Hospital Compare
Preview Help Guide

Inpatient Psychiatric Facility Quality Reporting Program

The target audience for this publication is hospitals participating in the Inpatient Psychiatric Facility Quality Reporting Program. The document scope is limited to instructions for hospitals on how to access and interpret the data provided on the public reporting user interface prior to the publication of data on *Hospital Compare*.

November 2019 *Hospital Compare* **Preview/January 2020** *Hospital Compare* **Release**

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Inpatient Psychiatric Facility Quality Reporting Program

Overview

Hospital 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 *Hospital 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 *Hospital 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 *Hospital Compare* and not for data correction. Facilities are only able to make changes to their data prior to the submission deadline.

HOSPITAL COMPARE

The Centers for Medicare & Medicaid Services (CMS) and the nation's hospitals worked collaboratively to create and publicly report hospital quality performance information on the *Hospital Compare* website, located at http://www.medicare.gov/hospitalcompare.

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.
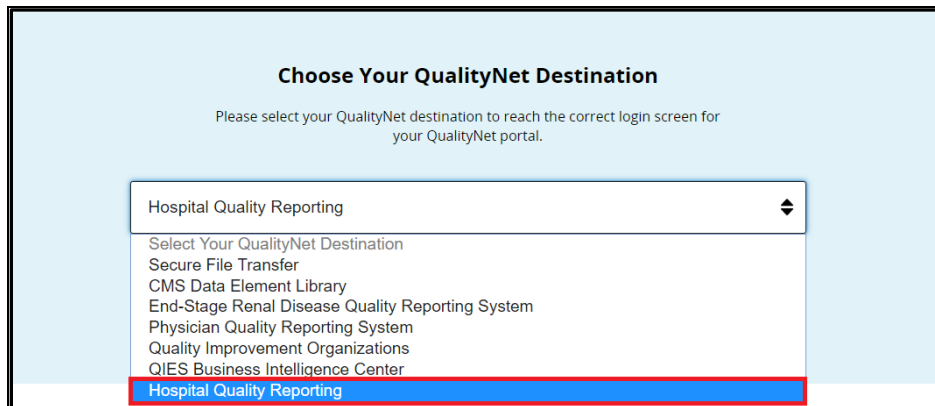
PREVIEW PERIOD

Prior to the release of data on *Hospital 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 *Hospital Compare*.

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

1. Access the public website for *QualityNet* at https://www.qualitynet.org.
2. Select **Login** under the *Log in to QualityNet Secure Portal* header.
3. From the **Choose Your QualityNet Destination** dashboard, select **Hospital Quality Reporting.**

