FY 2025 IPPS/LTCH PPS Proposed Rule Overview for Hospital Quality Programs

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Purpose

This presentation will provide an overview of the fiscal year (FY) 2025 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) proposed 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 Readmission Reduction Program (HRRP)
- Medicare Promoting Interoperability Program

Objectives

Participants will be able to:

- Locate the FY 2025 IPPS/LTCH PPS proposed rule text.
- Identify proposed program changes within the FY 2025 IPPS/LTCH PPS proposed rule.
- Understand the time period and methods for submitting public comments to CMS regarding the FY 2025 IPPS/LTCH PPS proposed rule.

Administrative Procedures Act

- Because CMS must comply with the Administrative Procedures Act, we are not able to provide additional information, clarification, or guidance related to the proposed rule.
- We encourage stakeholders to submit comments or questions through the formal comment submission process, as described in this webinar.

Acronyms and Abbreviations

AMI	acute myocardial infarction	**HRRP**	Hospital Readmissions Reduction Program
APU	annual payment update	**IPPS**	Inpatient Prospective Payment System
CABG	coronary artery bypass graft	**IQR**	Inpatient Quality Reporting
CAH	critical access hospital	**LTCH**	long-term care hospital
CAUTI	catheter-associated urinary tract infection	**MedPAR**	Medicare Provider Analysis and Review
CCN	CMS Certification Number	**MORT**	mortality
CCSQ	Center for Clinical Standards and Quality	**MRSA**	Methicillin-resistant *Staphylococcus aureus*
CDC	Centers for Disease Control and Prevention	**MSPB**	Medicare Spending Per Beneficiary
CDI	*Clostridioides difficile* infection	**NHSN**	National Healthcare Safety Network
CLABSI	central line-associated bloodstream infection	**Onc**	oncology
CMS	Centers for Medicare & Medicaid Services	**PN**	Pneumonia
COMP	complication	**PPS**	Prospective Payment System
COPD	chronic obstructive pulmonary disease	**PRF**	postoperative respiratory failure
CY	calendar year	**PSI**	patient safety indicator
ECE	extraordinary circumstance exception	**Q**	quarter
eCQM	electronic clinical quality measure	**QMVIG**	Quality Measurement and Value-Based Incentives Group
FI	falls with injury	**RF**	respiratory failure
FTR	failure-to-rescue	**SEP**	sepsis
FY	fiscal year	**SSI**	surgical site infection
HAC	Hospital-Acquired Condition	**THA**	total hip arthroplasty
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	**TKA**	total knee arthroplasty
HF	heart failure	**VBP**	Value-Based Purchasing
HH	hospital harm	**VIQR**	Value, Incentives, and Quality Reporting

BACK

Julia Venanzi, MPH
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Hospital IQR Program

Overview of Hospital IQR Program Proposed Changes

- Adoption of seven new measures
- Removal of five claims-based measures
- Refinement of two current measures
- Reporting and submission requirements for electronic clinical quality measures (eCQMs)
- eCQM validation scoring
- Reconsideration and appeals submission of validation reconsideration medical records

Adoption of Seven New Measures

Measure ID	Measure Name	Reporting Period/ Payment Determination
Patient Safety	Patient Safety Structural Measure	Calendar Year (CY) 2025/ FY 2027
Age Friendly Hospital	Age Friendly Hospital	CY 2025/FY 2027
CAUTI-Onc	Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio Stratified for Oncology Locations	CY 2026/FY 2028
CLABSI-Onc	Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio Stratified for Oncology Locations	CY 2026/FY 2028
HH-FI	Hospital Harm – Falls with Injury (eCQM)	CY 2026/FY 2028
HH-RF	Hospital Harm – Postoperative Respiratory Failure (eCQM)	CY 2026/FY 2028
FTR	Thirty-day Risk-Standardized Death Rate Among Surgical Inpatients with Complications (Failure-to-Rescue)	July 1, 2023 – June 30, 2025/FY 2027

Proposed New Measure #1: Patient Safety Structural Measure

Measure Description: Assess if hospitals have implemented strategies and practices that strengthen systems and culture for safety.

- A set of statements that hospitals must attest to that exemplify a culture of safety and leadership commitment to transparency, accountability, patient and family engagement, and continuous learning and improvement.
- Each of the five domains include five related attestation statements.
- For a hospital to affirmatively attest to a domain, and receive a point for that domain, a hospital would evaluate and determine whether it engaged in each of the statements.

Proposed New Measure #1: Patient Safety Structural Measure

Attestation Domain	Intent
Domain 1: Leadership Commitment to Eliminating Preventable Harm	Senior leadership and governing board must be accountable for patient safety outcomes and ensure that patient safety is the highest priority for the hospital. The governing board must oversee safety activities and hold organizational leadership accountable for outcomes.
Domain 2: Strategic Planning & Organizational Policy	Hospitals must use strategic planning and organizational policies to demonstrate safety as a core value. Continual process improvement with the goal of zero preventable harm.
Domain 3: Culture of Safety & Learning Health Systems	Hospitals must integrate a suite of evidence-based practices and protocols that are fundamental to cultivating a hospital culture that prioritizes safety and establishes a learning system both within and across hospitals.
Domain 4: Accountability & Transparency	There must exist a culture that promotes event reporting without fear or hesitation, and promotes safety data collection and analysis with the free flow of information.
Domain 5: Patient & Family Engagement	Hospitals must engage patients, families, and caregivers as co-producers of safety and health through meaningful involvement in safety activities, quality improvement, and oversight.

