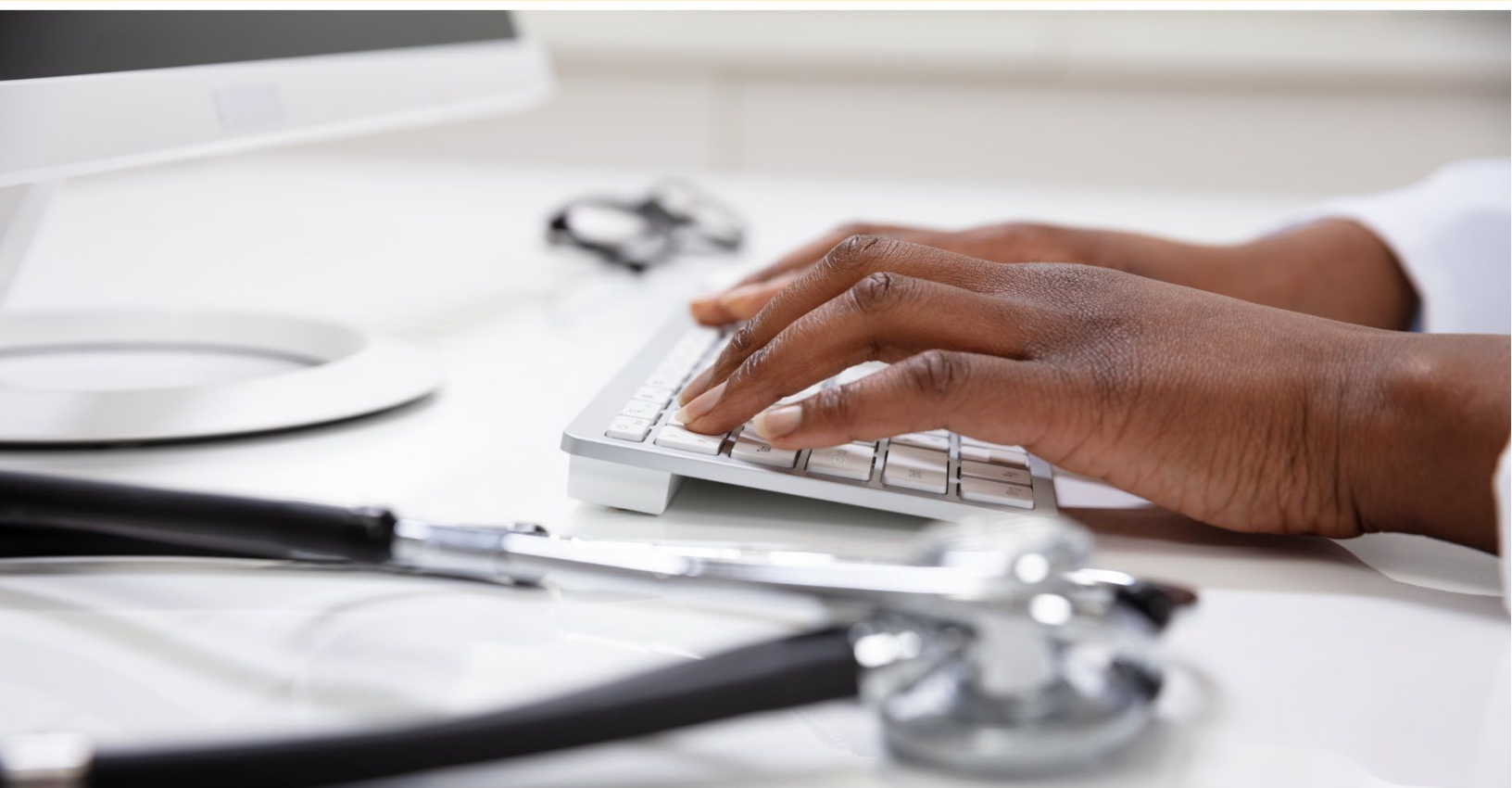


# Successful Reporting in the Hospital Outpatient Quality Reporting (OQR) Program

December 2023



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## Hospital OQR Program Requirements Summary

This guide 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 two percentage points to their OPPS annual payment update (APU) for the applicable calendar year (CY).

