

**ADDENDUM TO ADDITIONAL INFORMATION REGARDING ELECTRONIC CLINICAL QUALITY MEASURES (eCQMs) FOR THE HOSPITAL INPATIENT QUALITY REPORTING (HIQR) PROGRAM AND MEDICARE EHR INCENTIVE PROGRAM FOR ELIGIBLE HOSPITALS AND CRITICAL ACCESS HOSPITALS**

The table below entitled “Addendum to eCQMs for the HIQR Program and Medicare EHR Incentive Programs for Eligible Hospitals and Critical Access Hospitals” contains additional up-to-date information for the clinical quality measures finalized in the Medicare and Medicaid Programs; Fiscal Year 2017 Hospital Inpatient Prospective Payment Systems; Final Rule. Because measure specifications may need to be updated more frequently than our expected rulemaking cycle will allow for, this table provides updates to the specifications. Subsequent updates will be provided in a new version of this table at least 6 months prior to the beginning of the calendar year for which the measures will be required, and CMS will maintain and publish an archive of each update.

Please note the titles and descriptions for the clinical quality measures included in this table were updated by the measure stewards and therefore may not match the information provided on NQF’s website. Measures that do not have an NQF number are measures that are not currently endorsed.

In January 2017, CMS and the National Library of Medicine published an addendum to the 2016 eCQM specifications (published in April 2016) to include International Classification of Diseases (ICD)-10 Clinical Modification (CM) and Procedure Coding System (PCS) released in October 2016 in eCQM value sets for the 2017 performance year. The eCQMs affected by these changes are indicated in the table below.

**ADDENDUM TO eCQMs FOR THE HIQR PROGRAM AND MEDICARE EHR INCENTIVE PROGRAMS FOR ELIGIBLE HOSPITALS AND CRITICAL ACCESS HOSPITALS**

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier	Revised ICD-10 Value Sets
CMS9v5	0480	Exclusive Breast Milk Feeding	Exclusive breast milk feeding during the newborn's entire hospitalization.	Newborns who were fed breast milk only since birth.	Single newborns with an estimated gestational age at birth of >=37 weeks who are born in the hospital and who did not have a diagnosis of galactosemia, were not subject to parenteral nutrition, and had a length of stay less than or equal to 120 days.	The Joint Commission	PC-05	No
CMS26v4	Not applicable	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	An assessment that there is documentation in the medical record that a Home Management Plan of Care (HMPC) document was given to the pediatric asthma patient/caregiver.	Pediatric asthma inpatients with documentation that they or their caregivers were given a written Home Management Plan of Care (HMPC) document that addresses all of the following: <ul style="list-style-type: none"> <li>- Arrangements for follow-up care</li> <li>- Environmental control and control of other triggers</li> <li>- Method and timing of rescue actions</li> <li>- Use of controllers</li> <li>- Use of relievers</li> </ul>	Pediatric asthma inpatients with an age of 2 through 17 years, and a length of stay less than or equal to 120 days discharged to home or police custody.	The Joint Commission	CAC-3	No
CMS31v5	1354	Hearing Screening Prior To Hospital Discharge	This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge.	Live birth encounters during the measurement period where a patient born at the facility is screened for hearing loss prior to discharge or not screened due to medical reasons.	Live birth encounters at a hospital or birthing facility where the newborn was discharged with hospital stays <= 120 days during the measurement period.	CDC National Center on Birth Defects and Developmental Disabilities	EHDI-1a	No

ADDITIONAL INFORMATION REGARDING EH CLINICAL QUALITY MEASURES

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier	Revised ICD-10 Value Sets
CMS32v6	0496	Median Time from ED Arrival to ED Departure for Discharged ED Patients	Median elapsed time from emergency department arrival to emergency room departure for patients discharged from the emergency department.	Measure Observations Statement: Median elapsed time (in minutes) from emergency department arrival to emergency room departure for patients discharged from the emergency department.	Initial Population Statement: Emergency department encounters during the measurement period.  Measure Population Statement: Equals initial population.	Centers for Medicare & Medicaid Services (CMS)	ED-3	Yes
CMS53v5	0163	Primary PCI Received Within 90 Minutes of Hospital Arrival	Acute myocardial infarction (AMI) patients with ST-segment elevation on the ECG closest to arrival time receiving primary PCI during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less.	AMI patients whose time from hospital arrival to primary PCI is 90 minutes or less.	Patients age 18 and older at the time of hospital admission with a principal diagnosis of Acute Myocardial Infarction (AMI) with hospital stays <= 120 days during the measurement year with an ECG (result: Acute or Evolving MI) and a primary PCI procedure closest to the inpatient admission that does not start after fibrinolytic therapy.	Centers for Medicare & Medicaid Services (CMS)	AMI-8a	Yes

ADDITIONAL INFORMATION REGARDING EH CLINICAL QUALITY MEASURES

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier	Revised ICD-10 Value Sets
CMS55v5	0495	Median Time from ED Arrival to ED Departure for Admitted ED Patients	Median time from emergency department admission to time of discharge from the emergency room for patients admitted to the facility from the emergency department.	Measure Observations Statement: Time (in minutes) from ED facility location arrival to ED facility location departure for patients admitted to the facility from the emergency department.	Initial Population Statement: Inpatient Encounters ending during the measurement period with Length of Stay (Discharge Date minus Admission Date) less than or equal to 120 days, and preceded within an hour by an emergency department visit at the same physical facility.  Measure Population Statement: Equals initial population.	Centers for Medicare & Medicaid Services (CMS)	ED-1	Yes
CMS71v6	0436	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Ischemic stroke patients with atrial fibrillation/ flutter who are prescribed anticoagulation therapy at hospital discharge.	Patients prescribed anticoagulation therapy at hospital discharge.	Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less than or equal to 120 days with a principal diagnosis of ischemic stroke, and a history of atrial ablation, or current or history of atrial fibrillation/flutter.	The Joint Commission	STK-3	Yes

