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2026 IPPS & IPF Proposed Rules

A review of the proposed changes to the major regulatory programs

April 30, 2025

Annual Cycle of Regulatory Quality Reporting

IQR: Inpatient Quality Reporting

PI: Promoting Interoperability

HRRP: Hospital Readmission Reduction Program

HACRP: Hospital-Acquired Condition Reduction Program

HVBP: Hospital Value-Based Purchasing Program

IPFQR: Inpatient Psychiatric Facility Quality Reporting

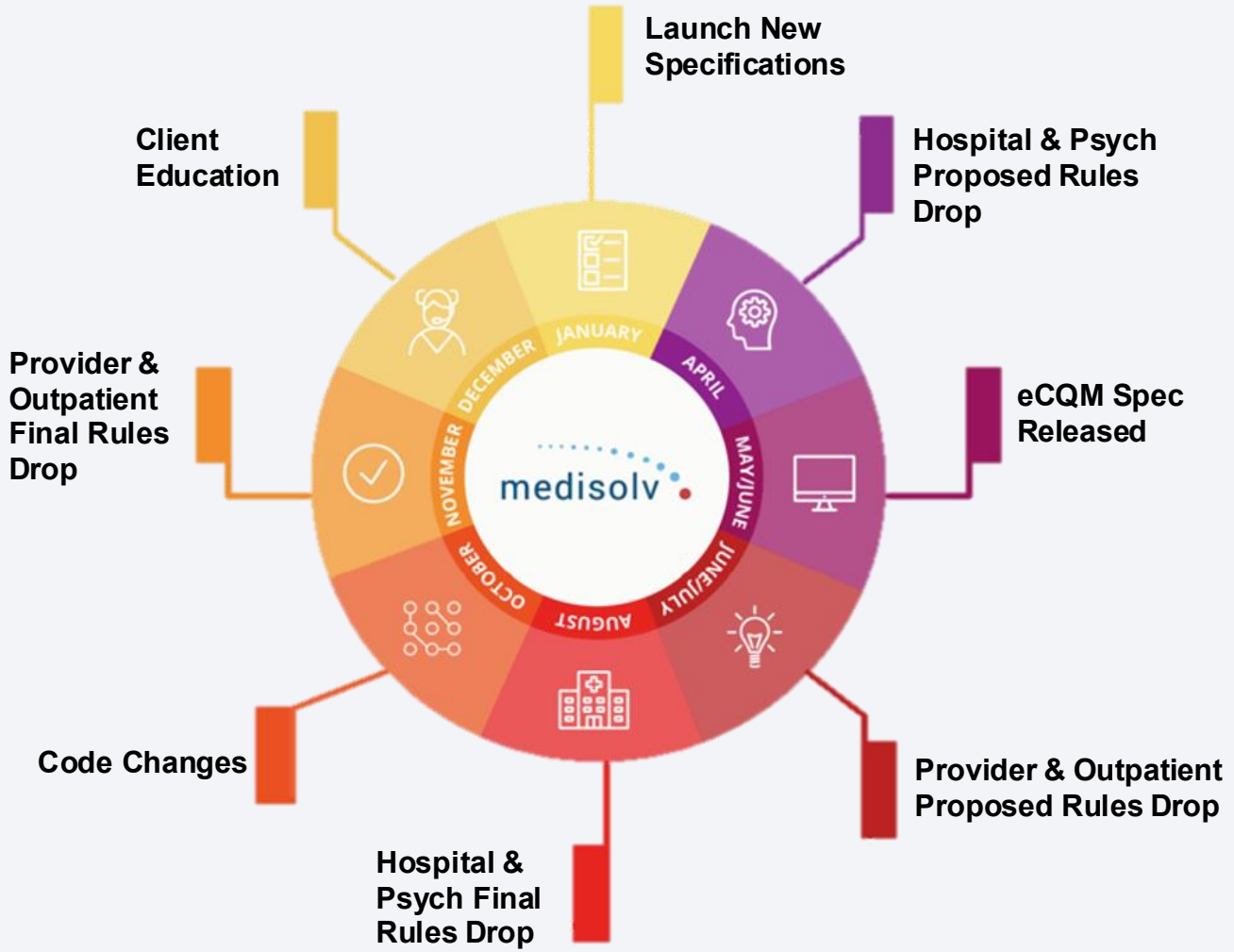
TEAM: Transforming Episode Accountability Model

OQR: Outpatient Quality Reporting

REHQR: Rural Emergency Hospital Quality Reporting

ASCQR: Ambulatory Surgical Center Quality Reporting

QPP: Quality Payment Program (MIPS, MVPs, APP)



1. IQR: Inpatient Quality Reporting
2. PI: Promoting Interoperability
3. HRRP: Hospital Readmission Reduction Program
4. HVBP: Hospital Value-Based Purchasing Program
5. HACRP: Hospital-Acquired Condition Reduction Program
6. TEAM: Transforming Episode Accountability Model
7. IPFQR: Inpatient Psychiatric Facility Quality Reporting

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Presenters

Erin Heilman

SVP, Regulatory Affairs

Erin Heilman is a distinguished leader in the healthcare quality regulatory space, known for her innovative approach to simplifying complex regulations. For over a decade, Erin has developed award-winning content, including articles, guides, and tools that empower quality leaders to excel in their reporting obligations.

Kristen Beaton

SVP Clinical Quality Improvement, BSN, RN

Kristen Beatson is an accomplished Healthcare IT leader with over 30 years of clinical, informatics and quality improvement experience. As the Senior Vice President of Clinical Quality Improvement at Medisolv, she is highly focused on helping customers harness the transformative power of digital data to optimize operational efficiencies and more importantly, to empower the delivery of superior healthcare.

Understanding CMS Years

REPORTING YEAR

The reporting year is a specific period during which data is collected and reported to CMS. It is often referenced when talking about what is required in a reporting year.

Example: We are in Reporting Year 2025. The THA/TKA PRO-PM has a Measurement Period of July 1, 2024 – June 30, 2025. Submission of this data completes your 2025 Reporting Year Requirements.

FISCAL YEAR

The fiscal year is a 12-month period used for financial accounting and budgeting purposes. Unlike the calendar year, the fiscal year can start on a different date, such as October 1st and end on September 30th of the following year. Most commonly (but not always) the CMS Fiscal Year is two years after the Reporting Year.

Example: We are in Reporting Year 2025 which affects payments for Fiscal Year 2027. CMS will sometimes refer to FY 2027 for your reporting requirements.

MEASUREMENT PERIOD

Throughout this presentation we reference the measure type's Measurement Period to help you understand the timeframes of data that you must submit or are considered to fulfill that Reporting Year's Requirements.

CALENDAR YEAR

The calendar year is the most commonly used year in everyday life. It follows the standard January 1st to December 31st timeframe. Sometimes CMS says Calendar Year to indicate Reporting Year.

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Inpatient Quality Reporting (IQR) Program

Proposed Changes Page 832

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What is IQR?

WHAT IS IT?

- IQR is a *Pay for Reporting* program established in 2003 that mandates any "eligible hospital" who does not successfully report all information as requested by CMS will receive a penalty.

HOW DO I SUCCEED?

- Successful completion of the program means you've submitted all measure data and completed all attestations by their specific deadlines.

WHAT IF I FAIL?

- If you miss one submission, one quarter, one time, for any one measure, you fail IQR which results in a 25% reduction to your Annual Payment Update, which is usually around -1 to -2%.
- If you fail to submit an eCQM for the Jan 1 – Dec 31, 2023 reporting period, your penalty is applied to FY 2025 (Oct 1, 2024 – Sept 30, 2025) on Medicare claims you submit.

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Summary of Proposed Changes for IQR

Major Reporting Changes

- Health Equity Measures Removed
- Hybrid Thresholds Reduced
- Claims Measures Respecified
- COVID-19 Exclusions and Vax Rate Removed
- Extraordinary Circumstances Exception (ECE) Updated Across All Programs

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Health Equity Measures Removed

Page 856

Removal of the following measures from the IQR program beginning with the CY 2024 reporting year/FY 2026 payment determination:

- Hospital Commitment to Health Equity Measure (HCHE)
- Screening for Social Drivers of Health Measure (SDOH-01)
- Screen Positive Rate for Social Drivers of Health Measure (SDOH-02)

*Final rule to be published around August of 2025 ---- **submission of 2024 data still necessary to meet current requirements. If CMS does not finalize this proposal, and you don't submit, you fail IQR.**

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Hybrid Measure Threshold Changed

Page 869

Proposed Decrease of the Hybrid Measures CCDE and Linking Variable Submission Thresholds Beginning with the FY 2028 Payment Determination

- Three-fourths of hospitals that submitted measure data during the FY 2025 voluntary period (measurement period: 7/1/22 - 6/30/23) did not meet submission thresholds of 90% of discharges for the CCDEs and 95% of discharges for the linking variables.
- The 2025 OPPS Final Rule extended voluntary reporting of the hybrid measures for the FY 2026 (measurement period: 7/1/23 - 6/30/24) and FY 2027 (measurement period: 7/1/24 - 6/30/25) years.
- The hybrid measures are mandatory starting FY 2028 (measurement period: 7/1/25 - 6/30/26).

Proposed Changes:

- Reduce submission thresholds for both CCDE and linking variables to ≥70%
- Lower the number of required CCDE data elements to allow for up to two missing laboratory results and up to two missing vital signs.
- Submission of less than 70% of CCDE and linking variable data or with more than two missing laboratory results or more than two missing vital signs under either hybrid measure **would not satisfy the measure's Hospital IQR Program requirements and means your hospital would fail IQR.**

COVID-19 Exclusions & Vax Rate Removed

Proposed removal of the COVID-19 Vaccination Coverage among HCP Measure: Beginning with the CY 2024 reporting year/FY 2026 payment determination. *Page 858*

*Final rule to be published around August of 2025 ---- **submission of 2024 data still necessary to meet current requirements. If CMS does not finalize this proposal, and you don't submit, you fail IQR.**

Proposed removal of the COVID-19 exclusion from the following Hospital IQR Program measures: Beginning with the FY 2027 payment determination. *Page 862*

- MORT-30-STK
- COMP-HIP-KNEE
- Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction (AMI Excess Days)
- Excess Days in Acute Care after Hospitalization for Heart Failure (HF Excess Days)
- Excess Days in Acute Care after Hospitalization for Pneumonia (PN Excess Days)
- Hybrid Hospital-Wide All-Cause Readmission Measure (HWR)
- Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure (HWM)

Claims Measures Respecified

Page 834

Proposed modifications to the MORT-30-STK & COMP-HIP-KNEE measures beginning with the FY 2027 payment determination.

