



Welcome to a  
Special Edition of  
The Daily News

Tonight's Topic:  
Public Reporting and You

*Hospital Outpatient Quality Reporting (OQR) Program*  
Support Contractor

# Learning Objectives

At the conclusion of this program, attendees will be able to:

- ✓ Describe the Next Generation platform.
- ✓ Effectively access publicly available data.
- ✓ Search, filter, and export data related to this program.



The Daily News  
with  
Angela Anchor



QUALITY REPORTING NEWS NETWORK

# Importance of Public Reporting

- For hospitals:
  - Promote transparency
  - Provide consistent, unified, reliable information for comparison
  - Encourage quality improvement
- For consumers:
  - Promote empowerment
  - Provide data for outcome comparison



**FieldReporter: Betty News-Break**  
**Live on the Scene at Next Generation HQ**



# Next Generation Changes

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- Redesigned, interactive format
  - Begins with next preview period
- Based on stakeholder insight
- Provides a universal platform across multiple programs
- Consistent across programs
- Aligns with Hospital Compare

# Not Changing

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- Submission deadlines
- QualityNet Usernames and Passwords
- Measures displayed

# Log In

[www.qualitynet.org](http://www.qualitynet.org)

The screenshot displays the QualityNet website interface. At the top, the QualityNet logo is on the left, and a search bar is on the right. Below the logo, there is a 'Log In' button highlighted with an orange box. The main navigation bar includes links for Home, My QualityNet, and Help. Below this, a row of dropdown menus lists various facility types: Hospitals - Inpatient, Hospitals - Outpatient, Physician Offices, Ambulatory Surgical Centers, PPS-Exempt Cancer Hospitals, ESRD Facilities, Inpatient Psychiatric Facilities, and Quality Improvement. The main content area is divided into three columns. The left column contains 'QualityNet Registration' and 'Getting Started with QualityNet'. The middle column features 'QualityNet News' with a link to 'CMS releases HSRs for FY 2019 Readmissions Reduction Program; Review and Corrections period begins' and a 'Full Article »' link. The right column has a 'Log in to QualityNet Secure Portal' section with a 'Login' button highlighted by an orange box and a list of resources including Symantec ID, Portal Resources, Secure File Transfer Resources, and Secure Portal Enrollment Training.

**QualityNet**

Log in to QualityNet Secure Portal (formerly MyQualityNet)

Log In

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

**QualityNet Registration**

- Hospitals - Inpatient
- Hospitals - Outpatient
- ASCs
- Cancer Hospitals
- ESRD Facilities
- Inpatient Psychiatric Facilities

**Getting Started with QualityNet**

- Registration

**QualityNet News** [More News »](#)

**CMS releases HSRs for FY 2019 Readmissions Reduction Program; Review and Corrections period begins**

The Centers for Medicare & Medicaid Services (CMS) has released Hospital Readmissions Reduction Program Hospital-Specific Reports (HSRs) via the *QualityNet Secure Portal*. These reports summarize hospitals' results under the new stratified methodology and include payment adjustment factor information, dual stays as well as national readmission rates, detailed discharge-level data, and risk factor information for the calculations of the Excess Readmission Ratios (ERRs).

The 30-day Review and Corrections Period opened on August 16, 2018 and will close on September 14, 2018.

[Full Article »](#)

**Log in to QualityNet Secure Portal**

Login

- Download Symantec ID (**required** for login)
- Portal Resources
- Secure File Transfer Resources
- Secure Portal Enrollment Training, WMV



# Select Next Generation



## Choose Your QualityNet Destination

Please select your QualityNet destination to reach the correct login screen for your QualityNet portal.

Select Your QualityNet Destination

Select Your QualityNet Destination

Secure File Transfer

CMS Data Element Library

End-Stage Renal Disease Quality Reporting System

Ambulatory Surgical Center Quality Reporting Program

PPS-Exempt Cancer Hospital Quality Reporting Program

Inpatient Hospital Quality Reporting Program

Inpatient Psychiatric Facility Quality Reporting Program

Outpatient Hospital Quality Reporting Program

Quality Improvement Organizations

OIES Business Intelligence Center

HQR Next Generation

# Access Secure Portal

**CMS.gov** | QualityNet  
Centers for Medicare & Medicaid Services

### Log In to QualityNet \* Required Field

Please enter your CMS User ID and password, followed by your Symantec VIP Security Code, then click Submit.

\* User ID

\* Password

\* Security Code

### ? Help

**Start/Complete New User Enrollment**

[Forgot your password?](#)

[Trouble with your Security Code?](#)

[Need to register for a QualityNet account?](#)

[QualityNet Home](#) **CMS.gov** | QualityNet

A federal government website managed by the Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Baltimore, MD 21244



# Single Facility Dashboard

CMS.gov | QualityNet

## ABC Hospital

[Home](#)

ADAMS1 | [Logout](#)

New



### [Public Reporting](#)

[Preview of Hospital Compare data prior to public display.](#)

# Multiple Facility Dashboard

The screenshot displays the CMS.gov QualityNet Multiple Facility Dashboard for ABC Hospital. The dashboard includes a header with the CMS.gov logo and QualityNet text. The main content area features a 'Change Facility' button, a 'Public Reporting' section with a pencil icon and a link to 'Public Reporting', and a list of facilities. An orange callout box highlights the 'Change Facility' button and the search interface.

**Change Facility**

Search or sort to select another provider.

