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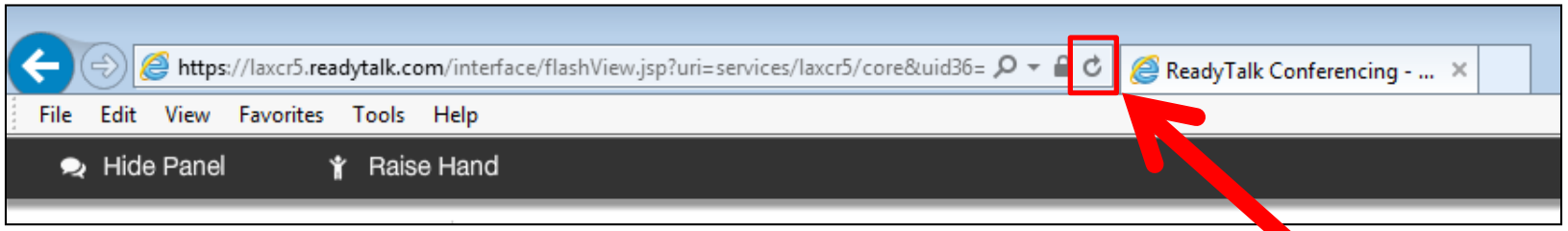

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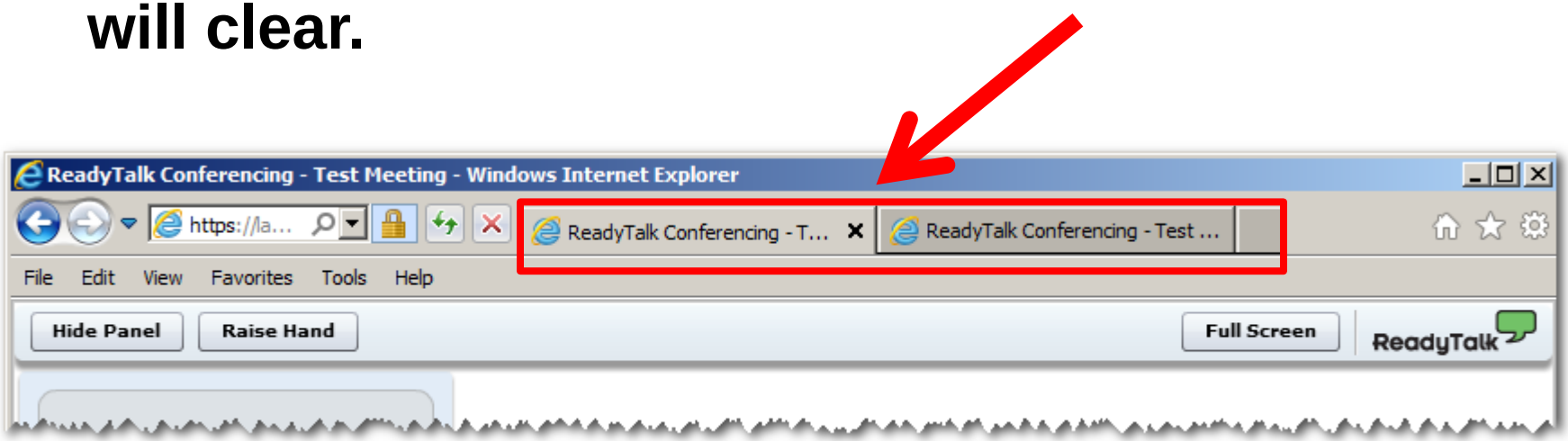

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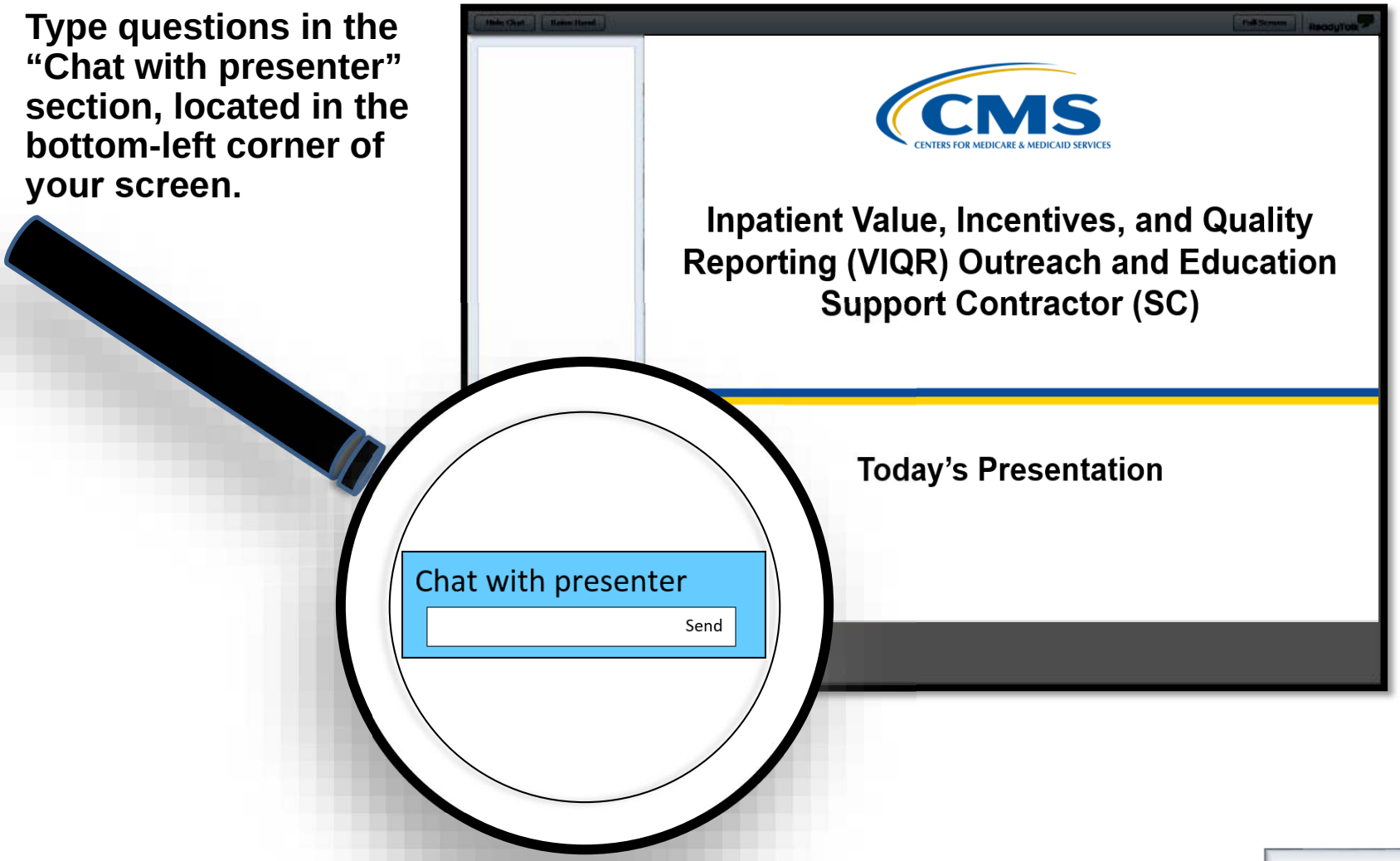

