

# 2018 User Guide for the IPF-Specific Report

*30-Day All-Cause Unplanned Readmission  
Following Psychiatric Hospitalization in an  
Inpatient Psychiatric Facility (IPF)  
[READM-30-IPF] – Version 1.2*

*Inpatient Psychiatric Facility  
Quality Reporting Program*

The target audience for this publication is hospitals participating in the Inpatient Psychiatric Facility Quality Reporting Program. The document scope is limited to instructions for providers on how to interpret the data provided on the IPF-Specific Report prior to the publication of data on *Hospital Compare*.



## PREFACE

CMS is providing a private IPF-Specific Report (ISR) for the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF Readmission) measure to inpatient psychiatric facilities (IPF) participating in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) program prior to public reporting on Hospital Compare in January 2019. The purpose of the ISR is to provide IPFs with facility-level results, index admission and readmission characteristics, risk factors, and discharge-level data for all patients counted in the measure. The results in the ISR are calculated using a measurement period from July 1, 2015 through June 30, 2017.

This User Guide is intended to describe the measure data presented in the ISR and to aid facilities in the interpretation of the results. This document contains the following sections:

- 1) Overview of the IPF Readmission measure and the IPFQR program
- 2) Guidance on how to use the ISR including details on the structure of the report
- 3) Contact information for questions



## OVERVIEW

The User Guide supports the public reporting of the IPF Readmission measure. The IPF Readmission measure is a facility-level measure that estimates an unplanned, 30-day, risk-standardized readmission rate for adult Medicare fee-for-service (FFS) patients with a principal discharge diagnosis of a psychiatric disorder. The measure is claims-based and calculated by CMS. The measurement period used to identify cases in the measure population is 24 months. Medicare FFS data from the start of the measurement period through 30 days following the measurement period are used to identify readmissions. Medicare FFS data from 12 months prior to the start of the measurement period through the measurement period are used to identify risk factors. For more details on the measure specifications, please refer to the Claims-Based Measure Specifications available on the *Quality Reporting Center website* [<http://www.qualityreportingcenter.com/inpatient/ipf/tools/>].

All IPFs paid under the Prospective Payment System (IPF PPS) are included in the measure. This includes freestanding psychiatric facilities and inpatient psychiatric units in acute care or critical access hospitals (CAHs) that provide inpatient psychiatric services reimbursed by Medicare. Eligible IPFs are located in all 50 states, the District of Columbia, and the Commonwealth of Puerto Rico.

## INPATIENT PSYCHIATRIC FACILITY QUALITY REPORTING PROGRAM

The IPFQR program was developed as mandated by section 1886(s)(4) of the Social Security Act, as added and amended by Sections 3401(f) and 10322(a) of the Affordable Care Act (Pub.L. 111-148). The goals of the program, which was implemented on October 1, 2012, are to improve the quality of inpatient psychiatric care and communicate information to consumers to help them make informed decisions about their healthcare options.

To meet the IPFQR program requirement, IPFs are required to submit all quality measures in the form, manner, and time as specified by the Secretary, to the Centers for Medicare & Medicaid Services (CMS), beginning with Fiscal Year (FY) 2014 payment determination year and subsequent fiscal years. Eligible IPFs that do not participate in the IPFQR program in a fiscal year or do not meet all of the reporting requirements will receive a 2.0 percentage point reduction of their annual update to their standard federal rate for that year. The reduction is non-cumulative across payment years. There is no reporting requirement for claims-based measures, like the IPF Readmission measure, that are calculated using Medicare FFS billing data. Eligibility for the annual update is determined by participation in the IPFQR program.

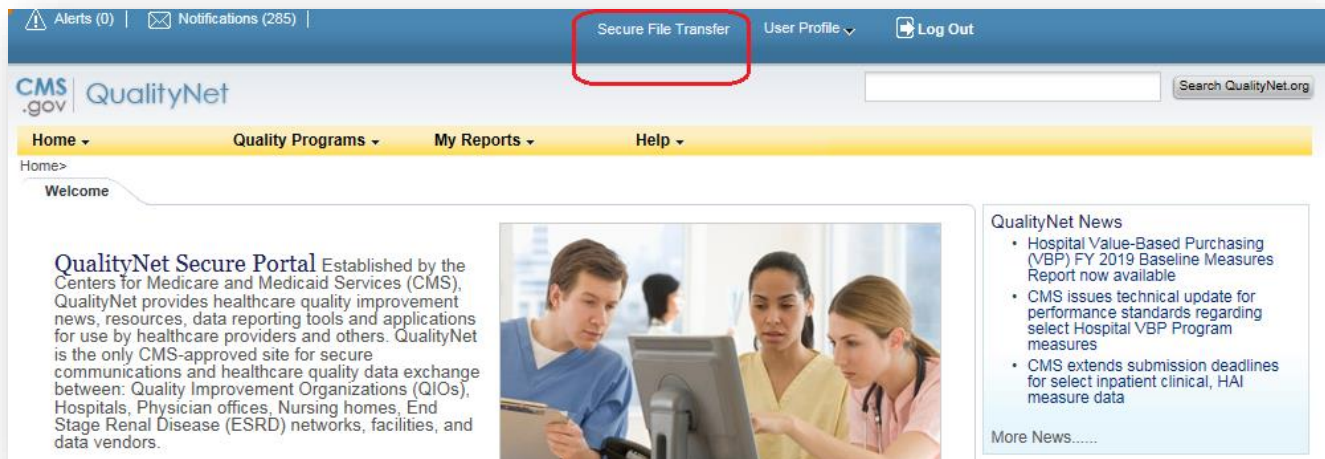
# HOW TO USE YOUR IPF-SPECIFIC REPORT (ISR)

