



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

June 19, 2020

Speakers

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Moderator

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Outreach and Education Support Contractor

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) 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 Readmissions Reduction Program (HRRP)
- Promoting Interoperability (PI) Program

Objectives

Participants will be able to:

- Locate the FY 2021 IPPS/LTCH PPS Proposed Rule text.
- Identify proposed program changes within the FY 2021 IPPS/LTCH PPS Proposed Rule.
- Identify the time period for submitting public comments to CMS on the FY 2021 IPPS/LTCH Proposed Rule.
- Submit formal comments to CMS regarding the FY 2021 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

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

COVID-19 Impact

- In recognition of the significant impact of the COVID-19 public health emergency, and limited capacity of health care providers to review and provide comment on extensive proposals, CMS has limited annual rulemaking required by statute to focus primarily on essential policies including Medicare payment to hospitals, as well as proposals that reduce provider burden and may help providers in the COVID-19 response.
- We are not proposing to add new measures or remove measures in this proposed rule.
- CMS is not proposing an update to the Overall Hospital Quality Star Ratings methodology at this time.

Julia Venanzi, MPH

Program Lead, Hospital IQR Program and Hospital VBP Program
QMVIG, CCSQ, CMS

Hospital IQR Program

Overview of Hospital IQR Program Proposals

- QRDA Category I File Identification – Five Key Elements
- Certification and File Format Requirements of Hybrid Measures
- Progressively Increase Reporting of eCQMs by Quarters
- Proposal to Begin Publicly Reporting eCQMs
- Proposed Validation Changes

QRDA Category I File Identification – Five Key Elements

CMS is proposing the addition of the 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

The additional data element prevents QRDA Category I files from being overwritten if a hospital uses one or more vendors to submit QRDA Category I files.

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 is proposing to continue the policy and expand the requirement to apply to any future hybrid measure adopted into the Hospital IQR Program's measure set.

Progressively Increase Reporting of eCQMs by Quarters

- Propose to increase the amount of data required while keeping the same number and type of required electronic clinical quality measures (eCQMs)
- Intended 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 electronic health record (EHR) infrastructure

Form, Manner, and Timing of eCQM Data Submission

CMS proposes 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.

Proposal to Begin 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
- Proposing publicly reporting eCQM data beginning with the CY 2021 reporting period/FY 2023 payment determination and for subsequent years
- Publicly reporting eCQM data could be made available to the public as early as fall 2022

Publicly Reporting eCQMs (continued)

- Hospitals would 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 Medicare.gov websites or successor 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](#).

Proposed 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.

Proposed 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.

Proposed 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

Proposed 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: Proposed 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

Proposed Validation Changes Affecting FY 2024 Payment Determination

Proposals affecting hospital selection:

- 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

Proposed Validation Changes Affecting FY 2024 Payment Determination

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

Proposed 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

Proposed 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

Proposed 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

Proposed Validation Changes Affecting FY 2024 Payment Determination

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

- No longer allow the submission of paper copies of medical records or copies on digital portable media such as CD, DVD, or flash drive.
- Hospitals would be required to submit PDF copies of medical records using direct electronic file submission via a CMS-approved secure file transmission process.

Proposed 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
2	16	2024	2021
3	24	2025	2022
4	32	2026	2023

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Promoting Interoperability Programs
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Medicare Promoting Interoperability Program

FY 2021 IPPS/LTCH NPRM: Proposed 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

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Form, Manner, and Timing of eCQM Data Submission

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

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Publicly Reporting eCQMs (continued)

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- CMS will continue to assess eCQM data submitted in future years and hospitals will receive feedback on validation results.
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QMVIG, CCSQ, CMS

