



Care Compare Preview Help Guide

October 2023 Public Reporting Preview/ January 2024 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 on Medicare.gov](https://carecompare.cms.gov).

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 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.



Table of Contents

Overview	1
Care Compare	1
Provider Data Catalog (PDC)	2
IPFQR Program.....	4
Preview Period	4
Public Reporting User Interface (UI)	4
PR Data Details	7
Hospital Characteristics	7
Rounding Rules	7
IPF Preview Details.....	8
Measure Data Tab	8
Timely and Effective Care Measure	10
Unplanned Hospital Visits Measure.....	11
Follow-Up Care Measures.....	11
Substance Use Treatment Measures	13
Patient Experience Measures	14
Preventative Care and Screening Measures	15
Measure IDs Included in Measure Accordions	17
Footnote Table	19
Resources	19



Care Compare Preview Help Guide: IPFQR Program

OVERVIEW

[Care Compare on Medicare.gov](https://carecompare.medicare.gov) 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 on Medicare.gov](https://carecompare.medicare.gov) and *QualityNet*, this help guide focuses on accessing the Preview for the IPFQR Program.

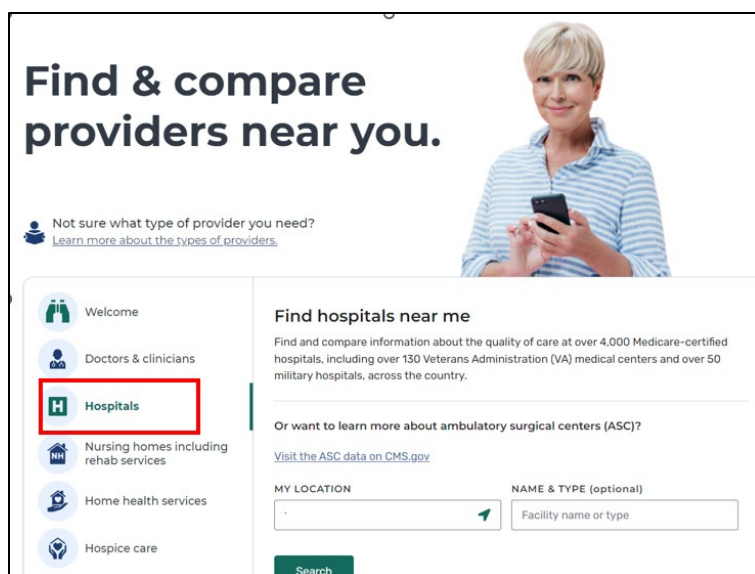
Section 1886(s)(4)(E) of the Social Security Act established procedures for making the IPFQR Program data available to the public. Inpatient psychiatric facilities (IPFs) have the opportunity to review the data that will be made public. For each payment determination year, the submitted data will be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

Facilities are provided the opportunity to review data published on [Care Compare on Medicare.gov](https://carecompare.medicare.gov). 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 on Medicare.gov](https://carecompare.medicare.gov) 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 on Medicare.gov](https://carecompare.medicare.gov):

