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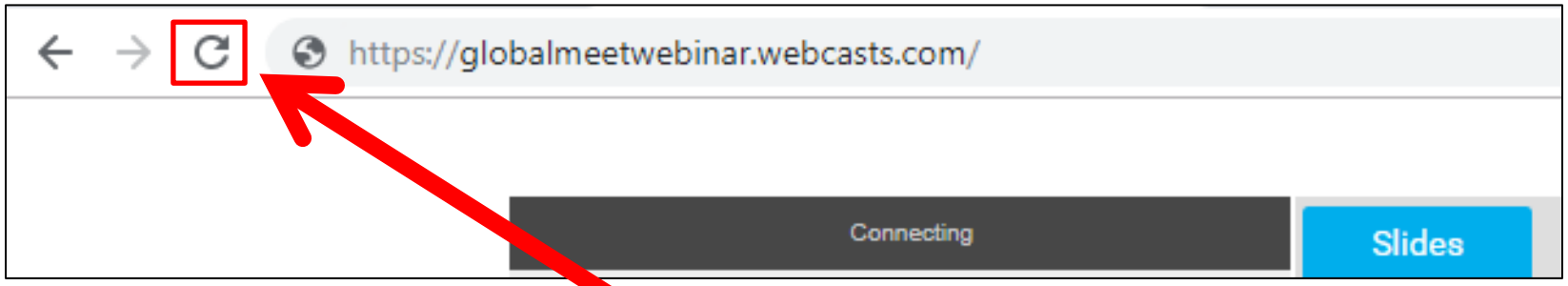

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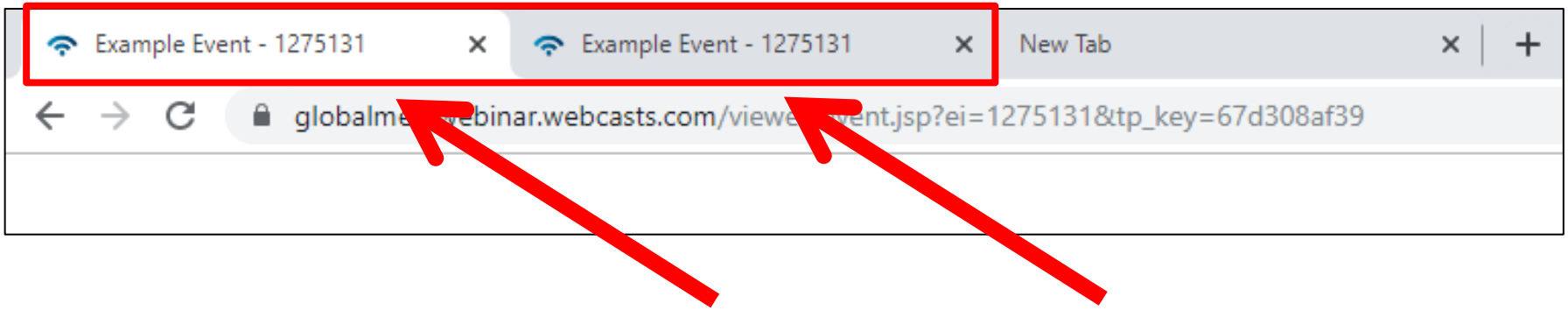

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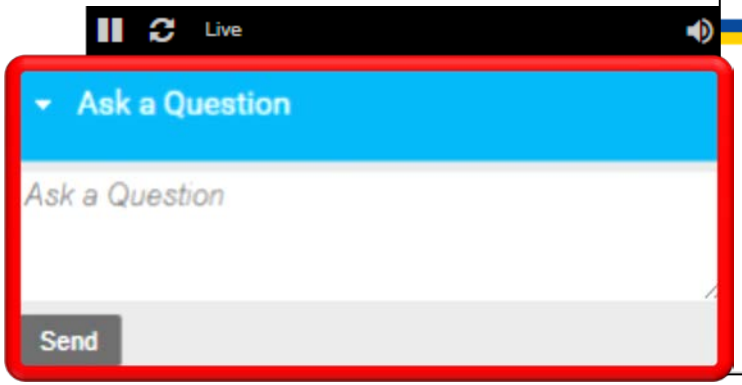

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

Today's Presentation

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

September 1, 2022

Speakers

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Moderator

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Purpose

This presentation will provide an overview of the Fiscal Year (FY) 2023 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH 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 2023 IPPS/LTCH PPS final rule text.
- Identify finalized program changes within the FY 2023 IPPS/LTCH PPS final rule.

Acronyms and Abbreviations

ACS	American College of Surgeons	**CY**	calendar year	**HCHE**	Hospital Commitment to Health Equity
AMI	acute myocardial infarction	**dQMs**	digital quality measures	**HCP**	healthcare personnel
AUR	Antimicrobial Use and Resistance	**DRG**	diagnosis-related group	**HF**	heart failure
CABG	coronary artery bypass graft	**ECE**	Extraordinary Circumstance Exception	**HH-ORAE**	Hospital-Harm—Opioid-Related Adverse Events
CAUTI	Catheter-Associated Urinary Tract Infection	**eCQM**	electronic clinical quality measure	**HHS**	Health and Human Services
CCSQ	Center for Clinical Standards and Quality	**ED**	emergency department	**HIE**	Health Information Exchange
CDC	Centers for Disease Control and Prevention	**EDAC**	Excess Days in Acute Care	**HRRP**	Hospital Readmissions Reduction Program
CDI	*Clostridium difficile* Infection	**EHR**	Electronic health record	**HRSNs**	Health-related social needs
CEHRT	certified electronic health record technology	**ePC**	electronic perinatal care	**HSRs**	Hospital Specific Reports
CHIP	Children's Health Insurance Program	**FHIR**	Fast Healthcare Interoperability Resources	**HWM**	Hospital-wide Mortality
CLABSI	Central Line-Associated Bloodstream Infection	**FR**	*Federal Register*	**HWR**	Hospital-wide Readmission
CLIA	Clinical Laboratory Improvement Amendment	**FY**	fiscal year	**ICD**	International Statistical Classification of Diseases and Related Health Problems
CMS	Centers for Medicare & Medicaid Services	**GMCS**	Global Malnutrition Composite Score	**IPPS**	Inpatient Prospective Payment System
COMP	complications	**HAC**	Hospital-Acquired Condition	**IQR**	Inpatient Quality Reporting
COPD	chronic obstructive pulmonary disease	**HAI**	hospital-acquired infection		
CoPs	Conditions of Participation	**HCAHPS**	Hospital Consumer Assessment of Healthcare Providers and Systems		

Acronyms and Abbreviations

LGBTQ+	lesbian, gay, bisexual, transgender, queer – plus means other sexual identities including pansexual and Two-Spirit	**PN**	pneumonia	**SAFER**	Safety Assurance Factors for EHR Resilience
LTCH	Long-term care hospital	**PPS**	Prospective Payment System	**SDOH**	social drivers of health
MACRA	Medicare Access and CHIP Reauthorization Act	**PRO-PM**	Patient-Reported Outcomes Performance Measure	**SSI**	surgical site infection
MedPAR	Medicare Provider Analysis and Review	**PSI**	Patient Safety Indicator	**STK**	stroke
MORT	mortality	**QMVIG**	Quality Measurement and Value-Based Incentives Group	**TEFCA**	Trusted Exchange Framework and Common Agreement
MRSA	Methicillin-Resistant *Staphylococcus aureus*	**QRP**	Quality Reporting Program	**THA**	total hip arthroplasty
MSPB	Medicare Spending Per Beneficiary	**READM**	Readmission	**TKA**	total knee arthroplasty
NHSN	National Healthcare Safety Network	**RSCR**	risk-standardized complication rate	**TPS**	Total Performance Score
NTSV	nulliparous, term, or singleton vertex	**RSIR**	risk-standardized improvement rate	**VBP**	value-based purchasing
PC	perinatal care	**RSMR**	risk-standardized mortality rate	**VIQRC**	Value, Incentives, and Quality Reporting Center
PCHQR	PPS-Exempt Cancer Hospitals Quality Reporting	**RSP**	risk-standardized payment	**VIQR**	Value, Incentives, and Quality Reporting
PDMP	Prescription Drug Monitoring Program	**RSRR**	risk-standardized readmission rate	**VTE**	venous thromboembolism
PHE	public health emergency				

