Fiscal Year 2028 Hospital Inpatient Quality Reporting Program Guide

Calendar Year 2026 Reporting Period/ Fiscal Year 2028 Payment Determination

Version 1.0

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About This Program Guide

This *Fiscal Year 2028 Hospital Inpatient Quality Reporting Program Guide* may be used as a resource to help you understand the requirements of the Hospital Inpatient Quality Reporting (IQR) Program. Inside these pages you will find an outline of the Hospital IQR Program participation requirements, including validation, and information about measures, data submission, and public reporting.

This program guide is specifically for hospital quality reporting that is associated with FY 2028. FY 2028 quality measure data reported by hospitals and submitted to the Centers for Medicare & Medicaid Services (CMS) will affect a hospital's future Medicare payment between October 1, 2027, and September 30, 2028. The fiscal year is also known as the payment year (PY).

Please reach out to us if you have any questions about the Hospital IQR Program:

- Phone Numbers: (844) 472-4477 or (866) 800-8765
- Email: https://cmsqualitysupport.servicenowservices.com/qnet_qa

We hope you find this information helpful.

Your Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

Hospital Inpatient Quality Reporting Program Overview

The Hospital IQR Program is a quality reporting program with the goal of driving quality improvement through measurement and transparency. Hospitals participate by submitting data to CMS on measures of inpatient quality of care.

- The Hospital IQR Program is known as a "pay for reporting" program because hospitals that participate in the program and successfully meet all requirements are paid more than hospitals that do not participate.
- Hospitals that wish to participate in the Hospital IQR Program must let CMS know by submitting a Notice of Participation (NOP).

Note: Some measures that are included in the Hospital IQR Program are also used in the Hospital Value-Based Purchasing (VBP) Program. Measures can appear in both programs for several reasons, but often this occurs because CMS must publicly report substantive changes to a measure in Hospital IQR for one year before considering an update to the value-based Hospital VBP Program.

CMS publicly reports measure data on the Compare Tool on Medicare.gov. The Compare website presents hospital performance data in a consistent, unified manner to ensure the availability of information about the care delivered in the nation's hospitals. Prior to the release of data on the public reporting website, hospitals are given the opportunity to review their data during a 30-day preview period via the *Hospital Quality Reporting (HQR) Secure Portal*.

Hospital IQR Program reporting done for any calendar year affects the hospital's Medicare reimbursement during a future year. This future year is known as the fiscal year (FY), or the payment year (PY). For example, Hospital IQR Program data submissions related to calendar year (CY) 2026 discharges will affect the hospital's Medicare reimbursement between October 1, 2027, and September 30, 2028. The time frame between October 1, 2027, and September 30, 2028, is known as FY 2028 and corresponds with PY 2028.

Acute care hospitals paid for treating Medicare beneficiaries under the Inpatient Prospective Payment System (IPPS) can receive the full Medicare annual payment update (APU). However, the Social Security Act requires that the APU will be reduced for any such "subsection (d) hospitals" that do not submit certain quality data in a form and manner, and at a time, specified by the Secretary under the Hospital IQR Program.

Those subsection (d) hospitals that do not participate, or participate but fail to meet program requirements, are subject to a **one-fourth reduction** of the applicable percentage increase in their APU for the applicable fiscal year. **Hospitals that are subject to payment reductions under the Hospital IQR Program are also excluded from the Hospital VBP Program.**

The subsection (d) definition **excludes** the following:

- Psychiatric hospitals (as defined in section 1861(f) of the Social Security Act)
- Rehabilitation hospitals (as defined by the Secretary)
- Hospitals with inpatients who are predominantly individuals under 18 years of age (e.g., children's hospitals)
- Hospitals designated as long-term acute care
- Cancer hospitals that are exempt from the IPPS

- Hospitals designated as critical access hospitals
- Hospitals reimbursed under special agreements, such as the Maryland Total Cost of Care Model
- Hospitals outside the 50 states, the District of Columbia, and Puerto Rico

Critical Access Hospitals

Critical access hospitals (CAHs) are not required to participate in the Hospital IQR Program, and do not receive a financial penalty for not participating but are encouraged to voluntarily submit measure data and have it publicly reported. To participate in voluntary reporting, critical access hospitals must let CMS know by submitting an Optional Public Reporting Notice of Participation, which may be submitted at any time.

More information is available on QualityNet: *QualityNet.cms.gov > Hospitals - Inpatient > Public Reporting > Hospital Compare Public Reporting > Participation > Optional Public Reporting Notice of Participation*.

Note: Critical access hospitals **are** required to participate in the Medicare Promoting Interoperability Program, which is a separate, but related program to the Hospital IQR Program.

You can find more information about the Medicare Promoting Interoperability Program on QualityNet: *QualityNet.cms.gov> Hospitals - Inpatient > Medicare Promoting Interoperability Program.* If you have any questions about this program, please submit them to the QualityNet Question and Answer Tool at https://cmsqualitysupport.servicenowservices.com/qnet_qa.

CMS Rule Making

CMS regulations establish or modify the way CMS administers its programs. CMS publishes our regulations in the *Federal Register*.

A "proposed rule" announces CMS' intent to issue a new regulation or modify an existing regulation. A proposed rule solicits public comments during a comment period. By law, anyone can participate in the rulemaking process by commenting in writing on the regulations CMS proposes. CMS encourages public input and carefully considers these comments before it develops a final regulation. The "comment period" specifies how long CMS will accept public comments; this lasts for at least 60 days for regulations, though some comment periods may differ.

After considering public comments that we receive by the close of the comment period, CMS will announce a decision on if we will move forward with a proposed change in regulation using the publication of a "final rule."

CMS Communications

One of the ways that CMS communicates important program information to hospitals is by email notifications. Make sure you are signed up for these communications and that we have your hospital's up-to-date contact information so that targeted communications reach you.

Email Updates (Listserves)

CMS regularly communicates Hospital IQR Program information to participants and stakeholders via email using contacts in the QualityNet Email Updates database. You may sign up for CMS Quality Reporting program mailing lists on the QualityNet website.

Targeted Communications

The Inpatient and Outpatient Healthcare Quality Systems Development and Program Support, a CMS contractor, is responsible for maintaining the CMS provider contact database. This database contains contact information for key staff members in each Hospital IQR-participating hospital. Information in this database is used to provide critical targeted communications to hospitals about meeting the requirements of the Hospital IQR Program and other CMS quality reporting programs.

