Like a Stroll in the Park: Walking You Through Your Preview Report

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Project Manager

Ambulatory Surgical Center Quality Reporting (ASCQR) Program Support Contractor

July 2019

Learning Objectives

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

- ✓ Access and interpret their facility's Preview Report.
- ✓ Find their facility's data on the Hospital Compare website.
- ✓ Describe how to download and filter publicly displayed data.

Why Publicly Display Data?

Data are displayed to:

- Compare facility performance
  - Drive quality improvement
- Empower consumers
  - Make informed decisions
- Present your hard work for public reference

Preview Report

ASC Hospital Compare Preview Report

- Sent via AutoRoute in the QualityNet Secure Portal prior to display on Hospital Compare
  - Will expire from AutoRoute after 60 days
- Does not serve as a correction period

Recent Changes

- New Public Reporting Schedule
  - Data on Hospital Compare will be displayed sooner
  - ASC-12 will continue to refresh in January
- Preview Reports
  - All measures except ASC-12 will be released on the Preview Report in July to display on Hospital Compare in October
  - A Facility Specific Report (FSR) for ASC-12 will be released in October

Preview Report Example

Ambulatory Surgical Center (ASC) Preview Report for October 2019 *Hospital Compare* Release

ABC Ambulatory Surgical Center

(NPI 123456789/CCN 01C0000123)

Claims-Based Measures (per 1,000 Claims)

Reporting Period: First through Fourth Quarter 2018

Measure	Numerator	Denominator	Facility Rate	State Rate	National Rate
ASC-1: Patient Burn	0	1,023	0.000	0.111	0.012
ASC-2: Patient Fall	0	1,023	0.000	0.001	0.022
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	1 (1)	1,023 (1)	0.978 (1)	0.011	0.012
ASC-4: All-Cause Hospital Transfer/Admission	3 (1)	1,023 (1)	2.933 (1)	0.101	0.221

QualityNet Web-Based Measures

Reporting Period: First through Fourth Quarter 2018

Measure	Numerator	Denominator	Facility Rate	State Rate	National Rate
ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	10 (1)	10 (1)	100.00%	95.10%	80.00%
ASC-10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	555	1,000	55.50%	94.10%	81.00%
ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Voluntary)	1,221	1,221	100.00%	96.44%	95.63%
ASC-13: Normothermia Outcome	114	115	99.13%	98.7%	98.9%
ASC-14: Unplanned Anterior Vitrectomy	1 (1)	150 (1)	0.006%	0.008%	0.009%

ASC-12: Facility 7-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy

Reporting Period: First through Fourth Quarter 2017*

Facility Performance	Number of Eligible Medicare Cases	Risk-Standardized Unplanned Hospital Visit Rate for Your Facility Per 1,000 Colonoscopies (Lower Limit, Upper Limit of 95% Confidence Interval)	National Rate	Number of Facilities...	Better than National Rate	No Different than National Rate	Worse than National Rate	Number of Cases Too Small
No Different than the National Rate	58	9.1 (18.0, 12.7)	16.4	In the State that Performed…	0	83	0	20
				In the Nation that Performed…	1	3,052	1	854

Please note: The numerators and denominators for all measures will display on the Preview Report, but will not be reported on Hospital Compare.

*ASC-12 preview data for Reporting Period CY2016-CY2018 will be provided in the Facility Specific Report via QualityNet in the Fall 2019.

Footnotes:

(1) The number of cases/patients is too few to report.

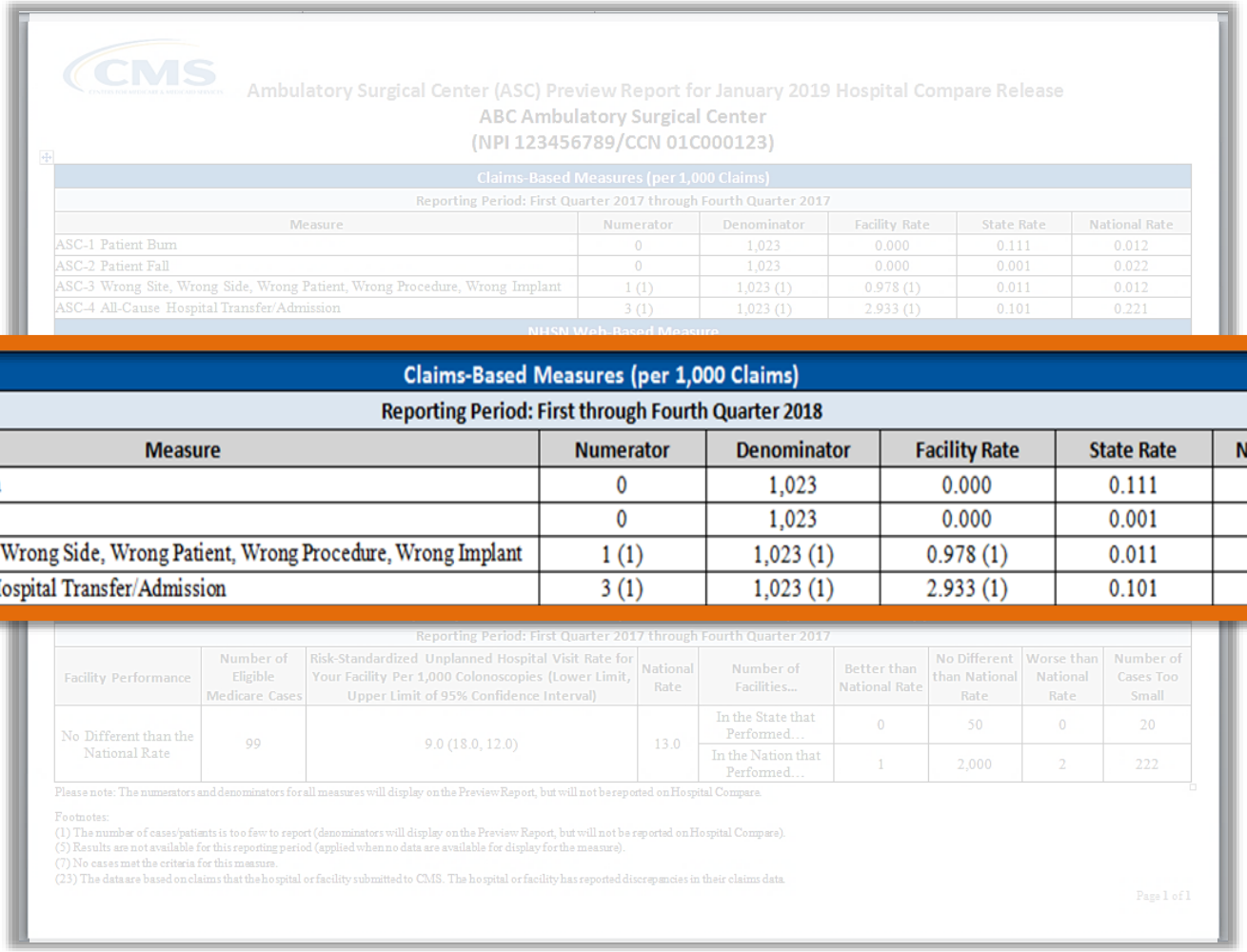
(5) Results are not available for this reporting period (applied when no data are available for display for the measure).

(7) No cases met the criteria for this measure.

(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.

All data are fictitious.

ASC-1 Through ASC-4



Ambulatory Surgical Center (ASC) Preview Report for January 2019 Hospital Compare Release
ABC Ambulatory Surgical Center
(NPI 123456789/CCN 01C000123)

Claims-Based Measures (per 1,000 Claims)

Reporting Period: First through Fourth Quarter 2018

Measure	Numerator	Denominator	Facility Rate	State Rate	National Rate
ASC-1: Patient Burn	0	1,023	0.000	0.111	0.012
ASC-2: Patient Fall	0	1,023	0.000	0.001	0.022
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	1 (1)	1,023 (1)	0.978 (1)	0.011	0.012
ASC-4: All-Cause Hospital Transfer/Admission	3 (1)	1,023 (1)	2.933 (1)	0.101	0.221

Reporting Period: First Quarter 2017 through Fourth Quarter 2017

Facility Performance	Number of Eligible Medicare Cases	Risk-Standardized Unplanned Hospital Visit Rate for Your Facility Per 1,000 Colonoscopies (Lower Limit, Upper Limit of 95% Confidence Interval)	National Rate	Number of Facilities...	Better than National Rate	No Different than National Rate	Worse than National Rate	Number of Cases Too Small
No Different than the National Rate	99	9.0 (18.0, 12.0)	13.0	In the State that Performed...	0	50	0	20
				In the Nation that Performed...	1	2,000	2	222

Please note: The numerators and denominators for all measures will display on the Preview Report, but will not be reported on Hospital Compare.

