



# **PCHQR Program: FY 2024 IPPS/LTCH PPS Final Rule**

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# Speakers

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# Acronyms and Abbreviations

<b>ACS</b>	American College of Surgeons	<b>HCAHPS</b>	Hospital Consumer Assessment of Healthcare Providers and Systems
<b>CAUTI</b>	catheter-associated urinary tract infection	<b>HCP</b>	healthcare personnel
<b>CBE</b>	Consensus-Based Entity	<b>HQR</b>	Hospital Quality Reporting
<b>CDC</b>	Centers for Disease Control and Prevention	<b>HRSN</b>	Health-Related Social Needs
<b>CDI</b>	<i>Clostridioides difficile</i> Infection	<b>ICU</b>	intensive care unit
<b>CLABSI</b>	central line-associated bloodstream infection	<b>IPPS</b>	Inpatient Prospective Payment System
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>LTCH</b>	long-term care hospital
<b>CST</b>	Cancer-Specific Treatment	<b>MRSA</b>	Methicillin-Resistant <i>Staphylococcus aureus</i>
<b>CY</b>	calendar year	<b>NHSN</b>	National Healthcare Safety Network
<b>EBRT</b>	external beam radiotherapy	<b>PCH</b>	PPS-Exempt Cancer Hospital
<b>ED</b>	emergency department	<b>PCHQR</b>	PPS-Exempt Cancer Hospital Quality Reporting
<b>EHR</b>	electronic health record	<b>PDC</b>	Provider Data Catalog
<b>EOL</b>	End of Life	<b>PPS</b>	prospective payment system
<b>FR</b>	<i>Federal Register</i>	<b>Q</b>	Quarter
<b>FY</b>	fiscal year	<b>SCIP</b>	Surgical Care Improvement Project
<b>HAI</b>	healthcare-associated infection	<b>SSI</b>	Surgical Site Infection

# Purpose

This presentation provides an overview of the fiscal year (FY) 2024 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) PPS final rule with a focus on the PCHQR Program finalized changes.

# Objectives

Participants will be able to locate the FY 2024 IPPS/LTCH PPS final rule and identify the finalized changes that impact participants in the PCHQR Program.

# FY 2024 IPPS/LTCH PPS Final Rule Publication

- The FY 2024 IPPS/LTCH PPS final rule was published in the [\*Federal Register\*](#) on August 28, 2023.
- PCHQR Program sections include:
  - Section IX.B. on pages 59137–59144
  - Section IX.D on pages 59203–59232

PCHQR Program: FY 2024 IPPS/LTCH PPS Final Rule

## **Finalized Changes to the PCHQR Program**

# PCHQR Program Sections

- **Section IX.B: Modification of the COVID-19 Vaccination Coverage Among Healthcare Personnel Measure in the PCHQR Program**
- Section IX.D Updates to the PCHQR Program
  - 1) Background
  - 2) Measure Retention and Removal Factors for the PCHQR Program
  - 3) **Adoption of the Facility Commitment to Health Equity Measure Beginning with the FY 2026 Program Year**
  - 4) **Adoption of the Screening for Social Drivers of Health Measure Beginning with Voluntary Reporting in the FY 2026 Program Year and Mandatory Reporting in the FY 2027 Program Year**
  - 5) **Adoption of the Screen Positive Rate for Social Drivers of Health Beginning with Voluntary Reporting in the FY 2026 Program Year and Mandatory Reporting in the FY 2027 Program Year**
  - 6) **Adoption of the Documentation of Goals of Care Discussions Among Cancer Patients Measure Beginning with the FY 2026 Program Year**



# PCHQR Program Sections

- Section IX.D Updates to the PCHQR Program (continued)
  - 7) Summary of Previously Adopted and New PCHQR Program Measures for FY 2026 Program Year and Subsequent Years**
  - 8) Maintenance of Technical Specifications and Quality Measures
  - 9) Public Display Requirements**
    - **Public Display of Surgical Treatment Complications for Localized Prostate Cancer (PCH-37) Measure Beginning with the FY 2025 Program Year Data**
  - 10) Form, Manner and Timing of Data Submissions**
    - **Updates to the Data Submission and Reporting for the HCAHPS Survey Measure (Consensus-Based Entity [CBE] #0166) Beginning with the FY 2027 Program Year**
  - 11) Extraordinary Circumstances Exceptions Policy Under the PCHQR Program

