



Public Reporting Preview Reports: Hospital Outpatient Quality Reporting (OQR) Program

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Hospital OQR Announcements

- May 1, 2015, is the next deadline for Clinical Data and Population & 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

Upcoming Hospital OQR Program educational webinars:

- April 15, 2015-Digging Deeper into the Data: Understanding QualityNet Reports
- May 20, 2015-Quality Improvement Opportunities with Outpatient Quality Reporting

Objectives

- Participants will understand how to access their individual Public Reporting Preview Report.
- Participants with an active QualityNet account, affiliated with the facility's CMS Certification Number (CCN), will be able to retrieve a copy of the Preview Report.
- Participants will understand how to run a Facility, State, and National Report.



Public Reporting Preview Reports: Hospital OQR Program



Speaker:
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Public Reporting: Background

- The Hospital OQR Program was mandated under the Tax Relief and Health Care Act (TRHCA) of 2006. On November 1, 2007, the Hospital OQR Program was implemented through the final rule process.
- Hospitals that meet all program requirements will receive their full Outpatient Prospective Payment System (OPPS) annual payment update.
- Reporting is used to improve the quality of care.

Preview Report Access

- The preview report can be accessed through the QualityNet Secure Portal.
- Registration instructions are available by selecting the Hospitals-Outpatient link.
- Detailed enrollment and log in instructions can be found on the QualityNet public website by selecting the Portal Resources link.

Public Display Timeline

Publicly Reportable Quarters Table

Calendar Year NOP	Publicly Reportable Quarters of Clinical Process Measure Data	Publicly Reportable Quarters of Imaging Efficiency Measure Data
2014	3Q12	3Q12-2Q13
2014	4Q12	3Q12-2Q13
2014	1Q13	3Q12-2Q13
2014	2Q13	3Q12-2Q13
2015	3Q13	3Q13-2Q14
2015	4Q13	3Q13-2Q14
2015	1Q14	3Q13-2Q14
2015	2Q14	3Q13-2Q14
2016	3Q14	3Q14-2Q15
2016	4Q14	3Q14-2Q15
2016	1Q15	3Q14-2Q15
2016	2Q15	3Q14-2Q15

NOP stands for Notice of Participation.

Rounding Rules

All percentage and median time calculations are rounded to the nearest whole number using the following rounding logic:

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

Quick Reference Guide

Outpatient Hospital Compare Preview Report Quick Reference Guide

April 2015 Release – Preview Period December 31, 2014 through January 29, 2015

Preview Report Access

Preview Period

Preview reports will be available to participating Outpatient Facilities via the *QualityNet Secure Portal* December 31, 2014 through January 29, 2015.

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.

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].

*Detailed information for measures included in the preview report may be found in the Outpatient Help Guide available on QualityNet.

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.

Data Highlights

Structural/Web-based Measures

Data submitted July 1, 2013 – November 1, 2013, based on hospital participation for Calendar Year (CY) 2012.

Clinical Process Measures

Aggregate rates include 3Q 2013 – 2Q 2014 encounter data.

AMI Cardiac Care (AMI & Chest Pain)

OP-1 does not display on *Hospital Compare*; however, it is included in the downloadable database.

EDV (Emergency Department Volume)

The EDV measure displays based on the volume of patients submitted by a hospital as the denominator used for the OQR measure for OP-22, Patient Left Without Being Seen. Category assignments are:

- Very High - values greater than 60,000 patients per year;
- High - values from 40,000 to 59,000 patients per year;

- Medium - values from 20,000 to 39,000 patients per year; and
- Low - Values below 19,999 patients per year.

OP-18b and OP-20 display the state and national average minutes for hospitals that fall in the Low, Moderate, High, Very High and Overall categories.

Outpatient Imaging Efficiency (OIE) Measures

Aggregate rates include 3Q 2012 – 2Q 2013 Medicare claims data. (These data are updated annually in July.)

Notice of Participation Information

Hospitals without a Hospital Outpatient Quality Reporting (OQR) Program Notice of Participation, or hospitals that submitted data for quality improvement purposes, will receive a report displaying only the CMS Certification Number (CCN) and hospital name along with the following message:

“An active OQR pledge is required to view the Preview Report or, if a voluntary reporter, an election has been made to withhold data from being publicly reported.”

