Hospital Inpatient Quality Reporting (IQR) Program

Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

FY 2024 IPPS/LTCH PPS Final Rule Overview for Hospital Quality Programs Question and Answer Summary Document

Speakers

Julia Venanzi, MPH
Program Lead, Hospital IQR Program and Hospital Value-Based Purchasing Program
Quality Measurement and Value-Based Incentives Group (QMVIG)
Center for Clinical Standards and Quality (CCSQ), CMS

William Lehrman, Ph.D.
Government Task Leader,
Hospital Consumer Assessment of Healthcare Providers and Systems Survey
Division of Consumer Assessment and Plan Performance, CMS

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

Jessica Warren, RN, BSN, MA, FCCS, CCRC
Program Lead, Medicare Promoting Interoperability Program, QMVIG, CCSQ, CMS

Ora Dawedeit, MHA
Program Lead, Prospective Payment System-Exempt Cancer Hospital
Quality Reporting Program, QMVIG, CCSQ, CMS

Lang D. Le, MPP
Program Lead, Hospital Readmissions Reduction Program, QMVIG, CCSQ, CMS

Moderator

Donna Bullock, MPH, BSN, RN
Program Lead, Hospital IQR Program
Inpatient VIQR Outreach and Education Support Contractor

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Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for grammar.

Hospital IQR Program and Electronic Clinical Quality Measures (eCQMs)

Question 1: **What if our hospital does not have obstetrics, a labor and delivery department, or provide obstetric care? Are the obstetric eCQMs optional?**

For ePerinatal Care (ePC)-02 (Cesarean Birth), ePC-07 (Severe Obstetric Complications), or any other eCQMs, if the hospital does not provide the services related to the measure, they can meet the requirement by submitting a zero-denominator declaration. Additional information related to denominator declarations can be found under eCQM Archived Events on the Quality Reporting Center.

The Maternal Morbidity Structural Measure is required even if you do not provide labor/delivery care. In this case you will need to provide a response to the structural measure by selecting (C) N/A (Our hospital does not provide inpatient labor/delivery care.).

Beginning with calendar year (CY) 2024/fiscal year (FY) 2026 and subsequent years, ePC-02 and ePC-07 are required measures.

Question 2: **What is the payer mix for the newly finalized eCQMs?**

All three of the new eCQMs, as well as all the previously finalized eCQMs, use all payer data.

Question 3: **Does the removal of the PC-01 eCQM from the Hospital IQR Program, beginning CY 2024, include the removal of the chart-abstracted measure for PC-01?**

In this final rule, CMS finalized the removal of the chart-abstracted web-based PC-01 measure from the Hospital IQR Program effective with CY 2024 discharges. The PC-01 eCQM was previously removed from the Hospital IQR Program beginning CY 2020.

Question 4: **Is the Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (ExRad) eCQM specific to certain areas of the body?**

Measure information, including specifications and data elements that detail which scans and areas of the body are included, can be found at https://ecqi.healthit.gov/ecqm/eh/pre-rulemaking/2024/cms1074v1#quicktabs-tab-tabs_pre_rule_measure-0.

Question 5: **Where can hospitals or vendors find additional details/instructions on the translation software for the newly approved ExRad eCQM?**

The Alara Imaging Software for CMS Measure Compliance will be available to all reporting entities free of charge and will be accessible by creating a secure account through the measure developer's website. CMS will provide educational materials and step-by-step instructions on how hospitals can create and link their data to the software on QualityNet. Details on the measure specifications and guidance are available on the eCQI Resource Center at https://ecqi.healthit.gov/ecqm/eh/pre-rulemaking/2024/cms1074v1#quicktabs-tab-tabs_pre_rule_measure-1.

Question 6: **How will we report the Hospital Harm - Acute Kidney Injury (AKI) eCQM? Are there International Classification of Diseases (ICD)-10 codes that identify these cases?**

The Hospital Harm - AKI measure information, including specifications and data elements for reporting, are available on the eCQI Resource Center and the Risk Adjustment Methodology Report: Hospital Harm - Acute Kidney Injury.

