



PCHQR Program: Updated Resources and Tools Review

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Purpose

This presentation will provide a review of the updated resources and tools for participants in the PCHQR Program.

Objectives

Participants will be able to locate, understand, and use the updated PCHQR Program resources and tools on the [QualityNet](#) and [Quality Reporting Center](#) websites.

Acronyms and Abbreviations

CAUTI	catheter-associated urinary tract infection	HAI	healthcare-associated infection
CBE	consensus-based entity	HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
CDI	<i>Clostridioides difficile</i> Infection	HCP	healthcare personnel
CLABSI	central line-associated bloodstream Infection	MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
CMS	Centers for Medicare & Medicaid Services	PCH	PPS-Exempt Cancer Hospital
CY	calendar year	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
DACA	Data Accuracy and Completeness Acknowledgement	PPS	prospective payment system
ED	emergency department	Q	quarter
FR	<i>Federal Register</i>	SSI	Surgical Site Infection
FY	fiscal year		

PCHQR Program: Updated Resources and Tools Review

PCHQR Program Resources and Tools

PCHQR Program Manual Updates

- Section 1: PCHQR Program – Inpatient Prospective Payment System/Long-Term Care Hospital PPS Final Rules
- Section 2: Measures
- Section 3: Data Reporting
- Section 9: Public Reporting
- Appendix A: PCHQR Program Measure Submission Deadlines by Due Date
- Appendix B: PCHQR Program Relationship Matrix of Program Measures by Years and Quarters

Measure Submission Deadlines by Due Date

Due Date	CLABSI/CAUTI/ SSI/MRSA/CDI*	Flu HCP Vac*	COVID-19 HCP Vac*	HCAHPS	DACA
10/04/2023	N/A	N/A	N/A	Q2 2023 (4/1–6/30)	N/A
11/15/2023	Q2 2023 (4/1–6/30)	N/A	Q2 2023 (4/1–6/30)	N/A	N/A
01/03/2024	N/A	N/A	N/A	Q3 2023 (7/1–9/30)	N/A
02/15/2024	Q3 2023 (7/1–9/30)	N/A	Q3 2023 (7/1–9/30)	N/A	N/A
04/03/2024	N/A	N/A	N/A	Q4 2023 (10/1–12/31)	N/A
05/15/2024	Q4 2023 (10/1–12/31)	Q4 2023–Q1 2024 (10/1/23–3/31/24)	Q4 2023 (10/1–12/31)	N/A	N/A
07/03/2024	N/A	N/A	N/A	Q1 2024 (1/1–3/31)	N/A
08/15/2024	Q1 2024 (1/1–03/31)	N/A	Q1 2024 (1/1–03/31)	N/A	N/A
09/03/2024	N/A	N/A	N/A	N/A	For FY 2025
10/02/2024	N/A	N/A	N/A	Q2 2024 (4/1–6/30)	N/A
11/18/2024	Q2 2024 (4/1–6/30)	N/A	Q2 2024 (4/1–6/30)	N/A	N/A

* Data are submitted to the CDC via NHSN.

Relationship Matrix of Program Measures by Years and Quarters

This reference document for PCHQR Program participants provides the following:

- Specific measures with their Consensus-Based Entity (CBE) and PPS-exempt Cancer Hospital (PCH) numbers
- Program (Fiscal) Year to which the measure applies
- Reporting Periods that apply to each respective Program (Fiscal) Year
- Quarterly data submission deadlines for each Reporting Period
- Time frames when each metric will be displayed for Public Reporting on the Provider Data Catalog (<https://data.cms.gov/provider-data/>) website
- Gray boxes to indicate activity complete

