2021 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 4.0

Inpatient Psychiatric Facility Quality Reporting Program

The primary audience for this publication is hospitals participating in the Inpatient Psychiatric Facility (IPF) Quality Reporting Program. The scope of the document is limited to instructing providers on how to interpret the data in the IPF-specific report before the data are published on CMS's Provider Data Catalog.

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CONTENTS

PREFACE 2
OVERVIEW 2
IPFQR PROGRAM 3
HOW TO USE YOUR ISR 4
RETRIEVING REPORTS FROM THE MFT DASHBOARD 4
ISR DETAILS 6
- WORKSHEET 1: SUMMARY 6
- WORKSHEET 2: PUBLICLY REPORTED 7
- WORKSHEET 3: NATIONAL – STATE PERFORMANCE 9
- WORKSHEET 4: FACILITY PERFORMANCE 10
- WORKSHEET 5: DISTRIBUTION OF RATES 11
- WORKSHEET 6: INDEX ADMISSION DIAGNOSES 12
- WORKSHEET 7: READMIT LOCATION 13
- WORKSHEET 8: READMIT PER BENEFICIARY 14
- WORKSHEET 9: READMIT DIAGNOSES 14
- WORKSHEET 10: DISCHARGE-LEVEL DATA 16
- WORKSHEET 11: RISK FACTOR DISTRIBUTION 17

CONTACT INFORMATION 18

TABLES

Table A. Data descriptions for Worksheet 2 8
Table B. Data descriptions for Worksheet 3 9
Table C. Data descriptions for Worksheet 4 10
Table D. Data descriptions for Worksheet 5 11
Table E. Data descriptions for Worksheet 10 16

FIGURES

Figure 1. MFT Dashboard 4
Figure 2. MFT Inbox 5
Figure 3. Example of Worksheet 2 7
Figure 4. Example of Worksheet 3 9
Figure 5. Example of Worksheet 4 10
Figure 6. Example of Worksheet 5 11
Figure 7. Example of Worksheet 6 12
Figure 8. Example of Worksheet 7 13
Figure 9. Example of Worksheet 8 14
Figure 10. Example of Worksheet 9 15
Figure 11. Example of Worksheet 11 17

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PREFACE

The Centers for Medicare & Medicaid Services (CMS) is providing data on the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF Readmission) measure to inpatient psychiatric facilities (IPFs) that participate in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. CMS is sending these data to IPFs privately before reporting the data publicly on the compare tool hosted by U.S. Department of Health & Human Services in January 2022.

The IPF-specific reports (ISRs) containing these data include 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 ISRs are based on a measurement period from July 1, 2018, through December 31, 2019.[1]

This user guide is intended to describe the measure data in the ISR and help facilities interpret the results. The guide 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

This user guide supports the public reporting of the IPF Readmission measure. This facility-level measure estimates the unplanned, 30-day, risk-standardized readmission rate for adult Medicare fee-for-service (FFS) patients who have a principal discharge diagnosis of a psychiatric disorder.

The IPF Readmission measure is claims-based and calculated by CMS. The measurement period used to identify cases in the measure population is typically 24 months, but it is only 18 months this year in accordance with the CMS COVID-19 Data Waiver. To identify readmissions, the measure uses Medicare FFS data from the start of the measurement period through 30 days after this period. To identify risk factors, the measure uses Medicare FFS data from 12 months before the start of the measurement period through the end of the measurement period. For more details on the measure specifications, please see the claims-based measure specifications on the QualityNet website: https://qualitynet.cms.gov/ipf/ipfqr/measures

All IPFs paid under the inpatient psychiatric facility prospective payment system are included in this measure. This includes freestanding psychiatric facilities and inpatient psychiatric units in acute care as well as critical access hospitals that provide inpatient psychiatric services

[1] The measure's performance period for FY 2022 payment determination has been shortened to exclude data for services occurring from January 2020 through June 2020 in accordance with the CMS COVID-19 Data Waiver. For more information, see https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting.

reimbursed by Medicare. Eligible IPFs are located in all 50 states, the District of Columbia, and the Commonwealth of Puerto Rico.

IPFQR 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 launched October 1, 2012, are to improve the quality of inpatient psychiatric care and to convey information to consumers to help them make informed decisions about their health care.

