



CMS

CENTERS FOR MEDICARE & MEDICAID SERVICES



Springtime Refresh: Exploring the Specifications Manual and Other Important Resources

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Stakeholder Support Team

Learning Objectives

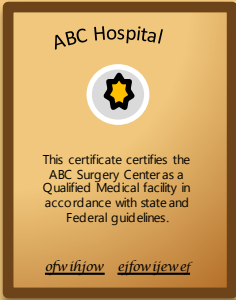
Attendees will be able to:

- Define the program requirements for the Hospital Outpatient Quality Reporting (OQR) program.
- Describe how to successfully create a HARP* account and register as a Security Official.
- List and describe the sections in the program Specifications Manual.
- Explain the resources available on the [QualityReportingCenter.com](https://www.qualityreportingcenter.com) website.

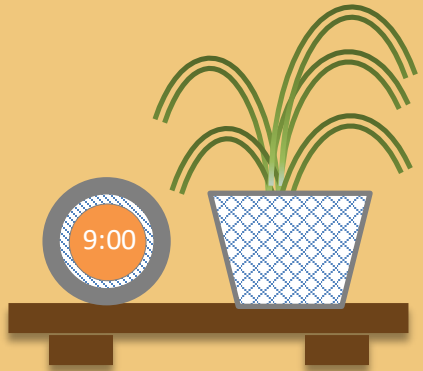
*Healthcare Quality Information System (HCQIS) Access Roles and Profile (HARP)

Announcements

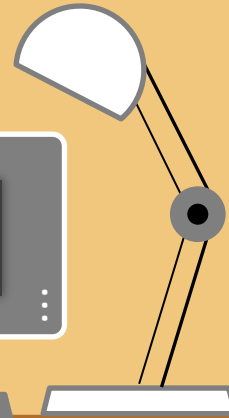
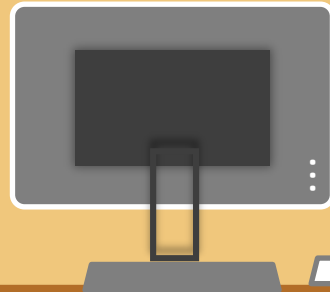
- Quarter (Q) 4 data (October 1–December 31, 2020) are due May 3, 2021.
- The web-based data submission deadline is May 17, 2021.
 - You can make any edits or changes up to the deadline. After the deadline passes, no changes can be made.
- A measure-specific Frequently Asked Questions (FAQ) webinar will be presented in June.



ABC Hospital



Quality Coordinator



Program Requirements

Hospitals must:

- Collect and report data for quality measures specific to this program.
- Submit data through the Hospital Quality Reporting (HQR) platform.
 - HARP ID and approved Security Official or Basic User are required.
- Follow guidance in the Specifications Manual for all measures.
- Meet validation requirements if selected and attain a confidence interval of 75 percent or higher.

CMS Rule Making

- The proposed rule:
 - Contains proposed changes for the program.
 - Is typically released in July with a 60-day public comment period.
- The final rule:
 - Contains the finalized changes to the program.
 - Is typically released in November.

Types of Measures

- Web-based measures are reported annually.
- Clinical data chart-abstracted measures are reported quarterly.
 - They are submitted in one of two ways:
 - CMS Abstraction & Reporting Tool (CART)
 - Third party vendor
- Claims-based measures are collected via paid Medicare claims.
 - They require no manual abstraction or reporting by the facility.

Web-Based Measures

Payment Year 2022

Measures	Reporting Period*	Submission Period
OP-22: Left Without Being Seen	January 1—December 31, 2020	January 1—May 17, 2021
OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	January 1—December 31, 2020	January 1—May 17, 2021
OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Voluntary)	January 1—December 31, 2020	January 1—May 17, 2021

* Under the Covid-19 exception, abstraction for encounters January through June is voluntary for PY 2022.

Further Details: OP-22

The Emergency Department Volume (EDV) is based on the volume of patients submitted as the denominator for the OP-22 measure.

Emergency Department Volume	
Very High	Values of 60,000 or greater patients per year
High	Values ranging from 40,000 to 59,999 patients per year
Medium	Values ranging from 20,000 to 39,999 patients per year
Low	Values less than or equal to 19,999 patients per year

Chart-Abstracted Measures

Measure*

OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival

OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention

OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients

OP-23: Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival

* OP-22: Left Without Being Seen is a chart-abstracted measure submitted annually via the web-based submission tool.

Timeline

Payment Year 2022

Clinical Data Submission Deadline	Reporting Period	Encounter Quarter
November 1, 2020	April 1–June 30, 2020	Q2 2020*
April 1, 2021	July 1–September 30, 2020	Q3 2020**
May 3, 2021	October 1–December 31, 2020	Q4 2020
August 2, 2021	January 1–March 31, 2021	Q1 2021

*Under the COVID-19 exception, Q2 data submission was voluntary.

