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| <u>INPATIENT</u> Current | | | | | |
|---|--------------------------------------|----------------------|-----------------------------|---------------------------|------------------------------------|
| Measures Collected and Submitted by Hospital | | | | | |
| | HIQRP | | VBP | | HITECH |
| MEASURE | Reporting effective date | Affects APU | Reporting effective date | Affects Reimbursement | Promoting Interoperability Program |
| Bolded measures must be manually abstracted and submitted to QualityNet quarterly. | | | | | |
| <i>Emergency Department (ED)</i> | | | | | |
| ED-2 Admit decision time to ED departure time for admitted patients | Jan 2012 End after 2019 | Remove after FY 2021 | | | Yes |
| <i>Opioid-Related Measures</i> | | | | | |
| eCQM Safe Use of Opioids - Concurrent Prescribing | Optional CY 2021 Required CY 2022 | FY 2024 | | | Available CY 2021 |
| <i>Sepsis and Septic Shock</i> | | | | | |
| Severe Sepsis and Septic Shock: Management Bundle Measure | Oct 2015 | FY 2017 | | | |
| <i>Stroke</i> | | | | | |
| STK-2 Ischemic stroke patients discharged on antithrombotic therapy | | | | | Yes |
| STK-3 Anticoagulation therapy for atrial fibrillation/flutter | | | | | Yes |
| STK-5 Antithrombotic therapy by the end of hospital day two | | | | | Yes |
| STK-6 Discharged on statin medication | | | | | Yes |
| <i>Venous Thromboembolism (VTE)</i> | | | | | |
| VTE-1 Venous thromboembolism Prophylaxis | | | | | Yes |
| VTE-2 Intensive care unit VTE prophylaxis | | | | | Yes |
| <i>Perinatal Care (PC)</i> | | | | | |
| PC-01 Elective delivery prior to 39 completed weeks of gestation (Aggregate data submission) | Jan 2013 | FY 2015 | | | |
| PC-05 Exclusive breast milk feeding | | | | | Yes |
| <i>Healthcare Associated Infections Reported to NHSN</i> | | | | | |
| Central Line Associated Bloodstream Infection Expand to include some non-ICU wards | End after 2019 | Remove after FY 2021 | Feb 2013 Expand Jan 2017 | FY 2015 Expand FY 2019 | |
| Surgical Site Infection | End after 2019 | Remove after FY 2021 | Jan 2014 | FY 2016 | |
| Catheter-Associated Urinary Tract Infection Expand to include some non-ICU wards | End after 2019 | Remove after FY 2021 | Jan 2014 Expand Jan 2017 | FY 2016 Expand FY 2019 | |

| | | | | | |
|--|----------------|----------------------|-----------|---------|--|
| MRSA Bacteremia | End after 2019 | Remove after FY 2021 | Jan 2015 | FY 2017 | |
| Clostridium Difficile (C. Diff) | End after 2019 | Remove after FY 2021 | Jan 2015 | FY 2017 | |
| Healthcare Personnel Influenza Vaccination | Jan 2013 | FY2015 | | | |
| Patients' Experience of Care | | | | | |
| HCAHPS survey | Ongoing | Ongoing | July 2011 | FY 2013 | |

Reporting eQMs

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

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

For **FY 2023 payment determination** hospitals will be required to report on at least 4 electronic clinical quality measures from the available electronic inpatient clinical quality measures to meet the requirements of the Hospital IQR Program. Hospitals must submit data electronically for 2 self-selected quarters of 2021 by February 28, 2022. Meeting this requirement for the HIQRP will also meet the CMS Promoting Interoperability Program's requirement for eCQM reporting.

For **FY 2024 payment determination** hospitals will be required to report on the Safe Use of Opioid – Concurrent Prescribing eCQM and an additional 3 self-selected eQMs from the available electronic inpatient clinical quality measures to meet the requirements of the Hospital IQR Program. Hospitals must submit data electronically for 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.

