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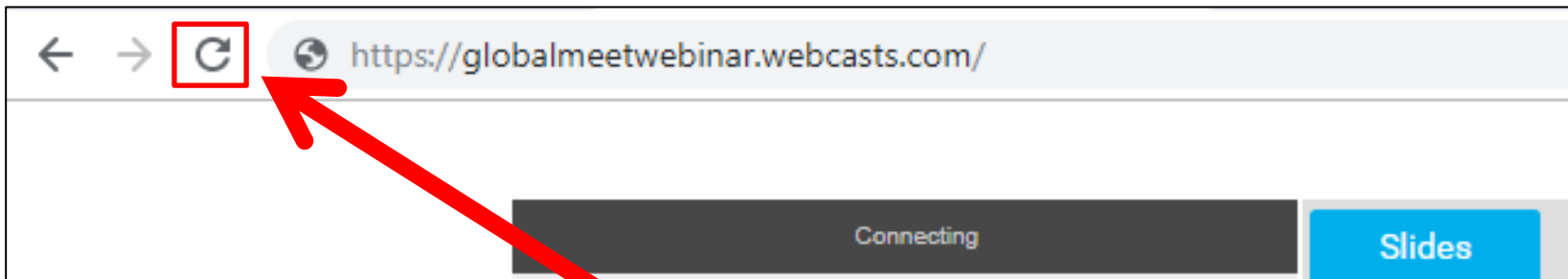
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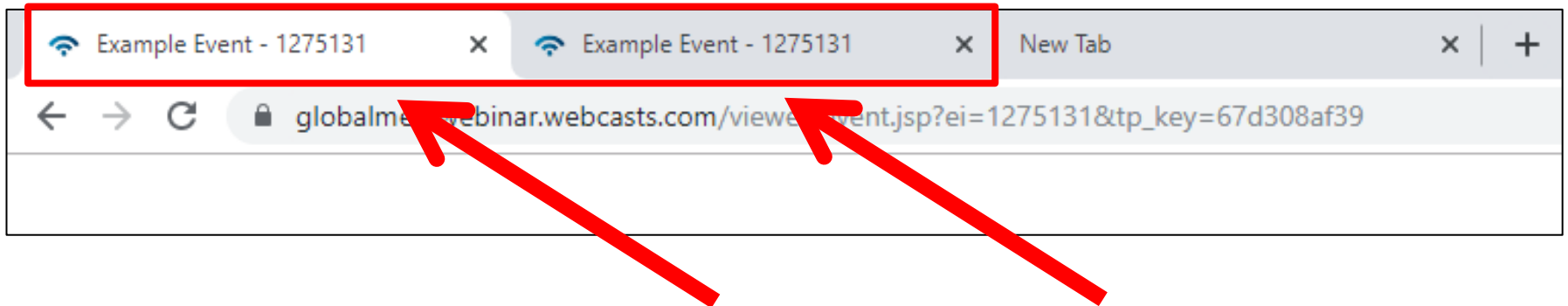
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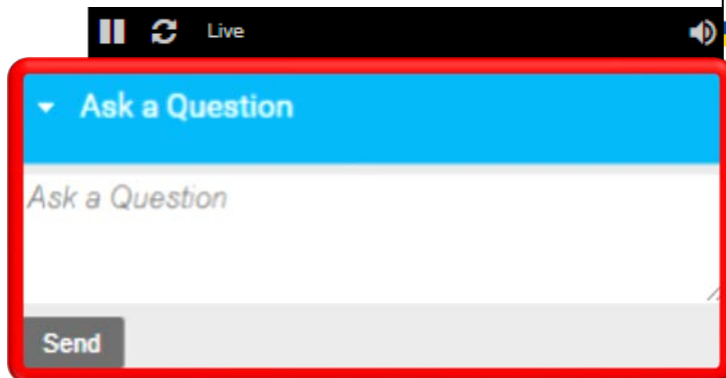
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Type questions in the Ask a Question section, on the left-hand side of your screen.



