Care Compare Preview Help Guide

May 2023 Public Reporting Preview/ July 2023 Care Compare Release

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Hospitals participating in the IPFQR Program are the target audience for this publication. The document's scope is limited to providing instructions for those hospitals to access and interpret the data provided on the public reporting user interface prior to the publication of data on Care Compare.

The Centers for Medicare & Medicaid Services (CMS) will not use data reflecting services provided January 1, 2020–June 30, 2020 (Quarter (Q)1 2020 and Q2 2020) in its calculations for 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 extended beyond the already excluded Q1 2020 and Q2 2020 data submissions.

CMS will apply a new footnote to the measure data identified by those providers. See the Footnote section of this guide for more information.

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Care Compare Preview Help Guide:
Inpatient Psychiatric Facility Quality Reporting Program

OVERVIEW

Care Compare has information about the quality of care at more than 4,000 hospitals and facilities across the country. It uses information from providers that receive Medicare and Medicaid payments and participate in one or more of the various quality reporting programs. Along with some contextual information about Care Compare and *QualityNet*, this help guide focuses on accessing the Preview for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program.

Section 1886(s)(4)(E) of the Social Security Act established procedures for making the IPFQR Program data available to the public. Inpatient psychiatric facilities (IPFs) have the opportunity to review the data that will be made public. For each payment determination year, the submitted data will be publicly displayed.

Facilities are provided the opportunity to review data published on Care Compare. Preview data is made available for facilities participating in the IPFQR Program during a 30-day preview period. The purpose of this review is to preview the data that will be published on Care Compare and not for data correction. Facilities are only able to make changes to their data prior to the submission deadline.

CARE COMPARE

To navigate to Care Compare:

