

# Welcome!

- **Audio for this event is available via ReadyTalk® Internet streaming.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**



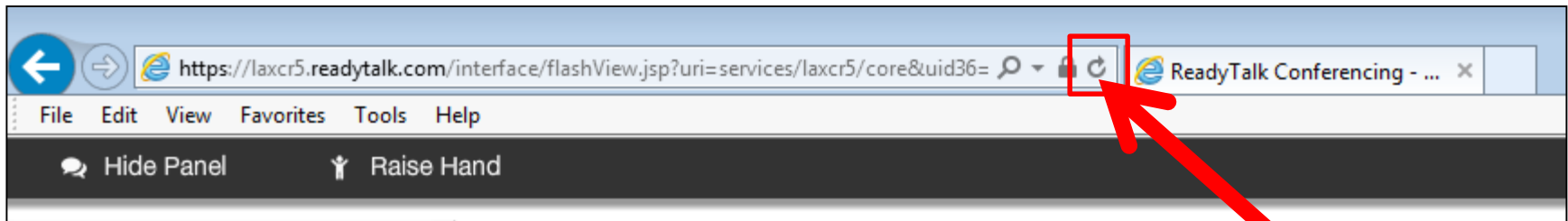
# Troubleshooting Audio

Audio from computer speakers breaking up?  
Audio suddenly stop?

