



# **Hospital Inpatient Quality Reporting (IQR) Program**

## **Inpatient Value, Incentives, and Quality Reporting (VIQR)**

### **Outreach and Education Support Contractor**

#### **FY 2022 IPPS/LTCH PPS Proposed Rule Overview for Hospital Quality Programs Questions and Answers**

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# **Hospital Inpatient Quality Reporting (IQR) Program**

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

Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for grammar.

### **Inpatient Quality Reporting (IQR)**

**Question 1: Where do you find information on the Perinatal Quality Improvement (QI) Collaborative? Where can we get a list of approved Maternal Improvement organizations on a state or national level?**

The Centers for Medicare & Medicaid Services (CMS) defines a state or national Perinatal Quality Improvement Collaborative as a statewide or a multi-State network working to improve women's health and maternal health outcomes by addressing the quality and safety of maternity care. Currently, CMS is accepting comments or questions through the formal comment submission process until June 28, 2021. CMS will respond to comments in the final rule, scheduled to be issued by August 1, 2021.

**Question 2: How is the maternal morbidity measure collected? Is it a chart-abstracted or claims-based measure?**

The Maternal Morbidity data will be collected as a structural measure. CMS proposes to collect these data once a year via a CMS-approved web-based data collection tool available within the Hospital Quality Reporting (HQR) secure portal, similar to previous methods of reporting on structural measures. Information regarding the data submission and reporting of the maternal morbidity measure can be found in the proposed rule at [86 FR 25564 through 25565](#).

**Question 3: Slide 17. For fiscal year (FY) 2024, is the reporting period calendar year (CY) 2022?**

CMS uses quality data reported by hospitals from a previous calendar year to make payment decisions for a future year. Every calendar year is connected to a specific fiscal year. CY 2022 reporting is connected to FY 2024 payment.

**Question 4: Slide 19. I submit our perinatal care (PC)-01 data in the HQR system while our vendor submits our sepsis data. How will the COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) measure be submitted?**

# Hospital Inpatient Quality Reporting (IQR) Program

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

CMS is proposing that hospitals would collect the numerator and denominator for the COVID–19 HCP vaccination measure for at least one self-selected week during each month of the reporting quarter and submit the data to the National Healthcare Safety Network (NHSN) Healthcare Personal Safety (HPS) Component before the quarterly deadline to meet Hospital IQR Program requirements.

**Question 5: When will the COVID–19 Vaccination Coverage among HCP measure data be publicly reported?**

If finalized, CMS would publicly report each quarterly COVID-19 HCP vaccination coverage rate as calculated by the Centers for Disease Control and Prevention (CDC) beginning with the quarter (Q)4 2021 reporting period.

**Question 6: For the COVID–19 Vaccination Coverage among HCP measure, how are hospitals expected to identify staff who meet the exclusion criteria? Additionally, if 90 percent of our workers have received both vaccinations, how would that measure work if you continued to have “None” during your reporting weeks?**

Please refer to the measure specifications within the proposed rule at [86 FR 25573](#). Currently, CMS is accepting comments or questions through the formal comment submission process until June 28, 2021. CMS will respond to comments in the final rule, scheduled to be issued by August 1, 2021.

**Question 7: Slide 21. Does this mean claims for calendar year (CY) 2021 would not be assessed for Patient Safety Indicator (PSI)-04?**

In this proposed rule, CMS is proposing to remove the PSI-04 measure beginning with the CY 2021 reporting period/FY 2023 payment determination. As such, CY 2021 claims would not be assessed for PSI-04 for the Hospital IQR Program.

**Question 8: How does CMS propose to change the chart-abstracted sepsis measure to electronic submission?**

In the FY 2022 IPPS/LTCH PPS proposed rule, CMS has not considered changing sepsis from a chart-abstracted measure to an electronic clinical quality measure (eCQM). CMS finalizes the measures through notice and

# Hospital Inpatient Quality Reporting (IQR) Program

## Inpatient Value, Incentives, and Quality Reporting (VIQR)

### Outreach and Education Support Contractor

comment rulemaking. Any changes to the sepsis measure would be addressed in future rulemaking.

#### Hybrid and Electronic Clinical Quality Measures (eCQMs)

**Question 9:** Please clarify how the Hybrid Hospital-Wide Mortality (HWM) measure will be submitted. Will it continue to be a claims-based measure or another submission method?

The Hybrid HWM measure uses claims and electronic health record (EHR) data to move toward greater use of EHR data for quality measurement. Please refer to the proposed rule at [86 FR 25565 through 25571](#) for additional information.

