



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

**November 12, 2024**

# Speakers

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Quality Reporting (PCHQR) Program  
Inpatient and Outpatient Healthcare Quality  
Systems Development and Program Support

# Webinar Chat Questions

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- Submit additional questions after this event through the [QualityNet Question and Answer Tool](#). Include the webinar name, slide number, and speaker name.
- If you have a question unrelated to the current webinar topic, we recommend that you first search for the question in [QualityNet Question and Answer Tool](#). If you do not find an answer, then submit your question to us via the same tool.
- We will respond to questions as soon as possible.

# Acronyms and Abbreviations

<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>ED</b>	emergency department
<b>FSR</b>	Facility-Specific Report
<b>FY</b>	fiscal year
<b>PCH</b>	Prospective Payment System-exempt Cancer Hospital
<b>PCHQR</b>	Prospective Payment System-exempt Cancer Hospital Quality Reporting
<b>RD</b>	Rate Difference

# Purpose

This presentation will provide an overview of the 30-Day Unplanned Readmissions for Cancer Patients (PCH-36) fiscal year (FY) 2025 Facility-Specific Report (FSR) and summarize ways PCHs can use the report to inform approaches to reducing disparities for this measure.

# Objective

Participants will be able to:

- Identify the PCH-36 measure results in the FY 2025 FSR.
- Understand how the PCHQR Program specifies and calculates PCH-36 disparity results.
- Interpret PCH-36 disparities results in their confidential FSRs.
- Locate resources to learn more about PCH-36 and CMS disparity methods.

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## **PCH-36 FSR Overview**

# PCHQR Program FSRs (1/2)

- With FSRs, facilities can preview measure results and patient data prior to public reporting.
- The FSR contains measure performance results and patient data in multiple tabs.
- FSRs include the following:
  - Facility-Level Results:
    - Measure performance results include risk-adjusted results for age and comorbid conditions.
    - Detailed patient-level data are used to calculate measure results.
    - Summary of each facility's patient case-mix included.
    - Disparity method results use Within-Facility Disparity Method and Across-Facility Disparity Method. (The latest CMS disparity methods methodology is available on QualityNet on [cms.gov: PCH Cancer Readmissions Measure Resources](https://www.cms.gov/QualityNet))
  - National-Level Results (based on performance at 11 PCHs only):
    - National Performance



# PCHQR Program FSRs (2/2)

- CMS provides FSRs to PCHs participating in the PCHQR Program on select measures:
  - PCH-30/31: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy
  - PCH-37: Surgical Treatment Complications for Localized Prostate Cancer
  - PCH-36: **30-Day Unplanned Readmissions for Cancer Patients**

# PCH-36 Measure FSR

- In July 2024, CMS released FSRs for FY 2025 payment determination under the PCHQR Program for **PCH-36: 30-Day Unplanned Readmissions for Cancer Patients**.
  - PCH-36 measure performance period for FY 2025 FSRs:  
**October 1, 2022–September 30, 2023**
- Reportable PCHs: **All hospitals** in the PCHQR Program that have at least one admission for malignant cancer during the reporting period are included in the measure calculation.
- The FSRs contained, **for the first time**, results for PCH-36 stratified by patients' dual-eligible status\* using CMS disparity methods.
  - Dual-eligible individuals are individuals enrolled in Medicare Part A (Hospital Insurance) and/or Part B (Supplemental Medical Insurance) and are also enrolled in full-benefit Medicaid and/or the Medicare Savings Programs administered by each individual state.
  - Disparity results are **not** publicly reported or used in payment determination.

\* For ease of reference in this presentation, “duals” and “non-duals” may be used to identify beneficiaries' dual-eligible status.

