HOSPITAL COMPARE PREVIEW HELP GUIDE

PPS-EXEMPT CANCER HOSPITAL QUALITY REPORTING PROGRAM

THE TARGET AUDIENCE FOR THIS PUBLICATION IS HOSPITALS PARTICIPATING IN THE PPS-EXEMPT CANCER HOSPITAL QUALITY REPORTING PROGRAM. THE DOCUMENT SCOPE IS LIMITED TO INSTRUCTIONS FOR HOSPITALS ON HOW TO ACCESS AND INTERPRET THE DATA PROVIDED ON THE PUBLIC REPORTING USER INTERFACE PRIOR TO THE PUBLICATION OF DATA ON *HOSPITAL COMPARE.*

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Overview

Hospital Compare provides information about the quality of care at more than 4,000 hospitals and facilities across the country. The website uses information from providers that receive Medicare and Medicaid payments and participate in one or more of the various quality reporting programs. Along with some contextual information about *Hospital Compare* and *QualityNet*, this help guide focuses on accessing the public reporting (PR) user interface (UI) for the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program.

HOSPITAL COMPARE

The Centers for Medicare & Medicaid Services (CMS) and the nation's hospitals worked collaboratively to create and publicly report hospital quality performance information on the *Hospital Compare* website, located at https://www.medicare.gov/hospitalcompare.

Hospital Compare displays hospital performance data in a consistent, unified manner to ensure the availability of credible information about the care delivered in the nation's hospitals. Most of the participants are short-term acute care hospitals. These hospitals may receive a reduction to their annual payment update (APU) rate if they do not participate by submitting data. This requirement was initially established by Section 501(b) of the Medicare Modernization Act, which was extended and expanded by Section 5001(a) of the Deficit Reduction Act. PPS-exempt cancer hospitals (PCHs) are exempt and therefore do not receive reductions in APU; however, as participants in the quality reporting program, their data are subject to the same deadlines and procedures for any new releases of *Hospital Compare*.

PCHQR PROGRAM

The Social Security Amendments of 1983 exempted certain classified cancer hospitals from the Medicare inpatient prospective payment system (IPPS). These PCHs were also exempted from reporting on hospital inpatient quality measures. In 2010, the Affordable Care Act required CMS to establish a specialized quality reporting program for the PCHs. The resulting PCHQR Program measures allow consumers to compare the quality of care given at the eleven PCHs currently participating in the program.

Section 3005 of the Affordable Care Act added sections 1866(a)(1)(W) and (k) to the Act. Section 1866(k) of the Act established a quality reporting program for hospitals described in section 1886(d)(1)(B)(v) of the Act (referred to as "PPS-Exempt Cancer Hospitals" or "PCHs") that specifically applies to PCHs that meet the requirements under 42 CFR 412.23(f). Section 1866(k)(1) of the Act states that, for fiscal year (FY) 2014 and each subsequent fiscal year, a PCH must submit data to the Secretary in accordance with section 1866(k)(2) of the Act with respect to such fiscal year.

For additional background information, including previously finalized measures and other policies for the PCHQR Program, please refer to the following final rules: FY 2013 IPPS/Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) Final Rule (77 FR 53555–53567); FY 2014 IPPS/LTCH PPS Final Rule (78 FR 50837–50853); FY 2015 IPPS/LTCH PPS Final Rule (79 FR 50277–50286); FY 2016 IPPS/LTCH PPS Final Rule (80 FR 49713–49723); FY 2017 IPPS/LTCH PPS Final Rule (81 FR 57182–57193); FY 2018 IPPS/LTCH (82 FR 38411–38425) Final Rule; and FY 2019 IPPS/LTCH PPS Final Rule (83 FR 41609–41624).

PREVIEW PERIOD

Prior to the release of data on *Hospital Compare*, hospitals are given the opportunity to review data during a 30-day preview period. The data anticipated for the release can be accessed via the *QualityNet Secure Portal*, the only CMS-approved website for secure healthcare quality data exchange, located at https://www.qualitynet.org.

