Facility Compare Tool User Guide

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Overview

CMS QUALITY MEASURES SCORECARD
Overview

What do you want to do? Click a button below to select a desired report to view.

Explore all measures reported by a single facility.

Compare facility performance by measure.

Compare state and city performance by measure.

Explore overall national scores by state and measure.

Explore state comparison for all ASC measures.

Explore state comparisons for related measures across programs.

Explore state comparison for all OQR measures.

Description

The CMS Quality Measures Scorecard Overall Page is intended for navigation to the desired report. Six (6) reports in this Quality Measures Scorecard dashboard suite are easily accessible by clicking on the desired yellow report button.

Interactivity

Click any of the yellow buttons to navigate to the corresponding report.

Report Element Definitions and Calculations

None

CMS QUALITY MEASURES SCORECARD
Single Facility Report

Select or type in a facility to the right or use the State /City filters to search for a specific facility

State
(All)

City
(All)

Facility: NPI/CCN + Facility Name
(NPI: 1962953018) OUTPATIENT SURGERY CENTER AT TGH BRANDON HEALTHPLE

All Available Measures for the Selected Facility (Blank Score Means no Measure Score was Available).

		2018	2019
Higher Rates are Better	ASC_9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	100.0	90.0
	ASC_10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use	7.7	
	ASC_13: Normothermia	100.0	95.3
Lower Rates are Better	ASC_1: Patient Burn	0.0	
	ASC_2: Patient Fall	0.0	
	ASC_3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	0.0	
	ASC_4: All-Cause Hospital Transfer/Admission	0.0	
	ASC_12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy		
		0 50 100 Measure Score	0 50 100 Measure Score

Legend
■ Higher Rates are Better   ■ Lower Rates are Better

Description

The Facility Selector Report gives the user the flexibility to select a single facility to view all corresponding measures for that facility.

Interactivity

- At the top of the report, click on the Facility: NPI/CCN + Facility Name drop-down menu to view a list of all the facilities. Select a facility from the drop-down menu or start typing the name of a facility in the enter search text.

- To narrow down the list of facilities, click on the State or City drop-down menu to filter the list down to specified State or City.
- Hover over the bar in the bar graph to view additional information about the measure such as the National Score and if higher or lower scores for are better for the measure.
- **Return to Overall Page:** At the top right of the report, a Back-Arrow button will navigate the user directly back to the Overall Page.

CMS QUALITY MEASURES SCORECARD
Compare Facility Performance by Measure

● Use the filters below to select the desired state, city, and facility to view the corresponding quality measures.
● To change City and/or State, click the red/black button to clear the Facility filter, then select desired City and/or State.

	Measure Category	State	City	Facility ID & Name	Filter Rate Type to Zoom	Year
Reset Filters	ASC	MA	BOSTON	(NPI: 1124116264) BOSTON EYE SU..	All	2020

LEGEND: ▶ Higher Rates are Better | ◀ Lower Rates are Better   10th to 90th Percentile Range [___] Mean

All Measures' Scores for Selected Facility: **(NPI: 1124116264) BOSTON EYE SURGERY AND LASER CENTER**

Measure ID & Name	
ASC_9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonscopy in Average Risk Patients	
ASC_11: Cataracts - Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	
ASC_13: Normothermia	
ASC_14: Unplanned Anterior Vitrectomy	

0.0   20.0   40.0   60.0   80.0   100.0
Measure Score

Click a Measure Name above to view facility comparison for selected measure. The selected facility is identified with red dot to the right of the facility name.

Measure ID & Name
ASC_9: Endoscopy/Polyp ..

Facility Comparison for Selected Measure: **ASC_9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonscopy in Average Risk Patients**

WORCESTER	(NPI: 1548274475) THE ENDOSCOPY CENTER	
	(NPI: 1851396014) ARC WORCESTER CENTER LP DBA WORCESTER SURGI..	
LEOMINSTER	(NPI: 1073682159) CENTRAL MA AMBULATORY ENDOSCOPY CENTER	
PEABODY	(NPI: 1285746263) ORTHOPEDICS SURGICAL CENTER OF THE NORTH SHO..	
SANDWICH	(NPI: 1194718312) CAPE COD ASC LLC	
WELLESLEY HILLS	(NPI: 1477802387) BOSTON ENDOSCOPY CENTER LLC	
AMHERST	(NPI: 1639203888) VALLEY MEDICAL GROUP PC	
HAVERHILL	(NPI: 1417944778) MERRIMACK VALLEY ENDOSCOPY CENTER	
KNOXVILLE	(NPI: 1548274475) THE ENDOSCOPY CENTER	
YUBA CITY	(NPI: 1548274475) THE ENDOSCOPY CENTER	
BRAINTREE	(NPI: 1831122159) SOUTH SHORE ENDOSCOPY CENTER INC	
LOWELL	(NPI: 1851474365) NORTHEAST ENDOSCOPY CENTER	
FRAMINGHAM	(NPI: 1093922189) CHARLES RIVER ENDOSCOPY LLC	
SOUTH WEYMOUTH	(NPI: 1033199906) WEYMOUTH ENDOSCOPY LLC	
SPRINGFIELD	(NPI: 1982641064) PIONEER VALLEY SURGICENTER LLC	
HYANNIS	(NPI: 1316094824) CAPE AND ISLANDS ENDOSCOPY CENTER LLC	
ACTON	(NPI: 1174663199) MIDDLESEX ENDOSCOPY CENTER	

60.0   70.0   80.0   90.0   100.0
Measure Score

Description

The Facility Selector report gives the user the flexibility to select State, City, and Facility along with Measure Category (ASC, OQR, or Related) and Year to view corresponding measure score results. Selecting a specific measure enables comparison with other facilities within the state, categorized by city.

