Web-based Measures
Inpatient, Outpatient, Inpatient Structural and DACA Review

April 2023

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Hospital IQR Important Data-Related Dates

Hospital Quality Reporting Important Dates and Deadlines

(All dates are subject to change.)

	Hospital IQR Program					HAC Reduction Program
Discharge Quarter(Q)	HCAHPS Submission	Population & Sampling Submission (Required for chart-abstracted measures only)	Clinical Submission	PC-01 Web-Based Submission	COVID-19 HCP Submission	HAI Submission
Q4 2022	04-05-2023	05-01-2023	05-15-2023	04-01-2023–05-15-2023	05-15-2023	05-15-2023
Q2 2023	10-04-2023	11-01-2023	11-15-2023	10-01-2023–11-15-2023	11-15-2023	11-15-2023
Q3 2023	01-03-2024	02-01-2024	02-15-2024	01-01-2024–02-15-2024	02-15-2024	02-15-2024
Q4 2023	04-03-2024	05-01-2024	05-15-2024	04-01-2024–05-15-2024	05-15-2024	05-15-2024

Discharge Q	Validation		
	HAI Validation Templates	Estimated CDAC Record Request	Estimated Date Records Due to CDAC
Q1 2022	Random: 08-15-2022 Targeted: 03-28-2023	Random: 08-25-2022 Targeted: 04-10-2023	Random: 09-26-2022 Targeted: 05-09-2023
Q2 2022	Random: 11-15-2022 Targeted: 04-17-2023	Random: 12-12-2022 Targeted: 05-09-2023	Random: 12-30-2022 Targeted: 06-08-2023
Q3 2022	Random: 02-15-2023 Targeted: 05-08-2023	Random: 03-01-2023 Targeted: 06-08-2023	Random: 03-30-2023 Targeted: 07-10-2023
Q4 2022	Random: 05-15-2023 Targeted: 05-25-2023	Random: 06-01-2023 Targeted: 07-10-2023	Random: 06-30-2023 Targeted: 08-08-2023

eCQM Validation		
Fiscal Year (FY)/Calendar Year (CY)	Estimated CDAC Record Request	Estimated Date Records Due to CDAC
FY 2025/CY 2022	Spring 2023	Spring 2023

Fiscal Year (FY) 2024 Annual Payment Update (APU)		
Measures/Requirement	Quarters/Dates Included	Submission Deadline/Period
eCQMs[1]	3 self-selected quarters of data (1Q 2022–2Q 2022–3Q 2022–4Q 2022)	February 28, 2023
Maternal Morbidity Structural Measure	January 1, 2022–December 31, 2022	April 1, 2023–May 15, 2023
DACA (Data Accuracy and Completeness Acknowledgement)	January 1, 2022–December 31, 2022	April 1, 2023–May 15, 2023

Fiscal Year (FY) 2025 Annual Payment Update (APU)		
Measures/Requirement	Quarters/Dates Included	Submission Deadline/Period
Influenza Among Healthcare Personnel (HCP)	October 1, 2022–March 31, 2023	May 15, 2023
2024 Voluntary Reporting of Hybrid Measures[2]	July 1, 2022–June 30, 2023	October 2, 2023
2025 Voluntary Reporting of THA/TKA PRO-PM Measure[2]	Procedure Performed: January 1, 2023–June 30, 2023 Pre-op Data: Oct 3, 2022–June 30, 2023 Post-op Data: Oct 28, 2023–August 28, 2024	Pre-op Data: October 2, 2023 Post-op Data: September 30, 2024
eCQMs[3]	4 quarters of data (1Q 2023, 2Q 2023, 3Q 2023, 4Q 2023)	February 28, 2024
Structural Measures	January 1, 2023–December 31, 2023	April 1, 2024–May 15, 2024
DACA (Data Accuracy and Completeness Acknowledgement)	January 1, 2023–December 31, 2023	April 1, 2024–May 15, 2024

[1] Hospital IQR Program alignment with Medicare Promoting Interoperability Program. For FY 2024, hospitals must report three self-selected electronic clinical quality measures (eCQMs) **plus** the Safe Use of Opioids-Concurrent Prescribing eCQM from each of the three self-selected quarters in CY 2022. The eCQMs must be the same across quarters.

[2] Hybrid measures include the Hybrid Hospital-Wide All-Cause Readmission (HWR) measure and the Hybrid Hospital-Wide All-Cause Standardized Mortality (HWM) measure. The 2024 reporting period is voluntary. It will not impact the FY 2025 payment determination.

[3] Hospital IQR Program alignment with Medicare Promoting Interoperability Program. For FY 2025, hospitals must report three self-selected electronic clinical quality measures (eCQMs) **plus** the Safe Use of Opioids-Concurrent Prescribing eCQM from each quarter in CY 2023. The eCQMs must be the same across quarters.

- **Q2 2022** (Apr 1–Jun 30); **Q3 2022** (Jul 1–Sep 30); **Q4 2022** (Oct 1–Dec 31); **Q1 2023** (Jan 1–Mar 31); **Q2 2023** (Apr 1–Jun 30); **Q3 2023** (Jul 1–Sep 30); **Q4 2023** (Oct 1–Dec 31)
- Generally, data must be submitted no later than 11:59 p.m. Pacific Time on the submission deadline with the exception of HCAHPS). HCAHPS must be submitted by 11:59 p.m. Central Time.
- Data for clinical, PC-01, eCQMs, structural measures, population and sampling, DACA, voluntary hybrid and THA/TKA PRO-PM measures are transmitted within the *HQR Secure Portal*.
- HAI Validation Template data are transmitted within the *HQR Secure Portal* via Managed File Transfer.
- HAI, COVID-19 HCP, and Influenza HCP measure data are submitted to the Centers for Disease Control and Prevention (CDC) through the National Healthcare Safety Network (NHSN).

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Updated February 2023

IQR REQUIREMENTS OVERVIEW

The following are IQR Measures Submitted Via a Web-Based Tool. The deadline for entering these via HQR Portal is May 15, 2023.

NOTE: Required for IPPS Hospitals.

Submission Period: 04/01/2023 - 05/15/2023
With Respect to Reporting Period: 10/01/2022-12/31/2022 (4Q2022 Discharges)

Perinatal Care Elective Delivery Measure (**PC-01**): 4Q2022 Discharges.

Please keep in mind, even if you have no cases, zeroes must be entered into the HQR Data Form, unless there is an exception for the year on file.

(Critical Access Hospitals are not required to enter PC-01 data since they do not participate in IPPS but may enter it if they wish to.)

Please see checklist for additional requirements.

