



FY 2024 IPPS/LTCH PPS Final Rule Overview for Hospital Quality Programs

September 21, 2023

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Purpose

This presentation will provide an overview of the fiscal year (FY) 2024 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) final rule as it relates to the following programs:

- Hospital Inpatient Quality Reporting (IQR) Program
- Hospital Value-Based Purchasing (VBP) Program
- Hospital-Acquired Condition (HAC) Reduction Program
- Hospital Readmissions Reduction Program (HRRP)
- Medicare Promoting Interoperability Program

Objectives

Participants will be able to:

- Locate the FY 2024 IPPS/LTCH PPS final rule text.
- Identify finalized program changes within the FY 2024 IPPS/LTCH PPS final rule.

Acronyms and Abbreviations

AKI	acute kidney injury	HEA	health equity adjustment
AMI	acute myocardial infarction	HF	heart failure
CABG	coronary artery bypass graft	HH	Hospital Harm
CAH	critical access hospital	HRRP	Hospital Readmissions Reduction Program
CAUTI	Catheter-Associated Urinary Tract Infection	IP	inpatient
CBE	Consensus-Based Entity	IPPS	Inpatient Prospective Payment System
CCSQ	Center for Clinical Standards and Quality	IQR	Inpatient Quality Reporting
CDI	<i>Clostridioides difficile</i> infection	IVR	Interactive Voice Response
CLABSI	Central Line-Associated Bloodstream Infection	LTCH	Long-Term Care Hospital
CMS	Centers for Medicare & Medicaid Services	MORT	mortality
COMP	complications	MRSA	Methicillin-resistant <i>Staphylococcus aureus</i> Bacteremia
COPD	chronic obstructive pulmonary disease	MSPB	Medicare Spending per Beneficiary
CT	Computed Tomography	PI	pressure injury
CY	calendar year	PN	pneumonia
DTPI	deep tissue pressure injury	PPS	Prospective Payment System
eCQM	electronic clinical quality measure	PSI	Patient Safety Indicator
EHR	electronic health record	QMVIG	Quality Measurement and Value-Based Incentives Group
ExRad	excessive radiation	RSCR	risk-standardized complication rate
FR	<i>Federal Register</i>	SAFER	Safety Assurance Factors for EHR Resilience
FY	fiscal year	SEP	sepsis
HAC	Hospital-Acquired Condition	SSI	surgical site infection
HAI	healthcare-associated infection	THA/TKA	total hip arthroplasty/total knee arthroplasty
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey	VBP	Value-Based Purchasing

Julia Venanzi, MPH, Program Lead
Hospital IQR Program and Hospital VBP Program, QMVIC, CCSQ, CMS

Hospital IQR Program

Overview of Hospital IQR Program

Finalized Changes

- Adopted three new electronic clinical quality measures (eCQMs)
- Refined three current measures
- Removed three measures
- Changed how the HCAHPS Survey is administered
- Modified targeting criteria for hospital validation

Previously Finalized Hospital IQR Program eCQM Requirements

Reporting Period/ Payment Determination	Total # of eCQMs Reported	eCQMs Required to be Reported
Calendar Year (CY) 2022/ FY 2024	Four	Three self-selected eCQMs and Safe Use of Opioids–Concurrent Prescribing eCQM
CY 2023/FY 2025	Four	Three self-selected eCQMs and Safe Use of Opioids–Concurrent Prescribing eCQM
CY 2024/FY 2026 and subsequent years	Six	Three self-selected eCQMs, Safe Use of Opioids–Concurrent Prescribing eCQM, Cesarean Birth eCQM, and Severe Obstetric Complications eCQM

Finalized Addition of New eCQMs for CY 2025/ FY 2027

New eCQMs added to the measure set from which hospitals can self-select 3 to meet the eCQM requirements

Measure Name	Description
Hospital Harm–Pressure Injury (HH-PI)	The proportion of inpatient (IP) 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
Hospital Harm–Acute Kidney Injury (HH-AKI)	The proportion of IP hospitalizations for patients ages 18 and older who have an acute kidney injury (AKI) (stage 2 or greater) that occurred during the encounter
Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (ExRad)	Percentage of eligible CT exams 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

Finalized eCQM #1: Hospital Harm– Pressure Injury (HH-PI)

