



Outpatient Quality Program Systems and Stakeholder Support Team

System Updates: Hospital Outpatient Quality Reporting (OQR) Program

Presentation Transcript

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Pam Rutherford: Good day everyone. Welcome to today's webinar. Thank you for joining us. Our speaker today is Karen VanBourgondien, and Karen will be providing you with the newest information surrounding the Hospital Quality Reporting system updates such as HARP, data submission, public reporting, and other pertinent information. There have been a lot of changes and system updates taking place. During this presentation, the screen shots we will be sharing with you today may vary slightly from what you may see. This is because your view depends on your roles and access permissions. Additionally, there are ongoing updates.

Before Karen kicks us off with things you need to know to keep you current with the avalanche of changes, let me first cover a few program-related topics.

First, the public reporting refresh was January the 27th. This will include your web-based measures data that you entered last May 2020. As you are aware, CMS issued an exception for reporting the web-based measures that were due by May of 2020. If you were a facility that did report that data, this refresh would reflect that data. The Quarter 4 data, which are encounter periods of October 1–December 31, 2020, are due by May 3, 2021. It is the third because May first falls on a Saturday this year. The next data submission deadline for web-based measures is May 17, 2021. It is the 17th this year as the 15th falls on a weekend; therefore, it pushes that deadline to the 17th. Please do not wait until the last minute to get your data in. As a reminder, you can edit, update, or change your data up until the deadline. Once that deadline passes, the warehouse locks and you will not be able to alter your data.

The learning objectives for this presentation are listed here on the slide. This program is being recorded. A transcript of today's presentation, including the questions and answers received in the chat box, and the audio portion of today's program will be posted at [QualityReportingCenter.com](https://www.qualityreportingcenter.com) at a later date.

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During the presentation, if you have a question, please put that question in the chat box located on your screen. One of our subject matter experts will respond. If your question does not get answered for some reason, please know that all questions and answers will be posted on the QualityReportingCenter.com website. If you have not yet downloaded today's slides, you can get them from our website at QualityReportingCenter.com, and we will put a direct link into the chat box. Well, it's time to get started. Let me turn things over to Karen. Karen?

Karen

VanBourgondien: Thanks, Pam. Yes, you are right. There are a lot of changes going on and we will be covering a lot of that information today. The first thing we would like to bring to your attention is that the *QualityNet* website address has changed. It has gone from an .org to a .gov address. The new address is QualityNet.cms.gov, which of course you can see here on the slide. If you were to put in the old QualityNet.org, it will currently redirect you. However, that redirection will be removed in the near future.

The new Hospital Quality Reporting, or HQR, platform also has a new address, HQR.cms.gov. You can see that here on the slide, as well. Today, I will be talking about the HQR platform to include, as Pam said, HARP, Registration for Security Official (SO), Access Management, data submission, reports, Vendor Management (VM), and the Managed File Transfer (MFT). We are also be covering public reporting and the new Care Compare site.

Everything is going to start with your HARP account. HARP is a secure identity management portal provided by CMS and protects the patient data you submit to CMS. A HARP account is the key that opens the gate to a secure area. So, you must have a HARP account in order to view and submit data. It provides a single secure portal for users instead of multiple login areas for various programs you may report for. It also provides a single location for users to modify their user profile, change their password, update their challenge questions, and add and remove the two-factor authentication devices.

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All HARP accounts are required to have two-factor authentication for security purposes. It is an extra layer of security on top of a user ID and password that requires a piece of information only accessible by the user. When setting up your HARP account for the first time, users will be prompted to setup their two-factor authentication by entering one or more authentication devices. I am going to show you what that looks like shortly.

If you do not have a HARP account, to get started, you will go to the *QualityNet* home page, using the address here on the slide, QualityNet.cms.gov.

On the top right-hand side of the screen, you will click on the Register icon. See that, right there next to the arrow.

This page will display, and you can see all of the HARP resources available to you, which you can see here boxed in red. These resources will direct you, in detail, on how to initiate your HARP account. You must have a HARP account before you can move forward with any other registration processes, including becoming a Security Official. Now, I do want to draw your attention to the left-hand side of the slide, where it says Registration. I am going to be talking about that in just a minute. So, for now, we are going to set up a HARP account.

