Annual Cycle of Regulatory Quality Reporting

- **IPPS (Hospital):**
  - **IQR:** Inpatient Quality Reporting
  - **PI:** Promoting Interoperability
  - **HRRP:** Hospital Readmission Reduction Program
  - **HACRP:** Hospital-Acquired Condition Reduction Program
  - **HVBP:** Hospital Value-Based Purchasing Program
  - **TEAM:** Transforming Episode Accountability Model
- **IPF PPS (Psych):**
  - **IPFQR:** Inpatient Psychiatric Facility Quality Reporting
- **OPPS (Outpatient):**
  - **OQR:** Outpatient Quality Reporting
  - **REHQR:** Rural Emergency Hospital Quality Reporting
  - **ASCQR:** Ambulatory Surgical Center Quality Reporting
- **PFS (Provider)**
  - **QPP:** Quality Payment Program (MIPS, MVPs, APP)
  - **ASM:** Ambulatory Specialty Model
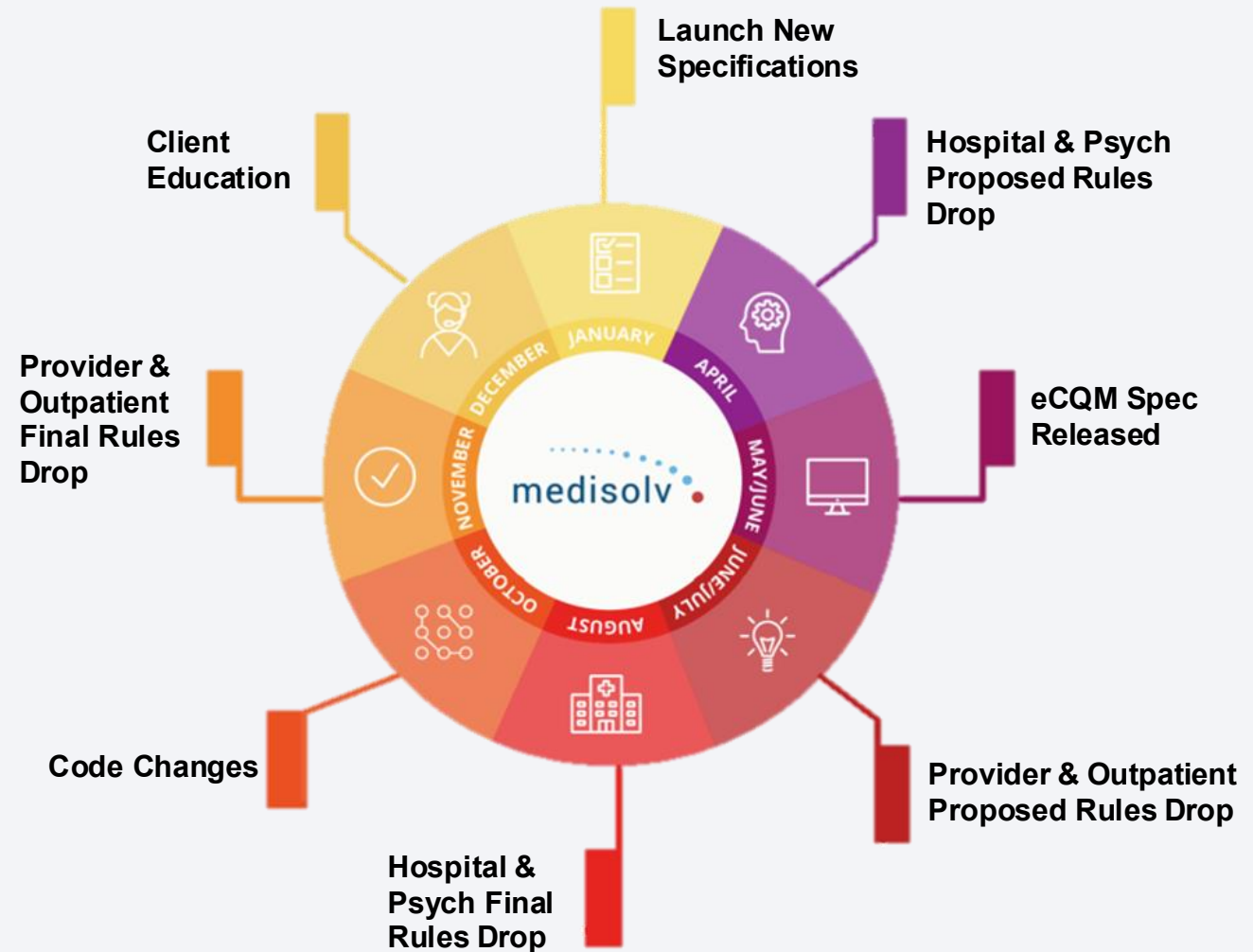
Increasing Measures & Submissions
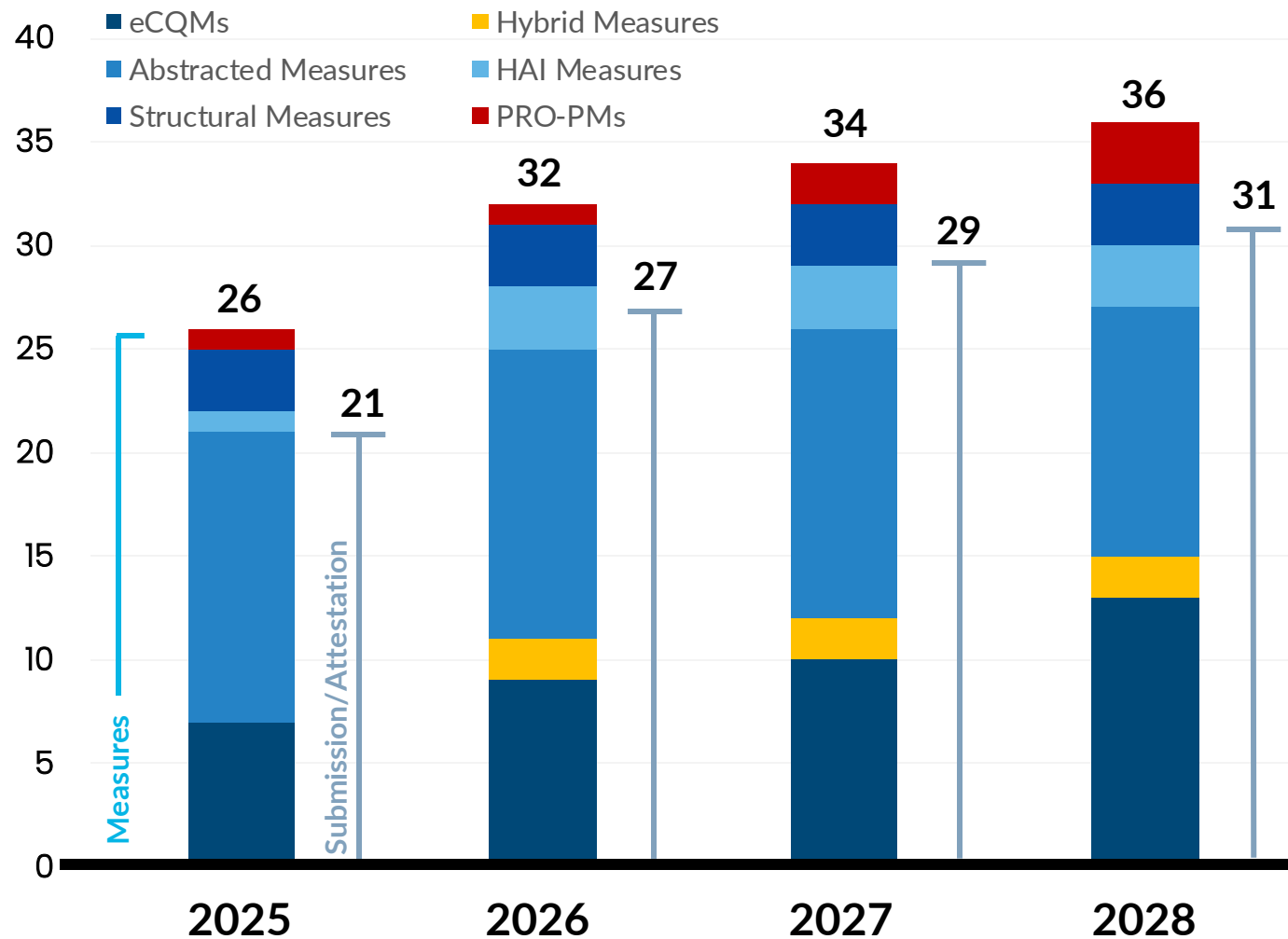
CMS IQR, OQR, IPFQR Required Measures Only

