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**INPATIENT Current**

**Measures Collected and Submitted by Hospital**

	HIQRP		VBP		HITECH
<b>MEASURE</b> Bolded measures must be manually abstracted and submitted to HQR site quarterly.	Reporting effective date	Affects APU	Reporting effective date	Affects Reimbursement	Promoting Interoperability Program
<b><i>Emergency Department (ED)</i></b>					
ED-2 Admit decision time to ED departure time for admitted patients eCQM					Yes End reporting after CY 2023
<b><i>Sepsis and Septic Shock</i></b>					
<b>Severe Sepsis and Septic Shock: Management Bundle Measure</b>	Oct 2015	FY 2017	CY 2024	FY 2026	
<b><i>Social Drivers of Health</i></b>					
SDOH-1 Screening for Social Drivers of Health	Voluntary CY 2023 Mandatory CY 2024	FY 2026			
SDOH-2 Screen Positive Rate for Social Drivers of Health	Voluntary CY 2023 Mandatory CY 2024	FY 2026			
<b><i>Medication-Related Adverse Events</i></b>					
HH-01 Hospital Harm – Severe Hypoglycemia eCQM					Yes
HH-02 Hospital Harm – Severe Hyperglycemia eCQM					Yes
<b><i>Opioid-Related Measures</i></b>					
Safe Use of Opioids - Concurrent Prescribing eCQM	Required CY 2022	FY 2024			Yes
HH-ORAE Hospital Harm - Opioid Related Adverse Events eCQM					Available for reporting CY 2024
<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 End after Dec 2023	FY 2015 Remove after FY 2025			

Proposed for CY/PY 2026  
Proposed for PY 2027  
Proposed for CY 2028  
Proposed for CY 2030

ePC-02 Cesarean Birth	Voluntary CY 2023 Mandatory CY 2024	FY 2026			Yes
ePC-07 Severe Obstetric Complications	Voluntary CY 2023 Mandatory CY 2024	FY 2026			Yes
PC-05 Exclusive breast milk feeding eCQM					Yes End reporting after CY 2023
<b>Stroke</b>					
STK-2 Ischemic stroke patients discharged on antithrombotic therapy eCQM					Yes
STK-3 Anticoagulation therapy for atrial fibrillation/flutter eCQM					Yes
STK-5 Antithrombotic therapy by the end of hospital day two eCQM					Yes
STK-6 Discharged on statin medication eCQM					Yes. End reporting after CY 2023
<b>Venous Thromboembolism (VTE)</b>					
VTE-1 Venous thromboembolism Prophylaxis eCQM					Yes
VTE-2 Intensive care unit VTE prophylaxis eCQM					Yes
<b>Additional eCQM Measures</b>					
Global Malnutrition Composite Score eCQM					Available for reporting CY 2024
Hospital Harm – Pressure Injury eCQM					Available for reporting CY 2025
Hospital Harm – Acute Kidney Injury eCQM					Available for reporting CY 2025
Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT Adults eCQM					Available for reporting CY 2025
<b>Structural Measure</b>					
Maternal Morbidity	Oct 2021	FY 2023			
Hospital Commitment to Health Equity	CY 2023	FY 2025			

<b>Measures Reported to NHSN</b>					
Central Line Associated Bloodstream Infection Expand to include some non-ICU wards			Feb 2013 Expand Jan 2017	FY 2015 Expand FY 2019	
Surgical Site Infection			Jan 2014	FY 2016	
Catheter-Associated Urinary Tract Infection Expand to include some non-ICU wards			Jan 2014 Expand Jan 2017	FY 2016 Expand FY 2019	
MRSA Bacteremia			Jan 2015	FY 2017	
Clostridium Difficile (C. Diff)			Jan 2015	FY 2017	
Healthcare Personnel Influenza Vaccination	Jan 2013	FY 2015			
COVID-19 Vaccination Coverage among Healthcare Personnel	Oct 2021	FY 2023			
Modified to HCP with “up-to-date” vaccines	Oct 2023	FY 2025			
<b>Patients’ Experience of Care</b>					
HCAHPS survey	Ongoing	Ongoing	July 2011	FY 2013	
<b>Patient-Reported Outcome Performance Measures</b>					
THA/TKA PRO-PM Hospital-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure	Voluntary for <b><u>procedures performed</u></b> 1/2023- 6/2023 Voluntary for <b><u>procedures performed</u></b> 7/2023- 6/2024 Required for <b><u>procedures performed</u></b> 7/2024- 6/2025	Voluntary data submission will not affect APU.  Required for FY2028 APU			

