



**Summary of
Hospital IPPS/LTCH, IRF PPS, and IPF PPS rules**

Introduction	3
Acute Care Setting	5
Long-Term Acute Care Hospital.....	8
PPS-Exempt Cancer Hospital	9
Inpatient Rehabilitation	10
Inpatient Psychiatric Facility	10

CMS makes changes to HAI measures in the Hospital IPPS/LTCH, IRF PPS, and IPF PPS final rules

Meaningful Measures

In this era of regulatory reform, all federal agencies have been looking for opportunities to repeal, reduce or reform regulations. The Centers for Medicare & Medicaid Services (CMS) developed the “Meaningful Measures” Initiative with the goal to reduce unnecessary cost and burden, increase efficiencies, and improve the Medicare beneficiary experience by evaluating and streamlining regulations. To accomplish this, the agency is identifying the highest priority areas for improvement to assess the core quality of care issues that are most vital to improving patient outcomes.

As a result, in the Hospital Inpatient Prospective Payment System and Long-Term Care Hospital Payment System (IPPS/LTCH) final rule CMS determined to remove 39 of 42 measures from the Hospital Inpatient Quality Reporting Program (IQR), including five NHSN HAI measures. Although the proposed rule included retaining these measures only in the Hospital-Acquired Conditions Reduction Program (HACRP), the final rule also retains the HAI measures in the Value-Based Purchasing (VBP) program.

To determine which measures to remove, each measure is evaluated according to eight factors. The first seven factors have been regularly used to evaluate measures, including:

- Measure is “topped-out”
- Measure does not align with current guidelines
- Measure is associated with negative patient outcomes or not associated with better outcomes
- Similar measure results in better outcomes

CMS is also proposing a NEW “Factor 8” – the cost or burden of the measure outweighs its benefits.

Since the HACRP and VBP Programs use NHSN-reported measures, the reporting requirements will not change. The changes in the IPPS/LTCH rule will only impact Medicare payment determinations for these measures.

CMS Quality Improvement Payment programs that include HAI measures

- **Quality Reporting Programs (QRP)** (separate programs for acute care hospitals [IQR], long-term acute care hospitals, cancer hospitals, inpatient rehab facilities, inpatient psychiatric facilities) – These programs require reporting specified HAI measures into NHSN. Facilities are penalized if they do not report.
 - All HAI measures must first be implemented in the quality reporting program and 2 years of data collected then publicly reported on the CMS *Hospital Compare* website before the measure is eligible to be added to other programs.
- **Value-Based Purchasing (VBP)** – Facilities receive a Total Performance Score based on the facility’s improvement or achievement on the measures.

- Measures are categorized into domains for scoring purposes.
- The HAI measures are included in the Safety domain, which accounts for 25% of Total Performance Score (TPS).
- Depending on the TPS, a facility might receive an incentive payment for high performance or a penalty for poor performance.
- **Hospital-Acquired Condition Reduction Program (HACRP)** – Assesses a penalty of 1% of Medicare reimbursement on the 25% of hospitals with the highest HAC rates.
 - 85% of total HAC score based on HAI measures.
- **NOTE 1** – VBP and HACRP only exist for acute care hospitals
- **NOTE 2** – All HAI measures except HCP influenza vaccination are currently included in the Hospital IQR, VBP, and HACRP programs.

HAI measures in CMS payment programs

Setting	CLABSI	CAUTI	SSI (Colon & Ab. Hyst.)	MRSA	C.diff	HCP Influenza Vaccination	VAE
Acute Care	IQR VBP HACRP	IQR VBP HACRP	IQR VBP HACRP	IQR VBP HACRP	IQR VBP HACRP	IQR	
Long-Term Acute Care	LTCHQRP	LTCHQRP		LTCHQRP	LTCHQRP	LTCHQRP	LTCHQRP
Cancer Hospital	PCHQRP	PCHQRP	PCHQRP	PCHQRP	PCHQRP	PCHQRP	
Inpatient Rehab		IRFQRP		IRFQRP	IRFQRP	IRFQRP	
Inpatient Psych						IPFQRP	

Key:

- IQR = Hospital Inpatient Quality Reporting Program
- VBP = Hospital Value-Based Purchasing Program
- HACRP = Hospital-Acquired Condition Reduction Program
- LTCHQRP = Long-Term (Acute) Care Hospital Quality Reporting Program
- PCHQRP = PPS-exempt Cancer Hospital Quality Reporting Program
- IRFQRP = Inpatient Rehabilitation Facility Quality Reporting Program
- IPFQRP = Inpatient Psychiatric Facility Quality Reporting Program

Red indicates programs from which measures will be removed.

