2018 User Guide for the IPF-Specific Report

Follow-Up After Hospitalization for Mental Illness (FUH) – Version 2.0

Inpatient Psychiatric Facility Quality Reporting Program

The target audience for this publication is providers participating in the Inpatient Psychiatric Facility Quality Reporting Program. The document scope is limited to instructions for providers on how to interpret the data provided on the IPF-Specific Report prior to the publication of data on *Hospital Compare.*

PREFACE

CMS is providing a private IPF-Specific Report (ISR) for the Follow-up After Hospitalization for Mental Illness (FUH) measure to inpatient psychiatric facilities (IPF) participating in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) program prior to public reporting on Hospital Compare in January 2019. The purpose of the ISR is to provide facility-level results, national results, characteristics of discharges, and discharge-level data for all patients counted in the measure. The results in the ISR are calculated using a measurement period from July 1, 2016 through June 30, 2017.

This User Guide is intended to describe the measure data presented in the ISR and to aid facilities in the interpretation of the results. This document contains the following sections:

1) Overview of the FUH 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 FUH measure. The FUH measure is a facility-level measure that estimates the proportion of discharges from an IPF for adult Medicare fee-for-service (FFS) patients with a principal discharge diagnosis of a mental illness that were followed by a visit with a mental health practitioner within 7 or 30 days of discharge. The measure is claims-based and calculated by CMS. The measurement period used to identify cases in the measure population is 12 months. Medicare FFS data from the start of the measurement period through 30 days following the measurement period are used to identify follow-up visits. For more details on the measure specifications and changes to the measure specifications from the previous reporting year, please refer to the Claims-Based Measure Specifications available on the *Quality Reporting Center website* [http://www.qualityreportingcenter.com/inpatient/ipf/tools/].

All IPFs paid under the Prospective Payment System (IPF PPS) are included in the measure. This includes freestanding psychiatric facilities and inpatient psychiatric units in acute care or critical access hospitals (CAHs) 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.

INPATIENT PSYCHIATRIC FACILITY QUALITY REPORTING 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 implemented on October 1, 2012, are to improve the quality of inpatient psychiatric care and communicate information to consumers to help them make informed decisions about their healthcare options.

To meet the IPFQR program requirement, IPFs are required to submit all quality measures in the form, manner, and time as specified by the Secretary, to the Centers for Medicare & Medicaid Services (CMS), beginning with Fiscal Year (FY) 2014 payment determination year and subsequent fiscal years. Eligible IPFs that do not participate in the IPFQR program in a fiscal year or do not meet all of the reporting requirements will receive a 2.0 percentage point reduction of their annual update to their standard federal rate for that year. The reduction is non-cumulative across payment years. There is no reporting requirement for claims-based measures, like 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 IPF-SPECIFIC REPORT (ISR)

This section of the User Guide focuses on the ISR that facilities will receive for the FUH measure. It provides information on using *QualityNet* to retrieve and download the ISR, instructions about the ISR Excel file, and descriptions of the ISR data elements to aid interpretation of the results.

