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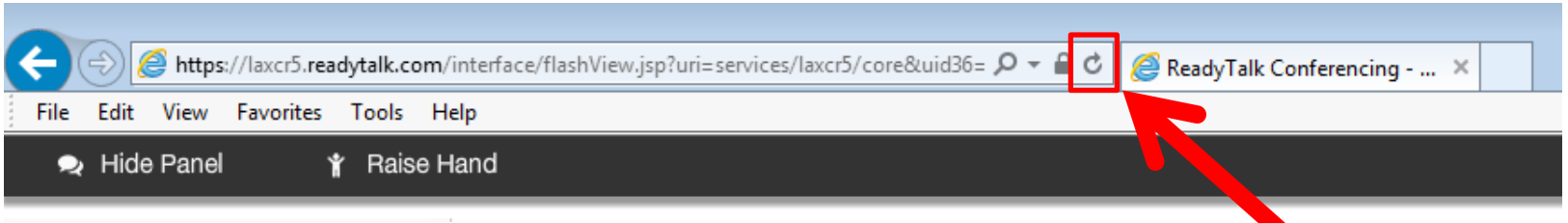

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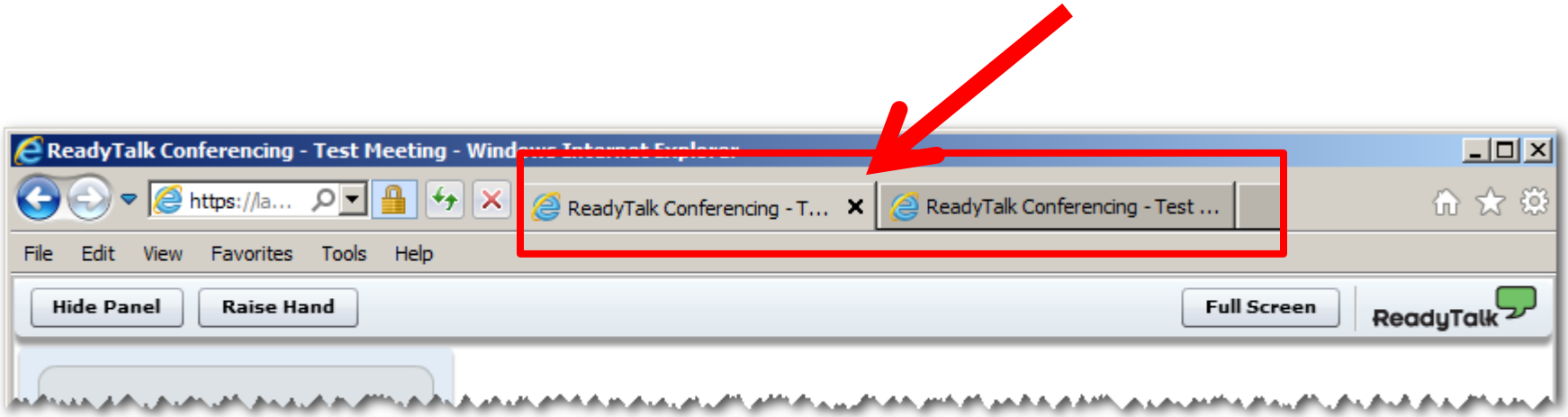

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FY 2019 IPPS Proposed Rule
Acute Care Hospital
Quality Reporting Programs Overview

May 9, 2018

Speakers

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Moderator

Candace Jackson, RN
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 proposals 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) Proposed Rule. This discussion will focus on proposed changes to the following:

- Hospital IQR Program
- Hospital VBP Program
- HAC Reduction Program
- HRRP

Objectives

Participants will be able to:

- Locate the FY 2019 IPPS Proposed Rule text.
- Identify proposed program changes within the FY 2019 IPPS Proposed Rule.
- Identify the time period for submitting public comments to CMS on the FY 2019 IPPS Proposed Rule.
- Describe to the public how to submit formal comments to CMS regarding the FY 2019 IPPS 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

AA	aortic aneurysm	eCQM	electronic clinical quality measure	MRSA	Methicillin-resistant Staphylococcus aureus
ACS	American College of Surgeons	ED	emergency department	MSPB	Medicare Spending Per Beneficiary
ADE	adverse drug events	EHDI	Early Hearing Detection and Intervention	NHSN	National Healthcare Safety Network
AMI	acute myocardial infarction	EHR	electronic health record	NQF	National Quality Forum
ASPE	Assistant Secretary for Planning and Evaluation	EP	eligible professional	ONC	Office for the National Coordinator for Health Information Technology
CABG	coronary artery bypass graft	ERR	excess readmission ratio	PC	Perinatal Care
CAC	Children's Asthma Care	FFS	Fee-for-service	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
CAH	Critical Access Hospital	FY	Fiscal Year	PN	pneumonia
CAUTI	Catheter-associated Urinary Tract Infection	GI	gastrointestinal	PSI	Patient Safety Indicators
CDAC	Clinical Data Abstraction Center	HAC	hospital-acquired condition	Q	quarter
CDC	Centers for Disease Control and Prevention	HAI	healthcare-associated infection	QRDA	Quality Reporting Document Architecture
CDE	common duct exploration	HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	READM	readmission
CDI	Clostridium difficile infection	HF	heart failure	RSCR	Risk-Standardized Complication Rate
CEHRT	Certified Electronic Health Record Technology	HRRP	Hospital Readmission Reduction Program	RSMR	Risk-Standardized Mortality Rate
Chole	cholecystectomy	ICD	International Classification of Disease	SFusion	spinal fusion
CLABSI	Central Line-associated Bloodstream Infection	IMM	immunization	SSI	surgical site infection
CMS	Centers for Medicare & Medicaid Services	IPFQR	Inpatient Psychiatric Facility Quality Reporting	STK	stroke
COPD	chronic obstructive pulmonary disease	IPPS	inpatient prospective payment system	THA	Total Hip Arthroplasty
CQM	clinical quality measure	IQR	Inpatient Quality Reporting	TKS	Total Knee Arthroplasty
CY	Calendar Year	IT	information technology	TPS	Total Performance Score
DACA	Data Accuracy and Completeness Acknowledgement	LTCH	Long-term Care Hospital	UTI	urinary tract infection
DSH	disproportionate share hospital	MedPAR	Medicare Provider and Analysis Review	VBP	Value-Based Purchasing
eCQI	Electronic Clinical Quality Improvement	MMA	Medicare Modernization Act	VTE	venous thromboembolism
		MORT	mortality		

