Fiscal Year 2026 Hospital Inpatient Quality Reporting (IQR) Program Guide

Calendar Year 2024 Reporting Period/Fiscal Year 2026 Payment Determination

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About This Program Guide

This *Fiscal Year 2026 Hospital Inpatient Quality Reporting Program Guide* may be used as a resource to help you understand the requirements of the Hospital Inpatient Quality Reporting (IQR) Program. Inside these pages you will find an outline of the Hospital IQR Program participation requirements, including validation, as well as information about measures, data submission, and public reporting.

This program guide is specifically for hospital quality reporting that is associated with the FY 2026. FY 2026 quality measure data reported by hospitals and submitted to the Centers for Medicare & Medicaid Services (CMS) will affect a hospital's future Medicare payment between October 1, 2025, and September 30, 2026. The fiscal year is also known as the payment year (PY).

Please reach out to us if you have any questions about the Hospital IQR Program:

- Phone Numbers: (844) 472-4477 or (866) 800-8765
- Email: https://cmsqualitysupport.servicenowservices.com/qnet_qa

We hope you find this information helpful.

Your Inpatient Quality Reporting Program Outreach and Education Support Team

Hospital Inpatient Quality Reporting Program Quick Start

New to inpatient quality reporting? Take a few minutes to review this quick start section before proceeding to the Hospital IQR Program Overview section.

Introduction

Hospitals that participate in the Hospital IQR Program report data related to inpatient quality of care measures to CMS.

- The Hospital IQR Program is known as a "pay for reporting" program because hospitals that participate in the program and successfully meet all requirements are paid more than hospitals that do not participate.
- Hospitals that wish to participate in the Hospital IQR Program must let CMS know by submitting a Notice of Participation (NOP).
  - By submitting the NOP, the hospital agrees to have CMS publicly report its Hospital IQR data.

Some measures that are included in the Hospital IQR program are also used in the CMS Hospital Value-Based Purchasing (VBP) Program. Value-based programs are also known as "pay for performance" programs, as they reward healthcare providers with incentive payments based on the quality of care they provide.

Calendar Year, Fiscal Year, and Payment Year

Hospital IQR Program reporting done for any calendar year affects the hospital's Medicare reimbursement during a future year. This future year is known as the fiscal year (FY), or the payment year (PY).

For example, Hospital IQR Program data submissions related to 2024 discharges will affect the hospital's Medicare reimbursement between October 1, 2025, and September 30, 2026. The time frame between October 1, 2025, and September 30, 2026, is known as FY 2026, or PY 2026.

For more information, refer to the infographic Understanding Calendar Year & Fiscal Year CMS Inpatient Quality Reporting Program.

Note: CMS assesses the accuracy of data submitted to the Hospital IQR Program through a validation process to verify that data reported meet program requirements. Fiscal year 2026 chart-abstracted and electronic clinical quality measure (eCQM) data validation includes calendar year 2023 quarter (Q)1 2023, Q2 2023, Q3 2023, and/or Q4 2023 data.

Hospital Inpatient Quality Reporting Program Measures

CMS uses data from various sources to determine the quality of care that patients receive.

Claims-Based Measures

CMS uses Medicare enrollment data and Part A and Part B claims data for certain measures. All information is provided by the hospital on the claim it sends to Medicare to obtain reimbursement for the care provided to the patient. Hospitals do not have to submit any additional data to CMS beyond what they submit for reimbursement.

Clinical Process of Care Measures

Data for these measures are related to the processes used to care for patients, not directly patient outcomes. The hospital or hospital's vendor abstract data from medical records and submit to CMS.

Public Health Registry Measure

Public health registry measure data are submitted by hospitals to the Centers for Disease Control and Prevention (CDC) via the National Healthcare Safety Network (NHSN). Hospitals must enroll in NHSN and complete NHSN training to do this. The CDC sends the public health registry data to CMS immediately following each submission deadline for quality program purposes.

Hospital Consumer Assessment of Healthcare Providers and Systems Survey

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey is a standardized survey for measuring patients' perspectives on their hospital care during their inpatient stay. The hospital or the hospital's vendor reports data from completed surveys to CMS.

Electronic Clinical Quality Measures

An electronic clinical quality measure (eCQM) is a measure specified in a standard electronic format that uses data electronically extracted from electronic health records (EHRs) and/or health information technology (IT) systems to measure the quality of health care provided.

Hybrid Measures

A hybrid measure is a quality measure that uses more than one source of data for measure calculation. Current hybrid measures use claims data and electronic clinical data from EHRs to calculate measure results.

Structural Measures

Structural measures assess features of a healthcare organization or clinician relevant to its capacity to provide healthcare. Data from structural measures are used to assess infrastructure of capacity, systems, and processes. CMS believes such measures offer certain advantages over other types. For example, structural measures allow CMS a glide path to introduce new topic areas with a strong evidence base, but that may not be as well-suited for traditional (e.g., process or outcome) measure application. Furthermore, structural measures offer an opportunity for more dynamic systems change through a focus on complex, institutional-level factors. Finally, structural measures provide a holistic foundation for a suite of measures that can work together to incentivize positive change in provider behavior.

Patient-Reported Outcome-Based Performance Measures

Patient-reported outcome-based performance measures report the status of a patient's health condition or health behavior that comes directly from the patient, without interpretation of the patient's response by a clinician or anyone else.

Hospital Inpatient Quality Reporting Program Overview

The Hospital IQR Program is a quality reporting program with the goal of driving quality improvement through measurement and transparency. Hospitals participate by submitting data to CMS on measures of inpatient quality of care. CMS the publicly reports that measure data on the Care Compare website. The Care Compare website presents hospital performance data in a consistent, unified manner to ensure the availability of information about the care delivered in the nation's hospitals. Prior to the release of data on the public reporting website, hospitals are given the opportunity to review their data during a 30-day preview period via the *Hospital Quality Reporting (HQR) Secure Portal*.

Acute care hospitals paid for treating Medicare beneficiaries under the Inpatient Prospective Payment System (IPPS) can receive the full Medicare annual payment update (APU). However, the Social Security Act requires that the APU will be reduced for any such "subsection (d) hospitals" that do not submit certain quality data in a form and manner, and at a time, specified by the Secretary under the Hospital IQR Program.

Those subsection (d) hospitals that do not participate, or participate but fail to meet program requirements, are subject to a **one-fourth reduction** of the applicable percentage increase in their APU for the applicable fiscal year. **Hospitals that are subject to payment reductions under the Hospital IQR Program are also excluded from the Hospital VBP Program.**

The subsection (d) definition **excludes** the following:

- Psychiatric hospitals (as defined in section 1861(f) of the Social Security Act)
- Rehabilitation hospitals (as defined by the Secretary)
- Hospitals with inpatients who are predominately individuals under 18 years of age (e.g., children's hospitals)
- Hospitals designated as long-term acute care
- Cancer hospitals that are exempt from the IPPS
- Hospitals designated as critical access hospitals
- Hospitals reimbursed under special agreements, such as the Maryland Total Cost of Care Model
- Hospitals outside the 50 states, the District of Columbia, and Puerto Rico

CMS Rule Making

CMS regulations establish or modify the way CMS administers its programs. CMS publishes its regulation in the "Federal Register".

A "proposed rule" or proposed regulation announces CMS' intent to issue a new regulation or modify an existing regulation. A proposed regulation also solicits public comments during a comment period. By law, anyone can participate in the rulemaking process by commenting in writing on the regulations CMS proposes. CMS encourages public input and carefully considers these comments before it develops a final regulation. The "comment period" specifies how long CMS will accept public comments. Usually, the record – or docket – stays open for comments at least 60 days for regulations, though some comment periods may differ.