FY 2020 IPPS/LTCH PPS Final Rule Overview for Hospital Quality Programs

September 11, 2019

Speakers

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Hospital Inpatient Quality Reporting (IQR) Program and Hospital Value-Based Purchasing (VBP) Program, Quality Measurement and Value-Based Incentives Group (QMVIG), Center for Clinical Standards and Quality (CCSQ), CMS

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Program Lead, Hospital Readmissions Reduction Program (HRRP)
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Moderator

Candace Jackson, RN
Project Lead, Hospital IQR Program
Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

Purpose

This presentation will provide an overview of the Fiscal Year (FY) 2020 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) Final Rule as it relates to the following:

- Hospital IQR Program
- Hospital VBP Program
- HAC Reduction Program
- Hospital Readmissions Reduction Program (HRRP)

Objectives

Participants will be able to:

- Locate the FY 2020 IPPS/LTCH PPS Final Rule text.
- Identify program changes within the FY 2020 IPPS/LTCH PPS Final Rule.

Acronyms and Abbreviations

ACSP	American College of Surgeons	HAC	hospital-acquired condition	PCI	percutaneous coronary intervention
AMI	Acute myocardial infarction	HAI	healthcare-associated infection	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
CABG	coronary artery bypass graft	HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	PN	pneumonia
CAC	Children's Asthma Care	HF	heart failure	PPS	prospective payment system
CAUTI	Catheter-associated Urinary Tract Infection	HRR	Hospital Readmissions Reduction	PSI	Patient Safety Indicator
CCSQ	Center for Clinical Standards and Quality	HRRP	Hospital Readmissions Reduction Program	Q	quarter
CDC	Centers for Disease Control and Prevention	HSR	hospital-specific report	QMVIG	Quality Measurement and Value-Based Incentives Group
CDI	*Clostridium difficile* Infection	HWR	Hospital-Wide Readmission	QRDA	Quality Reporting Document Architecture
CE	continuing education	IMM	Immunization	QRP	Quality Reporting Program
CFR	Code of Federal Regulations	IPPS	inpatient prospective payment system	READM	readmission
CLABSI	Central Line-associated Bloodstream Infection	IQR	Inpatient Quality Reporting	RSCR	Risk-Standardized Complication Rate
CMS	Centers for Medicare & Medicaid Services	LTCH	Long-Term Care Hospital	RSMR	Risk-Standardized Mortality Rate
COPD	chronic obstructive pulmonary disease	MDH	Medicare Dependent Hospitals	RSRR	Risk-Standardized Readmission Rate
CQM	clinical quality measure	MedPAR	Medicare Provider and Analysis Review	SC	support contractor
CY	Calendar Year	MMA	Medicare Modernization Act	SFusion	spinal fusion
DRG	diagnosis-related group	MORT	mortality	STK	stroke
eCQI		MRSA	Methicillin-resistant *Staphylococcus aureus*	SSI	surgical site infection
eCQM	electronic clinical quality measure	MSPB	Medicare Spending per Beneficiary	THA	Total Hip Arthroplasty
ED	emergency department	NHSN	National Healthcare Safety Network	TKA	Total Knee Arthroplasty
EDHI		NQF	National Quality Forum	TPS	Total Performance Score
EHR	electronic health record	ONC	Office of the National Coordinator for Health Information Technology	VBP	Value-Based Purchasing
ERR	Excess Readmission Ratio	ORAE	opioid related adverse event	VIQR	Value, Incentives, and Quality Reporting
FFS	fee-for-service	PC	Perinatal Care	VTE	venous thromboembolism
FY	Fiscal Year				

Grace H. Snyder, JD, MPH
Program Lead, Hospital IQR Program and Hospital VBP Program
QMVIG, CCSQ, CMS

