Acute Care Hospital
QUALITY REPORTING GUIDE

MHA
MISSOURI HOSPITAL ASSOCIATION

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The Joint Commission National Quality Core Measures		Required if Accredited by TJC	TJC	Vendor, NHSN	Quarterly	

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
Electronically-Specified Clinical Quality Measures (eCQMs) Program		Required for Meaningful Use and Hospital IQR	CMS	QualityNet, Vendor	Quarterly	
Missouri Quality Transparency Measures		Strongly Encouraged	Hospital Industry Data Institute	HIDI, NHSN	Quarterly	
Hospital Improvement Innovation Network (HIIN)		Strongly Encouraged	The Centers for Medicare & Medicaid Services/ American Hospital Association/Health Research Education and Trust	HIDI Quality Collections, NHSN	Monthly	
Comprehensive Care for Joint Replacement Model (CJR)		Voluntary	CMS	CMS Claims	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 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. Legislation passed in 2016 includes changes to the reporting requirements. DHSS is in the process of writing rules to reflect those changes. A description of those changes will be forthcoming when finalized in rule.

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

PROPOSED MEASURES

Measures that are proposed as of Nov. 20, 2017. Please note the definition and location change of collection. Ward means medical, surgical and medical/surgical hospital areas for the evaluation and treatment of patients, as defined by NHSN, or its successor.

MEASURE	ACUTE CARE
Central-Line Associated Bloodstream Infection	CLABSIs detected in the ICU(s)
Surgical Site Infection	CABG, hips, abdominal hysterectomy, colon
Catheter-Associated Urinary Tract Infection	CAUTIs detected in ICU(s) and wards

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 2020 payment determination, hospitals are required to submit four electronically specified clinical quality measures. CMS requires that hospitals submit one self-selected calendar quarter in CY 2018 by an annual submission deadlineelectronically.

HOSPITAL IQR: PAYMENT PENALTIES

Hospitals that did not submit quality data receive a reduced payment rate increase. For these hospitals, the annual payment update is reduced by one quarter. For FY 2019, the marketbasket reduction equals -0.725 (2.79 percent marketbasket update *.25).

MEASURES

	MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU	HITECH
Emergency Department				
ED-1	Median time from ED arrival to ED departure for admitted ED patients	12/31/2018	FY 2014	Yes
ED-2	Admit decision time to ED departure time for admitted patients	12/31/2019	FY 2014	Yes
Immunization				
IMM-2	Influenza immunization	12/31/2018	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	12/31/2018	FY 2015	Yes, remove after FY 2018
Perinatal Care				
PC-01	Elective delivery prior to 39 completed weeks of gestation	1/1/2013	FY 2015	Yes

	MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
Health Care-Associated Infections (Reported to NHSN)			
CLABSI	Central line-associated bloodstream infection, expand to include some non-ICU wards	Ongoing Expand 2015 Remove after 12/31/2019	Ongoing Expand FY 2016
Colon and Abdominal Hysterectomy SSI	Surgical site infection	1/1/2012 Remove after 12/31/2019	FY 2014
CAUTI	Catheter-associated urinary tract infection, expand to include some non-ICU wards	January 2012 Expand 2015 Remove after 12/31/2019	FY 2014 Expand FY 2016

	MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
MRSA	MRSA bacteremia	1/1/2013 Remove after 12/31/2019	FY 2015
CDI	Clostridium difficile (CDI)	1/1/2013 Remove after 12/31/2019	FY 2015
HCP	Health care personnel influenza vaccination	1/1/2013	FY 2015
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
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-PN	Hospital 30-day, all cause, risk-standardized mortality rate following pneumonia hospitalization	Removal with FY 2021 payment determination	Ongoing

	MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
MORT-30-COPD	Hospital 30-day, all cause, risk-standardized mortality rate following COPD hospitalization	Removal with FY 2021 payment determination	FY 2016
MORT-30-STK	Hospital 30-day, all cause, risk standardized mortality rate following acute ischemic stroke		FY 2016
MORT-30-CABG	Hospital 30-day, all cause, risk-standardized mortality rate following CABG surgery	Removal with FY 2022 payment determination	FY 2017
	Readmission Measures (Medicare only patients)		
READM-30-HWR	Hospitalwide all-cause unplanned readmission (HWR)		FY 2015
	Hybrid hospitalwide readmission measure with claims and electronic health record	Voluntary Jan. — July 2018	Voluntary, will not affect payment
	Patient Safety Measures		
Hip/Knee Complications	Hospital-level risk-standardized complications rate following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	Removal with FY 2023 payment determination	FY 2015
PSI 4	Death among surgical inpatients with serious, treatable complications	Ongoing	Ongoing
	Cost Efficiency		
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
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
AMI Excess Days	Excess days in acute care after hospitalization for acute 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	End after 1Q2018	Remove after CY 2019
OP-2	Fibrinolytic therapy received within 30 minutes of ED arrival	Ongoing	Ongoing
OP-3	Median time to transfer to another facility for acute coronary intervention	Ongoing	Ongoing
OP-4	Aspirin at arrival	End after 1Q2018	Remove after CY 2019
OP-5	Median time to ECG	Ongoing	Ongoing
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	End after 1Q2018	Remove after CY 2019
Pain Management			
OP-21	ED median time to pain management for long bone fracture	End after 1Q2018	Remove after CY 2019
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

MEASURE	MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
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	Jan. — June 2012 data	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	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
	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	Jan. — June 2011 data	CY 2012
OP-17	Tracking clinical results between visits	Jan. — June 2011 data	CY 2013
OP-25	Safe surgery checklist use	End after 2017	Remove after CY 2019

MEASURE	MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
OP-26	Hospital outpatient volume data on selected outpatient surgical procedures	End after 2017	Remove after CY 2019

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	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 that (YES, NO) 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
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 or Definitely Not) recommend the hospital	Ongoing	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 — Maximum penalty based on inpatient PPS payments	1.5 Potential for Earn Back	1.75 Potential for Earn Back	2.0 Potential for Earn Back	2.0 Potential for Earn Back	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

		AFFECTS FEDERAL FISCAL YEAR 2019 PAYMENT		
Measure ID	Hospital Value-Based Purchasing Measures	Baseline Period	Performance Period	Affects Payment
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
Safety				
PSI-90	Complication/patient safety for selected indicators (Composite of PSI 3, 6, 7, 8, 12, 13, 14, 15)			FY 2015 Only Re-adopt and revised for FY 2012 — FY 2018. Discontinued for FY 2019. Will be revised and affects FY 2023 payments.
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

		AFFECTS FEDERAL FISCAL YEAR 2019 PAYMENT		
Measure ID	Hospital Value-Based Purchasing Measures	Baseline Period	Performance Period	Affects Payment
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 AND SUBSEQUENT YEARS 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	1.0 For Bottom Quartile Hosp.	1.0 For Bottom Quartile Hosp.	1.0 For Bottom Quartile Hosp.	1.0 For Bottom Quartile Hosp.	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 rate	10/1/2015 – 6/30/2017	Ongoing
PSI 06	Latrogenic pneumothorax rate	10/1/2015 – 6/30/2017	Ongoing
PSI 08	In-hospital fall with postoperative hip fracture rate	10/1/2015 – 6/30/2017	Ongoing
PSI 09	Periop hemorrhage or hematoma rate	10/1/2015 – 6/30/2017	FFY 2018 – Ongoing
PSI 10	Postoperative acute kidney injury requiring dialysis rate		
PSI 11	Postoperative respiratory failure rate	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 rate	10/1/2015 – 6/30/2017	Ongoing
PSI 14	Postoperative wound dehiscence rate	10/1/2015 – 6/30/2017	Ongoing
PSI 15	Unrecognized abdominopelvic accidental puncture or laceration rate	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
CDI	C. Diff	1/1/2016 – 12/31/2017	FY 2017 – Ongoing
MRSA	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).