Hospitals receiving this message in error should contact the OQR Outreach and Education Program Support Contractor via the Outpatient Questions and Answers tool at <https://cms-ocsq.custhelp.com>, or by calling, toll-free, 866.800.8756 weekdays from 8 a.m. to 6 p.m. ET.

Preview Report Details

- Hospital characteristics are displayed at the top of each section.
- CMS Certification Number (CCN) and name are also displayed.
- Type of Ownership appears in the downloadable database but is not publicly displayed.

Preview Report Measures

- Web-based/Structural Measures
 - Reporting period is from July 1 through November 1
- Clinical Process Measures
 - Reporting period is quarterly
- Imaging Efficiency Measures
 - Claims-based

Web-Based Measures

- 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-25: Safe Surgery Checklist Use
- OP-26: Hospital Outpatient Volume on Selected Outpatient Surgical Procedures

Web-Based Measures

- OP-29: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
- OP-30: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps...
- OP-31: Cataracts—Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery

AMI Cardiac Care Measures

- OP-1: Median Time to Fibrinolysis
- OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival
- OP-3b: Median Time to Transfer to Another Facility for Acute Coronary Intervention
- OP-4: Aspirin at Arrival
- OP-5: Median Time to ECG

Surgical Care Measures

- OP-6: Timing of Antibiotic Prophylaxis
- OP-7: Prophylactic Antibiotic Selection for Surgical Patients

Imaging Efficiency Measures

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

Emergency Department Measures

- OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients
- OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional
- OP-22: Left Without Being Seen

Pain Management Measure

- OP-21: Median Time to Pain Management for Long Bone Fracture

Stroke Measure

- 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

Clinical Process Footnotes (1 of 3)

1. The number of cases/patients is too few to report.

Applied when there are greater than zero (0) and fewer than 11 in the denominator

Note: *When this Footnote is applied, data will display on the preview report; however, Hospital Compare will display “Not Available” with Footnote 1.*

Clinical Process Footnotes (2 of 3)

3. Results are based on a shorter time period than required.

Applied when fewer quarters of data than required are displayed

4. Data suppressed by CMS for one or more quarters.

Applied at CMS's discretion

Clinical Process Footnotes (3 of 3)

5. Results are not available for this reporting period.

Applied when no data are available for display for the measure

7. No cases met the criteria for this measure.

Applied when there were cases in the population but none met the criteria to be included in the measure

Imaging Efficiency Footnotes (1 of 2)

1. The number of cases/patients is too few to report.

*Applied to any measure rate or ratio
where the minimum count is not met*

4. Data Suppressed by CMS for one or more quarters.

Applied at CMS's discretion

Imaging Efficiency Footnotes (2 of 2)

5. Results are not available for this reporting period.

Applied to the hospital performance rate when a hospital did not have claims data for this measure.

7. No cases met the criteria for this measure.

Applied to the hospital performance rate when the hospital did not have claims data for a particular measure.

Where Does the Data Come From?

- The Hospital Compare data are extracted from data entered by the hospitals.
- The Clinical Warehouse stores four quarters of data.
- Hospital Compare provides data from acute care hospitals, including acute care VA hospitals, children's hospitals, and critical access hospitals.

Preview Period

- The preview period is typically 30 days prior to release on Hospital Compare.
- The Preview Report reflects the data entered by your facility.
- The Preview Report can be viewed on the QualityNet website.

Accessing the Report

The screenshot displays the QualityNet website interface. At the top, the QualityNet logo is on the left, and the text "Log in to QualityNet Secure Portal (formerly MyQualityNet)" is on the right, accompanied by a "Log In" button and a search bar. Below the header is a navigation bar with tabs for "Home", "My QualityNet", and "Help". Under "My QualityNet", there are several dropdown menus for different 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 sections. On the left, there is a "QualityNet Registration" section with links for Hospitals - Inpatient, Hospitals - Outpatient, Physician Offices, ASCs, Cancer Hospitals, ESRD Facilities, Inpatient Psychiatric Facilities, and QIOs. Below this is a "Getting Started with QualityNet" section with links for System Requirements, Registration, Sign-In Instructions, Security Statement, Password Rules, and QualityNet Reports User Guide, PDF. At the bottom left is a "Join ListServes" section with a link to "Sign up for Notifications and Discussions."