**Question 10:** What is the data submission dates for the Hybrid HWM eCQM measure? Are reporting periods longer than eCQM reporting periods?

Per the proposed rule, CMS would start with voluntary reporting before requiring data submission. Specifically, the voluntary reporting period would run from July 1, 2022 through June 30, 2023. Hospitals that elect to submit data should do so according to the requirements described in the proposed rule and in the FY 2021 Inpatient Prospective Payment System (IPPS)/Long Term Care Hospital (LTCH) Prospective Payment System (PPS) final rule (85 FR 58940 through 58942). Under previously established policy, hospitals must submit the core clinical data elements and linking variables within three months following the end of the applicable reporting period. (Submissions would be required no later than the first business day three months following the end of the reporting period.) CMS is proposing that mandatory reporting would begin with the reporting period which runs from July 1, 2023 through June 30, 2024, affecting the FY 2026 payment determination and for subsequent years. Hospitals would be required to submit the core clinical data elements and linking variables within three months following the end of the applicable reporting period. (Submissions would be required no later than the first business day three months following the end of the reporting period.)

**Question 11:** The proposed new hybrid all-cause mortality measure would be calculated via claims and “EHR” data. What are “EHR” data and how are they submitted?

The proposed Hybrid HWM measure includes the core clinical data elements (CCDEs) in the case mix adjustment. The CCDEs are values for lab values and vital signs derived from information captured in the

# Hospital Inpatient Quality Reporting (IQR) Program

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

electronic health record (EHR) during the index admission only, as described in the FY 2016 IPPS/LTCH PPS final rule (80 FR 49699).

The table below lists the 10 specific elements used in the proposed Hybrid HWM measure.

<b>Currently Specified Core Clinical Data Element Variables</b>		
<b>Data Elements</b>	<b>Units of Measurement</b>	<b>Time Window for First Captured Values</b>
Heart Rate	Beats per minute	0-2 hours
Systolic Blood Pressure	mmHg	0-2 hours
Temperature	Degrees (Fahrenheit or Celsius)	0-2 hours
Oxygen Saturation	Percent	0-2 hours
Hematocrit	Percent	0-24 hours
Platelet	Count	0-24 hours
White Blood Cell Count	10 <sup>9</sup> per liter (X10E+09/L)	0-24 hours
Sodium	mmol/L	0-24 hours
Bicarbonate	mmol/L	0-24 hours
Creatinine	mg/dL	0-24 hours

**Question 12:** Understanding the proposed Hybrid HWM measure has a different initial patient population (based on age, etc.) and slightly different CCDEs from the Hybrid HWR measure, do you expect the data for these measures to be submitted separately? Will we submit four quarters of data in four separate files for Hybrid HWR and four separate files for Hybrid HWM?

Please refer to the measure specifications within the proposed rule at [86 FR 25565 through 25571](#). Currently, CMS is accepting comments or questions through the formal comment submission process until June 28, 2021. CMS will respond to comments in the final rule, scheduled to be issued by August 1, 2021.

**Question 13:** Where do we find the specific methodology on the proposed Hybrid HWM measure so we can generate this data internally, track it, and make improvements?

Please refer to the measures specifications within the proposed rule at [86 FR 25565 through 25571](#).

# Hospital Inpatient Quality Reporting (IQR) Program

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

**Question 14:** With the proposal to add another hybrid measure, are there plans to have summary/validation reports available on HQR for post-submission review (similar to what is available for eQMs now)?

Yes, feedback and performance reports will be available within the HQR secure portal.

**Question 15:** Would the disease-specific mortality measure sunset?

In the FY 2022 IPPS/LTCH PPS proposed rule, CMS has not considered removing the disease-specific mortality measure. CMS finalizes the measures through notice and comment rulemaking. Any changes to the disease-specific measures would be addressed in future rulemaking.

**Question 16:** Is the blood glucose less than 70 in the hypoglycemic eQm measure?

The Hospital Harm—Severe Hypoglycemia eQm identifies the proportion of patients who experienced a severe hypoglycemic event, defined as a glucose test result of less than 40 mg/dL, within 24 hours of the administration of an antihyperglycemic agent, which indicates harm to a patient. The numerator for this measure is the number of hospitalized patients with a blood glucose test result of less than 40 mg/dL (indicating severe hypoglycemia) with no repeat glucose test result greater than 80 mg/dL within 5 minutes of the initial low glucose test, and where an antihyperglycemic medication was administered within 24 hours prior to the low glucose result. Please refer to the proposed rule at [86 FY 25575 through 25577](#) for an overview of the measure specifications.

