



## **Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program**

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### **Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor**

#### **An Introduction to the IPFQR Program, Part 1 Presentation Transcript**

##### **Speakers**

**Evette Robinson, MPH, CPHQ**

Program Lead, Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program  
Inpatient Value, Incentives, and Quality Reporting (VIQR)  
Outreach and Education Support Contractor

**Judy Wade, BA**

Project Coordinator, Inpatient VIQR Outreach and Education Support Contractor

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**Judy Wade:**

Welcome to today's presentation titled, *An Introduction to the IPFQR Program, Part I*. My name is Judy Wade. I am a Project Coordinator for the Inpatient Values, Incentives, and Quality Reporting, or VIQR, Support Contractor. Before I introduce today's speaker, I will review a few housekeeping items. First, the slides for this presentation were posted to the Quality Reporting Center website prior to the event. If you did not receive the slides beforehand, please go to [QualityReportingCenter.com](https://QualityReportingCenter.com) in your web browser, and, on the bottom left of the screen, you will see a list of Upcoming Events. Click on the link for this event. There, you will find the presentation slides available for download. This webinar is being recorded, and the transcript, slides, and a recording of today's presentation, will be posted to [QualityNet](https://QualityNet.com) at a later date. Secondly, you may have noticed in recent Listserve email notifications that this is a two-part webinar series. You must register separately for each part of the webinar series to view and attend the live event. We strongly encourage that you register for the second part of this webinar series prior to the event date, if you haven't already done so. Finally, we ask that you submit any questions, pertinent to the webinar topic, in the Q&A section. To do so, click on the question mark in the thought bubble on the right side of the screen. Any unanswered questions will be responded to and considered for publication in the [QualityNet Question & Answer Tool](https://QualityNet.com/question-and-answer-tool) at a later date. Questions received that are not related to the topic of the webinar will not be answered in the Q&A feature. Instead, we recommend that you go to the QualityNet Q&A Tool to search for posted question-and-answer pairs, as well as submit any new questions to us that are not already addressed in the Q&A tool or in a previously published summary of questions and answers. The speaker for today's presentation is Evette Robinson. Evette is the IPFQR Program Lead for the Inpatient Value, Incentives, and Quality Reporting, or VIQR, Support Contractor. She has over 20 years of cross-functional experience for a variety of providers in the healthcare industry, ranging from biomedical and clinical research to strategic planning and revenue cycle management consulting. Evette earned a Masters of Public Health degree in Health Management and Policy from Emory University. Without further ado, I will turn the presentation over to our speaker, Evette Robinson.

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**Evette Robinson:** Thank you, Judy!

The purpose of today's webinar is to provide an overview of the Inpatient Psychiatric Facility Quality Reporting Program. Specifically, this presentation will highlight the background, eligibility requirements, rulemaking process, registration, annual payment update requirements, and various online tools of the IPFQR Program.

By the end of this presentation, attendees will understand the different aspects of the IPFQR Program.

In this portion of the presentation, I will describe the origins of the IPFQR Program, as well as eligibility requirements for participation in the program.

The IPFQR Program is a pay-for-reporting program. This means that IPFs are required to submit measure and non-measure data to CMS and meet other administrative requirements or otherwise be subject to a two-percentage point reduction to their annual payment update. The intention of this program is to encourage inpatient psychiatric facilities, or IPFs, and clinicians to improve the quality of inpatient care in the psychiatric setting and improve transparency and patient choice through the public reporting of quality measure data.

The Medicare payment system under which a facility is paid determines whether the facility is eligible to participate in the IPFQR Program. All inpatient psychiatric facilities that are paid under the Inpatient Psychiatric Facility Prospective Payment System, or IPF PPS, are eligible to participate in the IPFQR Program and are subject to the program's requirements. The IPF PPS applies to inpatient psychiatric services provided by Medicare participating entities in the United States that are classified as psychiatric hospitals or certified psychiatric units that are part of acute care hospitals, critical access hospitals, long-term care hospitals, inpatient rehabilitation facilities, cancer hospitals, and children's hospitals. This includes all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

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CMS assigns a six-character CMS Certification Number, or CCN, to identify facilities that are eligible for the IPFQR Program. The first two digits of the CCN represent the state in which the IPF is located.

