Appendix Methods.

CMS quality metrics are calculated across varying populations, as appropriate for each metric.

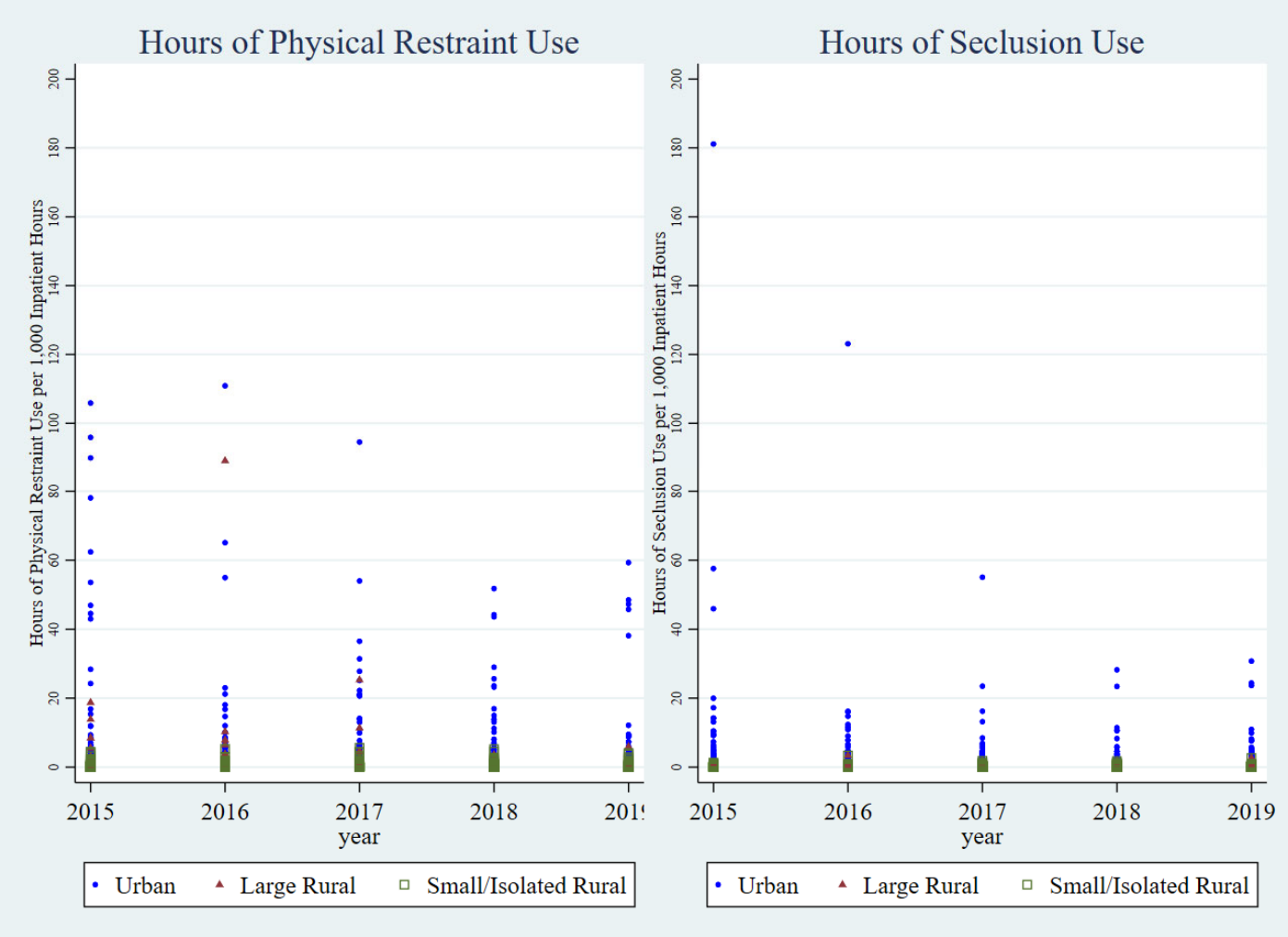
- For follow-up measures, CMS calculated facility-specific percentages of all Medicare Fee-For-Service discharges who had subsequent outpatient claims from any providers.
- The appropriate justification for multiple antipsychotic medication measure was calculated only for patients discharged on two or more routinely scheduled antipsychotic medications. CMS calculated facility-specific proportions of these eligible discharges whose medical records documented any of the following justifications: 1) minimum of three failed trials with monotherapy, 2) a plan that tapers to monotherapy or cross-tapering (defined as decreasing "the dosage of one or more antipsychotic medications while increasing the dosage of another to a level that manages the patient's symptoms with one antipsychotic medication"), or 3) augmentation of Clozapine – a gold standard antipsychotic drug for treatment-resistant schizophrenia.
- For transition record measures, the cohorts included all patients, regardless of age, discharged from the facility to home/self-care or any other site of care, excluding patients who died or left against medical advice. CMS calculated the percentages of these eligible discharged patients or their caregivers receiving a transition record that captured all elements of inpatient care, post-discharge and patient self-management instructions, advance care plan, contact information or plan for follow-up care, within 24 hours of discharge.
- For the two patient experience measures, all patients admitted to hospital-based psychiatric setting were included. CMS evaluated the number of minutes that psychiatric inpatients in a facility were maintained in physical restraint and/or seclusion and converted to number of hours.