1. From the left column of the home page, select Hospital.

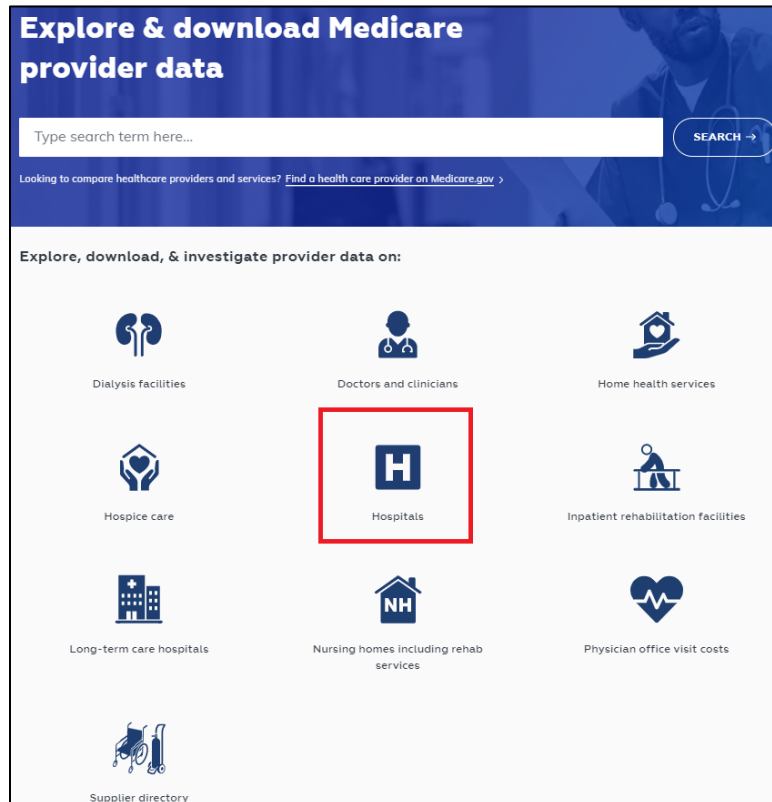


2. On the home page, you may enter your ZIP code. Select Search.
3. Select up to three providers from the list to view the data.

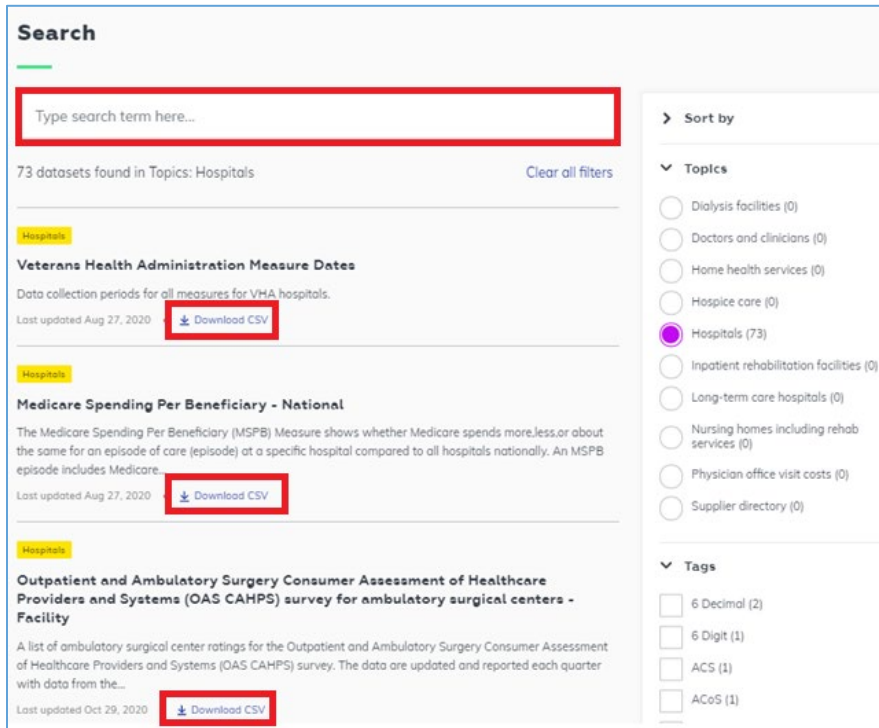
PROVIDER DATA CATALOG (PDC)

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

1. Select Hospital on the home page.



2. On the Hospital Quality Reporting (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.



Search

Type search term here...

73 datasets found in Topics: Hospitals [Clear all filters](#)

Hospitals

Veterans Health Administration Measure Dates

Data collection periods for all measures for VHA hospitals.

Last updated Aug 27, 2020 [Download CSV](#)

Hospitals

Medicare Spending Per Beneficiary - National

The Medicare Spending Per Beneficiary (MSPB) Measure shows whether Medicare spends more, less, or about the same for an episode of care (episode) at a specific hospital compared to all hospitals nationally. An MSPB episode includes Medicare.

Last updated Aug 27, 2020 [Download CSV](#)

Hospitals

Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey for ambulatory surgical centers - Facility

A list of ambulatory surgical center ratings for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey. The data are updated and reported each quarter with data from the...

