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<b>INPATIENT Current</b>					
<b>Measures Collected and Submitted by Hospital</b>					
<b>MEASURE</b>	<b>HIQRP</b>		<b>VBP</b>		<b>HITECH</b>
	Reporting effective date	Affects APU	Reporting effective date	Affects Reimbursement	Included in Meaningful Use*
<b><i>Acute Myocardial Infarction (AMI)</i></b>					
AMI-1 Aspirin at arrival	Currently suspended	Remove after FY 2016			
AMI-2 Aspirin prescribed at discharge		FY 2017 Voluntary eCQM			Yes
AMI-3 ACEI or ARB for LVSD	Currently suspended	Remove after FY 2016			
AMI-5 Beta blocker prescribed at discharge	Currently suspended	Remove after FY 2016			
AMI-7a Fibrinolytic (thrombolytic) agent received within 30 minutes of hospital arrival	Ongoing Chart abstraction ends after 12/31/2015	Ongoing Change to Voluntary eCQM FY 2018	July 2011 Ends after 2015	FY 2013 Remove after FY 2017	Yes
AMI-8a Timing of Receipt of Primary Percutaneous Coronary Intervention (PCI)		Voluntary eCQM FY 2017			Yes
AMI-10 Statin prescribed at discharge		FY 2017 Voluntary eCQM			Yes
<b><i>Emergency Department (ED)</i></b>					
ED-1 Median time from ED arrival to ED departure for admitted ED Patients	Jan 2012	FY 2014			Yes
ED-2 Admit decision time to ED departure time for admitted patients	Jan 2012	FY 2014			Yes
<b><i>Immunization</i></b>					
IMM-2 Influenza Immunization	Jan 2012	FY 2014	Jan 2014 Ends after 2015	FY 2016 Remove after FY 2017	
<b><i>Heart Failure (HF)</i></b>					
HF-2 Left ventricular function assessment	End after Dec 2014	Remove after FY 2016			

\*HITECH Meaningful Use 2014 and forward: Report on 16 CQMs covering at least 3 NQS domains from a menu of 29 measures

<b><i>Pneumonia (PN)</i></b>					
PN-6 Appropriate initial antibiotic selection		FY 2017 Voluntary eCQM	July 2011 End after Dec 2014	FY 2013 Remove after FY 2016	Yes
<b><i>Sepsis and Septic Shock</i></b>					
Severe Sepsis and Septic Shock: Management Bundle Measure	Oct 2015	FY 2017			
<b><i>Stroke</i></b>					
STK-1 VTE Prophylaxis for patients with ischemic or hemorrhagic stroke	Jan 2013 End after 12/31/2015	FY2015 Remove after FY 2017			
STK-2 Ischemic stroke patients discharged on antithrombotic therapy		FY2017 Voluntary eCQM			Yes
STK-3 Anticoagulation therapy for atrial fibrillation/flutter		FY 2017 Voluntary eCQM			Yes
STK-4 Thrombolytic Therapy for Acute ischemic stroke patients	Jan 2013	FY2015			Yes
STK-5 Antithrombotic therapy by the end of hospital day two		FY2017 Voluntary eCQM			Yes
STK-6 Discharged on statin medication	Jan 2013 Chart abstraction to end after 12/31/2015	FY2015 Change to Voluntary eCQM FY 2018			Yes
STK-8 Stroke education	Jan 2013 Chart abstraction to end after 12/31/2015	FY2015 Change to Voluntary eCQM FY 2018			Yes
STK-10 Assessed for rehabilitation services		FY 2017 Voluntary eCQM			Yes
<b><i>Surgical Care Improvement Project (SCIP)</i></b>					
SCIP-Infection-1 Prophylactic antibiotic received within 1 hour prior to surgical incision		FY 2017 Voluntary eCQM			Yes
SCIP-Infection-2 Prophylactic antibiotic selection for surgical patients		FY 2017 Voluntary eCQM	July 2011 End after Dec 2014	FY 2013 Remove after FY 2016	Yes
SCIP-Infection-3 Prophylactic antibiotics discontinued within 24 hours after surgery end time		Remove after FY 2016	July 2011 End after Dec 2014	FY 2013 Remove after FY 2016	

