

## Current and Proposed CMS Quality Measures for Reporting in 2025 through 2029

Revised 8/11/2025

## **Table of Contents**

Inpatient Measures Collected and Submitted by Hospital	
<ul> <li>SEP/Adverse Events/Opioid/PC/STK/VTE/ Additional eCQM Measures</li> </ul>	Page 2
Structural Measures/NHSN Measures/HCAHPS	Page 3
PRO-PM/eCQM Requirements	Page 4
Claims Based Measures Calculated by CMS (Inpatient)	. age .
· · · · · · · · · · · · · · · · · · ·	Dogo F
Mortality/Readmissions     Supplemental Control of	Page 5
<ul> <li>Surg Comp/AHRQ/Cost Efficiency</li> </ul>	Page 6
Outnations Massures Collected and Submitted by Hespital	
Outpatient Measures Collected and Submitted by Hospital	57
Cardiac/ED/SDOH/STK/Imaging/Structural/Other     NUSALAA	Page 7
NHSN Measure/OAS CAHPS/PRO-PM	Page 8
Claims Based Measures Calculated by CMS (Outpatient)	
Outcome Measures/Imaging Efficiency	Page 8
Ambulatory Surgery Center Measures Collected and Submitted by Hospital	
	Daga 0
<ul> <li>ASC Measures/SDOH/Structural Measure/NHSN Measure/OAS CAHPS</li> <li>PRO-PM</li> </ul>	Page 9
Claims Based Measures Calculated by CMS (ASC)	
Outcome Measures	Page 10
Long-Term Care Hospital Measures Collected and Submitted by Hospital	
<ul> <li>LTCH Measures/NHSN Measures</li> </ul>	Page 11
Claims Based Measures Calculated by CMS (LTCH)	
<ul> <li>Readmission Measures/Resource Use/Other Measures</li> </ul>	Page 12
Inpatient Psychiatric Facility Measures Collected and Submitted by Hospital	
	D 12
HBIPS/SUB/TOB/IMM/TRN/MET/FLD/NHSN Measures/PIX	Page 13
Claims Based Measures Calculated by CMS (IPF)	
<ul> <li>Clinical Quality of Care Measures/Readmissions</li> </ul>	Page 14
Inpatient Rehabilitation Facility Measures Collected and Submitted by Hospital	
	Daga 15
IRF Measures/NHSN Measures	Page 15
Claims Based Measures Calculated by CMS (IRF)	
Resource Use/Readmission Measures	Page 16
End-Stage Renal Disease Facility Measures Collected and Submitted by Hospital	
· · · · · · · · · · · · · · · · · · ·	Dogo 17
NHSN Measures/Other ESRD Quality Measures	Page 17
Claims Based Measures Calculated by CMS (ESRD)	
Clinical Measures/Reporting Measures	Page 17
PPS-Exempt Cancer Hospital Measures Collected and Submitted by Hospital	
Cancer Care/Structural Measures/HCAHPS/NHSN Measures	Page 18
	rage 10
Claims Based Measures Calculated by CMS (PCH)	<b>5</b> 10
Outcome Measures/Readmissions	Page 19
Rural Emergency Hospital Measures Collected and Submitted by Hospital	
ED/SDOH/Structural Measures	Page 20
Claims Based Measures Calculated by CMS (REH)	r age 20
· · · · · · · · · · · · · · · · · · ·	Daga 20
Outcome Measures/Imaging	Page 20



