Welcome!

- Audio for this event is available via GlobalMeet® Internet streaming.

- Connect via Chrome.

- No telephone line is required.

- Computer speakers or headphones are necessary to listen to streaming audio.

- Limited dial-in lines are available. Please request a dial-in line via the Ask a Question box.

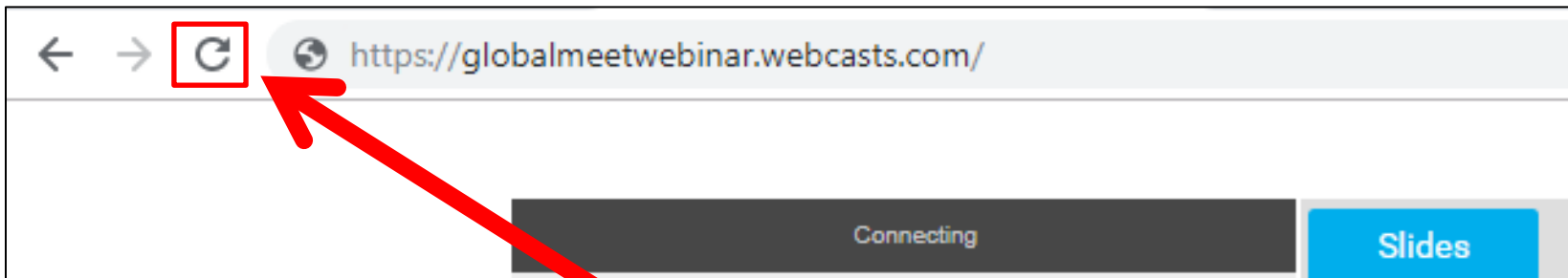- This event is being recorded.

Troubleshooting Audio

Audio from computer speakers breaking up?

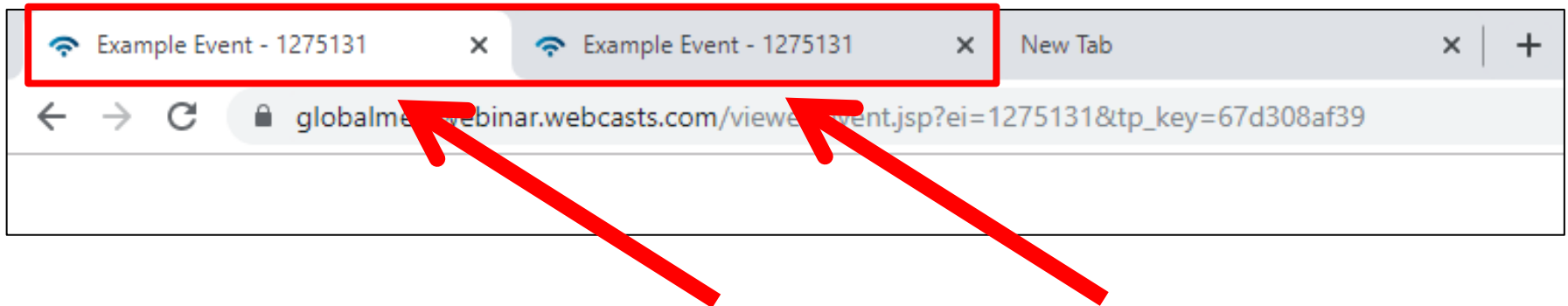Audio suddenly stop?

Click Refresh or press F5.

F5 Key
Top Row of Keyboard

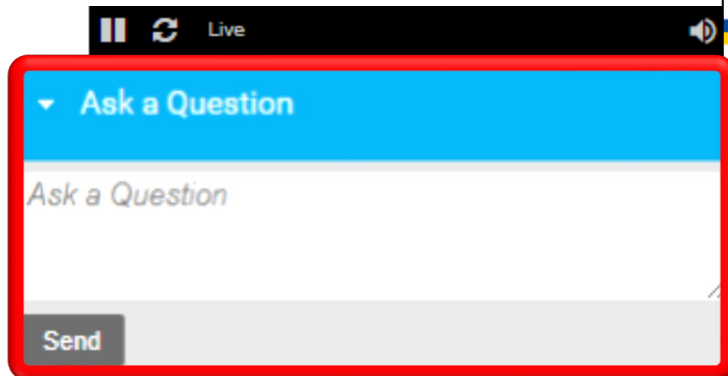Refresh

Troubleshooting Echo

- Hear a bad echo on the call?

- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).

- Close all but one browser/tab and the echo will clear.

Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

Type questions in the Ask a Question section, on the left-hand side.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

