



The Future of MBQIP – Are You Ready?

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Michigan Rural Health Center
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Objectives



- Identify the 2025 MBQIP measures
- Understand 2025 MBQIP data elements, submission mechanisms, and deadlines
 - OP-22 Left without being seen
- Identify resources and available technical assistance to support MBQIP in your state

About Telligen



50 years providing expertise and solutions that produce true, measurable results



Team Telligen is made up of more than **600 clinical and technical** professionals supporting clients nationwide



As a **100-percent employee-owned** company, our employee-owners drive our business, our solutions and share in our success



RQITA Team



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Role of Rural Quality Improvement Technical Assistance Center (RQITA)

- RQITA's goal is to improve quality and health outcomes in rural communities through technical assistance to beneficiaries of Federal Office of Rural Health Policy (FORHP) quality initiatives, which are focused on quality measure reporting and improvement:
 - Medicare Rural Hospital Flexibility (Flex) Program Medicare Beneficiary Quality Improvement Project (MBQIP)
- Intended to add expertise related to quality reporting and quality improvement, not to replace technical assistance support already in place
 - **Resources and Services:**
 - Monthly Newsletter
 - Up-to-date resources, guides, and tools
 - 1:1 technical assistance
 - Learning and action webinar events
 - Recorded trainings
 - TASC Rural Center website [here](#)

Current MBQIP Measure Re-cap

What is the benefit of MBQIP to CAHs?

- **Demonstrate value and quality of care to the community**
- Engage in quality improvement initiatives with rural peers and experts
 - Improve patient experience
 - Empowering persons and clinicians to make decisions about their health care
- Establish a common set of rural-relevant measures for quality improvement (Patient Safety/Inpatient, Patient Engagement, Care Transitions, Outpatient)
 - Data that drives action
- Increase hospital level capacity for participating in Federal and State reporting programs
 - Value-Based payment programs
- Access to flex program resources and assistance
- Aligns with CAH conditions of participation

Current Core MBQIP Measures

Core MBQIP Measures			
Patient Safety/Inpatient	Patient Engagement	Care Transitions	Outpatient
<p>HCP/IMM-3 (formerly OP-27): Influenza Vaccination Coverage Among Healthcare Personnel (HCP)</p> <p>Antibiotic Stewardship: Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey</p>	<p>Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)</p> <p><i>The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass eight key topics:</i></p> <ul style="list-style-type: none"> • Communication with Doctors • Communication with Nurses • Responsiveness of Hospital Staff • Communication about Medicines • Discharge Information • Cleanliness of the Hospital Environment • Quietness of the Hospital Environment • Transition of Care <p><i>The survey also includes screener questions and demographic items. The survey is 29 questions in length.</i></p>	<p>Emergency Department Transfer Communication (EDTC) 1 composite; 8 elements</p> <ul style="list-style-type: none"> • All EDTC Composite • Home Medications • Allergies and/or Reactions • Medications Administered in ED • ED provider Note • Mental Status/Orientation Assessment • Reason for Transfer and/or Plan of Care • Tests and/or Procedures Performed • Test and/or Procedure Results 	<p>ED Throughput</p> <ul style="list-style-type: none"> • OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients • OP-22: Patient Left Without Being Seen <p><i>*The AMI Outpatient measures, OP-2 and OP-3 are being removed by the center for Medicare & Medicaid Services (CMS) following submission of Quarter 1 2023 data.</i></p>

2025 MBQIP Measure Core Set

Implementation Timeline

2023:

Hospitals continue reporting the existing MBQIP core measures.

2024:

Hospitals continue reporting the existing MBQIP core measure set.

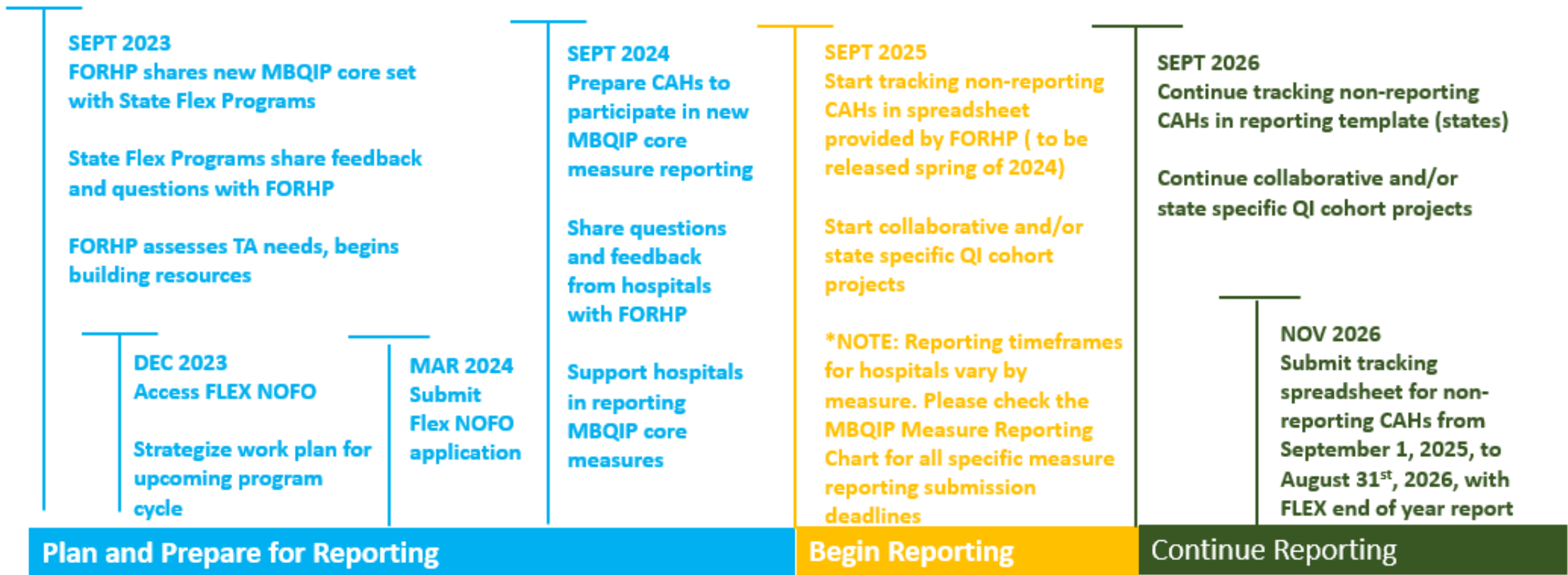
Hospitals put processes in place so they can collect and report data from the 2025 calendar year.

Hospitals are encouraged to start reporting on the measures that will be new in MBQIP 2025 as soon as they are able.

2025:

Hospitals collect data to reporting on the MBQIP 2025 core measure set as part of the flex program.

MBQIP Implementation Timeline for State Flex Programs for the 2025 MBQIP Core Measure Set



- Moving from 4 domains to 5 domains
- Align with existing quality reporting programs
- Final “launch” date: September 1, 2025

Global Measures

Patient Safety

Emergency
Department

Patient
Experience

Care Coordination

2025 MBQIP Core Measure Set

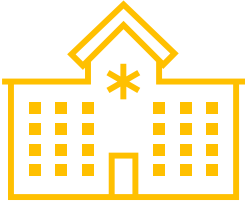


- **6 new measures (noted in blue)**
- **12 Total Measures**
 - **9 submitted annually**
 - **3 submitted quarterly**

2025 MBQIP Core Measure Set				
Global Measures	Patient Safety	Patient Experience	Care Coordination	Emergency Department
<ul style="list-style-type: none"> • CAH Quality Infrastructure (annual submission) • Hospital Commitment to Health Equity (annual submission) 	<ul style="list-style-type: none"> • Healthcare Personnel Influenza Immunization (annual submission) • Antibiotic Stewardship Implementation (annual submission) • Safe Use of Opioids (eCQM) (annual submission) 	<ul style="list-style-type: none"> • Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) (quarterly submission) 	<ul style="list-style-type: none"> • Hybrid Hospital-Wide Readmissions (annual submission) • SDOH Screening (annual submission) • SDOH Screening Positive (annual submission) 	<ul style="list-style-type: none"> • Emergency Department Transfer Communication (EDTC) (quarterly submission) • OP-18 Time from Arrival to Departure (quarterly submission) • OP-22 Left without Being Seen (annual submission)

Global Measures

CAH Quality Infrastructure



CAH Quality Infrastructure



Measure Description: Specifications for CAH Quality Infrastructure Measure will be released in 2024 and are dependent on data collection via the National CAH Quality Inventory and Assessment.

Structural measure to assess CAH quality infrastructure based on the nine core elements of CAH quality infrastructure:

1. Leadership Responsibility & Accountability
2. Quality Embedded within the Organization's Strategic Plan
3. Workforce Engagement & Ownership
4. Culture of Continuous Improvement through Behavior
5. Culture of Continuous Improvement through Systems
6. Integrating Equity into Quality Practices
7. Engagement of Patients, Partners, and Community
8. Collecting Meaningful and Accurate Data
9. Using Data to Improve Quality



CAH Quality Infrastructure Continued



Measure Rationale: This measure will provide state and national comparison information to assess your CAH infrastructure, QI processes, and areas of improvement for each facility. Using this measure, SFPs can plan quality activities to improve CAH quality infrastructure. Data will provide timely, accurate, and useful CAH quality-related information to help inform state-level technical assistance for CAH improvement activities. This measure will provide hospital and state-specific information to help inform the future of MBQIP and national technical assistance and data analytic needs.

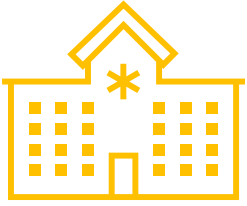
Calculations: Hospital score can be a total of zero to nine points (one point for each element, must meet each of element's criteria to receive credit).



CAH Quality Infrastructure Continued



Measure Submission and Reporting Channel: Annual submission through National CAH Quality Inventory and Assessment via FMT-administered Qualtrics platform



Resources to support you:



****Specifications for CAH Quality Infrastructure Measure will be released in 2024 and are dependent on data collection via the National CAH Quality Inventory and Assessment.****

More information about the Core Elements of Quality Infrastructure and the Assessment can be found below:

[Building Sustainable Capacity for Quality and Organizational Excellence | National Rural Health Resource Center \(ruralcenter.org\)](#)

[MBQIP 2025 Information Guide](#)

Global Measures

Hospital Commitment to Health Equity



Hospital Commitment to Health Equity



Measure Description: This structural measure assesses hospital commitment to health equity.

Hospitals will receive points for responding to questions in five (5) different domains of commitment to advancing health equity.

- Domain 1 – Equity is a Strategic Priority
- Domain 2 – Data Collection
- Domain 3 – Data Analysis
- Domain 4 – Quality Improvement
- Domain 5 – Leadership Engagement

Hospital score can be a total of zero (0) to five (5) points (one point for each domain, **must attest “yes” to all sub-questions in each domain**, no partial credit).