You will begin your HARP account by accessing the link seen here on the slide, HARP.cms.gov/register. This will take you step-by-step. So, we are not going to go through all of that, every page, here today. *QualityNet* does have all of those resources for you, should you need them.

To create an account, users must enter their profile information, account information, and successfully complete proofing, or 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 provided by Experian to verify user identities. To complete account setup, users need to log into HARP and set up their two-factor authentication.

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So, now you have your HARP account. Yay! So, we are going back to the previous slide after you first selected Register from the *QualityNet* home page, and you are going to select the I am an HQR User icon. You will scroll down the page a little bit. You will see the instructions for application, right here next to the number two. You will follow those instructions to register as a Security Official or a basic user.

Okay, so now you have a HARP account, and you are either a Security Official or a basic user. Now you are ready to log into the HQR platform. The address on the slide can be used or you can just enter HQR.cms.gov, and it will take you to the initial login page.

This is the landing page for your HARP login. By the way, you should be using Google Chrome for this application. Other browsers are not effective or they just don't work with this platform. So, Google Chrome, please use that. On this initial login page, you will enter your HARP ID. Notice here it says User ID. It is the same thing. HARP ID and HARP username are used interchangeably. You will also enter your password and then you are going to select the blue Login box.

Now, I have combined the few next steps together on one slide. So, after you enter your HARP ID and password, under number one here, you will be given the option to choose the device you want to use for the two-factor authentication code. You would already have set this up during the HARP ID process. When I started my HARP account, my two choices were for the code to be sent by text to my cell phone or by email. You can see this option here.

Under number two, you can see I chose Text via cell phone, and there is a green checkmark indicating that choice. This means the verification code is going to be sent to my cell phone. You will then select the blue Next box. Third, you will enter the code you were sent. Enter the code and then select the blue Continue box. Lastly, the terms and conditions page will open. You must scroll all the way through the terms and conditions by using the scroll bar so that the Accept box will turn from gray to blue. If you agree to the terms and conditions, select the blue Accept box.

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So, then you will be taken to the Hospital Quality Reporting, or HQR, home page. What you see here now will change in the near future. Once any user is given an HQR role and can sign into HQR, you can manage your access. To do so, you will access the My Profile page. From this home page, you will click on the drop-down arrow under your name and select My Profile, right up there on the right with the arrow. From here you can update your password, your two-factor authentication, and update your challenge questions. It will also list the organizations you have access to. So, for example, I only have access to ABC Hospital. You can also view the permissions you have for the organization and then submit a request or a change in access/permissions.

So, let's go back to the home page. I mentioned before, as Pam did, there are a lot of changes that are taking place. So again, what you see here now will change soon. The My Task page will soon be retired. You still have the ability to select the My Task option, but you will be entering your data elsewhere, which is what I am going to show you in just a moment. Let me point out a couple of things here. On the top right, there is a Change Organization box. This is what you would use if you report data for more than one facility. The second thing I want to draw your attention to are the icons on the left which are boxed in red. This is your dashboard. If you click on that first icon, the options will open.

These are the current options for hospitals: Data Submissions, Data Results, Program Reporting, and Administration. I am going to take you through these one at a time. So, let's begin with Data Submission.

Once you click on the Data Submission icon, this will be the next page. It will automatically land on the submission of web-based measures, which I have here boxed in red. Here, it is asking how you would like to submit your data and provides two options: file upload and data form. However, for hospitals, there is no external file upload option for submission of the web-based measures. So, you will select Data Form.

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This will be your view. To open the submission application, you will click on Launch Data Form. This will direct you to the web-based submission entry page, where you will enter your data.

Now, this is a partial view of the web-based measures submission page. You will notice on the left side, you will see your hospital's CCN, the Submission Period, and the Reporting Period. Please make sure you have the correct payment year selected in the box there, at the top right side of the page. It will always auto default to the most current payment year. So right now, you are currently submitting data for the payment determination year 2022, which is what we see here. To enter your data, you will begin by selecting the green Start Measure icon. That will open the data entry page. So, let's begin at the top with OP-22.

