



Quality Reporting Guide

2026

INTRODUCTION

The Missouri Hospital Association’s Quality Reporting Guide is intended to provide support to member hospitals when reporting hospital quality measures through the various reporting programs. Quality measure reporting is a priority for several reasons.

- » By measuring the success of quality initiatives, we can better ensure patients in Missouri communities are receiving the quality health care they deserve.
- » Moreover, the Centers for Medicare & Medicaid Services and other health care partners use quality measures in their various quality initiatives that include quality improvement, pay-for-reporting and public reporting
- » As a result, proper quality reporting can affect a hospital’s financial stability.

This guide will be updated as appropriate to represent measure changes and updates. Please be sure to use direct sources of information for detailed and up-to-date program and measure specifics. Direct links to helpful websites and resources are located in Appendix A.

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GLOSSARY OF KEY TERMS

AIM	Alliance for Innovation on Maternal Health
CMS	Centers for Medicare & Medicaid Services
CY	Calendar Year: describes a typical calendar year. This represents Jan. 1 through Dec. 31 of the given year.
DNV	Det Norske Veritas: Global quality assurance and risk management company providing accreditation services for hospital and health care systems
eCQMs	Electronic Clinical Quality Measures: refers to measures electronically submitted via the entity’s certified electronic health record
EHR	Electronic Health Record
FFY	Federal Fiscal Year: describes the Medicare fiscal year. This represents Oct. 1 through Sept. 30 of the given year.
HAC	Hospital-Acquired Conditions (Present on Admission Indicator) Program
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HIDI	MHA Hospital Industry Data Institute
HIQRP	Hospital Inpatient Quality Reporting Program
HOQRP	Hospital Outpatient Quality Reporting Program
HRRP	Hospital Readmission Reduction Program
MC LAN	Maternal-Child Learning and Action Network
NAS	Neonatal Abstinence Syndrome
NHSN	National Healthcare Safety Network
OAS CAHPS	Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems
PAMR	Pregnancy-Associated Mortality Review Board
PPS	Prospective Payment System: payment method where Medicare reimbursement is allocated based on a fixed amount
PQC	Perinatal Quality Collaborative
PSSM	Patient Safety Structural Measures
PY	Payment Year: describes the year that a payment or reimbursement is received
QI	Quality Improvement
QPP	Quality Payment Program
SUD	Substance Use Disorder
TJC	The Joint Commission
VBP	Hospital Value-Based Purchasing

REGULATORY PROGRAMS

- » **Hospital-Acquired Conditions Reduction Program:** Medicare pay-for-performance program that supports the CMS effort to link Medicare payments to health care quality in the inpatient hospital setting to encourage eligible hospitals to reduce HACs; requires a reduction in payments to applicable hospitals in worst-performing quartile of risk-adjusted HAC quality measures.
- » **Hospital Consumer Assessment of Healthcare Providers and Systems:** Survey program administered to a random sample of inpatients to give insight to their health care experience. Results are publicly reported on <https://www.medicare.gov/care-compare/?providerType=Hospital&redirect=true> for the purposes of comparison, value-based purchasing and consumer education for health care decisions.
- » **Hospital Inpatient Quality Reporting Program:** Equips consumers with hospital inpatient quality data for informed decisions and encourages the improvement of quality by hospitals and clinicians. Includes inpatient measures collected and submitted by acute care hospitals paid under PPS and claims-based inpatient measures calculated by CMS. Failure to submit data results in a 25% reduction to the annual market basket update for hospitals paid under inpatient PPS.
- » **Hospital Outpatient Quality Reporting Program:** Equips consumers with hospital outpatient quality data for informed decisions and encourages the improvement of quality by hospitals and clinicians. Includes outpatient measures collected and submitted by acute care hospitals paid under PPS and claims-based outpatient measures calculated by CMS. Failure to meet data submission requirements results in a 2% reduction in a provider's annual payment update under the outpatient PPS.
- » **Hospital Readmission Reduction Program:** Reduction in payments to applicable hospitals for greater than expected readmissions.
- » **Missouri Healthcare-Associated Infection Reporting System:** This Missouri Department of Health and Senior Services program requires Missouri hospitals to report health care-associated infections. Based on 2019 legislation, hospitals no longer are required to report to MHIRS so long as CMS requires reporting. This applies to all hospitals except ambulatory surgical centers and abortion facilities.
- » **Promoting Interoperability Program:** Previously known as Medicare and Medicaid EHR Incentive Program; encourages clinicians, eligible hospitals and CAHs to adopt, implement, upgrade and demonstrate meaningful use of certified EHR technology.
- » **Quality Payment Program:** Rewards high-value, high-quality Medicare clinicians with payment increases while reducing payments to clinicians not meeting performance standards.
- » **Hospital Value-Based Purchasing:** Effort to improve health care quality by linking Medicare's payment system to patient outcomes, patient satisfaction, patient safety and efficiency.