### **INPATIENT** Current

### **Measures Collected and Submitted by Hospital**

inicasures conceted and cubinitied by mospital					
	ніс	HIQRP		Р	HITECH
MEASURE Bolded measures must be manually abstracted and submitted to HQR site quarterly.	Reporting effective date	Affects APU	Reporting effective date	Affects Reimburse ment	Promoting Interopera bility Program
Sepsis and Septic Shock					
Severe Sepsis and Septic Shock: Management Bundle Measure	Oct 2015	FY 2017	CY 2024	FY 2026	
Medication-Related Adverse Events			l	ı	
HH-01 Hospital Harm – Severe Hypoglycemia eCQM	Mandatory CY 2026	FY 2028			Yes
HH-02 Hospital Harm – Severe Hyperglycemia eCQM	Mandatory CY 2026	FY 2028			Yes
Opioid-Related Measures					
Safe Use of Opioids - Concurrent Prescribing eCQM	Mandatory CY 2022	FY 2024			Yes
Hospital Harm - Opioid Related Adverse Events eCQM	Mandatory CY 2027	FY 2029			Yes
Perinatal Care (PC)					
ePC-02 Cesarean Birth	Mandatory CY 2024	FY 2026			Yes
ePC-07 Severe Obstetric Complications	Mandatory CY 2024	FY 2026			Yes
Stroke					
STK-2 Ischemic stroke patients discharged on antithrombotic therapy eCQM					Yes
STK-3 Anticoagulation therapy for atrial fibrillation/flutter eCQM					Yes
STK-5 Antithrombotic therapy by the end of hospital day two eCQM					Yes
Venous Thromboembolism (VTE)					
VTE-1 Venous thromboembolism Prophylaxis eCQM					Yes
VTE-2 Intensive care unit VTE prophylaxis eCQM					Yes
Additional eCQM Measures					
Global Malnutrition Composite Score eCQM					Yes
Modify to add ages 18-64 in CY 2026					

Proposed for CY 2026

Proposed for CY 2027

Proposed for CY 2028

Proposed for CY 2029 Proposed for CY 2030

Proposed for CY 2031



Hospital Harm – Pressure Injury eCQM	Mandatory	FY 2030			Available
,,,,,,,,	CY 2028				for
					reporting
		E) ( 0000			CY 2025
Hospital Harm – Acute Kidney Injury eCQM	Mandatory	FY 2030			Available for
	CY 2028				reporting
					CY 2025
Hospital Harm – Falls with Injury eCQM					Available
					for
					reporting
Hawital Hawa Dook or another Door instance					CY 2026 Available
Hospital Harm – Post-operative Respiratory Failure eCQM					for
Fallure ecqivi					reporting
					CY 2026
Excessive Radiation Dose or Inadequate					Available
Image Quality for Diagnostic CT Adults eCQM					for
					reporting
					CY 2025
Structural Measures					
Maternal Morbidity	Oct 2021	FY 2023			
Hospital Commitment to Health Equity	CY 2023	FY 2025			
	End after	Remove after			
Deticut Cefety	CY 2023	FY 2025			
Patient Safety	CY 2025	FY 2027			
Age Friendly Hospital	CY 2025	FY 2027			
Measures Reported to NHSN					
Central Line Associated Bloodstream Infection			Feb 2013	FY 2015	
Expand to include some non-ICU wards			Jan 2017	FY 2019	
CLABSI-Oncology units	CY 2026	FY 2028			
Surgical Site Infection			Jan 2014	FY 2016	
Catheter-Associated Urinary Tract Infection			Jan 2014	FY 2016	
Expand to include some non-ICU wards	2) / 2222		Jan 2017	FY 2019	
CAUTI-Oncology units	CY 2026	FY 2028			
MRSA Bacteremia			Jan 2015	FY 2017	
Clostridium Difficile (C. Diff)	1 0015	F) / 62 / F	Jan 2015	FY 2017	
Healthcare Personnel Influenza Vaccination	Jan 2013	FY 2015			
COVID-19 Vaccination Coverage among	Oct 2021	FY 2023			
Healthcare Personnel	0.54.0000	EV 0005			
Modified to HCP with "up-to-date" vaccines	Oct 2023 End after	FY 2025 Remove after			
	CY 2023	FY 2025			
Patients' Experience of Care		2020			
HCAHPS survey	Ongoing	Ongoing	July 2011	FY 2013	
Updated survey	CY 2025	FY 2027		FY 2030	



