

# IQR & OQR Requirements: Regulatory Updates for 2026 Reporting

Recorded 11/05/25

Hello everyone, and welcome to today's webinar, a review of your 2026 IQR and OQR requirements. We're going to be going through your regulatory updates for 2026. Thanks for joining us today. We've got a lot of slides to get through. As usual, we are specifically focusing on two programs within this massive chart that you see here. So as the beginning of the year starts, we wait for the hospital and psych proposed rules to drop, which happens about that April time frame. So in that purple corner there that governs on the left hand side under IPDS, all of those different programs.

Today we are focusing on just IQR. So that's what today's presentation is about. That was the proposed rule in April. Then the proposed rule for the provider and outpatient rulings comes out in the June, July time frame and you see the outpatient or OPDS governs those couple of programs there. Today we are just speaking about the OQR program now we are past August. The hospital final rule was finalized in August and so IQR requirements are for certain this presentation based on that ruling. We are in November now and we did get the PFS provider rule drop, which actually surprised me.

I wasn't sure it was going to happen with the shutdown, but we did get the PFS one. Unfortunately, we did not at the same time get the OPDS rule. So the OQR requirements that you're seeing today are based on the proposed rule, not the final rule. So I just wanted to set some of that expectations there. As you can see in this graph that I have been showing quite a bit over the couple of years, what you are facing right now is an increase in measures and submissions. And this is based on the IQROQR.

And in this case, the graph also includes IPFQR and you can see in the big column the measures and then kind of that little T is the submissions attestation. So this presentation is a way for you to hopefully make sense of some of this noise of what's coming in what year and what time frame. And that's what we're really hoping that at the end of today's presentation you will feel some measure of improved knowledge. We have a couple of resources for you in the downloads. You should see the slides there so you can download this and keep it as a reference for the whole year.

And then we hope by the end you're feeling like you understand where we're coming from. And we I should introduce us. I'm Erin Heilman, I'm the SPP of regulatory affairs, joined by my Co worker, Kristen. Kristen, glad to see you again. Back on a webinar. We've been absent since here. You're feeling good about this one. I am I am excited to be back with. Everyone it's it never fails. We work so hard on these webinars and then the day of we notice a typo and we're scrambling, calling each other and in.

## IQR & OQR Requirements: Regulatory Updates for 2026 Reporting

Recorded 11/05/25

This was no exception, but we do feel like we've put together a really good presentation for you today that's hopefully very few if none typos. We really tried to dig into all of the research and make sure we got the most accurate according to the documentation that's out there today. So it's simply our agenda is IQR and OQR requirements. Now I'll say, Kristen, I'll start us off with the inpatient quality reporting program generally and then I'll pass it to you for the ECQMS and away we go. So for anybody listening on the line, if you have questions, you can enter them into your question, the question and answer box.

There's also an attendee chat. So if you guys want to just chat with each other, get your questions answered that way too from your colleagues, you can do that too. Let's start with the inpatient quality reporting program. So IQR is the inpatient quality reporting program. It is a pay for reporting program established in 2003. It mandates any eligible hospital who does not successfully report all information as requested by CMS will receive a penalty. Technically, this program is voluntary, but don't let that fool you, that doesn't really mean anything. If you do not commit and you are one of the eligible hospitals, you will get a penalty.

How do you succeed? You must complete all of the submissions of all the measured data and complete all the attestations by their specific deadlines to succeed in this program. What if you fail? If you miss one submission one quarter, one time for one measure, you fail like you are, which will result in a 25% reduction to your annual payment update. That generally is about 1 to 2% knocked off your inpatient Medicare claims. So if you, for instance, failed to submit an ECQM for that January 1st through December 31st, 2025 timeline, that reporting period, your penalty is applied to the fiscal year 2027, which started October 1st goes through September 30th, 2027.

Now in this presentation, we've done our best to be super clear about language, which CMS is not super great on, but they are kind of consistent. So here's my interpretation of their language in these rulings to help you interpret it. Reporting year is a specific period during which data is collected and reported to CMS. So it's often referenced when it's required in a reporting year. For example, if we are in reporting year 2026 and the THAKPIM measurement period is July 1, 2025 through June 30th, 2026. Sixth, that completes your twenty sixth reporting year requirements.

Throughout this presentation when we were talking about reporting year, it doesn't it has to do with the as it's applicable in the reporting year that kind of leads into fiscal year. Fiscal year is a 12 month period use for financial accounting and budgeting. Unlike calendar year, it can start on a different date, most commonly October 1st through September 30th, which is what the government follows. So for example, we are in reporting year 2026 which effects payments for fiscal year 2028. Sometimes in these documents CMS will refer to fiscal year 2028 for your reporting requirements under IQR.

## IQR & OQR Requirements: Regulatory Updates for 2026 Reporting

Recorded 11/05/25

That's what that means throughout this presentation we put in measurement period to help you understand the time frames that the data that are that are being considered for this reporting year's requirements. And then lastly easily calendar year follows January 1 through December 31st. So hopefully that helps you just kind of Orient to what you're seeing in this presentation that reference for you. So within IQR, there were a couple of things to consider for changes. We're going to go through these. We will talk about the hybrid measured thresholds being reduced, the HealthEquity measures being removed, the claims measures we specified, the COVID-19 exclusions and vax rate removed, as well as the extraordinary circumstances exception updated across all programs.

