



Hospital Inpatient Quality Reporting (IQR) Program
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

**Hospital IQR Program Requirements
for the FY 2026 Payment Determination
Presentation Transcript**

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Donna Bullock: Hello. Welcome to the *Hospital Inpatient Quality Reporting Program Requirements for Fiscal Year 2026 Payment Determination* webinar.

My name is Donna Bullock, and I am with the Inpatient Value, Incentives, and Quality Reporting Outreach and Education support contractor. I will be hosting and speaking on today's event. Along with myself, today's speakers also include Alexandra Arndt, Project Manager, also from the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor.

As you are listening to the webinar, we encourage you to email questions related to the webinar to the email address noted on this slide:

WebinarQuestions@hsag.com. Please make sure to include the title of the webinar and the slide number, as well. If you have additional questions, not related to the webinar, we ask that you submit them to the [QualityNet Question and Answer Tool](#). You can use the link on this slide.

This event will provide insight into the fiscal year 2026 Hospital Inpatient Quality Reporting Program requirements, as well as a review of the fiscal year 2026 Hospital IQR Program and Medicare Interoperability Program areas of alignment.

At the conclusion of today's event, participants will be able to identify quarterly and annual requirements for the Hospital IQR Program, understand areas of alignment between the Hospital IQR Program and Medicare Promoting Interoperability Program requirements, locate resources for the Hospital IQR Program and eCQM reporting.

Here is just a list of the acronyms that we will use throughout this presentation.

In the first part of today's presentation, I will be covering the quarterly [Hospital] Inpatient Quality Reporting Program requirements for fiscal year 2026.

So, let's start the review of the [Hospital] IQR Program requirements with our first polling question. Which of the following Hospital IQR Program

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requirements are submitted on a quarterly basis? Is it A. Clinical Process of Care and Healthcare Personnel, or HCP, COVID-19 Vaccination Measures; B. Aggregate Population and Sampling; C. Hospital Consumer Assessment of Healthcare Providers and Systems, HCAHPS, Survey Data; or D. All of the Above?

Let's see what the answer is. The answer is D, the clinical process of care, including the COVID-19 Vaccination Coverage Among Healthcare Personnel, HCAHPS survey measures, and the aggregate population and sampling data are all required on a quarterly basis. Please note, the PC-01 web-based clinical process of care measure was removed from the Hospital IQR Program beginning with January 1, 2024, discharges.

We'll begin by going over the quarterly requirements. On a quarterly basis, IQR-eligible hospitals are required to submit their HCAHPS survey data; their aggregate population and sampling counts for the chart-abstracted measure sets or measures; the clinical process of care measures, which is the chart-abstracted measures; and the Healthcare Personnel COVID-19 Vaccination measure. Additionally, those that are selected for validation will need to submit their medical records. We will go through each of these requirements in a little more detail in the upcoming slides.

Hospitals must submit aggregate population and sample size counts for Medicare and non-Medicare discharges for the chart-abstracted measures only. So, this would include the counts for only the severe sepsis and septic shock initial patient populations. The aggregate counts can be submitted either by accessing the population and sampling data entry form within the *Hospital Quality Reporting Secure Portal*, or *HQR Secure Portal*, or by uploading an extensible markup language, or XML, file within the HQR system. Hospitals are required to submit the aggregate population and sampling counts even if the population is zero. Leaving a field blank does not fulfill the requirement. A zero must be submitted when there is no discharges for a particular measure set.

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There is one chart-abstracted clinical process of care measure that will be required for the [Hospital] IQR Program for fiscal year 2026, beginning with January 1, 2024, discharges. Hospitals must chart-abstract and submit complete patient level data for the SEP-1 measure. The measure specifications and abstraction guidelines can be found within the Specifications Manual for National Hospital Inpatient Quality Measures, located on the [QualityNet](#) website. Please note that for fiscal year 2026 there are two applicable specification manuals: Version 5.15a, which covers January 1 through June 30 discharges, and Version 5.16 which covers July 1 through December 31, 2024, discharges. So, as you are abstracting for the different quarters, you will want to make sure that you are using the correct specifications manual. The patient-level data for these measures are submitted via an XML file through the *Hospital Quality Reporting Secure Portal*.