OP-22, Left Without Being Seen, you will enter the numerator and the denominator. The numerator for this measure asks, "What was the total number of patients who left without being evaluated by a physician/APN, or PA?" Here we have made the numerator 67. You will then enter the denominator, which asks, "What was the total number of patients who presented to the ED?" Here we have a denominator of 1,153. Once you have entered your data, select the Save & Return box. You will then be redirected back to the entry page.

So, let's look at OP-29 next. This is a required measure, meaning you must report data; but, what if your facility does not perform screening colonoscopies? Well, that's a great question. So, if your facility does not perform colonoscopies, you can just click on the box under the measure name and description, where it says, "Please enter zeros for this measure as I have no data to submit." If you select that box, the system will auto-fill zeros in for that measure for you.

Now, if you do that, you will be prompted by this pop-up box. This is a safety mechanism within the system. If your facility does not perform these procedures and you want to keep the zeros, you will click on the blue Confirmed box and the system will then enter the zeros.

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This is what that result will look like. Notice the green checkmark and Complete next to the OP-29 measure. That reflects a successful data entry. Now, what if your facility does perform colonoscopies. You will not check that box we just discussed. You will select the green Start Measure box next to OP-29. You will then be taken to the data entry page for that measure. Any area with the red asterisks indicates a mandatory field. You will see these red asterisks on each data entry page.

For OP-29, you must fill in the numerator and denominator. The total population and sample size are not mandatory. The N/A option under sampling frequency is auto-selected, but you can change that if you wish. So, you will enter your data, the numerator and denominator, and select the green Save & Return box.

Ah oh. The data you entered are incorrect. So, if you get the numerator and denominator confused, for example, the system will let you know and you will get a view, such as this on the slide, letting you know that. Here our numerator is larger than our denominator which, of course, cannot be. So, maybe you just got in a hurry and accidentally reversed that. So, the system again, lets you know, “Hey, there is something wrong.” Just simply re-enter the data and click again on the Save & Return box. It will take you back to the main submission page.

Now, if you have a partial submission, meaning you have submitted data for some but not all of the measures, you will not be able to click on that I’m ready to Submit icon. That icon will remain gray. However, any data that you did enter will stay in the data collection tool. You won’t have to reenter that data, but it will not cross over to the warehouse and show as submitted. No one but you will know that data are there but you.

When you have successfully entered all of the data for all of the measures, that gray icon will turn blue. You must click on the blue I’m ready to Submit icon to be officially submitted. I am going to show you that here in just a minute.

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Now, we are going to look at the data entry page for OP-31. Remember, a red asterisk indicates a required field. You will enter the numerator for this measure, and it says right here, “Patients 18 years and older who had improvement in visual function achieved within 90 days following cataract surgery, based on completing both a pre-operative and post-operative visual function survey.” Next, you are going to enter your denominator, which is “All patients aged 18 years and older who had cataract surgery and completed both a pre-operative and post-operative visual function survey.” The facility total population, sample size, and sampling frequency do not have red asterisks, so they are not mandatory fields. Once you enter your data, you will select the green Save & Return box

When you have entered all of your data, you will see the I’m ready to Submit icon turn blue. From this page, you can preview your data and make sure they are all correct. Then, you are going to click on that blue button. That again is what’s actually going to submit that data you entered into the warehouse.

Yay, your data are submitted! From here, you are able to quickly check the data you entered. If you did make a mistake, you can just click on the blue Edit Measure icon next to each measure and the data entry page will then open, allowing you to revise your data. A word of caution though: If you do edit your data, make sure you hit that blue I’m ready to Submit button again. You always have to make sure on this page that you see the green checkmarks with Complete next to all of the measures.

Additionally, to make sure it has actually been submitted, you will look at the green banner at the top of the screen, and you want to make sure you see the green checkmark next to Submit. When you think you are done, you want to see all green checkmarks across that top banner, right there by that red arrow. You can then print off a screen shot for your records, or you may choose to click the Export Data icon. You can save the information that way. So, data submission complete!!

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So, we are still under the Data Submission tab. Looking at the initial landing page of that tab, we are going to move over to the Population & Sampling tab, right here at the top boxed in red. Now, Population and Sampling is voluntary for the purposes of the Hospital OQR Program. However, some of you do submit data. Here, we are going to cover that for you.