Click Refresh icon  
– or –  
Press F5 key



F5 Key  
Top Row of Keyboard

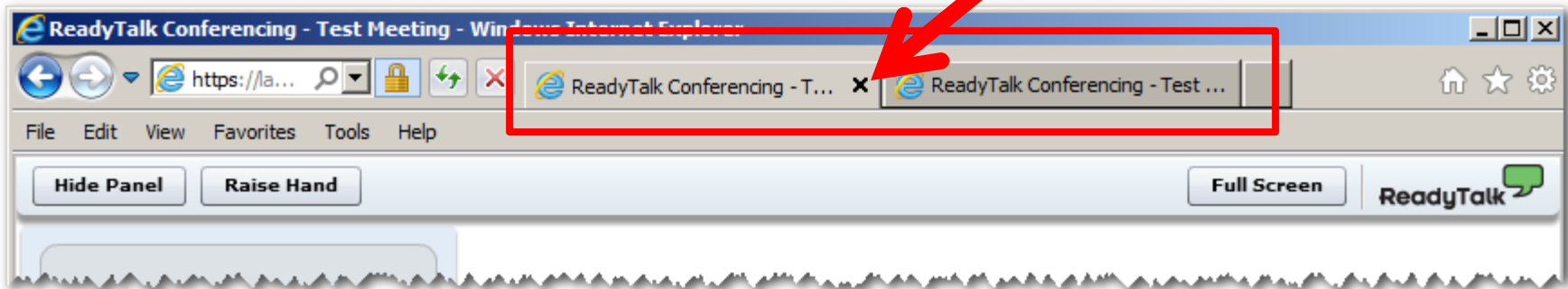


Location of Buttons

Refresh

# Troubleshooting Echo

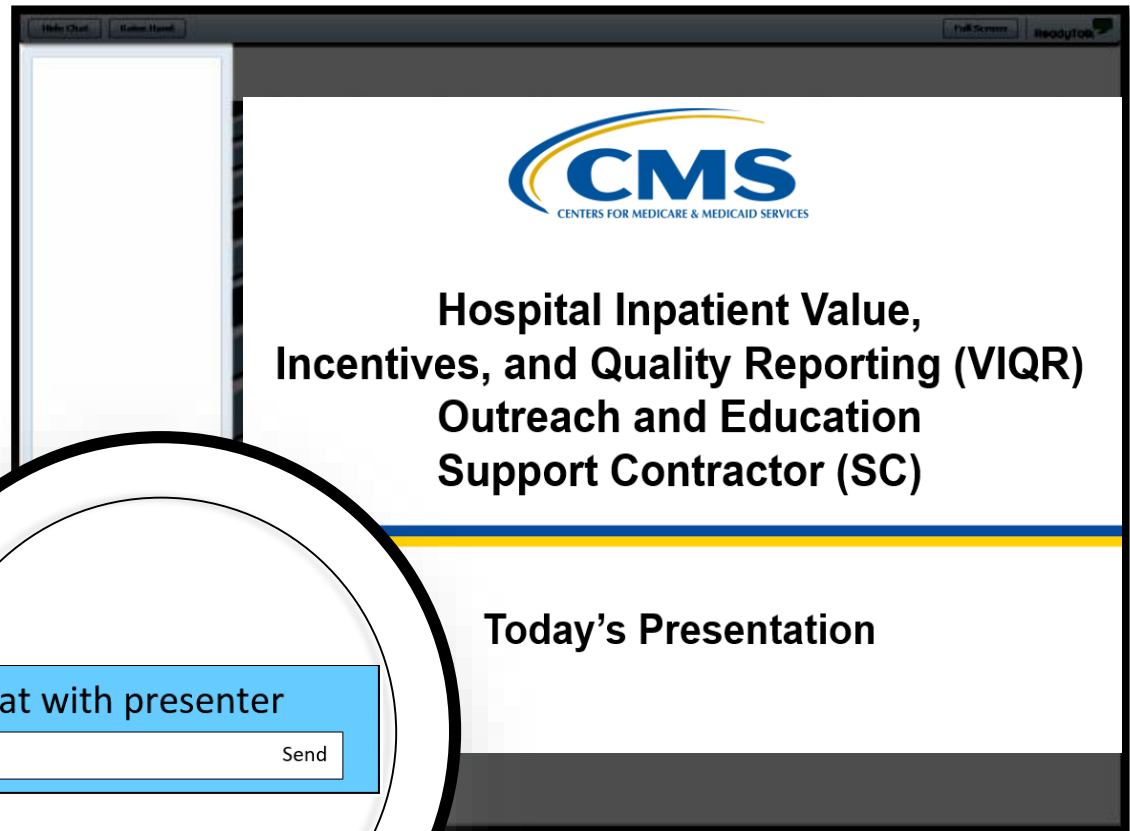
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event—multiple audio feeds.
- Close all but one browser/tab and the echo will clear.



Example of Two Browsers/Tabs open in Same Event

# Submitting Questions

Type questions in the “Chat with presenter” section, located in the bottom-left corner of your screen.





# Public Reporting: Exploring the Next Generation of Preview Reports

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Outreach and Education Support Contractor (SC)

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Hospital Inpatient VIQR, Outreach and Education SC

**December 17, 2018**

# Purpose

The presentation will provide the participants with information regarding how to access their preview data using the new Hospital Quality Reporting (HQR) Next Generation User Interface. The goal is for participants to be able to access and preview their data prior to being displayed on *Hospital Compare* in February 2019.

# Objectives

Upon completion of this webinar participants will be able to:

- Understand the purpose of changing to the Next Generation User Interface
- Know the steps to take to log into the Next Generation User Interface
- Learn how data are displayed on the Next Generation User Interface

# Importance of Public Reporting

- For hospitals/facilities
  - Promote transparency
  - Provide consistent, unified, reliable information for comparison
  - Encourage quality improvement
- For consumers
  - Promote empowerment
  - Provide data for outcome comparison



# What Has Changed

- Redesigned, interactive format
- Stakeholder insight
- Universal platform
  - Hospital Inpatient Quality Reporting Program
  - Hospital Outpatient Quality Reporting Program
  - Inpatient Psychiatric Facility Quality Reporting Program
  - PPS-Exempt Cancer Hospital Quality Reporting Program
- Consistency across programs
- Alignment with *Hospital Compare*
- Beginning February preview

PPS=Prospective Payment System

# New Access Methods

## Tablet

The tablet view shows a wide layout with a header for 'CMS.gov | QualityNet' and 'User Joe'. The main title is 'XXXXX Community Hospital' with a 'Change Facility' button. Below is a navigation bar with 'Home' and an info icon. The main content area has tabs for 'Star Rating' and 'Measure Data'. The 'Star Rating Preview' shows 4 stars, a summary score of 0.92, and a publication date of 08/24/18. 'Facility Details' include: Type of Facility: Short-Term, Type of Ownership: Voluntary Non-Profit, Private, and Emergency Service: Yes. An 'Export Star Data' button is present. A callout box asks 'Do you know how your Star ratings are calculated by Hospital Compare?' with a 'Learn More' link. At the bottom, three performance metrics are listed: Safety of Care (Better), Mortality (Worse), and Readmission (Better).