To meet IPFQR Program requirements, IPFs must submit to CMS all quality measures in the manner and time frame specified by the Secretary, beginning with the fiscal year 2014 payment determination year and continuing through subsequent fiscal years. Eligible IPFs that do not participate in the IPFQR Program in a fiscal year or do not meet all reporting requirements will receive a 2.0 percentage-point reduction in their annual update to their standard federal rate for that year. The reduction is noncumulative across payment years. There is no reporting requirement for claims-based measures, such as the IPF Readmission measure, that are calculated by CMS using Medicare FFS billing data. Eligibility for the annual update is determined by participation in the IPFQR Program.

HOW TO USE YOUR ISR

This section of the user guide focuses on the ISR that facilities will receive for the IPF Readmission measure. It describes how to use the Managed File Transfer (MFT) Dashboard retrieve and download the ISR, how to use the ISR Excel file, and what the ISR data elements mean in terms of a facility's results.

RETRIEVING REPORTS FROM THE MFT DASHBOARD

Registered Security Administrators/Officials (SA/O) will receive an Auto-Route File Delivery Notification email indicating that the ISR for their facility is available.

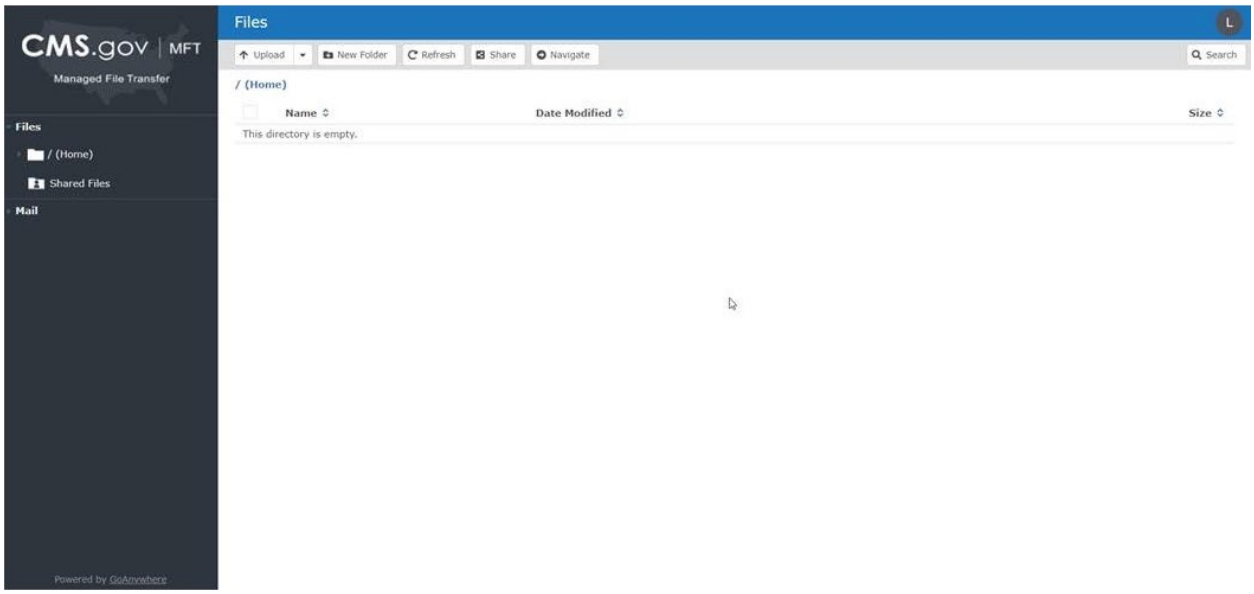
Alternatively, ISRs are also available via the Hospital Quality Reporting (HQR) system Managed File Transfer (MFT) inbox: https://harp.cms.gov/login/login?ADO=MFT. Users will need to log in to the *MFT Dashboard* using their HARP username and password to access the mailbox.

Note that users must have the basic *MFT* permission and be assigned the "Auto-Route (IPFQR)" permission to access their ISR. Users who are not a SA/O should contact the SA/O for their organization to confirm that they have the basic *MFT* permission and to obtain the "Auto-Route (IPFQR)" permission.

