



# Ready or Not, Here It Comes: Preparing to Submit the CMS Hospital Commitment to Health Equity Measure

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# Session Objectives

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- Explain the CMS Hospital Commitment to Health Equity measure and reporting requirements.
- Explain the CMS Social Drivers of Health measure and reporting requirements.
- Review health equity updates in the FY2024 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) proposed rule.
- Share resources available to assist you with these health equity measures.



# The IPRO QIN-QIO

- A federally-funded Medicare Quality Innovation Network–Quality Improvement Organization (QIN-QIO)
- 12 regional CMS QIN-QIOs nationally

## **IPRO:**

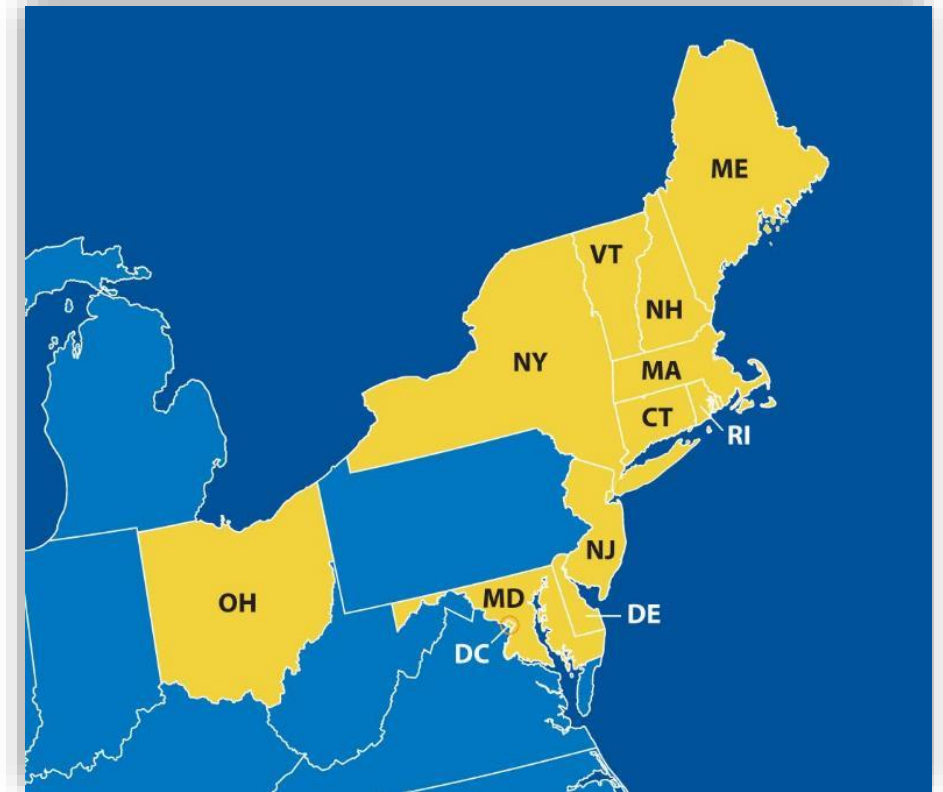
New York, New Jersey, and Ohio

## **Healthcentric Advisors:**

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

## **Qlarant:**

Maryland, Delaware, and the District of Columbia



Working to ensure high-quality, safe healthcare for  
**20% of the nation's Medicare FFS beneficiaries**



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# The IPRO HQIC

## The IPRO HQIC

- A federally funded Medicare Hospital Quality Improvement Contractor (HQIC) in 12 states
- IPRO collaborates with several organizations to reach hospitals.

