	Month	Oct	Nov	Dec	Jan	Feb	Mar
	# Admissions						

	Performance Measures						
1.	Principal diagnosis correctly selected/Clinical Category Maps						
2.	Principal diagnosis correctly coded, as specified by Physician						
3.	Top 10 secondary diagnoses correctly coded, included all skilled diagnoses.						
4.	Top 10 diagnoses correctly sequenced, based on coding guidelines.						
5.	NTA/SLP Comorbidities - all coded correctly						
6.	NTA/SLP Comorbidities - all sequenced correctly						
7.	Therapy treatment diagnoses coded and in computer timely (7 days).						
8.	Therapy evaluations reflect correct medical condition diagnoses.						
9.	Aftercare codes assigned correctly, based on coding guidelines. Aftercare codes are not used in conjunction with codes with a seventh character extension for the episode of care (Fractures, Injuries)						
10.	Injuries correctly coded, with correct 7th character, based on coding guidelines and chart specificity. (Fractures)						
11.	Non-traumatic head injuries (CVD) correctly coded with I69 code.						
12.	If CVD, all residual effects coded.						
13.	Hypertension correctly coded, per coding guidelines.						
14.	CHF correctly coded, per chart specificity.						
15.	All DM complications correctly coded, per coding guidelines and chart specificity.						
16.	History/Status codes correctly sequenced (not principal diagnosis)						
17.	Infections coded correctly with causal organisms included (if documented)						