- **Numerator:** IP hospitalizations for patients with a new deep tissue pressure injury (DTPI) or stage 2,3,4, or unstageable pressure injury, as evidenced by any of the following:
 - A diagnosis of DTPI with the DTPI not present on admission
 - A diagnosis of stage 2, 3, 4, or unstageable pressure injury with the pressure injury diagnosis not present on admission
 - A DTPI found on exam greater than 72 hours after the start of the encounter
 - A stage 2,3,4 or unstageable pressure injury found on exam greater than 24 hours after the start of the encounter
- **Denominator:** IP hospitalizations where the patient is 18 years of age or older at the start of the encounter

Finalized eCQM #2: Hospital Harm– Acute Kidney Injury (HH-AKI)

- **Numerator:** The number of IP hospitalizations for patients ages 18 and older who develop AKI (stage 2 or greater) during the encounter, as evidenced by:
 - A subsequent increase in the serum creatinine value at least 2 times higher than the lowest serum creatinine value, and the increased value is greater than the highest sex-specific normal value for serum creatinine, or
 - Kidney dialysis (hemodialysis or peritoneal dialysis) initiated 48 hours or more after the start of the encounter
- **Denominator:** IP hospitalizations for patients ages 18 and older without a diagnosis of obstetrics, with a length of stay of 48 hours or longer, and who had at least one serum creatinine value after 48 hours from the start of the encounter

Finalized eCQM #3: Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (ExRad)

- **Numerator:** Number of diagnostic CT scans that have a size-adjusted radiation dose greater than the threshold defined for the specific CT category
- **Denominator:** Number of all diagnostic CT scans performed on patients 18 years and older during the one-year measurement period which have an assigned CT category, a size-adjusted radiation dose value, and a global noise value

Finalized Refinement of Three Measures

Measure	Refinement	Timeline
Hybrid Hospital-Wide Mortality and Hybrid Hospital-Wide Readmission	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 which is 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 Current Hospital IQR Program Measures

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) Measure	Beginning with the April 1, 2025, through March 31, 2028, reporting period/ FY 2030 payment determination
Medicare Spending Per Beneficiary (MSPB) Hospital Measure	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) Measure	Beginning with the CY 2024 reporting period/FY 2026 payment determination

Finalized Codification of Measure Retention and Removal Policies

Codified our existing measure retention and removal policies in our regulations at §412.140(g)(1) and (3).

- Code of Federal Regulations, Title 42, Chapter IV, Subchapter B, Part 412, Subpart H
- Direct link: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-412/subpart-H/section-412.140>

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

Hospital IQR Program HCAHPS

Hospital IQR Program HCAHPS

We finalized several changes to the administration of the HCAHPS Survey. These changes will take effect with patients discharged January 2025 and forward.

Finalized: Add New Modes of Survey Administration

- We finalized the inclusion of three new web-based modes of survey administration:
 - 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.

Finalized: Allow Response by Patient's Proxy

We finalized the removal of the requirement that only the patient may respond to the HCAHPS survey:

- We will no longer prohibit a patient's proxy from responding to the survey.
- We will still encourage that the patient respond to the survey.

Finalized: Allow a 49-Day Data Collection Period

- We 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 7 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.

Finalized: Maximum of 12 Supplemental 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.

Finalized: Collect Patients' Preferred Language while in Hospital and Administer the HCAHPS Spanish Translation Whenever Indicated

- We finalized that requirement that hospitals provide to their survey vendor the language the patient prefers to speak while in hospital.
 - This is either English, Spanish, or another language.
- We finalized the requirement that the official Spanish translation of the HCAHPS Survey be administered to all patients who prefer to speak Spanish.

Finalized: Remove the Interactive Voice Response (IVR) Mode and the “Hospitals Administering HCAHPS for Multiple Sites” Options

- We finalized the removal of the Active IVR survey mode option, also known as touch-tone IVR.
- We finalized the removal of the “Hospitals Administering HCAHPS for Multiple Sites” option for administration of the HCAHPS Survey.

