Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

**IPFQR Program:
FY 2025 Review of IPF-Specific Reports for Claims-Based Measures
Presentation Transcript**

Speaker

Laura McDermott, MSW
Measure Maintenance and Implementation Lead
Behavioral Health Measures Development and
Inpatient and Outpatient Measure Maintenance Contractor

Lisa Vinson, BS, BSN, RN
Program Lead, IPFQR Program
Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

**November 14, 2024
2:00 p.m. Eastern Time**

DISCLAIMER: This presentation document was current at the time of publication and/or upload onto the websites. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; this information will remain as an archived copy with no updates performed.

Any references or links to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the question-and-answer session and any 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.

Lisa Vinson: Welcome to today's presentation titled *IPFQR Program: Review of FY 2025 IPF-Specific Reports for Claims-Based Measures*. My name is Lisa Vinson. I am the IPFQR Program Lead for Inpatient and Outpatient Healthcare Quality Systems Development and Program Support, and I will be the moderator for today's event. Before I introduce today's speaker, I will review a couple of housekeeping items. First, the slides for this presentation were posted to the Quality Reporting Center website prior to the event. If you did not receive the slides beforehand, please go to QualityReportingCenter.com in your web browser. On the bottom left of the screen, you will see a list of Upcoming Events. Click on the link for this event, and there you will find the presentation slides available for download. This webinar is being recorded, and the transcript, slides, and a recording of today's presentation will be posted to QualityNet at a later date. Secondly, we ask that you submit any questions, pertinent to the webinar topic, in the question-and-answer section. To do so, click on the question mark in a thought bubble on the right side of the screen. Any unanswered questions will be responded to and considered for publication in the QualityNet Question and Answer Tool later. Questions received that are not related to the topic of the webinar will not be answered in the question-and-answer feature. Instead, we recommend that you go to the QualityNet Question and Answer Tool to search for posted question and answer pairs, as well as submit any new questions to us that are not already addressed in the question-and-answer tool or in a previously published summary of questions and answers. Joining me as our guest speaker for today's webinar is Laura McDermott. Laura is on the Measure Maintenance and Implementation team for the Behavioral Health Measures Development and Inpatient and Outpatient Measure Maintenance contract between CMS and Mathematica. They lead measure maintenance activities for the claims-based measures and, most recently, led the development of the ISR templates and user guides. At this time, I will turn the presentation over to our speaker, Laura McDermott. Laura, the floor is yours.

Laura McDermott: Thank you, Lisa. CMS will provide inpatient psychiatric facilities, or IPFs, with reports for their IPFQR Program claims-based measures, prior to public reporting for fiscal year 2025. IPF-Specific Reports, or ISRs, are confidential and allow facilities to preview their results before the results are made public. ISRs provide additional information to IPFs, which is not available to the public, to help inform quality improvement activities.

The purpose of today's webinar is to provide the IPF community with ways to access and use the fiscal year 2025 ISRs and supporting documents for the three claims-based measures, FAPH, MedCont, and IPF Readmission, which I will discuss in more detail in the following slide. At the end of this webinar, attendees will understand how to access their fiscal year 2025 ISRs and supporting documents, as well as how to interpret FAPH, MedCont, and IPF Readmission ISRs.

FAPH, which has replaced FUH, was added to the IPFQR Program in July 2021, and it was first publicly reported in January 2023. Fiscal year 2025 public reporting has a performance period of July 1, 2022, through June 30, 2023. IPF Readmission was added to the program in August 2016, and it was first publicly reported in February 2019. Fiscal year 2025 public reporting has a performance period of July 1, 2021, through June 30, 2023. MedCont was added to the program in August 2019, and it was first publicly reported in 2021. Fiscal year 2025 public reporting has a performance period of July 1, 2021, through June 30, 2023. The performance period for all three measures represents the span of time in which a discharge must occur to be included in the measure.

In 2023, CMS decided to stratify the IPF Readmission measure by dual eligibility status. This year, CMS additionally decided to stratify the FAPH and MedCont measures by dual eligibility status to align with the IPF Readmission measure. As will be discussed later in the presentation, the ISRs for all claims-based measures in the IPFQR Program now include a Dual-Eligible Within-Hospital tab and a Dual-Eligible Across-Hospitals tab.