Hospital IQR Program

Finalized Overview of Hospital IQR Program Changes

- Adoption of one new electronic clinical quality measure (eCQM) to the eCQM measure set
- eCQM reporting requirements for the Calendar Year (CY) 2020 through CY 2022 reporting periods
- Adoption of the Hybrid Hospital-Wide Readmission (HWR) measure in a stepwise manner with two years of voluntary reporting, followed by mandatory reporting of the measure
- Removal of the claims-based version of the HWR measure when the hybrid version of the measure becomes mandatory

Finalized Adoption of Safe Use of Opioids eCQM

- Finalized adoption of the Safe Use of Opioids—Concurrent Prescribing eCQM to the eCQM measure set, beginning with the CY 2021 reporting period/FY 2023 payment determination.
  - **Focuses on the proportion of patients aged 18 and older who are prescribed two or more opioids or an opioid and benzodiazepine concurrently at discharge**
- **Note:** Measure specification clarified to only include *inpatient* hospitalizations, including emergency department and observation stay patients who are admitted; available on the eCQI Resource Center at:

  https://protect2.fireeye.com/url?k=9130a5dd-cd648cf6-913094e2-0cc47a6d17cc-9e9e8a8b0a353da6&u=https://protect2.fireeye.com/url?k=da0206c9-86570f19-da0237f6-0cc47a6a52de-6cceb1112185a59b&u=https://ecqi.healthit.gov/pre-rulemaking-eh-cah-ecqms
- This measure has also been adopted for the Promoting Interoperability Programs for Eligible Hospitals and Critical Access Hospitals.

Not Finalized: Opioid-Related Adverse Events eCQM

- CMS did not finalize its proposal to add the Hospital Harm—Opioid-Related Adverse Events eCQM.
- This measure was not finalized for adoption by the Promoting Interoperability Programs for Eligible Hospitals and Critical Access Hospitals.
- Stakeholders' comments and feedback on the measure will be taken into consideration in assessing future changes to the measure.

Form, Manner, and Timing of eCQM Data Submission

CMS finalized the following eCQM reporting and submission requirements:

- For CY 2020 reporting period/FY 2022 payment determination, extend current requirements (i.e., report one, self-selected calendar quarter of data (i.e., 1Q, 2Q, 3Q, or 4Q) on four of the available eCQMs in the eCQM measure set).
- For CY 2021 reporting period/FY 2023 payment determination, extend current requirements as described above.

Form, Manner, and Timing of eCQM Data Submission

- For CY 2022 reporting period/FY 2024 payment determination, extend current requirements with the following modification:
  - Report one, self-selected calendar quarter of data for:
    - Three, self-selected eCQMs; and
    - Safe Use of Opioids–Concurrent Prescribing eCQM

Note: Meeting the Hospital IQR Program eCQM reporting requirement also satisfies the clinical quality measure (CQM) electronic reporting requirement for the Medicare Promoting Interoperability Program (previously known as the Medicare Electronic Health Record (EHR) Incentive Program).

Form, Manner, and Timing of eCQM Data Submission

- Submission deadline is end of two months following the close of the calendar year (or next business day if deadline falls on a weekend or federal holiday).
- Zero denominator declaration and/or case threshold exemption is available for hospitals with EHRs capable of reporting eCQMs, but without enough patients who meet the denominator criteria.
- Technical requirements include the following:
  - EHR technology certified to the 2015 Edition (Office of the National Coordinator for Health Information Technology (ONC) certification standards)
  - EHRs certified to all available eCQMs
  - eCQM specifications published in CMS' eCQM Annual Update and related addenda for the applicable reporting year, available on the eCQI Resource Center website at: https://ecqi.healthit.gov/eh
  - Quality Reporting Document Architecture (QRDA) Category I file format, using the CMS QRDA Category I Implementation Guide for the applicable reporting year, available at: https://ecqi.healthit.gov/qrda

eCQM Measure Set: CY 2020 Reporting Period (FY 2022 Payment Determination)

ED-2 Median Admit Decision Time to ED Departure Time for Admitted Patients	**PC-05** Exclusive Breast Milk Feeding	**STK-02** Discharged on Antithrombotic Therapy	**STK-03** Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-05 Antithrombotic Therapy By End of Hospital Day 2	**STK-06** Discharged on Statin Medication	**VTE-1** Venous Thromboembolism Prophylaxis	**VTE-2** Intensive Care Unit Venous Thromboembolism Prophylaxis

eCQM Measure Set: CY 2021 Reporting Period (FY 2023 Payment Determination)

ED-2 Median Admit Decision Time to ED Departure Time for Admitted Patients	**PC-05** Exclusive Breast Milk Feeding	**STK-02** Discharged on Antithrombotic Therapy	**STK-03** Anticoagulation Therapy for Atrial Fibrillation/Flutter	**STK-05** Antithrombotic Therapy By End of Hospital Day 2
STK-06 Discharged on Statin Medication	**VTE-1** Venous Thromboembolism Prophylaxis	**VTE-2** Intensive Care Unit Venous Thromboembolism Prophylaxis	**Safe Use of Opioids*** Safe Use of Opioids–Concurrent Prescribing **All hospitals required to report beginning with the CY 2022 reporting period (FY 2024 payment determination).*	

Finalized Adoption of Hybrid HWR Measure

Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data (NQF #2879)

- The measure focuses on unplanned readmissions that arise from acute clinical events requiring rehospitalization within 30 days of discharge.
- Planned readmissions, which are generally not signals of care quality, are not considered readmissions in the measure outcome.
- All unplanned readmissions are considered an outcome, regardless of cause.
- Hybrid measures are being developed in response to stakeholder feedback, encouraging the use of clinical data in outcome measures and to increase the use of EHR data in quality measurement.
- Measure methodology of the Hybrid HWR measure aligns with the claims-based HWR measure currently used in the Hospital IQR Program, with the difference that the hybrid measure uses clinical data from EHRs as part of the risk adjustment.

