

CMS Measures Fiscal Year 2018

The Centers for Medicare & Medicaid Services (CMS) Acute Care Hospital Fiscal Year (FY) 2018 Quality Improvement Program Measures																	
ID	Measure Name	NQF #	Hospital Inpatient Quality Reporting (IQR) Program Included	Hospital IQR Program Measurement Period	Hospital IQR Program Hospital Compare Release	Hospital Value-Based Purchasing (VBP) Program Included	Hospital VBP Program Measurement Period	Hospital VBP Program Hospital Compare Release	Electronic Health Record (EHR) Incentive Program Included	EHR Incentive Program Measurement Period	EHR Incentive Program Hospital Compare Release	Hospital-Acquired Condition Reduction Program (HACRP) Included	HACRP Measurement Period	HACRP Hospital Compare Release	Hospital Readmissions Reduction Program (HRRP) Included	HRRP Measurement Period	HRRP Hospital Compare Release
Chart-Abstracted Measures																	
ED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients	0495	Yes	January 1, 2016-December 31, 2016	October 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	0497	Yes	January 1, 2016-December 31, 2016	October 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
IMM-2	Influenza Immunization Note : The IMM-2 measure is collected for all 4 quarters; however, only discharges included in 1st and 4th quarters will be included in the measure calculation. The IMM-2 measure is reported by flu season on CMS's <i>Hospital Compare</i> site.	1659	Yes	January 1, 2016-December 31, 2016		No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
PC-01	Elective Delivery Prior to 39 Completed Weeks Gestation	0469	Yes	January 1, 2016-December 31, 2016	October 2017	Yes	Baseline: January 1, 2014 - December 31, 2014 Performance: January 1, 2016 - December 31, 2016	December 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Sepsis	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	0500	Yes	January 1, 2016-December 31, 2016	October 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
STK-04	Thrombolytic Therapy	0437	Yes	January 1, 2016-December 31, 2016	October 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
VTE-5	Venous Thromboembolism Discharge Instructions	N/A	Yes	January 1, 2016-December 31, 2016	October 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
VTE-6	Incidence of Potentially Preventable Venous Thromboembolism	N/A	Yes	January 1, 2016-December 31, 2016	October 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
NHSN Measures																	
CLABSI	National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure	0139	Yes	January 1, 2016-December 31, 2016	October 2017	Yes	Baseline: January 1, 2014 - December 31, 2014 Performance: January 1, 2016 - December 31, 2016	December 2017	No	N/A	N/A	Yes	January 1, 2015 - December 31, 2016	December 2017	No	N/A	N/A
CAUTI	National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure	0138	Yes	January 1, 2016-December 31, 2016	October 2017	Yes	Baseline: January 1, 2014 - December 31, 2014 Performance: January 1, 2016 - December 31, 2016	December 2017	No	N/A	N/A	Yes	January 1, 2015 - December 31, 2016	December 2017	No	N/A	N/A
Colon and Abdominal Hysterectomy SSI	American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure ● Colon Procedures ● Hysterectomy Procedures	0753	Yes	January 1, 2016-December 31, 2016	October 2017	Yes	Baseline: January 1, 2014 - December 31, 2014 Performance: January 1, 2016 - December 31, 2016	December 2017	No	N/A	N/A	Yes	January 1, 2015 - December 31, 2016	December 2017	No	N/A	N/A
MRSA Bacteremia	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) Bacteremia Outcome Measure	1716	Yes	January 1, 2016-December 31, 2016	October 2017	Yes	Baseline: January 1, 2014 - December 31, 2014 Performance: January 1, 2016 - December 31, 2016	December 2017	No	N/A	N/A	Yes	January 1, 2015 - December 31, 2016	December 2017	No	N/A	N/A
CDI	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset <i>Clostridium difficile</i> Infection (CDI) Outcome Measure	1717	Yes	January 1, 2016-December 31, 2016	October 2017	Yes	Baseline: January 1, 2014 - December 31, 2014 Performance: January 1, 2016 - December 31, 2016	December 2017	No	N/A	N/A	Yes	January 1, 2015 - December 31, 2016	December 2017	No	N/A	N/A
HCP	Influenza Vaccination Coverage Among Healthcare Personnel	0431	Yes	October 1, 2015-March 31, 2016	December 2016	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Patient Survey																	
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey + 3 Item Care Transition Measure (CTM-3)	0166 0228	Yes	January 1, 2016-December 31, 2016	October 2017	Yes	Baseline: January 1, 2014 - December 31, 2014 Performance: January 1, 2016 - December 31, 2016	December 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A