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

Cross Program Requests for Information

Current State of Hospital Assessment on the Impact of Climate Change and Health Equity

CMS sought stakeholder input on what the U.S. Department of Health and Human Services (HHS) and CMS can do to support hospitals, nursing homes, hospices, home health agencies, and other providers in more effectively:

- Determining likely climate impacts on their patients, residents and consumers so that they can develop plans to mitigate those impacts
- Understanding the threats that climate-related emergencies (e.g., storms, floods, extreme heat, wildfires) present to continuous facility operations (including potential disruptions in patient services associated with catastrophic events as a result of power loss, limited transportation, evacuation challenges, etc.) to better address those
- Understanding how to act on reducing their emissions and tracking their progress in this regard

Intent: May inform the development and update to policies that can assist providers in responding to climate-related challenges (for example, policies related to emergency preparedness)

Goal: Update and develop HHS climate-health tools and resources

Overarching Principles for Measuring Healthcare Quality Disparities Across CMS Quality Programs

CMS sought input on key considerations in five specific areas that could inform our approach in addressing healthcare disparities and advance healthcare equity.

Area	Description
Identification of Goals and Approaches for Measuring Healthcare Disparities and Using Measure Stratification Across CMS Quality Programs	Identifies potential approaches for measuring healthcare disparities through measure stratification in CMS quality reporting programs.
Guiding Principles for Selecting and Prioritizing Measures for Disparity Reporting Across CMS Quality Reporting Programs	Describes considerations that could inform the selection of healthcare quality measures to prioritize for stratification.
Principles for Social Risk Factor and Demographic Data Selection and Use	Describes several types of social risk factor and demographic data that could be used in stratifying measures for healthcare disparity measurement.
Identification of Meaningful Performance Differences	Reviews several strategies for identifying meaningful differences in performance when measure results are stratified.
Guiding Principles for Reporting Disparity Results	Reviews considerations we could take into account in determining how quality programs will report measure results stratified by social risk factors and demographic variables to healthcare providers, as well as the ways different reporting strategies could hold healthcare providers accountable for identified disparities.

Overarching Principles for Measuring Healthcare Quality Disparities Across CMS Quality Programs (continued)

Goal: To describe key considerations in determining how to develop future policies around the use of measure stratification as one quality measurement tool to address healthcare disparities and advance health equity across our quality programs. This is important as a means of setting priorities and expectations for the use of stratified measure results.

We invited general comments on the principles and approaches listed previously, as well as additional thoughts about disparity measurement or stratification guidelines suitable for overarching consideration across our quality programs.

Continuing to Advance to Digital Quality Measurement and the Use of Fast Healthcare Interoperability Resources (FHIR®) in Hospital Quality Programs

This request for information included five parts:

Request	Description
Background	Provides an overview of our goals and strategies to achieve digital quality measurement, and notes input and learnings relevant to these goals and strategies.
Refined Definition of Digital Quality Measures (dQMs)	Outlines potential revisions for a future definition for dQMs.
Data Standardization Activities to Leverage and Advance Standards for Digital Data	Discusses data standardization strategies and potential venues for advancing data standardization.
Approaches to Achieve FHIR eCQM Reporting	Describes activities we are undertaking and considering to achieve FHIR-based electronic clinical quality measure (eCQM) reporting (for example, via FHIR Application Programming Interfaces) as our initial implementation of dQMs.
Solicitation of Comments	Lists all requests for input included in the sections of this Request for Information.

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

Hospital IQR Program

Overview of Hospital IQR Program Finalized Changes

- Adoption of 10 new measures
- Refinement of two current measures
- Establishment of a publicly-reported hospital designation to capture the quality and safety of maternity care
- Modified reporting and submission requirements related to eCQMs and hybrid measures
- Adoption of Patient-Reported Outcomes Performance Measure (PRO-PM) reporting and submission requirements

Ten New Hospital IQR Program Measures

Measure Name	Finalized Start of Data Collection
Hospital Commitment to Health Equity	Calendar Year (CY) 23 Reporting Period
Screening for Social Drivers of Health	Voluntary CY 23 Reporting; Mandatory CY 24 Reporting
Screen Positive Rate for Social Drivers of Health	Voluntary CY 23 Reporting; Mandatory CY 24 Reporting
Cesarean Birth eCQM	Added to the eCQM list from which hospitals can self-select to report in CY 23; mandatory reporting for all hospitals beginning with CY 24
Severe Obstetric Complications eCQM	Added to the eCQM list from which hospitals can self-select to report in CY 23; mandatory reporting for all hospitals beginning with CY 24
Hospital Harm- Opioid-Related Adverse Events eCQM	Added to the eCQM list from which hospitals can self-select to report in CY 24
Global Malnutrition Composite Score eCQM	Added to the eCQM list from which hospitals can self-select to report in CY 24
Total Hip Arthroplasty/Total Knee Arthroplasty (THA/TKA) PRO-PM	Two voluntary reporting periods followed by a mandatory period which runs from July 1, 2025 – June 30, 2026
Medicare Spending Per Beneficiary (MSPB)	Claims beginning with FY 2024 payment determinations
Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total THA/TKA	Claims with admissions dates from April 1, 2019 – March 31, 2022 (excluding claims covered by the COVID-19 related Extraordinary Circumstance Exception [ECE])

Acronyms

Finalized New Measure #1: Hospital Commitment to Health Equity Measure

- Structural measure that assesses hospital commitment to health equity using a suite of equity-focused organizational competencies aimed at achieving health equity for racial and ethnic minority groups, people with disabilities, members of the LGBTQ+ community, individuals with limited English proficiency, rural populations, religious minorities and people facing socioeconomic challenges.
- Includes five attestation domains and the elements within each of those domains that a hospital must attest to for the hospital to receive credit for that domain.
- Each of the domains would be represented in the denominator as a point, for a total of 5 points (one per domain)
  - The numerator would capture the total number of domain attestations that the hospital is able to affirm.
- Will follow established annual submission and reporting requirements as previously finalized for structural measures.
- Finalized this measure for the CY 2023 reporting period/FY 2025 payment determination and for subsequent years.

Finalized New Measure #2 : Screening for Social Drivers of Health Measure

- Assesses whether a hospital implements screening of all patients that are 18 years or older at time of admission for health-related social needs (HRSNs) including food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.
  - This measure requires that patients be screened for all five HRSNs.
- To report on this measure, hospitals will provide:
  - The number of inpatients admitted to hospital who are 18 years or older at time of admission and who are screened for each of the five HRSNs: Food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety; and
  - The total number of patients who are admitted to the hospital who are 18 years or older on the date they are admitted.
- Calculated as the number of patients admitted to an inpatient hospital stay who are 18 years or older on the date of admission screened for each of the five HRSNs divided by the total number of patients 18 years or older on the date of admission admitted to the hospital.

Finalized New Measure #2: Screening for Social Drivers of Health Measure (continued)

- Finalized voluntary reporting of the measure beginning with the CY 2023 reporting period, followed by mandatory reporting on an annual basis beginning with the CY 2024 reporting period/FY 2026 payment determination and for subsequent years.
- Will follow established annual structural measure submission and reporting requirements.
- Due to variability across hospital settings and the populations they serve, we finalized the proposal to allow hospitals flexibility with selection of tools to screen patients.

