



Hospital IQR Program Requirements for the FY 2026 Payment Determination

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Speakers

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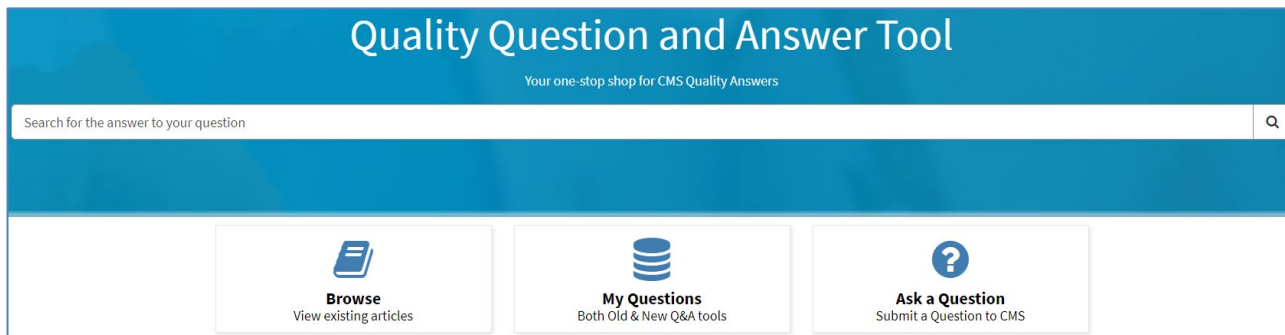
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Webinar Questions

- Please email questions related to this webinar to WebinarQuestions@hsag.com.
 - Subject Line: Hospital IQR Program Requirements for FY 2026 Payment Determinations
 - Include your question and the applicable slide number in the body of the email.
- For questions unrelated to the webinar topic, please submit them to the Quality Question and Answer Tool:
https://cmsqualitysupport.servicenowservices.com/qnet_ga



Purpose

This presentation highlights FY 2026 Hospital IQR Program requirements and reviews aligned eCQM reporting requirements for the Hospital IQR and Medicare Promoting Interoperability Programs.

Objectives

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 Hospital IQR Program and eCQM reporting.

Acronyms and Abbreviations

AMI	acute myocardial infarction	HF	heart failure	PM	Performance Measure
CCDE	Core Clinical Data Elements	HH	Hospital Harm	Post-Op	postoperative
CEHRT	Certified EHR Technology	HQR	Hospital Quality Reporting	PPS	Prospective Payment System
CMS	Centers for Medicare & Medicaid Services	HSR	Hospital-Specific Report	Pre-Op	preoperative
CY	calendar year	HWM	hospital-wide mortality	PRO	Patient-Reported Outcome
DACA	Data Accuracy and Completeness Acknowledgement	HWR	hospital-wide readmission	Q	quarter
eCQI	Electronic Clinical Quality Improvement	Hyper	hyperglycemia	QRDA	Quality Reporting Document Architecture
eCQM	electronic clinical quality measure	Hypo	hypoglycemia	SDOH	Social Drivers of Health
EHR	electronic health record	IPPS	inpatient prospective payment system	SEP	sepsis
FFS	Fee for Service	IQR	Inpatient Quality Reporting	SO	Security Official
FY	fiscal year	LTCH	Long-Term Care Hospital	STK	stoke
GMCS	Global Malnutrition Composite Score	N/A	Not Applicable	THA/TKA	total hip arthroplasty/total knee arthroplasty
H	Hybrid	NHSN	National Healthcare Safety Network	VBP	Value-Based Purchasing
HAC	Hospital-Acquired Condition	ONC	Office of the National Healthcare Coordinator for Health Information Technology	VIQR	Value, Incentives, and Quality Reporting
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	ORAE	Opioid Related Adverse Events	VTE	Venous Thromboembolism
HCP	healthcare provider	PC	Perinatal Care		

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FY 2026 Hospital IQR Program Quarterly Requirements

Polling Question

Which of the following Hospital IQR Program requirements are submitted on a quarterly basis?