After considering public comments that it receives by the close of the comment period, CMS will announce a decision on if they will move forward with a proposed change in regulation using the publication of a final rule.

Critical Access Hospitals

Critical access hospitals are not required to participate in the Hospital IQR Program but are encouraged to voluntarily submit measure data and have it publicly reported. To participate in voluntary reporting, critical access hospitals must let CMS know by submitting an Optional Public Reporting Notice of Participation, which may be submitted at any time.

More information is available on QualityNet: QualityNet.cms.gov > Hospitals - Inpatient > Public Reporting > Hospital Compare Public Reporting > Participation > Optional Public Reporting Notice of Participation.

Note: Critical access hospitals **are** required to participate in the Medicare Promoting Interoperability Program, which is a separate, but related program to the Hospital IQR Program.

You can find more information about the Medicare Promoting Interoperability Program on the CMS website: *CMS.gov > Regulations & Guidance > Promoting Interoperability Programs.* If you have any questions about this program, please submit them to the Quality Question and Answer Tool at https://cmsqualitysupport.servicenowservices.com/qnet_qa.

Centers for Medicare & Medicaid Services Communications

One of the ways that CMS communicates important program information to hospitals is by email notifications. Make sure you are signed up for these communications and that we have your hospital's up-to-date contact information so that we may send you targeted communications.

Email Updates (Listserves)

CMS regularly communicates Hospital IQR Program information to participants and stakeholders via email using contacts in the QualityNet Email Updates database. You may sign up for CMS Quality Reporting program mailing lists on the QualityNet website.

Targeted Communications

The Hospital IQR Program Outreach and Education Support Team, a CMS contractor, is responsible for maintaining the CMS provider contact database. This database contains contact information for key staff members in each Hospital IQR-participating hospital. Information in this database is used to provide critical targeted communications to hospitals about meeting the requirements of the Hospital IQR Program and other CMS quality reporting programs.

Quality improvement staff members, infection preventionists, and C-suite personnel rely on our reminder emails and phone calls to help get their data submitted and program requirements met prior to the CMS deadlines. It is important to keep your hospital's contact information current, so you do not miss our reminders.

The fillable Hospital Contact Change Form is available electronically on the QualityNet and Quality Reporting Center websites:

QualityNet.cms.gov > Hospitals - Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > View Resources

QualityReportingCenter.com > Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Resources and Tools > Forms

You may submit the form via secure fax or email at any time an update is needed.

- Secure Fax Number: (877) 789-4443
- Email: QRFormsSubmission@hsag.com

Data Submission Deadlines— Fiscal Year 2026 Payment Determination

Data are submitted in different ways, depending on the measure type. Measure types include eCQMs, as well as chart-abstracted, web-based, structural, hybrid, and claims-based measures. Data submissions must be timely, complete, and accurate.

Information on the Hospital IQR Program data submission deadlines and reporting quarters used for the FY 2026 payment determination is available on CMS' QualityNet and Quality Reporting Center websites.

On the QualityNet website:

Submission deadlines: *QualityNet.cms.gov > Hospitals - Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > View Resources*

Reporting quarters: *QualityNet.cms.gov > Hospitals – Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > View Resources > Payment Determination*

On *QualityReportingCenter.com: QualityReportingCenter.com > Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Resources and Tools*

These mandatory requirements are due **quarterly**:

- HCAHPS Survey data
- Population and sampling [Sepsis (SEP)-1]
- Clinical process of care measures (SEP-1)
- COVID-19 Vaccination Coverage Among Healthcare Personnel

These mandatory requirements are due **annually**:

- Data Accuracy and Completeness Acknowledgement (DACA) (Submission period is April 1–May 15 each year.)
- Web-based Structural Measures (Submission period is April 1–May 15 each year.) They include the following:
  - Maternal Morbidity Structural Measure
  - Hospital Commitment to Health Equity
  - Screening for Social Drivers of Health
  - Screen Positive Rate for Social Drivers of Health
- Influenza Vaccination Coverage Among Healthcare Personnel measure (Reporting period is the flu season, October 1–March 31, with a deadline of May 15 each year.)
- eCQMs (Hospitals are required to submit data by the deadline of February 28)
- Hybrid Measures (Reporting period is from July 1, 2023, through June 30, 2024, with a deadline of October 1, 2024.) They include the following:
  - Hybrid Hospital-Wide All-Cause Readmission (HWR) Measure
  - Hybrid Hospital-Wide All-Cause Risk Standardized Mortality (HWM) Measure

Important Information About Submission Deadlines
CMS typically allows four-and-a-half months for hospitals to add new data and submit, resubmit, change, and delete existing data up until the submission deadline. Data should be submitted well before the deadline to allow time to review them for accuracy and make necessary corrections. **Note:** Submission deadlines that fall on a weekend or holiday will be moved to the next business day.
Clinical Process of Care and Population and Sampling: The *HQR Secure Portal* does not allow data to be submitted or corrected after the quarterly deadline.
Influenza Vaccination Coverage Among Healthcare Personnel (HCP) and COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP): Data can be modified in NHSN at any time. However, data that are modified in NHSN after the submission deadline are not sent to CMS, will not be used in CMS programs, and will not be publicly reported.
HCAHPS Survey: Data may be corrected during the designated seven-day review and correction period following each submission deadline. However, data cannot be changed, nor new data submitted after the quarterly deadline.
Web-Based (DACA and Structural Measure): Information cannot be added or changed after the annual deadline.
eCQMs and Hybrid Measures: The *HQR Secure Portal* does not allow data to be submitted or corrected after the annual submission deadline.

Hospital Inpatient Quality Reporting Program Requirements Fiscal Year 2026 Payment Determination

This section summarizes the Hospital IQR Program requirements for subsection (d) hospitals paid by Medicare under the inpatient prospective payment system (IPPS).

Hospitals participating in the Hospital IQR Program must follow requirements outlined in the applicable IPPS final rules. New and modified requirements are published in the *Federal Register* at www.gpo.gov.

To avoid a reduction in the annual payment update, hospitals **must** meet **all** of the listed requirements below. Further information about each requirement is included below the list.

1. Register staff within the *Hospital Quality Reporting Secure Portal.*
2. Register at least one staff as a Security Official.
3. Complete the NOP (for newly reporting hospitals).
4. Submit HCAHPS Survey data.
5. Submit aggregate population and sample size counts for chart-abstracted process measures.
6. Submit clinical process of care measure data (via chart abstraction).
7. Submit COVID-19 Vaccination Coverage Among Health Care Personnel data (via NHSN).
8. Submit Influenza Vaccination Coverage Among Healthcare Personnel data (via NHSN).
9. Submit eCQM data.
10. Submit hybrid measure data.
11. Submit web-based structural measure data.
12. Complete the DACA.
13. Meet validation requirements (if hospital is selected for validation).

1. Register Staff within the Hospital Quality Reporting (HQR) Secure Portal

Hospitals must register staff within the *HQR Secure Portal* to submit a NOP and begin reporting data, regardless of the method used for submitting data. The *HQR Secure Portal* is the only CMS-approved website for secure healthcare quality data exchange. To register as a Basic User or Security Official in the new system:

1. Log into the HQR Secure Portal at https://hqr.cms.gov/hqrng/login with your HARP user name and password. (No HARP account? Create one on the HCQIS Access Roles and Profile page at https://harp.qualitynet.org/.)
2. Go to **My Profile** (Under your User Name in the upper right). From this page, you can **Request** access, and **View Current Access**.
3. Select **Basic User** or **Security Official** when prompted to select a user type.
4. Select your required permissions and click **submit an access request**. You will be notified by email when your request has been approved.

