



FY 2024 IPPS/LTCH PPS Proposed Rule Overview for Hospital Quality Programs

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Purpose

This presentation will provide an overview of the Fiscal Year (FY) 2024 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) proposed rule as it relates to the following programs:

- Hospital Inpatient Quality Reporting (IQR) Program
- Hospital Value-Based Purchasing (VBP) Program
- Hospital-Acquired Condition (HAC) Reduction Program
- Hospital Readmission Reduction Program (HRRP)
- Medicare Promoting Interoperability Program

Objectives

Participants will be able to:

- Locate the FY 2024 IPPS/LTCH PPS proposed rule text.
- Identify proposed program changes within the FY 2024 IPPS/LTCH PPS proposed rule.
- Identify the time period for submitting public comments to CMS regarding the FY 2024 IPPS/LTCH PPS proposed rule.
- Submit formal comments to CMS regarding the FY 2024 IPPS/LTCH PPS proposed rule.

Administrative Procedures Act

- Because CMS must comply with the Administrative Procedures Act, we are not able to provide additional information, clarification, or guidance related to the proposed rule.
- We encourage stakeholders to submit comments or questions through the formal comment submission process, as described in this webinar.

Acronyms and Abbreviations

ACS	American College of Surgeons	eCQM	electronic clinical quality measures
ADI	Area Deprivation Index	ED	emergency department
AKI	acute kidney injury	EDAC	Excess Days in Acute Care
AMI	acute myocardial infarction	EHR	electronic health record
CABG	coronary artery bypass graft	ePC	electronic Perinatal Care
CAH	critical access hospital	ExRad	excessive radiation
CAHPS	Consumer Assessment of Healthcare Providers and Systems	FFS	Fee-for-Service
CAUTI	Catheter-Associated Urinary Tract Infection	FR	<i>Federal Register</i>
CBE	Consensus-Based Entity	FY	fiscal year
CCSQ	Center for Clinical Standards and Quality	GMCS	Global Malnutrition Composite Score
CDC	Centers for Disease Control and Prevention	HAC	Hospital-Acquired Condition
CDI	<i>Clostridioides difficile</i> Infection	HAI	healthcare-associated infection
CERHT	certified electronic health record technology	HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey
CLABSI	Central Line-Associated Bloodstream Infection	HCHE	Hospital Commitment to Health Equity
CMS	Centers for Medicare & Medicaid Services	HCP	health care personnel
COMP	complications	HF	heart failure
COPD	chronic obstructive pulmonary disease	HH	Hospital Harm
CT	Computed Tomography	HRRP	Hospital Readmissions Reduction Program
CY	calendar year	HWM	Hospital-wide mortality
DTPI	deep tissue pressure injury	HWR	Hospital-wide readmission
ECE	Extraordinary Circumstance Exception	ICD	International Classification of Diseases

Acronyms and Abbreviations

(continued)

IPPS	Inpatient Prospective Payment System	PSI	Patient Safety Indicator
IQR	Inpatient Quality Reporting	Q	quarter
IVR	Interactive Voice Response	QMVIG	Quality Measurement and Value-Based Incentives Group
LTCH	Long-term care hospital	READM	readmission
MORT	mortality	RIS	Radiology Information System
MS-DRG	Medicare Severity Diagnosis Related Groups	RSCR	risk-standardized complication rate
MSPB	Medicare Spending per Beneficiary	RSMR	risk-standardized mortality rate
MRSA	Methicillin-Resistant <i>Staphylococcus aureus</i>	RSP	risk-standardized payment
NHSN	National Healthcare Safety Network	RSRR	risk-standardized readmission rate
ORAE	opioid related adverse events	SAFER	Safety Assurance Factors for EHR Resilience
OQR	Outpatient Quality Reporting	SDOH	Social Drivers of Health
PACS	Picture Archiving and Communication System	SSI	surgical site infection
PC	perinatal care	STK	stroke
PCHQR	PPS-Exempt Cancer Hospital Quality Reporting	THA/TKA	total hip arthroplasty/total knee arthroplasty
PHE	Public Health Emergency	VBP	Value-Based Purchasing
PI	pressure injury	VIQR	Value, Incentives, and Quality Reporting
PN	pneumonia	VIQRC	Value, Incentives, and Quality Reporting Center
PPS	Prospective Payment System	VTE	venous thromboembolism
PRO-PM	Patient-Reported Outcomes Performance Measure		

Julia Venanzi, MPH, Program Lead
Hospital IQR Program and Hospital VBP Program, QMVG, CCSQ, CMS

Hospital IQR Program

Overview of Hospital IQR Program Proposed Changes

- Adoption of three new electronic clinical quality measures (eCQMs)
- Refinement of three current measures
- Removal of three measures
- Changes to how the HCAHPS Survey is administered
- Modification of the targeting criteria for hospital validation
- Future measure considerations on geriatric health related measures

Previously Finalized eCQM Requirements

Reporting Period/ Payment Determination	Total # of eCQMs Reported	eCQMs Required to be Reported
CY 2022/FY 2024	Four	Three self-selected eCQMs; and Safe Use of Opioids—Concurrent Prescribing eCQM
CY 2023/FY 2025	Four	Three self-selected eCQMs; and Safe Use of Opioids—Concurrent Prescribing eCQM
CY 2024/FY 2026 and subsequent years	Six	Three self-selected eCQMs; and Safe Use of Opioids—Concurrent Prescribing eCQM; and Cesarean Birth eCQM; and Severe Obstetric Complications eCQM

Proposed New eCQM #1: Hospital Harm—Pressure Injury (HH-PI)

Measure Description: The proportion of inpatient (IP) hospitalizations for patients ages 18 and older who suffer the harm of developing a new stage 2, stage 3, stage 4, deep tissue, or unstageable pressure injury.

- **Numerator:** IP hospitalizations for patients with a new deep tissue pressure injury (DTPI) or stage 2,3,4, or unstageable pressure injury, as evidenced by any of the following:
 - A diagnosis of DTPI with the DTPI not present on admission
 - A diagnosis of stage 2, 3, 4, or unstageable pressure injury with the pressure injury diagnosis not present on admission
 - A DTPI found on exam greater than 72 hours after the start of the encounter
 - A stage 2,3,4 or unstageable pressure injury found on exam greater than 24 hours after the start of the encounter
- **Denominator:** IP hospitalizations where the patient is 18 years of age or older at the start of the encounter

Proposed New eCQM #2: Hospital Harm—Acute Kidney Injury (HH-AKI)

Measure Description: The proportion of IP hospitalizations for patients ages 18 and older who have an acute kidney injury (AKI) (stage 2 or greater) that occurred during the encounter.

- **Numerator:** The number of IP hospitalizations for patients ages 18 and older who develop AKI (stage 2 or greater) during the encounter, as evidenced by:
 - A subsequent increase in the serum creatinine value at least 2 times higher than the lowest serum creatinine value, and the increased value is greater than the highest sex-specific normal value for serum creatinine, or
 - Kidney dialysis (hemodialysis or peritoneal dialysis) initiated 48 hours or more after the start of the encounter.
- **Denominator:** IP hospitalizations for patients ages 18 and older without a diagnosis of obstetrics, with a length of stay of 48 hours or longer, and who had at least one serum creatinine value after 48 hours from the start of the encounter.