■ IPRO

■ Healthcentric Advisors

■ Kentucky Hospital Association

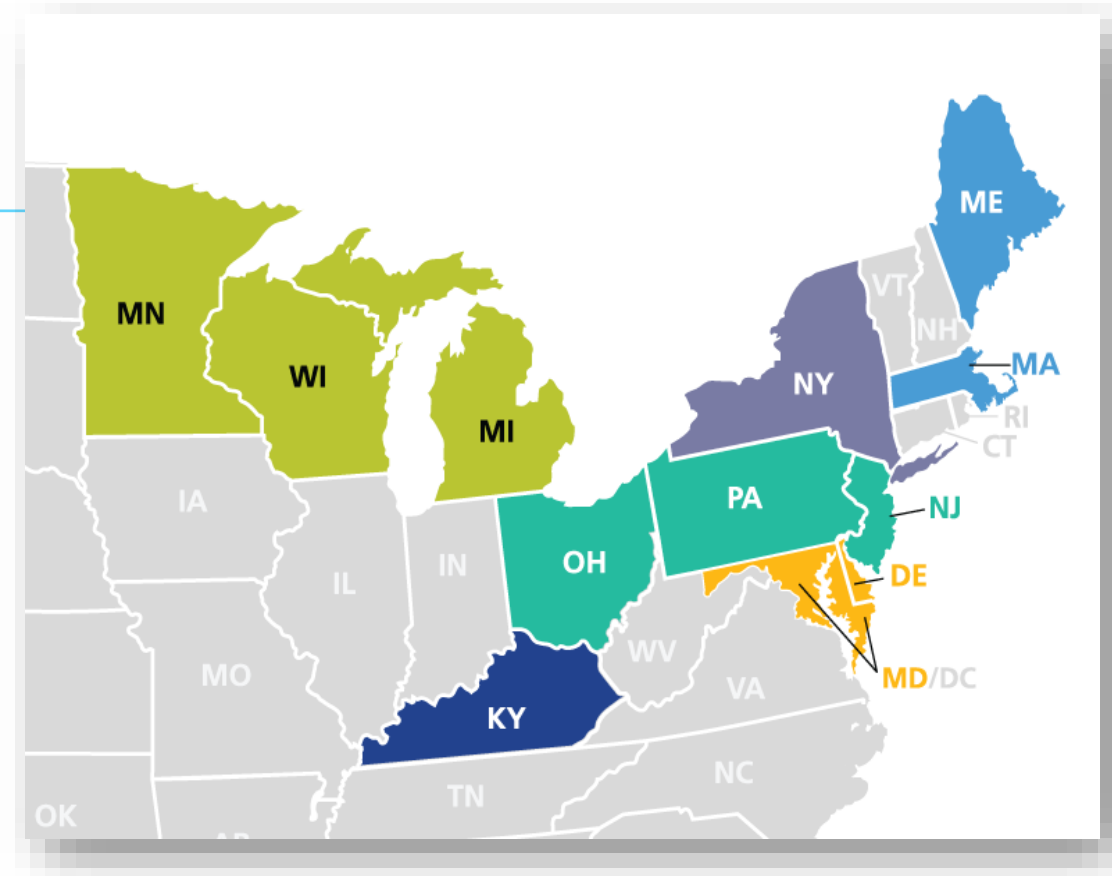
■ Qlarant

■ Q3 Health Innovation Partners

■ Superior Health Quality Alliance

American Institutes for Research (AIR)

QSource Health Equity Subject Matter Experts



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# CMS Health Equity Hospital Measures

Measure 1	Measure 2
Hospital Commitment to Health Equity	Screening for Social Drivers of Health
	Screen Positive Rate for Social Drivers of Health
Mandatory	Optional



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# HCHE Structural Measure

## Hospital Commitment to Health Equity

Measure ID: HCHE

- Assesses a hospital's commitment to health equity
- Five domains of competencies
- Each domain is worth one point, for a total of five possible points
- Hospitals must attest to all elements of a domain to receive the point
- CMS will publicly report the scores
- CY2023 Reporting Period/FY2025 Payment Determination
- Submission period is April 1, 2024 to May 15, 2024
- Annual reporting

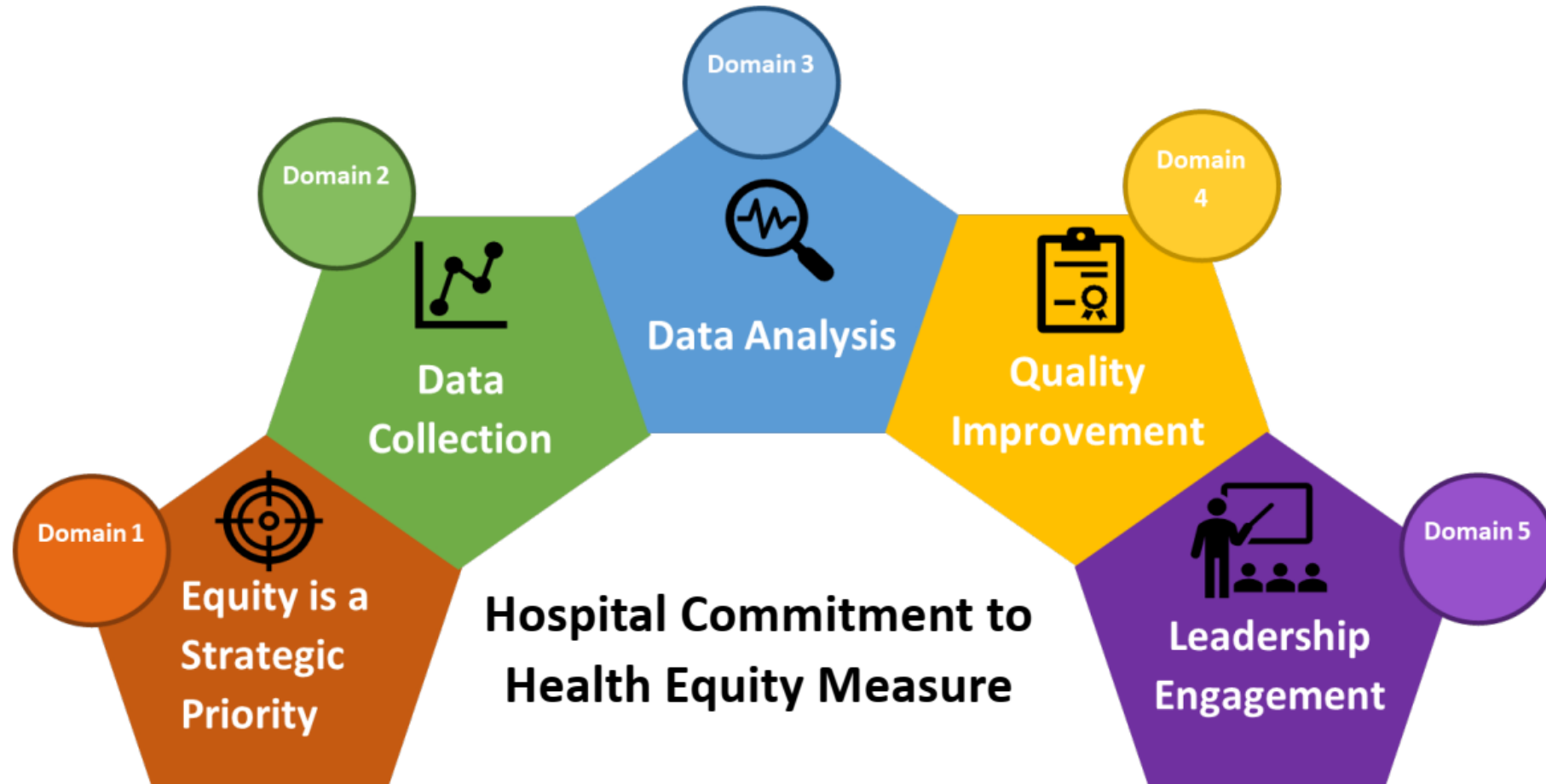
[Hospital Commitment to Health Equity \(HCHE\)](#)



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# Five HCHE Domains



# Domain 1: Equity is a Strategic Priority



A hospital must have strategic plan that:

- ✓ Identifies priority populations who currently experience health disparities.
- ✓ Identifies healthcare equity goals and action steps to achieving these goals.
- ✓ Outlines specific resources dedicated to achieving our equity goals.
- ✓ Describes an approach for engaging key stakeholders, such as community-based organizations.



