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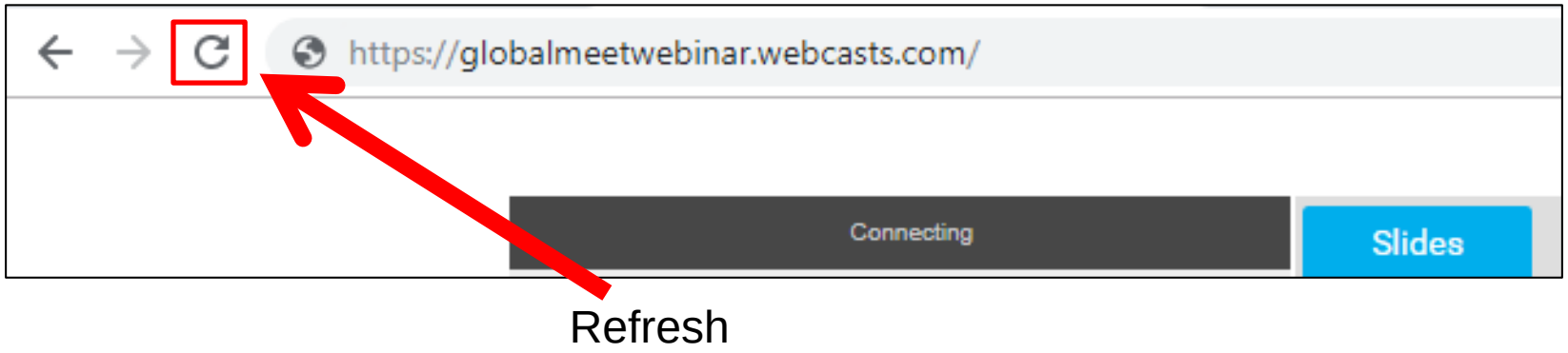

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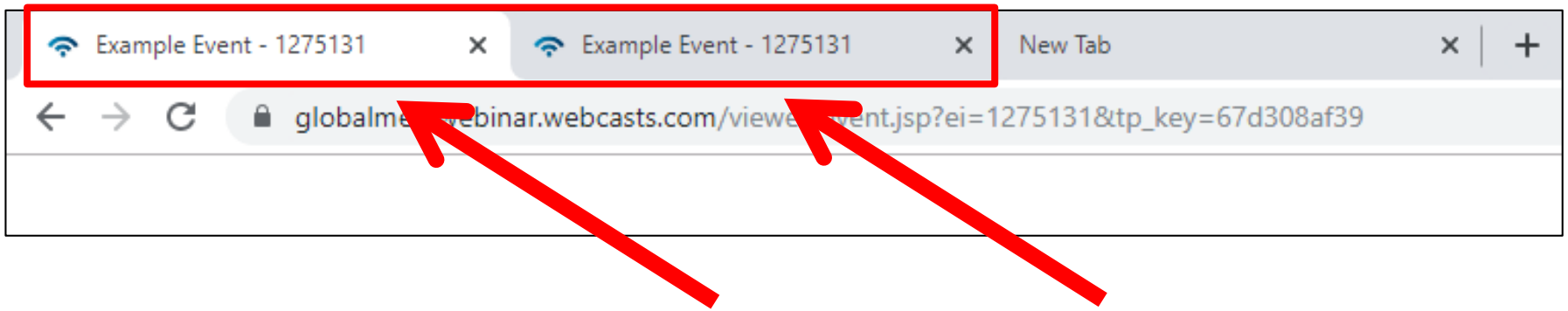

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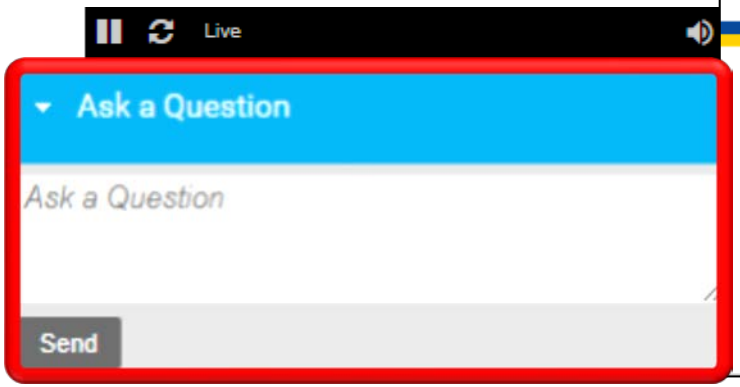

