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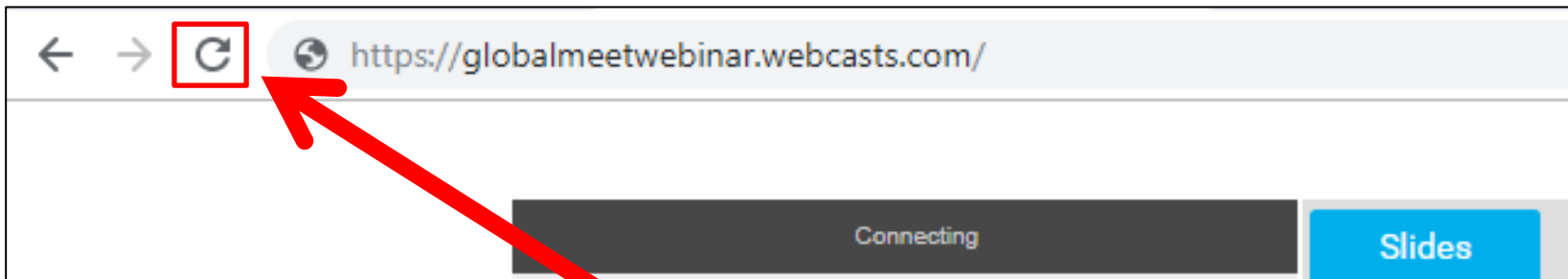
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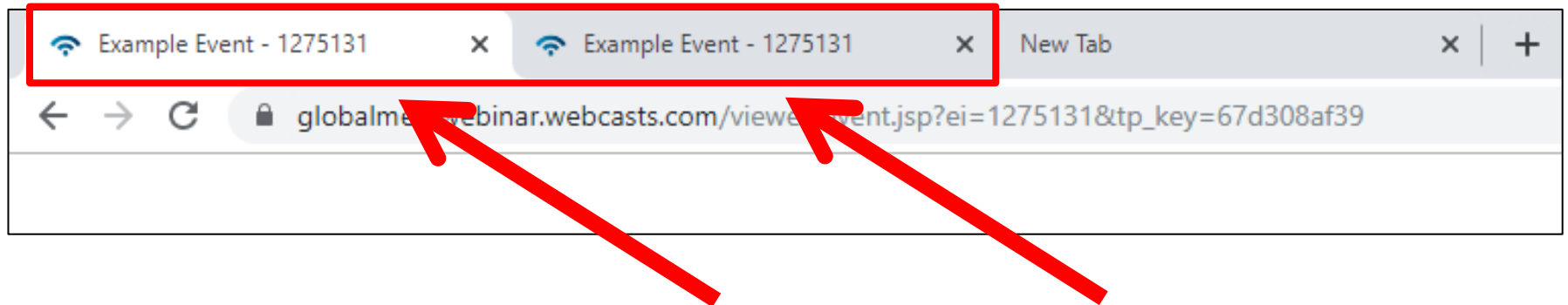
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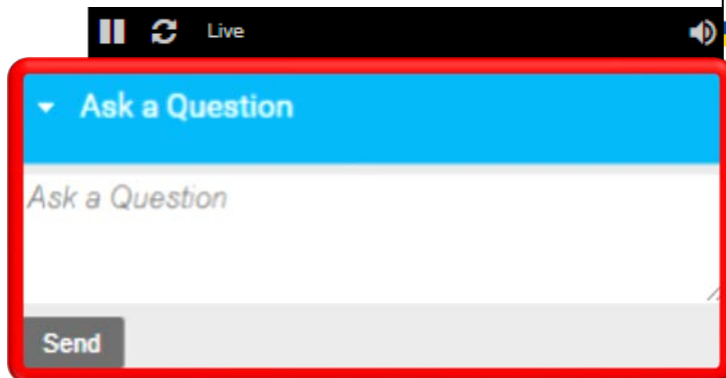
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Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor



Today's Presentation



FY 2022 IPPS/LTCH PPS Proposed Rule Overview for Hospital Quality Programs

June 3, 2021

Speakers

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Moderator

Candace Jackson, RN

Project Lead, Hospital IQR Program
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Purpose

This presentation will provide an overview of the Fiscal Year (FY) 2022 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 Program

Objectives

Participants will be able to:

- Locate the FY 2022 IPPS/LTCH PPS Proposed Rule text.
- Identify proposed program changes within the FY 2022 IPPS/LTCH PPS Proposed Rule.
- Identify the time period for submitting public comments to CMS on the FY 2022 IPPS/LTCH Proposed Rule.
- Submit formal comments to CMS regarding the FY 2022 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

ACS	American College of Surgeons	FY	fiscal year	NQF	National Quality Forum
AMI	acute myocardial infarction	HAC	hospital-acquired condition	PC	Perinatal Care
APIs	application programming interfaces	HAI	healthcare-associated infection	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
CABG	coronary artery bypass graft	HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	PDMP	Prescription Drug Monitoring Program
CAH	Critical Access Hospital	HCP	healthcare personnel	PHE	public health emergency
CAUTI	Catheter-associated Urinary Tract Infection	HF	heart failure	PN	pneumonia
CCSQ	Center for Clinical Standards and Quality	HH	Hospital Harm	PPS	prospective payment system
CDC	Centers for Disease Control and Prevention	HIT	Health Information Technology	PSI	Patient Safety Indicator
CDI	<i>Clostridium difficile</i> Infection	HPS	Healthcare Personal Safety	PY	Program Year
CLABSI	Central Line-associated Bloodstream Infection	HRRP	Hospital Readmissions Reduction Program	Q	quarter
CMS	Centers for Medicare & Medicaid Services	HWM	Hospital-Wide Mortality	QI	Quality Improvement
COMP	complication	HWR	Hospital-Wide Readmission	QRDA	Quality Reporting Document Architecture
COPD	chronic obstructive pulmonary disease	IFC	Interim Final Rule with Comment	QRP	Quality Reporting Program
CQM	Clinical quality measure	IG	Implementation Guide	READM	readmission
CY	Calendar Year	IPPS	inpatient prospective payment system	RSMR	Risk-Standardized Mortality Rate
dQMs	Digital Quality Measures	IQR	Inpatient Quality Reporting	RSRR	Risk-Standardized Readmission Rate
DRG	Diagnosis Related Group	LTCH	Long-Term Care Hospital	SAFER	Safety Assurance Factors for EHR Resilience
ECE	Extraordinary circumstance event	MedPAR	Medicare Provider and Analysis Review	SSI	Surgical Site Infection
eCQM	electronic clinical quality measure	MORT	mortality	STK	stroke
ED	emergency department	MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>	THA/TKA	Total Hip Arthroplasty/Total Knee Arthroplasty
EH	eligible hospital	MSPB	Medicare Spending per Beneficiary	TPS	Total Performance Score
EHR	electronic health record	NHSN	National Healthcare Safety Network	VBP	Value-Based Purchasing
FHIR	Fast Healthcare Interoperability Resources	NPRM	Notice of Proposed Rulemaking	VTE	venous thromboembolism

