



Hospital Quality Reporting Important Dates and Deadlines

Discharge Quarter	IQR			HACRP	Validation			
	HCHAPS Submission	Population & Sampling Submission ¹	Clinical Submission ^{2,3}	PC-01 Web-Based Submission	HAI Submission ^{2,3}	HAI Validation Templates ^{2,3}	Estimated CDAC Record Request ^{2,3}	Estimated Date Records Due to CDAC ^{2,3}
Q1 2020 Jan 1-Mar 31	07-01-2020	08-03-2020 ⁴	08-17-2020 ⁴	07-01-2020-08-17-2020 ⁴	08-17-2020 ⁴	Will not be requested	Random: 09-01-2020 Targeted: 10-16-2020	Random: 10-01-2020 Targeted: 11-16-2020
Q2 2020 Apr 1-Jun 30	10-07-2020	11-02-2020 ⁴	11-16-2020 ⁴	10-01-2020-11-16-2020 ⁴	11-16-2020 ⁴	Will not be requested	Random and Targeted: 12-15-2020	Random and Targeted: 01-15-2021
Q3 2020 Jul 1-Sep 30	01-06-2021	02-01-2021	02-16-2021 ⁴	01-01-2021-02-16-2021 ⁴	02-16-2021 ⁴	Random: TBD Targeted: TBD	Random: TBD Targeted: TBD	Random: TBD Targeted: TBD
Q4 2020 Oct 1-Dec 31	04-07-2021	05-03-2021 ⁴	05-17-2021 ⁴	04-01-2021-05-17-2021 ⁴	05-17-2021 ⁴	Random: TBD Targeted: TBD	Random: TBD Targeted: TBD	Random: TBD Targeted: TBD

FY 2022 APU

Measures/Requirement	Quarters/Dates Included	Submission Deadline/Period	
eCQMs ⁶	One self-selected quarter of data (1Q 2020, 2Q 2020, 3Q 2020, 4Q 2020)	March 1, 2021 ⁴	
DACA	January 1, 2020-December 31, 2020	April 1, 2021-May 17, 2021 ⁴	
Measures/Requirement	Quarters/Dates Included	Estimated CDAC Record Request	Date Records Due to CDAC
eCQM Validation ⁵	One quarter of data from CY 2019	06-30-2020	07-31-2020

Acronyms

APU: Annual Payment Update	eCQM: electronic clinical quality measure	IQR: Inpatient Quality Reporting
CDAC: Clinical Data Abstraction Center	FY: Fiscal Year	NHSN: National Healthcare Safety Network
CDC: Centers for Disease Control and Prevention	HACRP: Hospital-Acquired Condition Reduction Program	PC: Perinatal Care
CY: Calendar Year	HAI: Healthcare-Associated Infection	Q: Quarter
DACA: Data Accuracy and Completeness Acknowledgement	HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems	TBD: To Be Determined

¹ Required for chart-abstracted measures only.

² Starting with discharge quarter Q1 2020, the HAI measures will no longer be collected, validated, or reported under the Hospital IQR Program. The HAI measures will still occur under the Hospital-Acquired Condition (HAC) Reporting Program and Hospital Value-Based Purchasing (VBP) Program.

³ Chart-abstracted data validation for FY 2022 includes Q3 2019, Q4 2019, Q1 2020, and Q2 2020.

⁴ Deadline extended due to original deadline falling on a weekend and/or holiday.

⁵ eCQM validation for FY 2022 includes one quarter of CY 2019 data.

⁶ Hospital IQR Program alignment with Medicare & Medicaid Promoting Interoperability Program. For the Hospital IQR Program in FY 2022, hospitals must report at least four eCQMs from the same quarter.

Notes:

- All dates are subject to change.
- Generally, data must be submitted no later than 11:59 p.m. Pacific Time on the submission deadline with the exception of HCAHPS. HCAHPS must be submitted by 11:59 p.m. Central Time.
- Validation medical records must be received by CDAC no later than 4:30 p.m. Eastern Time.
- Data for clinical measures, eCQMs, population and sampling, DACA, and PC-01 are transmitted within the *Hospital Quality Reporting Secure Portal*.
- HAI Validation Template data are transmitted within the *Hospital Quality Reporting Secure Portal* via Secure File Transfer. HAI measure data are submitted to the CDC through the NHSN.
- Medical records are submitted to the CDAC according to coversheet instructions.