Inpatient Psychiatric Facility (IPF) Quality Reporting Program

Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

IPF Quality Reporting Program: Keys to Successful FY 2027 Reporting Presentation Transcript

Speaker

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Lisa Vinson: Hello and welcome to the Inpatient Psychiatric Facility, or IPF, Quality Reporting Program webinar titled, *Keys to Successful Fiscal Year 2027 Reporting*. My name is Lisa Vinson, and I am the IPF Quality Reporting Program Lead for the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support Team. I will be the speaker for today's event. As we go through the presentation, if you have questions pertaining to the webinar topic, please email them to WebinarQuestions@hsag.com. Please be sure to include the title of today's event, *IPF Quality Reporting Program: Keys to Successful Fiscal Year 2027 Reporting*, in the subject line. In the body of email, include your question along with the applicable slide number. If you have questions unrelated to today's topic, please feel free to submit them via the Question and Answer Tool on the QualityNet website. You will also find this information on the On Demand page where you accessed the link for this presentation.

The purpose of today's presentation is to provide IPFs and their vendors with the fiscal year 2027 IPF Quality Reporting Program requirements for the upcoming August 17, 2026, data submission deadline; the seven 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 2027 IPF Quality Reporting Program requirements, successfully submit data by avoiding common submission errors in the Hospital Quality Reporting system, and lastly locate and access helpful IPF Quality Reporting Program resources.

This slide provides a list of acronyms that will be referenced during this presentation, which include APU for Annual Payment Update, CY for calendar year, FLD for facility-level data, HQR for Hospital Quality Reporting, and XML for extensible markup language

Now, I will discuss the FY 2027 reporting requirements.

To obtain the full annual payment update, or APU, for the fiscal year 2027 payment determination, an IPF must meet all IPF Quality Reporting Program requirements by August 17. If all requirements are not met, this will result in the IPF being subjected to a 2-percentage point reduction to their APU for fiscal year 2027.

Outlined on this slide are all requirements that IPFs must meet by August 17, which include the following: The IPF Quality Reporting Program Notice of Participation, or NOP, must have a pledge status of Participating. IPFs must submit measure and non- measure data listed on this slide, noting that the Psychiatric Inpatient Experience, or PIX, Survey is voluntary. Once the measure and non-measure data have been submitted, 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 2027 IPF Quality Reporting Program chart-abstracted measure requirements which includes the measure, reporting period, data submission deadline, and whether sampling is allowed for each measure that IPFs are required to report by the August 17 deadline.

This is the second slide that displays the remaining chart-abstracted measures for fiscal year 2027 IPF Quality Reporting Program measures that required to be report by the August 17 deadline. To learn more about sampling options specific to calendar year 2025 discharges, please refer to Section 4: Population and Sampling Specifications in the Specifications Manual for National Inpatient Psychiatric Facility Quality Measures, Version 1.3, beginning on page 107.

Now we will focus on the seven essential keys you will need to ensure you are successful in meeting all program requirements for the fiscal year 2027 payment determination. As a reminder, these requirements are due by August 17. Let’s begin with Key #1 on our next slide.

Key #1 is Accessing and Logging In to the *HQR Secure Portal*. This is an important key since ensuring access the *HQR Secure Portal* is the first step to start the data entry and submission process.

The Hospital Quality Reporting, or 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.

If you are unfamiliar with logging in to the *HQR Secure Portal*, please follow steps provided on this slide. To begin, you can access the HQR login page by selecting the hyperlink in step Number 1 and then follow the remaining steps provided. Once logged in, you will see the HQR landing page dashboard. As we go through the information, you will understand how to enter and submit your data in this system.

Key #2 is Establish Two Active Security Officials, also known as SOs. Although one SO needs to be established for your facility, a second SO should be designated to serve as a back-up.

A 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 IPF Quality Reporting 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. As stated previously, a second SO is highly recommended as a backup. This will prevent interruption of *HQR Secure Portal* access in case the primary SO's account expires or there are staffing changes. Please keep in mind that the process to create a new SO account may take up to four weeks.