Under the File Upload tab, see here by number one, you will select Production, not Test, from the drop-down box and select Change Selection. Make sure you hit that Change Selection option, otherwise you may be uploading your data into the test environment and not production, which is where you want it to go. You do not want to think you submitted your data and actually you did not. You can use the Select Files option, here by number three. Select the files you wish to upload from your computer; or, you can select the Drag and Drop option.

When you submit a file, a pop-up box will appear asking you to select the program. This is the box on the top right. Of course, you are going to choose OQR, which you see here. Then, you will be provided with the results of your upload. Here you can see under Status that there was one upload that was successfully received, indicated by the green checkmark, and one upload that failed. That is the new equivalent of the first email you used to receive after uploading XML files.

Now, if you are manually entering your data, you will choose the Data Form option and click on Launch Data Form.

The first thing you will do is choose your Reporting Period. This is up by the number one, and here we have Quarter 3 2020 selected. You will then click on the green Start Measure box next to the measure you wish to enter data for. So, I am going to show you ED Throughput.

To begin, choose the sampling option from the drop-down box. Enter your data for the quarter. The population would be the total number of patients, Medicare and non-Medicare, for each month. The system will add these together to provide the totals.

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Sampling refers to the sample size from the population. Now, if you refer to the sampling tables in the Specifications Manual, it will let you know that for 0–900 patients, your sample size would be at least 63. For 901 or more patients, your sample size should be at least 96, which is what we have here. You will enter all of your data and then select Save & Return.

You will be directed to this page showing the measure sets. You can see the green checkmark and Complete next to ED Throughput, as we just entered that data. Again, since Population and Sampling is voluntary for this program, the I'm ready to Submit button is already blue.

So, you can enter data for AMI or stroke by selecting the green Start Measure icon, or, if you are done entering data, you can just select the blue I'm ready to Submit. Just as with the web-based measures, you will be directed to the completion page. Again, you can edit the data you previously entered, or choose to enter more data for the other measure sets seen here. If you are done you can either take a screen shot or use that Export Data feature. You can see the green checkmarks across that top banner, the green checkmarks indicating Enter, Preview, Submit.

Okay, still under the Data Submission tab, we are now going to move over to the Chart-Abstracted tab. This is where you would upload your CART data. Once again, you will select Production from the drop-down menu and select Change Selection. You can use the Select Files option or the *Drop and Drag* option. Now, you have now entered all of your data!

Just as we saw with the Population and Sampling upload a few minutes ago, after uploading your data, you will see the results. Here we can see there was a successful submission indicated by the green checkmark next to Received. Again, this will take the place of the confirmation email you used to receive.

Now we are going back to that login page. From the drop-down menu, you see the Data Results category. This is where your reports will be. You can check your data submission. So, we are going to start with Chart Abstracted File accuracy.

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This is where you can run reports that you are familiar with. You can see the report selections here that will open from the drop-down arrow. To run these reports, you will select the program, the report, and the encounter quarter. Then you will select the blue Export CSV.

If you go back up to the top of the page and select the Claims Detail tab, you will be able to run your Claims Detail Report. Just like the previous slide, you will choose OQR for program and then choose the encounter quarter from the drop-down menu and select Export CSV.

Now, let's go back to that landing page with the drop-down menu. Again, your view and your options may be different. Just keep in mind what Pam said earlier about your roles and accesses. Your choices may not be exactly the same. Also, there are ongoing changes.

So, from here, for our purposes today, under the Data Results category, we are going to select the Population & Sampling option. Under the Population & Sampling tab, you will run your reports the same way as we just did under the Chart Abstracted category. You will choose the program and the encounter quarter, then select Export CSV.

Back to the dashboard, and our next category is Program Reporting. This category covers reporting at the program level. Here you can check Reporting Requirements, Performance Reports, Public Reporting, or Validation Data, but we are going to begin with Reporting Requirements.

This will be the landing page. It says at the top Reporting Requirements. This is where you check to see if you are meeting reporting requirements. This report is what we used to refer to as the Provider Participation Report, or PPR. Please note that the CSV version of this report is much different than what you are used to seeing. The format of the report is temporary and a short-term solution to provide data feedback. In the future, the PPR will be shown on the User Interface and will be available in a different and cleaner export. To gain access to this report, you will simply choose your program, the encounter period quarter, and select the blue Export CSV.

