Outpatient Public Reporting Preview Help Guide

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

October 2021 Public Reporting Preview/January 2022 Care Compare Release

CMS will not use data reflecting services provided January 1, 2020–June 30, 2020 (Q1 and Q2 2020) in its calculations for the Medicare quality reporting.

CMS recognizes the ongoing impact of the COVID-19 Public Health Emergency (PHE) on the ability to submit quality measure data. As a result, CMS granted Extraordinary Circumstance Exceptions (ECEs) to individual hospitals that indicated the impact of the PHE continued beyond the already excluded Q1 2020 and Q2 2020 data submissions. A new footnote will be applied to the measure data identified by those providers. See the Footnote section of this guide for more information.

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Overview

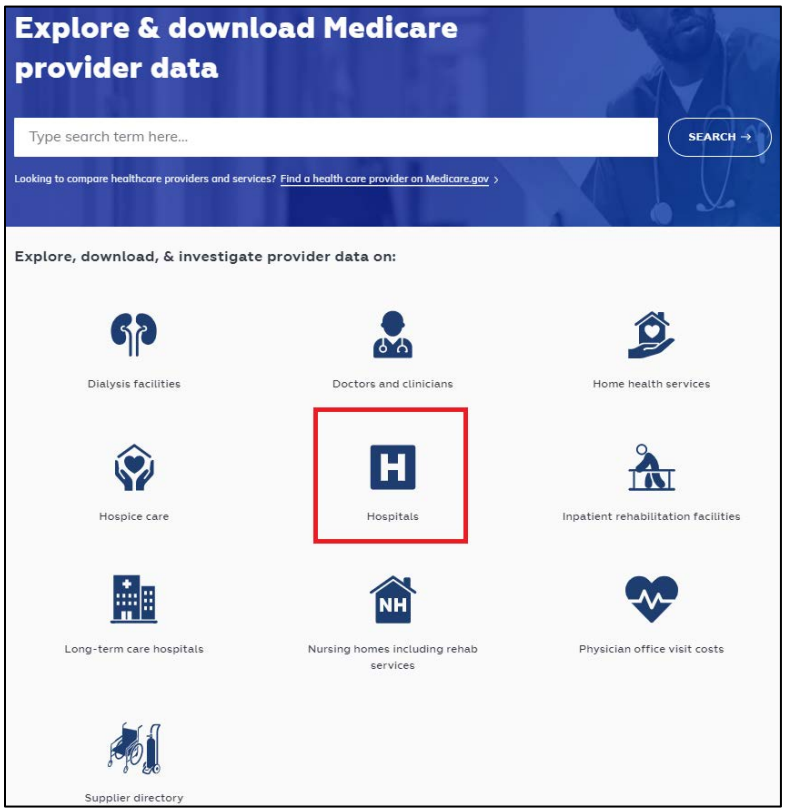
Care Compare

The Care 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.

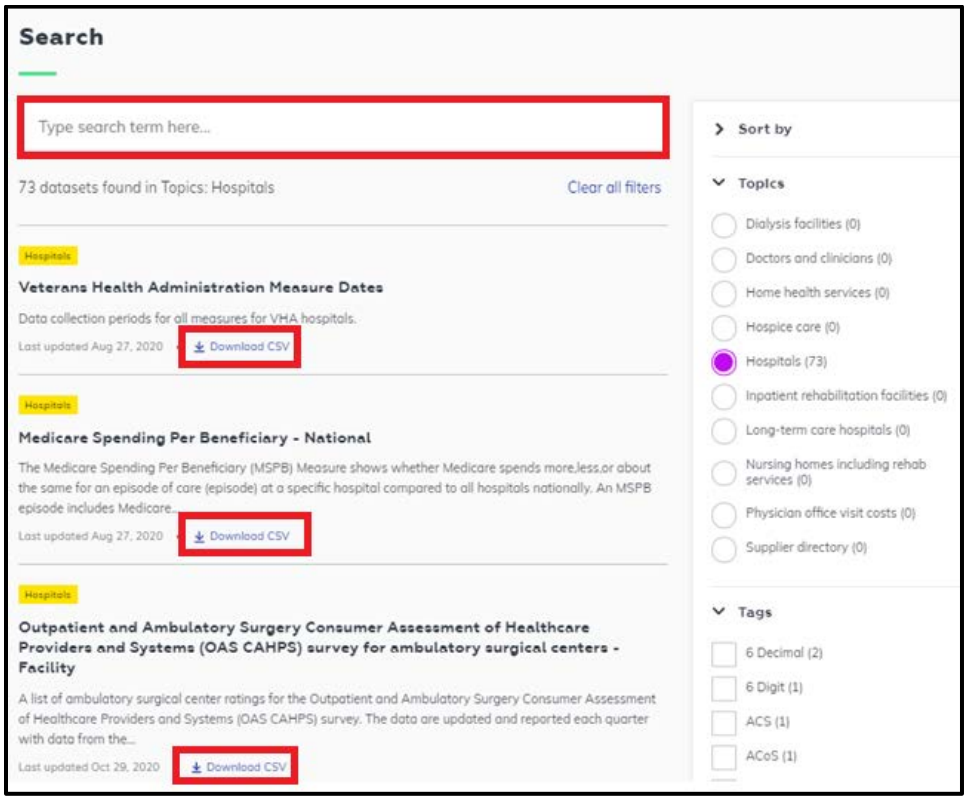
Provider Data Catalog (PDC)

