



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

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

Presentation Transcript

Speakers

Julia Venanzi, MPH

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

Alex Feilmeier, MHA

Lead Solutions Specialist
Value, Incentives, and Quality Reporting Center (VIQRC) Validation Support Contractor

Dylan Podson, MPH, CPH

QMVIG, CCSQ, CMS

Lang Le, MPP

Program Lead, Hospital-Acquired Condition (HAC) Reduction Program, QMVIG, CCSQ, CMS

Erin Patton, MPH, CHES

Program Lead, Hospital Readmissions Reduction Program (HRRP), QMVIG, CCSQ, CMS

Moderator

Candace Jackson, RN

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

June 2020

DISCLAIMER: This presentation document was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; this information will remain as an archived copy with no updates performed.

Any references or links to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the question-and-answer session and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Candace Jackson: Hello and thank you for tuning into the *FY 2021 IPPS/LTCH PPS Proposed Rule Overview for Hospital Quality Programs* On Demand webinar. My name is Candace Jackson, and I am the Inpatient Quality Reporting Program Lead at CMS's Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be your virtual host for the webinar.

I would like to welcome our speakers for this webinar. Julia Venanzi, Program Lead for the Hospital IQR Program and Hospital VBP Program; Dylan Podson, the Social Science Research Analyst for the Medicare and Medicaid Promoting Interoperability Programs; Lang Le, the Program Lead for the Hospital-Acquired Condition Reduction Program; and Erin Patton, the Program Lead for the Hospital Readmissions Reduction Program, all with the Centers for Medicare and Medicaid Services Quality Measurement and Value-Based Incentives Group within the Center for Clinical Standards and Quality (CCSQ). Also, Alex Feilmeier is the Lead Solutions Specialist with the Value, Incentives, and Quality Reporting Center (VIQRC) Validation Support Contractor.

The purpose of the event is to provide an overview of the Fiscal Year 2021 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System Proposed Rule as it relates to the Hospital IQR, VBP, HAC Reduction, Readmissions Reduction, and Promoting Interoperability Programs.

At the end of the presentation, participants will be able to locate the FY 2021 proposed rule text, identify proposed program changes within the proposed rule, identify the time period for submitting public comments to CMS on the proposed rule, and how to submit formal comments to CMS regarding the proposed rule.

Please note that as CMS must comply with the Administrative Procedures Act, they are not able to provide additional information, clarification, or guidance related to the proposed rule. CMS encourages stakeholders to submit comments or questions through the formal comment submission process, as described in this webinar.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

This slide just lists the acronyms that are used throughout the presentation.

As CMS recognizes the significant impact that the COVID-19 pandemic has had on health care providers, CMS has limited the annual rulemaking to focus primarily on essential proposals to reduce provider burden and assist providers in the COVID-19 response. As such, CMS is not proposing to add new measures or remove measures in this proposed rule. Additionally, CMS is not proposing an update to the Overall Hospital Quality Star Ratings methodology at this time.

That concludes our introduction. I will now turn the presentation over to Julia to provide the Hospital IQR Program proposals. Julia, the floor is yours.

Julia Venanzi:

Thank you, Candace. I'd like to welcome everyone on our webinar today and thank you for taking the time out of your day to join us. I appreciate this opportunity to share with you several proposals for the Hospital Inpatient Quality Reporting Program, or IQR, program.

I'll start with a high-level summary of the proposals for the IQR program and then go into more detail in the upcoming slides. First, I will note that this year we did not propose to add or remove any measures from the IQR program. Our proposed rule this year for the IQR program includes proposals to update the QRDA Category I file format requirements to add a field to the list of key elements. The second proposal is to update the certification and file format requirements of the hybrid measures in the program. The next two proposals help further our goal of advancing the use of EHR-based data for quality measurement. Our third proposal is to progressively increase the number of reporting quarters for eCQMs. Our fourth proposal is to begin publicly reporting eCQMs. Our last proposal is to make some changes to the validation process in order to streamline it under the IQR program

