

Table of Contents

Inpatient Measures Collected and Submitted by Hospital	
• AMI/ED/IMM/Opioid/Sepsis/Stroke/VTE	Page 2
• Perinatal Care/Pediatric/NHSN Measures/HCAHPS	Page 3
• eCQM	Page 4
Claims Based Measures Calculated by CMS (Inpatient)	
• Mortality/Readmissions/Surg Comp/AHRQ/Nursing Sensitive/Cost Efficiency	Page 5
Outpatient Measures Collected and Submitted by Hospital	
• Cardiac Care/ED/Stroke/Other/Structural Measures/OAS CAHPS	Page 7
Claims Based Measures Calculated by CMS (Outpatient)	
• Outcome Measures/Imaging Efficiency	Page 8
Ambulatory Surgery Center Measures Collected and Submitted by Hospital	
• Chart-Abstracted Measures/OAS CAHPS	Page 9
Claims Based Measures Calculated by CMS (ASC)	
• Outcome Measures	Page 10
Long-Term Care Hospital Measures Collected and Submitted by Hospital	
• LTCH Measures/NHSN Measures	Page 11
Claims Based Measures Calculated by CMS (LTCH)	
• Readmission Measures/Resource Use and Other Measures	Page 12
Inpatient Psychiatric Facility Measures Collected and Submitted by Hospital	
• HBIPS/SUB/TOB/IMM/TRN/MET/Non-Measure Data	Page 13
Claims Based Measures Calculated by CMS (IPF)	
• Clinical Quality of Care Measures/Readmissions	Page 14
Inpatient Rehabilitation Facility Measures Collected and Submitted by Hospital	
• IRF Measures/NHSN Measures	Page 15
Claims Based Measures Calculated by CMS (IRF)	
• Readmission Measures/Resource Use and Other Measures	Page 16
End-Stage Renal Disease Facility Measures Collected and Submitted by Hospital	
• NHSN Measures/Measures Reported through CROWNWeb	Page 17
Claims Based Measures Calculated by CMS (ESRD)	
• Clinical Measures/Reporting Measures	Page 17
PPS-Exempt Cancer Hospital Measures Collected and Submitted by Hospital	
• Cancer Related/ HCAHPS/NHSN Measures	Page 18
Claims Based Measures Calculated by CMS (PCH)	
• Outcome Measures/Readmissions	Page 19

INPATIENT Current					
Measures Collected and Submitted by Hospital					
	HIQRP		VBP		HITECH
MEASURE Bolded measures must be manually abstracted and submitted to QualityNet quarterly.	Reporting effective date	Affects APU	Reporting effective date	Affects Reimbursement	Promoting Interoperability Program
<i>Acute Myocardial Infarction (AMI)</i>					
AMI-8a Timing of Receipt of Primary Percutaneous Coronary Intervention (PCI)					Yes through CY 2019
<i>Emergency Department (ED)</i>					
ED-1 Median time from ED arrival to ED departure for admitted ED Patients	End after 2018	Remove after FY 2020			Yes through CY 2019
ED-2 Admit decision time to ED departure time for admitted patients	Jan 2012 End after 2019	FY 2014 Remove after FY 2021			Yes
<i>Immunization</i>					
IMM-2 Influenza Immunization	End after 2018	Remove after FY 2020			
<i>Opioid-Related Measures</i>					
eCQM Safe Use of Opioids - Concurrent Prescribing	Optional CY 2021 Required CY 2022	FY 2024			Available CY 2021
<i>Sepsis and Septic Shock</i>					
Severe Sepsis and Septic Shock: Management Bundle Measure	Oct 2015	FY 2017			
<i>Stroke</i>					
STK-2 Ischemic stroke patients discharged on antithrombotic therapy					Yes
STK-3 Anticoagulation therapy for atrial fibrillation/flutter					Yes
STK-5 Antithrombotic therapy by the end of hospital day two					Yes
STK-6 Discharged on statin medication					Yes
STK-8 Stroke education					Yes through CY 2019
STK-10 Assessed for rehabilitation services					Yes through CY 2019
<i>Venous Thromboembolism (VTE)</i>					
VTE-1 Venous thromboembolism Prophylaxis					Yes
VTE-2 Intensive care unit VTE prophylaxis					Yes