For users with the appropriate permissions, there are three steps to access ISRs once logged into the *MFT Dashboard*:

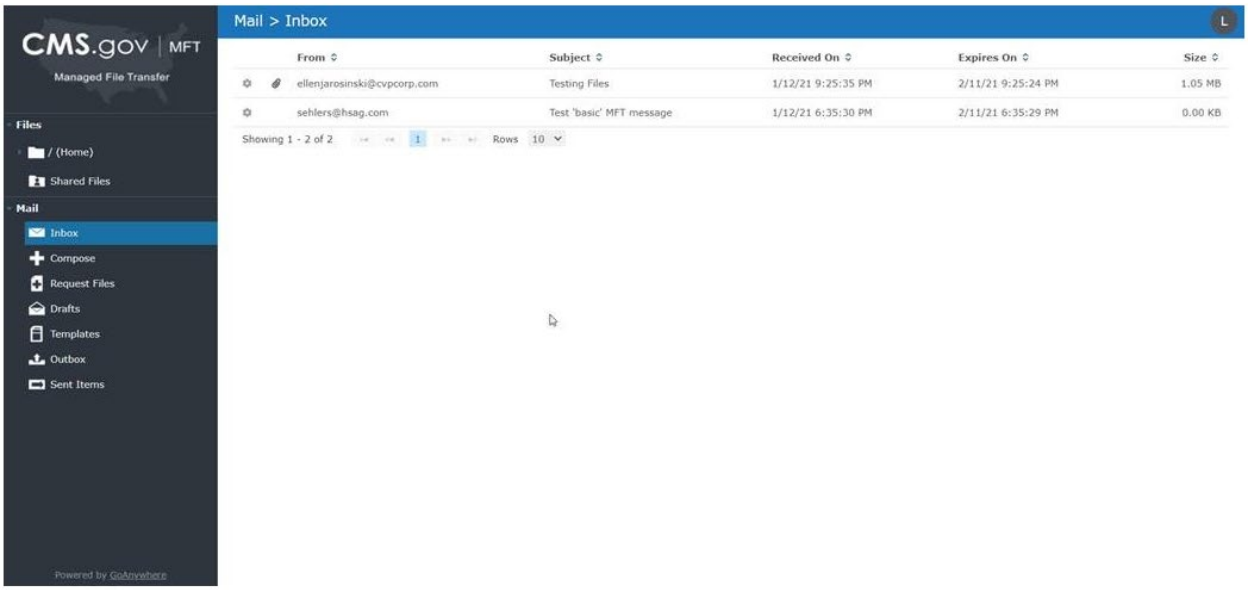
1. In the left-hand navigation pane, click on **Mail**.

Figure 1. MFT Dashboard



2. Locate your ISR in the **Inbox** folder.

Figure 2. MFT Inbox



3. 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 should take approximately a minute for most users. The current versions of Microsoft Edge and Google Chrome are the internet browsers that work best for accessing the *MFT Dashboard*. 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:

1. Summary
2. Publicly Reported
3. National – State Performance
4. Facility Performance
5. Distribution of Rates
6. Index Admission Diagnoses
7. Readmit Location
8. Readmit per Beneficiary
9. Readmit Diagnoses
10. Discharge-Level Data
11. Risk Factor Distribution

This section of the user guide shows examples of worksheets and tables in the ISR. Some of the sample worksheets have a supplemental table with row-by-row descriptions of elements in the worksheets and tables. Some of the tables also contain notes to explain abbreviations or provide more information. National-, state-, and facility-level data in the sample worksheets are mock data for illustration purposes only and do not reflect actual numbers or rates.

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 also disclaimers about the handling of the protected information in the report. Facilities are encouraged to check the accuracy of the IPF name, CMS certification number, and state. If you find discrepancies, please contact the QualityNet Help Desk at qnetsupport@hcqis.org before continuing to review the report.

WORKSHEET 2: PUBLICLY REPORTED

Worksheet 2, shown in Figure 3, presents your facility's performance on the IPF Readmission measure. The information in this worksheet is the only information in the ISR that will be publicly reported on CMS's Provider Data Catalog at https://data.cms.gov/provider-data/. Information in all other worksheets is provided to IPFs to help them better understand their results. Table 1 of Worksheet 2 includes the following:

- Your Facility's Comparative Performance
- Your Facility's Number of Index Admissions (Measure Population)
- Your Facility's Risk-Standardized Readmission Rate (RSRR)
- Lower Limit of 95 percent Interval Estimate for RSRR
- Upper Limit of 95 percent Interval Estimate for RSRR
- National Observed Rate of Unplanned Readmission Rate

Descriptions of the data elements in Figure 3 can be found in Table A.