Here, I will talk through our proposal to add the EHR submitter field to the list of key elements required in QRDA files. In the FY 2016 and FY 2017 final rule, we finalized eCQM file format requirements for the IQR

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

program. Under these requirements, we specified that hospitals first must submit eCQM data via the Quality Reporting Document Architecture Category I (QRDA I) file format. They also may use third parties to submit QRDA I files on their behalf. Hospitals may either use abstraction or pull the data from non-certified sources in order to then input these data in the correct for capture and reporting in QRDA I files. Hospitals can continue to meet the reporting requirements by submitting data via QRDA files, zero denominator declarations, or case threshold exemptions. Specifically, previously we finalized in the FY 2017 rule that QRDA I files need to reflect data for one patient per file per quarter, and that they contain the following four key elements in that the file:

- CMS Certification Number (CCN)
- CMS Program Name
- EHR Patient ID
- Reporting period specified in the Reporting Parameters Section in the CMS Implementation Guide for the applicable reporting year

In this year's proposed rule, we are proposing to add a fifth key element to that list, the EHR Submitter ID, beginning with the CY 2021 reporting period/FY 2023 payment determination. The EHR Submitter field is the ID that is assigned by *QualityNet* to submitters upon registering into the system. For vendors, the EHR Submitter ID is the Vendor ID; for hospitals, the EHR Submitter ID is the hospital's CCN. In situations when a hospital uses one or more vendors to submit QRDA files via the *QualityNet Secure Portal*, this additional element would prevent the risk of a previously submitted file by a different vendor unintentionally being overwritten by another file. Many hospitals already use EHR Submitter ID in their QRDA file submissions since we had previously recommended it via the CMS implementation guide, but we wanted to finalize adding it as the fifth key element in this year's proposed rule.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Next, I will talk through our second proposal on certification and file format requirements for hybrid measures. Previously, in the FY 2020 IPPS/LTCH PPS final rule, we finalized a requirement that hospitals use EHR technology certified to the 2015 Edition to submit data on the Hybrid HWR measure. In addition, we finalized that the core clinical data elements and linking variables identified in the hybrid measure specifications must be submitted using the QRDA file format. This QRDA file format enables the creation of an individual patient-level quality report that contains the data for one patient for one or more quality measures. In this proposed rule, we are proposing to continue the policy that requires hospitals to use EHR technology certified to the 2015 Edition to submit on the Hybrid HWR measure and expand this requirement to apply to any future hybrid measure adopted into the Hospital IQR Program. We are also clarifying that core clinical data elements and the linking variables must be submitted using the QRDA file format for future hybrid measures in the program.

Next, we will move on to our two proposals related to eCQM reporting. First is our proposal to progressively increase reporting quarters for eCQMs. I want to note that this proposal is also being proposed in the Promoting Interoperability Program to keep the two programs aligned. Current reporting and submission requirements were established in the FY 2018 IPPS Final Rule. In that final rule, we finalized the eCQM reporting and submission requirements that hospitals were required to report only one, self-selected quarter of data for four self-selected eCQMs for the CY 2018 reporting period which is associated with the FY 2020 payment determination. Those reporting requirements were extended to the CY 2019 reporting period/FY 2021 payment determination in the FY 2019 IPPS Final Rule. In the FY 2020 Final Rule, we also finalized that for the CY 2020 reporting hospitals would be required to report one, self-selected calendar quarter of data for three self-selected eCQMs and the Safe Use of Opioids – Concurrent Prescribing eCQM (Safe Use eCQM), for a total of four eCQMs.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

In this proposed rule, we are proposing to progressively increase the number of quarters for which hospitals are required to report eCQM data, from the current requirement of one self-selected quarter to eventually four quarters of data. We propose increasing this over a three-year period of time.

