



Prospective Payment System (PPS)-exempt Cancer Hospital Quality Reporting (PCHQR) Program

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

PCHQR Program: FY 2025 IPPS/LTCH PPS Proposed Rule Presentation Transcript

Speakers

Jennifer Tate, MPH, MLS(ASCP)CM Lead, PCHQR Program

Commander, United States Public Health Service
Center for Clinical Standards and Quality
Quality Measurement and Value-Based Incentives Group
Division of Value-Based Incentives & Quality Reporting, CMS

Lisa Vinson, BS, BSN, RN

Program Lead, PCHQR Program
Inpatient VIQR Outreach and Education Support Contractor

May 23, 2024

2:00 p.m. Eastern Time

DISCLAIMER: This presentation document was current at the time of publication and/or upload onto the Quality Reporting Center and QualityNet websites. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; this information will remain as an archived copy with no updates performed.

Any references or links to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the question-and-answer session and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

Prospective Payment System (PPS)-exempt Cancer Hospital Quality Reporting (PCHQR) Program

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

Lisa Vinson: Hello. Welcome to today's PPS-exempt Cancer Hospital Quality Reporting Program Outreach and Education event entitled, *Fiscal Year 2025 IPPS/LTCH PPS Proposed Rule*. My name is Lisa Vinson, and I will be one of the speakers for today's event. I serve as the Program Lead for the PCHQR Program within the Inpatient Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor. As the title indicates, we will be discussing the fiscal year 2025 IPPS/LTCH PPS proposed rule. Please note that today's event is specific for participants in the PCHQR Program. Although the proposed rule contains content that addresses the Hospital Inpatient Quality Reporting, or IQR, Program and the LTCH Quality Reporting Programs, we will only be focusing on the PCHQR Program section. If your facility is participating in the Hospital IQR or LTCH [Quality Reporting] Programs, please contact your designated program lead to determine when there will be or if there has been a presentation on your section of the fiscal year 2025 proposed rule. If you have questions unrelated to the current webinar topic, we recommend searching for the topic in the [QualityNet Question and Answer Tool](#). If you do not find a similar topic, feel free to use the tool to submit a new question. The QualityNet Question and Answer Tool can be accessed via the QualityNet home page, under the Help header. On our next slide, we will discuss the question and answer limitations for today's event.

Our main speaker for today is Jennifer Tate. Jennifer is the lead for the PCHQR Program and Commander for the United States Public Health Service at CMS within the Center for Clinical Standards and Quality, Quality Measurement and Value-Based Incentives Group and Division of Value-Based Incentives & Quality Reporting.

On our next slide, we will discuss the question and answer limitations for today's event.

As stated previously, questions can be submitted via the Question function. Please be mindful that questions submitted pertaining to this event have limitations. The limitations include CMS only addressing procedural questions about the comment submission process. Please keep in mind that CMS is not able to address any rule-related questions.

Prospective Payment System (PPS)-exempt Cancer Hospital Quality Reporting (PCHQR) Program

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

Later during this presentation, I will be reviewing the comment submission process, and CMS looks forward to receiving your formal comments on the proposed rule.

This slide lists the acronyms and abbreviations you may hear and see today. These acronyms and abbreviations include C-B-E for Consensus-Based Entity; C-D-C for Centers for Disease Control and Prevention; F-Y for fiscal year; and H-C-A-H-P-S or H-Caps for Hospital Consumer Assessment of Healthcare Providers and Systems.

The purpose of today's event is to provide overview of the fiscal year 2025 IPPS/LTCH PPS proposed rule with a focus on the proposed changes in the PCHQR Program.