Julia Venanzi, MPH

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

Cross Program Requests for Information

Advancing to Digital Quality Measurement and the Use of FHIR in Hospital Quality Programs

Gathering broad public input solely for planning purposes for the transition to digital quality measurement:

- Enable the continued transformation of the quality measurement enterprise toward greater digital capture of data
- Use of the Fast Healthcare Interoperability Resources (FHIR) standard for current eCQMs and support quality measurement via application programming interfaces (APIs)
- Potential definition of Digital Quality Measures (dQMs)

Intent: Streamline the approach to data collection, calculation and reporting to fully leverage clinical and patient-centered information for measurement, improvement and learning

Goal: Move fully to digital quality measurement in CMS quality reporting and value-based purchasing programs by 2025

Closing the Health Equity Gap in CMS Hospital Quality Programs

Gathering broad public input for the creation of a future, comprehensive, request for information focused on closing the health equity gap in CMS programs and policies.

- Methods, measures, and indicators of social risk currently used with the CMS Disparity Methods.
- Future expansions of the CMS Disparity Methods, including
 - Potential stratification of quality measure results by race and ethnicity
 - Improving Demographic Data Collection
 - Potential Creation of a Hospital Equity Score to Synthesize Results Across Multiple Social Risk Factors.

Intent: To make reporting of health disparities based on social risk factors and race and ethnicity more comprehensive and actionable for hospitals, providers, and patients.

Goal: Additional RFI or rulemaking in the future

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Program Lead, Hospital IQR Program and Hospital VBP Program
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Hospital IQR Program

Overview of Hospital IQR Program Proposed Changes

- Adoption of 5 new measures
- Removal of 5 measures
- Updates to Certification Requirements for eCQM Reporting
- Validation of Hospital IQR Program data
- Administrative proposals

Proposal of Five New Measures

- Maternal Morbidity Structural Measure
- Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure
- COVID-19 Vaccination Coverage Among HCP Measure
- Two Medication-related Adverse Event eCQMs
 - Hospital Harm-Severe Hyperglycemia
 - Hospital Harm-Severe Hypoglycemia

Proposal to Add: Maternal Morbidity Structural Measure

- This measure would determine the following:
 - The number of hospitals currently participating in a structured state or national Perinatal Quality Improvement (QI) Collaborative
 - Whether hospitals are implementing the safety practices or bundles included as part of these QI initiatives.
- Providers would submit responses once a year via a CMS-approved web-based tool on the *QualityNet* website.
- The measure would have a shortened reporting period (October 1, 2021–December 31, 2021) for FY 2023.
- For FY 2024, and subsequent years, the reporting period would be 12 months from January 1 through December 31.

Proposal to Add: Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure

- The measure would capture hospital-level, risk-standardized mortality within 30 days of hospital admission for most conditions or procedures.
- Hospitalizations eligible for inclusion if the patient was hospitalized at a non-Federal, short-term acute care hospital.
- The measure would include Medicare Fee For Service beneficiaries aged between 65 and 94 years.
- The measure would use a set of Core Clinical Data Elements similar to those used in the Hybrid Hospital-Wide Readmission (HWR) Measure with claims and electronic health record (EHR) data.
- CMS would implement the measure in a stepwise fashion:
 - Voluntary reporting period would be July 1, 2022–June 30, 2023.
 - Mandatory reporting period would be July 1, 2023–June 30, 2024, affecting FY 2026 payment determination and for subsequent years.
 - The measure would be publicly reported as part of the Hospital IQR Program.

Proposal to Add: COVID-19 Vaccination Coverage Among HCP Measure

- The measure would assess the proportion of a hospital's health care workforce that has been vaccinated against COVID-19.
- Hospitals would collect the numerator and denominator for the COVID-19 healthcare personnel (HCP) vaccination measure for at least 1 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.
 - Hospitals would report the number of HCP eligible to have worked at the facility during the self-selected week that the hospital reports data for in NHSN (denominator) and the number of those HCP who have received a complete course of a COVID-19 vaccination (numerator) during the same self-selected week.
- For FY 2023/CY 2021, there would be a shortened reporting period from October 1, 2021–December 31, 2021.
- Proposal includes quarterly reporting deadlines for the Hospital IQR Program beginning with the CY 2022 reporting period/FY 2024 payment determination and for subsequent years.

Proposal to Add Two Medication-related Adverse Event eCQMs to the Measure Set

- The Hospital Harm- Severe Hypoglycemia measure identifies the proportion of patients who experienced a severe hypoglycemic event within 24 hours of the administration of an antihyperglycemic agent, which indicates harm to a patient.
- The Hospital Harm- Severe Hyperglycemia measure assesses the number of inpatient hospital days with a severe hyperglycemic event among the total qualifying hospital days for patients 18 years and older who have a diabetes diagnosis and who either received at least one anti-diabetic medication during the hospital admission, or who had an elevated blood glucose level during their hospital admission.
- Both measures are proposed to be adopted in the eCQM measure set beginning with the CY 2023/FY 2025 Payment Determination

Proposals to Remove Measures

Measure Name	Timeframe for Proposed Removal from the Measure Set
Claims-Based Measure	
CMS PSI-04 - Death Among Surgical Inpatients with Serious Treatable Complications	CY 2021/FY 2023 payment determination
Electronic Clinical Quality Measures (eCQMs)	
ED-2 - Admit Decision Time to ED Departure Time for Admitted Patients	CY 2024/FY 2026 payment determination
PC-05 – Exclusive Breast Milk Feeding	CY 2024/FY 2026 payment determination
STK-3 - Anticoagulation Therapy for Atrial Fibrillation/Flutter	CY 2024/FY 2026 payment determination
STK-6 - Discharged on Statin Medication	CY 2024/FY 2026 payment determination