Proposed New eCQM #3: Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (ExRad)

Measure Description: Percentage of eligible CT exams that are out-of-range based on having either excessive radiation dose or inadequate image quality, relative to evidence-based thresholds based on the clinical indication for the exam.

- **Numerator:** Number of diagnostic CT scans that have a size-adjusted radiation dose greater than the threshold defined for the specific CT category.
- **Denominator:** Number of all diagnostic CT scans performed on patients 18 years and older during the one-year measurement period which have an assigned CT category, a size-adjusted radiation dose value, and a global noise value.

Proposed Refinements #1&2: Hybrid HWM and HWR Measures

Proposed Refinement: Expanding the cohort to include both FFS and Medicare Advantage patients 65 to 94 years old.

Proposed Timeline: Modified versions with MA patients would begin with the FY 2027 payment determination which is associated with discharge data from July 1, 2024, through June 30, 2025.

Data Submission: Hospitals would use Quality Reporting Data Architecture (QRDA) Category I files to report core clinical data elements for each Medicare FFS and Medicare Advantage beneficiary who is 65 to 94 years old for data submission.

Proposed Refinement #3: HCP COVID-19 Vaccination Measure

Proposed Modification: Replace the term “complete vaccination course” with the term “up to date” in the HCP vaccination definition in order to incorporate booster doses.

Modification Timeline: Modified version would begin with the Q4 2023 reporting period/FY 2025 payment determination.

Public Reporting Timeline: Modified version would begin being publicly reported with the October 2024 Care Compare refresh.

Proposed Removals of Current Hospital IQR Program Measures

Measure Name	Proposed Removal Date
Hospital-level Risk-standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Measure	Beginning with the April 1, 2025, through March 31, 2028, reporting period/ FY 2030 payment determination
Medicare Spending Per Beneficiary (MSPB) Hospital Measure	Beginning with the CY 2026 reporting period/FY 2028 payment determination
Elective Delivery Prior to 39 Completed Weeks Gestation: Percentage of Babies Electively Delivered Prior to 39 Completed Weeks Gestation (PC-01) Measure	Beginning with the CY 2024 reporting period/FY 2026 payment determination

Proposed Codification of Measure Retention and Removal Policies

CMS proposes to codify our existing measure retention and removal policies in our regulations at §412.140(g)(1) and (3).

- Code of Federal Regulations, Title 42, Chapter IV, Subchapter B, Part 412, Subpart H
- Direct link: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-412/subpart-H/section-412.140>

Solicitation of Comment on Geriatric Care

Potential Future Hospital IQR Program Measures: American College of Surgeons' Geriatric Hospital and Surgical attestation measures.

Potential Designation on Care Compare: Similar to the Birthing Friendly designation, we are seeking comment on the establishment of a designation to signify high-quality geriatric care.

William Lehrman, Ph.D., Government Task Leader, HCAHPS Survey
Division of Consumer Assessment and Plan Performance, CMS

Hospital IQR Program HCAHPS

Hospital IQR Program HCAHPS

We proposed changes to the administration of the HCAHPS survey, beginning January 2025.

Proposal to Add New Modes of Survey Administration

- We propose to include three new web-based modes of survey administration:
 - E-mail survey, followed by mail survey to non-respondents (**Web-Mail** mode)
 - E-mail survey, followed by telephone survey to non-respondents (**Web-Phone** mode)
 - E-mail survey, followed by mail survey then telephone survey to non-respondents (**Web-Mail-Phone** mode)
- The current Mail Only, Telephone Only, and Mail-Phone survey modes would remain available to hospitals.
- The 2021 HCAHPS mode experiment showed that an initial web survey followed by a mail, telephone, or mail and telephone survey resulted in increased response rates and better patient representativeness.

Proposal to Allow Response by Patient Proxy

We propose to remove requirement that only the patient may respond to the HCAHPS survey:

- Would no longer prohibit a patient's proxy from responding to the survey
- Would still encourage that the patient respond to the survey

Proposal to Allow a 49-Day Data Collection Period

- We propose to extend the data collection period for the HCAHPS survey from 42 days to 49 days in all survey modes.
 - After being contacted, patients would have 49 days to complete the survey.
- The additional 7 days would allow time for patients to respond to an e-mail survey before a secondary mode is initiated.
- The 2021 HCAHPS mode experiment showed that days 43 to 49 of the data collection period resulted in higher response rates (especially among patient groups that are typically underrepresented in HCAHPS).

Proposal: Maximum of 12 Supplemental Items

- We propose a maximum limit of 12 supplemental items that may be added to the HCAHPS survey.
 - Supplemental items, if any, must follow after all official HCAHPS items.
- This limit would align HCAHPS with other CMS CAHPS surveys.
- Empirical evidence from HCAHPS and other CMS CAHPS surveys shows that surveys that are too long result in lower response rates.

Proposal: Collect Patients' Preferred Language while in Hospital and Administer the HCAHPS Spanish Translation Whenever Indicated

- We propose to require that hospitals provide to their survey vendor the language the patient prefers to speak while in hospital.
 - This is either English, Spanish, or another language.
- We propose to require that the official Spanish translation of the HCAHPS survey be administered to all patients who prefer to speak Spanish.

Proposal to Remove the Interactive Voice Response (IVR) Mode and the “Hospitals Administering HCAHPS for Multiple Sites” Options

- We propose to remove the Active Interactive Voice Response (IVR) survey mode option, also known as touch-tone IVR.
 - Touch-tone IVR has not been used by any hospital since 2016.
 - Touch-tone IVR has never been widely used for the HCAHPS survey.
- We propose to remove the “Hospitals Administering HCAHPS for Multiple Sites” option for administration of the HCAHPS survey.
 - This has not used by any hospital since 2019.
 - This was never widely used in HCAHPS.

Request for Information: Potential Addition of Patients with a Primary Psychiatric Diagnosis to the HCAHPS Survey Measure

- We are soliciting comments about the inclusion of patients with a primary psychiatric diagnosis in the HCAHPS survey.
 - HCAHPS was designed, tested, and validated for patients in the medical, surgical, and maternity service lines of short-term, acute care hospitals.
- Patients with a primary psychiatric diagnosis are not eligible for HCAHPS.
 - Patients with a secondary psychiatric diagnosis are eligible for HCAHPS.
- We seek public input on the potential inclusion of patients with a primary psychiatric diagnosis admitted to short-term, acute care hospitals in the HCAHPS survey. Specifically, we request public comment on whether:
 - All patients in the psychiatric service line (Medicare Severity Diagnosis Related Groups (MS-DRG) codes 876, 880-887, 894-897) or particular sub-groups thereof should be included in the HCAHPS survey.
 - The current content of the HCAHPS survey is appropriate for these patients.
 - The current HCAHPS survey measure implementation procedures might face legal barriers or pose legal risks when applied to patients with primary psychiatric diagnoses.

