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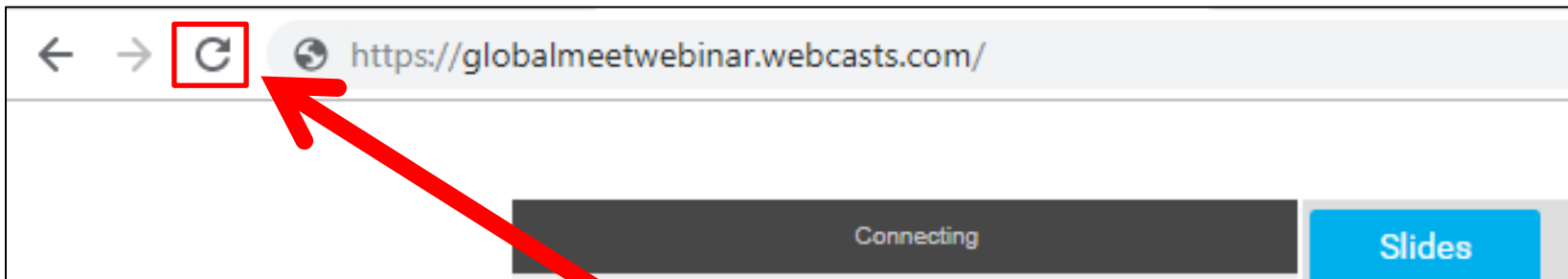
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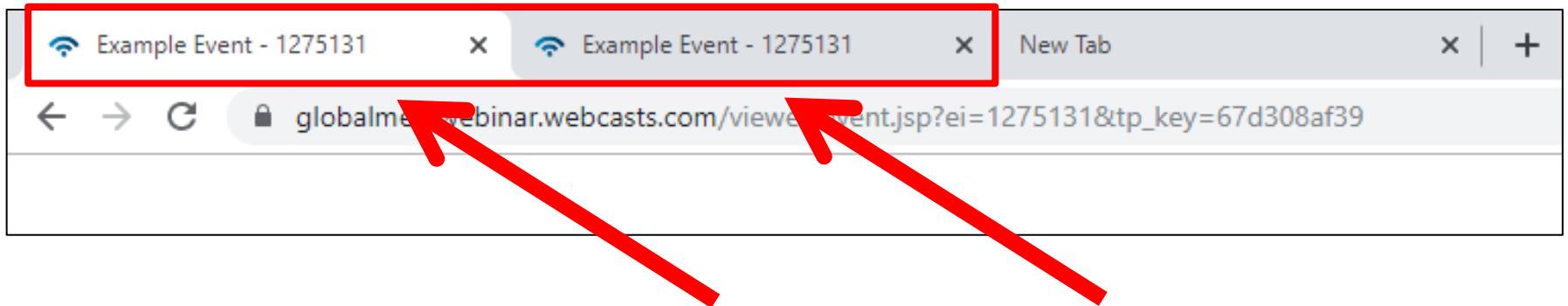
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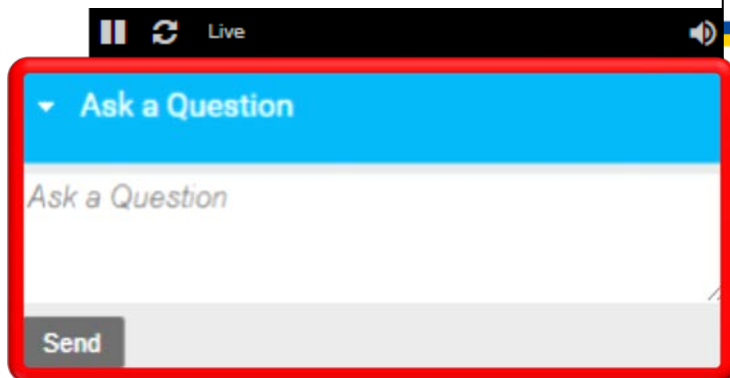
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Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor



Today's Presentation



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

September 9, 2021

Speakers

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

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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 (LTCH) Prospective Payment System (PPS) final 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)
- Medicare Promoting Interoperability Program

Objectives

Participants will be able to:

- Locate the FY 2022 IPPS/LTCH PPS final rule text.
- Identify finalized program changes within the FY 2022 IPPS/LTCH PPS final rule.