Future Measure Considerations

CMS is seeking stakeholder feedback on potential new measures and future considerations for the Hospital IQR Program:

- 30-Day, All-Cause Mortality Measure for Patients Admitted With COVID-19 Infection
- Hospital-Level, Risk Standardized Patient Reported Outcomes Measure Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)
- Efforts to Address Health Equity in the Hospital IQR Program
 - Potential Future Expansion of HWR Measure Data and Stratification
 - Structural Measure to Assess the Degree of Hospital Leadership Engagement in Health Equity Performance Data

2015 Edition Cures Update (1 of 2)

We are proposing to require the 2015 Edition Cures Update for Certified EHR Technology beginning with the CY 2023/FY 2025 payment determination for eCQMs and hybrid measures.

- All available eCQMs used for the CY 2023 reporting period/FY 2025 payment determination and subsequent years would need to be certified to the 2015 Edition Cures Update.

Proposal to Update Procedural Requirements

- Propose to remove reference to the QualityNet.org URL
- Propose to use the term “QualityNet security official” instead of “QualityNet Administrator” or “QualityNet System Administrator”
 - Propose the term “security official” would refer to “the individual(s)” who have responsibilities for security and account management requirements for a hospital’s QualityNet account

Alex Feilmeier, MHA

Lead Solutions Specialist

Value, Incentives, and Quality Reporting Center Validation Support Contractor

Hospital IQR Program Validation

Proposal to Extend Effects of Educational Reviews

Summary: The FY 2021 IPPS/LTCH PPS Final Rule finalized several policies to incrementally align the validation processes for chart-abstracted measure data and eCQM data in the Hospital IQR Program. CMS is proposing changes to the data validation educational review process to extend the effects of the educational review policy beginning with validation affecting the FY 2024 payment determination and for subsequent years.

Current process: For the last quarter of validation for chart-abstracted measures, because of the need to calculate the confidence interval in a timely manner and the insufficient time available to conduct educational reviews, the existing reconsideration process must be used to dispute an unsatisfactory validation result.

Proposed process: The quarters used for validation are now early enough to calculate the confidence interval for the fourth quarter of validation in a timely manner. CMS proposes to extend the effects of educational reviews for fourth quarter data. If an error is identified during the educational review process for fourth quarter data, the corrected quarterly score would be used to compute the final confidence interval used for payment determination.

Note: All other previously finalized policies with respect to education reviews would still apply.

Dylan Podson, MPH, CPH, Social Science Research Analyst
Medicare and Medicaid Promoting Interoperability Programs
QMVIG, CCSQ, CMS

Medicare Promoting Interoperability Program

FY 2022 IPPS/LTCH NPRM: Medicare Promoting Interoperability Program Proposed Changes - General

- An EHR reporting period of a minimum of any continuous 90-day period in CY 2023 for new and returning eligible hospitals (EHs) and Critical Access Hospitals (CAHs) (transitioning to a **180-day** period in CY 2024)
- Maintain the Query of Prescription Drug Monitoring Program (PDMP) measure as optional and worth **10 bonus points** in CY 2022
- Required to report on 4 of the Public Health and Clinical Data Exchange Objective measures for a total of 10 points: Syndromic Surveillance Reporting, Immunization Registry Reporting, Electronic Case Reporting, and Electronic Reportable Laboratory Result Reporting
 - Remaining 2 measures would be optional and available to select 1 for an additional 5 bonus points

NPRM=Notice of Proposed Rulemaking

FY 2022 IPPS/LTCH NPRM: Medicare Promoting Interoperability Program Proposed Changes – New Measures

- The Health Information Exchange Bi-Directional Exchange measure (40 points) under the Health Information Exchange Objective as an alternative choice to the 2 current Support Electronic Referral Loops measures
- SAFER Guides measure under the Protect Patient Health Information Objective, where EHs and CAHs must attest to having completed an annual assessment of all 9 guides, beginning January 1, 2022
- Adopting 2 eCQMs to the program's measure set beginning with CY 2023 and removing 4 eCQMs in CY 2024 (in alignment with this rule's similar Hospital IQR Program proposal)

FY 2022 IPPS/LTCH NPRM: Medicare Promoting Interoperability Program Proposed Changes – Administrative/Misc.

- Update to Provide Patients Electronic Access to Their Health Information measure to require the maintenance of electronic health information from all encounters on or after January 1, 2016
- Removal of attestation statements 2 and 3 from the Medicare Promoting Interoperability Program's annual prevention of information blocking requirement (CY 2022 Reporting Period)
- Increase to the program's overall minimum scoring threshold from 50 points up to 60 points.
- Required use of the 2015 Edition Cures Update beginning in CY 2023 (in alignment with this rule's similar Hospital IQR Program proposal).

FY 2022 IPPS/LTCH NPRM: Medicare Promoting Interoperability Program

Proposed Performance-Based Scoring Methodology EHR Reporting Period in CY 2022

Objective	Measure	Maximum Points
Electronic Prescribing	e-Prescribing	10 points
	Bonus: Query of PDMP	10 points (bonus)*
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	20 points
	Support Electronic Referral Loops by Receiving and Reconciling Health Information	20 points
	-OR-	
	Health Information Exchange Bi-Directional Exchange*	40 points*
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information*	40 points
Public Health and Clinical Data Exchange	Report the following 4 measures:* <ul style="list-style-type: none"> Syndromic Surveillance Reporting Immunization Registry Reporting Electronic Case Reporting Electronic Reportable Laboratory Result Reporting 	10 points
	Report 1 of the following measures: <ul style="list-style-type: none"> Public Health Registry Reporting Clinical Data Registry Reporting 	<ul style="list-style-type: none"> 5 points (bonus)*

Notes: The Security Risk Analysis measure, SAFER Guides measure, and attestations required by section 106(b)(2)(B) of MACRA are required but will not be scored. eCQM measures are required but will not be scored.

