



Hospital Inpatient Quality Reporting (IQR) Program

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

FY 2023 IPPS/LTCH PPS Proposed Rule Overview for Hospital Quality Programs

Question and Answer Summary Document

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and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.

Hospital Inpatient Quality Reporting (IQR) Proposed Structural Measures

Question 1: For the Hospital Commitment to Health Equity measure, what is the language for the five attestation domains and elements?

Refer to the [FY 2023 Inpatient Prospective Payment System \(IPPS\)/ Long Term Care Hospital \(LTCH\) PPS Proposed Rule](#), 87 FR 28495. Table IX.E– 01 includes the five attestation domains and the elements within each of those domains that a hospital must affirmatively attest to for the hospital to receive credit for that domain.

Question 2: Is proposed Measure #2, Screening for Social Drivers of Health Measure, a manually abstracted measure?

The Social Drivers of Health Measure is a structural measure. Hospitals are required to submit information for structural measures once annually using a CMS-approved web-based data collection tool available within the HQR System.

Question 3: For the Equity Attestation structural measure, will backup documentation be needed for validation? What type of documentation should hospitals maintain for this? Structural measures don't appear to be addressed in the eCQM or chart-abstracted measure validation programs.

We did not propose to include the Hospital Commitment to Health Equity measure in the IQR validation process.

Hospital IQR Program and Medicare Promoting Interoperability Program Proposed Electronic Clinical Quality Measures (eCQMs)

Question 4: For the Perinatal Care (PC)-02 measure, we currently chart abstract this and report it. Are they moving away from chart-abstracted and requiring all hospitals to submit the eCQM instead?

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The PC-02 chart-abstracted measure is not collected by CMS for the Hospital IQR Program. Only the PC-01 aggregate data are collected and required by CMS.

The ePC-02 eCQM is being proposed as part of the eCQM measure set in which hospitals would be able to self-select for the calendar year (CY) 2023 period/fiscal year (FY) 2025 payment determination. Beginning with the CY 2024 reporting period/FY 2026 payment determination and for subsequent years, we are proposing that Cesarean Birth eCQM (ePC-02) would be reported by all hospitals, except those hospitals that do not have an obstetrics department and do not perform deliveries.

Question 5: The proposed rule would require the two PC measures in 2024. If a hospital does not deliver babies, would it be expected that they would choose other self-selected measures to total the six, or would they only report four eCQMs including the opioid measure?

CMS proposed the Cesarean Birth eCQM (ePC-02) and Severe Obstetric Complications eCQM (ePC-07) would be required beginning with the CY 2024 reporting period and for subsequent years. All hospitals would be required to report both eCQMs, except those hospitals that do not have an obstetrics department and do not perform deliveries. Hospitals that do not perform deliveries, will only be required to report three self-selected eCQMs and the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM for the CY 2024 reporting period. CMS encourages hospitals to submit quality measure data for all available eCQMs; however, it is not required.

Question 6: For CY 2024, what would be the proposed required number of eCQMs, including these mandatory eCQMs, as well as the Safe Use Opioids measure, which is mandatory for 2024?

Hospitals will be required to submit three self-selected eCQMs plus three required eCQMs, for a total of six eCQMs for each of the four quarters of data in CY 2024. The required eCQMs include the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM and two proposed mandatory eCQMs, ePC-02 and ePC-07, beginning with the CY 2024 reporting period. Refer to slides 42 and 43 for additional information. For the CY 2024 reporting period, four quarters of data will be publicly reported, six eCQMs are reported. Three self-selected eCQMs and three required eCQMs must be reported. The required eCQMs are Safe Use of Opioids-Concurrent Prescribing; Proposed Cesarean Birth; Proposed Severe Obstetric Complications.

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Question 7: **Is there an exclusion for the proposed Global Malnutrition Composite Score eCQM if the patient is hospice/end of life?**

Refer to the [FY 2023 Inpatient Prospective Payment System \(IPPS\)/ Long Term Care Hospital \(LTCH\) PPS Proposed Rule](#), 87 FR 28523. Table IX.E– 06 includes the denominator exclusions for each of the measure components. Hospice/end of life is not included as a denominator exclusion. For measure information, visit the [Eligible Hospital/Critical Access Hospital Pre-Rulemaking eCQMs page](#) on the eCQI Resource Center.