Hospital Commitment to Health Equity



Measure Rationale: The recognition of health disparities and inequities has been heightened in recent years and it is particularly relevant in rural areas. Rural risk factors for health disparities include geographic isolation, lower socioeconomic status, higher rates of health risk behaviors, limited access to health care specialists and subspecialists, and limited job opportunities. Rural residents are also less likely to have employer-provided health insurance coverage, and if they are poor, often are not covered by Medicaid. The intent of this measure is to help ensure hospitals are considering and addressing equity in the care they provide to their community.

Calculation: Hospital score can be a total of zero to five points (one point for each domain, must attest “yes” to all sub-questions in each domain, no partial credit)

Improvement Noted As: Increase in the total score (up to 5 points).



Hospital Commitment to Health Equity



Data Elements:

Domain 1 – Equity is a Strategic Priority

Please attest that your hospital has a strategic plan for advancing healthcare equity and that it includes all the following elements (note: attestation of all elements is required to qualify for the numerator).

- A. Our hospital strategic plan identifies priority populations who currently experience health disparities.
- B. Our hospital strategic plan identifies healthcare quality goals and discrete action steps to achieve these goals.
- C. Our hospital strategic plan outlines specific resources which have been dedicated to achieve our equity goals.
- D. Our hospital strategic plan describes our approach for engaging key stakeholders such as community-based organizations.



Hospital Commitment to Health Equity



Data Elements:

Domain 2 – Data Collection

Please attest that your hospital engages in the following activities (note: attestation of all elements is required in order to qualify for the numerator):

- A. Our hospital collects demographic information, including self-reported race and ethnicity, and/or social determinant of health information on the majority of our patients.
- B. Our hospital has training for staff in culturally sensitive collection of demographic and/or social determinant of health information.
- C. Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using certified EHR technology.



Hospital Commitment to Health Equity



Data Elements

Domain 3: Data Analysis

Please attest that your hospital engages in the following activities (note: attestation in all elements is required to qualify for the numerator)

- A. Our hospital strategies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information on hospital performance dashboards.

Domain 4: Quality Improvement

Select all that apply (note: attestation in all elements is required to qualify for the numerator)

- A. Our hospital participates in local, regional, or national quality improvement activities focused on reducing health disparities.



Hospital Commitment to Health Equity



Data Elements

Domain 5: Leadership Engagement

Please attest that your hospital engages in the following activities. Select all that apply. (note: attestation in all elements is required in order to qualify for the numerator).

- A. Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for health equity.
- B. Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews key performance indicators stratified by demographic and/or social factors.



Hospital Commitment to Health Equity



Encounter Period: Calendar year (January 1 – December 31)

First MBQIP Encounter Period and Reporting Date: The First MBQIP encounter period (AKA measurement period) is January 1, 2025, through Dec 31, 2025. The first MBQIP submission deadline date is May 15, 2026.

Data Source: Multiple sources

Data Collection Approach: Attestation

Measure Submission and Reporting Channel: This is an annual attestation measure submitted through the Hospital Quality Reporting (HQR) secure portal.



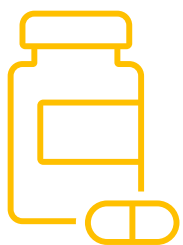
Resources to Support You



- [Attestation Guidance for Hospital Commitment to Health Equity Measure](#)
- [Rural Health Disparities Overview](#) – Rural Health Information Hub
- [Rural Health: Addressing Barriers to Care](#)
- [MBQIP 2025 Information Guide](#)

Patient Safety

Patient Safety Domain



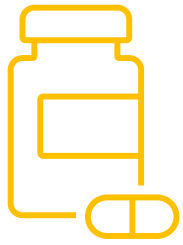
Safe Use of Opioids – Concurrent Prescribing



Measure Description: Proportion of inpatient hospitalizations for patients 18 years or older, prescribed or continued on two or more opioids, or an opioid and benzodiazepine concurrently at discharge.

Measure Rationale: Unintentional opioid overdose fatalities have become an epidemic and major public health concern in the United States. Concurrent prescriptions of opioids, or opioids and benzodiazepines, places patients at a greater risk of unintentional overdose due to increased risk of respiratory depression. Patients who have multiple opioid prescriptions have an increased risk for overdose, and rates of fatal overdose are ten (10) times higher in patients who are co-dispensed opioid analgesics and benzodiazepines than opioids alone. A measure that calculates the proportion of patients with two or more opioids or opioids and benzodiazepines concurrently has the potential to reduce preventable mortality and reduce costs associated with adverse events related to opioids.

Improvement noted as: Decrease in rate



Safe Use of Opioids – Concurrent Prescribing



Encounter Period: Calendar Year (January 1 – December 31)

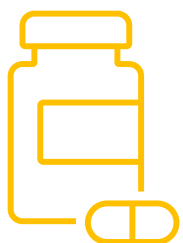
First MBQIP Encounter Period and Reporting Date: The First MBQIP encounter period (AKA measurement period) is January 1, 2025, through Dec 31, 2025. The first MBQIP submission deadline date is February 27, 2026.

Data Source: Certified electronic health record technology (CEHRT)

eCQM Identifier: 506v6

Data Collection Approach: Chart extracted via QRDA category I file

Measure Submission and Reporting Channel: Annually, QRDA Category 1 File via Hospital Quality Reporting (HQR) platform.



Safe Use of Opioids – Concurrent Prescribing

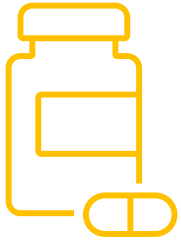


Measure Population (determines the cases to submit): Inpatient hospitalizations (inpatient stay less than or equal to 120 days) that end during the measurement period, where the patient is 18 years of age and older at the start of the encounter and prescribed one or more new or continuing opioid or benzodiazepine at discharge.

Exclusions: Exclusions include patients with cancer that begin prior to or during the encounter or are receiving palliative or hospice care (including comfort measures, terminal care, and dying care) during the encounter, patients discharged to another inpatient care facility, and patients who expire during the inpatient stay.

Numerator: Inpatient hospitalizations where the patient is prescribed or continuing to take two or more opioids or an opioid and benzodiazepine at discharge.

Denominator: Inpatient hospitalizations (inpatient stay less than or equal to 120 days) that end during the measurement period, where the patient is 18 years of age and older at the start of the encounter and prescribed one or more new or continuing opioid or benzodiazepine at discharge.



Resources to Support You



- [NQF: Quality Positioning System](#)
- [Safe Use of Opioids – Concurrent Prescribing | eCQI Resource Center \(healthit.gov\)](#)
- [Critical Access Hospital eCQM Resource List | National Rural Health Resource Center \(ruralcenter.org\)](#)
- [MBQIP 2025 Information Guide](#)

Care Coordination

Care Coordination Domain



Screening for Social Drivers of Health



Measure Description: The Screening for Social Drivers of Health Measure assesses whether a hospital implements screening for all patients that are 18 years or older at time of admission for food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety.

To report on this measure, hospitals will provide:

- (1) The number of patients admitted to the hospital who are 18 years or older at time of admission and who are screened for each of the five HRSNs: Food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety; **and**
- (2) the total number of patients who are admitted to the hospital who are 18 years or older on the date they are admitted.

A specific screening tool is not required to be used, but all areas of health-related social needs must be included.



Screening for Social Drivers of Health



Measure Rationale: The recognition of health disparities and impact of health-related social needs (HRSN) has been heightened in recent years. Economic and social factors, known as drivers of health, are known to affect health outcomes and costs, and exacerbate health inequities. This measure is derived from the Center for Medicare and Medicaid Innovation’s Accountable Health Communities (AHC) model and has been tested in large populations across states. The intent of this measure is to help ensure hospitals are considering and addressing social needs in the care they provide to their community.

Improvement noted as: Increase in rate



Screening for Social Drivers of Health



Measure Population (determines the cases to abstract/submit): The number of patients who are admitted to a hospital inpatient stay and who are 18 years or older on the date of admission.

Exclusions:

- (1) Patients who opt- out of screening; and
- (2) patients who are themselves unable to complete the screening during their inpatient stay and have no legal guardian or caregiver able to do so on the patient's behalf during their inpatient stay.

Numerator: The number of patients admitted to an inpatient hospital stay who are 18 years or older on the date of admission and are screened for all of the following five HRSNs: Food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety during their hospital inpatient stay

Denominator: The number of patients who are admitted to a hospital inpatient stay and who are 18 years or older on the date of admission.



Screening for Social Drivers of Health



Encounter Period: Calendar Year (January 1 – December 31)

First MBQIP Encounter Period and Reporting Date: The First MBQIP encounter period (AKA measurement period) is January 1, 2025, through December 31, 2025. The submission deadline date is May 15, 2026

Data Source: Chart abstraction

Calculation: The Screening for Social Drivers of Health measure is calculated by dividing the total number of hospital inpatients who are 18 and older and screened for all five health HRSNs by the total number of patients admitted to a hospital inpatient stay who are 18 or older at the time of admission.

Measure Submission and Reporting Channel: Annual numerator and denominator submission through Hospital Quality Reporting (HQR) system



Resources to Support You



- [Screening for Social Drivers of Health Measure Specification](#)
- [Frequently Asked Questions: SDOH Measures \(August 2023\)](#)
- [Listing of Various Screening Tools](#)
- [Guide to social needs screening \(aafp.org\)](#)
- [Rural Health Disparities Overview - Rural Health Information Hub](#)
- [MBQIP 2025 Information Guide](#)



Screen Positive for Social Drivers of Health (SDOH Screening Positive)



Measure Description: The Screen Positive Rate for Social Drivers of Health Measure provides information on the percent of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, were screened for an HSRN, and who screen positive for one or more of the following five health-related social needs (HSRNs): Food insecurity, housing instability, transportation problems, utility difficulties, or interpersonal safety.

Measure Rationale: The recognition of health disparities and impact of health-related social needs (HRSN) has been heightened in recent years. Economic and social factors, known as drivers of health, are known to affect health outcomes and costs, and exacerbate health inequities. This measure is derived from the Center for Medicare and Medicaid Innovation's [Accountable Health Communities](#) (AHC) model and has been tested in large populations across states. The intent of this measure is to help ensure hospitals are considering and addressing social needs in the care they provide to their community.

Improvement noted as: This measure is not an indication of performance



Screen Positive for Social Drivers of Health (SDOH Screening Positive)



Measure Population (determines the cases to abstract/submit): The number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission and are screened for all of the following five HSRN (food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety) during their hospital inpatient stay.

Exclusions: The following patients would be excluded from the denominator: 1) Patients who opt out of screening; and 2) patients who are themselves unable to complete the screening during their inpatient stay and have no caregiver able to do so on the patient's behalf during their inpatient stay.

Numerator: The number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, who were screened for all five HSRN, and who screen positive for having a need in one or more of the following five HRSNs (calculated separately): Food insecurity, housing instability, transportation needs, utility difficulties, or interpersonal safety.

Denominator: The number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission and are screened for all of the following five HSRN (food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety) during their hospital inpatient stay.



Screen Positive for Social Drivers of Health (SDOH Screening Positive)



Encounter Period: Calendar Year (January 1 – December 31)

First MBQIP Encounter Period and Reporting Date: The First MBQIP encounter period (AKA measurement period) is January 1, 2025, through December 31, 2025. The submission deadline date is May 15, 2026.