# Domain 2: Data Collection



- ✓ Collects demographic information and/or social determinant of health information for a majority of patients.
- ✓ Trains staff in the culturally sensitive collection of demographic and/or social determinant of health information.
- ✓ Inputs demographic and/or social determinant of health information collected into structured, interoperable data elements using a certified electronic health record (EHR).

# Domain 3: Data Analysis



- ✓ Stratifies key performance indicators by demographic and/or social determinants of health data to identify equity gaps and includes this information on hospital performance dashboards.

# Domain 4: Quality Improvement



- ✓ Participates in local, regional, or national quality improvement activities focused on reducing health disparities.

# Domain 5: Leadership Engagement



- ✓ Senior leadership (including chief executives and the entire hospital board of trustees) annually reviews the strategic plan for achieving health equity.
- ✓ Hospital senior leadership (including chief executives and the entire hospital board of trustees) annually reviews key performance indicators stratified by demographic and/or social factors.

# Important Reminder

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- ✓ Remember to report the HCHE measure, even if your hospital can not attest to any element under any domain.
- ✓ There is currently no financial penalty for scoring a zero.
- ✓ **Failing to report data under the Hospital Inpatient Quality Reporting (IQR) Program can automatically reduce Medicare reimbursement by 25%.**
- ✓ From CMS:

“The HCHE measure is required to be reported under the Hospital IQR Program. This is a pay-for-reporting measure; hospitals will receive credit for the reporting of their measure results regardless of their responses to the attestation questions.”

[https://www.qualityreportingcenter.com/globalassets/iqr-2023-events/iqr12423/iqr\\_ga-summary-document\\_1.24.23\\_06132023508.pdf](https://www.qualityreportingcenter.com/globalassets/iqr-2023-events/iqr12423/iqr_ga-summary-document_1.24.23_06132023508.pdf)



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## Hospital Commitment to Health Equity CMS Structural Measure



Please refer to the [Attestation Guidance for the Hospital Commitment to Health Equity Measure](#) and [Hospital to Commitment to Health Equity Specifications](#) documents for more information on this measure, including submission instructions. They are located on the [CMS Hospital IQR Web-Based Data Collection](#) website.

<b>Equity is a Strategic Priority</b>				We have documentation for this element
Hospital commitment to reducing healthcare disparities is strengthened when equity is a key organizational priority.				<input type="checkbox"/>
1.A	Our hospital strategic plan identifies priority populations who currently experience health disparities.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
1.B	Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieving these goals.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
1.C	Our hospital strategic plan outlines specific resources which have been dedicated to achieving our equity goals.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
1.D	Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
➤ If you answered "No" to any element, you cannot attest to this domain.				
<b>Data Collection</b>				We have documentation for this element
Collecting valid and reliable demographic and social determinant of health data on patients served in a hospital is an important step in identifying and eliminating health disparities.				<input type="checkbox"/>
2.A	Our hospital collects demographic information (such as self-reported race, national origin, primary language, and ethnicity data) and/or social determinant of health information on the majority of our patients.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
2.B	Our hospital has training for staff in culturally sensitive collection of demographics and/or social determinant of health information.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
2.C	Our hospital inputs demographic and/or social determinant of health information collected from patients in structured, interoperable data elements using a certified EHR technology.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
➤ If you answered "No" to any element, you cannot attest to this domain.				

<b>Data Analysis</b>				We have documentation for this element
Effective data analysis can provide insights into which factors contribute to health disparities and how to respond. Please attest that your hospital engages in the following activities.				<input type="checkbox"/>
3.A	Our hospital stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information on hospital performance dashboards.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
➤ If you answered "No" to this element, you cannot attest to this domain.				
<b>Quality Improvement</b>				We have documentation for this element
Health disparities are evidence that high quality care has not been delivered equitably to all patients. Engagement in quality improvement activities can improve quality of care for all patients.				<input type="checkbox"/>
4.A	Our hospital participates in local, regional, or national quality improvement activities focused on reducing health disparities.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
➤ If you answered "No" to this element, you cannot attest to this domain.				
<b>Leadership Engagement</b>				We have documentation for this element
Leaders and staff can improve their capacity to address disparities by demonstrating routine and thorough attention to equity and setting an organizational culture of equity. Please attest that your hospital engages in the following activities.				<input type="checkbox"/>
5.A	Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for achieving health equity.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
5.B	Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews key performance indicators stratified by demographic and/or social factors.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
➤ If you answered "No" to either element, you cannot attest to this domain.				

### Instructions for reporting this measure:

- In your Internet browser, navigate to <https://hqr.cms.gov>.
- This will take you to the Hospital Quality Reporting homepage.
- Enter your HARP user ID and Password. Select **Login**.
- Select a device to verify your account. Click **Next**.
- Complete two-factor authentication. Click **Continue**.
- On the Terms & Conditions page, scroll to the bottom. Click **Accept**.
- The Hospital Quality Reporting home page will open.
- Under the Dashboard on the left-hand side of the screen, click on **Data Submissions**.
- Click on **Structural Measures**.

