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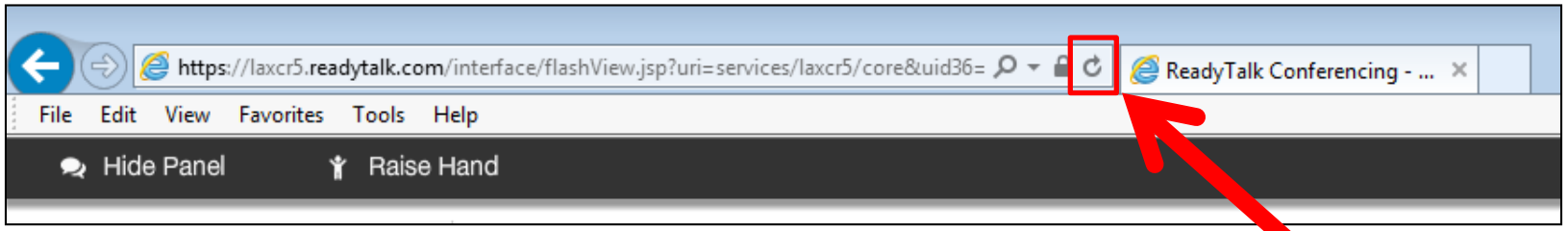

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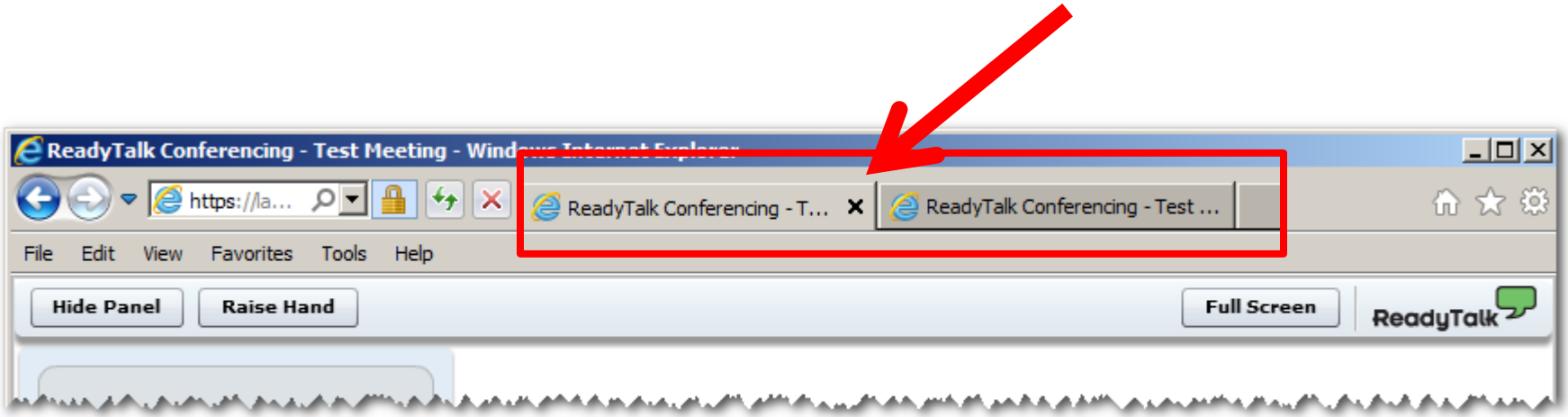

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FY 2019 IPPS Final Rule

Acute Care Hospital

Quality Reporting Programs Overview

September 12, 2018

Speakers

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

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QMVIG, CCSQ, CMS

Moderator
Candace Jackson, ADN
Project Lead, Hospital IQR Program
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC)

Purpose

This presentation will provide an overview of quality program finalized requirements for hospitals as addressed in the recently released Fiscal Year (FY) 2019 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) Final Rule. This discussion will focus on finalized changes to the following:

- Hospital IQR Program
- Hospital VBP Program
- HAC Reduction Program
- Hospital Readmissions Reduction Program

Objectives

Participants will be able to:

- Locate the FY 2019 IPPS Final Rule text.
- Identify program changes within the FY 2019 IPPS Final Rule.

Acronyms and Abbreviations

AA	aortic aneurysm	ERR	excess readmission ratio	PC	perinatal care
ACS	American College of Surgeons	FFS	fee-for-service	PCI	percutaneous coronary intervention
AMI	acute myocardial infarction	FY	fiscal year	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
ASC	ambulatory surgery center	GI	gastrointestinal	PCS	procedure coding system
CABG	coronary artery bypass graft	HAC	hospital-acquired condition	PN	pneumonia
CAC	children's asthma care	HAI	healthcare-associated infection	PPS	prospective payment system
CAUTI	catheter-associated urinary tract infection	HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	PSI	patient safety indicator
CDAC	Clinical Data Abstraction Center	HCP	healthcare personnel	Q	Quarter
CDC	Centers for Disease Control and Prevention	HF	heart failure	QRDA	Quality Reporting Document Architecture
CDE	common duct exploration	HRRP	Hospital Readmissions Reduction Program	QRP	quality reporting program
CDI	*Clostridium difficile* Infection	HWR	hospital-wide readmission	READM	readmission
Chole	cholecystectomy	ICD	International Classification of Diseases	RSCR	risk-standardized complication rate
CLABSI	central line-associated bloodstream infection	IMM	immunization	RSMR	risk-standardized mortality rate
CM	Clinical Modification	IPPS	inpatient prospective payment system	RSRR	risk-standardized readmission rate
CMS	Centers for Medicare & Medicaid Services	IQR	[Hospital] Inpatient Quality Reporting	SFusion	spinal fusion
COPD	chronic obstructive pulmonary disease	IT	information technology	SSI	surgical site infection
CQM	clinical quality measure	LTCH	long-term care hospital	STK	stroke
CY	calendar year	MORT	mortality	THA	total hip arthroplasty
DACA	Data Accuracy and Completeness Acknowledgement	MRSA	methicillin-resistant *Staphylococcus aureus*	TKA	total knee arthroplasty
eCQI	Electronic Clinical Quality Improvement	MSPB	Medicare Spending Per Beneficiary	TPS	Total Performance Score
eCQM	electronic clinical quality measure	NHSN	National Healthcare Safety Network	UTI	urinary tract infection
ED	emergency department	NQF	National Quality Forum	VBP	value-based purchasing
EHDI	Early Hearing Detection and Intervention	ONC	Office of the National Coordinator for Health Information Technology	VTE	venous thromboembolism
EHR	electronic health record	OPPS	outpatient prospective payment system		

Grace H. Snyder, JD, MPH
Program Lead, Hospital IQR Program and Hospital VBP Program
QMVIG, CCSQ, CMS

Meaningful Measures

Meaningful Measures Initiative

CMS's new initiative, Meaningful Measures, is one component of our agency-wide Patients Over Paperwork Initiative. Meaningful Measures was launched in 2017 and identifies high priority areas for quality measurement and improvement. Its purpose is to improve outcomes for patients, their families, and providers while also reducing burden on clinicians and providers.

