

Welcome!

- Presentation slides can be downloaded from www.qualityreportingcenter.com under Upcoming Events on the right-hand side of the page.
- 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 a dial-in line is needed.
- This event is being recorded.



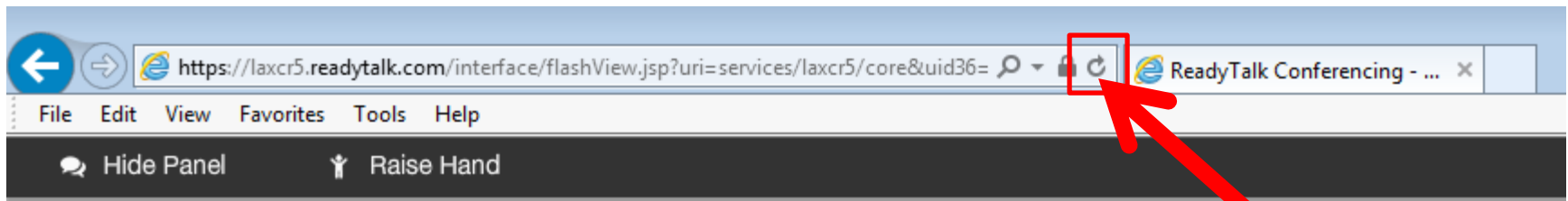
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stops?

- Click **Refresh** icon
or
- Click **F5**



F5 Key
Top row of keyboard

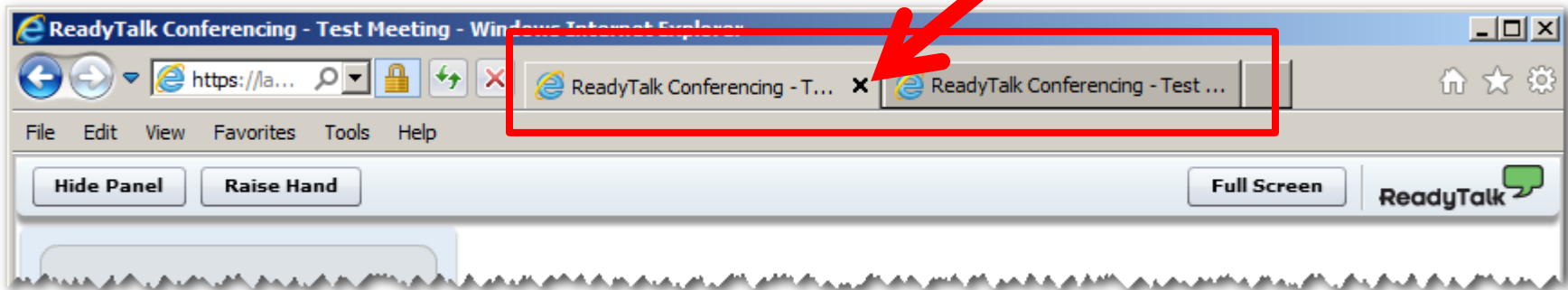


Location of buttons

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 up.



Example of two browsers/tabs open in same event

Submitting Questions

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



A screenshot of a web application interface. On the left, there is a vertical chat window titled "Chat with Presenter" with a text input field and a "Send" button. A yellow arrow points to this input field. The main area of the screen is a light gray slide with the CMS logo at the top, followed by the text "Welcome to Today's Event" in a large blue font. Below this, a yellow horizontal line separates the header from the footer, which contains the text "Thank you for joining us today! Our event will start shortly." in a smaller blue font. The top of the window has a dark header with "Hide Chat", "Return Home", "Full Screen", and "Reconnect" buttons.



Website Walk-through: Tools and Resources for the Hospital Outpatient Quality Reporting (OQR) Program

Dianne Glymph, MLIS
Project Coordinator

Hospital OQR Program Support Contractor

April 18, 2018

Announcements



May 1, 2018: Clinical Data and Population and Sampling deadline for Quarter 4 (October 1–December 31) 2017 encounters

May 15, 2018: Measures submitted via a web-based tool due to QualityNet and the National Healthcare Safety Network (NHSN).

Please be sure to access the NHSN and the QualityNet Secure Portal every 60 days to keep your passwords active.

Learning Objectives

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

- Locate at least five resources available for the reporting of this program.
- Identify where to find archived webinars.
- List at least two places to find data publicly displayed.

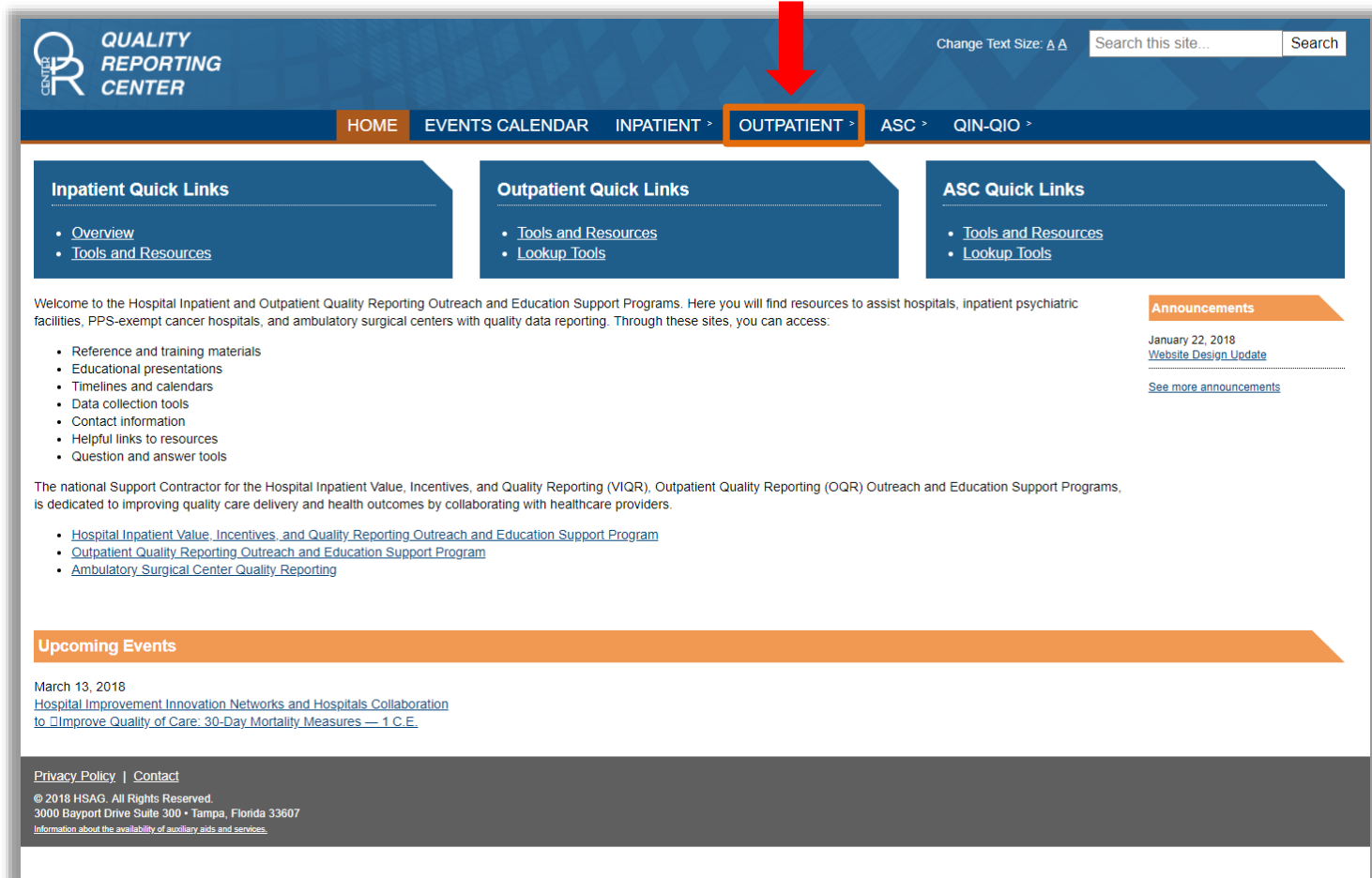
WEBSITE

The background image shows a person's hands typing on a laptop keyboard. The screen is filled with various digital icons and data visualizations, including a network diagram, a bar chart, a line graph, and several hexagonal icons containing symbols like a globe, a gear, a dollar sign, and a question mark. The overall theme is technology and data.

Quality Reporting Center Website

Home Page

www.qualityreportingcenter.com



QUALITY REPORTING CENTER

Change Text Size: [A](#) [A](#) Search this site...

[HOME](#) [EVENTS CALENDAR](#) [INPATIENT >](#) **[OUTPATIENT >](#)** [ASC >](#) [QIN-QIO >](#)

Inpatient Quick Links

- [Overview](#)
- [Tools and Resources](#)

Outpatient Quick Links

- [Tools and Resources](#)
- [Lookup Tools](#)

ASC Quick Links

- [Tools and Resources](#)
- [Lookup Tools](#)

Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting. Through these sites, you can access:

- Reference and training materials
- Educational presentations
- Timelines and calendars
- Data collection tools
- Contact information
- Helpful links to resources
- Question and answer tools

The national Support Contractor for the Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR), Outpatient Quality Reporting (OQR) Outreach and Education Support Programs, is dedicated to improving quality care delivery and health outcomes by collaborating with healthcare providers.

- [Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Program](#)
- [Outpatient Quality Reporting Outreach and Education Support Program](#)
- [Ambulatory Surgical Center Quality Reporting](#)

Announcements

January 22, 2018
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Upcoming Events

March 13, 2018
[Hospital Improvement Innovation Networks and Hospitals Collaboration to Improve Quality of Care: 30-Day Mortality Measures — 1 C.E.](#)

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Outpatient Options

The screenshot displays the Quality Reporting Center website. The top navigation bar includes 'HOME', 'EVENTS CALENDAR', 'INPATIENT', and 'OUTPATIENT'. The 'OUTPATIENT' menu is expanded, showing the following options: PROGRAM INFORMATION, HOQR 101, PROGRAM RULE HISTORY, UPCOMING EVENTS, ARCHIVED EVENTS, OQR TIMES, DATA DASHBOARD, Lookup Tool, TOOLS AND RESOURCES, DATA COLLECTION AND CART, DATA SUBMISSION, and DATA VALIDATION. The main content area features 'Inpatient Quick Links' (Overview, Tools and Resources) and 'Outpatient Quick Links' (Tools and Resources, Lookup Tools). A welcome message for Hospital Inpatient and Outpatient programs is present, along with a list of reference and training materials. An 'Upcoming Events' section lists a March 13, 2018 event. The footer contains a privacy policy link, contact information, and copyright details for HSAG.