Today's Presentation

Live

▼ Ask a Question

Ask a Question

Send

Before We Begin…

Chat Tool

- Submit questions pertinent to today's topic.
- We will respond to any unanswered questions as soon as possible and may publish them in the QualityNet Q&A Tool.
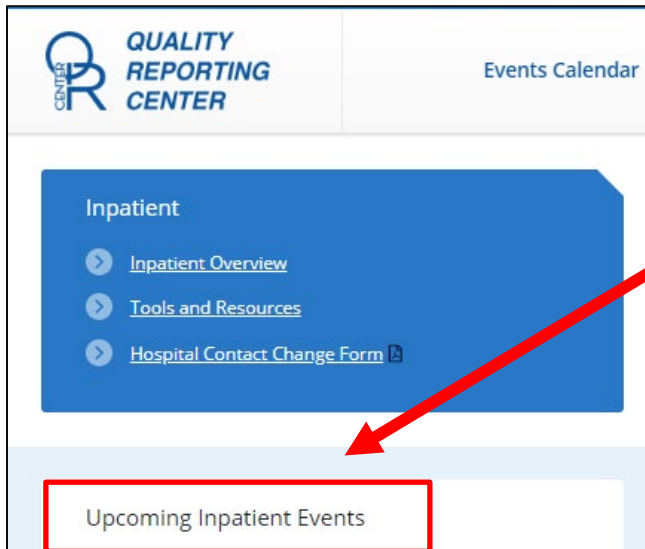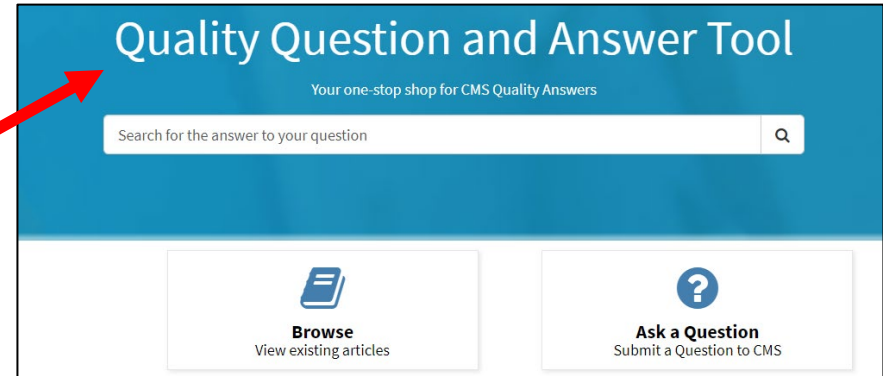
Today's Slide Presentation

- Go to https://www.QualityReportingCenter.com/ to download today's slides.
- Click link for this event under Upcoming Inpatient Events on the bottom left of the screen.

IPFQR Program: FY 2023 Review of IPF-Specific Reports for Claims-Based Measures

November 10, 2022

Speaker

Kingsley Weaver, MPH
Health Analyst
Measure Maintenance and Implementation
Behavioral Health Measures Development and Inpatient and
Outpatient Measure Maintenance Contractor

Moderator
Evette Robinson, MPH, CPHQ
Program Lead
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

Introduction

The Centers for Medicare & Medicaid Services (CMS) will provide facilities with Inpatient Psychiatric Facility (IPF)-Specific Reports (ISRs) for their claims-based measures (CBMs) for the IPFQR Program before public reporting for fiscal year (FY) 2023.

- ISRs are confidential and enable facilities to preview results before the results are made public.

- ISRs provide additional information to facilities that is not available to the public to help inform their quality improvement activities.

IPFQR Program FY 2023 CBMs

Follow-Up After Hospitalization for Mental Illness (FUH)

- Added to the IPFQR Program in the FY 2014 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule and first publicly reported in December 2016
- FY 2023 public reporting performance period: July 1, 2020–June 30, 2021

30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF Readmission)

- Added to the IPFQR Program in the FY 2017 IPPS/LTCH PPS Final Rule and first publicly reported in February 2019
- FY 2023 public reporting performance period: July 1, 2019–December 31, 2019, and July 1, 2020–June 30, 2021*

Medication Continuation Following Psychiatric Discharge (MedCont)

- Added to the IPFQR Program in the FY 2020 IPF PPS Final Rule and first publicly reported in January 2021
- FY 2023 public reporting performance period: July 1, 2019–December 31, 2019, and July 1, 2020-June 30, 2021*

*Information on the CMS COVID-19 data waiver: https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting

Acronyms

FY 2023 Updates: IPF Readmission Stratification

In early 2023, CMS will provide IPFs with an additional ISR showing results stratified by dual eligibility status.

- These data will not be publicly released.

- CMS will collect feedback on the reports.

- More information will be provided as the release date nears.

Acronyms

Purpose

This presentation provides the IPF community with ways to access and use FY 2023 ISRs and supporting documents for the FUH, IPF Readmission, and MedCont measures.

Acronyms

Learning Objectives

Attendees will understand how to access their FY 2023 ISRs, locate supporting documents, and interpret the FUH, IPF Readmission, and MedCont measure ISRs.
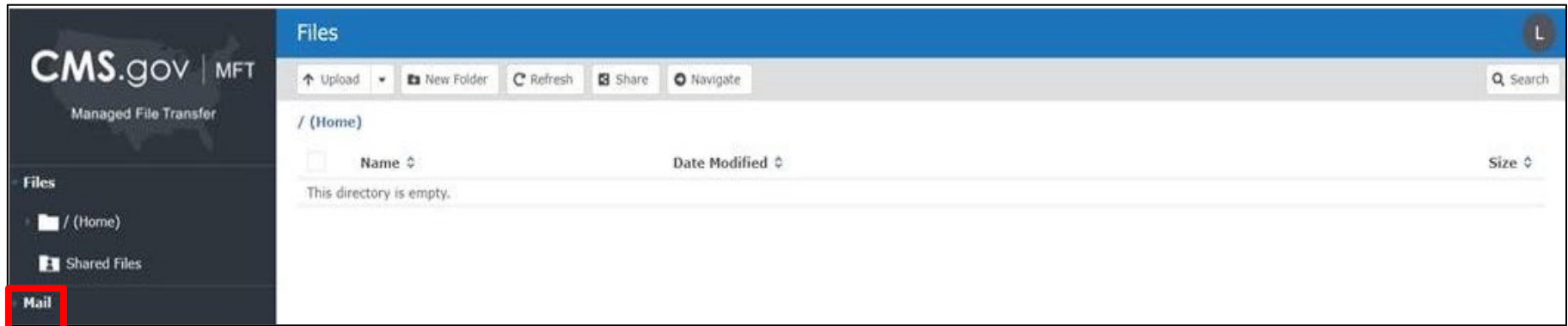
Acronyms   12