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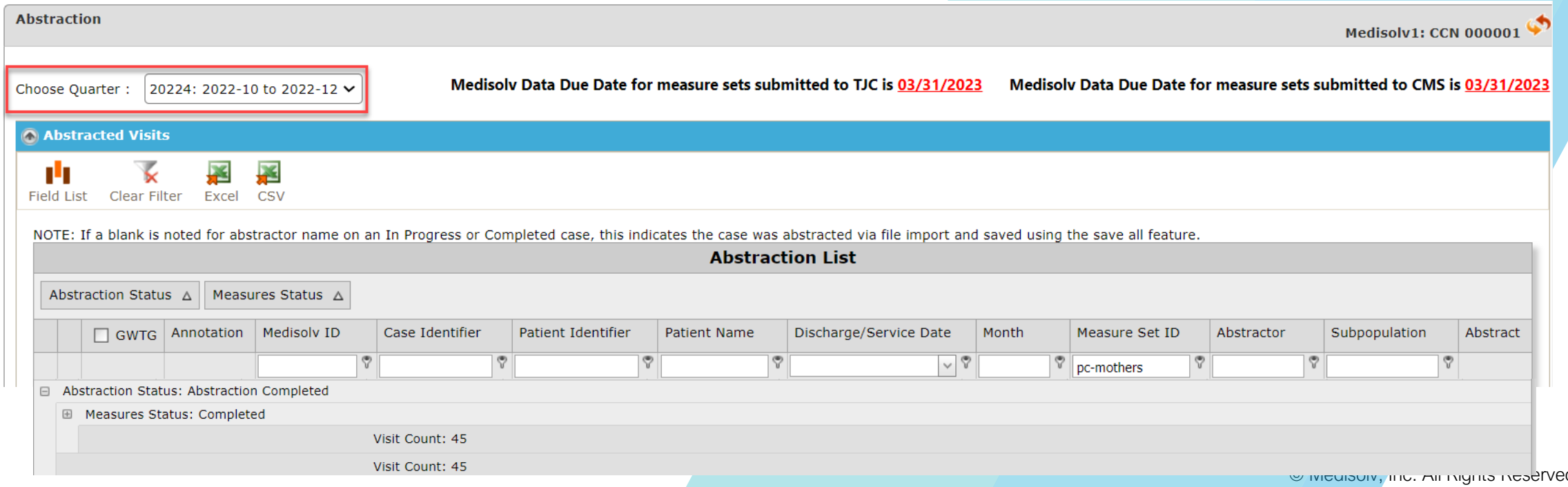
PC ABSTRACTIONS

IMPORTANT: Please make sure all Abstractions have been completed before generating your reports.

Data Abstraction: Please make sure you have completed all data abstraction in your Abstraction List. Click ABSTRACTION. Choose **4Q2022** from the drop-down menu.
Group By **Abstraction Status** and **Measures Status** and filter **Measure Set ID** with PC-Mothers to show which cases are Completed, In Progress, Abstraction Not Started or Rejected.



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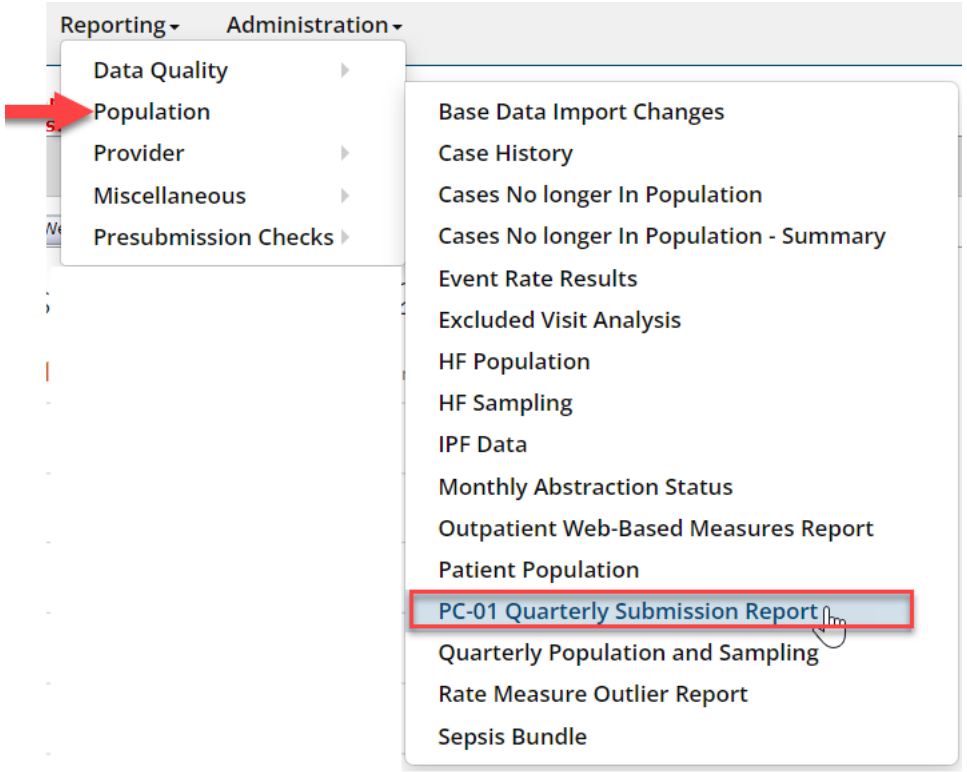
INPATIENT WEB-BASED MEASURES REPORT

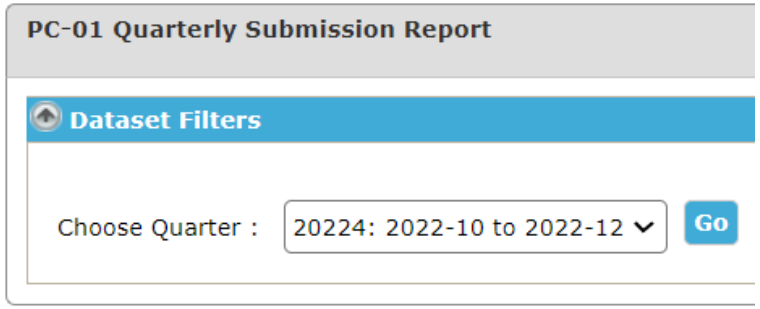
PC-01 Quarterly Submission Report NEW REPORT

This report is used to obtain PC-01 Data for Entry via the QualityNet HQR portal.

1. Click the reporting icon in ENCOR Hospital Abstracted Measures
2. From the drop-down menu, hover over **Population**
3. Select **PC-01 Quarterly Submission Report**



4. Choose Quarter from the drop-down



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PC-01 Quarterly Submission Report

Displays PC-01 data for entry into the HQR PC-01 Data Form.

