

Hospital OQR Program Cliff Notes: What You Need to Know for Successful Reporting

Program Details

Reporting Data

Data Submission

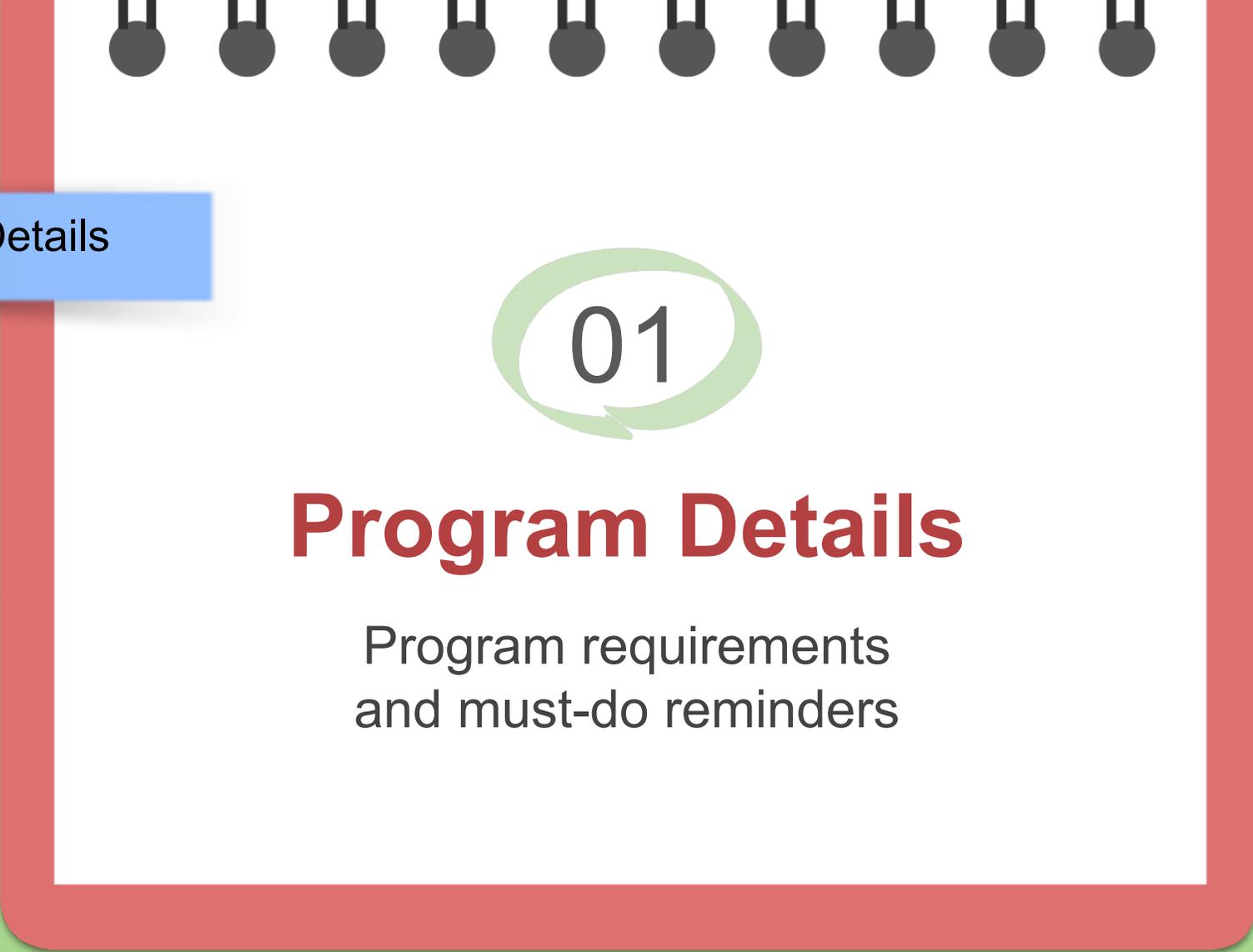
Program Resources

Hospital
Outpatient
Quality
Reporting
(OQR) Program

Learning Objectives

Attendees will be able to:

- State program requirements for the Hospital Outpatient Quality Reporting (OQR) Program.
- List measures for this program.
- Recall how to submit data.
- Describe how to check data submissions.
- List at least three resources available on [QualityNet](#) and [Quality Reporting Center](#) websites.

A graphic of a spiral-bound notebook with a white page and a red cover, set against a green background. The spiral binding is at the top. A blue tab is attached to the left side of the page.

Program Details

01

Program Details

Program requirements
and must-do reminders

Program Requirements

1. Collect and report data for program measures by submitting the following:
 - a. Web-based data through the Hospital Quality Reporting (HQR) system (annually)
 - b. Web-based data through the National Healthcare Safety Network (NHSN) system (quarterly)
 - c. Chart-abstracted clinical data (quarterly)
2. 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.

Data Validation

1. For data validation:
 - a. CMS randomly selects 450 hospitals.
 - b. CMS targets an additional 50 hospitals.
2. Selected hospitals:
 - a. Have 30 days to electronically submit medical records.
 - b. Must receive at least a 75 percent validation score.

Data Validation: Target Criteria

1. Targeted criteria is for hospitals that:
 - a. Failed the validation requirement.
 - b. Had an outlier value.
 - c. Were not selected in the previous three years.
 - d. Had a lower bound confidence interval score the previous year.
 - e. Had less than four quarters of data due to an Extraordinary Circumstance Exception (ECE) for one or more quarters and with a two-tailed confidence interval less than 75 percent.

Validation webinar
coming soon!

ECE Requests

If your hospital is unable to submit data or access medical records due to an extraordinary circumstance, you may request an ECE.