> **"At CMS, our overall vision is to reinvent the agency to put patients first. We want to partner with patients, providers, payers, and others to achieve this goal. We aim to be responsive to the needs of those we serve."**
>
> **Administrator Seema Verma**
> **Centers for Medicare & Medicaid Services**

For more information: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html

CMS Meaningful Measures Objectives

Meaningful Measures focus everyone's efforts on the same quality areas and lend specificity, which can help identify measures that:

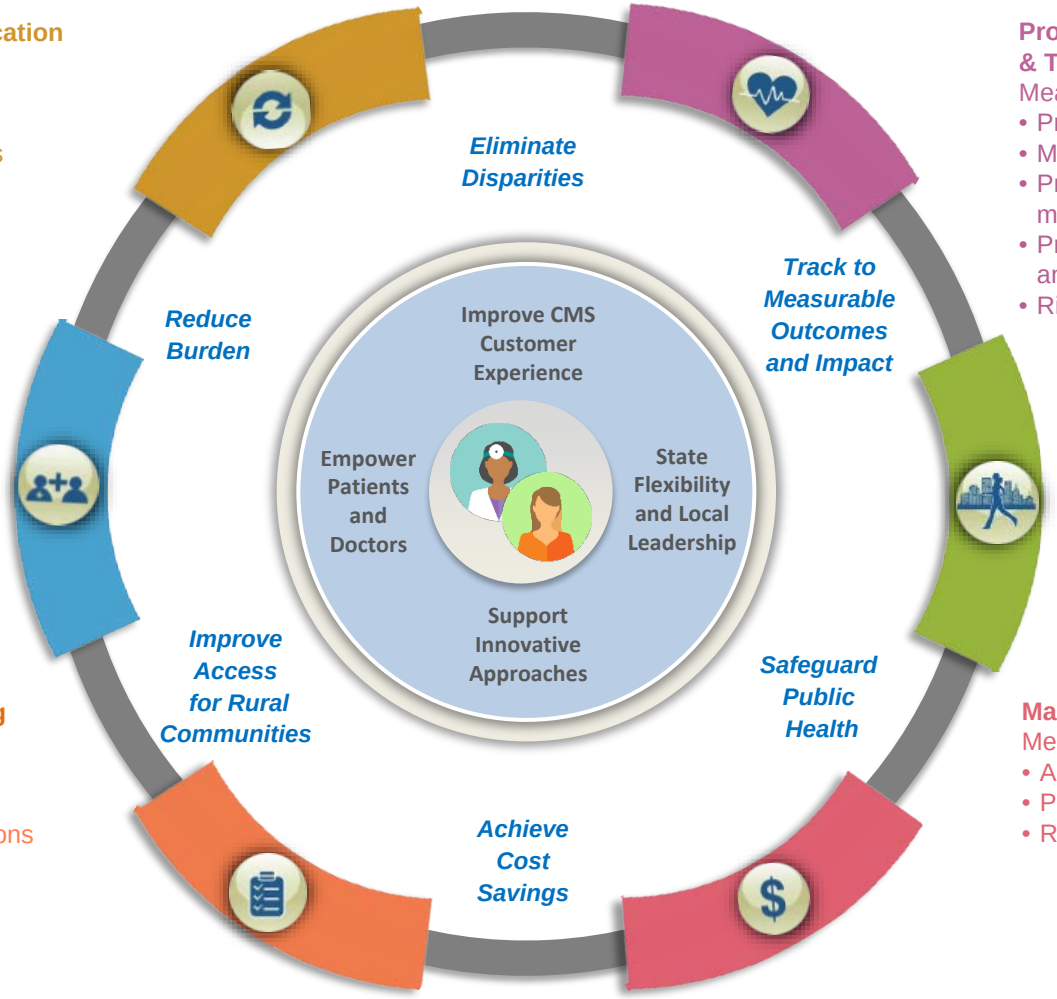
- *Address high impact measure areas that safeguard public health*
- *Patient-centered and meaningful to patients*
- *Outcome-based where possible*
- *Relevant and meaningful to providers*
- *Minimize level of burden for providers*
  - *Remove measures where performance is already very high and that are low value*
- *Significant opportunity for improvement*
- *Address measure needs for population-based payment through alternative payment models*
- *Align across programs and/or with other payers*

Meaningful Measures

Promote Effective Communication & Coordination of Care
Meaningful Measure Areas:
- Medication management
- Admissions and readmissions to hospitals
- Transfer of health information and interoperability

Strengthen Person & Family Engagement as Partners in Their Care
Meaningful Measure Areas:
- Care is personalized and aligned with patient's goals
- End-of-life care according to preferences
- Patient's experience of care
- Patient-reported functional outcomes

Make Care Safer by Reducing Harm Caused in the Delivery of Care
Meaningful Measure Areas:
- Healthcare-associated infections
- Preventable healthcare harm



Promote Effective Prevention & Treatment of Chronic Disease
Meaningful Measure Areas:
- Preventive care
- Management of chronic conditions
- Prevention, treatment, and management of mental health
- Prevention and treatment of opioid and substance use disorders
- Risk-adjusted mortality

Work with Communities to Promote Best Practices of Healthy Living
Meaningful Measure Areas:
- Equity of care
- Community engagement

Make Care Affordable
Meaningful Measure Areas:
- Appropriate use of healthcare
- Patient-focused episode of care
- Risk-adjusted total cost of care

Meaningful Measures Next Steps

- Get stakeholder input to further improve the Meaningful Measures framework.
- Work across CMS components to implement the framework.
- Evaluate current measure sets and inform measure development.

Give us your feedback!
MeaningfulMeasuresQA@cms.hhs.gov

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

Hospital IQR Program

Summary of Finalized Measure Removals

Goal: To create a parsimonious measure set that focuses on the most critical quality issues with the least burden for clinicians and providers.

- Measure removals
  - Remove or de-duplicate a total of 39 measures from the Hospital IQR Program over four fiscal years
  - Remove four measures from the Hospital VBP Program, beginning with the FY 2021 program
  - No proposals to remove measures from the HAC Reduction Program or Hospital Readmissions Reduction Program

Finalized Measure Removal: Chart-Abstracted Measures

Measure Name	Reporting Period	FY Payment Determination
ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients	2019	2021
IMM-2: Influenza Immunization	2019	2021
VTE-6: Incidence of Potentially Preventable Venous Thromboembolism	2019	2021
ED-2: Admit Decision Time to ED Departure Time for Admitted Patients	2020	2022

Finalized Measure Removal 2018 Reporting Period: Structural Measures

Short Name	Measure Name
Patient Safety Culture	Hospital Survey on Patient Safety Culture
Safe Surgery Checklist	Safe Surgery Checklist Use

Finalized Measure Removal 2020 Reporting Period: HAI Measures

Short Name	Measure Name
CAUTI*	NHSN Catheter-Associated Urinary Tract Infection Outcome Measure
CDI*	NHSN Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection Outcome Measure
CLABSI*	NHSN Central Line-Associated Bloodstream Infection Outcome Measure
Colon and Abdominal Hysterectomy SSI*	ACS-CDC Harmonized Procedure Specific Surgical Site Infection Outcome Measure
MRSA Bacteremia*	NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* Bacteremia Outcome Measure

*Measure will be retained in the HAC Reduction and Hospital VBP Programs.

Finalized Measure Removal: Claims-Based Patient Safety and Mortality Outcome Measures

Short Name	Measure Name	FY Payment Determination
PSI 90*/**	Patient Safety and Adverse Events Composite	2020
MORT-30-AMI**	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Myocardial Infarction Hospitalization	2020
MORT-30-HF**	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Heart Failure Hospitalization	2020
MORT-30-COPD**	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Chronic Obstructive Pulmonary Disease Hospitalization	2021
MORT-30-PN**	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Pneumonia Hospitalization	2021
MORT-30-CABG**	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Coronary Artery Bypass Graft Surgery	2022
Hip/Knee Complications**	Hospital-Level Risk-Standardized Complication Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	2023

*Measure will be retained in the HAC Reduction Program.
**Measure will be retained in the Hospital VBP Program.

Finalized Measure Removal FY 2020 Payment Determination: Claims-Based Coordination of Care Measures

Short Name	Measure Name
READM-30-AMI*	Hospital 30-Day All-Cause Risk-Standardized Readmission Rate Following Acute Myocardial Infarction Hospitalization
READM-30-CABG*	Hospital 30-Day, All-Cause, Unplanned, Risk-Standardized Readmission Rate Following Coronary Artery Bypass Graft Surgery
READM-30-COPD*	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate Following Chronic Obstructive Pulmonary Disease Hospitalization
READM-30-HF*	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate Following Heart Failure Hospitalization
READM-30-PN*	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate Following Pneumonia Hospitalization
READM-30-THA/TKA*	Hospital-Level 30-Day, All-Cause Risk-Standardized Readmission Rate Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty
READM-30-STK	30-Day Risk Standardized Readmission Rate Following Stroke Hospitalization

*Measure will be retained in the Hospital Readmissions Reduction Program.

