



2024

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. 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 in [Appendix A](#).

GLOSSARY OF KEY TERMS

ASC	Ambulatory Surgery Center
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	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.
ESRD QIP	End-Stage Renal Disease Quality Incentive Program
FFY	Federal Fiscal Year: refers to the Medicare fiscal year. 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 Facility 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
PHE	Public Health Emergency
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
REH QRP	Rural Emergency Hospital Quality Reporting Program
SNF QRP	Skilled Nursing Facility Quality Reporting Program
TJC	The Joint Commission

REGULATORY PROGRAMS

- **Ambulatory Surgery Center Quality Reporting Program** — Promotes higher quality, more efficient health care for Medicare beneficiaries through quality-of-care measurement. To meet ASCQR Program requirements and receive the full payment updates ASCs must meet data collection and data submission requirements. ASCs submit data for quality measures by submitting data via the web-based tool on the QualityNet Secure Portal.
- **End-Stage Renal Disease Quality Incentive Program** — Promotes high-quality services in renal dialysis facilities. The ESRD QIP reduces payments to renal dialysis facilities that do not meet or exceed certain performance standards on applicable measures.
- **Inpatient Psychiatric Facility Quality Reporting Program** — Equips consumers with quality-of-care information to make more informed decisions about health care options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care provided to beneficiaries by ensuring that providers are aware of and reporting on best practices for their respective facilities and type of care.
- **Inpatient Rehabilitation Facility Quality Reporting Program** — CMS established the IRF QRP in response to the reporting requirements identified in the Improving Medicare Post-Acute Care Transformation Act (IMPACT Act). The IMPACT Act intends for standardized post-acute care data to improve Medicare beneficiary outcomes through shared decision-making, care coordination, and enhanced discharge planning.
- **Long-Term Care Hospital Quality Reporting Program** — CMS established the LTCH QRP in response to the reporting requirements identified in the Improving Medicare Post-Acute Care Transformation Act. The IMPACT Act intends for standardized post-acute care data to improve Medicare beneficiary outcomes through shared decision-making, care coordination, and enhanced discharge planning.
- **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.
- **PPS-Exempt Cancer Hospital Quality Reporting Program** — Equips consumers with quality-of-care information to make more informed decisions about health care options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care that is provided to Medicare beneficiaries. A major part of the program supports improvement by ensuring that providers are aware of and reporting on best practices for their respective facilities and type of care.
- **Rural Emergency Hospital Quality Reporting Program** — CMS identified quality measures to be reported in response to the development of the Rural Emergency Hospital provider designation.
- **Skilled Nursing Facility Quality Reporting Program** — CMS established the SNF QRP in response to the reporting requirements identified in the Improving Medicare Post-Acute Care Transformation Act. The IMPACT Act intends for standardized post-acute care data to improve Medicare beneficiary outcomes through shared decision-making, care coordination and enhanced discharge planning.

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 require changes to the reporting requirements for hospitals. In order to streamline government and to eliminate duplicative reporting requirements, if CMS, or its successor entity, requires hospitals to submit health care-associated infection data, then hospitals and the department shall not be required to comply with additional health care-associated infection data reporting requirements of Section 192.667.2-17, RSMo, except that the department shall post a link on its website to publicly reported data by hospitals on the CMS Hospital Compare website, or its successor. ASCs and other facilities are required to report to MHIRS.

