Guide to Successful Reporting in the Hospital Outpatient Quality Reporting (OQR) Program

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

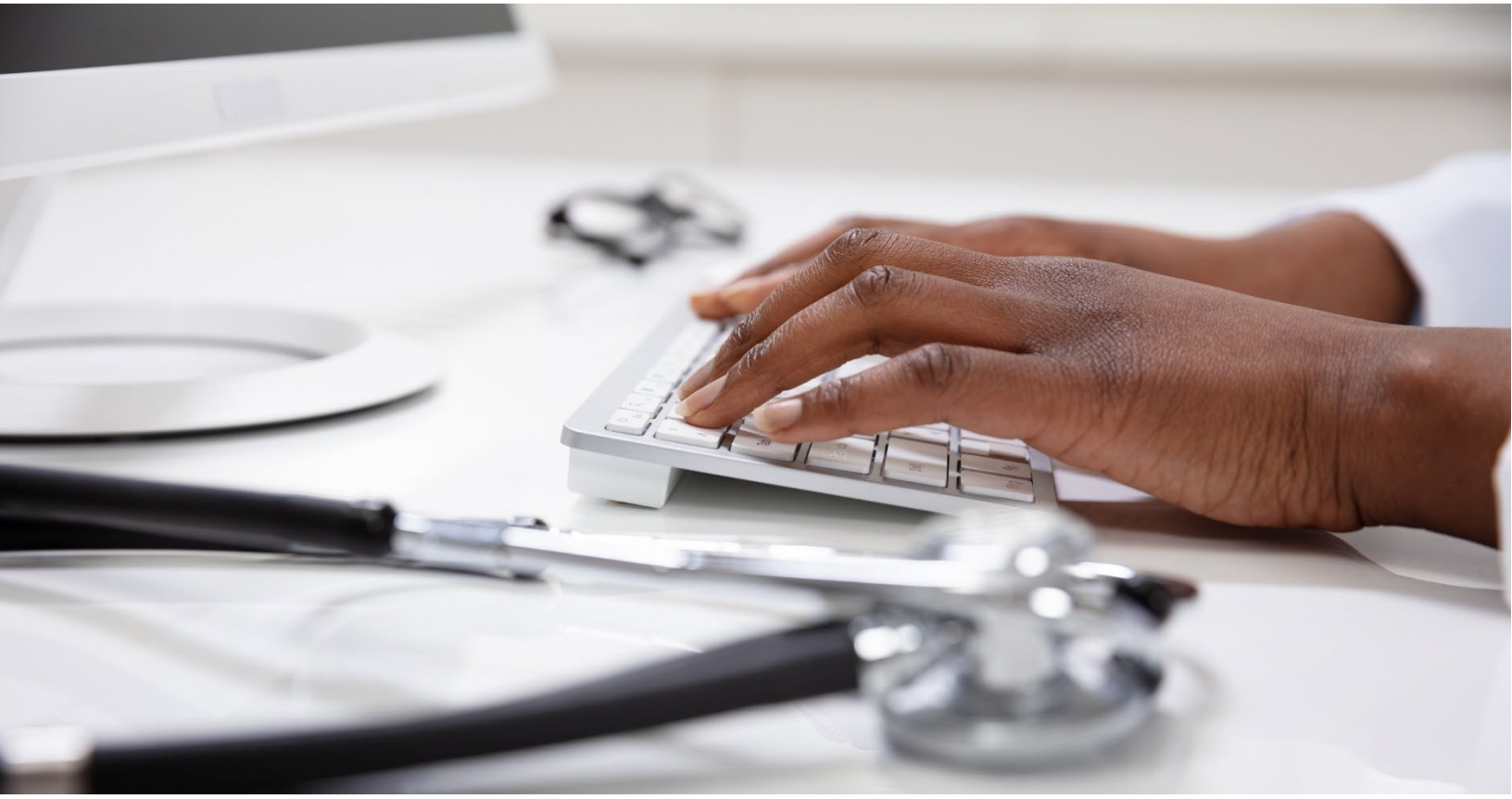


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Hospital OQR Program

The Hospital OQR Program aims to incentivize quality improvement and augment beneficiary decision-making regarding care provided at hospital outpatient departments (HOPDs) – including the emergency department (ED) – by collecting quality measurement data and publicly displaying these data on CMS-designated websites (such as the Compare Tool on Medicare.gov and the Provider Data Catalog on data.cms.gov). Hospitals have an opportunity to review their data in Public Reporting Preview reports prior to publication. The data are displayed in the Compare Tool on Medicare.gov by CMS Certification Number (CCN).