Question 7: **For CY 2024, are the complication codes for the Hospital-level Risk-standardized Complication Rate Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty (COMP-HIP-KNEE) measure expanded since the measure will be removed from the Hospital IQR Program in CY 2025?**

In the FY 2023 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) final rule (page 49263), CMS adopted the COMP-HIP-KNEE measure into the Hospital IQR Program for FY 2024 (claims effective from April 1, 2019, through March 31, 2022). The updated measure included 26 additional mechanical complication ICD-10 codes. The inclusion of these codes will not require hospitals to submit any additional data, as this is a claims-based measure. Hospitals will not need to submit any additional data for the calculation of this measure.

The Hospital Value-Based Purchasing (VBP) Program requires the public reporting of measure data for one year prior to the beginning of the performance period in the Hospital VBP Program to meet his requirement. For this reason, CMS adopted this measure into the Hospital IQR Program with the intention of adopting the updated measure into the Hospital VBP Program after the required year of public reporting in the Hospital IQR Program.

In this final rule, we adopted the updated measure into the Hospital VBP Program, and the measure will remain relevant for many facilities. Therefore, we finalized the removal of the measure from the Hospital IQR Program, beginning with the April 1, 2025, through March 31, 2028, reporting period/FY 2030 payment determination, to prevent duplicative reporting of the measure and to simplify administration of both programs.

Question 8: **What are the specific 26 ICD-10 mechanical complication codes that were added to the COMP-HIP-KNEE measure?**

The list of the updated complication codes can be found in the FY 2023 IPPS/LTCH PPS final rule (page 49263). A list of all of the applicable ICD-10 codes can be found on QualityNet within the THA/TKA Supplemental File Excel spreadsheet

Question 9: **Is CMS removing all chart-abstracted measures (Sepsis (SEP)-1) from the Hospital IQR Program beginning CY 2025?**

In this final rule, CMS finalized the removal of the chart-abstracted PC-01 measure only beginning with CY 2024 reporting period. CMS has not proposed or finalized the removal of the SEP-1 measure from the Hospital IQR Program. The submission of the SEP-1 measure is still required.

Question 10: **Regarding the expansion of the hybrid measures to include both Fee for Service (FFS) and Medicare Advantage patients, are there ramifications if the file also contains patients with commercial insurance?**

For the Hybrid Hospital-Wide Readmission and Hybrid Hospital-Wide Mortality measures, hospitals should only submit data for Medicare FFS and Medicare Advantage patients in their Quality Reporting Document Architecture Category (QRDA) I files. The measure specifications (which include Medicare as primary, secondary, or tertiary payer) are defined on the eCQI Resource Center.

Hospitals may upload QRDA Category I files containing multiple payers (such as both Medicare and commercial insurance) to the Hospital Quality Reporting (HQR) system. The HQR system will only validate payer information in the file as defined by the measures' initial patient population, ignoring other payers. For hybrid measure/Core Clinical Data Element submissions, only QRDA Category I files containing a Medicare Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) will be accepted and used for measure evaluation.

The HQR system has an error message (CMS_0084) that will reject files that do not contain a HICN or MBI. Additional information is available in the QRDA I Implementation Guide.

Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)

Question 11: **For HCAHPS, can we complete only one of the "web" modes without doing a follow-up mode for the non-respondents as referenced in slide 18?**

No. There will be no "web-only" option in the HCAHPS Survey.
We have tested a "web-only" mode with HCAHPS and found the following:

1) The web-only mode had a response rate lower than other modes.
2) Respondents to a web-only mode were less representative than respondents to both the current HCAHPS modes and the new web-first modes. Thus, there will not be a "web-only" mode in HCAHPS.

Question 12: **Can hospitals continue to survey patients by regular mail only (with no web-based modes)?**

Yes. The current Mail Only mode will remain available for use, as will the current Telephone Only and Mail-Phone survey modes.

Question 13: **How old are the data for the telephone survey?**

The data presented about differences in survey mode response rates for some patient groups (categorized by age, race/ethnicity, service line, or language spoken at home) are from the 2021 HCAHPS mode experiment and recent HCAHPS data collection.

Medicare Promoting Interoperability

Question 14: **When should a new hospital register and attest for Meaningful Use? Our new hospital starts operation in August 2023. Do they need to register and attest by October 1, 2024, or February 28, 2025?**

New eligible hospitals and critical access hospitals (CAHs) may register at any time in the calendar year. For the first year only, we offer a grace period for data submission. In the second year, they are to submit Promoting Interoperability Program data when the Hospital Quality Reporting (HQR) system is open for data submissions.