In the center, there is a yellow banner for "Maintenance downtime scheduled for November 21-24" with details about the downtime. Below this is a "QualityNet News" section with a link to "More News" and a headline about "Nominations sought for CMS hospital quality measures project Technical Expert Panel". Below the headline is a "Full Article" link and a "Headlines" section with several links related to CMS updates and support contractors.

On the right side, there is a section titled "Log in to QualityNet Secure Portal" which is circled in red. It contains a "Login" button and links for "Download Dynamic ID (required for login)" and "Portal Resources". Below this is a "Know the Security Policy" section with a link to "Before transmitting or receiving healthcare information or data, read the QualityNet System Security Policy, PDF". At the bottom right is a "Questions & Answers" section with links for Hospitals - Inpatient, Hospitals - Outpatient, Ambulatory Surgical Centers, and Inpatient Psychiatric Facilities.

Choose Your QualityNet Destination

CMS.gov | QualityNet
Centers for Medicare & Medicaid Services

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](#)

Logging in to QualityNet

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?](#)

[QualityNet Home](#) CMS.gov | QualityNet

A federal government website managed by the Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244

My Report

Alerts (0) Notifications (7) Secure File Transfer User Profile Log Out

CMS.gov QualityNet


Home - Quality Programs - My Data - **My Reports** - My Tools - Help -

Home

Welcome

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 Reports
Search Reports
Analytics Report



QualityNet News

- CY 2015 OPPS/ASC final rule with comment period issued
- CY 2015 OPPS/ASC final rule with comment period issued
- Corrected Hospital Value-Based Purchasing (VBP) Program Exchange Function Slope for FY 2015 announced

More News.....

Announcements from QualityNet Team

- Maintenance downtime scheduled for November 21-24
- Maintenance downtime scheduled for October 17-20
- Maintenance downtime scheduled for September 19-22

More Announcements.....