Footnotes:
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Page 1 of 1

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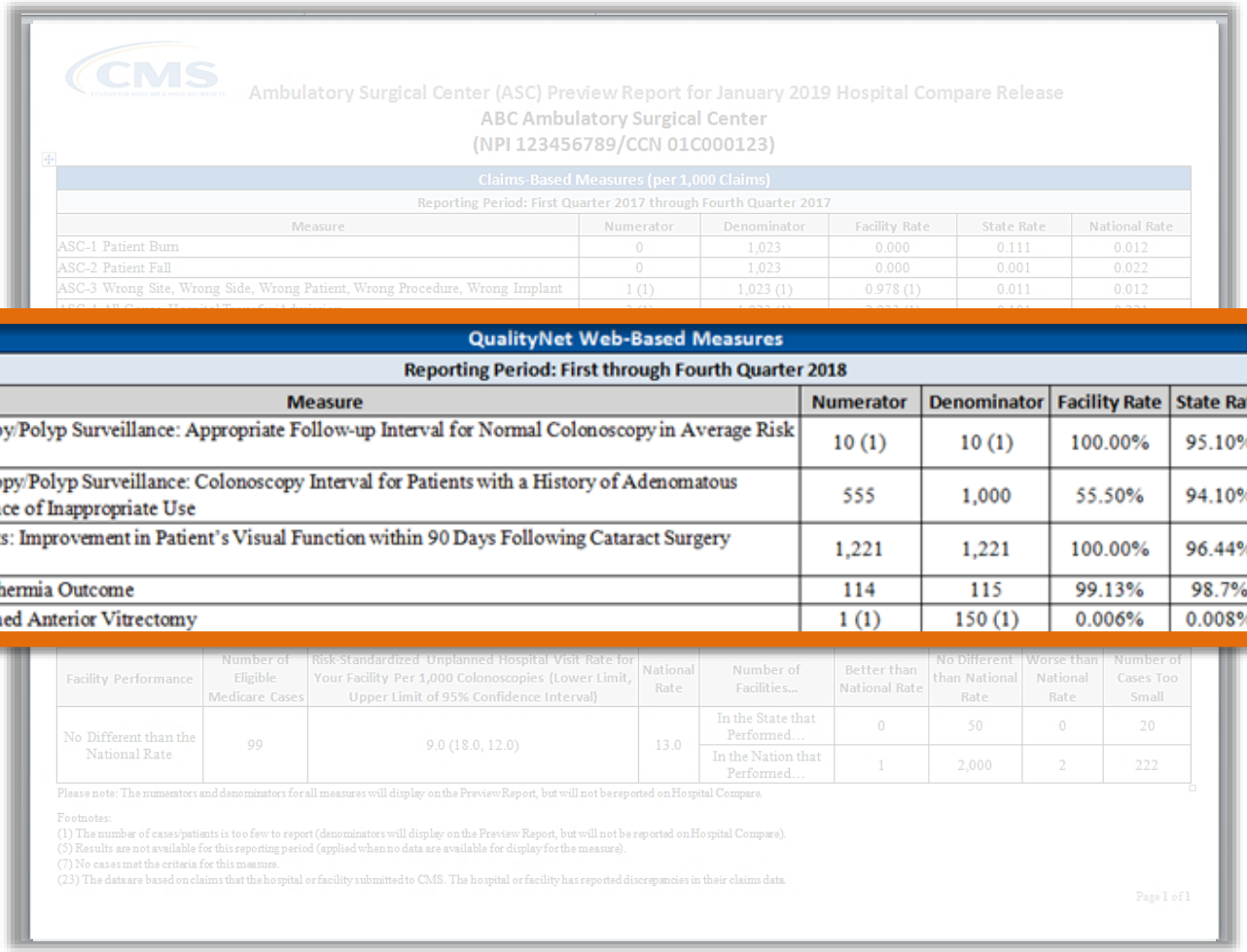
Web-Based Measures



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QualityNet Web-Based Measures

Reporting Period: First through Fourth Quarter 2018

Measure	Numerator	Denominator	Facility Rate	State Rate	National Rate
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No Different than the National Rate	99	9.0 (18.0, 12.0)	13.0	In the State that Performed...	0	50	0	20
				In the Nation that Performed...	1	2,000	2	222

Please note: The numerators and denominators for all measures will display on the Preview Report, but will not be reported on Hospital Compare.

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Page 1 of 1

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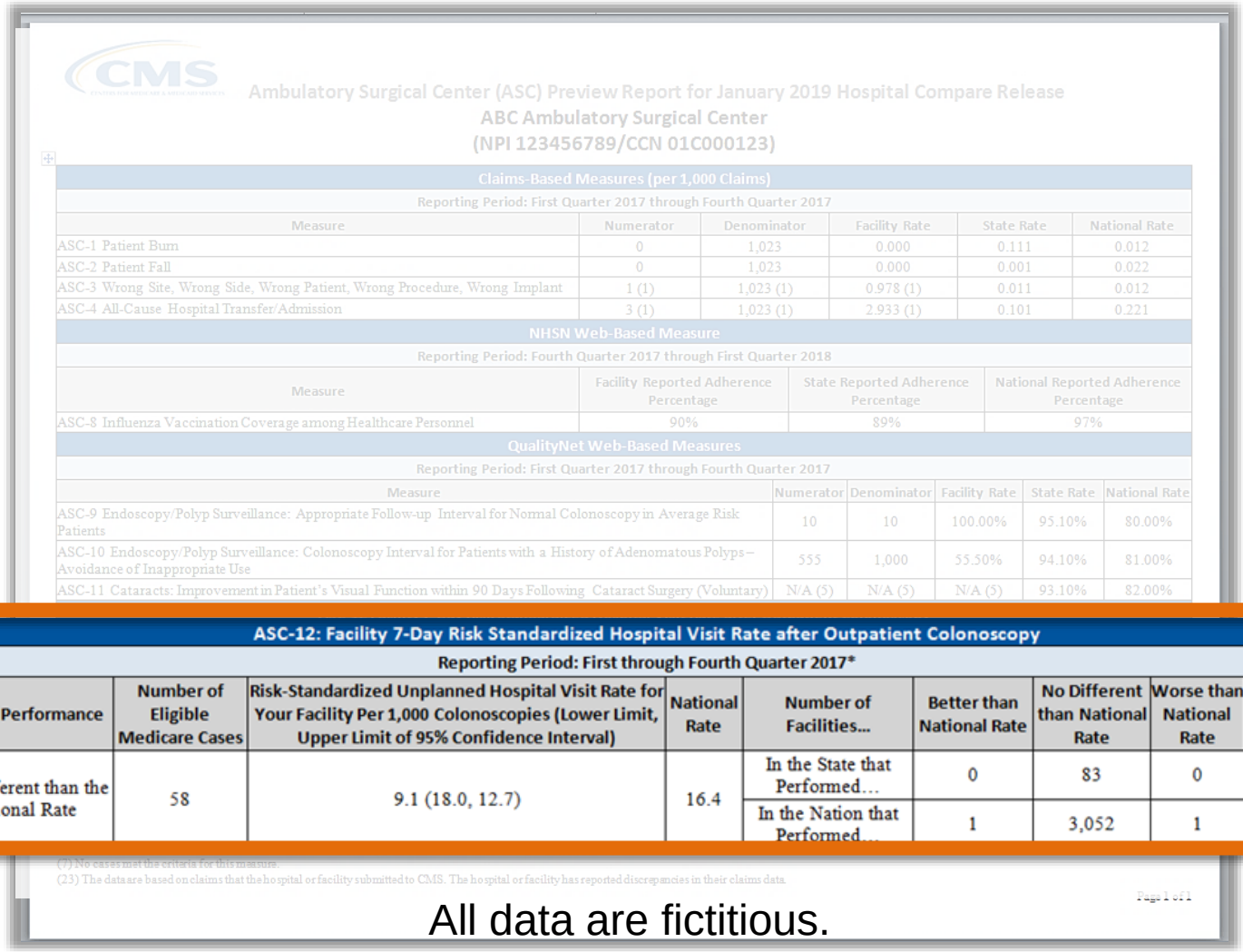
ASC-12



Ambulatory Surgical Center (ASC) Preview Report for January 2019 Hospital Compare Release

ABC Ambulatory Surgical Center

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Claims-Based Measures (per 1,000 Claims)

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ASC-4 All-Cause Hospital Transfer/Admission	3 (1)	1,023 (1)	2.933 (1)	0.101	0.221

NHSN Web-Based Measure

Reporting Period: Fourth Quarter 2017 through First Quarter 2018

Measure	Facility Reported Adherence Percentage	State Reported Adherence Percentage	National Reported Adherence Percentage
ASC-8 Influenza Vaccination Coverage among Healthcare Personnel	90%	89%	97%

QualityNet Web-Based Measures

Reporting Period: First Quarter 2017 through Fourth Quarter 2017

Measure	Numerator	Denominator	Facility Rate	State Rate	National Rate
ASC-9 Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	10	10	100.00%	95.10%	80.00%
ASC-10 Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	555	1,000	55.50%	94.10%	81.00%
ASC-11 Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Voluntary)	N/A (5)	N/A (5)	N/A (5)	93.10%	82.00%

ASC-12: Facility 7-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy

Reporting Period: First through Fourth Quarter 2017*

Facility Performance	Number of Eligible Medicare Cases	Risk-Standardized Unplanned Hospital Visit Rate for Your Facility Per 1,000 Colonoscopies (Lower Limit, Upper Limit of 95% Confidence Interval)	National Rate	Number of Facilities...	Better than National Rate	No Different than National Rate	Worse than National Rate	Number of Cases Too Small
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				In the Nation that Performed...	1	3,052	1	854

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ASC-12 Data Release

Calendar Year (CY) 2020 Payment Determination

Claims Detail Report (CDR)

CDR Release	Reporting Period
March 2019	January 1, 2016— November 30, 2018

Facility-Specific Report (FSR)

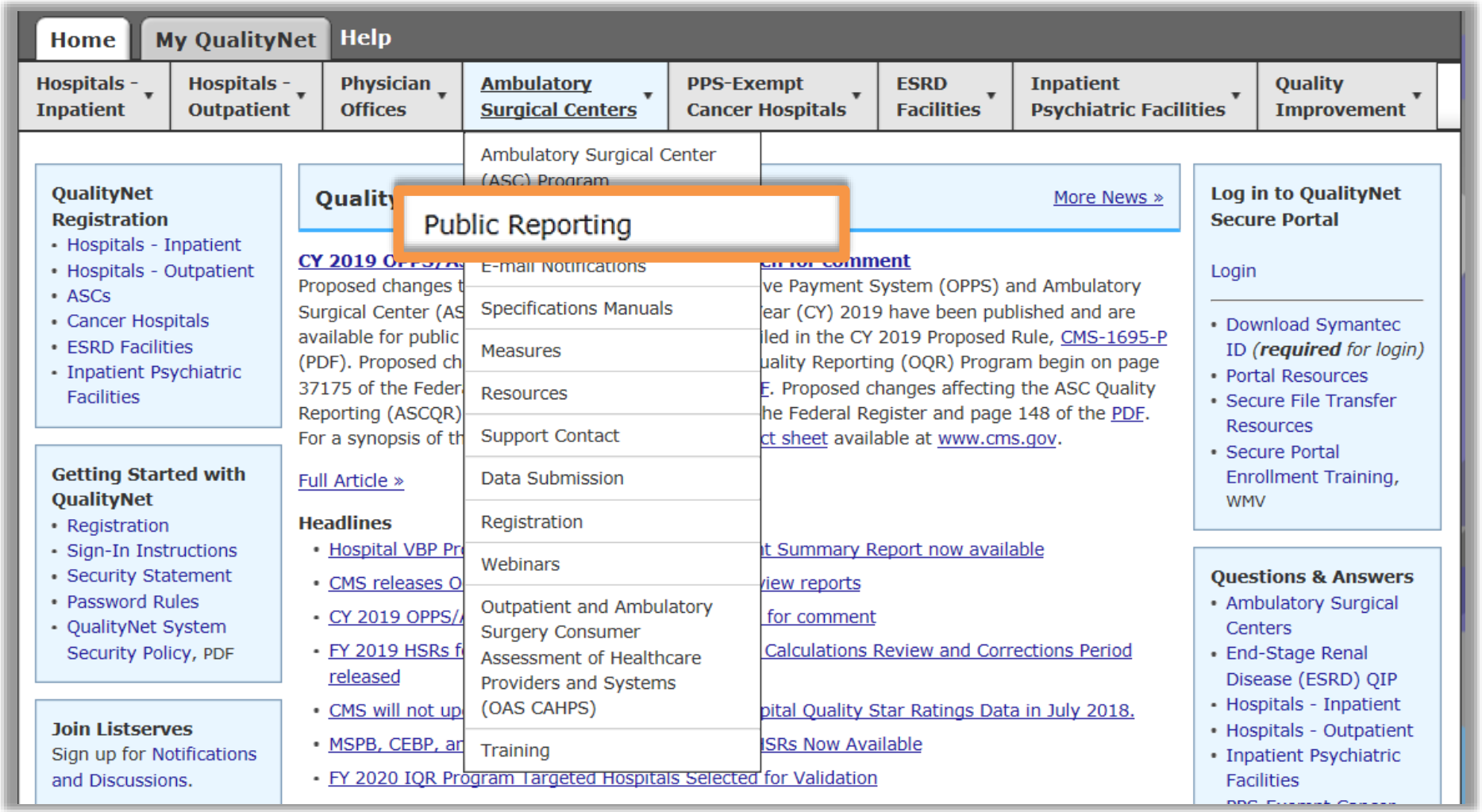
FSR Release	Reporting Period	Public Display
October 2019	January 1, 2016— December 31, 2018	January 2020