Public Reporting (PR) User Interface (UI)

The UI was developed to allow providers increased flexibility in reviewing their data. The format of the site was designed to be similar to *Hospital Compare*.

Users must be enrolled and proofed in the *QualityNet Secure Portal* in order to access the UI. Follow the instructions below to gain access:

1. Access the public website for *QualityNet* 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.**

Choose Your QualityNet Destination

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

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
QIES Business Intelligence Center
HQR Next Generation

7500 Security Boulevard, Baltimore, MD 21244

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.

   NOTE: If **I Decline** is selected, the program closes.

6. A card layout will display on the landing page. Select **Public Reporting**.
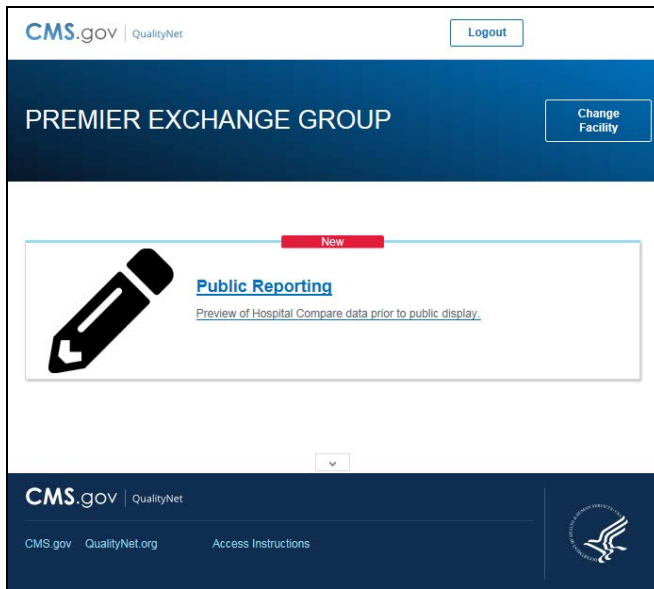
7. Your provider name and CMS Certification Number (CCN) will appear at the top of the UI. The **Change Facility** button is available to users with roles associated with multiple facilities to view a different provider's data.

8. There are two tabs: Star Rating and Measure Data.

9. Once within PR, users will be able to easily view their data during the 30-day preview period. This page is an interactive analogue to the traditional PDFs. On this page, users can easily view measures associated by measure group, search the entire page for individual measures, dynamically filter through data, and export measure data. The exported measure data will be in PDF format for a user-friendly printed report.

Export Data - Export measure data into a PDF format for a user-friendly printed report.

Search - Enter specific measures into this field, and the UI will dynamically filter for the appropriate content.

Filtering - Filter benchmark data in the following ways:

- Release - Select the release data to be viewed
- Level - Filter whether your facility's data will be compared to the "State" or "National" average during filtering
- Performance - Filter whether your facility's data are filtered for being "Above," "Below," or the "Same" as previous level selection.

PR Data Details

HOSPITAL CHARACTERISTICS

The PR Preview UI displays your hospital CCN and name above the hospital characteristics. Hospital characteristics include your hospital's address, city, state, ZIP Code, phone number, county, type of facility, type of ownership, and emergency service provided status.

Type of ownership is not publicly reported; however, this is publicly available in the downloadable database on *Hospital Compare*.

If the displayed hospital characteristics are incorrect, your hospital should contact your state Certification and Survey Provider Enhanced Reports (CASPER) agency coordinator to correct the information. The state CASPER contact list is available from the *Hospital Compare* Home page by selecting the **Resources** button, located between the **About the Data** and **Help** buttons, directly above the *Find a Hospital* selection area. Select the **Information for hospitals,** once the screen refreshes, select the **CASPER/ASPEN** (Automated Survey Processing Environment) contacts link from the left-side navigation pane: http://www.medicare.gov/HospitalCompare/Resources/CASPER.aspx. If your hospital's state CASPER agency is unable to make the needed change, your hospital should contact its CMS regional office.

The measure IDs (e.g., PCH-1) and the National Quality Forum (NQF) numbers, which are displayed on *Hospital Compare,* have been provided to assist in measure identification. However, neither will display on the Preview. The measure descriptions are modified for reporting purposes.