Proposed New Measure #2: Age Friendly Hospital Measure

Measure Description: Assesses hospital commitment to improving care for patients 65 years or older receiving services in the hospital, operating room, or emergency department.

- This consists of five domains that address essential aspects of clinical care for older patients.
- This will evaluate and determine whether they can affirmatively attest to each domain for each hospital reported under their CCN.
- To receive a point for each domain, a hospital or health systems would evaluate and determine whether it engaged in each of the elements that comprise the domain, for a total of five possible points (one point per domain).
- Hospitals would receive credit for the reporting of their measure results regardless of their responses to the attestation questions.

Proposed New Measure #2: Age Friendly Hospital Measure

Attestation Domain	Intent
Domain 1: Eliciting Patient Healthcare Goals	Focuses on obtaining patient's health related goals and treatment preferences which will inform shared decision making and goal concordant care.
Domain 2: Responsible Medication Management	Aims to optimize medication management through monitoring of the pharmacological record for drugs that may be considered inappropriate in older adults due to increased risk of harm.
Domain 3: Frailty Screening and Intervention	Aims to screen patients for geriatric issues related to frailty including cognitive impairment/delirium, physical function/mobility, and malnutrition for the purpose of early detection and intervention where appropriate.
Domain 4: Social Vulnerability	Seeks to ensure that hospitals recognize the importance of social vulnerability screening of older adults and have systems in place to ensure that social issues are identified and addressed as part of the care plan.
Domain 5: Age-Friendly Care Leadership	Seeks to ensure consistent quality of care for older adults through the identification of an age friendly champion and/or interprofessional committee tasked with ensuring compliance with all components of this measure.

Proposed New Measure #3: CAUTI-Onc

- **Measure Description:** Rate of CAUTIs for patients being treated in locations mapped as "oncology wards"
- **Numerator:** Number of annually observed CAUTIs among acute care hospital inpatients in oncology wards.
- **Denominator:** Number of annually predicted CAUTIs among acute care hospital inpatients in oncology wards.
- **Submission:** Submit to NHSN on a quarterly basis.
  - Hospitals would collect the numerator and denominator for the CAUTI-Onc measure each month.

Proposed New Measure #4: CLABSI-Onc

- **Measure Description:** Rate of CLABSIs for patients being treated in locations mapped as “oncology wards”
- **Numerator:** Number of annually observed CLABSIs among acute care hospital inpatients in oncology wards.
- **Denominator:** Number of annually predicted CLABSIs among acute care hospital inpatients in oncology wards.
- **Submission:** Submit to NHSN on a quarterly basis.
  - Hospitals would collect the numerator and denominator for the CAUTI-Onc measure each month.

Proposed New Measure #5: Hospital Harm – Falls with Injury (HH-FI) eCQM

- **Measure Description:** Risk-adjusted outcome eCQM that assesses the number of in-hospital falls with major injury among the total qualifying inpatient hospital days for patients ages 18 years and older. Major injuries include fractures, closed head injuries, internal bleeding, and death.
- **Numerator:** Inpatient hospitalizations where the patient has a fall that results in moderate injury (such as lacerations, open wounds, dislocations, sprains, and strains) or major injury (such as fractures, closed head injuries, internal bleeding).
- **Denominator:** Inpatient hospitalizations for patients aged 18 and older with a length of stay less than or equal to 120 days that ends during the measurement period.
- This is part of the eCQM measure set from which hospitals can self-select measures to report to meet the eCQM reporting requirement.

Proposed New Measure #6: Hospital Harm – Postoperative Respiratory Failure (HH-RF) eCQM

- **Measure Description:** Risk-adjusted outcome eCQM that ensures that post-operative respiratory failure (PRF) events are tracked, identify hospitals that have persistently high rates of PRF, and enable hospitals to more reliability assess harm reduction efforts.
  - PRFs are defined as unplanned endotracheal reintubation, prolonged inability to wean from mechanical ventilation, or inadequate oxygenation and/or ventilation
- **Numerator:** Elective inpatient hospitalizations for patients with postoperative respiratory failure.
- **Denominator:** Elective inpatient hospitalizations that end during the measurement period for patients 18 years old and older without an obstetrical condition and at least one surgical procedure was performed within the first three days of the encounter.
- This is part of the eCQM measure set from which hospitals can self-select measures to report to meet the eCQM reporting requirement.

Proposed New Measure #7: Thirty-day Risk-Standardized Death Rate Among Surgical Inpatients with Complications (Failure-to-Rescue)

- **Measure Description:** Claims-based risk-standardized measure of death after hospital-acquired complication. Is defined as the probability of death given a postoperative complication
- **Numerator:** Patients who died within 30 days from the date of their first “operating room” procedure, regardless of site of death.
- **Denominator:** Patients 18 years old and older admitted for certain procedures in the General Surgery, Orthopedic, or Cardiovascular Medicare Severity Diagnosis Related Groups who were enrolled in the Medicare program and had a documented complication that was not present on admission.