Currently, there are four active IPF types in the IPFQR Program. A psychiatric hospital, also referred to as a freestanding IPF, has an all numeric CCN in which the last four digits are between 4000 and 4499. They comprise just under 40 percent of the 1 600 total IPFs currently eligible to participate in the IPFQR Program. IPFs that are part of an acute care hospital replaces 0 with the letter S in the third position of the CCN and make up the majority, or just over 57 percent, of the IPFs in the program. IPF units that are part of a critical access hospital have the letter M in place of the number 1 in the third position of the CCN and make up 3.19 percent of the IPFs in the IPFQR Program. There are a few IPFs that are part of long-term care hospitals, which make up 0.19 percent of the IPFs in the program. The CCN for these IPF types replace the number 20 in the third and fourth position with the letters SA. If you are unsure about your facility's CCN, then contact the Medicare Administrative Contractor, or MAC, for your facility to request documentation.

You may be wondering to yourself, what is a MAC and what role do they play? MACs are multi-state, regional contractors responsible for administering both Medicare Part A and Medicare Part B claims. IPFs can contact their MAC to obtain official documentation regarding the CCN assigned to the facility, as well as inquire about Medicare Fee for Service, or FFS, billing requirements. To learn more information about which MAC is assigned to your region and the various activities of the MACs, click the link on this slide.

A question we often receive about the topic of eligibility is, "How do I know if my inpatient psychiatric unit is eligible to participate in the IPFQR Program?" The CMS Certification Number, or CCN, assigned to your inpatient psychiatric unit is used to determine whether it is eligible to participate in the IPFQR Program.

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CMS or the MAC for your facility would have sent official documentation with the CMS logo or with the CMS letterhead confirming the effective date of the CCN to your facility's leadership, such as the CEO or Administrator. If the facility's CCN meets the criteria for one of the IPF types listed on this slide, then it is eligible to be reimbursed under the IPF PPS and thereby eligible to participate in the IPFQR Program.

Another common question is, "Where can I find the CCN for my inpatient psychiatric unit?" Again, CMS or the MAC for your facility would have sent official documentation on CMS letterhead or with the CMS logo confirming the effective date of the CCN to your facility's leadership, typically the CEO or administrator. You can contact the MAC for your facility for additional guidance by referring to the contact information at the link on this slide.

A question we often receive from psychiatric hospitals that treat young patients and do not bill Medicare for services is, "Why are we subject to the IPFQR Program requirements?" If the last four digits of the psychiatric hospital's assigned CCN is between 4000 and 4499, then it is eligible to be reimbursed under the Inpatient Psychiatric Facility Prospective Payment System, or IPF PPS, and is thereby eligible to participate in the IPFQR Program. Note the first two digits of the CCN represent the state code.

The final eligibility question that we'll address pertains to IPF units that are not exempt from billing under the Inpatient Prospective Payment System, or IPPS. Can our inpatient psychiatric unit submit data to the IPFQR Program even though we share the same CCN with the main hospital under the Inpatient Prospective Payment System? The answer is no. An IPF must be eligible to participate in the IPFQR Program to submit and publicly report data to CMS for the IPFQR Program. Again, this means the inpatient psychiatry unit must have a CCN that is one of the four types described on slides 7 and 9, which are under the Inpatient Psychiatric Facility Prospective Payment System.

Now that we have a solid foundation of IPFQR Program eligibility, let's move into a high-level review of rulemaking for the IPFQR Program.

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CMS implemented the IPFQR Program in the fiscal year 2013 Inpatient Prospective Payment System, or IPPS, Long-Term Care Hospital Prospective Payment System, or LTCH PPS, final rule, which was published August 31, 2012. This rule set the foundation of what we know today as the IPFQR Program.

CMS annually publishes proposed program and policy changes to the IPFQR Program in early spring. The proposed changes are published to the *Federal Register* and are open to the public for review and comment for 60 days. CMS provides notices about proposed and final rules through the QualityNet website and the IPFQR Program Listserve to ensure broad awareness. CMS also hosts an educational webinar that describes the proposed changes and guidance on how to submit comments. CMS strongly encourages IPFQR Program's interested parties to attend the proposed rule webinar, review the proposed rule in detail, and submit comments during the 60-day comment period.

Following the comment period, CMS summarizes the comments and responds to them in the final rule. The final rule is published in mid-summer. You can find links to the final rules in Appendix B of the Inpatient Psychiatric Facility Quality Reporting Program Guide, which you can access by clicking the link on this slide.