Figure 3. Example of Worksheet 2

3	TABLE 1. YOUR FACILITY'S PERFORMANCE ON THE 30-DAY IPF READMISSION MEASURE (READM-30-IPF)	
4		
5	**READM-30-IPF Performance Information**	--
6	Your Facility's Comparative Performance	No different than the national rate
7	Your Facility's Number of Index Admissions (Measure Population)	101
8	Your Facility's Risk-Standardized Readmission Rate (RSRR)	23.3%
9	Lower Limit of 95% Interval Estimate for RSRR	18.0%
10	Upper Limit of 95% Interval Estimate for RSRR	29.8%
11	National Observed Unplanned Readmission Rate	20.1%

Table A. Data descriptions for Worksheet 2

Row #	Row name	Data description
6	Your Facility's Comparative Performance	Performance category for your facility is based on your RSRR and 95 percent interval estimate.
7	Your Facility's Number of Index Admissions (Measure Population)	Number 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 will be listed on Worksheet 4 instead.
8	Your Facility's RSRR	RSRR is calculated by multiplying the facility's standardized risk ratio (SRR) with the national rate of observed, unplanned readmissions.
9	Lower Limit of 95% Interval Estimate for RSRR	Lower boundary of the interval estimate that characterizes the amount of uncertainty associated with the facility's RSRR. CMS is 95 percent 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 facility's RSRR. CMS is 95 percent 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	Thirty-day incidence of readmissions, calculated by finding the number of index admissions followed by an unplanned readmission within 30 days of discharge and dividing it 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.[a]

[a] See Table C for an additional explanation of SRRs and RSRRs.

WORKSHEET 3: NATIONAL – STATE PERFORMANCE

Worksheet 3, shown in Figure 4, compares state and national rates. Table 2 of Worksheet 3 contains information about national and state performance categories for the measure. Descriptions of the data elements in Figure 4 can be found in Table B.

Figure 4. Example of Worksheet 3

3	**TABLE 2. NATIONAL AND STATE PERFORMANCE CATEGORIES FOR READM-30-IPF**	
4		
5	**Total Number of Facilities in the Nation with Measure Results**	**1,694**
6	Number of facilities in the nation that performed better than the national rate	106
7	Number of facilities in the nation that performed no different than the national rate	1,344
8	Number of facilities in the nation that performed worse than the national rate	154
9	Number of facilities in the nation that had too few cases	90
10	**Total Number of Facilities in Your State with Measure Results**	**29**
11	Number of facilities in the state that performed better than the national rate	1
12	Number of facilities in the state that performed no different than the national rate	28
13	Number of facilities in the state that performed worse than the national rate	0
14	Number of facilities in the state that had too few cases	0

Table B. Data descriptions for Worksheet 3

Row #	Row name	Data description
5, 10	Number of facilities in the nation/state with measure results	Number 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	Number of facilities in which the upper limit of the 95 percent interval estimate is less than the national rate
7, 12	Number of facilities in the nation/state that performed no different from the national rate	Number of facilities in which the national rate is between the lower and upper limits of the 95 percent interval estimate.
8, 13	Number of facilities in the nation/state that performed worse than the national rate	Number of facilities in which the lower limit of the 95 percent interval estimate is greater than the national rate.
9, 14	Number of facilities in the nation/state that had too few cases	Number 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 5, provides the data points used to calculate your facility's RSRR. Descriptions of each data element in Figure 5 can be found in Table C.

Figure 5. Example of Worksheet 4

3	TABLE 3. CALCULATION OF YOUR FACILITY'S RISK-STANDARDIZED READMISSION RATE (READM-30-IPF)		
4			
5	**READM-30-IPF Performance Information**	**Facility**	**National**
6	Number of Index Admissions (Measure Population)	101	591,204
7	Total Number of 30-Day Unplanned Readmissions	23	118,550
8	Observed Unplanned Readmission Rate	22.8%	20.1%
9	Standardized Risk Ratio (SRR)	1.16	1.00
10	Lower Limit of 95% Interval Estimate for SRR	0.90	--
11	Upper Limit of 95% Interval Estimate for SRR	1.48	--
12	Risk-Standardized Readmission Rate (RSRR)	23.3%	--
13	Lower Limit of 95% Interval Estimate for RSRR	18.0%	--
14	Upper Limit of 95% Interval Estimate for RSRR	29.8%	--

