



# **Inpatient Psychiatric Facility Quality Reporting Program**

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## **Support Contractor**

### **IPFQR Program: Follow-Up After Hospitalization for Mental Illness (FUH)**

#### **Questions & Answers**

##### **Moderator:**

Evette Robinson, MPH  
IPFQR Project Coordinator, HSAG

##### **Speaker(s):**

Sherry Yang, PharmD  
Director, IPF Measure Development and Maintenance Project, HSAG

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- Question 1:** Are these for the MCR population only and captured by claims?
- Answer 1:** The FUH measure is a Claims-Based measure for the Medicare fee-for-service (FFS) population only.
- Question 2:** If a patient follows up with a provider who does not bill Medicare (private pay), is there any way to prevent them from being fallouts?
- Answer 2:** No, this is a Claims-Based measure. The only way to capture data for this measure is through Medicare FFS claims.
- Question 3:** If they (i.e., patients) have a substance abuse diagnosis and a mental health diagnosis, are they included or excluded?
- Answer 3:** The eligible population for this measure must have a principle mental health diagnosis. Substance abuse diagnoses (ICD-9-CM 303-305) are not included in the measure.
- Question 4:** In the exclusions, does discharge to a regular nursing home bed count?
- Answer 4:** If the patient is admitted to a skilled nursing bed within 30 days of the IPF discharge, then the patient is excluded.
- Question 5:** Would a visit to a primary care practitioner count as an outpatient visit?

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- Answer 5:** For this measure, the follow-up visit must be with a mental health practitioner. Additional information can be found in the IPFQR Program Manual in Appendix B.
- Question 6:** Follow-up appointments are always made for the patient before discharge. Is there any way to indicate a “no show”?
- Answer 6:** No.
- Question 7:** Can you further define FFS Medicare?
- Answer 7:** FFS beneficiaries are defined as individuals with continuous Part A and Part B coverage who are not enrolled in an HMO coverage plan during the month of the index discharge and the following month.
- Question 8:** If a person has a secondary diagnosis of substance abuse, is that discharge counted?
- Answer 8:** If the patient has a mental health diagnosis as the principal diagnosis, then that discharge would still count.
- Question 9:** Just want to make sure – Outpatient case managers, unless licensed clinical social workers, do not count as a qualified mental health provider, correct?
- Answer 9:** Please refer to the criteria listed in the IPFQR Program Manual. A qualified mental health practitioner must meet the criteria listed in the IPFQR Program Manual: MD; DO; licensed psychologist; or social worker certified by American Board of Examiners, or listed on the clinical register, or who has a master's degree in social work and is licensed/certified to practice as a social worker.
- Question 10:** Wouldn't all patients with an inpatient stay in Part A data be included in the denominator? So a dual eligible patient in the denominator who has a follow-up paid by Medicaid would be in the denominator but not in the numerator?
- Answer 10:** Only patients with Part A and Part B eligibility are included, so those with Medicaid coverage for outpatient care would not be included in either the numerator or denominator.
- Question 11:** Does the measure include the Medicare Advantage Plans?
- Answer 11:** No, the measure only captures fee-for-service beneficiaries.

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- Question 12:** Will hospitals have an opportunity to see the results of this measure before they are publicly reported? Has this information already been provided?
- Answer 12:** Yes, hospitals will have an opportunity to see the FUH measure results before they are publically reported in the preview report, which will be available in December 2015 for the April 2016 data refresh. No, this information has not been provided previously.
- Question 13:** Will there be a review period that we will be able to see our performance?
- Answer 13:** There will be a preview period where each IPF will see its FUH rates – the end of December 2015 through January 2016 for the April 2016 data refresh on *Hospital Compare*.
- Question 14:** What discharge periods are being included?
- Answer 14:** July 1, 2013–June 30, 2014.
- Question 15:** Will the FUH data be available for public preview prior to April '16?
- Answer 15:** In your preview report, available in December 2015, you will get a chance to see your FUH rates prior to these and other measure rates being published in April 2016.
- Question 16:** What if a person is incarcerated after discharge and before the 30 days?
- Answer 16:** Discharges or transfers to other institutions, including direct transfer to a prison, within the 30-day follow-up period are excluded.
- Question 17:** What would constitute an "intensive outpatient encounter"?
- Answer 17:** An intensive outpatient treatment encounter is a part of a treatment program that operates at least three hours per day and at least three days per week, based on an individualized treatment plan, including assessment, counseling, crisis intervention, & activity therapies or education.
- Question 18:** Is a dementia diagnosis excluded from the sample?
- Answer 18:** The dementia-specific ICD-9 codes are not included in the list of principal mental health diagnosis for calculating the measure denominator. For the list of diagnoses that are included in the measure calculation, please refer to the IPFQR Program Manual.

