



Final Performance-Based Scoring Methodology for EHR Reporting Periods in CY 2019

Objectives	Measures	Maximum Points
e-Prescribing	e-Prescribing	10 points
	<i>Bonus:</i> Query of Prescription Drug Monitoring Program (PDMP)	5 points <i>bonus</i>
	<i>Bonus:</i> Verify Opioid Treatment Agreement	5 points <i>bonus</i>
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	20 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	20 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	40 points
Public Health and Clinical Data Exchange	<u>Choose any two of the following:</u> Syndromic Surveillance Reporting Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Electronic Reportable Laboratory Result Reporting	10 points

Note: Security Risk Analysis is retained, but not included as part of the scoring methodology.
Source: CMS



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Source: CMS



Hospital Inpatient Quality Reporting (IQR) Program removed measures (between FY 2020 and FY 2023)

Health Care-Associated Infection Measures Collected via Federal Data Registry

Measure Name	Removal Rationale
Catheter-Associated Urinary Tract Infection Outcome Measure	Duplicates measure in Hospital-Acquired Condition Reduction Program
Facility-Wide Inpatient Hospital-Onset Clostridium Difficile Infection Outcome Measure	Duplicates measure in Hospital-Acquired Condition Reduction Program
Central Line-Associated Bloodstream Infection Outcome Measure	Duplicates measure in Hospital-Acquired Condition Reduction Program
Harmonized Procedure Specific Surgical Site Infection SSI Outcome Measure	Duplicates measure in Hospital-Acquired Condition Reduction Program
Facility-Wide Inpatient Hospital-Onset MRSA Bacteremia Outcome Measure	Duplicates measure in Hospital-Acquired Condition Reduction Program

Source: CMS

Patient Safety Measures Collected via claims

Measure Name	Removal Rationale
Patient Safety and Adverse Events Composite	Duplicates measure in Hospital-Acquired Condition Reduction Program
Hospital-Level Risk-Standardized Complication Rate Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty	Duplicates measure in the Hospital Value-Based Purchasing Program

Source: CMS

Structural Measures Collected via web-based tool

Measure Name	Removal Rationale
Hospital Survey on Patient Safety Culture	Measure does not result in better patient outcomes.
Safe Surgery Checklist Use	Cost of the measure outweighs the benefit of its continued use.

Source: CMS



Mortality Outcome Measures Collected via claims

Measure Name	Removal Rationale
Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Myocardial Infarction (AMI) Hospitalization	Duplicates measure in the Hospital Value-Based Purchasing Program
Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Coronary Artery Bypass Graft (CABG) Surgery	Duplicates measure in the Hospital Value-Based Purchasing Program
Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Duplicates measure in the Hospital Value-Based Purchasing Program
Hospital 30-Day, All-Cause, Risk-Standardization Mortality Rate Following Heart Failure Hospitalization	Duplicates measure in the Hospital Value-Based Purchasing Program
Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Pneumonia Hospitalization	Duplicates measure in the Hospital Value-Based Purchasing Program

Source: CMS



Coordination of Care Measures Collected via claims

Measure Name	Removal Rationale
Hospital 30-Day All-Cause Risk-Standardized Readmission Rate Following Acute Myocardial Infarction (AMI) Hospitalization	Duplicates measure in the Hospital Readmissions Reduction Program
Hospital 30-Day, All-Cause, Unplanned, Risk-Standardized Readmission Rate Following Coronary Artery Bypass Graft (CABG) Surgery	Duplicates measure in the Hospital Readmissions Reduction Program
Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Duplicates measure in the Hospital Readmissions Reduction Program
Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate Following Heart Failure Hospitalization	Duplicates measure in the Hospital Readmissions Reduction Program
Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate Following Pneumonia Hospitalization	Duplicates measure in the Hospital Readmissions Reduction Program
Hospital-Level 30-Day, All-Cause Risk-Standardized Readmission Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	Duplicates measure in the Hospital Readmissions Reduction Program
Hospital 30-Day Risk-Standardized Readmission Rate Following Stroke Hospitalization	Cost of the measure outweighs the benefit of its continued use and measure data are also captured under a more broadly applicable measure (Hospital-Wide Readmissions).

