



2024

IQR PROGRAM
REQUIREMENTS



2024

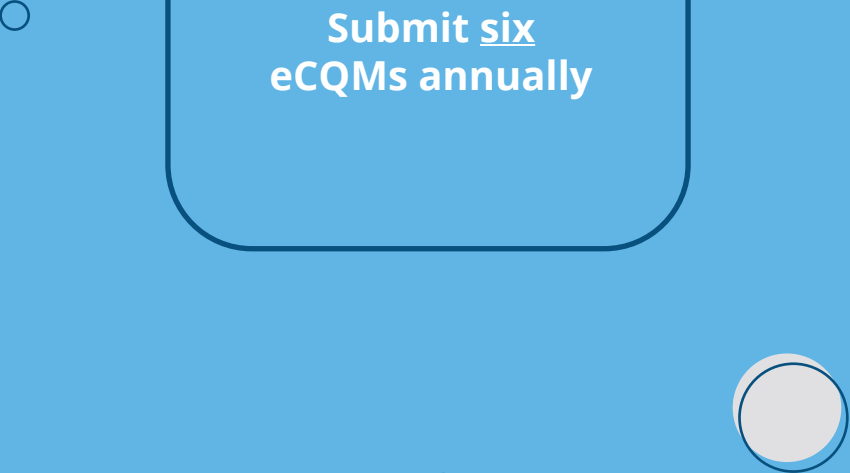
IQR PROGRAM REQUIREMENTS

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1



Submit six
eQMs annually



SUBMIT SIX ECQMS ANNUALLY

REQUIREMENT



Hospitals must report four quarters of data for at least six of the available eQMs. Hospitals MUST submit the Safe Use of Opioids, Cesarean Birth, and Severe Obstetric Complications eQMs as three of their six eQMs.

SUBMISSION



Hospital Quality Reporting (HQR) System

DEADLINE



February 28, 2025



Electronic Clinical Quality Measures (eQMs)	Discharge Dates	Submission Deadline
OPI-1: Required: Safe Use of Opioids – Concurrent Prescribing	All four quarters of CY 2024	February 28, 2025*
PC-02: Required: Cesarean Birth		
PC-07: Required: Severe Obstetric Complications		
HH-01: Hospital Harm - Severe Hypoglycemia		
HH-02: Hospital Harm - Severe Hypoglycemia		
HH-ORAE: New! Hospital Harm – Opioid Related Adverse Effects		
STK-02: Discharged on Antithrombotic Therapy		
STK-03: Anticoagulation Therapy for Atrial Fibrillation/Flutter		
STK-05: Antithrombotic Therapy by the End of Hospital Day Two		
VTE-1: Venous Thromboembolism Prophylaxis		
VTE-2: Intensive Care Unit Venous Thromboembolism Prophylaxis		
GMCS: New! Global Malnutrition Composite Score		

*These are anticipated submission dates based on previous years. CMS has not officially released these submission dates.

ADDITIONAL ECQM REQUIREMENTS

1

Your vendor/EHR must be certified to the **2015** Cures Edition of Certified EHR Technology (CEHRT) to report in 2024. Your vendor/EHR must also be certified to for all eCQMs regardless of which eCQMs you submit.

2

All data must be submitted using the QRDA (Quality Reporting Document Architecture) Category 1 file format.

3

Hospitals must use the most recent version of the eCQM specifications. Hospitals must use a combination of factors to successfully complete their eCQM requirements.

4

If you have at least five cases in the Initial Patient Population and have no zeros in your denominators for the measures you are submitting, you have successfully met the requirements for submission. If, however, you do not have at least five cases in the Initial Patient Population field, you must submit a *Case Threshold Exemption* form. If your measure has zero in the denominator, you must submit a *Zero Denominator Declaration* form.

5

By submitting your eCQMs to the IQR program, you will also successfully meet your eCQM requirements for the Promoting Interoperability (Meaningful Use) program.



Your results matter:

CMS will publicly report your eCQM performance on Care Compare. Make sure you have a plan for measuring and improving your eCQMs.



2

Submit two hybrid
measures annually

SUBMIT TWO HYBRID MEASURES ANNUALLY

REQUIREMENT



Hospitals must report four quarters of data for the two hybrid measures.

SUBMISSION



Hospital Quality Reporting (HQR) System

DEADLINE



September 30, 2025



Required Hybrid Measures	Discharge Dates	Submission Deadline
Hybrid HWR: Required: Hybrid Hospital-Wide All-Cause Readmission Measure	July 1, 2024- June 30, 2025	September 30, 2025*
Hybrid HWM: Required: Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure		

*These are anticipated submission dates based on previous years. CMS has not officially released these submission dates.