(Typically, this is January 1–February 28/29). In the FY 2024 IPPS/LTCH PPS final rule, we finalized that the October 1 deadline is no longer applicable as the HQR system is only open for submissions from January 1 through February 28 or 29.

For example, if an eligible hospital or CAH starts operation in August 2023, they will not be required to submit any CY 2023 Promoting Interoperability Program during the January 1, 2024, through February 29, 2024, submission period. This would be the first years' grace period as they did not have a full year of data from which to collect or report. Within the HQR system, their CMS Certification Number will be captured as a new facility, and the grace period will automatically apply. This first year does NOT count toward one of their five hardships.

The facility would be required to select any continuous180-days' worth of data between January 1, 2024, through December 31, 2024 (known as the CY 2024 EHR reporting period), in addition to the submission of four quarters of eCQM data. The HQR system will be open for CY 2024 data submission from January 1, 2025, through February 28, 2025.

Question 15: **Does the Promoting Interoperability Program include both inpatient and outpatient when reporting payment to hospitals, or is it separate?**

Only subsection (d) eligible hospitals and CAHs, and subsection (d) hospitals in Puerto Rico are eligible to participate in the Medicare Promoting Interoperability Program and submit inpatient data to meet the Promoting Interoperability Program requirements.

Hospital VBP Program

Question 16: **What is the threshold/baseline for SEP-1? In addition, what will be the minimum sepsis bundle compliance population/denominator for the Hospital VBP Program?**

For the FY 2026 program year, the SEP-1 benchmark is 0.843620; the achievement threshold is 0.597482. Hospitals must report a minimum number of 25 cases to meet the minimum case number required for the Hospital VBP Program.

Question 17: **What is the weight of SEP-1 within the Safety domain? How will the SEP-1 measure be scored in the Hospital VBP Program?**

The measures in the Safety domain are equally weighted. The specific weight depends on the number of safety measures for which a hospital meets the minimum data requirement within the Safety domain. For example, if a hospital meets the minimum for all six of the measures, the weight of each measure within that domain would be about 16 percent. If a hospital scored in five out of six measures, each measure would then be weighed about 20 percent of the domain score. Hospitals must obtain a score in at least five of the six measures within that domain to get a score.

Question 18: **Where can we find an example calculation of the Health Equity Adjustment scoring discussed on slides 44 and 45?**

There is an example calculation of the newly finalized scoring methodology in the text of the final rule, beginning on page 456.

For information on the current Hospital VBP Program scoring methodology (applicable to FY 2024 and FY 2025), please see the Hospital VBP Program Scoring document.

CMS is in the process of creating educational materials to support the implementation of the newly finalized policy for FY 2026.

Question 19: **What are the reporting requirements for the SEP-1 measure that were newly added to the Hospital VBP Program?**

For the Hospital IQR Program, hospitals must submit chart-abstracted data through the *HQR Secure Portal* for the SEP-1 measure each quarter prior to the submission deadline. Guidance on the abstraction and submission of the SEP-1 measure can be found within the *Specification Manual for National Hospital Inpatient Quality Measures* on QualityNet. Sepsis data that are submitted for the Hospital IQR Program are also used for the Hospital VBP Program; no additional data are required to be submitted.

Question 20: **If a hospital is currently excluded from the Hospital VBP Program due to not enough HCAHPS survey returns, will new steps not apply?**

Hospitals that are excluded for a specific reason, such as failing to collect a minimum of 100 HCAHPS surveys during the performance period or one of the reasons listed below, will not experience a 2.0-percent payment reduction, and they will not be eligible to utilize the new scoring policy for receiving incentive payments.

- Ineligible hospitals include those excluded from the IPPS:
  - Psychiatric
  - Rehabilitation
  - Long-term care
  - Children's
  - 11 PPS-exempt Cancer Hospitals
  - Critical access hospitals
- **Excluded hospitals include those:**
  - Subject to payment reductions under the Hospital IQR Program.
  - Cited for three or more deficiencies during the performance period that pose immediate jeopardy to the health or safety of patients.
  - With an approved disaster/extraordinary circumstance exception specific to the Hospital VBP Program.
  - Short-term acute care hospitals in Maryland.