Finalized New Measure #3: Screen Positive Rate for Social Drivers of Health Measure

Structural measure that provides information on the percent of patients admitted for an inpatient hospital stay and who are 18 years or older on the date of admission, were screened for an HRSN, and who screen positive for one or more of the following five HRSNs: Food insecurity, housing instability, transportation needs, utility difficulties, or interpersonal safety.

- The numerator consists of the number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, who were screened for an HRSN, and who *screen positive* for having a need in one or more of the following five HRSNs (calculated separately): Food insecurity, housing instability, transportation needs, utility difficulties or interpersonal safety.
- The denominator consists of the number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission and are *screened* for an HRSN (food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety) during their hospital inpatient stay.

Finalized New Measure #3: Screen Positive Rate for Social Drivers of Health Measure (continued)

- Hospitals will report this measure as five separate rates.
  - We note that this measure is intended to provide information to hospitals on the level of unmet social needs among patients served, and not necessarily for comparison between hospitals.
- Finalized voluntary reporting beginning with the CY 2023 reporting period and then mandatory reporting beginning with the CY 2024 reporting period/FY 2026 payment determination and for subsequent years.
- Will follow established annual structural measure submission and reporting requirements.

Finalized New Measure #4: Cesarean Birth eCQM (ePC-02)

- This eCQM assesses the rate of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section birth.
  - Nulliparous is defined as Parity = 0.
  - Parity is the number of completed pregnancies reaching 20 weeks gestation regardless of the number of fetuses or outcome of the pregnancy.
- The measure is calculated by dividing the number of cesarean sections to NTSV women divided by all live, term (≥ 37 weeks gestation) singleton deliveries to NTSV women.
  - The measure numerator consists of the subset of patients delivering by cesarean section.
  - The measure denominator consists of the number of nulliparous women with a singleton, vertex fetus at ≥ 37 weeks of gestation who deliver a liveborn infant.
- Finalized the proposal to include this eCQM as part of the measure set in which hospitals would be able to self-select for the CY 2023 reporting period/FY 2025 payment determination.
- Beginning with the CY 2024 reporting period/FY 2026 payment determination and for subsequent years, we finalized the Cesarean Birth eCQM would be reported by all hospitals, except those hospitals that do not have an obstetrics department and do not perform deliveries.

NTSV=nulliparous, term, or singleton vertex

Finalized New Measure #5: Severe Obstetric Complications eCQM (ePC-07)

- This eCQM assesses the proportion of patients with severe obstetric complications which occur during the inpatient delivery hospitalization.
  - The numerator is the number of inpatient hospitalizations for patients with severe obstetric complications occurring during the delivery hospitalization, not present on admission, which include the following: Severe maternal morbidity *diagnoses*; severe maternal morbidity *procedures* (including blood transfusion, conversion of cardiac rhythm, hysterectomy, temporary tracheostomy, and ventilation); or a discharge disposition of expired.
  - The denominator consists of inpatient hospitalizations for patients between eight years of age and less than 65 years of age admitted to the hospital for inpatient acute care who undergo a delivery procedure for a stillbirth or livebirth greater than or equal to 20 weeks' gestation, with a discharge date that ends during the measurement period.
- This eCQM is intended to report two outcomes:
  - Severe obstetric complications
  - Severe obstetric complications but excluding delivery hospitalizations for which blood transfusion was the only numerator event

Finalized New Measure #5: Severe Obstetric Complications eCQM (continued)

- The Severe Obstetric Complications eCQM is a risk-adjusted measure.
- Finalized the proposal to include this eCQM as part of the measure set in which hospitals would be able to self-select for the CY 2023 reporting period/ FY 2025 payment determination.
- Beginning with the CY 2024 reporting period/ FY 2026 payment determination and for subsequent years, we finalized that the Severe Obstetric Complications eCQM would be reported by all hospitals, except those hospitals that do not have an obstetrics department and do not perform deliveries.

Finalized New Measure #6: Hospital-Harm—Opioid-Related Adverse Events eCQM (HH-ORAE)

- Outcome measure focusing specifically on opioid-related adverse events during an admission to an acute care hospital by assessing the administration of naloxone.
- This eCQM intends to track and improve monitoring and response to patients administered opioids during hospitalization, and to avoid harm, such as respiratory depression, which can lead to brain damage and death. This measure focuses specifically on in-hospital opioid-related adverse events, rather than opioid overdose events that happen in the community and may bring a patient into the ED.
- 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.

Finalized New Measure #6: Hospital-Harm—Opioid-Related Adverse Events eCQM (continued)

- This eCQM assesses the proportion of inpatient hospital encounters where patients 18 years of age or older have been administered an opioid medication, subsequently suffer the harm of an opioid-related adverse event, and are administered an opioid antagonist (naloxone) within 12 hours.
  - Includes all patients ages 18 years and older at the start of the encounter, and for whom at least one opioid medication was administered during the encounter.
  - The numerator is the number of inpatient hospitalizations where an opioid antagonist (naloxone) was administered outside of the operating room and within 12 hours following administration of an opioid medication.
  - The denominator includes inpatient hospitalizations for patients 18 years or older during which at least one opioid medication was administered.
- Finalized the adoption of this eCQM as part of the measure set in which hospitals could self-select beginning with the CY 2024 reporting period/ FY 2026 payment determination and for subsequent years.

Finalized New Measure #7: Global Malnutrition Composite Score eCQM (GMCS)

- This eCQM assesses adults 65 years of age and older admitted to inpatient hospital service who received care appropriate to their level of malnutrition risk and malnutrition diagnosis, if properly identified.
- Includes four component measures, which are first scored separately, and then integrated into an overall composite score.
  - Each measure component is a proportion with a possible performance score of 0% to 100%. After each component score is calculated individually, an unweighted average of all four scores is completed to determine the final composite score with a total score ranging from 0% to 100%.
- The numerator is comprised of the four component measures, that are individually scored for patients 65 years of age and older who are admitted to an acute inpatient hospital.
- The measure denominator is the composite, or total, of the four component measures for patients aged 65 years and older who are admitted to an acute inpatient hospital.

Finalized New Measure #7: GMCS eCQM (continued)

- Designed to be calculated by the hospitals' CEHRT using the patient-level data and then submitted by hospitals to CMS.
- Finalized the adoption of this eCQM as part of the measure set in which hospitals could self-select beginning with the CY 2024 reporting period/FY 2026 payment determination and for subsequent years.

Finalized New Measure #8: Hospital-Level, Risk Standardized PRO-PM Following Elective Primary THA/TKA

- Reports the hospital-level risk-standardized improvement rate (RSIR) in patient reported outcomes following elective primary THA/TKA for Medicare Fee For Service beneficiaries aged 65 years and older.
- Uses four sources of data for the calculation of the measure: (1) PRO data; (2) claims data; (3) Medicare enrollment and beneficiary data; and (4) U.S. Census Bureau survey data.

Finalized New Measure #8: Hospital-Level, Risk Standardized PRO-PM Following Elective Primary THA/TKA (continued)

- This uses PRO data collected by hospitals pre-operatively and post-operatively and limited patient-level risk factor data collected with PRO data and identified in claims.
  - The denominator is Medicare Fee for Service beneficiaries aged 65 years and older undergoing elective primary THA/TKA procedures as inpatients in acute care hospitals. Claims data are used to identify eligible elective primary THA/TKA procedures for the measure cohort to which submitted PRO data can be matched.
  - The numerator is the risk-standardized proportion of patients undergoing elective primary THA/TKA who meet or exceed a substantial clinical improvement threshold between pre-operative and post-operative assessments on two joint-specific PRO instruments.
- PRO data would be collected 90 to zero days prior to surgery and 300 to 425 days following surgery. These PRO collection periods align with typical patient visits prior to and following surgery.
- The measure result is calculated by aggregating all patient-level results across the hospital.

