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**INPATIENT Current**

**Measures Collected and Submitted by Hospital**

<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>Bolded measures must be manually abstracted and submitted to QualityNet quarterly.</b>					
<b><i>Acute Myocardial Infarction (AMI)</i></b>					
AMI-2 Aspirin prescribed at discharge					Yes Remove after FY 2018
AMI-7a Fibrinolytic (thrombolytic) agent received within 30 minutes of hospital arrival					Yes Remove after FY 2018
AMI-8a Timing of Receipt of Primary Percutaneous Coronary Intervention (PCI)					Yes
AMI-10 Statin prescribed at discharge					Yes Remove after FY 2018
<b><i>Emergency Department (ED)</i></b>					
<b>ED-1 Median time from ED arrival to ED departure for admitted ED Patients</b>	Jan 2012	FY 2014			Yes
<b>ED-2 Admit decision time to ED departure time for admitted patients</b>	Jan 2012	FY 2014			Yes
<b><i>Immunization</i></b>					
<b>IMM-2 Influenza Immunization</b>	Jan 2012	FY 2014			
<b><i>Pneumonia (PN)</i></b>					
PN-6 Appropriate initial antibiotic selection					Yes Remove after FY 2018
<b><i>Sepsis and Septic Shock</i></b>					
<b>Severe Sepsis and Septic Shock: Management Bundle Measure</b>	Oct 2015	FY 2017			
<b><i>Stroke</i></b>					
STK-2 Ischemic stroke patients discharged on antithrombotic therapy					Yes
STK-3 Anticoagulation therapy for atrial fibrillation/flutter					Yes
STK-4 Thrombolytic Therapy for Acute ischemic stroke patients					Yes Remove after FY 2018
STK-5 Antithrombotic therapy by the end of hospital day two					Yes

STK-6 Discharged on statin medication					Yes
STK-8 Stroke education					Yes
STK-10 Assessed for rehabilitation services					Yes
<b><i>Surgical Care Improvement Project (SCIP)</i></b>					
SCIP-Infection-1 Prophylactic antibiotic received within 1 hour prior to surgical incision					Yes Remove after FY 2018
SCIP-Infection-2 Prophylactic antibiotic selection for surgical patients					Yes Remove after FY 2018
SCIP-Infection-9 Postoperative urinary catheter removal on post-operative day 1 or 2					Yes Remove after FY 2018
<b><i>Venous Thromboembolism (VTE)</i></b>					
VTE-1 Venous thromboembolism Prophylaxis					Yes
VTE-2 Intensive care unit venous thromboembolism prophylaxis					Yes
VTE-3 Venous thromboembolism patients with anticoagulation overlap therapy					Yes Remove after FY 2018
VTE-4 Venous thromboembolism patients receiving unfractionated heparin with dosages/platelet count monitoring by protocol or nomogram					Yes Remove after FY 2018
VTE-5 Venous thromboembolism discharge instructions	Jan 2013 Chart abstraction to end after 12/31/2016	FY2015 Remove after FY 2018			Yes Remove after FY 2018
<b>VTE-6 Incidence of potentially-preventable venous thromboembolism</b>	Jan 2013	FY2015			Yes Remove after FY 2018
<b><i>Perinatal Care (PC)</i></b>					
<b>PC-01 Elective delivery prior to 39 completed weeks of gestation (Aggregate data submission)</b>	Jan 2013	FY 2015	Jan 2015	FY 2017	Yes
PC-05 Exclusive breast milk feeding					Yes
<b><i>Pediatric Measures</i></b>					
Home management plan of care document given to pediatric asthma patient/caregiver					Yes
Healthy term newborn					Yes Remove after FY 2018
Hearing screening prior to hospital discharge for newborns					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 Expand Jan 2017	FY 2015 Expand FY 2019	
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 Expand Jan 2017	FY 2016 Expand FY 2019	
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 clinical database registry for nursing sensitive care	Ongoing	Ongoing Remove after FY 2018			
Participation in a systematic clinical database registry for general surgery	2012	FY 2014 Remove after FY 2018			
Safe Surgery checklist use	2014	FY 2016			
Patient Safety Culture	2016	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 Remove Pain Mngt Dimension FY 2018	

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.

For **FY 2019 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 2017 by February 28, 2018. Meeting this requirement for the HIQRP will also meet the EHR Incentive Program's Meaningful Use requirement for eCQM reporting

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 EHR Incentive Program's Meaningful Use requirement for eCQM reporting

<b>Claims Based Measures Calculated by CMS (Inpatient)</b>				
	<b>HIQRP</b>		<b>VBP</b>	
<b>MEASURE</b>	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	FY 2014
Hospital 30-day, all-cause, risk-standardized mortality rate following heart failure hospitalization for patients 18 and older	Ongoing	Ongoing	7/1/11	FY 2014
Hospital 30-day, all-cause, risk-standardized mortality rate following pneumonia hospitalization	Ongoing	Ongoing	7/1/11	FY 2014
Hospital 30-day, all-cause, risk-standardized mortality rate following COPD hospitalization		FY 2016	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		FY 2017	7/1/2017 – 6/30/2020	FY 2022
<b><i>Readmission Measures (Medicare Patients)</i></b>				
Hospital 30-day, all-cause, risk-standardized readmission rate following AMI hospitalization	Ongoing	Ongoing		
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		
Hybrid Hospital-Wide Readmission Measure with Claims and Electronic Health Record Data	Voluntary Jan – July 2018	Voluntary Will not affect payment		

