Acute Care Hospital
QUALITY REPORTING GUIDE

MHA
MISSOURI HOSPITAL ASSOCIATION

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Missouri Health Care-Associated Infection Reporting System (MHIRS)		Required	Missouri Department of Health and Senior Services	MHIRS Website Application	Monthly	
Hospital Engagement Network 2.0		Strongly Encouraged	The Centers for Medicare & Medicaid Services/ American Hospital Association/Health Research Education and Trust	HIDI Quality Collections, NHSN	Monthly	
Hospital Inpatient Quality Reporting Program (Hospital IQR)		Required	CMS	QualityNet, Vendor, NHSN	Quarterly	
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ACUTE CARE HOSPITAL QUALITY REPORTING PROGRAM SUMMARY						
Quality Reporting Program	Persons Accountable	Required, Voluntary or Strongly Encouraged*	Data Steward	Data Collection System	Frequency of Reporting	Notes
Hospital Readmission Reduction Program (HRRP)		Required	CMS	CMS Claims	Quarterly	
Comprehensive Care for Joint Replacement Model (CJR)		Required	CMS	CMS Claims	Quarterly	
The Joint Commission National Quality Core Measures		Required if Accredited by TJC	TJC	Vendor, NHSN	Quarterly	
Electronically-Specified Clinical Quality Measures (eCQMs) Program		Required for Meaningful Use and Hospital IQR	CMS	QualityNet, Vendor	Quarterly	

**Required, voluntary or strongly encouraged based on facility's services and licensures. Please research your hospital's eligibility for each listed quality reporting program.*

INTRODUCTION

The Missouri Hospital Association's Quality Reporting Guide is intended to provide support to acute care hospitals inpatient prospective payment systems when reporting hospital quality measures through the various reporting programs. Quality measure reporting is a priority for several reasons. By measuring the success of quality initiatives, we can better ensure patients in Missouri communities are receiving the quality health care they deserve. Moreover, the Centers for Medicare & Medicaid Services and other health care partners use quality measures in their various quality initiatives that include quality improvement, pay-for-reporting and public reporting; therefore, proper quality reporting can affect a hospital's financial stability.

This guide will be updated at least twice a year to represent measure changes and updates. Please be sure to use direct sources of information for detailed and up to date program and measure specifics. Direct links to helpful websites and resources are located in Appendix B.

REGULATORY PROGRAM SUMMARY

- Hospital Inpatient Quality Reporting Program (HIQRP) — Equips consumers with hospital inpatient quality data for informed decisions and encourages the improvement of quality by hospitals and clinicians. Includes inpatient measures collected and submitted by acute care hospitals paid under prospective payment system and claims-based inpatient measures calculated by CMS. Failure to submit data results in a 25 percent reduction to the annual marketbasket update for hospitals paid under inpatient PPS.
- Hospital Outpatient Quality Reporting Program (HOQRP) — Equips consumers with hospital outpatient quality data for informed decisions and encourages the improvement of quality by hospitals and clinicians. Includes outpatient measures collected and submitted by acute care hospitals paid under PPS and claims-based outpatient measures calculated by CMS. Failure to meet data submission requirements results in a 2 percent reduction in a providers annual payment update under the outpatient PPS.
- Hospital Compare (HC) — Publicly accessible website where quality measure scores for hospitals are available for consumers to compare providers for the purpose of making informed health care purchase decisions.
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) — Survey program that collects patients' evaluations of health care experiences for the purposes of comparison, value-based purchasing and consumer education for health care decisions.
- Hospital Value-Based Purchasing (VBP) — Effort to improve health care quality by linking Medicare's payment system to patient outcomes, patient satisfaction, patient safety and efficiency.
- Hospital Readmission Reduction Program (HRRP) — Reduction in payments to applicable hospitals for greater than expected readmissions.
- Hospital-Acquired Conditions (Present on Admission Indicator) Program (HAC) — Program under which hospitals do not receive additional payment for cases in which one of the selected conditions was not present on admission. That is, the case would be paid as though the secondary diagnosis was not present.
- HAC Reduction Program — Reduction in payments to applicable hospitals in worst quartile of risk-adjusted HAC quality measures.
- Physician Quality Reporting System (PQRS) — Reporting program that uses a combination of incentive payments and payment adjustments to promote reporting of quality information by eligible professionals. Program of initial payment incentives and future payment penalties for physician practices to submit quality data.
- The Missouri Health Care-Associated Infection Reporting System (MHIRS) — Missouri Department of Health and Senior Services program that requires Missouri hospitals to report health care-associated infections.

KEY TERMS

- Federal Fiscal Year (FFY) describes the Medicare fiscal year time period. This represents Oct. 1 through Sept. 30 of the given year. Example: FFY 2016 occurs between Oct. 1, 2015 and Sept. 30, 2016.
- Calendar Year (CY) describes a typical calendar year. Example: CY 2016 represents Jan. 1, 2016 through Dec. 31, 2016.
- Payment Year (PY) describes the year that a payment or reimbursement is received.
- Meaningful Use (MU) refers to the use of certified electronic health record technology, with the goal to improve quality and efficiency of patient care.
- Electronically-Specified Clinical Quality Measures (eCQMs) refer to measures that are electronically submitted via the entity's certified electronic health record, with the goal to improve quality and efficiency of patient care.
- Prospective Payment System (PPS) is a payment method where Medicare reimbursement is allocated based on a fixed amount.

Other key terms and acronyms are defined in the applicable text.

MISSOURI QUALITY TRANSPARENCY MEASURES

AFFECTS: MISSOURI ACUTE CARE HOSPITALS

PROGRAM OVERVIEW

The Missouri Quality Transparency Measure Initiative was launched in February 2015. The goal is to communicate the quality outcomes of both individual hospitals and Missouri hospitals as an aggregate. Throughout 2015, state-aggregate quality outcomes were publicly reported on www.focusonhospitals.com. By sharing this information, MHA's goal is to decrease variation among hospitals and identify best practices throughout the state. Beginning in February 2016, hospitals voluntarily report their facility-specific quality measure data on www.focusonhospitals.com. If a hospital chooses to participate, its quarterly hospital-specific measure data will be displayed.

MEASURES

The following Missouri quality transparency measures were selected using a standardized review that assessed each measure for criteria such as financial implications, regulatory effects and state-aggregate current performance. All measures follow national definitions and their conventional reporting rates. Visit MHAnet for the Missouri Quality Measure Technical Manual.