- Expand the measure's inclusion criteria to include Medicare Advantage (MA) patients; and
  - The addition of MA encounter data to the measure roughly doubles the cohort size, improves measure reliability, and more accurately reflects the quality of care for both Medicare FFS and MA beneficiaries.
- Shorten the performance period from 3 years to 2 years.
- Change the risk adjustment model to consider straight ICD-10 codes instead of HCC code sets.
- Removing COVID-19 exclusion.

First Affected Reporting Period

- **MORT-30-STK:** *Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Ischemic Stroke Hospitalization*
  - Beginning July 1, 2023–June 30, 2025 reporting period/FY 2027 payment determination (used to start July 1, 2022 – proposed to start July 1, 2023)
- **COMP-HIP-KNEE:** *Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) measure*
  - Beginning April 1, 2023–March 31, 2025 reporting period/FY 2027 payment determination (used to start April 1, 2022 – proposed to start April 1, 2023).
  - This measure is scheduled to be removed from IQR in FY 2030.

Extraordinary Circumstances Exception (ECE) Policy

Page 872

CMS is giving itself more flexibility to accept ECEs from Hospitals

- The ECE policy is proposed to be updated and codified to clarify that CMS has the discretion to grant an extension in response to an ECE request from a hospital.
- Request for ECE must be made within 30 days of the qualifying event.
- This update applies to the IQR, PI, HRRP, HACRP, HVBP, and IPFQR programs.

New Stuff Dropping in 2026

These are items previously finalized and not removed in the recent proposed rule.

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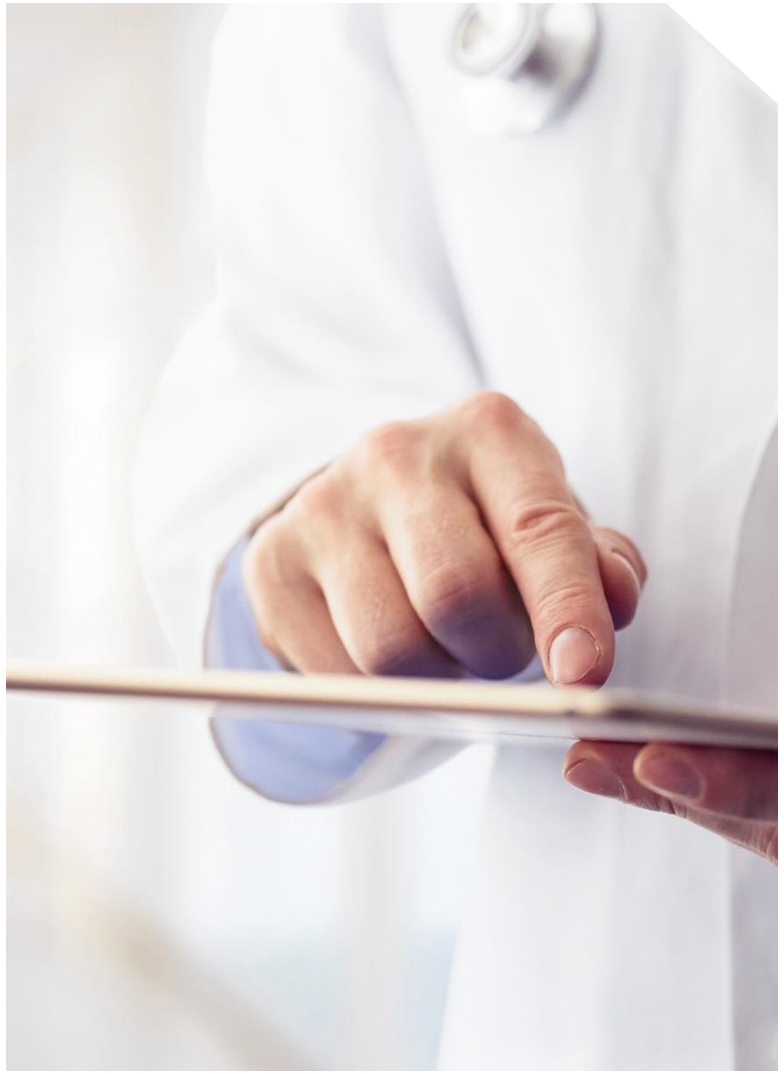
Newly Available eCQMs in 2026

- HH-FI:
  Hospital Harm – Falls with Injury
- https://blog.medisolv.com/articles/how-to-implement-the-hospital-harm-falls-with-injury-ecqm
- HH-RF:
  Hospital Harm – Postoperative Respiratory Failure
- https://blog.medisolv.com/articles/implementing-postoperative-respiratory-failure-ecqm
- Both Measures
  - Available to submit to CMS in 2026
  - Available in Medisolv 2025
  - Evaluated in TEAM in 2027



eCQM Measure List

Short Name	2025	2026	2027	2028
PC-02	Required	Required	Required	Required
PC-07	Required	Required	Required	Required
CMS506	Required	Required	Required	Required
HH-Hyper	Available	Required	Required	Required
HH-Hypo	Available	Required	Required	Required
HH-ORAE	Available	Available	Required	Required
HH-PI	Available	Available	Available	Required
HH-AKI	Available	Available	Available	Required
HH-RF	n/a	Available	Evaluated (TEAM)	Evaluated (TEAM)
HH-FI	n/a	Available	Evaluated (TEAM)	Evaluated (TEAM)
STK-02	Available	Available	Available	Available
STK-03	Available	Available	Available	Available
STK-05	Available	Available	Available	Available
VTE-1	Available	Available	Available	Available
VTE-2	Available	Available	Available	Available
GMCS	Available	Available	Available	Available
IP-ExRad	Available	Available	Available	Available

Still in Play! eCQM Data Validation beginning CY 2025

- Beginning with the 2025 reporting year, eCQM validation scoring will be based on accuracy.
  - Minimum passing score of 75% accuracy.
  - Includes two separate validation scores, one for clinical processes of care (CPoC) measures and one for eCQMs.
  - eCQM validation scores determined using same methodology as chart-abstracted measures.
  - Hospitals must pass both measure types to receive full annual payment update.
  - Removed requirement to submit 100% of medical records - missing records considered mismatches, impacts score.

Still in Play! PRO-PMs As Promised

Regulatory Program	PRO-PM Name	Reporting Years	Mandatory Year Submission Deadline
IQR	THA/TKA	Mandatory Reporting Year (RY) 2025 (July 1, 2024 – June 30, 2025) RY 2026 (July 1, 2025 – June 30, 2026)	RY 2025 – Pre-Op Data: Sept. 30, 2025, Post-Op Data: Sept. 30, 2026 RY 2026 – Pre-Op Data: Sept. 30, 2026, Post-Op Data: Sept. 30, 2027
OQR	THA/TKA	Voluntary RY 2025 - 2027 (Jan 1, 2025 – Dec 31, 2025) (Jan 1, 2026 – Dec 31, 2026) (Jan 1, 2027 – Dec 31, 2027) Mandatory RY 2028 (Jan 1, 2028 – Dec 31, 2028)	Voluntary: RY 2025 – Pre-Op: May 15, 2026, Post-Op: May 15, 2027 RY 2026 – Pre-Op: May 15, 2027, Post-Op: May 15, 2028 RY 2027 – Pre-Op: May 15, 2028, Post-Op: May 15, 2029 Mandatory: RY 2028 – Pre-Op: May 15, 2029, Post-Op: May 15, 2030
	Information Transfer	Voluntary CY 2026 (Jan. 1 – Dec. 31, 2026) Mandatory CY 2027 on (Jan. 1 – Dec. 31, 2027)	Voluntary: May 15, 2027 Mandatory: May 15, 2028
ASCQR	THA/TKA	Voluntary RY 2025 - 2027 (Jan 1, 2025 – Dec 31, 2025) (Jan 1, 2026 – Dec 31, 2026) (Jan 1, 2027 – Dec 31, 2027) Mandatory RY 2028 on (Jan 1, 2028 – Dec 31, 2028)	Voluntary: RY 2025 – Pre-Op: May 15, 2026, Post-Op: May 15, 2027 RY 2026 – Pre-Op: May 15, 2027, Post-Op: May 15, 2028 RY 2027 – Pre-Op: May 15, 2028, Post-Op: May 15, 2029 Mandatory: RY 2028 – Pre-Op: May 15, 2029, Post-Op: May 15, 2030

Could be modified in OPPS ruling in June/July.

