

Successful Reporting in the Hospital OQR Program

Successful Reporting in the Hospital Outpatient Quality Reporting (OQR) Program

HOSPITAL OQR PROGRAM REQUIREMENTS SUMMARY

This information outlines the requirements for subsection (d) hospitals (as defined under section 1886(d)(1)(B) of the Social Security Act), paid by Medicare under the Outpatient Prospective Payment System (OPPS), to receive a full Medicare OPPS payment update. Hospitals that do not participate or do not meet the Hospital OQR Program requirements receive a reduction of 2% percentage points in their OPPS payment update for the applicable calendar year (CY). Under Section 1833(t)(17)(E) of the Social Security Act (the Act), the Centers for Medicare & Medicaid Services (CMS) makes data collected under the Hospital OQR Program available to the public. Hospitals have an opportunity to review their data prior to publication in their Public Reporting Preview reports. The data are displayed on the Public Reporting website at <https://www.medicare.gov/care-compare/>. All data are aggregated as determined by CMS; currently, CMS publishes Hospital OQR data by CMS Certification Number (CCN).

Eligible hospitals must follow requirements outlined in the applicable OPPS/ASC Final Rules. The CY 2022 requirements were published in the *Federal Register* on November 16, 2021 (<https://www.govinfo.gov/content/pkg/FR-2021-11-16/pdf/2021-24011.pdf>).

Participation in the Hospital OQR Program is voluntary for Critical Access Hospitals (CAHs). CAHs represent a separate provider type with their own Medicare Conditions of Participation (CoP) as well as a separate payment method. However, CMS strongly encourages CAHs to participate in quality measure reporting and public reporting of their data.

Hospitals should contact the Hospital OQR Program Support Team with questions regarding data or for technical support. Contact the Hospital Outpatient Quality Reporting Program Support Team at 866.800.8756 or at https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question.

Successful Reporting in the Hospital OQR Program

HOSPITAL OQR PROGRAM REFERENCE CHECKLIST

Five Steps for Hospital OQR Program Participation

1. Register for a Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) account
2. Identify a Security Official (SO) for the Hospital Quality Reporting (HQR) secure site for reporting
3. Collect chart-abstracted clinical data for each quarter and submit these data by the deadline. For the CY 2023 payment update, the applicable patient encounter quarters for chart --abstracted data are as follows:

Patient Encounter Quarter	Clinical Data Submission Deadline
Q2 2021 (April 1–June 30)	11/02/2021
Q3 2021 (July 1 – September 30)	03/01/2022
Q4 2021 (October 1 – December 31)	05/02/2022
Q1 2022 (January 1 – March 31)	08/01/2022

- i. Satisfy the sampling criteria published and maintained in the Hospital OQR Specifications Manual (found on the QualityNet website).
- ii. Correspond to both the aggregate number of patient encounters submitted by a hospital and the number of Medicare claims the hospital submits for payment.

Hospitals that have five or fewer cases in a quarter (both Medicare and non-Medicare) for any measure set (e.g., Stroke) will not be required to submit patient-level data for the entire measure set for that quarter, but they may voluntarily submit data.

4. Collect data for measures to be submitted via the HQR secure site and submit these data by the deadline.
 - a. The data submission period for measures submitted via the HQR secure site opens on January 1, 2022 and extends through May 16, 2022 for encounters dated January 1–December 31, 2021.
5. Collect data for measures to be submitted via the Centers for Disease Control and Prevention National Healthcare Safety Network (NHSN) web-based tool and submit these data by the deadline.
 - a. The data submission deadlines for measures submitted via the NHSN website are as follows:

Patient Encounter Quarter	Clinical Data Submission Deadline
Q1 2022 (January 1 – March 31)	08/15/2022
Q2 2022 (April 1 – June 30)	11/15/2022
Q3 2022 (July 1 – September 30)	02/15/2023
Q4 2022 (October 1 – December) 31)	05/15/2023

Successful Reporting in the Hospital OQR Program

Outpatient Measures

Please find the quality measures applicable for the current Hospital OQR Program year at the Hospital OQR Measures section of the QualityNet website at <https://qualitynet.cms.gov>. You can also find these measures by following these instructions:

1. From the QualityNet website (<https://qualitynet.cms.gov>), locate the **Hospitals-Outpatient** program option.
2. Select **Measures** from the navigation bar at the top of the page.
3. From this page, **Hospital Outpatient Program Measures** option at the bottom of the page.