1. Provide supporting documentation.
2. Submit the ECE request within 90 days of the event date.
3. Access details on the QualityNet website:
<https://qualitynet.cms.gov/outpatient/oqr/participation#tab3>

Reconsideration Process

A process is available for hospitals that did not meet program requirements

1. Access details on the QualityNet website:
<https://qualitynet.cms.gov/outpatient/oqr/apu#tab2>
2. Submit reconsideration requests by the March 17 deadline for the applicable year.
3. If a Hospital is dissatisfied with the result of the reconsideration, the hospital may file an appeal with the Provider Reimbursement Review Board (PRRB).

Must-Do Reminders

Identify at least one
Security Official (SO)
For the HQR System



Identify a Facility
Administrator (FA)
For NHSN



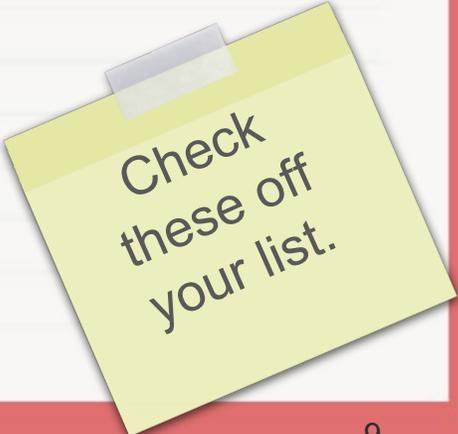
Stay in the loop
Subscribe to email updates



Ask measure or
program questions
Use the QualityNet Q&A Tool



Know specifics
when abstracting
Use the program
Specifications Manual



Check
these off
your list.

QualityNet Website

www.qualitynet.cms.gov

The screenshot shows the QualityNet website interface. At the top left is the CMS.gov logo and 'QualityNet' text. A search bar contains 'Search QualityNet'. On the top right, there are dropdown menus for 'Quality Programs' and 'Help', and a 'Register' button. The main header area has a blue background with the text 'Welcome to QualityNet! Your one-stop shop for CMS Quality Programs.' Below this are two buttons: 'Subscribe to Email Updates' (highlighted with a red box) and 'Get Started with QualityNet'. To the right, there is a 'Recent News' section with two news items: 'FY 2023 Hospital VBP Program Percentage Payment Summary Reports Now Available for Review' (dated December 14, 2022) and 'CMS Releases January 2023 Public Reporting Hospital Data for Preview' (dated November 8, 2022). Below the header is a section titled 'I am looking for quality information associated with...' with six category buttons: 'Hospitals - Inpatient', 'Hospitals - Outpatient' (highlighted with a red box), 'Ambulatory Surgical Centers', 'PPS-Exempt Cancer Hospitals', 'ESRD Facilities', and 'Inpatient Psychiatric Facilities'. On the left side of the screenshot, there is a yellow sticky note with the text: 'QualityNet Home Page', 'Subscribe to email updates', 'Ask a question', and 'Access the program Specifications Manual'.

Specifications Manual

Direct link:
<https://qualitynet.cms.gov/outpatient>

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 2023 Specifications Manual](#)

[Download 2022 Specifications Manual](#)

[View all Specifications Manuals](#)

NHSN

The NHSN system only allows one Facility Administrator (FA).

1. If the current FA is available, the FA role can become a new user in the NHSN system.
2. If the current FA is not available, complete the NHSN Facility Administrator Change Request Form on the NHSN website.

To change FA, visit:
<https://www.cdc.gov/nhsn/facadmin/index.html>

Reporting Data

02

Reporting Data

Reporting systems, program measures, and deadlines

Reporting Systems

1. Hospital Quality Reporting (HQR) System

- a. An active Healthcare Quality Information System (HCQIS) Access Roles and Profile (HARP) account
- b. At least one active Security Official (SO) registered (two recommended)

2. National Healthcare Safety Network (NHSN) System

- a. Active Secure Access Management Services (SAMS) credentials
- b. Only one Facility Administrator is permitted in NHSN (additional users can be added)

System Reminders



HARP is not the system you are accessing.

HARP is the key that gives you access to the HQR System.

Types of Measures

1. **Web-Based Measures:** Submit using a web-based tool via the HQR System and the NHSN System
2. **Chart-Abstracted Measures:** Submit via the HQR System, using CMS Abstraction & Reporting Tool (CART) or a third-party vendor
3. **Claims-Based Measures:** Collected using paid Medicare claims
 - a. Imaging measures
 - b. Outcome measures

Chart-Abstracted Measures

CY 2024 Payment Determination

Measure	Reporting Period	Submission Deadline
OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	Q2 2022 Apr 1–Jun 30, 2022	Nov 1, 2022
OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention	Q3 2022 Jul 1–Sept 30, 2022	Feb 1, 2023
OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients	Q4 2022 Oct 1–Dec 31, 2022	May 1, 2023
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 2023 Jan 1–Mar 31, 2023	Aug 1, 2023

OP-2 and OP-3 have been removed from the program, beginning April 2, 2023 (Q2 2023). Report data until August 1, 2023.

Aligning Quarters: Transition Year



Transition Year for CY 2023 Reporting Period/CY 2025 Payment Determination	
Patient Encounter Quarter	Clinical Submission Deadline*
Q2 2023 (April 1–June 30)	November 1, 2023
Q3 2023 (July 1–September 30)	February 1, 2024
Q4 2023 (October 1–December 31)	May 1, 2024

Alignment Moving Forward

CMS will use all four quarters of data.

