



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Inpatient and Outpatient Healthcare Quality Systems Development
and Program Support

IPFQR Program:
Keys to Successful FY 2026 Reporting
Presentation Transcript

Speaker

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Lisa Vinson: Hello, everyone. Welcome to today's webinar, entitled *IPFQR Program Keys to Successful Fiscal Year 2026 Reporting*. My name is Lisa Vinson, and I am the IPFQR Program Lead for Inpatient and Outpatient Healthcare Quality Systems Development and Program Support.

The purpose of today's presentation is to provide IPFs and their vendors with the following information: fiscal year 2026 IPFQR Program requirements for the upcoming August 18 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 2026 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 discuss the fiscal year 2026 reporting requirements.

To obtain the full annual payment update, or APU, for the fiscal year 2026 payment determination, an IPF must meet all IPF program requirements by August 18. Failure to meet these requirements will result in the IPF being subjected to a 2-percentage point reduction to their APU for fiscal year 2026.

Outlined on this slide and the next slide are all requirements that IPFs must meet by August 18, which include the IPFQR Program Notice of Participation, or NOP, having a pledge status of Participating. IPFs must submit measure and non-measure data listed on this slide.

IPFs must submit COVID-19 HCP data via the CDC's NHSN system, along with the three health equity measures, which are web-based and will be submitted via the HQR system.

As noted on this slide, measure reporting is voluntary for the Screening for Social Drivers of Health and Screen Positive Rate for Social Drivers of Health for calendar year 2024/fiscal year 2026 payment determination. Also, please note that the COVID-19 HCP; Facility Commitment to Health Equity, or FCHE; Screening for Social Drivers of Health; and

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Screen Positive Rate for Social Drivers of Health were recently proposed for removal by CMS in the fiscal year 2026 IPF proposed rule for calendar year 2024/fiscal year 2026 payment determination. The final disposition of these measures will be published in the upcoming fiscal year 2026 IPF PPS final rule. Lastly, once the measure, non-measure, and web-based 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 2026 IPFQR 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 18 deadline.

This is the second slide that displays the remaining chart-abstracted measures for fiscal year 2026 IPFQR Program measures that, again, IPFs are required to report by the August 18 deadline. To learn more about sampling options specific to calendar year 2024 discharges, please refer to Section 4, Population and Sampling Specifications of the *Specifications Manual for National Inpatient Psychiatric Facility Quality Measures*, Versions 1.2a, beginning on page 107.

This slide provides both fiscal year 2026 and fiscal year 2027 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 18. It is important to note that Quarter 1 2025 COVID-19 HCP measure data are due to be submitted to the NHSN system on August 18, and the submission of these data are necessary to meet the requirements for the fiscal year 2027 APU determination. The COVID-19 HCP requirements for fiscal year 2026 were required to be met by the May 15 deadline. Again, please note that CMS proposed to remove the COVID-19 HCP measure for calendar year 2024/fiscal year 2026 payment determination in the fiscal year 2026 IPF PPS proposed rule.

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Now that we've covered the major requirements, let's dive into the details regarding keys to successful reporting for fiscal year 2026 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.

The first key to successful reporting is accessing and logging in to the *HQR Secure Portal*. If you are unfamiliar with logging in to the HQR system, please follow the 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. Then, you are now ready to start the data entry and submission process.

The second key to successful reporting is establishing a Security Official or SO. An 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 *Fiscal Year 2026 IPFQR Program Guide*, specifically on page 6, provides instructions about setting up an active SO account. You can download the instructions from the Quality Net IPFQR Program Resources page. Please be sure to log into the HQR system at least once every 90 days or three months to keep your account active. If you are unsure of your SO status, you may contact the CCSQ Service Center for assistance via the phone number or e-mail address provided on this slide.

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The third key to successful reporting is managing the IPF's Notice of Participation, or NOP. To access a facility's NOP, you must first log into this *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 below, then you will have the option to view each program's NOP. Click the View button on the IPFQR Program row. Please review the information on this slide pertaining to accessing the NOP as a new program participant, entering the appropriate contacts, reviewing and signing the NOP, and contacting the IPFQR Program via e-mail if the IPF closes or chooses to withdraw their NOP.

The fourth key to successful reporting is to prepare data and verify accuracy prior to submitting. During your data preparation, we recommend that you first compare current data with previous years to identify any major changes which should be carefully reviewed. Second, have knowledgeable personnel review the data, especially those familiar with the facility's operations, census, and population. Last, investigate any new values that appear unusual or inconsistent with expectations to ensure accuracy.

