



## **Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program**

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### **Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor**

#### **PCHQR Program: FY 2024 IPPS/LTCH PPS Final Rule**

#### **Presentation Transcript**

#### **Speakers**

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Center for Clinical Standards and Quality, Centers for Medicare & Medicaid Services (CMS)

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**Lisa Vinson:** Hello and welcome to today's PPS-Exempt Cancer Hospital Quality Reporting Program Outreach and Education event entitled *PCHQR Program: Fiscal Year 2024 IPP/LTCH PPS Final Rule*. My name is Lisa Vinson, and I will be one of the speakers for today's event. I serve as the Program Lead for the PCHQR Program within the Inpatient Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor. As the title indicates, we will be discussing the fiscal year 2024 IPPS/LTCH PPS final rule. Please note that today's event is specific for participants in the PCHQR Program. Although the final rule contains content that addresses the Hospital Inpatient Quality Reporting, or IQR, and the LTCH Quality Reporting Programs, we will only be focusing on the PCHQR Program section. If your facility is participating in the Hospital IQR or LTCH Programs, please contact your designated program lead to determine when there will be or if there has been a presentation on your section of the fiscal year 2024 final rule. If you have questions unrelated to the current webinar topic, we recommend searching for the topic in the [QualityNet Question & Answer Tool](#). If you do not find a similar topic, feel free to use the tool to submit a new question. The QualityNet Question & Answer Tool can be accessed via the QualityNet homepage, under the Help header.

The materials for today's presentation were developed by our team in conjunction with our CMS Program Lead, Ora Dawedeit, who will be the main speaker for today's presentation. Ora is the PCHQR Program Lead in the Division of Value-Based Incentives and Quality Reporting, Quality Measurement and Value-Based Incentives Group, within the Center for Clinical Standards and Quality at CMS.

This slide lists the acronyms and abbreviations you may hear and see today. These include CBE, for Consensus-Based Entity; FR, for *Federal Register*; FY, for fiscal year; HCAHPS, or HCAPS, for Hospital Consumer Assessment of Healthcare Providers and System; HCP, for healthcare personnel; and HRSN for Health-Related Social Needs.

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The purpose of today's presentation is to provide an overview of the fiscal year 2024 IPPS/LTCH PPS final rule with a focus on the PCHQR Program finalized changes.

At the culmination of today's event, we hope that program participants will be able to locate the fiscal year 2024 IPPS/LTCH PPS final rule and identify the finalized changes that impact participants in the PCHQR Program.

As you may be aware, the fiscal year 2024 IPPS/LTCH PPS final rule was published in the *Federal Register* on August 28, 2023. The hyperlink on this slide will take you directly to the *Federal Register* version of the final rule publication. There are two sections relevant to the PCHQR Program: Information on the finalized modifications of the COVID-19 Vaccination Coverage Among Healthcare Personnel measure in the PCHQR Program can be found on pages 59137 through 59144, and the PCHQR Program section can be found on pages 59203 through 59232. Again, the *Federal Register* hyperlink on this slide will take you directly to the web page of the *Federal Register* version of the fiscal year 2024 final rule publication. At this time, I would now like to turn the presentation over to Ora. Ora, the floor is yours!

**Ora Dawedeit:** Thank you, Lisa. I will now go over the finalized changes to the PCHQR Program for the 2024 IPPS final rule.

As always, we have the program sections here. I'm just going to go over the new updates. So, we have the adoption of the Facility Commitment to Health Equity measure, beginning in the fiscal year 2026 program here; adoption of the screening for Social Drivers of Health measure, voluntary reporting in the fiscal year 2026 and mandatory in fiscal year 2027; adoption of the Screen Positive Rate for Social Drivers of Health, again, voluntary fiscal year 2026, mandatory 2027; and the adoption of the Documentation of Goals of Care Discussions Among Cancer Patients, beginning with fiscal year 2026.