Question 8: **For the proposed Global Malnutrition Composite Score eCQM measure, is the malnutrition documentation going to be audited against the Global Leadership Initiative on Malnutrition (GLIM) clinical criteria? Will it be audited against the criteria that the hospital uses currently, such as American Society Parenteral and Enteral Nutrition (ASPEN) criteria?**

Measure data submitted for the Global Malnutrition Composite Score eCQM based on the diagnostic criteria or clinical guidelines used in defining malnutrition will not be audited by CMS. Once a measure is finalized through rulemaking, CMS requires users to submit data using the standards and code system versions based on the eCQM Annual Update applicable to the reporting period. For example, hospitals choosing to self-select and submit data for this eCQM in the CY 2024 reporting period, will use the measure specifications published in the 2023 eCQM annual update for CY 2024 reporting and applicable addenda.

Question 9: **For the Global Malnutrition Composite Score eCQM, are hospitals allowed to self-select the screening and assessment tools or is there a specific tool that must be used?**

The eCQM uses data collected through hospitals' electronic health records (EHRs). The measure is designed to be calculated by the hospitals' certified electronic health record technology (CEHRT) using the patient-level data and then submitted by hospitals to CMS.

Other Hospital IQR Proposed Measures

Question 10: **What is the justification for adding the Medicare Spending Per Beneficiary (MSPB) measure to the IQR program? This measure is**

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not a measure of quality of care, but of resource utilization. As a measure it does not seem to belong in the IQR program.

The proposal to refine the MSPB measure will allow us to assess hospital efficiency and resource use and meet statutory requirements for future adoption in the Hospital Value-Based Purchasing (VBP) Program.

Question 11: Does CMS plan to recalculate all Excess Days in Acute Care (EDAC) and spending measures in light of the pandemic?

In this proposed rule, CMS is only purposing to refine the Acute Myocardial Infarction (AMI) EDAC measure.

Hospital IQR Validation Proposals

Question 12: For the eCQM validation proposal of 100 percent, what is the current average rate today? Will this cause an increased number of failures?

Each year, approximately 99 percent of hospitals selected for eCQM data validation efforts have successfully submitted the requested number of medical records. CMS expects that selected hospitals will continue to submit all requested eCQM medical records and will maintain this high level of successful reporting.

Question 13: What do you mean when you say the eCQM validation scoring will be the successful submission of 100 percent of requested medical records?

With this proposal, hospitals' validation scores would still not include case outcomes (matches/mismatches); hospitals selected for eCQM validation would be required to submit 100 percent of requested medical records to fully meet eCQM validation requirements.

Question 14: Are Critical Access Hospitals (CAHs) subject to the eCQM validation?

CAHs are not eligible for or subject to chart-abstracted or eCQM data validation efforts.

Medicare Promoting Interoperability Program Proposals

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Question 15: Will the Antimicrobial Use and Resistance (AUR) Surveillance Measure be submitted through the National Healthcare Safety Network (NHSN)?

Yes. The data will need to be submitted to NHSN to fulfill the measure. If the hospital has submitted the data to NHSN, then they would submit a Yes to CMS for the measure.

Question 16: For 2023, can the eligible hospital (EH)/CAH still report Yes or No and not be penalized for the review of the Safety Assurance Factors for EHR Resilience (SAFER) Guides?

Yes, that is correct.

Hospital-Acquired Conditions (HAC) Reduction Program Proposals

Question 17: When will HAC Reduction Program go back to normal?

CMS proposed using the HAC Reduction Program measure suppression policy to account for effects of the COVID-19 PHE on hospital performance. For the FY 2023 program year, CMS is proposing to not calculate the CMS Patient Safety Indicator (PSI) 90 composite value, measure scores (that is, Winsorized z-scores) for any measure, or the Total HAC Score for all hospitals. If this proposal is finalized, no hospital will be ranked in the worst-performing quartile or be subject to the 1-percent payment reduction.

For the FY 2024 program year, in the FY 2022 IPP/LTCH PPS Final Rule CMS previously finalized excluding all CY 2020 data from future HAC Reduction Program calculations (86 FR 45301–45307). Additionally, CMS is proposing to exclude CY 2021 healthcare-associated infection (HAI) measure data from the FY 2024 program calculations. In the proposed rule, CMS is announcing a technical measure to update the CMS PSI 90 measure to risk adjust for a COVID-19 diagnosis, beginning in the FY 2024 program year. If these policies are finalized they will result in the following performance periods for the FY 2024 program year, which would determine hospitals' measure scores, Total HAC Scores, and worst-performing quartile status: CMS PSI 90: January 1, 2021–June 30, 2022 and HAI measures: January 1, 2022–December 31, 2022.