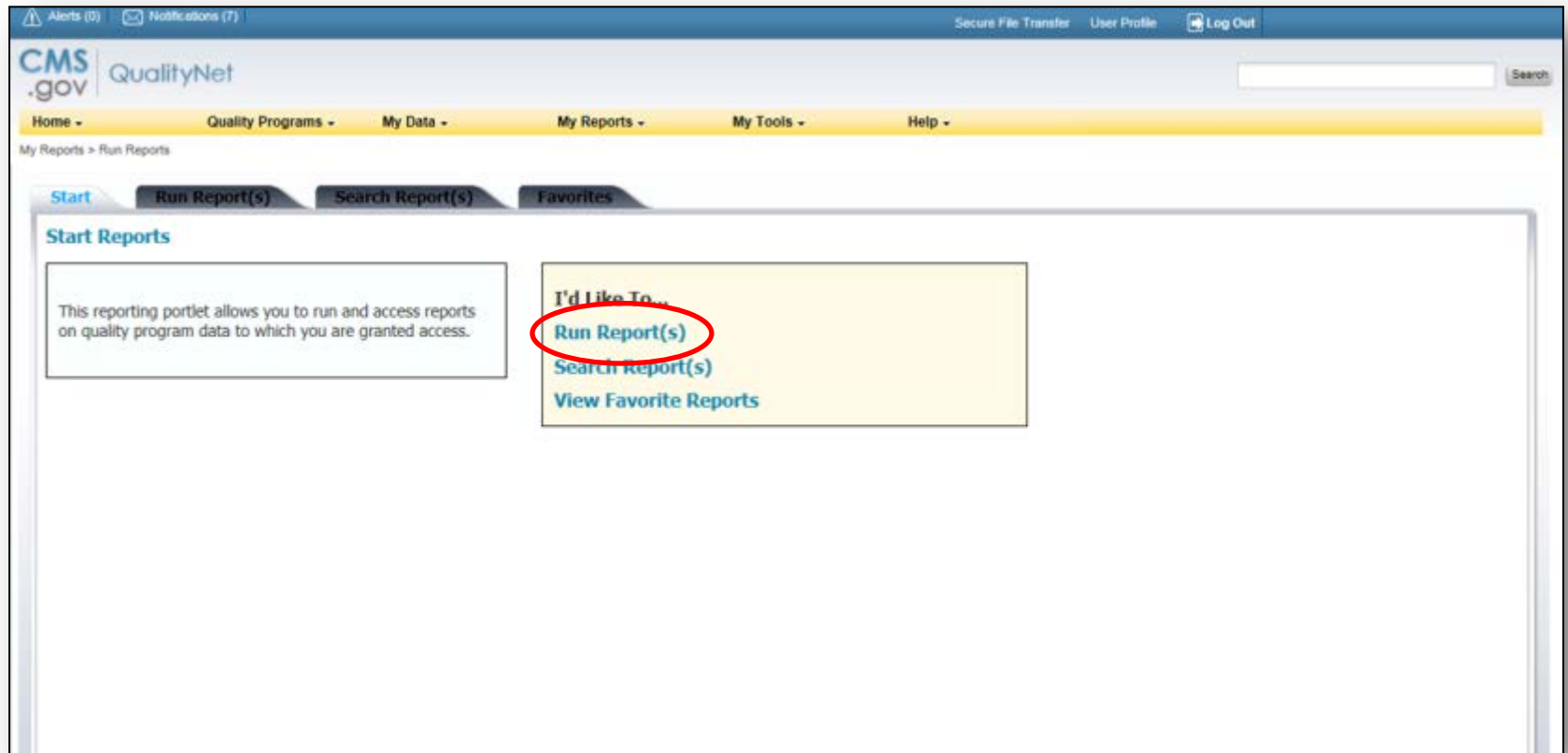
QualityNet Events

The QualityNet Event Center provides a schedule of upcoming (live) training sessions, as well as trainings hosted by QICs for healthcare providers in their respective states. Also listed are details, including date, time, duration of the event, and panelists/moderators. To view the schedule, visit [QualityNet Event Center](#)

CMS.gov QualityNet

A federal government website managed by the Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244