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 can 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
Measures Collected and Submitted by Hospital		
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; Removed after FY 2024
Percent of LTCH patients with an admission and discharge functional assessment and care plan that addresses function	April 2016	FY 2018; Removed after FY 2024
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
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 *Public reporting to begin with September 2024 Care Compare refresh or as soon as possible	Oct. 2020	FY 2022
Transfer of health information to the provider post-acute care *Public reporting to begin with September 2024 Care Compare refresh or as soon as possible	Oct. 2020	FY 2022
Functional discharge score (DC Function)	CY 2023	FY 2025
COVID-19 vaccine % of patients/residents who are up to date	Oct. 2023	FY 2026
Health Care-Associated Infections Reported to the National Healthcare Safety Network		
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
COVID-19 Vaccination Coverage Among Healthcare Personnel	Oct. 2021	FY 2023
Modified to health care personnel with “update” vaccine	Oct. 2023	FY 2025
Patient/Resident Level COVID-19 Vaccine		FY 2026
Claims-Based Measures Calculated by CMS		
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
Measures Collected and Submitted by Hospital			
Chart-Abstracted Measures With Aggregate Data Submission by Web-Based Tool (QualityNet)			
ASC-1	Patient burn	CY 2023	CY 2025
ASC-2	Patient fall (NQF 0266)	CY 2023	CY 2025
ASC-3	Wrong site, wrong side, wrong patient, wrong procedures, wrong implant (NQF 0267)	CY 2023	CY 2025
ASC-4	All-cause hospital transfer/admission (NQF 0265)	CY 2023	CY 2025
ASC-9	Endoscopy/poly surveillance: appropriate follow-up interval for normal colonoscopy in average risk patients (NQF 0658) Revises ages from 50-75 to 45-75	April 1, 2014	CY 2016
		CY 2024	CY 2026
ASC-11	Cataracts — improvement in patient’s visual function within 90 days following cataract surgery (NQF 1536)	CY 2015 voluntary CY 2024 voluntary	
ASC-13	Normothermia outcome	CY 2018	CY 2020
ASC-14	Unplanned anterior vitrectomy	CY 2018	CY 2020
Consumer Assessment of Healthcare Providers and Systems			
ASC-15a	OAS CAHPS-About facilities and staff	CY 2024 voluntary; CY 2025 mandatory	CY 2027
ASC-15b	OAS CAHPS-Communication about procedure	CY 2024 voluntary; CY 2025 mandatory	CY 2027
ASC-15c	OAS CAHPS-Preparation for discharge and recovery	CY 2024 voluntary; CY 2025 mandatory	CY 2027
ASC-15d	OAS CAHPS-Overall rating of facility	CY 2024 voluntary; CY 2025 mandatory	CY 2027
ASC-15e	OAS CAHPS-Recommendation of facility	CY 2024 voluntary; CY 2025 mandatory	CY 2027
Healthcare Associated Infections Reporting to NHSN			
ASC-20	COVID-19 Vaccination Coverage Among HCP	CY 2022	CY 2024
	Modified to HCP with “up to date” vaccines	CY 2024	CY 2026

Measure ID	Measure Name	Reporting Effective Date	Affects APU
Patient-Reported Outcome Performance Measures			
	Pro-PM following elective primary total hip arthroplasty and/or total knee arthroplasty in the ASC setting	CY 2025 voluntary CY 2026 voluntary CY 2027 voluntary CY 2028 mandatory	CY 2031
Claims Based Measures Calculated by CMS			
Outcome Measures			
ASC-12	Facility 7-day risk-standardized hospital visit rate after outpatient colonoscopy (NQF 2539)	CY 2016	CY 2018
ASC-17	Hospital visits after orthopedic ambulatory surgical center (ASC) procedures (NQF 3470)	CY 2019 to 2020	CY 2022
ASC-18	Hospital visits after urology ambulatory surgical center procedures (NQF 3366)	CY 2019 to 2020	CY 2022
ASC-19	Facility-level 7-day hospital visits after general surgery procedures performed at ASC (NQF 3357)	CY 2021 to 2022	CY 2024

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. Submission of patient-level and facility-level data is required annually.