Let's begin by reviewing how to access the ISRs and supporting documents.

ISRs can be downloaded directly from the Hospital Quality Reporting, or HQR, system using your HARP account. First, you will log in to the HQR system using your HARP username and password. If you do not have a HARP account, you may visit harp.cms.gov to register for a HARP ID.

Next, to locate your ISR, select Program Reporting on the left-hand menu. Then, you can select Measure Details, followed by the release year for your ISR. For the fiscal year 2025 ISR, you will select the year 2024. Then, you can select IPFQR as the program. Lastly, under report, you will be able to see the list of files available for download. The drop-down option labeled only IPFQR will be the ISR report for fiscal year 2025.

On the next screen, you will want to select 2024 as the release year to view your fiscal year 2025 ISRs. Then, in the Program drop-down menu, select IPFQR. This will populate the reports available in the Report drop-down. Under Report, you can view a list of ISR files available for download. The option, labeled IPFQR is the report for fiscal year 2025. Additionally, ISRs can be exported in either CSV or Excel.

For all three claims-based measures, the ISR User Guides, which I will discuss in the coming sections of this presentation, can be found on QualityNet along with the mock ISRs. The mock ISRs are ISRs with fictitious data at the facility level and real data at the state and national level.

In the next several slides we will take a look at the ISR for the FAPH measure in more detail.

FAPH assesses the percentage of IPF hospitalizations for treatment of select mental health and/or substance use disorders that were followed by an outpatient mental health or substance use disorder encounter. There are two rates that are reported for this measure. The first rate is the percentage of discharges for which the patient received follow-up within seven days of discharge. The second rate is the percentage of discharges for which the patient received follow-up within 30 days of discharge.

Your FAPH ISR will be an Excel workbook with seven tabs, and I will go over each of these. The information in tab two titled Publicly Reported is the only information that will be publicly reported.

The Summary tab provides general information on the measure, links to resources, and information on your facility. Before reviewing the report, please check that the name of your IPF and CMS Certification Number, or CCN, are accurate. Please be sure to contact the CCSQ Service Center if you notice any discrepancies. I do want to point out that, if the IPF is part of an acute care, critical access, or Long-Term Care Hospital, then the CCN will be six numeric digits because the HQR system does not recognize the alpha-numeric version of an IPF CCN.

This tab contains information that will be publicly reported in CMS's Provider Data Catalog in January 2025. The data you see on this slide are fictitious for the purpose of demonstration. If your facility has a denominator of less than 40, your results will not be publicly reported. You will see your facility's denominator, as well as your facility's seven and 30-day rates. You will also see the seven and 30-day rates across your state and nationwide. Please refer to the ISR User Guide for more information on this tab and those that follow.

This tab provides the nationwide distribution of facility-level seven- and 30-day IPF FAPH rates. The final column provides your facility's percentile by each of the two rates. In this example, the facility's seven-day rate is as good as or better than 95 percent of the facilities in the nation with at least 40 denominator cases.

This tab provides information on the types of patients by diagnosis discharged from your facility and facilities nationwide. In this example, Row 3 tells us that this facility had 307 patients discharged with mood disorders during the measurement period, which accounted for 53 percent of hospitalizations at this facility during that time. We also see the seven- and 30-day rates for this facility, only including those patients discharged with mood disorders. The national-level information is in the bottom half of the table, as seen in Row 16.

This tab, which is new for fiscal year 2025, summarizes the facility-level performance on the Within-Hospital Disparity Method applied for patients are dually eligible for Medicare and Medicaid. The performance information includes the national-, state-, and facility-level seven- and 30-day follow up rate differences, the number of post-discharge follow-ups, and the number of eligible discharges. The facility results are reported as rate differences between patients who are dually eligible compared to patients who are not dually eligible. Rate differences above 0 percent indicate better outcomes for dually-eligible beneficiaries, and rate differences below 0 percent indicate worse outcomes.