RETRIEVING REPORTS FROM *QUALITYNET*

The ISRs will be uploaded to each facility's *QualityNet Secure Portal*. There are four steps involved in accessing ISRs once logged into the *QualityNet Secure Portal*:
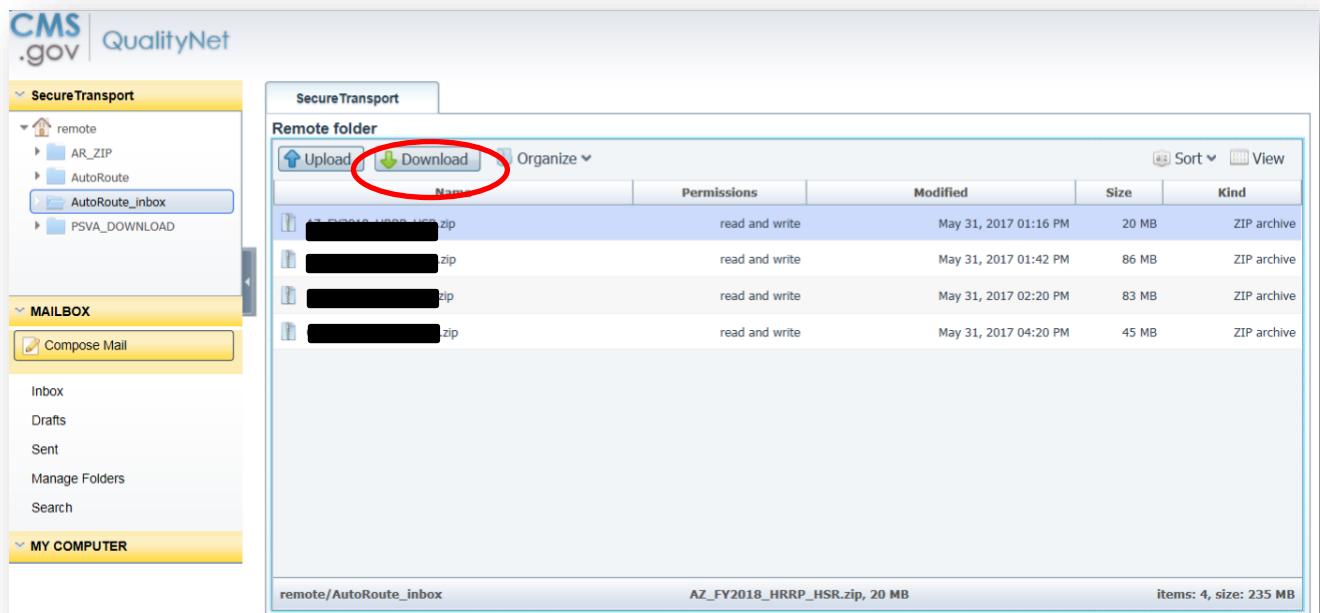
1. Select **Secure File Transfer** from the menu at the top of the *QualityNet Secure Portal* page.