IDENTIFIER	SOURCE	NAME	DESCRIPTION	NUMERATOR	DENOMINATOR
Managing Chronic Diseases					
PQI 01	AHRQ	Management of Diabetes – Short-term complications admission rate	Admissions for principal diagnosis with short-term complications per 100,000 population, ages 18 and older	Discharges, for patients ages 18 and older, with a principal ICD-9-CM diagnosis code for diabetes short-term complications (ketoacidosis, hyperosmolarity or coma)	Population ages 18 and older in the county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the patient residence.
PQI 03	AHRQ	Management of Diabetes – Long-term complications admission rate	Admissions for principal diagnosis with long-term complications per 100,000 population, ages 18 and older	Discharges, for patients 18 and older with a principal ICD-9-CM diagnosis code for diabetes long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified)	Population 18 and older in the county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the patient residence.
PQI 14	AHRQ	Management of Diabetes – Uncontrolled diabetes admission rate	Admissions for principal diagnosis without mention of short-term or long-term complications per 100,000 population, ages 18 and older	Discharges, for patients 18 and older with a principal ICD-9-CM diagnosis code for uncontrolled diabetes without mention of a short-term or long-term complication	Population 18 and older in the county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the patient residence.

IDENTIFIER	SOURCE	NAME	DESCRIPTION	NUMERATOR	DENOMINATOR
PQI 05	AHRQ	Management of Chronic Obstructive Pulmonary Disease	Admissions with a principal diagnosis of COPD or asthma per 100,000 population, ages 40 and older	Discharges, for patients ages 40 and older, with either • a principal ICD-9-CM diagnosis code for COPD (excluding acute bronchitis); or • a principal ICD-9-CM diagnosis code for asthma; or • a principal ICD-9-CM diagnosis code for acute bronchitis and any secondary ICD-9-CM diagnosis codes for COPD (excluding acute bronchitis)	Population ages 40 and older in the county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the patient residence.
PQI 07	AHRQ	Management of Hypertension	Admissions with a principal diagnosis of hypertension per 100,000 population, ages 18 and older	Discharges, for patients ages 18 and older, with a principal ICD-9-CM diagnosis code for hypertension	Population ages 18 and older in the county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the patient residence.
PQI 08	AHRQ	Management of Congestive Heart Failure	Admissions with a principal diagnosis of heart failure per 100,000 population, ages 18 and older	Discharges, for patients ages 18 and older, with a principal ICD-9-CM diagnosis code for heart failure	Population ages 18 and older in the county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the patient residence.
Preventing Infections					
	NHSN	Catheter-Associated Urinary Tract Infections – Hospital-Acquired	Patients who have a hospital-acquired CAUTI	Number of observed infections	Number of predicted infections
	NHSN	CLABSI	Central venous catheter-related bloodstream infections	Number of observed infections	Number of predicted infections
	NHSN	SSI – Colon Surgery	Surgical site infections in patients who had colon surgery as primary or any secondary procedure	Number of observed infections	Number of predicted infections
	NHSN	Surgical Site Infection – Abdominal Hysterectomy	SSI's in patients who had abdominal hysterectomy as primary or any secondary procedure	Number of observed infections	Number of predicted infections
PSI 13	AHRQ	Postoperative Sepsis Rate	Postoperative sepsis cases (secondary diagnosis) per 1,000 elective surgical discharges for patients ages 18 and older	Discharges among cases meeting the inclusion and exclusion rules for the denominator with ICD-9-CM code for sepsis in any secondary diagnosis field	All elective surgical discharges ages 18 and older defined by specific DRGs or MS-DRGs and an ICD-9-CM code for an operating room procedure

IDENTIFIER	SOURCE	NAME	DESCRIPTION	NUMERATOR	DENOMINATOR
	NHSN	C. Difficile	Rate of health care-associated CDI	Total number of observed hospital-onset C. difficile lab identified events among all inpatients in the facility, excluding well-baby nurseries and NICUs	Patient days (facilitywide)
	NHSN	Methicillin-Resistant Staphylococcus Aureus	Rate of health care-associated MRSA	Total number of observed hospital-onset MRSA lab identified events among all inpatients in the facility, excluding well-baby nurseries and NICUs	Patient days (facilitywide)
Preventing Harm					
HAC 5	CMS	Injuries from Falls and Trauma	Injuries From falls and trauma	Patients with hospital-acquired occurrences of fracture, dislocation, intracranial injury, crushing injury, burn and other injury codes within range	All inpatient discharges
PSI 12	AHRQ	Perioperative pulmonary embolism or deep vein thrombosis (secondary diagnosis) per 1,000 surgical discharges for patients ages 18 and older	Perioperative pulmonary embolism or deep vein thrombosis (secondary diagnosis) per 1,000 surgical discharges for patients ages 18 and older	Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with a secondary ICD-9-CM diagnosis code for deep vein thrombosis or a secondary ICD-9-CM diagnosis code for pulmonary embolism	Surgical discharges, for patients ages 18 and older, with any-listed ICD-9-CM procedure codes for an operating room procedure. Surgical discharges are defined by specific DRG or MS-DRG codes.
PSI 2	AHRQ	In-hospital deaths per 1,000 discharges for low mortality (< 0.5%) DRGs among patients ages 18 and older or obstetric patients	In-hospital deaths per 1,000 discharges for low mortality (< 0.5%) DRGs among patients ages 18 and older or obstetric patients	Number of deaths (DISP=20) among cases meeting the inclusion and exclusion rules for the denominator	Discharges, for patients ages 18 and older or MDC 14 (pregnancy, childbirth, and puerperium), with a low-mortality (less than 0.5%) DRG or MS-DRG code. If a DRG or MS-DRG is divided into "without/with complications," both codes with or without complications must have mortality rates below 0.5% to qualify for inclusion.

IDENTIFIER	SOURCE	NAME	DESCRIPTION	NUMERATOR	DENOMINATOR
PSI 3	AHRQ	Stage III or IV pressure ulcers (secondary diagnosis) per 1,000 discharges among patients ages 18 and older	Stage III or IV pressure ulcers (secondary diagnosis) per 1,000 discharges among patients ages 18 and older	Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-9-CM diagnosis codes for pressure ulcer and any secondary ICD-9-CM diagnosis codes for pressure ulcer stage III or IV (or unstageable)	Surgical and medical discharges, for patients ages 18 and older. Surgical and medical discharges are defined by specific DRG or MS-DRG codes.
Managing Readmissions					
EOM-READ-75	CMS	Readmissions – Hospitalwide	Adult inpatients who were readmitted within 30 days for any reason (all cause, all diagnosis, ages 18 and older, all payor)	Number of inpatients (not number of readmissions) returning as an acute care inpatient to a Missouri and/or St. Louis area metropolitan hospital within 30 days of date of discharge	Total adult inpatient acute discharges
EOM-READ-77	CMS	Readmissions – Congestive Heart Failure	Adult inpatients who were readmitted following hospitalization for HF to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all cause, all diagnosis, ages 18 and older, all payor)	Number of inpatients (not number of readmissions) returning as an acute care inpatient to a Missouri and/or St. Louis area metropolitan area hospital within 30 days of date of discharge	Total adult inpatient acute HF discharges
EOM-READ-76	CMS	Readmissions – Acute Myocardial Infarction	Adult inpatients who were readmitted following hospitalization for AMI to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all cause, all diagnosis, ages 18 and older, all payor)	Number of inpatients (not number of readmissions) returning as an acute care inpatient to a Missouri and/or St. Louis metropolitan area hospital within 30 days of date of discharge	Total adult inpatient acute AMI discharges
EOM-READ-78	CMS	Readmissions – Pneumonia	Adult inpatients who were readmitted following hospitalization for PN to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all cause, all diagnosis, ages 18 and older, all payor)	Number of inpatients (not number of readmissions) returning as an acute care inpatient to a Missouri and/or St. Louis area metropolitan area hospital within 30 days of date of discharge	Total adult inpatient acute PN discharges