Acronyms and Abbreviations

ACS	American College of Surgeons	HAC	hospital-acquired condition	PC	Perinatal Care
AMI	acute myocardial infarction	HAI	healthcare-associated infection	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
API	application programming interface	HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	PDMP	Prescription Drug Monitoring Program
CABG	coronary artery bypass graft	HCP	healthcare personnel	PHE	public health emergency
CAH	Critical Access Hospital	HF	heart failure	PN	pneumonia
CAUTI	Catheter-associated Urinary Tract Infection	HH	Hospital Harm	PPS	prospective payment system
CDC	Centers for Disease Control and Prevention	HPS	Healthcare Personal Safety	PSI	Patient Safety Indicator
CDI	<i>Clostridium difficile</i> Infection	HRRP	Hospital Readmissions Reduction Program	QRP	Quality Reporting Program
CLABSI	Central Line-associated Bloodstream Infection	HWM	Hospital-Wide Mortality	READM	readmission
CMS	Centers for Medicare & Medicaid Services	HWR	Hospital-Wide Readmission	RFI	Request for Information
COMP	complication	IFC	Interim Final Rule with Comment	RSP	risk-standardized payment
COPD	chronic obstructive pulmonary disease	IPPS	inpatient prospective payment system	RSMR	Risk-Standardized Mortality Rate
CY	Calendar Year	IQR	Inpatient Quality Reporting	RSRR	Risk-Standardized Readmission Rate
dQMs	Digital Quality Measures	LTCH	Long-Term Care Hospital	SAFER	Safety Assurance Factors for EHR Resilience
DRG	Diagnosis Related Group	MedPAR	Medicare Provider and Analysis Review	SSI	Surgical Site Infection
ECE	Extraordinary Circumstance Exception	MORT	mortality	STK	stroke
eCQM	electronic clinical quality measure	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
FY	fiscal year	NQF	National Quality Forum		

Julia Venanzi, MPH, Program Lead
Hospital IQR and Hospital VBP Programs, QMVG, CCSQ, CMS

Cross Program Requests for Information

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

CMS is gathering broad public input solely for planning purposes to transition to digital quality measurement:

- Enable the continued transformation of the quality measurement enterprise toward greater digital capture of data.
- Use the Fast Healthcare Interoperability Resources (FHIR) standard for current electronic clinical quality measures (eCQMs) and support quality measurement via application programming interfaces (APIs)
- Potentially define 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

CMS is gathering broad public input for the creation of a future, comprehensive request for information (RFI) 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
 - 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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Hospital IQR Program

Overview of Finalized Hospital IQR Program Changes

- Adoption of 5 new measures
- Removal of 3 measures
- Updates to certification requirements for eCQM and hybrid measure reporting
- Validation of Hospital IQR Program data
- Administrative updates to *Code of Federal Regulations* text

Addition of 5 New Measures

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

Maternal Morbidity Structural Measure

- This measure asks the following:
 - Does your hospital or health system participate in a Statewide and/or National Perinatal Quality Improvement Collaborative Program aimed at improving maternal outcomes during inpatient labor, delivery and postpartum care, and implement patient safety practices or bundles related to maternal morbidity to address complications, including, but not limited to, hemorrhage, severe hypertension/preeclampsia or sepsis?
- Responses include Yes, No, and N/A (Our hospital does not provide inpatient labor/delivery care.).
- Reporting periods are:
 - FY 2023: October 1, 2021–December 31, 2021
 - FY 2024 and subsequent years: January 1 through December 31
- Providers will submit responses once a year via a web-based tool within the *Hospital Quality Reporting Secure Portal*.
- The submission period is generally April 1–May 15.

Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure

- The measure will capture hospital-level, risk-standardized mortality within 30 days of hospital admission for most conditions or procedures.
- Hospitalizations are eligible for inclusion if the patient was hospitalized at a non-Federal, short-term acute care hospital.
- The measure will include Medicare Fee For Service beneficiaries aged between 65 and 94 years.
- The measure will 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 will implement the measure in a stepwise fashion:
 - Voluntary reporting period will be July 1, 2022–June 30, 2023.
 - Mandatory reporting period will be July 1, 2023–June 30, 2024, affecting FY 2026 payment determination and for subsequent years.
 - The measure will be publicly reported as part of the Hospital IQR Program.

