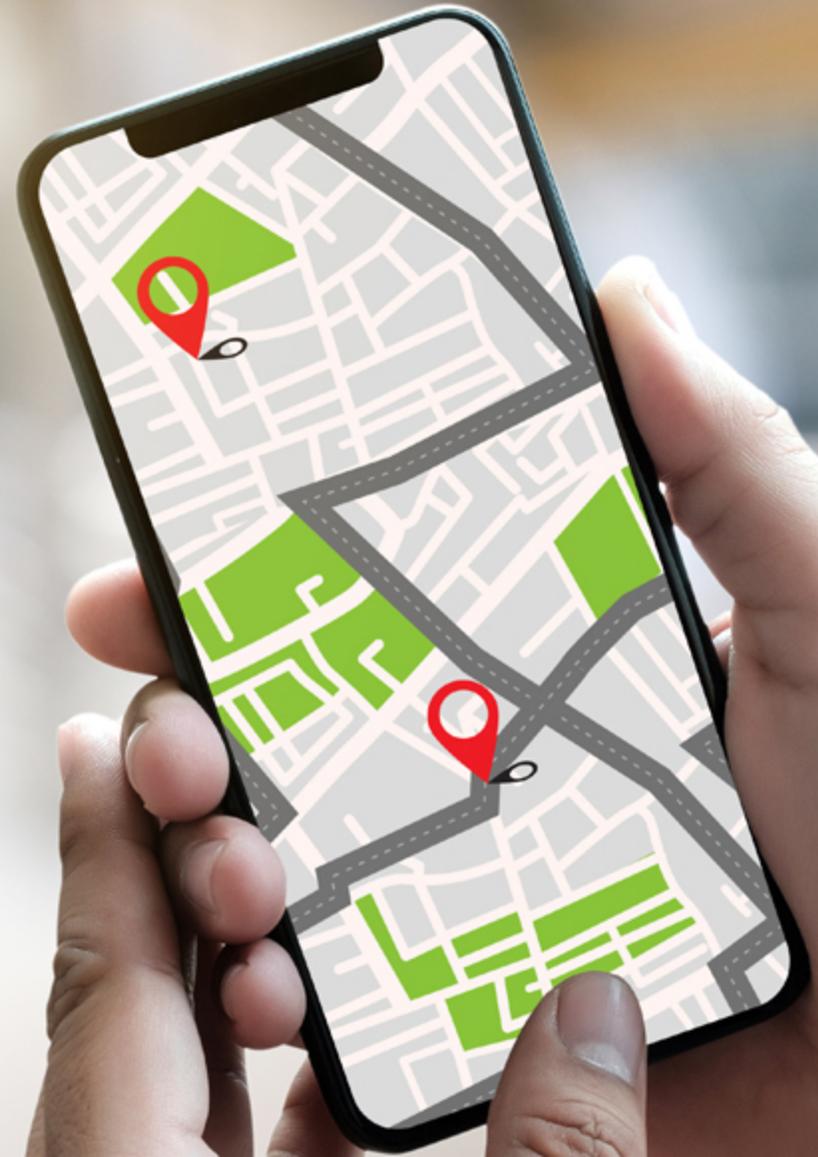


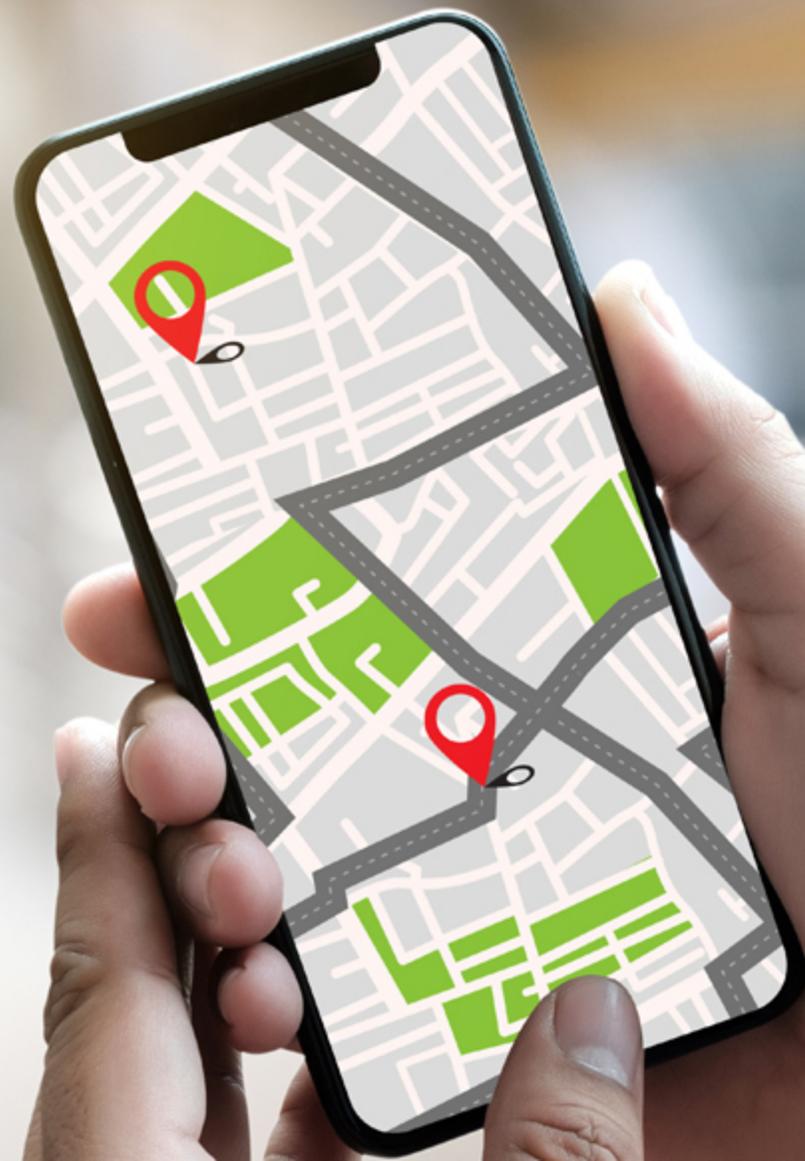
Where in the World? Finding Your Way to Successful Reporting for the Hospital OQR Program

Presented by:

**Outpatient Quality Program Systems
and Stakeholder Support Team**



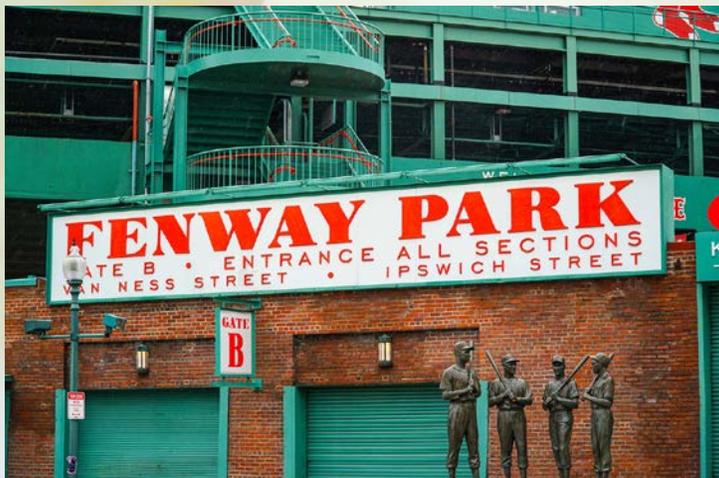
OUR JOURNEY TODAY



Learning Objectives

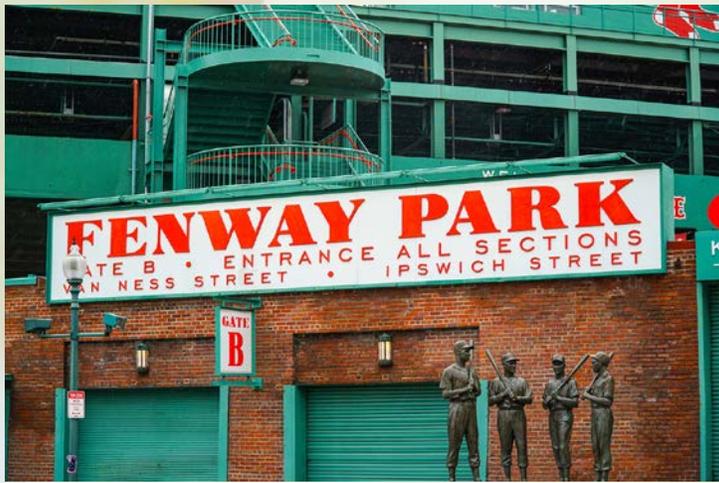
Attendees will be able to:

- State program requirements for Hospital Outpatient Quality Reporting (OQR) Program.
- List measures for this program.
- Recall how to submit data.
- Describe resources available on *QualityNet* and the QualityReportingCenter websites.



OUR FIRST STOP...





BOSTON

Program Requirements



Topics

This section covers:

- Program requirements
- Frequent program terms
- Public reporting
- Most recent final rule



Regulation

- Section 1833(t)(17)(A) of the Social Security Act addresses the Hospital OQR Program
 - Hospitals that do not meet program requirements may receive a reduction of 2.0 percentage points in their payment update for the applicable payment year.

Program Requirements

- Collect and report data for program measures by submitting the following:
 - Web-based data through the Hospital Quality Reporting (HQR) system annually.
 - Web-based data through the National Health Safety Network (NHSN) system quarterly.
 - Chart-abstracted clinical data quarterly.
- Meet validation requirements if selected.

Data for claims-based measures are collected via paid Medicare claims and do not require abstraction and reporting by the hospital.

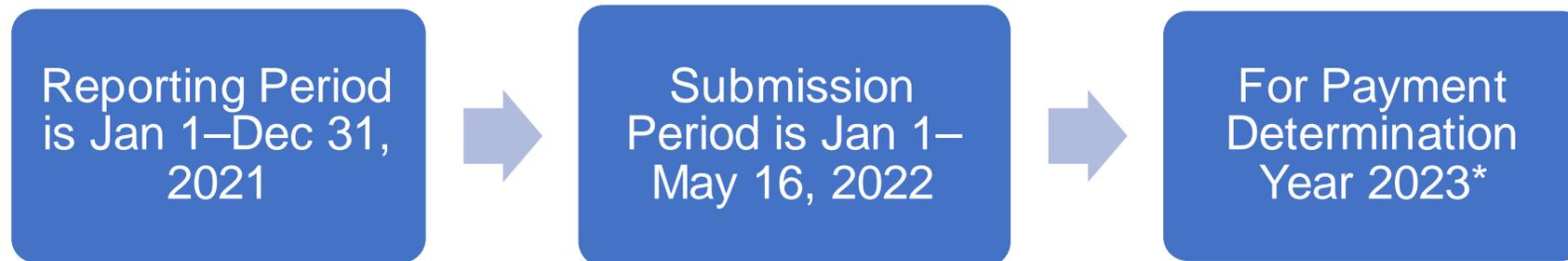
Validation

- CMS randomly selects 450 hospitals.
- CMS targets 50 hospitals that:
 - Failed the validation requirement.
 - Had an outlier value.
 - Were not selected in the previous three years.
 - Have a lower bound confidence interval score the previous year.
- Selected hospitals have 30 days to electronically submit medical records.
- Hospitals must receive at least a 75 percent validation score.

Terms Explained

- **Reporting Period:** Timeframe data are being pulled from (patient encounters)
- **Submission Period:** Timeframe you must submit your data
- **Payment Determination Year:** Year your hospital sees a payment reflection

Example: OP-29 Submission



* The Payment Determination Year 2023 is from January 1 through December 31, 2023

Public Reporting

Data reported will be publicly reported to allow for the following:

- Evaluation of preview report
- Access to publicly displayed data
- Comparison of data to other hospitals
- Use for quality improvement
- Review of the Star Ratings to evaluate patient experiences
 - Provides Medicare beneficiaries with meaningful information through Star Ratings

Final Rule Review

CY 2022 OPPS/ASC* Final Rule (86 FR 63458)

- Administrative

- Expansion of the Extraordinary Circumstances Exceptions (ECE) Policy to include electronic clinical quality measures (eCQMs)
- Validation policy updates

- Measures

- Removal of two measures, OP-2 and OP-3
- Adoption of three measures, OP-38, OP-39, and OP-40
- Updates to two measures, OP-31 and OP-37a–e

- Requests for Information

*Calendar Year (CY) Outpatient Perspective Payment System/Ambulatory Surgical Center



OUR NEXT STOP...