Search

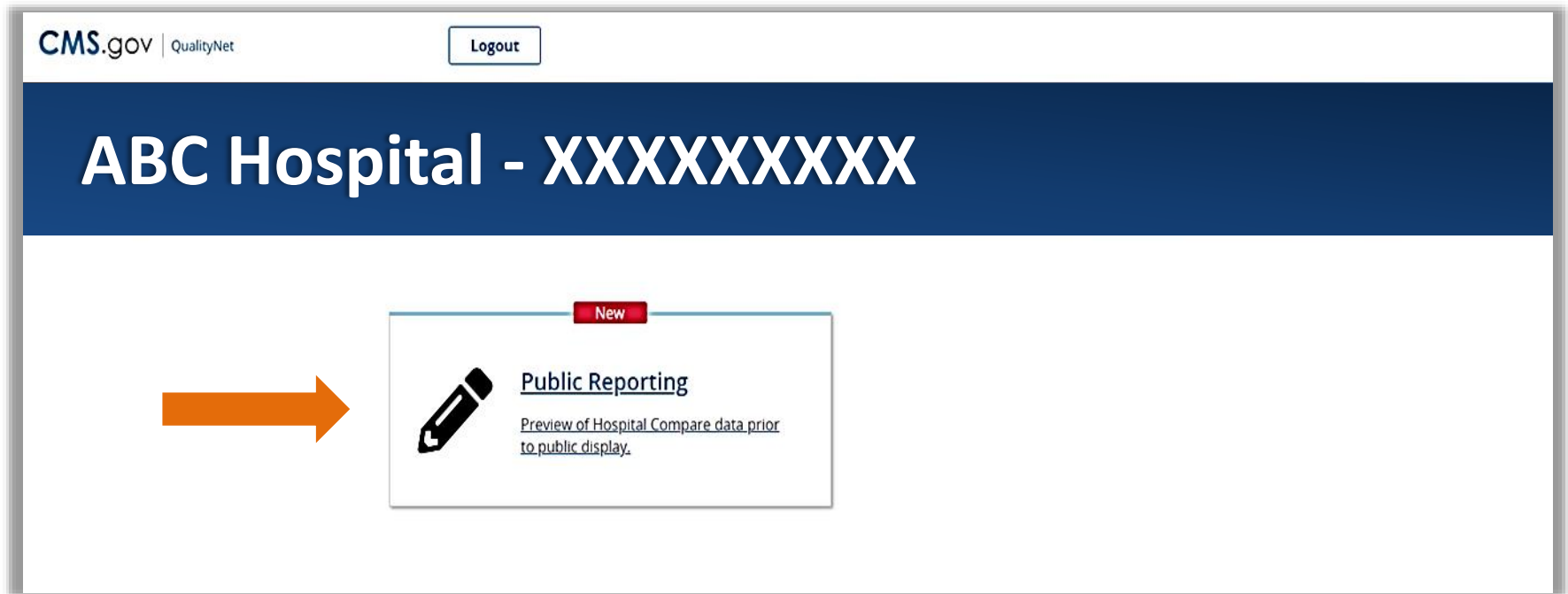
Reset

Name	CCN	
XYZ Hospital	XXXXXXXX	<a href="#">Select</a>
XYZ Hospital	XXXXXXXX	<a href="#">Select</a>
XYZ Hospital	XXXXXXXX	<a href="#">Select</a>
XYZ Hospital	XXXXXXXX	<a href="#">Select</a>
XYZ Hospital	XXXXXXXX	<a href="#">Select</a>
XYZ Hospital	XXXXXXXX	<a href="#">Select</a>
XYZ Hospital	XXXXXXXX	<a href="#">Select</a>
XYZ Hospital	XXXXXXXX	<a href="#">Select</a>
XYZ Hospital	XXXXXXXX	<a href="#">Select</a>

« 1 2 3 4 5 »

Cancel

# Choose Public Reporting



# Landing Page

**CMS.gov** | QualityNet

## ABC Hospital

Home ADAMS1 | Logout

[Star Rating](#)[Measure Data](#)

**Star Rating Preview:** ★★☆☆☆

Summary Score: **-0.78**

**Facility Details**

Type of Facility: **Mock Facility**

Type of Ownership: **Mock Ownership**

Emergency Service: **Mock Emergency Service**

**Measure Score Groups**

Do you know how your Star Ratings are calculated by Hospital Compare?

[Learn More](#)

+ Effectiveness of Care	Performance: Average
+ Patient Experience	Performance: Worse

# Star Ratings

Effective Use of Medical Imaging

Performance: Better

### Understanding Star Ratings

Measure group scores are composite scores based on the measures submitted within a measure group. Generally, group scores higher than the national average indicate better performance against nationwide benchmarks.

Each group score is assigned a weight and then used to calculate a Summary Score. This Summary Score informs the Star Rating. The graph here displays default weighting when data for all measure groups are submitted.

Find more information [here](#).

Measure	Weighting
Mortality	22%
Safety	22%
Timeliness	4%
Effectiveness	4%
Medical Imaging	4%
Readmission	22%
Patient Experience	22%
(Unlabeled)	4%

CMS.gov | QualityNet

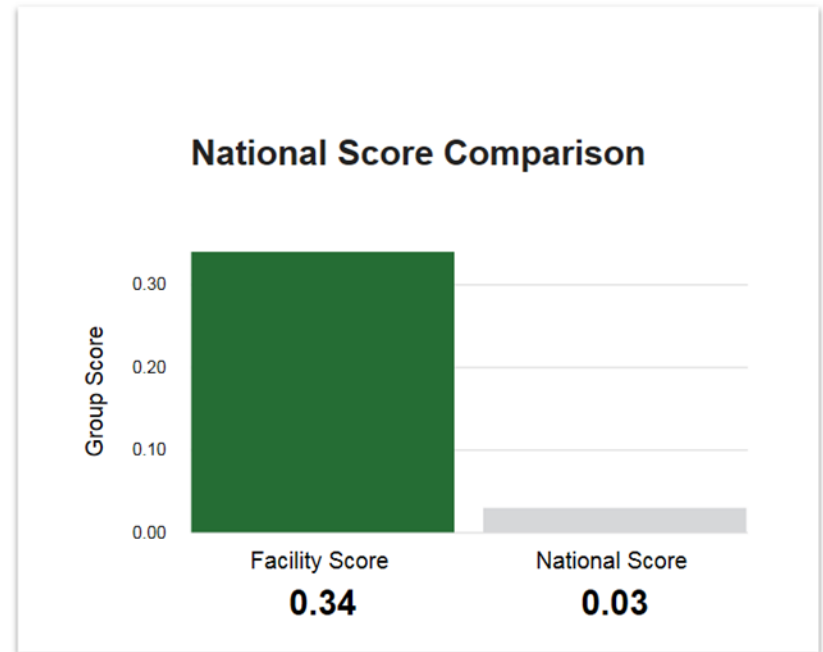
[CMS.gov](#) [QualityNet.org](#) [About QualityNet](#) [QualityNet Help Desk](#) [Help](#) [Access Instructions](#)  
[Accessibility](#) [Privacy Policy](#) [Terms of Use](#)

