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

February 19, 2026

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Acronyms

Webinar Questions

Please submit questions not addressed in this webinar to the Quality Question and Answer Tool:
https://cmsqualitysupport.servicenowservices.com/qnet_qa

Acronyms

Purpose

This presentation highlights fiscal year (FY) 2028 Hospital IQR Program requirements and reviews aligned electronic clinical quality measure (eCQM) reporting requirements for the Hospital IQR and Medicare Promoting Interoperability Programs.

Acronyms

Objectives

Participants will be able to:

- Identify quarterly and annual requirements for the Hospital IQR Program.

- Understand areas of alignment between the Hospital IQR Program and Medicare Promoting Interoperability Program requirements.

- Locate resources for Hospital IQR Program and eCQM reporting.

Acronyms

Acronyms and Abbreviations

AKI	acute kidney injury	**HAC**	Hospital-Acquired Condition	**N/A**	not applicable
ASTP	Assistant Secretary for Technology Policy	**HAI**	Hospital-Acquired Infection	**Onc**	oncology
CAUTI	Catheter-Associated Urinary Tract Infection	**HCAHPS**	Hospital Consumer Assessment of Healthcare Providers and Systems	**ONC**	Office of the National Coordinator for Health IT
CCDE	core clinical data elements	**HCP**	healthcare provider	**ORAE**	Opioid Related Adverse Events
CEHRT	Certified EHR Technology	**HH**	Hospital Harm	**PC**	Perinatal Care
CLABSI	Central Line-Associated Bloodstream Infection	**HQR**	Hospital Quality Reporting	**PI**	pressure injury
CMS	Centers for Medicare & Medicaid Services	**HWM**	hospital-wide mortality	**PRO-PM**	Patient-Reported Outcome Performance Measure
CY	calendar year	**HWR**	hospital-wide readmission	**Q**	quarter
DACA	Data Accuracy and Completeness Acknowledgement	**HYPER**	hyperglycemia	**QRDA**	Quality Reporting Document Architecture
eCQI	Electronic Clinical Quality Improvement	**HYPO**	hypoglycemia	**RF**	respiratory failure
eCQM	electronic clinical quality measure	**IP**	inpatient	**SEP**	sepsis
EHR	electronic health record	**IPPS**	Inpatient Prospective Payment System	**SO**	Security Official
ExRad	excessive radiation dose	**IQR**	Inpatient Quality Reporting	**STK**	stroke
FFS	Fee for Service	**IT**	Information Technology	**THA/ TKA**	total hip arthroplasty/ total knee arthroplasty
F	ith injury	**MCS**	Malnutrition Care Score	**VBP**	Value-Based Purchasing
F	year	**NHSN**	National Healthcare Safety Network	**VTE**	Venous Thromboembolism

Donna Bullock, MPH, BSN, RN

FY 2028 Hospital IQR Program Quarterly Requirements

Polling Question

Which of the following Hospital IQR Program requirements are submitted on a quarterly basis?

A.   Clinical process of care measure

B.   Aggregate population and sampling

C.   Catheter-Associated Urinary Tract Infection (CAUTI)-Onc and Central Line-Associated Bloodstream Infection (CLABSI)-Onc National Healthcare Safety Network (NHSN) measures

D.   Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data

E.   All of the above

Acronyms

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. Catheter-Associated Urinary Tract Infection (CAUTI)-Onc and Central Line-Associated Bloodstream Infection (CLABSI)-Onc National Healthcare Safety Network (NHSN) measures

D. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data

E. All of the above

Acronyms

FY 2028 Quarterly Hospital IQR Program Requirements

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

- HCAHPS Survey data

- Population and sampling (for the chart-abstracted Severe Sepsis and Septic Shock, SEP-1, measure only)

- Clinical process of care measures (SEP-1)

- NHSN Healthcare-Associated Infection (HAI) measures (CAUTI-Onc and CLABSI-Onc)

- Validation of medical records (if selected)

Note: The NHSN HAI measures, under the Hospital-Acquired Condition (HAC) Reduction Program, are also submitted quarterly. These measures are used for the HAC Reduction Program, the Hospital Value-Based Purchasing (VBP) Program, and the Compare tool on Medicare.gov.

