



Kentucky
Hospital
Association

Hospital Quality Reporting Guide

Revised: 11/17/2014

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KHA acknowledges and thanks the Louisiana Hospital Association for sharing their version of the Hospital Reporting Guide.

Regulatory Landscape at a Glance

REGULATORY LANDSCAPE AT A GLANCE

- Hospital Inpatient Quality Reporting (HIQR) – Program to equip consumers with hospital inpatient quality data for informed decisions, and to encourage the improvement of quality by hospitals and clinicians. Failure to submit data results in a 2% annual market basket reduction.
- Hospital Outpatient Quality Reporting (HOQR) – Program to equip consumers with hospital outpatient quality data for informed decisions, and to encourage the improvement of quality by hospitals and clinicians. Failure to meet data submission requirements results in a 2% reduction in a providers annual payment update under the outpatient prospective Payment System.
- Hospital Compare – Publically accessible website where quality measure scores are available for consumers to compare providers for the purpose of making informed healthcare purchase decisions.
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) – Survey program collect patients’ evaluations of healthcare experiences for the purposes of comparison, value based purchasing, and consumer education for healthcare decisions.
- Hospital Value-Based Purchasing (VBP) – Effort to improve healthcare quality by linking Medicare’s payment system to the HIQR
- Hospital Readmission Reduction Program (HRRP) – Reduction in payments to hospitals for excess readmissions.
- Hospital Acquired Conditions (HAC) – Reduction in payments to hospitals in worst quartile of risk adjusted HAC quality Measures
- Medicare Beneficiary Quality Improvement Project (MBQIP) – flex grant program to encourage critical access hospitals (CAHs) to report quality measures in the hopes of improving patient quality and experience of care.
- Physician Quality Reporting Program – Program of initial payment incentives and future payment penalties for physician practices to submit quality data.

Key Terms and Understanding Timeframes

KEY TERMS AND UNDERSTANDING TIMEFRAMES

Fiscal Year (FY) is used throughout this document to describe the Medicare Fiscal year timer period. This is indicative of October 1st, through September 30th. Example FY 2015 occurs between October 1st 2014 and September 30th 2015.

Calendar Year (CY) is used in this document to denote calendar years. Example, CY 2015 represents January 1st 2015 through December 31st 2015.

Meaningful Use (MU) refers to the use of electronic health records to improve quality of patient care. For the purpose of this document we use meaningful use (MU) to refer to those quality measures that can be electronically submitted to CMS from an electronic health record (HER)

Electronically Specified Clinical Quality Measures (eCQMs) refers to measures which were previously chart abstracted, but can now be submitted electronically via certified electronic health record.

Hospital Inpatient Quality Reporting Program (Hospital IQR)

HOSPITAL INPATIENT QUALITY REPORTING PROGRAM (HOSPITAL IQR)

AFFECTS: PPS HOSPITALS

PROGRAM OVERVIEW

The Hospital Inpatient Quality Reporting (Hospital IQR) program was originally mandated by Section 501(b) of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003. This section of the MMA authorized CMS to pay hospitals that successfully report designated quality measures a higher annual update to their payment rates.

In addition to giving hospitals a financial incentive to report the quality of their services, the hospital reporting program provides CMS with data to help consumers make more informed decisions about their health care. Some of the hospital quality of care information gathered through the program is available to consumers on the Hospital Compare website at: www.hospitalcompare.hhs.gov.

HOSPITAL IQR: PAYMENT PENALTIES

Initially, the MMA provided for a 0.4 percentage point reduction in the annual market basket (the measure of inflation in costs of goods and services used by hospitals in treating Medicare patients) update for hospitals that did not successfully report. The Deficit Reduction Act of 2005 increased that reduction to 2.0 percentage points.

MEASURES

Measure Name		Reporting Affective date	Affects APU	Programs
Acute Myocardial Infarction (AMI)				
AMI-1	Aspirin at arrival	Currently Suspended	Remove after FY 2016	HC
AMI-2	Aspirin prescribed at discharge	1/1/2015	FY 2017	HC,MU
AMI-3	ACEI or ARB for LVSD	Currently Suspended	Remove after FY 2016	HC

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Programs:

HC – Hospital Compare

VBP – Value-Based Purchasing

HAC – Hospital Acquired Conditions

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Hospital Inpatient Quality Reporting Program (Hospital IQR)

Measure Name		Reporting Affective date	Affects APU	Programs
AMI-5	Beta blocker prescribed at discharge	Currently Suspended	Remove after FY 2016	HC
AMI-7a	Fibrinolytic agent received within 30 minutes of hospital arrival	Ongoing	Ongoing	HC,VBP,MU
AMI-8a	Timing of Receipt of Primary Percutaneous Coronary Intervention (PCI)	End 12/31/2014	Voluntary FY 2017	HC,VBP,MU
AMI-10	Statin prescribed at discharges	1/1/2015	Voluntary FY 2017	HC,MU
Emergency Department (ED)				
ED-1	Median Time from ED Arrival to ED Departure for admitted ED Patients	1/1/2012	FY 2014	MU
ED-2	Admit decision time to ED departure time for admitted patients	1/1/2012	FY 2014	MU
ED-3	Median time from ED arrival to ED departure for discharged patients	1/1/2012	FY 2014	MU
Immunization				
IMM-1	Pneumococcal Immunization	Suspend 12/31/2013	FY 2014, Suspend FY 2015	
IMM-2	Influenza Immunization	1/1/2012	FY 2014	VBP
Heart Failure (HF)				
HF-1	Discharge instructions	End Dec 2013	Remove after FY 2015	HC,VBP,MB
HF-2	Left ventricular function assessment	End Dec 2014	Remove after FY 2016	HC,MB
HF-3	ACEI or ARB for left ventricular systolic dysfunction	End Dec 2013	Remove after FY 2015	HC,MB
Pneumonia (PN)				
PN-3b	Blood culture performed before first antibiotic received in hospital	End Dec 2013	Remove after FY 2015	HC,VBP,MB
PN-6	Appropriate initial antibiotic selection	Ongoing	Ongoing	HC,VBP,MB,MU
Sepsis and Septic Shock				
	Severe Sepsis and Septic Shock: Management Bundle Measure	1/1/2015	FY 2017	HC
Stroke				
STK-1	Prophylaxis for patients with ischemic or hemorrhagic stroke	1/1/2013	FY 2015	HC
STK-2	Ischemic stroke patients discharged on antithrombotic therapy	1/1/2013	FY 2015	HC,MU
STK-3	Anticoagulation therapy for arterial fibrillation/flutter	1/1/2013	FY 2015	HC,MU
STK-4	Thrombolytic Therapy for Acute ischemic stroke patients	1/1/2013	FY 2015	HC,MU

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Hospital Inpatient Quality Reporting Program (Hospital IQR)

	Measure Name	Reporting Affective date	Affects APU	Programs
STK-5	Antithrombotic therapy by the end of hospital day two	1/1/2013	FY 2017	HC,MU
STK-6	Discharged on statin medication	1/1/2013	FY 2015	HC,MU
STK-8	Stroke Education	1/1/2013	FY 2015	HC,MU
STK-10	Assessed for rehabilitation services	1/1/2013	FY 2015	HC,MU
Stroke				
SCIP-INF-1	Prophylactic antibiotic received within 1 hour prior to surgical incision	Ongoing	Ongoing	HC,VBP,MU
SCIP-INF-2	Prophylactic antibiotic selection for surgical patients	Ongoing	Ongoing	HC,VBP,MU
SCIP-INF-3	Prophylactic antibiotics discontinued within 24 hours after surgery end time	Ongoing	Ongoing	HC,VBP
SCIP-INF-4	Cardiac surgery patients with controlled 6AM postoperative serum glucose 01/2014 revise to controlled glucose 18-24 hours post-cardiac surgery	Ongoing	Ongoing	HC,VBP
SCIP-INF-6	Surgery patients with appropriate hair removal	Suspended	Remove after FY 2016	HC
SCIP-INF-9	Postoperative urinary catheter removal on post-operative day 1 or 2	Ongoing	Ongoing	HC,VBP,MU
SCIP-INF-10	Perioperative temperature management	End 12/31/2013	Remove after FY 2015	HC
SCIP-CARD-2	Surgery patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period	End 12/31/2014	Remove after FY 2016	HC,VBP
SCIP-VTE-1	Venous thromboembolism (VTE) prophylaxis ordered for surgery patients	End 12/31/2012	Remove after FY 2014	HC
SCIP-VTE-2	VTE prophylaxis within 24 hours pre/post-surgery	End 12/31/2014	Remove after FY 2016	HC,VBP
Venous Thromboembolism (VTE)				
VTE-1	Venous thromboembolism Prophylaxis	1/1/2013	FY 2015	HC,MU
VTE-2	Intensive care unit venous thromboembolism prophylaxis	1/1/2013	FY 2015	HC,MU
VTE-3	Venous thromboembolism patients with anticoagulation overlap therapy	1/1/2013	FY 2015	HC,MU
VTE-4	Venous thromboembolism patients receiving unfractionated heparin with dosages/platelet count monitoring by protocol or nomogram	1/1/2013	FY 2015	HC,MU
VTE-5	Venous thromboembolism discharge instructions	1/1/2013	FY 2015	HC,MU
VTE-6	Incidence of potentially-preventable venous thromboembolism	1/1/2013	FY 2015	HC,MU