Quality improvement staff members, infection preventionists, and C-suite personnel rely on our reminder emails and phone calls to help get their data submitted and program requirements met prior to the CMS deadlines. It is important to keep your hospital's contact information current, so you do not miss our reminders.

The fillable Hospital Contact Change Form is available electronically on the QualityNet and Quality Reporting Center websites:

QualityNet.cms.gov > Hospitals - Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > View Resources

QualityReportingCenter.com > Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Resources and Tools > Forms

You may submit the form at any time an update is needed via email: QRFormsSubmission@hsag.com

Hospital IQR Program Measures

CMS uses data from various sources to determine the quality of care that patients receive.

Claims-Based Measures

CMS uses Medicare enrollment data and Part A and Part B claims data for certain measures. All information used in the calculation of claims measures is provided by the hospital on the claims it sends to Medicare to obtain reimbursement for the care provided to the patient. Hospitals do not have to submit any additional data to CMS beyond what they submit for reimbursement.

Clinical Process of Care Measures

Data for these measures are related to the processes used to care for patients, not directly patient outcomes. The hospital or hospital's vendor abstract data from medical records and submit to CMS. For the FY 2028 Hospital IQR Program, only the Severe Sepsis and Septic Shock: Management Bundle (SEP-1) falls under this category.

Public Health Registry Measures

Public health registry measure data are submitted by hospitals to the Centers for Disease Control and Prevention (CDC) via the National Healthcare Safety Network (NHSN). Hospitals must enroll in NHSN and complete NHSN training to do this. The CDC sends the public health registry data to CMS immediately following each submission deadline for quality program purposes.

Hospital Consumer Assessment of Healthcare Providers and Systems Survey

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey is a standardized survey for measuring patients' perspectives on their hospital care during their inpatient stay. The hospital or the hospital's vendor reports data from completed surveys to CMS.

Electronic Clinical Quality Measures

An electronic clinical quality measure (eCQM) is a measure specified in a standard electronic format that uses data electronically extracted from electronic health records (EHRs) and/or health information technology (IT) systems to measure the quality of health care provided.

Hybrid Measures

A hybrid measure is a quality measure with more than one source of data for measure calculation. Current hybrid measures use claims data and electronic clinical data from EHRs to calculate measure results.

Structural Measures

Structural measures assess features of a healthcare organization or clinician relevant to its capacity to provide healthcare. Data from structural measures are used to assess infrastructure, systems, and processes. Such measures may offer some advantages, including an opportunity for more dynamic systems change through a focus on complex, institutional-level factors.

Patient-Reported Outcome-Based Performance Measures

Patient-reported outcome-based performance measures report the status of a patient's health condition or health behavior that comes directly from the patient, without interpretation of the patient's response by a clinician.

Data Submission Deadlines— Fiscal Year 2028 Payment Determination

Data are submitted in different ways, depending on the measure type. Data submissions must be timely, complete, and accurate.

Information on the Hospital IQR Program data submission deadlines and reporting quarters used for the FY 2028 payment determination is available on CMS' QualityNet and Quality Reporting Center websites.

On the QualityNet website:

Submission deadlines: *QualityNet.cms.gov > Hospitals - Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > View Resources*

Reporting quarters: *QualityNet.cms.gov > Hospitals – Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > View Resources > Payment Determination*

On *QualityReportingCenter.com: QualityReportingCenter.com > Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Resources and Tools*

These mandatory requirements are due **quarterly**:

- HCAHPS Survey data
- Population and sampling for Sepsis (SEP)-1
- Clinical process of care measures (SEP-1)
- Catheter-Associated Urinary Tract Infection Standardized Infection Ratio Stratified for Oncology Locations (CAUTI-Onc)
- Central Line-Associated Bloodstream Infection Standardized Infection Ration Stratified for Oncology Locations (CLABSI-Onc)

These mandatory requirements are due **annually**:

- Data Accuracy and Completeness Acknowledgement (DACA) (Submission period is April 1–May 15 each year.)
- Web-based Structural Measures (Submission period is April 1–May 15 each year.) They include the following:
  - Maternal Morbidity Structural Measure
  - Age Friendly Hospital Measure
  - Patient Safety Structural Measure
- Influenza Vaccination Coverage Among Healthcare Personnel measure (Reporting period is the flu season, October 1–March 31, with a deadline of May 15 each year.)
- eCQMs (Hospitals are required to submit data by the deadline of March 1, 2027.)
- Hybrid Measures (Performance period is from July 1, 2025, through June 30, 2026.) They include the following:
  - Hybrid Hospital-Wide All-Cause Readmission (HWR) Measure
  - Hybrid Hospital-Wide All-Cause Risk Standardized Mortality (HWM) Measure

  The Core Clinical Data Elements (CCDEs) and linking variables are required for FY 2028. The deadline for submitting CCDEs and linking variables is October 1, 2026.
- Total Hip Arthroplasty/Total Knee Arthroplasty (THA/TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM): The mandatory reporting period for this requirement began with eligible procedures performed between July 1, 2024, and June 30, 2025. This measure will be included in the CMS APU determinations for Fiscal Year 2028. The deadline to submit post-operative data for this reporting period is September 30, 2026.

Important Information About Submission Deadlines

For data that is submitted on a quarterly basis, CMS typically allows four-and-a-half months for hospitals to add new data and submit, resubmit, change, and delete existing data up until the submission deadline. Data should be submitted well before the deadline to allow time to review them for accuracy and make necessary corrections. For data that is submitted annually, the submission period is one-and-a-half months.

Important Note: Submission deadlines that fall on a weekend or holiday will be moved to the next business day.

Clinical Process of Care and Population and Sampling: The *HQR Secure Portal* does not allow data to be submitted or corrected after the quarterly deadline.

Influenza Vaccination Coverage Among Healthcare Personnel (HCP), CAUTI-Onc, CLABSI-Onc, and Patient Safety Structural Measure: Data can be modified in NHSN at any time. However, data that is modified in NHSN after the submission deadline are not sent to CMS, will not be used in CMS programs, and will not be publicly reported.

HCAHPS Survey: Data may be corrected during the designated seven-day review and correction period following each submission deadline. However, data cannot be changed, nor new data submitted after the quarterly deadline.

Web-Based (DACA and Structural Measures): Information cannot be added or changed after the annual deadline.

eCQMs and Hybrid Measures: The *HQR Secure Portal* does not allow data to be submitted or corrected after the annual submission deadline.