Safety and Healthcare-Associated Infection (HAI)	Program (Fiscal) Years	Reporting Periods– Calendar Year (CY) Quarters (Qs)	Quarterly Data Submission Deadlines	PDC Release October 2023	PDC Release January 2024	PDC Release April 2024	PDC Release July 2024	PDC Release October 2024	PDC Release January 2025	PDC Release April 2025	PDC Release July 2025	PDC Release October 2025	PDC Release January 2026	PDC Release April 2026	PDC Release July 2026	PDC Release October 2026		
Central Line-Associated Bloodstream Infection (CLABSI) CBE #0139 (PCH-4) Catheter-Associated Urinary Tract Infection (CAUTI) CBE #0138 (PCH-5)	2023	1Q 2022	PRIOR	1Q 2022–4Q 2022														
		2Q 2022	PRIOR															
		3Q 2022	PRIOR															
		4Q 2022	PRIOR															
	2024	1Q 2023	PRIOR				4Q 2022–2Q 2023	1Q 2023–4Q 2023		2Q 2023–1Q 2024								
		2Q 2023	11/15/2023															
		3Q 2023	02/15/2024															
		4Q 2023	05/15/2024															
	2025	1Q 2024	08/15/2024								3Q 2023–2Q 2024		1Q 2024–4Q 2024		2Q 2024–1Q 2025			
		2Q 2024	11/18/2024															
		3Q 2024	02/17/2025															
		4Q 2024	05/15/2025															
	2026	1Q 2025	08/18/2025													3Q 2024–2Q 2025	4Q 2024–3Q 2025	1Q 2025–4Q 2025
		2Q 2025	11/17/2025															
		3Q 2025	02/17/2026															
		4Q 2025	05/18/2026															

Relationship Matrix of Program Measures by Years and Quarters

Patient Engagement/ Experience of Care Documentation of Goals of Care Discussions Among Cancer Patients (PCH-42)	Program (Fiscal) Years	Reporting Periods– Calendar Year Quarters (Qs)	Quarterly Data Submission Deadlines	PDC Release January 2023	PDC Release April 2023	PDC Release July 2023	PDC Release October 2023	PDC Release January 2024	PDC Release April 2024	PDC Release July 2024	PDC Release October 2024
	2026	1Q 2024	08/15/2025	In the FY 2024 Inpatient Prospective Payment Systems (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) final rule (88 FR 59223 and 59226-59228), public reporting will begin July 2026 or as soon as feasible thereafter.							
		2Q 2024									
		3Q 2024									
		4Q 2024									

Health Equity Measures Hospital Commitment to Health Equity (PCH-39)	Program (Fiscal) Years	Reporting Periods– Calendar Year Quarters (Qs)	Quarterly Data Submission Deadlines	PDC Release October 2023	PDC Release January 2024	PDC Release April 2024	PDC Release July 2024	PDC Release October 2024
	2026	1Q 2024	08/15/2025	In the FY 2024 IPPS/LTCH PPS final rule (88 FR 59209–59210 and 59226–59228), public reporting will begin with CY 2024 data beginning July 2026 or as soon as feasible thereafter.				
		2Q 2024						
		3Q 2024						
		4Q 2024						

Health Equity Measures Screening for Social Drivers of Health (PCH-40) Screen Positive Rate for Social Drivers of Health (PCH-41a–e*)	Program (Fiscal) Years	Reporting Periods– Calendar Year Quarters (Qs)	Quarterly Data Submission Deadlines	PDC Release October 2023	PDC Release January 2024	PDC Release April 2024	PDC Release July 2024	PDC Release October 2024
	2026**	1Q 2024	08/15/2025	In the FY 2024 IPPS/LTCH PPS final rule (88 FR 59216, 59221–59222, 59226–59228), public reporting will begin with CY 2024 data beginning July 2027 or as soon as feasible thereafter.				
		2Q 2024						
		3Q 2024						
		4Q 2024						

*The Screen Positive Rate for Social Drivers of Health measure has five individual Health-related Social Needs: 41a. Screen Positive Rate for Social Drivers of Health - Food Insecurity; 41b. Screen Positive Rate for Social Drivers of Health - Housing Instability; 41c. Screen Positive Rate for Social Drivers of Health - Transportation Needs; 41d. Screen Positive Rate for Social Drivers of Health - Utility Difficulties; 41e. Screen Positive Rate for Social Drivers of Health - Interpersonal Safety

** In the FY 2024 IPPS/LTCH PPS final rule (88 FR 59215 and 59221), FY 2026 data reporting is voluntary.

Measure Crosswalk

Program Years FY 2023 to FY 2026

Consensus -Based Entity #	PCH #	Measures Grouped by Measure Topic	Chart- Abstracted	Claims- Based	Program Year			
					FY 2023	FY 2024	FY 2025	FY 2026
Clinical Process /Oncology Care Measures								
#0210	PCH-32	Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life		✓	✓	✓	✓	✓
#0215	PCH-34	Proportion of Patients Who Died from Cancer Not Admitted to Hospice		✓	✓	✓	✓	✓
Intermediate Clinical Outcome Measures								
#0213	PCH-33	Proportion of Patients Who Died from Cancer Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life		✓	✓	✓	✓	✓
#0216	PCH-35	Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days		✓	✓	✓	✓	✓
Patient Engagement/Experience of Care Measure								
#0166	PCH-29	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey	✓		✓	✓	✓	✓
N/A	PCH-42	Documentation of Goals of Care Discussions Among Cancer Patients	✓		N/A	N/A	N/A	✓

