



PCHQR Program: FY 2025 IPPS/LTCH PPS Proposed Rule

May 23, 2024

Speakers

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Question and Answer Limitations

- CMS can only address procedural questions about comment submissions.
- CMS cannot address any rule-related questions.
- We appreciate your understanding of these constraints.
- CMS looks forward to your formal comments on the proposed rule.

Acronyms and Abbreviations

| | | | |
|---------------|--|--------------|--|
| ACS | American College of Surgeons | HCP | healthcare personnel |
| CAUTI | catheter-associated urinary tract infection | ICU | intensive care unit |
| CBE | Consensus-Based Entity | IPPS | Inpatient Prospective Payment System |
| CDC | Centers for Disease Control and Prevention | LTCH | long-term care hospital |
| CDI | <i>Clostridioides difficile</i> Infection | MRSA | Methicillin-Resistant <i>Staphylococcus aureus</i> |
| CLABSI | central line-associated bloodstream infection | NHSN | National Healthcare Safety Network |
| CMS | Centers for Medicare & Medicaid Services | PCH | PPS-Exempt Cancer Hospital |
| CY | calendar year | PCHQR | PPS-Exempt Cancer Hospital Quality Reporting |
| ED | emergency department | PPS | prospective payment system |
| FY | fiscal year | SSI | Surgical Site Infection |
| HCAHPS | Hospital Consumer Assessment of Healthcare Providers and Systems | | |

Purpose

This presentation provides an overview of the fiscal year (FY) 2025 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) PPS proposed rule with a focus on the proposed changes in the PCHQR Program.

Objectives

Participants will be able to:

- Locate the FY 2025 IPPS/LTCH PPS proposed rule.
- Identify proposed changes that may impact the PCHQR Program.
- Understand how and when to submit comments to CMS regarding the proposed rule.

FY 2025 IPPS/LTCH PPS Proposed Rule Publication

- The FY 2025 IPPS/LTCH PPS proposed rule was published in the [Federal Register](#) on May 2, 2024.
- PCHQR Program sections include:
 - Section IX.B.1 on pages 351–360
 - Section IX.B.2 on pages 360–367
 - Section D on pages 408–410

PCHQR Program: FY 2025 IPPS/LTCH PPS Proposed Rule

Proposed Changes to the PCHQR Program

PCHQR Program Sections

- Section IX.B.1 Proposed Adoption of the Patient Safety Structural Measure in the PCHQR Program
- Section IX.B.2 Proposal to Modify the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Measure Beginning with the Calendar Year (CY) 2025 Reporting Period/FY 2027 Program Year for the PCHQR Program
- Section IX.D Proposed Changes to the PCHQR Program
 - 1) Background
 - 2) Proposal to Adopt the Patient Safety Structural Measure Beginning with the CY 2025 Reporting Period/FY 2027 Program Year
 - 3) Proposal to Modify the HCAHPS Survey Measure Beginning with the CY 2025 Reporting Period/FY 2027 Program Year
 - 4) Summary of Previously Adopted and Newly Proposed PCHQR Program Measures for the CY 2025 Reporting Period/FY 2027 Program Year
 - 5) Proposal to Move Up the Start Date for Public Display of the Hospital Commitment to Health Equity Measure
 - 6) Summary of Previously Finalized Public Display Policies and Public Display Start Date Change for the PCHQR Program

Background

- The PCHQR Program, authorized by section 1866(k) of the Social Security Act, applies to hospitals described in section 1886(d)(1)(B)(v) of the Social Security Act (referred to as “PPS-Exempt Cancer Hospitals” or “PCHs”).
- In this proposed rule, CMS is proposing the following:
 - To adopt the Patient Safety Structural measure beginning with the CY 2025 reporting period/FY 2027 program year
 - To modify the HCAHPS Survey measure
 - To move up the start date for public display of PCH performance on the Hospital Commitment to Health Equity measure

Proposed Adoption of the Patient Safety Structural Measure

Overview

- This is a structural, attestation-based measure to assess whether PCHs have a structure and culture that prioritizes safety, demonstrated by five complementary domains:
 - 1) Leadership commitment to eliminating preventable harm
 - 2) Strategic planning and organization policy
 - 3) Culture of safety and learning health system
 - 4) Accountability and transparency
 - 5) Patient and family engagement
- Hospitals would attest whether they engage in specific evidence-based best practices within each of these domains to achieve a score of five out five points.
- This measure drives action and improvements in safety and addresses the gap in systems-level measurement for safety within the PCHQR Program.