Interactivity

- At the top of the report, select a Measure Category, Year, State, City, and Facility ID & Name from the drop-down menus. Click the caret to the right of each menu to open the drop-down menu options.
- Click the Filter Rate Type to Zoom drop-down caret to narrow the view to measures where higher rates are better or lower rates are better.
- To select a different state and/or city, first click the ⦿ button to clear the selected Facility.

● Use the filters below to select the desired state, city, and facility to view the corresponding quality measures.
● To change City and/or State, click the red/black button to clear the Facility filter, then select desired City and/or State.

	Measure Category	State	City	Facility ID & Name	Filter Rate Type to Zoom	Year
Reset Filters	ASC	MA	BOSTON	(All)	(All)	2020
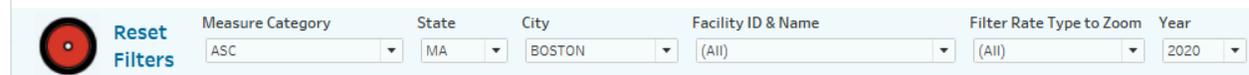
- To select a specific measure for facility comparison, either click an underlined measure name or select a Measure ID & Name from the drop-down menu.

OP_35_ADM: Rate of inpatient admissions for patients receiving outpatient chemotherapy

OP_35_ED: Rate of emergency department (ED) visits for patients receiving outpatient chemotherapy

OP_36: Ratio of unplanned hospital visits after hospital outpatient surgery

0   20   40   60   80   100
Measure Score

Click a Measure Name above or to the right to view facility comparison for selected measure.
The selected facility is identified with red dot to the right of the facility name.

Measure ID & Name
(None)

- Hover over any chart symbol for supplemental information.

- **Return to Overall Page:** At the top right of the report, a Back-Arrow button will navigate the user directly back to the Overall Page.

Report Element Definitions and Calculations

Components of the facility scores reports:

National 10th Percentile   National 90th Percentile

Facility Score

National Mean Score
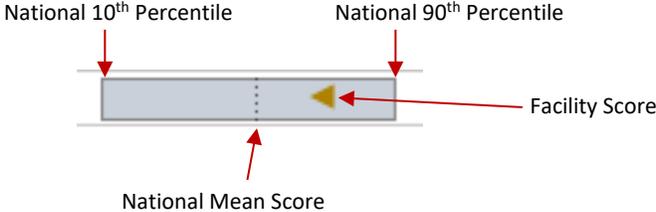
CMS QUALITY MEASURES SCORECARD
Compare State and City Performance by Measure

Select Measure Category and Name from Drop-Down Menus

Measure Category	Measure ID & Name	Year
ASC	ASC_9: Endoscopy/Polyp Surveillance: ..	2019

Selected Measure: ASC_9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonscopy in Average Risk Patients

Higher Rates are Better

Top 10 States

1	ND	100.0
2	MT	99.7
3	MS	98.8
4	NE	98.8
5	SD	97.3
6	NH	96.9
7	OR	96.6
8	MN	96.0
9	DE	95.6

Bottom 10 States

40	AL	77.1
41	NY	75.0
42	NV	74.6
43	WI	70.6
44	CA	69.2
45	FL	64.6
46	GA	59.2
47	HI	54.8
48	WY	51.1
49	OK	10.3

10.3 — 100.0
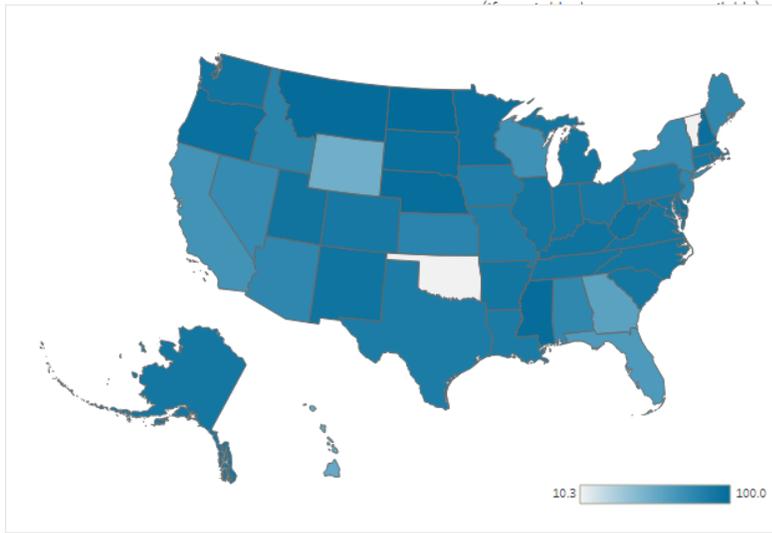
Select a State (click map above or select from menu to right) to View Facility Location and Scores for Selected Measure