IDENTIFIER	SOURCE	NAME	DESCRIPTION	NUMERATOR	DENOMINATOR
READM-30-COPD	CMS	Readmissions – Chronic Obstructive Pulmonary Disease	Adult inpatients who were readmitted following hospitalization for COPD to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all cause, all diagnosis, ages 18 and older, all payor)	Number of inpatients (not number of readmissions) returning as an acute care inpatient to a Missouri and/or St. Louis area metropolitan area hospital within 30 days of date of discharge	Total adult inpatient acute COPD discharges
READM-30-HIP-KNEE	CMS	Readmissions – Hip/Knee Replacement	Adult inpatients who were readmitted following hospitalization for hip/knee replacement to a Missouri and/or St. Louis metropolitan area hospital within 30 days for any reason (all cause, all diagnosis, ages 18 and older, all payor)	Number of inpatients (not number of readmissions) returning as an acute care inpatient to a Missouri and/or St. Louis area metropolitan area hospital within 30 days of date of discharge	Total adult inpatient acute hip/knee replacement discharges

MISSOURI HEALTH CARE-ASSOCIATED INFECTION REPORTING SYSTEM (MHIRS)

AFFECTS: ALL HOSPITALS

PROGRAM OVERVIEW

The Missouri Health Care-Associated Infection Reporting System has been developed to provide information to health care providers on the Missouri Department of Health and Senior Services reporting requirements for health care-associated infections. With the passage of the Missouri Nosocomial Infection Control Act of 2004, hospitals and ambulatory surgery centers are required to report health care-associated infections to DHSS.

MHIRS: PAYMENT PENALTIES

Any hospital that fails to comply with reporting requirements may have their license suspended or revoked and may have all or a portion of their state payments suspended.

MEASURES

MEASURE	ACUTE CARE
Central Line-Associated Bloodstream Infection	Select ICUs
Surgical Site Infection	CABG, hips, abdominal hysterectomy

HOSPITAL IMPROVEMENT INNOVATION NETWORK (HIIN)

AFFECTS: PARTICIPATING MISSOURI HIIN HOSPITALS

PROGRAM OVERVIEW

The CMS funded HIIN project integrates the Partnership for Patients Hospital Engagement Network into the Quality Improvement Network-Quality Improvement Organization (QIN-QIO) program in order to maximize the strengths of the QIO programs and PfP HENs to sustain and expand current national reductions in patient harm and readmissions for the Medicare program. The HIIN premise is to help hospitals deliver better care, spend dollars more wisely, and improve patient safety.

MEASURES

Refer to the following measures in the resource created by the American Hospital Association and Health Research & Educational Trust.

- Catheter-associated urinary tract infection
- Central line-associated blood stream infection
- Falls with injury
- Workers safety
- MRSA
- C. diff
- Pressure ulcer
- Surgical site infection
- Ventilator-associated conditions
- Post-operative pulmonary embolism or deep vein thrombosis rate
- Adverse drug events
- Readmissions

HOSPITAL INPATIENT QUALITY REPORTING PROGRAM (HOSPITAL IQR)

AFFECTS: PPS HOSPITALS

PROGRAM OVERVIEW

The Hospital Inpatient Quality Reporting Program (Hospital IQR) was originally mandated by Section 501(b) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. This section of the MMA authorized CMS to pay hospitals that successfully report designated quality measures a higher annual update to their payment rates.

In addition to giving hospitals a financial incentive to report the quality of their services, the hospital reporting program provides CMS with data to help consumers make more informed decisions about their health care. Some of the hospital quality of care information gathered through the program is available to consumers on the Hospital Compare website at www.hospitalcompare.hhs.gov. Please refer to Appendix A for a historical list of IQR measures. For FY 2019, hospitals will be required to submit eight electronically specified clinical quality measures. CMS requires that hospitals submit a full calendar year, i.e., four quarters of data by an annual submission deadlineelectronically.

HOSPITAL IQR: PAYMENT PENALTIES

Initially, the MMA provided for a 0.4 percentage point reduction in the annual marketbasket (the measure of inflation in costs of goods and services used by hospitals in treating Medicare patients) update for hospitals that did not successfully report. The Deficit Reduction Act of 2005 increased that reduction to two percentage points. Refer to the Electronically-Specified Quality Measures section for additional eCQM information.

MEASURES

	MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
Emergency Department			
ED-1	Median time from ED arrival to ED departure for admitted ED patients	1/1/2012	FY 2014
ED-2	Admit decision time to ED departure time for admitted patients	1/1/2012	FY 2014
Immunization			
IMM-2	Influenza immunization	1/1/2012	FY 2014, Ends After 2015
Sepsis and Septic Shock			
SEP-1	Severe sepsis and septic shock: Management bundle measure	10/1/2015	FY 2017
Venous Thromboembolism			
VTE-6	Incidence of potentially-preventable venous thromboembolism	1/1/2013	FY 2015

	MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
Perinatal Care			
PC-01	Elective delivery prior to 39 completed weeks of gestation	1/1/2013	FY 2015
Health Care-Associated Infections (Reported to NHSN)			
CLABSI	Central line-associated bloodstream infection, expand to include some non-ICU wards	Ongoing Expand 2015	Ongoing Expand FY 2016
Colon and Abdominal Hysterectomy SSI	Surgical site infection	1/1/2012	FY 2014
CAUTI	Catheter-associated urinary tract infection, expand to include some non-ICU wards	January 2012 Expand 2015	FY 2014 Expand FY 2016

	MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
MRSA	MRSA bacteremia	1/1/2013	FY 2015
CDIFF	Clostridium difficile (CDI)	1/1/2013	FY 2015
HCP/OP-27	Health care personnel influenza vaccination	1/1/2013	FY 2015
Structural Measures			
SURGERY CHECKLIST SAFE	Safe surgery checklist use	2014 reported 2015	FY 2016
PATIENT SAFETY CULTURE	Hospital survey on patient safety culture	2016 reported 2017	FY 2018
Patients' Experience of Care (HCAHPS)			
H-COMP-1-(A,U,SN)-P	Patients who reported that their nurses (Always, Usually, Sometimes) communicated well	Ongoing	Ongoing
H-COMP-2-(A,U,SN)-P	Patients who reported that their doctors (Always, Usually, Sometimes) communicated well	Ongoing	Ongoing
H-COMP-3-(A,U,SN)-P	Patients who reported that they (Always, Usually, Sometimes) received help as soon as they wanted	Ongoing	Ongoing
H-COMP-4-(A,U,SN)-P	Patients who reported that their pain was (Always, Usually, Sometimes) well controlled	Ongoing	Ongoing
H-COMP-5-(A,U,SN)-P	Patients who reported that staff (Always, Usually, Sometimes) explained about medicines before giving it to them	Ongoing	Ongoing
H-CLEAN-HSP-(A,U,SN)-P	Patients who reported that their room and bathroom were (Always, Usually, Sometimes) clean	Ongoing	Ongoing
H-QUIET-HSP-(A,U,SN)-P	Patients who reported that the area around their room was (Always, Usually, Sometimes) quiet at night	Ongoing	Ongoing
H-COMP-6-(Y,N)-P	Patients who reported (YES, NO) that they were given information about what to do during their recovery at home	Ongoing	Ongoing
H-HSP-RATING-9-10	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	Ongoing	Ongoing
H-HSP-RATING-7-8	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	Ongoing	Ongoing
H-HSP-RATING-0-6	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	Ongoing	Ongoing

	MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
H-RECMND-(DY, PY)	Patients who reported YES, they would (Definitely, Probably) recommend the hospital	Ongoing	Ongoing
H-RECMND-DN	Patients who reported NO, they would (Probably Not, Definitely Not) recommend the hospital	Ongoing	Ongoing
3-ITEM	Care transition measure	Ongoing	Ongoing
Mortality and Complication Measures (Medicare only patients)			
MORT-30-AMI	Hospital 30-day, all cause, risk-standardized mortality rate following AMI hospitalization for patients age 18 and older	Ongoing	Ongoing
MORT-30-HF	Hospital 30-day, all cause, risk-standardized mortality rate following heart failure hospitalization for patients age 18 and older	Ongoing	Ongoing
MORT-30-PN	Hospital 30-day, all cause, risk-standardized mortality rate following pneumonia hospitalization	Ongoing	Ongoing
MORT-30-COPD	Hospital 30-day, all cause, risk-standardized mortality rate following COPD hospitalization	Ongoing	FY 2016
MORT-30-STK	Hospital 30-day, all cause, risk standardized mortality rate following acute ischemic stroke	Ongoing	FY 2016
MORT-30-CABG	Hospital 30-day, all cause, risk-standardized mortality rate following CABG surgery	Ongoing	FY 2017
Readmission Measures (Medicare only patients)			
READM-30-AMI	Hospital 30-day, all cause, risk-standardized readmission rate following AMI hospitalization	Ongoing	Ongoing
READM-30-HF	Hospital 30-day, all cause, risk-standardized readmission rate following heart failure hospitalization	Ongoing	Ongoing
READM-30-PN	Hospital 30-day, all cause, risk-standardized readmission rate following pneumonia hospitalization	Ongoing	Ongoing
READM-30- THA/TKA	Hospital 30-day, all cause, risk-standardized readmission rate following elective primary total hip/total knee arthroplasty	Ongoing	FY 2015
READM-30-HWR	Hospitalwide all-cause unplanned readmission (HWR)	Ongoing	FY 2015
READM-30-COPD	Hospital 30-day, all cause, risk-standardized readmission rate following COPD hospitalization	Ongoing	FY 2016
READM-30-STK	Stroke 30-day risk-standardized readmission rate following stroke hospitalization	Ongoing	FY 2016
READM-30-CABG	Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate following CABG surgery	Ongoing	FY 2017

	MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
COMP-THA/TKA	Hospital-level risk standardized complication rate following elective primary total hip/knee arthroplasty	Ongoing	FY 2015
	AHRQ Measures		
PSI 90	Complication/patient safety for selected indicators (composite of PSI's listed below)	Ongoing	Ongoing
PSI 03	Pressure ulcer	Ongoing	Ongoing
PSI 06	Iatrogenic pneumothorax	Ongoing	Ongoing
PSI 07	Central venous catheter-related bloodstream infections	Ongoing	Ongoing
PSI 08	Postoperative hip fracture	Ongoing	Ongoing
PSI 12	Perioperative pulmonary embolism or deep vein thrombosis	Ongoing	Ongoing
PSI 13	Postoperative sepsis	Ongoing	Ongoing
PSI 14	Postoperative wound dehiscence	Ongoing	Ongoing
PSI 15	Accidental puncture or laceration	Ongoing	Ongoing
PSI 4	Death among surgical inpatients with serious, treatable complications	Ongoing	Ongoing
	Cost Efficiency		
MSPB	Medicare spending per beneficiary (add RRB beneficiaries for FY 2016)	5/15/12	FY 2014
AMI Payment	Hospital-level, risk-standardized 30-day episode-of-care payment measure for AMI		FY 2016
HF Payment	Hospital-level, risk-standardized 30-day episode-of-care payment measure for heart failure		FY 2017
PN Payment	Hospital-level, risk-standardized 30-day episode-of-care payment measure for pneumonia		FY 2017
Kidney/UTI Payment	Kidney/urinary tract infection clinical episode-based payment measure	CY 2017	FY 2019
Cellulitis Payment	Cellulitis clinical episode-based payment measure	CY 2017	FY 2019
GI Payment	Gastrointestinal hemorrhage clinical episode-based payment measure	CY 2017	FY 2019
THA/TKA Payment	Hospital-level, risk-standardized payment associated with a 90-day episode of care for elective primary total hip arthroplasty and/or total knee arthroplasty	CY 2016	FY 2018
AA Payment	Aortic aneurysm procedure clinical episode-based payment measure	CY 2017	FY 2019
Chole and CDE Payment	Cholecystectomy and common duct exploration clinical episode-based payment measure	CY 2017	FY 2019

	MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
SFusion Payment	Spinal fusion clinical episode-based payment measure	CY 2017	FY 2019
AMI Excess Days	Excess days in acute care after hospitalization myocardial infarction	Will use three years of data	FY 2018
HF Excess Days	Excess days in acute care after hospitalization for heart failure	Will use three years of data	FY 2018
PN Excess Days	Excess days in acute care after hospitalization for pneumonia	July 2014-June 2017	FY 2019

HOSPITAL OUTPATIENT QUALITY REPORTING PROGRAM (HOSPITAL OQR)

AFFECTS: PPS HOSPITALS

PROGRAM OVERVIEW

The Hospital Outpatient Quality Reporting Program (Hospital OQR) is a pay-for-quality data reporting program implemented by CMS for outpatient hospital services. The Hospital OQR Program was mandated by the Tax Relief and Health Care Act of 2006, which requires subsection (d) hospitals to submit data on measures on the quality of care furnished by hospitals in outpatient settings. Measures of quality may be of various types, including those of process, structure, outcome and efficiency.