** CMS deadline extension was due to system upgrades.

Imaging Measures

Payment Year 2022

Claims-Based Measure	Reporting Period*
OP-8: MRI Lumbar Spine for Low Back Pain	July 1, 2019—June 30, 2020
OP-10: Abdomen CT – Use of Contrast Material	July 1, 2019—June 30, 2020
OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low Risk Surgery	July 1, 2019—June 30, 2020

*Under the COVID-19 exception, data from January 1 through June 30, 2020 will not be used for performance calculation

Outcome Measures

Payment Year 2022

Claims-Based Measure	Reporting Period
OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	January 1, 2018--December 31, 2020
OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	January 1, 2020--December 31, 2020
OP-36: Hospital Visits after Hospital Outpatient Surgery	January 1, 2020--December 31, 2020

The *QualityNet* Website



The screenshot shows the QualityNet website interface on a tablet. At the top left, it displays "CMS.gov | QualityNet". To the right is a search bar with the text "Search QualityNet" and a magnifying glass icon. The main content area has a blue background with the text "Welcome to QualityNet!" and "Your one-stop shop for CMS Quality Programs." Below this are two buttons: a dark blue button with white text "Subscribe to Email Updates" and a white button with a blue border and blue text "Log into QualityNet Secure Portal".

From the Home Page

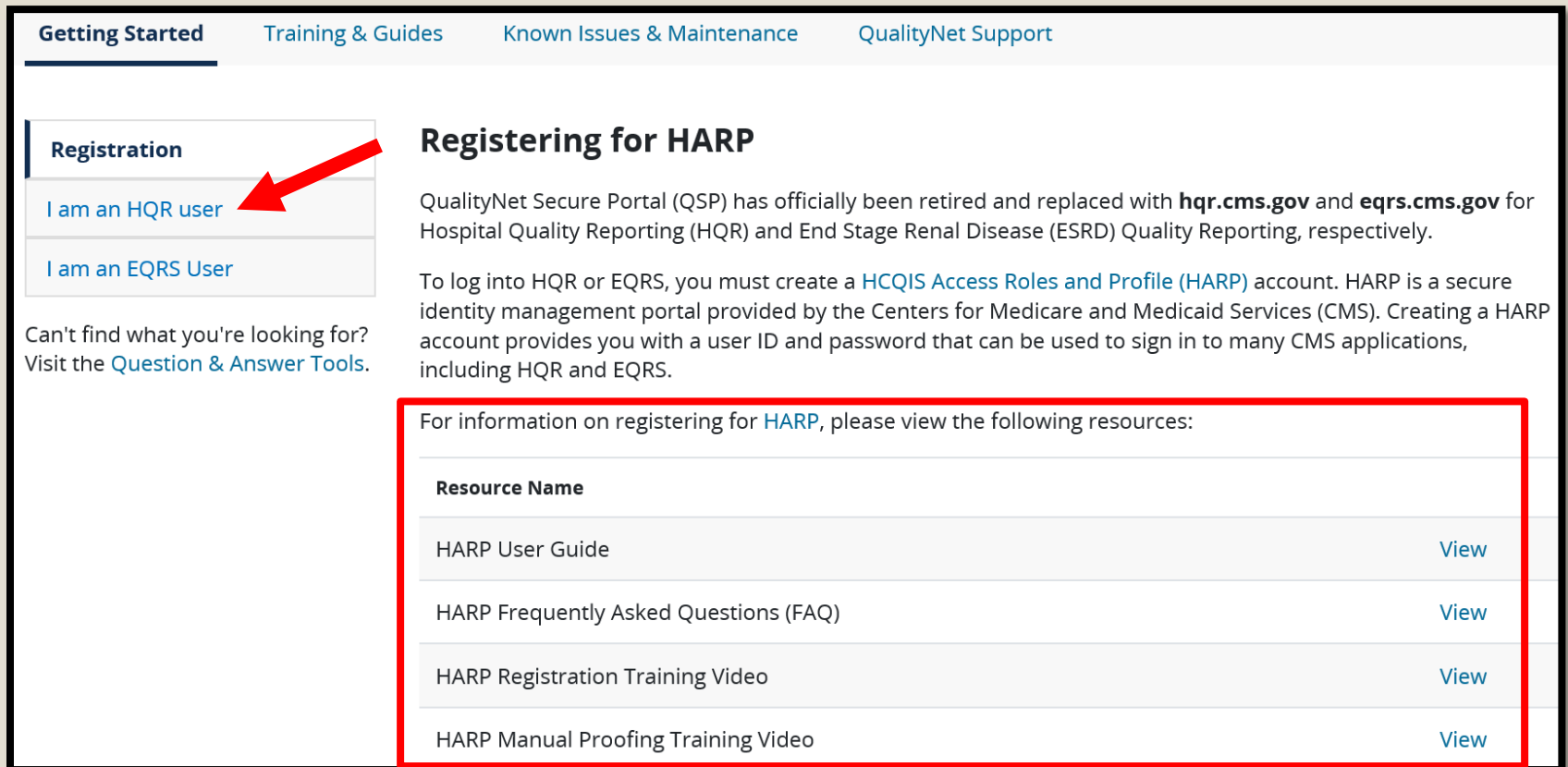
From the [QualityNet](#) Home Page you can:

1. Subscribe to email updates.
2. Ask a subject-matter expert a question.
3. Register to report data.

The screenshot shows the CMS.gov QualityNet Home Page. At the top left is the CMS.gov logo and QualityNet text. A search bar with the text 'Search QualityNet' and a magnifying glass icon is in the top center. On the top right, there are links for 'Quality Programs' and 'Help', both with dropdown arrows. To their right is a 'Log into Secure Portal' button with a 'Register' button below it. The main content area has a blue background with the text 'Welcome to QualityNet!' and 'Your one-stop shop for CMS Quality Programs.' Below this is a dark blue button labeled 'Subscribe to Email Updates' and a white button labeled 'Log into QualityNet Secure Portal'. On the right side, there is a 'Recent News' section with a 'View more' link. The first news item is dated 'Dec 17, 2020' and titled 'CMS extends third quarter (Q3) 2020 submission deadlines for select programs'. The second news item is dated 'Dec 16, 2020' and titled 'Axway Secure File Transfer (Data Exchange) Has Been Decommissioned'. Three red callouts are present: callout '1' points to the 'Subscribe to Email Updates' button; callout '2' points to the 'Help' dropdown menu; callout '3' points to the 'Log into Secure Portal' button.

Available Resources

You can access HARP resources to assist you in registering for your HARP account.



The screenshot shows a web page with a navigation bar at the top containing 'Getting Started', 'Training & Guides', 'Known Issues & Maintenance', and 'QualityNet Support'. The 'Getting Started' section is active, showing a sub-menu with 'Registration', 'I am an HQR user', and 'I am an EQRS User'. A red arrow points to the 'I am an HQR user' link. Below the sub-menu, there is a link for 'Question & Answer Tools'. The main content area is titled 'Registering for HARP' and contains text explaining the transition from QSP to HQR and EQRS, and the requirement to create a HARP account. A red box highlights a section titled 'For information on registering for HARP, please view the following resources:' which contains a table of resources.

Getting Started Training & Guides Known Issues & Maintenance QualityNet Support

Registration

[I am an HQR user](#)

[I am an EQRS User](#)

Can't find what you're looking for?
Visit the [Question & Answer Tools](#).

Registering for HARP

QualityNet Secure Portal (QSP) has officially been retired and replaced with [hqr.cms.gov](#) and [eqrs.cms.gov](#) for Hospital Quality Reporting (HQR) and End Stage Renal Disease (ESRD) Quality Reporting, respectively.

To log into HQR or EQRS, you must create a [HCQIS Access Roles and Profile \(HARP\)](#) account. HARP is a secure identity management portal provided by the Centers for Medicare and Medicaid Services (CMS). Creating a HARP account provides you with a user ID and password that can be used to sign in to many CMS applications, including HQR and EQRS.

For information on registering for [HARP](#), please view the following resources:

Resource Name	
HARP User Guide	View
HARP Frequently Asked Questions (FAQ)	View
HARP Registration Training Video	View
HARP Manual Proofing Training Video	View

Request Access

Log into hqr.com.gov to begin the Security Official registration process.

To register as a Basic User or Security Administrator/Official in the new Hospital Quality Reporting (HQR) System:

NEW USERS TO HQR: New users (those with no current affiliation to any organization) must contact the QualityNet Help Desk to request access to their organization.

Effective November 13, 2020, the new **Access Management** feature makes requesting and assigning access for current users much quicker.

All current users should follow these steps to request access:

1. Log onto hqr.cms.gov with your HARP User ID and Password
 - (No **HARP** account? Create one [here](#).)
2. Go to **My Profile** (Under your **User Name** in the upper right)
 - *From this page, you can Request Access or View Current Access*
3. Select either **Basic User** or **Security Administrator/Official** when prompted to **Choose Your User Type**
4. **Select** your required permissions, **Review** them, and click **Submit** when ready
5. You will be notified by email when your request has been approved



PLEASE NOTE: If you are new user to HQR and requesting to be the first SA/O for your organization, you can submit requests using the Electronic Access Request (EAR) [here](#). (Ambulatory Surgery Center's must continue to submit via the EAR. Future HQR enhancements may enable the ASC community to utilize Access Management resources.

Where do I find
guidance for the
measures I am
reporting?



Participating in the Hospital OQR Program?

[Download 2021 Specifications Manual](#)

[Download 2020 Specifications Manual](#)

[View all Specifications Manuals](#)

Choose Your Program

Welcome to QualityNet!

Your one-stop shop for CMS Quality Programs.

[Subscribe to Email Updates](#)

[Log into QualityNet Secure Portal](#)

Recent News

[View more](#)

Feb 16, 2021

Q3 2020 HCAHPS and CY 2020 eCQM Submission Deadline Extensions

Feb 2, 2021

FY 2021 Results for Three Value-Based Purchasing Programs Now on Provider Data Catalog



I am looking for quality information associated with...



Hospitals - Inpatient



Hospitals - Outpatient



Ambulatory Surgical Centers



PPS-Exempt Cancer Hospitals



ESRD Facilities



Inpatient Psychiatric Facilities

Locate the Specifications Manual

Select Download 2020 Specifications Manual.