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Measure	Measure Name	Reporting Affective date	Affects APU	Programs
Perinatal Care (PC)				
PC-01	Elective delivery prior to 39 completed weeks of gestation	1/1/2013	FY 2015	HC,MU
PC-05	Exclusive breast milk feeding	1/1/2015	FY 2017	MU
Pediatric Measures				
CAC-3	Home management plan of care document given to pediatric asthma patient/caregiver	1/1/2015	FY 2017	HC,MU
	Healthy term newborn	1/1/2015	FY 2017	HC,MU
	Hearing screening prior to hospital discharge for newborns	1/1/2015	FY 2017	HC,MU
Healthcare Associated Infections (Reported to NHSN)				
CLABSI	Central Line Associated Bloodstream Infection Expand to include some non-ICU wards	Ongoing Expand 2015	Ongoing Expand 2016	HC,VBP,HAC
SSI	Surgical Site Infection	1/1/2012	FY 2014	HC,VBP
CAUTI	Catheter-Associated Urinary Tract Infection, Expand to include some non-ICU wards	Ongoing Expand 2015	Ongoing Expand 2016	HC,VBP,HAC
MRSA	MRSA Bacteremia	1/1/2013	FY 2015	HC,VBP
CDIFF	Clostridium Difficile (C. Diff)	1/1/2013	FY 2015	HC,VBP
	Healthcare Personnel Influenza Vaccination	1/1/2013	FY 2015	HC
Structural Measures				
SM-PART-CARD	Participation in a systematic database for cardiac surgery	Remove after 2015	Remove after FY 2016	HC
SM-PART-STROKE	Participation in a systematic clinical database registry for stroke care	Ongoing	Remove after FY 2015	HC
SM-PART-NURSE	Participation in a systematic clinical database registry for nursing sensitive care	Ongoing	Ongoing	HC
ACS-REGISTRY	Participation in a systematic clinical database registry for general surgery	2012 reported 2013	FY 2014	HC
OP-25	Safe Surgery checklist use	2014 reported 2015	FY 2016	HC
Patients' Experience of Care (HCAHPS)				
H-COMP-1-(A,U,SN)-P	Patients who reported that their nurses (Always, Usually, Sometimes) communicated well	Ongoing	Ongoing	HC,VBP,MB
H-COMP-2-(A,U,SN)-P	Patients who reported that their doctors (Always, Usually, Sometimes)	Ongoing	Ongoing	HC,VBP,MB

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Measure	Measure Name	Reporting Affective date	Affects APU	Programs
	communicated well			
H-COMP-3-(A,U,SN)-P	Patients who reported that they <i>(Always, Usually, Sometimes)</i> received help as soon as they wanted	Ongoing	Ongoing	HC,VBP,MB
H-COMP-4--(A,U,SN)--P	Patients who reported that their pain was <i>(Always, Usually, Sometimes)</i> well controlled	Ongoing	Ongoing	HC,VBP,MB
H-COMP-5-(A,U,SN)-P	Patients who reported that staff <i>(Always, Usually, Sometimes)</i> explained about medicines before giving it to them	Ongoing	Ongoing	HC,VBP,MB
H-CLEAN-HSP-(A,U,SN)-P	Patients who reported that their room and bathroom were <i>(Always, Usually, Sometimes)</i> clean	Ongoing	Ongoing	HC,VBP,MB
H-QUIET-HSP-(A,U,SN)-P	Patients who reported that the area around their room was <i>(Always, Usually, Sometimes)</i> quiet at night	Ongoing	Ongoing	HC,VBP,MB
H-COMP-6-(Y,N)-P	Patients who reported that <i>(YES, NO)</i> , they were given information about what to do during their recovery at home	Ongoing	Ongoing	HC,VBP,MB
H-HSP-RATING-9-10	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	Ongoing	Ongoing	HC,VBP,MB
H-HSP-RATING-7-8	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	Ongoing	Ongoing	HC,VBP,MB
H-HSP-RATING-0-6	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	Ongoing	Ongoing	HC,VBP,MB
H-RECMND-(DY, PY)	Patients who reported YES, they would <i>(definitely, probably)</i> recommend the hospital	Ongoing	Ongoing	HC,VBP,MB
H-RECMND-DN	Patients who reported NO, they would probably not or definitely not recommend the hospital	Ongoing	Ongoing	HC,VBP,MB
Mortality and Complication Measures (Medicare only patients)				
MORT-30-AMI	Hospital 30-day, all cause, risk-standardized mortality rate following AMI hospitalization for patients age 18+	Ongoing	Ongoing	HC,VBP
MORT-30-HF	Hospital 30-day, all cause, risk-standardized mortality rate following heart failure hospitalization for patients age 18+	Ongoing	Ongoing	HC,VBP
MORT-30-PN	Hospital 30-day, all cause, risk-standardized mortality rate following pneumonia hospitalization	Ongoing	Ongoing	HC,VBP
	Hospital 30-day, all cause, risk-standardized mortality rate following COPD hospitalization	Ongoing	Ongoing	HC
	Stroke 30-day mortality rate		FY 2016	HC

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Hospital Inpatient Quality Reporting Program (Hospital IQR)

Measure	Measure Name	Reporting Affective date	Affects APU	Programs
	Hospital 30-day, all cause, risk-standardized mortality rate following CABG surgery		FY 2017	HC
Mortality Measures (Medicare only patients)				
READM-30-AMI	Hospital 30-day, all cause, risk-standardized readmission rate following AMI hospitalization	Ongoing	Ongoing	HC,RR
READM-30-HF	Hospital 30-day, all cause, risk-standardized readmission rate following heart failure hospitalization	Ongoing	Ongoing	HC,RR
READM-30-PN	Hospital 30-day, all cause, risk-standardized readmission rate following pneumonia hospitalization	Ongoing	Ongoing	HC,RR
READM-30- HIP-KNEE	Hospital 30-day, all cause, risk-standardized readmission rate following elective primary total hip/total knee arthroplasty		FY 2015	HC,RR
HWR	Hospital-wide all-cause unplanned readmission (HWR)		Postponed	HC,RR
READM-30-COPD	Hospital 30-day, all cause, risk-standardized readmission rate following COPD hospitalization		FY 2015	HC,RR
READM-30-STK	Stroke 30-day risk-standardized readmission rate		FY 2016	HC,RR
READM-30-CABG	Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate following CABG surgery		FY 2017	HC,RR
COMP-HIP-KNEE	Rate of complications for hip/knee replacement patients	Ongoing	FY 2019	HC,VBP
AHRQ Measures				
PSI 06	Iatrogenic pneumothorax, adult	End 2012	Remove FY 2014	HC
PSI 11	Post-operative respiratory failure	End 2012	Remove FY 2014	HC
PSI 12	Post-operative pulmonary embolism or deep vein thromboembolism	End 2012	Remove FY 2014	HC
PSI 14	Post-operative wound dehiscence	End 2012	Remove FY 2014	HC
PSI 15	Accidental puncture or laceration	End 2012	Remove FY 2014	HC
IQI 11	Abdominal aortic aneurysm (AAA) mortality rate	End 2012	Remove FY 2014	HC
IQI 19	Hip fracture mortality rate	End 2012	Remove FY 2014	HC
PSI 90	Complication/Patient safety for selected indicators (composite of PSI's listed below)	Ongoing	Ongoing	HC,VBP,HAC
PSI 03	Pressure Ulcer			