Navigating the data catalog on data.cms.gov.

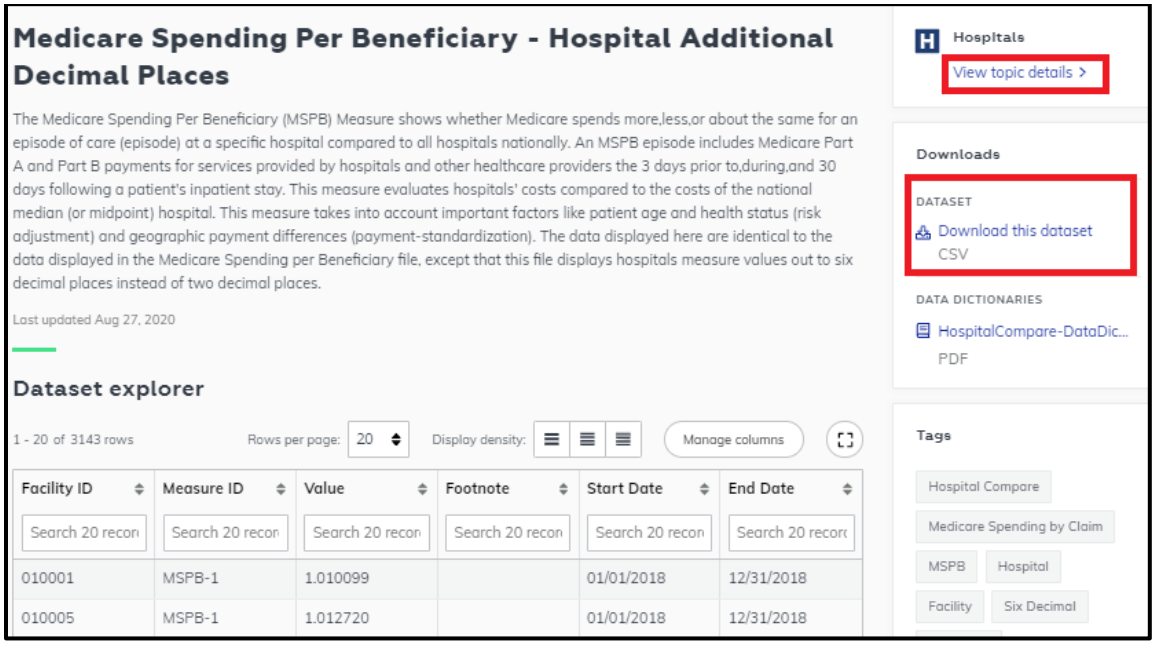
1. Select Hospital on the home page.



2. On the Landing page, users will be able to easily view data sets. This page is an interactive search window listing of all the data sets with sorting and filtering options.



3. Users are able to download the dataset easily into CSV. By selecting the dataset's title, the user is directed to the specific dataset page where the publicly displayed data on the Dataset explorer can be viewed.



4. On the view topic details page, users are able to view and download achieved dataset data as well as gather additional information and background regarding the data.

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 public display of data on *Care Compare*, hospitals are given the opportunity to preview their data during a 30-day preview period. The data anticipated for the release can be accessed via Hospital Quality Reporting *page on* QualityNet at https://hqr.cms.gov/hqrng/login.

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 *Care Compare*.

