



Hospital Inpatient Quality Reporting (IQR) Program

Inpatient Value, Incentives, and Quality Reporting (VIQR)

Outreach and Education Support Contractor

FY 2022 IPPS/LTCH PPS Final Rule Overview for Hospital Quality Programs Presentation Transcript

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Candace Jackson: Good afternoon. Welcome to the *FY 2022 IPPS/LTCH PPS Final Rule Overview for Hospital Quality Programs* webinar. My name is Candace Jackson, and I am with the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be hosting today's event. Before we begin, I would like to make a few announcements. This program is being recorded. A transcript of the presentation, along with the question-and-answer summary, will be posted to the inpatient website, www.QualityReportingCenter.com, in the upcoming weeks. If you are registered for this event, links to the slides were sent out a few hours ago. If you did not receive that email, you can download the slides. Again, that is at www.QualityReportingCenter.com. This webinar has been approved for one continuing education credit. If you would like to complete the survey for today's event, please stand by after the event. We will display a link for the survey that you would need to complete for continuing education. The survey will no longer be available if you leave the event early. If you do need to leave prior to the conclusion of the event, a link to the survey will be available in the summary e-mail one to two business days after the event. If you have questions as we move through the webinar, please type the questions into the Ask A Question window with the slide number associated and we will answer questions as time allows after the event.

I would like now to welcome our speakers for this webinar. Julia Venanzi is the Hospital Inpatient Quality Reporting and Value-Based Purchasing Programs Program Lead. Jessica Warren is the Program Lead for the Medicare Promoting Interoperability Program. Jennifer Tate is the Hospital-Acquired Condition Reduction Program Lead. All are with the Centers for Medicare & Medicaid Services. Alex Feilmeier is the Program Manager for the Value, Incentives, and Quality Reporting Center Validation Support Contractor.

The purpose of this webinar is to provide an overview of the Fiscal Year 2022 IPPS/Long-Term Care Hospital PPS Final Rule as it relates to the Hospital IQR, Hospital Value-Based Purchasing, HAC Reduction, Hospital Readmissions Reduction and the Promoting Interoperability Programs.

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At the end of this presentation, participants will be able to locate the final rule text and identify the finalized program changes within the final rule.

The slide displays a list of the acronyms and abbreviations that we will use throughout the presentation.

I will now turn the presentation over to Julia. Julia, the floor is yours.

Julia Venanzi:

Thank you, Candace. I'd like to welcome everyone to our webinar today. Thank you for taking the time out of your day to join us. I really appreciate this opportunity to share our newly finalized policies for the Hospital Inpatient Quality Reporting Program and the Hospital Value-Based Purchasing Program.

Before I get into the finalized Hospital IQR Program policies for this year, I wanted to first touch on the two cross-program Requests for Information that were included in the proposed rule. These two RFIs are focused on two priority CMS goals. First is the advanced digital quality measurement and the second is improving health equity. The first RFI asks for stakeholder input on CMS's goal of advancing toward digital quality measurement. We saw input on potential use of the Fast Healthcare Interoperability Resources standard, or FHIR standard, for eCQMs that are currently being used in the Hospital IQR and Promoting Interoperability Programs.

The second RFI is focused on improving health equity within CMS programs. In this RFI, we saw stakeholder input on future expansions on CMS's current use of disparity methods including potential future stratification of program data by race, ethnicity, and other demographics, as well as the potential creation of the Hospital Equity Score to be used in hospital programs. We received many comments on these two Requests for Information and we will use that feedback to inform future rulemaking. I did, however, want to note that if you did not get a chance to submit feedback on these two Requests for Information, there are two similar RFIs in the outpatient prospective payment system rule. The comment period for that rule is still open. It's open until September 17, so you do still have a chance to submit comments if you would like.

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I'll move now to the Hospital Inpatient Quality Reporting Program, or the Hospital IQR Program, policies that we finalized. We start first with the high-level overview of all of the finalized policies and then going into more detail in each of them. This year in the Hospital IQR Program, we first finalized adoption of five new measures. Second, we finalized removal of three of the five measures we initially proposed to remove. Third, we finalized an updated technology certification requirement for electronic clinical quality measures and hybrid measures. Fourth, we finalized some changes to the existing validation review process and lastly we finalized some minor terminology updates.

First, with the finalized measure adoption, we finalized all five of the measures that we proposed to adopt in proposed rule. Those are the Maternal Morbidity structural measure, Hybrid Hospital-Wide All-Cause Risk Standardized mortality measure, COVID-19 Vaccination Coverage Among Healthcare Personnel measure, and lastly two medication-related adverse event eQMs: a severe hyperglycemia measure and a severe hypoglycemia measure.