Proposed Removals of Current Hospital IQR Program Measures

Measure Name	Proposed for Removal Beginning
Death Among Surgical Inpatients with Serious Treatable Complications (CMS Patient Safety Indicator [PSI] 04)	July 1, 2023 – June 30, 2025 reporting period/ FY 2027 payment determination
Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI)	July 1, 2021 – June 30, 2024 reporting period/ FY 2026 payment determination
Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure (HF)	July 1, 2021 – June 30, 2024 reporting period/ FY 2026 payment determination
Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia (PN)	July 1, 2021 – June 30, 2024 reporting period/ FY 2026 payment determination
Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	April 1, 2021 – March 31, 2024 reporting period/ FY 2026 payment determination

Proposed Refinement #1

Global Malnutrition Composite Score eCQM

Proposed Refinement: Expanding the applicable population from hospitalized adults 65 or older to hospitalized adults 18 or older.

Proposed Timeline: Modified version would begin with the CY 2026 reporting period/FY 2028 payment determination.

Proposal: Progressive Increase in the Number of Mandatory eCQMs

Reporting Period/ Payment Determination	Total # of eCQMs Reported	eCQMs Required to Be Reported
CY 2024/FY 2026 and CY 2025/FY 2027	Six	• Three self-selected eCQMs; and • Safe Use of Opioids - Concurrent Prescribing eCQM; and • Cesarean Birth eCQM; and • Severe Obstetric Complications eCQM
Proposed: CY 2026/FY 2028	Nine	• Three self-selected eCQMs; and • Safe Use of Opioids - Concurrent Prescribing eCQM; and • Cesarean Birth eCQM; and • Severe Obstetric Complications eCQM; and • Hospital Harm - Severe Hyperglycemia eCQM; and • Hospital Harm - Severe Hypoglycemia eCQM; and • Hospital Harm - Opioid-Related Adverse Events eCQM
Proposed: CY 2027/FY 2029 (and for subsequent years)	Eleven	• Three self-selected eCQMs; and • Safe Use of Opioids - Concurrent Prescribing eCQM; and • Cesarean Birth eCQM; and • Severe Obstetric Complications eCQM; and • Hospital Harm - Severe Hyperglycemia eCQM; and • Hospital Harm - Severe Hypoglycemia eCQM; and • Hospital Harm - Opioid-Related Adverse Events eCQM; and • Hospital Harm - Pressure Injury eCQM; and • Hospital Harm - Acute Kidney Injury eCQM

William Lehrman, Ph.D., Government Task Leader, HCAHPS Survey
Division of Consumer Assessment and Plan Performance, CMS

Hospital IQR Program HCAHPS

Hospital IQR and VBP Programs HCAHPS

Proposal to modify the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Measure

- Beginning with the CY 2025 Reporting Period/FY 2027 Payment Determination for the Hospital IQR Program
- FY 2030 Program Year for the Hospital VBP Program

Hospital IQR - HCAHPS Proposal: Patient Experience of Care

- Patient experience measures are included in the Universal Foundation
- One goal of CMS National Quality Strategy is to bring patients' voices to the forefront
  - Critical to collect direct feedback from patients on hospital performance
- HCAHPS Survey (CBE #0166) asks recently discharged patients about key aspects of their hospital experience
  - Produces systematic, standardized, and comparable information about patients' experience of hospital care
  - Promotes person-centered care

Hospital IQR - HCAHPS Proposal: Terminology

- HCAHPS is **one measure** in the Hospital IQR, PCHQR, and Hospital VBP programs
  - HCAHPS elements that are publicly reported are referred to as "**sub-measures**"
    - Sub-measures consist of a single or multiple survey questions
    - Publicly reported on *Care Compare*
  - In Hospital VBP, HCAHPS sub-measures are called "**dimensions**"

Hospital IQR - HCAHPS Proposal Overview

- Current HCAHPS Survey: 29 questions
- **Updated HCAHPS Survey: 32 questions**
  - 8 new questions added
  - 5 current questions removed
  - **Begins with January 1, 2025 patient discharges**
- Minimal increase in respondent burden:
  - Net change: Three additional questions

Hospital IQR - HCAHPS Proposal Overview

New questions form three new sub-measures:

- “Care Coordination”
- “Restfulness of Hospital Environment”
- “Information about Symptoms”

In addition:

- “Care Transition” sub-measure removed from survey in January 2025
- “Responsiveness of Hospital Staff” sub-measure temporarily removed and revised

Hospital IQR - HCAHPS Proposal: Public Reporting Details

Table IX.B.2-02 Hospital IQR and PCHQR Programs Public Reporting Timeline for the Current and Proposed Updated Version of the HCAHPS Survey Measure		
Public Reporting Date	**Quarters of Data Publicly Reported♦**	**Publicly Reported Sub-Measures**
January 2025	Q2 2023 – Q1 2024	10 sub-measures in the current HCAHPS Survey
April 2025	Q3 2023 – Q2 2024	10 sub-measures in the current HCAHPS Survey
July 2025	Q4 2023 – Q3 2024	10 sub-measures in the current HCAHPS Survey
October 2025	Q1 2024 – Q4 2024	10 sub-measures in the current HCAHPS Survey
January 2026	Q2 2024 – Q1 2025	8 unchanged sub-measures in the current HCAHPS Survey*
April 2026	Q3 2024 – Q2 2025	8 unchanged sub-measures in the current HCAHPS Survey*
July 2026	Q4 2024 – Q3 2025	8 unchanged sub-measures in the current HCAHPS Survey*
October 2026	Q1 2025 – Q4 2025	11 sub-measures in the updated HCAHPS Survey**
January 2027	Q2 2025 – Q1 2026	11 sub-measures in the updated HCAHPS Survey
April 2027	Q3 2025 – Q2 2026	11 sub-measures in the updated HCAHPS Survey
July 2027	Q4 2025 – Q3 2026	11 sub-measures in the updated HCAHPS Survey
October 2027	Q1 2026 – Q4 2026	11 sub-measures in the updated HCAHPS Survey***