Carefully Consider Choice of Survey Mode

- We encourage participating hospitals to carefully consider the impact of mode of survey administration on response rates and the representativeness of survey respondents.
- High response rates for all patient groups promote CMS health equity goals.
- Research indicates that there are pronounced differences in response rates by mode of survey administration for some patient characteristics.
 - Black, Hispanic, Spanish language-preferring, younger, and maternity patients are more likely to respond to a telephone survey.
 - Older patients are more likely to respond to a mail survey.
- Choosing a mode that is easily accessible to the diversity of a hospital's patient population provides a more complete representation of patient care experiences.
- We refer hospitals to the podcast “Improving Representativeness of the HCAHPS Survey” on the HCAHPS website:
<https://hcahpsonline.org/en/podcasts/#ImprovingRepresentativeness>

Alex Feilmeier, MHA, Program Manager
Value, Incentives, and Quality Reporting Center Validation Support Contractor

Hospital IQR Program and HAC Reduction Program Validation

Proposal to Add Targeting Criteria – Hospital IQR and HAC Reduction

- For both the Hospital IQR Program and the HAC Reduction Program, beginning with the validation of CY 2024 reporting period data for the FY 2027 payment year, CMS is proposing to add a new criterion to the previously established targeting criteria used to select up to 200 additional hospitals for validation.
- CMS is proposing to modify the validation targeting criteria to include any hospital with a two-tailed confidence interval that is less than 75 percent and which submitted less than four quarters of data due to receiving an Extraordinary Circumstances Exception (ECE) for one or more quarters.

Proposal to Add Targeting Criteria – Hospital IQR and HAC Reduction

- These hospitals would not fail the validation-related requirements for the Annual Payment Update determination in the Hospital IQR Program, or the validation-related requirements for the payment adjustment in the HAC Reduction Program, for the payment year for which an ECE provides hospitals with an exception from data reporting or validation requirements. These hospitals could be selected for validation in the following year. We are proposing this additional criterion because such a hospital would have less than four quarters of data available for validation and its validation results could be considered inconclusive for a payment purposes.
- Our proposals would also allow us to appropriately address instances in which hospitals that submit fewer than four quarters of data due to receiving an ECE for one or more quarters might face payment implications under the current validation policies.
- This process change was already finalized for the Hospital Outpatient Quality Reporting (OQR) Program, and these proposals would align the targeting criteria across the Hospital IQR, HAC Reduction, and Hospital OQR Program.

Proposal to Request Reconsideration of Validation Results – HAC Reduction

- Prior to establishing policies for the HAC Reduction Program to collect, validate, and publicly report quality measure data independently, instead of through the Hospital IQR Program, hospitals that failed their Annual Payment Update requirement related to validation had the opportunity to request reconsideration of their final scores for the healthcare-associated infection (HAI) measures.
- CMS is proposing that, beginning with FY 2025 program year (CY 2022 discharges), hospitals that fail validation be allowed to request reconsideration of their validation results **before** use in HAC Reduction Program scoring calculations.
- The validation reconsideration process would be conducted once per program fiscal year after the validation of HAIs for all four quarters of the relevant fiscal year's data period and after the confidence interval has been calculated.

Proposal to Limit Reconsideration to Initial Records Submitted – HAC Reduction

- CMS is proposing to limit the scope of HAC Reduction Program data validation reconsideration reviews to information already submitted by the hospital during the initial validation process. Medical records that were not submitted during the initial validation process would not be abstracted. The review scope would be expanded only if it was found during the review that the hospital correctly and timely submitted the requested medical records in which case data elements would be abstracted from the medical record submitted by the hospital as part of the review of its reconsideration request.
- After the reconsideration process is completed, the hospital's confidence interval would be re-calculated based on the results of the reconsideration of the hospital's cases, and determination made on whether the hospital passed or failed validation requirements for the HAC Reduction Program.
- These proposals would more closely align the validation reconsideration process across the Hospital IQR and HAC Reduction Programs. If finalized, additional information on the process specifics will be posted on the CMS QualityNet website.

Jessica Warren, RN, BSN, MA, FCCS, CCRC

Medicare Promoting Interoperability Program, QMVG, CCSQ, CMS

Medicare Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (CAHs)

Proposed Changes to the EHR Reporting Periods

For eligible hospitals and CAHs that are new or returning participants in the Medicare Promoting Interoperability Program, the EHR reporting period is:

- **Current Policy for CY 2024:** A minimum of any continuous 180-day period within CY 2024
- **Proposed for CY 2025:** A minimum of any continuous 180-day period within CY 2025 (Eligible hospitals and CAHs would be encouraged to use longer periods, up to and including the full CY 2025.)

EHR Reporting Periods for Eligible Hospitals

- We are proposing to apply the EHR reporting period in CY 2025 to the FY 2027 payment adjustment year for all new and returning eligible hospitals.
- Additionally, eligible hospitals that have not successfully demonstrated they are a meaningful EHR user in a prior year would attest during the submission period that occurs during the two months following the close of the calendar year in which the EHR reporting period occurs, or by a later date specified by CMS. If applicable, a payment adjustment would be applied for the FY 2027 payment adjustment year.

Proposed Changes to the SAFER Guides Measures

We are proposing to require eligible hospitals and CAHs to conduct the annual SAFER Guides self-assessments and attest a “Yes” response for all nine SAFER Guides.

An attestation of “No” would result in the eligible hospital or CAH not meeting the measure and not satisfying the definition of a meaningful EHR user, which could subject the eligible hospital or CAH to a downward payment adjustment.

SAFER=Safety Assurance Factors for EHR Resilience

Adoption of Three New eCQMs Beginning with CY 2025

We propose adopting three new eCQMs beginning with the CY 2025 reporting period:

1. Hospital Harm–Pressure Injury eCQM (CBE #3498e)
2. Hospital Harm–Acute Kidney Injury eCQM (CBE #3713e)
3. Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Hospital Level – Inpatient) eCQM (CBE #3663e)

CBE=Consensus-Based Entity

Julia Venanzi, MPH, Program Lead
Hospital IQR Program and Hospital VBP Program, QMVG, CCSQ, CMS

Hospital VBP Program

Hospital VBP Program Proposal Overview

- Adopt one new measure to the Safety domain
- Refine two existing measures
- Make health equity related scoring changes
- Modify the HCAHPS survey measure collection
- Provide estimated and newly established performance standards for the FY 2026 through FY 2029 program years