Request for Information: Potential Addition of Patients with a Primary Psychiatric Diagnosis to the HCAHPS Survey Measure

- We solicited comments about the inclusion of patients with a primary psychiatric diagnosis in the HCAHPS Survey.
 - Patients with a secondary psychiatric diagnosis have always been eligible for HCAHPS.
- We sought public input on the potential inclusion of patients with a primary psychiatric diagnosis admitted to short-term, acute care hospitals in the HCAHPS Survey. Specifically, we sought public comment on whether:
 - All patients in the psychiatric service line (Medicare Severity Diagnosis Related Groups codes 876, 880-887, 894-897) or particular sub-groups thereof should be included in the HCAHPS Survey.
 - The current content of the HCAHPS Survey is appropriate for these patients.
 - The current HCAHPS implementation procedures might face legal barriers or pose legal risks when applied to patients with primary psychiatric diagnoses.

Request for Information: Potential Addition of Patients with a Primary Psychiatric Diagnosis to the HCAHPS Survey Measure

- We received comments both supporting and opposing the inclusion of patients with a primary psychiatric diagnosis in the HCAHPS Survey.
- The Agency for Healthcare Research and Quality has funded a patient experience of care survey development project to explore issues regarding inpatient care and patients with a primary psychiatric diagnosis.
- CMS will monitor The Agency for Healthcare Research and Quality's work to determine next steps in this area.

Hospitals Should Carefully Consider Choice of Survey Mode

- We encourage participating hospitals to carefully consider the impact of mode of survey administration on response rates and the representativeness of survey respondents.
- High response rates for all patient groups promote CMS health equity goals.
- Research indicates that there are pronounced differences in response rates by mode of survey administration for some patient characteristics.
 - Black, Hispanic, Spanish language-preferring, younger, and maternity patients are more likely to respond to a telephone survey.
 - Older patients are more likely to respond to a mail survey.
- Choosing a mode that is easily accessible to the diversity of a hospital's patient population provides a more complete representation of patient care experiences.
- We refer hospitals to the “Improving Representativeness of the HCAHPS Survey” podcast on the HCAHPS website:
<https://hcahponline.org/en/podcasts/#ImprovingRepresentativeness>

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

Hospital IQR Program and HAC Reduction Program Validation

Finalized to Add Targeting Criteria – Hospital IQR and HAC Reduction

For both the Hospital IQR Program and the HAC Reduction Programs:

- Added a new targeting criterion to select up to 200 additional hospitals for validation.
- Criterion is to include any hospital that failed to meet validation confidence interval but had less than four quarters of data due to receiving an Extraordinary Circumstances Exception.
- Begins with FY 2027 payment year (CY 2024 reporting period).

Finalized to Add Targeting Criteria – Hospital IQR and HAC Reduction

- Hospitals that meet this new criterion would not be subject to payment implications directly related to validation requirement.
- These hospitals would still be selected for validation in the following year.
- Reasoning: Such a hospital would have less than four quarters of data available for validation, and its validation results could be considered inconclusive for a payment purposes.
- This criterion will align the targeting criteria across the Hospital IQR, HAC Reduction, and Hospital Outpatient Quality Reporting Programs.

Finalization to Request Reconsideration of Validation Results – HAC Reduction

For the HAC Reduction Program:

- Hospitals that fail validation will be allowed to request reconsideration of their validation results.
- Begins with FY 2025 program year (CY 2022 discharges).
- Reconsideration process will be conducted once per program fiscal year.
- This occurs after the confidence interval has been calculated and **before** use in HAC Reduction Program scoring calculations.

Finalization to Request Reconsideration of Validation Results – HAC Reduction

- Data validation reconsideration scope is limited to information already submitted by the hospital during the initial validation process.
- After reconsideration process is completed, the hospital will be informed whether they passed or failed validation requirements.
- This will more closely align the validation reconsideration process across the Hospital IQR and HAC Reduction Programs.
- Additional information on the process specifics will be posted on the CMS QualityNet website.

Jessica Warren, RN, BSN, MA, FCCs, CCRC

Medicare Promoting Interoperability Program, QMVG, CCSQ, CMS

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

Finalized Changes to the Electronic Health Record (EHR) Reporting Periods

For eligible hospitals and CAHs that are new or returning participants in the Medicare Promoting Interoperability Program, the EHR reporting period is:

- **Current Policy for CY 2024:** A minimum of any continuous 180-day period within CY 2024
- **Finalized for CY 2025:** A minimum of any continuous 180-day period within CY 2025 (Eligible hospitals and CAHs would be encouraged to use longer periods, up to and including the full CY 2025.)