State	City
TX	All
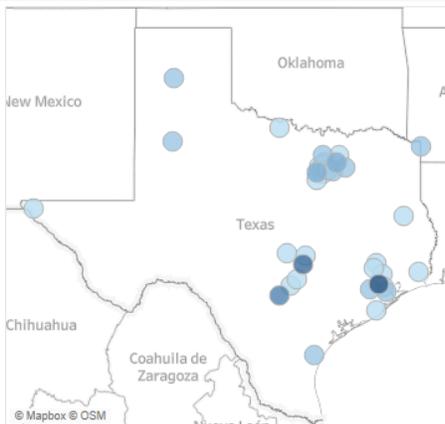
City	Facility: NPI/CCN + Facility Name	
Null	(NPI: 1306804612) LONE STAR ENDOSCOPY-KELLER	98.8
AMARILLO	(NPI: 1083643852) AMARILLO COLONOSCOPY CENTER LP	41.4
	(NPI: 1922052364) ADC ENDOSCOPY SPECIALISTS	97.7
ARLINGTON	(NPI: 1104947357) TARRANT COUNTY SURGERY CENTER LP	70.8
AUSTIN	(NPI: 1053803692) AUSTIN GI SURGICENTER LLC DBA AUSTIN GI SURGICENTER II	95.8
	(NPI: 1205327277) AUSTIN GI SURGICENTER LLC DBA AUSTIN GI SURGICENTER I	93.8
	(NPI: 1386609964) SOUTH AUSTIN SURGERY CENTER	

0   50   100

Description

The State Comparison for Selected Measure report provides comparative views of states' scores by selected category, measure ID & name, and year. View comparisons via choropleth map and top/bottom 10 states for the selected measure. A state of interest can be selected to view all corresponding facilities' scores grouped by city on both a state map and list.

Interactivity

- At the top of the report, select a Measure Category, Measure ID & Name, and Year from the drop-down menus. Click the caret to the right of each menu to open the drop-down menu options.

- Select a state to evaluate the facilities for that state. Click either a state in the map or select a State from the drop-down menu.
- To narrow the search to a specific city, click the City drop-down menu caret and select the desired city.

- Hover over a state in the map, circle in the map, or any bar for supplemental information.
- Clicking on a city on the map will also filter all facilities that submitted data to the clicked-on city.
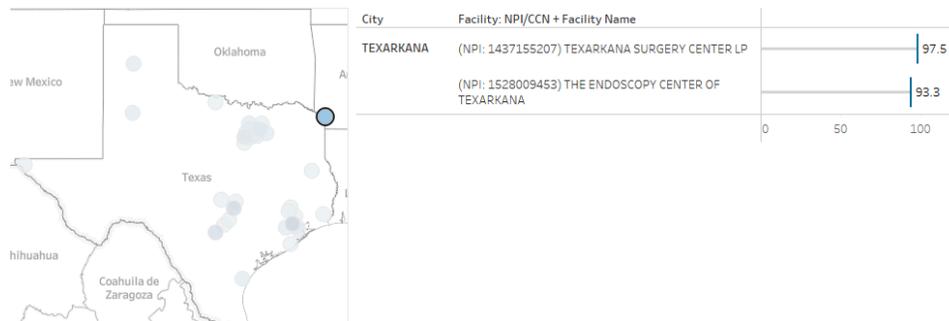
- **Return to Overall Page:** At the top right of the report, a Back-Arrow button will navigate the user directly back to the Overall Page.

Report Element Definitions and Calculations

Measures for Measure Categories:

ASC:
- ASC_1: Patient Burn
- ASC_2: Patient Fall
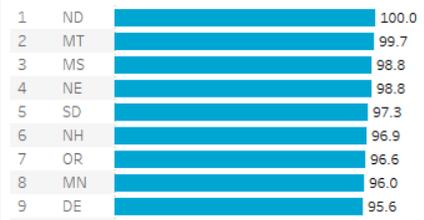- ASC_3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
- ASC_4: All-Cause Hospital Transfer/Admission
- ASC_9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
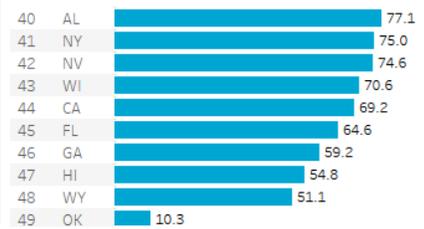- ASC_10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use
- ASC_11: Cataracts – Improvement in Patient's Visual Function with 90 Days following Cataract Surgery
- ASC_12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- ASC_13: Normothermia
- ASC_14: Unplanned Anterior Vitrectomy

OQR:
- OP_22: Left before being seen
- OP_29: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
- OP_31: Improvement in Patient's Visual Function within 90 Days following Cataract Surgery
- OP_32: Rate of unplanned hospital visits after colonoscopy (per 1,000 colonoscopies)
- OP_33: External Beam Radiotherapy for Bone Metastases
- OP_35_ADM: Rate of inpatient admissions for patients receiving outpatient chemotherapy
- OP_35_ED: Rate of emergency department (ED) visits for patients receiving outpatient chemotherapy
- OP_36: Ratio of unplanned hospital visits after hospital outpatient surgery

Related:
- ASC_9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
- OP_29: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
- ASC_11: Cataracts – Improvement in Patient's Visual Function with 90 Days following Cataract Surgery
- OP_31: Improvement in Patient's Visual Function within 90 Days following Cataract Surgery
- ASC_12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- OP_32: Rate of unplanned hospital visits after colonoscopy (per 1,000 colonoscopies)

CMS QUALITY MEASURES SCORECARD
Compare Overall National Scores by State and Measure

2019 Facilities Summary   ℹ Choose a Measure Category: ASC

All Facilities	Facilities with 1+ Measures Reported	Facilities with Measures >= Mean	Facilities with Measures >= 90th Percentile	Facilities with Measures >= 95th Percentile	Facilities with Measures < 10th Percentile	Facilities with Measures < 5th Percentile
4,157 Prior Year (PY) Diff: -906 PY % Change: -17.9%	**46.5%** (1,933) Prior Year (PY) Diff: -3,019 PY % Change: -61.0%	**34.5%** (1,433) Prior Year (PY) Diff: -1,888 PY % change: -56.9%	**20.6%** (856) Prior Year (PY) Diff: -4,022 PY % change: -82.5%	**19.9%** (828) Prior Year (PY) Diff: -4,046 PY % change: -83.0%	**4.2%** (173) Prior Year (PY) Diff: -466 PY % change: -72.9%	**1.7%** (70) Prior Year (PY) Diff: -169 PY % change: -70.7%

State Summary

ℹ Select a Measure Summary for map and top 10 states with highest (or lowest) percentage of facilities reporting of measures.

