FY 2025 IPPS/LTCH PPS Final Rule Overview for Hospital Quality Programs

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Purpose

This presentation will provide an overview of the fiscal year (FY) 2025 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) final rule as it relates to the following programs:

- Hospital IQR Program
- Hospital VBP Program
- HAC Reduction Program
- HRRP
- Medicare Promoting Interoperability Program

Acronyms

Objectives

Participants will be able to:

- Locate the FY 2025 IPPS/LTCH PPS final rule text.

- Identify finalized program changes within the FY 2025 IPPS/LTCH PPS final rule.

Acronyms and Abbreviations

ADT	Admission, Discharge, Transfer		**CY**	calendar year
AMI	acute myocardial infarction		**eCQM**	electronic clinical quality measure
APU	Annual Payment Update		**EH**	eligible hospital
AR	Antibiotic Resistance		**EHR**	electronic health record
AU	Antibiotic Use		**eMAR**	electronic medical administration record
AUR	Antimicrobial Use and Resistance		**FI**	falls with injury
BCMA	Bar Code Medication Administration		**FR**	*Federal Register*
CAH	critical access hospital		**FTR**	fail-to-rescue
CAUTI	catheter-associated urinary tract infection		**FY**	fiscal year
CCSQ	Center for Clinical Standards and Quality		**HAC**	Hospital-Acquired Condition
CDC	Centers for Disease Control and Prevention		**HACRP**	Hospital-Acquired Condition Reporting Program
CEHRT	Certified Electronic Health Record Technology		**HCAHPS**	Hospital Consumer Assessment of Healthcare Providers and Systems
CLABSI	central line-associated bloodstream infection		**HF**	heart failure
CMS	Centers for Medicare & Medicaid Services			

Acronyms and Abbreviations

HH	Hospital Harm	**PN**	pneumonia
HRRP	Hospital Readmissions Reduction Program	**PPS**	Prospective Payment System
HQR	Hospital Quality Reporting	**PRF**	post-operative respiratory failure
IPPS	Inpatient Prospective Payment System	**PSI**	Patient Safety Indicator
IQR	Inpatient Quality Reporting	**Q**	quarter
LTCH	long-term care hospital	**QMVIG**	Quality Measurement and Value-Based Incentives Group
MedPAR	Medicare Provider Analysis and Review	**RF**	respiratory failure
NHSN	National Healthcare Safety Network	**THA**	total hip arthroplasty
Onc	oncology	**TKA**	total knee arthroplasty
PCHQR	PPS-Exempt Cancer Hospital Quality Reporting	**VBP**	Value-Based Purchasing

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Hospital IQR Program

Information Only: Proposed Continuation of Voluntary Hybrid Measures Data

CMS proposes extending voluntary reporting of the core clinical data elements and linking variables for the two Hospital IQR Program hybrid measures. This proposal was published in the [2025 Outpatient Prospective Payment System proposed rule](#) on July 10, 2024.

If finalized, this would modify Hybrid Hospital-Wide Readmission and Hybrid Hospital-Wide Mortality for the measurement period July 1, 2023, through June 30, 2024.

- CMS proposes only using claims and administrative data to calculate the hybrid measures for public reporting.

- FY 2026 annual payment determinations would not be affected by the reporting of core clinical data elements and linking variables.

- CMS encourages your review of the full proposal and seeks public [comment](#) by September 9, 2024.

Acronyms

Overview of Hospital IQR Program Finalized Changes

- Adopted seven new measures

- Removed five claims-based measures

- Refined two current measures

- Finalized the reporting and submission requirements for electronic clinical quality measures (eCQMs)

- Finalized changes to the eCQM validation scoring

- Finalized the reconsideration and appeals submission of validation reconsideration medical records

Adopted Seven
New Measures

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

Finalized New Measure #1: Patient Safety Structural Measure

Measure Description: Assess if hospitals have implemented strategies and practices that strengthen systems and culture for safety

- A set of statements that hospitals must attest to exemplify a culture of safety and leadership commitment to transparency, accountability, patient and family engagement, and continuous learning and improvement.

