

# 2025 IPPS Proposed Rule

Proposed Major Changes from the 2025 IPPS Proposed Rule

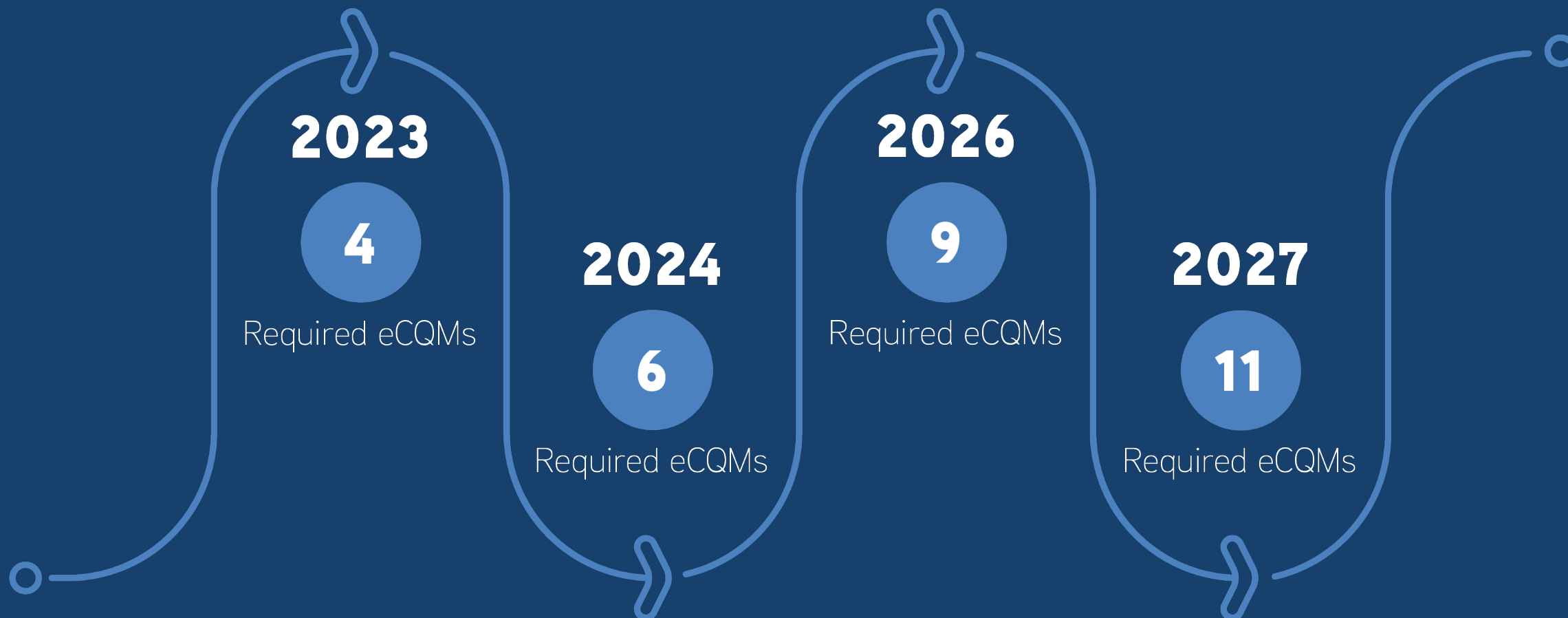
# IQR Program



**eCQMs**

# Changes to the IQR Program

CMS is proposing to move hospitals from 4 required eQMs (2023), to 6 (2024), to 9 (2026), to 11 (2027).





