



## **Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program**

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

## **Inpatient Psychiatric Facility Quality Reporting Program: Review of IPF-Specific Reports for Claims-Based Measures**

### **Presentation Transcript**

#### **Speaker**

**Rebecca Edelberg, 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, IPFQR Program  
Inpatient VIQR Outreach and Education Support Contractor

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**Evette Robinson:** Welcome to the presentation titled *Inpatient Psychiatric Facility Quality Reporting Program: Review of IPF-Specific Reports for Claims-Based Measures*. My name is Evette Robinson. I am the IPFQR Program Lead with the Inpatient Value, Incentives, and Quality Reporting, or VIQR, Support Contractor. I will be the moderator for this On Demand event. At the end of this presentation, you will have the opportunity to complete a survey. We ask that you complete the survey as we value your feedback regarding what works well as well as any areas for improvement in future presentations. Now, I would like to introduce you to today's speaker.

Rebecca Edelberg 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. She leads measure maintenance activities for the claims-based measures and, most recently, led the development of the ISR templates and user guides. She has worked extensively with these measures in her time at Mathematica. She received her master's degree in public health with a concentration in health policy and management from Boston University. At this time, I will turn the presentation over to our speaker, Rebecca Edelberg.

**Rebecca Edelberg:** Thank you, Evette. As with fiscal year 2021, CMS will again be providing facilities with reports for their IPFQR Program claims-based measures, or CBMs, prior to public reporting for fiscal year '22. 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 facilities, which is not available to the public, to help inform quality improvement activities.

In accordance with the CMS COVID-19 data waiver, data from January 2020 through June 2020 were excluded from fiscal year 2022 payment determination. Follow-Up After Hospitalization, or FUH, was added to the program in August 2013, and it was first publicly reported in December 2016. Fiscal year 2021 public reporting will use version 4.0 of the measure, which has a performance period of July 1, 2019, through December 31, 2019.

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Medication Continuation, or MedCont, was added to the program in August 2019, and it was first publicly reported in 2021. Fiscal year 2021 public reporting will use version 1.0 of the measure, which has a performance period of July 1, 2019, through December 31, 2019. IPF Readmission was added to the program in August 2016, and it was first publicly reported in February 2019. Fiscal year 2021 public reporting will use version 3.0 of the measure, which has a performance period of July 1, 2018, through December 31, 2019. The performance period for all three measures represents the span of time in which a discharge must occur to be included in the measure.

The purpose of today's webinar is to provide the IPF community with ways to access and use ISRs and supporting documents for the FUH, MedCont, and IPF Readmission measures.

At the end of this webinar, attendees will understand how to access their ISRs and supporting documents, as well as how to interpret the FUH, MedCont, and IPF Readmission ISRs.

Please email any questions that are pertinent to the webinar topic to [WebinarQuestions@hsag.com](mailto:WebinarQuestions@hsag.com) with the webinar title as the subject line. If your question pertains to a specific slide, please include the slide number in the body of your email.

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

First, you will log in to the MFT Dashboard using your HARP username and password. Then, click Mail in the left-hand navigation pane. Note that the current versions of Microsoft Edge and Google Chrome are the internet browsers that work best for accessing the MFT Dashboard.

Next, locate your ISR in the Inbox folder. Now, you can download the IPFQR ISR zip file bundle. This download should take approximately one minute for most users. To enable editing or sorting features, save the ISR Excel workbook or individual ISR Excel worksheet tab as a new workbook or document.

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For all three of the 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 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'll take a look at the IPF-Specific Report for the FUH measure.

FUH 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 seven days of discharge and the percentage of discharges for which the patient received follow-up within 30 days of discharge.

Your FUH ISR will be an Excel workbook with five worksheets, and I will go over each of these. The information in Worksheet 2, Publicly Reported, is the only information that will be publicly reported.

The Summary worksheet 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, and be sure to contact the QualityNet Help Desk [Service Center] if you notice any discrepancies.

This worksheet contains information that will be publicly reported in CMS's Provider Data Catalog in January 2022. The data you see on this slide are fictitious for the purpose of demonstration. If your facility has a denominator of ten or fewer, 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 worksheet and those that follow.

This worksheet provides the nationwide distribution of facility-level seven- and 30-day IPF FUH rates. The final column provides your facility's percentile by each of the two rates.

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In this example, the facility's seven-day rate is as good as or better than 61 percent of the facilities in the nation with at least 11 denominator cases.

This worksheet provides information on the types of patients by diagnosis discharged from your facility and facilities nationwide. In this example, row seven tells us that this facility had 47 patients discharged with mood disorders during the measurement period, which accounted for 55.3 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.

This worksheet provides information on all discharges eligible for inclusion in the measure from your facility during the measurement period. Please contact the QualityNet Help Desk [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.

In the next several slides, we'll take a look at the IPF-Specific Report for the MedCont measure.

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

As we saw for the FUH measure, your MedCont ISR will be an Excel workbook with five worksheets. Again, the information in Worksheet 2, Publicly Reported, is the only information that will be publicly reported.

The Summary worksheet provides general information on the measure, links to resources, and information on your facility. Before reviewing the report, please check once again that the name of your IPF and CMS Certification Number, or CCN, are accurate, and be sure to contact the QualityNet Help Desk [Service Center] if you notice any discrepancies.