- **2025:** 26 Required Measures & Submissions
- **2026:** 32 Required Measures & Submissions (+23%)
- **2027:** 34 Required Measures & Submissions (+31%)
- **2028:** 36 Required Measures & Submissions (+38%)

Legend:
- eCQMs
- Abstracted Measures
- Structural Measures
- Hybrid Measures
- HAI Measures
- PRO-PMs

Presenters

Erin Heilman

SVP, Regulatory Affairs, CPHQ

Erin Heilman is a distinguished leader in the healthcare quality regulatory space, known for her innovative approach to simplifying complex regulations. For over a decade, Erin has developed award-winning content, including articles, guides, and tools that empower quality leaders to excel in their reporting obligations.

Kristen Beatson

SVP Clinical Quality Improvement, BSN, RN

Kristen Beatson is an accomplished Healthcare IT leader with over 30 years of clinical, informatics and quality improvement experience. As the Senior Vice President of Clinical Quality Improvement at Medisolv, she is highly focused on helping customers harness the transformative power of digital data to optimize operational efficiencies and more importantly, to empower the delivery of superior healthcare.

01. Inpatient Quality Reporting (IQR) Program Requirements

02. Outpatient Quality Reporting (OQR) Program Requirements

medisolv

What is IQR?

WHAT IS IT?

- IQR is a *Pay for Reporting* program established in 2003 that mandates any "eligible hospital" who does not successfully report all information as requested by CMS will receive a penalty.

HOW DO I SUCCEED?

- Successful completion of the program means you've submitted all measure data and completed all attestations by their specific deadlines.

WHAT IF I FAIL?

- If you miss one submission, one quarter, one time, for any one measure, you fail IQR which results in a 25% reduction to your Annual Payment Update, which is usually around -1 to -2%.

- If you fail to submit an eCQM for the Jan 1 – Dec 31, 2025 reporting period, your penalty is applied to FY 2027 (Oct 1, 2026 – Sept 30, 2027) on Medicare claims you submit.

medisolv

Understanding CMS Years

REPORTING YEAR

The reporting year is a specific period during which data is collected and reported to CMS. It is often referenced when talking about what is required in a reporting year.

Example: We are in Reporting Year 2026. The THA/TKA PRO-PM has a Measurement Period of July 1, 2024 – June 30, 2025. Submission of this data completes your 2026 Reporting Year requirements.

FISCAL YEAR

The fiscal year is a 12-month period used for financial accounting and budgeting purposes. Unlike the calendar year, the fiscal year can start on a different date, such as October 1st and end on September 30th of the following year. Most commonly (but not always) the CMS Fiscal Year is two years after the Reporting Year.

Example: We are in Reporting Year 2026 which affects payments for Fiscal Year 2028. CMS will sometimes refer to FY 2028 for your reporting requirements.

MEASUREMENT PERIOD

Throughout this presentation we reference the measure type's Measurement Period to help you understand the timeframes of data that you must submit or are considered to fulfill that Reporting Year's requirements.

CALENDAR YEAR

The calendar year is the most commonly used year in everyday life. It follows the standard January 1st to December 31st timeframe. Sometimes CMS says Calendar Year to indicate Reporting Year.

medisolv

Summary of Finalized Changes for IQR

Major Reporting Changes

- Hybrid Thresholds Reduced

- Health Equity Measures Removed

- Claims Measures Respecified

- COVID-19 Exclusions and Vax Rate Removed

- Extraordinary Circumstances Exception (ECE) Updated Across All Programs

medisolv

Health Equity Measures Removed

Removed starting Reporting Year 2024/Fiscal Year 2026:

- Hospital Commitment to Health Equity (HCHE)
- Social Drivers of Health (SDOH-1)
- Social Drivers of Health Screen Positive Rate (SDOH-2)

COVID-19 Exclusions & Vax Rate Removed

Removal of the COVID-19 Vaccination Coverage among HCP Measure: Beginning with Reporting Year 2024/Reporting Year 2026.

Removal of the COVID-19 exclusion starting FY 2027. The measures affected are:

- MORT-30-STK
- COMP-HIP-KNEE
- AMI Excess Days
- HF Excess Days
- PN Excess Days
- Hybrid Hospital-Wide All-Cause Readmission Measure (HWR)
- Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure (HWM)

medisolv

Update to the ECE Policy

- Clarified that CMS has the discretion to grant an extension rather than only a full exception in response to Extraordinary Circumstances Exception (ECE) requests.

- A hospital may request an ECE within 60 calendar days of the date that the extraordinary circumstance occurred instead of 90 days.

2026 IQR Requirements

Requirements by Measure Type

- Electronic (eCQM) Measures

- Hybrid Measures

- PRO-PM Measures

- Structural Measures

- Abstracted Measures

- HCAHPS Measures

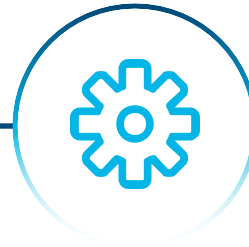- HAI (NHSN) Measures

- Claims Measures

- DACA

medisolv

eCQM Requirements

2026 IQR Requirements for 1/1/2026 –
12/31/2026 Measurement Period

REQUIREMENT:

Hospitals must report four quarters of data for eight measures (3 self-selected)

SUBMISSION METHOD:

Hospital Quality Reporting (HQR) System

DEADLINE:

February 28, 2027

Newly Available eCQMs in 2026

- HH-FI:
  Hospital Harm – Falls with Injury
- https://blog.medisolv.com/articles/how-to-implement-the-hospital-harm-falls-with-injury-ecqm
- HH-RF:
  Hospital Harm – Postoperative Respiratory Failure
- https://blog.medisolv.com/articles/implementing-postoperative-respiratory-failure-ecqm
- Both Measures
  - Available to submit to CMS in 2026
  - Available in Medisolv 2025
  - Evaluated in TEAM in 2027
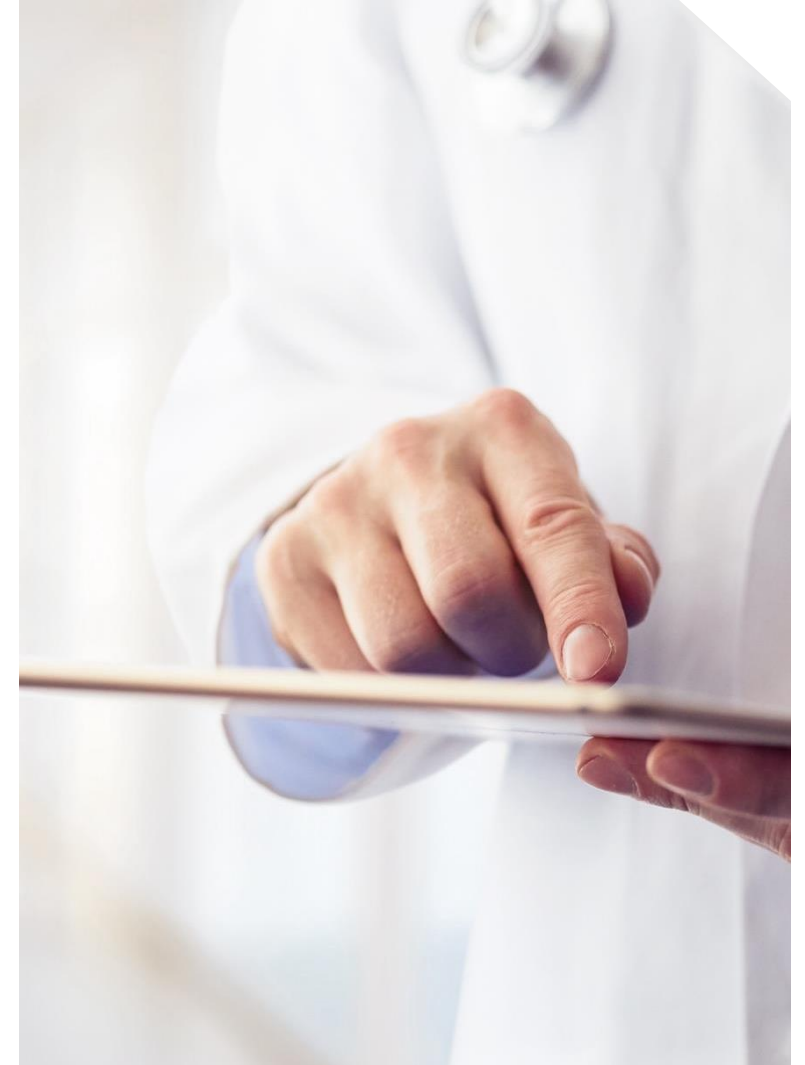
eCQMs