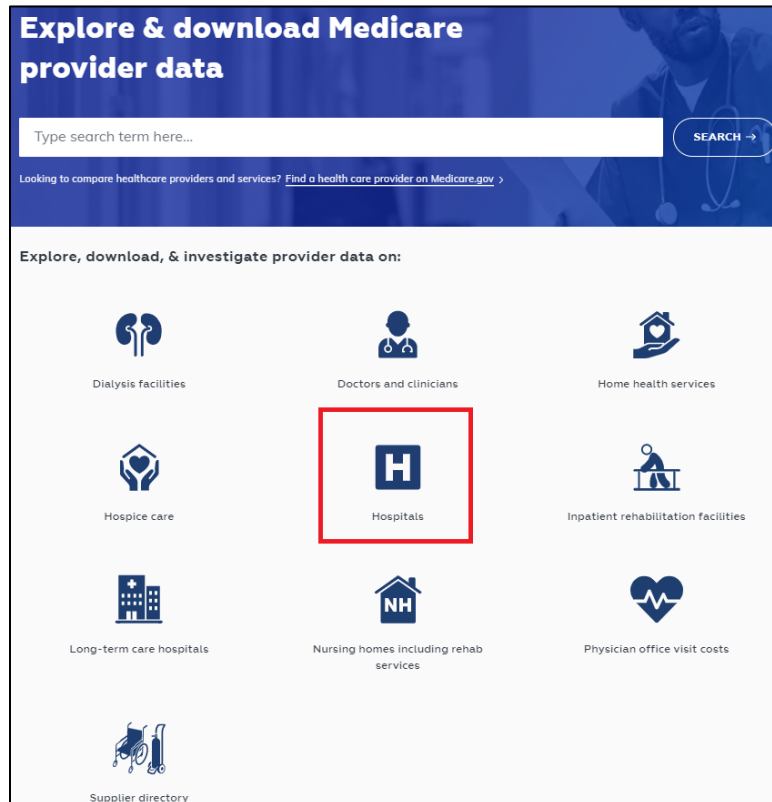1. From the left column of the home page, select Hospital.
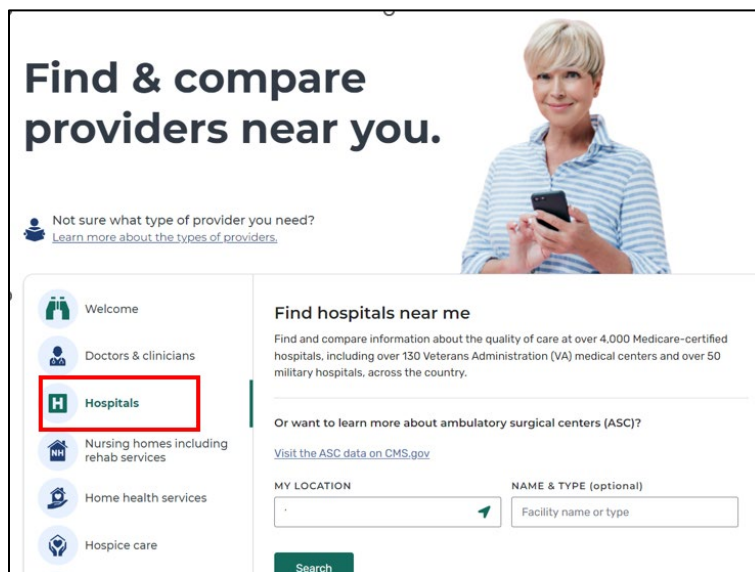
2. On the home page, you may enter your ZIP code. Select Search.
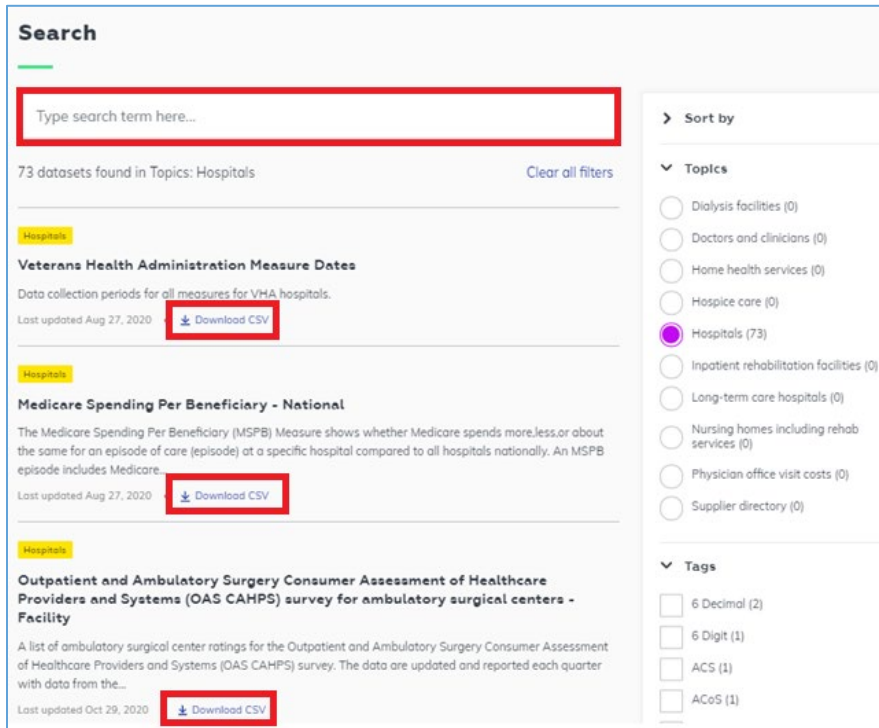3. Select up to three providers from the list to view the data.

PROVIDER DATA CATALOG (PDC)

To navigate to the data catalog on data.cms.gov:

1. Select Hospital on the home page.

2. On the HQR 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 can easily download the dataset into a Comma-Separated Value (CSV) format. Select the dataset's title for the specific dataset page. There, users can view the publicly displayed data on the Dataset explorer.