Finalized New Measure #8: Hospital-Level, Risk Standardized PRO-PM Following Elective Primary THA/TKA (continued)

- We finalized the proposal to adopt the THA/TKA PRO-PM in the Hospital IQR Program utilizing multiple submission approaches.
  - Hospitals may choose to: (1) Send their data to CMS for measure calculation directly; or (2) utilize an external entity, such as through a vendor or registry, to submit data on behalf of the hospital to CMS for measure calculation. Furthermore, hospitals or vendors would use the Hospital Quality Reporting System as part of data submission for the THA/TKA PRO-PM.
- We finalized a phased implementation approach for adoption of this measure to the Hospital IQR Program, with two voluntary reporting periods prior to mandatory reporting in the Hospital IQR Program.

Reporting	Pre-Op Collection	Submission Period	Post-Op Collection	Submission Period	HSRs
Voluntary	Oct 3, 2022 – June 30, 2023	2023	Oct 28, 2023 – Aug 29, 2024	2024	2025
Voluntary	April 2, 2023 – June 30, 2024	2024	April 26, 2024 – Aug 29, 2025	2025	2026
Mandatory	April 2, 2024 – June 30, 2025	2025	April 27, 2025 – Aug 29, 2026	2026	2027

- We finalized the proposal to not publicly report voluntary THA/TKA PRO-PM results. However, we finalized the proposal to publicly report which hospitals choose to participate in voluntary reporting and/or the percent of pre-operative data submitted during voluntary reporting and the percent of pre-operative and post-operative matched PRO data.

Finalized New Measure #9: Medicare Spending Per Beneficiary (MSPB) Hospital

We finalized the proposal to refine the MSPB Hospital measure for the Hospital IQR Program that incorporates the following three changes:

Change	Description
Allow Readmissions to Trigger New Episodes	Refining the measure to allow readmissions to trigger new episodes to account for episodes and costs that are currently not included in the measure but that could be within the hospital's reasonable influence.
Include a New Indicator Variable in the Risk Adjustment Model	Including an indicator variable in the risk adjustment model to indicate whether there was an inpatient stay in the 30 days prior to episode start date.
Update the MSPB Amount Calculation Methodology	Changing one step in the measure calculation from the sum of observed costs divided by the sum of expected costs (ratio of sums) to the mean of observed costs divided by expected costs (mean of ratios).

Finalized New Measure #10: RSCR Following Elective Primary Total THA/TKA

- Finalized the proposal to adopt the reevaluated form of the THA/TKA Complication measure, with an expanded measure outcome.
- Finalized the adoption of a newly refined version of this measure into the Hospital IQR Program that would expand the measure outcome to include the 26 additional mechanical complication ICD-10 codes.
- The finalized newly refined Hospital-Level RSCR Following Elective Primary THA/TKA measure uses index admission diagnoses and in-hospital comorbidity data from Medicare Part A claims.

Finalized Proposals to Refine Two Current Hospital IQR Program Measures

- Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective THA and/or TKA
- Excess Days in Acute Care (EDAC) After Hospitalization for Acute Myocardial Infarction (AMI)

Finalized the Proposal to Refine Payment Associated with Primary Elective THA and/or TKA

- Finalized the refinement of the Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective THA and/or TKA Measure, which expands the measure outcome to include 26 clinically vetted mechanism complication ICD-10 codes.
- The data sources, cohort, inclusion and exclusion criteria, and risk adjustment remain substantively unchanged.
- Finalized the measure refinement for April 1, 2019, through March 31, 2022, admissions (excluding data from the period covered by the ECE granted by CMS related to the COVID-19 Public Health Emergency (PHE) that are associated with the FY 2024 payment determination and for subsequent years.

Finalized the Proposal to Refine: AMI EDAC

- Finalized the proposal to refine the AMI EDAC measure to increase the minimum case count of 25 to a minimum case count of 50 during the measurement period.
- The remainder of the AMI EDAC measure specifications, including the data sources, outcome, cohort, exclusion criteria, risk adjustment approach, and measure calculation would remain unchanged.
- Finalized the proposal to increase the AMI EDAC measure's minimum case count reporting threshold with the FY 2024 payment determination using the reporting period July 1, 2019, through June 30, 2022, (excluding data from the period covered by the ECE granted by CMS related to the COVID-19 PHE), for which public display of the measure results would occur as part of a 2023 Care Compare website refresh (or as soon as operationally feasible thereafter), and for subsequent years.

Finalized the Proposal to Establish a Publicly-Reported Hospital Designation to Capture the Quality and Safety of Maternity Care

- We finalized the proposal to establish a hospital quality designation that would be publicly-reported on a CMS website beginning Fall 2023.
- This designation would be awarded to hospitals based on their attestation to the Maternal Morbidity Structural Measure, which we believe reflects their commitment to the quality and safety of the maternity care they furnish.
- This designation would initially be based only on data from hospitals reporting an affirmative attestation to the Maternal Morbidity Structural Measure. This measure was previously finalized in the FY 2022 IPPS/LTCH PPS final rule.

Solicitation of Comments: Publicly Reported Hospital Designation and Additional Maternal Health Activities

- We invited comments about potential other measures or activities that could potentially be incorporated into the hospital designation in the future.
- We specifically asked for comments on potential patient experience measures that could be relevant for this designation.
- We specifically sought to explore how we can address the U.S. maternal health crisis through policies and programs, including, but not limited to, the Conditions of Participation (CoPs) and through measures in our quality reporting programs.

Finalized the Proposal to Modify eCQM Reporting and Submission Requirements

Beginning with the CY 2024 reporting period/FY 2026 payment determination:

- Increase the number of eCQMs to be reported.
- Increase the number of required eCQMs to be reported.

Reporting Period	eCQM Data Publicly Reported	Total Number of eCQMs Reported	eCQMs Required to be Reported
CY 2024	Four Quarters of Data	Six	• Three self-selected eCQMs **plus** • Three mandatory eCQMs o Safe Use of Opioids-Concurrent Prescribing o Cesarean Birth o Severe Obstetric Complications

Overview of Finalized Measure Set for eCQMs

Reporting Period/ Payment Determination	Available eCQMs in Measure Set	Mandatory eCQMs
CY 2023/FY 2025	ED-2, PC-05, Safe Use of Opioids, STK-02, STK-03, STK-05, STK-06, VTE-1, VTE-2, HH-01, HH-02, **ePC-02, ePC-07**	Safe Use of Opioids
CY 2024/FY 2026	Safe Use of Opioids, STK-02, STK-03, STK-05, VTE-1, VTE-2, HH-01, HH-02, **ePC-02, ePC-07, HH-ORAE, GMCS**	Safe Use of Opioids, ePC-02, ePC-07

Finalized the Proposal to Modify Hybrid Measure Reporting Requirements

Removed the zero denominator declarations and case threshold exemptions policies for hybrid measures beginning with the FY 2026 payment determination.

Potential Future Measure Considerations

We sought comment on these potential future considerations for the Hospital IQR Program, the HAC Reduction Program, the Hospital VBP Program and PCHQR Program:

- Inclusion of Two Digital National Healthcare Safety Network (NHSN) Measures
  - NHSN Healthcare-Associated *Clostridioides difficile* Infection Outcome Measure
  - NHSN Hospital-Onset Bacteremia & Fungemia Outcome Measure

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Value, Incentives, and Quality Reporting Center Validation Support Contractor

Hospital IQR Program Validation

Finalized the Proposal to Modify eCQM Validation Medical Record Submission Requirements

Summary:

- The FY 2017 IPPS/LTCH PPS final rule finalized several policies for submission requirements for eCQM data validation in the Hospital IQR Program, including a policy to require submission of at least 75% of sampled eCQM medical records.
- CMS finalized the proposal to change the data submission threshold by increasing the requirement from 75% to 100% of requested medical records, beginning with CY 2022 data, affecting FY 2025 payment determination and subsequent years. Under CMS current policy, the accuracy of eCQM data submitted for validation does not affect a hospital's validation score and would not be impacted by this finalized update to the submission threshold.