ADDITIONAL INFORMATION

Data Submission

Clinical data submission is accomplished in one of two ways:

CMS Abstraction & Reporting Tool (CART)

OR

Third party vendor able to meet the measurement specifications for data transmission (XML file format) via the Hospital Quality Reporting (HQR) portal.

SOs can access the online authorization process from the HQR site to authorize a third-party vendor to submit data on a hospital's behalf. Vendor authorizations remain in effect until the hospital modifies the authorization. Hospitals using CART do not need to complete a vendor authorization to report data.

- The HQR site is the only CMS-approved method for the electronic transmission of private data between healthcare providers and CMS for the purposes of the Hospital OQR Program. Data are stored in the OPSS Clinical Warehouse.
- All files and data exchanged with CMS via HQR are encrypted during transmission and are stored in an encrypted format until the recipient downloads the data. The HQR site meets all current Health Insurance Portability and Accountability Act (HIPAA) requirements.
- Cases in the OPSS Clinical Warehouse may be updated until the data submission deadline each quarter. After the deadline, no further updates are accepted for cases in that quarter.
- For any required Web-based Measure that the hospital has no data, select the checkbox next to that measure for no data and it will automatically populate zeros and complete the measure. All required measures must be completed, either with data, or checking the "Please enter zeros for this measure, as I have no data to submit" to complete the submission and receive program credit.

Successful Reporting in the Hospital OQR Program

Access Management (AM) and Vendor Management (VM)

AM is a process for granting user access requests for both Basic Users and Security Officials (SO). VM is a process for managing vendors directly within HQR. To register as a Basic User or Security Official, follow the steps below:

1. Log onto hqr.cms.gov with your HARP username and password. (No HARP account? Create one at <https://harp.cms.gov>)
2. Go to My Profile (Under **Username** in the upper right).
3. From this page, you can *Request access*, and *View Current Access*
4. Select Basic User or Security Official when prompted to select a user type
5. Select your required permissions and click submit an access request.
6. You will be notified by email when your request has been approved.

To begin managing your vendors, follow the steps below:

1. Log in to HQR at hqr.cms.gov with your HARP username and password.
2. Go to Administration > Vendor Management.
3. On Vendor Management page, you can add, search, or filter your vendor(s).
4. User guides are located on QualityNet at <https://qualitynet.cms.gov>.

Data Submission Sampling Requirements

Hospitals must submit complete data regarding the quality measures in accordance with the sampling requirements located in the appropriate version of the Specifications Manual located on the QualityNet website <https://qualitynet.cms.gov>. These requirements specify that hospitals must submit a sample or a complete population of cases for each of the outpatient populations (AMI, ED-Throughput, and Stroke). Hospitals must meet sampling requirements for these quality measures for each quarter. One Endoscopy Surveillance Measure must meet the specified sampling guidelines on an annual basis.

Aggregate Population and Sampling Data Submission

Reporting aggregate population and sample size counts is **voluntary**. If a hospital chooses to report aggregate population and sample size counts for Medicare and non-Medicare outpatient encounters for Hospital Outpatient AMI, ED-Throughput, and Stroke measures, these data must be submitted to CMS via HQR on the same quarterly submission schedule as chart-abstracted measures. Submission of Population and Sampling data will initiate the hospital as participating in the OQR Program.

Population and sampling data for measures submitted via a web-based tool are not to be entered in the population and sampling grid for submission.

The deadlines for Hospital OQR Program Population and Sampling submission can be found on the QualityNet website at <https://qualitynet.cms.gov>.

Successful Reporting in the Hospital OQR Program

Chart Audit Validation

Validation is intended to provide assurance of the accuracy of a hospital's chart-abstracted data. CMS selects hospitals from a list of hospitals participating in the Hospital OQR Program each year. CMS randomly selects approximately 450 hospitals from the list of participating hospitals and an additional 50 hospitals on a targeted basis, for an estimated total of approximately 500 hospitals selected for validation annually.

More detailed information about the validation process can be found in the Data Validation section of [QualityNet](https://qualitynet.cms.gov) that is accessible by clicking on the **Hospitals-Outpatient** option at <https://qualitynet.cms.gov> and selecting **Data Management>Data Validation**.

Reconsideration Process

A reconsideration process is available for hospitals that are notified they did not meet Hospital OQR Program requirements and, therefore, will not receive the full payment update.

The procedural rules that govern the Hospital OQR Program reconsiderations are posted on the QualityNet website at <https://qualitynet.cms.gov>. If a hospital fails to submit a Reconsideration Request by the applicable deadline, then the hospital will not be eligible to file an appeal with the Provider Reimbursement Review Board.

