



# **Hospital Inpatient Quality Reporting (IQR) Program Requirements for the FY 2027 Payment Determination**

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**April 2025**

# Speakers

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# Webinar Questions

- Please email questions related to this webinar to [WebinarQuestions@hsag.com](mailto:WebinarQuestions@hsag.com).
  - Subject Line: Hospital IQR Program Requirements for FY 2027 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\\_qa](https://cmsqualitysupport.servicenowservices.com/qnet_qa)



# Purpose

This presentation highlights fiscal year (FY) 2027 Hospital IQR Program requirements and reviews aligned electronic clinical quality measure (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

|              |  |               |  |                     |  |
|--------------|--|---------------|--|---------------------|--|
| <b>AKI</b>   | acute kidney injury                            | <b>HCAHPS</b> | Hospital Consumer Assessment of Healthcare Providers and Systems | <b>ORAE</b>         | Opioid Related Adverse Events                      |
| <b>ASTP</b>  | Assistant Secretary for Technology Policy      | <b>HCHE</b>   | Hospital Commitment to Health Equity                             | <b>PC</b>           | Perinatal Care                                     |
| <b>CCDE</b>  | core clinical data elements                    | <b>HCP</b>    | healthcare provider  | <b>PI</b>           | pressure injury                                    |
| <b>CEHRT</b> | Certified EHR Technology                       | <b>HH</b>     | Hospital Harm  | <b>PM</b>           | Performance Measure                                |
| <b>CMS</b>   | Centers for Medicare & Medicaid Services       | <b>HQR</b>    | Hospital Quality Reporting                                       | <b>PRO</b>          | Patient-Reported Outcome                           |
| <b>CY</b>    | calendar year                                  | <b>HWM</b>    | hospital-wide mortality  | <b>Q</b>            | quarter  |
| <b>DACA</b>  | Data Accuracy and Completeness Acknowledgement | <b>HWR</b>    | hospital-wide readmission  | <b>ORDA</b>         | Quality Reporting Document Architecture            |
| <b>eCQI</b>  | Electronic Clinical Quality Improvement        | <b>Hyper</b>  | hyperglycemia  | <b>SDOH</b>         | Social Drivers of Health                           |
| <b>eCQM</b>  | electronic clinical quality measure            | <b>Hypo</b>   | hypoglycemia   | <b>SEP</b>          | sepsis   |
| <b>EHR</b>   | electronic health record                       | <b>IP</b>     | inpatient  | <b>SO</b>           | Security Official                                  |
| <b>ExRad</b> | excessive radiation dose                       | <b>IPP</b>    | initial patient population                                       | <b>STK</b>          | stroke   |
| <b>FFS</b>   | Fee for Service                                | <b>IQR</b>    | Inpatient Quality Reporting                                      | <b>THA/<br/>TKA</b> | total hip arthroplasty/<br>total knee arthroplasty |
| <b>FY</b>    | fiscal year                                    | <b>IT</b>     | Information Technology   | <b>VBP</b>          | Value-Based Purchasing                             |
| <b>GMCS</b>  | Global Malnutrition Composite Score            | <b>NHSN</b>   | National Healthcare Safety Network                               | <b>VTE</b>          | Venous Thromboembolism                             |
| <b>HAC</b>   | Hospital-Acquired Condition                    | <b>ONC</b>    | Office of the National Coordinator for Health IT                 |                     |  |

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## **FY 2027 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 measure
- 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 measure
- B. Aggregate population and sampling
- C. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data
- D. All of the above

# FY 2027 Quarterly Hospital IQR Program Requirements

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

- HCAHPS Survey data
- Population and sampling  
(for the chart-abstracted SEP-1 measure only)
- Clinical process of care measures (SEP-1)
- HCP COVID-19 Vaccination measure<sup>1</sup>
- 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 the Compare tool on Medicare.gov.

<sup>1</sup> In the FY 2026 IPPS/LTCH PPS proposed rule, CMS is proposing to remove this measure from the Hospital IQR Program effective calendar year (CY) 2024/fiscal year (FY) 2026.