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Back to the drop-down option, now we are going to look at Performance Reports. Performance Reports is where you can check your quality measure and other calculated metrics. Facility, State, and National level calculations are available for this program. You would run this report the same as the reporting requirements report; you will choose the program, the encounter quarter, and select Export CSV. You will receive the display disclaimer here, stating that data are not final until the submission period and the Comparative Analysis Phase end.

The report will be in a basic CSV format for now. This may change in the very near future. So, now we are back at the initial dashboard and we are going to select Public Reporting. This page will open on the Measure Data tab and will resemble the view you will have in Care Compare, which I will show you shortly. It will always default to the most current display. You can access your data by clicking on the plus (+) sign next to each category. You can also choose to click on the Star Ratings tab to view that information.

Back to the landing page, the next option we will look at is Validation. The validation page is where you will see validation data for the following reports: Case Selection, Case Detail, Validation Summary, and Confidence Interval.

Case Selection, Case Detail, and Validation Summary Reports will be available beginning with Quarter 2 2020 validation data. Confidence Interval Reports will be available, beginning with data validation results for 2022 payment determination.

Let's look at the last category, Administration, and you can see two subcategories, Vendor Management and Notice of Participation. However, if you are a Security Official for your facility, you will also have an Access Management subcategory, which is not displayed here on this slide. This is where you will go to view and manage your users for your particular facility. You will be able to review and approve any access requests you have received.

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The vendor management category allows you to add or manage vendors that submit data on behalf of your facility. Before I show you the Vendor Management tab, let's assume you are a Security Official and you do have access to this Access Management subcategory.

So, Access Management is a new process for granting user access requests for both basic users and Security Officials. The benefit of this new access management is it makes requesting and assigning access much faster; requesting, assigning, modifying, and approving access for basic users and Security Officials come right from the system. The easy-to-understand permission levels mean you will always have confidence that your team has just the right permissions. New interfaces are easy to follow and guide you to complete your task. Let's take a look at what this looks like in HQR.

So, here we are, the Access Management tab. You can see, you can manage the users for your facility by adding users and approving any access requests. Again, this is pretty self-evident, so we are not going to go into detail here; but, let's go ahead and talk about Vendor Management in general terms before we look at what this category looks like.

Vendor Management is a new process for managing vendors directly within HQR. As a result, the *QualityNet* registration forms and vendor authorization tools will no longer be required. The new system will save time and provide much more transparency into who can access what programs. A hospital's Security Official has the ability to authorize and assign specific permissions to the vendor of their choosing and can approve a vendor's access.

The benefits of HQR's new Vendor Management (VM) system are that you can assign, modify, and remove vendor access for data submission from one page; receive an instant confirmation when vendors are added, suspended, or removed so you always know your coverage levels; and resume access for vendors previously associated with your organization, all with the click of a button. So, let's take a closer look at what this looks like in the HQR system.

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So, let's go back where we left off a moment ago. From the dashboard, under the Administration category, we are going to select Vendor Management. From this initial page, you can search, filter by status. Up there by the number one, you can add a vendor, which is next to the number two. By number three, you can edit, suspend, or remove an existing vendor. The search options are relatively self-explanatory, but let's go ahead and start with how you would add a vendor.

So, to start that, you will select the blue Add Vendor box. This top box will display. You would enter either the name of the vendor or the Vendor ID Number. You can review your permissions by selecting the Review box.

So, let's go back to the previous page, under vendor management. This time, we are going to edit permissions for an existing vendor. You would click on the toggle next to the vendor you wish to edit and then select the Edit Access icon. You will be able to edit any permissions. For an example here, we are going to edit this vendor for Data Submission, which this vendor has OQR Edit and Upload permissions. If, for some reason, you wanted to edit this vendors permission, you can simply choose the Edit box.

This view will display and provide data submission information for encounter quarters and submission dates. My view and permissions for HQR are different; so, the dates you are seeing here will not be the same as what you see. You can see here that the permission level for this vendor is to Upload and Edit Data. If you want to change that, you would simply select the blue Edit box.

