



## Hospital Inpatient Quality Reporting (IQR) Program: Summary of FY 2025 IPPS/LTCH PPS Final Rule Changes

### Adoption of Seven New Measures

CMS finalized proposals to add seven new measures to the Hospital IQR Program.

Measure Name	Added Starting
Patient Safety Structural Measure	CY 2025/FY 2027
Age Friendly Hospital	CY 2025/FY 2027
Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio Stratified for Oncology Locations	CY 2026/FY 2028
Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio Stratified for Oncology Locations	CY 2026/FY 2028
Hospital Harm - Falls with Injury (eCQM)	CY 2026/FY 2028
Hospital Harm - Postoperative Respiratory Failure (eCQM)	CY 2026/FY 2028
Thirty-day Risk-Standardized Death Rate Among Surgical Inpatients with Complications	July 1, 2023-June 30, 2025/FY 2027

### Patient Safety Structural Measure

The Patient Safety Structural Measure assesses how well hospitals have implemented strategies and practices to strengthen their systems and culture for safety. It is comprised of a set of complementary statements (or, attestations) that aim to capture the most salient, systems-oriented actions to advance safety that exemplify a culture of safety and leadership commitment to transparency, accountability, patient and family engagement, and continuous learning and improvement.

For a hospital to affirmatively attest to a domain, and receive a point for that domain, a hospital would evaluate and determine whether it engaged in each of the statements that comprise the domain. CMS does not expect all hospitals to achieve a score of five on the measure and there will be no financial penalties for hospitals that attest either “yes” or “no” to each of the domains.

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Hospitals will be required to submit information for the Patient Safety Structural measure once annually using the data submission and reporting standard procedures set forth by the CDC for the National Healthcare Safety Network (NHSN).

### **Age Friendly Hospital Measure**

The Age Friendly Hospital Measure assesses a hospital's commitment to improving care for patients 65 years or older receiving services in the hospital, operating room, or emergency department. This measure consists of five domains that address essential aspects of clinical care for older patients. Hospitals will evaluate and determine whether they can affirmatively attest to each domain.

To receive a point for each domain, a hospital or health systems would evaluate and determine whether it engaged in each of the elements that comprise the domain, for a total of five possible points (one point per domain). CMS does not expect all hospitals to achieve a score of five out of five on the measure in the first reporting year. This measure is intended to advance the current state of age friendly care structures within hospitals. Hospitals that are not able to attest positively to all the domains can still meet the measure reporting requirements. They may receive a score lower than five but would not be subject to a payment reduction so long as they attest to each domain (positively or negatively).

Hospitals will be required to submit information once annually using a web-based data collection tool within the Hospital Quality Reporting (HQR) system.

### **Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio Stratified for Oncology Locations**

The CAUTI-Oncology (Onc) measure assesses the rate of CAUTIs for patients being treated in locations that are designated as "oncology wards" in the Centers for Disease Control and Prevent (CDC) National Healthcare Safety Network (NHSN) system. The CAUTI-Onc measure encourages the use of best practices for urinary catheters as set by the CDC and to reduce the incidence of CAUTIs for patients with cancer. The CAUTI-Onc measure is the same measure that is used in the Hospital-Acquired Condition (HAC) Reduction Program. To report this measure, hospitals will need to verify that all locations, including those housing oncology patients, are correctly mapped in NHSN.

Hospitals would collect the numerator and denominator for the CAUTI-Onc measure each month and submit data quarterly to the NHSN. The data from all twelve months would be calculated into quarterly reporting periods which would then be used to determine the SIR for CMS performance calculation and public reporting purposes.

### **Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio Stratified for Oncology Locations**

The CLABSI-Onc measure assesses the rate of CLABSIs for patients being treated in locations that are designated as "oncology wards" in the CDC's NHSN system. This measure promotes CLABSI prevention activities and reduces incidence of CLABSIs for patients with cancer. The CLABSI-Onc measure is the same measure that is used in the HAC Reduction Program. To report this measure, hospitals will need to verify that all locations, including those housing oncology patients, are correctly mapped in NHSN.

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Hospitals would collect the numerator and denominator for the CLABSI-Onc measure each month and submit data quarterly to the NHSN. The data from all twelve months would be calculated into quarterly reporting periods which would then be used to determine the SIR for CMS performance calculation and public reporting purposes.

### **Hospital Harm – Falls with Injury**

The Hospital Harm – Falls with Injury (HH-FI) is a risk-adjusted outcome electronic clinical quality measure (eCQM) that assesses the number of in-hospital falls with major injury among the total qualifying inpatient hospital days for patients ages 18 years and older. Major injuries include fractures, closed head injuries, internal bleeding, and death. It is a ratio measure that is reported as the number of inpatient hospitalizations with falls with moderate or major injury per 1,000 patient days.

This measure will be included as part of the CY 2026 eCQM measure set from which hospitals can self-select measures to report to meet the eCQM reporting requirement.

