



# 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
Q3 2022	04-04-2023	03-01-2023	03-15-2023	04-01-2023-05-15-2023	03-15-2023	03-15-2023
Q4 2022	04-05-2023	05-01-2023	05-15-2023	04-01-2023-05-15-2023	05-15-2023	05-15-2023
Q1 2023	07-05-2023	06-01-2023	06-15-2023	07-01-2023-08-15-2023	06-15-2023	06-15-2023
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 <sup>1</sup>			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 <sup>2</sup>			July 1, 2022–June 30, 2023		October 2, 2023	
2025 Voluntary Reporting of THA/TKA PRO-PM Measure <sup>2</sup>			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 <sup>3</sup>			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	

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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).

# **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.

# 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.

Abstraction

Medisolv1: CCN 000001

Choose Quarter : 20224: 2022-10 to 2022-12

Medisolv Data Due Date for measure sets submitted to TJC is 03/31/2023

Medisolv Data Due Date for measure sets submitted to CMS is 03/31/2023

Abstracted Visits

Field List

Clear Filter

Excel

CSV

NOTE: If a blank is noted for abstractor name on an In Progress or Completed case, this indicates the case was abstracted via file import and saved using the save all feature.

Abstraction List

Abstraction Status

Measures Status

	<input type="checkbox"/> GWTG	Annotation	Medisolv ID	Case Identifier	Patient Identifier	Patient Name	Discharge/Service Date	Month	Measure Set ID	Abstractor	Subpopulation	Abstract
									pc-mothers			

Abstraction Status: Abstraction Completed

Measures Status: Completed

Visit Count: 45

Visit Count: 45

# INPATIENT WEB-BASED MEASURES REPORT

## PC-01 Quarterly Submission Report **NEW REPORT**

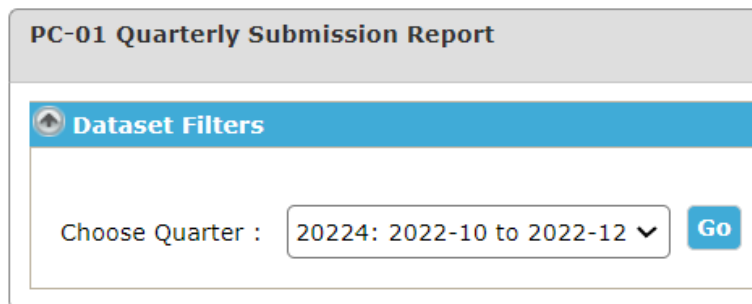
This report is used to obtain PC-01 Data for Entry via the QualityNet HQR portal.

1. Click the reporting icon in ENCOR Hospital Abstracted Measures

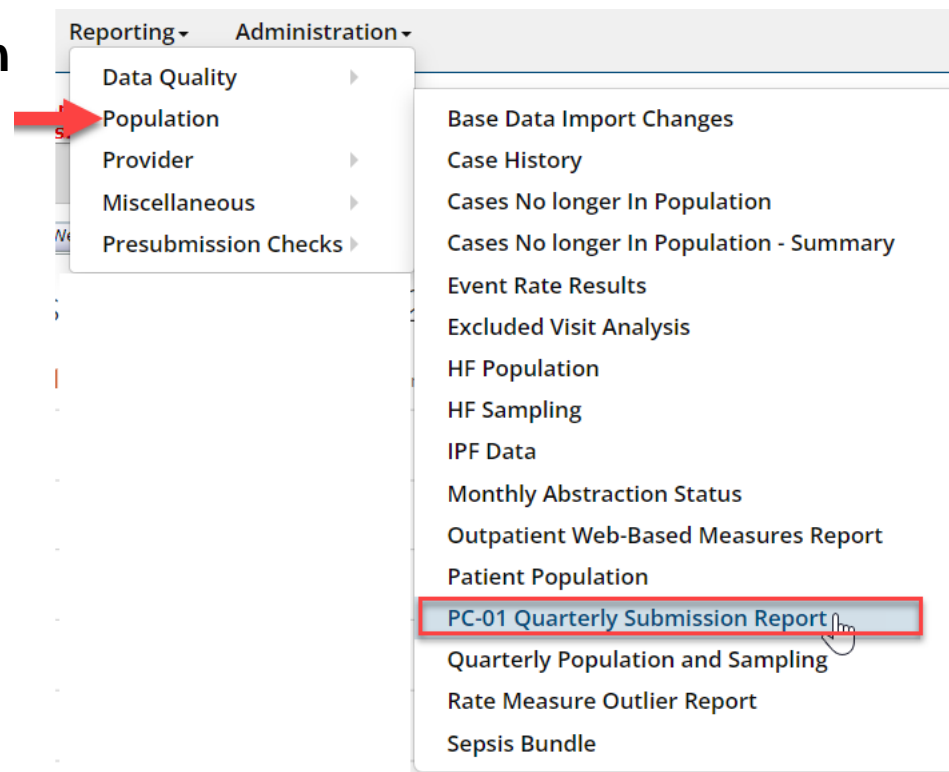
2. From the drop-down menu, hover over **Population**

