



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

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, Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

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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) 2025.

- ISRs are confidential, and they 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.

Purpose

This presentation provides the IPF community with information on accessing and using FY 2025 ISRs and supporting documents for the three CBMs in the IPFQR program.

IPFQR Program FY 2025 CBMs

Follow-Up After Psychiatric Hospitalization (FAPH)

- CMS added this to the IPFQR Program in the FY 2022 IPF Prospective Payment System (PPS) final rule to replace Follow-Up After Hospitalization for Mental Illness and first publicly reported data in January 2023.
- FY 2025 public reporting performance period is July 1, 2022–June 30, 2023.

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

- CMS added this to the IPFQR Program in the FY 2017 Inpatient Prospective Payment System/Long-Term Care Hospital PPS final rule and first publicly reported data in February 2019.
- FY 2025 public reporting performance period is July 1, 2021–June 30, 2023.

Medication Continuation Following Psychiatric Discharge (MedCont)

- CMS added this to the IPFQR Program in the FY 2020 IPF PPS final rule and first publicly reported data in January 2021.
- FY 2025 public reporting performance period is July 1, 2021–June 30, 2023.

FY 2025 Updates

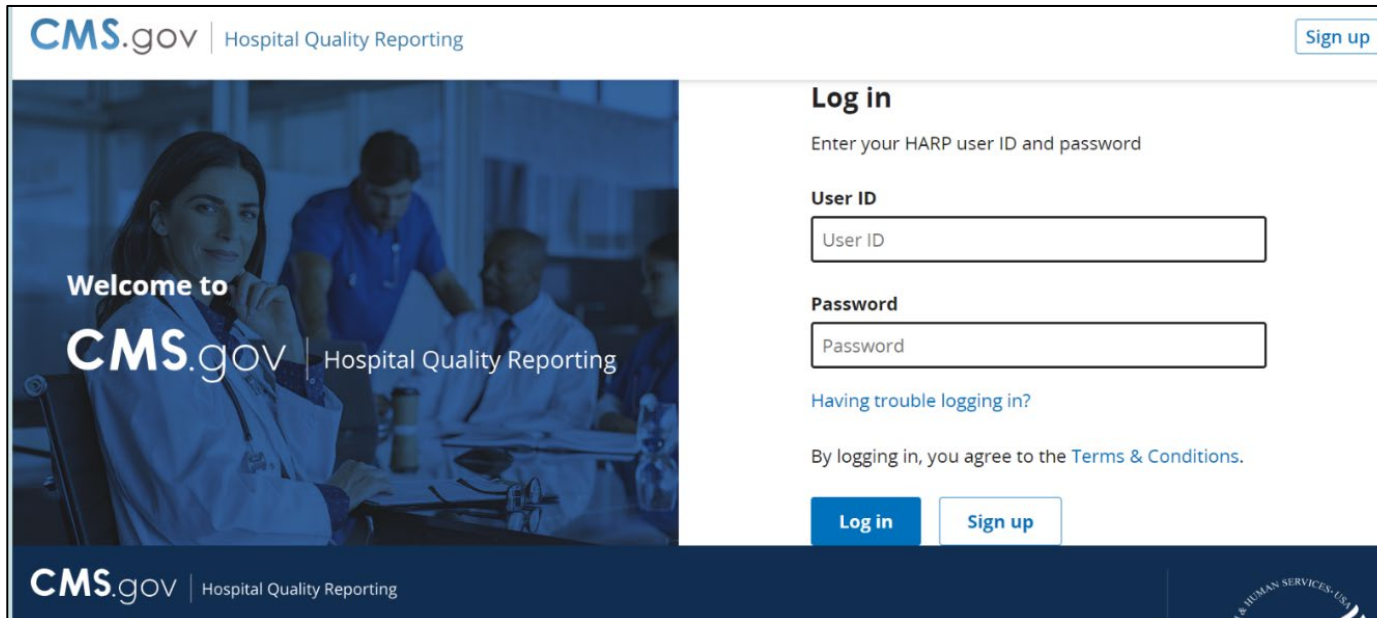
Reporting on the FAPH and MedCont measures now also include stratification by dual eligibility status.

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Accessing Your ISR and Supporting Documents

Accessing Your ISR

- Logging into the Hospital Quality Reporting (HQR) system requires users to have a Health Care Quality Improvement System Access Roles and Profile (HARP) account.
- If you currently have a HARP account, visit the [HQR login page](#) and log in using your HARP user ID and password. If you do not have a HARP account, you may [register for a HARP ID](#).



The screenshot shows the login page for the Hospital Quality Reporting system on CMS.gov. The page features a header with the CMS.gov logo and the text "Hospital Quality Reporting" on the left, and a "Sign up" button on the right. The main content area is split into two sections. On the left, there is a blue-tinted image of healthcare professionals in a meeting, with the text "Welcome to CMS.gov Hospital Quality Reporting" overlaid. On the right, there is a "Log in" section with the instruction "Enter your HARP user ID and password". Below this are two input fields: "User ID" and "Password". There is a link for "Having trouble logging in?" and a note that "By logging in, you agree to the Terms & Conditions." At the bottom of the login section are two buttons: "Log in" and "Sign up". The footer of the page includes the CMS.gov logo and text on the left, and the U.S. Department of Health & Human Services logo on the right.

Accessing Your ISR

- To locate your ISR, select **Program Reporting** on the left-hand menu.
- Then, select **Measure Details**.
- Select the release year for your ISR.
For example, select 2024 for the FY 2025 ISR.
- Then, select **IPFQR** for the Program.
- Under Report, you can see the list of files available for download. The dropdown option labeled only **IPFQR** is the report for FY 2025.

Accessing Your ISR

- To view the FY 2025 ISRs, select 2024 as the release year.
- Then select IPFQR in the **Program** drop-down menu.
- Under **Report**, you can view a list of files available for download.

Measure details

View your Hospital Specific Reports (HSRs), Claims Detail Reports (CDRs), Facility Specific Reports (FSRs), and IPF-Specific Reports (ISRs).