2. Designate a Security Official (SO)

Hospitals submitting data via the *Hospital Quality Reporting Secure Portal* or using a vendor to submit data on their behalf are required to designate at least one SO. It is recommended that SOs log into their accounts at least once per month to maintain an active account. Accounts that have been inactive for 120 days will be disabled. Once an account is disabled, the user must contact the Center for Clinical Standards and Quality (CCSQ) Service Center to have the account reset.

Best Practice: It is highly recommended that hospitals designate at least two SOs. One serves as the primary SO and the other serves as backup. **A minimum of *two* SOs ensures compliance with this requirement if one of the SOs becomes unavailable.**

3. Complete the Notice of Participation (for Newly Reporting Hospitals)

Subsection (d) hospitals that wish to participate in the Hospital IQR Program must complete a Hospital IQR Program NOP through the *Hospital Quality Reporting Secure Portal* online tool. During this process, hospitals must identify two contacts to receive notification of pledge changes.

New Subsection (d) Hospitals: New hospitals that wish to participate in the Hospital IQR Program must submit a NOP no later than 180 days from the hospital's Medicare accept date. These hospitals must start submitting Hospital IQR Program data (population and sampling, chart-abstracted, COVID-19 HCP, HCAHPS, hybrid measures, and eCQMs) for the quarter after they sign their NOP. For example, a hospital that signs the NOP in April 2024 (second quarter 2024) will begin submitting Hospital IQR Program data as follows:

- Population and sampling, chart-abstracted, COVID-19 HCP and HCAHPS: Q3 2024 discharges (discharges that occur July 1, 2024–September 30, 2024) and forward.
- eCQMs for FY 2026: Q3 and Q4 2024 discharges.
- Hybrid measures for FY 2027: Q3 2024 discharges and forward.

Older Subsection (d) Hospitals: Hospitals with Medicare accept dates greater than 180 days in the past may also participate in the Hospital IQR Program. These hospitals must complete a NOP by December 31 of the calendar year prior to the first quarter of the calendar year in which the Hospital IQR Program data submission is required for any given fiscal year. For example, a hospital not currently participating in the Hospital IQR Program has until December 31, 2024, to sign the NOP.

The hospital would then begin submitting Hospital IQR Program data for 2025 discharges (Q1 2025 through Q4 2025). Data submitted for 2025 discharges will affect a hospital's annual payment update from October 1, 2026–September 30, 2027 (FY 2027).

More information is available on the Participation page on the QualityNet website.

Hospitals may withdraw their participation in the Hospital IQR Program using the NOP tool in the *Hospital Quality Reporting Secure Portal*.

- When a hospital chooses to withdraw from the Hospital IQR Program, it must withdraw the NOP (using the NOP tool in the *Hospital Quality Reporting Secure Portal)* **by May 15 prior to the start** of the affected fiscal year.
- Hospitals choosing to **withdraw** from the Hospital IQR Program will automatically receive a **one-fourth reduction** of the applicable percentage increase of their annual payment update and will be **excluded** from the Hospital VBP Program.

Optional Public Reporting Notice of Participation

CMS allows hospitals that are not required to participate in the Hospital IQR Program, such as critical access hospitals, to voluntarily submit measure data to be publicly reported. In order to do so, hospitals that voluntarily participate must complete the Optional Public Reporting Notice of Participation.

Note: CAHs participating in the Medicare Promoting Interoperability Program will have their eCQM data publicly reported regardless of the presence of an NOP because they are statutorily required to submit eCQMs under the Medicare Promoting Interoperability Program. By entering this pledge, the hospital agrees to transmit or have data transmitted to CMS and/or the *HQR Secure Portal* and permit the hospital's performance information, including summary information such as star ratings, to be publicly reported, beginning with discharges for the calendar year quarter selected.

4. Submit Hospital Consumer Assessment of Healthcare Providers and Systems Survey Data

Hospitals must collect HCAHPS Survey data monthly and submit the data to CMS no later than each quarterly submission deadline. Information on both the guidelines and deadlines are posted on the HCAHPS website.

Participation in the HCAHPS Survey requires hospitals to either:

- Contract with an approved HCAHPS Survey vendor that will conduct the survey and submit the data on the hospital's behalf.
  OR
- Self-administer the survey without using a survey vendor. Hospital staff must attend HCAHPS Survey training, become approved to self-administer the survey, and meet minimum survey requirements as specified on the HCAHPS website.

Important Note: When a vendor submits data for a hospital, the **hospital** remains responsible for the accuracy and the timeliness of the submission.

For information about HCAHPS Survey policy updates, administration procedures, patient-mix and mode adjustments, training opportunities, and participation in the survey, visit the HCAHPS website.

Have comments or questions?

- To communicate with CMS about HCAHPS, please email Hospitalcahps@cms.hhs.gov.
- For information or technical assistance, please contact the HCAHPS Project Team via email at hcahps@hsag.com or call (888) 884-4007.

5. Submit Aggregate Population and Sample Size Counts for Chart-Abstracted Process Measures

Each quarter prior to the submission deadline, hospitals must submit aggregate population and sample size counts for chart-abstracted measure sets via the Population and Sampling tool or Extensible Markup Language (XML) file through the *Hospital Quality Reporting Secure Portal*. These counts include both Medicare and non-Medicare discharges. Calendar year 2024 reporting, FY 2026 payment determination, for the Hospital IQR Program requires entry of the population and sampling data for only the sepsis measure.

Important Note: Fields may not be left blank. If the hospital had no discharges for the measure set, a zero (0) must be entered, if appropriate.

6. Submit Clinical Process of Care Measure Data (via Chart Abstraction)

Each quarter prior to the submission deadline, hospitals must submit chart-abstracted data through the *Hospital Quality Reporting Secure Portal* for the clinical process of care measures.

Chart-Abstracted Clinical Process of Care Measures	
Short Name	**Measure Name**
SEP-1	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)

Using the HQR Secure Portal

Data submission using the *HQR Secure Portal* is the only CMS-approved method for secure communications and health care quality data exchange between healthcare providers/vendors and CMS for the purposes of the Hospital IQR Program.

Important Note: Hospitals can update/correct their submitted clinical data until the CMS submission deadline. The *HQR Secure Portal* will be locked immediately afterward. Any cases or updates submitted after the submission deadline will be rejected and will not be reflected in the data CMS uses.

All files and data exchanged with CMS via the *HQR Secure Portal* are encrypted during transmission and are stored in an encrypted format until the recipient downloads the data. The *HQR Secure Portal* meets all requirements of the Health Insurance Portability and Accountability Act of 1996.

Data Submission –SEP-1

For SEP-1, providers must submit XML files through the *HQR Secure Portal*. For abstraction and sampling guidelines for these measures, use the *Specifications Manual for National Hospital Inpatient Quality Measures* (Specifications Manual) located on the Hospital Inpatient Specifications Manuals web page on QualityNet: *QualityNet.cms.gov > Hospitals - Inpatient > View all Specifications Manuals > Hospital Inpatient Specifications Manuals*.

Note: The Specifications Manual is typically posted annually; covering Q1 through Q4. Occasionally, if a change needs to be made, an addendum will be posted as applicable.