3. Select **PC-01 Quarterly Submission Report**

4. Choose Quarter from the drop-down



The screenshot shows the 'PC-01 Quarterly Submission Report' form. It has a header bar with the title. Below it is a 'Dataset Filters' section with a blue header. Inside this section, there is a label 'Choose Quarter :' followed by a dropdown menu showing '20224: 2022-10 to 2022-12' and a 'Go' button.



# 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

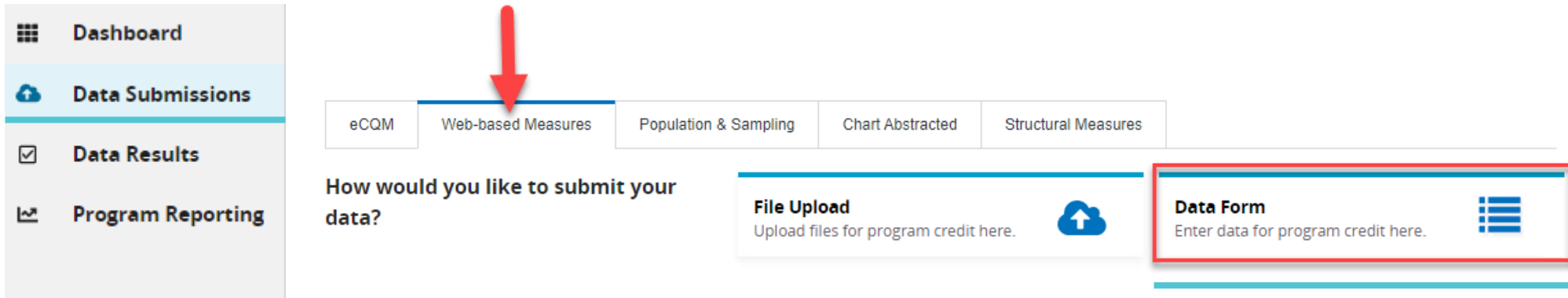
### Report Results

#### 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 $\geq 37$ 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 $\geq 39$ weeks	0
Exclusion count - History of Stillbirth = Y	0
Total Exclusion Count	0

# Entering PC-01 Data in HQR

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



The screenshot displays the HARP portal interface. On the left is a sidebar menu with four items: 'Dashboard' (grid icon), 'Data Submissions' (cloud with up arrow icon), 'Data Results' (checkmark icon), and 'Program Reporting' (line graph icon). The 'Data Submissions' section is active. The main content area features a horizontal tab bar with five tabs: 'eCQM', 'Web-based Measures' (highlighted with a red arrow), 'Population & Sampling', 'Chart Abstracted', and 'Structural Measures'. Below the tabs, the text 'How would you like to submit your data?' is displayed. Two submission options are shown: 'File Upload' (with a cloud and up arrow icon) and 'Data Form' (with a list icon). The 'Data Form' option is enclosed in a red rectangular box.

**Dashboard**

**Data Submissions**

**Data Results**

**Program Reporting**

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

How would you like to submit your data?