SEATTLE

Program Measures



Topics

This section covers:

- Types of measures
- Program measures and deadlines



Types of Measures

- Measures submitted using a web-based tool
 - Collect and report data in the HQR System and have:
 - An active Healthcare Quality Information System (HCQIS) Access Roles and Profile (HARP) account
 - At least one active Security Official (SO) registered (two recommended)
 - Collect and report data in NHSN and have:
 - An active Secure Access Management Services (SAMS) credentials
 - One Facility Administrator*
- Chart-abstracted clinical measures submitted via the HQR System
 - Using CMS Abstraction & Reporting Tool (CART) or a third-party vendor
- Claims-based measures
 - Using paid Medicare claims

*Only one Facility Administrator permitted in NHSN, but additional users can be added.

Chart-Abstracted Measures

CY 2023 Payment Determination

Measure	Reporting Period and Dates	Submission Deadline
OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	Q2 2021 Apr 1–Jun 30, 2021	Nov 1, 2021
OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention	Q3 2021 Jul 1–Sept 30, 2021	Feb 1, 2022
OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients	Q4 2021 Oct 1–Dec 31, 2021	May 2, 2022
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	Q1 2022 Jan 1–Mar 31, 2022	Aug 1, 2022

OP-2 and OP-3 have been removed from the program beginning with the CY 2023 reporting period/CY 2025 payment determination

Web-Based Measures: Via HQR

CY 2023 Payment Determination

Measures	Reporting Period	Submission Period
OP-22: Left Without Being Seen	January 1–December 31, 2021	January 1–May 16, 2022
OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	January 1–December 31, 2021	January 1–May 16, 2022
OP-31: Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery (Voluntary)*	January 1–December 31, 2021	January 1–May 16, 2022

* **Mandatory** reporting for OP-31 begins with CY 2025 reporting period/CY 2027 payment determination.

Web-Based Measure: Via NHSN

CY 2024 Payment Determination

Measure	Reporting Period	Submission Deadline
OP-38: COVID-19 Vaccination Coverage Among Healthcare Personnel	Q1: Jan 1–Mar 31, 2022	Aug 15, 2022*
	Q2: Apr 1–Jun 30, 2022	Nov 15, 2022
	Q3: Jul 1–Sept 30, 2022	Feb 15, 2023
	Q4: Oct 1–Dec 31, 2022	May 15, 2023

* First data submission deadline for Hospital OQR Program.

The Hospital OQR Program requirements are separate from any mandates.

Imaging Measures

CY 2023 Payment Determination

Claims-Based Measure	Calculated Encounter Dates
OP-8: MRI Lumbar Spine for Low Back Pain	July 1, 2020–June 30, 2021
OP-10: Abdomen CT – Use of Contrast Material	July 1, 2020–June 30, 2021
OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low Risk Surgery	July 1, 2020–June 30, 2021
OP-39: Breast Cancer Screening Recall Rates	July 1, 2020–June 30, 2021

Outcome Measures

CY 2023 Payment Determination

Claims-Based Measure	Reporting Period
OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	January 1, 2019–December 31, 2021
OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	January 1, 2021–December 31, 2021
OP-36: Hospital Visits after Hospital Outpatient Surgery	January 1, 2021–December 31, 2021

More Measures: In the Future

Submission of Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey (OAS CAHPS®): **CY 2023 Payment Determination**

Measure Name	Reporting Period
OP-37a: About Facilities and Staff	Voluntary reporting begins with CY 2023 reporting period/CY 2025 payment determination. Mandatory reporting begins with CY 2024 reporting period for the 2026 payment year.
OP-37b: Communication About Procedure	
OP-37c: Preparation for Discharge and Recovery	
OP-37d: Overall Rating of Facility	
OP-37e: Recommendation of Facility	

Submission of eCQM: **CY 2026 Payment Determination**

Measure Name	Reporting Period
OP-40: ST-Segment Elevation Myocardial Infarction (STEMI) eCQM	Voluntary reporting begins with CY 2023 reporting period/2025 payment determination. Mandatory reporting begins with CY 2024 reporting period/2026 payment determination.

Upcoming Deadlines

Report data for OP-2 and OP-3 until August 1, 2023.

Reporting for OP-31 becomes **mandatory** with the May 15, 2026, data submission deadline.

Reporting for OP-38 began with January 1, 2022, encounters.

Measure	Reporting Period	Submission Deadline
Chart-Abstracted Measures		
OP-2	For Q4 2021 Oct 1–Dec 31, 2021	May 2, 2022
OP-3		
OP-18		
OP-23		
Web-Based Measures: HQR		
OP-22	Jan 1–Dec 2021	May 16, 2022
OP-29		
OP-31 (Voluntary)		
Web-Based Measures: NHSN		
OP-38	Jan 1–Mar 31, 2022	August 15, 2022



OUR NEXT STOP...





CHICAGO

Entering Your Data: HQR



Topics

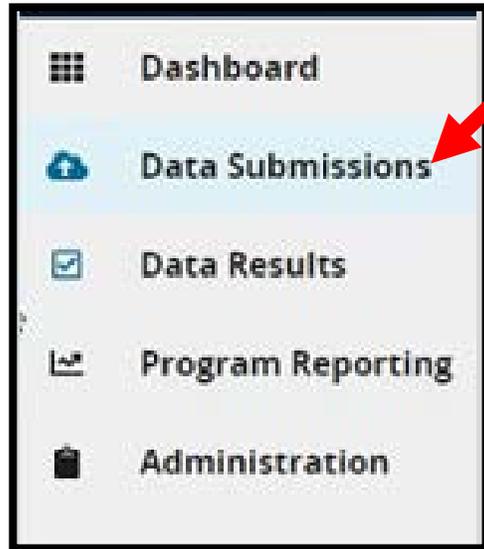
This section covers:

- How to enter your data into HQR



Data Submission

To enter your data, click on the Dashboard toggle to open your menu.
Select *Data Submission*.



ABC Hospital Change Organization

My Tasks page is being retired.
Thank you for your patience as we make changes to HQR. Quality Net Secure Portal Reports & PRS are still on the My Tasks page.
[My Tasks](#)

The New HQR is Coming

We are hard at work behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many exciting new features to help you execute your responsibilities faster, and with more confidence.

Now! Check out the navigation on the left:

- All features and functions are now available in the navigation
- Tasks are clearly divided - move from one to another with ease

Here are some of the key features of the new Hospital Quality Reporting

Intuitive Interfaces Intuitive interfaces means you always know where you are within the system.	Simple Submissions We've taken the guess work out of submitting data, via a file or a form. All from one central location.	Advanced Security Security & Access is now easy to manage with our new suite of Access tools. Effortlessly add or modify anyone's permissions.	Reliable Calculations Accurate data, with real-time validation. No second guessing. No more waiting.
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Choose Data Form

To enter data for web-based measures from the options, select *Web-based Measures*

eCQM **Web-based Measures** Population & Sampling Chart Abstracted HCAHPS

File Upload **Data Form**

Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.

Select a Submission Type

Test > **Production** >

Choose Your Option

Hospitals will select the *Data Form* option.

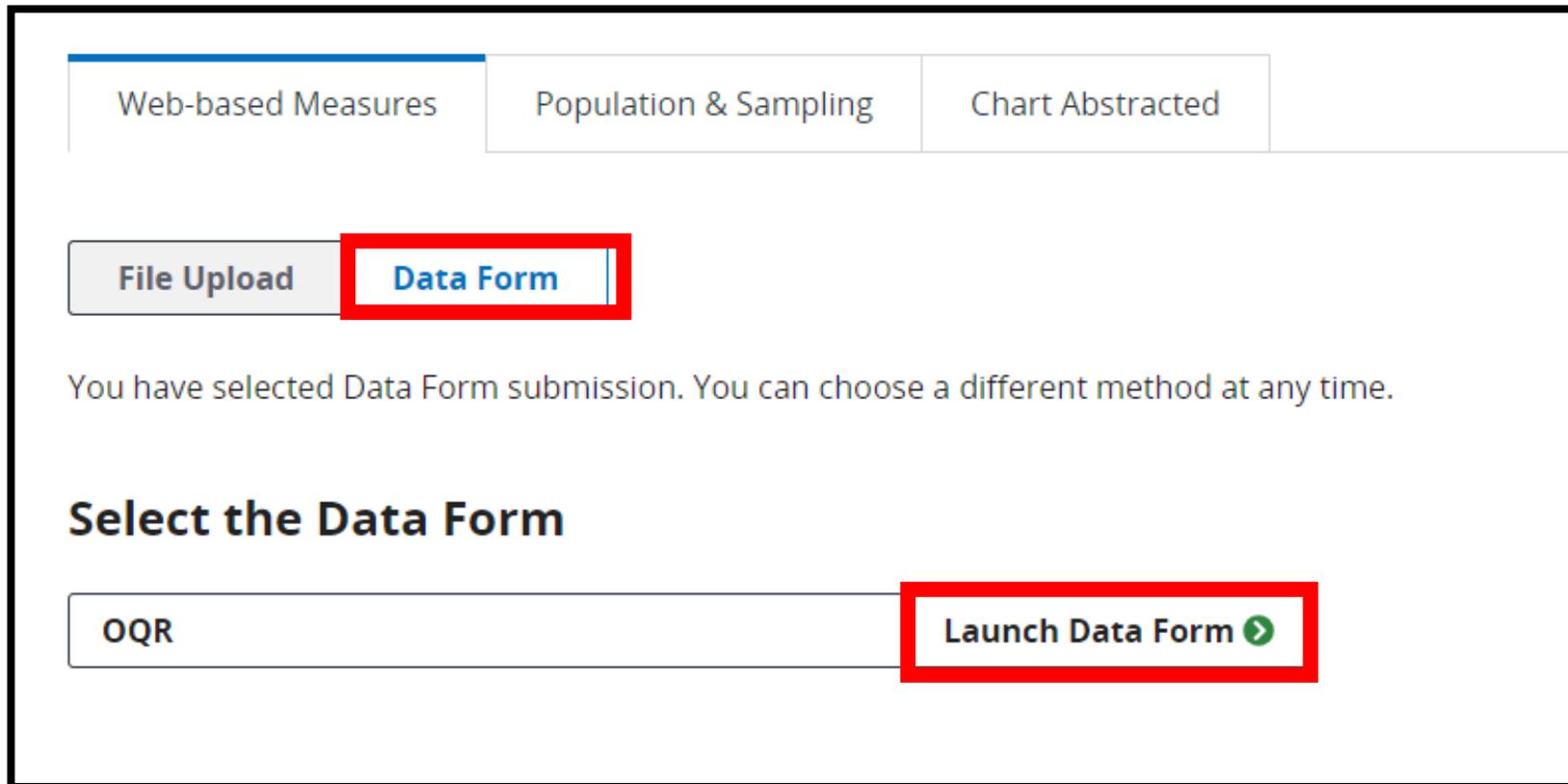
eCQM	Web-based Measures	Population & Sampling	Chart Abstracted	HCAHPS
------	--------------------	-----------------------	------------------	--------

How would you like to submit your data?

File Upload Upload files for program credit here.		Data Form Enter data for program credit here.	
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Data Form

In choosing the Data Form option, select *Launch Data Form*.



The screenshot shows a web interface for data submission. At the top, there are three tabs: 'Web-based Measures' (selected), 'Population & Sampling', and 'Chart Abstracted'. Below these, there are two buttons: 'File Upload' and 'Data Form'. The 'Data Form' button is highlighted with a red border. Below the buttons, there is a message: 'You have selected Data Form submission. You can choose a different method at any time.' Underneath this message, there is a section titled 'Select the Data Form'. In this section, there is a dropdown menu with 'OQR' selected and a 'Launch Data Form' button with a green arrow icon. The 'Launch Data Form' button is also highlighted with a red border.