## **Current and Proposed CMS Quality Measures** for Reporting in 2025 through 2029

Patient-Reported Outcome Performance Measures					
THA/TKA PRO-PM Hospital-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure	Voluntary for procedures performed 7/2023- 6/2024 Required for procedures performed 7/2024- 6/2025	Voluntary data submission will not affect APU. Required for FY2028 APU			

eCQM Reporting Requirements			
Reporting Period/Payment Determination	Total Number of eCQMs Reported	eCQMs Required to be Reported	
CY 2024/FY 2026 and		Safe Use of Opioids-Concurrent Prescribing Cesarean Birth	
CY 2025/FY 2027	6	Severe Obstetric Birth	
CY 2026/FY 2028	8	3 additional self-selected eCQMs  Safe Use of Opioids-Concurrent Prescribing Cesarean Birth Severe Obstetric Birth Hospital Harm-Severe Hyperglycemia Hospital Harm-Severe Hypoglycemia 3 additional self-selected eCQMs	
CY 2027/FY 2029	9	Safe Use of Opioids-Concurrent Prescribing Cesarean Birth Severe Obstetric Birth Hospital Harm-Severe Hyperglycemia Hospital Harm-Severe Hypoglycemia Hospital Harm-Opioid-Related Adverse Events 3 additional self-selected eCQMs	
CY 2028/FY 2030	11	Safe Use of Opioids-Concurrent Prescribing Cesarean Birth Severe Obstetric Birth Hospital Harm-Severe Hyperglycemia Hospital Harm-Severe Hypoglycemia Hospital Harm-Opioid-Related Adverse Events Hospital Harm-Pressure Injury Hospital Harm-Acute Kidney Injury 3 additional self-selected eCQMs	



Claims Based Measures Calculated by CMS (Inpatient)				
	HIQRP		VBI	P
MEASURE	Reporting effective date	Affects APU	Reporting effective date	Affects Reimbursement
Mortality Measures (Medicare Patients)				
Hospital 30-day, all-cause, risk-standardized mortality rate following AMI hospitalization for patients 18 and older			7/1/11	FY 2014
Hospital 30-day, all-cause, risk-standardized mortality rate following heart failure hospitalization for patients 18 and older			7/1/11	FY 2014
Hospital 30-day, all-cause, risk-standardized mortality rate following pneumonia hospitalization			7/1/11	FY 2014
Hospital 30-day, all-cause, risk-standardized mortality rate following COPD hospitalization			7/1/16	FY 2021
Hospital 30-day, all-cause, risk-standardized mortality rate following acute ischemic stroke		FY 2016		
7/2023-6/2025 Expand to include Medicare Advantage		FY 2027		
Hybrid Hospital-Wide All-Cause Mortality (Hybrid HWM)		1 1 2021		
Hospitals report CCDEs & linking variables	Voluntary 7/2023-6/2024 7/2024-6/2025			
7/2024-6/2025 Expand to include Medicare Advantage	7/2024-6/2025			
Hospital 30-day, all-cause, risk-standardized mortality rate following CABG surgery			7/1/2017 – 6/30/2020	FY 2022
30-day risk-standardized death rate among surgical inpatients with complications	7/2023-6/2025	FY 2027		
Readmission Measures (Medicare Patients	)			
Hybrid Hospital-Wide Readmission Measure with Claims and Electronic Health Record Data				
Hospitals report CCDEs & linking variables  7/2024-6/2025  Expend to include Medicare Adventage	Voluntary 7/2023-6/2024 7/2024-6/2025			
Expand to include Medicare Advantage				