# Star Ratings (cont.)

## — Effectiveness of Care

Performance:  
**Average**

Scored Measures: 8





# Measure Page Overview


CMS.gov | QualityNet

ABC Hospital

HomeADAMS1 | Logout

Star RatingMeasure Data

Measure Data

Explore your measure data benchmarks for the current or previous release period(s). Use the filters below to refine your feedback, and access supplemental info for any value with the info icon (  ) or an asterisk (\*).

Export Data

Search

Release

Level

Performance

Clear Filters

+ Survey of Patients' Experience

+ Timely and Effective Care

+ Structural Measures

# Timely and Effective Care

## — Timely and Effective Care

### Sepsis

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
SEP-1	20.0%*	50*	22.0%*	23.0%*	12.0%

### Venous Thromboembolism Prevention

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
VTE-6	15.0%*	200*	20.0%*	30.0%*	10.0%

### Emergency Department Care

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
ED-1b	30 minutes*	150*	30 minutes*	35 minutes*	45 minutes
ED-2b	30 minutes*	150*	30 minutes*	35 minutes*	45 minutes
OP-18b	30 minutes*	200*	30 minutes*	35 minutes*	45 minutes
OP-18c	30 minutes*	1000*	30 minutes*	35 minutes*	45 minutes
OP-20	30 minutes*	2500*	30 minutes*	35 minutes*	45 minutes
OP-21	N/A*	N/A*	60 minutes*	95 minutes*	45 minutes
OP-22	30.0%*	N/A*	30.0%*	35.0%*	45.0%
OP-23	N/A*	N/A*	N/A*	N/A*	N/A

# Modals

## — Timely and Effective Care

### Sepsis








	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
 SEP-1	20.0% *	50 *	22.0% *	23.0% *	12.0%

### Venous Thromboembolism Prevention

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
 VTE-6	15.0% *	200 *	20.0% *	30.0% *	10.0%

### Emergency Department Care

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
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 OP-18b	30 minutes *		 30 minutes *	35 minutes *	45 minutes
 OP-18c	30 minutes	1000 *	30 minutes *	35 minutes *	45 minutes
 OP-20	30 minutes *	2500 *	30 minutes *	35 minutes *	45 minutes
 OP-21	N/A *	N/A *	60 minutes *	95 minutes *	45 minutes
 OP-22	30.0% *	N/A *	30.0% *	35.0% *	45.0%
 OP-23	N/A *	N/A *	N/A *	N/A *	N/A

activate to view OP-18b supplemental information

# Measure Details

✕ Close

## OP-18b: Details

**Description:**

Median Time from ED Arrival to ED Departure for Discharged ED Patients

**Reporting Period:**

Q1 (2016) - Q2 (2016)

[Cancel](#)

# Facility Rate Modal

— Timely and Effective Care					
Sepsis					
	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
SEP-1	20.0%*	50*	22.0%*	23.0%*	12.0%
Venous Thromboembolism Prevention					
	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
VTE-6	15.0%*	200*	20.0%*	30.0%*	10.0%
Emergency Department Care					
	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
ED-1b	30 minutes*	150*	30 minutes*	35 minutes*	45 minutes
ED-2b	30 minutes*	200*	30 minutes*	35 minutes*	45 minutes
OP-18b	30 minutes*	200*	30 minutes*	35 minutes*	45 minutes
OP-18c	30 minutes*	1000*	30 minutes*	35 minutes*	45 minutes
OP-21	N/A*	N/A*	60 minutes*	95 minutes*	45 minutes
OP-22	30.0%*	N/A*	30.0%*	35.0%*	45.0%
OP-23	N/A*	N/A*	N/A*	N/A*	N/A

30 minutes\*

200\*

activate to view 30 minutes supplemental information

30 minutes\*

1000\*

# Facility Rate Details

✕ Close

## OP-18b Facility Rate: Details

**Footnote(s):**

( 17 ) - This hospital's star rating only includes data reported on inpatient services.

( 18 ) - This result is not based on performance data; the hospital did not submit data and did not submit an HAI exemption form.

**Your Hospital ED Volume Category:**

Low

Cancel

Important Note for  
ED Volume:

Low: 1-19,999  
Medium: 20,000-39,999  
High: 40,000-59,999  
Very High: 60,000+

# State Rate Modal

## — Timely and Effective Care

### Sepsis

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
SEP-1	20.0% *	50 *	22.0% *	23.0% *	12.0%

### Venous Thromboembolism Prevention

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
VTE-6	15.0% *	200 *	20.0% *	30.0% *	10.0%

### Emergency Department Care

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
ED-1b	30 minutes *	150 *	30 minutes *	35 minutes *	45 minutes
ED-2b	30 minutes *	150 *	30 minutes *	35 minutes *	45 minutes
OP-18b	30 minutes *	200 *	30 minutes *	35 minutes *	45 minutes
OP-18c	30 minutes *	1000 *	30 minutes *	35 minutes *	45 minutes
OP-20	30 minutes *	2500 *	30 minutes *	35 minutes *	45 minutes
OP-21	N/A *	N/A *	60 minutes *	95 minutes *	45 minutes
OP-22	30.0% *	N/A *	30.0% *	35.0% *	45.0%
OP-23	N/A *	N/A *	N/A *	N/A *	N/A

30 minutes \*

# State Rate Details

✕ Close

OP-18b State Rate:  
Details

**Footnote(s):**  
( 5 ) - Results are not available for this reporting period.

**State ED Volume Category  
Reference:**  
Low: 30 minutes  
Medium: 35 minutes  
High: 45 minutes  
Very High: 55 minutes

Cancel



# Search Feature


## ABC Hospital

HomeADAMS1 | Logout

Star Rating

Measure Data

### Measure Data

Explore your measure data benchmarks for the current or previous release period(s). Use the filters below to refine your feedback, and access supplemental info for any value with the info icon (  ) or an asterisk (\*).

