



2021

# SPECIALTY SERVICES HOSPITAL

QUALITY REPORTING GUIDE

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# 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 as appropriate 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](#).

# GLOSSARY OF KEY TERMS

- ASCQR**..... Ambulatory Surgery Center Quality Reporting
- CMS**..... Centers for Medicare & Medicaid Services
- CY**..... Calendar Year: describes a typical calendar year. This represents Jan. 1 through Dec. 31 of the given year.
- eCQMs** ..... Electronically-Specified Clinical Quality Measures: 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.
- ESRD QIP**..... End-Stage Renal Disease Quality Incentive Program
- FFY**..... Federal Fiscal Year: describes the Medicare fiscal year time period. This represents Oct. 1 through Sept. 30 of the given year.
- HCAHPS** ..... Hospital Consumer Assessment of Healthcare Providers and Systems
- IPFQR**..... Inpatient Psychiatric Facility Quality Reporting
- IRF QRP**..... Inpatient Rehabilitation Facilities Quality Reporting Program
- LTCH QRP** ..Long-Term Care Hospital Quality Reporting Program
- MHIRS**..... Missouri Healthcare-Associated Infection Reporting System
- NHSN**.....National Healthcare Safety Network
- PCHQR**..... PPS-Exempt Cancer Hospital Quality Reporting
- PPS** ..... Prospective Payment System is a payment method where Medicare reimbursement is allocated based on a fixed amount.
- PY** ..... Payment Year: describes the year that a payment or reimbursement is received.
- SNF QRP**..... Skilled Nursing Facilities Quality Reporting Program
- TJC** ..... The Joint Commission

# REGULATORY PROGRAMS

- **Hospital-Acquired Conditions Reduction Program** — Medicare pay-for-performance program that supports the CMS effort to link Medicare payments to health care quality in the inpatient hospital setting to encourage eligible hospitals to reduce HACs; requires a reduction in payments to applicable hospitals in worst-performing quartile of risk-adjusted HAC quality measures.
- **Hospital Consumer Assessment of Healthcare Providers and Systems** — Survey program administered to a random sample of inpatients to give insight on their health care experience. Results are publicly reported on <https://www.medicare.gov/hospitalcompare/search.html> for the purposes of comparison, value-based purchasing and consumer education for health care decisions.
- **Hospital Inpatient Quality Reporting Program** — 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% reduction to the annual marketbasket update for hospitals paid under inpatient PPS.
- **Hospital Outpatient Quality Reporting Program** — 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% reduction in a provider's annual payment update under the outpatient PPS.
- **Hospital Readmission Reduction Program** — Reduction in payments to applicable hospitals for greater than expected readmissions.
- **Missouri Healthcare-Associated Infection Reporting System** — Missouri Department of Health & Senior Services program that requires Missouri hospitals to report health care-associated infections. Based on 2019 legislation, hospitals no longer are required to report to MHIRS so long as CMS requires reporting. This applies to all hospitals except ambulatory surgical centers or abortion facilities.
- **Promoting Interoperability Program** — Previously known as Medicare and Medicaid EHR Incentive Program; encourages clinicians, eligible hospitals and CAHs to adopt, implement, upgrade and demonstrate meaningful use of certified EHR technology.
- **Quality Payment Program** — Rewards high value, high quality Medicare clinicians with payment increases while reducing payments to clinicians not meeting performance standards.
- **Hospital Value-Based Purchasing** — Effort to improve health care quality by linking Medicare's payment system to patient outcomes, patient satisfaction, patient safety and efficiency.

# SPECIALTY SERVICES AND HOSPITAL QUALITY REPORTING SUMMARY

Quality Reporting Program	Data Steward	Data Collection System	Frequency of Reporting	Notes (For Hospital Use)
<b>Required*</b>				
Missouri Health Care-Associated Infection Reporting System	Missouri Department of Health & Senior Services	MHIRS website application	Monthly; required for ASC and abortion facilities; not required for hospitals reporting on CMS-required measures	
Long-Term Care Hospital Quality Reporting Program	CMS	CMS, NHSN, Vendor	Quarterly	
Ambulatory Surgery Center Quality Reporting	CMS	CMS, QualityNet, NHSN	Annually	
Inpatient Psychiatric Facility Quality Reporting	CMS, TJC	QualityNet, NHSN, TJC Direct Data System Platform	Annually	
Inpatient Rehabilitation Facilities Quality Reporting Program	CMS	Inpatient Rehab Facilities Patient Assessment Instrument, NHSN	Annually	
End-Stage Renal Disease Quality Incentive Program	CMS	CROWNWeb, NHSN, CMS	Annually	
PPS-Exempt Cancer Hospital Quality Reporting	CMS	QualityNet, NHSN, Vendor	Annually	
Skilled Nursing Facilities Quality Reporting	CMS	CMS, NHSN	Bi-annually	