Measure Crosswalk

Program Years FY 2023 to FY 2026

Consensus -Based Entity #	PCH #	Measures Grouped by Measure Topic	Chart- Abstracted	Claims- Based	Program Year			
					FY 2023	FY 2024	FY 2025	FY 2026
Health Equity Measures								
N/A	PCH-39	Hospital Commitment to Health Equity	✓		N/A	N/A	N/A	✓
N/A	PCH-40	Screening for Social Drivers of Health	✓		N/A	N/A	N/A	✓
N/A	PCH- 41a-e**	Screen Positive Rate for Social Drivers of Health	✓		N/A	N/A	N/A	✓

** The Screen Positive Rate for Social Drivers of Health measure has five individual Health-related Social Needs: 41a. Screen Positive Rate for Social Drivers of Health - Food Insecurity; 41b. Screen Positive Rate for Social Drivers of Health - Housing Instability; 41c. Screen Positive Rate for Social Drivers of Health - Transportation Needs; 41d. Screen Positive Rate for Social Drivers of Health - Utility Difficulties; 41e. Screen Positive Rate for Social Drivers of Health - Interpersonal Safety

PCHQR Program: Updated Resources and Tools Review

PCHQR Program on QualityNet

Where Can I Find PCHQR Program Resources?

QualityNet

- [PCHQR Program Overview page](#)
- [PCHQR Program Data Collection page](#)
- [PCHQR Program Resources page](#)
- [PCHQR Program Measures page](#)

QualityNet Home Page

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March 8, 2021
Extraordinary Circumstance Exceptions (ECE) for Q3 2020 and Q4 2020

March 4, 2021
Quarter 3 2020 OQR Program Reporting Deadline Extensions

I am looking for quality information associated with...

- Hospitals - Inpatient
- Hospitals - Outpatient
- Ambulatory Surgical Centers
- PPS-Exempt Cancer Hospitals**
- ESRD Facilities
- Inpatient Psychiatric Facilities

QualityNet PCHQR Program Overview Page

PPS-Exempt Cancer Hospitals

[Overview](#) [Measures](#) [Public Reporting](#) [Data Management](#) [Resources](#) [Notifications](#)

PPS-Exempt Cancer Hospital Overview

The Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program was developed as mandated by Section 3005 of the Affordable Care Act (Public Law 111-148).

[Read more](#)

Participating in the PCHQR Program?

[Download Fall 2023 Program Manual](#)

[View PCHQR Data Collection](#)

PPS-Exempt Cancer Hospital Quality Programs

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

[Learn more](#)

Learn about PPS-Exempt Cancer Hospital Measures, Public Reporting, and Data Management

QualityNet PCHQR Program Data Management Page

Home / PPS-Exempt Cancer Hospitals /

PPS-Exempt Cancer Hospital Data Management

Overview Measures Public Reporting **Data Management** Resources Notifications

PPS-Exempt Cancer Hospital Data Management

Learn more about data collection, data submission, and data validation.

Data Collection

PPS-Exempt Cancer Hospital Data Collection

The PCHQR program is comprised of multiple types of measures that are collected using a variety of tested data collection instruments.

[Learn more](#)

Data Submission

PPS-Exempt Cancer Hospital Data Submission

PPS-Exempt Cancer Hospitals (PCHs) participating in the PCHQR Program must submit required data via each measure's acceptable methods of transmission.

