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Hospital Outpatient Quality Reporting Program

Overview

The Hospital Outpatient Quality Reporting Program (Hospital OQR) is a pay for quality data reporting program implemented by the Centers for Medicare & Medicaid Services (CMS) for outpatient hospital services. The Hospital OQR Program was mandated by the Tax Relief and Health Care Act of 2006, which requires subsection (d) hospitals to submit data on measures on the quality of care furnished by hospitals in outpatient settings. Measures of quality may be of various types, including those of process, structure, outcome, and efficiency.

Under the Hospital OQR Program, hospitals must meet administrative, data collection and submission, validation, and publication requirements or receive a 2 percentage point reduction in their annual payment update (APU) under the Outpatient Prospective Payment System (OPPS).

In addition to providing hospitals with a financial incentive to report their quality of care measure data, the Hospital OQR program provides CMS with data to help Medicare beneficiaries make more informed decisions about their health care. Hospital quality of care information gathered through the Hospital OQR program is available on the Hospital Compare Web site.

Outpatient Department Measures Proposed Content

Outpatient care can refer to numerous types of health services, such as emergency department services, observation services, outpatient surgical services, lab tests, and X-rays, provided to those who visit a hospital or other healthcare facility. Outpatient often refers to a patient who leaves the facility after treatment on the same day but may include a patient who spends the night at the hospital for whom a doctor has not written an order for inpatient admission.

Hospital Compare provides results on emergency department and outpatient surgical quality measures, which evaluate the quality of care provided to patients. A quality measure converts medical information from patient records into a rate or time that allows facilities to assess their performance and consumers to compare how well patients are being cared for at their local hospitals.

The outpatient measures evaluate the regularity with which a healthcare provider administers the outpatient treatment known to provide the best results for most patients with a particular condition. Examples include administering the right kind of antibiotic to individuals having an outpatient surgical procedure performed or prescribing aspirin to heart attack patients upon arrival to the emergency department.

Contact Us

Submit questions and search for answers on the **Hospital OQR Program at Hospital Outpatient - Questions/Answers** or call the Hospital OQR Help-line, toll-free, **(866) 800-8756** weekdays from 7 a.m. to 6 p.m. Eastern Time.

(NOTE: Questions regarding the HOQR should **not** be submitted via QualityNet Quest, the online question-and-answer database. Quest does not support the outpatient program.)

Outpatient Imaging Efficiency Measures

Outpatient imaging is a common and frequently performed component of healthcare delivery, with important applications in diagnosing disease, establishing prognosis, and monitoring therapy. Although the quality and safety of outpatient imaging services are critically important, few national standards exist to address the variations in the delivery of services, define the quality of outpatient imaging care, or allow its measurement. In addition, because the cost of outpatient imaging studies is approximately \$14 billion annually for Medicare beneficiaries, it is critical to ensure that there is value for this investment. Defining measurable value indicators such as appropriate utilization, excellence in technical performance by certified or credentialed personnel, timeliness in study reporting, and clinical efficacy is essential to this process. (NQF Outpatient Imaging Report, www.qualityforum.org).

The Centers for Medicare & Medicaid Services (CMS) has adopted 6 measures (OP-8, OP-9, OP-10, OP-11, OP-13, and OP-14) for the Hospital Outpatient Quality Reporting (OQR) Program. These measures capture the quality of outpatient care in the area of imaging. CMS notes that the purpose of these measures is to promote high-quality efficient care. Specifically, each measure was created to reduce unnecessary exposure to contrast materials and /or radiation, ensure adherence to evidence-based medicine and practice guidelines, and promote efficiency defined as "absence of waste."

Each of the outpatient imaging efficiency measures currently utilizes both the Hospital OPPS claims as well as the Physician Part B claims in the calculations. These calculations are based on the administrative claims of the Medicare

fee-for-service population and no additional data submission is required by hospitals. The OIE measures are not risk adjusted; they are calculated as raw/observed rates after the exclusion and inclusion criteria are applied.

For more information, including measure specifications and minimum case count requirements, see the Imaging Efficiency Measures site on QualityNet at <http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228695266120>

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