Although not a quarterly requirement, I would just like to take a few moments and address the Influenza Vaccination Coverage Among Healthcare Personnel measure. Hospitals must collect and submit annually to the Centers for Disease Control and Prevention through NHSN, the HCP Influenza Vaccination Coverage Among Healthcare Personnel measure. The submission period corresponds to the typical flu season, which is October 1 through March 31, and data for this measure are due annually by May of each year. So, for fiscal year 2026, which would be the flu season from fourth quarter 2023 through first quarter 2024, the data will need to be entered by May 15, 2024.

As per the fiscal year 2022 IPPS final rule, hospitals or facilities will collect the numerator and denominator for at least one self-selected week during each month of the reporting quarter and will need to enter that data into NHSN's Healthcare Personnel Safety Component before the quarterly deadline to meet the quality reporting program requirements. Although, hospitals or facilities are only required to submit one week each month, CMS and the CDC encourages weekly reporting of the data. As I noted, you will only be required to submit the data by the quarterly submission deadline.

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For example, for the Quarter 1 2024 reporting period, you will be required to submit all three months of data, January, February, and March, by the August 15, 2024, submission deadline. The hospital or facility meets the program submission requirements if the CDC can calculate a quarterly rate. You will be able to find additional information regarding the HCP COVID-19 measure on the Quality Reporting Center website; that is www.QualityReportingCenter.com. Under the Inpatient Resources and Tools tab and [Hospital] IQR Program Resources, you will find a frequently-asked-questions document and other resources.

We would still encourage you to submit your data early, prior to the submission deadline, to allow ample time to correct any errors that have been identified. Any data modified in NHSN after the CMS submission deadline will not be sent to CMS and will not be used in any of the CMS programs.

The Centers for Medicare & Medicaid Services, or CMS, uses a variety of data sources to determine the quality of care that Medicare beneficiaries receive. For the quality of care claims-based measures, CMS uses Medicare enrollment data and Part A and Part B claims data submitted by hospitals for Medicare Fee for Service patients. No additional hospital data submission is required to calculate the measure rates. Each measure set is calculated using a separate, distinct methodology and, in some cases, separate discharge periods. This slide shows the claim-based measures that will be collected for the [Hospital] IQR Program. Hospital-Specific Reports, or HSRs, for the claims-based measures are now available for hospitals within the *HQR Secure Portal*. The Hospital-Specific Reports contain discharge-level data, hospital-specific results, and state and national results for the [Hospital] IQR Program.

This slide just outlines the quarterly reporting periods and submission deadlines for the fiscal year 2026 data.

For fiscal year 2026 payment determinations, CMS will use first quarter through fourth quarter of calendar year 2023 for data validation efforts.

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Just briefly, I would just like to point out a couple of common issues that we see as to why a hospital may not be able to submit data or meet one or more of their IQR requirements. One of the most common issues is staffing turnover. If at all feasible, it is very important and highly recommended that you have at least two personnel that can abstract and submit data to CMS. Another common issue is vendor-related issues. It is important to remember that even though a hospital may be having a vendor submit data upon their behalf, it is ultimately the hospital's responsibility to ensure that they are meeting the IQR requirements.

