

# 2022 User Guide for the IPF-Specific Report

*Medication Continuation Following Inpatient  
Psychiatric Discharge (MedCont) – Version 3.0*

*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 Medication Continuation Following Inpatient Psychiatric Discharge (MedCont) 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 MedCont measure. The results provided in the ISRs are calculated based on a measurement period from July 1, 2019, through December 31, 2019, and July 3, 2020, through June 30, 2021.<sup>1</sup>

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 MedCont 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 MedCont measure. The MedCont measure is a facility-level measure that assesses whether psychiatric patients admitted to an IPF for major depressive disorder, schizophrenia, or bipolar disorder filled a prescription for evidence-based medication within 2 days prior to discharge and 30 days post-discharge.

The MedCont 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 follow-up visits, the measure uses Medicare fee-for-service (FFS) data from the start of the measurement period through 30 days after. For more details on the measure specifications and changes to the specifications from the previous reporting year, 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

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<sup>1</sup> The measure's performance period for fiscal year (FY) 2022 payment determination has been shortened to exclude data for services occurring from January to 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>. For MedCont, the measurement period begins on July 3, 2020, to avoid including June 2020 in the two-day look back period.



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 was launched on October 1, 2012, are to improve the quality of inpatient psychiatric care and 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 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 MedCont 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 MedCont 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.

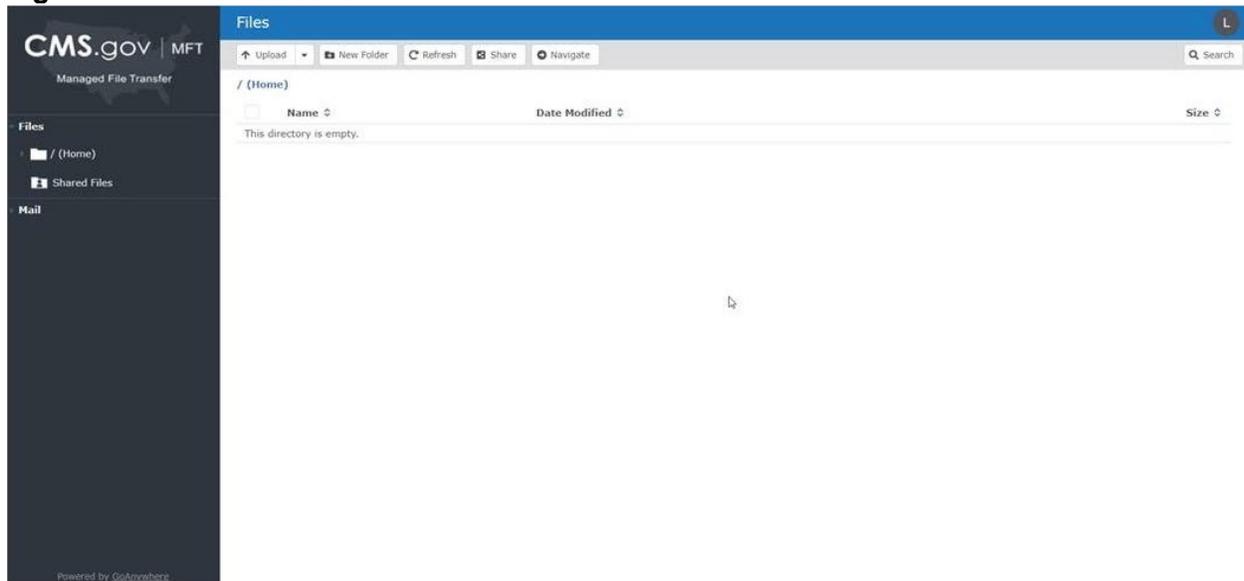
Alternatively, ISRs are also available via the Hospital Quality Reporting (HQR) system *MFT* inbox: <https://harp.cms.gov/login/login?ADO=MFT>. To access the mailbox, users will need to log in to the *MFT Dashboard* using their HARP username and password.

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 in to the *MFT Dashboard*:

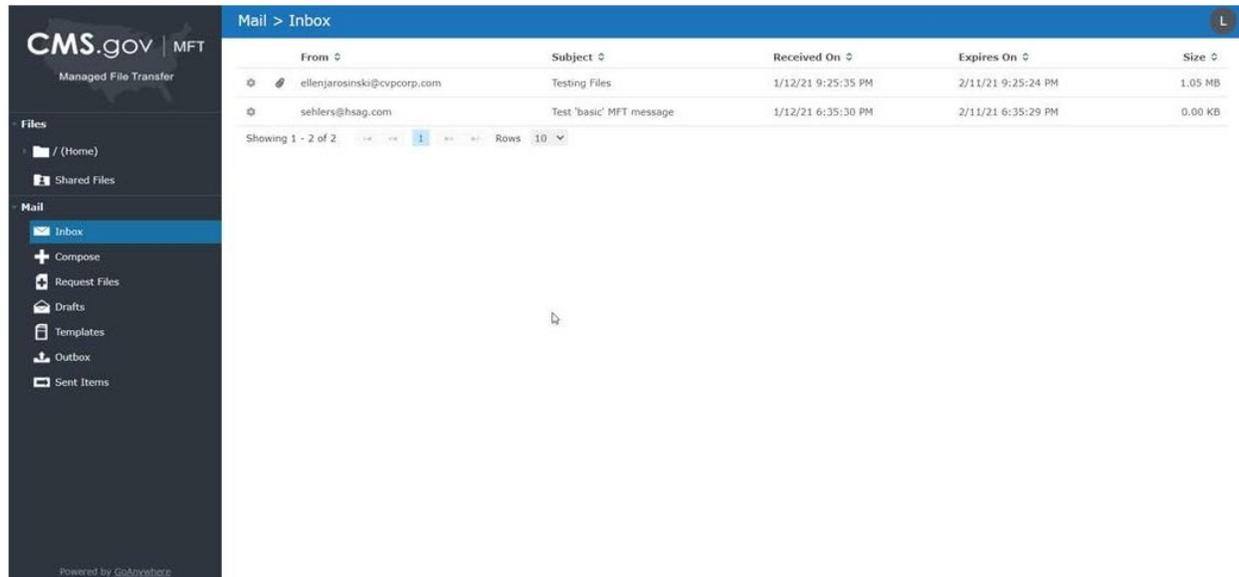
1. In the left-hand navigation pane, click on **Mail**.