Measure detail view
THA/TKA, ePC-02, and ePC-07

Release year ⓘ

2024

Program

IPFQR

Report

All reports

All reports

IPFQR

Export

Accessing the ISR User Guide and Mock ISR

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

- QualityNet > Inpatient Psychiatric Facilities > [Public Reporting](#)
- <https://qualitynet.cms.gov/ipf/public-reporting>

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Interpreting the FAPH ISR

Overview of FAPH Measure

- The FAPH measure assesses the percentage of IPF hospitalizations for treatment of select mental health or substance use disorders (SUDs) that were followed by an outpatient mental health care or SUD encounter.
- Two rates are reported:
 - The percentage of discharges for which the patient received follow-up within seven days of discharge
 - The percentage of discharges for which the patient received follow-up within 30 days of discharge

Overview of FAPH ISR

Your FAPH ISR contains seven tabs:

1. Summary
2. Publicly Reported
3. Distribution of Rates
4. Patient Characteristics
5. Dual Eligible Within-Hospital
6. Dual Eligible Across-Hospitals
7. Discharge-Level Data

Tab 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 facility and CMS Certification Number (CCN) are accurate.
 - Contact the Center for Clinical Standards and Quality (CCSQ) Service Center if you notice any discrepancies.
 - Phone: (866) 288-8912
 - TRS: 711
 - Email: QnetSupport@cms.hhs.gov

Tab 2: Publicly Reported Performance Information

This tab contains information that will be publicly available in the Provider Data Catalog in January 2025.

TABLE 1. YOUR FACILITY'S PERFORMANCE ON THE FAPH MEASURE	
3	
4	FAPH Performance Information
5	Your Facility's Denominator (Measure Population)
6	Your Facility's Rate
7	Your Facility's 7-Day Follow-Up Rate
8	Your Facility's 30-Day Follow-Up Rate
9	State Rate
10	State 7-Day Follow-Up Rate
11	State 30-Day Follow-Up Rate
12	National Rate
13	National 7-Day Follow-Up Rate
14	National 30-Day Follow-Up Rate

For more information on this tab, see pages 8 and 9 of the FAPH measure's *2024 User Guide for the IPF-Specific Report*.

Tab 3:

Distribution of Rates

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

TABLE 2. NATIONWIDE DISTRIBUTION OF FAPH-7-DAY and FAPH-30-DAY RATES AMONG IPFS WITH AT LEAST 40 DENOMINATOR CASES AND YOUR FACILITY'S PERFORMANCE PERCENTILES									
FAPH Rate Type	# IPFs	Minimum	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Maximum	Percentile
Nationwide Distribution of FAPH-7-Day Rates	1,403	2.44%	19.05%	26.92%	34.62%	43.79%	53.70%	100.00%	--
Your Facility's FAPH-7-Day Rate Percentile	--	--	--	--	--	--	--	--	95th
Nationwide Distribution of FAPH-30-Day Rates	1,403	9.09%	40.58%	51.27%	60.87%	70.00%	77.38%	100.00%	--
Your Facility's FAPH-30-Day Rate Percentile	--	--	--	--	--	--	--	--	94th

For more information on this tab, see page 10 of the FAPH measure's *2024 User Guide for the IPF-Specific Report*.

Tab 4:

Patient Characteristics

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

TABLE 3. CCS PRINCIPAL DIAGNOSES AT DISCHARGE				
Discharge Diagnoses of the IPF Hospitalizations (CCS)	Facility Count	Percent of All IPF Hospitalizations	7-Day Follow-Up Rate	30-Day Follow-Up Rate
CCS PRINCIPAL DIAGNOSES AT DISCHARGE FROM YOUR FACILITY	--	--	--	--
CCS 657 Mood disorders	307	53.0%	65.5%	87.9%
CCS 659 Schizophrenia and other psychotic disorders	112	19.3%	50.0%	72.3%
CCS 660 Alcohol-related disorders	83	14.3%	50.6%	72.3%
CCS 661 Substance-related disorders	29	5.0%	48.3%	62.1%
CCS 651 Anxiety disorders	24	4.1%	58.3%	79.2%
CCS 653 Delirium dementia and amnestic and other cognitive disorders	15	2.6%	33.3%	66.7%
CCS 650 Adjustment disorders	5	0.9%	60.0%	80.0%
CCS 670 Miscellaneous disorders	3	0.5%	33.3%	66.7%
CCS 658 Personality disorders	1	0.2%	100.0%	100.0%
CCS 652 Attention-deficit, conduct, and disruptive behavior 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 PRINCIPAL DIAGNOSES AT DISCHARGE NATIONWIDE	--	--	--	--
CCS 657 Mood disorders	52,387	43.2%	41.5%	66.4%
CCS 659 Schizophrenia and other psychotic disorders	48,083	39.6%	30.5%	53.0%
CCS 653 Delirium dementia and amnestic and other cognitive disorders	8,562	7.1%	33.2%	58.0%
CCS 660 Alcohol-related disorders	4,560	3.8%	32.6%	53.1%
CCS 661 Substance-related disorders	2,716	2.2%	27.7%	46.4%
CCS 651 Anxiety disorders	1,909	1.6%	44.3%	68.9%
CCS 650 Adjustment disorders	1,361	1.1%	33.7%	57.1%
CCS 658 Personality disorders	586	0.5%	42.7%	65.0%
CCS 656 Impulse control disorders, NEC	379	0.3%	35.6%	61.7%
CCS 670 Miscellaneous disorders	252	0.2%	54.4%	78.6%
CCS 655 Disorders usually diagnosed in infancy, childhood, or adolescence	247	0.2%	39.3%	70.9%
CCS 662 Suicide and intentional self-inflicted injury	200	0.2%	35.0%	67.5%

For more information on this tab, see page 11 of the FAPH measure's 2024 User Guide for the IPF-Specific Report.

Tab 5: Dual Eligible Within-Hospital

This tab summarizes the facility-level performance on the within-hospital disparity method applied for patients who are dually eligible for Medicare and Medicaid.