# Section IX.B

## Modification of the COVID-19 Vaccination Coverage Among Healthcare Personnel Measure for the PCHQR Program

### Overview

- The COVID-19 HCP measure is a process measure developed by the CDC to track COVID-19 vaccination coverage among HCP in settings such as acute care and post-acute care facilities. The measure is reported via the CDC's NHSN.
- Refer to the FY 2022 IPPS/LTCH PPS final rule in the *Federal Register* (86 FR 45430–45431).

# Section IX.B

## Modification of the COVID-19 Vaccination Coverage Among Healthcare Personnel Measure for the PCHQR Program

### Measure Specifications

- Denominator: The number of HCP eligible to work in the facility for at least one day during the reporting period, excluding persons with contraindications to COVID-19 vaccination that are described by the CDC. Facilities report in the following four categories of HCP to NHSN:
  - Employees
  - Licensed Independent Practitioners
  - Adult students/trainees and volunteers
  - Other contract personnel

# Section IX.B

## Modification of the COVID-19 Vaccination Coverage Among Healthcare Personnel Measure for the PCHQR Program

### Measure Specifications

- Numerator: The cumulative number of HCP in the denominator population who are considered up to date with CDC recommended COVID-19 vaccines.

Reference: [COVID-19 Vaccination Modules: Understanding Key Terms and Up to Date Vaccination](#)

# Section IX.B

## Modification of the COVID-19 Vaccination Coverage Among Healthcare Personnel Measure for the PCHQR Program

### Finalized Updated Measure Information

- HCP are considered up to date during the Quarter (Q) 3 2023 reporting period for the PCHQR Program if they meet the following criteria:
  1. Individuals who received an updated bivalent booster dose
- Reference: <https://www.cdc.gov/nhsn/pdfs/nqf/covid-vax-hcpcoverage-rev-2023-508.pdf>

# Section IX.B

## Modification of the COVID-19 Vaccination Coverage Among Healthcare Personnel Measure for the PCHQR Program

### Finalized Measure Summary

There are no changes to the data submission or reporting process.

- CMS finalized the following proposals:
  - Report the updated measure beginning with the Q4 2023 reporting period for the PCHQR Program.
    - Providers would collect the numerator and denominator for the COVID-19 HCP vaccination measure for at least one self-selected week during each month of the reporting quarter and submit data to NHSN before the quarterly deadline.
  - Begin public reporting the modified version of the COVID-19 HCP measure with the October 2024 Provider Data Catalog (PDC) refresh.
    - Each quarterly COVID-19 HCP vaccination rate, as calculated by the CDC, will be publicly reported.

# Section 3

## **Adoption of the Facility Commitment to Health Equity Measure Beginning with the FY 2026 Program Year**

### Overview

- This structural measure assesses PCH commitment to health equity using a suite of equity-focused organizational competencies aimed at achieving health equity for populations that have been disadvantaged, marginalized, and underserved by the healthcare system, such as racial and ethnic minority groups, people with disabilities, members of the lesbian, gay, bisexual, transgender and queer community, individuals with limited English proficiency, rural populations, religious minorities, and people facing socioeconomic challenges.
- This includes five attestation domains: Equity is a Strategic Priority; Data Collection; Data Analysis; Quality Improvement; and Leadership Engagement

# Section 3

## **Adoption of the Facility Commitment to Health Equity Measure Beginning with the FY 2026 Program Year**

### Measure Calculation

- Each attestation-based question represents a separate domain of commitment, representing the denominator as a point, for five points total (one per domain).
- The numerator would capture the total number of domain attestations to which the PCH is able to affirm.
- Measure specifications: <https://cmit.cms.gov/cmit/#/>



# Section 3

## **Adoption of the Facility Commitment to Health Equity Measure Beginning with the FY 2026 Program Year**

### Finalized Measure Summary

- PCHs are required to submit this measure information annually using the Hospital Quality Reporting (HQR) system, beginning with the FY 2026 program year/calendar year (CY) 2024 reporting period.
- Public display will be in the July 2026 PDC refresh or as soon as feasible thereafter.