Acronyms

Population and Sampling

For FY 2028, hospitals will be required to submit the aggregate population and sampling data for the SEP-1 measure set for calendar year (CY) 2026 performance period data.

Acronyms

Clinical Process of Care Measures

For FY 2028, hospitals will be required to submit the following chart-abstracted measure.

Short Name	Measure Name
SEP-1	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)

Acronyms

Influenza Vaccination Coverage Among Healthcare Personnel Measure

Where:

Healthcare Personnel (HCP) data are reported through NHSN.

When:

- Hospitals are only required to report data once after the conclusion of the reporting period. The reporting period is October 1 through March 31. For FY 2028, the measure covers the flu season from Quarter (Q) 4 2025 through Q1 2026.

- Data must be entered annually for the flu season. For FY 2028 data, they will need to be entered by May 18, 2026.

Acronyms

NHSN HAI Measures

For FY 2028, hospitals will be required to submit the following NHSN HAI measures.

Short Name	Measure Name
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 Ratio Stratified for Oncology Locations

Acronyms

CAUTI-Onc and CLABSI-Onc Measures

Where:

These data are reported through NHSN.

When:

- Hospitals collect the numerator and denominator each month and submit data to NHSN

- Data must be entered by quarterly submission deadlines.

Reporting:

The data from all 12 months would be calculated into quarterly reporting periods which would then be used to determine the Standardized Infection Ratio for CMS performance calculation and Public Reporting purposes.

Acronyms

Zero Cases: CAUTI-Onc and CLABSI-Onc Measures

- Hospitals that do not have any locations mapped as an oncology ward can indicate this by submitting the Inpatient Prospective Payment System (IPPS) Measure Exception form.

- As the NHSN does not have an option to submit a "Not Applicable" response, completion of the form is required to avoid a penalty through a reduction in a hospital's annual payment update for failing to report the measure.

- The IPPS Measure Exception Form is on QualityNet: https://qualitynet.cms.gov/inpatient/iqr/participation#tab4

Acronyms

NHSN Reporting and Data Submissions

- Allow ample time before the submission deadline to review and, if necessary, correct your data.

- Data that are modified in NHSN after the submission deadline are not sent to CMS and will not be used in CMS programs, including the Hospital VBP and the HAC Reduction Programs, and the Compare tool on Medicare.gov.

Acronyms

Hospital IQR Program Claims-Based Measures

- Hospital-Level Risk-Standardized Complication Rate Following Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA/TKA)
- Thirty-day Risk-Standardized Death Rate Among Surgical Inpatients with Complications
- Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke (STK)
- Excess Days in Acute Care after Hospitalization for:
  - Acute Myocardial Infarction
  - Heart Failure
  - Pneumonia

Acronyms

Hospital IQR Program FY 2028 Quarterly Dates and Deadlines

Discharge Quarter	Reporting Period	HCAHPS[1]	Population & Sampling	Clinical, CAUTI-Onc, and CLABSI-Onc
Q1 2026	Jan 1–Mar 31	07-08-2026	08-03-2026[2]	08-17-2026[2]
Q2 2026	Apr 1–Jun 30	10-14-2026	11-02-2026[2]	11-16-2026[2]
Q3 2026	Jul 1–Sep 30	01-13-2027	02-01-2027	02-16-2027[2]
Q4 2026	Oct 1–Dec 31	04-14-2027	05-03-2027[2]	05-17-2027[2]

[1] HCAHPS deadlines have been extended by one week.
[2] Deadline falls on a weekend or holiday and moved to the next business day.

Acronyms

Validation For FY 2028 Payment Determination

To align data submission quarters, CMS will use Q1–Q4 data of the applicable calendar year for validation of both chart-abstracted measures and eCQMs.

Finalized Updates to Quarters Required for Validation Affecting the FY 2028 Payment Determination	
Measures Submitted	**Required Quarters of Data Validation**
Chart-Abstracted Measures	Q1 2025
	Q2 2025
	Q3 2025
	Q4 2025
eCQMs	Q1 2025–Q4 2025

Acronyms

Hospital IQR Program Common Challenges

- Staffing changes

- Designated second person

- Data crosswalks

- Vendor technical issues

> Prepare and submit your data early to help ensure successful, on-time submission.

