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INPATIENT Current and Proposed

Measures Collected and Submitted by Hospital

MEASURE	HIQRP		VBP		HITECH
	Reporting effective date	Affects APU	Reporting effective date	Affects Reimbursement	Included in Meaningful Use*
Bolded measures must be manually abstracted and submitted to QualityNet quarterly.					
<i>Acute Myocardial Infarction (AMI)</i>					
AMI-8a Timing of Receipt of Primary Percutaneous Coronary Intervention (PCI)					Yes Remove after FY 2021
<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 Remove after FY 2021
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	CY 2022	FY 2024			FY 2023 Required FY 2024
eCQM Hospital Harm - Opioid-Related Adverse Events					FY 2023
<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 Remove after FY 2021

Proposed for FY 2021
Proposed for FY 2022
Proposed for FY 2023
Proposed for FY 2024
Proposed for FY 2025
Proposed for FY 2026

STK-10 Assessed for rehabilitation services					Yes Remove after FY 2021
<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			
<i>Perinatal Care (PC)</i>					
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 Remove after FY 2021
PC-05 Exclusive breast milk feeding					Yes
<i>Pediatric Measures</i>					
Home management plan of care document given to pediatric asthma patient/caregiver					Yes Remove after FY 2021
Hearing screening prior to hospital discharge for newborns					Yes Remove after FY 2021
<i>Healthcare Associated Infections Reported to NHSN</i>					
Central Line Associated Bloodstream Infection Expand to include some non-ICU wards	Expand Jan 2015 End after 2019	Expand FY 2016 Remove after FY 2021	Feb 2013 Expand Jan 2017	FY 2015 Expand FY 2019	
Surgical Site Infection	Jan 2012 End after 2019	FY 2014 Remove after FY 2021	Jan 2014	FY 2016	
Catheter-Associated Urinary Tract Infection Expand to include some non-ICU wards	Jan 2012 Expand Jan 2015 End after 2019	FY 2014 Expand FY 2016 Remove after FY 2021	Jan 2014 Expand Jan 2017	FY 2016 Expand FY 2019	
MRSA Bacteremia	Jan 2013 End after 2019	FY2015 Remove after FY 2021	Jan 2015	FY 2017	
Clostridium Difficile (C. Diff)	Jan 2013 End after 2019	FY2015 Remove after FY 2021	Jan 2015	FY 2017	
Healthcare Personnel Influenza Vaccination	Jan 2013	FY2015			

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Proposed for FY 2022
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Proposed for FY 2024
Proposed for FY 2025
Proposed for FY 2026

Structural Measures					
Safe Surgery checklist use	2014 End after 2017	FY 2016 Remove after FY 2019			
Patient Safety Culture	2016 End after 2017	FY 2018 Remove after FY 2019			
Patients' Experience of Care					
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 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.

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 EHR Incentive Program's Meaningful Use 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 EHR Incentive Program's Meaningful Use 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 EHR Incentive Program's Meaningful Use 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 eCQMs 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 EHR Incentive Program's Meaningful Use requirement for eCQM reporting.

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Proposed for FY 2022
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Claims Based Measures Calculated by CMS (Inpatient)				
MEASURE	HIQRP		VBP	
	Reporting effective date	Affects APU	Reporting effective date	Affects Reimbursement
<i>Mortality Measures (Medicare Patients)</i>				
Hospital 30-day, all-cause, risk-standardized mortality rate following AMI hospitalization for patients 18 and older	End after June 2017	Remove after FY 2019	7/1/11	FY 2014
Hospital 30-day, all-cause, risk-standardized mortality rate following heart failure hospitalization for patients 18 and older	End after June 2017	Remove after FY 2019	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
<i>Readmission Measures (Medicare Patients)</i>				
Hospital 30-day, all-cause, risk-standardized readmission rate following AMI hospitalization	End after June 2017	Remove after FY 2019		
Hospital 30-day, all-cause, risk-standardized readmission rate following HF hospitalization	End after June 2017	Remove after FY 2019		
Hospital 30-day, all-cause, risk-standardized readmission rate following pneumonia	End after June 2017	Remove after FY 2019		
Hospital 30-day, all-cause, risk-standardized readmission rate following elective primary total hip/total knee arthroplasty	End after June 2017	FY 2015 Remove after FY 2019		
Hospital-wide all-cause unplanned readmission (HWR)	Remove after June 2023	FY 2015 Remove after FY 2025		
Hospital 30-day, all-cause, risk-standardized readmission rate following COPD hospitalization	End after June 2017	FY 2016 Remove after FY 2019		
Stroke 30-day risk standardized readmission	End after June 2017	FY 2016 Remove after FY 2019		
Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate following CABG surgery	End after June 2017	FY 2017 Remove after FY 2019		