There are three main objectives for today's webinar. Program participants should be able to locate the fiscal year 2025 IPPS/LTCH PPS proposed rule, identify the proposed changes possibly impacting participants in the PCHQR Program, and, lastly, understand how and when to submit comments to CMS regarding the proposed rule

The fiscal year 2025 IPPS/LTCH PPS proposed rule was published to the *Federal Register* on Monday, May 2. The *Federal Register* version can be accessed by clicking the hyperlink on this slide. There are three pertinent PCHQR Program sections, which are outlined here. Section 9.B.1 on pages 351 through 360 discusses the proposed adoption of a new measure, Patient Safety Structural Measure. Section 9.B.2 on pages 360 through 367 provides a discussion about the proposed modifications to the HCAHPS measure, and Section D on pages 408 through 410. This section discusses the proposed changes to the PCHQR Program. At this time, I would like to turn the presentation over to Jennifer. She will further discuss, in detail, all of the above proposed changes for the PCHQR Program. Jennifer, the floor is yours.

Jennifer Tate:

Thank you, Lisa. Good day, everyone. My name is Jennifer Tate, and I am the PCHQR Program lead.

Prospective Payment System (PPS)-exempt Cancer Hospital Quality Reporting (PCHQR) Program

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

The next several slides will walk through the proposals in the FY 2025 IPPS/LTCH [PPS] proposed rule for the PCHQR Program.

This slide highlights the sections of this presentation. We will begin with a brief background of the program and then walk through the proposals.

So, the PCHQR Program is authorized by section 1866 (k) of the Social Security Act and applies to PPS-exempt Cancer Hospitals. In this proposed rule, CMS is proposing the following: to adopt the Patient Safety Structural Measure, beginning with the calendar year 2025 reporting period/fiscal year 2027 program year. We also are proposing to modify the HCAHPS Survey measure and to move the start date for public display of PCH performance on the Hospital Commitment to Health Equity measure.

So, CMS proposed to adopt the Patient Safety Structural Measure. This is a structural attestation-based measure to assess whether PCHs have a structure and culture that prioritizes safety, demonstrated by five complementary domains, including leadership commitment to eliminating preventable harm, strategic planning and organization policy, a culture of safety and learning health system, and accountability and transparency, as well as patient and family engagement. This measure drives action and improvements in safety and addresses the gap in systems-level measurements for safety within the PCHQR Program.

This slide describes the five domains of the Patient Safety Structural Measure and the intent of each of them. For example, Domain 1, Leadership Commitment to Eliminating Preventable Harm, is demonstrated through setting the tone for patient safety and being accountable for safety outcomes.

Here is a description of how the measure is calculated. The Patient Safety Structural Measure consists of five complementary domains, each represents a separate commitment to patient safety.

Prospective Payment System (PPS)-exempt Cancer Hospital Quality Reporting (PCHQR) Program

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

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 make up the domain for a total of five possible points, or one point per domain. The hospital's overall score for the Patient Safety Structural Measure can range from a total of 0 to 5 points. For more information, please refer to the resources linked on this slide.

So, to summarize, CMS is proposing to adopt the Patient Safety Structural Measure, beginning with the calendar year 2025 reporting period/fiscal year 2027 program year. PCHs will submit information for the Patient Safety Structural Measure once a year using the data submission period and reporting standard procedures set forth by the Centers for Disease Control and Prevention's National Health Care Safety Network, or NHSN. Public reporting of the PCH's measure performance score will be annually displayed on the Provider Data Catalog, beginning in fall of 2026.

Next, we will discuss the proposal to modify the HCAHPS Survey measure. New questions form three new sub-measures, which are Care Coordination, Restfulness of Hospital Environment, and Information about Symptoms. In addition to these new sub-measures, the Care Transition sub-measure will be removed from the survey in January 2025. Responsiveness of Hospital Staff sub-measure was temporarily removed and revised. These updates would begin with the calendar year 2025 reporting period and fiscal year 2027 program year for the PCHQR Program. Currently, the survey has 29 questions. The updated survey has 32 questions. So, eight new questions will be added, while five current questions will be removed. The survey begins with January 1, 2025, patient discharges.