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

Today's Presentation

FY 2021 IPPS/LTCH PPS Final Rule Overview for Hospital Quality Programs

October 29, 2020

Speakers

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Moderator

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Purpose

This presentation will provide an overview of the Fiscal Year (FY) 2021 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final 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 Readmissions Reduction Program (HRRP)
- Medicare and Medicaid Promoting Interoperability Program

Objectives

Participants will be able to:

- Locate the FY 2021 IPPS/LTCH PPS Final Rule text.
- Identify finalized program changes within the FY 2021 IPPS/LTCH PPS Final Rule.

Acronyms and Abbreviations

ACS	American College of Surgeons	EHR	electronic health record	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
AMI	Acute myocardial infarction	FR	*Federal Register*	PDMP	Prescription Drug Monitoring Program
CABG	coronary artery bypass graft	FY	Fiscal Year	PN	pneumonia
CAC	Children's Asthma Care	HAC	hospital-acquired condition	PPS	prospective payment system
CAUTI	Catheter-associated Urinary Tract Infection	HAI	healthcare-associated infection	PSI	Patient Safety Indicator
CCN	CMS Certification Number	HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	Q	quarter
CCSQ	Center for Clinical Standards and Quality	HCP	healthcare personnel	QMVIG	Quality Measurement and Value-Based Incentives Group
CDC	Centers for Disease Control and Prevention	HF	heart failure	QRDA	Quality Reporting Document Architecture
CDI	*Clostridium difficile* Infection	HRR	Hospital Readmission Reduction	QRP	Quality Reporting Program
CE	continuing education	HRRP	Hospital Readmissions Reduction Program	READM	readmission
CEHRT	certified EHR technology	HWR	Hospital-Wide Readmission	RSMR	Risk-Standardized Mortality Rate
CLABSI	Central Line-associated Bloodstream Infection	IPPS	inpatient prospective payment system	RSP	Risk-Standardized Payment
CMS	Centers for Medicare & Medicaid Services	IQR	Inpatient Quality Reporting	RSRR	Risk-Standardized Readmission Rate
COMP	complication	LTCH	Long-Term Care Hospital	SSI	Surgical Site Infection
COPD	chronic obstructive pulmonary disease	MedPAR	Medicare Provider and Analysis Review	STK	stroke
COVID	Coronavirus Disease	MORT	mortality	THA	Total Hip Arthroplasty
CY	Calendar Year	MRSA	Methicillin-resistant *Staphylococcus aureus*	TKA	Total Knee Arthroplasty
ECE	Extraordinary Circumstance Exception	MSPB	Medicare Spending per Beneficiary	TPS	Total Performance Score
eCQI	Electronic clinical quality initiative	NHSN	National Healthcare Safety Network	VBP	Value-Based Purchasing
eCQM	Electronic clinical quality measure	NPRM	Notice of proposed rule making	VIQR	Value, Incentives, and Quality Reporting
ED	Emergency department	PC	Perinatal Care	VTE	venous thromboembolism
EHDI	Early Hearing Detection and Intervention	PCI	Percutaneous coronary intervention		

COVID-19 Impact

- In recognition of the significant impact of the COVID-19 public health emergency and the limited capacity of health care providers to review and provide comment on extensive proposals, CMS limited annual rulemaking required by statute to focus primarily on essential policies, including Medicare payment to hospitals, and finalized proposals that reduce provider burden.
- We did not add new measures or remove measures in this final rule.

COVID-19 Extraordinary Circumstances Exception (ECE)

- CMS has granted exceptions and extensions for certain deadlines under its ECE policy to assist health care providers who are directing their resources toward caring for patients and ensuring the health and safety of staff.
- In some instances, CMS granted the exceptions and extensions because the provider's response to COVID-19 may greatly impact collected data and that data should not be considered in a CMS quality reporting or pay-for-performance program.
- In other instances, the deadlines for data from clinical months and discharges prior to the COVID-19 public health emergency declaration fall during March, April, and May 2020.