Hospital IQR - HCAHPS Proposal: "About You" Section

"**About You**" questions:
- Patient demographic information
- Used in patient-mix adjustment and Congressional reports

Remove "Emergency Room Admission" question

Add new "Planned Stay" question
- For use in patient-mix adjustment of Updated HCAHPS Survey

Several minor changes to "About You" item wording, sequence, and response options

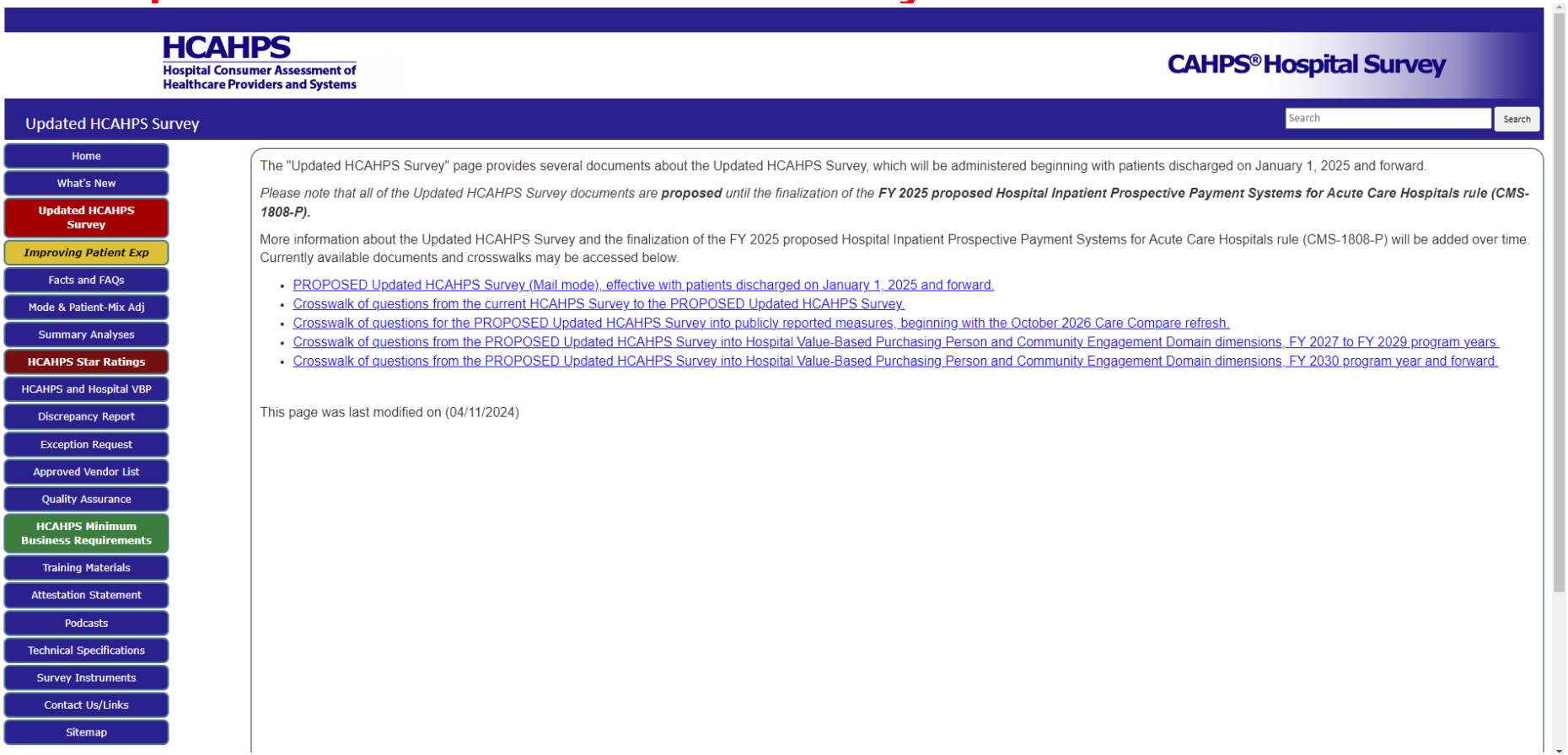
Hospital IQR - HCAHPS Proposal: For More Information

For detailed information about the proposed Updated HCAHPS Survey, visit official HCAHPS On-Line Web site (https://hcahpsonline.org/en/updated-hcahps-survey/)

- Updated HCAHPS Survey
- Crosswalk of questions from current survey to updated HCAHPS Survey
- Crosswalk of Updated HCAHPS Survey questions to publicly reported sub-measures
- Crosswalk of Updated HCAHPS Survey questions to Hospital VBP dimensions

Hospital IQR - HCAHPS Proposal: For More Information

"Updated HCAHPS Survey" button:



Alex Feilmeier, MHA, Program Manager
Value, Incentives, and Quality Reporting Center Validation Support Contractor

Hospital IQR Program Validation

Proposal to Modify eCQM Validation Scoring

Existing policy:

- Accuracy of eCQM data does not affect hospital's end-of-year confidence interval score.
- Annual Payment Update (APU) only impacted by the completeness of eCQM medical record submission.
- This will have been in place for 8 years; average agreement rates have been above 75%.

