Hospital Inpatient Quality Reporting (IQR) Program

Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

Hospital Inpatient Quality Reporting Program Requirements for the FY 2028 Payment Determination Presentation Transcript

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Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

Donna Bullock: Welcome to the *Hospital Inpatient Quality Reporting Program Requirements for the Fiscal Year 2028 Payment Determination* webinar.

My name is Donna Bullock, and I am with the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support team. I will be hosting and speaking on today's event. Along with myself, today's speakers also include Alex Arndt, also with the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support team.

If you have questions about this webinar, we encourage you to submit them directly to the Quality Question and Answer Tool. You can use the link on this slide.

This event will provide insight into the fiscal year 2028 Hospital Inpatient Quality Reporting, or IQR, Program requirements, as well as a review of the fiscal year 2028 Hospital IQR Program and Medicare Promoting Interoperability Program areas of alignment.

At the conclusion of today's event, participants will be able to identify the quarterly and annual requirements of the Hospital IQR Program. They'll be familiar with the areas of alignment between the [Hospital] IQR Program and Medicare Promoting Interoperability Program and be able to locate resources that are available for both these programs.

This is just a list of the acronyms that we may use throughout the presentation.

In the first part of today's presentation, I will be covering the quarterly [Hospital] IQR Program requirements for fiscal year 2028.

So, let's start this review of [Hospital] IQR Program requirements with our first 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, the CAUTI-Oncology and CLABSI-Oncology National Healthcare Safety Network, or

NHSN, measures; D, Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS, Survey data; or E, all of the above.

We'll wait just a few more minutes. The answer is E, all of the above. The clinical process of care measure, the NHSN CAUTI-Oncology and CLABSI-Oncology measures, the HCAHPS Survey measures, and the aggregate population and sampling data are required on a quarterly basis.

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 are the chart-abstracted measures; and the NHSN CAUTI-Oncology and CLABSI-Oncology measures. Additionally, those hospitals that are selected for validation will need to submit their medical records. We will go through each of these requirements in a little bit 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 by uploading an extensible markup language, or XML, file within the HQR System. Hospitals are required to submit the aggregate population and sample size counts even if the population is zero. Leaving the field blank does not fulfill the requirement. A zero must be submitted even when there is no discharges for a particular measure set.

There is one chart-abstracted clinical process of care measure that will be required for the [Hospital] IQR Program for fiscal year 2028, which begins with the January 1, 2026, 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. For calendar year 2026 discharges, you will use Version 5.18a of the specifications manuals, which covers January 1 through December 31, 2026 discharges.

The patient-level data for these measures are submitted via an XML file through the *HQR Secure Portal*.

Although it is not a quarterly requirement, I would like to take just 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 2028, which would be the flu season from fourth quarter 2025 through first quarter 2026, the data will need to be entered in NHSN by May 18, 2025. Please note that the submission deadline has been extended to May 18 due to the May 15 falling on a Friday.

New for fiscal year 2028, hospitals will be required to submit the CAUTI-Oncology and CLABSI-Oncology measures.

As per the fiscal year 2025 IPPS final rule, hospitals or facilities will collect the CAUTI- Oncology and CLABSI- Oncology numerator and denominator for each month of the reporting quarter and enter that data into the NHSN before the quarterly deadline. It is important to note that these are the same measures that are used in Hospital-Acquired Condition Reduction Program, or HACRP. However, the current CAUTI and CLABSI measures used in HACRP do not include cancer wards. To report this measure, hospitals will need to verify that all locations, including those housing oncology patients, are correctly mapped in NHSN. The data will be publicly reported.

Since the NHSN does not have an option to submit a "Not Applicable" response when reporting these measures, hospitals that do not have

oncology wards do not have a place to specify that within NHSN. Therefore, these location types are left blank within the system. In this case, the NHSN is not able to calculate a Standardized Infection Ratio, or SIR, and the hospital's data would not be publicly reported.

Hospitals may indicate that they do not have any locations mapped as an oncology ward on the measure exception form, as applicable. If a hospital indicates this on the form, the hospital need not report zero cases to NHSN, but completion of the measure exception form is required to avoid a penalty through a reduction in a hospital's annual payment update, or APU, for failing to report the measure.

We would 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.

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 and Medicare Advantage 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 claims-based measures that will be collected for the [Hospital] IQR Program. The Hospital-Specific Reports, or HSRs, for the claims-based measures are now available for hospitals within the *HQR Secure Portal*. The HSRs 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 2028 data.

For fiscal year 2028 payment determinations, CMS will use first quarter through fourth quarter of calendar year 2025 for data validation efforts.