To start out first with the Maternal Morbidity structural measure, we will begin collecting measure data beginning with a shortened time period associated with the calendar year 2021 reporting period and the fiscal year 2023 payment determination. The structural measure was to determine the number of hospitals currently participating in a structured Statewide or National Perinatal Quality Improvement Collaborative and second to determine whether hospitals are implementing the safety practices or bundles included as part of these QI initiatives. We will collect this data once a year via the QualityNet website in a very similar way we have collected previous structural measures in the program.

The second measure's option is to add the Hospital-Wide All-Cause Risk-Standardized mortality measure which I will shorten and call the Hybrid Hospital-Wide mortality measure. This is an outcome measure that captures hospital-level risk standardized mortality within 30 days of hospital admission for most conditions and procedures.

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It does not have a traditional numerator and denominator and is instead reported as a single summary score which is derived from the results of risk-adjusted models for 15 mutually exclusive divisions with a separate risk model for each of those divisions. This measure uses both claims and EHR data in a very similar way to the Hospital-Wide Readmissions Measure that we adopted in the Hospital IQR Program in the Fiscal Year 2020 IPPS Final Rule. I will note here that we have previously included condition-specific mortality measures in the Hospital IQR and Hospital Value-Base Purchasing Programs, but with this measure we are looking to measure hospital performance across a broader set of patients and across more areas of the hospital. One benefit of this broader measure is that this measure also captures the performance for smaller volume hospitals that would otherwise not have had sufficient cases to receive measure scores for the other condition- or procedure-specific mortality measures. We will begin data collection with a voluntary reporting period that includes four quarters of data and runs from July 1, 2022, to June 30, 2023. During the voluntary period, this will not be publicly reported. Hospitals that do voluntarily submit data will receive confidential Hospital-Specific Reports. We will then begin mandatory reporting starting with the reporting period which runs from July 1, 2023, to June 30, 2024, affecting FY 2026 payment determination and for subsequent years. We will begin publicly reporting these data in July 2025 refresh of Care Compare beginning again with data from July 1, 2023, through June 30, 2024.

The third measure adoption is the COVID-19 Vaccination Coverage among Healthcare Personnel measure. We believe it's important to track healthcare provider vaccination in acute facilities in order to protect healthcare workers, patients, and care givers and to help sustain the ability for hospitals to continue to serve those communities during throughout this Public Health Emergency and beyond. This measure will assess the proportion of the hospital's healthcare workforce that has been vaccinated against COVID-19.

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The numerator of this measure is a cumulative member of healthcare personnel eligible to work in a healthcare facility for at least one day during submission period and who have received a completed vaccination course against COVID-19 since the date the vaccine was first available or on a repeated interval if revaccination is recommended. The denominator of this measure is the number of healthcare personnel eligible to work in the healthcare facility for at least one day during submission period excluding persons with contraindications to the COVID-19 vaccine as described by the CDC. Similar to the Flu Vaccination Coverage measure that is currently in the Hospital IQR Program, these data will be collected via the CDC's National Healthcare Safety Network. We will begin collecting data from October 1, 2021, through December 31, 2021, for the calendar year 2021 reporting period and fiscal year 2023 payment determination. Then, for calendar year 2022 reporting and subsequent years, we will collect a full year of data.

Our fourth and fifth measure adoptions are the two Hospital Harm electronic clinical quality measures, or eQMs. As reminder, hospitals can still self-select the eQMs they would like to report within a list of eQMs. We are just adding an eQM to that list. The first eQM, Severe Hypoglycemia eQM, 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 measure is intended to facilitate care not only by promoting adherence to clinical guidelines but also to incentivize hospitals to track and improve practices of appropriate dosing and adequate monitoring of patients receiving a glycemic control agent. The second eQM, hyperglycemia, assesses the number of inpatient hospital days for patients with a severe hyperglycemic event among the total qualifying hospital days for patients 18 years and older who have a diabetes diagnosis and who have either received at least one antidiabetic medication during hospital admission or who have an elevated blood glucose level during the hospital admission. I will note that these two measures were developed in a manner that allows them to be reported independently but they can be considered balancing measures if hospital does choose to report on both measures at the same time.

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I will now move to talk about our measure removal. I'm not going to spend a ton of time going through the individual removal factors, but I did want to note that we did finalize the removal of three eQMs. The first is ED-2, the Admit Decision Time to ED Departure Time for Admitted Patients. The second is the PC-05 eQm, Exclusive Breast Milk Feeding measure. Last is the STK-6 eQm, Discharged on Statin Medication.