TABLE 4. SUMMARY OF YOUR FACILITY'S PERFORMANCE ON THE WITHIN-FACILITY DISPARITY METHOD APPLIED TO THE FAPH MEASURE FOR PATIENTS WHO ARE MEDICARE AND MEDICAID DUALY ELIGIBLE

Performance Information	7- and 30-Day Follow-Up
Your Facility's 7-Day Follow-Up Rate Difference	0.63%
Your Facility's 30-Day Follow-Up Rate Difference	0.63%
Your Facility's 7-Day Follow-Up Rate for Patients Who Are Dually Eligible	13.99%
Your Facility's 30-Day Follow-Up Rate for Patients Who Are Dually Eligible	13.99%
Your Facility's 7-Day Follow-Up Rate for Patients Who Are Non-Dually Eligible	14.62%
Your Facility's 30-Day Follow-Up Rate for Patients Who Are Non-Dually Eligible	14.62%
Number of Follow-Ups Within 7-Days Post-Discharge (Numerator) at Your Facility for Patients Who Are Dually Eligible	25
Number of Follow-Ups Within 30-Days Post-Discharge (Numerator) at Your Facility for Patients Who Are Dually Eligible	25
Number of Eligible Discharges (Denominator) at Your Facility for Patients Who Are Dually Eligible	157
Number of Follow-Ups Within 7-Days Post-Discharge (Numerator) at Your Facility for Patients Who Are Non-Dually Eligible	36
Number of Follow-Ups Within 30-Days Post-Discharge (Numerator) at Your Facility for Patients Who Are Non-Dually Eligible	36
Number of Eligible Discharges (Denominator) at Your Facility for Patients Who Are Non-Dually Eligible	250
Average 7-Day Follow-Up Rate Difference in Your State	0.48%
Average 30-Day Follow-Up Rate Difference in Your State	0.48%
National 7-Day Follow-Up Rate Difference	0.48%
National 30-Day Follow-Up Rate Difference	0.48%
Number of Follow-Ups Within 7-Days Post-Discharge (Numerator) in Your State	1,315
Number of Follow-Ups Within 30-Days Post-Discharge (Numerator) in Your State	1,316
Number of Eligible Discharges (Denominator) in Your State	6,985
Number of Follow-Ups Within 7-Days Post-Discharge (Numerator) in the Nation	63,867
Number of Follow-Ups Within 30-Days Post-Discharge (Numerator) in the Nation	63,868
Number of Eligible Discharges (Denominator) in the Nation	325,945

For more information on this tab, see page 12 of the FAPH measure's 2024 User Guide for the IPF-Specific Report.

Tab 6: Dual Eligible Across-Hospitals

This tab summarizes the facility-level performance on the across-hospital disparity method applied for patients who are dually eligible for Medicare and Medicaid.

TABLE 5. SUMMARY OF YOUR FACILITY'S PERFORMANCE ON THE ACROSS-FACILITY DISPARITY METHOD APPLIED TO THE FAPH MEASURE FOR PATIENTS WHO ARE MEDICARE AND MEDICAID DUALLY ELIGIBLE	
Performance Information	7- and 30-Day Follow-Up
Your Facility's 7-Day Follow-Up Rate for Patients Who Are Dually Eligible	17.44%
Your Facility's 30-Day Follow-Up Rate for Patients Who Are Dually Eligible	17.44%
Number of Follow-Ups Within 7-Days Post-Discharge (Numerator) at Your Facility for Patients Who Are Dually Eligible	25
Number of Follow-Ups Within 30-Days Post-Discharge (Numerator) at Your Facility for Patients Who Are Dually Eligible	25
Number of Eligible Discharges (Denominator) at Your Facility for Patients Who Are Dually Eligible	157
Number of Follow-Ups Within 7-Days Post-Discharge (Numerator) for Patients Who Are Dually Eligible in Your State	821
Number of Follow-Ups Within 30-Days Post-Discharge (Numerator) for Patients Who Are Dually Eligible in Your State	821
Number of Eligible Discharges (Denominator) for Patients Who Are Dually Eligible in Your State	3,700
7-Day Follow-Up Rate (Numerator/Denominator) in Your State for Patients Who Are Dually Eligible	22.19%
30-Day Follow-Up Rate (Numerator/Denominator) in Your State for Patients Who Are Dually Eligible	22.19%
Number of Follow-Ups Within 7-Days Post-Discharge (Numerator) for Patients Who Are Dually Eligible in the Nation	36,439
Number of Follow-Ups Within 30-Days Post-Discharge (Numerator) for Patients Who Are Dually Eligible in the Nation	36,440
Number of Eligible Discharges (Denominator) for Patients Who Are Dually Eligible in the Nation	164,728
National 7-Day Follow-Up Rate (Numerator/Denominator) for Patients Who Are Dually Eligible	22.12%
National 30-Day Follow-Up Rate (Numerator/Denominator) for Patients Who Are Dually Eligible	22.12%

For more information on this tab, see page 13 of the FAPH measure's 2024 User Guide for the IPF-Specific Report.

Tab 7: Discharge-Level Data

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

4 **TABLE 6. YOUR FACILITY'S DISCHARGE-LEVEL INFORMATION FOR THE FAPH MEASURE**

ID Number	Provider ID	MBI [a]	Dual Eligible [b]	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
5 1	999999	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	F332	Mood disorders (657)	Yes	Yes
7 2	999999	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	F332	Mood disorders (657)	Yes	Yes
8 3	999999	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	F202	Schizophrenia and other psychotic disorders (659)	Yes	Yes
9 4	999999	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	F332	Mood disorders (657)	Yes	Yes
10 5	999999	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	F1020	CCS 660 Alcohol-related disorders (660)	Yes	Yes
11 6	999999	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	F332	Mood disorders (657)	Yes	Yes
12 7	999999	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	F1110	CCS 661 Substance-related disorders (661)	Yes	Yes
13 8	999999	9AA9AA9AA99	Yes	99999A	99/99/9999	99/99/9999	99/99/9999	F310	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 tab, see page 14 of the FAPH measure's *2024 User Guide for the IPF-Specific Report*.