**File Upload**  
Upload files for program credit here.

**Data Form**  
Enter data for program credit here.

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

Dashboard

Data Submissions

Data Results

Program Reporting

eCQMWeb-based MeasuresPopulation & SamplingChart AbstractedStructural Measures

File UploadData Form

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

Select the Data Form

IPFLaunch Data Form


IQRLaunch Data Form

OQRLaunch Data Form



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

- Dashboard
- Data Submissions**
- Data Results
- Program Reporting

 **IQR DACA - Signature Needed**  
This account requires an annual acknowledgement of submission accuracy.


**Sign**


**Inpatient Quality Reporting (IQR)**


CMS Certification Number:  
Submission Period: 04/01/2023 - 05/15/2023  
With Respect to Reporting Period: 10/01/2022 - 12/31/2022

**Current Submission Period: Open**


**Export PDF**

 Enter

 Preview

 Submit

PC-01  
Elective Delivery



**Start Measure**

Discharge Quarter

4Q2022

# **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.

# 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.

The screenshot shows the HQR Portal interface. On the left is a sidebar with navigation links: Dashboard, Data Submissions, Data Results, and Program Reporting. The main content area has a top navigation bar with tabs: eCQM, Web-based Measures, Population & Sampling, Chart Abstracted, and Structural Measures. A red arrow points to the 'Structural Measures' tab. Below the tabs are two buttons: 'File Upload' and 'Data Form'. The 'Data Form' button is selected, and a message states: 'You have selected Data Form submission. You can choose a different method at any time.' Below this is a section titled 'Select the Data Form' with a dropdown menu showing 'IQR' and a 'Launch Data Form' button with a green checkmark. The 'IQR' option is highlighted with a red box. Below this is a section titled 'Maternal Morbidity' with a 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 postpartum care, and has implemented patient safety practices or bundles related to maternal morbidity to address complications, including, but not limited to, hemorrhage, severe hypertension/preeclampsia or sepsis?'. Below the question is a dropdown menu with a downward arrow. To the right of the dropdown is a box containing the following options: 'Yes', 'No', and 'N/A (Our hospital does not provide inpatient labor/delivery care)'. At the bottom of the form are two buttons: 'Cancel' and 'Save & Return'.

**Dashboard**

**Data Submissions**

**Data Results**

**Program Reporting**

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

File Upload Data Form

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

Select the Data Form

IQR Launch Data Form

**Maternal Morbidity**

\* 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 postpartum care, and has implemented patient safety practices or bundles related to maternal morbidity to address complications, including, but not limited to, hemorrhage, severe hypertension/preeclampsia or sepsis?

Yes  
No  
N/A (Our hospital does not provide inpatient labor/delivery care)

Cancel Save & Return

# **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

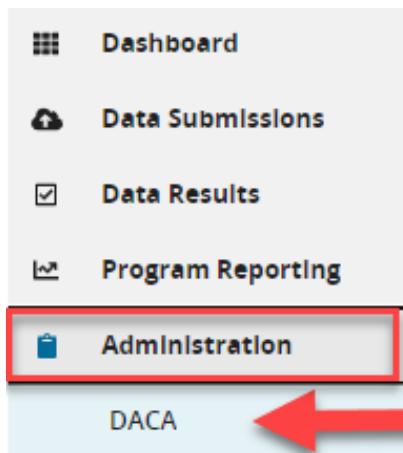
**With Respect to Reporting Period:** 01/01/2022 -12/31/2022

## **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.

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



- Dashboard
- Data Submissions
- Data Results
- Program Reporting
- Administration**
- DACA

## 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.

Fiscal Year

2024

### Signing of the DACA meets the requirement for both the Hospital Inpatient Quality Reporting (IQR) and Hospital-Acquired Condition (HAC) Reduction Programs.

Note: For hospitals that have chosen to not participate or have withdrawn from the Hospital IQR Program, signing of the DACA meets the requirement for the HAC Reduction Program only.