Current and Finalized Requirements for eCQM Validation Record Submission

Previously Finalized Validation Scoring for the FY 2024 Payment Determination (85 FR 58942 through 58953)		
COMBINED Process (Chart-Abstracted Measures and eCQM Validation): up to 200 Random Hospitals + up to 200 Targeted Hospitals	1Q 2021 – 4Q 2021	Chart-Abstracted Measures: at least 75% validation score (weighted at 100%) **and** eCQMs: Successful submission of 75% of requested medical records
Finalized Proposed Update to eCQM Validation Scoring for the FY 2025 Payment Determination and Subsequent Years		
COMBINED Process (Chart-Abstracted Measures and eCQM Validation): up to 200 Random Hospitals + up to 200 Targeted Hospitals	1Q 2022 – 4Q 2022	Chart-Abstracted Measures: at least 75% validation score (weighted at 100%) **and** eCQMs: Successful submission of 100% of requested medical records

Jessica Warren, RN, BS, MA, FCCS, CCRC Program Lead
Medicare Promoting Interoperability Program, QMVIG, CCSQ, CMS

Medicare Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals

Finalized Changes to the Electronic Prescribing Objective

Query of Prescription Drug Monitoring Program (PDMP) measure:

- Require submission of the Query of PDMP measure
- Worth 10 points, beginning with the CY 2023 electronic health record (EHR) reporting period
- Expand the Query of PDMP measure description to include Schedule II opioids and Schedule III, and IV drugs beginning with the CY 2023 EHR reporting period
- Adopt measure exclusions

Finalized Changes to the Health Information Exchange Objective

Enabling Exchange under the Trusted Exchange Framework and Common Agreement (TEFCA) measure

- Add the Enabling Exchange under TEFCA measure as an alternative to reporting on the two existing Health Information Exchange Objective options, beginning with the CY 2023 EHR reporting period.
- To fulfill the Health Information Exchange (HIE) objective, eligible hospitals and critical access hospitals must choose one of the following options:
  1. Report on both the Support Electronic Referral Loops by Sending Health Information measure and the Support Electronic Referral Loops by Receiving and Reconciling Health Information measure.
  2. Report on the HIE Bi-Directional Exchange measure.
  3. Report on the Enabling Exchange Under TEFCA measure.

Finalized Changes to the Public Health and Clinical Data Exchange Objective

- Consolidate the existing three levels of active engagement into two, beginning with the CY 2023 EHR reporting period.
- Eligible hospitals and critical access hospitals must demonstrate their level of active engagement as either proposed Option 1 (pre-production and validation) or proposed Option 2 (validated data production) to fulfill each measure.
- Requiring submission of the option chosen as well as a time limit for Option 1 (time limit delayed until 2024):
  - Finalized Option 1: Pre-production and Validation (a combination of current Option 1, completed registration to submit data, and current Option 2, testing and validation)
  - Finalized Option 2: Validated Data Production (current Option 3, production)

Finalized Changes to the Public Health and Clinical Data Exchange Objective

(continued)

Antimicrobial Use and Resistance (AUR) Surveillance Measure

- Add the AUR measure as a fifth required measure (Syndromic Surveillance Reporting, Immunization Registry Reporting, Electronic Case Reporting, Electronic Reportable Laboratory Result Reporting, and the AUR Surveillance Measure), beginning with the CY 2024 EHR reporting period.

Finalized Scoring Methodology and Public Reporting Changes

- Finalized the proposed changes to the scoring methodology for the CY 2023 EHR reporting period
  - Modify the scoring methodology for the Medicare Promoting Interoperability Program beginning in CY 2023, as shown in the following slide.
- Finalized the proposed public reporting of Medicare Promoting Interoperability Program data
  - Institute public reporting of certain Medicare Promoting Interoperability Program data beginning with the CY 2023 EHR reporting period.

Medicare Promoting Interoperability Program Finalized Performance-Based Scoring Methodology EHR Reporting Period CY 2023

Objective	Measure	Maximum Points	Required/Optional
Electronic Prescribing	e-Prescribing	10 points	Required
	Query of Prescription Drug Monitoring Program (PDMP)*	10 points*	Required
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information –AND-	15 points*	Required (eligible hospital or critical access hospital choice of one of the three reporting options)
	Support Electronic Referral Loops by Receiving and Reconciling Health Information	15 points*	
	-OR-		
	Health Information Exchange Bi-Directional Exchange	30 points*	
	-OR-		
	Enabling Exchange under Trusted Exchange Framework and Common Agreement (TEFCA)*	30 points*	
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	25 points*	Required
Public Health and Clinical Data Exchange	Report the following five measures*: • Syndromic Surveillance Reporting • Immunization Registry Reporting • Electronic Case Reporting • Electronic Reportable Laboratory Result Reporting • Antimicrobial Use and Resistance Surveillance Reporting*	25 points*	Required
	Report one of the following measures: Public Health Registry Reporting or Clinical Data Registry Reporting	5 points (bonus)*	Optional

The Security Risk Analysis measure, Safety Assurance Factors for EHR Resilience (SAFER) Guides measure, and attestations required by section 106(b)(2)(B) of Medicare Access and CHIP Reauthorization Act (MACRA) are required, but they will not be scored. eCQM measures are required, but they will not be scored. *Signifies changes for 2023.

Finalized Changes to Clinical Quality Measures in Alignment with the Hospital IQR Program

- Adopted the Cesarean Birth and Severe Obstetric Complications eCQMs in the eCQM measure set.
  - These would be available for eligible hospitals and critical access hospitals to self-select beginning with the CY 2023 reporting period.
  - Eligible hospitals and critical access hospitals would be required to report on these beginning with the CY 2024 reporting period.
- Adopted the Hospital Harm Opioid-Related Adverse Events and GMCS eCQMs in the eCQM measure set.
  - These would be available for eligible hospitals and critical access hospitals to self-select beginning with the CY 2024 reporting period.

Medicare Promoting Interoperability Program Additional Resources

- The Medicare and Medicaid Promoting Interoperability program page can be found at this link: 2022 Medicare Promoting Interoperability Program Requirements | CMS
- 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

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

Hospital VBP Program

Summary of Finalized Proposals

- Finalized proposals for measure suppression for FY 2023
  - Suppress the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) measure
  - Suppress the five Hospital Acquired Infection (HAI) measures
- Finalized proposals for revisions to the scoring and payment methodology for FY 2023
  - Revise the scoring and payment methodology such that hospitals will not receive Total Performance Scores (TPSs)
  - Award each hospital a payment incentive multiplier that results in a value-based incentive payment that is equal to the amount withheld for the fiscal year (2%)
- Technical updates for measures beginning in FY 2023 and FY 2024
  - Modify the Clinical Outcomes Domain measures to add a covariate that adjusts the measure outcome for a history of COVID-19 diagnosis in the 12 months prior to the admission beginning with FY 2023
  - Modify the MORT-30-PN measure to exclude patients with either principal or secondary diagnoses of COVID-19 from the measure denominator beginning with FY 2024
- Finalized proposals for updates for FY 2025
  - Update the baseline periods for certain measures

* We note that the MORT-30-PN measure was finalized for suppression for the FY 2023 program year in the FY 2022 IPPS/LTCH PPS final rule (86 FR 45274 through 45276).