# CMS Hospital Quality Reporting System

## Island Peer Review Organization, Inc. (IPRO)

Change Organization



Web-based Measures

HCAHPS

Structural Measures

File Upload

Data Form

You have selected Data Form submission. You can choose a different method at any time.

### Select the Data Form

IQR

Launch Data Form



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HCHE-1

Domain	Domain Name	Points
1	Equity is a Strategic Priority ▼	
2	Data Collection ▼	
3	Data Analysis ▼	
4	Quality Improvement ▼	
5	Leadership Engagement ▼	



HCHE

Domain	Domain Name	Points
1	<b>Equity is a Strategic Priority</b> ▼	1
	Our hospital strategic plan identifies priority populations who currently experience health disparities.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
	Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieving these goals.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
	Our hospital strategic plan outlines specific resources which have been dedicated to achieving our equity goals.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
	Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>

# Screening for Social Drivers of Health Process Measure

## Screening for Social Drivers of Health

Measure ID: SDOH-1

- Assesses if a hospital screens patients 18 years or older for 5 HRSNs at time of admission for an inpatient stay
- Hospitals choose the screening tool
- CY2023 Voluntary Reporting (submission period is April 1, 2024 to May 15, 2024)
- CY2024 Mandatory Reporting/FY2026 Payment Determination (annual reporting)
- Exclusions:
  - Patients who opt-out of screening
  - Patients unable to complete the screening and have no legal guardian or caregiver able to do the screening on their behalf or they pass away during admission.

# Screening for Social Drivers of Health

Measure Calculation	
	<ul style="list-style-type: none"><li>• Food Insecurity</li></ul>
	<ul style="list-style-type: none"><li>• Housing Instability</li></ul>
	<ul style="list-style-type: none"><li>• Transportation Needs</li></ul>
	<ul style="list-style-type: none"><li>• Utilities Difficulties</li></ul>
	<ul style="list-style-type: none"><li>• Interpersonal Safety</li></ul>
<b>Numerator:</b>	# of patients admitted to the hospital who are 18 years or older on the date of admission screened for all five HRSNs
<b>Denominator:</b>	# of patients 18 years or older on the date of admission to the hospital

# Screen Positive Rate for Social Drivers of Health

## Screen Positive Rate for Social Drivers of Health

Measure ID: SDOH-2

- Measure tracks:
  - % of patients 18 years or older admitted for inpatient hospital stay
  - screened for a HRSN
  - screen positive for one or more of the five HRSNs
- Calculated as five separate rates
- CY2023 Voluntary Reporting (submission period is April 1, 2024 to May 15, 2024)
- CY2024 Mandatory Reporting/FY2026 Payment Determination (annual reporting)
- Same patient exclusions

# Screen Positive Rate for Social Drivers of Health

Measure Calculation	
	<ul style="list-style-type: none"><li>• Food Insecurity</li></ul>
	<ul style="list-style-type: none"><li>• Housing Instability</li></ul>
	<ul style="list-style-type: none"><li>• Transportation Needs</li></ul>
	<ul style="list-style-type: none"><li>• Utilities Difficulties</li></ul>
	<ul style="list-style-type: none"><li>• Interpersonal Safety</li></ul>
<b>Numerator:</b>	# of patients admitted to the hospital who are 18 years or older on the date of admission screened for all five HRSNs
<b>Denominator:</b>	# of patients admitted to the hospital who are 18 years or older on the date of admission screened for all five HRSNs

# Calculated as Five Separate Rates

Numerator	Denominator
Rate of hospital inpatients who screen positive for Food Insecurity	Number of hospital inpatients who screened positive for Food Insecurity / total # of hospital inpatients screened for all five HRSNs
Rate of hospital inpatients who screen positive for Housing Instability	Number of hospital inpatients who screen positive for Housing Instability / total # of hospital inpatients screened for all five HRSNs
Rate of hospital inpatients who screen positive for Transportation Needs	Number of hospital inpatients who screen positive for Transportation Needs / total # of hospital inpatients screened for all five HRSNs
Rate of hospital inpatients who screen positive for Utilities Difficulties	Number of hospital inpatients who screen positive for Utilities Difficulties / total # of hospital inpatients screened for all five HRSNs
Rate of hospital inpatients who screen positive for Interpersonal Safety	Number of hospital inpatients who screen positive for Interpersonal Safety/ total # of hospital inpatients screened for all five HRSNs

# FY24 Prospective Payment System Health Equity Updates

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# FY 2024 Hospital IPPS/LTCH Prospective Payment System - Health Equity Updates (effective 10/1/23)

## Inpatient Quality Reporting (IQR) Program

Hospital Harm – Pressure Injury (PI) and Acute Kidney Injury (AKI) eCQM measures to advance health equity

- The PI measure will assess the number of patients who suffer a new stage 2, stage 3, stage 4, deep tissue, or unstageable pressure injury.
  - CMS points to research that shows people with “darker skin tones” experience a higher prevalence of and higher risk for pressure injuries
- The AKI measure will evaluate the number of patients who experience an acute kidney injury (stage 2 or greater) during their hospital encounter.
  - CMS notes that “AKI is more common in Black hospitalized patients than non-Black patients.”



