CENTERS FOR MEDICARE & MEDICAID SERVICES

Digging Deeper Into the Data: How to Access and Interpret QualityNet Reports

Karen VanBourgondien, RN, BSN
Education Coordinator
HSAG

April 15, 2015

Announcements

- May 1, 2015, is the next deadline for Clinical Data and Population and Sampling data submissions from Q4 2014 (October 1–December 31, 2014).
- This will be the last quarter that OP-6 and OP-7 will be reported.

Save The Date

- The next Hospital Outpatient Quality Reporting (OQR) webinar will be May 20, 2015.
- The presentation will present data reported for the Hospital OQR Program and how to utilize this data for quality improvement within your facility.
- Announcements about upcoming webinars will be sent via the Hospital OQR ListServe.

Learning Objectives

At the conclusion of the program, attendees will be able to:

- Identify where to locate the most commonly used Hospital OQR reports on QualityNet.
- Describe the most commonly used Hospital OQR reports.
- Understand the meaning and value of the QualityNet reports.

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Digging Deeper Into the Data

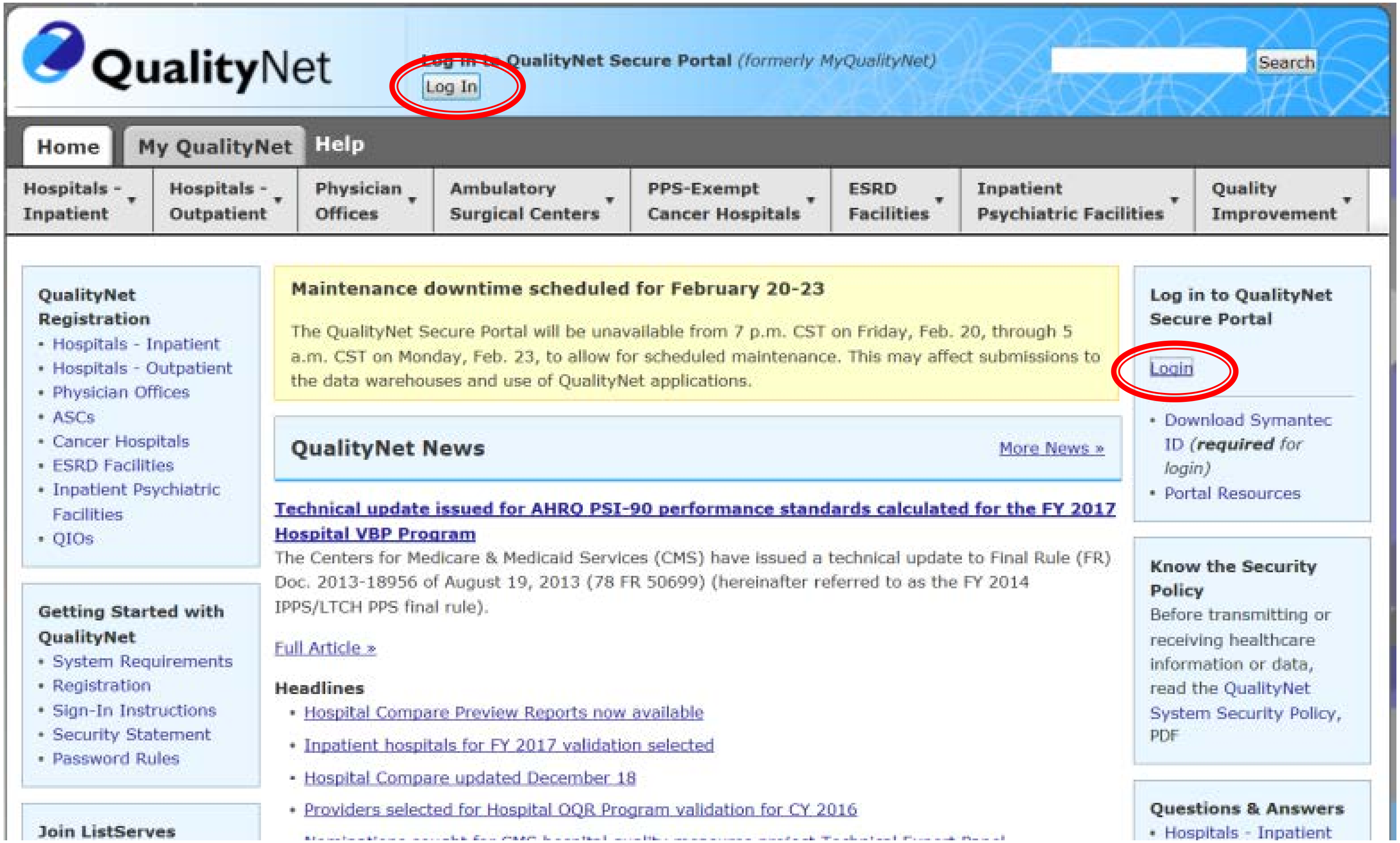
What are the QualityNet reports and how can they be used?

April 15, 2015

Report Categories

- Annual Payment Update (APU)
- Validation
- Feedback
- Public Reporting

Accessing QualityNet


QualityNet
Log in to QualityNet Secure Portal *(formerly MyQualityNet)*
Log In
Search
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
- Physician Offices
- ASCs
- Cancer Hospitals
- ESRD Facilities
- Inpatient Psychiatric Facilities
- QIOs

Getting Started with QualityNet
- System Requirements
- Registration
- Sign-In Instructions
- Security Statement
- Password Rules

Join ListServes

Maintenance downtime scheduled for February 20-23

The QualityNet Secure Portal will be unavailable from 7 p.m. CST on Friday, Feb. 20, through 5 a.m. CST on Monday, Feb. 23, to allow for scheduled maintenance. This may affect submissions to the data warehouses and use of QualityNet applications.

QualityNet News More News »

Technical update issued for AHRQ PSI-90 performance standards calculated for the FY 2017 Hospital VBP Program

The Centers for Medicare & Medicaid Services (CMS) have issued a technical update to Final Rule (FR) Doc. 2013-18956 of August 19, 2013 (78 FR 50699) (hereinafter referred to as the FY 2014 IPPS/LTCH PPS final rule).

Full Article »

Headlines
- Hospital Compare Preview Reports now available
- Inpatient hospitals for FY 2017 validation selected
- Hospital Compare updated December 18
- Providers selected for Hospital OQR Program validation for CY 2016

Log in to QualityNet Secure Portal

Login

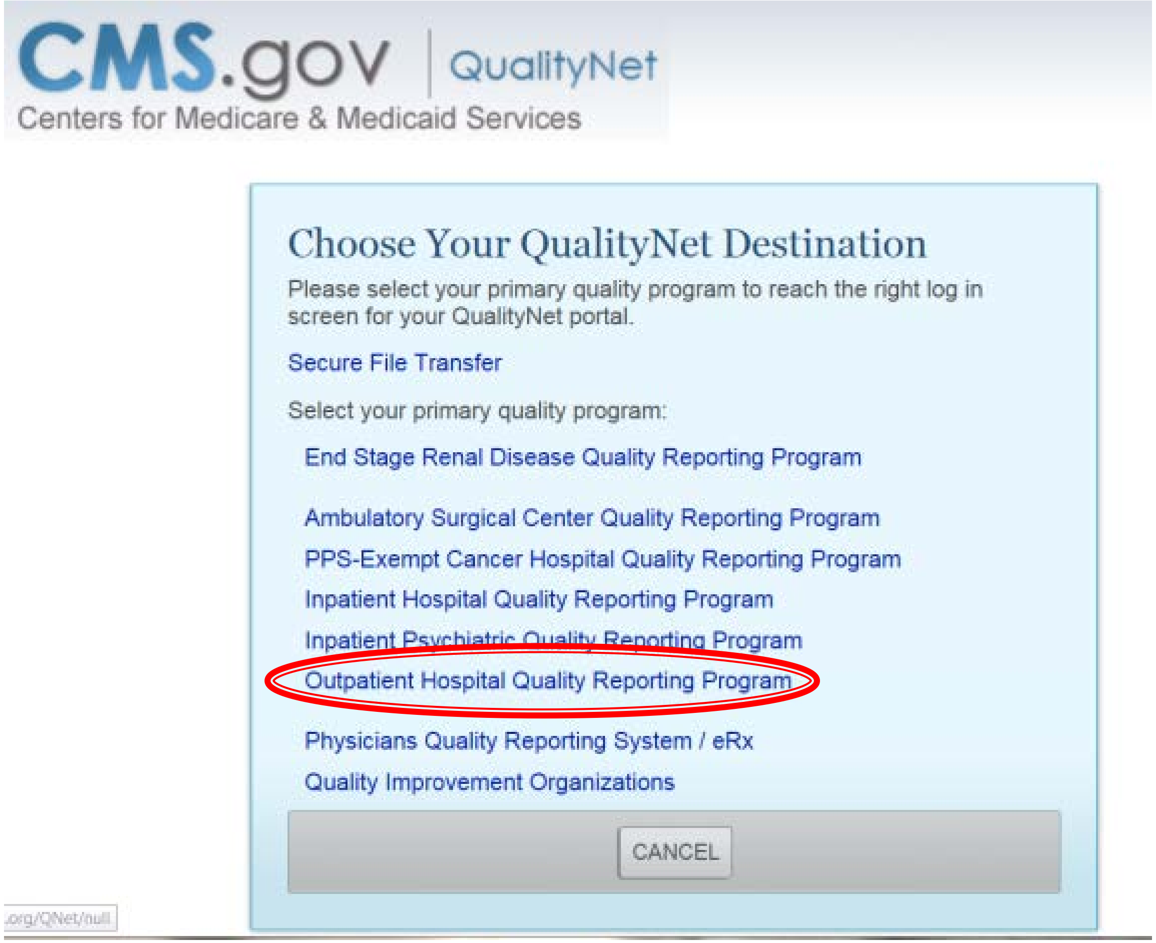
- Download Symantec ID *(**required** for login)*
- Portal Resources

Know the Security Policy

Before transmitting or receiving healthcare information or data, read the QualityNet System Security Policy, PDF

Questions & Answers
- Hospitals - Inpatient

Choose Your Destination


CMS.gov | QualityNet
Centers for Medicare & Medicaid Services
CANCEL
.org/QNet/null

Choose Your QualityNet Destination

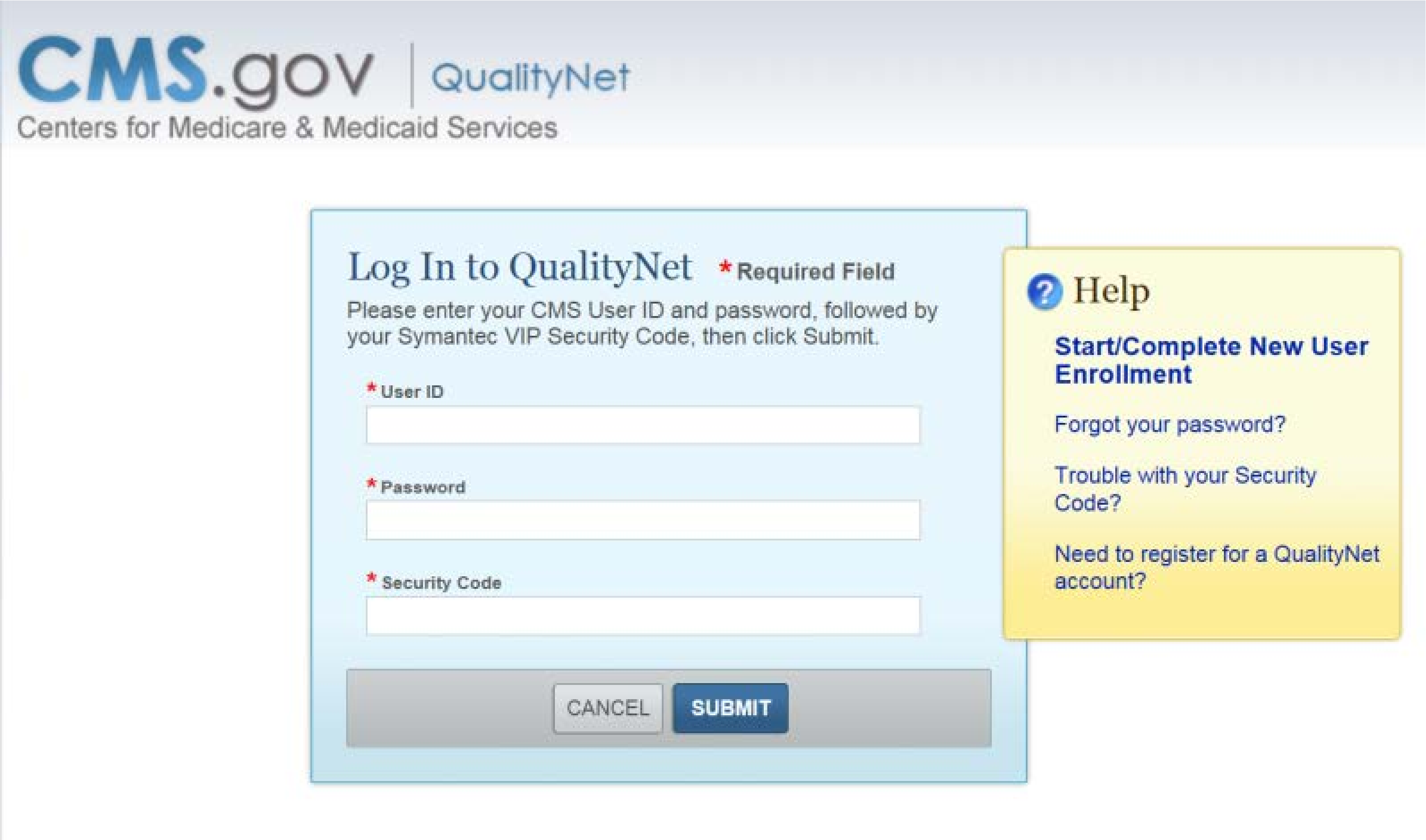
Please select your primary quality program to reach the right log in screen for your QualityNet portal.

