

Hospital Outpatient Quality Reporting Program Newsletter



Issue: Fall 2026

Hospital Outpatient Quality Reporting (OQR) Program

In This Issue Reminder Data Deadlines: • October 14, 2026: Q2 2026 OAS CAHPS • November 2, 2026: Q2 2026 Clinical Data In Case You Missed It Recent Webinars Public Reporting News Data Refresh Key Updates Information Transfer PRO-PM Program Support 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) 2 2026 (April 1–June 30, 2026) survey data for the <i>Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS)</i> measure submitted on the OAS CAHPS website is October 14, 2026, 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, accessing the Data Submission Reports on the OAS CAHPS website, or reviewing the quarterly Submission Requirements Report in the HQR system. The submission deadline for reporting Q2 2026 (April 1–June 30, 2026) clinical data for the <i>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</i> measures submitted in the HQR system is November 2, 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. In Case You Missed It If you missed the Calendar Year (CY) 2025 Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Proposed Rule webinar or the Total Hip Arthroplasty/Total Knee Arthroplasty (THA/TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM) Overview and Data Submission webinar, 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 anticipated to occur in mid-November. Keep an eye out for the listserv announcing this event! The following data will refresh for this release: • Electronic Clinical Quality Measures (eCQMs): <i>Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department eCQM</i> will display data for 1Q 2025–4Q 2025 (January 1, 2025–December 31, 2025). • Chart-abstracted measures: <i>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</i> will display data for 1Q 2025–4Q 2025 (January 1, 2025–December 31, 2025). For more information on public reporting, visit the QualityNet website.
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Key Updates

Information Transfer PRO-PM: Preparing for Mandatory Reporting in CY 2027

The *Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery PRO-PM (Information Transfer PRO-PM)* assesses a patient's understanding of clear, personalized recovery information provided following an outpatient procedure or surgery. Clear discharge and recovery instructions can help improve patient safety, support recovery, and reduce avoidable complications and follow-up visits.

What is measured?

The measure reports the average score of a patient's rating on a nine-item survey across three domains completed 2 to 14 days after the procedure. The survey evaluates the clarity of clinical information patients are given before, during, and after an outpatient surgery or procedure and includes three areas:

- Patient Needs: Whether information was tailored to the patient's health needs and personal circumstances.
- Medications: Whether instructions regarding medications, side effects, and medication discontinuation were clear.
- Daily Activities: Whether guidance about diet, physical activity, returning to work, and driving was clear and easy to understand.

Measure performance is based on the percentage of the most positive responses ("Yes" or "Very Clear"), with higher scores indicating better patient understanding of recovery information.

Who is included?

- Patients aged 18 years and older.
- Patients with eligible outpatient procedures and surgeries performed in a Hospital Outpatient Department (HOPD) using procedures billed with CPT codes 10004-69990, or G-codes G0104, G0105, G0121, or G0260.
- Patients who left the HOPD alive and responded to the survey.

Reporting Requirements

- Mandatory reporting begins with the CY 2027 reporting period (January 1-December 31, 2027).
- The first submission deadline is May 15, 2028, data are submitted via the HQR system.
- HOPDs must offer the survey to all eligible patients or caregivers.
- Facilities should obtain a minimum of 300 complete surveys through random sampling when feasible. Facilities unable to obtain 300 complete surveys must submit all completed survey responses received.

Preparing for Implementation

Hospitals are encouraged to review patient education, discharge instruction, and survey administration processes to support successful implementation. Additional information, including measure specifications, methodology, submission requirements, and reporting timelines, is available in the Hospital Outpatient Specifications Manual on the [QualityNet website](#).

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](#).