

2025 User Guide for the

IPF-Specific Report

Follow-Up After Psychiatric Hospitalization

(FAPH) – 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 (ISR) before the data are published on the CMS Provider Data Catalog and Care Compare websites.





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PREFACE

The Centers for Medicare & Medicaid Services (CMS) is providing data on the Follow-Up After Psychiatric Hospitalization (FAPH) 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 in January 2026 on the Provider Data Catalog (<https://data.cms.gov/provider-data/>) and Care Compare (<https://www.medicare.gov/care-compare/>).

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 measure. The results provided in the ISRs are calculated based on a measurement period from July 1, 2023, through June 30, 2024.

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 FAPH 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 FAPH measure. The FAPH measure 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 health or substance use disorder (SUD) and (2) were followed by an outpatient mental health care or SUD encounter within 7 or 30 days of discharge.

The FAPH measure is claims-based and calculated by CMS. The measurement period used to identify cases in the measure population is 12 months. 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, see the IPFQR Program CBM Specifications claims-based measure specifications pdf available for download on the bottom of the QualityNet [IPFQR Measures Resources page](#).

All IPFs paid under the inpatient psychiatric facility prospective payment system are included in this measure. 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 FAPH 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 ACCESS YOUR ISR

This section describes how to use the Hospital Quality Reporting (HQR) system to view your ISR and download ISRs in full as PDF or csv files.

ISRs can be downloaded directly from the [Hospital Quality Reporting \(HQR\) system](#) (login required). Follow the steps below to access your ISR via the HQR system. You can view a brief [instructional video](#) on how to download your reports.

1. Log into the HQR system using a HARP account. The HQR system requires users to have a Health Care Quality Improvement System (HCQIS) Access Roles and Profile (HARP) account to log in. If you have a HARP account, visit the [HQR login page](#) and log in using your HARP user ID and password. If you do not have a HARP account, you may [register for a HARP ID](#).
2. Access your ISR in HQR. Log into the HQR system using your HARP ID credentials and navigate through the steps listed below to download your ISR:
 - a. From the left-hand navigation menu, select Program Reporting.
 - b. Then select Measure details.
 - c. Select the “Measure details dashboard” option.
 - d. On the Measure detail dashboard (Figure 1), select the program in which you are interested (e.g. IPFQR), followed by the release year for your report (e.g., 2026).
 - e. Under “Select report,” you can see the list of reports (Figure 2) available to view (e.g., MedCont, FAPH, Readmission).
 - f. Select the desired report. Then, you can view your ISR.
 - g. On this page you can change the release year for the selected report (e.g., select 2025 for the FY 2026 ISR) as well as the program in which you are interested (e.g., IPFQR) via the dropdowns at the top of the page.
 - h. To download a file, select Export, and the file will be downloaded through your browser. ISRs can be exported in full as PDF files or as CSV files, the latter includes the discharge-level tab only. Once downloaded, open the ZIP file to view your site’s information.

If you have any issues accessing your ISR, please contact the Center for Clinical Standards and Quality (CCSQ) Service Center at qnetsupport@cms.hhs.gov, or by calling, toll free, 866-288-



If you have any issues accessing your ISR, please contact the Center for Clinical Standards and Quality (CCSQ) Service Center at qnetsupport@cms.hhs.gov, or by calling, toll free, 866-288-8912 (TRS 711), weekdays from 8:00 a.m. to 8:00 p.m. ET. For questions related to HARP registration, please visit the [HARP Help page](#) or contact qnetsupport@cms.hhs.gov.

Figure 1. HQR Dashboard for Claims-Based Measures Programs – Program Selection
Measure detail dashboard

Select a program

ASCQR Ambulatory Surgical Center Quality Reporting >	DRA HAC Deficit Reduction Act Hospital-Acquired Condition Measures >
HACRP Hospital-Acquired Condition Reduction Program >	HRRP Hospital Readmissions Reduction Program >
Hospital VBP Hospital Value-Based Purchasing >	IQR/PR Inpatient Quality Reporting/Public Reporting >
IPFQR Inpatient Psychiatric Facility Quality Reporting >	OIE Outpatient Imaging Efficiency >
OQR Outpatient Quality Reporting >	Overall star rating >
PCHQR PPS Exempt Cancer Hospitals Quality Reporting >	REHQR Rural Emergency Hospital Quality Reporting >