Secure File Transfer

Select your primary quality program:

- End Stage Renal Disease Quality Reporting Program
- Ambulatory Surgical Center Quality Reporting Program
- PPS-Exempt Cancer Hospital Quality Reporting Program
- Inpatient Hospital Quality Reporting Program
- Inpatient Psychiatric Quality Reporting Program
- Outpatient Hospital Quality Reporting Program
- Physicians Quality Reporting System / eRx
- Quality Improvement Organizations

Log In



CMS.gov | QualityNet
Centers for Medicare & Medicaid Services

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

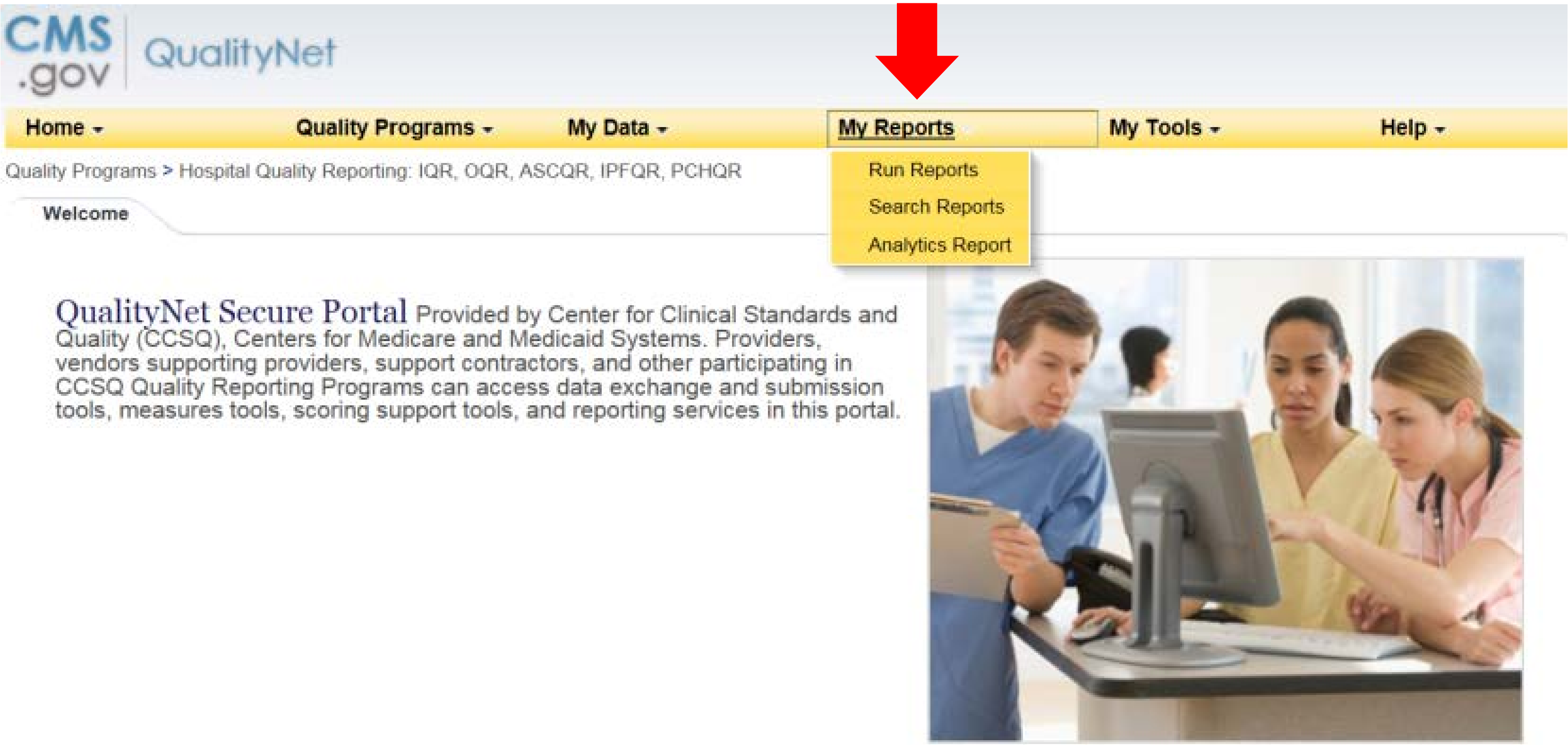
Start/Complete New User Enrollment

Forgot your password?

Trouble with your Security Code?

Need to register for a QualityNet account?

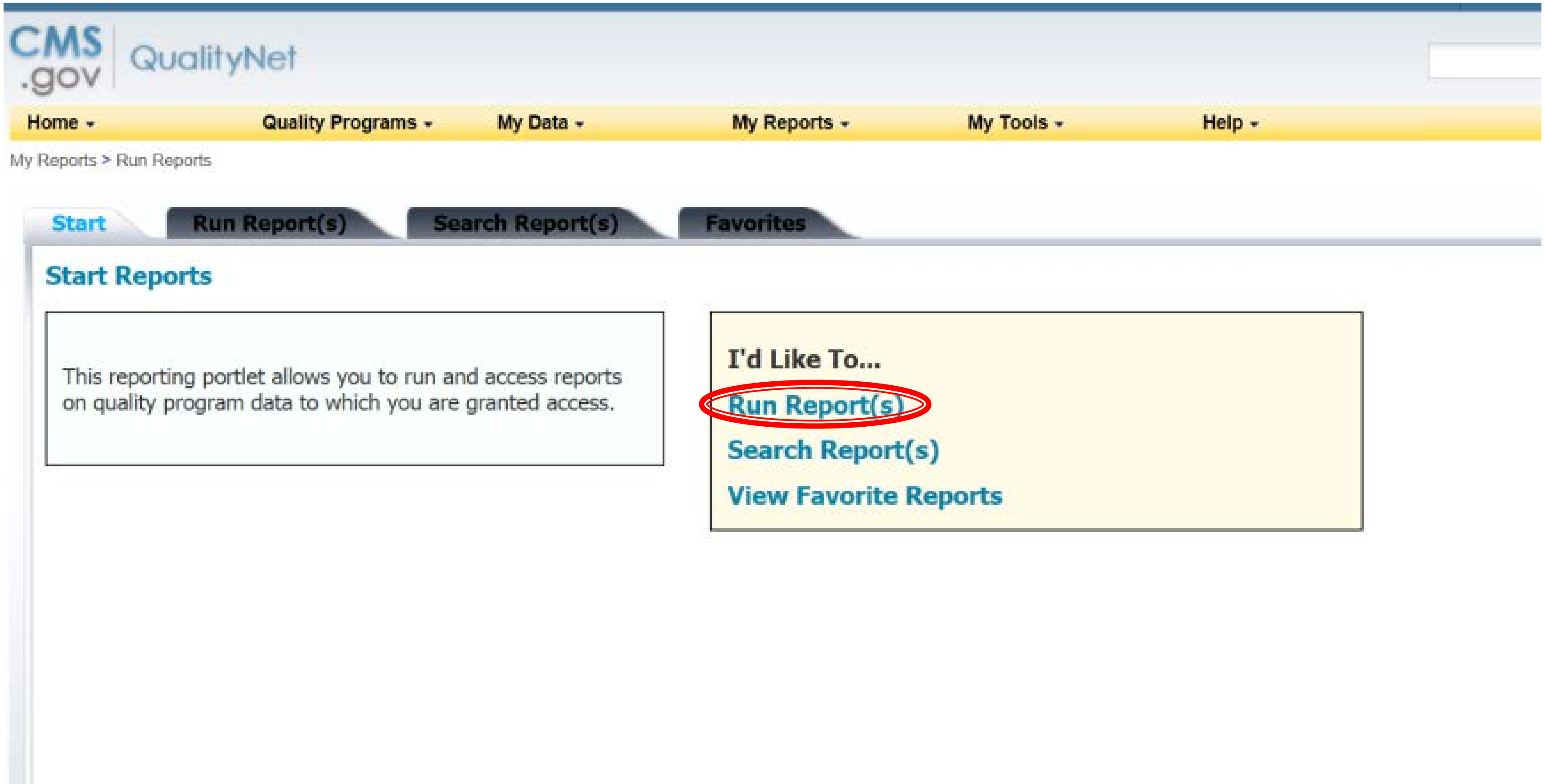
Choose Your Option


CMS .gov QualityNet
Home
Quality Programs
My Data
My Reports
My Tools
Help
Run Reports
Search Reports
Analytics Report
Welcome

Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR

QualityNet Secure Portal Provided by Center for Clinical Standards and Quality (CCSQ), Centers for Medicare and Medicaid Systems. Providers, vendors supporting providers, support contractors, and other participating in CCSQ Quality Reporting Programs can access data exchange and submission tools, measures tools, scoring support tools, and reporting services in this portal.

Run Report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Quality Programs
My Data
My Reports
My Tools
Help
My Reports > Run Reports
Start
Run Report(s)
Search Report(s)
Favorites

Start Reports

This reporting portlet allows you to run and access reports on quality program data to which you are granted access.

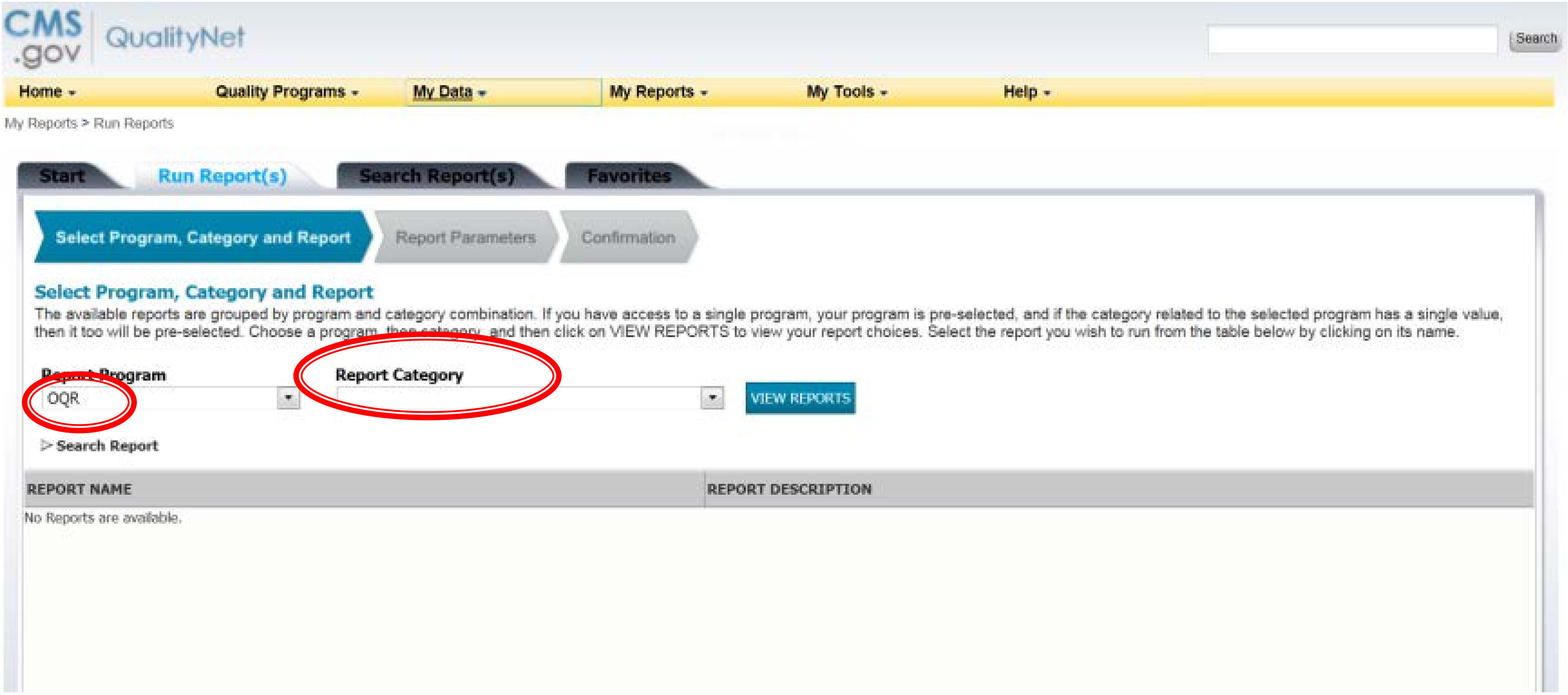
I'd Like To...