COVID-19 Vaccination Coverage Among HCP Measure

- The measure will assess the proportion of a hospital's health care workforce that has been vaccinated against COVID-19.
- Hospitals will collect the numerator and denominator for the COVID-19 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 will 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/Calendar Year (CY) 2021, there will be a shortened reporting period from October 1, 2021–December 31, 2021.
- Beginning with the CY 2022 reporting period/FY 2024 payment determination and for subsequent years, the submission will follow the quarterly reporting deadlines for the Hospital IQR Program.

2 Medication-related Adverse Event eCQMs to the eCQM Measure Set

- **Hospital Harm-Severe Hypoglycemia:** The 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.
- **Hospital Harm-Severe Hyperglycemia:** The 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 will be adopted in the eCQM measure set beginning with the CY 2023/FY 2025 payment determination.

Measures Finalized for Removal

Measure Name	Timeframe for Removal from the Measure Set
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-06 – Discharged on Statin Medication	CY 2024/FY 2026 payment determination

ED=emergency department

Measures NOT Finalized for Removal

- In the FY 2022 IPPS/LTCH PPS proposed rule, we also proposed the removal of two additional measures
 - **CMS PSI-04** - Death Among Surgical Inpatients with Serious Treatable Complications
 - **STK-03** - Anticoagulation Therapy for Atrial Fibrillation/Flutter eCQM
- Based on further consideration of stakeholder comments, we did not finalize the removal of these two measures, and they will remain in the Hospital IQR Program at this time

2015 Edition Cures Update

Hospitals will be required to use 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.

Administrative updates to *Code of Federal Regulations* text

- Remove reference to the QualityNet.org URL.
- Use the term “QualityNet security official” instead of “QualityNet Administrator” or “QualityNet System Administrator”.
 - The term “security official” will 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

Finalized 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. In the FY 2022 IPPS/LTCH PPS Final Rule, CMS finalized 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.

Finalized 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 finalized the proposal 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 will be used to compute the final confidence interval used for payment determination.

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

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Medicare Promoting Interoperability Program

Medicare Promoting Interoperability Program

Finalized Changes – General

- Continue 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). Transition to a **180-day** period in CY 2024 for new and returning eligible hospitals (EHs) and Critical Access Hospitals (CAHs).
- Maintain the Query of Prescription Drug Monitoring Program (PDMP) measure as optional and worth **10 bonus points** in CY 2022.
- Require reporting 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 beginning in CY 2022.
 - Remaining 2 measures are considered optional. (Providers may report on 1 for an additional 5 bonus points.)

Medicare Promoting Interoperability Program

Final Rule: New Measures

- The Health Information Exchange Bi-Directional Exchange measure (40 points) under the Health Information Exchange Objective as an alternate choice to the 2 current Support Electronic Referral Loops measures beginning in CY 2022
- 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
- Adopt 2 eCQMs to the program's measure set beginning with CY 2023 and remove 3 eCQMs in CY 2024 (in alignment with the finalized Hospital IQR Program policies)

Medicare Promoting Interoperability Program

Final Rule: Administrative/Misc.

- Remove attestation statements 2 and 3 from the Medicare Promoting Interoperability Program's annual prevention of information blocking requirement (CY 2022 reporting period).
- Increase the program's overall minimum scoring threshold from 50 points up to 60 points beginning in CY 2022.
- Require use of the 2015 Edition Cures Update for eCQMs beginning in CY 2023 (to align with the Hospital IQR Program).

Medicare Promoting Interoperability Program

Finalized 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 	5 points (bonus)*

Note: The Security Risk Analysis measure, SAFER Guides measure, and attestations required by section 106(b)(2)(B) of the Medicare Access and CHIP Reauthorization Act are required but will not be scored. eCQM measures are required but will not be scored.

