

Hospital Outpatient Quality Reporting (OQR) Program

Measure Submissions

Running the *Submissions Requirement* Report

You can view the *Submissions Requirement* dashboard in the [Hospital Quality Reporting \(HQR\) system](#) to check the status of your data. This dashboard will display submission results for **all** Hospital OQR measures with no need to run separate reports for each measure group. A PDF or comma-separated value (CSV) version of the dashboard can also be downloaded by selecting the export button on the top right-hand side of the dashboard and selecting either PDF or comma-separated value CSV.

To view the Submission Requirements dashboard report:

1. Log into the [HQR](#) system.
2. Select *Program Reporting* under the main left side menu.
3. Select *Submission Requirements* from the *Program Reporting* menu.
4. Select the *Submission requirements dashboard* option.
5. Select *OQR* under *Program*.
6. Select the correct payment year on the right side of dashboard.
7. Expand the measure tables to display the submission status for each reporting type.
8. Select the *Encounter Quarter* from the tabs provided for the reporting periods you wish to view for each quarterly measure type. A status for **Cases Accepted**, **Submitted** or **Not Submitted** will appear for each measure.

Helpful Tips

Quarterly Submission of Chart-Abstracted Measures

- OP-18: Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients
 - 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 or MRI Scan Interpretation Within 45 Minutes of Arrival
1. Select the appropriate quarter tab under the Chart Abstracted and Population and Sampling menu. Ensure that the *Cases Accepted* column has a number **greater or equal to** the number you have in your *Medicare Claims* column.*

*If you are sampling, it is okay to have fewer cases in your *Total Cases Accepted by Submission Deadline* column, but make sure that the number meets the [Sampling Criteria](#) threshold as detailed in the applicable Hospital OQR Program Specifications Manual.

Note: Population and Sampling is **voluntary** for the Hospital OQR Program.

Quarterly Submission of OAS CAHPS Survey Measure

- OP-37a-e: Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS)
 1. Check the Informational *Submission Requirements met* box for a green check mark. Each month of the reporting quarter should display **Submitted**.

Note: Data submission for each month of the reporting quarter is required to meet program requirements.

Annual Submission of Web-Based Measures

- OP-22: Left Without Being Seen
- OP-29: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
- OP-31: Cataracts - Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (**voluntary**)

1. Check the *Submission requirements met* box for a green check mark.

Note: The OP-22 and OP-29 measures should display **Submitted**, OP-31: Cataracts Visual Functioning measure is voluntary and will display **Submitted** if data were submitted.

Annual Submission of Electronic Clinical Quality Measures (eCOMs)

- OP-40: ST Elevation Myocardial Infarction
- Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults (**voluntary**)

1. Check the *Submission requirements met* box for the green check mark.

Note: Reporting for the OP-40 measure is mandatory. At least two self-selected quarters of the CY 2025 reporting period and at least three self-selected quarters for the CY 2026 reporting period should display **Submitted**.

Annual Submission of Patient-Reported Outcome-Based Performance Measure (PRO-PM)

- OP-42: Hospital-level Total Hip Arthroplasty/Total Knee Arthroplasty PRO-PM (**voluntary**)
- OP-46: Information Transfer PRO-PM (**voluntary**)*

1. Check the *Surveys Submitted* column to verify the number of surveys submitted.

* For the Information Transfer PRO-PM, voluntary reporting begins with the CY 2026 reporting period/2028 payment determination.

Note: For OP-42, hospitals are encouraged to submit complete PRO data for more than 50% of their eligible, elective procedures.

For measure-specific information, refer to the Hospital OQR Program [Specifications Manual](#).

Please do not respond directly to this email. For further assistance regarding the information contained in this message, please contact the Outpatient Quality Reporting Support Team at **866.800.8756** weekdays from 9 a.m. to 5 p.m. Eastern Time, or contact us through the [QualityNet Question and Answer Tool](#).