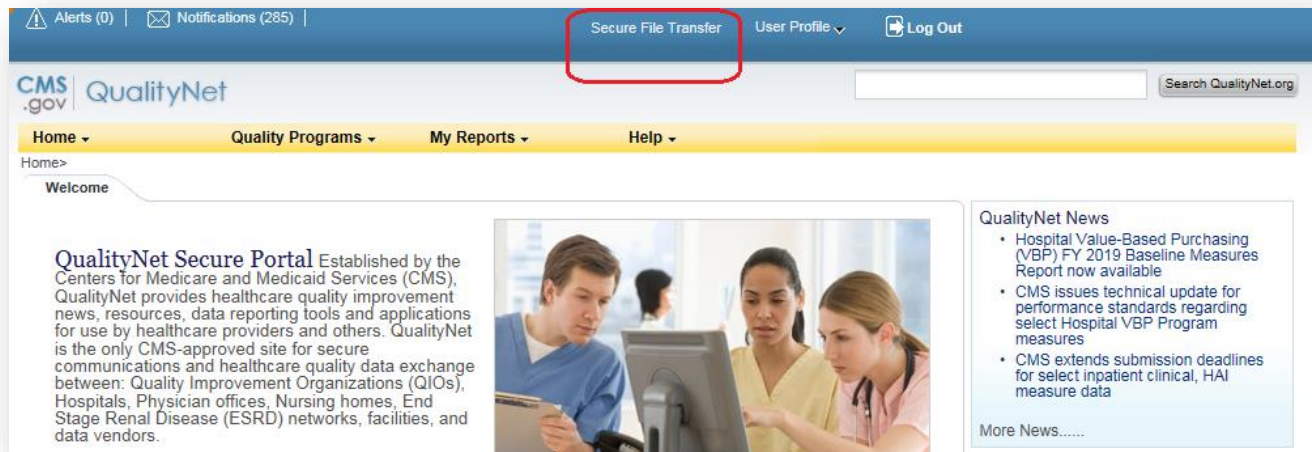
2. Select **AutoRoute_inbox** from the left menu of the *QualityNet Secure Transport* screen.
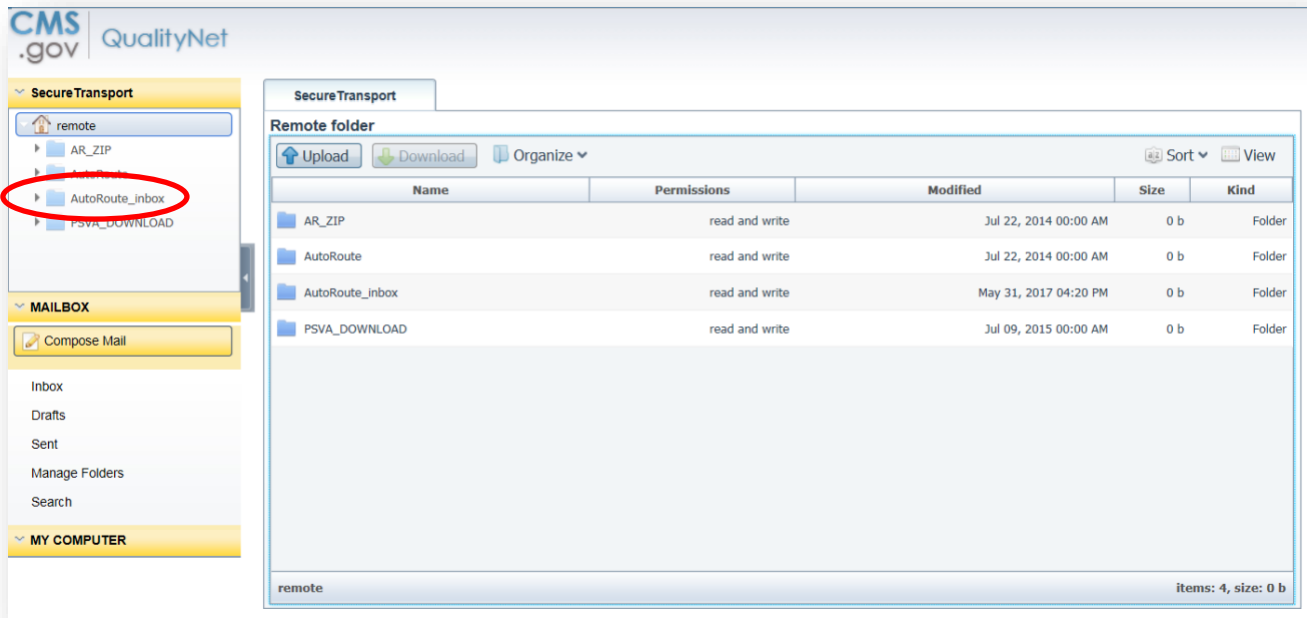
3. When your *QualityNet AutoRoute_inbox* opens, highlight the **IPFQR ISR** zip file and select **Download**.