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Change Text Size: A A Search this site... Search

HOME EVENTS CALENDAR INPATIENT > **OUTPATIENT >** ASC

Inpatient Quick Links

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PROGRAM INFORMATION

HOQR 101

PROGRAM RULE HISTORY

UPCOMING EVENTS

ARCHIVED EVENTS

OQR TIMES

DATA DASHBOARD

Lookup Tool

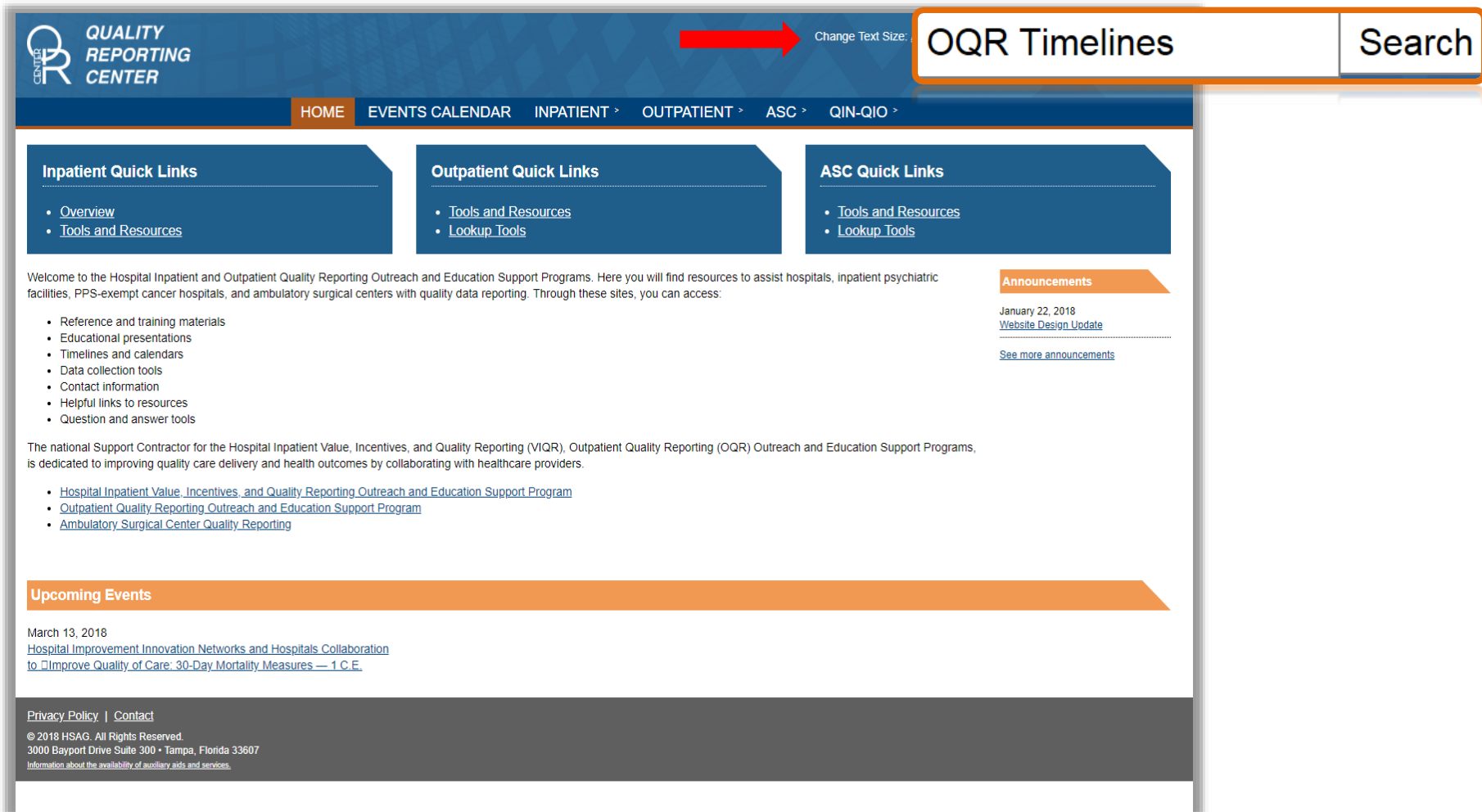
TOOLS AND RESOURCES

DATA COLLECTION AND CART

DATA SUBMISSION

DATA VALIDATION

Site Search



QUALITY REPORTING CENTER

Change Text Size: **OQR Timelines** Search

HOME EVENTS CALENDAR INPATIENT > OUTPATIENT > ASC > QIN-QIO >

Inpatient Quick Links

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Make Your Selection

The screenshot shows the Quality Reporting Center website. The header includes the logo, navigation links (HOME, EVENTS CALENDAR, INPATIENT >, OUTPATIENT >, ASC >, QIN-QIO >), a search bar, and a text size selector. The main content area displays search results for 'OQR Timelines'. A red arrow points to the 'Program Information' link. On the right, there is a 'Log In' link, a page search bar, and an 'Upcoming Events' section with a date and event title.

QUALITY REPORTING CENTER

Change Text Size: A A

Search this site... Search

HOME EVENTS CALENDAR INPATIENT > OUTPATIENT > ASC > QIN-QIO >

Search Results for 'OQR Timelines'

[Hospital OQR Program Tools and Resources](#)

[Program Information](#) ←

[Videos, Resources, and Tools](#)

[Home](#)

[Log In](#) to Access QIO Section

Search this page:
Search this page...

Upcoming Events

March 13, 2018
[Hospital Improvement Innovation Networks and Hospitals Collaboration to Improve Quality of Care: 30-Day Mortality Measures — 1 C.E.](#)

Your Chosen Resource

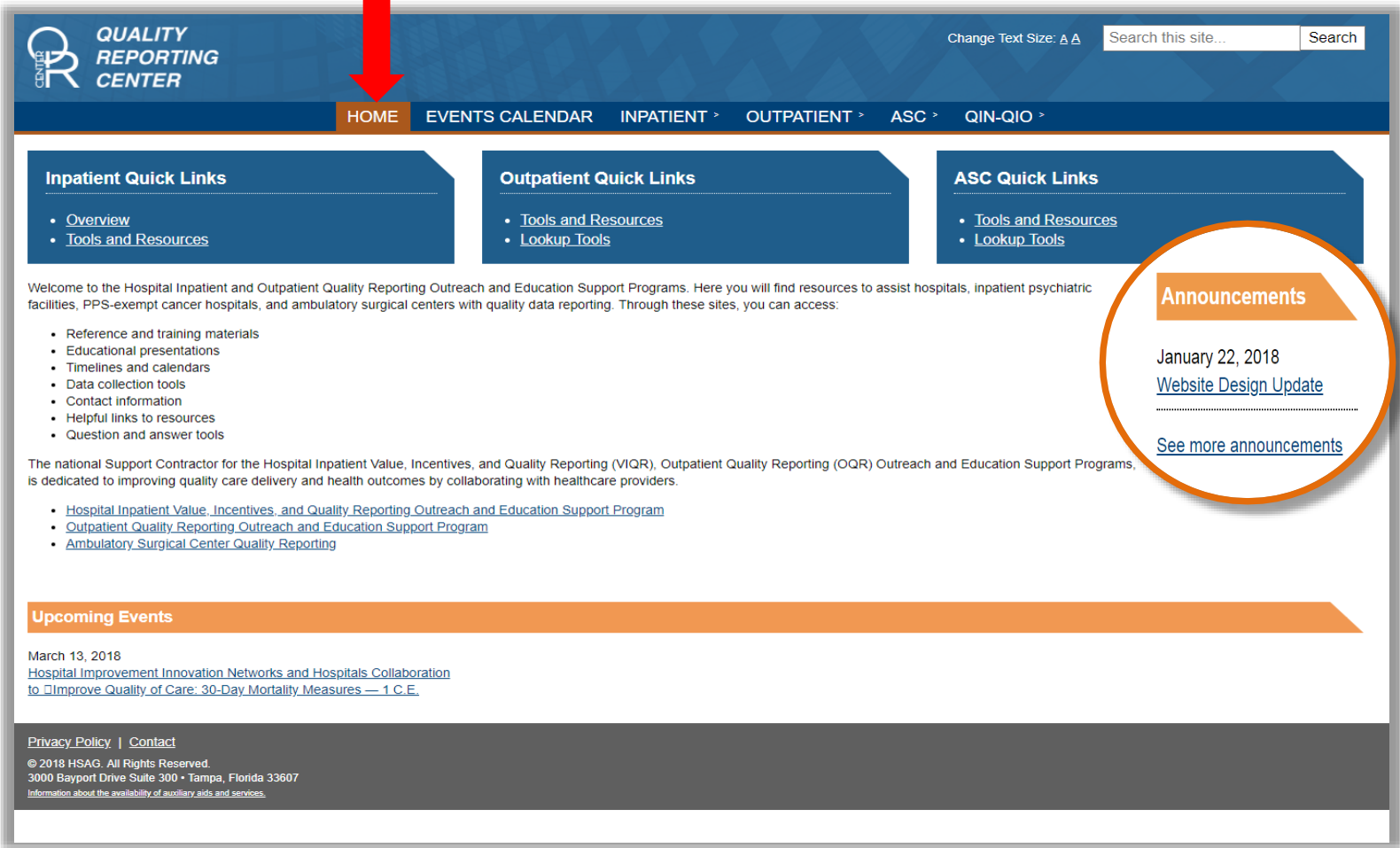
Timelines

Below are important upcoming deadlines associated with the Hospital OQR Program reporting program. Click the following links to download the Hospital OQR Important Dates as a PDF for [CY 2018](#).

Hospital OQR Important Dates Payment Determination CY 2019		
Clinical Data Submission	Encounter Dates	Encounter Quarter
Nov. 1, 2017	April 1 – June 30, 2017	Q2 2017
Feb. 1, 2018	Jul 1– Sept. 30, 2017	Q3 2017
May 1, 2018	Oct. 1– Dec. 31, 2017	Q4 2017
Aug. 1, 2018	Jan. 1 – March 31, 2018	Q1 2018
Population and Sampling	Encounter Dates	Encounter Quarter
Nov. 1, 2017*	April 1 – June 30, 2017	Q2 2017
Feb. 1, 2018*	Jul 1– Sept. 30, 2017	Q3 2017
May 1, 2018*	Oct. 1– Dec. 31, 2017	Q4 2017
Aug. 1, 2018*	Jan. 1 – March 31, 2018	Q1 2018



Site Announcements



QUALITY REPORTING CENTER

Change Text Size: [A](#) [A](#) Search this site... Search

HOME EVENTS CALENDAR INPATIENT > OUTPATIENT > ASC > QIN-QIO >

Inpatient Quick Links

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Quick Links

The screenshot displays the Quality Reporting Center website. At the top left is the logo for the Quality Reporting Center. To the right of the logo is a search bar with the text "Search this site..." and a "Search" button. Below the logo and search bar is a navigation menu with the following items: HOME, EVENTS CALENDAR, INPATIENT >, OUTPATIENT >, ASC >, and QIN-QIO >. The main content area is divided into three columns. The first column is titled "Inpatient Quick Links" and contains a list of links: Overview and Tools and Resources. The second column is titled "Outpatient Quick Links" and contains a list of links: Tools and Resources and Lookup Tools. The third column is titled "ASC Quick Links" and contains a list of links: Tools and Resources and Lookup Tools. Below the navigation menu, there is a large blue box with the title "Outpatient Quick Links" and a list of links: Tools and Resources and Lookup Tools. To the right of this box is an "Announcements" section with the date "January 22, 2018" and a link "Website Design Update". Below the announcements is a link "See more announcements". At the bottom of the page, there is a footer with the text "Privacy Policy | Contact", "© 2018 HSAG. All Rights Reserved.", "3000 Bayport Drive Suite 300 • Tampa, Florida 33607", and "Information about the availability of auxiliary aids and services."