# Population and Sampling

For FY 2027, hospitals will be required to submit the aggregate population and sampling data for the Severe Sepsis and Septic Shock (SEP-1) measure set for calendar year (CY) 2025 performance period data.

# Clinical Process of Care Measures

For FY 2027, 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 2027, the measure covers the flu season from Quarter (Q) 4 2024 through Q1 2025.
- Data must be entered annually for the flu season. For FY 2027 data, they will need to be entered by May 15, 2025.

# HCP COVID-19 Vaccination Measure

## **Where:**

HCP data are reported through NHSN.

## **When:**

- Facilities 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.

## **Proposed Removal:**

In the FY 2026 IPPS/LTCH PPS proposed rule, CMS is proposing to remove this measure from the Hospital IQR Program for CY 2024 discharges effecting FY 2026 payment determinations.

# 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 and the HAC Reduction Programs and the Compare tool on Medicare .gov.

# Hospital IQR Program

## Claims-Based Measures

- Hospital-Level Risk-Standardized Complication Rate Following Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA/TKA)<sup>1</sup>
- Thirty-day Risk-Standardized Death Rate Among Surgical Inpatients with Complications

Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke (STK)<sup>1</sup>

Excess Days in Acute Care after Hospitalization for:

- Acute Myocardial Infarction
- Heart Failure
- Pneumonia

Medicare Spending Per Beneficiary – Hospital

<sup>1</sup>In the FY 2026 IPPS/LTCH PPS proposed rule, CMS is proposing to add Medicare Advantage data beginning FY 2027.



# Hospital IQR Program FY 2027

## Quarterly Dates and Deadlines

| Discharge Quarter | Reporting Period | HCAHPS     | Population & Sampling | Clinical & HCP COVID-19 |
|-------------------|------------------|------------|-----------------------|-------------------------|
| Q1 2025           | Jan 1–Mar 31     | 07-02-2025 | 08-05-2025            | 08-18-2025              |
| Q2 2025           | Apr 1–Jun 30     | 10-01-2025 | 11-03-2025            | 11-17-2025              |
| Q3 2025           | Jul 1–Sep 30     | 01-07-2026 | 02-02-2026            | 02-17-2026              |
| Q4 2025           | Oct 1–Dec 31     | 04-07-2026 | 05-04-2026            | 05-18-2026              |

# Validation For FY 2027 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.

| <b>Finalized Updates to Quarters Required for Validation<br/>Affecting the FY 2027 Payment Determination</b> |   |
|--|---|
| <b>Measures Submitted</b>  | <b>Required Quarters of<br/>Data Validation</b> |
| Chart-Abstracted Measures  | Q1 2024   |
|  | Q2 2024   |
|  | Q3 2024   |
|  | Q4 2024   |
| eCQMs  | Q1 2024–Q4 2024                                 |

# 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.

A top-down illustration of a workspace on a teal background. In the center is a dark grey clipboard with a silver clip at the top, holding a white sheet of paper with horizontal lines and a vertical column of checkboxes on the left. A red pencil with a yellow eraser is positioned diagonally across the top left of the clipboard. A blue pencil is at the bottom right, and a yellow pencil is at the bottom right. A pair of black-rimmed glasses is at the bottom left. A red mug with brown coffee is at the top right. A semi-transparent grey rectangle with the word 'CHECKPOINT' in white capital letters is centered over the clipboard.

# CHECKPOINT

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## **FY 2027 Hospital IQR Program Annual Requirements**

# Polling Question

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

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

# Polling Question

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

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



# Annual Hospital IQR Program Requirements for FY 2027

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

- DACA
- QualityNet SO
- eCQMs
- Hybrid measures (claims data only)
- Structural measures
- Influenza Vaccination Coverage Among HCP measure

# FY 2027 SO, DACA, HCP, 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 2027 DACA is May 15, 2026.
    - Data can be entered from April 1, 2026–May 15, 2026.
  - Data are entered through the *HQR Secure Portal*.
- HCP data are reported through NHSN.
- Hospitals must submit eCQMs.