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Measure	Measure Name	Reporting Affective date	Affects APU	Programs
PSI 06	Iatrogenic Pneumothorax			
PSI 07	Central Venous Catheter-Related Bloodstream Infections			
PSI 08	Postoperative Hip Fracture			
PSI 12	Perioperative Pulmonary Embolism or Deep Vein Thrombosis			
PSI 13	Postoperative Sepsis			
PSI 14	Postoperative Wound Dehiscence			
PSI 15	Accidental Puncture or Laceration			
IQI 91	Mortality for selected medical conditions	End 2012	Remove FY 2014	HC
Hospital Acquired Conditions				
	Foreign object retained after surgery	End 2012	Remove FY 2014	HC
	Air Embolism	End 2012	Remove FY 2014	HC
	Blood incompatibility	End 2012	Remove FY 2014	HC
	Pressure Ulcer stages III & IV	End 2012	Remove FY 2014	HC
	Falls and Trauma (Includes: fracture, dislocation, intracranial injury, crushing injury, burn, electric shock)	End 2012	Remove FY 2014	HC
	Vascular catheter-associated infection	End 2012	Remove FY 2014	HC
	Catheter-associated urinary tract infection (UTI)	End 2012	Remove FY 2014	HC
	Manifestations of poor glycemic control	End 2012	Remove FY 2014	HC
Cost efficiency				
MSPB	Medicare spending per beneficiary (Add RRB beneficiaries for FY 2016)	5/15/12	FY 2014	HC,VBP
	AMI payment per episode of care		FY 2016	HC
	Hospital-level, risk-standardized 30-day episode-of-care payment measure for heart failure		FY 2017	HC
	Hospital-level, risk-standardized 30-day episode-of-care payment measure for pneumonia		FY 2017	HC

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Hospital Outpatient Quality Reporting Program (Hospital OQR)

HOSPITAL OUTPATIENT QUALITY REPORTING PROGRAM (HOSPITAL OQR)

AFFECTS: PPS HOSPITALS

PROGRAM OVERVIEW

The Hospital Outpatient Quality Reporting Program (Hospital OQR) is a pay for quality data reporting program implemented by the Centers for Medicare & Medicaid Services (CMS) for outpatient hospital services. The Hospital OQR Program was mandated by the Tax Relief and Health Care Act of 2006, which requires subsection (d) hospitals to submit data on measures on the quality of care furnished by hospitals in outpatient settings. Measures of quality may be of various types, including those of process, structure, outcome, and efficiency.

In addition to providing hospitals with a financial incentive to report their quality of care measure data, the Hospital OQR program provides CMS with data to help Medicare beneficiaries make more informed decisions about their health care. Hospital quality of care information gathered through the Hospital OQR program is available on the Hospital Compare Web site.

HOSPITAL OQR: PAYMENT PENALTIES

Failure to meet data submission requirements results in a 2% reduction in a providers annual payment update under the outpatient prospective Payment System.

MEASURES

Measure	Measure Name	Reporting Affective date	Affects APU	Programs
Cardiac Care (AMI and CP) Measures				
OP-1	Median Time to Fibrinolysis	Ongoing	Ongoing	MB
OP-2	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	Ongoing	Ongoing	HC,MB

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Hospital Outpatient Quality Reporting Program (Hospital OQR)

Measure	Measure Name	Reporting Affective date	Affects APU	Programs
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention	Ongoing	Ongoing	HC,MB
OP-4	Aspirin at Arrival	Ongoing	Ongoing	HC,MB
OP-5	Median Time to ECG	Ongoing	Ongoing	HC,MB
ED Throughput				
OP-18	Median Time from ED Arrival to ED Departure for Discharged ED Patients	1/1/2012	CY 2013	HC
OP-20	Door to Diagnostic Evaluation by a Qualified Medical Professional	1/1/2012	CY 2013	HC
Pain Management				
OP-21	ED-Median Time to Pain Management for Long Bone Fracture	1/1/2012	CY 2013	HC
Stroke				
OP-23	ED-Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT or MRI Scan Interpretation Within 45 Minutes of Arrival	1/1/2012	CY 2013	HC
Surgery Measures				
OP-6	Timing of Antibiotic Prophylaxis	Ongoing	Ongoing	HC,MB
OP-7	Prophylactic Antibiotic Selection for Surgical Patients	Ongoing	Ongoing	HC
Imaging Efficiency Measures				
OP-8	MRI Lumbar Spine for Low Back Pain	Ongoing	Ongoing	HC
OP-9	Mammography Follow-up Rates	Ongoing	Ongoing	HC
OP-10	Abdomen CT Use of Contrast Material	Ongoing	Ongoing	HC
OP-11	Thorax CT Use of Contrast Material	Ongoing	Ongoing	HC
OP-13	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	CY 2010	CY 2012	HC
OP-14	Simultaneous Use of Brain Computed Tomography (CT) and Sinus CT	CY 2010	CY 2012	HC
OP-15	Use of Brain CT in the Emergency Department (ED) for Atraumatic Headache - REPORTING POSTPONED*	Deferred	Deferred @ earliest CY2016	
OP-19	Transition Record with Specified Elements Received by Discharged Patients - MEASURE REMOVED**			

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Hospital Outpatient Quality Reporting Program (Hospital OQR)

Measure	Measure Name	Reporting Affective date	Affects APU	Programs
Chart-Abstracted Measures with Aggregate Data Submission by Web-Based Tool (QualityNet)				
OP-22	ED-Patient Left Without Being Seen	1/1/12 -6/31/12	CY 2013	HC
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	4/1/2014	CY 2016	HC
OP-30	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	4/1/2014	CY 2016	HC
OP-31	Cataracts – Improvement in Patient’s Visual Function Within 90 Days Following Cataract Surgery***	1/1/2015	CY 2016	HC
Measures Reported via NHSN				
OP-27	Influenza Vaccination Coverage Among Healthcare Personnel (reported on the National Healthcare Safety Network website)	10/1/2014 - 3/31/2015	CY 2016	HC
Structural Measures				
OP-12	The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data	1/1/11 -6/31/11	CY 2012	HC
OP-17	Tracking Clinical Results between Visits	1/1/12 -6/31/12	CY 2013	HC
OP-25	Safe Surgery Checklist Use	2012	CY 2014	HC
OP-26	Hospital Outpatient Volume Data on Selected Outpatient Surgical Procedures	2012	CY 2014	HC

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Hospital Compare

HOSPITAL COMPARE

AFFECTS: PPS HOSPITALS

MEASURES

Measure	Measure as posted on Hospital Compare	Update frequency
General Information		
Structural measures		
SM-PART-CARD	Cardiac Surgery Registry	Annually
SM-PART-STROKE	Stroke Care Registry	Annually
SM-PART-NURSE	Nursing Care Registry	Annually
ACS-REGISTRY	Multispecialty Surgical Registry	Semi-Annually
SM-PART-GEN-SURG	General Surgery Registry	Quarterly
OP-12	Able to receive lab results electronically	Annually
OP-17	Able to track patients' lab results, tests, and referrals electronically between visits	Annually
OP-25	Uses a safe surgery checklist	Annually
Survey of Patients' Experiences		
Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)		
H-COMP-1-(A,U,SN)-P	Patients who reported that their nurses (<i>Always, Usually, Sometimes</i>) communicated well	Quarterly
H-COMP-2-(A,U,SN)-P	Patients who reported that their doctors (<i>Always, Usually, Sometimes</i>) communicated well	Quarterly
H-COMP-3-(A,U,SN)-P	Patients who reported that they (<i>Always, Usually, Sometimes</i>) received help as soon as they wanted	Quarterly
H-COMP-4--(A,U,SN)--P	Patients who reported that their pain was (<i>Always, Usually, Sometimes</i>) well controlled	Quarterly
H-COMP-5-(A,U,SN)-P	Patients who reported that staff (<i>Always, Usually, Sometimes</i>) explained about medicines before giving it to them	Quarterly
H-CLEAN-HSP-(A,U,SN)-P	Patients who reported that their room and bathroom were (<i>Always, Usually, Sometimes</i>) clean	Quarterly
H-QUIET-HSP-(A,U,SN)-P	Patients who reported that the area around their room was (<i>Always, Usually, Sometimes</i>) quiet at night	Quarterly
H-COMP-6-(Y,N)-P	Patients who reported that (<i>YES, NO</i>), they were given information about what to do during their recovery at home	Quarterly
H-HSP-RATING-9-10	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	Quarterly