Finalized Adoption of Hybrid HWR Measure

Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data (NQF #2879)

- CMS has access to the claims-based data.
- Hospitals would submit the following data from their certified EHRs for at least 90 percent of their Medicare fee-for-service (FFS) patients aged 65 and older, using QRDA Category I files for reporting to CMS:
  - **13** core clinical data elements:
    - **Six** vital signs (heart rate, respiratory rate, temperature, systolic blood pressure, oxygen saturation, weight)
    - **Seven** laboratory test results (hematocrit, white blood cell count, sodium, potassium, bicarbonate, creatinine, glucose)
  - **Six** linking variables to match the EHR data to the CMS claims data (CMS Certification Number, Health Insurance Claim Number or Medicare Beneficiary Identifier, date of birth, sex, admission date, discharge date)
- CMS merges the EHR data elements with the claims data and calculates the 30-day risk-standardized readmission rate.

Finalized Adoption of Hybrid HWR Measure

The rule finalized the following Implementation Steps:

1. Two voluntary reporting periods
   - July 1, 2021 through June 30, 2022
     - Submission deadline is the first business day three months following the end of the applicable reporting period (e.g., submit data by September 30, 2022).
   - July 1, 2022 through June 30, 2023
     - Submit data by October 2, 2023
   - Reporting periods include four quarters of data
2. Mandatory reporting
   - Starting with the July 1, 2023 through June 30, 2024 reporting period
     - Impacting FY 2026 payment determination, and for subsequent years

Public Reporting of the Hybrid HWR Measure

- Data will not be publicly reported during the two voluntary reporting periods.
- CMS will begin the public reporting of the Hybrid HWR measure results beginning with data collected from the July 1, 2023 through June 30, 2024 reporting period.
- CMS anticipates data to be included in the July 2025 refresh of the *Hospital Compare* website.

Finalized Measure Removal

Claims-Based Hospital-Wide All-Cause Unplanned Readmission Measure (NQF #1789)

- In connection with the adoption of the Hybrid HWR measure, CMS will remove the claims-based HWR measure.
- The claims-based HWR measure will be replaced when the Hybrid HWR measure becomes mandatory, with the July 1, 2023 through June 30, 2024 reporting period, impacting the FY 2026 payment determination and for subsequent years.
- Hybrid HWR measure provides substantive improvement over the claims-based version by including clinical variables in the risk adjustment, which come from the very start of the inpatient stay and improve face validity of the measure.

Potential Inclusion of New Quality Measures

- CMS invited public comment on the possible inclusion of the following three eCQMs for the Hospital IQR and the Promoting Interoperability Programs:
  - Hospital Harm – Severe Hypoglycemia
  - Hospital Harm – Pressure Injury
  - Cesarean Birth (PC-02) (NQF #0471e)
- We thank commenters and will consider their views as we develop future policy regarding the use of these measures.
- A summary of public comments can be viewed in the FY 2020 IPPS/LTCH Final Rule.

Accounting for Social Risk Factors: Confidential Reporting of Stratified Data

- Update was provided on expanding efforts to provide confidential disparity results to hospitals for additional outcome measures.
- In the spring of 2020, CMS plans to include disparity results by patients' dual eligible status in hospital-specific reports (HSRs) for five additional claims-based readmission measures for the following:
  - Acute myocardial infarction (AMI)
  - Coronary artery bypass graft (CABG)
  - Chronic obstructive pulmonary disease (COPD)
  - Heart failure (HF)
  - Total Hip Arthroplasty/Total Knee Arthroplasty (THA/TKA)

Grace H. Snyder, JD, MPH
Program Lead, Hospital IQR Program and Hospital VBP Program
QMVIG, CCSQ, CMS

Hospital VBP Program

FY 2020 Estimated Funds for Hospital VBP Program

- Under section 1886(o)(7)(C)(v) of the Social Security Act, the applicable percent withhold for FY 2020 is **2.00** percent.
- The estimated total amount available for value-based incentive payments to hospitals paid under the IPPS for FY 2020 is approximately **$1.9 billion**.

FY 2020 Tables 16, 16A, and 16B

- Table 16 (Proxy Adjustment Factors) was based on Total Performance Scores (TPSs) from FY 2019.
- Table 16A (Updated Proxy Adjustment Factors):
  - CMS updated Table 16 as Table 16A in the FY 2020 IPPS/LTCH PPS Final Rule to reflect changes based on more updated MedPAR data.
  - Table 16A is based on TPSs from FY 2019.
  - Table 16A is available on CMS.gov at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2020-IPPS-Final-Rule-Home-Page-Items/FY2020-IPPS-Final-Rule-Tables.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending
- Table 16B (Actual Incentive Payment Adjustment Factors):
  - After hospitals have been given an opportunity to review and correct their actual TPSs for FY 2020, CMS intends to display Table 16B in the fall of 2019.

Administrative Policies for NHSN HAI Measure Data

- CMS finalized that the Hospital VBP Program will use the same data to calculate the National Healthcare Safety Network (NHSN) healthcare-associated infection (HAI) measures that the Hospital-Acquired Condition (HAC) Reduction Program will collect and use for purposes of calculating the HAI measures under that program.
- Begins January 1, 2020 for CY 2020 data collection, which will apply to the Hospital VBP Program starting with data for the FY 2022 program year performance period.
- Hospitals will continue to submit HAI data to the Centers for Disease Control and Prevention's (CDC's) NHSN for use of the HAI data in both the HAC Reduction and Hospital VBP Programs.