Measure Score Selector
Scores >= Mean

States with % of Facilities having: Scores >= Mean
★ = Top 10 States

0.1% — 100.0%
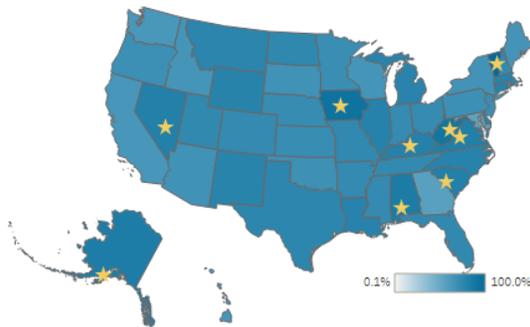
Top 10 States with highest % of facilities with: Scores >= Mean for all ASC Measures

1	DC	100.0%
	VT	100.0%
3	IA	93.3%
4	WV	90.9%
5	AL	84.6%
6	AK	84.2%
7	VA	82.3%
8	SC	81.8%
9	NV	81.4%
10	KY	80.6%

National Scores per Measure

Higher Rates are Better	ASC	ASC_10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoid..	91.7
		ASC_13: Normothermia	97.0
	Related	ASC_9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonscopy in Average Risk Patients	84.2
		ASC_11: Cataracts - Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	96.3
Lower Rates are Better	ASC	ASC_1: Patient Burn	0.2
		ASC_2: Patient Fall	0.1
		ASC_3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	0.0
		ASC_4: All-Cause Hospital Transfer/Admission	0.3
		ASC_14: Unplanned Anterior Vitrectomy	0.3
	Related	ASC_12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	12.2

Description

The CMS Quality Measures Scorecard National Overview report provides summary metrics at the top of the report for the most recent completed reporting year. View current year counts, percentages, prior year count differences, and percent change from prior year for:

- All facilities in the database
- All facilities reporting one or more measure scores
- Facilities with measure scores greater than or equal to the mean/average of all reporting facilities
- Facilities with measure scores greater than or equal to 90th percentile national scores
- Facilities with measure scores greater than or equal to 95th percentile national scores
- Facilities with measure scores less than or equal to 10th percentile national scores
- Facilities with measure scores less than or equal to 5th percentile national scores

The second section summarizes State-level data for a selected measure score grouping. Top 10 states in the selected grouping are highlighted on the map and displayed in a bar chart.

The bottom section displays the national score for each measure. Measures are categorized by groups of Higher Rates are Better versus Lower Rates are Better, and by their corresponding ASC, OQR, or Related categories.

Interactivity

- **Choose a Measure Category:** In the top Facilities Summary section, a measure category can be selected to narrow the data to the desired view. Click the dropdown caret to select from the menu for viewing All, ASC, OQR, or Related Measures. The default setting is All measures.

- **Measure Score Selector:** In the State Summary section, data can be viewed for a specific measure score grouping. Select a Measure Summary for map and top 10 states with highest (or lowest) percentage of facilities reporting of measures. Click the dropdown caret to open the menu and click the desired measure score grouping.

- Hover over a state in the map or any bar for supplemental information.

- **Return to Overall Page:** At the top right of the report, a Back-Arrow button will navigate the user directly back to the Overall Page.
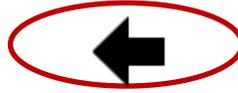
Report Element Definitions and Calculations

All Facilities
- Count for 2019: Count of Facilities in the data source for 2019. A unique facility is determined by combination of NPI or CCN and Name.
- Prior Year Difference: 2019 count of facilities – 2018 count of facilities
- Prior Year Percent Change: Prior Year Difference / 2018 count of facilities

Facilities with 1+ Measures Reported
- Percentage for 2019: *Numerator:* count of facilities with a reported measure score for 2019. *Denominator:* count of all facilities in the data source for 2019.
- Count for 2019: Count of facilities with a reported measure score for 2019
- Prior Year Difference: 2019 count of facilities with a reported measure score – 2018 count of facilities with a reported measure score
- Prior Year Percent Change: Prior Year Difference / 2018 count of facilities with a reported measure score

Facilities with Measures greater than or equal to Mean
- Percentage for 2019: *Numerator:* count of facilities with a reported measure score greater than or equal to the Mean (reported value from the data source) for 2019. *Denominator:* count of all facilities in the data source for 2019.
- Count for 2019: count of facilities with a reported measure score greater than or equal to the Mean (reported value from the data source) for 2019.
- Prior Year Difference: 2019 count of facilities with a reported measure score greater than or equal to the 2019 Mean – 2018 count of facilities with a reported measure score greater than or equal to the 2018 Mean
- Prior Year Percent Change: Prior Year Difference / 2018 count of facilities with a reported measure score greater than or equal to the 2018 Mean

Facilities with Measures greater than or equal to 90th Percentile

- Percentage for 2019: *Numerator:* count of facilities with a reported measure score greater than or equal to the 90th Percentile value (reported value from the data source) for 2019. *Denominator:* count of all facilities in the data source for 2019.
- Count for 2019: count of facilities with a reported measure score greater than or equal to the 90th Percentile value (reported value from the data source) for 2019
- Prior Year Difference: 2019 count of facilities with a reported measure score greater than or equal to the 2019 90th Percentile value (reported value from the data source) – 2018 count of facilities with a reported measure score greater than or equal to the 2018 90th Percentile value (reported value from the data source).
- Prior Year Percent Change: Prior Year Difference / 2018 count of facilities with a reported measure score greater than or equal to the 2018 90th Percentile value (reported value from the data source).