Extraordinary Circumstances Exception (ECE) Process

If a hospital is unable to submit data or access medical records due to an extraordinary circumstance, such as a natural disaster, the hospital may request an ECE. Hospitals will need to complete the ECE form found on [QualityNet](https://qualitynet.cms.gov) and submit the form with any supporting documentation within 90 days of the date of the extraordinary circumstance. These documents must be submitted to the Hospital OQR Support Team via one of the following:

- Email to: QRFormsSubmission@hsag.com
- Secure fax: 877.789.4443

CMS will strive to complete its review of each request within 90 days of receipt.

Hospitals that are included under a blanket exception by CMS (due to widespread natural disasters such as hurricanes, tornadoes, etc.) will not be required to submit the ECE form.

These hospitals will be notified via the QualityNet Mailer service. Information on how to receive QualityNet Mailer notifications can be found in the Additional Resources section of this guide.

Successful Reporting in the Hospital OQR Program

HOSPITAL QUALITY REPORTING (HQR) REGISTRATION

Security Official (SO) Roles

Hospitals are required to have a SO to submit data through Hospital Quality Reporting (HQR). The SO facilitates the registration process for other users at the organization, can submit data via the web-based tool, and access secure reports in Managed File Transfer (MFT). Hospitals submitting data via HQR (or using a vendor to submit data on their behalf) are required to designate an SO. It is highly recommended that hospitals designate at least two people as SOs—one to serve as the primary SO and the other to serve as back-up.

Security Official Registration

Go to <https://harp.cms.gov/register> and complete the registration form to create a HARP account. To create an account, users must enter their profile information, account information, and successfully complete proofing (identify verification). Registration could take anywhere from 5 to 15 minutes, depending on how quickly user data is proofed and verified. HARP uses a third-party service provided by Experian to verify user identities. To complete account setup, users need to log into HARP and set up two-factor authentication.

Click on the "User Roles" in the top right to access the User Roles app. Click on the "Request a Role" button to start the role request process.

1. Select the program/application that you are requesting a role for and click "Next".
2. Select the organization that you are requesting a role for and click "Next".
3. Select one or many roles for your selected program and organization and click "Submit". Your request should appear as a new line item in the "Pending Requests" section. If your application is not using HARP for role requests, follow your application's instructions for how to request user roles.

For common questions and general account set-up information, visit the CMS HARP Help page at <https://harp.cms.gov/login/help>.

PARTICIPATION

To participate in the Hospital OQR Program, hospitals must register on the CMS HQR website and obtain a HARP account, <https://harp.cms.gov/register/profile-info> before beginning to report data, identify and register at least one SO, and submit data. Submission of any Hospital OQR Program data indicates a hospital's status as a participant in the program, including the submission of just one data element.

Successful Reporting in the Hospital OQR Program

REPORTING DEADLINES

CMS has established the following quarterly deadlines for hospitals participating in the Hospital OQR Program. The required data for each facility must be submitted via HQR and successfully accepted into the OPPS Clinical Warehouse by 11:59 PM Pacific Time on the dates shown on the following page presented in a one-page format for ease.

Early submission is recommended so that transmission problems can be rectified. Quarterly data in the OPPS Clinical Warehouse may be updated *until* the data submission deadline; no updates to cases for the quarter will be accepted *after* the submission deadline.

Best Practice: Allow ample time, at least 15 calendar days prior to the submission deadline, to correct problems identified from the review of the Provider Participation and Feedback Reports. The HQR site does not allow data to be submitted after the deadline. CMS allows ample time for hospitals to submit, resubmit, change, add new, and delete existing data up until the submission deadline.

Please Note: Dates are subject to change—please verify Population and Sampling and Data Submission Deadline dates on the QualityNet website.

