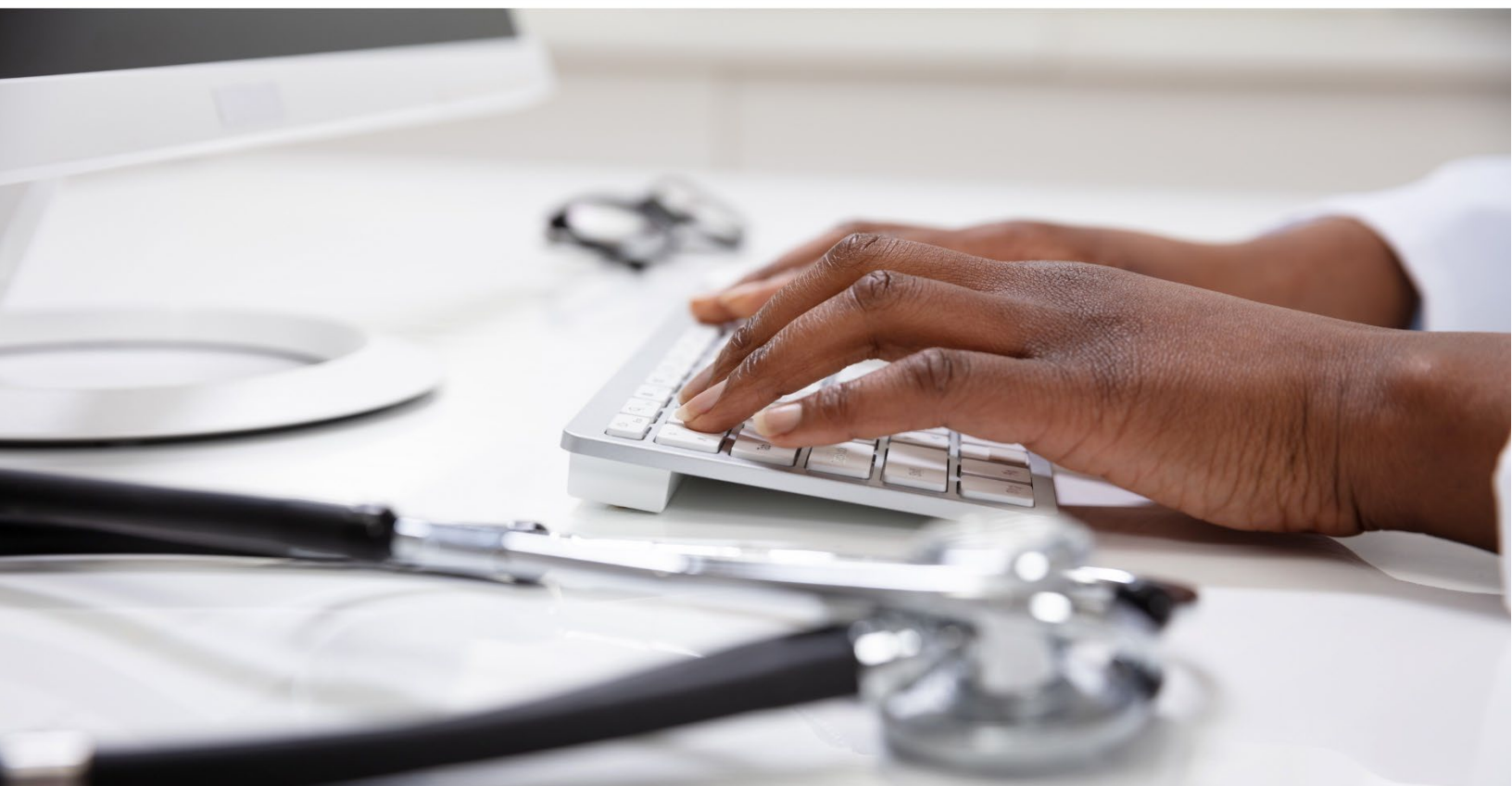


# **Guide to Successful Reporting in the Hospital Outpatient Quality Reporting (OQR) Program**

**January 2025**



## Table of Contents

|  |           |
|--|-----------|
| <b>Hospital OQR Program.....</b>   | <b>3</b>  |
| <b>Hospital OQR Program Checklist.....</b>   | <b>4</b>  |
| <i>Participation .....</i>   | <i>4</i>  |
| <i>Account Registration .....</i>  | <i>4</i>  |
| <i>Data Submission .....</i>   | <i>5</i>  |
| <b>Data Reporting and Submission Details.....</b>                                  | <b>7</b>  |
| <i>Details on Outpatient Measures .....</i>  | <i>7</i>  |
| <i>Details on Data Submission .....</i>  | <i>7</i>  |
| <i>Data Submission Sampling Requirements .....</i>                                 | <i>7</i>  |
| <i>Aggregate Population and Sampling Data Submission .....</i>                     | <i>8</i>  |
| <i>Access Management (AM) and Vendor Management (VM) .....</i>                     | <i>8</i>  |
| <b>Additional Information .....</b>  | <b>9</b>  |
| <i>Chart Audit Validation .....</i>  | <i>9</i>  |
| <i>Reconsideration Process .....</i>   | <i>9</i>  |
| <i>Extraordinary Circumstances Exceptions (ECE) Process .....</i>                  | <i>9</i>  |
| <b>Hospital Quality Reporting (HQR) Registration .....</b>                         | <b>10</b> |
| <i>Security Official (SO) Roles .....</i>  | <i>10</i> |
| <i>Security Official Registration .....</i>  | <i>10</i> |
| <b>Reporting Deadlines.....</b>  | <b>11</b> |
| <i>Hospital OQR Important Dates Calendar Year 2027 Payment Determination .....</i> | <i>12</i> |
| <b>Additional Resources.....</b>   | <b>14</b> |
| <i>CMS.....</i>  | <i>14</i> |
| <i>Hospital OQR Program Support.....</i>   | <i>14</i> |
| <i>Hospital OQR Program Website .....</i>  | <i>14</i> |
| <i>Hospital OQR Program Support Team Contact .....</i>                             | <i>14</i> |
| <i>QualityNet .....</i>  | <i>14</i> |
| <i>QualityNet Website .....</i>  | <i>14</i> |