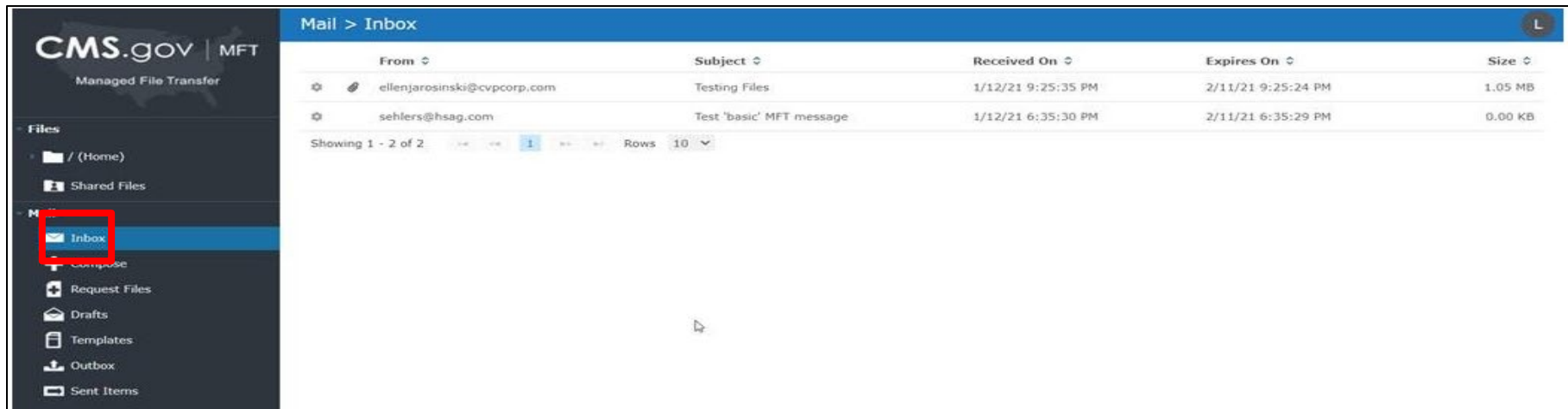# Accessing Your ISR and Supporting Documents

Accessing Your ISR

Log in to the Managed File Transfer (MFT) dashboard using your Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) username and password. Click Mail in the left-hand navigation pane.

Accessing Your ISR

Locate your ISR in the Inbox folder. Then, download the IPFQR ISR zip file bundle.

Acronyms

Accessing the ISR User Guide and Mock ISR

ISR user guides and mock ISRs for the FUH, IPF Readmission, and MedCont measures are located on [QualityNet](#).

- QualityNet > Inpatient Psychiatric Facilities > [Public Reporting](#)

- https://qualitynet.cms.gov/ipf/public-reporting

Interpreting the FUH ISR

Overview of FUH Measure

- The FUH measure assesses the percentage of IPF hospitalizations for treatment of select mental health disorders that were followed by an outpatient mental health care encounter.

- Two rates are reported:
  - The percentage of discharges for which the patient received follow-up within 7 days of discharge, and
  - The percentage of discharges for which the patient received follow-up within 30 days of discharge.

Acronyms 18

Overview of FUH ISR

Your FUH ISR contains five worksheets:

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

Worksheet 1: Summary

- The summary worksheet provides general information on the measure, links to resources, and information on your facility.

- Before reviewing the report, check that the name of your IPF and CMS certification number (CCN) are accurate.

  - Contact the CCSQ Service Center if you notice any discrepancies.

    - Phone: (866) 288-8912

    - TRS: 711

    - Email: QnetSupport@cms.hhs.gov

Acronyms 20

Worksheet 2: Publicly Reported Performance Information

This worksheet contains information that will be publicly available in the Provider Data Catalog in January 2023.

TABLE 1. YOUR FACILITY'S PERFORMANCE ON THE FUH MEASURE

FUH Performance Information	--
Your Facility's Denominator (Measure Population)	85
Your Facility's Rate	--
Your Facility's 7-Day Follow-Up Rate	31.8%
Your Facility's 30-Day Follow-Up Rate	61.2%
State Rate	--
State 7-Day Follow-Up Rate	29.3%
State 30-Day Follow-Up Rate	52.9%
National Rate	--
National 7-Day Follow-Up Rate	30.6%
National 30-Day Follow-Up Rate	52.7%

For more information on this worksheet, see page 5 of the FUH measure's *2022 User Guide for the IPF-Specific Report.*

Worksheet 3: Distribution of Rates

This worksheet provides the nationwide distribution of 7- and 30-day IPF FUH rates at the facility level.

	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

For more information on this worksheet, see page 7 of the FUH measure's *2022 User Guide for the IPF-Specific Report.*

Worksheet 4: Patient Characteristics

This worksheet provides information on the types of patients discharged from your facility and facilities nationwide, by diagnosis.