This section of the User Guide focuses on the ISR that facilities will receive for the IPF Readmission measure. It provides information on using *QualityNet* to retrieve and download the ISR, instructions about the ISR Excel file, and descriptions of the ISR data elements to aid interpretation of the results.

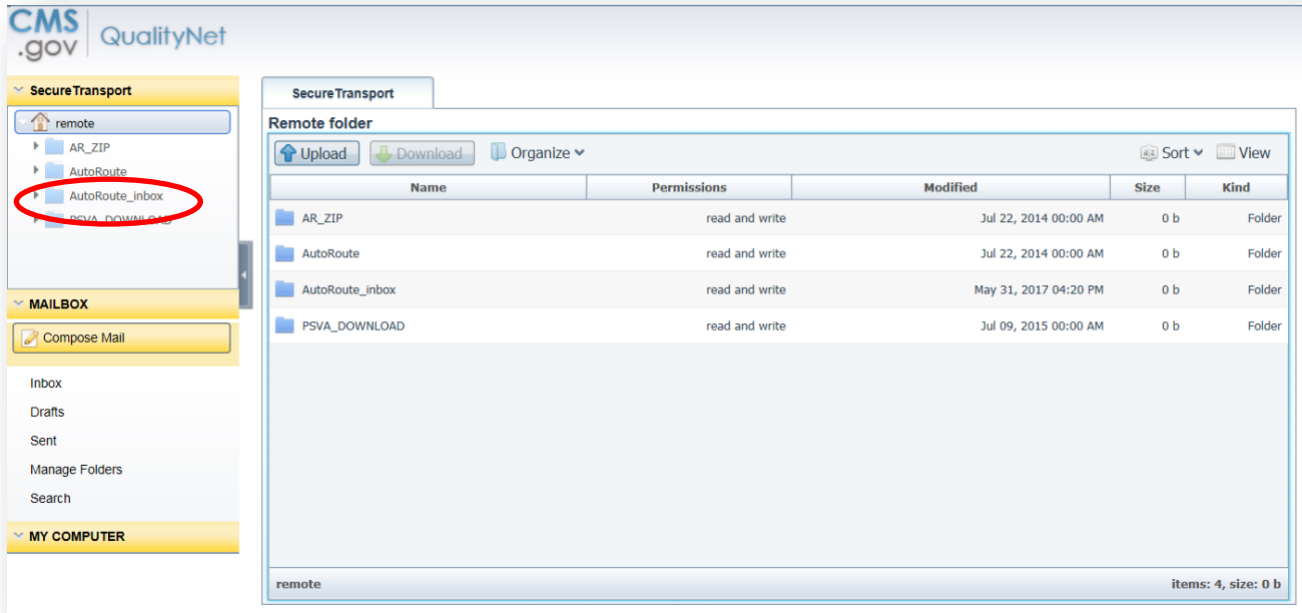
## RETRIEVING REPORTS FROM QUALITYNET

The ISRs will be uploaded to each facility's *QualityNet Secure Portal*. There are four steps involved in accessing ISRs once logged into the *QualityNet Secure Portal*:

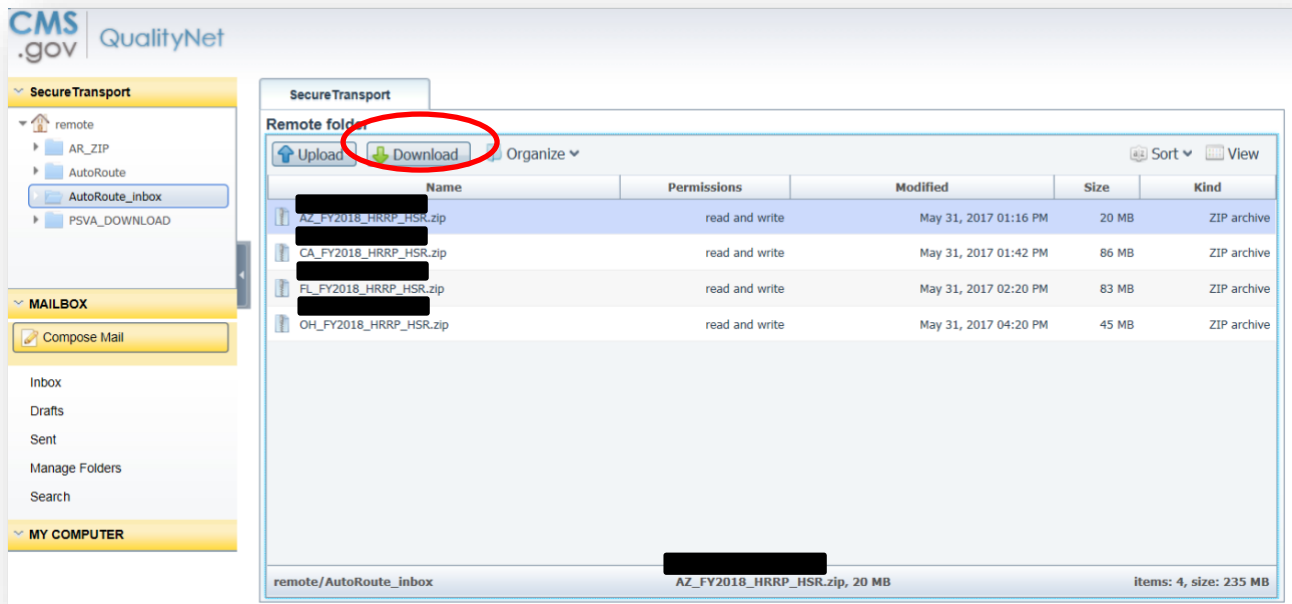
1. Select **Secure File Transfer** from the menu at the top of the *QualityNet Secure Portal* page.



2. Select **AutoRoute\_inbox** from the left menu of the *QualityNet Secure Transport* screen.



3. When your *QualityNet AutoRoute\_inbox* opens, highlight the **IPFQR ISR** zip file and select **Download**.





4. Download the IPFQR ISR zip file bundle. The download process depends on the size of the file and the speed of the user's internet. Downloading, however, should take about a minute for most users. The following internet browsers are supported for accessing the *QualityNet* Secure Portal: MS Internet Explorer 11, Firefox Mozilla 13.x, and Google Chrome v 22.x. To enable editing or sorting features, save the ISR Excel workbook or individual ISR Excel worksheet tab as a new workbook or document.

## ISR DETAILS

The ISR Excel file consists of 11 worksheets: Summary, Publicly Reported, National-State Performance, Facility Performance, Distribution of Rates, Index Admission Diagnoses, Readmit Location, Readmit per Beneficiary, Readmit Diagnoses, Risk Factor Distribution, and Discharge-Level Data.

The User Guide features examples of worksheets and tables in the ISR. Some example worksheets have a supplemental table with row-by-row descriptions of elements within the worksheets and tables. Some of the tables also contain notes to explain abbreviations or provide additional information. State- and facility-level data in the sample worksheets are for illustration purposes only and do not reflect actual counts or rates. The national-level data are approximate counts and rates for the measurement period July 1, 2015 through June 30, 2017.

### WORKSHEET 1: SUMMARY

The first worksheet of the ISR provides general information on the measure, links to resources, and contact information to provide feedback on the results. There are disclaimers about the handling of the protected information contained in the report. Facilities are encouraged to check the accuracy of the IPF Name, CMS certification number (CCN), and the state. If discrepancies are identified, please contact the QualityNet Help Desk before continuing to review the report.

### WORKSHEET 2: PUBLICLY REPORTED PERFORMANCE DATA

Worksheet 2, shown in Figure 1, represents the facility's performance on the IPF Readmission measure. The information in Worksheet 2 is the only information in the ISR that will be publicly reported on *Hospital Compare*. Information in subsequent worksheets is provided to IPFs to help better understand their results. Table 1 of Worksheet 2 includes the facility's comparative performance, number of index admissions (measure population), risk-standardized readmission rate (RSRR), interval estimate for the RSRR, and the national observed unplanned readmission rate. Descriptions of the data elements in Figure 1 are in Table A following the Worksheet 2 example.