Last updated Oct 29, 2020 [Download CSV](#)

Sort by

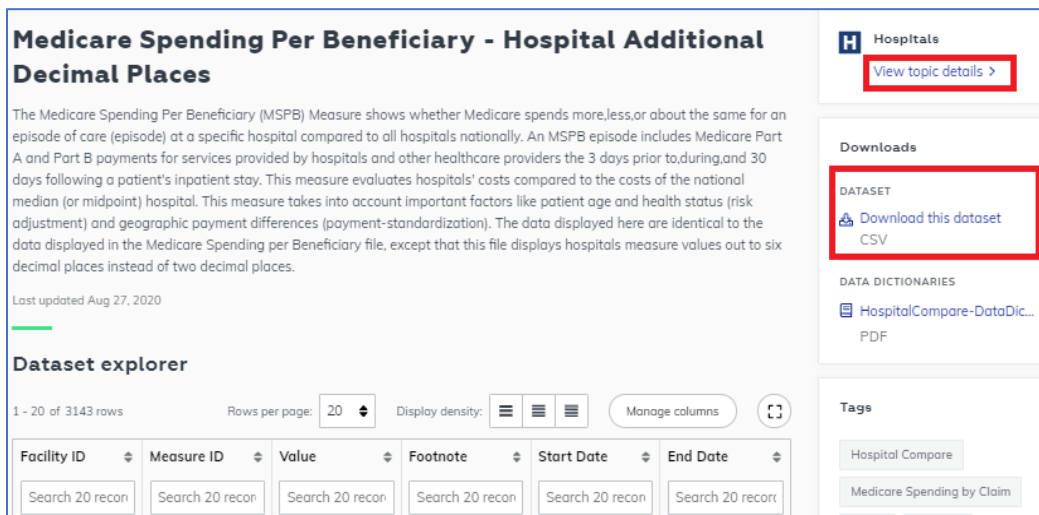
Topics

- ☐ Dialysis facilities (0)
- ☐ Doctors and clinicians (0)
- ☐ Home health services (0)
- ☐ Hospice care (0)
- ☒ Hospitals (73)
- ☐ Inpatient rehabilitation facilities (0)
- ☐ Long-term care hospitals (0)
- ☐ Nursing homes including rehab services (0)
- ☐ Physician office visit costs (0)
- ☐ Supplier directory (0)

Tags

- ☐ 6 Decimal (2)
- ☐ 6 Digit (1)
- ☐ ACS (1)
- ☐ ACoS (1)

- 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.



Medicare Spending Per Beneficiary - Hospital Additional Decimal Places

The Medicare Spending Per Beneficiary (MSPB) Measure shows whether Medicare spends more, less, or about the same for an episode of care (episode) at a specific hospital compared to all hospitals nationally. An MSPB episode includes Medicare Part A and Part B payments for services provided by hospitals and other healthcare providers the 3 days prior to, during, and 30 days following a patient's inpatient stay. This measure evaluates hospitals' costs compared to the costs of the national median (or midpoint) hospital. This measure takes into account important factors like patient age and health status (risk adjustment) and geographic payment differences (payment-standardization). The data displayed here are identical to the data displayed in the Medicare Spending per Beneficiary file, except that this file displays hospitals measure values out to six decimal places instead of two decimal places.

Last updated Aug 27, 2020

Dataset explorer

1 - 20 of 3143 rows Rows per page: 20 Display density: Manage columns

Facility ID	Measure ID	Value	Footnote	Start Date	End Date
Search 20 records	Search 20 records	Search 20 records	Search 20 records	Search 20 records	Search 20 records

Hospitals [View topic details >](#)

Downloads

DATASET

[Download this dataset CSV](#)

DATA DICTIONARIES

[HospitalCompare-DataDic... PDF](#)

Tags

Hospital Compare

Medicare Spending by Claim

- 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.



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 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 on Medicare.gov](https://carecompare.cms.gov), hospitals are given the opportunity to review data during a 30-day preview period. Reports can be accessed via the *HQR Secure Portal*, the only CMS-approved website for secure healthcare quality data exchange, at <https://www.qualitynet.org>.

PUBLIC REPORTING USER INTERFACE (UI)

