



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

Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

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

Speakers

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Lisa Vinson: Hello. Welcome to today's PPS-Exempt Cancer Hospital Quality Reporting Program Outreach and Education event entitled *Fiscal Year 2025 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) Final 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 Inpatient and Outpatient Healthcare Quality Systems Development and Program Support. As the title indicates, we will be discussing the fiscal year 2025 IPPS/LTCH PPS final rule. Please note that today's event is specific for participants in the PCHQR Program. Although the final rule contains content that addresses the Hospital Inpatient Quality Reporting (IQR) 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 final 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.

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 and Quality Reporting.

This slide lists the acronyms and abbreviations you may hear and see today. These acronyms and abbreviations include CBE for Consensus-Based Entity, CDC for Centers for Disease Control and Prevention, FY for fiscal year, HCP for healthcare personnel, HCAHPS or H-CAPS for Hospital Consumer Assessment of Healthcare Providers and Systems, and NHSN for National Healthcare Safety Network.

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This purpose of today's presentation is to provide an overview of the fiscal year 2025 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System final rule with a focus on the finalized changes in the PCHQR Program.

At the culmination of today's event, participants will be able to locate the fiscal year 2025 IPPS/LTCH PPS final rule and identify finalized changes that will impact the PCHQR Program.

Lastly, the fiscal year 2025 IPPS/LTCH PPS final rule was published to the *Federal Register* on Wednesday, August 28, 2024. The *Federal Register* version can be accessed by clicking the hyperlink on this slide. There are three pertinent PCHQR Program sections, which are outlined on this slide as well.

- Section 10 [9] B.1 is on pages 69455–69488. This section discusses the finalized adoption of a new measure, the Patient Safety Structural Measure.
- Section 10 [9] B.2 is on pages 69489–69507. This section provides a discussion about the finalized modifications to the HCAHPS measure.
- Section 10 [9] D is on pages 69577–69580. This section discusses the finalized changes specific 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 finalized 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. The next several slides will walk through the finalized changes in the FY 2025 IPPS/LTCH [PPS] final rule for the PCHQR Program.

This slide highlights the finalized sections to the PCHQR Program, and they are as follows: the adoption of the patient safety structural measure beginning with calendar year 2025 reporting period, fiscal year 2027

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program year; the modification of the Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS, Survey measure beginning with calendar year 2025 reporting period, fiscal year 2027 program year; and the new public display of the Hospital Commitment to Health Equity measure.

So, beginning with the adoption of the Patient Safety Structural Measure, this is a structural adaptation-based measure that assesses whether PCHs have a structure and culture that prioritizes safety, demonstrated by five complimentary domains, including Leadership Commitment to Eliminating Preventable Harm and Patient and Family Engagement.

This table 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 patient safety outcomes.

For more information on Patient Safety Structural Measure specifications for the PCHQR Program, please refer to the resources on this slide.

As mentioned earlier, the Patient Safety Structural Measure adoption will begin with the calendar year 2025 reporting period and fiscal year 2027 program year. Information for the Patient Safety Structural Measure is submitted once annually using the data submission and reporting standard procedures set forth by the Centers for Disease Control and Prevention's National Healthcare Safety Network. Public reporting of the PCH's measure performance score, ranging from 0 to 5 points, will be displayed annually on the data catalog on data.cms.gov beginning in fall of 2026.

Next, we will discuss the finalized modification of the HCAHPS Survey measure beginning with the calendar year 2025 reporting period, fiscal year 2027 program year.

Patient experience measures are included in the Universal Foundation. The CMS National Quality Strategy goal is to bring patient voices to the forefront.

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The HCAHPS Survey asked recently discharged patients about key aspects of the hospital experience to produce systematic, standardized, and comparable information about patients' experience of hospital care and to promote person-centered care. HCAHPS is one measure in the Hospital Inpatient Quality Reporting Program, Hospital Value-Based Purchasing Program, and the PCHQR Program. It has elements that are publicly reported sub-measures, which consist of single or multiple survey questions. PCHQR Program data are only publicly reported on the data catalog on data.cms.gov.

As part of the finalized changes to the HCAHPS Survey, the number of questions updated from 29 to 32 questions, and it will begin with January 1, 2025, patient discharges. Since five questions were removed and eight new ones were added, we believe that the net gain of three questions is a minimal increase to respondent burden.

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

This table provides details on the public reporting timeline for the current and updated version of the HCAHPS Survey measure.

The updates to the About You section of the HCAHPS Survey include removing the emergency room admission question, adding a new planned stay question, and several minor changes to the About You item wording, sequence, and response options.

For more information about the finalized updated HCAHPS Survey, please visit the official HCAHPS website link on this slide.

Once you accessed the HCAHPS website, you can click on the updated HCAHPS Survey button on the left-hand side of the screen for more information about the changes to the survey.

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The next three slides show the previously adopted and newly finalized measures in the PCHQR Program, beginning with the calendar year 2025 reporting period, fiscal year 2027 program year.

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

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

That concludes the discussion of the finalized FY 2025 IPPS/LTCH [PPS] updates for the PCHQR Program. I will pass the presentation back to Lisa for closing remarks.

Lisa Vinson:

This concludes the content portion of today's webinar entitled *PCHQR Program Fiscal Year 2025 IPPS/LTCH PPS Final Rule*. After this presentation, you will have the opportunity to complete a survey. We ask that you complete the survey as we value your feedback regarding what works well as well as any areas for improvement in future presentations. Thank you for your time and attention. Enjoy the remainder of your day.