CMS Inpatient Value, Incentives and Quality Reporting Programs Overview

IQR	What is the Hospital Inpatient Quality Reporting (IQR) Program?
	Under the inpatient prospective payment system (IPPS), CMS gives hospitals a financial incentive to report on the quality of their services and to provide data to consumers to help them make informed health care decisions. Hospitals in the Hospital IQR Program must meet quarterly and annual quality measures submission deadlines and other requirements. Hospitals that do not participate, or that participate but do not comply with program requirements, will receive a one-fourth reduction of the applicable percentage increase in their annual payment update (APU) for the applicable fiscal year (FY).
eCQMs	What are electronic clinical quality measures (eCQMs)?
	An eCQM is a clinical quality measure (CQM) that is expressed and formatted to use data from electronic health records (EHRs) and/or health information technology systems to measure health care quality, specifically data captured in structured formats during patient care. The reporting of eCQMs allows hospital EHR systems to configure, extract and submit CQMs. This reduces the need for manual abstraction and allows for consistency in measure reporting. Both the Hospital IQR and Medicare Promoting Interoperability Programs use eCQMs. Check requirements for both programs to confirm your hospital has successfully completed data submission to meet the respective requirements.
VBP	What is the Hospital Value-Based Purchasing (VBP) Program?
	Under the Hospital VBP Program, payment is directly linked to the quality of care provided. The program was designed to promote better clinical outcomes for patients and improve their experience of care within the acute care setting. Measure data are evaluated and scored based on a specific methodology that compares baseline and performance periods and results in individual measure scores, domain scores and an overall performance score for each hospital. This score equates to an incentive payment to the hospital based on the adjustment factor applied to the base Diagnosis-Related Group rate and affects payment for each discharge in the relevant FY. The resulting payment adjustment could increase or reduce payments to the hospital for that FY. Hospitals not participating in the Hospital IQR Program or not complying with program requirements are excluded from the Hospital VBP Program.
IPFQR	What is the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program?
	Under the IPFQR Program, eligible inpatient psychiatric facilities (IPFs) are excluded from payment under the IPPS because they submit claims to CMS under the inpatient psychiatric facility prospective payment system. The IPFQR Program is a pay-for-reporting program that requires IPFs to collect and submit quality data to CMS and meet procedural requirements by the annual submission deadline. Eligible IPFs that do not meet one or more program requirements will be at risk of a 2.0 percentage point reduction of their APU for the applicable FY.
PCHQR	What is the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program?
	Under the PCHQR Program, eligible hospitals are excluded from payment under the IPPS. CMS has designated 11 hospitals nationwide as prospective payment system (PPS)-exempt cancer hospitals. The program is intended to encourage hospitals and clinicians to improve the quality of care provided to Medicare beneficiaries by ensuring that providers are aware of and reporting on best practices for their respective facilities and type of care. The PCHQR Program comprises multiple types of measures, including Safety and Healthcare-Associated Infections, Clinical Process/Oncology Care Measures, Intermediate Clinical Outcome, Patient Engagement/Experience of Care, Clinical Effectiveness, and Claims-Based Outcome.
PR	What is Public Reporting (PR)?
	Public reporting uses quality data, either submitted by the hospitals or collected from submitted Medicare claims and displays the data on <i>Hospital Compare</i> . <i>Hospital Compare</i> is a consumer-oriented website with information on how well hospitals provide recommended care to their patients. <i>Hospital Compare</i> allows consumers to select multiple hospitals and directly compare performance measures information and payment comparisons for like conditions and procedures. Required measure data from IQR-eligible hospitals are automatically displayed on <i>Hospital Compare</i> . Hospitals that are not IQR-eligible, such as critical access hospitals, have the option to publicly report their data. Beginning with the July 2019 release, IPFQR Program measures will appear on <i>Hospital Compare</i> pages. PCHQR Program measures are available for review via a link on the <i>Hospital Compare</i> homepage.

