

Quality Provisions
Ordered by Implementation Date

Row	Section	Topic	Provider	Quality Initiatives in Place	Gap	Date - implementation
1	3006, 10301	Value based purchasing program: report to congress by Secretary 10/1/2011	Ambulatory Surgery Centers			10/1/2011
2	1311	Providers in HBE shall be accredited with respect to local performance on clinical quality measures (e.g., HEDIS), and shall implement a quality improvement strategy. Also rating system.	HBE			1/1/2014
3	3006, 10301	Value based purchasing program: report to congress by Secretary 10/1/2011	Home Health			10/1/2011
4	3004, 10322	Quality reporting (mentions rate and FY 2014)	Hospice			10/1/2013
5	10326	Pilot testing pay-for-performance programs for certain Medicare providers	Hospice			1/1/2016
6	2702	Payment adjustment for health care-acquired conditions	Hospitals			7/1/2011
7	3014, 10305	Quality and efficiency measures: public availability of measures	Hospitals	CLABSI Novant Health QS Prevent CAUTI		12/1/2011
8	4203	Standards for accessibility of medical diagnostic equipment	Hospitals			3/1/2012
9	3001, 10335	Hospital value-based purchasing program. Public reporting of hospital quality data. For discharges occurring in 2013, the quality measures will cover at least acute myocardial infarction, heart failure, pneumonia, surgeries as measured by SCIP, healthcare-associated infections. Measures shall be related to the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). For 2014 the measures will include efficiency measures, e.g., Medicare spending per beneficiary.	Hospitals			10/1/2012

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10	3025, 10309	Hospital readmission reduction program	Hospitals	H2H		10/1/2012
11	3008	Payment adjustment for hospital-acquired conditions (FY 2015)	Hospitals	CLABSI Prevent CAUTI SCIP		10/1/2014
12	3013, 10303	Quality measure development	Hospitals			Not defined
13	3015, 10305	Data collection, public reporting	Hospitals	Novant Health QS		Not defined
14	3004, 10322	Quality reporting (mentions rate and FY 2014)	Inpatient psych hospitals			10/1/2013
15	10326	Pilot testing pay-for-performance programs for certain Medicare providers	Inpatient psych hospitals			1/1/2016
16	3004, 10322	Quality reporting (mentions rate and FY 2014)	Inpatient rehab hospitals			10/1/2013
17	10326	Pilot testing pay-for-performance programs for certain Medicare providers	Inpatient rehab hospitals			1/1/2016
18	1001, 10329	Secretary shall develop and report on methodology to measure health plan value, including quality of care provided for under the plan	Insurers			9/1/2011
19	1311	Providers in HBE shall be accredited with respect to local performance on clinical quality measures (e.g., HEDIS), and shall implement a quality improvement strategy. Also rating system.	Insurers			1/1/2014
20	1311	May contract with a hospital > 50 beds only if hospital utilizes a patient safety evaluation system; May contract with a health care provider only if provider implements mechanisms to improve health care quality	Insurers			1/1/2014

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21	1331	State flexibility to establish basic health programs for low-income individuals not eligible for Medicaid. Performance measures that focus on quality of care and improved health outcomes.	Insurers			Not defined
22	3004, 10322	Quality reporting (mentions rate and FY 2014)	LTC hospitals	CCME JNB		10/1/2013
23	10326	Pilot testing pay-for-performance programs for certain Medicare providers	LTC hospitals			1/1/2016
24	4203	Standards for accessibility of medical diagnostic equipment	Medical diagnostic equipment companies			3/1/2012
25	3002	Extends incentive payments for reporting quality measures	Physicians	PQRI		10/1/2010
26	3014, 10305	Quality and efficiency measures: public availability of measures	Physicians	IPIP		12/1/2011
27	3007	Value-based payment modifier for physician fee schedule: measures published	Physicians	IPIP		1/1/2012
28	10331	First reporting period for public reporting of quality data through Physician Compare website. Reporting begins 1/1/2013.	Physicians	IPIP		1/1/2012
29	4203	Standards for accessibility of medical diagnostic equipment	Physicians			3/1/2012
30	3003	Reporting of physician pattern of resource use. Aggregate reports available to public.	Physicians	IPIP		10/2/2012
31	3007	Value-based payment modifier for physician fee schedule. 2015 for physicians the Secretary determines appropriate and 2017 for all physicians.	Physicians	IPIP		1/1/2015
32	3002, 10327	Integration of physician quality reporting and EHR reporting - meaningful use; Payment adjustment if quality data not reported.	Physicians	REC		1/1/2015

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33	3013, 10303	Quality measure development	Physicians	IPIP		Not defined
34	3015, 10305	Data collection, public reporting	Physicians	IPIP/REC		Not defined
35	3005	Quality reporting (by FY2014)	PPS-exempt cancer hospitals			10/1/2013
36	3006, 10301	Value based purchasing program: report to congress by Secretary 10/1/2011	SNF			10/1/2011
37	2717	Improve health outcomes through quality reporting, case management, prevention of readmissions, reduction of medical errors				3/1/2012
38	1311	Incentives for improving health outcomes thru quality reporting, preventing readmissions, reduce medical errors				1/1/2014
39	2701	Medicaid Quality Measurement Program: development, testing, validation grants				1/1/2014
40	3501	Health care delivery system research; Quality improvement technical assistance				Not defined
41	3508	Demonstration program to integrate quality improvement and patient safety training in to clinical education of health professionals				Not defined
42	4305	Pain management research				Not defined
43	6112	National independent monitor demonstration project (2-year period)				Not defined
44	6301, 10602	Patient-centered outcomes research				Not defined
45	3012	Interagency Working Group on Health Care Quality - report due to Congress				12/31/2010
46	2701	Medicaid quality measures: published for comment by Secretary				1/1/2011

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47	3011, 10302	National strategy for improving delivery of health care services, patient health outcomes, and population health. Website to make public information on national priorities for healthcare quality improvement.				1/1/2011
48	2701	Medicaid quality measures: published by Secretary - applicable to Medicaid-eligible adults				1/1/2012
49	10332	Data availability - Medicare - for performance measurement				1/1/2012
50	2717	Secretary shall develop quality reporting requirement for group health plans, insurers				3/1/2012
51	2701	Standardized reporting format; voluntary reporting by states				1/1/2013
52	2701	Public availability of state's adult health quality measures				9/30/2014