## Mobile

The mobile view features a 'Menu' button in the top right. The title 'XXXXX Community Hospital' is prominent. The 'Star Rating Preview' section shows 4 stars, a summary score of 0.92, and a publication date of 08/24/18. 'Facility Details' are listed below: Type of Facility: Short-Term, Type of Ownership: Voluntary Non-Profit, Private, and Emergency Service: Yes. An 'Export Star Data' button is located below the details. A callout box asks 'Do you know how your Star ratings are calculated by Hospital Compare?' with a 'Learn More' link. The 'Measure Score Groups' section at the bottom highlights 'Safety of Care' with a 'Better' performance rating.

# What Remains the Same

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- Submission deadlines
- *QualityNet* username and password
- Measures displayed

# Let's Log In

**QualityNet** 1 Log in to QualityNet Secure Portal (formerly MyQualityNet) Search

Log In

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

**QualityNet Registration**

- Hospitals - Inpatient
- Hospitals - Outpatient
- ASCs
- Cancer Hospitals
- ESRD Facilities
- Inpatient Psychiatric Facilities

**Getting Started with QualityNet**

- Registration

**QualityNet News** [More News »](#)

**CMS releases HSRs for FY 2019 Readmissions Reduction Program; Review and Corrections period begins**

The Centers for Medicare & Medicaid Services (CMS) has released Hospital Readmissions Reduction Program Hospital-Specific Reports (HSRs) via the *QualityNet Secure Portal*. These reports summarize hospitals' results under the new stratified methodology and include payment adjustment factor information, dual stays as well as national readmission rates, detailed discharge-level data, and risk factor information for the calculations of the Excess Readmission Ratios (ERRs).

The 30-day Review and Corrections Period opened on August 16, 2018 and will close on September 14, 2018.

[Full Article »](#)

**Log in to QualityNet Secure Portal**

2 Login

- Download Symantec ID (**required for login**)
- Portal Resources
- Secure File Transfer Resources
- Secure Portal Enrollment Training, WMV

# Select HQR Next Generation

CMS.gov | QualityNet

## Choose Your QualityNet Destination

Please select your QualityNet destination to reach the correct login screen for your QualityNet portal.

Select Your QualityNet Destination

- Secure File Transfer
- CMS Data Element Library
- End-Stage Renal Disease Quality Reporting System
- Ambulatory Surgical Center Quality Reporting Program
- PPS-Exempt Cancer Hospital Quality Reporting Program
- Inpatient Hospital Quality Reporting Program
- Inpatient Psychiatric Facility Quality Reporting Program
- Outpatient Hospital Quality Reporting Program
- Quality Improvement Organizations
- QIES Business Intelligence Center
- HQR Next Generation**

7500 Security Boulevard, Baltimore, MD 21244



# Enter Log In Information

## Log In to QualityNet \* Required Field

Please enter your CMS User ID and password, followed by your Symantec VIP Security Code, then click Submit.

\* User ID

\* Password

\* Security Code

### ? Help

**Start/Complete New User Enrollment**

[Forgot your password?](#)

[Trouble with your Security Code?](#)

[Need to register for a QualityNet account?](#)

# Change Facility

The screenshot displays the CMS.gov QualityNet user interface. At the top, the header shows 'CMS.gov | QualityNet' and the facility name 'XXXXX XXXXXX HOSPITAL'. A 'Change Facility' button is highlighted with a red box and a red arrow pointing to a modal window on the right. The modal window, titled 'Change Facility', contains a search bar with a 'Reset' button and a table of facility options. The table has columns for 'Name' and 'CCN', with each row showing 'Hospital Name' and 'XXXXXX' followed by a 'Select' link. At the bottom of the modal, there is a pagination control showing '1' selected and a 'Cancel' button.

**Change Facility** Close

Search or sort to select another provider.

Search


Name	CCN
Hospital Name	XXXXXX <a href="#">Select</a>
Hospital Name	XXXXXX <a href="#">Select</a>
Hospital Name	XXXXXX <a href="#">Select</a>
Hospital Name	XXXXXX <a href="#">Select</a>
Hospital Name	XXXXXX <a href="#">Select</a>
Hospital Name	XXXXXX <a href="#">Select</a>
Hospital Name	XXXXXX <a href="#">Select</a>
Hospital Name	XXXXXX <a href="#">Select</a>
Hospital Name	XXXXXX <a href="#">Select</a>

# Landing Page

## XXXXX XXXXX MEDICAL CENTER

Home | Logout

[Star Rating](#) [Measure Data](#)

**Star Rating Preview:**  To Be Published: 04/24/18  
Summary Score: -0.78

**Facility Details**  
Type of Facility: XXX Facility  
Type of Ownership: XXX Ownership  
Emergency Service: XXX Emergency Service