New proposed policy:

- Submitters must meet 75% upper bound confidence interval requirement based on validation of eCQM data accuracy.
- This begins with CY 2025 eCQM data, affecting FY 2028 payment determination

Proposal to Modify the Combined Validation Scoring Process

Existing policy:

- Measure agreement rates for chart-abstracted and eCQMs are combined into one weighted end-of-year confidence interval calculation.
- The chart-abstracted measure agreement rate is weighted at 100%.

New proposed policy:

- Two separate confidence intervals are calculated, one for chart-abstracted measures and one for eCQMs.
- To meet validation requirements for APU, the upper bound of both confidence intervals must be ≥ to 75%.

Summary of Current and Proposed Validation Scoring Policies

Validation Process Description	Quarters of Data Required for Validation	Scoring
Current Validation Scoring through FY 2027 Payment Determination (FY 2023 IPPS/LTCH PPS final rule, pages 49308 through 49310)		
Up to 200 Random Hospitals + up to 200 Targeted Hospitals selected for both Chart-Abstracted Measures and eCQM Validation	1Q 2024 – 4Q 2024	**Chart-Abstracted Measures:** At least 75% validation score (weighted at 100%) And **eCQMs:** Successful submission of 100% of requested medical records
Proposed Update to eCQM Validation Scoring for the FY 2028 Payment Determination and Subsequent Years		
Up to 200 Random Hospitals + up to 200 Targeted Hospitals selected for both Chart-Abstracted Measures and eCQM Validation	1Q 2025 – 4Q 2025	**Chart-Abstracted Measures:** At least 75% validation score And **eCQMs:** At least 75% validation score

Proposal to Remove 100% Medical Record Submission Requirement

- Remove requirement regarding the submission of 100% of requested eCQM medical records.
- Use same methodology currently used to score chart-abstracted measure validation.
  - A missing medical record would be treated as a "mismatch" and used in the calculation of final eCQM validation score.
- Begin with CY 2025 eCQM data, affecting FY 2028 payment determination.

Alex Feilmeier, MHA, Program Manager
Value, Incentives, and Quality Reporting Center Validation Support Contractor

Hospital IQR Program Reconsiderations and Appeals

Proposal: Submission of Validation Reconsideration Medical Records

- No longer require hospitals to resubmit medical records as part of their request for reconsideration of validation.
  - Since records are now submitted and stored electronically, it's no longer necessary.
- Hospitals that need to submit a revised medical record may still do so, but it is no longer required.
- Begin with CY 2023 discharges, affecting the FY 2026 payment determination.

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

Medicare Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (CAHs)

Overview of the Medicare Promoting Interoperability Program Proposed Changes

- Increasing the performance-based minimum scoring threshold from **60 points** to **80 points**
- Separating the Antimicrobial Use and Resistance (AUR) Surveillance measure into two measures
- Additional exclusion for AU and AR measures
- Adoption of 2 eCQMs and modification of 1 eCQM
- Request for Information

AUR Measure Separation: AU and AR measures

AUR Measure Separation

- Antibiotic Use (AU measure)
  - The eligible hospital or CAH is in active engagement with CDC's NHSN to submit AU data for the selected EHR reporting period and receives a report from NHSN indicating its successful submission of AU data for the selected EHR reporting period.

- Antibiotic Resistance (AR measure)
  - The eligible hospital or CAH is in active engagement with CDC's NHSN to submit AR data for the selected EHR reporting period and receives a report from NHSN indicating its successful submission of AR data for the selected EHR reporting period.

AU and AR measures: Active Engagement

- Submit level of active engagement for the AU and AR Surveillance measures beginning with the EHR reporting period in CY 2025
  - Prior level of active engagement for the AUR Surveillance measure will not carry over from CY 2024
- EH and CAHs may spend only one EHR reporting period at the Option 1: *Pre-production and Validation* level of active engagement
- Must progress to Option 2: *Validated Data Production* level in the next EHR reporting period

AU and AR Measures: Exclusions

Any eligible hospital or CAH may be excluded from the AU and/or AR Surveillance measure if the eligible hospital or CAH:

1. Does not have any patients in any patient care location for which data are collected by NHSN during the EHR reporting period;

2. Does not have an eMAR/BCMA electronic records or an electronic ADT system during the EHR reporting period; or

3. Does not have a data source containing the minimal discrete data elements that are required for reporting.

eCQMs:
New and Modified

New eCQMs available for self-selection:

- Hospital Harm – Falls with Injury eCQM
- Hospital Harm – Postoperative Respiratory Failure eCQM

Modified eCQM:

- The Global Malnutrition Composite Score eCQM to screen all patients age 18 and older instead of only those over age 65.