*\*Based on facility's services and licensures. Please research your hospital's eligibility for each listed quality reporting program.*

## MISSOURI HEALTHCARE-ASSOCIATED INFECTION REPORTING SYSTEM

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 were required to report health care-associated infections to DHSS. Legislation passed in 2019 requires changes to the reporting requirements as previously noted.

Any ambulatory surgery center or abortion facility 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.

Measure	ASC
Surgical Site Infection	Breast, hernia

## LONG-TERM CARE HOSPITAL QUALITY REPORTING PROGRAM

Section 3004 of the Patient Protection and Affordable Care Act of 2010:

- directs the Secretary of Health and Human Services to establish quality reporting requirements for long-term care hospitals
- requires the Secretary to publish, no later than Oct. 1 of every year, 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.

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

Measure Name	Reporting Effective Date	Affects APU
<b>Measures Collected and Submitted by Hospital</b>		
Chart-Abstracted Measures Reported Using the LTCH CARE Data Set (QIES ASAP)		
Percent of residents experiencing one or more falls with major injury (Long Stay)	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
Percent of LTCH patients with an admission and discharge functional assessment and care plan that addresses function	April 2016	FY 2018
Change in mobility among LTCH patients requiring ventilator support	April 2016	FY 2018

Measure Name	Reporting Effective Date	Affects APU
Drug regimen review conducted with follow-up for identified issues	April 2018	FY 2020
Changes in skin integrity post-acute care: pressure ulcer injury	July 2018	FY 2020
Compliance with spontaneous breathing trial by day 2 of the LTCH stay	July 2018	FY 2020
Ventilator liberation rate	July 2018	FY 2020
Transfer of health information to the patient post-acute care	TBD	
<b>Health Care-Associated Infections Reported to the National Healthcare Safety Network</b>		
Urinary catheter-associated urinary tract infection (CAUTI)	Oct. 2012	FY 2014
Central line catheter-associated bloodstream infection (CLABSI)	Oct. 2012	FY 2014
Influenza vaccination coverage among health care personnel	Oct. 2014	FY 2016
Facility-wide inpatient hospital-onset clostridium difficile infection (CDI) outcome measure	Jan. 2015	FY 2017
<b>Claims-Based Measures Calculated by CMS</b>		
Potentially preventable 30-day post-discharge readmission measure	CY 2016 and 2017	FY 2018
Medicare spending per beneficiary	CY 2016 and 2017	FY 2018
Discharge to community – PAC LTCH QRP	CY 2016 and 2017	FY 2018

## AMBULATORY SURGERY CENTER QUALITY REPORTING

Pay-for-reporting program for Ambulatory Surgery Centers that collects quality of care data on a standardized measure set. For FY 2014, and each subsequent year, failure to submit required quality data results in a 2% reduction in the annual payment update. CY 2012 OPPS/ASC final rule defines the statutory history of the ASCQR program.

Measure ID	Measure Name	Reporting Effective Date	Affects APU
<b>Chart-Abstracted Measures With Aggregate Data Submission by Web-Based Tool (QualityNet)</b>			
ASC-9	Endoscopy/poly surveillance: appropriate follow-up interval for normal colonoscopy in average risk patients	April 1, 2014	CY 2016
ASC-11	Cataracts — improvement in patient’s visual function within 90 days following cataract surgery	Jan. 1, 2015 voluntary reporting	CY 2017 No effect on APU; will publicly report data received
ASC-13	Normothermia outcome	CY 2018	CY 2020
ASC-14	Unplanned anterior vitrectomy	CY 2018	CY 2020
ASC-15a	OAS CAHPS-About facilities and staff	Delayed	
ASC-15b	OAS CAHPS-Communication about procedure	Delayed	
ASC-15c	OAS CAHPS-Preparation for discharge and recovery	Delayed	
ASC-15d	OAS CAHPS-Overall rating of facility	Delayed	
ASC-15e	OAS CAHPS-Recommendation of facility	Delayed	



