



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

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

PCHQR Program: Updated Resources and Tools Review Presentation Transcript

Speaker

Lisa Vinson, BS, BSN, RN
Program Lead, PCHQR Program
Inpatient VIQR Outreach and Education Support Contractor

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Lisa Vinson: Good afternoon and welcome to today's Outreach and Education program for the PPS-exempt Cancer Hospital Quality Reporting, or PCHQR, Program, entitled *Updated Resources and Tools Review*. My name is Lisa Vinson, and I am the Program Lead for the PCHQR Program within the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be the speaker for today's event. Today's presentation will focus on a review of a few familiar program resources and tools which were recently updated. These tools are used to assist you with data collection and submission requirements. We will also navigate both [QualityNet](#) and [Quality Reporting Center](#) websites to locate these resources and tools. As always, you can submit inquiries using the Questions function, and, as time allows, we will respond to your inquiries during today's event. As we may not be able to address all questions received due to time limitations, please remember that all questions and answers, as well as the recording and transcript for today's event, will be posted on both Quality Reporting Center and QualityNet under the PCHQR Program tab. Lastly, I would like to emphasize that today's event is specific to the participants in the PCHQR Program only. Others interested in the topics covered during today's webinar are certainly welcome to attend. However, the information presented today only pertains to those participating in the PCHQR Program. If you are not a participant in the PCHQR Program and have similar measures or requirements in your CMS Quality Reporting Program, please refer to the materials supplied by your program's support contractor.

The purpose of today's event is to review the recently updated PCHQR Program resources and tools for program participants.

At the culmination of today's presentation, we hope that participants will be able to locate, understand, and use PCHQR Program resources and tools on the QualityNet and Quality Reporting Center websites.

This slide is our standard acronyms and abbreviations slide. We provide this information during each event to serve as a reference for you to use as we discuss our program.

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Also, by listing the abbreviations and their corresponding full name here, at the beginning, we are able to simplify the appearance of the slides for this presentation. At this time, I would like to highlight a few acronyms and abbreviations you may hear today. This include C-B-E for consensus-based entity, C-Y for calendar year, F-Y for fiscal year, H-C-P for healthcare personnel, and H-Q-R for Hospital Quality Reporting.

At least twice a year, most PCHQR Program resources and tools undergo updates to reflect the most up-to-date program information. This update typically occurs in the fall and spring timeframe. Our review today will focus on the fall updates, and we will begin our discussion with the PCHQR Program Manual.

The Program Manual is usually updated twice a year, with the most significant update occurring during this time in the fall, after the final rule is published. The second round of updates, in the spring, contain the information that has emerged since the publication of the final rule and has any clarifications and updates to assist you in understanding the measures and reporting process for the current calendar year's patient care. If there are substantial updates needed, the second iteration of program manual will be made available around springtime, usually in April or May. Before we review the last updates made to the program manual, as a reminder, here are few things to keep in mind. First, the program manual is essentially an overview of the PCHQR Program. It is NOT a measure specifications manual. Any measure specification-related materials are always made available on the QualityNet PCHQR Program Data Collection page, which will review later on in this presentation. Secondly, the manual provides a comprehensive review of all aspects of the program. As you will see, this spans from the final rules establishing and governing the program, the specific measures and how to report them, participation, and public reporting. There are 10 sections in the program manual and three appendices.