### **Hospital Harm – Postoperative Respiratory Failure**

The Hospital Harm – Postoperative Respiratory Failure (HH-RF) is a risk adjusted outcome eCQM measure that ensures that postoperative respiratory failure (PRF) events are tracked, identifies hospitals that have persistently high rates of PRF, and enables hospitals to more reliably assess harm reduction efforts. PRFs are defined as unplanned endotracheal reintubation, prolonged inability to wean from mechanical ventilation, or inadequate oxygenation and/or ventilation.

This measure will be included as part of the CY 2026 eCQM measure set from which hospitals can self-select measures to report to meet the eCQM reporting requirement.

### **Thirty-day Risk-Standardized Death Rate Among Surgical Inpatients with Complications**

The Thirty-day Risk-Standardized Death Rate Among Surgical Inpatients with Complications is a claims-based risk-standardized measure of death after hospital-acquired complication, defined as the probability of death given a postoperative complication. This measure will replace the CMS Patient Safety Indicator (PSI) 04 measure.

The measure is calculated using Medicare fee-for-service (FFS) Part A inpatient claims data and Medicare Inpatient Encounter data for Medicare Advantage enrollees, in combination with validated death data from the Medicare Beneficiary Summary File or equivalent resources.

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**Finalized Removal of Five Current Hospital IQR Program Measures**

CMS finalized the proposal to remove five claims-based measures from the Hospital IQR Program.

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

**Refinement of Two Current Measures**

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

Measure Name	Refinement	Timeline
Global Malnutrition Composite Score (GMCS) eCQM	Expanding the applicable population from hospitalized adults 65 or older to hospitalized adults 18 or older	The modified GMCS eCQM can be self-selected beginning with the CY 2026 reporting period
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey	See below	Begins with the CY 2025 reporting period/FY 2027 payment determination

**Finalized Changes to the HCAHPS Survey**

**Updated Survey Questions**

Beginning with January 1, 2025, patient discharges CMS finalized the addition of eight new survey questions and the removal of five current questions. The survey will be 32 questions that consist of a total of 11 sub-measures, with seven of those sub-measures being multi-question sub-measures and the other four sub-measures being single-question sub-measures. The updates include the following:

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- Includes three new sub-measures: the multi-item “Care Coordination” sub-measure, the multi-item “Restfulness of Hospital Environment” sub-measure, and the “Information About Symptoms” single-item sub-measure.
- Removes the existing “Care Transition” sub-measure and modifies the existing “Responsiveness of Hospital Staff” sub-measure.

The HCAHPS Survey measure is available in 8 official non-English translations (Spanish, Chinese, Russian, Vietnamese, Portuguese, German, Tagalog, and Arabic), and the official Spanish translation must be administered to all Spanish preferring patients beginning in January 2025.

### Updated Public Reporting Dates

The table below provides the public reporting timeline for the current and updated versions of the HCAHPS Survey measure. There will be a period during which some quarters of reporting data come from the current version of the HCAHPS Survey measure, and others come from the updated HCAHPS Survey measure.

Public Reporting Date	Quarters of Data Publicly Reported	Publicly Reported Sub-Measures
January 2025	Q2 2023–Q1 2024	10 sub-measures in the current HCAHPS Survey
April 2025	Q3 2023–Q2 2024	10 sub-measures in the current HCAHPS Survey
July 2025	Q4 2023–Q3 2024	10 sub-measures in the current HCAHPS Survey
October 2025	Q1 2024–Q4 2024	10 sub-measures in the current HCAHPS Survey
January 2026	Q2 2024–Q1 2025	8 unchanged sub-measures in the current HCAHPS Survey
April 2026	Q3 2024–Q2 2025	8 unchanged sub-measures in the current HCAHPS Survey
July 2026	Q4 2024–Q3 2025	8 unchanged sub-measures in the current HCAHPS Survey
October 2026	Q1 2025–Q4 2025	11 sub-measures in the updated HCAHPS Survey
January 2027	Q2 2025–Q1 2026	11 sub-measures in the updated HCAHPS Survey
April 2027	Q3 2025–Q2 2026	11 sub-measures in the updated HCAHPS Survey
July 2027	Q4 2025–Q3 2026	11 sub-measures in the updated HCAHPS Survey
October 2027	Q1 2026–Q4 2026	11 sub-measures in the updated HCAHPS Survey

### Modification to the “About You” Section

The "About You" questions are used either for patient-mix adjustment or for Congressionally mandated reports. Modifications include:

- Replacing the existing ‘Emergency Room Admission’ question with a new, ‘Hospital Stay Planned in Advance,’ question. The current “About You” survey question that asks whether the patient was admitted to the hospital through the Emergency Room will be replaced with a new question that asks whether this hospital stay was planned in advance.

