

# Nevada Hospital Quality Measure FAQ

## All Hospital Quality Measures

### 1. What is the timeframe for reporting in calendar year 2026?

The 2026 reporting period spans January 2025–December 2025.

### 2. When are the reports due in 2026?

Each hospital must submit a completed report with a signed attestation by March 31, 2026.

### 3. Which groups should be included in “Medicaid member” counts?

Medicaid patient counts should include both fee-for-service and managed care organization members.

### 4. Should we include Medicaid members from other states?

If it is possible or practical to exclude Medicaid patients from other states, please do so. If this is not possible, please note any additional information or caveats in your measure reporting tab.

### 5. Are all patients in observation included in counts?

Only include inpatients in your counts per the measure requirements. This distinction is based on an adaptation of AMA guidance regarding “observation,” which states that patients under observation are not considered inpatient.

### 6. Can you confirm the payment associated with the quality measures is "pay-for-reporting" and not "pay-for-performance"?

The payment associated with the quality measures is "pay-for-reporting."

### 7. Can you tell me which Program Year of the Provider Fee program this will be utilized for? For example, if a hospital fails to report its information by the deadline, would this have an impact on its SFY 2026 payment?

The hospital provider fee program operates on a calendar year (CY) basis. Quality measure reporting for program compliance in the current calendar year will always use the previous calendar year's data. As a result, failure to report CY 2025 data by the CY 2026 program due date (March 31, 2026), will result in penalties for CY 2026 payment.

## Freestanding Rehabilitation Hospitals Measure: Discharge to Community

### 1. What is a freestanding rehabilitation hospital?

For the purposes of Nevada’s private hospital assessment, associated upper payment limit payments, and the state directed payment that requires these performance measures, rehab hospitals have been identified as such in the initial model created by the Nevada Health Authority (NVHA) and will continue to be in all of the state-generated models that have been shared with the NVHA. These are:

- 293026 Encompass Health Rehabilitation Las Vegas
- 293032 Encompass Health Rehabilitation Henderson
- 293033 Encompass Health Desert Canyon Rehab Hospital
- 293034 PAM Rehab Hospital of Centennial Hills
- 293035 Dignity Health Rehabilitation Hospital

### 2. What is the definition of “community discharge?”

Please follow CMS guidance: [The Centers for Medicare & Medicaid Services \(CMS\) define a successful community discharge \(DTC\)](#) as a patient being discharged to the community and not experiencing an unplanned rehospitalization or death within 31 days of discharge. The community is defined as home or self-care, with or without home health services.

## Long-Term Acute Care (LTAC) Hospitals: Discharge to Community Measure

1. Should Medicaid (and/or Medicaid Managed) patients admitted under Medicare that becomes exhausted (and so have Medicaid/Medicaid Managed) be included in the numerator (“Total Individual Medicaid Members Admitted to LTAC”) in the below calculation? Or should this strictly be reserved for patients who, at the time of their first admitting to LTAC, had Medicaid FFS and/or Medicaid Managed as their payor?

Based on the CMS Partnership for Quality Measurement exclusion criteria, patients who exhausted their Medicare Part A benefit during the LTAC hospital stay should not be added to the numerator or denominator.

### Critical Access with Obstetrics (OB), General Acute with OB, and Sole Community Hospitals Measure: Unexpected Complications in Term Newborns

#### 1. What is the definition of severe or moderate complications? Is it up to the hospital to decide?

Please follow CMS guidance: [CMS defines severe and moderate newborn complications as follows:](#)

- Severe complications: These include neonatal death; transfer to another hospital for higher level of care; severe birth injuries such as intracranial hemorrhage or nerve injury; neurologic damage, severe respiratory, or infectious complications such as sepsis.
- Moderate complications: These include diagnoses or procedures that are a concern but are less severe than those listed for severe complications. Examples include less severe respiratory complications or infections with a longer length of stay (over five days), but not sepsis.

### Non-OB General Acute and Critical Access Hospitals Measure: Safe Use of Opioids — Concurrent Prescribing Measure

#### 1. Please provide more background information on drugs to be considered for this measure.

The Safe Use of Opioids Measure identifies individuals with discharge medications of a new or continuing opioid or benzodiazepine as identified on the medication discharge list. The Nevada Prescription Monitoring Program is an available tool to access a patient's-controlled substance prescription medication history.

#### 2. As a critical access hospital (CAH), do I report on patients in distinct units such as psychiatric, long-term care, and swing beds?

Only count acute patients. For the Safe Use of Opioids/Concurrent Prescribing measure, the long-term care and swing beds should be reported if billed as an inpatient hospitalization. The Joint Commission guidance clarifies inclusion/lack of exclusion.

#### 3. Should a CAH that does not have OB complete the Non-OB Hospital tab?

Yes. A Critical Access Hospital without OB services is considered a Non-OB Hospital.

## Psychiatric Hospital Measure: Hours of Physical Restraint and Hours of Seclusion Use

### 1. Which hospitals does this measure apply to?

Only psychiatric hospitals; not hospitals with psychiatric units.

### 2. Do the Hours of Physical Restraint and Hours of Seclusion Use measures apply to acute care hospitals with psychiatric units?

This measure is specific to psychiatric hospitals only.

### 3. Harmon Hospital is a unique hospital. It is a licensed acute care hospital that takes patients who also have a psychiatric (behavioral health) condition. It serves a different population. Will there be a specific quality measure for it?

Harmon Hospital should utilize the Psychiatric Hospital Measures: Hours of Physical Restraint and Hours of Seclusion Use.