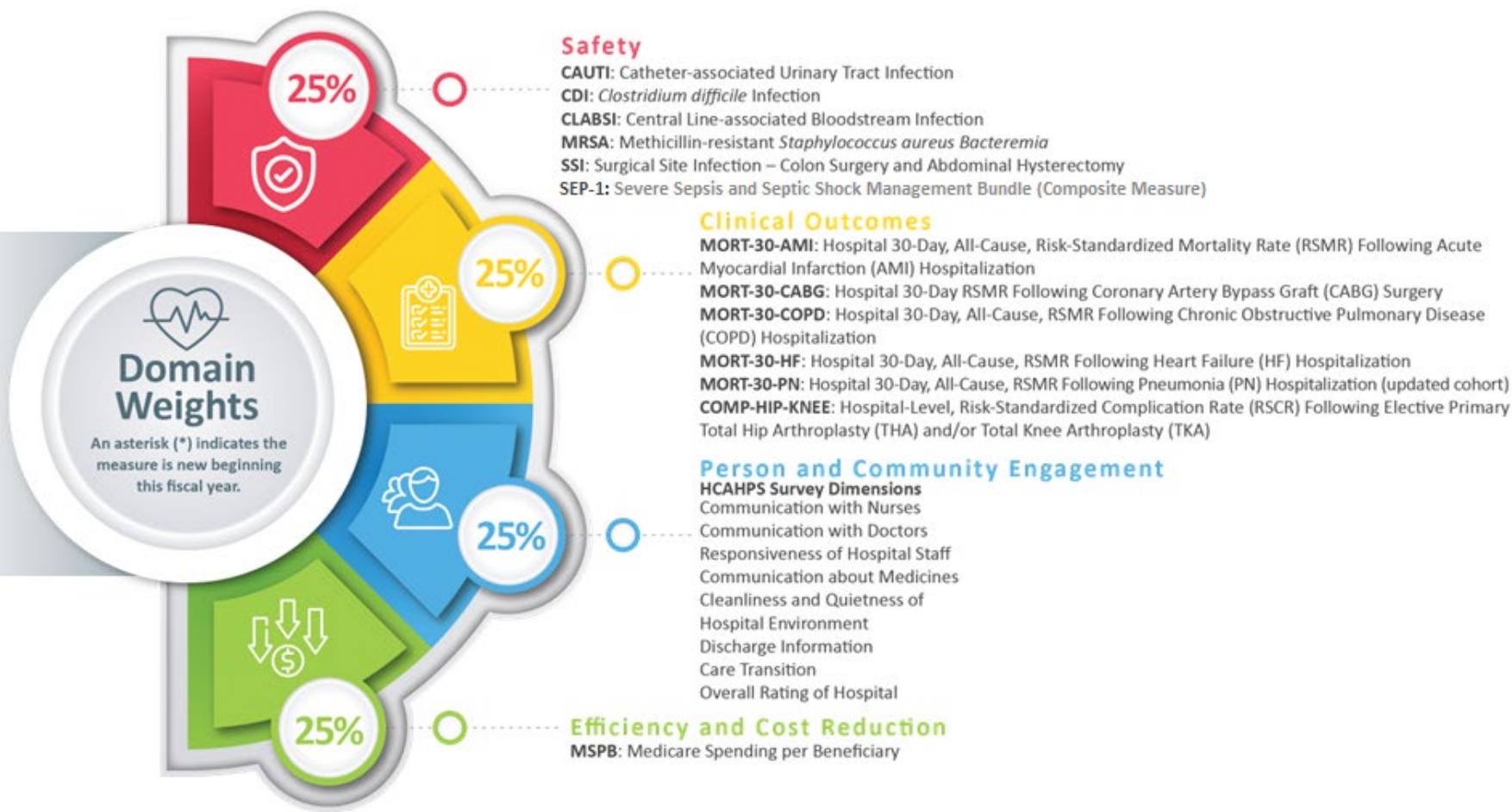
Proposed New Measure: Severe Sepsis and Septic Shock Management Bundle

Measure Description: Assesses measurement of lactate, obtaining blood cultures, administering broad spectrum antibiotics, fluid resuscitation, vasopressor administration, reassessment of volume status and tissue perfusion, and repeat lactate measurement in patients age 18 or older. This measure aligns with the Surviving Sepsis Campaign guidelines.

Proposed Implementation Timeline: Proposed use in the Hospital VBP Program beginning with the CY 2024 reporting period/FY 2026 payment determination.

Alignment with Hospital IQR Program: This measure will also remain in the Hospital IQR Program. Hospitals will only be required to submit data once, but results will be used for both programs.

Domains and Measures for FY 2026 and Subsequent Years



Proposed Refinement #1: MSPB

Proposed Refinements:

- Update to allow readmissions to trigger new episodes to account for episodes and costs that are currently not included in the measure but that could be within the hospital's reasonable influence.
- Addition of a new indicator variable in the risk adjustment model for whether there was an inpatient stay in the 30 days prior to episode start date.
- An updated MSPB amount calculation methodology to change one step in the measure calculation from the sum of observed costs divided by the sum of expected costs (ratio of sums) to the mean of observed costs divided by expected costs (mean of ratios).

Proposed Implementation Timeline: Refined version of the measure would begin with CY 2026 reporting period/FY 2028 payment determination.

Proposed Refinement #2: RSCR Following THA/TKA

Proposed Refinement: Inclusion of 26 additional mechanical complication International Classification of Diseases (ICD)-10 codes.

Proposed Implementation Timeline: Refined version of the measure would begin with data collected from April 1, 2025–March 31, 2028 impacting the FY 2030 payment determination.

Proposal to Award Health Equity Adjustment Bonus Points

Who can get HEA points?

All eligible Hospital VBP Program hospitals can get HEA points, but the number of points awarded depends on performance on existing measures and the proportion of patients who are dually eligible

What are HEA points and how are they calculated?

Health equity adjustment bonus points are the product of the measure performance scaler (which is based on measure performance) and the underserved multiplier (which is based on the proportion of patients that are dually eligible)

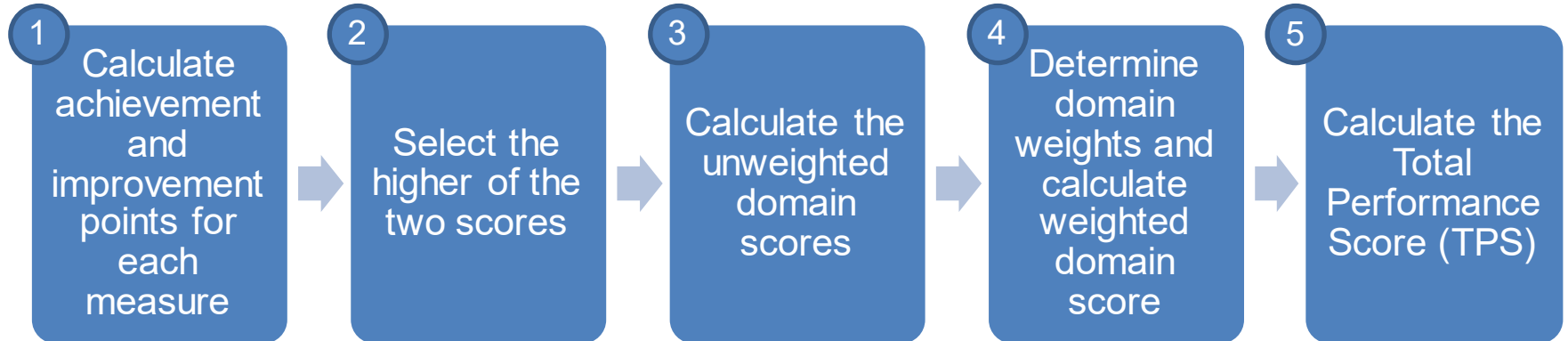
When would this proposal take effect?