Appendix Table 1. Number of Eligible Inpatient Psychiatric Facilities to IPFOR and Included Facilities by Measure, Year, and Hospital Location

		2,015	2,016	2,017	2,018	2,019
		Number of Inpatient Psychiatric Facilities Participating in IFPOR				
All	Urban	1,254	1,264	1,257	1,229	1,231
	Rural Micropolitan	260	261	247	246	234
	Rural Small/Isolated	130	128	126	124	119
		2015	2016	2017	2018	2019
		Number of Reported Facilities				
FUH_30	Urban	1,074	1,082	1,137	1,107	1,104
	Rural Micropolitan	192	182	210	196	198
	Rural Small/Isolated	82	75	111	107	96
FUH_7	Urban	945	968	1,137	1,107	1,104
	Rural Micropolitan	140	127	210	196	198
	Rural Small/Isolated	59	46	111	107	96
TR_1	Urban	-	-	1,234	1,210	1,215
	Rural Micropolitan	-	-	235	233	228
	Rural Small/Isolated	-	-	123	119	115
TR_2	Urban	-	-	1,232	1,208	1,215
	Rural Micropolitan	-	-	234	234	228
	Rural Small/Isolated	-	-	123	118	115
HBIPS_2	Urban	1,238	1,245	1,246	1,212	1,216
	Rural Micropolitan	253	247	238	232	228
	Rural Small/Isolated	122	123	123	115	112
HBIPS_3	Urban	1,233	1,241	1,246	1,208	1,216
	Rural Micropolitan	254	246	238	232	228
	Rural Small/Isolated	122	122	123	119	112
HBIPS_5	Urban	574	632	879	858	892
	Rural Micropolitan	89	93	135	142	135
	Rural Small/Isolated	42	38	58	66	61