4. By clicking "view topic details," users are able to view and download archived dataset data as well as gather additional information and background regarding the data.

INPATIENT PSYCHIATRIC FACILITY QUALITY REPORTING (IPFQR) PROGRAM

The IPFQR Program was developed as mandated by section 1886(s)(4) of the Social Security Act, as added and amended by Sections 3401(f) and 10322(a) of the Affordable Care Act (Pub.L. 111-148).

The IPFQR pay-for-reporting program is intended to equip consumers with quality-of-care information to make more informed decisions about healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care provided to beneficiaries by ensuring that providers are aware of and reporting on best practices for their respective facilities and type of care.

To meet the IPFQR Program requirements, IPFs are required to submit all quality measures in the form, manner, and time as specified by the Secretary, to CMS, beginning with Fiscal Year (FY) 2014 payment determination year and subsequent fiscal years. Because this is a pay-for-reporting program, eligible facilities will be subject to payment reduction for non-participation.

Eligible IPFs that do not participate in the IPFQR Program in a fiscal year or do not meet all of the reporting requirements will receive a 2.0 percentage point reduction of their annual update to their standard federal rate for that year. The reduction is non-cumulative across payment years.

PREVIEW PERIOD

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

PUBLIC REPORTING USER INTERFACE (UI)
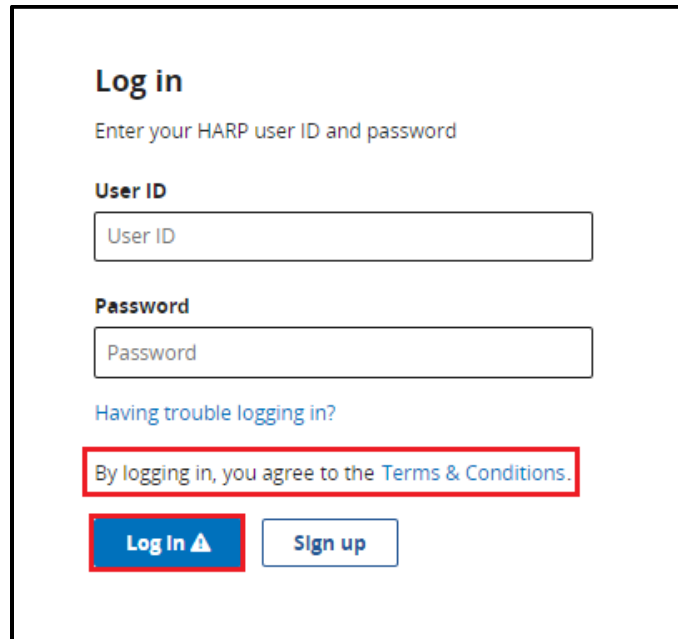
The Preview UI was developed to allow providers increased flexibility in reviewing their data. The format of the site was designed to be similar to Care Compare.

Users must have a Healthcare Quality Information System (HCQIS) Access Roles and Profile (HARP) account order to access the UI. If you do NOT have a HARP account please sign into the Hospital Quality Reporting System on https://qualitynet.cms.gov/ to create one.

> The Centers for Medicare & Medicaid Services (CMS) announced that, beginning on May 11, 2022, the HQR System no longer supports the use of Internet Explorer. To avoid technical issues when logging into the HQR System, please begin using either Google Chrome or Microsoft Edge.

