuracy and completeness of the data submitted to CMS. The data will be publicly displayed at a later date, and IPFs cannot enter or edit data after the submission deadline. It is highly recommended that IPFs enter the data as far in advance of the August 15 deadline as possible.

You must access the DACA form from the main menu in the *HQR Secure Portal*.

After logging in to the *HQR Secure Portal*, hover your mouse on the left side of the screen to expand the menu options. Click on Administration. Then, click DACA.

This slide simply displays an example of an unsigned DACA for the fiscal year 2025 payment determination. To complete the DACA, you must enter your job title in the empty field below the word Position. 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." Click the Sign button at the bottom of the page.

Once the DACA is submitted successfully, 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. 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 that were made. If you do not re-sign the DACA after making changes, your DACA submission may be incomplete.

The seventh and final key to successful reporting for the fiscal year 2025 payment determination is to re-check whether your facility has met all the IPFQR Program requirements prior to the August 15 deadline.

First, you will need to check the status of the IPFQR Program Notice of Participation. You can follow the instructions provided on slides 20 through 22 of this presentation for guidance. Next, check the accuracy of the submitted data by reviewing the IPFQR Provider Participation and Facility, State, and National Reports against the facility data. Finally, check the DACA to ensure that it was completed and submitted successfully by following the instructions provided on slides 82 through 84 of this presentation.

Now, I will turn the presentation back over to Judy who will review the keys to successful reporting.

Judy Wade: Thanks, Lisa. This slide summarizes the seven keys to successful reporting for the IPFQR Program. First and foremost, you must ensure that you have access to and are able to log in to the HQR system. The second key is to have at least two active Security Officials, so that one can serve as a backup to the other. Third, be sure to manage the IPFQR Program Notice of Participation for your facility so that it has a status of Participating by the August 15 deadline. The fourth key is to prepare and verify the accuracy of all measure and non-measure data prior to submitting the data to the *HQR Secure Portal*. The fifth key is to enter and verify accuracy of the data. Next, a representative from the IPF must confirm that all IPFQR Program data reporting requirements have been met before completing the DACA. The final key is to re-check that all fiscal year 2025 IPFQR Program requirements have been met.

Remember, IPFs cannot change data nor complete the DACA form after the data-submission deadline.

We ask that you contact us, the IPFQR Program support contractor, about any key personnel changes, such as a change in leadership at the CEO or Administrator level, as well as any other quality reporting contacts. The best way to send us updates of this nature is to send a completed Hospital Contact Change Form via fax. The Hospital Contact Change Form can be accessed via the link on this slide.

Now, we will review some helpful resources.

CMS has provided three IPFQR Program Data Accuracy Tools which are available at the QualityNet and Quality Reporting Center websites, as displayed on this slide. These tools include the *Criteria to Identify Questionable FY 2024 Measure and Non-Measure Data for the IPFQR Program*, the data submission checklist, the data verification checklist for the IPFQR Program measure and non-measure data submission, and administrative requirements for fiscal year 2024.

This slide displays a list of the acronyms that were referenced during this presentation.

CMS recommends that IPFs refer to the latest versions of IPFQR Program resources to stay up to date on program requirements. Various documents, including the IPF Specifications Manual, IPFQR Program Guide, and optional paper tools, are available for download from the QualityNet and Quality Reporting Center websites, which can be accessed by clicking on the icons on this slide. The IPFQR Program Guide is a great place to start, as it highlights the keys to successfully participate in the IPFQR Program.

Has there been any turnover at your facility within the last several months? If so, then we want to hear from you! As mentioned earlier in the presentation, you can let us know about any changes to points of contact at your facility by clicking the Contact Change Form link on this slide and sending the information to us by following the instructions on the form.

Would you like to receive email communications about future IPFQR Program webinars, program updates, resources, and other announcements? Then we invite you to sign up for the IPFQR Program Listserve by clicking on the Listserve Registration icon on this slide. Another way to find information about upcoming webinars is to click on the Upcoming Webinars icon on this slide.

When you have a general question about the IPFQR Program or need clarification about any of the program measures be sure to leverage the Find an Answer function in the QualityNet Q&A Tool. If you do not see a published article in the Q&A tool related to your question, then you can submit your inquiry to us via the Q&A tool, which you can access by selecting the Q&A Tool icon. The best way to reach us when you have questions about IPFQR Program eligibility, such as next steps for a newly-eligible provider or to notify us that an IPF is closed or will be closing, is via email. Just click on the Email Support icon to send an email to us regarding eligibility updates. Finally, you can also contact the support contract team via phone at (866) 800-8765 or via secure fax at (877) 789-4443.

This concludes the content portion of today's webinar titled, *IPFQR Program: Keys to Successful FY 2024 Reporting*.

After this presentation, you will have the opportunity to complete a survey. We ask that you complete the survey as we value your feedback regarding what works well as well as any areas for improvement in future presentations. Thank you for your time and attention.