Submission Period:

04/01/2023 - 05/15/2023

With Respect to Reporting Period:

01/01/2022 - 12/31/2022

Last Updated:

## Data Accuracy and Completeness Acknowledgement (DACA)

To the best of my knowledge, at the time of submission, all of the information reported for this hospital to the Centers for Medicare & Medicaid Services (CMS) is accurate and complete. This information includes the following:

- Chart-abstracted measure sets (SEP-1)
- Initial patient population and sample counts
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data
- Healthcare-associated infection (HAI) measures reported using the National Healthcare Safety Network (NHSN)
- Influenza Vaccination Among Healthcare Personnel (HCP) measure reported using NHSN
- COVID-19 Vaccination Coverage for Healthcare Providers (HCP COVID-19) reported using NHSN
- Web-based measure (PC-01)
- Electronic clinical quality measures (eCQMs)
- Electronic health record data elements for hybrid measures
- Current Notice of Participation

To the best of my knowledge, at the time of submission, this information was collected in accordance with all applicable requirements. I understand that this information is used as the basis for the public reporting of quality of care and patient assessment of care data, for annual payment updates under the Hospital Inpatient Quality Reporting Program, and for value-based payment adjustments under the Hospital-Acquired Condition Reduction Program and the Hospital Value-Based Purchasing Program.

I understand this acknowledgement covers all inpatient hospital information reported by this hospital (and any data or survey information reported by any vendors acting as agents on behalf of this hospital) to CMS and its contractors.

Position

☐ I confirm that the information I have submitted is accurate and complete, to the best of my knowledge.

Sign

Cancel

# 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.

# **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.*

# **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.*



# **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**

# 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 (**1Q2022**, **2Q2022**, **3Q2022** & **4Q2022**) 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.

Abstraction

Medisolv1: CCN 000001

Choose Quarter : 20224: 2022-10 to 2022-12

Medisolv Data Due Date for measure sets submitted to TJC is 03/31/2023 Medisolv Data Due Date for measure sets submitted to CMS is 03/31/2023

Abstracted Visits

Field List

Clear Filter

Excel

CSV

NOTE: If a blank is noted for abstractor name on an In Progress or Completed case, this indicates the case was abstracted via file import and saved using the save all feature.

Abstraction List

Abstraction Status

Measures Status

	<input type="checkbox"/> GWTG	Annotation	Medisolv ID	Case Identifier	Patient Identifier	Patient Name	Discharge/Service Date	Month	Measure Set ID	Abstractor	Subpopulation	Abstract

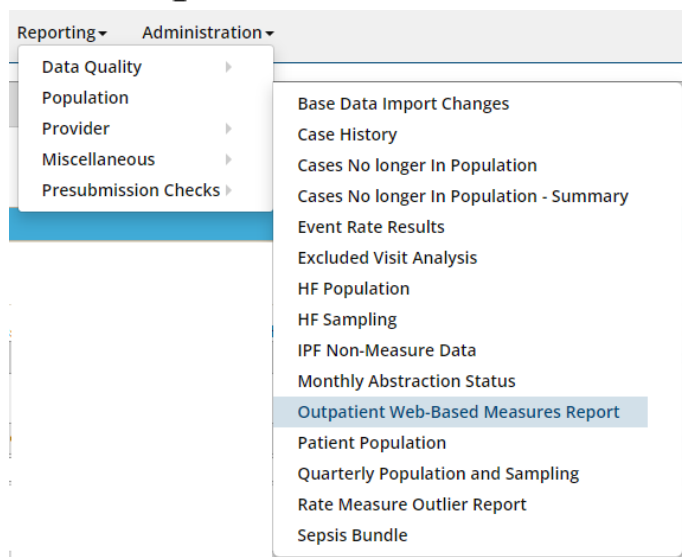
☐ Abstraction Status: Abstraction Completed