Patient experience measures are included in the Universal Foundation. The CMS National Quality Strategy goal is to bring patient voices to the forefront. The HCAHPS survey asked recently discharged patients about key aspects of their hospital experience to produce systematic, standardized, and comparable information about patients experience of hospital care and to promote patient-centered care.

Prospective Payment System (PPS)-exempt Cancer Hospital Quality Reporting (PCHQR) Program

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

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

The table on this slide shows the public reporting timeline for the current and proposed versions of the HCAHPS Survey measure. This table is in the FY 2025 proposed rule.

Part of the proposed modifications of the HCAHPS Survey measure includes changing the About You section, removing the Emergency Room Admission question, and adding a new Planned Stay section for some of the proposed changes to the HCAHPS Survey measure.

For detailed information about the proposed updates to the HCAHPS survey, visit the official HCAHPS survey website linked on this slide.

So, the next three slides contain tables of the current measures and the proposed new measure in the PCHQR Program. The new measure is the Patient Safety Structural Measure found on the next slide as a continuation of the Safety and Healthcare-Associated Infection section.

Here is just the continuation of the measures in the program.

So, the final proposal we are going to discuss is the proposal to modify the timeline to begin publicly reporting PCH performance on the Hospital Commitment to Health Equity measure. CMS is proposing to publicly report calendar year 2024 data, beginning with January 2026 or soon as feasible thereafter. CMS believes that the public will benefit from having access to the information sooner because the data will provide an opportunity to recognize PCHs that have attested to their commitment to health equity at an earlier date. Also, this proposed modification would promote alignment across other quality programs.

Prospective Payment System (PPS)-exempt Cancer Hospital Quality Reporting (PCHQR) Program

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

So, the next two slides contain tables summarizing previously finalized public display policies and the proposed public display start date change for the PCHQR Program.

The proposed earlier public reporting date of the Hospital Commitment to Health Equity measure is on this table. Just to note, again, that these measures are publicly reported on the data catalog at data.cms.gov. That concludes the PCHQR Program FY 2025 IPPS/LTCH [PPS] proposals walkthrough. I will pass the presentation back to Lisa to go through the comment submission process to the proposed rule.

Lisa Vinson:

Thank you, Jennifer. At this time, I would like to review the areas CMS is requesting comments on specific to the fiscal year 2025 IPPS/LTCH PPS proposed rule, as it relates to the PCHQR Program, as well as the process to electronically submit your comments.

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. CMS will respond to all comments that are within the scope of the proposed rule.

During Jennifer's discussion of the proposed changes for the PCHQR Program, there were a few proposals that CMS is requesting public comment on. These include adoption of the Patient Structural Safety Measure, beginning with the calendar year 2025 reporting period/fiscal year 2027 program year; modification to the HCAHPS Survey measure, beginning with the calendar year 2025 reporting period/fiscal year 2027 program year; and moving up the start date for public display of the Hospital Commitment to Health Equity measure.

As indicated on this slide, there are three ways you can submit comments on the fiscal year 2025 proposed rule: electronically, via regular mail, or express or overnight mail. Of note, CMS is not able to accept comment submissions via fax. Specific details, such as the address and addressee are listed on this slide.

Prospective Payment System (PPS)-exempt Cancer Hospital Quality Reporting (PCHQR) Program

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

To electronically submit your comments, you may begin this process here as illustrated on this slide by selecting the Submit a Formal Comment button on the *Federal Register* page. This is the top image. The second option is via the [Regulations.gov](https://www.regulations.gov) site, which is shown as the bottom image, and, on this site, you would select the Comment button as denoted by the red box on this slide. By making either selection, you will need to follow the directions provided to formally submit your comment. Please remember that the comment period for the proposed rule closes June 10 at 5:00 p.m. Eastern Time.

This concludes our event for today. Again, please remember that comments regarding the fiscal year 2025 IPPS/LTCH PPS proposed rule are due by Monday, June 10. You can refer to slide 30 of this presentation for more details on the comment submission process.

Thank you again for us joining us today. We hope you enjoy the remainder of your day.