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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:

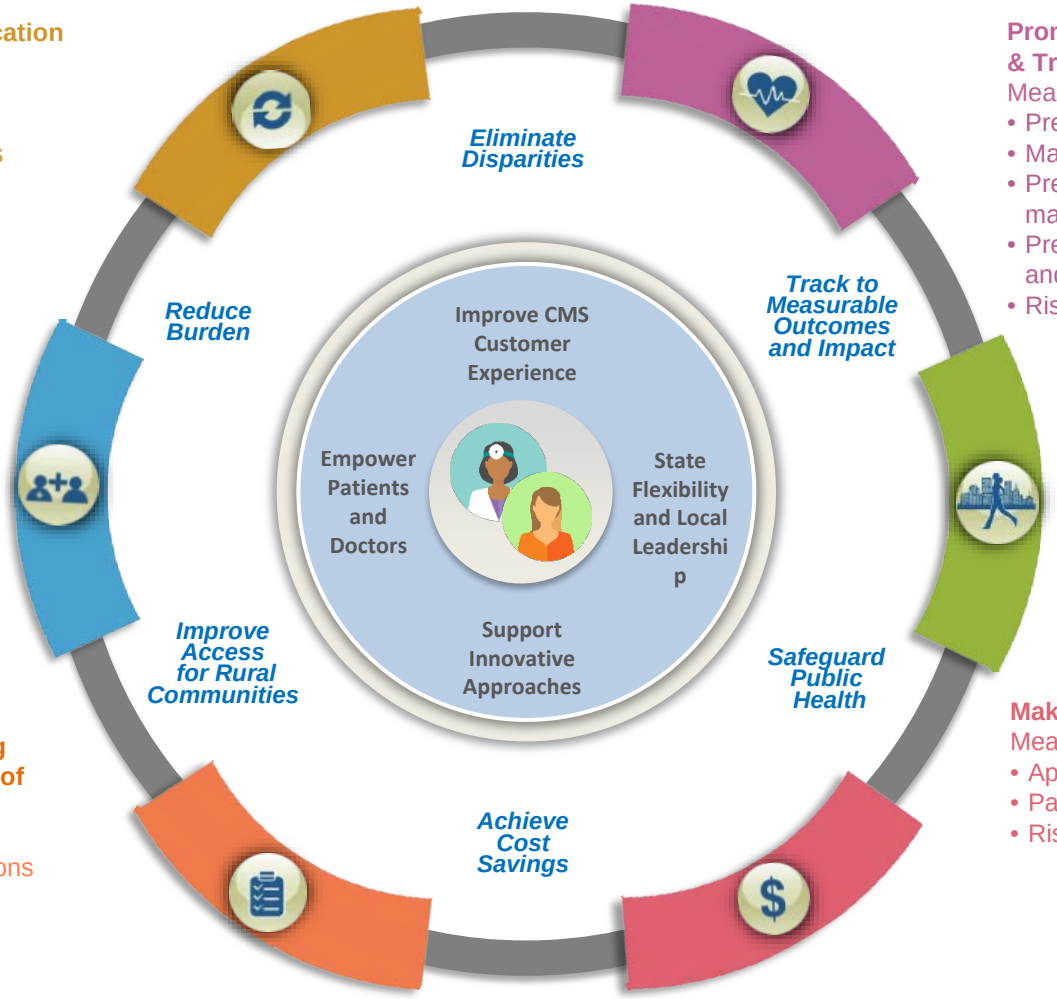
- *Address high impact measure areas that safeguard public health*
- *Patient-centered and meaningful to patients*
- *Outcome-based where possible*
- *Relevant and meaningful to providers*
- *Minimize level of burden for providers*
  - *Remove measures where performance is already very high and that 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

Examples of Meaningful Measure Areas and What They Mean

Meaningful Measure Area	Quality Domain	Description
Healthcare-Associated Infections	Make Care Safer by Reducing Harm Caused in the Delivery of Care	On any given day, about one in 25 hospital patients has at least one healthcare-associated infection. Prevent healthcare-associated infections that occur in all healthcare settings.
Patient Functional Status	Strengthen Person & Family Engagement as Partners in Their Care	With total knee replacement among the top five most frequent inpatient procedures, more than 50 percent of inpatients are being discharged home. Improve or maintain patient's quality of life by addressing physical functioning that affects their ability to undertake daily activities most important to them.
Medication Management	Promote Effective Communication & Coordination of Care	Annual healthcare costs in the U.S. from adverse drug events (ADEs) are estimated at $3.5 billion, resulting in 7,000 deaths annually. Avoid medication errors, drug interactions, and negative side effects by reconciling and tailoring prescriptions to meet the patient's care needs.
Prevention and Treatment of Opioid and Substance Use Disorders	Promote Effective Prevention & Treatment of Chronic Disease	Annually, three out of five drug overdose deaths involve an opioid, resulting in more than $72 billion in medical costs. Ensure screening for and treatment of substance use disorders, including those co-occurring with mental health disorders.
Equity of Care	Work with Communities to Promote Best Practices of Healthy Living	Nearly 40 million persons in the U.S. have a disability with disparities in age, ethnicity, and socio-economic status. Ensure high quality and timely care with equal access for all patients and consumers, including those with social risk factors, for all health episodes in all settings of care.
Appropriate Use of Healthcare	Make Care Affordable	Overuse of services is estimated to account for nearly $300 billion a year in expenditures. Ensure patients receive the care they need while avoiding unnecessary tests and procedures.

Getting to Measures that Matter

How do Meaningful Measure areas relate to existing CMS programs?