Run Report(s)

Search Report(s)

View Favorite Reports

Choosing the Category


CMS.gov
QualityNet
Search
Home
Quality Programs
My Data
My Reports
My Tools
Help
My Reports > Run Reports
Start
Run Report(s)
Search Report(s)
Favorites
Select Program, Category and Report
Report Parameters
Confirmation

Select Program, Category and Report

The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category related to the selected program has a single value, then it too will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your report choices. Select the report you wish to run from the table below by clicking on its name.

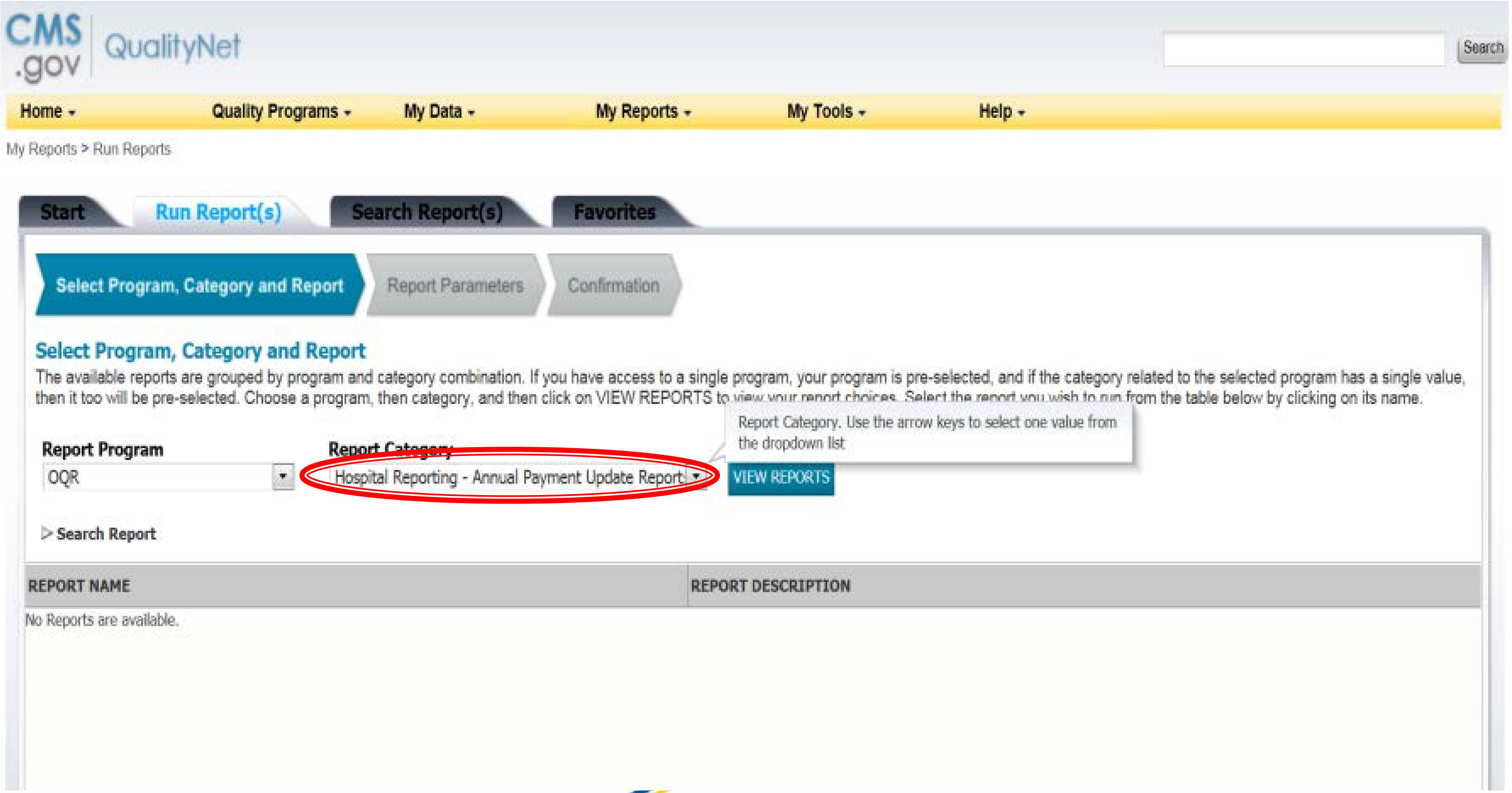
Report Program: OQR

Report Category:

VIEW REPORTS
▷ Search Report

REPORT NAME	REPORT DESCRIPTION
No Reports are available.	

Select the Report Category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Home
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My Data
My Reports
My Tools
Help
My Reports > Run Reports
Start
Run Report(s)
Search Report(s)
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Report Category. Use the arrow keys to select one value from the dropdown list

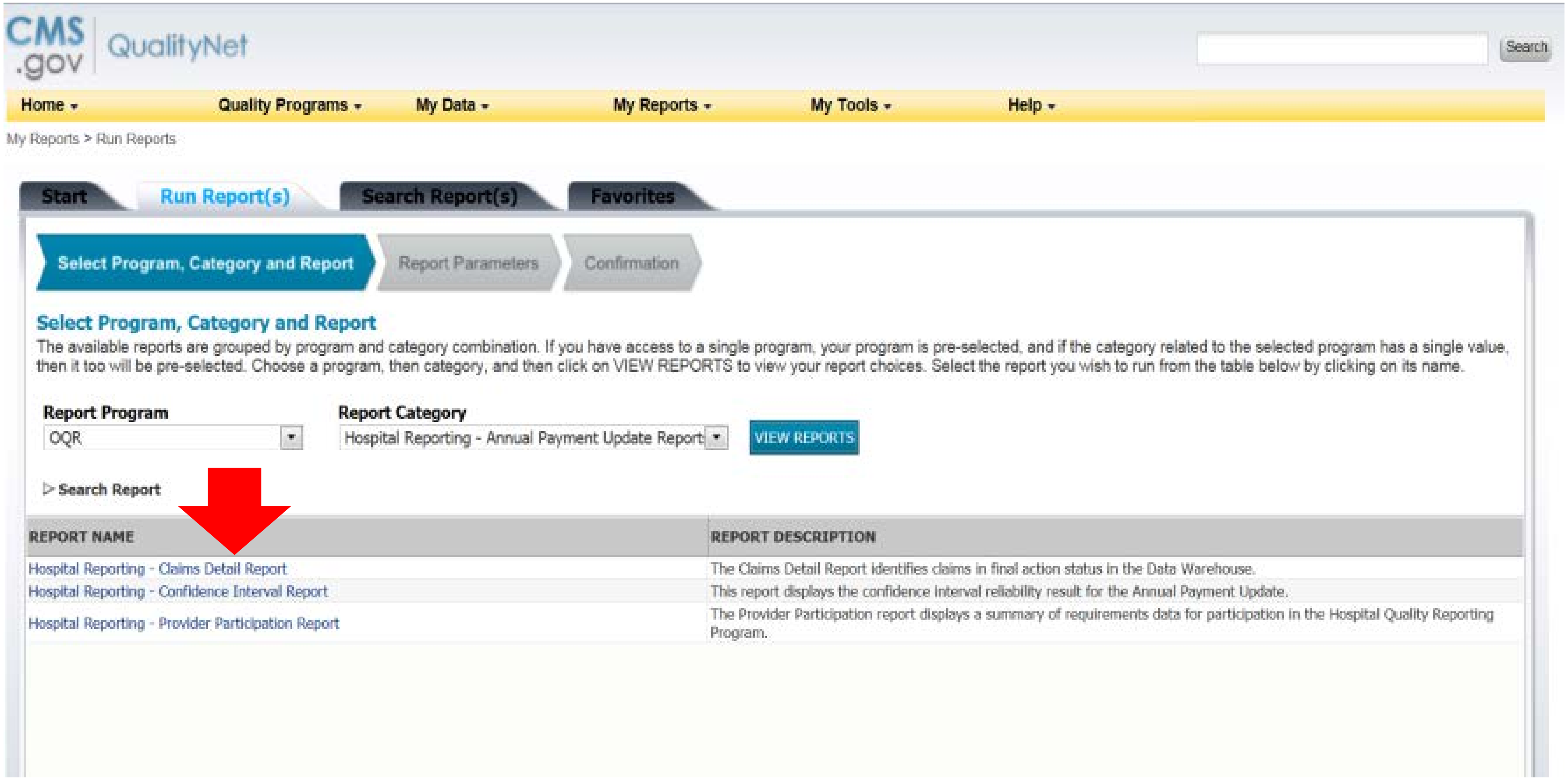
Report Program: OQR

Report Category: Hospital Reporting - Annual Payment Update Report

REPORT NAME	REPORT DESCRIPTION
No Reports are available.	

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Select Report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Home
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Run Report(s)
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Report Program: OQR

Report Category: Hospital Reporting - Annual Payment Update Report

REPORT NAME	REPORT DESCRIPTION
Hospital Reporting - Claims Detail Report	The Claims Detail Report identifies claims in final action status in the Data Warehouse.
Hospital Reporting - Confidence Interval Report	This report displays the confidence interval reliability result for the Annual Payment Update.
Hospital Reporting - Provider Participation Report	The Provider Participation report displays a summary of requirements data for participation in the Hospital Quality Reporting Program.

Report Category: APU Reports

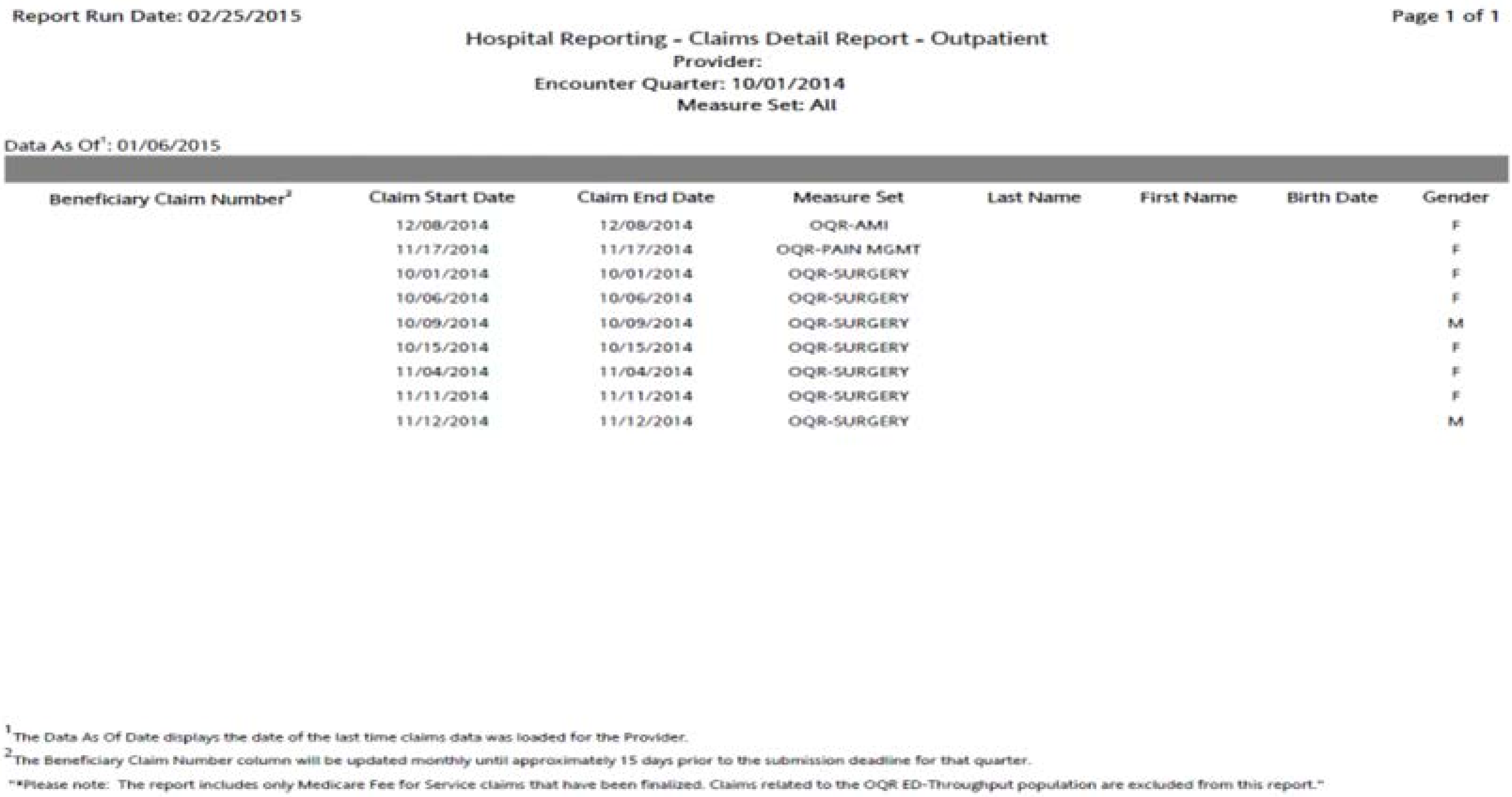
- Claims Detail Report: Identifies claims in final action status in the CDAC.
- Confidence Interval Report: Displays the confidence interval reliability result for APU.
- Provider Participation Report: Displays a summary of requirements data for participation in the Hospital OQR Program.