Facilities with Measures greater than or equal to 95th Percentile

- Percentage for 2019: *Numerator:* count of facilities with a reported measure score greater than or equal to the 95th Percentile value (reported value from the data source) for 2019. *Denominator:* count of all facilities in the data source for 2019.
- Count for 2019: count of facilities with a reported measure score greater than or equal to the 95th Percentile value (reported value from the data source) for 2019
- Prior Year Difference: 2019 count of facilities with a reported measure score greater than or equal to the 2019 95th Percentile value (reported value from the data source) – 2018 count of facilities with a reported measure score greater than or equal to the 2018 95th Percentile value (reported value from the data source).
- Prior Year Percent Change: Prior Year Difference / 2018 count of facilities with a reported measure score greater than or equal to the 2018 95th Percentile value (reported value from the data source).

Facilities with Measures less than 10th Percentile

- Percentage for 2019: *Numerator:* count of facilities with a reported measure score less than the 10th Percentile value (reported value from the data source) for 2019. *Denominator:* count of all facilities in the data source for 2019.
- Count for 2019: count of facilities with a reported measure score less than the 10th Percentile value (reported value from the data source) for 2019
- Prior Year Difference: 2019 count of facilities with a reported measure score less than the 2019 10th Percentile value (reported value from the data source) – 2018 count of facilities with a reported measure score less than the 2018 10th Percentile value (reported value from the data source).
- Prior Year Percent Change: Prior Year Difference / 2018 count of facilities with a reported measure score less than the 2018 10th Percentile value (reported value from the data source).

Facilities with Measures less than 5ᵗʰ Percentile

- Percentage for 2019: *Numerator:* count of facilities with a reported measure score less than the 5th Percentile value (reported value from the data source) for 2019. *Denominator:* count of all facilities in the data source for 2019.
- Count for 2019: count of facilities with a reported measure score less than the 5th Percentile value (reported value from the data source) for 2019
- Prior Year Difference: 2019 count of facilities with a reported measure score less than the 2019 5th Percentile value (reported value from the data source) – 2018 count of facilities with a reported measure score less than the 2018 5th Percentile value (reported value from the data source).
- Prior Year Percent Change: Prior Year Difference / 2018 count of facilities with a reported measure score less than the 2018 5th Percentile value (reported value from the data source).
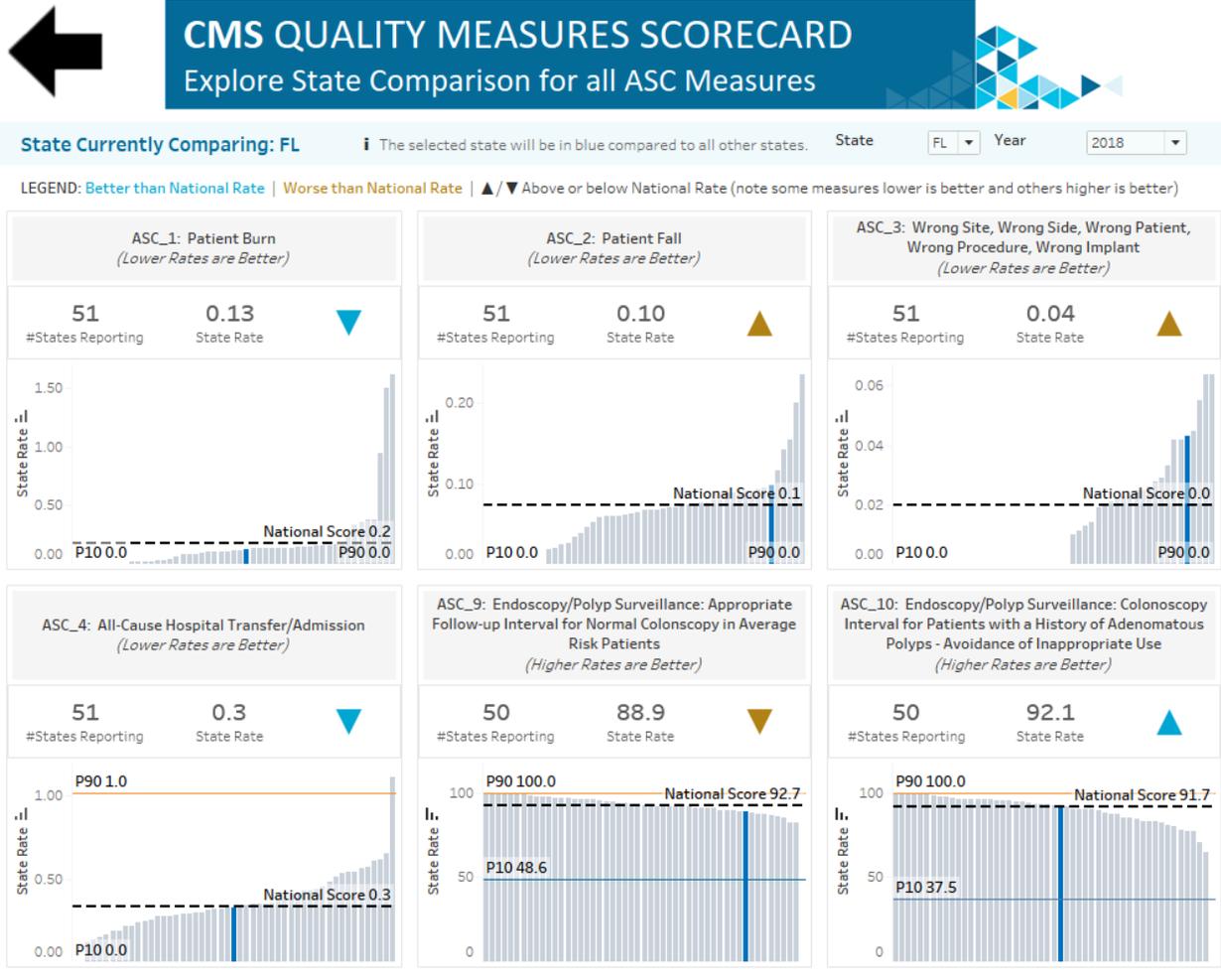
State Comparison for All ASC Measures