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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 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 contains 13 tabs:

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

Tab 1: Summary

- The summary tab 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

Tab 2: Publicly Reported Performance Information

This tab contains information that will be publicly available in the Provider Data Catalog in January 2025.

TABLE 1. YOUR FACILITY'S PERFORMANCE ON THE 30-DAY IPF READMISSION MEASURE (READM-30-IPF)

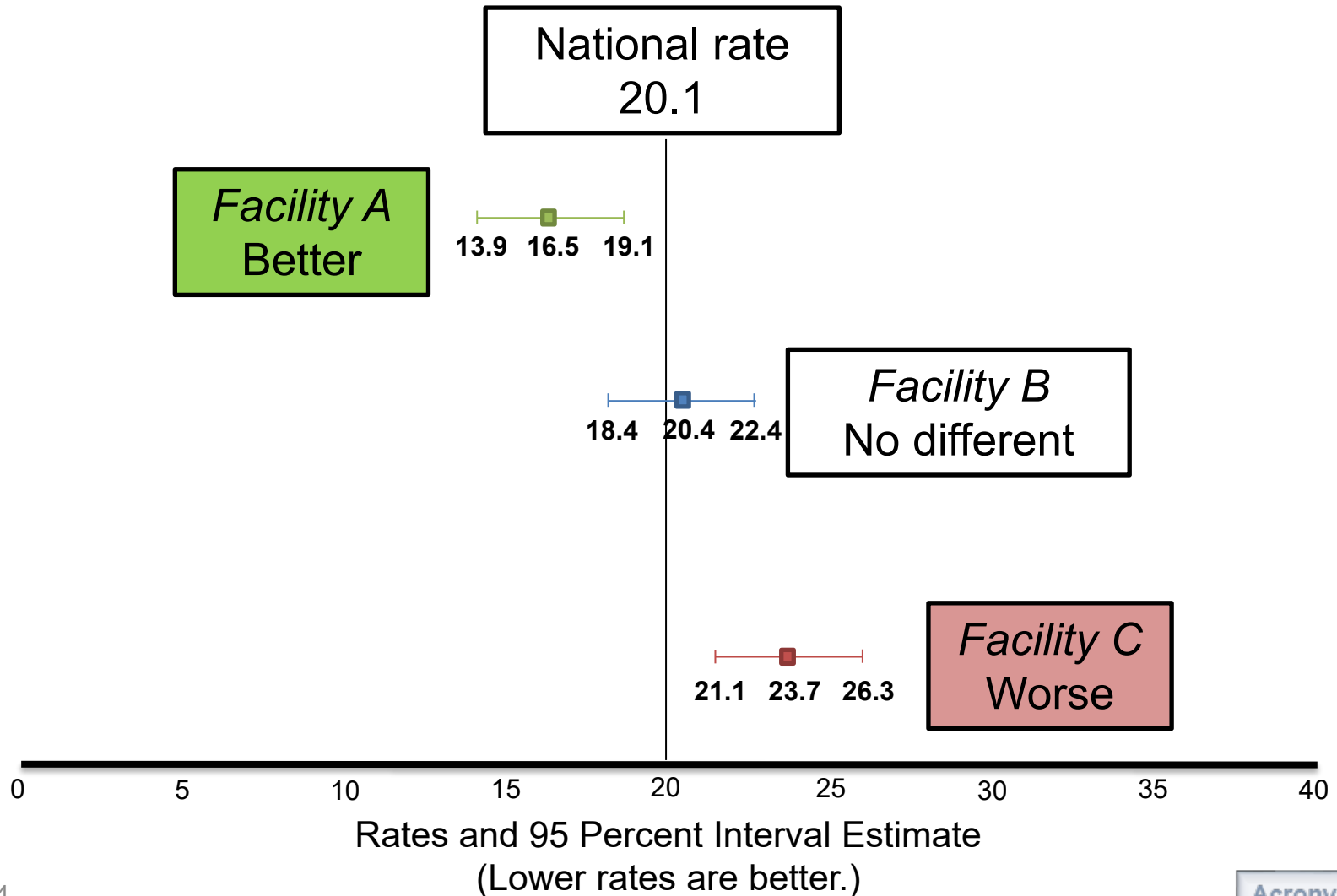
3	TABLE 1. YOUR FACILITY'S PERFORMANCE ON THE 30-DAY IPF READMISSION MEASURE (READM-30-IPF)	
4	READM-30-IPF Performance Information	--
5	Your Facility's Comparative Performance	Better than the National Rate
6	Your Facility's Number of Index Admissions (Measure Population)	407
7	Your Facility's Risk-Standardized Readmission Rate (RSRR)	16.3%
8	Lower Limit of 95% Interval Estimate for RSRR	13.4%
9	Upper Limit of 95% Interval Estimate for RSRR	19.5%
10	National Observed Unplanned Readmission Rate	19.6%

For more information on this tab, see pages 8 and 9 of the IPF Readmission measure's *2024 User Guide for the IPF-Specific Report*.

SRR and RSRR

- Standardized risk ratio (SRR) is the 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) is the SRR multiplied by the national readmission rate.

Tab 2: Publicly Reported Performance Information



Tab 3: National-State Performance

This tab 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	Total Number of Facilities in the Nation with Measure Results	1,568
5	Number of facilities in the nation that performed better than the national rate	49
6	Number of facilities in the nation that performed no different than the national rate	1,285
7	Number of facilities in the nation that performed worse than the national rate	108
8	Number of facilities in the nation that had too few cases	126
9	Total Number of Facilities in Your State with Measure Results	37
10	Number of facilities in the state that performed better than the national rate	2
11	Number of facilities in the state that performed no different than the national rate	28
12	Number of facilities in the state that performed worse than the national rate	1
13	Number of facilities in the state that had too few cases	6

For more information on this tab, see page 10 of the IPF Readmission measure's *2024 User Guide for the IPF-Specific Report*.

Tab 4: Facility Performance

This tab shows how your RSRR was calculated.