Hospital Inpatient Quality Reporting Program Requirements Fiscal Year 2028 Payment Determination

This section summarizes the Hospital IQR Program requirements for subsection (d) hospitals paid by Medicare under the inpatient prospective payment system (IPPS).

Hospitals participating in the Hospital IQR Program must follow requirements outlined in the applicable IPPS final rules. New and modified requirements are published in the *Federal Register* at https://www.federalregister.gov/.

To avoid a reduction in the annual payment update, hospitals **must** meet **all** of the listed requirements below. Further information about each requirement is included below the list.

1. Register staff within the *Hospital Quality Reporting Secure Portal.*
2. Register at least one staff member as a Security Official.
3. Complete the NOP (for newly reporting hospitals).
4. Submit HCAHPS Survey data.
5. Submit aggregate population and sample size counts for chart-abstracted process measures.
6. Submit clinical process of care measure data (via chart abstraction).
7. Submit NHSN measures data.
8. Submit eCQM data.
9. Submit hybrid measure claims data, including CCDEs and linking variables.
10. Submit web-based structural measure data.
11. Complete the DACA.
12. Meet validation requirements (if hospital is selected for validation).

1. Register Staff within the Hospital Quality Reporting Secure Portal

Hospitals must register staff within the *HQR Secure Portal* to submit a NOP and begin reporting data. To register as a Basic User or Security Official in the new system:

1. Log into the *HQR Secure Portal* at https://hqr.cms.gov/hqrng/login with your Health Care Quality Information System Access Roles and Profile (HARP) user name and password. (No HARP account? Create one on the HARP page at https://harp.cms.gov/register/profile-info.)
2. Go to **My Profile** (Under your User Name in the upper right). From this page, you can **Request** access and **View Current Access**.
3. Select **Basic User** or **Security Official** when prompted to select a user type.
4. Select your required permissions and click **submit an access request**. You will be notified by email when your request has been approved.

2. Designate a Security Official

Hospitals submitting data via the *Hospital Quality Reporting Secure Portal* or using a vendor to submit data on their behalf are required to designate at least one Security Official (SO). It is recommended that SOs log into their accounts at least once per month to maintain an active account. Accounts that have been inactive for 120 days will be disabled. Once an account is disabled, the user must contact the Center for Clinical Standards and Quality (CCSQ) Service Center to have the account reset.

Best Practice: It is highly recommended that hospitals designate at least two SOs. One serves as the primary SO and the other serves as backup. **A minimum of *two* SOs ensures compliance with this requirement if one of the SOs becomes unavailable.**

3. Complete the Notice of Participation (for Newly Reporting Hospitals)

Subsection (d) hospitals that wish to participate in the Hospital IQR Program must complete a Hospital IQR Program Notice of Participation (NOP) through the *HQR Secure Portal* online tool. During this process, hospitals must identify two contacts to receive notification of pledge changes.

New Subsection (d) Hospitals: New hospitals that wish to participate in the Hospital IQR Program must submit a NOP no later than 180 days from the hospital's Medicare accept date. These hospitals must start submitting Hospital IQR Program data for the quarter after they sign their NOP. For example, a hospital that signs the NOP in April 2026 (second quarter 2026) will begin submitting Hospital IQR Program data as follows:

- Population and sampling, chart-abstracted, CAUTI-Onc, CLABSI-Onc, and HCAHPS: Q3 2026 discharges (discharges that occur July 1, 2026–September 30, 2026) and forward
- eCQMs for FY 2028: Q3 and Q4 2025 discharges
- Hybrid measures for FY 2028: Q3 2025 discharges and forward

Important Note: For the THA/TKA PRO-PM measure, hospitals would start submitting data with the next pre-operative reporting period. For example, if a hospital signed their NOP in December 2025, they would begin collecting data with the April 2, 2026, pre-operative reporting period for eligible procedures that begin July 1, 2026.

Older Subsection (d) Hospitals: Hospitals with Medicare accept dates greater than 180 days in the past may also participate in the Hospital IQR Program. These hospitals must complete a NOP by December 31 of the calendar year prior to the first quarter of the calendar year in which the Hospital IQR Program data submission is required for any given fiscal year. For example, a hospital not currently participating in the Hospital IQR Program has until December 31, 2026, to sign the NOP.

The hospital would then begin submitting Hospital IQR Program data for 2027 discharges (Q1 2027 through Q4 2027). Data submitted for 2027 discharges will affect a hospital's annual payment update from October 1, 2028–September 30, 2029 (FY 2029).

More information is available on the Participation page on the QualityNet website.

Hospitals may withdraw their participation in the Hospital IQR Program using the NOP tool in the *HQR Secure Portal*.

- When a hospital chooses to withdraw from the Hospital IQR Program, it must withdraw the NOP (using the NOP tool in the *HQR Secure Portal)* **by May 15 prior to the start** of the affected fiscal year.
- Hospitals choosing to **withdraw** from the Hospital IQR Program will automatically receive a **one-fourth reduction** of the applicable percentage increase of their annual payment update and will be **excluded** from the Hospital VBP Program.

Optional Public Reporting Notice of Participation

CMS allows hospitals that are not required to participate in the Hospital IQR Program, such as critical access hospitals, to voluntarily submit measure data to be publicly reported. To do so, hospitals that voluntarily participate must complete the Optional Public Reporting Notice of Participation.

Note: CAHs participating in the Medicare Promoting Interoperability Program will have their eCQM data publicly reported regardless of the presence of an NOP because they are statutorily required to submit eCQMs under the Medicare Promoting Interoperability Program. By entering this pledge, the hospital agrees to transmit or have data transmitted to CMS and/or the *HQR Secure Portal* and permit the hospital's performance information, including summary information such as star ratings, to be publicly reported, beginning with discharges for the calendar year quarter selected.

4. Submit Hospital Consumer Assessment of Healthcare Providers and Systems Survey Data

Hospitals must collect HCAHPS Survey data monthly and submit the data to CMS no later than each quarterly submission deadline. Information on both the guidelines and deadlines are posted on the HCAHPS website.

Participation in the HCAHPS Survey requires hospitals to either:

- Contract with an approved HCAHPS Survey vendor that will conduct the survey and submit the data on the hospital's behalf.
  OR
- Self-administer the survey without using a survey vendor. Hospital staff must attend HCAHPS Survey training, become approved to self-administer the survey, and meet minimum survey requirements as specified on the HCAHPS website.

