

2022 User Guide for the IPF-Specific Report

*Follow-Up After Hospitalization for
Mental Illness (FUH) – Version 6.0*

*Inpatient Psychiatric Facility
Quality Reporting Program*

The primary audience for this publication is hospitals participating in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) 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 the CMS Provider Data Catalog website.



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PREFACE

The Centers for Medicare & Medicaid Services (CMS) is providing data on the Follow-Up After Hospitalization for Mental Illness (FUH) 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 the U.S. Department of Health & Human Services in January 2023.

The IPF-specific reports (ISRs) containing these data include facility-level results, national results, characteristics of discharges, and discharge-level data for all patients counted in the FUH measure. The results provided in the ISRs are calculated based on a measurement period from July 1, 2020, through June 30, 2021.

This user guide is intended to describe the measure data in the ISRs and help facilities interpret the results. The guide contains the following sections:

1. Overview of the FUH measure and the IPFQR Program
2. Guidance on how to use the ISRs, including details on the structure of the reports
3. Contact information for questions

OVERVIEW

This user guide supports the public reporting of the FUH measure. The FUH measure is a facility-level measure that estimates the proportion of discharges from an IPF that (1) were for adult Medicare fee-for-service (FFS) patients with a principal discharge diagnosis of a mental illness and (2) were followed by an outpatient mental health care encounter within 7 or 30 days of discharge.

The FUH measure is claims-based and calculated by CMS. The measurement period used to identify cases in the measure population is typically 12 months, but it is only 6 months this year in accordance with the CMS COVID-19 Data Waiver. To identify follow-up visits, the measure uses Medicare FFS data from the start of the measurement period through 30 days after this period. For more details on the measure specifications and changes to the specifications from the previous reporting year, 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 or critical access hospitals 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.



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 provide information to consumers to help them make informed decisions about their health care.

To meet IPFQR Program requirements, IPFs must submit all quality measures to CMS in the manner and time frame specified by the Secretary, beginning with the fiscal year (FY) 2014 payment determination year and continuing through subsequent FYs. Eligible IPFs that do not participate in the IPFQR Program in a FY 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 FUH 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 focuses on the ISR that facilities will receive for the FUH measure. It describes how to use the *Managed File Transfer (MFT) Dashboard* to 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 email with an Auto-Route File Delivery Notification indicating that the ISR for their facility is available.

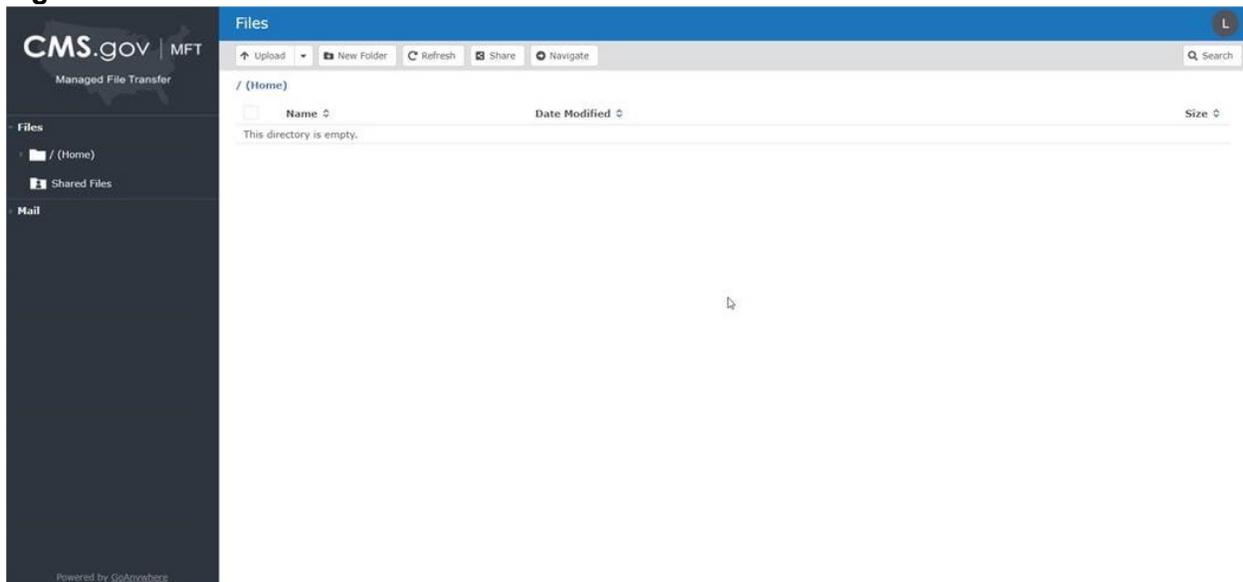
Alternatively, ISRs are also available via the Hospital Quality Reporting (HQR) system *MFT* inbox: <https://harp.cms.gov/login/login?ADO=MFT>. To access the mailbox, users will need to log in to the *MFT Dashboard* using their HARP username and password.