Just briefly I would just like to point out a couple of the common issues that we see as to why a hospital may not be able to submit data or not 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 who can abstract and submit data to CMS. Another common issue is vendor-related issues. It is important to remember here that even though a hospital may be having a vendor submit data on 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] IQR Program requirements, we do have a few best practices or helpful tips to help you meet those requirements. The first best practice, as we denoted 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, after which the *HQR Secure Portal* will immediately be locked. No updates can be made after the submission deadline, and the data will not be reflected in the data CMS use. Also, as we denoted 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 the other to serve as a backup. On this same line, it is also recommended that you have more than one person who is able to do your chart-abstractions and submit that data to CMS via 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, CMS still encourages the submission of that data. 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 5, you would not be required to submit the sepsis patient-level data.

However, if you choose to submit, you could submit just one case, or two cases, or up to all 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 CAUTI-Oncology and CLABSI-Oncology measures, and validation records if the hospital has been selected for validation.

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

Let's begin this section with another polling question. Which of the following [Hospital] IQR Program requirements are submitted annually? A, Structural Measures and Data Accuracy and Completeness Acknowledgement, or DACA; B, Two active QualityNet Security Officials; C, eCQMs and hybrid measures Core Clinical Data Elements; D, A, and C; and E, all of the above. I'll take a few seconds for everybody to vote.

The answer is D. Annually, hospitals are required to submit the DACA, structural measures, and eCQMs. Additionally, the submission of the hybrid measures Core Clinical Data Elements are required for fiscal year 2028. 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 *HQR 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. 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 31 of the preceding year.

The structural measures are also completed on an annual basis. As with the DACA, the open period for completing these measures is 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 2028, the submission period will be from April 1 through May 17, 2027, due to May 15 falling on a weekend, with respect to January 1 through December 31 2026. Additionally, hospitals must submit the electronic clinical quality measures annually which Alex will cover later in this presentation.

So, just to reiterate, hospitals are required to complete the DACA on an annual basis via the *HQR 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. However, for fiscal year 2028, the submission deadline for the DACA will be May 17, 2027, due to May 15, 2026, falling on a weekend. As such, hospitals will have from April 1, 2027, through May 17, 2027, to enter their DACA for fiscal year 2028 data. We will discuss the hybrid measures and eCQMs later in this presentation.

For FY 2028, there are three required structural measures: the Maternal Morbidity Structural Measure, the Age Friendly Hospital, and the Patient Safety Structural Measure. For the structural measures, if your hospital met the intent of the measure anytime between January 1, 2026, and December 31, 2026, then you would be able to enter Yes to the structural measure question. The Maternal Morbidity Structural Measure determines if a hospital participated in a state or national perinatal quality improvement collaborative and if they had implemented patient safety practices or bundles in conjunction with that collaborative during the applicable reporting period. The Age Friendly Hospital measure assesses the hospital's commitment to improving care for patients 65 years or older

receiving services in the hospital, operating room, or emergency room. The Patient Safety [Structural] Measure assesses how well hospitals have implemented strategies and practices to strengthen their systems and culture for safety.

It is comprised of a set of complementary statements or attestations that aim to capture the most salient, systems-oriented actions to advance safety that exemplify a culture of safety and leadership commitment to transparency, accountability, patient and family engagement, and continuous learning and improvement.

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 *HQR Secure Portal* for the maternal morbidity and age friendly measures and via NHSN for the Patient Safety Structural Measure. To reiterate, the submission period will follow our other annual submission requirements and will be from April 1 through May 15. For fiscal year 2028, the reporting period will be January 1 through December 31, 2026, and will occur from April 1 through May 17 of 2027, due to May 15 falling on a weekend.

For the Maternal Morbidity Structural Measure, if you do not have an OB unit and/or provide labor and delivery services, you will 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 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 mandatory reporting of the Hospital-Level, Risk Standardized Patient-Reported Outcome-Based Performance Measure Following Elective Primary THA/TKA for fiscal year 2028.

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 and older. The measure uses four sources of data to calculate this measure, including patient-reported outcome data; claims data; Medicare enrollment and beneficiary data; and U.S. Census Bureau 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 data collection and submission periods for the mandatory reporting that will occur in 2026 and 2027. Please note, the THA/TKA PRO-PM pre-operative data collection and submission deadline for fiscal year 2028 occurred in 2025.

This slide just provides you with some resources that are available for 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 IQR Program requirements.

I would now like to turn the presentation over to Alexandra Arndt to cover the reporting of the hybrid measures.

Alex Arndt: Thank you, Donna.. Let's begin with our next polling question. Which of the following programs are hospitals able to voluntarily submit the hybrid measures Core Clinical Data Elements and linking variables for?

