

**Analysis of the Outcome of Leapfrog Comment Letter to the Centers for Medicare & Medicaid Services (CMS)
Regarding the CMS Proposed Rule on Hospital Inpatient Prospective Payment Systems (IPPS)**

Based on FY 2024 Final Rule Issued by CMS August 1, 2023; Analysis Prepared August 2023

Leapfrog Group Recommendation	Page # in Leapfrog Letter	Does the Final Rule Align with Leapfrog Recommendation?	CMS Final Ruling
Hospital Inpatient Quality Reporting Program (IQR) <i>This is the program to equip consumers with quality data to make more informed health care decisions.</i>			
Support adding three measures to the IQR Program as follows: <ul style="list-style-type: none"> • Hospital Harm – Pressure Injury eCQM • Hospital Harm – Acute Kidney Injury eCQM • Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Hospital Level – Inpatient) eCQM 	4	Yes	CMS will add the three proposed measures to the IQR Program.
Refine three existing measures in the IQR Program, which are: <ul style="list-style-type: none"> • Hybrid Hospital-Wide All-Cause Risk Standardized Mortality (HWM) • Hybrid Hospital-Wide All-Cause Readmission (HWR) • COVID-19 Vaccination Among Healthcare Personnel (HCP) <p>In particular, strongly support the expansion of the population included in the HWR and HMR measures.</p>	4	Yes	CMS will make modifications to three measures to the IQR Program as proposed. CMS response to Leapfrog recommendation. [HWM: p. 1377 – 1378, HWR: p. 1392]
Support the removal of: <ul style="list-style-type: none"> • Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty measure • Medicare Spending Per Beneficiary (MSPB) 	4	Yes	CMS will remove these two measures from the IQR Program.
Retain the Elective Delivery Prior to 39 Completed Weeks Gestation measure.	5	No	CMS will remove the elective delivery measure. CMS response to Leapfrog recommendation. [p. 1410-1411]
Remove measure removal factor #1: “Topped out” measure, meaning a measure is assessed to have no substantial room for improvement through an analysis specified by CMS.	5-6	No	CMS will codify the measure removal factor as proposed and retain measure removal factor #1 as defined. CMS response to Leapfrog recommendation. [p. 1415-1416]

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Modify measure removal factor #8: Cost-benefit of the measure where “costs” and “benefits” are defined as occurring to the Medicare beneficiaries and the public.	6	No	<p>CMS will codify the measure removal factor as proposed and retain measure removal factor #8 as defined.</p> <p>CMS response notes they consider the costs and benefits from both the provider and patient perspective. Examples of excerpts of each (respectively):</p> <ul style="list-style-type: none"> • “We discussed the estimated changes in reporting costs for participating hospitals associated with the proposed changes” • “We also discuss in detail the benefits of the measure to patients...when we propose [changes to the IQR measure set]” [p. 1415-1416]
Provide full transparency in the defining each measure removal factor.	6	No	CMS will not provide further definition of each of the measure removal factors.
Introduce two geriatric measures with recommended improvements: <ul style="list-style-type: none"> • Geriatric Hospital • Geriatric Surgical 	6	NA	<p>As this was a request for public comment, CMS did not make a final determination.</p> <p>CMS response to Leapfrog recommendation. [p. 1439]</p>
Do not support the designation of quality and safety of patient-centered geriatric care as currently specified.	7	NA	As this was a request for public comment, CMS did not make a final determination.
Make administrative HCAHPS changes, especially adding three survey implementation modes, which are: <ul style="list-style-type: none"> • web-mail • web-phone • web-mail-phone 	7	Yes	<p>CMS will make the following changes:</p> <ul style="list-style-type: none"> • Add the three proposed survey modes • End prohibition of proxy respondents • Extend data collection from 42 to 49 days • Limit on supplemental survey items <p>CMS response to Leapfrog recommendation regarding adding three survey modes. [p. 1452]</p>
Expand requirement to administer HCAHPS beyond Spanish (as proposed) to include the person’s preferred language in all eight languages the survey is available in.	7	No	<p>CMS will only expand the requirement to administer HCAHPS in cases where the person’s preferred language is Spanish.</p> <p>CMS response to Leapfrog recommendation. [p. 1459]</p>
Administer HCAHPS to patients with primary psychiatric diagnosis and adequately represent the population in the sample.	7	NA	As this was a request for information, CMS did not make a final determination.

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Hospital Acquired Conditions Reporting Program (HACRP) <i>This is the program that financially penalizes hospitals for poor performance.</i>			
Support the addition of five the six eCQM measures to the HACRP that CMS is considering, which are: <ul style="list-style-type: none"> • Hospital Harm - Opioid-Related Adverse Events eCQM • Hospital Harm - Severe Hypoglycemia eCQM • Hospital Harm - Severe Hyperglycemia eCQM • Hospital Harm - Acute Kidney Injury eCQM • Hospital Harm - Pressure Injury eCQM 	7-8	NA	As this was a request for public comment, CMS did not make a final determination.
Do not support proposed addition of Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computer Tomography in Adults measure to the HACRP. Recommend adding the measure to the IQR and HVBP.	8	NA	As this was a request for public comment, CMS did not make a final determination.
Add measures in the following areas: <ul style="list-style-type: none"> • Medication safety related adverse events • Procedure / surgery related adverse events • HAIs • Patient care related adverse events • Diagnostic errors 	8-9	NA	As this was a request for public comment, CMS did not make a final determination.
Stratify measure results by race, ethnicity, language, sexual orientation and gender identify to improve health equity.	9	NA	As this was a request for public comment, CMS did not make a final determination.