**Question 17:** Has CMS defined “severe hyperglycemia”?

A severe hyperglycemic event is defined as a day in which a patient’s blood glucose result was greater than 300 mg/dL, or a day in which a blood glucose value was not documented and was preceded by 2 consecutive days during which at least one glucose value was 200 mg/dL or greater.

**Question 18:** Is CMS proposing hospitals report the two Hospital Harm eQMs (Hospital Harm - Severe Hypoglycemia and Hospital Harm - Severe Hyperglycemia) or proposing them as options?

# Hospital Inpatient Quality Reporting (IQR) Program

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

In this proposed rule, CMS is proposing to add two new medication-related adverse event eQMs to the Hospital IQR Program measure set, that will begin with the CY 2023 reporting period/FY 2025 payment determination.

**Question 19: What is the 2015 Edition Cures Update?**

The Office of the National Coordinator for Health Information Technology's (ONC's) 21st Century Cures Act final rule made several changes to the existing 2015 Edition Health Information Technology (HealthIT) Certification Criteria. The final rule introduced a small number of new certification criteria, revised several existing certification criteria, and removed several certification criteria. These changes constitute the "2015 Edition Cures Update." For more detailed information, please refer to the following:

- [2015 Edition Health Information Technology \(Health IT\) Certification Criteria, 2015 Edition Base Electronic Health Record \(EHR\) Definition, and ONC Health IT Certification Program Modifications Final Rule](#)
- [21st Century Cures Act: Interoperability, Information Blocking and the ONC Health IT Certification Program Final Rule](#)

### **Validation**

**Question 20: Slide 26. When can we expect validation results for Q1 and Q2 2021?**

Q1 2021 and Q2 2021 are part of FY 2024 inpatient data validation efforts and have not yet been requested. Results cannot be determined prior to the request of medical records. CMS's validation support contractors anticipate requesting Q1 2021 medical records in late September to early October 2021.

### **Medicare Promoting Interoperability Program**

**Question 21: Where can we find the Safety Assurance Factors for EHR Resilience (SAFER) Guides measure?**

ONC developed and released the [SAFER Guides](#) in 2014, and later updated them in 2016. This series of nine user guides support hospitals' ability to address EHR safety.

# Hospital Inpatient Quality Reporting (IQR) Program

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

**Question 22:** Please confirm that there is no requirement to complete the SAFER Guide self-assessment. Is it correct that just an answer of Yes or No will be acceptable and not impact the total score?

CMS is proposing to add a new SAFER Guides measure to the Protect Patient Health Information objective beginning with the CY 2022 EHR reporting period. For this measure, CMS is proposing that an eligible hospital or critical access hospital (CAH) must attest to having conducted an annual self-assessment of all nine SAFER Guides, at any point during the calendar year in which the EHR reporting period occurs, with one “yes/no” attestation statement accounting for a complete self-assessment using all nine guides. CMS proposed that in CY 2022, this measure would be required, but it would not be scored, and that reporting “yes” or “no” will not affect the total score for the Medicare Promoting Interoperability Program.

**Question 23:** The 21st Century Cures Act requires release of all electronic health information to patients starting in October of 2022. This proposed rule is essentially proposing to move that deadline up to releasing all electronic health information starting January 1, 2022. Is CMS intending to shorten that deadline for release of all electronic health information to patients already established in the Cures Act?

Currently, CMS is accepting comments or questions through the formal comment submission process until June 28, 2021. CMS will respond to comments in the final rule, scheduled to be issued by August 1, 2021.

**Question 24:** When would the 60-point minimum threshold increase begin?

For the CY 2022 EHR reporting period and subsequent years, CMS is proposing to increase the minimum scoring threshold from 50 points to 60 points.

**Question 25:** Regarding the maintenance of electronic health information for all encounters from January 1, 2016, how would an eligible hospital meet this if they switched their EHR in 2018? For example, a legacy EHR was used from 2016 through 2018, then the hospital implemented a different vendor for 2018 onwards. What is the recommendation? Can you please expand on this?

# **Hospital Inpatient Quality Reporting (IQR) Program**

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

Currently, CMS is accepting comments or questions through the formal comment submission process until June 28, 2021. CMS will respond to comments in the final rule, scheduled to be issued by August 1, 2021.