Proposed Adoption of the Patient Safety Structural Measure

| Attestation Domain | Intent |
|---|---|
| Domain 1: Leadership Commitment to Eliminating Preventable Harm | The senior leadership and governing board at hospitals set the tone for commitment to patient safety, must be accountable for patient safety outcomes, and ensure that patient safety is highest priority for the hospital. |
| Domain 2: Strategic Planning & Organizational Policy | Hospital must leverage strategic planning and organization policies to demonstrate a commitment to safety as a core value. Hospitals should acknowledge the goal of zero preventable harm. |
| 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 | Accountability for outcomes, as well as transparency around safety events and performance, represent the cornerstones of a culture of safety. 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 | Hospital must embed patients, families, and caregivers as co-producers of safety and health through meaning involvement in safety activities, quality improvement, and oversight. |

Proposed Adoption of the Patient Safety Structural Measure

Measure Calculation

- The Patient Safety Structural measure consists of five domains, each representing a complementary, but separate safety commitment.
- For a hospital to affirmatively attest to a domain, and receive a point for that domain, a hospital would evaluate and determine whether it engaged in each of the statements that comprise the domain, for a total of five possible points (one point per domain; there would not be partial points for a domain).
 - The hospital's overall score for the Patient Safety Structural measure can range from a total of 0 to 5 points.
- For more details on the measure specifications for the PCHQR Program, we refer readers to the following resources:
 - Patient Safety Structural Measure page on the CMS Measures Inventory Tool: <https://cmit.cms.gov/cmit/#/MeasureView?variantId=13088§ionNumber=1>.
 - Patient Safety Structural Measure Attestation Guide on QualityNet: <https://qualitynet.com.gov/inpatient/iqr/proposedmeasures>

Proposed Adoption of the Patient Safety Structural Measure

Proposal Summary

CMS is proposing to:

- Adopt the Patient Safety Structural measure beginning with the CY 2025 reporting period/FY 2027 program year.
- Submit information for the Patient Safety Structural measure once annually using the data submission and reporting standard procedures set forth by the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN).
 - Please refer to the CDC'S NHSN website: <https://www.cdc.gov/nhsn/index.html>.
- Public reporting of the PCHs measure performance score (ranging from 0 to 5 points) would be annually on the Provider Data Catalog (available at <Data.cms.gov>) beginning in fall 2026.

Proposal to Modify HCAHPS Survey Measure

Overview

- New questions form 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 temporarily removed and revised.
- This begins with the CY 2025 Reporting Period/FY 2027 Program Year for the PCHQR Program.
- Current survey has **29** questions; updated survey has **32** questions.
 - Eight new questions added, and five current questions removed.
 - Minimal increase in respondent burden with net change of three additional questions.
- Survey begins with January 1, 2025, patient discharges.

Proposal to Modify HCAHPS Survey Measure

Patient Experience of Care

- Patient experience measures are included in the Universal Foundation.
- One CMS National Quality Strategy goal 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 (CBE) #0166) asks recently discharged patients about key aspects of their hospital experience to:
 - Produce systematic, standardized, and comparable information about patients' experience of hospital care.
 - Promote person-centered care.

Terminology

- HCAHPS is **one measure** in the Hospital Inpatient Quality Reporting Program, Hospital Value-Based Purchasing Program, and PCHQR Program.
- HCAHPS elements that are publicly reported called **sub-measures**.
 - Sub-measures consist of a single or multiple survey questions.
 - PCHQR Program data are only publicly reported on the data catalog on data.cms.gov.