TABLE 3. CALCULATION OF YOUR FACILITY'S RISK-STANDARDIZED READMISSION RATE (READM-30-IPF)		
READM-30-IPF Performance Information	Facility	National
Number of Index Admissions (Measure Population)	407	325,945
Total Number of 30-Day Unplanned Readmissions	61	63,867
Observed Unplanned Readmission Rate	15.0%	19.6%
Standardized Risk Ratio (SRR)	0.83	1.00
Lower Limit of 95% Interval Estimate for SRR	0.68	--
Upper Limit of 95% Interval Estimate for SRR	1.00	--
Risk-Standardized Readmission Rate (RSRR)	16.3%	--
Lower Limit of 95% Interval Estimate for RSRR	13.4%	--
Upper Limit of 95% Interval Estimate for RSRR	19.5%	--

For more information on this tab, see pages 11 and 12 of the IPF Readmission measure's *2024 User Guide for the IPF-Specific Report*.

Tab 5: Distribution of Rates

This tab 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

Readmission Rate Type	# IPFs	Minimum	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Maximum	Percentile
Nationwide distribution of observed unplanned readmission rates	1,442	0.0%	11.7%	14.7%	18.1%	22.4%	27.0%	49.1%	--
Your facility's observed unplanned readmission rate percentile	--	--	--	--	--	--	--	--	28th
Nationwide distribution of RSRRs	1,442	10.8%	16.5%	17.9%	19.5%	21.4%	23.2%	35.1%	--
Your facility's RSRR percentile	--	--	--	--	--	--	--	--	9th

For more information on this tab, see page 13 of the IPF Readmission measure's *2024 User Guide for the IPF-Specific Report*.

Tab 6: Index Admission Diagnoses

This tab provides information on the primary diagnoses at admission for 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	Percent readmitted within 30 days	Percent readmitted with the same diagnosis
Discharges from your facility	--	--	--	--
CCS 657 Mood disorders	218	53.6%	17.4%	9.2%
CCS 659 Schizophrenia and other psychotic disorders	111	27.3%	15.3%	7.2%
CCS 653 Delirium, dementia, and amnesic and other cognitive disorders	33	8.1%	15.2%	9.1%
CCS 660 Alcohol-related disorders	27	6.6%	3.7%	0.0%
CCS 651 Anxiety disorders	8	2.0%	0.0%	0.0%
CCS 650 Adjustment disorders	6	1.5%	0.0%	0.0%
CCS 661 Substance-related disorders	2	0.5%	0.0%	0.0%
CCS 654 Developmental disorders	1	0.2%	0.0%	0.0%
CCS 658 Personality disorders	1	0.2%	0.0%	0.0%
CCS 652 Attention-deficit, conduct, and disruptive behavior 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	130,366	40.0%	18.6%	7.9%
CCS 659 Schizophrenia and other psychotic disorders	125,906	38.6%	22.3%	11.8%
CCS 653 Delirium, dementia, and amnesic and other cognitive disorders	38,703	11.9%	14.8%	6.0%
CCS 660 Alcohol-related disorders	10,671	3.3%	19.9%	10.6%
CCS 661 Substance-related disorders	7,584	2.3%	19.6%	5.2%
CCS 651 Anxiety disorders	4,835	1.5%	16.8%	3.1%
CCS 650 Adjustment disorders	3,024	0.9%	14.6%	1.9%
CCS 658 Personality disorders	1,501	0.5%	24.1%	4.8%
CCS 656 Impulse control disorders, NEC	1,001	0.3%	17.4%	3.4%
CCS 662 Suicide and intentional self-inflicted injury	703	0.2%	15.6%	4.7%
CCS 670 Miscellaneous disorders	595	0.2%	18.0%	5.9%
CCS 655 Disorders usually diagnosed in infancy, childhood, or adolescence	550	0.2%	16.2%	5.3%
CCS 654 Developmental disorders	354	0.1%	19.5%	4.0%
CCS 652 Attention-deficit, conduct, and disruptive behavior disorders	143	0.0%	20.3%	3.5%
CCS 663 Screening and history of mental health and substance abuse codes	9	0.0%	22.2%	0.0%

For more information on this tab, see pages 14 and 15 of the IPF Readmission measure's 2024 User Guide for the IPF-Specific Report.

Tab 7: Readmit Location

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

TABLE 6. READMISSION LOCATION (READM-30-IPF)			
READM-30-IPF Performance Information		Facility	National
3	Number of index admissions (measure population)	407	325,945
4	Total number of 30-day unplanned readmissions	61	63,867
5	Observed unplanned readmission rate	15.0%	19.6%
6	Readmissions by Location	--	--
7	Total number of 30-day unplanned readmissions that returned to discharging facility	22	23,822
8	Percent of all readmissions that returned to discharging facility	36.1%	37.3%
9	Total number of 30-day unplanned readmissions that are readmitted to another facility	39	40,045
10	Percent of all readmissions that are readmitted to another facility	63.9%	62.7%
11	Readmissions to other facilities by type of facility	--	--
12	Total number of 30-day unplanned readmissions that are readmitted to a different IPF	14	21,095
13	Percent of all readmissions that are readmitted to a different IPF	23.0%	33.0%
14	Total number of 30-day unplanned readmissions that are readmitted to an acute care hospital	25	18,616
15	Percent of all readmissions that are readmitted to an acute care hospital	41.0%	29.1%

For more information on this tab, see page 16 of the IPF Readmission measure's *2024 User Guide for the IPF-Specific Report*.

Tab 8: Readmit per Beneficiary

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

TABLE 7. BENEFICIARIES WITH MULTIPLE READMISSIONS			
		Facility	National
4	READM-30-IPF Admissions and Readmissions		
5	Number of index admissions	407	325,945
6	Number of unique beneficiaries with an eligible index admission	308	207,446
7	Readmissions	--	--
8	Number of readmissions	61	63,867
9	Number of unique beneficiaries with readmissions	45	41,403
10	Number of readmissions per beneficiary	--	--
11	Number of unique beneficiaries with one readmission during the performance period	34	30,256
12	Percent of unique beneficiaries with one readmission during the performance period	75.6%	73.1%
13	Number of unique beneficiaries with two or more readmissions during the performance period	11	11,147
14	Percent of unique beneficiaries with two or more readmissions during the performance period	24.4%	26.9%

For more information on this tab, see page 17 of the IPF Readmission measure's *2024 User Guide for the IPF-Specific Report*.