FY 2022
Domains and Measures

Safety

CAUTI: Catheter-associated Urinary Tract Infection
CDI: *Clostridium difficile* Infection
CLABSI: Central Line-associated Bloodstream Infection
MRSA: Methicillin-resistant *Staphylococcus aureus Bacteremia*
SSI: Surgical Site Infection – Colon Surgery and Abdominal Hysterectomy

Clinical Outcomes

MORT-30-AMI: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization
MORT-30-CABG*: Hospital 30-Day RSMR Following Coronary Artery Bypass Graft (CABG) Surgery
MORT-30-COPD: Hospital 30-Day, All-Cause, RSMR Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
MORT-30-HF: Hospital 30-Day, All-Cause, RSMR Following Heart Failure (HF) Hospitalization
MORT-30-PN: Hospital 30-Day, All-Cause, RSMR Following Pneumonia (PN) Hospitalization (updated cohort)
COMP-HIP-KNEE: Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

Person and Community Engagement

HCAHPS Survey Dimensions
Communication with Nurses
Communication with Doctors
Responsiveness of Hospital Staff
Communication about Medicines
Cleanliness and Quietness of Hospital Environment
Discharge Information
Care Transition
Overall Rating of Hospital

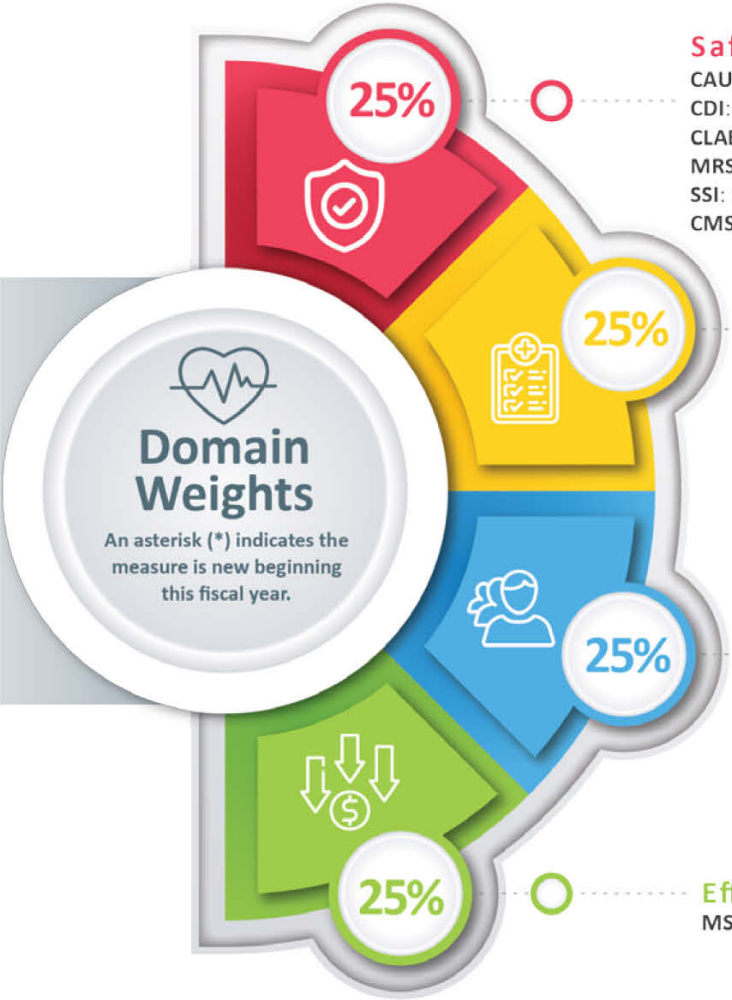
Efficiency and Cost Reduction

MSPB: Medicare Spending per Beneficiary

FY 2022 Measurement Periods

Domain	Baseline Period	Performance Period
Clinical Outcomes • MORT-30-AMI, MORT-30-CABG, MORT-30-COPD, MORT-30-HF • MORT-30-PN (Updated Cohort) • COMP-HIP-KNEE	July 1, 2012–June 30, 2015 July 1, 2012–June 30, 2015 April 1, 2012–March 31, 2015	July 1, 2017–June 30, 2020 September 1, 2017–June 30, 2020 April 1, 2017–March 31, 2020
Person and Community Engagement	January 1–December 31, 2018	January 1–December 31, 2020
Safety (HAI Measures)	January 1–December 31, 2018	January 1–December 31, 2020
Efficiency and Cost Reduction	January 1–December 31, 2018	January 1–December 31, 2020

FY 2023–2025
Domains and Measures



Safety

CAUTI: Catheter-associated Urinary Tract Infection
CDI: *Clostridium difficile* Infection
CLABSI: Central Line-associated Bloodstream Infection
MRSA: Methicillin-resistant *Staphylococcus aureus Bacteremia*
SSI: Surgical Site Infection – Colon Surgery and Abdominal Hysterectomy
CMS PSI 90*: Patient Safety and Adverse Events Composite

Clinical Outcomes

MORT-30-AMI: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization
MORT-30-CABG: Hospital 30-Day RSMR Following Coronary Artery Bypass Graft (CABG) Surgery
MORT-30-COPD: Hospital 30-Day, All-Cause, RSMR Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
MORT-30-HF: Hospital 30-Day, All-Cause, RSMR Following Heart Failure (HF) Hospitalization
MORT-30-PN: Hospital 30-Day, All-Cause, RSMR Following Pneumonia (PN) Hospitalization (updated cohort)
COMP-HIP-KNEE: Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