I also want to note that we did not finalize our proposal to remove two additional measures. The first of which is the CMS PSI-04 measure or Death Among Surgical Inpatients with Serious Treatable Complications. The second is the STK-3 measure which is the Anticoagulation Therapy for Atrial Fibrillation/Flutter. Our proposal to remove PSI-04 was based on the availability of a more broadly applicable measure, the Hybrid Hospital-Wide Mortality measure. The Hybrid Hospital-Wide Mortality measure has a broad denominator definition that encompasses most surgical inpatients with therapeutic operating room procedures, meaning that most of the patients captured by the CMS PSI-04 would also be captured by the Hybrid Hospital-Wide Mortality measure. However, we recognize that the more granular level of data provided by the CMS PSI-04 measure can help inform hospital quality improvement initiatives. In addition, we understand that the measure data from CMS PSI-04 provides beneficiaries with more detailed information that is specific to surgical care. Therefore, as noted previously upon consideration of comments or feedback, we are not finalizing our proposal to remove the measure and instead are retaining CMS PSI-4 in the Hospital IQR Program measure set at this time. To move to the STK-3 proposal to remove, we had proposed to remove the STK-3 eQm because the population, which is patients prescribed coagulation therapy, which is a type of antithrombotic therapy, can be considered a subpopulation of the global population of ischemic stroke patients captured under the STK-2 eQm. So, though the STK-2 eQm does not provide the same level of granularity, so we have proposed that due to the low reporting rates of STK-3 coupled with that overlapping patient population meant that the benefits of maintaining both measures in the Hospital IQR Program had been reduced.

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However, in response to that rationale, commenters pointed out that the distinction between the STK-3 eCQM makes the general category of antithrombotic therapy and the specific subset of anticoagulant therapy whereas STK-2 does not ensure that stroke patients with atrial fibrillation are appropriately prescribed an anticoagulant as guidelines recommend. Therefore, further consideration of the stakeholder comments we have decided not to move the STK-3 measure.

I'll move now to non-measure-related policies. First of which is our newly finalized policy to require the 2015 Edition Cures Update for Certified EHR Technology beginning with the CY 2023 and FY 2025 payment determination for both eCQM and hybrid measures. Previously, we finalized a requirement to require eCQMs and hybrid measures to be certified to the 2015 certification. Then, in May 2020, the Office of the National Coordinator, or ONC, updated that addition. So, we are now finalizing this change to require the updated version in order to align with the Updated 2015 Edition Cures update.

Lastly, I will briefly note minor administrative policy changes. We're finalizing the removal references to QualityNet.org, instead updating reference to the updated QualityNet URL as well as updating terminology around the QualityNet Security Official in order to closely align with the Hospital Quality Reporting System.

Now, I will turn it over to Alex to review the hospital IQR validation policy before we move on to other programs.

Alex Feilmeier:

Thanks, Julia. Previously, CMS finalized several policies to incrementally align the validation processes from the chart-abstracted measure data and eCQM data in the Hospital IQR Program. CMS proposed changes to the data validation education review process to extend the effects of education review policy beginning with validation affecting the fiscal year 2024 payment determination and subsequent years. Under the previous 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 education reviews, the existing

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reconsideration process had to be used to dispute an unsatisfactory validation result. Now, however, under the newly finalized process, the quarters used for validation are early enough to calculate the confidence interval for the fourth quarter of validation in timely manner, and CMS has finalized extending the effects of educational reviews for the fourth quarter data. Therefore, if an error is identified during the education review process for the fourth quarter data the corrected quarterly score will be used to compute the final confidence interval used for payment determination. It is important to note that all other previously finalized policies with respect to educational reviews will still apply. That's all I have. So, I'll pass it off to Jessica.

Jessica Warren:

Good afternoon and thank you, Alex. This is Jessica Warren, and I'm going to present updates to the Medicare Promoting Interoperability Program based on the 2022 IPPS final rule.

To begin, I'll start by reviewing a few general updates as we finalize in the final rule. First, for calendar year 2023, we are continuing with an EHR reporting period of a minimum of any continuous 90 days in calendar year 2023 and to note this is for new and returning Eligible Hospitals and CAHs. Next, for calendar year 2024, we finalize transitioning the EHR reporting period to a minimum of any continuous 180 days in calendar year 2024 and again this is also for new and returning Eligible Hospitals and CAHs. In calendar year 2022, we finalized maintaining the Query of Prescription Drug Monitoring Program, we call PDMP, as both optional and worth ten bonus points. Last, beginning with calendar year 2022, we finalized requiring reporting on four of the Public Health and Clinical Data Exchange Objective measures. This would include Syndromic Surveillance Reporting, Immunization Registry Reporting, Electronic Case Reporting, and Electronic Reportable Laboratory Result Reporting. For the two remaining measures, the Clinical Data Registry and the Electronic Reportable Laboratory Result Reporting, these are now considered optional. you would gain five bonus points for reporting on one of these two measures.

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In the 2022 IPPS final rule, the Medicare Promoting Interoperability Program finalized new measures and these are first Health Information Exchange Bi-Directional Exchange measure. This measure serves as alternative to reporting on both the Support Electronic Referral Loops measure, sending and receiving. This would begin in calendar year 2022 and is worth 40 points.