Export Data

Search

OP-18b

Release

Level

Select

Performance

Select

Clear Filters


+ Timely and Effective Care

# Filtering by Release

[Home](#)ADAMS1 | [Logout](#)

[Star Rating](#)[Measure Data](#)

## Measure Data

Explore your measure data benchmarks for the current or previous release period(s). Use the filters below to refine your feedback, and access supplemental info for any value with the info icon (  ) or an asterisk (\*).

[Export Data](#)

Search

Release

Level

Select


Performance

Select

[Clear Filters](#)

# Filtering by Better Performance

## Measure Data

Explore your measure data benchmarks for the current or previous release period(s). Use the filters below to refine your feedback, and access supplemental info for any value with the info icon (  ) or an asterisk (\*).

[Export Data](#)

Search

Release

Level

Performance

[Clear Filters](#)

+ Timely and Effective Care

+ Continuity of Care

+ Substance Use Treatment

+ Patient Experience

+ Use of Medical Imaging

# Filtering by Worse Performance

Search

Release

Level

National

Performance

Worse

Clear Filters

+ Timely and Effective Care

+ Continuity of Care

+ Substance Use Treatment

+ Patient Experience

+ Preventative Care and Screening

- Use of Medical Imaging

Imaging Efficiency

	Number of Patients / Scans	Facility Rate	State Rate	National Rate
OP-10	1500	75%*	88%*	69%*
OP-11	1500	75%*	88%*	69%*
OP-13	1500	75%*	88%*	69%*

# Exporting Your Data


Home

ADAMS1 | Logout

Star Rating

Measure Data

## Measure Data

Explore your measure data benchmarks for the current or previous release period(s). Use the filters below to refine your feedback, and access supplemental info for any value with the info icon (  ) or an asterisk (\*).

Export Data

Search

Release

Level

Performance

Clear Filters

# PDF Exports of Preview Data

ABC Hospital  
CCN-XXXXXXXX

10/11/2018  
Page 29

## Admissions and ED Visits

	Eligible Discharges	Facility Rate (95% int. limits)	National Rate	National Compare	Facility Compared to Averages			
					Better	Same	Worse	Too Few

Rates

### Footnotes:

4. Data suppressed by CMS for one or more quarters.

## Procedure Specific Outcomes

	Eligible Discharges	Facility Rate (95% int. limits)	National Rate	National Compare	Facility Compared to Averages				
					Better	Same	Worse	Too Few	
OP-32 Q1 (2016) - Q2 (2016)	120(4)	0.113(4) (0.093, 0.133)	13.6	Better	State	1	39	0	5
					Nation	41	2321	22	1926

### Footnotes:

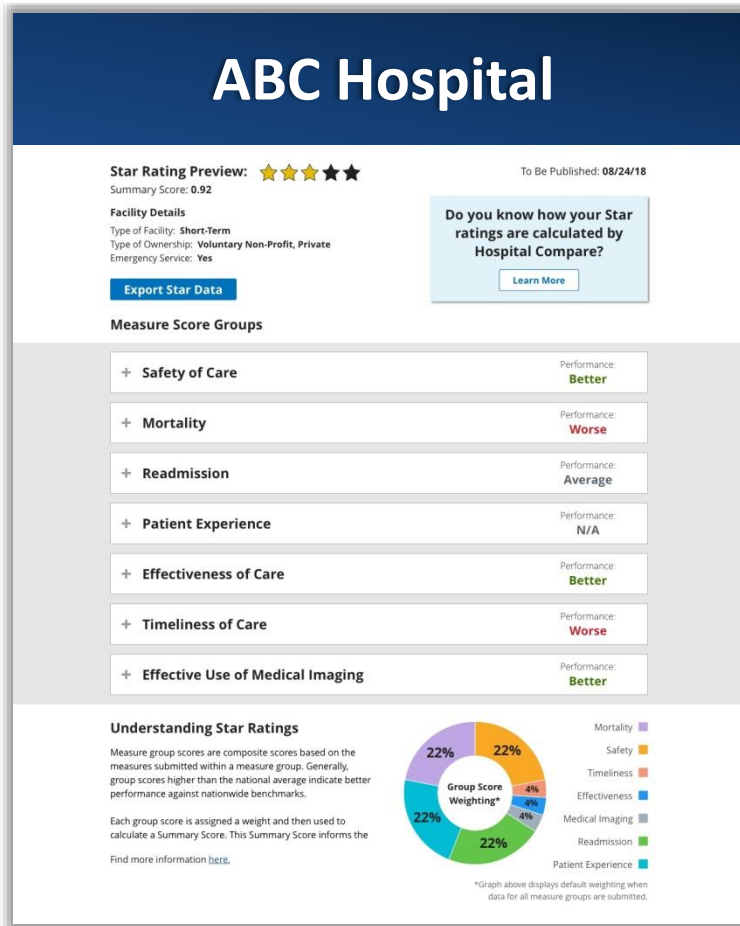
4. Data suppressed by CMS for one or more quarters.