ROUNDING RULES

All percentage and median time calculations (provider, state, and national) are rounded to the nearest whole number using the following rounding logic, unless otherwise stated:

- Above [x.5], round up to the nearest whole number
- Below [x.5], round down to the nearest whole number
- Exactly [x.5] and "x" is an even number, round down to the nearest whole, even number (Rounding to the even number is a statistically accepted methodology.)
- Exactly [x.5] and "x" is an odd number, round up to the nearest whole, even number (Rounding to the even number is a statistically accepted methodology.)

PCH Preview Details

Measure Data Tab

The **Measure Data** tab will display accordions and measures based on *QualityNet Secure Portal* access the user has.
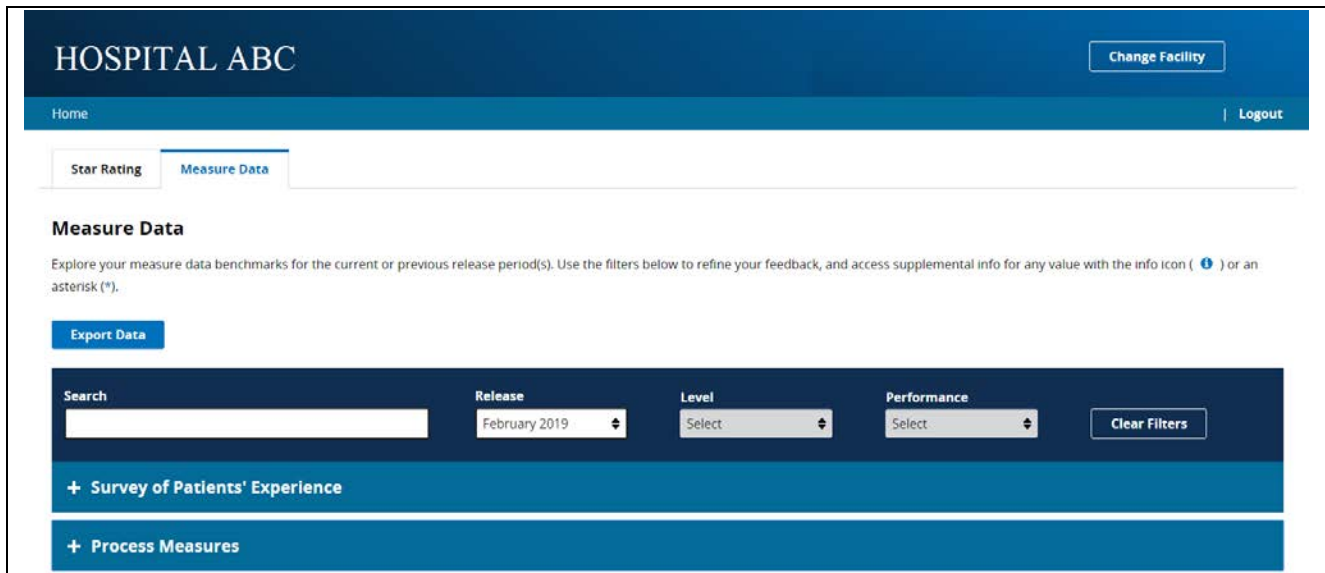
The accordions are labeled similar to the tabs on *Hospital Compare* and can be expanded by selecting the (+) to the left of the title. Selecting the (-) will collapse the table. Once the accordion is expanded, the measures and data will display.

Process Measures		
Cancer Specific Treatment		
	Numerator	**Denominator**
ℹ PCH-1	14	16
ℹ PCH-2	57	60
ℹ PCH-3	428	452
Oncology Care		
	Facility Rate	**Number of Patients**
ℹ PCH-14	100% *	69 *
ℹ PCH-15	100% *	100 *
ℹ PCH-16	94% *	384 *
ℹ PCH-17	94% *	36 *
ℹ PCH-18	91% *	34 *
External Beam Radiotherapy		
	Facility Rate	**Number of Patients**
ℹ PCH-25	97% *	100 *

Select the info icon (ℹ) to the left of the measure ID to display the full measure description in a modal.