Hospital Compare

Measure	Measure as posted on Hospital Compare	Update frequency
H-HSP-RATING-7-8	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	Quarterly
H-HSP-RATING-0-6	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	Quarterly
H-RECMND-(DY, PY)	Patients who reported YES, they would (<i>definitely, probably</i>)recommend the hospital	Quarterly
H-RECMND-DN	Patients who reported NO, they would probably not or definitely not recommend the hospital	Quarterly
Timely and Effective Care		
Acute myocardial infarction (AMI)		
OP-3b	Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital	Quarterly
OP-5	Average number of minutes before outpatients with chest pain or possible heart attack got an ECG	Quarterly
OP-2	Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival	Quarterly
OP-4	Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival	Quarterly
AMI-7a	Heart attack patients given fibrinolytic medication within 30 minutes of arrival	Quarterly
AMI-8a	Heart attack patients given PCI within 90 minutes of arrival	Quarterly
AMI-2	Heart attack patients given aspirin at discharge	Quarterly
AMI-10	Heart attack patients given a prescription for a statin at discharge	Quarterly
Heart failure (HF)		
HF-1	Heart failure patients given discharge instructions	Quarterly
HF-2	Heart failure patients given an evaluation of left ventricular systolic (LVS) function	Quarterly
HF-3	Heart failure patients given ACE inhibitor or ARB for left ventricular systolic dysfunction (LVSD)	Quarterly
Pneumonia (PN)		
PN-3b	Pneumonia patients whose initial emergency room blood culture was performed prior to the administration of the first hospital dose of antibiotics	Quarterly
PN-6	Pneumonia patients given the most appropriate initial antibiotic(s)	Quarterly
Surgical Care Improvement Project (SCIP)		
OP-6	Outpatients having surgery who got an antibiotic at the right time (within one hour before surgery)	Quarterly
SCIP-Inf-1a	Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection	Quarterly
SCIP-Inf-3a	Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)	Quarterly
SCIP-VTE-2	Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery	Quarterly
OP-7	Outpatients having surgery who got the right kind of antibiotic	Quarterly

Hospital Compare

Measure	Measure as posted on Hospital Compare	Update frequency
SCIP-CARD-2	Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery	Quarterly
SCIP-Inf-2a	Surgery patients who were given the right kind of antibiotic to help prevent infection	Quarterly
SCIP-INF-4	Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery	Quarterly
SCIP-INF-9	Surgery patients whose urinary catheters were removed on the first or second day after surgery	Quarterly
SCIP-INF-10	Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery	Quarterly
Emergency department (ED) throughput		
ED-1b	Average time patients spent in the emergency department, before they were admitted to the hospital as an inpatient	Quarterly
ED-2b	Average time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room	Quarterly
OP-18b	Average time patients spent in the emergency department before being sent home	Quarterly
OP-20	Average time patients spent in the emergency department before they were seen by a healthcare professional	Quarterly
OP-21	Average time patients who came to the emergency department with broken bones had to wait before receiving pain medication	Quarterly
OP-22	Percentage of patients who left the emergency department before being seen	Annually
OP-23	Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival	Quarterly
Preventive care		
IMM-2	Patients assessed and given influenza vaccination	Quarterly
IMM-1a	Patients assessed and given pneumonia vaccination	Quarterly
Children's asthma care (CAC)		
CAC-1	Children who received reliever medication while hospitalized for asthma	Quarterly
CAC-2	Children who received systemic corticosteroid medication (oral and IV medication that reduces inflammation and controls symptoms) while hospitalized for asthma	Quarterly
CAC-3	Children and their caregivers who received a home management plan of care document while hospitalized for asthma	Quarterly
Stroke care		
STK-4	Ischemic stroke patients who got medicine to break up a blood clot within 3 hours after symptoms started	Quarterly
STK-5	Ischemic stroke patients who received medicine known to prevent complications caused by blood clots within 2 days of arriving at the hospital	Quarterly
STK-1	Ischemic or hemorrhagic stroke patients who received treatment to keep blood clots from forming anywhere in the body within 2 days of arriving at the hospital	Quarterly

Hospital Compare

Measure	Measure as posted on Hospital Compare	Update frequency
STK-2	Ischemic stroke patients who received a prescription for medicine known to prevent complications caused by blood clots before discharge	Quarterly
STK-3	Ischemic stroke patients with a type of irregular heartbeat who were given a prescription for a blood thinner at discharge	Quarterly
STK-6	Ischemic stroke patients needing medicine to lower cholesterol, who were given a prescription for this medicine before discharge	Quarterly
STK-8	Ischemic or hemorrhagic stroke patients or caregivers who received written educational materials about stroke care and prevention during the hospital stay	Quarterly
STK-10	Ischemic or hemorrhagic stroke patients who were evaluated for rehabilitation services	Quarterly
Blood clot prevention and treatment		
VTE-1	Patients who got treatment to prevent blood clots on the day of or day after hospital admission or surgery	Quarterly
VTE-2	Patients who got treatment to prevent blood clots on the day of or day after being admitted to the intensive care unit (ICU)	Quarterly
VTE-6	Patients who developed a blood clot while in the hospital who <i>did not</i> get treatment that could have prevented it	Quarterly
VTE-3	Patients with blood clots who got the recommended treatment, which includes using two different blood thinner medicines at the same time	Quarterly
VTE-4	Patients with blood clots who were treated with an intravenous blood thinner, and then were checked to determine if the blood thinner was putting the patient at an increased risk of bleeding	Quarterly
VTE-5	Patients with blood clots who were discharged on a blood thinner medicine and received written instructions about that medicine	Quarterly
Pregnancy and delivery care		
PC-01	Percent of newborns whose deliveries were scheduled too early (1-3 weeks early), when a scheduled delivery was not medically necessary	Quarterly
Readmissions, Complications, and Deaths - 30 day death and readmission rates		
READM-30-AMI	Rate of unplanned readmission for heart attack patients	Annually
MORT-30-AMI	Death rate for heart attack patients	Annually
READM-30-HF	Rate of unplanned readmission for heart failure patients	Annually
MORT-30-HF	Death rate for heart failure patients	Annually
READM-30-PN	Rate of unplanned readmission for pneumonia patients	Annually
MORT-30-PN	Death rate for pneumonia patients	Annually
READM-30-HIP-KNEE	Rate of unplanned readmission after hip/knee surgery	Annually
READM-30-HOSP-WIDE	Rate of unplanned readmission after discharge from hospital (hospital-wide)	Annually
Surgical complications		
COMP-HIP-KNEE	Rate of complications for hip/knee replacement patients	Annually July

Hospital Compare

Measure	Measure as posted on Hospital Compare	Update frequency
PSI-90-SAFETY	Serious complications	Annually July
PSI-4-SURG-COMP	Deaths among patients with serious treatable complications after surgery	Annually July
PSI-6-IAT-PTX	Collapsed lung due to medical treatment	Annually July
PSI-12	Serious blood clots after surgery	Annually July
PSI-14	A wound that splits open after surgery on the abdomen or pelvis	Annually July
PSI-15	Accidental cuts and tears from medical treatment	Annually July
Healthcare-associated infections (HAI)		
HAI-1	Central line-associated bloodstream infections (CLABSI)	Quarterly
HAI-2	Catheter-associated urinary tract infections (CAUTI)	Quarterly
HAI-3	Surgical site infections from colon surgery (SSI: Colon)	Quarterly
HAI-4	Surgical site infections from abdominal hysterectomy (SSI: Hysterectomy)	Quarterly
HAI-5	Methicillin-resistant <i>Staphylococcus Aureus</i> (MRSA) Blood Laboratory-identified Events (Bloodstream infections)	Quarterly
HAI-6	<i>Clostridium difficile</i> (C.diff.) Laboratory-identified Events (Intestinal infections)	Quarterly
Use of Medical Imaging - Outpatient imaging efficiency		
OP-8	Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy (If a number is high, it may mean the facility is doing too many unnecessary MRIs for low back pain.)	Annually
OP-9	Outpatients who had a follow-up mammogram, ultrasound, or MRI of the breast within 45 days after a screening mammogram (A follow-up rate near zero may indicate missed cancer; a rate higher than 14% may mean there is unnecessary follow up.)	Annually
OP-11	Outpatient CT scans of the chest that were "combination" (double) scans (If a number is high, it may mean that too many patients are being given a double scan when a single scan is all they need.)	Annually
OP-10	Outpatient CT scans of the abdomen that were "combination" (double) scans (If a number is high, it may mean that too many patients are being given a double scan when a single scan is all they need.)	Annually
OP-13	Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery (If a number is high, it may mean that too many cardiac scans were done prior to low-risk surgeries.)	Annually
OP-14	Outpatients with brain CT scans who got a sinus CT scan at the same time (If a number is high, it may mean that too many patients are being given both a brain and sinus scan, when a single scan is all they need.)	Annually
Medicare payment - Medicare spending		
SPP-1	Medicare hospital spending per patient (Medicare Spending per Beneficiary)	Annually
Number of Medicare patients - Medicare volume		
----	Number of Medicare patients treated for selected procedures	Annually