In addition to providing hospitals with a financial incentive to report their quality of care measure data, the Hospital OQR Program provides CMS with data to help Medicare beneficiaries make more informed decisions about their health care. Hospital quality of care information gathered through the Hospital OQR Program is available on the Hospital Compare website.

HOSPITAL OQR: PAYMENT PENALTIES

Failure to meet data submission requirements results in a 2 percent reduction in a providers annual payment update under the OPPS.

MEASURES

MEASURE	MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
Cardiac Care (AMI and CP) Measures			
OP-1	Median time to fibrinolysis	Ongoing	Ongoing
OP-2	Fibrinolytic therapy received within 30 minutes of ED arrival	Ongoing	Ongoing
OP-3	Median time to transfer to another facility for acute coronary intervention	Ongoing	Ongoing
OP-4	Aspirin at arrival	Ongoing	Ongoing
OP-5	Median time to ECG	Ongoing	Ongoing

MEASURE	MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
	ED Throughput		
OP-18	Median time from ED arrival to ED departure for discharged ED patients	1/1/12	CY 2013
OP-20	Door to diagnostic evaluation by a qualified medical professional	1/1/12	CY 2013
	Pain Management		
OP-21	ED median time to pain management for long bone fracture	1/1/12	CY 2013
	Stroke		
OP-23	ED head CT or MRI scan results for acute ischemic stroke or hemorrhagic stroke who received head CT or MRI scan interpretation within 45 minutes of arrival	1/1/12	CY 2013
	Imaging Efficiency Measures		
OP-8	MRI lumbar spine for low back pain	Ongoing	Ongoing
OP-9	Mammography follow-up rates	Ongoing	Ongoing
OP-10	Abdomen 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
	Claim-Based Measures		
OP-32	Facility seven-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

MEASURE	MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
	Chart-Abstracted Measures with Aggregate Data Submission by Web-Based Tool (QualityNet)		
OP-22	ED patient left without being seen	2012	CY 2013
OP-29	Endoscopy/polyp surveillance: appropriate follow-up interval for normal colonoscopy in average risk patients	4/1/14	CY 2016
OP-30	Endoscopy/polyp surveillance: colonoscopy interval for patients with a history of adenomatous polyps — avoidance of inappropriate use	4/1/14	CY 2016
OP-31	Cataracts – improvement in patients' visual function within 90 days following cataract surgery	1/1/15 Voluntary reporting	CY 2017 No effect on APU Publicly report data received
OP-33	External beam radiotherapy for bone metastases	January 2016	CY 2018
	Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems		
OP-37a	OAS CAHPS-About facilities and staff	Proposed CY 2018	CY 2020

MEASURE	MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
OP-37b	OAS CAHPS-Communication about procedure	Proposed CY 2018	CY 2020
OP-37c	OAS CAHPS-Preparation for discharge and recovery	Proposed CY 2018	CY 2020
OP-37d	OAS CAHPS-Overall rating of facility	Proposed CY 2018	CY 2020
OP-37e	OAS CAHPS-Recommendation of facility	Proposed CY 2018	CY 2020
Measures Reported via NHSN			
OP-27	Influenza vaccination coverage among health care personnel	10/1/14 – 3/31/15	CY 2016
Structural Measures			
OP-12	The ability for providers with HIT to receive laboratory data electronically directly into their ONC-certified EHR System as discrete searchable data	2011	CY 2012
OP-17	Tracking clinical results between visits	2012	CY 2013
OP-25	Safe surgery checklist use	2012	CY 2014
OP-26	Hospital outpatient volume data on selected outpatient surgical procedures	2012	CY 2014

HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS)

AFFECTS: PPS HOSPITALS

PROGRAM OVERVIEW

The HCAHPS survey was created by CMS to standardly assess patients' experience. The survey is administered to a random sample of inpatients to give insight on their health care experiences. The survey comprises 32 questions; 21 substantive, four screening and seven "about you." The 21 substantive questions include topics of hospital cleanliness, noise levels, physician and nurse communication, and likelihood of recommendation. The results are publically reported on www.hospital-compare.hhs.gov.

HCAHPS: SURVEY QUESTIONS

MEASURE IDENTIFIER	HCAHPS SURVEY QUESTION DESCRIPTION	PERFORMANCE PERIOD	AFFECTS PAYMENT
H-COMP-1-(A,U,SN)-P	Patients who reported that their nurses (Always, Usually, Sometimes) communicated well	1/13 – 12/13	Ongoing
H-COMP-2-(A,U,SN)-P	Patients who reported that their doctors (Always, Usually, Sometimes) communicated well	1/13 – 12/13	Ongoing
H-COMP-3-(A,U,SN)-P	Patients who reported that they (Always, Usually, Sometimes) received help as soon as they wanted	1/13 – 12/13	Ongoing
H-COMP-4--(A,U,SN)--P	Patients who reported that their pain was (Always, Usually, Sometimes) well-controlled	1/13 – 12/13	Ongoing
H-COMP-5-(A,U,SN)-P	Patients who reported that staff (Always, Usually, Sometimes) explained about medicines before giving it to them	1/13 – 12/13	Ongoing

MEASURE IDENTIFIER	HCAHPS SURVEY QUESTION DESCRIPTION	PERFORMANCE PERIOD	AFFECTS PAYMENT
H-CLEAN-HSP-(A,U,SN)-P	Patients who reported that their room and bathroom were (Always, Usually, Sometimes) clean	1/13 – 12/13	Ongoing
H-QUIET-HSP-(A,U,SN)-P	Patients who reported that the area around their room was (Always, Usually, Sometimes) quiet at night	1/13 – 12/13	Ongoing
H-COMP-6-(Y,N)-P	Patients who reported that (YES, NO) they were given information about what to do during their recovery at home	1/13 – 12/13	Ongoing
H-HSP-RATING-9-10	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	1/13 – 12/13	Ongoing
H-HSP-RATING-7-8	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	1/13 – 12/13	Ongoing
H-HSP-RATING-0-6	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	1/13 – 12/13	Ongoing
H-RECMND-(DY, PY)	Patients who reported YES they would (Definitely, Probably) recommend the hospital	1/13 – 12/13	Ongoing
H-RECMND-DN	Patients who reported NO they would (Probably Not or Definitely Not) recommend the hospital	1/13 – 12/13	Ongoing
3-ITEM	Care transition measure	2016	Ongoing

HOSPITAL VALUE-BASED PURCHASING (VBP)

AFFECTS: PPS HOSPITALS

PROGRAM OVERVIEW

The VBP program is designed to promote better clinical outcomes for hospital patients, as well as improve their experience of care at a lower cost during hospital stays by:

- eliminating or reducing the occurrence of adverse events (health care errors resulting in patient harm)
- adopting evidence-based care standards and protocols that result in the best outcomes for the most patients
- re-engineering hospital processes that improve patients' experience of care

MHA resource: Quality-Based Payment Reform Reference Guide.