# eCQMs

## ADDING HOSPITAL HARM MEASURES

The new required eCQMs are all around Hospital Harm (Patient Safety)

# CY 2024/FY 2026 and CY 2025/FY 2027

Reporting Period/ Payment Determination

# 6

Total eCQMs Reported

## Required eCQMs to be Reported

Three self-selected eCQMs; and

1. Safe Use of Opioids - Concurrent Prescribing
2. Cesarean Birth
3. Severe Obstetric Complications

# CY 2026/FY 2028

Reporting Period/ Payment Determination

# 9

Total eCQMs Reported

## Required eCQMs to be Reported

Three self-selected eCQMs; and

1. Safe Use of Opioids - Concurrent Prescribing
2. Cesarean Birth
3. Severe Obstetric Complications
4. Hospital Harm - Severe Hyperglycemia
5. Hospital Harm - Severe Hypoglycemia
6. Hospital Harm - Opioid-Related Adverse Events

# CY 2027/FY 2029

Reporting Period/ Payment Determination

# 11

Total eCQMs Reported

## Required eCQMs to be Reported

Three self-selected eCQMs; and

1. Safe Use of Opioids - Concurrent Prescribing
2. Cesarean Birth
3. Severe Obstetric Complications
4. Hospital Harm - Severe Hyperglycemia
5. Hospital Harm - Severe Hypoglycemia
6. Hospital Harm - Opioid-Related Adverse Events
7. Hospital Harm - Pressure Injury
8. Hospital Harm - Acute Kidney Injury



## ADDITIONAL MEASURES

In addition, they are rolling out two more eCQMs (though not required yet).

- Hospital Harm – Falls with Injury eCQM (*available in 2026*)
- Hospital Harm – Post-operative Respiratory Failure eCQM (*available in 2026*)

# HOSPITAL HARM

## Falls with Injury eCQM

- **Available 2026**
- This is a brand-new measure that assesses the number of inpatient hospitalizations where at least one fall with a major or moderate injury occurs for patients age 18 years and older.



# HOSPITAL HARM

## Post-Operative Respiratory Failure eCQM

- **Available 2026**
- This is a brand-new measure that assesses the number of elective inpatient hospitalizations for patients aged 18 years and older without an obstetrical condition who have a procedure resulting in postoperative respiratory failure (PRF) within 30 days of first OR procedure.



# Structural Measures



# Structural Measures

## ADDITIONAL STRUCTURAL MEASURES

CMS is proposing to require submission of two new Structural measures in 2025.

**Patient Safety  
Structural measure**

**Age Friendly Hospital  
Structural measure**

Both measures work just like the HCHE measure with 5 domains that you must positively attest yes to all 5 domains to earn full credit for these measures.



# Claims Measures



# Claims Measures

## ADDITIONAL CLAIMS MEASURE

CMS is proposing to replace the PSI-04 Claims measure with a new claims measure.

**Thirty-day Risk-Standardized Death  
Rate among Surgical Inpatients  
with Complications (Failure-to-  
Rescue) claims-based measure**

Beginning with the **July 1, 2023 – June 30, 2025** reporting period, which impacts the FY **2027** payment determination.

# Claims Measures

CMS is also proposing to remove the 4 payment claims measures and replace them with the Medicare Spending per Beneficiary (MSPB) measure.

1

## AMI Payment

Hospital-level, Risk-Standardized Payment  
Associated with a  
30-Day Episode of  
Care for Acute  
Myocardial Infarction

2

## HF Payment

Hospital-level, Risk-Standardized Payment  
Associated with a  
30-Day Episode of Care  
for Heart Failure

3

## PN Payment

Hospital-level, Risk-Standardized Payment  
Associated with a  
30-Day Episode of Care  
for Pneumonia

4

## THA/TKA Payment

Hospital-level, Risk-Standardized Payment  
Associated with a 30-day  
Episode of Care for Elective  
Primary Total Hip  
Arthroplasty and/or Total  
Knee Arthroplasty



# NHSN HAI Measures



# NHSN HAI Measures

## ADDITIONAL NHSN HAI MEASURES

CMS is proposing to add two new mandatory NHSN healthcare-associated infection (HAI) measures.