Measure ID	Measure Name	Reporting Effective Date	Affects APU
Measures Collected and Submitted by Hospital			
Hospital-Based Inpatient Psychiatric Services			
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 End after Dec. 2023	FY 2014; removed after FY 2024
Substance Use			
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

Measure ID	Measure Name	Reporting Effective Date	Affects APU
Tobacco Treatment			
TOB-2	Tobacco use treatment provided or offered	Jan. 2015 End after Dec. 2023	FY 2017; removed after FY 2024
TOB-2A	Tobacco use treatment	Jan. 2015 End after Dec. 2023	FY 2017; removed after FY 2024
TOB-3	Tobacco treatment provided or offered at discharge	Jan. 2016	FY 2018
TOB-3A	Tobacco treatment at discharge	Jan. 2016	FY 2018
Transition of Care			
TR-1	Transition record with specified elements received by discharged patients	Jan. 2017	FY 2019
Metabolic Disorders			
SMD	Screening for metabolic disorders	Jan. 2017	FY 2019
Immunization			
IMM-2	Influenza immunization (NQF 1659)	Oct. 2015	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
Measures Reported to NHSN			
COVID HCP	COVID-19 Vaccination Coverage Among Healthcare Personnel	Oct. 1, 2021	FY 2023
	Modified to HCP with “up to date” vaccines	Oct. 2023	FY 2025
Claims-Based Measures Calculated by CMS			
Clinical Quality of Care Measure			
FAPH	Follow-up after psychiatric hospitalization	July 2021 – June 2022	FY 2024
MedCont	Medication continuation following inpatient psychiatric discharge	July 2017 – June 2019	FY 2021
Readmission Measure			
	30-day all cause unplanned readmission following psychiatric hospitalization in an IPF		FY 2019
Attestation-based Structural Measure			
	Facility Commitment to Health Equity	CY 2024	FY 2026
	Screening for Social Drivers of Health Measure	Voluntary CY 2024; mandatory CY 2025	FY 2027
	Screen Positive Rate for Social Drivers of Health	Voluntary CY 2024; Mandatory CY 2025	FY 2027

Measure ID	Measure Name	Reporting Effective Date	Affects APU
Patient Experience of Care Survey Measure			
	Psychiatric Inpatient Experience (PIX) Survey	Voluntary CY 2025; mandatory CY 2026	FY 2028

INPATIENT REHABILITATION FACILITY 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
Measures Collected and Submitted by Hospital		
Chart-Abstracted Measures Reported Through IRF-Patient Assessment Instrument (IRF-PAI)		
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; removed after FY 2024
Change in self-care score for medical rehabilitation patients (NQF 2633)	Oct. 2016	FY 2018; removed after FY 2024
Change in mobility score for medical rehabilitation patients (NQF 2634)	Oct. 2016	FY 2018; removed after FY 2024
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
Transfer of health information to the provider post-acute *Public reporting to begin with September 2024 Care Compare refresh or as soon as possible.	Oct. 2020	FY 2022

Measure Name	Reporting Effective Date	Affects APU
Transfer of health information to the patient post-acute care *Definition changed to remove discharge under qualified home health or hospice from the denominator beginning with FY 2023. **Public reporting to begin with September 2024 Care Compare refresh or as soon as possible.	Oct. 2020	FY 2022
Discharge function score	CY 2023	FY 2025
COVID-19 vaccine % of patients/residents who are up to date	Oct. 2024	FY 2026
Quality Measures Reported to NHSN		
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
COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) Measure Modified to HCP “up to date” with vaccines	Oct. 1, 2021 Oct. 2023	FY 2023 FY 2025
Patient/Resident COVID-19 Vaccine		FY 2026
Claims-Based Measures Calculated by CMS		
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 FACILITY 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
Resident Assessment Instrument Minimum Data Set		
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; Removed beginning FY 2025
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; Removed beginning FY 2025
Application of IRF functional outcome measure: change in mobility score for medical rehabilitation patients (NQF 2634)	Oct. 2018	FY 2020; Removed beginning FY 2025
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
Transfer of health information to provider – post-acute care measure *Data collection for this measure will begin on Oct. 1 of the year that is at least one full fiscal year after the end of the COVID-19 PHE.	Oct. 2023	TBD
Transfer of health information to the patient – post-acute care measure *Data collection for this measure will begin on Oct. 1 of the year that is at least one full fiscal year after the end of the COVID-19 PHE.	Oct. 2023	TBD
Discharge Function Score		FY 2025
Claims-Based Measures		
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