VBP: PAYMENT PENALTIES

INPATIENT PROSPECTIVE PAYMENT SYSTEM (IPPS) POLICY	2015	2016	2017	2018	2019
Hospital Value-Based Purchasing	MB – 1.5 Potential for Earn Back	MB – 1.75 Potential for Earn Back	MB – 2.0 Potential for Earn Back	MB – 2.0 Potential for Earn Back	MB – 2.0 Potential for Earn Back

VBP: MEASURES

		AFFECTS FEDERAL FISCAL YEAR 2019 PAYMENT		
Measure ID	Hospital Value-Based Purchasing Measures	Baseline Period	Performance Period	Affects Payment
HCAHPS				
H-COMP-1-(A,U,SN)-P	Patients who reported that their nurses (Always, Usually, Sometimes) communicated well	1/15 – 12/15	1/17 – 12/17	Ongoing
H-COMP-2-(A,U,SN)-P	Patients who reported that their doctors (Always, Usually, Sometimes) communicated well	1/15 – 12/15	1/17 – 12/17	Ongoing
H-COMP-3-(A,U,SN)-P	Patients who reported that they (Always, Usually, Sometimes) received help as soon as they wanted	1/15 – 12/15	1/17 – 12/17	Ongoing
H-COMP-5-(A,U,SN)-P	Patients who reported that staff (Always, Usually, Sometimes) explained about medicines before giving it to them	1/15 – 12/15	1/17 – 12/17	Ongoing
H-CLEAN-HSP-(A,U,SN)-P	Patients who reported that their room and bathroom were (Always, Usually, Sometimes) clean	1/15 – 12/15	1/17 – 12/17	Ongoing
H-QUIET-HSP-(A,U,SN)-P	Patients who reported that the area around their room was (Always, Usually, Sometimes) quiet at night	1/15 – 12/15	1/17 – 12/17	Ongoing
H-COMP-6-(Y,N)-P	Patients who reported that (YES, NO) they were given information about what to do during their recovery at home	1/15 – 12/15	1/17 – 12/17	Ongoing
H-HSP-RATING-9-10	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	1/15 – 12/15	1/17 – 12/17	Ongoing
H-HSP-RATING-7-8	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	1/15 – 12/15	1/17 – 12/17	Ongoing
H-HSP-RATING-0-6	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	1/15 – 12/15	1/17 – 12/17	Ongoing
H-RECMND-(DY, PY)	Patients who reported YES they would (Definitely, Probably) recommend the hospital	1/15 – 12/15	1/17 – 12/17	Ongoing
H-RECMND-DN	Patients who reported NO they would (Probably Not or Definitely Not) recommend the hospital	1/15 – 12/15	1/17 – 12/17	Ongoing
3-ITEM	Care transition measure	1/15 – 12/15	1/17 – 12/17	Begins 2018
Outcomes				
MORT-30-AMI	Acute myocardial infarction 30-day mortality rate	7/09 – 6/12	7/14 – 6/17	Begins 2014
MORT-30-HF	Heart failure 30-day mortality rate	7/09 – 6/12	7/14 – 6/17	Begins 2014
MORT-30 PN	Pneumonia 30-day mortality rate	7/09 – 6/12	7/14 – 6/17	Begins 2014
	COPD 30-day mortality rate			FY 2021

		AFFECTS FEDERAL FISCAL YEAR 2019 PAYMENT		
Measure ID	Hospital Value-Based Purchasing Measures	Baseline Period	Performance Period	Affects Payment
Safety				
PSI-90	Complication/patient safety for selected indicators (Composite of PSI 3, 6, 7, 8, 12, 13, 14, 15)	7/11 – 6/13	7/15 – 6/17	FY 2015 Only Re-adopt FY 2019 and Beyond
CAUTI	Catheter-associated urinary tract infection	1/15 – 12/15	1/17 – 12/17	FY 2016
CLABSI	Central line-associated blood stream infection	1/15 – 12/15	1/17 – 12/17	FY 2015 – Ongoing
SSI	Surgical site infection – colon surgery or abdominal hysterectomy	1/15 – 12/15	1/17 – 12/17	FY 2016 – Ongoing
MRSA	Methicillin-resistant staphylococcus aureas bacteremia	1/15 – 12/15	1/17 – 12/17	FY 2017 – Ongoing
CDIFF	Clostridium difficile (C. Diff)	1/15 – 12/15	1/17 – 12/17	FY 2017 – Ongoing
COMP-HIP-KNEE	Rate of complications for hip/knee replacement patients	7/10 – 6/13	1/15 – 6/17	FY 2019 – Ongoing
PC-01	Elective delivery prior to 39 completed weeks of gestation	1/15 – 12/15	1/17 – 12/17	FY 2018 – Ongoing
Efficiency				
MSPB	Medicare spending per beneficiary	1/15 – 12/15	1/17 – 12/17	FY 2015 – Ongoing

VBP: SCORING

DOMAIN	FY16 WEIGHT	FY17 WEIGHT	FINAL FY18 WEIGHT
Clinical Process of Care	10%	5%	Removed
Patient Experience of Care (HCAHPS)	25%	25%	25%
Patient Outcomes	40% (outcomes and safety)	25%	25%
Patient Safety		20%	25%
Efficiency (Medicare Spending Per Beneficiary)	20%	25%	25%

HOSPITAL-ACQUIRED CONDITION (HAC) REDUCTION PROGRAM

AFFECTS: PPS HOSPITALS

PROGRAM OVERVIEW

Section 3008 of the 2010 Patient Protection and Affordable Care Act established the Hospital-Acquired Condition Reduction Program to provide an incentive for hospitals to reduce HACs. Effective FFY 2015 (Oct. 1, 2014), the HAC Reduction Program requires the Secretary of the Department of Health & Human Services to adjust payments to applicable hospitals that rank in the worst performing quartile of all subsection (d) hospitals with respect to HACs. As stated in ACA Section 3008, these hospitals may have their payments reduced to 99 percent of what would otherwise have been paid for such discharges.

HAC: PAYMENT PENALTIES

IPPS POLICY	FISCAL YEAR				
	2015	2016	2017	2018	2019
Hospital-Acquired Conditions	MB – 1.0 For Bottom Quartile Hosp.	MB – 1.0 For Bottom Quartile Hosp.	MB – 1.0 For Bottom Quartile Hosp.	MB – 1.0 For Bottom Quartile Hosp.	MB – 1.0 For Bottom Quartile Hosp.

