Quarter 4 (Q4) 2025 and Annual Hospital Inpatient Quality Reporting (IQR) Program Checklist		
NOTE: The directions provided below are current at the time of posting. The HQR displays may be different depending upon your role and access.		
Due	**Task**	**✓**
	Accessing the *Hospital Quality Reporting (HQR) Secure Portal* 1. **Log in** to the HQR Secure Portal using your HARP User ID and Password. *2.* Go to the navigation panel located on the left-hand side of the screen.	
3/2/26	**Submitting Calendar Year (CY) 2025 Electronic Clinical Quality Measure (eCQM) Data via Quality Reporting Document Architecture (QRDA) Category I files** 1. **Click** Data Submissions from the navigation on the left-hand side of the screen. 2. **Select** the eCQM tab**.** 3. **Click** File Upload and Production to submit files. (Files uploaded to Test are not stored and do not count toward submission requirements.) **Submitting Via Denominator Declarations by Entering Zero Denominator and/or Case Threshold Exemptions** 1. **Click** Data Submissions from the navigation on the left-hand side of the screen. 2. **Select** the eCQM tab**.** 3. **Click** Data Form. 4. **Click** on IQR/PI Denominator Declaration/Launch Data Form. 5. **Select** Discharge Quarter from top right of the page to enter information for each applicable measure. (Make sure the quarter is in 2025.) 6. **Click** Submit. Repeat steps for each applicable quarter. **Checking Submission of Calendar Year (CY) 2025 Electronic Clinical Quality Measures (eCQMs)** 1. **Click** Data Results from the navigation on the left-hand side of the screen. 2. **Select** eCQM from the submenu. 3. **Click** on the Accuracy tab. 4. **Select** IQR/PI from the Program dropdown. 5. **Select** Production from the Submission dropdown and select 2025 from the Calendar Year dropdown. 6. **Click** Select. 7. **Use the quarter tabs to view data** 8. **Click** Export Results. **Checking Submission Requirements for Calendar Year (CY) 2025 Electronic Clinical Quality Measures (eCQMs)** 1. **Click** Program Reporting from the navigation on the left side of the screen. 2. **Select** Submission requirements from the submenu. 3. **Click** on Submissions requirements dashboard, select IQR, select 2027 from the FY dropdown on the top right, open Electronic Clinical Quality Measures (eCQMs). To run a report, click Export. OR 4. **Select** IQR from the Program dropdown, select the quarter from the Discharge Quarter dropdown, click Export CSV.	☐
4/8/26	**Checking Submission of Q4 2025 Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Data** *HCAHPS Survey Data* should display as **"Submitted"** for *October, November*, and *December* on the Submissions Requirements report. See below, under Checking Submission of Q4 2025 Inpatient Clinical Measure Data, for guidance on how to run reports.	☐
5/4/26	**Submitting Q4 2025 Inpatient Population and Sampling Counts Through the *Hospital Quality Reporting Secure Portal* (applies to chart-abstracted measures only)** 1. **Click** Data Submissions from the navigation on the left-hand side of the screen. 2. **Select** the Population and Sampling tab. 3. **Click** Data Form. Verify that that the Data Form shows IQR and **Click** on Launch Data Form. 4. Verify that the Reporting Period is Q4 2025 and **Click** on Enter. **Submitting Q4 2025 Inpatient Population and Sampling XML Files Via Simple File Submissions Through the *Hospital Quality Reporting Secure Portal* (applies to chart-abstracted measures only)** 1. **Click** Data Submissions from the navigation on the left-hand side of the screen. 2. **Select** the Population and Sampling tab. 3. **Click** File Upload. 4. **Select** Production. Data submitted under Test will not be stored in the HQR system and will not count as meeting program requirements. 5. Choose Select Files to browse your computer or Drag and Drop the files into the highlighted area.	☐