CMS continues to monitor the impact of the COVID-19 PHE on measure performance for future program years and will announce any future policy proposals via the rule making process.

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Question 18: **Since PSI 90 measure will be going away after CY 2021, does this mean PSI-03 will be going away also? We will not be reporting on pressure injuries anymore after all of the 2021 data is reported.**

CMS is not proposing to remove the CMS PSI 90 measure from the HAC Reduction Program. In the proposed rule CMS is proposing to not calculate the CMS PSI 90 composite value for the FY 2023 program year based on concerns that the COVID-19 PHE affected the comparability of performance on this measure across hospitals, as the severity of the PHE differed across regions. For the FY 2024 program year, CMS will resume calculating the CMS PSI 90 measure with COVID-19 added as a risk adjustment parameter to the CMS PSI 90 software.

Additionally, the CMS PSI 90 measure is a claims-based measure, meaning results are based on data from Medicare fee-for-service claims that hospitals submit to CMS for payment. The measure is not based on pressure injury data that hospitals separately to CMS.

Hospital Readmissions Reduction Program Proposals

Question 19: **When was the COVID-10 related codes (J12.82, U07.1) introduced?**

The U07.1 (COVID-19) ICD-10 code became effective with discharges on and after April 1, 2020. The J12.82 (Pneumonia due to coronavirus disease 2019) ICD-10 code was added in January 2021 for use as a secondary diagnosis alongside a principal diagnosis of U07.1. Beginning with the FY 2023 HRRP program year, which captures the performance period of July 1, 2018 to December 1, 2019 and July 1, 2020 to June 30, 2021, COVID-19 index admissions and readmissions are identified using the U07.1 code as a principal, or secondary diagnosis present on admission (POA).

The J12.82 code is not currently used in any HRRP measure; it is a secondary diagnosis used with a principal diagnosis of COVID-19 and therefore any admission with the J12.82 code would be excluded from the measure. In addition, the J12.82 code is not part of the inclusion criteria for any HRRP measure.

Care Compare and Star Ratings

Question 20: **For measures that are suppressed, are they also being withheld from public reporting (Compare Compare)?**

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We would publicly report data where feasible and with appropriate caveats noting the limitations of the data due to the public health emergency for COVID-19.

Proposed Rule and General Questions

Question 21: **It is far too soon to predict that we know everything about a COVID-19 patient’s health in the future. We know nothing about their potential for future chronic lung, autoimmune, thrombotic risk, etc. We also do not know anything about long term effects of the vaccines and impacts to patient health in the future. It is dangerous and unethical to tie reimbursement to this. How do you plan to account for research and trend this?**

CMS will continue to monitor the effects of the PHE on the Hospital Quality Reporting Program measures.

Question 22: **Where can we submit proposed rule comments?**

Comments, including mass comment submissions, must be submitted in one of the following three ways (please choose only one of the ways listed): 1) Electronically. You may (and we encourage you to) submit electronic comments on this regulation to <https://www.regulations.gov>. Follow the instructions under the Submit a Comment tab. 2) By regular mail. You may mail written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1771–P, P.O. Box 8013, Baltimore, MD 21244–1850. Please allow sufficient time for mailed comments to be received before the close of the comment period. 3) By express or overnight mail. You may send written comments via express or overnight mail to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1771–P, Mail Stop C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Question 23: **Are all the proposed measures open for public comment or just the Health Equity measures? What is the deadline for comments?**

All proposals are open for public comment. To be assured consideration, comments must be received no later than 5 p.m. Eastern Daylight Time on June 17, 2022.

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Question 24: **Who typically reviews and makes comments on these proposals?
Is it just the executives or physicians?**

All stakeholders and the public are able to submit comments on the proposals.

Question 25: **Is there a common table that defines the performance periods for each
of the CMS quality programs?**

The annual [Acute Care Hospital Quality Improvement Program Measures](#) reference guide, located on QualityNet, provides a comparison of measures, including the measurement period, for the Hospital IQR, Hospital VBP, Promoting Interoperability, HAC Reduction Programs and HRRP.

Question 26: **Do you have a document showing when the measures impacts
hospitals financially?**

At this time there are no documents available the display how the measures impact hospitals financially.