Data Source: Chart abstraction

Calculations: The result of this measure would be calculated as **five separate rates**.

Each rate is derived from the number of patients admitted for an inpatient hospital stay and who are 18 years or older on the date of admission, screened for an HRSN, and who screen positive for each of the five HRSNs—food insecurity, housing instability, transportation needs, utility difficulties, or interpersonal safety—divided by the total number of patients 18 years or older on the date of admission screened for all five HRSNs.

Measure Submission and Reporting Channel: Annual numerator and denominator submission through Hospital Quality Reporting (HQR) platform via web-based data form.



Resources to Support You



- [Screen Positive Rate for Social Drivers of Health Measure Specification](#)
- [Frequently Asked Questions: SDOH Measures \(August 2023\)](#)
- [Listing of Various Screening Tools](#)
- [Guide to social needs screening \(aafp.org\)](#)
- [Rural Health Disparities Overview - Rural Health Information Hub](#)
- [MBQIP 2025 Information Guide](#)



Hybrid Hospital-Wide Readmissions (Hybrid HWR)



Measure Description: Hospital-level, all-cause, risk-standardized readmission measure that focuses on unplanned readmissions 30 days of discharge from an acute hospitalization. The Hybrid HWR was developed to address complex and critical aspects of care that cannot be derived through claims data alone. The Hybrid HWR uses EHR data including clinical variables and linking elements for each patient.

What does hybrid mean? Hybrid measures differ from the claims-only measures in that they merge electronic health record (EHR) data elements with claims-data to calculate the risk-standardized readmission rate. **CMS will link elements from claims to the electronic medical record data clinical variables.**

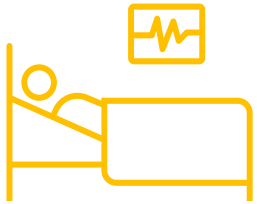


Hybrid Hospital - Wide Readmissions (Hybrid HWR)



Measure Rationale: Returning to the hospital for unplanned care disrupts patients' lives, increases risk of harmful events like healthcare-associated infections, and results in higher costs absorbed by the health care system. High readmission rates of patients with clinically manageable conditions in primary care settings, such as diabetes and bronchial asthma, may identify quality-of-care problems in hospital settings. A measure of readmissions encourages hospitals to improve communication and care coordination to better engage patients and caregivers in discharge plans and, in turn, reduce avoidable readmissions and costs.

Improvement noted as: Decrease in the rate



Hybrid Hospital-Wide Readmissions (HWR)



(This will come from electronic medical record)

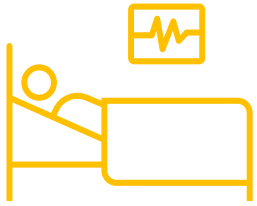
Core Clinical Data Elements

- Heart Rate
- Systolic Blood Pressure
- Respiratory Rate
- Temperature
- Oxygen Saturation
- Weight
- Hematocrit
- White Blood Cell Count
- Potassium
- Sodium
- Bicarbonate
- Creatinine
- Glucose

(This will come from claims data)

For each encounter, please also submit the following Linking Variable:

- CMS Certification Number
- Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI)
- Date of Birth
- Sex
- Inpatient Admission Date
- Discharge Date



Hybrid Hospital- Wide Readmissions (HWR)



Encounter Period: First MBQIP encounter period - July 1st, 2024 - June 30th, 2025. The submission deadline date is September 30, 2025.

Data Source: Chart abstraction and administrative claims

eCQM Identifier: 529v1

Data Collection Approach: Hybrid – chart extraction of electronic clinical data and administrative claims data.

Measure Submission and Reporting Channel: Annual-Hospital Quality Reporting (HQR) via patient-level file in QRDA I format

****Currently available for submission****



Resources to Support You











- [Hybrid Hospital-Wide Readmission Measure Specification | eCQI Resource Center \(healthit.gov\)](#)
- [Reporting the Hybrid Hospital-Wide Readmission Measure to the Hospital IQR Program](#)
- [\(qualityreportingcenter.com\)](#)
- [QualityNet hybrid methodology](#)
- [Hybrid Measure Overview \(cms.gov\)](#)
- [MBQIP 2025 Information Guide](#)

In Summary

Measures in blue are the 2025 MBQIP measures

 Measures available for reporting

2025 MBQIP Core Measure Set				
Global Measures	Patient Safety	Patient Experience	Care Coordination	Emergency Department
<ul style="list-style-type: none"> • CAH Quality Infrastructure (annual submission) • Hospital Commitment to Health Equity (annual submission) 	<ul style="list-style-type: none"> •  Healthcare Personnel Influenza Immunization (annual submission) •  Antibiotic Stewardship Implementation (annual submission) •  Safe Use of Opioids (eCQM) (annual submission) 	<ul style="list-style-type: none"> •  Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) (quarterly submission) 	<ul style="list-style-type: none"> •  Hybrid Hospital-Wide Readmissions (annual submission) • SDOH Screening (annual submission) • SDOH Screening Positive (annual submission) 	<ul style="list-style-type: none"> •  Emergency Department Transfer Communication (EDTC) (quarterly submission) •  OP-18 Time from Arrival to Departure (quarterly submission) •  OP-22 Left without Being Seen (annual submission)

Hot Off The Press!

MBQIP 2025 Measure Core Set Information Guide

Version 2.0
12.13.2023

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MBQIP 2025 - Measures Continuing in Care Set from Prior Years

Measure ID	Measure Name	Priority	Start Date	End Date	Reporting Period	Reporting Cycle	Reporting Method	Reporting Status
...

Submission Process and Deadlines

Measure ID	Measure Name	Submission Period	Submission Deadline	Reporting Period	Reporting Cycle	Reporting Method	Reporting Status
...

Notes:

- 1. All measures are subject to the MBQIP 2025 Reporting Cycle. Reporting will be required for all measures in the reporting cycle.
- 2. Reporting will be required for all measures in the reporting cycle.
- 3. Reporting will be required for all measures in the reporting cycle.

Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

Current Measures in "Take Us Out" Reporting Cycle from calendar years 2023 and 2024

Global Measure	Patient Safety	Patient Experience	Care Coordination	Emergency Department
...

Suggested Additional Quality Measures for Flex Improvement Activities

Global Measure	Patient Safety	Patient Experience	Care Coordination	Emergency Department
...

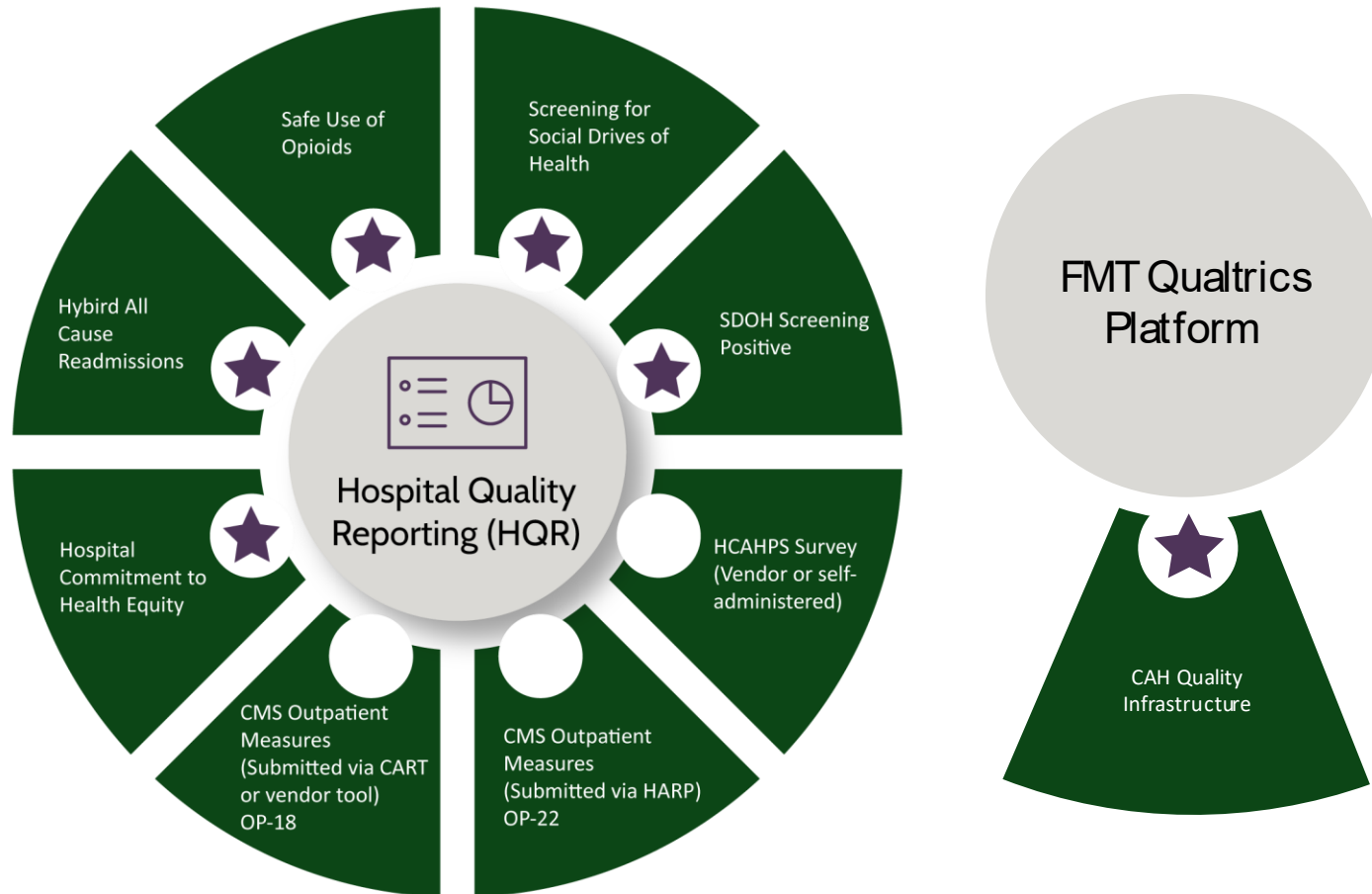
[MBQIP 2025 Information Guide](#)

[MBQIP 2025 Submission Deadlines](#)

[State Flex Program Key Resources](#)

Reporting the Data

Reporting Channels for 2025 MBQIP Measures





Quality Reporting Center

<https://www.qualityreportingcenter.com>



Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting.

Inpatient <ul style="list-style-type: none">Inpatient OverviewTools and ResourcesHospital Contact Change Form	Outpatient <ul style="list-style-type: none">Outpatient OverviewTools and ResourcesCCN Look-up Tools	ASC <ul style="list-style-type: none">ASC OverviewTools and ResourcesCCN/NPI Look-up Tools
--	---	---

Upcoming Inpatient Events <ul style="list-style-type: none">Tuesday, December 5, 2023Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) Severe Sepsis Present Data Element Version 5.14a Questions and Answers	Upcoming HOQR/ASCQR Events <p>No Events</p>
---	--

The national Support Contractor for the Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR), Outpatient Quality Reporting (OQR) Outreach and Education Support Programs, is dedicated to improving quality care delivery and health outcomes by collaborating with healthcare providers.



