



Hospital IQR Program: Summary of FY 2024 IPPS/LTCH PPS Final Rule Changes

Adoption of Three New eQMs

Hospital Harm – Pressure Injury (HH-PI)

CMS finalized the Hospital Harm – Pressure Injury eCQM. It assesses the proportion of inpatient hospitalizations for patients ages 18 and older who suffer the harm of developing a new stage 2, stage 3, stage 4, deep tissue, or unstageable pressure injury.

This eCQM uses data collected through hospital EHRs. The measure is calculated by the hospital's CEHRT using the patient-level data and then submitted by hospitals to CMS.

For the CY 2025 reporting period/FY 2027 payment determination and subsequent years, hospitals will be able to include this measure as one of the self-selected eQMs.

Hospital Harm – Acute Kidney Injury (HH-AKI)

The Hospital Harm-Acute Kidney Injury measure is an outcome eCQM that assesses the proportion of inpatient hospitalizations for patients 18 years and older who have an AKI (stage 2 or greater) that occurred during the encounter. The goal of this measure is to improve patient safety and prevent patients from developing moderate-to-severe AKI (stage 2 or greater) during their hospitalization.

The HH-AKI eCQM uses data collected through hospital EHRs. The measure is designed to be calculated by the hospital's CEHRT using the patient-level data and then submitted by hospitals to CMS.

For the CY 2025 reporting period/FY 2027 payment determination and for subsequent years, hospitals will be able to include this measure as one of the self-selected eQMs.

Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults (ExRad)

The ExRad eCQM provides a standardized method for monitoring the performance of diagnostic CT to discourage unnecessarily high radiation doses while preserving image quality. It is expressed as a percentage of eligible CT scans that are out-of-range based on having either excessive radiation dose or inadequate image quality, relative to evidence-based thresholds based on the clinical indication for the exam.

The ExRad eCQM uses hospital EHR data and radiology electronic clinical data systems, including the Radiology Information System and the Picture Archiving and Communication System. Medical imaging information such as Radiation Dose Structured Reports and image pixel data are stored according to the universally adopted Digital Imaging and Communications in Medicine standard.

For the CY 2025 reporting period/FY 2027 payment determination and for subsequent years, hospitals will be able to include this eCQM as one of the self-selected eQMs.

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Refinement of Three Current Measures

CMS finalized the refinement of three measures within the Hospital IQR Program.

Measure Name	Refinement	Timeline
Hybrid Hospital-Wide Mortality	Expanded the cohort to include both Fee for Service <u>and</u> Medicare Advantage patients 65 to 94 years old	Begins with the FY 2027 payment determination (associated with discharge data from July 1, 2024, through June 30, 2025)
Hybrid Hospital-Wide Readmission	Expanded the cohort to include both Fee for Service <u>and</u> Medicare Advantage patients 65 and older	Begins with the FY 2027 payment determination (associated with discharge data from July 1, 2024, through June 30, 2025)
COVID-19 Vaccination Coverage among Healthcare Personnel	Replaced the term “complete vaccination course” with the term “up to date” in the healthcare personnel vaccination definition in order to incorporate booster doses	Begins with the Quarter 4 2023 reporting period/ FY 2025 payment determination; publicly report with the October 2024 Care Compare refresh

Finalized Removal of Three Current Hospital IQR Program Measures

CMS finalized the proposal to remove three measures from the Hospital IQR Program.

Measure Name	Finalized Removal Date
Hospital-level Risk-standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	Beginning with the April 1, 2025, through March 31, 2028, reporting period/FY 2030 payment determination
Medicare Spending Per Beneficiary (MSPB)	Beginning with the CY 2026 reporting period/FY 2028 payment determination
Elective Delivery Prior to 39 Completed Weeks Gestation: Percentage of Babies Electively Delivered Prior to 39 Completed Weeks Gestation (Perinatal Care-01)	Beginning with the CY 2024 reporting period/FY 2026 payment determination

Finalized Changes to the HCAHPS Survey

Addition of Three New Modes of Survey Implementation

CMS finalized the inclusion of three new web-based modes of survey administration beginning with January 2025 discharges:

- E-mail survey, followed by mail survey to non-respondents (**Web-Mail** mode)
- E-mail survey, followed by telephone survey to non-respondents (**Web-Phone** mode)
- E-mail survey, followed by mail survey then telephone survey to non-respondents (**Web-Mail-Phone** mode)

The current Mail Only, Telephone Only, and Mail-Phone survey modes will remain available to hospitals.

Removal of Prohibition of Proxy Respondents

CMS finalized the proposal to remove the requirement that only the patient may respond to the survey and thus allow a patient’s proxy to respond to the survey, beginning with January 2025 discharges. However, CMS still encourages patients to respond to the survey rather than proxies.

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Extension of the Data Collection Period

CMS finalized the extension of the data collection period for the HCAHPS survey from 42 days to 49 days in all survey modes. After being contacted, patients will have 49 days to complete the survey.

The additional seven days will allow time for patients to respond to an e-mail survey before a secondary mode is initiated. However, patients still must be contacted between 48 hours to 42 days after discharge.

Limit on the Number of Supplemental HCAHPS Survey Items

We finalized a maximum limit of 12 supplemental items that may be added to the HCAHPS survey. Supplemental items, if any, must be placed after the official HCAHPS items. This limit will align HCAHPS with other CMS CAHPS surveys.

Requirement to Use Official Spanish Translation for Spanish Language Preferring Patients

CMS finalized the proposal that hospitals be required to collect information about the language that the patient speaks while in the hospital (whether English, Spanish, or another language), and that the official CMS Spanish translation of the HCAHPS Survey be administered to all patients who prefer Spanish, beginning with January 2025 discharges.

Removal of Two Administration Methods

Two currently available options for administration of the HCAHPS Survey that are not used by participating hospitals were removed beginning January 2025:

- Active Interactive Voice Response (IVR) survey mode, also known as touch-tone IVR
- “Hospitals Administering HCAHPS for Multiple Sites” option

Finalized Codification of Measure Retention and Removal Policies

CMS codified the existing measure retention and removal policies in the regulation at §412.140(g)(1) and (3): [Code of Federal Regulations](#), Title 42, Chapter IV, Subchapter B, Part 412, Subpart H.

Validation

Addition of Targeting Criterion

Beginning with validations of CY 2024 reporting period data for the FY 2027 payment determination, CMS finalized the proposal to add a new criterion to the six established targeting criteria used to select up to 200 additional hospitals for validation. A hospital with less than four quarters of data subject to validation due to receiving an extraordinary circumstance exception for one or more quarters and with a two-tailed confidence interval that is less than 75 percent would be targeted for validation in the subsequent validation year.

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Acronyms

AKI	acute kidney injury	HH	hospital harm
CAHPS	Consumer Assessment of Healthcare Providers and Systems	IPPS	inpatient prospective payment system
CEHRT	certified electronic health record technology	IQR	Inpatient Quality Reporting
CMS	Centers for Medicare & Medicaid Services	IVR	Interactive Voice Response
CT	computed tomography	LTCH	Long Term Care Hospital
CY	calendar year	MSPB	Medicare Spending per Beneficiary
eCQM	electronic clinical quality measure	PI	pressure injury
EHR	electronic health record	PPS	prospective payment system
ExRad	Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography in Adults	RSCR	Risk-standardized Complication Rate
FY	fiscal year	THA	total hip arthroplasty
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	TKA	total knee arthroplasty