[Learn more](#)

QualityNet PCHQR Program Data Collection Page

Table 4: Patient Engagement/Experience of Care Measure

CBE #	PCH #	Measure Name	Specifications Manual & Measure Information		Acceptable Method of Transmission
			Forms	Data Collection Tool	
0166	PCH-29	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	Technical Specifications	Survey instrument- Opens in new browser tab or approved survey vendor- Opens in new browser tab	Submitted by vendor or upload via the QualityNet Managed File Transfer (MFT) using the online data entry tool or in XML format
N/A	PCH-42	Documentation of Goals of Care Discussions Among Cancer Patients	<i>Coming Soon</i>	<i>Coming Soon</i>	This data will be submitted via the Hospital Quality Reporting System Portal

Table 6: Health Equity Measures

CBE #	PCH #	Measure Name	Specifications Manual & Measure Information		Acceptable Method of Transmission
			Forms	Data Collection Tool	
N/A	PCH-39	Hospital Commitment to Health Equity	<i>Coming Soon</i>	<i>Coming Soon</i>	This data will be submitted via the Hospital Quality Reporting System Portal
N/A	PCH-40	Screening for Social Drivers of Health	<i>Coming Soon</i>	<i>Coming Soon</i>	This data will be submitted via the Hospital Quality Reporting System Portal
N/A	PCH-41a-e*	Screen Positive Rate for Social Drivers of Health	<i>Coming Soon</i>	<i>Coming Soon</i>	This data will be submitted via the Hospital Quality Reporting System Portal

*41a. Screen Positive Rate for Social Drivers of Health - Food Insecurity; 41b. Screen Positive Rate for Social Drivers of Health - Housing Instability; 41c. Screen Positive Rate for Social Drivers of Health - Transportation Needs; 41d. Screen Positive Rate for Social Drivers of Health - Utility Difficulties; 41e. Screen Positive Rate for Social Drivers of Health - Interpersonal Safety

QualityNet PCHQR Program Overview Page – Learn More

PPS-Exempt Cancer Hospitals

[Overview](#) [Measures](#) [Public Reporting](#) [Data Management](#) [Resources](#) [Notifications](#)

PPS-Exempt Cancer Hospital Overview

The Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program was developed as mandated by Section 3005 of the Affordable Care Act (Public Law 111-148).

[Read more](#)

Participating in the PCHQR Program?

[Download Fall 2023 Program Manual](#)

[View PCHQR Data Collection](#)

PPS-Exempt Cancer Hospital Quality Programs

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

[Learn more](#)

Learn about PPS-Exempt Cancer Hospital Measures, Public Reporting, and Data Management

QualityNet PCHQR Program Resources Page

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Overview | PCHQR Measures | Participation | Resources | Webinars

About the PCQHR Program

The Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program was developed as mandated by Section 3005 of the Affordable Care Act (Public Law 111-148).

The PCHQR program is intended to equip consumers with quality-of-care information to make more informed decisions about healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care that is provided to Medicare beneficiaries. A major part of the program supports improvement by ensuring that providers are aware of and reporting on best practices for their respective facilities and type of care.

To meet the PCHQR Program requirements, PPS-Exempt Cancer Hospitals (PCHs) are required to submit specific quality measures related to the PCHQR Program to the Centers for Medicare & Medicaid Services (CMS). Mandated reporting began with the Fiscal Year (FY) 2014 payment determination year. Participating facilities must comply with the program requirements set forth in the FY 2013 IPPS/LTCH Final Rule, including public reporting of the measure rates on the Provider Data Catalog (PDC).

Key Documents

[Download Fall 2023 Program Manual](#)

Participation

[Download Submission Deadlines](#)

CMS has designated 11 hospitals as PPS-Exempt (Medicare PPS-Excluded Cancer Hospitals). [Learn more about PCHQR Program eligibility.](#)

Support Contact

(844) 472-4477 or (866) 800-8765
Weekdays from 8 a.m. to 8 p.m. Eastern Time (5 a.m. to 5 p.m. Pacific Time)

Resources

[View Resources](#) | [View Webinars](#)

QualityNet PCHQR Program Resources Page

Resources

Overview PCHQR Measures Participation **Resources** Webinars

Program Resources

Web Resources

Forms

Final Rules

PCHQR Program Resources

File Name	File Type	File Size	
Frequently Asked Questions: COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) Measure (02/2022)	PDF	174 KB	Download
Fall 2023 PCHQR Program Manual (11/2023)	PDF	2.7 MB	Download
PCHQR Program Data Submission Deadlines (10/2023)	PDF	191 KB	Download
PCHQR Program Measure Crosswalk (10/2023)	PDF	268 KB	Download
PCHQR Program Measure to Public Reporting Period Relationship Matrix (10/2023)	PDF	257 KB	Download

Final Rule Publications

Resources

Overview PCHQR Measures Participation **Resources** Webinars

Program Resources

Web Resources

Forms

Final Rules

Final Rules for Hospital Inpatient PPS/Long Term Care Hospitals (LTCHs)