# Structural Measures

Six structural measures for FY 2027 payment determination are mandatory:

- Maternal Morbidity
- Hospital Commitment to Health Equity (HCHE)<sup>1</sup>
- Screening for Social Drivers of Health (SDOH)-1 and Screen Positive Rate for Social Drivers of Health (SDOH-2)<sup>1</sup>
- Age Friendly Hospital
- Patient Safety

<sup>1</sup> In the FY 2026 IPPS/LTCH PPS proposed rule, CMS is proposing to remove the HCHE and SDOH measures from the Hospital IQR Program effective CY 2024/FY 2026.

# Structural Measures

- Hospitals submit responses once a year:
  - The Maternal Morbidity, HCHE, SDOH, and Age Friendly structural measures are submitted via a CMS-approved web-based tool within the *HQR Secure Portal*.
  - The Patient Safety Structural Measure is submitted through NHSN.
- The reporting period is January 1–December 31, 2025, for the FY 2027 payment determination.
- The submission period is April 1–May 18, 2026.

# 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.
- This is used to determine the Birthing Friendly designation that is publicly reported.

A top-down illustration of a workspace on a teal background. In the center is a dark grey clipboard with a silver clip at the top, holding a white sheet of paper with horizontal lines and a column of checkboxes on the left. A red pencil with a yellow eraser is positioned diagonally across the top left of the clipboard. A pair of black-rimmed glasses with light blue lenses is placed at the bottom left of the clipboard. A blue pencil is at the bottom right of the clipboard. To the right of the clipboard is a red mug filled with brown coffee. A yellow pencil is positioned vertically to the right of the clipboard. A large, semi-transparent grey rectangle with the word 'CHECKPOINT' in white, bold, sans-serif capital letters is centered over the clipboard and the word 'CHECKPOINT' is the main focus of the image.

# CHECKPOINT

# **FY 2027 Voluntary Reporting: THA/TKA PRO-PM**

## **Hospital-Level, Risk Standardized Patient-Reported Outcome-Based (PRO)-Performance Measure (PM) Following Elective Primary Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA)**

- 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.

# THA/TKA PRO-PM Reporting

| Data Periods                 |                     | Voluntary Reporting Period 2   | Mandatory Reporting            |
|------------------------------|---------------------|--------------------------------|--------------------------------|
| Preoperative PRO Data        | Collection Period   | April 2, 2023–June 30, 2024    | April 2, 2024–June 30, 2025    |
|                              | Submission Deadline | September 30, 2024             | September 30, 2025             |
| THA/TKA Procedures Performed |                     | July 1, 2023–June 30, 2024     | July 1, 2024–June 30, 2025     |
| Postoperative PRO Data       | Collection Period   | April 26, 2024–August 29, 2025 | April 27, 2025–August 29, 2026 |
|                              | Submission Deadline | September 30, 2025             | September 30, 2026             |



# Hospital IQR Program Resources

- **Hospital IQR Program General Questions**
  - [https://cmsqualitysupport.servicenowservices.com/qnet\\_qa?id=ask\\_a\\_question](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](http://www.QualityReportingCenter.com)
- **Secure Fax:** (877) 789-4443
- **Listserve:** <https://qualitynet.cms.gov/listerv-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
- Submission Requirements and Accessing and Using Your Provider Participation Report Reference Guide
- Important Dates and Deadlines
- Extraordinary Circumstances Exception Form
- Hospital IQR Program FY 2027 Measures
- FY 2027 Acute Care Hospital Quality Improvement Program Measures
- Maternal Morbidity and Age Friendly Resources

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## **FY 2027 Hybrid HWR and Hybrid HWM Measure Data for the Hospital IQR Program**

# Polling Question

Hospitals can voluntarily submit hybrid measure core clinical data elements (CCDEs) and linking variables 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 can voluntarily submit hybrid measure core clinical data elements (CCDEs) and linking variables to which of the following programs?