COVID-19 ECE

- These exceptions and extensions were announced in the Guidance Memo - Quality Reporting and Value-based Purchasing Programs on March 27, 2020.
  - https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting
- CMS later amended this in the Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency Interim Final Rule released on August 25, 2020.
  - https://www.cms.gov/newsroom/press-releases/trump-administration-strengthens-covid-19-surveillance-new-reporting-and-testing-requirements
- CMS created a Frequently Asked Questions document for hospital inpatient quality reporting.
  - https://qualitynet.org/inpatient/iqr/participation#tab3

COVID-19 ECE

- For the hospital reporting programs, hospitals may elect to submit some or all excepted data, and we encourage hospitals to do so as part of monitoring quality of care on key metrics.
- Hospital submissions of measure data for Q4 2019, Q1 2020, and Q2 2020 are optional.
- For the value-based purchasing programs, **optionally** submitted Q4 2019 Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and healthcare-associated infection (HAI) measure data will be used for measure calculations and program scoring as the data reflect a time period before the COVID-19 Public Health Emergency.

COVID-19 ECE

- Optionally submitted Q1 2020 and Q2 2020 measure data will **not** be used in measure calculations for program scoring.
  - However, the data will be included in confidential hospital reporting feedback reports (e.g., Provider Participation Reports; Facility, State and National Reports; and Submission Detail Reports) through the Hospital Quality Reporting system for quality improvement purposes.
- Claims from Q1 2020 and Q2 2020 will **not** be used in the claims-based measure calculations.
  - CMS will automatically exclude claims from measure calculation and scoring from the excepted time period.
  - Hospitals should continue to submit claims for reimbursement.

COVID-19 ECE

- Hospitals do not need to request an ECE for measures and submissions covered under the COVID-19 exception. CMS is granting an exception for all hospitals for the measures and submissions covered under the COVID-19 exception.
- If a hospital believes their performance continues to be adversely impacted by this extraordinary circumstance through Q3 2020 and Q4 2020, they can submit an individual ECE request to CMS for the hospital reporting and value-based purchasing programs within 90 days of the date of the extraordinary circumstance[1].
- For the Hospital VBP Program:
  - A granted individual ECE would exclude the hospital from the Hospital VBP Program in the fiscal year in which performance was impacted.
  - An excluded hospital will not incur the 2 percent reduction in payments, but it would also not receive incentive payments for the fiscal year.

[1] The deadline for CY 2020 electronic clinical quality measure (eCQM) ECEs is April 1, 2021.

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Hospital IQR Program

Additional Proposed Hospital IQR Program Changes

2015 Edition certified electronic health record technology (CEHRT) Flexibility

- Beginning with the CY 2020 reporting period/FY 2022 payment determination, CMS expanded flexibility to allow hospitals to use either:
  (1) Technology certified to the 2015 Edition criteria for CEHRT as was previously finalized in the FY 2019 IPPS/LTCH PPS Final Rule (83 FR 41537–41608)
  (2) Technology certified to the 2015 Edition Cures Update standards as finalized in the 21st Century Cures Act final rule (85 FR 25642–25961)
- Watch for the Physician Fee Schedule Final Rule to be published later this fall.

Finalized Overview of Hospital IQR Program Changes

- Quality Reporting Document Architecture (QRDA) Category I File Identification – Five Key Elements
- Certification and File Format Requirements of Hybrid Measures
- Calendar Year (CY) 2021 eCQM Measure Set Review
- Progressive Increase of eCQMs Reporting by Quarters Beginning with CY 2021/FY 2023
- Public Reporting of eCQMs Begins CY 2021/FY 2023
- Validation Changes

QRDA Category I File Identification – Five Key Elements

CMS finalized the addition of the Electronic Health Record (EHR) Submitter ID to the four key elements for a total of five key elements:

- CMS Certification Number (CCN)
- CMS Program Name
- EHR Patient ID
- Reporting Period specified in the Reporting Parameters Section
- **EHR Submitter ID**

QualityNet assigns the EHR Submitter ID to submitters registering for system access to upload QRDA Category I files.

- Vendor EHR Submitter ID = Vendor ID
- Hospitals EHR Submitted ID = CCN

Certification and File Format Requirements of Hybrid Measures

- The FY 2020 IPPS/LTCH Final Rule (84 FR 42507) finalized the requirement to use EHR technology certified to the 2015 Edition to submit data on the Hybrid Hospital-Wide Readmission (HWR) measure.
- Finalized core clinical data elements and linking variables must be submitted via QRDA Category I file format.
- CMS continued this policy and expanded the requirement to apply to any future hybrid measure adopted into the Hospital IQR Program's measure set.