Home /

Hospitals - Outpatient

Overview Measures Public Reporting Data Management Resources Notifications

Hospital Outpatient Overview

The Hospital OQR Program is a quality data reporting program for outpatient hospital services implemented by CMS. CMS focuses on reporting measure data that have high impact and support national priorities for improved quality and efficiency of care for Medicare beneficiaries.

[Read more](#)

Participating in the Hospital OQR Program?

[Download 2021 Specifications Manual](#)

[Download 2020 Specifications Manual](#)

[View all Specifications Manuals](#)

Select Your Version

Home / Hospitals - Outpatient /

Hospital Outpatient Specifications Manuals

Specifications Manuals

[Timelines](#)

[2021 - Version 14.0a](#)

[2020 - Version 13.0b](#)

[2019 - Version 12.0b](#)

[2018 - Version 11.0b](#)

[2017 - Version 10.0a](#)

[Archived Manuals](#)

Version 13.0b - Encounters 01/01/20 to 12/31/20

The *Hospital Outpatient Quality Reporting Specifications Manual* was developed by the Centers for Medicare & Medicaid Services (CMS) to provide a uniform set of quality measures to be implemented in hospital outpatient settings. The primary purpose of these measures is to promote high quality care for patients receiving services in hospital outpatient settings.

By downloading the below documents, you agree to the [CPT License of Use](#).

Complete Manual

File Name	File Type	File Size	
Version 13.0b - Specifications Manual for encounters 01/01/20 - 12/31/20	PDF	2.7 MB	Download
Version 13.0b - Specifications Manual for encounters 01/01/20 - 12/31/20	ZIP	17.5 MB	Download
Release Notes, Version 13.0	PDF	60 KB	Download
Release Notes, Version 13.0a	PDF	61 KB	Download
Release Notes, Version 13.0b	PDF	21 KB	Download

Initial Section

Manual By Section

View and/or download individual sections of the Specifications Manual, (PDF documents, unless noted), listed below.

[Table of Contents](#)

[Acknowledgement](#)

[Program Background](#)

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[AMI Measure Set](#)

[AMI General Data Element List](#)

[AMI Specific Data Element List](#)

[AMI Population Algorithm](#)

[Measurement Information Forms and Algorithms
\(OP-2, OP-3\)](#)

[1.2 - Emergency Department \(ED\)-Throughput](#)

[ED-Throughput Measure Set](#)

Outpatient Delivery Settings

Outpatient Delivery Settings

Acute Myocardial Infarction (AMI)

Measures:	OP-2	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival
	OP-3	Median Time to Transfer to Another Facility for Acute Coronary Intervention

ED-Throughput

Measures:	OP-18	Median Time from ED Arrival to ED Departure for Discharged ED Patients
	OP-22	Left Without Being Seen

Stroke

Measure:	OP-23	Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival
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Imaging Efficiency

Measures:	OP-8	MRI Lumbar Spine for Low Back Pain
	OP-10	Abdomen CT – Use of Contrast Material
	OP-13	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery

Measures Submitted via a Web-Based Tool

Measures:	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
	OP-33	External Beam Radiotherapy (EBRT) for Bone Metastases

Outcome

Measures:	OP-32	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
	OP-35	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy
	OP-36	Hospital Visits after Hospital Outpatient surgery

Other Sections Included

Section 1: Measure Information Forms (MIFs)

Section 2: Data Dictionary

Section 3: Missing and Invalid Data

Section 4: Population and Sampling Specifications

Section 5: Hospital Outpatient Quality Measure
Data Transmission

Section 6: Tools and Resources

Appendices

Section 1

Section 1 - Measure Information Forms

- [Measure Information Form Format Overview](#)
- 1.1 - Acute Myocardial Infarction (AMI)
 - [AMI Measure Set](#)
 - AMI General Data Element List
 - AMI Specific Data Element List
 - AMI Population Algorithm
 - Measurement Information Forms and Algorithms (OP-2, OP-3)
- 1.2 - Emergency Department (ED)-Throughput
 - [ED-Throughput Measure Set](#)
 - ED-Throughput General Data Element List
 - ED-Throughput Specific Data Element List
 - ED-Throughput Population Algorithm
 - Measurement Information Forms and Algorithms (OP-18, OP-22)
- 1.3 - Stroke
 - [Stroke Measure Set](#)
 - Stroke General Data Element List
 - Stroke Specific Data Element List
 - Stroke Population Algorithm
 - Measurement Information Form and Algorithm (OP-23)
- 1.4 - Imaging Efficiency
 - [OP-8: MRI Lumbar Spine for Low Back Pain](#)
 - [OP-10: Abdomen CT - Use of Contrast Material](#)
 - [OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery](#)
- 1.5 - Measures Submitted via a Web-Based Tool
 - [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](#)
- 1.6 - Outcome Measures
 - [OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy](#)
 - [OP-35: Admissions and Emergency Department \(ED\) Visits for Patients Receiving Outpatient Chemotherapy](#)
 - [OP-36: Hospital Visits after Hospital Outpatient Surgery](#)

The Measure Information Form Format Overview option in blue provides a detailed explanation of the MIF.