Claims Detail

Purpose:

- Provides users with the ability to monitor claims submitted in final action status.
- Includes only Medicare Fee-for-Service claims that have been finalized.
- Excludes ED-Throughput claims.

Sample Claims Detail Report



Report Run Date: 02/25/2015

Page 1 of 1

Hospital Reporting - Claims Detail Report - Outpatient
Provider:
Encounter Quarter: 10/01/2014
Measure Set: All

Data As Of[1]: 01/06/2015

Beneficiary Claim Number[2]	Claim Start Date	Claim End Date	Measure Set	Last Name	First Name	Birth Date	Gender
	12/08/2014	12/08/2014	OQR-AMI				F
	11/17/2014	11/17/2014	OQR-PAIN MGMT				F
	10/01/2014	10/01/2014	OQR-SURGERY				F
	10/06/2014	10/06/2014	OQR-SURGERY				F
	10/09/2014	10/09/2014	OQR-SURGERY				M
	10/15/2014	10/15/2014	OQR-SURGERY				F
	11/04/2014	11/04/2014	OQR-SURGERY				F
	11/11/2014	11/11/2014	OQR-SURGERY				F
	11/12/2014	11/12/2014	OQR-SURGERY				M

[1] The Data As Of Date displays the date of the last time claims data was loaded for the Provider.

[2] The Beneficiary Claim Number column will be updated monthly until approximately 15 days prior to the submission deadline for that quarter.

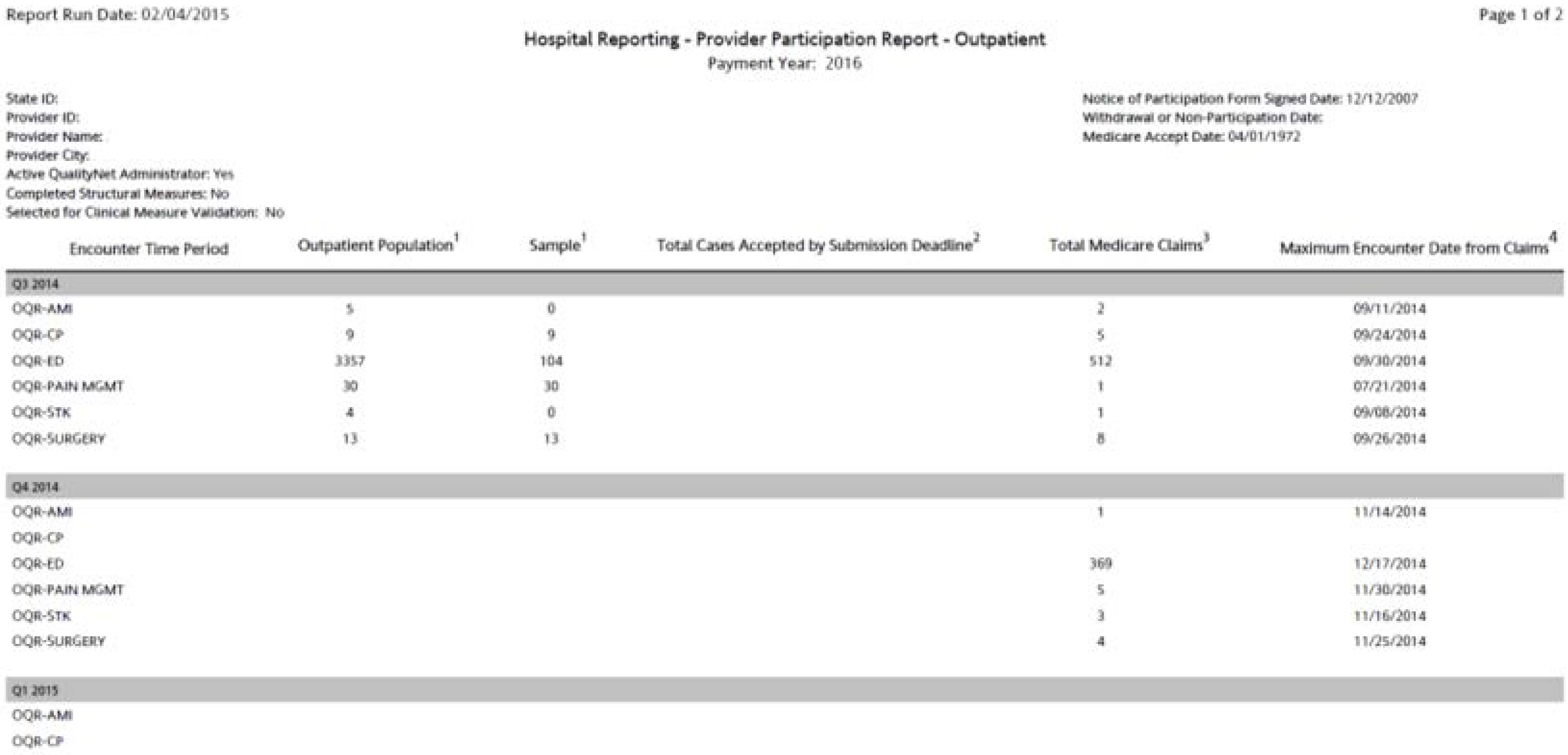
"*Please note: The report includes only Medicare Fee for Service claims that have been finalized. Claims related to the OQR ED-Throughput population are excluded from this report."

Provider Participation

Purpose:

- Allows hospitals and their vendors to monitor their compliance with program requirements.
- Displays summary information of cases accepted into the CDAC.
- Updated nightly with all data submitted and successfully processed the previous day.

Sample Provider Participation Report



Report Run Date: 02/04/2015

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Hospital Reporting - Provider Participation Report - Outpatient

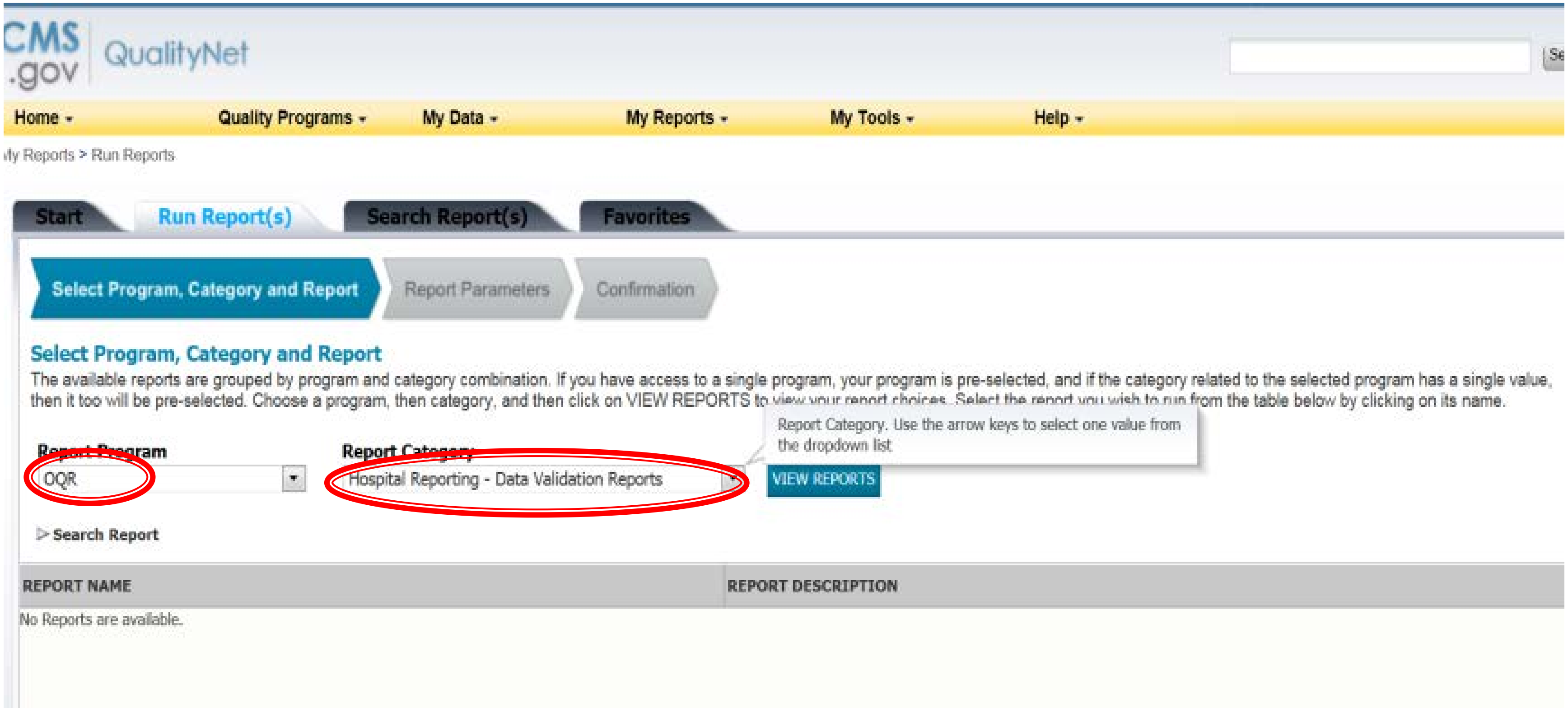
Payment Year: 2016

State ID:
Provider ID:
Provider Name:
Provider City:
Active QualityNet Administrator: Yes
Completed Structural Measures: No
Selected for Clinical Measure Validation: No

Notice of Participation Form Signed Date: 12/12/2007
Withdrawal or Non-Participation Date:
Medicare Accept Date: 04/01/1972

Encounter Time Period	Outpatient Population[1]	Sample[1]	Total Cases Accepted by Submission Deadline[2]	Total Medicare Claims[3]	Maximum Encounter Date from Claims[4]
Q3 2014					
OQR-AMI	5	0		2	09/11/2014
OQR-CP	9	9		5	09/24/2014
OQR-ED	3357	104		512	09/30/2014
OQR-PAIN MGMT	30	30		1	07/21/2014
OQR-STK	4	0		1	09/08/2014
OQR-SURGERY	13	13		8	09/26/2014
Q4 2014					
OQR-AMI				1	11/14/2014
OQR-CP					
OQR-ED				369	12/17/2014
OQR-PAIN MGMT				5	11/30/2014
OQR-STK				3	11/16/2014
OQR-SURGERY				4	11/25/2014
Q1 2015					
OQR-AMI					
OQR-CP					

Validation Category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Start
Run Report(s)
Search Report(s)
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Report Category. Use the arrow keys to select one value from the dropdown list

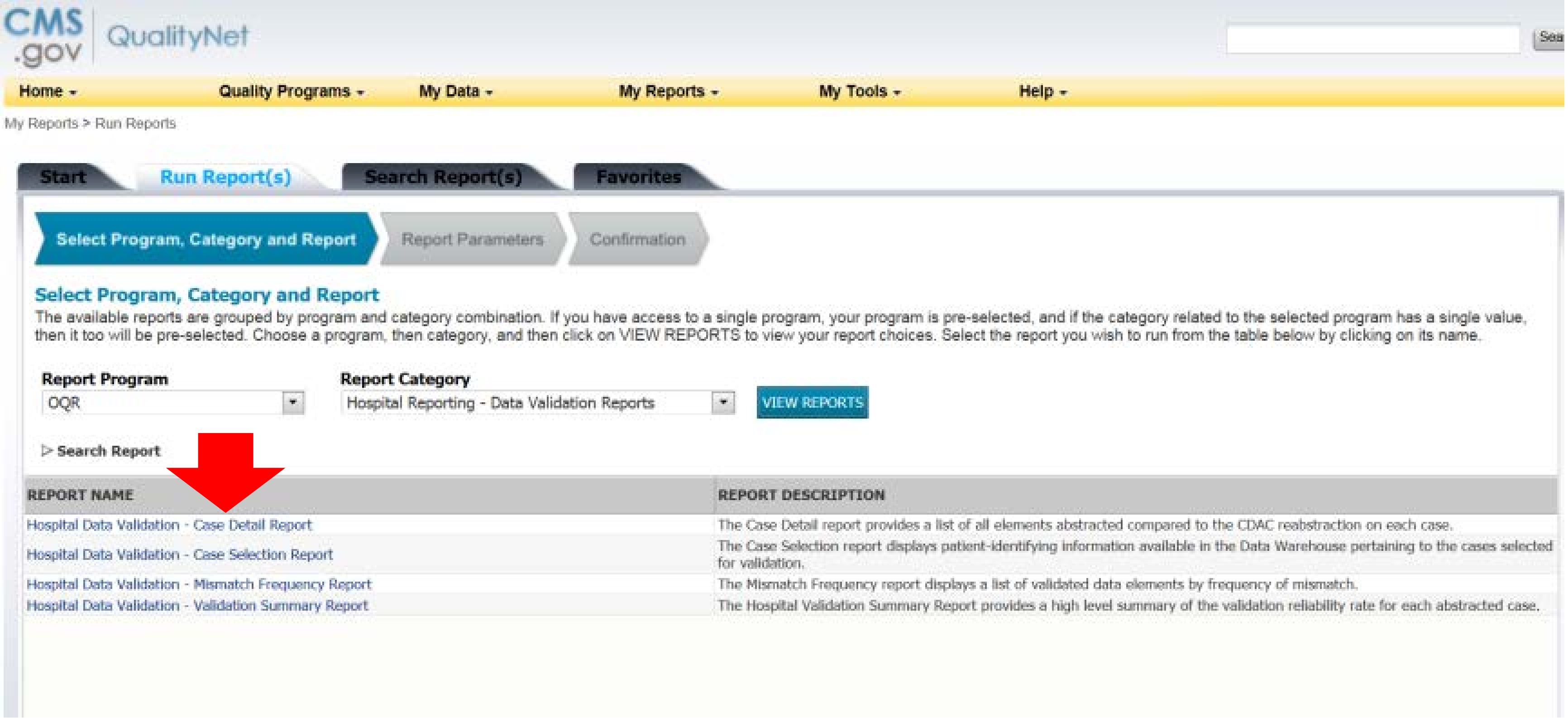
Report Program: OQR

Report Category: Hospital Reporting - Data Validation Reports

VIEW REPORTS
Search Report

REPORT NAME	REPORT DESCRIPTION
No Reports are available.	