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 are required to report beginning with the CY 2022 reporting period (FY 2024 payment determination).*	

Form, Manner, and Timing of eCQM Data Submission

CMS finalized the following eCQM reporting and submission requirements:

CY Reporting Period/ FY Payment Determination	Number of Calendar Quarters to Report	Number of Measures to Report On Each Quarter
CY 2021/FY 2023	**Two** self-selected quarters	Four self-selected eCQMs
CY 2022/FY 2024	**Three** self-selected quarters	3 self-selected eCQMs + Safe Use of Opioids eCQM
CY 2023/FY 2025 and beyond	**Four** quarters	3 Self-selected eCQMs + Safe use of Opioids eCQM

Note: Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare Promoting Interoperability Program.

Publicly Reporting eCQMs

- The public reporting of eCQM data will begin with the CY 2021 reporting period/FY 2023 payment determination and for subsequent years.
- Publicly reporting eCQM data will be made available to the public as early as fall 2022.
- Hospitals will have the opportunity to review their data before being made public during a 30-day preview period.
- Measure data, including eCQM data, are published on the *Hospital Compare* and/or data.medicare.gov websites and the Provider Data Catalog websites.

Finalized Validation Changes

Streamline validation processes under the Hospital IQR Program.

- Incrementally combine the validation processes for chart-abstracted measure data and eCQM data, including related policies, in a stepwise process.
- Incremental changes for validation affect the FY 2023 and FY 2024 payment determination.

Validation Changes Affecting FY 2023 Payment Determination

Chart-Abstracted Measures

- Validate measure data only from Q3 and Q4 of CY 2020.
- Validation affecting FY 2023 will not include Q1 and Q2 of CY 2021.

Finalized Updates to Quarters Required for Validation Affecting the FY 2023 Payment Determination	
Measures Submitted	**Required Quarters of Data Validation**
Chart-Abstracted Measures	3Q 2020
	4Q 2020
eCQMs	1Q 2020–4Q 2020

Validation Changes Affecting FY 2024 Payment Determination

To align data submission quarters, use Q1–Q4 data of the applicable calendar year for validation of both chart-abstracted measures and eCQMs.

Example: Quarter Alignment Used for Validation Affecting the FY 2024 Payment Determination	
Measures Submitted	**Required Quarters of Data for Validation**
Chart-Abstracted Measures	Q1 2021
	Q2 2021
	Q3 2021
	Q4 2021
eCQMs	Q1 2021–Q4 2021

Validation Changes Affecting FY 2024 Payment Determination

Finalized proposals affecting hospital selection:

- Use one single sample of hospitals selected through random selection and one sample of hospitals selected using targeting criteria, for both chart-abstracted measures and eCQMs.
- Expand targeted validation to include eCQMs, not just chart-abstracted measures.
- Reduce number of randomly selected hospitals from 400 to up to 200.

Validation Changes Affecting FY 2024 Payment Determination

Under the aligned validation process, any hospital selected for validation will be expected to submit data to be validated for both chart-abstracted measures and eCQMs.

Validation Process Beginning with Validations Affecting FY 2024 Payment Determination		
Selection Process	**Number of Hospitals**	**Measure type**
Random Selection	Up to 200	Chart-Abstracted and eCQM
Targeted Selection	Up to 200	Chart-Abstracted and eCQM
Total:	Up to 400	Chart-Abstracted and eCQM

Validation Changes Affecting FY 2024 Payment Determination

Combining scoring processes:

- Combined validation score for the validation of chart-abstracted measures and eCQMs with the eCQM portion of the combined score weighted at zero

Finalized Process for Validation Affecting FY 2024 Payment Determination and Subsequent Years		
	Quarters of Data Required for Validation	**Payment Determination Criteria**
COMBINED Process (Chart-abstracted and eCQM Validation): Up to 200 Random Hospitals + Up to 200 Targeted Hospitals	1Q 2021–4Q 2021	Chart-abstracted Measures: At least 75% validation score (weighted at 100%) **AND** eCQM: Successful submission of at least 75% of requested medical records

Validation Changes Affecting FY 2024 Payment Determination

Require the use of electronic file submissions via a CMS-approved secure file transmission process

- Submission of paper copies of medical records or copies on digital portable media such as CD, DVD, or flash drive are no longer allowed beginning with Q1 2021.
- Hospitals will be required to submit PDF copies of medical records using direct electronic file submission via a CMS-approved secure file transmission process.

