Outpatient Public Reporting Preview Help Guide

The target audience for this publication is hospitals.
The document scope is limited to instructions for hospitals on how to access and understand the data provided on the public reporting user interface prior to publication of data on *Hospital Compare*.

May Public Reporting Preview/July 2020 *Hospital Compare* Release

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Overview

Hospital Compare

The Centers for Medicare & Medicaid Services (CMS) and the nation's hospitals work collaboratively to publicly report hospital quality performance information on the *Hospital Compare* website located at *www.Medicare.gov/HospitalCompare** and *Data.Medicare.gov**.

**Hospital Compare* will be replaced with a new website.
However, we will use *Hospital Compare* in this help guide.
Please interpret it to mean *Hospital Compare* or its successor website.

Hospital Compare presents hospital performance data in a consistent, unified manner to ensure the availability of credible information about the care delivered in the nation's hospitals, including outpatient care. Participating hospitals submit quality of care measure data as part of the Hospital Outpatient Quality Reporting (OQR) Program. Hospitals that do not meet program requirements, as required by statute, will be subject to a two percent reduction of their Outpatient Prospective Payment System (OPPS) Payment Update.

Hospital Outpatient Quality Reporting (OQR) Program

The Hospital OQR Program was mandated under the Tax Relief and Healthcare Act (TRCHA) of 2006. Initial program implementation was finalized in the Calendar Year (CY) 2008 OPPS/Ambulatory Surgical Center (ASC) Final Rule with Comment Period released November 1, 2007. Under the Hospital OQR Program, **hospitals that meet full program requirements, including the reporting of data for standardized measures on the quality of hospital outpatient care, will receive their full OPPS Payment Update.**

Reporting is used to encourage hospitals and clinicians to improve quality of care and to empower Medicare beneficiaries and other consumers with quality of care information to make more informed decisions about healthcare.

Preview Period

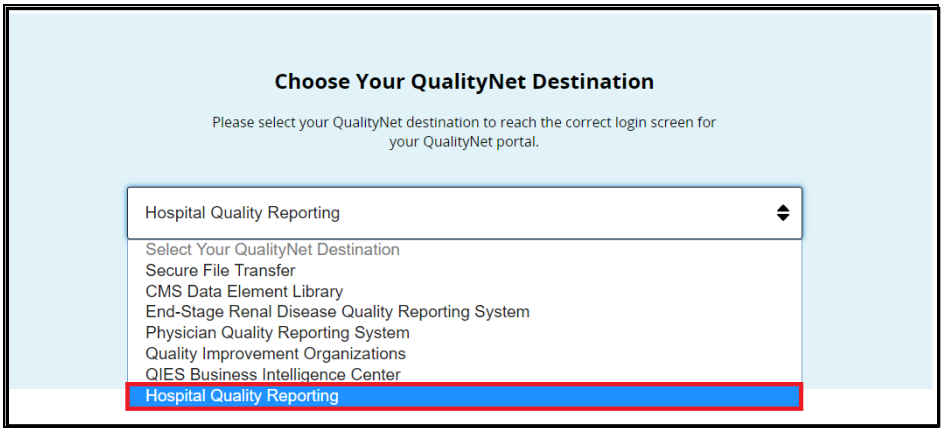
Prior to the release of data on ***Hospital Compare***, hospitals have the opportunity to preview their data during a 30-day preview period via the ***QualityNet** Secure Portal*, the only CMS-approved website for secure healthcare quality data exchange, at **www.qualitynet.org**.

Public Reporting Preview User Interface (UI)

The Preview 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*.

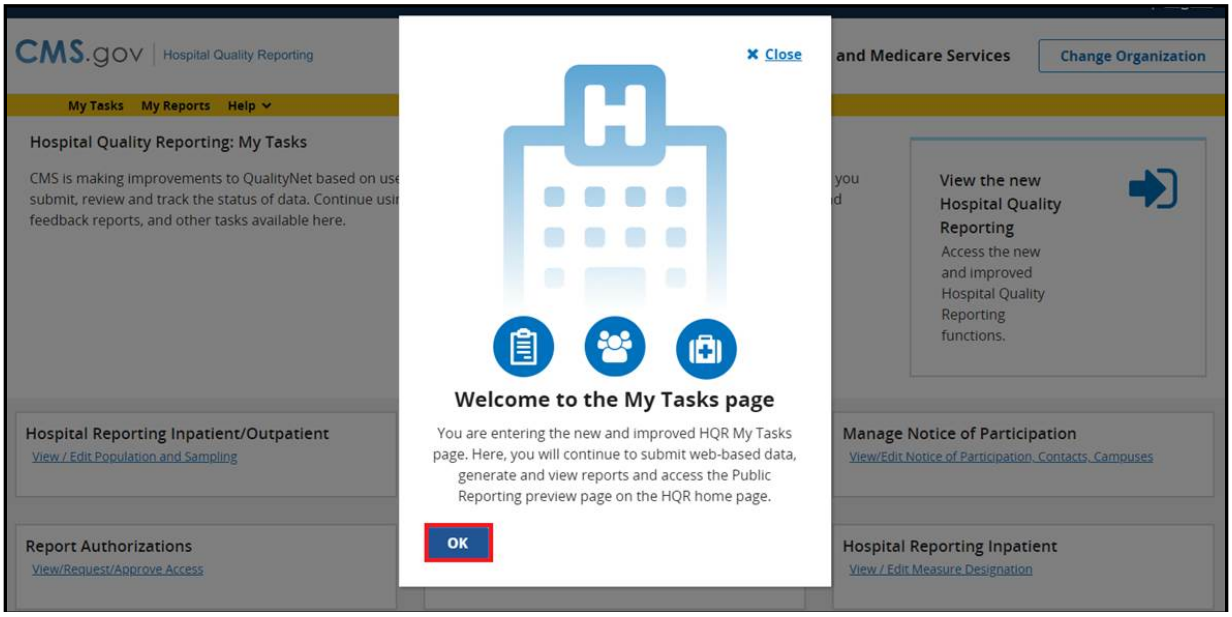
Users must be enrolled and proofed in the *QualityNet Secure Portal* in order to access the user interface. Follow the instructions below to access the UI:

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 **Hospital Quality Reporting.**