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CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier	Revised ICD-10 Value Sets
CMS72v5	0438	Antithrombotic Therapy By End of Hospital Day 2	Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2.	Patients who had antithrombotic therapy administered the day of or day after hospital arrival.	Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less than or equal to 120 days with a principal diagnosis of Ischemic stroke.	The Joint Commission	STK-5	Yes
CMS102v5	0441	Assessed for Rehabilitation	Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.	Ischemic or hemorrhagic stroke patients assessed for or who received rehabilitation services.	Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less than or equal to 120 days.	The Joint Commission	STK-10	Yes
CMS104v5	0435	Discharged on Antithrombotic Therapy	Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.	Patients prescribed antithrombotic therapy at hospital discharge.	Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less than or equal to 120 days with a principal diagnosis of Ischemic stroke.	The Joint Commission	STK-2	Yes

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CMS105v5	0439	Discharged on Statin Medication	Ischemic stroke patients who are prescribed statin medication at hospital discharge.	Patients prescribed statin medication at hospital discharge.	Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less than or equal to 120 days with a principal diagnosis of ischemic stroke.	The Joint Commission	STK-6	Yes
CMS107v5	Not applicable	Stroke Education	Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.	Ischemic or hemorrhagic stroke patients with written documentation that they or their caregivers were given educational material addressing all of the following: <ul style="list-style-type: none"> <li>- Activation of emergency medical system</li> <li>- Follow-up after discharge</li> <li>- Medications prescribed at discharge</li> <li>- Risk factors for stroke</li> <li>- Warning signs and symptoms of stroke.</li> </ul>	Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less than or equal to 120 days and Ischemic stroke or hemorrhagic stroke patients discharged to home, home care, or court/law enforcement.	The Joint Commission	STK-8	Yes

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier	Revised ICD-10 Value Sets
CMS108v5	0371	Venous Thromboembolism Prophylaxis	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.	<p>Patients who received VTE prophylaxis:</p> <ul style="list-style-type: none"> <li>- the day of or the day after hospital admission</li> <li>- the day of or the day after surgery end date for surgeries that end the day of or the day after hospital admission</li> </ul> <p>Patients who have documentation of a reason why no VTE prophylaxis was given:</p> <ul style="list-style-type: none"> <li>- between arrival and hospital admission</li> <li>- the day of or the day after hospital admission</li> <li>- the day of or the day after surgery end date (for surgeries that end the day of or the day after hospital admission)</li> </ul>	Patients age 18 and older discharged during the measurement period from hospital inpatient acute care with a length of stay less than or equal to 120 days, without a diagnosis of venous thromboembolism (VTE) or obstetrics.	The Joint Commission	VTE-1	Yes

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CMS111v5	0497	Median Admit Decision Time to ED Departure Time for Admitted Patients	Median time (in minutes) from admit decision time to time of discharge from the emergency department for emergency department patients admitted to inpatient status.	Measure Observations Statement: Time (in minutes) from Decision to Admit to ED facility location departure for patients admitted to the facility from the emergency department.	Initial Population Statement: Inpatient Encounters ending during the measurement period with Length of Stay (Discharge Date minus Admission Date) less than or equal to 120 days, and where the decision to admit was made during the preceding emergency department visit at the same physical facility.  Measure Population Statement: Equals initial population.	Centers for Medicare & Medicaid Services (CMS)	ED-2	Yes
CMS113v5	0469	Elective Delivery	Patients with elective vaginal deliveries or elective cesarean births at $\geq 37$ and $< 39$ weeks of gestation completed.	Patients with elective deliveries by either: <ul style="list-style-type: none"> <li>- Medical induction of labor while not in labor prior to the procedure</li> <li>- Cesarean birth while not in labor and with no history of a prior uterine surgery</li> </ul>	Patients age $\geq 8$ years and $< 65$ admitted to the hospital for inpatient acute care and had a length of stay $< 120$ days who undergo a delivery procedure, delivering newborns with $\geq 37$ and $< 39$ weeks of gestation completed.	The Joint Commission	PC-01	Yes

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier	Revised ICD-10 Value Sets
CMS190v5	0372	Intensive Care Unit Venous Thromboembolism Prophylaxis	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer).	<p>Patients who received VTE prophylaxis:</p> <ul style="list-style-type: none"> <li>- the day of or the day after ICU admission (or transfer)</li> <li>- the day of or the day after surgery end date for surgeries that end the day of or the day after ICU admission (or transfer)</li> </ul> <p>Patients who have documentation of a reason why no VTE prophylaxis was given:</p> <ul style="list-style-type: none"> <li>- between arrival and ICU admission (for patients directly admitted as inpatients to the ICU)</li> <li>- the day of or the day after ICU admission (or transfer)</li> <li>- the day of or the day after surgery end date (for surgeries that end the day of or the day after ICU admission (or transfer)</li> </ul>	Patients age 18 and older discharged during the measurement period from hospital inpatient acute care with a length of stay less than or equal to 120 days, without a diagnosis of venous thromboembolism (VTE) or obstetrics directly admitted or transferred to ICU during the hospitalization.	The Joint Commission	VTE-2	Yes