PC-01 Quarterly Submission Report

Dataset Filters

Report Results

Report for CMS Medicare ID: 000001	
Quarter	**20224**
Total Initial Population	8
Sample Population Size	8
Numerator - Patients with Elective Deliveries	0
Denominator - Patients delivering newborns with >= 37 weeks and < 39 weeks of gestation	0
Sampling Frequency	Monthly
Exclusion count - ICD 10 Principal or Other Diagnosis Code for Justifying Elective Delivery	0
Exclusion count - Gestational Age Patients < 37 or >= 39 weeks	0
Exclusion count - History of Stillbirth = Y	0
Total Exclusion Count	0

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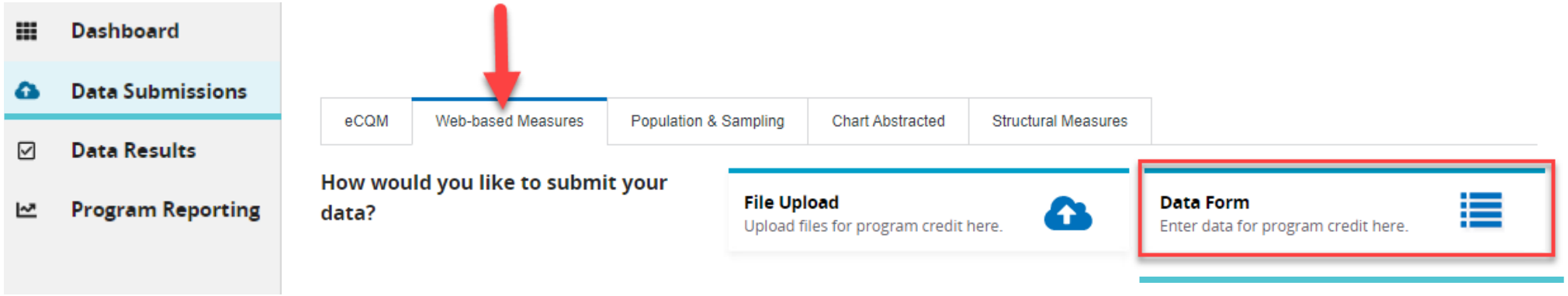
Entering PC-01 Data in HQR Web-Based Measures Submitted via Hospital Quality Report Secure Portal (HARP)



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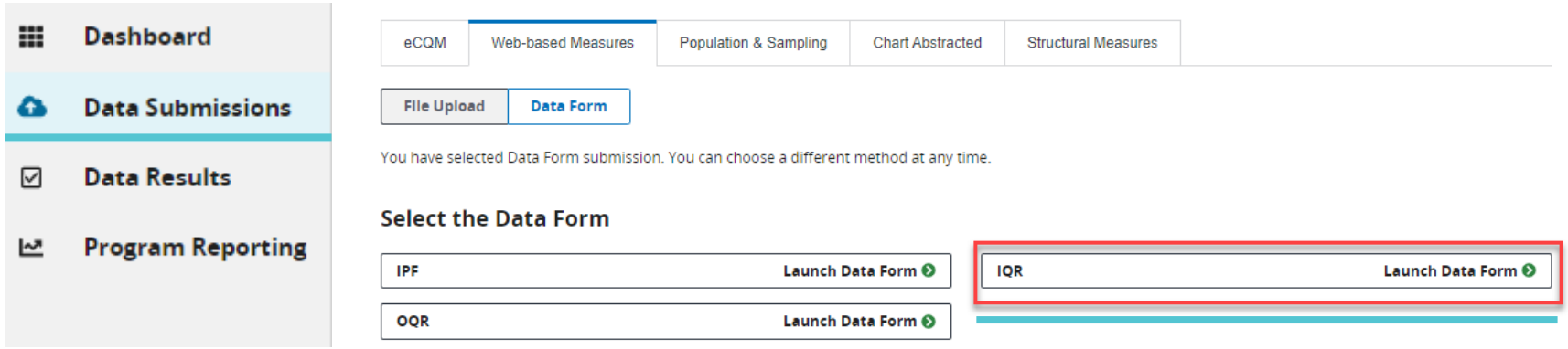
Web-Based Measures Submitted via Hospital Quality Report Secure Portal (HARP)



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Web-Based Measures Submitted via Hospital Quality Report Secure Portal (HARP)

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MATERNAL MORBIDITY REQUIREMENTS OVERVIEW:

The following are IQR Measures Submitted Via a Web-Based Tool. The deadline for entering these via HQR Portal is May 15, 2023.

NOTE: Required for IPPS Hospitals.

Submission Period: 04/01/2023 - 05/15/2023

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

NEW Maternal Morbidity Structural Measure

Hospitals will respond to a two-part question:

"Does your hospital or health system participate in a Statewide and/or National Perinatal Quality Improvement Collaborative Program aimed at improving maternal outcomes during inpatient labor, delivery and post-partum care, and has it implemented patient safety practices or bundles related to maternal morbidity to address complications, including, but not limited to, hemorrhage, severe hypertension/preeclampsia or sepsis?"

Hospitals will then choose from the following response options:

(A) Yes

(B) No

(C) N/A (our hospital does not provide inpatient labor/delivery care)

Hospitals will submit responses once a year via a CMS-approved web-based tool within the HQR Secure Portal.

Please see checklist for additional requirements.

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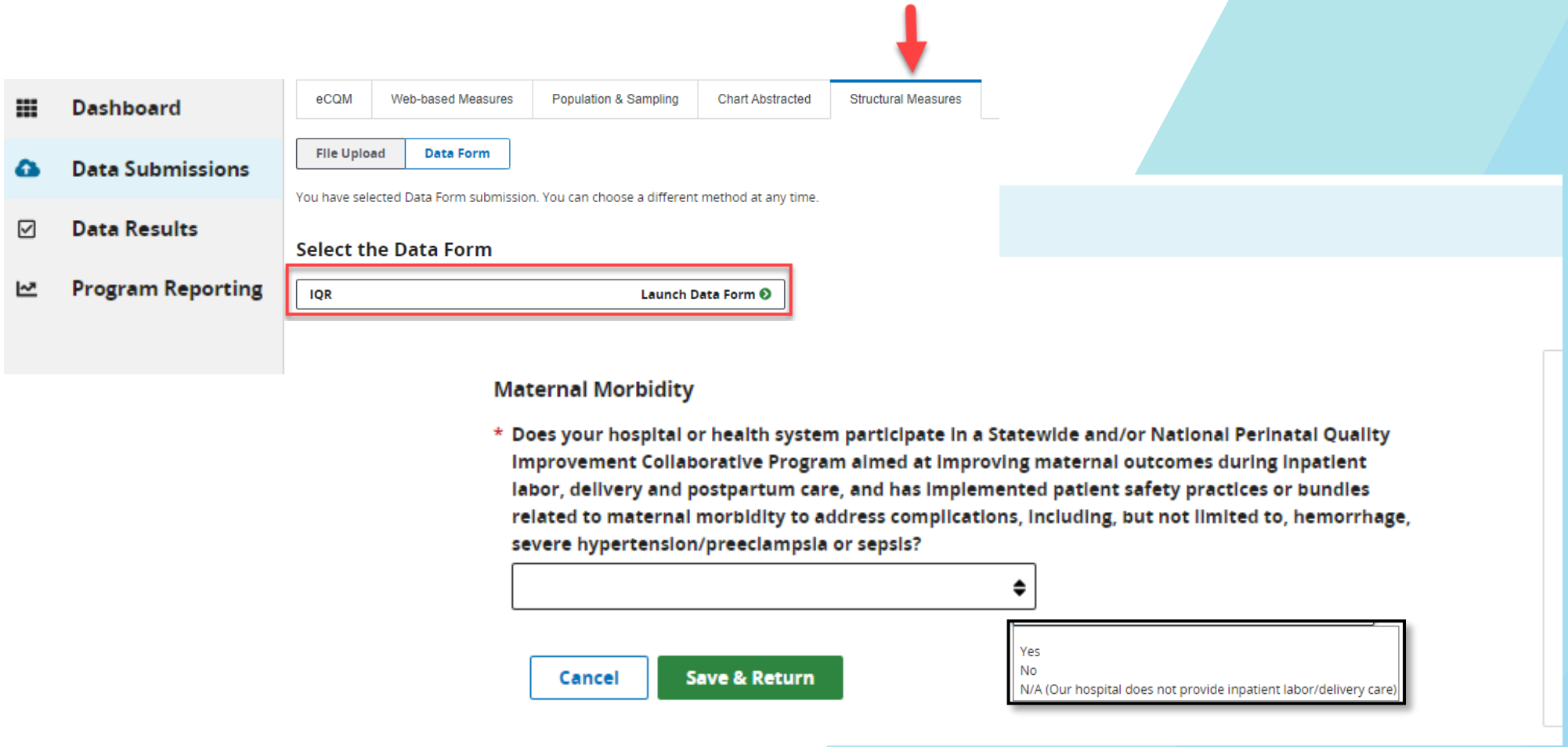
ENTERING IP STRUCTURAL MEASURE