Do you know how your Star Ratings are calculated by Hospital Compare?  
[Learn More](#)

**Measure Score Groups**

+ Effectiveness of Care	Performance: Average
+ Patient Experience	Performance: <b>Worse</b>
+ Timeliness of Care	Performance: <b>Better</b>
+ Effective Use of Medical Imaging	Performance: Average
+ Safety of Care	Performance: <b>Worse</b>
+ Readmission	Performance: <b>Worse</b>
+ Mortality	Performance: Average



# Star Rating Tab

**Star Rating** | Measure Data

**Star Rating Preview:** ★★☆☆☆  
Summary Score: -0.78

To Be Published: 04/24/18

**Facility Details**  
Type of Facility: XXX Facility  
Type of Ownership: XXX Ownership  
Emergency Service: XXX Emergency Service

**Measure Score Groups**

Do you know how your Star Ratings are calculated by Hospital Compare?  
[Learn More](#)

+ Effectiveness of Care	Performance: Average
+ Patient Experience	Performance: <b>Worse</b>
+ Timeliness of Care	Performance: <b>Better</b>
+ Effective Use of Medical Imaging	Performance: Average
+ Safety of Care	Performance: <b>Worse</b>
+ Readmission	Performance: <b>Worse</b>
+ Mortality	Performance: Average

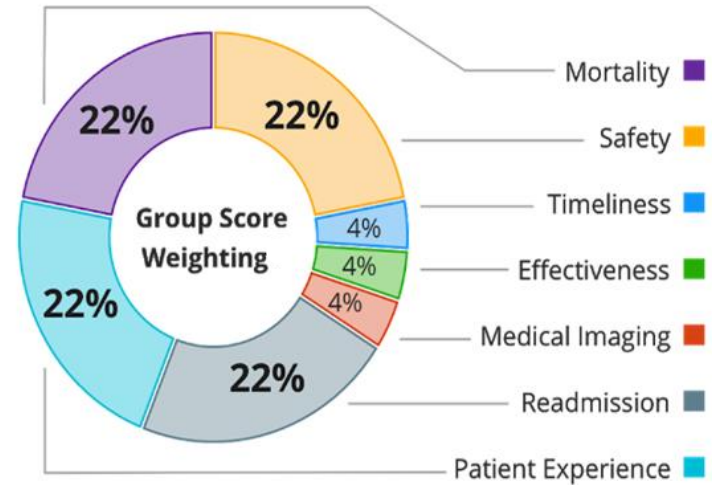
# Star Ratings

## Understanding Star Ratings

Measure group scores are composite scores based on the measures submitted within a measure group. Generally, group scores higher than the national average indicate better performance against nationwide benchmarks.

Each group score is assigned a weight and then used to calculate a Summary Score. This Summary Score informs the Star Rating. The graph here displays default weighting when data for all measure groups are submitted.

Find more information [here](#).



# Measure Data Overview

The screenshot shows a web application interface for 'XXXXXX XXXXXX MEDICAL CENTER'. At the top, there is a navigation bar with 'Home' and 'ADAMS1 | Logout'. Below this, there are two tabs: 'Star Rating' and 'Measure Data', with 'Measure Data' being the active tab. The main heading is 'Measure Data', followed by a descriptive paragraph: 'Explore your measure data benchmarks for the current or previous release period(s). Use the filters below to refine your feedback, and access supplemental info for any value with the info icon (i) or an asterisk (\*).' Below the text is an 'Export Data' button. A filter bar contains four dropdown menus: 'Search' (with an empty text input), 'Release' (with a downward arrow), 'Level' (with 'Select' and a downward arrow), and 'Performance' (with 'Select' and a downward arrow). To the right of these is a 'Clear Filters' button. The main content area is a vertical list of 14 measure categories, each with a plus sign icon on the left: 'Survey of Patients' Experience', 'Timely and Effective Care', 'Structural Measures', 'Complications & Deaths', 'Unplanned Hospital Visits', 'Payment & Value of Care', 'Continuity of Care', 'Substance Use Treatment', 'Patient Experience', 'Preventative Care and Screening', 'Surgical Procedure Volume', 'Use of Medical Imaging', and 'Process Measures'.

# Accordion

Star Rating

Measure Data

## Measure Data

Explore your measure data benchmarks for the current or previous release period(s). Use the filters below to refine your feedback, and access supplemental info for any value with the info icon ( ) or an asterisk (\*).