Important Note: When a vendor submits data for a hospital, the **hospital** remains responsible for the accuracy and the timeliness of the submission.

For information about HCAHPS Survey policy updates, administration procedures, patient-mix and mode adjustments, training opportunities, and participation in the survey, visit the HCAHPS website.

Have comments or questions?

- To communicate with CMS about HCAHPS, please email Hospitalcahps@cms.hhs.gov.
- For information or technical assistance, please contact the HCAHPS Project Team via email at hcahps@hsag.com or call (888) 884-4007.

5. Submit Aggregate Population and Sample Size Counts for Chart-Abstracted Process Measures

Each quarter prior to the submission deadline, hospitals must submit aggregate population and sample size counts for chart-abstracted measure sets via the Population and Sampling tool or Extensible Markup Language (XML) file through the *Hospital Quality Reporting Secure Portal*. These counts include both Medicare and non-Medicare discharges. Calendar year 2026 reporting, FY 2028 payment determination, for the Hospital IQR Program requires entry of the population and sampling data for only the sepsis measure.

Important Note: Fields may not be left blank. If the hospital had no discharges for the measure set, a zero (0) must be entered, if appropriate.

6. Submit Clinical Process of Care Measure Data (via Chart Abstraction)

Each quarter prior to the submission deadline, hospitals must submit chart-abstracted data through the *HQR Secure Portal* for the clinical process of care measures.

Chart-Abstracted Clinical Process of Care Measures	
Short Name	**Measure Name**
SEP-1	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)

Using the HQR Secure Portal

All files and data exchanged with CMS via the *HQR Secure Portal* are encrypted during transmission and are stored in an encrypted format until the recipient downloads the data. The *HQR Secure Portal* meets all requirements of the Health Insurance Portability and Accountability Act of 1996.

Important Note: Hospitals can update/correct their submitted clinical data until the CMS submission deadline. The *HQR Secure Portal* will be locked immediately afterward. Any cases or updates submitted after the submission deadline will be rejected and will not be reflected in the data CMS uses.

Data Submission for SEP-1

For SEP-1, providers must submit XML files through the *HQR Secure Portal*. For abstraction and sampling guidelines for these measures, use the *Specifications Manual for National Hospital Inpatient Quality Measures* (Specifications Manual) located on the Hospital Inpatient Specifications Manuals web page on QualityNet: *QualityNet.cms.gov > Hospitals - Inpatient > View all Specifications Manuals > Hospital Inpatient Specifications Manuals*.

These measures, use the *Specifications Manual for National Hospital Inpatient Quality Measures* (Specifications Manual) located on the Hospital Inpatient Specifications Manuals web page on QualityNet: *QualityNet.cms.gov > Hospitals - Inpatient > View all Specifications Manuals > Hospital Inpatient Specifications Manuals*.

Note: The Specifications Manual is typically posted annually; covering Q1 through Q4. Occasionally, if a change needs to be made, an addendum will be posted.

Five or Fewer Discharges: Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) in a measure set (Sepsis) in a quarter **are not** required to submit patient-level data for that measure set for that quarter. However, population and sampling data must still be entered for the Sepsis measure set; please see Requirement 5, above.

For a complete list of measures, please reference the Hospital IQR FY 2028 (CY 2026) Measures on QualityNet and Quality Reporting Center:

QualityNet.cms.gov > Hospitals - Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > IQR Measures > Hospital IQR FY 2028 Measures

QualityReportingCenter.com > Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Resources and Tools > IQR Resources for FY 2028 Payment Determination

To aid in data submission, providers may:

- **Use the HQR Data Form, formerly known as the CMS Abstraction & Reporting Tool (CART)**. The data form is within the *HQR Secure Portal* to collect and analyze inpatient and outpatient quality improvement data. To access the data form, log into the *HQR Secure Portal* with your HARP username and password.

  For additional information on how to access and enter and submit data please refer to the CCSQ YouTube channel at https://www.youtube.com/playlist?list=PLaV7m2-zFKpjctAKzszs_jNbXmhvADgcy
  - Data for chart-abstracted quality measures are abstracted from the medical records using the data form and the appropriate Specifications Manuals. The data are then converted to an XML file and automatically submitted
- **Use a third-party vendor in a private contract with the hospital.** Third-party vendors are able to meet the measurement specifications for data transmission (XML file format) to the *HQR Secure Portal*. To manage your vendors in the *HQR Secure Portal*, follow these steps:
  1. Log in to HQR with your HARP username and password.
  2. Go to Administration > Vendor Management.
  3. On the Vendor Management page, search or add a vendor or view Your Vendors.

  Vendor authorizations remain in effect until the hospital modifies the authorization. Hospitals using CART do not need to complete a vendor authorization to report data.

Important Note: When a vendor submits data for a hospital, the *hospital* remains responsible for the accuracy and the timeliness of the submission.

7. Submit National Healthcare Safety Network Measure Data.

NHSN Measures	
Short Name	**Measure Name**
HCP Influenza Vaccination	Influenza Vaccination Coverage Among Healthcare Personnel Data (via National Healthcare Safety Network)
Patient Safety	Patient Safety Structural Measure
CAUTI-Onc	Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio Stratified for Oncology Locations
CLABSI-Onc	Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ration Stratified for Oncology Locations

Submit Influenza Vaccination Coverage Among Healthcare Personnel Data (via National Healthcare Safety Network)

Influenza Vaccination Coverage Among Healthcare Personnel (HCP) data are submitted to the CDC's NHSN. CDC transmits this data to CMS immediately following the annual submission deadline for use in CMS quality programs, as well as CDC surveillance programs.

Hospitals **must** be enrolled in NHSN, and employees who submit HCP data in NHSN **must** have been granted access to it by CDC. For more information, please visit CMS Resources for NHSN Users at

www.cdc.gov/nhsn > *Data & Reports* > *CMS Requirements*. Questions regarding NHSN data should be submitted to nhsn@cdc.gov.