Enter Your Data

To enter your data, you can:

1. Check the Payment Year.
2. Select *Start Measure*.
3. Check the box next to *Please enter zeros for this measure as I have no data to submit* if your hospital does not perform these procedures.

The screenshot shows the 'Outpatient Quality Reporting (OQR)' interface. At the top right, the 'Payment Year' is set to 2023, highlighted with a red box and a red circle containing the number 1. Below this, the CMS Certification Number is 123456, the Submission Period is 01/01/2022-05/16/2022, and the Reporting Period is 01/01/2021-12/31/2021. The current submission period is 'Open'. There are three tabs: 'Enter' (selected), 'Preview', and 'Submit'. Below the tabs, there are three measure cards: OP-22 (Left Without Being Seen), OP-29 (Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients), and OP-31 (Voluntary) (Improvement in Patients's Visual Function within 90 Days Following Cataract Surgery). Each card has a 'Start Measure' button and a checkbox for 'Please enter zeros for this measure as I have no data to submit'. The checkbox for OP-22 is highlighted with a red circle containing the number 2, and the checkbox for OP-29 is highlighted with a red circle containing the number 3, with a red arrow pointing to it. At the bottom right, there is a button labeled 'I'm ready to submit'.

Submit Your Data

Once you have entered all the data, select the blue *I'm ready to submit*.

Current Submission Period: **Open**

✓ Enter ✓ Preview ✓ Submit

+ **OP-22** ✓ Complete [Edit Measure](#)
Left Without Being Seen

Score for this measure

6%	67 Numerator	1153 Denominator
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Lower score is better

+ **OP-29** ✓ Complete [Edit Measure](#)
Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients

Score for this measure

95%	60 Numerator	63 Denominator
------------	-----------------	-------------------

Higher score is better

+ **OP-31 (Voluntary)** ✓ Complete [Edit Measure](#)
Improvement in Patients's Visual Function within 90 Days Following Cataract Surgery

Score for this measure

99%	186 Numerator	188 Denominator
------------	------------------	--------------------

Higher score is better

 ✓ I'm ready to submit

Retain a Copy

- The green check next to *Submit* indicates a successful submission of your data.
- You can print a screen shot or use the *Export Data* feature to keep a copy for your records.

The screenshot displays a CMS certification dashboard. At the top, it shows the CMS Certification Number (123456), Submission Period (01/01/2022-05/16/2022), Reporting Period (01/01/2021-2/31/2021), and Last Updated date (03/17/2022). The current submission period is 'Open'. A progress bar shows 'Enter' and 'Preview' as completed steps, with 'Submit' highlighted by a red box and a green checkmark. An 'Export Data' button is also highlighted with a red box. Below, three measures are listed:

Measure ID	Status	Score	Numerator	Denominator	Direction
OP-22	Complete	6%	67	1153	Lower score is better
OP-29	Complete	95%	60	63	Higher score is better
OP-31 (Voluntary)	Complete	99%	186	188	Higher score is better

The total score for the measures is 30. Each measure has an 'Edit Measure' link.

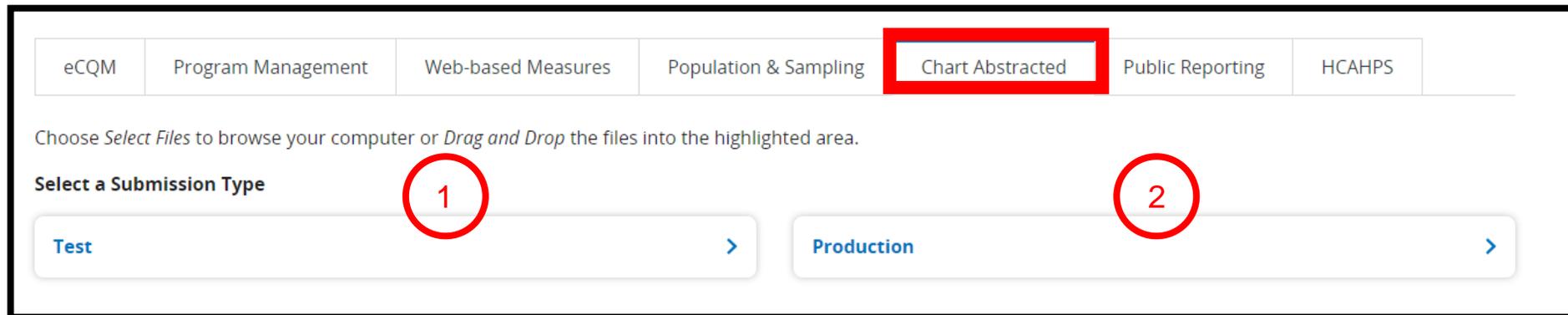
Chart-Abstracted Tab

From the Chart-Abstracted tab:

1. You can use the *Test Environment*.

OR

2. You can submit your data in *Production*.



The screenshot shows a navigation bar with tabs: eCQM, Program Management, Web-based Measures, Population & Sampling, Chart Abstracted (highlighted with a red box), Public Reporting, and HCAHPS. Below the navigation bar, there is a text prompt: "Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area." Underneath, there is a section titled "Select a Submission Type" with two buttons: "Test" (circled with a red '1') and "Production" (circled with a red '2').

Select Your Files

You can use Select Files or the Drop and Drag feature to upload your data.

eCQM Program Management Web-based Measures Population & Sampling Chart Abstracted Public Reporting HCAHPS

Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.

 Change Selection

Production

Search

Search 

CART

- Enter clinical chart-abstracted measures through CART.
 - No cost application tools are found on *QualityNet*.
 - Tutorials and CART training are also available here:
<https://qualitynet.cms.gov/outpatient/data-management/cart/resources>



OUR NEXT STOP...





SAN FRANCISCO

Entering Your Data: NHSN



Topics

This section covers:

- How to enter your data into NHSN



Logging Into SAMS

Log into the SAMS portal using the link provided or use sams.cdc.gov.

- Enter your username and password.
- Select *Login*.

External Partners

SAMS Credentials



SAMS Username

SAMS Password

Login

[Forgot Your Password?](#)

For External Partners who login with only a SAMS issued UserID and Password.

OR

SAMS Multi-factor Login



SAMS Username

SAMS Password

Login

Accessing NHSN Reporting

Select *NHSN Reporting*.

The screenshot displays a web application interface with two main sections: a left-hand menu and a right-hand 'My Applications' area.

Menu Section:

- Menu** (header)
- SAMS Admin (with a terminal icon)
- My Profile (with a profile card icon)
- Logout (with a padlock icon)
- Links** (header)
- SAMS User Guide
- SAMS User FAQ
- Identity Verification Overview

My Applications Section:

- CDC TRAIN** (header)
 - CDC TRAIN
- CITI_Single_SignOn** (header)
 - CDC Single Point Sign On - CITI Courses
- National Healthcare Safety Network System** (header)
 - NHSN Reporting *** (highlighted with a red box)
 - NHSN Enrollment *

NHSN Landing Page

1. Under **Select Component**, from the drop-down menu, choose *Healthcare Personnel Safety*.
2. Under **Select facility/groups**, select your facility.

NHSN - National Healthcare Safety Network (AWDV-NHSN-WL01:8001)

Welcome to the NHSN Landing Page

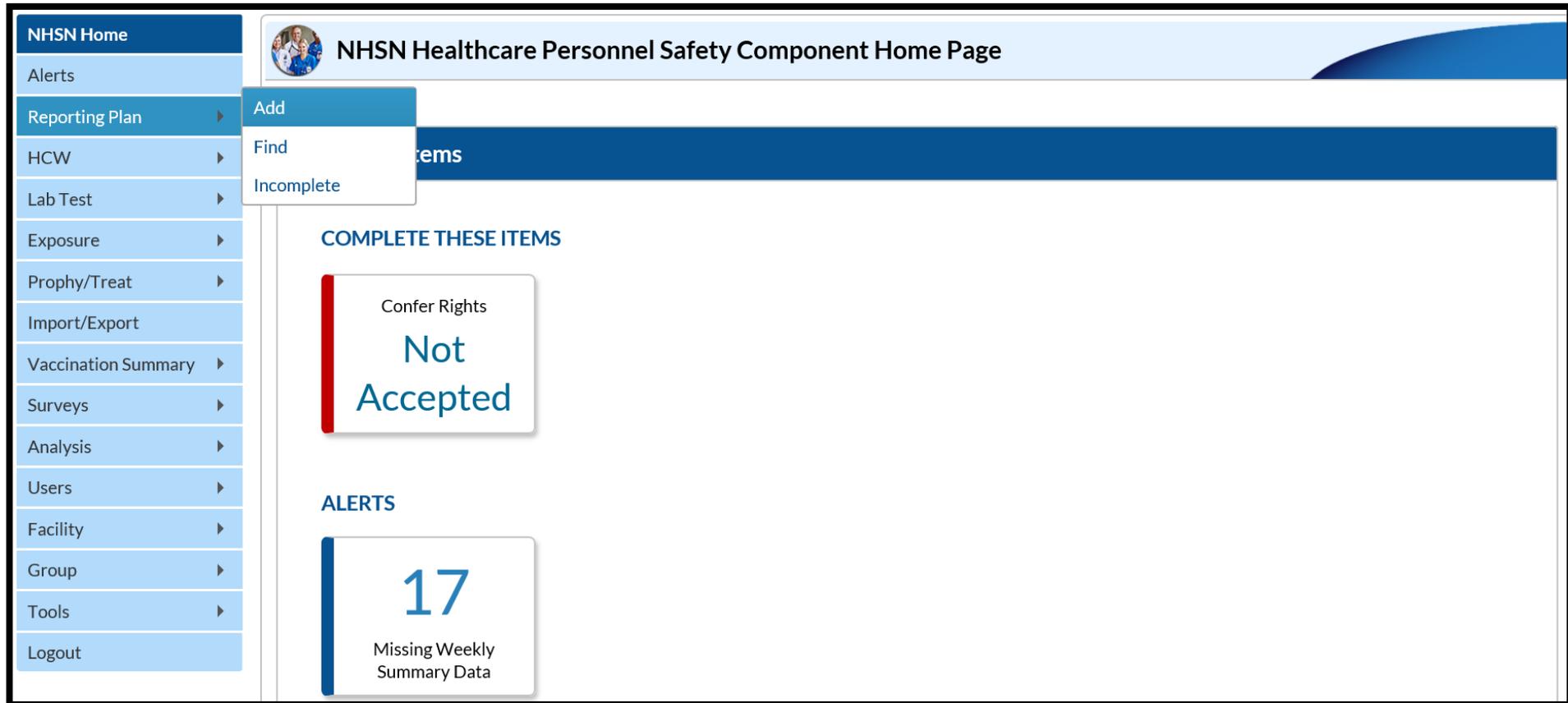
Select component: Healthcare Personnel Safety

Select facility/group: Fac: ABC HOSPITAL (ID 12345)

Submit

Add a Monthly Reporting Plan

Hover over Reporting Plan from the left navigation bar.
Select *Add*.