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This slide lists only the sections that were last updated for the program manual, which is currently posted on QualityNet and Quality Reporting Center websites. Beginning with Section 1, the Inpatient Prospective Payment System, or IPPS, Long-Term Care Hospital, or LTCH, PPS final rules section was updated to include the fiscal year 2024 IPPS/LTCH PPS final rule, published on August 28. There is a summary of the finalized changes and a link to the *Federal Register* version of the final rule. Section 2, Measures, provides a list of all current measures in the PCHQR Program, including the newly finalized measures, which are Hospital Commitment to Health Equity, Screening for Social Drivers of Health, Screen Positive Rate for Social Drivers of Health, and Documentation of Goals of Care Discussions Among Cancer Patients. There is also additional information about the modified version of the COVID-19 Vaccination Coverage Among Healthcare Personnel, or HCP, measure, which will be reported in calendar year 2024. Section 3, Data Reporting, includes the newly finalized measures along with the method of reporting. Section 9, Public Reporting, was updated to include the current public display timeline, which includes the Provider Data Catalog, or PDC, release and associated quarters of data that will be displayed. This timeline includes information through April 2024. Lastly, Appendices A and B, the PCHQR Program Measure Submission Deadlines by Due Date table and the PCHQR Program Relationship Matrix of Program Measures by Years and Quarters, are both available. I will provide more detail about these tools. They have dedicated slides that we will be discussing shortly. As a reminder, the PCHQR Program Manual is currently located on both QualityNet and Quality Reporting Center websites. Momentarily, I will discuss the exact location of the program manual and the other resources and tools on both sites.

Displayed on this slide is the PCHQR Program Measure Submission Deadlines by Due Date table which has been updated to include submission due dates through November 2024. This document is located on both QualityNet and Quality Reporting Center.

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Displayed on this slide is the PCHQR Program Relationship Matrix of Program Measures by Years and Quarters. This document displays the measure name, program/fiscal years through 2026, reporting period and calendar year quarters through 2026, quarterly data submission deadline dates through 2026, and Public Reporting release dates through 2026. This tool provides a consolidated view of the relationship between the program measure, applicable fiscal year, data submission deadline, and public reporting release. This document is also located on both QualityNet and Quality Reporting Center websites.

This is another image from the relationship matrix which highlights the four newly finalized measures that I mentioned earlier. You will note that these measures are effective for FY 2026 which corresponds to the calendar year 2024 reporting period, and the data will be submitted in August 2025. Of note, reporting is voluntary for fiscal year 2026 for both the Screening for Social Drivers of Health and Screen Positive Rate for Social Drivers of Health measures. The public reporting timeline for these measures is also provided. The Documentation of Goals of Care Discussions Among Cancer Patients and Hospital Commitment to Health Equity measures are anticipated to be publicly reported in July 2026 or as soon as feasible thereafter. The Screening for Social Drivers of Health and Screen Positive Rate for Social Drivers of Health measures are anticipated to be publicly reported in July 2027 or as soon as feasible thereafter.

The Measure Crosswalk for Program Years Fiscal Year 2023 through 2026 resource lists all measures that are currently included in the PCHQR Program and their status throughout the span of the specified fiscal years. The measure crosswalk is typically updated once a year, usually in the fall, to reflect any finalized measure changes in the final rule, such as the effective fiscal year a measure is added or removed. The chart is organized by when a measure is added, denoted by a checkmark. If a measure is removed, Not Applicable or N/A it will be marked accordingly. The measure crosswalk is now updated to include fiscal year 2026.

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Again, this slide highlights the three new measures and clearly displays the effective fiscal year as 2026, and the three previous years are marked Not Applicable. This document is also located on both the QualityNet and Quality Reporting Center websites for your convenience.

Now, we will take some time and navigate through a few of the PCHQR Program pages on QualityNet where the resources and tools we just discussed are found.

For your convenience, I have included the QualityNet PCHQR Program page links. They will take you directly to the tools we discussed today. The QualityNet PCHQR Program Overview page provides statutory and background related information. There is also a link to the Data Collection page and links that will direct you to the Resources and Measures pages. We will review these pages on the next series of slides.

On this slide, you have a view of the QualityNet home page. If you are looking for more information on the PCHQR Program, you will need to click the PPS-Exempt Cancer Hospitals box, as denoted by red box on this slide. By doing so, you will be taken to the screen on the next slide.

