

2025 User Guide for the

IPF-Specific Report

Thirty-Day All-Cause Unplanned Readmission

Following Psychiatric Hospitalization in an

Inpatient Psychiatric Facility

(IPF Readmission) – Version 8.0

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 Thirty-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 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, index admission and readmission characteristics, risk factors, and discharge-level data for all patients counted in the measure. The results provided in the ISRs are based on a measurement period from July 1, 2022, through June 30, 2024.

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 ISRs, including details on the structure of the reports
3. Contact information for questions



OVERVIEW

This user guide supports the public reporting of the IPF Readmission measure. The IPF Readmission 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. 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 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 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 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 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-



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 ISR for the Claims-based IPFQR measures that will be reported in 2025. Each ISR includes hospital-level performance data displayed on the *Measure detail dashboard* of the Hospital Quality Reporting (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
4. Index Admission Diagnoses
5. Readmit Location
6. Readmit per Beneficiary
7. Readmit Diagnoses
8. Risk Factor Distribution

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 IPF Readmission 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.

The following information is the only information in the ISR that will be publicly reported.

- Your facility's comparative performance
 - Figure 3 provides an example of a hospital with a comparative performance that is better than the national rate.
- Your facility's Risk-Standardized Readmission Rate (RSRR)
- The lower and upper limits of the 95% interval estimate of your facility's RSRR
- Your facility's measure population, or number of index admissions

If a facility has fewer than 25 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



Table A. Data descriptions for Figure 3

Row name	Data description
Your facility's comparative performance	Performance category (better than, worse than, or no different than the national rate) for your facility is based on your RSRR and 95 percent interval estimate.
Risk-Standardized Readmission Rate (RSRR)	Your facility's RSRR is calculated by multiplying the facility's standardized risk ratio (SRR) with the national rate of observed, unplanned readmissions.
95 percent interval estimate for RSRR	Lower and upper boundaries 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 your RSRR lies between the lower and upper limits of the interval estimate.
Measure population (Index admissions)	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 Tab 4 instead.
National observed unplanned readmission rate	The 30-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.

NATIONAL AND STATE PERFORMANCE

The National and state performance section provides the number of facilities at the state and national levels that performed better, no different, and worse than the national rate, as well as the number of facilities that had fewer than 25 cases. Descriptions of the data in [Figure 4](#) can be found in [Table B](#).

Figure 4. National and state performance section of your ISR

National and state performance

Performance information	State	National
Facilities that performed better than the national rate	0	8
Facilities that performed no different than the national rate	79	1,853
Facilities that performed worse than the national rate	0	13
Facilities that had too few cases	74	1,895

Table B. Data descriptions for Figure 4

Row name	Data description
Facilities 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
Facilities 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
Facilities 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
Facilities that had too few cases	Number of facilities with fewer than 25 cases for which a measure rate is not publicly reported

FACILITY PERFORMANCE

This section provides the data points used to calculate your facility's RSRR. Descriptions of each data point in can be found in [Table C](#).

Figure 5. Your facility's RSRR section of your ISR

Your facility's risk-standardized readmission rate ^

Performance information	Facility	National
Risk-Standardized Readmission Rate (RSRR) Lower is better	13.8% 95% interval estimate: [10.9%, 17.1%]	N/A
Measure population Index admissions	535 †	535
Observed unplanned readmission rate	19.4%	19.4%
Standardized Risk Ratio (SRR) Lower is better	0.82 95% interval estimate: [0.69, 0.97]	1.00
If the number of cases too small (fewer than 25) to reliably tell how the facility is performing, then results will not be publicly reported.		

Notes: Lower rates indicate better performance.

† indicates publicly reported.

-- indicates no available measure data.

N/A indicates not applicable.