Request for Information

Goals:

1. The meaningful use of CEHRT enables continuous improvement in the quality, timeliness, and completeness of public health data being reported.

2. The meaningful use of CEHRT allows for flexibility to respond to new public health threats and meet new data needs without requiring new and substantial regulatory and technical development.

3. The meaningful use of CEHRT supports mutual data sharing between public health and healthcare providers.

4. Reporting burden on eligible hospitals and CAHs is significantly reduced.

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Hospital VBP Program

Hospital VBP Program Proposal Overview

- Modify the HCAHPS Survey measure collection beginning with FY 2030.
- Modify Hospital VBP Program scoring of the HCAHPS Survey for the FY 2027 through FY 2029 program years to score hospitals on only those dimensions of the survey that would remain unchanged from the current version.
- Modify the scoring in FY 2030 to account for the adoption of the proposed modifications to the HCAHPS Survey measure that would result in a total of nine survey dimensions for the updated HCAHPS Survey measure in the Hospital VBP Program.
- Provide estimated and newly established performance standards for the FY 2027 through FY 2030 program years.

Proposal: Adoption of the Updated HCAHPS Survey Measure

- Hospitals would be able to administer the updated version of the survey starting with January 1, 2025, discharges, and for the purposes of the Hospital VBP Program, we would only score hospitals on the six dimensions of the HCAHPS Survey that would remain unchanged.
- Modify scoring to not include the Responsiveness of Hospital Staff and Care Transition dimensions from scoring in the Hospital VBP Program's HCAHPS Survey measure in the Person and Community Engagement domain for the FY 2027 through FY 2029 program years.
- Scoring on the Responsiveness of Hospital Staff dimension would resume beginning with the FY 2030 program year.
- The Care Transition dimension in the current version of the survey would be updated to be removed permanently in the proposed updated HCAHPS Survey measure and would be removed from the Hospital VBP Program scoring beginning with the FY 2030 program year.

Proposal: Adoption of the Updated HCAHPS Survey Measure

- There would be six dimensions that would continue to be used in the Hospital VBP Program for FY 2027, FY 2028, and FY 2029.
- These six dimensions of the HCAHPS Survey for the Hospital VBP Program would be the following:
  - Communication with Nurses
  - Communication with Doctors
  - Communication about Medicines
  - Discharge Information
  - Cleanliness and Quietness
  - Overall Rating

Proposal: Modify Scoring of the HCAHPS Survey

- Adopt a new scoring methodology beginning with the FY 2030 program year.
  - For each of the nine dimensions, Achievement Points (0–10 points) and Improvement Points (0–9 points) would be calculated.
  - The larger of which would be summed across the nine dimensions to create a pre-normalized HCAHPS Base Score of 0–90 points (as compared to 0–80 points with the current eight dimensions).
- The Cleanliness and Information about Symptoms dimension would take the average of the stand-alone Cleanliness and Information about Symptoms questions to obtain a score for the Cleanliness and Information about Symptoms dimension.
  - CMS proposes combining these two questions to not put more weight on these single-question dimensions compared to the rest of the HCAHPS dimensions, which are multi-question dimensions (with the exception of Overall Rating).

FY 2025 Tables 16, 16A, and 16B

- Table 16 (Proxy Adjustment Factors)
  - Table 16 is based on FY 2024 Total Performance Scores.
  - Available on CMS.gov: https://www.cms.gov/medicare/acute-inpatient-pps/fy-2021-ipps-proposed-rule-home-page#Tables
- Table 16A (Updated Proxy Adjustment Factors)
  - CMS intends to update Table 16 as Table 16A in the IPPS final rule to reflect changes based on more updated MedPAR data.
- Table 16B (Actual Incentive Payment Adjustment Factors)
  - After hospitals have been given an opportunity to review and correct their actual Total Performance Scores for FY 2025, CMS intends to display Table 16B in the Fall of 2024.

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HAC Reduction Program, QMVIG, CCSQ, CMS

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Hospital-Acquired-Condition (HAC) Reduction Program and Hospital Readmissions Reduction Program (HRRP)

Summary of FY 2025 Proposals

- There are no proposals or updates in this proposed rule for both the HAC Reduction Program and HRRP.
- All previously finalized policies under these programs will continue to apply.

Advancing Patient Safety and Outcomes Across the Hospital Quality Programs – Request for Comment

- CMS invites public comment on how hospital programs could further encourage improved discharge processes, such as by introducing measures currently in quality reporting programs into value-based purchasing to link outcomes to payment incentives.
- We are specifically interested in input on adopting measures which better represent the range of outcomes of interest to patients, including unplanned returns to the emergency department and receipt of observation services within 30 days of a patient's discharge from an inpatient stay.

HAC Reduction and HRRP Resources

HAC Reduction Program Information:

- HAC Reduction Program page on CMS.gov
- HAC Reduction Program page on the QualityNet website

HRRP Information and Readmission Measures Methodology:

- HRRP page on CMS.gov
- HRRP page on the QualityNet website
- Readmission Measures Methodology page on the QualityNet website

HAC Reduction Program or HRRP General Inquiries:

- QualityNet Question and Answer Tool:
  - Navigate to the Ask a Question tab.
  - Under the Program list, select HACRP – Hospital-Acquired Condition Reduction Program or HRRP – Hospital Readmissions Reduction Program.