VTE-6 Incidence of potentially-preventable venous thromboembolism	End after 2018	Remove after FY 2020			
Perinatal Care (PC)					
PC-01 Elective delivery prior to 39 completed weeks of gestation (Aggregate data submission)	Jan 2013	FY 2015	Jan 2015 End after 2018	FY 2017 Remove after FY 2020	Yes through CY 2019
PC-05 Exclusive breast milk feeding					Yes
Pediatric Measures					
Home management plan of care document given to pediatric asthma patient/caregiver					Yes through CY 2019
Hearing screening prior to hospital discharge for newborns					Yes through CY 2019
Healthcare Associated Infections Reported to NHSN					
Central Line Associated Bloodstream Infection Expand to include some non-ICU wards	End after 2019	Remove after FY 2021	Feb 2013 Expand Jan 2017	FY 2015 Expand FY 2019	
Surgical Site Infection	End after 2019	Remove after FY 2021	Jan 2014	FY 2016	
Catheter-Associated Urinary Tract Infection Expand to include some non-ICU wards	End after 2019	Remove after FY 2021	Jan 2014 Expand Jan 2017	FY 2016 Expand FY 2019	
MRSA Bacteremia	End after 2019	Remove after FY 2021	Jan 2015	FY 2017	
Clostridium Difficile (C. Diff)	End after 2019	Remove after FY 2021	Jan 2015	FY 2017	
Healthcare Personnel Influenza Vaccination	Jan 2013	FY2015			
Patients' Experience of Care					
HCAHPS survey	Ongoing	Ongoing	July 2011	FY 2013	

For **FY 2020 payment determination** hospitals will be required to report on at least 4 electronic clinical quality measures from the available electronic inpatient clinical quality measures to meet the requirements of the Hospital IQR Program. Hospitals must submit data electronically for 1 self-selected quarter of 2018 by February 28, 2019. Meeting this requirement for the HIQRP will also meet the CMS Promoting Interoperability Program's requirement for eCQM reporting.

For **FY 2021 payment determination** hospitals will be required to report on at least 4 electronic clinical quality measures from the available electronic inpatient clinical quality measures to meet the requirements of the Hospital IQR Program. Hospitals must submit data electronically for 1 self-selected quarter of 2019 by February 28, 2020. Meeting this requirement for the HIQRP will also meet the CMS Promoting Interoperability Program's requirement for eCQM reporting

For **FY 2022 payment determination** hospitals will be required to report on at least 4 electronic clinical quality measures from the available electronic inpatient clinical quality measures to meet the requirements of the Hospital IQR Program. Hospitals must submit data electronically for 1 self-selected quarter of 2020 by February 28, 2021. Meeting this requirement for the HIQRP will also meet the CMS Promoting Interoperability Program's requirement for eCQM reporting

For **FY 2023 payment determination** hospitals will be required to report on at least 4 electronic clinical quality measures from the available electronic inpatient clinical quality measures to meet the requirements of the Hospital IQR Program. Hospitals must submit data electronically for 1 self-selected quarter of 2021 by February 28, 2022. Meeting this requirement for the HIQRP will also meet the CMS Promoting Interoperability Program's requirement for eCQM reporting

For **FY 2024 payment determination** hospitals will be required to report on the Safe Use of Opioid – Concurrent Prescribing eCQM and an additional 3 self-selected eQMs from the available electronic inpatient clinical quality measures to meet the requirements of the Hospital IQR Program. Hospitals must submit data electronically for 1 self-selected quarter of 2022 by February 28, 2023. Meeting this requirement for the HIQRP will also meet the CMS Promoting Interoperability Program's requirement for eCQM reporting