Information regarding the PCHQR Program can be found in the following Final Rule (FR) publications:

File Name	File Type	
FY 2024 IPPS/LTCH PPS Final Rule (88 FR 59203-59232) - Modified the COVID-19 Vaccination Among Healthcare Personnel measure (88 FR 59137-59144). - Adoption of three health equity measures: Facility Commitment to Health Equity, Screening for Social Drivers of Health, and Screen Positive Rate for Social Drivers of Health. - Adoption of the Documentation of Goals of Care Discussions Among Cancer Patients measure. - Finalized public display of the Surgical Treatment Complications for Localized Prostate Cancer measure. - Modified the data submission and reporting requirements for the Hospital Consumer Assessment of Healthcare Providers and Systems Survey measure.	PDF	Download

PCHQR Program Measures

The screenshot displays a web application interface for "PPS-Exempt Cancer Hospital Measures". At the top, a blue header contains the title. Below it is a navigation bar with tabs for "Overview", "Measures" (which is selected and underlined), "Public Reporting", "Data Management", "Resources", and "Notifications". The main content area is divided into two sections. The first section, "PPS-Exempt Cancer Hospital Claims-Based Measure Sets", lists four categories: "Chemotherapy Measure", "Cancer Readmissions Measure", "End-of-Life (EOL) Measures", and "Prostate Cancer Measure". Each category has a right-pointing chevron icon and a "Learn more" button. The second section, "PPS-Exempt Cancer Hospital Program Measures", lists one category: "PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Measures", also with a chevron icon and a "Learn more" button.

PPS-Exempt Cancer Hospital Measures

Overview **Measures** Public Reporting Data Management Resources Notifications

PPS-Exempt Cancer Hospital Claims-Based Measure Sets

- > Chemotherapy Measure [Learn more](#)
- > Cancer Readmissions Measure [Learn more](#)
- > End-of-Life (EOL) Measures [Learn more](#)
- > Prostate Cancer Measure [Learn more](#)

PPS-Exempt Cancer Hospital Program Measures

- > PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Measures [Learn more](#)

PCHQR Program: Updated Resources and Tools Review

PCHQR Program on Quality Reporting Center

Where Can I Find PCHQR Program Resources?

Quality Reporting Center

- [PCHQR Program Tools and Resources](#)
- [PCHQR Program Archived Events](#)

Quality Reporting Center

[Quality Reporting Center](#)

Search

QUALITY REPORTING CENTER

Events Calendar

Inpatient

Outpatient

ASC

Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting.

Inpatient Quality Reporting Programs – PCHQR Program

[Home](#) / Inpatient

Inpatient Quality Reporting Programs	
Newsletters	▼
Hospital Inpatient Quality Reporting (IQR) Program	▼
PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program	▼
Inpatient Psychiatric Facilities Quality Reporting Program	▼
eCQM Archived	▼
Hospital Value-Based Purchasing (VBP) Program	▼

Inpatient Quality Reporting Programs

Welcome to the Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Center.

Hospital Inpatient VIQR Outreach and Education Overview

- [CMS Hospital Inpatient VIQR Programs Overview](#) 

Here you will find resources to assist acute care hospitals and critical access hospitals, inpatient psychiatric facilities, and PPS-exempt cancer hospitals. You may use the following links to access various programs and their resources, tools, and educational events.

- [Hospital Inpatient Quality Reporting \(IQR\) Program](#)
- [Inpatient Psychiatric Facility Quality Reporting \(IPFOR\) Program](#)
- [PPS-Exempt Cancer Hospital Quality Reporting \(PCHQR\) Program](#)
- [Hospital Value-Based Purchasing \(VBP\) Program Archived Events](#)
- [eCQM Archived Events](#)

PCHQR Program Selections

Inpatient Quality Reporting Programs	
Newsletters	▼
Hospital Inpatient Quality Reporting (IQR) Program	▼
▶ PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program	▲
Upcoming Events	
PCHQR Archived Events	
PCHQR Program Resources and Tools	←
PPS-Exempt Cancer Hospital Notifications	
Final Rules for Hospital Inpatient Prospective Payment Systems	
Inpatient Psychiatric Facilities Quality Reporting Program	▼
eQIM Archived	▼

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Overview

The Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program was developed as mandated by Section 3005 of the Affordable Care Act (Public Law 111-148).