ACUTE CARE PAY FOR PERFORMANCE SYSTEM REPORTING SUMMARY

Table 1: Acute Care Hospital

Quality Reporting Program	Data Steward	Data Collection System	Reporting Frequency	Notes (For Hospital Use)
REQUIRED*				
HIQRP±	CMS	QualityNet, vendor, NHSN	Quarterly	
HOQRP±	CMS	QualityNet, vendor, NHSN	Quarterly	
HCAHPS±	CMS	QualityNet, vendor	Quarterly	
VBP±	CMS	QualityNet, vendor, NHSN	Quarterly	
HRRP±	CMS	CMS claims	Quarterly	
HAC	CMS	QualityNet, vendor, NHSN	Quarterly	
eCQM Program – Required for Promoting Interoperability Program	CMS	QualityNet, vendor	Quarterly	
QPP — Required for eligible practitioners	CMS	Qualified registries, Medicare Part B claims, data submission, vendor	Quarterly or yearly, based on requirement of chosen metrics	
Missouri Quality Transparency Measures	MHA HIDI	HIDI, NHSN	Annually	
STRONGLY ENCOURAGED*				
AIM	Health Resources and Services Administration, ACOG	CMS claims, chart-abstracted data	Monthly and quarterly	
Missouri Neonatal Abstinence Syndrome Collaborative	MHA	CMS claims, chart-abstracted data	Monthly and quarterly	
ACCREDITATION*				
TJC National Quality Acute Care Hospital Accreditation Program – Required if accredited	TJC	TJC Direct Data Submission Platform	Quarterly	
DNV – Required if accredited	DNV			
Missouri Department of Health and Senior Services	DHSS			

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

±Reported on Care Compare

Table 2: Critical Access Hospital

Quality Reporting Program	Data Steward	Data Collection System	Reporting Frequency	Notes (For Hospital Use)
REQUIRED*				
eCQM Program – Required for Promoting Interoperability Program	CMS	QualityNet, vendor	Quarterly	
MHIRS (CAH only)	Missouri Department of Health and Senior Services	MHIRS website application	Monthly	
STRONGLY ENCOURAGED*				
HIQRP±	CMS	QualityNet, vendor, NHSN	Quarterly	
HOQRP±	CMS	QualityNet, vendor, NHSN	Quarterly	
HCAHPS±	CMS	QualityNet, vendor	Quarterly	
VBP±	CMS	QualityNet, vendor, NHSN	Quarterly	
HRRP±	CMS	CMS claims	Quarterly	
HAC	CMS	QualityNet, vendor, NHSN	Quarterly	
QPP — Required for eligible practitioners	CMS	Qualified registries, Medicare Part B claims, data submission, vendor	Quarterly or yearly, based on requirement of chosen metrics	
Missouri Quality Transparency Measures	MHA HIDI	HIDI, NHSN	Annually	
AIM	Health Resources and Services Administration, ACOG	CMS claims, chart-abstracted data	Monthly and quarterly	
Missouri Neonatal Abstinence Syndrome Collaborative	MHA	CMS claims, chart-abstracted data	Monthly and quarterly	
ACCREDITATION*				
TJC Critical Access Hospitals Accreditation Program – Required if accredited	TJC	TJC Direct Data Submission Platform	Quarterly	
DNV – Required if accredited	DNV			
Missouri Department of Health and Senior Services	DHSS			

