2024

CRITICAL ACCESS HOSPITAL

QUALITY REPORTING GUIDE

MHA
MISSOURI HOSPITAL ASSOCIATION

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INTRODUCTION

The Missouri Hospital Association's Critical Access Hospitals Quality Reporting Guide is intended to provide support to CAHs 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. As a result, 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

AIM .... Alliance for Innovation on Maternal Health

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.

DNV .... Det Norske Veritas: Global quality assurance and risk management company providing accreditation services for hospital and health care systems

eCQMs .... Electronic 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.

EHR .... Electronic Health Record

FFY .... Federal Fiscal Year: describes the Medicare fiscal year. This represents Oct. 1 through Sept. 30 of the given year.

HAC .... Hospital-Acquired Conditions (Present on Admission Indicator) Program

HCAHPS .... Hospital Consumer Assessment of Healthcare Providers and Systems

HIDI .... MHA Hospital Industry Data Institute

HIQRP .... Hospital Inpatient Quality Reporting Program

HOQRP .... Hospital Outpatient Quality Reporting Program

HRRP .... Hospital Readmission Reduction Program

MC LAN .... Maternal-Child Learning and Action Network

NAS .... Neonatal Abstinence Syndrome

NHSN .... National Healthcare Safety Network

OAS CAHPS .... Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems

PAMR .... Pregnancy-Associated Mortality Review Board

PPS .... Prospective Payment System: payment method where Medicare reimbursement is allocated based on a fixed amount.

PQC .... Perinatal Quality Collaborative

PY .... Payment Year: describes the year that a payment or reimbursement is received

QI .... Quality Improvement

QPP .... Quality Payment Program

SUD .... Substance Use Disorder

TJC .... The Joint Commission

VBP .... Hospital Value-Based Purchasing

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/care-compare/?providerType=Hospital&redirect=true 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 and 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.

CRITICAL ACCESS HOSPITAL
QUALITY REPORTING PROGRAM SUMMARY

Quality Reporting Program	Data Steward	Data Collection System	Reporting Frequency	Notes (For Hospital Use)
REQUIRED*				
MHIRS	Missouri Department of Health and Senior Services	MHIRS Website Application	Monthly	
eCQM Program – Required for Promoting Interoperability Program	CMS	QualityNet, Vendor	Quarterly	
Missouri Quality Transparency Measures	MHA HIDI	HIDI, NHSN	Quarterly	
STRONGLY ENCOURAGED*				
Flex MBQIP	Health Resources and Services Administration	CART Tool and/or chart-abstracted measure vendor, HCAHPS vendor, NHSN, Excel	Quarterly	
AIM	Health Resources and Services Administration, ACOG	CMS claims, chart abstracted data	Monthly and quarterly	
Missouri Neonatal Abstinence Syndrome Collaborative	MHA	CMS claims, chart abstracted data	Monthly and quarterly	
ACCREDITATION*				
TJC National Quality Acute Care Hospital Accreditation Program – Required if accredited	TJC	TJC Direct Data Submission Platform	Quarterly	
DNV – Required if accredited	DNV			

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

MEDICARE PROMOTING INTEROPERABILITY PROGRAM

Electronic clinical quality measures are tools that help measure and track the quality of health care services that eligible professionals, eligible hospitals and critical access hospitals provide, as generated by a provider's electronic health record. Measuring and reporting eCQMs help to ensure that our health care system is delivering effective, safe, efficient, patient-centered, equitable and timely care. eCQMs measure many aspects of patient care, including patient and family engagement, patient safety, care coordination, population/public health, efficient use of health care resources and clinical process/effectiveness.

Health care providers are required to electronically report eCQMs, which use data from EHRs and/or health information technology systems to measure health care quality. To report eCQMs successfully, health care providers must adhere to the requirements identified by the CMS quality program in which they intend to participate.

Each year, CMS makes updates to the eCQMs approved for CMS programs to reflect changes in evidence-based medicine, code sets and measure logic.

To successfully participate in the Medicare Promoting Interoperability Program, CMS requires EPs, eligible hospitals, CAHs and dual-eligible hospitals to report on eCQMs. These eCQMs are determined by CMS and require use of the 2015 Edition Cures Update criteria in order to meet the CEHRT definition. Review this site for more information on the program.

CY 2024 Reporting Criteria

Eligible hospitals and CAHs that report CQMs electronically for the Promoting Interoperability Program or participate in both the Promoting Interoperability Program and the IQR Program are required to report on a total of six eCQMs for all four quarters of CY 2024:

- three of the 12 self-selected eCQMs
- Safe Use of Opioids – Concurrent Prescribing eCQM
- Cesarean Birth (required for hospitals with obstetrics departments)
- Severe Obstetric Complications (required for hospitals with obstetrics departments)

The submission period begins two months following the close of CY 2024 and ends Feb. 28, 2025. Information on eCQM specifications is available on the eCQI Information Resource Center.

