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Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

Measure Dry Run
Thirty-Day All-Cause Unplanned Readmission
Following Psychiatric Hospitalization
in an Inpatient Psychiatric Facility

Questions and Answers

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Question 1: **Are the national numbers presented in this webinar actual readmission rates or made up for purposes of the webinar?**

The national numbers presented in this webinar were made up for illustration purposes. The national readmission rate for the dry run measurement period is 20.8%. During the measurement period, 136 facilities performed better than the national rate; 1,282 facilities performed no different than the national rate; 214 facilities performed worse than the national rate; and 77 facilities had fewer than 25 cases and were not assigned a performance category. This information is in the IPF-Specific Reports, provided to facilities through the *QualityNet* AutoRoute Inbox on October 17, 2017, and the Measure Methodology Report posted on the IPFQR Program Measures page on *QualityNet*. This information will not be publicly reported on *Hospital Compare*.

Question 2: **How did you identify IPFs for the measure? Did you use the CMS Certification Number (CCN) where there was a "4" (freestanding) or "S" (in-unit) in the third position of the CCN?**

We identified IPFs for inclusion in the calculation of the measure by using the CCNs for participating IPFs, which were freestanding (i.e., last four digits of the CCN between 4000 and 4499), part of an acute care hospital (i.e., "S" in the third position), or part of a critical access hospital (i.e., "M" in the third position).

Question 3: **Can you please define an "index admission"?**

An index admission is any eligible admission that is included in the measure cohort and assessed for the measure outcome. Each index admission may or may not be followed by a qualifying readmission within 30 days. The 30-day window to look for readmissions starts on the date of discharge from the IPF index admission.

Question 4: **Is the measure based on abstracted data?**

No, this is a claims-based measure that is calculated from Medicare administrative claims data. Facilities are not required to collect or submit any data to calculate rates for this measure.

Question 5:   **Does this measure look at Medicare patients only and not all-payer data?**

The measure includes only patients enrolled in Medicare fee-for-service because administrative claims data are required to calculate the measure and comprehensive all-payer data are not available.

Question 6:   **Is this data taken from billing? If a patient has exhausted all Medicare benefits prior to the index admission, would they be included in these data?**

This is a claims-based measure that is calculated from Medicare administrative claims data. Patients are eligible for the measure only if they are enrolled in Medicare fee-for-service during the index admission, the year prior to the index admission, and at least 30 days following the index admission. Patients will only appear in the measure if Medicare paid the Part A claim. Rejected Part A claims are not included in the measure.

Question 7:   **How are transfers identified?**

A transfer is identified as an admission that occurs on the day of discharge or the day following discharge from the index admission.

Question 8:   **Are patients coded with discharge status code 02 (discharged/transferred to other short-term general hospital for inpatient care) excluded from the measure?**

The measure does not use discharge status codes to identify and exclude transfers from the measure. A transfer is identified as an admission that occurs on the day of discharge or the day following discharge from the index admission.

Question 9:   **If a patient was discharged from his/her facility and transferred to a medical unit, would that count as a readmission?**

Transfer to the medical unit would not count as a readmission if the transfer to the medical unit occurs on the day of discharge or the day following discharge from the index admission. When a transfer occurs, the index admission is excluded from the measure altogether so that the readmission

is not counted and the facility is not held accountable for outcomes that may result from care that was provided during the subsequent admission to the medical unit.

Question 10: **Are there any diagnoses or patient conditions that would be counted as a readmission if a patient is transferred to another facility?**

No, if a patient is transferred to another inpatient acute care facility on the day of discharge or day after discharge from the IPF, the index admission to the IPF is removed from the measure entirely and no readmission is counted in the outcome.

Question 11: **We have a senior care unit (inpatient geriatric psychiatry) attached to our hospital. If a patient is discharged from senior care and admitted to the acute care floor due to a medical need like congestive heart failure (CHF) exacerbation, then would they be excluded from the measure?**

If the admission to the inpatient geriatric psychiatry unit was a qualifying IPF index admission and the admission to the acute care floor occurs on the day of discharge or the day following discharge from the index admission, then the index admission to the inpatient geriatric psychiatry unit would be excluded from the measure because this is considered a transfer. When a transfer occurs, the index admission is excluded from the measure altogether so that the IPF is not held accountable for outcomes that may result from care that was provided during the subsequent admission to the acute care floor unit.

Question 12: **If patients are readmitted for medical reasons, would that count in the readmission outcomes?**

Yes, the measure assesses unplanned readmissions for any cause, psychiatric or nonpsychiatric.

Question 13: **To clarify a readmission, if a patient were admitted to the intensive care unit (ICU) to be stabilized and was transferred to the inpatient psychiatric unit, is that a readmission?**

No, the admission to the IPF would not be considered a readmission by this measure because the admission to the ICU would not qualify as an index

admission. Index admissions must be admissions to IPFs and the 30-day window for readmissions starts on the date of discharge from the IPF.

Question 14: **Are patients admitted medically within 30 days of IPF discharge considered unplanned readmission and included in the data/report?**

Yes, medical readmissions within 30 days of IPF discharge can be considered unplanned readmissions if the principal discharge diagnosis or procedure is not on the list of qualifying reasons for a planned readmission. Information on the cause of each readmission is provided in the IPF-Specific Report in the Discharge-Level Data tab under columns M and N.