You can select any measure or measure set's link in blue to view the MIF.

OP-29: Measure Information Form

Measure Information Form

Performance Measure Name: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients

Measure ID #: OP-29

Measure Set: Measures submitted via a web-based tool

Description: Percentage of patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.

Numerator Statement: Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.

Denominator Statement: All patients aged 50 to 75 years of age receiving screening colonoscopy without biopsy or polypectomy.

Denominator Criteria (Eligible Cases):

Patients aged ≥ 50 and ≤ 75 on date of encounter

and

ICD-10-CM Diagnosis code: Z12.11

and

CPT or HCPCS: 44388, 45378, G0121

without

CPT Category I Modifiers: 52, 53, 73, 74

without

ICD-10-CM Diagnosis codes: Z83.71, Z86.010, Z80.0, Z85.038

Denominator Exclusions:

- Documentation of medical reason(s) for not recommending at least a 10-year follow-up interval (e.g. inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is ≥ 66 years old, or life expectancy is < 10 years, other medical reasons). Medical reason(s) are at the discretion of the physician. Documentation indicating no follow-up colonoscopy is needed or recommended is only acceptable if the patient's age is documented as ≥ 66 years old, or life expectancy < 10 years.

Documentation of a medical condition or finding can be used as a medical reason(s) for denominator exclusion purposes only if the documented recommended follow-up interval is less than 10 years.

Examples:

- Diverticulitis documented in the medical record and a follow-up interval of 5 years in the colonoscopy report.
- Family history of colon cancer and a follow-up interval of 3 years documented in the colonoscopy report.
- Less than adequate prep documented in the medical record with a repeat colonoscopy in 3 years in the colonoscopy report.

Annual data submission period: See the timeline posted to QualityNet.org for this measure; select Hospitals-Outpatient and then Data Submission in the drop-down menu. Data entry will be achieved through the secure side of QualityNet.org via an online tool available to authorized users.

Additional instructions: Patients will be counted in the numerator if there is reference in the final colonoscopy report that the appropriate follow-up interval for the repeat colonoscopy is at least 10 years from the date of the current colonoscopy (i.e., the colonoscopy performed during the measurement period). A range that includes "10 years" (e.g., 7 to 10 years) is not acceptable.

Section 2

Section 2 - Data Dictionary

Data Dictionary and General Abstraction Guidelines

Introduction

Interpretation of Data Dictionary Terms

Data Dictionary Terms

General Abstraction Guidelines

Alphabetical Data Element List and Data Dictionary

The *Data Dictionary and General Abstractions Guidelines* options will provide explanation and interpretation.

The *Alphabetical Data Element List and Data Dictionary* option provides details as it relates to the various data elements.

Data Elements List

Alphabetical Data Element List

Element Name	Page #	Collected For:
<i>Arrival Time</i>	2-76	All Records
<i>Birthdate</i>	2-79	All Records
<i>Date Last Known Well</i>	2-80	OP-23
<i>Discharge Code</i>	2-83	OP-2, OP-3, OP-18, OP-23
<i>E/M Code</i>	2-86	OP-2, OP-3, OP-18, OP-23
<i>ED Departure Date</i>	2-87	OP-3, OP-18
<i>ED Departure Time</i>	2-89	OP-3, OP-18
<i>Fibrinolytic Administration</i>	2-92	OP-2, OP-3
<i>Fibrinolytic Administration Date</i>	2-93	OP-2
<i>Fibrinolytic Administration Time</i>	2-95	OP-2
<i>First Name</i>	2-97	All Records
<i>Head CT or MRI Scan Interpretation Date</i>	2-98	OP-23
<i>Head CT or MRI Scan Interpretation Time</i>	2-100	OP-23
<i>Head CT or MRI Scan Order</i>	2-102	OP-23
<i>Hispanic Ethnicity</i>	2-103	All Records
<i>ICD-10-CM Principal Diagnosis Code</i>	2-104	OP-2, OP-3, OP-18, OP-23
<i>Initial ECG Interpretation</i>	2-105	OP-2, OP-3
<i>Last Known Well</i>	2-109	OP-23
<i>Last Name</i>	2-111	All Records
<i>Outpatient Encounter Date</i>	2-112	All Records
<i>Patient Identifier</i>	2-113	All Records
<i>Payment Source</i>	2-114	All Records
<i>Physician 1</i>	2-115	Optional for All Records
<i>Physician 2</i>	2-116	Optional for All Records
<i>Postal Code</i>	2-117	All Records
<i>Race</i>	2-118	All Records
<i>Reason for Delay in Fibrinolytic Therapy</i>	2-120	OP-2
<i>Reason for Not Administering Fibrinolytic Therapy</i>	2-122	OP-3
<i>Sex</i>	2-124	All Records
<i>Time Last Known Well</i>	2-125	OP-23
<i>Transfer for Acute Coronary Intervention</i>	2-129	OP-3

By clicking on the individual data elements in blue, you will be provided detailed information related to that data element.