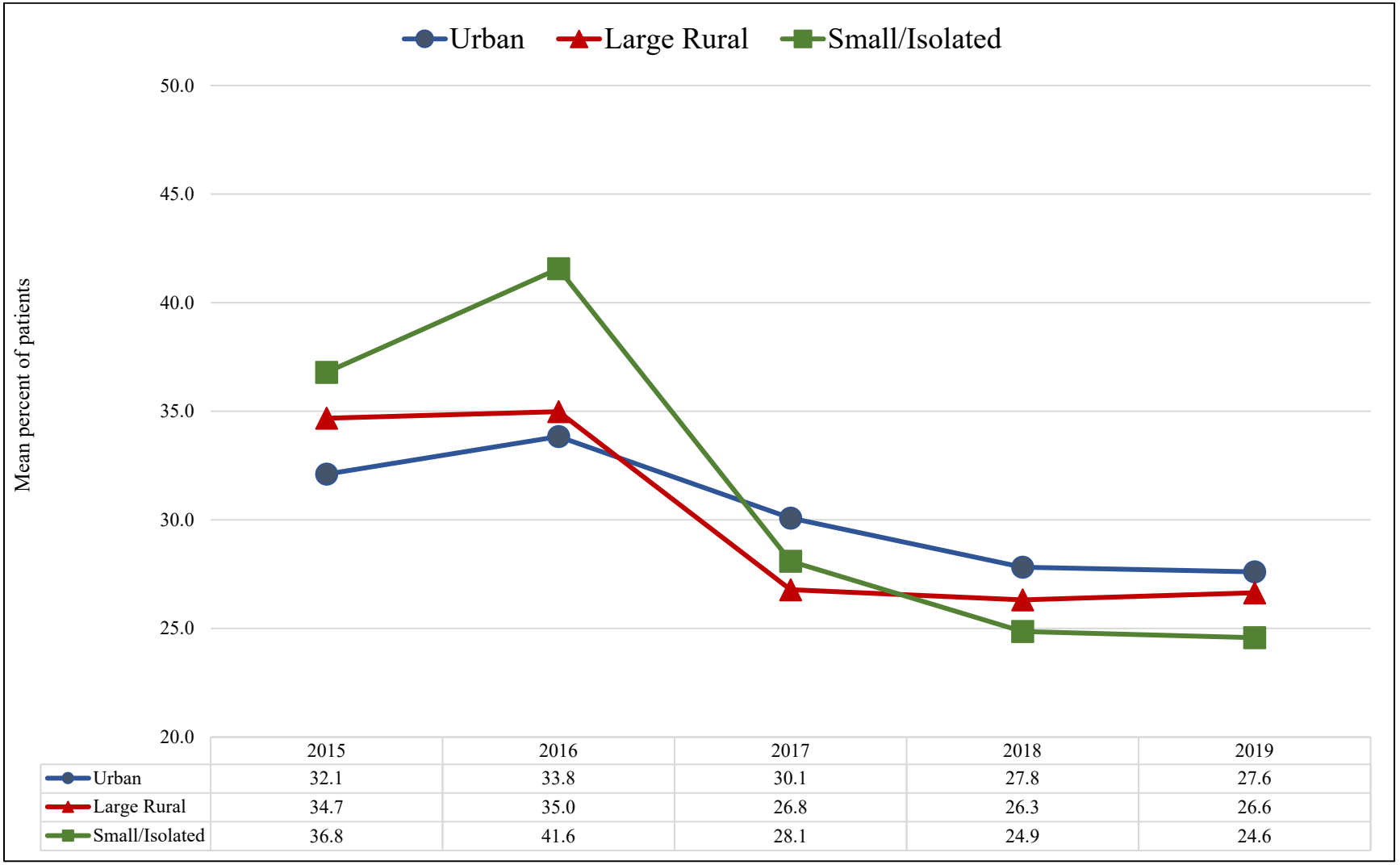
Notes: - refers to not available.

Appendix Figure 1. Scatterplot of Facility-level Patient Safety Measure Performance across Urban, Large Rural, and Small/Isolated Rural Facilities by Year



Notes: Centers for Medicare and Medicaid Services calculated the total number of hours (converted from minutes to the second decimal point) that each psychiatric unit maintained their psychiatric inpatients in physical restraint or seclusion during a year and divided it by the total number of psychiatric inpatient hours, excluding total leave days.