Validation Changes Affecting FY 2024 Payment Determination

Increase eCQM reporting quarters

- As the number of reporting quarters for eCQMs change, case selection for validation will also change, specifically:

Total # of eCQM Reporting Quarters	Total # of eCQM Cases for Validation (8 cases/quarter)	Validation FY Payment Determination	Reporting CY
1	8	2023	2020
2	16	2024	2021
3	24	2025	2022
4	32	2026	2023

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Medicare Promoting Interoperability Program

FY 2021 IPPS/LTCH PPS Final Rule Changes

- An EHR reporting period of a minimum of any continuous 90-day period in CY 2022 for new and returning participants (eligible hospitals and critical access hospitals)
- Maintain the Electronic Prescribing Objective's Query of Prescription Drug Monitoring Program (PDMP) measure as optional and worth 5 bonus points in CY 2021
- Modify the name of the Support Electronic Referral Loops by Receiving and Incorporating Health Information measure to the Support Electronic Referral Loops by Receiving and *Reconciling* Health Information measure

Progressively Increase Reporting of eCQMs by Quarters

- Increase the amount of data required while keeping the same number and type of required eCQMs.
- Intend to produce more comprehensive and reliable quality measure data for patients and providers.
- Incremental approach provides hospitals and their vendors time to plan and build upon and utilize investments already made to their EHR infrastructure.

Form, Manner, and Timing of eCQM Data Submission

CMS finalized proposals to establish the following eCQM reporting and submission requirements:

CY Reporting Period/FY Payment Determination	Number of Calendar Quarters to Report	Number of Measures to Report On Each Quarter
CY 2021/FY 2023	**Two** self-selected quarters	Four self-selected eCQMs
CY 2022/FY 2024	**Three** self-selected quarters	3 self-selected eCQMs + Safe Use of Opioids eCQM
CY 2023/FY 2025	**Four** quarters	3 Self-selected eCQMs + Safe use of Opioids eCQM

Note: Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare Promoting Interoperability Program.

Publicly Reporting eCQMs

- Based on validation of eCQM data submitted from CY 2017 and CY 2018
- Aligns with CMS goal to encourage data accuracy and transparency
- Publicly reporting eCQM data beginning with the CY 2021 reporting period/FY 2023 payment determination and for subsequent years
- Publicly reported eCQM data will be made available to the public as early as fall 2022

Publicly Reporting eCQMs (continued)

- Hospitals can review their data before being made public during a 30-day preview period.
- Measure data, including eCQM data, are published on the *CMS Care Compare* and/or data.medicare.gov websites and the Provider Data Catalog websites.
- CMS will continue to assess eCQM data submitted in future years and hospitals will receive feedback on validation results.
- Updates will be conveyed through routine communication channels including, but not limited to, memos, emails and notices on *QualityNet* and eCQI Resource Center.

Additional Proposed Medicare Promoting Interoperability Program Changes

2015 Edition certified electronic health record technology (CEHRT) Flexibility

- Beginning with the CY 2020 reporting period/FY 2022 payment determination, CMS expanded flexibility to allow hospitals to use either:
  (1) Technology certified to the 2015 Edition criteria for CEHRT as was previously finalized in the FY 2019 IPPS/LTCH PPS Final Rule (83 FR 41537–41608)
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- Watch for the Physician Fee Schedule Final Rule to be published later this fall.

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QMVIG, CCSQ, CMS

Hospital VBP Program

FY 2021 Estimated Funds for Hospital VBP Program

- Under section 1886(o)(7)(C)(v) of the Social Security Act, the applicable percent withhold for FY 2021 is 2.00 percent.
- The estimated total amount available for value-based incentive payments to hospitals paid under the IPPS for FY 2021 is approximately $1.9 billion.