### Reporting eQMs

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 3 self-selected quarters 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.

For **FY 2025 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 4 calendar quarters of 2023 by February 28, 2024. Meeting this requirement for the HIQRP will also meet the CMS Promoting Interoperability Program’s requirement for eCQM reporting.

For **FY 2026 payment determination** hospitals will be required to report on the Safe Use of Opioid – Concurrent Prescribing eCQM, ePC-07 Severe Obstetric Complications, ePC-02 Cesarean Birth 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 4 calendar quarters of 2024 by February 28, 2025. Meeting this requirement for the HIQRP will also meet the CMS Promoting Interoperability Program’s requirement for eCQM reporting.

For **FY 2027 payment determination** hospitals will be required to report on the Safe Use of Opioid – Concurrent Prescribing eCQM, ePC-07 Severe Obstetric Complications, ePC-02 Cesarean Birth 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 4 calendar quarters of 2025 by February 28, 2026. Meeting this requirement for the HIQRP will also meet the CMS Promoting Interoperability Program’s requirement for eCQM reporting.

<b>Claims Based Measures Calculated by CMS (Inpatient)</b>				
	<b>HIQRP</b>		<b>VBP</b>	
<b>MEASURE</b>	<b>Reporting effective date</b>	<b>Affects APU</b>	<b>Reporting effective date</b>	<b>Affects Reimbursement</b>
<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			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			7/1/11	FY 2014
Hospital 30-day, all-cause, risk-standardized mortality rate following COPD hospitalization			7/1/16	FY 2021
Hospital 30-day, all-cause, risk-standardized mortality rate following acute ischemic stroke		FY 2016		
Hybrid Hospital-Wide All-Cause Mortality (Hybrid HWM)	Voluntary 7/2022-6/2023 Required 7/2023-6/2024	FY 2026		
Expand to include Medicare Advantage	7/2024-6/2025	FY 2027		
Hospital 30-day, all-cause, risk-standardized mortality rate following CABG surgery			7/1/2017 – 6/30/2020	FY 2022
<b><i>Readmission Measures (Medicare Patients)</i></b>				
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		
Expand to include Medicare Advantage	7/2024-6/2025	FY 2027		
<b><i>Surgical Complications</i></b>				
Hip/Knee: Hospital-level risk standardized complication rate (RSCR) following elective primary total hip\total knee arthroplasty			Jan 2015	FY 2019
UPDATED Hip/Knee: Hospital-level risk standardized complication rate (RSCR) following elective primary total hip\total knee arthroplasty	4/2019-3/2022 End after March 2028	FY 2024 Remove after FY 2029		FY2030

<b>AHRQ and Nursing Sensitive Care</b>				
PSI-4 Death among surgical inpatients with serious, treatable complications	Ongoing	Ongoing		
<b>Cost Efficiency</b>				
Medicare spending per beneficiary Add RRB beneficiaries for FY 2016			May 2013	FY 2015
UPDATED Medicare spending per beneficiary (MSPB) Hospital Measure	End after CY 2025	FY 2024 Remove after FY 2027	CY 2026	FY 2028
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 Revised for FY 2024 payment determination	CY 2016	FY 2018		
Excess Days in Acute Care after Hospitalization for AMI Revised for FY 2024 payment determination		FY 2018		
Excess Days in Acute Care after Hospitalization for Heart Failure		FY 2018		
Excess Days in Acute Care after Hospitalization for Pneumonia	7/2014-6/2017	FY 2019		