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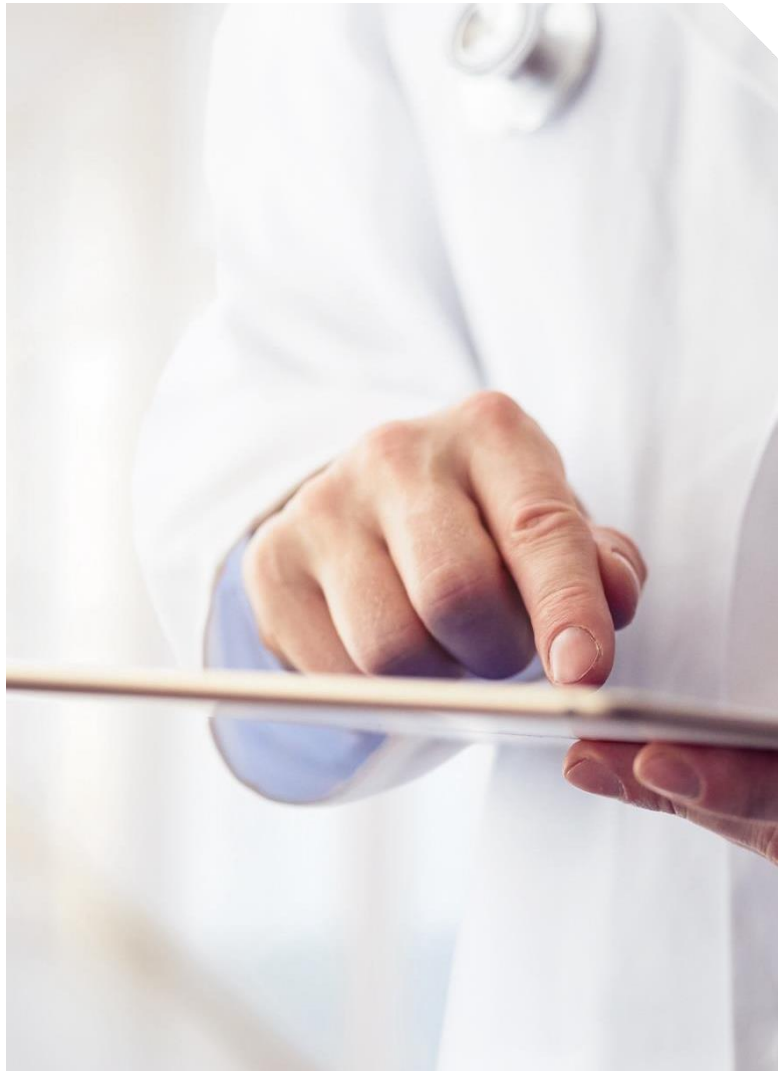
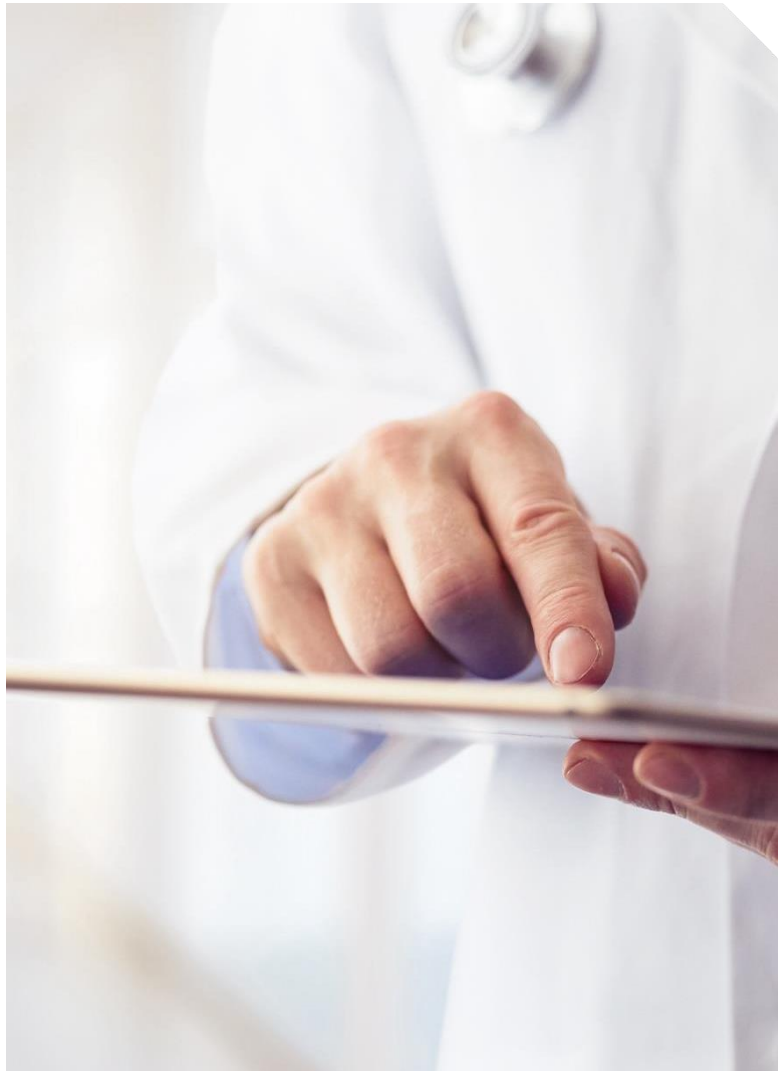
Still in Play! The Other Structural Measures

- Patient Safety
- https://blog.medisolv.com/articles/an-overview-of-the-patient-safety-structural-measure-pssm
- Age-Friendly Hospital
- https://blog.medisolv.com/articles/cms-age-friendly-structural-measure
- Maternal Morbidity
- All required in 2025 & 2026



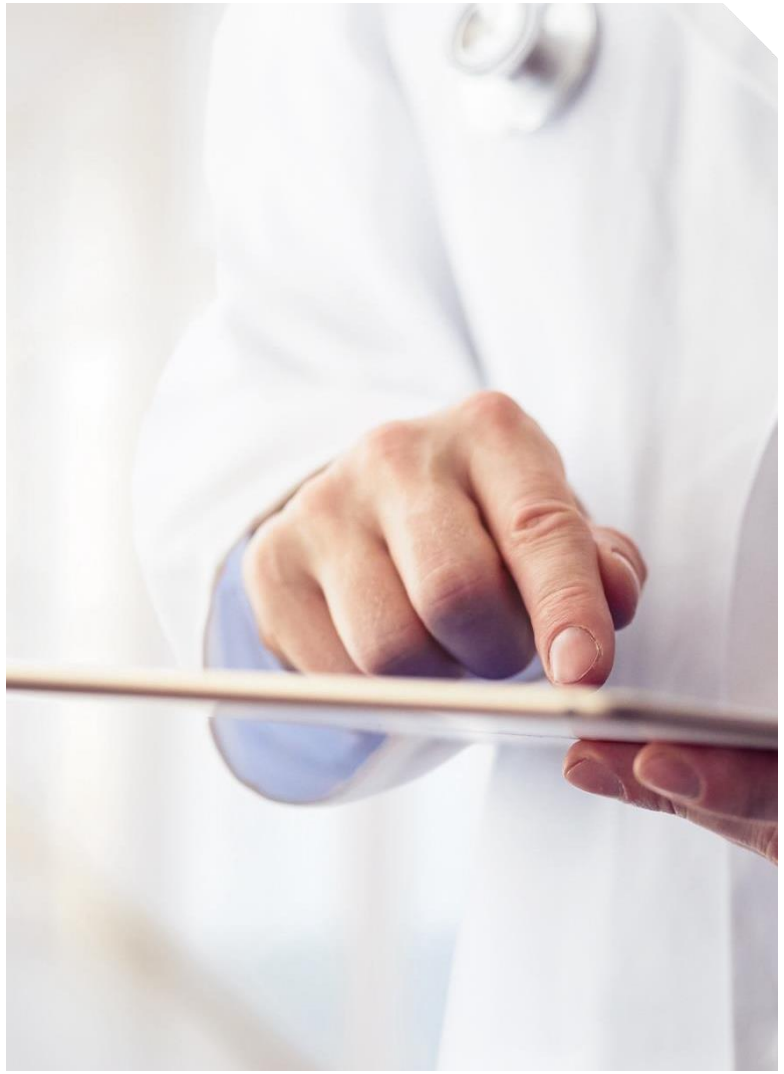
Still in Play! Newly Required HAI Measures in 2026

- **CAUTI-ONC:** Catheter-Associated Urinary Tract Infection **(CAUTI)** Standardized Infection Ratio Stratified for Oncology Locations measure
- **CLABSI-ONC:** Central Line-Associated Bloodstream Infection Standardized Infection **(CLABSI)** Ratio Stratified for Oncology Locations measure
- Both required in 2026



Still in Play! PSI-04 to FTR

- Death Among Surgical Inpatients with Serious Treatable Complications (CMS PSI 04)
- Thirty-Day Risk-Standardized Death Rate Among Surgical Inpatients with Complications (Failure-to-Rescue - FTR)
- PSI Removed & FTR Begins
  - July 1, 2023 – June 30, 2025 measurement period (FY 2027)



Still in Play! HCAHPS Changes

HCAHPS was updated in Reporting Year 2025 with specific details about when questions will be published on Care Compare and used in the HVBP program. No further changes were made so these are still in play.

HCAHPS Questions Changed

Four questions removed 2025.

Seven measures added in 2025.

Additionally, the current “Responsiveness of Hospital Staff” question was altered to remove the “Call Button” question and a new “Get Help” question was added.

New Categories and Question Reorganization

Care Coordination, Restfulness of Hospital Environment, Information about Symptoms

Summary of Proposed Changes for IQR

Major Reporting Changes

- Health Equity Measures Removed
- Hybrid Thresholds Reduced
- Claims Measures Respecified
- COVID-19 Exclusions and Vax rate removed
- ECE Updated Across All Programs

Major Themes

- Health Equity Language
- Request for Wellness & Nutrition Measures
- Safety as top priority
- Push for dQMs – FHIR eCQMs

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Health Equity Getting a Name Change *Page 1036*

Health Equity Reporting Becomes Health Data Reporting

"we also propose to remove the 'Health equity reporting' title to § 512.563 and replace it with 'Health data reporting.'"

RFI for Well-Being Measurement ***Page 832***

What does well-being mean to CMS?

- "Well-being is a comprehensive approach to **disease prevention** and **health promotion**, as it integrates **mental and physical health** while emphasizing **preventative care** to proactively address potential health issues."

RFI for Nutrition Measurement

What does nutrition mean to CMS?

- "Assessments for nutritional status may include various strategies, guidelines, and practices designed to promote healthy eating habits and ensure individuals receive the necessary nutrients for maintaining health, growth, and overall well-being."

Medisolv Wonders; Can We Suggest a Well-Being & Nutrition Composite Measure?