Finalized Measure Removal FY 2020 Payment Determination: Claims-Based Payment Measures

Short Name	Measure Name
MSBP*	Payment-Standardized Medicare Spending Per Beneficiary
Cellulitis Payment	Cellulitis Clinical Episode-Based Payment Measure
GI Payment	Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure
Kidney/UTI Payment	Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure
AA Payment	Aortic Aneurysm Procedure Clinical Episode-Based Payment Measure
Chole and CDE Payment	Cholecystectomy and Common Duct Exploration Clinical Episode-Based Payment Measure
SFusion Payment	Spinal Fusion Clinical Episode-Based Payment Measure

*Measure will be retained in the Hospital VBP Program.

Measure Removal CY 2020 Reporting Period (FY 2022 Payment Determination): eCQMs

Short Name	Measure Name
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival
CAC-3	Home Management Plan of Care Document Given to Patient/Caregiver
ED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients
EHDI-1a	Hearing Screening Prior to Hospital Discharge
PC-01	Elective Delivery
STK-08	Stroke Education
STK-10	Assessed for Rehabilitation

NOTE: The ED-3 electronic clinical quality measure (eCQM) is being removed by the Medicare Promoting Interoperability Program (previously known as the Medicare EHR Incentive Program).

eCQM Reporting Requirements for the CY 2019 Reporting Period (FY 2021 Payment Determination)

Hospital IQR Program eCQM reporting requirements:

- Report on four of the available eCQMs for one self-selected quarter (i.e., 1Q, 2Q, 3Q, or 4Q 2019).
- The submission deadline is February 29, 2020.
- Technical requirements
  - EHR technology certified to the 2015 Edition ONC standards
  - Use of eCQM specifications published in the 2018 eCQM annual update for CY 2019 reporting and any applicable addenda, available on the eCQI Resource Center website at https://ecqi.healthit.gov/eh
  - 2019 CMS QRDA I Implementation Guide, available at https://ecqi.healthit.gov/qrda

NOTE: Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare Promoting Interoperability Program (previously known as the Medicare EHR Incentive Program).

Potential Inclusion of New Quality Measures

CMS invited public comment on the potential inclusion of the following measures in the Hospital IQR Program:

- Claims-Only Hospital-Wide Mortality Measure and/or Hybrid Hospital-Wide Mortality Measure with Electronic Health Record Data
- Hospital Harm—Opioid-Related Adverse Events eCQM

We thank commenters and will consider their views as we develop future policy regarding the use of these measures.

A summary of public comments can be viewed on pp. 41581–41592 of the FY 2019 IPPS/LTCH Final Rule posted on the *Federal Register*.

Future Development of eCQMs

CMS requested public input on the future development and use of eCQMs generally.

- We thank all commenters for their feedback and suggestions. All feedback will be taken into account and considered regarding the potential future development and use of eCQMs for future years of CMS programs.
- Comments will be shared with the Office of the National Coordinator for Health Information Technology (ONC) and other partners.

A summary of public comments can be viewed on pp. 41592–41597 of the FY 2019 IPPS/LTCH Final Rule posted on the *Federal Register*.

Proposed Updates to the HCAHPS Survey for FY 2024 Payment Determination

- CMS has proposed removing the Communication about Pain questions from the HCAHPS Survey, effective with January 2022 discharges for the FY 2024 payment determination and subsequent years.
- Please refer to the CY 2019 OPPS/ASC proposed rule for details, available at https://www.gpo.gov/fdsys/pkg/FR-2018-08-17/pdf/2018-16766.pdf.
- Public comment period closes ***September 24, 2018***.

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

Hospital Value-Based Purchasing (VBP) Program

FY 2019 Estimated Funds

- Under section 1886(o)(7)(C)(v) of the Social Security Act, the applicable percent withhold for FY 2019 is **2.00** percent.
- Estimated total amount available for value-based incentive payments for FY 2019 is approximately **$1.9 billion**.

FY 2019 Tables 16, 16A, and 16B

- Table 16 (Proxy Adjustment Factors)
  - Based on Total Performance Scores (TPSs) from FY 2018
- Table 16A (Updated Proxy Adjustment Factors)
  - CMS updated Table 16 as Table 16A in the IPPS final rule to reflect changes based on more updated Medicare Provider and Analysis Review data.
  - Available on CMS.gov at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2019-IPPS-Final-Rule-Home-Page-Items/FY2019-IPPS-Final-Rule-Tables.html
- Table 16B (Actual Adjustment Factors)
  - After hospitals have been given an opportunity to review and correct their actual TPSs for FY 2019, CMS intends to display Table 16B in the fall of 2018.
    - Actual value-based incentive payment adjustment factors
    - Exchange function slope
    - Estimated amount available for the FY 2019 program year

Measures Proposed for Removal

We proposed to remove the following 10 measures from the Hospital VBP Program, beginning in FY 2021 and subsequent years.

Measure ID	Measure Name	Domain
PC-01*	Elective Delivery Prior to 39 Completed Weeks Gestation	Safety
CAUTI**	Catheter-Associated Urinary Tract Infection	Safety
CLABSI**	Central Line-Associated Bloodstream Infection	Safety
MRSA**	Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* Bacteremia	Safety
CDI**	Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection	Safety
SSI**	Surgical Site Infection Outcome Measure (Colon and Abdominal Hysterectomy)	Safety
PSI 90**	Patient Safety and Adverse Events Composite	Safety
AMI Payment*	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction	Efficiency and Cost Reduction
HF Payment*	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure	Efficiency and Cost Reduction
PN Payment*	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia	Efficiency and Cost Reduction

*Measure will be retained in the Hospital IQR Program.
**Measure will be retained in the HAC Reduction Program.

Measures Finalized for Removal

We finalized our proposal to remove the following four measures from the Hospital VBP Program, beginning in FY 2021 and subsequent years.

Measure ID	Measure Name	Domain
PC-01*	Elective Delivery Prior to 39 Completed Weeks Gestation	Safety
AMI Payment*	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction	Efficiency and Cost Reduction
HF Payment*	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure	Efficiency and Cost Reduction
PN Payment*	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia	Efficiency and Cost Reduction

*Measure will be retained in the Hospital IQR Program.

Measures Retained after Proposed Removal

We did **not** finalize our proposal to remove the following six measures from the Hospital VBP Program. The following six measures will remain in the Hospital VBP Program. As finalized in the FY 2018 IPPS/LTCH Final Rule, the PSI 90 measure will be used in the Hospital VBP Program, beginning in FY 2023.

Measure ID	Measure Name	Domain
CAUTI	Catheter-Associated Urinary Tract Infection	Safety
CLABSI	Central line-Associated Bloodstream Infection	Safety
MRSA	Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* Bacteremia	Safety
CDI	Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection	Safety
SSI	Surgical Site Infection Outcome Measure (Colon and Abdominal Hysterectomy)	Safety
PSI 90	Patient Safety and Adverse Events Composite	Safety

Based on the retention of the Safety Domain measures, we did **not** finalize our proposal to remove the Safety Domain from the Hospital VBP Program.

Domain Weights

Domain weights based on retention of the Safety domain and retention of the previously finalized domain weighting policy.

Domain Weights for the FY 2021 Program Year and Subsequent Years

Domain	Weight*
Clinical Outcomes**	25 percent
Efficiency and Cost Reduction	25 percent
Person and Community Engagement	25 percent
Safety	25 percent

*Three of four domains must be scored to receive a Total Performance Score. Domain weights proportionally redistributed for missing domain score.