Footnotes

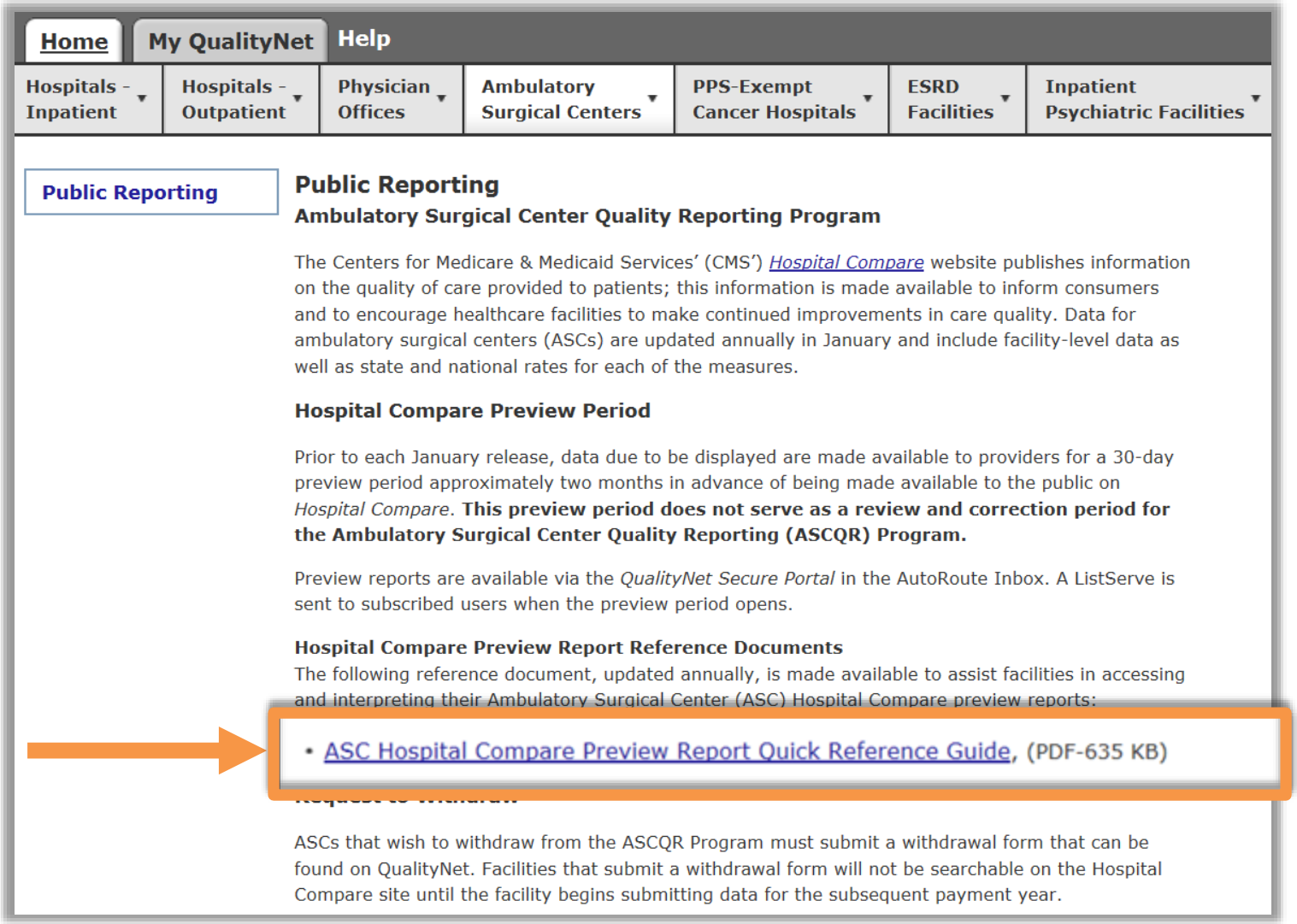
- **Footnote 1 (FN1):** The number of cases/patients is too few to report.
- **Footnote 5 (FN5):** Results are not available for this reporting period.
- **Footnote 7 (FN7):** No cases met the criteria for this measure.
- **Footnote 23 (FN23):** The data are based on claims that the facility submitted to CMS. The facility has reported discrepancies in their claims data.

QualityNet

www.qualitynet.org



Reference Document



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Public Reporting

Public Reporting

Ambulatory Surgical Center Quality Reporting Program

The Centers for Medicare & Medicaid Services' (CMS') *Hospital Compare* website publishes information on the quality of care provided to patients; this information is made available to inform consumers and to encourage healthcare facilities to make continued improvements in care quality. Data for ambulatory surgical centers (ASCs) are updated annually in January and include facility-level data as well as state and national rates for each of the measures.

Hospital Compare Preview Period

Prior to each January release, data due to be displayed are made available to providers for a 30-day preview period approximately two months in advance of being made available to the public on *Hospital Compare*. **This preview period does not serve as a review and correction period for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program.**

Preview reports are available via the *QualityNet Secure Portal* in the AutoRoute Inbox. A ListServe is sent to subscribed users when the preview period opens.

Hospital Compare Preview Report Reference Documents

The following reference document, updated annually, is made available to assist facilities in accessing and interpreting their Ambulatory Surgical Center (ASC) Hospital Compare preview reports:

- ASC Hospital Compare Preview Report Quick Reference Guide, (PDF-635 KB)

ASCs that wish to withdraw from the ASCQR Program must submit a withdrawal form that can be found on QualityNet. Facilities that submit a withdrawal form will not be searchable on the Hospital Compare site until the facility begins submitting data for the subsequent payment year.

Quick Reference Guide

Ambulatory Surgical Center (ASC) Preview Report Quick Reference Guide for October 2019 *Hospital Compare* Release
Preview Period July 16 through August 14, 2019

Data Highlights

Claims-Based Measures (per 1,000 Claims):

- Measures included: ASC-1, ASC-2, ASC-3, and ASC-4
- Reporting period: Claims submitted for services furnished in calendar year (CY) 2018

***QualityNet* Web-Based Measures:**

- Measures included: ASC-9, ASC-10, ASC-11 (voluntary), ASC-13, ASC-14
- Reporting period: January 1 through December 31, 2018
- Submission period: January 1 through May 15, 2019

Outcome Measure: ASC-12: Facility 7-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy

- Reporting period: CY 2017
- Data for the CY 2016–CY 2018 reporting period will be provided in a Facility-Specific Report via *QualityNet* in Fall 2019.

Footnotes

- **1** – The number of cases/patients is too few to report.
- **5** – Results are not available for this reporting period.
- **7** – No cases met the inclusion criteria for this measure.
- **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.

Preview Report Access

Preview reports can be viewed by:

1. Logging into the QualityNet Secure Portal at https://www.qualitynet.org.
2. Selecting "Secure File Transfer" in the blue ribbon at the top of the screen.
3. Selecting "AutoRoute_Inbox" in the left-side menu.
4. Selecting "ASC Preview Report," identified by your facility's National Provider Identifier (NPI).
5. Selecting "Download."
6. Selecting "Save" in the pop-up box.
7. Saving and opening the report.

Important Tip

The deadline for requesting Footnote 23 for data discrepancies with one or more claims-based measures is 30 days after posting, or August 14. For your convenience, the preview report is available to download for 60 days after posting.

Questions

For further assistance regarding the preview report:

- Submit questions via the Outpatient Questions and Answers tool at https://cms-ocsq.custhelp.com.
- Call, toll-free, 866.800.8756 weekdays, 7 a.m.–6 p.m. ET.

