Where in the World?
Finding Your Way to Successful Reporting for the OQR Program
Question and Answer Summary Document

Speakers
Outpatient Quality Program Systems and Stakeholder Support Team

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Subject-matter experts researched and answered the following questions during the live webinar. The questions may have been edited for grammar.

Question #1: **Is there a Data Accuracy and Completeness Acknowledgement (DACA) for outpatient (OP) web-based measures?**

No, there is not a DACA requirement in the Hospital Outpatient Quality Reporting (OQR) Program.

Question #2: **Is there a requirement for providers participating in the Hospital OQR Program to submit Quarter (Q)4 2021 data for the COVID-19 vaccination measure like the Hospital Inpatient Quality Reporting (IQR) Program?**

No, for the Hospital OQR Program, data submission began with calendar year (CY) 2024 payment determination year. The first reporting period begins with Q1 data (January 1 through March 31, 2022). These data have a submission deadline of August 15, 2022.

Question #3: **Do we submit data for the OP-38 measure every week in the quarter or one week a month as it is required for the inpatient program?**

The OP-38 measure is reported quarterly. Facilities will collect data for at least one, self-selected week during each month of a quarter. The first reporting period for the Hospital OQR program is for Quarter 1, which uses the reporting period of January 1 through March 31, 2022. The submission deadline to submit that first quarter of data is August 15, 2022.

Question #4: **Our health network has been reporting employee COVID-19 vaccination rates for each of our hospitals since October 1, 2021, via the National Healthcare Safety Network (NHSN). Is OP-38 a new measure? Is this additional reporting for our network?**

No, this is not a new measure. The COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) measure was finalized across multiple programs. The reporting periods vary for each program. To meet requirements for the Hospital IQR Program, hospitals submitted Q4 2021 data by the submission deadline of May 16, 2022. For the Hospital OQR Program, the first reporting period include Q1 2022 data, and data are due August 15, 2022. Hospitals will submit once for both the Hospital IQR and OQR Programs with no need to double submit the data.

Question #5: **Are the claims-based measures limited to patients with a specific payment or coverage type? I vaguely remember that it may only be for Medicaid/Medicare dual coverage patients.**

Data for the Hospital OQR Program claims-based measures are collected from only Medicare Fee-For-Service (FFS) claims.

Question #6: **If a hospital has a zero denominator for the upcoming OP-40 ST-Segment Elevation Myocardial Infarction (STEMI) Electronic Clinical Quality Measure (eCQM), will a zero-denominator declaration be required as it is for eCQMs in the Hospital IQR Program?**

Yes, if a hospital's electronic health record (EHR) system is certified to report an eCQM and the hospital experiences five or fewer outpatient discharges per quarter or 20 or fewer outpatient discharges per year (Medicare and non-Medicare combined), as defined by an eCQM's denominator population, that hospital could be exempt from reporting on that eCQM. Case threshold exemptions are entered on the Denominator Declaration screen within the Hospital Quality Reporting (HQR) System available during the submission period.

Question #7: **Was the COVID-19 HCP vaccine submission date changed from May to August 2022?**

No changes have been made since finalizing the measure. The COVID-19 Vaccination Coverage Among Healthcare Personnel measure was finalized across multiple programs. The reporting periods vary for each program. To meet requirements for the Hospital IQR Program, hospitals submitted Q4 2021 data by the submission deadline of May 16, 2022. For the Hospital OQR Program, the first reporting period included Q1 2022 data, and data were due August 15, 2022. Hospitals will submit once for both the Hospital IQR and OQR Programs with no need to double submit the data. So, if data are submitted quarterly by your hospital, it will meet program requirements for both programs.

Question #8: **What are the dates to discontinue reporting on OP-2 and OP-3?**

The last time you will report data for OP-2 and OP-3 is for the Q1 2023 reporting period (January 1 through March 31, 2023) with a deadline of August 1, 2023.

Question #9: **When will the HQR System open for reporting of CY 2021 web-based measures?**

It is currently open. The data submission period for the web-based measures submitted through the HQR System is January 1 through May 16, 2022. You can make any changes, edits, or updates up until the submission deadline.

Question #10: **If we are not submitting data for OP-31, an optional measure, do we leave it blank or enter zeros?**

Since OP-31 is currently a voluntary measure, you can leave it blank or enter zeros. It is your choice. However, once OP-31 becomes mandatory, beginning with the CY 2025 reporting period, leaving it blank will not be an option.

Question #11: **Since data submission is not required for critical access hospitals (CAHs), do we still need to go into the Healthcare Quality Information System (HCQIS) Access Roles and Profile (HARP) and check the box which reads, "Please enter zeros for this measure as I have no data to submit."?**

Data are entered into the HQR System using your HARP credentials. CAHs are not required to report data for the Hospital OQR Program but may do so voluntarily. You do not have to enter anything if you are choosing not to submit data.

Question #12: **Do we report weekly or quarterly on the COVID-19 vaccine measure?**

Data are reported quarterly. You will report data for one self-selected week of each month of the quarter. These data are reported quarterly. The quarterly data submission deadlines are covered on slide 23.

Question #13: **We are wholly owned by a bigger hospital, and they report our OP-38. Do we also need to report for it to count for our hospital?**

NHSN recommends that every individual, free-standing facility should enroll and report separately in NHSN with a unique NHSN-assigned OrgID. This applies even if physically separate facilities share a single CMS Certification Number (CCN).

Question #14: **Are there inpatient psychiatric facility (IPF) resources on the Quality Reporting Center website?**

Yes. The direct link to that IPF page is https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/inpatient-psychiatric-facilities-quality-reporting-program/.

Question #15:   **Are any of the archived events in HQR available for nursing continuing education credit?**

No, Continuing Education Units (CEUs) are not provided for events that are archived.

Question #16:   **Where can we get more information on OP-22? I did not see a section on this measure in the Specifications Manual on QualityNet.**

This is an ED throughput measure, but it is reported as a web-based measure. Information on OP-22 can be found in the ED Throughput section, Section 1.2 of the [Specifications Manual.](#)

Question #17:   **Can you share the website for the CMS Scorecard?**

The direct link to the Facility Compare Tool is https://www.qualityreportingcenter.com/en/facility-compare-dashboard/.

Question #18:   **Does the scoreboard show reporting year?**

Yes, and the data and can be filtered by the year desired.

Question #19:   **How often is the Lookup Tool updated?**

Update timeframes vary. As we get closer to data submission deadlines, it is updated more frequently. For example, the week of a submission deadline, it is updated daily.