*Signifies a proposal made in this FY 2022 IPPS/LTCH proposed rule.

FY 2022 IPPS/LTCH NPRM: Medicare Promoting Interoperability Program Resources

Resources For More Information:

- Review this [press release](#) and [fact sheet](#) on the proposed rule. To view the proposed rule (CMS-1752-P), please visit the [Federal Register](#).
- To learn more about the 2015 Edition Cures Update and the changes to 2015 Edition certification criteria finalized in the 21st Century Cures Act final rule (85 FR 25642), we encourage hospitals to visit [ONC's 21st Century Cures Act final rule](#).

Julia Venanzi, MPH

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

Hospital VBP Program

Summary of Proposals

- Establish a measure suppression policy for the duration of the COVID-19 Public Health Emergency (PHE); CMS is proposing to suppress the following measures:

FY 2022 Program Year

- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey
- Medicare Spending Per Beneficiary (MSPB)
- Five Healthcare-Associated Infection (HAI) measures

FY 2023 Program Year

- Pneumonia (PN) 30-Day Mortality Measure (MORT-30-PN)
- Not calculate a Total Performance Score (TPS) for any hospital for the FY 2022 program year and to instead award to all hospitals value-based payment amount for each discharge that is equal to the amount withheld.
- Update 4 condition-specific mortality measures and 1 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.
- Update the FY 2024 Baseline Periods for the HCAHPS Survey, HAI measures, and MSPB.
- Remove the Patient Safety and Adverse Events Composite (CMS PSI 90) measure beginning with the FY 2023 Program Year.

Proposed Flexibilities in Response to the PHE Due to COVID-19 (1 of 2)

- It is not our intention to penalize hospitals based on measure scores that we believe are distorted by the COVID-19 PHE and, thus, not reflective of the quality of care that the measures in the Hospital VBP Program were designed to assess.
- The COVID-19 PHE has had, and continues to have, significant and enduring effects on health care systems around the world, and affects care decisions, including those made on clinical topics covered by the Hospital VBP Program's measures.
- As a result of the COVID-19 PHE, hospitals could provide care to their patients that meets the underlying clinical standard but results in worse measured performance, and by extension, lower incentive payments in the Hospital VBP Program.

Proposed Flexibilities in Response to the PHE Due to COVID-19 (2 of 2)

- We are also concerned that regional differences in COVID-19 prevalence during the performance periods for the FY 2022 and FY 2023 Hospital VBP Programs, which include CY 2020 data, have directly affected hospitals' measure scores in the Hospital VBP program.
- Therefore, we are proposing to adopt a policy for the duration of the PHE for COVID-19 that will enable us to suppress the use of data for a number of measures if we determine that circumstances caused by the COVID-19 PHE have affected those measures and the resulting TPSs significantly.
- We are also proposing to suppress all measures in the Person and Community Engagement, Safety, and Efficiency and Cost Reduction Domains for the FY 2022 Program Year because we have determined that circumstances caused by the COVID-19 PHE have affected those measures significantly, and to adopt a special scoring and payment rule for that program year.

Proposed Flexibilities Impact to FY 2022

Proposed Impact to Measure Calculations

- Under this special rule for FY 2022, we would calculate measure rates for all measures, including the measures we are proposing to suppress, but would only calculate achievement and improvement scores for the measures in the Clinical Outcomes Domain, which we are not proposing to suppress.

Proposed Impact to Domain Scores and Total Performance Score

- We would also calculate domain scores for the Clinical Outcomes Domain but because that domain is only weighted at 25 percent of the TPS and we would have no other domain scores, we would not calculate TPSs for hospitals.

Proposed Impact to Payments

- We would reduce each hospital's base-operating Diagnosis Related Group (DRG) payment amount by 2 percent, as required under the Social Security Act, but because no hospital would receive a TPS for FY 2022, we 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.
- The net result of these payment adjustments would be neutral for hospitals. That is, a hospital's base operating DRG payment amount would remain unchanged for FY 2022.

Proposed Flexibilities Impact to FY 2022 (cont.)

Proposed Impact to Percentage Payment Summary Reports

- We would still provide confidential feedback reports to hospitals on their FY 2022 measure rates on all measures to ensure that they are made aware of the changes in performance rates that we have observed.
- Due to operational complications associated with extended deadlines for Q3 2020 data submissions for the HCAHPS and HAI measures granted in response to the system issues as well as the proposed changes in the FY 2022 scoring methodology, and in order to allow enough time for the appropriate notice and comment period process, we may not be able to provide hospitals with the feedback reports for FY 2022 until after August 1, 2021. We intend to provide hospitals with these feedback reports for FY 2022 as soon as possible and estimate that we will be able to provide reports before the end of 2021.

Proposed Impact to Public Reporting

- We would publicly report Q3 and Q4 2020 data where feasible and with appropriate caveats noting the limitations of the data due to the PHE for COVID-19.

Proposed Flexibilities Impact to FY 2023

- For the FY 2023 Program Year, we are proposing to suppress only 1 measure, MORT-30-PN, because we have determined that circumstances caused by the COVID-19 PHE have affected this measure significantly, but we are not proposing to adopt a special scoring and payment rule for that program year.
- The FY 2024 and FY 2025 Program Years also use CY 2020 data, but we are not proposing to suppress the MORT-30-PN measure in the FY 2024 and FY 2025 Program Years at this time. We will continue to analyze this data and will address suppression of MORT-30-PN for additional program years in future rulemaking.

FY 2022 Program Year Payment Details

Table 16 (Proxy Adjustment Factors)

- Table 16 is based on FY 2021 TPSs and the December 2020 update to the FY 2020 MedPAR file.
- Table 16 is available on the CMS website: <https://www.cms.gov/medicare/acute-inpatient-pps/fy-2022-ipp-pps-proposed-rule-home-page>

Table 16A (Updated Proxy Adjustment Factors)

- If our proposals 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, we will not update Table 16 as Table 16A in the final rule.
- However, if those proposals are not finalized, we would update this table as Table 16A in the final rule (which will be available on the CMS website) to reflect changes based on the March 2021 update to the FY 2020 MedPAR file. The updated proxy value-based incentive payment adjustment factors for FY 2022 would continue to be based on historic FY 2021 Program Year TPSs because hospitals will not have been given the opportunity to review and correct their actual TPSs for the FY 2022 Program Year before the FY 2022 IPPS/LTCH PPS final rule is published.