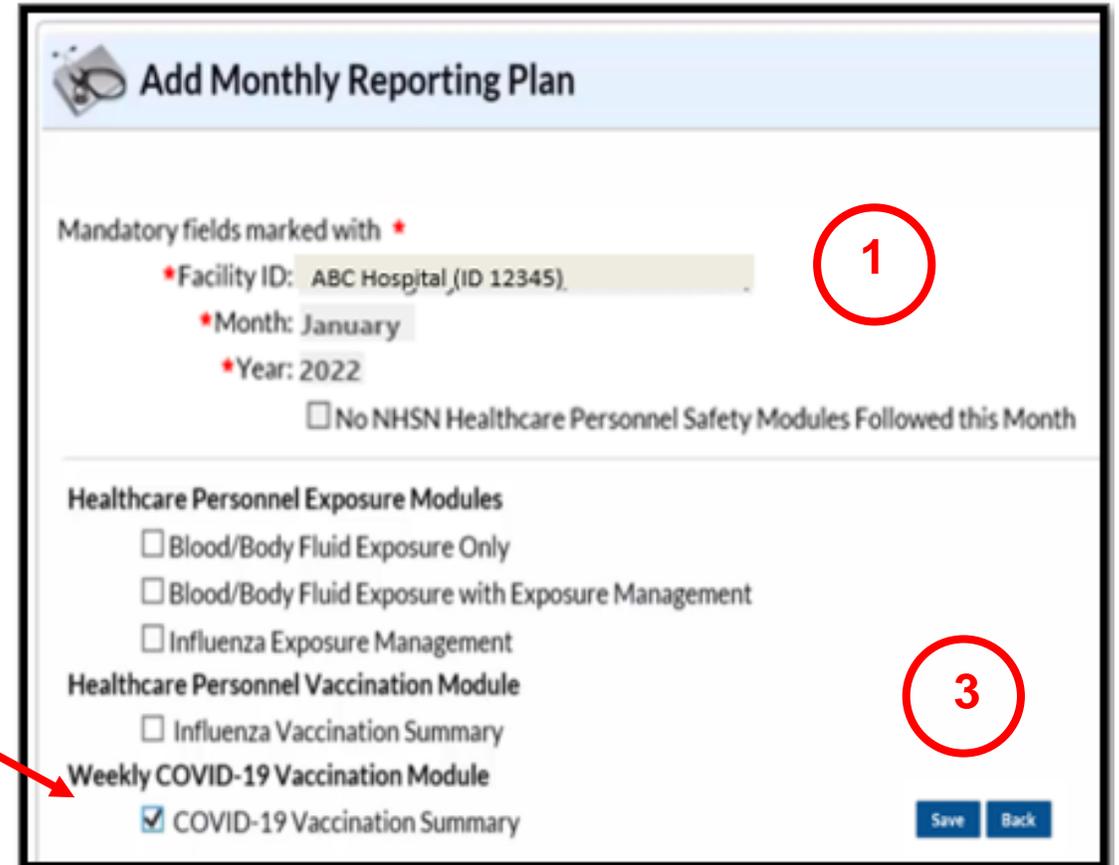
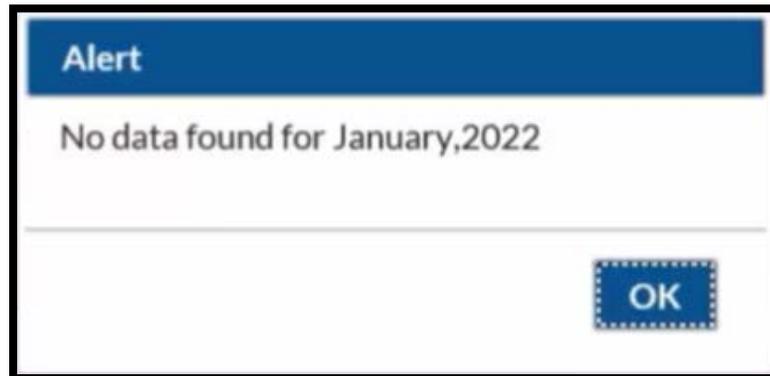


The screenshot displays the NHSN Healthcare Personnel Safety Component Home Page. On the left, a navigation bar lists various menu items: NHSN Home, Alerts, Reporting Plan, HCW, Lab Test, Exposure, Prophy/Treat, Import/Export, Vaccination Summary, Surveys, Analysis, Users, Facility, Group, Tools, and Logout. The 'Reporting Plan' item is highlighted, and a dropdown menu is open, showing 'Add', 'Find', and 'Incomplete' options. The 'Add' option is selected. The main content area features a header with a profile picture and the text 'NHSN Healthcare Personnel Safety Component Home Page'. Below the header, there is a section titled 'COMPLETE THESE ITEMS' with a red progress bar and the text 'Confer Rights Not Accepted'. Another section titled 'ALERTS' shows a blue progress bar and the number '17' with the text 'Missing Weekly Summary Data'.

Choose Your Options

Select:

1. The month and year from the drop-down
2. COVID-19 Vaccination Summary
3. *Save*



A screenshot of a web form titled "Add Monthly Reporting Plan". The form contains several sections:

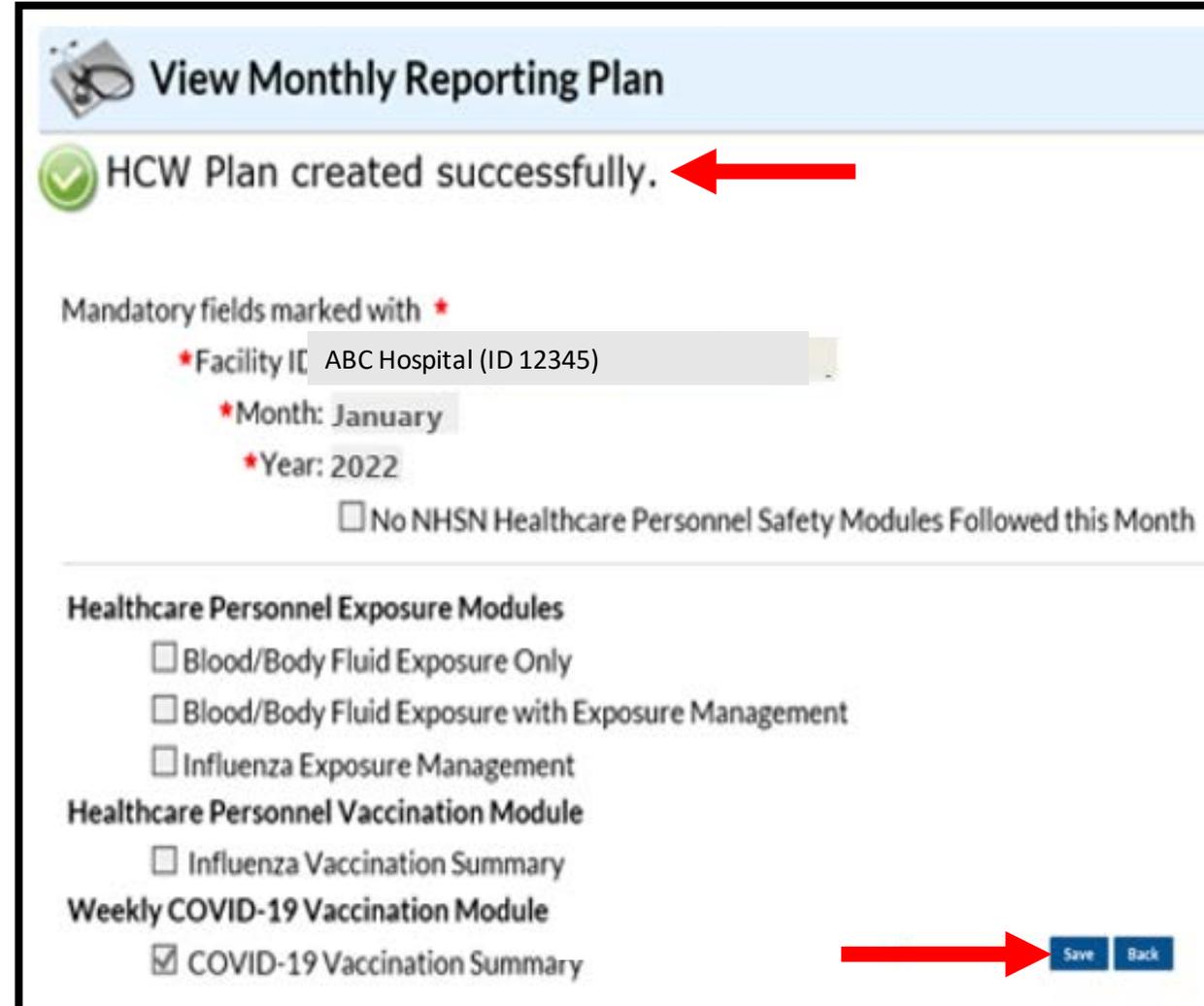
- Mandatory fields marked with ***:
 - Facility ID: ABC Hospital (ID 12345) (circled with a red 1)
 - Month: January
 - Year: 2022
 - No NHSN Healthcare Personnel Safety Modules Followed this Month
- Healthcare Personnel Exposure Modules**:
 - Blood/Body Fluid Exposure Only
 - Blood/Body Fluid Exposure with Exposure Management
 - Influenza Exposure Management
- Healthcare Personnel Vaccination Module**:
 - Influenza Vaccination Summary
- Weekly COVID-19 Vaccination Module**:
 - COVID-19 Vaccination Summary (circled with a red 2, with a red arrow pointing to it)

At the bottom right of the form are two buttons: "Save" and "Back" (circled with a red 3).

This disclaimer may appear, since you have not entered your data yet. Select *OK*.

Plan Successfully Saved

- Look for “HCW Plan created successfully.”
- Select *Save*.



View Monthly Reporting Plan

✓ HCW Plan created successfully. ←

Mandatory fields marked with *

- * Facility ID: ABC Hospital (ID 12345)
- * Month: January
- * Year: 2022
- No NHSN Healthcare Personnel Safety Modules Followed this Month

Healthcare Personnel Exposure Modules

- Blood/Body Fluid Exposure Only
- Blood/Body Fluid Exposure with Exposure Management
- Influenza Exposure Management