### **Hospital Value-Based Purchasing (VBP) Program**

**Question 26:** **Is it inevitable the Hospital VBP Program payment modifications will be approved? Typically, the final rule comes out in early August after the Hospital VBP Program Percentage Payment Summary Report (PPSR) is released in late July.**

Currently, CMS is accepting comments or questions through the formal comment submission process until June 28, 2021. CMS will respond to comments in the final rule, scheduled to be issued by August 1, 2021. Due to the recent changes in the HQR system and the proposal of the measure suppressions, the release of the PPSR might be delayed.

**Question 27:** **For the Hospital VBP Program, how will the 2 percent be returned back to the hospitals specifically? There is concern that reimbursement will not match what was withheld.**

If the CMS proposal for FY 2022 Hospital VBP Program is finalized, CMS would reduce each hospital's base-operating Diagnosis Related Group (DRG) payment amount by 2 percent, as required under the Social Security Act. However, since no hospital would receive a Total Performance Score (TPS) for FY 2022, CMS would assign to each hospital a value-based incentive payment percentage that results in a value-based incentive payment amount that matches the 2 percent reduction to the base operating DRG payment amount.

**Question 28:** **Slide 42. Where can we find PSI-90 data once it is removed from the Hospital VBP Program?**

CMS PSI-90 will continue to be a part of the Hospital-Acquired Condition (HAC) Reduction Program.

### **Hospital-Acquired Condition (HAC) Reduction Program**

**Question 29:** **Please clarify the impact that the Hospital-Associated Infection (HAI) measures will or will not have.**

# Hospital Inpatient Quality Reporting (IQR) Program

## Inpatient Value, Incentives, and Quality Reporting (VIQR)

### Outreach and Education Support Contractor

Under the Hospital-Acquired Condition (HAC) Reduction Program, CMS is proposing to establish a measure suppression policy for 3Q and 4Q 2020 HAI measure data from program calculations.

If finalized, the HAI measure methodology and the program scoring methodology would remain unchanged, but this proposal would effectively remove all CY 2020 data and shorten the performance periods of future program years.

For example, the updated FY 2022 HAI performance period would be January 1, 2019 to December 31, 2019. More information on the provisions are included in the [FY 2022 IPPS/LTCH PPS Proposed Rule](#).

**Question 30:** **Slide 53. Regarding Q3 and Q4 data suppression, is the optionally submitted Q4 2019 data used for calculations/penalty?**

Yes, any HAI measure data submitted to the NHSN for Q4 2019 will be used in scoring calculations and payment reduction determinations for the HAC Reduction Program. In a [guidance memo](#) published March 27, 2020, CMS announced that it was excepting all hospitals from CMS's HAI data submission requirements to the NHSN for Q4 2019 discharges because of the COVID-19 Public Health Emergency; however, any optionally submitted data would still be used for program calculations. This policy was also reiterated in the [interim file rule](#) published on September 2, 2020.

**Question 31:** **Has any consideration been given to PSI-3 (pressure injuries) and PSI-12 (deep vein thrombosis/pulmonary embolism) in relation to COVID-19 patients? Patients who had/have COVID-19 had skin breakdowns due to proning and extended use of oxygen masks. These patients also had coagulopathy issues with either bleeding or deep vein thrombosis/pulmonary embolism. These PSIs could skew the total PSI-90 rate in the HAC Reduction Program. The COVID-19 patients did not end with Q1 and Q2 but surged again in Q4 2020 and Q1 2021.**

CMS is aware of these clinical issues and continues to actively monitor the situation. At the present time, CMS has not made a decision to remove COVID-19 patients from the measures or revise measure methodologies in the HAC Reduction Program. If there are any changes to the measures or measure methodologies in the HAC Reduction Program, CMS will communicate this to hospitals through standard communication channels.

Please note that in the FY 2022 IPPS/LTCH PPS proposed rule, published on May 10, 2021, CMS proposed to establish a measure suppression policy

# Hospital Inpatient Quality Reporting (IQR) Program

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

to suppress the third and fourth quarters of CY 2020 data (both HAI and claims) from program calculations in future program years.

If finalized, this proposal would effectively remove all CY 2020 data and shorten the performance periods of future program years accordingly. More information on the provisions is included in the [FY 2022 IPPS/LTCH PPS Proposed Rule](#).

If hospitals believe that their performance continues to be adversely impacted by the COVID-19 public health emergency through CY 2021, we encourage them to submit an individual Extraordinary Circumstances Exception (ECE) Request Form to CMS for CMS's quality reporting and value-based purchasing programs within 90 days of the date of the extraordinary circumstance (for example, June 29, 2021 for Q1 2021 data). The ECE Request Form and submission instructions are available on the QualityNet [ECE Policy](#) page.