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

Under Section 1833(t)(17)(E) of the Social Security Act, CMS makes data collected under the Hospital OQR Program available to the public. Hospitals have an opportunity to review their data in their Public Reporting Preview reports prior to publication. The data are displayed on the [Care Compare website](#) by CMS Certification Number (CCN).

Eligible hospitals must follow the requirements outlined in the applicable OPPS and the Medicare Ambulatory Surgical Center (ASC) payment system final rule published in the [Federal Register](#).

Hospitals should contact the Hospital OQR Program Support Team with questions regarding data and for technical support at **866.800.8756** or through the [QualityNet Question and Answer Tool](#).

# Hospital OQR Program Checklist

## Participation

To participate in the Hospital OQR Program, hospitals must register on the CMS HQR system and [create a HARP account](#) 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.

In addition to registering with HARP for HQR system reporting, hospitals must register for [Secure Access Management Services \(SAMS\)](#) credentials to access and report data for the COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) measure.

## Account Registration

- Register for a **Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) account**.
  - Identify a Security Official (SO) for reporting on the secure HQR system.
- Register a **Facility Administrator** for a **Secure Access Management Services (SAMS) account** for data entry in the Centers for Disease Control and Prevention (CDC), **National Healthcare Safety Network (NHSN)** secure system.

HCP data are submitted to the CDC's NHSN. CDC transmits data to CMS immediately following submission deadlines for use in CMS quality programs, as well as CDC surveillance programs.

## Data Submission

- Collect chart-abstracted, clinical data for each quarter and submit these data by the deadline.
  - For the CY 2025 payment determination, the applicable patient encounter quarters for chart-abstracted data are as follows:

Patient Encounter Quarter	Clinical Data Submission Deadline
Q2 2023 (April 1–June 30)	11/01/2023
Q3 2023 (July 1–September 30)	02/01/2024
Q4 2023 (October 1–December 31)	05/01/2024

**Note:** Hospitals that have five or fewer quarterly claims total (between 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.

- Collect data for web-based measures to be submitted via the HQR system and submit these data by the deadline.
  - For the CY 2025 payment determination, the data submission period for measures submitted opens on January 1, 2024, and extends through May 15, 2024, for encounters dated January 1–December 31, 2023.
- Collect data for patient survey measures for each quarter and submit these data by the deadline.
  - For the CY 2025 payment determination, submission is voluntary.
- Collect data for the Electronic Clinical Quality measure (eCQM) submitted via Quality Reporting Document Architecture (QRDA) category.
  - For the CY 2025 payment determination, submission is voluntary.
- Collect data for the web-based measure submitted via the NHSN system and submit these data by the quarterly deadline.
  - The data submission deadlines for measures submitted via the NHSN system are as follows:

Patient Encounter Quarter	Clinical Data Submission Deadline
Q1 2023 (January 1–March 31)	08/15/2023
Q2 2023 (April 1–June 30)	11/15/2023
Q3 2023 (July 1–September 30)	02/15/2024
Q4 2023 (October 1–December 31)	05/15/2024

**Note:** Hospitals can report data for more than one week. The date the week ends determines which month a week is attributed. Ensure the week you are reporting ends in the month you are intending to report.

- To calculate claims-based measures, CMS uses a hospital’s Medicare claims data. Data submissions must be timely, complete, and accurate. A complete submission is determined based on whether submitted data:
  - Satisfies the sampling criteria published and maintained in the Hospital OQR **Specifications Manual** (found on [QualityNet website](#)); and
  - Corresponds to both the aggregate number of patient encounters submitted by a hospital and the number of Medicare claims the hospital submits for payment.