Tab 9: Readmit Diagnoses

This tab shows the most common primary diagnoses upon 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 657.2/662 Depressive disorder	15	24.6%
CCS 657.1 Bipolar disorder	10	16.4%
CCS 659.1 Schizo-affective disorder	9	14.8%
CCS 659.2 Psychosis	5	8.2%
CCS 653 Delirium dementia and amnestic and other cognitive disorders	3	4.9%
CCS 201 Infective arthritis and osteomyelitis (except that caused by tuberculosis or sexually transmitted disease)	2	3.3%
CCS 50 Diabetes mellitus with complications	2	3.3%
CCS 661 Substance-related disorders	2	3.3%
CCS 127 Chronic obstructive pulmonary disease and bronchiectasis	1	1.6%
CCS 135 Intestinal infection	1	1.6%
Other CCS	11	18.0%
Readmissions nationwide	--	--
CCS 659.1 Schizo-affective disorder	14,633	22.9%
CCS 659.2 Psychosis	9,431	14.8%
CCS 657.1 Bipolar disorder	9,397	14.7%
CCS 657.2/662 Depressive disorder	8,028	12.6%
CCS 653 Delirium dementia and amnestic and other cognitive disorders	3,103	4.9%
CCS 660 Alcohol-related disorders	2,570	4.0%
CCS 2 Septicemia (except in labor)	1,671	2.6%
CCS 661 Substance-related disorders	1,539	2.4%
CCS 7 Viral infection	918	1.4%
CCS 159 Urinary tract infections	613	1.0%
Other CCS	11,964	18.7%

For more information on this tab, see page 18 of the IPF Readmission measure's 2024 User Guide for the IPF-Specific Report.

Tab 10: Risk Factor Distribution

This tab 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	407	325,945
Risk Factor/Condition Indicators	--	--
Gender: Male	46.9%	51.0%
Age	--	--
18-34	10.3%	13.8%
35-44	15.5%	16.2%
45-54	17.2%	14.5%
55-64	17.4%	16.8%
65-74	23.6%	20.8%
75-84	14.3%	12.5%
85+	1.7%	5.5%
Principal discharge diagnosis on index admission	--	--
CCS 650 Adjustment disorder	1.5%	0.9%
CCS 651 Anxiety	2.0%	1.5%
CCS 652/654/655 ADD/Developmental/Childhood disorders	0.2%	0.3%
CCS 653 Dementia	8.1%	11.9%
CCS 656 Impulse control disorders	NQ	0.3%
CCS 657.1 Bipolar disorder	19.9%	18.1%
CCS 657.2/662 Depressive disorder	33.7%	22.1%
CCS 658 Personality disorder	0.2%	0.5%
CCS 659.1 Schizo-affective disorder	20.6%	20.8%
CCS 659.2 Psychosis	6.6%	17.9%
CCS 660 Alcohol disorder	6.6%	3.3%
CCS 661 Drug disorder	0.5%	2.3%
CCS 670/663 Other mental disorder	NQ	0.2%

For more information on this tab, see page 19 of the IPF Readmission measure's 2024 User Guide for the IPF-Specific Report.

Tab 11: Dual-Eligible Within-Hospital

This tab summarizes the facility-level performance on the within-hospital disparity method applied for patients who are dually eligible for Medicare and Medicaid.

TABLE 10. SUMMARY OF YOUR FACILITY'S PERFORMANCE ON THE WITHIN-FACILITY DISPARITY METHOD APPLIED TO THE READM-30-IPF FOR PATIENTS WHO ARE MEDICARE AND MEDICAID DUALLY ELIGIBLE	
Performance Information	Readmission
Your Facility's Comparative Performance	Similar outcomes for patients who are dually eligible and non-dually eligible
Your Facility's Rate Difference	0.63%
Your Facility's Average Standardized Readmission Rate for Patients Who Are Dually Eligible [a]	13.99%
Your Facility's Average Standardized Readmission Rate for Patients Who Are Non-Dually Eligible	14.62%
Number of Readmissions (Numerator) at Your Facility for Patients Who Are Dually Eligible	25
Number of Eligible Discharges (Denominator) at Your Facility for Patients Who Are Dually Eligible	157
Number of Readmissions (Numerator) at Your Facility for Patients Who Are Non-Dually Eligible	36
Number of Eligible Discharges (Denominator) at Your Facility for Patients Who Are Non-Dually Eligible	250
Average Rate Difference in Your State	0.48%
National Rate Difference	0.48%
Number of Unplanned 30-Day Readmissions (Numerator) in Your State	1,315
Number of Eligible Discharges (Denominator) in Your State	6,985
Number of Unplanned 30-Day Readmissions (Numerator) in the Nation	63,867
Number of Eligible Discharges (Denominator) in the Nation	325,945

For more information on this tab, see page 20 of the IPF Readmission measure's 2024 User Guide for the IPF-Specific Report.

Tab 12:

Dual Eligible Across-Hospital

This tab summarizes the facility-level performance on the across-hospital disparity method applied for patients who are dually eligible for Medicare and Medicaid.