Couple of things we're not going to get to in the details. I'll just start these right up top. The HealthEquity measures are officially removed from the IQR program starting with reporting year 2024. So last year, even though you've probably already done the work, the hospital commitment to HealthEquity, the social drivers of health SDOH one, and then the screen positive rate social drivers of health SDOH 2 are removed from the program. The COVID-19 exclusions and the vax rate are removed. So the COVID-19 vaccination coverage among healthcare professionals measures, the one you were reporting on a quarterly basis is also removed from the program beginning with reporting year 2024.

Now removal of COVID-19 exclusions started fiscal year 2027. So the measures that are affected are those ones here within the IQR program. All of these ones that are listed in the bullets had exceptions for COVID-19 and now they are sorry, exclusions for COVID-19 and now they are removed from those measures affecting fiscal year 2027. The update to the ECE policy, and I took this straight from the CMS webinar that they did. Basically, the CMS clarified that it has the discretion to grant an extension rather than only a full exception in response to an ECE request. Additionally, it changed that a hospital may request an ECE within 60 calendar days of that date that the extraordinary circumstance occurred instead of 90 days.

All right, we are going to move into the 2026 IQR requirements and we're going to go measure type by measure type. And so first up is Kristen. I'll pass it to you to begin. All right. Thank you. Let's hop to ECQMS. My favorite thing to talk about South ECQ M's and 2026 IQR requirements. We're talking about the calendar year. So data collection starts on January 1st. For these measures, you still have to report all four quarters, so the whole year.

I don't expect that to change for 8 measures now in 2026. So we've made a lot of progress, a lot of increase in the number of ECQ M's submitted over the past few years and that will continue. So 8 measures, five of those are designated by CMS, three are self selected. These all get submitted through HQR and the deadline is the end of February. Depending on the day of the week that falls on it may differ a little bit. There are two newly available ECQMS that you can submit in 2026.

## **IQR & OQR Requirements: Regulatory Updates for 2026 Reporting**

Recorded 11/05/25

The first one is hospital harm falls with injury. The other is hospital harm post operative respiratory failure. As always we suggest you start working on those sooner rather than later, especially that post operative respiratory failure, that one is pretty big measure with lots of changes. Again, both of these can be submitted in 2026 to CMS. We have these measures available in our encore application. So if you're interested in those and you have our application, you can reach out and we will get those activated for you. And both of these measures are going to be included as a part of the team model.

So if you're a team hospital, important to have those two measures ready to go as well. We love this table shows all of the measures that are available to you for submission to IQR. These are ECQMS. I should note again, those measures under 2026 are required. So it's PCO 2, PCO 7 and CMS five O 6, which are the three that were required this past year. So nothing new there, but they are adding the hyper and hypoglycemic measures to the 2026 requirements. So if you don't have those measures active, if you're not tracking those ECQMS, getting them all set up, you need to because those again are required for submission, excuse me, in 2026.

And then you can see looking at 2027 and 2028, they are increasing the number of ECQMS that are required for submission every year. In addition, in 2026 as well as 27 and 28, you have to submit three additional self selected measures. So for 26, those five required ECQMS and then you have to select three other ECQMS from the list below there again, those get submitted to HQR by the end of February. We're talk about ECQM validation. This is CMS's audit process of ECqm's. We've talked a lot about this over the last year. It's changing significantly as of 2025 S I talked a lot about how it relates to 2025 data and the change in the way they are going to validate that data if you're selected for validation.

Same thing applies to 2026, there are no changes. But because it's so new, I wanted to touch touch on it in this presentation today. So the old process for ECQM validation, if you were selected, it got combined with your chart abstracted, validation chart abstracted, you had to hit at least 75% validation score EC QMS. Historically all you had to do was submit the measures are submit the records that were requested of you. So if you were selected for audit and CMS said here are the records you have to submit and you submit those records back to them, that's all you had to do.

There was number validation for accuracy, but all of that is changing as of 2025 S, the data you submit this year, 2025 data that you're getting ready to submit those ecqms, if you're selected for validation will be audited for accuracy. So same number of hospitals 200, random 200 targeted. For chart abstracted measures, if you're selected, you have to hit 75% validation score and separately for ECQMS you have to hit at least 75% as your validation score in order to pass. So again that data collection that started 1/1/25 for the calendar year 2025

## IQR & OQR Requirements: Regulatory Updates for 2026 Reporting

Recorded 11/05/25

ECQMS, same thing will apply to 26. Starting 1/1/26, the data that you start collecting for ECQMS will be applicable if you are selected for audit and will be looked at from an accuracy perspective.

They will request 8 cases per quarter and though the data will be validated based on the ECQM set, the patients that you submitted qualified for you will get the two separate scores for ECQM abstract and Measure. The scoring methodology aligns the same scoring methodology for ECQMS as has been for chart abstracted. Greater than 75% score or better. You pass if you're below that. That will impact your annual payment update and then you will also be included in the next year's targeted sample. So you get to be audited again if you fail at either one of the years to 25. If you fail, you'll most likely be audited again in 26 and so on.

Missing records. So if CMS says here are the records we need you to submit and you can't submit or don't submit all of them, that will be counted as a mismatch and will be counted against you in your score. If you are selected for validation when you're submitting the medical records, you need to make sure those medical records are complete, that they have all of the data that needs to be included in those records. CMS has a document out there that lists out all of the requirements for that medical record. It's basically everything with ECQMS. We talk a lot about free text versus structured fields, discrete fields which are needed for data capture in ECQMS.