4. Enter your *QualityNet* User ID, Password, and Security Code. Then, select **Submit**.
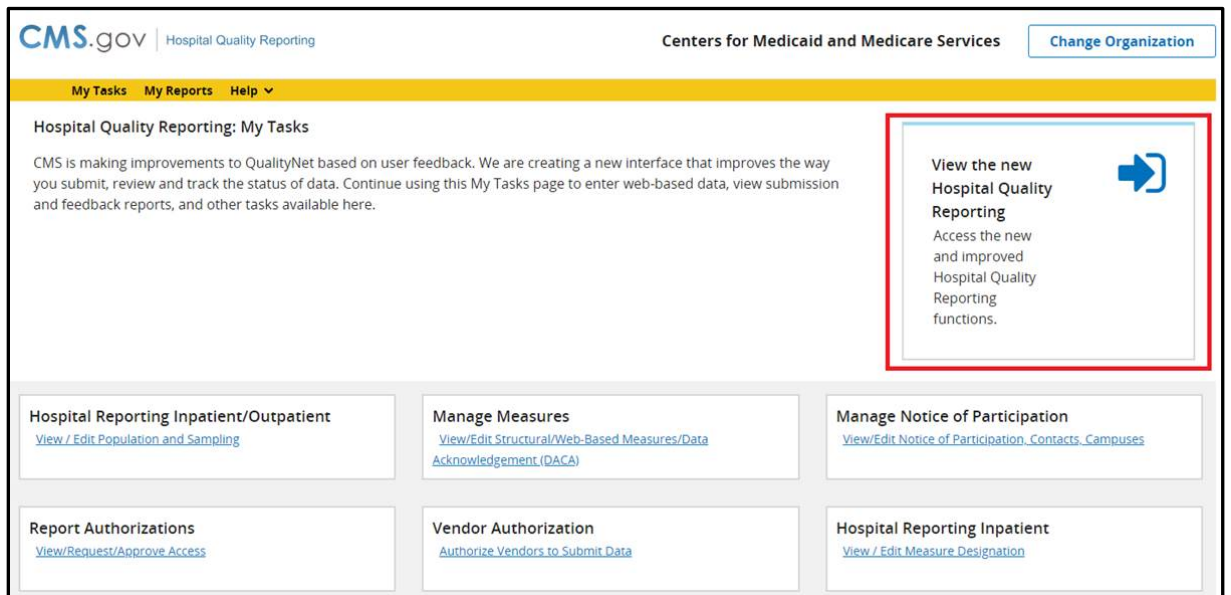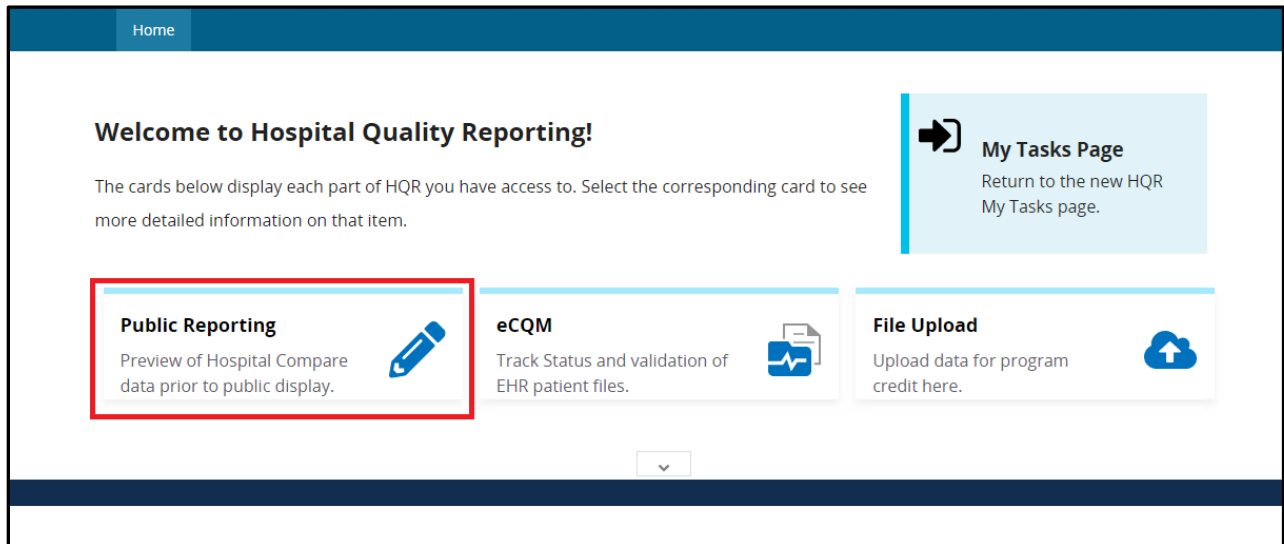5. Read the Terms and Conditions statement and select **I Accept** to proceed.
   NOTE: If **I Decline** is selected, the program closes.
6. You will be directed to the **My Tasks page** there will be a pop up statement, select **OK** to proceed.
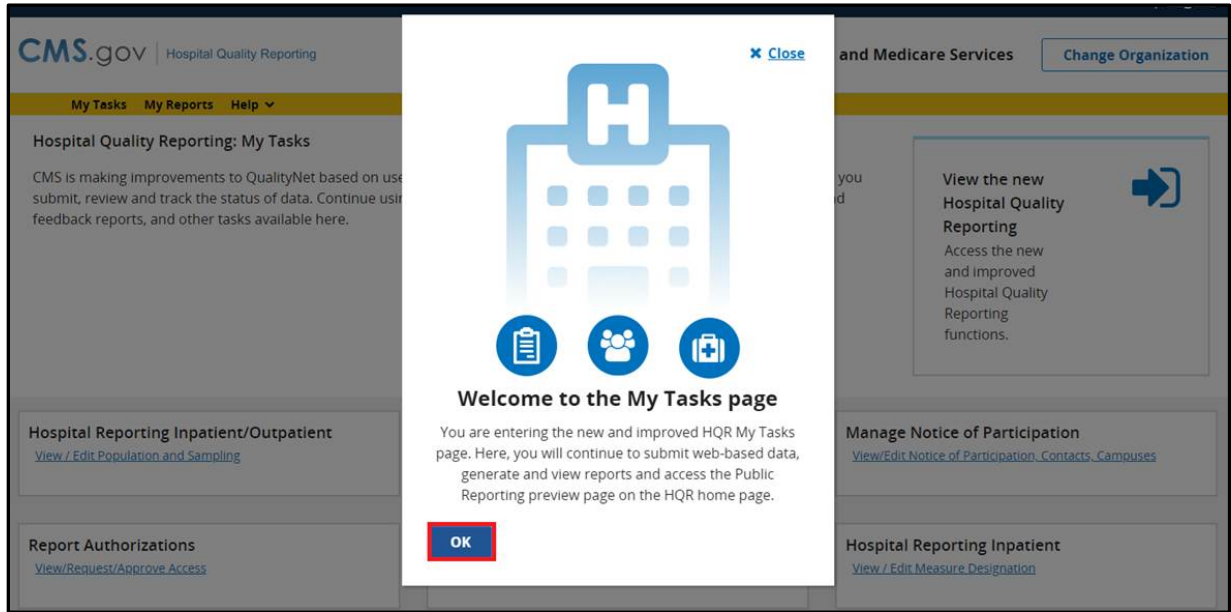
7. On the **My Tasks page**, select **View the New Hospital Quality Reporting** card in the top-right corner of the page.