HAC: MEASURES

MEASURE ID	HOSPITAL-ACQUIRED CONDITION REDUCTION PROGRAM MEASURES	BENCHMARKING PERIOD	AFFECTS APU
Domain 1 – FY18 Weight – 15%			
AHRQ PSI 90 Composite Measure		Ongoing	Ongoing
PSI 03	Pressure ulcer	10/1/2015 – 6/30/2017	Ongoing
PSI 06	Latrogenic	10/1/2015 – 6/30/2017	Ongoing
PSI 07	Central venous catheter-related bloodstream infections	10/1/2015 – 6/30/2017	Ongoing
PSI 08	Postoperative hip fracture	10/1/2015 – 6/30/2017	Ongoing
PSI 09	Periop hemorrhage or hematoma rate	10/1/2015 – 6/30/2017	FFY 2018 – Ongoing
PSI 11	Postop respiratory failure	10/1/2015 – 6/30/2017	FFY 2018 – Ongoing
PSI 12	Perioperative pulmonary embolism or deep vein thrombosis	10/1/2015 – 6/30/2017	Ongoing
PSI 13	Postoperative sepsis	10/1/2015 – 6/30/2017	Ongoing
PSI 14	Postoperative wound dehiscence	10/1/2015 – 6/30/2017	Ongoing
PSI 15	Accidental puncture or laceration	10/1/2015 – 6/30/2017	Ongoing
Domain 2 – FY18 Weight – 85%			
CDC NHSN			
CLABSI	Central line-associated blood infection (ICU, adult and pediatric medical wards, surgical wards and medical/surgical wards)	1/1/2016 – 12/31/2017	Ongoing
CAUTI	Catheter-associated urinary tract infection (ICU, adult and pediatric medical wards, surgical wards and medical/surgical wards)	1/1/2016 – 12/31/2017	Ongoing
SSI SIR	Surgical site infection standardized infection ratio (SSI – colon and SSI – abdominal hysterectomy)	1/1/2016 – 12/31/2017	FY 2017 – Ongoing
	C. Diff	1/1/2016 – 12/31/2017	FY 2017 – Ongoing
	MRSA	1/1/2016 – 12/31/2017	FY 2017 – Ongoing

HAC: SCORING

The total HAC score combines hospital performance scores from domains 1 and 2. If a hospital has data for both domains, Domain 1 is weighted at 15 percent while Domain 2 is weighted at 85 percent. If a hospital does not have data for a domain, the total HAC score is based solely on the other domain. Hospitals without a valid score on either domain are not eligible for the program.

As established by the ACA, under the HAC Reduction Program, hospitals in the top quartile of total HAC scores will receive a payment penalty of 1 percent of total Medicare IPPS operating and capital payments. Payments for hospitals with a total HAC score falling below the top quartile are not impacted.

HOSPITAL READMISSION REDUCTION PROGRAM (HRRP)

AFFECTS: PPS HOSPITALS

PROGRAM OVERVIEW

Section 3025 of the Affordable Care Act added Section 1886(q) to the Social Security Act establishing the Hospital Readmissions Reduction Program, which requires CMS to reduce payments to IPPS hospitals with readmissions that are higher than expected, effective for discharges beginning Oct. 1, 2012. The regulations that implement this provision are in Subpart I of 42 CFR Part 412 (§412.150 through §412.154).

CMS estimates for FY 2016 the program will reduce hospital payments by 420 million.

READMISSION REDUCTION PROGRAM: PAYMENT PENALTIES

INPATIENT PROSPECTIVE PAYMENT SYSTEM (IPPS) POLICY	FISCAL YEAR				
	2015	2016	2017	2018	2019
Readmissions Reduction Program	MB – Hospital Specific Amount Capped at 3.0	MB – Hospital Specific Amount Capped at 3.0	MB – Hospital Specific Amount Capped at 3.0	MB – Hospital Specific Amount Capped at 3.0	MB – Hospital Specific Amount Capped at 3.0

MEASURES

READMISSION REDUCTION PROGRAM MEASURES		
READM-30-AMI	Acute myocardial infarction 30-day readmission rate	FY 2013 – Ongoing
READM-30-HF	Heart failure 30-day readmission rate	FY 2013 – Ongoing
READM-30-PN	Pneumonia 30-day readmission rate	FY 2013 – Ongoing
READM-30- HIP-KNEE	Hip/knee readmission hospital-level 30-day all-cause risk-standardized readmission rate following elective total hip arthroplasty (THA)/total knee arthroplasty	FY 2015 – Ongoing
READM-30-COPD	Chronic obstructive pulmonary disease 30-day readmission rate	FY 2015 – Ongoing
READM-30- CABG	Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate following CABG surgery	FY 2017 – Ongoing

READMISSION REDUCTION PROGRAM: PAYMENT ADJUSTMENT CALCULATION

Excess readmission ratio = risk-adjusted predicted readmissions/risk-adjusted expected readmissions

Aggregate payments for excess readmissions = [(sum of base operating DRG payments for AMI) x (excess readmission ratio for AMI-1)] + [(sum of base operating DRG payments for HF) x (excess readmission ratio for HF-1)] + [(sum of base operating DRG payments for PN) x (excess readmission ratio for PN-1)]
Note: If a hospital's excess readmission ratio for a condition is less than/equal to 1, then there are no aggregate payments for excess readmissions for that condition included in this calculation.

Aggregate payments for all discharges = sum of base operating DRG payments for all discharges

Ratio = 1 - (aggregate payments for excess readmissions/aggregate payments for all discharges)

Readmissions adjustment factor = For FY 2016, the higher of the ratio or 0.97 (3 percent reduction)

For detailed information regarding the HRRP penalty, please refer to the following MHA document.
http://www.mhanet.com/mhaimages/sqi/Primer to the Medicare Readmission Penalty.docx

COMPREHENSIVE CARE FOR JOINT REPLACEMENT (CJR) MODEL

AFFECTS: ACUTE CARE HOSPITALS IN IDENTIFIED METROPOLITAN STATISTICAL AREAS

PROGRAM OVERVIEW

The Comprehensive Care for Joint Replacement Model was created by the Centers for Medicare & Medicaid Services under the authority of the CMS Innovation Center. CMS states that the CJR is to test the effectiveness of bundled payments for lower-extremity joint replacement episodes of care in reducing Medicare expenditures, while preserving the quality of care for Medicare beneficiaries.

CJR: PAYMENT PENALTIES

No repayment penalty for year one; stop-loss limit of 5 percent for year two; limit of 10 percent in year three; and 20 percent in years four and five with similar parallel approaches used for stop-gains.