If you're selected for audit, you will have to submit all the data. So any notes, any reports, anything that isn't in a discrete field, all of the labs, all of the radiology, everything will have to be submitted as a part of that medical record and that's what will be audited. So validation of that data will be done by CDAC. They are going to review the record that you submit and they're going to have an outcome. So they're going to do abstraction of that medical record. They will produce an outcome of that abstraction. If it does not match the ECQM outcome, then that case is considered a mismatch.

You will not be audited at the data level. So they're not going to look and say oh you had the wrong Snow Med code, but they are going to be matching based on population outcome. So quick little graphic on that. You submit your ECQMS in a QRDA file. You submit them to HQR. They have a calculation engine that says OK, this patient for VTE 1 was an exclusion. If that patient is selected for audit as one of the sampled cases, the C doc auditor will abstract the medical record and come up with their own outcome. Hopefully it's an exclusion and the two match, but if it isn't then that's a mismatch.

If they find the patient is in the numerator and the ECQM have them as an exclusion, that is a mismatching record and will impact your overall scoring. Now on to hybrid measures. For 2026 IQR. The measurement period is 7/1/25 through 6/30/26. So you're in it right now. That data collection started on 7/1. This is the first

## IQR & OQR Requirements: Regulatory Updates for 2026 Reporting

Recorded 11/05/25

mandatory year you have to report four quarters of data for each of the two hybrid measures. That gets reported through HQR and submission is the end of September, give or take a few days.

They did finalize. I'm sure most people are happy about this. The decrease in the thresholds for both the CCDS on the linking variables. So it is both of those have had their thresholds decreased from I think it was 90% for CCD ES and 95 for linking. Both have been decreased to a 70% or greater threshold. So makes it easier. But that doesn't mean that you should take your eye off the prize. These are still important. If you miss that threshold, there will be a penalty.

So you want to make sure you're hitting that 70% or above threshold for both your CCD ES, those, your labs and your vital signs and your linking variables. They have also finalize the change to lower the number of required CCDE data elements to allow for up to 2 missing lab results and two missing vital signs. So some wiggle room there, but because hybrid measures are always changing and CMS is reviewing these results as they get submitted every year, important to keep working on these measures, keep working on those data elements and making sure you're getting all of those labs and vital signs and linking variables collected throughout the reporting year. It's been a start.

Stop history. We never know what's coming. I still don't feel confident that something won't change, but I do believe they're going to keep this as a mandatory reporting period and really look at the data that gets submitted and how hospitals do with that 70% threshold. So again, keep your eye on these hybrid measures ever changing. Specifications are changing pretty significantly as well. So there's two hybrid measures, your hospital wide readmission, your hospital wide mortality measure, those dates of data collection and submission are there for you. And again those thresholds have been decreased to 70%.

So with that Aaron, I am going to throw it back over to you to talk about complicated CMS. So all you. This was, this was a slide we threw in at the end because it was frustrating and it was the literal only headline I could get out because I'm like so complicated. And honestly, maybe some of you guys understood this before and good for you. This one took me forever to figure out why I was seeing different time periods. So I'm not sure anybody super cares about this. But if you're kind of picking up on this strange timing difference between the hybrid and the THITKAI wanted to make it very specifically clear that the hybrid and the THATK propium do not have the same measurement period in the same reporting year.

The hybrid measure starts six months before the reporting year. So reporting year starts 2026. The measurement period for that reporting year started July 1, 2025, six months before the THATKA Pro PM starts, 18 months before the reporting year. So the reporting year starts 2026. The measurement period started July 1, 2024. So the key to understanding this of how CMS thinks about this is for hybrid and THATK, the last

## IQR & OQR Requirements: Regulatory Updates for 2026 Reporting

Recorded 11/05/25

submission happens in the reporting year. So hopefully that's a good help for you. Not applicable to other measure types, but in this particular instance, both the hybrid measurement and the THATK pro PM, the last submission happens within the reporting year.

So into Pro PMS, what you're looking at is the 2026 reporting year, which had a measurement period of 712024 through 6302025 S, Those are the patients, right? And it's already over. So you must submit the pre op and the post op data for the THATKA. The pre op data is was due September 30th, 2025 and the post op data is due September 30th, 2026. To help you understand that I've put this chart here with the eligible procedures because technically we are into reporting year 2027 with what's going on right now that you're got eligible procedures that start at 712025 S. Just so it's clear in reporting year 2026, which is what this presentation is about, the eligible procedures began July 1, 2024 and ended 6/30/2025.

You had a period of time for pre op collection. Your pre op submission was due 9/30/2025. Your post op collection is still ongoing until 8/29/2026 and your post op submission is September 30th of 2026 for reporting your 2026. Now to, to make sure that you're you're we're all kind of reading from the same playbook here I put in the download section in Excel in that Excel you'll be able to this is from the CMS quality net. You'll be able to see all the measures and then there's a column specifically for IQR and it tells you the dates. Now that is for reporting your 2025.

So what you're looking at is the move forward from 2025, but that Excel helps helped me understand the difference between how they're the measurement period for hybrid and pro PM and they're right on top of each other. So you'll be able to see that same time period change. So hopefully that made it very clear about the measurement period. We tried to be very specific about that. I think Kristen, back to you if you want to take over for a little bit. I, I will. And I just want to say I, I was telling Aaron earlier, I try not to think about any of those dates.

