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INSIGHTS

Changes to Quality Programs under the FY 2024 Inpatient PPS Proposed Rule

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On April 10, 2023, the Centers for Medicare and Medicaid Services (CMS) released their proposed inpatient hospital payment rule for FY2024. While most hospital payment changes in the rule were minimal (MS-DRGs, wage index, new-technology add-on payments, etc.). CMS is proposing numerous changes to hospital quality programs under Medicare.

HOSPITAL INPATIENT QUALITY REPORTING (IQR) PROGRAM

The Hospital IQR Program is a CMS data collection effort intended to equip consumers with quality-of-care information to make more informed decisions about healthcare options and to encourage hospitals and clinicians to improve the quality of inpatient care provided to all patients. Hospitals change choose which sub-set of measures they want to submit from various categories (i.e. Two chart-abstracted measures and two hybrid measures, etc.).

In the FY 2024 IPPS/LTCH PPS proposed rule, CMS is proposing **adding** three new quality measures, **removing** three existing quality measures, and **modifying** three current quality measures.

CMS is proposing to **adding** three new electronic clinical quality measures (eCQMs) to the list of eCQMs:

- Hospital Harm – **Pressure Injury eCQM**, with inclusion in the eCQM measure set beginning with the CY 2025 reporting period/FY 2027 payment determination. Measure is the proportion of inpatients with Stage 2-4, DTI, or unstageable pressure injuries that are POA-N. More information on this measure can be found [here](#).
- Hospital Harm – **Acute Kidney Injury eCQM**, with inclusion in the eCQM measure set beginning with the CY 2025 reporting period/FY 2027 payment. Measure is the proportion of inpatient hospitalizations for patients with an AKI during the encounter. More information on this measure can be found [here](#).
- **Excessive Radiation Dose** or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Hospital Level – Inpatient) eCQM, with inclusion in the eCQM measure set beginning with the CY 2025 reporting period/FY 2027 payment determination. The Measure is expressed as “a percentage of CT exams that are out-of-range based on having either excessive radiation dose or inadequate image quality relative to evidence-based thresholds based on the clinical indication for the exam.” More information on this measure can be found [here](#).

CMS is proposing to **modify** three current measures:

- **Hybrid hospital-wide all-cause risk standardized** mortality measure - CMS is proposing to modify this measure to include Medicare Advantage (MA) admissions, not just Fee for Service as it is currently.
- **Hybrid hospital-wide all-cause readmission** measure beginning with the FY 2027 payment determination. CMS is proposing to modify this measure to include MA admissions.
- **COVID-19 Vaccination** among Healthcare Personnel (HCP) measure, beginning with the Quarter 4 CY 2023 reporting period/FY 2025 payment determination. This measure is changed to report on all staff who are up to date on all Covid vaccines, not just their primary vaccine. This measure is being put in place for all types of hospitals.

CMS is proposing to **remove** three measures:

- **Hospital-level complication rate following elective primary total hip/knee** – this measure is moving to the Hospital Value-Based Purchasing Program.
- **Medicare spending per beneficiary (MSPB)** hospital measure beginning with the FY 2028 payment determination – this measure is moving to the Hospital Value-Based Purchasing Program. Additionally, CMS is allowing readmissions to trigger new episodes to account for costs/episodes not currently calculated in the MSPB amounts.
- **Elective delivery prior to 39 completed weeks’ gestation:** Percentage of babies electively delivered prior to 39 completed weeks’ gestation measure (also known as PC-01) beginning with the CY 2024 reporting period/FY 2026 payment determination.

Also, CMS is proposing modification of **HCAHPS survey** measure to account for online surveys and extending the data collection period from 42 to 49 days, limiting the number of supplemental survey items to 12, and requiring the official Spanish translation for Spanish language-preferring patients.

HOSPITAL READMISSIONS REDUCTION PROGRAM

No changes

HOSPITAL-ACQUIRED CONDITION (HAC) REDUCTION PROGRAM

The Hospital VBP Program is intended to reward acute care hospitals with incentive payments for the quality of care provided. In the proposed rule, CMS is planning to:

- Adopt substantive measure modifications to the **MSPB** Hospital measure, including allowing readmissions to trigger new episodes, beginning with the FY 2028 program year.
- Adopt substantive measure modifications to the Hospital-level Risk-standardized **Complication Rate Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty** measure, including adding additional mechanical complication ICD-10 codes to the measure, beginning with the FY 2030 program year. Those fracture codes are as follows:

M96.65	M96.672	M97.02XA	M97.11XS	M97.8XXD	M96.69
M96.661	M96.679	M97.02XA	M97.12XA	M97.8XXS	
M96.662	M97.01XA	M97.02XS	M97.12XD	M97.9XXA	
M96.669	M97.01XD	M97.11XA	M97.12XS	M97.9XXD	
M96.671	M97.01XS	M97.11XD	M97.8XXA	M97.9XXS	

- **Adopt the Severe Sepsis and Septic Shock: Management Bundle measure** in the Safety Domain beginning with the FY 2026 program year. Reporting on this measure began under IQR and this year is being moved to the VBP program for reporting. It is scheduled to be included in the payment bundle in FY2026 (with data from FY2024-2025). More on this measure can be found [here](#).
- **Adopt a health equity scoring change** for rewarding excellent care in underserved populations, such that a health equity adjustment would be added to hospitals' Total Performance Scores (TPS) based on both a hospital's performance on existing Hospital VBP Program measures and the proportion of individuals with dual eligibility status that a hospital treats. As part of this, CMS is also requesting stakeholder feedback on additional health equity changes to the Hospital VBP Program scoring methodology for future consideration.

CMS did discuss including additional measures on digital NHSN Healthcare-associated Clostridioides Difficile Infection Outcome measure and the digital NHSN Hospital-Onset Bacteremia & Fungemia Outcome measure – significant concern was received from commenters that CMS did not include these in this year's proposed rule. However, based on continued feedback, they could be included at a later date.

CMS is also looking for comments on including the following measures in VBP (that are already in IQR):

- Hospital Harm—Opioid-Related Adverse Events
- Hospital Harm-Severe Hypoglycemia
- Hospital Harm-Severe Hyperglycemia

Comments on all portions of the proposed rule are due on **June 9, 2023**.

We trust you found this summary useful. Please reach out to [us](#) with any questions.

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