Table C. Data descriptions for Figure 5

Row name	Description
Risk-Standardized Readmission Rate (RSRR)	The RSRR is calculated by multiplying the facility SRR by the national rate of observed unplanned readmissions. There is no national RSRR because the national rate of observed unplanned readmissions includes the entire population.
95% interval estimate for RSRR	The first number is the lower boundary of the interval estimate that characterizes the amount of uncertainty associated with the RSRR. The second number is the upper boundary of the interval estimate that characterizes the amount of uncertainty associated with the SRR. 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 will not be populated with interval estimates because the national rate of observed unplanned readmissions includes the entire population.
Measure population	The number of facility index admissions that meet the criteria for inclusion in the measure population after measure exclusions have been applied.
Observed unplanned readmission rate	The total number of 30-day unplanned readmissions divided by the number of eligible index admissions. This is the unadjusted readmission rate.
Standardized risk ratio (SRR)	The 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.
95% interval estimate for SRR	The first number is the lower boundary of the interval estimate that characterizes the amount of uncertainty associated with the SRR. The second number is the upper boundary of the interval estimate that characterizes the amount of uncertainty associated with the SRR. The National field will not be populated with interval estimates because the national SRR includes the entire population.

NATIONWIDE DISTRIBUTION OF RATES AMONG IPFs

This section provides the distribution of facility-level 30-day IPF readmission rates across the nation and your facility's percentile rank. The blue box above the performance table shows your facility's observed unplanned readmission rate and RSRR percentile. [Figure 6](#) 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 the information in [Figure 6](#) are in [Table D](#).

Figure 6. Nationwide distribution of rates among IPFs section of your ISR

Nationwide distribution of rates among IPFs

- i** Your facility's readmission rates are as follows (lower rates indicate better performance):
- **Observed unplanned readmission rate** is in the **17th percentile**
 - **RSRR** is in the **72nd percentile**

Performance information	Nationwide distribution of observed unplanned readmission rates	Nationwide distribution of RSRRs
# 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%

If the number of cases is too small (fewer than 25) to reliably tell how the facility is performing, no rate will be provided.

Notes: Lower rates indicate better performance.

† indicates publicly reported.

-- indicates no available measure data.

N/A indicates not applicable.

Table D. Data descriptions for Figure 6

Row name	Description
Your facility's observed unplanned readmission rate percentile	The observed unplanned readmission rate percentile relative to other IPFs with at least 25 cases in their denominator. Lower percentiles indicate better rates relative to other facilities. A percentile will not be shown for facilities with fewer than 25 cases in their denominator.
Your facility's RSRR percentile	The RSRR percentile relative to other IPFs with at least 25 cases in their denominator. Higher percentiles indicate better rates relative to other facilities. A percentile will not be shown for facilities with fewer than 25 cases in their denominator.
# of IPFs	The number of IPFs nationwide with at least 25 cases in their denominator.
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 34.1 percent. This indicates that 50 percent of facilities have rates higher than 34.1 percent.
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 34.1 percent. This indicates that 50 percent of facilities have RSRRs higher than 34.1 percent.



CCS PRINCIPAL DISCHARGE DIAGNOSES FOR THE INDEX ADMISSIONS

This section 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. The Count and Percent of all index admissions columns in [Figure 7](#) provide the numbers and percentages of index admissions for each CCS principal discharge diagnosis.

The Percent readmitted within 30 days column shows the percentage of index admissions followed by a readmission within 30 days for each CCS principal discharge diagnosis. The Percent readmitted with the same diagnosis column shows the percentage of index admissions followed by a readmission within 30 days with the same CCS diagnosis as the index admission.

In the example in Figure 7, 58.8 percent of the index admissions to the facility have a principal discharge diagnosis of CCS 657 (mood disorders), 40.0 percent are followed by an unplanned readmission within 30 days of discharge, and 70.0 percent are followed by an unplanned readmission with the same principal diagnosis of CCS 657.