Is it A, the Medicare Promoting Interoperability Program; B, the Quality Payment Program; C, the Hospital Readmissions Reduction Program; D,

the Hospital IQR Program; or E, none of the above. Please take a moment and submit your answers.

The correct answer is E.

The Hybrid Hospital-Wide Readmission and Hybrid Hospital-Wide Mortality measures are two separate measures available for hospitals participating in the [Hospital] IQR Program with the mandatory submission of the Core Clinical Data Elements, along with claims data, for the fiscal year 2028 payment determination. The submission of hybrid measure data is a measure specific to the Hospital IQR Program. It is not a requirement for hospitals participating in the Medicare Promoting Interoperability Program. Hospitals must submit these data for the fiscal year 2028 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 data 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, or CCDEs, with claims data to calculate the risk-standardized readmission and mortality rates, respectively.

There is a one-page resource document you may reference for the fiscal year 2028 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 CCDE and linking variable data for one or both of the hybrid measures. This timeframe is referred to as the fiscal year 2028 reporting period. The measurement period does not fall within a calendar year and begins on July 1, 2026, and will go through June 30, 2027. Non-submission of these data may affect a hospital's annual payment update. CMS plans on distributing Hospital-Specific Reports in the spring of 2028 for hospitals to preview. CMS will announce when the HQR System is open and available to accept test and production QRDA Category I files for the hybrid measures in preparation for the October 1, 2027, 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 ONC Health IT certification 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.

This slide highlights the submission guidance for each hybrid measure. Hospitals must submit QRDA Category I files containing all Core Clinical Data Elements and all linking variables for CMS to 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. CMS guides hospitals to submit the following for all Medicare Fee for Service and Medicare Advantage claims as specified for each measure. Please note, that beginning with the fiscal year 2028 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.

Hospitals are required to report their data according to the CMS Annual Update for the specified reporting period. For the fiscal year 2028 payment determination, hospitals should refer to the 2025 technical specifications and implementation guidance by visiting the eCQI Resource Center and selecting the 2025 reporting period for hybrid measures. As previously mentioned, hospitals must report their data using certified EHR technology that has been updated to meet ONC Health IT certification criteria. To learn more, please review the ONC's 21st Century Cures Act final rule by clicking on the link provided to you on the slide.

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 2028 reporting period.

It's time for a polling question. Which of the following eCQMs are mandatory to report four quarters of data for to successfully meet the fiscal year 2028 reporting requirement for the [Hospital] IQR and Medicare Promoting Interoperability Programs? A, Safe Use of Opioids-Concurrent Prescribing; B, Cesarean Birth; C, Severe Obstetric Complications; D, Hospital Harm-Hypoglycemia and Hospital Harm-Hyperglycemia; or E, all of the above. Please take a moment and submit your responses.

The correct answer is E. The six mandatory eCQMs required for reporting include the Safe Use of Opioids-Concurrent Prescribing, Cesarean Birth,

Severe Obstetric Complications, and the Hospital Harm-Severe Hypoglycemia and Hyperglycemia eCQMs.

The next two slides summarizes the fiscal year 2028 eCQM reporting requirements applicable to the Hospital IQR and Medicare Promoting Interoperability Programs. Please note that meeting the Hospital IQR 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, 2026, through December 31, 2026. The submission deadline is March 1, 2027, at 11:59 p.m. Pacific Time.

This slide summarizes the fiscal year 2028 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 requirement to submit four quarters of data certified ASTP/ONC Health IT certification criteria. There are five mandatory, or CMS-selected, eCQMs plus three self-selected measures for a total of eight eCQMs per quarter. It is important to mention that each quarter must contain the same eight measures.

This table lists the 17 eCQMs available in the fiscal year 2028 eCQM measure set which include two new measures. The Hospital Harm-Falls with Injury and Hospital Harm-Postoperative Respiratory Failure eCQMs were added. Both measures are risk-adjusted, increasing the total number of risk-adjusted eCQMs to four. I would like to highlight that, beginning with fiscal year 2028 reporting, there are five mandatory eCQMs noted in red on the row. Also, CMS has updated the Global Malnutrition Composite Score to the Malnutrition Care Score beginning with the calendar year 2026 measure set. 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 exemptions.

For fiscal year 2028 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 ASTP/ONC Health IT certification criteria and ensure their EHR is certified to all available eCQMs. Measure data submitted requires using the 2026 eCQM specifications, including the 2026 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 exemption for a particular measure, it is important to note that their EHR must still be certified to report the measure. 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 2026 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 2028 payment determination. Pertaining to the Medicare Promoting Interoperability Program, the submission of calendar year 2026 eCQM data will affect the fiscal year 2028 payment determination for eligible hospitals and the fiscal year 2026 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 PC-02 and PC-07.

