



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}
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: 01-11-2021	Random and Targeted: 03-12-2021
Q3 2020 Jul 1-Sep 30	03-17-2021 ⁵	03-18-2021 ⁵	03-18-2021 ⁵	01-01-2021-03-18-2021 ⁵	03-18-2021 ⁵	Random: 3-18-2021 Targeted: TBD	Random: 4-14-2021 Targeted: TBD	Random: 5-14-2021 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: 5-03-2021 Targeted: TBD	Random: 6-1-2021 Targeted: TBD	Random: 7-1-2021 Targeted: TBD
Q1 2021 Jan 1-Mar 31	06-30-2021	08-02-2021 ⁴	08-16-2021 ⁴	07-01-2021-08-16-2021 ⁴	08-16-2021 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 ⁷		One self-selected quarter of data (1Q 2020, 2Q 2020, 3Q 2020, 4Q 2020)				April 1, 2021 ⁵		
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 ⁶		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 2023 includes only two quarters: Q3 2020 and Q4 2020.

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

⁵ Deadline extended due to public health emergency.

⁶ eCQM validation for FY 2022 includes one quarter of CY 2019 data.

⁷ 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 Managed File Transfer. HAI measure data are submitted to the CDC through the NHSN.
- Medical records are submitted to the CDAC according to coversheet instructions.