



Hospital IQR Program: Summary of FY 2022 IPPS Final Rule Changes

Adoption of Five New Measures

Maternal Morbidity Structural Measure

CMS finalized the addition of the Maternal Morbidity Structural Measure to determine hospital participation in a State or national Perinatal Quality Improvement (QI) Collaborative initiative and implementation of patient safety practices or bundles within that QI initiative.

To meet the Hospital Inpatient Quality Reporting (IQR) Program reporting requirements, hospitals will respond to the question “Does your hospital or health system participate in a Statewide and/or national perinatal quality improvement collaborative program aimed at improving maternal outcomes during inpatient labor, delivery, and post-partum care, and has it implemented patient safety practices or bundles related to maternal morbidity to address complications, including, but limited to, hemorrhage, severe hypertension/preeclampsia or sepsis?” Hospitals will respond to the question by either selecting Yes, No, or Not applicable.

Hospitals will submit their response once a year via a web-based tool that will be located within the *Hospital Quality Reporting (HQR) Secure Portal*. The submission period will follow the annual reporting period calendar year and will be from April 1 through May 15. For calendar year (CY) 2021, which will affect the fiscal year (FY) 2023 payment determination, the reporting period will only include quarter (Q)4 2021 and the submission period will occur from April 1, 2022 through May 16, 2022. Beginning with CY 2022 the reporting period will be January 1, 2022 through December 31, 2022.

Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure

CMS finalized the adoption of the Hybrid Hospital-Wide All-Cause Risk Standardized Mortality measure. This hybrid measure will capture hospital-level, risk-standardized mortality within 30 days of hospital admission for most conditions or procedures.

Hospitalizations are eligible for inclusion if the patient was hospitalized at a non-Federal, short-term acute care hospital and will include Medicare Fee-for-Service beneficiaries aged between 65 and 94 years.

The measure will use a set of Core Clinical Data Elements like those used in the Hybrid Hospital-Wide Readmission (HWR) measure with claims and electronic health record (EHR) data. The table lists the 10 specific EHR elements used in the measure.

Core Clinical Data Elements		
Data Elements	Units of Measurement	Time Window for First Captured Values
Heart Rate	Beats per minute	0–2 hours
Systolic Blood Pressure	mmHg	0–2 hours
Temperature	Degrees (Fahrenheit or Celsius)	0–2 hours
Oxygen Saturation	Percent	0–2 hours
Hematocrit	Percent	0–24 hours

Hospital Inpatient Quality Reporting Program: Summary of FY 2022 IPPS Final Rule Changes

Core Clinical Data Elements		
Platelet	Count	0–24 hours
White Blood Cell Count	10 ⁹ per liter (X10E+09/L)	0–24 hours
Sodium	mmol/L	0–24 hours
Bicarbonate	mmol/L	0–24 hours
Creatinine	mg/dL	0–24 hours

The measure will be implemented in a stepwise fashion:

- Voluntary reporting period will be July 1, 2022–June 30, 2023.
- Mandatory reporting period will be July 1, 2023–June 30, 2024, affecting the FY 2026 payment determination and for subsequent years.

The measure will be publicly reported as part of the Hospital IQR Program.

COVID-19 Vaccination Coverage Among Healthcare Personnel Measure

CMS finalized the COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) measure which assess the proportion of a hospital’s health care workforce that has been vaccinated against COVID-19.

Hospitals will collect the numerator and denominator for the COVID-19 HCP vaccination measure for at least one self-selected week during each month of the reporting quarter and submit the data to the National Healthcare Safety Network (NHSN) Healthcare Personal Safety (HPS) Component before the quarterly deadline to meet Hospital IQR Program requirements.

- Hospitals will report the number of HCP eligible to have worked at the facility during the self-selected week that the hospital reports data for in NHSN (denominator) and the number of those HCP who have received a complete course of a COVID-19 vaccination (numerator) during the same self-selected week.

Each quarter, the Centers for Disease Control and Prevention (CDC) will calculate a single quarterly HCP COVID-19 vaccination coverage rate for each facility, by taking the average of the data from the three weekly rates submitted by the facility for that quarter. If more than one week of data is submitted for the month, for measure calculation purposes, the most recent week of the month will be used. The hospital meets submission requirements if the CDC can calculate a quarterly rate.

For CY 2021, which will affect the FY 2023 payment determination, there will be a shortened reporting period from October 1, 2021–December 31, 2021. Beginning with the CY 2022 reporting period/FY 2024 payment determination and for subsequent years, the submission will follow the quarterly reporting deadlines for the Hospital IQR Program. The table lists the submission deadlines.