# Section 4

## **Adoption of the Screening for Social Drivers of Health Measures Beginning with Voluntary Reporting in FY 2026 and Mandatory Reporting in the FY 2027 Program Year**

### Overview

- This measure assesses whether a PCH implements screening for all patients who are 18 years or older at time of admission for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.
- To report on this measure, PCHs will provide: (1) The number of patients admitted to the PCH who are 18 years or older at time of admission and who are screened for all of the five Health-related Social Needs (HRSNs): Food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety; and (2) the total number of patients who are admitted to the PCH who are 18 years or older on the date they are admitted.
- Intent of this measure is to promote adoption of HRSN screening by PCHs. We encourage PCHs to use the screening as a basis for developing their own individual action plans (which could include navigation services and subsequent referral) and as an opportunity to initiate and/or improve partnerships with community-based service providers.

# Section 4

## **Adoption of the Screening for Social Drivers of Health Measures Beginning with Voluntary Reporting in FY 2026 and Mandatory Reporting in the FY 2027 Program Year**

### Measure Calculation

- Cohort: Assess the total number of patients, aged 18 years and older, screened for the five HSRNs.
- Numerator: Number of patients who are 18 years or older on the date of their PCH admission and are screened for the following five HRSNs: Food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety
- Denominator: Number of patients who are admitted to a PCH and who are 18 years or older on the date of admission. The following patients would be excluded from the denominator:
  - Patients who opt-out of screening
  - Patients who are themselves unable to complete the screening during their PCH stay and have no legal guardian or caregiver able to do so on the patient's behalf during their PCH stay

# Section 4

## **Adoption of the Screening for Social Drivers of Health Measures Beginning with Voluntary Reporting in FY 2026 and Mandatory Reporting in the FY 2027 Program Year**

### Measure Calculation

- This measure is calculated as the number of patients admitted to a PCH stay who are 18 years or older on the date of admission screened for all five HRSNs (food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety) divided by the total number of patients 18 years or older on the date of admission admitted to the PCH.
- Measure specifications: <https://cmit.cms.gov/cmit/#/>

# Section 4

## **Adoption of the Screening for Social Drivers of Health Measures Beginning with Voluntary Reporting in FY 2026 and Mandatory Reporting in the FY 2027 Program Year**

### Finalized Measure Summary

- PCHs will be required to submit this measure information annually using the HQR system beginning voluntary reporting in the FY 2026 program year/ CY 2024 reporting period and mandatory reporting in the FY 2027 program year/ CY 2025 reporting period.
  - We will allow PCHs flexibility to select a tool or tools to screen patients for the five HSRNs.
  - CMS encourages PCHs to consider digital standardized screening tools. Refer to the FY 2023 IPPS/LTCH PPS final rule (87 FR 49207) regarding use of certified health information technology.
- Public display will be in the July 2027 PDC refresh or as soon as feasible thereafter.

# Section 5

## **Adoption of the Screen Positive Rate for Social Drivers of Health Measures Beginning with Voluntary Reporting in FY 2026 and Mandatory Reporting in the FY 2027 Program Year**

### Overview

- This process measure assesses the percent of patients admitted to the PCH who are 18 years or older at time of admission who were screened for HRSN and who screen positive for one or more of the core HRSNs, including food insecurity, housing instability, transportation needs, utility difficulties, or interpersonal safety (reported as five separate rates).
- Adoption of the Screen Positive Rate for Social Drivers of Health measure seeks to encourage PCHs to track the prevalence of specific HRSNs among patients over time and use the data to stratify risk as part of quality improvement efforts.
- Reporting data from both the Screening for Social Drivers of Health and Screen Positive Rate for Social Drivers of Health measures will enable both identification and quantification of HRSNs among communities PCHs serve.