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# FY 2024 Hospital IPPS/LTCH Prospective Payment System - Health Equity Updates

## Hospital Value-Based Purchasing Program (HVBP) Health Equity Adjustment

- Available in FY2026
- Hospitals participating in the HVBP Program will be eligible to receive up to 10 Health Equity Adjustment bonus points on their Total Performance Score
- The bonus points are designed to reward hospitals that serve larger populations of underserved patients while maintaining higher quality performance
- CMS will defines underserved patient population as the number of dual enrollment status (DES) patients who receive inpatient services at a hospital
- DES is being used because CMS states that dual eligibility remains the strongest predictor of negative health outcomes



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# FY 2024 Hospital IPPS/LTCH Prospective Payment System - Health Equity Updates

## Hospital Value-Based Purchasing Program (HVBP) Health Equity Adjustment (con't)

### Health Equity Points – How they are calculated

- CMS has devised two new metrics:
  - **measure performance scaler**
  - **underserved multiplier**
- When multiplied together, these determine the Health Equity Adjustment Points

[Measure Performance Scaler Points] X [Underserved Multiplier] =  
**Health Equity Adjustment Bonus Points**



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# FY 2024 Hospital IPPS/LTCH Prospective Payment System - Health Equity Updates

## Hospital Value-Based Purchasing Program (HVBP) Health Equity Adjustment (con't)

### Health Equity Points – How they are calculated con't

- A hospital's Measure Performance Scaler measures the quality of the hospital's overall performance across all 4 domains of the HVBP Program:
  - (1) the clinical outcomes domain, (2) the person and community engagement domain, (3) the safety domain, and (4) the efficiency and cost reduction domain

Hospital Domain Performance (relative to all hospitals nationwide)	Points Awarded
Top Third	4 points
Middle Third	2 points
Bottom Third	0 points

# FY 2024 Hospital IPPS/LTCH Prospective Payment System - Health Equity Updates

## Hospital Value-Based Purchasing Program (HVBP) Health Equity Adjustment (con't)

### Health Equity Points – How they are calculated con't

- How a hospital's Underserved Multiplier is calculated:
  - Identify the number of dual enrollment status (DES) inpatient stays for the measurement performance year.
  - The performance year is defined as two years before the start of the respective program year.
  - CMS takes the number of DES and applies a “logistic exchange function” for a final Underserved Multiplier number on a scale of 0.0 to 1.0.
  - This is a ranking against all hospitals based on percentage of DES patients served, with 1.0 being the highest ranking.

[Total of Weighted Domain Scores] + [Health Equity Adjustment Bonus Points] =  
**HVBP Program Total Performance Score**

# FY 2024 Hospital IPPS/LTCH Prospective Payment System - Health Equity Updates

## HCAHPS Survey

- Begins in CY2025 for both the IQR and HVBP Programs
  - 3 new web-first modes of survey implementation (web-mail, web-phone, and web-mail-phone)
  - Allows proxies to respond on behalf of the patient by removing the requirement that only the patient can respond
  - Limiting the number of supplemental survey items to 12
  - Requiring hospitals to collect the patient's preferred language while they are an inpatient and providing the official CMS Spanish translation of the survey
  - Extending the data collection period from 42 to 49 days



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# FY 2024 Hospital IPPS/LTCH Prospective Payment System - Health Equity Updates

## SDOH Z-Code Severity Level for Homelessness

- PPS payment is made based on the use of hospital resources in the treatment of a patient's severity of illness, complexity of service, and/or consumption of resources.
- A higher severity level designation of a diagnosis code results in a higher payment to reflect the increased hospital resource use.
- CMS finalized a change to the severity designation of the three ICD-10-CM diagnosis codes describing homelessness (unspecified, sheltered, and unsheltered)
  - From non-complication or comorbidity (NonCC) to complication or comorbidity (CC)
- This is based on the higher average resource costs of cases with these diagnosis codes compared to similar cases without these codes.



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# Resources




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# IPRO Health Equity Resources

## A Guide to Screening for Transportation Barriers

When thinking about health and health equity, transportation may not come to mind as a factor. However, transportation barriers can prevent patients from accessing regular medical care and can compromise their health. According to a 2017 report from the American Hospital Association, almost 6 million people in the U.S. report that transportation barriers cause them to delay medical care. Another 3.8 million people report they are unable to obtain any medical care due to lack of access to any form of transportation.

Transportation insecurity can take many forms. It may mean that an individual has a vehicle but lacks the money to purchase gas or maintain it. An individual may live in an area that has low walkability and lacks adequate, safe public transportation or the infrastructure for bikes, wheelchairs, and other mobility devices. Those living in rural areas are especially at risk for transportation insecurity and may have to travel a significant distance to obtain medical care.

Transportation barriers disproportionately affect older adults, those with lower socioeconomic status, people with disabilities, those living in rural areas, and certain racial and ethnic minorities. If a patient is non-adherent to their care plan it could be due to transportation barriers, a factor that healthcare providers should consider addressing. Access to reliable transportation is an important health-related social need; the lack of which perpetuates health disparities.

**Impacts of transportation barriers:**

- Missed medical appointments and lab tests.
- Delayed diagnosis of serious medical conditions.
- Exacerbation of health disparities and other social risk factors such as food insecurity, social isolation/loneliness, and unemployment.
- Inability to fill prescription medications.
- Increased risk for, and poorer management of, chronic conditions.
- Increased healthcare costs, emergency room use, and hospital readmissions.
- Higher risk for premature death.

**Ask your patients about transportation barriers**

1. "In the past 12 months, has lack of reliable transportation kept you from medical appointments?"
  - Yes
  - No
2. "In the past 12 months, has lack of reliable transportation kept you from attending social events such as going to church or the senior center or getting things needed for daily living like groceries or clothes?"
  - Yes
  - No




**Patients who respond "yes" to one or both questions may need assistance with transportation.**

If a patient screens positive:

- First, ask the patient if they would like help.
- If they say yes, refer them to support services. Please see the Resources section of this flyer.
- Document and code\* the results in the patient's electronic medical record:
  - [ICD-10-CM Diagnosis Code Z59.82](#) (transportation insecurity). This is a new Z code effective October 1, 2022.