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## **Disparity Methods**

# CMS Disparity Methods

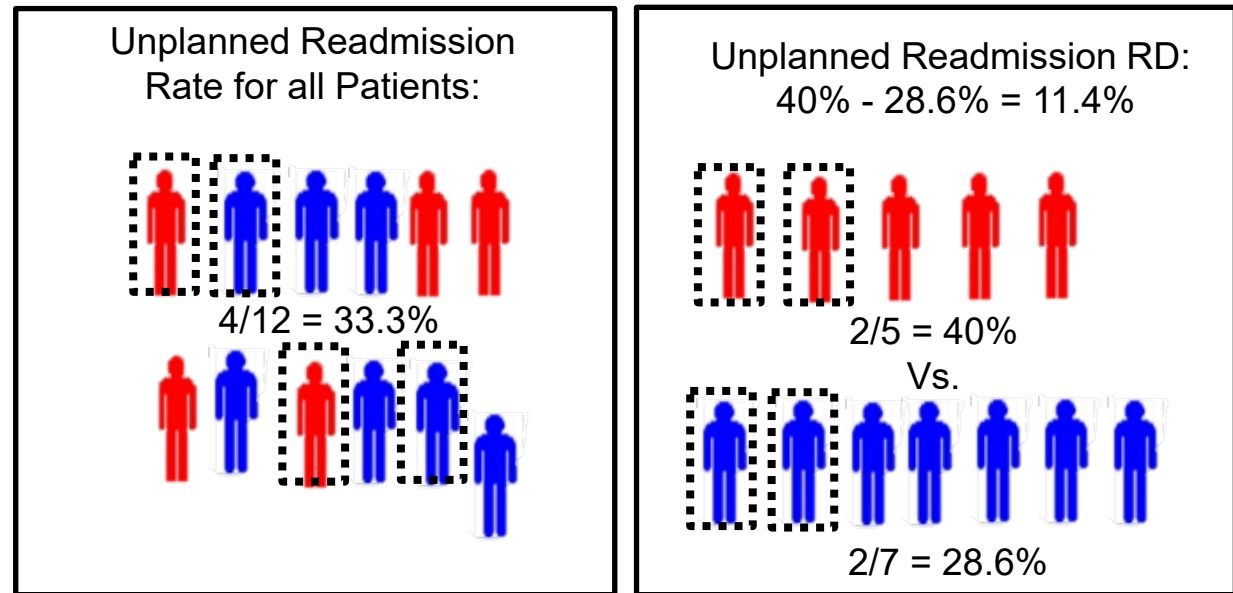
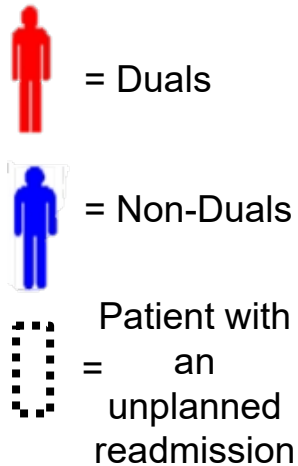
- CMS developed the disparity methods to examine disparities in health measures using different sociodemographic factors, such as dual-eligible status.
- These methods are applied to the PCH-30/31 chemotherapy measure; PCH-37, Surgical Treatment Complications for Localized Prostate Cancer; and select measures in the Hospital Outpatient Quality Reporting Program.
- There are two disparity methods:
  - The Within-Facility Method seeks to compare results within a facility.
    - Do patients with dual-eligible status at your facility have worse health outcomes than others?
  - The Across-Facility Method seeks to compare facility-level results to a national average.
    - How do outcomes for patients with dual-eligible status at your facility compare to the national average outcome across all those with dual-eligible status?