✕ Close

PCH-3: Details

Description:

Adjuvant Hormonal Therapy

Reporting Period:

Q2 (2016) - Q1 (2017)

Cancel

Data will display with an asterisk (*). Selecting the data value by the asterisk will pop up a modal with additional details about the data, such as a footnote.

Accordions

+SURVEY OF PATIENT'S EXPERIENCE
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

PATIENT EXPERIENCE OF CARE DATA (HCAHPS)

All IPPS hospitals must continuously collect and submit HCAHPS Survey data in order to qualify for the full APU. All participating hospitals receive a Preview, and non-IPPS hospitals have the option of withholding HCAHPS Survey results from being publicly reported on *Hospital Compare*. The HCAHPS measure data are updated quarterly.

Hospitals participating in the Hospital Inpatient Quality Reporting Program may not withhold HCAHPS Survey data.

The HCAHPS Survey data contains survey results from four quarters of data, which display as aggregate results. Each hospital's aggregate results are compared to state and national averages. Also, the review data contain each hospital's number of completed surveys and survey response rate for the reporting period.

Beginning with the July 2018 *Hospital Compare* release, the survey questions comprising Pain Management Composite 4 have been removed and will no longer be reported on *Hospital Compare*.

HCAHPS STAR RATINGS

HCAHPS Star Ratings are based on the quarters of survey data in the Preview. Hospitals will receive an HCAHPS Star Rating (1, 2, 3, 4, or 5 stars) for each of the 10 HCAHPS measures plus the HCAHPS Summary Star Rating, which is a single summary of all the HCAHPS Star Ratings. The preview data also contain the linear mean scores that are used in the calculation of the HCAHPS Star Ratings. For additional information on HCAHPS Star Ratings and linear mean scores, please see the HCAHPS Star Ratings section on the official HCAHPS website at http://www.hcahpsonline.org.

HCAHPS Composites and individual items in the accordion include:

- HCAHPS Composites
    - Composite 1–Communication with Nurses (Question [Q]1, Q2, Q3)
    - Composite 2–Communication with Doctors (Q5, Q6, Q7)
    - Composite 3–Responsiveness of Hospital Staff (Q4, Q11)
    - Composite 5–Communication about Medicines (Q16, Q17)

- Hospital Environment Items
    - Cleanliness of Hospital Environment (Q8)
    - Quietness of Hospital Environment (Q9)

- Discharge Information Composite
    - Composite 6–Discharge Information (Q19, Q20)

- Care Transition Composite
    - Composite 7–Care Transition (Q23, Q24, Q25)

The HCAHPS Global Items include:
- Hospital Rating (Q21)
- Recommend this Hospital (Q22)

HCAHPS Star Rating - Hospitals must have at least 100 completed surveys in order to receive HCAHPS Star Ratings.
- HCAHPS Star Ratings are provided for each of the six composite measures, two environment items and two global items.
- Whole stars (1, 2, 3, 4, or 5) are assigned to each of the 10 HCAHPS measures plus the HCAHPS Summary Star Rating.

Linear Mean Scores - HCAHPS linear mean scores are provided for each of the six composite measures, two environment items, and two global items, and are available in the downloadable database on *Hospital Compare*.

STATE AND NATIONAL AVERAGE RATES

State and national unweighted average rates for each HCAHPS measure are calculated based on all data available in the HCAHPS Data Warehouse. State and national averages are not reported for the HCAHPS Star Ratings. The state and national averages will include data from Veterans Health Administration (VHA) hospitals.

+PROCESS MEASURES
Cancer Specific Treatment (PCH-1, PCH-2, PCH-3)
Oncology Care (PCH-14, PCH-15, PCH-16, PCH-17, PCH-18)
External Beam Radiotherapy (PCH-25)

CANCER-SPECIFIC TREATMENT MEASURES

The Cancer-Specific Treatment measures section of the Preview User Interface includes the following measures:

- PCH-1 (NQF# 0223) Adjuvant Chemotherapy Colon Cancer
- PCH-2 (NQF# 0559) Combination Chemotherapy Breast Cancer
- PCH-3 (NQF# 0220) Adjuvant Hormonal Therapy

The Preview User Interface displays an aggregate of four rolling quarters of data. (A new quarter of data is added, and the oldest quarter is removed.)