- Do not replace any existing programs, create new requirements, or mandate new measures, but will help programs identify and select individual measures
- Intended to increase measure alignment across CMS programs and other public and private initiatives
- Point to high priority areas where there may be gaps in available quality measures while helping guide CMS's effort to develop and implement quality measures to fill those gaps

How will this initiative reduce burden for clinicians and providers?

- Allow clinicians and providers to focus on patients and improve quality of care in ways that are meaningful to them instead of reporting and paperwork
- Prioritize the use of outcome measures though high priority process measures will continue to be considered in cases where outcome measures might not be possible

What does this initiative mean for clinicians, including specialists?

- Intended to capture the most impactful and highest priority quality improvement areas for all clinicians, including specialists
- It is applicable across the lifespan and care settings
- Taking orthopedic surgeons as an example, we have heard from patients and surgeons that measuring patient-reported functional outcomes after surgery is important to determine if the surgery has been effective in improving or maintaining patients' quality of life.

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

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

Hospital IQR Program

Summary of Proposals

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
  - Proposed to remove 39 measures from the Hospital IQR Program over four fiscal years
  - Proposed to remove 10 measures from the Hospital VBP Program beginning with the FY 2021 program
  - No proposals to remove measures from the HAC Reduction Program or HRRP

Considerations for Removing or Retaining Measures

- Not proposing to modify any of the seven existing removal factors
- Proposed new measure removal factor:
  - The costs associated with a measure outweigh the benefit of its continued use in the program.

Proposed 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

Proposed 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

Proposed Measure Removal 2019 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 Program.	

Proposed 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.		

Proposed 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 HRRP.

Proposed Measure Removal 2018 Reporting Period: 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.	

Proposed Measure Removal 2020 Reporting Period: 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

* The ED-3 electronic clinical quality measure (eCQM) is proposed for removal by the Medicare Promoting Interoperability Program.

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

For hospitals participating in the Hospital IQR Program:

- 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 28, 2020.
- Technical requirements:
  - Electronic health record (EHR) technology certified to the 2015 Edition (Office of the National Coordinator for Health Information Technology [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).

Possible New Quality Measures

We invite 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

Seeking Comment on eCQMs

We are seeking public input on the future development and adoption of eCQMs.
More generally:

- What aspects of the use of eCQMs are most costly to hospitals and health IT vendors?
- What program and policy changes would have the greatest impact on addressing eCQM costs?
- What are the most significant barriers to the availability and use of new eCQMs today?
- What specifically would stakeholders like to see us do to reduce costs and maximize the benefits of eCQMs?

Seeking Comment on eCQMs

- How could we encourage hospitals and health IT vendors to engage in improvements to existing eCQMs?
- Would hospitals and health IT vendors be interested in or willing to participate in pilots or models of alternative approaches to quality measurement?
- What ways could we incentivize or reward innovative uses of health IT that could reduce costs for hospitals?
- What additional resources or tools would hospitals and health IT vendors like to have publicly available to support testing, implementation, and reporting of eCQMs?

Grace H. Snyder, JD, MPH
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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
  - Available on CMS.gov at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2019-IPPS-Proposed-Rule-Home-Page-Items/FY2019-IPPS-Proposed-Rule-Tables.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending
- 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 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 are proposing 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 procedures, Hysterectomy procedures	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.		

Proposed Removal of the Safety Domain

- We are proposing to remove the five HAI measures, PC-01 measure, and the PSI 90 measure.
- We are not proposing any additional measures for the Safety domain in this proposed rule.
- We believe the HAC Reduction Program is part of the holistic payment framework that should focus on the safety aspect of care quality.
- Therefore, we are proposing to remove the Safety domain from the Hospital VBP Program beginning with the FY 2021 program year.

Proposed Scoring Methodology and Data Requirements

To account for the proposed removal of measures and the Safety domain, we are proposing the following scoring methodology and data requirement changes:

- We are proposing to weight the domains as follows:

Domain Weights for the FY 2021 Program Year and Subsequent Years

Domain	Weight
Clinical Outcomes	50 percent
Efficiency and Cost Reduction	25 percent
Person and Community Engagement	25 percent

- We are also proposing that a hospital must receive a domain score in all three of the scored domains (Clinical Outcomes, Efficiency and Cost Reduction, and Person and Community Engagement) in order to receive a TPS.
- We alternatively considered equally weighting each of the three domains, but determined to apply greater weight to the domain with the most measures among other considerations.

Summary of Previously Finalized and Newly Proposed Data Requirements

Previously Finalized and Newly Proposed Data Requirements for the FY 2021 Program Year and Subsequent Years

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 three 30-Day Morality measures and THA/TKA measure
Total Performance Score	All three domains (Clinical Outcomes, Efficiency and Cost Reduction, and Person and Community Engagement) must be scored

FY 2019 Domains and Measures (No Changes Proposed)

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 Proposed)

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 Proposed)

Safety

1. **CAUTI**: Catheter-associated Urinary Tract Infection
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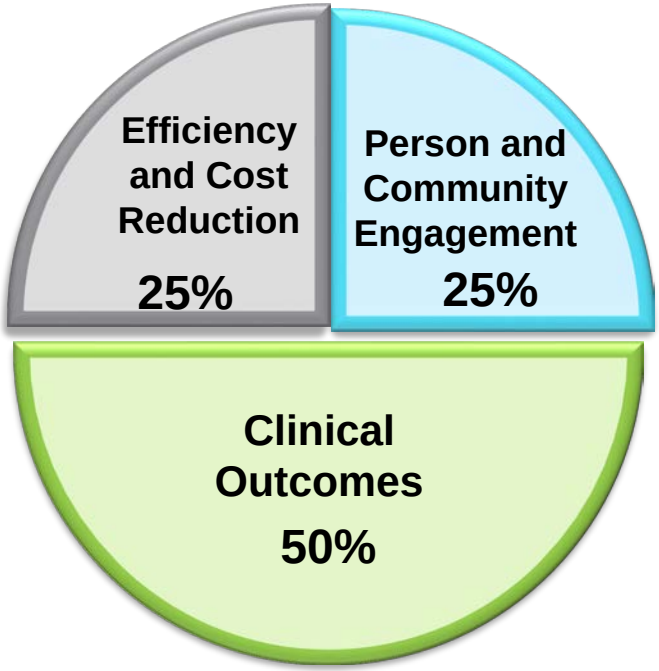
Efficiency and Cost Reduction	January 1–December 31, 2016	January 1–December 31, 2018