TABLE 11. SUMMARY OF YOUR FACILITY'S PERFORMANCE ON THE ACROSS-FACILITY DISPARITY METHOD APPLIED TO THE READM-30-IPF FOR PATIENTS WHO ARE MEDICARE AND MEDICAID DUALLY ELIGIBLE

4	5 Performance Information	6 Readmission
6	Your Facility's Comparative Performance	Better than the national rate
7	Your Facility's RSRR for Patients Who Are Dually Eligible	17.44%
8	Number of Readmissions (Numerator) at Your Facility for Patients Who Are Dually Eligible	25
9	Number of Eligible Discharges (Denominator) at Your Facility for Patients Who Are Dually Eligible	157
10	Observed Readmission Rate (Numerator/ Denominator) at Your Facility for Patients Who Are Dually Eligible	15.92%
11	Average RSRR in Your State for Patients Who Are Dually Eligible	22.15%
12	Number of Readmissions (Numerator) for Patients Who Are Dually Eligible in Your State	821
13	Number of Eligible Discharges (Denominator) for Patients Who Are Dually Eligible in Your State	3,700
14	Observed Readmission Rate (Numerator/ Denominator) in Your State for Patients Who Are Dually Eligible	22.19%
15	Number of Readmissions (Numerator) for Patients Who Are Dually Eligible in the Nation	36,439
16	Number of Eligible Discharges (Denominator) for Patients Who Are Dually Eligible in the Nation	164,728
17	National Observed Readmission Rate (Numerator/ Denominator) for Patients Who Are Dually Eligible	22.12%

For more information on this tab, see page 21 of the IPF Readmission measure's 2024 User Guide for the IPF-Specific Report.

Tab 13:

Discharge-Level Data

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

TABLE 12. DISCHARGE-LEVEL INFORMATION FOR READM-30-IPF

ID Number	Provider ID	HICNO	MBI [a]	Dual Eligible [b]	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay	Principal Discharge Diagnosis of Index Stay	Principal Discharge CCS of Index Stay	Unplanned Readmission within 30 Days (Yes/No)	Admission Date of Readmission	Discharge Date of Readmission	Principal Discharge Diagnosis of Readmission	Principal Discharge CCS of Readmission	Readmission to the Same Provider (Yes/No) [1]	Readmission to an IPF (Yes/No)	Provider ID of Readmitting Facility [2]
1	999999	9999999999A	9AA9AA9AA99		999999A	99/99/9999	99/99/9999	99/99/9999	F339	CCS 657.2/662 Depressive disorder	Yes	99/99/9999	99/99/9999	F333	CCS 657.2/662 Depressive disorder	No	Yes	999999
2	999999	9999999999A	9AA9AA9AA99		999999A	99/99/9999	99/99/9999	99/99/9999	F259	CCS 659.1 Schizo-affective disorder	Yes	99/99/9999	99/99/9999	R4182	CCS 259 Residual code:	Yes	No	888888
3	999999	9999999999A	9AA9AA9AA99		999999A	99/99/9999	99/99/9999	99/99/9999	F430	CCS 651 Anxiety disorders	Yes	99/99/9999	99/99/9999	F39	CCS 657.1 Bipolar disorder	No	Yes	888888
4	999999	9999999999A	9AA9AA9AA99		999999A	99/99/9999	99/99/9999	99/99/9999	F333	CCS 657.2/662 Depressive disorder	Yes	99/99/9999	99/99/9999	F332	CCS 657.2/662 Depressive disorder	No	Yes	999999
5	999999	9999999999A	9AA9AA9AA99		999999A	99/99/9999	99/99/9999	99/99/9999	F3130	CCS 657.1 Bipolar disorder	Yes	99/99/9999	99/99/9999	F314	CCS 657.1 Bipolar disorder	Yes	Yes	999999
6	999999	9999999999A	9AA9AA9AA99		999999A	99/99/9999	99/99/9999	99/99/9999	F250	CCS 659.1 Schizo-affective disorder	Yes	99/99/9999	99/99/9999	F250	CCS 659.1 Schizo-affective disorder	No	Yes	888888
7	999999	9999999999A	9AA9AA9AA99		999999A	99/99/9999	99/99/9999	99/99/9999	F250	CCS 659.1 Schizo-affective disorder	Yes	99/99/9999	99/99/9999	F259	CCS 659.1 Schizo-affective disorder	Yes	Yes	888888
8	999999	9999999999A	9AA9AA9AA99		999999A	99/99/9999	99/99/9999	99/99/9999	F339	CCS 657.2/662 Depressive disorder	Yes	99/99/9999	99/99/9999	F332	CCS 657.2/662 Depressive disorder	Yes	Yes	888888

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 tab, see page 22 of the IPF Readmission measure's *2024 User Guide for the IPF-Specific Report*.

IPFQR Program: Review of FY 2025 ISRs for Claims-Based Measures

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 two days before discharge and 30 days post-discharge.

Overview of MedCont ISR

Your MedCont ISR contains seven tabs:

1. Summary
2. Publicly Reported
3. Distribution of Rates
4. Patient Characteristics
5. Dual Eligible Within-Hospital
6. Dual Eligible Across-Hospitals
7. Discharge-Level Data

Tab 1: Summary

- The summary tab 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

Tab 2: Publicly Reported Performance Information

This tab contains information that will be publicly available in the Provider Data Catalog in January 2025.

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

4 **MedCont Performance Information**

5 Your Facility's Denominator (Measure Population)

88

6 Your Facility's Rate

84.1%

7 State Rate

79.4%

8 National Rate

76.3%

For more information on this tab, see page 8 of the MedCont measure's *2024 User Guide for the IPF-Specific Report*.

Tab 3: Distribution of Rates

This tab provides 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	864	31.76%	65.24%	71.05%	77.95%	82.79%	86.96%	96.65%	--
Your Facility's MedCont Rate Percentile	--	--	--	--	--	--	--	--	81st

For more information on this tab, see page 9 of the MedCont measure's *2024 User Guide for the IPF-Specific Report*.

Tab 4:

Patient Characteristics

This tab provides information on the primary diagnoses at admission for patients is charged from your facility and facilities nationwide, by diagnosis.

TABLE 3. PRINCIPAL DIAGNOSES AT DISCHARGE			
	Facility Count	Percent of All IPF Hospitalizations	MedCont Rate
Discharge Diagnoses of the IPF Hospitalizations			
PRINCIPAL DIAGNOSES AT DISCHARGE FROM YOUR FACILITY	--	--	--
Bipolar Disorder	30	34.1%	86.7%
Major Depressive Disorder (MDD)	17	19.3%	82.4%
Schizophrenia	41	46.6%	82.9%
PRINCIPAL DIAGNOSES AT DISCHARGE NATIONWIDE	--	--	--
Bipolar Disorder	48,646	24.6%	76.8%
Major Depressive Disorder (MDD)	53,416	27.0%	75.4%
Schizophrenia	95,943	48.5%	76.5%

For more information on this tab, see page 10 of the MedCont measure's *2024 User Guide for the IPF-Specific Report*.