Measurement Period:
1/1/2026 – 12/31/2026

Requirement:
Hospitals must report four quarters of data for at least eight of the available eCQMs. Hospitals MUST submit the Safe Use of Opioids, Cesarean Birth, Severe Obstetric Complications, Hospital Harm – Hypoglycemia, and Hospital Harm – Hyperglycemia eCQMs as five of their eight eCQMs.

Submission Method:
Hospital Quality Reporting (HQR) System

Deadline:
February 28, 2027

Short Name	2025	2026	2027	2028
PC-02	Required	Required	Required	Required
PC-07	Required	Required	Required	Required
CMS506	Required	Required	Required	Required
HH-Hyper	Available	Required	Required	Required
HH-Hypo	Available	Required	Required	Required
HH-ORAE	Available	Available	Required	Required
HH-PI	Available	Available	Available	Required
HH-AKI	Available	Available	Available	Required
HH-RF	n/a	Available	Evaluated (TEAM)	Evaluated (TEAM)
HH-FI	n/a	Available	Evaluated (TEAM)	Evaluated (TEAM)
STK-02	Available	Available	Available	Available
STK-03	Available	Available	Available	Available
STK-05	Available	Available	Available	Available
VTE-1	Available	Available	Available	Available
VTE-2	Available	Available	Available	Available
GMCS	Available	Available	Available	Available
IP-ExRad	Available	Available	Available	Available

eCQM Validation Process: Old vs. New

Validation Process Description	Quarters of Data Required for Validation	Scoring
Current Validation Scoring for the FY 2025 – FY 2027 Payment Determinations (87 FR 49308 through 49310)		
COMBINED Process (Chart-Abstracted Measures and eCQM Validation): up to 200 Random Hospitals + up to 200 Targeted Hospitals	1Q 2022 – 4Q 2022	Chart-Abstracted Measures: at least 75% validation score (weighted at 100%) And eCQMs: Successful submission of 100% of requested medical records
Update to eCQM Validation Scoring for the FY 2028 Payment Determination and Subsequent Years		
Up to 200 Random Hospitals + up to 200 Targeted Hospitals selected for both Chart-Abstracted Measures and eCQM Validation	1Q 2025 – 4Q 2025	Chart-Abstracted Measures: at least 75% validation score And eCQMs: at least 75% validation score

New eCQM Validation Process

- Data collection starting 1/1/2025

- 200 randomly selected hospitals and 200 selected using targeting criteria

- CMS will request medical records for 8 cases per quarter - **validated based on the eCQMs the patients qualified for**.

- Two separate validation scores: eCQMs + abstracted measures.

- eCQM scoring methodology aligns with chart-abstracted.

- Chart abstracted score must be >75% and eCQM score must be >75%.

- Fail validation if either score is below 75% - impact to APU and included in the targeted sample the following year.

- Missing medical records are treated as mismatches and count against the agreement rate.

Calculating the eCQM Validation Score

Eligibility

Medical record must contain sufficient information to determine measure eligibility and/or outcome.
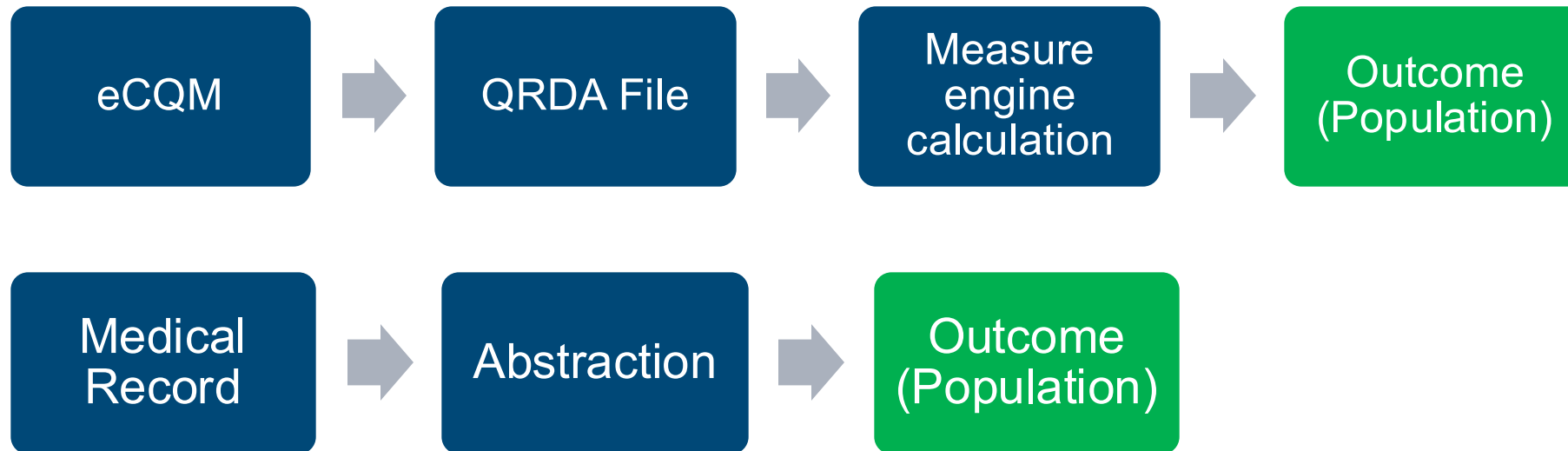
Validation

Validation is based on the measure outcome and is not scored at the data element level.

Outcome

If CDAC abstraction doesn't produce the same outcome as the eCQM outcome, then the case is considered a mismatch.

medisolv.

The eCQM Validation Process

eCQM → QRDA File → Measure engine calculation → Outcome (Population)

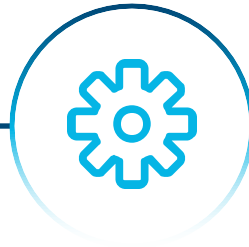Medical Record → Abstraction → Outcome (Population)

Hybrid Measure Requirements

2026 IQR Requirements for 7/1/2025 – 6/30/2026
Measurement Period

REQUIREMENT:

Hospitals must report four quarters of data for both hybrid measures.

SUBMISSION METHOD:

Hospital Quality Reporting (HQR) System

DEADLINE:

September 30, 2026

Hybrid Measures

Finalized the decrease of the Hybrid Measures CCDE and Linking Variable Submission Thresholds Beginning with the FY 2028 Payment Determination –

Applies to the mandatory hybrid reporting period *July 1, 2025 - June 30, 2026*

Changes

- Reduce submission thresholds for both CCDE and linking variables to $\geq$70%
- Lower the number of required CCDE data elements to allow for up to two missing laboratory results and up to two missing vital signs.