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Claims-Based Measures																	
MORT-30-AMI	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization	0230	Yes	July 1, 2013- June 30, 2016	July 2017	Yes	Baseline: October 1, 2009 - June 30, 2012 Performance: October 1, 2013 - June 30, 2016	December 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
MORT-30-HF	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization	0229	Yes	July 1, 2013- June 30, 2016	July 2017	Yes	Baseline: October 1, 2009 - June 30, 2012 Performance: October 1, 2013 - June 30, 2016	December 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
MORT-30-PN	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Pneumonia Hospitalization	0468	Yes	July 1, 2013- June 30, 2016	July 2017	Yes	Baseline: October 1, 2009 - June 30, 2012 Performance: October 1, 2013 - June 30, 2016	December 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
MORT-30-COPD	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	1893	Yes	July 1, 2013- June 30, 2016	July 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
STK Mortality	Stroke 30-day Mortality Rate	N/A	Yes	July 1, 2013- June 30, 2016	July 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
CABG Mortality	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery	2558	Yes	July 1, 2013- June 30, 2016	July 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
READM-30-AMI	Hospital 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization	0505	Yes	July 1, 2013- June 30, 2016	July 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Yes	July 1, 2013- June 30, 2016	October 2017
READM-30-HF	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization	0330	Yes	July 1, 2013- June 30, 2016	July 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Yes	July 1, 2013- June 30, 2016	October 2017
READM-30-PN	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization	0506	Yes	July 1, 2013- June 30, 2016	July 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Yes	July 1, 2013- June 30, 2016	October 2017
READM-30-THA/TKA	Hospital-Level 30-Day, All-Cause Risk-Standardized Readmission Rate (RSRR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	1551	Yes	July 1, 2013- June 30, 2016	July 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Yes	July 1, 2013- June 30, 2016	October 2017
READM-30-HWR	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	1789	Yes	July 1, 2015- June 30, 2016	July 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
COPD READMIT	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	1891	Yes	July 1, 2013- June 30, 2016	July 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Yes	July 1, 2013- June 30, 2016	October 2017
STK READMIT	30-Day Risk Standardized Readmission Rate Following Stroke Hospitalization	N/A	Yes	July 1, 2013- June 30, 2016	July 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
CABG READMIT	Hospital 30-Day, All-Cause, Unplanned, Risk-Standardized Readmission Rate (RSRR) Following Coronary Artery Bypass Graft (CABG) Surgery	2515	Yes	July 1, 2013- June 30, 2016	July 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	Yes	July 1, 2013- June 30, 2016	October 2017
Hip/Knee Complications	Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	1550	Yes	April 1, 2013- March 31, 2016	July 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
PSI 4 (PSI/NSI)	Death among Surgical Inpatients with Serious, Treatable Complications	0351	Yes	July 1, 2014- September 30, 2015	July 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A

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PSI-90	Patient Safety and Adverse Events Composite Measure	0531	Yes	July 1, 2014-September 30, 2015	July 2017	Yes	Baseline: July 1, 2010 - June 30, 2012 Performance: July 1, 2014 - September 30, 2015	December 2017	No	N/A	N/A	Yes	July 1, 2014-September 30, 2015	December 2017	No	N/A	N/A
MSPB	Payment-Standardized Medicare Spending Per Beneficiary (MSPB)	2158	Yes	January 1, 2016-December 31, 2016	July 2017	Yes	Baseline: January 1, 2014 - December 31, 2014 Performance: January 1, 2016 - December 31, 2016	December 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
AMI Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI)	2431	Yes	July 1, 2013-June 30, 2016	July 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
HF Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care For Heart Failure (HF)	2436	Yes	July 1, 2013-June 30, 2016	July 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
PN Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-day Episode-of-Care For Pneumonia	2579	Yes	July 1, 2013-June 30, 2016	July 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
THA/TKA Payment	Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty	N/A	Yes	April 1, 2013-March 31, 2016	July 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Kidney/UTI Payment	Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure	N/A	No	Dry Run Only January 1, 2016-December 31, 2016	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Cellulitis Payment	Cellulitis Clinical Episode-Based Payment Measure	N/A	No	Dry Run Only January 1, 2016-December 31, 2016	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
GI Payment	Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure	N/A	No	Dry Run Only January 1, 2016-December 31, 2016	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
AMI Excess Days	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	N/A	Yes	July 1, 2013-June 30, 2016	July 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
HF Excess Days	Excess Days in Acute Care after Hospitalization for Heart Failure	N/A	Yes	July 1, 2013-June 30, 2016	July 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Structural																	
Patient Safety Culture	Hospital Survey on Patient Safety Culture	N/A	Yes	January 1, 2016 - December 31, 2016	December 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Registry for Nursing Sensitive Care	Participation in a Systematic Clinical Database Registry for Nursing Sensitive	N/A	Yes	January 1, 2016 - December 31, 2016	December 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Registry for General Surgery	Participation in a Systematic Clinical Database Registry for General Surgery	N/A	Yes	January 1, 2016 - December 31, 2016	December 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Safe Surgery Checklist	Safe Surgery Check List Use	N/A	Yes	January 1, 2016 - December 31, 2016	December 2017	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A	No	N/A	N/A
Electronic																	
AMI-2	Aspirin Prescribed at Discharge for AMI	0142	Yes*	Submit for 1 Calendar Year (CY) Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	0164	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	0163	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A