Measure ID	Measure Name	Reporting Effective Date	Affects APU
<b>Outcome Claims-Based</b>			
ASC-12	Facility 7-day risk-standardized hospital visit rate after outpatient colonoscopy	Jan. 1, 2019 - Dec. 31, 2021	CY 2023
ASC-17	Hospital visits after orthopedic ambulatory surgical center (ASC) procedures	Jan. 1, 2019 and Dec. 31, 2020	
ASC-18	Hospital visits after urology ambulatory surgical center procedures	Jan. 1, 2019 and Dec. 31, 2020	
ASC-19	Facility-level 7-day hospital visits after general surgery procedures performed at ASC (NQF 3357)	Pilot report completed 2020	Beginning with CY 2024 payment determination

## INPATIENT PSYCHIATRIC FACILITY QUALITY REPORTING

Pay-for-performance program that requires inpatient psychiatric facilities to submit data for specific inpatient psychiatric clinical process measures. Beginning in FY 2014, failure to submit required quality data results in a 2% reduction in the annual payment update to the standard federal rate for the applicable year.

Measure ID	Measure Name	Reporting Effective Date	Affects APU
<b>Hospital-Based Inpatient Psychiatric Services</b>			
HBIPS-2	Hours of physical restraint use (NQF 0640)	Oct. 2012	FY 2014
HBIPS-3	Hours of seclusion use (NQF 0641)	Oct. 2012	FY 2014
HBIPS-5	Patients discharged on multiple antipsychotic medications with appropriate justification (NQF 0560)	Oct. 2012	FY 2014
<b>Substance Use</b>			
SUB-2	Alcohol use brief intervention provided or offered	Jan. 2016	FY 2018
SUB-2A	Alcohol use brief intervention	Jan. 2016	FY 2018
SUB-3	Alcohol and drug use disorder treatment provided or offered at discharge	Jan. 2017	FY 2019
SUB-3A	Alcohol and drug use disorder treatment at discharge	Jan. 2017	FY 2019
<b>Tobacco Treatment</b>			
TOB-2	Tobacco use treatment provided or offered	Jan. 2015	FY 2017
TOB-2A	Tobacco use treatment	Jan. 2015	FY 2017
TOB-3	Tobacco treatment provided or offered at discharge	Jan. 2016	FY 2018
TOB-3A	Tobacco treatment at discharge	Jan. 2016	FY 2018

<b>Transition of Care</b>			
	Transition record with specified elements received by discharged patients	Jan. 2016	FY 2018
	Timely transmission of transition record	Jan. 2016	FY 2018
	Medication continuation following inpatient psychiatric discharge	Jan. 2016 (Performance period July 1, 2017 – June 30, 2019)	FY 2018 (Publicly reported 2021)
<b>Metabolic Disorders</b>			
	Screening for metabolic disorders	Jan. 2016	FY 2018
<b>Immunization</b>			
IMM-2	Influenza immunization (NQF 1659)	Oct. 2015	FY 2017
<b>Claims-Based Measures Calculated by CMS</b>			
	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
<b>Non-Measure Data</b>			
	Submit aggregate population counts by diagnostic group	CY 2015	FY 2017
	Submit aggregate population counts by payer	CY 2015	FY 2017

## INPATIENT REHABILITATION FACILITIES QUALITY REPORTING

Pay-for-reporting initiative required by CMS. Beginning FY 2014, failure to submit required quality data results in a 2% reduction in the annual payment update to the standard federal rate for the applicable year.