Participation in the Hospital OQR Program is required for subsection (d) hospitals (as defined under section 1886(d)(1)(B) of the Social Security Act). Hospitals must participate and meet the Hospital OQR Program requirements in order to receive their full annual payment update under the Outpatient Prospective Payment System (OPPS). Hospitals that do not participate or do not meet the Hospital OQR Program requirements receive a reduction of two percentage points to their OPPS annual payment update for the applicable calendar year (CY).

Participation in the Hospital OQR Program is voluntary for Critical Access Hospitals (CAHs), which are a separate provider type with their own Medicare Conditions of Participation (CoP), as well as a separate payment method. However, the Centers for Medicare & Medicaid Services (CMS) strongly encourages CAHs to participate in quality measure data collection and public reporting of these data.

Hospitals should contact the Hospital OQR Program Support Team with questions regarding data and for technical support at **866.800.8756** or through the QualityNet Question and Answer Tool.

Note: The Hospital OQR Program is a **pay for reporting** program. Hospitals that successfully meet all requirements are paid more than hospitals that do not participate. **Pay for performance** programs reward healthcare providers with incentive payments based on the quality of care they provide.

Hospital OQR Program Checklist

Participation

To participate in the Hospital OQR Program, hospitals must register on the CMS Hospital Quality Reporting (HQR) system and create a HARP account. **Submission of any Hospital OQR Program measure data, including submission of just one data element, indicates a hospital's status as a participant in the program.**

Hospitals must also contract with a CMS-approved survey vendor to administer the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey on behalf of the hospital.

Account Registration

- ✓ Register for a Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) account to report measure data submitted via the HQR system.
  - Identify a **Security Official (SO)** for reporting in the secure HQR system. More information regarding the roles, responsibilities, and registration for SOs can be found in the *Hospital Quality Reporting (HQR) Registration* section of this guide.
  - Log into your HARP account **every 60 days** to keep it active.
- ✓ Register for login credentials on the OAS CAHPS website and contract with a CMS-approved OAS CAHPS Survey vendor to conduct the survey.

Note: HARP accounts are required to be deactivated after two years of inactivity. Once an account is deactivated due to inactivity, it cannot be recovered. To create a new HARP account, you may use the registration portal and follow the standard HARP account registration process.

Data Submission

Data submissions must be timely, accurate, and complete.

- ✓ Collect chart-abstracted clinical data for each quarter and submit these data by the deadline.
  - For the CY 2029 payment determination, the applicable patient encounter quarters for chart-abstracted data are as follows:

Patient Encounter Quarter	Clinical Data Submission Deadline
Q1 2027 (January 1–March 31)	Aug 2, 2027
Q2 2027 (April 1–June 30)	Nov 1, 2027
Q3 2027 (July 1–September 30)	Feb 1, 2028
Q4 2027 (October 1–December 31)	May 1, 2028

Note: Hospitals that have five or fewer claims per quarter (between Medicare and non-Medicare), for any measure (e.g., Stroke), will not be required to submit patient-level data for the measure for that quarter. However, they may voluntarily submit data.

- ✓ Collect data for web-based measures to be submitted via the HQR system and submit these data by the deadline.
  - For the CY 2029 payment determination, the data submission period opens on January 1, 2028, and extends through May 15, 2028, for the January 1–December 31, 2027 reporting period.