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AMI-10	Statin Prescribed at Discharge	N/A	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
CAC-3	Home Management Plan of Care Document Given to Patient/Caregiver	N/A	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
ED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients	0495	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	0497	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
ED-3	Median Time from ED Arrival to ED Departure for Discharged ED Patients	0496	No	N/A	N/A	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
EHDI-1a	Hearing Screening Prior to Hospital Discharge	1354	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
HTN	Healthy Term Newborn	0716	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
PC-01	Elective Delivery (Collected in aggregate)	0469	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
PC-05	Exclusive Breast Milk Feeding and the Subset Measure PC-05a Exclusive Breast Milk Feeding Considering Mother's Choice	0480	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
PN-6	Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	0147	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A

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SCIP-Inf-1a	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	0527	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
SCIP-Inf-2a	Prophylactic Antibiotic Selection for Surgical Patients	0528	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
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	N/A	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
STK-02	Discharged on Antithrombotic Therapy	0435	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter	0436	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
STK-04	Thrombolytic Therapy	0437	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
STK-05	Antithrombotic Therapy by the End of Hospital Day Two	0438	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
STK-06	Discharged on Statin Medication	0439	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
STK-08	Stroke Education	N/A	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
STK-10	Assessed for Rehabilitation	0441	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A

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ID	Measure Name	NQF #	Hospital Inpatient Quality Reporting (IQR) Program Included	Hospital IQR Program Measurement Period	Hospital IQR Program Hospital Compare Release	Hospital Value-Based Purchasing (VBP) Program Included	Hospital VBP Program Measurement Period	Hospital VBP Program Hospital Compare Release	Electronic Health Record (EHR) Incentive Program Included	EHR Incentive Program Measurement Period	EHR Incentive Program Hospital Compare Release	Hospital-Acquired Condition Reduction Program (HACRP) Included	HACRP Measurement Period	HACRP Hospital Compare Release	Hospital Readmissions Reduction Program (HRRP) Included	HRRP Measurement Period	HRRP Hospital Compare Release
VTE-1	Venous Thromboembolism Prophylaxis	0371	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	0372	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
VTE-3	Venous Thromboembolism Patients with Anticoagulation Overlap Therapy	0373	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
VTE-4	Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	N/A	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
VTE-5	Venous Thromboembolism Discharge Instructions	N/A	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A
VTE-6	Incidence of Potentially Preventable Venous Thromboembolism	N/A	Yes*	Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	Yes**	Attestation: January 1, 2016 - December 31, 2016 QRDA: Submit for 1 CY Quarter (Q3 or Q4) 2016	TBD	No	N/A	N/A	No	N/A	N/A

Footnotes

(*) A hospital may choose to submit this measure as one of the four eCQMs required for the Hospital IQR Program.
 (**) A hospital may choose to submit this measure as: one of the 16 eCQMs required for the EHR Incentive Program for submission through the CMS Registration and Attestation system or one of the four required for the EHR Incentive Program for submission through the QualityNet Secure Portal.

Updates to Document

Date of Update	Summary of Update
01/27/2016	Updated time Measurement Period of the Hospital-Wide All-Cause Unplanned Readmission Measure (HWR) (READM-30-HWR) in the Hospital Inpatient Quality Reporting (IQR) Program to display July 1, 2015-June 30, 2016 in place of July 1, 2013-June 30, 2016.
9/6/2016	Updated AHRQ PSI 4 (PSI/NSI) Hospital IQR Program Measurement Period, AHRQ PSI-90 Hospital IQR Program Measurement Period, AHRQ PSI-90 Hospital VBP Measurement Performance Period, and AHRQ PSI-90 HACRP Measurement Period.