Visit Count: 45

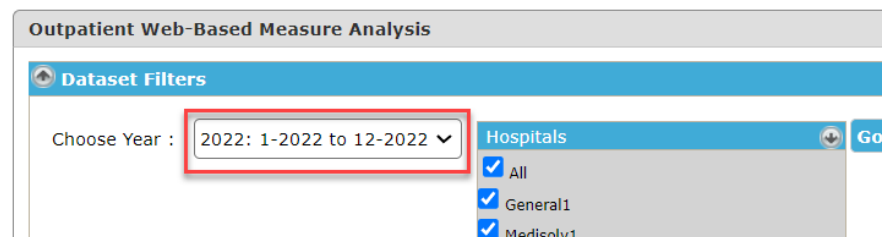
# OUTPATIENT WEB-BASED MEASURES REPORT

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



# OUTPATIENT WEB-BASED MEASURES REPORT

This report can be found in ENCOR under Reporting/Population

## Outpatient Web-Based Measure Analysis

### Dataset Filters

### Report Results

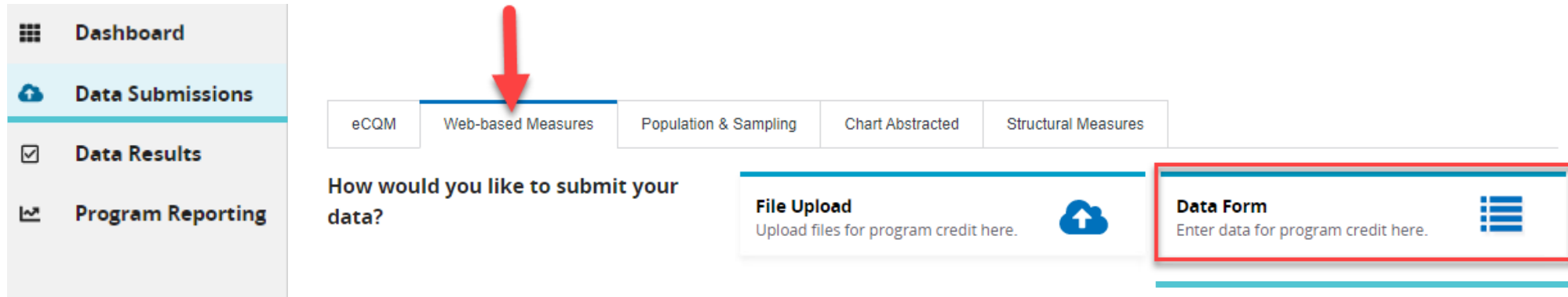
Field List Expand/Collapse Excel CSV PDF RTF Print Clear Filter

Drag a column header here to group by that column

CCN	Hospital Name	Measure Set ID	Measure	Population	Sample Size	Denominator	Numerator	Rate
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.

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



The screenshot displays the HARP portal interface. On the left is a sidebar menu with four items: 'Dashboard' (grid icon), 'Data Submissions' (cloud with up arrow icon), 'Data Results' (checkmark icon), and 'Program Reporting' (line graph icon). The 'Data Submissions' section is active. The main content area features a horizontal tab bar with five tabs: 'eCQM', 'Web-based Measures', 'Population & Sampling', 'Chart Abstracted', and 'Structural Measures'. A large red arrow points down to the 'Web-based Measures' tab. Below the tabs, the text 'How would you like to submit your data?' is displayed. There are two submission options: 'File Upload' (with a cloud and up arrow icon) and 'Data Form' (with a list icon). The 'Data Form' option is highlighted with a red rectangular box. The text for 'File Upload' is 'Upload files for program credit here.' and for 'Data Form' is 'Enter data for program credit here.'

**Dashboard**

**Data Submissions**

**Data Results**

**Program Reporting**

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

How would you like to submit your data?

**File Upload**  
Upload files for program credit here.

**Data Form**  
Enter data for program credit here.

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

eQCM	Web-based Measures	Population & Sampling	Chart Abstracted	Structural Measures
------	--------------------	-----------------------	------------------	---------------------

File Upload	Data Form
-------------	-----------

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

## Select the Data Form

IPF	Launch Data Form ➤	IQR	Launch Data Form ➤
OQR	Launch Data Form ➤		

# 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**.

CMS Certification Number:

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

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

Payment Year

2024

Current Submission Period: **Open**

Export PDF

Enter Preview Submit

OP-22

Left Without Being Seen

Start Measure

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

OP-29

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

Start Measure

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

OP-31 (Voluntary)