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Reporting Period/ Payment Determination	Total eCQMs Reported	eCQMs Required to Be Reported
Finalized: CY 2026/FY 2028	Eight	<ul style="list-style-type: none"> <li>• Three self-selected eCQMs; and</li> <li>• Safe Use of Opioids - Concurrent Prescribing eCQM;</li> <li>• Cesarean Birth eCQM; and</li> <li>• Severe Obstetric Complications eCQM; and</li> <li>• Hospital Harm - Severe Hyperglycemia eCQM; and</li> <li>• Hospital Harm - Severe Hypoglycemia eCQM.</li> </ul>
Finalized: CY 2027/FY 2029	Nine	<ul style="list-style-type: none"> <li>• Three self-selected eCQMs; and</li> <li>• Safe Use of Opioids - Concurrent Prescribing eCQM; and</li> <li>• Cesarean Birth eCQM; and</li> <li>• Severe Obstetric Complications eCQM; and</li> <li>• Hospital Harm - Severe Hyperglycemia eCQM; and</li> <li>• Hospital Harm - Severe Hypoglycemia eCQM; and</li> <li>• Hospital Harm - Opioid-Related Adverse Events eCQM.</li> </ul>
Finalized: CY 2028/FY 2030 (and for subsequent years)	Eleven	<ul style="list-style-type: none"> <li>• Three self-selected eCQMs; and</li> <li>• Safe Use of Opioids - Concurrent Prescribing eCQM; and</li> <li>• Cesarean Birth eCQM; and</li> <li>• Severe Obstetric Complications eCQM; and</li> <li>• Hospital Harm - Severe Hyperglycemia eCQM; and</li> <li>• Hospital Harm - Severe Hypoglycemia eCQM; and</li> <li>• Hospital Harm - Opioid-Related Adverse Events eCQM; and</li> <li>• Hospital Harm – Pressure Injury eCQM; and</li> <li>• Hospital Harm – Acute Kidney Injury eCQM.</li> </ul>

- Reducing the number of response options for the existing ‘Language Spoken at Home’ question. Response options for the ‘Language Spoken at Home’ question will be changed to: “English,” “Spanish,” “Chinese,” or “Some other language.”
- Alphabetizing the response options for the existing ethnicity and existing race questions.

### Progressive Increase in the Number of Mandatory eCQMs

In finalizing eCQM reporting requirements with revisions, CMS sought to balance the need for hospitals and their vendors to prepare for reporting the new eCQMs with the urgency of measuring at a national scale and addressing important patient safety events in hospital inpatient settings in the U.S.

### Validation

#### eCQM Validation Scoring

Beginning with CY 2025/FY 2028 eCQM validation scores will be determined using the same methodology that is currently used to score chart-abstracted measure validation. The eCQM validation scoring will be based on the accuracy of eCQM data. A minimum score of 75 percent accuracy would be required for the hospital to pass the eCQM validation requirement.

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Additionally, beginning with the validation of CY 2025 eCQM data affecting the FY 2028 payment determination, the requirement, that hospitals submit 100 percent of the requested eCQM medical records to pass the eCQM validation requirement was removed and missing eCQM medical records would be treated as mismatches.

### Combined Validation Scoring

Beginning with CY 2025 data affecting the FY 2028 payment determinations, there will be two separate validation scores, one for chart-abstracted measures and one for eCQMs. Hospitals will be required to receive passing validation scores for both chart-abstracted measure data and eCQM data to pass validation. To be eligible for a full annual payment update a hospital would have to attain at least a 75 percent validation score for chart-abstracted measure validation and at least a 75 percent validation score for eCQM data validation.

### Reconsiderations and Appeals

Beginning with CY 2023 discharges, affecting the FY 2026 payment determinations, hospitals are no longer required to submit medical records as part of their request for validation reconsideration. Hospitals that need to submit a revised medical record may still do so, but those hospitals that would otherwise be resubmitting copies of the previously submitted records would no longer be required to submit them.

### Acronyms

AMI	acute myocardial infarction	HH	hospital harm
CAUTI	Catheter-Associated Urinary Tract Infection	IPPS	inpatient prospective payment system
CDC	Centers for Disease Control and Prevention	IQR	Inpatient Quality Reporting
CLABSI	Central Line-Associated Bloodstream Infection	LTCH	Long Term Care Hospital
CMS	Centers for Medicare & Medicaid Services	NHSN	National Healthcare Safety Network
CY	calendar year	Onc	oncology
eCQM	electronic clinical quality measure	PN	pneumonia
FFS	fee-for-service	PPS	prospective payment system
FI	falls with injury	PRF	postoperative respiratory failure
FY	fiscal year	PSI	Patient Safety Indicator
GMCS	Global Malnutrition Composite Score	Q	quarter
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	RF	respiratory failure
HF	heart failure	THA	total hip arthroplasty
HH	hospital harm	TKA	total knee arthroplasty