We believe that increasing the number of quarters for which hospitals are required to report eCQM data will produce more comprehensive and reliable quality measure data for patients and providers. Evaluating multiple quarters of data would provide a more reliable and accurate picture of overall performance. Further, reporting multiple quarters of data would provide hospitals with a more continuous information stream to monitor their performance. Ongoing, timely data analysis can help hospitals better identify a change in performance and potentially start corrective action. Taking an incremental approach over a three-year period would give hospitals and their vendors time to plan in advance and build upon and utilize investments already made in their EHR infrastructure.

So, what do we mean by progressively increasing quarters? On this slide, we lay out the requirement year by year to CY 2023/FY 2025 program. First, for CY 2021/FY 2023, we are proposing that hospitals report two self-selected quarters of data for each of the four self-selected eCQMs. For CY 2022, we are proposing to require that hospitals report three self-selected quarters of data for three self-selected eCQMs and the Safe Use of Opioids eCQM. For CY 2023 and subsequent years, we are proposing that hospitals report four calendar years [quarters] of data for three self-selected eCQMs and the Safe Use of Opioids eCQM. Next, I will cover our proposal to begin publicly reporting eCQMs.

As eCQM reporting for the Hospital IQR Program continues to advance and hospitals have gained several years of experience with successfully collecting and reporting eCQM data, we believe it is important to further our policy goals of leveraging EHR-based quality measure reporting in order to incentivize data accuracy, promote interoperability, increase transparency, and reduce long-term provider burden by providing public access to the reported eCQM data. Originally, as we incorporated eCQMs into the Hospital IQR Program on a voluntary basis, we stated that we

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

would need time to assess the data submitted by hospitals to determine the optimal timing and transition strategy for beginning to public reporting eCQM data.

Based on our validation of eCQM data submitted from CY 2017 and CY 2018, and in alignment with our larger goal to encourage data accuracy and transparency, in this proposed rule, we are proposing to begin publicly reporting eCQM data beginning with the eCQM data reported by hospitals for the CY 2021 reporting period and for subsequent years. These data could be made available to the public as early as the fall of 2022. As with other Hospital IQR Program measures, hospitals would have the opportunity to review their eCQM data before they are made public during our normal 30-day preview period process. Measure data, including eCQM data, would be published on the *Hospital Compare* or the data.medicare.gov websites.

I will now turn it over to Alex from our Validation Support Contractor to talk through the proposals relating to IQR validation

Alex Feilmeier:

Thanks, Julia. My name is Alex Feilmeier with the Validation Support Contractor and I'll be outlining, at a high level, the ways in which CMS is proposing to better streamline validation processes under the Hospital IQR Program. We're looking to incrementally combine the validation processes for chart-abstracted measure data AND eCQM data, including related policies in a stepwise process. These incremental changes to validation affect FY 2023 and FY 2024 payment determinations. Now, I'll explain how we plan to do this.

The proposed changes to FY 2023 payment determination would affect validation in the follow way: Instead of validating chart-abstracted measure data from Q3 2020 through Q2 2021 (as the current process would have it), we would instead validate measure data only from Q3 and Q4 2020. We would not require facilities to submit data for chart-abstracted validation for Q1 and Q2 2021 for the FY 2023 payment determination.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

As you can see on the slide, eCQM validation quarters would remain unchanged, still validating CY 2020 data to affect FY 2023 payment determination. There is a reason for this that I'll explain in the next slides.

Now, for FY 2024 payment determination, because we planned to only utilize two quarters for the previous fiscal year, we can now align data submission quarters between chart-abstracted and eCQM validation all associated with a full calendar year, instead of crossing calendar year quarters like it does currently under chart-abstracted validation program. So, as you can see in the table on this slide, we would use Q1 through Q4 of CY 2021 for the data validation efforts affecting FY 2024 payment determination.

The reason for the stepwise alignment of the quarters used in validation is because CMS is proposing 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. What this means is there would not be two separate groups of hospitals selected for chart-abstracted validation and eCQM validation but rather one sample of hospitals would be selected for both types. When aligning the two samples (chart-abstracted and eCQM) into one sample, this would naturally mean that all the random and, more specifically, targeted selection processes would go into effect for eCQMs, not just chart-abstracted. Lastly, one of the biggest reasons for this alignment of the two samples, CMS proposes to reduce the total number of randomly selected hospitals from 400 to up to 200.