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*:

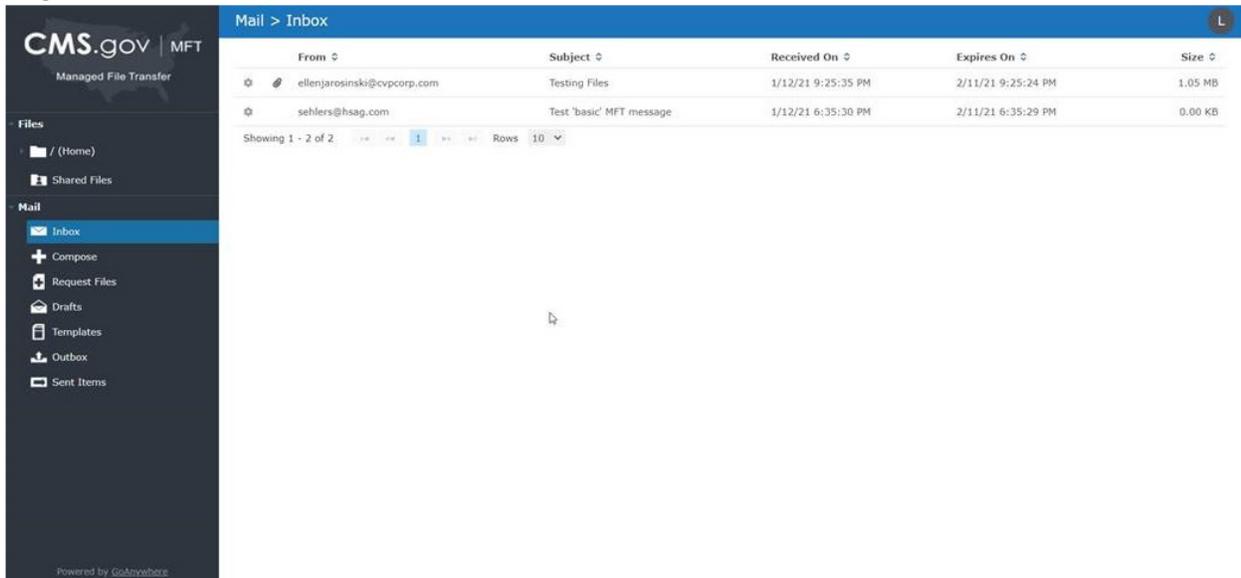
1. In the left-hand navigation pane, click on **Mail**.

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 one 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 five worksheets:

1. Summary
2. Publicly Reported
3. Distribution of Rates
4. Patient Characteristics
5. Discharge-Level Data

This section of the user guide shows examples of the 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

Worksheet 1 provides general information on the measure, links to resources, and contact information to provide feedback on the results. The worksheet also includes 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 CCSQ Service Center at QnetSupport@cms.hhs.gov before continuing to review the report.

WORKSHEET 2: PUBLICLY REPORTED

Worksheet 2 presents your facility's performance on the IPF FUH measure. The information in this worksheet is the only facility information in the ISR that will be publicly reported on CMS's Provider Data Catalog website at <https://data.cms.gov/provider-data/>. If an IPF has fewer than 11 cases in the denominator, performance data will appear confidentially on this worksheet, but will not be publicly reported due to small sample size. Information in all other worksheets is provided to IPFs to help them better understand their results. Table 1 of Worksheet 2 (shown in [Figure 3](#) below) includes the following:

- Your Facility's Denominator (Measure Population)
- Your Facility's 7-Day and 30-Day Follow-Up Rate
- State 7-Day and 30-Day Follow-Up Rate
- National 7-Day and 30-Day Follow-Up Rates

Descriptions of the data elements in [Figure 3](#) can be found in [Table A](#).