## Data Reporting and Submission Details

### Details on Outpatient Measures

The current measures for the Hospital OQR Program include measures that assess processes of care, imaging efficiency patterns, care transitions, ED throughput efficiency, care coordination, patient safety, and volume. Participating hospitals agree that they will allow CMS to publicly report data for quality measures, as required by statute.

Quality measures applicable for the current Hospital OQR Program year can be found in the Hospital OQR Measures section on the [QualityNet website](#). More specifically, you can navigate to the main [QualityNet website](#), and:

1. Select the *Hospitals-Outpatient* program option.
2. Select *Measures* from the navigation bar at the top of the page.
3. From this page, select the *Hospital Outpatient Program Measures* option.
4. Click on *Learn More*.

### Details on Data Submission

Clinical data submission is accomplished by using one of two methods in the HQR system: CMS Abstraction & Reporting Tool (CART) or Third-Party Vendors.

- The HQR system 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.

All files and data exchanged with CMS via the HQR system are encrypted during transmission and are stored in an encrypted format until the recipient downloads the data. The HQR system meets all current Health Insurance Portability and Accountability Act (HIPAA) requirements.

- Data are stored in the OPSS Clinical Warehouse.
  - 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 for which 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* option to complete the submission and receive program credit.**
- Third-party vendors can meet the measurement specifications for data transmission (XML file format) via the HQR system. SOs can access the online authorization process from the HQR system 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.

## 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](#). These requirements specify that hospitals must submit a sample or a complete population of cases for each of the [outpatient quality measures](#), either quarterly or annually.

## Aggregate Population and Sampling Data Submission

Population and Sampling is **voluntary** for the Hospital OQR Program, even if reporting data for a measure is required. If a hospital chooses to report aggregate population and sample size counts for Medicare and non-Medicare outpatient encounters for Hospital Outpatient [Clinical Data](#) measures, these data must be submitted to CMS via the HQR system on the same quarterly submission schedule as chart-abstracted measures. Submission of population and sampling data will initiate the hospital as participating in the Hospital 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](#).

## Access Management (AM) and Vendor Management (VM)

AM is a process for granting user access requests for both Basic Users and SOs. VM is a process for managing vendors directly within the HQR system.

To register as a Basic User or SO, follow the steps below:

Log into [hqr.cms.gov](http://hqr.cms.gov) with your HARP username and password. (No HARP account? Create one at [harp.cms.gov](http://harp.cms.gov)).

1. Go to *My Profile* (Under **Username** in the upper right).
2. From this page, you can *Request Access*, and *View Current Access*.
3. Select *Security Official* or *Basic User* when prompted to select a user type.
4. Select your required permissions and click *Submit an Access Request*.
5. You will be **notified by email** when your request has been **approved**.

To begin managing your vendors, follow the steps below:

1. Use your HARP username and password to log into the [HQR system](#).
2. Go to *Administration > Vendor Management*.
3. On the *Vendor Management* page, you can add, search, or filter your vendor(s).

User guides for vendor management are located on the [QualityNet website](#).

## Additional Information

### 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 is in the Data Validation section of the [QualityNet website](#), or view the Hospital OQR Validation webinar on the [Quality Reporting Center website](#).

### Reconsideration Process

Hospitals that have been notified that they did not meet Hospital OQR Program requirements and, therefore, will not receive the full payment update, are eligible to request a reconsideration. The procedural rules governing the Hospital OQR Program reconsiderations are posted on the [QualityNet website](#). A reconsideration request should be received by March 17 of each applicable payment determination year. CMS expects the process to be completed within 90 days following the deadline for submitting a request for reconsideration. 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 (PRRB).<sup>1</sup>

### Extraordinary Circumstances Exceptions (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 on the [QualityNet website](#) 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](mailto:QRFormsSubmission@hsag.com)
- Secure fax: 877.789.4443

CMS strives to complete its review of each request within 90 days of receipt. Hospitals included under a blanket exception by CMS will not be required to submit an individual ECE form. Notifications of blanket ECE waivers are distributed through the QualityNet Mailer service. Information on how to receive QualityNet Mailer notifications can be found in the [Additional Resources](#) section of this guide. Subscribe to listservs on the [QualityNet website](#).