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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)	End after June 2017	FY2018 Remove after FY 2019	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	05/15/2012 End after Dec 2017	FY2014 Remove after FY 2019	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		
Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure	CY 2017 End after Dec 2017	FY 2019 Remove after FY 2019		
Cellulitis Clinical Episode-Based Payment Measure	CY 2017 End after Dec 2017	FY 2019 Remove after FY 2019		
Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure	CY 2017 End after Dec 2017	FY 2019 Remove after 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 End after Dec 2017	FY 2019 Remove after FY 2019		
Cholecystectomy and Common Duct Exploration Clinical Episode-Based Payment Measure	CY 2017 End after Dec 2017	FY 2019 Remove after FY 2019		

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Spinal Fusion Clinical Episode-Based Payment Measure	CY 2017 End after Dec 2017	FY 2019 Remove after 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

HOQRP		
MEASURE	Reporting effective date	Affects APU
<i>Cardiac Care (AMI and CP) Measures</i>		
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 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
OP-20 Door to diagnostic evaluation by a qualified medical professional	Jan 2012 End after 1Q2018	CY 2013 Remove after CY 2019
<i>Pain Management</i>		
OP-21 Median time to pain management for long bone fracture	Jan 2012 End after 1Q2018	CY 2013 Remove after CY 2019
<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	CY 2018
<i>Measures Reported via NHSN</i>		
OP-27 Influenza vaccination coverage among healthcare personnel	10/1/2014 End after March 2018	CY 2016 Remove after CY 2019

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Structural Measures		
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 2011 Data 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
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
Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems		
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
Outcome Measures		
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
Imaging Efficiency Measures		
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

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AMBULATORY SURGERY CENTER 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
<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>Healthcare Associated Infections Reported to NHSN</i>		
ASC-8 Influenza Vaccination Coverage among Healthcare Personnel	Oct 2014 End after March 2018	CY2016 Remove after CY 2019
<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>Endoscopy Measure</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

LONG-TERM CARE HOSPITAL Current and Proposed		
Measures Collected and Submitted by Hospital		
	LTCHQR Program	
MEASURE	Reporting effective date	Affects APU
<i>Chart-Abstracted Measures Reported Using the LTCH CARE Data Set (QIES ASAP)</i>		
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 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 MRSA Bacteremia Outcome Measure	Jan 2015 End after Sept 2018	FY 2017 Remove after FY 2019

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Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Jan 2015	FY 2017
Ventilator-Associated Event Outcome Measure	Jan 2016 End after Sept 2018	FY 2018 Remove after FY 2019
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 and Proposed		
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-1 Alcohol Use Screening	Jan 2014 End after Dec 2017	FY 2016 Remove after FY 2019
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-1 Tobacco Use Screening	Jan 2015 End after Dec 2017	FY 2017 Remove after FY 2019
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>Healthcare Associated Infections Reported to NHSN</i>		
Influenza Vaccination Coverage Among Healthcare Personnel	Oct 2015 End after Dec 2017	FY 2017 Remove after FY 2019

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Non-Measure Data		
Submit aggregate population counts by diagnostic group	CY 2015	FY 2017
Submit aggregate population counts by payer	CY 2015	FY 2017
Structural Measure		
Assessment of Patient Experience of Care	End after Dec 2017	FY 2016 Remove after FY 2019
Use of an Electronic Health Record (EHR)	End after Dec 2017	FY 2016 Remove after FY 2019
Claims Based Measures Calculated by CMS		
	IPFQR Program	
MEASURE	Reporting effective date	Affects APU
Clinical Quality of Care Measure		
Follow-up After Hospitalization for Mental Illness	July 2013	FY 2016
Medication Continuation following Discharge from an IPF	July 2017	FY 2021
Readmission Measure		
30 Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF		FY 2019

INPATIENT REHABILITATION FACILITY Current and Proposed		
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>		
Percent of Residents or Patients with Pressure Ulcers That are New or Worsened (Short-Stay)	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 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 MRSA Bacteremia Outcome Measure (NQF#1716)	Jan 2015 End after Sept 2018	FY 2017 Remove after 2019

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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
Measures Reported through NHSN		
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
Measures Reported through CROWNWeb		
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
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

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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	2013 End after 2018	PY 2015 Remove after PY 2020

PPS – EXEMPT CANCER HOSPITALS Current and Proposed		
Measures Collected and Submitted by Facility		
	PCHQR Program	
MEASURE	Reporting effective date	Effective Program Years
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 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

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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 Measure	July 2019 – June 2020	FY 2022

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