EHR Reporting Periods for Eligible Hospitals

- We finalized to apply the EHR reporting period in CY 2025 to the FY 2027 payment adjustment year for all new and returning eligible hospitals.
- Additionally, eligible hospitals that have not successfully demonstrated they are a meaningful EHR user in a prior year will attest during the submission period that occurs during the two months following the close of the calendar year in which the EHR reporting period occurs, or by a later date specified by CMS. If applicable, a payment adjustment would be applied for the FY 2027 payment adjustment year.
 - Simply stated, all eligible hospitals and CAHs (new or returning) will attest during the same submission period. The submission period occurs during the two months following the close of the calendar year in which the EHR reporting period occurs, or a later date specified by CMS, which is typically from January 1 through February 28.

Finalized Changes to the SAFER Guides Measures

We finalized to require eligible hospitals and CAHs to conduct the annual SAFER Guides self-assessments and attest a “Yes” response for all nine SAFER Guides.

An attestation of “No” would result in the eligible hospital or CAH not meeting the measure and not satisfying the definition of a meaningful EHR user, which could subject the eligible hospital or CAH to a downward payment adjustment.

SAFER=Safety Assurance Factors for EHR Resilience

Adoption of Three New eCQMs Beginning with CY 2025

We finalized adopting three new eCQMs,
beginning with the CY 2025 reporting period:

1. Hospital Harm–Pressure Injury eCQM (CBE #3498e)
2. Hospital Harm–Acute Kidney Injury eCQM (CBE #3713e)
3. Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Hospital Level – Inpatient) eCQM (CBE #3663e)

CBE=Consensus-Based Entity

Julia Venanzi, MPH, Program Lead
Hospital IQR Program and Hospital VBP Program, QMVG, CCSQ, CMS

Hospital VBP Program

Overview of Finalized Policies

- Adopted one new measure to the Safety domain.
- Refined two existing measures.
- Made health equity related scoring changes.
- Modified the HCAHPS survey measure collection.
- Provided estimated and newly established performance standards for the FY 2026 through FY 2029 program years.

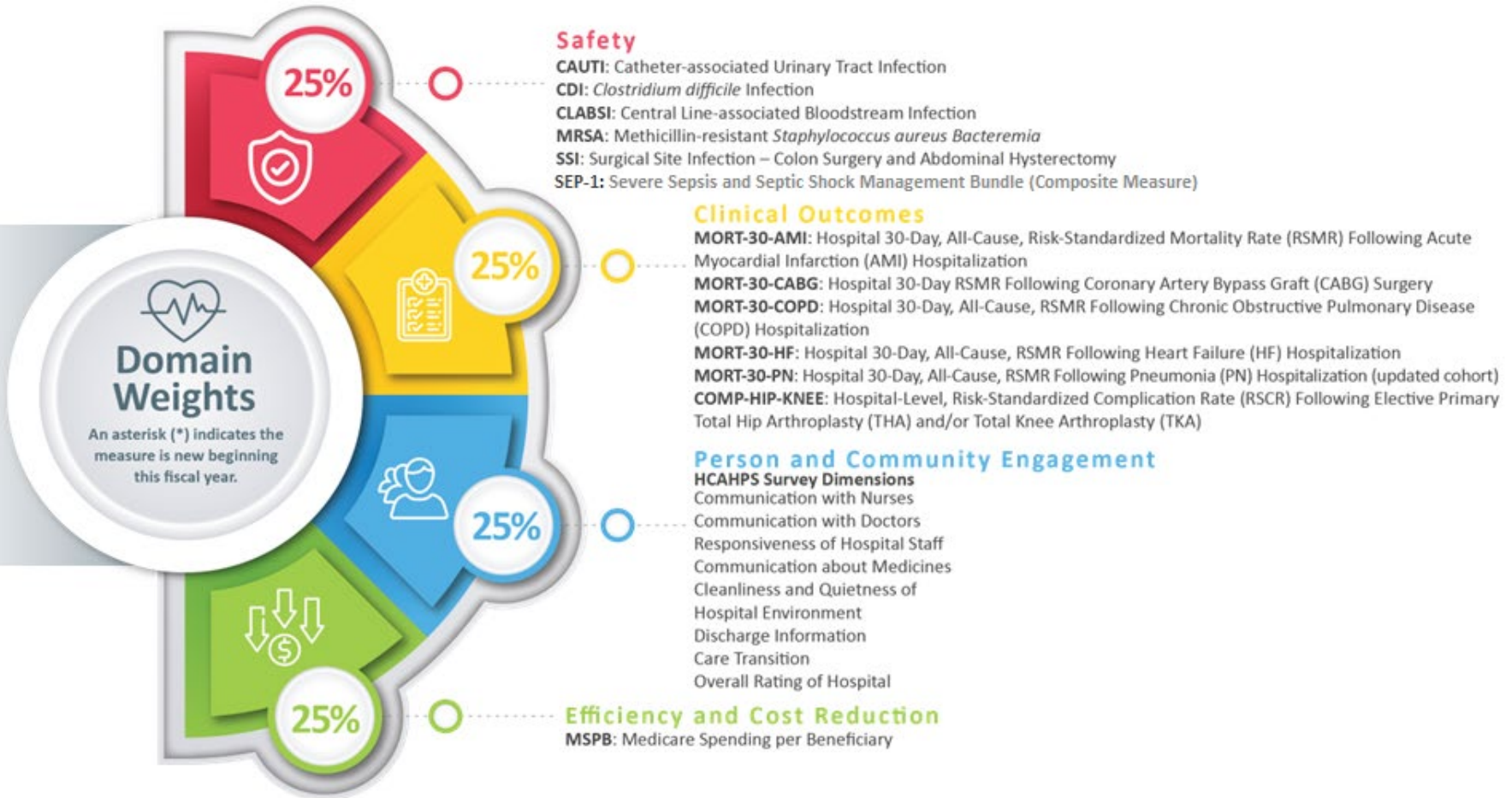
Finalized Measure: Severe Sepsis and Septic Shock Management Bundle