CY 2024 Reporting Period/CY 2026 Payment Determination	
Patient Encounter Quarter	Clinical Submission Deadline
Q1 2024 (January 1—March 31)	August 1, 2024
Q2 2024 (April 1—June 30)	November 1, 2024
Q3 2024 (July 1—September 30)	February 1, 2025
Q4 2024 (October 1—December 31)	May 1, 2025

Web-Based Measures Via HQR

CY 2024 Payment Determination

Measures	Reporting Period	Submission Period
OP-22: Left Without Being Seen OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Voluntary)	Jan 1–Dec 31, 2022	Jan 1–May 15, 2023

Web-Based Measures Via NGSN

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

Imaging Measures

CY 2024 Payment Determination

Claims-Based Measure	Calculated Encounter Dates
OP-8: MRI Lumbar Spine for Low Back Pain	July 1, 2021–June 30, 2022
OP-10: Abdomen CT – Use of Contrast Material	July 1, 2021–June 30, 2022
OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low Risk Surgery	July 1, 2021–June 30, 2022
OP-39: Breast Cancer Screening Recall Rates	July 1, 2021–June 30, 2022

Outcome Measures

CY 2024 Payment Determination

Claims-Based Measure	Calculated Encounter Dates
OP-32* : Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Jan 1, 2020–Dec 31, 2022
OP-35 : Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	Jan 1, 2022–Dec 31, 2022
OP-36 : Hospital Visits after Hospital Outpatient Surgery	Jan 1, 2022–Dec 31, 2022

*January 1 through June 30, 2020, claims were not used in calculating results due to the CMS COVID-19 exception.

Notes on OP-40

OP-40: ST-Segment Elevation Myocardial Infarction (STEMI) Electronic Clinical Quality Measure (eCQM)

- 1** ↔ Replaces OP-2 and OP-3
- 2** ↔ OP-2 and OP-3 are reported until August 1, 2023
- 3** ↔ Data collected via hospital's certified electronic health record technology (CEHRT)

- 4** ↔ Submission through the HQR system
- 5** ↔ Not currently included in Validation
- 6** ↔ **Voluntary** for CY 2023 reporting period/CY 2025 payment determination
- 7** ↔ **Mandatory** for CY 2024 reporting period/CY 2026 payment determination

Reporting Deadlines For OP-40

CY 2024 Payment Determination

Reporting Period	Quarters	Submission Period
CY 2023*	Any quarter(s)	May 15, 2024
CY 2024	One self-selected quarter	May 15, 2025
CY 2025	Two self-selected quarters	May 15, 2026
CY 2026	Three self-selected quarters	May 17, 2027
CY 2027	Four quarters (one calendar year)	May 15, 2028

*Voluntary Reporting begins with
CY 2023 reporting period/CY 2025 payment determination.

eCQM Resources

1. For additional specifications, data elements, and value sets, visit:

https://ecqi.healthit.gov/ecqm/oqr/2023/cms996v3#quicktabs-tabs_oqr_measure-1

2. For steps to prepare and implement eCQM submission, links to required account registrations, and access to codes, visit:

<https://ecqi.healthit.gov/ecqm-implementation-checklist>

3. To access the eCQM presentation:

<https://ecqi.healthit.gov/sites/default/files/eCQM-101-CMS-Specifics-508.pdf>

OP-37a–e: OAS CAHPS

OP-37a-e: Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS)

1. Voluntary reporting begins with the CY 2023 reporting period.
2. Mandatory reporting begins with CY 2024 reporting period/
CY 2026 payment determination.
3. Details and requirements can be found on the OAS CAHPS web site:
<https://oascahps.org/>.
 - a. Email: oascahps@rti.org
 - b. Phone: 866-590-7468



Reminder!

Reporting Deadlines For OP-37

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

Voluntary reporting for CY 2025 Payment Determination	
Quarter and Year	Data Submission Deadline
2022 Quarter 4	April 12, 2023
2023 Quarter 1	July 12, 2023
2023 Quarter 2	October 11, 2023
2023 Quarter 3	January 10, 2024