Surgical Complications				
Hip/Knee: Hospital-level risk standardized			Jan 2015	FY 2019
complication rate (RSCR) following elective				
primary total hip\total knee arthroplasty				
UPDATED Hip/Knee: Hospital-level risk	4/2019-3/2022	FY 2024		FY2030
standardized complication rate (RSCR)	End after	Remove after		
following elective primary total hip\total knee	March 2028	FY 2029		
arthroplasty				
4/2023-3/2025				
Expand to include Medicare Advantage	4/2023-3/2025	FY 2027		FY 2033
AHRQ and Nursing Sensitive Care	1/2020 0/2020	1 1 2021		1 1 2000
PSI-4 Death among surgical inpatients with	End after	Remove after		
serious, treatable complications	6/30/2025	FY 2026		
Cost Efficiency	0/30/2023	1 1 2020		
Medicare spending per beneficiary			May 2013	FY 2015
Add RRB beneficiaries for FY 2016			Way 2013	1 1 2013
UPDATED Medicare spending per	End after CY	FY 2024	CY 2026	FY 2028
beneficiary (MSPB) Hospital Measure	2025	Remove after	01 2020	1 1 2020
beneficiary (Wor b) Hospital Weasure	2023	FY 2027		
Hospital-level, risk-standardized payment	End after	FY 2016		
associated with a 30-day episode-of-care for	6/30/2024	Remove after		
AMI	0/00/2021	FY 2025		
Hospital-level, risk-standardized payment	End after	FY 2017		
associated with a 30-day episode-of-care for	6/30/2024	Remove after		
heart failure	0,00,202.	FY 2025		
Hospital-level, risk-standardized payment	End after	FY 2017		
associated with a 30-day episode-of-care for	6/30/2024	Remove after		
pneumonia		FY 2025		
Hospital-Level, Risk-Standardized Payment	CY 2016	FY 2018		
Associated with an Episode-of-Care for	End after	Remove after		
Elective Primary Total Hip Arthroplasty	3/31/2024	FY 2025		
and/or Total Knee Arthroplasty				
Revised for FY 2024 payment determination				
Excess Days in Acute Care after		FY 2018		
Hospitalization for AMI				
Revised for FY 2024 payment determination				
Excess Days in Acute Care after		FY 2018		
Hospitalization for Heart Failure				
Excess Days in Acute Care after	7/2014-6/2017	FY 2019		
Hospitalization for Pneumonia				



OUTPATIENT Current			
Measures Collected and Submitted by Hospital			
		HOQRP	
MEASURE	Reporting effective date	Affects APU	
Cardiac Care Measures			
OP-40 ST-Segment Elevation Myocardial Infarction (STEMI) eCQM	Voluntary CY 2023 Mandatory CY 2024	CY 2026	
ED Measures			
OP-18 Median time for discharged ED patients	Jan 2012 End after CY 2027	CY 2013 Remove after CY 2029	
Emergency Care Access & Timeliness eCQM	Voluntary CY 2027 Mandatory CY 2028	CY 2030	
Social Drivers of Health			
Screening for Social Drivers of Health	Voluntary CY 2025 Mandatory CY 2026 End before required	CY 2028 Remove prior to requirement	
Screen Positive Rate for Social Drivers of Health	Voluntary CY 2025 Mandatory CY 2026 End before required	CY 2028 Remove prior to requirement	
Stroke			
OP-23 Head CT or MRI scan results for acute ischemic stroke or hemorrhagic stroke patients who received head CT or MRI scan interpretation within 45 minutes of ED arrival	Jan 2012	CY 2013	
lmaging			
Excessive Radiation eCQM	Voluntary CY 2025 Voluntary CY 2026 Mandatory CY 2027 Voluntary indefinitely	CY 2029 Will not affect APU	
Structural Measure			
Hospital Commitment to Health Equity	CY 2025 End before required	CY 2027 Remove prior to requirement	
Chart-Abstracted Measures with Aggregate Date		, , , , , ,	
OP-22 ED patient left without being seen	Jan-Jun 2012 Data End after CY 2027	CY 2013 Remove after CY 2029	
OP-29 Colonoscopy Follow-up Interval Revise ages from "50-75" to "45–75"	April 1, 2014 CY 2024	CY 2016 CY 2026	
OP-31 Cataracts visual function	Voluntary CY 2015		
CY 2024 Limit options for survey instrument used			