Five or Fewer Discharges: Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) in a measure set (Sepsis) in a quarter **are not** required to submit patient-level data for that measure set for that quarter. However, population and sampling data must still be entered for the Sepsis measure set; please see Requirement 5, above.

For a complete list of measures, please reference the FY 2026 Hospital IQR Program Measures for Payment Update available on QualityNet and Quality Reporting Center:

QualityNet.cms.gov > Hospitals - Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > IQR Measures > Hospital IQR FY 2026 Measures

QualityReportingCenter.com > Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Resources and Tools > IQR Resources for FY 2026 Payment Determination

To aid in data submission, providers may:

- **Use the CMS Abstraction & Reporting Tool (CART)**. CART is an application for the collection and analysis of inpatient and outpatient quality improvement data and is available at **no charge** to hospitals and other organizations. More information is available on QualityNet: *QualityNet.cms.gov > Hospitals - Inpatient > Data Management > CMS Abstraction and Reporting Tool (CART) > CMS Abstraction & Reporting Tool*
  - Data for chart-abstracted quality measures are abstracted from the medical records using CART and the appropriate Specifications Manuals. The data are then exported to an XML file, and the file is uploaded to CMS using the *Hospital Quality Reporting Secure Portal* via the File Upload tool.
  - CART training is available on QualityNet: *QualityNet.cms.gov > Hospitals - Inpatient >Data Management > CMS Abstraction & Reporting Tool (CART) > CART Resources*.
  - The Hospital IQR Data Upload role is required to upload data. Registered users can log in to the *Hospital Quality Reporting Secure Portal* at https://hqr.cms.gov/hqrng/login. If you have any questions about roles or need to have roles added or changed, contact your hospital's SO. If the SO is unable to assist, please contact the CCSQ Service Center at (866) 288-8912 or qnetsupport@cms.hhs.gov.

Helpful Tip: Hospitals may use **paper tools** as optional, informal abstraction mechanisms to assist in data collection for the Hospital IQR Program. Data abstracted in the paper tools must be converted into the appropriate XML file for submission via the *HQR Secure Portal*. Hospitals cannot submit the paper tools to CMS through the *HQR Secure Portal*. For more information, please refer to the Abstraction Resources web page on QualityNet.

- **Use a third-party vendor in a private contract with the hospital.** Third-party vendors are able to meet the measurement specifications for data transmission (XML file format) to the *HQR Secure Portal*. To manage your vendors in the *HQR Secure Portal*, follow these steps:
  1. Log in to HQR with your HARP username and password.
  2. Go to Administration > Vendor Management.
  3. On the Vendor Management page, search or add a vendor or view Your Vendors.

Vendor authorizations remain in effect until the hospital modifies the authorization. Hospitals using CART do not need to complete a vendor authorization to report data.

Important Note: When a vendor submits data for a hospital, the *hospital* remains responsible for the accuracy and the timeliness of the submission.

7. Submit COVID-19 Vaccination Coverage Among Health Care Personnel Data (via National Healthcare Safety Network)

Hospitals must collect the numerator and denominator for at least one self-selected week during each month of the reporting quarter and submit data to NHSN at least quarterly prior to each quarterly submission deadline. Please note that NHSN determines a week as belonging to the month when the weekends. For example, reporting data for a week of January 29 through February 4 would be considered a submission for the month of February.

Helpful Tip: It is recommended that hospitals refer to the NHSN Rate Table report. The CMS rate table provides a detailed summary of vaccination rates for HCP entered in the NHSN database. It is also recommended that hospitals sign up for NHSN communications via newsletters and email updates at *www.cdc.gov/nhsn* > *Newsletters/Members Meeting Updates*.

Additional guidance related to NHSN use is provided in the Influenza Vaccination Coverage Among Healthcare Personnel Data section below.

8. Submit Influenza Vaccination Coverage Among Healthcare Personnel Data (via National Healthcare Safety Network)

Influenza Vaccination Coverage Among Healthcare Personnel (HCP) data are submitted to the CDC's NHSN. CDC transmits this data to CMS immediately following the annual submission deadline for use in CMS quality programs, as well as CDC surveillance programs.

Hospitals **must** be enrolled in NHSN, and employees who submit HCP data in NHSN **must** have been granted access to it by CDC. For more information, please visit CMS Resources for NHSN Users at *www.cdc.gov/nhsn* > *Data & Reports* > *CMS Requirements*. Questions regarding NHSN data should be submitted to nhsn@cdc.gov.

Best Practice: It is highly recommended that hospitals have at least two active NHSN users who have the ability to enter HCP data. **This practice may help hospitals meet data submission deadlines in the event one of the NHSN users becomes unavailable.**

Hospitals **must** collect and submit Influenza Vaccination Coverage Among HCP data **annually**. The submission period corresponds to the typical flu season (October 1–March 31), and data for this measure are due annually by May 15 each year following the end of the flu season. The measure does not separate out HCP who only work in the inpatient or outpatient areas or work in both. Therefore, hospitals are allowed to collect and submit a single vaccination count to include all HCP who meet the criteria, regardless of whether healthcare personnel work in inpatient or outpatient areas. The combined count should be entered into a single influenza vaccination summary data-entry screen in NHSN. This includes all units/departments, inpatient and outpatient, that share the exact same CCN as the hospital and are affiliated with the acute care facility.

Important Note: Make sure to allow ample time before the submission deadline to review and, if necessary, correct your HCP data. Data that are modified in NHSN after the submission deadline are not sent to CMS and will not be publicly reported.

9. Submit Electronic Clinical Quality Measure Data

For the CY 2024 reporting period/FY 2026 payment determination, hospitals must:

- Report a total of six eCQMs. Hospitals are required to submit three eCQMs selected by CMS: Safe Use of Opioids – Concurrent Prescribing, Cesarean Birth, and Severe Obstetric Complications. Hospitals are required to self-select and submit three additional eCQMs from the CY 2024 reporting period/FY 2026 payment determination measure set.

Important Note: Hospital that do not deliver babies must submit a zero denominator in the HQR Secure Portal for each quarter in the calendar year.

- Report **four quarters** (first, second, third, and fourth quarter 2024) of data for six eCQMs using EHR technology certified to the Office of the National Coordinator (ONC) for Health Information Technology's update consistent with the 2015 Edition Cures Update criteria.
  - Submit eCQM data via the *Hospital Quality Reporting Secure Portal* by **February 28, 2025, at 11:59 p.m. Pacific Time.**
- Report using measure specifications using the CMS Annual Update published in 2023 for CY 2024 reporting and any applicable addenda, available on the eCQI Resource Center's Eligible Hospital Hospital/Critical Access Hospital eCQMs web page.
- Report using the *2024 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for Hospital Quality Reporting*, Schematron, and sample QRDA Category I files available on the eCQI Resource Center website at https://ecqi.healthit.gov/qrda.

For the CY 2024 reporting period/FY 2026 payment determination and subsequent years:

- Hospitals may use a third-party vendor to submit QRDA Category I files on their behalf.
- Hospitals may successfully report by submitting a combination of QRDA Category I files with patients meeting the initial patient population of the applicable measure(s), zero denominator declarations, and/or case threshold exemptions. In all cases, a hospital is required to use an EHR that is certified to all available eCQMs.
  Hospitals may continue to either use abstraction or pull data from non-certified sources to input these data into **Certified Electronic Health Record Technology** for capture and reporting QRDA Category I files.