Hospital VBP Program

FY 2021 Estimated Funds for Hospital VBP Program

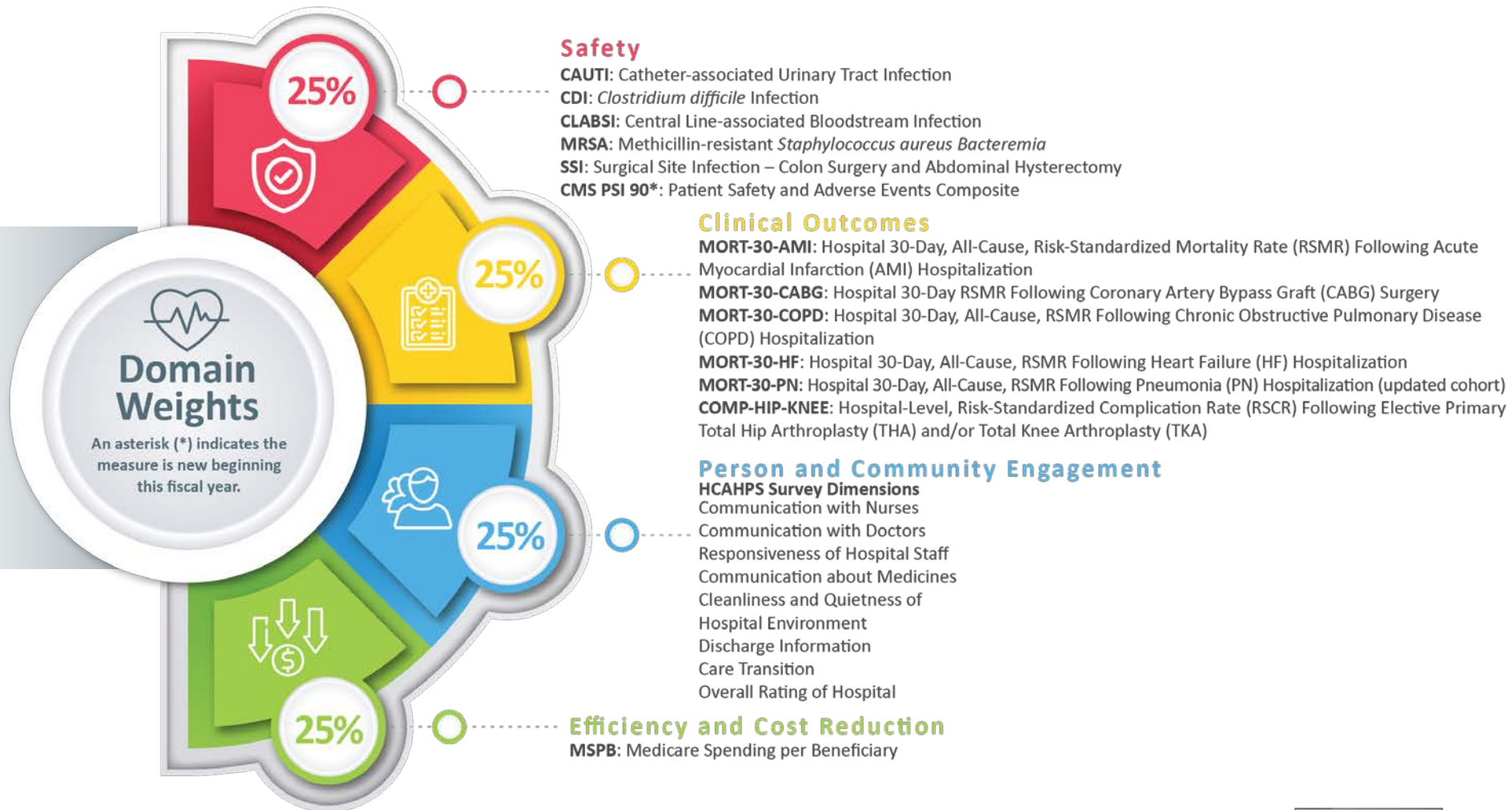
- Under section 1886(o)(7)(C)(v) of the Social Security Act, the applicable percent withhold for FY 2021 is 2.00 percent.
- The estimated total amount available for value-based incentive payments to hospitals paid under the IPPS for FY 2021 is approximately \$1.9 billion.

FY 2021 Tables 16, 16A, and 16B

- Table 16 (Proxy Adjustment Factors)
 - Table 16 is based on FY 2020 Total Performance Scores (TPSs).
 - 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 TPSs for FY 2021, CMS intends to display Table 16B in the fall of 2020.

FY 2023–2026

Domains and Measures



FY 2023

Measurement Periods

Domain	Baseline Period	Performance Period
Clinical Outcomes <ul style="list-style-type: none"> 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*
<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> HAI Measures 	January 1–December 31, 2019	January 1–December 31, 2021
<ul style="list-style-type: none"> 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 this performance period is impacted by the COVID-19 Public Health Emergency Related Extraordinary Circumstances Exception. For more details please see our ECE guidance memo: <https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>

FY 2024

Measurement Periods

Domain	Baseline Period	Performance Period
Clinical Outcomes <ul style="list-style-type: none"> 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*
<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> HAI Measures 	January 1–December 31, 2020	January 1–December 31, 2022
<ul style="list-style-type: none"> 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 this performance period is impacted by the COVID-19 Public Health Emergency Related Extraordinary Circumstances Exception. For more details please see our ECE guidance memo: <https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>