Figure 7. CCS principal discharge diagnoses for the index admissions section of your ISR

Clinical Classification Software (CCS) principal discharge diagnoses for the index admissions

Facility	Count	Percent of all index admissions	Percent readmitted within 30 days	Percent readmitted with the same diagnosis
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%
Personality disorders CCS 658	40	58.8%	40.0%	70.0%
Adjustment disorders CCS 650	40	58.8%	40.0%	70.0%
Substance-related disorders CCS 661	40	58.8%	40.0%	70.0%
Anxiety disorders CCS 651	40	58.8%	40.0%	70.0%
Alcohol-related disorders CCS 660	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%
Impulse control disorders, NEC CCS 656	40	58.8%	40.0%	70.0%
Suicide and intentional self-inflicted injury CCS 662	40	58.8%	40.0%	70.0%
Screening and history of mental health and substance abuse codes CCS 663	40	58.8%	40.0%	70.0%
Miscellaneous disorders CCS 670	40	58.8%	40.0%	70.0%

Notes: † indicates publicly reported.

-- indicates no available measure data.

N/A indicates not applicable.

READMISSION LOCATION

[Figure 8](#) summarizes the characteristics of facilities to which patients are readmitted following a discharge from your facility and from facilities nationally. This section of your ISR shows the total number of 30-day unplanned readmissions (i.e., the number of index admissions at your facility that had an unplanned readmission to an IPF or acute care hospital within 30 days of discharge), the number and percentage of unplanned readmissions in which the patient returned to the discharging facility, and the number and percentage of unplanned readmissions that occurred at another facility. For the readmissions to other facilities, the final rows show whether the patients were readmitted to another IPF or to an acute care hospital.

Figure 8. Readmission location section of your ISR

Readmission location [^](#)

Performance information	Facility	National
Measure population Index admissions	912	912
Total 30-day unplanned readmissions	912	912
Observed unplanned readmission rate	21.1%	21.1%

Readmissions by location	Facility	National
Total 30-day unplanned readmissions that returned to discharging facility	912	912
Percent of all readmissions that returned to discharging facility	6.2%	6.2%
Total 30-day unplanned readmissions that are readmitted to another facility	912	912
Percent of all readmissions that are readmitted to another facility	21.1%	21.1%

Readmissions to other facilities by type of facility	Facility	National
Total 30-day unplanned readmissions that are readmitted to a different IPF	912	912
Percent of all readmissions that are readmitted to a different IPF	6.2%	6.2%
Total 30-day unplanned readmissions that are readmitted to an acute care hospital	912	912
Percent of all readmissions that are readmitted to an acute care hospital	21.1%	21.1%

Notes: Lower readmission rates indicate better performance.

† indicates publicly reported.

-- indicates no available measure data.

N/A indicates not applicable.

BENEFICIARIES WITH MULTIPLE READMISSIONS

[Figure 9](#) contains data on the number of eligible index admissions and readmissions as well as the number of unique beneficiaries with an eligible index admission or readmission. The table also shows the numbers and percentages of beneficiaries with only one readmission during the measurement period. The final rows show the numbers and percentages of beneficiaries with two or more readmissions.

Figure 9. Beneficiaries with multiple readmissions section of your ISR

Beneficiaries with multiple readmissions [^](#)

Performance information	Facility	National
Index admissions	912	912
Unique beneficiaries with an eligible index admission	912	912

Readmissions	Facility	National
Readmissions	912	912
Unique beneficiaries with readmissions	912	912

Readmissions per beneficiary	Facility	National
Unique beneficiaries with one readmission during the performance period	912	912
Percent of unique beneficiaries with one readmission during the performance period	6.2%	6.2%
Unique beneficiaries with two or more readmissions during the performance period	912	912
Percent of unique beneficiaries with two or more readmissions during the performance period	21.1%	21.1%

Notes: † indicates publicly reported.
 -- indicates no available measure data.
 N/A indicates not applicable.