Measures Reported to NHSN		
OP-38 COVID-19 Vaccination Coverage among	CY 2022	CY 2024
Healthcare Personnel		
Modified to HCP with "up-to-date" vaccines	CY 2024	CY 2026
	End after CY 2023	Remove after CY 2025
Patients' Experience of Care		
OP-37a-37e OAS CAHPS	Voluntary CY 2023	CY 2026
	Mandatory CY 2024	
Patient-Reported Outcome Performance Measur	re	
OP-42 PRO-PM Following Elective Primary Total	Voluntary CY 2025	CY 2031
Hip Arthroplasty and/or Total Knee Arthroplasty in	Voluntary CY 2026	
the HOPD Setting	Voluntary CY 2027	
	Mandatory CY 2028	
PRO-PM Patient Understanding of Key	Voluntary CY 2026	CY 2029
Information Related to Recovery After a Facility-	Mandatory CY 2027	
Based Outpatient Procedure or Surgery		
Information Transfer PRO-PM		

Claims Based Measures Calculated by CMS (Outpatient)			
	HOQRP		
MEASURE	Reporting effective date	Affects APU	
Outcome Measures			
OP-32 Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	CY 2016	CY 2018	
OP-35 Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy	CY 2018	CY 2020	
OP-36 Hospital Visits after Hospital Outpatient Surgery	CY 2018	CY 2020	
Imaging Efficiency Measures			
OP-8 MRI lumbar spine for low back pain	Ongoing End after 2024	Ongoing Remove after CY 2026	
OP-10 Abdomen computed tomography (CT) use of contrast material	Ongoing	Ongoing	
OP-13 Cardiac imaging for preoperative risk assessment for non-cardiac low-risk surgery	CY 2010 End after 2024	CY 2012 Remove after CY 2026	
OP-39 Breast Screening Recall Rates	July 2020 – June 2021	CY 2023	



#### **AMBULATORY SURGERY CENTER Current and Proposed Measures Collected and Submitted by Hospital** ASCQR Program Reporting effective date Affects APU **MEASURE** Measures Submitted through the CMS Web-Based Tool (HQR System) CY 2025 ASC-1 Patient Burn CY 2023 **ASC-2 Patient Fall** CY 2023 CY 2025 ASC-3 Wrong Site, Wrong Side, Wrong Patient, CY 2023 CY 2025 Wrong Procedure, Wrong Implant ASC-4 Hospital Transfer/Admission CY 2023 CY 2025 ASC-9 Endoscopy/Poly surveillance: Appropriate April 1, 2014 CY 2016 follow-up interval for normal colonoscopy in average risk patients Revise ages from "50-75" to "45-75" CY 2024 CY 2026 ASC-11 Cataracts Visual Function Voluntary CY 2015 CY 2024 Limit options for survey instrument used ASC-13 Normothermia Outcome CY 2018 CY 2020 **ASC-14 Unplanned Anterior Vitrectomy** CY 2018 CY 2020 Social Drivers of Health Screening for Social Drivers of Health Voluntary CY 2025 CY 2028 Mandatory CY 2026 Remove prior to requirement End before required Screen Positive Rate for Social Drivers of Health Voluntary CY 2025 CY 2028 Mandatory CY 2026 Remove prior to requirement End before required Structural Measure Hospital Commitment to Health Equity CY 2025 CY 2027 End before required Remove prior to requirement Measures Reported to NHSN ASC-20 COVID-19 Vaccination Coverage among CY 2022 CY 2024 Healthcare Personnel Modified to HCP with "up-to-date" vaccines CY 2024 CY 2026 End after CY 2023 Remove after CY 2025 Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems ASC-15a-e OAS CAHPS CY 2027 Voluntary CY 2024 Mandatory CY 2025



Patient-Reported Outcome Performance Measure				
PRO-PM Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty in the ASC Setting	Voluntary CY 2025 Voluntary CY 2026 Voluntary CY 2027 Mandatory CY 2028	CY 2031		
PRO-PM Patient Understanding of Key Information Related to Recovery After a Facility- Based Outpatient Procedure or Surgery	Voluntary CY 2027 Voluntary CY 2028 Mandatory CY 2029	CY 2031		