Proposal to Modify HCAHPS Survey Measure

Public Reporting Details

| Table IX.B.2-02 Hospital IQR and PCHQR Programs Public Reporting Timeline for the Current and Proposed 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*** |

Proposal to Modify HCAHPS Survey Measure

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

HCAHPS Survey Proposal: For More Information

For More Information

For detailed information about the proposed Updated HCAHPS Survey, visit the official HCAHPS website:

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

- Updated HCAHPS Survey
- Crosswalk of questions from current survey to updated HCAHPS Survey
- Crosswalk of Updated HCAHPS Survey questions to publicly reported sub-measures



HCAHPS
Hospital Consumer Assessment of
Healthcare Providers and Systems

Updated HCAHPS Survey

- Home
- What's New
- Updated HCAHPS Survey**
- Improving Patient Exp
- Facts and FAQs
- Mode & Patient-Mix Adj
- Summary Analyses
- HCAHPS Star Ratings**
- HCAHPS and Hospital VBP
- Discrepancy Report
- Exception Request
- Approved Vendor List
- Quality Assurance
- HCAHPS Minimum Business Requirements**
- Training Materials
- Attestation Statement
- Podcasts
- Technical Specifications
- Survey Instruments
- Contact Us/Links
- Sitemap

The "Updated HCAHPS Survey" page provides several documents. Please note that all of the Updated HCAHPS Survey documents are for the 1808-PJ.

More information about the Updated HCAHPS Survey and the current survey is available. Currently available documents and crosswalks may be accessed through the following links:

- [PROPOSED Updated HCAHPS Survey \(Mail mode\)...](#)
- [Crosswalk of questions from the current HCAHPS Survey to the PROPOSED Updated HCAHPS Survey](#)
- [Crosswalk of questions from the PROPOSED Updated HCAHPS Survey to the current HCAHPS Survey](#)
- [Crosswalk of questions from the PROPOSED Updated HCAHPS Survey to the current HCAHPS Survey](#)
- [Crosswalk of questions from the PROPOSED Updated HCAHPS Survey to the current HCAHPS Survey](#)

This page was last modified on (04/11/2024)

Table IX.D.-01 Previously Adopted Measures and Proposed Measures for the PCHQR Program Measure Set for CY 2025 Reporting Period/FY 2027 Program Year

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 (HCP) |
| COVID-19 HCP Vaccination | N/A | COVID-19 Vaccination Coverage Among HCP |
| Colon and Abdominal Hysterectomy SSI | 0753 | American College of Surgeons (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 |

Table IX.D.-01 Previously Adopted Measures and Proposed Measures for the PCHQR Program Measure Set for CY 2025 Reporting Period/FY 2027 Program Year

Safety and Healthcare-Associated Infection

| Short Name | CBE # | Measure Name |
|------------|-------|---|
| CDI | 1717 | NHSN Facility-wide Inpatient Hospital-onset <i>Clostridioides difficile</i> Infection (CDI) Outcome Measure |
| N/A | N/A | Patient Safety Structural Measure (New measure proposed in this proposed rule) |

Clinical Process/Oncology Care Measures

| | | |
|-------------|------|--|
| 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 |

Table IX.D.-01 Previously Adopted Measures and Proposed Measures for the PCHQR Program Measure Set for CY 2025 Reporting Period/FY 2027 Program Year

Patient Engagement/Experience of Care

| Short Name | CBE # | Measure Name |
|------------|-------|--|
| HCAHPS | 0166 | Hospital Consumer Assessment of Healthcare Providers and Systems |
| N/A | N/A | Documentation of Goals of Care Discussions Among Cancer Patients |

Claims Based Outcome Measures

| | | |
|-----|------|--|
| 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 |

Health Equity Measures

| | | |
|-----|-----|---|
| N/A | N/A | Hospital Commitment to Health Equity |
| N/A | N/A | Screening for Social Drivers of Health |
| N/A | N/A | Screen Positive Rate for Social Drivers of Health |