| <i>Center for Clinical Standards and Quality (CCSQ) Service Center.....</i>        | <i>14</i> |
| <i>Hospital OQR QualityNet Mailer .....</i>  | <i>14</i> |
| <i>QualityNet Q&amp;A Tool.....</i>  | <i>14</i> |
| <i>Centers for Disease Control and Prevention.....</i>                             | <i>15</i> |
| <i>SAMS.....</i>   | <i>15</i> |
| <i>NHSN.....</i>   | <i>15</i> |
| <i>Outpatient and Ambulatory Surgery CAHPS Survey .....</i>                        | <i>15</i> |
| <i>Electronic Clinical Quality Measures (eCQMs) .....</i>                          | <i>15</i> |
| <i>Federal Register .....</i>  | <i>15</i> |
| <i>Compare Tool .....</i>  | <i>15</i> |

## Hospital OQR Program

The Hospital OQR Program aims to incentivize quality improvement and beneficiary decision-making regarding care provided at hospital outpatient departments (HOPDs) – including the emergency department (ED) – by collecting quality measurement data and publicly displaying these data on CMS-designated websites (such as the *Compare* tool on Medicare.gov and the Provider Data Catalog on [data.cms.gov](https://data.cms.gov)). Hospitals have an opportunity to review their data in the Public Reporting Preview reports prior to publication. The data are displayed in the [Compare Tool on Medicare.gov](#) by CMS Certification Number (CCN).

Participation in the Hospital OQR Program is required for subsection (d) hospitals (as defined under section 1886(d)(1)(B) of the Social Security Act). Hospitals must participate and meet the Hospital OQR Program requirements in order to receive their full annual payment update under the Outpatient Prospective Payment System (OPPS). 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 for the applicable calendar year (CY).

Participation in the Hospital OQR Program is voluntary for Critical Access Hospitals (CAHs), which are 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.

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](#).