Hospital IQR Program
Best Practices

- Submit data early, at least 15 calendar days prior to the deadline, to correct problems identified from the review of the Provider Participation Report and feedback reports. The *Hospital Quality Reporting (HQR) Secure Portal* does not allow you to submit, update, or correct data after the deadline. CMS typically allows 4.5 months for hospitals to submit, resubmit, change, add new, and delete existing data up until the submission deadline.

- Designate at least two QualityNet Security Officials (SOs).

- For population and sampling, blank fields do not fulfill the requirement. A zero (0) must be submitted even when there are no discharges for a particular measure set.

- Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) in a measure set in a quarter are not required to submit patient-level data for that measure set for that quarter.

Acronyms

CHECKPOINT

Donna Bullock, MPH, BSN, RN

FY 2028 Hospital IQR Program Annual Requirements

Polling Question

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

A. Structural Measures and Data Accuracy and Completeness Acknowledgement

B. Two active QualityNet SOs

C. eCQMs and Hybrid Measures Core Clinical Data Elements

D. A and C

E. All of the above

Acronyms

Polling Question

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

A. Structural Measures and Data Accuracy and Completeness Acknowledgement

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Acronyms

Annual Hospital IQR Program Requirements for FY 2028

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

- Data Accuracy and Completeness Acknowledgement (DACA)

- QualityNet Security Official

- eCQMs

- Hybrid measures

- Structural measures

- Influenza Vaccination Coverage Among HCP measure

Acronyms

FY 2028 SO, DACA, HCP, Hybrid, and eCQMs

- Hospitals are required to have a registered QualityNet SO.
- DACA is submitted annually.
  - Reporting year runs from January 1–December 31.
  - Submission deadline is May 15 for the previous reporting year.
    - Submission deadline for FY 2028 DACA is May 17, 2027.
    - Data can be entered from April 1, 2027–May 17, 2027.
  - Data are entered through the *HQR Secure Portal.*
- HCP data are reported through NHSN.
- Hospitals must also submit eCQMs and hybrid measures.

Acronyms

Structural Measures

Three structural measures for FY 2028 payment determination are mandatory:

- Maternal Morbidity
- Age Friendly Hospital
- Patient Safety

Structural Measures

- Hospitals submit responses once a year:
  - The Maternal Morbidity structural measure and Age Friendly Hospital structural measure are submitted via a CMS-approved web-based tool within the *HQR Secure Portal*.
  - The Patient Safety structural measure is submitted through NHSN.
- The reporting period is January 1–December 31, 2026, for the FY 2028 payment determination.
- The submission period is April 1–May 17, 2027.

Acronyms

Maternal Morbidity Structural Measure

Important Notes

- If you do not provide labor/delivery care, you will still need to provide a response to the structural measure. In this case, you would select N/A.

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

CHECKPOINT

FY 2028 Mandatory Reporting: THA/TKA PRO-PM

Hospital-Level, Risk Standardized, Patient-Reported Outcome-Based (PRO)-Performance Measure (PM) Following THA/TKA

- Measure reports hospital-level risk-standardized improvement rate in patient reported outcomes following elective primary THA/TKA for Medicare Fee For Service (FFS) beneficiaries aged 65 years and older.

- Measure uses four sources of data for measure calculation: (1) PRO data; (2) claims data; (3) Medicare enrollment and beneficiary data; and (4) United States Census Bureau survey data.

- PRO data would be collected 90 to 0 days prior to surgery and 300 to 425 days following surgery.

- The measure result is calculated by aggregating all patient-level results across the hospital.