SCIP-Infection-4 Cardiac surgery patients with controlled 6AM postoperative serum glucose 01/2014 revise to controlled glucose 18-24 hours post-cardiac surgery	Currently suspended	Currently suspended Remove after FY 2017			
SCIP-Infection-6 Surgery patients with appropriate hair removal	Currently suspended	Remove after FY 2016			
SCIP-Infection-9 Postoperative urinary catheter removal on post-operative day 1 or 2		FY 2017 Voluntary eCQM	April 2012 End after 2014 discharges	FY2014 Remove after FY 2016	Yes
SCIP-Cardiovascular-2 Surgery patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period		Remove after FY 2016	July 2011 End after Dec 2014 discharges	FY 2013 Remove after FY 2016	
SCIP-VTE-2 VTE prophylaxis within 24 hours pre/post-surgery		Remove after FY 2016	July 2011 End after Dec 2014 discharges	FY 2013 Remove after FY 2016	
<b><i>Venous Thromboembolism (VTE)</i></b>					
VTE-1 Venous thromboembolism Prophylaxis	Jan 2013 Chart abstraction to end after 12/31/2015	FY2015 Change to Voluntary eCQM FY 2018			Yes
VTE-2 Intensive care unit venous thromboembolism prophylaxis	Jan 2013 Chart abstraction to end after 12/31/2015	FY2015 Change to Voluntary eCQM FY 2018			Yes
VTE-3 Venous thromboembolism patients with anticoagulation overlap therapy	Jan 2013 Chart abstraction to end after 12/31/2015	FY2015 Change to Voluntary eCQM FY 2018			Yes
VTE-4 Venous thromboembolism patients receiving unfractionated heparin with dosages/platelet count monitoring by protocol or nomogram		FY2017 Voluntary eCQM			Yes
VTE-5 Venous thromboembolism discharge instructions	Jan 2013	FY2015			Yes
VTE-6 Incidence of potentially-preventable venous thromboembolism	Jan 2013	FY2015			Yes
<b><i>Perinatal Care (PC)</i></b>					
PC-01 Elective delivery prior to 39 completed weeks of gestation (Aggregate data submission)	Jan 2013	FY 2015	Jan 2015	FY 2017	Yes
PC-05 Exclusive breast milk feeding		FY2017 Voluntary eCQM			Yes

<b>Pediatric Measures</b>					
Home management plan of care document given to pediatric asthma patient/caregiver		FY 2017 Voluntary eCQM			Yes
Healthy term newborn		FY 2017 Voluntary eCQM			Yes
Hearing screening prior to hospital discharge for newborns		FY 2017 Voluntary eCQM			Yes
<b>Healthcare Associated Infections Reported to NHSN</b>					
Central Line Associated Bloodstream Infection Expand to include some non-ICU wards	Ongoing Expand Jan 2015	Ongoing Expand FY 2016	Feb 2013	FY 2015	
Surgical Site Infection	Jan 2012	FY 2014	Jan 2014	FY 2016	
Catheter-Associated Urinary Tract Infection Expand to include some non-ICU wards	Jan 2012 Expand Jan 2015	FY 2014 Expand FY 2016	Jan 2014	FY 2016	
MRSA Bacteremia	Jan 2013	FY2015	Jan 2015	FY 2017	
Clostridium Difficile (C. Diff)	Jan 2013	FY2015	Jan 2015	FY 2017	
Healthcare Personnel Influenza Vaccination	Jan 2013	FY2015			
<b>Structural Measures</b>					
Participation in a systematic database for cardiac surgery	Ongoing Remove after 2015	Ongoing Remove after FY 2016			
Participation in a systematic clinical database registry for nursing sensitive care	Ongoing	Ongoing			
Participation in a systematic clinical database registry for general surgery	2012 Data Reported 2013	FY 2014			
Safe Surgery checklist use	2014 Data Reported 2015	FY 2016			
Patient Safety Culture	2016 Data Reported 2017	FY 2018			
<b>Patients' Experience of Care</b>					
HCAHPS survey	Ongoing	Ongoing	July 2011 Add CTM-3 measure	FY 2013 Add CTM-3 measure FY 2018	