This slide displays an image of Appendix B: Proposed Rule and Final Rule Publication Site, located in the IPFQR Program Guide. From the IPFQR Program Guide, you can click on the links to access each of the final rules.

The remainder of this webinar will highlight essential components of the IPFQR Program, using the Inpatient Psychiatric Facility Quality Reporting Program Guide.

A key resource that summarizes these essential tasks is the Inpatient Psychiatric Facility Quality Reporting Program Guide. In addition to providing links to prior final rules, as mentioned in an earlier slide, the program guide describes the steps that existing and newly eligible IPFs

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must take to obtain the full annual payment update, or APU, for a given fiscal year, as well as information about public reporting of IPFQR Program data. First published in January of 2022, CMS aims to publish a new version of this guide annually to account for program changes and updates to the *HQR Secure Portal*. The program guide, the cover page of which is pictured on this slide, is posted on the QualityNet IPFQR Program Resources web page and the Quality Reporting Center IPFQR Program Resources and Tools web page.

The top image on this slide shows where the Fiscal Year 2024 IPFQR Program Guide is located on the QualityNet IPFQR Program Resources web page, and the bottom image shows the guide's location on the Quality Reporting Center IPFQR Program Resources and Tools web page. The next several slides will highlight the major components of the guide.

The first essential step to meeting the IPFQR Program requirements is to complete HCQIS Access Roles and Profile, or HARP, registration.

Once you confirm your IPF's eligibility for the IPFQR Program, a representative from your IPF must register and maintain an active HCQIS Access Roles and Profile, or HARP, Security Official, or SO, account. The SO is the person at the IPF who will facilitate the registration process for other users at the organization. Refer to the Getting Started with QualityNet web page for instructions to create an active HARP account using the designated link on this slide. An important note is that the *Hospital Quality Reporting Secure Portal* only recognizes numeric, six-digit CCNs currently, which is why you see the all-numeric CCN is seen when accessing various areas of the *HQR Secure Portal*.

CMS recommends that IPFs designate at least two HQR SOs, so that one serves as the primary HQR SO and the other serves as backup. CMS also advises SOs to log into their accounts at least once per month to maintain an active account. This is important because accounts that have been inactive for 90 days will be suspended. Once an account is suspended, the user will need to contact the CCSQ Service Center to have the account reset. The CCSQ Service Center email address is accessible by clicking the link on this slide.



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Once the HQR registration process is complete, and at least one active HQR SO is designated, the IPF will be able to access the IPFQR Program areas of the *HQR Secure Portal*, which is the only CMS-approved website for secure healthcare quality data exchange. While this step of maintaining an active SO account is no longer a requirement of the IPFQR Program, it is essential to ensure that IPFs can meet the requirements, including the Notice of Participation and data submission, which are necessary to obtain the full annual payment update, or APU, every year.

Once the SO account is in place, an IPF must meet requirements to obtain full APU. In the next several slides, we will review the three requirements for the IPFQR Program, starting with the IPFQR Program Notice of Participation, or NOP, requirement.

For newly eligible IPFs, it is important to note that the IPFQR Program NOP should be submitted within 180 days of the Medicare Accept Date, indicated on the official documentation the IPF received from CMS. Before pledging to participate in the IPFQR Program, IPFs must designate at least two points of contact in the IPF NOP section of the *HQR Secure Portal*. The deadline to ensure that the IPF NOP status is “Participating” is August 15 each year, unless directed otherwise via the IPFQR Program Listserv. Once the participation status is selected, the status will automatically carry forward year after year in the *HQR Secure Portal*. You can refer to the IPFQR Quick Reference Guide: Notice of Participation for more detailed instructions.

The top image on this slide displays the location of the IPFQR Program Quick Reference Guide: Notice of Participation on the QualityNet IPFQR Program Resources web page. The bottom image shows where you can find this quick reference guide on the Quality Reporting Center IPFQR Program Resources and Tools web page.

A question we often receive is, “Why doesn’t the *HQR Secure Portal* recognize the alpha-numeric CCN of my IPF? For example, my IPF is part of an acute care hospital, and the CCN has S in the third position.



