



Specialty Services & Hospital
QUALITY REPORTING GUIDE

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SPECIALTY SERVICES AND HOSPITAL QUALITY REPORTING SUMMARY

Quality Reporting Program	Persons Accountable	Required, Voluntary or Strongly Encouraged*	Data Steward	Data Collection System	Frequency of Reporting	Notes
Missouri Health Care-Associated Infection Reporting System (MHIRS)		Required	Missouri Department of Health & Senior Services	MHIRS website application	Monthly	Will be moving to quarterly reporting when proposed rules from 2016 legislation are adopted. MHA will provide further guidance.
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)		Required	Centers for Medicare & Medicaid Services	CMS, The National Healthcare Safety Network, Vendor	Quarterly	
Ambulatory Surgery Center Quality Reporting (ASCQR)		Required	CMS	CMS, QualityNet, NHSN	Annually	
Inpatient Psychiatric Facility Quality Reporting (IPFQR)		Required	CMS, The Joint Commission	QualityNet, NHSN, Vendor	Annually	
Inpatient Rehabilitation Facilities Quality Reporting Program (IRF QRP)		Required	CMS	Inpatient Rehab Facilities-Patient Assessment Instrument, NHSN	Annually	
End-Stage Renal Disease Quality Incentive Program (ESRD QIP)		Required	CMS	CROWNWeb, NHSN, CMS	Annually	
PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program		Required	CMS	QualityNet, NHSN, Vendor	Annually	
Skilled Nursing Facilities Quality Reporting Program (SNF QRP)		Required	CMS	CMS, NHSN	Biannually	

*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 specialty health care organizations when reporting hospital quality measures through 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 A.

REGULATORY PROGRAM SUMMARY

- Hospital Inpatient Quality Reporting Program (HIQRP) — Equips consumers with hospital inpatient quality data to make informed decisions and encourages hospitals and clinicians to improve quality. 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 meet data submission requirements results in a monetary penalty.
- Hospital Outpatient Quality Reporting (HOQRP) — Equips consumers with hospital outpatient quality data to make informed decisions and encourages hospitals and clinicians to improve quality. 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 provider's 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 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 to improve health care decision-making
- Hospital Value-Based Purchasing (VBP) — Effort to improve health care quality by linking Medicare's payment system to the HIQRP.
- Hospital Readmission Reduction Program (HRRP) — Reduction in payments to applicable hospitals for excess 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 the worst quartile of risk-adjusted HAC quality measures.
- Medicare Beneficiary Quality Improvement Project (MBQIP) — Flex grant program to encourage critical access hospitals to report quality measures with the goal of improving patient quality and experience of care.
- Physician Quality Reporting Program (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 Healthcare-Associated Infection Reporting System (MHIRS)— Missouri Department of Health & 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) refers 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 HEALTHCARE-ASSOCIATED INFECTION REPORTING SYSTEM (MHIRS)

AFFECTS: ALL HOSPITALS, ABORTION FACILITIES AND AMBULATORY SURGERY CENTERS

PROGRAM OVERVIEW

The Missouri Healthcare-Associated Infection Reporting System has been developed to provide information to health care providers on the Missouri Department of Health & 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 requires changes to the reporting requirements. DHSS is in the process of rule writing to reflect those changes. A description of those changes will be forthcoming when finalized in rule.

MHIRS: PAYMENT PENALTIES

Any hospital or ambulatory surgery center 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	CAH	ASC
Central Line-Associated Bloodstream Infection	Select ICUs	Select ICUs	
Surgical Site Infection	Coronary artery bypass graft, hips, abdominal hysterectomy	Hips, abdominal hysterectomy	Breast, hernia

PROPOSED MEASURES

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

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

LONG-TERM CARE HOSPITAL QUALITY REPORTING PROGRAM (LTCH QRP)

AFFECTS LONG-TERM ACUTE CARE HOSPITALS

PROGRAM OVERVIEW

Section 3004 of the Affordable Care Act:

- directs the Secretary to establish quality reporting requirements for long-term care hospitals
- requires the Secretary to publish, no later than Oct. 1, 2012, the selected quality measures that must be reported by LTCHs
- requires the Secretary to establish procedures for making data available to the public and requires the Secretary to establish procedures to ensure each LTCH has the opportunity to review the data that are to be made public with respect to that facility prior to such data being made public. No date has been specified to begin public reporting of quality data.