# Section 5

## **Adoption of the Screen Positive Rate for Social Drivers of Health Beginning with Voluntary Reporting in FY 2026 and Mandatory Reporting in FY 2027 Program Year**

### Measure Calculation

- Cohort: Percent of patients, 18 years or older on the date of admission for a PCH stay, who were screened for an HRSN, during their inpatient stay and who screened positive for one or more of the following five HRSNs: Food insecurity, housing instability, transportation needs, utility difficulties, or interpersonal safety
- Numerator: Number of patients admitted for an PCH stay who are 18 years or older on the date of admission, who were screened for an HRSN, and who screen positive for having a need in one or more of the five HRSNs (calculated separately).

# Section 5

## Adoption of the Screen Positive Rate for Social Drivers of Health Beginning with Voluntary Reporting in FY 2026 and Mandatory Reporting in FY 2027 Program Year

### Measure Calculation

- Denominator: Number of patients admitted for a PCH stay who are 18 years or older on the date of admission and are screened for one of the HRSNs during their PCH stay. The following patients would be excluded from the denominator:
  - Patients who opt-out of screening
  - Patients who are themselves unable to complete the screening during their inpatient stay and have no caregiver able to do so on the patient's behalf during their inpatient stay
- Measure specifications: <https://cmit.cms.gov/cmit/#/>



# Section 5

## **Adoption of the Screen Positive Rate for Social Drivers of Health Beginning with Voluntary Reporting in FY 2026 and Mandatory Reporting in FY 2027 Program Year**

### Finalized Measure Summary

- PCHs will be required to submit this measure information annually using the HQR system beginning voluntary reporting in the FY 2026 program year/ CY 2024 reporting period and mandatory reporting in the FY 2027 program year/CY 2025 reporting period.
- Public display will be in the July 2027 PDC refresh or as soon as feasible thereafter.

# Section 6

## **Adoption of the Documentation of Goals of Care Discussions Among Cancer Patients Measure Beginning with the FY 2026 Program Year**

### Overview

- This process measure focuses on the essential process of documenting goals of care conversations in the electronic health record (EHR) by assessing the presence of this documentation in the medical record.
- The intent of this measure is for PCHs to track and improve this documentation to ensure that such conversations have taken place, to ensure these have been properly documented in a retrievable manner by all members of the PCH healthcare team, and to facilitate delivery of care that aligns with patients and families' values and unique priorities.
- This measure will require the use of both administrative data for clinical information and discrete documentation in the EHR documenting the goals of care discussion.

# Section 6

## Adoption of the Documentation of Goals of Care Discussions Among Cancer Patients Measure Beginning with the FY 2026 Program Year

### Measure Calculation

- Population: Number of patients who died in the measurement period, including patients participating in clinical trial, if these patients meet the criteria for the measure's population; defined using PCH administrative data (non-claims) and discrete documentation in the EHR as follows:
  - Patients who died at the PCH in the measurement period
  - Patients who had a dx of cancer
  - Patients who had at least two eligible contacts at the PCH within the six months prior to their date of death (Eligible contacts are inpatient admissions and hematology or oncology ambulatory visits at the reporting hospital.)
- Denominator: Number of patients meeting the criteria for inclusion in the measure's population in the reporting period

# Section 6

## Adoption of the Documentation of Goals of Care Discussions Among Cancer Patients Measure Beginning with the FY 2026 Program Year

### Measure Calculation

- Numerator: Number of patients who were included in the denominator for whom a Goals of Care conversation was documented in a structured field in the medical record in one or more of the patient goals field. To meet inclusion in the numerator, the documentation in the EHR would be required to include either of the following:
  - Any documentation in or more patient goals field in the EHR
  - Documentation that the patient opted not to have a goals of care discussion
- Performance reported as a percentage. A higher score is better.  
[Numerator divided by Denominator] x 100
- Measure specifications: <https://cmit.cms.gov/cmit/#/>

# Section 6

## **Adoption of the Documentation of Goals of Care Discussions Among Cancer Patients Measure Beginning with the FY 2026 Program Year**

### Finalized Measure Summary

- PCHs will be required to submit this measure information annually using the HQR system beginning with the FY 2026 program year/ CY 2024 reporting period.
- Public display will be in the July 2026 PDC refresh or as soon as feasible thereafter.