## Excess Days in Acute Care

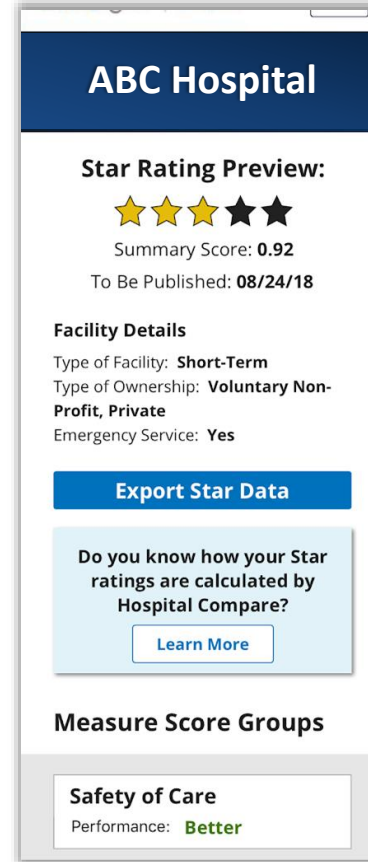
	Eligible Discharges	Patients Included	Returned to a Hospital	Measr. Days (95% int. limits)	Compare	Facility Compared to Averages (Days)				
						Fewer	Same	More	Too Few	
EDAC-30-AMI Q1 (2016) - Q2 (2016) Excess Days in Acute Care after Hospitalization for	120(4)	N/A(4)	N/A(13)	0.113(4) (0.093, 0.133)	Better	State	1	5	0	5
						Nation	41	1926	22	1926

# New Access Methods

## Tablet



## Mobile





The Daily News  
with  
Angela Anchor



QUALITY REPORTING NEWS NETWORK





**LIVE**

Dow Jones ↑ 300...CDRs expected to be released in late May...FSRs expected to follow...Tampa, FL, 9



**Joining us in the studio today: Dale E. Buzz  
Hospital Compare Website Specialist**

# Measure Groups

The screenshot shows a web application interface for 'Measure Data'. At the top, there's a navigation bar with 'Home' and 'ADAMS1 | Logout'. Below this, there are two tabs: 'Star Rating' and 'Measure Data'. The 'Measure Data' tab is active. Under the 'Measure Data' heading, there's a sub-header 'Measure Data' and a descriptive text: 'Explore your measure data benchmarks for the current or previous release period(s). Use the filters below to refine your feedback, and access supplemental info for any value with the info icon (i) or an asterisk (\*)'. Below this text is an 'Export Data' button. A filter bar contains four sections: 'Search' with a text input field, 'Release' with a dropdown menu, 'Level' with a dropdown menu showing 'Select', and 'Performance' with a dropdown menu showing 'Select'. A 'Clear Filters' button is on the right. Below the filter bar, there are three expandable measure groups, each with a plus icon and a title: '+ Survey of Patients' Experience', '+ Timely and Effective Care', and '+ Structural Measures'. The '+ Structural Measures' group is highlighted with an orange border.

## Measure Groups for OQR:

- Timely and Effective Care
- Structural Measures
- Unplanned Hospital Visits
- Surgical Procedure Volume
- Use of Medical Imaging

# Timely and Effective Care

## Timely and Effective Care

### Sepsis

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
SEP-1	20.0% *	50 *	22.0% *	23.0% *	12.0%

### Venous Thromboembolism Prevention

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
VTE-6	15.0% *	200 *	20.0% *	30.0% *	10.0%

### Emergency Department Care

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
ED-1b	30 minutes *	150 *	30 minutes *	35 minutes *	45 minutes
ED-2b	30 minutes *	150 *	30 minutes *	35 minutes *	45 minutes

OP-18b	30 minutes *	200 *	30 minutes *	35 minutes *	45 minutes
OP-18c	30 minutes *	1000 *	30 minutes *	35 minutes *	45 minutes
OP-20	30 minutes *	2500 *	30 minutes *	35 minutes *	45 minutes
OP-21	N/A *	N/A *	60 minutes *	95 minutes *	45 minutes
OP-22	30.0% *	N/A *	30.0% *	35.0% *	45.0%
OP-23	N/A *	N/A *	N/A *	N/A *	N/A

# Timely and Effective Care (cont.)

## Healthcare Personnel Influenza Vaccination

	Facility's Adherence Rate	State Adherence Rate	National Adherence Rate
IPFQR-HCP-FluVac	N/A	N/A	N/A
OP-27	90.0%	95.0%	99.0%
IMM-3	92.0%	93.0%	94.0%

## Perinatal Care

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
PC-01	10.0% *	50 *	12.0% *	20.0% *	12.0%

## Cardiac Care

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
OP-1	10.0% *	1200 *	12.0% *	20.0% *	12.0%
OP-2	10.0% *	50 *	12.0% *	20.0% *	12.0%
OP-3b	10.0% *	150 *	12.0% *	20.0% *	12.0%
OP-4	10.0% *	300 *	12.0% *	20.0% *	12.0%
OP-5	10.0% *	900 *	12.0% *	20.0% *	12.0%

# Timely and Effective Care (cont.)

Cancer Care					
	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
<b>i</b> OP-33	10% *	600 *	12% *	20% *	12%
Cataracts					
	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
<b>i</b> OP-31	10% *	120 *	12% *	20% *	12%
Colonoscopy					
	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
<b>i</b> OP-29	15% *	8900	68% *	79% *	29%
<b>i</b> OP-30	15% *	8900	68% *	79% *	29%

# Structural Measures

## — Structural Measures

### Structural Measures

#### Measure Response

**i** SM-5

Yes

**i** SM-6

No

**i** OP-12

N/A \*

**i** OP-17

N/A \*


**i** OP-25

N/A \*

# Unplanned Hospital Visits

## — Unplanned Hospital Visits

### Procedure Specific Outcomes

	Eligible Discharges	Facility Rate	National Rate	National Compare
 OP-32	120 *	0.113 *	13.6 *	Better

# Surgical Procedure Volume

## — Surgical Procedure Volume

### Surgical Procedure Volume

	GI	GU	Nervous System	MS	CV	Eye	Skin	Resp.	Other
<b>i</b> OP-26	50 *	70 *	90	110	130 *	250	270	300 *	20