Quality Net



https://qualitynet.cms.gov

CMS.gov | QualityNet

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August 14, 2023
Calendar Year 2025 OQR Program
Hospitals Selected for Validation

August 11, 2023
FY 2024 Hospital VBP Program
Percentage Payment Summary Reports
Now Available for Review

I am looking for quality information associated with...

- Hospitals - Inpatient
- Hospitals - Outpatient
- Hospitals - Rural Emergency
- Ambulatory Surgical Centers
- PPS-Exempt Cancer Hospitals
- ESRD Facilities
- Inpatient Psychiatric Facilities

www.qualitynet.cms.gov

- **Subscribe to Email Listservs**
 - HARP Notify
 - Quality Net Notifications
 - CART Notifications (if you use CART)
 - HIQR and HOQR
- **Locate Measure Specification Manuals**
- **CART Tool**
- **Register for HARP account**

Measure Specification Manual

Home /

Hospitals - Inpatient

[Overview](#) [Measures](#) [Public Reporting](#) [Data Management](#) [Resources](#) [Notifications](#)

Hospital Inpatient Overview

The Hospital IQR Program is a quality data reporting program for inpatient hospital services implemented by CMS. Through its hospital quality improvement initiatives, the Centers for Medicare & Medicaid Services (CMS) strives to improve the care provided by the nation's hospitals and publicly display (on *Care Compare*) quality information to consumers and others.

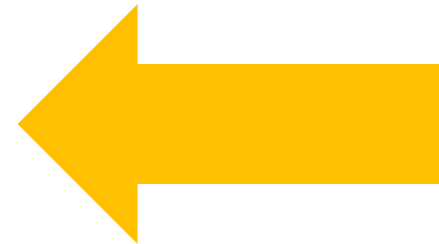
[Read more](#)

Participating in the Hospital IQR Program?

[Download Q1/Q2 2024 Specs](#)

[Download Q3/Q4 2023 Specs](#)

[View all Specifications Manuals](#)



Hospital Inpatient Quality Programs

Hospital Inpatient
Quality Reporting
(IQR) Program

[Learn more](#)

Hospital Value-Based
Purchasing (VBP)
Program

[Learn more](#)

Hospital-Acquired
Condition (HAC)
Reduction Program

[Learn more](#)

Hospital Readmissions
Reduction Program
(HRRP)

[Learn more](#)

Learn about Hospital Inpatient Measures, Public Reporting, and Data Management

Locating the CMS Abstraction & Reporting Tool (CART)

(not required for data reporting and submission)

Home / **Hospitals - Inpatient**

Overview Measures Public Reporting Data Management Resources Notifications

Hospital Inpatient Overview

Participating in the Hospital IQR Program?

The Hospital IQR Program is a quality data reporting program for inpatient hospital services implemented by CMS. Through its hospital quality improvement initiatives, the Centers for Medicare & Medicaid Services (CMS) strives to improve the care provided by the nation's hospitals and publicly display (on *Core Compare*) quality information to consumers and others.

[Read more](#)

[Download Q1/Q2 2024 Specs](#)

[Download Q3/Q4 2023 Specs](#)

[View all Specifications Manuals](#)

Hospital Inpatient Quality Programs

Hospital Inpatient Quality Reporting (IQR) Program

[Learn more](#)

Hospital Value-Based Purchasing (VBP) Program

[Learn more](#)

Hospital-Acquired Condition (HAC) Reduction Program

[Learn more](#)

Hospital Readmissions Reduction Program (HRRP)

[Learn more](#)

[Learn about Hospital Inpatient Measures, Public Reporting, and Data Management](#)



Home / Hospitals - Inpatient / **Hospital Inpatient Data Management**

Overview Measures Public Reporting **Data Management** Resources Notifications

Hospital Inpatient Data Management

Learn more about data collection, data submission, and data validation.

Data Collection

CMS Abstraction & Reporting Tool (CART)

A powerful application for the collection and analysis of quality improvement data.

[Learn more](#)

Data Submission

Hospital Inpatient Data Submission

Data must be submitted in the prescribed format by the transmission deadlines established by CMS.

[Learn more](#)

Data Validation

Data Validation

Verification that data submitted can be reproduced by a trained abstractor using a standardized protocol.

[Learn more](#)

Abstraction Resources

Tools for abstracting measure data.

[Learn more](#)

Home / Hospitals - Inpatient / Data Management / **CMS Abstraction & Reporting Tool**

Overview [Download CART](#) [Uniform Billing](#) [CART Resources](#)

CART Overview

CART, the CMS Abstraction & Reporting Tool, is a powerful application for the collection and analysis of quality improvement data. Through data collection, retrospective analyses and real-time reporting, CART enables hospitals to comprehensively evaluate and manage quality improvement efforts. The application is available at no charge to hospitals or other organizations seeking to improve the quality of care in the following clinical area:

- Severe Sepsis and Septic Shock (SEP)

CART is available for use on a stand-alone, Windows-based computer, in a computer network or in environments without computing resources (paper tool).

[Download CART 4.30.1](#)

[Update CART Installation](#)

[View all versions of CART](#)

Using a Uniform Billing (UB-92) System?
[View the Uniform Billing File Layout](#)



CART Tip!

CART - Inpatient Login

User ID

Password

[About Quality Management System](#)

To see which CART tool version you currently have, click on the 'About Quality Management System' link on the 'Log-In' screen

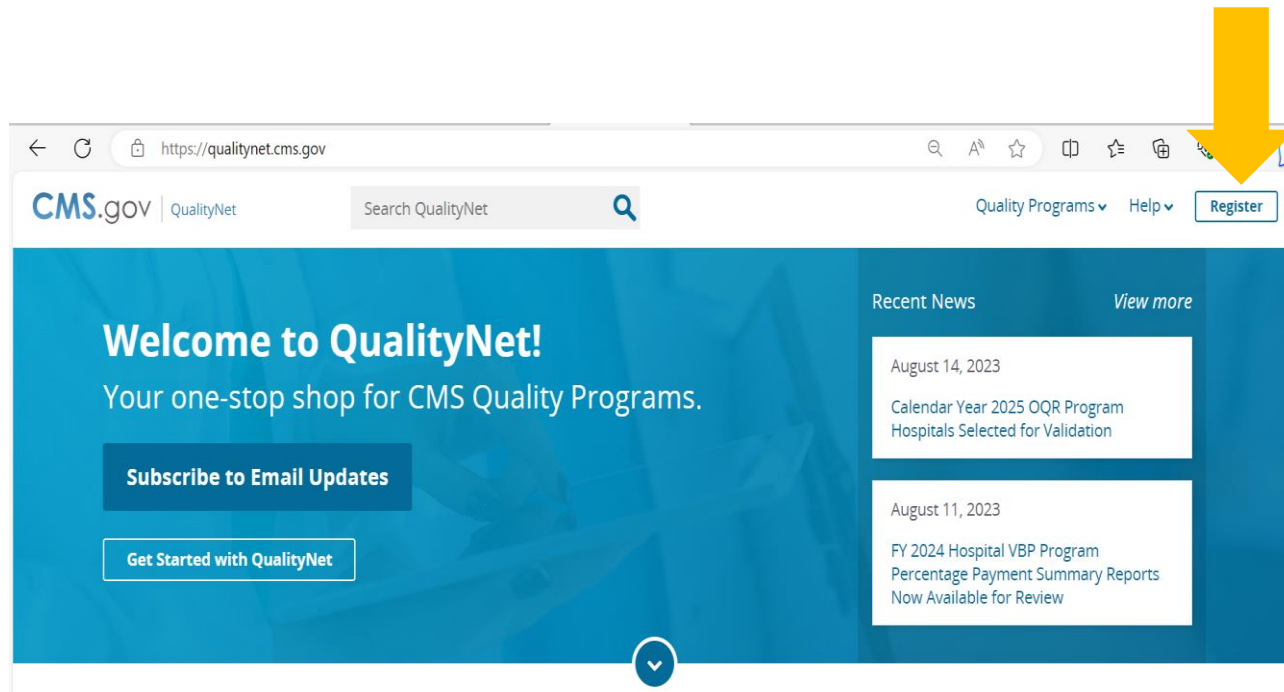
Navigating through CART

There are (5) windows within CART

- Provider
- User
- Patient
- Abstraction Search
- Abstraction

HARP Account (HCQIS Access Roles and Profile)

HCQIS (Healthcare Quality Information System): The CMS system responsible for various quality reporting applications

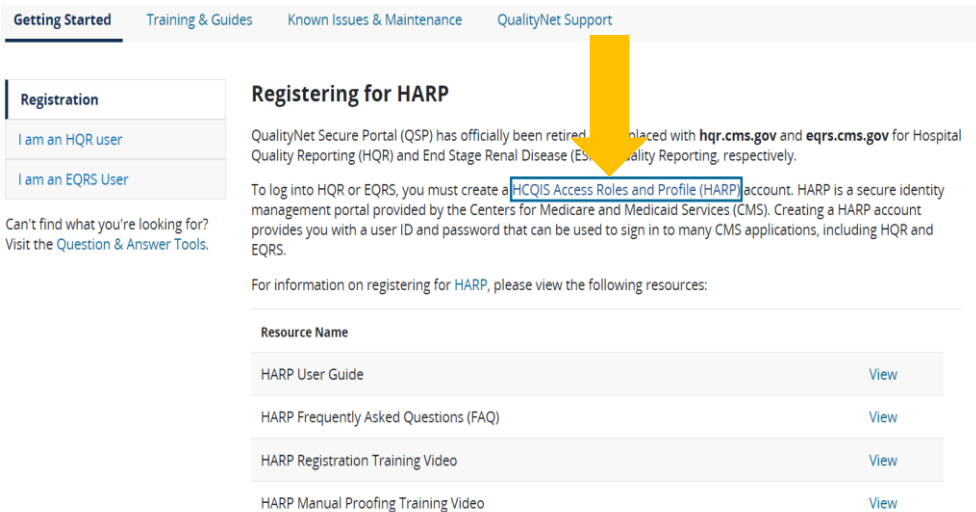


HARP streamlines identify management by:

- Allowing users to link and access all their CMS quality organizations with one login
- Authenticating users prior to accessing the portal
- Using one HARP account to access other CMS applications

Register for HARP Account

Step 1: Click on HQIS Access Roles and Profile link



Getting Started Training & Guides Known Issues & Maintenance QualityNet Support

Registration

- I am an HQR user
- I am an EQRS User

Can't find what you're looking for? Visit the Question & Answer Tools.