To begin the alignment of quality measure reporting under the Hospital IQR and Medicare EHR Incentive Programs, CMS is offering hospitals two options to meet FY 2016 IQR reporting requirements for the VTE, Stroke, ED and PC measure sets. These four sets are included in both programs. Under the Hospital IQR Program for the **FY 2016 payment determination**, hospitals may choose to either (1) electronically report at least one quarter of CY 2014 quality measure data for up to 16 of the measures, or (2) continue reporting all of these measures using chart-abstracted data for all four quarters of CY 2014.

For **FY 2017 payment determination** hospitals that elect to voluntarily submit electronic measures to meet the Hospital IQR program requirements must submit one quarter of electronic clinical quality measure data from Q1, Q2, or Q3 of CY 2015. Hospitals must use the 2014 version of the measure specifications and submit 16 measures covering three NQS domains from the 28 available electronically specified measures.

For **FY 2018 payment determination** hospitals will be required to submit at least 4 electronic clinical quality measures from the 28 available electronic inpatient clinical quality measures to meet the requirements of the Hospital IQR Program. Hospitals must submit, electronically, Q3 or Q4 2016 data for 4 measures of their choice. Meeting this requirement for the HIQRP will also meet the EHR Incentive Program's Meaningful Use requirement for eCQM reporting.

### Claims Based Measures Calculated by CMS (Inpatient)

MEASURE	HIQRP		VBP	
	Reporting effective date	Affects APU	Reporting effective date	Affects Reimbursement
<b><i>Mortality Measures (Medicare Patients)</i></b>				
Hospital 30-day, all-cause, risk-standardized mortality rate following AMI hospitalization for patients 18 and older	Ongoing	Ongoing	7/1/11	2014
Hospital 30-day, all-cause, risk-standardized mortality rate following heart failure hospitalization for patients 18 and older	Ongoing	Ongoing	7/1/11	2014
Hospital 30-day, all-cause, risk-standardized mortality rate following pneumonia hospitalization	Ongoing	Ongoing	7/1/11	2014
Hospital 30-day, all-cause, risk-standardized mortality rate following COPD hospitalization		FY 2016	7/1/16	2021
Stroke 30-day mortality rate		FY 2016		
Hospital 30-day, all-cause, risk-standardized mortality rate following CABG surgery		FY 2017		
<b><i>Readmission Measures (Medicare Patients)</i></b>				
Hospital 30-day, all-cause, risk-standardized readmission rate following AMI hospitalization	Ongoing	Ongoing		