Validation Category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Report Program: OQR

Report Category: Hospital Reporting - Data Validation Reports

REPORT NAME	REPORT DESCRIPTION
Hospital Data Validation - Case Detail Report	The Case Detail report provides a list of all elements abstracted compared to the CDAC reabstraction on each case.
Hospital Data Validation - Case Selection Report	The Case Selection report displays patient-identifying information available in the Data Warehouse pertaining to the cases selected for validation.
Hospital Data Validation - Mismatch Frequency Report	The Mismatch Frequency report displays a list of validated data elements by frequency of mismatch.
Hospital Data Validation - Validation Summary Report	The Hospital Validation Summary Report provides a high level summary of the validation reliability rate for each abstracted case.

Report Category: Data Validation Reports

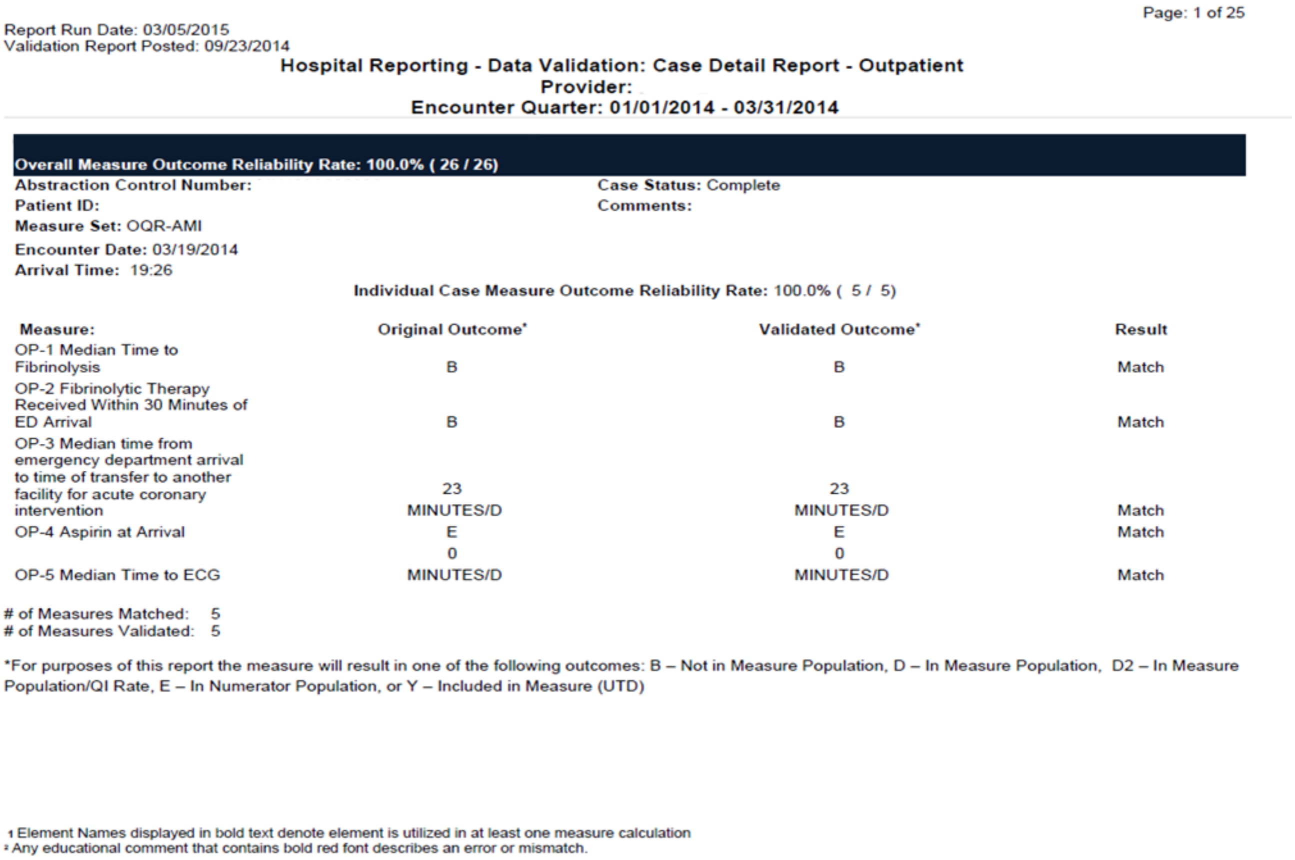
- Case Detail Report: Compares the hospital abstraction to the CDAC re-abstraction results.
- Case Selection Report: Displays a detailed list of the cases that were selected for hospital validation for a particular quarter.
- Mismatch Frequency Report: Lists the validated data elements by frequency of mismatch.
- Validation Summary Report: Compares the hospital abstraction data elements and original measure outcomes to the adjudicated record data elements and adjudicated measure outcomes.

Case Detail

Purpose:

- Compares the hospital abstraction data elements to the CDAC results.
- Provides a list of all elements abstracted on each case.
- Grouped primarily by Provider ID, then by Encounter Time Frame, then by Abstraction Control Number.

Sample Case Detail Report (1 of 2)



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Report Run Date: 03/05/2015
Validation Report Posted: 09/23/2014

Hospital Reporting - Data Validation: Case Detail Report - Outpatient
Provider:
Encounter Quarter: 01/01/2014 - 03/31/2014

Overall Measure Outcome Reliability Rate: 100.0% (26 / 26)

Abstraction Control Number:
Patient ID:
Measure Set: OQR-AMI
Encounter Date: 03/19/2014
Arrival Time: 19:26

Case Status: Complete
Comments:

Individual Case Measure Outcome Reliability Rate: 100.0% (5 / 5)

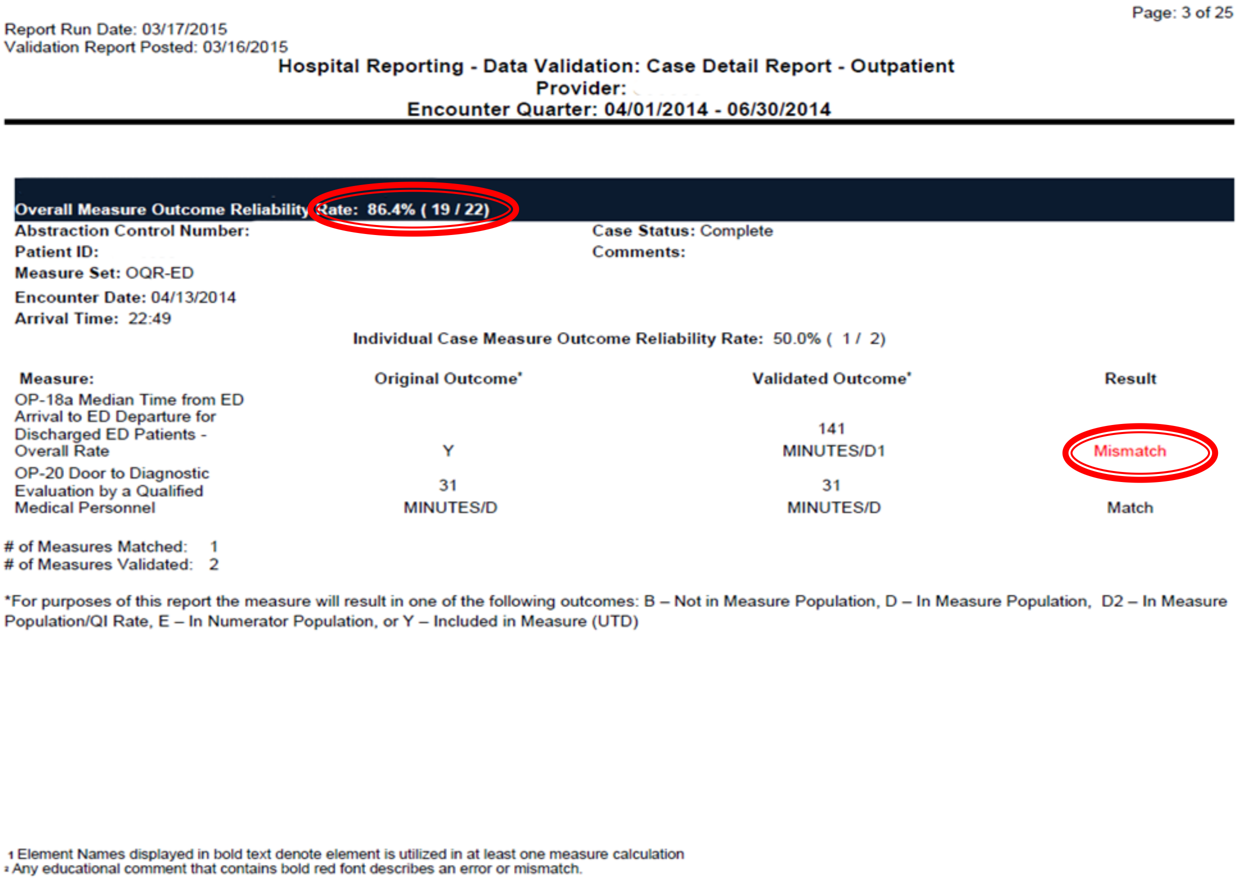
Measure:	**Original Outcome***	**Validated Outcome***	**Result**
OP-1 Median Time to Fibrinolysis	B	B	Match
OP-2 Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	B	B	Match
OP-3 Median time from emergency department arrival to time of transfer to another facility for acute coronary intervention	23 MINUTES/D	23 MINUTES/D	Match
OP-4 Aspirin at Arrival	E	E	Match
OP-5 Median Time to ECG	0 MINUTES/D	0 MINUTES/D	Match

# of Measures Matched: 5
# of Measures Validated: 5

*For purposes of this report the measure will result in one of the following outcomes: B – Not in Measure Population, D – In Measure Population, D2 – In Measure Population/QI Rate, E – In Numerator Population, or Y – Included in Measure (UTD)

[1] Element Names displayed in bold text denote element is utilized in at least one measure calculation
[2] Any educational comment that contains bold red font describes an error or mismatch.