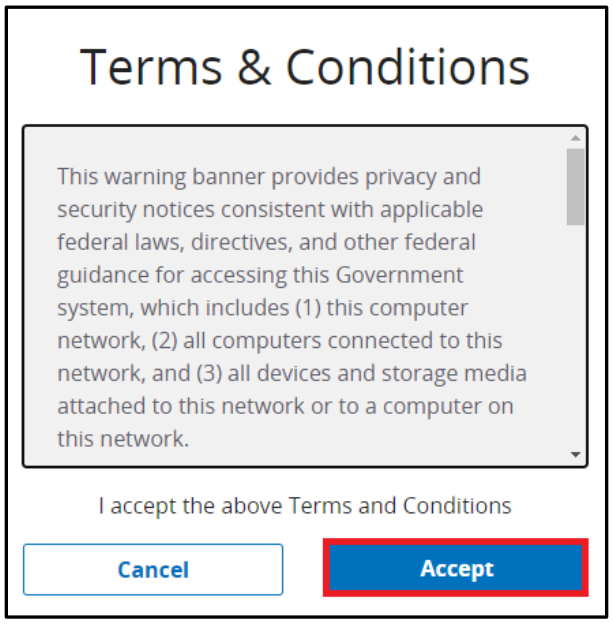
Users must have a HARP account in order to access the user interface. If you do NOT have a HARP account, please sign in to the Hospital Quality Reporting on https://qualitynet.cms.gov/ to create one.

Follow the instructions below to access the UI:

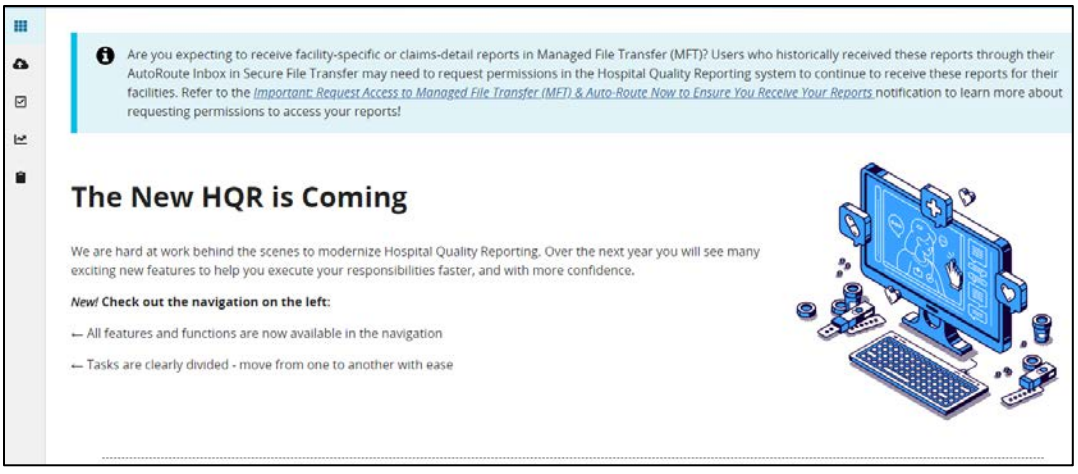
1. Access the Hospital Quality Reporting page for QualityNet at https://hqr.cms.gov/hqrng/login.
2. Enter your HARP User ID and Password. Then, select **Login**.

3. You will be directed to the **Two-Factor Authorization page**. Select the device you would like to verify via **Text** or **Email.** Select **Continue**.
4. Once you receive the code via **Text** or **Email**, enter it. Select **Continue**.

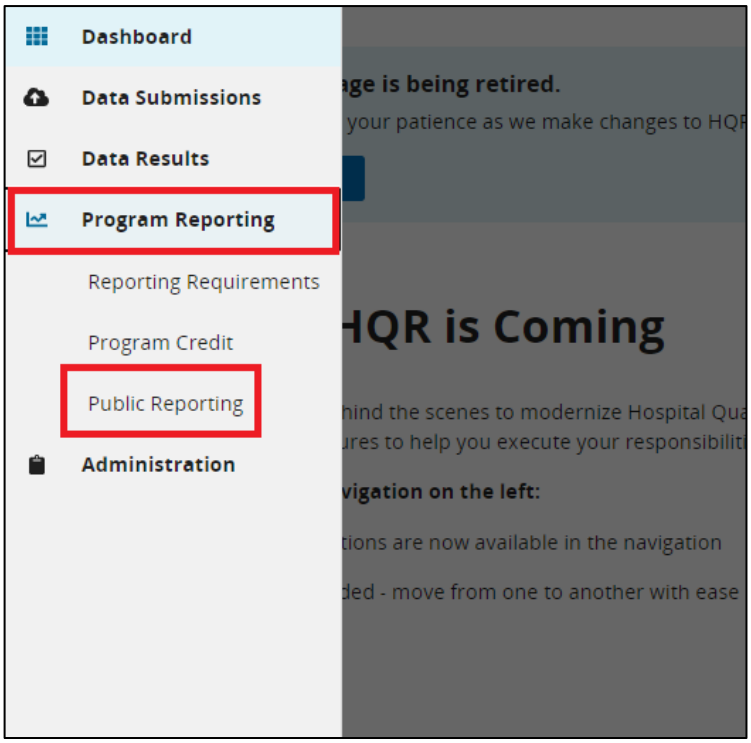
5. Read the Terms and Conditions statement. Select **Accept** to proceed. You will be directed to the **My Tasks** page. **Note:** If **Cancel** is selected, the program closes.