Like just for me, the easiest thing is just to focus on the data collection time frame because I get super confused when I'm like calendar year and measurement year and reporting year and all of this for, and I know we need to know it and understand it. But when I'm thinking about hybrid, for instance, anytime I'm talking about hybrid, I'm like, you know, data collection year 7/1/25 through 63026 because otherwise it's very confusing. It's just really hard to know, you know, what is being referred to with each of those. So I don't know. And it does change per program, right. So we're talking inpatient right now.

Yeah, we'll get to. Everyone on the webinar open ACMS ticket and ask for them to align. Yeah, good idea. I did not say that anyways, OK, structural measures for 2026 and these are calendar year measures. Requirement for hospitals is that you submit 3 structural measures, those are submitted through HQR and through NHSN

## **IQR & OQR Requirements: Regulatory Updates for 2026 Reporting**

Recorded 11/05/25

and the deadline for submission of these is May 15th of 27. Again, calendar year is your data collection year. You have to attest to all statements within each of these measures. Submission window starts on April 1st, as I mentioned runs through May 15th.

And for these three measures, which are the maternal morbidity, patient safety and age friendly structural measures, the maternal morbidity and age friendly got submitted to HQR and patient safety is submitted to NHSN. Chart abstracted measures, again 2026 IQR, we're talking about the calendar year for these chart abstracted measures you have to submit on the one chart abstracted measure through HQR and the chart abstracted measures have quarterly submission deadlines. Everyone's favorite measure, the step one measures severe sepsis and septic shock. Those timelines are there for you, both the quarterly requirements as well as your submission deadline. You're only submitting this one measure and they did not make any changes to the 2026 chart abstracted measure requirements.

Population and sampling. You must submit population and sampling numbers for the one required chart abstracted measure submission. Mother method for this is also HQR and there are quarterly submission deadlines for this population and sampling information, again submitted through HQR. They did not make any changes to the 2026 population and sampling requirements and those quarterly discharge dates as well as the submission deadline for population and sampling are listed there for you as well. Aaron, back to you for H caps if you're there. Thank you, I'm here. Sorry, H caps.

So H Caps now are on a regular schedule, but they were adjusted from last time. So I want to just kind of call that out here. You still must report your same H Caps data through the website or a designated entity. They are the quarterly submission deadlines. However, we are used to reporting basically on the first of first Wednesday of the month. This has been pushed back a year for 2025 due to the changes from H Caps. Now these are projections of what we think they will do.

Keep in mind though that they may alter this and go back to the first of the month. But right now, according to the documentation that is currently live on the Quality Net site, if we go forward with that, this actually aligns with your OAS caps timelines as well. So didn't want to draw this because I missed this the first time I saw it. And then specifically looked at that deadlines calendar where they said we are having an extension because of that age caps. So this is an assumption that they're going to keep that schedule.

But please keep in mind that that could change with new CMS documentation. So something for you to write a note on this slide and say go back and check this just to confirm. But as of right now, it seems like that's the dates. Moving on to your HAI requirements for 2026, this is the first year that you now have three HAI measures that you are responsible for submitting to NHSN portal. The influenza vaccination that is on an

## **IQR & OQR Requirements: Regulatory Updates for 2026 Reporting**

Recorded 11/05/25

annual submission deadline. The other HAIS are on that quarterly submission deadline that you are used to providing to NHSN on a regular basis.

That is because newly required under the IQR program are the KATI, Owens UNK, the KATI standardized infection ratio stratified for oncology locations measure and then the same for Classy, The classy for the oncology locations measures. Those are both required in 2026. So you have a couple of deadlines that are associated with this that collapsing CODDY are still on that quarterly deadline that you are used to reporting to with NHSN. So they have been added for the first time and they're basically going to take those same measures and stratify that data for the oncology locations. So these measures are now mandatory within the IQR program. The same influenza vaccination is as usually is, so that same 10/1/2026 through 3/31/2020 7:00 and then that submission deadline of 5/15/2027 on to the claims measures.

We're almost done with the IQR program. The claims measures are continuing to be reduced. So for now there are 6 claims measures in three categories. Actually that says 4, but it's 3 categories. There's no additional submission that is required and no submission deadline. There were a couple of notable changes to two claims measures. They were respecified. The modifications that were final determined on the final rule was they expect for the more more 30 strokes, so your mortality stroke measure and your COM PIP and knee measure starting with fiscal year 2027.

So this is like retroactive again. They are expanding the measures inclusion criteria to include Medicare Advantage patients. They are shortening the performance period from three years to two years and they are changing the risk adjustment model to do straight ICD 10 codes instead of that HCC code set. And as we covered previously, they are removing that COVID-19 exclusion. Now the first effective reporting period. Again, July 1, 2023 through June 30th, 2025, that's the new date. That's the two years instead of what had previously been the three years that affects fiscal year 2027 reporting year 2025.

So that's a retroactive date. Same with Compipany, it began April 1, 2023 through March 31st, 2025. Again, that's the two year date. It had previously been three years of data and effects, fiscal year 2027, calendar year 2025 payment determination. I'm hoping, I'm hoping I'm speaking clearly enough that it's clear what this is saying. And also keep in mind the comp pipany is scheduled to be removed from IQR in fiscal year 2030, so that makes your discharge dates as such. There's a couple of different notes here, starting at the top, the claim space, patient safety measures, it was PSI 4, then they first named it Failure to Rescue, and now it has an acronym ISCMR, Failure to rescue.