**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](mailto:QnetSupport@cms.hhs.gov) before continuing to review the report.



## WORKSHEET 2: PUBLICLY REPORTED

Worksheet 2 presents your facility’s performance on the IPF MedCont 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 75 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 Rate
- State Rate
- National Rate

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

**Figure 3. Example of Worksheet 2, Table 1**

<b>MedCont Performance Information</b>	<b>--</b>
Your Facility’s Denominator (Measure Population)	100
Your Facility’s Rate	70.0%
State Rate	68.0%
National Rate	60.0%

**Table A. Data descriptions for Worksheet 2**

<b>Row name</b>	<b>Data description</b>
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
Your Facility’s Rate	Percentage of discharges from your facility who filled a prescription for evidence-based medication within 2 days prior to discharge and 30 days post-discharge
State Rate	Percentage of discharges from eligible IPFs in your state who filled a prescription for evidence-based medication within 2 days prior to discharge and 30 days post-discharge
National Rate	Percentage of discharges from eligible IPFs in the nation who filled a prescription for evidence-based medication within 2 days prior to discharge and 30 days post-discharge

## WORKSHEET 3: DISTRIBUTION OF RATES

Worksheet 3 provides the distribution of facility-level MedCont rates across the nation and your facility’s percentile rank for the 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 MedCont rates. Percentiles are not reported for facilities that do not have data or have fewer than 75 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**

MedCont Rate Type	# IPFs	Minimum	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Maximum	Percentile
Nationwide Distribution of MedCont Rates	1,000	0.00%	20.00%	40.00%	60.00%	70.00%	95.00%	100.00%	--
Your Facility's MedCont Rate Percentile	--	--	--	--	--	--	--	--	75th

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

Row name	Data description
Nationwide Distribution of MedCont Rates	Distribution of MedCont rates among IPFs with at least 75 cases in their denominator. In the example from <a href="#">Figure 4</a> , the MedCont rate for the 75th percentile is 70.0 percent. This indicates that 25 percent of facilities have MedCont rates higher than 70.0 percent.
Your Facility's MedCont Rate Percentile	Your facility's MedCont rate percentile relative to other IPFs with at least 75 cases in their denominator. Higher percentiles indicate better rates relative to other facilities. A percentile will not be shown for facilities with fewer than 75 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. Table 3 in Worksheet 4 lists the numbers and percentages of principal diagnoses at discharge in Columns B and C. Column D shows the MedCont rate for patients with each diagnosis.

In the example below, outlined in blue boxes, 50.0 percent of hospitalizations for the facility have a principal discharge diagnosis of bipolar disorder. Out of the hospitalizations for bipolar at the example facility, the MedCont rate was 70.0 percent. This means that 70 percent of patients discharged from the facility with a principal diagnosis of bipolar disorder during the measurement period filled a prescription for evidence-based medication within 2 days prior to discharge and 30 days post-discharge. In the example, 50.0 percent of all IPF hospitalizations nationwide have a principal discharge diagnosis of bipolar disorder. Of the hospitalizations for bipolar disorder nationwide, the MedCont rate was 60.0 percent. This means that 60 percent of patients discharged from an IPF with a principal diagnosis of bipolar disorder during the measurement period filled a prescription for evidence-based medication within 2 days prior to discharge and 30 days post-discharge.

**Figure 5. Example of Worksheet 4**

A	B	C	D
<b>999999 – IPF NAME</b>			
Facility Discharge Performance Period: July 1, 2018, through December 1, 2019*			
<b>TABLE 3. PRINCIPAL DIAGNOSES AT DISCHARGE</b>			
<b>Discharge Diagnoses of the IPF Hospitalizations</b>	<b>Facility Count</b>	<b>Percent of All IPF Hospitalizations</b>	<b>MedCont Rate</b>
<b>PRINCIPAL DIAGNOSES AT DISCHARGE FROM YOUR FACILITY</b>	--	--	--
Bipolar Disorder	50	50.0%	70.0%
Major Depressive Disorder (MDD)	40	40.0%	70.0%
Schizophrenia	10	10.0%	70.0%
<b>PRINCIPAL DIAGNOSES AT DISCHARGE NATIONWIDE</b>	--	--	--
Bipolar Disorder	100,000	50.0%	60.0%
Major Depressive Disorder (MDD)	80,000	40.0%	60.0%
Schizophrenia	20,000	10.0%	60.0%

## 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 and 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)	ICD-10-CM code of the principal discharge diagnosis for the stay
J	Principal Discharge Diagnosis of IPF Hospitalization	Description of the principal discharge diagnosis for the stay
K	Prescription filled within 2 days prior to discharge through 30 days after discharge?	A "Yes" in this column indicates that the patient filled a prescription for evidence-based medication within 2 days prior to discharge and 30 days post-discharge. A "No" in this column indicates that the patient did not fill a prescription for evidence-based medication within 2 days prior to discharge and 30 days post-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](mailto: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.