- HRSN Questions (SDOH 1&2)
- Mental Health Status (Anxiety/Depression Screening Question)
- Physical Health Status (Exercise Screening Question)
- Sleep Status (Sleep Screening Question)
- Combine with other known info (medication use, BMI)

Connecting the Dots on the CMS Safety Strategy

Safety measures have been a consistent priority since the inception of the measure concepts in the ‘70s

1970s

Safety Metrics Worsened

2020

First Required eCQMs had Safety themes (Severe Obstetric Complications, Safe Use of Opioids, C-section rate)

2022-2024

First Two Hospital Harm eCQMs Required

2026

Maintained requirements for Hospital Harm eCQMs
Measures used in both IQR and TEAM (5 required IQR | 2 evaluated TEAM)

BY 2028

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Hospital Harm eCQM / PSI Crosswalk

HH Composite = PSI 90

eCQMs	PSIs
HH-Hyperglycemia	No Coordinating PSI
HH-Hypoglycemia	No Coordinating PSI
HH-Opioid-Related Adverse Event	No Coordinating PSI
HH-Pressure Injury	PSI 03 Pressure Ulcer Rate
HH-Acute Kidney Injury	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate
HH-Post-Respiratory Failure	PSI 11 Postoperative Respiratory Failure Rate
HH-Falls with Injury	PSI 08 In-Hospital Fall-Associated Fracture Rate
HH - Anticoagulant-Related Major Bleeding *Under development. Not released.*	PSI 09: Postoperative Hemorrhage or Hematoma Rate
HH -Postoperative Venous Thromboembolism *Under development. Not released.*	PSI 12 Perioperative Pulmonary Embolism or Deep-Vein Thrombosis Rate

Source: https://mmshub.cms.gov/sites/default/files/HH-TEP-Summary-Report.pdf

RFI for Advancement of Digital Quality Measurement - FHIR eCQMs

CMS asks:

- What's it going to take to transform eCQMs to FHIR eCQMs?
- How long will it take everyone to get ready to submit?

CMS also made commentary on their ideas of timeline and process for switching to FHIR eCQMs.

What would need to happen to get this done?

eCQMs need re-specified as FHIR eCQMs, certified health IT updates, workflow changes, training, and testing

CMS Quality Reporting system needs to be redone to accept FHIR eCQMs

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What should you do now?

Make sure you're starting to have conversations with your IT team to understand current EHR capabilities.

Respond to RFI if capable.

Promoting Interoperability (PI) Program

Proposed Changes Page 907

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What is PI?

WHAT IS IT?

- In 2018, the Meaningful Use Program was rebranded as the Promoting Interoperability (PI) program.
- PI is a *Pay for Reporting* program and in recent years has shifted the focus from incentivizing EHR adoption to increasing interoperability and improving patient access to health information.

HOW DO I SUCCEED?

- Participants are required to complete all attestations and report on all measures (objectives). Each measure contributes to the total PI program score.
- A minimum of 80 points is required in RY 2026.
- Participants must also submit a full year's worth of data on 8 eCQMs (aligned with the IQR program requirements).

WHAT IF I FAIL?

- The program is required for "eligible hospitals" and critical access hospitals (CAHs) that receive federal funds from Medicare. Those who are eligible but do not participate or fail to meet requirements are subject to a 75% reduction to your Annual Payment Update, which is usually around -2 to -3%.

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Summary of Proposed Changes for PI

Major Regulatory Changes

- Formally define the PI EHR reporting period
- Enhance Security Risk Analysis to Include Management of Security Risks
- Require the modified SAFER guides
- Offered a new optional bonus measure

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Defining the EHR Reporting Period

EHR Reporting Period *Page 907*

- Maintain and define the "EHR reporting period for a payment adjustment year" in CY 2026 and subsequent years as a minimum of any continuous 180-day period within that calendar year for eligible hospitals and CAHs participating in the Medicare Promoting Interoperability Program.
  - This is applicable for new and returning participants in the PI program.
- A 180-day EHR reporting period would be the **minimum length**, and hospitals are **encouraged to use longer periods, up to and including the full calendar year.**
- Continue to monitor CEHRT utilization by eligible hospitals and CAHs to determine if a longer EHR reporting period may be appropriate in the future.

Enhance Security Risk Analysis to Include Security Management

Modification of the Security Risk Analysis Measure *Page 912*

- Beginning with the EHR Reporting Year/CY 2026
- Risk Analysis measure to require eligible hospitals and CAHs to:
  - Attest "yes" to having **conducted security risk management** and
  - Attest "yes" to the existing measure requirement to having **conducted security risk analysis**
- No scoring change, must attest yes to both or will be subject to a downward payment adjustment
- The Security Risk Analysis measure requires hospitals attest to conducting a security risk analysis but does not require hospitals to manage their security risk conduct or to attest to having implemented security measures to manage their security risk.
- Increases accountability among hospitals that have not taken steps to reduce risks and vulnerabilities to ePHI and provides transparency regarding the efforts of hospitals that are already taking steps to manage this risk.

New Measure language:

- Conduct or review a security risk analysis and conduct security risk management activities, including addressing the security of data created or maintained by CEHRT (to include encryption), implement security updates as necessary, and correct identified security deficiencies as part of the eligible hospital's or CAH's risk management process.
- Actions included in the security risk analysis measure may occur any time during the calendar year in which the EHR reporting period occurs.

Use the Modified SAFER Guides

SAFER GUIDES *Page 917*

- The SAFER Guides are evidence-based set of recommendations in the form of stand-alone, subject-oriented chapters that present the health IT community / hospitals, with best practice recommendations to improve the safety and safe use of EHRs
- An updated set of SAFER Guides was published in January 2025
- Consists of eight guides organized into three broad groups of Foundational Guides, Infrastructure Guides, and Clinical Process Guides.
- All have been edited and contain new recommendations as well as a consolidation of recommendations that were similar and overlapped with the 2016 SAFER Guides.
- Represents the most comprehensive revision of the SAFER Guides since they were first released.
- Requires an annual self-assessment using all eight of the 2025 SAFER Guides at any point during the calendar year in which the EHR reporting period occurs, **beginning with CY 2026.**
- During EHR reporting periods in CY 2025, eligible hospitals and CAHs should continue to use the 2016 SAFER Guides

Adoption of an Optional Bonus Measure *Page 921*

Optional bonus measure under the Public Health and Clinical Data Exchange objective for health information exchange with a Public Health Agency (PHA) that occurs using Trusted Exchange Framework and Common Agreement (TEFCA).

Public Health Reporting Using TEFCA:

The hospital:

- Participates as a signatory to a TEFCA Framework Agreement and is not suspended under that agreement
- Submits health information using TEFCA to a PHA consistent with one or more of the eight measures under the Public Health and Clinical Data Exchange objective
- Is in active engagement Option 2 (validated data production) with a PHA to transfer health information for one or more of the measures
- Uses CEHRT to exchange with the PHA

Scoring:

- Earn 5 bonus points if attest "yes" for one of the optional bonus measures: Public Health Reporting Using TEFCA, Public Health Registry Reporting, or Clinical Data Registry Reporting. Hospitals may attest "yes" to more than one but can only earn 5 bonus points even if attesting "yes" to multiple **bonus** measures.
- If a hospital uses TEFCA to fulfill any of the **required** Public Health and Clinical Data Exchange objective measures, the hospital can claim the 5 bonus points if it attests "yes" to the Public Health Reporting Using TEFCA bonus measure **in addition to earning points for fulfilling the requirements of the required measure**(s)

Summary of Proposed Changes for PI

Major Regulatory Changes

- Formally define the PI EHR reporting period
- Enhance Security Risk Analysis to Include Management of Security Risks
- Require the modified SAFER guides
- Offered a new optional bonus measure

Major Themes

- Increased emphasis on technical readiness and data exchange
- RFI Regarding the Query of Prescription Drug Monitoring Program (PDMP) Measure

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Major Themes PI

Emphasis of Technical Readiness & Data Exchange

- Same advancement for digital quality measurement
  - TEFCA Emphasis
  - Increasing Requirements

RFI on Query of Prescription Drug Monitoring Program (PDMP) *Page 946*

- RFI to change this measure from an Attestation-Based Measure to a Performance-Based Measure with consideration to other measure options including eCQMs.
- **Denominator:** Number of Schedule II opioid or Schedule III or IV drugs electronically prescribed using CEHRT by the eligible hospital or CAH during the EHR reporting period.
- **Numerator:** The number of prescriptions of Schedule II opioid or Schedule III or IV drugs in the denominator for which data from CEHRT is used at the time of prescribing to conduct a query of a PDMP for prescription drug history except where prohibited and in accordance with applicable law.

Hospital Readmission Reduction Program (HRRP)

Proposed Changes Page 695

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What is HRRP?

WHAT IS IT?

- HRRP is a *Pay for Performance* program established in 2012 (FY 2013) that reduces payments to hospitals who have "excess readmissions."

HOW DO I SUCCEED?

- CMS calculates your estimated readmissions and compares that to your actual readmissions using your claims data. As long as your hospital does not exceed your estimated readmissions, you will not get a penalty.

WHAT IF I'M PENALIZED?

- There is a maximum of a 3% penalty. Hospitals in excess will get a penalty that ranges from -0.01% to -3%.
- If you had excess readmissions for the time period of July 2020 – June 2023, your penalty is applied to FY 2025 (Oct 1, 2024 – Sept 30, 2025) on Medicare claims you submit.

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Summary of Proposed Changes for HRRP

Major Regulatory Changes

- Readmission Measures Respecified
- COVID-19 Exclusions Removed
- ECE Updated Across All Programs

Major Themes

- Adding in Medicare Advantage (MA) patients.

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COVID-19 Exclusions Removed

Proposed removal of the COVID-19 exclusion from all Readmission measures: Beginning with the FY 2027 payment determination. *Page 702*

- 30-day risk-standardized unplanned readmission measures:
  - AMI
  - HF
  - PN
  - COPD
  - CABG
  - THA/TKA

Claims Measures Respecified

Page 695

Proposed modifications of all Readmission measures beginning with the FY 2027 payment determination.

- Expand the measure's inclusion criteria to include Medicare Advantage (MA) patients; and
  - The addition of MA encounter data to the measure roughly doubles the cohort size, improves measure reliability, and more accurately reflects the quality of care for both Medicare FFS and MA beneficiaries.
- Shorten the performance period from 3 years to 2 years.
- Change the risk adjustment model to consider straight ICD-10 codes instead of HCC code sets.
- Removing COVID-19 exclusion.