Figure 1. Example of Worksheet 2

3	<b>TABLE 1. YOUR FACILITY'S PERFORMANCE ON THE 30-DAY IPF READMISSION MEASURE (READM-30-IPF)</b>	
4		
5	<b>READM-30-IPF Performance Information</b>	--
6	Your Facility's Comparative Performance	Worse than the national rate
7	Your Facility's Number of Index Admissions (Measure Population)	728
8	Your Facility's Risk-Standardized Readmission Rate (RSRR)	23.7%
9	Lower Limit of 95% Interval Estimate for RSRR	21.1%
10	Upper Limit of 95% Interval Estimate for RSRR	26.3%
11	National Observed Unplanned Readmission Rate	20.1%

Table A. Data Description for Worksheet 2

Row #	Row Name	Data Description
6	Your Facility's Comparative Performance	Performance category for your facility based on your RSRR and 95% interval estimate.
7	Your Facility's Number of Index Admissions (Measure Population)	Count of facility index admissions that meet the criteria for inclusion in the measure population after measure exclusions have been applied. If this number is less than 25, measure rates will not appear in rows 8, 9, or 10 because they are not publicly reported due to small sample size. This information is listed on Worksheet 4 instead.
8	Your Facility's Risk-Standardized Readmission Rate (RSRR)	RSRR is calculated by multiplying the facility standardized risk ratio (SRR) with the <i>National Observed Unplanned Readmission Rate</i> .
9	Lower Limit of 95% Interval Estimate for RSRR	Lower boundary of the interval estimate that characterizes the amount of uncertainty associated with the RSRR. CMS is 95% confident that the true value of the RSRR lies between the lower and upper limits of the interval estimate.
10	Upper Limit of 95% Interval Estimate for RSRR	Upper boundary of the interval estimate that characterizes the amount of uncertainty associated with the RSRR. CMS is 95% confident that the true value of the RSRR lies between the lower and upper limits of the interval estimate.
11	National Observed Unplanned Readmission Rate	30-day incidence of readmissions, calculated by dividing the number of index admissions followed by an unplanned readmission within 30 days of discharge by the number of all eligible index admissions. This rate is the number that all facility-level SRRs will be multiplied by to obtain facility-level RSRRs.





### WORKSHEET 3: NATIONAL-STATE PERFORMANCE

Worksheet 3, shown in Figure 2, provides comparisons of state- and national-level rates. Table 2 of Worksheet 3 contains information about national and state performance categories for the measure. Descriptions of the data elements in Figure 2 are in Table B following the Worksheet 3 example.

**Figure 2. Example of Worksheet 3**

3	<b>TABLE 2. NATIONAL AND STATE PERFORMANCE CATEGORIES FOR READM-30-IPF</b>	
4		
5	<b>Total Number of Facilities in the Nation with Measure Results</b>	<b>1,692</b>
6	Number of facilities in the nation that performed better than the national rate	109
7	Number of facilities in the nation that performed no different than the national rate	1,325
8	Number of facilities in the nation that performed worse than the national rate	177
9	Number of facilities in the nation that had too few cases	81
10	<b>Total Number of Facilities in Your State with Measure Results</b>	<b>120</b>
11	Number of facilities in the state that performed better than the national rate	8
12	Number of facilities in the state that performed no different than the national rate	96
13	Number of facilities in the state that performed worse than the national rate	12
14	Number of facilities in the state that had too few cases	4

**Table B. Data Description for Worksheet 3**

Row #	Row Name	Data Description
5, 10	Number of facilities in the nation/state with measure results	Count of facilities with at least one eligible index admission
6, 11	Number of facilities in the nation/state that performed better than the national rate	Count of facilities in which the upper limit of the 95% interval estimate is less than the national rate
7, 12	Number of facilities in the nation/state that performed no different than the national rate	Count of facilities in which the national rate is within the lower and upper limits of the 95% interval estimate.
8, 13	Number of facilities in the nation/state that performed worse than the national rate	Count of facilities in which the lower limit of 95% interval estimate is greater than the national rate.
9, 14	Number of facilities in the nation/state that had too few cases	Count of facilities with fewer than 25 cases for which a measure rate is not publicly reported

### WORKSHEET 4: FACILITY PERFORMANCE

Worksheet 4, shown in Figure 3, provides the data points used to calculate your facility’s RSRR. Descriptions of each of the data elements in Figure 3 are in Table C.



Figure 3. Example of Worksheet 4

TABLE 3. CALCULATION OF YOUR FACILITY'S RISK-STANDARDIZED READMISSION RATE (READM-30-IPF)			
READM-30-IPF Performance Information			
	Facility	National	
Number of Index Admissions (Measure Population)	728	623,953	
Total Number of 30-Day Unplanned Readmissions	204	125,283	
Observed Unplanned Readmission Rate	28.0%	20.1%	
Standardized Risk Ratio (SRR)	1.18	1.00	
Lower Limit of 95% Interval Estimate for SRR	1.05	--	
Upper Limit of 95% Interval Estimate for SRR	1.31	--	
Risk-Standardized Readmission Rate (RSRR)	23.7%	--	
Lower Limit of 95% Interval Estimate for RSRR	21.1%	--	
Upper Limit of 95% Interval Estimate for RSRR	26.3%	--	