CY 2024 Electronic Clinical Quality Measures	
Short Name	**Measure Name**
Safe Use of Opioids*	Safe Use of Opioids – Concurrent Prescribing
PC-02*	Cesarean Birth
PC-07/SMM*	Severe Obstetrics Complications
STK-02	Discharged on Antithrombotic Therapy
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-05	Antithrombotic Therapy by the End of Hospital Day Two

CY 2024 Electronic Clinical Quality Measures	
VTE-1	Venous Thromboembolism Prophylaxis
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis
HH-Hypo	Hospital Harm – Severe Hypoglycemia
HH-Hyper	Hospital Harm – Severe Hyperglycemia
HH-ORAE	Hospital Harm – Opioid Related Adverse Events
GMCS	Global Malnutrition Composite Score

*CMS-selected eCQM that all hospitals must support beginning with the CY 2024 reporting period/FY 2026 payment determination and subsequent years

Registered users can log in to the *HQR Secure Portal* at https://hqr.cms.gov/hqrng/login. If you have any questions about roles, or need to have roles added or changed, contact your hospital's SO. If the SO is unable to assist, please contact the CCSQ Service Center at (866) 288-8912 or qnetsupport@cms.hhs.gov.

For more information, please refer to the Electronic Clinical Quality Measure (eCQM) Overview page on the QualityNet website and the eCQI Resource Center website (https://ecqi.healthit.gov).

Important Note: The eCQM reporting requirement is an aligned requirement for hospitals participating in the Hospital IQR Program and the Medicare Promoting Interoperability Program. The successful submission of eCQM data will meet the reporting requirement for both programs. This Hospital IQR Program Guide does not specifically address any payment impacts related to the requirements of the Medicare Promoting Interoperability Program, which is separate from the Hospital IQR Program but concerns electronic health records. You can obtain more information about the Medicare Promoting Interoperability Program on the CMS website: *CMS.gov > Regulations and Guidance > Promoting Interoperability (PI) Programs> Promoting Interoperability*. If you have any questions about this program, please submit them to the Quality Question and Answer Tool at https://cmsqualitysupport.servicenowservices.com/qnet_qa.

10. Submit Hybrid Measures

For the FY 2026 payment determination, hospitals must:

- Submit the required Core Clinical Data Elements (CCDEs) and linking variables for the following Hybrid Measures: Hybrid Hospital-Wide All-Cause Readmission Measure (HWR) and Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure (HWM), using discharge data from July 1, 2023, through June 30, 2024.
- Report **four quarters** (third, and fourth quarter 2023 and first and second quarter 2024) using EHR technology certified to the Office of the National Coordinator (ONC) for Health Information Technology's update consistent with the 2015 Edition Cures Update criteria.
  - Submit QRDA Category I files via the *Hospital Quality Reporting Secure Portal* by **October 1, 2024, at 11:59 p.m. Pacific Time.**
- Report using measure specifications using the CMS Annual Update published in 2022 for 2023 reporting and any applicable addenda, available on the eCQI Resource Center's Eligible Hospital Hospital/Critical Access Hospital eCQMs web page.
- Report using the *2023 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for Hospital Quality Reporting*, Schematron, and sample QRDA Category I files available on the eCQI Resource Center website at https://ecqi.healthit.gov/qrda.

- Report the following to meet the Hospital IQR Program participation requirements:
  - Submit all linking variables on 95% or more of discharges with a Medicare Fee for Service (FFS) claims for the same hospitalization during the measurement period for Medicare FFS patients, 65 years or older for the Hybrid HWR measure (between 65 and 94 years for the Hybrid HWM measure).
  - Report all vital signs for 90% or more of the hospital discharges for Medicare FFS patients, 65 years or older for the Hybrid HWR measure (between 65 and 94 years for the Hybrid HWM measure) in the measurement period (as determined from the claims submitted to CMS for admissions that ended during the same reporting period).
  - Submit all the laboratory test results for 90% or more of discharges for non-surgical patients, meaning those not included in the surgical specialty cohort of the Hybrid HWR measure (or the surgical divisions of the Hybrid HWM measure), for Medicare FFS patients, 65 years or older for the Hybrid HWR measure (between 65 and 94 years for the Hybrid HWM measure).

For the FY 2026 payment determination and subsequent years:

- Hospitals may use a third-party vendor to submit QRDA Category I files on their behalf.
- Hospitals may continue to either use abstraction or pull data from non-certified sources to input these data into **Certified Electronic Health Record Technology** for capture and reporting QRDA Category I files.

FY 2026 Hybrid Measures	
Short Name	**Measure Name**
Hybrid HWR	Hybrid Hospital-Wide All-Cause Readmission Measure (HWR)
Hybrid HWM	Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure (HWM)

Have comments or questions?
For questions about policy and implementation, and measure methodology claims-based specifications (e.g., cohort inclusion and exclusion criteria, risk adjustment, outcome, planned readmission algorithm), please submit to the QualityNet Question and Answer Tool at: https://cmsqualitysupport.servicenowservices.com/qnet_qa. Select "IQR - Inpatient Quality Reporting" under Program and "Hybrid Measures" under Topic.

For questions about the electronic measure specifications, such as value sets, please submit to the CMS Hybrid Measures Issue Tracker JIRA page at: https://oncprojectracking.healthit.gov/support/projects/CHM/issues/CHM-68?filter=allopenissues.

For questions about Hospital Quality Reporting Secure Portal, accessing your Hospital-Specific Report (HSR) or file error messages, please contact the CCSQ Support Center at: https://qualitynet.cms.gov/support.

For more information, please refer to the Hybrid Measure Overview page on the QualityNet website and the eCQI Resource Center website (https://ecqi.healthit.gov).

11. Complete the Data Accuracy and Completeness Acknowledgement

The Data Accuracy and Completeness Acknowledgement (DACA) is an annual requirement for hospitals participating in the Hospital IQR Program to electronically acknowledge that the data submitted for the Hospital IQR Program are accurate and complete to the best of their knowledge. The open period for signing and completing the DACA is April 1 through May 15, with respect to the reporting period of January 1 through December 31 of the preceding year. Hospitals are required to complete and sign the DACA **annually** by the May 15 deadline via the *HQR Secure Portal*.

12. Complete and Submit Structural Measures

Hospitals are required to complete the structural measures data entry on an annual basis via the *Hospital Quality Reporting Secure Portal*. The submission period for completing the structural measures is between April 1 and May 15, 2025, with respect to the time period of January 1 through December 31, 2024.

Mandatory Structural Measures	
Short Name	**Measure Name**
Maternal Morbidity	Maternal Morbidity Structural Measure
HCHE	Hospital Commitment to Health Equity
SDOH-1	Screening for Social Drivers of Health
SDOH-2	Screen Positive Rate for Social Drivers of Health

Important Note: Hospitals that do not provide labor and delivery services must attest "N/A" to the Maternal Morbidity Structural measure.

13. Meet Validation Requirements (If Hospital Is Selected for Validation)

Chart-Abstracted and eCQM Data Validation

CMS will use Q1 through Q4 data of the applicable calendar year for validation of both chart-abstracted measures and eCQMs. For FY 2026 payment determinations, CMS will use data from Q1 2023 through Q4 2023.

CMS will perform a random selection of up to 200 subsection (d) hospitals, and up to 200 targeted subsection (d) hospitals. CMS will use one single sample of hospitals selected through random selection and one sample of hospitals selected using targeting criteria, for both chart-abstracted measures and eCQMs. Under the aligned validation process, any hospital selected for validation will be expected to submit data to be validated for both chart-abstracted measures and eCQMs.