If finalized as proposed, this change to the scoring methodology would be implemented beginning with the FY 2026 payment determination

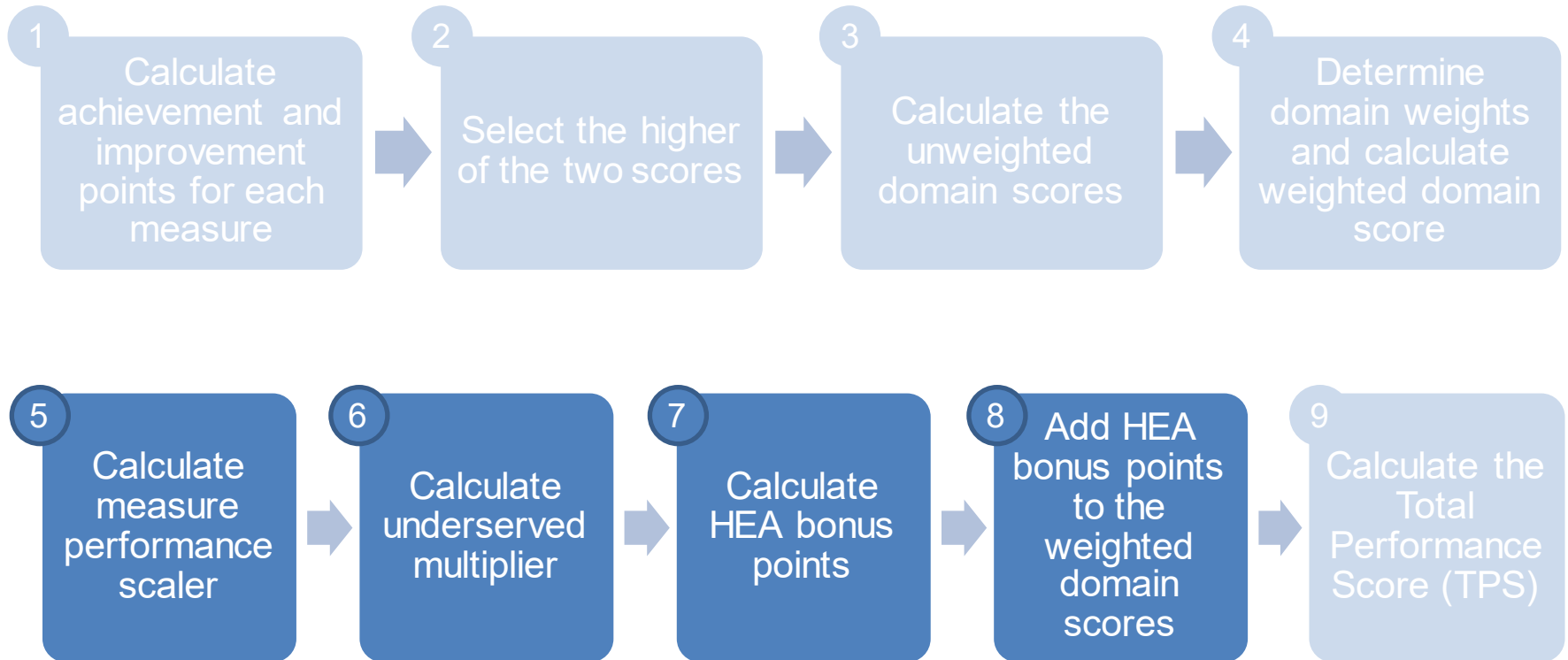
Why is CMS proposing this?

To award higher points for hospitals that (1) serve greater percentages of underserved populations, which are defined for the purpose of this proposal as patients who are dually eligible and (2) have higher quality performance

Current Hospital VBP Program Scoring Methodology



Proposed New Steps in the Scoring Methodology



FY 2024 Tables 16, 16A, and 16B

- Table 16 (Proxy Adjustment Factors)
 - Table 16 is based on FY 2021 Total Performance Scores.
 - Available on CMS.gov: <https://www.cms.gov/medicare/acute-inpatient-pps/fy-2021-ipp-pps-proposed-rule-home-page#Tables>
- Table 16A (Updated Proxy Adjustment Factors)
 - CMS intends to update Table 16 as Table 16A in the IPPS final rule to reflect changes based on more updated MedPAR data.
- Table 16B (Actual Incentive Payment Adjustment Factors)
 - After hospitals have been given an opportunity to review and correct their actual Total Performance Scores for FY 2024, CMS intends to display Table 16B in the fall of 2023.

Jennifer Tate, MPH, MLS(ASCP)^{CM}, Program Lead
HAC Reduction Program, QMVG, CCSQ, CMS

HAC Reduction Program

Summary of FY 2024 Proposals

- We propose two updates to the HAI validation process for the HAC Reduction Program:
 - Addition of a validation reconsideration process
 - Update the targeting criteria to include hospitals with a granted ECE that receive a failing validation score
- Note:** These proposals were covered earlier in the data validation section of this presentation.
- We request public comments on the potential adoption of six patient safety eCQMs in the HAC Reduction Program.

Request for Comment on Six Patient Safety eCQMs

- We are conducting a review of patient safety as part of our ongoing efforts to enhance the HAC Reduction Program.
- We seek public comment on whether to potentially adopt patient safety-focused eCQMs to promote further alignment across quality reporting and value-based purchasing programs.
 - Adoption of eCQMs in the HAC Reduction Program also supports the CMS Meaningful Measures 2.0 priority to move fully to digital quality measurement.

Request for Comment on Six Patient Safety eCQMs

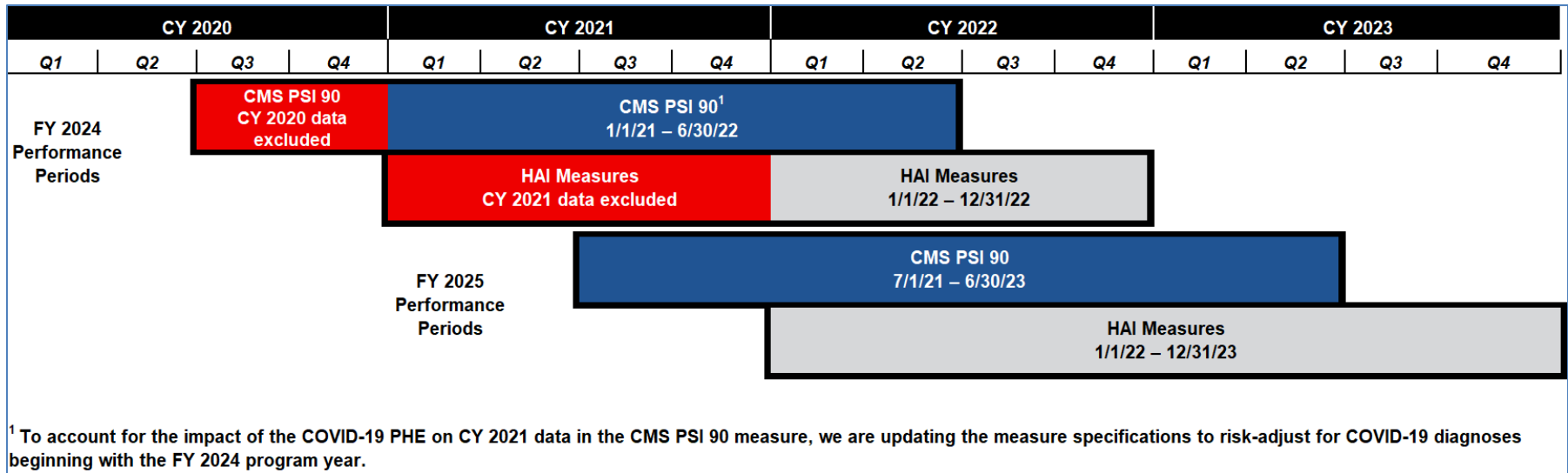
We invite public comment on the potential inclusion of the following six eCQMs in the HAC Reduction Program:

1. Hospital Harm–Opioid-Related Adverse Events eCQM
2. Hospital Harm–Severe Hypoglycemia eCQM
3. Hospital Harm–Severe Hyperglycemia eCQM
4. Hospital Harm–Acute Kidney Injury eCQM
5. Hospital Harm–Pressure Injury eCQM
6. Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computer Tomography in Adults eCQM

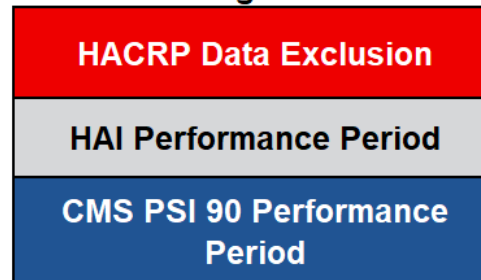
FY 2024 and FY 2025 Performance Periods

- CMS previously finalized that Q3 and Q4 2020 claims data will be excluded from future program calculations (86 FR 45301–45307).
- CMS previously finalized that CY 2021 HAI data will be excluded from the FY 2024 program year calculations (87 FR 49130–49132).
- These data exclusions result in abbreviated CMS PSI 90 and HAI measure performance periods for the FY 2024 program year.
 - The typical two-year performance periods will resume in the FY 2025 program year. (Refer to next slide)

FY 2024 and FY 2025 Performance Periods



Legend



HAC Reduction Program Resources

HAC Reduction Program Methodology and General Information:

- Medicare.gov website: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/HAC-Reduction-Program>
- QualityNet website: <https://qualitynet.cms.gov/inpatient/hac>

HAC Reduction Program General Inquiries:

- Quality Question and Answer Tool:
https://cmsqualitysupport.servicenowservices.com/qnet_qa
 - Navigate to the Ask a Question tab.
 - Under the Program list, select HACRP – Hospital-Acquired Condition Reduction Program.

Lang D. Le, MPP, Program Lead
HRRP, QMVG, CCSQ, CMS

Hospital Readmissions Reduction Program (HRRP)

HRRP

- There are no proposals or updates in this proposed rule for the Hospital Readmission Reduction Program.
- All previously finalized policies under this program will continue to apply.

HRRP Resources

HRRP General Program and Payment Adjustment Information:

- Medicare.gov website: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program>
- QualityNet website: <https://qualitynet.cms.gov/inpatient/hrrp>

HRRP Measure Methodology:

- QualityNet website: <https://qualitynet.cms.gov/inpatient/measures/readmission/methodology>

HRRP General Inquiries:

- Quality Question and Answer Tool: https://cmsqualitysupport.servicenowservices.com/qnet_ga
 - Navigate to the Ask a Question tab.
 - Under the Program list, select HRRP – Hospital Readmissions Reduction Program.

Donna Bullock, BSN, MPH, RN, Project Lead, Hospital IQR Program
Hospital Inpatient VIQR Outreach and Education Support Contractor

FY 2024 IPPS/LTCH PPS Proposed Rule Page Directory and Submission of Comments

FY 2024 IPPS/LTCH PPS Proposed Rule Page Directory

- Download the FY 2023 IPPS/LTCH PPS proposed rule from the *Federal Register*:
<https://www.federalregister.gov/documents/2023/05/01/2023-07389/medicare-program-proposed-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals>
- Details regarding various quality programs can be found on the pages listed below:
 - HRRP pp. 27024
 - Hospital VBP Program pp. 27024–27051
 - HAC Reduction Program pp. 27051–27055
 - Hospital IQR Program pp. 27078–27117
 - PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program pp. 27117–27138
 - Promoting Interoperability pp. 27155–27173

Commenting on the FY 2024 IPPS/LTCH PPS Proposed Rule

- CMS is accepting comments until 5:00 p.m. Eastern Daylight Time on **June 9, 2023**.
- Comments can be submitted via 3 methods*:
 - Electronically
 - Regular mail
 - Express or overnight mail
- CMS will respond to comments in the final rule, scheduled to be issued by August 1, 2023.

*Note: Please review the proposed rule for specific instructions for each method and submit using **only** one method.

Continuing Education Approval

This program has been approved for [continuing education credit](#) for the following boards:

- **National credit**
 - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
 - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
 - Board of Registered Nursing
 - Board of Nursing Home Administrators
 - Board of Dietetics and Nutrition Practice Council
 - Board of Pharmacy

Note: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

FY 2024 IPPS/LTCH PPS Proposed Rule
Overview for Hospital Quality Programs

Thank You

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FY 2024 IPPS/LTCH PPS Proposed Rule
Overview for Hospital Quality Programs

Appendix

FY 2024 IPPS/LTCH PPS Proposed Rule
Overview for Hospital Quality Programs

Hospital VBP Program FY 2024–2029 Measurement Periods

FY 2024

Measurement Periods

Domain	Baseline Period	Performance Period
Clinical Outcomes MORT-30-AMI, MORT-30=CABG, MORT-30-COPD, MORT-30-HF, MORT-30-PN	July 1, 2014–June 30, 2017	July 1, 2019–June 30, 2022**
COMP-HIP-KNEE	April 1, 2014–March 31, 2017	April 1, 2019–March 31, 2022**
Person and Community Engagement	January 1–December 31, 2019*	January 1–December 31, 2022
Safety	January 1–December 31, 2019*	January 1–December 31, 2022
Efficiency and Cost Reduction	January 1–December 31, 2019*	January 1–December 31, 2022

Notes:

*In the FY 2022 IPPS/LTCH PPS Final Rule, we finalized that these baseline periods would be January 1, 2019, through December 31, 2019 (86 FR 45284 through 45285).

**In response to the COVID-19 Public Health Emergency, CMS is not using claims data reflecting services provided January 1, 2020–June 30, 2020 (Q1 and Q2 2020) in its calculations for the Medicare quality reporting programs. The reporting periods for readmission, mortality, complication, payment, and Excess Days in Acute Care (EDAC) measures have been updated to reflect this policy. This change was finalized in FY 2022 IPPS/LTCH PPS Final Rule.

FY 2025

Measurement Periods

Domain	Baseline Period	Performance Period
Clinical Outcomes MORT-30-AMI, MORT-30-CABG, MORT-30-COPD, MORT-30-HF, MORT-30-PN	July 1, 2015–June 30, 2018	July 1, 2020–June 30, 2023
COMP-HIP-KNEE	April 1, 2015–March 31, 2018	April 1, 2020–March 31, 2023**
Person and Community Engagement	January 1–December 31, 2019*	January 1–December 31, 2023
Safety	January 1–December 31, 2019*	January 1–December 31, 2023
Efficiency and Cost Reduction	January 1–December 31, 2021	January 1–December 31, 2023

Notes:

*In the FY 2022 IPPS/LTCH PPS Final Rule, we finalized that these baseline periods would be January 1, 2019, through December 31, 2019 (86 FR 45284 through 45285).