The FY 2027 IPF Quality Reporting Program Guide, on page 8, provides instructions about setting up an active SO account. You can download these instructions by clicking on the link in the 3rd bulleted item on this slide which reads QualityNet IPF Quality Reporting Program Resources; this will take you directly to this webpage. Lastly, please be sure to log into the *HQR Secure Portal* at least once every 90 days, or 3 months, to keep your account active. If you are unsure of your Security Official status, you may contact the CCSQ Service Center, for assistance, via the phone number or email address provided on this slide.

Key #3 is Manage the Notice of Participation, or NOP. It is important that your IPFs NOP has the appropriate status by the August 17 deadline. The next series of slides will ensure that your facility meets this requirement by knowing how to confirm that the NOP status is Participating.

To access a facility's NOP, you must first log onto the *HQR Secure Portal*. Then, from the menu selection, on the left side of HQR dashboard landing page, you will need to click on Administration and then Notice of Participation.

If your facility participates in more than one quality reporting program, then you will have the option to view each program's NOP, as shown in the image on this slide. To view the IPF NOP, you will click the View button on the IPFQR row as denoted by the red box.

Please review the information on this slide pertaining to accessing the NOP as a new program participant and entering the appropriate contacts; how to review and sign the NOP; and contacting the IPF Quality Reporting Program via email if the IPF closes or chooses to withdraw their NOP.

Key #4 is Prepare and Verify Data Before Submission. There are various steps that be taken along with a specific tool or resource available that can assist facilities with ensuring that their data are accurate prior to submitting this information to CMS via the *HQR Secure Portal*.

During your data preparation, we recommend that you compare current data with previous years to identify any major changes, which should be carefully reviewed; have knowledgeable personnel review the data—especially those familiar with the facility's operations, census, and population; and, lastly, investigate any values that appear unusual or inconsistent with expectations to ensure accuracy.

As mentioned previously, there is a tool available to help identify questionable data. The Criteria to Identify Questionable FY 2027 Measure and Non-Measure Data for the Inpatient Psychiatric Facility Quality Reporting 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, please email us at IPFQualityReporting@hsag.com with Measure Accuracy Question in the subject line.

Key #5 is Verify Data Uploads, Reports, and Forms. Now we will discuss the specifics of uploading your facility's data via file upload and HQR data forms along with accessing HQR reports to validate your data submission.

As a reminder, 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*. Again, the *HQR Secure Portal* is the only CMS-approved method for submitting IPF Quality Reporting Program data , including the DACA, directly to CMS. 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 outlined on this slide, 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 should first upload XML files into the Test environment to validate vendor authorizations, check the XML file layout, review rejection reasons, and verify measure set counts. This helps ensure files are processed correctly before final submission. Once the files are accurate and ready, upload them to the Production environment, which is the only environment where data is used to calculate measure results (numerator, denominator, rates) and data are officially submitted to CMS. Of note, reports can be generated from both environments, which will be discussed later in the presentation. On the next series of slides, we will review the XML file upload process.

To upload XML files, the first step is to log into the *HQR Secure Portal*. Next, you will need to click on Data Submissions from the menu options on the left side of the HQR dashboard landing page.

On this 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.

Now you will click the Chart Abstracted tab, not the Web-based Measures tab. We will address the PIX submission process shortly.

As stated previously, 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 denoted by the red box at the bottom of this slide.

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 the contact details, email or phone, provided on this slide.

IPFs and vendors can access three different types of reports relevant to the XML file upload process: Submission Detail, potential Duplicate, and Case Status Summary. With the Submission Detail Report, you can review key details for each uploaded XML file, including measure set, patient and batch IDs, event dates, upload info, file status, test case indicator, and any edit message. The Potential Duplicate Report allows you to check for duplicate records to see if they represent separate care episodes or errors in patient ID entry. Lastly, the Case Summary Status Report allows you to check measure counts and how many unique cases were submitted, accepted, or rejected. Next, we will discuss how to access these reports.

From the menu options listed on the *HQR Secure Portal* landing page dashboard, click on Data Results then 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 2027, as denoted by the red box 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 each report. Overall, you can run the Submission Detail, Potential Duplicate, and Case Status Summary Reports on uploaded XML files in the Test or Production environments to check for file issues and ensure accurate data before CMS reporting.