Quick View

Data Element Name: *ED Departure Time*

Collected For: OP-3, OP-18

Definition: The time (military time) represented in hours and minutes at which the patient departed from the emergency department.

Suggested Data Collection Question: What is the time the patient departed from the emergency department?

Observation Status:

- For patients who are placed into observation services, use the time of the physician/APN/PA order for observation for *ED Departure Time*.
- The intent of this guidance is to abstract the time that the patient is no longer under the care of the ED. When a patient is placed into observation, their clinical workflow may vary from patients who are not placed into observation prior to departure from the ED, so the observation order may be used instead of the actual ED departure time.

Suggested Data Sources:

Only Acceptable Sources:

- Emergency Department record

Section 3

Section 3 - Missing and Invalid Data

[Unable to be Determined \(UTD\) and Missing/Invalid Values](#)

Introduction

Data Collection and the UTD Allowable Value

Missing and Invalid Data

Abstraction Software Skip Logic and Missing Data

The Unable to be Determined (UTD) and Missing/Invalid Values link will provide guidance and clarification for missing and invalid data such as the data collection and the UTD allowable value, missing and invalid data, and abstraction software skip logic and missing data.

Section 4

Section 4 - Population and Sampling Specifications

Population, Sampling and Transmission

Introduction

Order of Data Flow

Sample Size Requirements

Sampling Approaches

Transmission of Outpatient Population and Sample Data Elements

The Population, Sampling and Transmission link will provide information on population, sampling, order of data flow, sample size requirements, sampling requirements, and sampling approaches.

Sample Size Requirement Tables

Table 3: Sample Size Requirements per Quarter per Hospital for OP-18

Population Per Quarter	0-900
Quarterly Sample Size	63
Monthly Sample Size	21
Population Per Quarter	≥ 901
Quarterly Sample Size	96
Monthly Sample Size	32

Table 4: *Sample Size Requirements per Year per Hospital for OP-29 and OP-31

Population Per Year	0-900
Yearly Sample Size	63
Quarterly Sample Size	16
Monthly Sample Size	6
Population Per Year	≥ 901
Yearly Sample Size	96
Quarterly Sample Size	24
Monthly Sample Size	8

***If a hospital has 20 or fewer cases, it is not required to submit any data, but it may voluntarily submit these data.**

Follow the requirements displayed in the tables to ensure adequate reporting.

Example

Please enter zeros for this measure as I have no data to submit

Numerator

* Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

60

Denominator

* All patients aged 50 to 75 years of age receiving screening colonoscopy without biopsy or polypectomy

63

Population

What was your hospital's Total Population?

763

What was your hospital's sample size?

63

What was your hospital's sampling frequency?

Monthly

Quarterly

Not Sampled

N/A

Obtain your population. Use the sampling table to determine your sample size requirement, which will be your denominator. Then, obtain your numerator.

Section 5

Section 5 - Hospital Outpatient Quality Measure Data Transmission

Introduction and Guidelines for Submission of Data

Transmission Data Element List and Transmission Data Element Pages

Transmission Data Processing Flow

Hospital Outpatient Clinical Data XML File Layout

Hospital Outpatient Population Data XML File Layout

By selecting the options, you will be provided data transmission guidance for these categories. To upload data, you should use the specified file layouts provided.

Section 6

Section 6 - Tools and Resources

[Tools and Resources Table of Contents](#)

[Arrival Time Guidelines](#)

[Departure Time Guidelines](#)

[Reason for Delay in Fibrinolytic Therapy Guidelines](#)

[OP-29 Tool](#)

[OP-29 Algorithm](#)

[OP-29 Denominator Codes](#)

[OP-29 Fact Sheet](#)

[OP-31 Cataracts Improvement After Surgery](#)

By selecting the various options, you will be given guidelines, tools, fact sheets, algorithms, examples and guidance.

Departure Time Guideline

Hospital OQR ED Departure Time: Guidelines

When abstracting *ED Departure Time* for OP-3 (Median Time to Transfer to Another Facility for Acute Coronary Intervention) and OP-18 (Median Time from ED Arrival to ED Departure for Discharged ED Patients):

Remember, the intent of abstraction “...is to capture the latest time at which the patient was receiving care in the emergency department, under the care of emergency department services, or awaiting transport to service/care.”

Source: General Abstraction Guidelines, *Medical Record Documentation*

- **Do use** the later departure time if two departure/discharge times are noted.
- **Do use** the time of the observation order written by the physician/APN/PA for patients who are placed into observation.
- **Do not use:**
 - Coding Summary
 - Physician’s Discharge Summary
 - ED record released from holding time
 - Chart closed time
 - Off the tracking board time
 - Report called time
 - Disposition time
 - Discharge instruction time
- **Do not use** any time that cannot be substantiated in the medical record. For example, if there is a departure time of 2015 and a note from the physician or nurse written at 2200 with no other information available that the patient was still in the facility, the departure time would be 2015.
- **Do not use** Medication or Vital Signs if they are later than the *ED Departure Time*.
- **Do not use** the time the discharge order was written because it may not represent the actual time of departure.
- **Do use:**
 - Discharge time (if it is listed on the disposition sheet)
 - Release time
 - Out time
 - Gone time
 - Checkout time
 - Transport documented time
 - The Event Log, Registration sheet, Transfer record, etc. (if a discharge time is noted and the document is part of the permanent medical record)
 - Transfer time
 - Order for observation status time
 - Any other synonym that can easily be understood to mean “Departure” or “Discharge”

Note the following frequently asked questions:

Question: Patient was admitted to ‘Observation’ from the ED. The nurse documents that the patient physically left the ED at 1440. The order for ‘Observation’ was written at 1700. What time should be abstracted for *ED Departure Time*?