MEASURES

MEASURE IDENTIFIER	MEASURE NAME	REPORTING EFFECTIVE DATE	WEIGHT IN COMPOSITE QUALITY SCORE
NQF #1550	Hospital-level risk standardized complication rate following elective primary THA and/or TKA	4/1/2016 – 12/31/2016	50%
NQF #0166	HCAHPS Survey	4/1/2016 – 12/31/2016	40%
	Total hip arthroplasty/total knee arthroplasty voluntary patient reported outcomes and limited risk-variable data submission	4/1/2016 – 12/31/2016	10%

THE JOINT COMMISSION NATIONAL QUALITY CORE MEASURES

AFFECTS: THE JOINT COMMISSION ACCREDITED HOSPITALS

PROGRAM OVERVIEW

Beginning July 1, 2002, hospitals accredited by TJC began collecting quality data related to core measurement areas. In November 2003, CMS and TJC worked together to align those common measures so that they were identical. The result was the creation of one common set of measure specifications known as the *Specifications Manual for National Hospital Inpatient Quality Measures*, to be used by both organizations.

MEASURES

Click to view TJC's measure sets, effective Jan. 1, 2017.

ELECTRONICALLY-SPECIFIED CLINICAL QUALITY MEASURES (eCQMS) PROGRAM

AFFECTS: PPS HOSPITALS

Electronic Clinical Quality Measures help hospitals track their progress of the quality of care provided. Beginning in 2014, hospitals will need to report 16 out of the possible 29 measures to demonstrate meaningful use and receive an incentive payment. The measures have been developed for the Medicare EHR Incentive Program. For the FY19 payment determination for the Hospital IQR program, hospitals are required to submit eight electronically specified clinical quality measures for a full calendar year, i.e., four quarters of data by an annual submission deadline.

MEASURE SETS FOR BOTH MU AND IQR

The eCQM measure sets, applicable for both MU and IQR, are as follows.
Note: Submission of the following 16 eCQMs can fulfill both the Medicare EHR incentive program clinical quality measures submission requirements and a portion of the IQR program reporting requirements with a single submission.

Stroke

- STK-2: Discharged on Antithrombotic Therapy
- STK-3: Anticoagulation Therapy for Atrial Fibrillation/Flutter
- STK-5: Antithrombotic Therapy by End of Hospital Day Two
- STK-6: Discharged on Statin Medication
- STK-8: Stroke Education
- STK-10: Assessed for Rehabilitation

Venous Thromboembolism

- VTE-1: Venous Thromboembolism Prophylaxis
- VTE-2: Intensive Care Unit Venous Thromboembolism Prophylaxis

Emergency Department

- ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients
- ED-2: Median Admit Time to ED Departure Time for Admitted Patients

Perinatal Care

- PC-01: Elective Delivery
- PC-05: Exclusive Breast Milk Feeding

Acute Myocardial Infarction

- AMI-8a: Primary PCI Received Within 90 Minutes of Hospital Arrival

Children's Asthma Care

- CAC-3: Home Management Plan of Care Document Given to Patient/Caregiver

EHDI-1a: Hearing Screening Before Hospital Discharge

MEASURE SETS QUALIFYING FOR MU ONLY

The eCQM measure sets applicable for meaningful use only are as follows.

Acute Myocardial Infarction

- AMI-2: Aspirin Prescribed at Discharge
- AMI-7a: Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
- AMI-8a: Primary PCI Received Within 90 Minutes of Hospital Arrival
- AMI-10: Statin Prescribed at Discharge

Pneumonia

- PN-6: Initial Antibiotic Selection for Community-Acquired Pneumonia in Immunocompetent Patients

Surgical Care Improvement Project

- SCIP-Inf-1: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
- SCIP-Inf-2: Prophylactic Antibiotic Selection for Surgical Patients
- SCIP-Inf-9: Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being day zero

Emergency Department

- ED-3: Median Time From ED Arrival to ED Departure for Discharged ED Patients

Children's Asthma Care

- CAC-3: Home Management Plan of Care Document Given to Patient/Caregiver

Healthy Term Newborn

EHDI-1a Hearing Screening Before Hospital Discharge

APPENDIX A: HISTORICAL SNAPSHOT OF IQR MEASURES

Quality Measure Reporting and Use — IQR Measures CY05-CY16: http://www.mhanet.com/mhaimages/sqi/QualityMeasureReportingandUse.xlsx

APPENDIX B: WEBSITE RESOURCES

Quality Net (http://www.qualitynet.org) is a site developed by CMS to provide health care quality improvement information and resources. It is the only CMS-approved web source for secure health care communications and data exchange between quality improvement organizations, hospitals, physician offices, nursing homes, end-stage renal disease facilities and data vendors. The site includes information on the following programs.

- Hospital Inpatient Quality Reporting System
  https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129
- Hospital Outpatient Quality Reporting System
  https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1191255879384
- PPS-Exempt Cancer Hospital Quality Reporting
  https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864217
- Inpatient Psychiatric Facility Quality Reporting
  https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864206
- Hospital Value-Based Purchasing
  https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772039937
- Readmission Reduction Program
  https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772412458
- Hospital-Acquired Conditions
  https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228760487021

Additional web resources include the following.

- Quality Reporting Center — http://www.qualityreportingcenter.com/
  Information and resources on inpatient, outpatient and ambulatory surgery quality reporting.
- Hospital Consumer Assessment of Healthcare Providers and Systems — http://www.hcahpsonline.org
  Tools and analysis of the patient experience surveys.
- Agency for Healthcare Research and Quality — http://www.ahrq.gov/
  Agency whose mission is to produce evidence to make health care safer, more accessible and affordable. It provides information and tools regarding:
  - Patient Safety Indicators: http://qualityindicators.ahrq.gov/modules/psi_resources.aspx
  - Inpatient Quality Indicators: http://qualityindicators.ahrq.gov/modules/iqi_resources.aspx
  - Prevention Quality Indicators: http://qualityindicators.ahrq.gov/modules/pqi_resources.aspx
  - Pediatric Quality Indicators: http://qualityindicators.ahrq.gov/modules/pdi_resources.aspx

- Missouri Health Care-Associated Infection Reporting System — http://health.mo.gov/data/mhirs/
- Centers for Medicare & Medicaid Services:
  - Hospital Inpatient Quality Reporting Program
    - » https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalRHQDAPU.html
  - Hospital Outpatient Quality Reporting Program
    - » https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html
  - Hospital Consumer Assessment of Healthcare Providers and Systems
    - » https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html
  - Hospital Value-Based Purchasing
    - » https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/hospital-value-based-purchasing/index.html
- Institute for Healthcare Improvement — http://www.ihi.org
  Organization working with health systems, countries and other organizations to improve the quality, safety and value in health care across the world.
- IOM Vital Signs Report — http://iom.nationalacademies.org/Reports/2015/Vital-Signs-Core-Metrics.aspx

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