- Each of the five domains include five related attestation statements.

  o NOTE: CMS finalized the proposal with a modification to the attestation statement in Domain 4 Statement B.

- For a hospital to affirmatively attest to a domain, and receive a point for that domain, a hospital must evaluate and determine whether it engaged in each of the statements.

Acronyms

Finalized New Measure #1: Patient Safety Structural Measure

Attestation Domain	Intent
Domain 1: Leadership Commitment to Eliminating Preventable Harm	Senior leadership and governing board must be accountable for patient safety outcomes and ensure that patient safety is the highest priority for the hospital. The most senior governing board must oversee all safety activities and hold the organizational leadership accountable for outcomes.
Domain 2: Strategic Planning & Organizational Policy	Hospitals must leverage strategic planning and organizational policies to demonstrate a commitment to safety as a core value. Hospitals should acknowledge the ultimate goal of zero preventable harm, even while recognizing that this goal may not be currently attainable and requires a continual process of improvement and commitment.
Domain 3: Culture of Safety & Learning Health Systems	Hospitals must integrate a suite of evidence-based practices and protocols that are fundamental to cultivating a hospital culture that prioritizes safety and establishes a learning system both within and across hospitals.
Domain 4: Accountability & Transparency	There must exist a culture that promotes event reporting without fear or hesitation, and safety data collection and analysis with the free flow of information.
Domain 5: Patient & Family Engagement	Hospitals must embed patients, families, and caregivers as co-producers of safety and health through meaningful involvement in safety activities, quality improvement, and oversight.

Finalized New Measure #2: Age Friendly Hospital Measure

Measure Description: Assesses hospital commitment to improving care for patients 65 years or older receiving services in the hospital, operating room, or emergency department

- This consists of five domains that address essential aspects of clinical care for older patients.

- This will evaluate and determine whether they can affirmatively attest to each domain for each hospital reported under their CMS Certification Number.

- 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).

- Hospitals would receive credit for the reporting of their measure results regardless of their responses to the attestation questions.

Finalized New Measure #2:
Age Friendly Hospital Measure

Attestation Domain	Intent
Domain 1: Eliciting Patient Healthcare Goals	Focuses on obtaining patient's health related goals and treatment preferences which will inform shared decision making and goal concordant care
Domain 2: Responsible Medication Management	Aims to optimize medication management through monitoring of the pharmacological record for drugs that may be considered inappropriate in older adults due to increased risk of harm
Domain 3: Frailty Screening and Intervention	Aims to screen patients for geriatric issues related to frailty including cognitive impairment/delirium, physical function/mobility, and malnutrition for the purpose of early detection and intervention where appropriate
Domain 4: Social Vulnerability	Seeks to ensure that hospitals recognize the importance of social vulnerability screening of older adults and have systems in place to ensure that social issues are identified and addressed as part of the care plan
Domain 5: Age-Friendly Care Leadership	Seeks to ensure consistent quality of care for older adults through the identification of an age friendly champion and/or interprofessional committee tasked with ensuring compliance with all components of this measure

Finalized New Measure #3: CAUTI-Onc

- **Measure Description:** Rate of CAUTIs for patients being treated in locations mapped as "oncology wards"

- **Numerator:** Number of annually observed CAUTIs among acute care hospital inpatients in oncology wards

- **Denominator:** Number of annually predicted CAUTIs among acute care hospital inpatients in oncology wards

- **Submission:** Submit to National Healthcare Safety Network (NHSN) on a quarterly basis

  o Hospitals would collect the numerator and denominator for the CAUTI-Onc measure each month.

Acronyms   15

Finalized New Measure #4: CLABSI-Onc

- **Measure Description:** Rate of CLABSIs for patients being treated in locations mapped as "oncology wards"

- **Numerator:** Number of annually observed CLABSIs among acute care hospital inpatients in oncology wards

- **Denominator:** Number of annually predicted CLABSIs among acute care hospital inpatients in oncology wards

- **Submission:** Submit to NHSN on a quarterly basis

  - Hospitals would collect the numerator and denominator for the CAUTI-Onc measure each month.