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

±Reported on Care Compare

Medicare Beneficiary Quality Improvement Program (MBQIP) Measures

MBQIP Core Measure Set Current Measures in *black (for reporting data from calendar years 2023 and 2024) MBQIP 2025 Core Measure Set (adding in the additional orange measures reporting data by calendar year 2025)				
Global Measures	Patient Safety	Patient Experience	Care Coordination	Emergency Department
*CAH Quality Infrastructure (annual submission)	*HCP/IMM-3: Influenza Vaccination Coverage Among Health Care Personnel (HCP) (annual submission) *Antibiotic Stewardship: Measured via CDC's National Healthcare Safety Network (NHSN) Annual Facility Survey (annual submission) Safe Use of Opioids (eCQM)(annual submission)	*Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) (quarterly submission): The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass eight key topics: <ul style="list-style-type: none"> • Communication With Doctors • Communication With Nurses • Responsiveness of Hospital Staff • Communication About Medicines • Discharge Information • Cleanliness of the Hospital Environment • Quietness of the Hospital Environment • Transition of Care 	Hybrid Hospital-Wide Readmission (annual submission)	*Emergency Department Transfer Communication (EDTC) (quarterly submission): The following eight elements roll up into a single composite result. <ul style="list-style-type: none"> • Home Medications • Allergies and/or Reactions • Medications Administered in ED • ED Provider Note • Mental Status/ Orientation Assessment • Reason for Transfer and/or Plan of Care • Tests and/or Procedures Performed • Test and/or Procedure Results *OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients (quarterly submission) *OP-22: Patient Left Without Being Seen (annual submission)

*Measures in current MBQIP set (reporting data from calendar years 2023 and 2024)

+Data collection began in 2023 to inform state Flex quality programs. Data will continue to be collected going forward.

Resource: <https://www.telligen.com/rqita/mbqip-measures/>

Flex programs and hospitals are always welcome to work on additional quality improvement areas in addition to the core set. This includes, but is not limited to, those listed below.

Suggested Additional Quality Measures for Flex Improvement Activities				
Global Measures	Patient Safety	Patient Experience	Care Coordination	Emergency Department
<p>Quality Improvement Basics</p> <p>Quality Related Certification</p>	<p>Antibiotic Use (AU)</p> <p>COVID Vaccination</p> <p>Healthcare-Associated Infections (HAI)</p> <p>Perinatal Care</p> <ul style="list-style-type: none"> • Birth-Friendly Hospital Designation • PC-01: Elective Delivery • PC-05: Exclusive Breast Milk Feeding (eCQM) <p>Falls</p> <ul style="list-style-type: none"> • Falls With Injury • Patient Fall Rate • Screening for Future Fall Risk <p>Adverse Drug Events (ADE)</p> <ul style="list-style-type: none"> • Opioids • Glycemic Control • Anticoagulant Therapy <p>Patient Safety Culture Survey</p> <p>Inpatient Influenza Immunization</p> <p>eQMs</p> <ul style="list-style-type: none"> • VTE-1: Venous Thromboembolism Prophylaxis • ED-2: Median Admit Decision Time to ED Departure Time for Admitted Patients 	<p>Emergency Department Patient Experience</p> <p>Swing Bed Patient Experience</p> <p>Clinic Group CAHPS</p>	<p>Discharge Planning</p> <p>Medication Reconciliation</p> <p>Swing Bed Care</p> <p>Claims-Based Measures: The following measures are automatically calculated for hospitals using Medicare Administrative Claims Data</p> <ul style="list-style-type: none"> • Complications • Hospital Return Days <p>Global Malnutrition Composite Score (eCQM)</p>	<p>OP-40: ST-Segment Elevation Myocardial Infarction (eCQM)</p> <p>Chest Pain/Acute Myocardial Infarction</p> <p>ED Throughput</p> <ul style="list-style-type: none"> • Door to Diagnostic Evaluation by a Qualified Medical Professional <p>American Heart Association Get With the Guidelines (Stroke, Heart Failure, AMI)</p>

HOSPITAL INPATIENT QUALITY REPORTING PROGRAM

Created in 2003 under the Medicare Prescription Drug, Improvement, and Modernization Act (MMA), the IQR program allows CMS to monitor and incentivize the hospitals' performance in specific quality of care measures. Hospitals may receive a penalty (in the form of a decrease to their Medicare claims) based on whether they successfully met all requirements of the program. CMS also publishes the hospital results to further incentivize them toward performance improvement and to help consumers make better-informed decisions about their care. Hospitals that do not submit quality data receive a reduced payment rate increase.