- A. Clinical process of care and Healthcare Personnel (HCP) COVID-19 Vaccination measures
- B. Aggregate population and sampling
- C. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data
- D. All of the above

Polling Question

Which of the following Hospital IQR Program requirements are submitted on a quarterly basis?

- A. Clinical process of care and Healthcare Personnel (HCP) COVID-19 Vaccination measures
- B. Aggregate population and sampling
- C. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data
- D. All of the above**

FY 2026 Quarterly Hospital IQR Program Requirements

The following mandatory requirements are due **quarterly**:

- HCAHPS Survey data
- Population and sampling
(for chart-abstracted measures only)
- Clinical process of care measures
- HCP COVID-19 Vaccination measure
- Validation of medical records (if selected)

Note: The National Healthcare Safety Network (NHSN) Healthcare-Associated Infection measures, under the Hospital-Acquired Condition (HAC) Reduction Program, are also submitted quarterly. These measures are used for the HAC Reduction Program, the Hospital Value-Based Purchasing (VBP) Program, and public reporting.

Population and Sampling

For FY 2026, hospitals will be required to submit the aggregate population and sampling data for the Severe Sepsis and Septic Shock (SEP-1) measure set for CY 2024 performance period data.

Clinical Process of Care Measures

For FY 2026, hospitals will be required to submit the following chart-abstracted measure.

Short Name	Measure Name
SEP-1	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)

Influenza Vaccination Coverage Among HCP Measure

Where:

HCP data are reported through NHSN.

When:

- Facilities are only required to report data once after the conclusion of the reporting period. The reporting period is October 1 through March 31. For FY 2026, the measure covers the flu season from 4 Quarter (Q) 2023 through 1Q 2024.
- Data must be entered by May 15 for the flu season. For FY 2026 data will need to be entered by May 15, 2024.

HCP COVID-19 Vaccination Measure

Where:

HCP data are reported through NHSN.

When:

- Facilities are required to collect the numerator and denominator for at least one self-selected week during each month of the reporting quarter.
- Data must be entered by the quarterly submission deadlines.

NHSN Reporting and Data Submissions

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 used in CMS programs, including the Hospital VBP Program and the HAC Reduction Program.

Hospital IQR Program

Claims-Based Measures

Measures

- Hospital-Level Risk-Standardized Complication Rate Following Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA/TKA)
- CMS Death Rate among Surgical Inpatients with Serious Treatable Complications

Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke (STK)

Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction (AMI), Heart Failure (HF), and Pneumonia

- Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for AMI, HF, Pneumonia, and THA/TKA
- Medicare Spending Per Beneficiary – Hospital

Hospital IQR Program FY 2026

Quarterly Dates and Deadlines

Discharge Quarter	Reporting Period	HCAHPS	Population & Sampling	Clinical & HCP COVID-19
Q1 2024	Jan 1–Mar 31	07-03-2024	08-01-2024	08-15-2024
Q2 2024	Apr 1–Jun 30	10-02-2024	11-04-2024	11-18-2024
Q3 2024	Jul 1–Sep 30	01-02-2025	02-03-2025	02-18-2025
Q4 2024	Oct 1–Dec 31	04-02-2025	05-01-2025	05-15-2025

Validation For FY 2026 Payment Determination

To align data submission quarters, CMS will use Q1–Q4 data of the applicable calendar year for validation of both chart-abstracted measures and eCQMs.

Finalized Updates to Quarters Required for Validation Affecting the FY 2026 Payment Determination

Measures Submitted	Required Quarters of Data Validation
Chart-Abstracted Measures	1Q 2023
	2Q 2023
	3Q 2023
	4Q 2023
eCQMs	1Q 2023–4Q 2023

Hospital IQR Program Common Challenges

- Staffing changes
- Designated second person
- Data crosswalks
- Vendor technical issues

Prepare and submit your data early to help ensure successful submission by the deadline.