4. 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, however, should take about a minute for most users. The following internet browsers are supported for accessing the *QualityNet* Secure Portal: MS Internet

Explorer 11, Firefox Mozilla 13.x, and Google Chrome v 22.x. 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: Summary, Publicly Reported, Distribution of Rates, Patient Characteristics, and Discharge-Level Data.

This section of the User Guide features examples of worksheets and tables in the ISR. Some example worksheets have a supplemental table with row-by-row descriptions of elements within the worksheets and tables. Some of the tables also contain notes to explain abbreviations or provide additional information. State- and facility-level data in the sample worksheets are for illustration purposes only and do not reflect actual counts or rates. The national-level data are approximate counts and rates for the measurement period July 1, 2016 through June 30, 2017.

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 disclaimers about the handling of the protected information contained in the report. Facilities are encouraged to check the accuracy of the IPF Name, CMS certification number (CCN), and the state. If discrepancies are identified, please contact the QualityNet Help Desk before continuing to review the report.

WORKSHEET 2: PUBLICLY REPORTED PERFORMANCE DATA

Worksheet 2, shown in Figure 1, represents performance on the IPF FUH measure. The information in Worksheet 2 is the only facility information in the ISR that will be publicly reported on *Hospital Compare*. 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 subsequent worksheets is provided to IPFs to help better understand their results. Table 1 of Worksheet 2 includes the Facility's Denominator (Measure Population), the Facility's 7-Day and 30-Day Follow-Up Rates, and the National 7-Day and 30-Day Follow-Up Rates. Descriptions of the data elements in Figure 1 are in Table A following the Worksheet 2 example.

Figure 1. Example of Worksheet 2

3	TABLE 1. YOUR FACILITY'S PERFORMANCE ON THE FUH MEASURE	
4		
5	**FUH Performance Information**	--
6	Your Facility's Denominator (Measure Population)	85
7	**Your Facility's Rate**	--
8	Your Facility's 7-Day Follow-Up Rate	31.8%
9	Your Facility's 30-Day Follow-Up Rate	61.2%
10	**National Rate**	--
11	National 7-Day Follow-Up Rate	30.6%
12	National 30-Day Follow-Up Rate	52.7%

Table A. Data Description for Worksheet 2

Row #	Row Name	Data Description
6	Your Facility's Denominator (Measure Population)	Count 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	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
12	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, shown in Figure 2, 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 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 without data or with fewer than 11 cases in the denominator. Descriptions of each of the data elements in Figure 2 are in Table B.

Figure 2. Example of Worksheet 3

	TABLE 2. NATIONWIDE DISTRIBUTION OF FUH-7-DAY and FUH-30-DAY RATES AMONG IPFS WITH AT LEAST 11 DENOMINATOR CASES AND YOUR FACILITY'S PERFORMANCE PERCENTILES									
3										
4										
5	FUH Rate Type	# IPFs	Minimum	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Maximum	Percentile
6	Nationwide Distribution of FUH-7-Day Rates	1,483	0.0%	12.8%	19.0%	28.0%	38.7%	47.9%	96.9%	--
7	Your facility's FUH-7-Day Rate Percentile	--	--	--	--	--	--	--	--	61st
8	Nationwide Distribution of FUH-30-Day Rates	1,483	5.4%	32.5%	42.9%	52.5%	63.2%	71.7%	96.9%	--
9	Your facility's FUH-30-Day Rate Percentile	--	--	--	--	--	--	--	--	71st

Table B. Data Description 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, the 7-Day rate for the 50th percentile is 28.0%. This indicates that 50% of facilities have 7-Day rates higher than 28.0%.
7	Your facility's FUH-7-Day Rate Percentile	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 displayed for facilities with fewer than 11 cases in their denominator.

Row #	Row Name	Data Description
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, the 30-Day rate for the 50th percentile is 52.5%. This indicates that 50% of facilities have 30-Day rates higher than 52.5%.
9	Your facility's FUH-30-Day Rate Percentile	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 displayed for facilities with fewer than 11 cases in their denominator.

WORKSHEET 4: PATIENT CHARACTERISTICS

Worksheet 4, shown in Figure 3, contains information on the types of patients in the measure at your facility and facilities nationwide. The 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). Table 3 lists the counts and percentages of discharge diagnosis CCS categories in columns B and C. Column D and Column E show the percent of discharges with diagnoses in each CCS category that had a follow-up visit within 7 and 30 days of discharge.

In the example, 57.0% of all IPF hospitalizations nationwide have a principal discharge diagnosis of CCS 657 – Mood disorders. For the facility in the example, mood disorders represent only 55.3% of hospitalizations. Of the hospitalizations for mood disorders nationwide, 32.4% had a follow-up visit within 7 days of discharge and 54.9% had a follow-up visit within 30 days of discharge. The patients discharged from the facility with mood disorders had a higher 7- day follow-up rate (38.3%) and a higher 30-day follow-up rate (72.3%) than patients with mood disorders nationwide.