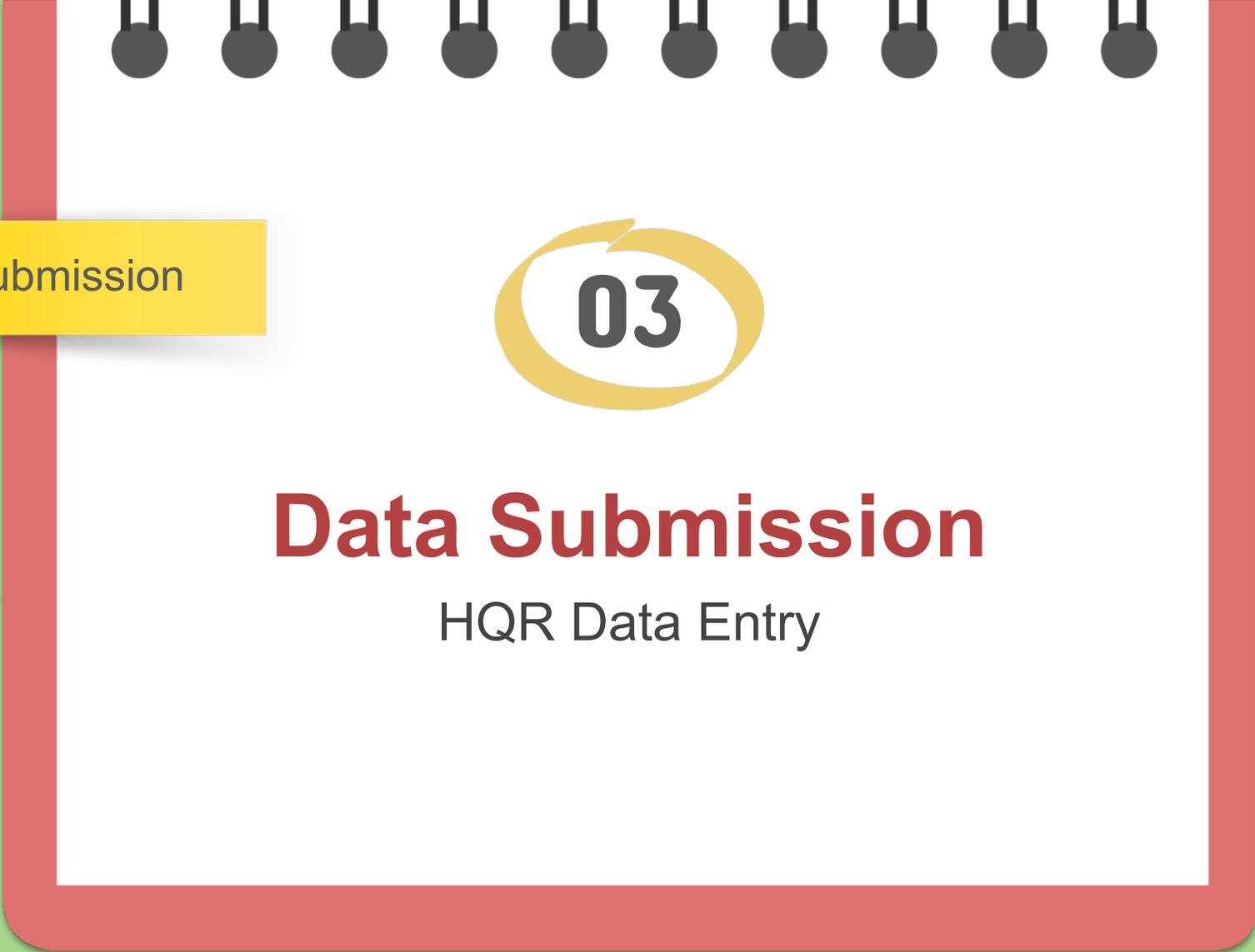
Deadline information:

<https://oascahps.org/Data-Submission/Data-Submission-Deadlines>

Upcoming Deadlines

Enter data by the deadline.

Measure	Reporting Period	Submission Deadline
Chart-Abstracted Measures		
OP-2*	For Q4 2022 Oct 1–Dec 31, 2022	May 1, 2023
OP-3*		
OP-18		
OP-23		
Web-Based Measures: HQR		
OP-22	Jan 1–Dec 2022	May 15, 2023
OP-29		
OP-31 (Voluntary)		
Web-Based Measures: NHSN		
OP-38	For Q4 2022 Oct 1—Dec 31, 2022	May 15, 2023

A graphic of a spiral-bound notebook with a white page and a red cover, set against a green background. The spiral binding is at the top. A yellow tab is on the left side.

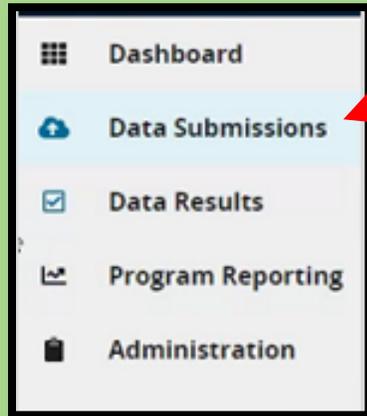
Data Submission

03

Data Submission

HQR Data Entry

From the HQR Home Page



To enter your data, click on the dashboard toggle to open your menu.

Then, 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.

New! 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

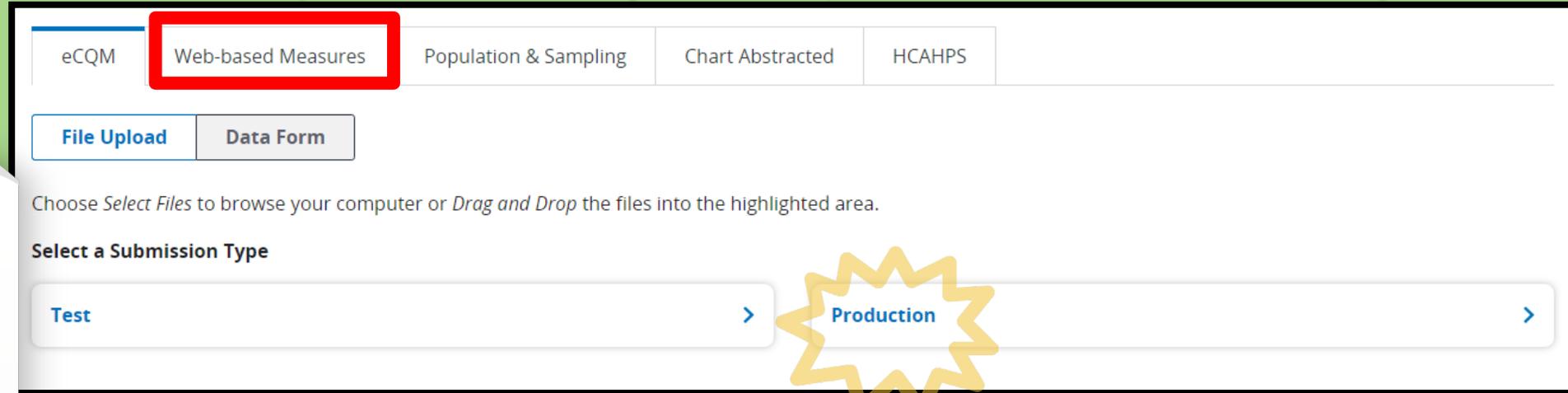
Here are some of the key features of the new Hospital Quality Reporting

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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Select Your Options

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

- Use the *Production* option for submitting your data.



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** >

Make sure you are in the Production option!