Registering for HARP

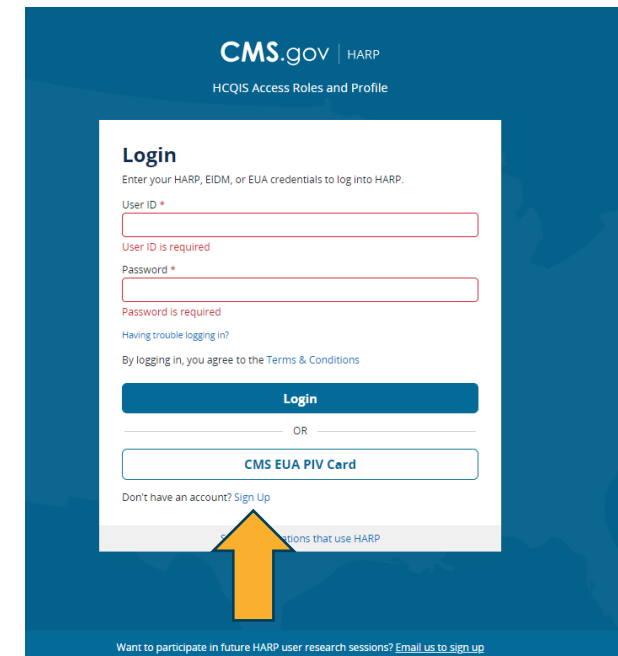
QualityNet Secure Portal (QSP) has officially been retired and replaced with hqr.cms.gov and eqrs.cms.gov for Hospital Quality Reporting (HQR) and End Stage Renal Disease (ESRD) Quality Reporting, respectively.

To log into HQR or EQRS, you must create a [HCQIS Access Roles and Profile \(HARP\)](#) account. HARP is a secure identity management portal provided by the Centers for Medicare and Medicaid Services (CMS). Creating a HARP account provides you with a user ID and password that can be used to sign in to many CMS applications, including HQR and EQRS.

For information on registering for HARP, please view the following resources:

Resource Name	
HARP User Guide	View
HARP Frequently Asked Questions (FAQ)	View
HARP Registration Training Video	View
HARP Manual Proofing Training Video	View

Step 2: Click on 'Sign up' link at the bottom of the login screen



CMS.gov | HARP

HCQIS Access Roles and Profile

Login

Enter your HARP, EIDM, or EUA credentials to log into HARP.

User ID *

User ID is required

Password *

Password is required

Having trouble logging in?

By logging in, you agree to the [Terms & Conditions](#)

[Login](#)

OR

[CMS EUA PIV Card](#)

Don't have an account? [Sign Up](#)

[Learn more about applications that use HARP](#)

Want to participate in future HARP user research sessions? [Email us to sign up](#)

Register for HARP Account

Step 3: Create an Account

Create an Account
HCQIS Access Roles and Profile

1 Profile Information 2 Account Information 3 Remote Proofing 4 Confirmation

Profile Information

Enter your profile information for identity proofing. HARP uses Experian to help verify your identity. Already called Experian? Enter Reference Number

Want to retry a previously failed registration attempt? Retry Remote Proofing

All fields marked with an asterisk (*) are required.

Legal First Name * Legal Last Name *

Middle Name Date of Birth *

Email Address * Confirm Email Address *

Personal Phone Number Is your address in the United States? * Yes No

Home Address Line 1 * Home Address Line 2

City * State *

Zip Code * Zip Code Extension

Social Security Number *

Don't want to enter your SSN? Initiate Manual Proofing

By registering for HARP, you agree to the Terms & Conditions

[Next →](#)

Step 4: Create User ID, password and challenge question

Create an Account
HCQIS Access Roles and Profile

1 Profile Information 2 Account Information 3 Remote Proofing 4 Confirmation

Account Information

Create your user ID, password, and challenge question. All fields marked with an asterisk (*) are required.

User ID *

User ID must be between 5-100 characters.

Password * Confirm Password *

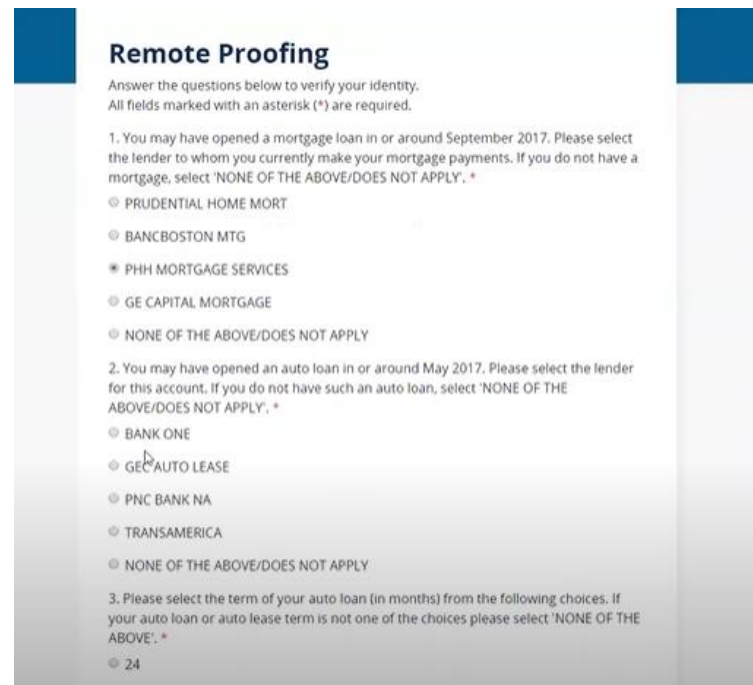
Password must be at least 12 characters and include a lowercase letter, uppercase letter, number (0-9), and symbol (@#%&^*). Cannot contain first name, last name, or part of user ID.

Challenge Question * Challenge Question Answer *

Challenge Question Answer must be at least 4 characters and cannot contain the challenge question, user ID, or password.

Register for HARP Account

Step 5: Remote Proofing (answer the questions to verify identity)



Remote Proofing

Answer the questions below to verify your identity.
All fields marked with an asterisk (*) are required.

1. You may have opened a mortgage loan in or around September 2017. Please select the lender to whom you currently make your mortgage payments. If you do not have a mortgage, select 'NONE OF THE ABOVE/DOES NOT APPLY'. *

- PRUDENTIAL HOME MORT
- BANCOSTON MTG
- PHH MORTGAGE SERVICES
- GE CAPITAL MORTGAGE
- NONE OF THE ABOVE/DOES NOT APPLY

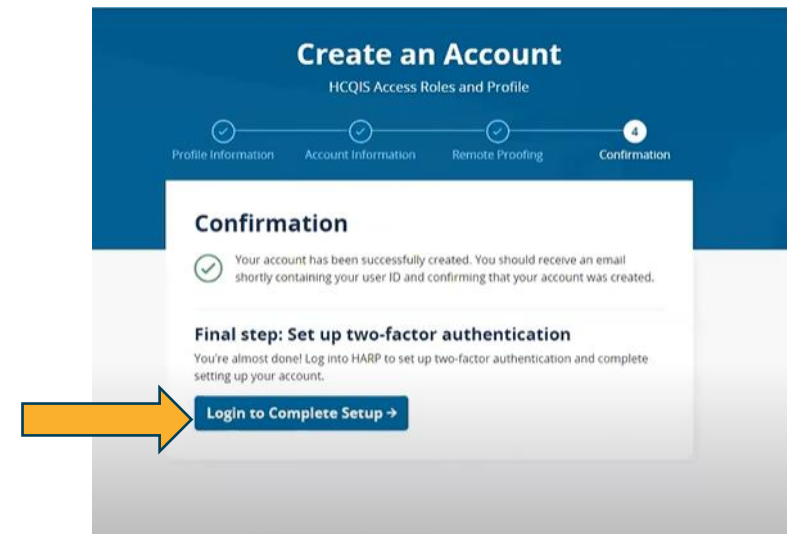
2. You may have opened an auto loan in or around May 2017. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF THE ABOVE/DOES NOT APPLY'. *

- BANK ONE
- GE AUTO LEASE
- PNC BANK NA
- TRANSAMERICA
- NONE OF THE ABOVE/DOES NOT APPLY

3. Please select the term of your auto loan (in months) from the following choices. If your auto loan or auto lease term is not one of the choices please select 'NONE OF THE ABOVE'. *

- 24

Step 6: Confirmation indicates account creation is complete. Login to complete setup!



Create an Account
HCQIS Access Roles and Profile

Profile Information Account Information Remote Proofing **Confirmation**

Confirmation


Your account has been successfully created. You should receive an email shortly containing your user ID and confirming that your account was created.

Final step: Set up two-factor authentication
You're almost done! Log into HARP to set up two-factor authentication and complete setting up your account.

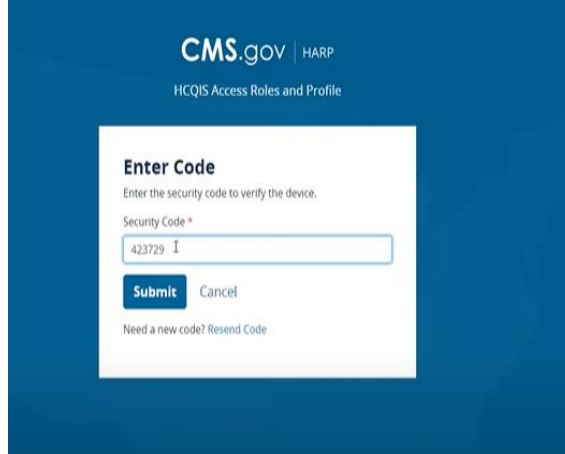
[Login to Complete Setup →](#)

Register for HARP Account

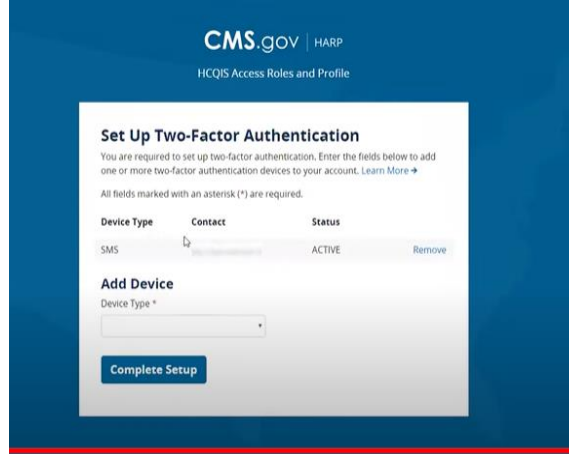
Upon initial login you will be required to set up two-factor authentication.



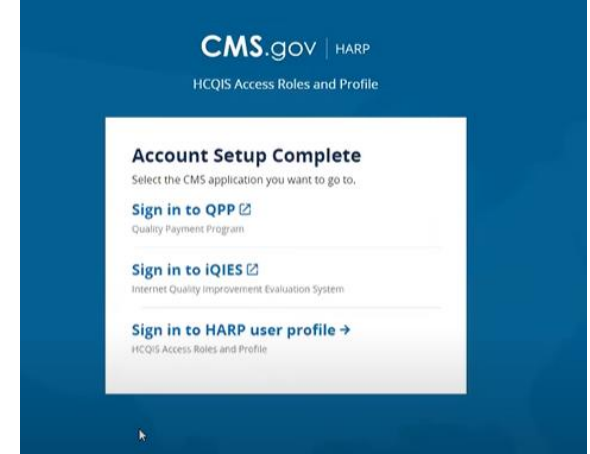
Add device type, and click 'send code'



Enter code



If you choose, you can add additional devices. This is not required. Click on 'Complete Setup'



Select the CMS application you want to go to

OP-22 Left Without Being Seen

- Submission Steps

OP-22 Left Without Being Seen

- **Measure Specification Manual:** [Hospital OQR](#)
**(Starting on page 1-33)*
- **Description:** Percent of patients who leave the Emergency Department (ED) without being evaluated* by a physician/advanced practice nurse/physician's assistant* (physician/APN/PA).
- Annual data submission period **(January 1st – December 31st of reporting year)**
- Data submitted through the Hospital Quality Reporting (HQR) secure site via an online tool

OP-22 Description Definitions



“Evaluated” =

Patients who presented to the ED are those that signed in to be evaluated for emergency services*

“Physician/APN/PA” =

- Patients who are seen by a resident or intern are to be considered as seen by a physician.
- An institutionally credentialed provider, acting under the direct supervision of a physician for healthcare services in the emergency department (e.g., an obstetric nurse providing assessment of an obstetric patient) are to be considered as seen by a physician.
- Advanced Practice Nurse (APN, APRN) titles may vary between state and clinical specialties. Some common titles that represent the advanced practice nurse role are: Nurse Practitioner (NP)
- Certified Registered Nurse Anesthetist (CRNA)
- Clinical Nurse Specialist (CNS)
- Certified Nurse Midwife (CNM)

OP-22 Left Without Being Seen

- OP-22 is a Web-Based measure and data can be submitted by file upload **OR** data form.