Table 16B (Actual Incentive Payment Adjustment Factors)

- If our proposals 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, we will 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 FY.

Updates to the Specifications of Mortality and Complication Measures Beginning to Exclude Patients Diagnosed with COVID-19

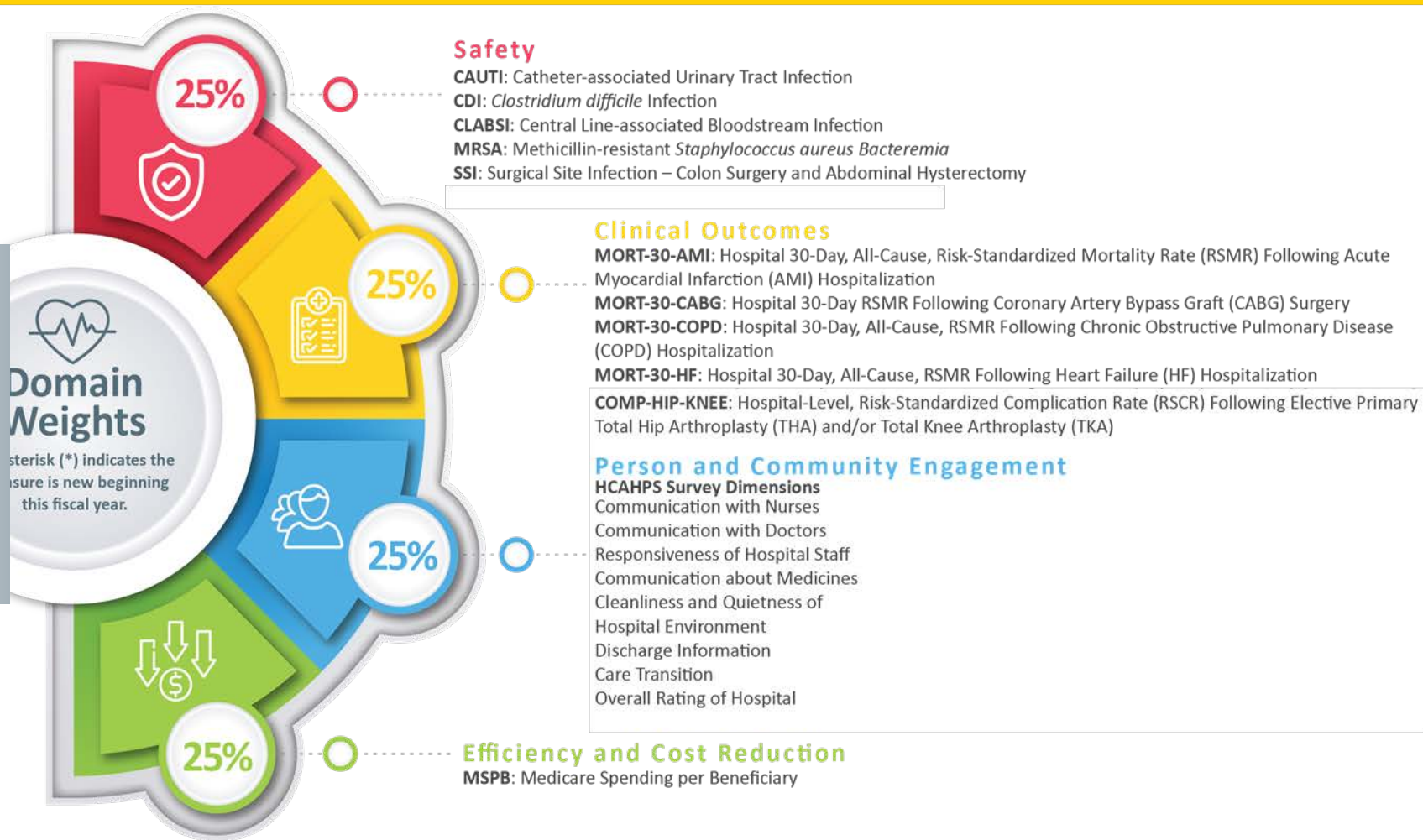
- We are updating the following 4 condition-specific mortality measures and 1 procedure-specific complication measure to exclude patients with either principal or secondary diagnoses of COVID-19 from the measure denominators beginning with the FY 2023 Program Year:
 - Hospital 30-Day, All-Cause, Risk-Standardized 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)
- CMS does not need to update these measures for the FY 2022 Program Year because the only data that would have been affected by the PHE for COVID-19 are from the first and second quarters of CY 2020, which are excluded under the Extraordinary Circumstances Exception (ECE) we granted in response to the PHE for COVID-19.

Proposed Removal of CMS PSI 90 Beginning with FY 2023 Program Year

- We are proposing to remove the CMS Patient Safety and Adverse Events Composite (CMS PSI 90) measure (National Quality Forum [NQF] #0531) from the Hospital VBP Program under removal Factor 8: The costs associated with the measure outweigh the benefit of its use in the program.
- The CMS PSI 90 measure is also used in the HAC Reduction Program, and we believe removing this measure from the Hospital VBP Program will reduce the provider and clinician costs associated with tracking duplicative measures across programs. We continue to consider patient safety a high priority.
- We recognize that the Hospital VBP Program currently uses 5 other patient safety-focused measures (CAUTI, CLABSI, CDI, MRSA, and SSI) that are also used under the HAC Reduction Program.
 - At this time, we believe there is significant opportunity for the remaining 5 patient safety-focused measures to continue encouraging improvement in patient safety in both the Hospital VBP Program and the HAC Reduction Program and will continue to monitor and analyze the impact of these measures and assess the need for revisions in future rulemaking.

FY 2023

Domains and Measures



Notes:

- We are proposing to remove the CMS PSI 90 measure beginning with the FY 2023 Program Year.
- We are proposing to suppress the MORT-30-PN measure for the FY 2023 Program Year.