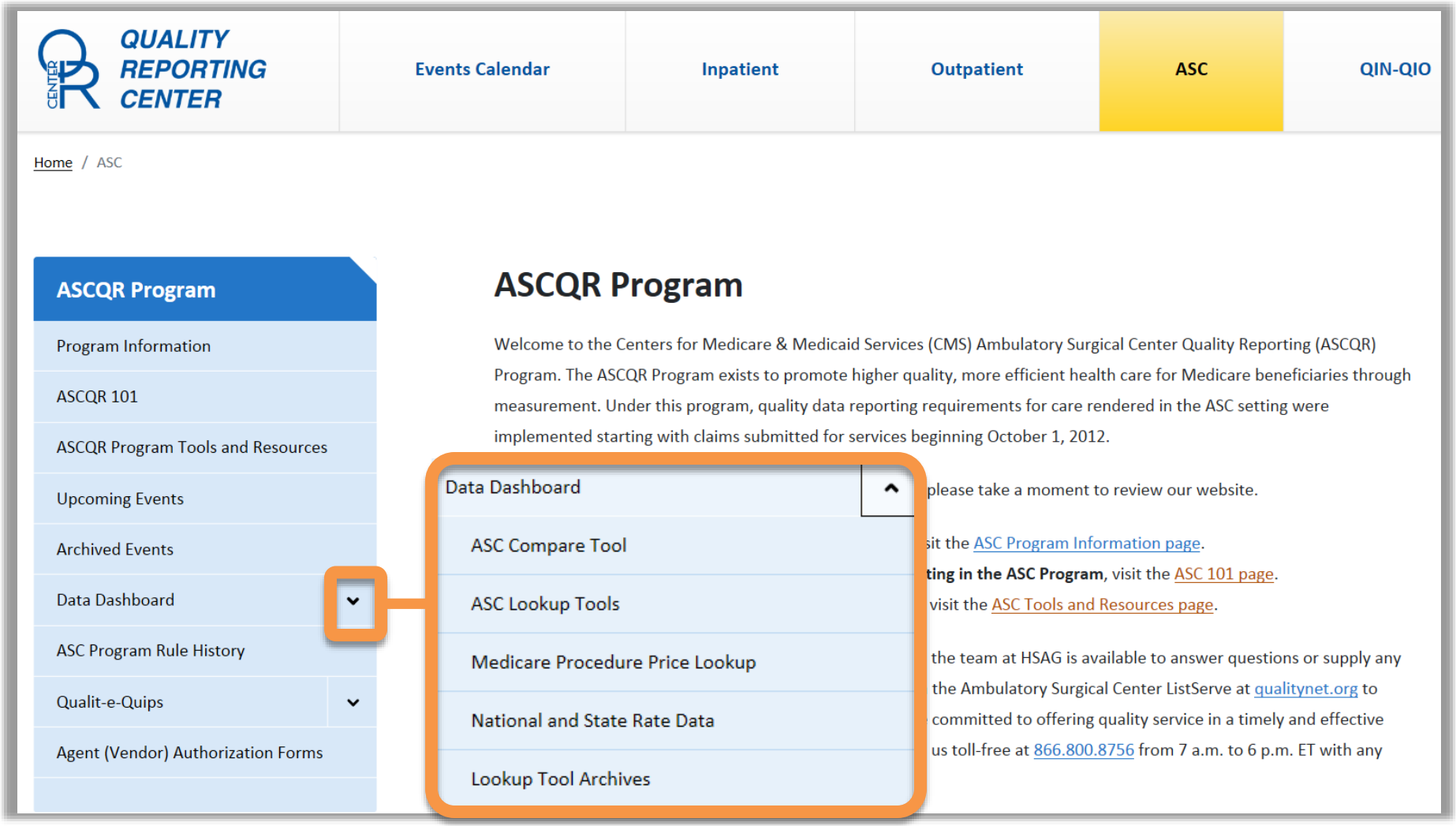
Support Contractor

www.qualityreportingcenter.com

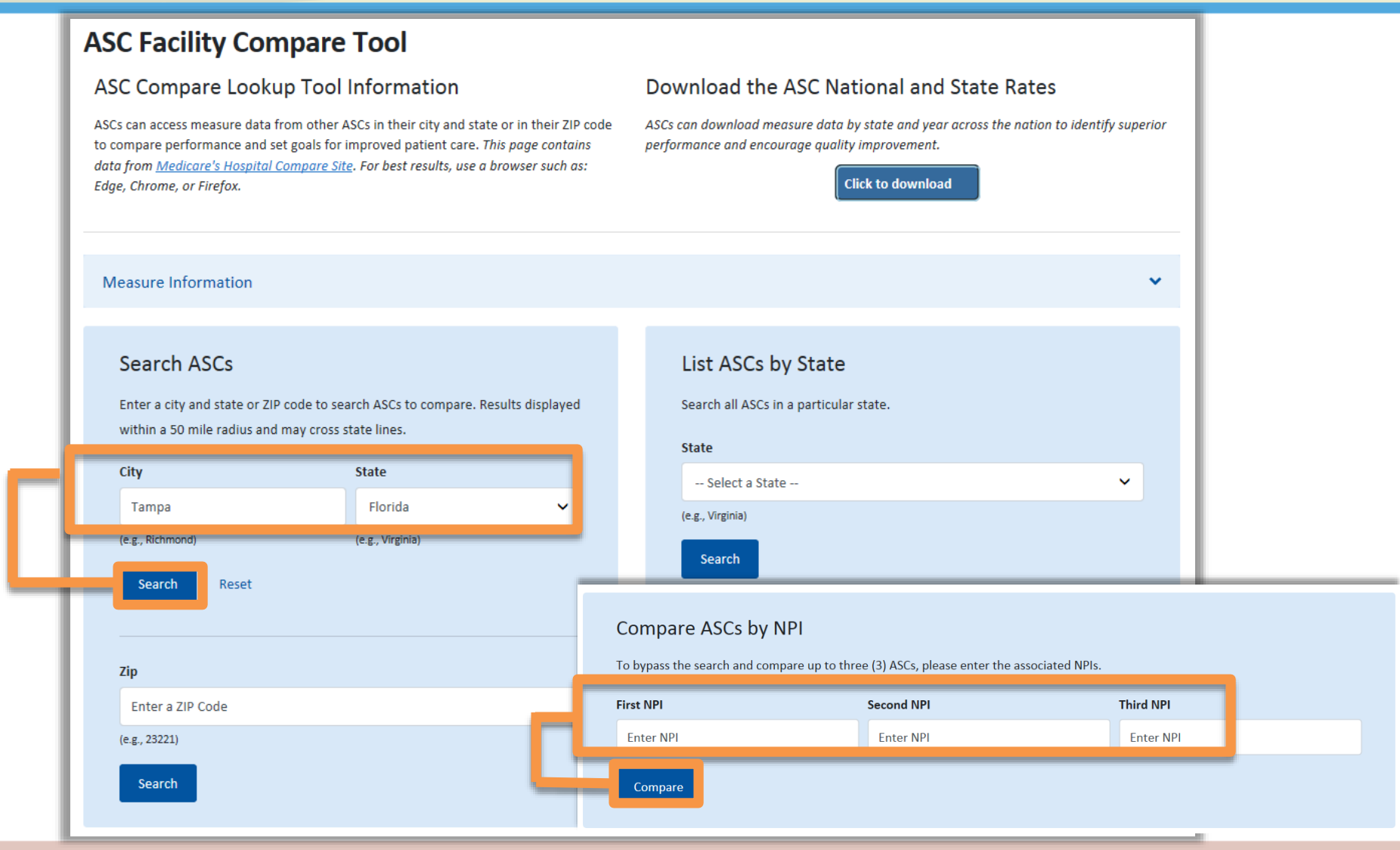
Choose Your Program

www.qualityreportingcenter.com

Choose Your Category



Choose Your Option



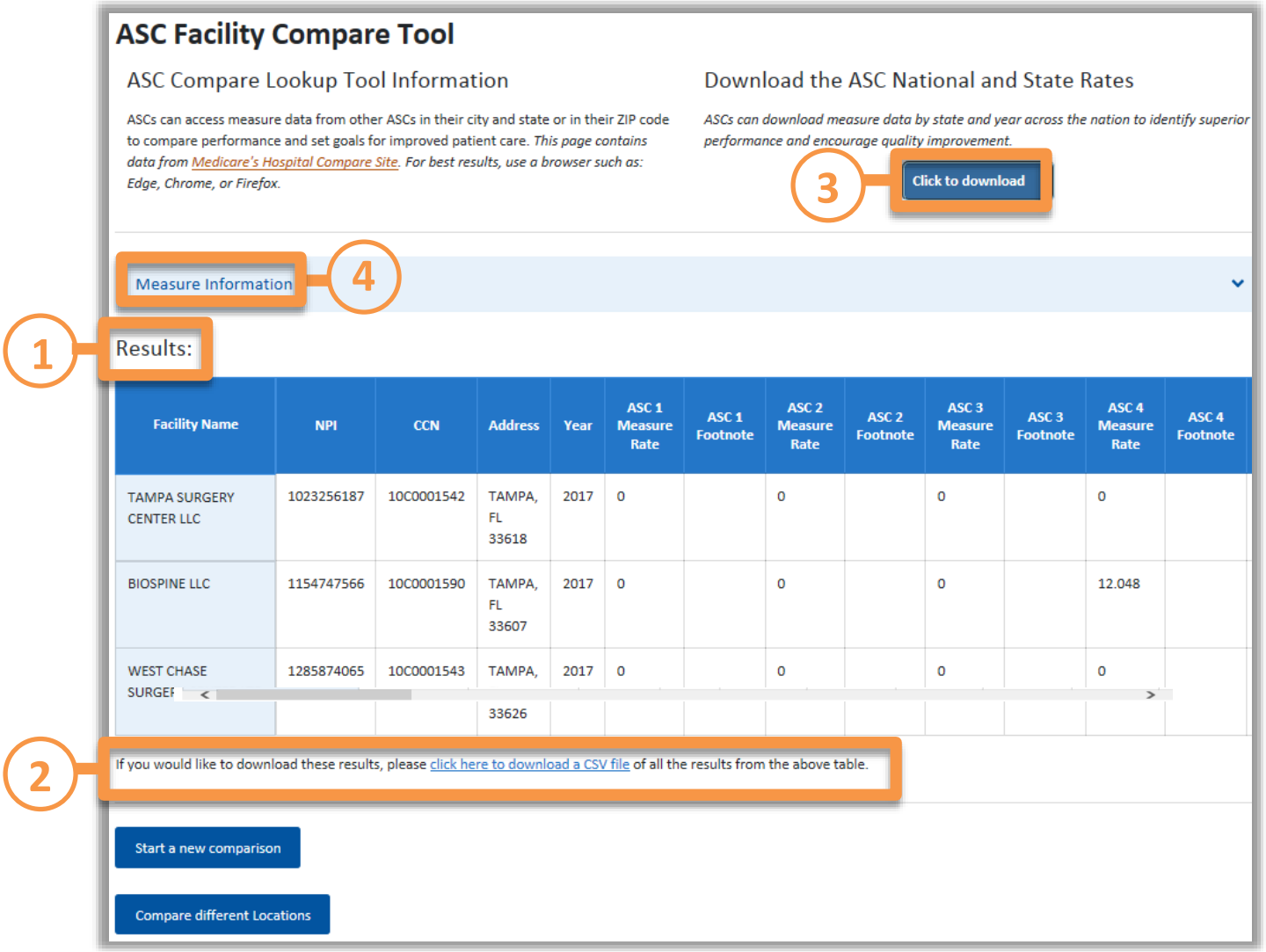
Select Your Facilities

Select facilities to compare:

Compare

Select all	Facility Name	NPI	CCN	Address	Year	Distance
☐	TAMPA SURGERY CENTER LLC	1023256187	10C0001542	TAMPA, FL 33618	2017	0 mi
☐	TAMPA BAY SURGERY CENTER ASSOCIATES LTD	1093766735	10C0001166	TAMPA, FL 33618	2017	0 mi
☐	TAMPA MINIMALLY INVASIVE SPINE SURGERY CENTER LLC	1104233014	10C0001513	TAMPA, FL 33647	2017	0 mi
☐	SOUTH TAMPA SURGERY CENTER LLC	1124186663	10C0001403	TAMPA, FL 33609	2017	0 mi
☐	BIOSPINE LLC	1154747566	10C0001590	TAMPA, FL 33607	2017	0 mi
☐	WEST CHASE SURGERY CENTER LTD	1285874065	10C0001543	TAMPA, FL 33626	2017	0 mi
☐	FLORIDA SURGERY CENTER ENTERPRISES LLC	1316973050	10C0001496	TAMPA, FL 33603	2017	0 mi
☐	SELECT PHYSICIANS SURGERY CENTERS	1326435926	10C0001601	TAMPA, FL 33607	2017	0 mi
☐	TAMPA BAY CENTER FOR SPECIALIZED SURGERY INC	1366499923	10C0001072	TAMPA, FL 33607	2017	0 mi
☐	COLUMBIA EYE AND SPECIALTY SURGERY CENTER LTD	1376507194	10C0001055	TAMPA, FL 33607	2017	0 mi
☐	TAMPA BAY SURGERY CENTER LTD	1396796249	10C0001442	TAMPA, FL 33607	2017	0 mi

Facility Results



Measure Information

Measure Information

The following measures are included in the ASCQR Program data:

Measure #	Measure Title	Applicable Notes
ASC-1*	Patient Burn	Lower rates are better.
ASC-2*	Patient Fall	Lower rates are better.
ASC-3*	Wrong Site, Side, Patient, Procedure, Implant	Lower rates are better.
ASC-4*	Hospital Transfer/Admission	Lower rates are better.
ASC-8	Influenza Vaccination Coverage among Healthcare Personnel	Data for this measure are from the 2016/2017 flu season (October 1, 2016-March 31, 2017).
ASC-9†	Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy	All patients are included, not only Medicare patients.
ASC-10†	Percentage of patients with history of polyps receiving follow-up colonoscopy in the appropriate timeframe	All patients are included, not only Medicare patients.
ASC-11†	Percentage of patients who had cataract surgery and had improvement in visual function within 90 days following the surgery	All patients are included, not only Medicare patients; ASCs have the option to voluntarily submit data for ASC-11.
ASC-12*	Rate of unplanned hospital visits after an outpatient colonoscopy	Lower rates are better.

*Results for these measures are rates per 1,000 patients (or per 1,000 procedures).

†All patients are included, not only Medicare patients.

For information on footnotes used in the data tables, visit https://www.medicare.gov/hospitalcompare/data/Footnotes.html.

Hospital Compare

Begin Your Search

https://www.medicare.gov/hospitalcompare/search.html

Find a hospital

A field with an asterisk (*) is required.

* **Location**
Example: 45802 **or** Lima, OH **or** Ohio

ZIP code or City, State or State

Hospital name (optional)

Full or Partial Hospital Name

Search

Spotlight

- Compare hospitals based on their overall star rating, which summarizes
- Ambulatory surgical centers. Updated February 2019.
- American College of Surgeons National Surgical Quality Improvement Program® outcome measures. Updated February 2019.

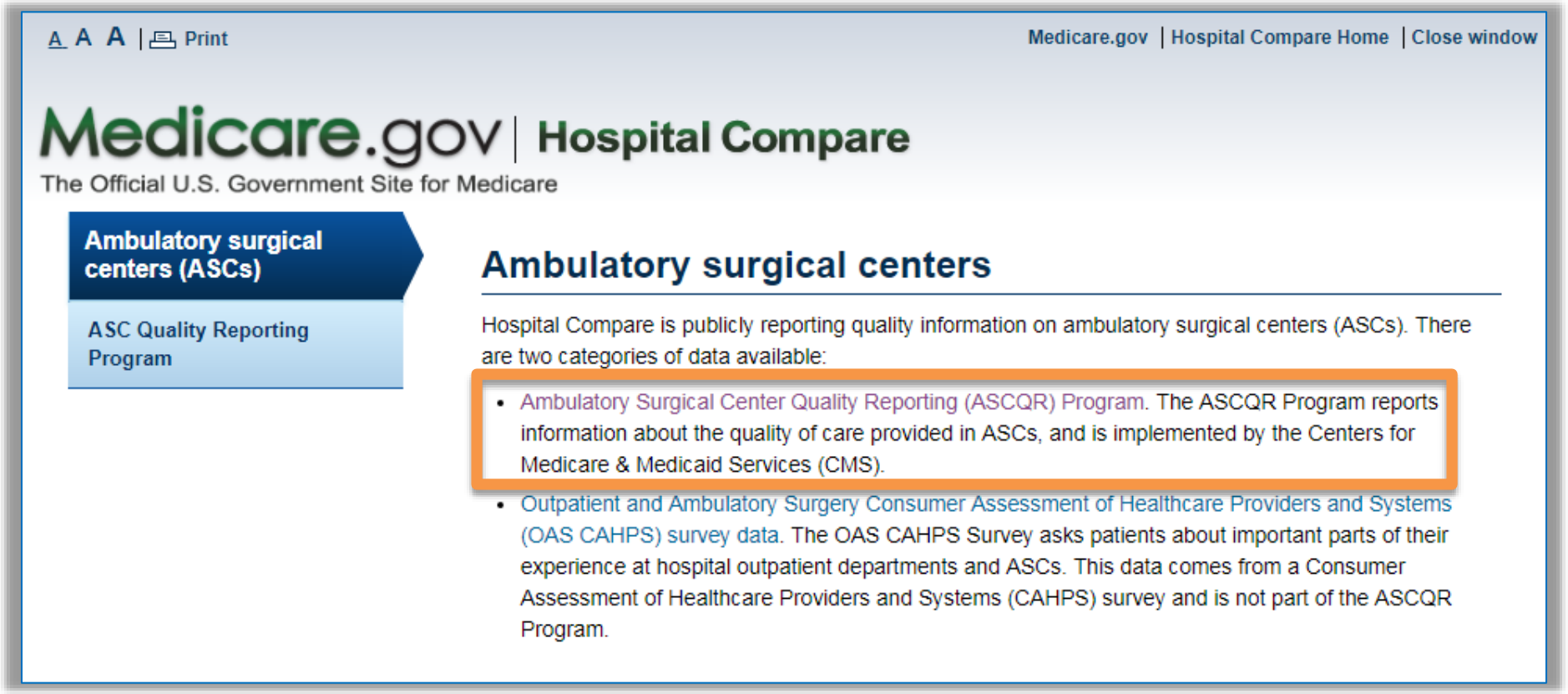
Tools and Tips

- Get information on choosing a hospital, filing a complaint, or edicare coverage for hospital rvices.
- et tips for printing hospital formation.
- nd and compare other healthcare oviders like doctors, hospitals, rsing homes, and more.
- ompare Medicare health and drug ans.

Additional Information

- Hospital Compare data last updated: February 28, 2019. Explore and download Hospital Compare data and view a list of data updates.
- Get data from Medicare programs that link quality to payment.
  - Hospital Readmissions Reduction Program (HRRP). Updated February 2019.
  - Hospital Value-Based Purchasing Program (HVBP). Updated February 2019.
  - Hospital-Acquired Condition (HAC) Reduction Program. Updated February 2019.
  - Comprehensive Care for Joint

Select Your Program



Select Your Options

Your Options Display

Ambulatory surgical centers (ASCs)

ASC Quality Reporting Program

Data details

Ambulatory Surgical Center Quality Reporting Program

About The Program

The Ambulatory Surgical Center Quality Reporting (ASCQR) Program is a quality reporting program implemented by the Centers for Medicare & Medicaid Services (CMS). For this program, ambulatory surgical centers (ASCs) providing care to Medicare beneficiaries must report data on certain measures of clinical quality. These quality measures track to CMS priorities including safety, readmissions, and patient experience of care to align with National Quality Strategy and CMS Quality Strategy priorities.

Data collected through the ASCQR Program is publicly reported. Publishing this data allows Medicare beneficiaries and other consumers to find and compare the quality of care provided at ambulatory surgical centers and inform consumers' decisions on where to get care. Publishing this data can foster facility performance improvement by providing benchmarks for selected clinical areas and public view of facility data.

▼ Measuring Quality

The following measures are included in the ASCQR Program data:

Measure #	Measure Title	Applicable Notes
ASC-1	Patient Burn	Lower rates are better.
ASC-2	Patient Fall	Lower rates are better.
ASC-3	Wrong Site, Side, Patient, Procedure, Implant	Lower rates are better.
ASC-4	Hospital Transfer/Admission	Lower rates are better.