CMS QUALITY MEASURES SCORECARD
Explore State Comparison for all ASC Measures

State Currently Comparing: FL   i The selected state will be in blue compared to all other states.   State [FL ▼] Year [2018 ▼]

LEGEND: Better than National Rate | Worse than National Rate | ▲/▼ Above or below National Rate (note some measures lower is better and others higher is better)

ASC_1: Patient Burn
(Lower Rates are Better)

51	0.13	▼
#States Reporting	State Rate	

National Score 0.2
P10 0.0   P90 0.0

ASC_2: Patient Fall
(Lower Rates are Better)

51	0.10	▲
#States Reporting	State Rate	

National Score 0.1
P10 0.0   P90 0.0

ASC_3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
(Lower Rates are Better)

51	0.04	▲
#States Reporting	State Rate	

National Score 0.0
P10 0.0   P90 0.0

ASC_4: All-Cause Hospital Transfer/Admission
(Lower Rates are Better)

51	0.3	▼
#States Reporting	State Rate	

P90 1.0
National Score 0.3
P10 0.0

ASC_9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonscopy in Average Risk Patients
(Higher Rates are Better)

50	88.9	▼
#States Reporting	State Rate	

P90 100.0   National Score 92.7
P10 48.6

ASC_10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use
(Higher Rates are Better)

50	92.1	▲
#States Reporting	State Rate	

P90 100.0   National Score 91.7
P10 37.5

Description

The State Comparison for All ASC Measures report displays states comparative scores for current measures for the selected year. Included are the number of reporting states, the selected state's numeric rate, and a symbol indicating if the score is above or below the national rate. Symbols in blue indicate the selected state's score is better than the national rate; brown symbols, worse than national rate (symbols of gray circles indicate no reported score).

Interactivity

- At the top of the report, the user can select the desired state and year for comparison and analysis. The selected state will display in the charts as a blue bar.

State Currently Comparing: ME   The selected state will be in blue compared to all other states.   State [ME ▼] Year [2018 ▼]

- Hover over any bar in the charts for supplemental information.

- **Return to Overall Page:** At the top right of the report, a Back-Arrow button will navigate the user directly back to the Overall Page.

Report Element Definitions and Calculations

For Measures where Lower Rate is Better:
- ○ Symbol pointing down indicates the measure score is below the national rate.
- ○ Blue color indicates the measure score is better than the national rate.

- ○ Symbol pointing up indicates the measure score is above the national rate.
- ○ Brown color indicates the measure score is worse than the national rate.

For Measures where Higher Rate is Better:
- ○ Symbol pointing up indicates the measure score is above the national rate.
- ○ Blue color indicates the measure score is better than national rate.

- ○ Symbol pointing down indicates the measure score is below the national rate.
- ○ Brown color indicates the measure score is worse than the national rate.

-------------- = National Average Score

_____ = 90th Percentile

_____ = 10th Percentile

State Comparison for Related Measures

CMS QUALITY MEASURES SCORECARD
State Comparisons of Related Measures: ASCQR to Hospital OQR

State Currently Comparing: FL   i The selected state will be in blue compared to all other states.   State [FL ▼]   Year [2018 ▼]

LEGEND: Better than National Rate | Worse than National Rate | ▲/▼ Above or below National Rate (note some measures lower is better and others higher is better)

ASC_9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonscopy in Average Risk Patients
(Higher Rates are Better)

50	88.9	▼
#States Reporting	State Rate	

P90 100.0
National Score 92.7
P10 48.6

OP_29: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonscopy in Average Risk Patients
(Higher Rates are Better)

51	89.0	▲
#States Reporting	State Rate	

P90 100.0
National Score 89.0
P10 68.0

ASC_11: Cataracts - Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
(Higher Rates are Better)

42	100.0	▲
#States Reporting	State Rate	

P90 100.0
National Score 100.0
P10 85.7

OP_31: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
(Higher Rates are Better)

25	97.0	▼
#States Reporting	State Rate	

P90 100.0
National Score 98.0
P10 95.0

Description

The State Comparison for All Related Measures report displays states comparative scores for current measures for the selected year. Included are the number of reporting states, the selected state's numeric rate, and a symbol indicating if the score is above or below the national rate. Symbols in blue indicate the selected state's score is better than the national rate; brown symbols, worse than national rate (symbols of gray circles indicate no reported score).

Interactivity

- At the top of the report, the user can select the desired state and year for comparison and analysis. The selected state will display in the chart as a blue bar.

-

State Currently Comparing: ME   ℹ️ The selected state will be in blue compared to all other states.   State [ME ▼]   Year [2018 ▼]

- Hover over any bar in the charts for supplemental information.