For IPFs without a vendor or IT Department, you can use CMS Abstraction & Reporting Tool, also known as CART, to create patient-level XML files but you must manually enter aggregate FLD data in the *HQR Secure Portal*, including 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 follow the steps outlined on this slide in order to access the specific data form in the *HQR Secure Portal*.

Under the Chart Abstracted tab you will click the Data Form button, and then click on the IPFQR Launch Data Form button.

Once you launch the data form, you will be taken to the landing page displayed on this slide and you will need to click the Start button, as shown by the red box, 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 to be prepared to enter all data at once, since partial data can't be saved. Ultimately, the IPF is responsible for compiling all FLD form data. Next, we will look more closely at the various data entry forms in the HQR System, specifically the FLD form and the zero-patient attestation form. We will begin with the FLD form on the next slide.

The first data entry field that appears at the top of the page is the Total Annual Discharges from the IPF during calendar year 2025. Once you enter a data value in the Total Annual Discharges field, the warning message, or red text, of "This field is required" will appear above all subsequent data entry fields.

In the next section, you will 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 to 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 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, you will 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 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*.

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. Also, next to the words Facility-Level Data (FLD), you will see a checkmark and the word Submitted.

You can click on the arrow next to the Edit button, as denoted by the red box, 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. On the next series of slides, we will review the zero-patient attestation data form.

The zero-patient attestation allows IPFs to submit this data form when 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. Please note that this attestation should only be submitted when applicable, such as 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 because 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. Now we will review the steps for submitting this attestation.

You will begin the zero-patient attestation process, by first selecting Start, as denoted by the red arrow on this slide, to open the Attestation of Zero Patient Cases or Events page.

Displayed on this slide 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. 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 the attestation before the submission period window closes., by following the instructions on the next slide.

You have two options to view measures you submitted for attestation. You may select the edit button, as denoted by the red box in number 1, or you may select the upward arrow, as denoted by the red arrow in number 1. By clicking either option, this will expand the list of measures and show you the measures you submitted a zero-patient event or cases attestation for. When the upward arrow is selected, you will see True for the measures that were submitted and False for the measures that were not submitted. By clicking the Edit button, you will have the option to edit your selections, as displayed in number 2, if you determine that 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.

Once you have submitted the FLD form and zero-patient attestation, if applicable, you may view the data that were submitted by selecting 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 in the PDF. Next, we will look at the PIX Survey submission process.

Before we begin, please be reminded that the PIX Survey submission is voluntary for the calendar year 2025 reporting period and will be mandatory for the calendar year 2026 reporting period. As you may be aware, there are two methods to submit the PIX Survey via the *HQR Secure Portal*. You may submit the survey via file upload or manual submission via a data form. We will begin with uploading the PIX Survey via file upload. The next series of slides will look familiar as this process is like the XML file upload process for the chart abstracted measures discussed earlier during this presentation. To get started, you will click Data Submissions from the menu and then you will select the newly added tab labeled PIX. To upload a file, you will need to ensure that File Upload is selected. You will note that the File upload test is blue. Then, you will be able to select either Test or Production for the Submission Type as denoted by the red arrow on this slide.

The next step will be to drag files to the designated area or choose Select Files, as denoted by the red box on this slide, to upload PIX Survey files to the *HQR Secure Portal*.

Once you have uploaded your PIX Survey files you will need to monitor the file upload status in the dialog box with the file details. The information displayed will be like what is shown in the red box on this slide, particularly for an accepted file status. This will serve as confirmation that the PIX Survey file upload was successful. For more detailed information on the upload process, please refer to slides 26 through 36.

Now we will review the second method of submitting the PIX Survey which is via the data form. For this process, you will need to ensure that Data Form is selected, again noting that the text is blue as shown in the red box in the top image on the Data Submission page. Then, you will select Launch Data Form. From the PIX Survey index page, you will then select View to access the data form.

On this page you will select Add Survey, as denoted by the red boxes on this slide, to begin the manual submission process.

Once the data form is open, you will complete the 23-item survey by selecting the appropriate response for each item in each of the survey domains. As displayed on this slide, you should choose one applicable response from the six available response options, which are: Does Not Apply, Strongly Agree, Somewhat Agree, Neutral, Somewhat Disagree or Strongly Disagree. Once all of these items are answered, you will select the Submit button at the end of the survey which will take you to the next screen.