This tab, which is new for fiscal year 2025, summarizes the facility-level performance on the Across-Hospital Disparity Method applied for dually-eligible patients. Similarly to our last slide, the performance information for this tab includes the national-, state-, and facility-level seven- and 30-day follow-up rates, the number of post-discharge follow-ups, and the number of eligible discharges. Additionally, facility results are reported as performance rates on the Across-Facility Disparity Method applied to the FAPH measure for dually-eligible patients.

This tab provides information on all discharges eligible for inclusion in the measure from your facility during the measurement period. Please contact the CCSQ Service Center if you identify any rows with provider IDs in the second column that are not for your facility. The provider ID is the CMS Certification Number of the discharging IPF.

Next, we will take a look at the ISR for the IPF Readmission measure.

The IPF Readmission measure estimates an all-cause, unplanned, 30-day, risk-standardized readmission rate for adult Medicare Fee for Service patients with a principal discharge diagnosis of a psychiatric disorder, dementia, or Alzheimer's disease.

Your IPF Readmission ISR will be an Excel workbook with 13 tabs, and I will go over each of these. The information in Tab 2, Publicly Reported, is the only information that will be publicly reported.

The Summary tab provides general information on the measure, links to resources, and information on your facility. Before reviewing the report, please check that the name of your IPF and CMS Certification Number are accurate. Please contact the CCSQ Service Center if you notice any discrepancies. Similar to FAPH, if the IPF is part of an acute care, critical access, or Long-Term Care Hospital, then the CCN will be six digits and all numeric because the HQR system does not recognize the alpha-numeric version of IPF CCNs.

This tab contains information that will be publicly reported on CMS's Provider Data Catalog in January 2025. You will see your facility's comparative performance category, which will be Worse Than, No Different From, or Better Than the national rate. If your facility has fewer than 25 cases eligible for the measure, you will see N/A in Row 6 and your results will not be publicly reported. If the national observed unplanned readmission rate is within the range of your facility's lower and upper limits of the 95 percent interval estimate, then your facility will be categorized as No Different Than the national rate.

Facility rates for each IPF are estimated from the results of a hierarchical logistic regression model that accounts for the mix of cases represented in the index admissions for each IPF during the measurement period. A standardized risk ratio, or SRR, for each IPF is calculated as the predicted number of readmissions for a specific IPF and divided by the number expected for any IPF with a similar case mix. The SRR is then used to calculate the risk-standardized readmission rate, or RSRR, by multiplying the SRR by the national readmission rate.

The RSRR and corresponding 95 percent interval estimate is calculated for each IPF. Measure performance is categorized as Better Than the National Rate, No Different Than the National rate, Worse Than the National Rate, or Number of Cases Too Small. Performance is based on the overlap of the IPF's 95 percent interval estimate with the observed national readmission rate. The figure in this slide shows the results of the three example IPFs. Facility A has a 95 percent interval estimate that is better than the national rate of 20.1.

Facility B has an interval estimate that runs over the national rate, and thus is no different than the national rate. Facility C has an interval estimate that is worse than the national rate.

This tab provides the number of facilities in each performance category at the state and national level, including the number of those that had too few cases.

This tab shows how your RSRR was calculated. In this example, the total number of unplanned readmissions, 61, would be divided by the number of index admissions, 407, to arrive at the observed unplanned readmission rate, 15 percent. This number would then be divided by your SRR, 0.83 here, to arrive at your RSRR. Because the national rate of 19.6 percent is higher than the lower limit of this fictitious facility's 95 percent interval estimate, this facility performed better than the national rate.

This tab provides the distribution of facility-level observed and risk-standardized readmission rates nationwide. Rows 7 and 9 show your facility's percentile rank for the observed and risk-standardized readmission rates. Because lower rates are better, in this example, the facility's observed unplanned readmission rate is equivalent to or worse than 93 percent of facilities nationwide. The facility's RSRR is equivalent to or worse than 89 percent of facilities nationwide.