Additional Hybrid Measure Requirements

Hybrid measures are unlike eCQMs in the fact that they combine electronic data with claims data. The submission we are referencing here is one half of the hybrid measure calculation. The hybrid measure file is a QRDA I file (just like an eCQM) but contains Core Clinical Data Elements (CCDEs) and Linking Variables for CMS to connect the clinical data with the claims data.



REPORTING NOTICE

Starting July 1, 2024, both hybrid measures will include Medicare Advantage beneficiaries in addition to the current Fee For Service (FFS) Medicare beneficiaries.



3

Submit one
chart-abstracted
measure quarterly

SUBMIT ONE CHART-ABSTRACTED MEASURE QUARTERLY

REQUIREMENT



Hospitals must report on one chart-abstracted measure: Sepsis.

SUBMISSION



Hospital Quality Reporting (HQR) System

DEADLINE



Quarterly Submission Deadline



Chart-Abstracted Measure	Discharge Dates	Submission Deadline
SEP-1: Sepsis: Severe Sepsis and Septic Shock	Q1 2024 Q2 2024 Q3 2024 Q4 2024	8/15/2024* 11/15/2024* 2/15/2025* 5/15/2025*

*These are anticipated submission dates based on previous years. CMS has not officially released these submission dates.

Hospitals with Five or Fewer Discharges

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



ELIMINATED MEASURE

CMS has eliminated the PC-01 Elective Delivery measure for 2024.



4

Submit two
structural measures
annually

SUBMIT TWO STRUCTURAL MEASURES ANNUALLY

REQUIREMENT



Hospitals must submit two structural measures.

SUBMISSION



Hospital Quality Reporting (HQR) System

DEADLINE



Annual Submission Deadline



Structural Measures	Dates	Submission Deadline
Maternal Morbidity: Maternal Morbidity Structural Measure	January 1, 2024 - December 31, 2024	May 15, 2025*
HCHE: Hospital Commitment to Health Equity		

*These are anticipated submission dates based on previous years. CMS has not officially released these submission dates.



As established in the 2023 IQR program requirements, CMS has created a new designation on Care Compare for those who attest "yes" to the Maternal Morbidity structural measure. **These hospitals will be noted as a "Birthing-Friendly" facility on Care Compare.**



5

Submit two
process measures
annually

SUBMIT TWO PROCESS MEASURES ANNUALLY

REQUIREMENT



Hospitals must submit two process measures.

SUBMISSION



Hospital Quality Reporting (HQR) System

DEADLINE



May 15, 2025

Process Measures	Dates	Submission Deadline
SDOH-1: Screening for Social Drivers of Health	January 1, 2024 - December 31, 2024	May 15, 2025*
SDOH-2: Screen Positive Rate for Social Drivers of Health		

*These are anticipated submission dates based on previous years. CMS has not officially released these submission dates.



Hospitals may use a self-selected screening tool to implement these measures. CMS points to **AHC Health-Related Social Needs Screening Tool** which outlines the questions you could put on a form for patients to answer. This is recommended, not required.

Data Collection Considerations

CMS also acknowledges that this data could come from multiple sources: administrative claims data, electronic clinical data, standardized patient assessments, or patient-reported data and surveys. For more guidance, be sure to read our Intro to CMS's SDOH Measures guide.



MANDATORY MEASURES

The two social drivers of health (SDOH) measures that were voluntary in 2023 are now mandatory in 2024.