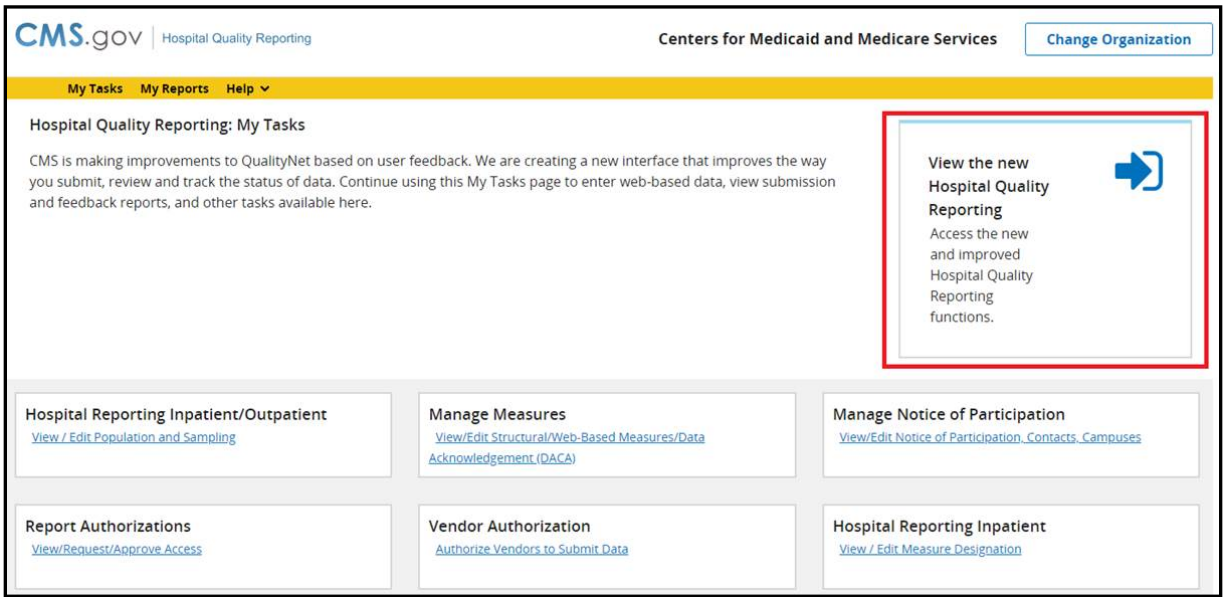


4. Enter your *QualityNet* User ID, Password, and Security Code. Then, select **Submit**.
5. Read the Terms and Conditions statement and select **I Accept** to proceed.

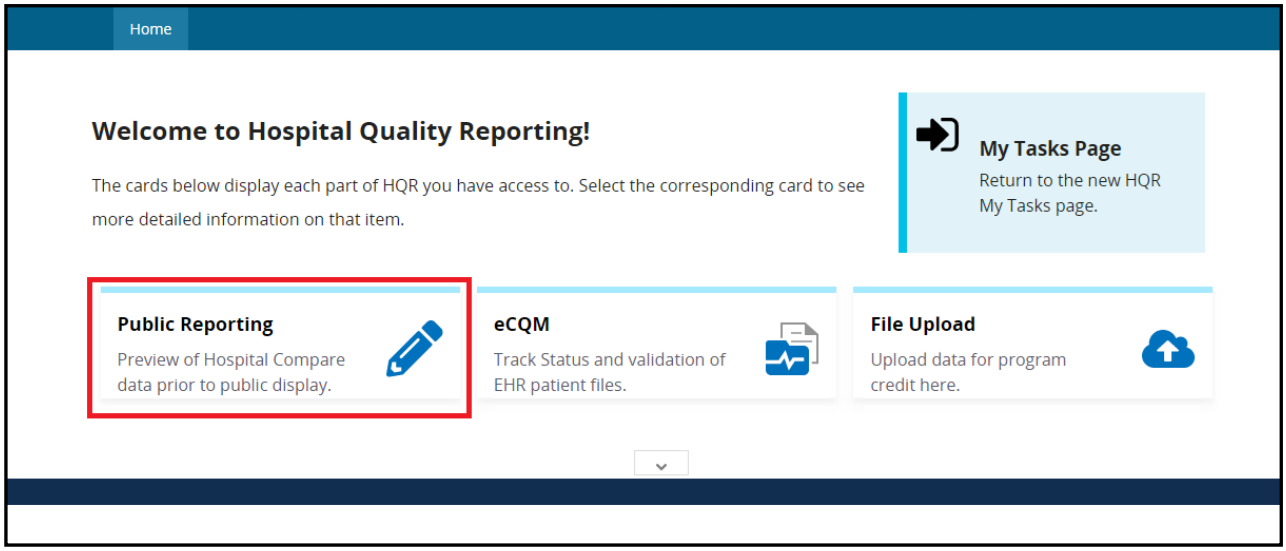
   Note: If **I Decline** is selected, the program closes.
6. You will be directed to the **My Tasks page** there will be a pop-up statement, select **OK** to proceed.



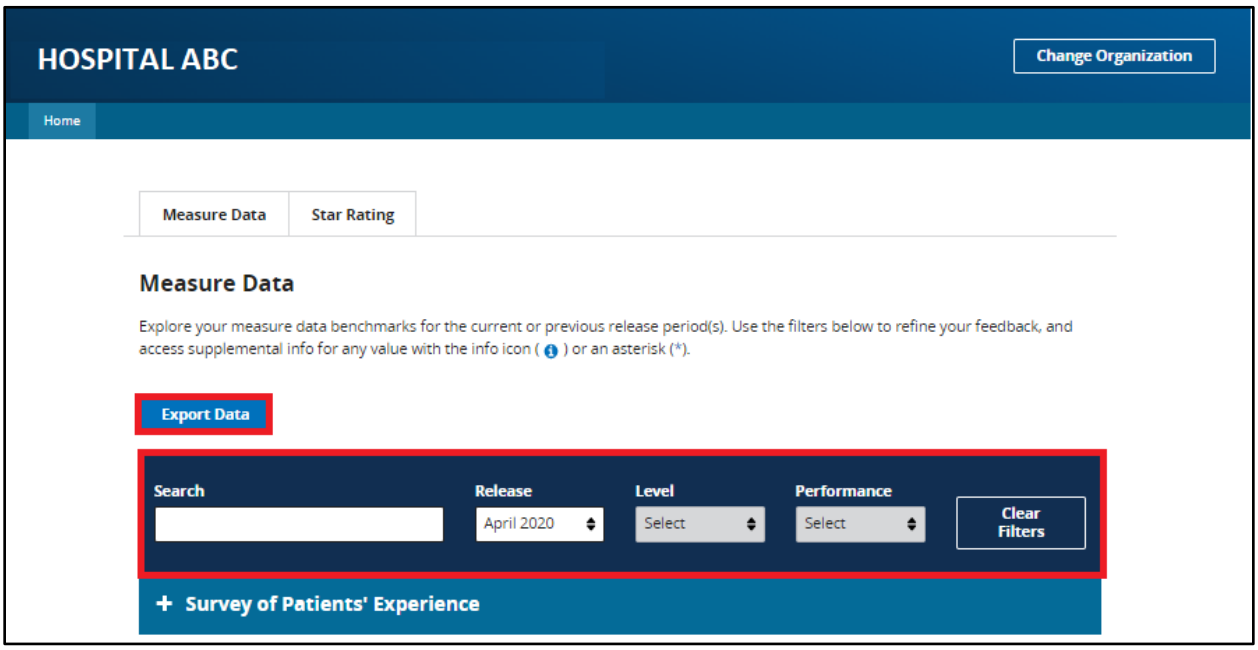
7. On the **My Tasks page**, select **View the New Hospital Quality Reporting** card in the top-right corner of the page.



8. Select **Public Reporting.**



9. Your provider name and CMS Certification Number (CCN) will appear at the top of the Preview UI. The **Change Organization Button** is available to users with roles associated with multiple facilities to see a different provider's data.
10. There are two tabs: Measure Data and Star Rating
11. Within the Preview UI, users will be able to easily view their data. This page is an interactive analogue to the traditional PDFs. On this page, users can 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. Data will be retained following the 30-day preview for future reference.