PAYMENT PENALTIES

For FY 2014, and each subsequent year, failure to submit required quality data shall result in a 2 percent reduction in the annual payment update.

MEASURES

MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
Measures Collected and Submitted by Hospital		
Chart-Abstracted Measures Reported Using the LTCH CARE Data Set	Ongoing	Ongoing
Percent of residents or patients with pressure ulcers that are new or worsened (short-stay)	October 2012	FY 2014, Remove after FY 2019
Changes in skin integrity post-acute care: pressure ulcer/injury	July 2018	FY 2020
Percent of residents or patients who were assessed and appropriately given the seasonal influenza vaccine (short-stay)	October 2014	FY 2016
Percent of residents experiencing one or more falls with major injury	April 2016	FY 2018
Percent of LTCH patients with an admission and discharge functional assessment and a care plan that addresses function	April 2016	FY 2018
Application of percent of LTCH patients with an admission and discharge functional assessment and a care plan that addresses function	April 2016	FY 2018
Change in mobility among LTCH patients requiring ventilator support	April 2016	FY 2018
Drug regimen review conducted with follow-up for identified issues	April 2018	FY 2020
Compliance with spontaneous breathing trial	July 2018	FY 2020
Ventilator Liberation Rate	July 2018	FY 2020

Continued

MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
Health Care-Associated Infections Reported to the National Healthcare Safety Network		
Urinary catheter-associated urinary tract infection (CAUTI)	October 2012	FY 2014
Central line catheter-associated bloodstream infection (CLABSI)	October 2012	FY 2014
Influenza vaccination coverage among health care personnel	October 2014	FY 2016
Facilitywide inpatient hospital-onset MRSA bacteremia outcome measure	January 2015	FY 2017
Facilitywide inpatient hospital-onset clostridium difficile infection (CDI) outcome measure	January 2015	FY 2017
Ventilator-associated event outcome measure	January 2016	FY 2018
Claims-Based Measures Calculated by CMS		
All-cause unplanned readmission measure for 30 days post-discharge from LTCH	January 2013	FY 2017, Remove after FY 2018
Potentially preventable 30-day post-discharge readmission measure	CY 2016 and 2017	FY 2018
Medicare spending per beneficiary	CY 2016 and 2017	FY 2018
Discharge to community — PAC LTCH QRP	CY 2016 and 2017	FY 2018

AMBULATORY SURGERY CENTER QUALITY REPORTING (ASCQR)

AFFECTS: AMBULATORY SURGERY CENTERS

PROGRAM OVERVIEW

Pay-for-reporting program for Ambulatory Surgery Centers that collects quality of care data on a standardized measure set

PAYMENT PENALTIES

For FY 2014, and each subsequent year, failure to submit required quality data shall result in a 2 percent reduction in the annual payment update.

MEASURES

MEASURE ID	MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
Chart-abstracted measures reported through quality data codes on Part B Claims			
ASC-1	Patient burn	October 2012	CY 2014
ASC-2	Patient fall	October 2012	CY 2014
ASC-3	Wrong site, wrong side, wrong patient, wrong procedure, wrong implant	October 2012	CY 2014
ASC-4	Hospital transfer/admission	October 2012	CY 2014