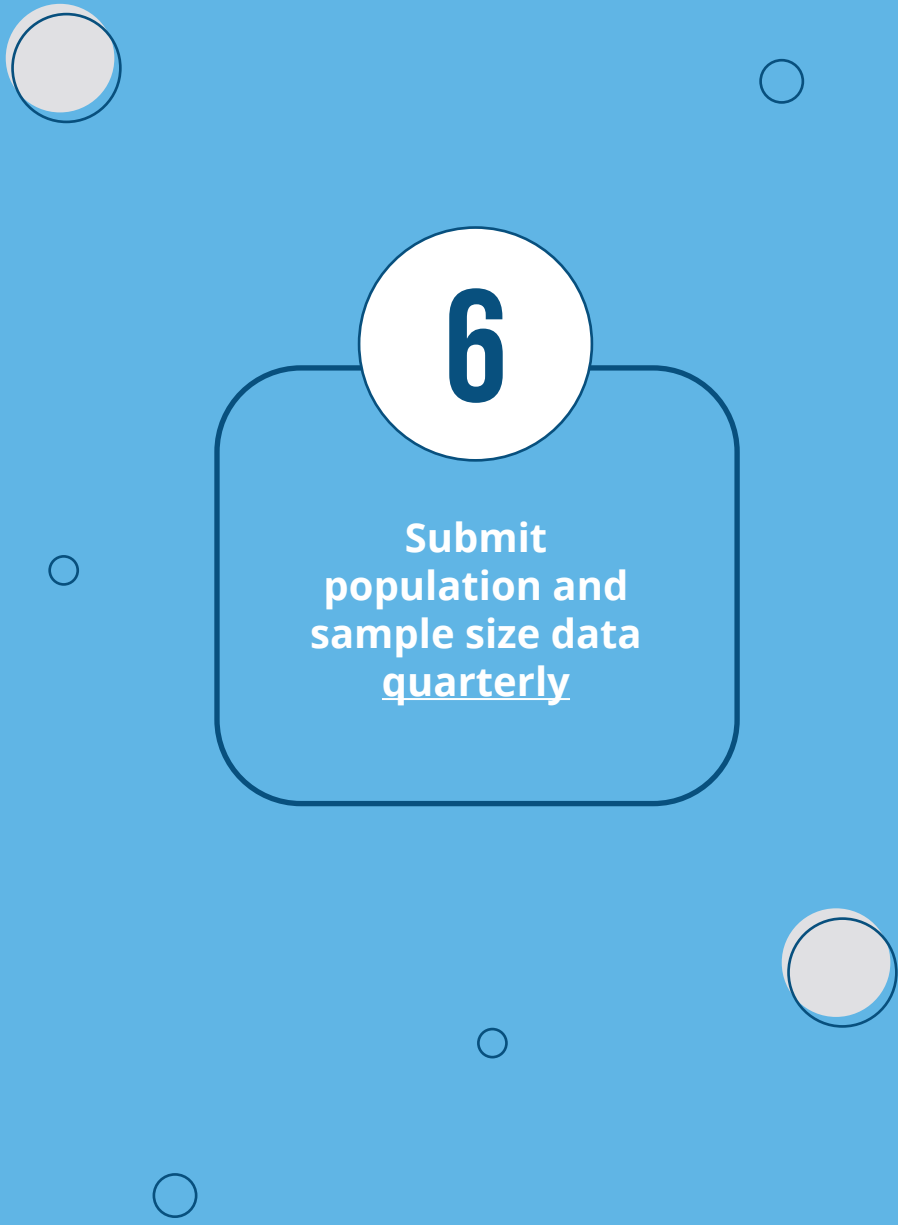


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6

**Submit
population and
sample size data
quarterly**



SUBMIT POPULATION AND SAMPLE SIZE DATA QUARTERLY

REQUIREMENT



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

SUBMISSION



Hospital Quality Reporting (HQR) System

DEADLINE



Quarterly Submission Deadlines



Population and Sample Size Data	Discharge Dates	Submission Deadline
SEP-1: Sepsis: Severe Sepsis and Septic Shock	Q1 2024 Q2 2024 Q3 2024 Q4 2024	8/15/2024* 11/15/2024* 2/15/2025* 5/15/2025*

*These are anticipated submission dates based on previous years. CMS has not officially released these submission dates.



Hospitals must submit aggregate population and sample size counts for the chart-abstracted sepsis measure. This requirement only applies to populations for chart-abstracted measures.

Hospitals With Five or Fewer Discharges

If you have five or fewer discharges per measure (Medicare and non-Medicare combined) in a quarter, you are **not required to submit patient-level data** for that measure for that quarter. However, you must **submit the aggregate population and sample size counts** even if the population is zero. Leaving a field blank does not fulfill the requirement.



7

**Report HCAHPS
data quarterly**

REPORT HCAHPS DATA QUARTERLY

REQUIREMENT



Hospitals must report Patient Experience of Care Survey measures data.

SUBMISSION



Hospital Quality Reporting (HQR) System

DEADLINE



Quarterly Submission Deadlines



Patient Experience of Care Survey Measures	Discharge Dates	Submission Deadline
HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems	Q1 2024 Q2 2024	7/5/2024* 10/4/2024*
CTM-3: 3-Item Care Transition Measure	Q3 2024 Q4 2024	1/3/2025* 4/3/2025*

*These are anticipated submission dates based on previous years. CMS has not officially released these submission dates.

Other considerations for the HCAHPS Survey

Hospitals with six or more HCAHPS-eligible discharges in a month must submit the total number of HCAHPS-eligible cases for the month as part of the quarterly survey data submission.

Hospitals with five or fewer HCAHPS-eligible discharges in a month are not required to submit the HCAHPS survey for that month.

If you have no HCAHPS-eligible discharges in a month, you must submit a zero for that month as a part of the quarterly data submission.



8

On an annual
basis, complete
the DACA

ON AN ANNUAL BASIS, COMPLETE THE DACA

REQUIREMENT



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

SUBMISSION



Hospital Quality Reporting (HQR) System

DEADLINE



Annual Submission Deadline



The 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 submitted to the program is accurate and complete to the best of their knowledge. You can attest anytime between April 1 - May 15, 2025. Hospitals may complete the DACA within the Hospital Quality Reporting (HQR) System.