Claims Based Measures Calculated by CMS (Inpatient)				
	HIQRP		VBP	
MEASURE	Reporting effective date	Affects APU	Reporting effective date	Affects Reimbursement
Mortality Measures (Medicare Patients)				
Hospital 30-day, all-cause, risk-standardized mortality rate following AMI hospitalization for patients 18 and older			7/1/11	FY 2014
Hospital 30-day, all-cause, risk-standardized mortality rate following heart failure hospitalization for patients 18 and older			7/1/11	FY 2014
Hospital 30-day, all-cause, risk-standardized mortality rate following pneumonia hospitalization	End after June 2018	Remove after FY 2020	7/1/11	FY 2014
Hospital 30-day, all-cause, risk-standardized mortality rate following COPD hospitalization	End after June 2018	FY 2016 Remove after FY 2020	7/1/16	FY 2021
Hospital 30-day, all-cause, risk-standardized mortality rate following acute ischemic stroke		FY 2016		
Hospital 30-day, all-cause, risk-standardized mortality rate following CABG surgery	End after June 2019	FY 2017 Remove after FY 2021	7/1/2017 – 6/30/2020	FY 2022
Readmission Measures (Medicare Patients)				
Hospital-wide all-cause unplanned readmission (HWR)	End after June 2023	Remove after FY 2025		
Hybrid Hospital-Wide Readmission Measure with Claims and Electronic Health Record Data	Voluntary 7/2021-6/2022 Voluntary 7/2022-6/2023 Required 7/2023-6/2024	Voluntary data submission will not affect APU. Required for FY2026 APU		
Surgical Complications				
Hip/Knee: Hospital-level risk standardized complication rate (RSCR) following elective primary total hip/total knee arthroplasty	End after March 2020	FY 2015 Remove after FY 2022	Jan 2015	FY 2019
AHRQ Measures				
PSI 90 (revision) Patient Safety and Adverse Events Composite (NQF#0531)			7/1/2019 – 6/30/2021	FY 2023
AHRQ and Nursing Sensitive Care				
PSI-4 Death among surgical inpatients with serious, treatable complications	Ongoing	Ongoing		
Cost Efficiency				
Medicare spending per beneficiary Add RRB beneficiaries for FY 2016			May 2013	FY 2015
Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for AMI		FY 2016		

Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for heart failure		FY 2017		
Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for pneumonia		FY 2017		
Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty	CY 2016	FY 2018		
Excess Days in Acute Care after Hospitalization for AMI	Will use 3 years of data	FY 2018		
Excess Days in Acute Care after Hospitalization for Heart Failure	Will use 3 years of data	FY 2018		
Excess Days in Acute Care after Hospitalization for Pneumonia	July 2014 – June 2017	FY 2019		

OUTPATIENT Current

Measures Collected and Submitted by Hospital

HOQRP		
MEASURE	Reporting effective date	Affects APU
<i>Cardiac Care (AMI and CP) Measures</i>		
OP-2 Fibrinolytic therapy received within 30 minutes of ED arrival	Ongoing	Ongoing
OP-3 Median time to transfer to another facility for acute coronary intervention	Ongoing	Ongoing
OP-5 Median time to ECG	Ongoing End after 1Q2019	Ongoing Remove after CY 2020
<i>ED Throughput</i>		
OP-18 Median time from ED arrival to ED departure for discharged ED patients	Jan 2012	CY 2013
<i>Stroke</i>		
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 ED arrival	Jan 2012	CY 2013
<i>Chart-Abstracted Measures with Aggregate Data Submission by Web-Based Tool (QualityNet)</i>		
OP-22 ED patient left without being seen	Jan-Jun 2012 Data	CY 2013
OP-29 Endoscopy/Poly surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients	April 1, 2014	CY 2016
OP-30 Endoscopy/Poly Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	April 1, 2014 End after CY 2018	CY 2016 Remove after CY 2020
OP-31 Cataracts – Improvement in patients' visual function within 90 days following cataract surgery	January 1, 2015 Voluntary Reporting	CY 2017 No effect on APU Will publicly report data received
OP-33 External Beam Radiotherapy for Bone Metastases	Jan 2016 End after Sept 2020	CY 2018 Remove after CY 2021
<i>Structural Measures</i>		
OP-12 The ability for providers with health information technology (HIT) to receive laboratory data electronically directly into their qualified/certified electronic health record (EHR) system as discrete searchable data	Jan- Jun 2011Data End after CY 2018	CY 2012 Remove after CY 2020
OP-17 Tracking clinical results between visits	Jan-Jun 2012 Data End after CY 2018	CY 2013 Remove after CY 2020
<i>Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems</i>		
OP-37a OAS CAHPS–About Facilities and Staff	Delayed	Delayed
OP-37b OAS CAHPS–Communication about Procedure	Delayed	Delayed