Figure 2. HQR Dashboard for Claims-Based Measures Programs – Measure Report Selection

Measure detail dashboard

IPFQR ▾

Release year XXXX ▾

Select report

MedCont
Medication Continuation following inpatient psychiatric discharge >

FAPH
Follow-Up After Psychiatric Hospitalization >

IPF Readmission
30-day all-cause unplanned readmission following psychiatric hospitalization in an Inpatient Psychiatric Facility >



ISR DETAILS

This document accompanies the ISRs for the claims-based IPFQR measures that will be available in 2025. Each ISR includes hospital-level performance data displayed on the *Measure detail dashboard* of the HQR system as well as downloadable comma-separated values (CSV) files with your hospital's patient-level data. The hospital-level performance data displayed on the HQR system is also available for download as a portable document format (PDF) and CSV file. This user guide describes the *Measure detail dashboard* data tables and the patient-level downloadable CSV files, both of which CMS used to calculate measure results.

The *Measure detail dashboard* contains the following sections:

1. Performance overview
2. National performance
3. Clinical Classification Software (CCS) principal diagnoses at discharge

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

PERFORMANCE OVERVIEW

Figure 3 provides an example of where you will find your facility's performance on the FAPH measure on the *Measure detail dashboard*. To display the performance data, you will need to click on the blue arrow to the right of the Performance overview heading, which has a red circle around it in Figure 3. Please follow this same process of clicking on the blue arrow next to the heading to display that heading's data.

Your facility's denominator, or measure population, and your facility's 7-day follow-up rate and 30-day follow-up rate are the only facility information in the ISR that will be publicly reported. If a facility has fewer than 40 cases in the denominator, performance data will not be publicly reported due to small sample size. All other information is provided to IPFs to help them better understand their results.

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

Figure 3. Measure detail dashboard performance information



Performance overview		Facility	
Performance information		Facility	
Denominator Measure population		68	

Performance information	Facility	State	National
7-day follow-up rate	36.8%	37.7%	35.7%
30-day follow-up rate	67.6%	62.5%	59.5%

If the number of cases is too small (fewer than 40) to reliably tell how the facility is performing, no rate will be provided.

Table A. Data descriptions for Figure 3

Row name	Data description
Denominator (measure population)	Number of facility discharges that meet the criteria for inclusion in the measure population after measure exclusions have been applied
7-day follow-up rate, Facility	Percentage of discharges from your facility that are followed by an outpatient mental health care encounter within 7 days
30-day follow-up rate, Facility	Percentage of discharges from your facility that are followed by an outpatient mental health care encounter within 30 days
7-day follow-up rate, State/National	Percentage of discharges from eligible IPFs in your state/nationally that are followed by an outpatient mental health care encounter within 7 days
30-day follow-up rate, State/National	Percentage of discharges from eligible IPFs in your state/nationally that are followed by an outpatient mental health care encounter within 30 days

NATIONAL PERFORMANCE

The National performance section provides your facility's percentile rank for the 7 and 30-day rates, the number of IPFs that received 7 and 30-day rates, and the nationwide distribution of facility-level 7 and 30-day rates. This distribution includes the minimum and maximum rates and select percentiles. Percentiles are not reported for facilities that do not have data or have fewer than 40 denominator cases. Descriptions of the data in Figure 4 can be found in Table B.

Figure 4. National performance section of your ISR

National performance

i Your facility's FAPH rates are as follows (higher rates indicate better performance):

- **7-day rate** is in the **17th percentile**
- **30-day rate** is in the **72nd percentile**

Performance information	Nationwide distribution of FAPH-7-day rates	Nationwide distribution of FAPH-30-day rates
# IPFs	912	912
Minimum	6.2%	6.2%
10th percentile	21.1%	21.1%
25th percentile	27.0%	27.0%
50th percentile	34.1%	34.1%
75th percentile	43.3%	43.3%
90th percentile	53.7%	53.7%
Maximum	97.5%	97.5%