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Hospital 30-day, all-cause, risk-standardized readmission rate following heart failure hospitalization	Ongoing	Ongoing		
Hospital 30-day, all-cause, risk-standardized readmission rate following pneumonia hospitalization	Ongoing	Ongoing		
Hospital 30-day, all-cause, risk-standardized readmission rate following elective primary total hip/total knee arthroplasty		FY 2015		
Hospital-wide all-cause unplanned readmission (HWR)		FY 2015		
Hospital 30-day, all-cause, risk-standardized readmission rate following COPD hospitalization		FY 2016		
Stroke 30-day risk standardized readmission		FY 2016		
Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate following CABG surgery		FY 2017		
<b><i>Surgical Complications</i></b>				
Hip/Knee: Hospital-level risk standardized complication rate (RSCR) following elective primary total hip/total knee arthroplasty		FY 2015	Jan 2015	FY 2019
<b><i>AHRQ Measures</i></b>				
PSI 90 Complication/patient safety for selected indicators (composite)	Ongoing	Ongoing	10/15/2012	FY 2015
<b><i>AHRQ and Nursing Sensitive Care</i></b>				
PSI-4 Death among surgical inpatients with serious, treatable complications	Ongoing	Ongoing		
<b><i>Cost Efficiency</i></b>				
Medicare spending per beneficiary Add RRB beneficiaries for FY 2016	05/15/2012	FY2014	May 2013	FY 2015
AMI payment per episode of care		FY 2016		
Hospital-level, risk-standardized 30-day episode-of-care payment measure for heart failure		FY 2017		
Hospital-level, risk-standardized 30-day episode-of-care payment measure for pneumonia		FY 2017		
Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure	CY 2017	FY 2019		
Cellulitis Clinical Episode-Based Payment Measure	CY 2017	FY 2019		
Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure	CY 2017	FY 2019		
Hospital-Level, Risk-Standardized Payment Associated with a 90-Day Episode-of-Care for Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty	CY 2016	FY 2018		

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Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	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		

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**OUTPATIENT Current**

**Measures Collected and Submitted by Hospital**

MEASURE	HOQRP	
	Reporting effective date	Affects APU
<b><i>Cardiac Care (AMI and CP) Measures</i></b>		
OP-1 Median time to fibrinolysis	Ongoing	Ongoing
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-4 Aspirin at arrival	Ongoing	Ongoing
OP-5 Median time to ECG	Ongoing	Ongoing
<b><i>ED Throughput</i></b>		
OP-18 Median time from ED arrival to ED departure for discharged ED patients	Jan 2012	CY 2013
OP-20 Door to diagnostic evaluation by a qualified medical professional	Jan 2012	CY 2013
<b><i>Pain Management</i></b>		
OP-21 Median time to pain management for long bone fracture	Jan 2012	CY 2013
<b><i>Stroke</i></b>		
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
<b><i>Surgery Measures</i></b>		
OP-6 Timing of antibiotic prophylaxis	End after 2014	Remove after CY 2016
OP-7 Antibiotic selection for surgical patients	End after 2014	Remove after CY 2016
<b><i>Chart-Abstracted Measures with Aggregate Data Submission by Web-Based Tool (QualityNet)</i></b>		
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	CY 2016
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	CY 2018
<b><i>Measures Reported via NHSN</i></b>		
OP-27 Influenza vaccination coverage among healthcare personnel	10/1/2014	CY 2016

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<b>Structural Measures</b>		
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	CY 2012
OP-17 Tracking clinical results between visits	Jan-Jun 2012 Data	CY 2013
OP-25 Safe Surgery Checklist Use	2012 Data	CY 2014
Op-26 Hospital Outpatient Volume Data on Selected Outpatient Surgical Procedures	2012	CY 2014

**Claims Based Measures Calculated by CMS (Outpatient)**

<b>MEASURE</b>	<b>HOQRP</b>	
	<b>Reporting effective date</b>	<b>Affects APU</b>
<b>Imaging Efficiency Measures</b>		
OP-8 MRI lumbar spine for low back pain	Ongoing	Ongoing
OP-9 Mammography follow-up rates	Ongoing	Ongoing
OP-10 Abdomen computed tomography (CT) use of contrast material	Ongoing	Ongoing
OP-11 Thorax CT use of contrast material	Ongoing	Ongoing
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
OP-15 Use of brain CT in the ED for atraumatic headache	Deferred	Deferred Remove after CY 2016
<b>Endoscopy Measure</b>		
OP-32 Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	CY 2016	CY 2018