Export Data–Users will be able to export measure data into a PDF format for a user-friendly printed report.

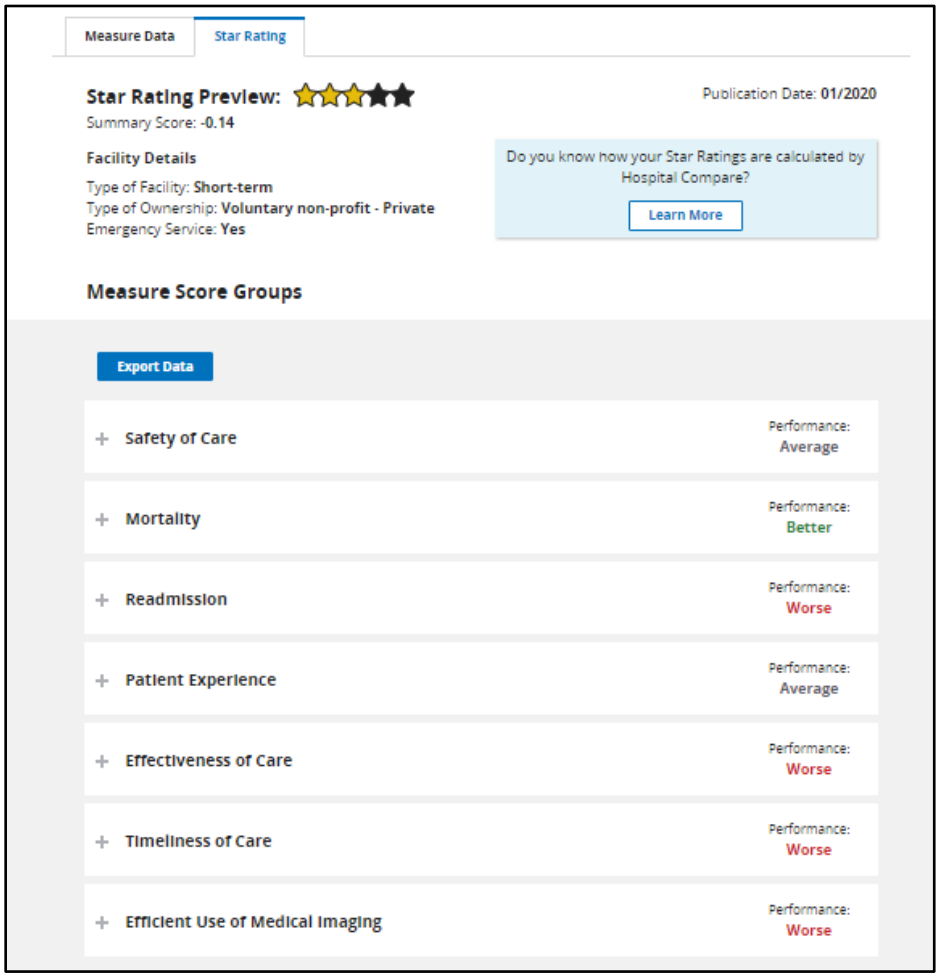
Search–Enter specific measures into this field, and the table will dynamically filter for the appropriate content.

Filtering–Users will be able to filter their benchmark data in the following ways:

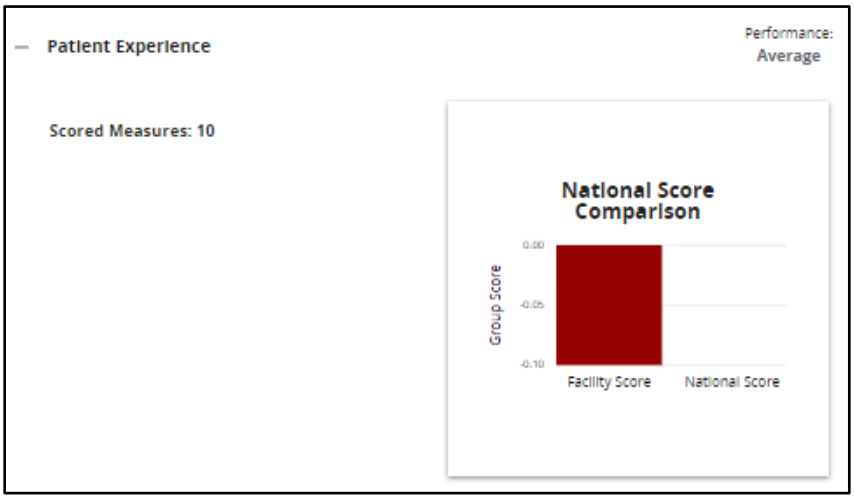
- Release-Select the release data to be viewed.
- Level-Filter whether your facility's data will be compared to the "State" or "National" average during filtering. This functionality is disabled currently and will be activated in a future release.
- Performance-Filter your facility's data for being "Above," "Below," or the "Same" as previous Level selections. This functionality is disabled currently and will be activated in a future release.

Star Rating Tab

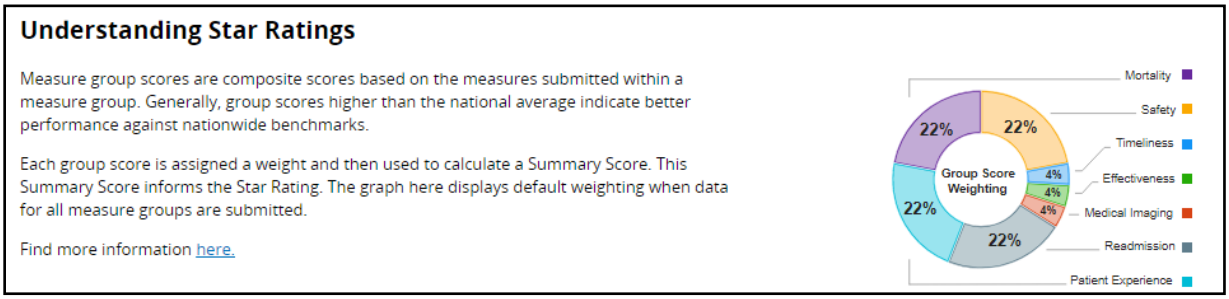
The Star Rating tab displays the Overall Hospital Quality Star Ratings, facility details (i.e., hospital characteristics), and measure group scores for January 2020. Each group accordion displays the performance for the group and expands to provide additional information.



Each group score accordion expands to display the number of scored measures in that group as well as a National Score Comparison graph.



Additional information at the bottom of the Star Ratings tab includes the weight of each group score and a link to additional information on the *Hospital Compare* web page.



The Overall Hospital Quality Star Ratings summarize hospital quality data on the *Hospital Compare* website. These ratings reflect measures across seven aspects of quality on *Hospital Compare*: mortality, safety of care, readmission, patient experience, effectiveness of care, timeliness of care, and efficient use of medical imaging. The Overall Hospital Quality Star Rating methodology is a scientifically rigorous and valid process to summarize the quality information available on *Hospital Compare*. The Overall Hospital Quality Star Rating supplements, rather than replaces, the information on *Hospital Compare*.