Measure Description: This assesses measurement of lactate, obtaining blood cultures, administering broad spectrum antibiotics, fluid resuscitation, vasopressor administration, reassessment of volume status and tissue perfusion, and repeat lactate measurement in patients aged 18 or older. This measure aligns with the Surviving Sepsis Campaign guidelines.

Finalized Implementation Timeline: Finalized use in the Hospital VBP Program beginning with the CY 2024 reporting period/FY 2026 payment determination.

Alignment with Hospital IQR Program: This measure will also remain in the Hospital IQR Program. Hospitals will only be required to submit data once, but results will be used for both programs.

Domains and Measures for FY 2026 and Subsequent Years



Finalized Refinement #1: MSPB

- **Finalized Refinements:**
 - Updated to allow readmissions to trigger new episodes to account for episodes and costs that are currently not included in the measure but that could be within the hospital's reasonable influence.
 - Addition of a new indicator variable in the risk adjustment model for whether there was an inpatient stay in the 30 days prior to episode start date.
 - An updated MSPB amount calculation methodology changes one step in the measure calculation from the sum of observed costs divided by the sum of expected costs (ratio of sums) to the mean of observed costs divided by expected costs (mean of ratios).
- **Finalized Implementation Timeline:** Refined version of the measure will begin with CY 2026 reporting period/FY 2028 payment determination.

Finalized Refinement #2: RSCR Following THA/TKA

- **Finalized Refinement:** Inclusion of 26 additional mechanical complication International Classification of Diseases-10 codes.
- **Finalized Implementation Timeline:** Refined version of the measure will begin with data collected from April 1, 2025, to March 31, 2028, impacting the FY 2030 payment determination.

Finalized Health Equity Scoring Methodology Change

Who can get HEA points?

All eligible Hospital VBP Program hospitals can get HEA points, but the number of points awarded depends on performance on existing measures and the proportion of patients who are dually eligible.

What are HEA points and how are they calculated?

Health equity adjustment bonus points are the product of the measure performance scaler (which is based on measure performance) and the underserved multiplier (which is based on the proportion of patients that are dually eligible).