- ✓ Collect data for patient survey measures for each quarter and submit these data by the deadline.
  - The data submission deadlines for survey measures are as follows:

Patient Encounter Quarter	Data Submission Deadline
Q1 2027 (January 1–March 31)	Jul 14, 2027
Q2 2027 (April 1–June 30)	Oct 13, 2027
Q3 2027 (July 1–September 30)	Jan 12, 2028
Q4 2027 (October 1–December 31)	Apr 12, 2028

- ✓ Collect data for electronic Clinical Quality Measures (eCQMs) to be submitted via the HQR system using Quality Reporting Document Architecture (QRDA) Category I files by the annual submission deadline.
  - For CY 2029 payment determination, submitting all four quarters of data from the CY 2027 reporting period are required. The submission deadline is May 15, 2028.

- ✓ Collect survey data for the Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery (Information Transfer PRO-PM) to be submitted via the HQR system by the annual submission deadline.
  - For CY 2029 payment determination, the data submission period opens on January 1, 2028, and extends through May 15, 2028, for the January 1 – December 31, 2027, reporting period.

- ✓ To calculate claims-based measures, CMS uses a hospital's Medicare claims data. Data submissions must be timely, complete, and accurate. A complete submission is determined based on whether submitted data:

- Satisfies the sampling criteria published and maintained in the Hospital OQR Program **Specifications Manual** (found on QualityNet website); and
- Corresponds to both the aggregate number of patient encounters submitted by a hospital and the number of Medicare claims the hospital submits for payment.

Hospital Quality Reporting (HQR) Registration

Security Official (SO) Roles

Hospitals submitting data via the HQR system (or using a vendor to submit data on their behalf) are required to designate an SO. The SO facilitates the registration process for other users at the organization, can submit data via the web-based tool, and access secure reports in HQR.

It is highly recommended that hospitals designate at least two people as SOs**,** one to serve as the primary SO and the other to serve as a back-up SO.

Security Official Registration

To register as an SO, first complete the registration form to create a HARP account. Users must enter their profile information, account information, and successfully complete proofing (identity verification). Registration could take anywhere from five to 15 minutes, depending on how quickly user data are proofed and verified. HARP uses a third-party service to verify user identities. To complete the account setup:

1. Log in to the HQR system with your HARP[1] User ID and password.
2. Go to **My Profile** (under your username in the upper right).
3. Select the **Create Request Access** box**.**
4. Select **Security Official** or **Basic User** when prompted to select a user type.
5. Select your required permissions, then **Submit an Access Request.**
    a. Your request should appear as a new line item in the *Pending Request* section. If your application is not using HARP for role requests, follow the application's instructions on how to request user roles.
6. Review the information on the SO request and select **Continue.**

You will be notified by email when your request has been approved. If you encounter issues requesting access or have questions about using the online process, please contact the CMS Center for Clinical Standards and Quality (CCSQ) Service Center at 866.288.8912 or qnetsupport@cms.hhs.gov.

For common questions and general account set-up information, visit the CMS HARP Help page.

[1]If you do not have a HARP account, create one at harp.cms.gov

Data Reporting and Submission Details

Details on Outpatient Measures

Quality measures applicable to the current Hospital OQR Program year can be found in the Hospital OQR Measures section on the QualityNet website. After navigating to the main QualityNet website:

1. Select the **Hospitals-Outpatient** program option.
2. Select **Measures** from the navigation bar at the top of the page.
3. Select the measure you are interested in.
4. Select **Learn More.**

Details on Data Submission

Clinical data submission is accomplished using one of two methods in the HQR system: file upload or the Data Form option in HQR or through Third-Party Vendors.

- The HQR system is the only CMS-approved method for the electronic transmission of private data between healthcare providers and CMS for the purposes of the Hospital OQR Program.
- This video provides information on submitting clinical data directly using HQR's Data Form option.

All files and data exchanged with CMS via the HQR system are encrypted during transmission and are stored in an encrypted format. The HQR system meets all current Health Insurance Portability and Accountability Act (HIPAA) requirements for information transfer.

- Data are stored in the Clinical Warehouse.
    - Cases in the Clinical Warehouse may be updated until the data submission deadline each quarter. After the deadline, no further updates are accepted for cases in that quarter.
    - For any required web-based measure for which the hospital has no data, select **Please enter zeros for this measure, as I have no data to submit** to complete the submission and receive program credit. Data entry fields for required measures cannot be left blank.
    - For eCQMs, hospitals must submit all four quarters of data for the CY 2027 reporting period.
    - Survey data for the Information Transfer PRO-PM can be accomplished through the **File Upload option in HQR** or through a **Third-Party Vendor.**

Third-party vendors can meet the specifications for data transmission (XML file format) via the HQR system. SOs can access the online authorization process from the HQR system to authorize a third-party vendor to submit data on a hospital's behalf. Vendor authorizations remain in effect until the hospital modifies the authorization. Hospitals using the Data Form option do not need to complete a vendor authorization to report data.