It was super easy for me to remember, but now it's ISCMR, so that's what they're calling it. But it basically is your old PSI four. And those discharge dates for the reporting year 2026 are 7/1/2024 through 6/30/2026. So

## IQR & OQR Requirements: Regulatory Updates for 2026 Reporting

Recorded 11/05/25

we're already underway with that new measure that replaced PSI 4 for those claims based mortality complication measures, the stroke and the comp PIP and knee. Remember it's the two year period. Rolling those forward now into reporting year 2026, their mortality is 7/1/2024 through 6/30/2026 and your comp PIP and knee is April 1st, 2024 through March 31st, 2026. And then finally, your coordination of care measures did not change, just advanced.

So your EDAC access days for AMI, heart failure and pneumonia 7/1/2023 through 6/30/2026. No additional submissions are required for these. Finishing us up, there is a DACA that you must report. That's the data accuracy and completeness acknowledgement that is due by May 15th, 2027. If you don't know, it's just a requirement for hospitals participating in the IQR program you're testing that the data you submit is accurate, completes the best of your knowledge. You do have a window from April 1st to May 15th to get that signed completed. All right, moving on to the outpatient quality reporting or OQR.

As a reminder, this is proposed. I even checked just this morning to see if they would maybe drop it, but they have not. So it's still not out yet. These are all proposed rule which we expect to be finalized shortly. The OQR program is a pay for reporting program that launched in 2009 and it's mandatory for hospital outpatient departments that submit claims to Medicare and are paid under the OPSS, the outpatient perspective payment system. How do you succeed? Same way, successful completion of the program means you have submitted all the measured data, completed all the attestations by the specific deadlines.

I have a note about the deadlines calendar here, but actually I'll show you there at the end. And then what if I fail? If you miss one submission one quarter, one time and you one submission, you fail. Now under OQR that results in a 2% reduction to your Medicare claims reimbursements for certain outpatient department services. So it is quite a lot of services, but if not all outpatient services that are dinged with that penalty. Now I'm putting this here again because unfortunately the language that they use in the IPPS ruling versus the language they use in the OPSS ruling is slightly different. And so I want to be clear on what we're saying in this section as compared to the previous section.

So again, a reporting year is specific period in which the data is collected. That's all the same. So we are in reporting year 2026 and OP39 has a measurement period of July 1, 2025 through June 30th of 2026. That's all the same. Throughout this presentation we referenced measure period, measurement period to help you with the timelines. That's all the same. Now calendar year, the calendar year you know is January 1 through December 31st. However, the way that CMS phrases calendar year in the rulings sometimes mean the reporting year.

## **IQR & OQR Requirements: Regulatory Updates for 2026 Reporting**

Recorded 11/05/25

So we are in reporting year 2026, which effects payments for calendar year 2028. That's how they phrase it in the outpatient. So for OQR CMS will write their documents like this, calendar year 2026, calendar year 2028, payment determination. That took me a long time for me to realize what they were doing as well. But that's how they write it in the ruling. So if you get confused, it's just that same 2 year time frame difference. They just use different wording. Couple of changes to review before we get into the measures, specifically major reporting changes, new ECQMS across two programs.

The second program we're not reviewing is the REHQR program. They did add an ECQM to that one as well. The HCHESDO H1 and two COVID vax removals are proposed the same and then future removal of two abstracted measures as well. So here's a summary of those removals. Same COVID-19 vaccination removed starting. We have in parentheses. Still report for now because that's what they said in the documentation. Until such time the proposed rule becomes finalized. Very likely this will happen because they did it through the IQIP PS1.

Same with hospital commitment to HealthEquity. Removed starting calendar year 2025 and then screen for social drivers of health. Also removed calendar year 2025. Calendar year 27 payment determination. Again, still screen for now until that's finalized. And then the other two that are under proposal is the median time for ED arrival to ED departure for discharge ED patients that is to be proposed to be removed starting calendar year 2028 through count, which is the calendar year 2030 payment determination. Same with left without being seen removed starting calendar year 2028.

So something for you to keep in mind, only a couple more years for those particular measures as a requirement. OK, we're diving into our 2026 OQR requirements with our remaining time and again we're going to do the same thing. I'll pass it over to Kristen to begin with the electronic ECO measures. All righty, let's see. Let's talk about ECQMS. For OQR, again, we're talking about the calendar year 2026. So data collection beginning January 1st, you have to submit 3 self selected quarters. I almost say measures there every time.

It's just one measure. It's just your semi measure. But in 2026, you have to submit 3/4 of data for that STEMI measure and you're again submitting that via HQR. The deadline is May 15th. There are actually 20 QRECQMS. You have your STEMI measure in those 3/4 which are required, and then you have your outpatient excessive radiology measure. If you're not familiar with that, it's your excessive radiation dose or inadequate image quality for diagnostic CT in adults. That is a voluntary measure in 2026. You do not have to submit it, but you'll see at the bottom there in that second table, we have 3 measures there.