Claims Based Measures Calculated by CMS				
	ASCQR Program			
MEASURE	Reporting effective date	Affects APU		
Outcome Measures				
ASC-12 Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	CY 2016	CY 2018		
ASC-17 Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures	CY 2019 & 2020	CY 2022		
ASC-18 Hospital Visits after Urology Ambulatory Surgical Center Procedures	CY 2019 & 2020	CY 2022		
ASC-19 Facility-Level 7-Day Hospital Visit after General Surgery Procedures Performed at ASC.	CY 2021 & 2022	CY 2024		



#### **LONG-TERM CARE HOSPITAL Current Measures Collected and Submitted by Hospital** LTCHQR Program Reporting effective date Affects APU MEASURE Chart-Abstracted Measures Reported Using the CMS Designated Data Submission System Changes in Skin Integrity Post-Acute Care: FY 2020 July 2018 Pressure Ulcer/Injury Percent of Residents Experiencing One or More FY 2018 April 2016 Falls with Major Injury Change in Mobility among LTCH Patients April 2016 FY 2018 Requiring Ventilator Support Drug Regimen Review Conducted with Follow-April 2018 FY 2020 Up for Identified Issues Compliance with Spontaneous Breathing Trial July 2018 FY 2020 (SBT) by Day 2 of the LTCH Stay. Ventilator Liberation Rate FY 2020 July 2018 Transfer of Health Information to the Provider, Oct 2020 FY2022 Post-Acute Care Transfer of Health Information to the Patient, Oct 2020 FY2022 Post-Acute Care Discharge Function Score CY 2023 FY 2025 COVID-19 Vaccine Percent of FY 2026 Oct 2024 Patients/Residents Who Are Up to Date Measures Reported to NHSN **Urinary Catheter-Associated Urinary Tract** Oct 2012 FY 2014 Infection (CAUTI) Central Line Catheter-Associated Bloodstream Oct 2012 FY 2014 Infection (CLABSI) Facility-wide Inpatient Hospital-onset Jan 2015 FY 2017 Clostridium difficile Infection (CDI) Outcome Measure Influenza Vaccination coverage among Oct 2014 FY 2016 healthcare personnel COVID-19 Vaccination Coverage among Oct 2021 FY 2023 Healthcare Personnel

Modified to HCP with "up to date" vaccines

Oct 2023

FY 2025



# Current and Proposed CMS Quality Measures for Reporting in 2025 through 2029

Claims Based Measures Calculated by CMS (Long-Term Care Hospitals)		
	LTCHQR Program	
MEASURE	Reporting effective date	Affects APU
Resource Use and Other Measures (IMPACT)		
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



INPATIENT PSYCHIATRIC FACILITIES Current			
Measures Collected and Submitted by Hospital			
	IPFQR Program		
MEASURE	Reporting effective date	Affects APU	
Hospital Based Inpatient Psychiatric Services			
HBIPS-2 Hours of physical restraint use	Oct 2012	FY 2014	
HBIPS-3 Hours of seclusion use	Oct 2012	FY 2014	
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	
Tobacco Treatment			
TOB-3 Tobacco Treatment Provided or Offered at Discharge	Jan 2016	FY 2018	
TOB-3a Tobacco Treatment at Discharge	Jan 2016	FY 2018	
Immunization			
IMM-2 Influenza Immunization	Oct 2015	FY 2017	
Transition of Care	OCI 2013	1 1 2017	
Transition of Care  Transition Record with Specified Elements Received by Discharged Patients	Jan 2017	FY 2019	
Metabolic Disorders			
Screening for Metabolic Disorders	Jan 2017	FY 2019	
Facility-Level 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-19 Vaccination Coverage among HCP	Oct 2021	FY2023	
Modified to HCP with "up to date" vaccines	Oct 2023 Remove after CY 2023	FY 2025 Remove after FY 2025	
Patients' Experience of Care			
PIX Survey	Voluntary CY 2025 Mandatory CY 2026	FY 2028	