***Note: The **OP-22 Data Form** has only 2 questions:*

***Numerator** – What was the total number of patients who left without being evaluated by a physician/APN/PA?*

***Denominator** – what was the total number of patients who presented to the Emergency Department?*

Hospital Outpatient Clinical Data
File Layout

OP-22 Left Without Being Seen

Quick Instructions



To submit via File Upload

- Log into HQR
- Select Data Submission
- Select Web-Based Measures
- Select File upload
- Upload the file

See slides 72-75 for screenshots

To submit via Data Form

- Log into HQR
- Select Data Submission
- Select Web-Based Measures
- Select Data Form
- Select OQR Launch Data Form and Start Measure
- Enter in the data

See slides 76-82 for screen shots

OP-22 Left Without Being Seen



Step 1

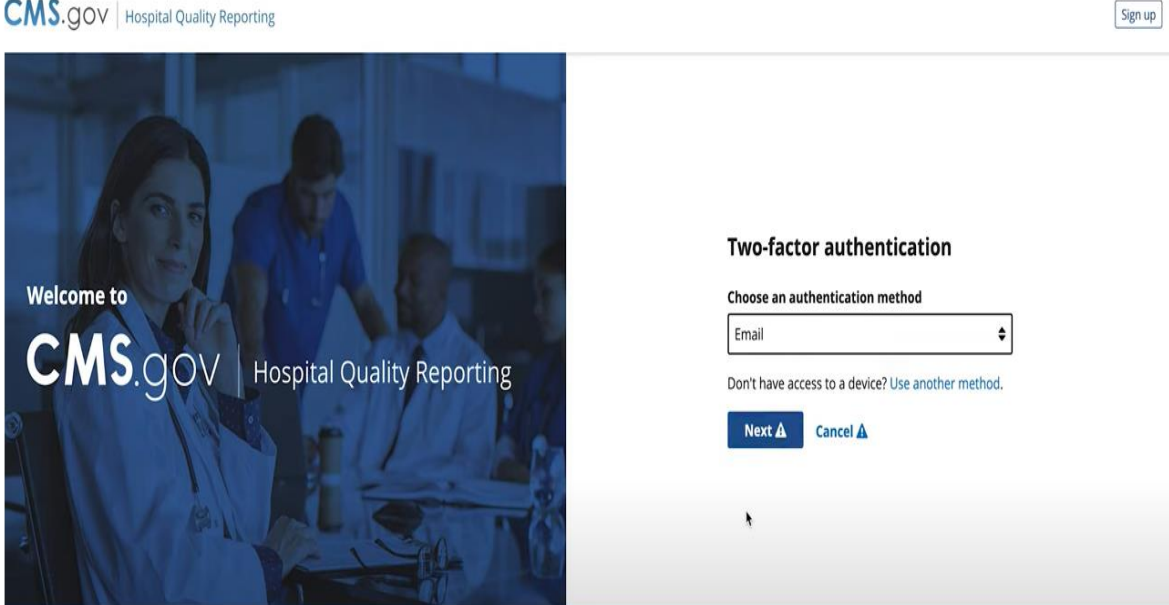
- ❑ Log in to the Hospital Quality Reporting home page using your HARP ID and password

A screenshot of the CMS.gov Hospital Quality Reporting login page. The page has a dark blue header with the CMS.gov logo and "Hospital Quality Reporting" text. A "Sign up" button is in the top right. The main content area is split: the left side shows a "Welcome to CMS.gov Hospital Quality Reporting" message over a background image of healthcare professionals; the right side is a "Log in" form with fields for "User ID" (containing "test.LuxProv1") and "Password" (masked with dots), a "Having trouble logging in?" link, a "By logging in, you agree to the Terms & Conditions." statement, and "Log in" and "Sign up" buttons. The footer contains navigation links like "QualityNet Support" and "CCSQ Support Center", a "Subtitles/closed captions (c)" link, and the Department of Health & Human Services logo.

OP-22 Left Without Being Seen

Step 2

- ❑ Select how you want to receive your two-factor authentication code *if you don't have two-factor authentication set up, you can do so in HARP*
- ❑ Once you chose your method, select 'Next'



The screenshot shows the CMS.gov Hospital Quality Reporting login page. At the top left, it says "CMS.gov | Hospital Quality Reporting". At the top right, there is a "Sign up" button. The main content area is split into two panels. The left panel features a blue-tinted image of a doctor and the text "Welcome to CMS.gov | Hospital Quality Reporting". The right panel is titled "Two-factor authentication" and contains a dropdown menu labeled "Choose an authentication method" with "Email" selected. Below the dropdown, it says "Don't have access to a device? Use another method." At the bottom of the right panel, there are two buttons: "Next" and "Cancel".

OP-22 Left Without Being Seen



Step 3

- Enter in the code you received
- Select 'Next'

A screenshot of the CMS.gov Hospital Quality Reporting website during a two-factor authentication process. The page has a blue header with the CMS.gov logo and "Hospital Quality Reporting" text, and a "Sign up" button in the top right. The main content area is split into two panels. The left panel shows a blurred image of a hospital setting with the text "Welcome to CMS.gov Hospital Quality Reporting". The right panel is titled "Two-factor authentication" and includes the text "Code sent via email". Below this is an "Enter code" label and a text input field containing the number "315698". Underneath the input field are two links: "Resend code" and "Change method". At the bottom of the right panel are two buttons: "Next" and "Cancel", both with small upward-pointing triangles.

OP-22 Left Without Being Seen



Step 4

- Once system verifies your code you will be brought to the HQR dashboard (stay tuned for the new HQR) dashboard
- You're now ready to submit by **file upload** or **data form**

The screenshot shows the CMS.gov Hospital Quality Reporting dashboard. At the top, it says "CMS.gov | Hospital Quality Reporting" and "user prov1". A "Change Organization" button is in the top right. A notification banner reads: "Are you expecting to receive facility-specific or claims-detail reports in Managed File Transfer (MFT)? Users who historically received these reports through their AutoRoute Inbox in Secure File Transfer may need to request permissions in the Hospital Quality Reporting system to continue to receive these reports for their facilities. Refer to the [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) notification to learn more about requesting permissions to access your reports!". Below this is a section titled "The New HQR is Coming" with the text: "We are hard at work behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many exciting new features to help you execute your responsibilities faster, and with more confidence." It includes a "New! Check out the navigation on the left:" section with two bullet points: "← All features and functions are now available in the navigation" and "← Tasks are clearly divided - move from one to another with ease". An illustration of a computer monitor with various icons is on the right.

To submit OP-22 by File Upload



From the dashboard you'll find data submissions on the left menu

Click Data Submission



A screenshot of the CMS.gov Hospital Quality Reporting dashboard. The top navigation bar includes the CMS.gov logo, "Hospital Quality Reporting", and the user's name "Sample Provider 2" with a "Change Organization" button. The main content area has a left-hand navigation menu with options: Dashboard, Data Submissions (highlighted with a mouse cursor), Data Results, Program Reporting, and Administration. The main content area displays a message about Managed File Transfer (MFT) and a section titled "New HQR is Coming" with an illustration of a computer monitor and keyboard.

To Submit OP-22 by File Upload

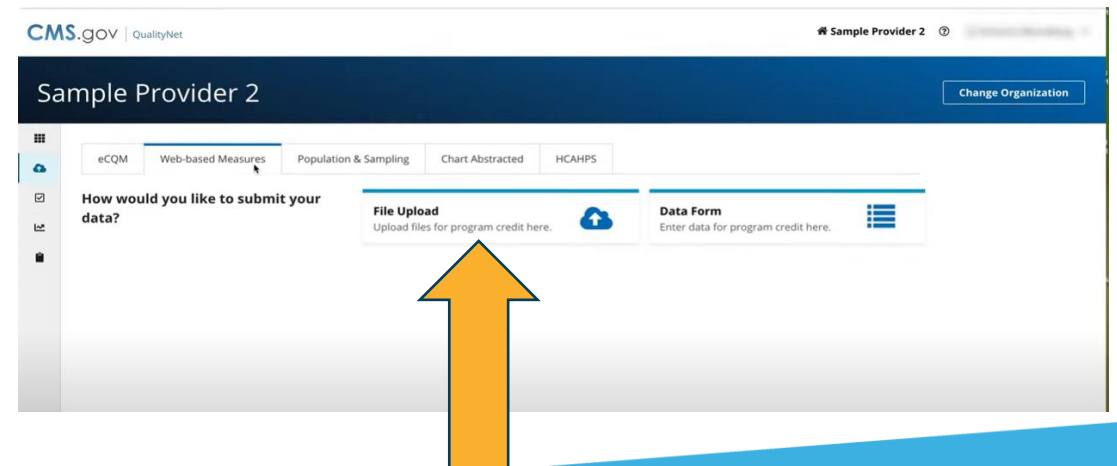
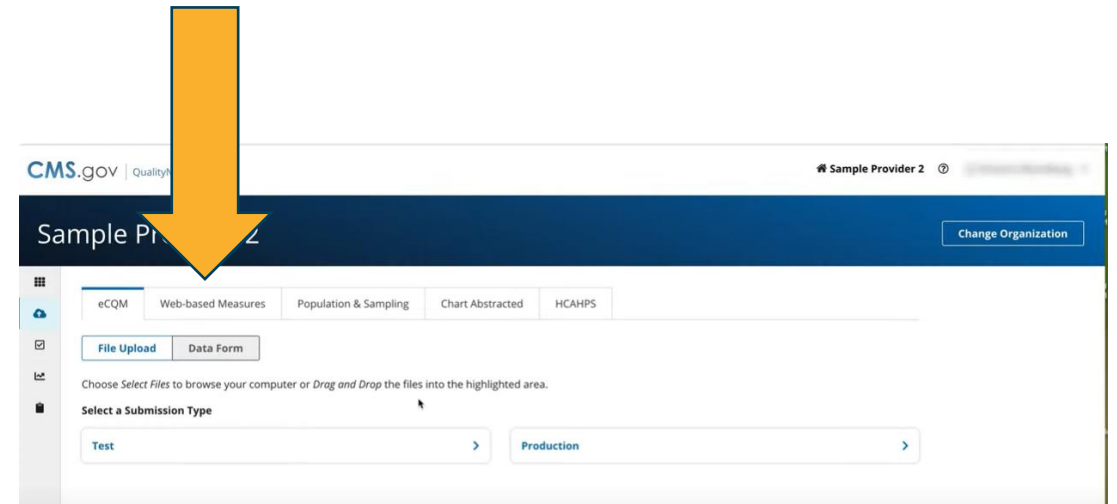