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



Today's Presentation



PCHQR Program: FY 2023 IPPS/LTCH PPS Proposed Rule

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May 26, 2022

Question and Answer Limitations

- CMS can only address procedural questions about comment submissions.
- CMS cannot address any rule-related questions.
- We appreciate your understanding of these constraints.
- CMS looks forward to your formal comments on the proposed rule.

Acronyms and Abbreviations

ACS	American College of Surgeons	HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
CAUTI	Catheter-Associated Urinary Tract Infection	HCP	healthcare personnel
CDC	Centers for Disease Control and Prevention	ICU	intensive care unit
CDI	<i>Clostridium difficile</i> Infection	IPPS	Inpatient Prospective Payment System
CFR	Code of Federal Regulations	LTCH	long-term care hospital
CLABSI	Central Line-Associated Bloodstream Infection	MRSA	Methicillin-Resistant <i>Staphylococcus aureus</i>
CMS	Centers for Medicare & Medicaid Services	NHSN	National Healthcare Safety Network
CY	calendar year	NQF	National Quality Forum
dQM	Digital Quality Measures	PCH	PPS-Exempt Cancer Hospital
ECE	Extraordinary Circumstances Exception	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
ED	emergency department	PPS	prospective payment system
EOL	End of Life	RFI	Request for Information
FHIR®	Fast Healthcare Interoperability Resources	Q	quarter
FR	<i>Federal Register</i>	QIO	Quality Improvement Organization
FY	fiscal year	SSI	Surgical Site Infection
HAI	healthcare-associated infection	VIQR	Value, Incentives, and Quality Reporting

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) Proposed Rule with a focus on the proposed changes in the PCHQR Program.

Objectives

Participants will be able to:

- Locate the FY 2023 IPPS/LTCH PPS Proposed Rule.
- Identify proposed changes that may impact the PCHQR Program.
- Understand steps to submit comments to CMS regarding the rule.

FY 2023 IPPS/LTCH PPS Proposed Rule Publication

- The FY 2023 IPPS/LTCH PPS Proposed Rule was published in the [Federal Register](#) on May 10, 2022.
- The PCHQR Program section is located on pages 28563 through 28566.

PCHQR Program: FY 2023 IPPS/LTCH PPS Proposed Rule

Proposed Changes to the PCHQR Program

PCHQR Program Sections

1. Background
2. **Measure Retention and Removal Factors for the PCHQR Program**
 - **Proposal to Adopt a Patient Safety Exception to the Measure Removal Policy**
3. **Potential Adoption of Two National Healthcare Safety (NHSN) Measures – Request for Information**
4. Summary of PCHQR Program Measures for the FY 2024 Program Year and Subsequent Years
5. Maintenance of Technical Specification for Quality Measures
6. **Proposals for Public Display Requirements**
 - **Proposal to Begin Public Display of End-of-Life (EOL) and 30-Day Unplanned Readmissions for Cancer Patients Measures Beginning with the FY 2024 Program Year Data**
7. Form, Manner and Timing of Data Submissions
8. Extraordinary Circumstances Exceptions (ECE) Policy Under the PCHQR Program

Section 1: Background

- Section 1866(k) of the Social Security Act sets forth a quality reporting program for PPS-Exempt Cancer Hospitals (PCHs) described in section 1886(d)(1)(B)(v) of the Social Security Act and codified at 42 CFR 412.23(f) that meet the requirements as specified by the Secretary.
- The PCHQR Program strives to put patients first by ensuring they, along with their clinicians, are empowered to make decisions about their own health care using data-driven insights that are aligned with meaningful quality measures.
- The PCHQR Program incentivizes PCHs to improve their health care quality and value, while giving patients the tools and information needed to make the best decisions.