CMS updates the Overall Hospital Quality Star Ratings on an annual schedule during the January *Hospital Compare* release. The Overall Hospital Quality Star Ratings in the April, July and October *Hospital Compare* releases generally maintain the same rating from the January release, unless otherwise noted.

Hospitals receive an Overall Hospital Quality Star Rating (i.e., 1, 2, 3, 4, or 5 stars) and a performance category for each measure group (i.e., above the national average, same as the national average, or below the national average). The tab contains supplemental information for hospitals to better understand the Overall Hospital Quality Star Rating calculations, which include: a summary score (i.e., the weighted average of a hospital's available group scores), the hospital's measure group scores, the national group scores, the number of measures in the hospital's group score calculation, and the weighting of each group that contributed to the summary score.

Please refer to the Overall Hospital Quality Star Ratings methodology resources on the Overall Hospital Ratings Resources page at this link.

Overall Hospital Quality Star Rating Details

The January 2020 Star Ratings were calculated using the measure data from the October 2019 update of *Hospital Compare* to allow hospitals more time to preview results prior to publicly releasing Star Ratings.

- **Your Hospital's Overall Star Rating** – 1, 2, 3, 4, or 5 stars. A hospital will only receive a Star Rating if it has at least three group scores. One of those group scores must be an outcomes measure group (i.e., mortality, safety of care, or readmission) with at least three measures in each group.
- **Your Hospital's Summary Score** – The weighted average of the hospital's group scores. This score is generally recalculated for the January and July releases and is not recalculated for the April and October releases, unless otherwise stated.
- **Measure Groups** − Hospital quality is represented by several dimensions, including clinical care processes, initiatives focused on care transitions, and patient experiences. The *Hospital Compare* Overall Star Rating includes seven groups:

  - Mortality
  - Safety of care
  - Readmission
  - Patient experience
  - Effectiveness of care
  - Timeliness of care
  - Efficient use of medical imaging

- **Number of Measures** – The number of measures used to calculate the hospital's group scores is based on the data the hospital reported.

The Overall Hospital Quality Star Rating aims to be as inclusive as possible of measures displayed on *Hospital Compare*; however, the following types of measures will not be incorporated in the Overall Hospital Quality Star Rating:

- Measures suspended, retired, or delayed from public reporting on *Hospital Compare*
- Measures with no more than 100 hospitals reporting performance publicly
- Structural measures
- Non-directional measures (i.e., unclear whether a higher or lower score is better)
- Duplicative measures (e.g., individual measures that make up a composite measure that is already reported or measures that are identical to another measure)

The tables below include a full list of the measures included in each group that, if reported by the hospital, were used in calculating the Overall Star Rating for January 2020.

Mortality (N=7)

Measure	Description
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
MORT-30-CABG	Coronary Artery Bypass Graft (CABG) 30-Day Mortality Rate
MORT-30-COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate
MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate
MORT-30-PN	Pneumonia (PN) 30-Day Mortality Rate
MORT-30-STK	Acute Ischemic Stroke (STK) 30-Day Mortality Rate
PSI 4 SURG-COMP	Death Among Surgical Inpatients with Serious Treatable Complications

Safety of Care (N=8)

Measure	Description
HAI-1	Central Line-associated Bloodstream Infection (CLABSI)
HAI-2	Catheter-Associated Urinary Tract Infection (CAUTI)
HAI-3	Surgical Site Infection from colon surgery (SSI-colon)
HAI-4	Surgical Site Infection from abdominal hysterectomy (SSI-abdominal hysterectomy)
HAI-5	Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia
HAI-6	*Clostridium Difficile* (*C. difficile*)
COMP-HIP-KNEE	Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)
PSI-90 Safety	Patient Safety and Adverse Events Composite

Readmission (N=8)

Measure	Description
READM-30-CABG	Coronary Artery Bypass Graft (CABG) 30-Day Readmission Rate
READM-30-COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission Rate
READM-30-HIP-KNEE	Hospital-Level 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) Following Elective Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA)
READM-30-HOSP-WIDE	Hospital-Wide All-Cause Unplanned Readmission (HWR)
EDAC-30-PN	Excess Days in Acute Care (EDAC) after hospitalization for Pneumonia (PN)

Measure	Description
EDAC-30-AMI	Excess Days in Acute Care (EDAC) after hospitalization for Acute Myocardial Infarction (AMI)
EDAC-30-HF	Excess Days in Acute Care (EDAC) after hospitalization for Heart Failure (HF)
OP-32*	Facility 7-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy

Patient Experience (N=10)

Measure	Description
H-COMP-1	Communication with Nurses (Q1, Q2, Q3)
H-COMP-2	Communication with Doctors (Q5, Q6, Q7)
H-COMP-3	Responsiveness of Hospital Staff (Q4, Q11)
H-COMP-5	Communication About Medicines (Q16, Q17)
H-CLEAN-HSP	Cleanliness of Hospital Environment (Q8)
H-QUIET-HSP	Quietness of Hospital Environment (Q9)
H-COMP-6	Discharge Information (Q19, Q20)
H-COMP-7	Care Transition (Q23, Q24, Q25)
H-HSP-RATING	Hospital Rating (Q21)
H-RECMND	Recommend the Hospital (Q22)

Effectiveness of Care (N=10)

Measure	Description
SEP-1	Sepsis
IMM-2	Influenza Immunization
IMM-3*	Healthcare Personnel (HCP) Influenza Vaccination
OP-22	ED-Patient Left Without Being Seen
OP-23	ED-Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Who Received Head CT or MRI Scan Interpretation Within 45 Minutes of Arrival
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
OP-30	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use
OP-33	External Beam Radiotherapy
PC-01	Elective Delivery Prior to 39 Completed Weeks Gestation: Percentage of Babies Electively Delivered Prior to 39 Completed Weeks Gestation
VTE-6	Hospital Acquired Potentially-Preventable Venous Thromboembolism

Timeliness of Care (N=6)

Measure	Description
ED-1b	Median Time from Emergency Department (ED) Arrival to ED Departure for Admitted ED Patients
ED-2b	Admit Decision Time to ED Departure Time for Admitted Patients
OP-2**	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention
OP-5	Median Time to electrocardiogram (ECG)
OP-18b/ED-3	Median Time from ED Arrival to ED Departure for Discharged ED Patients

Efficient Use of Medical Imaging (N=5)

Measure	Description
OP-8	MRI Lumbar Spine for Low Back Pain
OP-10	Abdomen Computed Tomography (CT) Use of Contrast Material
OP-11	Thorax CT Use of Contrast Material
OP-13	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery
OP-14	Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT)

*Measures were removed from Star Rating calculation due to statistically significant negative loading.
**Measure were removed from Star Rating calculation due to too few hospitals reporting.

Measures with less than 100 hospitals reporting are not included in the Overall Hospital Quality Star Ratings calculation. A complete list of the measures that will be individually reported, including the measures excluded from the *Hospital Compare* Star Ratings, is available on *QualityNet*.

- **Weight** is used for the specified group to calculate the hospital's summary score, which is then translated into the hospital's Overall Star Rating. CMS assigns a weight to each group score to calculate a hospital summary score. The following criteria were applied to determine how each measure group is weighted:
    - Measure importance, including prioritizing outcome measures over process measures
    - Consistency with other CMS programs, such as Hospital Value-Based Purchasing
    - Alignment with CMS priorities, as outlined in the Meaningful Measures framework
    - Stakeholder input, including the prioritization of measure groups by the Technical Expert Panel, public comment periods, the hospital dry run, and additional sources of patient and consumer feedback.