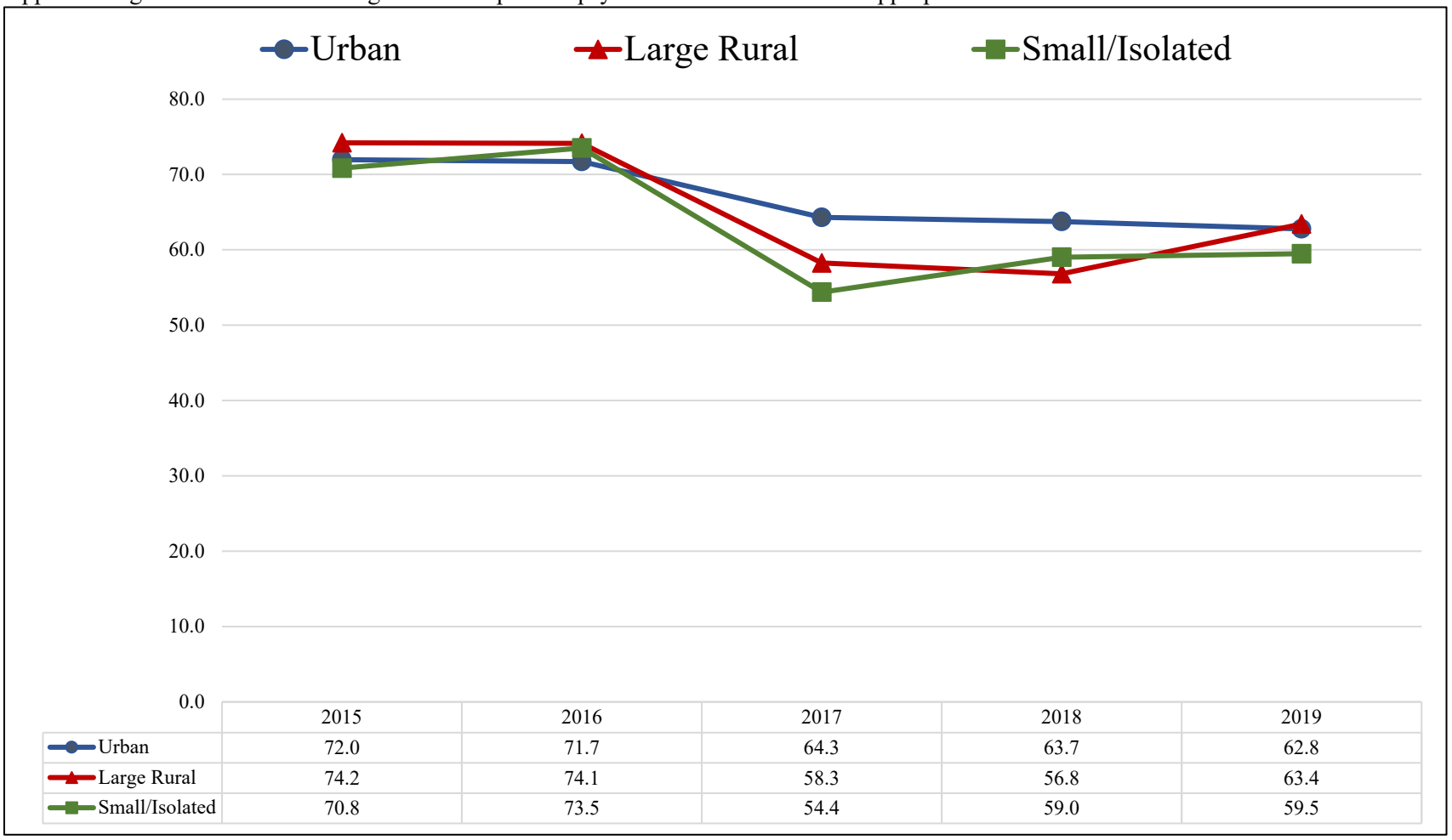
Appendix Figure 2. Follow-Up After Hospitalization for Mental Illness within 7 Days Post-Discharge



	2015	2016	2017	2018	2019
Urban	32.1	33.8	30.1	27.8	27.6
Large Rural	34.7	35.0	26.8	26.3	26.6
Small/Isolated	36.8	41.6	28.1	24.9	24.6

Notes: Inpatient psychiatric quality performance scores may range from 0 to 100, with a higher score indicating better performance. The scores reflect the average percentages of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients age 6 years and older that resulted in follow-up care with a mental health provider within 7 days.