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

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

OUTPATIENT Current
Measures Collected and Submitted by Hospital

| MEASURE | HOQRP | |
|--|--|--|
| | Reporting effective date | Affects APU |
| <i>Cardiac Care (AMI and CP) Measures</i> | | |
| OP-2 Fibrinolytic therapy received within 30 minutes of ED arrival | Ongoing | Ongoing |
| OP-3 Median time to transfer to another facility for acute coronary intervention | Ongoing | Ongoing |
| <i>ED Throughput</i> | | |
| OP-18 Median time from ED arrival to ED departure for discharged ED patients | Jan 2012 | CY 2013 |
| <i>Stroke</i> | | |
| OP-23 Head CT or MRI scan results for acute ischemic stroke or hemorrhagic stroke patients who received head CT or MRI scan interpretation within 45 minutes of ED arrival | Jan 2012 | CY 2013 |
| <i>Chart-Abstracted Measures with Aggregate Data Submission by Web-Based Tool (QualityNet)</i> | | |
| OP-22 ED patient left without being seen | Jan-Jun 2012 Data | CY 2013 |
| OP-29 Endoscopy/Poly surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients | April 1, 2014 | CY 2016 |
| OP-31 Cataracts – Improvement in patients' visual function within 90 days following cataract surgery | January 1, 2015 Voluntary Reporting | CY 2017 No effect on APU Will publicly report data received |
| OP-33 External Beam Radiotherapy for Bone Metastases | Jan 2016 End after Dec 2019 | CY 2018 Remove after CY 2021 |
| <i>Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems</i> | | |
| OP-37a OAS CAHPS–About Facilities and Staff | Delayed | Delayed |
| OP-37b OAS CAHPS–Communication about Procedure | Delayed | Delayed |
| OP-37c OAS CAHPS–Preparation for Discharge and Recovery | Delayed | Delayed |
| OP-37d OAS CAHPS–Overall Rating of Facility | Delayed | Delayed |
| OP-37e OAS CAHPS–Recommendation of Facility | Delayed | Delayed |

| Claims Based Measures Calculated by CMS (Outpatient) | | |
|---|--------------------------|-------------|
| | HOQRP | |
| MEASURE | Reporting effective date | Affects APU |
| <i>Outcome Measures</i> | | |
| OP-32 Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy | CY 2016 | CY 2018 |
| OP-35 Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy | CY 2018 | CY 2020 |
| OP-36 Hospital Visits after Hospital Outpatient Surgery | CY 2018 | CY 2020 |
| <i>Imaging Efficiency Measures</i> | | |
| OP-8 MRI lumbar spine for low back pain | Ongoing | Ongoing |
| OP-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 |

| 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* |
| *Measure finalized for suspension in reporting beginning with the CY 2021 payment determination (CY 2019 data collection) until further rulemaking per CY2019 OPPS/ASC final rule. | | |
| <i>Chart-Abstracted Measures with Aggregate Data Submission by Web-Based Tool (QualityNet)</i> | | |
| ASC-9 Endoscopy/Poly surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients | April 1, 2014 | CY 2016 |
| ASC-11 Cataracts – Improvement in patient’s visual function within 90 days following cataract surgery | January 1, 2015 Voluntary Reporting | CY 2017 No effect on APU Will publicly report data received |
| ASC-13 Normothermia Outcome | CY 2018 | CY 2020 |
| ASC-14 Unplanned Anterior Vitrectomy | CY 2018 | CY 2020 |
| <i>Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems</i> | | |
| ASC-15a OAS CAHPS–About Facilities and Staff | Delayed | Delayed |
| ASC-15b OAS CAHPS–Communication about Procedure | Delayed | Delayed |
| ASC-15c OAS CAHPS–Preparation for Discharge and Recovery | Delayed | Delayed |
| ASC-15d OAS CAHPS–Overall Rating of Facility | Delayed | Delayed |
| ASC-15e OAS CAHPS–Recommendation of Facility | Delayed | Delayed |

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

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

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

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

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

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

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

| END-STAGE RENAL DISEASE FACILITY Current | | |
|--|---------------------------------|------------------------------|
| Measures Collected and Submitted by Facility | | |
| | ESRD QIP | |
| MEASURE | Reporting effective date | Affects Reimbursement |
| <i>Measures Reported through NHSN</i> | | |
| Bloodstream Infection in Hemodialysis Outpatients | 2014 | PY 2016 |
| Dialysis Event Reporting | CY 2017 | PY 2019 |
| <i>Measures Reported through CROWNWeb</i> | | |
| 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 |
| 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 |
| 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 |

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

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

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