



Hospital Inpatient Prospective Payment Systems and other Value-Based Proposals *Consumer Highlights*

General / Overall Summary

- **Revise Medicare hospital inpatient prospective payment systems for acute care hospitals**
 - For FY 2019, CMS is proposing an increase of approximately 1.75 percent in operating payment rates for general acute care hospitals paid under the IPPS that successfully participate in the Hospital Inpatient Quality Reporting (IQR) Program and are meaningful electronic health record (EHR) users.

- **Updates policies for hospital quality and value programs**
 - CMS is proposing its first significant measure changes to the five hospital quality and value-based purchasing programs since announcing its “Meaningful Measures” framework in Fall 2017:
 - Hospital Inpatient Quality Reporting (IQR) Program
 - Hospital Value Based Purchasing (HVBP) Program
 - Hospital Acquired Condition Reduction Program:
 - Hospital Readmissions Reduction Program
 - This includes removing measures that are “topped out,” no longer relevant, or where the burden of data collection outweighs the measure’s ability to contribute to improved quality of care.

- **Establish new requirements and revise existing requirements for hospitals participating in Meaningful Use**
 - CMS is proposing changes to the Medicare and Medicaid EHR Incentive Programs in an effort to promote interoperability, improve flexibility, and decrease burden.
 - The focus will be on measures that require the exchange of health information between providers and patients.
 - Additionally, CMS is renaming the program “Promoting Interoperability.”

- **Price Transparency - Request for Information**
 - CMS is proposing to require hospitals to post their standard list of prices on the Internet and in a machine-readable format.
 - The Administration is also soliciting comment on new ways to promote price transparency for patients, including how to:
 - Stop “surprise billing” by providers;
 - Provide better information up front about out-of-pocket costs; and
 - Further transparency, like price comparison tools, making public which institutions are out of compliance with transparency measures.

- **Interoperability – Request for Information**
 - CMS would also like to obtain feedback on positive solutions to better achieve interoperability or the sharing of healthcare data between providers.

- Specifically, they request feedback on the possibility of revising Conditions of Participation related to interoperability as a way to increase electronic sharing of data by hospitals.

Areas for Discussion, Possible Consumer Comment

Quality / Meaningful Measures

- Proposing to adopt measure removal factors for the Hospital VBP Program (adopt 7 criteria currently used for the IQR Program and adopt a new 8th removal factor)
 - Proposed 8th Criteria: *The costs associated with a measure outweigh the benefit of its continued use in program*

Promoting Interoperability (Formerly Meaningful Use)

- Emphasis on patient access to health information
 - Changes to patient access measure
 - Removal of patient generated data measure
- New Measure (proposed): Opioid measures for electronic prescribing
 - Query of Prescription Drug Monitoring Program (PDMP)
 - Verify Opioid Treatment Agreement
- Future Measure (proposed): Health information exchange across the care continuum

Price Transparency RFI

For discussion / Questions of interest:

- What types of information would be most beneficial to patients?
- How can hospitals best enable patients to use charge and cost information in their decision-making?
- Should health care providers be required to inform patients how much their out-of-pocket costs for a service will be before those patients are furnished that service?
- Should health care providers play any role in helping to inform patients of what their out-of-pocket obligations will be?
- What is the most effective way for CMS to publicize information regarding hospitals that fail to comply?

Interoperability RFI

For discussion / Questions of interest:

- If CMS were to propose a new CoP/CfC/RfP standard to require electronic exchange of medically necessary information, would this help to reduce information?
- Should CMS propose new CoPs/CfCs/RfPs for hospitals and other participating providers and suppliers to ensure a patient's or resident's (or his or her caregiver's or representative's) right and ability to electronically access his or her health information without undue burden?
- What would be a reasonable implementation timeframe for compliance with new or revised CMS CoPs/CfCs/RfPs for interoperability? Should these requirements have delayed implementation dates for specific participating providers and suppliers?

➔ **What else: other issues, priorities for patients/consumers?** (open discussion)