The following are IQR Measures Submitted Via a Web-Based Tool. The deadline for entering these via HQR Portal is May 16, 2023.



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DACA REQUIREMENTS OVERVIEW:

The following are IQR Measures Submitted Via a Web-Based Tool. The deadline for entering these via HQR Portal is May 15, 2023.

NOTE: Required for IPPS Hospitals.

Submission Period: 04/01/2023 - 05/15/2023

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

Data Accuracy and Completeness Acknowledgement (DACA).

The DACA is an annual requirement for providers participating in the Hospital IQR, IPFQR, and PCHQR Programs to electronically acknowledge that the data submitted to these programs by or on behalf of the providers are accurate and complete to the best of their knowledge.

Please see checklist for additional requirements.

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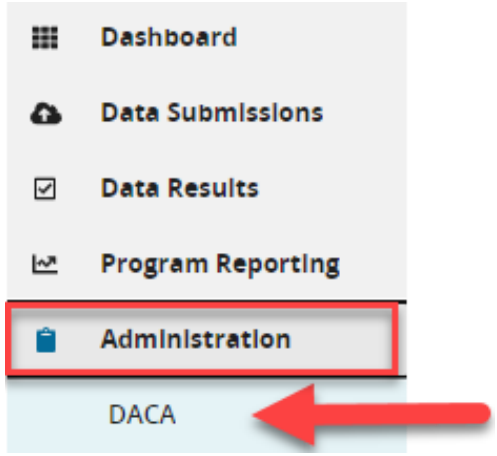
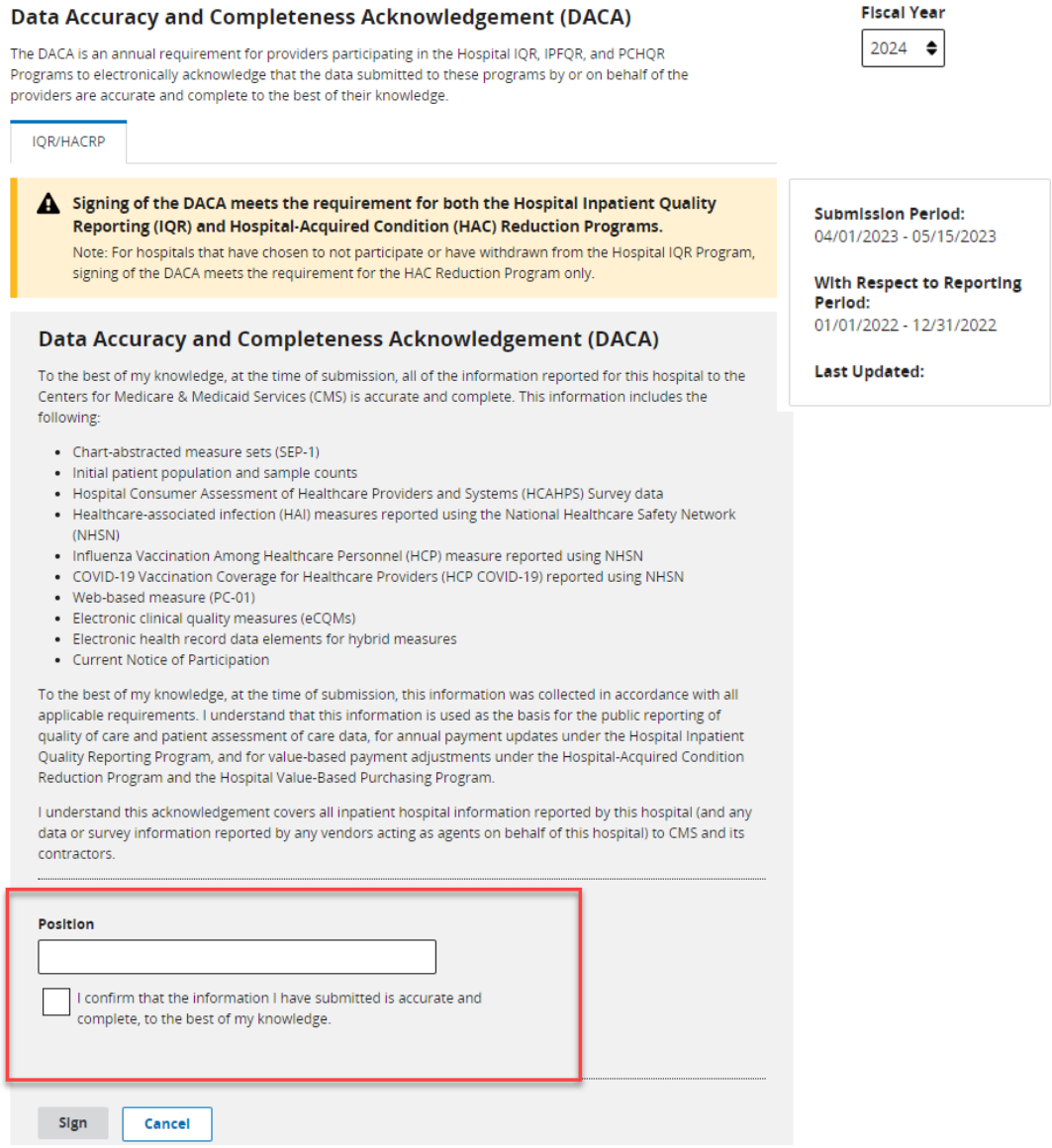
Web-Based Measures Submitted via Hospital Quality Report Secure Portal (HARP)