This tab provides information on the types of patients by diagnosis discharged from your facility and facilities nationwide. In the example above, outlined in blue rows, 53.6 percent of the index admissions to the facility have a principal discharge diagnosis of a mood disorder, compared with 40 percent of index admissions nationwide. Of the eligible index admissions to the facility, 17.4 percent are followed by an unplanned readmission within 30 days of discharge, and 9.2 percent are followed by an unplanned readmission with the same principal diagnosis. The national-level information is in the bottom half of the table. A value of NQ in a cell indicates that the facility had no qualifying cases for this diagnosis classification.

This tab shows what type of facility patients were readmitted to, both at your facility and nationwide. You will see the total number of 30-day unplanned readmissions, the count and percent of unplanned readmissions that returned to the discharging facility, and the count and percent of unplanned readmissions that occurred at another facility. Rows 16 through 18 show whether individuals were readmitted to another IPF or an acute care hospital.

This tab shows how many patients were readmitted more than once during the measurement period. You will see the number of eligible index admissions and readmissions and the number of beneficiaries with an eligible index admission or readmission. In the example, there are fewer beneficiaries than eligible index admissions or readmissions because beneficiaries can have multiple eligible index admissions during the measurement period. The counts and percentages of beneficiaries with only one readmission during the measurement period are provided in Rows 12 and 13. The counts and percentages of beneficiaries with two or more readmissions are provided in Rows 14 and 15.

This tab shows the top 10 CCS principal discharge diagnoses for readmissions following discharges from your facility and facilities nationwide. In the example, the facility had a higher percentage of readmissions related to alcohol disorder than facilities nationwide. When considered with the information from Tab 6, Distribution of Rates, this could be because the facility treats a higher percentage of patients with alcohol disorder than are treated by IPFs nationwide.

This tab compares facility-level risk factor prevalence to national risk factor prevalence. Patient risk factor categories include gender, age, principal discharge diagnosis of the index admission, comorbidities, and other psychiatric-specific risk factors. In this example, the facility has a higher percentage of index admissions for patients between the ages of 65 and 74 than the national measure population. The facility does not have any qualifying index admissions for patients with principal discharge diagnoses of impulse control disorders during the measurement period, which is indicated by NQ in the Facility Discharges column.

This tab summarizes the facility-level performance on the Within-Hospital Disparity Method applied for patients are dually eligible for Medicare and Medicaid. The performance information includes the facility's comparative performance, rate difference, average predicted readmission rate, total number of readmissions, and total number of eligible discharges. The facility results are reported as rate differences between patients who are dually eligible compared to patients who are not dually eligible. Rate differences above 0 percent indicate worse outcomes for dually-eligible beneficiaries, and rate differences below 0 percent indicate better outcomes.

This tab summarizes the facility-level performance on the Across-Hospital Disparity Method applied for dually eligible patients. Similarly to our last slide, the performance information for this tab includes the facility's comparative performance, rate difference, average predicted readmission rate, total number of readmissions, and total number of eligible discharges. Additionally, facility results are reported as rate differences between patients who are dually eligible compared to patients who are not.

This tab provides information on all discharges eligible for inclusion in the measure from your facility during the measurement period. The figure on this slide does not include every column in this table.

Now, we will take a look at the ISR for the MedCont measure.

MedCont assesses whether psychiatric patients admitted to an inpatient psychiatric facility for major depressive disorder, schizophrenia, or bipolar disorder filled a prescription for evidence-based medication within two days prior to discharge and 30 days post-discharge.

As we saw for the FAPH measure, your MedCont ISR will be an Excel workbook with seven tabs. Again, the information in Tab 2, Publicly Reported, is the only information that will be publicly reported.

The Summary tab provides general information on the measure, links to resources, and information on your facility. Before reviewing the report, please check that the name of your IPF and CCN are accurate, and please be sure to contact the CCSQ Service Center if you notice any discrepancies.

Similarly, if the IPF is part of an acute care, critical access, or Long-Term Care Hospital, then the CCN will be six digits and all numeric because the HQR system does not recognize the alpha-numeric version of IPF CCNs.

This tab contains information that will be publicly reported in CMS's Provider Data Catalog in January 2025. The data you see on this slide are fictitious for demonstration purposes. If your facility has a denominator of 10 or fewer, your results will not be publicly reported. You will see your facility's denominator, as well as your facility's rate. You will also see the rates across your state and nationwide. Please refer to the ISR User Guide for more information on this tab and those that follow.