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. By logging in, you agree to the Terms & Conditions. Then, select **Login**.
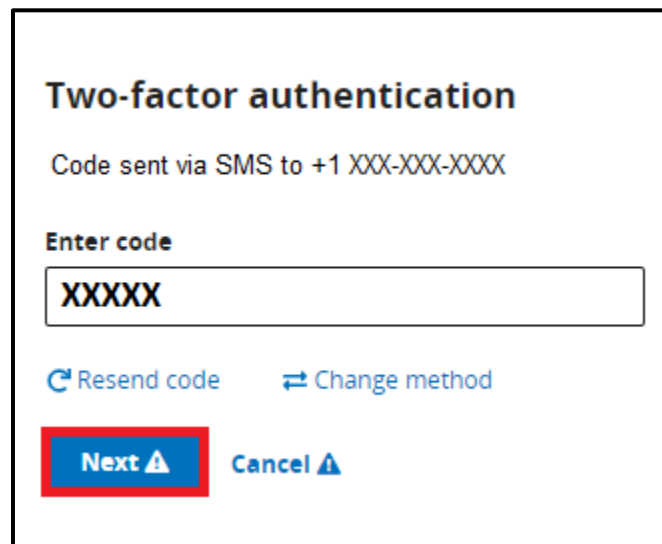
3. You will be directed to the **Two-Factor Authorization page**. Select the device you would like to verify via **Text** or **Email.** Then, select **Next**.
4. Once you receive the code via **Text** or **Email**, enter it. Select **Next**.

5. On the **HQR landing** page, hover over Lock Menu on the left side.
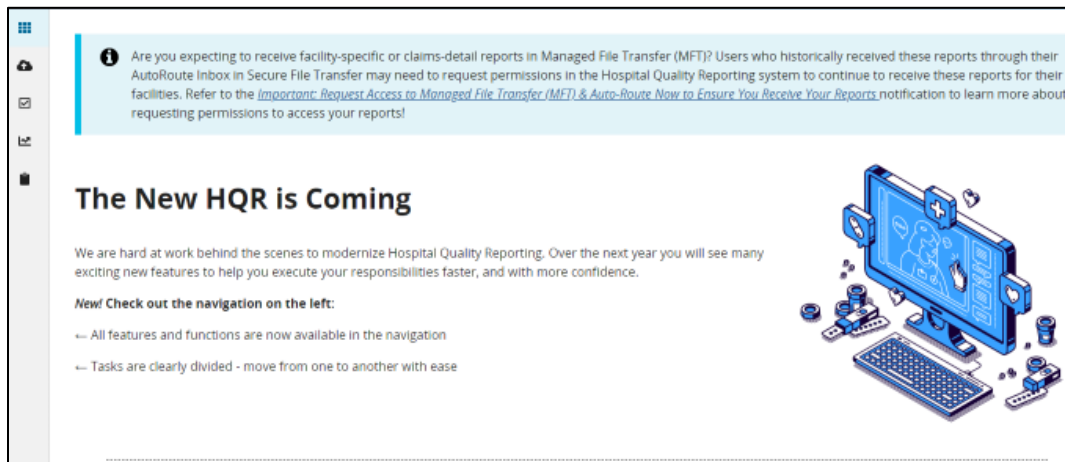
6. Select **Program Reporting.**
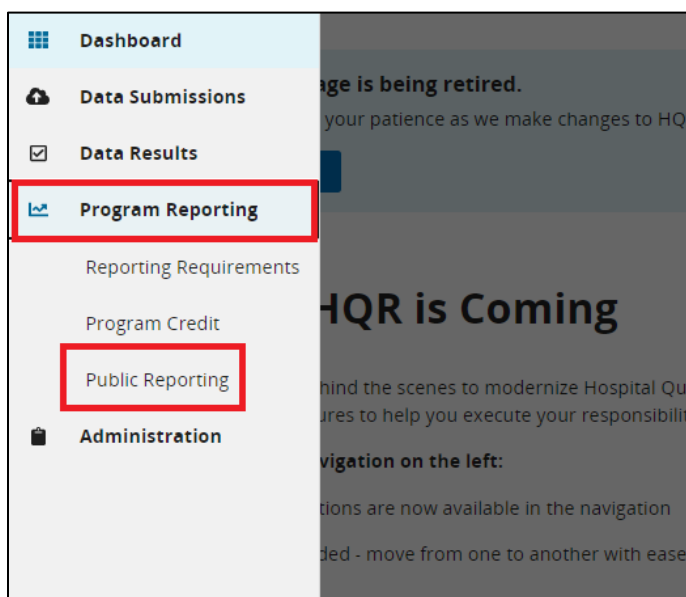
7. From the drop-down menu, select **Public Reporting.**
8. The page will refresh, and the data will be available to preview.
9. Your provider name and CMS Certification Number (CCN) will appear at the top of the Preview UI. The **Change Organization Button** is available to users with roles associated 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 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.