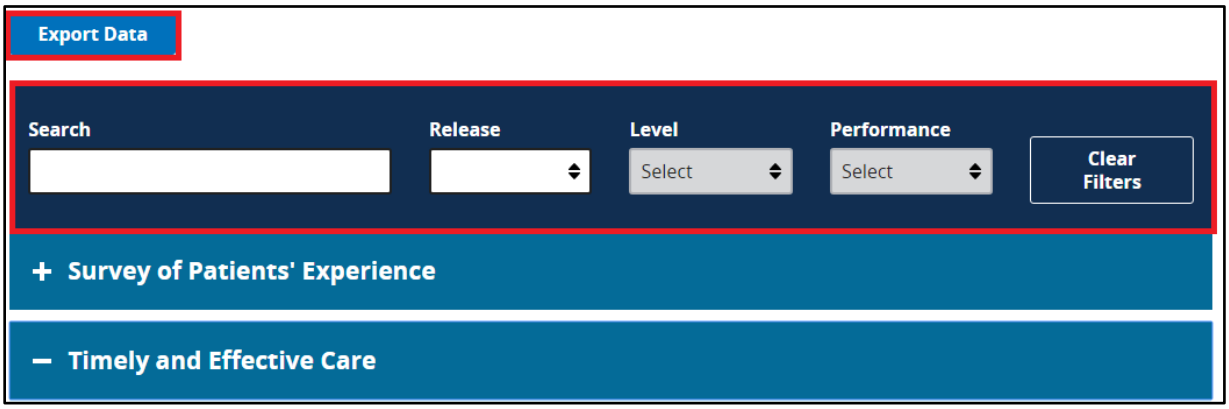
6. On the **HQR Landing** page, hover over the Lock Menu on the left side.



7. Select **Program Reporting.**



8. From the drop-down menu, select **Public Reporting.**
9. The page will refresh, and the data will be available to preview.
10. 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.
11. There are two tabs: Measure Data and Star Rating.
12. 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.

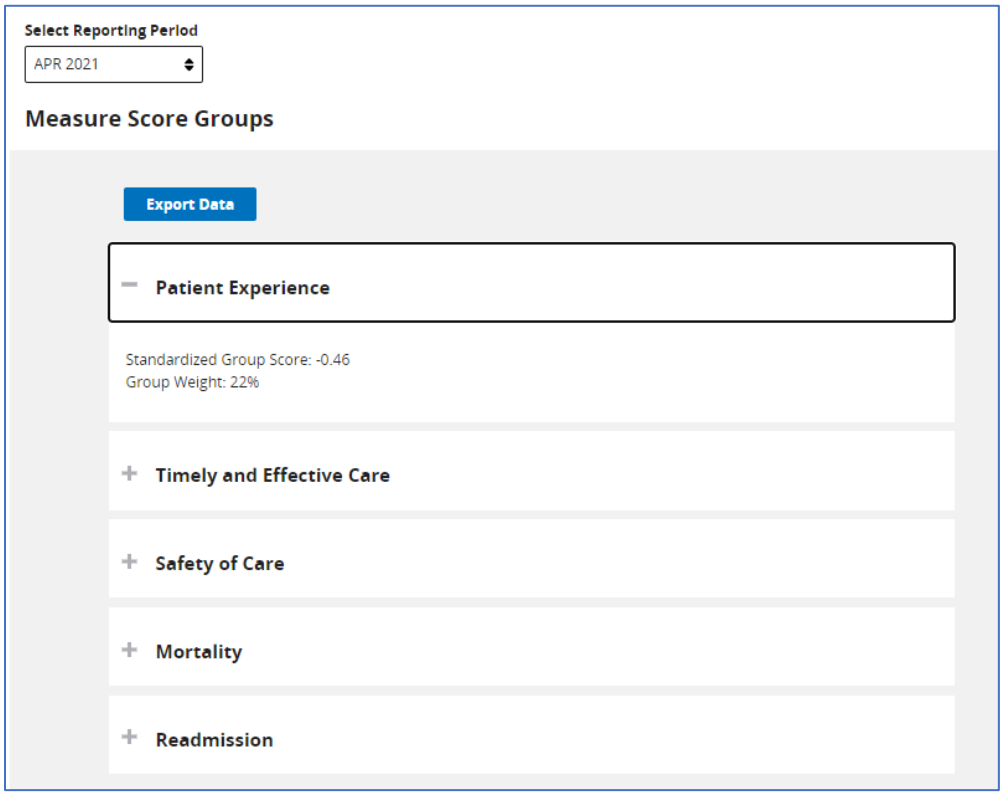
Search - Enter specific measures into this field and the table will dynamically filter for the appropriate content.