<b><u>AMBULATORY SURGERY CENTER</u> Current</b>		
<b>Measures Collected and Submitted by Hospital</b>		
<b>ASCQR Program</b>		
<b>MEASURE</b>	<b>Reporting effective date</b>	<b>Affects APU</b>
<b><i>Chart-Abstracted Measures Reported Through Quality Data Codes on Part B Claims</i></b>		
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
ASC-5 Prophylactic Intravenous (IV) Antibiotic Timing	Oct 2012	CY 2014
<b><i>Chart-Abstracted Measures with Aggregate Data Submission by Web-Based Tool (QualityNet)</i></b>		
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	CY 2016
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
<b><i>Healthcare Associated Infections Reported to NHSN</i></b>		
ASC-8 Influenza Vaccination Coverage among Healthcare Personnel	Oct 2014	CY2016
<b><i>Structural Measures</i></b>		
ASC-6 Safe Surgery Checklist Use	2012	2015
ASC-7 ASC Facility Volume Data on Selected ASC Surgical Procedures	2012	2015

<b>Claims Based Measures Calculated by CMS</b>		
<b>ASCQR Program</b>		
<b>MEASURE</b>	<b>Reporting effective date</b>	<b>Affects APU</b>
<b><i>Endoscopy Measure</i></b>		
ASC-12 Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	CY 2016	CY 2018

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<b><u>LONG-TERM CARE HOSPITAL</u> Current</b>		
<b>Measures Collected and Submitted by Hospital</b>		
<b>LTCHQR Program</b>		
<b>MEASURE</b>	<b>Reporting effective date</b>	<b>Affects APU</b>
<b><i>Chart-Abstracted Measures Reported Using the LTCH CARE Data Set (QIES ASAP)</i></b>		
Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (Short-Stay)	Oct 2012	FY 2014
Percent of residents or patients who were assessed and appropriately given the seasonal Influenza Vaccine (Short-Stay)	Oct 2014	FY 2016
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
Change in Mobility among LTCH Patients Requiring Ventilator Support	April 2016	FY 2018
<b><i>Healthcare Associated Infections Reported to NHSN</i></b>		
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 MRSA Bacteremia Outcome Measure	Jan 2015	FY 2017
Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Jan 2015	FY 2017
Ventilator-Associated Event Outcome Measure	Jan 2016	FY 2018
<b>Claims Based Measures Calculated by CMS (Long-Term Care Hospitals)</b>		
<b>LTCHQR Program</b>		
<b>MEASURE</b>	<b>Reporting effective date</b>	<b>Affects APU</b>
<b><i>Readmission Measures (Medicare Patients)</i></b>		
All-cause Unplanned Readmission Measure for 30 days Post-Discharge from LTCH	Jan 2013	FY 2017

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<b><u>INPATIENT PSYCHIATRIC FACILITIES</u> Current</b>		
<b>Measures Collected and Submitted by Hospital</b>		
	<b>IPFQR Program</b>	
<b>MEASURE</b>	<b>Reporting effective date</b>	<b>Affects APU</b>
<b><i>Hospital Based Inpatient Psychiatric Services</i></b>		
HBIPS-2 Hours of physical restraint use	Oct 2012	FY 2014
HBIPS-3 Hours of seclusion use	Oct 2012	FY 2014
HBIPS-4 Patients discharged on multiple antipsychotic medications	Oct 2012 End after 2015	FY 2014 Remove after FY 2016
HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification	Oct 2012	FY 2014
HBIPS-6 Post-discharge continuing care plan created	Oct 2012 End after 2015	FY 2014 Remove after FY 2017
HBIPS-7 Post-discharge continuing care plan transmitted to next level of care provider upon discharge	Oct 2012 End after 2015	FY 2014 Remove after FY 2017
<b><i>Substance Use</i></b>		
SUB-1 Alcohol Use Screening	Jan 2014	FY 2016
SUB-2 Alcohol Use Brief Intervention Provided or Offered	Jan 2016	FY 2018
SUB-2a Alcohol Use Brief Intervention	Jan 2016	FY 2018
<b><i>Tobacco Treatment</i></b>		
TOB-1 Tobacco Use Screening	Jan 2015	FY 2017
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
<b><i>Immunization</i></b>		
IMM-2 Influenza Immunization	Oct 2015	FY 2017
<b><i>Transition of Care</i></b>		
Transition Record with Specified Elements Received by Discharged Patients	July 2016	FY 2018
Timely Transmission of Transition Record	July 2016	FY 2018
<b><i>Metabolic Disorders</i></b>		
Screening for Metabolic Disorders	July 2016	FY 2018
<b><i>Healthcare Associated Infections Reported to NHSN</i></b>		
Influenza Vaccination Coverage Among Healthcare Personnel	Oct 2015	FY 2017