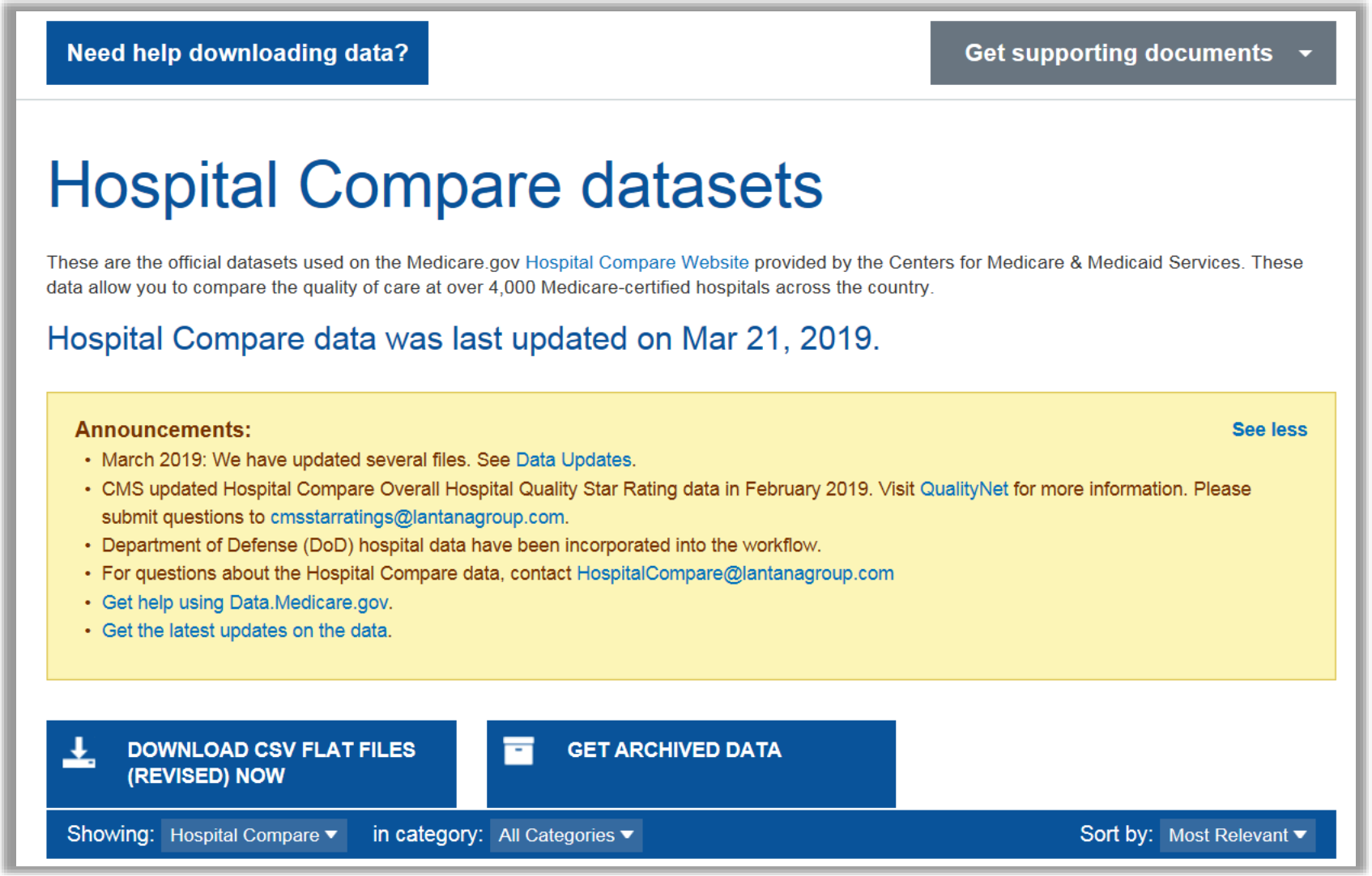
Data Details

To Download Data

Data details

- Data for these measures are from CY 2017 (January 1, 2017-December 31, 2017) except where noted.
- If you are unable to find data for an ASC as identified by a specific facility identifier, this facility has not reported data for these measures.
- Visit data.medicare.gov to download these datasets in csv format
- Review the measures specifications on QualityNet.org (click "Accept" at the bottom of the page to proceed to the Specifications Manuals).

Accessing Archived Data



Choose Your Archive

Hospital Compare data archive

2018 Annual Files

- HOSArchive_Revised_FlatFiles_20181031.zip (10/31/2018, Zip File, 14542 KB)
- HOSArchive_Revised_FlatFiles_20180725.zip (07/25/2018, Zip File, 15825 KB)
- HOSArchive_Revised_FlatFiles_20180523.zip (05/23/2018, Zip File, 15720 KB)
- HOSArchive_Revised_FlatFiles_20180126.zip (01/26/2018, Zip File, 16276 KB)

2017 Annual Files

- HOSArchive_Revised_FlatFiles_20171024.zip (10/24/2017, Zip File, 16002 KB)
- HOSArchive_Revised_FlatFiles_20170726.zip (07/26/2017, Zip File, 15222 KB)
- HOSArchive_20170428.zip (04/28/2017, Zip File, 50684 KB)
- HOSArchive_Revised_Flatfiles_20170428.zip (04/28/2017, Zip File, 14930 KB)

2016 Annual Files

- HOSArchive_20161219.zip (12/19/2016, Zip File, 41114 KB)
- HOSArchive_Revised_Flatfiles_20161219.zip (12/19/2016, Zip File, 14920 KB)
- Hospital_20161110.zip (11/10/2016, Zip File, 52138 KB)
- Hospital_Revised_FlatFiles_20161110 (11/10/2016, Zip File, 15473 KB)
- VA_Data_10.19.2016 (10/19/2016, Zip File, 342 KB)
- HOSArchive_20160810.zip (08/10/2016, Zip File, 43096 KB)
- HOSArchive_Revised_FlatFiles_20160810.zip (08/10/2016, Zip File, 14900 KB)
- HOSArchive_20160504.zip (05/04/2016, Zip File, 41767 KB)
- HOSArchive_Revised_FlatFiles_20160504.zip (05/04/2016, Zip File, 14377 KB)

2015 Annual Files

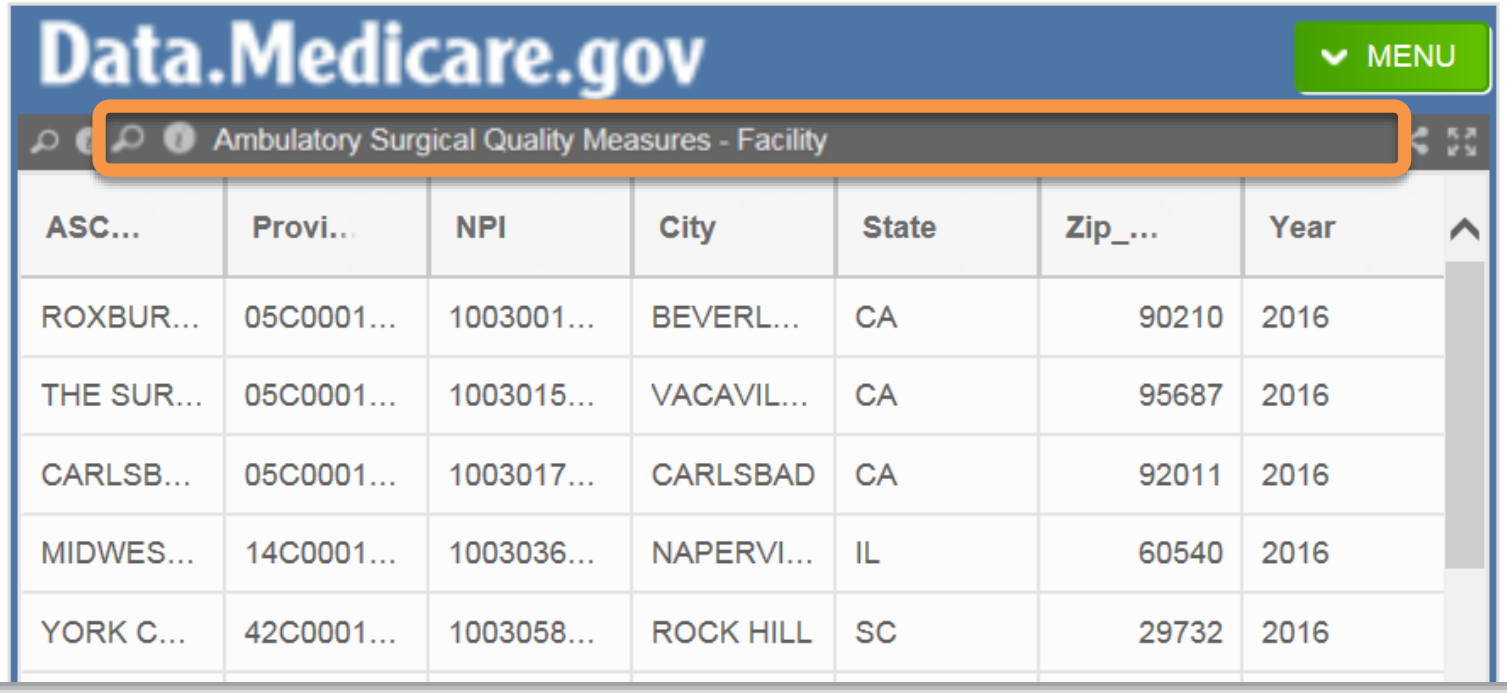
- HAI_CDIFF_Revised_2015.zip (12/18/2015, Zip File, 72 KB)
- HOSArchive_20151210.zip (12/10/2015, Zip File, 35,082 KB)
- HOSArchive_Revised_FlatFiles_20151210.zip (12/10/2015, Zip File, 13,891 KB)
- HOSArchive_20151008.zip (10/08/2015, Zip File, 33,659 KB)
- HOSArchive_Revised_FlatFiles_20151008.zip (10/08/2015, Zip File, 12,942 KB)
- MSPB_archives.zip (10/08/2015, Zip File, 838 KB)

https://data.medicare.gov/data/archives/hospital-compare

Search Options

- Measuring Quaility
- Data Details
- Ambulatory surgical measure data – by facility

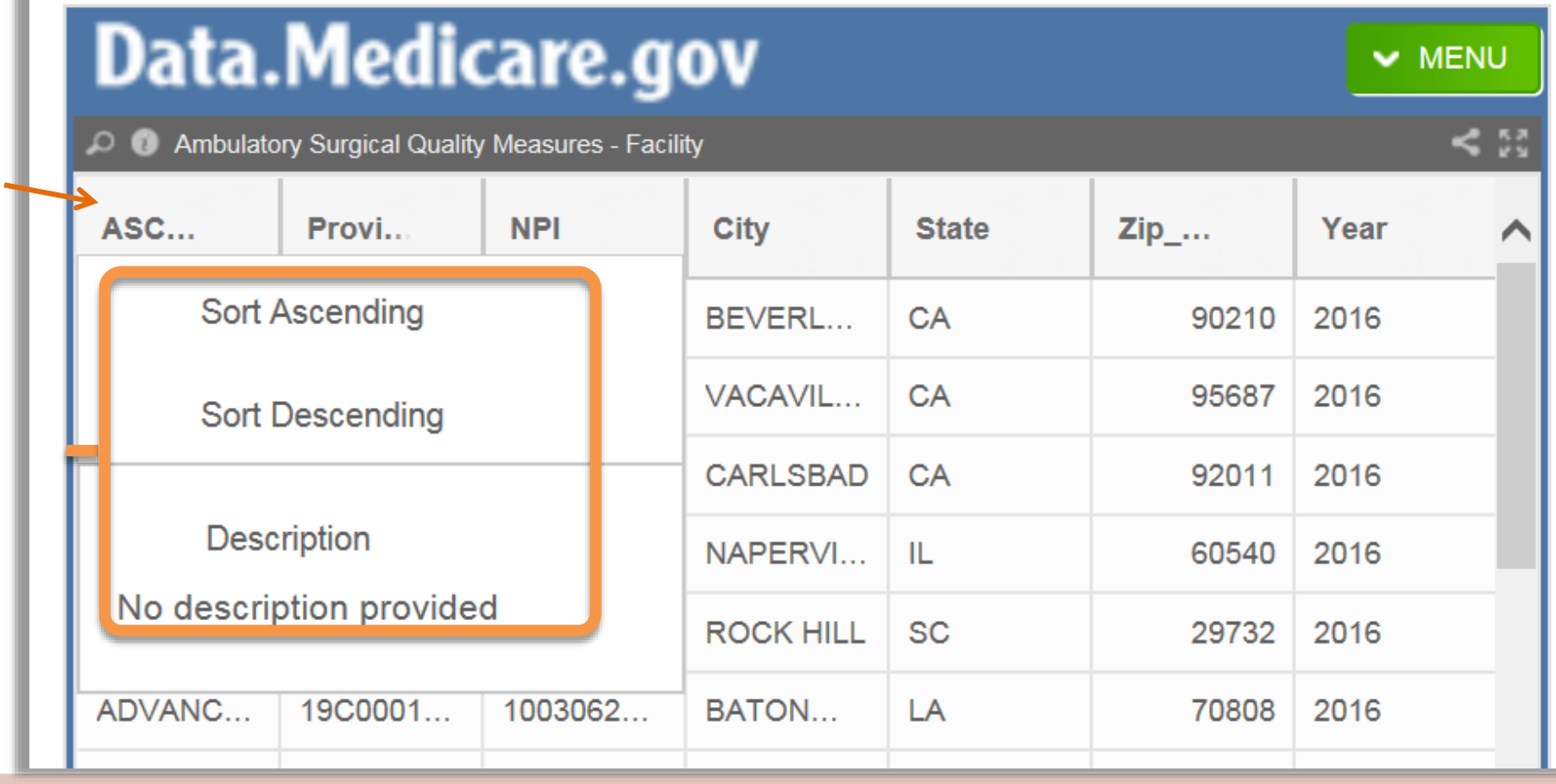
If you would like to sort or filter these data, select the three-line menu icon for that particular column header.