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 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 and will be activated in a future release.

Star Rating Tab

The Star Rating tab displays the Overall Hospital Quality Star Ratings (Overall Star Ratings), facility details (i.e., hospital characteristics), summary score, and standardized measure group scores for the April 2021 publication. Each group accordion displays the performance for the group and expands to provide additional information.



The Mortality, Safety of Care, and Readmission group score accordions expand to display the hospital's standardized group score, group weight, number of measures scored, and number of measures better, same, or worse within the group. The Patient Experience group score accordion expands to display the hospital's standardized group score and group weight only. The Timely and Effective Care group score accordion expands to display the hospital's standardized group score, group weight and number of measures scored.

Additional information at the bottom of the Star Ratings tab includes a link to additional information and resources on the QualityNet Overall Hospital Quality Star Ratings web page.

The Overall Star Ratings summarize hospital quality data on the Care Compare website. These ratings reflect measures across five aspects of quality: mortality, safety of care, readmission, patient experience, and timely and effective care. The Overall Star Rating methodology is a scientifically rigorous and valid process to summarize the quality information available. The 2021 methodology was finalized in December 2020 in the Calendar Year (CY) 2021 OPPS/ASC Payment System Final Rule (CMS-1736-F). The Overall Star Rating supplements, not replaces, the information on Care Compare.

As finalized in the CY 2021 Outpatient Prospective Payment System/Ambulatory Surgical Center Final Rule, the Overall Star Rating will be published yearly using publicly available measure results from Care Compare from a quarter within the prior year. For example, for the April 2021 Overall Star Ratings release, CMS used data refreshed on Care Compare in October 2020.

The Overall Star Rating displayed will be maintained on Care Compare until the next publishing of the Overall Star Rating.

Hospitals receive an Overall Star Rating (i.e., 1, 2, 3, 4, or 5 stars). The tab contains supplemental information for hospitals to better understand the Overall Star Rating calculations, which include: a summary score (i.e., the weighted average of a hospital's available group scores), the hospital's standardized 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 Star Ratings Resources page at this link.

Overall Hospital Quality Star Rating Details

The April 2021 Star Ratings were calculated using the measure data from the October 2020 update of Care 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. Hospitals that report at least three measures within three measure groups, one of which must specifically be Mortality or Safety of Care, are eligible for an Overall Star Rating. Not all hospitals report all measures. Therefore, some hospitals may not be eligible.
- **Your Hospital's Summary Score** – The weighted average of the hospital's group scores. This score is generally recalculated annually in January releases and is not recalculated for the April, July 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 Overall Star Rating includes five groups:
    - Mortality
    - Safety of care
    - Readmission
    - Patient experience
    - Timely and Effective care
- **Number of Measures** – The number of measures used to calculate the hospital's group scores is based on the data the hospital reported.
- **Number of Measure compared to National Average** – The number of measures better, same or worse the national average within the measure group.

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

- Measures suspended, retired, or delayed from public reporting
- 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 April 2021.

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=11)

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)
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
OP-35 ADM	Admissions Visits for Patients Receiving Outpatient Chemotherapy
OP-35 ED	Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy
OP-36	Hospital Visits after Hospital Outpatient Surgery

Patient Experience (N=8)

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-COMP-6	Discharge Information (Q19, Q20)
H-COMP-7	Care Transition (Q23, Q24, Q25)
H-CLEAN-HSP/ H-QUIET-HSP	Cleanliness of Hospital Environment (Q8) & Quietness of Hospital Environment (Q9)
H-HSP-RATING/ H-RECMND	Hospital Rating (Q21) & Recommend the Hospital (Q22)

Timely & Effective Care (N=15)

Measure	Description
ED-2b	Admit Decision Time to ED Departure Time for Admitted Patients
IMM-3	Healthcare Personnel (HCP) Influenza Vaccination
OP-10	Abdomen Computed Tomography (CT) Use of Contrast Material
OP-13	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery

Measure	Description
OP-18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients
OP-2*	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival
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
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention
OP-8	MRI Lumbar Spine for Low Back Pain
PC-01	Elective Delivery Prior to 39 Completed Weeks Gestation: Percentage of Babies Electively Delivered Prior to 39 Completed Weeks Gestation
SEP-1	Sepsis

*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 Overall Hospital Quality Star Ratings, is available on QualityNet.