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When I log into the *HQR Secure Portal* and access IPFQR-specific pages, such as NOP, data or reports, why does it only reference the acute care hospital's six-digit CCN?" The answer is that the *HQR Secure Portal* is currently designed to accept only numeric CCN values. If you are a representative of the IPF, then, when you log into the system, you will see that your account is associated with the numeric CCN of the main hospital. From there, you should be able to access the various IPFQR-specific modules. If you are a vendor with permissions to access data and/or reports of multiple IPFs, then, when you log into the system, you must select the IPF in question by referencing the all numeric, six-digit CCN. If you have an active HARP account, but do not have the option to select IPFQR NOP, then contact the CCSQ Service Center and copy the [IPFQualityReporting@hsag.com](mailto:IPFQualityReporting@hsag.com) email address to request assistance.

Another common question is, "If our IPF currently participates in the IPFQR Program but closes temporarily for renovation, do we need to change the IPF NOP status? Are we exempt from meeting the IPFQR Program requirements due to the temporary closure?" The answer is no. The IPF NOP does not need to be changed due to temporary closure of an IPF. During temporary closure of an IPF for renovation or diversion of services, the IPF is not expected to collect data since no inpatient psychiatric services are being rendered at that time. However, the IPF is expected to collect data leading up to and following the end of the closure period, as well as meet all other program requirements to receive full APU for the payment determination year. As long as the IPF's CCN is active, it is eligible and required to meet the IPFQR Program requirements or be subject to a two-percentage point reduction to the affected APU. Contact the [IPFQualityReporting@hsag.com](mailto:IPFQualityReporting@hsag.com) email account for further guidance.

There are a variety of reasons why an IPF's eligibility to participate in the IPFQR Program may change. One example says, "Our IPF is no longer eligible for the IPFQR Program because our inpatient psychiatric beds converted from the IPF PPS to another billing system. What should we do?"

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IPFs can become ineligible to participate in the IPFQR Program as a result of voluntary or involuntary termination of the IPF-specific CCN.

Circumstances that may lead to IPF CCN termination include conversion of beds from billing IPF PPS to billing another prospective payment system, facility closure, or merger with another facility. If you find your IPF becomes ineligible due to one of these or other circumstances, then send an email to the VIQR Support Contractor at [IPFQualityReporting@hsag.com](mailto:IPFQualityReporting@hsag.com) for guidance regarding next steps. Be sure that the email includes official documentation from CMS or the MAC confirming the effective date of termination for the IPF's CCN.

What happens when an eligible IPF withdraws from the IPFQR Program? An IPF can discontinue participating in the IPFQR Program by changing the IPF NOP to a "Withdrawn" or "Not Participating" status. However, eligible IPFs that choose to withdraw from the IPFQR Program will be subject to a two-percentage point reduction of their annual payment update for the affected fiscal year. Any eligible IPF that chooses not to participate in the program should email the VIQR Support Contractor at [IPFQualityReporting@hsag.com](mailto:IPFQualityReporting@hsag.com) for additional guidance.

In addition to ensuring that the NOP status is "Participating" by the annual August 15 deadline, IPFs must meet requirements pertaining to data reporting and acknowledgement.

The second requirement of the IPFQR Program is to collect and submit aggregate measure and non-measure data by the annual data submission deadlines. Newly participating IPFs must start collecting measure data by the beginning of the first quarter following submission of the IPFQR Program NOP. The measure and non-measure data reporting period is January 1 through December 31 for all IPF quality measures, except the Influenza Immunization, or IMM-2, and COVID-19 Vaccination Coverage Among Health Care Personnel, or COVID HCP, measures. For the IMM-2 measure, the reporting period aligns with the influenza season, which is October 1 through March 31 of the following year. For the COVID HCP measure, the reporting period is every quarter.

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Refer to the IPFQR Program Measures document for the complete list of measure and non-measure data required to meet IPFQR Program APU requirements.

For the purposes of this presentation, we will focus on the location of the IPFQR Program CMS Measure for Fiscal Year 2024 document. The top image on this slide displays the location of the document on the QualityNet IPFQR Program Resources web page, and the bottom image shows the location of the document on the Quality Reporting Center IPFQR Program Resources and Tools web page.

The first page of the document is displayed on this slide, which includes the name, reporting period, submission period, data source, and whether the data points are publicly reported.