**Previously called the Clinical Care domain.

Summary of Data Requirements

Previously and Newly Finalized Data Requirements

Domain/TPS	Minimum Requirements
Person and Community Engagement Domain Score	100 HCAHPS Surveys
Efficiency and Cost Reduction Domain Score	25 Episodes of Care for MSPB
Clinical Outcomes Domain	Two measure scores with a minimum of 25 cases in each of the Mortality measures and THA/TKA complication measure
Safety Domain	Two measure scores with a minimum of 1.000 predicted infections in each of the HAI measures
Total Performance Score	Three of the four domains must be scored

FY 2019 Domains and Measures (No Changes)

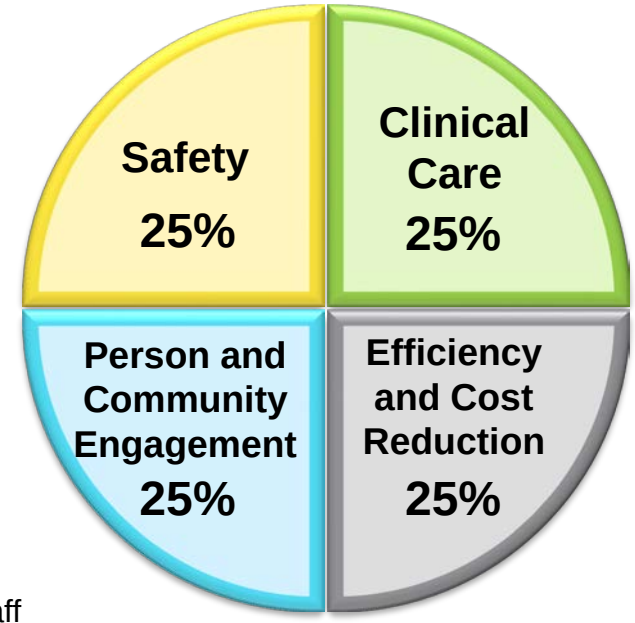
Safety

1. **CAUTI**:** Catheter-Associated Urinary Tract Infection
2. **CDI**: *Clostridium difficile* Infection
3. **CLABSI**:** Central Line-Associated Bloodstream Infection
4. **MRSA**: Methicillin-resistant *Staphylococcus aureus* Bacteremia
5. **SSI**: Surgical Site Infection Colon Surgery and Abdominal Hysterectomy
6. **PC-01**: Elective Delivery Prior to 39 Completed Weeks Gestation

Person and Community Engagement

1. **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

Domain Weights



An asterisk (*) indicates the measure is new, beginning this fiscal year.

A double asterisk (**) indicates a cohort expansion for the measure, beginning this fiscal year.

Clinical Care

1. **MORT-30-AMI**: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization
2. **MORT-30-HF**: Hospital 30-Day, All-Cause, RSMR Following Heart Failure (HF) Hospitalization
3. **MORT-30-PN**: Hospital 30-Day, All-Cause, RSMR Following Pneumonia (PN) Hospitalization (old cohort)
4. **THA/TKA***: Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

Efficiency and Cost Reduction

1. **MSPB**: Medicare Spending per Beneficiary

FY 2019 Measurement Periods (No Changes)

Domain	Baseline Period	Performance Period
Clinical Care • Mortality (MORT-30-AMI, MORT-30-HF, MORT-30-PN) • THA/TKA	July 1, 2009–June 30, 2012 July 1, 2010–June 30, 2013	July 1, 2014–June 30, 2017 January 1, 2015–June 30, 2017
Person and Community Engagement	January 1–December 31, 2015	January 1–December 31, 2017
Safety • PC-01 • HAI Measures	January 1–December 31, 2015 January 1–December 31, 2015	January 1–December 31, 2017 January 1–December 31, 2017
Efficiency and Cost Reduction	January 1–December 31, 2015	January 1–December 31, 2017

FY 2020 Domains and Measures (No Changes)

Safety

1. **CAUTI**: Catheter-Associated Urinary Tract Infection
2. **CDI**: *Clostridium difficile* Infection
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Domain Weights

Clinical Outcomes

1. **MORT-30-AMI**: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization
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Efficiency and Cost Reduction

1. **MSPB**: Medicare Spending per Beneficiary

FY 2020 Measurement Periods (No Changes)

Domain	Baseline Period	Performance Period
Clinical Outcomes • Mortality (MORT-30-AMI, MORT-30-HF, MORT-30-PN) • THA/TKA	July 1, 2010–June 30, 2013 July 1, 2010–June 30, 2013	July 1, 2015–June 30, 2018 July 1, 2015–June 30, 2018
Person and Community Engagement	January 1–December 31, 2016	January 1–December 31, 2018
Safety • PC-01 • HAI Measures	January 1–December 31, 2016 January 1–December 31, 2016	January 1–December 31, 2018 January 1–December 31, 2018
Efficiency and Cost Reduction	January 1–December 31, 2016	January 1–December 31, 2018

FY 2021 Domains and Measures

Safety

1. **CAUTI**: Catheter-Associated Urinary Tract Infection
2. **CDI**: *Clostridium difficile* Infection
3. **CLABSI**: Central Line-Associated Bloodstream Infection
4. **MRSA**: Methicillin-resistant *Staphylococcus aureus* Bacteremia
5. **SSI**: Surgical Site Infection Colon Surgery and Abdominal Hysterectomy

Person and Community Engagement

1. **HCAHPS Survey Dimensions**
   - Communication with Nurses
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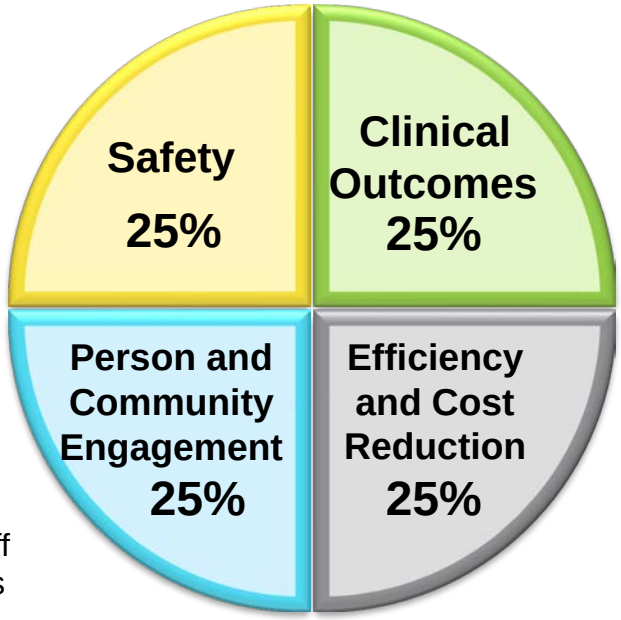
   - Responsiveness of Hospital Staff
   - Communication about Medicines
   - Cleanliness and Quietness of Hospital Environment
   - Discharge Information
   - Care Transition
   - Overall Rating of Hospital

Domain Weights



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Clinical Outcomes

1. **MORT-30-AMI**: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization
2. **MORT-30-COPD***: Hospital 30-Day, All-Cause, RSMR Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
3. **MORT-30-HF**: Hospital 30-Day, All-Cause, RSMR Following Heart Failure (HF) Hospitalization
4. **MORT-30-PN****: Hospital 30-Day, All-Cause, RSMR Following Pneumonia (PN) Hospitalization (old cohort)
5. **THA/TKA**: Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

Efficiency and Cost Reduction

1. **MSPB**: Medicare Spending per Beneficiary

FY 2021 Measurement Periods

Domain	Baseline Period	Performance Period
Clinical Outcomes • MORT-30-AMI MORT-30-COPD MORT-30-HF • MORT-30-PN (Updated Cohort) • THA/TKA	July 1, 2011–June 30, 2014 July 1, 2012–June 30, 2015 April 1, 2011–March 31, 2014	July 1, 2016–June 30, 2019 September 1, 2017–June 30, 2019 April 1, 2016–March 31, 2019
Person and Community Engagement	January 1–December 31, 2017	January 1–December 31, 2019
Safety	January 1–December 31, 2017	January 1–December 31, 2019
Efficiency and Cost Reduction	January 1–December 31, 2017	January 1–December 31, 2019

FY 2022 Domains and Measures

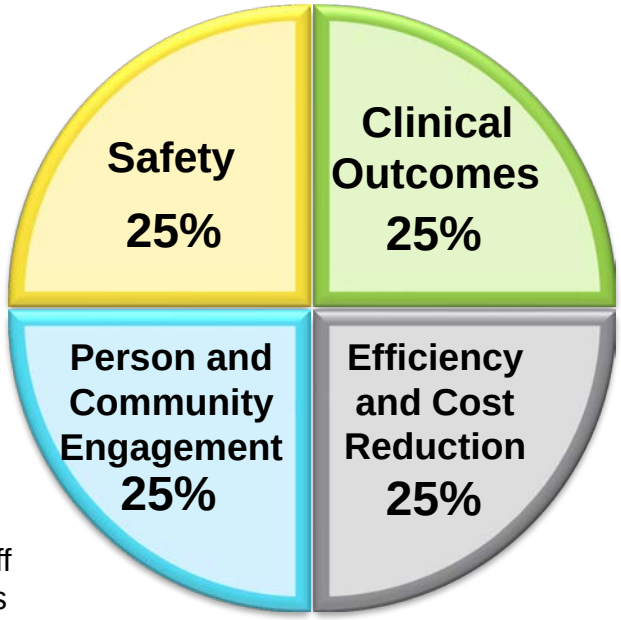
Safety

1. **CAUTI**: Catheter-Associated Urinary Tract Infection
2. **CDI**: *Clostridium difficile* Infection
3. **CLABSI**: Central Line-Associated Bloodstream Infection
4. **MRSA**: Methicillin-resistant *Staphylococcus aureus* Bacteremia
5. **SSI**: Surgical Site Infection Colon Surgery and Abdominal Hysterectomy

Person and Community Engagement

1. **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

Domain Weights



An asterisk (*) indicates the measure is new, beginning this fiscal year.