Hospital Compare

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS)

AFFECTS: PPS HOSPITALS AND FACILITIES PARTICIPATING IN MBQIP

PROGRAM OVERVIEW

The HCAHPS was formally endorsed by the National Quality Forum in May of 2005. It is a program that collects patient assessments of their inpatient healthcare experiences for the purposes of value based purchasing and public reporting. These assessments come in the form of surveys provided to Medicare patients 30 days after their inpatient stay. Patients are asked to rate their experience over 13 questions including topics of hospital noise levels, physician and nurse communication, and likelihood of recommendation. The results are publically reported on hospitalcompare.gov

HCAHPS: SURVEY QUESTIONS

Question ID	HCAHPS Survey Question Description	Baseline Period	Performance Period	Affects Payment
H-COMP-1-(A,U,SN)-P	Patients who reported that their nurses (<i>Always, Usually, Sometimes</i>) communicated well	1/12 – 12/12	1/14 – 12/14	Ongoing
H-COMP-2-(A,U,SN)-P	Patients who reported that their doctors (<i>Always, Usually, Sometimes</i>) communicated well	1/12 – 12/12	1/14 – 12/14	Ongoing
H-COMP-3-(A,U,SN)-P	Patients who reported that they (<i>Always, Usually, Sometimes</i>) received help as soon as they wanted	1/12 – 12/12	1/14 – 12/14	Ongoing
H-COMP-4--(A,U,SN)--P	Patients who reported that their pain was (<i>Always, Usually, Sometimes</i>) well controlled	1/12 – 12/12	1/14 – 12/14	Ongoing
H-COMP-5-(A,U,SN)-P	Patients who reported that staff (<i>Always, Usually, Sometimes</i>) explained about medicines before giving it to them	1/12 – 12/12	1/14 – 12/14	Ongoing
H-CLEAN-HSP-(A,U,SN)-P	Patients who reported that their room and bathroom were (<i>Always, Usually, Sometimes</i>) clean	1/12 – 12/12	1/14 – 12/14	Ongoing
H-QUIET-HSP-(A,U,SN)-P	Patients who reported that the area around their room was (<i>Always, Usually, Sometimes</i>) quiet at night	1/12 – 12/12	1/14 – 12/14	Ongoing
H-COMP-6-(Y,N)-P	Patients who reported that (<i>YES, NO</i>), they were given information about what to do during their recovery at home	1/12 – 12/12	1/14 – 12/14	Ongoing
H-HSP-RATING-9-10	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	1/12 – 12/12	1/14 – 12/14	Ongoing
H-HSP-RATING-7-8	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	1/12 – 12/12	1/14 – 12/14	Ongoing
H-HSP-RATING-0-6	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	1/12 – 12/12	1/14 – 12/14	Ongoing
H-RECMND-(DY, PY)	Patients who reported YES, they would (<i>definitely, probably</i>) recommend the hospital	1/12 – 12/12	1/14 – 12/14	Ongoing
H-RECMND-DN	Patients who reported NO, they would probably not or definitely not recommend the hospital	1/12 – 12/12	1/14 – 12/14	Ongoing

Hospital Value-Based Purchasing (VBP)

TO

HOSPITAL VALUE-BASED PURCHASING (VBP)

AFFECTS: PPS HOSPITALS

PROGRAM OVERVIEW

The VBP program is designed to promote better clinical outcomes for hospital patients, as well as improve their experience of care during hospital stays. Specifically, Hospital VBP seeks to encourage hospitals to improve the quality and safety of care that Medicare beneficiaries and all patients receive during acute-care inpatient stays by:

- eliminating or reducing the occurrence of adverse events (healthcare errors resulting in patient harm)
- adopting evidence-based care standards and protocols that result in the best outcomes for the most patients
- re-engineering hospital processes that improve patients' experience of care

VBP: PAYMENT PENALTIES

Inpatient Prospective Payment System (IPPS) Policy	Fiscal Year					
	2014	2015	2016	2017	2018	2019
Hospital Value-Based Purchasing	MB – 1.25 Potential for Earn Back	MB – 1.5 Potential for Earn Back	MB – 1.75 Potential for Earn Back	MB – 2.0 Potential for Earn Back	MB – 2.0 Potential for Earn Back	MB – 2.0 Potential for Earn Back

VBP: MEASURES

Measure ID	Hospital Value Based Purchasing Measures	Baseline Period	Performance Period	Affects Payment
Clinical Process of Care Measures				
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	1/12 – 12/12	1/14 – 12/14	Ongoing
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	1/12 – 12/12	1/14 – 12/14	FY 2013 - Remove after FY 2015
HF-1	Discharge Instructions	1/12 – 12/12	1/14 – 12/14	Remove after FY 2015

Hospital Value-Based Purchasing (VBP)

Measure ID	Hospital Value Based Purchasing Measures	Baseline Period	Performance Period	Affects Payment
IMM-2	Influenza Immunization	1/12 – 12/12	1/14 – 12/14	FY 2016
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	1/12 – 12/12	1/14 – 12/14	FY 2013 - Remove after FY 2015
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	1/12 – 12/12	1/14 – 12/14	FY 2013 - Remove after FY 2016
SCIP-Card-2	Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period	1/12 – 12/12	1/14 – 12/14	FY 2013 - Remove after FY 2016
SCIP-Inf-1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	1/12 – 12/12	1/14 – 12/14	FY 2013 - Remove after FY 2015
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients	1/12 – 12/12	1/14 – 12/14	FY 2013 - Remove 12/31/16
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	1/12 – 12/12	1/14 – 12/14	FY 2013 - Remove after FY 2016
SCIP-Inf-4	Cardiac Surgery Patients with Controlled 6AM Postoperative Serum Glucose	1/12 – 12/12	1/14 – 12/14	FY 2013 - Remove after FY 2015
SCIP-Inf-9	Postoperative Urinary Catheter Removal on Post-Operative Day 1 or 2	1/12 – 12/12	1/14 – 12/14	FY 2014 - Remove after FY 2016
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	1/12 – 12/12	1/14 – 12/14	Remove after FY 2016
HCAHPS				
H-COMP-1-(A,U,SN)-P	Patients who reported that their nurses (<i>Always, Usually, Sometimes</i>) communicated well	1/12 – 12/12	1/14 – 12/14	Ongoing
H-COMP-2-(A,U,SN)-P	Patients who reported that their doctors (<i>Always, Usually, Sometimes</i>) communicated well	1/12 – 12/12	1/14 – 12/14	Ongoing
H-COMP-3-(A,U,SN)-P	Patients who reported that they (<i>Always, Usually, Sometimes</i>) received help as soon as they wanted	1/12 – 12/12	1/14 – 12/14	Ongoing
H-COMP-4--(A,U,SN)--P	Patients who reported that their pain was (<i>Always, Usually, Sometimes</i>) well controlled	1/12 – 12/12	1/14 – 12/14	Ongoing
H-COMP-5-(A,U,SN)-P	Patients who reported that staff (<i>Always, Usually, Sometimes</i>) explained about medicines before giving it to them	1/12 – 12/12	1/14 – 12/14	Ongoing
H-CLEAN-HSP-(A,U,SN)-P	Patients who reported that their room and bathroom were (<i>Always, Usually, Sometimes</i>) clean	1/12 – 12/12	1/14 – 12/14	Ongoing
H-QUIET-HSP-(A,U,SN)-P	Patients who reported that the area around their room was (<i>Always, Usually, Sometimes</i>) quiet at night	1/12 – 12/12	1/14 – 12/14	Ongoing
H-COMP-6-(Y,N)-P	Patients who reported that (<i>YES, NO</i>), they were given information about what to do during their recovery at home	1/12 – 12/12	1/14 – 12/14	Ongoing
H-HSP-RATING-9-10	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	1/12 – 12/12	1/14 – 12/14	Ongoing
H-HSP-RATING-7-8	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10	1/12 – 12/12	1/14 – 12/14	Ongoing