FY 2021
Proposed Domains and Measures

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 (updated 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

Person and Community Engagement

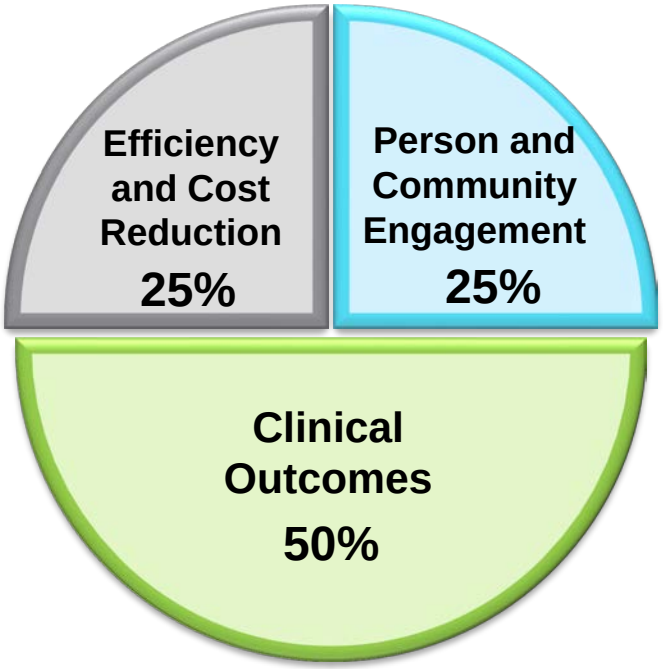
1. **HCAHPS Survey Dimensions**
   - Communication with Nurses
   - Communication with Doctors
   - Responsiveness of Hospital Staff
   - Communication about Medicines
   - Cleanliness and Quietness of Hospital Environment
   - Discharge Information
   - Care Transition
   - Overall Rating of Hospital

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
Efficiency and Cost Reduction	January 1–December 31, 2017	January 1–December 31, 2019

FY 2022 – FY 2024 Proposed Domains and Measures

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 (updated 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

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

FY 2022
Proposed 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
Efficiency and Cost Reduction	January 1–December 31, 2018	January 1–December 31, 2020

FY 2023
Proposed 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
Efficiency and Cost Reduction	January 1–December 31, 2019	January 1–December 31, 2021

FY 2024
Proposed 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, 2014–June 30, 2017 April 1, 2014–March 31, 2017	July 1, 2019–June 30, 2022 April 1, 2019–March 31, 2022
Person and Community Engagement	January 1–December 31, 2020	January 1–December 31, 2022
Efficiency and Cost Reduction	January 1–December 31, 2020	January 1–December 31, 2022

Elizabeth Bainger, DNP, RN, CPHQ
Program Lead, HAC Reduction Program, QMVIG, CCSQ, CMS
Joseph Clift, EdD, MPH, MS, PMP
Measures Lead, HAC Reduction Program, QMVIG, CCSQ, CMS

Hospital-Acquired Condition (HAC) Reduction Program

Meaningful Measures Initiative

- Making care safer by reducing harm caused in the delivery of inpatient care
- CMS proposes to retain the following measures solely in the HAC Reduction Program:
  - CMS PSI 90
  - CDC NHSN HAI
    - CLABSI
    - CAUTI
    - SSI – colon and hysterectomy
    - MRSA Bacteremia
    - CDI

Proposed Applicable Period 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

Proposed Data HAI Collection

- Reporting requirements will not change, including:
  - Reporting frequency
  - Data submission deadlines
  - Data collection system (CDC NHSN portal)
- CMS is proposing to adopt the Hospital IQR Program's HAI exception policy.
  - Hospitals that do not have applicable HAI locations or procedures should submit the Measure Exception Form to the HAC Reduction Program beginning January 1, 2019.
  - Hospitals must submit Measure Exception Form annually.

Proposed HAI Quarterly Reports

- Same quarterly reports as IQR 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.
- Stakeholders will receive reports for HAC Reduction Program and Hospital IQR Program measures.

Claims Data Submission, Review, and Correction

- CMS is not proposing any change to policies regarding 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 date: September 2017
  - FY 2020 snapshot date: September 2018

HAI Data Submission, Review, and Correction

- CMS is not proposing any change to policies regarding 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 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.

Proposed Changes to Existing Validation Processes

- Contingent on the Hospital IQR Program finalizing its proposals to remove CDC NHSN measures
- Proposing to include HAI measures submitted via NHSN
- Proposing to include all subsection (d) hospitals subject to the HAC Reduction Program
  - Annual random selection: 400 hospitals
  - Annual targeted selection: 200 hospitals
- Annual submission of Data Accuracy and Completeness Acknowledgement (DACA)

Proposed Targeted Selection Criteria

- Proposing similar, but not identical, criteria previously finalized by the Hospital IQR Program
- Hospitals that…
  - Submit data to NHSN after the HAC Reduction Program data submission deadline has passed
  - Were not randomly selected for validation in the previous three years
  - Failed validation during the previous year
  - Passed validation in the previous year, but had a two-tailed confidence interval that included 75 percent
  - Failed to report at least half of actual HAI events to NHSN as determined by validation during the previous year

Proposed Validation Process

- CMS is proposing to use only HAI measures in computing Confidence Interval.
- To determine Pass/Fail status, CMS is proposing to:
  - Score hospitals based on an agreement rate between hospital-reported status (event/non-event) compared to status 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 is proposing to assign hospitals that fail validation the maximum Winsorized z-score for the set of measures CMS validated.

Proposed 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.
- 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.