Acronyms   16

Finalized New Measure #5: HH-FI eCQM

- **Measure Description:** The risk-adjusted outcome eCQM 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.

- **Numerator:** Inpatient hospitalizations where the patient has a fall that results in moderate injury (such as lacerations, open wounds, dislocations, sprains, and strains) or major injury (such as fractures, closed head injuries, internal bleeding)

- **Denominator:** Inpatient hospitalizations for patients aged 18 and older with a length of stay less than or equal to 120 days that ends during the measurement period

- This is part of the eCQM measure set from which hospitals can self-select measures to report to meet the eCQM reporting requirement.

Acronyms   17

Finalized New Measure #6: HH-RF eCQM

- **Measure Description:** The risk-adjusted outcome eCQM ensures that post-operative respiratory failure (PRF) events are tracked, identifies hospitals that have persistently high rates of PRF, and enables hospitals to more reliability assess harm reduction efforts.
  - PRFs are defined as unplanned endotracheal reintubation, prolonged inability to wean from mechanical ventilation, or inadequate oxygenation and/or ventilation.

- **Numerator:** Elective inpatient hospitalizations for patients with postoperative respiratory failure

- **Denominator:** Elective inpatient hospitalizations that end during the measurement period for patients 18 years old and older without an obstetrical condition and at least one surgical procedure was performed within the first three days of the encounter

- This is part of the eCQM measure set from which hospitals can self-select measures to report to meet the eCQM reporting requirement.

Finalized New Measure #7: Thirty-day Risk-Standardized Death Rate among Surgical Inpatients with Complications

- **Measure Description:** This is a claims-based risk-standardized measure of death after hospital-acquired complication, defined as the probability of death given a postoperative complication.

- **Numerator:** Patients who died within 30 days from the date of their first "operating room" procedure, regardless of site of death

- **Denominator:** Patients 18 years old and older admitted for certain procedures in the General Surgery, Orthopedic, or Cardiovascular Medicare Severity Diagnosis Related Groups who were enrolled in the Medicare program and had a documented complication that was not present on admission Thirty-day Risk-Standardized Death Rate among Surgical Inpatients with Complications

Finalized Removal of Current Hospital IQR Program Measures

Measure Name	Removed Beginning
Death Among Surgical Inpatients with Serious Treatable Complications (CMS Patient Safety Indicator [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

Acronyms

Finalized Refinement #1

Global Malnutrition Composite Score eCQM

Finalized Refinement: Expand the applicable population from hospitalized adults 65 or older to hospitalized adults 18 or older.

Finalized Timeline: Modified version will begin with the CY 2026 reporting period/FY 2028 payment determination.

Acronyms   21

Finalized: Progressive Increase in the Number of Mandatory eCQMs

CMS finalized with a modification to the proposal:

Reporting Period/ Payment Determination	Proposed Number of eCQMs	Finalized Modification
CY 2026/FY 2028	Nine	Eight
CY 2027/FY 2029	Eleven	Nine
CY 2028/FY 2030	--	Eleven

In finalizing eCQM reporting requirements with revisions, we 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.

Finalized: Progressive Increase in the Number of Mandatory eCQMs

Reporting Period/ Payment Determination	Total eCQMs Reported	eCQMs Required to Be Reported
Finalized: CY 2026/FY 2028	Eight	• Three self-selected eCQMs; and • Safe Use of Opioids - Concurrent Prescribing eCQM; and • Cesarean Birth eCQM; and • Severe Obstetric Complications eCQM; and • Hospital Harm - Severe Hyperglycemia eCQM; and • Hospital Harm - Severe Hypoglycemia eCQM.
Finalized: CY 2027/FY 2029	Nine	• Three self-selected eCQMs; and • Safe Use of Opioids - Concurrent Prescribing eCQM; and • Cesarean Birth eCQM; and • Severe Obstetric Complications eCQM; and • Hospital Harm - Severe Hyperglycemia eCQM; and • Hospital Harm - Severe Hypoglycemia eCQM; and • Hospital Harm - Opioid-Related Adverse Events eCQM.
Finalized: CY 2028/FY 2030 (and for subsequent years)	Eleven	• Three self-selected eCQMs; and • Safe Use of Opioids - Concurrent Prescribing eCQM; and • Cesarean Birth eCQM; and • Severe Obstetric Complications eCQM; and • Hospital Harm - Severe Hyperglycemia eCQM; and • Hospital Harm - Severe Hypoglycemia eCQM; and • Hospital Harm - Opioid-Related Adverse Events eCQM; and • Hospital Harm – Pressure Injury eCQM; and • Hospital Harm – Acute Kidney Injury eCQM.