OP-37c OAS CAHPS–Preparation for Discharge and Recovery	Delayed	Delayed
OP-37d OAS CAHPS–Overall Rating of Facility	Delayed	Delayed
OP-37e OAS CAHPS–Recommendation of Facility	Delayed	Delayed
Claims Based Measures Calculated by CMS (Outpatient)		
	HOQRP	
MEASURE	Reporting effective date	Affects APU
<i>Outcome Measures</i>		
OP-32 Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	CY 2016	CY 2018
OP-35 Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy	CY 2018	CY 2020
OP-36 Hospital Visits after Hospital Outpatient Surgery	CY 2018	CY 2020
<i>Imaging Efficiency Measures</i>		
OP-8 MRI lumbar spine for low back pain	Ongoing	Ongoing
OP-9 Mammography follow-up rates	Ongoing	Ongoing Remove after CY 2020
OP-10 Abdomen computed tomography (CT) use of contrast material	Ongoing	Ongoing
OP-11 Thorax CT use of contrast material	Ongoing	Ongoing Remove after CY 2020
OP-13 Cardiac imaging for preoperative risk assessment for non-cardiac low-risk surgery	CY 2010	CY 2012
OP-14 Simultaneous use of brain CT and sinus CT	CY 2010	CY 2012 Remove after CY 2020

<u>AMBULATORY SURGERY CENTER</u> Current		
Measures Collected and Submitted by Hospital		
	ASCQR Program	
MEASURE	Reporting effective date	Affects APU
<i>Chart-Abstracted Measures Reported Through Quality Data Codes on Part B Claims</i>		
ASC-1 Patient Burn*	Oct 2012*	CY 2014*
ASC-2 Patient Fall*	Oct 2012*	CY 2014*
ASC-3 Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant*	Oct 2012*	CY 2014*
ASC-4 Hospital Transfer/Admission*	Oct 2012*	CY 2014*
*Measure finalized for suspension in reporting beginning with the CY 2021 payment determination (CY 2019 data collection) until further rulemaking per CY2019 OPPS/ASC final rule.		
<i>Chart-Abstracted Measures with Aggregate Data Submission by Web-Based Tool (QualityNet)</i>		
ASC-9 Endoscopy/Poly surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients	April 1, 2014	CY 2016
ASC-10 Endoscopy/Poly Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	April 1, 2014 End after 2018	CY 2016 Remove after CY 2020
ASC-11 Cataracts – Improvement in patient's visual function within 90 days following cataract surgery	January 1, 2015 Voluntary Reporting	CY 2017 No effect on APU Will publicly report data received
ASC-13 Normothermia Outcome	CY 2018	CY 2020
ASC-14 Unplanned Anterior Vitrectomy	CY 2018	CY 2020
<i>Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems</i>		
ASC-15a OAS CAHPS–About Facilities and Staff	Delayed	Delayed
ASC-15b OAS CAHPS–Communication about Procedure	Delayed	Delayed
ASC-15c OAS CAHPS–Preparation for Discharge and Recovery	Delayed	Delayed
ASC-15d OAS CAHPS–Overall Rating of Facility	Delayed	Delayed
ASC-15e OAS CAHPS–Recommendation of Facility	Delayed	Delayed