Healthcare Personnel Vaccination Module

- Influenza Vaccination Summary

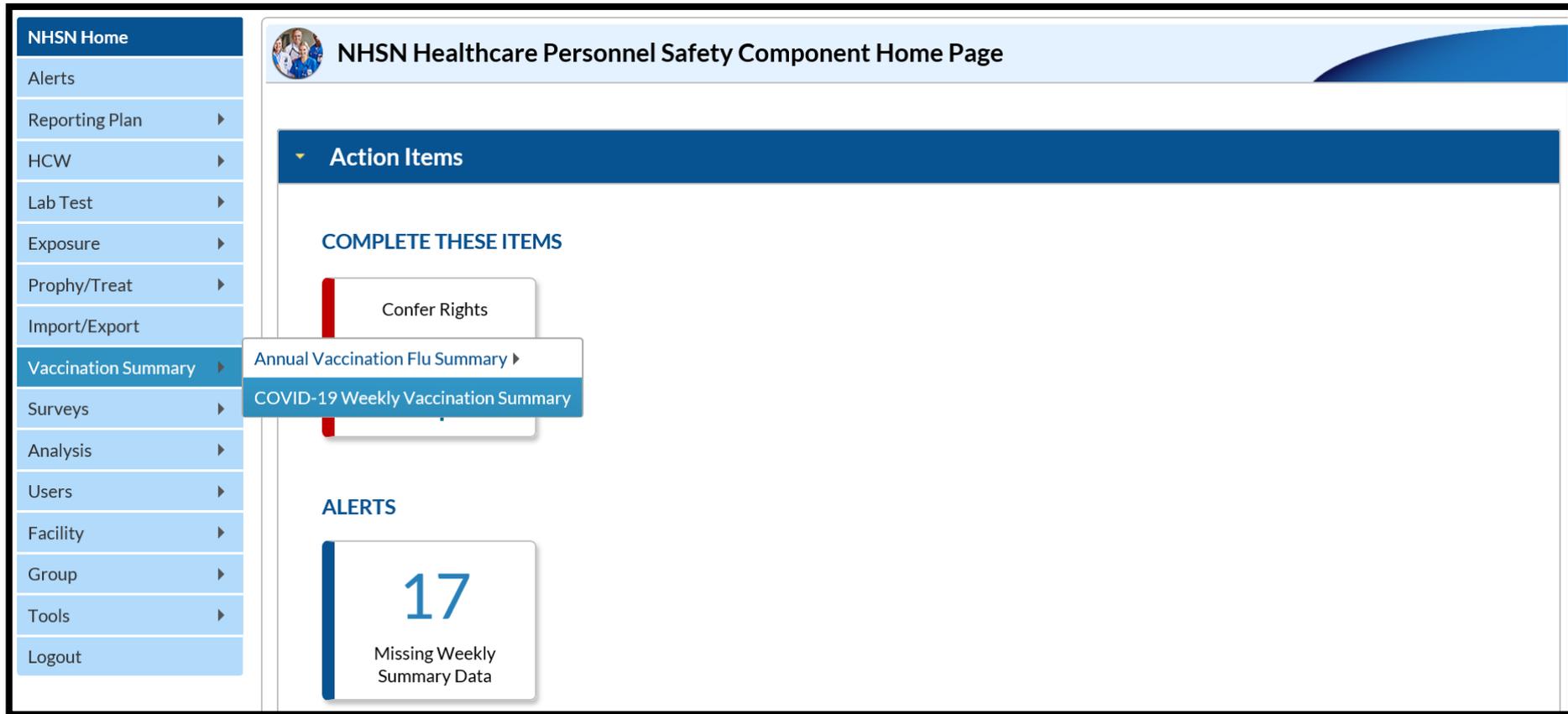
Weekly COVID-19 Vaccination Module

- COVID-19 Vaccination Summary

→ Save Back

Home Page

1. Hover over **Vaccination Summary** from the navigation bar.
2. Select *COVID-19 Weekly Vaccination Summary*.



The screenshot displays the NHSN Healthcare Personnel Safety Component Home Page. On the left is a vertical navigation bar with the following items: NHSN Home, Alerts, Reporting Plan, HCW, Lab Test, Exposure, Prophy/Treat, Import/Export, Vaccination Summary, Surveys, Analysis, Users, Facility, Group, Tools, and Logout. The 'Vaccination Summary' item is highlighted, and a dropdown menu is open, showing 'Annual Vaccination Flu Summary' and 'COVID-19 Weekly Vaccination Summary'. The main content area has a header 'NHSN Healthcare Personnel Safety Component Home Page' and an 'Action Items' section. Under 'Action Items', there is a 'COMPLETE THESE ITEMS' section with a red progress bar and a list of tasks: 'Confer Rights', 'Annual Vaccination Flu Summary', and 'COVID-19 Weekly Vaccination Summary'. Below this is an 'ALERTS' section with a large blue number '17' and the text 'Missing Weekly Summary Data'.

Calendar Week

Select the week to enter data.

◀ 📅 ▶ December 27- January 30 2022 Record Complete Record Incomplete

Weekly Vaccination Calendar

- 12/27/2021-1/2/2022
- 1/3/2022-1/9/2022
- 1/10/2022-1/16/2022
- 1/17/2022-1/23/2022

Educational tools are located on NHSN:

<https://www.cdc.gov/nhsn/hps/weekly-covid-vac/>

Enter Your Data

Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Non-Long-Term Care Facilities

Date Created:

Facility ID # * 13940 Location Type * COVID-19 Vac

Vaccination type * COVID19 Facility CCN #: 00C0000000

Week of Data Collection: 12/27/2021- 1/2/2022 Date Last Modified:

Cumulative Vaccination Coverage

	Healthcare Personnel (HCP) Categories					
	* All Core HCP ^a	* All HCP ^b	* Employees (staff on facility payroll) ^c	* Licensed independent practioner HCP ^d	* Adult students/trainees and volunteers ^e	* Other contract personnel ^f
1. * Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. * Cumulative number of HCP in Question #1 who have received COVID-19 vaccines at this facility or elsewhere since December 2020:						
* Any completed COVID-19 vaccine series	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	* All Core HCP ^a	* All HCP ^b	* Employees (staff on facility payroll) ^c	* Licensed independent practioner HCP ^d	* Adult students/trainees and volunteers ^e	* Other contract personnel ^f
3.1. * Medical contraindication to COVID-19 vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PFIZBION - Pfizer-BioNTech COVID-19 vaccine
 MODERNA - Moderna COVID-19 vaccine
 JANSSEN - Janssen COVID-19 vaccine
 UNSPECIFIED - Unspecified manufacturer

Save Cancel

A blank vaccination form is available on NHSN:
<https://www.cdc.gov/nhsn/forms/57.219-p.pdf>

Completed Data Entry

Your completed week will turn green.
You will see a message box indicating your data are saved.

The screenshot displays a 'Weekly Vaccination Calendar' for the period 'December 27 - January 30 2022'. A legend indicates that green bars represent 'Record Complete' and orange bars represent 'Record Incomplete'. The calendar shows four weekly periods: 12/27/2021-1/2/2022 (green), 1/3/2022-1/9/2022 (orange), 1/10/2022-1/16/2022 (orange), and 1/17/2022-1/23/2022 (orange). A message box is overlaid on the calendar, displaying the text 'Message' and 'Successfully saved record.' with an 'OK' button.



OUR LAST STOP...





WASHINGTON, DC

Tools And Resources



Topics

This section covers:

- Tools and resources on *QualityNet*
 - Signing up for email updates
 - Using the QA tool
 - Accessing program information
 - Locating the Specifications Manual
- Tools and resources on QualityReportingCenter.com
 - Accessing program information
 - Facility Compare Tool
 - Lookup Tools



QualityNet Website

QualityNet.cms.gov



The screenshot shows the homepage of the QualityNet website. 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!" in large white font, followed by "Your one-stop shop for CMS Quality Programs." in a smaller white font. Below this, there are two buttons: a dark blue button with white text that says "Subscribe to Email Updates" and a white button with a dark blue border and dark blue text that says "Log into QualityNet Secure Portal".

From the Home Page

1. Subscribe to Email Updates
2. Access the Question & Answer Tool
3. Select *Hospitals-Outpatient* for program information

The screenshot shows the CMS.gov QualityNet homepage. At the top left is the CMS.gov logo and 'QualityNet' text. A search bar is in the top center. On the top right, there are links for 'Quality Programs', 'Help', and 'Register'. The main header area is blue and contains a 'Welcome to QualityNet!' message, a 'Subscribe to Email Updates' button (circled in red with a '1'), and a 'Get Started with QualityNet' button. To the right of the welcome message is a 'Recent News' section with two news items. Below the header is a section titled 'I am looking for quality information associated with...' with six category tiles: 'Hospitals - Inpatient', 'Hospitals - Outpatient' (circled in red with a '3'), 'Ambulatory Surgical Centers', 'PPS-Exempt Cancer Hospitals', 'ESRD Facilities', and 'Inpatient Psychiatric Facilities'. A red box highlights the 'Help' link in the top right corner, with a red circle containing the number '2' next to it.

Access the Specifications Manual

1. Download the Specifications Manual
2. Select *Learn more* for detailed program information

The screenshot shows a web page titled "Hospitals - Outpatient" with a navigation menu including Overview, Measures, Public Reporting, Data Management, Resources, and Notifications. The main content area is titled "Hospital Outpatient Overview" and contains a paragraph about the Hospital OQR Program, a "Read more" button, and two "Download Specifications Manual" buttons for 2022 and 2021. A red circle with the number "1" is placed over the 2022 download button. Below this is a section titled "Hospital Outpatient Quality Programs" with a card for "Hospital Outpatient Quality Reporting (OQR) Program" and a "Learn more" button. A red circle with the number "2" is placed over this "Learn more" button.

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 2022 Specifications Manual](#)

[Download 2021 Specifications Manual](#)

[View all Specifications Manuals](#)

Hospital Outpatient Quality Programs

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

Learn about Hospital Outpatient Measures, Public Reporting, and Data Management

[Learn more](#)

Quality Reporting Center Website

QualityReportingCenter.com

The screenshot shows the homepage of the Quality Reporting Center website. At the top left is the logo for the Quality Reporting Center, which consists of a stylized 'R' and 'C' inside a circle. To the right of the logo is a navigation menu with the following items: Events Calendar, Inpatient, Outpatient, ASC, SNF VBP, and Events on Demand. Below the navigation menu is a large banner image featuring a group of five healthcare professionals (three men and two women) in white coats and scrubs, 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." Below the welcome message are three blue boxes, each representing a different category: Inpatient, Outpatient, and ASC. Each box contains a list of links: Inpatient (Inpatient Overview, Tools and Resources, Hospital Contact Change Form), Outpatient (Outpatient Overview, Tools and Resources, CCH/INP Look-up Tools), and ASC (ASC Overview, Tools and Resources, CCH/INP Look-up Tools).

The Homepage

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](#)

QRC Resources

The navigation bar displays numerous resources to choose from. Select *Hospital OQR Program Tools and Resources* for program tools.



The screenshot shows a navigation menu on the left and the main content area on the right. The navigation menu is a vertical list of items, with 'Hospital OQR Program Tools and Resources' highlighted in blue and indicated by a red arrow. The main content area has a heading 'Hospital OQR Program' and a welcome message. It includes a list of links for more information, videos, and reporting guidelines, and a paragraph about support services.

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

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.

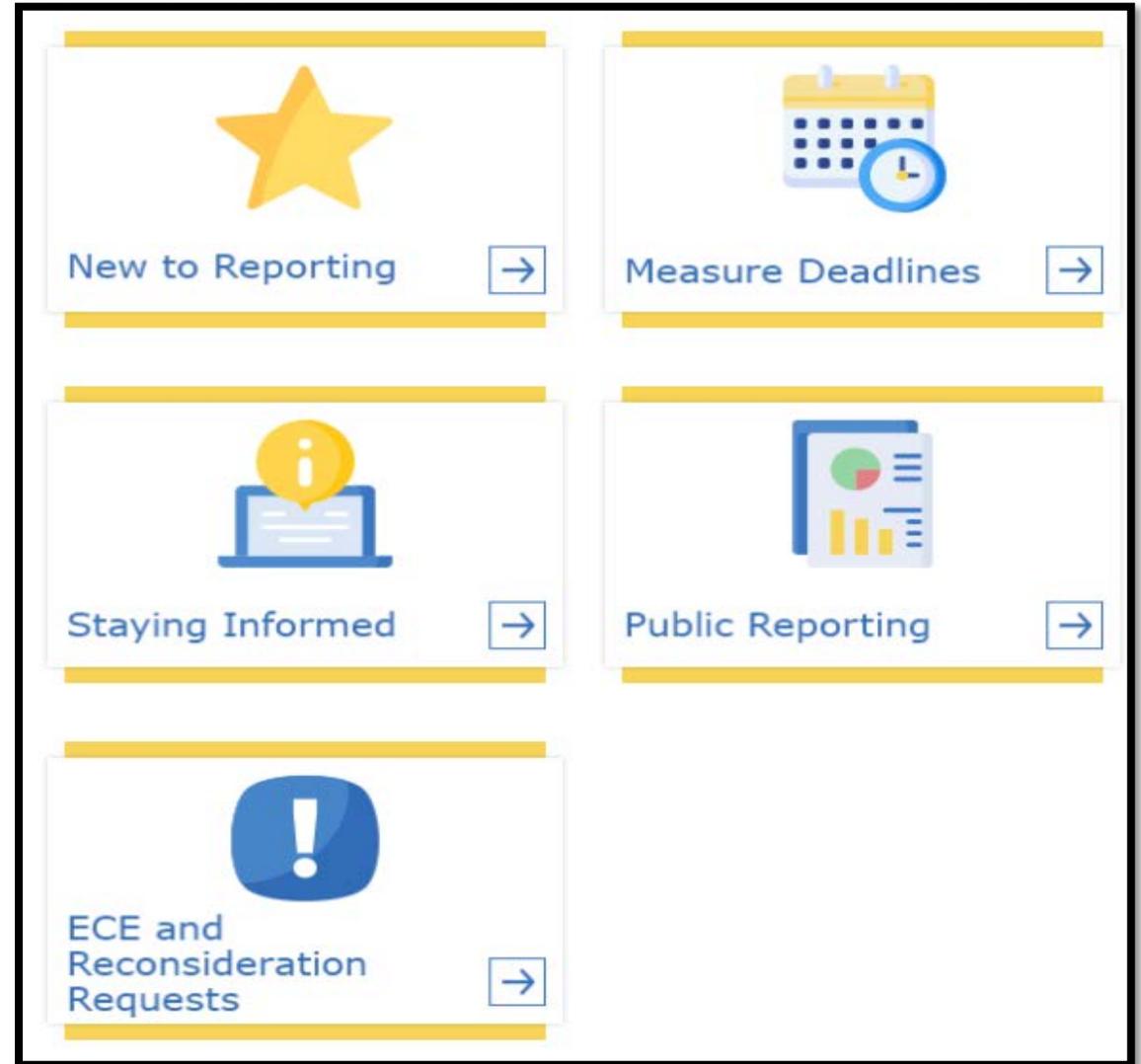
If you are new to the program or would like to learn more, please take a moment to review our website.

