



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

### Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

#### PCHQR Program: 30-Day Unplanned Readmissions for Cancer Patients (PCH-36) Disparity Methods Presentation Transcript

##### Speakers

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Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

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**Lisa Vinson:** Hello. Thank you for joining today's PPS-exempt Cancer Hospital Quality Reporting Program educational event entitled, *30-Day Unplanned Readmissions for Cancer Patients (PCH-36) Disparity Methods*. My name is Lisa Vinson, and I am the PCHQR Program Lead for the PPS-exempt Cancer Hospital Quality Reporting, or PCHQR, Program with Inpatient and Outpatient Healthcare Quality Systems Development and Program Support. I will be the moderator for today's event. As the title indicates, today's presentation will focus on the disparity methods for the 30-Day Unplanned Readmissions for Cancer Patients, or PCH-36, measure. We will discuss the fiscal year 2025 Facility-Specific Reports, or FSRs, that were released back in July. Today's topic and information will be beneficial to PCHQR Program participants as the disparity methods may be a new topic. Additionally, I would like to emphasize that the content for today's webinar is only applicable to the participants in the PCHQR Program related to participation and reporting in CMS Quality Reporting Programs. If you have a question as we go along through today's presentation, please type your question in the Chat window. Questions and answers will be posted to [QualityNet](#) and [Quality Reporting Center](#) websites at a later date. Only questions pertaining to the webinar topic will be addressed. To obtain answers to questions that are not specific to the content of this webinar, we recommend that you utilize the [QualityNet Question and Answer Tool](#). You can access the question-and-answer tool from the QualityNet home page. There, you can search for questions unrelated to the current webinar topic. If you do not find your question there, then you can submit your question to us via the question-and-answer tool. I will provide a brief overview toward the end of today's event on how to submit an inquiry via this tool. Lastly, the slides for today's event were posted on [QualityReportingCenter.com](#) prior to the event. The transcript and recording of today's event will be posted on the same website and QualityNet in the near future as well.

We are joined today by Gloriana Lopez Montealegre. Gloriana is a Research Data and Policy Analyst with the Development, Reevaluation, and Implementation of Outpatient Outcome/Efficiency Measures team. Gloriana will be the main speaker for today's event.

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As a reminder, we do not recognize the raised-hand feature in the Chat tool during webinars. Instead, you can submit any questions pertinent to the webinar topic to us via the Chat tool. All questions received via the Chat tool during this webinar that pertain to this webinar topic will be reviewed and a question-and-answer summary document will be made available at a later date. To maximize the usefulness of the question-and-answer transcript, we will consolidate the questions received during this event and focus on the most important and frequently asked questions. Again, any questions received that are not related to the topic of the webinar will not be answered in the Chat tool nor in the question-and-answer summary document for the webinar. To obtain answers to questions that are not specific to the content of this webinar, again we do recommend that you go to the QualityNet Question and Answer Tool. You can access the question-and-answer tool using the link on this slide. There you can search for questions unrelated to the current webinar topic. If you do not find your question there, then you can submit your question via the question-and-answer tool, again, which is accessible via the link on this slide.

Here is a list of acronyms and abbreviations you may hear and see today. They include E-D for emergency department, F-S-R for Facility-Specific Report, F-Y for fiscal year, R-D for rate difference, along with a few others commonly used provided on this slide.

The purpose of this presentation is to provide an overview of the 30-Day Unplanned Readmissions for Cancer Patients, PCH-36, fiscal year [2025] Facility-Specific Report, or FSR, and summarize ways PCHs can use the report to inform approaches to reducing disparities for this measure.

At the culmination of this event, we hope that PCHQR Program participants will be able to identify the PCH-36 measure results in the fiscal year 2025 FSR, understand how the PCHQR Program specifies and calculates PCH-36 disparity results, interpret PCH-36 disparity results in their confidential FSRs, and locate resources to learn more about PCH-36 and CMS disparity methods.

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I would now like to turn the presentation over to Gloriana. Gloriana, the floor is yours.

#### **Gloriana**

**Lopez Montealegre:** Thank you, Lisa. So, as mentioned, my name is Gloriana Lopez-Montealegre, and I am here as part of the Development, Reevaluation, and Implementation of Outpatient/Outcome Efficiency Measures team. First, we're going to go over the PCH-36 FSR.