### **Hospital Readmissions Reduction Program (HRRP)**

**Question 32: Will HRRP continue as the hybrid readmission measure goes into effect?**

Yes. The Hospital Readmissions Reduction Program (HRRP) is set forth by Section 1886(q) of the Social Security Act. A change to the statutory requirements that establish HRRP, or the termination of the program, would require Congressional action.

### **General Payment Programs**

**Question 33: Are all our Hospital VBP Program, HAC Reduction Program, and HRRP results delayed this year to wait for the final rule?**

For the Hospital VBP Program, CMS publishes the payment adjustment factors for each fiscal year in the Inpatient Prospective Payment System (IPPS) final rule tables, Table 16B, but this was not a normal year. If CMS's proposal to suppress measures and award each hospital a value-based payment amount that matches the reduction to the base operating DRG payment amount are finalized, CMS would also not post Table 16B. Historically, Table 16B was posted after hospitals have been given an opportunity to review and correct their actual TPSs for the fiscal year.

# Hospital Inpatient Quality Reporting (IQR) Program

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

For the HAC Reduction Program, CMS typically notifies hospitals of their results, including payment reduction status, for each fiscal year in their Hospital-Specific Reports, distributed at the start of the Scoring Calculations Review and Correction period.

The proposed measure suppression policy would cause the HAC Reduction Program results to be delayed to allow CMS time to respond to public comments and finalize its policies for the HAC Reduction Program in the FY 2022 IPPS/LTCH PPS final rule. The exact dates of the Scoring Calculations Review and Correction Period will be announced through QualityNet Listserves when HSRs are available.

For HRRP, CMS publishes the payment reductions for each fiscal year in the IPPS/LTCH PPS final rule Table 15 and in the HRRP Supplemental Data File. CMS is not proposing any changes for the FY 2022 HRRP program year in the FY 2022 IPPS/LTCH PPS proposed rule. Therefore, CMS does not expect any delays to the public reporting of the FY 2022 HRRP results or the application of payment reductions.

### Question 34:

**If a facility had a COVID-19 surge in Q1 2021, if proposals go through, would CMS suppress data from all COVID-19 patients for all measures or just certain ones?**

For the Hospital VBP Program, in the FY 2022 IPPS/LTCH PPS proposed rule, CMS announced technical updates to four condition-specific mortality measures and one procedure-specific complication measure to exclude patients with either principal or secondary diagnoses of COVID-19 from the measure denominators beginning with the FY 2023 program year. The five measures are below:

- Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Myocardial Infarction (AMI) Hospitalization (NQF #0230)
- Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Coronary Artery Bypass Graft (CABG) Surgery (NQF #2558)
- Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization (NQF #1893)
- Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Heart Failure Hospitalization (NQF #0229)
- Hospital-Level Risk-Standardized Complication Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) (NQF #1550)

# Hospital Inpatient Quality Reporting (IQR) Program

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

**Question 35:** Will the Hybrid HWR and Hybrid HWM measures be considered for the Hospital VBP Program and HRRP?

In the FY 2022 IPPS/LTCH PPS proposed rule, CMS has not considered the hybrid readmission and mortality measure for the Hospital VBP Program and HRRP. CMS finalizes the measures in the Hospital VBP Program and HRRP through notice and comment rulemaking. Please make sure you are signed up for the [Listserve announcements](#) to ensure you receive notification about the public comment period for rule making.

**Question 36:** Where do we go to submit comments and give feedback on future measure considerations?

You can submit a comment by going to the *Federal Register* [FY 2022 IPPS/LTCH PPS Proposed Rule](#) home page and clicking on “SUBMIT A FORMAL COMMENT.”

**Question 37:** Where do we find the specifications manuals and/or hyperlinks for the proposed measure specifications for more detail?

A summary of the proposed measure specifications is within the proposed rule:

- Maternal Morbidity Structural Measure: [86 FR 25563 through 25564](#)
- Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure: [86 FR 25567 through 25570](#)
- COVID-19 Vaccination Coverage among HCP Measure: [86 FR 25573 through 25574](#)
- Hospital Harm - Severe Hypoglycemia Measure: [86 FR 25576 through 25577](#)
- Hospital Harm – Severe Hyperglycemia Measure: [86 FR 25578 through 25579](#)

**Question 38:** When do the proposed rules become final?

The final rule is scheduled to be issued by August 1, 2021.