Section 2: Measure Retention and Removal Factors for the PCHQR Program

Proposal to Adopt a Patient Safety Exception to the Measure Removal Policy

- To align with other measure removal policies adopted in other quality programs, CMS is proposing to promptly remove a measure, without rulemaking, if continued use of a measure in the PCHQR Program raises specific patient safety concerns.
 - Appropriate notifications would be delivered to hospitals, the public, vendors, and Quality Improvement Organizations (QIOs), as it relates to the reason for its removal, via routine communication channels, such as memos, emails, and notices on QualityNet.
 - Notice of the measure removal would also be provided in the *Federal Register*.
- If a measure does not raise any patient safety concerns, then CMS would use the regular rulemaking process for removal.
- CMS continues to believe that a mechanism to immediately remove a quality measure that is causing specific and unintended harm aligns with their patient-centered focus.
- CMS further proposes to add the patient safety exception to the regulations by revising 42 CFR 412.24(d)(3) to add a new paragraph (d)(3)(iii).

Section 3: Potential Adoption of Two Digital NHSN Measures – Request for Information

Background - NHSN Healthcare-associated *Clostridioides difficile* Infection (CDI) Outcome Measure

- CDI is one of the most common healthcare-associated infections (HAIs) in the United States.
- CDC has developed the NHSN Healthcare-associated CDI Outcome measure that utilizes EHR-derived data.
- Goal: To drive an increase in prevention practices, resulting in fewer CDI cases and reduced patient morbidity and mortality.
- CMS believes this would be useful given that most cases of CDI may be prevented or stopped from spreading among patients when facilities implement the recommended infection control steps provided by the CDC.
- Also, the CDC's NHSN reporting and submission processes would impose less administrative burden related to data collection and submission.

Section 3: Potential Adoption of Two Digital NHSN Measures – Request for Information

Background - NHSN Hospital-onset Bacteremia & Fungemia Outcome Measure

- The Hospital-onset Bacteremia & Fungemia Outcome measure was developed to help further the CMS goal of addressing patient safety outcomes in the hospital setting.
- This measure is intended to facilitate safe patient care by:
 - Increasing the awareness of the dangers of fungemia and bacteremia.
 - Promoting adherence to recommended clinical guidelines.
 - Encouraging hospitals to track and improve their monitoring and patient care delivery practices.
- CMS believes inclusion of this measure would aid in disease monitoring, provide patients with more information regarding care delivery and improve patient outcomes.

Section 3: Potential Adoption of Two Digital NHSN Measures – Request for Information

(Continued)

- CMS is seeking comment on future adoption in the PCHQR Program of the NHSN Healthcare-associated *Clostridioides difficile* Infection Outcome and NHSN Hospital-onset Bacteremia & Fungemia Outcome digital measures.
- Adoption of these digital measures is being considered since cancer patients are often immunosuppressed and more vulnerable to HAIs.
- CMS believes these digital measures would drive an increase in prevention practices which may ultimately lead to a reduced number of HAI occurrences, morbidity, and mortality.
- Additional measure information details can be found under the Hospital Inpatient Quality Reporting (IQR) Program Section of this proposed rule (87 FR 28550 through 28554).

Section 4: Summary of PCHQR Program Measures for the FY 2024 Program Year and Subsequent Years

- CMS is not proposing any changes to the PCHQR Program measure set in the proposed rule.
- Table IX.F.-01 summarizes the measure set for the FY 2024 program year and subsequent years.

Table IX.F-01: Summary of PCHQR Program Measures for the FY 2024 Program Year

Safety and Healthcare-Associated Infection (HAI)		
Short Name	NQF #	Measure Name
CAUTI	0138	National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure
CLABSI	0139	NHSN Central line-associated Bloodstream Infection (CLABSI) Outcome Measure
HCP	0431	Influenza Vaccination Among Healthcare Personnel
Colon and Abdominal Hysterectomy SSI	0753	American College of Surgeons-Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure (currently includes SSIs following Colon Surgery and Abdominal Hysterectomy)
MRSA	1716	NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant <i>Staphylococcus aureus</i> Bacteremia Outcome Measure
CDI	1717	NHSN Facility-wide Inpatient Hospital-onset <i>Clostridium difficile</i> Infection (CDI) Outcome Measure
COVID-19 HCP Vaccination	N/A	COVID-19 Vaccination Coverage Among HCP