Export Data

Search

Release

▼

Level

Select ▼

Performance

Select ▼

Clear Filters

+ Survey of Patients' Experience

- Timely and Effective Care

Sepsis

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
SEP-1	20% *	50 *	22% *	23% *	12%

Venous Thromboembolism Prevention

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
VTE-6	15% *	200 *	20% *	30% *	10%


Emergency Department Care

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
ED-1b	30 minutes *	150 *	30 minutes *	35 minutes *	45 minutes
ED-2b	30 minutes *	150 *	30 minutes *	35 minutes *	45 minutes

# Search Feature

Star Rating Measure Data

## Measure Data

Explore your measure data benchmarks for the current or previous release period(s). Use the filters below to refine your feedback, and access supplemental info for any value with the info icon (  ) or an asterisk (\*).

[Export Data](#)

**Search**  **Release**  **Level**  **Performance**  [Clear Filters](#)

[+ Timely and Effective Care](#)

# Filter Feature

Star Rating **Measure Data**

### Measure Data

Explore your measure data benchmarks for the current or previous release period(s). Use the filters below to refine your feedback, and access supplemental info for any value with the info icon ( **i** ) or an asterisk (\*).

**Export Data**

**Search**

**Release**

**Level**

**Performance**

**Clear Filters**

**— Timely and Effective Care**

**Venous Thromboembolism Prevention**

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
<b>i</b> VTE-6	15% *	200 *	20% *	30% *	10%

# Measure-Specific Details

**Timely and Effective Care**

**Sepsis**

	Facility Rate	Number of Patients
SEP-1	20%*	50*

**Venous Thromboembolism Prevention**

	Facility Rate	Number of Patients
VTE-6	15%*	200*

**Emergency Department Care**

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
ED-1b	30 minutes*	150*	30 minutes*	35 minutes*	45 minutes
ED-2b	30 minutes*	150*	30 minutes*	35 minutes*	45 minutes

**VTE-6: Details**

**Description:**  
Hospital Acquired Potentially-Preventable Venous Thromboembolism

**Reporting Period:**  
Q1 (2016) - Q3 (2016)

Cancel

# Other Modals

Emergency Department Care					
	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
📄 ED-1b	30 minutes *	150 *	30 minutes *	35 minutes *	45 minutes
📄 ED-2b	30 minutes *	150 *	30 minutes *	35 minutes *	45 minutes

[✕ Close](#)

### ED-1b Facility Rate: Details

**Footnote(s):**

( 9 ) - No data are available from the state/territory for this reporting period.

( 10 ) - Very few patients were eligible for the HCAHPS survey. The scores shown reflect fewer than 50 completed surveys. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.

**Your Hospital ED Volume Category:**

Very High

[Cancel](#)

[✕ Close](#)

### ED-1b State Rate: Details

**Footnote(s):**

( 10 ) - Very few patients were eligible for the HCAHPS survey. The scores shown reflect fewer than 50 completed surveys. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.

( 11 ) - There were discrepancies in the data collection process.

**State ED Volume Category Reference:**

Low: 30 minutes

Medium: 35 minutes

High: 45 minutes

Very High: 55 minutes

[Cancel](#)

[✕ Close](#)

### ED-1b National Rate: Details

**Footnote(s):**

( 11 ) - There were discrepancies in the data collection process.

( 12 ) - This measure does not apply to this hospital for this reporting period.

**National ED Volume Category Reference**

Low: 30 minutes

Medium: 35 minutes

High: 45 minutes

Very High: 55 minutes


[Cancel](#)




# Export Data

Star Rating | **Measure Data**

### Measure Data

Explore your measure data benchmarks for the current or previous release period(s). Use the filters below to refine your feedback, and access supplemental info for any value with the info icon (  ) or an asterisk (\*).