The fifth key to successful reporting is to enter data and verify accuracy. As a reminder, the term patient level reporting refers to data taken from patient medical records converted into XML files and uploaded to the *HQR Secure Portal*. Facility-level data, or FLD, which includes annual aggregated data, is also submitted in XML format. In this presentation, patient-level reporting broadly refers to all XML data files uploaded to the portal with FLD specified when necessary.

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.

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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 are used to calculate measure results such as numerator, denominator, and rates. Data are officially submitted to CMS. Of note, reports can be generated from both environments, which will be discussed later in the presentation.

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 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 web-based data entry 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.

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In the lower right-hand 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 includes the Batch ID and the status. The Batch ID can come in handy when reviewing specific uploads in the Submission Details Report. In the status column, you will 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, such as 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, e-mail, 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 Patch IDs, event dates, upload info, file status, test case indicator, and any edit message.

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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 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 dropdown.

Under Report, select the report you wish to review.

For the current submission period, select 2026 as denoted by the red box under Fiscal Year. After you make your selections, the Export CSV button will change from gray 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 these reports. 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 CART to create patient-level XML files, but you must manually enter aggregate FLD data in the *HQR Secure Portal*, including non-measured 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 this specific data form in the HQR system.

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Under the Chart-Abstracted tab, click the Data Form button. Then, you will 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 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 cannot 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 web-based measure forms for the health equity measures. 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 2024. Once you enter a data value in the Total Annual Discharges field, this warning message or red text will appear above all subsequent data entry fields: “This field is required.”

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 will need to scroll to the top of the page to review the error and make the necessary corrections.

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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 retype 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, enter the total number of psychiatric inpatient days, the total leave days for Medicare patients, and for non-Medicare patients for HPIPS-2 and HPIPS-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 retype information in each data entry field that has a warning message to submit data.

Once all data are entered, the Submit button will change from gray to blue at the bottom of the page to indicate that you can submit the data to CMS via the *HQR Secure Portal*. Then, you will need to 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 check mark 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, HBIPS-3 denominator value on the FLD landing page. The resubmit button will be grayed 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 Resubmit button will turn dark blue, and you must click the button to submit the changes to the *HQR Secure Portal*.

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If after reviewing the data you do not make any changes, simply click the Cancel button to return to the FLD landing page

The zero-patient attestation was introduced for the first time during last year's submission period. This attestation allows IPFs to submit this 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 noted by the red arrow to open the Attestation of Zero Patients 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 checkbox. 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.

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You may edit the attestation before the submission period window closes by following the instructions on the next slide.

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 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 Resubmit button will be grayed 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 Resubmit 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. Next, we will look at the web-based measure submission process.

Before we begin, as a reminder, the measures highlighted in this section specific to web-based measures CMS proposed for removal in the fiscal year 2026 IPF PPS proposed rule. To get started and to access the web-based measure data form, under Data Submissions, you will select the Web-based Measures tab and then select Data Form.

You will need to select Launch Data Form to begin the data entry process.

Now we will begin the submission process for the Facility Commitment to Health Equity, or FCHE, measure. Again, this measure is currently proposed for removal from the IPFQR Program.

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You will need to select the Start button to access the FCHE data form. When selected, you will be taken to the screen on the next slide.

The FCHE measure is composed of five domains with attestation-based questions that require a Yes or No response to assess a facility's commitment to health equity. To receive a point, facilities must attest Yes to all sub elements that make up the domain. Partial credit will not be given for a domain. For additional guidance, there is a hyperlink that will direct you to pertinent measure resources such as specifications, frequently asked questions, and attestation guides, which are housed on QualityNet. This slide displays Domain 1: Equity is a strategic priority.

This slide displays Domains 2 and 3: Data Collection and Data Analysis.

Domain 4: Quality Improvement and Domain 5: Leadership Engagement. Once all sub elements of the domain are answered Yes or No, the Submit button, denoted by the red box, can be selected. Then, you will be taken to the next slide.

Here is where you can confirm successful submission of the FCHE data. There will be a green check mark in the word Submitted by the measure name along with the dialogue box near the top of the screen noting FCHE Measure Submitted, as denoted by the red box on this slide. Additionally, you may export a PDF for a record of your submission, as well as by clicking the Export PDF button, as displayed by the red arrow on this slide. Once selected, you will be taken to the screen on the next slide.

Here is an example of the FCHE PDF export. You will note that the submission status of the FCHE measure is Submitted and the last updated date and time are recorded. The data you submitted for each domain is available to view as well. Again, you can retain this as a record of successful submission of this measure. Now, we will review the submission process for the Screening for Social Drivers of Health, or SDOH, and Screen Positive measures.