*Signifies a proposal finalized in the FY 2022 IPPS/LTCH PPS Final Rule

Medicare Promoting Interoperability Program Resources

- To view the final rule (CMS-1752-P), please visit the *Federal Register* at this link:
<https://www.govinfo.gov/content/pkg/FR-2021-08-13/pdf/2021-16519.pdf>
- 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 the [21st Century Cures Act final rule](https://www.healthit.gov/curesrule/final-rule-policy/2015-edition-cures-update):
<https://www.healthit.gov/curesrule/final-rule-policy/2015-edition-cures-update>

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Hospital VBP Program

Summary of Finalized Proposals

CMS will establish a measure suppression policy for the duration of the COVID-19 Public Health Emergency (PHE); CMS finalized the suppression of the following measures:

- FY 2022 Program Year
 - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey
 - Medicare Spending Per Beneficiary (MSPB)
 - 5 Healthcare-Associated Infection (HAI) measures
- FY 2023 Program Year
 - Pneumonia (PN) 30-Day Mortality Measure (MORT-30-PN)

Summary of Finalized Proposals

(continued)

CMS will:

- Not calculate a Total Performance Score (TPS) for any hospital for the FY 2022 program year.
- Award all hospitals with a 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.

Flexibilities in Response to the COVID-19 PHE

- 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.

Measure Suppression Policy

- Measure Suppression Policy: CMS finalized a policy that enables us to suppress the use of data for a measure if it is determined that circumstances caused by the COVID-19 PHE have affected that measure and the resulting Total Performance Scores.
- Suppression of 7 Hospital VBP Program measures: We are utilizing the measure suppression policy to suppress all measures in the following domains for FY 2022:
 - Person and Community Engagement domain
 - Safety domain
 - Efficiency and Cost Reduction domain

Special Scoring Policy for FY 2022

Impact to Measure Calculations

We will calculate measure rates for all measures, including the measures we finalized to suppress, but we would only calculate achievement and improvement scores for the measures in the Clinical Outcomes domain, which we did not propose to suppress.

Impact to Domain Scores and Total Performance Score

We will 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 will not calculate TPSs for hospitals.

Impact to Payments

- We will reduce each hospital's base-operating Diagnosis Related Group (DRG) payment amount by 2 percent, as required under the Social Security Act. Because no hospital would receive a TPS for FY 2022, we will 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.

Impact of Finalized Policies on FY 2022 Program Year

Impact to Percentage Payment Summary Reports

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

Impact to Public Reporting

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

Impact of Finalized Policies on FY 2023 Program Year

- For the FY 2023 Program Year, we will be suppressing 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 adopting 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 suppressing the MORT-30-PN measure in the FY 2024 and FY 2025 Program Years currently. We will continue to analyze the 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-ipps-proposed-rule-home-page>

Table 16A (Updated Proxy Adjustment Factors)

- Due to the finalized proposal to suppress measures and award each hospital a value-based payment amount that matches the reduction to the base operating DRG payment amount, we did not update Table 16 as Table 16A in the final rule.
- The proposals are finalized, so we would not 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 received 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)

- Since the proposal to suppress measures and award each hospital a value-based payment amount that matches the reduction to the base operating DRG payment amount is finalized, we will also not post Table 16B.
- Historically, Table 16B was posted after hospitals received an opportunity to review and correct their actual TPSs for the fiscal year.