Measure Name	Reporting Effective Date	Affects APU
<b>Chart-Abstracted Measures Reported Through IRF-Patient Assessment Instrument (IRF-PAI)</b>		
Percent of residents experiencing one or more falls with major injury (application of NQF 0674)	Oct. 2016	FY 2018
Percent of LTCH patients with an admission and discharge functional assessment and a care plan that addresses function (application of NQF 2631)	Oct. 2016	FY 2018
Change in self-care score for medical rehabilitation patients (NQF 2633)	Oct. 2016	FY 2018
Change in mobility score for medical rehabilitation patients (NQF 2634)	Oct. 2016	FY 2018
Discharge self-care score for medical rehabilitation patients (NQF 2635)	Oct. 2016	FY 2018
Discharge mobility score for medical rehabilitation patients (NQF 2636)	Oct. 2016	FY 2018
Drug regimen review conducted with follow-up for identified issues	Oct. 2018	FY 2020
Changes in skin integrity post-acute care: pressure ulcer/ injury	Oct. 2018	FY 2020
<b>Quality Measures Reported to NHSN</b>		
Urinary catheter-associated urinary tract infection (NQF 0138)	Oct. 2012	FY 2014
Influenza vaccination coverage among health care personnel (NQF 0431)	Oct. 2014	FY 2016
NHSN facility-wide inpatient hospital-onset clostridium difficile infection outcome measure (NQF 1717)	Jan. 2015	FY 2017
<b>Claims-Based Measures and Other Measures (IMPACT)</b>		
Discharge to community	CY 2016 and 2017	FY 2018
Medicare spending per beneficiary	CY 2016 and 2017	FY 2018
Potentially preventable 30-day post-discharge readmission measure for IRFs	CY 2016 and 2017	FY 2018
Potentially preventable within stay readmission measure for IRFs	CY 2016 and 2017	FY 2018
Transfer of health information to the provider post-acute	TBD	

## SKILLED NURSING FACILITIES QUALITY REPORTING PROGRAM

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

Measure Name	Reporting Effective Date	Affects APU
<b>Resident Assessment Instrument Minimum Data Set</b>		
Application of percent of residents experiencing one or more falls with major injury (long stay) (NQF 0674)	Oct. 2016	FY 2018
Application of percent of long-term care hospital patients with an admission and discharge functional assessment and a care plan that addresses function (NQF 2631)	Oct. 2016	FY 2018
Drug regimen review conducted with follow-up for identified issues – post acute care skilled nursing facility quality reporting program	Oct. 2018	FY 2020
Changes in skin integrity post-acute care: pressure ulcer/injury	Oct. 2018	FY 2020
Application of IRF functional outcome measure: change in self-care score for medical rehabilitation patients (NQF 2633)	Oct. 2018	FY 2020
Application of IRF functional outcome measure: change in mobility score for medical rehabilitation patients (NQF 2634)	Oct. 2018	FY 2020
Application of IRF functional outcome measure: discharge self-care score for medical rehabilitation patients (NQF 2635)	Oct. 2018	FY 2020
Application of IRF functional outcome measure: discharge mobility score for medical rehabilitation patients (NQF 2636)	Oct. 2018	FY 2020
<b>Claims-Based</b>		
Total estimated Medicare spending per beneficiary – post-acute care skilled facility Quality Reporting Program	FY 2017	FY 2018
Discharge to community-post acute care skilled nursing facility quality reporting program (FY 2020 excludes baseline nursing facility residents from the measure)	FY 2017	FY 2018
Potentially preventable 30-day post-discharge readmission measure for skilled nursing facility Quality Reporting Program	FY 2017	FY2018
<b>Finalized for FY 2022</b>		
<b>Process Measures</b>		
Transfer of health information to provider – post-acute care measure	TBD	TBD
Transfer of health information to the patient – post-acute care measure	TBD	TBD
<b>Skilled Nursing Facility Value-Based Purchasing</b>		
30-day all-cause readmission measure (NQF 2510)	Oct. 2018	FY 2019
<b>Standardized Patient Assessment Data Elements</b>		
Standardized patient assessment data elements (SPADES) have been proposed and accepted for FY 2022.		

## SKILLED NURSING FACILITY VALUE-BASED PURCHASING PROGRAM

Section 215(b) of the Protecting Access to Medicare Act of 2014 authorized the implementation of a skilled-nursing facility value-based purchasing program. Beginning with services provided on Oct. 1, 2018, SNF payments began to be adjusted based on the performance under the Medicare VBP system. SNF Medicare payment adjustment can reduce the federal per diem rate by up to 2%. The VBP payment is determined by a single measure – SNF 30-day all-cause readmission measure (NQF #2510).