Table C. Data descriptions for Worksheet 4

Row #	Row name	Description
6	Number of Index Admissions (Measure Population)	Number 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 for the facility. Predicted number of readmissions is calculated based on the facility's performance and its observed case mix; expected number of readmissions is calculated based on the national performance and the observed case mix for a given facility.
10	Lower Limit of 95 Percent 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 Percent 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 by the national rate of observed unplanned readmissions. The "National" field is populated with "--". An RSRR is not calculated for the nation because the national rate of observed unplanned readmissions includes the entire population.
13	Lower Limit of 95 Percent Interval Estimate for RSRR	Lower boundary of the interval estimate that characterizes the amount of uncertainty associated with the RSRR. CMS is 95 percent 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

Row #	Row name	Description
		estimates are not calculated for the nation because the national rate of observed unplanned readmissions includes the entire population.
14	Upper Limit of 95 Percent Interval Estimate for RSRR	Upper boundary of the interval estimate that characterizes the amount of uncertainty associated with the RSRR. CMS is 95 percent 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 the national rate of observed unplanned readmissions includes the entire population.

WORKSHEET 5: DISTRIBUTION OF RATES

Worksheet 5, shown in Figure 6, provides the distribution of facility-level 30-day IPF readmission rates across the nation and your facility's percentile rank. Table 4 of Worksheet 5 includes descriptive statistics such as minimum and maximum rates and select percentiles for both the observed rate of unplanned readmissions and the RSRRs. The statistics are based on IPFs with at least 25 eligible index admissions. Descriptions of each data element in Figure 6 can be found in Table D.

Figure 6. 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	1,604	0.0%	12.1%	15.4%	18.6%	22.2%	26.0%	41.6%	--
Your facility's observed unplanned readmission rate percentile	--	--	--	--	--	--	--	--	77th
Nationwide distribution of RSRRs	1,604	11.3%	16.9%	18.3%	20.0%	21.9%	23.7%	37.0%	--
Your facility's RSRR percentile	--	--	--	--	--	--	--	--	88th

Table D. Data descriptions for Worksheet 5

Row #	Row name	Description
6	Nationwide distribution of observed unplanned readmission rates	Distribution of the rates of observed unplanned readmissions among IPFs with at least 25 eligible index admissions in their denominator. In the example, the rate for the 50th percentile is 18.6 percent. This indicates that 50 percent of facilities have rates higher than 18.6 percent.
7	Your facility's observed unplanned readmission rate percentile	Your facility's percentile of observed unplanned readmission rates 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 shown for facilities with fewer than 25 index admissions in their denominator.
8	Nationwide distribution of RSRRs	Distribution of RSRRs among IPFs with at least 25 eligible index admissions in their denominator. In the example, the rate for the 50th percentile is 20.0 percent. This indicates that 50 percent of facilities have RSRRs higher than 20.0 percent.
9	Your facility's RSRR percentile	Your facility's 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 shown for facilities with fewer than 25 index admissions in their denominator.

WORKSHEET 6: INDEX ADMISSION DIAGNOSES

Worksheet 6, shown in Figure 7, contains information on the principal discharge diagnosis of patients in the measure at your facility and at facilities nationwide. The International Classification of Diseases, Tenth Revision, Clinical Modification (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. Columns B and C in Table 5 list the numbers and percentages of index admissions for each CCS principal discharge diagnosis.

Column D shows the percentage of index admissions followed by a readmission within 30 days for each CCS principal discharge diagnosis. Column E shows the percentage of index admissions followed by a readmission within 30 days with the same CCS diagnosis as the index admission.

A value of NQ in a cell indicates that the facility had no qualifying cases for this diagnosis classification.