Next, the SAFER Guides measure housed under the Protect Patient Health Information Objective will require that Eligible Hospitals and CAHs attest to having completed an annual assessment of all nine SAFER guides. This will begin in January 1, 2022, and will not be scored. Lastly, we're adopting two eCQMs beginning with calendar year 2023 and removing three eCQMs in CY 2024. This is in alignment with the Hospital IQR Program. The addition and removal of these eCQMs were presented by Julia earlier in the presentation.

A few more finalized proposals include, first, removing attestation statements 2 and 3 from the Medicare Promoting Interoperability Program's annual prevention of information blocking requirement. This will begin with the calendar year 2022 EHR reporting period. We should also note that statement 1 has not been removed and remains a program requirement for being considered a meaningful user. Next, we finalized increasing the overall minimum scoring threshold from 50 to 60 points to be considered a meaningful user. Last, we are finalizing aligning with Hospital IQR Program to require the use of 2015 Edition Cures Act Updates for eCQM reporting beginning in CY 2023. Again, Julia presented this under the hospital IQR portion.

Here we have the Medicare Promoting Interoperability Program measure table. This is to reflect all the policy finalized for calendar year 2022 including existing measures.

Last, we would like to share a few links if you need additional information on the 2022 IPPS final rule or to learn more about ONC's 21st Century Cures Act final rule. Thank you for your time. I will now pass the presentation back to Julia.

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Julia Venanzi: Thanks, Jessica. I will go through finalized changes to the Hospital Value-Based Purchasing Program, or Hospital VBP Program, for this year.

To start at a high-level summary, we have a number of changes related to COVID-19 Public Health Emergency. First of which is the establishment of the measure suppression policy for the duration of the Public Health Emergency for COVID-19. Next is to use that measure suppression policy to then suppress a number of measures to the program.

As a result, we are also finalizing change to the scoring and payment methodology for fiscal year 2022 program year, such that hospital Total Performance Scores will not include calculations based on the suppressed measures. We believe that awarding Total Performance Scores, or TPS, to any hospital based on remaining measures that are not suppressed will not result in a fair comparison. As a result, we are not awarding a TPS to any hospital for the fiscal year 2022 program year. Instead, we will apply a payment incentive multiplier that results in a value-based incentive payment that is equal to the amount withheld for the fiscal year, which is 2 percent. This will result in all Eligible Hospitals receiving a neutral payment adjustment for fiscal year 2022. We also updated the baseline period for certain measures affected by the ECE granted in response to the COVID-19 Public Health Emergency. Lastly, we finalized removal of the CMS PSI-90 measure.

Here, I'll go more into depth of the COVID-19 related policy changes. As you all know, the COVID-19 pandemic and associated Public Health Emergency have impeded effective quality measurement in many ways. Changes to clinical practices to accommodate safety protocols as well as unpredicted changes to the number of stays and facility-level case mixes have affected the data used in quality measurement and the resulting quality in scores. Additionally, the COVID-19 problem is not consistent across the country. Hospitals located in different areas have been affected differently at different times during the pandemic. It is not our intention to penalize hospitals based on measure scores that may be distorted by the COVID-19 Public Health Emergency.

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As a result of this, we finalized a number of changes related to fiscal year 2022 program year which uses, in most cases, calendar year 2020 data.

First, in alignment with a number of other value-based purchasing programs, we finalized a measure suppression policy that would enable us to suppress the use of measure data that we have determined significantly impacted by the COVID-19 Public Health Emergency. We used that policy to suppress the following measures in fiscal year 2022 program year for hospital VBP. Those measures are the HCAHPS measure, the Medicare Spending per Beneficiary measure (MSPB) and five healthcare-associated infection measures, including CAUDI, CLABSI, C. Diff, MRSA, and the Surgical Site Infection measures.

We finalized changes to scoring methodology for the program for fiscal year 2022. We will calculate measure rates for all measures including those that we're suppressing but only calculate achievement and improvement scores for the measures in the Clinical Outcomes domain, which contains measures that we are not suppressing. We will calculate domain scores for Clinical Outcomes domain but because that domain is only weighted at 25 percent of the Total Performance Score and will have no other domain scores, we will not calculate Total Performance Scores for hospitals. Finally, we will assign to hospitals a value-based payment percentage that results in a value-based incentives payment amount that matches the 2-percent reduction to the base operating DRG amount and the result of this will result in payment adjustments that are neutral for all eligible hospitals in Hospital VBP Program.

We do still feel that it's important to provide confidential feedback reports to hospitals on their FY 2022 measure rates on all measures to ensure hospitals are able to review their own data from calendar year 2020. Also, we still plan to publicly report calendar year 2020 quarter three and four data where feasible and with appropriate caveats noting the limitations of the data due to the Public Health Emergency.

