



**Prospective Payment System (PPS)-Exempt  
Cancer Hospital Quality Reporting Program:  
FY 2025 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>ICU</b>	intensive care unit
<b>CDC</b>	Centers for Disease Control and Prevention	<b>IPPS</b>	Inpatient Prospective Payment System
<b>CDI</b>	<i>Clostridioides difficile</i> Infection	<b>LTCH</b>	long-term care hospital
<b>CLABSI</b>	central line-associated bloodstream infection	<b>MRSA</b>	Methicillin-Resistant <i>Staphylococcus aureus</i>
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>NHSN</b>	National Healthcare Safety Network
<b>CY</b>	calendar year	<b>PCH</b>	PPS-Exempt Cancer Hospital
<b>ED</b>	emergency department	<b>PCHQR</b>	PPS-Exempt Cancer Hospital Quality Reporting
<b>EOL</b>	End of Life	<b>PPS</b>	prospective payment system
<b>FY</b>	fiscal year	<b>SSI</b>	Surgical Site Infection

# Purpose

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

# Objectives

Participants will be able to:

- Locate the FY 2025 IPPS/LTCH PPS final rule.
- Identify finalized changes that will impact the PCHQR Program.

# FY 2025 IPPS/LTCH PPS Final Rule Publication

- The FY 2025 IPPS/LTCH PPS final rule was published in the [\*Federal Register\*](#) on August 28, 2024.
- PCHQR Program sections include:
  - Section IX.B.1 on pages 69455–69488
  - Section IX.B.2 on pages 69489–69507
  - Section IX.D on pages 69577–69580

PCHQR Program: FY 2025 IPPS/LTCH PPS Final Rule

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

# Summary of Finalized Changes

## Section IX.D: Changes to the PCHQR Program

- Section IX.D.2: Adoption of the Patient Safety Structural Measure Beginning with the Calendar Year (CY) 2025 Reporting Period/ FY 2027 Program Year (Refer to Section IX.B.1)
- Section IX.D.3: Modification of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Measure Beginning with the CY 2025 Reporting Period/FY 2027 Program Year (Refer to Section IX.B.2)
- Section IX.D.5: New Start Date for Public Display of the Hospital Commitment to Health Equity Measure



# Adoption of 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:
  - 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 will attest whether they engage in specific evidence-based best practices within each of these domains to achieve a score of five out five points.
  - 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.

# Adoption of the Patient Safety Structural Measure

Attestation Domain	Intent
<b>Domain 1:</b> 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.
<b>Domain 2:</b> 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.
<b>Domain 3:</b> 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.
<b>Domain 4:</b> 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.
<b>Domain 5:</b> 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.

# Adoption of the Patient Safety Structural Measure

For more details on the measure specifications for the PCHQR Program, refer to the following resources:

- Patient Safety Structural Measure page on QualityNet:  
<https://qualitynet.cms.gov/pch/measures/safety>
- Patient Safety Structural Measure page on the CMS Measures Inventory Tool:  
<https://cmit.cms.gov/cmit/#/MeasureView?variantId=13088&sectionNumber=1>.

# Adoption of the Patient Safety Structural Measure

- CMS finalized adoption of 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) will be annually on the data catalog on [data.cms.gov](https://data.cms.gov) beginning in fall 2026.

# HCAHPS:

## Modification of the HCAHPS Survey Measure

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CMS finalized the modification of the HCAHPS Survey Measure for the PCHQR Program, beginning with the CY 2025 Reporting Period/FY 2027 Program Year.

# 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.
- The 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.

# HCAHPS: Terminology

- HCAHPS is **one measure** in the Hospital Inpatient Quality Reporting Program, Hospital Value-Based Purchasing Program, and PCHQR Program.
- Publicly reported HCAHPS elements are called sub-measures.
  - Sub-measures consist of a single survey question or multiple survey questions.
  - They are publicly reported on the data catalog on [data.cms.gov](https://data.cms.gov)

# HCAHPS: Finalized Changes

- Current HCAHPS Survey: 29 questions
- Updated HCAHPS Survey: 32 questions
  - Eight new questions added.
  - Five current questions removed.
  - Begin with January 1, 2025, patient discharges.
- Minimal increase in respondent burden with a net change of three additional questions.



# HCAHPS: Finalized Changes

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

# HCAHPS: 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***

# 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
  - Use in patient-mix adjustment of Updated HCAHPS Survey
- Several minor changes to About You item wording, sequence, and response options

# HCAHPS: For More Information

For detailed information about the finalized Updated HCAHPS Survey, visit the official HCAHPS web site:  
<https://hcahpsonline.org/en/updated-hcahps-survey/>

- 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

# HCAHPS: Website

**HCAHPS**  
Hospital Consumer Assessment of  
Healthcare Providers and Systems

**CAHPS® Hospital Survey**

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

**Web-First Survey Mode Adjustments Beginning with January 2025 Discharges Available on the Mode and Patient-Mix Adjustment Page**

Please click [here](#) to access the Mode and Patient-Mix Adjustment Page.

The DRAFT Updated HCAHPS Survey Instruments are Now Available on the [Survey Instruments Page](#).

The "Updated HCAHPS Survey" page provides several documents about the Updated HCAHPS Survey, which will be administered beginning with patients discharged on January 1, 2025 and forward.

*Please note that all of the Updated HCAHPS Survey documents are proposed until the finalization of the **FY 2025 proposed Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals rule (CMS-1808-P)**.*

More information about the Updated HCAHPS Survey and the finalization of the FY 2025 proposed Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals rule (CMS-1808-P) will be added over time. Currently available documents and crosswalks may be accessed below.

- [PROPOSED Updated HCAHPS Survey \(Mail mode\), effective with patients discharged on January 1, 2025 and forward.](#)
- [Crosswalk of questions from the current HCAHPS Survey to the PROPOSED Updated HCAHPS Survey.](#)
- [Crosswalk of questions for the PROPOSED Updated HCAHPS Survey into publicly reported measures, beginning with the October 2026 Care Compare refresh.](#)
- [Crosswalk of questions from the PROPOSED Updated HCAHPS Survey into Hospital Value-Based Purchasing Person and Community Engagement Domain dimensions, FY 2027 to FY 2029 program years.](#)
- [Crosswalk of questions from the PROPOSED Updated HCAHPS Survey into Hospital Value-Based Purchasing Person and Community Engagement Domain dimensions, FY 2030 program year and forward.](#)

# Table IX.D.-01

## Previously Adopted and Newly Finalized Measures for the PCHQR Program Measure Set Beginning with the 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 and Newly Finalized Measures for the PCHQR Program Measure Set Beginning with the 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 finalized in this final 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 and Newly Finalized Measures for the PCHQR Program Measure Set Beginning with the 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



# Public Display of Hospital Commitment to Health Equity Measure New Start Date

- CMS finalized to accelerate the timeline for beginning to publicly report PCH performance on this measure.
  - Specifically, public reporting will 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 Newly Finalized 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"> <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-02

## Summary of Previously Finalized Public Display Policies and Newly Finalized Public Display Start Date Change 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>
Hospital Commitment to Health Equity (Finalized new start date for publicly displaying this measure)	<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>

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## **Closing Remarks**

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