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Hospital OQR Important Data-Related Dates

Calendar Year 2024 Payment Determination

Clinical Data Submission Deadlines	Encounter Dates	Encounter Quarter
Nov 1, 2022	Apr 1–Jun 30, 2022	Q2 2022
Feb 1, 2023	Jul 1–Sept 30, 2022	Q3 2022
May 1, 2023	Oct 1–Dec 31, 2022	Q4 2022
Aug 1, 2023	Jan 1–Mar 31, 2023	Q1 2023
Population and Sampling Deadlines (voluntary)	**Encounter Dates**	**Encounter Quarter**
Nov 1, 2022	Apr 1–Jun 30, 2022	Q2 2022
Feb 1, 2023	Jul 1–Sept 30, 2022	Q3 2022
May 1, 2023	Oct 1–Dec 31, 2022	Q4 2022
Aug 1, 2023	Jan 1–Mar 31, 2023	Q1 2023
Scheduled CDAC Record Requests (approximate)	**Encounter Dates**	**Encounter Quarter**
Sept 2022	Jan 1–Mar 31, 2022	Q1 2022
Dec 2022	Apr 1–Jun 30, 2022	Q2 2022
Mar 2023	Jul 1–Sept 30, 2022	Q3 2022
Jun 2023	Oct 1–Dec 31, 2022	Q4 2022
COVID-19 NHSN Web-Based Measure (OP-38)	**Encounter Dates**	**Encounter Quarter**
Aug 15, 2022	Jan 1–Mar 31, 2022	Q1 2022
Nov 15, 2022	Apr 1-Jun 30, 2022	Q2 2022
Feb 15, 2023	Jul 1-Sept 30, 2022	Q3 2022
May 15, 2023	Oct 1-Dec 31, 2022	Q4 2022
HQR Web-Based Measures	**Encounter Dates**	**Submission Dates**
OP-22	Jan 1–Dec 31, 2022	Jan 1–May 15, 2023
OP-29	Jan 1–Dec 31, 2022	Jan 1–May 15, 2023
OP-31 (voluntary)	Jan 1–Dec 31, 2022	Jan 1–May 15, 2023
Imaging Efficiency Measures (Claims-Based Measures)	**Calculated Encounter Dates**	
OP-8	Jul 1, 2021-Jun 30, 2022	
OP-10	Jul 1, 2021-Jun 30, 2022	
OP-13	Jul 1, 2021-Jun 30, 2022	
OP-39	Jul 1, 2021-Jun 30, 2022	
Other Claims-Based Measures	**Calculated Encounter Dates**	
OP-32	Jul 1-Dec 31, 2020 -Dec 31, 2022	
OP-35	Jan 1–Dec 31, 2022	
OP-36	Jan 1–Dec 31, 2022	

Please see checklist for requirements.

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OP-22 REQUIREMENTS OVERVIEW:

The following are OQR Measures Submitted Via a Web-Based Tool. The deadline for entering these via HQR Portal is May 15, 2023.

NOTE: Required for OPPS Hospitals.

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

- **OP-22: Left Without Being Seen – This measure is NOT abstracted in ENCOR-a.**
  Reference Period: January 1 – December 31, 2022
  For facilities that use our Rapid Application (not EA Cloud), there is a report to obtain this data located under the Miscellaneous Tab in Rapid. There is a note on the report if there is no Left Without Being Seen, Left Before Triage, Left Before Treatment Complete, Elopement or some other LWBS Discharge Disposition. Against Medical Advice is not the same as Left Without Being Seen and is not counted in the report. As with all CMS Quality measures, the facility is responsible for the accuracy of data entered into the portal.

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OP-29 REQUIREMENTS OVERVIEW:

The following are OQR Measures Submitted Via a Web-Based Tool. The deadline for entering these via HQR Portal is May 15, 2023.

NOTE: Required for OPPS Hospitals.

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

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

- **OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients**

  Instructions are available on the Knowledge Center for the Outpatient Web-Based Measure Analysis Report which provides the data that is needed for data entry into the HQR Portal as long as this data is being abstracted in ENCOR-a. For clients that were not with Medisolv for the entire year, data will need to be obtained from your previous vendor.

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OP-31 REQUIREMENTS OVERVIEW:

The following are OQR Measures Submitted Via a Web-Based Tool. The deadline for entering these via HQR Portal is May 15, 2023.

NOTE: Required for OPPS Hospitals.

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

- **OP-31* Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery *Voluntary**

  Instructions are available on the Knowledge Center for the Outpatient Web-Based Measure Analysis Report which provides the data that is needed for data entry into the HQR Portal if this data is being abstracted in ENCOR-a.

  ****Data Submission deadlines on a federal holiday or weekend (Saturday/Sunday) will default to the first business day thereafter**

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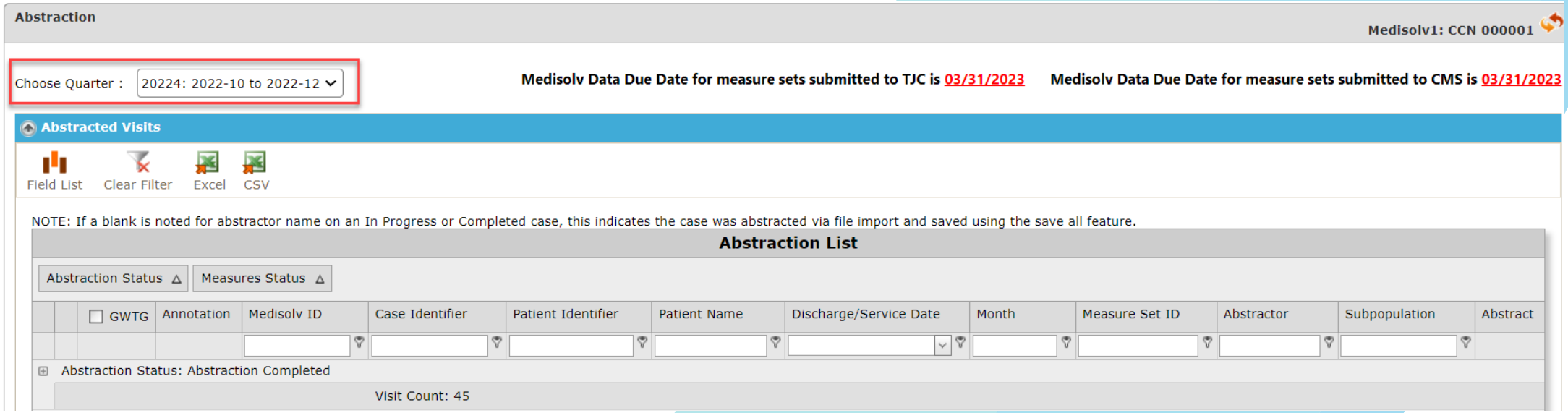
OP WEB-BASED ABSTRACTIONS:

ENCOR Hospital Abstracted Measures Abstraction List

IMPORTANT: Please make sure all Abstractions have been completed before generating your reports.