\*Please consult with a coding specialist to ensure proper coding.

The screening questions were adapted from the [PRAPARE](#) social screening tool. There are two questions to distinguish between medical and non-medical transportation barriers. Referral to supportive services may be different depending on the circumstance.

## A Guide to Screening Patients for Food Insecurity

Access to healthy, quality food can help individuals achieve and maintain optimal health. The connection between nutritious food and a healthy, active life are well documented and supported by robust scientific study. But due to food insecurity, many people lack access to adequate food.

According to the U.S. Department of Agriculture (USDA), 1 in 8 people – or 38 million Americans – were food insecure in 2020. The USDA defines food insecurity as a household-level economic and social condition of limited or uncertain access to adequate food. Hunger is an individual-level physiological condition that can result from food insecurity.

**Impacts of food insecurity:**

- Associated with some of the most costly and preventable diseases in the U.S.
- Exacerbates health disparities, especially for racial/ethnic minorities.
- Increases the risk of malnutrition.
- Increases likelihood of skipping or underuse of prescribed medications.
- Increases the risk for mental health conditions.
- Contributes to higher healthcare costs.

Healthcare providers can play an important role in identifying and addressing food insecurity. Screen all patients and refer those who need help.

**The recommendation is that you screen all patients for food insecurity**

Use the validated [Hunger Vital Sign™](#) two-question screening tool to screen your patients for food insecurity:

1. "Within the past 12 months, we worried our food would run out before we got money to buy more."
 

Often True	Sometimes True
Never True	Refused/Don't Know
2. "Within the past 12 months, the food we bought just didn't last and we didn't have money to get more."
 


Often True	Sometimes True
Never True	Refused/Don't Know




**Patients screen positive for food insecurity if they respond "often true" or "sometimes true" to either or both statements.**

If a patient screens positive:

- First, ask the patient if they would like help.
- If they say yes, refer them to support services. Please see the Resources section of this flyer.
- Document and code\* the results in the patient's electronic medical record:
  - [ICD-10-CM Diagnosis Code Z59.41](#) (Food insecurity)

\*Please consult with a coding specialist to ensure proper coding of patient conditions.



## A Guide to Screening for Social Isolation and Loneliness

Loneliness and social isolation can have significant health consequences, and most individuals are not aware of the risks. In the U.S., about 24% of individuals aged 65 and older are socially isolated. A considerable number of Americans aged 45 and older report feeling lonely. Individuals who identify as LGBTQIA+, racial/ethnic minorities, immigrants and older adults are at increased risk of feeling lonely and being social isolated. These vulnerable populations tend to have fewer social connections due to language barriers, cultural differences, stigma, discrimination, and loss of family members and friends.

Loneliness is a subjective measure of an individual's perception of isolation that can be distressing because there is a discrepancy between their preferred and actual level of connectedness. Social isolation is an objective measure of deficits in social relationships, roles, and contact with others. Loneliness and social isolation are distinct conditions that should be identified independently to better understand the root cause of each, and determine the appropriate care plan and support services.

**There are significant health risks associated with loneliness and social isolation:**

- Increased risk of mortality from all causes, similar to smoking, obesity, and physical inactivity.
- Associated with a 29% and 32% increased risk of heart disease and stroke, respectively.
- Associated with higher rates of depression, anxiety, and suicide.
- Increase in doctor visits, hospitalization and readmissions among older adults.
- Increased risk of dementia by 50%.

Patients experiencing loneliness or social isolation may not want to share their feelings due to stigma or discomfort and may not know where to go for help or understand the seriousness of the problem. Healthcare providers can play an important role in identifying these social risk factors and explaining the potential consequences when they see patients during routine medical visits.

**Screen patients for loneliness**

Use the [UCLA 3-Question Loneliness Scale](#) to measure self-perceived connectedness:

1. "How often do you feel you lack companionship?"
  - Hardly ever
  - Some of the time
  - Often
2. "How often do you feel left out?"
  - Hardly ever
  - Some of the time
  - Often
3. "How often do you feel isolated from others?"
  - Hardly ever
  - Some of the time
  - Often

**Patients screen positive for loneliness if they respond "some of the time" or "often" to any of the questions.**

If a patient screens positive:

- First, ask the patient if they would like help.
- If they say yes, refer them to support services. Please see the [Resources](#) section of this flyer.
- Document and code\* the results in the patient's electronic medical record:
  - [ICD-10-CM Diagnosis Code Z60.2](#) (Problems related to living alone)
  - [Z63.8](#) (Other specified problems related to primary support group)
  - [Z63.9](#) (Problems related to primary support group, unspecified)

\*Please consult with a coding specialist to ensure proper coding.



# Hospital Quality Reporting Important Dates and Deadlines

(All dates are subject to change.)