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

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

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

- We are also concerned that regional differences in COVID-19 prevalence during the performance periods for FY 2023 Hospital VBP Program measures, which include CY 2020 and CY 2021 data, have directly affected hospitals' measure scores in the Hospital VBP program.
- Therefore, we have finalized in the FY 2022 IPPS/LTCH PPS final rule a policy for the duration of the PHE for COVID-19 that will enable us to suppress* the use of data for a number of measures if we determine that circumstances caused by the COVID-19 PHE have affected those measures and the resulting TPSs significantly.
- We have finalized the suppression of the MORT-30-PN measure for FY 2023, and we have finalized the proposal to suppress all measures in the Person and Community Engagement and Safety Domains for the FY 2023 program year because we have determined that circumstances caused by the COVID-19 PHE have affected those measures significantly.
- We also finalized the proposal to adopt a special scoring and payment rule for FY 2023.

* We will not be using the measure for purposes of scoring and payment.

Finalized Flexibilities Impact to FY 2023

Finalized Impact to Measure Calculations

Under this special rule for FY 2023, we would calculate measure rates for all measures, including the measures we are proposing to suppress, but would only calculate achievement and improvement scores for five out of the six measures in the Clinical Outcomes Domain and the Efficiency and Cost Reduction Domain, which we are not proposing to suppress.

Finalized Impact to Domain Scores and Total Performance Score

We will also calculate domain scores for the Clinical Outcomes Domain and the Efficiency and Cost Reduction Domain but, because those domains combined are only weighted at 50% of the TPS and we would have no other domain scores, we would not award TPSs to hospitals.

Finalized Impact to Payments

- We will reduce each hospital's base-operating Diagnosis Related Group (DRG) payment amount by 2%, as required under the Social Security Act, but because no hospital would receive a TPS for FY 2023, we would assign to each hospital a value-based incentive payment percentage that results in a value-based incentive payment amount that matches the 2-percent reduction to the base operating DRG payment amount.
- The net result of these payment adjustments would be neutral for hospitals. That is, a hospital's base operating DRG payment amount would remain unchanged for FY 2023.

Finalized Flexibilities Impact to FY 2023 (continued)

Finalized Impact to Percentage Payment Summary Reports

- We will still provide confidential feedback reports to hospitals on their FY 2023 measure rates on all measures to ensure that they are made aware of the changes in performance rates that we have observed.
- We also note that, due to operational complications associated with the finalized changes to the scoring methodology, and in order to allow enough time for the appropriate notice and comment period process, we may not be able to provide hospitals with the feedback reports for FY 2023 until after August 1, 2022. We intend to provide hospitals with these feedback reports for FY 2023 as soon as possible and estimate that we will be able to provide reports before the end of 2022.

Finalized Impact to Public Reporting

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

Additional Flexibilities Impact to FY 2023 and FY 2024

- Beginning with the FY 2023 program year, we are updating all the measures in the Clinical Outcomes Domain to include a covariate adjustment for patient history of COVID-19 in the 12 months prior to the admission.
- Beginning with the FY 2024 program year, we are updating the MORT-30-PN measure to exclude patients with either principal or secondary diagnoses of COVID-19 from the measure denominator.
- We intend to resume using 2022 data for the FY 2024 payment adjustments and forward.
- We note that we are making these updates pursuant to the technical updates policy we finalized in the FY 2015 IPPS/LTCH PPS final rule. Under this policy, we use a subregulatory process to incorporate technical measure specification updates into the measure specifications we have adopted for the Hospital VBP Program (79 FR 50077 through 50079).

Finalized Flexibilities Impact to FY 2025

For the FY 2025 program year, we finalized the proposal to update the baseline periods for the Person and Community Engagement Domain measure and the Safety Domain measures from CY 2021 to CY 2019 to mitigate the impact of using measure data affected by the COVID-19 PHE when determining achievement thresholds or awarding improvement points.

FY 2023 Program Year Payment Details

Table 16 (Proxy Adjustment Factors)

- Table 16 is based on FY 2021 TPSs and the December 2021 update to the FY 2021 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

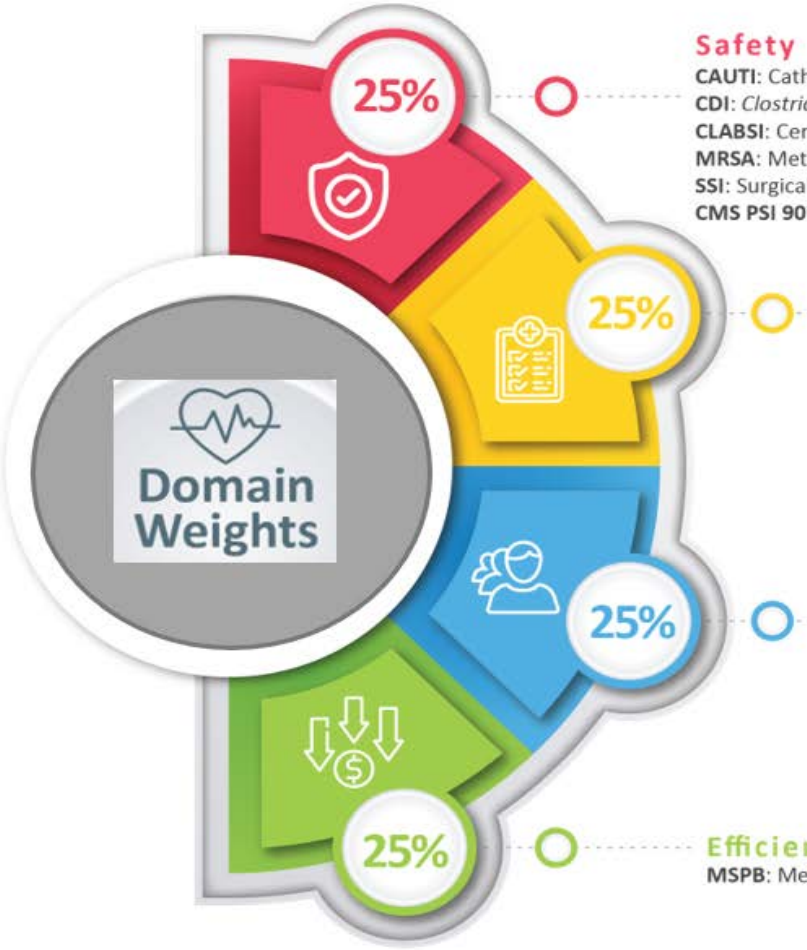
Table 16A (Updated Proxy Adjustment Factors)

- As our proposals to suppress measures and award each hospital a value-based payment amount that matches the reduction to the base operating Diagnosis Related Group (DRG) payment amount were finalized, we did not update Table 16 as Table 16A in the final rule.
- However, as these proposals were finalized, we will 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 2022 update to the FY 2021 MedPAR file. The updated proxy value-based incentive payment adjustment factors for FY 2023 would continue to be based on historic FY 2022 program year TPSs because hospitals will not have been given the opportunity to review and correct their actual TPSs for the FY 2023 program year before the FY 2023 IPPS/LTCH PPS final rule is published.

Table 16B (Actual Incentive Payment Adjustment Factors)

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

Domains and Measures for FY 2023 and Subsequent Years



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
CMS PSI 90*: Patient Safety and Adverse Events Composite

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
MORT-30-PN: Hospital 30-Day, All-Cause, RSMR Following Pneumonia (PN) Hospitalization (updated cohort)
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 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

*In the FY 2022 IPPS/LTCH PPS final rule, we finalized that these baseline periods would be January 1, 2019, through December 31, 2019 (86 FR 45284 through 45285).
**In accordance with the ECE granted in response to the COVID-19 PHE and the policies finalized in the September 2, 2020, interim final rule with comment titled “Medicare and Medicaid Programs, Clinical Laboratory Improvement Amendments (CLIA), and Patient Protection and Affordable Care Act; Additional Policy and Regulatory Revisions in Response to the COVID–19 Public Health Emergency,” (85 FR 54820), we will not use Quarter 1 and Quarter 2 2020 data that was voluntarily submitted for scoring purposes under the Hospital VBP Program.