Measure Name	Reporting Effective Date	Affects APU
Potentially preventable 30-day post-discharge readmission measure for skilled nursing facility Quality Reporting Program	FY 2017	FY2018
The SNF Healthcare-Associated Infections Requiring Hospitalization measure (SNF HAI)	CY 2022	
Skilled Nursing Facility Value-Based Purchasing		
30-day all-cause readmission measure (NQF 2510) *Data from FY 2022 will be suppressed due to COVID-19.	Oct. 2018	FY 2019
Standardized Patient Assessment Data Elements		
Standardized patient assessment data elements (SPADES) *Data collection for this measure will begin on Oct. 1 of the year that is at least one full fiscal year after the end of the COVID-19 PHE.	TBD	TBD
CDC NHSN Measures		
Influenza vaccination coverage among healthcare personnel (NQF 0431)	Oct. 2022	
COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) measure	Oct. 2021	
Patient/Resident COVID-19 Vaccine		FY 2026

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. Note: CMS is implementing a measure suppression for the duration of the COVID-19 PHE; suppression of individual ESRD QIP measures* (SHR, SRR, ICH CAHPS and Long-Term Catheter Rate) for PY 2022, and will not score facilities or reduce payment to any facility under the ESRD QIP in PY 2022. Performance standards for PY 2024 will use CY 2019 data.

Measure Name	Reporting Effective Date	Affects APU
Measures Collected and Submitted by Facility		
Measures Reported Through NHSN		
NHSN bloodstream infection in hemodialysis outpatients (NQF 1460)	2014	PY 2016
Dialysis Event Reporting	CY 2017	PY 2019
COVID-19 vaccination coverage among healthcare personnel	CY 2023	PY 2025
Modified to HCP “up to date” vaccines	CY 2024	PY 2026
Measures Reported Through ESRD Quality Reporting System		
ICH CAHPS* (NQF 0258)	2012	PY 2014
Hypercalcemia (NQF 1454)	2014	PY 2016
Clinical depression screening and follow-up (NQF 0418)	2016	PY 2018
Ultrafiltration rate	CY 2018	PY 2020; remove after 2025
Hemodialysis vascular access: standardized fistula rate (NQF 2977)	CY 2019	PY 2021; remove after 2025
Hemodialysis vascular access: long-term catheter rate (NQF 2978)*	CY 2019	PY 2021
Percentage of prevalent patients waitlisted (PPPW)	CY 2020	PY 2022
Medication reconciliation (NQF 2988)	CY 2020	PY 2022
Hospital commitment to health equity	CY 2024	PY 2026
Screening for social drivers of health	CY 2025	PY 2027
Screen positive rate for social drivers of health	CY 2025	PY 2027
Claims-Based Measures Calculated by CMS		
Dialysis adequacy comprehensive	CY 2017	PY 2019
Standardized hospitalization ratio (SHR)* (NQF 1463)	CY 2018	PY 2020 *Specifications updating with PY 2024
Standardized readmission ratio (SRR)* (NQF 2496)	CY 2015	PY 2017
Standardized transfusion ratio (STR) (NQF 2979)	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	Effective Program Year
Measures Collected and Submitted by Facility			
	Screening for social drivers of health	Voluntary CY 2024 Mandatory CY 2025	FY 2027
	Screen positive rate for social drivers of health	Voluntary CY 2024 Mandatory 2025	FY 2027
	Documentation of goals of care discussion among cancer patients	CY 2024	FY 2026
Patient's Experience of Care			
PCH-29	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) (NQF 0166) survey	April 2014	FY 2016
Health Care-Associated Infections Reported Through NHSN			
PCH-4	Central line associated bloodstream infection (CLABSI) (NQF 0139)	Jan. 2013	FY 2014
PCH-5	Catheter associated urinary tract infection (CAUTI) (NQF 0138)	Jan. 2013	FY 2014
PCH-6, PCH-7	Surgical site infection-Abd/Hyst (NQF 0753)	Jan. 2014	FY 2015
PCH-26	Facility-wide inpatient hospital-onset clostridium difficile infection outcome measure (NQF 1717)	Jan. 2016	FY 2018
PCH-27	Facility-wide inpatient hospital-onset Methicillin-resistant staphylococcus aureus bacteremia outcome measure (NQF 1716)	Jan. 2016	FY 2018
PCH-28	Influenza vaccination coverage among health care personnel (NQF 0431)	Oct. 2016	FY 2018
	COVID-19 vaccination coverage among healthcare personnel Modified to HCP with 'up to date' vaccines	Oct. 2021 Oct. 2023	FY 2023 FY 2025
Claims-Based Outcome Measures Calculated by CMS			
PCH-30, PCH-31	Admissions and emergency department visits for patients receiving outpatient chemotherapy	July 2016 – June 2017	FY 2019
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 2020
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 2020
PCH-36	30-day unplanned readmissions for cancer patients (NQF 3188)	Oct. 2018- Sept. 2019	FY 2021
PCH-37	Surgical treatment complications for localized prostate cancer	July 2019- June 2020	FY 2022
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 2020
PCH-34	EOL-Hospice: proportion of patients who died from cancer not admitted to hospice (NQF 0215)	July 2017 – June 2018	FY 2020
Structural Measure			
	Facility commitment to health equity	CY 2024	FY 2026