As it is our goal to have all hospitals meet their [Hospital] Inpatient Quality Reporting Program requirements, we do have a few best practices or helpful tips to help you meet those requirements. The first best practice, as we noted on the previous slide, is to submit data early and not wait until the submission deadline. Hospitals can update and/or correct their submitted clinical data until the CMS submission deadline; immediately after, the *HQR Secure Portal* will be locked. So, as noted on the previous slide, it is highly recommended that hospitals designate at least two QualityNet Security Officials, one to serve as the primary official and one to serve as a back-up. On the same line, it is also recommended that you have more than one person who is able to complete your chart abstractions and submit those data to the *HQR Secure Portal*. We went over this earlier, but I just want to reiterate that hospitals are required to submit the aggregate population and sample size counts, even if the population is zero. Leaving the fields blank does not fulfill the requirement. A zero must be submitted even when there are no discharges for a particular measure set. Lastly, hospitals with five or fewer discharges, both Medicare and non-Medicare combined, in a measure set in a quarter are not required to submit patient-level data for that measure set for that quarter. So, for the quarter, if you look at your Provider Participation Report and your population size and your Medicare claims count is five or less for Sepsis, you are not required to submit patient level data for the SEP-1 measure. However, even though you are not required to submit data, CMS still encourages the submission of that data.

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If you do choose to submit the data, then one to five cases of the Initial Patient Population may be submitted. So, for example, if your sepsis population size is five, you would not be required to submit sepsis patient-level data, but, if you choose to submit it, you could submit just one case, two cases, or up to five cases.

So, let's summarize what we have gone over so far. On a quarterly basis, hospitals are required to submit their HCAHPS survey data, the chart-abstracted population and sampling counts, the clinical process of care measures, the COVID-19 Vaccination Coverage Among Health Care Personnel, and validation records if they have been selected for validation.

I will now go over the [Hospital] IQR Program annual requirements.

We will start with another polling question: Which of the following Hospital IQR Program requirements are submitted annually? A. Data Accuracy and Completeness Acknowledgement, or DACA; B. Two Active QualityNet Security Officials; C. eCQMs; D. Structural Measures; E. Hybrid Measures; F. A, C, D, and E; G. All of the above.

The correct answer is F. Annually, the hospitals are required to submit the DACA, structural measures, hybrid measures, and eCQMs.

We'll briefly go over the annual requirements.

Hospitals are required to have registered a QualityNet Security Official. As I stated earlier, it is highly recommended that hospitals designate at least two Security Officials. It is also recommended that the Security Official log into their accounts at least once a month to maintain an active account. Any accounts that have been inactive for 120 days will be disabled. The Data Accuracy and Completeness Acknowledgement, or DACA, must be completed and signed on an annual basis. The DACA is done via the *Hospital Quality Reporting Secure Portal* and electronically acknowledges that the data submitted for the Hospital IQR Program is accurate and complete to the best of the hospital's knowledge.

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The open period for signing and completing the DACA is April 1 through May 15, with the respect to the reporting period of January 1 through December 31st of the preceding year. The structural measures are also completed on an annual basis. These measures are also done via the *HQR Secure Portal*. As with the DACA, the open period for completing these measures is from April 1 through May 15, with respect to the reporting period of January 1 through December 31 of the preceding year. So, for fiscal year 2026, the submission period will be from April 1 through May 15, 2025, with respect to January 1 through December 31, 2024.

So, just to reiterate, hospitals are required to complete the DACA on an annual basis via the *Hospital Quality Reporting Secure Portal*. The data submission period is between April 1 and May 15, with respect to the reporting period of January 1 through December 31 of the preceding year. So, for fiscal year 2026, the submission deadline for the DACA will be May 15, 2025. Just as a note, hospitals will have from April 1, 2025, through May 15, 2025, to enter their DACA for fiscal year 2026 data.

To meet IQR requirements, hospitals will submit their responses or data once a year via a web-based tool that will be located within the *Hospital Quality Reporting Secure Portal*. To reiterate, the submission period will follow our other annual submission requirements and will be from April 1 through May 15. For fiscal year 2026, the reporting period will be January 1 through December 31, 2024, and will occur from April 1 through May 15 of 2025. For FY 2026, there are four required structural measures: the Maternal Morbidity Structural Measure, the Hospital Commitment to Health Equity measure, and the Screening for Social Drivers of Health, and the Screen Positive Rate for Social Drivers of Health. For the Maternal Morbidity Structural Measure, if you participated in a collaborative, and met the intent of the measure, anytime between January 1, 2024, and December 31, 2024, then you would be able to enter Yes to the structural measure question. The Hospital Commitment to Health Equity measure includes five attestation domains, and the elements within each of those domains, that a hospital must attest to for the hospital to receive credit for that domain.