Hospital Value-Based Purchasing (VBP)

Measure ID	Hospital Value Based Purchasing Measures	Baseline Period	Performance Period	Affects Payment
	(highest)			
H-HSP-RATING-0-6	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	1/12 – 12/12	1/14 – 12/14	Ongoing
H-RECMND-(DY, PY)	Patients who reported YES, they would <i>(definitely, probably)</i> recommend the hospital	1/12 – 12/12	1/14 – 12/14	Ongoing
H-RECMND-DN	Patients who reported NO, they would probably not or definitely not recommend the hospital	1/12 – 12/12	1/14 – 12/14	Ongoing
Outcomes				
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	1/12 – 12/12	1/14 – 12/14	Begins 2014
MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate	1/12 – 12/12	1/14 – 12/14	Begins 2014
MORT-30 PN	Pneumonia (PN) 30-Day Mortality Rate	1/12 – 12/12	1/14 – 12/14	Begins 2014
PSI-90	Complication/Patient safety for selected indicators (Composite of PSI 3, 6, 7, 8, 12, 13, 14, 15)	10/15/10 – 6/30,/2011	10/15/12 – 6/30,/2014	FY 2015 only Readopt FY 2019 and beyond
CAUTI	Catheter-Associated Urinary Tract Infection	1/12 – 12/12	1/14 – 12/14	FY 2016
CLABSI	Central Line-Associated Blood Stream Infection	1/12 – 12/12	1/14 – 12/14	FY 2016 Ongoing beyond 2017
SSI	Surgical Site Infection (SSI) - Colon Surgery or Abdominal Hysterectomy	1/12 – 12/12	1/14 – 12/14	FY 2016
MRSA	Methicillin-Resistant Staphylococcus Aureas Bacteremia (MRSA)			FY 2017
CDIFF	Clostridium Difficile (C. Diff)			FY 2017
COMP-HIP-KNEE	Rate of complications for hip/knee replacement patients			FY 2019
Efficiency				
MSPB	Medicare Spending Per Beneficiary	1/12 – 12/12	1/14 – 12/14	FY 2015

Hospital Value-Based Purchasing (VBP)

VBP: SCORING

Domain	FFY 2015			FFY 2016		
	Baseline Period	Performance Period	Weight	Baseline Period	Performance Period	Weight
Clinical Process of Care	Jan. 1, 2011 – Dec. 31, 2011	Jan. 1, 2013 – Dec. 31, 2013	20%	Jan. 1, 2012 – Dec. 31, 2012	Jan. 1, 2014 – Dec. 31, 2014	10%
Patient Experience of Care (HCAHPS)	Jan. 1, 2011 – Dec. 31, 2011	Jan. 1, 2013 – Dec. 31, 2013	30%	Jan. 1, 2012 – Dec. 31, 2012	Jan. 1, 2014 – Dec. 31, 2014	25%
Outcome 30-Day Mortality (AMI, HF, PN)	Oct. 1, 2010 – June 30, 2011	Oct. 1, 2012 – June 30, 2013	30%	Oct. 1, 2010 – June 30, 2011	Oct. 1, 2012 – June 30, 2014	40%
Outcome AHRQ PSI-90	Oct. 15, 2010 – June 30, 2011	Oct. 15, 2012 – June 30, 2013		Oct. 15, 2010 – June 30, 2011	Oct. 15, 2012 – June 30, 2014	
Outcome Healthcare-Associated Infections (CLABSI)	Jan. 1, 2011 – Dec. 31, 2011	Feb. 1, 2013 – Dec. 31, 2013		Jan. 1, 2012 – Dec. 31, 2012	Jan. 1, 2014 – Dec. 31, 2014	
Efficiency (Medicare Spending Per Beneficiary)	May 1, 2011 – Dec. 31, 2011	May 1, 2013 – Dec. 31, 2013	20%	Jan. 1, 2012 – Dec. 31, 2012	Jan. 1, 2014 – Dec. 31, 2014	20%

Hospital-Acquired Condition (HAC) Reduction Program

HOSPITAL-ACQUIRED CONDITION (HAC) REDUCTION PROGRAM

AFFECTS: PPS HOSPITALS

PROGRAM OVERVIEW

Section 3008 of the 2010 Patient Protection and Affordable Care Act (ACA) established the Hospital-Acquired Condition (HAC) Reduction Program to provide an incentive for hospitals to reduce HACs. Effective Federal Fiscal Year (FY) 2015 (October 1, 2014), the HAC Reduction Program requires the Secretary of the Department of Health and Human Services to adjust payments to applicable hospitals that rank in the worst performing quartile of all subsection (d) hospitals with respect to HACs. As stated in ACA Section 3008, these hospitals may have their payments reduced to 99 percent of what would otherwise have been paid for such discharges.

CMS estimates for FY 2015 the program will penalize 726 hospitals and reduce inpatient hospital payments by a total of \$369 million.

HAC: PAYMENT PENALTIES

Inpatient Prospective Payment System (IPPS) Policy	Fiscal Year					
	2014	2015	2016	2017	2018	2019
Hospital Acquired Conditions		MB – 1.0 For Bottom Quartile Hosp.	MB – 1.0 For Bottom Quartile Hosp.	MB – 1.0 For Bottom Quartile Hosp.	MB – 1.0 For Bottom Quartile Hosp.	MB – 1.0 For Bottom Quartile Hosp.

HAC: MEASURES

Measure ID	Hospital-Acquired Condition Reduction Program Measures	Reporting Affective date	Affects APU
Domain 1 – 35% Weight			
AHRQ PSI 90 composite measure		Ongoing	Ongoing
PSI 03	Pressure Ulcer		
PSI 06	Iatrogenic Pneumothorax		
PSI 07	Central Venous Catheter-Related Bloodstream Infections		
PSI 08	Postoperative Hip Fracture		

Hospital-Acquired Condition (HAC) Reduction Program

PSI 12	Perioperative Pulmonary Embolism or Deep Vein Thrombosis		
PSI 13	Postoperative Sepsis		
PSI 14	Postoperative Wound Dehiscence		
PSI 15	Accidental Puncture or Laceration		
Domain 2 – 65% Weight			
CDC NHSN			
CLABSI	Central Line Associated Blood	Ongoing	Ongoing
CAUTI	Catheter Associated Urinary Tract Infection	Expand Jan 2015	Expand FY 2016

HAC: SCORING

The Total HAC score combines hospital performance scores from Domain 1 and Domain 2. If a hospital has data for both domains, Domain 1 is weighted at 35% while Domain 2 is weighted at 65%. If a hospital does not have data for a domain, the Total HAC score is based solely on the other domain. Hospitals without a valid score on either domain are not eligible for the Program.

To date, CMS has not provided exact detail on how it plans to calculate percentiles for Program scoring. As a result, CMS' percentile calculation for the actual Program may differ from the percentiles calculated in this analysis.

As established by the ACA, under the FFY 2015 HAC Reduction Program, hospitals in the top quartile of Total HAC scores will receive a payment penalty of 1.0% of total Medicare IPPS operating and capital payments. Payments for hospitals with a Total HAC score falling below the top quartile are not impacted.

Hospital Readmission Reduction Program (HRRP)

HOSPITAL READMISSION REDUCTION PROGRAM (HRRP)

AFFECTS: PPS HOSPITALS

PROGRAM OVER VIEW

Section 3025 of the Affordable Care Act added section 1886(q) to the Social Security Act establishing the Hospital Readmissions Reduction Program, which requires CMS to reduce payments to IPPS hospitals with excess readmissions, effective for discharges beginning on October 1, 2012. The regulations that implement this provision are in subpart I of 42 CFR part 412 (§412.150 through §412.154).