- 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 or supply any additional information you may need. We invite you to join the Hospital OQR Listserve at qualitynet.cms.gov to receive notifications about program developments. We are committed to offering quality service in a timely and effective manner. Please contact us at qgrsupport@hsag.com, or call us toll-free at [866.800.8756](tel:866.800.8756) from 7 a.m. to 6 p.m. ET with any comments, suggestions, or concerns you may have.

Resource Options

Select any of the five options for more detailed Information.



- 
New to Reporting →
- 
Measure Deadlines →
- 
Staying Informed →
- 
Public Reporting →
- 
ECE and Reconsideration Requests →

Facility Compare Dashboard

Select *Facility Compare Dashboard* from the drop-down menu.

The screenshot shows the 'Hospital OQR Program' website. On the left is a navigation menu with the following items: 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, and OQR Times. The 'Data Dashboard' item is highlighted with a red box and a red arrow pointing to a dropdown menu. The dropdown menu contains: Data Dashboard, Facility Compare Dashboard, Lookup Tools, and Lookup Tool Archives. The main content area on the right is titled 'Hospital OQR Program' and contains a welcome message, a paragraph about the program, a link to the website, and a list of links for more information, videos, and reporting guidelines.

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User Guide

For instructions, select *Facility Compare Tool User Guide*.

Facility Compare Dashboard

The Facility Compare Dashboard displays facility and state specific data published as part of the Hospital Outpatient and Ambulatory Surgical Center Quality Reporting Programs. The charts and graphs utilize data from the Centers for Medicare and Medicaid Services (CMS) Provider Data Catalog (PDC). The latest publicly reported data displayed can be found on PDC using links in the program-specific sections below.

You can find helpful explanations of each component of the dashboard in the [Facility Compare Tool User Guide](#) . 

Ambulatory Surgical Centers



Hospital Outpatient Departments



Scorecard

From the Scorecard options, select *Explore all measures reported by a single facility.*

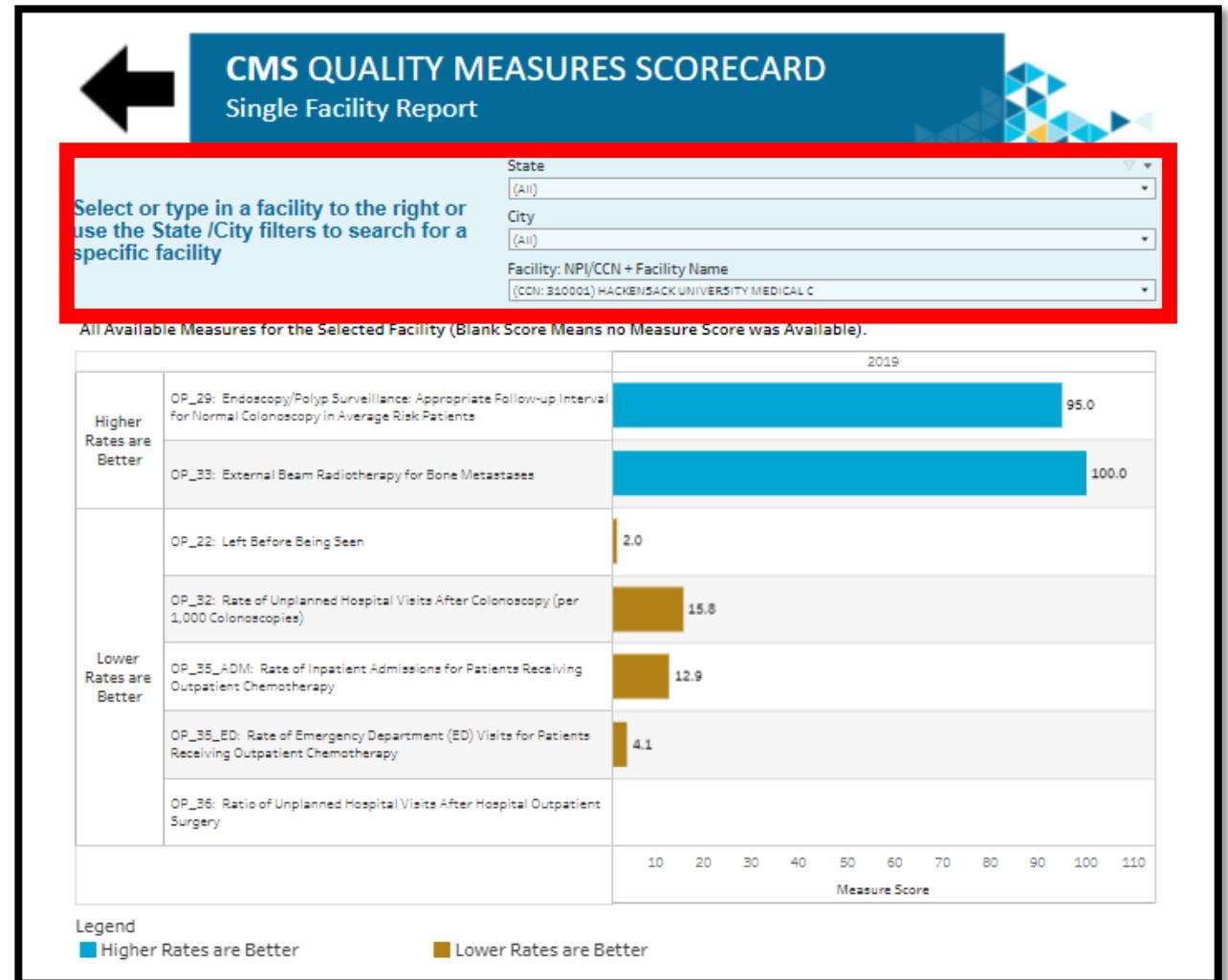
CMS QUALITY MEASURES SCORECARD
Overview

What do you want to do? Click a button below to select a desired report to view.

-  Explore all measures reported by a single facility.
-  Compare facility performance by measure.
-  Compare state and city performance by measure.
-  Explore overall national scores by state and measure.
-  Explore state comparison for all ASC measures.
-  Explore state comparisons for related measures across programs.
-  Explore state comparison for all OQR measures.

Single Facility Report View

You can make your selections in the light blue area to filter your search options.



Filter Options

←

CMS QUALITY MEASURES SCORECARD
 Single Facility Report

Select or type in a facility to the right or use the State /City filters to search for a specific facility

State: (All) ▾

City: (All) ▾

Facility: NPI/CCN + Facility Name

(CCN: 310001) HACKENSACK UNIVERSITY MEDICAL C ▾

State: (All) ▾

City: (All) ▾

Facility: NPI/CCN + Facility Name

(CCN: 310001) HACKENSACK UNIVERSITY MEDICAL C ▾

(CCN: 10001) SOUTHEAST ALABAMA MEDICAL CENTER

(CCN: 10005) MARSHALL MEDICAL CENTERS

(CCN: 10006) NORTH ALABAMA MEDICAL CENTER

(CCN: 10007) MIZELL MEMORIAL HOSPITAL

(CCN: 10008) CRENSHAW COMMUNITY HOSPITAL

(CCN: 10011) ST. VINCENT'S EAST

(CCN: 10012) DEKALB REGIONAL MEDICAL CENTER

(CCN: 10016) SHELBY BAPTIST MEDICAL CENTER

(CCN: 10018) CALLAHAN EYE HOSPITAL

(CCN: 10019) HELEN KELLER HOSPITAL

(CCN: 10021) DALE MEDICAL CENTER

(CCN: 10022) CHEROKEE MEDICAL CENTER

All Available Measures for the Selected Facility (Blank Score Means no Measure Score was Available).

		2019	
Higher Rates are Better	OP_29: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients		95.0
	OP_33: External Beam Radiotherapy for Bone Metastases		100.0
Lower Rates are Better	OP_22: Left Before Being Seen		2.0
	OP_32: Rate of Unplanned Hospital Visits After Colonoscopy (per 1,000 Colonoscopies)		15.8
	OP_35_ADM: Rate of Inpatient Admissions for Patients Receiving Outpatient Chemotherapy		12.9
	OP_35_ED: Rate of Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy		4.1
	OP_36: Ratio of Unplanned Hospital Visits After Hospital Outpatient Surgery		
		10 20 30 40 50 60 70 80 90 100 110	

Legend

■ Higher Rates are Better
 ■ Lower Rates are Better

State: (All) ▾

City: (All) ▾

Facility: NPI/CCN + Facility Name

(CCN: 310001) HACKENSACK UNIVERSITY MEDICAL C ▾

(CCN: 10001) SOUTHEAST ALABAMA MEDICAL CENTER

(CCN: 10005) MARSHALL MEDICAL CENTERS

(CCN: 10006) NORTH ALABAMA MEDICAL CENTER

(CCN: 10007) MIZELL MEMORIAL HOSPITAL

(CCN: 10008) CRENSHAW COMMUNITY HOSPITAL

(CCN: 10011) ST. VINCENT'S EAST

(CCN: 10012) DEKALB REGIONAL MEDICAL CENTER

(CCN: 10016) SHELBY BAPTIST MEDICAL CENTER

(CCN: 10018) CALLAHAN EYE HOSPITAL

(CCN: 10019) HELEN KELLER HOSPITAL

(CCN: 10021) DALE MEDICAL CENTER

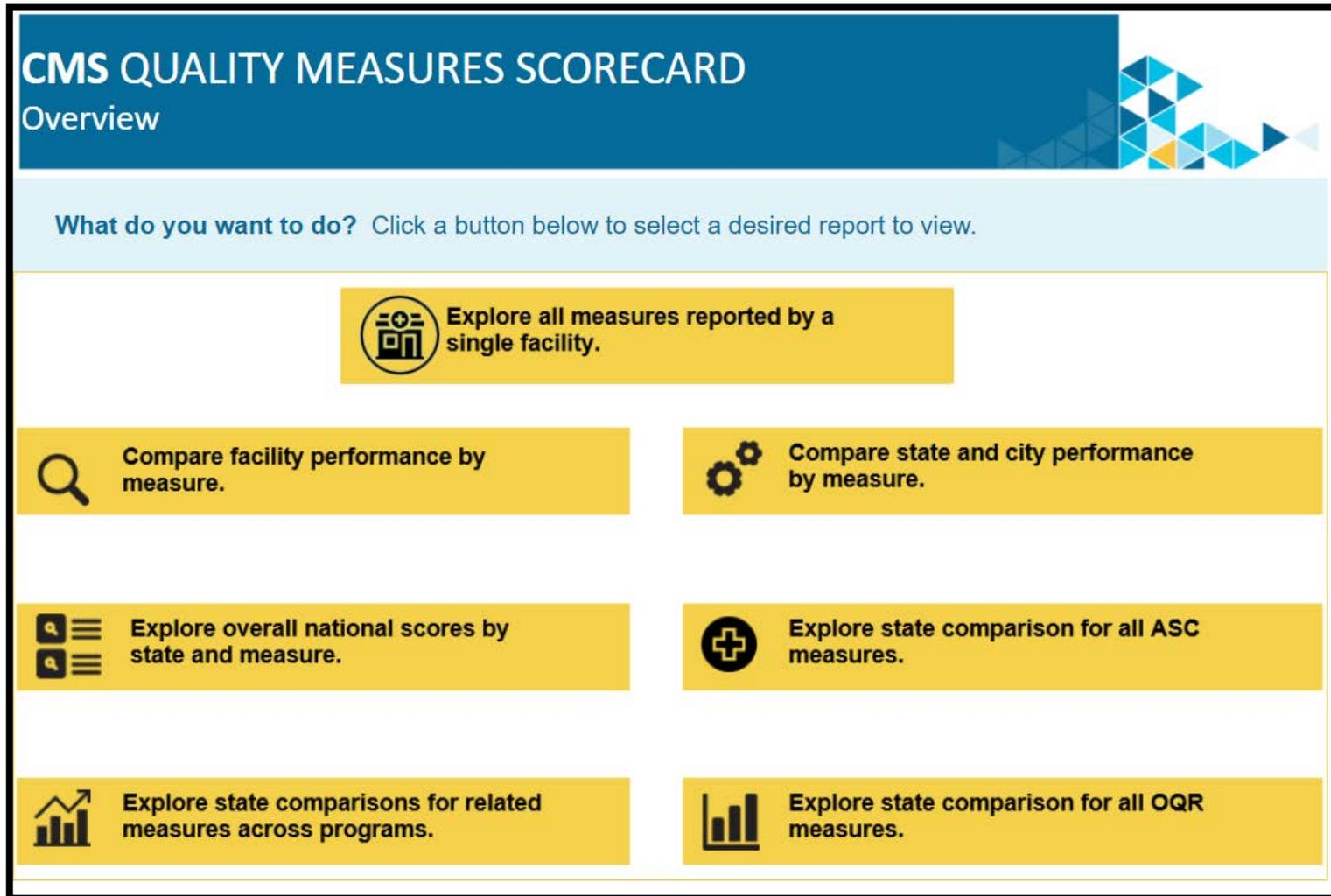
(CCN: 10022) CHEROKEE MEDICAL CENTER

Single Facility Report View



For Measure OP_29: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients, the National Score is 89.0. Higher Rates are Better for this measure.