Table C. Data Description for Worksheet 4

Row #	Row Name	Description
6	Number of Index Admissions (Measure Population)	Count of facility index admissions that meet the criteria for inclusion in the measure population after measure exclusions have been applied.
7	Total Number of 30-Day Unplanned Readmissions	Number of index admissions with an unplanned readmission to an IPF or acute care hospital within 30 days of discharge.
8	Observed Unplanned Readmission Rate	Total number of 30-day unplanned readmissions divided by the number of eligible index admissions. This is the unadjusted readmission rate.
9	Standardized Risk Ratio (SRR)	Predicted number of readmissions divided by the expected number of readmissions. Predicted and expected readmissions are calculated from the results of the hierarchical logistic regression model.
10	Lower Limit of 95% Interval Estimate for SRR	Lower boundary of the interval estimate that characterizes the amount of uncertainty associated with the SRR. The National field will be populated with "--"; interval estimates are not relevant because the National SRR includes the entire population.
11	Upper Limit of 95% Interval Estimate for SRR	Upper boundary of the interval estimate that characterizes the amount of uncertainty associated with the SRR. The National field will be populated with "--"; interval estimates are not relevant because the National SRR includes the entire population.
12	Risk-Standardized Readmission Rate (RSRR)	The RSRR is calculated by multiplying the facility SRR with the national <i>Observed Unplanned Readmission Rate</i> . The National field is populated with "--". An RSRR is not calculated for the nation because national observed unplanned readmission rate includes the entire population.



Row #	Row Name	Description
13	Lower Limit of 95% Interval Estimate for RSRR	Lower boundary of the interval estimate that characterizes the amount of uncertainty associated with the RSRR. CMS is 95% confident that the true value of the RSRR lies between the lower and upper limits of the interval estimate. The National field is populated with "--". Interval estimates are not calculated for the nation because national observed unplanned readmission rate includes the entire population.
14	Upper Limit of 95% Interval Estimate for RSRR	Upper boundary of the interval estimate that characterizes the amount of uncertainty associated with the RSRR. CMS is 95% confident that the true value of the RSRR lies between the lower and upper limits of the interval estimate. . The National field is populated with "--". Interval estimates are not calculated for the nation because national observed unplanned readmission rate includes the entire population.

## WORKSHEET 5: DISTRIBUTION OF RATES

Worksheet 5, shown in Figure 4, provides the distribution of facility-level 30-Day IPF Readmission rates across the nation and your facility's percentile rank. Table 4 includes descriptive statistics such as minimum and maximum rates and select percentiles for both the observed unplanned readmission rate and the RSRRs. Statistics are based on IPFs with at least 25 eligible index admissions. Descriptions of each of the data elements in Figure 4 are in Table D.

**Figure 4. Example of Worksheet 5**

TABLE 4. NATIONWIDE DISTRIBUTION OF READM-30-IPF RATES AMONG IPFS WITH AT LEAST 25 ELIGIBLE DISCHARGES AND YOUR FACILITY'S PERFORMANCE PERCENTILES

Readmission Rate Type	# IPFs	Minimum	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Maximum	Percentile
Nationwide distribution of observed unplanned readmission rates	1,611	2.0%	12.0%	15.4%	18.5%	22.5%	26.1%	40.3%	--
Your facility's observed unplanned readmission rate percentile	--	--	--	--	--	--	--	--	93rd
Nationwide distribution of RSRRs	1,611	11.4%	16.8%	18.3%	20.1%	22.0%	23.8%	35.8%	--
Your facility's RSRR percentile	--	--	--	--	--	--	--	--	89th

**Table D. Data Description for Worksheet 5**

Row #	Row Name	Description
6	Nationwide distribution of observed unplanned readmission rates	Distribution of observed unplanned readmission rates among IPFs with at least 25 eligible index admissions in their denominator. In the example, the rate for the 50 <sup>th</sup> percentile is 18.5%. This indicates that 50% of facilities have rates higher than 18.5%.
7	Your facility's observed unplanned readmission rate percentile	Observed readmission rate percentile relative to other IPFs with at least 25 index admissions in their denominator. Lower percentiles indicate better rates relative to other facilities. A percentile will not be displayed for facilities with fewer than 25 index admissions in their denominator.



Row #	Row Name	Description
8	Nationwide distribution of RSRRs	Distribution of RSRRs among IPFs with at least 25 eligible index admissions in their denominator. In the example, the RSRRs for the 50 <sup>th</sup> percentile is 20.1%. This indicates that 50% of facilities have RSRRs higher than 20.1%.
9	Your facility's RSRR percentile	RSRR percentile relative to other IPFs with at least 25 index admissions in their denominator. Lower percentiles indicate better rates relative to other facilities. A percentile will not be displayed for facilities with fewer than 25 index admissions in their denominator.