This tab provides the nationwide distribution of MedCont rates. The final column provides your facility's percentile. In this example, the facility's MedCont rate is as good as or better than 100 percent of the facilities in the nation with at least 75 denominator cases.

This tab provides information on the types of patients by diagnosis discharged from your facility and facilities nationwide. In this example, we see that 24.6 percent of all IPF hospitalizations nationwide have a principal discharge diagnosis of bipolar disorder. Of the hospitalizations for bipolar disorder nationwide, the MedCont rate was 76.8 percent. This means that 76.8 percent of patients discharged from an IPF with a principal discharge diagnosis of bipolar disorder during the measurement period filled a prescription for evidence-based medication within two days prior to discharge and 30 days post-discharge.

This tab summarizes the facility-level performance on the Within-Hospital Disparity Method applied for patients who are dually eligible for Medicare and Medicaid. Performance information includes national-, state-, and facility-level rate differences, the number of medications continued, and the number of eligible discharges. The facility results are reported as rate differences between patients who are dually eligible compared to patients who are not dually eligible. Rate differences above 0 percent indicate better outcomes for dually-eligible beneficiaries, and rate differences below 0 percent indicate worse outcomes.

This tab summarizes the facility-level performance on the Across-Hospital Disparity Method applied for patients who are dually eligible for Medicare and Medicaid. Performance information includes national-, state-, and facility-level rates, the number of medications continued, and the number of dually eligible discharges. The facility results are reported as performance rates for dually-eligible patients.

This tab provides information on all discharges eligible for inclusion in the measure from your facility during the measurement period. Please contact the CCSQ Service Center if you identify any rows with provider IDs in the second column that are not for your facility.

On this slide you can see a list of the acronyms that may have been referenced during the presentation.

This concludes my portion of today's webinar. I will now turn the presentation back over to Lisa.

Lisa Vinson: Thank you. I would like to thank our guest speaker, Laura McDermott, for providing a great review of the ISRs for the IPFQR Program's claims-based measures. In the next series slides I will review helpful resources pertaining to this topic as well as the IPFQR Program in general.

The specifications for the FAPH, MedCont, and IPF Readmission measures are on QualityNet, as is the Quick Reference Guide, which includes information on the confidential review period and contact information. These resources are also available for download from the Quality Reporting Center IPFQR Program Resources and Tools web page.

CMS recommends that IPFs refer to the latest versions of IPFQR Program resources to stay up to date on program requirements. Various documents, including the IPF Specifications Manual, IPFQR Program Guide, and optional paper tools, are available for download from the QualityNet and Quality Reporting Center websites, which can be accessed by clicking on the icons on this slide. The IPFQR Program Guide is a great place to start, as it highlights the keys to successfully participate in the IPFQR Program.

Has there been any turnover at your facility within the last several months? If so, then we want to hear from you! You can let us know about any changes to points of contact at your facility by clicking the Contact Change Form link on this slide and sending the information to us by following the instructions on the form.

Would you like to receive email communications about future IPFQR Program webinars, program updates, resources, and other announcements? Then we invite you to sign up for the IPFQR Program Listserve by clicking on the Listserve Registration icon on this slide. Another way to find information about upcoming webinars is to click on the Upcoming Webinars icon on this slide.

When you have a question in general about the IPFQR Program or need clarification about any of the program measures, be sure to leverage the Find an Answer function in the QualityNet Question and Answer Tool. If you do not see a published article in the question-and-answer tool related to your question, then you can submit your inquiry to us via the Q&A tool, which you can access by selecting the question-and-answer tool icon. The best way to reach us when you have questions about IPFQR Program eligibility, such as next steps for a newly eligible provider or to notify us that an IPF is closed or will be closing, is via email. Just click on the Email Support icon to send an email to us regarding eligibility updates. Finally, you can also contact our support team via phone at (866) 800-8765 or via secure fax at (877) 789-4443.

This concludes the content portion of today's webinar titled, *IPFQR Program: Review of FY 2025 IPF-Specific Reports for Claims-Based Measures*. Thank you for your time and attention.