Question 15: **Can a patient have more than one index admission during a 30-day time period if they have different admitting diagnosis? For example, Index Admission for Dementia and Index Admission for CHF?**

Yes, patients can have more than one index admission during a 30-day time period if they have multiple admissions that meet all of the criteria of the measure. For example, a readmission to an IPF could also be considered a new index admission for the IPF Readmission measure. However, an admission for congestive heart failure would not qualify as an index admission for the IPF Readmission measure because the patient would not be admitted to an IPF for treatment of congestive heart failure.

Question 16: **If a patient is admitted and then readmitted, does the readmission become a second index? For example, a patient is discharged 11/1/17, readmitted on 11/16/17, discharged on 11/19/17, and readmitted again on 12/10/17. Would this count as a readmission for each of the 11/1 and 11/16 admissions?**

A readmission can become a new index admission if it meets all other measure-eligibility criteria. In the example, the 11/16/17 admission would be a readmission to the 11/1/17 discharge. The 11/16/17 readmission would then become an index admission, if it met all other measure-eligibility criteria. The readmission on 12/10/17 would be a readmission in the measure to the 11/16/17 admission because it is within 30 days of the date of discharge. The 12/10/17 admission would not be considered a readmission for the 11/1/17 index admission because only one readmission

may be attributed to an index admission and it occurs more than 30 days from the date of discharge for that index admission.

Question 17: **If the Provider ID number of the index admission matches the Provider ID of the readmission, why would it say "Yes" in column "O" in the discharge-level data?**

Column O of the Discharge-Level Data tab in the IPF-Specific Report indicates "Yes" if the readmission was to the same facility as the index admission and "No" if the readmission was to a different facility from the index admission. If the Provider ID of the readmission is the same as the Provider ID of the index admission, which should be your Provider ID, the patient was readmitted to your facility and column O would indicate "Yes."

Question 18: **In the Discharge-Level Data tab, there is a "Yes" in columns O and P. Can you give an example of when this would occur?**

A "Yes" in columns O and P indicates that the patient was readmitted to your facility. Column O provides information on whether the patient was readmitted to your facility and column P provides information on whether your patient was readmitted to an IPF. Since all eligible facilities for the measure are IPFs, column P will always say "Yes" if column O says "Yes."

Question 19: **Risk adjustment does not include socioeconomic barriers, such as homelessness. How would this impact high readmission rates in *Hospital Compare*?**

The measure does not adjust for social risk factors like homelessness because reliable national data on these risk factors are not currently available. However, the measure developer did consider the inclusion of other social risk factors that are available in national data sets, such as being enrolled in Medicaid and residing in provider-shortage areas, and found that those risk factors did not have an appreciable impact on the measure rates. This is likely because social risk factors are highly correlated with the medical and other psychiatric risk factors that are already included in the risk model. The risk-adjusted rates that will eventually be displayed on *Hospital Compare* adjust for the same set of risk variables across facilities, which make comparison to the national rate meaningful. We understand that higher readmission rates may be influenced by social and

community risk factors that we were unable to test for inclusion in the measure in addition to the quality signal.

Question 20: **Our IPF unit used to report data to CMS for the IPFQR Program, but closed after the reporting period for this new measure. Is it possible to still obtain a measure dry run report or an example dry run report for facilities that are not a part of this program for quality improvement initiatives?**

No, the reports are generated and provided to participating IPFs only. A closed or nonparticipating IPF will not receive an IPF-Specific Report for the measure. However, information on the IPF Readmission measure is available in the Measure Methodology Report and general information on the structure of the IPF-Specific Report is available in the Measure Information and User Guide. Both documents are provided in the zip files with the corresponding names on the IPFQR QualityNet Measures page.

Question 21: **What does NQ mean again?**

NQ stands for no qualifying. In the Risk Factor Distribution tab, NQ indicates that no qualifying index admissions to your facility had that particular risk factor.

Question 22: **Where can we find Provider IDs for other facilities?**

To locate Provider ID numbers (CCNs) and names of facilities, use the Hospital General Information table, which can be found on the Data.Medicare.gov website, and located at https://data.medicare.gov/Hospital-Compare/Hospital-General-Information/xubh-q36u.

Question 23: **Do you send out reports on a regular basis? Or do we have to go in and find them? When can we expect to receive it?**

No, the measure dry run report was sent out once to the *QualityNet* Security Administrator (SA) of participating IPFs via the *QualityNet Secure File Transfer* AutoRoute Inbox on Tuesday, October 17, 2017. If you are the *QualityNet* SA for your facility, you need to log into *QualityNet* and download the report from your AutoRoute Inbox. If you are the *QualityNet* SA and did not receive the document(s), contact the measure developer at

PQM@hsag.com for assistance. If you are not a *QualityNet* SA for your facility, contact your IPF's *QualityNet* SA to request access to the information.

The IPFQR Program plans to distribute the IPF-Specific Report for this measure annually. The availability of future reports will be announced to IPFs via the IPFQR Program ListServe. To register for notifications, visit the *QualityNet* ListServe Registration page.

Question 24:   **Can facilities receive more time to review their report and ask questions?**

Yes, the measure dry run period will be extended to November 24, 2017, to allow additional time for facilities to review their report and submit questions to the measure developer via email at PQM@hsag.com. The IPF-Specific Reports will be available for download beyond the measure dry run period, through December 16, 2017. If you have questions on the measure or your report after the measure dry run period, please submit them to the *QualityNet* Question and Answer Tool at the following link: https://cms-ip.custhelp.com.