Acronyms

THA/TKA PRO-PM Reporting

Data Periods		FY 2028	FY 2029
Preoperative PRO Data	Collection Period	April 2, 2024–June 30, 2025	April 2, 2025-–June 30, 2026
	Submission Deadline	September 30, 2025	September 30, 2026
THA/TKA Procedures Performed		July 1, 2024–June 30, 2025	July 1, 2025–June 30, 2026
Postoperative PRO Data	Collection Period	April 27, 2025–August 29, 2026	April 27, 2026–August 29, 2027
	Submission Deadline	September 30, 2026	September 30, 2027

Acronyms

Hospital IQR Program Resources

- **Hospital IQR Program General Questions**
  - https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question
  - (844) 472-4477, 9 a.m. to 5 p.m. Eastern Time Monday through Friday (except holidays)
- **Website and Webinars:** www.QualityReportingCenter.com
- **Secure Fax:** (877) 789-4443
- **Listserves:** https://qualitynet.cms.gov/listserv-signup

Acronyms

Hospital IQR Program Useful Tools

Quality Reporting Center.com and QualityNet

- CMS HQR Program Overview

- Hospital IQR Program Guide

- Quick Support Reference Card

- Submission Requirements and Accessing and Using Your Provider Participation Report Reference Guide

- Important Dates and Deadlines

- Extraordinary Circumstances Exception Form

- Hospital IQR Program FY 2028 Measures

- FY 2028 Acute Care Hospital Quality Improvement Program Measures

- Maternal Morbidity, Age Friendly Hospital, and Patient Safety Structural Measure Resources

Acronyms

Alexandra Arndt, BSH

FY 2028 Hybrid HWR and Hybrid HWM Measure Data for the Hospital IQR Program

Polling Question

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

A. Medicare Promoting Interoperability Program

B. Quality Payment Program

C. Hospital Readmissions Reduction Program

D. Hospital IQR Program

E. None of the above

Acronyms

Polling Question

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

A. Medicare Promoting Interoperability Program

B. Quality Payment Program

C. Hospital Readmissions Reduction Program

D. Hospital IQR Program

E. None of the above

Acronyms

Hybrid Measure Overview

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

- Hybrid measures contain claims-based specifications and electronic specifications.

- Hybrid measures differ from claims-only measures as they merge electronic health record (EHR) data elements with claims data to calculate risk-standardized rates. The EHR data elements are used in the case-mix risk-adjustment for the measures.

- To calculate hybrid measures, administrative data from the EHR (linking variables) are needed to link the CCDEs to the claims data.

Acronyms

Hybrid Measure Overview

[FY 2028 Public Reporting Key Dates and Resources Document](#)

Acronyms

FY 2028 Hybrid Measures for the Hospital IQR Program

Measures	• Hybrid HWR • Hybrid HWM
Measurement Period	7/1/2025–6/30/2026
Data Submission Deadline	October 1, 2026
Hospital-Specific Report Distribution	Spring 2027
Public Reporting	Summer 2027
Certified Electronic Health Record Technology (CEHRT)	[Assistant Secretary for Technology Policy (ASTP)/ Office of National Coordinator (ONC) Health Information Technology (IT) certification criteria]

Specifications
- Hybrid Hospital-Wide Readmission (HWR) (CMS529v5):
  [CCDEs for the Hybrid HWR Measure with Claims and EHR Data]
- Hybrid Hospital-Wide Mortality (HWM) (CMS844v5):
  [CCDEs for the Hybrid Hospital-Wide All-Condition All-Procedure Risk-Standardized Mortality Measure]

Reporting Resources
- Electronic Clinical Quality Improvement (eCQI) Resource Center: [Hospital-Inpatient eCQMs page]
  Select Period: 2025/Filter by: Hybrid Measures
- QualityNet.CMS.gov: [Hospitals-Inpatient/Measures (Hybrid)]

Acronyms

Hybrid Measure Data Submission Guidance

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

CMS guides hospitals to submit the following for all Medicare FFS and Medicare Advantage claims, where the patient is 65 years or older (Hybrid HWR) or 65–94 years (Hybrid HWM), for the same hospitalization during the measurement period:

✓ Submit **all linking variables.**

✓ Submit **all vital signs.**

✓ Submit **all laboratory test results** for non-surgical patients, meaning those not included in the surgical specialty cohort of the Hybrid HWR measure or the surgical divisions of the Hybrid HWM measure.

Successful data submission means the hospital submitted CCDE and linking variables for at least 70% of patients in the final cohort, with up to 2 missing laboratory test results and vital signs for non-surgical patients, and up to 2 missing vital signs for surgical patients.