Figure 3. Example of Worksheet 2, Table 1

3 TABLE 1. YOUR FACILITY'S PERFORMANCE ON THE FUH MEASURE		
4		
5	FUH Performance Information	--
6	Your Facility's Denominator (Measure Population)	73
7	Your Facility's Rate	--
8	Your Facility's 7-Day Follow-Up Rate	28.8%
9	Your Facility's 30-Day Follow-Up Rate	54.8%
10	State Rate	--
11	State 7-Day Follow-Up Rate	25.0%
12	State 30-Day Follow-Up Rate	42.6%
13	National Rate	--
14	National 7-Day Follow-Up Rate	27.7%
15	National 30-Day Follow-Up Rate	49.9%

Table A. Data descriptions for Worksheet 2

Row #	Row name	Data description
6	Your Facility's Denominator (Measure Population)	Number of facility discharges that meet the criteria for inclusion in the measure population after measure exclusions have been applied
8	Your Facility's 7-Day Follow-Up Rate	Percentage of discharges from your facility that are followed by an outpatient mental health care encounter within 7 days
9	Your Facility's 30-Day Follow-Up Rate	Percentage of discharges from your facility that are followed by an outpatient mental health care encounter within 30 days
11	State 7-Day Follow-Up Rate	Percentage of discharges from eligible IPFs in your state that are followed by an outpatient mental health care encounter within 7 days
12	State 30-Day Follow-Up Rate	Percentage of discharges from eligible IPFs in your state that are followed by an outpatient mental health care encounter within 30 days
14	National 7-Day Follow-Up Rate	Percentage of discharges from all eligible IPFs that are followed by an outpatient mental health care encounter within 7 days
15	National 30-Day Follow-Up Rate	Percentage of discharges from all eligible IPFs that are followed by an outpatient mental health care encounter within 30 days

WORKSHEET 3: DISTRIBUTION OF RATES

Worksheet 3 provides the distribution of facility-level 7-day and 30-day IPF FUH rates across the nation and your facility's percentile rank for the 7-day and 30-day rates. Table 2 in Worksheet 3 (shown in [Figure 4](#) below) includes descriptive statistics such as minimum and maximum rates and select percentiles for the IPF FUH 7-day and 30-day rates. Percentiles are not reported for facilities that do not have data or have fewer than 11 cases in the denominator. Descriptions of each data element in [Figure 4](#) can be found in [Table B](#).

Figure 4. Example of Worksheet 3, Table 2

PERCENTILES									
FUH Rate Type	# IPFs	Minimum	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Maximum	Percentile
Nationwide Distribution of FUH-7-Day Rates	1,451	0.00%	11.76%	18.37%	25.81%	35.29%	45.21%	81.25%	--
Your facility's FUH-7-Day Rate Percentile	--	--	--	--	--	--	--	--	60th
Nationwide Distribution of FUH-30-Day Rates	1,451	5.56%	31.91%	40.63%	50.00%	60.00%	69.23%	96.30%	--
Your facility's FUH-30-Day Rate Percentile	--	--	--	--	--	--	--	--	64th

Table B. Data descriptions for Worksheet 3

Row #	Row name	Data description
6	Nationwide Distribution of FUH 7-Day Rates	Distribution of 7-day rates among IPFs with at least 11 cases in their denominator. In the example in Figure 4, the 7-day rate for the 75th percentile is 35.29 percent. This indicates that 25 percent of facilities have 7-day rates higher than 35.29 percent.
7	Your Facility's FUH 7-Day Rate Percentile	The 7-day rate percentile relative to other IPFs with at least 11 cases in their denominator. Higher percentiles indicate better rates relative to other facilities. A percentile will not be shown for facilities with fewer than 11 cases in their denominator.
8	Nationwide Distribution of FUH 30-Day Rates	Distribution of 30-day rates among IPFs with at least 11 cases in their denominator. In the example in Figure 4, the 30-day rate for the 75th percentile is 60.00 percent. This indicates that 25 percent of facilities have 30-day rates higher than 60.00 percent.
9	Your Facility's FUH 30-Day Rate Percentile	The 30-day rate percentile relative to other IPFs with at least 11 cases in their denominator. Higher percentiles indicate better rates relative to other facilities. A percentile will not be shown for facilities with fewer than 11 cases in their denominator.

WORKSHEET 4: PATIENT CHARACTERISTICS

Worksheet 4 (shown in [Figure 5](#) below) contains information on the types of patients in the measure at your facility and in 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. Table 3 in Worksheet 4 (shown in [Figure 5](#) below) lists the numbers and percentages of discharge diagnosis CCS categories in Columns B and C. Columns D and E show the percentage of discharges with diagnoses in each CCS category that led to a follow-up visit within 7 and 30 days of discharge.