READMISSION REDUCTION PROGRAM: PAYMENT PENALTIES

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

The 21st Century Cures Act requires the Secretary to implement a transitional risk adjustment methodology to serve as a proxy for socioeconomic status for the hospital readmission reduction program. Beginning FY 2018, CMS is grouping hospitals based on dual eligibility status.

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

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. Measures effective Jan. 1, 2018, can be found here.

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 FY 2012 payment determination for the Hospital IQR program, hospitals are required to submit four electronically specified clinical quality measures for one self-selected calendar quarter in CY 2018 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 (to be removed with FY 2022 payment determination)
- STK-10: Assessed for Rehabilitation (to be removed with FY 2022 payment determination)

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 (to be removed with FY 2022 payment determination)
- ED-2: Median Admit Time to ED Departure Time for Admitted Patients

Perinatal Care

- PC-01: Elective Delivery (to be removed with FY 2022 payment determination)
- PC-05: Exclusive Breast Milk Feeding

Acute Myocardial Infarction

- AMI-8a: Primary PCI Received Within 90 Minutes of Hospital Arrival (to be removed with FY 2022 payment determination)

Children's Asthma Care

- CAC-3: Home Management Plan of Care Document Given to Patient/Caregiver (to be removed with FY 2022 payment determination)

EHDI-1a: Hearing Screening Before Hospital Discharge (to be removed with FY 2022 payment determination)

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

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.
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.

IDENTIFIER	SOURCE	NAME	DESCRIPTION	NUMERATOR	DENOMINATOR
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
	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

IDENTIFIER	SOURCE	NAME	DESCRIPTION	NUMERATOR	DENOMINATOR
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.
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 payer)	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 payer)	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

IDENTIFIER	SOURCE	NAME	DESCRIPTION	NUMERATOR	DENOMINATOR
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 payer)	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 payer)	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
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 payer)	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 payer)	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

HOSPITAL IMPROVEMENT INNOVATION NETWORK (HIIN)

AFFECTS: PARTICIPATING MISSOURI HIIN HOSPITALS

PROGRAM OVERVIEW

Hospital Improvement Innovation Networks work to sustain and accelerate national progress and momentum toward continued harm reduction in the Medicare program, help identify solutions already working, and disseminate them to other hospitals and providers. Hospital Improvement Innovation Networks:

- develop learning collaboratives for hospitals
- provide a wide array of initiatives and activities to improve patient safety
- conduct intensive training programs to help hospitals make patient care safer
- provide technical assistance to help hospitals achieve quality measurement goals
- establish and implement a system to track and monitor hospital progress in meeting quality improvement goals
- identify high performing hospitals and their leaders to coach and serve as national faculty to other hospitals committed to achieving the partnership goals
- coordinate with other PfP participants and stakeholders, including the members of the prime contractor QIN-QIO community (regional QIN-QIOs, BFCC-QIOs and BFCC-NCC partners) and the Transforming Clinical Practice Initiative (TCPI) where applicable, to collect and share data and other elements necessary to implement, operate and evaluate the PfP and QIN-QIO aims

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

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. CMS has now proposed to reduce the number of mandatory participants and has added a listing of hospitals who can volunteer to participate.

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	Year 1: 6/30/2016 – 12/31/2016 Year 2: 1/2017 – 12/2017 Year 4: 1/2018 – 12/2018	50%
NQF #0166	HCAHPS Survey	Year 1: 6/30/2016 – 12/31/2016	40%
	Total hip arthroplasty/total knee arthroplasty voluntary patient reported outcomes and limited risk-variable data submission	Year 1: 6/30/2016 – 12/31/2016 Year 2: 1/2017 – 12/2017 Year 4: 1/2018 – 12/2018	10%

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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