Proposal to Move Up Start Date for Public Display of Hospital Commitment to Health Equity Measure

- CMS is proposing to modify the timeline for beginning to publicly report PCH performance on this measure.
 - Specifically, public reporting would use CY 2024 data beginning January 2026 or as soon as feasible thereafter.
- CMS believes that the public would benefit from having access to the information sooner because the data provide an opportunity to recognize PCHs that have attested to their commitment to health equity at an earlier date.
- Additionally, this modification would promote efficiencies through alignment of the performance periods, data submission periods, and the anticipated public reporting release with other quality reporting programs simultaneously.

Table IX.D-02: Summary of Previously Finalized Public Display Policies and Proposed Public Display Start Date Change for the PCHQR Program

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

*Public reporting of four quarters of the updated HCAHPS Survey data on the data catalog on data.cms.gov will be in October 2026. Please refer to page 365 (Table IX.B.2-02) of this [proposed rule](#) for more details.

Table IX.D-02: Summary of Previously Finalized Public Display Policies and Proposed Public Display Start Date Change for the PCHQR Program

| Measures | Public Reporting |
|--|---|
| <ul style="list-style-type: none"> Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (CBE #0210) Proportion of Patients Who Died from Cancer Not Admitted to Hospice (CBE #0215) Proportion of Patients Who Died from Cancer Admitted to the Intensive Care Unit in the Last 30 Days of Life (CBE #0213) Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days (CBE #0216) | <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> |
| Hospital Commitment to Health Equity* | <p>January 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> |

*Proposed new start date for publicly displaying this measure

PCHQR Program: FY 2025 IPPS/LTCH PPS Proposed Rule

Submitting Comments on the Proposed Rule

Comment Submission

- CMS appreciates and needs your comments concerning the proposed rule.
- To be assured consideration, comments on all sections of this proposed rule must be received no later than **5:00 p.m. Eastern Time, June 10, 2024.**
- CMS will respond to all comments that are within the scope of the proposed rule.

Summary of Topics for Public Comment

- Adoption of the Patient Structural Safety measure beginning with the CY 2025 Reporting Period/FY 2027 Program Year
- Modification to the HCAHPS Survey measure beginning with the CY 2025 Reporting Period/FY 2027 Program Year
- Move up start date for public display of the Hospital Commitment to Health Equity measure

Methods of Providing Comments

Three methods of providing comments on the proposed rule:

- Electronic submission: <https://www.Regulations.gov>
- Address for regular mail:
 - Centers for Medicare & Medicaid Services
 - Department of Health and Human Services
 - Attention: CMS-1808-P
 - P.O. Box 8013
 - Baltimore, MD 21244-8013
- Address for express/overnight mail:
 - Centers for Medicare & Medicaid Services
 - Department of Health and Human Services
 - Attention: CMS-1808-P
 - Mail Stop C4-26-05
 - 7500 Security Boulevard
 - Baltimore, MD 21244-1850

Submitting a Formal Comment

- Navigate to the [Federal Register](https://www.federalregister.gov) or [Regulations.gov](https://www.regulations.gov) site.
- Select **Submit A Formal Comment** or **Comment**.
- Due date is June 10, 2024.



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The Daily Journal of the United States Government

Proposed Rule

Medicare and Medicaid Programs and the Children's Health Insurance Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates; Quality Programs Requirements; and Other Policy Changes

A Proposed Rule by the Centers for Medicare & Medicaid Services on 05/02/2024

This document has a comment period that ends in 31 days. (06/10/2024)

SUBMIT A FORMAL COMMENT

OR



PROPOSED RULE

Medicare and Medicaid Programs and the Children's Health Insurance Program: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System, etc.

Agency Centers for Medicare&Medicaid Services | Posted May 2, 2024 | ID CMS-2024-0131-0025

Comment

Comments Due Jun 10, 2024

PCHQR Program: FY 2025 IPPS/LTCH PPS Proposed Rule

Closing Remarks

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