Clinical Outcomes

1. **MORT-30-AMI**: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization
2. **MORT-30-CABG*:** Hospital 30-Day RSMR Following Coronary Artery Bypass Graft (CABG) Surgery
3. **MORT-30-COPD**: Hospital 30-Day, All-Cause, RSMR Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
4. **MORT-30-HF**: Hospital 30-Day, All-Cause, RSMR Following Heart Failure (HF) Hospitalization
5. **MORT-30-PN**: Hospital 30-Day, All-Cause, RSMR Following Pneumonia (PN) Hospitalization (old cohort)
6. **THA/TKA**: Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

Efficiency and Cost Reduction

1. **MSPB**: Medicare Spending per Beneficiary

FY 2022 Measurement Periods

Domain	Baseline Period	Performance Period
Clinical Outcomes • MORT-30-AMI, MORT-30-CABG, MORT-30-COPD, MORT-30-HF • MORT-30-PN (Updated Cohort) • THA/TKA	July 1, 2012–June 30, 2015 July 1, 2012–June 30, 2015 April 1, 2012–March 31, 2015	July 1, 2017–June 30, 2020 September 1, 2017–June 30, 2020 April 1, 2017–March 31, 2020
Person and Community Engagement	January 1–December 31, 2018	January 1–December 31, 2020
Safety	January 1–December 31, 2018	January 1–December 31, 2020
Efficiency and Cost Reduction	January 1–December 31, 2018	January 1–December 31, 2020

FY 2023 Domains and Measures

Safety

1. **CAUTI**: Catheter-Associated Urinary Tract Infection
2. **CDI**: *Clostridium difficile* Infection
3. **CLABSI**: Central Line-Associated Bloodstream Infection
4. **MRSA**: Methicillin-resistant *Staphylococcus aureus* Bacteremia
5. **SSI**: Surgical Site Infection Colon Surgery and Abdominal Hysterectomy
6. **PSI 90***: Patient Safety and Adverse Events Composite

Person and Community Engagement

1. **HCAHPS Survey Dimensions**
   - Communication with Nurses
   - Communication with Doctors
   - Responsiveness of Hospital Staff
   - Communication about Medicines
   - Cleanliness and Quietness of Hospital Environment
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   - Overall Rating of Hospital

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Clinical Outcomes

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Efficiency and Cost Reduction

1. **MSPB**: Medicare Spending per Beneficiary

FY 2023 Measurement Periods

Domain	Baseline Period	Performance Period
Clinical Outcomes • MORT-30-AMI, MORT-30-CABG, MORT-30-COPD, MORT-30-HF, MORT-30-PN (Updated Cohort) • THA/TKA	July 1, 2013–June 30, 2016 April 1, 2013–March 31, 2016	July 1, 2018–June 30, 2021 April 1, 2018–March 31, 2021
Person and Community Engagement	January 1–December 31, 2019	January 1–December 31, 2021
Safety • HAI Measures • PSI 90	January 1–December 31, 2019 October 1, 2015–June 30, 2017	January 1–December 31, 2021 July 1, 2019–June 30, 2021
Efficiency and Cost Reduction	January 1–December 31, 2019	January 1–December 31, 2021

Nekeshia McInnis, MSPH
Subject Matter Expert, Hospital IQR Program and Hospital VBP Program
CCSQ, CMS

Hospital-Acquired Condition (HAC) Reduction Program

Meaningful Measures Initiative

- Reduce harm from the delivery of inpatient care
- CMS will retain the following measures in the HAC Reduction Program:
  - CMS PSI 90
  - CDC NHSN HAI
    - CLABSI
    - CAUTI
    - SSI–colon and hysterectomy
    - MRSA Bacteremia
    - CDI

Applicable Periods for FY 2021

Measures	Performance Period
CMS PSI 90	July 1, 2017–June 30, 2019
CDC NHSN HAI • CLABSI • CAUTI • SSI • MRSA • CDI	January 1, 2018–December 31, 2019

Data HAI Collection

- Once the HAI measures are removed from the Hospital IQR Program, the reporting requirements will not change under the HAC Reduction Program, including:
  - Reporting frequency
  - Data submission deadlines
  - Data collection system (CDC NHSN portal)
- CMS will adopt the Hospital IQR Program HAI exception policy:
  - Hospitals that do not have applicable HAI locations or procedures should submit the HAI Measure Exception Form to the HAC Reduction Program, beginning January 1, 2020.
  - Hospitals must submit Measure Exception Forms annually.

HAI Quarterly Reports

- Same quarterly reports as Hospital IQR Program provides, including facility-, state-, and national-level results.
- CMS will distribute the reports via the *QualityNet Secure Portal* at: https://cportal.qualitynet.org/QNet/pgm_select.jsp.
- Under the HAC Reduction Program, stakeholders will receive separate HAI quarterly reports, preview reports, and hospital-specific reports.

Claims Data Submission, Review, and Correction

- CMS did not change policies for submission, review, and correction of claims data.
- A hospital's results will only reflect edits that comply with the time limits in the Medicare Claims Processing Manual:
  - FY 2019 snapshot: September 29, 2017
  - FY 2020 snapshot: September 28, 2018

HAI Data Submission, Review, and Correction

CMS did not change policies for submission, review, and correction of CDC NHSN HAI data.

- Hospitals can submit, review, and correct CDC NHSN HAI data for 4.5 months after the end of the reporting quarter.
- Immediately following the submission deadline, the CDC creates a snapshot of the data and sends it to CMS. CMS does not receive or use data entered into NHSN after the submission deadline.
- CMS strongly encourages hospitals to review and correct their data prior to the HAI submission deadline.

Changes to Existing Validation Processes

- Adoption of the Hospital IQR Program NHSN HAI measure validation process will begin with Q3 2020 discharges for FY 2023.
- All subsection (d) hospitals will be subject to HAI validation under the HAC Reduction Program.
  - Annual random selection: 400 hospitals
  - Annual targeted selection: 200 hospitals
- The first annual submission of DACA under the HAC Reduction Program will apply to CY 2020 data.

Targeted Selection Criteria

- Final targeted selection criteria are similar, but not identical, to previously finalized criteria under the Hospital IQR Program*
- Targeted selection criteria include hospitals that:
  - Submit data to NHSN after the HAC Reduction Program data submission deadline
  - Avoid random selection for validation in the past three years
  - Fail validation during the previous year
  - Pass validation in the previous year, but have a two-tailed confidence interval that included 75 percent
  - Fail to report half or more of actual HAI events to NHSN as determined by validation during the previous year

*CMS continues to consider additional options to address stakeholder concerns regarding the potential for overlapping validation selection between Hospital IQR Program and the HAC Reduction Program.

Validation Pass/Fail Determination

- The confidence interval will only use HAI measures.
- To determine pass/fail status, CMS will:
  - Score hospitals based on an agreement rate between hospital-reported infections compared to events identified as infections by a trained CMS abstractor using a standardized protocol.
  - Compute a confidence interval.
    - If the upper bound is 75 percent or higher, the hospital will pass validation.
    - If the upper bound is below 75 percent, the hospital will fail validation.
- CMS will assign hospitals that fail validation the maximum Winsorized z-score for the set of measures CMS validated.