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

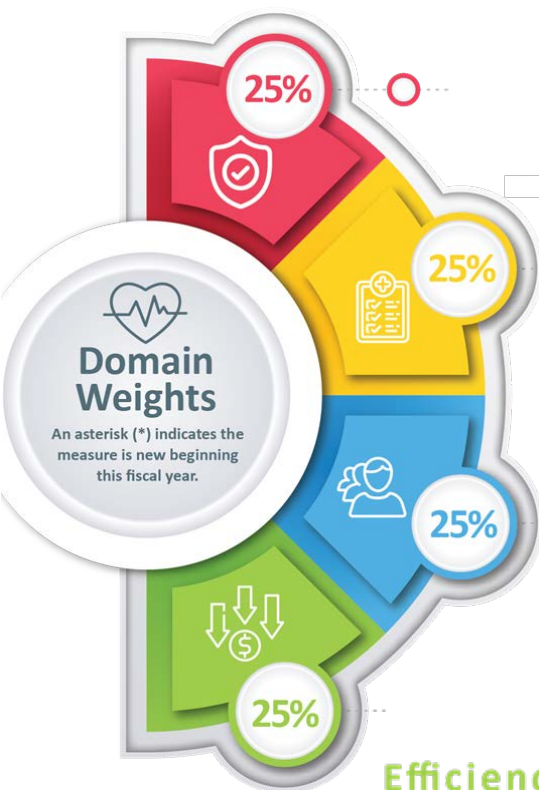
- We are updating these 4 condition-specific mortality measures and 1 procedure-specific complication measure to exclude patients with either principal or secondary diagnoses of COVID-19 from the measure denominators beginning with the FY 2023 Program Year:
 - Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Myocardial Infarction (AMI) Hospitalization (National Quality Forum (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 COVID-19 PHE are from Quarter (Q)1 and Q2 2020, which are excluded under the Extraordinary Circumstances Exception (ECE) granted in response to the COVID-19 PHE.

Removal of CMS PSI 90 Beginning with FY 2023 Program Year

- We are removing the CMS Patient Safety and Adverse Events Composite (CMS PSI 90) measure (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 also note that we will consider a composite harm measure which includes several patient safety and harm measures when all other harm measures such as pressure injury, falls with injury, acute kidney injury, and medication related bleeding are fully developed

FY 2023

Domains and Measures



Safety

CAUTI: Catheter-associated Urinary Tract Infection

CDI: *Clostridium difficile* Infection

CLABSI: Central Line-associated Bloodstream Infection

MRSA: Methicillin-resistant *Staphylococcus aureus* Bacteremia

SSI: Surgical Site Infection – Colon Surgery and Abdominal Hysterectomy

Clinical Outcomes

MORT-30-AMI: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization

MORT-30-CABG: Hospital 30-Day RSMR Following Coronary Artery Bypass Graft (CABG) Surgery

MORT-30-COPD: Hospital 30-Day, All-Cause, RSMR Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization

MORT-30-HF: Hospital 30-Day, All-Cause, RSMR Following Heart Failure (HF) Hospitalization