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- C. Hospital Readmissions Reduction Program
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# Hybrid Measure Overview

Hybrid measures were developed to address complex and critical aspects of care. These aspects of measuring patient outcomes include communication among providers and patients, prevention of complications, patient safety, and coordinated transitions to the outpatient environment.

- Hybrid measures contain claims-based specifications and electronic specifications.
- Hybrid measures differ from claims-only measures as they merge electronic health record (EHR) data elements with claims data to calculate risk-standardized rates. The EHR data elements are used to risk adjust the measures.
- To calculate hybrid measures, administrative data from the EHR (linking variables) are needed to link the CCDEs to the claims data.

# Hybrid Measure Overview

## FY 2027 Public Reporting Key Dates and Resources Document

**Introduction**

This document summarizes key dates and resources for hospitals participating in the 2026 Public Reporting of the Hybrid HWR (H-HWR) and the Hybrid HWM (H-HWM) measures.

**Key Dates**

For the 2026 Public Reporting of the hybrid measures, participating hospitals should submit data on Core Clinical Data Elements (CCDE) (6 vital signs 7 laboratory test results for HWR and 4 vital signs and 6 laboratory tests for HWM, respectively), and linking variables::

- For discharges occurring between **July 1, 2024 – June 30, 2025**
- By **October 1, 2025**

Hospitals will receive Hospital-Specific Reports (HSRs) in **Spring 2026**.  
Hybrid measure results are anticipated to be publicly reported on Care Compare in **Summer 2026**.

**Questions?**

Please submit hybrid measure questions to the QualityNet Question and Answer tool at [https://cmsqualitysupport.servicenowservices.com/qnet\\_qa?id=ask\\_a\\_question](https://cmsqualitysupport.servicenowservices.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://oncprojectracking.healthit.gov/support/browse/CHM>

**eCQI Resource Center – Hybrid Page**

[https://ecqi.healthit.gov/eh-cah?qt-tabs\\_eh=3&globalyearfilter=2023](https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=3&globalyearfilter=2023)

**2024 Reporting Period [Published May 2023]**

- eCQM Specifications for CMS529v4 (H-HWR) (version 4)
- eCQM Specifications for CMS844v4 (H-HWM) (version 4)
- H-HWR and H-HWM Value Sets and Direct Reference Codes
- H-HWR and H-HWM Binding Parameter Specifications
- H-HWR (CMS529v4) Technical Release Notes
- H-HWM (CMS844v4) Technical Release Notes
- eCQM Annual Update Implementation Checklist and Pre-Publication Document

**eCQI Resource Center – Quality Reporting Document Architecture (QRDA)**

<https://ecqi.healthit.gov/qrda>

- 2024 CMS QRDA I Implementation Guide for Hospital Quality Reporting
- 2024 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting

**Resources on QualityNet**

<https://www.qualitynet.org/inpatient/measures/hybrid/resources>

- 2026 H-HWR and H-HWM Frequently Asked Questions (to be posted in Spring 2026)
- 2026 H-HWR and H-HWM Fact Sheets (to be posted in Spring 2026)  
<https://qualitynet.cms.gov/inpatient/measures/readmission/methodology>
- 2026 H-HWR and H-HWM Measure Methodology Reports (to be posted in Spring 2026)  
<https://www.qualitynet.org/inpatient/measures/hybrid/reports>
- 2026 H-HWR and H-HWM Mock HSRs (to be posted in Spring 2026)
- 2026 H-HWR and H-HWM HSR User Guides (to be posted in Spring 2026)

# Continuation of Voluntary Reporting

CMS extended voluntary reporting of CCDEs and linking variables for the performance period of July 1, 2024, through June 30, 2025. This impacts the FY 2027 payment determination for the Hospital IQR Program, for both the Hybrid Hospital-Wide Readmissions (HWR) and Hybrid Hospital-Wide Mortality (HWM) measures.

- CMS will continue to monitor hospital performance on these measures and is proposing to lower the reporting thresholds in the upcoming FY 2026 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System proposed rule.
- You can find information on the continuation of voluntary reporting in the [CY 2025 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems final rule, pages 94495–94499](#).