Table B. Data descriptions for Figure 4

Row name	Data description
Your facility's 7-day rate percentile	The 7-day rate percentile relative to other IPFs with at least 40 cases in their denominator. Higher percentiles indicate better rates relative to other facilities. A percentile will not be shown for facilities with fewer than 40 cases in their denominator.
Your facility's 30-day rate percentile	The 30-day rate percentile relative to other IPFs with at least 40 cases in their denominator. Higher percentiles indicate better rates relative to other facilities. A percentile will not be shown for facilities with fewer than 40 cases in their denominator.
# of IPFs	The number of IPFs nationwide with at least 40 cases in their denominator.
Nationwide distribution of 7 and 30-day rates	Minimum, maximum, and decile percentage rates among IPFs with at least 40 denominator cases. In the example in Figure 4, the 7-day rate for the 10th percentile is 21.1 percent. This indicates that 90 percent of facilities have 7-day rates higher than 21.1 percent.



PATIENT DIAGNOSES AT DISCHARGE

Figure 5 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. The Clinical Classification Software (CCS) principal diagnosis at discharge section of your ISR, shown in Figure 5, provides the numbers and percentages of discharge diagnosis CCS categories, and it shows 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 below, 58.8 percent of hospitalizations for the facility have a principal discharge diagnosis of CCS 657 (mood disorders). Of the hospitalizations for mood disorders who were discharged from the facility, 40.0 percent led to a follow-up visit within 7 days of discharge, and 70.0 percent led to a follow-up within 30 days of discharge.

Figure 5. CCS principal diagnoses at discharge section of your ISR

Clinical Classification Software (CCS) principal diagnoses at discharge

Facility	Count	Percent of all IPF hospitalizations	7-day follow-up rate	30-day follow-up rate
Mood disorders CCS 657	40	58.8%	40.0%	70.0%
Schizophrenia and other psychotic disorders CCS 659	40	58.8%	40.0%	70.0%
Impulse control disorders, NEC CCS 656	40	58.8%	40.0%	70.0%
Personality disorders CCS 658	40	58.8%	40.0%	70.0%
Adjustment disorders CCS 650	40	58.8%	40.0%	70.0%
Anxiety disorders CCS 651	40	58.8%	40.0%	70.0%
Attention-deficit, conduct, and disruptive behavior disorders CCS 652	40	58.8%	40.0%	70.0%
Delirium, dementia, and amnestic and other cognitive disorders CCS 653	40	58.8%	40.0%	70.0%
Developmental disorders CCS 654	40	58.8%	40.0%	70.0%
Disorders usually diagnosed in infancy, childhood, or adolescence CCS 655	40	58.8%	40.0%	70.0%
Alcohol-related disorders CCS 660	40	58.8%	40.0%	70.0%
Substance-related disorders CCS 661	40	58.8%	40.0%	70.0%

Notes: -- = Facility had no qualifying cases for the diagnosis classification.

DISCHARGES CSV FILE

The Discharges CSV file lists all eligible discharges from your facility during the measurement period. To download this file, as well as the Performance CSV file described in the next section, please use the Export button shown in Figure 6.

Figure 6. Export feature in your ISR



The discharges in this file constitute your denominator (measure population). Descriptions of the data elements in the Discharges CSV file are provided in Table C.

Table C. Data descriptions for the Discharges CSV file

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	MBI	Patient's Medicare beneficiary identifier. If a Medicare beneficiary identifier is not available for a patient, then "--" will be displayed.
D	Medical record number	Medical record number on the Medicare FFS claim
E	Beneficiary DOB	Patient's date of birth
F	Admission date of IPF hospitalization	IPF admission date from the Medicare FFS claim
G	Discharge date of IPF hospitalization	IPF discharge date from the Medicare FFS claim
H	Principal discharge diagnosis of IPF hospitalization	ICD-10-CM code of the principal discharge diagnosis for the stay
I	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

Column	Column name	Description
J	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.
K	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.



PERFORMANCE CSV FILE

The Performance CSV file, which you may download with the Discharges CSV file, includes your facility's 7 and 30-day rates, as well as the state and national rates. Columns AC-FP provide information by CCS grouping.



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.