*A hospital that submits CCDE and linking variable data for less than 70 percent of applicable patient discharges **or** that submits CCDE data with more than two missing laboratory results or more than two missing vital signs under either hybrid measure would not satisfy the measure's Hospital IQR Program requirements and would receive a one-fourth reduction to its Annual Payment Update (APU) for the applicable fiscal year.*

medisolv

A Stop Start History

2022-2023 – Voluntary

2023 – 2024 First Mandatory Year

Fall 2024 – CMS *reversed the* first mandatory year requirement in the OPPS Final Rule**:**

2023 – 2024 & 2024 – 2025 Voluntary

2025 – 2026 First Mandatory Year…

Hybrid Measures

July 1 marked the start of the "first" mandatory hybrid reporting year.

Measurement Period
7/1/2025 – 6/30/2026

Requirement:
Submit 4 quarters of data (data for both measures can be submitted in the same file)

Deadline:
Window 7/1/2026 – 9/30/2026

Threshold Requirements:
CCDEs >70%

Linking Variables >70%

Short Name	Measure Name	Discharge Dates	Submission Deadline
HWR	Hybrid Hospital-Wide Readmission Measure	7/1/2025 – 6/30/2026	9/30/2026
HWM	Hybrid Hospital-Wide Mortality Measure		

Because CMS Likes to Complicate Things

Hybrid & THA/TKA PRO-PM DO NOT have the same Measurement Period in the same Reporting Year

- Hybrid Measure Starts 6 months before the Reporting Year
  - Reporting Year Starts 2026 – Measurement Period Starts July 1, 2025
- THA/TKA PRO-PM starts 18 months before the Reporting Year
  - Reporting Year Starts 2026 – Measurement Period Starts July 1, 2024
- The key to understanding how CMS thinks of this: The LAST submission happens in the Reporting Year
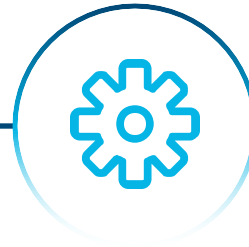
PRO-PM Requirements

2026 IQR Requirements for 7/1/2024 – 6/30/2025

Measurement Period

REQUIREMENT:

Hospitals must submit pre-op and post-op data for the THA/TKA PRO-PM.

SUBMISSION METHOD:

Hospital Quality Reporting (HQR) System

DEADLINE:

Pre-op data: September 30, 2025

Post-op data: September 30, 2026

PRO-PMs

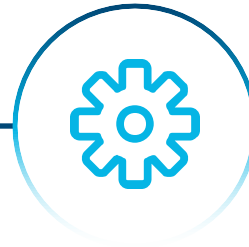| SHORT NAME	MEASURE NAME	ELIGIBLE PROCEDURES	PRE-OP COLLECTION	PRE-OP SUBMISSION	POST-OP COLLECTION	POST-OP SUBMISSION	Reporting Year
THA/TKA PRO-PM	Hospital-Level Total Hip Arthroplasty/Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure	7/1/2024 – 6/30/2025	4/2/2024 – 6/30/2025	9/30/2025	4/27/2025 – 8/29/2026	9/30/2026	2026
		7/1/2025 – 6/30/2026	4/2/2025 – 6/30/2026	9/30/2026	4/26/2026 – 8/29/2027	9/30/2027	2027

Structural Measure Requirements

2026 IQR Requirements for 1/1/2026 –
12/31/2026 Measurement Period

REQUIREMENT:

Hospitals must submit three
structural measures.

SUBMISSION METHOD:

Hospital Quality Reporting
(HQR) System
AND
NHSN (National Healthcare Safety
Network)

DEADLINE:

May 15, 2027

Structural Measures

Measurement Period:
1/1/2026 – 12/31/2026

Requirement:
Attest to all statements within each measure.

Deadline:
Window April 1, 2027–May 15, 2027

Submission Method:
HQR (Hospital Quality Reporting) System
- Maternal Morbidity
- Age Friendly

NHSN (National Healthcare Safety Network)
- Patient Safety

| Short Name	Measure Name	Discharge Dates	Submission Deadline
Maternal Morbidity	Maternal Morbidity Structural Measure		
Patient Safety	Patient Safety Structural Measure	1/1/2026 – 12/31/2026	5/15/2027
Age-Friendly Hospital	Age-Friendly Hospital Measure		

Abstracted Measure Requirements

2026 IQR Requirements for 1/1/2026 – 12/31/2026 Measurement Period

REQUIREMENT:

Hospitals must report on one chart-abstracted measure.
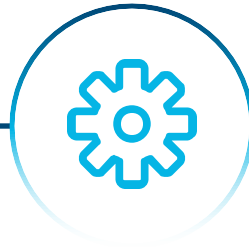
SUBMISSION METHOD:

Hospital Quality Reporting (HQR) System

DEADLINE:

Quarterly Submission Deadlines

Abstracted Measures

Measurement Period:

1/1/2026 – 12/31/2026

Requirement:

Submit one abstracted measure quarterly.

Submission Method:

HQR (Hospital Quality Reporting) System

CMS did not make any changes to the 2026 chart-abstracted measure requirements.

| Short Name	Measure Name	Discharge Dates	Submission Deadline
SEP-1	Severe Sepsis and Septic Shock	Q1 2026 Q2 2026 Q3 2026 Q4 2026	8/17/2026 11/16/2026 2/15/2027 5/15/2027

Population & Sampling Requirements

2026 IQR Requirements for 1/1/2026 – 12/31/2026 Measurement Period

REQUIREMENT:

Hospitals must submit population and sampling numbers for the one required chart-abstracted measure.
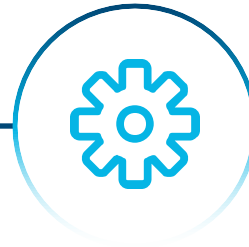
SUBMISSION METHOD:

Hospital Quality Reporting (HQR) System

DEADLINE:

Quarterly Submission Deadlines

Population & Sampling Data

Measurement Period:

1/1/2026 – 12/31/2026

Requirement:

Submit population & sampling numbers quarterly.

Submission Method:

HQR (Hospital Quality Reporting) System

CMS did not make any changes to the 2026 population and sampling requirements.

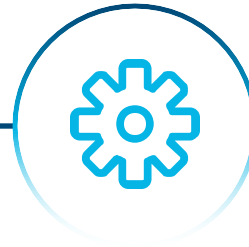| Short Name	Measure Name	Discharge Dates	Submission Deadline
SEP-1	Severe Sepsis and Septic Shock	Q1 2026 Q2 2026 Q3 2026 Q4 2026	8/3/2026 11/2/2026 2/1/2027 5/1/2027

HCAHPS Requirements

2026 IQR Requirements for 1/1/2026 – 12/31/2026 Measurement Period

REQUIREMENT:

Hospitals must report Patient Experience of Care Survey measures data.

SUBMISSION METHOD:

CMS website or designated information system (third-party vendor authorization required)

DEADLINE:

Quarterly Submission Deadlines

HCAHPS Measures

Measurement Period:

1/1/2026 – 12/31/2026

Requirement:

Submit HCAHPS data quarterly.

Submission Method:

HQR (Hospital Quality Reporting) System

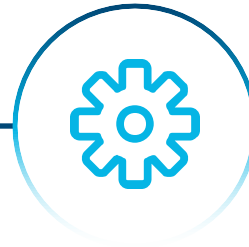| Short Name	Measure Name	Discharge Dates	Submission Deadline
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	Q1 2026 Q2 2026 Q3 2026 Q4 2026	7/8/2026 10/14/2026 1/13/2027 4/14/2027

HAI Requirements

2026 IQR Requirements for 1/1/2026 – 12/31/2026 Measurement Period

REQUIREMENT:

Hospitals must report on three HAI measures.