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We are also suppressing the pneumonia mortality measure but only for the fiscal year 2023 program year since that measure has a different performance period from the measures that I previously mentioned for fiscal year 2022. Calendar year 2020 data for the pneumonia measure is not used until the fiscal year 2023 program year. Since this is the only measure being suppressed in fiscal year 2023, we are not making any change to scoring methodology for that payment year at this time.

For fiscal year 2024 and 2025 program years which also use calendar year 2020 data we are not making additional changes to the pneumonia mortality measure though we will continue to analyze these data and will address the suppression of the pneumonia mortality measure for additional program years and future rulemaking.

I wanted to make a few notes on the payment adjustment tables that we typically publish with the proposed and final rule. Table 16 was posted with the proposed rule earlier this year. Table 16A and Table 16B, which are typically updated later in the year, I wanted to note that since this year's measure suppression proposals were finalized, we will not post updates to these two tables since all hospitals will end up receiving a net neutral payment.

We are also noting updates to the specifications of mortality and complication measure to exclude patients with principal or secondary diagnosis of COVID-19 from the measure denominator beginning with the fiscal year 2023 program year. We believe that excluding these COVID-19 patients from the measure denominator beginning with the fiscal year 2023 program year and subsequent years will ensure that these four condition-specific mortality measures and one procedure-specific complication measure will continue to account for mortality and complication rates as intended. We do not need to update these measures for fiscal year 2022 program year because the only the only data that would be affected by the COVID-19 PHE are from first and second quarters of calendar year 2021 which are excluded under the Extraordinary Circumstances Exception that we granted last March in relation to the PHE.

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Because of the close clinical relationship between pneumonia and COVID-19 we are not updating the pneumonia mortality measure at this time and instead we are suppressing that measure as I previously mentioned. We will continue to analyze all of these measures for impact of COVID-19 as we move forward to future rulemaking.

Next, I will move to our one measure removal for hospital VBP. We are removing the PSI-90 measure beginning with the fiscal year 2023 payment determination under Removal Factor 8 which is the costs associated with measure outweigh the benefit of its use in the program. We continue to consider patient safety as a very high priority, but because the CMS PSI-90 measure is also used in the Hospital-Acquired Conditions Reduction Program, we believe removing this measure from the Hospital VBP Program will reduce the provider and clinician cost associated with tracking duplicative measures across multiple programs.

These next few slides summarize previously finalized requirements, but we wanted to make sure we had all the information all in one place so you will be able to reference these slides in future. These slides contain the finalized measures and domain for the fiscal year 2023 program year through the fiscal year 2027 program year at this time.

That was the Hospital Value-Based Purchasing Program finalized policies for this year. I want to thank you again for your participation today. I will now pass it off to Jennifer Tate to talk through the Hospital-Acquired Conditions Reduction Program finalized policies.

Jennifer Tate:

Thank you and good day, everyone. My name is Jennifer Tate and HAC Reduction Program lead and program analyst for the Hospital Readmissions Reduction Program. I will present the finalized policies for both the HAC Reduction Program and Hospital Readmissions Reduction Program for the fiscal year 2022 final rule.

Beginning with the HAC Reduction Program, we finalized two policies in the fiscal year 2022 final rule. The first is a measure suppression policy for the program due to the impact of the COVID-19 PHE on quality measurement.

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This policy allows CMS flexibility to suppress data used program calculations if warranted. The second is application of the measure suppression policy to suppress quarter three and quarter four 2020 HAI and claims data from future HAC Reduction Program scoring calculations.

The finalized measure suppression policy was adopted for the duration of the COVID-19 PHE. This policy enables CMS to suppress use of measure data from the program calculations if appropriate. We adopted cost program criteria for the suppression policy which were discussed earlier in the presentation. We recognize that the COVID-19 PHE has significant and enduring effects that may directly affect hospitals' measure performance, including but not limited to changes to clinical practices to accommodate safety protocols for medical personnel and patients or unpredicted changes in the number of stays and facility-level case mixes. We view this policy as necessary to ensure the program does not penalize facilities when their quality performance is negatively impacted not due to the care provided but due to an external factor.

The finalized Q3 and Q4 data suppression policy suppresses HAI and claims data under HAC Reduction Program scoring calculations due to the COVID-19 PHE. We combined the exclusion of quarter one and quarter two HAI 2020 claims data announced in the Interim Final Rule published September 2, 2020. This policy removes all of calendar year 2020 data on future program calculations and effectively shortens the performance periods. This figure depicts the impact on the measure's performance period for the fiscal year 2022 and fiscal year 2023 program years. Calendar year 2020 data exclusions that apply to original performance periods are shown in red and remaining effective performance periods are shown in blue and light gray for the CMS PSI-90 and HAI measures, respectively. The optional data submission for quarter four 2019 granted by the national ECE announced in March is shown in yellow. If your hospital submitted data for this quarter, they will be used in the program calculations. Fiscal year 2022 program year relies on a performance period of July 1, 2018, through December 31, 2019, for the CMS PSI-90 measure and a period of January 1, 2019, through December 31, 2019, for the HAI measures.