Sample Case Detail Report (2 of 2)



Page: 3 of 25

Report Run Date: 03/17/2015
Validation Report Posted: 03/16/2015

Hospital Reporting - Data Validation: Case Detail Report - Outpatient
Provider:
Encounter Quarter: 04/01/2014 - 06/30/2014

Overall Measure Outcome Reliability Rate: 86.4% (19 / 22)

Abstraction Control Number:
Patient ID:
Measure Set: OQR-ED
Encounter Date: 04/13/2014
Arrival Time: 22:49

Case Status: Complete
Comments:

Individual Case Measure Outcome Reliability Rate: 50.0% (1 / 2)

Measure:	**Original Outcome***	**Validated Outcome***	**Result**
OP-18a Median Time from ED Arrival to ED Departure for Discharged ED Patients - Overall Rate	Y	141 MINUTES/D1	Mismatch
OP-20 Door to Diagnostic Evaluation by a Qualified Medical Personnel	31 MINUTES/D	31 MINUTES/D	Match

# of Measures Matched: 1
# of Measures Validated: 2

*For purposes of this report the measure will result in one of the following outcomes: B – Not in Measure Population, D – In Measure Population, D2 – In Measure Population/QI Rate, E – In Numerator Population, or Y – Included in Measure (UTD)

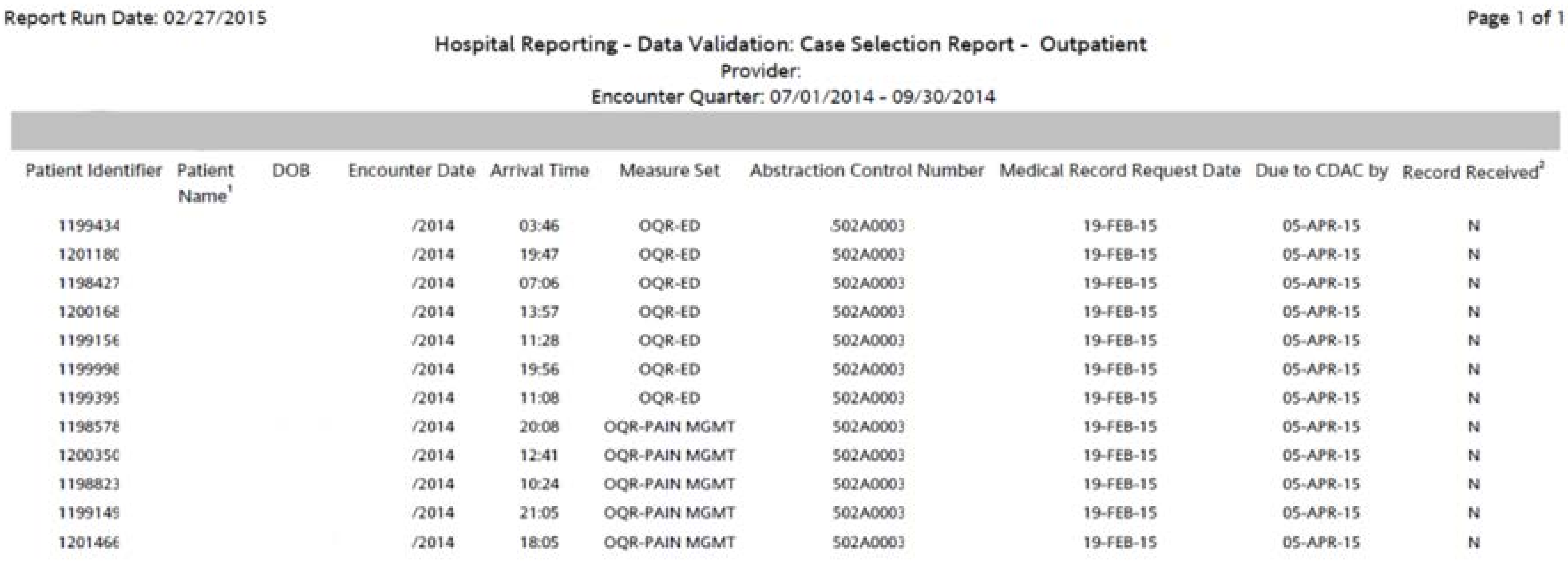
[1] Element Names displayed in bold text denote element is utilized in at least one measure calculation
[2] Any educational comment that contains bold red font describes an error or mismatch.

Case Selection

Purpose:

- Displays a detailed list of the cases that were selected for hospital validation for a particular quarter.
- Sorted primarily by Provider ID, then by Measure Set within the Provider.

Sample Case Selection Report



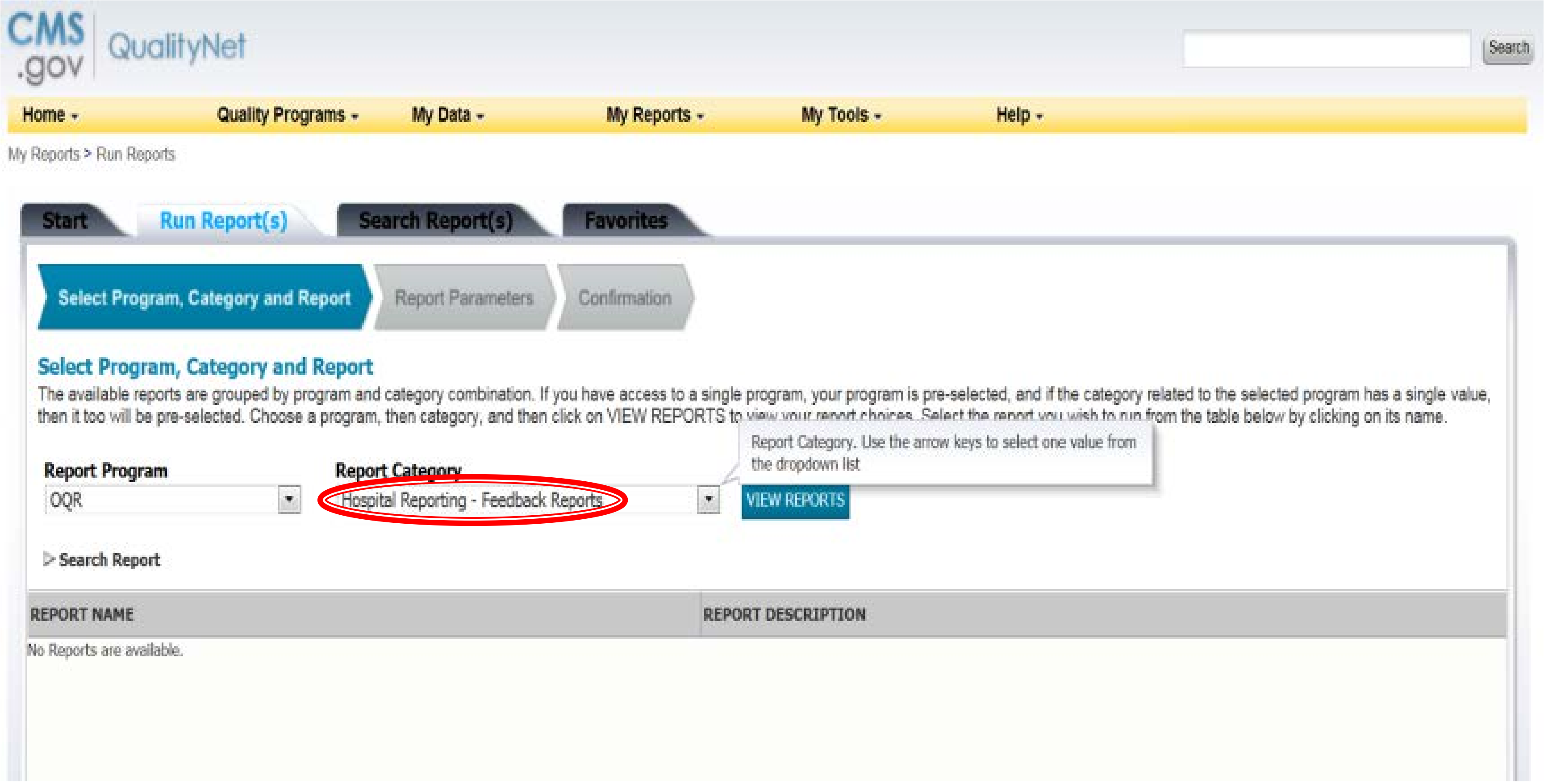
Report Run Date: 02/27/2015

Page 1 of 1

Hospital Reporting - Data Validation: Case Selection Report - Outpatient
Provider:
Encounter Quarter: 07/01/2014 - 09/30/2014

Patient Identifier	Patient Name[1]	DOB	Encounter Date	Arrival Time	Measure Set	Abstraction Control Number	Medical Record Request Date	Due to CDAC by	Record Received[2]
1199434			/2014	03:46	OQR-ED	502A0003	19-FEB-15	05-APR-15	N
1201180			/2014	19:47	OQR-ED	502A0003	19-FEB-15	05-APR-15	N
1198427			/2014	07:06	OQR-ED	502A0003	19-FEB-15	05-APR-15	N
1200168			/2014	13:57	OQR-ED	502A0003	19-FEB-15	05-APR-15	N
1199156			/2014	11:28	OQR-ED	502A0003	19-FEB-15	05-APR-15	N
1199998			/2014	19:56	OQR-ED	502A0003	19-FEB-15	05-APR-15	N
1199395			/2014	11:08	OQR-ED	502A0003	19-FEB-15	05-APR-15	N
1198578			/2014	20:08	OQR-PAIN MGMT	502A0003	19-FEB-15	05-APR-15	N
1200350			/2014	12:41	OQR-PAIN MGMT	502A0003	19-FEB-15	05-APR-15	N
1198823			/2014	10:24	OQR-PAIN MGMT	502A0003	19-FEB-15	05-APR-15	N
1199149			/2014	21:05	OQR-PAIN MGMT	502A0003	19-FEB-15	05-APR-15	N
1201466			/2014	18:05	OQR-PAIN MGMT	502A0003	19-FEB-15	05-APR-15	N

Feedback Reports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Run Report(s)
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Favorites
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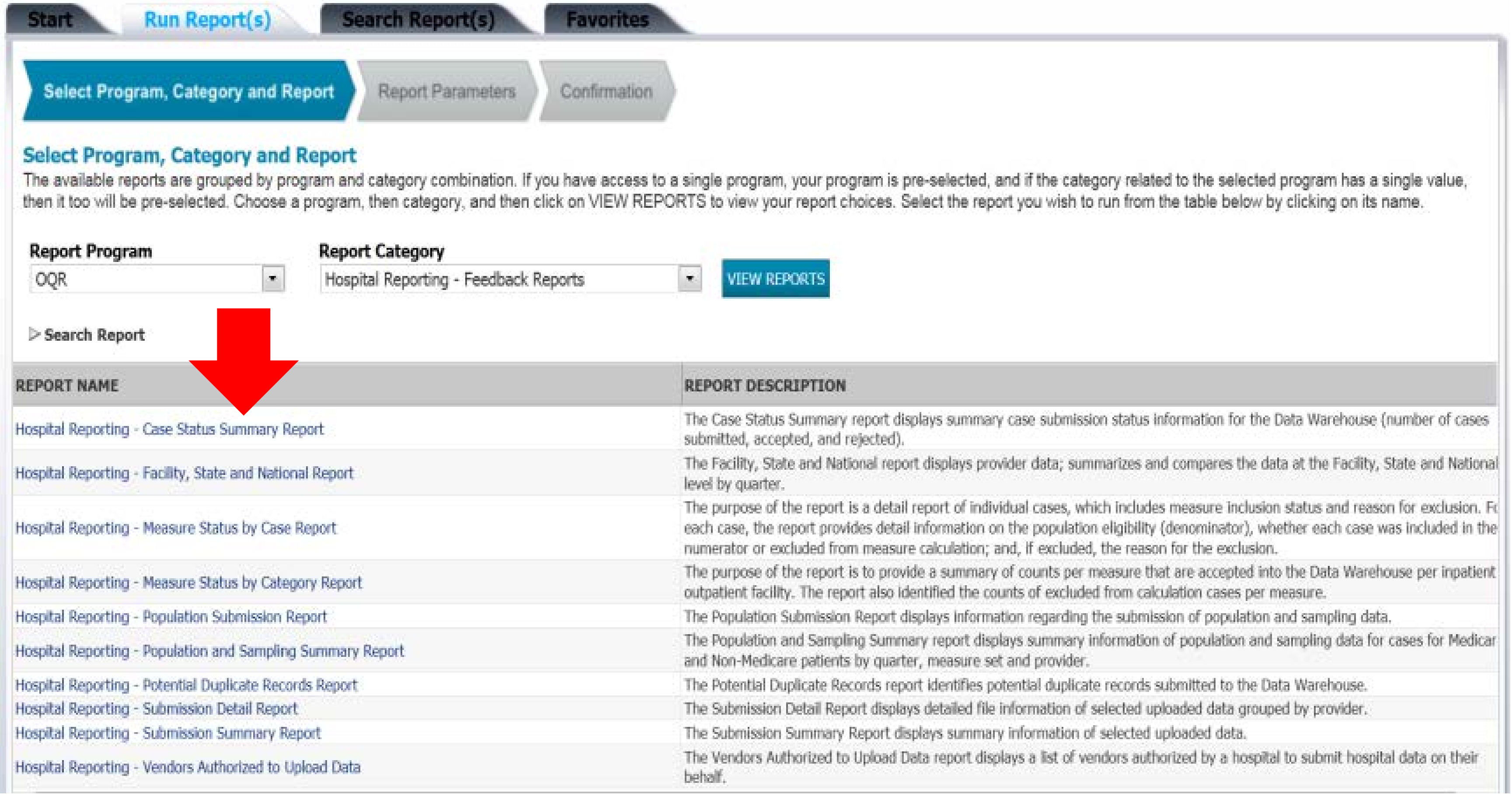
Report Category. Use the arrow keys to select one value from the dropdown list

Report Program: OQR

Report Category: Hospital Reporting - Feedback Reports

No Reports are available.