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<sup>1</sup> The PRRB is an independent panel to which a certified Medicare provider of services may appeal if it is dissatisfied with a final determination by CMS.

Questions about the PRRB may be directed to [PRRB@cms.hhs.gov](mailto:PRRB@cms.hhs.gov) or 410-786-2671.



# Hospital Quality Reporting (HQR) Registration

## Security Official (SO) Roles

Hospitals submitting data via the HQR system (or using a vendor to submit data on their behalf) are required to designate an SO. 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).

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 a back-up SO.

## Security Official Registration

Complete the registration form to [create a HARP account](#). Users must enter their profile information, account information, and successfully complete proofing (identify verification). Registration could take anywhere from five to 15 minutes, depending on how quickly user data are proofed and verified. HARP uses a third-party service to verify user identities. To complete the account setup, users need to log into HARP and set up two-factor authentication.

Click on *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 the application's instructions on how to request user roles.

For common questions and general account set-up information, visit the [CMS HARP Help page](#).

## Reporting Deadlines

CMS has established quarterly and annual submission deadlines for hospitals participating in the Hospital OQR Program. Required data must be submitted via the HQR and NHSN systems and successfully accepted into the OPPS Clinical Warehouse by 11:59 p.m. Pacific Time. Submission deadlines for CY 2025 Payment Determination is in the **Hospital OQR Important Dates** table on the following page.

Early data submission is recommended so that issues 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 errors identified from the review of the **Program Reporting** reports. The HQR system does not allow data to be submitted after the deadline. CMS allows ample time for hospitals to submit, re-submit, change, add new data, and delete existing data up until the submission deadline.

Please verify Data Submission Deadline dates on the [QualityNet website](#).

## Hospital OQR Important Dates Calendar Year 2025 Payment Determination

Clinical Data	Encounter Dates and Quarters	Submission Deadlines
<b>Note: Population and Sampling is voluntary</b>		
OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients	Apr 1–Jun 30, 2023 (Q2 2023)	Nov 1, 2023
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 Arrival	Jul 1–Sept 30, 2023 (Q3 2023)	Feb 1, 2024
	Oct 1–Dec 31, 2023 (Q4 2023)	May 1, 2024
Scheduled CDAC* Record Requests (approximate)	Encounter Dates and Quarters	
Sept 2023	Jan 1–Mar 31, 2023 (Q1 2023)	
Dec 2023	Apr 1–Jun 30, 2023 (Q2 2023)	
Mar 2024	Jul 1–Sept 30, 2023 (Q3 2023)	
Jun 2024	Oct 1–Dec 31, 2023 (Q4 2023)	
NHSN** Web-Based Measure	Encounter Dates	Submission Deadlines
OP-38: COVID-19 Vaccination Coverage Among Healthcare Personnel	Jan 1–Mar 31, 2023 (Q1 2023)	Aug 15, 2023
	Apr 1–Jun 30, 2023 (Q2 2023)	Nov 15, 2023
	Jul 1–Sept 30, 2023 (Q3 2023)	Feb 15, 2024
	Oct 1–Dec 31, 2023 (Q4 2023)	May 15, 2024
Hospital Quality Reporting (HQR) Web-Based Measures	Encounter Dates	Submission Deadlines
OP-22: Left Without Being Seen	Jan 1–Dec 31, 2023	Jan 1–May 15, 2024
OP-29: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	Jan 1–Dec 31, 2023	Jan 1–May 15, 2024
OP-31: Cataracts - Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery ( <b>voluntary</b> )	Jan 1–Dec 31, 2023	Jan 1–May 15, 2024
Electronic Clinical Quality Measure (voluntary)	Encounter Dates	Submission Deadlines
OP-40: ST Elevation Myocardial Infarction (STEMI)	Jan 1–Dec 31, 2023	Jan 1–May 15, 2024
Survey Measure (voluntary)	Encounter Dates and Quarters	Submission Deadlines
OP-37 a-e: Outpatient and Ambulatory Surgery Consumer Assessment (OAS CAHPS)	Jan 1–Mar 31, 2023 (Q1 2023)	Jul 12, 2023
	Apr 1–Jun 30, 2023 (Q2 2023)	Oct 11, 2023
	Jul 1–Sept 30, 2023 (Q3 2023)	Jan 10, 2024
	Oct 1–Dec 31, 2023 (Q4 2023)	Apr 10, 2024
Imaging Efficiency Measures: Claims-Based	Calculated Encounter Dates	
OP-8: Magnetic Resonance Imaging (MRI) Lumbar Spine for Low Back Pain	Jul 1, 2022–Jun 30, 2023	
OP-10: Abdomen CT – Use of Contrast Material	Jul 1, 2022–Jun 30, 2023	
OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	Jul 1, 2022–Jun 30, 2023	
OP-39: Breast Cancer Screening Recall Rates	Jul 1, 2022–Jun 30, 2023	
Other Claims-Based Measures	Calculated Encounter Dates	
OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Jan 1, 2021–Dec 31, 2023	
OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	Jan 1–Dec 31, 2023	
OP-36: Hospital Visits after Hospital Outpatient Surgery	Jan 1–Dec 31, 2023	