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For fiscal year 2023, the CMS PSI-90 performance period will be July 1, 2019, through December 31, 2019, and January 1, 2021, through June 30, 2021. The HAI measures performance period will be January 1, 2021, through December 31, 2021.

More information on the HAC Reduction Program can be found on CMS.gov and QualityNet.org websites. You can submit questions about the HAC Reduction Program via the Quality Question and Answer Tool which can be found via the QualityNet website.

Next, I will cover policies for the Hospital Readmissions Reduction Program that were finalized in Fiscal Year 2022 IPPS/LTCH PPS Final Rule.

There are three HRRP program changes that were finalized in the fiscal year 2022 final rule in response to the COVID-19 Public Health Emergency. The first is a measure suppression policy due to the impact of the COVID-19 Public Health Emergency on quality measurements in HRRP. This policy allows us flexibility to suppress data from use in program calculations if warranted. The second is to temporarily suppress a readmission measure from the fiscal year 2023 HRRP program year. Third, the technical specifications of the five remaining readmission measures will be updated to remove COVID-19 patients on the measure denominator for fiscal year 2023. In the final rule, we clarified that we will exclude any patients diagnosed with COVID-19 including a primary or secondary diagnosis of COVID-19 from both the index admissions and readmissions in order to exclude those patients from the measure cohorts. The updates to the technical specifications will be made via the subregulatory process finalized in the Fiscal Year 2015 IPPS/LTCH PPS Final Rule and reiterated in the Fiscal Year 2020 IPPS/LTCH PPS Final Rule. These changes will be detailed in the 2022 Condition-Specific Readmission Measure Updates Specifications Reports.

In the fiscal year 2022 final rule, we provide a clarification in how the Extraordinary Circumstances Exception, or ECE, policy applies to HRRP and finalize the following two administrative policies.

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We adopted a policy to use the MedPAR data that aligns with the applicable period for fiscal year 2022. This policy is consistent with previously finalized policies. This policy states that we will update the data period to identify aggregate payments for excess readmissions and we will continue to use the MedPAR file as the data source. We also finalized a policy to automatically adopt the use of MedPAR data corresponding to the applicable period unless otherwise specified by the Secretary beginning with the fiscal year 2023 program. This policy provides greater certainty around data sources for identifying aggregate payments for excess readmissions payments for future program years.

In this final rule, we finalize the policy to temporarily suppress the pneumonia readmission measure from the FY 2023 HRRP program year under measure suppression Factor 2: clinical proximity of the measure's focus to relevant disease or pathogen, specifically COVID-19. Analysis performed with available data demonstrated that COVID-19 patients captured in the pneumonia readmission measure cohort represent a severely ill group of patients for whom it may be difficult to adequately ascertain appropriate risk adjustment. We are concerned that excluding a significant proportion of all eligible patients may not actually capture the care provided.

Correcting this measure for the fiscal year 2023 program year will address this concern. As part of our analysis, we evaluated the impact of suppressing the pneumonia readmission measure for the fiscal year 2023 program year. Analysis shows that suppressing pneumonia readmission measure would have a minimum negative impact on eligibility for HRRP payment reduction and on the number of hospitals receiving payment reductions. In the finalized policy, we will weigh the pneumonia readmission measure at 0 percent in the HRRP payment reduction methodology so that data for this measure will not be used to assess a hospital's performance. This proposal was not made for the fiscal year 2022 HRRP program year because an applicable period does not use data impacted by COVID-19 Public Health Emergency.

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In the September 2020 IFC, we noted that we will not use any first or second quarter 2020 claims data to assess performance which shortened the FY 2022 applicable period to July 1, 2017, through December 31, 2019.

In the Fiscal Year 2016 IPPS/LTCH PPS Final Rule, we adopted an ECE policy for HRRP. In the Fiscal Year 2018 IPPS/LTCH PPS Final Rule, we modified the requirements for the HRRP ECE policy to further align with processes use by other quality reporting and VBP programs. In this final rule, we are clarifying how the ECE policy applies to HRRP. The ECE policy is intended to provide relief for a hospital that was negatively impacted as a direct result of extraordinary event beyond the hospital's control. An approved ECE for HRRP would exclude the excepted data from HRRP payment reduction calculations including calculations of measure performance. An approved ECE would not waive the claims-based data submission requirement of a hospital nor exempt a hospital from payment reduction under HRRP.