First Affected Reporting Period

Beginning July 1, 2023–June 30, 2025 reporting period/FY 2027 payment determination (used to start July 1, 2022 – proposed to start July 1, 2023)

- 30-day risk-standardized unplanned readmission measures:
  - AMI
  - HF
  - PN
  - COPD
  - CABG
  - THA/TKA

Extraordinary Circumstances Exception (ECE) Policy

Page 713

CMS is giving itself more flexibility to accept ECEs from Hospitals

- The ECE policy is proposed to be updated and codified to clarify that CMS has the discretion to grant an extension in response to an ECE request from a hospital.
- This update applies to the IQR, PI, HRRP, HACRP, HVBP, and IPFQR programs.

Hospital Value-Based Purchasing Program (HVBP)

Proposed Changes Page 715

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What is HVBP?

WHAT IS IT?

- HVBP is a *Pay for Performance* program established in 2012 (FY 2013) that rewards or penalizes hospitals based on their quality and cost performance.

HOW DO I SUCCEED?

- CMS calculates your performance on certain quality and cost measures. Your performance is compared to all other hospitals nationwide. Based on where your overall score ranks compared to all other hospitals, you'll receive a payment or a penalty.

WHAT'S AT STAKE?

- Hospitals may earn up to a 2% payment or take a penalty ranging from -0.01% to –2% penalty.
- Your performance on measures from July 2020 – Dec. 2023 affects your payment or penalty on Medicare claims you submit for FY 2025 (Oct 1, 2024 – Sept 30, 2025).

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Summary of Proposed Changes for HVBP

Major Regulatory Changes

- Health Equity Adjustment Removed
- New Baseline for HAI Measures
- COVID-19 Exclusions Removed
- Claims Measures Respecified
- ECE Updated Across All Programs

Major Themes

- Health Equity References Removed
- In alignment with other themes mentioned previously.

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Health Equity Adjustment Removed

Proposed Removal HEA Bonus *Page 739*

- In the 2024 IPPS Final Rule, CMS finalized a Health Equity Adjustment (HEA) Bonus to the HVBP program.
- Starting in FY 2026, hospitals could have received up to 10 Health Equity Adjustment bonus points added to their Total Performance Score.
- Bonus points were rewarded to hospitals that serve larger populations of ***underserved patients*** while maintaining higher quality performance. Underserved patients were defined as the number of dual enrollment status (DES) patients—i.e., patients who are enrolled in both Medicare and Medicaid—who receive inpatient services at your hospital.
- CMS proposes to remove the Health Equity Adjustment (HEA) bonus from the program.

"As discussed in the FY 2024 IPPS/LTCH PPS final rule, by providing the HEA to hospitals that serve higher proportions of patients with dual eligibility status and that perform well on quality measures, the HEA would appropriately recognize the resource intensity expended to achieve high performance on quality measures by hospitals that serve a high proportion of patients with dual eligibility status, while also mitigating the worse health outcomes experienced by dually eligible patients through incentivizing better care across all Hospitals."

"In this proposed rule, we are proposing to remove the HEA because simplifying the Hospital VBP Program's scoring methodology by removing the HEA will improve hospitals' understanding of the program and provide clearer incentives to hospitals as they seek to improve the quality of care for all patients."

"With the HEA, the average net percentage payment adjustment for FY 2026 is 0.170% and without the HEA, the average net percentage payment adjustment is 0.168%. Given this relatively small impact, and in light of the Administration's priority to streamline regulations and reduce burdens on those participating in the Medicare program, we are proposing to remove the HEA at this time."

New Baseline for HAI Measures

New HAI Baseline Year *Page 729*

- CMS is proposing to update the baseline data used for the HAI measures within the HVBP program to 2022. Currently we are using 2015 to determine baseline data.

Measures	FY 2026 Program Year*	FY 2027 Program Year*	FY 2028 Program Year*	FY 2029 Program Year**
NHSN Measures Baseline Periods	2015 Baseline Data	2015 Baseline Data	2015 Baseline Data	2022 Baseline Data
NHSN Measures Performance Period	2015 Baseline Data	2015 Baseline Data	2015 Baseline Data	2022 Baseline Data

**CDC will use current baseline data (CY 2015) to calculate measure data that we will translate into scores on the measures.*
***CDC will use new baseline data (CY 2022) to calculate measure data that we will translate into scores on the measures.*

New Performance Standards (score goals)

- FY 2027 Goals: Page 731
- FY 2028 Goals: Page 732
- FY 2029 Goals: Page 735
- FY 2030 Goals: Page 736
- FY 2031 Goals: Page 737

COVID-19 Exclusions Removed

Proposed removal of the COVID-19 exclusion from all applicable HVBP measures: Beginning with the FY 2027 payment determination. *Page 722*

- MORT-30-AMI
- MORT-30-HF
- MORT-30-PN
- MORT-30-COPD
- MORT-30-CABG
- COMP-HIP-KNEE

Claims Measures Respecified

Page 716

Proposed modifications of all Readmission measures beginning with the FY 2027 payment determination.

- Expand the measure's inclusion criteria to include Medicare Advantage (MA) patients; and
  - The addition of MA encounter data to the measure roughly doubles the cohort size, improves measure reliability, and more accurately reflects the quality of care for both Medicare FFS and MA beneficiaries.
- Shorten the performance period from 3 years to 2 years.
- Change the risk adjustment model to consider straight ICD-10 codes instead of HCC code sets.
- Removing COVID-19 exclusion.

First Affected Reporting Period

COMP-HIP-KNEE: *Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) measure*

- Beginning April 1, 2030–March 31, 2031 reporting period/FY 2033 payment determination (used to start April 1, 2029 – proposed to start April 1, 2030).
- The modified measure would be used in HVBP starting in FY 2033.

Extraordinary Circumstances Exception (ECE) Policy

Page 738

CMS is giving itself more flexibility to accept ECEs from Hospitals

- The ECE policy is proposed to be updated and codified to clarify that CMS has the discretion to grant an extension in response to an ECE request from a hospital.
- This update applies to the IQR, PI, HRRP, HACRP, HVBP, and IPFQR programs.

Hospital Acquired Condition (HAC) Reduction Program

Proposed Changes Page 742

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What is HACRP?

WHAT IS IT?

- HACRP is a *Pay for Performance* program established in 2012 (FY 2013) that penalizes hospitals whose scores are in the worst performing quartile.

HOW DO I SUCCEED?

- CMS calculates your "allowable" (expected) complications and compares it to your actual (observed) complications. They also consider your score on PSI-90 as compared to other hospitals nationwide. Your goal is to have a LOW enough score to stay out of the penalty zone (75th percentile).

WHAT IF I'M PENALIZED?

- If you are in the worst performing quartile (75th percentile), your hospital will receive a -1% penalty.
- If your performance was one of the worst during July 2021 – Dec 2023, your penalty is applied to FY 2025 (Oct 1, 2024 – Sept 30, 2025) on Medicare claims you submit.

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Summary of Proposed Changes for HACRP

Major Regulatory Changes

- New Baseline for HAI Measures
- ECE Updated Across All Programs

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New Baseline for HAI Measures

New HAI Baseline Year *Page 743*

- CMS is proposing to update the baseline data used for the HAI measures within the HACRP program to 2022. Currently we are using 2015 to determine baseline data.

Measures	FY 2026 Program Year	FY 2027 Program Year	FY 2028 Program Year	FY 2029 Program Year
NHSN Measures Baseline Periods	2015 Baseline Data	2015 Baseline Data	2022 Baseline Data	2022 Baseline Data

Extraordinary Circumstances Exception (ECE) Policy

Page 745

CMS is giving itself more flexibility to accept ECEs from Hospitals

- The ECE policy is proposed to be updated and codified to clarify that CMS has the discretion to grant an extension in response to an ECE request from a hospital.
- This update applies to the IQR, PI, HRRP, HACRP, HVBP, and IPFQR programs.

Transforming Episode Accountability Model (TEAM)

Proposed Changes Page 959

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What is TEAM?

WHAT IS IT?

- TEAM is a *Value-Based Payment Model* program established in 2026 that rewards or penalizes hospitals based on their quality and cost performance.

HOW DO I SUCCEED?

- Your hospital will receive target prices for certain episodes. You must keep the cost of care within that target price (in all settings of care), for 30 days post episode.
- CMS will calculate your performance on quality measures as compared to other hospitals nationwide.
- CMS will use both your actual spending and your quality scores to determine your penalty or payment.

WHAT'S AT STAKE?

- Hospitals may earn a penalty or payment with stop-gain and stop-loss limits, but there are tracks of participation which have differing levels of risk.
- Your performance on quality measures from July 2025 – June 2026 AND your costs from Jan – Dec 2026 will provide you either a bulk payment or penalty in Calendar Year 2027.

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Summary of Proposed Changes for TEAM

Major Changes

- Adding the Information Transfer PRO-PM to the Quality Measure list
- All voluntary reporting components removed
- Changed the methodology for determining target prices

Major Themes

- CMS is still interested in fundamentally changing the way hospitals are paid by testing this value-based performance model.

All voluntary reporting components removed *Page 1035*

- Health-Related Social Needs (HRSNs) Screening
- Health Equity Plan
- Decarbonization and Resilience Initiative (DRI)
- Patient Demographic Information
  - CMS said they will revisit this but confirmed they will limit what information is required to submit.