The PCHQR program is intended to equip consumers with quality-of-care information to make more informed decisions about healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care provided to Medicare beneficiaries by ensuring that providers are aware of and reporting on best practices for their respective facilities and type of care.

To meet the PCHQR Program requirements, PPS-Exempt Cancer Hospitals (PCHs) are required to submit all quality measures to the Centers for Medicare & Medicaid Services (CMS), beginning with the Fiscal Year (FY) 2014 payment determination year. Participating facilities must comply with the program requirements set forth, including public reporting of the measure rates.


PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Eligibility

Eligible hospitals are described in section 1886(d)(1)(B)(v) and referred to as a Prospective Payment System (PPS)-Exempt Cancer Hospitals, or PCHs. These hospitals are excluded from payment under the Inpatient Prospective Payment System. The Centers for Medicare & Medicaid Services (CMS) has designated 11 hospitals as [PPS-Exempt Cancer Hospitals](#), or Medicare PPS-Excluded Cancer Hospitals.


Quality Reporting Center Resources and Tools Page


Hospital Contact Change Form





- [Hospital Contact Change Form](#) 

Care Compare Preview Documents for January 2024 

PCHQR Program Manual 


- [Fall 2023 PCHQR Program Manual](#)  (11/2023)

PCHQR Program Resources 

- [Frequently Asked Questions: COVID-19 Vaccination Coverage Among Healthcare Personnel \(HCP\) Measure \(02/2022\)](#) 
- [PCHQR Program Measure Crosswalk \(10/2023\)](#) 
- [PCHQR Program Relationship Matrix \(10/2023\)](#) 
- [PCHQR Program Submission Deadlines \(10/2023\)](#) 


Additional Resources

The following websites provide additional information the PCHQR Program measure specifications and sampling methodology:

- [National Quality Forum measure endorsements and performance standards \(NQF\)](#)
- [Healthcare-Associated Infections \(HAI\) measure specifications](#)  (*Center for Disease Control*)
- [HCAHPS measure specifications \(HCAHPS Online\)](#)
- [CMS Quality Payment Program Measure Specifications](#)
- [QualityNet PCHQR Data Collection Page](#)

Measure Exception Form

Some hospitals may not have locations that meet the National Healthcare Safety Network (NHSN) criteria for CLABSI or CAUTI reporting and some hospitals may perform so few procedures requiring surveillance under the SSI measure that the data may not be meaningful for *Care Compare* or sufficiently reliable to be utilized for quality reporting purposes in a program year.

Reporting will not be required for these measures if the PPS-Exempt Cancer Hospital (PCH) performed less than a combined total of 10 colon and abdominal hysterectomy procedures in the calendar year prior to the reporting year. To indicate a measure is not being reported, a Measure Exception Form should be completed and submitted prior to the First Quarter data submission deadline for the applicable program year.

- [Measure Exception Form](#) 

Extraordinary Circumstances Exceptions (ECE) Request Form


Hospitals may request an exception from various quality reporting requirements due to extraordinary circumstances beyond the control of the facility. Such circumstances may include, but are not limited to, natural disasters (such as a severe hurricane or flood) or systemic problems with CMS data collection systems that directly affected the ability of facilities to submit data.

Hospitals must submit an ECE Request Form, with **all required sections completed within 90 calendar days of the extraordinary circumstance**. The hospital may request consideration for an exception of the requirement to submit quality data for one or more quarters.

- [Extraordinary Circumstances Exceptions \(ECE\) Request Form](#) 

Quality Reporting Center

PCHQR Program Archived Events

	Events Calendar	Inpatient	Outpatient	ASC	SNF VBP	Events on Demand
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[PCHQR Program: FY 2024 IPPS/LTCH PPS Final Rule](#)

9/28/2023

Description: This presentation provides an overview of the fiscal year (FY) 2024 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) final rule...

[PCHQR Program: Preparing for August 2023 Submissions](#)

7/6/2023

Description: This presentation will review the steps to successfully submit the following required information: Fiscal year (FY) 2024 Data Accuracy and Completeness Acknowledgment (DACA) via the...

[PCHQR Program: FY 2024 IPPS/LTCH PPS Proposed Rule](#)

5/25/2023

Description: This presentation provides an overview of the Fiscal Year (FY) 2024 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Proposed...