We are committed to achieving equity in healthcare outcomes for beneficiaries by supporting providers in quality improvement activities to reduce health inequities, enabling them to make more informed decisions, and promoting provider accountability in healthcare disparities. We have created the CMS Disparity Methods, which is two complementary methods to calculate disparities in condition- or procedure-specific readmission measure to better account for social risk factors in the Medicare program. These methods focus on dual eligibility as main variables for reporting disparity results. We provide hospitals with disparity results in confidential Hospital-Specific Reports and the data are not publicly reported at this time. In the proposed rule, we saw comments on potentially expanding our methods for stratified reporting of the CMS Disparity Methods to better eliminate social disparity in populations served by Medicare-participating hospitals. In particular, we are exploring significant racial and ethnic inequities as well as other social factors, such as language preferences and disability status, in outcomes in HRRP.

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We appreciate the feedback provided by the commenters regarding measuring health equity in hospital quality measurement programs including HRRP. We will continue to take all concerns, comments and suggestions into account in our future policies.

More information on HRRP can be found on the CMS.gov and QualityNet.org on these websites listed on this slide. You can submit questions via the Quality Question and Answer Tool which can be found via the Quality Net website. Thank you, and I will now pass the presentation back to Candace.

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

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

The next few slides go over the measures that will be included in each of the programs for fiscal year 2022 through fiscal year 2026.

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.

This slide lists the claims-based coordination of care measure.

This slide has the claims-based mortality outcome measures.

On this slide are the claims-based patient safety measures.

On this slide, it lists claims-based efficiency and payment measures.

This slide shows the chart-abstracted clinical process of care measures.

This slide lists the EHR-based clinical process of care, or eCQM, measures.

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This slide lists the claims and electronic data measures.

The NHSN vaccination measures are listed on the slide.

This slide lists the finalized structural measure for the IQR program.

This slide lists the HAI measures.

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

Again, we would like to thank our speakers for today's event. We are getting close to our hour, but we will try to stay on just a tad bit longer to address at least a few of the frequent questions that were submitted during the webinar today. As a reminder, all questions that were submitted today will be responded to and answered and posted at a later date. So, at this time, I do have a few questions that I would like to address to our speakers. We will start out with some for Julia with the IQR Program.

Julia, the first question is, "For the new COVID-19 vaccination coverage measure for the shortened reporting period, October 1, 2021, through December 31, 2021, is this mandatory? If so, what is the deadline for submission to meet IQR reporting requirements?"

Julia Venanzi: Thanks, Candace. Just to check first, can you hear me okay?

Candace Jackson: Yes.

Julia Venanzi: Okay. Perfect. So, to respond to that question, yes, this shortened reporting period for Q4 2021 is required. This measure would be reported with other Q4 2021 data in May of 2022.

Candace Jackson: Thank you, Julia. The next question asks about the contraindications of the COVID-19 vaccine. It asks, "People who do not take the vaccine for religious reasons considered as having a contraindication?"

Julia Venanzi: Yes. So, first off, in the Q&A that gets sent out, I'll make sure that we include the specifications that are posted on the CDC website.

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I'll go ahead and read off the denominator exclusion that is in the specifications, which is the denominator for this measure excludes healthcare personnel with documented contraindications to COVID-19. As of March 2021, the CDC considers contradictions to the COVID-19 vaccine to be severe allergic reaction after a previous dose or to a component of the COVID-19 vaccine and to the immediate allergic reaction of any severity to a previous dose of the COVID-19 vaccine. Those are the only two contraindications.

Candace Jackson: Thank you, Julia. Can I add just one last question that seems to be frequent for eCQMs? When is the last time we can report on the ED-2 eCQM?

Julia Venanzi: The ED-2 measure is being removed from that list of eCQMs from which hospitals can choose which ones they're going to report beginning with calendar year 2024. So, the last time to report on ED-2 data would be the calendar year 2023 reporting period. As a reminder, that data then gets reported in February of 2024.

Candace Jackson: Thank you, Julia. I'd like to kind of move on now into some frequently asked questions regarding the Medicare Promoting Interoperability Program. I had quite a few questions on the SAFER guidelines. So, for Jessica, I have three questions for you that seem to be frequent. The first one is, "I thought the SAFER requirement was to answer the question but not that an EH has completed the assessment."

Jessica Warren: Hi. Thanks, Candace. I also want to make sure you can hear me okay.

Candace Jackson: Yes, we can.

Jessica Warren: Okay. Great. If you go on to the ONC website and locate the actual nine SAFER guides, the way that the guides are set up is that each of the nine guides has a series of practice worksheets that you can either answer the questions by checklists or by processes working alongside your EHR. The actual requirement for our policy is attesting that Yes or No, you did or did not complete the checklist and questions and answers in the worksheets. So, it's not how you completed the question, just that the worksheets were completed.