# Section 7: Table IX.D.-03

## Previously Adopted Measures and New Measures for the PCHQR Program Measure Set for FY 2026 Program Year and Subsequent Years

### Safety and Healthcare-Associated Infection

Short Name	CBE #	Measure Name
CAUTI	0138	NHSN Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure
CLABSI	0139	NHSN Central line-associated Bloodstream Infection (CLABSI) Outcome Measure
Flu HCP Vaccination	0431	Influenza Vaccination Among Healthcare Personnel
COVID-19 HCP Vaccination	N/A	COVID-19 Vaccination Coverage Among HCP (Proposed update to previously finalized measure )
Colon and Abdominal Hysterectomy SSI	0753	American College of Surgeons-Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure (currently includes SSIs following Colon Surgery and Abdominal Hysterectomy)
MRSA	1716	NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant <i>Staphylococcus aureus</i> Bacteremia Outcome Measure
CDI	1717	NHSN Facility-wide Inpatient Hospital-onset <i>Clostridioides difficile</i> Infection (CDI) Outcome Measure

# Section 7: Table IX.D.-03

## Previously Adopted Measures and New Measures for the PCHQR Program Measure Set for FY 2026 Program Year and Subsequent Years

### Clinical Process/Oncology Care Measures

Short Name	CBE #	Measure Name
EOL-Chemo	0210	Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life
EOL-Hospice	0215	Proportion of Patients Who Died from Cancer Not Admitted to Hospice

### Intermediate Clinical Outcome Measures

EOL-ICU	0213	Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life
EOL-3DH	0216	Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days

# Section 7: Table IX.D.-03

## Previously Adopted Measures and New Measures for the PCHQR Program Measure Set for FY 2026 Program Year and Subsequent Years

<b>Patient Engagement/Experience of Care</b>		
<b>Short Name</b>	<b>CBE #</b>	<b>Measure Name</b>
HCAHPS	0166	Hospital Consumer Assessment of Healthcare Providers and Systems
<b>Claims Based Outcome Measures</b>		
N/A	N/A	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy
N/A	3188	30-Day Unplanned Readmissions for Cancer Patients
N/A	N/A	Surgical Treatment Complications for Localized Prostate Cancer
<b>Health Equity Measures</b>		
N/A	N/A	Facility Commitment to Health Equity (New measure finalized in this rule)
N/A	N/A	Screening for Social Drivers of Health (New measure finalized in this rule)
N/A	N/A	Screen Positive Rate for Social Drivers of Health (New measure finalized in this rule)



# Section 9:

## Public Display Requirements

- Under Section 1866(k)(4) of the Social Security Act, CMS is required to establish procedures to make data submitted under the PCHQR Program available to the public and allow PCHs to review the data prior to public display.
- CMS is finalized the timetable for public display of data for one PCHQR Program measure: Surgical Treatment Complications for Localized Prostate Cancer (PCH-37)

# Section 9:

## Public Display Requirements

### Public Display of Surgical Treatment Complications for Localized Prostate Cancer Measure Beginning with FY 2025 Program Year Data

- CMS finalized to begin public display of the Surgical Treatment Complications for Localized Prostate Cancer (PCH-37) measure beginning with the FY 2025 program year (July 1, 2021–June 30, 2022).
- CMS will make the FY 2025 program year PCH-37 data publicly available, following the 30-day preview period, during the July 2024 PDC refresh cycle or as soon as feasible thereafter.
- CMS provided confidential reports on the data collected for the FY 2024 (July 1, 2020–June 30, 2021) program year in summer 2023.

# Table IX.D-04

## Previously Finalized and Newly Finalized Public Display Requirements for the PCHQR Program

Measures	Public Reporting
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey (CBE #0166)	2016 and subsequent years
<ul style="list-style-type: none"> <li>• ACS-CDC Harmonized Procedure Specific SSI– Colon and Abdominal Hysterectomy (CBE #0753)</li> <li>• NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia (CBE #1716)</li> <li>• NHSN Facility-wide Inpatient-Hospital-onset CDI (CBE #1717)</li> <li>• NHSN Influenza Vaccination Coverage Among HCP (CBE #0431)</li> </ul>	2019 and subsequent years
<ul style="list-style-type: none"> <li>• COVID-19 Vaccination Coverage Among HCP (PCH-38)</li> </ul>	October 2022 and subsequent years
<ul style="list-style-type: none"> <li>• Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy (PCH-30 and PCH-31)</li> </ul>	April 2020 and subsequent years
<ul style="list-style-type: none"> <li>• CAUTI (CBE #0138)</li> <li>• CLABSI (CBE #0139)</li> </ul>	October 2022 and subsequent years