INPATIENT IQR					
*Measures Collected and Submitted by Hospital	HIQRP		VBP		HITECH
MEASURE	Reporting effective date	Affects APU	Reporting effective date	Affects Reimbursement	Promoting Interoperability 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					
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 2 eCQM					Yes
Venous Thromboembolism (VTE)					
VTE-1 Venous Thromboembolism Prophylaxis eCQM					Yes
VTE-2 Intensive Care Unit VTE Prophylaxis eCQM					Yes

*Measures Collected and Submitted by Hospital	HIQRP		VBP		HITECH
MEASURE	Reporting effective date	Affects APU	Reporting effective date	Affects Reimbursement	Promoting Interoperability Program
Structural Measures					
Maternal Morbidity	Oct. 2021	FY 2023			
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			Jan. 2017	FY 2019	
CAUTI-Oncology Units	CY 2026	FY 2028			
MRSA Bacteremia			Jan. 2015	FY 2017	
Clostridium Difficile (C.Diff)			Jan. 2015	FY 2017	
Health Care Personnel Influenza Vaccination	Jan. 2013	FY 2015			
Patients' Experience of Care					
HCAHPS Survey	Ongoing	Ongoing	July 2011	FY 2013	
Updated survey	CY 2025	FY 2027		FY 2030	
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 July 2023 – June 2024 Required for procedures performed July 2024 – June 2025	Voluntary data submission will not affect APU Required for FY 2028 APU			

*Measures Collected and Submitted by Hospital	HIQRP		VBP		HITECH
MEASURE	Reporting effective date	Affects APU	Reporting effective date	Affects Reimbursement	Promoting Interoperability Program
Additional eCQM Measures					
Global Malnutrition Composite Score eCQM Modified to add ages 18-64					Yes CY 2026
Hospital Harm – Pressure Injury eCQM	Mandatory CY 2028	FY 2030			Available for reporting CY 2025
Hospital Harm – Acute Kidney Injury eCQM	Mandatory CY 2028	FY 2030			Available for reporting CY 2025
Hospital Harm – Fall With Injury eCQM					Available for reporting CY 2026
Hospital Harm – Post-Operative Respiratory Failure eCQM					Available for reporting CY 2026
Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT Adults eCQM					Available for reporting CY 2025

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

Patient Safety Structural Measures	
Attestation Domain	Intent
Domain 1: Leadership Commitment to Eliminating Preventable Harm	Senior leadership and governing board must be accountable for patient safety outcomes and ensure that patient safety is the highest priority for the hospital. The most senior governing board must oversee all safety activities and hold the organizational leadership accountable for outcomes.
Domain 2: Strategic Planning & Organizational Policy	Hospitals must leverage strategic planning and organizational policies to demonstrate a commitment to safety as a core value. Hospitals should acknowledge the ultimate goal of zero preventable harm -- even while recognizing that this goal may not be currently attainable -- and require a continual process of improvement and commitment.
Domain 3: Culture of Safety & Learning Health Systems	Hospitals must integrate a suite of evidence-based practices and protocols that are fundamental to cultivating a hospital culture that prioritizes safety and establishes a learning system both within and across hospitals.
Domain 4: Accountability & Transparency	There must exist a culture that promotes event reporting without fear or hesitation, and safety data collection and analysis with the free flow of information.
Domain 5: Patients & Family Engagement	Hospitals must embed patients, families, and caregivers as co-producers of safety and health through meaningful involvement in safety activities, quality improvement and oversight.

Age-Friendly Hospital Measures	
Attestation Domain	Intent
Domain 1: Eliciting Patient Healthcare Goals	Focuses on obtaining patient's health-related goals and treatment preferences, which will inform shared decision-making and goal-concordant care.
Domain 2: Responsible Medication Management	Aims to optimize medication management through monitoring of the pharmacological record for drugs that may be considered inappropriate in older adults due to increased risk of harm.
Domain 3: Frailty Screening and Intervention	Aims to screen patients for geriatric issues related to frailty, including cognitive impairment/delirium, physical function/mobility, and malnutrition for the purpose of early detection and intervention where appropriate.
Domain 4: Social Vulnerability	Seeks to ensure that hospitals recognize the importance of social vulnerability screening of older adults and have systems in place to ensure that social issues are identified and addressed as part of the care plan.
Domain 5: Age-Friendly Care Leadership	Seeks to ensure consistent quality of care for older adults through the identification of an age-friendly champion and/or interprofessional committee tasked with ensuring compliance with all components of this measure.