Data Abstraction: Please make sure you have completed all data abstractions in your abstraction list. Click ABSTRACTION. Choose each quarter of the year (**1Q**2022, **2Q**2022, **3Q**2022 & **4Q**2022) from the drop-down menu. Group By **Abstraction Status** and **Measure Status** to show which cases are Completed, In Progress, Abstraction Not Started or Rejected.



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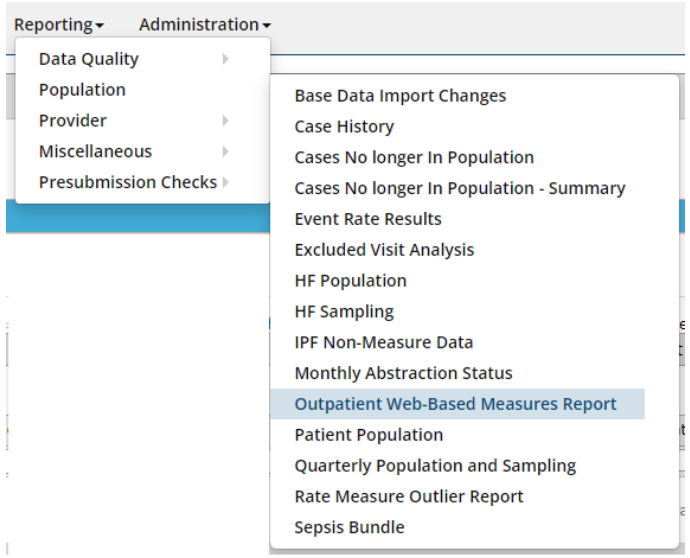
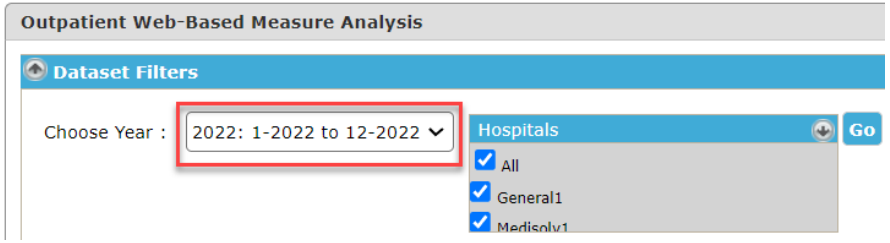
OUTPATIENT WEB-BASED MEASURES REPORT

The purpose of the report is to obtain OP-29 & OP-31 Data for Entry into QualityNet's HQR Secure Portal. Your QualityNet Security Administrator will enter the data into the Structural/Web-based measures section of the Secure Portal via the HQR Secure Portal.

1. Click on the **Reporting Menu** in ENCOR Hospital Abstracted Measures
    a. From the Drop-Down Menu Hover over **Population**
    b. Select **Outpatient Web-Based Measures Report**



2. Choose Year from the drop-down



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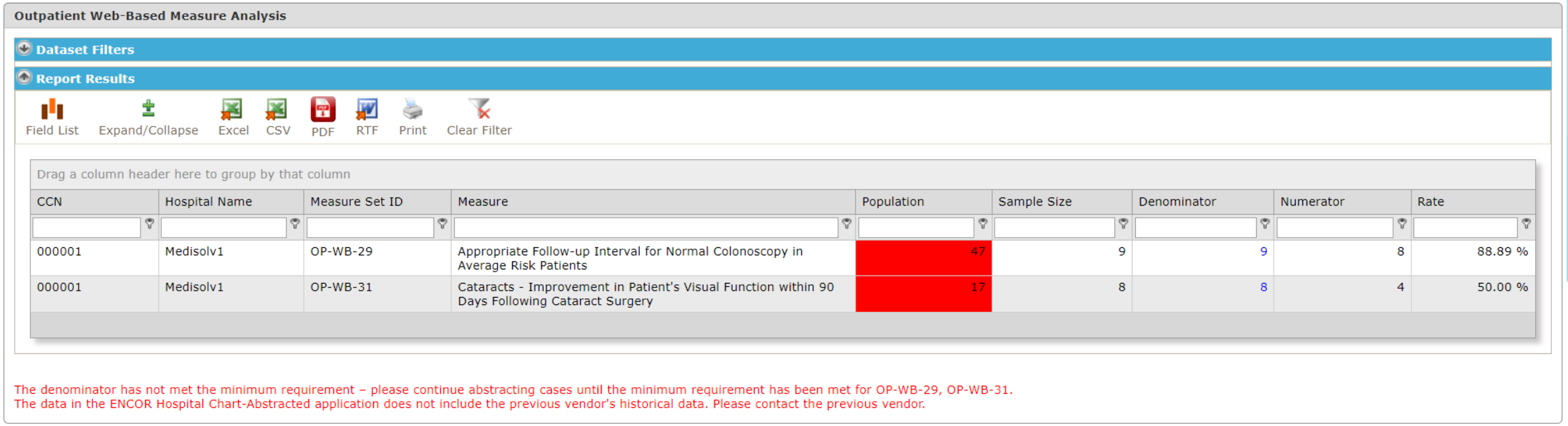
OUTPATIENT WEB-BASED MEASURES REPORT

This report can be found in ENCOR under Reporting/Population



Outpatient Web-Based Measure Analysis

Dataset Filters

Report Results

Field List | Expand/Collapse | Excel | CSV | PDF | RTF | Print | Clear Filter

Drag a column header here to group by that column

CCN	Hospital Name	Measure Set ID	Measure	Population	Sample Size	Denominator	Numerator	Rate
000001	Medisolv1	OP-WB-29	Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	47	9	9	8	88.89 %
000001	Medisolv1	OP-WB-31	Cataracts - Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	17	8	8	4	50.00 %

The denominator has not met the minimum requirement – please continue abstracting cases until the minimum requirement has been met for OP-WB-29, OP-WB-31.
The data in the ENCOR Hospital Chart-Abstracted application does not include the previous vendor's historical data. Please contact the previous vendor.