To provide a visual of the proposal to combine the validation samples as well as reduce the total number of hospitals selected for all inpatient data validation efforts, you can see on this slide the table displays a random selection of up to 200 hospitals, and a targeted selection of up to 200 hospitals, totaling up to 400 hospitals selected for validation of both chart-abstracted and eCQM measure types. Under the aligned validation process, any hospital selected for validation would be expected to submit data to be validated for both chart-abstracted measures as well as eCQMs.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

With an alignment of the two samples comes a combining of scoring processes, and beginning with FY 2024, we are proposing a combined validation score. This single score would reflect a weighted combination of a hospital's validation performance for chart-abstracted measures *and* eCQMs. We propose that the eCQM portion of the combined agreement rate would be multiplied by a weight of 0 percent, and chart abstracted measure agreement rate would be weighted at 100 percent. Although the accuracy of eCQM data and the validation of measure reporting will not affect payment at this time, hospitals will pass or fail eCQM validation criteria based on the timely and complete submission of at least 75 percent of the records CMS requests. For example, if eight medical records are requested, at least six complete medical records must be submitted to meet the 75 percent requirement.

An additional validation proposal is related to the submission of medical records. Whereas in the current chart-abstracted validation process, hospitals are allowed to submit paper copies of medical records, or copies on digital portable media such as CD or DVD, or flash drive, beginning with FY 2024 payment determination, these would no longer be submission options. Similar to how the eCQM validation process currently works, hospitals would be required to submit PDF copies of medical records using direct electronic file submission via a CMS-approved secure file transfer transmission process. Lastly for validation, CMS is proposing an increase in the number of eCQM cases randomly selected for validation, in a stepwise fashion, relative to eCQM reporting requirements. As the number of reporting quarters for eCQMs increases, the case selection for validation will also increase. As can be seen on this slide, the number of cases randomly selected per quarter remains steady at eight, but the total number of cases selected in a given calendar year will increase relative to the number of reported quarters required. That's all I have for validation proposals. I'll now pass it off to Mr. Dylan Podson.

Dylan Podson:

Hello, my name is Dylan Podson, and over the next few slides I'll briefly go over the most pertinent aspects to the FY 2021 IPPS Proposed Rule changes specific to the Medicare Promoting Interoperability Program.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

In this proposed rule, the Promoting Interoperability Program has not included many policy changes. So, the majority of it should sound familiar from previous years. As you will notice on this slide, the proposed topics we'd like to draw attention to are as follows: first, the adoption of an EHR reporting period consisting of a minimum of any continuous 90-day period in CY 2022; second, maintaining the Electronic Prescribing Objective's Query of Prescription Drug Monitoring Program measure as optional and worth 5 bonus points in CY 2021; and, third, a slight name change to the Support Electronic Referral Loops by Receiving and Incorporating Health Information measure so that its title more closely aligns with the intended real-world function of the measure; however, just to point out, no other aspect besides the slight name change will be impacted. It is important to note that the first two topics listed here based on the EHR reporting period and the Query of PDMP measure would more or less act as a one-year extension of similar Promoting Interoperability policies from the FY 2020 final rule. In other words, it could be said that the self-selected, continuous 90-day period and the optional bonus PDMP measure are a one-year continuation of the current finalized policy that is currently in place.

Now that we've concluded the Promoting Interoperability's unique proposals, the following slides will contain eCQM proposed changes which are proposed to align with the Hospital IQR Program. To reiterate what has been stated in similar fashion earlier during this presentation, these eCQM reporting proposals are also being proposed in the Hospital IQR Program in order to keep the two programs aligned. As the slides include the same information, I will not be going into as much detail on each particular point; however, they have been replicated here for clarity and consistency sake. I would note that this is not to indicate that duplicative work would be expected or that each of the programs would require independent or parallel eCQM reporting but to confirm that the two programs are seeking to further align with one another.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