Review and Corrections Period

Facilities have a review and corrections period that runs concurrently with the data submission period. During this timeframe, facilities can enter, review, and correct submitted data. After the submission deadline, these data cannot be changed.

Data Submission Sampling Requirements

Hospitals must submit quality measure data in accordance with the sampling requirements described in the most recent version of the **Specifications Manual** located on the QualityNet website. These requirements specify that hospitals must submit a sample or a complete population of cases for each of the outpatient quality measures, either quarterly or annually (depending on the measure).

Aggregate Population and Sampling Data Submission

Population and Sampling is **voluntary** for the Hospital OQR Program, even if reporting data for a measure is required. If a hospital chooses to report aggregate population and sample size counts for Medicare and non-Medicare outpatient encounters for Hospital Outpatient Clinical Data measures, these data must be submitted to CMS via the HQR system on the same quarterly submission schedule as chart-abstracted measures. Submission of population and sampling data will initiate the hospital as a participant in the Hospital OQR Program.

The deadlines for Hospital OQR Program Population and Sampling submission can be found on the QualityNet website.

Access Management (AM) and Vendor Management (VM)

AM is a process for granting user access requests for both Basic Users and SOs. VM is a process for managing vendors directly within the HQR system.

To register as a Basic User or SO, follow the steps below:

1. Log in to the HQR system with your HARP[2] User ID and password.
2. Select **Administration,** then **Access Management**.
3. Select **Add User** (to add a user), then Select **Security Official** or **Basic User** when prompted.
4. Select the required permissions and select **Submit Request.**

You will be **notified by email** when your request has been **approved**.

To begin managing your vendors, follow the steps below:

1. Log into the HQR system with your HARP User ID and password
2. Go to **Administration** and select **Vendor Management.**
3. On the **Vendor Management** page, you can add, search, or filter your vendor(s).

For questions regarding Vendor Management, contact the Center for Clinical Standards and Quality (CCSQ) Service Desk at 866.288.8912 or qnetsupport@cms.hhs.gov.

[2] If you do not have a HARP account, create one at harp.cms.gov

Additional Information

Chart Audit Validation

Validation provides assurance that hospital chart-abstracted data are accurate. CMS randomly selects approximately 450 hospitals from a list of participants in the Hospital OQR Program, and an additional 50 hospitals on a targeted basis, for an estimated total of approximately 500 hospitals selected for validation annually.

More detailed information about the validation process can be found in the Data Validation section of the QualityNet website, and the Hospital OQR Validation webinar on the Quality Reporting Center website.

Reconsideration Process

Hospitals that receive notification that they did not meet Hospital OQR Program requirements and, therefore, will not receive the full payment update, are eligible to request reconsideration. The procedural rules governing Hospital OQR Program reconsiderations are posted on the QualityNet website. A reconsideration request should be received by March 17 of the applicable payment determination year. CMS expects the reconsideration process to be completed within 90 days following the deadline for submitting a request. If a hospital fails to submit a reconsideration request by the applicable deadline, then the hospital will not be eligible to file an appeal with the Provider Reimbursement Review Board (PRRB).[3]

Extraordinary Circumstances Exceptions (ECE) Process

If a hospital is unable to submit data or access medical records due to an extraordinary circumstance, such as a natural disaster or a cyberattack, the hospital may request an ECE. Hospitals will need to complete the ECE request form available on the QualityNet website and submit the form with supporting documentation within 60 days of the date of the extraordinary circumstance. An ECE could take the form of an exception or an extension of time to comply with data reporting requirements if CMS determines that this type of relief is appropriate under the circumstances. If CMS grants an ECE, the written decision will specify whether the facility is exempted from one or more reporting requirements or whether CMS has granted the facility an extension of time to comply with one or more reporting requirements.