- **Return to Overall Page:** At the top right of the report, a Back-Arrow button will navigate the user directly back to the Overall Page.

Report Element Definitions and Calculations

For Measures where Lower Rate is Better:
  ▼
- o   Symbol pointing down indicates the measure score is below the national rate
- o   Blue color indicates the measure score is better than the national rate

  ▲
- o   Symbol pointing up indicates the measure score is above the national rate
- o   Brown color indicates the measure score is worse than the national rate
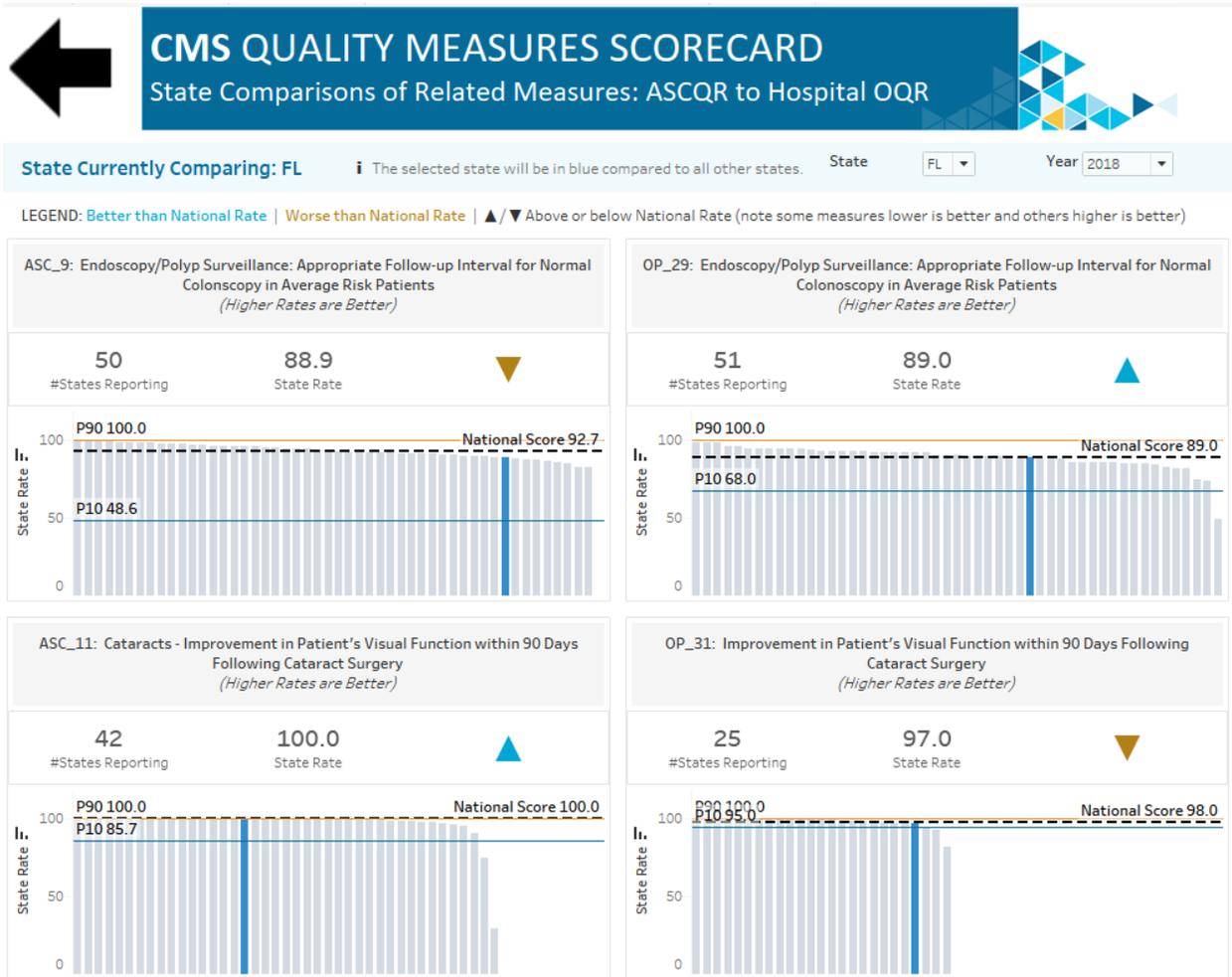
For Measures where Higher Rate is Better:
  ▲
- o   Symbol pointing up indicates the measure score is above the national rate
- o   Blue color indicates the measure score is better than national rate
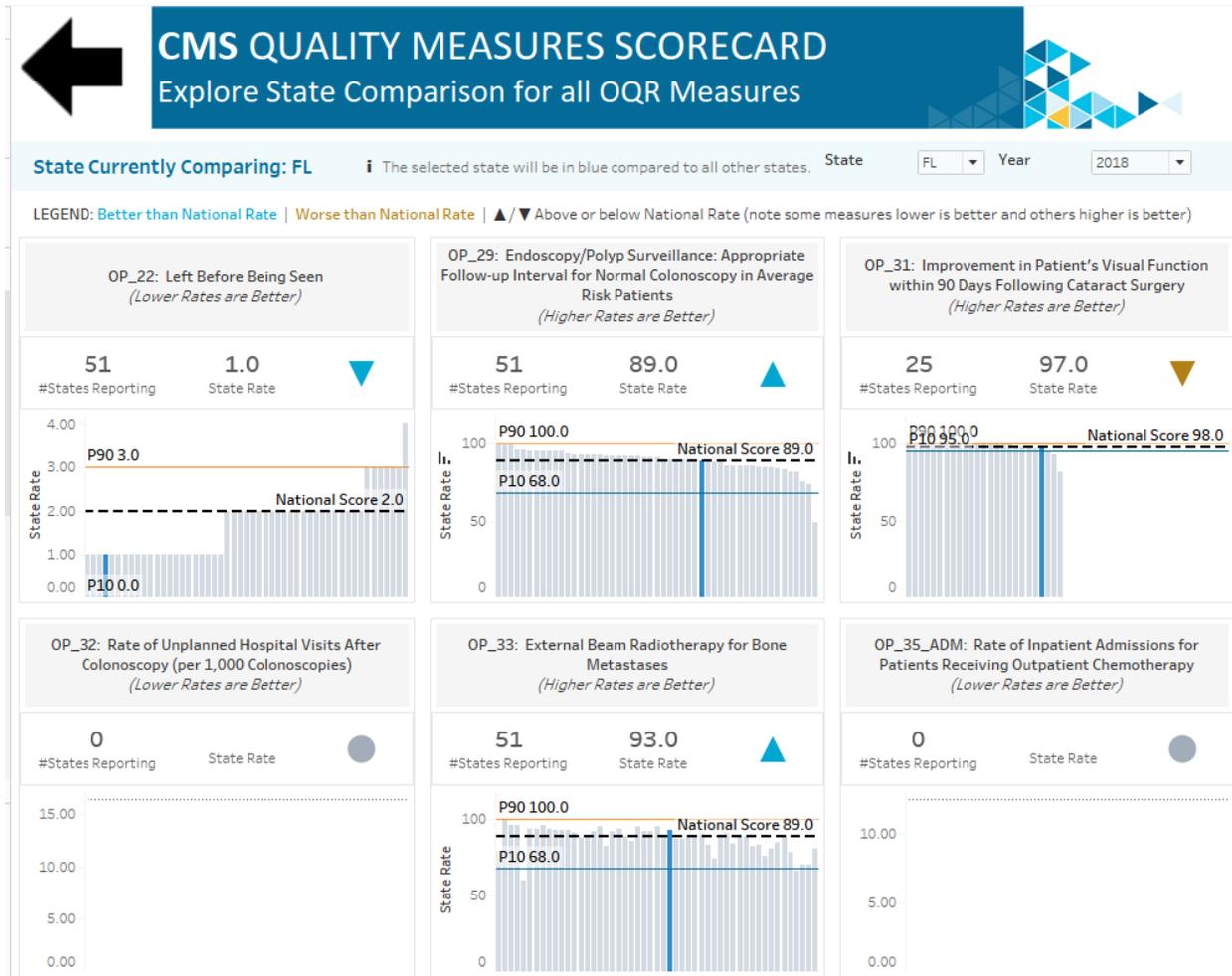
  ▼
- o   Symbol pointing down indicates the measure score is below the national rate
- o   Brown color indicates the measure score is worse than the national rate