CY 2021 and 2022 Submission Deadlines		
Discharge Quarter	Reporting Period	Submission Deadline
Q4 2021	October 1–December 31	May 16, 2022
Q1 2022	January 1–March 31	August 15, 2022
Q2 2022	April 1–June 30	November 16, 2022
Q3 2022	July 1–September 30	February 15, 2023
Q4 2022	October 1–December 31	May 15, 2023

Hospital Inpatient Quality Reporting Program: Summary of FY 2022 IPPS Final Rule Changes

As with the other CMS measures, the HCP COVID-19 Vaccination measure will be publicly reported on *Care Compare*. The Q4 2021 data will be included in the October 2022 *Care Compare* refresh. However, the public reporting of this measure will be different from the other measures. Instead of adding one additional quarter of data with each refresh, only the most recent quarter of data will be displayed for each refresh. For example, the October 2022 refresh will only include Q4 2021 data, the next refresh will only include Q1 2022 data, and so forth.

Two Medication-related Adverse Event eCQMs

CMS finalized the addition of two new medication-related adverse event electronic clinical quality measures (eCQMs) to the eCQM measure set, beginning with the CY 2023 reporting period/FY 2025 payment determination. The measures were developed in a manner that allows them to be reported independently, but we encourage hospitals to consider collecting data and reporting on both measures as balancing measures.

- **Hospital Harm-Severe Hypoglycemia:** The measure identifies the proportion of patients who experienced a severe hypoglycemic event within 24 hours of the administration of an antihyperglycemic agent, which indicates harm to a patient.
- **Hospital Harm-Severe Hyperglycemia:** The measure assesses the number of inpatient hospital days with a severe hyperglycemic event among the total qualifying hospital days for patients 18 years and older who have a diabetes diagnosis and who either received at least one anti-diabetic medication during the hospital admission, or who had an elevated blood glucose level during their hospital admission.

Removal of Three Measures

CMS finalized the removal of three measures from the eCQM measure set.

Measure Name	Timeframe for Removal from the Measure Set
ED-2 – Admit Decision Time to ED Departure Time for Admitted Patients	CY 2024 (CY 2023 will be the last reporting period)
PC-05 – Exclusive Breast Milk Feeding	CY 2024 (CY 2023 will be the last reporting period)
STK-06 – Discharged on Statin Medication	CY 2024 (CY 2023 will be the last reporting period)

Updates to Certification Requirements for Reporting eCQMs and Hybrid Measures

Hospitals will be required to use the 2015 Edition Cures Update for Certified EHR Technology beginning with the CY 2023/FY 2025 payment determination for eCQMs and hybrid measures.

All available eCQMs used for the CY 2023 reporting period/FY 2025 payment determination and subsequent years would need to be certified to the 2015 Edition Cures Update.

Validation

Overview of Finalized Validation Changes

Hospital Inpatient Quality Reporting Program: Summary of FY 2022 IPPS Final Rule Changes

CMS finalized changes to the data validation educational review process beginning with validation affecting the FY 2024 payment determination and for subsequent years. The quarters used for validation are now early enough to calculate the confidence interval for the fourth quarter of validation in a timely manner. CMS finalized the proposal to extend the effects of educational reviews for fourth quarter data. Specifically, if an error is identified during the educational review process for fourth quarter data, the corrected quarterly score will be used to compute the final confidence interval used for payment determination.

Administrative Updates

Administrative Updates to Code of Federal Regulations Text

CMS finalized the following administrative updates:

- Removed reference to the QualityNet.org URL. The QualityNet website is now available at: qualitynet.cms.gov.
- Finalized the term “QualityNet Security Official” instead of “QualityNet Administrator” or “QualityNet System Administrator”.
 - The term “Security Official” will refer to the individual(s) who have responsibilities for security and account management requirements for a hospital’s Health Care Quality Information Systems (HCQIS) Access and Roles and Profiles (HARP) account.

Acronyms

CDC	Centers for Disease Control and Prevention	HWR	Hospital-wide Readmission
CMS	Centers for Medicare & Medicaid Services	IPPS	inpatient prospective payment system
CY	calendar year	IQR	Inpatient Quality Reporting
dL	deciliter	L	liter
eCQM	electronic clinical quality measure	mg	milligram
ED	Emergency Department	mmHg	Millimeters of mercury
EHR	electronic health record	mmol	millimoles
FY	fiscal year	NHSN	National Healthcare Safety Network
HARP	HCQIS Access and Roles and Profiles	PC	Perinatal Care
HCP	Healthcare Personnel	Q	quarter
HCQIS	Health Care Quality Information Systems	QI	Quality Improvement
HPS	Healthcare Personnel Safety	STK	Stroke
HQR	Hospital Quality Reporting	URL	Uniform Resource Locator