Best Practice: It is highly recommended that hospitals have at least two active NHSN users who have the ability to enter HCP data. **This practice may help hospitals meet data submission deadlines in the event one of the NHSN users becomes unavailable.**

Hospitals **must** collect and submit Influenza Vaccination Coverage Among HCP data **annually**. The submission period corresponds to the typical flu season (October 1–March 31), and data for this measure are due annually by May 15 each year following the end of the flu season. The measure does not separate out HCP who only work in the inpatient or outpatient areas or work in both. Therefore, hospitals are allowed to collect and submit a single vaccination count to include all HCP who meet the criteria, regardless of whether healthcare personnel work in inpatient or outpatient areas. The combined count should be entered into a single influenza vaccination summary data-entry screen in NHSN. This includes all units/departments, inpatient and outpatient, that share the exact same CMS Certification Number as the hospital and are affiliated with the acute care facility.

Important Note: Make sure to allow ample time before the submission deadline to review and, if necessary, correct your HCP data. Data that is modified in NHSN after the submission deadline are not sent to CMS and will not be publicly reported.

Helpful Tip: It is recommended that hospitals refer to the NHSN Rate Table report. The CMS rate table provides a detailed summary of vaccination rates for HCP entered in the NHSN database. It is also recommended that hospitals sign up for NHSN communications via newsletters and email updates at *www.cdc.gov/nhsn* > *Newsletters/Members Meeting Updates*.

Submit Patient Safety Structural Measure Data

Hospitals are required to submit information for the Patient Safety Structural measure once annually using the data submission and reporting standard procedures set forth by the CDC for the National Healthcare Safety Network.

Submit CAUTI-Onc and CLABSI-Onc Measure Data

To report this measure, hospitals will need to verify that all locations, including those housing oncology patients, are correctly mapped in NHSN. Hospitals are required to collect the numerator and denominator for the CAUTI-Onc and CLABSI-Onc measures each month and submit the data to the NHSN. The data from all twelve months would be calculated into quarterly reporting periods which would then be used to determine the Systemic Inflammatory Response Syndrome (SIR) for CMS performance calculation and public reporting purposes.

Important Note: Hospitals that do not have oncology wards may submit an IPPS Measure Exception Form. If a hospital submits this 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 APU for failing to report the measures.

Hospitals must submit an IPPS Measure Exception Form annually, no later than the NHSN submission deadline for Quarter (Q)4 for the calendar year, to receive an extension. However, CMS recommends that hospitals verify their eligibility for an exception each year before the Q1 NHSN submission deadline.

The IPPS Measure Exception Form is available electronically on the QualityNet and Quality Reporting Center websites:

QualityNet.cms.gov > Hospitals – Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Participation > IPPS Measure Exception
QualityReportingCenter.com > Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Resources and Tools > Forms

8. Submit Electronic Clinical Quality Measure Data

For the CY 2026 reporting period, hospitals must:

- Submit four quarters of eCQM data for a total of eight eCQMs (three self-selected eCQMs plus five CMS-selected eCQMs) using the Office of the National Coordinator Health Information Technology certification criteria:
  - The three self-selected eCQMs must come from the CY 2026 measure set. (See table below.)
  - The five CMS-selected (mandatory) eCQMs are: Safe Use of Opioids – Concurrent Prescribing, Cesarean Birth (PC-02), Severe Obstetric Complications (PC-07), Hospital Harm – Severe Hypoglycemia (HH-HYPO) and Hospital Harm – Severe Hyperglycemia (HH-HYPER)

Important Note: Hospital that do not deliver babies must submit a zero denominator in the HQR Secure Portal for each quarter in the calendar year.

- Report using measure specifications published in the *2025 CMS Annual Update* for CY 2026 reporting and applicable addenda available on the eCQI Resource Center's Hospital - Inpatient eCQMs web page.
- Report using the *2026 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for Hospital Quality Reporting*, Schematron, and sample QRDA Category I files available on the eCQI Resource Center website at https://ecqi.healthit.gov/qrda.

For the CY 2026 reporting period and subsequent years:

- Hospitals may use a third-party vendor to submit QRDA Category I files on their behalf.
- Hospitals may successfully report by submitting a combination of QRDA Category I files with patients meeting the initial patient population of the applicable measure(s), zero denominator declarations, and/or case threshold exemptions. In all cases, a hospital is required to use an EHR that is certified to all available eCQMs.
- Hospitals may continue to either use abstraction or pull data from non-certified sources to input these data into Certified Electronic Health Record Technology (CEHRT) for capture and reporting QRDA Category I files.

CY 2026 Electronic Clinical Quality Measures		
	Short Name	**Measure Name**
Required to Report	Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing
	PC-02	Cesarean Birth
	PC-07	Severe Obstetric Complications[1]
	HH-HYPO	Hospital Harm – Severe Hypoglycemia
	HH-HYPER	Hospital Harm – Severe Hyperglycemia
Required to Select Three to Report	STK-02	Discharged on Antithrombotic Therapy
	STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter
	STK-05	Antithrombotic Therapy by End of Hospital Day Two

CY 2026 Electronic Clinical Quality Measures	
VTE-1	Venous Thromboembolism Prophylaxis
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis
HH-ORAE	Hospital Harm – Opioid Related Adverse Events
HH-AKI	Hospital Harm – Acute Kidney Injury[1]
HH-PI	Hospital Harm – Pressure Injury
HH-FI	Hospital Harm – Falls with Injury[1]
HH-RF	Hospital Harm – Postoperative Respiratory Failure[1]
MCS	Malnutrition Care Score
IP-ExRad	Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults

[1]Risk-adjusted eCQM

- For more information, please refer to the Electronic Clinical Quality Measure (eCQM) Overview page on the QualityNet website and the eCQI Resource Center (https://ecqi.healthit.gov/).
- **eCQM Specifications and QRDA standards questions** are submitted to the ONC JIRA Tracker under the eCQM and QRDA Issue Trackers: https://oncprojectracking.healthit.gov/wiki/olp
- **eCQM validation inquiries** are submitted to the Validation Support Contractor at validation@telligen.com.
- **Medicare Promoting Interoperability Program inquiries** are submitted to the QualityNet Question and Answer Tool at https://cmsqualitysupport.servicenowservices.com/qnet_qa. Refer to the Medicare Promoting Interoperability Program web page on Qualitynet.cms.gov.

  Note: The eCQM reporting requirement is an aligned requirement for hospitals participating in the Hospital IQR Program and the Medicare Promoting Interoperability Program. The successful submission of eCQM data will meet the reporting requirements for both programs. This Hospital IQR Program Guide does not specifically address any payment impacts related to the requirements of the Medicare Promoting Interoperability Program, which is separate from the Hospital IQR Program but concerns electronic health records.