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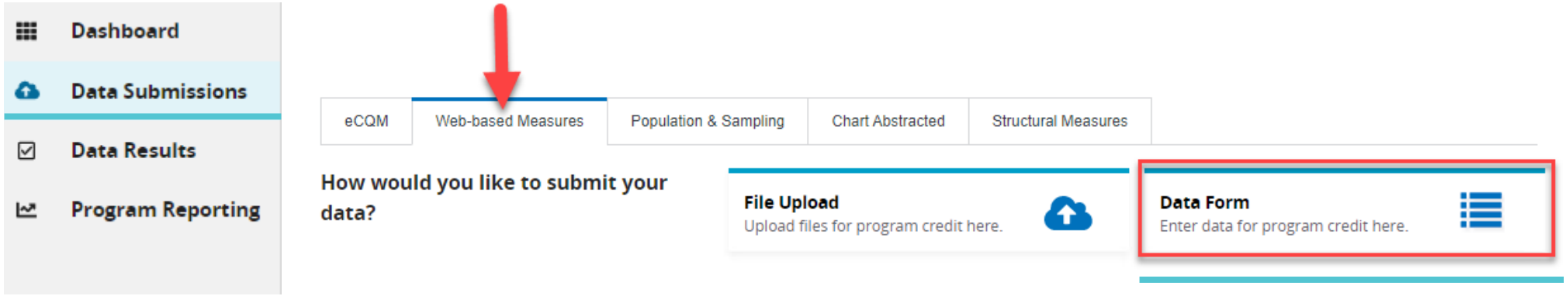
Entering OP-Web-Based Measures Submitted via Hospital Quality Report Secure Portal (HARP)



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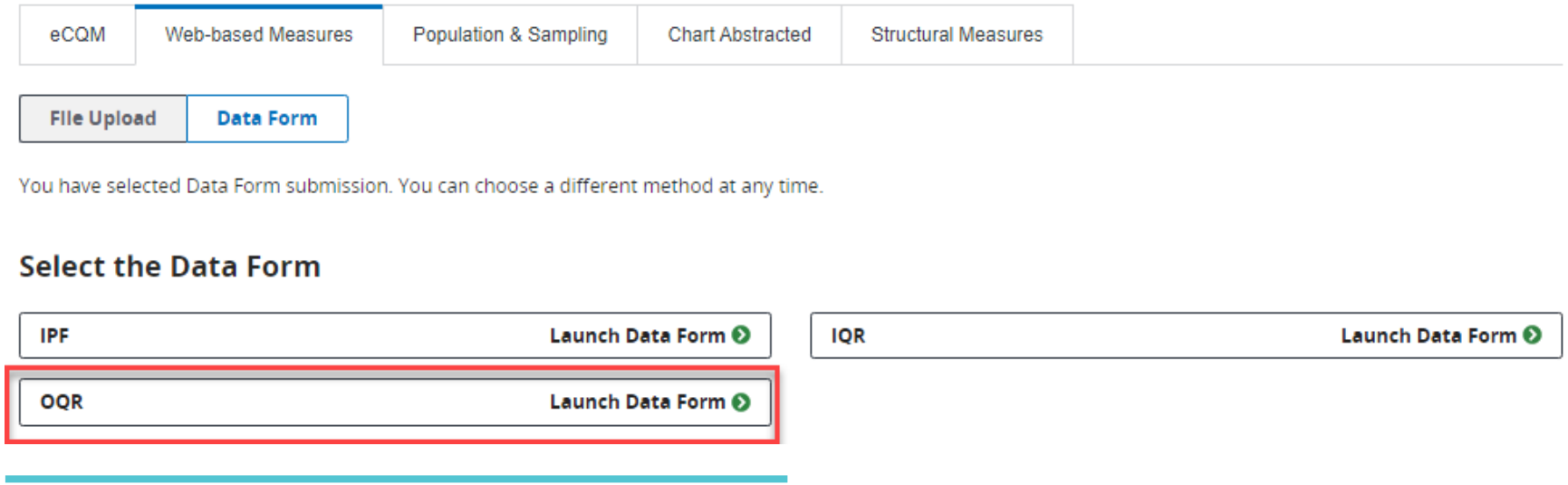
Web-Based Measures Submitted via Hospital Quality Report Secure Portal (HARP)



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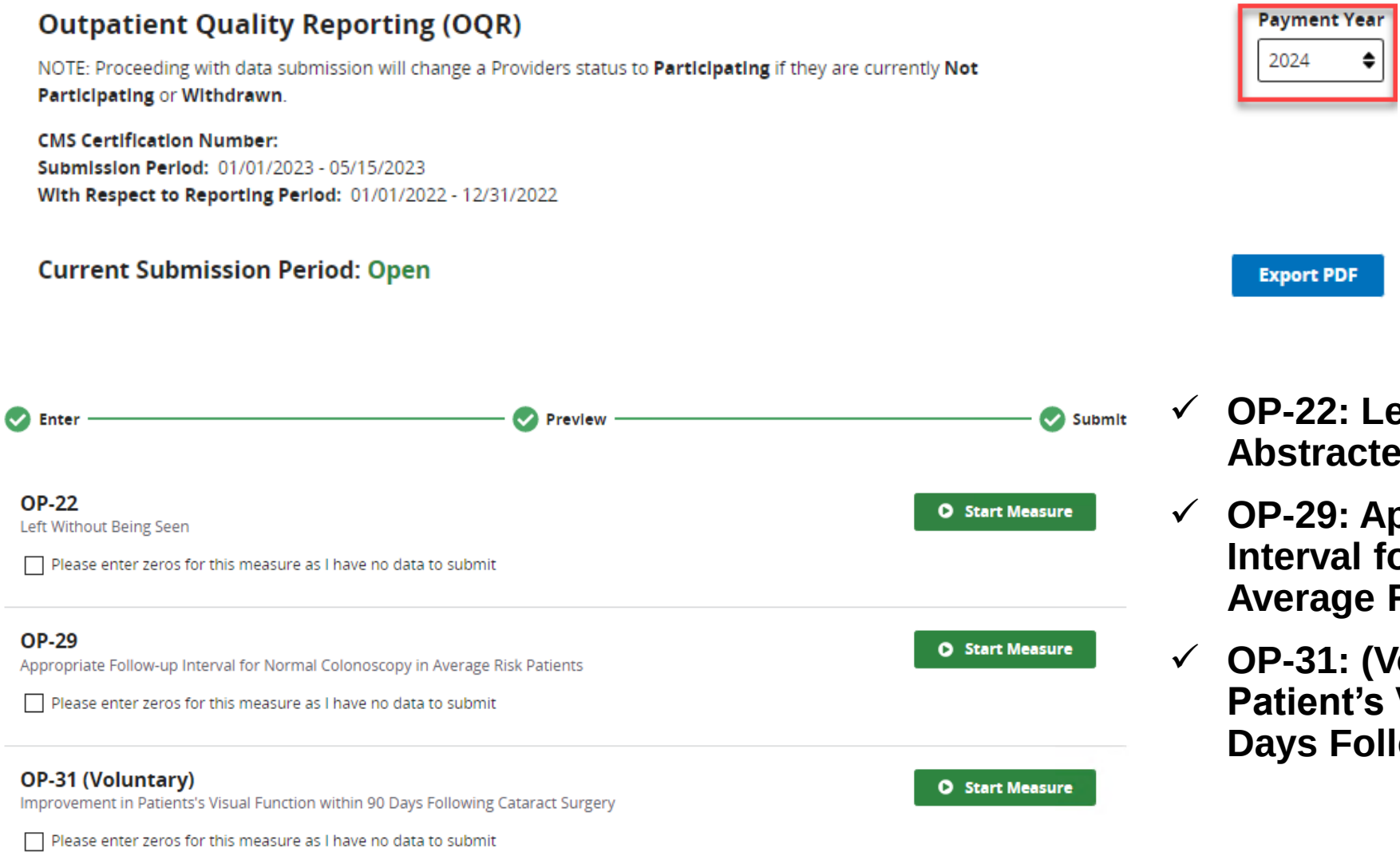
Outpatient Quality Reporting (OQR)