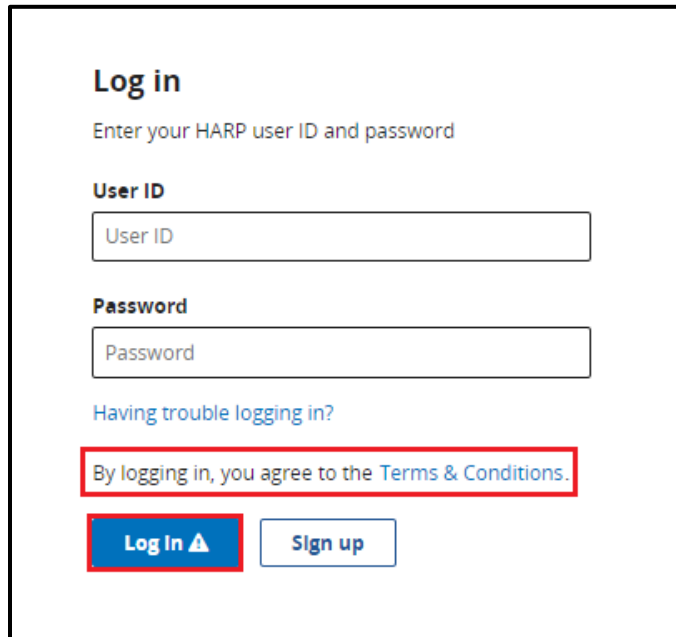
The Preview UI was developed to allow providers increased flexibility in reviewing their data. The format of the site was designed to be similar to [Care Compare on Medicare.gov](https://carecompare.cms.gov).

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

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 HQR 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 **Log In**.



Log in


Enter your HARP user ID and password

User ID

Password

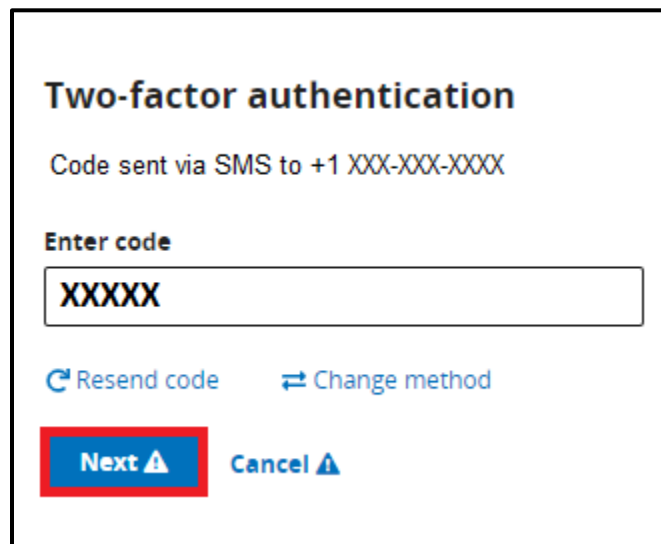
[Having trouble logging in?](#)

By logging in, you agree to the [Terms & Conditions](#).

Log In 

Sign up

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**.





Two-factor authentication

Code sent via SMS to +1 XXX-XXX-XXXX

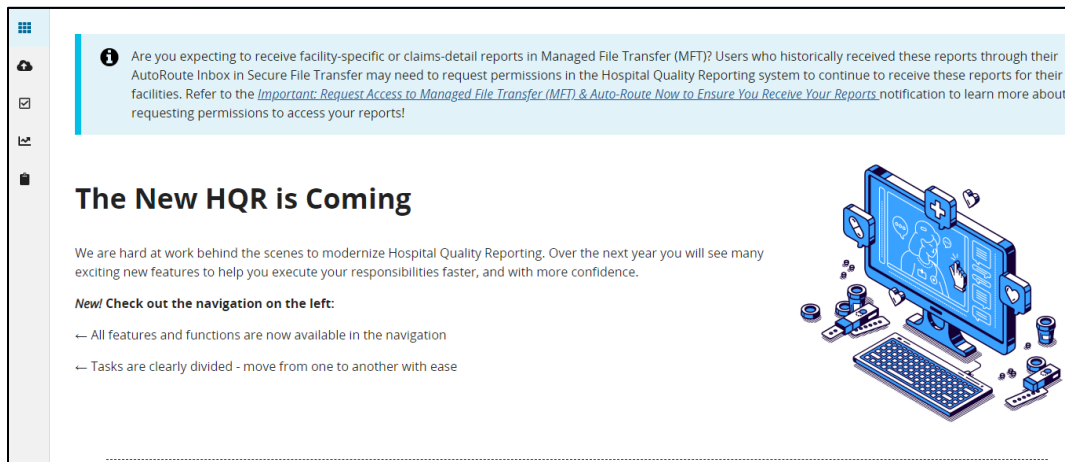
Enter code

[Resend code](#) [Change method](#)