The 2021 methodology uses a simple average of measure scores to calculate measure group scores and Z-score standardization to standardize measure group scores for the following measure groups:

- Mortality
- Safety of Care
- Readmission
- Patient Experience
- Timely & Effective Care

After estimating the group score for each hospital and each group, CMS calculates a weighted average to combine the five group scores into a single hospital summary score. If a hospital is missing a measure category or group, the weights are redistributed proportionally amongst the qualifying measure categories or groups.

After summary score calculation, hospitals are assigned to one of three peer groups based on the number of measure groups for which they report at least three measures; three measure groups, four measure groups, or five measure groups.

Finally, hospitals are assigned to star ratings within each peer group using k-means clustering so that summary scores in one star rating category are more similar to each other and more different than summary scores in other star rating categories.

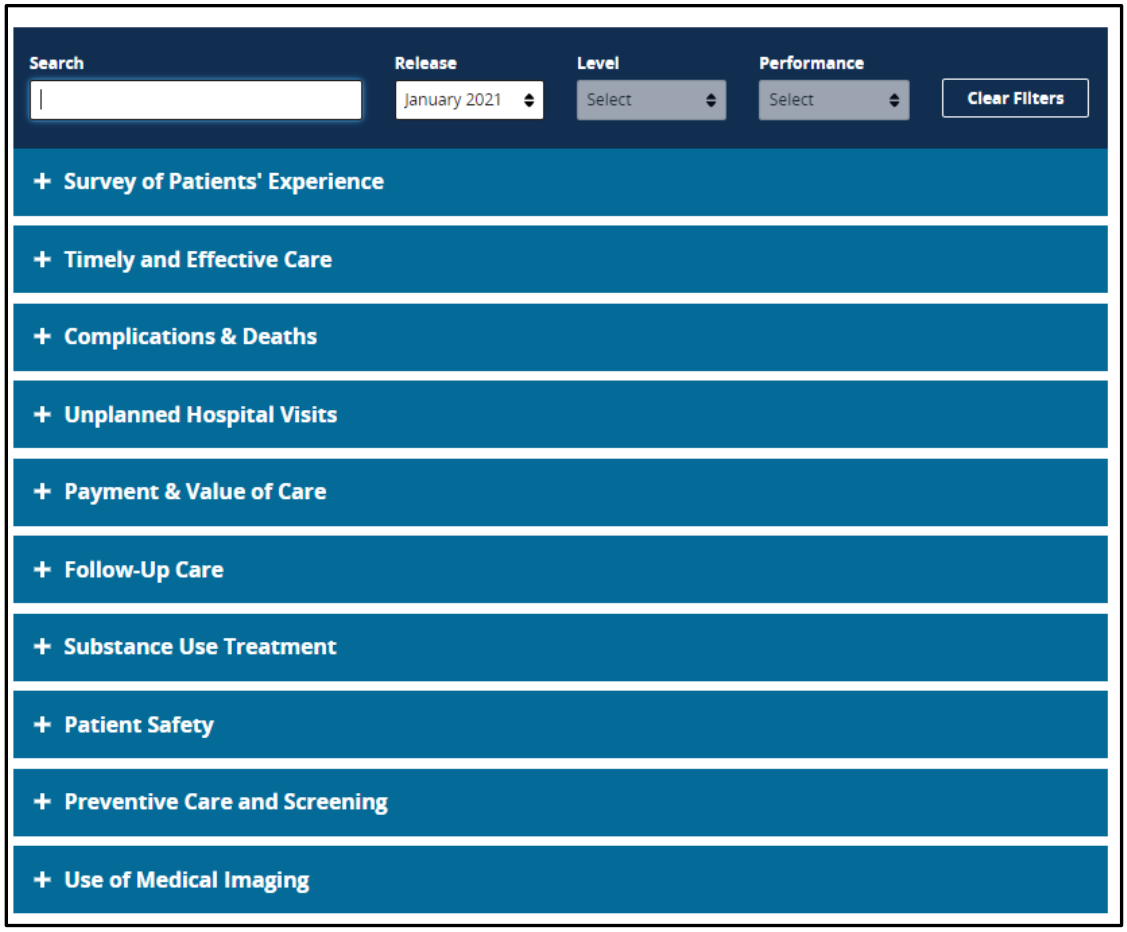
Overall Hospital Quality Star Rating Hospital-Specific Reports (HSRs)

The Overall Hospital Quality Star Rating HSR contains hospital-specific Overall Star Rating and national results, hospital-specific measure group score results and weights, hospital-specific measure score results, and hospital-specific peer grouping for the reporting period.