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<b><i>Non-Measure Data</i></b>		
Submit aggregate population counts by diagnostic group	CY 2015 data reported in 2016	FY 2017
Submit aggregate population counts by payer	CY 2015 data reported in 2016	FY 2017
<b><i>Structural Measure</i></b>		
Assessment of Patient Experience of Care	Reported Jul/Aug 2015	FY 2016
Use of an Electronic Health Record (EHR)	Reported Jul/Aug 2015	FY 2016
<b>Claims Based Measures Calculated by CMS</b>		
	<b>IPFQR Program</b>	
<b>MEASURE</b>	<b>Reporting effective date</b>	<b>Affects APU</b>
<b><i>Clinical Quality of Care Measure</i></b>		
Follow-up After Hospitalization for Mental Illness	July 2013	FY 2016

<b><u>INPATIENT REHABILITATION FACILITY</u> Current and Proposed</b>		
<b>Measures Collected and Submitted by Hospital</b>		
	<b>IRF QRP</b>	
<b>MEASURE</b>	<b>Reporting effective date</b>	<b>Affects APU</b>
<b><i>Chart-Abstracted Measures Reported Through IRF-Patient Assessment Instrument (IRF-PAI)</i></b>		
Percent of Residents with New or Worsened Pressure Ulcers (Application of NQF#0678)	Oct 2012 Remove in Oct 2014	FY 2014 Remove after FY 2016
Percent of Residents or Patients with Pressure Ulcers That are New or Worsened (Short-Stay) (NQF#0678)	Oct 2014	FY 2017
Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF#0680)	Oct 2014	FY 2017
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
<b><i>Quality Measures Reported to NHSN</i></b>		
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 MRSA Bacteremia Outcome Measure (NQF#1716)	Jan 2015	FY 2017
NHSN Facility-wide Inpatient Hospital-Onset Clostridium difficile Infection (CDI) Outcome Measure (NQF#1717)	Jan 2015	FY 2017

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<b>Claims Based Measures Calculated by CMS (Inpatient Rehab Facilities)</b>		
	<b>IRF QRP</b>	
<b>MEASURE</b>	<b>Reporting effective date</b>	<b>Affects APU</b>
<b><i>Readmission Measures (Medicare Patients)</i></b>		
All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (NQF#2502)	Reported in CY 2016 using CY 2013 and CY 2014 claims data	FY 2017