Claims Based Measures Calculated by CMS		
	ASCQR Program	
MEASURE	Reporting effective date	Affects APU
<i>Outcome Measures</i>		
ASC-12 Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	CY 2016	CY 2018
ASC-17 Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures	CY 2019 & 2020	CY 2022
ASC-18 Hospital Visits after Urology Ambulatory Surgical Center Procedures	CY 2019 & 2020	CY 2022
ASC-19 Facility-Level 7-Day Hospital Visit after General Surgery Procedures Performed at ASC.	CY 2021 & 2022	CY 2024

<u>LONG-TERM CARE HOSPITAL</u> Current		
Measures Collected and Submitted by Hospital		
	LTCHQR Program	
MEASURE	Reporting effective date	Affects APU
<i>Chart-Abstracted Measures Reported Using the CMS Designated Data Submission System</i>		
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	July 2018	FY 2020
Percent of residents or patients who were assessed and appropriately given the seasonal Influenza Vaccine (Short-Stay)	Oct 2014 End after Sept 2018	FY 2016 Remove after FY2020
Percent of Residents Experiencing One or More Falls with Major Injury	April 2016	FY 2018
Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function	April 2016	FY 2018
Application of Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function	April 2016	FY 2018
Change in Mobility among LTCH Patients Requiring Ventilator Support	April 2016	FY 2018
Drug Regimen Review Conducted with Follow-Up for Identified Issues	April 2018	FY 2020
Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay.	July 2018	FY 2020
Ventilator Liberation Rate	July 2018	FY 2020
Transfer of Health Information to the Provider, Post-Acute Care	Oct 2020	FY2022
Transfer of Health Information to the Patient, Post-Acute Care	Oct 2020	FY2022
<i>Healthcare Associated Infections Reported to NHSN</i>		
Urinary Catheter-Associated Urinary Tract Infection (CAUTI)	Oct 2012	FY 2014
Central Line Catheter-Associated Bloodstream Infection (CLABSI)	Oct 2012	FY 2014
Influenza Vaccination coverage among healthcare personnel	Oct 2014	FY 2016
Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Jan 2015	FY 2017

Claims Based Measures Calculated by CMS (Long-Term Care Hospitals)		
	LTCHQR Program	
MEASURE	Reporting effective date	Affects APU
<i>Resource Use and Other Measures (IMPACT)</i>		
Potentially Preventable 30-day Post-Discharge Readmission Measure	CY 2016 and 2017	FY 2018
Medicare Spending Per Beneficiary	CY 2016 and 2017	FY 2018
Discharge to Community – PAC LTCH QRP	CY 2016 and 2017	FY 2018

<u>INPATIENT PSYCHIATRIC FACILITIES</u> Current		
Measures Collected and Submitted by Hospital		
	IPFQR Program	
MEASURE	Reporting effective date	Affects APU
<i>Hospital Based Inpatient Psychiatric Services</i>		
HBIPS-2 Hours of physical restraint use	Oct 2012	FY 2014
HBIPS-3 Hours of seclusion use	Oct 2012	FY 2014
HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification	Oct 2012	FY 2014
<i>Substance Use</i>		
SUB-2 Alcohol Use Brief Intervention Provided or Offered	Jan 2016	FY 2018
SUB-2a Alcohol Use Brief Intervention	Jan 2016	FY 2018
SUB-3 Alcohol and Drug Use Disorder Treatment Provided or Offered at Discharge	Jan 2017	FY 2019
SUB-3a Alcohol and Drug Use Disorder Treatment at Discharge	Jan 2017	FY 2019
<i>Tobacco Treatment</i>		
TOB-2 Tobacco Use Treatment Provided or Offered	Jan 2015	FY 2017
TOB-2a Tobacco Use Treatment	Jan 2015	FY 2017
TOB-3 Tobacco Treatment Provided or Offered at Discharge	Jan 2016	FY 2018
TOB-3a Tobacco Treatment at Discharge	Jan 2016	FY 2018
<i>Immunization</i>		
IMM-2 Influenza Immunization	Oct 2015	FY 2017
<i>Transition of Care</i>		
Transition Record with Specified Elements Received by Discharged Patients	Jan 2017	FY 2019
Timely Transmission of Transition Record	Jan 2017	FY 2019
<i>Metabolic Disorders</i>		
Screening for Metabolic Disorders	Jan 2017	FY 2019
<i>Non-Measure Data</i>		
Submit aggregate population counts by diagnostic group	CY 2015	FY 2017
Submit aggregate population counts by payer	CY 2015	FY 2017