PCHQR Program: Updated Resources and Tools Review

PCHQR Program Reminders

Data Submission Deadlines

- November 15, 2023
 - Q2 2023 Healthcare-Associated Infection (HAI)
 - Q2 2023 COVID-19 HCP
- January 3, 2024
 - Q3 2023 HCAHPS Survey
- February 15, 2024
 - Q3 2023 HAI
 - Q3 2023 COVID-19 HCP

Provider Data Catalog Releases

[Provider Data Catalog](#)

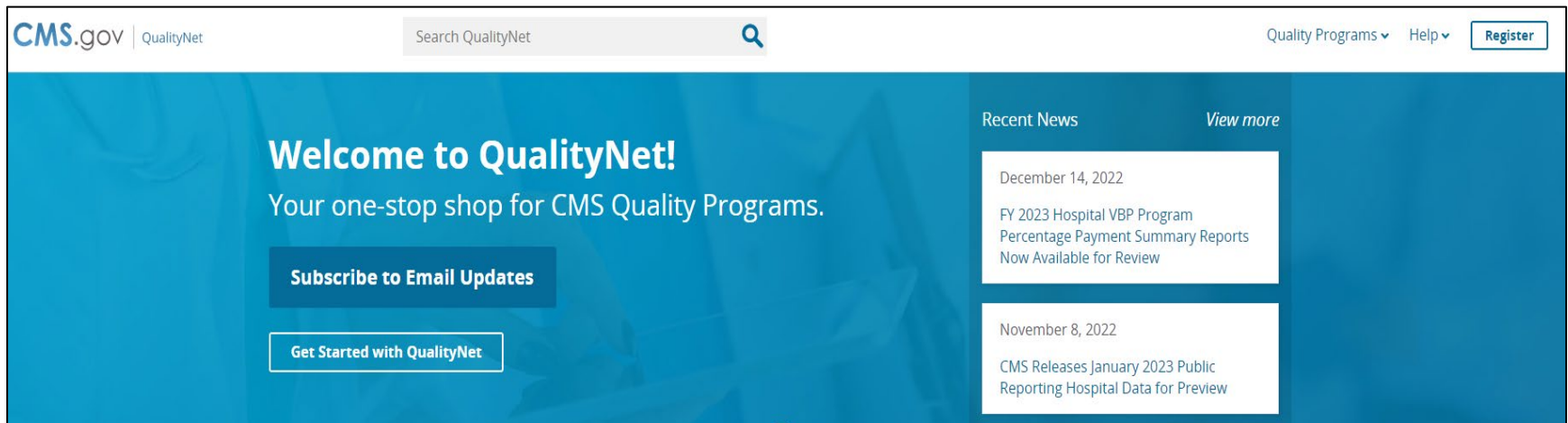
- **October 2023 Release: November 8, 2023**
 - Q2 2022–Q4 2022 HCAHPS Survey data
 - Q1 2022–Q4 2022 HAI measure data
 - Q4 2022 COVID-19 Vaccination Coverage Among HCP measure data
 - Q4 2022–Q1 2023 Influenza Vaccination Coverage Among HCP measure data
 - Q4 2021–Q3 2022 (FY 2024) 30-Day Unplanned Readmissions for Cancer Patients (PCH-36) claims data
- **January 2024 Release: Date To Be Announced**
 - Preview period: October 19–November 17, 2023
 - Q2 2022–Q1 2023 HCAHPS Survey data
 - Q2 2022–Q1 2023 HAI measure data
 - Q1 2023 COVID-19 Vaccination Coverage Among HCP measure data

PCHQR Program: Updated Resources and Tools Review

QualityNet Email Updates and Question & Answer Tool

Getting Started: Receiving Program Notifications

[QualityNet Home Page](#)



The screenshot shows the QualityNet Home Page. At the top left is the CMS.gov logo and 'QualityNet'. A search bar contains 'Search QualityNet'. On the top right are links for 'Quality Programs', 'Help', and a 'Register' button. The main content area has a blue background with a white text box that says 'Welcome to QualityNet! Your one-stop shop for CMS Quality Programs.' Below this are two buttons: 'Subscribe to Email Updates' and 'Get Started with QualityNet'. To the right is a 'Recent News' section with a 'View more' link. It lists two news items: one dated December 14, 2022, about 'FY 2023 Hospital VBP Program Percentage Payment Summary Reports Now Available for Review', and another dated November 8, 2022, about 'CMS Releases January 2023 Public Reporting Hospital Data for Preview'.