9. Submit Hybrid Measures Data

For the FY 2028 payment determination, **hospitals must**:

- Submit data on Core Clinical Data Elements (CCDE) and linking variables for the following Hybrid Measures: Hybrid Hospital-Wide All-Cause Readmission Measure (HWR) and Hybrid Hospital-Wide (All-Condition, All Procedure) Risk Standardized Mortality Measure (HWM) using discharge data from July 1, 2025, through June 30, 2026.
- Submit CCDEs and linking variables for 70% or more of discharges with a Medicare Fee for Service (FFS) and Medicare Advantage (MA) claims for the same hospitalization during the measurement period for Medicare FFS and MA patients, age 65 to 94 for Hybrid HWM, and age 65+ for Hybrid HWR.

  Important Note: The submission thresholds allow for up to two missing vital signs and up to two missing laboratory results per patient.

- Report **four quarters** (third, and fourth quarter 2025 and first and second quarter 2026) using the Office of the National Coordinator Health Information Technology certification criteria to meet the CEHRT requirement.

- Report using measure specifications published in the 2024 CMS Annual Update for 2025 reporting and any applicable addenda, available on the eCQI Resource Center's Hospital-Inpatient eCQMs web page.
- Report using the *2025 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for Hospital Quality Reporting*, Schematron, and sample QRDA Category I files available on the eCQI Resource Center website at https://ecqi.healthit.gov/qrda.

For the FY 2028 payment determination and subsequent years:

- Hospitals may use a third-party vendor to submit QRDA Category I files on their behalf. Hospitals may continue to either use abstraction or pull data from non-certified sources to input these data into CEHRT for capturing and reporting QRDA Category I files.

FY 2028 Hybrid Measures	
Short Name	**Measure Name**
Hybrid HWR	Hybrid Hospital-Wide All-Cause Readmission Measure (HWR)
Hybrid HWM	Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk Standardized Mortality Measure (HWM)

Have comments or questions?
For questions about policy and implementation, and measure methodology claims-based specifications (e.g., cohort inclusion and exclusion criteria, risk adjustment, outcome, planned readmission algorithm), please submit to the QualityNet Question and Answer Tool at: https://cmsqualitysupport.servicenowservices.com/qnet_qa. Select IQR - Inpatient Quality Reporting under Program and Hybrid Measures under Topic.

For questions about the electronic measure specifications, such as value sets, please submit to the CMS Hybrid Measures Issue Tracker JIRA page at: https://oncprojectracking.healthit.gov/support/projects/CHM/issues/CHM-68?filter=allopenissues.

For questions about the *HQR Secure Portal*, accessing your Hospital-Specific Report (HSR) or file error messages, please contact the CCSQ Service Center at: https://qualitynet.cms.gov/support.

For more information, please refer to the Hybrid Measure Overview page on the QualityNet website and the eCQI Resource Center website (https://ecqi.healthit.gov).

10. Complete the Data Accuracy and Completeness Acknowledgement

The Data Accuracy and Completeness Acknowledgement (DACA) is an annual requirement for hospitals participating in the Hospital IQR Program to electronically acknowledge that the data submitted for the Hospital IQR Program are accurate and complete to the best of their knowledge. The open period for signing and completing the DACA is April 1 through May 15, with respect to the reporting period of January 1 through December 31 of the preceding year. Hospitals are required to complete and sign the DACA **annually** by the May 15 deadline via the *HQR Secure Portal*.

11. Complete and Submit Structural Measures

Hospitals are required to complete the structural measures data entry on an annual basis via the *HQR Secure Portal*. The submission period for completing the structural measures is between April 1 and May 15, 2027, with respect to the time period of January 1 through December 31, 2026.

Mandatory Structural Measures in HQR[1]	
Short Name	**Measure Name**
Maternal Morbidity	Maternal Morbidity Structural Measure
Age Friendly Hospital	Age Friendly Hospital

[1] The Patient Safety measure is also a structural measure however it is submitted through NHSN. Please refer to the NHSN section above for guidance.

Important Note: Hospitals that do not provide labor and delivery services must attest "N/A" to the Maternal Morbidity Structural measure.

12. Meet Validation Requirements (If Hospital Is Selected for Validation)

Chart-Abstracted and eCQM Data Validation

CMS will use Q1 through Q4 data of the applicable calendar year for validation of both chart-abstracted measures and eCQMs. For FY 2028 payment determinations, CMS will use data from Q1 2025 through Q4 2025.

CMS will perform a random selection of up to 200 subsection (d) hospitals, and up to 200 targeted subsection (d) hospitals. CMS will use one sample of hospitals selected through random selection and one sample of hospitals selected using targeting criteria, for both chart-abstracted measures and eCQMs. Under the aligned validation process, any hospital selected for validation will be expected to submit data to be validated for both chart-abstracted measures and eCQMs.

For the Hospital IQR Program, CMS will validate up to eight cases for chart-abstracted clinical process of care measures per quarter per hospital. Additionally, CMS will validate up to 32 eCQM cases (eight cases from each of the four quarters) per hospital. Cases are randomly selected from data submitted to the *HQR Secure Portal* by the hospital. Information regarding the measures to be validated may be obtained from the Hospital IQR Program Data Management page on the QualityNet website.

CMS calculates a total score across all quarters included in the validation fiscal year to determine the validation pass or fail status. If the upper bound of the confidence interval is 75 percent or higher, the hospital will pass the Hospital IQR Program validation requirement. If the upper bound of the confidence interval is less than 75 percent, the hospital will not meet the Hospital IQR Program validation requirement, which will impact the hospital's annual payment update determination. For FY 2028 data validation efforts, there will be two separate confidence intervals calculated; one for chart-abstracted measures and one for eCQMs. To meet validation requirements for APU, the upper bound of both confidence intervals must be greater or equal to 75%. This table outlines the criteria for FY 2028.

Finalized Process for Validation Affecting FY 2028 Payment Determination and Subsequent Years		
	Quarters of Data Required for Validation	**Payment Determination Criteria**
COMBINED Process (Chart-abstracted and eCQM Validation): Up to 200 Random Hospitals + Up to 200 Targeted Hospitals	Q1 2025–Q4 2025	Chart-abstracted Measures: At least 75% validation score **AND** eCQM: At least 75% validation score

The FY 2028 submission instructions and supporting documentation are available on the Data Validation Resources page of the QualityNet website.