8. Select **Public Reporting.**

9. Your provider name and CMS Certification Number (CCN) will appear at the top of the Preview UI. The **Change Organization Button** is available to users with roles associated with multiple facilities to see a different provider's data.
10. There are two tabs: Star Rating and Measure Data.
11. Within the Preview UI, users will be able to easily view their data. This page is an interactive analogue to the traditional PDFs. On this page, users can view measures associated by Measure Group, search the entire page for individual measures, dynamically filter through data, and export measure data. The exported measure data will be in PDF format for a user-friendly printed report. Data will be retained following the 30-day preview for future reference.
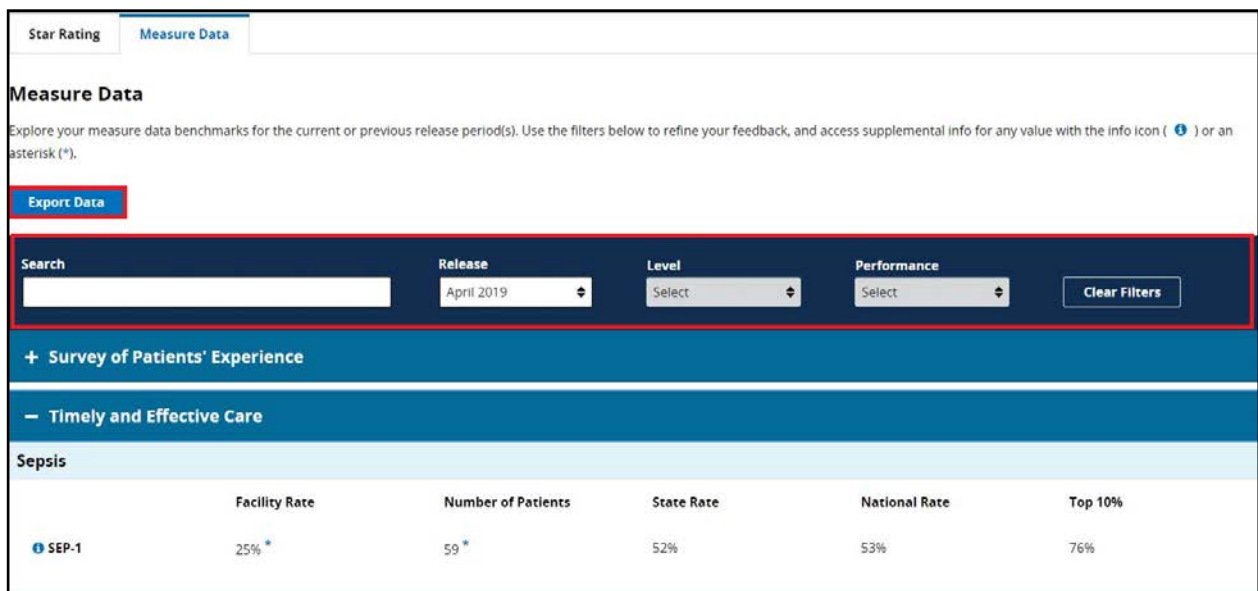
Export Data - Users will be able to export measure data into a PDF format for a user-friendly printed report.

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

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

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

PR DATA DETAILS

HOSPITAL CHARACTERISTICS

The PR Preview UI displays your hospital CCN and name above the hospital characteristics. Hospital characteristics include your hospital's address, city, state, ZIP Code, phone number, county, type of facility, type of ownership, and emergency service provided status.

Type of ownership is not publicly reported; however, this is publicly available in the downloadable database on *Hospital Compare*.

If the displayed hospital characteristics are incorrect, your hospital should contact your state Certification and Survey Provider Enhanced Reports (CASPER) agency coordinator to correct the information. The state CASPER contact list is available from the *Hospital Compare* Home page by selecting the **Resources** button, located between the **About the Data** and **Help** buttons, directly above the *Find a Hospital* selection area. Select the **Information for hospitals,** once the screen refreshes, select the **CASPER/ASPEN** (Automated Survey Processing Environment) contacts link from the left-side navigation pane: http://www.medicare.gov/HospitalCompare/Resources/CASPER.aspx. If your hospital's state CASPER agency is unable to make the needed change, your hospital should contact its CMS regional office.