Step 1

- Select Web-based Measures Tab

Step 2

- Select File Upload

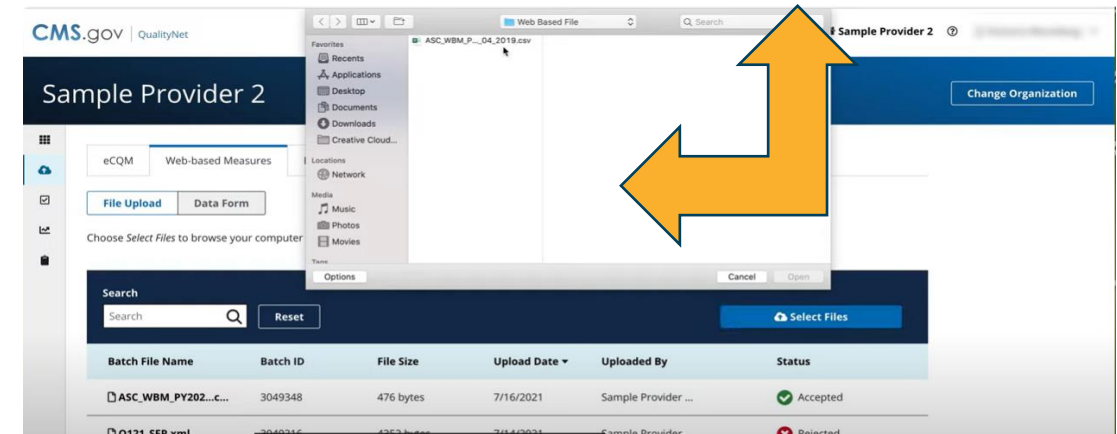
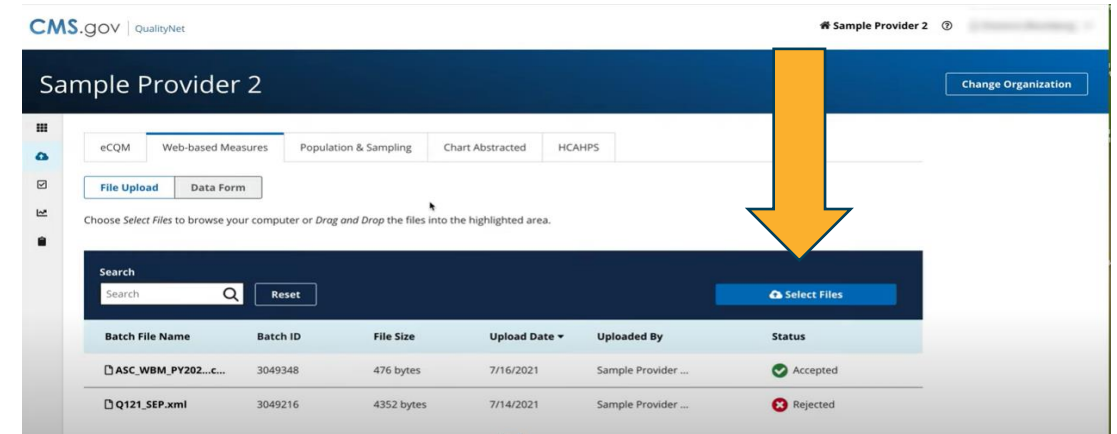


To Submit OP-22 by File Upload



Step 3

- ❑ Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area here on the upload page
- ❑ Select File from your computer, then open it, you'll see the file processing on the right-hand side of your screen



To Submit OP-22 by File Upload



- Once the file is finished processing, it will confirm acceptance with a 'green checkmark'. (First it will say 'Received' and then it will say 'Accepted')

You're all set!

A screenshot of the CMS.gov QualityNet interface for 'Sample Provider 2'. The page shows a navigation menu with 'eCQM', 'Web-based Measures', 'Population & Sampling', 'Chart Abstracted', and 'HCAHPS'. Below the menu, there are tabs for 'File Upload' and 'Data Form'. A message says 'Choose Select Files to browse your computer or Drag and Drop the files into the highlighted area.' There is a search bar and a 'Select Files' button. Below this is a table with columns: 'Batch File Name', 'Batch ID', 'File Size', 'Upload Date', 'Uploaded By', and 'Status'. The table contains three rows of data. A large orange arrow points to the 'Status' column of the second row, which is 'Accepted'.

Batch File Name	Batch ID	File Size	Upload Date	Uploaded By	Status
ASC_WBM_PY202...c...	3049349	476 bytes	7/16/2021	Sample Provider ...	Received
ASC_WBM_PY202...c...	3049348	476 bytes	7/16/2021	Sample Provider ...	Accepted
Q121_SEP.xml	3049216	4352 bytes	7/14/2021	Sample Provider ...	Rejected

To submit OP-22 by Data Form



- From the dashboard you'll find data submissions on the left menu



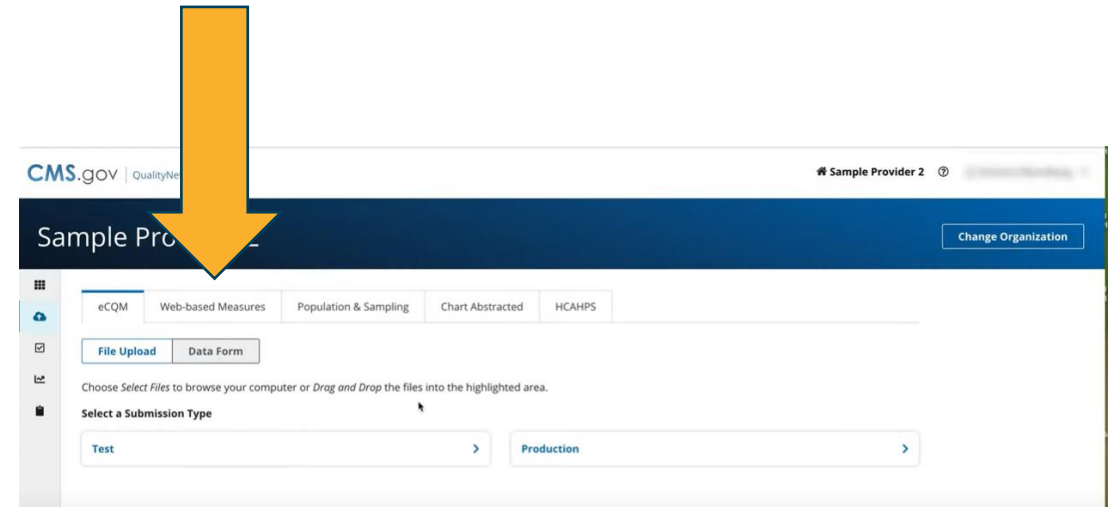
A screenshot of the CMS.gov Hospital Quality Reporting dashboard for "Sample Provider 2". The page has a dark blue header with the CMS.gov logo and "Hospital Quality Reporting" text. Below the header, the user's name "Sample Provider 2" is displayed, along with a "Change Organization" button. A left-hand navigation menu is visible, containing items: "Dashboard", "Data Submissions", "Data Results", "Program Reporting", and "Administration". A yellow arrow points to the "Data Submissions" item. The main content area shows a notification about Managed File Transfer (MFT) and a section titled "Why HQR is Coming" with an illustration of a computer monitor and keyboard.

To Submit OP-22 by Data Form



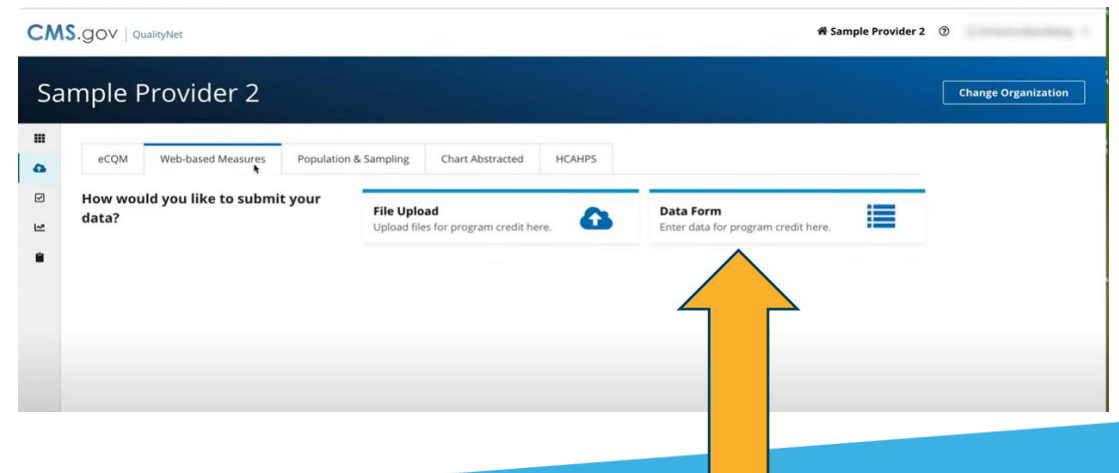
Step 1

- Select Web-based Measures Tab



Step 2

- Select Data Form



To Submit OP-22 by Data Form



Step 3

- ❑ Select the data form for the program of your choice **(For OP-22, you'll select OQR)**
- ❑ Once you pick a quarter/year you'll be able to select start measure **(For OP-22, you'll select the previous year. If it's the year 2024, you'll select data from January 1st – December 31st, 2023)**

A screenshot of the CMS.gov interface for "Sample Provider 2". The page title is "Sample Provider 2" and it has a "Change Organization" button. Below the title, there are tabs for "eCQIP-based Measures", "Population & Sampling", "Chart Abstracted", and "HCAHPS". A large orange arrow points to a "Launch Data Form" button. Below this, there is a section titled "Select the Data Form" with a grid of buttons for different measures: ASC, IPF, OQR, PCH, IQR, and PI. Each button has a "Launch Data Form" link next to it.A screenshot of the CMS.gov interface for "Sample Provider 2" showing the "Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR)" page. The page title is "Sample Provider 2" and it has a "Change Organization" button. Below the title, there is a "Calendar Year" dropdown menu set to "2022". The page displays the following information: "CMS Certification Number: UX9002", "Submission Period: 07/01/2021 - 08/16/2021", and "With Respect to Reporting Period: 01/01/2020 - 12/31/2020". Below this, it says "Current Submission Period: Open". There are three buttons: "Enter", "Preview", and "Submit". A large orange arrow points to the "Submit" button. At the bottom, there is a section for "PCH-15" with the description "Oncology: Plan of Care for Moderate to Severe Pain - Medical Oncology & Radiation Oncology" and a "Start Measure" button. Below that, there is a "Final Score" field.