-------------- = National Average Score
_____ = 90th Percentile
_____ = 10th Percentile

CMS QUALITY MEASURES SCORECARD
Explore State Comparison for all OQR Measures

State Currently Comparing: FL   **i** The selected state will be in blue compared to all other states.   State [FL ▼]   Year [2018 ▼]

LEGEND: Better than National Rate | Worse than National Rate | ▲/▼ Above or below National Rate (note some measures lower is better and others higher is better)

OP_22: Left Before Being Seen
(Lower Rates are Better)

51	1.0	▼
#States Reporting	State Rate	

OP_29: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
(Higher Rates are Better)

51	89.0	▲
#States Reporting	State Rate	

OP_31: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
(Higher Rates are Better)

25	97.0	▼
#States Reporting	State Rate	

OP_32: Rate of Unplanned Hospital Visits After Colonoscopy (per 1,000 Colonoscopies)
(Lower Rates are Better)

0	State Rate	●
#States Reporting		

OP_33: External Beam Radiotherapy for Bone Metastases
(Higher Rates are Better)

51	93.0	▲
#States Reporting	State Rate	

OP_35_ADM: Rate of Inpatient Admissions for Patients Receiving Outpatient Chemotherapy
(Lower Rates are Better)

0	State Rate	●
#States Reporting		

Description

The State Comparison for All OQR Measures report displays states comparative scores for current measures for the selected year. Included are the number of reporting states, the selected state's numeric rate, and a symbol indicating if the score is above or below the national rate. Symbols in blue indicate the selected state's score is better than the national rate; brown symbols, worse than national rate (symbols of gray circles indicate no reported score).

Interactivity

- At the top of the report, the user can select the desired state and year for comparison and analysis. The selected state will display in the chart as a blue bar.

State Currently Comparing: ME | The selected state will be in blue compared to all other states. | State ME ▾ | Year 2018 ▾

- Hover over any bar in the charts for supplemental information.

- **Return to Overall Page:** At the top right of the report, a Back-Arrow button will navigate the user directly back to the Overall Page.

Report Element Definitions and Calculations

For Measures where Lower Rate is Better:

▼
- o Symbol pointing down indicates the measure score is below the national rate.
- o Blue color indicates the measure score is better than the national rate.

▲
- o Symbol pointing up indicates the measure score is above the national rate.
- o Brown color indicates the measure score is worse than the national rate.

For Measures where Higher Rate is Better:

▲
- o Symbol pointing up indicates the measure score is above the national rate.
- o Blue color indicates the measure score is better than national rate.

▼
- o Symbol pointing down indicates the measure score is below the national rate.
- o Brown color indicates the measure score is worse than the national rate.

-------------- = National Average Score

_____ = 90th Percentile

_____ = 10th Percentile