These documents must be submitted to the Hospital OQR Support Team via one of the following:

- Unified File Management (UFM), previously known as Managed File Transfer (MFT). Note: When sending via UFM, uncheck “Require Registered Users”.
- Email to: QRFormsSubmission@hsag.com
- Secure fax: 877.789.4443

CMS strives to complete its review of each request within 90 days of receipt. Hospitals included under a blanket exception by CMS will not be required to submit an individual ECE form. Notifications of blanket ECE waivers are distributed through the QualityNet Mailer service. Information on how to

[3] The PRRB is an independent panel to which a certified Medicare provider of services may appeal if it is dissatisfied with a final determination by CMS. Questions about the PRRB may be directed to PRRB@cms.hhs.gov or 410-786-2671.

receive QualityNet Mailer notifications can be found in the Additional Resources section of this guide. Subscribe to listservs on the QualityNet website.

Reporting Deadlines

CMS has established quarterly and annual submission deadlines for hospitals participating in the Hospital OQR Program. Data must be submitted via the HQR system and successfully accepted into the Clinical Warehouse by 11:59 p.m. Pacific Time. Submission deadlines for the CY 2029 payment determination are in the **Hospital OQR Important Dates** table on the following page.

Early data submission is strongly recommended so that issues can be rectified. Quarterly data in the Clinical Warehouse may be updated *until* the data submission deadline. No updates to cases for the quarter will be accepted *after* the submission deadline.

Best Practice: Allow ample time, at least 15 calendar days prior to the submission deadline, to correct errors identified from reviewing the **Program Reporting** reports. The HQR system does not allow data to be submitted after the deadline. CMS allows ample time for hospitals to submit, resubmit, change or add new data, and delete existing data up until the submission deadline.

Please verify Data Submission Deadline dates on the QualityNet website.

Hospital OQR Important Dates
Calendar Year 2029 Payment Determination

Clinical Data Population and Sampling is voluntary	Encounter Dates and Quarters	Submission Deadlines
OP-18: Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients	Jan 1–Mar 31, 2027 (Q1 2027)	Aug 2, 2027
OP-23: Head Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients Who Received Head CT for MRI Scan Interpretation Within 45 Minutes of Arrival	Apr 1–Jun 30, 2027 (Q2 2027) Jul 1–Sep 30, 2027 (Q3 2027) Oct 1–Dec 31, 2027 (Q4 2027)	Nov 1, 2027 Feb 1, 2028 May 1, 2028

Scheduled CDAC* Record Requests (approximate)	Encounter Dates and Quarters
Sep 2027	Jan 1–Mar 31, 2027 (Q1 2027)
Dec 2027	Apr 1–Jun 30, 2027 (Q2 2027)
Mar 2028	Jul 1–Sept 30, 2027 (Q3 2027)
Jun 2028	Oct 1–Dec 31, 2027 (Q4 2027)

Hospital Quality Reporting (HQR) Web-Based Measures	Encounter Dates	Submission Period
OP-22: Left Without Being Seen	Jan 1–Dec 31, 2027	Jan 1–May 15, 2028
OP-31: Cataracts - Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery **(voluntary)**		

Electronic Clinical Quality Measures (eCQMs)	Encounter Dates	Submission Period
OP-40: ST Elevation Myocardial Infarction (STEMI)	Jan 1–Dec 31, 2027	Jan 1–May 15, 2028
Emergency Care Access and Timeliness (ECAT)**		
Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults (ExRAD)**		

Patient Reported Outcome-Based Performance Measure (PRO-PM)	Reporting Period	Pre-Procedure Data Collection	Pre-Procedure Submission Deadline	Post-Procedure Data Collection	Post-Procedure Submission Deadline
OP-42: Hospital-level Total Hip Arthroplasty/Total Knee Arthroplasty (THA/TKA PRO-PM)**	Jan 1–Dec 31, 2027	Oct 3, 2026 - Dec 31, 2027	May 15, 2028	Oct 28, 2027 -Mar 1, 2029	May 15, 2029