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- Question 19:** Will one discharge be counted for both 7 and 30 day follow up visits if [the] patient has two follow up visits?
- Answer 19:** If any of the two follow-up visits occurs within seven days of the IPF discharge, then it will be counted for both the seven-day follow-up period numerator and the 30-day follow-up period numerator. If the two follow-up visits occur after Day 7 but before Day 30, then the follow-up credit is given for the 30-day follow-up period numerator, but not the seven-day follow-up period numerator.
- Question 20:** Many of our patients live in nursing home beds and do not go back as skilled. I assume from your answer that this will not be an exclusion criterion. So, if the patient is discharged to a nursing facility, they are only excluded if they go to [a] skilled bed—is this correct?
- Answer 20:** If the patient is admitted to a skilled nursing bed within 30 days of the IPF discharge, the patient is excluded.
- Question 21:** When comparing hospitals' performances, how will you adjust for patient populations? For example, state hospitals will tend to have more uninsured patients who will tend to be poorer and sicker than patients discharged from private hospitals. The patient discharges from a state hospital will tend to be less likely to take advantage of follow-up care.
- Answer 21:** Currently the measure does not include an adjustment algorithm to account for these factors.
- Question 22:** If patients choose not to follow-up after their inpatient stay or they refuse or are unable to attend, how will that be reflected in the N/D?
- Answer 22:** The measure, as it is currently specified, captures claims billed for the follow-up visits that have occurred. A follow-up visit for which the patient is unable to attend would not be captured by the measure through claims and would not be counted for the numerator; however, the IPF discharge for the patient would be in the denominator.
- Question 23:** How do IPFs know whether an outpatient provider to whom a patient is referred meets the measure specifications?
- Answer 23:** The taxonomy codes for the providers are listed in their NPI profile. IPFs can check the NPI profile for any outpatient provider online at

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the NPI Registry at  
<https://nppes.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do>.

**Question 24:** What if the patients, particularly elderly or in rural areas, prefer to follow-up with their primary care provider instead of a mental health practitioner? [I am] assuming these will fail the measure, correct?

**Answer 24:** If the primary care provider is qualified to provide mental health care and has a specialty code and/or taxonomy code to identify the provider as such, then that follow-up visit will count towards the numerator. The taxonomy codes for the providers are listed in their NPI profile. IPFs can check the NPI profile for any outpatient provider online at the NPI Registry at  
<https://nppes.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do>.

**Question 25:** How are folks meeting the HBIPS-6 and -7 requirements for medication indications documentation on the CCP? Psych doctors are struggling with the fact that they are required to figure out the indications on a med that are for a medical condition and that they did not prescribe initially. Why isn't this then required for IQR and OQR?

**Answer 25:** The goal of this measure is to communicate this important information to the next level of care provider. Under the standard MM.04.01.01A, medication orders are clear and accurate. One of the elements of performance is that a diagnosis, condition, or indication for use exists for each medication ordered. This information can be anywhere in the medical record and need not be on the order itself. For example, it might be part of the medical history; therefore, this information should be readily available in the medical record for the Continuing Care Plan transmitted to the next level of care provider.

**Question 26:** Are discharges to group homes excluded from the measure?

**Answer 26:** Discharges to group homes can be coded under Discharge Code 01 – Discharge to Home or Self Care (Routine Discharge), which is not excluded from the measure. For the list of discharge designations that are excluded from the measure, please refer to the IPFQR Program Manual.

**Question 27:** Different communities have different availability of OP psych resources, which could explain some of the variation in measure performance. Another factor would be patient ability to pay for OP services. Are you able to adjust for these?

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- Answer 27:** Currently the measure does not include an adjustment algorithm to account for these factors.
- Question 28:** Will there be a minimum sample size requirement for public reporting of the FUH measure?
- Answer 28:** No.
- Question 29:** Will there be a preview report provided that is patient-specific?
- Answer 29:** The preview report that will be available in December 2015 for the April 2016 data refresh will include aggregate FUH rates. The data will not be patient-specific.
- Question 30:** Patients transferred to the nursing home are excluded?
- Answer 30:** Yes, discharges to a regular nursing home bed are excluded.
- Question 31:** Where will the results from this measure be found when posted?
- Answer 31:** The results will be posted publically starting in April 2016 on the Medicare.gov *Hospital Compare* website:  
[www.medicare.gov/hospitalcompare/search.html](http://www.medicare.gov/hospitalcompare/search.html).
- Question 32:** If a patient is transferred within the facility to a medical floor, is this patient excluded?
- Answer 32:** Transfers to an acute care facility within 30 days of discharge from the IPF, whether it is a transfer to the same or a different facility, are excluded in the current measure specifications.
- Question 33:** What is the definition of "Mental Health Practitioner"?
- Answer 33:** A Mental Health Practitioner is qualified to provide mental health care and has a specialty code and/or taxonomy code to identify the provider as such. The taxonomy codes for the provider are listed in their NPI profile. IPFs can check the NPI profile for any outpatient provider online at the NPI Registry at  
<https://nppes.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do>
- Question 34:** What quarter does FUH tracking start?
- Answer 34:** For FY 2016, the data for the FUH measure will start with claims data from the 3<sup>rd</sup> quarter of 2013, beginning July 1, 2013.
- Question 35:** What happens for those where a follow-up is not possible until 45 days or more after discharge?

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- Answer 35:** The current measure specifications captures the visits that occur up to 30 days after the discharge, and therefore, a visit that occurs after the 30-day follow-up window would not be captured by the measure and therefore, would not be counted toward the numerator.
- Question 36:** Is the follow-up based on claims from any provider, including physician and/or counselor?
- Answer 36:** This measure is based on claims from a patient follow-up visit to a qualified mental health practitioner as defined by the
- Question 37:** Can IPFs obtain their baseline data?
- Answer 37:** There will be a preview period where each IPF will see their FUH rates – the end of December 2015 through January 2016 – for the April 2016 data refresh on *Hospital Compare*.
- Question 38:** Will there be a minimum sample size requirement for public reporting of the FUH measure?
- Answer 38:** No.
- Question 39:** We are relying on outpatient providers to submit claims timely and properly. Is there going to be any other alternative way to track this besides claims?
- Answer 39:** No, not at this time.
- Question 40:** Will we have patient-level data so we can look at outliers?
- Answer 40:** No.

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