To Submit OP-22 by Data Form

Step 4

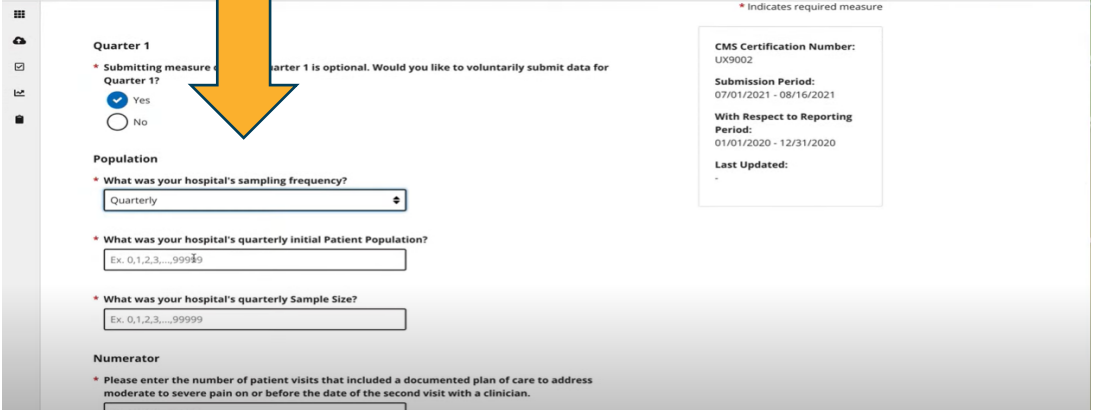
- ☐ Add your data

**Remember for OP-22 there are two questions:*

Numerator – What was the total number of patients who left without being evaluated by a physician/APN/PA?

Denominator – what was the total number of patients who presented to the Emergency Department?

- ☐ Once all your data is entered click 'Save and Return' at the bottom



Quarter 1

* Submitting measure for Quarter 1 is optional. Would you like to voluntarily submit data for Quarter 1?

Yes
 No

Population

* What was your hospital's sampling frequency?
Quarterly

* What was your hospital's quarterly initial Patient Population?
Ex. 0,1,2,3,...99999

* What was your hospital's quarterly Sample Size?
Ex. 0,1,2,3,...99999

Numerator

* Please enter the number of patient visits that included a documented plan of care to address moderate to severe pain on or before the date of the second visit with a clinician.
Ex. 0,1,2,3,...99999

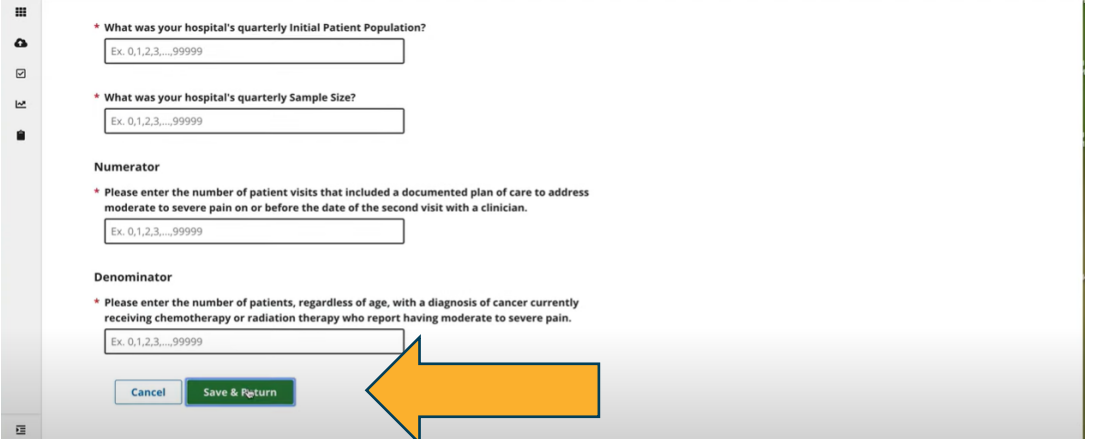
* Indicates required measure

CMS Certification Number:
UX9002

Submission Period:
07/01/2021 - 08/16/2021

With Respect to Reporting Period:
01/01/2020 - 12/31/2020

Last Updated:
-



* What was your hospital's quarterly Initial Patient Population?
Ex. 0,1,2,3,...99999

* What was your hospital's quarterly Sample Size?
Ex. 0,1,2,3,...99999

Numerator

* Please enter the number of patient visits that included a documented plan of care to address moderate to severe pain on or before the date of the second visit with a clinician.
Ex. 0,1,2,3,...99999

Denominator

* Please enter the number of patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having moderate to severe pain.
Ex. 0,1,2,3,...99999

Cancel Save & Return

To submit OP-22 by Data Form

Step 5

- Confirm your choices
 - Edit Data to review what you submitted if there are warnings
 - Confirm what you submitted

Important: Data Contains Warnings [Close](#)

Please confirm you wish to proceed with the data below.
These warnings are non-fatal and may be submitted.

PCH-15

Please enter the number of patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having moderate to severe pain.

1

Denominator and Sample Size are expected to be equal

6

What was your hospital's quarterly Sample Size?

3 Warnings

- Denominator and Sample Size are expected to be equal
- Sample Size should not be greater than the Initial Patient Population
- Based on the Initial Patient Population, the Sample Size should equal the Initial Patient Population

4

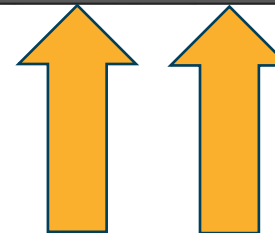
What was your hospital's quarterly initial Patient Population?

2 Warnings

- Sample Size should not be greater than the Initial Patient Population
- Based on the Initial Patient Population, the Sample Size should equal the Initial Patient Population

3

[Edit Data](#) [Confirm](#)



To Submit OP-22 by Data Form



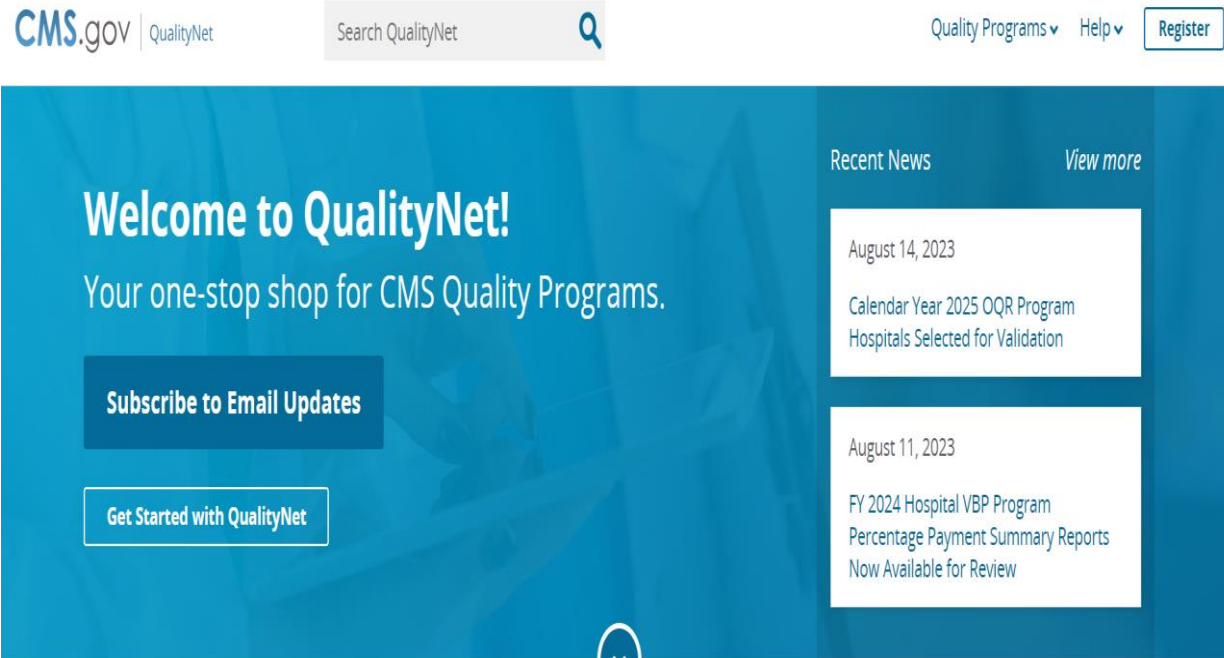
Step 6

- Finish entering data or editing data by clicking 'Continue Measure'
- Click 'I'm ready to submit' once you're done

You're all set!

A screenshot of the RQITA web interface. The header shows "Sample Provider 2" and a "Change Organization" button. The main content area is titled "Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR)" with a "Fiscal Year" dropdown set to "2022". Below this, it displays "CMS Certification Number: LX9002", "Submission Period: 07/01/2021 - 08/16/2021", "With Respect to Reporting Period: 01/01/2020 - 12/31/2020", and "Last Updated: 7/16/2021 1:05 PM". A progress bar shows "Current Submission Period: Open" with three steps: "Enter" (checked), "Preview" (checked), and "Submit" (checked). Below the progress bar, the measure "PCH-15" is listed with the description "Oncology: Plan of Care for Moderate to Severe Pain - Medical Oncology & Radiation Oncology" and a yellow "Continue Measure" button. At the bottom, there is a "Final Score" field and a grey button labeled "I'm ready to submit" with a checkmark icon.

Quality Net Support

The screenshot shows the CMS.gov QualityNet homepage. At the top left is the CMS.gov logo and 'QualityNet' text. A search bar contains 'Search QualityNet' with a magnifying glass icon. To the right are dropdown menus for 'Quality Programs' and 'Help', and a 'Register' button. A large yellow arrow points from the main title to the 'Register' button. The main content area has a blue background with the text 'Welcome to QualityNet! Your one-stop shop for CMS Quality Programs.' Below this are two buttons: 'Subscribe to Email Updates' and 'Get Started with QualityNet'. On the right side, there is a 'Recent News' section with a 'View more' link. Two news items are listed: one dated August 14, 2023, about the 'Calendar Year 2025 OQR Program Hospitals Selected for Validation', and another dated August 11, 2023, about 'FY 2024 Hospital VBP Program Percentage Payment Summary Reports Now Available for Review'.

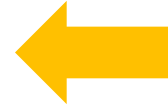
CCSQ Support Center

E-mail: qnetssupport@cms.hhs.gov
 For ESRD support, e-mail: qnetssupport-esrd@cms.hhs.gov

Phone: (866) 288-8912*
 TTY: (877) 715-6222

8 am - 8 pm ET, Monday - Friday

*For more information on available menu options when calling the QualityNet Service Center, reference the CCSQ Support Center Phone Tree.



Question & Answer Tools

Question & Answer Tool

Hospitals - Inpatient	View
Hospitals - Outpatient	View
Ambulatory Surgical Centers	View
PPS-Exempt Cancer Hospitals	View
End-Stage Renal Disease (ESRD) QIP	View
Inpatient Psychiatric Facilities	View

Note: Registration Required

Questions?

Thank you



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