#### **Cheat Sheet:**

GI-Gastrointestinal  
GU-Genitourinary  
MS-Musculoskeletal  
CV-Cardiovascular  
Resp-Respiratory



# Use of Medical Imaging

## — Use of Medical Imaging

### Imaging Efficiency

	Number of Patients / Scans	Facility Rate	State Rate	National Rate
<b>i OP-8</b>	500	95% <sup>*</sup>	98% <sup>*</sup>	99% <sup>*</sup>
<b>i OP-9</b>	8900	15% <sup>*</sup>	68% <sup>*</sup>	79% <sup>*</sup>
<b>i OP-10</b>	1500	75% <sup>*</sup>	88% <sup>*</sup>	69% <sup>*</sup>
<b>i OP-11</b>	1500	75% <sup>*</sup>	88% <sup>*</sup>	69% <sup>*</sup>
<b>i OP-13</b>	1500	75% <sup>*</sup>	88% <sup>*</sup>	69% <sup>*</sup>
<b>i OP-14</b>	500	95% <sup>*</sup>	98% <sup>*</sup>	99% <sup>*</sup>

# Interpreting Data

Search

Release

Level

National

Performance

Worse

Clear Filters

## — Use of Medical Imaging

### Imaging Efficiency

	Number of Patients / Scans	Facility Rate	State Rate	National Rate
<b>i</b> OP-10	1500	75% *	88% *	69% *
<b>i</b> OP-11	1500	75% *	88% *	69% *
<b>i</b> OP-13	1500	75% *	88% *	69% *

# Lower vs. Higher

Lower Percentages/Minutes Are Better	Higher Percentages Are Better
OP-1	OP-2
OP-3b (min)	OP-4
OP-5 (min)	OP-23
OP-8	OP-27
OP-9	OP-29
OP-10	OP-30
OP-11	OP-31
OP-13	OP-33
OP-14	
OP-18b (min)	
OP-20 (min)	
OP-21 (min)	
OP-22	
OP-32	

# Footnotes 1, 3, and 4

- **Footnote 1 (FN1):** The number of cases/patients is too few to report.
- **Footnote 3 (FN3):** Results are based on a shorter time period than required.
  - Hospital elected not to submit data, or had no data to submit, or did not successfully submit data to the warehouse for a measure for one or more but not all possible quarters.
- **Footnote 4 (FN4):** Data suppressed by CMS for one or more quarters.
  - Reserved for CMS use.

# Footnotes 5 and 7

- **Footnote 5 (FN5):** Results are not available for this reporting period.
  - Hospital either elected not to submit data or the hospital had no data to submit for a particular measure for all quarters represented in the current preview period.
- **Footnote 7 (FN7):** No cases met the criteria for this measure.
  - A hospital treated patients in a topic, but no patients met the criteria for inclusion in the measure calculation.

# Footnotes 13, 16, and 17

- **Footnote 13 (FN13):** Results cannot be calculated for this reporting period.
  - In use when data is not available for the calculation.
- **Footnote 16 (FN16):** There are too few measures or measure groups reported to calculate an overall rating or measure group score.
  - In use when reported data for fewer than three measures in any measure group used to calculate overall ratings, or reported data for fewer than three of the measure groups used to calculate ratings, or did not report data for at least one outcomes measure group.
- **Footnote 17 (FN17):** This hospital's overall rating only includes data reported on inpatient services.
  - When a hospital only reports data for inpatient services.

# Footnotes 23, 25–27

- Footnote 23 (FN 23): The data are based on claims that the hospital or facility submitted to CMS. The hospital or facility has reported discrepancies in their claims data.
- Footnote 25 (FN 25): State and national rates do include VHA hospital data.
- Footnote 26: State and national rates do include Department of Defense (DoD) hospital data.
- Footnote 27 (FN 27): The Department of Defense (DoD) TRICARE Inpatient Satisfaction Survey (TRISS) does not represent official HCAHPS results and are not included in state and national averages.

\*Always refer to the most current version of the Help Guides for updates.

# Help Guide

## Outpatient *Hospital Compare* Preview Quick Reference Guide

### Preview User Interface (UI) Access

#### Preview Period

Preview will be available to participating Outpatient Facilities via the *QualityNet Secure Portal*.

#### Access Preview Data:

1. Navigate to the *QualityNet* website at <https://www.qualitynet.org>.
2. Select **Login** under the *Log in to QualityNet Secure Portal* header.
3. From the **Choose Your QualityNet Destination** dashboard, select **HQR Next Generation**.
4. Enter your *QualityNet* User ID, Password, and Security Code. Then, select **Submit**.
5. Read the Terms and Conditions statement and select **I Accept** to proceed.
6. A card layout is displayed on the landing page. Select **Public Reporting (PR)**.
7. The page will refresh, and the data will be available to preview.

### Preview Content

#### Overall Hospital Quality Star Rating

Please see the Help Guide for more information.

#### Timely and Effective Care Measures

##### Emergency Department Measures

- OP-18b, OP-18c, OP-20, OP-21, OP-22, OP-23
- OP-18b, OP-18c, OP-20, OP-21, and OP-23 aggregate rates include 2Q 2017 through 1Q 2018 encounters
- OP-18b, OP-18c and OP-20 display the state and national average minutes for hospitals that fall in the Low, Medium, High, Very High, and Overall EDV categories
- OP-18c Measure data will only be included in the downloadable database
- OP-22 data is based on encounters for Calendar Year (CY) 2017

##### Immunization Measure

- OP-27
- Percentages include 2017–2018 flu season data (4Q 2017–1Q 2018)

##### Cardiac Care Measures

- OP-1, OP-2, OP-3b, OP-4, OP-5
- OP-1 Measure data will only be included in the downloadable database
- Aggregate rates include 2Q 2017 through 1Q 2018 encounters