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We have a summary of previously adopted and new PCHQR [Program] measures for the fiscal year 2026 and subsequent years. This is a public display requirement. This is the PCH-37. This is the Surgical Treatment of Complications for Localized Prostate Cancer. That'll be the fiscal year 2025 program year. Then, we have updates to the HCAHPS survey measure. This is beginning with 2027 program year.

So, the modification of the COVID-19 Vaccination Among Healthcare Personnel measure, this is a process measure developed by the CDC to track COVID-19 vaccinations among healthcare professionals and settings such as acute care, post acute. This measure is reported via CDC's NHSN. If you could please refer to the 2022 final rule for additional information.

The measure specifications are the denominator or the number of HCP eligible to work in the facility for at least one day during the reporting period, excluding persons with contradictions to COVID-19 vaccination that are described by the CDC. Facilities report in the following four categories: employees, licensed independent practitioners, adult students/trainees/volunteers, and other contract personnel.

The numerator is the cumulative number of HCP in the denominator population who are considered up to date with the CDC recommended COVID-19 vaccines. Again, please refer to the modules and the link provided here.

This just provides a few more details. The HCP are considered up to date during the Quarter 3 2023 reporting period for the PCH[QR] Program if they meet the following criteria: individuals who received an updated bivalent booster dose.

This slide identifies the modification of the COVID-19 Vaccination Coverage Among Healthcare Personnel for the PCHQR Program. The finalized measure summary, there are no changes to the data submission or reporting process. CMS finalized the following proposal: Report the updated measure beginning with Quarter 4 2023 reporting period for the PCHQR Program. Providers would collect the numerator and denominator

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for the COVID-19 HCP vaccination measure for at least one self-selected week during each month of the reporting quarter and submit data to NHSN before the quarterly deadline. Begin public reporting, of the modified version of the COVID-19 HCP measure with the October 2024 Provider Data Catalog refresh. Each quarterly COVID-19 HCP vaccination rate, as calculated by the CDC, will be publicly reported.

So, this is the adoption of the Facility Commitment to Health Equity measure. So, this structural measure assesses PCH commitment to health equity using a suite of equity focused organizational competencies aimed at achieving health equity for populations that have been disadvantaged, marginalized, and underserved by the healthcare system, such as racial and ethnic minority groups, people with disabilities, members of the LGBTQ community, and those individuals with limited English proficiency, rural populations, people facing socioeconomic challenges. This includes five attestation domains: Equity is a Strategic Priority; Data Collection; Data Analysis; Quality Improvement; and Leadership Engagement.

The measure calculation, each attestation based question represents a separate domain of commitment representing the denominator as a point for five points total, one per domain. The numerator would capture the number of domain attestations to which PCH is able to affirm. Please see the measure specifications in the link provided.

So, the adoption of the Facility Commitment to Health Equity, PCHs are required to submit this measure information annually, using the HQR System, beginning with fiscal year 2026 reporting program year and calendar year 2024 reporting period. Public display will begin in the July 2026 PDC refresh or soon thereafter.

This is the adoption of Screening for Social Drivers of Health measures. This will be voluntary reporting in 2026, mandatory 2027. An overview of this, you know, I won't go over each bullet, but, you know, the measure assesses whether PCH implements screening for all patients who are 18

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years and older, at time of admission for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.

You can see how to report on the measure, you know, you'll provide the number of patients, the total number of patients admitted to the PCH or 18 years or older on the date they are admitted. Ultimately, the intent of this measure is to promote adoption of HRSN screening by PCHs. We encourage PCHs to use screening as a basis for developing their own individual action plans.

The measure calculation, this is the cohort, assesses the number of patients aged 18 years and older screened for the five HSRNs. The numerator is number of patients who are 18 years or older on the date of their PCH admission who are screened for the following five HSRNs: food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety. The denominator, the number of patients who are admitted to a PCH who are aged 18 years or older, on the date of admission, The following patients will be excluded from the denominator: patients who opt out of screening, patients who are themselves unable to complete the screening during their PCH stay, and have no legal guardian, or caregiver able to do so on the patient's behalf during the PCH stay.

