

CY 2026/FY 2028 Hospital IQR Program Reporting Periods

The following table provides the FY 2028 measure reporting periods and collection notes for the Hospital IQR Program.

| HCAHPS Survey and Population & Sampling for Clinical Measures | | Clinical and HAI ¹ Measures and eCQMs ² | | Influenza HCP Measure | | DACA, Web-Based ³ and Patient Safety Measures | Hybrid Measures | THA/TKA PRO-PM Measure |
|---|---------------------|---|---------------------|-----------------------|---------------------|--|---|---|
| CY Discharge Quarter | CY Discharge Months | CY Discharge Quarter | CY Discharge Months | CY Discharge Quarter | CY Discharge Months | Collection Notes | Collection Notes | Collection Notes |
| Q1 2026 | Jan-26 | Q1 2026 | Jan-26 | Q4 2025 | Oct-25 | Reporting: April 1, 2027, through May 17, 2027, with respect to the data collection period of January 1, 2026, through December 31, 2026 | Mandatory Performance Period: July 1, 2025, through June 30, 2026 | Mandatory Reporting Procedure Period: July 1, 2024, through June 30, 2025, procedures |
| | Feb-26 | | Feb-26 | | Nov-25 | | | |
| | Mar-26 | | Mar-26 | | Dec-25 | | | |
| Q2 2026 | Apr-26 | Q2 2026 | Apr-26 | | Jan-26 | | | |
| | May-26 | | May-26 | | Feb-26 | | | |
| | Jun-26 | | Jun-26 | | Mar-26 | | | |
| Q3 2026 | Jul-26 | Q3 2026 | Jul-26 | | Jan-26 | | | |
| | Aug-26 | | Aug-26 | | Feb-26 | | | |
| | Sep-26 | | Sep-26 | | Mar-26 | | | |
| Q4 2026 | Oct-26 | Q4 2026 | Oct-26 | | Jan-26 | | | |
| | Nov-26 | | Nov-26 | | Feb-26 | | | |
| | Dec-26 | | Dec-26 | | Mar-26 | | | |

¹ The Healthcare-Associated Infection measures include the Catheter-Associated Urinary Tract Infection and Central Line-Associated Bloodstream Infection Oncology measures.

² For FY 2028, hospitals must successfully submit four quarters (Q1, Q2, Q3, and Q4) of 2026 data for three self-selected eCQMs PLUS the Safe Use of Opioids-Concurrent Prescribing, Cesarean Birth, Severe Obstetrics Complications, Hospital Harm-Severe Hyperglycemia, and Hospital Harm-Severe Hypoglycemia eCQMs.

³ Web-based measures include Maternal Morbidity and Age Friendly Hospital measures.

Note: Data validation for FY 2028 includes Quarter (Q1) 2025 through Q4 2025 data for both chart-abstracted measures and eCQMs.

| Acronyms and Terms | | |
|--|--|---|
| Clinical: Chart-Abstracted Clinical Process of Care Measures | FY: fiscal year | PRO-PM: Patient Reported Outcome Performance Measure |
| CMS: Centers for Medicare & Medicaid Service | HAI: Healthcare-Associated Infection | Q: Quarter |
| CY: calendar year | HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems | THA/TKA: Total Hip Arthroplasty/Total Knee Arthroplasty |
| DACA: Data Accuracy and Completeness Acknowledgement | HCP: healthcare personnel | |
| eCQM: electronic clinical quality measure | IQR: Inpatient Quality Reporting | |