Continued

Structural Measures			
ASC-5	Prophylactic intravenous IV antibiotic timing	October 2012	CY 2014
ASC-6	Safe surgery checklist use	2012	2015
ASC-7	ASC facility volume data on selected ASC surgical procedures	2012	2015
Health Care-Associated Infections Reported to NHSN			
ASC-8	Influenza vaccination coverage among health care personnel	October 2014	CY 2016
Chart Abstracted Measures With Aggregate Data Submission by Web-Based Tool (QualityNet)			
ASC-9	Endoscopy/poly surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients	April 1, 2014	CY 2016
ASC-10	Endoscopy/poly surveillance: Colonoscopy interval for patients with a history of adenomatous polyps — avoidance of inappropriate use	April 1, 2014	CY 2016
ASC-11	Cataracts — improvement in patient’s visual function within 90 days following cataract surgery	Jan. 1, 2015 Voluntary Reporting	CY 2017. No effect on APU. Will publicly report data received.
ASC-12	Facility 7-day risk-standardized hospital visit rate after outpatient colonoscopy	CY 2016	CY 2018
ASC-13	Normothermia outcome	CY 2018	CY 2020
ASC-14	Unplanned anterior vitrectomy	CY 2018	CY 2020
ASC-15a	OAS CAHPS-About facilities and staff	Proposed CY 2018	CY 2020
ACS-15b	OAS CAHPS-Communication about procedure	Proposed CY 2018	CY 2020
ACS-15c	OAS CAHPS-Preparation for discharge and recovery	Proposed CY 2018	CY 2020
ACS-15d	OAS CAHPS-Overall rating of facility	Proposed CY 2018	CY 2020
ACS-15e	OAS CAHPS-Recommendation of facility	Proposed CY 2018	CY 2020

INPATIENT PSYCHIATRIC FACILITY QUALITY REPORTING (IPFQR)

AFFECTS INPATIENT PSYCHIATRIC FACILITIES

PROGRAM OVERVIEW

Pay-for-performance program that requires inpatient psychiatric facilities to submit data for specific inpatient psychiatric clinical process measures

PAYMENT PENALTIES

Beginning in FY 2014, failure to submit required quality data shall result in a 2 percent reduction in the annual payment update to the standard federal rate for the applicable year.

MEASURES

MEASURE ID	MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
Hospital-Based Inpatient Psychiatric Services			
HBIPS-2	Hours of physical restraint use	October 2012	FY 2014
HBIPS-3	Hours of seclusion use	October 2012	FY 2014
HBIPS-5	Patients discharged on multiple antipsychotic medications with appropriate justification	October 2012	FY 2014
Substance Abuse			
SUB-1	Alcohol use screening	January 2014 Removal with FY 2020 payment determination	FY 2016
SUB-2	Alcohol use brief intervention provided or offered	January 2016	FY 2018
SUB-2A	Alcohol use brief intervention	January 2016	FY 2018
SUB-3	Alcohol and drug use disorder treatment provided or offered at discharge	January 2017	FY 2019
SUB-3A	Alcohol and drug use disorder treatment at discharge	January 2017	FY 2019
Tobacco Treatment			
TOB-1	Tobacco use screening	January 2015 Removal with FY 2020 payment determination	FY 2017
TOB-2	Tobacco use treatment provided or offered	January 2015	FY 2017
TOB-2A	Tobacco use treatment	January 2015	FY 2017
TOB-3	Tobacco treatment provided or offered at discharge	January 2016	FY 2018
TOB-3A	Tobacco treatment at discharge	January 2016	FY 2018
Transition of Care			
	Transition record with specified elements received by discharged patients	January 2017	FY 2019
	Timely transmission of transition record	January 2017	FY 2019
Metabolic Disorders			
	Screening for metabolic disorders	January 2017	FY 2019
Immunization			
IMM-2	Influenza immunization among health care personnel	October 2015	FY 2017
Structural Measures			
	Assessment of patient experience of care	Reported July/August 2015 Removal with FY 2020 payment determination	FY 2016

Continued

MEASURE ID	MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
	Use of an electronic health record (EHR)	Reported July/August 2015 Removal with FY 2020 payment determination	FY 2016
Claims-based Measures Calculated by CMS			
	Follow-up after hospitalization for mental illness	July 2013	FY 2016
	30-day all cause unplanned readmission following psychiatric hospitalization in an IPF		FY 2019
Healthcare Associated Infections Reported to NHSN			
	Influenza vaccination coverage among health care personnel	October 2015 Removal with FY 2020 payment determination	FY 2017
Non-Measure Data			
	Submit aggregate population counts by diagnostic group	CY 2015	FY 2017
	Submit aggregate population counts by payer	CY 2015	FY 2017

INPATIENT REHABILITATION FACILITIES QUALITY REPORTING PROGRAM (IRF QRP)

AFFECTS INPATIENT REHABILITATION FACILITIES

PROGRAM OVERVIEW

Pay-for-reporting initiative required by CMS

PAYMENT PENALTIES

Beginning in FY 2014, failure to submit required quality data shall result in a 2 percent reduction in the annual payment update to the standard federal rate for the applicable year.