Educational Review Process

- Hospitals will have a 30-day period following the receipt of their quarterly validation results to review, clarify, and identify potential errors.
- Hospitals can request educational reviews for all four validation quarters under the HAC Reduction Program.
- If a hospital requests an educational review within 30 days and the review yields an incorrect CMS validation result, CMS will use the corrected quarterly score to compute the final confidence interval.

Validation Period (FY 2023 Example)

Discharge Quarters by Fiscal Year (FY)	Current NHSN HAI Submission Deadline*	Current NHSN HAI Validation Templates*	Estimated CDAC Record Request	Estimated Date Records Due to CDAC	Estimated Validation Completion
FY 2023					
Q1 2020	08/15/2020				
Q2 2020	11/15/2020				
Q3 2020^	**02/15/2021**	**02/01/2021**	**02/28/2021**	**03/30/2021**	**06/15/2021**
Q4 2020^	**05/15/2021**	**05/01/2021**	**05/30/2021**	**06/29/2021**	**09/15/2021**
Q1 2021^	**08/15/2021**	**08/01/2021**	**08/30/2021**	**09/29/2021**	**12/15/2021**
Q2 2021^	**11/15/2021**	**11/01/2021**	**11/29/2021**	**12/29/2021**	**03/15/2022**
Q3 2021	02/15/2022				
Q4 2021	05/15/2022				

Bolded rows with dates in each column, denoted with the ^ symbol next to the date in the Discharge Quarters by Fiscal Year (FY) column, indicate the validation cycle for the FY.

*Dates are subject to change.

Scoring Calculations Review and Correction Period

- CMS did not change the policies for the 30-day Scoring Calculations Review and Correction Period.
- CMS renamed the annual 30-day period to the "Scoring Calculations Review and Correction Period" to more clearly convey the intent and limitation.
- The intent is to allow hospitals an opportunity to review and correct score calculations; the limitation is this 30-day period does not allow an opportunity to correct underlying data.

Scoring Methodology Changes

- CMS will implement the Equal Measure Weights policy during the FY 2020 HAC Reduction Program.
- This approach addresses concerns about the disproportionate weight applied to Domain 2 measures for low-volume hospitals by applying an equal weight to each measure for which a hospital has a measure score.

Equal Measure Weights

Number of NHSN HAI Measures with a Measure Score	Weight Applied to:	
	CMS PSI 90	Each NHSN HAI Measure
0	100.0	N/A
1	50.0	50.0
2	33.3	33.3
3	25.0	25.0
4	20.0	20.0
5	16.7	16.7
Any Number	N/A	100.0 (equally divided among each NHSN HAI measure)

HAC Reduction Program Additional Resources

HAC Reduction Program General Information on *QualityNet*

www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228774189166

HAC Reduction Program Scoring Methodology on *QualityNet*

https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228774298601

HAC Reduction Program Scoring Calculation Review and Corrections Overview

https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228774298609

HAI Measure Exception Form

https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228760487021

CDC NHSN Mapping

//www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228760487021

- NHSN locations protocol for a full list of CDC location labels, codes, and descriptions https://www.cdc.gov/nhsn/pdfs/pscmanual/15locationsdescriptions_current.pdf
- Send questions about mapping inpatient units per the CDC location definitions to NHSN at nhsn@cdc.gov

Chart-Abstracted Data Validation–Overview (Current Hospital IQR Program Process for Reference)

https://www.qualitynet.org/dcs/ContentServer?cid=%201228776288808&pagename=QnetPublic%2FPage%2FQnetTier3&c=Page

Stakeholder Questions

Email hacrp@lantanagroup.com or via the Hospital Inpatient Questions and Answers Tool at https://cms-ip.custhelp.com/

Erin Patton, MPH, CHES
Program Lead, HRRP, QMVIG, CCSQ, CMS

Hospital Readmissions Reduction Program (HRRP)

Summary of Final Rule

FY 2019

- Meaningful Measures initiative
- Applicable time periods for FYs 2019, 2020, and 2021
- Previously finalized definitions

Meaningful Measures Initiative

CMS will retain the following measures in the Hospital Readmissions Reduction Program:

- AMI
- HF
- Pneumonia
- COPD
- THA/TKA
- CABG

Applicable Periods

Applicable periods will use three years of claims data, as in past periods:

- FY 2019: July 1, 2014 through June 30, 2017
- FY 2020: July 1, 2015 through June 30, 2018
- FY 2021: July 1, 2016 through June 30, 2019

Codify Previously Finalized Definitions

- **Dual-Eligible**

  Identified as full-benefit dual (i.e., Medicare FFS and Medicare Advantage patients) in data from the state Medicare Modernization Act file.

- **Dual Proportion**

  Number of dual-eligible among all Medicare FFS and Medicare Advantage stays during the applicable period.

- **Applicable Period for Dual Eligibility**

  The three-year measure performance period will account for social risk factors in the ERR. The applicable period for dual eligibility is the same as the applicable period for the program.

Updates for FY 2019

Claims-Based Readmission Measures	NQF Measure Number	FY 2019 Performance Period
Acute myocardial infarction (AMI)	NQF #0505	July 1, 2014–June 30, 2017
Heart failure (HF)	NQF #0330	July 1, 2014–June 30, 2017
Pneumonia	NQF #0506	July 1, 2014–June 30, 2017
Chronic obstructive pulmonary disease (COPD)	NQF #1891	July 1, 2014–June 30, 2017
Elective primary total hip and/or total knee arthroplasty (THA/TKA)	NQF #1551	July 1, 2014–June 30, 2017
Coronary artery bypass graft surgery (CABG)	NQF #2515	July 1, 2014–June 30, 2017

Discharge diagnoses for each applicable condition are based on a list of specific ICD-9-CM or ICD-10-CM and ICD-10-PCS code sets.

Social Risk Factors

- CMS is considering options to address equity and disparities in its value-based purchasing programs.
- A recent report from the Assistant Secretary for Planning and Evaluation identified dual eligibility as the most powerful predictor of poor healthcare outcomes among social risk factors tested.
- The goal is to improve health disparities by increasing transparency and comparing those disparities across hospitals.

Resources on Reducing Hospital Readmissions

General Program Information
https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772412458

HRRP General Inquiries
hrrp@lantanagroup.com

HRRP Measure Methodology Inquiries
cmsreadmissionmeasures@yale.edu

More Program and Payment Adjustment Information
https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps/readmissions-reduction-program.html

Readmission Measures
https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1219069855273

Initiatives to Reduce Readmissions
https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228766331358

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

FY 2019 IPPS Final Rule Measures Summary and Page Directory

Clinical Process of Care Measures (via Chart-Abstraction)

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Hospital VBP Program Fiscal Year				
		19	20	21	22	23	19	20	21	22	23
ED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients	✓	✓								
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	✓	✓	✓							
IMM-2	Influenza Immunization	✓	✓								
PC-01	Elective Delivery	✓	✓	✓	✓	✓	✓	✓			
Sepsis	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	✓	✓	✓	✓	✓					
VTE-6	Incidence of Potentially Preventable Venous Thromboembolism	✓	✓								

EHR-Based Clinical Process of Care Measures (eCQMs)

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Promoting Interoperability Program Fiscal Year				
		19	20	21	22	23	19	20	21	22	23
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	✓	✓	✓			✓	✓	✓		
CAC-3	Home Management Plan of Care Document Given to Patient/Caregiver	✓	✓	✓			✓	✓	✓		
ED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients	✓	✓	✓			✓	✓	✓		
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ED-3	Median Time from ED Arrival to ED Departure for Discharged ED Patients						✓	✓	✓		
EHDI-1a	Hearing Screening Prior to Hospital Discharge	✓	✓	✓			✓	✓	✓		
PC-01	Elective Delivery	✓	✓	✓			✓	✓	✓		
PC-05	Exclusive Breast Milk Feeding and the subset measure PC-05a Exclusive Breast Milk Feeding Considering Mother's Choice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
STK-08	Stroke Education	✓	✓	✓			✓	✓	✓		
STK-10	Assessed for Rehabilitation	✓	✓	✓			✓	✓	✓		
VTE-1	Venous Thromboembolism Prophylaxis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