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 Care 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. For questions regarding the ASPEN State Contact list for Hospitals, please refer to CMS MDS Contacts.

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.)

IPF PREVIEW DETAILS

MEASURE DATA TAB

The **Measure Data** tab will display accordions and measures based on the user's Hospital Quality Reporting (HQR) portal access.

The accordions are labeled like 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 measure description in a modal.

Data will display with an asterisk (*). Selecting the data value by the asterisk will reveal a modal with additional details about the data (e.g., a footnote).

TIMELY AND EFFECTIVE CARE MEASURE

+ Timely and Effective Care
COVID-19 Vaccination Coverage Among Healthcare Personnel (IPFQR-HCP COVID-19)

COVID-19 VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL (IPFQR-HCP COVID-19)

COVID-19 Vaccination Among Healthcare Personnel (HCP COVID-19) reflects data provided by the CDC for public reporting. Each quarter, CDC will calculate quarterly HCP COVID-19 vaccination coverage rates for each facility by taking the average of the data from three weekly rates submitted by the facility for that quarter. For facilities that report more than one week per month, the last week of the reporting month will be used. The data will reflect a single quarter of data in each quarterly release and were first reported for the October 2022 Care Compare release reflecting Q4 2021 data. The July 2023 release displays Q3 2022 data.

Important Note: For the CDC to provide a facility's HCP COVID-19 data for public reporting, there must be at least one week per month submitted for the reporting quarter. For NHSN, a week is designated as belonging to the month of the week-end date. For example, data submitted for the week of August 29 – September 4, 2022, counts as reporting data for a week in September and not August. For Quarter 3 of 2022, unless there is at least one week of data that ends in July, one week of data that ends in August, and one week of data that ends in September, NHSN will not send a hospital's HCP COVID-19 data to CMS.

IPFQR-HCP COVID-19 measure displays the following data:

- Facility's Adherence Rate
- State Adherence Rate
- National Adherence Rate

Healthcare Personnel Vaccination

	Facility's Adherence Rate	State Adherence Rate	National Adherence Rate
IPFQR-HCP_COVID-19 Q4 (2021) - Q4 (2021) COVID-19 Vaccination Coverage Among Healthcare Personnel	46.1%	68.6%	90%

FACILITY'S ADHERENCE RATE

The COVID-19 HCP Vaccination Adherence Percentage is calculated as the total number of eligible healthcare workers who received complete primary series vaccination against COVID-19 since the date the vaccine was first available divided by the total number of eligible healthcare workers among whom COVID-19 vaccination was not contraindicated per CDC's NHSN data collection instructions. Eligible providers are defined as the number of healthcare workers who have worked at the healthcare facility for a least one day during the reporting week of data collection period regardless of clinical responsibility or patient contact.

STATE ADHERENCE RATE

State Adherence Rates are calculated as the total number of healthcare workers in the state contributing to successful vaccination adherence divided by the total number of healthcare workers in the state. For the COVID-19 HCP Vaccination State Adherence Rate, the denominator excludes HCP for whom COVID-19 vaccination was contraindicated per CDC's NHSN data collection instructions.

NATIONAL ADHERENCE RATE

National Adherence Rates are calculated as the total number of healthcare workers in the nation contributing to successful vaccination adherence divided by the total number of healthcare workers in the nation. For the COVID-19 HCP Vaccination National Adherence Rate, the denominator excludes HCP for whom COVID-19 vaccination was contraindicated per CDC's NHSN data collection instructions.