PRO-PM (Annual Submission)	Encounter Dates	Submission Period
OP-46: Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery (Information Transfer PRO-PM)	Jan 1–Dec 31, 2027	Jan 1–May 15, 2028

Survey Measure	Encounter Dates and Quarters	Submission Deadlines
OP-37 a-e: Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS)	Jan 1–Mar 31, 2027 (Q1 2027)	Jul 14, 2027
	Apr 1–Jun 30, 2027 (Q2 2027)	Oct 13, 2027
	Jul 1–Sep 30, 2027 (Q3 2027)	Jan 12, 2028

Claims-Based Measures: Imaging Efficiency	Calculated Encounter Dates
OP-10: Abdomen CT—Use of Contrast Material	Jul 1, 2026 –Jun 30, 2027
OP-39: Breast Cancer Screening Recall Rate	
Claims-Based Measures: Outcome	**Calculated Encounter Dates**
OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Jan 1, 2025 –Dec 31, 2027
OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	Jan 1–Dec 31, 2027
OP-36: Risk-Standardized Hospital Visits Within 7 Days After Hospital Outpatient Surgery	

Note: Data submission deadlines on a federal holiday or weekend (Saturday/Sunday) will default to the first business day thereafter and are reflected in this document where applicable.
*CDAC: CMS Clinical Data Abstraction Center
**These measures are voluntary for the CY 2027 reporting period.

Additional Resources

CMS

cms.gov

CMS is the U.S. Department of Health and Human Services' agency responsible for administering Medicare, Medicaid, the State Children's Health Insurance Program, and several other health-related programs.

Outpatient Quality Reporting Support

The Outpatient Quality Reporting Support Team supports activities under the Hospital OQR Program, including provision of technical support and feedback to assist hospitals with quality data reporting.

Hospital OQR Program Website

qualityreportingcenter.com

This site contains resources concerning reporting requirements, including reference and training materials, tools for data collection and submission, educational presentations, timelines, and data submission deadlines.

Outpatient Quality Reporting Support Team Contact

oqrsupport@hsag.com
866.800.8756

Call the Hospital OQR Program Support Team with any questions about the program using the toll-free number weekdays, from 9 a.m. to 5 p.m. Eastern Time.

QualityNet

QualityNet Website

qualitynet.cms.gov

Established by CMS, the QualityNet website provides healthcare quality improvement news, resources, and data reporting tools and applications used by healthcare providers and others.

CCSQ Service Center

qnetsupport@cms.hhs.gov
866.288.8912

The CCSQ Service Center can assist users with HQR account issues and CMS systems questions.

Hospital OQR QualityNet Mailer

qualitynet.cms.gov/listserv-signup

Notices generated on the QualityNet Mailer are used to disseminate timely information related to quality initiatives. QualityNet and HQR users are urged to register for these email notifications to receive information on enhancements and new releases, timeline or process/policy modifications, and alerts about applications and initiatives.

QualityNet Q&A Tool

cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question

CMS maintains the knowledge base including the **Hospitals-Outpatient Questions/Answers**, which allows users to ask questions, obtain responses to all resolved questions, and search the entire database by keywords or phrases.

OAS CAHPS Survey

https://oascahps.org/

The OAS CAHPS website is the official site for information about the OAS CAHPS survey, general information, training, survey vendors, survey materials, and data submission.

Electronic Clinical Quality Measures

https://ecqi.healthit.gov/

The Electronic Clinical Quality Improvement (eCQI) Resource Center is the official site for information on eCQMs. The eCQI site provides annual updates, QRDA Implementation and Schematron Guides, measure information, specifications, data elements, and release notes related to the eCQM measures.

Submit questions related to the OQR eCQM specifications, logic, data elements, standards, or resources in the eCQM Tracker - ONC Project Tracking System (Jira).

Federal Register

federalregister.gov

Published by the Office of the Federal Register, National Archives and Records Administration, the *Federal Register* is the official daily publication for rules, proposed rules, and notices of federal agencies and organizations, as well as executive orders and other presidential documents.

Compare Tool

medicare.gov/care-compare

The Compare Tool displays hospital performance data in a consistent, unified manner to ensure the availability of credible information about the care delivered in the nation's hospitals.