##### Cancer Care Measure

- OP-33
- Data is based on encounters for CY 2017

#### Cataract Measure

- OP-31 voluntary
- Data based on encounters for CY 2017

#### Endoscopy/Polyp Surveillance Measures

- OP-29, OP-30
- Data based on encounters for CY 2017

#### Structural Measures

##### Structural Measures

- OP-12, OP-17, OP-25
- Data based on encounters for CY 2017

#### Unplanned Hospital Visits Measure

##### Procedure Specific Outcomes Measure

- OP-32
- Data is based on encounters for CY 2017

#### Surgical Procedure Volume Measure

##### Surgical Procedure Volume Measure

- OP-26
- Data is based on encounters for CY 2017

#### Use of Medical Imaging Measures

##### Imaging Efficiency Measures

- OP-8, OP-9, OP-10, OP-11, OP-13, OP-14
- Aggregate rates include 3Q 2016 through 2Q 2017 Medicare claims data



# OP-32 Release Dates

## CY 2019 Payment Determination

Measure	Performance Period	CDR Releases	FSR Release	Public Display	Questions
Colonoscopy (OP-32)	Jan 1–Dec 31, 2017	Sep 2017 Dec 2017 Mar 2018	Oct 2018	Next Refresh	Q&A Tool

*For additional information, please visit [www.qualitynet.org](http://www.qualitynet.org) > Hospitals – Outpatient > Measures > Colonoscopy Measure.*

# OP-35 Release Dates

## CY 2020 Payment Determination

Measure	Performance Period	CDR Releases (Anticipated)	FSR Release (Anticipated)	Public Display	Questions
Chemotherapy (OP-35)	Jan 1 – Dec 31, 2018	Sep 2018 (Jan 1 – May 31, 2018)  Mar 2019 (Jan 1 – Nov 30, 2018)	Oct 2019	Next Refresh	<a href="#">Q&amp;A Tool</a>

*For additional information, please visit [www.qualitynet.org](http://www.qualitynet.org) > Hospitals – Outpatient > Measures > Chemotherapy Measure.*

# OP-36 Release Dates

## CY 2020 Payment Determination

Measure	Performance Period	CDR Releases (Anticipated)	FSR Release (Anticipated)	Public Display	Questions
Surgery (OP-36)	Jan 1 – Dec 31, 2018	Sep 2018 (Jan 1 – May 31, 2018) Mar 2019 (Jan 1 – Nov 30, 2018)	Oct 2019	Next Refresh	<a href="#">Q&amp;A Tool</a>

*For additional information, please visit [www.qualitynet.org](http://www.qualitynet.org) > Hospitals – Outpatient > Measures > Surgery Measure.*



The Daily News  
with  
Angela Anchor



QUALITY REPORTING NEWS NETWORK

# Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
  - It is your responsibility to submit this form to your accrediting body for credit.

# CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
  - This is separate from registering for the webinar. If you have not registered at the Learning Management Center, you will **not** receive your certificate.
  - Please use your **personal** email so you can receive your certificate.
  - Healthcare facilities have firewalls that block our certificates.

# CE Certificate Problems?

- If you do not immediately receive a response to the email you used to register in the Learning Management Center, a firewall is blocking the survey link.
- Please go back to the New User link and register your personal email account.
- If you continue to have problems, please contact Deb Price at [dprice@hsag.com](mailto:dprice@hsag.com).

# CE Credit Process: Survey

☐ No

Please provide any additional comments

**10. What is your overall level of satisfaction with this presentation?**

☐ Very satisfied

☐ Somewhat satisfied

☐ Neutral

☐ Somewhat dissatisfied

☐ Very dissatisfied

If you answered "very dissatisfied", please explain

**11. What topics would be of interest to you for future presentations?**

**12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.**

Done

Powered by **SurveyMonkey**  
Check out our [sample surveys](#) and create your own now!



# CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

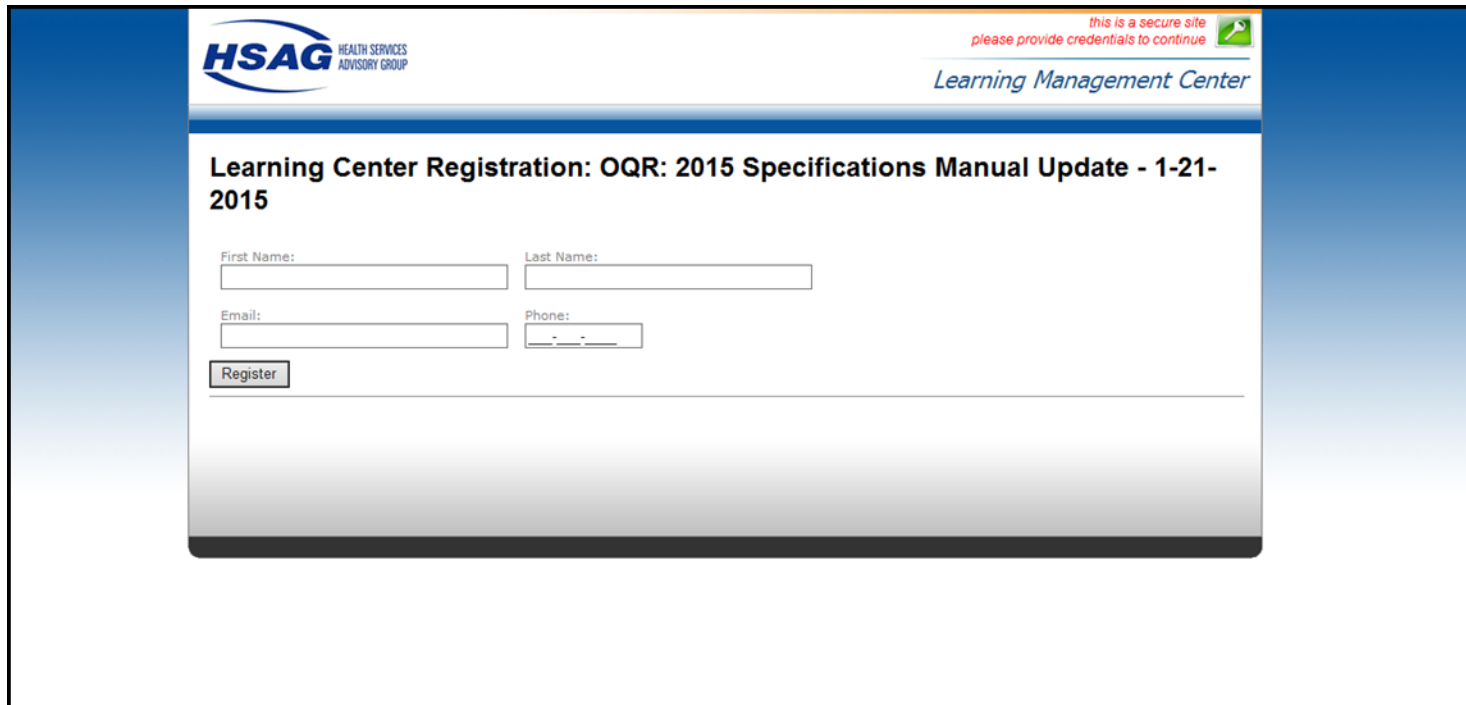
**New User Link:**  
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