UNPLANNED HOSPITAL VISITS MEASURE

+ Unplanned Hospital Visits
Inpatient Psychiatric Facility Readmission (READM-30-IPF)

INPATIENT PSYCHIATRIC FACILITY READMISSION

The Inpatient Psychiatric Facility Readmission section includes the following measure new for this release:

- **READM-30-IPF:** Rate of readmission after discharge from hospital

MEASURE DETAILS

The measure will display the following data:

- Eligible Discharges
- Facility Rate
- National Rate
- National Compare

	Eligible Discharges	Facility Rate	National Rate	National Compare
ⓘ READM-30-IPF	120 *	11.3% *	13.6% *	Better

FOLLOW-UP CARE MEASURES

+ Follow-Up Care
Transition Record (TR1, TR2)

Hospital-Based Inpatient Psychiatric Services (HBIPS-5)
Follow up After Hospitalization for Mental Illness (FUH-30, FUH-7)
Medication Continuation Following Inpatient Psychiatric Discharge (MedCont)

TRANSITION RECORD

The Transition Record section includes the following measures new for this release:

- **TR1:** Transition Record with Specified Elements

- **TR2:** Timely Transmission of Transition Record

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
ⓘ TR1	94%	162	48%	50%	98%
ⓘ TR2	95%	162	46%	45%	97%

HOSPITAL-BASED INPATIENT PSYCHIATRIC SERVICES (HBIPS) MEASURE

The HBIPS measure section includes HBIPS-5: Patients discharged on multiple antipsychotic medications with appropriate justification.

MEASURE DETAILS

The measure 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%
ⓘ HBIPS-5	25% *	5600	1%	32%	12%

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH)

The Follow-Up After Hospitalization for Mental Illness section contains the following measures:

- FUH-30: Follow-Up after Hospitalization for Mental Illness 30-Days

- FUH-7: Follow-Up after Hospitalization for Mental Illness 7-Days

MEASURE DETAILS

The measures display 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%
ⓘ FUH-30	52.8%	89	66.3%	49.4%	67.9%
ⓘ FUH-7	29.2%	89	36.2%	27.7%	44%

MEDICATION CONTINUATION FOLLOWING INPATIENT PSYCHIATRIC DISCHARGE

The Medication Continuation Following Inpatient Psychiatric Discharge section contains the MedCont (Medication Continuation Following Inpatient Psychiatric Discharge) measure.

MEASURE DETAILS

The measures display the following data:

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

Medication Continuation Following Inpatient Psychiatric Discharge					
	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
ⓘ MedCont	86%	157	83.4%	74.1%	84.7%

SUBSTANCE USE TREATMENT MEASURES

+ Substance Use Treatment
Substance Use (SUB-2, SUB-2a, SUB-3, SUB-3a)
Tobacco Use (TOB-2, TOB-2a, TOB-3, TOB-3a)

The Substance Use section contains the following measures:

- SUB-2: Alcohol Use Brief Intervention Provided or Offered

- SUB-2a: Alcohol Use Brief Intervention
- SUB-3: Alcohol and other Drug Use Disorder Treatment Provided or Offered at Discharge
- SUB-3a: Alcohol and other Drug Use Disorder Treatment Provided at Discharge

The Tobacco Use section contains the following measures:

- TOB-2: Tobacco Use Treatment Provided or Offered
- TOB-2a: Tobacco Use Treatment (during the hospital stay)
- TOB-3: Tobacco Use Treatment Provided or Offered at Discharge
- TOB-3a: Tobacco Use Treatment at Discharge

MEASURE DETAILS FOR THE SUBSTANCE USE AND TOBACCO USE MEASURES

The measures display the following data:

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

Substance Use Treatment

Substance Use

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
🛈 SUB-2	87%	53	90%	84%	100%
🛈 SUB-2a	87%	53	82%	77%	100%
🛈 SUB-3	66%	126	61%	73%	100%
🛈 SUB-3a	34%	126	44%	62%	99%

Tobacco Use

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
🛈 TOB-2	91%	119	89%	82%	100%
🛈 TOB-2a	71%	119	59%	47%	89%
🛈 TOB-3	75%	116	64%	60%	99%
🛈 TOB-3a	2%	116	20%	22%	81%

Patient Experience Measures

+ Patient Experience
Hospital-Based Inpatient Psychiatric Services (HBIPS-2, HBIPS-3)

HBIPS Measures

The HBIPS Measures section includes the following measures:

- HBIPS-2: Hours of physical restraint use
- HBIPS-3: Hours of seclusion use

Measure Details

The measures display the following data:

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

	Facility Rate	State Rate	National Rate
ⓘ HBIPS-2	0.92 *	0.43 *	0.23 *
ⓘ HBIPS-3	0.72 *	0.83 *	0.93 *

Preventative Care and Screening Measures

+ Preventative Care and Screening
Screening (SMD)   Immunization (IMM-2)

Measure Details for the Preventative Care and Screening Measure

The measures display the following data:

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

SCREENING MEASURE

- The screening measure section contains the SMD: Screening for Metabolic Disorders measure.

Screening	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
ⓘ SMD	82%	248	86%	77%	100%

IMMUNIZATION (IMM-2)

Immunization	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
ⓘ IPFQR-IMM-2	47%	423	76%	82%	100%

The aggregate rate for the IMM-2 measure includes data collected only during the influenza season quarters. Data displayed are for the 2021/2022 influenza season, 4Q 2021–1Q 2022.

STATE AND NATIONAL RATES

State Performance: The state performance rate is derived by summing the numerators for all cases in the state divided by the sum of the denominators in the state.

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.

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 Care (ED-2-Strata-1, ED-2-Strata-2, OP-18b OP-18c, OP-22, OP-23) Healthcare Personnel Vaccination IMM-3, HCP COVID-19, IPFQR-HCP COVID-19, PCH-28. PCH-38) Perinatal Care (PC-01, PC-05) Cardiac Care (OP-2, OP-3b) Cataract (OP-31) Colonoscopy (OP-29) Opioid Use (Safe Use of Opioids-Concurrent Prescribing) Venous Thromboembolism (VTE-1, VTE-2) Stroke Care (STK-02, STK-03, STK-05, STK-06)
Structural Measure	Maternal Morbidity Structural Measure (SM-7)

Measure Accordion	Measure IDs Included
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-03, PSI-04, PSI-06, PSI-08, PSI-09, 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-4, PCH-5, 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)
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)
	Medication Continuation Following Inpatient Psychiatric Discharge (MedCont)
Substance Use Treatment	Substance Use (SUB-2, SUB-2a, SUB-3, SUB-3a)
	Tobacco Use (TOB-2, TOB-2a, TOB-3, TOB-3a)
Patient Safety	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, OP-39)
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 where the denominators are greater than 0 and less than 11. Data will not display on Care Compare.
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, or when a hospital elected to suppress a measure.
7	No cases met the criteria for this measure.	Applied when a hospital treated patients for a particular topic, but no patients met the criteria for inclusion in the measure calculation.
28	The results are based on the hospital or facility's data submissions. CMS approved the hospital or facility's Extraordinary Circumstances Exception request suggesting that results may be impacted.	This footnote is applied when a hospital or facility alerts CMS of a 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.

RESOURCES

Questions regarding the IPFQR Program Preview or the IPFQR Program may be directed to the IPFQR Program Support Contractor via the QualityNet Question and Answer Tool or by calling (866) 800-8765, Monday to Friday, 8 a.m. to 8 p.m. Eastern Time (ET).