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

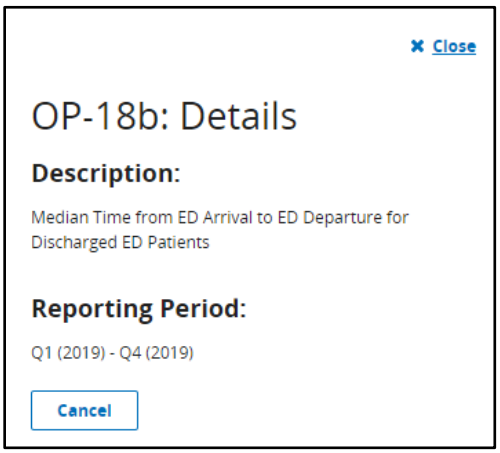
Measure Data Tab

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.



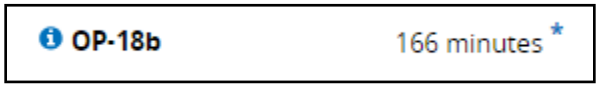
The accordions are labeled similarly to the tabs on Care Compare and can be expanded by selecting the (+) to the left of the title. Selecting the (-) will collapse the table. Once the accordion is expanded, the measures and data will display.

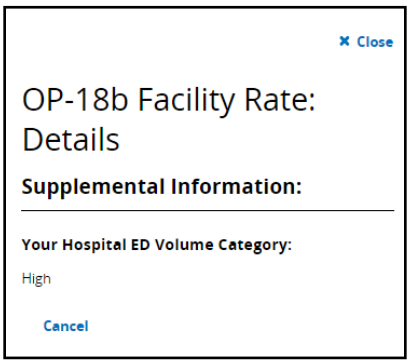
Select the info icon( ) to the left of the measure ID to display the full measures description in a modal.



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.

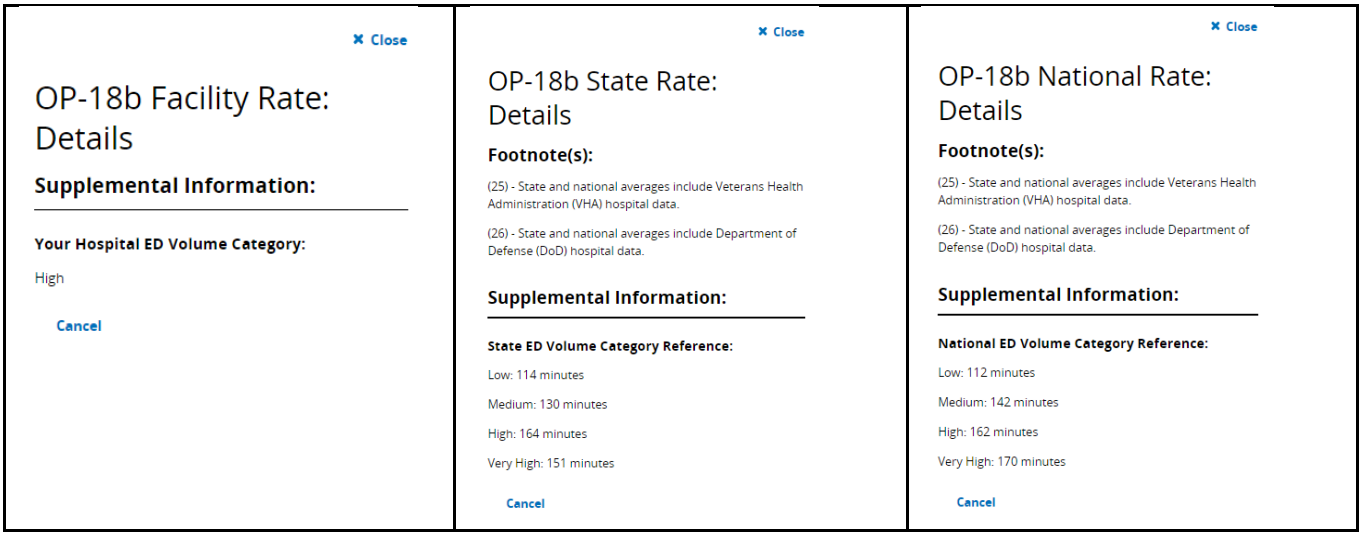
For the Emergency Department Care measures, the facility's Emergency Department Volume (EDV) is provided within the facility rate modal to be used as a reference to compare like facility EDV times within the state and the nation.