This measure is calculated as the number of patients admitted to a PCH stay who are 18 years or older on the date of admission screened for all five HSRNs. Again, you can, the measure specifications are in the link provided below.

So, the finalized measure summary, PCHs will be required to submit this measure information annually using the HQR System, beginning voluntary reporting in fiscal year 2026, calendar year 2024 reporting, and mandatory reporting for fiscal year 2027, calendar year 2025. We will allow PCHs flexibility to select a tool, or tools, to screen patients for the five HSRNs. CMS encourages PCHs to consider digital standardized screening tools.

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Please refer to the fiscal year 2023 final rule regarding information on Certified Health Information Technology. Public display will be in the July 2027 PDC refresh, or as soon as feasible thereafter.

This is the adoption of Screen Positive Rate for Social Drivers of Health. So, this process measure assesses the percent of patients admitted to PCHs or 18 years or older at the time of admission, who were screened for HRSNs and who screen positive for one or more of the core HRSNs, including, again, food insecurity, housing instability, transportation needs, utility difficulties, or interpersonal safety. Adoption of the Screen Positive Rate of the Social Drivers of Health measure seeks to encourage PCHs to track prevalence, specific HRSNs among patients over time and use the data to stratify risk as part of quality improvement efforts. Reporting data from both Screening for Social Drivers of Health and Screen Positive Rate for Social Drivers of Health measures will enable both identification and quantification of HRSNs among communities PCHs serve.

So, the measure calculation for the measure is percent of patients 18 years or older on the date of admission for a PCH stay who are screened for an HRSN, the same five that I've repeated a few times now. The numerator is the number of patients admitted for a PCH stay who are 18 years or older on the date of admission who are screened for an HRSN and has screened positive for having a need in one or more of the five HSRNs, calculated separately.

The measure calculation, the denominator is the number of patients admitted for a PCH stay who are 18 years or older on the date of admission and screened for one of these HSRNs during their PCH stay. The following patients would be excluded from the denominator: patients who opt out of screening, patients who are themselves unable to complete the screening during their inpatient stay and have no caregiver able to do so on the patient's behalf during their inpatient stay. Please refer to the link for more measure specifications.

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The finalized measures summary is PCHs will be required to submit this measure information annually using the HQR system, beginning voluntary reporting 2026, calendar year 2024, mandatory 2027, calendar year 2025. Public display will be the July 2027 PDC refresh, or soon as feasible thereafter.

This is a new measure. We have the adoption of Documentation of Goals of Care Discussions Among Cancer Patients beginning with the fiscal year 2026 program year. This is a process measure that focuses on the essential process of documenting goals of care conversations in the EHR, electronic health record, by assessing the presence of this documentation in the medical record. The intent of this process measure is for the PCH to track and improve this documentation to ensure that such conversations have taken place, they've been properly documented in a retrievable manner by all members of the PCH healthcare team, to facilitate delivery of care that aligns with patients, families, and values, and unique priorities. This measure will require the use of both administrative data for clinical information and discrete documentation in the EHR, documenting the Goals of Care of Discussion.

This provides an overview of the measure calculation. The population, the number of patients who died in the measurement period, including patients participating in clinical trial, if these patients meet the criteria for the measure's population. This is defined using a PCH administrative data that's non claims and discrete documentation in the EHR as follows: patients who died in the PCH in the measurement period, patients who had a diagnosis of cancer, patients who had at least two eligible contacts at the PCH within the six months prior to the date of death. The eligible contacts are inpatient admissions and hematology or oncology ambulatory visits at the reporting hospital. The denominator number of patients meeting the criteria for inclusion in the measure's population in the reporting period.