## WORKSHEET 6: INDEX ADMISSION DIAGNOSES

Worksheet 6, shown in Figure 5, contains information on the types of patients in the measure at your facility and facilities nationwide. The ICD-10-CM codes for the principal discharge diagnoses are grouped into Clinical Classifications Software (CCS) categories that were developed by the Agency for Healthcare Research and Quality (AHRQ) and modified for use in this measure. Table 5 lists the counts and percentages of index admissions in columns B and C for each CCS principal discharge diagnosis. The percent of index admissions followed by a readmission within 30 days for each CCS principal discharge diagnosis is provided in column D. The percent of index admissions followed by a readmission within 30 days with the same CCS diagnosis as the index admission is in column E.

Figure 5. Example of Worksheet 6

Discharge Diagnosis for the Index Admission	Count	Percent of All Index Admissions	% Readmitted within 30 days	% Readmitted with the Same Diagnosis
<b>Discharges from your facility</b>	--	--	--	--
CCS 659.1 Schizo-affective disorder	248	34.1%	34.3%	22.6%
CCS 657.2/662 Depressive disorder	170	23.4%	29.4%	12.9%
CCS 657.1 Bipolar disorder	167	22.9%	23.4%	10.8%
CCS 659.2 Psychosis	69	9.5%	30.4%	18.8%
CCS 653 Dementia	56	7.7%	12.5%	5.4%
CCS 660 Alcohol disorder	17	2.3%	5.9%	0.0%
CCS 661 Drug disorder	1	0.1%	100.0%	0.0%
CCS 650 Adjustment disorder	NQ	NQ	NQ	NQ
CCS 651 Anxiety	NQ	NQ	NQ	NQ
CCS 652/654/655 ADD/developmental/childhood disorder	NQ	NQ	NQ	NQ
CCS 656 Impulse control disorder	NQ	NQ	NQ	NQ
CCS 658 Personality disorder	NQ	NQ	NQ	NQ
CCS 670/663 Other mental disorder	NQ	NQ	NQ	NQ
<b>Discharges nationwide</b>	--	--	--	--
CCS 657.2/662 Depressive disorder	144,577	23.2%	18.0%	7.4%
CCS 657.1 Bipolar disorder	127,370	20.4%	21.7%	10.2%
CCS 659.1 Schizo-affective disorder	103,437	16.6%	24.5%	13.4%
CCS 659.2 Psychosis	102,168	16.4%	20.7%	10.3%
CCS 653 Dementia	85,383	13.7%	15.6%	6.8%
CCS 660 Alcohol disorder	19,844	3.2%	21.5%	10.7%
CCS 661 Drug disorder	19,128	3.1%	19.4%	6.9%
CCS 651 Anxiety	8,351	1.3%	16.6%	2.4%
CCS 650 Adjustment disorder	5,741	0.9%	15.7%	1.5%
CCS 658 Personality disorder	2,394	0.4%	24.7%	4.5%
CCS 656 Impulse control disorder	2,371	0.4%	17.8%	5.1%
CCS 670/663 Other mental disorder	1,758	0.3%	17.6%	4.4%
CCS 652/654/655 ADD/developmental/childhood disorder	1,431	0.2%	17.1%	4.3%



In the example, 9.5% of the index admissions to the facility have a principal discharge diagnosis of CCS 659.2 Psychosis compared to 16.4% of index admissions nationwide. Of those index admissions to the facility for psychosis, 30.4% are followed by an unplanned readmission within 30 days of discharge, and 18.8% are followed by an unplanned readmission with a principal diagnosis of CCS 659.2 Psychosis.

## WORKSHEET 7: READMIT LOCATION

Worksheet 7, shown in Figure 6, summarizes the characteristics of facilities to which patients are readmitted following a discharge from your facility and facilities nationally. Row 7 of Table 6 shows the total number of 30-day unplanned readmissions. Rows 10 and 11 show the count and percent of unplanned readmissions that returned to the discharging facility and rows 12 and 13 show the count and percent of unplanned readmissions that occurred at another facility. Rows 16 through 18 provide additional detail about the readmissions to another facility by showing whether they were readmitted to another IPF or an acute care hospital.