	Discharge Diagnoses of the IPF Hospitalizations (CCS)	Facility Count	Percent of All IPF Hospitalizations	7-Day Follow-Up Rate	30-Day Follow-Up Rate
3	**TABLE 3. CCS PRINCIPAL DIAGNOSES AT DISCHARGE**				
4					
5					
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 662 Suicide and intentional self-inflicted injury	NQ	NQ	NQ	NQ
16	CCS 670 Miscellaneous mental health disorders	NQ	NQ	NQ	NQ
17	**CCS PRINCIPAL DIAGNOSES AT DISCHARGE NATIONWIDE**	--	--	--	--
18	CCS 657 Mood disorders	100,740	57.0%	32.4%	54.9%
19	CCS 659 Schizophrenia and other psychotic disorders	69,822	39.5%	27.8%	49.4%
20	CCS 650 Adjustment disorders	2,329	1.3%	25.1%	43.5%
21	CCS 651 Anxiety disorders	1,831	1.0%	38.6%	59.1%
22	CCS 658 Personality disorders	941	0.5%	35.5%	61.7%
23	CCS 656 Impulse control disorders NEC	597	0.3%	30.8%	54.8%
24	CCS 655 Disorders usually diagnosed in infancy childhood or adolescence	224	0.1%	25.4%	59.4%
25	CCS 652 Attention-deficit conduct and disruptive behavior disorders	118	0.1%	21.2%	53.4%
26	CCS 662 Suicide and intentional self-inflicted injury	NQ	NQ	NQ	NQ
27	CCS 670 Miscellaneous mental health disorders	NQ	NQ	NQ	NQ

For more information on this worksheet, see page 8 of the FUH measure's *2022 User Guide for the IPF-Specific Report.*

Worksheet 5: Discharge-Level Data

This worksheet provides information on all discharges eligible for inclusion in the measure from your facility during the measurement period.

TABLE 4. YOUR FACILITY'S DISCHARGE-LEVEL INFORMATION FOR THE FUH MEASURE

ID Number	Provider ID	HICNO	Medical Record Number	Beneficiary DOB	Admission Date of IPF Hospitalization	Discharge Date of IPF Hospitalization	Principal Discharge Diagnosis of IPF Hospitalization	Principal Discharge CCS of IPF Hospitalization	7-Day Follow-Up	30-Day Follow-Up
1	999999	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	F319	Mood disorders (657)	Yes	Yes
2	999999	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	F332	Mood disorders (657)	Yes	Yes
3	999999	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	F209	Schizophrenia and other psychotic disorders (659)	Yes	Yes
4	999999	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	F312	Mood disorders (657)	Yes	Yes

Contact the CCSQ Service Center if you identify any rows in the second column containing provider IDs that are not for your facility.

For more information on this worksheet, see page 9 of the FUH measure's *2022 User Guide for the IPF-Specific Report.*

Acronyms

Interpreting the IPF Readmission ISR

Overview of IPF Readmission Measure

The IPF Readmission measure estimates an all-cause, unplanned, 30-day, risk-standardized readmission rate for adult fee-for-service (FFS) patients in Medicare who have a principal discharge diagnosis of a psychiatric disorder or dementia/ Alzheimer's disease.

Overview of IPF Readmission ISR

Your IPF Readmission ISR will contain 11 worksheets:

1. Summary
2. Publicly Reported
3. National-State Performance
4. Facility Performance
5. Distribution of Rates
6. Index Admission Diagnoses
7. Readmit Location
8. Readmit per Beneficiary
9. Readmit Diagnoses
10. Risk Factor Distribution
11. Discharge-Level Data

Acronyms

Worksheet 1: Summary

- The summary worksheet provides general information on the measure, links to resources, and information on your facility.

- Before reviewing the report, check that the name of your IPF and CCN are accurate.

  - Contact the CCSQ Service Center if you notice any discrepancies.

