

Hospital Outpatient Quality Reporting Program Newsletter



Issue: Summer 2026

Hospital Outpatient Quality Reporting (OQR) Program

In This Issue

Data Deadlines

- July 8, 2026:
Q1 2026 OAS CAHPS
- August 3, 2026:
Q1 2026 Clinical Data

Don't Miss It

Upcoming Webinars

Public Reporting News

Summer Refresh

Key Updates: eCQM

eCQM information and deadlines

Program Support and Resources

The Outpatient Quality Reporting Support Team is available by phone at **866-800-8756** weekdays from 9 a.m. to 5 p.m. Eastern Time or online using the [QualityNet Question and Answer Tool](#).

Reminder: Data Submission Deadlines

The **submission deadline** for reporting **Quarter (Q) 1 2026** (January 1–March 31, 2026) *Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS)* survey data in the [Hospital Quality Reporting \(HQR\)](#) system is **July 8, 2026, at 11:59 p.m. Pacific Time (PT)**. Hospitals can confirm OAS CAHPS submissions by contacting their Centers for Medicare & Medicaid Services (CMS)-approved survey vendor or by reviewing the quarterly Submission Requirements Report in [HQR](#).

The **submission deadline** for reporting **Q1 2026** (January 1–March 31, 2026) clinical data for the *Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients and Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients Who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival* measures in the [HQR](#) system is **August 3, 2026, 11:59 p.m. PT**. Submission of Hospital OQR Program Population and Sampling data is voluntary.

For more information on data submission, visit the [QualityNet website](#).

Don't Miss It

Join us for our upcoming program webinars: *Explaining the Patient Survey Measure for the Hospital OQR and Ambulatory Surgical Center Quality Reporting Programs* on **June 24, 2026** and *A Review of Electronic Clinical Quality Measures* on **July 22, 2026**. All program webinars are available on the [QualityReportingCenter website](#).

Public Reporting News

The next release for publicly reported Hospital OQR Program measure data on the Provider [Compare Tool on Medicare.gov](#) is scheduled for later this summer. Keep an eye out for the listserv announcing this event! The following data will refresh for this release:

- **Outpatient Imaging Efficiency measures:** *Abdomen CT–Use of Contrast Material* and *Breast Cancer Screening Recall Rates* will display data for **3Q 2024 - 2Q 2025** (July 1, 2024–June 30, 2025).
- **Chart-abstracted measures:** *Median Time from ED Arrival to ED Departure for Discharged ED Patients and Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients Who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival* will display data for the **4Q 2024 - 3Q 2025** (October 1, 2024–September 30, 2025).

For more information on public reporting, visit the [QualityNet website](#).

Key Updates: Electronic Clinical Quality Measures (eCQMs) CY 2026 Reporting Period

Required eCQM for the CY 2026 Reporting Period

Appropriate Treatment for ST-Segment- Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department eCQM

Hospitals participating in the Hospital OQR Program are required to report the STEMI eCQM for the Calendar Year (CY) 2026 reporting period affecting CY 2028 payment determination.

Reporting Requirements:

- Submit three self-selected- quarters of STEMI eCQM data in [HQR](#)
- Submit data by the submission deadline of **May 17, 2027**, at **11:59 PM PT**

Submission Format:

- Quality Reporting Document Architecture (QRDA) Category I files
- Denominator declarations, when applicable

Note: All data must be generated from Office of the National Coordinator for Health Information Technology (ONC) certified Health IT that meets the 2015 Edition Cures Update certification criteria.

Voluntary eCQM for the CY 2026 Reporting Period

Excessive Radiation Dose or Inadequate Image Quality for Computed Tomography (CT) in Adults

CMS will continue to support voluntary reporting of this eCQM through the CY 2026 reporting period and beyond. Extending the voluntary reporting period provides hospitals with additional time to assess workflows, enhance data capture processes, and prepare for potential future measure adoption.

Coming Soon

Emergency Care Access & Timeliness (ECAT)

The forthcoming ECAT eCQM represents a significant advancement in the digital measurement of emergency department access, flow, and timeliness.

Implementation Timeline

- Voluntary reporting begins January 1, 2027 (CY 2027 reporting period)
- Mandatory reporting begins January 1, 2028 (CY 2028 reporting period affecting CY 2030 payment determination)

Measures to be replaced by ECAT

- *Median Time from ED Arrival to ED Departure for Discharged Patients*
- *Left Without Being Seen*

Note: Both *Median Time from ED Arrival to ED Departure for Discharged Patients* and *Left Without Being Seen* will no longer be required beginning January 1, 2028, as the ECAT eCQM will be the standard measure for assessing emergency department access and timeliness.

Program Support

To find additional information, tools, and resources – such as the data submission checklist to meet Hospital OQR Program deadlines – visit the “Participation” section of the Hospital OQR Program [QualityNet website](#). Additional tools and resources, including webinars, are also on the [Quality Reporting Center website](#).