State Comparisons: Across Programs



CMS QUALITY MEASURES SCORECARD
Overview

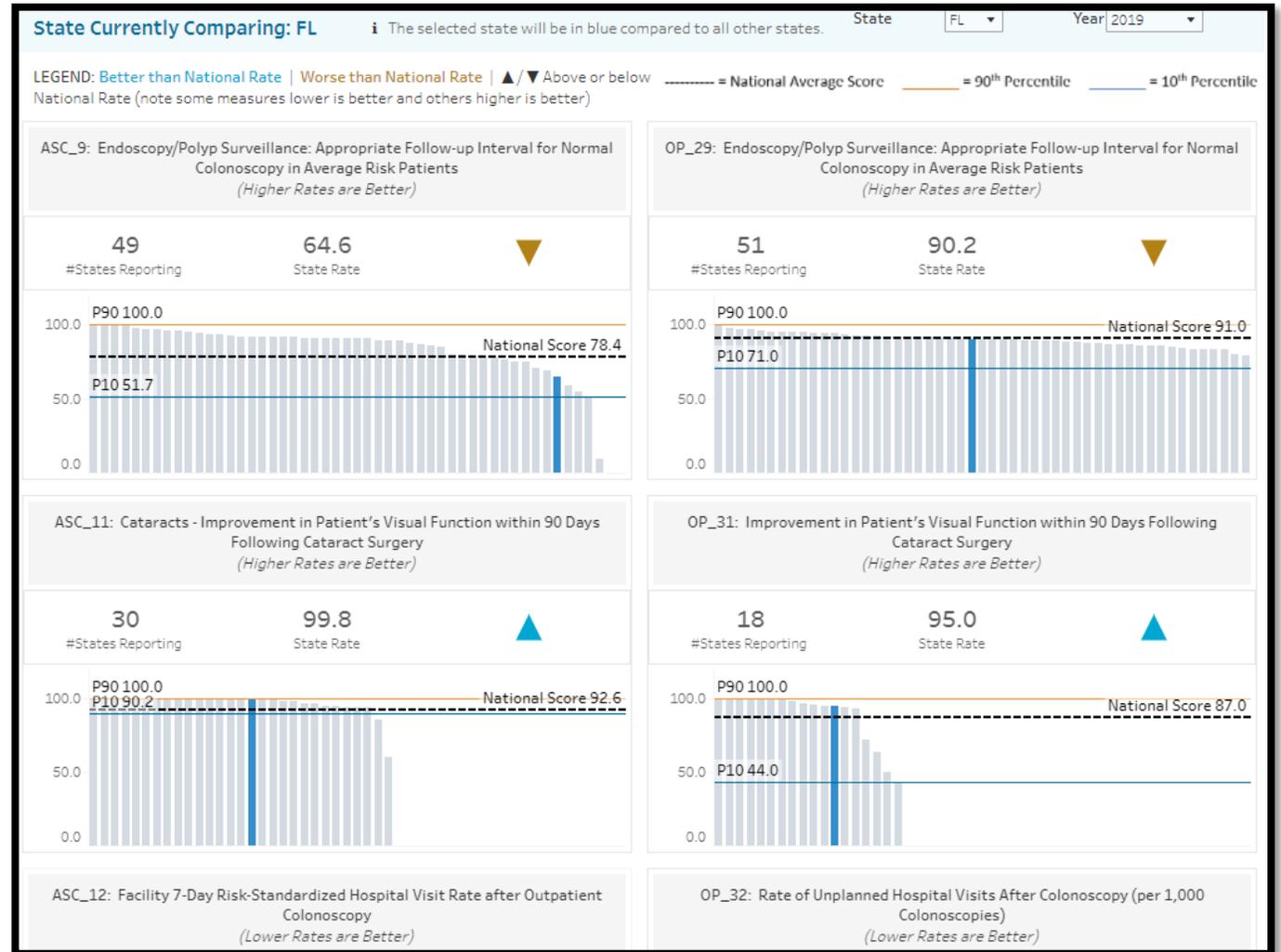
What do you want to do? Click a button below to select a desired report to view.

-  Explore all measures reported by a single facility.
-  Compare facility performance by measure.
-  Compare state and city performance by measure.
-  Explore overall national scores by state and measure.
-  Explore state comparison for all ASC measures.
-  Explore state comparisons for related measures across programs.
-  Explore state comparison for all OQR measures.



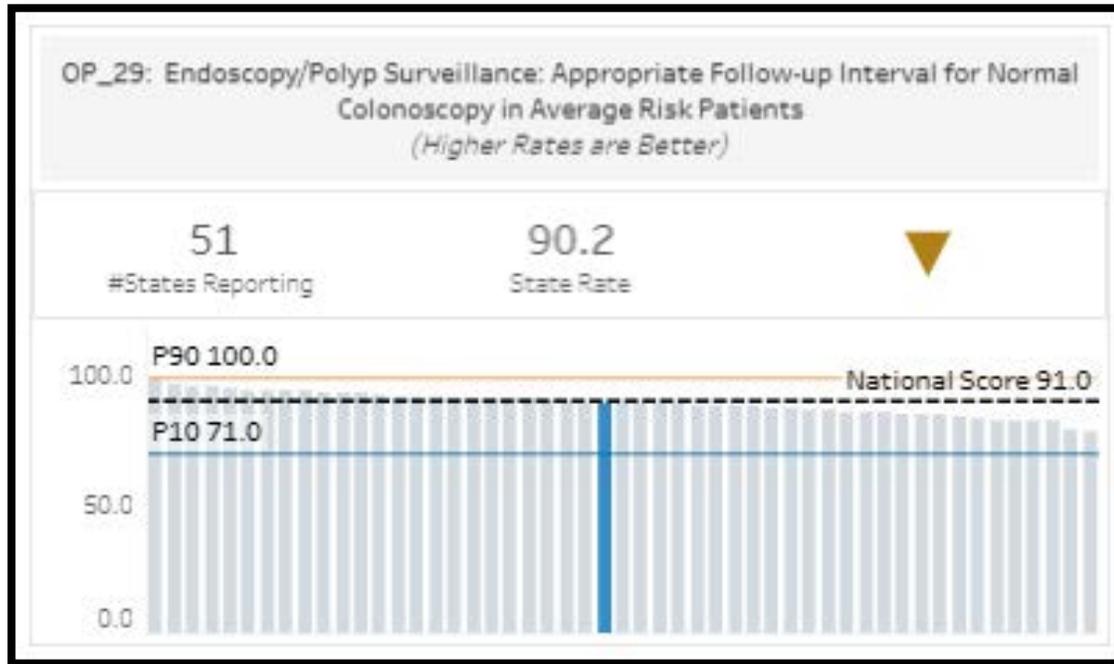
Report Results

- All states are shown in gray.
- The selected state is shown in blue.
- National and state scores are display with a dotted line.
- The gold and blue arrows provide more information about the selected state data you are comparing.

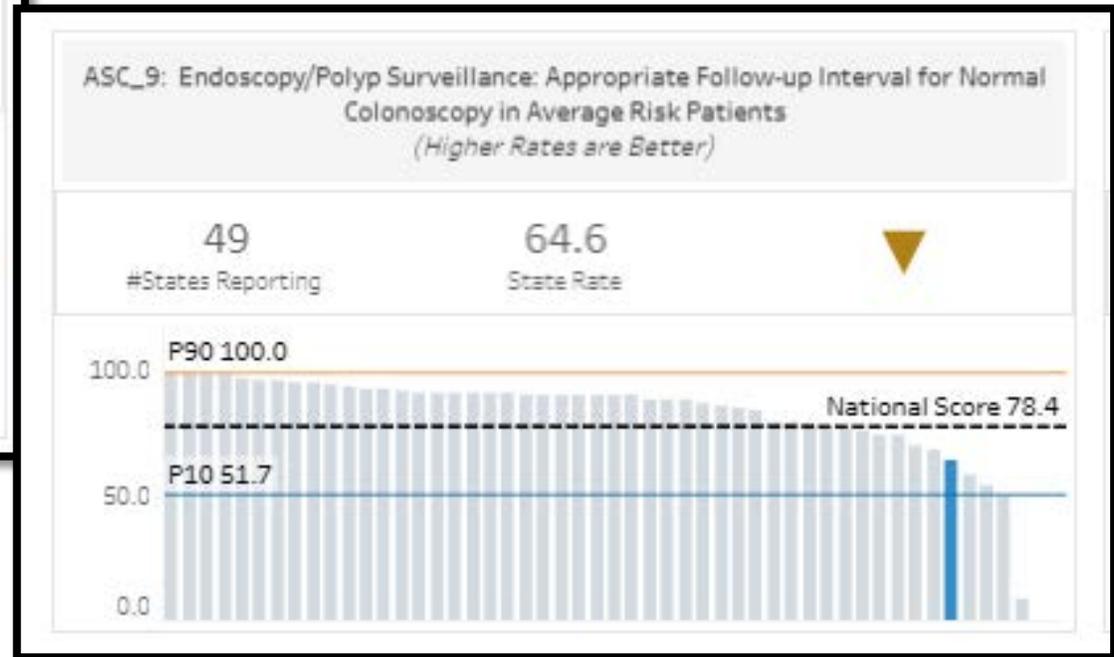


A Closer Look

This report allows you to compare the same measure from the Hospital OQR Program and the ASCQR Program.



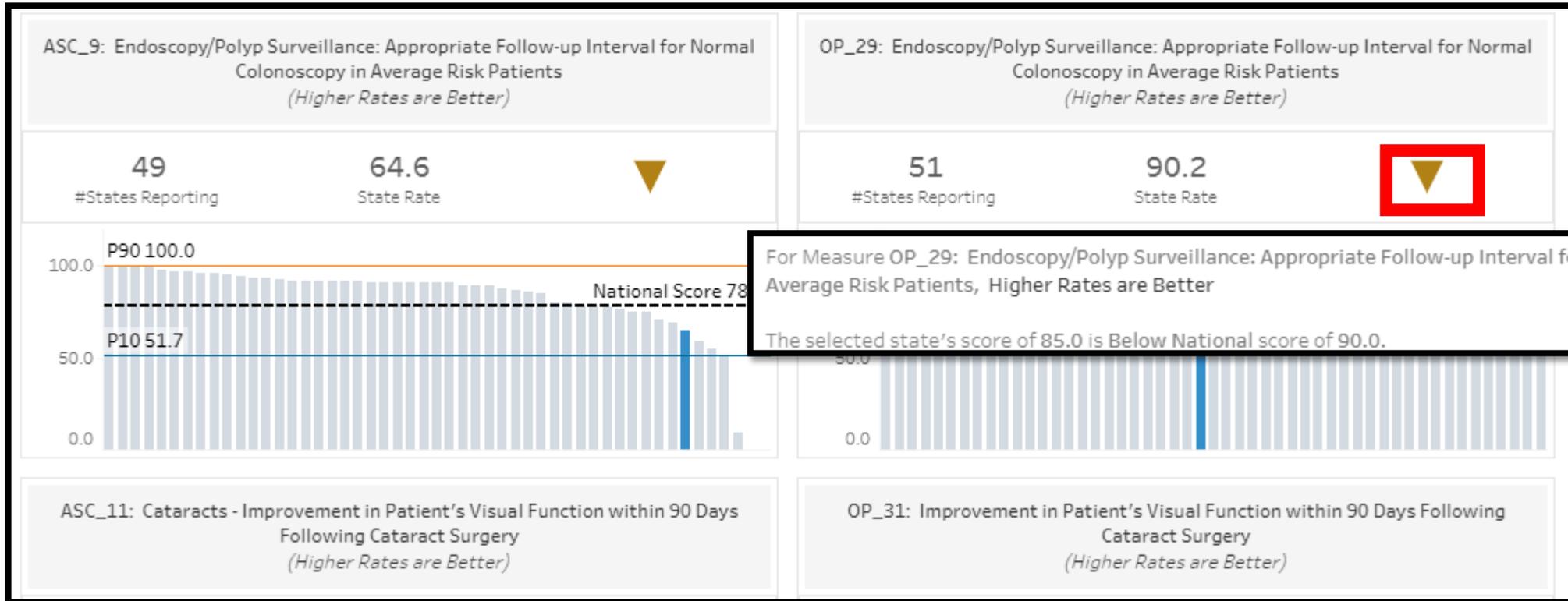
← OQR Program



ASC Program →

Additional Information

Select the gold arrow for a pop-up with additional information.