Donna Bullock, BSN, MPH, RN, Project Lead, Hospital IQR Program
Inpatient VIQR Outreach and Education Support Contractor

FY 2025 IPPS/LTCH PPS Proposed Rule Page Directory and Submission of Comments

FY 2025 IPPS/LTCH PPS Proposed Rule Page Directory

- Download the FY 2025 IPPS/LTCH PPS proposed rule from the *Federal Register:*

  https://www.federalregister.gov/documents/2024/05/02/2024-07567/medicare-and-medicaid-programs-and-the-childrens-health-insurance-program-hospital-inpatient

Details regarding various quality programs can be found on the pages listed below:

- HRRP pp. 36238
- Hospital VBP Program pp. 36238 - 36248
- HAC Reduction Program pp. 36248 - 36249
- Hospital IQR Program pp. 36306 - 36341
- PPS-exempt Cancer Hospital Quality Reporting Program pp. 36341 - 36342
- Promoting Interoperability pp. 36352 - 36381

Commenting on the FY 2025 IPPS/LTCH PPS Proposed Rule

- CMS is accepting comments until 5:00 p.m. Eastern Time on **June 10, 2024**.
- Comments can be submitted via three methods*:
  - Electronically
  - Regular mail
  - Express or overnight mail
- CMS will respond to comments in the final rule, scheduled to be issued by August 1, 2024.

***Note: Please review the proposed rule for specific instructions for each method and submit using **only** one method.

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.

Thank You

Hospital VBP Appendix

Baseline and Performance Periods for the FY 2027 Program Year

Measures	Baseline Period	Performance Period
Person and Community Engagement Domain		
HCAHPS*	January 1, 2023–December 31, 2023	January 1, 2025–December 31, 2025
Clinical Outcomes Domain		
Mortality measures (MORT-30-AMI, MORT-30-HF, MORT-30-COPD, MORT-30-CABG, MORT-30-PN [updated cohort])	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
Safety Domain		
NHSN measures (CAUTI, CLABSI, Colon and Abdominal Hysterectomy SSI, CDI, MRSA Bacteremia)	January 1, 2023–December 31, 2023	January 1, 2025–December 31, 2025
SEP (Sepsis)-1	January 1, 2023–December 31, 2023	January 1, 2025–December 31, 2025
Efficiency and Cost Reduction Domain		
Medicare Spending per Beneficiary (MSPB)	January 1, 2023–December 31, 2023	January 1, 2025–December 31, 2025

*For the FY 2027 program year, we would only score on the six dimensions of the HCAHPS Survey that would remain unchanged from the current version.

**These baseline periods are impacted by the Extraordinary Circumstances Exception (ECE) granted by CMS on March 22, 2020. Qualifying claims will be excluded from the measure calculations for January 1, 2020–March 31, 2020 (Q1 2020) and April 1, 2020–June 30, 2020 (Q2 2020) from claims-based complication, mortality, and CMS PSI measures. For information, see the FY 2022 IPPS/LTCH PPS final rule (pages 45297 through 45299).

Baseline and Performance Periods for the FY 2028 Program Year

Measures	Baseline Period	Performance Period
Person and Community Engagement Domain		
HCAHPS*	January 1, 2024–December 31, 2024	January 1, 2026– December 31, 2026
Clinical Outcomes Domain		
Mortality measures (MORT-30-AMI, MORT-30-HF, MORT-30-COPD, MORT-30-CABG, MORT-30-PN [updated cohort])	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
Safety Domain		
NHSN measures (CAUTI, CLABSI, Colon and Abdominal Hysterectomy SSI, CDI, MRSA Bacteremia)	January 1, 2024–December 31, 2024	January 1, 2026–December 31, 2026
SEP-1	January 1, 2024 – December 31, 2024	January 1, 2026–December 31, 2026
Efficiency and Cost Reduction Domain		
MSPB	January 1, 2024–December 31, 2024	January 1, 2026–December 31, 2026

* For the FY 2028 program year, we would only score on the six dimensions of the HCAHPS Survey that would remain unchanged from the current version.

**These baseline periods are impacted by the ECE granted by CMS on March 22, 2020. Qualifying claims will be excluded from the measure calculations for January 1, 2020–March 31, 2020 (Q1 2020) and April 1, 2020–June 30, 2020 (Q2 2020) from the claims-based complication, mortality, and CMS PSI 90 measures. For information, see the FY 2022 IPPS/LTCH PPS final rule (pages 45297 through 45299).