# FY 2027 Hybrid Measures for the Hospital IQR Program

|  |   |
|--|---|
| <b>Measures</b>  | <ul style="list-style-type: none"> <li>Hybrid HWR</li> <li>Hybrid HWM</li> </ul>  |
| <b>Measurement Period</b>  | 7/1/2024–6/30/2025  |
| <b>Data Submission Deadline</b>  | October 1, 2025   |
| <b>Hospital-Specific Report Distribution</b>   | Spring 2026   |
| <b>Public Reporting (Claims Data Only)</b>   | Anticipate Summer 2026  |
| <b>Certified Electronic Health Record Technology (CEHRT)</b>   | <a href="#">Assistant Secretary for Technology Policy (ASTP)/Office of National Coordinator (ONC) Health Information Technology (IT) certification criteria</a> |
| <b>Specifications</b> <ul style="list-style-type: none"> <li>Hybrid HWR (CMS529v4): <a href="#">CCDEs for the Hybrid HWR Measure with Claims and EHR Data</a></li> <li>Hybrid HWM (CMS844v4): <a href="#">CCDEs for the Hybrid HWM Measure</a></li> </ul>  |   |
| <b>Reporting Resources</b> <ul style="list-style-type: none"> <li>Electronic Clinical Quality Improvement (eCQI) Resource Center: Eligible Hospital/Critical Access Hospital eQMs <a href="#">page</a> (Select 2024 Reporting Period and filter by Hybrid Measures.)</li> <li>QualityNet.CMS.gov: <a href="#">Hospitals-Inpatient/Measures (Hybrid)</a></li> </ul> |   |

# Hybrid Measure Voluntary Data Submission Guidance

| Hybrid HWR Measure   | Hybrid HWM Measure  |
|--|---|
| Submit 13 CCDEs<br>(6 vital signs + 7 laboratory test results)<br>+<br>linking variables via<br>Quality Reporting Document Architecture<br>(QRDA) Category I files | Submit 10 CCDEs<br>(4 vital signs + 6 laboratory test results)<br>+<br>linking variables via<br>QRDA Category I files |

For voluntary reporting, CMS guides hospitals to submit the following for all Medicare FFS and Medicare Advantage 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**.
- ✓ Submit **all vital signs**.
- ✓ Submit **all laboratory test results** 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.

# Hybrid Measure Certification and Specification Policies

- Use Health IT certified to the [ASTP/ONC Health IT certification criteria](#).
  - Visit [ONC's 21st Century Cures Act final rule](#).
- Use 2024 specifications published in the CMS Annual Update on the [eCQI Resource Center](#).
  - Select Period “2024”.
  - Filter by “Hybrid Measures”.
- Use the 2024 CMS QRDA Category I Implementation Guide for HQR: <https://ecqi.healthit.gov/qrda>

# Resources for Hybrid Measure Reporting

## QualityNet and Quality Reporting Center

[Hospital IQR Program Measures for FY 2027](#)

[FY 2027 Acute Care Hospital Quality Improvement Program Measures for Payment Update](#)

[FY 2027 Hospital IQR Program Guide](#)

[Important Dates and Deadlines](#)

[Hybrid Measure Overview, Methodology, Reports and Resource Pages on QualityNet](#)

[Key Resources and Dates 2026 Public Reporting Document](#)

[Listserve Notifications](#)

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## **CY 2025 eCQM Reporting Requirements**

# Polling Question

Which of the following eCQMs are **mandatory** for CY 2025 reporting for the Hospital IQR and Medicare Promoting Interoperability Programs?