FY 2025

Measurement Periods

Domain	Baseline Period	Performance Period
Clinical Outcomes <ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> HAI Measures 	January 1–December 31, 2021	January 1–December 31, 2023
<ul style="list-style-type: none"> 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 this performance period is impacted by the COVID-19 Public Health Emergency Related Extraordinary Circumstances Exception. For more details please see our ECE guidance memo: <https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>

FY 2026

Measurement Periods

Domain	Baseline Period	Performance Period
Clinical Outcomes <ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> HAI Measures 	January 1–December 31, 2022	January 1–December 31, 2024
<ul style="list-style-type: none"> 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

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Program Lead, HAC Reduction Program, QMVIC, CCSQ, CMS

HAC Reduction Program

Summary of FY 2021 Proposals

- Proposal: Automatically adopt applicable periods beginning in the FY 2023 program year.
 - CMS would automatically advance the performance periods for program calculations by one year every subsequent program year.
- Proposal: Update the definition of applicable period at 42 CFR 412.170 to align with the proposed policy to automatically adopt applicable periods.

Summary of FY 2021 Proposals

- Proposal: Refine validation procedures for HAI data beginning with the FY 2023 program year:
 - Align hospital data submission quarters with Hospital IQR Program validation.
 - 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.”
 - Require electronic submission of records for validation via a CMS-approved secure file transmission process.

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

Erin Patton, MPH, CHES

Program Lead, HRRP, QMVG, CCSQ, CMS

Hospital Readmissions Reduction Program (HRRP)

Summary of FY 2021 Proposal

- Proposal: Automatically adopt applicable periods beginning with the FY 2023 program year:
 - Under this proposed policy, CMS would advance the 3-year period for program calculations by one year every subsequent program year.
- Proposal: Update the definition of applicable period at 42 CFR 412.152 to align with the proposed 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/measure/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 Proposed Rule Page Directory and Submission of Comments

FY 2021 IPPS/LTCH PPS Proposed Rule Page Directory

- Download the FY 2021 IPPS/LTCH PPS Proposed Rule from the *Federal Register* at <https://www.govinfo.gov/content/pkg/FR-2020-05-29/pdf/2020-10122.pdf>
- Details regarding various quality programs can be found on the pages listed below:
 - HRRP pp. 32766 - 32768
 - Hospital VBP Program pp. 32768 - 32781
 - HAC Reduction Program pp. 32781 - 32784
 - Hospital IQR Program pp. 32830 - 32847
 - PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program pp. 32847 - 32851
 - Long-Term Care Hospital Quality Reporting Program (LTCH QRP) pp. 32851 - 32852
 - Promoting Interoperability pp. 32852 - 32858

Commenting on the FY 2021 IPPS/LTCH PPS Proposed Rule

- CMS has extended the comment period for the FY 2021 IPPS/LTCH PPS Proposed Rule from 60 to 75 days to allow the public additional time during the pandemic.
- CMS is accepting comments until **July 10, 2020**.
- Comments can be submitted via four methods*:
 - Electronically
 - Regular mail
 - Express or overnight mail
 - Hand courier
- CMS will respond to comments in the final rule, scheduled to be issued by August 1, 2020.

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

Candace Jackson, ADN

Project Lead, Hospital IQR Program

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					HRR Program				
		Fiscal Year					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					Hospital VBP Program				
		Fiscal Year					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					Hospital VBP Program					HAC Reduction Program				
		Fiscal Year					Fiscal Year					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					Hospital VBP Program				
		Fiscal Year					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					Promoting Interoperability Program				
		Fiscal Year					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					Promoting Interoperability Program				
		Fiscal Year					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					Hospital VBP Program					HAC Reduction Program				
		Fiscal Year					Fiscal Year					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 <ul style="list-style-type: none"> • Colon Procedures • Abdominal Hysterectomy Procedures 	✓					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MRSA Bacteremia	NHSN Facility-Wide Inpatient Hospital-onset Methicillin-Resistant <i>Staphylococcus aureus</i> Bacteremia Outcome	✓					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CDI	NHSN Facility-Wide Inpatient Hospital-onset <i>Clostridium difficile</i> 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					Hospital VBP Program				
		Fiscal Year					Fiscal Year				
		21	22	23	24	25	21	22	23	24	25
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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

Thank You

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Survey

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