MEASURES

MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
Percent of residents or patients with pressure ulcers that are new or worsened (short stay) (NQF#0678)	October 2014, Ends after September 2018	FY 2017, Remove after FY 2019
Changes in skin integrity post-acute care: pressure ulcer/injury	October 2018	FY 2020
Percent of residents or patients who were assessed and appropriately given the seasonal influenza vaccine (short stay) (NQF#0680)	October 2014	FY 2017

MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
Percent of residents experiencing one or more falls with major injury (Application of NQF#0674)	October 2016	FY 2018
Percent of LTCH patients with an admission and discharge functional assessment and a care plan that addresses function (Application of NQF#2631)	October 2016	FY 2018
Change in self-care score for medical rehabilitation patients (NQF#2633)	October 2016	FY 2018
Change in mobility score for medical rehabilitation patients (NQF#2634)	October 2016	FY 2018
Discharge self-care score for medical rehabilitation patients (NQF#2635)	October 2016	FY 2018
Discharge mobility score for medical rehabilitation patients (NQF#2636)	October 2016	FY 2018
Drug regimen review conducted with follow-up for identified issues	October 2018	FY 2020
Quality Measures Reported to NHSN		
Urinary catheter-associated urinary tract infection (NQF#0138)	October 2012	FY 2014
Influenza vaccination coverage among health care personnel (NQF#0431)	October 2014	FY 2016
NHSN facilitywide inpatient hospital-onset MRSA bacteremia outcome measure (NQF#1716)	January 2015	FY 2017
NHSN facilitywide inpatient hospital-onset clostridium difficile infection outcome measure (NQF#1717)	January 2015	FY 2017
Readmission Measures		
All-cause unplanned readmission measure for 30 days post discharge from inpatient rehabilitation facilities (NQF#2502)	Reported in CY 2016 using CY 2013 and CY 2014 claims data	FY 2017, Remove after FY 2018
Resource Use and other Measures (IMPACT)		
Discharge to Community	CY 2016 and 2017	FY 2018
Medicare spending per beneficiary	CY 2016 and 2017	FY 2018
Potentially preventable 30-day post-discharge readmission measure for IRFs	CY 2016 and 2017	FY 2018
Potentially preventable within stay readmission measure for IRFs	CY 2016 and 2017	FY 2018

SKILLED NURSING FACILITIES QUALITY REPORTING PROGRAM (SNF QRP)

AFFECTS SKILLED NURSING FACILITIES

PROGRAM OVERVIEW

The Improving Medicare Post-Acute Care Transformation Act of 2014, enacted on October 6, 2014, requires the implementation of a quality reporting program for SNFs.

PAYMENT PENALTIES

Beginning with FY 2018, the Act requires SNFs that fail to submit required quality data to CMS under the SNF QRP will have their annual updates reduced by two percentage points.

MEASURES

MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
Resident Assessment Instrument Minimum Data Set		
Drug Regimen Review Conducted with Follow-Up for Identified Issues-Post Acute Care (PAC) Skilled Nursing Facility Quality Reporting Program*	Data collection begins October 1, 2018	FY 2020
Percent of residents or patients with pressure ulcers that are new or worsened (short stay) (NQF #0678) Will be modified in FY 2020: Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.	October 1, 2016-December 31, 2016	FY 2018
Application of percent of residents experiencing one or more falls with major injury (NQF#0674)	October 1, 2016-December 31, 2016	FY 2018
Application of percent of long-term care patients with an admission and discharge functional assessment and a care plan that addresses function (NQF#2631)	October 1, 2016-December 31, 2016	FY 2018
Claims-Based		
Total Estimated Medicare Spending Per Beneficiary (MSPB) – Post-Acute Care (PAC) Skilled Facility (SNF) Quality Reporting Program (QRP)*		FY 2018
Discharge to Community-Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)*		FY 2018
Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility Quality Reporting Program*		FY 2018

In FY 2020, CMS also will adopt four function outcome measures on resident functional status. The four outcome measures are:

- Application of IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633),
- Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634),
- Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635),
- Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636), beginning with the FY 2020 SNF QRP.