**OUTPATIENT Current and Proposed**

**Measures Collected and Submitted by Hospital**

<b>HOQRP</b>		
<b>MEASURE</b>	<b>Reporting effective date</b>	<b>Affects APU</b>
<b>Cardiac Care Measures</b>		
OP-2 Fibrinolytic therapy received within 30 minutes of ED arrival	Ongoing End after 1Q2023	Ongoing Remove after CY 2024
OP-3 Median time to transfer to another facility for acute coronary intervention	Ongoing End after 1Q2023	Ongoing Remove after CY 2024
OP-40 ST-Segment Elevation Myocardial Infarction (STEMI) eCQM	Voluntary CY 2023 Mandatory CY 2024	CY 2026
<b>ED Throughput</b>		
OP-18 Median time for discharged ED patients	Jan 2012	CY 2013
<b>Stroke</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>Surgery</b>		
HOPD Procedure Volume	Voluntary CY 2025 Mandatory CY 2026	CY 2028
<b>Imaging</b>		
Excessive Radiation eCQM	Voluntary CY 2025 Mandatory CY 2028	CY 2028
<b>Chart-Abstracted Measures with Aggregate Data Submission by Web-Based Tool (HQR System)</b>		
OP-22 ED patient left without being seen	Jan-Jun 2012 Data End after CY 2023	CY 2013 Remove after CY 2025
OP-29 Colonoscopy Follow-up Interval Revise ages from "50-75" to "45-75"	April 1, 2014 CY 2024	CY 2016 CY 2026
OP-31 Cataracts visual function Limit options for survey instrument used	Voluntary CY 2015 Voluntary CY 2024	
<b>Measures Reported to NHSN</b>		
OP-38 COVID-19 Vaccination Coverage among Healthcare Personnel Modified to HCP with "up-to-date" vaccines	CY 2022 CY 2024	CY 2024 CY 2026
<b>Patients' Experience of Care</b>		
OP-37a-37e OAS CAHPS	Voluntary CY 2023 Mandatory CY 2024	CY 2026
<b>Patient-Reported Outcome Performance Measure</b>		
PRO-PM Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty in the HOPD Setting	Voluntary CY 2025 Voluntary CY 2026 Mandatory CY 2027	CY 2030

Proposed for CY/PY 2026  
Proposed for PY 2027  
Proposed for CY 2028  
Proposed for CY 2030



Claims Based Measures Calculated by CMS (Outpatient)		
	HOQRP	
MEASURE	Reporting effective date	Affects APU
<b><i>Outcome Measures</i></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><i>Imaging Efficiency Measures</i></b>		
OP-8 MRI lumbar spine for low back pain	Ongoing	Ongoing
OP-10 Abdomen computed tomography (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-39 Breast Screening Recall Rates	July 2020 – June 2021	CY 2023

<b>AMBULATORY SURGERY CENTER Current and Proposed</b>		
<b>Measures Collected and Submitted by Hospital</b>		
	<b>ASCQR Program</b>	
<b>MEASURE</b>	Reporting effective date	Affects APU
<b><i>Measures Submitted through the CMS Web-Based Tool (HQR System)</i></b>		
ASC-1 Patient Burn	CY 2023	CY 2025
ASC-2 Patient Fall	CY 2023	CY 2025
ASC-3 Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	CY 2023	CY 2025
ASC-4 Hospital Transfer/Admission	CY 2023	CY 2025
ASC-7 ASC Procedure Volume	Voluntary CY 2025 Mandatory CY 2026	CY 2028
ASC-9 Endoscopy/Poly surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients	April 1, 2014	CY 2016
Revise ages from "50-75" to "45-75"	CY 2024	CY 2026
ASC-11 Cataracts Visual Function	Voluntary CY 2015	
Limit options for survey instrument used	Voluntary CY 2024	
ASC-13 Normothermia Outcome	CY 2018	CY 2020
ASC-14 Unplanned Anterior Vitrectomy	CY 2018	CY 2020
<b><i>Measures Reported to NHSN</i></b>		
ASC-20 COVID-19 Vaccination Coverage among Healthcare Personnel	CY 2022	CY 2024
Modified to HCP with "up-to-date" vaccines	CY 2024	CY 2026
<b><i>Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems</i></b>		
ASC-15a-e OAS CAHPS	Voluntary CY 2024 Mandatory CY 2025	CY 2027
<b><i>Patient-Reported Outcome Performance Measure</i></b>		
PRO-PM Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty in the ASC Setting	Voluntary CY 2025 Voluntary CY 2026 Mandatory CY 2027	CY 2030