Claims-Based Measures Calculated by CMS (Inpatient)

MEASURE	HIQRP		VBP	
	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			7/1/2011	FY 2014
Hospital 30-day, all-cause, risk-standardized mortality rate following heart failure hospitalization for patients 18 and older			7/1/2011	FY 2014
Hospital 30-day, all-cause, risk-standardized mortality rate following pneumonia hospitalization			7/1/2011	FY 2014
Hospital 30-day, all-cause, risk-standardized mortality rate following COPD hospitalization			7/1/2016	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) Hospitals report CCDEs and linking variables 7/2024 – 6/2025 Expand to include Medicare Advantage	Voluntary 7/2023 – 6/2024 7/2024 – 6/2025 Mandatory 7/2025 – 6/2026	FY 2028		
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		

MEASURE	HIQRP		VBP	
	Reporting effective date	Affects APU	Reporting effective date	Affects Reimbursement
Readmission Measures (Medicare Patients)				
Hybrid Hospital-Wide Readmission Measures With Claims and Electronic Health Record Data Hospitals report CCDEs and linking variables 7/2024 – 6/2025 Expand to include Medicare Advantage	Voluntary 7/2023 – 6/2024 7/2024 – 6/2025 Mandatory 7/2025 – 6/2026	 FY 2028		
Surgical Complications				
Hip/Knee: Hospital-level risk standardized complication rate (RSCR) following elective primary total hip/total knee arthroplasty			Jan. 2015	FY 2019
UPDATED Hip/Knee: Hospital-level risk standardized complication rate (RSCR) following elective primary total hip/total knee arthroplasty 4/2023 – 3/2025 Expand to include Medicare Advantage	4/2019 – 3/2022 End after March 2028 4/2023 – 3/2025	FY 2024 Remove after FY 2029 FY 2027		FY 2030 FY 2033
AHRQ and Nursing-Sensitive Care				
PSI-4 Death among surgical inpatients with serious, treatable complications	End after 6/30/2025	Remove after FY 2026		
Cost Efficiency				
Medicare spending per beneficiary Add RRB beneficiaries for FY 2016			May 2013	FY 2015
UPDATED Medicare spending per beneficiary (MSPB) Hospital Measure	End after CY 2025	FY 2024 Remove after FY 2027	CY 2026	FY 2028
Excess Days in Acute Care After Hospitalization for AMI Revised for FY 2024 payment determination		FY 2018		
Excess Days in Acute Care After Hospitalization for Heart Failure		FY 2018		
Excess Days in Acute Care After Hospitalization for Pneumonia	7/2014 – 6/2017	FY 2019		

HOSPITAL OUTPATIENT QUALITY REPORTING

Hospital Outpatient Quality Reporting Program (Hospital OQR) is a pay-for-reporting program implemented by CMS for outpatient hospital services. Mandated by the Tax Relief and Health Care Act of 2006, this program requires hospitals to collect and submit quality measure data of various types, including those of process, structure, outcome and efficiency.

In addition to providing a financial incentive to hospitals, the Hospital OQR Program provides CMS with data to help Medicare beneficiaries make an informed decision about their health care. Hospital quality information gathered through the Hospital OQR Program is available on the Care Compare website.

Failure to meet the data submission requirements may result in a reduction in a provider's annual payment update under the OPFS.

OUTPATIENT		
*Measures Collected and Submitted by Hospital		
MEASURE	HIQRP	
	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 Throughput		
OP-18 Median time for discharged ED patients	Jan. 2012 End after CY 2027	CY 2013 Remove after CY 2029
Emergency Care Access and Timeliness eCQM	Voluntary CY 2027 Mandatory CY 2028	CY 2030
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
Imaging		
Excessive Radiation eCQM	Voluntary CY 2025	
Chart-Abstracted Measures With Aggregate Data Submission by Web-Based Tool (HQR System)		
OP-22 ED patient left without being seen	Jan. – June 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 vision function Limit options for survey instrument used	Voluntary CY 2015 CY 2024	

	HIQRP	
MEASURE	Reporting effective date	Affects APU
Measures Reported to NHSN		
OP-38 COVID-19 Vaccination Coverage Among Health Care Personnel	CY 2022	CY 2024
Modified to HCP with “up-to-date” vaccines	CY 2024 End after CY 2023	CY 2026 Remove after CY 2025
Patients’ Experience of Care		
OP-37a-37e OSA CAHPS	Voluntary CY 2023 Mandatory CY 2024	CY 2026
Patient-Reported Outcome Performance Measure		
PRO-PM Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty in the HOPD 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 Information Transfer PRO-PM	Voluntary CY 2026 Mandatory CY 2027	CY 2029