Figure 6. Example of Worksheet 7

3 TABLE 6. READMISSION LOCATION (READM-30-IPF)			
4			
5	READM-30-IPF Performance Information	Facility	National
6	Number of index admissions (Measure Population)	728	623,953
7	Total number of 30-day unplanned readmissions	204	125,283
8	Observed unplanned readmission rate	28.0%	20.1%
9	<b>Readmissions by Location</b>	--	--
10	Total number of 30-day unplanned readmissions that returned to discharging facility	85	51,231
11	Percent of all readmissions that returned to discharging facility	41.7%	40.9%
12	Total number of 30-day unplanned readmissions that are readmitted to another facility	119	74,052
13	Percent of all readmissions that are readmitted to another facility	58.3%	59.1%
14	<b>Readmissions to other facilities by type of facility</b>	--	--
15	Total number of 30-day unplanned readmissions that are readmitted to a different IPF	71	39,753
16	Percent of all readmissions that are readmitted to a different IPF	34.8%	31.7%
17	Total number of 30-day unplanned readmissions that are readmitted to an acute care hospital	48	34,299
18	Percent of all readmissions that are readmitted to an acute care hospital	23.5%	27.4%

## WORKSHEET 8: READMIT PER BENEFICIARY

Worksheet 8, shown in Figure 7, contains beneficiary-level data. Rows 6 and 9 show the number of eligible index admissions and readmissions. Rows 7 and 10 show the number of beneficiaries with an eligible index admission or readmission. In the example, there are fewer beneficiaries than eligible index admissions or readmissions because beneficiaries can have multiple eligible index admissions during the measurement period. The counts and percentages of beneficiaries with only one readmission during the measurement period are provided in Rows 12 and 13. The counts and percentages of beneficiaries with two or more readmissions are provided in Rows 14 and 15.



Figure 7. Example of Worksheet 8

3 TABLE 7. BENEFICIARIES WITH MULTIPLE READMISSIONS (July 1, 2015-June 30, 2017)			
4			
5	<b>READM-30-IPF Admissions and Readmissions</b>	<b>Facility</b>	<b>National</b>
6	Number of index admissions	728	623,953
7	Number of unique beneficiaries with an eligible index admission	472	379,854
8	<b>Readmissions</b>	--	--
9	Number of readmissions	204	125,283
10	Number of unique beneficiaries with readmissions	138	79,505
11	<b>Number of readmissions per beneficiary</b>	--	--
12	Number of unique beneficiaries with one readmission during the performance period	102	57,050
13	Percent of unique beneficiaries with one readmission during the performance period	73.9%	71.8%
14	Number of unique beneficiaries with two or more readmissions during the performance period	36	22,455
15	Percent of unique beneficiaries with two or more readmissions during the performance period	26.1%	28.2%

### WORKSHEET 9: READMIT DIAGNOSES

Worksheet 9, shown in Figure 8, contains the top ten CCS principal discharge diagnoses for readmissions following discharges from your facility and facilities nationwide. In the example, the facility had a higher percentage of readmissions related to schizo-affective disorder than facilities nationwide. When considered with the information from Table 5, this could be because the facility treats a higher percentage of patients with schizo-affective disorder than are treated by IPFs nationwide.



**Figure 8. Example of Worksheet 9**

TABLE 8. TOP 10 CCS PRINCIPAL DIAGNOSES OF READMISSIONS FOLLOWING DISCHARGE		
CCS Diagnoses on the Readmission	Count	Percent of Readmissions
<b>Readmissions from your facility</b>	--	--
CCS 659.1 Schizo-affective disorder	66	32.4%
CCS 657.1 Bipolar disorder	31	15.2%
CCS 657.2/662 Depressive disorder	30	14.7%
CCS 659.2 Psychosis	29	14.2%
CCS 660 Alcohol disorder	5	2.5%
CCS 131 Respiratory failure; insufficiency; arrest (adult)	4	2.0%
CCS 653 Dementia	4	2.0%
CCS 2 Septicemia (except in labor)	3	1.5%
CCS 661 Drug disorder	3	1.5%
CCS 102 Nonspecific chest pain	2	1.0%
Other CCS	27	13.2%
<b>Readmissions nationwide</b>	--	--
CCS 659.1 Schizo-affective disorder	22,836	18.2%
CCS 657.1 Bipolar disorder	20,831	16.6%
CCS 657.2/662 Depressive disorder	17,743	14.2%
CCS 659.2 Psychosis	16,991	13.6%
CCS 653 Dementia	7,303	5.8%
CCS 660 Alcohol disorder	4,897	3.9%
CCS 661 Drug disorder	3,737	3.0%
CCS 2 Septicemia (except in labor)	2,929	2.3%
CCS 157 Acute and unspecified renal failure	1,303	1.0%
CCS 159 Urinary tract infections	1,265	1.0%
Other CCS	25,448	20.3%

### WORKSHEET 10: RISK FACTOR DISTRIBUTION

Worksheet 10, shown in Figure 9, presents a comparison of facility-level risk factor prevalence compared to national risk factor prevalence. Patient risk factor categories include: gender, age, principal discharge diagnosis of the index admission, comorbidities, and other psychiatric-specific risk factors. In the example, the facility has a higher percentage of index admissions for patients between the ages of 18 and 34 than the national measure population. The facility does not have any qualifying index admissions for patients with principle discharge diagnoses of developmental disorders or dementia during the measurement period as indicated by “NQ” in the facility discharges column.