Source: CMS



Resource Use and Payment Measures Collected via claims

Measure Name	Removal Rationale
Payment-Standardized Medicare Spending Per Beneficiary (MSPB)	Duplicates measure in the Hospital Value-Based Purchasing Program
Cellulitis Clinical Episode-Based Payment Measure	Cost of the measure outweighs the benefit of its continued use and measure data are also captured under a more broadly applicable measure (Medicare Spending Per Beneficiary).
Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure	Cost of the measure outweighs the benefit of its continued use and measure data are also captured under a more broadly applicable measure (Medicare Spending Per Beneficiary).
Kidney, Urinary Tract Infection Clinical Episode-Based Payment Measure	Cost of the measure outweighs the benefit of its continued use and measure data are also captured under a more broadly applicable measure (Medicare Spending Per Beneficiary).
Aortic Aneurysm Procedure Clinical Episode-Based Payment Measure	Cost of the measure outweighs the benefit of its continued use and measure data are also captured under a more broadly applicable measure (Medicare Spending Per Beneficiary).
Cholecystectomy and Common Duct Exploration Clinical Episode-Based Payment Measure	Cost of the measure outweighs the benefit of its continued use and measure data are also captured under a more broadly applicable measure (Medicare Spending Per Beneficiary).
Spinal Fusion Clinical Episode-Based Payment Measure	Cost of the measure outweighs the benefit of its continued use and measure data are also captured under a more broadly applicable measure (Medicare Spending Per Beneficiary).

Source: CMS



Clinical Process of Care Measures Collected via chart abstraction

Measure Name	Removal Rationale
Median Time from ED Arrival to ED Departure for patients Admitted ED Patients	Cost of the measure outweighs the benefit of its continued use.
Admit Decision Time to ED Departure Time for Admitted Patients	Cost of the measure outweighs the benefit of its continued use and eCQM version of the measure will remain in the Hospital Inpatient Quality Reporting Program.
Influenza Immunization	Measure performance is “topped-out.”
Incidence of Potentially Preventable Venous Thromboembolism Prophylaxis	Cost of the measure outweighs the benefit of its continued use.

Source: CMS

Electronic Clinical Quality Measures Collected via electronic health record

Measure Name	Removal Rationale
Primary PCI Received Within 90 Minutes of Hospital Arrival	Cost of the measure outweighs the benefit of its continued use.
Home Management Plan of Care Document Given to Patient or Caregiver	Cost of the measure outweighs the benefit of its continued use.
Median Time from ED Arrival to ED Departure for Admitted ED Patients	Cost of the measure outweighs the benefit of its continued use.
Hearing Screening Prior to Hospital Discharge	Cost of the measure outweighs the benefit of its continued use.
Elective Delivery	Cost of the measure outweighs the benefit of its continued use.
Stroke Education	Cost of the measure outweighs the benefit of its continued use.
Assessed for Rehabilitation	Cost of the measure outweighs the benefit of its continued use.

Source: CMS



Hospital Value-Based Purchasing Program Removed Measures

Patient Safety Measure Collected via chart abstraction

Measure Name	Removal Rationale
Elective Delivery	Cost of the measure outweighs the benefit of its continued use and duplicates measure in the Hospital Inpatient Quality Reporting Program.

Source: CMS

Resource Use and Payment Measures Collected via claims

Measure Name	Removal Rationale
Hospital-Level, Risk-Standardized Payment Associated With a 30-Day Episode-of-Care for Acute Myocardial Infarction	Duplicates measure in the Hospital Inpatient Quality Reporting Program and measure data are also captured under a more broadly applicable measure (Medicare Spending Per Beneficiary).
Hospital-Level, Risk-Standardized Payment Associated With a 30-Day Episode-of-Care for Heart Failure	Duplicates measure in the Hospital Inpatient Quality Reporting Program and measure data are also captured under a more broadly applicable measure (Medicare Spending Per Beneficiary).
Hospital-Level, Risk-Standardized Payment Associated With a 30-Day Episode-of-Care for Pneumonia	Duplicates measure in the Hospital Inpatient Quality Reporting Program and measure data are also captured under a more broadly applicable measure (Medicare Spending Per Beneficiary).

Source: CMS



Hospital Readmissions Reduction Program (HRRP) Removed Measures

Structural Measures

Collected via web-based tool

Measure Name	Removal Rationale
Oncology: Radiation Dose Limits to Normal Tissues	Measure performance is topped-out.
Oncology: Medical and Radiation – Pain Intensity Quantified	Measure performance is topped-out.
Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Patients	Measure performance is topped-out.
Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Patients	Measure performance is topped-out.

Source: CMS

Health Care-Associated Infection Measures

Collected via Federal Data Registry

Measure Name	Removal Rationale
Catheter-Associated Urinary Tract Infection Outcome Measure	Cost of the measure outweighs the benefit of its continued use.
Central Line-Associated Bloodstream Infection Outcome Measure	Cost of the measure outweighs the benefit of its continued use.

Source: CMS



PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Removed Measures

Structural Measures Collected via web-based tool

Measure Name	Removal Rationale
Oncology: Radiation Dose Limits to Normal Tissues	Measure performance is topped-out.
Oncology: Medical and Radiation – Pain Intensity Quantified	Measure performance is topped-out.
Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Patients	Measure performance is topped-out.
Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Patients	Measure performance is topped-out.

Source: CMS

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