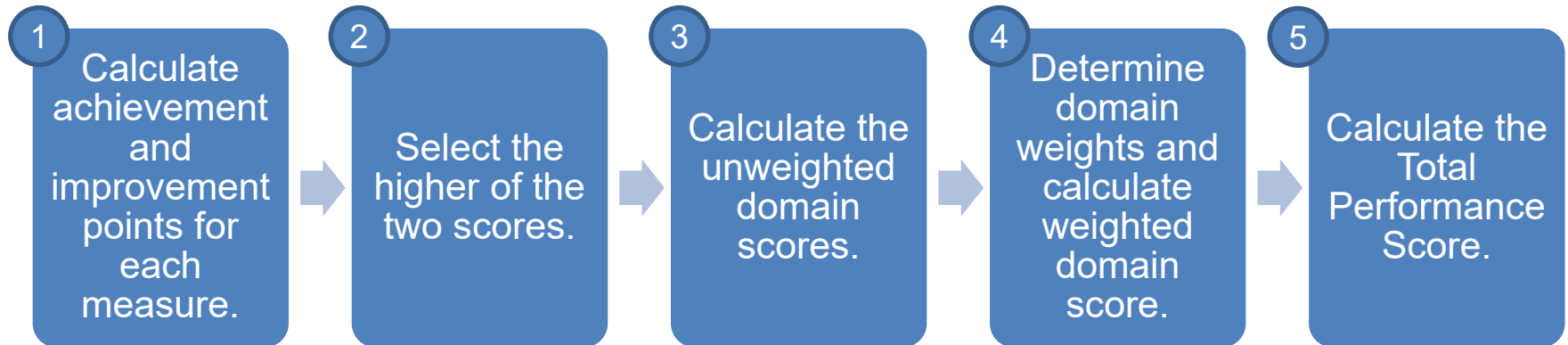
When would this proposal take effect?

This change to the scoring methodology will be implemented beginning with the FY 2026 payment determination.

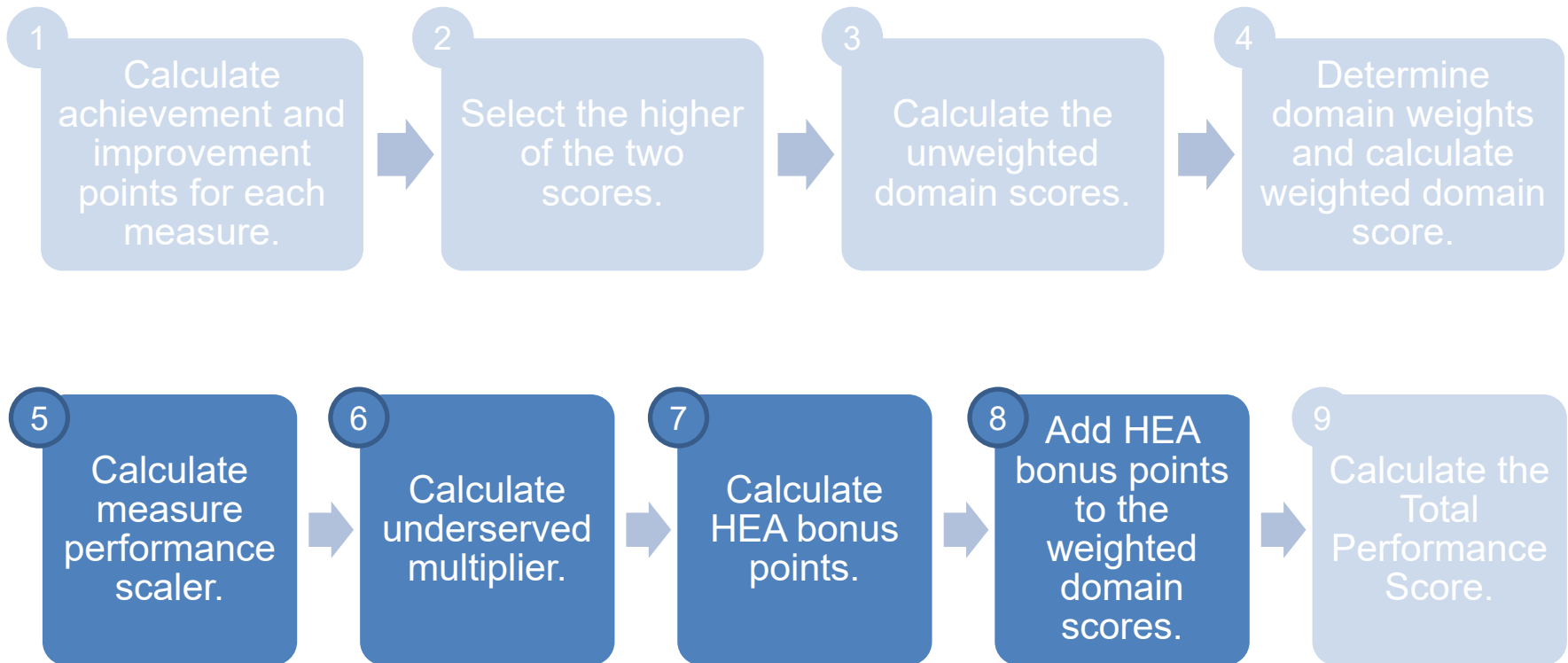
Why is CMS finalizing this?