Proposed Validation Period (FY 2022 Example)

Discharge Quarter	Current NHSN HAI Submission Deadline*	Current NHSN HAI Validation Templates*	Estimated CDAC Record Request	Estimated Date Records Due to CDAC	Estimated Validation Completion
Q1 2019	08/15/2019				
Q2 2019	11/15/2019				
Q3 2019	02/15/2020	02/01/2020	02/28/2020	03/30/2020	06/15/2020
Q4 2019	05/15/2020	05/01/2020	05/30/2020	06/29/2020	09/15/2020
Q1 2020	08/15/2020	08/01/2020	08/30/2020	09/29/2020	12/15/2020
Q2 2020	11/15/2020	11/01/2020	11/29/2020	12/29/2020	03/15/2021
Q3 2020	02/15/2021				
Q4 2020	05/15/2021				

* Dates approximate and subject to change
Shaded rows with dates in each column indicate the validation cycle for the FY
CDAC = Clinical Data Abstraction Center

Scoring Calculations Review and Correction Period

- CMS is not proposing any change to policies regarding the 30-day Review and Correction Period.
- CMS is proposing to rename the annual 30-day period to the “Scoring Calculations Review and Correction Period.”

Proposed Changes to Scoring Methodology

- CMS requests comment on two alternative scoring methodologies for calculating Total HAC Scores:
  - Equal Measure Weights
  - Variable Domain Weights
- These approaches address concerns about the disproportionate weight applied to Domain 2 measures for low-volume hospitals.

Proposed 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)

By applying an equal weight to each measure for all hospitals, the Equal Measure Weights approach removes domains and addresses stakeholders' concerns about the disproportionately large weight applied to HAI measures for certain hospitals under the scoring methodology.

Alternative Considered Variable Domain Weights

Number of Domain 2 Measures with a Measure Score	Weight applied to:		
	Domain 1 (CMS PSI 90)	Domain 2	Each Domain 2 measure
0	100.0	N/A	N/A
1	40.0	60.0	60.0
2	30.0	70.0	35.0
3	20.0	80.0	26.7
4	15.0	85.0	21.3
5 (current weighting)	15.0	85.0	17.0
Any number	N/A	100.0	Equally divided

With the Variable Domain Weights approach, the difference in the weight CMS applies to the CMS PSI 90 and each Domain 2 measure is smaller than the difference under the current scoring methodology for hospitals with a Domain 1 score.

Estimated Impact of Scoring Approaches on Hospitals in Worst-Performing Quartile

Hospital Group*	Equal Measure Weights	Variable Domain Weights
Teaching hospitals: 100 or more residents (N=248)	2.4%	1.6%
Safety-net** (N=644)	0.6%	0.8%
Urban hospitals: 400 or more beds (N=360)	2.2%	1.1%
Hospitals with 100 or fewer beds (N=1,169)	-1.8%	-0.9%
Hospitals with a measure score for:		
Zero Domain 2 measures (N=188)	0.0%	0.0%
One Domain 2 measure (N=269)	-4.2%	-1.9%
Two Domain 2 measures (N=225)	-0.8%	-0.4%
Three Domain 2 measures (N=198)	-2.5%	-2.5%
Four Domain 2 measures (N=253)	-0.4%	0.4%
Five Domain 2 measures (N=2,022)	1.0%	0.5%

* The number of hospitals in the given hospital group for FY 2018 is specified in parenthesis in this column. (For example, N=248).

** Hospitals are considered safety-net hospitals if they are in the top quintile for Disproportionate Share Hospitals (DSH) percent.

Request for Comments

CMS welcomes public comments and suggestions for additional HAC Reduction Program measures, specifically whether eCQMs will improve the program in the future.

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 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 Q&A Tool at https://cms-ip.custhelp.com/

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

Hospital Readmissions Reduction Program (HRRP)

Summary of Proposals

FY 2019

- Applicable time periods for FYs 2019, 2020, and 2021
- Codify previously finalized definitions
- Meaningful Measures objectives

FY 2019 Updates

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.

Proposed Applicable Periods

Applicable periods use three years of claims data:

- 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 Definition**

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

- **Dual Proportion Definition**

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

- **Applicable Period for Dual Eligibility**

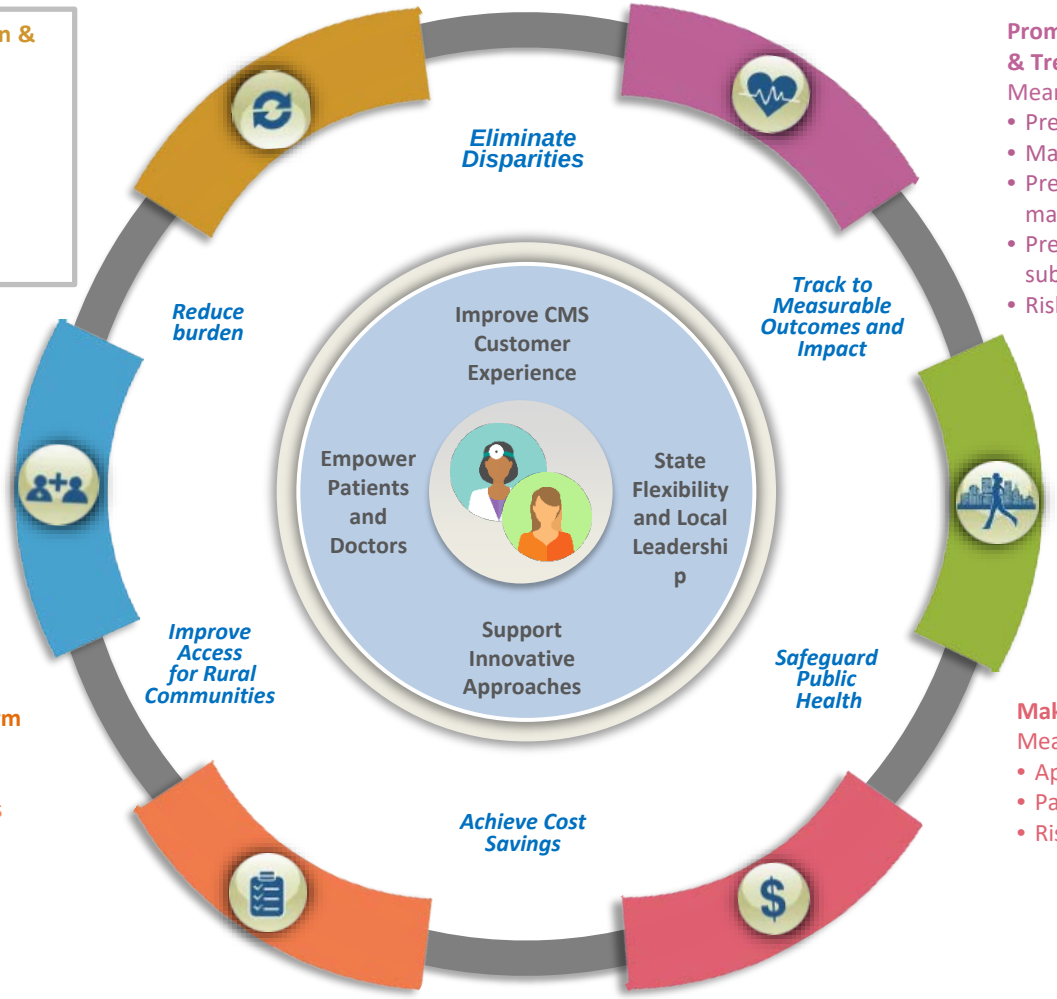
  The three-year measure performance period will account for social risk factors in the excess readmission ratio (ERR). The applicable period for dual-eligibles is the same as the applicable period that we otherwise adopt for the purposes of the program.