  If a hospital does not report at least one measure for a given group, the weight (or percentage) assigned to that group is redistributed proportionally among the groups with a sufficient number of measures.
- **Group Score** is the estimate of the latent variable model used to produce a group score for each group.
- **National Average Group Score** is the national average group score for each group based on the distribution of group scores across all hospitals.
- **Category** is the group performance category, which provides a hospital with a national comparison across a three-point scale for each hospital's available group scores. These performance categories are above the national average, same as the national average, and below the national average.

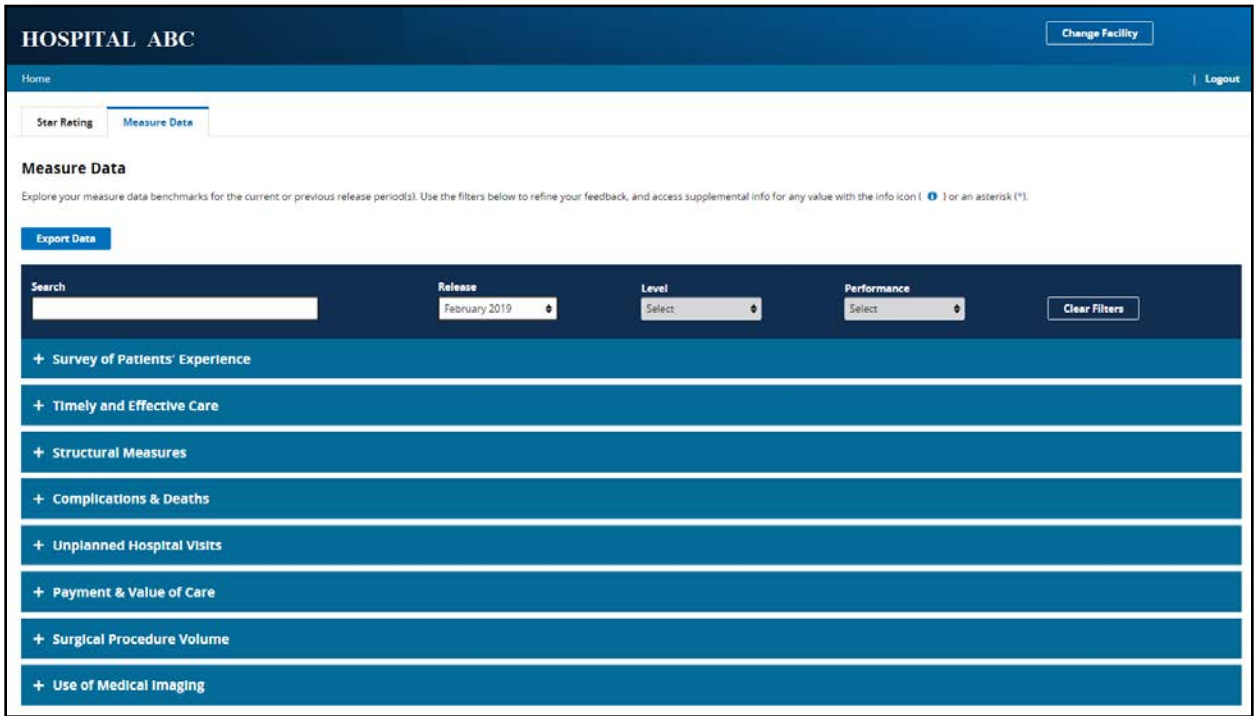
Overall Hospital Quality Star Rating Hospital-Specific Reports (HSRs)

The Overall Hospital Quality Star Rating HSR contains hospital-specific rating and national results, hospital-specific measure group score results, hospital-specific measure score results, and measure loadings for the reporting period. Hospitals are encouraged to review their Overall Hospital Star Rating HSRs along with the Hospital Inpatient and Outpatient Quality Reporting Program Preview data.

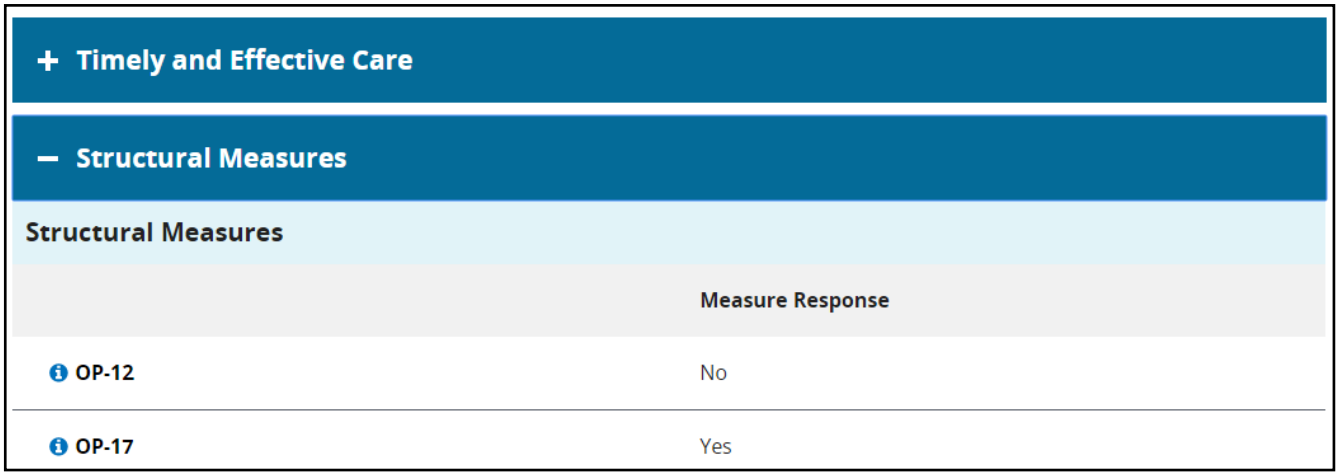
These HSRs are provided when the Overall Hospital Star Rating is recalculated.

Measure Data Tab

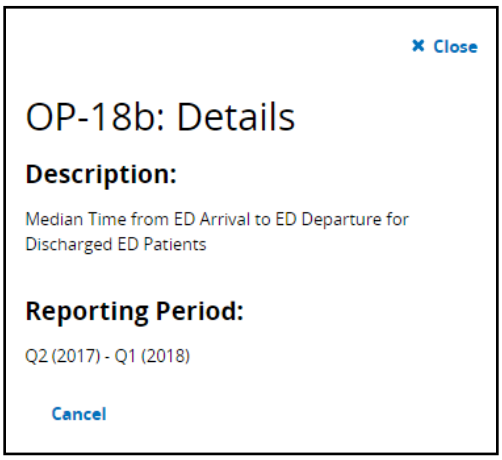
The **Measure Data** tab will display accordions and measures based on what *QualityNet Secure Portal* access the user has. If the user has access to inpatient and outpatient data, then the measures for both programs will display for review.



The accordions are labeled similarly 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.