Hybrid Measure Certification and Specification Policies

- Use Health IT certified to the [ASTP/ONC Health IT certification criteria](#).

  - Visit [ONC's 21st Century Cures Act final rule.](#)

- Use 2025 specifications published in the CMS Annual Update on the [eCQI Resource Center](#).

  - Select Period: 2025

  - Filter by: Hybrid Measures

- Use the 2025 CMS QRDA Category I Implementation Guide for HQR: https://ecqi.healthit.gov/qrda

Acronyms

Hybrid Measure Resources

QualityNet and Quality Reporting Center
Hospital IQR Program Measures for FY 2028
FY 2028 Acute Care Hospital Quality Improvement Program Measures for Payment Update
FY 2028 Hospital IQR Program Guide
Important Dates and Deadlines
Hybrid Measure Overview, Methodology, Reports and Resource Pages on QualityNet
Key Resources and Dates Document
Listserve Notifications

Acronyms

Alexandra Arndt, BSH

CY 2026 eCQM Reporting Requirements

Polling Question

Which of the following eCQMs are **mandatory** for CY 2026 reporting for the Hospital IQR and Medicare Promoting Interoperability Programs?

A. Safe Use of Opioids–Concurrent Prescribing

B. Cesarean Birth (Perinatal Care (PC)-02)

C. Severe Obstetric Complications (PC-07)

D. Hospital Harm Severe Hypoglycemia (HH-HYPO) and Hospital Harm Severe Hyperglycemia (HH-HYPER)

E. A, B, C, and D

Acronyms

Polling Question

Which of the following eCQMs are **mandatory** for CY 2026 reporting for the Hospital IQR and Medicare Promoting Interoperability Programs?

A. Safe Use of Opioids–Concurrent Prescribing

B. Cesarean Birth (PC-02)

C. Severe Obstetric Complications (PC-07)

D. Hospital Harm Severe Hypoglycemia (HH-HYPO) and Hospital Harm Severe Hyperglycemia (HH-HYPER)

E. A, B, C, and D

Acronyms

CY 2026
eCQM Reporting Requirements

Program(s)	• **Hospital IQR Program** Submission of CY 2026 eCQM data affects FY 2028 payment determination. • **Medicare Promoting Interoperability Program** Submission of CY 2026 eCQM data affects FY 2028 payment determination for eligible hospitals and affects FY 2026 payment determination for critical access hospitals.
Reporting Period	January 1, 2026–December 31, 2026
Submission Deadline	March 1, 2027, 11:59 p.m. Pacific Time

Acronyms

CY 2026
eCQM Reporting Requirements

Total number of eCQMs <u>per quarter</u>	**3** self-selected eCQMs **+ 5** CMS-selected eCQMs **= 8** eCQMs The 5 CMS-selected eCQMs are below. They are **<u>mandatory</u>** for the CY 2026 reporting period and subsequent years: 1. Safe Use of Opioids–Concurrent Prescribing 2. PC-02 3. PC-07 4. HH-HYPER 5. HH-HYPO
Total number of quarters to report per calendar year	Four quarters (Q1, Q2, Q3 and Q4 of 2026) (eCQMs must be the same across quarters.)
CEHRT	[ASTP/ONC Health IT certification criteria]()

Acronyms

CY 2026 Available eCQMs

CMS-Selected **Safe Use of Opioids** Safe Use of Opioids–Concurrent Prescribing	**CMS-Selected** **PC-02** Cesarean Birth	**CMS-Selected** **PC-07** Severe Obstetric Complications (Risk-Adjusted Measure)
CMS-Selected **HH-HYPO** Hospital Harm-Severe Hypoglycemia	**CMS-Selected** **HH-HYPER** Hospital Harm-Severe Hyperglycemia	**STK-02** Discharged on Antithrombotic Therapy
STK-03 Anticoagulation Therapy for Atrial Fibrillation/Flutter	**STK-05** Antithrombotic Therapy By End of Hospital Day 2	**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 (Risk-Adjusted measure)
HH-PI Hospital Harm-Pressure Injury	**HH-FI** Hospital Harm Falls with Injury (Risk Adjusted Measure)	**HH-RF** Hospital Harm Postoperative Respiratory Failure (Risk Adjusted Measure)
IP-ExRad Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography in Adults (Facility IQR)	**MCS** Malnutrition Care Score	

Acronyms

eCQM Reporting Certification and Specification Policies

- Use [ASTP/ONC Health IT certification criteria](#) to meet the CEHRT requirement.