Figure 9. Example of Worksheet 10

TABLE 9. DISTRIBUTION OF PATIENT RISK FACTORS AMONG DISCHARGES FOR READM-30-IPF			
Risk Factor/Condition Indicator	Facility Discharges	National Discharges	
Number of index admissions	728	623,953	
<b>Risk Factor/Condition Indicators</b>	--	--	
Gender: Male	55.4%	49.0%	
<b>Age</b>	--	--	
18-34	13.7%	12.4%	
35-44	18.3%	14.8%	
45-54	25.7%	18.6%	
55-64	19.6%	18.2%	
65-74	13.9%	17.3%	
75-84	6.2%	12.0%	
85+	2.6%	6.6%	
<b>Principal discharge diagnosis on index admission</b>	--	--	
CCS 650 Adjustment disorder	NQ	0.9%	
CCS 651 Anxiety	NQ	1.3%	
CCS 652/654/655 ADD/Developmental/Childhood disorders	NQ	0.2%	
CCS 653 Dementia	7.7%	13.7%	
CCS 656 Impulse control disorders	NQ	0.4%	
CCS 657.1 Bipolar disorder	22.9%	20.4%	
CCS 657.2/662 Depressive disorder	23.4%	23.2%	
CCS 658 Personality disorder	NQ	0.4%	

### WORKSHEET 11: DISCHARGE-LEVEL DATA

Worksheet 11 contains Table 10, which lists all eligible index admissions to your facility during the measurement period. These index admissions constitute your measure population. Descriptions of the data elements in Worksheet 11 are provided in Table E.

Table E. Data Description for Worksheet 11

Column	Column Name	Description
A	ID Number	ISR-specific observation ID number. This number should be referenced if there are questions for a specific record. Please do not reference personally Identifiable Information (PII) and Protected Health Information (PHI).
B	Provider ID	CMS Certification Number (CCN) of the discharging IPF
C	HICNO	6 to12 digit Medicare health insurance claim account number. Note: This is not the same as the SSN
D	Medical Record Number	Medical record number on Medicare FFS claim
E	Beneficiary DOB	Patient date of birth
F	Admission Date of Index Stay	IPF admission date from the Medicare FFS claim





Column	Column Name	Description
G	Discharge Date of Index Stay	IPF discharge date from the Medicare FFS claim
H	Principal Discharge Diagnosis of Index Stay	ICD-9-CM or ICD-10-CM code of the principal discharge diagnosis of the index stay
I	Principal Discharge CCS of Index Stay	AHRQ CCS category for the ICD-9-CM or ICD-10-CM code of the principal discharge diagnosis of the index admission
J	Unplanned Readmission within 30 Days	"Yes" indicates that the index admission was followed by an unplanned readmission within 30 days of discharge that would count toward the outcome
K	Admission Date of Readmission	Admission date of the unplanned readmission
L	Discharge Date of Readmission	Discharge date of the unplanned readmission
M	Principal Discharge Diagnosis of Readmission	ICD-9-CM or ICD-10-CM code of the principal discharge diagnosis of the readmission
N	Principal Discharge CCS of Readmission	AHRQ CCS category for the ICD-9-CM or ICD-10-CM code of the principal discharge diagnosis of the readmission
O	Readmission to the Same Provider (Yes/No)	"Yes" indicates that the unplanned readmission occurred at your facility. "No" indicates the unplanned readmission occurred at a different IPF or at an acute care facility or critical access hospital. The acute care facility or critical access hospital may have the same provider ID as your IPF if your IPF is a unit in a hospital.
P	Readmission to an IPF (Yes/No)	"Yes" indicates that the unplanned readmission occurred at an IPF. "No" indicates that the unplanned readmission occurred at an acute care facility or critical access hospital. The acute care facility or critical access hospital may have the same provider ID as your IPF if your IPF is a unit in a hospital.
Q	Provider ID of Readmitting Facility	CMS Certification Number (CCN) of the readmitting facility To locate provider ID numbers (CMS Certification Numbers or CCNs) and names of facilities, use the Hospital General Information table, which can be found at the following link: <a href="https://data.medicare.gov/Hospital-Compare/Hospital-General-Information/xubh-q36u">https://data.medicare.gov/Hospital-Compare/Hospital-General-Information/xubh-q36u</a>

## RESOURCES

Contact the QualityNet Help Desk for questions regarding CMS calculations, the ISR, and patient-level data:

- Phone: (866) 288-8912
- TTY: (877) 715-6222
- Email: [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org)

Please do not email the contents of the ISR. The file contains PII and PHI. Emailing this data is a security violation. If you have questions, please contact the QualityNet Help Desk, and they will provide directions for transmitting data if necessary.