Hospital-Acquired Condition (HAC) Reduction Program

Question 21: **CMS requested public comment on six eCQMs. Are those eCQMs required for the HAC Reduction Program?**

In the FY 2024 IPPS/LTCH PPS proposed rule (page 27052), CMS sought public comment on the adoption of six Hospital IQR Program eCQMs into the HAC Reduction Program. As stated in the FY 2024 IPPS/LTCH PPS final rule (page 59109), CMS will consider all input and note that any future proposal to implement a new measure or program modification would be announced through future notice-and-comment rulemaking. As of FY 2024, the six eCQMs are not required for the HAC Reduction Program. The six eCQMs are required to be collected under the Hospital IQR Program.

Question 22: **If the HAC Reduction Program adopts the eCQMs, will they only include Medicare FFS patients or all payers?**

In the FY 2024 IPPS/LTCH PPS proposed rule (page 27052), CMS sought public comment on the HAC Reduction Program potentially adopting the patient safety related eCQMs currently used in the Hospital IQR Program. Those eCQMs include all payers. However, CMS would announce, propose, and finalize through future notice-and-comment rulemaking whether the eCQMs would include all payers if adopted into the HAC Reduction Program.

Question 23: **What were the public comments regarding the addition of eCQMs to the HAC Reduction Program?**

CMS received many comments regarding the potential adoption of eCQMs into the HAC Reduction Program. Many commenters expressed support for the potential HAC Reduction Program future adoption of the three hospital harm and patient safety eCQMs that are currently in the Hospital IQR Program (Opioid-Related Adverse Events, Severe Hypoglycemia, and Severe Hyperglycemia). Also, many commenters expressed support for the potential HAC Reduction Program adoption of the three patient safety related eCQMs that were finalized in the Hospital IQR Program in the FY 2024 IPPS/LTCH final rule (Acute Kidney Injury, Pressure Injury, and Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computer Tomography in Adults). Conversely, others did not support the potential future adoption of eCQMs in the HAC Reduction Program due to the burden and cost associated with implementing eCQMs.

A full summary of the public comments received in response to this Request for Comment is available in the FY 2024 IPPS/LTCH PPS final rule (page 59109)

Question 24: **What are the timeframes for the Healthcare-Associated Infection (HAI) and Patient Safety Indicator (PSI) measures for FY 2024 and FY 2025?**

The HAC Reduction Program typically uses a two-year performance period that is advanced by one year every subsequent program year for the measures in the program. However, the FY 2024 performance periods for the CMS PSI 90 measure and HAI measures are shorter than the previously finalized two-year performance periods. Due to the COVID-19 Public Health Emergency, CMS excluded Quarter (Q)3 2020 and Q4 2020 claims data from HAC Reduction Program calculations in FY 2024, as stated in the FY 2022 IPPS/LTCH PPS final rule (page 45301), creating an 18-month performance period for CMS PSI 90. The FY 2024 CMS PSI 90 measure performance period under the HAC Reduction Program is January 1, 2021, through June 30, 2022.

CMS also automatically excluded all CY 2021 HAI data from FY 2024 program calculations for the HAC Reduction Program, as finalized in the FY 2023 IPPS/LTCH PPS final rule (page 49130), creating a one-year performance period for the HAI measures. The FY 2024 HAI measures performance period is January 1, 2022, through December 31, 2022. Based on the typical performance period pattern, the FY 2025 program year CMS PSI 90 measure performance period would be July 1, 2021, through June 30, 2023, and the FY 2025 HAI measures performance period would be January 1, 2022, through December 31, 2023.

Question 25: **Where can I find information regarding the PSI-90 measure?**

General information on the CMS PSI 90 measure used in the HAC Reduction Program is available in the FY 2024 HAC Reduction Program Frequently Asked Questions document on the QualityNet HAC Reduction Program Resources page. For more information on the CMS PSI measures, including technical measure specifications and the diagnosis and procedure codes used to calculate CMS PSI 90 measure results, see the QualityNet CMS PSI 2024 Resources page.