<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 Revise after FY2017	10/15/2012	FY 2015 Remove after FY 2018
PSI 90 (revision) Patient Safety and Adverse Events Composite (NQF#0531)	7/1/2014 - 9/30/2015	FY2018	7/1/2019 – 6/30/2021	FY 2023
<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
Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for AMI		FY 2016	7/1/2017 – 6/30/2019	FY 2021
Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for heart failure		FY 2017	7/1/2017 – 6/30/2019	FY 2021
Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for pneumonia		FY 2017	8/1/2018 – 6/30/2020	FY 2022
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 an Episode-of-Care for Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty	CY 2016	FY 2018		
Aortic Aneurysm Procedure Clinical Episode-Based Payment Measure	CY 2017	FY 2019		
Cholecystectomy and Common Duct Exploration Clinical Episode-Based Payment Measure	CY 2017	FY 2019		
Spinal Fusion Clinical Episode-Based Payment Measure	CY 2017	FY 2019		
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**

<b>HOQRP</b>		
<b>MEASURE</b>	<b>Reporting effective date</b>	<b>Affects APU</b>
<b><i>Cardiac Care (AMI and CP) Measures</i></b>		
OP-1 Median time to fibrinolysis	End after 1Q2018	Remove after CY 2019
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	End after 1Q2018	Remove after CY 2019
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 End after 1Q2018	CY 2013 Remove after CY 2019
<b><i>Pain Management</i></b>		
OP-21 Median time to pain management for long bone fracture	Jan 2012 End after 1Q2018	CY 2013 Remove after CY 2019
<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>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



<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 End after 2017	CY 2014 Remove after CY 2019
Op-26 Hospital Outpatient Volume Data on Selected Outpatient Surgical Procedures	2012 End after 2017	CY 2014 Remove after CY 2019
<b>Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems</b>		
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
<b>Outcome Measures</b>		
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
<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



<b>AMBULATORY SURGERY CENTER 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 End after 2016	CY 2014 Remove after CY 2018
<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
ASC-13 Normothermia Outcome	CY 2018	CY 2020
ASC-14 Unplanned Anterior Vitrectomy	CY 2018	CY 2020
<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 End after 2016	2015 Remove after CY 2018
ASC-7 ASC Facility Volume Data on Selected ASC Surgical Procedures	2012 End after 2016	2015 Remove after CY 2018
<b><i>Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems</i></b>		
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
<b><i>Endoscopy Measure</i></b>		
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

<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 Remove after FY2019
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	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
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
<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</i></b>		
All-cause Unplanned Readmission Measure for 30 days Post-Discharge from LTCH	Jan 2013	FY 2017 Remove after FY2018
<b><i>Resource Use and Other Measures (IMPACT)</i></b>		
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

<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-5 Patients discharged on multiple antipsychotic medications with appropriate justification	Oct 2012	FY 2014
<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
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
<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	Jan 2017	FY 2019
Timely Transmission of Transition Record	Jan 2017	FY 2019
<b><i>Metabolic Disorders</i></b>		
Screening for Metabolic Disorders	Jan 2017	FY 2019
<b><i>Healthcare Associated Infections Reported to NHSN</i></b>		
Influenza Vaccination Coverage Among Healthcare Personnel	Oct 2015	FY 2017
<b><i>Non-Measure Data</i></b>		
Submit aggregate population counts by diagnostic group	CY 2015	FY 2017
Submit aggregate population counts by payer	CY 2015	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><i>Readmission Measure</i></b>		
30 Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF		FY 2019

<b><u>INPATIENT REHABILITATION FACILITY</u> Current</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 or Patients with Pressure Ulcers That are New or Worsened (Short-Stay) (NQF#0678)	Oct 2014 Ends after Sept 2018	FY 2017 Remove after FY 2019
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	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
Drug Regimen Review Conducted with Follow-Up for Identified Issues	Oct 2018	FY 2020
<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



<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</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 Remove after FY 2018
<b><i>Resource Use and Other Measures (IMPACT)</i></b>		
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

<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>Measures Reported through NHSN</i></b>		
Bloodstream Infection in Hemodialysis Outpatients	2014	PY 2016
Healthcare Personnel Influenza Vaccination	10/1/2015	PY 2018
Dialysis Event Reporting	CY 2017	PY 2019
<b><i>Measures Reported through CROWNWeb</i></b>		
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	PY 2018
Serum Phosphorus	CY 2018	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
<b>Claims Based Measures Calculated by CMS</b>		
<b>ESRD QIP</b>		
<b>MEASURE</b>	<b>Reporting effective date</b>	<b>Affects Reimbursement</b>
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
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 (SRR)	CY 2015	PY 2017
Standardized Transfusion Ratio (STRR)	CY 2016	PY 2018

Standardized Hospitalization Ratio (SHR)	CY 2018	PY 2020
Anemia Management	CY 2013	PY 2015

<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>Effective Program Years</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 Remove after FY 2019
Combination Chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage IB - III hormone receptor negative Breast Cancer	Jan 2013	FY 2014 Remove after FY 2019
Adjuvant Hormonal Therapy	Jan 2013	FY 2014 Remove after FY 2019
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>Patients' Experience of Care</i></b>		
HCAHPS survey	April 2014	FY 2016
<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

<b>Claims Based Measures Calculated by CMS</b>		
	<b>PCHQR Program</b>	
<b>MEASURE</b>	<b>Reporting effective date</b>	<b>Effective Program Year</b>
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

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