RURAL EMERGENCY HOSPITAL QUALITY REPORTING PROGRAM

Hospitals participating in the REH Quality Reporting Program currently are required to collect and submit the following measures.

Measure Name	Reporting Effective Date	Effective Program Year
ED Throughput		
Median Time from ED Arrival to ED Departure for Discharged ED Patients	CY 2024	
Claims-Based Measures Calculated by CMS (REH)		
Outpatient Measures		
Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	CY 2024 through CY 2026	
Risk Standardized Hospital Visits Within 7 Days after Hospital Outpatient Surgery	CY 2024	
Imaging Efficiency Measures		
Abdomen Computer Tomography (CT) Use of Contrast Material Catheter associated urinary tract infection (CAUTI) (NQF 0138)	CY 2024	

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.

- Ambulatory Surgery Center Quality Reporting — <https://qualitynet.cms.gov/asc/ascqr>
- End-Stage Renal Disease Quality Incentive — <https://qualitynet.cms.gov/esrd>
- Rural Emergency Hospital Quality Reporting — <https://qualitynet.cms.gov/reh>
- 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>

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
Ambulatory Surgery Center Quality Reporting Program	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ASC-Quality-Reporting
End-Stage Renal Disease Quality Incentive Program	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP
Rural Emergency Hospitals	https://www.cms.gov/medicare/health-safety-standards/guidance-for-laws-regulations/hospitals/rural-emergency-hospitals
Inpatient Psychiatric Facility Quality Reporting Program	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/IPFQR
Inpatient Rehabilitation Facility Quality Reporting Program	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting
Long-Term Care Hospital Quality Reporting Program	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting
PPS-Exempt Cancer Hospital Quality Reporting Program	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/PCHQR
Skilled Nursing Facility Quality Reporting Program	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Overview
CMS Hospital Value-Based Purchasing Program	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/HVBP/Hospital-Value-Based-Purchasing

Resource	Website Address
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
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.ihl.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
Centers for Disease Control and Prevention National Healthcare Safety Network	https://www.cdc.gov/nhsn/index.html