For the Hospital IQR Program, CMS will validate up to eight cases for chart-abstracted clinical process of care measures per quarter per hospital. Cases are randomly selected from data submitted to the *HQR Secure Portal* by the hospital. Information regarding the measures to be validated may be obtained from the Hospital IQR Program Data Management page on the QualityNet website. Additionally, up to 32 cases (individual patient-level reports; eight cases for each of the three selected quarters) will be randomly selected from the QRDA Category I files submitted per hospital selected for eCQM validation. Episodes of care that are longer than 120 days and cases with a zero denominator for each measure will be excluded prior to case selection:

For eCQMs:

- Selected hospitals must submit 100 percent of the sampled eCQM medical records within **30** days of the date listed on the Clinical Data Abstraction Center (CDAC) medical records request. Timely and complete submission of medical record information will impact fiscal year 2026 payment updates for subsection (d) hospitals.
- Hospitals are required to submit sufficient patient-level information necessary to match the requested medical record to the original submitted eCQM measure data.
  - Sufficient patient-level information is defined as the entire medical record that sufficiently documents the eCQM measure data elements, including, but not limited to:
    - ✓ Arrival date and time
    - ✓ Inpatient admission date
    - ✓ Discharge date from inpatient episode of care

Important Note: The accuracy of eCQM data (i.e., the extent to which data abstracted for validation match the data in the QRDA Category I files submitted for validation) will **not affect** a hospital's validation score for the FY 2026 payment determination.

CMS calculates a total score across all quarters included in the validation fiscal year to determine the validation pass or fail status. If the upper bound of the confidence interval is 75 percent or higher, the hospital will pass the Hospital IQR Program validation requirement. If the upper bound of the confidence interval is less than 75 percent, the hospital will not meet the Hospital IQR Program validation requirement, which will impact the hospital's annual payment update determination. For FY 2026, there will be a combined validation score, for the validation of chart-abstracted and eCQM measures, with the eCQM portion of the combined score weighted at zero. This table outlines the criteria for FY 2026.

Finalized Process for Validation Affecting FY 2026 Payment Determination and Subsequent Years		
	Quarters of Data Required for Validation	**Payment Determination Criteria**
COMBINED Process (Chart-abstracted and eCQM Validation): Up to 200 Random Hospitals + Up to 200 Targeted Hospitals	Q1 2023–Q4 2023	Chart-abstracted Measures: At least 75% validation score (weighted at 100%) **AND** eCQM: Successful submission of 100% of requested medical records

The FY 2026 submission instructions and supporting documentation are available on the Data Validation Resources page of the QualityNet website.

Submission of Medical Records to the CDAC

Hospitals are required to submit PDF copies of medical records using direct electronic file submission via a CMS-approved secure file transmission process.

Validation Educational Reviews
Hospitals may use the educational review process to ask questions and/or dispute validation results. If a hospital requests an educational review and this review yields incorrect CMS validation results, the corrected score will be used to compute the final confidence interval used for payment determination.

Visit the Data Validation Educational Reviews page on the QualityNet website for details.

- Please direct validation questions to validation@telligen.com.
- Each quarter, the CDAC sends hospitals a written request to submit a patient medical record for each case that CMS selected for validation. Please send record submission questions to CDAC_Provider_Helpdesk@tistatech.com or (717) 718-1230.

Hospital Inpatient Quality Reporting Program Additional Information

Claims-Based Measures

CMS collects information for certain quality measures using the data that hospitals provide on their Part A and Part B claims for fee-for-service Medicare patients. These measures are called claims-based measures and are related to either patient outcomes or payments. **No additional data submission by the hospital is necessary.** CMS calculates the measure rates based solely on data provided by the hospitals on their claims.

Hospital-specific reports (HSRs) for the claims-based measures are available for hospitals via the *HQR Secure Portal*. Hospitals will be able to download their claims-based measures reports from the Claims-Based Measures page within the *HQR Secure Portal*. For help in accessing an HSR, contact the CCSQ Service Center at qnetsupport@cms.hhs.gov. The HSRs contain discharge-level data, hospital-specific results, and state and national results for the claims-based measures. HSRs will be accompanied by a user guide describing the details of the HSR.

Please see the tables below for the **Hospital IQR Program** claims-based patient safety, mortality outcome, coordination of care, and payment measures.

Claims-Based Patient Safety	
Short Name	**Measure Name**
CMS PSI-04	Death Rate among Surgical Inpatients with Serious Treatable Complications (CMS Recalibrated Death Rate among Surgical Inpatients with Serious CMS PSI-04 Treatable Complications)

Claims-Based Mortality/Complications	
Short Name	**Measure Name**
MORT-30-STK	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke
COMP-HIP-KNEE	Hospital-Level Risk-Standardized Complication Rate Following Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty

Claims-Based Coordination of Care	
Short Name	**Measure Name**
AMI Excess Days	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction
HF Excess Days	Excess Days in Acute Care after Hospitalization for Heart Failure
PN Excess Days	Excess Days in Acute Care after Hospitalization for Pneumonia

Claims-Based Payment	
Short Name	**Measure Name**
AMI Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI)
HF Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure (HF)
PN Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia
THA/TKA Payment	Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)
MSPB	Medicare Spending Per Beneficiary - Hospital

When Hospital IQR Program Requirements Are Not Met

Extraordinary Circumstances Exceptions (ECE) Policy

CMS offers a process for hospitals to request exceptions to the reporting of required quality data—including eCQM data—for one or more quarters when a hospital experiences an extraordinary circumstance beyond the hospital's control.

Non-eCQM-Related Extraordinary Circumstances Exceptions (ECE) Requests

Hospitals may request an exception with respect to quality data reporting requirements in the event of extraordinary circumstances beyond the control of the hospital. Such circumstances may include, but are not limited to, natural disasters (such as a severe hurricane or flood) or systemic problems with CMS data-collection systems that directly affected the ability of the hospital to submit data.

For non-eCQM-related ECEs, hospitals must submit a CMS Quality Program Extraordinary Circumstances Exceptions (ECE) Request Form with **all** required fields completed **within 90 calendar days** of the extraordinary circumstance. Submission instructions are on the form.

The Extraordinary Circumstances Exceptions (ECE) Request Form is available electronically on the QualityNet and Quality Reporting Center websites:

> *QualityNet.csm.gov > Hospitals - Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Participation > Extraordinary Circumstances > Extraordinary Circumstances Exceptions (ECE) Policy*

QualityReportingCenter.com > Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Resources and Tools > Extraordinary Circumstances Exceptions (ECE) Requests

eCQM-Related Extraordinary Circumstances Exceptions Requests

Hospitals may use the same ECE request form to request an exception from the Hospital IQR Program eCQM reporting requirement for the applicable program year, based on hardships preventing the hospital from electronically reporting. Such circumstances could include, but are not limited to, infrastructure challenges (e.g., a hospital is in an area without sufficient Internet access or unforeseen circumstances such as vendor issues outside of the hospital's control, including a vendor product losing certification). For further information, please review the Extraordinary Circumstances Exceptions (ECE) Policy web page on QualityNet.

For eCQM-related ECE requests only, hospitals must submit an ECE request form, including supporting documentation, by **April 1, following the end of the reporting period calendar year**. As an example, for data collection for the CY 2024 reporting period (through December 31, 2024), hospitals would have until April 1, 2025, to submit an eCQM-related ECE request. Submission instructions are on the form.