HCP=healthcare personnel

NQF=National Quality Forum

Table IX.F-01: Summary of PCHQR Program Measures for the FY 2024 Program Year

(Continued)

Clinical Process/Oncology Care Measures

Short Name	NQF #	Measure Name
EOL-Chemo	0210	Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life
EOL-Hospice	0215	Proportion of Patients Who Died from Cancer Not Admitted to Hospice

Intermediate Clinical Outcome Measures

EOL-ICU	0213	Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life
EOL-3DH	0216	Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days

Table IX.F-01: Summary of PCHQR Program Measures for the FY 2024 Program Year

(continued)

Patient Engagement/Experience of Care		
Short Name	NQF #	Measure Name
HCAHPS	0166	Hospital Consumer Assessment of Healthcare Providers and Systems
Claims Based Outcome Measures		
N/A	N/A	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy
N/A	3188	30-Day Unplanned Readmissions for Cancer Patients
N/A	N/A	Surgical Treatment Complications for Localized Prostate Cancer

Section 5: Maintenance of Technical Specifications for Quality Measures

- CMS is not proposing any changes to the process for maintaining technical specifications for PCHQR Program measures.
- Refer to the FY 2015 IPPS/LTCH PPS Final Rule (79 FR 50281) for policy regarding the sub-regulatory process to make non-substantive measure updates .
- Specifications are located on the [QualityNet PCHQR Program](#) page.

Section 6: Proposals for Public Display Requirements

Background

- Under Section 1866(k)(4) of the Social Security Act, CMS is required to establish procedures to make data submitted under the PCHQR Program available to the public and allow PCHs to review the data prior to public display.
- CMS continues to use rulemaking to establish the year the first publicly reported data would be made available and publish the data as soon as feasible during that year.
- CMS is proposing a timetable for public display of data for specific PCHQR Program measures:
 - End of Life (EOL)
 - 30-Day Unplanned Readmissions for Cancer Patients

Section 6: Proposal to Begin Public Display of End-of-Life Measures Beginning with the FY 2024 Program Year Data

- CMS is proposing to begin public display of the four EOL measures beginning with the FY 2024 program year (July 1, 2021–June 30, 2022):
 - Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (NQF #0210)
 - Proportion of Patients Who Died from Cancer Not Admitted to Hospice (NQF #0215)
 - Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life (NQF #0213)
 - Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days (NQF #0216)
- CMS anticipates providing confidential reports on the data collected for the FY 2022 (July 1, 2019–June 30, 2020) and FY 2023 (July 1, 2020–June 30, 2021) program years within CY 2022.
- CMS would make the FY 2024 program year EOL data publicly available, following the 30-day preview period, during the July 2023 refresh cycle or as soon as feasible thereafter.

Section 6: Proposal to Begin Public Display of 30-Day Unplanned Readmissions for Cancer Patients Measure Beginning with the FY 2024 Program Year Data

- CMS is proposing to begin public display of the 30-Day Unplanned Readmissions for Cancer Patients measure beginning with the FY 2024 program year (October 1, 2021, through September 30, 2022).
- CMS anticipates providing confidential reports on the data collected for the FY 2023 (October 1, 2020, through September 30, 2021) program year in Summer 2022.
- CMS would make the FY 2024 program year data publicly available, following the 30-day preview period, during the October 2023 refresh cycle or as soon as feasible thereafter.

Table IX.F-02: Previously Finalized and Proposed Public Display Requirements

Measures	Public Reporting
<ul style="list-style-type: none"> Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey (NQF #0166) Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (NQF #0383)* 	2016 and subsequent years
<ul style="list-style-type: none"> ACS-CDC Harmonized Procedure Specific SSI – Colon and Abdominal Hysterectomy (NQF #0753) NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia (NQF #1716) NHSN Facility-wide Inpatient-Hospital-onset CDI (NQF #1717) NHSN Influenza Vaccination Coverage Among HCP (NQF #0431) 	2019 and subsequent years
<ul style="list-style-type: none"> COVID-19 Vaccination Coverage Among HCP 	October 2022 and subsequent years
<ul style="list-style-type: none"> Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy 	April 2020 and subsequent years
<ul style="list-style-type: none"> CAUTI (NQF #0138) CLABSI (NQF #0139) 	Deferred until October 2022