SUBMISSION METHOD:
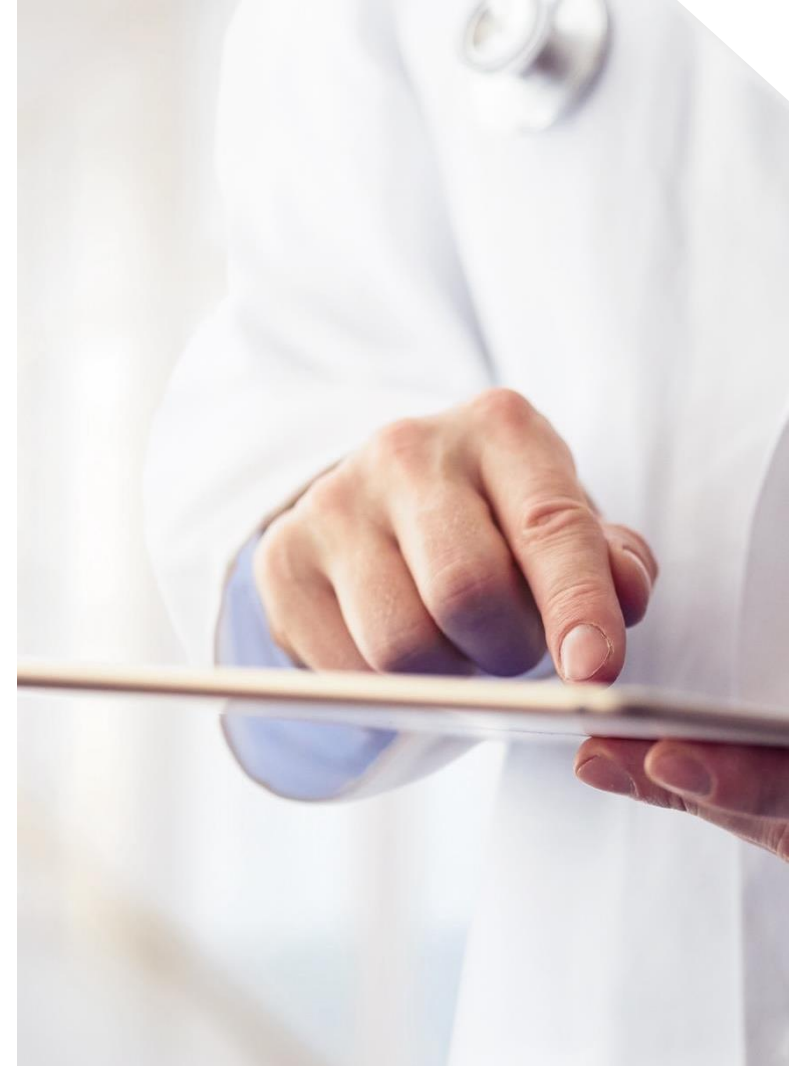
National Healthcare Safety Network (NHSN) Portal

DEADLINE:

Influenza Vaccination Annual Submission Deadline
Other HAIs Quarterly Submission Deadlines

Newly Required HAI Measures in 2026

- CAUTI-ONC: Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio Stratified for Oncology Locations measure

- CLABSI-ONC: Central Line-Associated Bloodstream Infection Standardized Infection (CLABSI) Ratio Stratified for Oncology Locations measure

- Both required in 2026

HAI Measures

Measurement Period:
HCP Influenza Vax: 10/1/2026 – 3/31/2027
HAIs: 1/1/2026 – 12/31/2026

Requirement:
Submit HAI data quarterly.
Submit Influenza Vax data Annually

Submission Method:
National Healthcare Safety Network (NHSN) Portal

For 2026, CMS has added two new Healthcare-Associated Infection measures that stratify CLABSI and CAUTI data for oncology locations. These measures are now mandatory.

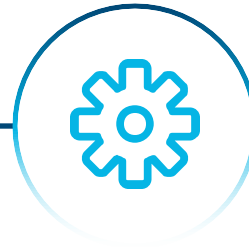| Short Name	Measure Name	Discharge Dates	Submission Deadline
HCP Influenza Vaccination	Influenza Vaccination Coverage Among Healthcare Personnel	10/1/2026-3/31/2027	5/15/2027
CLABSI-Onc	Central Line-Associated Bloodstream Infection Standardized Infection (CLABSI) Ratio Stratified for Oncology Locations	Q1 2026 Q2 2026 Q3 2026 Q4 2026	8/17/2026 11/16/2026 2/15/2027 5/15/2027
CAUTI-Onc	Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio Stratified for Oncology Locations		

Claims Measures Requirements

2026 IQR Requirements

REQUIREMENT:

Hospitals are evaluated for their performance on six Claims-Based measures in three categories.

SUBMISSION METHOD:

No additional submission is required

DEADLINE:

No Submission Deadline

Claims Measures Respecified

Modifications to the MORT-30-STK & COMP-HIP-KNEE measures beginning with the FY 2027 payment determination.

- Expand the measure's inclusion criteria to include Medicare Advantage (MA) patients; and

- Shorten the performance period from 3 years to 2 years.

- Change the risk adjustment model to consider straight ICD-10 codes instead of HCC code sets.

- Removing COVID-19 exclusion.

First Affected Reporting Period

- **MORT-30-STK:**
  - Beginning July 1, 2023–June 30, 2025 reporting period/FY 2027 payment determination

- **COMP-HIP-KNEE:**
  - Beginning April 1, 2023–March 31, 2025 reporting period/FY 2027 payment determination
  - This measure is scheduled to be removed from IQR in FY 2030.

medisolv

Claims Measures

Measurement Period:

Various

Requirement:

Hospitals are evaluated for their performance on six Claims-Based measures in three categories.

Submission Method:

No additional submission required

Claims-Based Patient Safety Measures

Short Name	Measure Name	Discharge Dates
ISCMR	Thirty-day Risk-Standardized Death Rate among Surgical Inpatients with Complications	7/1/2024 – 6/30/2026

Claims-Based Mortality/Complication Measures

Short Name	Measure Name	Discharge Dates
MORT-30-STK	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke	7/1/2024 – 6/30/2026
COMP-HIP-KNEE	Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary THA and/or TKA	4/1/2024– 3/31/2026

Claims-Based Coordination of Care Measures

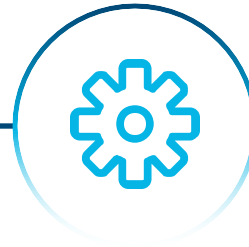| Short Name	Measure Name	Discharge Dates
AMI Excess Days	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	
HF Excess Days	Excess Days in Acute Care after Hospitalization for Heart Failure	7/1/2023 – 6/30/2026
PN Excess Days	Excess Days in Acute Care after Hospitalization for Pneumonia	

DACA Requirements

2026 IQR Requirements for 1/1/2026 – 12/31/2026 Measurement Period

REQUIREMENT:

Hospitals must complete the Data Accuracy and Completeness Acknowledgment (DACA).

SUBMISSION METHOD:

Hospital Quality Reporting (HQR) System

DEADLINE:

May 15, 2027

DACA Attestation

Measurement Period:
1/1/2026 – 12/31/2026

Requirement:
Hospitals must complete the Data Accuracy and Completeness Acknowledgment (DACA).

Submission Method:
Hospital Quality Reporting (HQR) System

CMS did not make any changes to the 2026 DACA requirements.

Data Accuracy and Completeness Acknowledgment (DACA) is a requirement for hospitals participating in the IQR program. The DACA is a method of electronically attesting that the data they submit to the program is accurate and complete to the best of their knowledge. You can attest anytime between April 1 - May 15, 2027. Hospitals may complete the DACA within the Hospital Quality Reporting (HQR) System.

Outpatient Quality Reporting (OQR) Program

Proposed Rule has not been finalized yet.

medisolv

What is OQR?

WHAT IS IT?

- OQR is a *pay-for-reporting* program launched in 2009 which is mandatory for hospital outpatient departments (HOPD) that submit claims to Medicare and are paid under the OPPS (Outpatient Prospective Payment System).

HOW DO I SUCCEED?

- Successful completion of the program means you've submitted all measure data and completed all attestations by their specific deadline. See our deadlines calendar in the downloads section.

WHAT IF I FAIL?

- If you miss one submission, one quarter, one time, for any one measure, you fail OQR which results in a 2% reduction to your Medicare claims reimbursement for certain outpatient department services.

medisolv

Understanding CMS Years

REPORTING YEAR

The reporting year is a specific period during which data is collected and reported to CMS. It is often referenced when talking about what is required in a reporting year.