Submission of Medical Records to the CDAC
Hospitals are required to submit PDF copies of medical records using direct electronic file submission via a CMS-approved secure file transmission process. Selected hospitals have 30 days from the original request date to submit requested records to CDAC.

Validation Educational Reviews
Hospitals may use the educational review process to ask questions and/or dispute validation results. If a hospital requests an educational review and this review yields incorrect CMS validation results, the corrected score will be used to compute the final confidence interval used for payment determination.

Visit the Data Validation Educational Reviews page on the QualityNet website for details.

- Please direct validation questions to validation@telligen.com.
- Each quarter, the CDAC sends hospitals a written request to submit a patient medical record for each case that CMS selected for validation. Please send record submission questions to CDAC_Provider_Helpdesk@tistatech.com or (717) 718-1230.

13. Claims-Based Measures

CMS collects information for certain quality measures using the data that hospitals provide on their Part A and Part B claims for fee-for-service Medicare patients. Additionally, some measures use Medicare Advantage claims. These measures are called claims-based measures and are related to either patient outcomes or payments. **No additional data submission by the hospital is necessary.** CMS calculates the measure rates based solely on data provided by the hospitals on their claims.

Hospital-specific reports (HSRs) for the claims-based measures are available for hospitals via the *HQR Secure Portal*. Hospitals will be able to download their claims-based measures reports from the Claims-Based Measures page within the *HQR Secure Portal*. For help in accessing an HSR, contact the CCSQ Service Center at qnetsupport@cms.hhs.gov. The HSRs contain discharge-level data, hospital-specific results, and state and national results for the claims-based measures. HSRs will be accompanied by a user guide describing the details of the HSR.

Please see the tables below for the **Hospital IQR Program** claims-based patient safety, mortality outcome, coordination of care, and payment measures.

Claims-Based Mortality/Complications	
Short Name	**Measure Name**
MORT-30-STK	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke
COMP-HIP-KNEE	Hospital-Level Risk-Standardized Complication Rate Following Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty
ISCR	Thirty-day Risk-Standardized Death Rate among Surgical Inpatients with Complications Measure
AMI Excess Days	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction
HF Excess Days	Excess Days in Acute Care after Hospitalization for Heart Failure
PN Excess Days	Excess Days in Acute Care after Hospitalization for Pneumonia

When Hospital IQR Program Requirements Are Not Met

Extraordinary Circumstances Exceptions Policy

CMS offers an Extraordinary Circumstances Exceptions (ECE) process for hospitals to request exceptions from program requirements, including eCQM submission requirements, for one or more applicable reporting period(s) when a hospital experiences extraordinary circumstances. Such circumstances may include, but are not limited to, natural disasters (such as a hurricane, tornado, earthquake, or flood), man-made disasters (such as a terrorist attack, or bombing), or systemic problems with CMS data-collection systems that directly affected the ability of the hospital to submit data.

For **non-eCQM-related ECEs**, hospitals must submit a CMS Quality Reporting Program ECE Request Form with **all** required fields completed **within 60 calendar days** of the extraordinary circumstance.

Hospitals may use the same ECE request form to request an exception from eCQM reporting requirements based on challenges preventing the hospital from electronically reporting for the applicable program year. In addition to the circumstances listed above, eCQM-related circumstances could include infrastructure challenges (e.g., a hospital is in an area without sufficient Internet access or unforeseen circumstances such as vendor issues outside of the hospital's control, including a vendor product losing certification). For further information, please review the Extraordinary Circumstances Exceptions (ECE) Policy web-page on QualityNet.

For eCQM-related ECE requests, hospitals must submit an ECE request form, including supporting documentation, by **April 1, following the end of the reporting period calendar year**. As an example, for data collection for the CY 2026 reporting period (through December 31, 2026), hospitals would have until April 1, 2027, to submit an eCQM-related ECE request. Submission instructions are on the form. See above for ECE Request Form information.

The Extraordinary Circumstances Exceptions (ECE) Request Form is available electronically on QualityNet and Quality Reporting Center:

QualityNet.cms.gov > Hospitals - Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Participation > Extraordinary Circumstances > Extraordinary Circumstances Exceptions (ECE) Policy

QualityReportingCenter.com > Inpatient > Hospital Inpatient Quality Reporting (IQR) Program > Resources and Tools > Extraordinary Circumstances Exceptions (ECE) Requests

Important Note: The Hospital IQR Program is **separate** from the Medicare Promoting Interoperability (PI) Program; an approved ECE request under the Hospital IQR Program does not grant any exceptions from the Medicare PI Program requirements. Information about Medicare PI Program requirements and Hardship exception requests can be located on the QualityNet website: *QualityNet.cms.gov > Hospitals-Inpatient > Medicare Promoting Interoperability Program.* Questions regarding the Hardship exception application process and payment adjustments may be submitted to the QualityNet Question and Answer Tool at https://cmsqualitysupport.servicenowservices.com/qnet_qa.

Annual Payment Update Reconsideration Process

A reconsideration process is available for hospitals notified that they **did not** meet Hospital IQR Program requirements and are, therefore, not eligible to receive the full annual payment update.

Information regarding the reconsideration process is available on the APU Reconsideration page of the QualityNet website.

Hospital Quality Programs Additional Information

Additional measures are used and publicly reported through CMS value-based programs (e.g., Hospital VBP Program, Hospital Readmissions Reduction Program, and Hospital-Acquired Condition (HAC) Reduction Program). Please see the CMS Quality Improvement Program Measures for Acute Care Hospitals document for all measures in each respective program.

Hospital VBP Program

The Hospital VBP Program is part of CMS' long-standing effort to link Medicare's payment system to healthcare quality in the inpatient setting. The program implements value-based purchasing, affecting payment for inpatient stays in approximately 3,000 hospitals.

Hospitals are paid for inpatient acute care services based on the quality of care (as evaluated using a select set of quality and cost measures), not just quantity of the services they provide. Section 1886(o) of the Social Security Act sets forth the statutory requirements for the Hospital VBP Program.

Please refer to the Hospital Value Based Purchasing (VBP) Program page on QualityNet for further information.

HAC Reduction Program

Section 1886(p) of the Social Security Act sets forth the statutory requirements for the HAC Reduction Program to incentivize hospitals to reduce HACs. Beginning with Federal FY 2015 discharges (i.e., beginning on October 1, 2014), the Secretary of Health and Human Services (HHS) adjusted Medicare fee-for-service payments to hospitals that rank in the worst-performing 25 percent of all subsection (d) hospitals with respect to HAC quality measures. CMS will reduce these hospitals' Medicare fee-for-service payments by one percent in the applicable FY. Information and resources related to the HAC Reduction Program can be found on QualityNet.