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Hospital Value-Based Purchasing Program (HVBP) <i>This is the program that financially rewards hospitals for good performance.</i>			
Remove measure removal factor #1: “Topped out” measure, meaning a measure is assessed to have no substantial room for improvement through an analysis specified by CMS.	9-10	No	CMS will codify the measure removal factor as proposed and retain measure removal factor #1 as defined.
Modify measure removal factor #8: Cost-benefit of the measure where “costs” and “benefits” are defined as occurring to the Medicare beneficiaries and the public.	10	No	CMS will codify the measure removal factor as proposed and retain measure removal factor #8 as defined. CMS response notes they consider the costs and benefits from both the provider and patient perspective. Examples of excerpts of each (respectively): <ul style="list-style-type: none"> • “We discussed the estimated changes in reporting costs for participating hospitals associated with the proposed changes” • “We also discuss in detail the benefits of the measure to patients...when we propose [changes to the IQR measure set]” [p. 1415-1416]
Refine the Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty measure by adding additional ICD-10-CM codes to indicate a larger set of potential preventable adverse events.	10	Yes	CMS will respecify the measure as proposed. CMS response to Leapfrog recommendation. [p. 1092-1093]
Implement revisions to the Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty measure sooner than FY 2030 as proposed.	10	No	CMS will respecify the measure in the proposed timeframe.
Support the addition of the sepsis management bundle measure.	10-11	Yes	CMS will add the sepsis management bundle measure as proposed. CMS response to Leapfrog recommendation. [p. 1107-1109]
Add the Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computer Tomography in Adults eCQM.	11	NA	CMS can only adopt measures that appear in the IPPS proposed rule. This measure was not proposed to be added.
Make administrative HCAHPS changes, especially adding three survey implementation modes, which are: <ul style="list-style-type: none"> • web-mail • web-phone • web-mail-phone 	11	Yes	CMS will make the following changes: <ul style="list-style-type: none"> • Add the three proposed survey modes • End prohibition of proxy respondents • Extend data collection from 42 to 49 days • Limit on supplemental survey items CMS response to Leapfrog recommendation. [p. 1137]

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Expand requirement to administer HCAHPS beyond Spanish (as proposed) to include the person’s preferred language in all eight languages the survey is available in.	11	No	CMS will only expand the requirement to administer HCAHPS in cases where the person’s preferred language is Spanish. CMS response to Leapfrog recommendation. [p. 1137-1138]
Revise HVBP scoring to acknowledge hospitals’ high performance with high rates of dual eligible cases.	11	No	CMS will revise HVBP scoring as proposed with minor technical modifications. CMS response to Leapfrog recommendation. [p. 1167-1168]
Prioritize examining disparities in treatment rendered and outcomes attained for measures in the HVBP.	12	NA	As this was a request for information, CMS did not make a final determination. CMS response to Leapfrog recommendation. [p. 1192-1194]
Add maternity measures, such as: <ul style="list-style-type: none"> • Unexpected Newborn Complications in Term Infants • Elective Delivery Prior to 39 Completed Weeks Gestation • Cesarean Birth 	12	NA	As this was a request for information, CMS did not make a final determination.
Add measures in the following areas: <ul style="list-style-type: none"> • Medication safety related adverse events • Procedure / surgery related adverse events • HAIs • Patient care related adverse events • Medication safety • Diagnostic errors 	12-13	NA	As this was a request for information, CMS did not make a final determination.
Additional Comments – Not Program Specific			
Meaningfully differentiate the variation in hospital performance on the safety and quality measures published on Care Compare.	2	No	CMS did not respond to Leapfrog’s recommendation.
Report results from all federal hospital programs by bricks-and-mortar facility, not CMS Certification Number (CCN).	2	No	CMS did not respond to Leapfrog’s recommendation.
Stop exempting hospitals from public reporting including critical access hospitals, pediatric hospitals, hospitals in U.S. territories, and others.	2	No	CMS did not respond to Leapfrog’s recommendation.

Key Terms

eCQM

- Electronic clinical quality measures are measures that use data electronically abstracted from electronic health records.

HAI

- Healthcare Associated Infection, such as MRSA, C. diff, infection in the blood, infection in the urinary tract, and surgical site infection after colon surgery.

HCAHPS

- A standardized survey instrument and data collection methodology collecting information about patient experience.

ICD-10-CM codes

- Codes used to describe diagnoses.

Measure removal factors

- Criteria established by CMS to evaluate measures against for possible removal from a given CMS program.

Topped out

- A measure assessed to have no substantial room for improvement through an analysis specified by CMS.

Web-mail

- Attempt to administer HCAHPS by the internet / web and followed up by mail for non-responders.

Web-mail-phone

- Attempt to administer HCAHPS by the internet / web, followed up by mail and phone for non-responders.

Web-phone

- Attempt to administer HCAHPS by the internet / web and followed up by phone for non-responders.