CMS is finalizing this to award higher points for hospitals that (1) serve greater percentages of underserved populations, which are defined for the purpose of this proposal as patients who are dually eligible and (2) have higher quality performance.

Current Hospital VBP Program Scoring Methodology



Finalized New Steps in the Scoring Methodology



FY 2024 Tables 16, 16A, and 16B

- Table 16 (Proxy Adjustment Factors)
 - Table 16 is based on FY 2021 Total Performance Scores.
 - Available on CMS.gov: <https://www.cms.gov/medicare/acute-inpatient-pps/fy-2021-ipp-pps-proposed-rule-home-page#Tables>
- Table 16A (Updated Proxy Adjustment Factors)
 - CMS intends to update Table 16 as Table 16A in the IPPS final rule to reflect changes based on more updated MedPAR data.
- Table 16B (Actual Incentive Payment Adjustment Factors)
 - After hospitals have been given an opportunity to review and correct their actual Total Performance Scores for FY 2024, CMS intends to display Table 16B in the fall of 2023.

Ora Dawedeit, MHA, Program Lead
PPS-Exempt Cancer Hospital Quality Reporting Program, QMVIC,
CCSQ, CMS

HAC Reduction Program

Summary of FY 2024 Finalized Proposals

We finalized two updates to the healthcare-associated infection (HAI) validation process for the HAC Reduction Program:

- We added a validation reconsideration process.
- We updated targeting criteria to include hospitals with a granted Extraordinary Circumstance Exception that receive a failing validation score.

Note: These finalized policies were covered earlier in the data validation section of this presentation.

Request for Comment on Six Patient Safety eCQMs

We sought public comment on whether to potentially adopt patient safety-focused eCQMs to promote further alignment across CMS's quality reporting and value-based purchasing programs. Adoption of eCQMs in the HAC Reduction Program also supports the CMS Meaningful Measures 2.0 priority to move fully to digital quality measurement.

Request for Comment on Six Patient Safety eCQMs

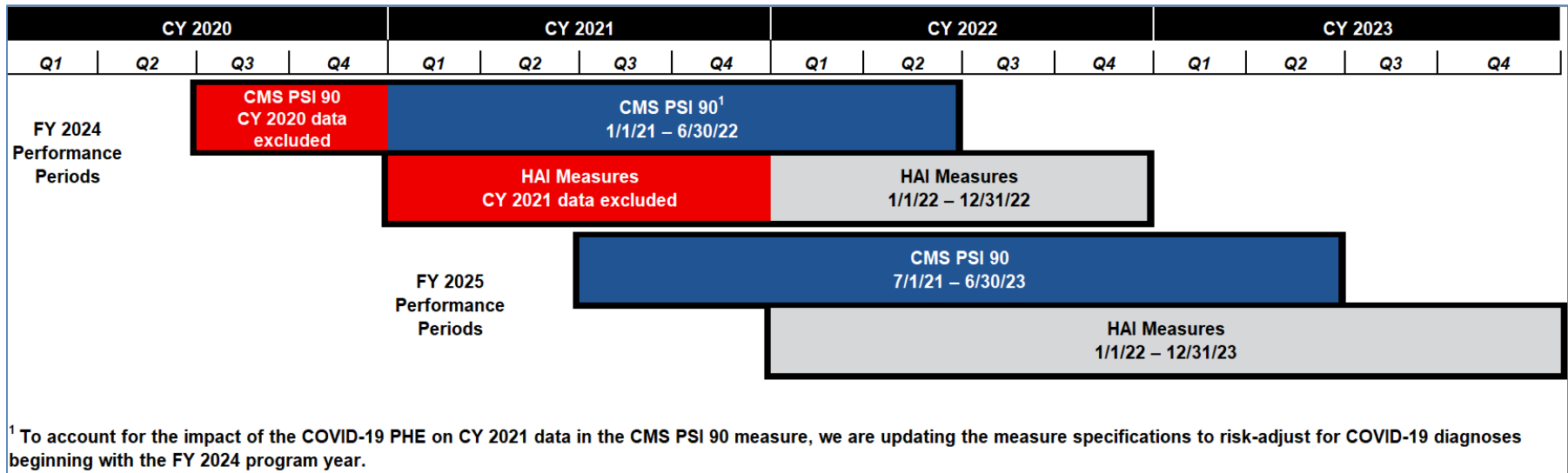
We sought public comment on the potential inclusion of the following six eCQMs in the HAC Reduction Program:

1. Hospital Harm–Opioid-Related Adverse Events eCQM
2. Hospital Harm–Severe Hypoglycemia eCQM
3. Hospital Harm–Severe Hyperglycemia eCQM
4. Hospital Harm–Acute Kidney Injury eCQM
5. Hospital Harm–Pressure Injury eCQM
6. Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computer Tomography in Adults eCQM

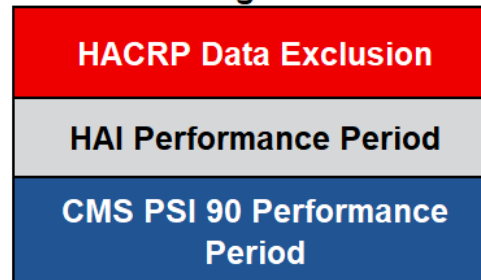
FY 2024 and FY 2025 Performance Periods

- CMS previously finalized that Quarter 3 and Quarter 4 2020 claims data will be excluded from future program calculations (86 FR 45301–45307).
- CMS previously finalized that CY 2021 HAI data will be excluded from the FY 2024 program year calculations (87 FR 49130–49132).
- These data exclusions result in abbreviated CMS Patient Safety Indicator (PSI) 90 and HAI measure performance periods for the FY 2024 program year.
 - The typical two-year performance periods will resume in the FY 2025 program year. (Refer to the next slide.)

FY 2024 and FY 2025 Performance Periods



Legend



HAC Reduction Program Resources

- **Methodology and General Information:**
 - CMS.gov website: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/HAC-Reduction-Program>
 - QualityNet website: <https://qualitynet.cms.gov/inpatient/hac>
- **General Inquiries:**
 - QualityNet Question and Answer Tool:
https://cmsqualitysupport.servicenowservices.com/qnet_qa
 - Navigate to the Ask a Question tab.
 - Under the Program list, select HACRP – Hospital-Acquired Condition Reduction Program.

Lang D. Le, MPP, Program Lead, HRRP, QMVG, CCSQ, CMS

Hospital Readmissions Reduction Program

HRRP Summary

- There were no proposals or updates in the proposed rule for the HRRP.
- All previously finalized policies under this program will continue to apply.

HRRP Resources

General Program and Payment Adjustment Information:

- CMS.gov website: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program>
- QualityNet website: <https://qualitynet.cms.gov/inpatient/hrrp>

Measure Methodology:

- QualityNet website: <https://qualitynet.cms.gov/inpatient/measures/readmission/methodology>

General Inquiries:

- QualityNet Question and Answer Tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa
 - Navigate to the Ask a Question tab.
 - Under the Program list, select HRRP – Hospital Readmissions Reduction Program.

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Inpatient Value, Incentives, and Quality Reporting Outreach and
Education Support Contractor

FY 2024 IPPS/LTCH PPS Final Rule Page Directory

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- Download the FY 2024 IPPS/LTCH PPS final rule from the *Federal Register*:
<https://www.govinfo.gov/content/pkg/FR-2023-08-28/pdf/2023-16252.pdf>
- Details regarding various quality programs can be found on the pages listed below:
 - HRRP pp. 59062 - 59063
 - Hospital VBP Program pp. 59063 - 59108
 - HAC Reduction Program pp. 59108 - 59114
 - Hospital IQR Program pp. 59144 - 59203
 - PPS-Exempt Cancer Hospital Quality Reporting Program pp. 59203 - 59232
 - Promoting Interoperability pp. 59259 - 59282

Questions

Continuing Education Approval

This program has been approved for [continuing education credit](#) for the following boards:

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

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

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Overview for Hospital Quality Programs

Thank You

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