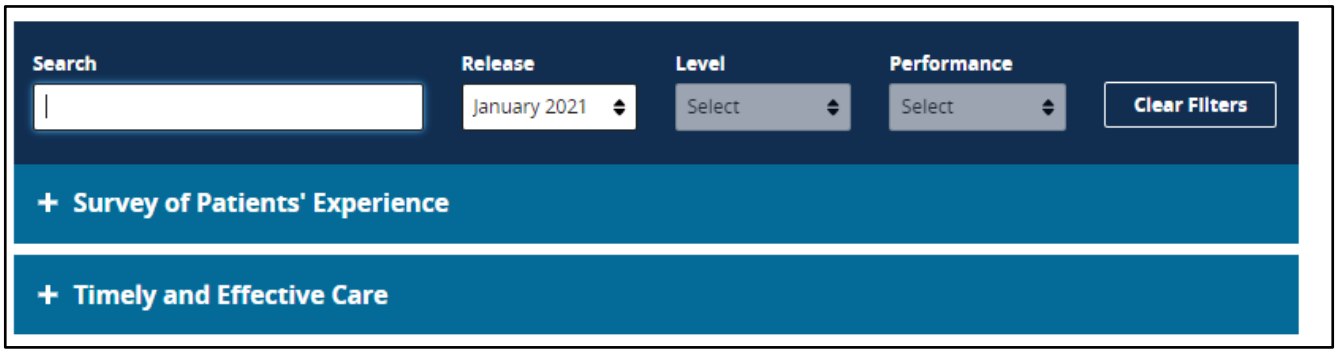


To view the state information, select the **State** data next to the asterisk. To view the national information, select the **National** data next to the asterisk.

	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 filter for Release is selected. The accordions will then appear, and facilities can see the measures that meet these requirements.



PR Data Details

Hospital Characteristics

The Preview UI PDF export 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 publicly available only in the downloadable database on PDC.

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. 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.)

Accordions

+Timely and Effective Care

Emergency Department (OP-18b, OP-18c, OP-22, OP-23)
Cardiac Care (OP-2, OP-3b)
Cataract Care (OP-31)
Colonoscopy (OP-29)

Emergency Department Measures

Note: CMS will not use data reflecting services provided January 1, 2020–June 30, 2020 (Q1 and Q2 2020) in its calculations for the Medicare quality reporting. The Emergency Department Measures data for October 2021 measure rates reflect Q3 2020 and Q4 2020 data. For more information please refer to this Listserve.

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 are entered annually into a web-based tool on the Hospital Quality Reporting (HQR) portal 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

CMS will not use data reflecting services provided January 1, 2020–June 30, 2020 (Q1 and Q2 2020) in its calculations for the Medicare quality reporting. The Cardiac Care Measures data for October 2021 measure rates reflect Q3 2020 and Q4 2020 data. For more information refer to this Listserve.

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 are 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) are included in the national rates, a footnote will be applied to identify the measures and whether VHA and/or DoD data are included.

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 Measure

The Colonoscopy measure is OP-29: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients.

This 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-29	15% *	8900	68% *	79% *	29%

Performance Rates

The performance rates for the Colonoscopy Measure 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.

+ 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.

The OP-35 Admissions (ADM) and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy-Risk Standardized Admission & Emergency Department Rate 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 Care 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 Care 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 Care 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-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low Risk Surgery

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 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 (OP-18b, OP-18c, OP-22, OP-23) Healthcare Personnel Influenza Vaccination (IMM-3, PCH-28) Perinatal Care (PC-01) Cardiac Care (OP-2, OP-3b) Cataract (OP-31) Colonoscopy (OP-29)
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) 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)

Measure Accordion	Measure IDs Included
Follow-Up 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) Immunization (IPFQR-IMM-2)
Use of Medical Imaging	Imaging Efficiency (OP-8, OP-10, OP-13)
Process Measures	Oncology Care (PCH-15)

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 are 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 are 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.
28	The data are based on the hospital or facility has submitted to CMS. The hospital or facility has submitted an Extraordinary Circumstances Request suggesting results may be impacted by the COVID-19 pandemic.	This footnote is applied when a hospital or facility alerts CMS of a possible concern with data used to calculate the results of this measure via an approved Extraordinary Circumstances Exception form. Calculated values should be used with caution.

Questions

Managed 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.