**Note:** The Hospital OQR Program is a **pay for reporting** program. Hospitals that successfully meet all requirements are paid more than hospitals that do not participate. **Pay for performance** programs reward healthcare providers with incentive payments based on the quality of care they provide.

# Hospital OQR Program Checklist

## Participation

To participate in the Hospital OQR Program, hospitals must register on the CMS Hospital Quality Reporting (HQR) system and [create a HARP account](#). **Submission of any Hospital OQR Program data, including submission of just one data element, indicates a hospital's status as a participant in the program.**

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 to the Centers for Disease Control and Prevention (CDC)'s National Healthcare Safety Network (NHSN) for the COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) measure.

Hospitals must also contract with a [CMS-approved survey vendor](#) to administer the [Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems \(OAS CAHPS\)](#) survey on behalf of the hospital.

## Account Registration

- ✓ Register for a Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) account to report measure data submitted via the HQR system.
  - Identify a **Security Official (SO)** for reporting in the secure HQR system. More information regarding the roles, responsibilities, and registration for SOs can be found in the *Hospital Quality Reporting (HQR) Registration* section of this guide.
  - Log into your HARP account **every 60 days** to keep it active.
- ✓ Register for a SAMS account to report measure data submitted via the CDC's **NHSN** secure system.
  - Identify a **Facility Administrator** for reporting on NHSN. More information regarding the roles, responsibilities, and registration for FAs can be found in the *National Healthcare Safety Network (NHSN) Registration* section of this guide.
  - Log into your NHSN account **every 60 days** to keep it active.
- ✓ Register for login credentials on the OAS CAHPS website and contract with a CMS-approved OAS CAHPS Survey vendor to conduct the survey.

**Note:** HARP accounts are required to be deactivated after two years of inactivity. Once an account is deactivated due to inactivity, it cannot be recovered. However, you may use the registration portal to create a new HARP account and following the same register HARP account process.

**Note:** 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 2027 payment determination, the applicable patient encounter quarters for chart-abstracted data are as follows:

| Patient Encounter Quarter       | Clinical Data Submission Deadline |
|---------------------------------|-----------------------------------|
| Q1 2025 (January 1 – March 30)  | Aug 1, 2025                       |
| Q2 2025 (April 1–June 30)       | Nov 3, 2025                       |
| Q3 2025 (July 1–September 30)   | Feb 2, 2026                       |
| Q4 2025 (October 1–December 31) | May 1, 2026                       |

**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 2027 payment determination, the data submission period for measures submitted opens on January 1, 2026, and extends through May 15, 2026, for encounters dated January 1–December 31, 2025.
- Collect data for patient survey measure for each quarter and submit these data by the deadline.
  - The data submission deadlines for survey measures are as follows:

| Patient Encounter Quarter       | Data Submission Deadline |
|---------------------------------|--------------------------|
| Q1 2025 (January 1 – March 30)  | Jul 9, 2025              |
| Q2 2025 (April 1–June 30)       | Oct 8, 2025              |
| Q3 2025 (July 1–September 30)   | Jan 14, 2026             |
| Q4 2025 (October 1–December 31) | Apr 8, 2026              |

- Collect data for electronic Clinical Quality Measures (eCQMs) to be submitted via the HQR system using Quality Reporting Document Architecture (QRDA) category I files by the annual submission deadline.
  - For the CY 2027 payment determination, two self-selected quarter(s) of the CY 2025 reporting period is required. The submission deadline is May 15, 2026.
- 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 2025 (Jan 1–Mar 31)    | August 15, 2025                   |
| Q2 2025 (Apr 1–Jun 30)    | Nov 17, 2025                      |
| Q3 2025 (Jul 1–Sep 30)    | Feb 16, 2026                      |
| Q4 2025 (Oct 1–Dec 31)    | May 15, 2026                      |

**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

Quality measures applicable for the current Hospital OQR Program year can be found in the Hospital OQR Measures section on the [QualityNet website](#). After navigating to the main [QualityNet website](#):

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 measure you are interested in;
4. Select *Learn More*.