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Change Text Size: A A Search this site... Search

HOME EVENTS CALENDAR INPATIENT > OUTPATIENT > ASC > QIN-QIO >

Inpatient Quick Links

- [Overview](#)
- [Tools and Resources](#)

Welcome to the Hospital Inpatient and Outpatient Quality Reporting Center. We provide information and resources for hospitals, PPS-exempt cancer hospitals, and ASCs.

- Reference and training materials
- Educational presentations
- Timelines and calendars
- Data collection tools
- Contact information
- Helpful links to resources
- Question and answer tools

The national Support Contractor for the Quality Reporting Center is dedicated to improving quality care delivery and health outcomes by collaborating with healthcare providers.

- [Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Program](#)
- [Outpatient Quality Reporting Outreach and Education Support Program](#)
- [Ambulatory Surgical Center Quality Reporting](#)

Outpatient Quick Links

- [Tools and Resources](#)
- [Lookup Tools](#)

ASC Quick Links

- [Tools and Resources](#)
- [Lookup Tools](#)

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HOME EVENTS CALENDAR INPATIENT > OUTPATIENT > ASC > QIN-QIO >

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- Educational presentations
- Timelines and calendars
- Data
- Con
- Help
- Que

Upcoming Events

<p>March 13, 2018</p> <p>Hospital Improvement Innovation Networks and Hospitals Collaboration to Improve Quality of Care: 30-Day Mortality Measures — 1 C.E.</p>	<p>March 19, 2018</p> <p>CMS QRDA Category I Implementation Guide Changes for CY 2018 for Hospital Quality Reporting — 1 C.E.</p>	<p>March 21, 2018</p> <p>Getting Your Ducks in a Row: Addressing Common Issues in Quality Reporting- OQR — 1 C.E.</p>
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Upcoming Events

<p>March 13, 2018</p> <p>Hospital Improvement Innovation Networks and Hospitals Collaboration to Improve Quality of Care: 30-Day Mortality Measures — 1 C.E.</p>	<p>March 19, 2018</p> <p>CMS QRDA Category I Implementation Guide Changes for CY 2018 for Hospital Quality Reporting — 1 C.E.</p>	<p>March 21, 2018</p> <p>Getting Your Ducks in a Row: Addressing Common Issues in Quality Reporting- OQR — 1 C.E.</p>
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Events Calendar



The screenshot shows a website navigation bar with the following items: HOME, EVENTS CALENDAR (highlighted with an orange border), INPATIENT >, OUTPATIENT >, ASC >, and QIN-QIO >. Below the navigation bar are three blue boxes for quick links:

- Inpatient Quick Links**
 - [Overview](#)
 - [Tools and Resources](#)
- Outpatient Quick Links**
 - [Tools and Resources](#)
 - [Lookup Tools](#)
- ASC Quick Links**
 - [Tools and Resources](#)
 - [Lookup Tools](#)

Below the quick links is a main content area with the following text:

Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting. Through these sites, you can access:

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- [Outpatient Quality Reporting Outreach and Education Support Program](#)
- [Ambulatory Surgical Center Quality Reporting](#)

On the right side, there is an **Announcements** section:

January 22, 2018
[Website Design Update](#)

[See more announcements](#)

At the bottom, there is an **Upcoming Events** section:

March 13, 2018 Hospital Improvement Innovation Networks and Hospitals Collaboration to Improve Quality of Care: 30-Day Mortality Measures — 1 C.E.	March 19, 2018 CMS QRDA Category I Implementation Guide Changes for CY 2018 for Hospital Quality Reporting — 1 C.E.	March 21, 2018 Getting Your Ducks in a Row: Addressing Common Issues in Quality Reporting- OQR — 1 C.E.
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More Options

Events

To filter events by a particular group or groups, please select the group(s) from the options below:

All Hospital OQR ASC IPF VBP IQR PCH eCQM

March 2018 today < >

Mon	Tue	Wed	Thu	Fri
26	27	28	1	2
	SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock: v5.3a Measure Updates - 1.5 C.E.	Measure by Measure: Data for the Ambulatory Surgical Center (ASC) Quality Reporting Program - 1 C.E.		
5	6	7	8	9
12	13	14	15	16
	Hospital Improvement Innovation Networks and Hospitals Collaboration to Improve Quality of Care: 30-Day Mortality Measures - 1 C.E.			
19	20	21	22	23
CMS QRDA Category I Implementation Guide Changes for CY 2018 for Hospital Quality Reporting - 1 C.E.		Getting Your Ducks in a Row: Addressing Common Issues in Quality Reporting-OQR - 1 C.E.	PCHQR Program Refresher: Utilizing the Web-Based Data Collection Tool and PCH Report - 1 C.E.	
26	27	28	29	30
	Improving the Patient Experience of Care - 1.5 C.E.	Getting Your Ducks in a Row: Addressing Common Issues in Quality Reporting-		

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Upcoming Events

March 13, 2018
[Hospital Improvement Innovation Networks and Hospitals Collaboration to Improve Quality of Care: 30-Day Mortality Measures](#) — 1 C.E.


March 19, 2018
[CMS QRDA Category I Implementation Guide Changes for CY 2018 for Hospital Quality Reporting](#) — 1 C.E.

March 21, 2018
[Getting Your Ducks in a Row: Addressing Common Issues in Quality Reporting-OQR](#) — 1 C.E.


March 22, 2018
[PCHQR Program Refresher: Utilizing the Web-Based Data Collection Tool and PCH Report](#) — 1 C.E.

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CMS Tweets

 **CMSGov** @CMSGov

ATTN clinicians! The ACI call for measures submission period is open now through June 29. Read the fact sheet and then download the submission form today!
go.cms.gov/2lcJu1c #QPP #MACRA





Events Calendar Filter

Events

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All
 Hospital OQR
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 IPF
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 eCQM

Filter

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Filter

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Search this page...

Upcoming Events

March 22, 2018
[PCHQR Program Refresher: Utilizing the Web-Based Data Collection Tool and PCH Report](#) — 1 C.E.

March 27, 2018
[Improving the Patient Experience of Care](#) — 1.5 C.E.

March 28, 2018
[Getting Your Ducks in a Row: Addressing Common Issues in Quality Reporting- ASC 2PM](#) — 1 C.E.

March 29, 2018
[Hospital Readmissions Reduction Program: Early Look Hospital-Specific Reports](#) — 1 C.E.

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CMS Tweets

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 Administrator Se...
 @SeemaCMS
 Our policies at @CMSGov are intended to relieve unnecessary regulatory burden on states, avoid increasing administrative

	12	13	14	15	16
	Hospital Improvement Innovation Networks and Hospitals Collaboration to Improve Quality of Care: 30-Day Mortality Measures - 1 C.E.		Hospital IQR Program APU Reconsideration Process/Reconsideration Requests-Phase 1FY 2019 Payment Determination		
	19	20	21	22	23
	CMS QRDA Category I Implementation Guide Changes for CY 2018 for Hospital Quality Reporting - 1 C.E.		Getting Your Ducks in a Row: Addressing Common Issues in Quality Reporting- OQR - 1 C.E.		PCHQR Program Refresher: Utilizing the Web-Based Data Collection Tool and PCH Report - 1 C.E.
re-by-measure-data-for-the-ambulatory-surgical-center-asc...	27	28	29	30	

New Sidebar Feature

Events

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March 2018 today < >

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12	13 Hospital Improvement Innovation Networks and Hospitals Collaboration to Improve Quality of Care: 30-Day Mortality Measures - 1 C.E.	14 Hospital IQR Program APU Reconsideration Process/Reconsideration Requests—Phase 1FY 2019 Payment Determination	15	16
19 CMS QRDA Category I Implementation Guide Changes for CY 2018 for Hospital Quality Reporting - 1 C.E.	20	21 Getting Your Ducks in a Row: Addressing Common Issues in Quality Reporting- OQR - 1 C.E.	22 PCHQR Program Refresher: Utilizing the Web-Based Data Collection Tool and PCH Report - 1 C.E.	23
26	27 Improving the Patient Experience of Care - 1.5 C.E.	28 Getting Your Ducks in a Row: Addressing Common Issues in Quality Reporting- ASC 2PM - 1 C.E.	29	30 Hospital Readmissions Reduction Program: Early Look Hospital-Specific Reports - 1 C.E.

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March 29, 2018
[Hospital Readmissions Reduction Program: Early Look Hospital-Specific Reports — 1 C.E.](#)

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CMS Tweets

CMSGov Retweeted

Administrator Se...
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Our policies at @CMSGov are intended to relieve unnecessary regulatory burden on states, avoid increasing administrative costs for taxpayers, and refocus time and resources on improving the health outcomes of Medicaid beneficiaries. [#TransformingMedicaid](#)
go.cms.gov/2IYUV1

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	12 Hospital Improvement Innovation Networks and Hospitals Collaboration to Improve Quality of Care: 30-Day Mortality Measures - 1 C.E.	13
19 CMS QRDA Category I Implementation Guide Changes for CY 2018 for Hospital Quality Reporting - 1 C.E.	20	21 Getting Your Ducks in a Row: Addressing Common Issues in Quality Reporting- OQR - 1 C.E.
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		29
		30

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Archived Events

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Change Text Size: A A Search this site... Search

HOME EVENTS CALENDAR INPATIENT > **OUTPATIENT** > ASC

Inpatient Quick Links

- Overview
- Tools and Resources

Outpatient Quick Links

- Tools and Resources
- Lookup Tools

Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting. Through these sites

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- Educational presentations
- Timelines and calendars
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- Helpful links to resources
- Question and answer tools

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- [Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Program](#)
- [Outpatient Quality Reporting Outreach and Education Support Program](#)
- [Ambulatory Surgical Center Quality Reporting](#)

Upcoming Events

March 13, 2018
[Hospital Improvement Innovation Networks and Hospitals Collaboration to Improve Quality of Care: 30-Day Mortality Measures — 1 C.E.](#)

[Privacy Policy](#) | [Contact](#)

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Information about the availability of auxiliary aids and services.

Announcements

January 22, 2018
[Website Design Update](#)
[See more announcements](#)

ARCHIVED EVENTS

Data Dashboard

QUALITY REPORTING CENTER

Change Text Size: A A Search this site... Search

HOME EVENTS CALENDAR INPATIENT > **OUTPATIENT >** ASC

Inpatient Quick Links

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OUTPATIENT >

- PROGRAM INFORMATION
- HOQR 101
- PROGRAM RULE HISTORY
- UPCOMING EVENTS
- ARCHIVED EVENTS
- OQR TIMES
- DATA DASHBOARD**
- Lookup Tool
- TOOLS AND RESOURCES
- DATA COLLECTION AND CART
- DATA SUBMISSION
- DATA VALIDATION

National Maps

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Data Dashboard

[Log In](#) to Access QIO Section

Search this page:


Lookup Tools

The Lookup Tools allow program participants to view if their facility has completed data submission for selected measures, and if certain data reports are available through QualityNet.

Please click here to access the [Lookup Tools](#).

National Maps

The National Maps allow you to view the state and national rates for Hospital Outpatient Quality Reporting Program measures.

Please click here to access the [National Maps](#). 