Hospital IQR Program						HAC Reduction Program
Discharge Quarter(Q)	HCAHPS Submission	Population & Sampling Submission (Required for chart-abstracted measures only)	Clinical Submission	PC-01 Web-Based Submission	COVID-19 HCP Submission	HAI Submission
Q1 2023	07-05-2023	08-01-2023	08-15-2023	07-01-2023–08-15-2023	08-15-2023	08-15-2023
Q2 2023	10-04-2023	11-01-2023	11-15-2023	10-01-2023–11-15-2023	11-15-2023	11-15-2023
Q3 2023	01-03-2024	02-01-2024	02-15-2024	01-01-2024–02-15-2024	02-15-2024	02-15-2024
Q4 2023	04-03-2024	05-01-2024	05-15-2024	04-01-2024–05-15-2024	05-15-2024	05-15-2024
Discharge Q	Validation					
	HAI Validation Templates		Estimated CDAC Record Request		Estimated Date Records Due to CDAC	
Q3 2022	Random: 02-15-2023 Targeted: 05-08-2023		Random: 03-01-2023 Targeted: 06-08-2023		Random: 03-30-2023 Targeted: 07-10-2023	
Q4 2022	Random: 05-15-2023 Targeted: 05-25-2023		Random: 06-01-2023 Targeted: 07-10-2023		Random: 06-30-2023 Targeted: 08-08-2023	
Q1 2023	Random: 08-15-2023 Targeted: TBD		Random: 08-25-2023 Targeted: TBD		Random: 09-26-2023 Targeted: TBD	
Q2 2023	Random: 11-15-2023 Targeted: TBD		Random: 12-12-2023 Targeted: TBD		Random: 01-11-2024 Targeted: TBD	
Q3 2023	Random: 02-15-2024 Targeted: TBD		Random: 02-28-2024 Targeted: TBD		Random: 03-30-2024 Targeted: TBD	
Q4 2023	Random: 05-15-2024 Targeted: TBD		Random: 06-01-2024 Targeted: TBD		Random: 07-01-2024 Targeted: TBD	
eCQM Validation						
	Fiscal Year (FY)/Calendar Year (CY)		Estimated CDAC Record Request		Estimated Date Records Due to CDAC	
	FY 2025/CY 2022		04-26-2023		05-29-2023	
	FY 2026/CY 2023		Spring 2024		Spring 2024	
Fiscal Year (FY) 2025 Annual Payment Update (APU)						
	Measures/Requirement		Quarters/Dates Included		Submission Deadline/Period	
	2024 Voluntary Reporting of Hybrid Measures <sup>1</sup>		July 1, 2022–June 30, 2023		October 2, 2023	
	2025 Voluntary Reporting of THA/TKA PRO-PM Measure		Procedure Performed: January 1, 2023–June 30, 2023 Pre-op Data: Oct 3, 2022–June 30, 2023 Post-op Data: Oct 28, 2023–August 28, 2024		Pre-op Data: October 2, 2023 Post-op Data: September 30, 2024	
	eCQMs <sup>2</sup>		4 quarters of data (1Q 2023, 2Q 2023, 3Q 2023, 4Q 2023)		February 28, 2024	
	Structural Measures		January 1, 2023–December 31, 2023		April 1, 2024–May 15, 2024	
	DACA (Data Accuracy and Completeness Acknowledgement)		January 1, 2023–December 31, 2023		April 1, 2024–May 15, 2024	

<sup>1</sup> Hybrid measures include the Hybrid Hospital-Wide All-Cause Readmission (HWR) measure and the Hybrid Hospital-Wide All-Cause Standardized Mortality (HWM) measure.

The 2024 reporting period is voluntary. It will not impact the FY 2025 payment determination.

<sup>3</sup> Hospital IQR Program alignment with Medicare Promoting Interoperability Program. For FY 2025, hospitals must report three self-selected electronic clinical quality measures (eCQMs) **plus** the Safe Use of Opioids-Concurrent Prescribing eCQM from each quarter in CY 2023. The eCQMs must be the same across quarters.

- Q3 2022 (Jul 1–Sep 30); Q4 2022 (Oct 1–Dec 31); Q1 2023 (Jan 1–Mar 31); Q2 2023 (Apr 1–Jun 30); Q3 2023 (Jul 1–Sep 30); Q4 2023 (Oct 1–Dec 31)
- Generally, data must be submitted no later than 11:59 p.m. Pacific Time on the submission deadline with the exception of HCAHPS). HCAHPS must be submitted by 11:59 p.m. Central Time.
- Data for clinical, PC-01, eCQMs, structural measures, population and sampling, DACA, voluntary hybrid and THA/TKA PRO-PM measures are transmitted within the *HQR Secure Portal*.
- HAI Validation Template data are transmitted within the *HQR Secure Portal* via Managed File Transfer.
- HAI, COVID-19 HCP, and Influenza HCP measure data are submitted to the Centers for Disease Control and Prevention (CDC) through the National Healthcare Safety Network (NHSN).



## FY 2024 IPPS/LTCH PPS Final Rule Overview for Hospital Quality Programs

Tuesday • September 21, 2023 • 2:00 p.m. Eastern Time

### Agenda

The event provides an overview of the fiscal year (FY) 2024 Inpatient Prospective Payment System (IPPS)/ Long-Term Care Hospital Prospective Payment System (LTCH PPS) final rule as it relates to the Hospital Inpatient Quality Reporting (IQR) Program, Hospital Value-Based Purchasing (VBP) Program, Hospital-Acquired Condition (HAC) Reduction Program, Hospital Readmissions Reduction Program (HRRP), and the Medicare Promoting Interoperability Program.

### Objective

Participants will be able to locate and identify finalized program changes in the FY 2024 IPPS/LTCH PPS final rule.