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So, the measure calculation, the numerator, the number of patients who were included in the denominator for whom a Goals of Care conversation was documented in a structured field in the medical record in one or more of the patient Goals field. To meet inclusion in the numerator, the documentation in the EHR would be required to either of the following: any documentation in or more patient goals field in the EHR, documentation that the patient opted not to have a Goals of Care discussion. Performance is reported as a percentage, a higher score is better. Again, you can see the measure specification at the link provided.

So, finalized measure summary, the PCHs will be required to submit this measure information annually using the HQR system. That's fiscal year 2026 program year, calendar year 2024 reporting period. Public display will be in July 2026 PDC refresh, or as soon as feasible thereafter.

So, this is a table. I'm not going to read over each and every one of them. You can see the previously adopted measures and new measures in the next few slides, the short name, the CBE number, and the measure name.

This is for the clinical process/Oncology Care Measures and the intermediate clinical outcome measures that have been previously adopted and new measures for PCHs.

The Patient Engagement/Experience of Care claims-based outcomes, health equity measures are in this table.

So, this is the public display requirements. This is something that we have established under the section of the Social Security Act. CMS is required to establish procedures to make data submitted under the PCH[QR] Program available to the public and to allow PCHs to review their data prior to public display. CMS has finalized the timeline for public display of data for one PCH[QR] Program measure: Surgical Treatment Complications for Localized Prostate Cancer, PCH-37.

CMS finalized to begin display of this Surgical Treatment Complications for Localized Prostate Cancer beginning in fiscal year 2025.

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CMS will make the program year fiscal year 2025 PCH-37 data publicly available following the 30-day preview period during the July 2024 PDC refresh, or as soon as feasible thereafter. CMS provided confidential reports on the data collected in the fiscal year 2024 since July 1, 2020, through June 30, 2021, in the summer of 2023.

So, these are, again, another table of previously finalized and newly finalized public display requirements for the PCH[QR] Program. See the measures and the public reporting time, and then, the measures and the public reporting.

So, this section goes over the form, manner, and timing of data submission. So, please refer to the final rule publications provided in this final rule for the previously finalized procedural requirements. CMS has finalized updates to the data submission and reporting requirements for the HCAHPS survey, CBE 0166. The PCH program adopted this in the fiscal year 2014 final rule. Reporting and submission requirements were established in the fiscal year 2016 final rule. So, please refer to those rules if you have further need for information.

I'm going to go over the updates to the HCAHPS survey measure. So, large scale mode experiments were conducted in 2021 to test, adding the web mode, and other updates to the form, manner, and timing of HCAHPS survey data collection and reporting. The four main goals are to test the large-scale feasibility of web- first, sequential multimode survey administrators in an inpatient setting, investigate whether mode affects significantly differ between individuals with email address available to the data collection vendor compared to individuals without email addresses available to the vendor, develop mode adjustments to be used in future national implementation, and test potential new survey items. This experiment included the three currently approved modes: Mail Only, Phone Only, and Mail-Phone/Mail with Phone Follow-Up, and three additional mode protocols which added an initial web phase: Web-Mail, Web-Phone, and Web-Mail-Phone.

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So, beginning with the calendar year 2025, we finalized the following updates. We added the three new modes of survey implementation to include Web-Mail, Web-Phone, and Web-Mail-Phone. It removes the prohibition of proxy respondents to the HCAHPS survey and allowed a patient's proxy to respond.

So, this, again, just goes over the updates of the HCAHPS. We extended the data collection period survey from 42 to 49 days, limited the number of supplemental HCAHPS surveys to 12, which aligns with other CMS Consumer Assessment of Healthcare Providers and Systems Surveys.

This required the use, the official use, of the Spanish translation for Spanish language-preferring patients and removed administration mode, not currently used, Active Interactive Voice Response.

I just want to thank you for your time today. Thank you for your commitment to the PCHQR Program, and I look forward to working with you in the next year. Have a great day.