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**	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†	January 1–December 31, 2019	January 1–December 31, 2021
Efficiency and Cost Reduction	January 1–December 31, 2019	January 1–December 31, 2021

Notes:

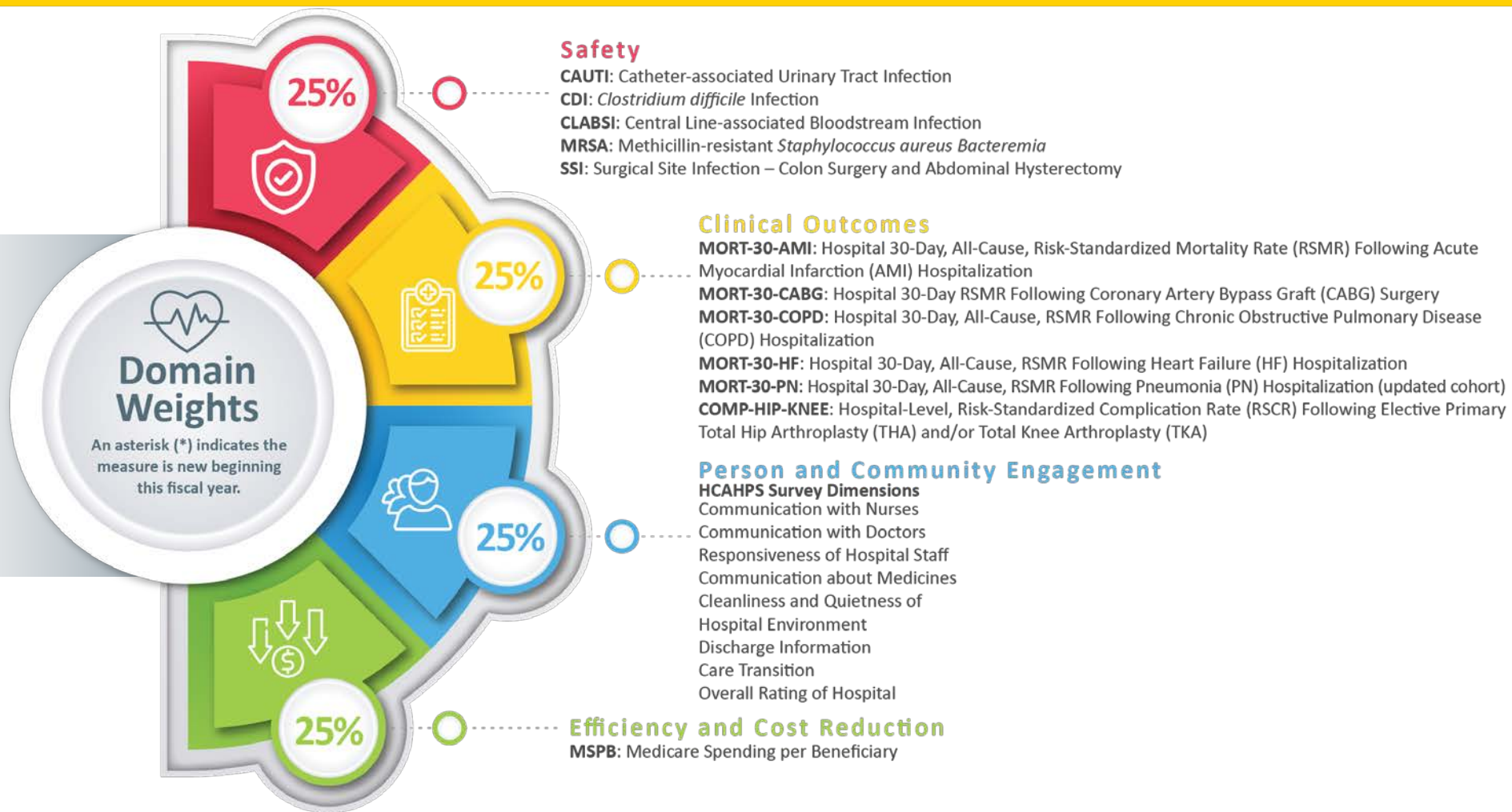
* These performance periods are impacted by the ECE granted by CMS on March 22, 2020, the scope of which was further explained in a March 27, 2020, CMS memorandum. (See the CMS press release: <https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting>; CMS memorandum: <https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-qualityreporting-and-value-based-purchasing-programs.pdf>), and update in the August 25 COVID-19 Interim Final Rule with Comment Period (IFC) (85 FR 54820).

** We are proposing to suppress the MORT-30-PN measure for the FY 2023 Program Year.

† We are proposing to remove the CMS PSI 90 measure beginning with the FY 2023 Program Year.

FY 2024–2027

Domains and Measures



Note:

- We are proposing to remove the CMS PSI 90 measure beginning with the FY 2023 Program Year.

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	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, 2019*	January 1–December 31, 2022
Safety†	January 1–December 31, 2019*	January 1–December 31, 2022
Efficiency and Cost Reduction	January 1–December 31, 2019*	January 1–December 31, 2022

Notes:

* These performance periods are impacted by the ECE granted by CMS on March 22, 2020, the scope of which was further explained in a March 27, 2020, CMS memorandum. (See CMS press release: <https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting>; CMS memorandum: <https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-qualityreporting-and-value-based-purchasing-programs.pdf>), and the update in the August 25 COVID-19 IFC (85 FR 54820). We are proposing to update the baseline periods for the measures included in the Person and Community Engagement, Safety, and Efficiency and Cost Reduction domains.

† We are proposing to remove the CMS PSI 90 measure beginning with the FY 2023 program year.

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	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†	January 1–December 31, 2021	January 1–December 31, 2023
Efficiency and Cost Reduction	January 1–December 31, 2021	January 1–December 31, 2023

Notes:

* These performance periods are impacted by the ECE granted by CMS on March 22, 2020, the scope of which was further explained in a CMS memorandum issued on March 27, 2020. (See the CMS press release: <https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting>; CMS memorandum: <https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-qualityreporting-and-value-based-purchasing-programs.pdf>), and the update in the August 25 COVID-19 IFC (85 FR 54820).

† We are proposing to remove the CMS PSI 90 measure beginning with the FY 2023 Program Year.

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	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 [†]	January 1–December 31, 2022	January 1–December 31, 2024
Efficiency and Cost Reduction	January 1–December 31, 2022	January 1–December 31, 2024

Notes:

[†] We are proposing to remove the CMS PSI 90 measure beginning with the FY 2023 Program Year.