Claims Based Measures Calculated by CMS		
	IPFQR Program	
MEASURE	Reporting effective date	Affects APU
<i>Clinical Quality of Care Measure</i>		
Follow-up After Hospitalization for Mental Illness	July 2013	FY 2016
Medication Continuation following Discharge from an IPF	July 2017 – June 2019	FY 2021
<i>Readmission Measure</i>		
30 Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF		FY 2019

INPATIENT REHABILITATION FACILITY Current		
Measures Collected and Submitted by Hospital		
	IRF QRP	
MEASURE	Reporting effective date	Affects APU
<i>Chart-Abstracted Measures Reported Through IRF-Patient Assessment Instrument (IRF-PAI)</i>		
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	Oct 2018	FY 2020
Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF#0680)	Oct 2014 End after Sept 2018	FY 2017 Remove after 2020
Percent of Residents Experiencing One or More Falls with Major Injury (Application of NQF#0674)	Oct 2016	FY 2018
Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (Application of NQF#2631)	Oct 2016	FY 2018
Change in Self-Care Score for Medical Rehabilitation Patients (NQF#2633)	Oct 2016	FY 2018
Change in Mobility Score for Medical Rehabilitation Patients (NQF#2634)	Oct 2016	FY 2018
Discharge Self-Care Score for Medical Rehabilitation Patients (NQF#2635)	Oct 2016	FY 2018
Discharge Mobility Score for Medical Rehabilitation Patients (NQF#2636)	Oct 2016	FY 2018
Drug Regimen Review Conducted with Follow-Up for Identified Issues	Oct 2018	FY 2020
Transfer of Health Information to the Provider, Post-Acute Care	Oct 2020	FY2022
Transfer of Health Information to the Patient, Post-Acute Care	Oct 2020	FY2022
<i>Quality Measures Reported to NHSN</i>		
Urinary Catheter-Associated Urinary Tract Infection (CAUTI) (NQF#0138)	Oct 2012	FY 2014
Influenza Vaccination Coverage among Healthcare Personnel (NQF#0431)	Oct 2014	FY 2016
NHSN Facility-wide Inpatient Hospital-Onset Clostridium Difficile Infection (CDI) Outcome Measure (NQF#1717)	Jan 2015	FY 2017

Claims Based Measures Calculated by CMS (Inpatient Rehab Facilities)		
	IRF QRP	
MEASURE	Reporting effective date	Affects APU
<i>Resource Use and Other Measures (IMPACT)</i>		
Discharge to Community	CY 2016 and 2017	FY 2018
Medicare Spending Per Beneficiary	CY 2016 and 2017	FY 2018
Potentially Preventable 30-day Post-Discharge Readmission Measure for IRFs	CY 2016 and 2017	FY 2018
Potentially Preventable Within Stay Readmission Measure for IRFs	CY 2016 and 2017	FY 2018