This chart may help to visualize how the Medicare Promoting Interoperability Program is proposing to progressively increase the number of quarters for which hospitals are required to report eCQM data, from the current requirement of one self-selected calendar quarter of data, to four calendar quarters of data, over a three-year period. More specifically, we propose to require two self-selected calendar quarters of data from 2021, three self-selected calendar quarters of data from 2022, and four calendar quarters of data beginning with 2023. We believe that increasing the number of quarters for which hospitals are required to report eCQM data would produce more comprehensive and reliable quality measure data for patients and providers. Taking an incremental approach over a three-year period would give hospitals and their vendors time to plan in advance to build upon and utilize investments already made in their current EHR infrastructure. As finalized in the FY 2020 IPPS final rule, attestation is no longer a method for reporting CQMs for the Medicare Promoting Interoperability Program beginning with the reporting period in CY 2023, and instead, all eligible hospitals and CAHs are required to submit their eCQM data electronically through the reporting methods available for the Hospital IQR Program. Additionally, we are proposing that the submission period for the Medicare Promoting Interoperability Program would be the two months following the close of the respective calendar year. For example, calendar year 2023 would end February 28, 2024, and so on with subsequent years as intended.

On this slide, we'll be moving to another proposal alignment with the Hospital IQR Program to begin publicly reporting eCQMs. Electronic reporting serves to further the CMS and HHS policy goals to promote quality through performance measurement and, in the long-term, improve the accuracy of the data and reduce reporting burden for providers. It also promotes the continued effort to align the Promoting Interoperability Program with the Hospital IQR Program. We expect that over time, hospitals will continue to leverage EHRs to capture, calculate, and electronically submit quality data, build and refine their EHR systems, and gain more familiarity with reporting eCQM data. Therefore, the Promoting Interoperability Program is proposing to align with the Hospital IQR

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Program in publicly reporting eCQM data submitted from CY 2017 and CY 2018. Additionally, in alignment with our goal to encourage data accuracy and transparency, we are also proposing to begin publicly reporting eCQM data beginning with the eCQM data reported by hospitals for the CY 2021 reporting period and subsequent years.

By publicly reporting quality measure data, this demonstrates CMS's commitment to providing data to patients, consumers, and providers as quickly as possible, so they are empowered to make informed decisions about their own, and their patients' healthcare. This also reflects the Meaningful Use of certified EHR technology by collecting and reporting quality data, and the effort of continual alignment with the Hospital IQR Program. As eCQM reporting continues to advance, the hospitals have gained several years of experience with successfully collecting and reporting eCQM data, we feel it is important to further our policy goals of leveraging EHR-based quality measure reporting in order to incentivize data accuracy, promote interoperability, increase transparency, and reduce long-term provider burden by providing public access to the reported eCQM data. That's a lot and we appreciate your help. Hopefully, it will help to hear from both the Hospital IQR perspective and the Promoting Interoperability Perspective as we continue the alignment process. That is it for the Medicare Promoting Interoperability portion of this presentation. Thank you for your time and I will hand it over to Julia who will continue.

Julia Venanzi:

Now, I'll talk through our proposals for the Hospital VBP Program for this year.

I'll give a little bit of background on the statutory requirements of the Hospital VBP Program. The Social Security Act requires the HVBP program to withhold 2 percent of participating hospitals' DRG (Diagnosis-Related Group) payments and then redistribute that two percent as value-based incentive payments to hospitals based on how they perform in the Hospital VBP Program. For fiscal year 2020, we estimate that the total amount that will be available for incentive payments will be approximately \$1.9 billion.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Here we outline the differences between the three different tables: 16, 16A and 16B. This slide outlines our previously finalized measures and domains in the HVBP program. There were no proposals to add or remove measures from the HVBP program this year. The domains and measure on the screen now represent those we have previously finalized in past rule. Here you see the four domains in the HVBP program: Safety, Clinical Outcomes, Person & Community Engagement, and Efficiency and Cost Reduction domain. Then, within each of those domains there are associated quality measures. As you can see, the four domains are equally weighted at 25 percent.