Cancer Specific Treatment		
	Numerator	Denominator
ⓘ PCH-1	120 *	50 *
ⓘ PCH-2	90 *	20 *
ⓘ PCH-3	190 *	40 *

ONCOLOGY CARE MEASURES

The Oncology Care Measures (OCMs) section of the Preview User Interface includes the following measures:

- PCH-14 (NQF #0382) Oncology: Radiation Dose Limits to Normal Tissues
- PCH-15 (NQF #0383) Oncology: Plan of Care for Pain–Medical Oncology and Radiation Oncology
- PCH-16 (NQF #0384) Oncology: Medical and Radiation–Pain Intensity Quantified
- PCH-17 (NQF #0390) Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients
- PCH-18 (NQF #0389) Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

Oncology Care		
	Facility Rate	Number of Patients
ⓘ PCH-14	95% *	40 *
ⓘ PCH-15	95% *	40 *
ⓘ PCH-16	95% *	40 *
ⓘ PCH-17	95% *	40 *
ⓘ PCH-18	95% *	40 *

ONCOLOGY CARE MEASURES DETAILS

The Preview User Interface displays an aggregate of four quarters of data. The OCM data are updated annually. Each measure displays:

- Facility Rate
- Number of Patients

EXTERNAL BEAM RADIOTHERAPY (EBRT) MEASURE

The EBRT measure section of the Preview User Interface contains the following:

- PCH-25 External Beam Radiotherapy for Bone Metastases
- Data display as a percent of patients (denominator)

External Beam Radiotherapy		
	Facility Rate	**Number of Patients Encounters**
ⓘ **PCH-25**	95.0% *	40 *

EBRT MEASURE DETAILS

The Preview User Interface displays an aggregate of four quarters of data. The EBRT measure data are updated annually. The measure displays:

- Facility Rate
- Number of Patients Encounters

Measure IDs Included in Measure Accordions

Measure Accordion	Measure IDs Included
Survey of Patient's Experience	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
	HCAHPS Summary Star Ratings
	Communication with Nurses
	Communication with Doctors
	Responsiveness of Hospital Staff
	Communication About Medicines
	Cleanliness of Hospital Environment
	Quietness of Hospital Environment
	Discharge Information
	Care Transition
	Hospital Rating
	Recommend this Hospital
Timely and Effective Care	Sepsis (SEP-1)
	Venous Thromboembolism Prevention (VTE-6)
	Emergency Department (ED-1b, ED-2b, OP-18b, OP-18c, OP-22, OP-23)
	Immunization (IMM-2, IPFQR-IMM-2)
	Healthcare Personnel Influenza Vaccination (FluVac HCP, OP-27, IMM-3)
	Perinatal Care (PC-01)
	Cardiac Care (OP-2, OP-3b, OP-5)
	Cancer Care (OP-33)
	Cataract (OP-31)
	Colonoscopy (OP-29, OP-30)