Baseline and Performance Periods for the FY 2029 Program Year

Measures	Baseline Period	Performance Period
Person and Community Engagement Domain		
HCAHPS*	January 1, 2025–December 31, 2025	January 1, 2027–December 31, 2027
Clinical Outcomes Domain		
Mortality measures (MORT-30-AMI, MORT-30-HF, MORT-30-COPD, MORT-30-CABG, MORT-30-PN [updated cohort])	July 1, 2019–June 30, 2022	July 1, 2024–June 30, 2027
COMP-HIP-KNEE	April 1, 2019–March 31, 2022	April 1, 2024–March 31, 2027
Safety Domain		
NHSN measures (CAUTI, CLABSI, Colon and Abdominal Hysterectomy SSI, CDI, MRSA Bacteremia)	January 1, 2025–December 31, 2025	January 1, 2027–December 31, 2027
SEP-1	January 1, 2025–December 31, 2025	January 1, 2027– December 31, 2027
Efficiency and Cost Reduction Domain		
MSPB	January 1, 2025–December 31, 2025	January 1, 2027–December 31, 2027

Baseline and Performance Periods for the FY 2030 Program Year

Measures	Baseline Period	Performance Period
Person and Community Engagement Domain		
HCAHPS*	January 1, 2026–December 31, 2026	January 1, 2028–December 31, 2028
Clinical Outcomes Domain		
Mortality measures (MORT-30-AMI, MORT-30-HF, MORT3-0-COPD, MORT-30-CABG, MORT-30-PN [updated cohort])	July 1, 2020–June 30, 2023	July 1, 2025–June 30, 2028
COMP-HIP-KNEE	April 1, 2020–March 31, 2023	April 1, 2025–March 31, 2028
Safety Domain		
NHSN measures (CAUTI, CLABSI, Colon and Abdominal Hysterectomy SSI, CDI, MRSA Bacteremia)	January 1, 2026–December 31, 2026	January 1, 2028–December 31, 2028
SEP-1	January 1, 2026–December 31, 2026	January 1, 2028–December 31, 2028
Efficiency and Cost Reduction Domain		
MSPB	January 1, 2026–December 31, 2026	January 1, 2028–December 31, 2028

FY 2027 Program Year Previously Established/Newly Estimated Performance Standards

Measure Short Name	Achievement Threshold	Benchmark
Safety Domain		
CAUTI	0.506	0
CLABSI	0.602	0
CDI	0.363	0
MRSA Bacteremia	0.675	0
Colon and Abdominal Hysterectomy SSI	0.74 0.872	0
SEP-1	0.612069	0.855541
Clinical Outcomes Domain		
MORT-30-AMI	0.877824	0.893133
MORT-30-HF	0.887571	0.913388
MORT-30-PN (updated cohort)	0.844826	0.877204
MORT-30-COPD	0.917395	0.932640
MORT-30-CABG	0.971149	0.980752
COMP-HIP-KNEE	0.023322	0.017018
Efficiency and Cost Reduction Domain		
MSPB	Median Medicare Spending per Beneficiary ratio across all hospitals during the performance period.	Mean of the lowest decile Medicare Spending per Beneficiary ratios across all hospitals during the performance period

FY 2027 Program Year Previously Established/Newly Estimated Performance Standards Continued

Person and Community Engagement Domain			
HCAHPS Survey Dimension	**Floor (minimum)**	**Achievement Threshold (50th percentile)**	**Benchmark (mean of top decile)**
Communication with Nurses	55.66	77.16	86.14
Communication with Doctors	56.23	77.39	86.28
Responsiveness of Hospital Staff	X	X	X
Communication about Medicines	32.59	58.17	70.34
Hospital Cleanliness & Quietness	41.54	63.30	77.64
Discharge Information	64.34	85.86	91.44
Care Transition	X	X	X
Overall Rating of Hospital	34.46	68.48	83.89

FY 2028 Program Year Previously Established/Newly Estimated Performance Standards

Measure Short Name	Achievement Threshold	Benchmark
Clinical Outcomes Domain		
MORT-30-AMI	0.877260	0.893229
MORT-30-HF	0.885427	0.910649
MORT-30-PN (updated cohort)	0.831776	0.866166
MORT-30-COPD	0.913752	0.929652
MORT-30-CABG	0.971052	0.980570
COMP-HIP-KNEE	0.029758	0.022002
Efficiency and Cost Reduction Domain		
MSPB	Median Medicare Spending per Beneficiary ratio across all hospitals during the performance period	Mean of the lowest decile Medicare Spending per Beneficiary ratios across all hospitals during the performance period

FY 2029 Program Year Previously Established Performance Standards

Measure Short Name	Achievement Threshold	Benchmark
Clinical Outcomes Domain		
MORT-30-AMI	0.874856	0.893101
MORT-30-HF	0.880089	0.9072
MORT-30-PN (updated cohort)	0.814736	0.853996
MORT-30-COPD	0.905916	0.924829
MORT-30-CABG	0.971027	0.979822
COMP-HIP-KNEE	0.025024	0.018708
Efficiency and Cost Reduction Domain		
MSPB	Median Medicare Spending per Beneficiary ratio across all hospitals during the performance period.	Mean of the lowest decile Medicare Spending per Beneficiary ratios across all hospitals during the performance period.

FY 2030 Program Year Previously Established Performance Standards

Measure Short Name	Achievement Threshold	Benchmark
Clinical Outcomes Domain		
MORT-30-AMI	0.873975	0.89371
MORT-30-HF	0.878881	0.90929
MORT-30-PN (updated cohort)	0.81782	0.858688
MORT-30-COPD	0.903404	0.924332
MORT-30-CABG	0.979681	0.986225
COMP-HIP-KNEE	0.028252	0.019993
Efficiency and Cost Reduction Domain		
MSPB	Median Medicare Spending per Beneficiary ratio across all hospitals during the performance period	Mean of the lowest decile Medicare Spending per Beneficiary ratios across all hospitals during the performance period

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