In this slide, we outline both the baseline period and the performance period for each of the measures that will be used for the FY 2023 program year. We use hospital's performance during the baseline period to establish the performance standards, the benchmark, and achievement thresholds that we use for scoring in the Hospital VBP Program. For each measure, we use the higher of the hospital's improvement score for the measure, how well they did during the performance period, compared to their own performance during the baseline, or we take, if higher, the achievement score, which is based on how a hospital does during the performance period relative to other hospitals on the same measure during the performance period.

I won't spend too much time going through the next couple of slides. This slide shows the same information on baseline and performance periods but for FY 2024.

The next slide shows for FY 2025.

And lastly, for FY 2026.

Now, I will turn it over to Lang to go over the HAC Reduction Program.

Lang Le:

Good afternoon, my name is Lang Le, and I am the Program Lead for the HAC Reduction Program with CMS.

On this slide, I am going to discuss the Summary of FY 2021 Proposals.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

In the first bullet, we 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. We are updating the definition of applicable period at 42 CFR 412.170 to align with the proposed policy to automatically adopt applicable periods.

In turn, with the Summary of FY 2021 Proposals, proposal to refine validation procedures for HAI data beginning with the FY 2023 program year. We are setting out to align hospital data submission quarters with the Hospital IQR Program validation. Align the hospital selection process with the Hospital IQR Program and reduce the pool of hospitals selected for validation from “up to 600” to now “up to 400.” It will also require electronic submissions of records for validation via a CMS-approved secure file transmission process.

This slide here outlines the HAC Reduction Program resources.

There are numerous links you can click on to find out more about the HACRP Program.

That concludes my presentation on the HAC Reduction Program, and I will hand it over to my colleague Erin Patton.

Erin Patton:

Thank you, Lang. Good afternoon, my name is Erin Patton, and I am the Program Lead for the Hospital Readmissions Reduction Program. Today I will go over the proposals in this year’s rule for HRRP.

In the FY 2021 proposed rule the HRRP Program is not proposing to add or remove any measures to the program. We do, however, have two proposals for this year. The first is to automatically adopt applicable periods beginning with the FY 2023 program year. Under this policy, CMS would advance the three-year performance period for the program calculations by one year every subsequent program year. This will eliminate the need to go through annual rule making for routine program period updates. The second proposal is to update the definition of applicable period to align with this proposed automatic adoption policy. CMS welcomes public comments on the FY 2021 proposals for HRRP.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

This slide contains more details resources on HRRP and resources on reducing hospital readmissions. Thank you for your time and attention today. I will hand it back over to Candace.

Candace Jackson: I'd like to thank all of the speakers for providing the proposed changes for each of their programs.

The proposed rule can be downloaded at the link provided on this slide. Additionally, the slide provides the pages that the proposed changes for each of the programs can be found on.

Comments can be submitted electronically, by regular mail, by express or overnight mail, or by hand courier no later than 5 p.m. Eastern Daylight Time on July 10, 2020. CMS will respond to comments in the final rule, scheduled to be issued by August 1, 2020.

These next few slides will go over the measures that will be included in each of the programs for fiscal year 2021 through fiscal year 2025.

This slide goes over the Claims-Based Coordination of Care, Excess Days in Acute Care measures.

This slide goes over the Readmission Claims-Based Coordination of Care measures.

On this slide, it lists the Claims-Based Mortality Outcome measures.

On this slide is the Claims-Based Patient Safety measures.

On this slide, it lists the Claims-Based Patient Safety measures.

Listed on this slide is the chart-abstracted Clinical Process of Care measures.

This slide lists the EHR-Based Clinical Process of Care eCQM measures.

This slide is a continuation of the eCQM measures.

The HAI measures are listed on this slide.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

This slide lists the hybrid measure.

This slide lists the HCAHPS Patient Experience of Care Survey measure.

Again, I would like to thank our webinar speakers. Thank you for watching our On Demand webinar, and we hope you have a great day.