- A. Exclusive Breast Milk Feeding  
(Perinatal Care (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

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- E. B, C, and D

# CY 2025

## eCQM Reporting Requirements

|   |  |
|---|--|
| <b>Program(s)</b>   | <ul style="list-style-type: none"> <li>• <b>Hospital IQR Program</b><br/>(Submission of CY 2025 eCQM data affects FY 2027 payment determination.)</li> <li>• <b>Medicare Promoting Interoperability Program</b> (Submission of CY 2025 eCQM data affects FY 2027 payment determination for eligible hospitals and affects FY 2025 payment determination for critical access hospitals.)</li> </ul> |
| <b>Reporting Period</b>                                     | January 1, 2025–December 31, 2025  |
| <b>Submission Deadline</b>                                  | March 2, 2026, 11:59 p.m. Pacific Time   |
| <b>eCQM Measure Set</b>                                     | 15 available eCQMs: STK-2, STK-3, STK-5, Venous Thromboembolism (VTE)-1, VTE-2, PC-02, PC-07, Hospital Harm (HH)-HYPO, HH-HYPER, HH-Opioid Related Adverse Events (ORAE), Global Malnutrition Composite Score (GMCS), IP-ExRad, HH-Acute Kidney Injury (AKI), HH-Pressure Injury (PI), Safe Use of Opioids-Concurrent Prescribing  |
| <b>Total number of eCQMs per quarter</b>                    | <p>Six eCQMs (three self-selected eCQMs + three CMS-selected eCQMs) <b>These three CMS-selected eCQMs are mandatory for the CY 2025 reporting period and subsequent years:</b></p> <ol style="list-style-type: none"> <li>1. Safe Use of Opioids–Concurrent Prescribing eCQM</li> <li>2. PC-02</li> </ol> <p><b>AND</b></p> <ol style="list-style-type: none"> <li>3. PC-07</li> </ol>             |
| <b>Total number of quarters to report per calendar year</b> | Four quarters (Q1, Q2, Q3 and Q4 of 2025)<br>(eCQMs must be the same across quarters)  |
| <b>CEHRT</b>  | <a href="#">ASTP/ONC Health IT certification criteria</a>  |



# CY 2025 Available eCQMs

|  |  |   |
|--|--|---|
| <b>CMS-Selected</b><br><b>Safe Use of Opioids (CMS506v7)</b><br>Safe Use of Opioids–<br>Concurrent Prescribing*  | <b>CMS-Selected</b><br><b>PC-02 (CMS334v6)</b><br>Cesarean Birth*                        | <b>CMS-Selected</b><br><b>PC-07 (CMS1028v3)</b><br>Severe Obstetric Complications*<br>(Risk-Adjusted Measure) |
| <b>HH-HYPO (CMS816v4)</b><br>Hospital Harm–<br>Severe Hypoglycemia   | <b>HH-HYPER (CMS871v4)</b><br>Hospital Harm–<br>Severe Hyperglycemia                     | <b>HH-ORAE (CMS819v3)</b><br>Hospital Harm-Opioid Related<br>Adverse Events                                   |
| <b>GMCS (CMS986v4)</b><br>Global Malnutrition Composite Score  | <b>VTE-1 (CMS108v13)</b><br>Venous Thromboembolism<br>Prophylaxis                        | <b>VTE-2 (CMS190v13)</b><br>Intensive Care Unit Venous<br>Thromboembolism Prophylaxis                         |
| <b>STK-02 (CMS104v13)</b><br>Discharged on<br>Antithrombotic Therapy   | <b>STK-03 (CMS71v14)</b><br>Anticoagulation Therapy for Atrial<br>Fibrillation/Flutter   | <b>STK-05 (CMS72v13)</b><br>Antithrombotic Therapy By End<br>of Hospital Day 2                                |
| <b>IP-ExRad (CMS1074v2)</b><br>Excessive Radiation Dose or<br>Inadequate Image Quality for<br>Diagnostic Computed Tomography in<br>Adults (Facility IQR) | <b>HH-AKI (CMS832v2)</b><br>Hospital Harm-Acute Kidney Injury<br>(Risk-Adjusted measure) | <b>HH-PI (CMS826v2)</b><br>Hospital Harm-Pressure Injury  |

\*All hospitals are required to report on these eCQMs during the CY 2025 reporting period. Hospitals are required to successfully submit accepted QRDA Category I files meeting the Initial Patient Population (IPP) for all episodes (non-zero numerator(s), and/or case threshold exemption(s)).