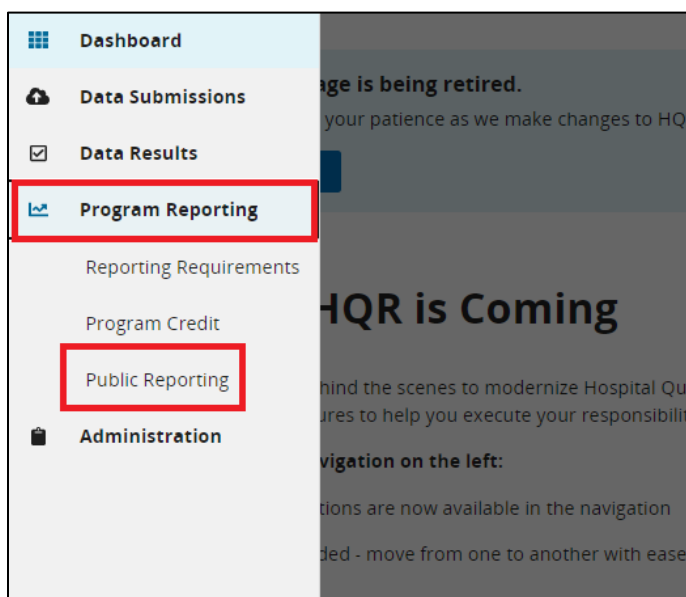
Next 

Cancel 

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

Search

Release

Level

Performance

Clear Filters

+ Survey of Patients' Experience

- Timely and Effective Care

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 on Medicare.gov](https://carecompare.cms.gov).

If the displayed hospital characteristics are incorrect, your hospital should contact [your state Certification and Survey Provider Enhanced Reports agency coordinator](#) to correct the information. For questions regarding the ASPEN State Contact list for Hospitals, please refer to the [CMS Minimum Data Set 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 [HQR Secure Portal](#) access.

Search	Release	Level	Performance	
<input type="text"/>	October 2022	Select	Select	Clear Filters

+ Timely and Effective Care

+ Unplanned Hospital Visits









+ Follow-Up Care

+ Substance Use Treatment

+ Patient Safety

+ Preventive Care and Screening

The accordions are labeled like the tabs on [Care Compare on Medicare.gov](#) 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.

Substance Use Treatment					
Substance Use					
	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
 SUB-2	62%	700	43% *	52% *	26%
 SUB-2a	42%	900	53% *	82% *	54%
 SUB-3	62%	700	43% *	52% *	26%
 SUB-3a	22%	9600	13% *	32% *	26%
Tobacco Use					
	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
 TOB-2	62%	700	43% *	52% *	26%
 TOB-2a	29%	900	33% *	32% *	15%
 TOB-3	22%	9600	13% *	32% *	26%
 TOB-3a	92%	600	43% *	23% *	30%

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


 Close


SUB-2: Details

Description:
Alcohol Use Brief Intervention Provided or Offered

Reporting Period:
Q1 (2016) - Q2 (2016)


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).

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
 SUB-2	62%	700	43% *	52% *	26%

 Close

SUB-2 State Rate: Details

Footnote(s):
(4) - Data suppressed by CMS for one or more quarters.

 Close

SUB-2 National Rate: Details

Footnote(s):
(7) - No cases met the criteria for this measure.



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 Centers for Disease Control and Prevention (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. They were first reported for the October 2022 Care Compare release, reflecting Q4 2021 data. The January 2024 release displays Q1 2023 data.

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 the National Healthcare Safety Network (NHSN), the last day of the reported week determines the month. For example, data submitted for the week of August 29 – September 4, 2022, counts for September, not August. For Q3 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 READM-30-IPF (Rate of readmission after discharge from hospital) new for this release.

MEASURE DETAILS

The measure will display the following data:

- Eligible Discharges
- Facility Rate/Value
- National Rate/Value
- National Compare

	Eligible Discharges	Facility Rate/Value	National Rate/Value	National Compare
READM-30-IPF	99	18.8% [*]	20.1% [*]	SAME

FOLLOW-UP CARE MEASURES

+ Follow-Up Care

Transition Record (TR1)

Hospital-Based Inpatient Psychiatric Services (HBIPS-5)


Follow up After Psychiatric Hospitalization (FAPH-30, FAPH-7)

Medication Continuation Following Inpatient Psychiatric Discharge (MedCont)

TRANSITION RECORD

The Transition Record section includes the following measure for this release:

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

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
 TR1	94%	162	48%	50%	98%


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%
1 SUB-2	87%	53	90%	84%	100%
1 SUB-2a	87%	53	82%	77%	100%
1 SUB-3	66%	126	61%	73%	100%
1 SUB-3a	34%	126	44%	62%	99%
Tobacco Use					
	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
1 TOB-2	91%	119	89%	82%	100%
1 TOB-2a	71%	119	59%	47%	89%
1 TOB-3	75%	116	64%	60%	99%
1 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 Screening for Metabolic Disorders (SMD) 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 2022/2023 influenza season, Q4 2022–Q1 2023.