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Each of the domains would be represented in the denominator as a point, for a total of five points, one per domain. The Social Drivers of Health measures incorporate health-related social needs, which CMS has previously defined as individual-level, adverse social conditions that negatively impact a person's health or healthcare. These measures harmonize, as it is important to know both if a hospital is using a screening tool and the results from the screening. Together, these two Social Drivers of Health measures could enhance collaboration to meet the needs of historically underserved populations by identifying high-risk individuals who will benefit from engagement with community-based service providers.

For the Maternal Morbidity Structural Measure, if you do not have an OB unit and/or provide labor/delivery care, you will still be required to go into the data form, within the *HQR Secure Portal*, and provide a response to the question. In this case, if you do not provide OB services, you would select the NA, Not Applicable. The Maternal Morbidity Structural Measure is also used to determine the Birthing Friendly designation that is publicly reported. To build on the White House Blueprint for Addressing the Maternal Health Crisis, CMS established a Birthing Friendly designation, a publicly-reported, public-facing designation on the quality and safety of maternity care. This designation is currently determined by hospitals that actively report their progress on the Maternal Morbidity Structural Measure through the Hospital IQR Program.

So, let's just summarize. The annual IQR requirements are to have at least one active QualityNet Security Official, sign the DACA, submit the structural measures, and submit the required eCQMs and hybrid measures.

The next few slides will go over the voluntary measure that can be submitted for fiscal year 2026, the Hospital-Level, Risk Standardized Patient-Reported Outcome-Based, or PRO, Performance Measure, or PM, Following Elective Primary THA/TKA.

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The Total Hip and Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure reports the hospital-level, risk-standardized improvement rate in patient-reported outcomes following elective primary THA/TKA for Medicare Fee For Service beneficiaries aged 65 years and older. The measure uses four sources of data to calculate the measure: patient-reported outcome data, claims data, Medicare enrollment and beneficiary data, and U.S. Census Bureau survey data. The patient-reported outcome data would be collected 90 to 0 days prior to surgery and 300 to 425 days following surgery. The measure result is calculated by aggregating all patient-level results across the hospital.

This slide provides the pre-operative and post-operative collection periods, the submission periods for each of those, and when the Hospital-Specific Reports will be provided.

This slide just provides you with some resources that are available to you for assistance with the [Hospital] Inpatient Quality Reporting Program.

This slide provides you with some tools, resources, references, and training materials that are available to assist you in meeting the Hospital Inpatient Quality Reporting Program requirements.

I would now like to turn the presentation over to Alexandra. Alexandra, the floor is yours.

Alex Arndt:

Thank you. Let's begin with our next polling question. Which of the following programs are hospitals required to submit hybrid measure data? A. The Medicare Promoting interoperability program; B. The Quality Payment Program; C. The Hospital Readmissions Reduction Program; D. The Hospital IQR Program; or E. Both the Medicare Promoting Interoperability and [Hospital] IQR Programs? Please take a moment and submit your answers.

The correct answer is D. The Hybrid Hospital-Wide Readmission and Hybrid Hospital-Wide Mortality measures are two separate measures available for hospitals participating in the [Hospital] IQR Program to report data on for the fiscal year 2026 payment determination.

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The submission of hybrid measure data is a required requirement specific to the Hospital IQR Program. It is not a requirement for hospitals participating in the Medicare Promoting Interoperability Program. Hospitals are required to submit these data for the fiscal year 2026 payment determination. Critical access hospitals may continue to voluntarily report hybrid measure data, along with other measure data for the Hospital IQR Program; however, since they are not required to participate in the [Hospital] IQR Program, they are not required to submit hybrid measure data.