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Division of Consumer Assessment and Plan Performance, CMS

Hospital IQR Program HCAHPS

Hospital IQR Program and Hospital VBP Program HCAHPS

Finalized modification of the HCAHPS Survey Measure

- Beginning with the CY 2025 Reporting Period/FY 2027 Payment Determination for the Hospital IQR Program

- FY 2030 Program Year for the Hospital VBP Program

Finalized Hospital IQR Program HCAHPS: Patient Experience of Care

- Patient experience measures are included in the Universal Foundation.
- One goal of the CMS National Quality Strategy is to bring patient voices to the forefront.
  - It is critical to collect direct feedback from patients on hospital performance.
- HCAHPS Survey (Consensus-Based Entity #0166) asks recently discharged patients about key aspects of their hospital experience.
  - This produces systematic, standardized, and comparable information about patient experience of hospital care.
  - This promotes person-centered care.

Finalized Hospital IQR Program HCAHPS: Terminology

HCAHPS is **one measure** in the Hospital IQR Program, PPS-exempt Cancer Hospital Quality Reporting Program, and Hospital VBP Program.

- Publicly reported HCAHPS elements are called "sub-measures."
    - Sub-measures are composed of a single or multiple survey questions.
    - They are publicly reported on Care Compare.
- In Hospital VBP, HCAHPS sub-measures are called "dimensions."

Acronyms   27

Overview of Hospital IQR Program HCAHPS Finalized Changes

- Current HCAHPS Survey: 29 questions
- **Updated HCAHPS Survey: 32 questions**
  - o Eight new questions added
  - o Five current questions removed
  - o **Begins with January 1, 2025, patient discharges**
- Minimal increase in respondent burden
  - o Net change: Three additional questions

Overview of Hospital IQR Program HCAHPS Finalized Changes

- New questions form these three new sub-measures:
  - Care Coordination
  - Restfulness of Hospital Environment
  - Information about Symptoms
- In addition:
  - Care Transition sub-measure removed from survey in January 2025.
  - Responsiveness of Hospital Staff sub-measure will be temporarily removed and revised.

Acronyms 29

Hospital IQR Program HCAHPS Finalized Public Reporting Details

Table IX.B.2-02 Hospital IQR and PCHQR Programs Public Reporting Timeline for the Current and Updated Version of the 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

Finalized Hospital IQR Program HCAHPS About You Section

- **About You** questions:
  - Patient demographic information
  - Used in patient-mix adjustment and Congressional reports
- Remove Emergency Room Admission question
- Add new Planned Stay question
  - For use in patient-mix adjustment of Updated HCAHPS Survey
- Several minor changes to **About You** item wording, sequence, and response options

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.

  o Black, Hispanic, Spanish language-preferring, younger, and maternity patients are more likely to respond to a telephone survey.

  o Older patients are more likely to respond to a mail survey.