9

Report two
HAI measures



REPORT TWO HAI MEASURES

REQUIREMENT



Hospitals must report on two HAI measures.

SUBMISSION



National Healthcare Safety Network (NHSN) Portal

DEADLINE



Influenza Vaccination Annual Submission Deadline
COVID-19 Vaccination Quarterly Submission Deadline




HAI Measures	Discharge Dates	Submission Deadline
HCP Influenza Vaccination: Influenza Vaccination Coverage Among Healthcare Personnel (submission through NHSN)	Oct. 1, 2023- March 31, 2024	May 15, 2024*
HCP COVID-19 Vaccination: COVID-19 Vaccination Coverage Among Healthcare personnel	Q1 2024 Q2 2024 Q3 2024 Q4 2024	8/15/2024* 11/15/2024* 2/15/2025* 5/15/2025*

*These are anticipated submission dates based on previous years. CMS has not officially released these submission dates.



10

Review your
claims-based
data



REVIEW YOUR CLAIMS-BASED DATA

REQUIREMENT



Hospitals are evaluated for their performance on 11 Claims-Based measures in four categories.

SUBMISSION



No additional submission is required

DEADLINE



No submission deadline

Claims-Based Safety Measures

CMS PSI-04: Death Rate Among Surgical Inpatients with Serious Treatable Complications

Claims-Based Payment Measures

AMI Payment: Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI)

HF Payment: Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure (HF)

PN Payment: Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia

THA/TKA Payment: Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty

MSPB: Medicare Spending Per Beneficiary (MSPB) - Hospital

Claims-Based Mortality Measures

MORT-30-STK: Hospital 30-Day, All-Cause, Risk Standardized-Mortality Rate Following Acute Ischemic Stroke

COMP-HIP-KNEE: Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary THA and/or TKA

Claims-Based Coordination of Care Measures

AMI Excess Days: Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction

HF Excess Days: Excess Days in Acute Care after Hospitalization for Heart Failure

PN Excess Days: Excess Days in Acute Care after Hospitalization for Pneumonia



In a nutshell hospitals will receive a score for their performance on 11 Claims-Based measures in four categories: patient safety, mortality/complications, coordination of care, and payment



MEASURE REMOVED

Hospital-Wide All-Cause Unplanned Readmission Measure (READM-30-HWR) has been retired



**EXTRA
CREDIT**

**Begin Data
Collection on the
PRO-PM Measure**

BEGIN DATA COLLECTION ON THE PRO-PM MEASURE

The new Hospital-Level Total Hip Arthroplasty/Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure (THA/TKA PRO-PM) marks the first time that the IQR program will rely directly on patient input to calculate your performance in a specific measure. It's specifically designed to measure your hospital's rate of improvement in patients' self-reported pain and function following elective primary THA/TKA.

Because the post-op data collection window is so large, there is a long lead time between the year an eligible procedure occurs and the year it actually gets included with your submitted data. As such, the data collection periods for the 2025 and 2026 voluntary reporting periods are already underway. Fortunately, you still have plenty of time to start collecting data to meet your 2026 voluntary submission requirements.



If you do not plan to participate in the voluntary periods **(although we strongly advise that you DO)** please note that your pre-op data collection for the 2027 mandatory public reporting year must start on April 2, 2024. This measure may prove to be somewhat complicated to set up in your hospital, so we recommend reading our Quick Guide to the THA/TKA PRO-PM Measure now to get a head start.

BEGIN DATA COLLECTION ON THE PRO-PM MEASURE

REQUIREMENT



Hospitals must begin pre-op data collection for the THA/TKA PRO-PM.

SUBMISSION



Hospital Quality Reporting (HQR) System

DEADLINE



Pre-op data submission closes September 30, 2025



PRO-PM Measure	Eligible Procedures	Pre-Op Collection	Pre-Op Submission	Post-Op Collection	Post-Op Submission
THA/TKA PRO-PM: Hospital-Level Total Hip Arthroplasty/Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure	July 1, 2024 – June 30, 2025	April 2, 2024 – June 30, 2025	September 30, 2025	April 27, 2025 – August 29, 2026	September 20, 2026



GETTING HELP

- Medisolv has worked with many hospitals from the very beginning of their quality improvement process. We've felt their frustration and understand their concerns. But we can assure you that we can get you through this process and provide long-term support as the regulations and requirements change.

Medisolv's ENCOR Quality Reporting and Management software platform can give you the tools you need to meet all your IQR reporting requirements and maximize your reimbursement from Medicare now and in the future. In addition to the software, our solution provides your hospital with expert clinical quality advisors that will guide your hospital through implementation, validation and submission.





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