Hospital Reporting: Feedback Reports



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Report Program: OQR

Report Category: Hospital Reporting - Feedback Reports

REPORT NAME	REPORT DESCRIPTION
Hospital Reporting - Case Status Summary Report	The Case Status Summary report displays summary case submission status information for the Data Warehouse (number of cases submitted, accepted, and rejected).
Hospital Reporting - Facility, State and National Report	The Facility, State and National report displays provider data; summarizes and compares the data at the Facility, State and National level by quarter.
Hospital Reporting - Measure Status by Case Report	The purpose of the report is a detail report of individual cases, which includes measure inclusion status and reason for exclusion. Fo each case, the report provides detail information on the population eligibility (denominator), whether each case was included in the numerator or excluded from measure calculation; and, if excluded, the reason for the exclusion.
Hospital Reporting - Measure Status by Category Report	The purpose of the report is to provide a summary of counts per measure that are accepted into the Data Warehouse per inpatient outpatient facility. The report also identified the counts of excluded from calculation cases per measure.
Hospital Reporting - Population Submission Report	The Population Submission Report displays information regarding the submission of population and sampling data.
Hospital Reporting - Population and Sampling Summary Report	The Population and Sampling Summary report displays summary information of population and sampling data for cases for Medicar and Non-Medicare patients by quarter, measure set and provider.
Hospital Reporting - Potential Duplicate Records Report	The Potential Duplicate Records report identifies potential duplicate records submitted to the Data Warehouse.
Hospital Reporting - Submission Detail Report	The Submission Detail Report displays detailed file information of selected uploaded data grouped by provider.
Hospital Reporting - Submission Summary Report	The Submission Summary Report displays summary information of selected uploaded data.
Hospital Reporting - Vendors Authorized to Upload Data	The Vendors Authorized to Upload Data report displays a list of vendors authorized by a hospital to submit hospital data on their behalf.

Hospital Reporting: Feedback Reports

Two sets of Reports:

- The first set displays feedback and measure information on files that have been submitted to the CDAC.
- The second, Vendor Feedback Reports, displays hospital performance information on select quality measures for the clinical topics.

Report Category: Feedback Reports (1 of 5)

- Case Status Summary: Displays summary case submission status information for the CDAC, such as the number of cases submitted, accepted, and rejected.
- Facility, State, and National: Provides data, summarizes, and compares the data of the facility at the state and national level per quarter.

Report Category: Feedback Reports (2 of 5)

- Measure Status by Case Report: Detailed report of individual cases, which includes measure inclusion status and reason for exclusion for each case (will have a denominator and numerator).

Report Category: Feedback Reports (3 of 5)

- Measure Status by Category: Provides a summary of counts per measure that are accepted into the CDAC per facility.
- Population Submission: Displays information regarding the submission of population and sampling data.

Report Category: Feedback Reports (4 of 5)

- Population and Sampling Summary: Provides a summary of the population and sampling data for cases for Medicare and non-Medicare patients by quarter, measure set, and provider.
- Potential Duplicate Records: Identifies potential duplicate records submitted to the warehouse.

Report Category: Feedback Reports (5 of 5)

- Submission Detail: Displays detailed information of selected uploaded data grouped by provider.
- Submission Summary: Provides a summary of information of selected uploaded data.
- Vendors Authorized to Upload Data: Displays vendors authorized by a hospital to submit hospital data on its behalf.

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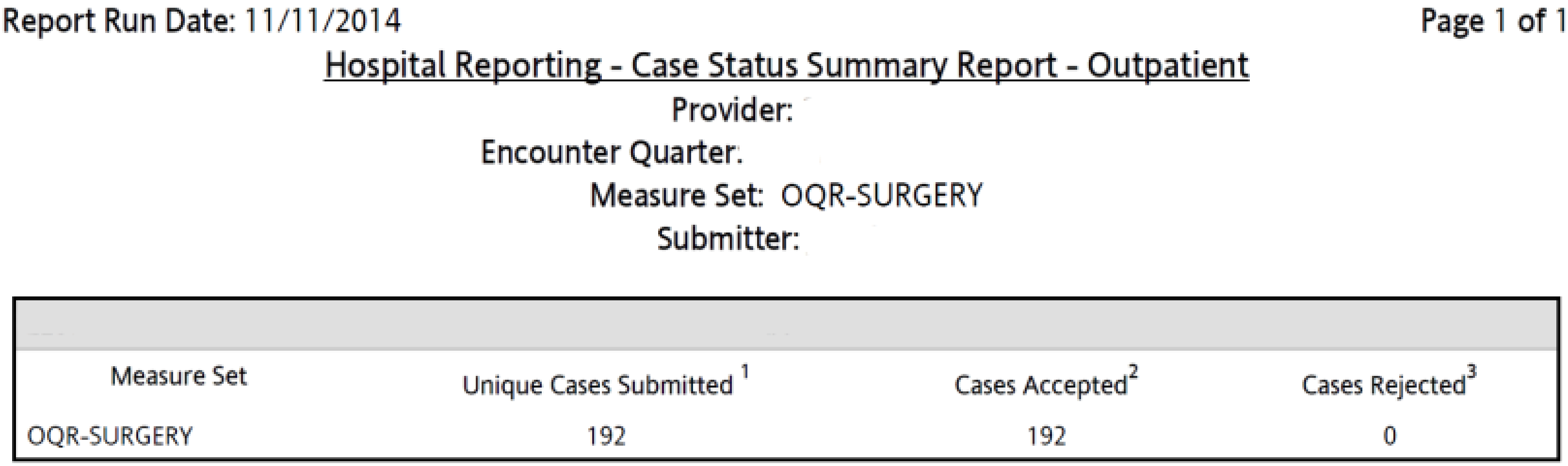
Case Status Summary

Purpose:

- Displays a total of unique cases submitted to the CDAC.
- Displayed by Measure Set for the specified encounter period.
- Includes the number of cases submitted, accepted, and rejected.

Sample Case Status Summary Report



Report Run Date: 11/11/2014 **Page 1 of 1**

Hospital Reporting - Case Status Summary Report - Outpatient

Provider:

Encounter Quarter:

Measure Set: OQR-SURGERY

Submitter:

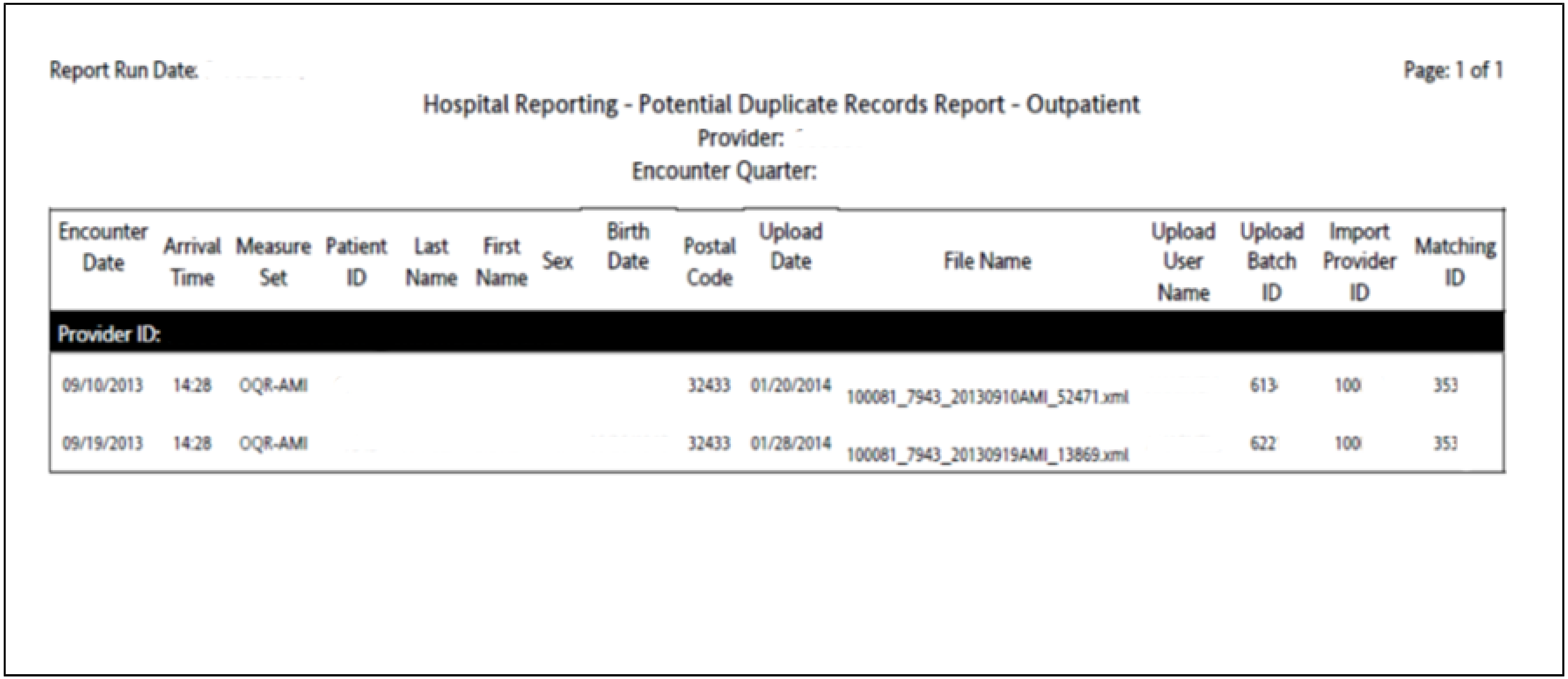
Measure Set	Unique Cases Submitted [1]	Cases Accepted [2]	Cases Rejected [3]
OQR-SURGERY	192	192	0

Potential Duplicate Records

Purpose:

- Identifies potential duplicate records submitted to the CDAC.
  - Multiple records submitted for the same patient encounter are considered potential duplicates.

Sample Potential Duplicate Records Report



Report Run Date:

Page: 1 of 1

Hospital Reporting - Potential Duplicate Records Report - Outpatient

Provider:

Encounter Quarter:

Encounter Date	Arrival Time	Measure Set	Patient ID	Last Name	First Name	Sex	Birth Date	Postal Code	Upload Date	File Name	Upload User Name	Upload Batch ID	Import Provider ID	Matching ID
Provider ID:														
09/10/2013	14:28	OQR-AMI						32433	01/20/2014	100081_7943_20130910AMI_52471.xml		613	100	353
09/19/2013	14:28	OQR-AMI						32433	01/28/2014	100081_7943_20130919AMI_13869.xml		622	100	353

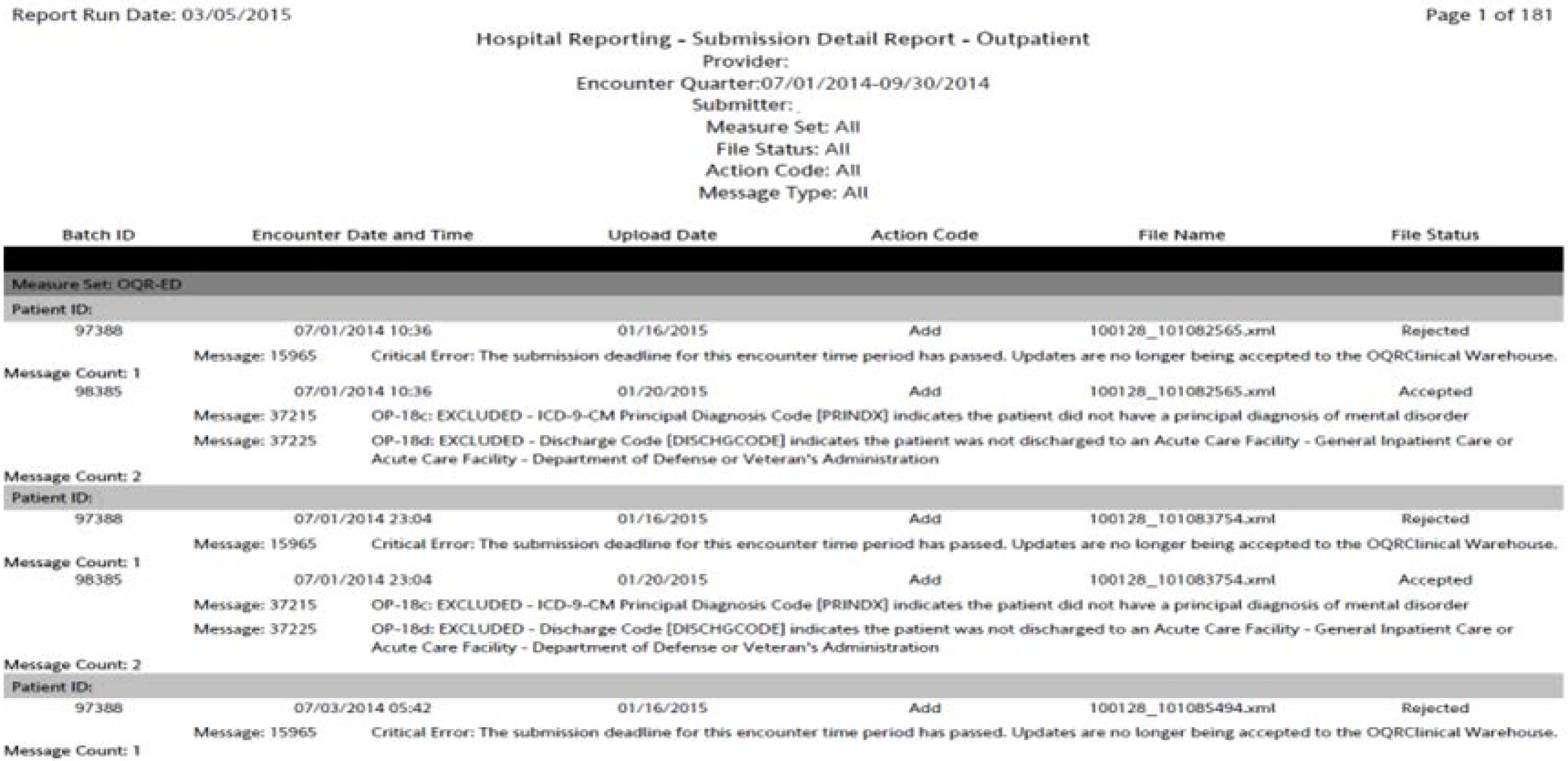
CENTERS FOR MEDICARE & MEDICAID SERVICES

Submission Detail

Purpose:

- Provides information on the data submitted through the CDAC.
- Displays detailed information of selected uploaded data grouped by provider.
- Displays error codes.