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This worksheet contains information that will be publicly reported in CMS's Provider Data Catalog in January 2022. The data you see on this slide are fictitious for demonstration purposes. If your facility has a denominator of ten 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 worksheet and those that follow.

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

This worksheet provides information on the types of patients by diagnosis discharged from your facility and facilities nationwide. In this example, we see that 26.1 percent of all IPF hospitalizations nationwide have a principal discharge diagnosis of bipolar disorder. Of the hospitalizations for bipolar disorder nationwide, the Medication Continuation Rate was 73.5 percent. This means that 73.5 percent of patients discharged from an IPF with a principal 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 worksheet provides information on all discharges eligible for inclusion in the measure from your facility during the measurement period. Please contact the QualityNet Help Desk [Service Center] if you identify any rows with provider IDs in the second column that are not for your facility.

Now, let's take a look at the ISR for the IPF Readmission measure in more detail.

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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 or dementia or Alzheimer's disease.

Your IPF Readmission ISR will be an Excel workbook with 11 worksheets, and I will go over each of these. The information in Worksheet 2, Publicly Reported, is the only information that will be publicly reported.

The Summary worksheet provides general information on the measure, links to resources, and information on your facility. As with the FUH and MedCont ISRs, please check that the name of your IPF and CMS Certification Number, or CCN, are accurate, and be sure to contact the QualityNet Help Desk [Service Center] if you notice any discrepancies.

This worksheet contains information that will be publicly reported on CMS's Provider Data Catalog in January 2022. 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 six, 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 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, RSRR, by multiplying the SRR by the national readmission rate.

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The RSRR and corresponding 95 percent interval estimate are 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. This figure shows the results of the three example facilities. 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 worksheet 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 worksheet shows how your RSRR was calculated. In this example, the total number of unplanned readmissions, 204, would be divided by the number of index admissions, 728, to arrive at the observed unplanned readmission rate of 28.0 percent. This number would then be divided by your SRR, here 1.18, to arrive at your RSRR. Because the national rate of 20.1 percent falls below the lower limit of this fictitious facility's 95 percent interval estimate, this facility performed worse than the national rate.

This worksheet 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 worksheet provides information on the types of patients by diagnosis discharged from your facility and facilities nationwide. In this example, which uses fictitious data, we see that this facility had 56 patients discharged with developmental disorders during the measurement period, which accounted for 7.7 percent of hospitalizations at this facility during

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that time. We also see that 12.5 percent of these individuals were readmitted within 30 days, and that 5.4 percent were readmitted with the same principal diagnosis. The national-level information is in the bottom half of the table.

This worksheet 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 worksheet 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 worksheet shows the top ten 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 schizo-affective disorder than facilities nationwide. When considered with the information from Worksheet 6, Distribution of Rates, this could be because the facility treats a higher percentage of patients with schizo-affective disorder than are treated by IPFs nationwide.

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

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This worksheet 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 18 and 34 than the national measure population. The facility does not have any qualifying index admissions for patients with principal discharge diagnoses of developmental disorders or dementia during the measurement period, which is indicated by NQ in the Facility Discharges column.

On this slide, you can see a list of the acronyms that were referenced during the presentation.

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

**Evette Robinson:** Thank you. I want to thank our guest speaker for today's presentation, Rebecca Edelberg, for providing a great review of the ISRs for the IPFQR Program claims-based measures. In the next several slides I will review helpful resources pertaining to this topic as well as the IPFQR Program in general.

The specifications for the FUH, Medication Continuation, and IPF Readmission measures are on QualityNet, as is the quick reference guide, which includes information on the confidential review period and contact information.

CMS recommends that IPFs refer to the updated IPFQR Program Manual for information pertaining to the IPFQR Program. The manual is located on the QualityNet and Quality Reporting Center websites, which can be accessed by clicking on the icons on this slide. The IPFQR Program Manual contains information about program requirements, program measures, and various tools pertinent to the IPFQR Program.

We encourage you to keep us up to date with points of contact at your facility by sending the completed Contact Change Form to us whenever there are staff changes relevant to the IPFQR Program or other quality reporting programs.

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We also recommend that you sign up for the IPFQR Program ListServe, if you have not already, by clicking on the ListServe Registration icon on this slide. Once enrolled in the IPFQR Program ListServe you will receive communications pertaining to IPFQR Program webinars, program updates, and other announcements. Information about upcoming webinars can be viewed by clicking on the Upcoming Webinars icon. We encourage everyone to leverage the Find an Answer function in the QualityNet Q&A tool to find information about program requirements and measures, or, if not found, submit your inquiries to us via the tool. We also welcome your recommendations for future webinar topics via the Q&A Tool, which you can access by selecting the Q&A Tool icon. You can click on the Email Support icon to send an email to us at [IPFQualityReporting@hsag.com](mailto:IPFQualityReporting@hsag.com) regarding eligibility, such as the next steps for a newly-eligible provider or notification that an IPF is closed or will be closing. Contact the VIQR support contractor via phone at (866) 800-8765 or secure fax at (877) 789-4443.

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This concludes the content portion of today's webinar titled, *IPFQR Program: Review of IPF-Specific Reports for Claims-Based Measures*. As a reminder, you will have the opportunity to complete a survey at the end of this presentation. We value your feedback and welcome your suggestions regarding future presentations. Thank you for your time and attention.