# eCQM Reporting Certification and Specification Policies

- Use [ASTP/ONC Health IT certification criteria](#) to meet the CEHRT requirement.
- EHRs are certified to all available eCQMs in the measure set.
- Use 2025 eCQM specifications published in the CMS Annual Update available on the eCQI Resource Center's [Eligible Hospital/Critical Access Hospital eCQMs page](#).
  - Select Period 2025.
  - Filter by eCQMs.
- 2025 CMS QRDA Category I Implementation Guide for Hospital Quality Reporting:  
[https://ecqi.healthit.gov/qrda?qt-tabs\\_qrda=versions](https://ecqi.healthit.gov/qrda?qt-tabs_qrda=versions)

# Successful eCQM Submission for CY 2025 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 have patient-level data meeting the IPP for the mandatory measure(s) must submit a zero denominator declaration for each applicable quarter.

# Resources for eCQM Reporting

## QualityNet and Quality Reporting Center

[CY 2025 eCQM Submission Overview](#)

[CY 2025 Available eCQMs Table](#)

[CY 2025 QRDA Category I File  
Submission Checklist](#)

[QualityNet eCQM Pages](#)

[QualityNet Online Resources Page](#)

[Extraordinary Circumstances Exceptions Policy and Form](#)  
(Hospital IQR Program only)

Hardship Fact Sheet (Medicare Promoting Interoperability Program)

[Hospital IQR Program Measures for FY 2027](#)

QualityNet Medicare Promoting Interoperability Program Pages

HQR User Guide (Medicare Promoting Interoperability Program)

[Listserve Notifications](#)

# 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<br>(866) 288-8912<br><a href="mailto:QNetSupport@cms.hhs.gov">QNetSupport@cms.hhs.gov</a>  |
| Medicare Promoting Interoperability (attestation, objectives, policy, hardship)  | Hospital Inpatient Support Team (844) 472-4477<br>Quality Question and Answer Tool<br><a href="https://cmsqualitysupport.servicenowservices.com/qnet_ga">https://cmsqualitysupport.servicenowservices.com/qnet_ga</a>   |
| Hospital IQR Program and Policy  | Hospital Inpatient Support Team (844) 472-4477<br>QualityNet Question and Answer Tool<br><a href="https://cmsqualitysupport.servicenowservices.com/qnet_ga">https://cmsqualitysupport.servicenowservices.com/qnet_ga</a>  |
| <ul style="list-style-type: none"> <li>eCQM specifications (code sets, measure logic, measure intent)</li> <li>QRDA-related questions (CMS Implementation Guide, Sample Files and Schematrons)</li> <li>Hybrid measures – Technical (specifications, logic, value sets, QRDA)</li> </ul> | <b>ONC Jira Issue Trackers</b><br>eCQM Issue Tracker<br><a href="https://oncprojecttracking.healthit.gov/support/projects/CQM/summary">https://oncprojecttracking.healthit.gov/support/projects/CQM/summary</a><br>QRDA Issue Tracker<br><a href="https://oncprojecttracking.healthit.gov/support/projects/QRDA/summary">https://oncprojecttracking.healthit.gov/support/projects/QRDA/summary</a><br>CMS Hybrid Measure Issue Tracker<br><a href="https://oncprojecttracking.healthit.gov/support/browse/CHM">https://oncprojecttracking.healthit.gov/support/browse/CHM</a> |
| Hybrid Measures – Non-Technical (policy, measure methodology)  | QualityNet Question and Answer Tool<br><a href="https://cmsqualitysupport.servicenowservices.com/qnet_ga">https://cmsqualitysupport.servicenowservices.com/qnet_ga</a>  |
| eCQM Data Validation   | Validation Support Team ( <a href="mailto:validation@telligen.com">validation@telligen.com</a> )  |

Hospital IQR Program Requirements  
for FY 2027 Payment Determination

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**Thank You**

# Survey

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Please [click here](#) to complete a short survey.

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