This is the PCHQR Program landing page where you can start your journey to accessing all information related to the program. From this page, you can navigate to several different pages noted by the headers at the top of the page, such as Measures, Public Reporting, Data Management, Resources, and Notifications. On the right-hand side of this page, you are also able to download the Fall 2023 Program Manual, and directly below there is a shortcut button to the PCHQR Data Collection page.

Here is how you will access the QualityNet PCHQR Program Data Collection page which houses the data collection tools and specifications for the program measures. On the Data Management page, you will find the Data Collection selection, as shown by the red box on this slide.

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By selecting Learn More, you will be directed to the Data Collection Overview page which houses the data collection tools for the program measures. This is the middle and lower portion of the Data Collection page. It has been updated to include the newly finalized measures. This is the page where you will be able to locate measure information documents for these measures once that information is made available. Of note, there will be educational events focusing on these measures, the specifications, and reporting requirements for the PCHQR Program.

Back to the Overview page, the Learn More button, as illustrated by the red box on this slide, will allow you to access many of the resources and tools we have discussed today. By selecting Learn More, you will be taken to the screen on the next slide.

The object for this page is locating or navigating to the Resources page, and you will do so by selecting View Resources as shown by the red box on this slide.

Here is a consolidated list of the program resources discussed today, the program manual, measure submission deadlines by due date table, measure crosswalk and relationship matrix. On the next slide, we will review the final rules tab.

The Final Rules tab is updated at least once a year to reflect a summary of the finalized changes published in the PCHQR Program section of the final rule. Therefore, the most current update made to this page includes a summary of the finalized changes for the program in this year's final rule, fiscal year 2024, and a downloadable link that directs to the *Federal Register* version of the final rule. Although, not displayed on this slide, all final rule publications are listed on this page, beginning with the fiscal year 2013 final rule.

This is the PCHQR Program Measures page. Here is where you can find a list of the PCHQR Program claims-based measures.

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By clicking Learn More by each of the measures, you will be taken to a page dedicated to information on that measure. This information includes an overview of the measure; information concerning the measure methodology, such as the measure specifications and data dictionary; information on the measure reports, or the Facility-Specific Reports, such as a mock FSR and/or user guide; and Resources, such as a Frequently Asked Questions document, measure updates and specifications report, fact sheet, and there are also archived resources available.

In addition to the QualityNet website, the Quality Reporting Center website is a valuable resource as well. I would like to briefly show you how to navigate this site, particularly the PCHQR Program page.

Here are quick links to the Quality Reporting Center PCHQR Program pages that we will review for this portion of the event. By clicking either link, you will be taken directly to these pages for convenience. If you are not familiar with this site, please bookmark these pages and refer back to them at your leisure.

The Quality Reporting Center home page, shown here, can be accessed by the clicking the hyperlink above the image. On this page, you will start by selecting Inpatient, as denoted by the red box on this slide. By doing so, you will be taken to the screen on the next slide.

On this page, you have two options that will take you directly to the PCHQR Program page. For the purpose of the presentation, we will choose the selection on the left-hand side of screen, which will display the drop-down menu options on the next slide.

Now, from the five options available under the PCHQR Program header, by choosing Resources and Tools, you will be taken to the screen on the next slide.

Here you will find many, if not all, of the same resources and tools found on the QualityNet PCHQR Program page.

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From this page, you can access the Hospital Contact Change Form. Public Reporting documents are available, such as the January 2024 preview documents which are currently posted. The PCHQR Program Manual and program resources and tools that we have already reviewed are available on this page. There are also additional resources available, along with a link to the Measure Exception form and a link to the Extraordinary Circumstances Exception, or ECE, request form on this page as well.

Lastly, I wanted to highlight the PCHQR Program Archived Events page. If you are ever looking for a past event recording, transcript, and/or question-and-answer summary document, you can locate those items on this page by clicking the title, as denoted by the red arrow, which is a link that will take you to another page with more event details.

We will conclude today's event, as always, by reviewing key reminders for the PCHQR Program, beginning on our next slide.