CMS will use the new Hybrid Readmission Measure *Page 981*

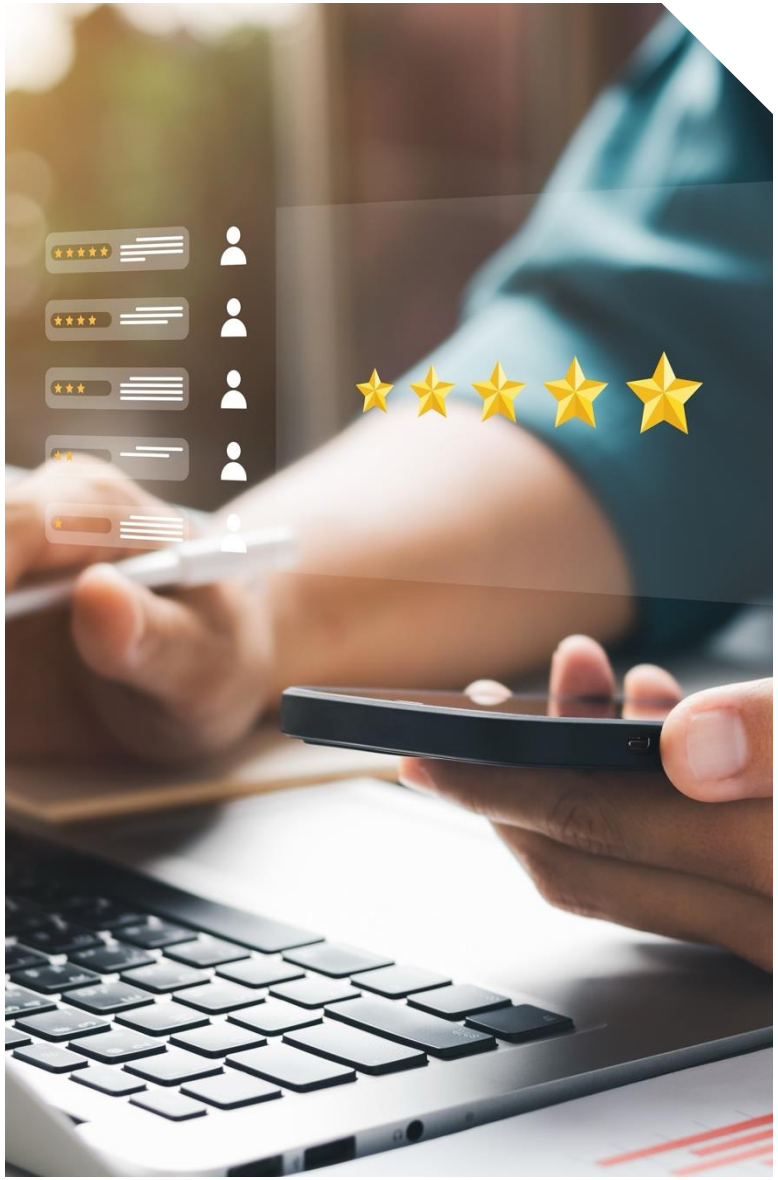
CMS proposed to use the full Hybrid Readmission Measure (not just the claims portion) for the reporting year from July 1, 2025, through June 30, 2026, with the new thresholds in place. This would be the baseline period for Performance Year 1 (2026).

Adding the Information Transfer PRO-PM *Page 978*

CMS proposed to add the new Information Transfer PRO-PM into the program beginning with Performance Year 3 (CY 2028) and use the data from CY 2027 as the baseline period.

Information Transfer PRO-PM

Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery PRO-PM



Measure Intent:

- To measure how well patients got clear, personal information about their recovery after an outpatient procedure.

Goal:

- Hospitals should use the results to learn about patient experience and make changes to improve.

Information Transfer PRO-PM

- **Patient Survey**
- 9 question survey split in three domains:
  - does the info fit the patient's personal situation
  - how clear is the info about medications
  - how clear is the info about daily activities.
- Must be delivered 2 - 7 days post- procedure or surgery.
- Patients have a 65-day window to respond

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Information Transfer PRO-PM

- **Denominator:** Patients aged 18 or older who underwent a procedure or surgery in a hospital outpatient department (HOPD) and completed the survey.
- **Numerator:** Sum of all individual scores from eligible respondents calculated by taking the sum of items to which the respondent gave a positive response of “Yes” or “Very Clear” and dividing by the number of items the respondent deemed applicable to their procedure or surgery.
- Hospitals must sample and submit 300 completed surveys. If the hospital doesn’t have 300 eligible cases, they must submit all survey data.
- This measure is not risk-adjusted.

Notable TEAM Changes

Applying a Neutral Quality Score for Insufficient Measure Data *Page 986*

- If your hospital has insufficient quality data, CMS will assign a 50% score, which will be a neutral quality measure score. Essentially, this means that your quality score will neither help nor harm your cost repayment amount.

A Grace Period for New Hospitals *Page 965*

- The grace period is only for hospitals with a newly established Certification Number (CCN) after December 31, 2024, AND the grace period does not apply to new hospitals resulting from a reorganization event.
- If you have a new CCN and it's not from a reorganization, you have a one-year grace period to get up and running with TEAM.
    - For example, if a hospital opened in a mandatory CBSA with a Medicare ID effective date of June 1, 2026, it would not be required to begin participation in TEAM until January 1, 2028.

No Low-Volume Episode Policy *Page 1022*

- CMS did not create a low-volume threshold.

"In this rulemaking, rather than offering a specific proposal, we are proposing to maintain our current policy of having no low volume episode policy, given that Track 1 of the model has no downside risk and we expect most TEAM participants to select Track 1 for the first performance year. Rather, we are seeking comment on several potential policies to address prior commenters' concerns about low volume providers participating in TEAM."

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Other TEAM Model Refinements

- They introduced a methodology to adjust target prices when there are coding changes. Page 993
- They revised the normalization factor and prospective trend factor, which are used to set your target prices. Page 1000
- They replaced the Area Deprivation Index (ADI) with the Community Deprivation Index (CDI). Page 1009
- They decided to use a 180-Day Lookback Period and Hierarchical Condition Categories (HCC) Version 28 for Beneficiary Risk Adjustment. Page 1013
- They are expanding the Skilled Nursing Facility (SNF) 3-Day Rule waiver for hospitals and Critical Access Hospitals (CAHs) with swing beds. Page 1041
- They confirmed that the discharge date determines the reconciliation year. Page 1028
- They explained how they will handle hospitals that were part of the Medicare Dependent Hospital (MDH) program, which now expires in September 2025. Page 970

New Stuff Dropping in 2026

These are items previously finalized and not removed in the recent proposed rule.

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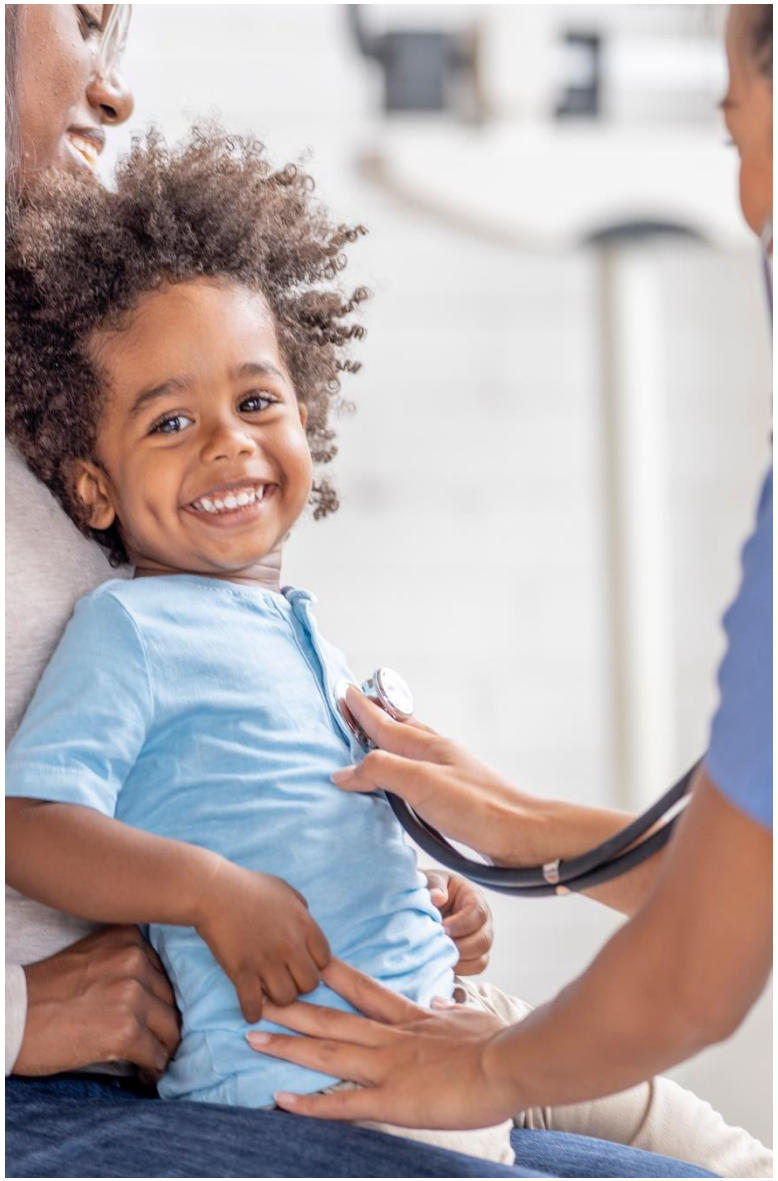
TEAM Model Performance Period

TEAM is a 5-year program that starts January 1, 2026, and ends on December 31, 2030. Final data submission of clinical data elements and quality measures in CY 2031.

5 Performance Years (Calendar Years) PY 1-PY 5

Performance Year 1 (PY 1)	January 1, 2026 – December 31, 2026
Performance Year 2 (PY 2)	January 1, 2027 – December 31, 2027
Performance Year 3 (PY 3)	January 1, 2028 – December 31, 2028
Performance Year 4 (PY 4)	January 1, 2029 – December 31, 2029
Performance Year 5 (PY 5)	January 1, 2030 – December 31, 2030



HOW DOES TEAM WORK?

Patient has a procedure at your hospital or in your outpatient department

An eligible patient has an eligible procedure during the Performance Year as an inpatient or in your outpatient department.

CMS will track all items and services for that beneficiary within 30 days of that procedure and adds them together.

Calculating Cost

CMS adds together the totals from all eligible procedures for all eligible patients performed by your hospital or in your outpatient department in that 30-day window and adds those costs together.

Evaluating Quality Performance

CMS will use your scores on certain quality measures to adjust your payment (for low cost) or penalty (for high cost).

Payment or Penalty

CMS will either give you a bulk payment or you will owe CMS a bulk penalty.

Which Hospitals are Required to Participate in TEAM?