- We refer hospitals to the Improving Representativeness of the HCAHPS Survey podcast on the HCAHPS website: https://hcahpsonline.org/en/podcasts/#ImprovingRepresentativeness

Finalized Hospital IQR Program HCAHPS: For More Information

For detailed information about the finalized Updated HCAHPS Survey, visit the [official HCAHPS web site](#) for:

- Updated HCAHPS Survey
  - Mail, Telephone, and Web modes
- Crosswalk of questions from current survey to updated HCAHPS Survey
- Crosswalk of Updated HCAHPS Survey questions to publicly reported sub-measures
- Crosswalk of Updated HCAHPS Survey questions to Hospital VBP Program dimensions
  - FY 2027 to FY 2029
  - FY 2030 and forward

https://hcahpsonline.org/en/updated-hcahps-survey/

Finalized Hospital IQR Program HCAHPS Web Site

Alex Feilmeier, MHA
Program Manager, HQR Validation Support Contractor

Hospital IQR Program Validation

Finalized Modification of eCQM Validation Scoring

Previous policy:

- Accuracy of eCQM data does not affect hospital's end-of-year confidence interval score.

- Annual Payment Update (APU) only impacted by the completeness of eCQM medical record submission.

- This will have been in place for eight years; average agreement rates have been above 75%.

Newly finalized policy:

- Submitters must meet 75% upper bound confidence interval requirement based on validation of eCQM data accuracy.

- This begins with CY 2025 eCQM data, affecting FY 2028 payment determination

Acronyms   36

Finalized Modification of the Combined Validation Scoring Process

Existing policy:

- Measure agreement rates for chart-abstracted and eCQMs are combined into one weighted end-of-year confidence interval calculation.

- The chart-abstracted measure agreement rate is weighted at 100%.

Newly finalized policy:

- Two separate confidence intervals are calculated, one for chart-abstracted measures and one for eCQMs .

- To meet validation requirements for APU, the upper bound of both confidence intervals must be ≥ to 75%.

Acronyms 37

Summary of Current and Finalized Validation Scoring Policies

Validation Process Description	Quarters of Data Required for Validation	Scoring
Current Validation Scoring through FY 2027 Payment Determination (FY 2023 IPPS/LTCH PPS final rule, pages 49308 through 49310)		
Up to 200 Random Hospitals + up to 200 Targeted Hospitals selected for both Chart-Abstracted Measures and eCQM Validation	1Q 2024 – 4Q 2024	**Chart-Abstracted Measures:** At least 75% validation score (weighted at 100%) And **eCQMs:** Successful submission of 100% of requested medical records
Finalized Update to eCQM Validation Scoring for the FY 2028 Payment Determination and Subsequent Years		
Up to 200 Random Hospitals + up to 200 Targeted Hospitals selected for both Chart-Abstracted Measures and eCQM Validation	1Q 2025 – 4Q 2025	**Chart-Abstracted Measures:** At least 75% validation score And **eCQMs:** At least 75% validation score

Finalized to Remove the 100% Medical Record Submission Requirement

- CMS removed the requirement regarding the submission of 100% of requested eCQM medical records.

- Use same methodology currently used to score chart-abstracted measure validation.

  o A missing medical record would be treated as a "mismatch" and used in the calculation of a final eCQM validation score.

- This begins with CY 2025 eCQM data, affecting FY 2028 payment determination.

Alex Feilmeier, MHA
Program Manager, HQR Validation Support Contractor

Hospital IQR Program Reconsiderations and Appeals

Finalized: Submission of Validation Reconsideration Medical Records

- CMS no longer requires hospitals to resubmit medical records as part of their request for reconsideration of validation.

  o Since records are now submitted and stored electronically, it's no longer necessary.

- Hospitals that need to submit a revised medical record may still do so, but it is no longer required.

- This begins with CY 2023 discharges, affecting the FY 2026 payment determination.

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Medicare Promoting Interoperability Program, QMVIG, CCSQ, CMS

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

Medicare Promoting Interoperability Program Finalized Changes Overview

- Increasing the performance-based minimum scoring threshold
  - CY 2025: from 60 points to 70 points
  - CY 2026: from 70 points to 80 points
- Separating the Antimicrobial Use and Resistance (AUR) Surveillance measure into two measures
- Additional exclusions for AU and AR measures
- Adoption of 2 eCQMs and modification of 1 eCQM

Acronyms 43

Finalized: AUR Surveillance Measure Separation: AU and AR measures

AUR Measure Separation

- Antibiotic Use (AU) Surveillance measure

  The eligible hospital or CAH is in active engagement with CDC's NHSN to submit AU data for the selected EHR reporting period and receives a report from NHSN indicating its successful submission of AU data for the selected EHR reporting period.