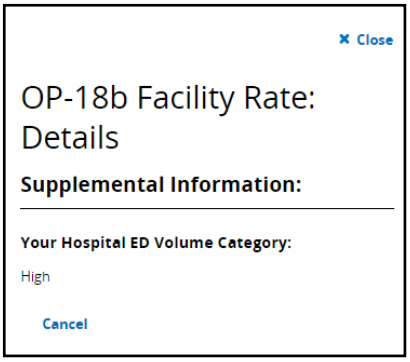


Select the info icon ( ) to the left of the measure ID to display the full measures description in a modal.



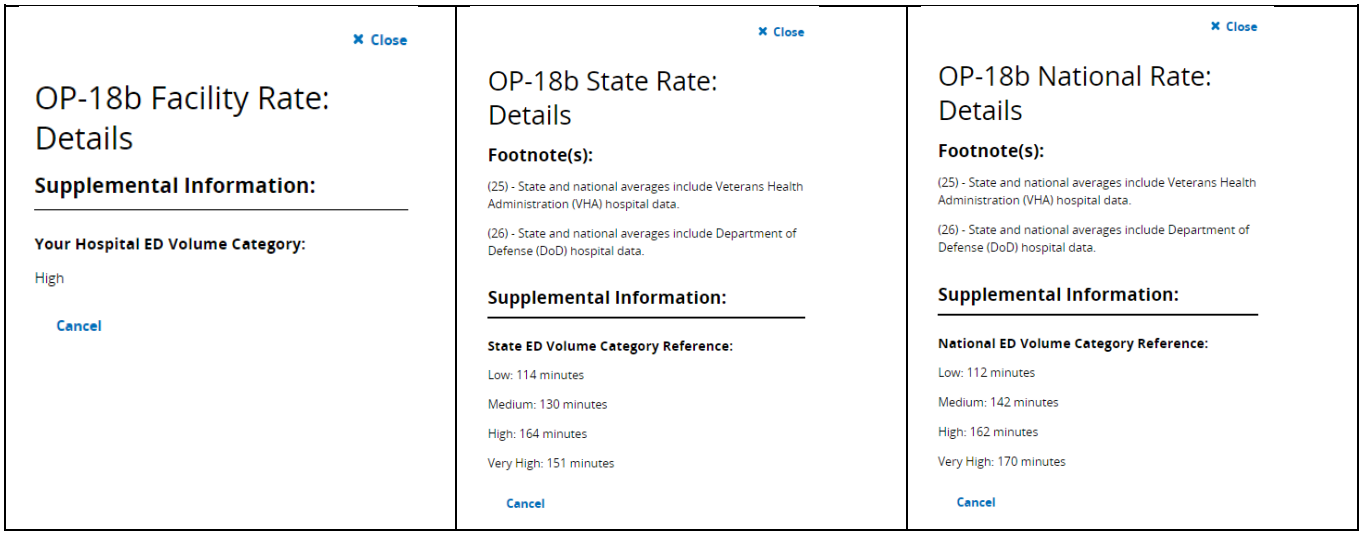
Data display with an asterisk (*). Selecting the data value by the asterisk will pop up a modal with additional details about the data such as a footnote.

For the Emergency Department Care measures, the facility's Emergency Department Volume (EDV) is provided within the facility rate modal to be used as a reference to compare like facility EDV times within the state and the nation.

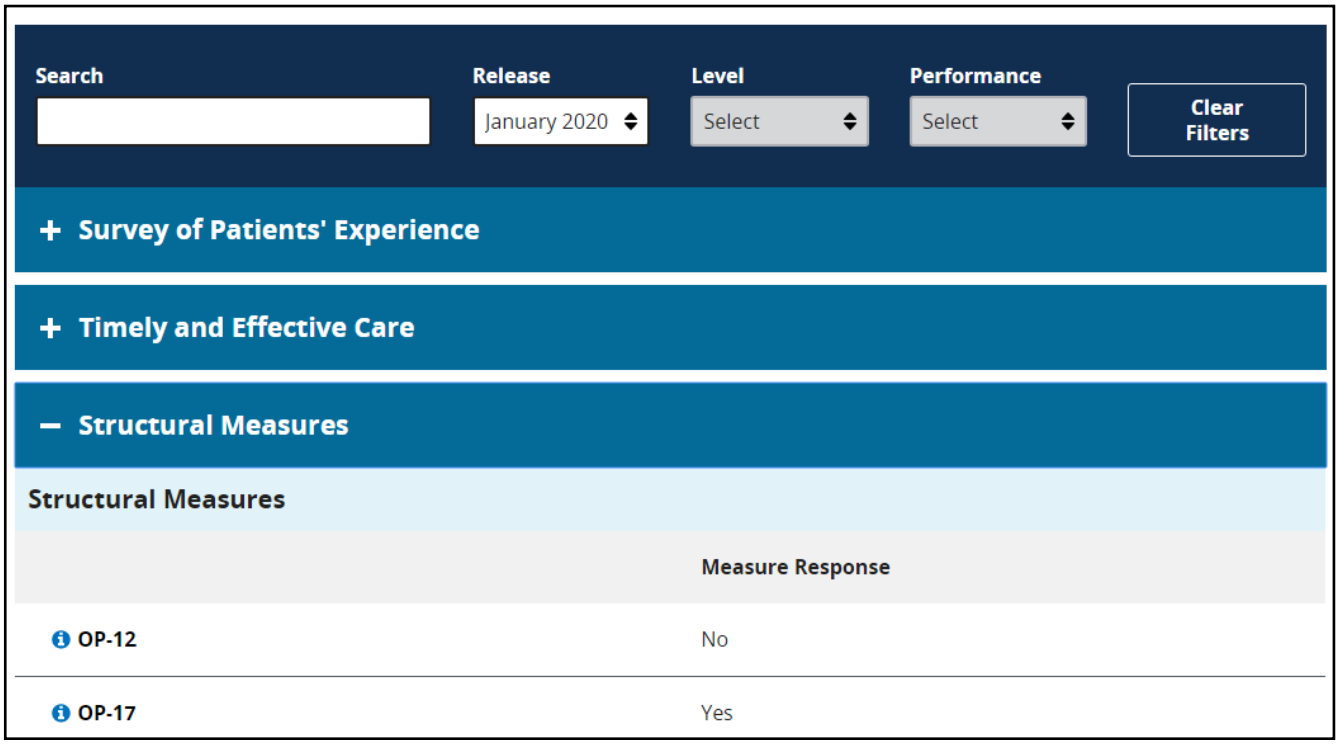


To view the state information, select the **State** data next to the asterisk. To view the national information, select the **National** data next to the asterisk.

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
OP-18b	166 minutes *	366	125 minutes *	137 minutes *	93 minutes



Within the Preview UI, facilities have the ability to filter. In the below scenario, the filters for Release, State level, and Better performance are selected. The accordions will then appear, and facilities can drill down further to see which measures meet these requirements. The system compares the State Rate to the Facility Rate and reflects those measures where the Facility Rate is better than the State rate. The same functionality is available to compare the national level data.



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.

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.)

Preview Report Eligibility

Hospitals without a Hospital OQR Program Notice of Participation (NOP) will receive a report, which displays only the CMS Certification Number (CCN) and hospital name along with the following message:

"You do not have any Notice of Participation to publicly report data for the preview report period."