A hybrid measure is a quality measure that uses more than one source of data for measure calculation. Hybrid measures contain claims-based specifications and electronic specifications. They are different than an eCQM, as the measure logic to extract electronic clinical data will produce a file containing core clinical data elements. The collection of these elements alone will not produce measure results, which again is different than an eCQM. Instead, it will produce a file containing the data that CMS will then link with administrative claims to risk adjust each of the hybrid outcome measures. The hybrid measures differ from the claims-only measures, as they merge electronic health record core clinical data elements with claims data to calculate the risk-standardized readmission and mortality rates, respectively. There is a colorful one-page resource document you may reference for the fiscal year 2026 reporting of the Hybrid Hospital-Wide Readmission and Hybrid Hospital-Wide Mortality measures that is available on QualityNet and the [eCQI Resource Center](#).

This slide outlines some of the key components surrounding the mandatory reporting of the Hybrid Hospital-Wide Readmission measure and the Hybrid Hospital-Wide Mortality measure. Hospitals participating in the Hospital IQR Program must submit data for both of the hybrid measures. This timeframe is referred to as the fiscal year 2026 reporting period. The measurement period does not fall within a calendar year and began on July 1, 2023, and will go through June 30, 2024. Non-submission of these data will affect a hospital's annual payment update.

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I would like to emphasize that this will be the first year for mandatory reporting and these data will be publicly reported. CMS plans on distributing Hospital-Specific Reports in the spring of 2025 for hospitals to preview prior to the summer 2025 release. CMS will announce when the HQR system is open and available to accept test and production QRDA Category I files for hybrid measures in preparation for the October 1, 2024, submission deadline. The hybrid measure data follow the same certification and file format requirements as eCQMs. Core clinical data elements, referred to as CCDEs, are extracted from the EHR for the risk model for the hybrid measures and uploaded to the *HQR Secure Portal* via QRDA Category I files. As a reminder, CMS has specified that hospitals are required to use certified technology to the 2015 Edition Cures Update criteria. Included here, are the links to each of the hybrid measure's specifications and additional reporting resources that are available on the eCQI Resource Center.

Hospitals are required to report their data according to the CMS Annual Update for the specified reporting period. For the fiscal year 2026 payment determination, hospitals should refer to the 2023 technical specifications and implementation guidance by visiting the eCQI Resource Center and selecting the 2023 reporting period for hybrid measures. As previously mentioned, hospitals must report their data using Certified EHR Technology that has been updated to meet the 2015 Edition Cures Update. To learn more about the 2015 Edition Cures Update, please review the ONC's 21st Century Cures Act final rule by clicking on the link provided to you on the slide.

This slide highlights the submission requirements for each hybrid measure. Hospitals are required to submit QRDA Category I files containing all core clinical data elements and all linking variables to help CMS match the data that are pulled from the electronic health record to the CMS claims data. For details on each of the hybrid measure's core clinical data elements, please refer to the measure specifications located on the eCQI Resource Center.

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For hospitals to successfully meet the reporting requirement, hospitals will submit data for Medicare Fee For Service claims as specified for each measure by meeting the thresholds noted on this slide. Hospitals will receive a hybrid Hospital-Specific Report with their performance results the following spring. Please note, that beginning with the fiscal year 2027 payment determination, CMS expanded the cohort to include both Medicare Fee for Service AND Medicare Advantage patients. The HQR system is not currently available to receive QRDA [Category] I files for the hybrid measures at this time. CMS will announce when the system is open for hospitals and vendors to upload their data.

A list of resources for reporting hybrid measure data is available for you to reference on this slide. You may visit QualityNet to review the hybrid measure pages and sign up to receive Listserve notifications. Also, please visit the Quality Reporting Center to locate resources and tools for the Hospital IQR Program.

As many of you are familiar with, reporting eCQM data is a requirement for the Hospital IQR Program. It is also one of many requirements for the Medicare Promoting Interoperability Program. Hospitals, with a single submission, can meet the eCQM reporting requirement for both programs. Let's discuss the changes and review the requirements specific to eCQM reporting for the fiscal year 2026 reporting period.