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

Social Risk Factors

- CMS continues to consider options to address equity and disparities in its value-based purchasing programs.
- A recent report from the Assistant Secretary for Planning and Evaluation (ASPE) 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 the ability to compare disparity 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:

qnetsupport@hcqis.org

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

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

FY 2019 IPPS Proposed Rule Measures Summary, Page Directory, and Submission of Comments

Clinical Process of Care Measures (via Chart-Abstraction)

Measure ID	Measure Name	Hospital IQR Program Fiscal Year 19	20	21	22	23	Hospital VBP Program Fiscal Year 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 Programs 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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Healthcare-Associated Infection 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
CLABSI	Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure	✓	✓				✓	✓				✓	✓	✓	✓	✓
CAUTI	Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure	✓	✓				✓	✓				✓	✓	✓	✓	✓
Colon and Abdominal Hysterectomy SSI	Surgical Site Infection (SSI) Outcome Measure • Colon Procedures • Hysterectomy Procedures	✓	✓				✓	✓				✓	✓	✓	✓	✓
MRSA Bacteremia	Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	✓	✓				✓	✓				✓	✓	✓	✓	✓
CDI	Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	✓	✓				✓	✓				✓	✓	✓	✓	✓
HCP	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	Death Rate among Surgical Patients with Serious Treatable Complications	✓	✓	✓	✓	✓										
PSI 90	Patient Safety and Adverse Events Composite)	✓										✓	✓	✓	✓	✓

Claims-Based Mortality Outcome 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
MORT-30-AMI	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (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, Unplanned, 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	Payment-Standardized Medicare Spending Per Beneficiary (MSPB)	✓					✓	✓	✓	✓	✓
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 Proposed Rule Page Directory

Download the FY 2019 IPPS Proposed Rule from the *Federal Register* at https://federalregister.gov/d/2018-08705.

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

- HRRP pp. 20403–20407
- Hospital VBP Program pp. 20407–20426
- HAC Reduction Program pp. 20426–20437
- Hospital IQR Program pp. 20470–20500
- PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program pp. 20500–20510
- Long-Term Care Hospital Quality Reporting Program (LTCH QRP) pp.20510–20515
- Medicare and Medicaid EHR Incentive Programs (now referred to as the Medicare and Medicaid Promoting Interoperability Program): pp. 20515–20544

Commenting on the FY 2019 IPPS Proposed Rule

- CMS is accepting comments on the FY 2019 IPPS proposed rule until **June 25, 2018**.
- Comments can be submitted via four methods*:
  - Electronically
  - Regular mail
  - Express or overnight mail
  - Hand courier
- CMS will respond to comments in the final rule scheduled to be issued by August 1, 2018.

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

Questions

Continuing Education

Continuing Education Approval

This program has been pre-approved for 1.5 continuing education (CE) unit for the following professional boards:

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

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

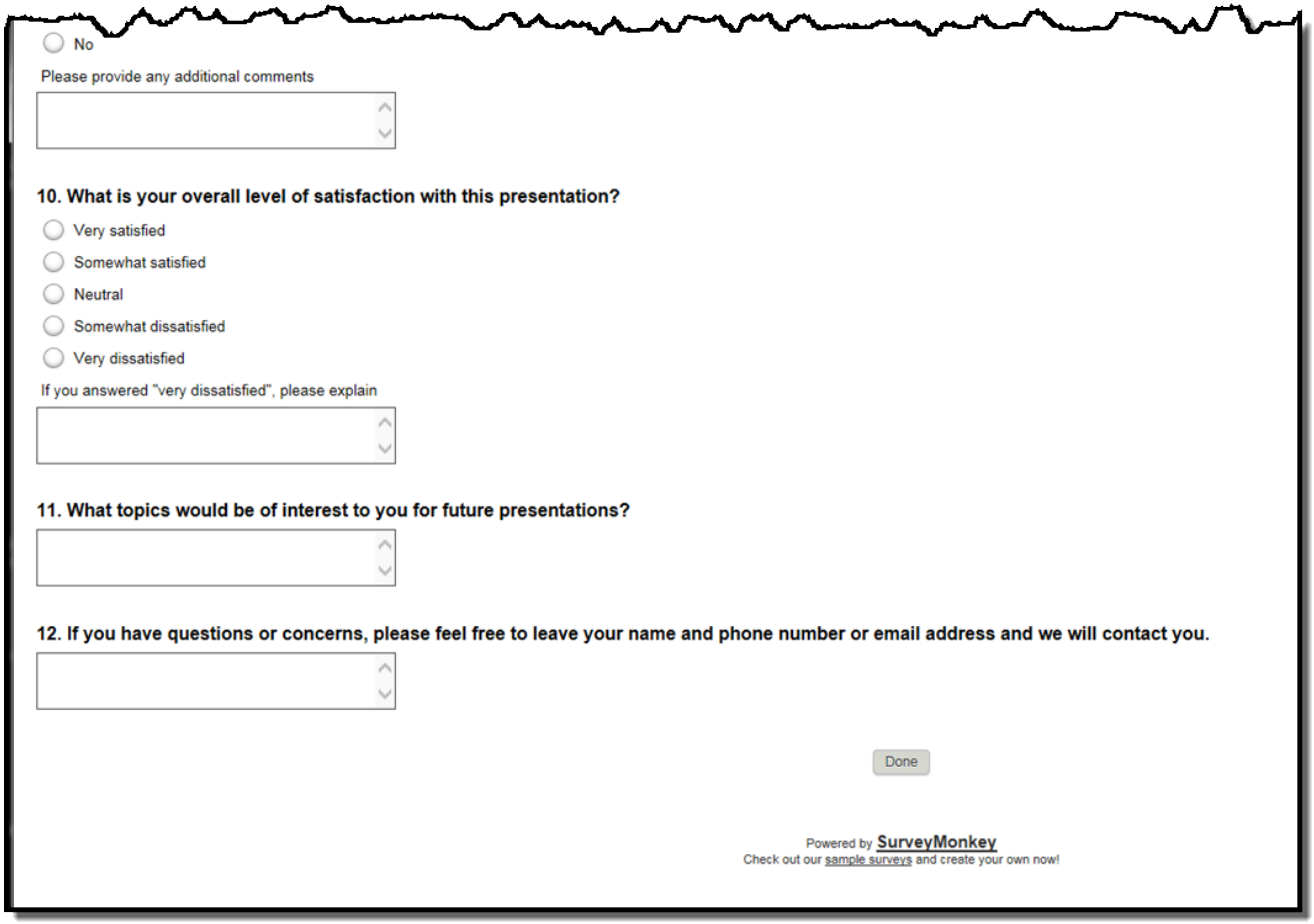
CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in the HSAG Learning Management Center.
  - This is a separate registration from ReadyTalk®.
  - Please use your **personal** email so you can receive your certificate.
  - Healthcare facilities have firewalls up that block our certificates.

CE Certificate Problems

- If you do not **immediately** receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that was sent.
- Please go back to the **New User** link and register your personal email account.
  - Personal emails do not have firewalls.