We'll start first with an overview of the PCHQR Program FSRs. So, with FSRs, facilities can preview measure results and patient data before the results are publicly reported. These results are contained in the FSR across multiple tabs. The FSRs include facility-level results which contain measured performance results that are risk-adjusted for age and comorbidities. They include a breakdown of the measure results at the patient level and a summary of your facility's case mix and include disparity method results, which are the Within-Facility Disparity Method and the Across-Facility Disparity Method. If you are interested in learning more about the CMS disparity method methodology, that is available on QualityNet. The facility-level results also include comparative performance to the national-level results, which are based on performance across the 11 PCHs. So, the national performance will include the number of cases at the national level or the measure denominator. It includes the number of outcomes at the national level again, or otherwise known as the measure numerator, and includes the national observed rate. So, at the national level, this rate is not risk-adjusted. It will be the observed rate.

So, CMS provides FSRs to PCHs on select measures, which include PCH 30 and 31, otherwise known as the chemotherapy measure; PCH-37, the prostate cancer measure; and the focus of today's webinar, PCH-36, or the cancer readmissions measure.

Next, as Lisa mentioned, in July of this year, CMS released the FSRs for the fiscal year 2025 payment determination for PCH-36. The measure performance period for this FSR for PCH-36 is fiscal year 2023, which spans from October 1 of 2022 to September 30 of 2023.

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All PCHs that have at least one admission for malignant cancer during the reporting period, during fiscal year 2023, are included in the measure calculation. The PCH-36 FSR contained for the first-time measure results stratified by patient dual eligible status using CMS disparity methods. So, by dual eligible patients or individuals, we are referring to individuals who are enrolled in both Medicare and Medicaid. As a note, these disparity results are not publicly reported, nor are they used in payment determination. These results are for informational purposes only to help your facility determine whether there are any disparities in care between the dual-eligible population and the non-dual eligible population in your facility and for duals across PCHs.

Now, I will delve a little bit more into the CMS disparity methods.

So, what are the CMS disparity methods? CMS developed the disparity methods to examine disparities in health measures or quality measures using different social demographic factors. In this case, we're looking at the dual-eligible status. These methods are applied to other PCHQR [Program] measures as well. So that is PCH-30 and 31 and PCH-37. The CMS disparity methods are also used in other programs for select measures, for example the Hospital Outpatient Quality Reporting Program. There are two disparity methods. The first is the Within-Facility Disparity Method which seeks to compare results within a facility. So, the question that this method seeks to answer is, "How do outcomes for patients with dual-eligible status at your facility compare to outcomes for patients without dual-eligible status in your facility?" The Across-Facility Method seeks to compare facility-level results to a national-level result. So, this method focuses only on dual-eligible patients and seeks to answer the question: "How do outcomes for patients with dual-eligible status at your facility compare to the national-level outcomes across all patients with dual-eligible status?"

So, diving a little deeper into the Within-Facility Disparity Method, the Within-Facility Disparity Method highlights disparities in care between dual-eligible patients and non-dual-eligible patients in your facility. So, this method measures the difference in the outcome for PCH-36.

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This would be unplanned readmissions by calculating an adjusted rate difference. So, the rate difference is calculated as the risk-standardized readmission rate for dual-eligible patients minus the risk-standardized readmission rate for non-dual eligible patients at your facility. So, in the diagram below, you have the dual-eligible patients in red and non-dual eligible patients in blue. Those with a dotted line represent patients with an unplanned readmission. So, the measure is usually calculated without distinguishing duals and non-duals, but, for the Within-Facility Disparity Method, the rates are calculated separately for duals and non-duals. So, in this example, we see that the observed rate for duals is 40 percent, and the observed rate for non-duals is 28.6 percent. The rate difference would then be the 40 percent for duals minus a 28.6 percent for non-duals which would equal 11.4 percent as an example of the rate difference. In this example, we are using the observed rate for illustrative purposes, but the rate difference is calculated using the risk standardized readmission rate. The rate difference is calculated by applying risk adjustment to the observed outcomes for these two groups. It is also important to note that although your facility may observe a very small rate difference or a very small difference between the readmission rates for duals and the readmission rate for non-duals, this rate difference can still provide information that can guide quality improvement efforts. In other words, where there can be room for improvement, it can also be useful to monitor performance over time.

So, how do we interpret this within-facility weight difference? A positive rate difference indicates that patients with dual-eligible status have a higher rate of unplanned readmissions when compared to non-dual eligible patients at your facility. In other words, patients with dual-eligible status have worse outcomes than non-dual eligible patients at your facility. A negative rate difference indicates that patients with dual-eligible status have a lower rate of unplanned readmissions than non-dual eligible patients at your facility. This can also be interpreted as patients with dual-eligible status have better outcomes than non-dual eligible patients at your facility. Alternatively, it can be interpreted as non-dual eligible patients at your facility have worse outcomes than patients with dual-eligible status.