Hospital IQR Program

Best Practices

- Submit data early, at least 15 calendar days prior to the deadline, to correct problems identified from the review of the Provider Participation Report and feedback reports. The *Hospital Quality Reporting (HQR) Secure Portal* does not allow you to submit, update, or correct data after the deadline. CMS typically allows 4.5 months for hospitals to submit, resubmit, change, add new, and delete existing data up until the submission deadline.
- Designate at least two QualityNet Security Officials (SOs).
- For population and sampling, blank fields do not fulfill the requirement. A zero (0) must be submitted even when there are no discharges for a particular measure set.
- 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.



CHECKPOINT

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Inpatient VIQR Outreach and Education Support Contractor

FY 2026 Hospital IQR Program Annual Requirements

Polling Question

Which of the following Hospital IQR Program requirements are submitted annually?

- A. Data Accuracy and Completeness Acknowledgement (DACCA)
- B. Two active QualityNet SOs
- C. eCQMs
- D. Structural Measures
- E. Hybrid Measures
- F. A, C, D, and E
- G. All of the above

Polling Question

Which of the following Hospital IQR Program requirements are submitted annually?

- A. Data Accuracy and Completeness Acknowledgement (DACCA)
- B. Two active QualityNet SOs
- C. eCQMs
- D. Structural Measures
- E. Hybrid Measures
- F. A, C, D, and E**
- G. All of the above

Annual Hospital IQR Program Requirements for FY 2026

The following mandatory requirements are due **annually**:

- DACA
- QualityNet SO
- eCQMs
- Hybrid measures
- Structural measures
- Influenza Vaccination Coverage Among HCP measure

FY 2026 SO, DACA, HCP, Hybrid Measures, and eCQMs

- Hospitals are required to have registered a QualityNet SO.
- DACA is submitted annually.
 - Reporting year runs from January 1–December 31.
 - Submission deadline is May 15 for the previous reporting year.
 - Submission deadline for FY 2026 DACA is May 15, 2025.
 - Data can be entered from April 1, 2025–May 15, 2025.
 - Data are entered through the *HQR Secure Portal*.
- HCP data are reported through NHSN.
- Hospitals must submit eCQMs and hybrid measures.

Structural Measures

- Four mandatory structural measures for FY 2026 payment determination:
 - Maternal Morbidity
 - Hospital Commitment to Health Equity
 - Social Drivers of Health (SDOH)-1 and SDOH-2
- Hospitals submit responses once a year via a CMS-approved web-based tool within the *HQR Secure Portal*.
 - The submission period will be from April 1–May 15, 2025.
- The reporting period is January 1–December 31, 2024 for the FY 2026 payment determination and for subsequent years.

Maternal Morbidity Structural Measure

Important Notes:

- If you do not provide labor/delivery care, you will still need to provide a response to the structural measure. In this case, you would select N/A.
- Used to determine the Birthing Friendly designation that is publicly reported.



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FY 2026 Voluntary Reporting

Hospital-Level, Risk Standardized Patient-Reported
Outcome-Based (PRO)-Performance Measure (PM)
Following Elective Primary THA/TKA

Voluntary THA/TKA PRO-PM

- Measure reports the hospital-level risk-standardized improvement rate in patient reported outcomes following elective primary THA/TKA for Medicare Fee For Service (FFS) beneficiaries aged 65 years and older.
- Measure uses four sources of data for the calculation of the measure: (1) PRO data; (2) claims data; (3) Medicare enrollment and beneficiary data; and (4) United States Census Bureau survey data.
- PRO 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.