Sign Up for Email Updates

Sign Up for Email Updates

Enter your name and email address, and then select the lists you would like to join (at least one must be selected). You will receive an email requesting your confirmation for each subscription submission, and private lists will require approval from the list administrator prior to confirmation.

To ensure you receive messages from your lists, **please whitelist the domain: mailer.qualitynet.org**. This domain is part of every list's mailer address (example@mailer.qualitynet.org). If you have trouble receiving messages and the domain is whitelisted, please check your spam or junk folder. If the problem persists, contact your IT Support.

All fields marked with an asterisk (*) are required.

User Information

Name *

Email *

Mailing Lists

Public Lists Private Lists

Enter the required fields and select one or more mailing lists to become automatically subscribed.

▼ Quality Reporting

IQR Imp Discuss: Hospital Inpatient Quality Reporting (IQR) and Improvement Discussion
Forum for participants in Hospital Inpatient Quality Reporting Program to discuss topics of interest/concern, and share ideas, tools, and best practices.

PCHQR Notify: PPS-Exempt Cancer Hospitals Quality Reporting (PCHQR) Program Notifications
News, information, announcements, and educational offerings/events regarding the PPS-Exempt Cancer Hospitals Quality Reporting Program.

HQR Vendor Notify: Hospital Quality Reporting Vendor Notifications
Information and updates regarding any changes impacting HQR vendors.

Submit



Accessing the QualityNet Question & Answer Tool

The screenshot shows the CMS.gov QualityNet website interface. At the top left is the CMS.gov logo and 'QualityNet'. A search bar contains 'Search QualityNet' and a magnifying glass icon. On the right, there are links for 'Quality Programs', 'Help', 'Log into Secure Portal', and 'Register'. A dropdown menu is open, displaying three main categories: 'Getting Started', 'Known Issues & Maintenance', and 'Question & Answer Tools'. Under 'Question & Answer Tools', the link 'PPS-Exempt Cancer Hospitals' is highlighted with a red box. A 'Close' button is located in the top right corner of the dropdown menu.

Getting Started
Registration
Sign In Instructions
Security Statement & Policy
Password Rules

Training & Guides
QualityNet Training
QualityNet Secure Portal
Secure File Transfer
QualityNet Events Center

Known Issues & Maintenance
Known Issues
System Maintenance

QualityNet Support
QualityNet Support

Question & Answer Tools
Hospitals - Inpatient
Hospitals - Outpatient
PPS-Exempt Cancer Hospitals
Ambulatory Surgical Centers
ESRD Facilities
Inpatient Psychiatric Facilities

Close

Ask a Question

The screenshot shows the CMS.gov Quality Question and Answer Tool interface. At the top left, the CMS.gov logo and 'QualityNet' are displayed. Navigation links include 'Quality Q&A Tool', 'Ask a Question', 'Browse Program Articles', and a dropdown menu. A 'How to Use this Tool' link is in the top right. The main header features the title 'Quality Question and Answer Tool' and the subtitle 'Your one-stop shop for CMS Quality Answers'. A search bar with the placeholder text 'Search for the answer to your question' and a search icon is present. Below the search bar are two buttons: 'Browse' (with a document icon) and 'Ask a Question' (with a question mark icon). The 'Ask a Question' button is highlighted with a red border. A 'Site Feedback' button is on the right side. At the bottom, a footer note states: 'For the best experience, please use one of the following browsers: Chrome, Firefox, Safari, Microsoft Edge. Mobile devices are not currently supported.'

Submit a Question

QualityNet Question and Answer Site

Submit a Question to Our Support Team. * Indicates required field

WARNING: Individually identifiable health information in this system is subject to the Health Information Portability and Accountability Act of 1996 and the Privacy Act of 1974. Submission of questions to the QIO and Hospital Q&A System that contains Protected Health Information (PHI) is a violation of these Acts. **Questions containing PHI will be deleted from the system and not processed.** For detailed information regarding transmitting or receiving healthcare information or data read the [QualityNet System Security Policy, PDF](#)

Tell us about yourself

First Name *

Last Name *

Email Address *

Confirm Email Address *

Phone Number


What is your question?

Program *

Topic *

Subject *

Question (4000 Characters Max) *

I'm not a robot 

PCHQR Program: Updated Resources and Tools Review

Closing Remarks

Disclaimer

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