Figure 7. Example of Worksheet 6

3	TABLE 5. CCS PRINCIPAL DISCHARGE DIAGNOSES FOR THE INDEX ADMISSIONS				
4					
5	**Discharge Diagnosis for the Index Admission**	**Count**	**Percent of All Index Admissions**	**% Readmitted within 30 days**	**% Readmitted with the Same Diagnosis**
6	**Discharges from your facility**	--	--	--	--
7	CCS 657 Mood disorders	43	42.6%	23.3%	11.6%
8	CCS 659 Schizophrenia and other psychotic disorders	21	20.8%	19.0%	9.5%
9	CCS 660 Alcohol-related disorders	9	8.9%	44.4%	33.3%
10	CCS 654 Developmental disorders	8	7.9%	50.0%	50.0%
11	CCS 650 Adjustment disorders	7	6.9%	0.0%	0.0%
12	CCS 651 Anxiety disorders	7	6.9%	14.3%	0.0%
13	CCS 661 Substance-related disorders	4	4.0%	0.0%	0.0%
14	CCS 658 Personality disorders	2	2.0%	0.0%	0.0%
15	CCS 652 Attention-deficit, conduct, and disruptive behavior disorders	NQ	NQ	NQ	NQ
16	CCS 653 Delirium, dementia, and amnestic and other cognitive disorders	NQ	NQ	NQ	NQ
17	CCS 655 Disorders usually diagnosed in infancy, childhood, or adolescence	NQ	NQ	NQ	NQ
18	CCS 656 Impulse control disorders, NEC	NQ	NQ	NQ	NQ
19	CCS 662 Suicide and intentional self-inflicted injury	NQ	NQ	NQ	NQ
20	CCS 663 Screening and history of mental health and substance abuse codes	NQ	NQ	NQ	NQ
21	CCS 670 Miscellaneous disorders	NQ	NQ	NQ	NQ
22	**Discharges nationwide**	--	--	--	--
23	CCS 657 Mood disorders	253,949	43.0%	19.6%	8.6%
24	CCS 659 Schizophrenia and other psychotic disorders	198,609	33.6%	22.6%	11.9%
25	CCS 653 Delirium, dementia, and amnestic and other cognitive disorders	80,397	13.6%	15.8%	7.0%
26	CCS 660 Alcohol-related disorders	18,883	3.2%	21.1%	10.7%
27	CCS 661 Substance-related disorders	17,675	3.0%	19.4%	6.4%
28	CCS 651 Anxiety disorders	7,808	1.3%	16.4%	1.9%
29	CCS 650 Adjustment disorders	5,656	1.0%	16.4%	1.7%
30	CCS 658 Personality disorders	2,420	0.4%	25.5%	5.1%
31	CCS 656 Impulse control disorders, NEC	2,120	0.4%	17.3%	4.6%
32	CCS 670 Miscellaneous disorders	1,380	0.2%	17.2%	3.9%
33	CCS 662 Suicide and intentional self-inflicted injury	952	0.2%	18.6%	6.4%
34	CCS 655 Disorders usually diagnosed in infancy, childhood, or adolescence	559	0.1%	14.8%	3.8%
35	CCS 654 Developmental disorders	390	0.1%	18.5%	5.1%
36	CCS 652 Attention-deficit, conduct, and disruptive behavior disorders	374	0.1%	15.5%	2.9%
37	CCS 663 Screening and history of mental health and substance abuse codes	32	0.0%	6.3%	0.0%

In the example above, outlined in blue boxes, 7.9 percent of the index admissions to the facility have a principal discharge diagnosis of CCS 654 (developmental disorders), compared with 0.1 percent of index admissions nationwide. Of the eligible index admissions to the facility, 50 percent are followed by an unplanned readmission within 30 days of discharge, and 50 percent are followed by an unplanned readmission with a principal diagnosis of CCS 654.

WORKSHEET 7: READMIT LOCATION

Worksheet 7, shown in Figure 8, summarizes the characteristics of facilities to which patients are readmitted following a discharge from your facility and from facilities nationally. Row 7 of Table 6 shows the total number of 30-day unplanned readmissions. Rows 10 and 11 show the number and percentage of unplanned readmissions in which the patient returned to the discharging facility, and rows 12 and 13 show the number and percentage of unplanned readmissions that occurred at another facility. For the readmissions to other facilities, rows 15 through 18 show whether the patients were readmitted to another IPF or to an acute care hospital.