**Catheter-Associated Urinary  
Tract Infection (CAUTI)  
Standardized Infection Ratio  
Stratified for Oncology  
Locations measure**

**Central Line-Associated  
Bloodstream Infection  
Standardized Infection  
(CLABSI) Ratio Stratified for  
Oncology Locations measure**

Both beginning in Calendar Year **2026 reporting period**

# COVID-19 and Immunization Reporting

## Replacing COVID-19 and Immunization reporting with new process.

Beginning on **October 1, 2024**, hospitals and CAHs would have to electronically report certain data elements about COVID-19, influenza, and respiratory syncytial virus (RSV) on a weekly basis.

- Information includes confirmed infections of respiratory illnesses, including COVID-19, influenza, and RSV, among hospitalized patients
- Hospital bed census and capacity
- Limited patient demographic information, including age.



# HCHAPS Measures



# HCHAPS

## ADDITIONAL HCHAPS SUB-MEASURES

Three new sub-measures:

Care Coordination

Restfulness of Hospital  
Environment

Information about  
Symptoms

- These three new sub-measures would be publicly reported beginning in **October 2026**.
- Remove “Care Transition” reporting on Care Compare in **January 2026**.
- Additionally, the current “Responsiveness of Hospital Staff” sub-measure would be altered starting in **January 2025**, with the “Call Button” questions being removed from the survey and a new “Get Help” question being added.



# Proposed Changes to the Auditing Process



# Auditing Process

## PROPOSED CHANGES

CMS is proposing to modify the current data validation (audit) scoring to implement two separate validation scores, one for clinical processes of care (CPoC) measures and one for eCQMs, and equally weighting them at **50% each**.

Previously, eCQM validation was weighted at **zero** to give hospitals time to gain experience with eCQM reporting and validation.



# Promoting Interoperability Program



# Promoting Interoperability Program

## PI PROGRAM MODIFICATIONS

CMS is proposing to modify the PI program with basically every change from the IQR program. In addition, they are splitting out the Antimicrobial Use and Resistance (AUR) Surveillance measure into two measures.

Antimicrobial Use  
(AU) Surveillance

Antimicrobial Resistance  
(AR) Surveillance

- Beginning in **2025**.
- CMS is also proposing to increase the scoring threshold from **60 points to 80 points** starting in **2025**.



# Hospital Value-Based Purchasing (HVBP) Program



# HVBP Program

CMS is proposing three changes to the HVBP program.

1

## Patient Safety Structural

Adopt the Patient  
Safety Structural  
measure beginning in  
Calendar Year **2025**

2

## HCAHPS Survey

Modify the HCAHPS  
Survey measure  
beginning in Calendar  
Year **2025**

3

## Hospital Commitment to Health Equity

Move up the start date for  
publicly displaying  
hospital performance on  
the Hospital Commitment  
to Health Equity measure  
to January **2026**

# TEAM Model

Transforming Episode Accountability Model



# TEAM Model

CMS is proposing a brand-new bundled payment model which is mandatory for hospitals starting **January 1, 2026 through December 31, 2030**. The model pairs episode-based pricing linked to quality measure performance.

The episodes they are testing are:

CABG

LEJR

Major Bowel  
Procedure

SHFFT

Spinal Fusion

Which they are pairing with these quality measures:

(For all episodes) Hybrid  
Hospital-Wide All-Cause  
Readmission Measure

Year 1 = July 1, 2024 – June 30, 2025

(For all episodes) PSI 90

Year 1 = July 1, 2023 – June 30, 2025

(For LEJR episodes only)  
THA/TKA PRO-PM (Inpatient)

Year 1 = July 1, 2024 – June 30, 2025

# TEAM Model

TEAM is mandatory for acute care hospital who bills for these episodes, are paid under the IPPS, has a CMS Certification Number (CCN), and has a primary address located in one of the 800 geographic areas selected for participation in TEAM.



# TEAM Model

In this new model you could make or lose money (for those episodes) based on how well you perform on those quality measures and how much you spent. Year 1 you get only an upside for good performance, after that you could gain or lose money based on those factors.



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