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. 

Hospitals will select the *Data Form* option.

Launch Data Form

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

Web-based Measures

Population & Sampling

Chart Abstracted

File Upload

Data Form

You have selected Data Form submission. You can choose a different method at any time.

Select the Data Form

QQR

Launch Data Form >

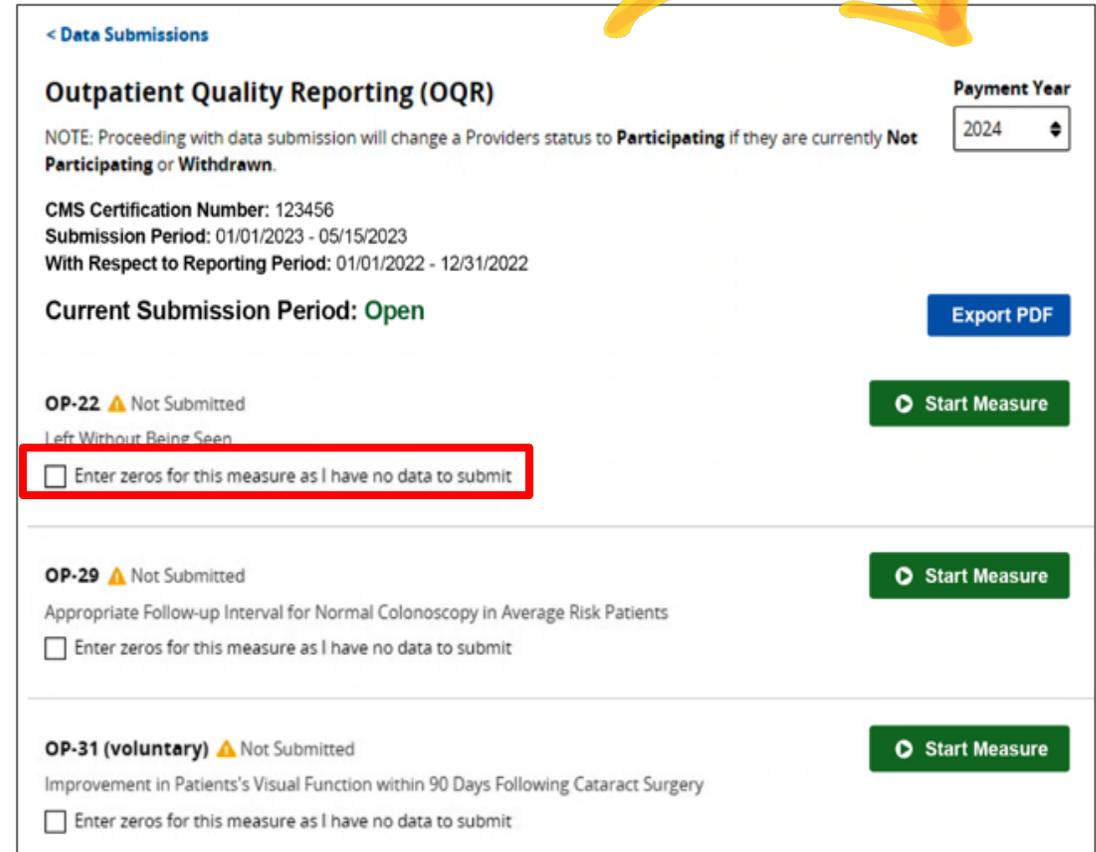
HQR's New Look

New: The yellow caution symbol next to the measure name lets you know you have not submitted your data.

New: The “I’m ready to submit.” button has been removed.

Always remember to check the payment year. It will always default to the current payment year.

Check “Enter zeros for this measure as I have no data to submit.” box if that measure does not apply to your hospital.



[< Data Submissions](#)

Outpatient Quality Reporting (OQR)

NOTE: Proceeding with data submission will change a Providers status to **Participating** if they are currently **Not Participating** or **Withdrawn**.

CMS Certification Number: 123456
Submission Period: 01/01/2023 - 05/15/2023
With Respect to Reporting Period: 01/01/2022 - 12/31/2022

Current Submission Period: **Open**

Payment Year: 2024

[Export PDF](#)

OP-22 ⚠ Not Submitted
Left Without Being Seen

Enter zeros for this measure as I have no data to submit

[▶ Start Measure](#)

OP-29 ⚠ Not Submitted
Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients

Enter zeros for this measure as I have no data to submit

[▶ Start Measure](#)

OP-31 (voluntary) ⚠ Not Submitted
Improvement in Patients's Visual Function within 90 Days Following Cataract Surgery

Enter zeros for this measure as I have no data to submit

[▶ Start Measure](#)

Entering the OP-22 Measure

Enter your numerator and denominator, then select the *Submit* button.

OP-22

Left Without Being Seen

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

Numerator

* What was the total number of patients who left without being evaluated by a physician/APN/PA?

238

Denominator

* What was the total number of patients who presented to the ED?

11000

Submit

Cancel

Remember Your Sampling Table

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

For measures OP-29 and OP-31

Entering the OP-29 Measure

Enter your numerator and denominator, then select the *Submit* button.

The population field is not a required field, but it can be filled in voluntarily.

Sampling is also voluntary and is auto-selected with N/A.

OP-29
Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients

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

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

Population
What was your hospital's Total Population?

What was your hospital's sample size?

What was your hospital's sampling frequency?
 Monthly
 Quarterly
 Not Sampled
 N/A



Errors display

If you transpose your numerator and denominator, the system will alert you.

Re-enter your data and select the *Re-submit* button.

OP-29
Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients

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

Numerator cannot be greater than the denominator

900

Denominator

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

Numerator cannot be greater than the denominator

850

Population

What was your hospital's Total Population?