Short Name	Measure Name
ePC-02	Cesarean birth (mandatory for hospitals with OB department)
ePC-07	Severe obstetric complications (mandatory for hospitals with OB department)
STK-02	Discharged on antithrombotic therapy
STK-03	Anticoagulation therapy for atrial fibrillation/flutter
STK-05	Antithrombotic therapy by the end of hospital day 2
VTE-1	Venous thromboembolism prophylaxis
VTE-2	Intensive care unit venous thromboembolism prophylaxis
Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing (mandatory)
HH-01	Hospital harm – severe hypoglycemia measure
HH-02	Hospital harm – severe hyperglycemia measure
HH-ORAE	Hospital harm – opioid-related adverse events
GMCS	Global malnutrition composite score

QUALITY PAYMENT PROGRAM

The Quality Payment Program is authorized under the Medicare Access and CHIP Reauthorization Act of 2015 Provisions of the QPP rewards high value, high quality Medicare clinicians with payment increases while at the same time reducing payments to those clinicians who aren't meeting performance standards.

Clinicians have two tracks to choose from in the Quality Payment Program based on their practice size, specialty, location, or patient population:

- Merit-based Incentive Payment System or
- Advanced Alternative Payment Models

Detailed information about QPP is available on the CMS website.

INITIATIVES

MISSOURI QUALITY TRANSPARENCY MEASURES

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 reported their facility-specific quality measure data on www.focusonhospitals.com. If a hospital chooses to participate, its quarterly hospital-specific measure data is displayed.

Quality transparency measures for the initiative 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. Categories include:

- managing chronic diseases
- preventing infections
- preventing harm
- managing readmissions

Detailed information on the measures is available on the MHA website, including:

- Missouri Price Quality Measure Technical Manual — provides specifications for Missouri price and quality measures that are included in the transparency initiative
- glossary — a snapshot of the measures that includes technical specifications, risk adjustment, rate explanation and importance

VOLUNTARY INITIATIVES

MISSOURI PERINATAL QUALITY COLLABORATIVE AND MATERNAL-CHILD LEARNING AND ACTION NETWORK

MHA leads and facilitates the Missouri Perinatal Quality Collaborative (PQC), which encompasses the Maternal-Child Learning and Action Network (MC LAN) and Missouri's inclusion in the American College of Obstetricians and Gynecologists Alliance for Innovation on Maternal Health patient safety bundles. Missouri birthing hospitals and associated stakeholders currently may participate in several patient safety bundles, with additional quality improvement collaboratives expected to launch in the future.

- **MO AIM:** Caring for Pregnant and Postpartum Persons with Substance Use Disorder
- **MO AIM:** Severe Hypertension in Pregnancy
- **MO AIM:** Obstetrical Hemorrhage
- **MO AIM:** Cardiac Conditions of Care
- **MO AIM:** Perinatal Mental Health
- **MO NAS:** Implementing Eat, Sleep, Console Assessment for Infants affected by SUD

Missouri's PQC/LAN offers opportunities for stakeholders across the care continuum to connect, receive education and training, access subject matter experts and resources, and submit data toward quality improvement activities. It is directly connected to the Missouri Pregnancy-Associated Mortality Review Board and develops actions in response to annual PAMR report recommendations. The following are a few examples.

- **Quality Improvement Collaboratives** – Participants receive intensive technical support and guidance to implement and advance evidence-based practices to improve health outcomes, clinical effectiveness and operational efficiency.
- **Virtual and In-person Learning** – Multiple options are available to connect with other stakeholders across the state and nation, with access to maternal-child field subject matter experts. Platforms are leveraged to support shared learning and cross-sector collaboration.
- **Reports, Toolkits and Other Resources** – Supportive materials are developed for high-need topics and are distributed broadly to improve knowledge, reduce stigma and facilitate rapid implementation of evidence-based processes.
- **Research and Pilot Activities** – Current examples include The Cuff Kit™ project with associated research study, a study of patients' perceptions of maternal mortality, and reviewing standards for postpartum care through one year post-birth.

This work, along with leveraging strong cross-sector partnerships, is designed to incrementally drive change to achieve the vision of "Healthy Moms, Healthy Babies, Healthy Missouri."

MEDICARE BENEFICIARY QUALITY IMPROVEMENT PROJECT

The Federal Office of Rural Health Policy created the Medicare Beneficiary Quality Improvement Project with the goal of improving the quality of care delivered at CAHs. This voluntary project is offered to CAHs through participation in the Medicare Rural Hospital Flexibility Grant Program. It focuses on quality measures and encourages CAHs to engage in improvement projects to benefit the patients in their communities. Program and measure details are available at the National Rural Health Resource Center or Missouri Office of Rural Health and Primary Care website.