    - Phone: (866) 288-8912

    - TRS: 711

    - Email: QnetSupport@cms.hhs.gov

Worksheet 2: Publicly Reported Performance Information

This worksheet contains information that will be publicly available in the Provider Data Catalog in January 2023.
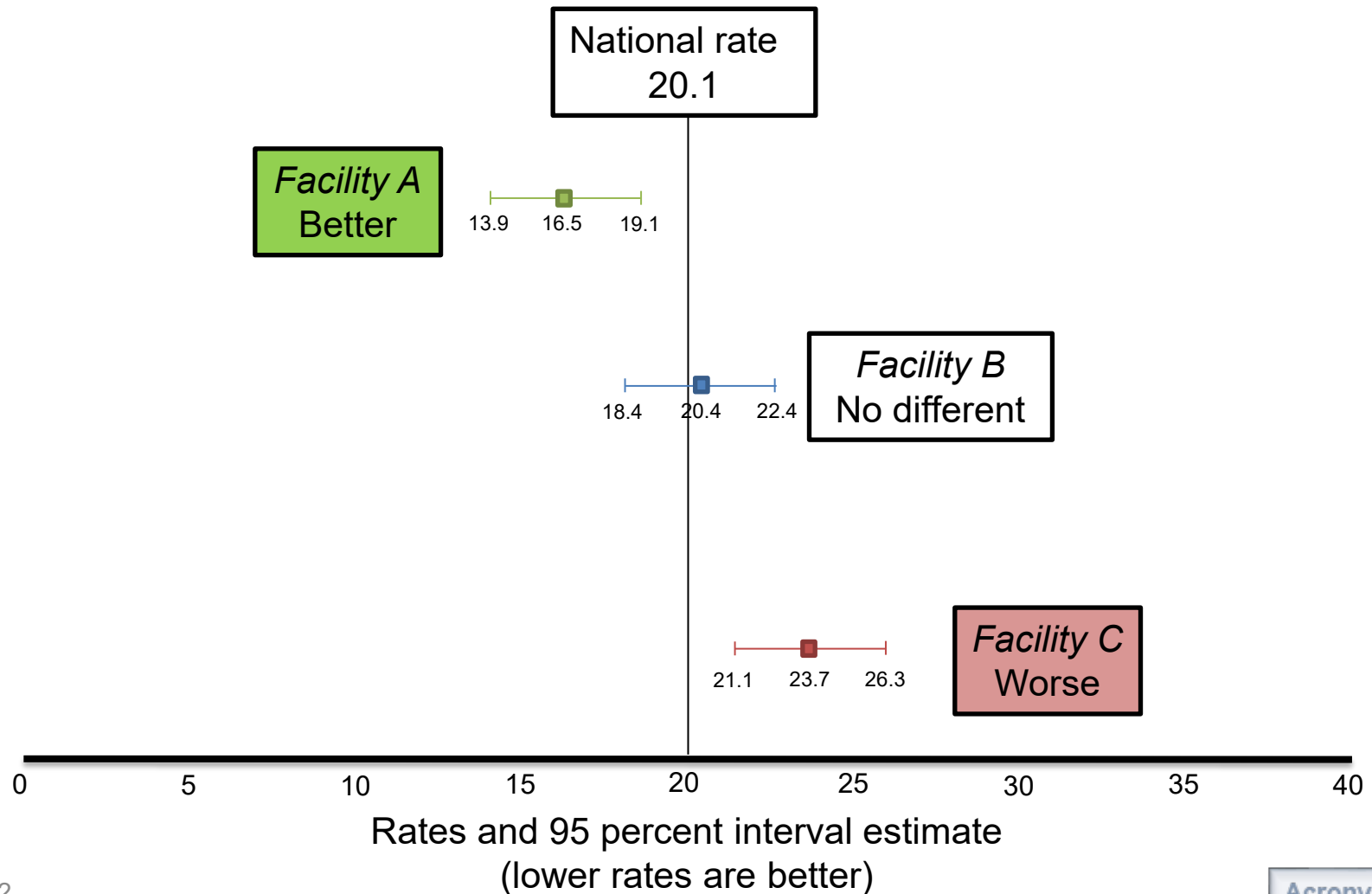
	TABLE 1. YOUR FACILITY'S PERFORMANCE ON THE 30-DAY IPF READMISSION MEASURE (READM-30-IPF)	
3		
4		
5	READM-30-IPF Performance Information	--
6	Your Facility's Comparative Performance	Worse than the national rate
7	Your Facility's Number of Index Admissions (Measure Population)	728
8	Your Facility's Risk-Standardized Readmission Rate (RSRR)	23.7%
9	Lower Limit of 95% Interval Estimate for RSRR	21.1%
10	Upper Limit of 95% Interval Estimate for RSRR	26.3%
11	National Observed Unplanned Readmission Rate	20.1%

For more information on this worksheet, see page 7 of the IPF Readmission measure's *2022 User Guide for the IPF-Specific Report.*

SRR and RSRR

- Standardized risk ratio (SRR): predicted number of readmissions for a specific IPF divided by the number expected for any IPF with a similar case mix

- Risk-standardized readmission rate (RSRR):
SRR multiplied by the national readmission rate

Acronyms 30

Worksheet 2: Publicly Reported Performance Information

National rate
20.1

Facility A
Better

13.9   16.5   19.1

Facility B
No different

18.4   20.4   22.4

Facility C
Worse

21.1   23.7   26.3

0   5   10   15   20   25   30   35   40

Rates and 95 percent interval estimate
(lower rates are better)

Acronyms

Worksheet 3: National-State Performance

This worksheet provides the number of facilities in each performance category at the state and national level.

	TABLE 2. NATIONAL AND STATE PERFORMANCE CATEGORIES FOR READM-30-IPF	
3		
4		
5	**Total Number of Facilities in the Nation with Measure Results**	**1,692**
6	Number of facilities in the nation that performed better than the national rate	109
7	Number of facilities in the nation that performed no different than the national rate	1,325
8	Number of facilities in the nation that performed worse than the national rate	177
9	Number of facilities in the nation that had too few cases	81
10	**Total Number of Facilities in Your State with Measure Results**	**120**
11	Number of facilities in the state that performed better than the national rate	8
12	Number of facilities in the state that performed no different than the national rate	96
13	Number of facilities in the state that performed worse than the national rate	12
14	Number of facilities in the state that had too few cases	4

For more information on this worksheet, see page 8 of the IPF Readmission measure's *2022 User Guide for the IPF-Specific Report.*

Worksheet 4:
Facility Performance

This worksheet shows how your RSRR was calculated.

3	TABLE 3. CALCULATION OF YOUR FACILITY'S RISK-STANDARDIZED READMISSION RATE (READM-30-IPF)		
4			
5	**READM-30-IPF Performance Information**	**Facility**	**National**
6	Number of Index Admissions (Measure Population)	728	623,953
7	Total Number of 30-Day Unplanned Readmissions	204	125,283
8	Observed Unplanned Readmission Rate	28.0%	20.1%
9	Standardized Risk Ratio (SRR)	1.18	1.00
10	Lower Limit of 95% Interval Estimate for SRR	1.05	--
11	Upper Limit of 95% Interval Estimate for SRR	1.31	--
12	Risk-Standardized Readmission Rate (RSRR)	23.7%	--
13	Lower Limit of 95% Interval Estimate for RSRR	21.1%	--
14	Upper Limit of 95% Interval Estimate for RSRR	26.3%	--

For more information on this worksheet, see page 9 of the IPF Readmission measure's *2022 User Guide for the IPF-Specific Report.*

Worksheet 5: Distribution of Rates

This worksheet provides the distribution of facility-level observed and RSRR nationwide. Rows 7 and 9 show your facility's percentile rank for the observed rate and RSRR.