 [Export Data](#)

Search:  Release:  Level:  Performance:  [Clear Filters](#)


+ Survey of Patients' Experience

- Timely and Effective Care

#### Sepsis

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
 SEP-1	20% *	50 *	22% *	23% *	12%

#### Venous Thromboembolism Prevention

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
 VTE-6	15% *	200 *	20% *	30% *	10%

# Print Report

XXXXXX Community Hospital  
CCN-9999999

07/31/2018  
Page 27

## Payment and Value of Care

### Payment

	Eligible Discharges	Facility Pmt (95% conf. int.)	National Avg. Pmt.	National Compare	Facility Compared to Averages				
					Greater	Same	Less	Too Few	
<b>PAYM-30-AMI</b>					In State	3	35	11	5
Q1 (2016) - Q2 (2016)	577	\$22123 (\$20935, \$23371)	\$23119	Same	In Nation	209	1923	493	1937
Risk-Standardized Payment Associated with a 30-Day AMI Episode-of-Care for Acute Myocardial Infarction					Value of Care	Better mortality and average payment			
<b>PAYM-30-HF</b>					In State	3	34	8	2
Q1 (2016) - Q2 (2016)	696	\$15358 (\$14565, \$16176)	\$16190	Less	In Nation	553	2660	410	971
Risk-Standardized Payment Associated with a 30-Day Episode of Care for Heart Failure					Value of Care	Average mortality and lower payment			
<b>PAYM-30-PN</b>					In State	4	22	19	1
Q1 (2016) - Q2 (2016)	679	\$16277 (\$15520, \$17032)	\$17026	Same	In Nation	798	2496	2496	454
Risk-Standardized Payment Associated with a 30-Day Episode of Care for Pneumonia					Value of Care	Average mortality and average payment			

# Resources

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- *QualityNet* News Article
- Help Guide
- Quick Reference Guide
- ListServes

# Public Reporting: Exploring the Next Generation of Preview Reports

## **Questions**

# Accessing the *QualityNet* Questions and Answers (Q&A) Tool

## [QualityNet Q&A Tool](#)

**QualityNet** Log in to QualityNet Secure Portal (formerly MyQualityNet)  Search

Log In

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

**QualityNet Registration**

- Hospitals - Inpatient
- Hospitals - Outpatient
- ASCs
- Cancer Hospitals
- ESRD Facilities
- Inpatient Psychiatric Facilities

**Getting Started with QualityNet**

- Registration
- Sign-In Instructions
- Security Statement
- Password Rules
- QualityNet System Security Policy, PDF

**Join Listserves**

Sign up for Notifications and Discussions.

**Known Issues - Hospital Reporting**

- Inpatient
- EHR Incentive Program

**QualityNet News** [More News >](#)

**CMS releases HSRs for FY 2019 Readmissions Reduction Program; Review and Corrections period begins**

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The 30-day Review and Corrections Period opened on August 16, 2018 and will close on September 14, 2018.

[Full Article >](#)

**Headlines**

- [CY 2019 OPPS/ASC Proposed Rule published, open for comment](#)
- [Hospital VBP Program FY 2019 Percentage Payment Summary Report now available](#)
- [CMS releases October 2018 Hospital Compare preview reports](#)
- [CY 2019 OPPS/ASC Proposed Rule displayed, open for comment](#)
- [FY 2019 HSRs for HAC Reduction Program Scoring Calculations Review and Corrections Period released](#)
- [CMS will not update Hospital Compare Overall Hospital Quality Star Ratings Data in July 2018.](#)
- [MSPB, CEBC, and Corrected Pneumonia Mortality HSRs Now Available](#)
- [FY 2020 IQR Program Targeted Hospitals Selected for Validation](#)
- [CMS Releases July 2018 Hospital Compare Preview Reports on May 4, 2018](#)
- [Hospital IQR Program Claims-Based Measures HSRs for FY 2019 Available for Download](#)
- [CMS Releases HSRs for the Hospital VBP Program Risk-Standardized Mortality and Complication](#)

**Log in to QualityNet Secure Portal**

Log in

- Download Symantec ID (**required for login**)
- Portal Resources
- Secure File Transfer Resources
- Secure Portal Enrollment Training, WMV

**Questions & Answers**

- Ambulatory Surgical Centers
- End-Stage Renal Disease (ESRD) QIP
- Hospitals - Inpatient
- Hospitals - Outpatient
- Inpatient Psychiatric Facilities
- PPS-Exempt Cancer Hospitals

**Note:** First-time registration required

# QualityNet Q&A Tool

## Public Reporting Q&A Tool

### Public Reporting (Hospital Compare) Program

**Select an Answer Category**

<b>Hospital IQR</b> General Public Reporting Preview Reports	<b>IPFQR</b> General Public Reporting Preview Reports
<b>PCHQR</b> General Public Reporting Preview Reports	

### Find an Answer

Search 

### Contact Us

 **Ask a Question**  
Submit a question to our support team.

 **Give Feedback**  
How can we make this site more useful for you?

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**Thank You for Attending**

# Disclaimer

This presentation was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

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