A TEAM participant (hospital) is defined as:

- an acute-care hospital
- that initiates episodes
- paid under IPPS
- has a CMS Certification Number (CCN) (So not a Critical Access Hospital)
- has a primary address located in one of the geographic areas selected for participation in TEAM

Hospitals who participated in the BPCI Advanced or CJR models may elect to participate in TEAM if you are not on the list.

Exclusions:

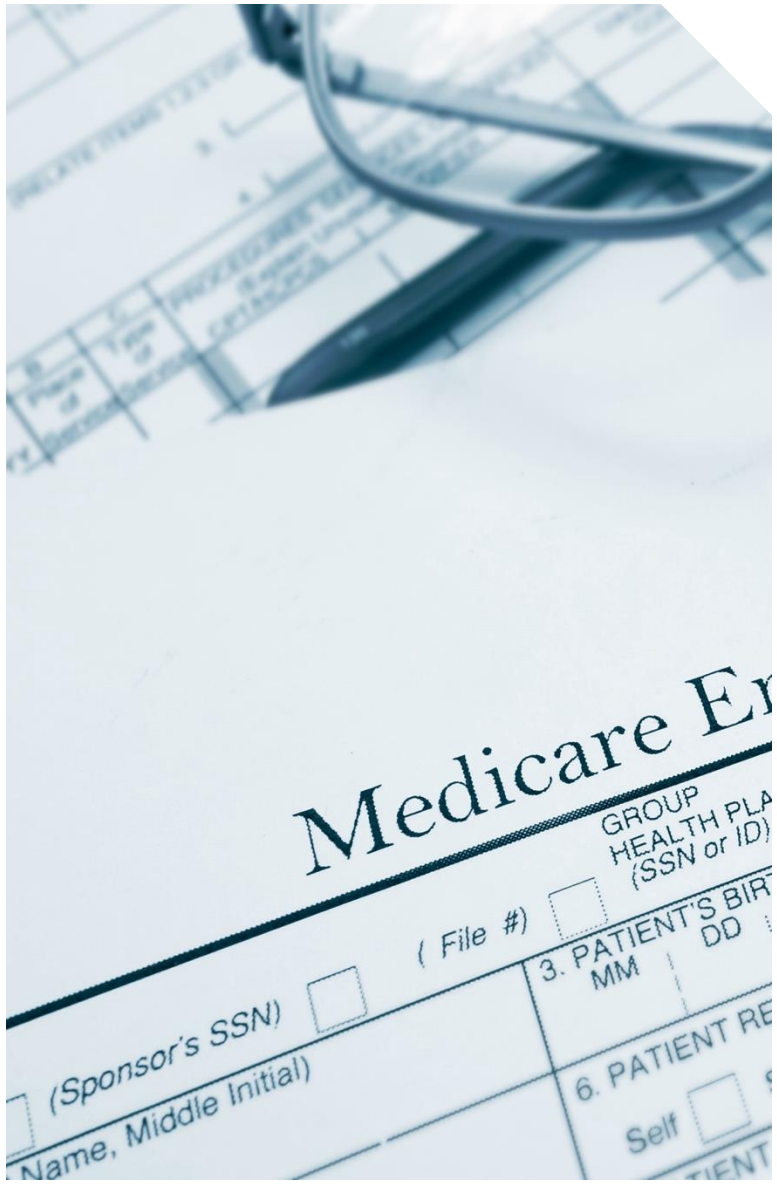
- Maryland hospitals are excluded.

To find out if your hospital is included, visit,
https://go.medisolv.com/hospitals-eligible-for-team-model-1119-1132

Which Beneficiaries Are Included in TEAM?

Beneficiaries who meet all of the following criteria at the time of admission or procedure:

- Have Medicare as their primary payer
- Enrolled in Medicare Part A and Part B
- Are not eligible for Medicare on the basis of end-stage renal disease
- Are not enrolled in any managed care plan (for example, Medicare Advantage)
- Are not covered under a United Mine Workers of America health plan



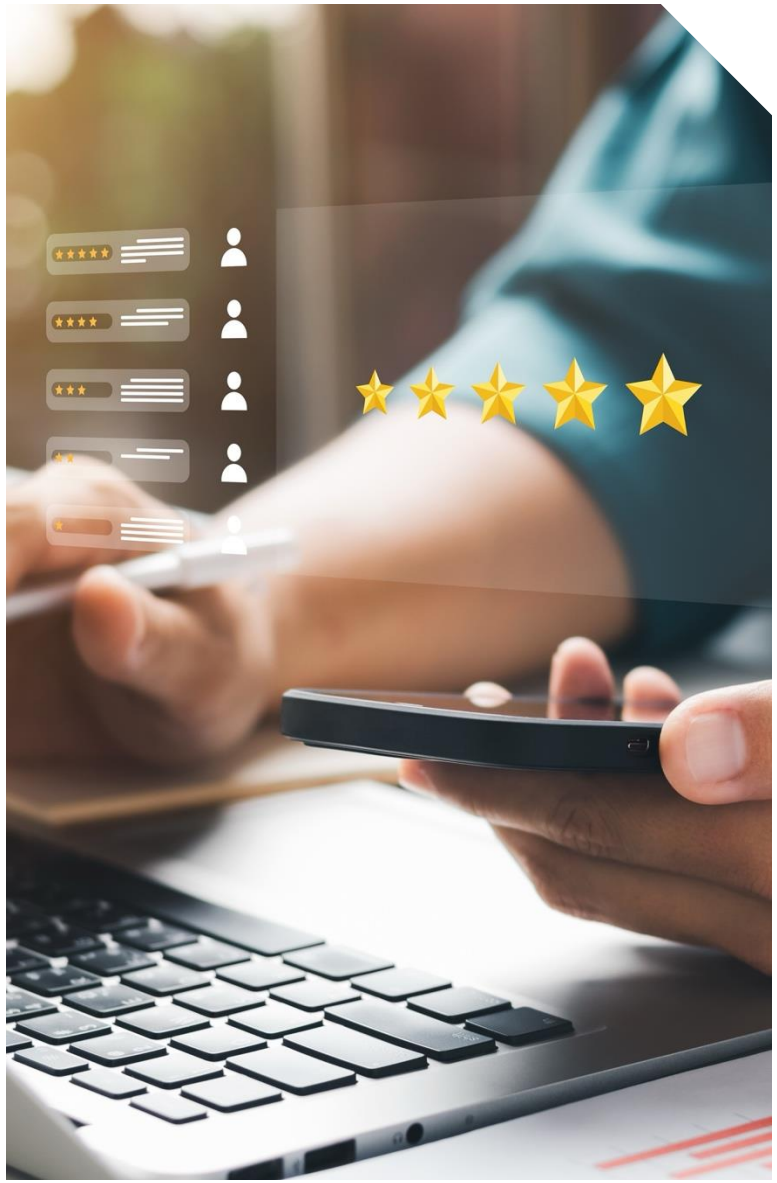
Which Episodes Are Eligible for TEAM?

The TEAM model only includes five specific episodes.

1. Lower Extremity Joint Replacement (LEJR)
2. Surgical Hip/Femur Fracture Treatment (SHFFT)
3. Coronary Artery Bypass Graft (CABG)
4. Spinal Fusion
5. Major Bowel Procedure

These episodes represent high-expenditure, high-volume care delivered to Medicare beneficiaries.

All items and services paid under Medicare Part A and Part B during the performance period, unless such items and services fell under one of the exclusions.



TEAM Quality Measures

Measure Title	Eligible Episodes	Performance Years (PY)	Sourced From
Hybrid Hospital-Wide Readmission	All	PY 1-5	Inpatient Quality Reporting (IQR)
THA/TKA PRO-PM	LEJR episodes only	PY 1-5	Inpatient Quality Reporting (IQR)
PSI 90	All	PY 1	HAC Reduction Program
HH-Falls w/ Injury	All	PY 2-5	Inpatient Quality Reporting (IQR)
HH-Post-Respiratory Failure	All	PY 2-5	Inpatient Quality Reporting (IQR)
Failure to Rescue	All	PY 2-5	Inpatient Quality Reporting (IQR)
Information Transfer PRO-PM	All	PY 3-5	Outpatient Quality Reporting (OQR)

Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)

Proposed Changes Page69

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What is IPFQR?

WHAT IS IT?

- IPFQR is a pay-for-reporting program which is mandatory for all Inpatient Psychiatric Facilities (IPFs) paid under the IPF Prospective Payment System (IPF PPS). This includes freestanding psychiatric facilities and separately licensed psychiatric units .

HOW DO I SUCCEED?

- Successful completion of the program means you've submitted all measure data and completed all attestations by their specific deadline. See our deadlines calendar in the downloads section.

WHAT IF I FAIL?

- If you miss one submission, one quarter, one time, for any one measure, you fail IPFQR which results in a 2% reduction to your Medicare claims reimbursement for services.

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Summary of Proposed Changes for IPFQR

Major Changes

- Health Equity & COVID-19 Measures Removed
- Modify IPF ED Visit Measure
- Extraordinary Circumstances Exception (ECE) Updated Across All Programs

Major Themes

- Health Equity Language
- FHIR exchange for patient assessment reporting
- Request for Star Measures
- Request for Wellness & Nutrition Measures

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Measure Removals & Modifications

Page 70

Removal of the following measures from the IPFQR program beginning with the CY 2024 reporting year (FY 2026 payment determination) *Page 72*

- Hospital Commitment to Health Equity Measure (HCHE)
- Screening for Social Drivers of Health Measure (SDOH-01)
- Screen Positive Rate for Social Drivers of Health Measure (SDOH-02)
- COVID-19 Vaccination Coverage among HCP Measure

Proposed modifications to the IPF ED Visit measure beginning with Q3 2025 – Q2 2027 (FY 2029 payment determination) *Page 70*

- Change the measure's current 1-year measurement period to 2 years to align with the IPF Unplanned Readmission measure.
- First reporting period July 1, 2025 – June 30, 2027 (FY 2029)

*Final rule to be published around August of 2025 ---- **submission of 2024 data still necessary to meet current requirements. If CMS does not finalize this proposal, and you don't submit, you fail IPFQR.**

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Extraordinary Circumstances Exception (ECE) Policy

Page 78

CMS is giving itself more flexibility to accept ECEs from Hospitals

- The ECE policy is proposed to be updated and codified to clarify that CMS has the discretion to grant an extension in response to an ECE request from a hospital.
- Request for ECE must be made within 30 days of the qualifying event.
- This update applies to the IQR, PI, HRRP, HACRP, HVBP, and IPFQR programs.