<b>END-STAGE RENAL DISEASE FACILITY Current</b>		
<b>Measures Collected and Submitted by Facility</b>		
<b>ESRD QIP</b>		
<b>MEASURE</b>	<b>Reporting effective date</b>	<b>Affects Reimbursement</b>
<b><i>Healthcare Associated Infections Reported through NHSN</i></b>		
NHSN Bloodstream Infection in Hemodialysis Outpatients	2014	PY 2016
NHSN Healthcare Personnel Influenza Vaccination	10/1/2015	PY 2018
<b><i>Measures Reported through CROWNWeb</i></b>		
ICH CAHPS	2012	PY 2014
Mineral Metabolism	2012	PY 2014
Hypercalcemia (NQF#1454)	2014	PY 2016
Clinical Depression Screening and Follow-Up	2016	PY 2018
Pain Assessment and Follow-Up	2016	PY 2018
<b>Claims Based Measures Calculated by CMS</b>		
<b>ESRD QIP</b>		
<b>MEASURE</b>	<b>Reporting effective date</b>	<b>Affects Reimbursement</b>
<b><i>Clinical Measures</i></b>		
Hemoglobin greater than 12g/dL	Jan 2010	PY 2012 Remove after PY 2016
Vascular Access Type: AV Fistula (NQF#0257)	Jan 2012	PY 2014
Vascular Access Type -Minimizing use of Catheters as Chronic Dialysis Access (NQF#0256)	Jan 2012	PY 2014
Kt/V Dialysis Adequacy - Adult Hemodialysis (NQF#0249)	CY 2013 End after 2016	PY 2015 Remove after PY 2018
Kt/V Dialysis Adequacy - Adult Peritoneal Dialysis (NQF#0318)	CY 2013 End after 2016	PY 2015 Remove after PY 2018
Kt/V Dialysis Adequacy - Pediatric Hemodialysis (NQF#1423)	CY 2013 End after 2016	PY 2015 Remove after PY 2018
Kt/V Dialysis Adequacy - Pediatric Peritoneal Dialysis	CY 2016 End after 2016	PY2018 Remove after PY 2018
Dialysis Adequacy	CY 2017	PY 2019
Standardized Readmission Ratio	CY 2015	PY 2017
Standardized Transfusion Ratio	CY 2016	PY 2018
<b><i>Reporting Measures</i></b>		
Anemia Management	CY 2013	PY 2015

\*HITECH Meaningful Use 2014 and forward: Report on 16 CQMs covering at least 3 NQS domains from a menu of 29 measures

<b>PPS – EXEMPT CANCER HOSPITALS Current</b>		
<b>Measures Collected and Submitted by Facility</b>		
	<b>PCHQR Program</b>	
<b>MEASURE</b>	<b>Reporting effective date</b>	<b>Affects Reimbursement</b>
Adjuvant Chemotherapy is considered or administered within 4 months (120 days) of surgery to patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer	Jan 2013	FY 2014
Combination Chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c, or Stage II or III hormone receptor negative Breast Cancer	Jan 2013	FY 2014
Adjuvant Hormonal Therapy	Jan 2013	FY 2014
Oncology-Radiation Dose Limits to Normal Tissues	Jan 2015	FY 2016
Oncology: Plan of Care for Pain	Jan 2015	FY 2016
Oncology: Pain Intensity Quantified	Jan 2015	FY 2016
Prostate Cancer-Adjuvant Hormonal Therapy for High-Risk Patients	Jan 2015	FY 2016
Prostate Cancer-Avoidance of Overuse Measure-Bone Scan for Staging Low-Risk Patients	Jan 2015	FY 2016
External Beam Radiotherapy for Bone Metastases	Jan 2015	FY 2017
<b><i>Surgical Care Improvement Project (SCIP)</i></b>		
Prophylactic antibiotic received within 1 hour prior to surgical incision	Jan 2015 End after 3Q2015	FY 2016 End after FY 2017
Prophylactic antibiotic selection for surgical patients	Jan 2015 End after 3Q2015	FY 2016 End after FY 2017
Prophylactic antibiotics discontinued within 24 hours after surgery end time	Jan 2015 End after 3Q2015	FY 2016 End after FY 2017
Postoperative urinary catheter removal on post operative day 1 or 2	Jan 2015 End after 3Q2015	FY 2016 End after FY 2017
Surgery patients on beta blocker therapy prior to admission who received a beta blocker during the perioperative period	Jan 2015 End after 3Q2015	FY 2016 End after FY 2017
Surgery patients who received appropriate VTE prophylaxis within 24 hours prior to surgery to 24 hours after surgery end time	Jan 2015 End after 3Q2015	FY 2016 End after FY 2017
<b><i>Patients' Experience of Care</i></b>		
HCAHPS survey	April 2014	FY 2016

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<b><i>Healthcare Associated Infections Reported through NHSN</i></b>		
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

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