Next Step



Select Preview Report

CMS.gov QualityNet

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 ▾

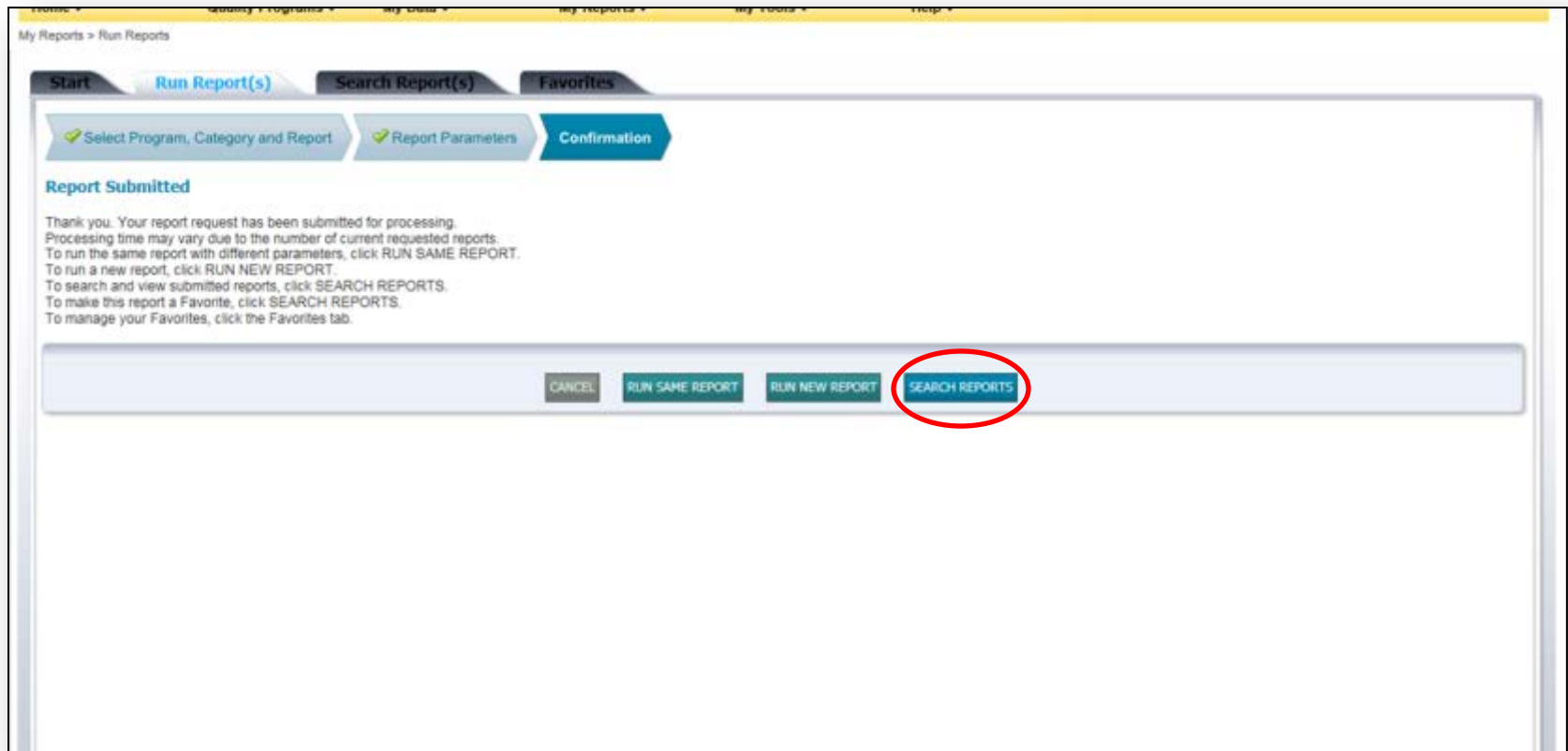
VIEW REPORTS

► 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.

<https://portal.qualitynet.org/QualityNetPortal/Faces/inside/variable/portalapp/pages/govnetme.jsp>

Search Report



Preview Report (1 of 3)

Page 1 of 3

Report Run Date Time: 01/29/2015

Hospital Compare Preview Report: Hospital Performance – Outpatient

Reporting Period for Clinical Process Measures: Third Quarter 2013 through Second Quarter 2014 Encounters

Reporting Period for Outpatient Imaging Efficiency Measures: Third Quarter 2012 through Second Quarter 2013 All Paid Medicare FFS Claims

Address: City, State, ZIP: Phone Number: County Name:	Type of Facility: Type of Ownership: Emergency Service Provided:
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Structural Measures								
OP-12	Does/did your facility have the ability to receive laboratory data electronically directly into your ONC certified EHR system as discrete searchable data?	Yes						
OP-17	Does your facility have the ability to track clinical results between visits?	Yes						
OP-25	Safe Surgery Checklist Use	Yes						
OP-26	Hospital Outpatient Volume Data on Selected Outpatient Surgical Procedures	Gastrointestinal 1041	Genitourinary 270	Nervous System 55	Musculoskeletal 148	Cardiovascular 977	Eye 1	Skin 4115

Hospital Quality Measures		Your Hospital Performance for All Quarters	10% of All Hospitals Submitting Data Performed Equal to or Better Than	State Performance	National Performance
AMI Cardiac Care					
OP-1	Median Time to Fibrinolysis	N/A(5)	18 Minutes	44 Minutes	27 Minutes
OP-2	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	N/A(5)	100%	27%	60%
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention- Reporting Rate	N/A(5)	37 Minutes	46 Minutes	58 Minutes
OP-4	Aspirin at Arrival	100% of 1 patients(1,3)	100%	96%	97%
OP-5	Median Time to ECG	8 Minutes based on 1 patients(1,3)	3 Minutes	5 Minutes	7 Minutes
Surgical Care					
OP-6	Timing of Antibiotic Prophylaxis	100% of 419 patients	100%	99%	98%
OP-7	Prophylactic Antibiotic Selection for Surgical Patients	99% of 420 patients	100%	98%	98%

Footnote Legend

*OP-1 Measure data displayed on the preview report will be available through the download process and excluded from display on Hospital Compare.

1. The number of cases/patients is too few to report.

2. Results are based on a shorter time period than required.

3. Data suppressed by CMS for one or more quarters.

4. Results are not available for this reporting period.

5. No cases met the criteria for this measure.

Preview Report (2 of 3)

Report Run Date Time: 01/29/2015

Page 2 of

Hospital Compare Preview Report: Hospital Performance – Outpatient
Reporting Period for Clinical Process Measures: Third Quarter 2013 through Second Quarter 2014 Encounters
Reporting Period for Outpatient Imaging Efficiency Measures: Third Quarter 2012 through Second Quarter 2013 All Paid Medicare FFS Claims