# Table IX.D-04

## Previously Finalized and Newly Finalized Public Display Requirements for the PCHQR Program

Measures	Public Reporting
<ul style="list-style-type: none"> <li>Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (CBE #0210)</li> <li>Proportion of Patients Who Died from Cancer Not Admitted to Hospice (CBE #0215)**</li> <li>Proportion of Patients Who Died from Cancer Admitted to the Intensive Care Unit in the Last 30 Days of Life (CBE #0213)</li> <li>Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days (CBE #0216)**</li> </ul>	<p>July 2024 or as soon as feasible thereafter</p>
30-Day Unplanned Readmissions for Cancer Patients (CBE #3188)	<p>October 2023 or as soon as feasible thereafter</p>
Surgical Treatment Complications for Localized Prostate Cancer Measure (PCH-37)	<p>July 2024 or as soon as feasible thereafter</p>
Facility Commitment to Health Equity	<p>July 2026 or as soon as feasible thereafter</p>
Screening for Social Drivers of Health	<p>July 2027 or as soon as feasible thereafter</p>
Screen Positive Rate for Social Drivers of Health	<p>July 2027 or as soon as feasible thereafter</p>
Documentation of Goals of Care Discussion Among Cancer Patients	<p>July 2026 or as soon as feasible thereafter</p>

# Section 10: Form, Manner, and Timing of Data Submission

- Refer to the final rule publications provided in this final rule (88 FR 59229) for previously finalized procedural requirements.
- CMS has finalized updates to the data submission and reporting requirements for the HCAHPS survey measure (CBE #0166).
  - The PCHQR Program adopted this in the FY 2014 IPPS/LTCH PPS final rule (78 FR 50852–50853).
  - Reporting and submission requirements were established in the FY 2016 IPPS/LTCH final rule (80 FR 49720–49722) and FY 2020 IPPS/LTCH PPS final rule (84 FR 42510–42512).

# Section 10: Form, Manner, and Timing of Data Submission

## Updates to the Data Submission and Reporting Requirements for the HCAHPS Survey Measure (CBE #0166) Beginning with the FY 2027 Program Year

- Large scale mode experiments were conducted in 2021 to test adding the web mode and other updates to the form, manner, and timing of the HCAHPS survey data collection and reporting. The four main goals are to:
  - Test the large-scale feasibility of web-first sequential multimode survey administrations in an inpatient setting.
  - Investigate whether mode effects significantly differ between individuals with email addresses available to the data collection vendor compared to individuals without email addresses available to the vendor.
  - Develop mode adjustments to be used in future national implementation.
  - Test potential new survey items.
- This experiment included the three currently approved modes (mail only, phone only, and mail-phone/mail with phone follow-up) and three additional mode protocols which added an initial web phase: web-mail, web-phone, and web-mail-phone.

# Section 10: Form, Manner, and Timing of Data Submission

## Updates to the Data Submission and Reporting Requirements for the HCAHPS Survey Measure (CBE #0166) Beginning with the FY 2027 Program Year

Beginning with CY 2025 discharges, we finalized the following updates:

- Added three new modes of survey implementation to include web-mail, web-phone, and web-mail-phone
- Removed prohibition of proxy respondents to the HCAHPS survey and allow a patient's proxy to respond

# Section 10: Form, Manner, and Timing of Data Submission

## Updates to the Data Submission and Reporting Requirements for the HCAHPS Survey Measure (CBE #0166) Beginning with the FY 2027 Program Year

- Extended the data collection period for the HCAHPS survey from 42 to 49 days
- Limited the number of supplemental HCAHPS survey items to 12 which aligns with other CMS Consumer Assessment of Healthcare Providers and Systems surveys
- Required the use official Spanish translation for Spanish language-preferring patients
- Removed administration mode not currently used, Active Interactive Voice Response



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## **Closing Remarks**

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