Claims-Based Measures Calculated by CMS (Outpatient)

	HIQRP	
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
MEASURE	Reporting effective date	Affects APU
Measures Submitted Through the CMS Web-Based Tool (HQR System)		
ASC-1 Patient Burn	CY 2023	CY 2025
ASC-2 Patient Fall	CY 2023	CY 2025
ASC-3 Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	CY 2023	CY 2025
ASC-4 Hospital Transfer/Admission	CY 2023	CY 2025
ASC-9 Endoscopy/Poly surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients	April 1, 2014	CY 2016
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
Measures Reported to NHSN		
ASC-20 COVID-19 Vaccination Coverage Among Health Care Personnel	CY 2022 CY 2024 End after CY 2023	CY 2024 CY 2026 Remove after CY 2025
Modified to HCP with "up-to-date" vaccines		
Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems		
ASC-15a-e OAS CAHPS	Voluntary CY 2024 Mandatory CY 2025	CY 2027
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
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 and 2020	CY 2022
ASC-18 Hospital Visits After Urology Ambulatory Surgical Center Procedures	CY 2019 and 2020	CY 2022
ASC-19 Facility-Level 7-Day Hospital Visit After General Surgery Procedures Performed at ASC	CY 2021 and 2022	CY 2024

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 Health Care 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
Claims-Based Measures Calculated by CMS		
	ESRD QIP	
MEASURE	Reporting effective date	Affects Reimbursement
Kt/V Dialysis Adequacy Comprehensive	CY 2017 End after CY 2024	PY 2019 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

INPATIENT PSYCHIATRIC FACILITY

Current		
*Measures Collected and Submitted by Hospital		
	REHQR 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		
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
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

INPATIENT REHABILITATION FACILITY

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

LONG-TERM CARE HOSPITAL

*Measures Collected and Submitted by Hospital		
	LTCHQR Program	
MEASURE	Reporting effective date	Affects APU
Chart-Abstracted Measures Reported Using the CMS Designated Data Submission System		
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	July 2018	FY 2020
Percent of Residents Experiencing One or More Falls With Major Injury	April 2016	FY 2018
Change in Mobility Among LTCH Patients Requiring Ventilator Support	April 2016	FY 2018
Drug Regimen Review Conducted With Follow-up for Identified Issues	April 2018	FY 2020
Compliance With Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay	July 2018	FY 2020
Ventilator Liberation Rate	July 2018	FY 2020
Transfer of Health Information to the Provider, Post-Acute Care	Oct. 2020	FY 2022
Transfer of Health Information to the Patient, Post-Acute Care	Oct. 2020	FY 2022
Discharge Function Score	CY 2023	FY 2025
COVID-19 Vaccine Percent of Patients/Residents Who Are Up to Date	Oct. 2024	FY 2026
Measures Reported to NHSN		
Urinary Catheter-Associated Urinary Tract Infection (CAUTI)	Oct. 2012	FY 2014
Central Line Catheter-Associated Bloodstream Infection (CLABSI)	Oct. 2012	FY 2014
Facility-wide Inpatient Hospital-onset Clostridium Difficile Infection (CDI) Outcome Measure	Jan. 2015	FY 2017
Influenza Vaccination Coverage Among Health Care Personnel	Oct. 2014	FY 2016
COVID-19 Vaccination Coverage Among Health Care Personnel	Oct. 2021	FY 2023
Modified to HCP with “up-to-date” vaccines	Oct. 2023	FY 2025
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

PPS-EXEMPT CANCER HOSPITAL

Current		
Measures Collected and Submitted by Facility		
MEASURE	PCHQR Program	
	Reporting effective date	Effective Program Year
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 Health Care Personnel	Oct. 2016	FY 2018
COVID-19 Vaccination Coverage Among Health Care Personnel	Oct. 2021	FY2023
Modified to HCP with "up-to-date" vaccines	Oct. 2023	FY 2025
Claims-Based Measures Calculated by CMS		
MEASURE	PCHQR Program	
	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		
	REHQR Program	
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 and Timeliness eCQM Optional measure hospitals can report on in lieu of OP-18	CY 2027	CY 2029
Claims-Based Measures Calculated by CMS (REH)		
Outcome Measures		
Facility 7-Day Risk-Standardized Hospital Visit Rate After Outpatient Colonoscopy	CY 2024 through CY 2026	CY 2028
Risk-Standardized Hospital Visits Within 7 Days After Hospital Outpatient Surgery	CY 2024	CY 2026
	CY 2024 and CY 2025	CY 2027
Imaging Efficiency Measures		
Abdomen Computed Tomography (CT) Use of Contrast Material	CY 2024	CY 2026