FY 2027

Measurement Periods

Domain	Baseline Period	Performance Period
Clinical Outcomes MORT-30-AMI, MORT-30-CABG, MORT-30-COPD, MORT-30-HF, MORT-30-PN	July 1, 2017–June 30, 2020*	July 1, 2022–June 30, 2025
COMP-HIP-KNEE	April 1, 2017–March 31, 2020*	April 1, 2022–March 31, 2025
Person and Community Engagement	January 1–December 31, 2023	January 1–December 31, 2025
Safety†	January 1–December 31, 2023	January 1–December 31, 2025
Efficiency and Cost Reduction	January 1–December 31, 2023	January 1–December 31, 2025

Notes:

* These performance periods are impacted by the ECE granted by CMS on March 22, 2020, the scope of which was further explained in a CMS memorandum issued on March 27, 2020. (See the CMS press release: <https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting>; CMS memorandum: <https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-qualityreporting-and-value-based-purchasing-programs.pdf>), and the update in the August 25 COVID-19 IFC (85 FR 54820).

† We are proposing to remove the CMS PSI 90 measure beginning with the FY 2023 Program Year.

Jennifer Tate, MPH, MLS(ASCP)^{CM}

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

HAC Reduction Program

Summary of FY 2022 Proposals

- Proposal to adopt a measure suppression policy due to the impact of the COVID-19 PHE on quality measurement for the HAC Reduction Program
- Proposal to suppress Q3 and Q4 2020 HAI and claims data from HAC Reduction Program scoring calculations

Measure Suppression Policy

- Proposal to adopt a policy for the duration of the COVID-19 PHE would enable CMS to suppress use of measure data from the program calculations if appropriate.
- The COVID-19 PHE has significant and enduring effects that may directly affect hospitals' measure performance:
 - Changes to clinical practices to accommodate safety protocols for medical personnel and patients
 - Unpredicted changes in the number of stays and facility-level case mixes
- CMS views this proposal as necessary to ensure that the program does not penalize facilities when their quality performance suffers not due to the care provided, but due to external factors.

Q3 and Q4 2020 Data Suppression

Combined with exclusion of Q1 and Q2 2020 data from the interim final rule, published September 2, 2020, this policy will effectively shorten the performance periods for the CMS PSI 90 and HAI measures in order to suppress Q3 and Q4 2020 data the Total HAC score calculation.

	CY 2018		CY 2019				CY 2020				CY 2021				
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
FY 2022 Performance Periods	CMS PSI 90 7/1/18 – 12/31/19						Data excluded								
				HAI Measures 1/1/19 – 12/31/19		Option to submit	Data excluded								
FY 2023 Performance Periods							CMS PSI 90 7/1/19 – 12/31/19				Data excluded				
							Data excluded				CMS PSI 90 1/1/21 – 6/30/21		HAI Measures 1/1/21 – 12/31/21		

- Original measure performance period
- HAI measures effective performance period
- CMS PSI 90 effective performance period
- Q4 2019 optional submission of HAI data
- CY 2020 data excluded

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://qualitynet.cms.gov/inpatient/hac>

ECE Quick Reference Guide:

- PDF on *QualityNet* website:
<https://qualitynet.cms.gov/inpatient/iqr/participation#tab3>

HAC Reduction Program General Inquiries:

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

Jennifer Tate, MPH, MLS(ASCP)^{CM}

Program Lead, HAC Reduction Program, QMVG, CCSQ, CMS

Hospital Readmissions Reduction Program (HRRP)

Summary of FY 2022 Proposals

- Proposal to adopt a measure suppression policy, due to the impact of the COVID-19 PHE on quality measurement and HRRP
- Proposal to temporarily suppress the Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) following Pneumonia Hospitalization measure (NQF #0506) from the FY 2023 Program Year
- Clarification of the ECE policy
- Proposal to use the MedPAR data to determine aggregate payments that align with the applicable period for FY 2022
- Proposal to automatically adopt the use of MedPAR data corresponding to the applicable period, beginning with the FY 2023 Program Year
- Request for public comment on the possible future stratification of readmission measure results by race and ethnicity and the possible future expansion of standardized data collection to include additional social factors

FY 2023 Pneumonia Suppression

- The proposal would temporarily suppress the pneumonia readmission measure from the FY 2023 Program Year.
 - The FY 2022 HRRP performance period excludes first and second quarter CY 2020 claims data. Therefore, it is not necessary to suppress this measure for the FY 2022 Program Year.
 - Analyses on CY 2020 data indicate that COVID-19 may have impacted the validity of the pneumonia readmission measure.
 - Analyses on the impact of suppressing the pneumonia readmission measure from the FY 2023 Program Year suggest a minimal negative impact.
 - We are proposing to weight the pneumonia readmission measure at zero percent in the payment methodology for FY 2023, so that claims data for the measure would not be used to assess that hospital's performance.
- COVID-19 has impacted the remaining 5 condition/procedure-specific measures, but the impact is less severe.
 - We will update the specifications of these measures to exclude COVID-19 patients from the measure denominators. This change will occur in a subregulatory process.

ECE Policy Clarification

We would like to clarify the following points:

- 1. An approved ECE for HRRP would exclude excepted claims data from calculations of measure performance.** We are not proposing to waive the data submission requirements of a hospital for claims data.
- 2. An approved ECE for HRRP would exclude excepted data from HRRP payment reduction calculations, it does not exempt hospitals from payment reductions under HRRP.** The ECE policy for HRRP is intended to provide relief for a hospital that has been negatively impacted as a direct result of experiencing an extraordinary event beyond the hospital's control, by excepting data from the period during which performance was impacted.

Request for Public Comment on Future Stratification of Results

- We are committed to achieving equity in health care outcomes for our beneficiaries by supporting providers in quality improvement activities to reduce health inequities, enabling them to make more informed decisions, and promoting provider accountability for health care disparities.
- We have created 2 complementary methods to calculate disparities in condition/procedure-specific readmission measures (the CMS Disparity Methods) which are, thus far, focused on dual eligibility as the main stratification variable for reporting disparity results.
- We are seeking comment on potentially expanding our methods for stratified reporting of the Disparity Methods to better illuminate social disparities in populations served by Medicare-participating hospitals.
- In particular, we are exploring the significance of racial and ethnic inequities, as well as other social factors such as language preference and disability status, in outcomes in HRRP.