Upcoming Events

March 21, 2018
[Getting Your Ducks in a Row: Addressing Common Issues in Quality Reporting- OQR — 1 C.E.](#)

March 22, 2018
[PCHQR Program Refresher: Utilizing the Web-Based Data Collection Tool and PCH Report — 1 C.E.](#)

Your Data Choices

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National Maps

[Log In](#) to Access QIO Section

Search this page:

Data Submitted via QualityNet Rates (by State)	Data Rates for OP-27 (by State)
<ul style="list-style-type: none">OP-25 Rate 2016OP-29 Rate 2016OP-30 Rate 2016OP-31 Rate 2016	<ul style="list-style-type: none">OP-27 Rate (2016/2017)

Upcoming Events

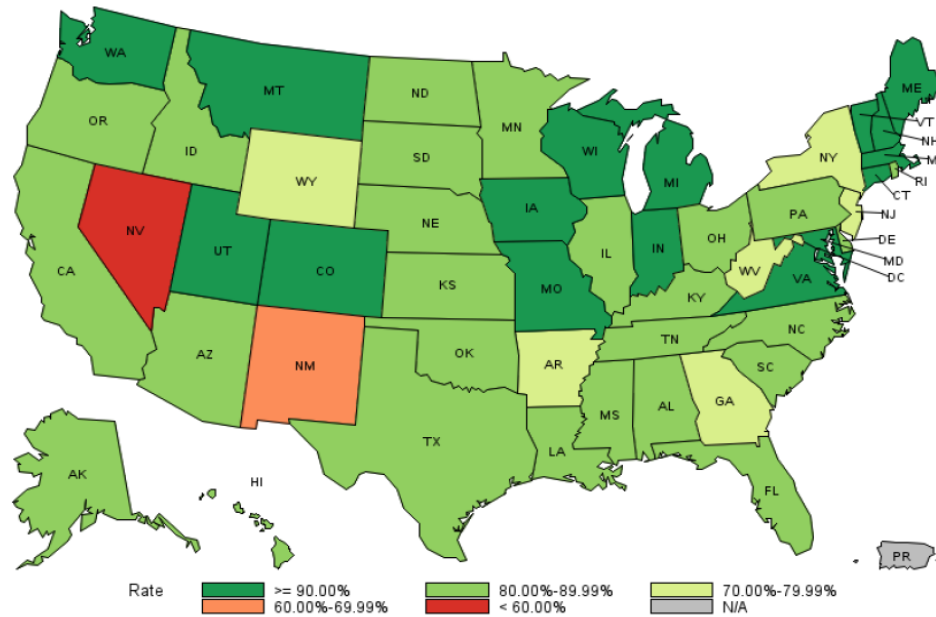
March 21, 2018
[Getting Your Ducks in a Row: Addressing Common Issues in Quality Reporting- OQR — 1 C.E.](#)

March 22, 2018
[PCHQR Program Refresher: Utilizing the Web-Based Data Collection Tool and PCH Report — 1 C.E.](#)

A red arrow points to the "OP-29 Rate 2016" link in the left column of the table.

Data Map

OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients



National rate: 85%

Data Source: Hospital Compare Data for CY 2016

Lookup Tools

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Find Your Facility



QUALITY REPORTING CENTER

Change Text Size: [A](#) [A](#)

Search this site...

HOME EVENTS CALENDAR INPATIENT > **OUTPATIENT >** ASC > QIN-QIO >

Lookup Tools

[Log In](#) to Access QIO Section

Search this page:

Web-Based Status Listing (PY 2019)

Please utilize the search function below for the Web-Based Measure Status Listing to determine whether your facility has completed data submission for the following measures for the Hospital Outpatient Quality Reporting (OQR) Program:

- OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data
- OP-17: Tracking Clinical Results between Visits
- OP-22: ED-Left Without Being Seen
- OP-27: Influenza Vaccination Coverage among Healthcare Personnel
- OP-29: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
- OP-30: Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use
- OP-31: Cataracts – Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery
- OP-33: External Beam Radiotherapy for Bone Metastases

The Web-Based Measure Status Listing is based on the most current information submitted to the Centers for Medicare & Medicaid Services (CMS). Enter the CMS Certification Number (CCN) for your facility to receive the status of your facility’s data submission for all of the web-based measures submitted via the QualityNet web-based tool as of the date indicated. However, to document that all data submission requirements for the measures are complete, please log in to the [QualityNet website](#) and print a screenshot of the data submitted for your records.

Data Archives

Visit the [Archive](#) pages via the links below to review a previous year’s web-based data submission.

Use the Lookup Tool

Enter your facility’s CMS Certification Number (CCN) into the field below. Your facility will not be visible in the database if no data have been submitted.

Note: Data last updated February 15, 2018

CCN:

Upcoming Events

March 21, 2018
[Getting Your Ducks in a Row: Addressing Common Issues in Quality Reporting- OQR — 1 C.E.](#)


March 22, 2018
[PCHQR Program Refresher: Utilizing the Web-Based Data Collection Tool and PCH Report — 1 C.E.](#)

March 27, 2018
[Improving the Patient Experience of Care — 1.5 C.E.](#)

March 28, 2018
[Getting Your Ducks in a Row: Addressing Common Issues in Quality Reporting- ASC 2PM — 1 C.E.](#)

[See the full calendar](#)

CMS Tweets

 **CMSGov** @CMSGov

Clinicians! The call for #Quality measures is now open! Make sure you review this fact sheet and then submit

Search Results

The screenshot shows the Quality Reporting Center website. At the top left is the logo and name "QUALITY REPORTING CENTER". At the top right is a search bar with the text "Search this site..." and a "Search" button. Below the header, there is a "Use the Lookup Tool" section. It contains the instruction: "Enter your facility's CMS Certification Number (CCN) into the field below. Your facility will not be visible in the database if no data have been submitted." Below this is a note: "Note: Data last updated February 15, 2018". There is a text input field containing "123456" and an "Enter" button. Below the input field, the results are displayed under the heading "Results for the CCN submission of '123456':". Underneath, it says "Web-Based Measures Information:" and "Your CCN submission of 123456 contains the following data:". A bulleted list follows: "OP-12 Submitted: No", "OP-17 Submitted: No", "OP-22 Submitted: No", "OP-27 Submitted: *", "OP-29 Submitted: No", "OP-30 Submitted: No", "OP-31 Submitted: No", and "OP-33 Submitted: No". At the bottom of the screenshot, there is a "CMS Tweets" section with a tweet from @CMSgov and a small image of a group of people.

Use the Lookup Tool

Enter your facility's CMS Certification Number (CCN) into the field below. Your facility will not be visible in the database if no data have been submitted.

Note: Data last updated February 15, 2018

CCN:

Results for the CCN submission of "123456":

Web-Based Measures Information:

Your CCN submission of 123456 contains the following data:

- OP-12 Submitted: **No**
- OP-17 Submitted: **No**
- OP-22 Submitted: **No**
- OP-27 Submitted: *****
- OP-29 Submitted: **No**
- OP-30 Submitted: **No**
- OP-31 Submitted: **No**
- OP-33 Submitted: **No**

OP-32 Lookup Tool

Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

Archived Data

QUALITY REPORTING CENTER

Change Text Size: A A Search this site... Search

HOME EVENTS CALENDAR INPATIENT **OUTPATIENT** ASC QIN-QIO

Lookup Tools

Web-
Please
Hospit

Data Archives

Visit the [Archive](#) pages via the links below to review a previous year's web-based data submission.

- OP-12 The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Concrete Searchable Data
- OP-17 Tracking Clinical Results between Visits
- OP-22 ED-Left Without Being Seen
- OP-27 Influenza Vaccination Coverage among Healthcare Personnel
- OP-29 Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
- OP-30 Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use
- OP-31 Cataracts – Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
- OP-32 External Beam Radiotherapy for Bone Metastases

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Note: Data last updated February 15, 2018

CCN:

OP-32 Lookup Tool

Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

Let's go to Access QIO Section

page

events

March 15, 2018

Florida, Connecticut, Innovation Networks and Members Collaborate to Improve Quality of Care, 30-Day Mortality Measures -- T.C.E.

March 16, 2018

CMS OIGCA Category 2 Implementation Guide Changes for CY 2018, 2019 Hospital Quality Measures -- T.C.E.

March 21, 2018

Define Your Goals in a Race Addressing Common Issues in Quality Measures, QIP -- T.C.E.

March 22, 2018

ECOHG Process Refresher, Utilizing the Web-Based Data Collection Tool and PCH Report -- T.C.E.

See the full calendar

CMS Tweets

CMS Care @CMSCare

Visible discussion with providers @HealthcareInsights on CMS initiatives #PatientsOverPaperwork #SpeedToSystems #QIP #CMSQIP

Tools and Resources

The screenshot displays the Quality Reporting Center website interface. At the top left is the logo for the Quality Reporting Center. The navigation bar includes links for HOME, EVENTS CALENDAR, INPATIENT, and a dropdown menu for OUTPATIENT. The OUTPATIENT dropdown menu is open, listing various options: PROGRAM INFORMATION, HOQR 101, PROGRAM RULE HISTORY, UPCOMING EVENTS, ARCHIVED EVENTS, OQR TIMES, DATA DASHBOARD, Lookup Tool, TOOLS AND RESOURCES (highlighted), DATA COLLECTION AND CART, DATA SUBMISSION, and DATA VALIDATION. A red arrow points from the 'Upcoming Events' section to the 'TOOLS AND RESOURCES' menu item.

QUALITY REPORTING CENTER

Change Text Size: A A Search this site... Search

HOME EVENTS CALENDAR INPATIENT > **OUTPATIENT >** ASC

Inpatient Quick Links

- [Overview](#)
- [Tools and Resources](#)

Outpatient Quick Links

- [Tools and Resources](#)
- [Lookup Tools](#)

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Upcoming Events

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OUTPATIENT >

- PROGRAM INFORMATION
- HOQR 101
- PROGRAM RULE HISTORY
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- ARCHIVED EVENTS
- OQR TIMES
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- Lookup Tool
- TOOLS AND RESOURCES**
- DATA COLLECTION AND CART
- DATA SUBMISSION
- DATA VALIDATION

Make Your Selection

The screenshot displays the Quality Reporting Center website interface. At the top left is the logo with the text "QUALITY REPORTING CENTER". To the right of the logo is a search bar with the placeholder text "Search this site..." and a "Search" button. Further right is a "Change Text Size: A A" link. Below the logo and search bar is a horizontal navigation menu with the following items: "HOME", "EVENTS CALENDAR", "INPATIENT >", "OUTPATIENT >" (highlighted with an orange background), "ASC >", and "QIN-QIO >".

The main content area features a large heading: "Hospital OQR Program Tools and Resources". To the right of this heading is a link: "Log In to Access QIO Section". Below the heading is a search bar with the placeholder text "Search this page:". Below the search bar is a section titled "Click a topic to view resources" with four orange buttons: "Public Reporting", "Program Resources", "Measure Resources", and "Measure Guidelines and Tools".

On the right side of the page, there is an "Upcoming Events" section. It lists two events: "March 27, 2018 Improving the Patient Experience of Care — 1.5 C.E." and "March 28, 2018 Getting Your Ducks in a Row: Addressing Common Issues in Quality Reporting-ASC 2PM — 1 C.E.".