Table IX.F-02: Previously Finalized and Proposed Public Display Requirements

(continued)

Measures	Public Reporting
<ul style="list-style-type: none"> • Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (NQF #0210)** • Proportion of Patients Who Died from Cancer Not Admitted to Hospice (NQF #0215)** • Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life (NQF #0213)** • Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days (NQF #0216)** 	<p>July 2023 or as soon as feasible thereafter</p>
<ul style="list-style-type: none"> • 30-Day Unplanned Readmissions for Cancer Patients (NQF #3188)** 	<p>October 2023 or as soon as feasible thereafter</p>

*Measure finalized for removal, beginning with the FY 2024 program year.

**Measure proposed for public display beginning with FY 2024 program year data.

Section 7: Form, Manner, and Timing of Data Submission

- CMS is not proposing any updates to our previously finalized data submission requirement and deadlines.
- Refer to FY 2013 IPPS/LTCH PPS Final Rule (77 FR 53563 through 53567) for previously finalized procedural requirements.

Section 8: ECE Policy Under the PCHQR Program

- CMS is not proposing any changes to the ECE policy.
- CMS refers readers to the FY 2019 IPPS/LTCH PPS Final Rule (84 FR 41623–41624) for more information on the ECE policy for the PCHQR Program.

PCHQR Program: FY 2023 IPPS/LTCH PPS Proposed Rule

Cross-Program Requests for Information

Requests for Information

CMS is seeking public comment on the following cross-program requests for information:

- Assessment of the impact of climate change and health equity (87 FR 28478 through 28479)
- Overarching principles in measuring healthcare quality disparities in hospital quality programs (87 FR 28479 through 28486).
- Advancement of digital quality measurement and use of Fast Healthcare Interoperability Resources (FHIR[®]) in hospital quality programs (87 FR 28486 through 28489)

Current Assessment of Climate Change Impacts on Outcomes, Care, and Health Equity

- CMS is seeking comment on how they can support hospitals, nursing homes, hospices, home health agencies, and other providers in a more effective manner by:
 - Determining likely climate impacts on their patients, residents, and consumers so that they can develop plans to mitigate those impacts.
 - Understanding exceptional threats that climate-related emergencies (storms, floods, wildfires, etc.) 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.) so they can better address those.
 - Understanding how to act on reducing their emissions and tracking their progress in this regard.
- CMS believes this would:
 - Inform the development and updating of policies that can assist providers in responding to climate-related challenges (i.e., policies related to emergency preparedness).
 - Update U.S. Department of Health and Human Services (HHS) climate-health tools and resources.

Overarching Principles for Measuring Healthcare Quality Disparities Across CMS Quality Programs

CMS is seeking comment on key considerations in five specific areas that could inform their approach in addressing healthcare disparities and advance healthcare equity:

- 1) Identification of Goals and Approaches for Measuring Healthcare Disparities and Using Measure Stratification Across CMS Quality Programs
- 2) Guiding Principles for Selecting and Prioritizing Measures for Disparity Reporting Across CMS Quality Reporting Programs
- 3) Principles for Social Risk Factor and Demographic Data Selection and Use
- 4) Identification of Meaningful Performance Differences
- 5) Guiding Principles for Reporting Disparity Results

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

- The goal of this Request for Information (RFI) is 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 CMS quality programs. This is important as a means of setting priorities and expectations for the use of stratified measure results.
- CMS invites general comments on the principles and approaches referenced 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 FHIR® in Hospital Quality Programs

CMS is seeking comment on the transition to digital quality measurement. This RFI contains five parts:

- 1) Background
- 2) Refined Definition of Digital Quality Measures (dQMs)
- 3) Data Standardization Activities to Leverage and Advance Standards for Digital Data
- 4) Approaches to Achieve FHIR® eCQM Reporting
- 5) Solicitation of Comments

PCHQR Program: FY 2023 IPPS/LTCH PPS Proposed Rule

Submitting Comments on the Proposed Rule

Comment Submission

- CMS appreciates and needs your comments concerning the proposed rule.
- To be assured consideration, comments on all sections of this proposed rule must be received no later than **5:00 p.m. Eastern Time, June 17, 2022.**
- CMS will respond to all comments that are within the scope of the proposed rule.