## END-STAGE RENAL DISEASE QUALITY INCENTIVE PROGRAM

CMS administers the ESRD QIP to promote high-quality services in facilities treating patients with ESRD. Failure to meet or exceed certain performance standards shall result in a 2% reduction in the annual payment update to the standard federal rate for the applicable year.

Measure Name	Reporting Effective Date	Affects APU
<b>Measures Reported Through NHSN</b>		
NHSN bloodstream infection in hemodialysis outpatients	2014	PY 2016
Dialysis Event Reporting	CY 2017	PY 2019
<b>Measures Reported Through CROWNWeb</b>		
ICH CAHPS	2012	PY 2014
Hypercalcemia (NQF 1454)	2014	PY 2016
Clinical depression screening and follow-up	2016	PY 2018
Ultrafiltration rate	CY 2018	PY 2020
Hemodialysis vascular access: standardized fistula rate (NQF 2977)	CY 2019	PY 2021
Hemodialysis vascular access: long-term catheter rate (NQF 2978)	CY 2019	PY 2021
Percentage of prevalent patients waitlisted	CY 2020	PY 2022
Medication reconciliation	CY 2020	PY 2022
Standardized first kidney transplant waitlist ratio for incident dialysis patient	CY 2019 through CY 2020	PY 2024
<b>Claims-Based Measures Calculated by CMS</b>		
Standardized hospitalization ratio (SHR)	CY 2018	PY 2020
Dialysis adequacy	CY 2017	PY 2019
Standardized readmission ratio	CY 2015	PY 2017
Standardized transfusion ratio	CY 2016	PY 2018

## PPS-EXEMPT CANCER HOSPITAL QUALITY REPORTING

PPS-exempt cancer hospitals are required to submit quality measure to CMS for public reporting. Beginning in FY 2014, PCHs are required to submit to avoid reimbursement penalties.

Measure ID	Measure Name	Reporting Effective Date	Affects APU
<b>Clinical Process/Oncology Care Reported Through QualityNet</b>			
PCH-14	Oncology: radiation dose limits to normal tissues	Jan. 2015	FY 2016 (remove after FY 2021)
PCH-15	Oncology: plan of care for moderate to severe pain	Jan. 2015	FY 2016
PCH-16	Oncology: medical and radiation pain intensity quantified	Jan. 2015	FY 2016 (remove after FY 2021)
PCH-17	Prostate cancer-adjuvant hormonal therapy for high-risk patients	Jan. 2015	FY 2016 (remove after FY 2021)
PCH-18	Prostate cancer-avoidance of overuse measure-bone scan for staging low-risk patients	Jan. 2015	FY 2016 (remove after FY 2021)
<b>Patient's Experience of Care</b>			
PCH-29	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey	April 2014	FY 2016
<b>Health Care-Associated Infections Reported Through NHSN</b>			
PCH-4	Central line associated bloodstream infection (CLABSI)	Jan. 2013	FY 2014
PCH-5	Catheter associated urinary tract infection (CAUTI)	Jan. 2013	FY 2014
PCH-6, PCH-7	Surgical site infection	Jan. 2014	FY 2015
PCH-26	Facility-wide inpatient hospital-onset clostridium difficile infection outcome measure	Jan. 2016	FY 2018
PCH-27	Facility-wide inpatient hospital-onset Methicillin-resistant staphylococcus aureus bacteremia outcome measure	Jan. 2016	FY 2018
PCH-28	Influenza vaccination coverage among health care personnel	Oct. 2016	FY 2018
<b>Outcome/Claims-Based Measures Calculated by CMS</b>			
PCH-30, PCH-31	Admissions and emergency department visits for patients receiving outpatient chemotherapy	July 2016 – June 2017	FY 2019
PCH-32	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 2022
PCH-33	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 2022
PCH-34	EOL-Hospice: proportion of patients who died from cancer not admitted to hospice (NQF 0215)	July 2017 – June 2018	FY 2022
PCH-35	EOL-3DH: proportions of patients who died from cancer admitted to hospice for less than three days (NQF 0216)	July 2017 – June 2018	FY 2022
PCH-36	30-day unplanned readmissions for cancer patients (NQF 3188)	Jan. 1 2020 – Dec. 31, 2021	
PCH-37	Surgical treatment complications for localized prostate cancer	Jan. 1, 2020 – Dec. 31, 2021	

## APPENDIX A — WEBSITE RESOURCES

QualityNet (<https://qualitynet.cms.gov/>) 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.