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Candace Jackson: So, our next question, Jessica, is in regard to both the SAFER guide and security risk analysis. They're asking if the SAFER guide replaces the security risk analysis.

Jessica Warren: That's a great question. So, the security risk assessment and the SAFER guide requirement are both measures that are housed under the Protect Patient Health Information objective. They are both independent measures housed under the same objective, and they're both required. Yes.

Candace Jackson: Thank you. One last question regarding the SAFER measure: The statement says, "Must I attest to having completed? It is our understanding that a Yes or No (No, meaning I have not completed the assessment) does not impact my score nor will it cause me to fail as a meaningful user. Can you confirm or clarify this?"

Jessica Warren: Sure. This is also a great question. This sort of ties into the first question. So, again, we were just requiring that the Eligible Hospital or CAHs are attesting to having completed the self-assessment. Again, back to the first question, the self-assessment just includes answering the questions and checklist or the user guide and not the degree to which you complete or pass or fail the assessment. So, it's simply saying, "Yes, I completed it," or "No, I did not complete it."

Candace Jackson: Thank you very much, Jessica.

Jessica Warren: Whether you complete or not complete, again to the degree of which you do or do not complete it, that will not affect your ability to pass or fail the measure. Yes and No are both acceptable answers.

Candace Jackson: Thank you very much, Jessica. I can get in a couple questions related to the value-based purchasing program for Julia.

Our first one is for VBP neutral payment adjustment for fiscal year 2022. Does that mean a 1.0 adjustment factor? It does not remain the same as fiscal year 2021.

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Julia Venanzi: Yeah, thanks, Candace. All hospitals will receive a neutral payment adjustment, that is a hospital's base operating DRG payment would remain unchanged for fiscal year 2022. No hospital will be penalized, and no hospital will receive a positive incentive payment. That is correct. It is not the same as your FY 21 score. It is a neutral adjustment.

Candace Jackson: So, on the same line, will CMS send out the Percentage Payment Summary Reports for fiscal year 2022 VBP or, since all hospitals are not receiving a score, will the reports not be sent out?

Julia Venanzi: CMS still will send out the PPSRs. These will include measure rates for all measures but will not include the sort of rolled up domain scores or the improvement or achievement scores for the measures that have been suppressed in the Hospital VBP Program.

I know many of you are probably looking out for your PPSRs because you would have gotten them by now in a normal year. We anticipate these reports will be sent out via the HQR System in mid to late October.

Candace Jackson: Wonderful. Thank you, Julia. I know that we are past our time for a few minutes, but I do want to stay on just a minute longer to address a couple of frequent questions that we had regarding the HAC Reduction Program. So, these two next questions will be addressed to that team.

The first one is to confirm that healthcare-associated infections have not been suppressed for any data required to be reported in calendar year 2023, even though the wording states that the suppression policy will be in effect until the end of the COVID-19 Public Health Emergency.

Aaron Swaney: Thanks, Candace. This is Aaron Swaney, the HAC Reduction Program program lead for the support contractor. CMS is closely monitoring the dynamic situation of the Public Health Emergency and will communicate further guidance as it is available. Additional guidance will be announced via the CMS.gov website and communicated through the QualityNet Listserves. If you're not signed up for the QualityNet Listserves, you can sign up for e-mail updates by going to the bottom of QualityNet home page on QualityNet.cms.gov and clicking Join Now.

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Performance periods for the HAC Reduction Program are finalized through the IPPS notice and comment rulemaking cycle. As finalized in the FY 2022 IPPS Final Rule, CMS at this time is suppressing the use of calendar year 2020 data, both claims data and HAI data, from the HAC Reduction Program. Extending the COVID-19 measure suppression policy to future quarters would be announced through future IPPS rules.

Candace Jackson: Thank you, Aaron. One last question: “Can you tell us what the performance periods are for fiscal year 2024 in the HAC Reduction Program?”

Aaron Swaney: Thanks, Candace. At this time, the fiscal year 2024 performance periods for the measures included in the HAC Reduction Program will be January 1, 2021, through December 31, 2022, for the HAI measures. They will be January 1, 2021, through June 30, 2022, for the CMS PSI-90 measure. These performance periods are finalized through the IPPS notice with comment rulemaking cycle. Extending the COVID-19 measure suppression policy for future quarters will be announced through future IPPS rules.

Candace Jackson: Thank you very much, Aaron. Again, thank you all for responding to these questions. We are over our time. So, again, if your question did not get responded to today during the live webinar, all questions will be responded to and posted at a later date. Next slide, please.

As indicated, this webinar has been approved for one continuing education credit, and you can obtain the continuing education credit by clicking on the link that is provided in the slide. Next slide.

Again, I would like to thank all of you for joining us today. We hope that you have a good rest of your day. Thank you, again.