<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>Outcome Measures</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
ASC-19 Facility-Level 7-Day Hospital Visit after General Surgery Procedures Performed at ASC.	CY 2021 & 2022	CY 2024

<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 CMS Designated Data Submission System</i></b>		
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	July 2018	FY 2020
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 Remove after FY 2024
Application of Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function	April 2016	FY 2018 Remove after FY 2024
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
Discharge Function Score	CY 2023	FY 2025
COVID-19 Vaccine Percent of Patients/Residents Who Are Up to Date	Oct 2024	FY 2026
<b><i>Measures 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
Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Jan 2015	FY 2017
Influenza Vaccination coverage among healthcare personnel	Oct 2014	FY 2016

COVID-19 Vaccination Coverage among Healthcare Personnel Modified to HCP with “up to date” vaccines	Oct 2021  Oct 2023	FY 2023  FY 2025
<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>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 End after Dec 2023	FY 2014 Remove after FY 2024
<b><i>Substance Use</i></b>		
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-2 Tobacco Use Treatment Provided or Offered	Jan 2015 End after Dec 2023	FY 2017 Remove after FY 2024
TOB-2a Tobacco Use Treatment	Jan 2015 End after Dec 2023	FY 2017 Remove after FY 2024
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
<b><i>Metabolic Disorders</i></b>		
Screening for Metabolic Disorders	Jan 2017	FY 2019
<b><i>Other Process Measures</i></b>		
Screening for Social Drivers of Health	Voluntary CY 2024 Mandatory CY 2025	FY 2027
Screen Positive Rate for SDOH	Voluntary CY 2024 Mandatory CY 2025	FY 2027
<b><i>Structural Measures</i></b>		
Facility Commitment to Health Equity	CY 2024	FY 2026

<b>Non-Measure Data</b>		
Submit aggregate population counts by diagnostic group	CY 2015	FY 2017
Submit aggregate population counts by payer	CY 2015	FY 2017
<b>Measures Reported to NHSN</b>		
COVID-19 Vaccination Coverage among Healthcare Personnel	Oct 2021	FY2023
Modified to HCP with “up to date” vaccines	Oct 2023	FY 2025
<b>Patients’ Experience of Care</b>		
PIX Survey	Voluntary CY 2025 Mandatory CY 2026	FY 2028