Ex. 0,1,2,3,...999999999

What was your hospital's sample size?

Ex. 0,1,2,3,...999999999

What was your hospital's sampling frequency?

Monthly

Quarterly

Not Sampled

N/A

Re-submit **Cancel**

Entering the OP-31 Measure

OP-31 is voluntary.

If you choose to enter data, you will enter the numerator and denominator.

Then, select the *Submit* button as before.

OP-31

Improvement in Patients's Visual Function within 90 Days Following Cataract Surgery

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

Numerator

* Patients 18 years and older who had improvement in visual function achieved within 90 days following cataract surgery, based on completing both a pre-operative and post-operative visual function survey

950

Denominator

* All patients aged 18 years and older who had cataract surgery and completed both a pre-operative and post-operative visual function survey

1000

Population

What was your hospital's Total Population?

0

What was your hospital's sample size?

0

What was your hospital's sampling frequency?

- Monthly
- Quarterly
- Not Sampled
- N/A

Submit

Cancel



Confirmation Window

When selecting the “Enter zeros for this measure as I have no data to submit” box, you will get a pop-up window asking you to confirm that you have no data to enter.

* Indicates required field

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

Numerator
* Patients 18 years and older who had improvement in visual function achieved within 90 days following cataract surgery, based on completing both a pre-operative and post-operative visual function survey
950

Denominator
* All patients aged 18 years and older who had cataract surgery and completed both a pre-operative and post-operative visual function survey
1000

Population
What was your hospital's Total Population?
0

What was your hospital's sample size?
0

What was your hospital's sampling frequency?
 Monthly
 Quarterly
 Not Sampled
 N/A

Re-submit Cancel

Confirmation Window:
No patients meet criteria for measure: OP-31 [Close](#)
Please confirm that you have no data to submit for this measure: OP-31. Zeros will be entered in the absence of any data.
Cancel Confirmed

Metadata:
CMS Certification Number: 123456
Submission Period: 01/01/2023 - 05/15/2023
With Respect to Reporting Period: 01/01/2022 - 12/31/2022
Last Updated: 01/13/2023 10:27 AM

Data Entry Complete

Look for the green check mark saying *Submitted*.

Use the *Export PDF* icon to print your data submission report.

Outpatient Quality Reporting (OQR)

Payment Year

2024

NOTE: Proceeding with data submission will change a Provider's status to **Participating** if they are currently **Not Participating** or **Withdrawn**.

CMS Certification Number: 123456

Submission Period: 01/01/2023 - 05/15/2023

With Respect to Reporting Period: 01/01/2022 - 12/31/2022

Last Updated: 01/13/2023 10:27 AM

Current Submission Period: **Open**

Export PDF

+ OP-22  Submitted 

Left Without Being Seen

Updated Jan 13, 2023 at 10:21 AM

Score for this measure

2%	238	11000
	Numerator	Denominator

Lower score is better

 [Edit Measure](#)

+ OP-29  Submitted

Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients

Updated Jan 13, 2023 at 10:26 AM

Score for this measure

94%	850	900
	Numerator	Denominator

Higher score is better

 [Edit Measure](#)

+ OP-31 (voluntary)  Submitted

Improvement in Patients's Visual Function within 90 Days Following Cataract Surgery

Updated Jan 13, 2023 at 10:27 AM

Score for this measure

95%	950	1000
	Numerator	Denominator

Higher score is better

 [Edit Measure](#)

Report Results

The submission report shows the following:

1. Measures successfully submitted
2. Date and time last updated
3. Summary of your results

ABC SURGERY

CMS Certification Number: 123456

Submission Period: 01/01/2023 - 05/15/2023

With Respect to Reporting Period: 01/01/2022 - 12/31/2022

Last Updated: 1/13/2023 10:29 AM

OQR

 All Measures Successfully Submitted!

Measure	Submission Status	Last Updated
OP-22	Submitted	1/13/2023 10:21 AM
OP-29	Submitted	1/13/2023 10:26 AM
OP-31 (Voluntary)	Submitted	1/13/2023 10:29 AM

OP-22

What was the total number of patients who left without being evaluated by a physician/APN/PA?

238

What was the total number of patients who presented to the ED?

11000

Score for this measure

2%

238

Numerator

11000

Denominator

Lower score is better

NHSN Updates

1. Reporting Period:
Quarter 1 2023 (December 26, 2022—March 26, 2023)
2. Individuals are considered up to date with COVID-19 vaccines if they received an updated bivalent booster OR completed their primary series less than two months ago.
3. Monovalent boosters are no longer included in CDC's **"up to date"** definition.
4. For additional information, access NHSN's website:
<https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf>



Program Resources

04

Program Resources

Submission checks and
other helpful resources

Home Page

www.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](#)