Sample Submission Detail Report



Report Run Date: 03/05/2015

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Hospital Reporting - Submission Detail Report - Outpatient
Provider:
Encounter Quarter:07/01/2014-09/30/2014
Submitter:
Measure Set: All
File Status: All
Action Code: All
Message Type: All

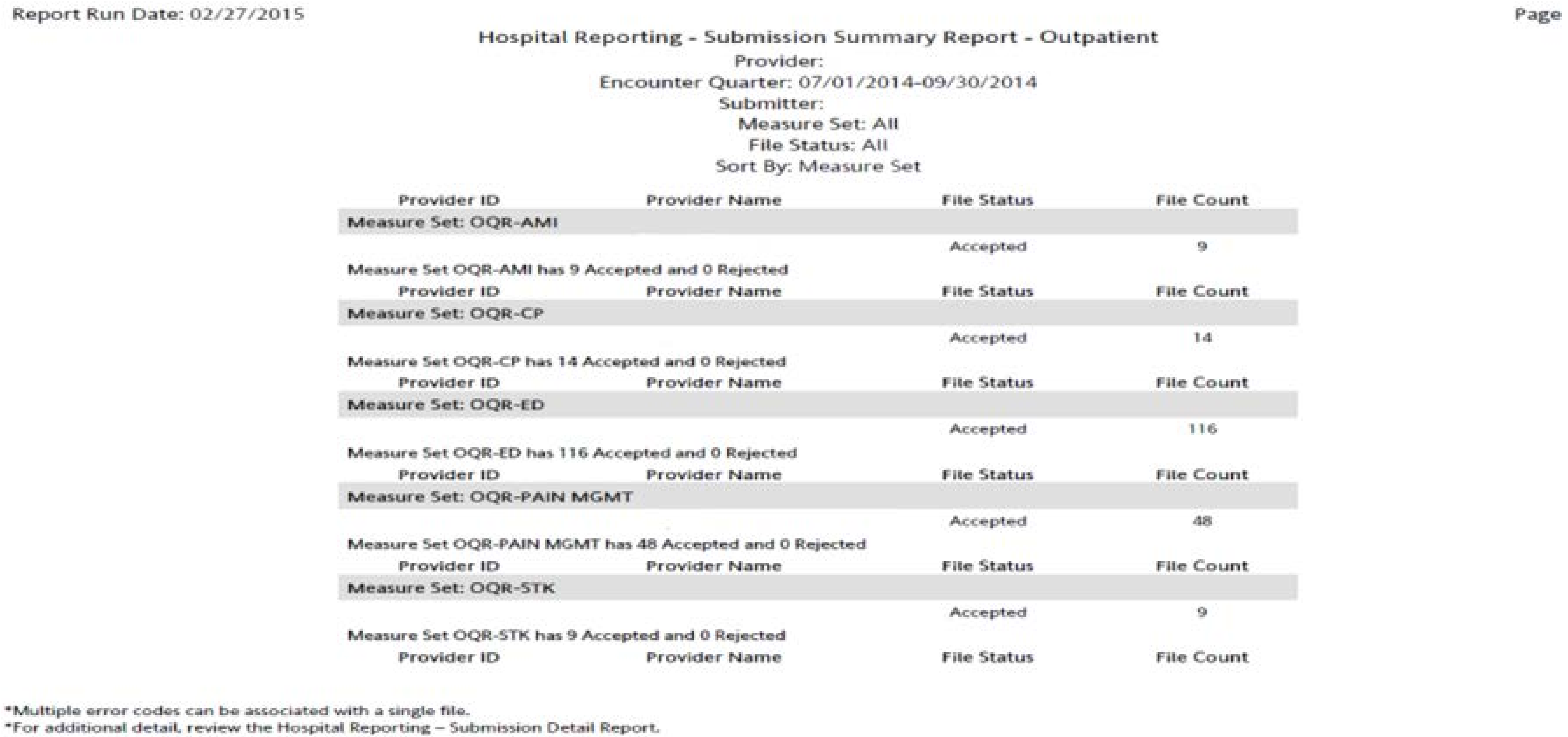
Batch ID	Encounter Date and Time	Upload Date	Action Code	File Name	File Status
[redacted]					
Measure Set: OQR-ED					
Patient ID:					
97388	07/01/2014 10:36	01/16/2015	Add	100128_101082565.xml	Rejected
	Message: 15965	Critical Error: The submission deadline for this encounter time period has passed. Updates are no longer being accepted to the OQRClinical Warehouse.			
Message Count: 1					
98385	07/01/2014 10:36	01/20/2015	Add	100128_101082565.xml	Accepted
	Message: 37215	OP-18c: EXCLUDED - ICD-9-CM Principal Diagnosis Code [PRINDX] indicates the patient did not have a principal diagnosis of mental disorder			
	Message: 37225	OP-18d: EXCLUDED - Discharge Code [DISCHGCODE] indicates the patient was not discharged to an Acute Care Facility - General Inpatient Care or Acute Care Facility - Department of Defense or Veteran's Administration			
Message Count: 2					
Patient ID:					
97388	07/01/2014 23:04	01/16/2015	Add	100128_101083754.xml	Rejected
	Message: 15965	Critical Error: The submission deadline for this encounter time period has passed. Updates are no longer being accepted to the OQRClinical Warehouse.			
Message Count: 1					
98385	07/01/2014 23:04	01/20/2015	Add	100128_101083754.xml	Accepted
	Message: 37215	OP-18c: EXCLUDED - ICD-9-CM Principal Diagnosis Code [PRINDX] indicates the patient did not have a principal diagnosis of mental disorder			
	Message: 37225	OP-18d: EXCLUDED - Discharge Code [DISCHGCODE] indicates the patient was not discharged to an Acute Care Facility - General Inpatient Care or Acute Care Facility - Department of Defense or Veteran's Administration			
Message Count: 2					
Patient ID:					
97388	07/03/2014 05:42	01/16/2015	Add	100128_101085494.xml	Rejected
	Message: 15965	Critical Error: The submission deadline for this encounter time period has passed. Updates are no longer being accepted to the OQRClinical Warehouse.			
Message Count: 1					

Submission Summary

Purpose:

- Provides information on the data submitted to the CDAC.
- Displays counts of accepted and rejected cases and counts of error codes.

Sample
Submission Summary Report



Report Run Date: 02/27/2015

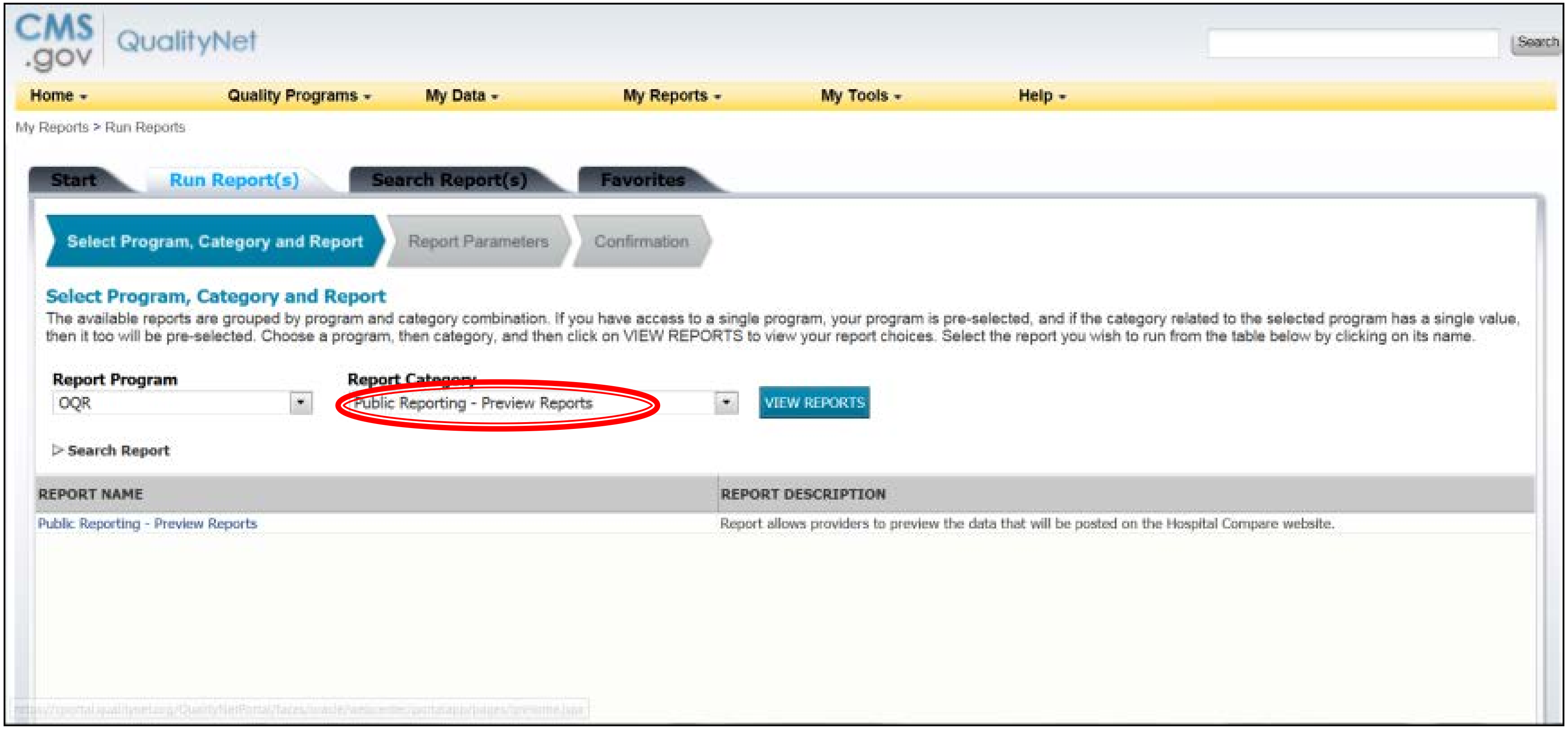
Page

Hospital Reporting - Submission Summary Report - Outpatient
Provider:
Encounter Quarter: 07/01/2014-09/30/2014
Submitter:
Measure Set: All
File Status: All
Sort By: Measure Set

Provider ID	Provider Name	File Status	File Count
Measure Set: OQR-AMI			
		Accepted	9
Measure Set OQR-AMI has 9 Accepted and 0 Rejected			
Provider ID	Provider Name	File Status	File Count
Measure Set: OQR-CP			
		Accepted	14
Measure Set OQR-CP has 14 Accepted and 0 Rejected			
Provider ID	Provider Name	File Status	File Count
Measure Set: OQR-ED			
		Accepted	116
Measure Set OQR-ED has 116 Accepted and 0 Rejected			
Provider ID	Provider Name	File Status	File Count
Measure Set: OQR-PAIN MGMT			
		Accepted	48
Measure Set OQR-PAIN MGMT has 48 Accepted and 0 Rejected			
Provider ID	Provider Name	File Status	File Count
Measure Set: OQR-STK			
		Accepted	9
Measure Set OQR-STK has 9 Accepted and 0 Rejected			
Provider ID	Provider Name	File Status	File Count

*Multiple error codes can be associated with a single file.
*For additional detail, review the Hospital Reporting – Submission Detail Report.

Public Reporting Category


CMS .gov
QualityNet
Search
Home
Quality Programs
My Data
My Reports
My Tools
Help
My Reports > Run Reports
Start
Run Report(s)
Search Report(s)
Favorites
Select Program, Category and Report
Report Parameters
Confirmation

Select Program, Category and Report

The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category related to the selected program has a single value, then it too will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your report choices. Select the report you wish to run from the table below by clicking on its name.

Report Program: OQR

Report Category: Public Reporting - Preview Reports

VIEW REPORTS
▷ Search Report

REPORT NAME	REPORT DESCRIPTION
Public Reporting - Preview Reports	Report allows providers to preview the data that will be posted on the Hospital Compare website.

Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professional boards:
    - Florida Board of Nursing
    - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
    - Florida Board of Nursing Home Administrators
    - Florida Council of Dietetics
    - Florida Board of Pharmacy
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing boards.

CE Credit Process

- Complete the WebEx survey you will receive by email within the next 48 hours.
- The survey will ask you to log in or register to access your personal account in the Learning Management Center.
  - A one-time registration process is required.
- Additional details are available at: www.qualityreportingcenter.com

Thank You For Participating!

Please contact the Hospital OQR Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at www.qualitynet.org

Or

- Call the Hospital OQR Support Contractor at 866-800-8756.

This material was prepared by the Outpatient Quality Reporting Outreach and Education Support Contractor under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). FL-OQR/ASC-Ch8-03262015-02