- Inpatient Quality Reporting — <https://qualitynet.cms.gov/inpatient>
- Outpatient Quality Reporting — <https://qualitynet.cms.gov/outpatient>
- Inpatient Psychiatric Facility Quality Reporting — <https://qualitynet.cms.gov/ipf>
- PPS-Exempt Cancer Hospital Quality Reporting — <https://qualitynet.cms.gov/pch>
- Value-Based Purchasing — <https://qualitynet.cms.gov/inpatient/hvbp>
- Hospital Readmissions Reduction — <https://qualitynet.cms.gov/inpatient/hrrp>
- Hospital-Acquired Condition Reduction — <https://qualitynet.cms.gov/inpatient/hac>
- Ambulatory Surgical Center Program — <https://www.qualitynet.org/asc>

Additional web resources include:

Resource	Website Address
CMS Hospital Inpatient Quality Reporting Program	<a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalRHQDAPU">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalRHQDAPU</a>
CMS Hospital Outpatient Quality Reporting Program	<a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram</a>
CMS Consumer Assessment of Healthcare Providers and Systems	<a href="https://www.cms.gov/research-statistics-data-and-systems/research/cahps">https://www.cms.gov/research-statistics-data-and-systems/research/cahps</a>
CMS Hospital Value-Based Purchasing Program	<a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/HVBP/Hospital-Value-Based-Purchasing">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/HVBP/Hospital-Value-Based-Purchasing</a>
CMS Inpatient Quality Improvement Program Measures for Acute Care Hospitals – Fiscal Year 2022 Payment Update	<a href="https://www.qualityreportingcenter.com/globalassets/iqr_resources/iqr-resources-for-fy-2022-pymt-determination/cms_qualityprogram_measures_comparison_fy2022_hqr_vfinal508.pdf">https://www.qualityreportingcenter.com/globalassets/iqr_resources/iqr-resources-for-fy-2022-pymt-determination/cms_qualityprogram_measures_comparison_fy2022_hqr_vfinal508.pdf</a>
Quality Reporting Center — Resources to assist hospital, inpatient psychiatric facilities, PPS-exempt cancer hospitals and ambulatory surgical centers with quality data reporting	<a href="https://www.qualityreportingcenter.com">https://www.qualityreportingcenter.com</a>
Hospital Consumer Assessment of Healthcare Providers and Systems — Tools and analysis of the patient experience surveys	<a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS</a>

Agency for Healthcare Research and Quality — Agency charged with improving the safety and quality of America’s health care system AHRQ provides information and tools regarding:	<a href="https://www.ahrq.gov/">https://www.ahrq.gov/</a>
• Patient Safety Indicators	<a href="https://psnet.ahrq.gov/issue/patient-safety-indicators-overview">https://psnet.ahrq.gov/issue/patient-safety-indicators-overview</a>
• Inpatient Quality Indicators	<a href="https://psnet.ahrq.gov/issue/inpatient-quality-indicators">https://psnet.ahrq.gov/issue/inpatient-quality-indicators</a>
• Prevention Quality Indicators	<a href="https://psnet.ahrq.gov/issue/prevention-quality-indicators-overview">https://psnet.ahrq.gov/issue/prevention-quality-indicators-overview</a>
• Pediatric Quality Indicators	<a href="https://psnet.ahrq.gov/issue/pediatric-quality-indicators-overview">https://psnet.ahrq.gov/issue/pediatric-quality-indicators-overview</a>
Missouri Healthcare-Associated Infection Reporting System	<a href="https://health.mo.gov/data/mhirs/">https://health.mo.gov/data/mhirs/</a>
Institute for Healthcare Improvement — Organization whose mission is to improve health and health care worldwide	<a href="http://www.ihp.org/">http://www.ihp.org/</a>
National Academies of Sciences, Engineering, Medicine Vital Signs Report	<a href="https://www.nap.edu/catalog/19402/vital-signs-core-metrics-for-health-and-health-care-progress">https://www.nap.edu/catalog/19402/vital-signs-core-metrics-for-health-and-health-care-progress</a>
Medicare Beneficiary Quality Improvement Program	<a href="https://www.ruralcenter.org/tasc/mbqip">https://www.ruralcenter.org/tasc/mbqip</a>