Person and Community Engagement

HCAHPS Survey Dimensions
Communication with Nurses
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Responsiveness of Hospital Staff
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Cleanliness and Quietness of Hospital Environment
Discharge Information
Care Transition
Overall Rating of Hospital

Efficiency and Cost Reduction

MSPB: Medicare Spending per Beneficiary

FY 2023
Measurement Periods

Domain	Baseline Period	Performance Period
Clinical Outcomes • MORT-30-AMI, MORT-30-CABG, MORT-30-COPD, MORT-30-HF, MORT-30-PN (Updated Cohort) • COMP-HIP-KNEE	July 1, 2013–June 30, 2016 April 1, 2013–March 31, 2016	July 1, 2018–June 30, 2021 April 1, 2018–March 31, 2021
Person and Community Engagement	January 1–December 31, 2019	January 1–December 31, 2021
Safety • HAI Measures • CMS PSI 90	January 1–December 31, 2019 October 1, 2015–June 30, 2017	January 1–December 31, 2021 July 1, 2019–June 30, 2021
Efficiency and Cost Reduction	January 1–December 31, 2019	January 1–December 31, 2021

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 (Updated Cohort) • COMP-HIP-KNEE	July 1, 2014–June 30, 2017 April 1, 2014–March 31, 2017	July 1, 2019–June 30, 2022 April 1, 2019–March 31, 2022
Person and Community Engagement	January 1–December 31, 2020	January 1–December 31, 2022
Safety • HAI Measures • CMS PSI 90	January 1–December 31, 2020 July 1, 2016–June 30, 2018	January 1–December 31, 2022 July 1, 2020–June 30, 2022
Efficiency and Cost Reduction	January 1–December 31, 2020	January 1–December 31, 2022

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 (Updated Cohort) • COMP-HIP-KNEE	July 1, 2015–June 30, 2018 April 1, 2015–March 31, 2018	July 1, 2020–June 30, 2023 April 1, 2020–March 31, 2023
Person and Community Engagement	January 1–December 31, 2021	January 1–December 31, 2023
Safety • HAI Measures • CMS PSI 90	January 1–December 31, 2021 July 1, 2017–June 30, 2019	January 1–December 31, 2023 July 1, 2021–June 30, 2023
Efficiency and Cost Reduction	January 1–December 31, 2021	January 1–December 31, 2023

Michael Brea, MBA
Program Lead, HAC Reduction Program, QMVIG, CCSQ, CMS

HAC Reduction Program

Summary of FY 2020 Final Rule Updates

In the FY 2020 IPPS/LTCH PPS Final Rule, CMS finalized:

1. Adoption of a measure removal policy that aligns with the removal factor policies previously adopted in other quality reporting and quality payment programs.
2. Policies for validation of the CDC NHSN HAI measures.
3. Adoption of the data collection periods for the FY 2022 program year.

Measure Removal Policy for HAC Reduction Program

Factor Number	Removal Factor Description
1	Measure performance among hospitals is so high and unvarying that meaningful distinctions and improvements in performance can no longer be made. (topped-out measures)
2	Measure does not align with current clinical guidelines or practice.
3	Measure can be replaced by a more broadly applicable measure (across settings or populations) or a measure that is more proximal in time to desired patient outcomes for the particular topic.
4	Measure performance or improvement does not result in better patient outcomes.
5	Measure can be replaced by a measure that is more strongly associated with desired patient outcomes for the particular topic.
6	Measure collection or public reporting leads to negative unintended consequences other than patient harm.
7	Measure is not feasible to be implemented as specified.
8	The costs associated with a measure outweigh the benefit of its continued use in the program.

Finalized Changes to Validation Selection Methodology

CMS finalized our proposal to change the number of hospitals selected for targeted HAI validation from exactly “200” to “up to 200” to allow us to only select hospitals that meet the targeting criteria.

Finalized Changes to Validation Selection Methodology

- CMS clarified our selection process for both the random and targeted sample of hospitals subject to HAC Reduction Program validation.
- The pool of 400 hospitals will be selected randomly and validated for both the CDC NHSN HAI measures for the HAC Reduction Program and the Hospital IQR Program's chart-abstracted measures.
- The HAC Reduction Program will include all hospitals. The Hospital IQR Program will remove any hospital without an active notice of participation in the Hospital IQR Program.

Finalized Validation Filtering Method

- CMS finalized the proposed CLABSI and CAUTI validation filtering methodology to remove cases in which all positive blood or urine cultures were collected during the first or second day following admission.
- CMS estimates that implementing the filtering method will help us better understand the overreporting and underreporting of such events.