Figure 8. Example of Worksheet 7

1	**999999 - IPF NAME**		
2	Facility Discharge Performance Period: July 1, 2018, through December 1, 2019*		
3	**TABLE 6. READMISSION LOCATION (READM-30-IPF)**		
4			
5	**READM-30-IPF Performance Information**	**Facility**	**National**
6	Number of index admissions (Measure Population)	101	591,204
7	Total number of 30-day unplanned readmissions	23	118,550
8	Observed unplanned readmission rate	22.8%	20.1%
9	**Readmissions by Location**	--	--
10	Total number of 30-day unplanned readmissions that returned to discharging facility	16	47,130
11	Percent of all readmissions that returned to discharging facility	69.6%	39.8%
12	Total number of 30-day unplanned readmissions that are readmitted to another facility	7	71,420
13	Percent of all readmissions that are readmitted to another facility	30.4%	60.2%
14	**Readmissions to other facilities by type of facility**	--	--
15	Total number of 30-day unplanned readmissions that are readmitted to a different IPF	3	38,603
16	Percent of all readmissions that are readmitted to a different IPF	13.0%	32.6%
17	Total number of 30-day unplanned readmissions that are readmitted to an acute care hospital	4	32,817
18	Percent of all readmissions that are readmitted to an acute care hospital	17.4%	27.7%

WORKSHEET 8: READMIT PER BENEFICIARY

Worksheet 8, shown in Figure 9, 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 unique 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.

Rows 12 and 13 show the numbers and percentages of beneficiaries with only one readmission during the measurement period. Rows 14 and 15 show the numbers and percentages of beneficiaries with two or more readmissions.

Figure 9. Example of Worksheet 8

1	**999999 - IPF NAME**		
2	Facility Discharge Performance Period: July 1, 2018, through December 1, 2019*		
3	**TABLE 7. BENEFICIARIES WITH MULTIPLE READMISSIONS**		
4			
5	**READM-30-IPF Admissions and Readmissions**	**Facility**	**National**
6	Number of index admissions	101	591,204
7	Number of unique beneficiaries with an eligible index admission	65	361,796
8	**Readmissions**	--	--
9	Number of readmissions	23	118,550
10	Number of unique beneficiaries with readmissions	16	75,263
11	**Number of readmissions per beneficiary**	--	--
12	Number of unique beneficiaries with one readmission during the performance period	12	54,001
13	Percent of unique beneficiaries with one readmission during the performance period	75.0%	71.7%
14	Number of unique beneficiaries with two or more readmissions during the performance period	4	21,262
15	Percent of unique beneficiaries with two or more readmissions during the performance period	25.0%	28.3%

WORKSHEET 9: READMIT DIAGNOSES

Worksheet 9, shown in Figure 10, contains the top 10 CCS principal discharge diagnoses for readmissions following discharges from your facility and from facilities nationwide. In the example, the facility had a lower percentage of readmissions related to CCS 659.1 (schizoaffective disorder) than facilities nationwide. When considered with the information from Table 5 in Worksheet 6 (CCS Principal Discharge Diagnoses for the Index Admissions), this could be because the facility treats a lower percentage of patients with schizoaffective disorder than are treated by IPFs nationwide.

Figure 10. Example of Worksheet 9

TABLE 8. TOP 10 CCS PRINCIPAL DIAGNOSES OF READMISSIONS FOLLOWING DISCHARGE

CCS Diagnoses on the Readmission	Count	Percent of Readmissions
Readmissions from your facility	--	--
CCS 657.1 Bipolar disorder	5	21.7%
CCS 657.2/662 Depressive disorder	5	21.7%
CCS 652/654/655 ADD/developmental/childhood disorder	4	17.4%
CCS 660 Alcohol disorder	3	13.0%
CCS 659.2 Psychosis	2	8.7%
CCS 157 Acute and unspecified renal failure	1	4.3%
CCS 2 Septicemia (except in labor)	1	4.3%
CCS 658 Personality disorder	1	4.3%
CCS 659.1 Schizo-affective disorder	1	4.3%
--	--	--
--	--	--
Readmissions nationwide	--	--
CCS 659.1 Schizo-affective disorder	22,312	18.8%
CCS 657.1 Bipolar disorder	19,045	16.1%
CCS 657.2/662 Depressive disorder	17,091	14.4%
CCS 659.2 Psychosis	15,989	13.5%
CCS 653 Dementia	7,068	6.0%
CCS 660 Alcohol disorder	4,543	3.8%
CCS 661 Drug disorder	3,387	2.9%
CCS 2 Septicemia (except in labor)	2,905	2.5%
CCS 157 Acute and unspecified renal failure	1,285	1.1%
CCS 159 Urinary tract infections	1,224	1.0%
Other CCS	23,701	20.0%

WORKSHEET 10: DISCHARGE-LEVEL DATA

Worksheet 10 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 10 can be found in Table E.