Voluntary THA/TKA PRO-PM

(continued)

Reporting	Pre-Op Collection	Submission Period	Post-Op Collection	Submission Period	HSRs
Voluntary	Oct 3, 2022 – June 30, 2023	2023	Oct 28, 2023 – Aug 29, 2024	2024	2025
Voluntary	April 2, 2023 – June 30, 2024	2024	April 26, 2024 – Aug 29, 2025	2025	2026
Mandatory	April 2, 2024 – June 30, 2025	2025	April 27, 2025 – Aug 29, 2026	2026	2027

Hospital IQR Program Resources

- **Hospital IQR Program General Questions**
 - https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question
 - (844) 472-4477, 7 a.m. to 7 p.m. Eastern Time Monday through Friday (except holidays)
- **Inpatient Live Chat:**
<https://www.QualityReportingCenter.com/en/inpatient-quality-reporting-programs/>
- **Website and Webinars:** www.QualityReportingCenter.com
- **Secure Fax:** (877) 789-4443
- **Listserve:** <https://qualitynet.cms.gov/listserv-signup>

Hospital IQR Program

Useful Tools

[Quality Reporting Center.com](#) and [QualityNet](#)

- CMS HQR Program Overview
- Hospital IQR Program Guide
- Calendar Year and Fiscal Year Infographic
- Quick Support Reference Card
- Accessing and Using Your Provider Participation Report Reference Guide
- Important Dates and Deadlines
- Extraordinary Circumstances Exception Form
- Hospital IQR Program FY 2026 Measures
- FY 2026 Acute Care Hospital Quality Improvement Program Measures
- COVID-19 HCP, Maternal Morbidity, SDOH Resources

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Project Manager, Alignment of eCQM Reporting

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FY 2026 Hybrid HWR and Hybrid HWM Measure Data for the Hospital IQR Program

Polling Question

Hospitals are required to submit hybrid measure data to which of the following programs?

- A. Medicare Promoting Interoperability Program
- B. Quality Payment Program
- C. Hospital Readmissions Reduction Program
- D. Hospital IQR Program
- E. Both A & D

Polling Question

Hospitals are required to submit hybrid measure data to which of the following programs?

- A. Medicare Promoting Interoperability Program
- B. Quality Payment Program
- C. Hospital Readmissions Reduction Program
- D. Hospital IQR Program
- E. Both A & D

Hybrid Measure Overview

The Hybrid Hospital-Wide Readmission (HWR) and Hybrid Hospital-Wide All-Cause Risk Standardized Mortality (HWM) measures were adopted for use in the FY 2020 and FY 2022 Inpatient Prospective Payment System (IPPS)/ Long-Term Care Hospital Prospective Payment System (LTCH PPS) final rules, respectively.

➡ Hybrid measures contain claim-based specifications and electronic specifications.

➡ Hybrid measures differ from the claims-only measures as they merge electronic health record (EHR) data elements with claims data to calculate the risk-standardized readmission and mortality rates.

➡ To calculate hybrid measures, administrative data from the EHR (linking variables) are needed to link the CCDEs to the claims data.

2025 Public Reporting Key Dates and Resources Document

Key Dates	
For the 2025 Public Reporting of the hybrid measures, participating hospitals should submit data on 14 Core Clinical Data Elements (CCDE) (6 vital signs and 8 laboratory test results), and 6 linking variables:	
<ul style="list-style-type: none">• For discharges occurring between July 1, 2023 – June 30, 2024• By October 1, 2024	
Hospitals will receive Hospital-Specific Reports (HSRs) in Spring 2025 . Hybrid measure results are anticipated to be publicly reported on Care Compare in Summer 2025 .	
Questions?	
Please submit hybrid measure questions to the QualityNet Question and Answer tool at https://cmsqualitysupport.servicenow.com/qnet_qa?id=ask_a_question by selecting: (i) IQR - Inpatient Quality Reporting under "Program", and then (ii) Hybrid Measures under "Topic" or submit your questions via JIRA https://onprojecttracking.healthit.gov/support/browse/CHM	
eCQI Resource Center – Hybrid Page https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=3&globalyearfilter=2023 2023 Reporting Period [Published May 2022] <ul style="list-style-type: none">• eCQM Specifications for CMS529v3 (H-HWR) (version 3)• eCQM Specifications for CMS844v3 (H-HWM) (version 3)• H-HWR and H-HWM Value Sets and Direct Reference Codes• H-HWR and H-HWM Binding Parameter Specifications• H-HWR (CMS529v3) Technical Release Notes• H-HWM (CMS844v3) Technical Release Notes• eCQM Annual Update Implementation Checklist and Pre-Publication Document	eCQI Resource Center – Quality Reporting Data Architecture (QRDA) https://ecqi.healthit.gov/qrda <ul style="list-style-type: none">• 2023 CMS QRDA I Implementation Guide for Hospital Quality Reporting• 2023 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting
Resources on QualityNet	
https://www.qualitynet.org/inpatient/measures/hybrid/resources <ul style="list-style-type: none">• 2025 H-HWR and H-HWM Frequently Asked Questions (to be posted in Spring 2025)• 2025 H-HWR and H-HWM Fact Sheets (to be posted in Spring 2025) https://qualitynet.cms.gov/inpatient/measures/readmission/methodology <ul style="list-style-type: none">• 2025 H-HWR and H-HWM Measure Methodology Reports (to be posted in Spring 2025) https://www.qualitynet.org/inpatient/measures/hybrid/reports <ul style="list-style-type: none">• 2025 H-HWR and H-HWM Mock HSRs (to be posted in Spring 2025)• 2025 H-HWR and H-HWM HSR User Guides (to be posted in Spring 2025)	