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, 2019*	January 1–December 31, 2023
Safety	January 1–December 31, 2019*	January 1–December 31, 2023
Efficiency and Cost Reduction	January 1–December 31, 2021	January 1–December 31, 2023

*As described more fully in section V.I.4.b. of the preamble of the final rule, we updated the baseline periods for the measures included in the Person and Community Engagement and Safety domains for FY 2025.

**In accordance with the ECE granted in response to the COVID-19 PHE and the policies finalized in the September 2, 2020, interim final rule with comment titled “Medicare and Medicaid Programs, Clinical Laboratory Improvement Amendments (CLIA), and Patient Protection and Affordable Care Act; Additional Policy and Regulatory Revisions in Response to the COVID–19 Public Health Emergency,” (85 FR 54820), we will not use Quarter 1 and Quarter 2 2020 data that was voluntarily submitted for scoring purposes under the Hospital VBP Program.

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 baseline periods are impacted by the ECE granted by CMS on March 22, 2020. For more detailed information, we refer readers to the FY 2022 IPPS/LTCH PPS final rule (86 FR 45297 through 45299).

FY 2028 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, 2018–June 30, 2021**	July 1, 2023–June 30, 2026
COMP-HIP-KNEE	April 1, 2018–March 31, 2021**	April 1, 2023–March 31, 2026
Person and Community Engagement	January 1–December 31, 2024	January 1–December 31, 2026
Safety†	January 1–December 31, 2024	January 1–December 31, 2026
Efficiency and Cost Reduction	January 1–December 31, 2024	January 1–December 31, 2026

**These baseline periods are impacted by the ECE granted by CMS on March 22, 2020. For more detailed information, we refer readers to the FY 2022 IPPS/LTCH PPS final rule (86 FR 45297 through 45299).

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HAC Reduction Program, QMVIG, CCSQ, CMS

HAC Reduction Program

Summary of FY 2023 Finalized Proposals

- Two updates to the HAC Reduction Program measure suppression policy:
  - Pause the use of all measures for FY 2023 from scoring and payment
  - Suppression of CY 2021 HAI data for FY 2024
- Update to HAI measures' newly opened hospital definition
- Clarification of removal of the No Mapped Locations policy
- Two technical measure updates to CMS PSI 90:
  - COVID-19 risk adjustment beginning FY 2024
  - Minimum volume threshold to receive CMS PSI 90 composite score

Finalized Proposal to Update the Measure Suppression Policy for FY 2023

- Finalized proposal to update the HAC Reduction Program's measure suppression policy to pause the use of all program measures for FY 2023 from scoring and payment.
- Under this finalized proposal, CMS will not calculate the following for any hospital:
  - Measure scores
  - Total HAC Score
- **No hospital will be in the worst-performing quartile or subject to the 1-percent payment penalty for the FY 2023 program year.**

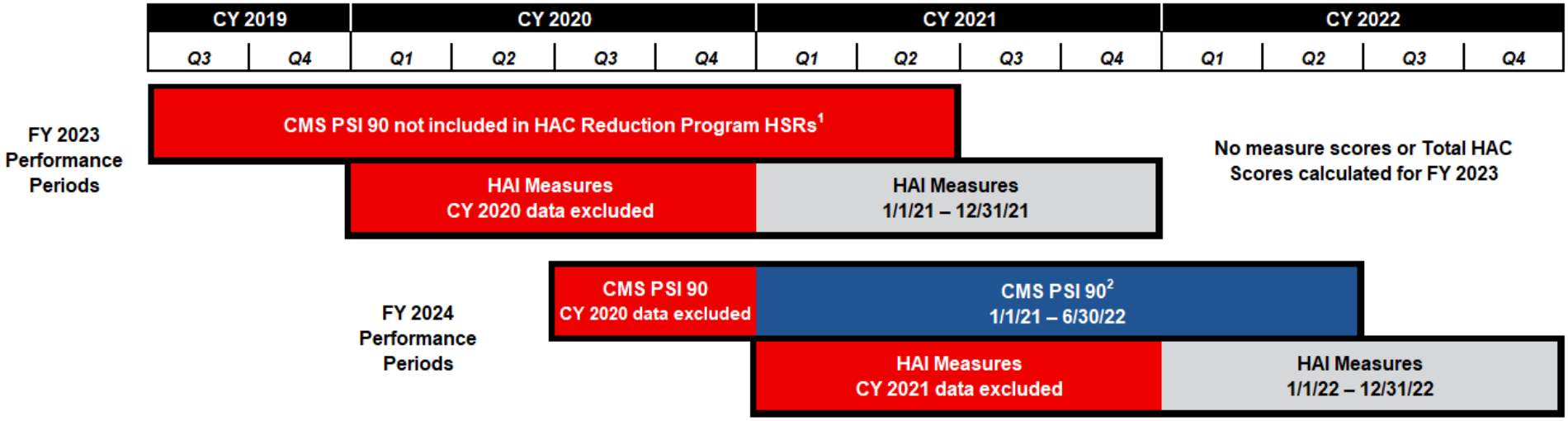
Finalized Proposal to Update the Measure Suppression Policy for FY 2023

- **In response to public comments, CMS did not finalize the proposal to not calculate CMS PSI 90 for FY 2023.**
- CMS is not including CMS PSI 90 in FY 2023 HAC Reduction Program Hospital-Specific Reports (HSRs), but will collect, calculate, and confidentially report hospitals' CMS PSI 90 results via measure specific HSRs and publicly report results on the Care Compare website.

Finalized Proposal to Update the Measure Suppression Policy for FY 2024

- This finalized the proposal to update the HAC Reduction Program measure suppression policy to suppress CY 2021 HAI data from the FY 2024 program calculations.
- Under this finalized proposal, the HAI measures will have a performance period of January 1, 2022, through December 31, 2022, for the FY 2024 program year.

FY 2023 and FY 2024 Performance Periods



1. CMS is not including the CMS PSI 90 composite value for any hospital in the FY 2023 HAC Reduction Program HSR. CMS will collect, calculate, and confidentially report hospitals' CMS PSI 90 results via measure specific HSRs, and publicly report those results on the Care Compare website to provide transparency to the public on important patient safety metrics during the PHE.
2. To account for the impact of the COVID-19 PHE on CY 2021 data in the CMS PSI 90 measure, we are updating the measure specifications to risk adjust for COVID-19 diagnoses beginning with the FY 2024 program year.

Legend

- Original measure performance period
- HAI measures effective performance period
- CMS PSI 90 effective performance period[2]
- Changes in response to COVID-19 PHE[1]

New Hospital Definition

- Finalized the proposal to update the definition of "newly-opened hospitals" for the HAI measures beginning in FY 2023.
- Under this finalized proposal, hospitals with a Medicare Accept Date within the last 12 months of the HAI measures' performance period will be considered new hospitals.
  - New hospitals do not receive measure scores for the HAI measures.

Removal of No Mapped Locations

- Previous exemption for the CLABSI and CAUTI measures applied when hospitals do not map applicable wards for the measures (Intensive Care Units, surgical, medical, and medical-surgical wards).
  - CDC has indicated that not mapping wards is not an appropriate data submission practice.
- Going forward, hospitals that do not have the applicable wards will be expected to submit an IPPS Measure Exception Form to receive an exemption from CMS's reporting requirements

Updates to the CMS PSI 90 Measure

- Increase minimum volume threshold for hospitals to receive a CMS PSI 90 composite score beginning FY 2023:
  - At least one component PSI measure with at least 25 eligible discharges
  - At least seven component PSI measures with at least three eligible discharges
- COVID-19 diagnosis will be a risk adjustment parameter in the CMS PSI 90 software beginning FY 2024.

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

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.