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.cms.gov/inpatient/hrrp>

HRRP Measure Methodology:

- *QualityNet*: <https://qualitynet.cms.gov/inpatient/measures/readmission/methodology>

ECE Quick Reference Guide:

- PDF on *QualityNet* website: <https://qualitynet.cms.gov/inpatient/iqr/participation#tab3>

HRRP General Inquiries:

- *QualityNet* Question and Answer tool:
https://cmsqualitysupport.servicenow.com/qnet_qa
 - Navigate to the Ask a Question tab.
 - Under the Program list, select HRRP – Hospital Readmissions Reduction Program.

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

FY 2022 IPPS/LTCH PPS Proposed Rule Page Directory and Submission of Comments

FY 2022 IPPS/LTCH PPS Proposed Rule Page Directory

- Download the FY 2022 IPPS/LTCH PPS Proposed Rule from the *Federal Register*:
- Details regarding various quality programs can be found on the pages listed below:
 - HRRP pp. 25459–25469
 - Hospital VBP Program pp. 25469–25496
 - HAC Reduction Program pp. 25496–25502
 - Hospital IQR Program pp. 25561–25601
 - PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program pp. 25601–25608
 - Long-Term Care Hospital Quality Reporting Program (LTCH QRP) pp. 25608–25628
 - Promoting Interoperability pp. 25628–25654

Commenting on the FY 2022 IPPS/LTCH PPS Proposed Rule

- CMS is accepting comments until **June 28, 2021**.
- Comments can be submitted via 4 methods*:
 - Electronically
 - Regular mail
 - Express or overnight mail
- CMS will respond to comments in the final rule, scheduled to be issued by August 1, 2021.

***Note:** Please review the proposed rule for specific instructions for each method and submit by **only** 1 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				
		22	23	24	25	26
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					HRRP				
		Fiscal Year					Fiscal Year				
		22	23	24	25	26	22	23	24	25	26
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				
		22	23	24	25	26	22	23	24	25	26
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						✓	✓	✓	✓	✓

*We are proposing to suppress the MORT-30-PN measure for the FY 2023 Hospital VBP Program PY.

Claims-Based Patient Safety Measures

Measure ID	Measure Name	Hospital IQR Program					Hospital VBP Program					HAC Reduction Program				
		Fiscal Year					Fiscal Year					Fiscal Year				
		22	23	24	25	26	22	23	24	25	26	22	23	24	25	26
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											✓	✓	✓	✓	✓

*We are proposing to remove the CMS PSI 04 measure from the Hospital IQR Program beginning with FY 2023.

**We are proposing to remove the CMS PSI 90 measure beginning with FY 2023 Hospital VBP Program PY.

Claims-Based Efficiency and Payment Measures

Measure ID	Measure Name	Hospital IQR Program					Hospital VBP Program				
		Fiscal Year					Fiscal Year				
		22	23	24	25	26	22	23	24	25	26
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	√	√	√	√	√					

*We are proposing to suppress the MSPB measure for the FY 2022 Hospital VBP Program PY.

Clinical Process of Care Measures (via Chart Abstraction)

Measure ID	Measure Name	Hospital IQR Program				
		Fiscal Year				
		22	23	24	25	26
PC-01	Elective Delivery	✓	✓	✓	✓	✓
Sepsis	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	✓	✓	✓	✓	✓

Claims and Electronic Data Measures

Measure ID	Measure Name	Hospital IQR Program				
		Fiscal Year				
		22	23	24	25	26
Hybrid HWR	Hybrid Hospital-Wide Readmission Note: Measure is voluntary until FY 2026			✓	✓	✓
Hybrid HWM*	Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure				✓	✓

* We are proposing to adopt the Hybrid HWM measure beginning with 1 voluntary reporting period (July 1, 2023–June 30, 2023), followed by mandatory reporting beginning with the July 1, 2023–June 30, 2024, reporting period, impacting the FY 2026 payment determination.

National Healthcare Safety Network Measures

Measure ID	Measure Name	Hospital IQR Program				
		Fiscal Year				
		22	23	24	25	26
HCP Influenza Vaccination	Influenza Vaccination Coverage Among Healthcare Personnel	✓	✓	✓	✓	✓
HCP COVID-19 Vaccination*	COVID-19 Vaccination Coverage Among Health Care Personnel		✓	✓	✓	✓

*We are proposing to adopt the HCP COVID-19 Vaccination measure beginning with FY 2023.

Structural Measures

Measure ID	Measure Name	Hospital IQR Program				
		Fiscal Year				
		22	23	24	25	26
Maternal Morbidity*	Maternal Morbidity Structural Measure		✓	✓	✓	✓

*We are proposing to adopt the Maternal Morbidity measure beginning with FY 2023.

HAI Measures

Measure ID	Measure Name	Hospital IQR					Hospital VBP					HAC Reduction				
		Fiscal Year					Fiscal Year					Fiscal Year				
		22	23	24	25	26	22	23	24	25	26	22	23	24	25	26
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 and Abdominal Hysterectomy Procedures)						√*	√	√	√	√	√	√	√	√	√
MRSA	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						√*	√	√	√	√	√	√	√	√	√

*We are proposing to suppress the HAI measures for the FY 2022 Hospital VBP Payment Year.

Patient Experience of Care Survey Measures

Measure ID	Measure Name	Hospital IQR Program					Hospital VBP Program				
		Fiscal Year					Fiscal Year				
		22	23	24	25	26	22	23	24	25	26
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey	✓	✓	✓	✓	✓	✓*	✓	✓	✓	✓

*We are proposing to suppress the HAI measures for the FY 2022 Hospital VBP Program PY.

FY 2022 IPPS/LTCH PPS Proposed Rule
Overview for Hospital Quality Programs

Thank You

Continuing Education Approval

This program has been approved for [continuing education credit](#) for the following boards:

- **National credit**
 - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
 - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
 - Board of Registered Nursing
 - Board of Nursing Home Administrators
 - Board of Dietetics and Nutrition Practice Council
 - Board of Pharmacy

Note: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

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