## **IQR & OQR Requirements: Regulatory Updates for 2026 Reporting**

Recorded 11/05/25

That STEMI, as I mentioned, is required in 26 with three quarters starting 27. It's the whole year of data. So all four quarters of STEMI have to be submitted in 2027. Your X rad measure, which is voluntary in 26 and you can submit any quarter was supposed to be required in 2027. But CMS in the OPSS proposed rule has indicated that they are going to move that to voluntary. So look for that to be finalized. I expect that to be finalized and that will not be required.

Guessing there's some size of relief at that. And then the new ECQM for outpatient is your E cap measure. I'm going to talk about that here in the next couple of slides. Give me a little bit get a insight into what is coming with this, with this emergency care and access timeliness ECQM. We will have more to come on this in the future and do a deeper dive into this measure. This is a comprehensive measure. It's looking at 4 critical categories that have to do with emergency care, access and timeliness.

All of these categories are combined into a single ECQM and that kind of moves away from relying on multiple chart abstracted measures or other measure types in order to capture this data. So it's an all in one measure and I should go back because I think I completely forgot if I can do this to say that this E cap measure will be available for submission to OQR in 2027 and required in 2028. Sorry about that. Sorry to jump around. Just want to make sure I got that out there. So this measure is looking at a whole bunch of different pieces of data, new pieces of data for ECQMS, which always means that there's going to be a little bit of a heavy lift at the beginning to get all of this captured.

But the focus is really those Ed occupancy and boarding rates which continue to worsen. We all know delays in emergency care directly associated with patient harm. Our long Ed wait times are, you know, the primary reason that patients say they left the ER without being evaluated for every patient that's boarded. I thought this was super interesting. The median Ed length of stay for all admitted patients increases by at least 12 minutes. And of course, HHRQ has characterized patient Ed boarding as a growing public health concern. So really important measure and hopefully once you get it implemented, the data that you collect with this ECQM will actually be helpful to you to understand and target improvements.

So your initial population and denominator for ECAT are gonna be all of your patients with emergency visits, emergency department visits that end during the measurement period. And for the purposes of this measure, there are two definitions for Ed visits, Ed triage. So if the patient comes in, is triaged and then leaves those counts for those left without being seen patients. And then the second one, they're calling Ed evaluation and management. This is directly from the specification logic, but this is your admitted Ed patient. You know those encounters that we've been capturing where for other measures where patient has come into the Ed and is admitted to the Ed and then from that group of patients they are identifying those visits where the patient experiences any of any one of the four kind of gaps listed there.

## **IQR & OQR Requirements: Regulatory Updates for 2026 Reporting**

Recorded 11/05/25

So if the time from Ed arrival to treatment room is greater than 60 minutes, they'll hit the numerator. If they left without being seen, they'll be in the numerator boarding time greater than 240 minutes. And that's calculated based on the decision to admit time to the Ed departure time or if the Ed length of stay is greater than 480 minutes. So the patient has any one of those four, they will be in the numerator. I think we got a question recently like can they be in the numerator more than once if they meet more than one of those requirements? And as far as I can tell, no, looking at the logic, they will just be in that numerator one time.

If they meet any one of those things, they will then stratify this measure by pediatric and adult pediatric patients less than 18. The first stratification is those pediatric patients without principal mental health diagnosis. And then next stratification are your adults without the principal mental health diagnosis. And then they have those last few PEDs and adults that have the principal mental health diagnosis. SO4 stratifications on that numerator. SO if you're familiar with Ecqms and looking at kind of that data alone for numerator qualifier and initial population qualifier, you can tell that there are going to be a number of new data elements and time points that need to be captured for that measure.

Abstracted measures for OQR, again, talking about the calendar year, hospitals have to submit 2 abstracted measures to HQR with this quarterly submission deadlines. Those two measures are OP18 and OP23. You can see the measurement period as well as the submission deadlines there for you. And then we have our web-based measure requirements. Again, this is calendar year 1/1/26 through 12/31/26. Hospitals have to submit to web-based measures again through HQR. Deadline is May 15th of 2027. And those web-based measures look like this. There are actually three of them. You have your two measures there at the top OP22 and OP29 and then your voluntary OP31.

So all all of those measures can be submitted through HQR and you have that OP 31 as a voluntary submission if you choose to do so. Population and sampling, you're going to be submitting population and sampling for the 2 chart abstracted measures and the HQR web-based measure. You also have to submit numbers for the Voluntary Cataracts HQR web-based measure if you're participating in that one. Again, all through HQR deadlines for your chart. Abstracted measures is a quarterly deadline and deadline for your web-based measures is going to be annual. Again, kind of summing up all of those requirements for population and sampling, remembering that you have to submit the population and sampling numbers for the 2 chart abstracted measures and the HQR web-based.

And then you have that cataracts HQR web-based measure as well. And can see here on this slide, you got all of those measures, including the measurement period as well as the submission deadlines for those measures so that you can reference that. And then, Erin, I think I'm throwing it back to you for the next couple slides. Great, thank you. So there we go back into OAS CAPS. This is now a required part of your OQR

## IQR & OQR Requirements: Regulatory Updates for 2026 Reporting

Recorded 11/05/25

requirements. The measurement period 1/1/2026 through 12/31/2026 works the same way as the H caps does as well.

And these dates, thinking about what I said at the beginning of this presentation, these ones have not changed. So those submission deadlines that you see for the OAS caps, the short name OP37 are the same. So you have to continue to submit those OAS caps measures on a quarterly basis back to propium, our favorite subject. To make it more difficult, the propium has two propiums in the outpatient side and you may voluntarily submit both pro PMS in 2026 and one is the information transfer which is brand new and the other is the THATKA which frustratingly has different submission deadlines for pre op and post op data.