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Before I begin this discussion, please be reminded that, in addition to the Screening for SDOH and Screen Positive measures being proposed for removal by CMS in the fiscal year 2026 proposed rule, both measures are also volunteer to report for calendar year 2024/fiscal year 2026 payment determination. As displayed on this slide, you have confirmed that the FCHE measure was successfully submitted along with the score. Now, you can begin the data entry process for Screening for SDOH and Screen Positive measures by selecting Start, as denoted by the red box on this slide.

You will note that both measures are contained in one data form as the denominator for the Screen Positive measure will equal the numerator for the Screening of SDOH measure. This is evident as the first data entry point is Screening for SDOH numerator and Screen Positive denominator. From there you will enter the Screen for SDOH denominator. Then, you will enter the numerators associated with the Health-Related Social Needs, or HSRNs, for the Screen Positive measure. This includes Food Insecurity as displayed at the bottom of this slide...

Along with Housing and Stability, Transportation Needs, Utility Difficulties, and Interpersonal Safety. Once all data values are entered, then you will need to select the Submit button to record your data entries.

Again, you will be taken back to the landing page where you can confirm successful submission of the Screening for SDOH and Screen Positive measures. You also have the option to export a PDF if you desire by selecting the Export PDF button, which is denoted by the red arrow and displayed on the next slide.

Here's an example of how the information will appear on the PDF. As displayed, all web-based measures are recorded as submitted with the last updated date and time. As noted previously on the FCHE export, although not displayed here, you can view details of the submitted measures. You will see that this PDF export is a total of five pages, and the export date and time are recorded in the upper right-hand area of the PDF.

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The sixth key is to review the submitted data before signing the DACA form. It is essential to review all measure, non-measure and web-based measure data for accuracy and completeness before and after it is submitted in the *HQR Secure Portal*. Be sure to leverage the Fiscal Year 2026 IPFQR Provider Participation Report, or PPR, and the Facility, State, and National, or FSN, Report to check the submission status and calculated data values prior to submitting the DACA. Review of the submitted data must be completed prior to completion of 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 18.

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 18 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 IPF 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 18 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 the *HQR Secure Portal*, hover your mouse on the left side of the screen to expand the menu options. Click on Administration. Then, click on DACA.

This slide simply displays an example of an unsigned DACA for the fiscal year 2026 payment determination.

To complete the DACA, you must enter your job title in the empty field below the word Position.

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Click the button next to the statement that reads: “I confirmed 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 resubmit any data in the *HQR Secure Portal*, then return to the DACA. Click the Resign 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 resign the DACA after making changes, your DACA submission may be incomplete.

The seventh and final key to successful reporting for the fiscal year 2026 payment determination is to recheck whether your facility has met all the IPFQR Program requirements prior to the August 18 deadline. You can follow the steps outlined on this slide to ensure all requirements have been met.

Here is a summary of the seven keys to successful reporting for the IPFQR Program. First, you ensure that you have access to and can log into the HQR system. Second, have at least two active SOs 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 18 deadline. Fourth, prepare and verify the accuracy of all measure, non-measure, and web-based measure data prior to submitting the data to the *HQR Secure Portal*. Fifth, enter and verify the accuracy of the data. Sixth, a representative from the IPF must confirm that all IPFQR Program data and reporting requirements have been met before completing the DACA. Seventh, recheck all fiscal year 2026 IPFQR Program requirements. 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 Team, about any key personnel changes, such as a change in leadership at the CEO or administrative level, as well as any other quality reporting contacts.

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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 two 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 data submission checklist and data verification checklist for the IPFQR Program measure, non-measure, and web-based measure data submission, along with the administrative requirements for fiscal year 2026.

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

All current versions of the IPFQR Program resources can be accessed via the Quality Reporting Center and QualityNet websites. Various documents, including the IPF Specifications Manual, IPFQR 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 IPFQR Program listserv communications by clicking on the Listserv Registration icon. When you have general questions about the IPFQR 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 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, reach us via e-mail.

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You can click on the Email Support icon to send an e-mail to us regarding eligibility updates. Finally, you can also contact the IPFQR Program Support Team via phone or fax at the numbers provided on this slide labeled Phone Support and Fax.

This concludes the content portion of today's webinar titled *IPFQR Program Keys to Successful Fiscal Year 2026 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 worked, as well as any areas for improvement in future presentations.

Thank you for your time and attention.