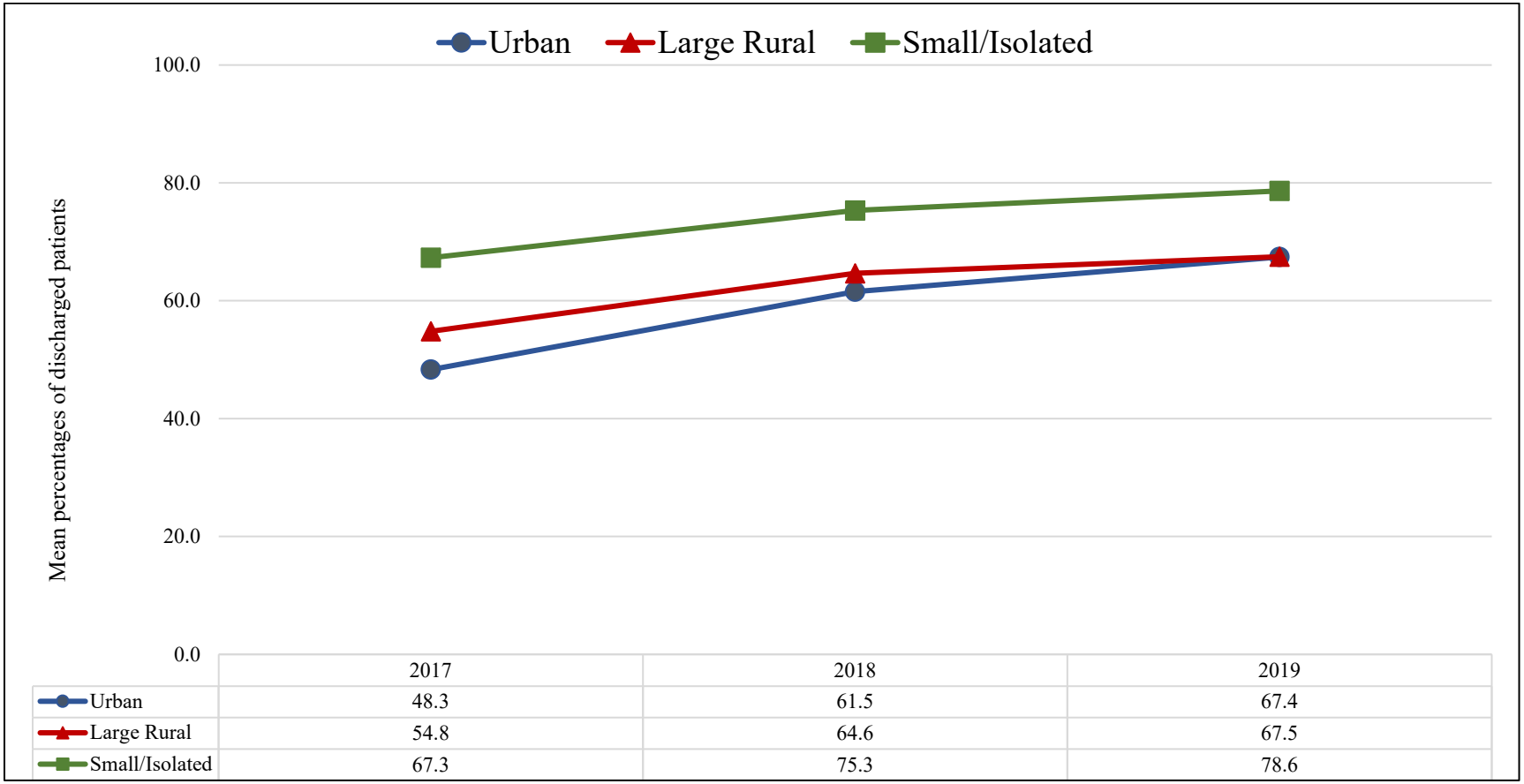
Appendix Figure 3. Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification



	2015	2016	2017	2018	2019
Urban	72.0	71.7	64.3	63.7	62.8
Large Rural	74.2	74.1	58.3	56.8	63.4
Small/Isolated	70.8	73.5	54.4	59.0	59.5