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Now, for the Across-Facility Disparity Method, this method highlights variation in healthcare quality only for dual-eligible patients across facilities. So, this method compares the risk-adjusted unplanned readmissions rate for duals at your facility to the national outcome for duals across all PCHs. So, as shown in the diagram below, the unplanned readmission rate is only calculated for duals, and these two rates for facility A and facility B are compared to the national observed rate for duals across all PCHs. This method is not meant to compare directly one facility with the other, so the goal is not to compare facility A with facility B. The goal is to compare facility A's result for duals with the national result for duals, and likewise compare facilities B's results for duals with the national result for duals.

So, when interpreting the Across-Facility Disparity Method outcome rates, a rate that is higher than the national result indicates that your facility's patients with dual-eligible status have a higher unplanned readmission rate when compared to the national rate for all patients with dual-eligible status. A rate lower than the national results would indicate that your facility's patients with dual-eligible status have a lower unplanned re-admission rate when compared to the national rate for all patients with dual-eligible status.

So, now we're going to go look into how these results are displayed in your PCH-36 FSR.

So, the 2024 FSR results will include the risk-standardized unplanned readmission rate at your facility. For this rate, there are no CMS disparity methods applied. You will also see results that have the Within-Facility Disparity Method applied, and this provides information on the difference in the risk-adjusted rates of unplanned readmissions between duals and non-duals at your facility. Finally, the FSR also includes results where the Across-Facility Disparity Method is applied, which will provide information on the risk-adjusted rate for unplanned readmissions only for duals at your facility and compare that to the observed rate of unplanned readmissions for duals across all PCHs in the nation.

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So, in your FSR, Table 1 summarizes your facility's results and the national-level results for the cancer readmissions measure during the reporting period, which is fiscal year 2023.

The fourth row in this table shows your facility's risk-standardized unplanned readmissions rate per 100 patients. So, this is a percentage, and this percentage has been adjusted for age and comorbidities.

CMS assigns facilities to performance categories, and the performance category is displayed in the second row of this table, by comparing each facility's interval estimate to the national observed readmission rate, which is displayed in the seventh row. It is highlighted in this slide in blue. That is the national observed rate. So, the interval estimates used to categorize the facility's performance are displayed in the fifth and sixth row in green. So, in this case, the national observed rate, the 20.2 percent, falls between the lower limit in the fifth row, 18.5 percent, and the upper limit, which is row six or 21.7 percent. Since the observed rate falls within that interval, then this facility's performance is categorized as being no different than the national rate.

Now, I will go over how the PCH-36 measure disparity results are displayed in your FSRs.

So, for the Within-Facility Disparity Method, facilities are assigned to one of three performance categories by comparing their rate difference, which is calculated as the facility's results for duals minus your facility's result for non-duals and compares that against the fixed standard, which is currently defined as a difference of plus or minus 1 percent. So, this means that, if the rate difference for your facility is less than negative 1 percent, then your facility's result is categorized as better outcomes for dual-eligible patients. For example, in the diagram below, facility A has a rate difference of negative 1.7 percent and is therefore categorized as having better outcomes for dual-eligible patients. If the rate difference is between negative 1 percent and 1 percent, then your facility's results are categorized as similar outcomes for dual-eligible and non-dual-eligible patients.



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In the example below, facility B has a rate difference of 0.2 percent, which is between negative 1 percent and 1 percent; therefore, it is categorized as having similar outcomes for duals and non-duals. Finally, if the rate difference is greater than 1 percent, then your facility's result is categorized as worse outcomes for dual-eligible patients. In this example, facility C has a rate difference of 1.7 percent, which is greater than 1 percent and is therefore categorized as worse outcomes for duals. As a reminder, the goal is to reduce disparities in care. So, any rate difference outside the range of negative 1 percent and 1 percent would indicate worse performance. The goal is to have similar outcomes for dual-eligible and non-dual-eligible patients.

For the Across-Facility Disparity Method, facilities are assigned to one of three categories. These categories are assigned by comparing the facilities unplanned readmission rate for duals against the national result for duals. So, again, the unplanned readmission rate for your facility is risk standardized, and it is compared to the national observed result for duals. Now, Better than the National Result appears in your FSR if your facility's result for duals is more than 1 percent below the national result. No Different than the National Result appears if your facility's result for duals is within 1 percent of the national result, either above the national result or below. Worse than the National Result appears if the facility's result for duals is more than 1 percent above the national result.

Your facility will only be assigned a performance category. That is, your performance will be categorized as Better, Similar, No Different, or Worse, depending on the disparity method, if it meets the following minimum patient volumes. For the Within-Facility Disparity Method, your facility will only receive an assigned performance category if, for the performance period, it has either 12 duals, 12 non-duals, or the number of patients is at least 25. For the Across-Facility Disparity Method, your facility will be assigned a performance category if it has at least 25 duals for the performance period, which for this FSR is fiscal year 2023.