Summary of Topics for Public Comment

- Proposal to begin public display of the 30-Day Unplanned Readmissions for Cancer Patients Measure and the four EOL measures
- Proposal to adopt and codify a patient safety exception into the measure removal policy
- Request information on the potential future adoption of two digital NHSN measures:
 - NHSN Healthcare-associated *Clostridioides difficile* Infection Outcome measure
 - NHSN Hospital-Onset Bacteremia & Fungemia Outcome measure

Summary of Topics for Public Comment (continued)

Cross-Program Requests for Information:

- Assessment of the impact of climate change and health equity
- Overarching principles in measuring healthcare quality disparities in hospital quality programs
- Advancement of digital quality measurement and use of Fast Healthcare Interoperability Resources (FHIR[®]) in hospital quality programs

Methods of Providing Comments

The three methods of providing comments on the proposed rule are:

- Electronic submission at <http://www.regulations.gov>
- Regular mail:
Department of Health and Human Services
Attention CMS-1752-P
P.O. Box 8013
Baltimore, MD 21244-1850
- Express/Overnight mail: Same address as above

Comment Submission Starting the Process

Navigate to the [Federal Register](#) or [Regulations.gov](#) site.

Select **Submit A Formal Comment** or **Comment**. Due date is June 17, 2022.



The screenshot shows the Federal Register website. At the top, it says "FEDERAL REGISTER" and "The Daily Journal of the United States Government". Below that, it says "Proposed Rule". The main title of the rule is "Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2023 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Costs Incurred for Qualified and Non-Qualified Deferred Compensation Plans; and Changes to Hospital and Critical Access Hospital Conditions of Participation". Below the title, it says "A Proposed Rule by the Centers for Medicare & Medicaid Services on 05/10/2022". At the bottom, there is a red box around the text "This document has a comment period that ends in 38 days. (06/17/2022)" and a green button that says "SUBMIT A FORMAL COMMENT".

OR



The logo for regulations.gov, featuring the text "regulations.gov" in a large, blue, sans-serif font, with a blue wave graphic above the "s". Below the logo, it says "Your Voice in Federal Decision-Making".



The screenshot shows the Regulations.gov website. At the top, it says "PROPOSED RULE". The main title of the rule is "Hospital Inpatient Prospective Payment System for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2023 Rates (CMS-1771-P) Display". Below the title, it says "Agency Centers for Medicare&Medicaid Services | Posted Apr 18, 2022 | ID CMS-2022-0074-0001". At the bottom, there is a red box around the "Comment" button and the text "Comments Due Jun 17, 2022".

Steps for Submitting a Comment

Step 1: Enter Your Comment

Step 1: Enter Your Comment in the Comment field.
Required fields have (*) next to the field name.

You are commenting on a Proposed Rule by the **Centers for Medicare&Medicaid Services**

[Hospital Inpatient Prospective Payment System for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2023 Rates \(CMS-1771-P\) Display.](#)

Comment Period Ends: **58 Days**

Write a Comment

[Commenter's Checklist](#)

Comment*

Start typing comment here...

Steps for Submitting a Comment

Step 2a: Enter Information

Step 2a: Enter Information.

- “What is your comment about?” Select from the drop-down menu. (a)(Optional)
- Upload a file if you wish. (b) (Optional)
- Enter e-mail address. (c) (Optional)
- “Tell us about yourself! I am:” Select from three options. (d) (Required)

The screenshot shows a web form for submitting a comment. It includes a dropdown menu for 'What is your comment about?' (labeled 'a'), an 'Attach Files' section with a 'Browse...' button (labeled 'b'), an 'Email Address' input field (labeled 'c'), a checkbox for email confirmation, and a 'Tell us about yourself! I am...' section (labeled 'd') with three options: 'An Individual', 'An Organization', and 'Anonymous'.