More Resources



Public Reporting	
Outpatient Hospital Compare Preview Quick Reference Guide	A quick reference guide for your facility's publicly reported data
Outpatient Hospital Compare Preview Report Help Guide	An instructional guide for hospitals on how to access and understand publicly reported data
Program Resources	
Successful Reporting in the Hospital OQR Program: A Step-by-Step Guide for New Facilities	Essential information for those new to the Hospital OQR Program
Hospital OQR Reference Checklist	Summary of the current year's program requirements
Hospital OQR Important Dates for Calendar Year 2019 Payment Determination	Summary of calendar year 2019 payment determination's reporting dates
Hospital OQR Important Dates for Calendar Year 2020 Payment Determination	Summary of calendar year 2020 payment determination's reporting dates
Q4 2017 Hospital Quality Reporting Checklist	A step-by-step guide for data submission
Hospital Outpatient Quality Reporting Question and Answers Tool	Immediate feedback to your questions and a searchable database of past responses
Q1 2018 Outpatient/Inpatient Timeline	Reporting deadlines and important dates for the OQR and IQR Program
Hospital OQR: ListServe	Email sign-up to receive the most up-to-date information and education
Hospital OQR on QualityNet	Program information and access to data submission portal and reports
CMS Extraordinary Circumstances Exceptions Guidelines and Form	Please visit QualityNet.org
Hospital Contact Change Form	Update your facility's contact information
Hospital Quality Reporting 101	Resources for new quality reporting professionals
Measure Resources	
NHSN: Preparing for Data Submission	Learn how to add new users and Facility Administrators
Hospital OQR Quality Measures and Timelines	Reporting periods and data submission deadlines for the CY 2019 Payment Determination
Hospital OQR Safe Surgery Checklist	Sample form to use for OP-25

Quick Reference

Outpatient *Hospital Compare* Preview Report Quick Reference Guide April 2018 Release – Preview Period February 1 through March 2, 2018

Preview Report Access

Preview Period

Preview reports will be available to participating Outpatient Facilities via the *QualityNet Secure Portal* February 1 through March 2, 2018.

Preview Reports can be accessed by:

1. Accessing the public website for QualityNet at <https://www.qualitynet.org> Selecting [Login] under the “Log in to QualityNet Secure Portal” header
2. Entering your *QualityNet* User ID, Password, and Security Code and selecting [Submit]
3. Reading the Terms and Conditions statement and selecting [I Accept] to proceed

The Preview Report can be run by:

1. Selecting [Run Reports] from the “My Reports” drop-down
2. Selecting [OQR] from the “Report Program” drop-down
3. Selecting [Public Reporting – Preview Reports] from the list in the “Report Category” drop-down
4. Selecting [View Reports;] the selected report will display under “Report Name”
5. Selecting [Public Reporting – Preview Reports] under “Report Name”
6. Selecting [Run Reports]

Viewing the Report:

Select the [Search Reports] tab. The report requested will display, as well as the report status. A green check mark will display in the “Status” column when the report is complete. Once complete, the report can be viewed or downloaded.

Preview Report Data

Overall Hospital Quality Star Rating

- Please see the *Help Guide* for more information.

Web-based measures

- Section includes: OP-12, OP-17, OP-25, OP-26
- Data based on encounters for Calendar Year (CY) 2016

AMI Cardiac Care (AMI & Chest Pain)

- Section includes: OP-1, OP-2, OP-3b, OP-4, OP-5
 - OP-1 does not display on *Hospital Compare*; however, it is included in the downloadable database.
- Aggregate rates include 3Q 2016 through 2Q 2017 encounters

Outpatient Imaging Efficiency (OIE) measures

- Section includes: OP-8, OP-9, OP-10, OP-11, OP-13, OP-14
- Aggregate rates include 3Q 2015 through 2Q 2016 Medicare claims data

Emergency Department measures

- Section includes: OP-18b, OP-20 and OP-22
- OP-18b and OP-20 aggregate rates include 3Q 2016 through 2Q 2017 encounters
- OP-18b and OP-20 display the state and national average minutes for hospitals that fall in the Low, Medium, High, Very High, and Overall EDV categories.
- OP-22 data is based on encounters for CY 2016.

Emergency Department Volume

- Section includes: EDV
- Based on the volume of patients for CY 2016, the denominator for OP-22

Pain Management measure

- Section includes: OP-21
- Aggregate rates include 3Q 2016 through 2Q 2017 encounters

Stroke measure

- Section includes: OP-23
- Aggregate rates include 3Q 2016 through 2Q 2017 encounters

Endoscopy/Polyp surveillance measures

- Section includes: OP-29 and OP-30 data based on encounters for CY 2016

Cataract measure

- Section includes: OP-31 voluntary
- Data submission based on encounters for CY 2016

EBRT Measure

- Section includes: OP-33
- Data is based on encounters for CY 2016

Healthcare Personnel (HCP) Influenza Vaccination

- Section includes: OP-27
- Percentages include 2016–2017 flu season data (4Q 2016–1Q 2017)

Outcome Measure

- Section includes: OP-32
- Data is based on encounters for CY 2016

Program Resources

Program Resources

1

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Hospital Contact Change Form	Update your facility's contact information
Hospital Quality Reporting 101	Resources for new quality reporting professionals

2

Important Dates

Hospital OQR Important Dates Calendar Year 2019 Payment Determination

Clinical Data Submission	Encounter Dates	Encounter Quarter
Nov 1, 2017	Apr 1–Jun 30, 2017	Q2 2017
Feb 1, 2018	Jul 1–Sep 30, 2017	Q3 2017
May 1, 2018	Oct 1–Dec 31, 2017	Q4 2017
Aug 1, 2018	Jan 1–Mar 31 2018	Q1 2018
Population and Sampling	Encounter Dates	Encounter Quarter
Nov 1, 2017*	Apr 1–Jun 30, 2017	Q2 2017
Feb 1, 2018*	Jul 1–Sep 30, 2017	Q3 2017
May 1, 2018*	Oct 1–Dec 31, 2017	Q4 2017
Aug 1, 2018*	Jan 1–Mar 31 2018	Q1 2018
Scheduled CDAC Record Requests	Encounter Dates	Encounter Quarter
Sep 2017	Jan 1–Mar 31, 2017	Q1 2017
Dec 2017	Apr 1–Jun 30, 2017	Q2 2017
Mar 2018	Jul 1–Sep 30, 2017	Q3 2017
Jun 2018	Oct 1–Dec 31, 2017	Q4 2017
Web-Based Measures – QualityNet	Encounter Dates	Submission Dates
OP-12	Jan 1–Dec 31, 2017	Jan 1–May 15, 2018
OP-17	Jan 1–Dec 31, 2017	Jan 1–May 15, 2018
OP-22	Jan 1–Dec 31, 2017	Jan 1–May 15, 2018
OP-25	Jan 1–Dec 31, 2017	Jan 1–May 15, 2018
OP-26	Jan 1–Dec 31, 2017	Jan 1–May 15, 2018
OP-29	Jan 1–Dec 31, 2017	Jan 1–May 15, 2018
OP-30	Jan 1–Dec 31, 2017	Jan 1–May 15, 2018
OP-31**	Jan 1–Dec 31, 2017	Jan 1–May 15, 2018
OP-33	Jan 1–Dec 31, 2017	Jan 1–May 15, 2018
Web-Based Measure – National Healthcare Safety Network (NHSN)	Encounter Dates	Submission Dates
OP-27	Oct 1, 2017–Mar 31, 2018	Oct 1, 2017–May 15, 2018

Change in Contacts

Hospital Contact Change Form

Complete and submit this form only if any of the contact types indicated below have changed in your facility. If there are no updates to be made, please do not submit this form. Provide information only for the contact types that need to be added, updated, or removed. If a contact type does not apply, please leave the section blank or indicate not applicable (N/A).

Form may be sent by email to QRSsupport@hcqis.org or secure fax at (877) 789-4443.

Date: Provider Name: Provider ID/CCN:
 Name/Title of Person Completing the Form: Phone Number:

Type of Change	Contact	Contact Name/Title	Telephone Number	Fax Number	Email Address	Mailing Address
<input type="checkbox"/> Add New Contact <input type="checkbox"/> Update Existing Contact <input type="checkbox"/> Remove Existing Contact	CEO/Administrator Contact					
<input type="checkbox"/> Add New Contact <input type="checkbox"/> Update Existing Contact <input type="checkbox"/> Remove Existing Contact	Hospital Inpatient Quality Reporting (IQR) Contact					
<input type="checkbox"/> Add New Contact <input type="checkbox"/> Update Existing Contact <input type="checkbox"/> Remove Existing Contact	Outpatient Quality Reporting (OQR) Contact					
<input type="checkbox"/> Add New Contact <input type="checkbox"/> Update Existing Contact <input type="checkbox"/> Remove Existing Contact	Inpatient Psychiatric Facility Quality Reporting (IPFQR) Contact					
<input type="checkbox"/> Add New Contact <input type="checkbox"/> Update Existing Contact <input type="checkbox"/> Remove Existing Contact	PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Contact					
<input type="checkbox"/> Add New Contact <input type="checkbox"/> Update Existing Contact <input type="checkbox"/> Remove Existing Contact	Medical Records Contact					
<input type="checkbox"/> Add New Contact <input type="checkbox"/> Update Existing Contact <input type="checkbox"/> Remove Existing Contact	National Healthcare Safety Network (NHSN) Contact (Infection Control)					
<input type="checkbox"/> Add New Contact <input type="checkbox"/> Update Existing Contact <input type="checkbox"/> Remove Existing Contact	Quality Management/Improvement Contact					
<input type="checkbox"/> Add New Contact <input type="checkbox"/> Update Existing Contact <input type="checkbox"/> Remove Existing Contact	*QualityNet Security Administrator (SA) Contact					

*Important Note about QualityNet SAs: Every facility participating in the IQR and/or IPFQR Program must designate a minimum of one SA. To prevent possible interruption of QualityNet access, facilities are highly encouraged to appoint at least two SAs. If your facility does not have one, it may be at risk of incurring a reduction to its annual payment update (APU). For more information about how to designate an SA, please refer to the [QualityNet Security Administrator Registration](#) page.
 Please Note: Submitting SA contact information on this form WILL NOT update or change your SA information in QualityNet.



WEBSITE



QualityNet Website

Home Page

www.qualitynet.org

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

- Registration
- Sign-In Instructions
- Security Standards
- Password Reset

Public Reporting

Hospital Outpatient Quality Reporting Program

News [More News »](#)

2020 Baseline Measures Report Now Available

Value-Based Purchasing (VBP) Program Fiscal Year 2020 Baseline Measures Reports are available from the Centers for Medicare & Medicaid Services (CMS). This report allows hospitals to view their period performance for all domains and measures required for the Hospital VBP program. Hospitals can access their Baseline Measures Report through the *QualityNet Secure Portal*.