Successful Reporting in the Hospital OQR Program

Hospital OOR Important Data-Related Dates Calendar Year 2023 Payment Determination

Clinical Data Submission Deadlines	Encounter Dates	Encounter Quarter
Nov 1, 2021	Apr 1–Jun 30, 2021	Q2 2021
Feb 1, 2022	Jul 1–Sept 30, 2021	Q3 2021
May 2, 2022*	Oct 1–Dec 31, 2021	Q4 2021
Aug 1, 2022	Jan 1–Mar 31 2022	Q1 2022
Population and Sampling Deadlines (voluntary)	Encounter Dates	Encounter Quarter
Nov 1, 2021	Apr 1–Jun 30, 2021	Q2 2021
Feb 1, 2022	Jul 1–Sept 30, 2021	Q3 2021
May 2, 2022*	Oct 1–Dec 31, 2021	Q4 2021
Aug 1, 2022	Jan 1–Mar 31 2022	Q1 2022
Scheduled CDAC Record Requests (approximate)	Encounter Dates	Encounter Quarter
Sept 2021	Jan 1–Mar 31, 2021	Q1 2021
Dec 2021	Apr 1–Jun 30, 2021	Q2 2021
Mar 2022	Jul 1–Sept 30, 2021	Q3 2021
Jun 2022	Oct 1–Dec 31, 2021	Q4 2021
HQR Web-Based Measures	Encounter Dates	Submission Dates*
OP-22	Jan 1–Dec 31, 2021	Jan 1–May 16, 2022
OP-29	Jan 1–Dec 31, 2021	Jan 1–May 16, 2022
OP-31 (voluntary)	Jan 1–Dec 31, 2021	Jan 1–May 16, 2022
Imaging Efficiency Measures (Claims-Based Measures)	Calculated Encounter Dates	
OP-8	Jul 1, 2020-Jun 30, 2021	
OP-10	Jul 1, 2020-Jun 30, 2021	
OP-13	Jul 1, 2020-Jun 30, 2021	
OP-39	Jul 1, 2020-Jun 30, 2021	
Other Claims-Based Measures	Calculated Encounter Dates	
OP-32	Jan 1, 2019–Dec31, 2021	
OP-35	Jan 1–Dec 31, 2021	
OP-36	Jan 1–Dec 31, 2021	

*Data submission deadlines on a federal holiday or weekend (Saturday/Sunday) will default to the first business day thereafter and are reflected in this document where applicable.

Successful Reporting in the Hospital OQR Program

Outpatient Prospective Payment System (OPPS) Payment Update–Applicable Quarters

Calendar Year 2023	Clinical Data Submission Quarters	Validation Submission Quarters
	Q2 2021, Q3 2021, Q4 2021, Q1 2022	Q1 2021, Q2 2021, Q3 2021, Q4 2021
Calendar Year 2024	Clinical Data Submission Quarters	Validation Submission Quarters
	Q2 2022, Q3 2022, Q4 2022, Q1 2023	Q1 2022, Q2 2022, Q3 2022, Q4 2022

Successful Reporting in the Hospital OQR Program

ADDITIONAL RESOURCES

Hospital OQR Program Support Team

As the Hospital OQR Program Support Team, Health Services Advisory Group (HSAG) supports activities under the Hospital OQR Program, including provision of technical support and feedback to assist hospitals with quality data reporting.

Hospital OQR Program

www.qualityreportingcenter.com

This site contains numerous resources concerning reporting requirements including reference and training materials, tools for data collection and submission, educational presentations, timelines, and data submission deadlines.

Hospital OQR Program Support Team

866.800.8756

oqrsupport@hsag.com

Call the Hospital OQR Program Support Team with any questions about the program using the toll-free number weekdays from 7 a.m. to 6 p.m. Eastern Time.

QualityNet

<https://qualitynet.cms.gov>

Established by CMS, the QualityNet website provides healthcare quality improvement news, resources, and data reporting tools and applications used by healthcare providers and others.

QualityNet Help Desk

866.288.8912

qnetsupport@hcqis.org

Hospital OQR QualityNet Mailer

<https://qualitynet.cms.gov/listserv-signup>

Notices generated on the QualityNet Mailer are used to disseminate timely information related to quality initiatives. QualityNet and HQR users are urged to register for these email notifications to receive information on enhancements and new releases, timeline or process/policy modifications, and alerts about applications and initiatives.

Successful Reporting in the Hospital OQR Program

Hospitals-Outpatient Questions/Answers

https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question

The Hospital OQR Program Support Team maintains the Hospitals-Outpatient Questions/Answers knowledge database, which allows users to ask questions, obtain responses from all resolved questions, and search the entire database by keywords or phrases.

Federal Government Websites

CMS

www.cms.gov

CMS is the U.S. Department of Health and Human Services' agency responsible for administering Medicare, Medicaid, the State Children's Health Insurance Program, and several other health-related programs.

Federal Register

www.federalregister.gov

Published by the Office of the Federal Register, National Archives and Records Administration, the *Federal Register* is the official daily publication for rules, proposed rules, and notices of federal agencies and organizations, as well as executive orders and other presidential documents.