ROUNDING RULES

All percentage and median time calculations (provider, state, and national) are rounded to the nearest whole number using the following rounding logic, unless otherwise stated:

- Above **[x.5]**, round up to the nearest whole number.
- Below **[x.5]**, round down to the nearest whole number.
- Exactly **[x.5]** and "x" is an even number, round down to the nearest whole, even number. (Rounding to the even number is a statistically accepted methodology.)
- Exactly **[x.5]** and "x" is an odd number, round up to the nearest whole, even number. (Rounding to the even number is a statistically accepted methodology.)

IPF PREVIEW DETAILS

MEASURE DATA TAB

The **Measure Data** tab will display accordions and measures based on the user's *QualityNet Secure Portal* access.

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

Select the info icon ( ) to the left of the measure ID to display the full 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).

SUB-2 State Rate: Details

✖ Close

Footnote(s):

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

Cancel

SUB-2 National Rate: Details

✖ Close

Footnote(s):

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

Cancel

TIMELY AND EFFECTIVE CARE MEASURES

+ Timely and Effective Care
Immunization (IMM-2)

IMMUNIZATION (IMM-2)

Immunization					
	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
ℹ **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 2018/2019 influenza season, 4Q 2018–1Q 2019.

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.

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

CONTINUITY OF CARE MEASURES

+ Continuity of Care
Transition Record (TR1, TR2)
Hospital-Based Inpatient Psychiatric Services (HBIPS-5)
Follow up After Hospitalization for Mental Illness (FUH-7, FUH-30)

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) MEASURES

The HBIPS measure section includes the following measure:

- 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-7	22%	9600	13% *	32% *	26%
ⓘ FUH-30	22%	9600	13% *	32% *	26%

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

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
ℹ SUB-2	62%	700	43% *	52% *	26%
ℹ SUB-2a	42%	900	53% *	82% *	54%
ℹ SUB-3	62%	700	43% *	52% *	26%
ℹ SUB-3a	22%	9600	13% *	32% *	26%

Tobacco Use

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
ℹ TOB-2	62%	700	43% *	52% *	26%
ℹ TOB-2a	29%	900	33% *	32% *	15%
ℹ TOB-3	22%	9600	13% *	32% *	26%
ℹ TOB-3a	92%	600	43% *	23% *	30%

PATIENT EXPERIENCE MEASURE

+ 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 MEASURE

+ Preventative Care and Screening
Screening (SMD)

SCREENING MEASURE

The screening measure section contains the following measure:

- SMD: Screening for Metabolic Disorders

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%

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
ⓘ SMD	95% *	500	98% *	99% *	82%

MEASURE IDS INCLUDED IN MEASURE ACCORDIONS

Measure Accordion	Measure IDs Included
Survey of Patients 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) Venous Thromboembolism Prevention (VTE-6) Emergency Department (ED-1b, ED-2b, OP-18b, OP-18c, OP-20, OP-21, OP-22, OP-23) Immunization (IMM-2, IPFQR-IMM-2) Healthcare Personnel Influenza Vaccination (FluVac HCP, OP-27, IMM-3) Perinatal Care (PC-01) Cardiac Care (OP-1, OP-2, OP-3b, OP-4, OP-5) Cancer Care (OP-33) Cataract (OP-31) Colonoscopy (OP-29, OP-30)
Structural Measures	Structural Measures (SM-5, SM-6, OP-12, OP-17, OP-25)
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)

Measure Accordion	Measure IDs Included
	Surgical Complications (Comp-HIP-KNEE)
Unplanned Hospital Visits	Condition Specific Readmission (READM-30-AMI, READM-30-HF, READM-30-PN, READM-30-STK, 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, CEBP-1, CEBP-2, CEBP-3, CEBP-4, CEBP-5, CEBP-6)
Continuity of Care	Use of an Electronic Health Record (IPFQR-EHR1, IPFQREHR2)
	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, SUB-1, TOB-1)
Surgical Procedure Volume	Surgical Procedure Volume (OP-26)
Use of Medical Imaging	Imaging Efficiency (OP-8, OP-9, OP-10, OP-11, OP-13, OP-14)
Process Measures	Cancer Specific Treatment (PCH-1, PCH-2, PCH-3)
	Oncology Care (PCH-14, PCH-15, PCH-16, PCH-17, PCH-18)
	External Beam Radiotherapy (PCH-25)

FOOTNOTE TABLE

#	Description	Application
1	The number of cases/patients is too few to report.	Applied to any measure rate where the denominators are greater than 0 and less than 11. Data will not display on *Hospital 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.

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. ET.