RFIs on Digital Quality Measurement: FHIR Patient Assessment Reporting *Page 86*

IPF PAI (Patient Assessment Instrument) Goal: to facilitate safe and secure data sharing, access, and utilization of electronic health information to enhance decision-making and create a more efficient healthcare system.

- CMS asks questions about the challenges that may arise during the integration and wants to know what support you'd need to complete and submit the IPF-PAIs.
- They want to understand the current state of health IT use, including EHRs, in IPFs.

RFI Future Measures for the IPFQR Program *Page 85*

Seeking input on quality measure concept for well-being.

Seeking input on quality measure concept for nutrition.

RFI Creating a Star Rating for Psych Facilities/Units *Page 82*

What measures?

How should they weight the measures?

Should they use the new PIX survey data?

New Stuff Dropping in 2026

These are items previously finalized and not removed in the recent proposed rule.

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PIX Survey

- The Psychiatric Inpatient Experience (PIX) survey is a publicly available psychometrically validated survey designed specifically for the Inpatient Psychiatric Facility (IPF) setting. PFS facilities must deliver the 23-question survey to clients 24 hours prior to discharge and report the results to CMS.
- **Survey Domains:**
  - Relationship with Treatment Team
  - Nursing Presence
  - Treatment Effectiveness
  - Healing Environment
- **Response Scale:** Five-point scale (strongly disagree, somewhat disagree, neutral, somewhat agree, strongly agree) or "Does Not Apply"

Benefits

Comprehensive Care Evaluation

Quality Improvement

Public Transparency

Patient-Centered Care

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PIX Survey

- **Public Reporting**
  - Average rates for each domain and the overall mean rate will be publicly reported on the Care Compare website

- **Collection and Reporting**
  - **Responsibility**: IPFs are responsible for administering the survey and collecting data.
  - **Data Collection**: Similar to chart-abstracted measures or other patient screening measures, data will be collected in the facility.

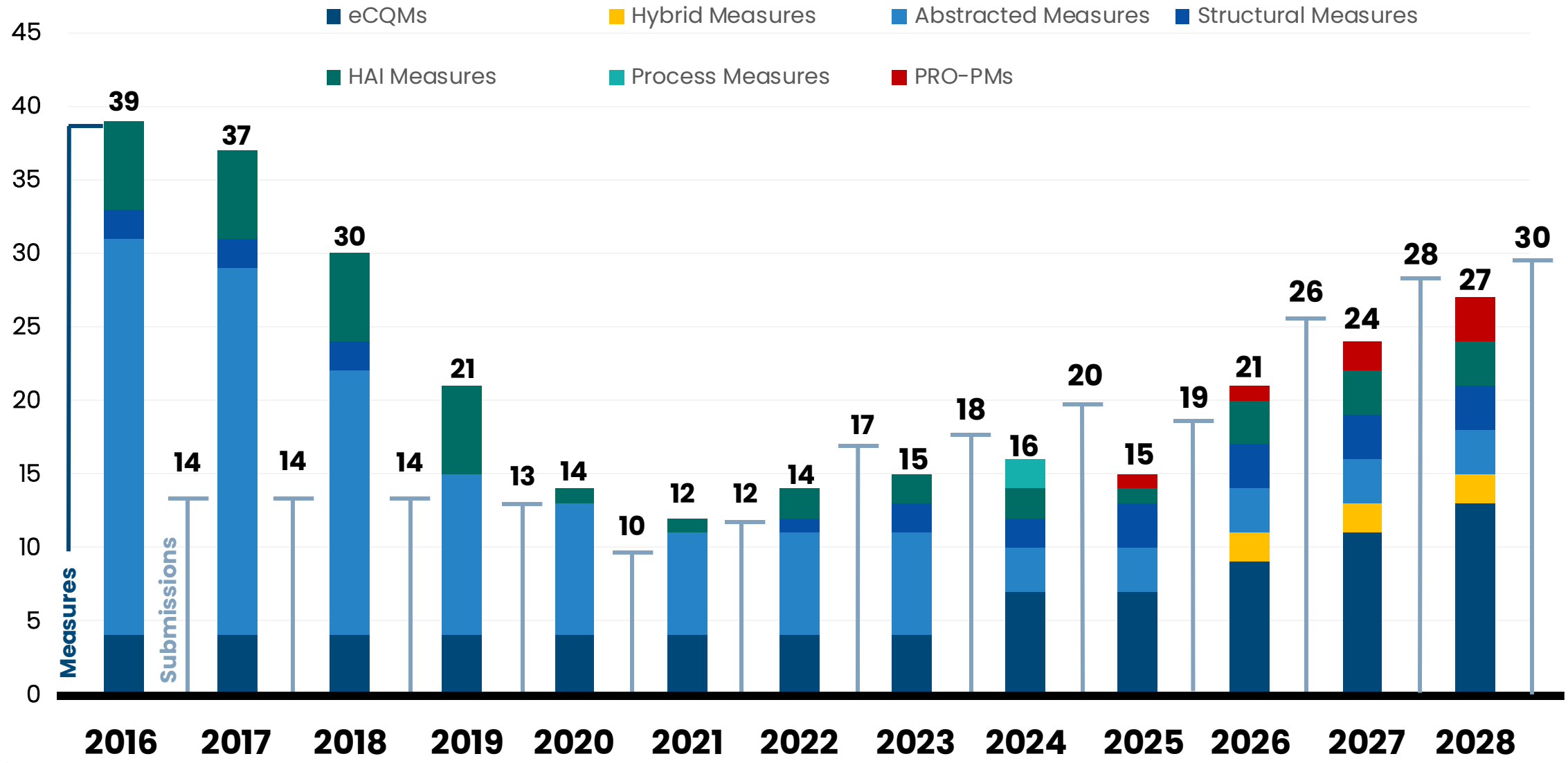
- **Reporting**

  - **Voluntary Reporting Period**: Begins with data from Calendar Year (CY) 2025, reported to CMS in CY 2026.
  - **Mandatory Reporting**: Begins with data collected during CY 2026, reported to CMS during CY 2027, affecting the Fiscal Year (FY) 2028 payment determination.

PIX Survey Questions

1. My doctor/provider treated me with respect.
2. My doctor/provider valued my opinion even I fwe didn't always agree.
3. I had input into decisions about my treatment.
4. My doctor/provider helped me understand my treatment options.
5. My social worker helped me include family or other supports in my treatment if I wished.
6. Nurses were attentive to my needs.
7. Nurses were caring and sensitive.
8. Counselors/Techs were caring and sensitive.
9. Counselors/Techs were attentive to my needs.
10. Staff paid attention to what was happening on the unit.
11. Staff worked together to care for me.
12. The symptoms/problems that brought me to the hospital have improved.
13. I will have the resources I need to be successful after I leave the hospital.
14. I have skills to help manage symptoms/problems I face in daily life.
15. My medication(s) will help me.
16. Groups I attended were helpful.
17. I had enough access to fresh air and/or natural light.
18. The unit was clean
19. Healthy food options were available
20. I was satisfied with treatment on weekends.
21. I was supported in keeping busy and finding social/recreational activities.
22. I felt physically safe on the unit.
23. I had access to quiet space if I needed it.

IQR & OQR Required Submissions Proposed



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Medisolv's Advisory Services

www.medisolv.com

Advisory Services Engagements

Service Package	Description	Includes	Duration
Public Reputation Building Services	Analyze your ratings, identify areas for improvement, and create a plan to enhance your results and improve the quality of care.	• Educational Session • Historical Evaluation • Measure Identification • 3-day Working Session & Executive Briefing • Strategic Improvement Plan	4 - 6 months
Regulatory Assessment & Strategic Planning	Four tailored sessions to review your organization's overall health of compliance across all federal regulatory programs.	• Four customized sessions based on programs you participate in • Current compliance assessment • Tasks for addressing gaps and strategic 3–5-year plan • Comprehensive measure change review	2 – 3 months
eCQM Optimization & CMS Audit Preparation Services	A comprehensive eCQM review including workflow, data collection, and mapping processes. Includes audit (validation) support.	• Educational Session • Current State Assessment • Gap Analysis for optimization and audit preparedness • eCQM future state roadmap • Audit readiness	2 – 3 months
Regulatory Onboarding for Quality Professionals	A 6-week intensive to onboard new employees who have recently taken on quality reporting responsibilities in a healthcare organization.	• Intro to Healthcare Regulations • Compliance Requirements • Data tracking and resource identification • Quality improvement and risk mitigation	6 weeks
Model Readiness Assessment & Strategic Planning	A thorough analysis of your current state within the model. Program and measure specific information. A strategic long-term plan.	• Educational Session (TEAM, MVP, Custom) • Historical Evaluation • Measure specific education • Tasks for addressing gaps • Strategic plan	2 – 3 months

Advanced Quality Improvement (AQI) Support

Medisolv's AQI support is designed to drive quality improvement beyond check-the-box regulatory compliance. Our comprehensive suite of services offers customizable support and advanced data analytics.

- **AQI Advisor Support:** AQI support is managed by an experienced Advisor committed to your success. The Advisor leads monthly focus meetings with your team to understand target areas, develop action items, review analytics, support improvement planning, and identify additional needs.

Customizable Services:

- **Proactive Measure Monitoring & Analytics:** Our analytics tools identify patterns, trends, and relationships in your data, giving you actionable insights. We focus on specific target areas to help you pinpoint areas for improvement.
- **Compliance Planning:** We know it's difficult to keep up with the ever-changing regulatory programs. Your Advisor works with you to develop a compliance action plan that will guide you through the annual regulatory process, helping you stay ahead of all requirements and meet every deadline successfully.
- **Regulatory Proxy**: AQI support includes access to experienced healthcare regulatory experts. Ask us any questions on the regulatory landscape or specific to your organization; if we don't know the answer, we'll research and find it for you!
- ***Medisolv's Quality Academy:*** *An all-access academy subscription is included with AQI services.*

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