Table E. Data descriptions for Worksheet 10

Column	Column Name	Description
A	ID Number	ISR-specific observation ID number. Please reference this number if you have any questions about a specific record. Do not reference personally identifiable information or protected health information.
B	Provider ID	CMS certification number of the discharging IPF
C	HICNO	Six- to 12-digit account number for a Medicare health insurance claim. Note: This is not the same as the social security number.
D	MBI	Medicare beneficiary identifier for the patient. If a Medicare beneficiary identifier is not available for a patient, then "--" will be displayed.
E	Medical Record Number	Medical record number on the Medicare FFS claim
F	Beneficiary DOB	Patient's date of birth
G	Admission Date of Index Stay	IPF admission date from the Medicare FFS claim
H	Discharge Date of Index Stay	IPF discharge date from the Medicare FFS claim
I	Principal Discharge Diagnosis of Index Stay	ICD-10-CM code of the principal discharge diagnosis for the index stay
J	Principal Discharge CCS of Index Stay	AHRQ CCS category for the ICD-10-CM code of the principal discharge diagnosis for the index admission
K	Unplanned Readmission Within 30 Days (Yes/No)	"Yes" indicates that the index admission was followed by an unplanned readmission within 30 days of discharge that would count toward the outcome.
L	Admission Date of Readmission	Admission date of the unplanned readmission.
M	Discharge Date of Readmission	Discharge date of the unplanned readmission.
N	Principal Discharge Diagnosis of Readmission	ICD-10-CM code of the principal discharge diagnosis for the readmission.
O	Principal Discharge CCS of Readmission	AHRQ CCS category for the ICD-10-CM code of the principal discharge diagnosis for the readmission.
P	Readmission to the Same Provider (Yes/No)	"Yes" indicates that the unplanned readmission occurred at your facility. "No" indicates that 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.
Q	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.
R	Provider ID of Readmitting Facility	CMS certification number of the readmitting facility. To locate provider ID numbers and names of facilities, use CMS's Provider Data Catalog: https://data.cms.gov/provider-data/.

WORKSHEET 11: RISK FACTOR DISTRIBUTION

Worksheet 11, shown in Figure 11, compares the prevalence of facility-level risk factors with the prevalence of national risk factors. Types of patient risk factors include gender, age, principal discharge diagnosis of the index admission, comorbidities, and other psychiatric- and non-psychiatric-specific risk factors. In the example, the facility has a higher percentage of index admissions for patients ages 18 to 34 than the national measure's population. The facility had no qualifying index admissions for patients with principal discharge diagnoses of dementia or impulse control disorders during the measurement period, as indicated by "NQ" in the Facility Discharges column.

Figure 11. Example of Worksheet 11

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	101	591,204
Risk Factor/Condition Indicators	--	--
Gender: Male	37.6%	49.4%
Age	--	--
18-34	23.8%	12.3%
35-44	11.9%	14.8%
45-54	8.9%	18.0%
55-64	28.7%	18.5%
65-74	23.8%	18.0%
75-84	2.0%	12.0%
85+	1.0%	6.4%
Principal discharge diagnosis on index admission	--	--
CCS 650 Adjustment disorder	6.9%	1.0%
CCS 651 Anxiety	6.9%	1.3%
CCS 652/654/655 ADD/Developmental/Childhood disorders	7.9%	0.2%
CCS 653 Dementia	NQ	13.6%
CCS 656 Impulse control disorders	NQ	0.4%
CCS 657.1 Bipolar disorder	22.8%	19.7%
CCS 657.2/662 Depressive disorder	19.8%	23.4%
CCS 658 Personality disorder	2.0%	0.4%

CONTACT INFORMATION

If you have questions about CMS's calculations, the ISR, or patient-level data, contact the QualityNet Help Desk:

Phone: (866) 288-8912
TTY: (877) 715-6222
Email: qnetsupport@hcqis.org

Please do not email the contents of the ISR. The file contains personally identifiable information and protected health information. Emailing these data is a security violation**.** If you need to transmit any data, please contact the QualityNet Help Desk for instructions.