ASC...	Provi...	NPI	City	State	Zip_...	Year
ROXBUR...	05C0001...	1003001...	BEVERL...	CA	90210	2016
THE SUR...	05C0001...	1003015...	VACAVIL...	CA	95687	2016
CARLSB...	05C0001...	1003017...	CARLSBAD	CA	92011	2016
MIDWES...	14C0001...	1003036...	NAPERVI...	IL	60540	2016
YORK C...	42C0001...	1003058...	ROCK HILL	SC	29732	2016

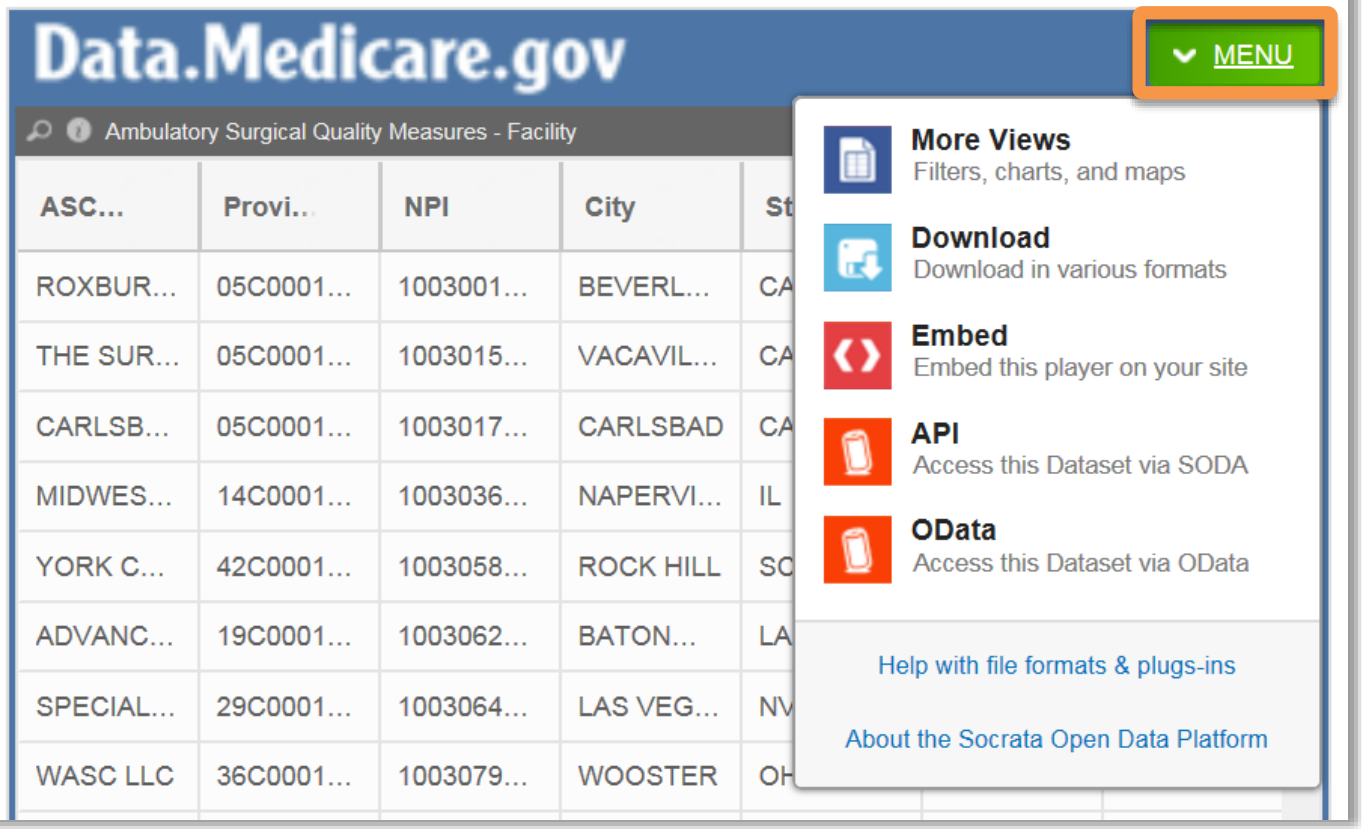
Sorting Options

If you would like to sort or filter these data, select the three-line menu icon for that particular column header.



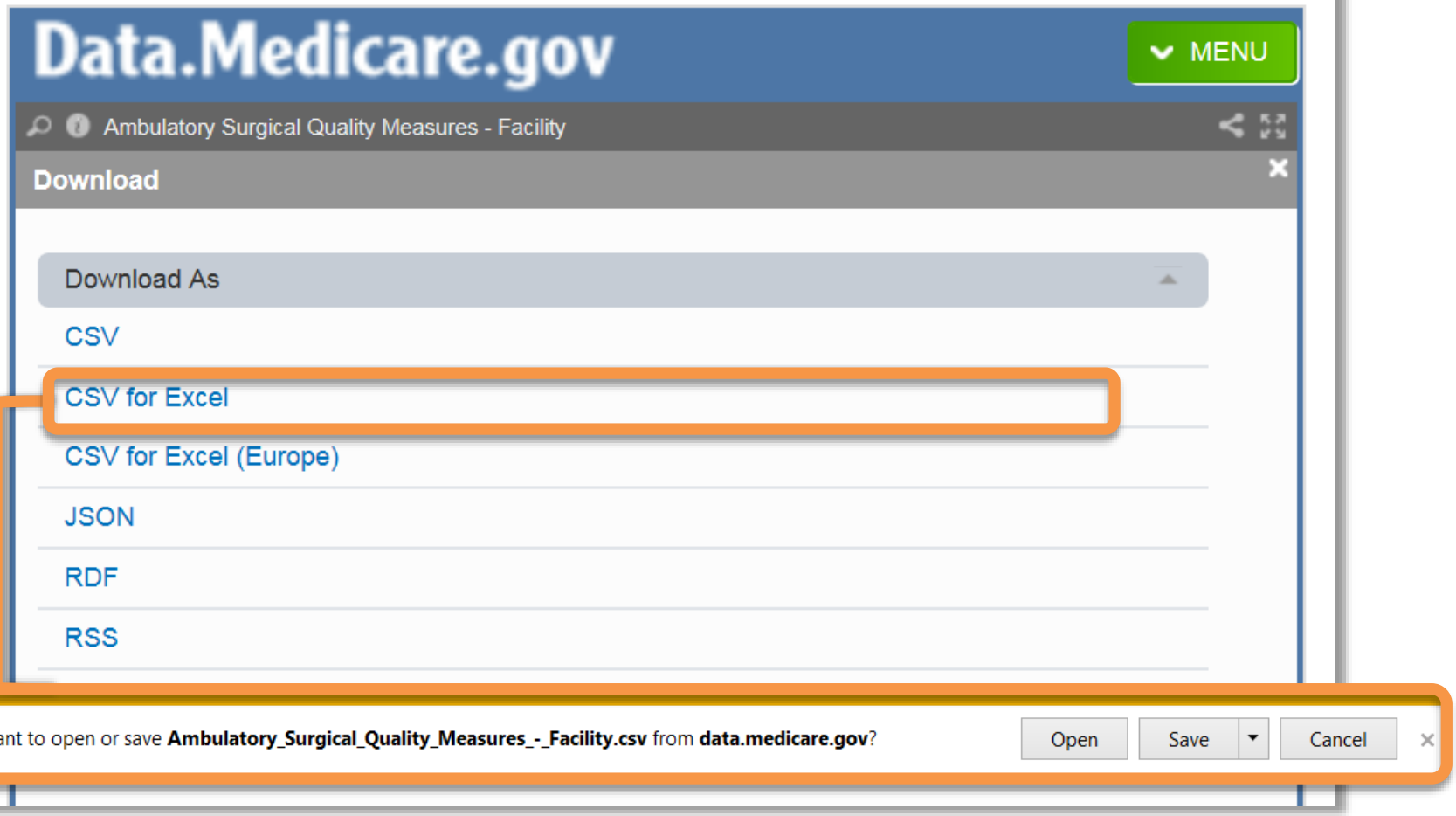
Formats and Downloads

If you would like to sort or filter these data, select the three-line menu icon for that particular column header.



Download Format

If you would like to sort or filter these data, select the three-line menu icon for that particular column header.



Summary

- Evaluate your preview report
- Access your publicly displayed data
- Compare your data to other ASCs
  - Use all of the tools to evaluate, implement changes, and improve quality
- Continue on your successful path

Questions

Thank You

- QualityNet website: www.qualitynet.org
  - Email Notifications
- Support Contractor website: www.qualityreportingcenter.com
- Have a question? Use the Questions & Answers tool: https://cms-ocsq.custhelp.com/
- Support Contractor Helpline: 866.800.8756

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.