When the PIX Survey is submitted there will be a dialog box that will appear that states, “PIX measure submitted.”

Additionally, on this page you will be able to track the number of submitted surveys; survey scores, overall and domain both at the facility level; and details about each survey submitted, such as the system generated Survey ID, Source, which would be data form or file upload; and the updated information, the date and time the survey was submitted.

For submitted individual surveys, you have the following options. You can edit the survey you have submitted; export a CSV, which we will discuss next; or delete a survey. To access these options, you will need to select the three vertical dots, as denoted by the red arrow, of the survey you wish to edit, export, or delete.

This slide displays a snippet of a CSV Export of a submitted PIX Survey. Outlined on this slide are the column descriptions of the report. It is important to note that the full report is not displayed due to space limitations, however you will see that the group of columns F, G, and H will repeat for each survey domain, question number, Likert response (if available), and point value (if available). Lastly, provided are few key takeaways regarding PIX Survey submissions. First, to delete a PIX Survey submission, select Delete from the survey options in the dialog box shown on slide 73. Then, if applicable, follow the steps to add a survey via file upload or data form. Second, PIX Survey submission and file uploads append to previously submitted surveys and do not replace any previous submission. As best practice, please be sure track the number of surveys received along with the number of surveys submitted as noted in the *HQR Secure Portal*. You should 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.

Key #6 is Data Review and DACA Submission. Reviewing submitted data before signing the Data Accuracy and Completeness Acknowledgement, or DACA, is very important as you want to ensure that the data are accurate.

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*. 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 17.

Additionally, 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 17 deadline, and the facility is responsible for completion of the DACA form, not the vendor. The DACA is an annual program requirement. Lastly, 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 17 deadline as possible. Next, we will briefly review the DACA submission process.

You must access the DACA form from the main menu in the *HQR Secure Portal*. After logging in to the *HQR Secure Portal*, click on Administration. Then, click DACA.

This slide displays an example of an unsigned DACA for the fiscal year 2027 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 final Key, Key #7, is to Re-check FY 2027 Program Requirements. You can follow the steps on the next slide to ensure all requirements are met.

Here are three steps you can take to check whether your facility has met all FY 2027 IPF Quality Reporting Program requirements prior to the August 17, 2026, deadline.

We ask that you contact us, the IPF Quality Reporting Program support team, 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 IPF Quality Reporting Program Data Accuracy Tools which are available on the QualityNet and Quality Reporting Center websites, as displayed on this slide. These tools include the data submission checklist, data verification checklist, and Criteria to Identify Questionable FY 2027 Measure and Non-Measure Data for the IPF Quality Reporting Program measure and non-measure data submission, and administrative requirements for fiscal year 2027.

All current versions of the IPF Quality Reporting Program resources can be accessed via the Quality Reporting Center and QualityNet websites. Various documents, including the IPF Specifications Manual, IPF Quality Reporting Program Guide and measure resources are available for download from both websites, which can be accessed by clicking on the icons on this slide.

Lastly, the resources on this slide will keep you up to date and find answers to your questions. To stay up to date, please let us know about any changes to points of contact at your facility by clicking the Contact Change Form icon, and send the information to us by following the directions on the form. You can also sign up to receive IPF Quality Reporting Program Listserve communications by clicking on the ListServe Registration icon. When you have a general question about the IPF Quality Reporting Program or need clarification about the program measures, you can utilize the Find an Answer function in the Q&A tool. If you are unable to find relatable information, then you can submit an inquiry to us via the Q&A tool by selecting the Q&A icon on this slide. If you have questions about IPF Quality Reporting Program eligibility, such as next steps for a newly-eligible provider, or to notify us that an IPF is closed or will be closing, contact us via email. You can click on the Email Support icon to send an email to us regarding eligibility updates. Finally, you can also contact the IPF Quality Reporting Program support team via phone or fax at the numbers provided on this slide labeled phone support and fax.

This concludes the webinar. 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 along with any areas for improvement for future presentations. Thank you for your time and attention.