### Speakers

**Julia Venanzi, MPH**, Hospital IQR and VBP Program, Lead, Quality Measures and Value-Based Incentives Group (QMVIG), CMS

**William Lehrman, Ph.D.**, Government Task Leader, Hospital Consumer Assessment of Healthcare Providers and Systems, Division of Consumer Assessment and Plan Performance, CMS

**Alex Feilmeier, MHA**, Lead Solutions Specialist Value, Incentives, and Quality Reporting Center Validation Support

**Ora Dawedeit, MHA**, Program Lead, PPS-Exempt Cancer Hospital Quality Reporting, QMVIG, CMS

**Lang D. Le, MPP**, Lead, HRRP, QMVIG, CMS

**Jessica Warren, RN, BSN, MA, FCCS, CCRC**

Lead, Medicare Promoting Interoperability Program, QMVIG, CMS

[Click Here to Register](#)

- Presentation slides are available the day before on Quality Reporting Center's [Upcoming Events](#) page.
- This event offers Relay Conference Captioning. To use, contact [InpatientSupport@hsag.com](mailto:InpatientSupport@hsag.com).
- Join us at least 15 minutes prior to the beginning of the session.
- Audio is streamed through your computer and will require headphones or speakers.
- For questions regarding the Hospital IQR Program, visit the [QualityNet Q&A Tool](#).
- This presentation is approved for one continuing education credit.
- California Board of Registered Nursing nationally approved the provider (Provider Number 16578).

Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor

## REGISTRATION

<https://register.gotowebinar.com/register/4367287006962702935>



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# CMS Resources

- Hospital Inpatient Quality Reporting (IQR) Program  
<https://qualitynet.cms.gov/inpatient/iqr>
- Hospital Quality Reporting Important Dates and Deadlines  
[https://qualitynet.cms.gov/files/646d0ef33da56f001c0fc87e?filename=IQR\\_ImpDatesDdlns\\_May2023.pdf](https://qualitynet.cms.gov/files/646d0ef33da56f001c0fc87e?filename=IQR_ImpDatesDdlns_May2023.pdf)
- IQR Web-based Measures  
<https://qualitynet.cms.gov/inpatient/iqr/measures#tab2>
- QualityNet Secure Portal  
<https://qualitynet.cms.gov/>
- CCSQ Support Central  
[https://cmsqualitysupport.servicenowservices.com/ccsq\\_support\\_central](https://cmsqualitysupport.servicenowservices.com/ccsq_support_central)
- QualityNet Questions & Answers Site  
[https://cmsqualitysupport.servicenowservices.com/qnet\\_qa?id=ask\\_a\\_question](https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question)
- FY 2024 Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule  
<https://www.federalregister.gov/documents/2023/08/28/2023-16252/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the>
- Frequently Asked Question: CMS Social Drivers of Health Measures  
[https://www.qualityreportingcenter.com/globalassets/2023/08/iqr/sdoh-measure--faqs\\_vfinal\\_08212023508.pdf](https://www.qualityreportingcenter.com/globalassets/2023/08/iqr/sdoh-measure--faqs_vfinal_08212023508.pdf)



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# Resources

## IPRO QIN-QIO

- CMS Hospital Commitment to Health Equity Measure Submission Prep Guide  
**A link to the resource will be included in slides distributed to participants.**
- A Guide to Screening Patients for Food Insecurity  
<https://qi-library.ipro.org/2023/01/12/a-guide-to-screening-patients-for-food-insecurity/>
- A Guide to Screening for Transportation Barriers  
<https://qi-library.ipro.org/2023/01/12/a-guide-to-screening-for-transportation-barriers/>



Visit the IPRO Resource Library: <https://qi-library.ipro.org>



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# Have Questions? Contact Us!

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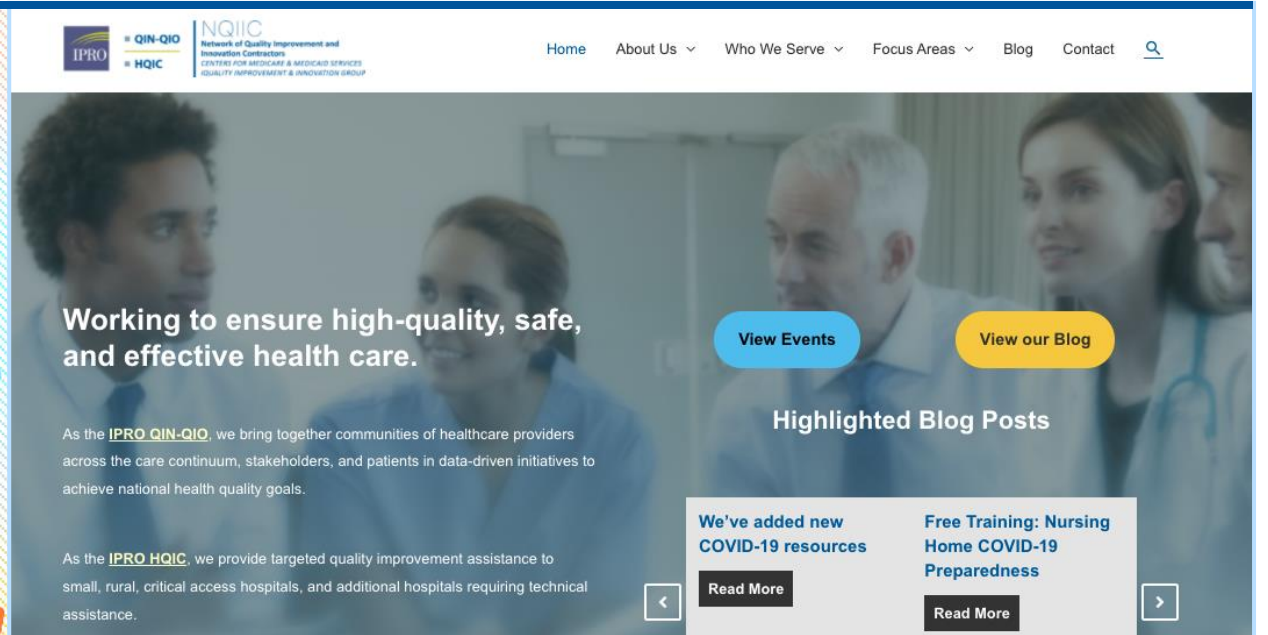
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