The Extraordinary Circumstances Exceptions (ECE) Request Form is available electronically on QualityNet and Quality Reporting Center:

QualityNet.cms.gov > Hospitals - Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Participation > Extraordinary Circumstances > Extraordinary Circumstances Exceptions (ECE) Policy

QualityReportingCenter.com > Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Resources and Tools > Extraordinary Circumstances Exceptions (ECE) Requests

Important Note: Regarding Hardship Exceptions for the Medicare Promoting Interoperability Program, the Hospital IQR Program is **separate** from the Medicare Promoting Interoperability Program (formerly, the Medicare EHR Incentive Program). For hospitals participating in the Medicare Promoting Interoperability Program, information about program requirements and hardship information can be located on the CMS website: *CMS.gov > Regulations & Guidance > Promoting Interoperability (PI) Programs > Resource Library.* Hospitals requesting additional information on the hardship exception application process and payment adjustments may submit questions to the Quality Question and Answer Tool at https://cmsqualitysupport.servicenowservices.com/qnet_qa.

Annual Payment Update Reconsideration Process

A reconsideration process is available for hospitals notified that they **did not** meet Hospital IQR Program requirements and are, therefore, not eligible to receive the full annual payment update. Information regarding the reconsideration process is available on the APU Reconsideration page of the QualityNet website.

Hospital Quality Programs Additional Information

Claims-based Measures

Additional claims-based measures are used and publicly reported through CMS value-based programs (e.g., Hospital VBP Program, Hospital Readmissions Reduction Program (HRRP), and Hospital-Acquired Condition (HAC) Reduction Program). Please see the CMS Quality Improvement Program Measures for Acute Care Hospitals – FY 2026Payment Update document in the Hospital IQR Resources for FY 2026 Payment Determination tab for all measures in each respective program.

Please see the tables below for the **Hospital VBP Program** claims-based outcome and payment measures.

Claims-Based Clinical Outcomes Domain	
Short Name	**Measure Name**
COMP-HIP-KNEE	Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)
MORT-30-AMI	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization
MORT-30-HF	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization
MORT-30-PN	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Pneumonia Hospitalization
MORT-30-COPD	Hospital 30-Day, All-Cause, RSMR Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
MORT-30-CABG	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery

Claims-Based Efficiency and Cost Reduction Domain	
Short Name	**Measure Name**
MSPB	Payment-Standardized Medicare Spending Per Beneficiary (MSPB)

Please see the table below for the **Hospital Readmissions Reduction Program** claims-based readmission measures.

Claims-Based Readmission Measures	
Short Name	**Measure Name**
READM-30-AMI	Hospital 30-Day, All-Cause Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization
READM-30-CABG	Hospital 30-Day, All-Cause, Unplanned, Risk-Standardized Readmission Rate (RSRR) Following Coronary Artery Bypass Graft (CABG) Surgery
READM-30-COPD	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization

Claims-Based Readmission Measures	
READM-30-HF	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization
READM-30-PN	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization
READM-30-THA/TKA	Hospital-Level 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

Please see the table below for the **HAC Reduction Program** claims-based patient safety measure.

Claims-Based Patient Safety Measure	
Short Name	**Measure Name**
CMS PSI 90	CMS Patient Safety and Adverse Events Composite

Hospital VBP Program

The Hospital VBP Program is part of CMS' long-standing effort to link Medicare's payment system to healthcare quality in the inpatient setting. The program implements value-based purchasing, affecting payment for inpatient stays in approximately 3,000 hospitals.

Hospitals are paid for inpatient acute care services based on the quality of care (as evaluated using a select set of quality and cost measures), not just quantity of the services they provide. Section 1886(o) of the Social Security Act sets forth the statutory requirements for the Hospital VBP Program.

Please see the table below for the **Hospital VBP Program** measures, in addition to the claim-based outcome and payment measures listed above.

Safety Domain	
Short Name	**Measure Name**
CAUTI	National Healthcare Safety Network Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure
CDI	National Healthcare Safety Network Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure
CLABSI	National Healthcare Safety Network Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure
Colon and Abdominal Hysterectomy SSI	American College of Surgeons–Centers for Disease Control and Prevention Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure
MRSA Bacteremia	National Healthcare Safety Network Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure
SEP-1	Severe Sepsis and Septic Shock: Management Bundle

Person and Community Engagement Domain (HCAHPS)	
Measure Name	
Communication with Nurses	Communication with Doctors
Responsiveness of Hospital Staff	Communication about Medicines
Cleanliness and Quietness of Hospital Environment	Discharge Information
Overall Rating of Hospital	Care Transition

HAC Reduction Program

Section 1886(p) of the Social Security Act sets forth the statutory requirements for the HAC Reduction Program to incentivize hospitals to reduce HACs. Beginning with Federal FY 2015 discharges (i.e., beginning on October 1, 2014), the HAC Reduction Program requires the Secretary of Health and Human Services (HHS) to adjust Medicare fee-for-service payments to hospitals that rank in the worst-performing 25 percent of all subsection (d) hospitals with respect to HAC quality measures. As set forth in the Social Security Act, CMS will reduce these hospitals' Medicare fee-for-service payments by one percent in the applicable FY.

Please see the table below for the **HAC Reduction Program** measures, in addition to the claim-based patient safety measure (CMS PSI 90) listed above.

Healthcare-Associated Infection	
Short Name	**Measure Name**
CAUTI	National Healthcare Safety Network Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure
CDI	National Healthcare Safety Network Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure
CLABSI	National Healthcare Safety Network Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure
SSI	American College of Surgeons–Centers for Disease Control and Prevention Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure
MRSA Bacteremia	National Healthcare Safety Network Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure

Hospital Readmissions Reduction Program (HRRP)

HRRP is a Medicare value-based purchasing program that reduces payments to hospitals with excess readmissions. The program supports the CMS goal of improving healthcare for Americans by linking payment to the quality of hospital care. CMS includes readmission measures for specific conditions and procedures that significantly affect the lives of a large numbers of Medicare patients. Under HRRP, hospitals are encouraged to improve communication and care coordination efforts to better engage patients and caregivers in discharge plans.

Section 1886(q) of the Social Security Act sets forth the statutory requirements for HRRP to reduce payments to subsection (d) hospitals for excess readmissions beginning October 1, 2012 (i.e., FY 2013). Additionally, the 21st Century Cures Act requires CMS to assess a hospital's performance relative to other hospitals with a similar proportion of patients who are dually eligible for Medicare and full Medicaid benefits. The legislation requires estimated payments under this peer grouping methodology (FY 2019 and subsequent years) equal payments under the non-peer grouping methodology (FY 2013 to FY 2018) to maintain budget neutrality.

Please see the table above, under the Claims-based Measures section, for the HRRP measures.

Public Reporting

Care Compare, the CMS public reporting website, presents hospital performance data in a consistent, unified manner to ensure the availability of information about the care delivered in the nation's hospitals. Prior to the public release of data, hospitals are given the opportunity to review their data during a 30-day preview period via the *HQR Secure Portal*.

Overall Hospital Ratings

CMS has developed a methodology to calculate and display overall hospital-level quality using a star rating system. The overarching goal of the Overall Hospital Quality Star Ratings (Overall Star Ratings) is to improve the usability and interpretability of information posted on the public reporting website, a website designed for consumers to use with their healthcare provider to make decisions on where to receive care.

CMS developed this methodology with the input of a broad array of stakeholders to summarize results of many measures currently posted on the public reporting website. The Overall Hospital Rating provides consumers with a simple overall rating generated by combining multiple dimensions of quality into a single summary score.