Questions regarding your Hospital OQR Program may be submitted to the OQR Outreach and Education Support Contractor through the Outpatient Questions and Answers tool at https://cmsqualitysupport.servicenowservices.com/qnet_qa, or by calling, toll-free, 866.800.8756 weekdays from 7 a.m. to 6 p.m. ET.

Accordions

+Timely and Effective Care
Emergency Department (OP-18b, OP-18c, OP-22, OP-23) Cardiac Care (OP-2, OP-3b) Cancer Care (OP-33) Cataract Care (OP-31) Colonoscopy (OP-29, OP-30)

Emergency Department Measures

The Emergency Department section of the preview user interface displays the Emergency Department measures. The measures OP-18b, OP-18c, OP-23 contain up to four quarters of data and display as a median time. The measures are calculated from Medicare and Non-Medicare patient encounter data submitted for a hospital.

OP-22 data is entered annually into a web-based tool on *QualityNet* by your hospital.

Emergency Department measures include:

- OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients
- OP-18c: Median Time from ED Arrival to ED Departure for Discharged ED Patients-Psychiatric/Mental Health Patients
- OP-22: Left without Being Seen
- OP-23: Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation within 45 minutes of ED Arrival.

OP-18b, OP-18c, OP-22, and OP-23 display the following data:

- Facility Rate
- Number of Patients
- State Rate
- National Rate
- Top 10%

OP-18b	166 minutes *	366	125 minutes *	137 minutes *	93 minutes
OP-18c	148 minutes *	9 *	173 minutes *	209 minutes *	120 minutes
OP-22	3%	58,085	3%	2%	0%
OP-23	86% *	7 *	63%	73%	100%

The Emergency Department Volume (EDV) measure displays based on the volume of patients submitted by a hospital as the denominator used for the measure OP-22: Left without Being Seen. Category assignments are:

- Very High–values of 60,000 or greater patients per year
- High–values ranging from 40,000 to 59,999 patients per year
- Medium–values ranging from 20,000 to 39,999 patients per year
- Low–values less than or equal to 19,999 patients per year

State and National Performance Rates

The state and national performance rates for Emergency Department measures are calculated using publicly reported data from the warehouse.

State Performance: The state performance rate is derived by summing the numerators for all cases in the state that are publicly reported divided by the sum of the denominators in the state that are publicly reported. Median times are identified using all cases in the state that are publicly reported.

National Performance: The national performance rate is derived by summing the numerators for all cases in the nation divided by the sum of the denominators in the nation. Median times are identified using all cases in the nation that are publicly reported.

The 90th percentile is calculated for each measure using the median for each eligible hospital and identifying the top 10 percent of hospitals.

Cardiac Care Measures

Cardiac measures include:

- OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival
- OP-3b: Median Time to Transfer to Another Facility for Acute Coronary Intervention

OP-2 and OP-3b display the following data:

- Facility Rate
- Number of Patients
- State Rate
- National Rate
- Top 10%

Cardiac Care

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
OP-2	N/A *	N/A *	65% *	59% *	100% *
OP-3b	N/A *	N/A *	86 minutes *	64 minutes *	35 minutes

State and National Performance Rates

The state and national performance rates for Cardiac Care Measures are calculated using publicly reported data from the warehouse.

State Performance: The state performance rate is derived by summing the numerators for all cases in the state that are publicly reported, then dividing by the sum of the denominators in the state. Median times are identified using all cases in the state that are publicly reported.

When data from VHA and/or the Department of Defense (DoD) is included in the state rates, a footnote will be applied to identify which the measures and whether VHA and/or DoD data is included.

National Performance: The national performance rate is derived by summing the numerators for all cases that are publicly reported in the nation, then dividing by the sum of the denominators in the nation. Median times are identified using all cases in the nation that are publicly reported.

The 90th percentile is calculated for each measure using the un-weighted average or median for each eligible hospital and identifying the top 10 percent of hospitals.

When data from VHA and/or the Department of Defense (DoD) is included in the national rates, a footnote will be applied to identify which the measures and whether VHA and/or DoD data is included.

Cancer Care Measure

OP-33: External Beam Radiotherapy for Bone Metastases (EBRT) data displays the percentage of patients regardless of age, with a diagnosis of bone metastases and no previous radiation who receive EBRT with an acceptable fractionation scheme.

OP-33 displays the following data:

- Facility Rate
- Number of Patients
- State Rate
- National Rate
- Top 10%

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
OP-33	10% *	600 *	12% *	20% *	12%

Performance Rates

The performance rates for EBRT are calculated using publicly reported data from the warehouse. The state and national rates include data from the Department of Defense (DoD).

Facility Rate: The facility performance rate is derived by summing the numerators for all cases that are publicly reported by the facility, then dividing by the sum of the denominators in the facility that are publicly reported.

State Rate: The state performance rate is derived by summing the numerators for all cases that are publicly reported in the state, then dividing by the sum of the denominators in the state that are publicly reported.

National Rate: The national performance rate is derived by summing the numerators for all cases that are publicly reported in the nation, then dividing by the sum of the denominators in the nation that are publicly reported.

Top 10%: The 90th percentile is calculated for each measure using the un-weighted average for each eligible hospital and identifying the top 10 percent of hospitals.

Cataracts Measure

OP-31: Cataracts-Improvement in Patient's Visual Function within 90 Days Following Cataracts Surgery.

The OP-31 measure displays:

- Facility Rate
- Number of Patients
- State Rate
- National Rate
- Top 10%

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
OP-31	10% *	120 *	12% *	20% *	12%

Performance Rates

The performance rates for the Cataract Surgery Measure are calculated using publicly reported data from the warehouse.

Facility Rate: The facility performance rate is derived by summing the numerators for all cases that are publicly reported by the facility, then dividing by the sum of the denominators in the facility that are publicly reported.

State Rate: The state performance rate is derived by summing the numerators for all cases that are publicly reported in the state, then dividing by the sum of the denominators in the state that are publicly reported.

National Rate: The national performance rate is derived by summing the numerators for all cases that are publicly reported in the nation, then dividing by the sum of the denominators in the nation that are publicly reported.

Top 10%: The 90th percentile is calculated for each measure using the un-weighted average for each eligible hospital and identifying the top 10 percent of hospitals.

Colonoscopy Measures

Colonoscopy measures include:

- OP-29: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
- OP-30: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use.

These measures display:

- Facility Rate
- Number of Patients
- State Rate
- National Rate
- Top 10%

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
OP-29	15% *	8900	68% *	79% *	29%
OP-30	15% *	8900	68% *	79% *	29%

Performance Rates

The performance rates for the Colonoscopy Measures are calculated using publicly reported data from the warehouse. The state and national rates include data from the Department of Defense (DoD).

Facility Rate: The facility performance rate is derived by summing the numerators for all cases that are publicly reported by the facility, then dividing by the sum of the denominators in the facility that are publicly reported.

State Rate: The state performance rate is derived by summing the numerators for all cases that are publicly reported in the state, then dividing by the sum of the denominators in the state that are publicly reported.

National Rate: The national performance rate is derived by summing the numerators for all cases that are publicly reported in the nation, then dividing by the sum of the denominators in the nation that are publicly reported.