Example: We are in Reporting Year 2026. The OP-39 has a Measurement Period of July 1, 2025 – June 30, 2026.

MEASUREMENT PERIOD

Throughout this presentation we reference the measure type's Measurement Period to help you understand the timeframes of data that you must submit to successfully meet 2026 Reporting Year Requirements.

CALENDAR YEAR

The calendar year is the most commonly used year in everyday life. It follows the standard January 1st to December 31st timeframe. In the OQR program CMS uses Calendar Year to indicate Reporting Year and the year the payments are applicable

Example: We are in Reporting Year 2026 which affects payments for Calendar Year 2028. For OQR, CMS will write their documents like this: CY 2026/CY 2028 payment determination.

medisolv

Summary of Proposed Changes for OQR

Major Reporting Changes

- New eCQM across 2 programs

- HCHE, SDOH1 &2, COVID Vax Removals

- Future removal of two abstracted measures

medisolv

Proposed Measure Removals

- **COVID-19 Vaccination Coverage Among Healthcare Personnel:** removed starting CY 2024 /CY 2026 payment determination (still report for now!)

- **Hospital Commitment to Health Equity:** removed starting CY 2025/CY 2027 payment determination

- **Screening for Social Drivers of Health and Screen Positive Rate for SDOH:** removed starting CY 2025/ CY 2027 payment determination (still screen for now!)

- **Median Time from ED Arrival to ED Departure for Discharged ED Patients:** removed starting CY 2028/CY 2030 payment determination

- **Left Without Being Seen:** removed starting CY 2028/CY 2030 payment determination

medisolv

2026 OQR Requirements

Requirements by Measure Type

- Electronic (eCQM) Measures

- Abstracted Measures

- Web-Based Measures

- Population & Sampling Data

- OAS CAHPS Measures

- PRO-PM Measures
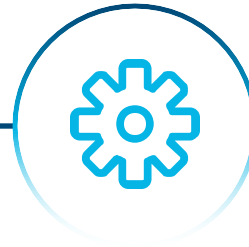
- Claims Measures

medisolv

eCQM Requirements

2026 OQR Requirements for 1/1/2026 –

12/31/2026 Measurement Period

REQUIREMENT:

Hospitals must submit three self-selected quarters of data for the STEMI eCQM

SUBMISSION METHOD:

Hospital Quality Reporting (HQR) System

DEADLINE:

May 15, 2027

eCQMs

Measurement Period:

1/1/2026 – 12/31/2026

Requirement:

Hospitals must report three quarters of data for the STEMI eCQM.

Submission Method:

Hospital Quality Reporting (HQR) System

Deadline:

May 15, 2027

eCQM Measures	Measurement Period	Submission Deadline
OP-40: ST-Segment Elevation Myocardial Infarction (STEMI)	1/1/2026 – 12/31/2026 (3 quarters required for OP-40)	5/15/2027
OP-ExRad: **Voluntary:** Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Hospital-Level, Outpatient)		

Short Name	2026	2027	2028
STEMI	3 Quarters Required	4 Quarters Required	4 Quarters Required
OP-ExRad	Voluntary: Any Quarter(s)	2 Quarters Required Proposed to Become Voluntary	4 Quarters Required Proposed to Become Voluntary
ECAT	Not Available	Available	Required

medisolv

Emergency Care & Access Timeliness – eCQM Overview

ECAT – Emergency Care Access & Timeliness

Why:

- ED occupancy and boarding rates continue to worsen and exceed pre-pandemic levels

- Studies show that delays in emergency care are directly associated with patient harm.

- Long ED wait times are among the most cited reasons patients leave without being evaluated

- ED boarding, defined as holding patients in the ED due to inpatient bed shortages, creates dangerous overcrowding conditions.

- For every patient boarded, the median ED length of stay **for all admitted patients** increases by at least 12 minutes

- AHRQ characterized patient ED boarding as a growing public health

What:

Comprehensive measure that captures four critical aspects of emergency care access and timeliness in a single, automated eCQM rather than relying on multiple manual chart-abstracted measures.

CMS 1244 / ECAT

Initial Population / Denominator

Emergency department visits that end during the measurement period. Visits are defined as:
- ED triage (only)
- ED evaluation and management (admitted ED)

Numerator

ED visits where the patient experiences any quality gap in access:
- Time from ED arrival to treatment room > 60 minutes
- Left without being seen
- Boarding time > 240 minutes (decision to admit to ED departure)
- ED length of stay > 480 minutes (arrival to departure),

Stratifications
1. Pediatric – No Mental Health Diagnosis: Patients <18 years without principal mental health diagnosis
2. Adult – No Mental Health Diagnosis: Patients ≥18 years without principal mental health diagnosis
3. Pediatric – With Mental Health Diagnosis: Patients <18 years with principal mental health diagnosis
4. Adult – With Mental Health Diagnosis: Patients ≥18 years with principal mental health diagnosis
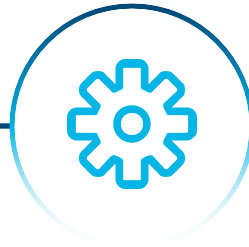
Abstracted Measure Requirements

2026 OQR Requirements for 1/1/2026 –

12/31/2026 Measurement Period

REQUIREMENT:

Hospitals must submit two Abstracted measures.

SUBMISSION METHOD:

Hospital Quality Reporting (HQR) System

DEADLINE:

Quarterly Submission Deadlines

Abstracted Measures

Measurement Period:

1/1/2026 – 12/31/2026

Requirement:

Submit two abstracted measures quarterly.

Submission Method:

HQR (Hospital Quality Reporting) System

| Short Name	Abstracted Measures	Measurement Period	Submission Deadline
OP-18	Median Time from ED Arrival to ED Departure for Discharged ED Patient	Q1 2026 Q2 2026 Q3 2026 Q4 2026	8/3/2026 11/2/2026 2/1/2027 5/1/2027
OP-23	Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of Arrival		

Web-Based Measure Requirements

2026 OQR Requirements for 1/1/2026 –

12/31/2026 Measurement Period

REQUIREMENT:

Hospitals must submit two web-based measures.
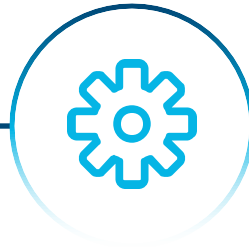
SUBMISSION METHOD:

Hospital Quality Reporting

(HQR) System

DEADLINE:

May 15, 2027

Web-Based Measures

Measurement Period:

1/1/2026 – 12/31/2026

Requirement:

Submit two web-based measures annually. You may voluntarily submit the OP-31 measure.

Deadline:

May 15, 2027

Submission Method:

HQR (Hospital Quality Reporting) System

The Denominator for OP-22 is the Emergency Department Volume (EDV), calculated by CMS based on your Medicare claims

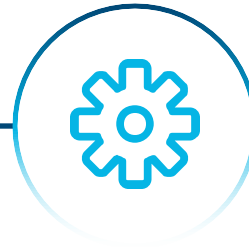| Short Name	Measure Name	Measurement Period	Submission Deadline
OP-22	Left Without Being Seen		
OP-29	Colonoscopy Follow-Up Interval	1/1/2026 – 12/31/2026	5/15/2027
OP-31	**Voluntary:** Cataracts Visual Function		

Population & Sampling Requirements

2026 OQR Requirements for 1/1/2026 –
12/31/2026 Measurement Period

REQUIREMENT:

Hospitals must submit population and sampling numbers for the two chart-abstracted measures and the HQR web-based measure. Hospitals must also submit numbers for the voluntary Cataracts HQR web-based measure if participating in the measure.

SUBMISSION METHOD:

Hospital Quality Reporting (HQR) System

DEADLINE:

Quarterly Submission Deadlines (Abstracted measures)

Annual Submission Deadlines (Web-based measures)

Population & Sampling Data

Measurement Period:

1/1/2026 – 12/31/2026

Requirement:

Hospitals must submit population and sampling numbers for the two chart-abstracted measures and the HQR web-based measure.