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Due	Task	✔
5/18/26	**Checking Submission of Q4 2025 Inpatient Data** 1. **Log in** to the *Hospital Quality Reporting Secure Portal* using your HARP User ID and Password. 2. The Dashboard will display. The Dashboard allows you to view the open submission periods and deadlines and the upcoming submission periods, when the submission period will open and the deadlines. 3. **Select** Program Reporting from the navigation panel on the left side of the screen to verify your data submission(s). 4. **Select** Submission Requirements from the dropdown. This is where you can run reports to check to see if your organization is meeting reporting requirements. Access is dependent upon permissions. From this page you can also view the Submission Requirements Dashboard. **Submission Requirements Dashboard** The submission requirements dashboard allows you to review program requirements and status, and export reports. 1. Click the Submission requirements dashboard link 2. **Select** IQR. 3. Verify that the Fiscal Year is 2027 (use the dropdown on the top right). 4. **Select** the requirement(s) you wish to review. 5. **To export the dashboard data, select** Export then choose PDF and/or CSV reports. **Submission Requirements report (formerly known as the Provider Participation Report)** 1. **Select** IQR from the Program dropdown. 2. **Select** Q4 2025 from the Discharge Quarter dropdown. 3. **Click** Export CSV. 4. **View** the Submission Requirements for the following. ☐ "measure_set" (*Measure Set*): IQR-SEP ☐ "population" (*Total Patient Population*) and column P "sample" (*Total Sample Size*) case counts will display using Population and Sampling data. **"Not Submitted"** means Population and Sampling counts have not been submitted. If submitting, this must be done before the Population and Sampling deadline. Please see the Population and Sampling directions above. ☐ "total-cases" (*Total Cases Accepted*) column should be ≥ your *Total Patient Population* and/or column O "total_claims" (*Total Medicare* Claims) unless you are electing to sample. If your hospital is sampling, ensure the *Total Cases Accepted* are ≥ the minimum sample requirement. ☐ *HCAHPS Survey Data*.	☐
5/18/26	**Checking Submission of CY 2025 (January 1- December 31, 2025) Maternal Morbidity Structural Measure (Must be completed even if the hospital does not provide OB services)** **NOTE: Secure Portal Opens for data entry on April 1, 2026** 1. **Click** Data Submissions from the navigation on the left-hand side of the screen. 2. **Select** the Structural Measure tab. 3. **Click** Data Form. 4. **Click** IQR. 5. Verify that the Fiscal Year (top right of the page) is 2027 and **Click** on Start. The Maternal Morbidity data should display as **"Submitted"** on the dashboard.	☐
5/18/26	**Checking Submission of CY 2025 (January 1- December 31, 2025) Age Friendly Hospital Structural Measure** **NOTE: Secure Portal Opens for data entry on April 1, 2026** 1. **Click** Data Submissions from the navigation on the left-hand side of the screen. 2. **Select** the Structural Measure tab. 3. **Click** Data Form. 4. **Click** IQR. 5. Verify that the Fiscal Year (top right of the page) is 2027 and **Click** on Start. The Age Friendly Hospital data should display as **"Submitted"** on the dashboard.	☐

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Due	**Task**	✔
5/18/26	**Checking Submission of CY 2025 (January 1- December 31, 2025) Patient Safety Structural Measure** **NOTE: Data is entered in the [National Healthcare Safety Network](#) (NHSN). The NHSN data entry will open on April 1, 2026.** Refer to the Hospital IQR Program NHSN Checklist for guidance on how to enroll and submit the Patient Safety Structural Measure data to NHSN. The Patient Safety data should display as **"Submitted"** on the dashboard.	

5/18/26	**Submitting Q4 2025/Q1 2026 (FY 2028) HCP Influenza Vaccination Measure**
	NOTE: Data is entered in the [National Healthcare Safety Network](#) (NHSN).
	Refer to the Hospital IQR Program NHSN Checklist for guidance on how to enroll and submit the HCP Influenza Measure data to NHSN.
	Checking Submission of Q4 2025/Q1 2026 HCP Influenza Vaccination Measure
	1. HCP Influenza Vaccination data should display as **"Submitted"** on the dashboard. The data will only be displayed on the Q1 2026 Submissions Requirement report.
	2. To verify your HCP Influenza Vaccination rate, access the Performance report dashboard or run the Performance Report (formerly the Facility, State, and National (FSN) Report).
	3. Performance report dashboard:
	   a. **Select** Program Reporting from the navigation panel, then Performance Reports.
	   b. **Click** Performance report dashboard.
	   c. **Select** IQR and **Select** Fiscal Year 2028 from the dropdown top left, then open Influenza Vaccination measure for healthcare personnel.
	4. Performance Report:
	   a. **Select** Program Reporting from the navigation panel, then Performance Reports.
	   b. **Select** IQR from the Program dropdown and 1Q 2026 from the Discharge Quarter dropdown.
	   c. **Click** Export CSV.
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5/18/26	**Checking Submission of CY 2025 DACA** **NOTE: Secure Portal Opens for data entry on April 1, 2026** 1. **Log in** to the *Hospital Quality Reporting Secure Portal* using your HARP User ID and Password. 2. Go to the navigation panel located on the left-hand side of the screen**.** 3. **Click** Administration from the navigation on the left-hand side of the screen. 4. **Select** DACA from the submenu. 5. Verify that the Fiscal Year is 2027 (top right of the page). 6. Select the **[IQR/HACRP](#)** tab. 7. **Click** on the Yes, I Acknowledge. 8. Enter name, position, and date. 9. **Click** Export Signed DACA PDF to download a copy. The DACA, "daca_completed," should display as **"Submitted."**	☐

For questions, contact the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support at (844) 472-4477, (866) 800-8765, or via the Hospital Inpatient Questions and Answers tool at https://cmsqualitysupport.servicenowservices.com/qnet_qa.