Top 10%: The 90th percentile is calculated for each measure using the un-weighted average for each eligible hospital and identifying the top 10 percent of hospitals.

+ Structural Measures

Structural Measures (OP-12, OP-17)

Structural Measures

The measure data in this section are based on the data entered by your hospital into the web-based data collection tool on *QualityNet* from January 1 through May 15.

- OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data
- OP-17: Tracking Clinical Results between Visits

Structural Measures	
	Measure Response
OP-12	Yes
OP-17	Yes

+ Unplanned Hospital Visit

Procedure Specific Outcomes (OP-32, OP-35 ADM, OP-35 ED, OP-36)

Procedure Specific Outcomes Measures

OP-32 Facility 7-day Risk-Standardized Hospital Visit after Outpatient Colonoscopy Measure estimates a facility-level rate of risk-standardized, all-cause, unplanned hospital visits within 7 days of an outpatient colonoscopy among Medicare Fee-For-Service (FFS) patients aged 65 years and older.

OP-35 Admissions (ADM) and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy-Risk Standardized Admission & Emergency Department Rate

The Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy measure provides facilities with information to improve the quality of care delivered for patients undergoing outpatient chemotherapy treatment. The measure calculates two mutually exclusive outcomes:

- One or more inpatient admissions for anemia, dehydration, diarrhea, emesis, fever, nausea, neutropenia, pain, pneumonia, or sepsis within 30 days of chemotherapy treatment.
- One or more emergency department visits for any of the same 10 diagnoses within 30 days of chemotherapy treatment.

OP-36 Hospital Visits after Hospital Outpatient Surgery measure provides facilities with information on patient outcomes following surgery at hospital outpatient departments (HOPDs). The measure result is a facility-specific risk-standardized hospital visit ratio (RSHVR) within 7 days of hospital outpatient surgery. The measure compares results to a value of 1 rather than a national average.

Procedure Specific Outcomes Measures will be updated annually during the January *Hospital Compare* release.

Hospitals are not required to submit Outcome Measure data because CMS calculates the measures from claims and enrollment data.

- The measure is calculated using one year of data.
- Hospitals with fewer than 25 eligible cases for the measure are assigned to a separate category described as “The number of cases is too small (fewer than 25) to reliably tell how well the hospital is performing” and are included in the measure calculation but will not be reported on *Hospital Compare*.

These measures display:

- Eligible Cases
- Facility Rate/ Ratio
- National Rate/ Ratio
- National Compare

Procedure Specific Outcomes				
	Eligible Discharges	Facility Rate/Ratio	National Rate/Ratio	National Compare
OP-32	375	19.2*	16.4*	SAME
OP-35_ADM	380	N/A*	12.5*	SAME
OP-35_ED	380	N/A*	6*	SAME
OP-36	400	1*	N/A*	SAME

+ Use of Medical Imaging

Imaging Efficiency (OP-8, OP-10, OP-13)

Use of Medical Imaging Measures

Use of Medical Imaging measures are calculated by CMS using Medicare Fee-For-Service (FFS) paid claims. The data are updated annually with the July *Hospital Compare* release. Some rates or ratios for hospitals will not be displayed due to minimum case counts not being met.

Use of Medical Imaging measures include:

- OP-8: MRI Lumbar Spine for Low Back Pain
- OP-10: Abdomen CT–Use of Contrast Material
- OP-14: Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT).

Each measure displays:

- Number of Patients/ Scans
- Facility Rate
- State Rate
- National Rate

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

State and National Performance Rates

The state and national performance weighted average rates for each Use of Medical Imaging measure are calculated based on Medicare claims data, regardless of whether providers elected to opt out of publicly reporting their data.

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 Pain Communication 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 SEV-SEP-3HR, SEV-SEP-6HR, SEP-SH-3HR, SEP-SH-6HR) Emergency Department (ED-2b, OP-18b, OP-18c, OP-22, OP-23) Immunization (IPFQR-IMM-2) Healthcare Personnel Influenza Vaccination (IMM-3, PCH-28) Perinatal Care (PC-01) Cardiac Care (OP-2, OP-3b) Cancer Care (OP-33) Cataract (OP-31) Colonoscopy (OP-29, OP-30)
Structural Measures	Structural Measures (OP-12, OP-17)
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, PCH-6, PCH-7, PCH-26, PCH-27) Surgical Complications (Comp-HIP-KNEE)
Unplanned Hospital Visits	Condition Specific Readmission (READM-30-AMI, READM-30-HF, READM-30-PN, READM-30-COPD)

Measure Accordion	Measure IDs Included
	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 (PCH-30, PCH-31, OP-32, OP-35 ADM, OP-35 ED, OP-36) 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)
Continuity of Care	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)
Patient Experience	Hospital-Based Inpatient Psychiatric Services (HBIPS-2, HBIPS-3)
Preventative Care and Screening	Screening (SMD)
Use of Medical Imaging	Imaging Efficiency (OP-8, OP-10, OP-13)
Process Measures	Oncology Care (PCH-14, PCH-15, PCH-16, PCH-17, PCH-18) External Beam Radiotherapy (PCH-25)

Footnote Table

#	Description	Application
1	The number of cases/patients is too few to report.	Applied to any measure rate or ratio where the minimum case count was not met.
3	Results are based on a shorter time period than required.	Applied when a hospital elected not to submit data, 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.
4	Data suppressed by CMS for one or more quarters.	Reserved for CMS use.
5	Results are not available for this reporting period.	Applied when a 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.
7	No cases met the criteria for this measure.	Applied when a hospital treated patients in a topic, but no patients met the criteria for inclusion in the measure calculation.
13	Results cannot be calculated for this reporting period	Applied to emergency department measures when the average minutes cannot be calculated for a volume category.
16	There are too few measures or measure groups reported to calculate an overall rating or measure group score	This footnote is applied when a hospital: • 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
17	This hospital's overall rating only includes data reported on inpatient services	This footnote is applied when a hospital only reports data for inpatient hospital services
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.	This footnote is applied when a hospital or facility alerts CMS of a possible issue with the claims data used to calculate results for this measure. Calculations are based on a "snapshot" of the administrative claims data and changes that hospitals or facilities make to their claims after the snapshot are not reflected in the data. Issues with claims data include but are not limited to the use of incorrect billing codes or inaccurate dates of service.

#	Description	Application
25	State and national averages include Veterans Health Administration (VHA) hospital data	Applied to state and national data when VHA data is included in the calculation.
26	State and national averages include Department of Defense (DoD) hospital data	Applied to state and national data when DoD data is included in the calculation.
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.	The DoD TRISS uses the same questions as the HCAHPS survey but is collected and analyzed independently.

Questions

Note; Questions should be directed to the subject matter experts listed below. Secure File Transfer is not intended for question submission.

Questions regarding the Overall Hospital Quality Star Ratings may be directed to the Overall Hospital Quality Star Ratings Team via the *QualityNet* Question and Answer Tool

Questions regarding the Hospital OQR Program, email the Hospital OQR Program Outreach and Education Support Team via the QualityNet Question and Answer Tool or call, toll-free, (866) 800-8756 weekdays from 7 a.m. to 6 p.m. ET.