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	<p>Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)</p> <p>HCAHPS Summary Star Ratings</p> <p>Communication with Nurses</p> <p>Communication with Doctors</p> <p>Responsiveness of Hospital Staff</p> <p>Communication About Medicines</p> <p>Cleanliness of Hospital Environment</p> <p>Quietness of Hospital Environment</p> <p>Discharge Information</p> <p>Care Transition</p> <p>Hospital Rating</p> <p>Recommend this Hospital</p>
Timely and Effective Care	<p>Sepsis (SEP-1 SEV-SEP-3HR, SEV-SEP-6HR, SEP-SH-3HR, SEP-SH-6HR)</p> <p>Emergency Department Care (ED-2-Strata-1, ED-2-Strata-2, OP-18b, OP-18c, OP-22, OP-23)</p> <p>Healthcare Personnel Vaccination IMM-3, HCP COVID-19, IPFQR-HCP COVID-19, PCH-28, PCH-38)</p> <p>Perinatal Care (PC-01, PC-05)</p> <p>Cardiac Care (OP-2, OP-3b)</p> <p>Cataract (OP-31)</p> <p>Colonoscopy (OP-29)</p> <p>Opioid Use (Safe Use of Opioids-Concurrent Prescribing)</p> <p>Venous Thromboembolism (VTE-1, VTE-2)</p> <p>Stroke Care (STK-02, STK-03, STK-05, STK-06)</p>
Structural Measure	Maternal Morbidity Structural Measure (SM-7)

Measure Accordion	Measure IDs Included
Complications & Deaths	<p>30-Day Death Rates (MORT-30-AMI, MORT-30-HF, MORT-30-PN, MORT-30-STK, MORT-30-COPD, MORT-30-CABG)</p> <p>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)</p> <p>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)</p> <p>Surgical Complications (COMP-HIP-KNEE)</p>
Unplanned Hospital Visits	<p>Condition Specific Readmission (READM-30-AMI, READM-30-HF, READM-30-PN, READM-30-COPD)</p> <p>Procedure Specific Readmission (READM-30-CABG, READM-30-HIP-KNEE)</p> <p>Hospital Wide Readmission (READM-30-HOSPWIDE)</p> <p>Inpatient Psychiatric Facility Readmission (READM-30-IPF)</p> <p>Procedure Specific Outcomes (PCH-30, PCH-31, OP-32, OP-35 ADM, OP-35 ED, OP-36)</p> <p>Readmission Measure (PCH-36) Excess Days in Acute Care (EDAC-30-AMI, EDAC-30-HF, EDAC-30-PN)</p>
Payment & Value of Care	<p>Payment (PAYM-30-AMI, PAYM-30-HF, PAYM-30-PN, PAYM-90-HIP-KNEE)</p> <p>Medicare Spending per Beneficiary (MSPB-1)</p>
Follow-Up Care	<p>Transition Record (TR1)</p> <p>Hospital-Based Inpatient Psychiatric Services (HBIPS-5)</p> <p>Follow-Up After Psychiatric Hospitalization (FAPH-7, FAPH-30)</p> <p>Medication Continuation Following Inpatient Psychiatric Discharge (MedCont)</p>
Substance Use Treatment	<p>Substance Use (SUB-2, SUB-2a, SUB-3, SUB-3a)</p> <p>Tobacco Use (TOB-2, TOB-2a, TOB-3, TOB-3a)</p>
Patient Safety	Hospital-Based Inpatient Psychiatric Services (HBIPS-2, HBIPS-3)
Preventative Care and Screening	<p>Screening (SMD)</p> <p>Immunization (IPFQR-IMM-2)</p>
Use of Medical Imaging	Imaging Efficiency (OP-8, OP-10, OP-13, OP-39)

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.