END-STAGE RENAL DISEASE (ESRD) QUALITY INCENTIVE PROGRAM (QIP)

AFFECTS: OUTPATIENT DIALYSIS FACILITIES TREATING ESRD PATIENTS

PROGRAM OVERVIEW

CMS administers the ESRD QIP to promote high-quality services in facilities treating patients with ESRD.

ESRD QIP: PAYMENT PENALTIES

Failure to meet or exceed certain performance standards shall result in a 2 percent reduction in the annual payment update to the standard federal rate for the applicable year.

MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
Measures Reported Through NHSN		
NHSN bloodstream infection in hemodialysis outpatients	2014	PY 2016
NHSN health care personnel influenza vaccination	October 2015	PY 2018
Dialysis Event Reporting	CY 2017	PY 2019
Measures Reported Through CROWNWeb		
ICH CAHPS	2012	PY 2014
Mineral metabolism	End after CY 2017	Remove after PY 2019
Hypercalcemia (NQF#1454)	2014	PY 2016
Clinical depression screening and follow-up	2016	PY 2018
Pain assessment and follow-up	2016	PY 2018
Serum phosphorus	CY 2018	PY 2020
Ultrafiltration rate	CY 2018	PY 2020
Hemodialysis vascular access: standardized fistula rate (NQF#2977)	CY 2019	PY 2021
Hemodialysis vascular access: long-term catheter rate (NQF#2978)	CY 2019	PY 2021
Claims-based Measures Calculated by CMS		
Vascular access type — AV fistula (NQF#0257)	January 2012, End after CY 2018	PY 2014, Remove after PY 2020
Vascular access type — minimizing use of catheters as chronic dialysis access (NQF#0256)	January 2012, End after CY 2018	PY 2014, Remove after PY 2020
Standardized hospitalization ratio (SHR)	CY 2018	PY 2020
Kt/V dialysis adequacy — adult hemodialysis (NQF#0249)	CY 2013, End after 2016	PY 2015, Remove after PY 2018
Kt/V dialysis adequacy — adult peritoneal dialysis (NQF#0318)	CY 2013, End after 2016	PY 2015, Remove after PY 2018
Kt/V dialysis adequacy — pediatric hemodialysis (NQF#1423)	CY 2013, End after 2016	PY 2015, Remove after PY 2018
Kt/V dialysis adequacy — pediatric peritoneal dialysis	CY 2016, End after 2016	PY 2018, Remove after PY 2018
Dialysis adequacy	CY 2017	PY 2019
Standardized readmission ratio (SRR)	CY 2015	PY 2017

Continued

MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
Standardized transfusion ratio (STR)	CY 2016	PY 2018
Anemia management	CY 2013	PY 2015

PPS-EXEMPT CANCER HOSPITAL QUALITY REPORTING (PCHQR)

AFFECTS PPS-EXEMPT CANCER HOSPITALS (PCH)

PROGRAM OVERVIEW

PPS-Exempt Cancer Hospitals are required to submit quality measure to CMS for public reporting.

PAYMENT PENALTIES

Beginning in FY 2014, PCHs are required to submit to avoid reimbursement penalties.

MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
Adjuvant chemotherapy is considered or administered within four months (120 days) of surgery to patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer	January 2013	FY 2014, Remove after FY 2019
Combination chemotherapy is considered or administered within four months (120 days) of diagnosis for women under 70 with AJCC T1c, or Stage B-III hormone receptor negative breast cancer	January 2013	FY 2014, Remove after FY 2019
Adjuvant hormonal therapy	January 2013	FY 2014, Remove after FY 2019
Oncology-radiation dose limits to normal tissues	January 2015	FY 2016
Oncology: Plan of care for pain	January 2015	FY 2016
Oncology: Pain intensity quantified	January 2015	FY 2016
Prostate cancer-adjuvant hormonal therapy for high-risk patients	January 2015	FY 2016
Prostate cancer-avoidance of overuse measure-bone scan for staging low-risk patients	January 2015	FY 2016
External beam radiotherapy for bone metastases	January 2015	FY 2017
Surgical Care Improvement Project (SCIP)		
Prophylactic antibiotic received within one hour prior to surgical incision	End after third quarter 2015	End after FY 2017
Prophylactic antibiotic selection for surgical patients	End after third quarter 2015	End after FY 2017

MEASURE NAME	REPORTING EFFECTIVE DATE	AFFECTS APU
Prophylactic antibiotics discontinued within 24 hours after surgery end time	End after third quarter 2015	End after FY 2017
Postoperative urinary catheter removal on postoperative day one or two	End after third quarter 2015	End after FY 2017
Surgery patients on beta blocker therapy prior to admission who received a beta blocker during the perioperative period (end after 3Q 2015)	End after third quarter 2015	End after FY 2017
Surgery patients who received appropriate VTE prophylaxis within 24 hours prior to surgery to 24 hours after surgery end time (end after 3Q 2015)	End after third quarter 2015	End after FY 2017
Patients' Experience of Care		
HCAHPS survey	April 2014	FY 2016
Health Care-Associated Infections Reported Through NHSN		
Catheter Associated Urinary Tract Infection (CAUTI)	January 2013	FY 2014
Central Line Associated Bloodstream Infection (CLABSI)	January 2013	FY 2014
Surgical Site Infection	January 2014	FY 2015
Facilitywide inpatient hospital-onset Clostridium Difficile Infection (CDI) outcome measure	January 2016	FY 2018
Facilitywide inpatient hospital-onset Methicillin-resistant staphylococcus aureus (MRSA) bacteremia outcome measure	January 2016	FY 2018
Influenza vaccination coverage among health care personnel	October 2016	FY 2018
Claims-based Measures Calculated by CMS		
Admissions and emergency department visits for patients receiving outpatient chemotherapy	July 2016-June 2017	FY 2019
EOL-Chemo: proportion of patients who died from cancer receiving chemotherapy in the last 14 days of life (NQF#0210)	July 2017-June 2018	FY 2020
EOL-Hospice: proportion of patients who died from cancer not admitted to hospice (NQF#0215)	July 2017-June 2018	FY 2020
EOL-ICU: proportion of patients who died from cancer admitted to the ICU in the last 30 days of life (NQF#0213)	July 2017-June 2018	FY 2020
EOL-3DH: proportions of patient who died from cancer admitted to hospice for less than three days (NQF#0216)	July 2017-June 2018	FY 2020

APPENDIX A: 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%2FPPage%2FQnetTier2&cid=1138115987129>
- Hospital Outpatient Quality Reporting System
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier2&cid=1191255879384>
- Physician Quality Reporting System
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier2&cid=1187820137434>
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/PQRS/>
- Ambulatory Surgical Center Program
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier2&cid=1228772497737>
- PPS-Exempt Cancer Hospital Quality Reporting
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier2&cid=1228772864217>
- Inpatient Psychiatric Facility Quality Reporting
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier2&cid=1228772864206>
- Hospital Value-Based Purchasing
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier2&cid=1228772039937>
- Readmission Reduction Program
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier2&cid=1228772412458>
- Hospital-Acquired Conditions
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%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>
- Medicare Beneficiary Quality Improvement Program
https://www.ruralcenter.org/tasc/mbqip?utm_source=Rural+Route+October+15%2C+2014&utm_campaign=rural+route&utm_medium=email
- Institute for Healthcare Improvement — <http://www.ihl.org>
Organization working with health systems, countries and other organizations to improve the quality, safety and value in health care across the world.



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