[Tutorial video released](#)

[April 2018 Hospital Compare preview reports](#)

[Hospital Compare results for three Value-Based Purchasing programs updated on Hospital Compare](#)

[Link for FY 2020 inpatient quality reporting chart-abstracted data validation](#)

[ASC final rule with comment period](#)

[SC Final Rule displayed](#)

Log in to QualityNet Secure Portal

Login

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

Questions & Answers

- Ambulatory Surgical Centers
- End-Stage Renal Disease (ESRD) QIP
- Hospitals - Inpatient
- Hospitals - Outpatient

Public Reporting

The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. To its right is a login link: "Log in to QualityNet Secure Portal (formerly MyQualityNet)" with a "Log In" button. Further right is a search bar with the text "Search". Below the header is a navigation menu with tabs for "Home", "My QualityNet", and "Help". Underneath are several dropdown menus: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement". The "Public Reporting" link is highlighted in a blue box. The main content area is titled "Public Reporting" and "Hospital Outpatient Quality Reporting Program". It contains a paragraph about the CMS Hospital Compare website, a section for "Hospital Compare Preview Period" explaining the 30-day advance notice, and a section for "Hospital Compare Preview Report Reference Documents" listing two PDF guides: "Outpatient Preview Report Quick Reference Guide" (266 KB) and "Outpatient Quality Reporting Help Guide" (1.3 MB). A final paragraph mentions a training video posted by CMS in September 2017.

QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet) 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

Public Reporting

Public Reporting

Hospital Outpatient Quality Reporting Program

The Centers for Medicare & Medicaid Services' (CMS') [Hospital Compare](#) website publishes information on the quality of care provided to patients; this information is made available to inform consumers and to encourage healthcare facilities to make continued improvements in care quality. *Hospital Compare* is generally refreshed four times a year in April, July, October, and December.

Hospital Compare Preview Period

Prior to each December release, data due to be displayed are made available to providers for a 30-day preview period approximately two months in advance of being made available to the public on Hospital Compare. **This preview period does not serve as a review and correction period for the Hospital Outpatient Quality Reporting (Hospital OQR) Program.**

Hospital Compare Preview Report Reference Documents

The following documents, updated quarterly, are made available to assist facilities in accessing and interpreting their Hospital OQR Hospital Compare preview reports:

- [Outpatient Preview Report Quick Reference Guide](#), (PDF-266 KB)
- [Outpatient Quality Reporting Help Guide](#), (PDF-1.3 MB)

CMS posted [a public reporting training video](#) in September of 2017. This video includes information on understanding data refresh timeframes, headers, footnotes, the Notice of Participation, and much more.

Specifications Manual

The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. To its right is a login section with the text "Log in to QualityNet Secure Portal (formerly MyQualityNet)" and a "Log In" button. Further right is a search bar with the word "Search" next to it. Below the header is a navigation bar with tabs for "Home", "My QualityNet", and "Help". Under "My QualityNet", there are several dropdown menus: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement". The "Hospitals - Outpatient" menu is expanded, showing a list of links: "Hospital Outpatient Quality Reporting Program", "Public Reporting", "E-mail Notifications", "Registration", "Specifications Manual" (highlighted with an orange border), "Benchmarks of Care", "Measures", "Overall Hospital Ratings", "Data Collection (& CART)", "Data Submission", "Data Validation", and "Webinars". To the right of the navigation bar, there is a "News" section with a "More News »" link and a headline "2020 Baseline Measures Report Now Available". Below this is a "Log in to QualityNet Secure Portal" section with a "Login" button and a list of links: "Download Symantec ID (required for login)", "Portal Resources", and "Secure File Transfer Resources". At the bottom right is a "Questions & Answers" section with a list of links: "Ambulatory Surgical Centers", "End-Stage Renal Disease (ESRD) QIP", "Hospitals - Inpatient", and "Hospitals - Outpatient".

Choose a Version

QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet) 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

Specifications Manual

Hospital Outpatient Quality Reporting Specifications Manual

The *Hospital Outpatient Quality Reporting Specifications Manual* was developed by the Centers for Medicare & Medicaid Services (CMS) to provide a uniform set of quality measures to be implemented in hospital outpatient settings. The primary purpose of these measures is to promote high quality care for patients receiving services in hospital outpatient settings.

Data Collection Time Period	Specifications Manual
01/01/18 - 12/31/18	Version 11.0a ←
01/01/17 - 12/31/17	Version 10.0a
07/01/16 - 12/31/16	Version 9.1
01/01/16 - 06/30/16	Version 9.0a
10/01/15 - 12/31/15	Version 8.1
01/01/15 - 09/30/15	Version 8.0a

New Section

Home My QualityNet Help

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

Specifications Manual

Timelines
Version 11.0a
Version 10.0a
Version 9.1
Version 9.0a
Version 8.1
Version 8.0a
Version 7.0b
Version 6.0b
Version 5.1a
Version 5.0a
Version 4.1
Version 4.0a
Version 3.1
Version 3.0a

Hospital Outpatient Quality Reporting Specifications Manual, v11.0a

For use in submitting data for encounters from **01/01/18 through 12/31/18**.

NOTE: Measures OP-25 and OP-26 have been removed from the program for 2018 encounters. For more information regarding the removal of these measures, see the [11.0a Release Notes](#) or review the CY 2018 OPPS/ASC Final Rule.

View and/or download individual sections of the Specifications Manual, (PDF noted), listed below.

- ▶ **Release Notes**
- ▶ **Introductory Materials**
- ▶ **Section 1 – Measure Information Forms**
- ▶ **Section 2 – Data Dictionary**
- ▶ **Section 3 – Missing and Invalid Data**
- ▶ **Section 4 – Population and Sampling Specifications**
- ▶ **Section 5 – Hospital Outpatient Quality Measure Data Transmission**
- ▶ **Section 6 – Tools and Resources**
- ▶ **Appendices**
- ▶ **Download Entire Manual**

▼ **Section 6 – Tools and Resources**

- [Tools and Resources Table of Contents](#)
- [Arrival Time Guidelines](#)
- [Departure Time Guidelines](#) ←
- [Reason for Delay in Fibrinolytic Therapy Guidelines](#)
- [OP-29 and OP-30 Tool](#)
- [OP-29 Algorithm](#)
- [OP-29 Denominator Codes](#)
- [OP-29 Fact Sheet](#)
- [OP-30 Algorithm](#)
- [OP-30 Denominator Codes](#)
- [OP-30 Fact Sheet](#)
- [OP-31 Cataracts Improvement After Surgery](#)
- [OP-33 Algorithm](#)
- [OP-33 Fact Sheet](#)

Guidelines: ED Departure Time

Hospital OQR ED Departure Time: Guidelines

When abstracting *ED Departure Time* for OP-3 (Median Time to Transfer to Another Facility for Acute Coronary Intervention) and OP-18 (Median Time from ED Arrival to ED Departure for Discharged ED Patients):

Remember the intent of abstraction “...*is to capture the latest time at which the patient was receiving care in the emergency department, under the care of emergency department services, or awaiting transport to service/care.*”

Source: General Abstraction Guidelines, *Medical Record Documentation*

- **Do use** the later departure time if two departure/discharge times are noted.
- **Do use** the time of the observation order written by the physician/APN/PA for patients who are placed into observation.
- **Do not use:**
 - Coding Summary
 - Physician’s Discharge Summary
 - ED record released from holding time
 - Chart closed time
 - Off the tracking board time
 - Report called time
 - Disposition time
 - Discharge instruction time
- **Do not use** any time that cannot be substantiated in the medical record. For example, if there is a departure time of 2015 and a note from the physician or nurse written at 2200 with no other information available that the patient was still in the facility, the departure time would be 2015.

Benchmarks of Care

The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. To its right is a login prompt: "Log in to QualityNet Secure Portal (formerly MyQualityNet)" with a "Log In" button and a search box. Below this is a navigation bar with "Home", "My QualityNet", and "Help" tabs. A secondary navigation bar lists various facility types: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement".

The main content area is divided into three columns. The left column contains a "QualityNet Registration" menu with items like "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "ASCs", "Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "QIOs". Below this is a "Getting Started with QualityNet" menu with items like "Registration", "Sign-In Instructions", "Security Standards", and "Password Reset". The "Benchmarks of Care" item in the "QualityNet Registration" menu is highlighted with a red box.

The middle column displays news items, including "2020 Baseline Measures Report Now Available" and "April 2018 Hospital Compare preview reports". The right column contains a "Log in to QualityNet Secure Portal" section with a "Login" button and a list of resources, and a "Questions & Answers" section with a list of topics.

Choose the Quarter

Benchmarks of Care

Benchmarks of Care

The Centers for Medicare & Medicaid Services (CMS) calculates quarterly benchmarks of care, based on hospital data submitted to its clinical data warehouses.

These benchmarks were developed using the [Achievable Benchmarks of Care™](#) (ABC) methodology and are based on the reported performance of the top facilities. ABC benchmarks identify superior performance and encourage performance improvement; they are data-driven, peer-group performance feedback.

ABC Methodology

Developed at the University of Alabama at Birmingham for the Agency for Healthcare Research and Quality (AHRQ), this methodology identifies benchmark care levels achieved by "best-in-class" providers. Development of benchmarks that are realistic and achievable serves to motivate providers to improve care. The benchmarks represent a measurable level of excellence that exceeds average performance. The ABC methodology ensures both that all superior providers contribute to the benchmark as well as that providers with high performance, but very low numbers of cases do not unduly influence benchmark levels.

Determination of the Benchmarks for Continuous Variable Measures

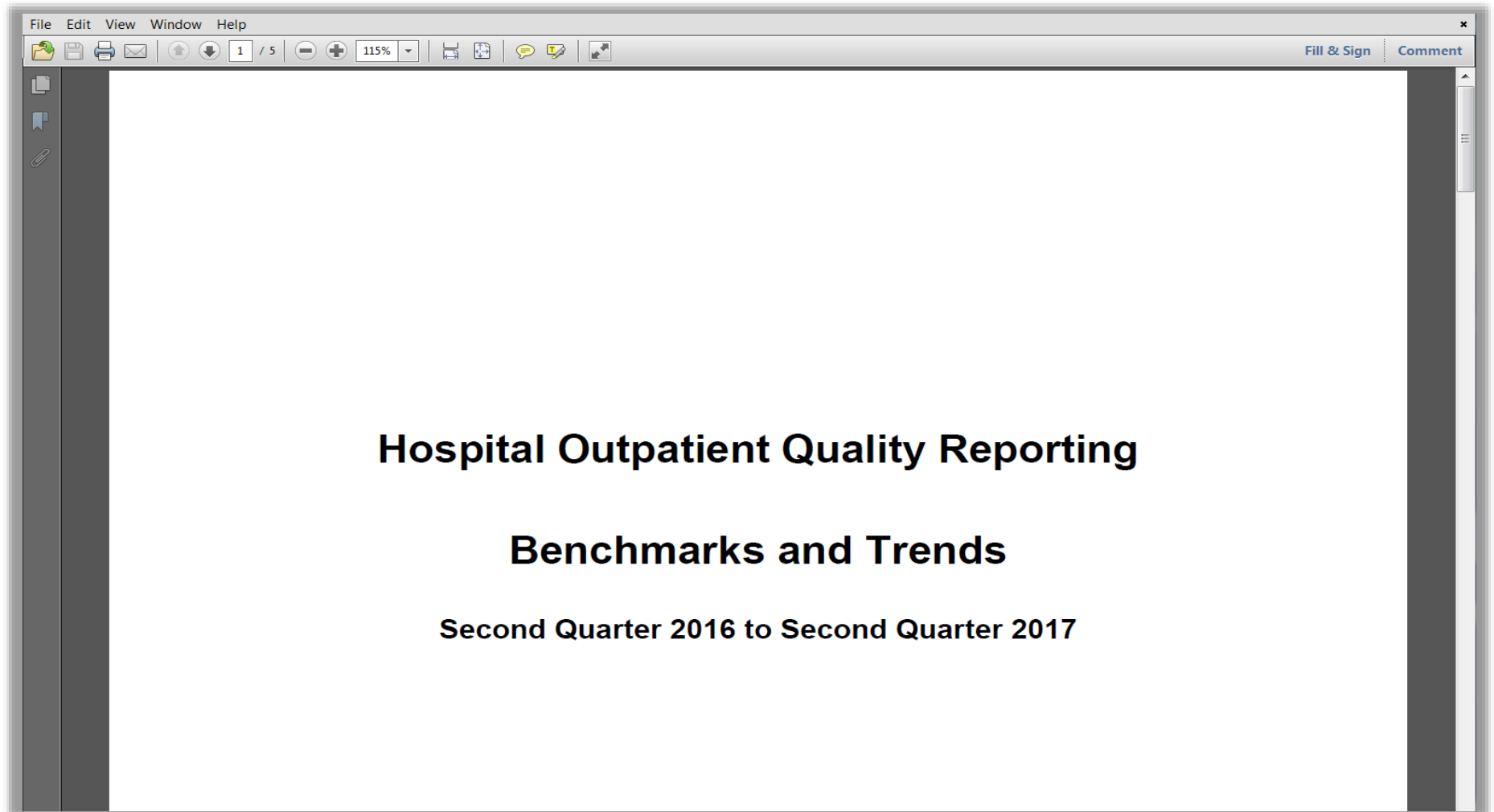
For the determination of the 90th percentile (or, top 10 percent) of hospitals on a national basis, the individual provider median times (in minutes) are rank-ordered and the top 10th percentile score identified as the benchmark.