Tab 5: Dual Eligible Within-Hospital

This tab summarizes the facility-level performance on the within-hospital disparity method applied for patients who are dually eligible for Medicare and Medicaid.

TABLE 4. SUMMARY OF YOUR FACILITY'S PERFORMANCE ON THE <i>WITHIN-FACILITY DISPARITY METHOD</i> APPLIED TO THE MEDCONT MEASURE FOR PATIENTS WHO ARE MEDICARE AND MEDICAID DUALLY ELIGIBLE		
4		
5	Performance Information	
6	Medication Continuation	
6	Your Facility's Rate Difference	0.63%
7	Your Facility's Rate for Patients Who Are Dually Eligible	13.99%
8	Your Facility's Rate for Patients Who Are Non-Dually Eligible	14.62%
9	Number of Medications Continued (Numerator) at Your Facility for Patients Who Are Dually Eligible	25
10	Number of Eligible Discharges (Denominator) at Your Facility for Patients Who Are Dually Eligible	157
11	Number of Medications Continued (Numerator) at Your Facility for Patients Who Are Non-Dually Eligible	36
12	Number of Eligible Discharges (Denominator) at Your Facility for Patients Who Are Non-Dually Eligible	250
13	Average Rate Difference in Your State	0.48%
14	National Rate Difference	0.48%
15	Number of Medication Continuations (Numerator) in Your State	1,315
16	Number of Eligible Discharges (Denominator) in Your State	6,985
17	Number of Medication Continuations (Numerator) in the Nation	63,867
18	Number of Eligible Discharges (Denominator) in the Nation	325,945

For more information on this tab, see page 11 of the MedCont measure's *2024 User Guide for the IPF-Specific Report*.

Tab 6: Dual Eligible Across-Hospitals

This tab summarizes the facility-level performance on the across-hospital disparity method applied for patients who are dually eligible for Medicare and Medicaid.

TABLE 5. SUMMARY OF YOUR FACILITY'S PERFORMANCE ON THE ACROSS-FACILITY DISPARITY METHOD APPLIED TO THE MEDCONT MEASURE FOR PATIENTS WHO ARE MEDICARE AND MEDICAID DUALY ELIGIBLE	
Performance Information	Medication Continuation
Your Facility's Medication Continuation Rate for Patients Who Are Dually Eligible	17.44%
Number of Medications Continued (Numerator) at Your Facility for Patients Who Are Dually Eligible	25
Number of Eligible Discharges (Denominator) at Your Facility for Patients Who Are Dually Eligible	157
Number of Medications Continued (Numerator) for Patients Who Are Dually Eligible in Your State	821
Number of Eligible Discharges (Denominator) for Patients Who Are Dually Eligible in Your State	3,700
Medication Continuation Rate (Numerator/Denominator) in Your State for Patients Who Are Dually Eligible	22.19%
Number of Medications Continued (Numerator) for Patients Who Are Dually Eligible in the Nation	36,439
Number of Eligible Discharges (Denominator) for Patients Who Are Dually Eligible in the Nation	164,728
National Medication Continuation Rate (Numerator/Denominator) for Patients Who Are Dually Eligible	22.12%

For more information on this tab, see page 12 of the MedCont measure's *2024 User Guide for the IPF-Specific Report*.

Tab 7:

Discharge-Level Data

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

TABLE 6. YOUR FACILITY'S DISCHARGE-LEVEL INFORMATION FOR THE MEDCONT MEASURE

ID Number	Provider ID	MBI [a]	Dual Eligible [b]	Medical Record Number	Beneficiary DOB	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	9AA9AA9AA99	Yes	99999A	99/99/9999	99/99/9999	99/99/9999	F319	Bipolar Disorder	Yes
2	999999	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	F200	Schizophrenia	Yes
3	999999	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	F314	Bipolar Disorder	Yes
4	999999	9AA9AA9AA99	Yes	99999A	99/99/9999	99/99/9999	99/99/9999	F332	MDD	Yes
5	999999	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	F314	Bipolar Disorder	Yes
6	999999	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	F315	Bipolar Disorder	Yes
7	999999	9AA9AA9AA99	Yes	99999A	99/99/9999	99/99/9999	99/99/9999	F201	Schizophrenia	Yes
8	999999	9AA9AA9AA99	No	99999A	99/99/9999	99/99/9999	99/99/9999	F201	Schizophrenia	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 tab, see page 13 of the MedCont measure's *2024 User Guide for the IPF-Specific Report*.

Acronyms

CBM	Claims-based measure	IPFQR	Inpatient Psychiatric Facility Quality Reporting
CCN	CMS Certification Number	IPF Readmission	Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF
CCSQ	Center for Clinical Standards and Quality	ISR	IPF-Specific Report
CMS	Centers for Medicare & Medicaid Services	MedCont	Medication Continuation
FAPH	Follow-Up After Psychiatric Hospitalization	PPS	Prospective Payment System
FY	Fiscal year	RSRR	Risk-standardized readmission rate
HARP	Health Care Quality Information Systems Access Roles and Profile	SRR	Standardized risk ratio
HQR	Hospital Quality Reporting	SUD	substance use disorders
IPF	Inpatient psychiatric facility		

IPFQR Program: Review of FY 2025 ISRs for Claims-Based Measures

Helpful Resources

Confidential Review Period Resources

- QualityNet > Inpatient Psychiatric Facilities > [IPFQR Measures](#)
 - <https://qualitynet.cms.gov/ipf/ipfqr/measures>
 - CBM specifications
 - This contains FY 2025 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
 - This contains 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.

Helpful Resources

IPFQR Program Web Pages
(Click the icons.)



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Thank You!

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