- Antibiotic Resistance (AR) Surveillance measure

  The eligible hospital or CAH is in active engagement with CDC's NHSN to submit AR data for the selected EHR reporting period and receives a report from NHSN indicating its successful submission of AR data for the selected EHR reporting period.

Finalized AU and AR Measures: Active Engagement

- Submit level of active engagement for the AU and AR Surveillance measures beginning with the EHR reporting period in CY 2025.

  - Prior level of active engagement for the AUR Surveillance measure will not carry over from CY 2024.

- EH and CAHs may spend only one EHR reporting period at the Option 1: *Pre-production and Validation* level of active engagement

- Must progress to Option 2: *Validated Data Production* level in the next EHR reporting period

Finalized AU and AR Measures: Exclusions

Any eligible hospital or CAH may be excluded from the AU and/or AR Surveillance measure if the eligible hospital or CAH:

1. Does not have any patients in any patient care location for which data are collected by NHSN during the EHR reporting period;

2. Does not have an eMAR/BCMA electronic records or an electronic ADT system during the EHR reporting period; or

3. Does not have a data source containing the minimal discrete data elements that are required for reporting.

Finalized eCQMs:
New and Modified

- New eCQMs available for self-selection:

  o   Hospital Harm – Falls with Injury eCQM

  o   Hospital Harm – Postoperative Respiratory Failure eCQM

- Modified eCQM:

  o   The Global Malnutrition Composite Score eCQM to screen all patients age 18 and older instead of only those over age 65

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Hospital VBP Program

Hospital VBP Program Finalized Overview

- CMS finalized modifications to the HCAHPS Survey measure:

  o The HCAHPS Survey measure collection beginning with FY 2030.

  o Hospital VBP Program scoring of the HCAHPS Survey for the FY 2027 through FY 2029 program years to score hospitals on only those dimensions of the survey that would remain unchanged from the current version.

  o The scoring in FY 2030 to account for the adoption of the proposed modifications to the HCAHPS Survey measure that would result in a total of nine survey dimensions for the updated HCAHPS Survey measure in the Hospital VBP Program.

- CMS provided estimated and newly established performance standards for the FY 2027 through FY 2030 program years.

Finalized: Adoption of the Updated HCAHPS Survey Measure

- Hospitals MUST administer the updated version of the survey starting with January 1, 2025, discharges.

  o For the Hospital VBP Program, we will only score hospitals on the six unchanged dimensions of the HCAHPS Survey.

- CMS will modify scoring to NOT include Responsiveness of Hospital Staff and Care Transition dimensions from scoring in the Hospital VBP Program's HCAHPS Survey measure in the Person and Community Engagement domain for the **FY 2027 through FY 2029** program years.

- CMS will resume scoring the Responsiveness of Hospital Staff dimension beginning with the FY 2030 program year.

- The Care Transition dimension in the current version of the survey would be updated to be removed permanently in the updated HCAHPS Survey measure and would be removed from the Hospital VBP Program scoring beginning with the FY 2030 program year.

Acronyms

Finalized: Adoption of the Updated HCAHPS Survey Measure

- There are six dimensions that will continue in the Hospital VBP Program for FY 2027, FY 2028, and FY 2029.

- These six dimensions of the HCAHPS Survey for the Hospital VBP Program are the following:

  o Communication with Nurses

  o Communication with Doctors

  o Communication about Medicines

  o Discharge Information

  o Cleanliness and Quietness

  o Overall Rating

Finalized: Modify Scoring of the HCAHPS Survey

- CMS finalized a new scoring methodology beginning with the FY 2030 program year.

  - For each of the nine dimensions, Achievement Points (0–10 points) and Improvement Points (0–9 points) would be calculated.

  - The larger of which would be summed across the nine dimensions to create a pre-normalized HCAHPS Base Score of 0–90 points (as compared to 0–80 points with the current eight dimensions).