For questions pertaining to eCQM reporting, please review the support resources provided to you on this slide.

For questions pertaining to eCQM and/or hybrid measure reporting, please review the support resources provided to you on this slide. Thank you, Donna. I'll turn the presentation back over to you.

Donna Bullock: Thank you, Alex. We now have time for a few questions. As we stated before, if we do not answer your question during this webinar, please send it to us using the Quality Question & Answer Tool. To get to that tool, you can use the link we provided on slide three. I'm now going to turn the presentation over to our moderator, Candace Jackson.

Candace Jackson: Thank you, Donna. We will go ahead and get started with a few of the questions that were submitted. Once again, if your question was not addressed during the webinar, please submit those to the Q&A tool, and you will receive a response via the Q&A tool. We'll go ahead and get our first question, and this is related to eCQMs for Alex. The eCQM measure specifications are sometimes confusing. How do I get clarification on the measure specifications?

Alex Arndt: Thanks, Candace. Questions related to the eCQM measure specifications are reviewed and addressed by the measure steward within the ONC project tracking system called JIRA. There, you can search for similar topics related to your question that may have been already addressed by the measure experts. Please refer to slide 55 for the appropriate links. If you are unable to locate information, you may need to submit your own question. To submit your own question, you will need to create an account by visiting the home page of the ONC Issue Tracking System dashboard. If you require assistance on creating an account or accessing the site, please contact the JIRA Support Team at onc-jira-questions@healthit.gov.

Candace Jackson: Thank you, Alex. The web links that we just stated will be included in the transcript if you were unable to get them all written down during this

response. We will go ahead with our second question, and this looks like we've got quite a few questions related to NHSN.

Where can we find an example of what the Patient Safety Structural Measure attestation form looks like in NHSN? Donna, would you be able to respond?

Donna Bullock: I can, Candace. Thank you very much. As luck would have it, the National Healthcare Safety Network, or NHSN, has just recently created a page for the Patient Safety Structural Measure. It includes an example of the attestation form. You can access this page on the NHSN website. As Candice said, we will provide a link, but you can go to the NHSN website, which is www.cdc.gov/nhsn/. From there, click on CMS Requirements. Then, open the Patient Safety Component menu. Then, click on the Patient Safety Structural Measure. Hope that helps.

Candace Jackson: Great. Thank you, Donna. Since we are on NHSN, the other new measures are the CAUTI-Onc and CLABSI-Onc measures. A frequent question we have is: Are the CAUTI-Onc and CLABSI-Onc measures different, or do they have the same specifications as the CAUTI and CLABSI measures used in the Hospital-Acquired Condition Reduction Program?

Donna Bullock: That is an excellent question. Thank you, Candace. The answer is yes; that is correct. The specifications for the CAUTI-Oncology and CLABSI-Oncology measures are the same as those used in the HAC Reduction Program. The difference is just the mapping of the locations. The CDC has now included some guidance related to the mapping and the submission of the CAUTI-Oncology and CLABSI-Oncology data into their NHSN resources. You can find this information related to mapping of locations and the monthly checklist on the NHSN website, which is the same, www.cdc.gov/nhsn/. From there, click CMS Requirements. Then, click Acute Care Hospitals.

Candace Jackson: Thank you, Donna. We do have time for one more question. This question will go to Donna. Then, she will close out the webinar from there. This

question is related to validation. How do we know if our hospital has been selected for validation?

Donna Bullock: Thanks, Candace. That's not a hard one at all. Hospitals receive an email directly from the CMS Validation Support Contractor when they have been selected. The email indicates if they have been selected as random or targeted, and that's good information to have. You'll need it.

Additionally, the hospitals that have been selected for fiscal year 2028 payment determinations have already been posted on the QualityNet website. You can find that information on QualityNet. From the home page, click Hospitals-Inpatient, then Data Management, Data Validation, and then Resources. If you're still unsure, you can always reach out to the Validation Support Contractor via email, which is Validation@Telligen.com. That's T as in Tom, E-L-L-I-G as in good, E-N, as in Nancy, dot com. They will be happy to answer any questions that you have. As Candace said...

Candace Jackson: I believe we might have lost connection to Donna.

Donna Bullock: I'm so sorry. Anyhow, this program has been approved for one continuing education credit. If you registered for today's event, an email with the link to the survey and the continuing education information will be sent to you within two business days. If you did not register for the event, please obtain this email from someone who did register. More information about our continuing education processes can be found by clicking on the link on this slide.

That, finally, concludes today's presentation. Thank you so much for joining us. Enjoy the rest of your day.