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SPECIAL EDITION

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CMS Final Rule Improves Health Equity, Access to Treatment, Hospital Readiness, and COVID-19 Vaccination Data Reporting of Hospital Workers

Hospital Inpatient Prospective Payment System Final Rule Increases Payments to Treat COVID-19 and Improves Quality of Data Collection

CMS is taking action to drive value-based, person-centered care and promote sustainability and readiness to respond to future Public Health Emergencies (PHEs) in our nation's hospitals through the Hospital Inpatient Prospective Payment System/Long Term Care Hospital (LTCH) Prospective Payment System final rule.

The final rule, effective October 1, 2021, authorizes additional payments for diagnostics and therapies to treat COVID-19 during the current PHE, and beyond. The rule revises payment policies, as well as policies under certain quality and value-based purchasing programs for hospitals to lessen the adverse impacts of the pandemic. Some of these changes will incentivize the meaningful use of certified Electronic Health Record (EHR) technology that will help public health officials monitor for future unplanned events.

"How Medicare pays for hospital care and evaluates quality, are integral pieces of achieving and addressing gaps in health equity and strengthening our health care system for a more sustainable future. CMS is moving forward to incorporate what we have learned from the COVID-19 pandemic in order to improve quality and increase transparency so that patients are positioned to make informed decisions about their care," said CMS Administrator Chiquita Brooks-LaSure. "With this final rule, we are further improving how we measure and evaluate data while investing in quality care for people that rely on Medicare for coverage."

Last week, CMS also finalized a number of other Medicare payment rules including for [skilled nursing facilities](#), [inpatient rehabilitation facilities](#), [inpatient psychiatric facilities](#), and [hospice providers](#). Using lessons learned from the COVID-19 pandemic, these final rules will enact policies that will further protect and deliver better care to Medicare beneficiaries. These payment rules finalized new quality measures to give beneficiaries and their families better insights into the quality of care rendered at hospice facilities and vaccination reporting of facility staff.

Improving Health Equity:

In an effort to advance equity through the quality reporting measurement, CMS solicited feedback on opportunities to leverage diverse data sets such as race, ethnicity, Medicare/Medicaid dual eligible status, disability status, LGBTQ+, and socioeconomic status. The agency received more than 200 comments, reflecting the importance stakeholders place on this Biden-Harris Administration priority. CMS will consider the feedback it received to inform future actions.

"Standardization of equity data to improve hospital data collection is just one more way CMS will lead the national conversation on improving health equity," said Brooks-LaSure. "CMS will use these comments and innovate on quality measures to help identify health equity data. We're also measuring hospital initiatives to improve maternal health outcomes as we work to reduce disparities in maternal morbidity."

Addressing the maternal health crisis and improving maternal health is a priority to advance health equity and a quality improvement goal for CMS. To that end, CMS is adding a Maternal Morbidity measure to the hospital quality reporting program that would require hospitals to report whether they participate in statewide or national efforts to improve perinatal health, known as Quality Improvement initiatives. Many of the factors contributing to maternal morbidity are preventable and differentially impact women of color. This measure is an important initial step toward implementation of patient safety practices to reduce maternal morbidity, and in turn, maternal mortality.

CMS is also adopting a measure that requires hospitals and LTCHs to report COVID-19 vaccination rates of workers in their facilities. Having access to information about COVID-19 vaccination rates among health care personnel will help patients, caregivers, and their communities make informed decisions when seeking care from hospitals, cancer centers, and LTCHs.

Ensuring Access to Life-Saving Diagnostics and Therapeutics:

In November 2020, CMS established the New COVID-19 Treatments Add-on Payment (NCTAP) to encourage hospitals to provide new COVID-19 treatments during the PHE. CMS is finalizing its proposal to extend the NCTAP for certain eligible technologies through the end of the fiscal year in which the PHE ends to continue to encourage these new treatments and to minimize any potential payment disruption immediately following the end of the PHE. These products include currently approved hospital treatments. Providing these therapies to COVID-19 patients early can help reduce hospital stays and deaths.

Sustaining Hospital Readiness to Respond to Future Public Health Threats:

Strengthening public health functions through methods such as early warning surveillance, case surveillance, and vaccine uptake increases information available to the public and helps hospitals better serve their patients. CMS continues its ongoing response to the PHE and future health threats by promoting the meaningful use of certified EHR IT to report data that supports public health efforts. Specifically, CMS is modifying the Promoting Interoperability Program for eligible hospitals and critical access hospitals to expand required reporting within the Public Health and Clinical Data Exchange Objective.

The final rule requires hospitals to attest they are in active engagement with public health agency to submit data for measures related to nationwide surveillance for early warning of emerging outbreaks and threats; automated case and laboratory reporting for rapid public health response; and visibility on immunization coverage so public health agencies can tailor vaccine distribution strategies. Hospital reporting of the measures will support public health agencies as they prepare to respond to both future health threats and long-term COVID-19 recovery.

More Information:

- [Final rule](#)
- [Fact sheet](#)

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