FY 2026 Hybrid Measures for the Hospital IQR Program

Measures	<ul style="list-style-type: none"> Hybrid HWR Hybrid HWM
Performance Period	7/1/2023–6/30/2024
Data Submission Deadline	October 1, 2024
Hospital-Specific Report (HSR) Distribution	Spring 2025
Public Reporting Refresh	Anticipate Summer 2025
Certified Electronic Health Record Technology (CEHRT)	2015 Edition Cures Update Criteria
Specifications	
<ul style="list-style-type: none"> Hybrid HWR (CMS529v3): CCDEs for the Hybrid HWR Measure with Claims and EHR Data Hybrid HWM (CMS844v3): CCDEs for the Hybrid HWM Measure 	
Reporting Resources	
<ul style="list-style-type: none"> Electronic Clinical Quality Improvement (eCQI) Resource Center: Eligible Hospital/Critical Access Hospital eCQMs page (Select 2023 Reporting Period and filter by Hybrid Measures) QualityNet.CMS.gov: Hospitals-Inpatient/Measures (Hybrid) 	

Hybrid Measure Certification and Specification Policies

- Use Health Information Technology certified by the Office of the National Coordinator for Health Information Technology (ONC) to the 2015 Edition Cures Update criteria.
 - Visit [ONC's 21st Century Cures Act final rule](#).
- Use 2023 specifications published in the CMS Annual Update available on the [eCQI Resource Center](#).
 - Select Period “2023”.
 - Filter by “Hybrid Measures”.
- Use the 2023 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for HQR:
<https://ecqi.healthit.gov/qrda>

Hybrid Measure Data Submission Requirements

Hybrid HWR Measure	Hybrid HWM Measure
Submit 13 CCDEs (6 vital signs + 7 laboratory test results) + linking variables via QRDA Category I files	Submit 10 CCDEs (4 vital signs + 6 laboratory test results) + linking variables via QRDA Category I files

To successfully meet Hospital IQR Program requirements for the hybrid measures, hospitals will need to submit the following for all Medicare FFS claims, where the patient is 65 years or older (Hybrid HWR) or 65–94 years (Hybrid HWM), for the same hospitalization during the measurement period:

- ✓ Submit **all linking variables on 95% or more of discharges.**
- ✓ Report **all vital signs for 90% or more of the hospital discharges.**
- ✓ Submit **all 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.

*Beginning with the FY 2027 payment determination, CMS expanded the cohort to include both Medicare FFS and Medicare Advantage patients.