FY 2022
Applicable Period

Measures	Performance Period
CMS PSI 90	July 1, 2018 – June 30, 2020
CDC NHSN HAI • CLABSI • CAUTI • SSI • MRSA • CDI	January 1, 2019 – December 31, 2020

HAC Reduction Program Resources

- **HAC Reduction Program General Information on *QualityNet***

  www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228774189166

- **HAC Reduction Program Scoring Methodology on *QualityNet***

  https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228774298601

- **HAC Reduction Program General Information on CMS.gov**

  https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/HAC-Reduction-Program.html

- **Stakeholder Questions**
  - Email: hacrp@lantanagroup.com
  - Email the Hospital Inpatient Q&A Tool: https://cms-ip.custhelp.com/

Erin Patton, MPH, CHES
Program Lead, HRRP, QMVIG, CCSQ, CMS

Hospital Readmissions Reduction Program (HRRP)

Summary of FY 2020 Final Rule Updates

- Applicable period for FY 2022
- Adoption of measure removal factors policy
- Update to previously finalized definition of "dual-eligible" beginning in FY 2021
- Implementation of subregulatory process
- Revision of regulatory text in Code of Federal Regulations (CFR) (42 CFR 412.152 and 412.154)

Finalized Applicable Period for FY 2022

Claims-Based Readmissions Measures	NQF Measure Number	Performance Period*
AMI	NQF #0505	July 1, 2017 – June 30, 2020
HF	NQF #0330	July 1, 2017 – June 30, 2020
PN	NQF #0506	July 1, 2017 – June 30, 2020
COPD	NQF #1891	July 1, 2017 – June 30, 2020
THA/TKA	NQF #1551	July 1, 2017 – June 30, 2020
CABG	NQF #2515	July 1, 2017 – June 30, 2020

*The applicable period also applies to dual proportion and payment calculations.

Finalized Measure Removal Factor Policy

The program adopted the measure removal factor policy which ensures that the HRRP measure set continues to promote improved health outcomes for patients while reducing burden and costs associated with the program.

Measure Removal Factors

Factor Number	Removal Factor Description
1	Measure performance among hospitals is so high and unvarying that meaningful distinctions and improvements in performance can no longer be made. (topped-out measures)
2	Measure does not align with current clinical guidelines or practice.
3	Measure can be replaced by a more broadly applicable measure (across settings or populations) or a measure that is more proximal in time to desired patient outcomes for the particular topic.
4	Measure performance or improvement does not result in better patient outcomes.
5	Measure can be replaced by a measure that is more strongly associated with desired patient outcomes for the particular topic.
6	Measure collection or public reporting leads to negative unintended consequences other than patient harm.
7	Measure is not feasible to be implemented as specified.
8	The costs associated with a measure outweigh the benefit of its continued use in the program.

Finalized Update to Previously Finalized Definition of "Dual-Eligible"

CMS finalized the updated definition to the following:

Dual-eligible is identified as having full-benefit status in both the Medicare and Medicaid programs (i.e., Medicare FFS and Medicare Advantage patients) in data sourced from the State Medicare Modernization Act (MMA) files for the month the beneficiary was discharged from the hospital, except for those patient beneficiaries who die in the month of discharge, **who will be identified using the previous month's data sourced from the State MMA files.**

Finalized Subregulatory Process

- CMS finalized a subregulatory process for making nonsubstantive updates to data sourcing and technical aspects of the payment adjustment factor components.
  - This allows for faster implementation of updates to improve the accuracy of the calculations outside of rulemaking.
  - Substantive changes still proposed/finalized through rulemaking.
- Updates to the technical aspects of the payment adjustment factor components will be provided in the HSR user guide, including but not limited to:
  - Dual Proportion
  - Peer Group Assignment
  - Peer Group Median Excess Readmission Ratio (ERR)
  - Neutrality Modifier
  - Ratio of Diagnosis Related Group (DRG) Payments to Total Payments

Finalized Revisions of Regulatory Text

CMS finalized revisions to the 42 CFR 412.152, 412.154 definitions and codified previously finalized policies.

- **Aggregate payments for excess readmissions** – Specify the sum of the product for each applicable condition, among others, of "the excess readmission ratio for the hospital for the applicable period minus the peer group median ERR" (instead of minus 1) (proposed paragraph 3(3) of the definition) and include the neutrality modifier.
- **Applicable condition** – Include other conditions/procedures as deemed appropriate by the Secretary.
- **Base operating DRG payment amount** – Specify this amount also *includes* the difference between the hospital-specific payment rate and the Federal payment rate (under Medicare Dependent Hospitals (MDH) only).

HRRP Resources

- **HRRP Program Information**

  https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps/readmissions-reduction-program.html
- **HRRP General Inquiries**
  - Email: HRRP@lantanagroup.com
  - Email the Q&A tool: https://cms-ip.custhelp.com/app/homehrrp/p/843
- **Program and Payment Adjustment Factor Overview**

  https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772412458
- **Measure Methodology Inquiries**

  cmsreadmissionmeasures@yale.edu
- **Overview of Readmission Measures**

  https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1219069855273
- **Initiatives to Reduce Readmissions**

  https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228766331358

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FY 2020 IPPS/LTCH PPS Final Rule Page Directory

FY 2019 IPPS/LTCH PPS Final Rule Page Directory

- Download the FY 2020 IPPS/LTCH PPS Final Rule from the *Federal Register* at https://www.govinfo.gov/content/pkg/FR-2019-08-16/pdf/2019-16762.pdf.
- Details regarding various quality programs can be found on the pages listed below:
  - HRRP pp. 42380–42390
  - Hospital VBP Program pp. 42390–42402
  - HAC Reduction Program pp. 42402–42411
  - Hospital IQR Program pp. 42448–42509
  - PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program pp. 42509–42524
  - Long-Term Care Hospital Quality Reporting Program (LTCH QRP) pp. 42524–42591
  - Promoting Interoperability Program pp. 42591–42602

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Summary of Measures by Quality Program