Answer: If the order for ‘Observation’ is written after the patient departed the ED select the time the patient physically left the ED. In this example, abstract 1440 as the *ED Departure Time*.

Question: *ED Discharge Time* is documented on the face sheet at 1400. A nursing note is documented, “EMS at bedside” at 1422 and medication administration noted at 1428. What would be the appropriate *ED Departure Time*?

Answer: Because there is substantial documentation to support that the patient was in the ED after the documented *Discharge Time* and there is no additional documented time of ED departure, it cannot be determined when the patient physically left the ED. Enter ‘UTD’ for *ED Departure Time*. Medication administration times are not acceptable for establishing the *ED Departure Time*.

Question: A nurse’s note indicates when the patient was discharged from the ED. No other care is documented beyond that time. There is also an electronic time entered after the documented *ED Departure Time* that states “patient removed from the system.” Which documentation should be used for abstracting the *ED Departure Time*?

Answer: The intent is to capture the latest time the patient was receiving care in the emergency department. In this example, there is a documented discharge time. The documented discharge time from the nurse’s note would be used to abstract *ED Departure Time*. An electronic time or stamp cannot be abstracted for *ED Departure Time* as it does not provide substantial documentation that the patient has physically departed the ED. Similarly, documentation that the patient was removed from system is insufficient for abstracting *ED Departure Time* because it does not provide substantial documentation that the patient physically departed the ED.

Appendices

Appendices

A - ICD-10-CM Diagnosis and CPT Code Tables

Q4 Encounters (10/01/2020 - 12/31/2020) [PDF](#) or [XLSX](#)

Q1 through Q3 Encounters (01/01/2020 - 09/30/2020) [PDF](#) or [XLSX](#)

B - Glossary of Terms, [PDF](#)

C - Medication Tables, [PDF](#)

D - Preview Section, [PDF](#)

By clicking on the blue PDF link you can access the information related to that selection.

How can I find the support contractor website for program information?

A screenshot of the Quality Reporting Center website homepage. The page features a navigation bar with the following links: "Events Calendar", "Inpatient", "Outpatient", and "ASC". The logo for the Quality Reporting Center is in the top left corner. Below the navigation bar is a banner image showing five diverse healthcare professionals (three men and two women) smiling. Below the banner is a welcome message: "Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting." At the bottom of the page is a blue footer bar with the text "QualityReportingCenter.com".

QUALITY REPORTING CENTER

Events Calendar Inpatient Outpatient ASC

Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting.

QualityReportingCenter.com

The Homepage

QualityReportingCenter.com

QUALITY REPORTING CENTER

Events Calendar Inpatient **Outpatient** ASC SNF VBP Events on Demand

Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting.

Inpatient

- [Inpatient Overview](#)
- [Tools and Resources](#)
- [Hospital Contact Change Form](#)

Outpatient

- [Outpatient Overview](#)
- [Tools and Resources](#)
- [CCN Look-up Tools](#)

ASC

- [ASC Overview](#)
- [Tools and Resources](#)
- [CCN/NPI Look-up Tools](#)

Resources Available

QUALITY REPORTING CENTER

Events Calendar Inpatient **Outpatient** ASC SNF VBP Events on Demand

Hospital OQR Program

Welcome to the Centers for Medicare & Medicaid Services (CMS) Hospital Outpatient Quality Reporting (HOQR) Program. The HOQR Program exists to promote higher quality, more efficient health care for Medicare beneficiaries through measurement. Under this program, quality data reporting requirements for care rendered in the Hospital OQR setting were implemented starting with claims submitted for services beginning in 2008.

If you are new to the program or would like to learn more, please take a moment to review our website.







- **For more information about the Hospital OQR Program**, visit the [OQR Program Information page](#).
- **For videos and resources on reporting and participating in the Hospital OQR Program**, visit the [HOQR 101 page](#).
- **For specific measure reporting guidelines and tools**, visit the [HOQR Tools and Resources page](#).