CMS is committed to supporting hospitals throughout implementation and encourages hospitals to review their results and to ask questions. Hospitals may email questions and comments to cmsstarratings@lantanagroup.com.

As part of the initiative, CMS additionally publishes HCAHPS Star Ratings to the public reporting website. Eleven HCAHPS Star Ratings will be included; one for each of the 10 publicly reported HCAHPS measures, plus an HCAHPS Summary Star Rating. CMS updates the HCAHPS Star Ratings each quarter. Additional information can be found on the HCAHPS Star Ratings page on the HCAHPS web site.

Contact Information and Resources

Centers for Medicare & Medicaid Services | www.cms.gov

CMS is the Department of Health and Human Services agency responsible for administering Medicare, Medicaid, the State Children's Health Insurance Program, and several other health-related programs.

Federal Register | www.federalregister.gov

The *Federal Register* is the official publication for the rulemaking activity and notices of federal agencies and organizations, as well as executive orders and other presidential documents.

QualityNet

- **QualityNet Website:** https://qualitynet.cms.gov/
  Established by CMS, the QualityNet website provides healthcare quality improvement news, resources, as well as data-reporting tools and applications used by healthcare providers and others. The *Hospital Quality Reporting Secure Portal* is the only CMS-approved website for secure communications and healthcare quality data exchange.
- **CCSQ Service Center:** qnetsupport@cms.hhs.gov
  The CCSQ Service Center assists providers and vendors with technical issues, such as sending and receiving files in the *HQR Secure Portal*.
  - Phone: (866) 288-8912
  - Fax: (888) 329-7377

Hospital Inpatient Quality Reporting Program

The Hospital IQR Program Support Team supports activities under the Hospital IQR Program, including assisting hospitals with quality data reporting.

- **Hospital IQR Program Website**
  QualityReportingCenter.com > Inpatient > Hospital Inpatient Quality Reporting (IQR) Program
  The Hospital IQR Program website contains numerous resources concerning reporting requirements, including reference and training materials; tools for data collection, submission, and validation; educational presentations; timelines; and deadlines.
- **Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor**
  - Phone Numbers: (844) 472-4477 or (866) 800-8765 (8 a.m.–8 p.m. ET, Monday–Friday)
  - Email: https://cmsqualitysupport.servicenowservices.com/qnet_qa
  - Live Chat: *QualityReportingCenter.com > Inpatient > Talk to Us*
- **Inpatient Quick Support Reference Card**
  The Inpatient Quick Support Reference Card lists support resources for the Hospital Inpatient Questions and Answers tool, phone support, live chat, secure fax, and more.
- **Hospital IQR Program Email Updates (Listserve) Sign-Up**
  Notices generated on the Listserve are used to disseminate timely information related to quality initiatives. QualityNet users are urged to register for these email notifications to receive information on enhancements and new releases, timelines or process/policy modifications, and alerts about applications and initiatives. The CMS Hospital Quality Reporting program notification and discussion lists are available for signup on QualityNet.
- **Hospital Inpatient Questions and Answers**
  The Question and Answer Tool is a knowledge database, which allows users to ask questions, obtain responses from all previously resolved questions, and search by keywords or phrases.
- **eCQM-Specific Resources**
  - **eCQM Specifications and QRDA standards questions** are submitted to the ONC JIRA Tracker under the eCQM and QRDA Issue Trackers: https://oncprojectracking.healthit.gov/wiki/olp
  - **eCQM validation inquiries** are submitted to the Validation Support Contractor at validation@telligen.com.
  - **eCQI Resource Center:** https://ecqi.healthit.gov The eCQI Resource Center provides a centralized location for news, information, tools, and standards related to electronic quality improvement.

- **Medicare Promoting Interoperability Program inquiries** are submitted to the Quality Question and Answer Tool at https://cmsqualitysupport.servicenowservices.com/qnet_qa.. Information on the Promoting Interoperability Program web page on CMS.gov.

- **Hybrid Measure-Specific Resources**
  - **Technical questions on measure specifications and QRDA standards** are submitted to the ONC JIRA Tracker under the CMS Hybrid Measures Tracker: https://oncprojectracking.healthit.gov/wiki/olp
  - **Non-Technical questions on policy and measure methodology** are submitted to Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (YNHHSC/CORE): https://cmsqualitysupport.servicenowservices.com/qnet_qa.
  - **eCQI Resource Center**: https://ecqi.healthit.gov The eCQI Resource Center provides a centralized location for news, information, tools, and standards related to electronic quality improvement.

Acronyms/Terms

Acronym	Term
AMI	Acute Myocardial Infarction
APU	Annual Payment Update
CAHs	Critical Access Hospitals
CABG	Coronary Artery Bypass Graft
CART	CMS Abstraction and Reporting Tool
CAUTI	Catheter-Associated Urinary Tract Infection
CCDEs	Core Clinical Data Elements
CCN	CMS Certification Number
CCSQ	Center for Clinical Standards and Quality
CDAC	Clinical Data Abstraction Center
CDC	Centers for Disease Control and Prevention
CDI	*Clostridium difficile* Infection
CLABSI	Central Line-Associated Bloodstream Infection
CMS	Centers for Medicare & Medicaid Services
COMP	Complications
COPD	Chronic Obstructive Pulmonary Disease
CORE	Center for Outcomes Research and Evaluation
CY	Calendar Year
DACA	Data Accuracy and Completeness Acknowledgement
ECE	Extraordinary Circumstances Exceptions
eCQI	Electronic Clinical Quality Improvement
eCQM	Electronic Clinical Quality Measure
EHR	Electronic Health Record
FFS	Fee-for-Service
FY	Fiscal Year
GMCS	Global Malnutrition Composite Score
HAC	Hospital-Acquired Condition
HARP	HCQIS Access Roles and Profile
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HCHE	Hospital Commitment to Health Equity
HCP	Healthcare Personnel
HCQIS	Health Care Quality Information System
HF	Heart Failure
HH	Hospital-Harm
HHS	Health and Human Services
HQR	Hospital Quality Reporting
HRRP	Hospital Readmissions Reduction Program
HSR	Hospital-Specific Report
HWM	Hospital-Wide Mortality
HWR	Hospital-Wide Readmission
Hyper	Hyperglycemia
Hypo	Hypoglycemia
IPPS	Inpatient Prospective Payment System
IQR	Inpatient Quality Reporting
IT	Information Technology

Acronym	Term
MORT	Mortality
MRSA	Methicillin-resistant *Staphylococcus aureus*
MSPB	Medicare Spending Per Beneficiary
N/A	Not Applicable
NHSN	National Healthcare Safety Network
NOP	Notice of Participation
ONC	Office of the National Coordinator for Health Information Technology
ORAE	Opioid Related Adverse Events
PC	Perinatal Care
PDF	Portable Document Format
PN	Pneumonia
PR	Public Reporting
PSI	Patient Safety Indicator
PY	Payment Year
Q	Quarter
Qnet	QualityNet
QRDA	Quality Reporting Document Architecture
READM	Readmission
RSCR	Risk-Standardized Complication Rate
RSMR	Risk-Standardized Mortality Rate
RSRR	Risk-Standardized Readmission Rate
SDOH	Social Drivers of Health
SEP	Sepsis
SMM	Severe Maternal Morbidity
SO	Security Official
SSI	Surgical Site Infection
STK	Stroke
THA/TKA	Total Hip Arthroplasty/Total Knee Arthroplasty
VBP	Value-Based Purchasing
VTE	Venous Thromboembolism
XML	Extensible Markup Language
YNHHS	Yale New Haven Health System