All of them are listed out for you there for what's required. So information transfer is the new pro PM in 2026. There is a link to a blog here if you're just getting started with it is available starting in 2026 for Metasol. If you are a team hospital, you will be evaluated on this measure in 2028. So definitely one for us to keep an eye on. And I encourage everyone to take advantage of this voluntary period to get the system set up and working. It is kind of all inclusive, this information transfer. So on the outpatient THATK pro PM, it is technically still in a voluntary year.

For our reporting year 2026. The eligible procedures work on a calendar year 1/1/2026 through 12/31/2026 which I've put the pre op collection dates for which we've just started and the pre op submission is due 5/15/2027. The post op as you can see continues into 2/29/2028 and the post op submission is 5/15/2028 for the information transfer. the IT is also in a voluntary state. It has that same measurement period 1/1/26 through 12/31/2026 with the submission deadline of 5/15/2027 OQRS. Honestly, just a little bit easier to understand because most states are 5/15/2027 for for which almost everything is due.

Now don't look at this slide, but if you download the slides that are in the download, we have it corrected. So I'm not, I don't want to spend any time on this, but this matrix here, I've got the wrong dates. This is what I was talking about the beginning where I had a last minute typo and this is the one that I missed on the IQR. But everything else you can see when it's a voluntary state, when it's a mandatory state for IQROQRASCQR because OQR&ASCQR have the same measures THATK and information transfer and it's all hodgepodge updates and voluntary and mandatory.

But the one that I have in the downloads for the slides, I constantly reference this to make sure I've got my head straight on it. So these are the reporting years and applicable time periods for you to keep track of. Almost at the end. Here are claims measure requirements for 2026 for the OKR program. Hospitals are evaluated for the performance on claims based measures in two measure sets, imaging efficiency measures and outcome measures. No additional submission is required, no submission deadlines. So as you can see here, our

## IQR & OQR Requirements: Regulatory Updates for 2026 Reporting

Recorded 11/05/25

standard claims based imaging efficiency measures that'd be 10 and 39 and our outcome measures 3235 and 36.

Those encounter dates are a little bit simpler in this as well. All right, we have run through this program. So one last scene setting slide and I think we'll have time for just addressing a couple of the questions that came through live. At the beginning, I showed you this increasing graph, right? And that is the work that we know we're doing. Hopefully this is a good reference point for you so you'll be able to understand what you should do. But as we zoom out at the end of this presentation, I did want to make sure you guys, I've got kind of a picture of how this is going to go in the long term.

All of this detail work that we've been talking about. Any of these mandated publicly reported measures can be used for other things such as your public reputation ratings and your pay for performance programs. So once it's public, it can be published on Care Compare. It can be used for a star rating. It can be used in the value based purchasing, readmission, and hack. They have a couple of different rules about how long they have to be in IQR to be part of that. But just wanted to make sure you guys have some awareness that as you work through these measures, it's really important that you keep working ahead of schedule, that you're participating those voluntary periods, that you have awareness of how you're performing.

Because if you don't keep your eye on what's coming and you don't work ahead of time, years ahead of time if you can on these mandated measures, all of a sudden you could be having accountability for a measure that is not an accurate reflection of your quality of care, but it's what you submitted and therefore it's used in the star ratings, right? So maybe those PC measures you aren't super happy with, but you've been, you just sort of threw them in last minute and then all the sudden CMS use from their star ratings for 2026. It's possible. So we don't want you to do that, make that mistake.

We want to encourage you to get those measures up and running as quickly as possible so you have time to work on them. And another little thing. Thank you so much for attending today. If you would like your very own desk calendar, this thing I cannot live without. I just love this thing. It just has all of the dates and deadlines for the let's see, make sure I get it right, the IQROQRIPFQRPI and TJC orcs programs. So please, if you want this to be on your desk, I love this.

I flipped through it. We create one for clients every year, so you can go to that link there. Make sure you get your own calendar. I have found this super helpful and hopefully it's a nice gift for you so that you can also use it for, for keeping everything straight and referencing it as we go. Oh, and somebody said, well, when will they be sent? Yeah, they're going to be sent at the beginning of the year. We're gathering now. So please get your name on the list and we will try to have them out at the beginning of the year.

## IQR & OQR Requirements: Regulatory Updates for 2026 Reporting

Recorded 11/05/25

All right, last thing and then we'll get to some questions. I know we've covered a lot today. As some of you know, Kristen and I are part of the advisory services business line that we have stood up here at Metasol. And I thought Kristen, maybe you could finish this out by talking a little bit about what AQI support is for any clients who don't know or any non clients who are interested as well. And then we'll go through some questions. Yeah. So super excited to have launched this earlier this year and working with a number of of hospitals to provide advanced support, right.

So all of the questions that are hard to find answers to any really significant focus on quality improvement beyond compliance. So as a part of AQI support, our customers have dedicated consultant who works with them monthly meetings to focus on quality improvement initiatives. Really any quality goals that the organization has at the hospital has that could be anything from regulatory improving results of measures to internal initiatives to understand certain patient populations, to improve care, really anything and everything. But the focus is on kind of truly on the hospital's goals and initiatives and supporting those around quality improvement. We support proactive measure monitoring and analytics.