TOP 10 CCS PRINCIPAL DIAGNOSES OF READMISSIONS FOLLOWING DISCHARGE

This section contains the top 10 CCS principal discharge diagnoses for readmissions following discharges from your facility and from facilities nationwide. The example in [Figure 10](#) shows a facility that had the same percentage of readmissions related to CCS 659.1 (schizoaffective disorder) as facilities nationwide.

Figure 10. Top 10 CCS principal diagnoses of readmissions following discharge section of your ISR

Top 10 CCS principal diagnoses of readmissions following discharge

Facility	Count	Percent of readmissions
Schizo-affective disorder CCS 659.1	23	25.6%
Depressive disorder CCS 657.2/662	23	25.6%
Bipolar disorder CCS 657.1	23	25.6%
Psychosis CCS 659.2	23	25.6%
Substance-related disorders CCS 661	23	25.6%
Personality disorders CCS 658	23	25.6%
Septicemia (except in labor) CCS 2	23	25.6%
Adjustment disorders CCS 650	23	25.6%
Alcohol-related disorders CCS 660	23	25.6%
Acute myocardial infarction CCS 100	23	25.6%
Other CCS	23	25.6%

Nationwide	Count	Percent of readmissions
Schizo-affective disorder CCS 659.1	23	25.6%
Psychosis CCS 659.2	23	25.6%
Bipolar disorder CCS 657.1	23	25.6%
Depressive disorder CCS 657.2/662	23	25.6%
Alcohol-related disorders CCS 660	23	25.6%
Delirium dementia and amnesic and other cognitive disorders CCS 653	23	25.6%
Substance-related disorders CCS 661	23	25.6%
Septicemia (except in labor) CCS 2	23	25.6%
Viral infection CCS 7	23	25.6%
Anxiety disorders CCS 651	23	25.6%
Other CCS	23	25.6%



DISTRIBUTION OF PATIENT RISK FACTORS AMONG DISCHARGES

The distribution of patient risk factors among discharges section of your ISR 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.

DISCHARGES CSV FILE

The Discharges CSV file lists all eligible index admissions to 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 11.

Figure 11. Export feature in your ISR



The discharges in this file constitute your denominator (measure population). Table E includes descriptions of the data in the Discharges CSV file.

Table E. 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	Medicare beneficiary identifier for the patient. 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 index stay	IPF admission date from the Medicare FFS claim
G	Discharge date of index stay	IPF discharge date from the Medicare FFS claim
H	Principal discharge diagnosis of index stay	ICD-10-CM code of the principal discharge diagnosis for the index stay
I	Principal discharge CCS of index stay	AHRQ CCS category for the ICD-10-CM code of the principal discharge diagnosis for the index stay
J	Unplanned readmission within 30 days (Yes/No)	"Yes" indicates that there was an unplanned readmission within 30 days. "No" indicates that there was not an unplanned readmission within 30 days.

Column	Column name	Description
K	Admission date of readmission	Admission date of readmission from the Medicare FFS claim
L	Discharge date of readmission	Discharge date of readmission from the Medicare FFS claim
M	Principal discharge diagnosis of readmission	ICD-10-CM code of the principal discharge diagnosis for the readmission
N	Principal discharge CCS of readmission	AHRQ CCS category for the ICD-10-CM code of the principal discharge diagnosis for the readmission
O	Readmission to the same provider (Yes/No)	“Yes” indicates that the readmission was to the same care provider as the index stay. “No” indicates that the readmission was to a different care provider than the index stay.
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 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/ .



PERFORMANCE CSV FILE

The Performance CSV file, which you may download with the Discharges CSV file, includes your facility's measure rate, as well as the state and national rates. Columns AX-HU include information by CCS category of the index admission. Columns HV-IQ include information by readmission location. Columns IR- include information on beneficiaries who had more than one readmission. Columns JH-MM include information on the top 10 most frequently occurring CCS categories. Columns MN-RA include information on patient risk factors.



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.