Resources for Hybrid Measure Reporting

QualityNet and Quality Reporting Center

Hospital IQR Program Measures for FY 2026

FY 2026 Acute Care Hospital Quality Improvement Program Measures for Payment Update

FY 2026 Hospital IQR Program Guide

Important Dates and Deadlines

Hybrid Measure Overview, Methodology, Reports and Resource Pages on QualityNet

Key Resources and Dates 2025 Public Reporting Document

[Listserve Notifications](#)

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Project Manager, Alignment of eCQM Reporting

Hospital Inpatient VIQR Outreach and Education Support Contractor

CY 2024 eCQM Reporting Requirements

Polling Question

Which of the following eCQMs are **mandatory** for CY 2024 reporting for the Hospital IQR and Medicare Promoting Interoperability Programs?

- A. Exclusive Breast Milk Feeding (PC-05)
- B. Safe Use of Opioids—Concurrent Prescribing
- C. Cesarean Birth (PC-02)
- D. Severe Obstetric Complications (PC-07)
- E. B, C, and D

Polling Question

Which of the following eCQMs are **mandatory** for CY 2024 reporting for the Hospital IQR and Medicare Promoting Interoperability Programs?

- A. Exclusive Breast Milk Feeding (PC-05)
- B. Safe Use of Opioids—Concurrent Prescribing
- C. Cesarean Birth (PC-02)
- D. Severe Obstetric Complications (PC-07)
- E. B, C, and D

CY 2024

eCQM Reporting Requirements

Program	Hospital IQR Program* Medicare Promoting Interoperability Program**
Reporting Period	January 1, 2024–December 31, 2024
Annual Submission Deadline	February 28, 2025, 11:59 p.m. Pacific Time
eCQM Measure Set	12 available eCQMs: STK-2, STK-3, STK-5, VTE-1, VTE-2, PC-02***, PC-07***, HH-01 (Hypo), HH-02 (Hyper), HH-ORAE, GMCS, and Safe Use of Opioids–Concurrent Prescribing***
Total number of eCQMs <u>per quarter</u>	6 eCQMs (3 self-selected eCQMs plus 3 CMS-selected eCQMs) The 3 CMS-selected eCQMs are: 1. Safe Use of Opioids–Concurrent Prescribing eCQM*** 2. PC-02*** AND 3. PC-07***
Total number of quarters to report per calendar year	4 quarters (Q1, Q2, Q3 and Q4 of 2024) (eCQMs must be the same across quarters)
CEHRT	2015 Edition Cures Update

*The submission of CY 2024 eCQM data will affect the FY 2026 payment determination.

**The submission of CY 2024 eCQM data will affect the FY 2026 payment determination for eligible hospitals and affect the FY 2024 payment determination for critical access hospitals.

***This is mandatory for the CY 2024 reporting period and subsequent years.

CY 2024 eCQM Measure Set

<p>CMS-Selected Safe Use of Opioids (CMS506v6) Safe Use of Opioids– Concurrent Prescribing*</p>	<p>CMS-Selected PC-02 (CMS334v5) Cesarean Birth*</p>	<p>CMS-Selected PC-07 (CMS1028v2) Severe Obstetric Complications* (This eCQM is risk-adjusted.)</p>
<p>HH-Hypo (CMS816v3) Hospital Harm-Severe Hypoglycemia</p>	<p>HH-Hyper (CMS871v3) Hospital Harm-Severe Hyperglycemia</p>	<p>HH-ORAE (CMS819v2) Hospital Harm-Opioid Related Adverse Events</p>
<p>GMCS (CMS986v2) Global Malnutrition Composite Score</p>	<p>VTE-1 (CMS108v12) Venous Thromboembolism Prophylaxis</p>	<p>VTE-2 (CMS190v12) Intensive Care Unit Venous Thromboembolism Prophylaxis</p>
<p>STK-02 (CMS104v12) Discharged on Antithrombotic Therapy</p>	<p>STK-03 (CMS71v13) Anticoagulation Therapy for Atrial Fibrillation/Flutter</p>	<p>STK-05 (CMS72v12) Antithrombotic Therapy By the End of Hospital Day 2</p>

*All hospital are required to report on these eCQMs during the CY 2024 reporting period. Hospitals are required to successfully submit accepted QRDA Category I files meeting the Initial Patient Population for all episodes of care, zero denominator(s) and/or case threshold exemption(s).