FY 2021 Tables 16, 16A, and 16B

- Table 16 (Proxy Adjustment Factors)
  - Table 16 is based on FY 2020 Total Performance Scores (TPSs).
- 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 16A is available on CMS.gov at https://www.cms.gov/medicare/acute-inpatient-pps/fy-2021-ipps-final-rule-home-page#1735.
- Table 16B (Actual Incentive Payment Adjustment Factors)
  - After hospitals have been given an opportunity to review and correct their actual TPSs for FY 2021, CMS intends to display Table 16B in the fall of 2020.

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	July 1, 2012–June 30, 2015	July 1, 2017–June 30, 2020
• MORT-30-PN (Updated Cohort)	July 1, 2012–June 30, 2015	September 1, 2017–June 30, 2020
• COMP-HIP-KNEE	April 1, 2012–March 31, 2015	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

*Data in the measurement periods are impacted by the COVID-19 Public Health Emergency Related ECE. For more details please see the Frequently Asked Questions COVID-19 Extraordinary Circumstances Exception for Inpatient Acute Care Hospitals.

FY 2023–2026 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

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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)	July 1, 2013–June 30, 2016	July 1, 2018–June 30, 2021*
• COMP-HIP-KNEE	April 1, 2013–March 31, 2016	April 1, 2018–March 31, 2021*
Person and Community Engagement	January 1–December 31, 2019	January 1–December 31, 2021
Safety • HAI Measures	January 1–December 31, 2019	January 1–December 31, 2021
• CMS PSI 90	October 1, 2015–June 30, 2017	July 1, 2019–June 30, 2021*
Efficiency and Cost Reduction	January 1–December 31, 2019	January 1–December 31, 2021

*Data in the measurement periods are impacted by the COVID-19 Public Health Emergency Related ECE. For more details please see the Frequently Asked Questions COVID-19 Extraordinary Circumstances Exception for Inpatient Acute Care Hospitals.

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)	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, 2020	January 1–December 31, 2022
Safety • HAI Measures	January 1–December 31, 2020	January 1–December 31, 2022
• CMS PSI 90	July 1, 2016–June 30, 2018	July 1, 2020–June 30, 2022
Efficiency and Cost Reduction	January 1–December 31, 2020	January 1–December 31, 2022

*Data in the measurement periods are impacted by the COVID-19 Public Health Emergency Related ECE. For more details please see the Frequently Asked Questions COVID-19 Extraordinary Circumstances Exception for Inpatient Acute Care Hospitals.

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)	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, 2021	January 1–December 31, 2023
Safety • HAI Measures	January 1–December 31, 2021	January 1–December 31, 2023
• CMS PSI 90	July 1, 2017–June 30, 2019	July 1, 2021–June 30, 2023
Efficiency and Cost Reduction	January 1–December 31, 2021	January 1–December 31, 2023

*Data in the measurement periods are impacted by the COVID-19 Public Health Emergency Related ECE. For more details please see the Frequently Asked Questions COVID-19 Extraordinary Circumstances Exception for Inpatient Acute Care Hospitals.

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 (Updated Cohort)	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 • HAI Measures	January 1–December 31, 2022	January 1–December 31, 2024
• CMS PSI 90	July 1, 2018–June 30, 2020	July 1, 2022–June 30, 2024
Efficiency and Cost Reduction	January 1–December 31, 2022	January 1–December 31, 2024

*Data in the measurement periods are impacted by the COVID-19 Public Health Emergency Related ECE. For more details please see the Frequently Asked Questions COVID-19 Extraordinary Circumstances Exception for Inpatient Acute Care Hospitals.

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HAC Reduction Program

Summary of FY 2021 Finalized Proposals

In the FY 2021 IPPS/LTCH PPS Final Rule, CMS finalized five policies:

1. To automatically adopt applicable periods beginning with the FY 2023 program year
   - CMS will automatically advance the performance periods for measures included in the program by one year every subsequent program year
2. To update the definition of *applicable period* at 42 CFR 412.170 to align with the automatic adoption policy

Summary of FY 2021 Finalized Proposals (continued)

3. To align hospital data submission quarters with Hospital IQR Program validation
4. To align hospital selection process with the Hospital IQR Program and reduce the pool of hospitals selected for validation from “up to 600” to “up to 400” beginning with CY 2021 validation
5. To require electronic submission of records for validation via a CMS-approved secure file transmission process beginning with CY 2021 validation

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://www.qualitynet.org/inpatient/hac

HAC Reduction Program General Inquiries:

- *QualityNet* Question and Answer tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa
  - Navigate to the Ask a Question tab
  - Select HACRP – Hospital-Acquired Condition Reduction Program under the Program list

Gail Sexton
Program Lead, HRRP, QMVIG, CCSQ, CMS

Hospital Readmissions Reduction Program (HRRP)

Summary of FY 2021 Finalized Proposals

In the FY 2021 IPPS/LTCH PPS Final Rule, CMS finalized two policies:

1. Policy to automatically adopt applicable periods beginning with the FY 2023 program year
   - Under this policy, CMS will advance the 3-year period for program calculations by one year every subsequent program year
2. Policy to update the definition of *applicable period* at 42 CFR 412.152 to align with the policy to automatically adopt applicable periods

HRRP Resources

HRRP General Program and Payment Adjustment Information:

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

HRRP Measure Methodology:

- *QualityNet*: https://qualitynet.org/inpatient/measures/readmission

HRRP General Inquiries:

- *QualityNet* Question and Answer tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa
  - Navigate to the Ask a Question tab
  - Select HRRP – Hospital Readmissions Reduction Program under the Program list

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Project Lead, Hospital IQR Program
Hospital Inpatient VIQR Outreach and Education Support Contractor

FY 2021 IPPS/LTCH PPS Final Rule Page Directory

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- Download the FY 2021 IPPS/LTCH PPS Final Rule from the *Federal Register:* https://www.federalregister.gov/documents/2020/09/18/2020-19637/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the
- Details regarding various quality programs can be found on the pages listed below:
  - HRRP pp. 58844-58847
  - Hospital VBP Program pp. 58847-58860
  - HAC Reduction Program pp. 58860-58865
  - Hospital IQR Program pp. 58926-58959
  - PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program pp. 58959-58965
  - Long-Term Care Hospital Quality Reporting Program (LTCH QRP) pp. 58968-58966
  - Promoting Interoperability pp. 58966-58977

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Hospital Inpatient VIQR Outreach and Education Support Contractor

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				
		21	22	23	24	25
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				
		21	22	23	24	25	21	22	23	24	25
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-THA/TKA	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 Outcome Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Hospital VBP Program Fiscal Year				
		21	22	23	24	25	21	22	23	24	25
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 Safety Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Hospital VBP Program Fiscal Year					HAC Reduction Program Fiscal Year				
		21	22	23	24	25	21	22	23	24	25	21	22	23	24	25
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 Patient Safety Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Hospital VBP Program Fiscal Year				
		21	22	23	24	25	21	22	23	24	25
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				
		21	22	23	24	25
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	✓				
PC-01	Elective Delivery	✓	✓	✓	✓	✓
Sepsis	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	✓	✓	✓	✓	✓

EHR-Based Clinical Process of Care Measures (eCQMs)

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Promoting Interoperability Program Fiscal Year				
		21	22	23	24	25	21	22	23	24	25
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 ED Patients	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ED-3	Median Time from ED Arrival to ED Departure for Discharged ED Patients						✓				
EHDI-1a	Hearing Screening Prior to Hospital Discharge	✓					✓				
PC-01	Elective Delivery	✓					✓				
PC-05	Exclusive Breast Milk Feeding and the subset PC-05a Exclusive Breast Milk Feeding Considering Mother's Choice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

EHR-Based Clinical Process of Care Measures (eCQMs) (continued)

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Promoting Interoperability Program Fiscal Year				
		21	22	23	24	25	21	22	23	24	25
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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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	Hospital IQR Program Fiscal Year					Hospital VBP Program Fiscal Year					HAC Reduction Program Fiscal Year				
		21	22	23	24	25	21	22	23	24	25	21	22	23	24	25
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 • Abdominal Hysterectomy Procedures	✓					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MRSA Bacteremia	NHSN Facility-Wide Inpatient Hospital-onset Methicillin-Resistant *Staphylococcus aureus* Bacteremia Outcome	✓					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CDI	NHSN Facility-Wide Inpatient Hospital-onset *Clostridium difficile* Infection Outcome	✓					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HCP	NHSN Influenza Vaccination Coverage among Healthcare Personnel	✓	✓	✓	✓	✓										

Hybrid Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year				
		21	22	23	24	25
Hybrid HWR	Hybrid Hospital-Wide 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				
		21	22	23	24	25	21	22	23	24	25
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Question & Answer Session

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.

Thank You

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