Measure Accordion	Measure IDs Included
Structural Measures	Structural Measures (SM-5, SM-6, OP-12, OP-17, OP-25)
Complications & Deaths	30-Day Death Rates (MORT-30-AMI, MORT-30-HF, MORT-30-PN, MORT-30-STK, MORT-30-COPD, MORT-30-CABG) CMS Patient Safety Indicators (PSI-3, PSI-4, PSI-6, PSI-8, PSI-9, PSI-10, PSI-11, PSI-12, PSI-13, PSI-14, PSI-15, PSI-90) Infections (HAI-1, HAI-2, HAI-3, HAI-4, HAI-5, HAI-6) Surgical Complications (Comp-HIP-KNEE)
Unplanned Hospital Visits	Condition Specific Readmission (READM-30-AMI, READM-30-HF, READM-30-PN, READM-30-STK, READM-30-COPD) Procedure Specific Readmission (READM-30-CABG, READM-30-HIP-KNEE) Hospital Wide Readmission (READM-30-HOSPWIDE) Inpatient Psychiatric Facility Readmission (READM-30-IPF) Procedure Specific Outcomes (OP-32) Excess Days in Acute Care (EDAC-30-AMI, EDAC-30-HF, EDAC-30-PN)
Payment & Value of Care	Payment (PAYM-30-AMI, PAYM-30-HF, PAYM-30-PN, PAYM-90-HIP-KNEE) Medicare Spending per Beneficiary (MSPB-1, CEBP-1, CEBP-2, CEBP-3, CEBP-4, CEBP-5, CEBP-6)
Continuity of Care	Use of an Electronic Health Record (IPFQR-EHR1, IPFQREHR2) Transition Record (TR1, TR2) Hospital-Based Inpatient Psychiatric Services (HBIPS-5) Follow-Up After Hospitalization for Mental Illness (FUH-7, FUH-30)
Substance Use Treatment	Substance Use (SUB-2, SUB-2a, SUB-3, SUB-3a) Tobacco Use (TOB-2, TOB-2a, TOB-3, TOB-3a)

Measure Accordion	Measure IDs Included
Patient Experience	Hospital-Based Inpatient Psychiatric Services (HBIPS-2, HBIPS-3) Assessment of Patient Experience of Care (PEoC)
Preventative Care and Screening	Screening (SMD, SUB-1, TOB-1)
Surgical Procedure Volume	Surgical Procedure Volume (OP-26)
Use of Medical Imaging	Imaging Efficiency (OP-8, OP-9, OP-10, OP-11, OP-13, OP-14)
Process Measures	Cancer Specific Treatment (PCH-1, PCH-2, PCH-3) Oncology Care (PCH-14, PCH-15, PCH-16, PCH-17, PCH-18) External Beam Radiotherapy (PCH-25)

Footnote Table

Number	Description	Application
1	The number of cases/patients is too few to report.	• Applied when a hospital has zero cases, or five or fewer eligible HCAHPS patient discharges. • HCAHPS scores based on fewer than 25 completed surveys will display on the Preview. • Data will not display on *Hospital Compare*.
3	Results are based on a shorter time period than required.	Applied when CMS has opted to display HCAHPS Survey results on fewer than the required months of survey data.
4	Data suppressed by CMS for one or more quarters.	Reserved for CMS use.
5	Results are not available for this reporting period.	Applied in the following situations: • When a hospital did not participate in HCAHPS during the period covered by the Preview • When a hospital participated in HCAHPS but only for a portion of the period covered by the Preview **OR** • When a hospital has HCAHPS Survey results but chooses to suppress PR; HCAHPS results will display on its Preview but will be suppressed on *Hospital Compare*.

Number	Description	Application
6	Fewer than 100 patients completed the HCAHPS Survey. (Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.)	Applied when the number of completed HCAHPS Surveys is 50–99.
7	No cases met the criteria for this measure	Applied when a hospital treated patients for a particular topic, but no patients met the criteria for inclusion in the measure calculation.
10	Very few patients were eligible for the HCAHPS Survey. The scores shown reflect fewer than 50 completed surveys. (Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.)	Applied when the number of completed HCAHPS Surveys is fewer than 50.
11	There were discrepancies in the data collection process.	Applied when there have been deviations from HCAHPS data collection protocols.
15	The number of cases/patients is too few to report an HCAHPS Star Rating.	Applied when CMS has determined there are too few cases or patients to report a star rating.

Help Resources

For more information regarding specific measure calculations, please refer to the following resources.

CST MEASURES, OCMS, AND EBRT MEASURE

Contact the Hospital Inpatient Value, Incentives, and Quality Reporting Support Contractor through the Inpatient Questions and Answers tool at https://cms-ip.custhelp.com/ or by calling, toll free, (844) 472-4477 or (866) 800-8765 weekdays from 8 a.m. to 8 p.m. ET

HCAHPS MEASURES

Contact the HCAHPS Project Team by email at hcahps@hcqis.org.