So, Table 5 in your FSR provides the results of the Within-Facility Disparity Method for your facility and the nation.

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The second row of this table shows the within-facility performance categorization, which is calculated by assessing your rate difference, which is shown in the third row, against the fixed interval, which, as previously mentioned, is set as plus or minus 1 percent.

The rate difference displayed in the third row is calculated as your facility's risk-adjusted unplanned readmission rate for duals minus your facility's risk-adjusted unplanned readmission rate for patients who are non-duals. In this example, the negative rate difference means that duals at this facility experience fewer unplanned readmissions when compared to non-duals. Therefore, the performance category that is assigned for this facility is that they have better outcomes for duals when compared to non-duals.

The next two rows of this table show the facility's average risk-adjusted unplanned readmission rate for duals and non-duals. So, putting these four components together, the second row, or the comparative performance at your facility row, shows whether the result or the rate difference displayed in row three means that your facility has better, worse, or similar outcomes for dual-eligible patients. This rate difference is calculated by subtracting row four, which is in red, from row five, in blue.

Now, Table 6 of the FSR will show the results for the Across-Facility Disparity Method for your facility and the nation. As a reminder, this method applies only to dual-eligible patients.

The second row in this table shows your across-facility performance categorization. This is calculated by comparing your facility's risk-adjusted unplanned readmission rate among duals against the observed national results among duals.

So, the third row in this table shows your facility's risk-adjusted unplanned readmissions rate for duals only, and the last row of the table, in blue here, shows the national comparison, which is the observed unplanned readmission rate among duals across all PCHs.

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So, when comparing the third row, labeled as Your Facility Results, and the national observed readmission rate, that will give you the comparative performance at your facility, which is the second row. So, here, since the facility result for duals is 23.17 percent and that is less than 1 percent below the national observed readmission rate, the performance is categorized as no different than the national rate. So, now I will pass it to Lisa for the next section.

**Lisa Vinson:** I would now like to review where you can locate the 30-Day Unplanned Readmissions for Cancer Patients measure resources on QualityNet.

As noted on this slide, the PCH-36 measure resources are located on the QualityNet Measure page which can be accessed via the hyperlink on this slide. You will begin by selecting Learn More, as denoted by the red arrow, which will take you to the screen on the next slide.

Displayed here is the PCH-36 Overview page which provides some background information and details on the fiscal year 2025 FSR and how to submit questions via the question-and-answer tool. If you utilize this tool, please be sure to not submit a copy of the FSR or any patient-identifying information as this would be considered a HIPPA violation. This includes screenshots and/or specific details about a patient listed in your FSR.

Next is the Methodology page which houses the data dictionary and the Yale-Modified Clinical Classification Software Maps.

On the Report page, you will find FSR resources, such as a mock version and user guide. These are valuable resources that can assist you in reading and interpreting your FSR.

Lastly, the Resources page has various resources available for your use. Highlighted on this slide, by the red box, are resources specific to the disparity methods discussed today which include a frequently asked question document, or FAQ, and fact sheet. Other resources provided are a general FAQ document and fact sheet, data dictionary, and an advancing health equity fact sheet.

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There is also an Archived Resources page where you find previous fiscal year information, beginning with fiscal year 2022.

Finally, I would like to review how to sign up for PCHQR Program notifications and utilize 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 will be taken to the screen on the next slide.

Here is where you need to follow steps one through three as outlined on this page as displayed on this slide. You will begin by entering your name and email address as denoted by the red box.

You will then need to select which program lists you would like to receive notifications for. In this instance, you will need to scroll through the list and look for PCHQR Notify: PPS-Exempt Cancer Hospitals Quality Reporting (PCHQR) Program Notifications. Of note, if there are other program notifications you would like to receive, please be sure to mark the appropriate boxes at this time as well. Then, you will need to select the Sign Up button to complete the process. Please be sure to pay attention to the directions provided on the subsequent screen.

Another important tool at your disposal is the QualityNet Question and Answer Tool. Displayed on this slide is how you can access the PCHQR Program Question and Answer Tool via the QualityNet home page. You will access this tool by selecting the Help drop-down link as indicated by the red box. Then, select 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.

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On this page you are also able to Browse Program Articles and Search to see if your questions may have been previously addressed and posted for viewing.

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

This concludes our event for today. Thank you for your time and attention. Also, a special thank you goes to Gloriana for her expertise and participation. We hope that the information provided today is beneficial to you as a PCHQR Program participant Thank you. Enjoy the remainder of your day!