This page will open, and you can see the permissions and the options to change. Under Permissions, you can select No Access, which you can see here with the blue checkmark, or you can select Upload/Edit. You then need to fill in the encounter quarters and the submission date. Well, you can choose to enter a quarter and submission end date, or you can select the boxes to not include an end date. Once you make all of your edits, you will select the blue Confirm box, and then Apply & Close.

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Let's go back to the initial Vendor Management page and, again, from the toggle next to the vendor you wish to edit. This time we are going to look at Suspending Access and Removing Access.

Whether you select to remove a vendor or suspend a vendor's access, the boxes shown here will display and you will just need to confirm this action and that's it. This is the quick tour of the new HQR system. Again, there will be ongoing changes with this system and there will be more options and functionality in the near future. So, I think that's about all we have to discuss as far as the HQR platform.

Now, some of you may remember the Secure File Transfer. That is how you received reports like the Preview Report. That was in the old system, which is no longer active. So, in its place is the Manage File Transfer, or MFT. The link to that application is here on the slide.

This new system replaces Secure File Transfer in *QualityNet* and manages file transfers. It provides file sharing and secure email with a single interface. As with the other applications, you must have a HARP account to access. Hospitals will use this for submission of Request for Reconsideration and to have access to Preview Reports and Facility-Specific Reports (FSRs).

If you have questions, there are issues, or you need any assistance, please contact the *QualityNet* Help Desk at the contact information on the slide.

For those of you not aware, Hospital Compare was retired. The new public reporting site is Care Compare. I just want to take a few minutes to show you that new site, just so that you are a little bit familiar. This fall, CMS launched Care Compare, a streamlined redesign of eight existing CMS healthcare compare tools that are available on Medicare.gov.

Care Compare provides a single user-friendly interface that patients and caregivers can use to make informed decisions about healthcare based on cost, quality of care, volume of services, and other data.

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With just one click, patients can find information that is easy to understand about doctors, hospitals, and other health care services instead of searching through multiple tools. This offers a simple design that is optimized for mobile and tablet use. Enhancements for mobile use will give practical benefits like accessing the tool using a smartphone and it can initiate phone calls to providers simply by clicking on the provider's phone number.

In conjunction with the launch of Care Compare, additional improvements have been made to other CMS data tools to help Medicare beneficiaries compare costs. The Procedure Price Look Up, or PPL, tool now includes physician fees in addition to facility fees, offering people with Medicare a more accurate prediction of the true out-of-pocket costs.

The Provider Data Catalog, or PDC, better serves innovators and stakeholders who are interested in detailed CMS data and use interactive and downloadable datasets. The PDC now makes quality datasets available through an improved Application Programming Interface (API), allowing innovators in the field to access and analyze the CMS publicly reported data. To find your data, you will access [Medicare.gov/care-compare](https://www.Medicare.gov/care-compare). You can see the link at the top of the slide.

This, what you see on the slide, will be the landing page. At the top, you will either enter the zip code or city of your facility, provider type, and the name of your facility. Then, select Search, or you could select the Hospital link below that and enter the same data.

Your hospital's data result page will display. You can choose the data you wish to preview by clicking on any of the options available. Right now, let's click on the Timely & Effective Care option at the bottom of the page. Here are a couple of examples of that data you will see. You can choose to print this information as well, if you like.

We are not going into detail today about Care Compare. I really just wanted to just point out a few things and let you know how to obtain your hospital's data.

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Wow, we have covered so much information today. In summary, data are entered in the Data Submission tab in HQR. New options and enhancements are on the way. Program Reporting will allow you to check your organizations program requirement status, availability of reports, and public reporting information. Under the Administration tab, you have a streamlined access management process to allow you to manage vendor status, Security Official, and basic user access and status, as well. Care Compare is the new redesigned compare tool which contains improvements and additional tools.

I hope everything we covered today is helpful to you.

Here we have some resources available for you. Again, the slides are available on QualityReportingCenter.com. You can simply click on the link here to access those slides. Remember, we will have the recording of this event up in the next few days, as well as a transcript that will be up in the next couple of weeks.

With any issues related to the HQR platform, please contact *QualityNet* support. We highly recommend you opening a help desk ticket to address any concerns or issues you may have. As always, with any program related questions, give us a call at (866) 800-8756.

I think that's all the time we have today. We thank for joining us. We appreciate your time. Have a great day.