ACCREDITATION

THE JOINT COMMISSION

In 1987, The Joint Commission announced its *Agenda for Change*, which outlined a series of major steps designed to modernize the accreditation process. A key component of the *Agenda for Change* was the eventual introduction of standardized core performance measures into the accreditation process. As the vision to integrate performance measurement into accreditation became more focused, the name ORYX® was chosen for the entire initiative. ORYX® is The Joint Commission's performance measurement and improvement initiative, which integrates outcomes and other performance measure data into the accreditation process.

The ORYX® initiative became operational in March of 1999, when performance measurement systems began transmitting data to The Joint Commission on behalf of accredited hospitals. ORYX® measurement requirements are intended to support Joint Commission accredited organizations in their quality improvement efforts.

The initial phase of the ORYX® initiative provided healthcare organizations a great degree of flexibility in terms of the measures that could be reported. Over time, the ORYX® measures have evolved into standardized valid, reliable, and evidence-based quality measures.

The initial CMS/Joint Commission alignment efforts addressed chart-abstracted measures and subsequently both organizations have worked on aligning as closely as possible the electronic clinical quality measures (eCQMs).

The Joint Commission began accepting direct data submission of eCQM data from hospitals with the submission of CY 2017 eCQM data. The Direct Data Submission Platform enables an ORYX eCQM process that simplifies operations and reduces the burden for accredited hospitals while ensuring regulatory compliance and security. Beginning CY 2020 and forward for chart-based measure data, all hospitals utilize the DDS Platform for submission of data for accreditation.

Information regarding measures collected by TJC effective Jan. 1, 2024, can be found on the TJC [website](#).

Source: *[Specifications Manual for Joint Commission National Quality Measures](#), version 2024A1.*

DNV

On Sept. 26, 2008, CMS approved then DNV GL Healthcare by granting it deeming authority for hospitals. Hospitals accredited by DNV after that date are deemed to be in compliance with the Medicare conditions of participation. Participating hospitals can seek [accreditation](#) and [certification](#) in specialty programs such as cardiac, advanced orthopedic and stroke care. The company's name changed from DNV GL to DNV in 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. 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

The Hospital Quality Reporting Secure Portal 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.

Additional web resources include:

Resource	Website Address
CMS Hospital Inpatient Quality Reporting Program	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalRHQDAPU
CMS Hospital Outpatient Quality Reporting Program	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram
CMS Hospital Value-Based Purchasing Program	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/HVBP/Hospital-Value-Based-Purchasing
IQR Hospital Quality Reporting Important Dates and Deadlines	https://qualityreportingcenter.com/globalassets/2023/10/iqr/iqr-important-dates-deadlines--_october-2023508.pdf
OQR Hospital Important Data-Related Dates, CY 2025 Payment Determination	https://qualityreportingcenter.com/globalassets/2023/08/oqr/hosp_oqr_imptdates_cy25_pymt-final508.pdf
Hospital Consumer Assessment of Healthcare Providers and Systems	https://www.cms.gov/research-statistics-data-and-systems/research/cahps https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS
Outpatient and Ambulatory Surgery CAHPS	https://oascahps.org/
Quality Reporting Center — Tools and resources to assist hospital, inpatient psychiatric facilities, PPS-exempt cancer hospitals and ambulatory surgical centers with quality data reporting	https://www.qualityreportingcenter.com

Resource	Website Address
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:	https://www.ahrq.gov/
• Patient Safety Indicators	https://qualityindicators.ahrq.gov/modules/psi_resources.aspx#techspecs
• Inpatient Quality Indicators	https://qualityindicators.ahrq.gov/modules/iqi_resources.aspx#techspecs
• Prevention Quality Indicators	https://qualityindicators.ahrq.gov/modules/pqi_resources.aspx#techspecs
• Pediatric Quality Indicators	https://qualityindicators.ahrq.gov/modules/pdi_resources.aspx#techspecs
Missouri Healthcare-Associated Infection Reporting System	https://health.mo.gov/data/mhirs/
Institute for Healthcare Improvement — Organization whose mission is to improve health and health care worldwide	http://www.ihi.org/
National Academies of Sciences, Engineering, Medicine Vital Signs Report	https://www.nap.edu/catalog/19402/vital-signs-core-metrics-for-health-and-health-care-progress
Medicare Beneficiary Quality Improvement Program	https://www.ruralcenter.org/tasc/mbqip
Centers for Disease Control and Prevention National Healthcare Safety Network	https://www.cdc.gov/nhsn/index.html
Electronic Clinical Quality Improvement (eCQI) Resource Center	https://ecqi.healthit.gov/