### Details on Data Submission

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

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 Clinical Warehouse.
  - Cases in the 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 **“Please enter zeros for this measure, as I have no data to submit”** option to complete the submission and receive program credit. Data entry fields for required measures cannot be left blank.
  - For eCQMs, hospitals must submit two self-selected quarters.

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 the Data Form option 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 described 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.

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:

1. Log into the [HQR system](#) with your HARP User ID and password. (No HARP account? Create one at [harp.cms.gov](http://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 *Security Official* or *Basic User* when prompted to select a user type.
5. Select your required permissions and click *Create 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 into the [HQR system](#) with your HARP User ID and password Go to *Administration > Vendor Management*.
2. On the *Vendor Management* page, you can add, search, or filter your vendor(s).

For questions regarding Vendor Management, contact the Center for Clinical Standards and Quality (CCSQ) Service Desk at 866.288.8912.



## 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 request form available 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](#).

---

<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. Data must be submitted via the HQR and NHSN systems and successfully accepted into the Clinical Warehouse by 11:59 p.m. Pacific Time. Submission deadlines for the CY 202<sup>Y</sup> payment determination are in the **Hospital OQR Important Dates** table on the following page.

Early data submission is strongly recommended so that issues can be rectified. Quarterly data in the 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 2027 Payment Determination

| Clinical Data<br>Population and Sampling is voluntary  | Encounter Dates and Quarters | Submission Deadlines |
|--|------------------------------|----------------------|
| OP-18: Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients   | Jan 1–Mar 31, 2025 (Q1 2025) | Aug 1, 2025          |
| OP-23: Head Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients Who Received Head CT for MRI Scan Interpretation Within 45 Minutes of Arrival | Apr 1–Jun 30, 2025 (Q2 2025) | Nov 3, 2025          |
|  | Jul 1–Sep 30, 2025 (Q3 2025) | Feb 2, 2026          |
|  | Oct 1–Dec 31, 2025 (Q4 2025) | May 1, 2026          |
| Scheduled CDAC* Record Requests (approximate)  | Encounter Dates and Quarters |                      |
| Sep 2025   | Jan 1–Mar 31, 2025 (Q1 2025) |                      |
| Dec 2025   | Apr 1–Jun 30, 2025 (Q2 2025) |                      |
| Mar 2026   | Jul 1–Sep 30, 2025 (Q3 2025) |                      |
| Jun 2026   | Oct 1–Dec 31, 2025 (Q4 2025) |                      |
| National Healthcare Safety Network (NHSN) Web-Based Measure  | Encounter Dates              | Submission Deadlines |
| OP-38: COVID-19 Vaccination Coverage Among Healthcare Personnel  | Jan 1–Mar 31, 2025 (Q1 2025) | Aug 15, 2025         |
|  | Apr 1–Jun 30, 2025 (Q2 2025) | Nov 17, 2025         |
|  | Jul 1–Sep 30, 2025 (Q3 2025) | Feb 16, 2026         |
|  | Oct 1–Dec 31, 2025 (Q4 2025) | May 15, 2026         |
| Hospital Quality Reporting (HQR) Web-Based Measures  | Encounter Dates              | Submission Period    |
| OP-22: Left Without Being Seen   | Jan 1–Dec 31, 2025           | Jan 1–May 15, 2026   |
| OP-29: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients  |                              |                      |
| OP-31: Cataracts - Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (voluntary)  |                              |                      |
| Health Equity Web-Based Measures   | Encounter Dates              | Submission Period    |
| OP-43: Screening for Social Drivers of Health (SDOH)**   | Jan 1–Dec 31, 2025           | Jan 1–May 15, 2026   |
| OP-44: Screen Positive Rate for SDOH**   |                              |                      |
| OP-45: Hospital Commitment to Health Equity (HCHE)   |                              |                      |
| Electronic Clinical Quality Measure (eCQM)   | Encounter Dates              | Submission Period    |
| OP-40: ST Elevation Myocardial Infarction (STEMI)  | Jan 1–Dec 31, 2025           | Jan 1–May 15, 2026   |
| Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults (voluntary)   |                              |                      |