Claims Based Measures Calculated by CMS			
	IPFQR Program		
MEASURE	Reporting effective date	Affects APU	
Clinical Quality of Care Measure			
Follow-up After Psychiatric Hospitalization	July 2021 – June 2022	FY 2024	
Medication Continuation following Discharge from an IPF	July 2017 – June 2019	FY 2021	
30-Day, Risk-Standardized All-Cause ED Visit Following an IPF Discharge	CY 2025	FY 2027	
Readmission Measure			
30 Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF		FY 2019	

FY 2025

Remove after FY 2025



#### **INPATIENT REHABILITATION FACILITY Current and Proposed Measures Collected and Submitted by Hospital IRF QRP** Reporting effective date Affects APU **MEASURE** Chart-Abstracted Measures Reported Through IRF-Patient Assessment Instrument (IRF-PAI) Changes in Skin Integrity Post-Acute Care: Oct 2018 FY 2020 Pressure Ulcer/Injury Application of Percent of Residents Oct 2016 FY 2018 Experiencing One or More Falls with Major Injury Discharge Self-Care Score for Medical Oct 2016 FY 2018 Rehabilitation Patients (NQF#2635) Discharge Mobility Score for Medical Oct 2016 FY 2018 Rehabilitation Patients (NQF#2636) Drug Regimen Review Conducted with Follow-Oct 2018 FY 2020 Up for Identified Issues Transfer of Health Information to the Provider, Oct 2020 FY2022 Post-Acute Care Transfer of Health Information to the Patient, Oct 2020 FY2022 Post-Acute Care Discharge Function Score CY 2023 FY 2025 COVID-19 Vaccine Percent of Oct 2024 FY 2026 Patients/Residents Who Are Up to Date End after 9/30/25 Remove after FY 2027 Measures Reported to NHSN Urinary Catheter-Associated Urinary Tract Oct 2012 FY 2014 Infection (CAUTI) (NQF#0138) NHSN Facility-wide Inpatient Hospital-Onset FY 2017 Jan 2015 Clostridium Difficile Infection (CDI) Outcome Measure (NQF#1717) Influenza Vaccination Coverage among Oct 2014 FY 2016 Healthcare Personnel (NQF#0431) COVID-19 Vaccination Coverage among Oct 2021 FY2023 Healthcare Personnel

Modified to HCP "up to date" with vaccines

Oct 2023

End after CY 2023



Claims Based Measures Calculated by CMS (Inpatient Rehab Facilities)			
	IRF QRP		
MEASURE	Reporting effective date	Affects APU	
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	



END-STAGE RENAL DISEASE FACILITY Current and Proposed			
Measures Collected and Submitted by Facility			
	ESRD QIP		
MEASURE	Reporting effective date	Affects Reimbursement	
Measures Reported to NHSN			
Bloodstream Infection in Hemodialysis Outpatients	2014	PY 2016	
Dialysis Event Reporting	CY 2017 End after CY 2024	PY 2019 Remove after PY 2026	
COVID-19 Vaccination Coverage among Healthcare Personnel	CY 2023	PY 2025	
Modified to HCP with "up to date" vaccines	CY 2024	PY 2026	
Measures Reported through ESRD Quality Reporting System			
ICH CAHPS	2012	PY 2014	
Hypercalcemia (NQF#1454)	2014	PY 2016	
Clinical Depression Screening and Follow-Up	2016	PY 2018	
Hemodialysis Vascular Access: Long-Term Catheter Rate (NQF#2978)	CY 2019	PY 2021	
Percentage of Prevalent Patients Waitlisted	CY 2020	PY 2022	
Medication Reconciliation	CY 2020	PY 2022	
Hospital Commitment to Health Equity	CY 2024 End after CY 2024	PY 2026 Remove after PY 2026	
Screening for Social Drivers of Health	CY 2025 End before required	PY 2027 Remover prior to requirement	
Screen Positive Rate for SDOH	CY 2025 End before required	PY 2027 Remover prior to requirement	
Claims Based Measures Calculated by CMS			
		ESRD QIP	
MEASURE	Reporting effective date	Affects Reimbursement	
Kt/V Dialysis Adequacy Comprehensive	CY 2017	PY 2019	
	End after CY 2024	Remove after PY 2026	
Kt/V Dialysis Adequacy Measure Topic	CY 2025	PY 2027	
Standardized Readmission Ratio (SRR)	CY 2015	PY 2017	
Standardized Transfusion Ratio (STrR)	CY 2016	PY 2018	
Standardized Hospitalization Ratio (SHR)	CY 2018	PY 2020	