Trends and Benchmarks

Quarters	Inpatient	Outpatient
Second Quarter 2016-Second Quarter 2017	PDF or XLSX (02/08/18)	PDF or XLSX (02/08/18)
First Quarter 2016-First Quarter 2017	PDF or XLSX (10/25/17)	PDF or XLSX (10/25/17)
Fourth Quarter 2015-Fourth Quarter 2016	PDF or XLSX (07/31/17)	PDF or XLSX (07/31/17)
Third Quarter 2015-Third Quarter 2016	PDF or XLSX (06/08/17)	PDF or XLSX (06/08/17)
Second Quarter 2015-Second Quarter 2016	PDF or XLSX (02/24/17)	PDF or XLSX (02/24/17)



Data Results



Review the Data

**Hospital Outpatient Quality Reporting (Hospital OQR)
Acute Myocardial Infarction (AMI) and Stroke Data Benchmarks for Second Quarter 2017
Using the ABC Technique***

*The benchmarks reported here are unrelated to the benchmarks published on Hospital Compare for individual measures.

Performance Measure Name	Benchmark Rate (%)	Numerator (Benchmark)	Denominator (Benchmark)	Number of Hospitals (Benchmark)	National Rate (%)	Numerator (National)	Denominator (National)	Number of Hospitals (National)
OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	98.1	158	161	41	59.1	601	1,017	515
OP-4: Aspirin at Arrival	99.8	5,133	5,141	100	95.3	47,814	50,146	3,336
OP-23: Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival	99.5	1,037	1,042	130	72.8	7,525	10,343	2,827

Note:

Benchmark Rate (%) is calculated using the Top 10% Sample.
National Rate (%) is calculated using the 100% Eligible Sample.

Acronym Description

ED = Emergency Department
CT = Computed Tomography
MRI = Magnetic Resonance Imaging

Previous Quarter

Trends of Acute Myocardial Infarction (AMI) and Stroke Performance Measures and Benchmarks
Second Quarter 2016 to Second Quarter 2017

*The benchmarks reported here are unrelated to the benchmarks published on Hospital Compare for individual measures.

Performance Measure Name	2nd Qtr 2016 Benchmark Rate (%)	2nd Qtr 2016 National Rate (%)	3rd Qtr 2016 Benchmark Rate (%)	3rd Qtr 2016 National Rate (%)	4th Qtr 2016 Benchmark Rate (%)	4th Qtr 2016 National Rate (%)	1st Qtr 2017 Benchmark Rate (%)	1st Qtr 2017 National Rate (%)	2nd Qtr 2017 Benchmark Rate (%)	2nd Qtr 2017 National Rate (%)
OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	100.0	59.3	100.0	57.6	97.4	56.2	95.2	55.7	98.1	59.1
OP-4: Aspirin at Arrival	100.0	95.6	99.9	95.3	99.9	95.4	99.8	95.4	99.8	95.3
OP-23: Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival	99.6	71.6	98.6	71.0	98.9	71.6	98.9	71.8	99.5	72.8

Each quarter consists of 3 months of data

Acronym Description

Qtr = Quarter
ED = Emergency Department
CT = Computed Tomography
MRI = Magnetic Resonance Imaging

Time Elements

**Hospital Outpatient Quality Reporting (Hospital OQR)
Acute Myocardial Infarction (AMI), Pain, and Emergency Department (ED) Data Benchmarks for Second Quarter 2017
Summary of Provider Median Time Data**

Median Time displayed is in minutes (smaller values are better performing).

Performance Measure Name	Top Tenth Percentile Median Time	National Median Time	National Number of Patients	National Number of Hospitals
OP-1: Median Time to Fibrinolysis	16	30	1,012	512
OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention	32	60	3,761	1,245
OP-5: Median Time to ECG	3	7	52,778	3,358
OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients - Reporting Measure	90	133	532,324	4,006
OP-20: Door to Diagnostic Evaluation by a Qualified Medical Personnel	8	19	575,013	4,003
OP-21: Median Time to Pain Management for Long Bone Fracture	27	48	123,159	3873

Acronym Description

ECG = Electrocardiogram

ED = Emergency Department

Quarter Comparison

Trends of Acute Myocardial Infarction (AMI), Emergency Department (ED), and Pain Performance Measures and Benchmarks
 Provider Median Time Data - Second Quarter 2016 to Second Quarter 2017

Median Time displayed is in minutes (smaller values are better performing).

Performance Measure Name	2nd Qtr 2016 National Median (Minutes)	2nd Qtr 2016 Top Tenth Percentile (Minutes)	3rd Qtr 2016 National Median (Minutes)	3rd Qtr 2016 Top Tenth Percentile (Minutes)	4th Qtr 2016 National Median (Minutes)	4th Qtr 2016 Top Tenth Percentile (Minutes)	1st Qtr 2017 National Median (Minutes)	1st Qtr 2017 Top Tenth Percentile (Minutes)	2nd Qtr 2017 National Median (Minutes)	2nd Qtr 2017 Top Tenth Percentile (Minutes)
OP-1: Median Time to Fibrinolysis	30	17	30	17	31	16	30	16	30	16
OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention	61	33	61	33	64	32	62	33	60	32
OP-5: Median Time to ECG	8	3	8	2	8	3	8	3	7	3
OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients - Reporting Measure	132	90	135	90	134	90	139	93	133	90
OP-20: Door to Diagnostic Evaluation by a Qualified Medical Personnel	21	9	21	9	20	8	21	9	19	8
OP-21: Median Time to Pain Management for Long Bone Fracture	49	27	50	28	49	28	51	29	48	27

Note: Each quarter consists of 3 months of data.

Acronym Description

- Qtr = Quarter
- ECG = Electrocardiogram
- ED = Emergency Department

Measure Information

The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. To its right is a login link for the 'QualityNet Secure Portal (formerly MyQualityNet)' with a 'Log In' button and a search box. Below the header is a navigation bar with tabs for 'Home', 'My QualityNet', and 'Help'. Under 'My QualityNet', there are several category links: 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Physician Offices', 'Ambulatory Surgical Centers', 'PPS-Exempt Cancer Hospitals', 'ESRD Facilities', 'Inpatient Psychiatric Facilities', and 'Quality Improvement'. The 'Hospitals - Outpatient' link is selected, showing a dropdown menu with options like 'Hospital Outpatient Quality Reporting Program', 'Public Reporting', 'E-mail Notifications', 'Registration', 'Specifications Manual', 'Benchmarks of Care', and 'Measures'. The 'Measures' option is highlighted with an orange border. To the right of the menu is a news section titled '2020 Baseline Measures Report Now Available' with a 'More News >' link. Further right is a 'Log in to QualityNet Secure Portal' section with a 'Login' button and a list of resources. At the bottom right is a 'Questions & Answers' section with links to various topics.

Choose Your Measure

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

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Measures

- Outpatient Quality Reporting Measures
- Colonoscopy Measure
- Imaging Efficiency Measures
- Chemotherapy Measure Dry Run
- Surgery Measure Dry Run

Measures

Hospital Outpatient Quality Reporting Program

The Centers for Medicare & Medicaid Services (CMS) uses a variety of data sources to determine the quality of care that Medicare beneficiaries receive.

For the measure sets listed below, CMS uses Medicare Outpatient claims data submitted by hospitals for Medicare fee-for-service patients. Each measure set is calculated using a separate, distinct methodology and, in some cases, separate discharge periods.

- [Hospital Outpatient Quality Reporting \(OQR\) Quality Measures](#) - Includes process of care, imaging efficiency patterns, care transitions, ED-throughput efficiency, use of health information technology (HIT), care coordination, patient safety, and volume measures.
- [Colonoscopy Measure](#) - This outcome measure for the Outpatient setting is meant to provide facilities with information on patient outcomes that will allow them to improve quality of care for patients undergoing low-risk colonoscopy.
- [Imaging Efficiency Measures](#) - Includes six publicly reported measures calculated using data from hospital Outpatient claims: MRI lumbar spine for low back pain, mammography follow-up rates, abdomen computed tomography - use of contrast material, thorax CT - use of contrast material, cardiac imaging for preoperative risk assessment for non-cardiac low-risk surgery, and simultaneous use of brain CT and sinus CT.
- [Chemotherapy Measure](#) - This claims-based outcome measure provides facilities with information on patients undergoing chemotherapy treatment in the outpatient setting and is intended to facilitate quality improvement efforts. A dry run of this measure will begin in August 2017.
- [Surgery Measure](#) - This claims-based outcome measure provides facilities with information on hospital visits within seven days of hospital outpatient surgery that will allow them to improve the quality of care at their facility. A dry run of this measure will be held in September 2017.

Measures Resources

- Discharge Code to Discharge Status Crosswalk, PDF
- Measures/Timelines for CY 2019 Payment Determination, PDF
- Existing/Proposed Measures CY 2017 - CY 2018, PDF

Colonoscopy Measure

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Measures

- Outpatient Quality Reporting Measures
- Colonoscopy Measure**
 - Measure Methodology
 - Reports
 - Resources
 - Archived Resources
- Imaging Efficiency Measures
- Chemotherapy Measure Dry Run
- Surgery Measure Dry Run

Colonoscopy Measure (OP-32)

The Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy measure will report patient outcomes so facilities can improve quality of care for patients undergoing low-risk colonoscopy at Ambulatory Surgical Centers (ASCs) and Hospital Outpatient Departments (OPDs). The Centers for Medicare & Medicaid Services (CMS) conducted a dry run of the measure in July 2015. The colonoscopy measure will be publicly reported beginning in December 2017, and it will be used for payment determination beginning payment year (PY) 2018.