- EHRs are certified to all available eCQMs in the measure set.

- Use 2026 eCQM specifications published in the CMS Annual Update available on the eCQI Resource Center's [Hospital-Inpatient eCQMs page](#)

  - Select Period: 2026

  - Filter by: eCQM

- 2026 CMS QRDA Category I Implementation Guide for Hospital Quality Reporting: https://ecqi.healthit.gov/qrda?qt-tabs_qrda=versions

Acronyms

Successful eCQM Submission for CY 2026 Reporting

- To successfully submit the required eCQMs based on program year for the Hospital IQR Program and the Medicare Promoting Interoperability Program, report the eCQMs as any combination of the following:
  - Accepted QRDA Category I files with patients meeting the initial patient population of the applicable measures
  - Zero denominator declarations
  - Case threshold exemptions
- In all cases, a hospital is required to use an EHR that is certified to report on all available eCQMs in the measure set.
- Hospitals may continue to either use abstraction or pull data from non-certified sources to input these data into CEHRT for capture and reporting QRDA Category I files.

Important Tip:
Hospitals that do not have patient-level data meeting the Initial Patient Population for the mandatory measure(s) must submit a zero denominator declaration for each applicable quarter.

Acronyms

Resources for eCQM Reporting

QualityNet and Quality Reporting Center
CY 2026 eCQM Submission Overview
CY 2026 Available eCQMs Table
CY 2026 QRDA Category I File Submission Checklist
QualityNet eCQM Pages
QualityNet Online Resources Page
Extraordinary Circumstances Exceptions Policy and Form (Hospital IQR Program only)
Hardship Fact Sheet (Medicare Promoting Interoperability Program)
Hospital IQR Program Measures for FY 2028
QualityNet Medicare Promoting Interoperability Program Pages
HQR User Guide (Medicare Promoting Interoperability Program)
Listserve Notifications

Acronyms

eCQM and Hybrid Measure Support Resources

Topic	Contact
HQR System, Health Care Quality Information Systems Access Roles and Profile, vendor roles, uploading files, reports, troubleshooting file errors	Center for Clinical Standards and Quality Service Center (866) 288-8912 QNetSupport@cms.hhs.gov
Medicare Promoting Interoperability (attestation, objectives, policy, hardship)	Hospital Inpatient Support Team (844) 472-4477 Quality Question and Answer Tool https://cmsqualitysupport.servicenowservices.com/qnet_qa
Hospital IQR Program and Policy	Hospital Inpatient Support Team (844) 472-4477 QualityNet Question and Answer Tool https://cmsqualitysupport.servicenowservices.com/qnet_qa
• eCQM specifications (code sets, measure logic, measure intent) • QRDA-related questions (CMS Implementation Guide, Sample Files and Schematrons) • Hybrid measures – Technical (specifications, logic, value sets, QRDA)	**ONC Jira Issue Trackers** eCQM Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/CQM/summary QRDA Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/QRDA/summary CMS Hybrid Measure Issue Tracker https://oncprojecttracking.healthit.gov/support/browse/CHM
Hybrid Measures – Non-Technical (policy, measure methodology)	QualityNet Question and Answer Tool https://cmsqualitysupport.servicenowservices.com/qnet_qa
eCQM Data Validation	Validation Support Team (validation@telligen.com)

Questions

Continuing Education Approval

This program has been approved for [continuing education credit](#) for the following boards:

- **National credit**
  - o Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - o Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - o Board of Registered Nursing
  - o Board of Nursing Home Administrators
  - o Board of Dietetics and Nutrition Practice Council
  - o Board of Pharmacy

Note: To verify approval for any other state, license, or certification, please check with your licensing or certification board.

Hospital IQR Program Requirements for FY 2028 Payment Determination

Thank You

February 19, 2026

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Acronyms