It's time for a polling question: Which of the following eCQMs are mandatory to report four quarters of data to successfully meet the fiscal year 2026 reporting requirement for the [Hospital] IQR and Medicare Promoting Interoperability Programs? A. Exclusive Breast Milk Feeding; B. Safe Use of Opioids–Concurrent Prescribing; Cesarean Birth; D. Severe Obstetric Complications; or D. All of Them Except Exclusive Break Milk-Feeding? Please take a moment and submit your responses.

The correct answer is E. The three mandatory eCQMs required for reporting include the Safe Use of Opioids–Concurrent Prescribing, Cesarean Birth, and Severe Obstetric Complications eCQMs.

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This slide summarizes the fiscal year 2026 eCQM reporting requirements applicable to the Hospital IQR and Medicare Promoting Interoperability Programs. Please note that meeting the Hospital IQR Program eCQM requirement also satisfies the eCQM reporting requirement for the Medicare Promoting Interoperability Program for eligible hospitals and critical access hospitals. The reporting period includes discharge data from January 1, 2024, through December 31, 2024. The submission deadline is February 28, 2025, at 11:59 p.m. Pacific Time. The requirement to submit four quarters of data certified to the 2015 Edition Cures Update has not changed; however, CMS has increased the number of required eCQMs from three to six. There are three mandatory, or CMS-selected, eCQMs that were just mentioned, plus three self-selected measures, for a total of six eCQMs per quarter. It is important to mention that each quarter must contain the same six measures.

This table lists the 12 eCQMs available in the fiscal year 2026 eCQM measure set, which include two new measures and the removal of three measures. The Hospital Harm–Opioid Related Adverse Events eCQM and the Global Malnutrition Composite Score eCQM were added. ED-2, PC-05, and STK-6 were removed. I would like to highlight that beginning with fiscal year 2026 reporting, hospitals participating in the Hospital IQR and Medicare Promoting Interoperability Programs must report their data using Certified EHR Technology that has been updated to meet the 2015 Edition Cures Update criteria and ensure their EHR is certified to all available eCQMs. Measure data submitted requires using the 2024 eCQM specifications, including the 2024 CMS QRDA [Category] I Implementation Guide, Schematron, and sample files that are posted on the eCQI Resource Center.

The definition of successful submission for eCQMs has not changed and is defined as a combination of accepted QRDA Category I files, zero denominator declarations, and case threshold exemptions. If your hospital selects to submit a zero denominator or case threshold for a particular measure, it is important to note that their EHR must still be certified to report the measure.

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As hospitals are transitioning their EHR systems and/or vendors, CMS is continuing to allow hospitals to use abstraction or pull data from non-certified sources into Certified EHR Technology in order to capture and report their QRDA Category I files for a full calendar year. As a reminder, the submission of eCQMs does not complete program requirements.

Although eCQM reporting is an aligned requirement for hospitals participating in the Hospital IQR Program and the Medicare Promoting Interoperability Program, there are other requirements for each individual program that must be met. Hospitals participating in the Hospital IQR Program that do not meet the calendar year 2024 requirements of the Hospital IQR Program, including the eCQM reporting requirement, are at risk of having their annual payment reduced by one-fourth of the applicable market basket update for the fiscal year 2026 payment determination. Pertaining to the Medicare Promoting Interoperability Program, the submission of calendar year 2024 eCQM data will affect the fiscal year 2026 payment determination for eligible hospitals and the fiscal year 2024 payment determination for critical access hospitals. I would like to remind hospitals that do not deliver babies that the definition of successful submission just mentioned still applies. Hospitals must submit a zero denominator declaration for each of the four quarters for ePC-02 and ePC-07.

A list of program resources for eCQM reporting for each program is available to you as you prepare for fiscal year 2026 reporting.

For questions pertaining to eCQM and/or hybrid measure reporting, please review the support resources provided to you on this slide. Thank you.

Donna Bullock: Thank you, Alex. That concludes today's On Demand event. Thank you for attending.

This presentation has been approved for one continuing education credit. To begin the process, please click the survey link on this slide.

Thank you again and have a great day!