Hospitals must also submit numbers for the voluntary Cataracts HQR web-based measure if participating in the measure.

Submission Method:

HQR (Hospital Quality Reporting) System

Short Name	Abstracted Measures	Measurement Period	Submission Deadline
OP-18	Median Time from ED Arrival to ED Departure for Discharged ED Patient	Q1 2026 Q2 2026 Q3 2026 Q4 2026	8/3/2026 11/2/2026 2/1/2027 5/1/2027
OP-23	Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of Arrival		

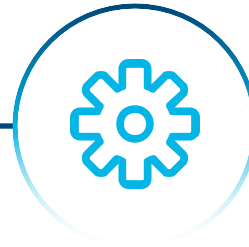| Short Name	Measure Name	Measurement Period	Submission Deadline
OP-22	Left Without Being Seen	1/1/2026 – 12/31/2026	5/15/2027
OP-29	Colonoscopy Follow-Up Interval		
OP-31	**Voluntary:** Cataracts Visual Function		

OAS CAHPS Requirements

2026 OQR Requirements for 1/1/2026 –
12/31/2026 Measurement Period

REQUIREMENT:

Hospitals must submit the
OAS CAHPS measures.

SUBMISSION METHOD:

CMS website or designated
information system (third-party
vendor authorization required)

DEADLINE:

Quarterly Submission Deadlines

OAS CAHPS Measures

Measurement Period:

1/1/2026 – 12/31/2026

Requirement:

Submit the OAS CAHPS measures quarterly.

Submission Method:

CMS website or designated information system (third-party vendor authorization required)

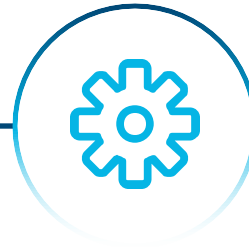| Short Name	Measure Name	Measurement Period	Submission Deadline
OP-37	Outpatient and Ambulatory Surgery Consumer Assessment (OAS CAHPS)	Q1 2026 Q2 2026 Q3 2026 Q4 2026	7/8/2026 10/14/2026 1/13/2027 4/14/2027

PRO-PM Voluntary

2026 OQR Requirements for 7/1/2025 –
6/30/2026 & 1/1/2026 – 12/31/2026
Measurement Periods

REQUIREMENT:

Hospitals may voluntarily submit
two PRO-PMs

SUBMISSION METHOD:

Hospital Quality Reporting
(HQR) System

DEADLINE:

Information Transfer: May 15, 2027
THA/TKA:
Pre-op data: May 15, 2027
Post-op data: May 15, 2028

Newly Available PRO-PM in 2026

- Information Transfer PRO-PM
  https://blog.medisolv.com/articles/empowering-recovery-a-look-at-the-information-transfer-pro-pm-medisolv

- Available to submit to CMS in 2026
  - Available in Medisolv 2026
  - Evaluated in TEAM in 2028
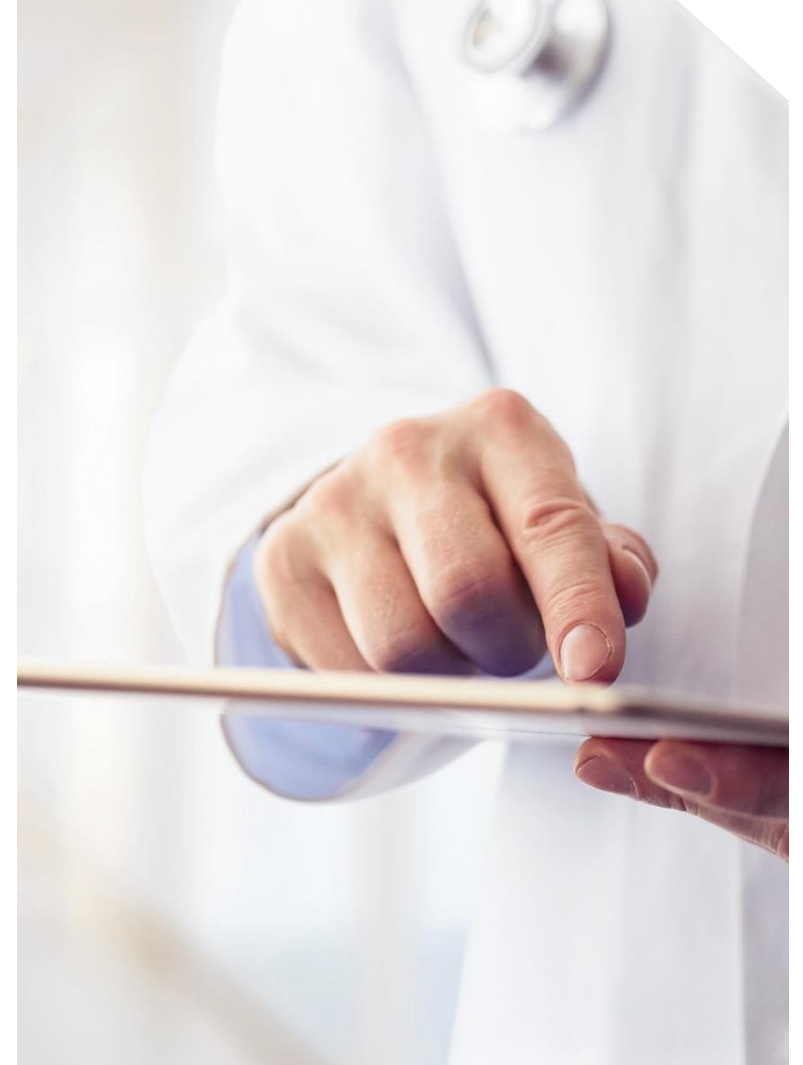
PRO-PMs

Short Name	PRO-PM Measures	Eligible Procedures	Pre-Op Collection	Pre-Op Submission	Post-Op Collection	Post-Op Submission
OP-THA/TKA PRO-PM	**Voluntary:** Risk-Standardized PRO–PM Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) in the HOPD Setting	1/1/2026 – 12/31/2026	10/3/2025 – 12/31/2026	5/15/2027	10/27/2026 – 2/29/2028	5/15/2028

Short Name	Measure Name	Measurement Period	Submission Deadline
Information Transfer	**Voluntary:** Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery PRO-PM	1/1/2026 – 12/31/2026	5/15/2027

PRO-PMs Industry Wide

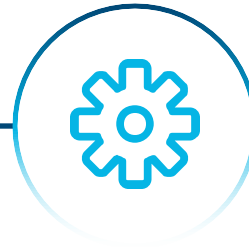| Regulatory Program	PRO-PM Name	Reporting Years	Mandatory Year Submission Deadline
IQR	THA/TKA	Reporting Year (RY) 2026 *(July 1, 2024 – June 30, 2025)*	Pre-Op Data: September 30, 2025 Post-Op Data: September 30, 2026
OQR	THA/TKA	Voluntary RY 2025 - 2027 *(Jan 1, 2025 – Dec 31, 2025)* *(Jan 1, 2026 – Dec 31, 2026)* *(Jan 1, 2027 – Dec 31, 2027)* Mandatory RY 2028 *(Jan 1, 2028 – Dec 31, 2028)*	Voluntary: RY 2025 – Pre-Op: May 15, 2026, Post-Op: May 15, 2027 RY 2026 – Pre-Op: May 15, 2027, Post-Op: May 15, 2028 RY 2027 – Pre-Op: May 15, 2028, Post-Op: May 15, 2029 Mandatory: RY 2028 – Pre-Op: May 15, 2029, Post-Op: May 15, 2030
	Information Transfer	Voluntary CY 2026 *(Jan. 1 – Dec. 31, 2026)* Mandatory CY 2027 *(Jan. 1 – Dec. 31, 2027)*	Voluntary: May 15, 2027 Mandatory: May 15, 2028
ASCQR	THA/TKA	Voluntary RY 2025 - 2027 *(Jan 1, 2025 – Dec 31, 2025)* *(Jan 1, 2026 – Dec 31, 2026)* *(Jan 1, 2027 – Dec 31, 2027)* Mandatory RY 2028 *(Jan 1, 2028 – Dec 31, 2028)*	Voluntary: RY 2025 – Pre-Op: May 15, 2026, Post-Op: May 15, 2027 RY 2026 – Pre-Op: May 15, 2027, Post-Op: May 15, 2028 RY 2027 – Pre-Op: May 15, 2028, Post-Op: May 15, 2029 Mandatory: RY 2028 – Pre-Op: May 15, 2029, Post-Op: May 15, 2030
	Information Transfer	Voluntary CY 2027 - 2028 *(Jan. 1 – Dec. 31, 2027)* *(Jan. 1 – Dec. 31, 2028)* Mandatory CY 2029 *(Jan. 1 – Dec. 31, 2029)*	Voluntary: May 15, 2028 May 15, 2029 Mandatory: May 15, 2030

Claims Measures Requirements

2026 OQR Requirements

REQUIREMENT:

Hospitals are evaluated for their performance on claims-based measures in 2 measure sets: imaging efficiency measures and outcome measures.