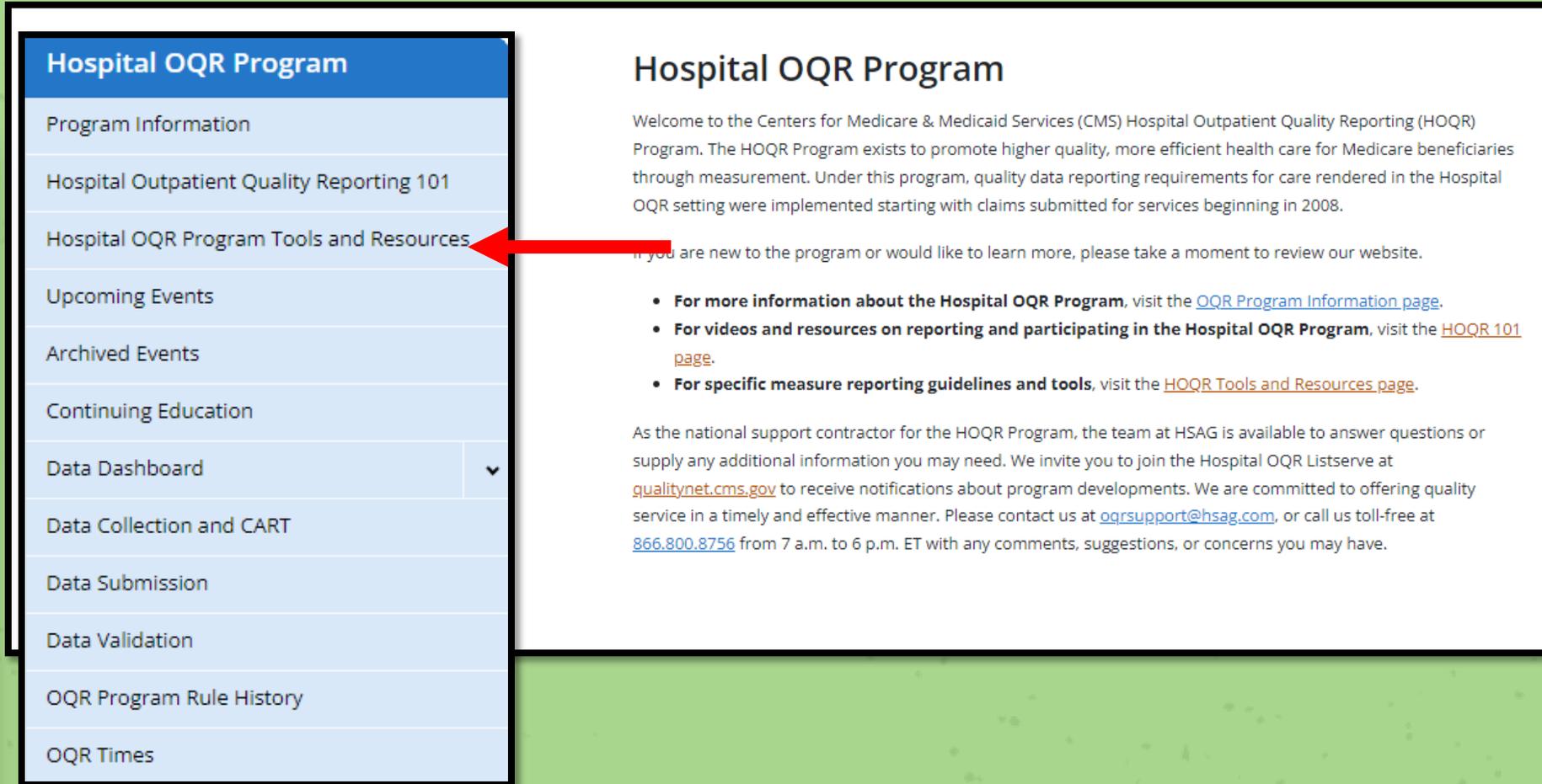
ASC

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

Quality Reporting Center Resources

The navigation bar displays numerous resources to choose from.

Select *Hospital OQR Program Tools and Resources* for program tools.



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.

Tools and Resources

Options are divided into sections.

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 the
*Facility Compare
Dashboard* option.

Hospital OQR Program	
Program Information	
Hospital Outpatient Quality Reporting 101	
Hospital OQR Program Tools and Resources	
Upcoming Events	
Archived Events	
Continuing Education	
Data Dashboard	▲
Facility Compare Dashboard	←
Lookup Tools	
Lookup Tool Archives	
Data Collection and CART	
Data Submission	
Data Validation	
OQR Program Rule History	
OQR Times Newsletter	

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 Listserv 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 oqrsupport@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.

Lookup Tools

Select the down arrow next to Data Dashboard.

Then, select *Lookup Tools*.

Hospital OQR Program	
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Accessing Lookup Tools

Notice the *Data last updated on date*. That date is the last time this tool was updated.

Enter your hospital's CMS Certification Number (CCN) and select *Enter*.

Lookup Tools

Web-Based Measures (PY 2023)

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

123456 **Enter**

Note, data last updated on:

- **WBM Submission May 17, 2022**
- **NHSN Submission February 16, 2023**

- 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
- OP-38 (NHSN Submission): COVID-19 Vaccination Coverage Among Health Care Personnel (PY 2024)

Lookup Tool Results

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

COVID-19 Vaccination Coverage Among Health Care Personnel Submission by Deadline

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
YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	NO	NO	NO

Data last updated February 16, 2023

Quarters will only show "YES" if all months in that quarter also say "YES".

Year shown is the year being reported, not the Calendar Year Payment Determination. OP-38 data currently being collected is for Calendar Year 2024 Payment Determination.

Checking Your Data Submission in HQR

From the HQR Landing Page:

- Select the *Program Reporting* option.
- Select *Performance Reports* from the drop-down menu.

The screenshot shows a vertical navigation menu with the following items: Dashboard, Data Submissions, Data Results, Program Reporting (highlighted with a blue bar), Claims-based measures, Reporting Requirements, Performance Reports (indicated by a red arrow), Program Credit, Public Reporting, Validation, and Administration (indicated by a clipboard icon).

page is still available for PRS.
for your patience as we make changes to HQR. PRS is s

ecting to receive facility-specific or claims-detail report
nbox in Secure File Transfer may need to request per
er to the [Important: Request Access to Managed File Tra](#)
permissions to access your reports!

HQR is Coming

We are hard at work behind the scenes to modernize Hospital Quality Repo
exciting new features to help you execute your responsibilities faster, and w

New! 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

Performance Reports

Choose the program and encounter quarter.

Then, select the *Export CSV* option.