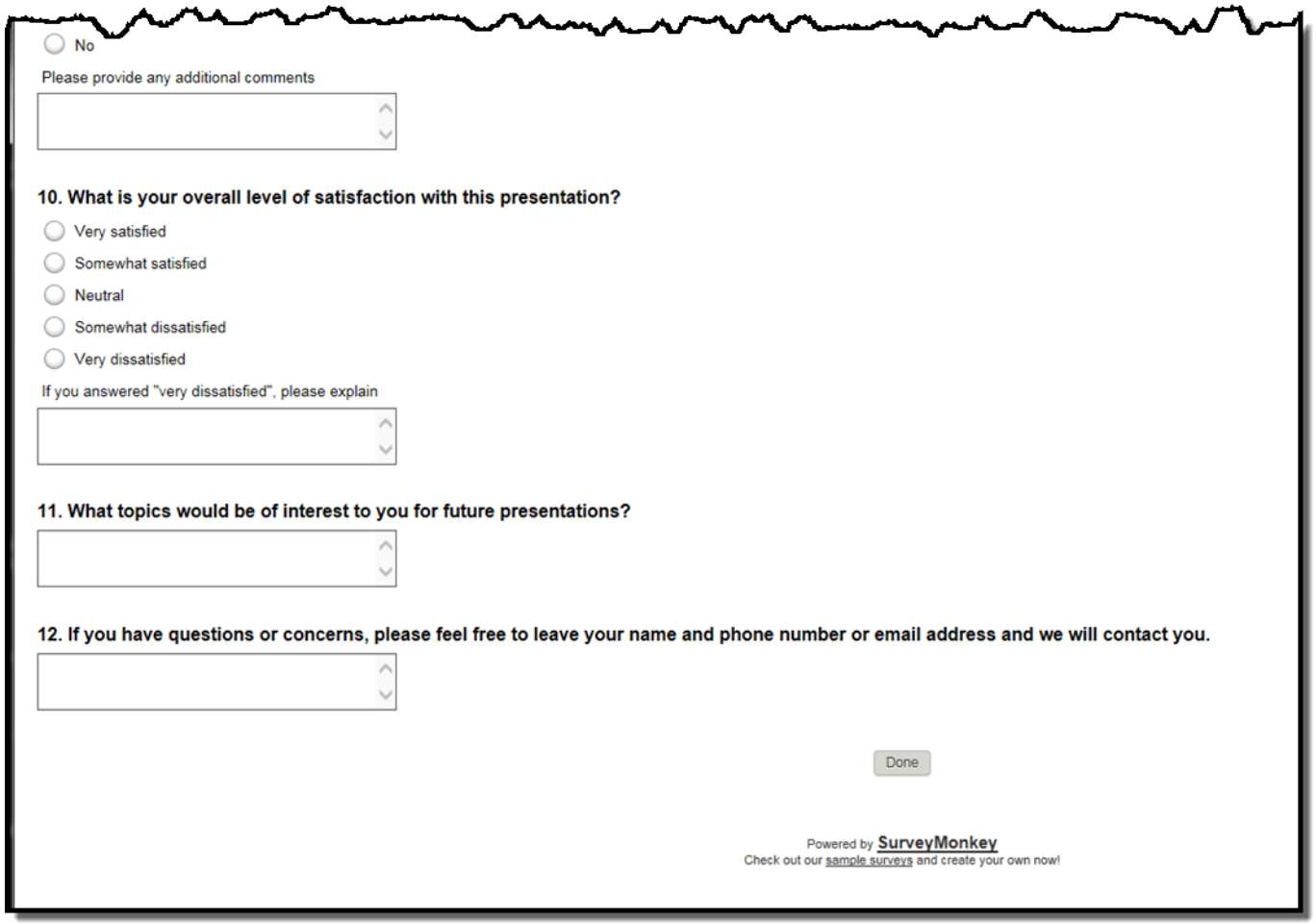
CE Credit Process

- 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.

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

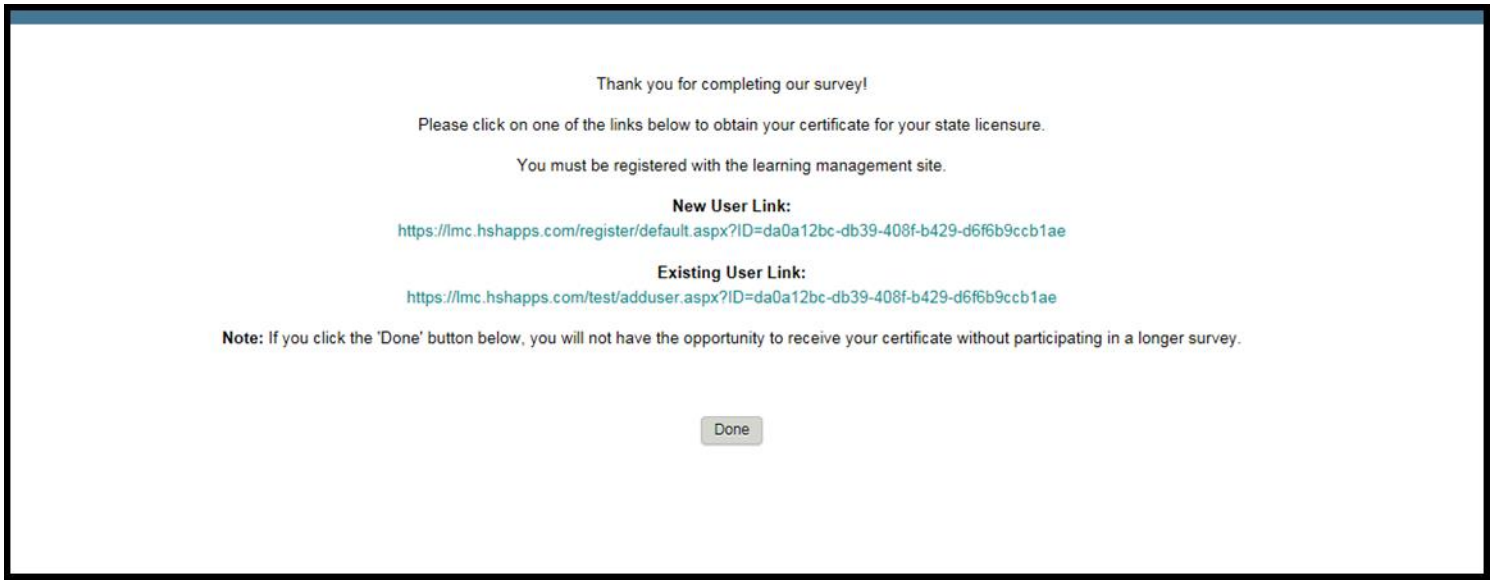
11. What topics would be of interest to you for future presentations?

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

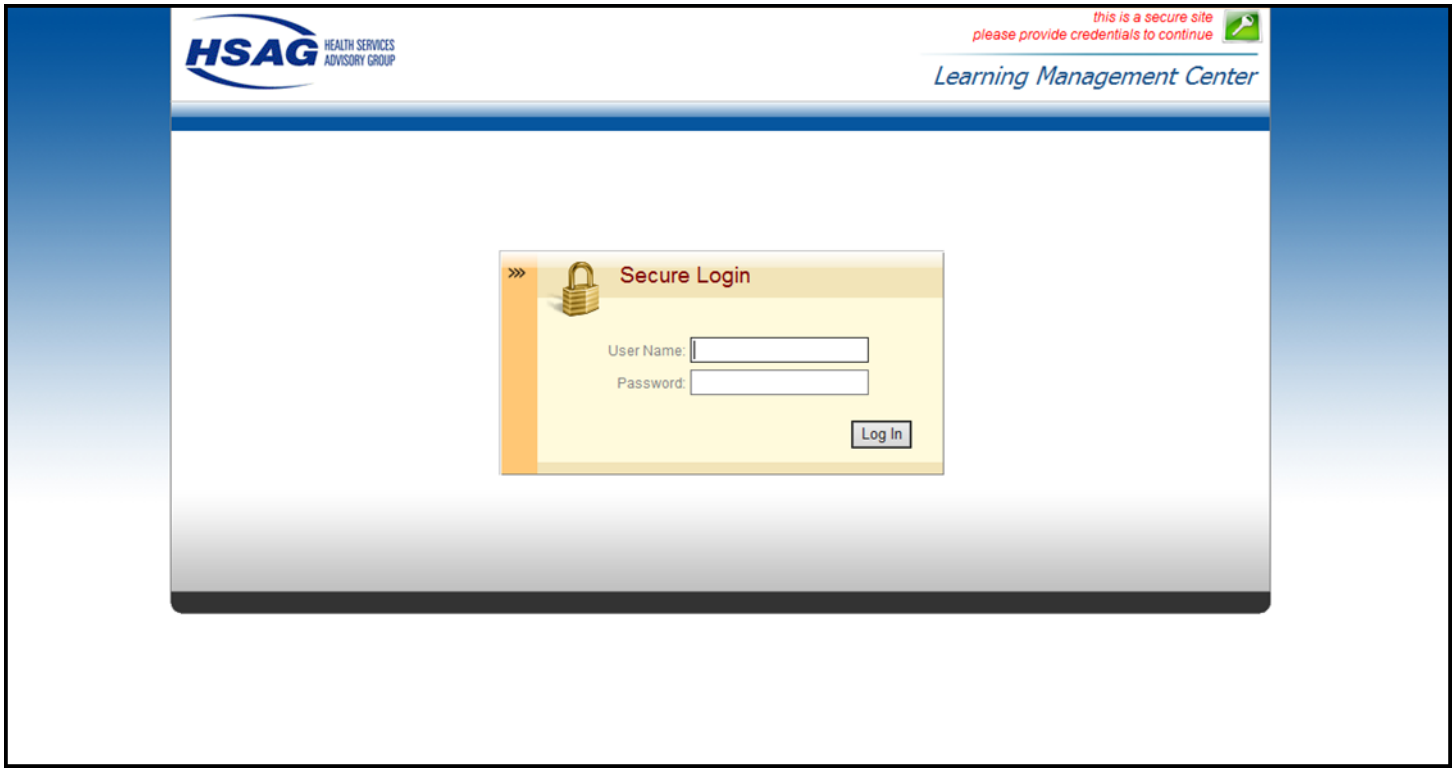
Powered by SurveyMonkey
Check out our sample surveys and create your own now!

CE Credit Process



CE Credit Process: New User

CE Credit Process: Existing User



References

- **Slide 13:** https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetHomepage&cid=1120143435383.
- Accessed on: 5/15/19.
- **Slides 14, 15**: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228776460946.
- Accessed on: 5/15/19.
- **Slide 17**: https://www.qualityreportingcenter.com/ . Accessed on: 5/15/19.

References (cont.)

- **Slides 18-22:** https://www.qualityreportingcenter.com/en/ascqr-program/.

  Accessed on: 5/15/19.

- **Slides 24-35:** https://www.medicare.gov/hospitalcompare/search.html.

  Accessed on: 5/15/19.

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