Figure 3. Example of Worksheet 4

3	**TABLE 3. CCS PRINCIPAL DIAGNOSES AT DISCHARGE**				
4					
5	**Discharge Diagnoses of the IPF Hospitalizations (CCS)**	**Facility Count**	**Percent of All IPF Hospitalizations**	**7-Day Follow-Up Rate**	**30-Day Follow-Up Rate**
6	**CCS PRINCIPAL DIAGNOSES AT DISCHARGE FROM YOUR FACILITY**	--	--	--	--
7	CCS 657 Mood disorders	47	55.3%	38.3%	72.3%
8	CCS 659 Schizophrenia and other psychotic disorders	26	30.6%	34.6%	57.7%
9	CCS 650 Adjustment disorders	5	5.9%	0.0%	0.0%
10	CCS 656 Impulse control disorders NEC	4	4.7%	0.0%	50.0%
11	CCS 658 Personality disorders	3	3.5%	0.0%	33.3%
12	CCS 651 Anxiety disorders	NQ	NQ	NQ	NQ
13	CCS 652 Attention-deficit conduct and disruptive behavior disorders	NQ	NQ	NQ	NQ
14	CCS 655 Disorders usually diagnosed in infancy childhood or adolescence	NQ	NQ	NQ	NQ
15	CCS 670 Schizophrenia and other psychotic disorders	NQ	NQ	NQ	NQ
16	**CCS PRINCIPAL DIAGNOSES AT DISCHARGE NATIONWIDE**	--	--	--	--
17	CCS 657 Mood disorders	100,740	57.0%	32.4%	54.9%
18	CCS 659 Schizophrenia and other psychotic disorders	69,822	39.5%	27.8%	49.4%
19	CCS 650 Adjustment disorders	2,329	1.3%	25.1%	43.5%
20	CCS 651 Anxiety disorders	1,831	1.0%	38.6%	59.1%
21	CCS 658 Personality disorders	941	0.5%	35.5%	61.7%
22	CCS 656 Impulse control disorders NEC	597	0.3%	30.8%	54.8%
23	CCS 655 Disorders usually diagnosed in infancy childhood or adolescence	224	0.1%	25.4%	59.4%
24	CCS 652 Attention-deficit conduct and disruptive behavior disorders	118	0.1%	21.2%	53.4%
25	CCS 670 Schizophrenia and other psychotic disorders	21	0.0%	14.3%	28.6%

WORKSHEET 5: DISCHARGE-LEVEL DATA

Worksheet 5 contains Table 4, which 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 provided in Table C.

Table C. Data Description for Worksheet 5

Column	Column Name	Description
A	ID Number	ISR-specific observation ID number. This number should be referenced if there are questions for a specific record. Please do not reference personally Identifiable Information (PII) and Protected Health Information (PHI).
B	Provider ID	CMS Certification Number (CCN) of the discharging IPF
C	HICNO	6 to 12 digit Medicare health insurance claim account number. Note: This is not the same as the SSN
D	Medical Record Number	Medical record number on Medicare FFS claim
E	Beneficiary DOB	Patient date of birth
F	Admission Date of IPF Hospitalization	IPF admission date from the Medicare FFS claim

Column	Column Name	Description
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 of the stay
I	Principal Discharge CCS of IPF Hospitalization	AHRQ CCS category for the ICD-10-CM code of the principal discharge diagnosis of the admission
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.

RESOURCES

Contact the QualityNet Help Desk for questions regarding CMS calculations, the ISR, and patient-level data:

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

Please do not email the contents of the ISR. The file contains PII and PHI. Emailing this data is a security violation. If you have questions, please contact the QualityNet Help Desk, and they will provide directions for transmitting data if necessary.