**In response to the COVID-19 Public Health Emergency, CMS is not using claims data reflecting services provided January 1, 2020–June 30, 2020 (Q1 and Q2 2020) in its calculations for the Medicare quality reporting programs. The reporting periods for readmission, mortality, complication, payment, and EDAC measures have been updated to reflect this policy. This change was finalized in FY 2022 IPPS/LTCH PPS Final Rule.

FY 2026

Measurement Periods

Domain	Baseline Period	Performance Period
Clinical Outcomes MORT-30-AMI, MORT-30-CABG, MORT-30-COPD, MORT-30-HF, MORT-30-PN	July 1, 2016–June 30, 2019	July 1, 2021–June 30, 2024
COMP-HIP-KNEE	April 1, 2016–March 31, 2019	April 1, 2021–March 31, 2024
Person and Community Engagement	January 1–December 31, 2022	January 1–December 31, 2024
Safety	January 1–December 31, 2022	January 1–December 31, 2024
Efficiency and Cost Reduction	January 1–December 31, 2022	January 1–December 31, 2024

FY 2027

Measurement Periods

Domain	Baseline Period	Performance Period
Clinical Outcomes MORT-30-AMI, MORT-30-CABG, MORT-30-COPD, MORT-30-HF, MORT-30-PN	July 1, 2017–June 30, 2020**	July 1, 2022–June 30, 2025
COMP-HIP-KNEE	April 1, 2017–March 31, 2020**	April 1, 2022–March 31, 2025
Person and Community Engagement	January 1–December 31, 2023	January 1–December 31, 2025
Safety†	January 1–December 31, 2023	January 1–December 31, 2025
Efficiency and Cost Reduction	January 1–December 31, 2023	January 1–December 31, 2025

Notes:

**These baseline periods are impacted by the ECE granted by CMS on March 22, 2020. For more detailed information, we refer readers to the FY 2022 IPPS/LTCH PPS Final Rule (86 FR 45297 through 45299).

FY 2028

Measurement Periods

Domain	Baseline Period	Performance Period
Clinical Outcomes MORT-30-AMI, MORT-30-CABG, MORT-30-COPD, MORT-30-HF, MORT-30-PN	July 1, 2018–June 30, 2021**	July 1, 2023–June 30, 2026
COMP-HIP-KNEE	April 1, 2018–March 31, 2021**	April 1, 2023–March 31, 2026
Person and Community Engagement	January 1–December 31, 2024	January 1–December 31, 2026
Safety†	January 1–December 31, 2024	January 1–December 31, 2026
Efficiency and Cost Reduction	January 1–December 31, 2024	January 1–December 31, 2026

Notes:

**These baseline periods are impacted by the ECE granted by CMS on March 22, 2020. For more detailed information, we refer readers to the FY 2022 IPPS/LTCH PPS Final Rule (86 FR 45297 through 45299).

FY 2029

Measurement Periods

Domain	Baseline Period	Performance Period
Clinical Outcomes MORT-30-AMI, MORT-30-CABG, MORT-30-COPD, MORT-30-HF, MORT-30-PN	July 1, 2019–June 30, 2022**	July 1, 2024–June 30, 2027
COMP-HIP-KNEE	April 1, 2019–March 31, 2022**	April 1, 2024–March 31, 2027
Person and Community Engagement	January 1–December 31, 2025	January 1–December 31, 2027
Safety†	January 1–December 31, 2025	January 1–December 31, 2027
Efficiency and Cost Reduction	January 1–December 31, 2025	January 1–December 31, 2027

**In response to the COVID-19 Public Health Emergency, CMS is not using claims data reflecting services provided January 1, 2020–June 30, 2020 (Q1 and Q2 2020) in its calculations for the Medicare quality reporting programs. The reporting periods for readmission, mortality, complication, payment, and EDAC measures have been updated to reflect this policy. This change was finalized in FY 2022 IPPS/LTCH PPS Final Rule.

FY 2024 IPPS/LTCH PPS Proposed Rule
Overview for Hospital Quality Programs

Hospital Quality Reporting FY 2024–2028 Summary of Measures

Claims-Based Coordination of Care Measures (Excess Days in Acute Care)

Measure ID	Measure Name	Hospital IQR Program				
		Fiscal Year				
		24	25	26	27	28
AMI Excess Days	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	✓	✓	✓	✓	✓
HF Excess Days	Excess Days in Acute Care after Hospitalization for Heart Failure	✓	✓	✓	✓	✓
PN Excess Days	Excess Days in Acute Care after Hospitalization for Pneumonia	✓	✓	✓	✓	✓

Claims-Based Coordination of Care Measures (Readmission)

Measure ID	Measure Name	Hospital IQR Program					HRRP				
		Fiscal Year					Fiscal Year				
		24	25	26	27	28	24	25	26	27	28
READM-30-AMI	Hospital 30-Day, All-Cause Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction Hospitalization						✓	✓	✓	✓	✓
READM-30-PN	Hospital 30-Day, All-Cause RSRR Following Pneumonia Hospitalization						✓	✓	✓	✓	✓
READM-30-THATKA	Hospital 30-Day, All-Cause RSRR Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty						✓	✓	✓	✓	✓
READM-30-HWR	Hospital-wide All-Cause Unplanned Readmission Measure	✓	✓	✓							
READM-30-COPD	Hospital 30-Day, All-Cause RSRR Following Chronic Obstructive Pulmonary Disease Hospitalization						✓	✓	✓	✓	✓
READM-30-CABG	Hospital 30-Day, All-Cause RSRR Following Coronary Artery Bypass Graft Surgery						✓	✓	✓	✓	✓
READM-30-HF	Hospital 30-Day, All-Cause RSRR Following Heart Failure Hospitalization						✓	✓	✓	✓	✓

Claims-Based Mortality/ Complication Measures

Measure ID	Measure Name	Hospital IQR Program					Hospital VBP Program				
		Fiscal Year					Fiscal Year				
		24	25	26	27	28	24	25	26	27	28
MORT-30-AMI	Hospital 30-Day, All-Cause Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction Hospitalization						✓	✓	✓	✓	✓
MORT-30-HF	Hospital 30-Day, All-Cause RSMR Following Heart Failure Hospitalization						✓	✓	✓	✓	✓
MORT-30-PN	Hospital 30-Day, All-Cause RSMR Following Pneumonia Hospitalization						✓	✓	✓	✓	✓
MORT-30-COPD	Hospital 30-Day, All-Cause RSMR Following Chronic Obstructive Pulmonary Disease Hospitalization						✓	✓	✓	✓	✓
MORT-30-STK	Hospital 30-Day, All-Cause RSRR Following Acute Ischemic Stroke	✓	✓	✓	✓	✓					
MORT-30-CABG	Hospital 30-Day, All-Cause RSMR Following Coronary Artery Bypass Graft Surgery						✓	✓	✓	✓	✓