	TABLE 4. NATIONWIDE DISTRIBUTION OF READM-30-IPF RATES AMONG IPFS WITH AT LEAST 25 ELIGIBLE DISCHARGES AND YOUR FACILITY'S PERFORMANCE PERCENTILES									
3										
4										
5	Readmission Rate Type	# IPFs	Minimum	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Maximum	Percentile
6	Nationwide distribution of observed unplanned readmission rates	1,611	2.0%	12.0%	15.4%	18.5%	22.5%	26.1%	40.3%	--
7	Your facility's observed unplanned readmission rate percentile	--	--	--	--	--	--	--	--	93rd
8	Nationwide distribution of RSRRs	1,611	11.4%	16.8%	18.3%	20.1%	22.0%	23.8%	35.8%	--
9	Your facility's RSRR percentile	--	--	--	--	--	--	--	--	89th

For more information on this worksheet, see page 10 of the IPF Readmission measure's *2022 User Guide for the IPF-Specific Report.*

Acronyms

Worksheet 6:
Index Admission Diagnoses

This worksheet provides information on the types of patients discharged from your facility and facilities nationwide, by diagnosis.

TABLE 5. CCS PRINCIPAL DISCHARGE DIAGNOSES FOR THE INDEX ADMISSIONS

Discharge Diagnosis for the Index Admission	Count	Percent of All Index Admissions	% Readmitted within 30 days	% Readmitted with the Same Diagnosis
Discharges from your facility	--	--	--	--
CCS 657 Mood disorders	43	42.6%	23.3%	11.6%
CCS 659 Schizophrenia and other psychotic disorders	21	20.8%	19.0%	9.5%
CCS 660 Alcohol-related disorders	9	8.9%	44.4%	33.3%
CCS 654 Developmental disorders	8	7.9%	50.0%	50.0%
CCS 650 Adjustment disorders	7	6.9%	0.0%	0.0%
CCS 651 Anxiety disorders	7	6.9%	14.3%	0.0%
CCS 661 Substance-related disorders	4	4.0%	0.0%	0.0%
CCS 658 Personality disorders	2	2.0%	0.0%	0.0%
CCS 652 Attention-deficit, conduct, and disruptive behavior disorders	NQ	NQ	NQ	NQ
CCS 653 Delirium, dementia, and amnestic and other cognitive 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 662 Suicide and intentional self-inflicted injury	NQ	NQ	NQ	NQ
CCS 663 Screening and history of mental health and substance abuse codes	NQ	NQ	NQ	NQ
CCS 670 Miscellaneous disorders	NQ	NQ	NQ	NQ
Discharges nationwide	--	--	--	--
CCS 657 Mood disorders	253,949	43.0%	19.6%	8.6%
CCS 659 Schizophrenia and other psychotic disorders	198,609	33.6%	22.6%	11.9%
CCS 653 Delirium, dementia, and amnestic and other cognitive disorders	80,397	13.6%	15.8%	7.0%
CCS 660 Alcohol-related disorders	18,883	3.2%	21.1%	10.7%
CCS 661 Substance-related disorders	17,675	3.0%	19.4%	6.4%
CCS 651 Anxiety disorders	7,808	1.3%	16.4%	1.9%
CCS 650 Adjustment disorders	5,656	1.0%	16.4%	1.7%

For more information on this worksheet, see page 11 of the IPF Readmission measure's *2022 User Guide for the IPF-Specific Report.*

Acronyms

Worksheet 7: Readmit Location

This worksheet shows what type of facility patients were readmitted to, both at your facility and nationwide.

	TABLE 6. READMISSION LOCATION (READM-30-IPF)	Facility	National
3	TABLE 6. READMISSION LOCATION (READM-30-IPF)		
4			
5	READM-30-IPF Performance Information	Facility	National
6	Number of index admissions (Measure Population)	728	623,953
7	Total number of 30-day unplanned readmissions	204	125,283
8	Observed unplanned readmission rate	28.0%	20.1%
9	**Readmissions by Location**	--	--
10	Total number of 30-day unplanned readmissions that returned to discharging facility	85	51,231
11	Percent of all readmissions that returned to discharging facility	41.7%	40.9%
12	Total number of 30-day unplanned readmissions that are readmitted to another facility	119	74,052
13	Percent of all readmissions that are readmitted to another facility	58.3%	59.1%
14	**Readmissions to other facilities by type of facility**	--	--
15	Total number of 30-day unplanned readmissions that are readmitted to a different IPF	71	39,753
16	Percent of all readmissions that are readmitted to a different IPF	34.8%	31.7%
17	Total number of 30-day unplanned readmissions that are readmitted to an acute care hospital	48	34,299
18	Percent of all readmissions that are readmitted to an acute care hospital	23.5%	27.4%

For more information on this worksheet, see page 12 of the IPF Readmission measure's *2022 User Guide for the IPF-Specific Report.*

Worksheet 8:
Readmit per Beneficiary

This worksheet shows how many patients were readmitted more than once during the measurement period.

TABLE 7. BENEFICIARIES WITH MULTIPLE READMISSIONS (July 1, 2015-June 30, 2017)

READM-30-IPF Admissions and Readmissions	Facility	National
Number of index admissions	728	623,953
Number of unique beneficiaries with an eligible index admission	472	379,854
Readmissions	--	--
Number of readmissions	204	125,283
Number of unique beneficiaries with readmissions	138	79,505
Number of readmissions per beneficiary	--	--
Number of unique beneficiaries with one readmission during the performance period	102	57,050
Percent of unique beneficiaries with one readmission during the performance period	73.9%	71.8%
Number of unique beneficiaries with two or more readmissions during the performance period	36	22,455
Percent of unique beneficiaries with two or more readmissions during the performance period	26.1%	28.2%

For more information on this worksheet, see page 13 of the IPF Readmission measure's *2022 User Guide for the IPF-Specific Report.*

Worksheet 9:
Readmit Diagnoses

This worksheet shows the most common causes of readmission for your patients and for patients nationwide.