In the example, outlined in blue boxes, 69.9 percent of hospitalizations for the facility have a principal discharge diagnosis of CCS 657 (mood disorders). Yet nationwide, mood disorders represent 56.1 percent of all IPF hospitalizations. Of the hospitalizations for mood disorders who were discharged from the facility, 27.5 percent led to a follow-up visit within 7 days of discharge, and 54.9 percent led to a follow-up within 30 days of discharge. The patients with mood disorders nationwide had a higher 7-day follow-up rate (29.8 percent) and a lower 30-day follow-up rate (52.4 percent) than patients with mood disorders nationwide. A value of NQ in a cell indicates that the facility had no qualifying cases for the diagnosis classification.

Figure 5. Example of Worksheet 4

A	B	C	D	E
999999 – IPF NAME				
Facility discharge performance period: July 1, 2019, through December 1, 2019*				
TABLE 3. CCS PRINCIPAL DIAGNOSES AT DISCHARGE				
	Facility Count	Percent of All IPF Hospitalizations	7-Day Follow-Up Rate	30-Day Follow-Up Rate
Discharge Diagnoses of the IPF Hospitalizations (CCS)				
CCS PRINCIPAL DIAGNOSES AT DISCHARGE FROM YOUR FACILITY	--	--	--	--
CCS 657 Mood disorders	51	69.9%	27.5%	54.9%
CCS 659 Schizophrenia and other psychotic disorders	22	30.1%	31.8%	54.5%
CCS 650 Adjustment disorders	NQ	NQ	NQ	NQ
CCS 651 Anxiety disorders	NQ	NQ	NQ	NQ
CCS 652 Attention-deficit, conduct, and disruptive behavior disorders	NQ	NQ	NQ	NQ
CCS 655 Disorders usually diagnosed in infancy, childhood, or adolescence	NQ	NQ	NQ	NQ
CCS 656 Impulse control disorders, NEC	NQ	NQ	NQ	NQ
CCS 658 Personality disorders	NQ	NQ	NQ	NQ
CCS 662 Suicide and intentional self-inflicted injury	NQ	NQ	NQ	NQ
CCS 670 Miscellaneous disorders	NQ	NQ	NQ	NQ
CCS PRINCIPAL DIAGNOSES AT DISCHARGE NATIONWIDE	--	--	--	--
CCS 657 Mood disorders	92,040	56.1%	29.8%	52.4%
CCS 659 Schizophrenia and other psychotic disorders	66,007	40.3%	25.0%	46.7%
CCS 650 Adjustment disorders	2,217	1.4%	19.4%	38.2%
CCS 651 Anxiety disorders	1,651	1.0%	28.6%	50.8%
CCS 658 Personality disorders	833	0.5%	33.5%	58.5%
CCS 656 Impulse control disorders, NEC	576	0.4%	26.9%	52.3%
CCS 662 Suicide and intentional self-inflicted injury	245	0.1%	25.7%	49.0%
CCS 655 Disorders usually diagnosed in infancy, childhood, or adolescence	228	0.1%	29.4%	63.6%
CCS 652 Attention-deficit, conduct, and disruptive behavior disorders	108	0.1%	20.4%	41.7%
CCS 670 Miscellaneous disorders	31	0.0%	25.8%	48.4%

WORKSHEET 5: DISCHARGE-LEVEL DATA

Worksheet 5 lists all eligible discharges from your facility during the measurement period. These discharges constitute your denominator (measure population). Descriptions of the data elements in Worksheet 5 are shown below in [Table C](#).

Table C. Data descriptions for Worksheet 5

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 twelve-digit account number for a Medicare health insurance claim. Note: This is not the same as the social security number.
D	MBI	Patient's Medicare beneficiary identifier. 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 IPF Hospitalization	IPF admission date from the Medicare FFS claim
H	Discharge Date of IPF Hospitalization	IPF discharge date from the Medicare FFS claim
I	Principal Discharge Diagnosis of IPF Hospitalization	ICD-10-CM code of the principal discharge diagnosis for the stay
J	Principal Discharge CCS of IPF Hospitalization	Agency for Healthcare Research and Quality's CCS category for the ICD-10-CM code of the principal discharge diagnosis for the admission
K	7-Day Follow-Up	A "Yes" in this column indicates that the patient had an eligible follow-up visit within 7 days of discharge. A "No" in this column indicates that the patient did not have an eligible follow-up visit within 7 days of discharge.
L	30-Day Follow-Up	A "Yes" in this column indicates that the patient had an eligible follow-up visit within 30 days of discharge. A "No" in this column indicates that the patient did not have an eligible follow-up visit within 30 days of discharge.



CONTACT INFORMATION

If you have questions about CMS's calculations, the ISR, or patient-level data, contact the CCSQ Service Center:

Phone: (866) 288-8912

TRS: 711

Email: QnetSupport@cms.hhs.gov

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 *CCSQ Service Center* for instructions.