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

Measure ID	Measure Name	Hospital IQR Program Fiscal Year 20	21	22	23	24
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 Fiscal Year					HRR Program Fiscal Year				
		20	21	22	23	24	20	21	22	23	24
READM-30-AMI	Hospital 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization						✓	✓	✓	✓	✓
READM-30-PN	Hospital 30-Day, All-Cause, RSRR Following Pneumonia Hospitalization						✓	✓	✓	✓	✓
READM-30-THA/TKA	Hospital-Level 30-Day, All-Cause RSRR Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)						✓	✓	✓	✓	✓
READM-30-HWR	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	✓	✓	✓	✓	✓					
READM-30-COPD	Hospital 30-Day, All-Cause, RSRR Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization						✓	✓	✓	✓	✓
READM-30-CABG	Hospital 30-Day, All-Cause,RSRR Following Coronary Artery Bypass Graft (CABG) Surgery						✓	✓	✓	✓	✓
READM-30-HF	Hospital 30-Day, All-Cause, RSRR Following Heart Failure (HF) Hospitalization						✓	✓	✓	✓	✓

Claims-Based Mortality Outcome Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Hospital VBP Program Fiscal Year				
		20	21	22	23	24	20	21	22	23	24
MORT-30-AMI	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization						✓	✓	✓	✓	✓
MORT-30-HF	Hospital 30-Day, All-Cause, RSMR Following Heart Failure (HF) Hospitalization						✓	✓	✓	✓	✓
MORT-30-PN	Hospital 30-Day, All-Cause, RSMR Following Pneumonia Hospitalization (New Cohort)	✓						✓	✓	✓	✓
	Hospital 30-Day, All-Cause, RSMR Following Pneumonia Hospitalization (Old Cohort)						✓				
MORT-30-COPD	Hospital 30-Day, All-Cause, RSMR Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	✓						✓	✓	✓	✓
MORT-30-STK	Hospital 30-Day , All-Cause, RSMR Following Acute Ischemic Stroke	✓	✓	✓	✓	✓					
MORT-30-CABG	Hospital 30-Day, All-Cause, RSMR Following Coronary Artery Bypass Graft (CABG) Surgery	✓	✓						✓	✓	✓

Claims-Based Patient Safety Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Hospital VBP Program Fiscal Year					HAC Reduction Program Fiscal Year				
		20	21	22	23	24	20	21	22	23	24	20	21	22	23	24
COMP-HIP-KNEE	Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	✓	✓	✓			✓	✓	✓	✓	✓					
PSI 04	CMS Recalibrated Death Rate among Surgical inpatients with Serious Treatable Complications	✓	✓	✓	✓	✓										
PSI 90	Patient Safety and Adverse Events Composite									✓	✓	✓	✓	✓	✓	✓

Claims-Based Payment Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year 20	21	22	23	24	Hospital VBP Program Fiscal Year 20	21	22	23	24
MSPB	Medicare Spending Per Beneficiary - Hospital						✓	✓	✓	✓	✓
AMI Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI)	✓	✓	✓	✓	✓					
HF Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care For Heart Failure (HF)	✓	✓	✓	✓	✓					
PN Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia	✓	✓	✓	✓	✓					
THA/TKA Payment	Hospital-Level, Risk-Standardized Payment Associated with an 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					Hospital VBP Program Fiscal Year				
		20	21	22	23	24	20	21	22	23	24
ED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients	✓									
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	✓	✓								
IMM-2	Influenza Immunization	✓									
PC-01	Elective Delivery	✓	✓	✓	✓	✓	✓				
Sepsis	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	✓	✓	✓	✓	✓					
VTE-6	Incidence of Potentially Preventable Venous Thromboembolism	✓									

EHR-Based Clinical Process of Care Measures (eCQMs)

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Promoting Interoperability Program Fiscal Year				
		20	21	22	23	24	20	21	22	23	24
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	✓	✓				✓	✓			
CAC-3	Home Management Plan of Care Document Given to Patient/Caregiver	✓	✓				✓	✓			
ED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients	✓	✓				✓	✓			
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ED-3	Median Time from ED Arrival to ED Departure for Discharged ED Patients						✓	✓			
EHDI-1a	Hearing Screening Prior to Hospital Discharge	✓	✓				✓	✓			
Harm-ORAE	Hospital Harm – Opioid-Related Adverse Events				✓	✓				✓	✓
PC-01	Elective Delivery	✓	✓				✓	✓			
PC-05	Exclusive Breast Milk Feeding and the subset measure PC-05a Exclusive Breast Milk Feeding Considering Mother's Choice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Safe Use of Opioids	Safe Use of Opioids – Concurrent 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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
STK-08	Stroke Education	✓	✓				✓	✓			
STK-10	Assessed for Rehabilitation	✓	✓				✓	✓			
VTE-1	Venous Thromboembolism Prophylaxis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

HAI Measures

Measure ID	Measure Name NHSN: National Healthcare Safety Network	Hospital IQR Program Fiscal Year					Hospital VBP Program Fiscal Year					HAC Reduction Program Fiscal Year				
		20	21	22	23	24	20	21	22	23	24	20	21	22	23	24
CLABSI	NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CAUTI	NHSN Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Colon and Abdominal Hysterectomy SSI	ACS-CDC Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure • Colon Procedures • Hysterectomy Procedures	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MRSA Bacteremia	NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CDI	NHSN Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HCP	NHSN Influenza Vaccination Coverage Among Healthcare Personnel	✓	✓	✓	✓	✓										

Hybrid Measure

Measure ID	Measure Name	Hospital IQR Program Fiscal Year 20	21	22	23	24
Hybrid HWR	Hybrid Hospital-Wide All-Cause Readmission **Note: Measure is voluntary until FY 2026**	✓				✓

Patient Experience of Care Survey Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Hospital VBP Program Fiscal Year				
		20	21	22	23	24	20	21	22	23	24
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Questions

Continuing Education

Continuing Education (CE) Approval

This program has been approved for CE 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.

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