TABLE 8. TOP 10 CCS PRINCIPAL DIAGNOSES OF READMISSIONS FOLLOWING DISCHARGE

CCS Diagnoses on the Readmission	Count	Percent of Readmissions
Readmissions from your facility	--	--
CCS 657.1 Bipolar disorder	5	21.7%
CCS 657.2/662 Depressive disorder	5	21.7%
CCS 652/654/655 ADD/developmental/childhood disorder	4	17.4%
CCS 660 Alcohol disorder	3	13.0%
CCS 659.2 Psychosis	2	8.7%
CCS 157 Acute and unspecified renal failure	1	4.3%
CCS 2 Septicemia (except in labor)	1	4.3%
CCS 658 Personality disorder	1	4.3%
CCS 659.1 Schizo-affective disorder	1	4.3%
--	--	--
--	--	--
Readmissions nationwide	--	--
CCS 659.1 Schizo-affective disorder	22,312	18.8%
CCS 657.1 Bipolar disorder	19,045	16.1%
CCS 657.2/662 Depressive disorder	17,091	14.4%
CCS 659.2 Psychosis	15,989	13.5%
CCS 653 Dementia	7,068	6.0%
CCS 660 Alcohol disorder	4,543	3.8%
CCS 661 Drug disorder	3,387	2.9%

For more information on this worksheet, see page 14 of the IPF Readmission measure's *2022 User Guide for the IPF-Specific Report.*

11/10/2022

Acronyms

38

Worksheet 10: Risk Factor Distribution

This worksheet shows how the case mix of your facility's discharges compares to the case mix of discharges nationwide.

TABLE 9. DISTRIBUTION OF PATIENT RISK FACTORS AMONG DISCHARGES FOR READM-30-IPF		
Risk Factor/Condition Indicator	Facility Discharges	National Discharges
Number of index admissions	728	623,953
Risk Factor/Condition Indicators	--	--
Gender: Male	55.4%	49.0%
Age	--	--
18-34	13.7%	12.4%
35-44	18.3%	14.8%
45-54	25.7%	18.6%
55-64	19.6%	18.2%
65-74	13.9%	17.3%
75-84	6.2%	12.0%
85+	2.6%	6.6%
Principal discharge diagnosis on index admission	--	--
CCS 650 Adjustment disorder	NQ	0.9%
CCS 651 Anxiety	NQ	1.3%
CCS 652/654/655 ADD/Developmental/Childhood disorders	NQ	0.2%
CCS 653 Dementia	7.7%	13.7%
CCS 656 Impulse control disorders	NQ	0.4%
CCS 657.1 Bipolar disorder	22.9%	20.4%
CCS 657.2/662 Depressive disorder	23.4%	23.2%
CCS 658 Personality disorder	NQ	0.4%

For more information on this worksheet, see page 15 of the IPF Readmission measure's *2022 User Guide for the IPF-Specific Report.*

Worksheet 11: Discharge-Level Data

This worksheet provides information on all discharges eligible for inclusion in the measure from your facility during the measurement period.

TABLE 10. DISCHARGE-LEVEL INFORMATION FOR READM-30-IPF

ID Number	Provider ID	HICNO	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay[1]	Principal Discharge Diagnosis of Index Stay[1]	Principal Discharge CCS of Index Stay	Unplanned Readmission within 30 Days (Yes/No)
1	999999	999999999A	999999A	99/99/9999	99/99/9999	99/99/9999	F1020	CCS 660 Alcohol disorder	Yes
2	999999	999999999A	999999A	99/99/9999	99/99/9999	99/99/9999	F251	CCS 659.1 Schizo-affective disorder	Yes
3	999999	999999999A	999999A	99/99/9999	99/99/9999	99/99/9999	F419	CCS 651 Anxiety	Yes
4	999999	999999999A	999999A	99/99/9999	99/99/9999	99/99/9999	F319	CCS 657.1 Bipolar disorder	Yes
5	999999	999999999A	999999A	99/99/9999	99/99/9999	99/99/9999	F333	CCS 657.2/662 Depressive disorder	Yes

Contact the CCSQ Service Center if you identify any rows in the second column containing provider IDs that are not for your facility.

For more information on this worksheet, see page 16 of the IPF Readmission measure's *2022 User Guide for the IPF-Specific Report.*

Interpreting the MedCont ISR

Overview of MedCont Measure

The MedCont measure 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 before discharge and 30 days post-discharge.

Acronyms   42

Overview of MedCont ISR

Your MedCont ISR contains five worksheets:

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

Worksheet 1: Summary

- The summary worksheet provides general information on the measure, links to resources, and information on your facility.

- Before reviewing the report, check that the name of your IPF and CCN are accurate.
  - Contact the CCSQ Service Center if you notice any discrepancies.
    - Phone: (866) 288-8912
    - TRS: 711
    - Email: QnetSupport@cms.hhs.gov

Worksheet 2: Publicly Reported Performance Information

This worksheet contains information that will be publicly available in the Provider Data Catalog in January 2023.

TABLE 1. YOUR FACILITY'S PERFORMANCE ON THE MEDCONT MEASURE

MedCont Performance Information	--
Your Facility's Denominator (Measure Population)	92
Your Facility's Rate	93.5%
State Rate	79.8%
National Rate	73.1%

For more information on this worksheet, see pages 7 of the MedCont measure's *2022 User Guide for the IPF-Specific Report.*

Acronyms

Worksheet 3: Distribution of Rates

This worksheet provides the nationwide distribution of MedCont rates.