The information continues, on page two, which also includes a list of the three claims-based measures, all of which are calculated by CMS, as well as a table of acronyms referenced in the document.

Refer to the Specifications Manual for Inpatient Psychiatric Facility National Quality Reporting, or IPF Specifications Manual, located on the QualityNet IPF Specifications Manuals web page, for detailed information about chart-abstracted measure specifications, as well as guidance regarding patient-level and facility-level reporting of these data. The QualityNet IPFQR Measures Resources web page includes various optional paper tools pertaining to measure abstraction, non-measure data collection, as well as specifications and codebooks for the claims-based measures. Details about the COVID HCP measure are located on the QualityNet IPFQR Program Resources web page in the COVID HCP Measure Resources table. Note that facilities have the option of using a vendor to submit data on their behalf. In order to allow a vendor to submit data, an IPF must complete the online vendor management process, accessible from the *HQR Secure Portal*. See the IPF Vendor Management document, also located on the QualityNet IPFQR Program Resources web page, for more details.

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Data submissions must be timely, complete, and accurate. Starting with the summer 2024, CMS requires patient-level reporting of all data, with the following exceptions: the non-measure data and the denominator values for the Hospital-Based Inpatient Psychiatric Services, or HBIPS, -2 and HBIPS-3 measures will be reported at the facility level. COVID HCP data are reported to the National Healthcare Safety Network, or NHSN, on a quarterly basis. CMS allows IPFs to add new data and submit, resubmit, change, and delete existing patient-level and facility-level data up until the submission deadline. Data should be submitted well before the deadline to allow time to review for accuracy and make necessary corrections.

CMS provided an overview of the process for submitting patient-level data via the *HQR Secure Portal* in an educational webinar on July 13, 2022, titled *IPFQR Program: Patient-Level Reporting*. Additional educational webinars are in development regarding the following topics pertinent to the IPFQR Program data requirements: *Navigating the IPF Module of the CMS Abstraction and Reporting Tool (CART)* and *IPFQR Program: Keys to Successful FY 2024 Reporting*. Information regarding registration for these educational events will be communicated via the IPFQR Program Listserve.

Regarding the COVID HCP measure, it is important to note that all IPFs eligible for the IPFQR Program are required to submit data for the COVID HCP measure by the quarterly deadline or be subject to a two-percentage point reduction to the APU. Data entered in NHSN can be updated at any time. However, data that are modified in NHSN after the quarterly submission deadline are not sent to CMS and will not be publicly reported.

Last year, CMS hosted two webinars in collaboration with the CDC regarding the COVID HCP measure, titled *NHSN Enrollment and Reporting Healthcare Personnel COVID-19 Vaccination Data* and *Reporting Healthcare Personnel COVID-19 Vaccination Data Refresher*. CMS plans to host another educational webinar event to describe updates to the NHSN enrollment and COVID HCP data submission processes soon. More information about registration for this upcoming event will be communicated via the IPFQR Program Listserve.

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CMS also recommends that IPFs sign up for NHSN communications via newsletters and email updates using the links in the box on this slide.

The third and final requirement for all eligible IPFs is to complete the Data Accuracy and Completeness Acknowledgement, or DACA, form after submitting and reviewing all data, prior to the annual August 15 deadline. The DACA is the only electronic acknowledgement from the IPF that the data submitted, whether by the IPF and/or the vendor, is accurate and complete to the best of their knowledge. The DACA must be completed by a representative of the IPF, and a vendor cannot fulfill this requirement. For more information about the DACA requirement, please refer to the IPFQR Quick Reference Guide: FY 2024 DACA, available for download from the QualityNet IPFQR Program Resources and Quality Reporting Center IPFQR Program Resources and Tools web pages using the links on this slide.

IPFQR Program reporting for any calendar year affects the IPF's Medicare reimbursement during a future year. This future year is known as the fiscal year, FY, or the payment year, PY. For example, IPFQR Program data submissions related to 2022 discharges will be submitted to CMS in the summer of 2023 and will affect the IPF's Medicare reimbursement between October 1, 2023, and September 30, 2024. The time frame between October 1, 2023, and September 30, 2024, is known as fiscal year 2024.

Now, we will review some helpful resources.

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.

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Has there been any turnover at your facility within the last several months? If so, then we want to hear from you! 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 VIQR 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, *An Introduction to the IPFQR Program, Part 1*. 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.