As the national support contractor for the HOQR Program, the team at HSAG is available to answer questions

Hospital OQR Program

- Program Information
- Hospital Outpatient Quality Reporting 101
- Hospital OQR Program Tools and Resources**
- Upcoming Events
- Archived Events
- Continuing Education
- Data Dashboard
- Data Collection and Cart
- Data Submission
- Data Validation
- OQR Program Rule History
- OQR Times

Tools and Resources

Program Resources	
Successful Reporting in the Hospital OQR Program: A Step-by-Step Guide for New Facilities 	Essential information for those new to the Hospital OQR Program
Hospital OQR Reference Checklist 	Summary of the current year's program requirements
Hospital OQR Important Dates for Calendar Year 2022 Payment Determination 	Summary of calendar year 2022 payment determination's reporting dates
Q3 2020 Hospital Quality Reporting Checklist 	A step-by-step guide for data submission
Hospital Outpatient Quality Reporting Question and Answers Tool	Immediate feedback to your questions and a searchable database of past responses
Q3 2019 Hospital Outpatient Quarterly Timeline 	Reporting deadlines and important dates for the OQR and IQR Program
Hospital OQR: ListServe	Email sign-up to receive the most up-to-date information and education
Hospital OQR on QualityNet	Program information and access to data submission portal and reports
CMS Extraordinary Circumstances Exceptions Guidelines and Form	Please visit QualityNet.org
Hospital Contact Change Form 	Update your facility's contact information
Hospital Quality Reporting 101	Resources for new quality reporting professionals

Next Category

QUALITY REPORTING CENTER

Events Calendar Inpatient **Outpatient** ASC SNF VBP Events on Demand

Hospital OQR Program

Program Information

Hospital Outpatient Quality Reporting 101

Hospital OQR Program Tools and Resources

Upcoming Events }
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Continuing Education
Data Dashboard ^
Lookup Tools
National Maps
Lookup Tool Archives

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Archived Events

Archived Events

[System Updates: Hospital Outpatient Quality Reporting \(OQR\) Program](#)

2/24/2021

Description This event will walk participants through the new Hospital Quality Reporting (HQR) platform and include step-by-step instructions for data entry, Access Management, Vendor Management,...

[Quality Reporting for Hospital Outpatient Departments and Ambulatory Surgical Centers: CY 2021 Program Finalized Proposals](#)

1/27/2021

Description: Join us as the Program Lead for CMS's Hospital Outpatient Quality Reporting (OQR) Program presents the Calendar Year (CY) 2021 Final Rule, discusses the program's finalized proposals,...

[Cyberattacks in Healthcare](#)

11/18/2020

Description: Join us for this exciting review of security standards in the protection of electronic Protected Health Information (ePHI). We will review case studies and discuss strategies to redu...

Data Dashboard



Events Calendar

Inpatient

Outpatient

ASC

SNF VBP

Events on Demand

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Program Information

Hospital Outpatient Quality Reporting 101

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Lookup Tools

Lookup Tools

Web-Based Measures (PY2022)

The Web-Based Measure Status Listing is based on the most current information submitted to the Centers for Medicare & Medicaid Services (CMS). Enter the CMS Certification Number (CCN) for your facility to receive the status of your facility's data submission for all of the web-based measures submitted via the Hospital Quality Reporting (HQR) portal as of the date indicated. However, to document that all data submission requirements for the measures are complete, please log in to the [HQR portal](#) and review data submission.

Web-Based Measure Lookup Tool

Hospital 6-digit CCN

Note: Data last updated March 29, 2021

Your Results

The Yes next to the measure indicates a successful submission.

Web-Based Measures Information:

- OP-22 Submitted: **Yes**
- OP-29 Submitted: **Yes**
- OP-31 Submitted: **Yes**



SUMMARY

Remember These Tips

- Identify a Security Official (SO).
 - Having two active SOs is highly recommended.
- Collect chart-abstracted clinical data for each quarter and submit these data by the deadline.
 - **Upcoming deadline is May 3, 2021**, using Q4 2020 data (October 1—December 31, 2020).
 - Population & Sampling is voluntary for the Hospital OQR Program.
- Collect data for web-based measures and submit these data by the deadline.
 - **Upcoming deadline is May 17, 2021.**

Resources

- Today's presentation can be found on:
www.QualityReportingCenter.com
- For HQR login issues, contact *QualityNet* Support:
 - E-mail: qnetsupport@hcqis.org
 - Phone: 866.288.8912
- For program-related questions, call the support contractor help desk.
 - Phone: 866.800.8756

QUESTIONS



We appreciate
you joining
us today!



Thank You!

Continuing Education (CE) Approval

This program has been approved for one CE credit for the following boards:

- **National credit**
 - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
 - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
 - Board of Registered Nursing
 - Board of Nursing Home Administrators
 - Board of Dietetics and Nutrition Practice Council
 - Board of Pharmacy

Note: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

Acronyms

CART	CMS Abstraction & Reporting Tool	MIF	Measure Information Form
CE	Continuing Education	MRI	Magnetic Resonance imaging
CMS	Centers for Medicare & Medicaid Services	OP	Outpatient
CT	Computerized Tomography	OQR	Outpatient Quality Reporting
ED	Emergency Department	PY	Payment Year
EDV	Emergency Department Volume	Q	Quarter
FAQ	Frequently Asked Questions	SO	Security Official
HARP	Healthcare Quality Information System (HCQIS) Access Roles and Profile	UTD	Unable to be Determined
HQR	Hospital Quality Reporting		

Disclaimer

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