HAI Measures

Measure ID	Measure Name NHSN: National Healthcare Safety Network	Hospital IQR Program Fiscal Year					Hospital VBP Program Fiscal Year					HAC Reduction Program Fiscal Year				
		19	20	21	22	23	19	20	21	22	23	19	20	21	22	23
CLABSI	NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CAUTI	NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Colon and Abdominal Hysterectomy SSI	ACS-CDC Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure • Colon Procedures • Hysterectomy Procedures	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MRSA Bacteremia	NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CDI	NHSN Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HCP	NHSN Influenza Vaccination Coverage Among Healthcare Personnel	✓	✓	✓	✓	✓										

Claims-Based Patient Safety Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Hospital VBP Program Fiscal Year					HAC Reduction Program Fiscal Year				
		19	20	21	22	23	19	20	21	22	23	19	20	21	22	23
Hip/Knee Complications	Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	✓	✓	✓	✓		✓	✓	✓	✓	✓					
PSI 04	CMS Recalibrated Death Rate among Surgical Inpatients with Serious Treatable Complications	✓	✓	✓	✓	✓										
PSI 90	Patient Safety and Adverse Events Composite	✓									✓	✓	✓	✓	✓	✓

Claims-Based Mortality Outcome Measures

Measure ID	Measure Name RSMR: Risk-Standardized Mortality Rate	Hospital IQR Program Fiscal Year					Hospital VBP Program Fiscal Year				
		19	20	21	22	23	19	20	21	22	23
MORT-30-AMI	Hospital 30-Day, All-Cause, RSMR Following Acute Myocardial Infarction (AMI) 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 Hospitalization (New Cohort)	✓	✓						✓	✓	✓
	Hospital 30-Day, All-Cause, RSMR Following Pneumonia Hospitalization (Old Cohort)						✓	✓			
MORT-30-COPD	Hospital 30-Day, All-Cause, RSMR Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	✓	✓						✓	✓	✓
MORT-30-STK	Hospital 30-Day, All-Cause, RSMR Following Acute Ischemic Stroke	✓	✓	✓	✓	✓					
MORT-30-CABG	Hospital 30-Day, All-Cause, RSMR Following Coronary Artery Bypass Graft (CABG) Surgery	✓	✓	✓						✓	✓

Claims-Based Coordination of Care Measures (Readmission)

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					HRR Program Fiscal Year				
		19	20	21	22	23	19	20	21	22	23
READM-30-AMI	Hospital 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization	✓					✓	✓	✓	✓	✓
READM-30-PN	Hospital 30-Day, All-Cause, RSRR Following Pneumonia Hospitalization	✓					✓	✓	✓	✓	✓
READM-30-THA/TKA	Hospital-Level 30-Day, All-Cause RSRR Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	✓					✓	✓	✓	✓	✓
READM-30-HWR	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	✓	✓	✓	✓	✓					
READM-30-COPD	Hospital 30-Day, All-Cause, RSRR Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	✓					✓	✓	✓	✓	✓
READM-30-STK	30-Day RSRR Following Stroke Hospitalization	✓									
READM-30-CABG	Hospital 30-Day, All-Cause, RSRR Following Coronary Artery Bypass Graft (CABG) Surgery	✓					✓	✓	✓	✓	✓
READM-30-HF	Hospital 30-Day, All-Cause, RSRR Following Heart Failure (HF) Hospitalization	✓					✓	✓	✓	✓	✓

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

Measure ID	Measure Name	Hospital IQR Program Fiscal Year 19	20	21	22	23
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 Payment Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Hospital VBP Program Fiscal Year				
		19	20	21	22	23	19	20	21	22	23
MSPB	Medicare Spending Per Beneficiary - Hospital	✓					✓	✓	✓	✓	✓
Kidney/UTI Payment	Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure	✓									
Cellulitis Payment	Cellulitis Clinical Episode-Based Payment Measure	✓									
GI Payment	Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure	✓									
AA Payment	Aortic Aneurysm Procedure Clinical Episode-Based Payment Measure	✓									
Chole and CDE Payment	Cholecystectomy and Common Duct Exploration Clinical Episode-Based Payment Measure	✓									
SFusion Payment	Spinal Fusion Clinical Episode-Based Payment Measure	✓									
AMI Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI)	✓	✓	✓	✓	✓					
HF Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care For Heart Failure (HF)	✓	✓	✓	✓	✓					
PN Payment	Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia	✓	✓	✓	✓	✓					
THA/TKA Payment	Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty	✓	✓	✓	✓	✓					

Structural Patient Safety Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year 19	20	21	22	23
Patient Safety Culture	Hospital Survey on Patient Safety Culture	✓				
Safe Surgery Checklist	Safe Surgery Check List Use	✓				

Patient Experience of Care Survey Measures

Measure ID	Measure Name	Hospital IQR Program Fiscal Year					Hospital VBP Program Fiscal Year				
		19	20	21	22	23	19	20	21	22	23
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

FY 2019 IPPS Final Rule Page Directory

- Download the FY 2019 IPPS Final Rule from the *Federal Register* at https://federalregister.gov/d/2018-16766.
- Details regarding various quality programs can be found on the pages listed below.
  - Hospital Readmissions Reduction Program pp. 41431–41439
  - Hospital VBP Program pp. 41440–41472
  - HAC Reduction Program pp. 41472–41492
  - Hospital IQR Program pp. 41538–41609
  - PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program pp. 41609–41624
  - Long-Term Care Hospital Quality Reporting Program (LTCH QRP) pp. 41624–41634
  - Medicare and Medicaid EHR Incentive Programs (now referred to as the Medicare and Medicaid Promoting Interoperability Program) pp. 41634–41677

Questions

Continuing Education

Continuing Education (CE) Approval

This program has been approved for 1.5 CE credits for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

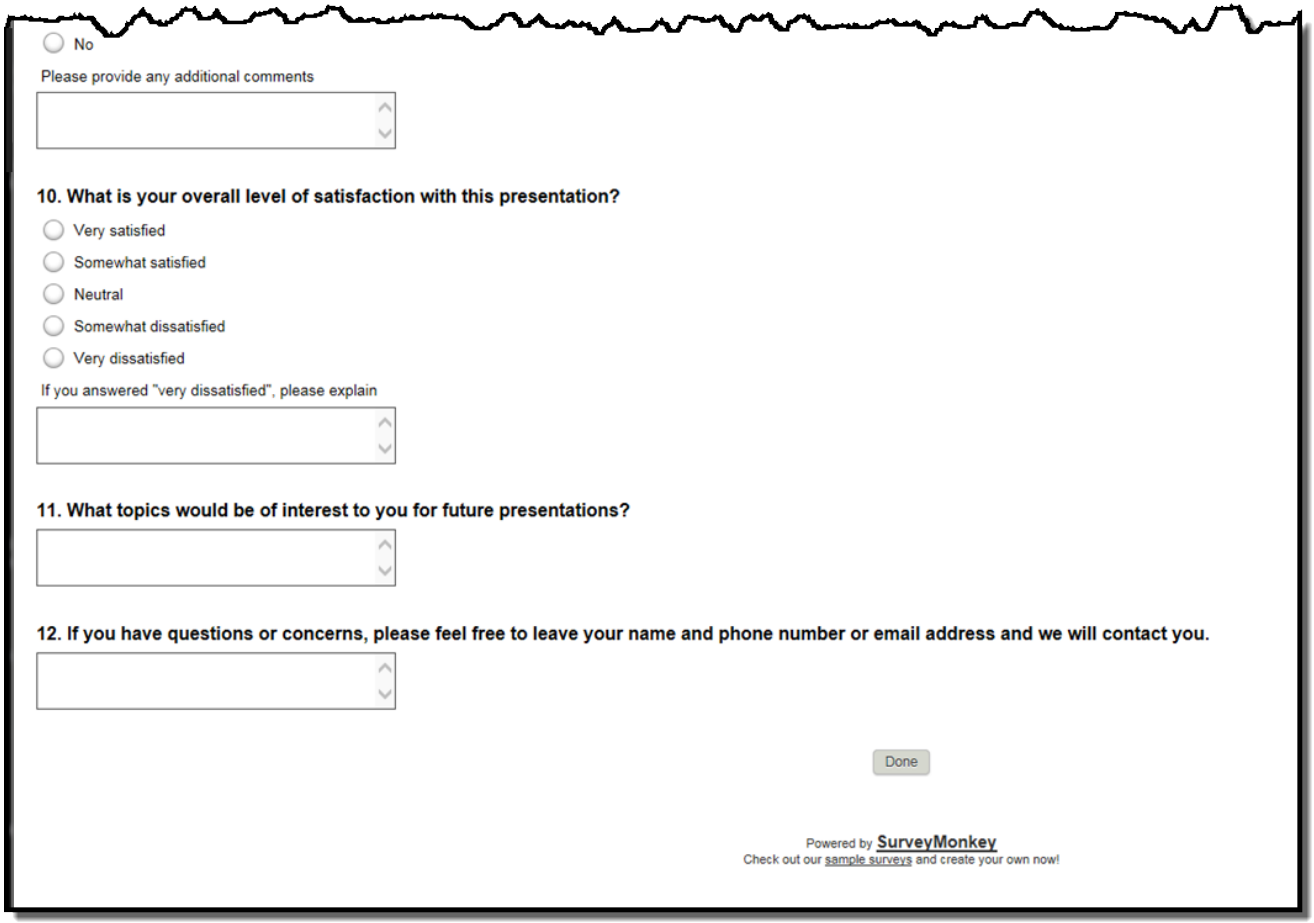
NOTE: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