COMP-HIP-KNEE: Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

Person and Community Engagement

HCAHPS Survey Dimensions

Communication with Nurses

Communication with Doctors

Responsiveness of Hospital Staff

Communication about Medicines

Cleanliness and Quietness of

Hospital Environment

Discharge Information

Care Transition

Overall Rating of Hospital

Efficiency and Cost Reduction

MSPB: Medicare Spending per Beneficiary

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

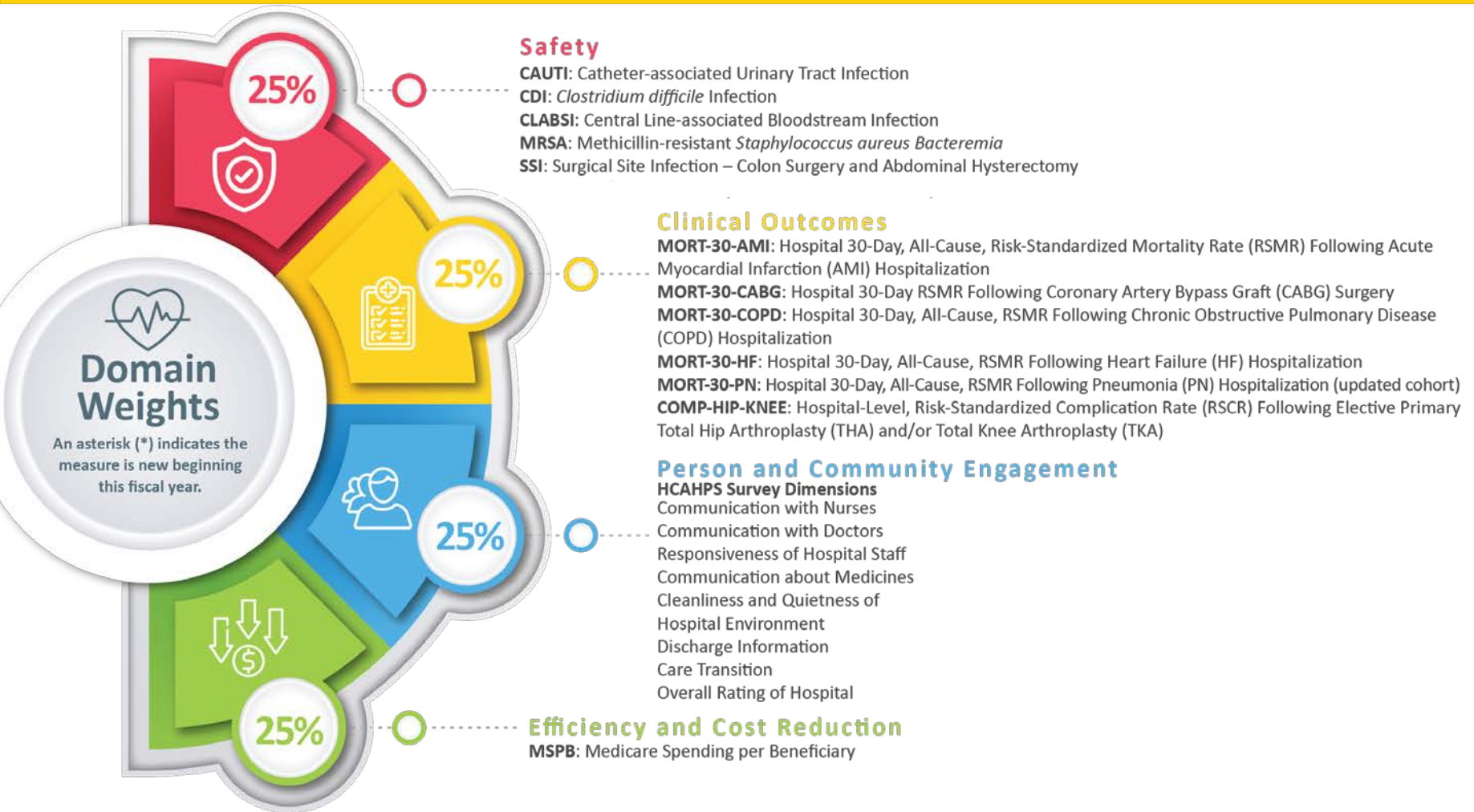
* These performance periods are impacted by the ECE granted by CMS on March 22, 2020, the scope of which was further explained in a March 27, 2020, CMS memorandum. (See the CMS press release: <https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting>; 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 suppressing the MORT-30-PN measure for the FY 2023 Program Year.

† We are removing the CMS PSI 90 measure beginning with the FY 2023 Program Year.

FY 2024–2027

Domains and Measures



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

* 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 finalized our proposal to update the baseline periods for the measures included in the Person and Community Engagement, Safety, and Efficiency and Cost Reduction domains.

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

* 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).

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

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

* 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).

Jennifer Tate, MPH, MLS(ASCP)^{CM}, Program Lead
HAC Reduction Program, HRRP, QMVG, CCSQ, CMS

HAC Reduction Program

Summary of FY 2022 Finalized Proposals

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






Measure Suppression Policy

- Finalize the adoption of the suppression policy for the duration of the COVID-19 PHE which enables CMS to suppress the 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, including the following:
 - 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 policy as necessary to ensure that the program does not penalize facilities when their quality performance is negatively impacted due to external factors, not due to the care provided.

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 to suppress Q3 and Q4 2020 data for 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				CMS PSI 90 1/1/21 – 6/30/21					
			Data excluded				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, HRRP, QMVG, CCSQ, CMS

Hospital Readmissions Reduction Program (HRRP)

Summary of FY 2022 Finalized Program Changes

Changes due to the impact of the COVID-19 PHE:

- Finalize the adoption of a measure suppression policy for the duration of the COVID-19 PHE which enables CMS to suppress the use of measure data from the program calculations if appropriate
- Finalize the 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
- Update the specifications of the 5-remaining condition/procedure-specific readmission measures to exclude patient with a primary or secondary COVID-19 diagnosis from both the index admission and readmission

Summary of FY 2022 Finalized Administrative Proposals

- Clarified the ECE policy
- Finalized the proposal to use the MedPAR data to determine aggregate payments that align with the applicable period for FY 2022
- Finalized the proposal to automatically adopt the use of MedPAR data corresponding to the applicable period, beginning with the FY 2023 Program Year

FY 2023 Pneumonia Suppression

CMS will temporarily suppress the pneumonia readmission measure from the FY 2023 Program Year.