VOLUNTARY INITIATIVES

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

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

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

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

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

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

APPENDIX A

QualityNet (<https://qualitynet.cms.gov/>) is a site developed by CMS to provide health care quality improvement information and resources. The site includes information on the following programs.

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

The Hospital Quality Reporting Secure Portal is the only CMS-approved web source for secure health care communications and data exchange between quality improvement organizations, hospitals, physician offices, nursing homes, end-stage renal disease facilities and data vendors. Additional web resources include the following.

Resource	Website Address
CMS Hospital Inpatient Quality Reporting Program	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalRHQDAPU
CMS Hospital Outpatient Quality Reporting Program	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram
CMS Hospital Value-Based Purchasing Program	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/HVBP/Hospital-Value-Based-Purchasing
IQR Hospital Quality Reporting Important Dates and Deadlines	https://qualityreportingcenter.com/globalassets/2023/10/iqr/iqr-important-dates-deadlines--_october-2023508.pdf
OQR Hospital Important Data-Related Dates, CY 2025 Payment Determination	https://qualityreportingcenter.com/globalassets/2023/08/oqr/hosp_oqr_impdates_cy25_pynt-final508.pdf
Hospital Consumer Assessment of Healthcare Providers and Systems	https://www.cms.gov/research-statistics-data-and-systems/research/cahps https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS
Outpatient and Ambulatory Surgery CAHPS	https://oascahps.org/
Quality Reporting Center — Tools and resources to assist hospital, inpatient psychiatric facilities, PPS-exempt cancer hospitals and ambulatory surgical centers with quality data reporting	https://www.qualityreportingcenter.com/

<p>Agency for Healthcare Research and Quality —</p> <p>Agency charged with improving the safety and quality of America's health care system; AHRQ provides information and tools regarding:</p>	<p>https://www.ahrq.gov/</p>
<p>Patient Safety Indicators</p>	<p>https://qualityindicators.ahrq.gov/modules/psi_resources.aspx#techspecs</p>
<p>Inpatient Quality Indicators</p>	<p>https://qualityindicators.ahrq.gov/modules/iqi_resources.aspx#techspecs</p>
<p>Prevention Quality Indicators</p>	<p>https://qualityindicators.ahrq.gov/modules/pqi_resources.aspx#techspecs</p>
<p>Pediatric Quality Indicators</p>	<p>https://qualityindicators.ahrq.gov/modules/pdi_resources.aspx#techspecs</p>
<p>Missouri Healthcare-Associated Infection Reporting System</p>	<p>https://health.mo.gov/data/mhirs/</p>
<p>Institute for Healthcare Improvement — Organization whose mission is to improve health and health care worldwide</p>	<p>http://www.ihl.org/</p>
<p>National Academies of Sciences, Engineering, Medicine — Vital Signs Report</p>	<p>https://www.nap.edu/catalog/19402/vital-signs-core-metrics-for-health-and-health-care-progress</p>
<p>Medicare Beneficiary Quality Improvement Program</p>	<p>https://www.ruralcenter.org/tasc/mbqip</p>
<p>Centers for Disease Control and Prevention – National Healthcare Safety Network</p>	<p>https://www.cdc.gov/nhsn/index.html</p>
<p>Electronic Clinical Quality Improvement (eCQI) Resource Center</p> <p>Quality Reporting Center — Inpatient Quality Reporting Programs: Tools and Resources</p> <p>CY 2025 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule (CMS 1809-FC)</p>	<p>https://ecqi.healthit.gov/</p> <p>https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-inpatient-quality-reporting-iqr-program/resources-and-tools2/</p> <p>https://www.cms.gov/newsroom/fact-sheets/cy-2025-medicare-hospital-outpatient-prospective-payment-system-and-ambulatory-surgical-center-0</p>



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