**Existing User Link:**  
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

**Note:** If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

# CE Credit Process: New User



The screenshot displays the registration interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security notice reads "this is a secure site please provide credentials to continue" next to a small green icon. Below this is the text "Learning Management Center". The main heading for the registration is "Learning Center Registration: QQR: 2015 Specifications Manual Update - 1-21-2015". The registration form includes four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The entire form is set against a light blue gradient background.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site  
please provide credentials to continue

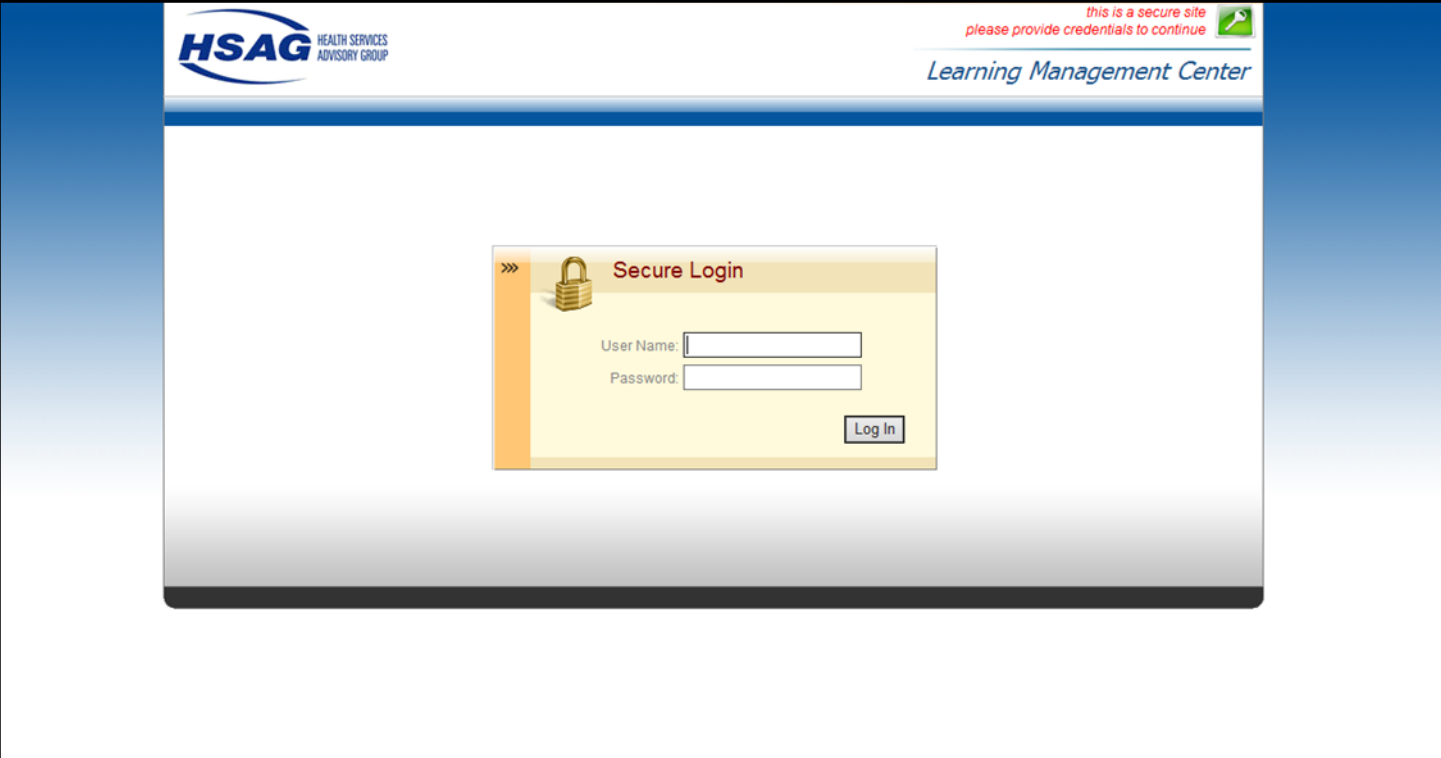
Learning Management Center

**Learning Center Registration: QQR: 2015 Specifications Manual Update - 1-21-2015**

First Name:  Last Name:

Email:  Phone:

# CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning states "this is a secure site please provide credentials to continue" next to a small green icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a gold padlock icon. It contains two input fields: "User Name:" and "Password:", followed by a "Log In" button.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site  
please provide credentials to continue

Learning Management Center

Secure Login

User Name:

Password:

Log In

# Thank You for Participating!

Please contact the Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at [www.qualitynet.org](http://www.qualitynet.org)

*Or*

- Call the Support Contractor at 866.800.8756.