CE Credit Process: Three Steps

1. Complete the ReadyTalk® survey that will pop up after the webinar
2. Register on the HSAG Learning Management Center for the certificate
3. Print out your certificate

NOTE: An additional survey will be sent to all registrants within the next 48 hours.

CE Credit Process: Survey



No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

If you answered "very dissatisfied", please explain

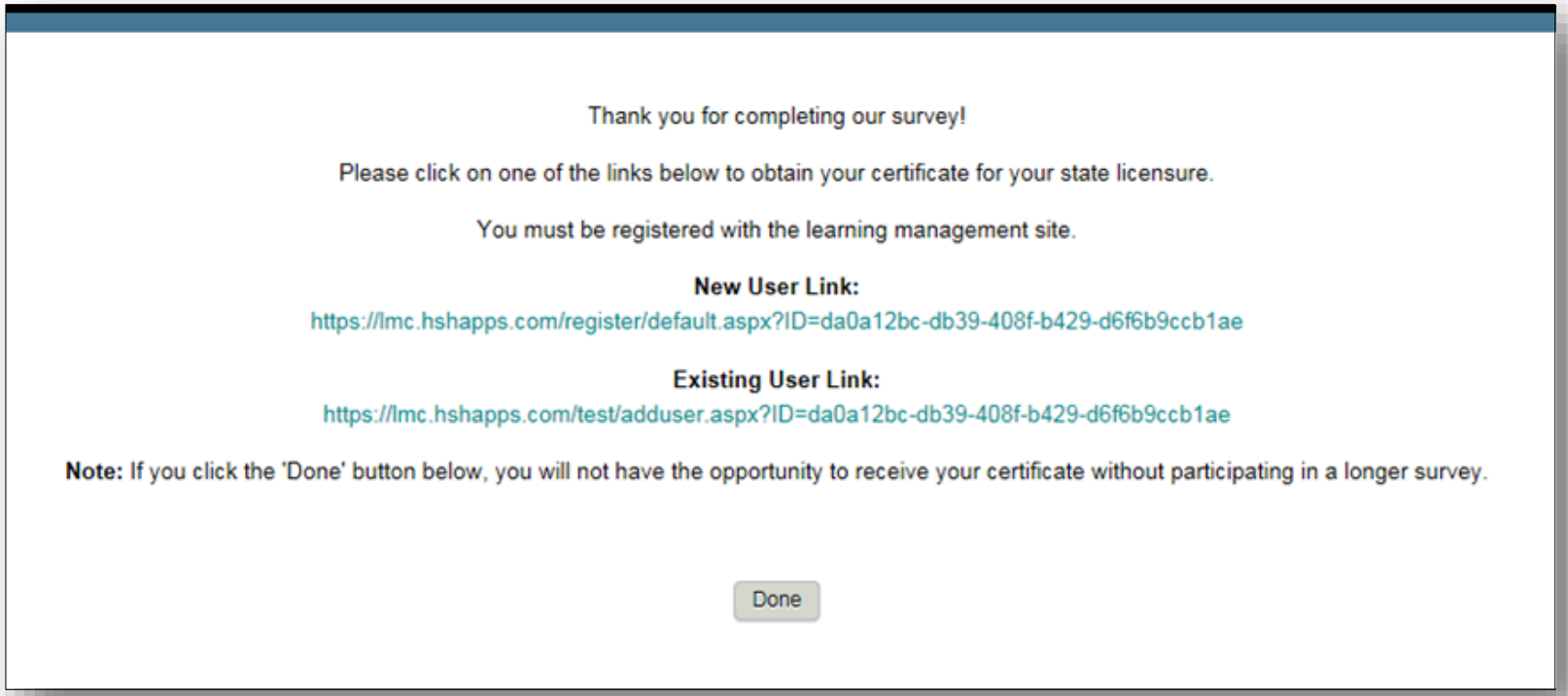
11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by SurveyMonkey
Check out our sample surveys and create your own now!

CE Credit Process: Certificate

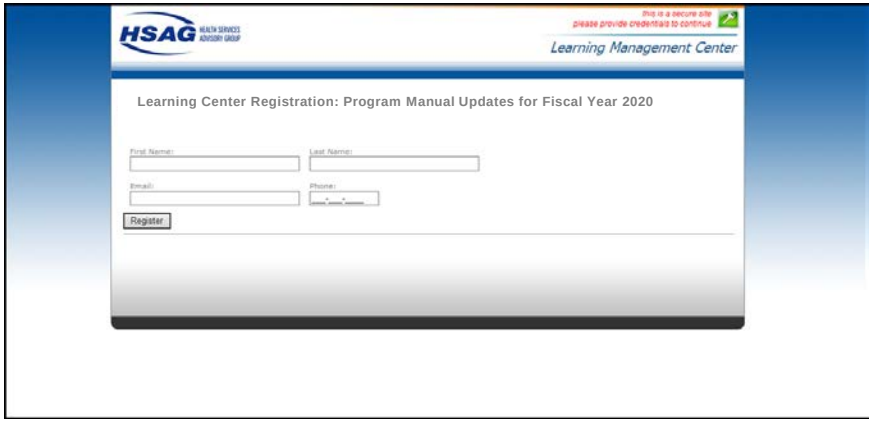


Register for Credit

New User

Use personal email and phone.

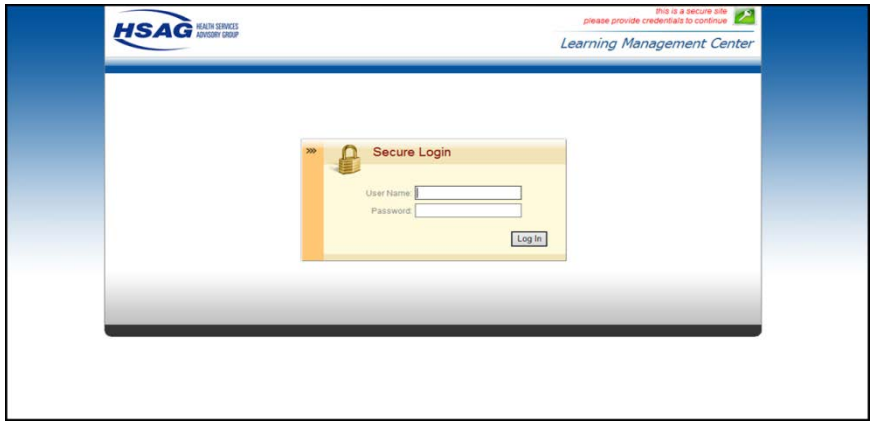
Go to email address; finish process.



Existing User

Entire email is your user name.

You can reset your password.



Thank You for Attending

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