CMS estimates for FY 2015 the program will reduce hospital payments by \$424 million.

READMISSION REDUCTION PROGRAM: PAYMENT PENALTIES

Inpatient Prospective Payment System (IPPS) Policy	Fiscal Year					
	2014	2015	2016	2017	2018	2019
Readmissions Reduction Program	MB – Hospital Specific Amount Capped at 2.0	MB – Hospital Specific Amount Capped at 3.0	MB – Hospital Specific Amount Capped at 3.0	MB – Hospital Specific Amount Capped at 3.0	MB – Hospital Specific Amount Capped at 3.0	MB – Hospital Specific Amount Capped at 3.0

READMISSION REDUCTION PROGRAM: MEASURES

Readmission Reduction Program Measures		
READM-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Readmission Rate	Ongoing
READM-30-HF	Heart Failure (HF) 30-Day Readmission Rate	Ongoing
READM-30-PN	Pneumonia (PN) 30-Day Readmission Rate	Ongoing
READM-30- HIP- KNEE	Hip/Knee Readmission Hospital-Level 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) Following Elective Total Hip Arthroplasty (THA)/Total Knee Arthroplasty	FY 2015
HWR	Hospital-Wide All-Cause Unplanned Readmission (HWR)	Postponed
READM-30-COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission Rate	FY 2015
READM-30-STK	Stroke (STK) 30-Day Readmission Rate	FY 2017
READM-30- CABG	Hospital 30-day,all-cause, unplanned, risk-standardized readmission rate following CABG surgery	FY 2017

Hospital Readmission Reduction Program (HRRP)

READMISSION REDUCTION PROGRAM: PAYMENT ADJUSTMENT CALCULATION

Excess readmission ratio = risk-adjusted predicted readmissions/risk-adjusted expected readmissions

Aggregate payments for excess readmissions = [sum of base operating DRG payments for AMI x (excess readmission ratio for AMI-1)] + [sum of base operating DRG payments for HF x (excess readmission ratio for HF-1)] + [sum of base operating DRG payments for PN x (excess readmission ratio for PN-1)]

*Note, if a hospital's excess readmission ratio for a condition is less than/equal to 1, then there are no aggregate payments for excess readmissions for that condition included in this calculation.

Aggregate payments for all discharges = sum of base operating DRG payments for all discharges

Ratio = 1 - (Aggregate payments for excess readmissions/ Aggregate payments for all discharges)

Readmissions Adjustment Factor =

- For FY 2013, the higher of the Ratio or 0.99 (1% reduction);
- For FY 2014, the higher of the Ratio or 0.98 (2% reduction).
- For FY 2015, the higher of the Ratio or 0.97 (3% reduction).

Medicare Beneficiary Quality Improvement Project (MBQIP)

MEDICARE BENEFICIARY QUALITY IMPROVEMENT PROJECT (MBQIP)

AFFECTS: CRITICAL ACCESS HOSPITALS

PROGRAM OVER VIEW

FEDERAL OFFICE OF RURAL HEALTH POLICY (ORHP) created MBQIP as a Flex Grant Program activity within the core area of quality improvement. This project puts patients first by focusing on Critical Access Hospital (CAH) improvements to health care services, processes and administration. This goal will be achieved by asking you, the CAHs, to report a specific set of CAH-relevant measures and engage in quality improvement projects to benefit patient care. Data will be aggregated into a national outcome for CAHs and shared with your State Flex Coordinator. This initiative takes a proactive approach to ensure CAHs are well-prepared to meet future quality requirements.

MEASURES

Measure ID		Baseline Period	Measure Period	Affects Payment
Process Measures				
HF-1	Discharge Instructions			NA
HF-2	Evaluation of LVS Function			NA
HF-3	ACEI or ARB for LVSD			NA
HF-4	Adult Smoking Cessation Advice / Counseling			NA
PN-2	Pneumococcal Vaccination			NA
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital			NA
PN-4	Adult Smoking Cessation Advice / Counseling			NA
PN-5c	Initial Antibiotic Received Within 6 Hours of Hospital Arrival			NA
PN-6	Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients			NA
PN-7	Influenza Vaccination			NA
OP-1	Median Time to Fibrinolysis			NA
OP-2	Fibrolytic Therapy Received Within 30 Minutes of ED Arrival			NA
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention			NA
OP-4	Aspirin at Arrival			NA
OP-5	Median Time to ECG			NA
OP-6	Timing of Antibiotic Prophylaxis			NA
OP-7	Prophylactic Antibiotic Selection for Surgical Patients			NA

Medicare Beneficiary Quality improvement Project (MBQIP)

HCAHPS			
	Communication with Nurses		NA
	Communication with Doctors		NA
	Responsiveness of Hospital Staff		NA
	Pain Management		NA
	Communication about Medicines		NA
	Cleanliness and Quietness of Hospital Environment		NA
	Discharge Information		NA
	Overall Rating of Hospital		NA

Electronically Specified Clinical Quality Measures (eCQMs) Program

ELECTRONICALLY SPECIFIED CLINICAL QUALITY MEASURES (ECQMS) PROGRAM

AFFECTS: PPS HOSPITALS

Twenty-nine (29) electronically specified clinical quality measures (eCQMs) have been developed for the Medicare Electronic Health Record (EHR) Incentive Program. Hospitals must report on 16 of the 29 eCQMs. Sixteen of these eCQMs are also applicable for the Hospital Inpatient Quality Reporting (IQR) program.

MEASURE SETS QUALIFYING FOR BOTH MEANINGFUL USE AND IQR

The complete list of eCQM Measure Sets, applicable for both Meaningful Use (MU) and IQR, is as follows.

NOTE: Submission of the following 16 eCQMs can fulfill both the Medicare EHR Incentive program clinical quality measures submission requirements and a portion of the IQR program reporting requirements with a single submission. If a hospital does not submit these four Measure Sets as eCQMs, they will need to submit the measures through chart abstraction for the IQR Program.

- **Stroke (STK)** — *qualifies for both IQR and MU*
 - STK-2: Discharged on Antithrombotic Therapy
 - STK-3: Anticoagulation Therapy for Atrial Fibrillation/Flutter
 - STK-4: Thrombolytic Therapy
 - STK-5: Antithrombotic Therapy by End of Hospital Day Two
 - STK-6: Discharged on Statin Medication
 - STK-8: Stroke Education
 - STK-10: Assessed for Rehabilitation
- **Venous Thromboembolism (VTE)** — *qualifies for both IQR and MU*
 - VTE-1: Venous Thromboembolism Prophylaxis
 - VTE-2: Intensive Care Unit Venous Thromboembolism Prophylaxis
 - VTE-3: Venous Thromboembolism Patients with Anticoagulation Overlap Therapy
 - VTE-4: Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram
 - VTE-5: Venous Thromboembolism Warfarin Therapy Discharge Instructions
 - VTE-6: Hospital Acquired Potentially-Preventable Venous Thromboembolism
- **Emergency Department (ED)** — *qualifies for both IQR and MU*
 - ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients
 - ED-2: Median Admit Time to ED Departure Time for Admitted Patients

Electronically Specified Clinical Quality Measures (eCQMs) Program

- **Perinatal Care (PC)** — *qualifies for both IQR and MU*
 - PC-01: Elective Delivery

MEASURE SETS QUALIFYING FOR MU ONLY

The complete list of eCQM Measure Sets applicable for MU only is as follows:

- **Acute Myocardial Infarction (AMI)** — *qualifies for MU only*
 - AMI-2: Aspirin Prescribed at Discharge
 - AMI-7a: Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
 - AMI-8a: Primary PCI Received Within 90 Minutes of Hospital Arrival
 - AMI-10: Statin Prescribed at Discharge
- **Pneumonia (PN)** — *qualifies for MU only*
 - PN-6: Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients
- **Surgical Care Improvement Project (SCIP)** — *qualifies for MU only*
 - SCIP-Inf-1: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
 - SCIP-Inf-2: Prophylactic Antibiotic Selection for Surgical Patients
 - SCIP-Inf-9: Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being day zero
- **Emergency Department (ED)** — *qualifies for MU only*
 - ED-3: Median Time from ED Arrival to ED Departure for Discharged ED Patients
- **Children's Asthma Care (CAC)** — *qualifies for MU only*
 - CAC-3: Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver
- **Perinatal Care (PC)** — *qualifies for MU only*
 - PC-05: Exclusive Breast Milk Feeding
- **Healthy Term Newborn** — *qualifies for MU only*
- **EHDI-1a Hearing Screening before Hospital Discharge** — *qualifies for MU only*

Long-Term Care Hospital Quality Reporting Program (LTCH QRP)

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

AFFECTS: LONG-TERM ACUTE CARE HOSPITALS

PROGRAM OVER VIEW

Section 3004 of the Affordable Care Act :

- directs the Secretary to establish quality reporting requirements for long-term care hospitals (LTCHs).
- requires the Secretary to publish, no later than October 1, 2012 the selected quality measures that must be reported by LTCHs.
- 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.