Acute Care Setting – CMS Changes

CMS Proposal	CMS Rationale	APIC Position	APIC Rationale	CMS Final Rule
NHSN CLABSI Reporting Remove from IQR and VBP for CY 2019 (FY 2021 payment determination). Retain in HACRP.	Reduce regulatory cost and burden. Measures to be retained in other programs.	Remove from IQR and HACRP. Retain in VBP.	HACRP is a penalty-only program which scores each facility against other facilities rather than by its own improvement or achievement. Since there will always be 25% of hospitals with the highest HAC rates, and the HACRP does not account for facility-specific populations, this might result in continually penalizing hospitals that serve predominantly high-risk patients (e.g., trauma or other facilities that serve high percentage of vulnerable patients).	<ul style="list-style-type: none"> Finalized removal from IQR as proposed, but delayed removal until the CY 2020 reporting period for FY 2022 payment determination. Did not finalize proposal to remove from VBP in order to continue to incentivize performance improvement. Measure will also be retained in HACRP. CMS will continue to monitor and analyze the impact of the HACRP and VBP programs on patient safety and HAI reduction.
NHSN CAUTI Reporting Remove from IQR and VBP. Retain in HACRP.	Reduce regulatory cost and burden. Measures to be retained in other programs.	Remove from IQR and HACRP. Retain in VBP.	See CLABSI Reporting APIC Rationale.	See CLABSI Reporting final rule.
NHSN SSI (Colon & Ab Hyst.) Reporting Remove from IQR and VBP. Retain in HACRP.	Reduce regulatory cost and burden. Measures to be retained in other programs.	Remove from IQR and HACRP. Retain in VBP.	See CLABSI Reporting APIC Rationale.	See CLABSI Reporting final rule.
NHSN MRSA Bacteremia Reporting Remove from IQR and VBP. Retain in HACRP.	Reduce regulatory cost and burden. Measures to be retained in other programs.	Remove from IQR and HACRP. Retain in VBP.	See CLABSI Reporting APIC Rationale.	See CLABSI Reporting final rule.
NHSN C. difficile Infection Reporting	Reduce regulatory cost and burden. Measures to be retained in other programs.	Remove from IQR and HACRP. Retain in VBP.	See CLABSI Reporting APIC Rationale.	See CLABSI Reporting final rule.

CMS Proposal	CMS Rationale	APIC Position	APIC Rationale	CMS Final Rule
Remove from IQR and VBP. Retain in HACRP.				
Remove administrative support processes for HAI public reporting on <i>Hospital Compare</i> website from IQR. Move to HACRP. Continue public reporting on <i>Hospital Care</i> .	Processes reside in the IQR program because that is where the measures are first reported. If measures are moved from IQR, processes need to stay with measures.	Administrative support processes should be moved to VBP to remain in the same program as the measures.	Processes reside in the IQR program because that is where the measures are first reported. If measures are moved from IQR, processes need to stay with measures.	Finalized as proposed, but delay move of validation program to HACRP to Q3 2020 discharges for FY 2023 to correspond with delay in removing HAI measures from IQR.
Remove Influenza Immunization Measure (IMM-2, NQF #1659) from IQR.	Measure topped-out; cost/burden of measure outweighs benefit.	Oppose measure removal.	Important patient safety measure that may be overlooked if no longer required to be reported.	Finalized as proposed.
Measure validation: 400 randomly selected hospitals plus sample of 200 targeted hospitals from among all subsection (d) hospitals (general acute care short-term hospitals).	Mirror the same validation policies as used under IQR program, but selected from larger sample since all subsection (d) hospitals subject to HACRP.	<ul style="list-style-type: none"> Support validation policies and targeting criteria, but recommend validation policies be managed under VBP program. Recommend that CMS abstractors be trained through completion of NHSN training modules for HAI surveillance to be qualified to validate hospital reported data. 	Per our recommendation that HAI measures be retained in VBP.	<ul style="list-style-type: none"> Finalized as proposed but delay adoption of NHSN HAI measure validation process in HACRP to begin with Q3 2020 discharges for FY 2023 to correspond with delay in removing HAI measures from IQR CMS provides ongoing training to abstractors and will continue to work with CDC to provide abstractors with clear and specific NHSN surveillance to improve both hospital reporting accuracy and CMS validation abstraction reliability.
Measure validation: Hospitals failing validation would only have penalties applied to		Support proposal.		Finalized as proposed.

CMS Proposal	CMS Rationale	APIC Position	APIC Rationale	CMS Final Rule
measures that fail, rather than all measures.				
Public Reporting: HAI measures continue to be reported on <i>Hospital Compare</i> website under public reporting requirements of the HAC Reduction Program.	Continued transparency after measures removed from IQR.	Support continuing reporting of individual HAI measures on <i>Hospital Compare</i> .	Continued transparency.	Finalized as proposed.