Notes: Inpatient psychiatric quality performance scores may range from 0 to 100, with a higher score indicating better performance. The scores reflect the average percentages of psychiatric inpatient discharges on two or more routinely scheduled antipsychotic medications, excluding those who expired, with an unplanned departure resulting in discharge due to elopement or failing to return from leave, and with a length of stay <=3 days, whose medical records contain documentation of any of the following: 1) a history of a minimum of three failed multiple trials of monotherapy, 2) a recommended plan to taper to monotherapy due to previous use of multiple antipsychotic medications OR documentation of a cross-taper in progress at the time of discharge, and 3) augmentation of Clozapine..

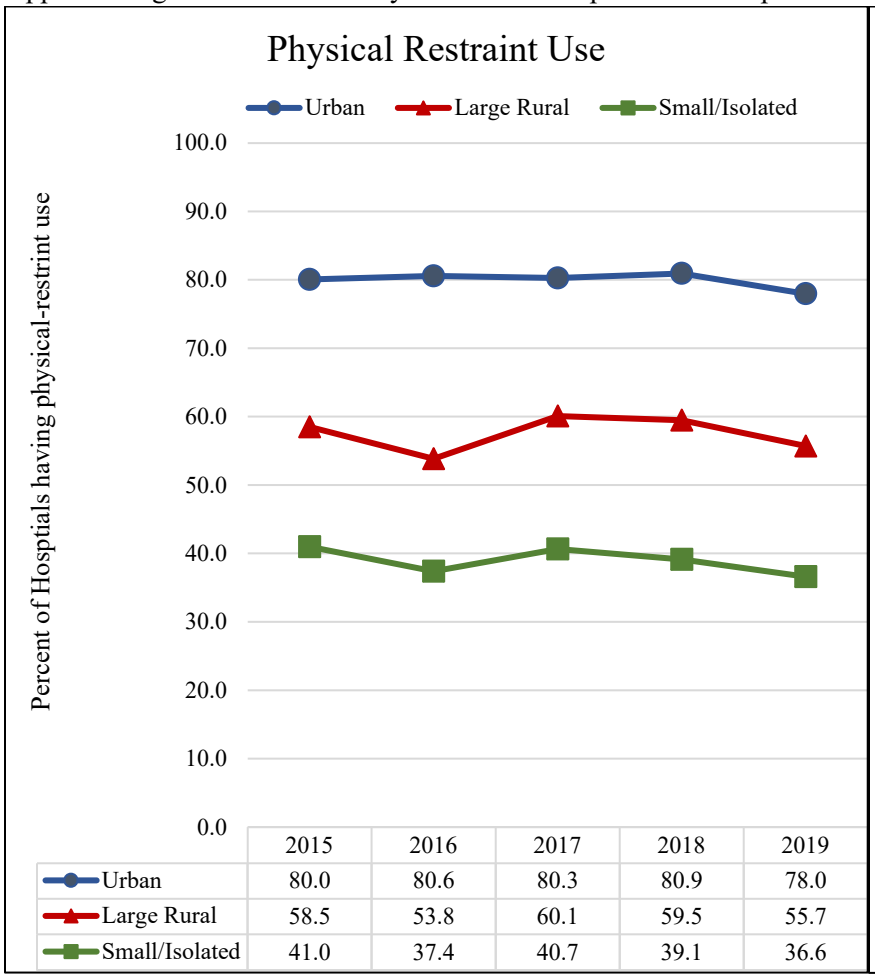
Appendix Figure 4. Transition Record with Specified Elements Received by Discharged Patients