Performance Reports

This is where you can check your Quality Measure and other calculated metrics. Facility, State, and National level calculations are available for the IQR, OQR, ASCQR, IPFQR, and PCHQR Programs; Baseline Measure and Percentage Payment Summary calculations are available for the HVBP Program. Access is dependent upon permissions.

Program

Encounter Quarter

[Export CSV](#)

Performance Report Results



A	B	C	D	E	F	G	H	I	J	K
TYPE	PROVIDER_ID	STATE_CODE	QUARTER	MEASURE	NUMERATOR	DENOMINATOR	ADHPCT	ADHPCT_CI_	ADHPCT_CI_	LAST_NHSN_UPDATE_DATE
PROVIDER_SUMMARY	123456	FL	2022Q1	COVID19HCP	18	18	100	100	100	11/08/2022
STATE_SUMMARY		FL	2022Q1	COVID19HCP	5468	7284	65.5	0	100	11/08/2022
NATIONAL_SUMMARY		NATION	2022Q1	COVID19HCP	87047	99199	83.9	59.8	100	11/08/2022

You can see your facility's result, state summary, and national summary.

Check the Last NHSN Update Date column to see the last time these data were updated.

Checking Your Data Submission in HQR

From the HQR Landing Page:

- Select the *Program Reporting* option.
- Then, select *Reporting Requirements* from the drop-down menu.

The screenshot shows a vertical navigation menu on the left side of the HQR interface. The menu items are: Dashboard, Data Submissions, Data Results, Program Reporting (highlighted with a black border), Claims-based measures, Reporting Requirements (highlighted with a red arrow), Performance Reports, Program Credit, Public Reporting, Validation, and Administration (highlighted with a black border). The background of the page shows a light blue banner with text about PRS and a section titled 'HQR is Coming'.

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Reporting Requirements Report

Choose the program and encounter quarter.

Then, select the *Export CSV* option.

Reporting Requirements

This is where you check to see if your organization is meeting reporting requirements. This encompasses data from Quality Net reports, including: eQCM Submission Status, Provider Participation (IQR, OQR, IPFQR). Access is dependent upon permissions.

Program

OQR

Encounter Quarter

Q3 2022

Export CSV

Reporting Requirements Report Results

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1	year	quarter	provider	state_cod	city	provider_nai	active_sa	nop_start	nop_end	selected	medicare	provider	measure	total_cases	total_claims	sample	populatio	max_clain	complete	covid19_s	covid19_last_NHSN_file		
2	2022	Q3	123456	FL	TAMPA	ABC HOSP	Yes	#####		Not Select	2020-12-2	active	OQR-ED	96	964	Not Subm	Not Subm	2022-09-30	Not Subm	Not Submitted			
3	2022	Q3	123456	FL	TAMPA	ABC HOSP	Yes	#####		Not Select	2020-12-2	active	OQR-AMI	0	2	Not Subm	Not Subm	2022-08-31	Not Subm	Not Submitted			
4	2022	Q3	123456	FL	TAMOA	ABC HOSP	Yes	#####		Not Select	2020-12-2	active	OQR-STK	0	1	Not Subm	Not Subm	2022-07-2	Not Subm	Not Submitted			
5	Critical Access Hospitals do not receive payment under the Outpatient (Ctrl) -ive Payment System.																						
6	Outpatient Population and Sample columns are populated with the Medicare and non-Medicare counts submitted by the provider or their authorized vendor.																						
7	Total Cases Accepted by Submission Deadline Column: This includes all Medicare and non-Medicare cases submitted to the CMS Clinical Data Warehouse that met all data submission requirements.																						
8	The Total Medicare Claims is based on the service start-date. This column will be updated on a monthly basis until approximately 15 days prior to the submission deadline for that quarter. Please note that there is a 1 to 2 month delay in the data.																						
9	Maximum Encounter Date from Claims is the latest date of a Medicare encounter included in the current claims count for the provider.																						
10	Disclaimer: This report does not confirm or deny whether a provider qualifies for the annual payment update.																						

Check the report to ensure the *Total Cases* column has a number greater or equal to the number in the *Total Claims* column.

For ED-Throughput, make sure the number meets the Sampling Criteria threshold.

Make sure you submit enough cases to meet program requirements.

- For program-related questions, contact the support team:
866.800.5756
- Question & Answer Tool:
https://cmsqualitysupport.servicenowservices.com/qnet_qa
- For questions related to NHSN, contact the support team:
NHSN@cdc.gov
- Center for Clinical Standards and Quality (CCSQ)
Service Center: (866) 288-8912

Thank you for joining us!

Acronyms

APU	Annual Payment Update	HCQIS	Healthcare Quality Information System Access
CART	CMS Abstraction & Reporting Tool	HQR	Hospital Quality Reporting
CCN	CMS Certification Number	MRI	magnetic resonance imaging
CCSQ	Center for Clinical Standards and Quality	NHSN	National Healthcare Safety Network
CEHRT	Certified Electronic Health Record Technology	OAS CAHPS	Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS)
CMS	Centers for Medicare & Medicaid Services	ONC	Office of the National Coordinator for Health Information Technology
CT	computerized tomography	OP	outpatient
CY	calendar year	OQR	Outpatient Quality Reporting
ECE	Extraordinary Circumstances Exception	PRRB	Provider Reimbursement Review Board
eCQM	electronic clinical quality measure	Q	quarter
ED	emergency department	Q&A	question and answer
FA	Facility Administrator	SAMS	secure Access Management Services
FY	fiscal year	SO	Security Official
HARP	HCQIS Access Roles and Profile	STEMI	ST-Segment Elevation Myocardial Infarction

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 approval for any other state, license, or certification, please check with your licensing or certification board.

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