SUBMISSION METHOD:

No additional submission is required

DEADLINE:

No Submission Deadline

Claims Measures

Measurement Period:

Various

Requirement:

Hospitals are evaluated for their performance on claims-based measures in 2 measure sets: imaging efficiency measures and outcome measures.
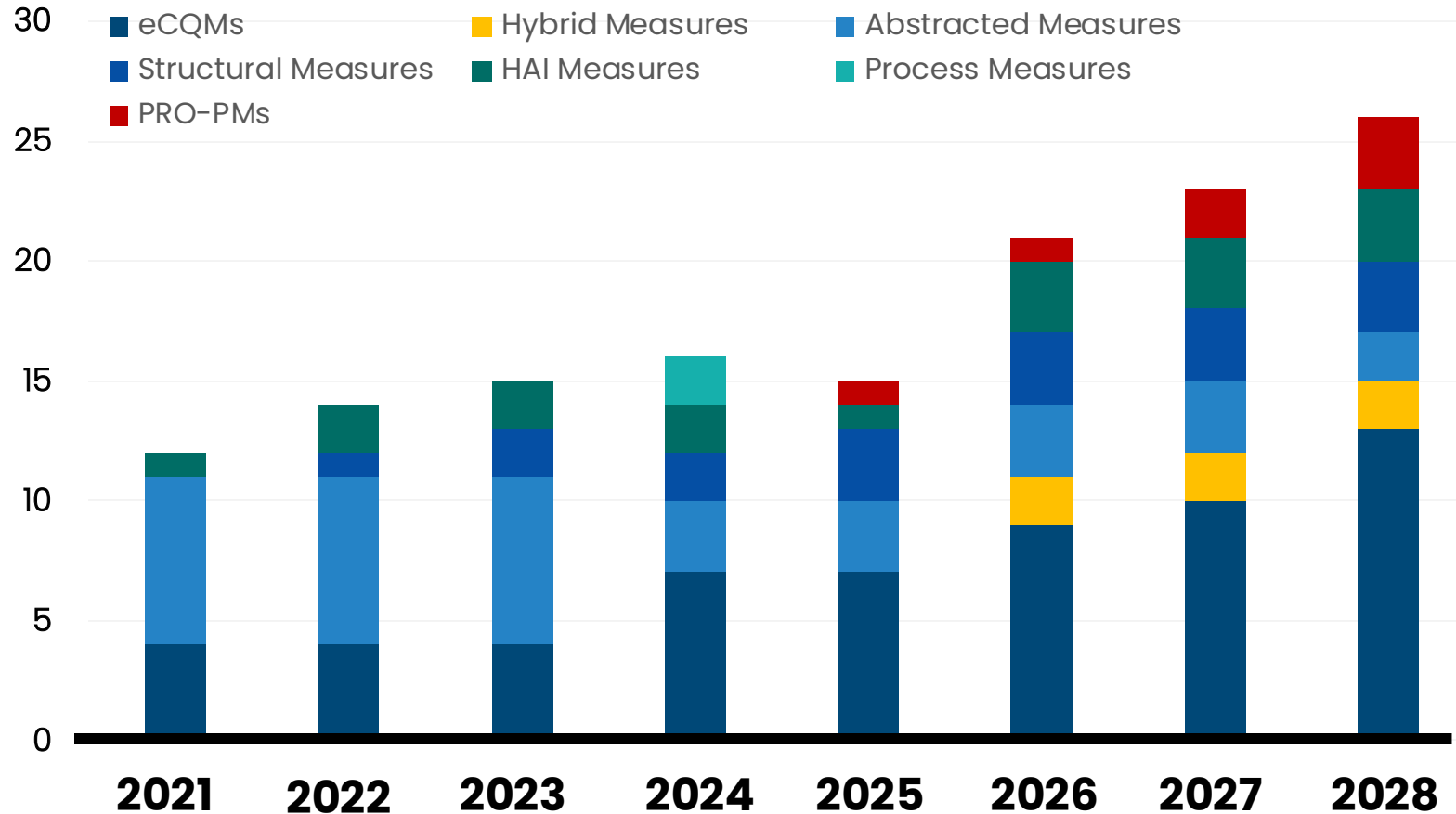
Submission Method:

No additional submission required

Claims-Based Imaging Efficiency Measures	Encounter Dates
OP-10: Abdomen CT – Use of Contrast Material	July 1, 2025 – June 30, 2026
OP-39: Breast Cancer Screening Recall Rates	

Claims-Based Outcome Measures	Encounter Dates
OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	January 1 – December 31, 2026
OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	
OP-36: Hospital Visits After Hospital Outpatient Surgery	

Any mandated publicly reported measures can be used for public reputation ratings & pay-for-performance programs

Legend:
- eCQMs
- Hybrid Measures
- Abstracted Measures
- Structural Measures
- HAI Measures
- Process Measures
- PRO-PMs

- Once public, can be used for Care Compare, Hospital Star Rating, HVBP, HRRP, HACRP.
  - Hybrid Readmission & Mortality – already on Care Compare, may have wide reaching application
  - Hospital Harm eCQMs – All programs (except Readmission) have a safety component and will likely incorporate these in future years
  - Maternal eCQMs – Most likely to be posted to Care Compare first

2026 Quality Reporting Desk Calendar

PRE-ORDER:

https://go.medisolv.com/2026-quality-reporting-deadlines-desk-calendar

Advanced Quality Improvement (AQI) Support

Medisolv's Advanced Quality Improvement (AQI) support delivers a structured, consultant-led framework designed to move hospitals beyond compliance toward measurable performance improvement. Through proactive monitoring, strategic planning, and tailored advisory services, AQI provides the expertise and tools needed to achieve meaningful, sustainable results.

- **AQI Consultant Support:** AQI support is managed by an experienced Consultant committed to successful quality improvement. The AQI support model includes regular strategy sessions to proactively analyze performance data, identify and prioritize customer-defined improvement areas, co-develop targeted action plans, and continuously monitor progress to drive measurable outcomes--with regular, comprehensive reports compiled to document insights, action plans, and progress toward goals.

Customizable Services:

- **Proactive Measure Monitoring & Analytics:** Our analytics tools identify patterns, trends, and relationships in your data, giving you actionable insights. We focus on specific target areas to help you pinpoint areas for improvement.

- **Strategic Regulatory Planning:** We know it's difficult to keep up with the ever-changing regulatory programs. Your Consultant works with you to develop an action plan that will guide you through the annual regulatory process, helping you stay ahead of all requirements and meet every deadline successfully.

- **Regulatory Proxy**: AQI support includes access to experienced healthcare regulatory experts. Ask us any questions on the regulatory landscape or specific to your organization; if we don't know the answer, we'll research and find it for you!

- ***Medisolv's Quality Academy:*** *An all-access academy subscription is included with AQI services.*

Professional Development (CE Credits!)

1 CPHQ CE Credit

Directions for claiming credits:

- Attendees must self-report the CE they earned into their current recertification cycle

- Self-report using the certificate of attendance you will receive in our webinar follow up email