<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>Clinical Quality of Care Measure</b>		
Follow-up After Hospitalization for Mental Illness	July 2013 End after June 2021	FY 2016 Remove after FY 2023
Follow-up After Psychiatric Hospitalization	July 2021 – June 2022	FY 2024
Medication Continuation following Discharge from an IPF	July 2017 – June 2019	FY 2021
<b>Readmission Measure</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>		
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	Oct 2018	FY 2020
Application of Percent of Residents Experiencing One or More Falls with Major Injury	Oct 2016	FY 2018
Application of Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function	Oct 2016	FY 2018 Remove after FY 2024
Change in Self-Care Score for Medical Rehabilitation Patients (NQF#2633)	Oct 2016	FY 2018 Remove after FY 2024
Change in Mobility Score for Medical Rehabilitation Patients (NQF#2634)	Oct 2016	FY 2018 Remove after FY 2024
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
Discharge Function Score	CY 2023	FY 2025
COVID-19 Vaccine Percent of Patients/Residents Who Are Up to Date	Oct 2024	FY 2026
<b><i>Measures Reported to NHSN</i></b>		
Urinary Catheter-Associated Urinary Tract Infection (CAUTI) (NQF#0138)	Oct 2012	FY 2014
NHSN Facility-wide Inpatient Hospital-Onset Clostridium Difficile Infection (CDI) Outcome Measure (NQF#1717)	Jan 2015	FY 2017
Influenza Vaccination Coverage among Healthcare Personnel (NQF#0431)	Oct 2014	FY 2016
COVID-19 Vaccination Coverage among Healthcare Personnel	Oct 2021	FY2023
Modified to HCP “up to date” with vaccines	Oct 2023	FY 2025



<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>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 and Proposed</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 to NHSN</i></b>		
Bloodstream Infection in Hemodialysis Outpatients	2014	PY 2016
Dialysis Event Reporting	CY 2017	PY 2019
COVID-19 Vaccination Coverage among Healthcare Personnel	CY 2023	PY 2025
Modified to HCP with “up to date” vaccines	CY 2024	PY 2026
<b><i>Measures Reported through ESRD Quality Reporting System</i></b>		
ICH CAHPS	2012	PY 2014
Hypercalcemia (NQF#1454)	2014	PY 2016
Clinical Depression Screening and Follow-Up	2016	PY 2018
Ultrafiltration Rate	CY 2018	PY 2020 Remove after PY 2025
Hemodialysis Vascular Access: Standardized Fistula Rate (NQF#2977)	CY 2019	PY 2021 Remove after PY 2025
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
Hospital Commitment to Health Equity	CY 2024	PY 2026
Screening for Social Drivers of Health	CY 2025	PY 2027
Screen Positive Rate for SDOH	CY 2025	PY 2027
<b>Claims Based Measures Calculated by CMS</b>		
	<b>ESRD QIP</b>	
<b>MEASURE</b>	<b>Reporting effective date</b>	<b>Affects Reimbursement</b>
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

<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>
Oncology: Plan of Care for Pain	Jan 2015	FY 2016 Remove after FY 2023
Screening for Social Drivers of Health	Voluntary CY 2024 Mandatory CY 2025	FY 2027
Screen Positive Rate for SDOH	Voluntary CY 2024 Mandatory CY 2025	FY 2027
Documentation of Goals of Care Discussion among Cancer Patients	CY 2024	FY 2026
<b>Structural Measures</b>		
Facility Commitment to Health Equity	CY 2024	FY 2026
<b>Patients' Experience of Care</b>		
HCAHPS survey	April 2014	FY 2016
<b>Measures Reported to NHSN</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
COVID-19 Vaccination Coverage among Healthcare Personnel	Oct 2021	FY2023
Modified to HCP with “up to date” vaccines	Oct 2023	FY 2025

<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
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

<b>RURAL EMERGENCY HOSPITAL Proposed</b>		
<b>Measures Collected and Submitted by Hospital</b>		
	<b>REHQR Program</b>	
<b>MEASURE</b>	<b>Reporting effective date</b>	<b>Affects APU</b>
<b><i>ED Throughput</i></b>		
Median Time from ED Arrival to ED Departure for Discharged ED Patients	CY 2024	

<b>Claims Based Measures Calculated by CMS (REH)</b>		
	<b>REHQR Program</b>	
<b>MEASURE</b>	<b>Reporting effective date</b>	<b>Affects APU</b>
<b><i>Outcome Measures</i></b>		
Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	CY 2024 thru CY 2026	
Risk-Standardized Hospital Visits Within 7 Days after Hospital Outpatient Surgery	CY 2024	
<b><i>Imaging Efficiency Measures</i></b>		
Abdomen Computed Tomography (CT) Use of Contrast Material	CY 2024	

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