- ✓ **OP-22: Left Without Being Seen (Not Abstracted in ENCOR)**
- ✓ **OP-29: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients**
- ✓ **OP-31: (Voluntary) Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery**

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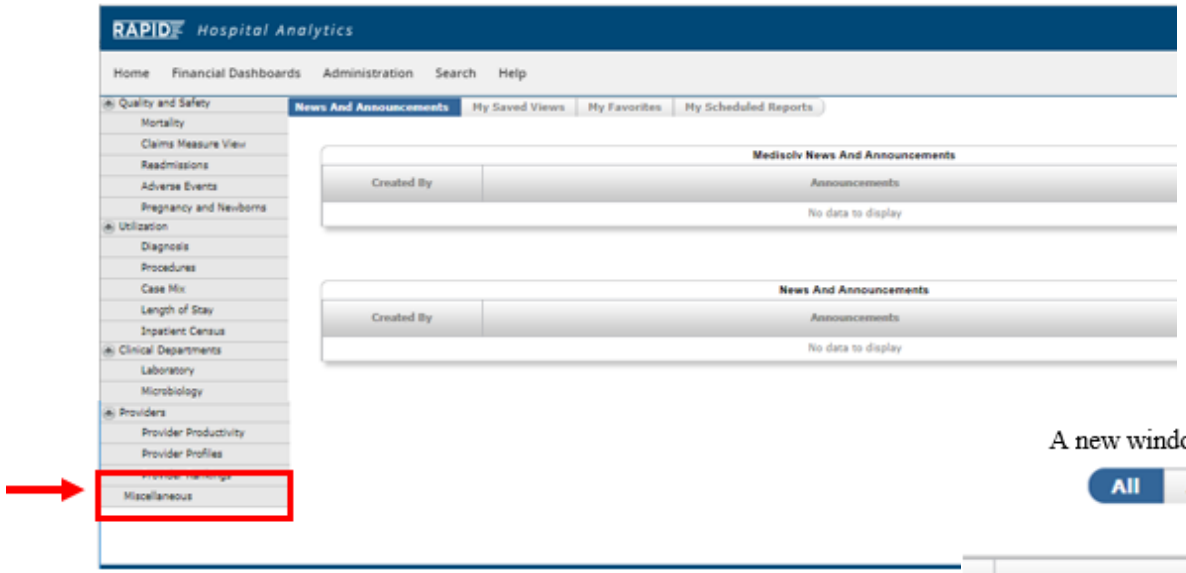
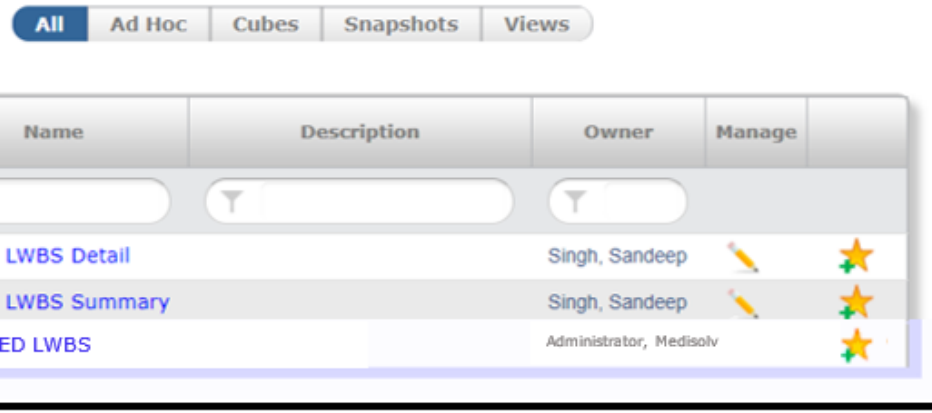
Review of OP-22 Data Entry- NUMERATOR



A new window will open; Select **OP-22 LWBS Summary** from the reports listed.



OP-22 LWBS Detail report will display a detailed list of patients.

OP-22 LWBS Summary will display the rates.

OP-22 ED LWBS Report will display both the rates and the detailed list of patients.

**Depending on your version of Rapid the screenshot may differ from the screenshot shown.

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OP-22 Data Entry- NUMERATOR & DENOMIATOR

Enter Service Start Date and Service End Date, then click View Report

OP-22 ED Left without Being Seen

ED LWBS	ED Visits	Rate (%)
12	13,149	0.09 %

OP-22
Left Without Being Seen

* Indicates required measure

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?

12

Denominator

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

13,149

Cancel | Save & Return

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

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Review of OP-29 Data Entry- NUMERATOR

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**

0

Denominator

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

0

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

Cancel | Save & Return

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

Outpatient Web-Based Measure Analysis

Dataset Filters

Report Results

Field List | Expand/Collapse | Excel | PDF | RTF | Print | Clear Filter

Drag a column header here to group by that column

CCN	Hospital Name	Measure Set ID	Measure	Population	Sample Size	Denominator	Numerator	Rate
000001	Medisolv1	OP-WB-29	Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	23	23	23	5	21.74 %
000001	Medisolv1	OP-WB-31	Cataracts - Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	19	14	14	11	78.57 %

The denominator has not met the minimum requirement – please continue abstracting cases until the minimum requirement has been met for OP-WB-31
The data in the ENCOR Hospital Chart-Abstracted application does not include the previous vendor's historical data. Please contact the previous vendor.

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Review of OP-29 Data Entry- DENOMINATOR

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**

0

Denominator

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

0

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

Cancel | Save & Return

CMS Certification Number:
Submission Period: 01/01/2023 - 05/15/2023
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Outpatient Web-Based Measure Analysis

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Review of OP-29 Data Entry- POPULATION

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**

0

Denominator

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

0

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
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- ○ Not Sampled
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Outpatient Web-Based Measure Analysis

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Review of OP-29 Data Entry SAMPLE SIZE

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

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Numerator

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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
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Review of OP-31 Data Entry- NUMERATOR

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**

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

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**

0

Denominator

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

0

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
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Cancel | Save & Return

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Review of OP-31 Data Entry- DENOMINATOR

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

0

Denominator

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

0

Population

What was your hospital's Total Population?

0

What was your hospital's sample size?

0

What was your hospital's sampling frequency?

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Review of OP-31 Data Entry- POPULATION

OP-31
Improvement in Patients's Visual Function within 90 Days Following Cataract Surgery

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Review of OP-31 Data Entry- SAMPLE SIZE

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

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Outpatient Quality Reporting (OQR)

Outpatient Quality Reporting (OQR)

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

Payment Year

2024

Outpatient Quality Reporting (OQR) Measures Successfully Submitted

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QUESTIONS?