For more information on the measure, refer to the [Measure Methodology](#) page and [Frequently Asked Questions](#) document. For the measure updates and specification report and additional information, refer to the [Resources](#) page. For information about the July 2015 dry run, refer to the [Archived Resources](#) page.

Reports

Each year, CMS will make claims detail reports (CDRs) available at three stages prior to the final measure calculation and public reporting of measure results. The CDRs will provide facilities subject to the measure with information on their colonoscopy cases that will be included in the measure calculation. In September 2017, CMS will distribute the first CDR for the 2017 performance period, which will include claims detail information for early 2017. The information in this CDR will be part of the measure calculations used for public reporting in December 2018 and payment determination in 2019.

About the Colonoscopy Measure

- Measure Methodology
- Frequently Asked Questions, PDF
- Colonoscopy Measure Fact Sheet, PDF

Imaging Efficiency Measures

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

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Measures

- Outpatient Quality Reporting Measures
- Colonoscopy Measure
- Imaging Efficiency Measures**
 - Archived Measure Specifications
 - Reports
- Chemotherapy Measure Dry Run
- Surgery Measure Dry Run

Imaging Efficiency Measures

For Calendar Year (CY) 2017 payment determinations, six Outpatient Imaging Efficiency (OIE) measures are publicly reported within the Hospital Outpatient Quality Reporting (OQR) Program:

- MRI Lumbar Spine for Low Back Pain (OP-8)
- Mammography Follow-up Rates (OP-9)
- Abdomen Computed Tomography – Use of Contrast Material (OP-10)
- Thorax CT – Use of Contrast Material (OP-11)
- Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery (OP-13)
- Simultaneous Use of Brain CT and Sinus CT (OP-14)

These six publicly reported OIE measures are calculated using data from hospital outpatient claims paid under Medicare’s Outpatient Prospective Payment System (OPPS). Hospitals need not submit any additional data for calculation of the OIE measures.

For CY 2017, the Centers for Medicare & Medicaid Services (CMS) has posted individual, measure-specific documentation (re-evaluation reports) for each OIE measure. Each re-evaluation report contains: measure background and methodology; summary data from 2017 public reporting; results from the most recent environmental scan and literature review (ES/LR); measure specifications and annual updates; and measure minimum case count rationale and methodology.

Frequently Asked Questions

- Hospital-Outpatient Questions/Answers

Listening Session on additional measures

- Resources from January 31, 2011 session

Select the Specific Measure

Measure Reevaluation Reports for the OIE Measures

- [OP-8: MRI Lumbar Spine for Low Back Pain Reevaluation report](#), PDF-804 KB MB
 - Measure specifications (page 23)
 - Annual updates (page 26)
 - Literature review results (page 14)
 - Minimum case count (page 28)
- [OP-9: Mammography Follow-up Rates Reevaluation report](#), PDF-776 KB
 - Measure specifications (page 23)
 - Annual updates (page 24)
 - Literature review results (page 11)
 - Minimum case count (page 25)
- [OP-10: Abdomen Computed Tomography \(CT\) - Use of Contrast Material Reevaluation report](#), PDF-633 KB
 - Measure specifications (page 17)
 - Annual updates (page 19)
 - Literature review results (page 13)
 - Minimum case count (page 20)

Additional Information

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

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Measures

- Outpatient Quality Reporting Measures
- Colonoscopy Measure
- Imaging Efficiency Measures
- Chemotherapy Measure Dry Run**
 - Measure Methodology
 - Facility-Specific Reports
 - Resources
 - Frequently Asked Questions
 - National Provider Call
- Surgery Measure Dry Run

Chemotherapy Measure Dry Run Overview

The Centers for Medicare & Medicaid Services (CMS) recently developed a new claims-based outcome measure for chemotherapy patients that includes Hospital Outpatient Departments (HOPDs) and PPS-Exempt Cancer Hospitals (PCHs). Results will be sent to facilities confidentially during a measure “dry run” in August 2017. This outcome measure provides facilities with information to improve the quality of care delivered for patients undergoing outpatient chemotherapy treatment. The measure calculates two mutually exclusive outcomes:

1. One or more inpatient admissions for anemia, dehydration, diarrhea, emesis, fever, nausea, neutropenia, pain, pneumonia, or sepsis within 30 days of chemotherapy treatment.
2. One or more emergency department (ED) visits for any of the same 10 diagnoses within 30 days of chemotherapy treatment.

The measure results are facility 30-Day Risk-Standardized Admission Rate (RSAR) and Risk-Standardized ED Visit Rate (RSEDR).

CMS will add the chemotherapy measure to both:

- The Hospital Outpatient Quality Reporting (OQR) program or the calendar year (CY) 2020 payment determination and for public reporting beginning on or after December 1, 2019.
- The PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) program for the fiscal year (FY) 2019 payment determination and for public reporting beginning on or after July 2018.

The purpose of the measure dry run is to familiarize facilities with the measure in advance of public

About the Chemotherapy Measure

- Chemotherapy Measure Fact Sheet
- Frequently Asked Questions
- National Provider Call

Ask a Question

The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. To its right is a link to the 'Log in to QualityNet Secure Portal (formerly MyQualityNet)' with a 'Log In' button. Further right is a search bar with the word 'Search' next to it. Below the header is a navigation bar with tabs for 'Home', 'My QualityNet', and 'Help'. Underneath this is a secondary navigation bar with dropdown menus for various facility types: 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Physician Offices', 'Ambulatory Surgical Centers', 'PPS-Exempt Cancer Hospitals', 'ESRD Facilities', 'Inpatient Psychiatric Facilities', and 'Quality Improvement'. The main content area is divided into several columns. On the left, there are boxes for 'QualityNet Registration' (listing various facility types and QIOs), 'Getting Started with QualityNet' (listing registration steps and security policies), 'Join Listserves' (for notifications), and 'Known Issues - Hospital Reporting'. The central column features a 'QualityNet News' section with a 'More News >' link. Below this is a news article titled 'New CMS HSR tutorial video released' with a 'Full Article >' link. A 'Headlines' section follows, listing several news items with links. On the right side, there is a 'Log in to QualityNet Secure Portal' section with a 'Log in' link and a list of resources including Symantec ID, Portal Resources, and Secure File Transfer Resources. Below that is a 'Questions & Answers' section with a list of topics: 'Ambulatory Surgical Centers', 'End-Stage Renal Disease (ESRD) QIP', 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Inpatient Psychiatric Facilities', and 'PPS-Exempt Cancer Hospitals'. A red arrow points to this list. At the bottom right of the main content area is a 'Downloads' section with a link for 'CART - Inpatient'.

Resources

- CMS website: <https://www.cms.gov/>
 - Medicare Learning Network:
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>
- Hospital Compare:
<https://www.medicare.gov/hospitalcompare/search.html>

Contact Us

- Support Contractor
 - Help Desk: 866.800.8756
 - www.qualityreportingcenter.com
- Have a question? Use the Questions & Answers tool
 - <https://cms-ocsq.custhelp.com/>

Thank You



Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- 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
- Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
 - This is separate from registering for the webinar. If you have not registered at the Learning Management Center, you will **not** receive your certificate.
 - Please use your **personal** email so you can receive your certificate.
 - Healthcare facilities have firewalls that block our certificates.

CE Certificate Problems?

- If you do not immediately receive a response to the email you used to register in the Learning Management Center, a firewall is blocking the survey link.
- Please go back to the New User link and register your personal email account.
- If you continue to have problems, please contact Deb Price at dprice@hsag.com.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:

<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:

<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a new user. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the page title is "Learning Management Center". The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a format mask with dashes. A "Register" button is located below the form fields. The page is framed by a blue border.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

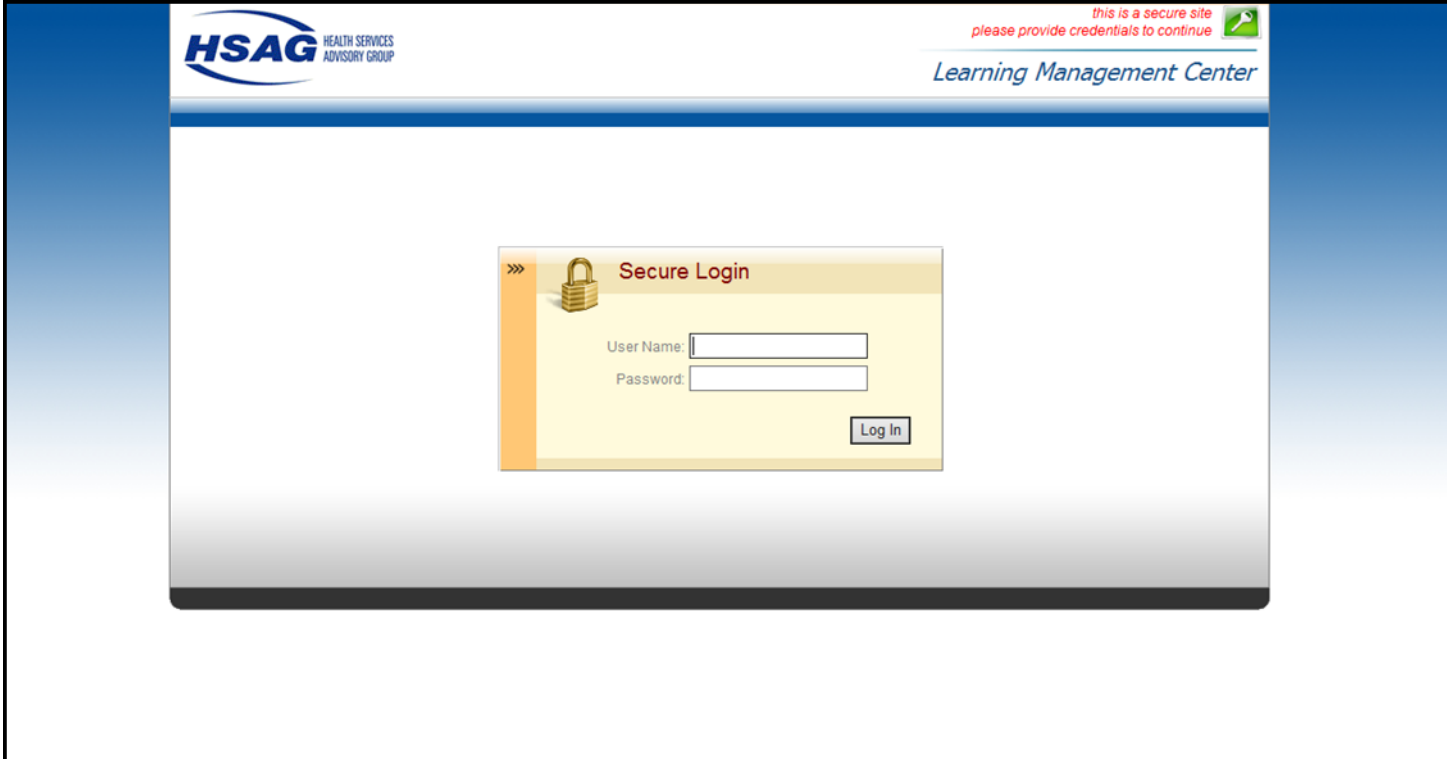
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning reads "this is a secure site please provide credentials to continue" next to a small icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

Thank You for Participating!

Please contact the Support Contractor if you have any questions:

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

Or

- Call the Support Contractor at 866.800.8756.