TABLE 2. NATIONWIDE DISTRIBUTION OF MEDCONT RATES AMONG IPFS WITH AT LEAST 75 DENOMINATOR CASES AND YOUR FACILITY'S PERFORMANCE PERCENTILES

MedCont Rate Type	# IPFs	Minimum	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Maximum	Percentile
Nationwide Distribution of MedCont Rates	856	34.31%	62.60%	68.91%	74.82%	79.75%	83.70%	93.48%	--
Your Facility's MedCont Rate Percentile	--	--	--	--	--	--	--	--	100th

For more information on this worksheet, see page 8 of the MedCont measure's *2022 User Guide for the IPF-Specific Report.*

Acronyms

Worksheet 4:
Patient Characteristics

This worksheet provides information on the types of patients discharged from your facility and facilities nationwide, by diagnosis.

TABLE 3. PRINCIPAL DIAGNOSES AT DISCHARGE

Discharge Diagnoses of the IPF Hospitalizations	Facility Count	Percent of All IPF Hospitalizations	MedCont Rate
PRINCIPAL DIAGNOSES AT DISCHARGE FROM YOUR FACILITY	--	--	--
Bipolar Disorder	14	15.2%	78.6%
Major Depressive Disorder (MDD)	60	65.2%	96.7%
Schizophrenia	18	19.6%	94.4%
PRINCIPAL DIAGNOSES AT DISCHARGE NATIONWIDE	--	--	--
Bipolar Disorder	50,796	26.1%	73.5%
Major Depressive Disorder (MDD)	59,620	30.7%	72.4%
Schizophrenia	83,885	43.2%	73.3%

For more information on this worksheet, see page 9 of the MedCont measure's *2022 User Guide for the IPF-Specific Report.*

Worksheet 5: Discharge-Level Data

This worksheet provides information on all discharges eligible for inclusion in the measure from your facility during the measurement period.

TABLE 4. YOUR FACILITY'S DISCHARGE-LEVEL INFORMATION FOR THE MEDCONT MEASURE

ID Number	Provider ID	HICNO	MBI[a]	Medical Record Number	Beneficiary DOI	Admission Date of IPF Hospitalization	Discharge Date of IPF Hospitalization	Principal Discharge Diagnosis of IPF Hospitalization (ICD-10)	Principal Discharge Diagnosis of IPF Hospitalization	Prescription filled within 2 days prior to discharge through 30 days after discharge?
1	999999	999999999A	9AA9A99AA99	99999A	99/99/9999	99/99/9999	99/99/9999	F250	Schizophrenia	Yes
2	999999	999999999A	9AA9A99AA99	99999A	99/99/9999	99/99/9999	99/99/9999	F200	Schizophrenia	Yes
3	999999	999999999A	9AA9A99AA99	99999A	99/99/9999	99/99/9999	99/99/9999	F329	MDD	Yes

Contact the CCSQ Service Center if you identify any rows in the second column containing provider IDs that are not for your facility.

For more information on this worksheet, see page 10 of the MedCont measure's *2022 User Guide for the IPF-Specific Report.*

Acronyms

Acronyms

CBM	claims-based measure	**IPFQR**	Inpatient Psychiatric Facility Quality Reporting
CCN	CMS Certification Number	**IPF Readmission**	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF
CCS	clinical classifications software	**IPPS**	Inpatient Prospective Payment System
CCSQ	Center for Clinical Standards and Quality	**ISR**	IPF-Specific Report
CMS	Centers for Medicare & Medicaid Services	**LTCH**	Long-Term Care Hospital
DOB	date of birth	**MFT**	Managed File Transfer
FFS	fee-for-service	**NQ**	no qualifying index admissions
FUH	Follow-Up After Hospitalization for Mental Illness	**PPS**	Prospective Payment System
FY	fiscal year	**Q&A**	questions and answers
HARP	HCQIS Access Roles and Profile	**READM-30-IPF**	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF
HCQIS	Health Care Quality Information Systems	**RSRR**	Risk-Standardized Readmission Rate
HICNO	health insurance claim number	**SRR**	Standardized Risk Ratio
IPF	inpatient psychiatric facility	**VIQR**	Value, Incentives, and Quality Reporting

Helpful Resources

Confidential Review Period Resources

QualityNet > Inpatient Psychiatric Facilities > [IPFQR Measures](#)

- [https://qualitynet.cms.gov/ipf/ipfqr/measures](#)

- Claims-based measure specifications

    - Contains FY 2023 specifications for each measure

QualityNet > Inpatient Psychiatric Facilities > [Public Reporting](#)

- [https://qualitynet.cms.gov/ipf/public-reporting](#)

- Quick Reference Guide for the ISR Confidential Review Period

    - Contains information on the confidential review period and contact information

These resources are also available to download from the Quality Reporting Center's [IPFQR Program Resources and Tools](#) web page.

Helpful Resources

IPFQR Program Webpages
(Click the Icons)

Quality Reporting Center

QualityNet

Helpful Resources

Stay up to date...

- Contact Change Form
- Listserve Registration
- Upcoming Webinars

…and get answers to your questions.

- Q&A Tool
- Email Support
- Phone Support (866) 800-8765
- FAX (877) 789-4443

IPFQR Program: Review of FY 2023 ISRs for Claims-Based Measures

Thank You!

Disclaimer

This presentation was current at the time of publication and/or upload onto the Quality Reporting Center and QualityNet websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. If Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will be an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. If there is any conflict between the information provided by the presentation and information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.