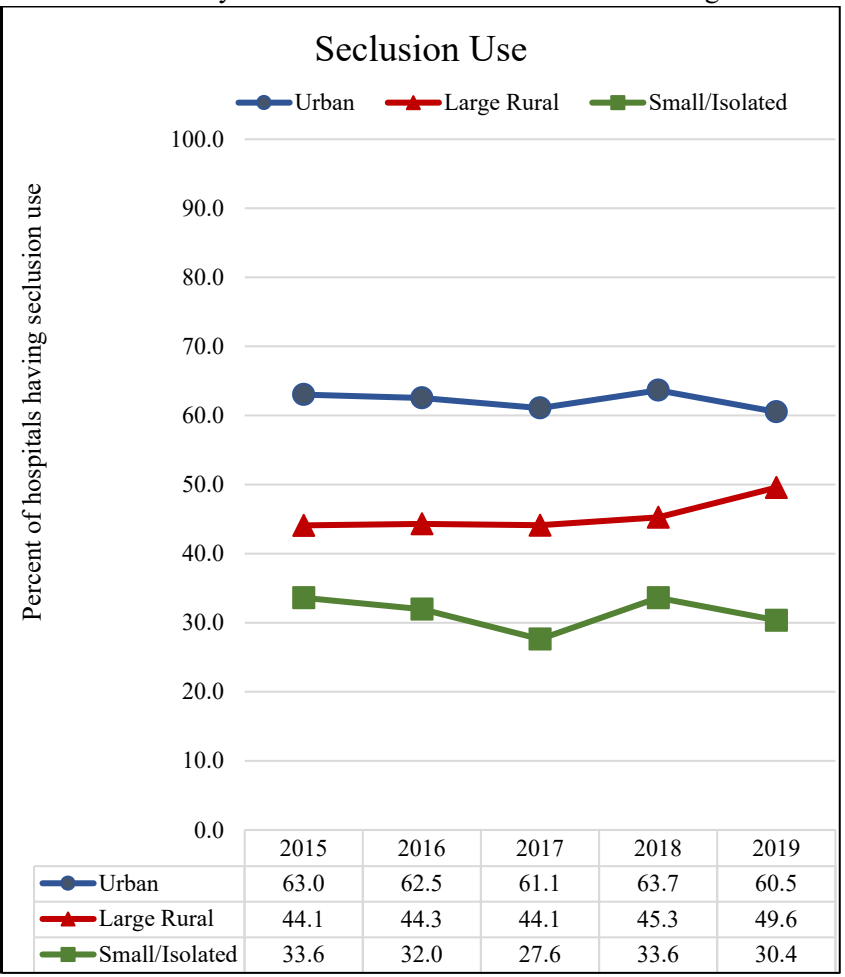
	2017	2018	2019
Urban	48.3	61.5	67.4
Large Rural	54.8	64.6	67.5
Small/Isolated	67.3	75.3	78.6

Notes: Inpatient psychiatric quality performance scores may range from 0 to 100, with a higher score indicating better performance. The scores reflect the average percentages of inpatient discharged patients, regardless of age, or their caregiver(s) who received a transition record including all the specified elements: 24-hour/7-day contact information, including physician for emergencies related to inpatient stay, contact information for obtaining results of studies pending at discharge, plan for follow-up care, and primary physician, other health care professional, or site designated for follow-up care.

Appendix Figure 5. Patient Safety Measures - Proportion of Hospitals with At Least One Physical Restraint or Seclusion Event During a Year



	2015	2016	2017	2018	2019
Urban	80.0	80.6	80.3	80.9	78.0
Large Rural	58.5	53.8	60.1	59.5	55.7
Small/Isolated	41.0	37.4	40.7	39.1	36.6



	2015	2016	2017	2018	2019
Urban	63.0	62.5	61.1	63.7	60.5
Large Rural	44.1	44.3	44.1	45.3	49.6
Small/Isolated	33.6	32.0	27.6	33.6	30.4

Notes: Proportion of hospitals with at least one physical restraint or seclusion event during a year, with a higher percentage indicating worse performance. Centers for Medicare and Medicaid Services calculated the total number of hours (converted from minutes to the second decimal point) that each psychiatric unit maintained their psychiatric inpatients in physical restraint or seclusion during a year and divided it by the total number of psychiatric inpatient hours, excluding total leave days. Due to the majority of facilities reporting zero hours, authors identified facilities with and without any physical restraint or seclusion use during a given year. The continuous variable distributions were presented in Appendix Figure 1.