What is your comment about? **a**

Select a Comment Category

Attach Files

You can attach up to 20 files, but each file cannot exceed 10MB. Valid file types include: bmp, docx, gif, jpg, jpeg, pdf, png, ppx, rtf, sgml, tif, tiff, txt, wpd, xlsx, xml.

Drop files here or [Browse...](#) **b**

Email Address **c**

Email Address

Opt to receive email confirmation of submission and tracking number? (We will never post on Regulations.gov or share your email with anyone else.)

Tell us about yourself! I am... **d**
(Select an identity below)

An Individual
If you or another single person is the author

An Organization
A company, organization, or government agency

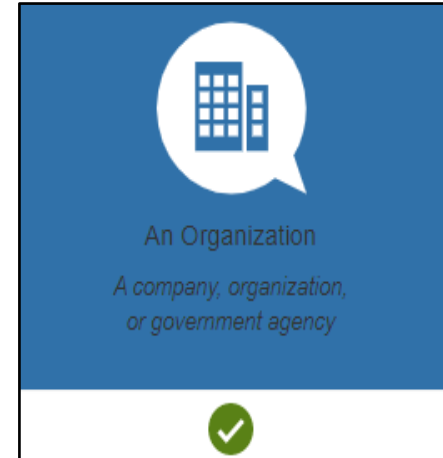
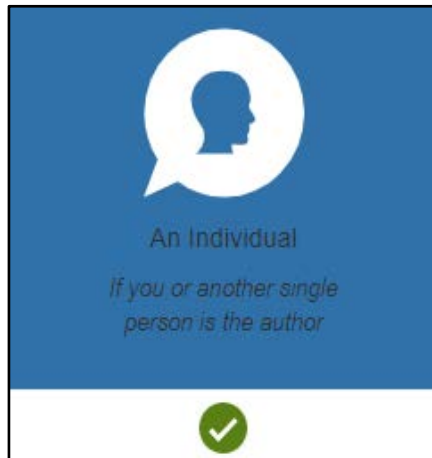
Anonymous
If you do not want an entity associated with the comment


Steps for Submitting a Comment

Step 2b: Tell us about yourself!

Step 2b: Tell us about yourself!

Your selection (Individual or Organization) will determine the information required (*).
“Anonymous” requires no further action.



 Your Contact Information

First Name * Last Name *


First Name Last Name

City State Zip Country

City Select a State Zip United States

Phone

Phone

 Your Organization Information

Organization Type *

Select an Organization Type

Organization Name *

Organization Name


Steps for Submitting a Comment


Step 3: Submitting Comment

Step 3: Submitting Your Comment.

- Check the box for the reCAPTCHA (e) (Required)
- Select “Submit Comment” button (f) (Required)

reCAPTCHA * e

I'm not a robot  reCAPTCHA
Privacy - Terms

 *Do not submit personally identifiable information through this form. Any personally identifiable information (e.g., name, address, phone number) included in the comment form or in an attachment may be publicly disclosed in a docket or on the Internet (via Regulations.gov, a federal agency website, or a third-party, non-government website with access to publicly-disclosed data on Regulations.gov). By submitting a comment, you agree to the [terms of participation](#) and [privacy notice](#).*

Submit Comment f

Steps for Submitting a Comment

Step 4: Submission Status

Step 4 : Submitted successfully

Your comment is assigned a tracking number. (g)

Submitted Successfully!



Your comment has been sent for review. This process is dependent on agency public submission policies/procedures and processing times. Once the agency has posted your comment, you may view it on Regulations.gov using your Comment Tracking Number.

Comment Tracking Number

g

l27-t6u2-12jc

PCHQR Program: FY 2023 IPPS/LTCH PPS Proposed Rule

Closing Remarks

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