State Comparison: All OQR Measures

CMS QUALITY MEASURES SCORECARD
Overview

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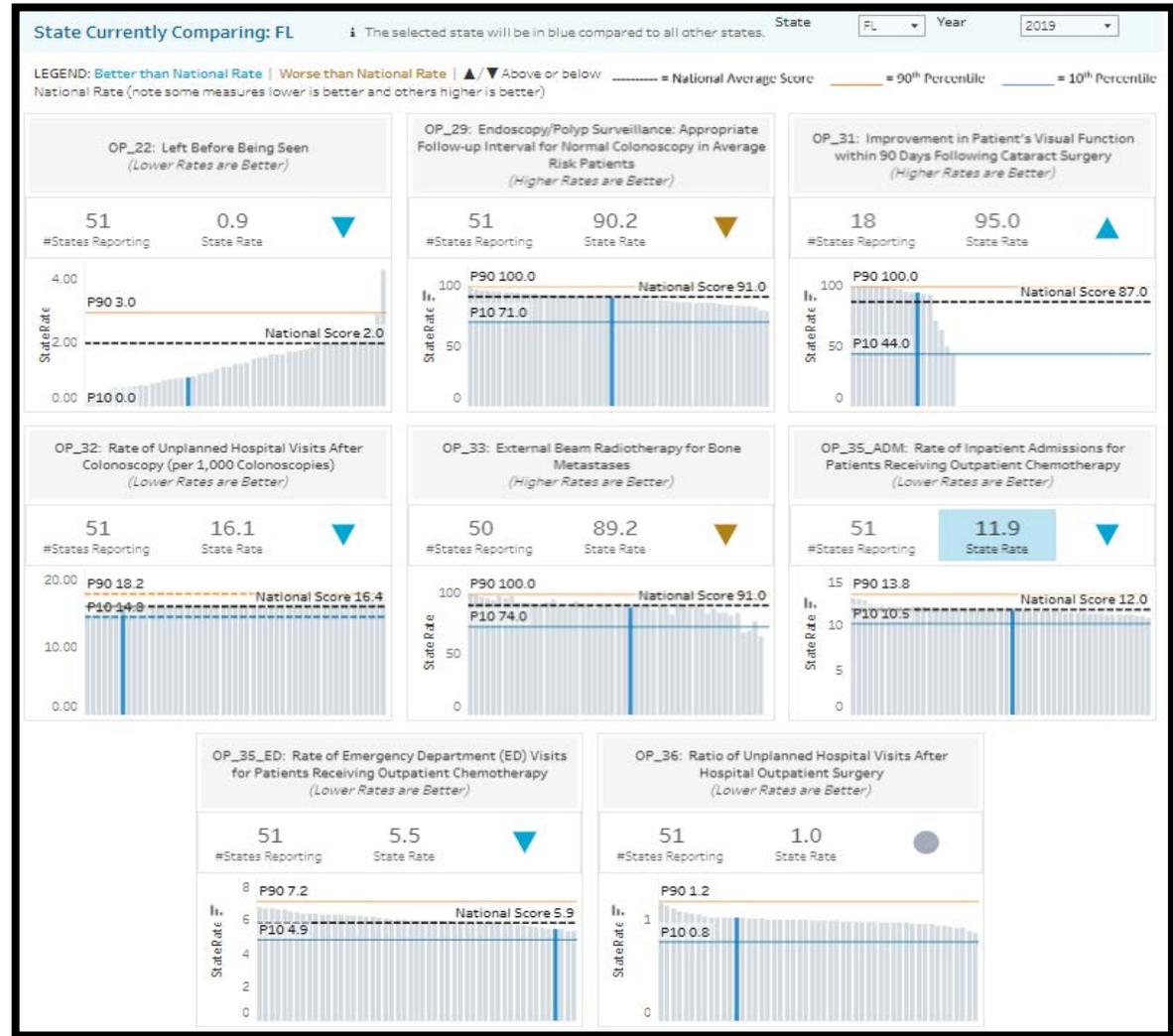


Report Results

Individual boxes will represent each measure.

Each state will be colored gray and your selected state will be in blue.

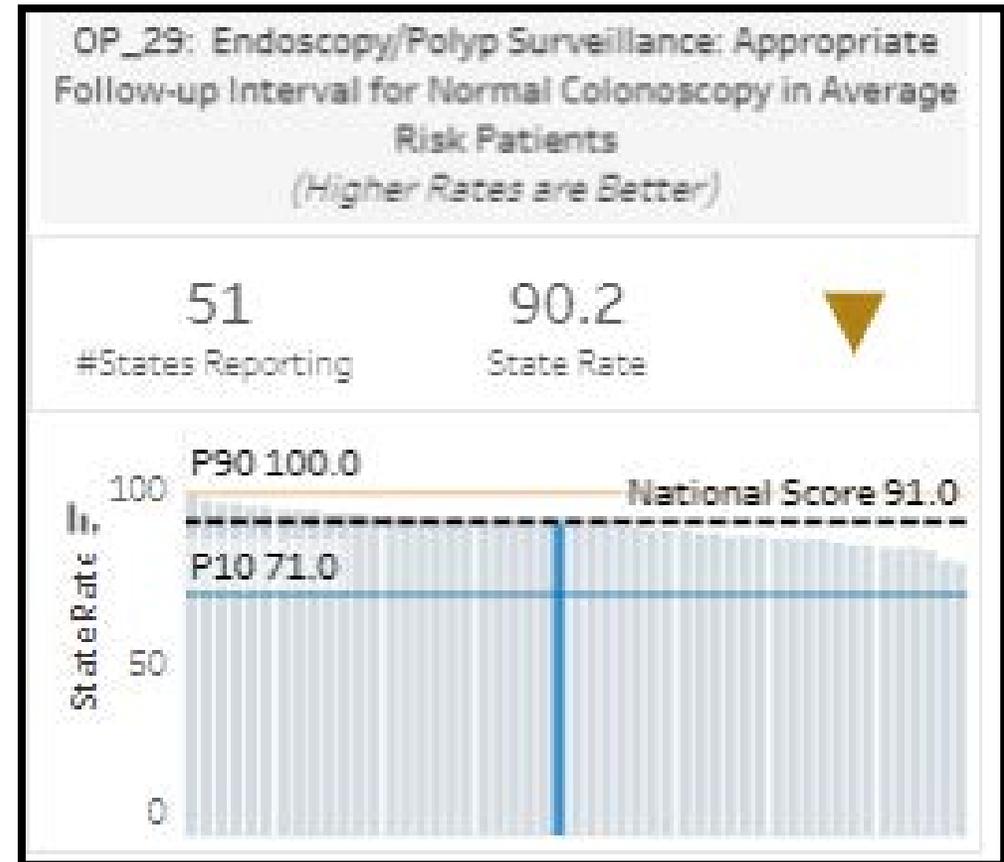
You may hover your cursor for a pop-up window displaying any additional information.



A Closer Look

The data will show for your selected state.

- State rate is 90.2
- National Score is 91.0
- 90th percentile is 100%
- 10th percentile is 71.0%
- Additional information provided by clicking on the blue arrow



LoopUp Tools

Select *Lookup Tools* under Data Dashboard to check your data submission.

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LookUp Tool

1. You can check your web-based data submission in the **Lookup Tools** by entering your hospital's CCN and select *Enter*
2. You can also check to see if reports are available in the **OP-32, OP-35, and OP-36 Lookup Tool**

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 May 18, 2021

Web-Based Measures Included:

- OP-22: ED-Left Without Being Seen
- OP-29: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
- OP-31 (Voluntary): Cataracts - Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery

Claims-Based Measures (PY2022)

OP-32, OP-35, and OP-36 Lookup Tool

Hospital 6-Digit CCN

Enter your facility's CMS Certification Number (CCN) into the field above to determine if your facility has a Claims Detail Report (CDR) or Facility-Specific Report (FSR) Bundle and CDR/FSR User Guide available in [QualityNet Managed File Transfer \(MET\)](#).

Note: Data last updated November 3, 2021

1

2

Results: Data Submission

- Data submission results are clearly identified.
- **YES** indicates a successful data submission.
- **NO** indicates no data were submitted for that measure.

Web-Based Measures Information:

- OP-22 Submitted: **No**
- OP-29 Submitted: **No**
- OP-31 Submitted: **No**
- OP-33 Submitted: **Data for this measure are no longer collected**

If all months are checked for a quarter, submission is complete for that quarter. Data is submitted through the CDC NHSN.

CCN 123456

2022															
Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	July	Aug	Sep	Q3	Oct	Nov	Dec	Q4
NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES

Data last updated Feb 9, 2022

Year shown is the year being reported, not the Calendar Year Payment Determination. ASC-20 data currently being collected is for Calendar Year 2024 Payment Determination. Quarters will only show "YES" if all months in that quarter also say "YES".

SUMMARY



Remember These Tips

- Identify and maintain a Security Official.
 - CMS highly recommends two active Security Officials.
- Have a Facility Administrator for NHSN*.
- Collect data for web-based measures in HQR and NHSN.
- Submit by the deadline.
- Use the Specifications Manual for accurate abstracting.
 - <https://qualitynet.cms.gov/outpatient>
- Access [QualityReportingCenter.com](https://www.qualityreportingcenter.com) for program support.

* There is only one Facility Administrator permitted in the NHSN system

Resources

- Hospital OQR Program Support Team: (866) 800-8756
- QualityNet Support:
 - E-mail: qnetsupport@hcqis.org
 - Phone: (866) 288-8912
- NHSN help desk: nhsn@cdc.gov

Thank You!



Acronyms

APU	Annual Payment Update	HQR	Hospital Quality Reporting
CART	CMS Abstraction & Reporting Tool	MRI	magnetic resonance imaging
CDR	Claims Detail Report	NHSN	National Healthcare Safety Network
CMS	Centers for Medicare & Medicaid Services	OAS CAHPS	Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey
CT	computerized tomography	OP	outpatient
CY	calendar year	OPPS	Outpatient Prospective Payment System
ECE	Extraordinary Circumstances Exception	OQR	Outpatient Quality Reporting
eCQM	electronic clinical quality measure	PY	payment year
ED	emergency department	Q	quarter
FSR	Facility-Specific Report	SAMS	secure Access Management Services
HARP	HCQIS Access Roles and Profile	STEMI	ST-Segment Elevation Myocardial Infarction
HCQIS	Healthcare Quality Information System Access	HQR	Hospital Quality Reporting

Continuing Education Approval

This program has been approved for one 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.

Disclaimer

This presentation was current at the time of publication and/or upload to the Quality Reporting Center or QualityNet websites. If Medicare policy, requirements, or guidance changes following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

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