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
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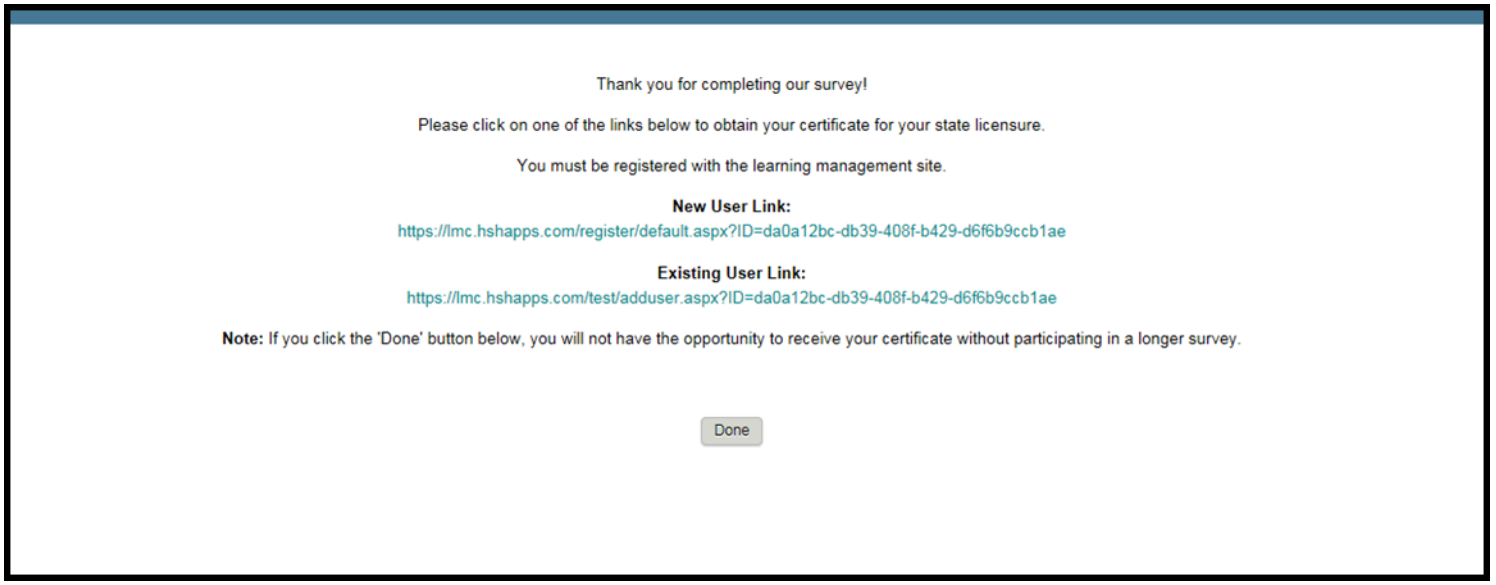
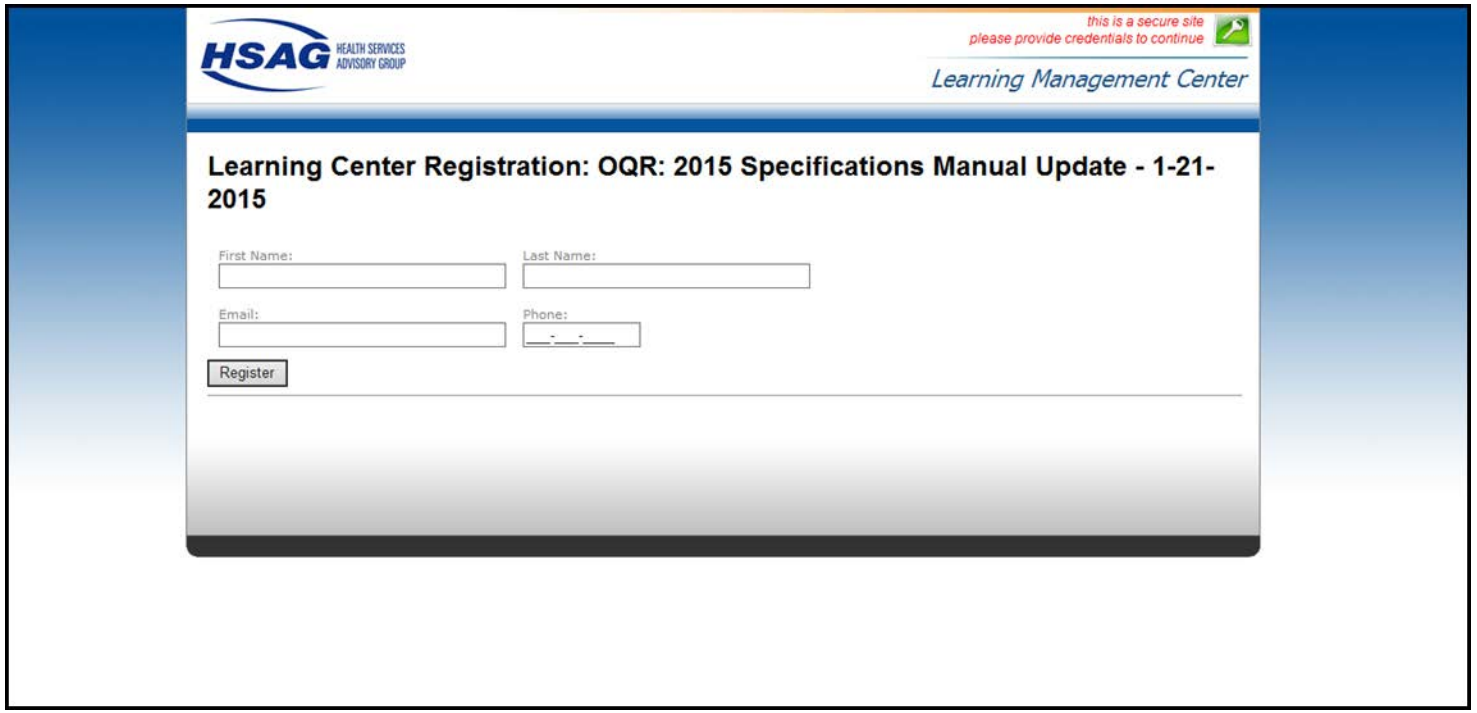
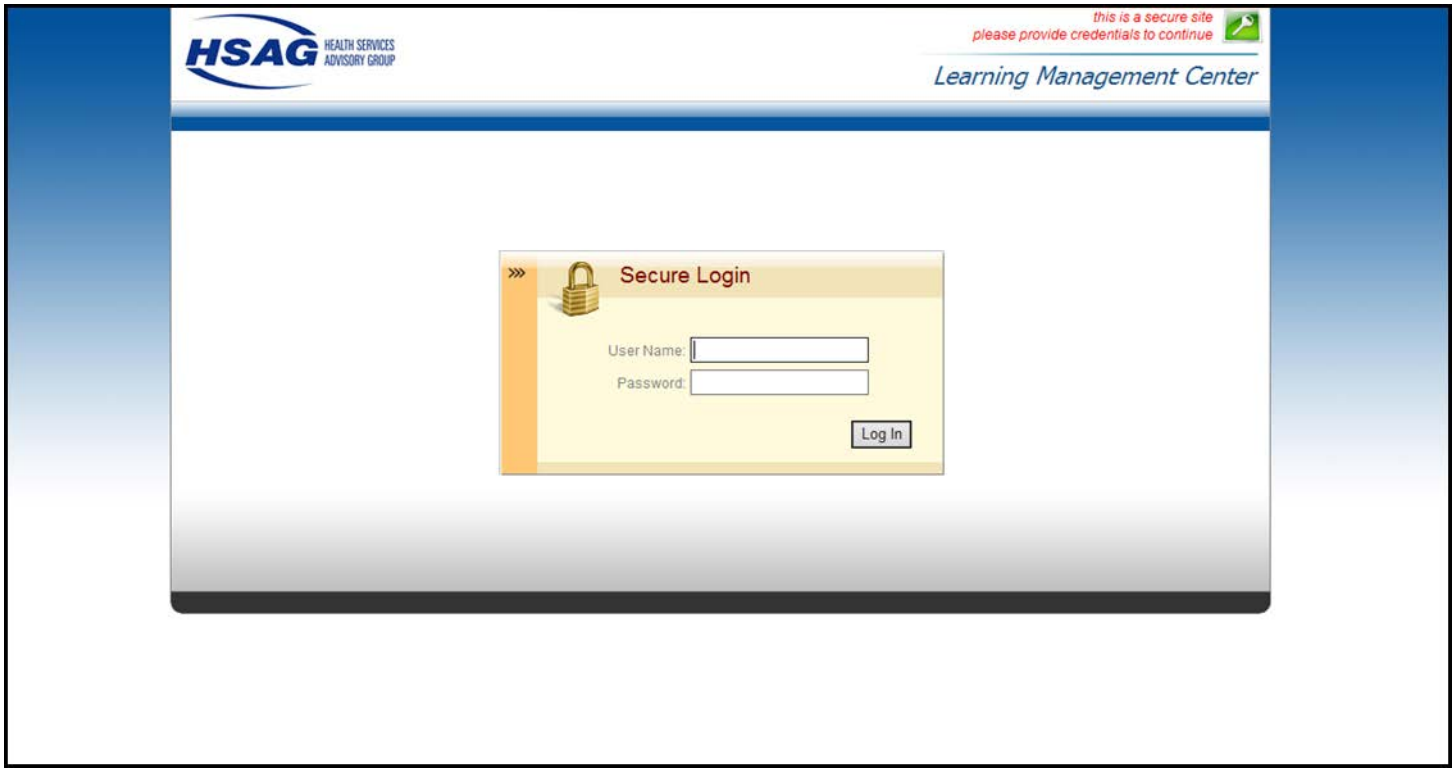
CE Credit Process: Certificate



CE Credit Process: New User



CE Credit Process: Existing User



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Thank You