Here is a list of the data submission deadlines for the PCHQR Program. Today, November 15, Quarter 2 2023 HAI and COVID-19 HCP measure data are due by 11:59 p.m. Pacific Time. Again, that is today, November 15. On January 3, 2024, Quarter 3 2023 HCAHPS Survey data are due, and, on February 15, 2024, Quarter 3 2023 HAI and COVID-19 HCP measure data are due. These submission due dates and the remaining deadline due dates for calendar year 2024 are also provided in a table format which is the Measure Submission Deadline by Due Dates table we discussed earlier. Please be sure you are signed up to receive PCHQR Program notifications, as data submission reminders are distributed multiple times prior to the deadline date. You can only receive these, and other program-related communications, by signing up via the Subscribe to Email Updates link on the QualityNet home page.

This slide provides information about the upcoming Provider Data Catalog Releases. Most recently, the Provider Data Catalog, or PDC, was updated on November 8.

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For this release, the following quarters of data are displayed: Q2 2022–Q4 2022 HCAHPS Survey data; Q1 2022–Q4 2022 HAI measure data; Q4 2022 COVID-19 HCP measure data; Q4 2022–Q1 2023 Influenza HCP measure data; and Q4 2021–Q3 2022, which corresponds to fiscal year 2024, 30-Day Unplanned Readmissions for Cancer Patients claims data. We are currently in the January 2024 preview period, which closes Friday, November 17, and the following measures and quarters of data are included in this preview period in preparation for the January release: Q2 2022–Q1 2023 HCAHPS Survey data; Q2 2022–Q1 2023 HAI measure data; and Q1 2023 COVID-19 Vaccination HCP measure data. Please be sure that you have reviewed your facility’s data for accuracy before the end date, which is again November 17. The exact date for the January 2024 PDC release will be announced via Listserve communication. So, again, please be sure you are signed up to receive PCHQR Program notifications, as public reporting dates are subject to change. We provide specific dates and other pertinent information via these communications.

On the next series of slides, we will review how to sign up for email notifications and access the [QualityNet Question and Answer Tool](#).

Here is where you subscribe to PCHQR Program notifications. This link is located on the QualityNet home page. Once you select the Subscribe to Email Updates button, as noted by the red box on this slide, you be taken to the screen on the next slide.

Here, you will be asked to enter your name and email address, as shown by the red box on the left side of the screen. Then, you will have the opportunity to select the program notification lists you wish to join. At least one list must be selected. There are various quality reporting programs available to select, but the red box on the right side denotes the selection you will need to make in order to receive PCHQR Program notifications. Of note, all fields marked with an asterisk (*) are required.

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Once you've made your selection or selections, you will then select Submit, as shown by the red arrow. From this point, you will receive an email requesting your confirmation for each subscription submission. Please be sure to follow the instructions in this email to ensure your subscription is confirmed.

Displayed on this slide is how you can access the PCHQR Program Question and Answer Tool via the QualityNet homepage. You will access this tool by selecting the Help drop-down link, as indicated by the red box, and then selecting the PPS-Exempt Cancer Hospitals link to start the process.

Now you are at the QualityNet Question and Answer Tool landing page. After you select the Ask a Question link, as shown by the red box on this slide, you will be taken to a page where you will need to complete your personal information. Then, you will be asked to enter details regarding the inquiry you are submitting. On this page, you are also able to browse program articles and search to see if your question may have been previously addressed and posted for viewing.

As stated earlier, here is where you will submit your inquiry. Please be sure to complete the required fields. Once this information is complete, you will need to select Submit Question, as denoted by the red box on this slide, in order to submit your inquiry. We encourage you to utilize this tool to ask any program-related questions you may have, and, again, you may query the system to see if the topic you are inquiring about has already been addressed.

In closing, thank you for your time and attention during today's event. As a final reminder, please be sure you are signed up to receive PCHQR Program notifications, as important information will be distributed about upcoming PCHQR Program related activities. Thank you again. Enjoy the remainder of your day!