Hospital Readmissions Reduction Program

The Hospital Readmissions Reduction Program is a Medicare value-based purchasing program that reduces payments to hospitals with excess readmissions. Under the program, hospitals are encouraged to improve communication and care coordination efforts to better engage patients and caregivers in discharge plans. Information and resources related to the Hospitals Readmission Reduction Program can be found on QualityNet.

Public Reporting

The Compare Tool, the CMS public reporting website, presents hospital performance data in a consistent, unified manner to ensure the availability of information about the care delivered in the nation's hospitals. Prior to the public release of data, hospitals are given the opportunity to review their data during a 30-day preview period via the *HQR Secure Portal*.

Overall Hospital Ratings

CMS has developed a methodology to calculate and display overall hospital-level quality using a star rating system. The overarching goal of the Overall Hospital Quality Star Ratings (Overall Star Ratings) is to improve the usability and interpretability of information posted on the public reporting website, a

website designed for consumers to use with their healthcare provider to make decisions on where to receive care.

Contact Information and Resources

Centers for Medicare & Medicaid Services | www.cms.gov

CMS is the Department of Health and Human Services agency responsible for administering Medicare, Medicaid, the State Children's Health Insurance Program, and several other health-related programs.

Federal Register | www.federalregister.gov

The *Federal Register* is the official publication for the rulemaking activity and notices of federal agencies and organizations, as well as executive orders and other presidential documents.

QualityNet

- **QualityNet Website:** https://qualitynet.cms.gov/
  Established by CMS, the QualityNet website provides healthcare quality improvement news, resources, as well as data-reporting tools and applications used by healthcare providers and others. The *Hospital Quality Reporting Secure Portal* is the only CMS-approved website for secure communications and healthcare quality data exchange.
- **CCSQ Service Center:** qnetsupport@cms.hhs.gov
  The CCSQ Service Center assists providers and vendors with technical issues, such as sending and receiving files in the *HQR Secure Portal*.
  - Phone: (866) 288-8912
  - Fax: (888) 329-7377

Hospital Inpatient Quality Reporting Program

The Inpatient and Outpatient Healthcare Quality Systems Development and Program Support team supports activities under the Hospital IQR Program, including assisting hospitals with quality data reporting.

- **Hospital IQR Program Website**
  QualityReportingCenter.com > *Inpatient* > *Hospital Inpatient Quality Reporting (IQR) Program*
  The Hospital IQR Program website contains numerous resources concerning reporting requirements, including reference and training materials; tools for data collection, submission, and validation; educational presentations; timelines; and deadlines.
- **Inpatient and Outpatient Healthcare Quality Systems Development and Program Support**
  - Phone Numbers: (844) 472-4477 or (866) 800-8765 (9 a.m.–5 p.m. ET, Monday–Friday)
  - Email: https://cmsqualitysupport.servicenowservices.com/qnet_qa
- **Inpatient Quick Support Reference Card**
  The Inpatient Quick Support Reference Card lists support resources for the Hospital Inpatient Questions and Answers tool, phone support, live chat, secure fax, and more.
- **Hospital IQR Program Email Updates (Listserve) Sign-Up**
  Notices generated on the Listserve are used to disseminate timely information related to the program. The CMS Hospital Quality Reporting program notification and discussion lists are available for signup on QualityNet.
- **Hospital Inpatient Questions and Answers**
  The Question and Answer Tool is a knowledge database, which allows users to ask questions, obtain responses from all previously resolved questions, and search by keywords or phrases.

Acronyms/Terms

Acronym	Term
AKI	Acute Kidney Injury
AMI	Acute Myocardial Infarction
APU	Annual Payment Update
CAHs	Critical Access Hospitals
CART	CMS Abstraction and Reporting Tool
CAUTI	Catheter-Associated Urinary Tract Infection
CCDE	Core Clinical Data Elements
CCSQ	Center for Clinical Standards and Quality
CDAC	Clinical Data Abstraction Center
CDC	Centers for Disease Control and Prevention
CEHRT	Certified Electronic Health Record Technology
CLABSI	Central Line-Associated Bloodstream Infection
CMS	Centers for Medicare & Medicaid Services
COMP	Complications
CT	Computed Tomography
CY	calendar year
DACA	Data Accuracy and Completeness Acknowledgement
ECE	Extraordinary Circumstances Exceptions
eCQI	Electronic Clinical Quality Improvement
eCQM	Electronic Clinical Quality Measure
EHR	Electronic Health Record
FFS	Fee-for-Service
FI	Falls with Injury
FY	fiscal year
HAC	Hospital-Acquired Condition
HARP	HCQIS Access Roles and Profile
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HCP	Healthcare Personnel
HF	Heart Failure
HH	Hospital-Harm
HHS	Health and Human Services
HQR	Hospital Quality Reporting
HSR	Hospital-Specific Report
HWM	Hospital-Wide Mortality
HWR	Hospital-Wide Readmission
HYPER	Hyperglycemia
HYPO	Hypoglycemia
IP-ExRad	Inpatient Excessive Radiation
IPPS	Inpatient Prospective Payment System
IQR	Inpatient Quality Reporting
ISCR	Thirty-day Risk-Standardized Death Rate among Surgical Inpatients with Complications Measure
IT	Information Technology
MA`	Medicare Advantage
MCS	Malnutrition Care Score
MORT	Mortality

Acronym	Term
N/A	Not Applicable
NHSN	National Healthcare Safety Network
NOP	Notice of Participation
Onc	Oncology
ONC	Office of the National Coordinator for Health Information Technology
ORAE	Opioid Related Adverse Events
PC	Perinatal Care
PDF	Portable Document Format
PI	Pressure Injury
PI	Promoting Interoperability
PN	Pneumonia
PRO-PM	Patient Reported Outcome Performance Measure
PY	Payment Year
Q	Quarter
QRDA	Quality Reporting Document Architecture
RF	Respiratory Failure
SEP	Sepsis
SIRS	Systemic Inflammatory Response Syndrome
SO	Security Official
STK	Stroke
THA/TKA	Total Hip Arthroplasty/Total Knee Arthroplasty
VBP	Value-Based Purchasing
VTE	Venous Thromboembolism
XML	Extensible Markup Language