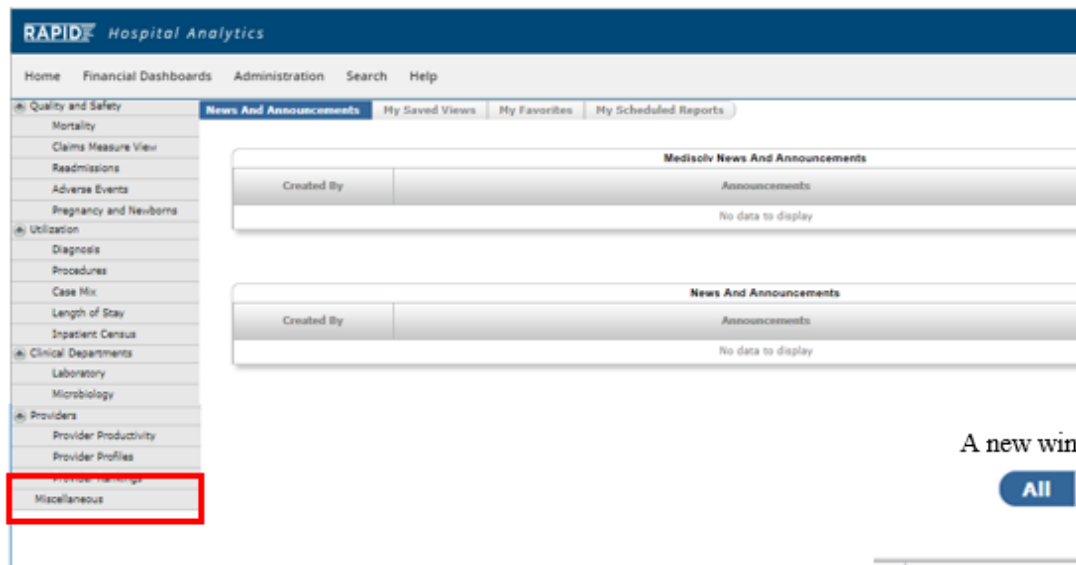
Improvement in Patients's Visual Function within 90 Days Following Cataract Surgery

Start Measure

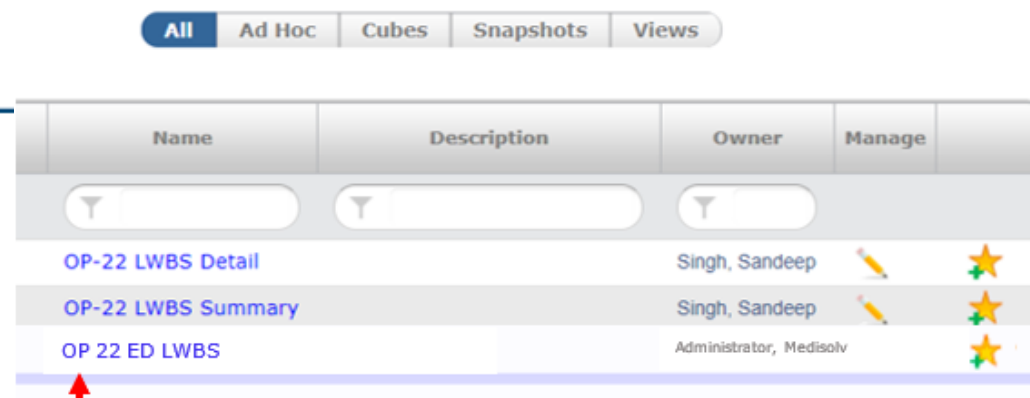
Please enter zeros for this measure as I have no data to submit

- ✓ 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

## 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.**



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

Select Service Start Date...  
 Select Service End Date... 
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

## 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.

## 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

#### 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

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
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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.

## 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

#### 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

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
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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.

## Review of OP-29 Data Entry SAMPLE SIZE

### 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

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
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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.

## 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

### 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

### Denominator

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

### 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

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									
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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.

## 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

#### Denominator

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

#### 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

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

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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.

## Review of OP-31 Data Entry- POPULATION

### 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

#### Denominator

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

#### 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

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

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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.



## 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

\* 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

### Denominator

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

### 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

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
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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.

# 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**

# QUESTIONS?