FY 2025



Modified to HCP with "up to date" vaccines

PPS – EXEMPT CANCER HOSPITALS Current		
Measures Collected and Submitted by Facility		
	PCHQR Program	
MEASURE	Reporting effective date	Effective Program Yeas
Documentation of Goals of Care Discussion among Cancer Patients	CY 2024	FY 2026
Structural Measures		
Patient Safety	CY 2025	FY 2027
Patients' Experience of Care		
HCAHPS survey	April 2014	FY 2016
Updated survey	CY 2025	FY 2027
Measures Reported to NHSN		
Catheter Associated Urinary Tract Infection	Jan 2013	FY 2014
Central Line Associated Bloodstream Infection	Jan 2013	FY 2014
Surgical Site Infection	Jan 2014	FY 2015
Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Jan 2016	FY 2018
Facility-wide Inpatient Hospital-onset Methicillin- resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	Jan 2016	FY 2018
Influenza Vaccination Coverage Among Healthcare Personnel	Oct 2016	FY 2018
COVID-19 Vaccination Coverage among Healthcare Personnel	Oct 2021	FY2023

Oct 2023



Claims Based Measures Calculated by CMS		
	PCHQR Program	
MEASURE	Reporting effective date	Effective Program Year
Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy	July 2016 - June 2017	FY 2019
EOL-Chemo: Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (NQF#0210)	July 2017- June 2018	FY 2020
EOL-Hospice: Proportion of Patients Who Died from Cancer Not Admitted to Hospice (NQF#0215)	July 2017 -June 2018	FY 2020
EOL-ICU: Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life (NQF#0213)	July 2017 - June 2018	FY 2020
EOL-3DH: Proportion of Patients Who Died from Cancer Admitted to Hospice for Less than Three Days (NQF#0216)	July 2017 - June 2018	FY 2020
30-Day Unplanned Readmissions for Cancer Patients (NQF #3188)	Oct 2018 – Sept 2019	FY 2021
Surgical Treatment Complications for Localized Prostate Cancer	July 2019 – June 2020	FY 2022



RURAL EMERGENCY HOSPITAL Current  Measures Collected and Submitted by Hospital		
MEASURE	Reporting effective date	Affects APU
ED Throughput		
OP-18 Median Time from ED Arrival to ED Departure for Discharged ED Patients	CY 2024	CY 2026
Emergency Care Access & Timeliness eCQM Optional measure hospitals can report on in lieu of OP-18	CY 2027	CY 2029
Social Drivers of Health		
Screening for Social Drivers of Health	Voluntary CY 2025 Mandatory CY 2026 End before required	CY 2028 Remove prior to requirement
Screen Positive Rate for Social Drivers of Health	Voluntary CY 2025 Mandatory CY 2026 End before required	CY 2028 Remove prior to requirement
Structural Measures		
Hospital Commitment to Health Equity	CY 2025 End before required	CY 2027 Remove prior to requirement

Claims Based Measures Calculated by CMS (REH)			
	REHQR Program		
MEASURE	Reporting effective date	Affects APU	
Outcome Measures			
Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	CY 2024 thru CY 2026	CY 2028	
Risk-Standardized Hospital Visits Within 7 Days	CY 2024	CY 2026	
after Hospital Outpatient Surgery	CY 2024 and CY 2025	CY 2027	
Imaging Efficiency Measures			
Abdomen Computed Tomography (CT) Use of Contrast Material	CY 2024	CY 2026	

Prepared by the Indiana Hospital Association 8/11/2025