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HRRP, QMVIG, CCSQ, CMS

Hospital Readmissions Reduction Program (HRRP)

Summary of Finalized Proposals

- Updated measure specifications for the six condition/ procedure-specific readmission measures to include COVID-19 covariate adjustment beginning with the FY 2023 program year
- Updated the measure specifications for the pneumonia readmission measure to exclude patients with COVID-19 diagnosis beginning with the FY 2023 program year
- Finalized proposal to resume use of the pneumonia readmission measure in payment reduction calculations beginning with the FY 2024 program year
- Requested public comment on Possible Future Inclusion of Health Equity Performance in the Hospital Readmissions Reduction Program

Updates to the Readmission Measure Specification

- Updated the six condition/procedure-specific risk-standardized readmission measures to include a covariate adjustment for patient history of COVID-19 in the 12 months prior to the admission, beginning with the FY 2023 program year
- Updated the pneumonia readmission measure to exclude patients with COVID-19 diagnosis present on admission from the measure numerator (outcome) and denominator (cohort), beginning with the HSRs and public reporting for the FY 2023 program year

Note: Although the pneumonia readmission measure remains suppressed from FY 2023 payment reduction calculations, measure results will still be confidentially and publicly reported, and these updates will be reflected in those results.

Finalized Proposal to Resume the Pneumonia Measure for FY 2024

CMS finalized the proposal to resume use of the pneumonia readmission measure in payment reduction calculations beginning with the FY 2024 program year:

- Coding practices enhanced by the availability of COVID-19-related ICD-10 codes (J12.82, U07.1) have enabled us to differentiate patients with COVID-19 from pneumonia patients without COVID-19 within certain data periods.
- More recent data show the proportion of COVID-19 admissions in the pneumonia readmission measure have decreased compared to 2020 data.
- Sufficient data are available to make technical updates to measure specifications in order to further account for how COVID-19 might impact quality of care.

Request for Public Comment on Future Inclusion of Health Equity

- 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 sought comment on the benefit and potential risks, unintended consequences, and costs of incorporating hospital performance for beneficiaries with social risk factors in the Hospital Readmissions Reduction Program.
- We sought comment on the approach of linking performance in caring for socially at-risk populations and payment reductions.
- We sought comment on measures or indices of social risk, in addition to dual eligibility, that should be used to measure hospitals' performance in achieving equity in the Hospital Readmissions Reduction Program.

HRRP Resources

HRRP General Program and Payment Adjustment Information:

- Medicare.gov website: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program
- QualityNet website: https://qualitynet.cms.gov/inpatient/hrrp

HRRP Measure Methodology:

- QualityNet website: https://qualitynet.cms.gov/inpatient/measures/readmission/methodology

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

FY 2023 IPPS/LTCH PPS Final Rule
Page Directory and Submission of Comments

FY 2023 IPPS/LTCH PPS Final Rule Page Directory

- Download the FY 2023 IPPS/LTCH PPS final rule from the *Federal Register:* *https://www.federalregister.gov/documents/2022/08/10/2022-16472/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the*
- Details regarding various quality programs can be found on the pages listed below:
  - HRRP pp. 49081 - 49094
  - Hospital VBP Program pp. 49094 - 49120
  - HAC Reduction Program pp. 49120 - 49138
  - Hospital IQR Program pp. 49190 - 49310
  - PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program pp. 49311 - 49314
  - Long-Term Care Hospital Quality Reporting Program (LTCH QRP) pp. 49314 - 49319
  - Promoting Interoperability pp. 49319 - 49370

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

Summary of Measures by Quality Program

Claims-Based Coordination of Care Measures (Excess Days in Acute Care)

Measure ID	Measure Name	Hospital IQR Program Fiscal Year				
		23	24	25	26	27
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 Fiscal Year					HRRP Fiscal Year				
		23	24	25	26	27	23	24	25	26	27
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 Fiscal Year					Hospital VBP Program Fiscal Year				
		23	24	25	26	27	23	24	25	26	27
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						✓	✓	✓	✓	✓

Claims-Based Patient Safety Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Hospital VBP Program Fiscal Year					HAC Reduction Program Fiscal Year				
		23	24	25	26	27	23	24	25	26	27	23	24	25	26	27
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											✓	✓	✓	✓	✓

* Finalized beginning FY 2024 for Hospital IQR Program

Claims-Based Efficiency and Payment Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Hospital VBP Program Fiscal Year				
		23	24	25	26	27	23	24	25	26	27
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		✓	✓	✓	✓					

* Finalized beginning FY 2024 for Hospital IQR Program

Clinical Process of Care Measures (via Chart Abstraction)

Measure ID	Measure Name	Hospital IQR Program Fiscal Year				
		23	24	25	26	27
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 Fiscal Year					Promoting Interoperability Fiscal Year				
		23	24	25	26	27	23	24	25	26	27
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 – Current 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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

EHR-Based Clinical Process of Care Measures (eCQMs) (continued)

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Promoting Interoperability Fiscal Year				
		23	24	25	26	27	23	24	25	26	27
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HH-01	Hospital Harm—Severe Hypoglycemia Measure			✓	✓	✓			✓	✓	✓
HH-02	Hospital Harm—Severe Hyperglycemia Measure			✓	✓	✓			✓	✓	✓
ePC-02*	Cesarean Birth			✓	✓	✓			✓	✓	✓
ePC-07*	Severe Obstetric Complications			✓	✓	✓			✓	✓	✓
HH-ORAE**	Hospital-Harm—Opioid Related Adverse Events				✓	✓				✓	✓
GMCS**	Global Malnutrition Composite Score				✓	✓				✓	✓

* Finalized beginning FY 2025. Finalized mandatory beginning FY 2026.
** Finalized beginning FY 2026.

Claims and Electronic Data Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year				
		23	24	25	26	27
Hybrid HWR	Hybrid Hospital-Wide Readmission		✓	✓	✓	✓
Hybrid HWM	Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure			✓	✓	✓

HWR=Hospital-Wide Readmission
HWM=Hospital-Wide Mortality

National Healthcare Safety Network Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year				
		23	24	25	26	27
HCP Influenza Vaccination	Influenza Vaccination Coverage Among Healthcare Personnel	✓	✓	✓	✓	✓
HCP COVID-19 Vaccination	COVID-19 Vaccination Coverage Among Health Care Personnel		✓	✓	✓	✓

HCP=healthcare personnel

Structural Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year				
		23	24	25	26	27
Maternal Morbidity	Maternal Morbidity Structural Measure		✓	✓	✓	✓
HCHE*	Hospital Commitment to Health Equity			✓	✓	✓

* Finalized this measure with FY 2025.
HCHE=Hospital Commitment to Health Equity

Patient-Reported Outcome Performance Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year				
		24	25	26	27	28
THA/TKA PRO-PM*	Hospital-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty Patient Reported Outcome-Based Performance Measure (PRO-PM)			✓	✓	✓

* Finalized this measure as voluntary beginning with FY 2026 and mandatory with FY 2028.

Process Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year				
		23	24	25	26	27
SDOH-1*	Screening for Social Drivers of Health			✓	✓	✓
SDOH-2*	Screen Positive Rate for Social Drivers of Health			✓	✓	✓

* Finalized these measures as voluntary beginning FY 2025 and mandatory with FY 2026.
SDOH=social drivers of health

HAI Measures

Measure ID	Measure Name	Hospital VBP Fiscal Year					HAC Reduction Fiscal Year				
		23	24	25	26	27	23	24	25	26	27
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 *Staphylococcus aureus* Bacteremia Outcome	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CDI	NHSN Facility-Wide Inpatient Hospital-onset *Clostridium difficile* Infection Outcome	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

ACS-CDC=American College of Surgeons - Centers for Disease Control and Prevention

Patient Experience of Care Survey Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Hospital VBP Program Fiscal Year				
		23	24	25	26	27	23	24	25	26	27
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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 approval for any other state, license, or certification, please check with your licensing or certification board.

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