So running reports, looking at your data, understanding that data, understanding how you can make improvements, help you with strategic regulatory planning. So imagine that calendar that Aaron was just doing an infomercial for. Imagine that kind of times 100. Just really providing you some, some direction, understanding what's coming that impacts your hospital in the coming months, in the coming years, acting as a regulatory proxy so you don't have to open any of those annoying CMS tickets. You just ask us to do it. We'll track it for you if we don't already know the answer.

And then you would have access to our meta solves our quality Academy that's coming soon. So it's a, it's a real, if I do say so myself, I think it's a wonderful support option for hospitals that kind of just need that additional help or want that additional support with understanding where they can make targeted improvements. So let us know if you're interested in learning more. Happy to talk about it. Thanks Kristen. For anybody that attended today and has their CPHQ, you can earn 1C PHQCE credit. So that is the instructions there.

You have to self report that CE and so you can report certificate of attendance you'll receive in our webinar follow up e-mail. So for everyone today you're going to get a follow up e-mail that will have a link to this recording so you can go back to it. I already noticed a few typos. So sorry we try so hard to have no typos, but I saw a couple. We will make sure that's updated and re uploaded into the on demand section. So you'll be able to get a really fresh clean copy if you want to do that.

## IQR & OQR Requirements: Regulatory Updates for 2026 Reporting

Recorded 11/05/25

But for the most part, I only saw just a couple of tokens. So let's get to just a few questions as we end here today. The first one that I saw some chatter about Kristen was the X rad measure and we kept it as required proposed to be voluntary. Do you want to comment on that? Yeah. So right now it's required. So if you ask us today about that measure, it's required for 2027. But we do expect when the the rule drops, the final rule drops, that they'll move that and change it to voluntary.

So voluntary for 2026, required in 2027 as of today. But if that rule drops tomorrow, you'll probably hear from us that it's been changed to required to voluntary. Oh my gosh. Sorry. To voluntary. I have typos in my speech evidently, so you can stop worrying for the most part about extrad and we'll let you know. Otherwise, I really do think they'll they'll switch it back to voluntary. I do too. I think it's been a very challenging measure for many, many different reasons and we're just not ready right now as a as a country with the hospitals, what we're doing.

Can you clarify for critical access hospitals? Are they included in the validation? I'm going to follow up on that one. I, I want to say I don't think so if if you're voluntarily participating in IQR as a critical access hospital, I do not think you're subject to validation. I do not see where they come out of course and say it that clearly anywhere. I will keep looking. I did do a quick review of the last two years of hospitals that were selected for validation and cannot find any critical access hospitals on that list. So I think they're exempt from the validation.

I just don't know for certain. And I always hate to like speak for specific hospital scenarios. So it might be worth reaching out to CMS directly and asking that question. But I will keep hunting for, you know, a specific answer from CMS on that. Great, thank you. Couple of comments about ecat being replaced, replacing older abstracted measures. I believe I read in the documentation that that is really their intention is to kind of combine. Is that what you can understand as well?

Yeah. And I think, I think they did say that and I was thinking about that this morning, meant to go back and double check it. But I do think they plan on removing those. There's two measures removing both of those for OQR, but I think for REHQR, they're going to keep them in place. And if you're an REH facility, participate in that program, you have the option of doing ECAT or the other two. Correct. Yeah, that's, I think that's what I read as well on the failure to rescue it.

We had a couple of comments and thank you so much to Allison who gave us a different reference. We haven't seen an update to failure to rescue. I haven't seen one updates the specifications. There's just been a little chatter about that on the spec on the chat here about an updated spec. However, Allison provides for us a visual flow from a blog post which she references. So thank you for putting that in there. I'll take a look at that.

## IQR & OQR Requirements: Regulatory Updates for 2026 Reporting

Recorded 11/05/25

I had a client this week frustrated about failure to rescue and you know, we're just kind of trying to get our arms around it.

And at the same time the first reporting theory is already done. So that can be a really frustrating thing. And couple of questions about Metasol providing that failure to rescue. We are working to get something like the failure to rescue and claims measures into our system. There is no specific timeline yet, so I can't, you know, publicly announce anything. I'm publicly announcing we're working on it, which I know our head of product will be not super pleased about, but I do know how desperate this measure is for so many different programs, including the team model.

So we are working furiously to understand how we can get that incorporated specifically into our system. And we're still calling it failure to rescue even though it's ISCMRI. Don't know if anyone will use that acronym. Yeah. They didn't. They didn't help anybody with the acronyms on that one. Makes no sense. Not helpful. No sense. Yes, OK. I think we are up at time.

There's a little bit a little bit of chatter here. Critical access hospitals just for clarification are not required to report to the IQR program, but may voluntarily opt into the IQR program. And our understanding is that you do not even have to submit all measures required in the IQR program. But Kristen will follow up to confirm about the validation specifically. And there's some, yeah, I think a. Couple of people said that they are critical access and have never been selected, so I have a feeling that is correct. Awesome.

OK, wonderful. Well, thank you all for your active participation. Thank you for being here today. We hope these slides are helpful. The recording's helpful. Order your desk calendar and we will be back sometime in December and we're going to be talking about our brand new quality Academy, which I am so excited about what we're going to be offering. So I cannot wait to show you guys and talk a little bit about that. For now, hopefully this will be a good guide for you and then we'll be back in touch with more information.

So thank you all. You guys have a great rest of your week.