- The new Cleanliness and Information about Symptoms dimension will take the average of the stand-alone Cleanliness and Information about Symptoms questions to obtain a score for the new Cleanliness and Information about Symptoms dimension.

  - CMS finalized combining these two questions to not put more weight on these single-question dimensions compared to the rest of the HCAHPS dimensions, which are multi-question dimensions (except for Overall Rating).

FY 2025 Tables 16, 16A, and 16B

- Table 16 (Proxy Adjustment Factors)
  - Table 16 is based on FY 2024 Total Performance Scores.
  - Available on CMS.gov: https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-ipps-proposed-rule-home-page
- 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 2025, CMS intends to display Table 16B in the Fall of 2024.

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HAC Reduction Program and HRRP

HAC Reduction Program Overview

- The HAC Reduction Program creates an incentive for hospitals to reduce the incidence of hospital-acquired conditions by reducing payment by 1% for applicable hospitals that rank in the worst performing quartile on select measures of hospital-acquired conditions.

- CMS did not propose and is not finalizing any changes to the HAC Reduction Program in the FY 2025 IPPS/LTCH PPS final rule.

- We note that all previously finalized policies under this program will continue to apply and refer readers to the FY 2024 IPPS/LTCH PPS final rule (88 FR 59108 through 59114) for information on these policies.

Acronyms 55

HRRP Overview

- HRRP is a type of value-based purchasing program that reduces payments to hospitals with excess readmissions. It also supports CMS's goal of improving health care for patients by linking payment to the quality of hospital care.

- CMS did not propose and is not finalizing any changes to the HRRP in the FY 2025 IPPS/LTCH PPS final rule.

- We note that all previously finalized policies under this program will continue to apply and refer readers to the FY 2023 IPPS/LTCH PPS final rule (87 FR 49081 through 49094) for information on these policies.

Acronyms 56

Request for Comment

Advancing Patient Safety and Outcomes Across the Hospital Quality Programs

- CMS requested feedback on ways the agency can encourage hospitals to place greater focus on care coordination to improve post-discharge outcomes for patients.

- Specifically, CMS sought public feedback to build on current measures in several quality reporting programs that could be considered in value-based purchasing programs.

- These measures could account for unplanned, post-discharge hospital visits to account for the full range of post-discharge outcomes beyond inpatient readmissions, including unplanned returns to the emergency department and receipt of observation services within 30 days of a patient's discharge from an inpatient stay.

- The final rule provides a summary of the responses we received.

Acronyms

HAC Reduction Program and HRRP Resources

HAC Reduction Program Information:

- [HAC Reduction Program page](#) on CMS.gov

- [HAC Reduction Program page](#) on the QualityNet website

HRRP Information and Readmission Measures Methodology:

- [HRRP page](#) on CMS.gov

- [HRRP page](#) on the QualityNet website

- [Readmission Measures Methodology page](#) on the QualityNet website

HAC Reduction Program or HRRP General Inquiries:

- [QualityNet Question and Answer Tool](#):

  o Navigate to the Ask a Question tab.

  o Under the Program list, select HACRP – Hospital-Acquired Condition Reduction Program or HRRP – Hospital Readmissions Reduction Program.

Acronyms

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FY 2025 IPPS/LTCH PPS Final Rule Page Directory

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- Download the FY 2025 IPPS/LTCH PPS final rule from the *Federal Register:*

  https://www.govinfo.gov/content/pkg/FR-2024-08-28/pdf/2024-17021.pdf

- Details regarding various quality programs can be found on the pages listed below:

  o HRRP pp. 69400

  o Hospital VBP Program pp. 69400 - 69410

  o HAC Reduction Program pp. 69410 - 69411

  o Hospital IQR Program pp. 69515 - 69577

  o PPS-exempt Cancer Hospital Quality Reporting Program pp. 69577 - 69580

  o Promoting Interoperability Program pp. 69600 - 69626

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Overview for Hospital Quality Programs

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.

Acronyms 62

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Thank You

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Acronyms