	Hospital Quality Measures	Your Hospital Performance for All Quarters	10% of All Hospitals Submitting Data Performed Equal to or Better Than	State Performance	National Performance
Outpatient Imaging Efficiency (OIE)					
OP-8	MRI Lumbar Spine for Low Back Pain	39.5% of 86 patients	N/A	38.7%	37.2%
OP-9	Mammography Follow-up Rates	8.2% of 2414 patients	N/A	8.4%	8.8%
OP-10	Abdomen CT - Use of Contrast Material	2.2% of 1302 scans	N/A	9.3%	10.5%
OP-11	Thorax CT - Use of Contrast Material	1.0% of 1034 scans	N/A	4.6%	2.7%
OP-13	Cardiac imaging for preoperative risk assessment for non-cardiac low-risk surgery	5.7% of 419 patients	N/A	5.4%	5.3%
OP-14	Simultaneous use of brain Computed Tomography (CT) and sinus Computed Tomography (CT)	2.5% of 1175 patients	N/A	2.6%	2.7%
Emergency Department					
OP-18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients	160 Minutes based on 383 patients	95 Minutes	Low Volume: 130 Minutes Moderate: N/A(13) High: N/A(13) Very High: N/A(13) Overall Average: 130 Minutes	Low volume: 140 Minutes Moderate: 150 Minutes High: N/A(13) Very High: N/A(13) Overall Average: 145 Minutes
OP-20	Median Time from ED Arrival to Provider Contact for ED patients	23 Minutes based on 453 patients	12 Minutes	Low Volume: 20 Minutes Moderate: N/A(13) High: N/A(13) Very High: N/A(13) Overall Average: 20 Minutes	Low volume: 30 Minutes Moderate: 30 Minutes High: N/A(13) Very High: N/A(13) Overall Average: 30 Minutes
OP-22	Patient left without being seen	4% of 61367 patients	0%	2%	2%
Emergency Department Volume					
EDV-1	Emergency Department Volume			Category	Very High
Pain Management					

Footnote Legend

*OP-1 Measure data displayed on the preview report will be available through the download process and excluded from display on Hospital Compare.

1. The number of cases/patients is too few to report.

3. Results are based on a shorter time period than required.

4. Data suppressed by CMS for one or more quarters.

5. Results are not available for this reporting period.

7. No cases met the criteria for this measure.

Preview Report (3 of 3)

Report Run Date Time: 01/29/2015

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Hospital Compare Preview Report: Hospital Performance – Outpatient

Reporting Period for Clinical Process Measures: Third Quarter 2013 through Second Quarter 2014 Encounters

Reporting Period for Outpatient Imaging Efficiency Measures: Third Quarter 2012 through Second Quarter 2013 All Paid Medicare FFS Claims

	Hospital Quality Measures	Your Hospital Performance for All Quarters	10% of All Hospitals Submitting Data Performed Equal to or Better Than	State Performance	National Performance
OP-21	Median Time to Pain Management for Long Bone Fracture	62 Minutes based on 182 patients	35 Minutes	49 Minutes	54 Minutes
Stroke					
OP-23	Head CT Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival	83% of 6 patients(1)	100%	64%	63%

Footnote Legend

*OP-1 Measure data displayed on the preview report will be available through the download process and excluded from display on Hospital Compare.

1. The number of cases/patients is too few to report.
2. Results are based on a shorter time period than required.
3. Results are based on a shorter time period than required.
4. Data suppressed by CMS for one or more quarters.
5. Results are not available for this reporting period.
6. Results are not available for this reporting period.
7. No cases met the criteria for this measure.

Report Description

Search Reports

Search for reports you have run. ☐ Search Saved Reports

Search Report Name **Requested Date** **Show Reports**

08/02/2014 01/29/2015 ALL

STATUS	DATE REQUESTED	REPORT NAME	LAST DOWNLOADED	SIZE (MB)	ACTION
✓	01/29/2015 11:15:12	Public Reporting - Preview Reports		0.0165	
✓	01/29/2015 11:10:32	Hospital Reporting - Facility, State and National Report		0.0274	
✓	01/29/2015 10:45:27	Hospital Reporting - Facility, State and National Report		0.0273	
✓	01/29/2015 10:35:17	Public Reporting - Preview Reports		0.024	
✓	01/22/2015 11:59:07	Hospital Reporting - Provider Participation Report		0.1336	
✓	01/20/2015 10:25:20	Public Reporting - Preview Reports		0.0239	

Facility, State, and National Report

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
Hospital Reporting - Feedback Reports

VIEW REPORTS

► Search Report

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 case 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. 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 Medicare 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.

Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professions:
 - 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-Ch8-03102015-07