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.

\*CDAC: CMS Clinical Data Abstraction Center \*\*NHSN: National Healthcare Safety Network

## Additional Resources

### Hospital OQR Program Support

The Hospital OQR Program Support Team supports activities under the Hospital OQR Program, including provision of technical support and feedback to assist hospitals with quality data reporting.

#### *Hospital OQR Program Website*

- [qualityreportingcenter.com](https://qualityreportingcenter.com)
- This site contains 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 Contact*

- 866.800.8756
- [qcrsupport@hsag.com](mailto:qcrsupport@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

#### *QualityNet Website*

- [qualitynet.cms.gov](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
- [qnet-support@cms.hhs.gov](mailto:qnet-support@cms.hhs.gov)
- The QualityNet help desk can assist users with HQR account issues, CMS systems questions, and CART application questions.

#### *Hospital OQR QualityNet Mailer*

- [qualitynet.cms.gov/listserv-signup](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.

#### *Hospitals-Outpatient Questions/Answers*

- [cmsqualitysupport.servicenowservices.com/qnet\\_qa?id=ask\\_a\\_question](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.

## Centers for Disease Control and Prevention (CDC)

### **Secure Access Management Services (SAMS)**

- 877.681.2901
- [cdc.gov/nhsn/sams/about-sams.html](https://cdc.gov/nhsn/sams/about-sams.html)
- The Centers for Disease Control and Prevention's (CDC) Secure Access Management Services (SAMS) is a federal information technology (IT) system that gives authorized personnel secure access to non-public CDC applications. The SAMS partner portal is a website designed to provide centralized access to public health information and computer applications operated by the CDC. For the National Healthcare Safety Network (NHSN) Program, SAMS will provide healthcare facilities and other partners, such as state health departments and QIOs, with secure and immediate access to the NHSN application.

### **NHSN**

- [cdc.gov/nhsn](https://cdc.gov/nhsn)
- NHSN provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts for the CDC, which is the national Public Health agency for the United States under the Department of Health and Human Services.

## Federal Government

### **CMS**

- [cms.gov](https://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**

- [federalregister.gov](https://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.

### **Care Compare**

- [medicare.gov/care-compare](https://medicare.gov/care-compare)
- Hospital Care Compare displays hospital performance data in a consistent, unified manner to ensure the availability of credible information about the care delivered in the nation's hospitals.