- Analyses of CY 2020 data indicate that COVID-19 may have impacted the validity of the pneumonia readmission measure.
- CMS will weight the pneumonia readmission measure at 0 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.

The FY 2022 HRRP performance period excludes Q1 and Q2 2020 claims data, and the shortened performance period is July 1, 2017, through December 1, 2019. Therefore, it is not necessary to suppress this measure for the FY 2022 Program Year.

ECE Policy Clarification

We would like to clarify the following:

- An approved ECE for HRRP would exclude excepted claims data from calculations of measure performance. We are not waiving the data submission requirements of a hospital for claims data.
- 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 focused on dual eligibility as the main stratification variable for reporting disparity results.
- We sought 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 Feedback Appreciated

We appreciate the feedback provided by the commenters regarding measuring health equity in the Hospital Readmissions Reduction Program. We will continue to take all concerns, comments, and suggestions into account in our future policies.

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/measure/readmission/methodology>

ECE Quick Reference:

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

HRRP 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 HRRP – Hospital Readmissions Reduction Program.

Candace Jackson, AND, 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 Final Rule Page Directory

- Download the FY 2022 IPPS/LTCH PPS Final Rule from the *Federal Register*. <https://www.govinfo.gov/content/pkg/FR-2021-08-13/pdf/2021-16519.pdf>
- Details regarding various quality programs can be found on the pages listed below:
 - HRRP pp. 45249–45266
 - Hospital VBP Program pp. 45266–45300
 - HAC Reduction Program pp. 45300–45310
 - Hospital IQR Program pp. 45360–45426
 - PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program pp. 45426–45437
 - Long-Term Care Hospital Quality Reporting Program (LTCH QRP) pp. 45437–45460
 - Medicare Promoting Interoperability Program pp. 45460–45498

Candace Jackson, AND, 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						✓	✓	✓	✓	✓

*The MORT-30-PN measure will be suppressed for the Hospital VBP Program's FY 2023 Program Year.

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						✓					✓	✓	✓	✓	✓

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	√	√	√	√	√					

*The MSPB measure will be suppressed for the Hospital VBP Program's FY 2022 Program Year.

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)	✓	✓	✓	✓	✓

EHR-Based Clinical Process of Care Measures (eCQMs)

Measure ID	Measure Name	Hospital IQR Program					Promoting Interoperability				
		Fiscal Year					Fiscal Year				
		22	23	24	25	26	22	23	24	25	26
ED-2	Admit Decision Time to ED Departure Time for Admitted ED Patients	✓	✓	✓	✓		✓	✓	✓	✓	
PC-05	Exclusive Breast Milk Feeding and the subset PC-05a Exclusive Breast Milk Feeding Considering Mother's Choice	✓	✓	✓	✓		✓	✓	✓	✓	
Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing		✓	✓	✓	✓		✓	✓	✓	✓
STK-02	Discharged on Antithrombotic Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
STK-05	Antithrombotic Therapy by the End of Hospital Day Two	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
STK-06	Discharged on Statin Medication	✓	✓	✓	✓		✓	✓	✓	✓	
VTE-1	Venous Thromboembolism Prophylaxis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HH-01	Hospital Harm – Severe Hypoglycemia Measure				✓	✓				✓	✓
HH-02	Hospital Harm – Severe Hyperglycemia 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 Measure (HWR) Note: Measure is voluntary until FY 2026.			✓	✓	✓
Hybrid HWM	Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure (HWM) Note: Measure is voluntary until FY 2026.				✓	✓

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		✓	✓	✓	✓

Structural Measures

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

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						√*	√	√	√	√	√	√	√	√	√

*The HAI measures will be suppressed 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	✓	✓	✓	✓	✓	✓*	✓	✓	✓	✓

*The HCAHPS measure will be suppressed for the Hospital VBP Program's FY 2022 Program Year.

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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