LTCH QRP: PAYMENT PENALTIES

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

MEASURES

Measure Name		Reporting Affective date	Affects APU
Measures Collected and Submitted by Hospital			
<i>Chart-Abstracted Measures Reported Using the LTCH CARE Data Set (QIES ASAP)</i>		Ongoing	Ongoing
	Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (Short-Stay)	Oct 2012	FY 2014
	Percent of residents or patients who were assessed and appropriately given the seasonal Influenza Vaccine (Short-Stay)	Oct 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

Long-Term Care Hospital Quality Reporting Program (LTCH QRP)

	Change in Mobility among LTCH Patients Requiring Ventilator Support	April 2016	FY 2018
<i>Healthcare Associated Infections Reported to NHSN</i>			
CAUTI	Urinary Catheter-Associated Urinary Tract Infection (CAUTI)	Oct 2012	FY 2014
CLABSI	Central Line Catheter-Associated Bloodstream Infection (CLABSI)	Oct 2012	FY 2014
	Influenza Vaccination coverage among healthcare personnel	Oct 2014	FY 2016
	Facility-Wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure	Jan 2015	FY 2017
	Facility-Wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Jan 2015	FY 2017
	Ventilator-Associated Event Outcome Measure	Jan 2016	FY 2018
Claims Based Measures Calculated by CMS			
	All-cause Unplanned Readmission Measure for 30 days Post-Discharge from LTCH	Jan 2013	FY 2017

Physician Quality Reporting System (PQRS)

PHYSICIAN QUALITY REPORTING SYSTEM (PQRS)

BACKGROUND

The Physician Quality Reporting System (PQRS) is a reporting program that uses a combination of incentive payments and payment adjustments to promote reporting of quality information by eligible professionals. The program provides an incentive payment to practices with individual eligible professionals (EPs) or group practices participating in the group practice reporting option (GPRO), who satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer). Additionally, individual EPs and group practices that do not satisfactorily report in the 2014 PQRS program year will be subject to a payment adjustment in 2016.

FOR ELIGIBLE PROFESSIONALS

2014 PQRS INCENTIVE FOR ELIGIBLE PROFESSIONALS

Eligible Professionals can earn a 2014 PQRS incentive by meeting one of the following criteria for satisfactory reporting:

1. Report on at least nine measures covering three National Quality Strategy (NQS) domains for at least 50 percent of the EP's Medicare Part FFS patients.

- EPs or group practices that satisfactorily report for only one to eight PQRS measures across one or more domains for at least 50 percent of their eligible patients or encounters for each measure, OR EPs or group practices that satisfactorily report for nine or more PQRS measures across less than three domains for at least 50 percent of their eligible patients or encounters for each measure will be subject to Measure-Applicability Validation (MAV).

2. Report at least one measure group on a 20-patient sample, a majority of which (at least 11 out of 20) must be Medicare Part B FFS patients.

2016 PQRS PAYMENT ADJUSTMENT AVOIDANCE FOR ELIGIBLE PROFESSIONALS

Eligible Professionals can avoid the 2016 PQRS payment adjustment by meeting one of the following criteria:

1. Satisfactorily report and earn the 2014 PQRS incentive.

2. Report at least three measures covering one NQS domain for at least 50 percent of the EP's Medicare Part B FFS patients.

Physician Quality Reporting System (PQRS)

- EPs that submit quality data for one or two PQRS measures for at least 50 percent of their patients or encounters eligible for each measure will be subject to MAV.

FOR GROUP PRACTICES

A group practice must have registered to report via qualified registry under the Group Practice Reporting Option (GPRO) for 2014 PQRS.

2014 PQRS INCENTIVE FOR ELIGIBLE GROUP PRACTICES

Group practices can earn a 2014 PQRS incentive by meeting the following criteria for satisfactory reporting:

1. Report on at least nine measures covering three NQS domains for at least 50 percent of the group's Medicare Part B FFS patients.

- Group practices that submit quality data for only one to eight PQRS for at least 50 percent of their eligible patients or encounters for each measure, OR who submit data for nine or more PQRS measures across less than three domains for at least 50 percent of their patients or encounters eligible for each measure will be subject to MAV.

2016 PQRS PAYMENT ADJUSTMENT AVOIDANCE FOR ELIGIBLE GROUP PRACTICES

Group practices can avoid the 2016 PQRS payment adjustment by meeting one of the following criteria:

1. Satisfactorily report and earn receive the 2014 PQRS incentive.

2. Report at least three measures covering one NQS domain for at least 50 percent of the group's Medicare Part B FFS patients.

- Group practices that submit quality data for one or two PQRS measures for at least 50 percent of their patients or encounters eligible for each measure will be subject to MAV

Physician Quality Reporting System (PQRS)

PHYSICIAN QUALITY REPORTING SYSTEM MEASURE GROUPS

Measure Group	Measure Count
Diabetes	5
Chronic Kidney Disease (CKD)	4
Preventive Care	9
Coronary Artery Bypass Graft (CABG)	10
Rheumatoid Arthritis (RA)	6
Perioperative Care	4
Back Pain	4
Hepatitis C	4
Coronary Artery Disease (CAD)	4
Ischemic Vascular Disease (IVD)	4
HIV/AIDS	7
Asthma	4
Inflammatory Bowel Disease (IBD)	8
Sleep Apnea	4
Dementia	9
Parkinson's Disease	6
Hypertension (HTN)	9
Cardiovascular Prevention	6
Cataracts	4
Oncology	8
Total Knee Replacement	4
General Surgery	5
Optimizing Patient Exposure to Ionizing Radiation	6

Appendix A: Website Resources

APPENDIX A: WEBSITE RESOURCES

<http://www.qualitynet.org> – Quality Net – site developed by CMS to provide healthcare quality improvement news. The only CMS-approved website for secure communications and healthcare data exchange between quality improvement organizations, hospitals, physician offices, nursing homes, end stage renal disease networks and facilities, and data vendors. The sites information includes details on:

- Hospital Inpatient Quality Reporting System
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129>
- Hospital Outpatient Quality Reporting System
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1191255879384>
- Physician Quality Reporting System
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1187820137434>
- Ambulatory Surgical Center Program
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772497737>
- PPS-Exempt Cancer Hospital Quality Reporting
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864217>
- Inpatient Psychiatric Facility Quality Reporting (IPFQR)
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864206>
- Hospital Value-Based Purchasing
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772039937>
- Readmission Reduction Program
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772412458>
- Hospital Acquired Conditions
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228760487021>

<http://www.hcahpsonline.org> – Hospital Consumer Assessment of Healthcare Providers and Systems – Resource website for tools and analysis of the consumer experience surveys.

<http://www.ahrq.gov/> – Agency for Healthcare Research and Quality – agency who’s mission is to produce evidence to make health care safer, quality higher, more accessible, and affordable. They provide information and tools regarding:

- Patient Safety Indicators (PSIs) : http://qualityindicators.ahrq.gov/modules/psi_resources.aspx

Appendix A: Website Resources

- Inpatient Quality Indicators (IQIs) : http://qualityindicators.ahrq.gov/modules/iqi_resources.aspx
- Prevention Quality Indicators (PQIs) : http://qualityindicators.ahrq.gov/modules/pqi_resources.aspx
- Pediatric Quality Indicators (PDIs) : http://qualityindicators.ahrq.gov/modules/pdi_resources.aspx

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 (HCAHPS) :
 - <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>