[View APIC's comments](#) to CMS on the FY 2019 IPPS/LTCH proposed rule.

Long-Term Acute Care Hospital – CMS Changes

CMS Proposal	CMS Rationale	APIC Position	APIC Rationale	CMS Final Rule
Remove NHSN MRSA Bacteremia measure from LTCH QRP	<ul style="list-style-type: none"> This measure overlaps with the CLABSI reporting measure, which is more strongly associated with the desired patient outcome for BSIs. Costs of the measure outweigh its benefits 	Support CMS proposal	Question the accuracy of this measure.	Finalized as proposed beginning with FY 2020 (corresponding with 10/1/18 admissions and discharges).
Remove NHSN VAE measure from LTCH QRP	Other ventilator-related measures in this program are more strongly associated with desired patient outcomes.	Support CMS proposal	Agree with CMS rationale.	Finalized as proposed beginning with FY 2020 (corresponding with 10/1/18 admissions and discharges).
Remove Percent of Resident or Patients who were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay, NQF #0680) measure from LTCH QRP	<ul style="list-style-type: none"> Cost/burden of the measure outweighs its benefits Patients are adequately protected by retention of the HCP Influenza Vaccination measure. 	Oppose removal of this measure	Cost of treating a hospitalized patient with influenza far outweighs the cost of vaccinating patients. Vaccination is an important patient safety measure that may be overlooked if no longer required to be reported.	Finalized as proposed beginning with FY 2021 (corresponding with 10/1/18 admissions and discharges).

[View APIC's comments](#) to CMS on the FY 2019 IPPS/LTCH proposed rule.

PPS-Exempt Cancer Hospital – CMS Changes

CMS Proposal	CMS Rationale	APIC Position	APIC Rationale	CMS Final Rule
Remove CLABSI measure from PCHQRP	Cost/burden of the measure outweighs benefit for this patient population	Support CMS proposal	Small number and heterogenic makeup of the 11 facilities covered by this program make it difficult to provide meaningful comparisons for consumers.	Not finalized – may be addressed in CY 2019 OPPS/ASC final rule.
Remove CAUTI measure from PCHQRP	Cost/burden of the measure outweighs benefit for this patient population	Support CMS proposal	Small number and heterogenic makeup of the 11 facilities covered by this program make it difficult to provide meaningful comparisons for consumers.	Not finalized – may be addressed in CY 2019 OPPS/ASC final rule.
Defer public reporting of NHSN SSI, MRSA, CDI, and HCP influenza vaccination measures until CY 2019	Not enough data since NHSN 2015 rebaseline to compare progress. By 2019 CMS will have 2 years of comparable data to properly assess trends.	Support CMS proposal	Agree with CMS rationale.	Modified original proposal – finalized that CMS will provide stakeholders with performance data and report it on <i>Hospital Compare</i> website as soon as useable data is available.

[View APIC's comments](#) to CMS on the FY 2019 IPPS/LTCH proposed rule, which also includes proposals for cancer hospitals.

Inpatient Rehabilitation – CMS Changes

CMS Proposal	CMS Rationale	APIC Position	APIC Rationale	CMS Final Rule
Remove NHSN MRSA Bacteremia measure from IRF QRP	Expected MRSA in IRF setting is too low to get accurate SIR	Support CMS proposal	Agrees with CMS rationale.	Finalized as proposed beginning FY 2020 (beginning with 10/1/18 events).
Remove Percent of Resident or Patients who were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay, NQF #0680) measure from IRF QRP	Measure is topped-out	Opposes CMS proposal	Influenza vaccination is an important patient safety measure that may be overlooked if no longer required to be reported.	Finalized as proposed beginning FY 2021 (patients discharged on or after 10/1/18).

[View APIC's comments](#) to CMS on the FY 2019 Inpatient Rehabilitation Facilities Prospective Payment System proposed rule.

Inpatient Psychiatric Facility – CMS Changes

CMS Proposed Measure	CMS Rationale	APIC Position	APIC Rationale	CMS Final Rule
Remove healthcare personnel influenza vaccination NHSN reporting requirement	Cost/burden of the measure outweighs its benefit. Patient population is adequately protected by retention of patient Influenza Immunization (IMM-2, NQF #1659) measure.	Oppose removal of this measure.	Influenza vaccination is an important patient safety measure that may be overlooked if no longer required to be reported. Both measures improve healthcare quality by protecting patients, visitors and HCP from influenza.	Finalized as proposed beginning with FY 2020 payment determination.

[View APIC's comments](#) to CMS on the FY 2019 Inpatient Psychiatric Facilities Prospective Payment System proposed rule.