END-STAGE RENAL DISEASE FACILITY Current

Measures Collected and Submitted by Facility

	ESRD QIP	
MEASURE	Reporting effective date	Affects Reimbursement
<i>Measures Reported through NHSN</i>		
Bloodstream Infection in Hemodialysis Outpatients	2014	PY 2016
Healthcare Personnel Influenza Vaccination	10/1/2015	PY 2018 Remove after PY 2020
Dialysis Event Reporting	CY 2017	PY 2019
<i>Measures Reported through CROWNWeb</i>		
ICH CAHPS	2012	PY 2014
Mineral Metabolism	2012 End after CY2017	PY 2014 Remove after PY 2019
Hypercalcemia (NQF#1454)	2014	PY 2016
Clinical Depression Screening and Follow-Up	2016	PY 2018
Pain Assessment and Follow-Up	2016 End after 2018	PY 2018 Remove after PY 2020
Serum Phosphorus	2018 End after 2018	PY 2020 Remove after PY 2020
Ultrafiltration Rate	CY 2018	PY 2020
Hemodialysis Vascular Access: Standardized Fistula Rate (NQF#2977)	CY 2019	PY 2021
Hemodialysis Vascular Access: Long-Term Catheter Rate (NQF#2978)	CY 2019	PY 2021
Percentage of Prevalent Patients Waitlisted	CY 2020	PY 2022
Medication Reconciliation	CY 2020	PY 2022

Claims Based Measures Calculated by CMS

	ESRD QIP	
MEASURE	Reporting effective date	Affects Reimbursement
Vascular Access Type: AV Fistula (NQF#0257)	Jan 2012 End after CY 2018	PY 2014 Remove after PY 2020
Vascular Access Type -Minimizing use of Catheters as Chronic Dialysis Access (NQF#0256)	Jan 2012 End after CY 2018	PY 2014 Remove after PY 2020
Dialysis Adequacy	CY 2017	PY 2019
Standardized Readmission Ratio (SRR)	CY 2015	PY 2017
Standardized Transfusion Ratio (STrR)	CY 2016	PY 2018
Standardized Hospitalization Ratio (SHR)	CY 2018	PY 2020
Anemia Management	2013 End after 2018	PY 2015 Remove after PY 2020

<u>PPS – EXEMPT CANCER HOSPITALS</u> Current		
Measures Collected and Submitted by Facility		
	PCHQR Program	
MEASURE	Reporting effective date	Effective Program Years
Oncology-Radiation Dose Limits to Normal Tissues	Jan 2015	FY 2016 Remove after FY 2020
Oncology: Plan of Care for Pain	Jan 2015	FY 2016
Oncology: Pain Intensity Quantified	Jan 2015	FY 2016 Remove after FY 2020
Prostate Cancer-Adjuvant Hormonal Therapy for High-Risk Patients	Jan 2015	FY 2016 Remove after FY 2020
Prostate Cancer-Avoidance of Overuse Measure-Bone Scan for Staging Low-Risk Patients	Jan 2015	FY 2016 Remove after FY 2020
External Beam Radiotherapy for Bone Metastases	Jan 2015	FY 2017 Remove after FY 2021
<i>Patients' Experience of Care</i>		
HCAHPS survey	April 2014	FY 2016
<i>Healthcare Associated Infections Reported through NHSN</i>		
Catheter Associated Urinary Tract Infection	Jan 2013	FY 2014
Central Line Associated Bloodstream Infection	Jan 2013	FY 2014
Surgical Site Infection	Jan 2014	FY 2015
Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Jan 2016	FY 2018
Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	Jan 2016	FY 2018
Influenza Vaccination Coverage Among Healthcare Personnel	Oct 2016	FY 2018

Claims Based Measures Calculated by CMS		
	PCHQR Program	
MEASURE	Reporting effective date	Effective Program Year
Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy	July 2016 - June 2017	FY 2019
EOL-Chemo: Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (NQF#0210)	July 2017- June 2018	FY 2020
EOL-Hospice: Proportion of Patients Who Died from Cancer Not Admitted to Hospice (NQF#0215)	July 2017 -June 2018	FY 2020
EOL-ICU: Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life (NQF#0213)	July 2017 - June 2018	FY 2020
EOL-3DH: Proportion of Patients Who Died from Cancer Admitted to Hospice for Less than Three Days (NQF#0216)	July 2017 - June 2018	FY 2020
30-Day Unplanned Readmissions for Cancer Patients (NQF #3188)	Oct 2018 – Sept 2019	FY 2021
Surgical Treatment Complications for Localized Prostate Cancer	July 2019 – June 2020	FY 2022

Prepared by the Indiana Hospital Association 11/6/2019