| THA/TKA PRO-PM**   | Reporting Period             | Pre-Procedure Data Collection | Pre-Procedure Submission Deadline | Post-Procedure Data Collection | Post-Procedure Submission Deadline |
|--|------------------------------|-------------------------------|-----------------------------------|--------------------------------|------------------------------------|
| OP-42: Hospital-level Total Hip Arthroplasty/Total Knee Arthroplasty Patient Reported Outcome-Based Performance Measure (THA/TKA PRO-PM) | Jan 1–Dec 31, 2025           | Oct 3, 2024 - Dec 31, 2025    | May 15, 2026                      | Oct 28, 2025 -Mar 1, 2027      | May 17, 2027                       |
| Survey Measure   | Encounter Dates and Quarters |                               |                                   | Submission Deadlines           |                                    |
| OP-37 a-e: Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS)                         | Jan 1–Mar 31, 2025 (Q1 2025) |                               |                                   | Jul 9, 2025                    |                                    |
|  | Apr 1–Jun 30, 2025 (Q2 2025) |                               |                                   | Oct 8, 2025                    |                                    |
|  | Jul 1–Sep 30, 2025 (Q3 2025) |                               |                                   | Jan 14, 2026                   |                                    |
|  | Oct 1–Dec 31, 2025 (Q4 2025) |                               |                                   | Apr 8, 2026                    |                                    |
| Claims-Based Measures: Imaging Efficiency  | Calculated Encounter Dates   |                               |                                   |                                |                                    |
| OP-10: Abdomen CT—Use of Contrast Material   | Jul 1, 2024 –Jun 30, 2025    |                               |                                   |                                |                                    |
| OP-39: Breast Cancer Screening Recall Rate   |                              |                               |                                   |                                |                                    |
| Claims-Based Measures: Outcome   | Calculated Encounter Dates   |                               |                                   |                                |                                    |
| OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy   | Jan 1, 2023 –Dec 31, 2025    |                               |                                   |                                |                                    |
| OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy                                    | Jan 1–Dec 31, 2025           |                               |                                   |                                |                                    |
| OP-36: Risk-Standardized Hospital Visits Within 7 Days After Hospital Outpatient Surgery   |                              |                               |                                   |                                |                                    |

**Note:** 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

\*\* These measures are voluntary for the CY 2025 reporting period

## Additional Resources

### **CMS**

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

### **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
- [oqrsupport@hsag.com](mailto: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**

#### ***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.

#### ***Center for Clinical Standards and Quality (CCSQ) Service Center***

- 866.288.8912
- [qnetsupport@cms.hhs.gov](mailto:qnetsupport@cms.hhs.gov)
- The CCSQ Service Center 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.

#### ***QualityNet Q&A Tool***

- [cmsqualitysupport.servicenowservices.com/qnet\\_qa?id=ask\\_a\\_question](https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question)

- CMS maintains the knowledge base including the **Hospitals-Outpatient Questions/Answers**, 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**

### **SAMS**

- 877.681.2901
- [cdc.gov/nhsn/sams/about-sams.html](https://cdc.gov/nhsn/sams/about-sams.html)
- The CDC's SAMS is a federal information technology 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 NHSN Program, SAMS will provide healthcare facilities and other partners, such as state health departments and Quality Improvement Organizations, 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.

## **Outpatient and Ambulatory Surgery CAHPS Survey**

- <https://oascahps.org/>
- The OAS CAHPS website is the official site for information about the OAS CAHPS survey for general information, training, survey vendors, survey materials, and data submission.

## **Electronic Clinical Quality Measures (eCQMs)**

- <https://ecqi.healthit.gov/>
- The Electronic Clinical Quality Improvement (eCQI) Resource Center is the official site for information on eCQMs. The eCQI site provides annual updates, QRDA Implementation and Schematron Guides, measure information, specifications, data elements, and release notes related to the eCQM measures.
- Submit questions related to the OQR eCQM specifications, logic, data elements, standards, or resources in the [eCQM Tracker](#) - [ONC Project Tracking System \(Jira\)](#).

## **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.

## **Compare Tool**

- [medicare.gov/care-compare](https://medicare.gov/care-compare)
- The Compare tool 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.