Note: Hospital Harm (HH)-Pressure Injury; HH-Acute Kidney Injury; and Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography in Adults will be added to the CY 2025 measure set as finalized by the FY 2024 IPPS/LTCH PPS final rule.

eCQM Reporting Certification and Specification Policies

- Use Health Information Technology certified by the ONC to the 2015 Edition Cures Update criteria.
 - Visit [ONC's 21st Century Cures Act final rule](#).
- EHRs are certified to all available eCQMs.
- Use 2024 eCQM specifications published in the CMS Annual Update available on the eCQI Resource Center's [Eligible Hospital/Critical Access Hospital eCQMs page](#).
 - Select Period “2024”.
 - Filter by “eCQMs”.
- 2024 CMS QRDA Category I Implementation Guide for Hospital Quality Reporting: <https://ecqi.healthit.gov/qrda>

Successful eCQM Submission for CY 2024 Reporting

- To successfully submit the required eCQMs based on program year for the Hospital IQR Program and the Medicare Promoting Interoperability Program, report the eCQMs as any combination of the following:
 - Accepted QRDA Category I files with patients meeting the initial patient population of the applicable measures
 - Zero denominator declarations
 - Case threshold exemptions
- In all cases, a hospital is required to use an EHR that is certified to report on all available eCQMs in the measure set.
- Hospitals may continue to either use abstraction or pull data from non-certified sources to input these data into CEHRT for capture and reporting QRDA Category I files.

Important Tip:

Hospitals that do not deliver babies are required to submit a **zero denominator** declaration for each quarter for PC-02 and PC-07.

Resources for eCQM Reporting

Hospital IQR Program QualityNet & Quality Reporting Center	Medicare Promoting Interoperability Program - CMS.gov
CY 2024 eCQM Submission Overview	2024 Program Requirements Medicare
CY 2024 QRDA Category I File Submission Checklist	Certified EHR Technology
CY 2024 Available eCQMs Table	Resource Library
Extraordinary Circumstances Exception Quick Reference/Form	Program Basics
FY 2026 Hospital IQR Program Guide	eCQM Basics
Important Dates and Deadlines	Webinars & Events
Hospital IQR Program Measures for FY 2026	Educational Resources
FY 2026 Acute Care Hospital Quality Improvement Program Measures	Frequently Asked Questions
Listserve Notifications	CMS Promoting Interoperability Listserve

eCQM and Hybrid Measure Support Resources

Topic	Contact
HQR System, Health Care Quality Information Systems Access Roles and Profile, vendor roles, uploading files, reports, troubleshooting file errors	Center for Clinical Standards and Quality Service Center (866) 288-8912 QNetSupport@cms.hhs.gov
Medicare Promoting Interoperability (attestation, objectives, policy, hardship)	Quality Question and Answer Tool https://cmsqualitysupport.servicenowservices.com/qnet_ga
Hospital IQR Program and Policy	Hospital Inpatient Support Team (844) 472-4477 https://cmsqualitysupport.servicenowservices.com/qnet_ga
<ul style="list-style-type: none"> eCQM specifications (code sets, measure logic, measure intent) QRDA-related questions (CMS Implementation Guide, Sample Files and Schematrons) Hybrid measures – Technical (specifications, logic, value sets, QRDA) 	<p>ONC Jira Issue Trackers</p> <p>eCQM Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/CQM/summary</p> <p>QRDA Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/QRDA/summary</p> <p>CMS Hybrid Measure Issue Tracker https://oncprojecttracking.healthit.gov/support/browse/CHM</p>
Hybrid Measures – Non-Technical (policy, measure methodology)	Yale New Haven Health Services Corporation/ Center for Outcomes Research and Evaluation https://cmsqualitysupport.servicenowservices.com/qnet_ga
eCQM Data Validation	Validation Support Team (validation@telligen.com)

Hospital IQR Program Requirements for FY 2026 Payment
Determination)

Thank You

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