Claims-Based Patient Complication/Safety Measures

Measure ID	Measure Name	Hospital IQR Program					Hospital VBP Program					HAC Reduction Program				
		Fiscal Year					Fiscal Year					Fiscal Year				
		24	25	26	27	28	24	25	26	27	28	24	25	26	27	28
COMP-HIP-KNEE	Hospital-Level Risk-Standardized Complication Rate Following Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
CMS PSI 04	CMS Death Rate among Surgical Inpatients with Serious Treatable Complications	✓	✓	✓	✓	✓										
CMS PSI 90	CMS Patient Safety and Adverse Events Composite											✓	✓	✓	✓	✓

Claims-Based Efficiency and Payment Measures

Measure ID	Measure Name	Hospital IQR Program					Hospital VBP Program				
		Fiscal Year					Fiscal Year				
		24	25	26	27	28	24	25	26	27	28
MSPB	Medicare Spending Per Beneficiary - Hospital	✓	✓	✓	✓		✓	✓	✓	✓	✓
AMI Payment	Hospital-Level, Risk-Standardized Payment (RSP) Associated with a 30-Day Episode of Care for Acute Myocardial Infarction	✓	✓	✓	✓	✓					
HF Payment	Hospital-Level, RSP Associated with a 30-Day Episode of Care for Heart Failure	✓	✓	✓	✓	✓					
PN Payment	Hospital-Level, RSP Associated with a 30-Day Episode of Care for Pneumonia	✓	✓	✓	✓	✓					
THA/TKA Payment	Hospital-Level, RSP Associated with a 30-Day Episode of Care for Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty		✓	✓	✓	✓					

Clinical Process of Care Measures (via Chart Abstraction)

Measure ID	Measure Name	Hospital IQR Program				
		Fiscal Year				
		24	25	26	27	28
PC-01*	Elective Delivery	✓	✓			
Sepsis	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	✓	✓	✓	✓	✓

* Proposal to remove beginning with FY 2026

Electronic Clinical Quality Measures (eCQMs)

Measure ID	Measure Name	Hospital IQR Program					Promoting Interoperability				
		Fiscal Year					Fiscal Year				
		24	25	26	27	28	24	25	26	27	28
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	✓	✓				✓	✓			
PC-05	Exclusive Breast Milk Feeding	✓	✓				✓	✓			
Safe Use of Opioids	Safe Use of Opioids—Current Prescribing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
STK-02	Discharged on Antithrombotic Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
STK-05	Antithrombotic Therapy by the End of Hospital Day Two	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
STK-06	Discharged on Statin Medication	✓	✓				✓	✓			

Electronic Clinical Quality Measures (eCQMs) (continued)

Measure ID	Measure Name	Hospital IQR Program					Promoting Interoperability				
		Fiscal Year					Fiscal Year				
		24	25	26	27	28	24	25	26	27	28
VTE-1	Venous Thromboembolism Prophylaxis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HH-01	Hospital Harm—Severe Hypoglycemia Measure		✓	✓	✓	✓		✓	✓	✓	✓
HH-02	Hospital Harm—Severe Hyperglycemia Measure		✓	✓	✓	✓		✓	✓	✓	✓
ePC-02	Cesarean Birth		✓	✓	✓	✓		✓	✓	✓	✓
ePC-07	Severe Obstetric Complications		✓	✓	✓	✓		✓	✓	✓	✓

Electronic Clinical Quality Measures (eCQMs) (continued)

Measure ID	Measure Name	Hospital IQR Program					Promoting Interoperability				
		Fiscal Year					Fiscal Year				
		24	25	26	27	28	24	25	26	27	28
HH-ORAE	Hospital-Harm—Opioid Related Adverse Events			✓	✓	✓			✓	✓	✓
GMCS	Global Malnutrition Composite Score			✓	✓	✓			✓	✓	✓
HH-PI*	Hospital Harm—Pressure Injury				✓	✓				✓	✓
HH-AKI*	Hospital Harm—Acute Kidney Injury				✓	✓				✓	✓
ExRad*	Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults				✓	✓				✓	✓

* Proposed beginning FY 2027

Hybrid Measures

Measure ID	Measure Name	Hospital IQR Program				
		Fiscal Year				
		24	25	26	27	28
Hybrid HWR	Hybrid Hospital-Wide All-Cause Readmission Measure (HWR)	✓	✓	✓	✓	✓
Hybrid HWM	Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure (HWM)		✓	✓	✓	✓

National Healthcare Safety Network Measures

Measure ID	Measure Name	Hospital IQR Program				
		Fiscal Year				
		24	25	26	27	28
HCP Influenza Vaccination	Influenza Vaccination Coverage Among Healthcare Personnel	✓	✓	✓	✓	✓
HCP COVID-19 Vaccination*	COVID-19 Vaccination Coverage Among Health Care Personnel	✓	✓	✓	✓	✓

*Proposing to revise the measure beginning with FY 2028

Structural Measures

Measure ID	Measure Name	Hospital IQR Program				
		Fiscal Year				
		23	24	25	26	27
Maternal Morbidity	Maternal Morbidity Structural Measure	✓	✓	✓	✓	✓
HCHE	Hospital Commitment to Health Equity		✓	✓	✓	✓

Patient-Reported Outcome Performance Measures

Measure ID	Measure Name	Hospital IQR Program				
		Fiscal Year				
		24	25	26	27	28
THA/TKA PRO-PM*	Hospital-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty Patient Reported Outcome-Based Performance Measure (PRO-PM)			✓	✓	✓

* Voluntary for FY 2026 and 2027 and mandatory with FY 2028

Process Measures

Measure ID	Measure Name	Hospital IQR Program				
		Fiscal Year				
		24	25	26	27	28
SDOH-1*	Screening for Social Drivers of Health		✓	✓	✓	✓
SDOH-2*	Screen Positive Rate for Social Drivers of Health		✓	✓	✓	✓

*Voluntary beginning FY 2025 and mandatory with FY 2026

HAI Measures

Measure ID	Measure Name	Hospital VBP					HAC Reduction				
		Fiscal Year					Fiscal Year				
		24	25	26	27	28	24	25	26	27	28
CLABSI	NHSN Central Line-Associated Bloodstream Infection Outcome	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CAUTI	NHSN Catheter-Associated Urinary Tract Infection Outcome	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Colon and Abdominal Hysterectomy SSI	ACS-CDC Harmonized Procedure Specific Surgical Site Infection Outcome (Colon Procedures and Abdominal Hysterectomy Procedures)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MRSA	NHSN Facility-Wide Inpatient Hospital-onset Methicillin-Resistant <i>Staphylococcus aureus</i> Bacteremia Outcome	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CDI	NHSN Facility-Wide Inpatient Hospital-onset <i>Clostridioides difficile</i> Infection Outcome	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Patient Experience of Care Survey Measures

Measure ID	Measure Name	Hospital IQR Program					Hospital VBP Program				
		Fiscal Year					Fiscal Year				
		24	25	26	27	28	24	25	26	27	28
HCAHPS*	Hospital Consumer Assessment of Healthcare Providers and Systems survey	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