# Within-Facility Disparity Method

This method measures the difference in the outcome (unplanned readmissions) by calculating an adjusted **Rate Difference (RD)**.

$$\text{RD} = \text{Risk-Standardized Readmission Rate for Duals} - \text{Risk-Standardized Readmission Rate for Non-Duals}$$

Facility A

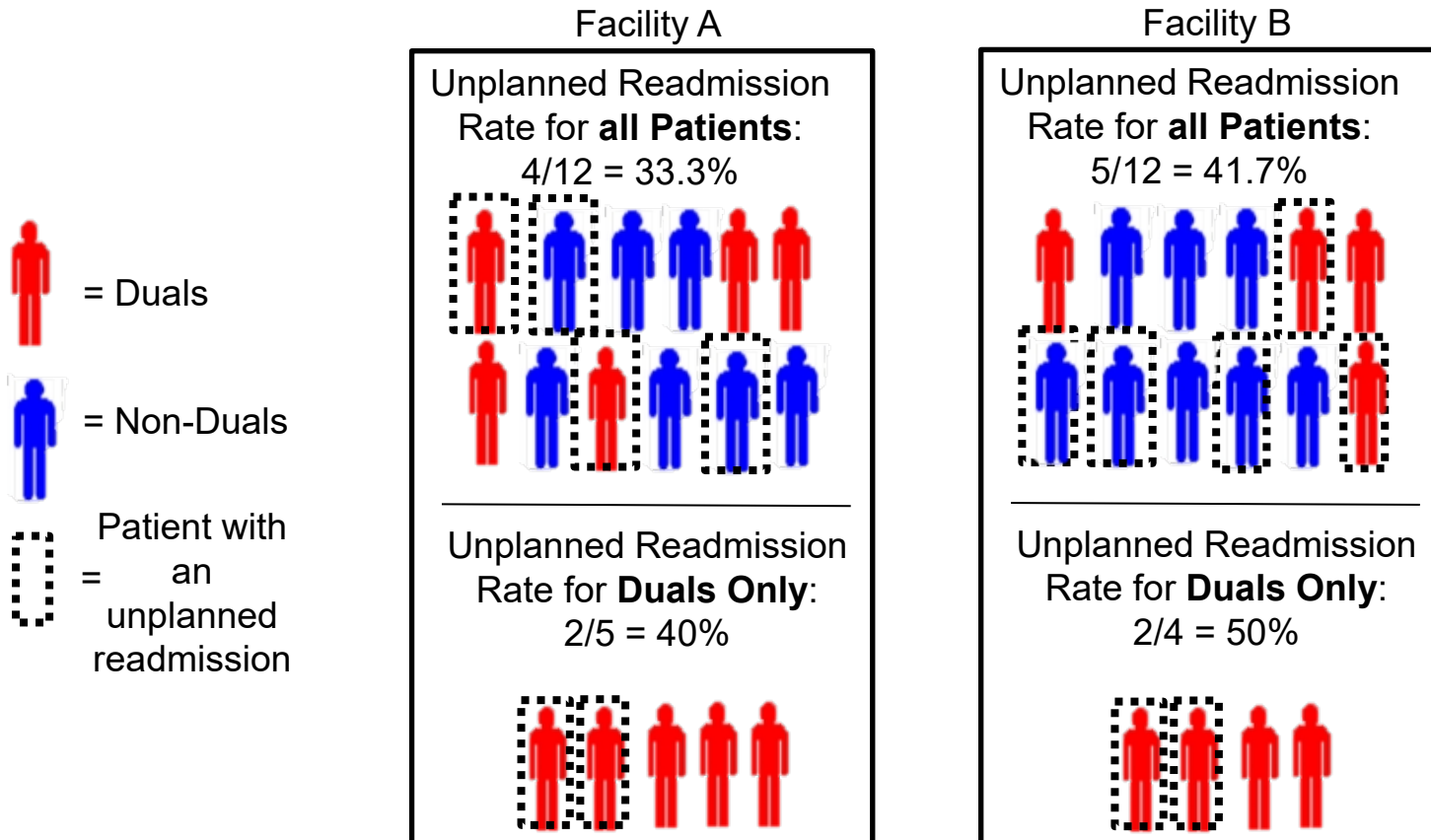


# Interpreting Within-Facility Disparity Method Rate Difference

- A **positive** rate difference indicates that patients with dual-eligible status have a **higher** rate of unplanned readmissions compared to non-dual eligible patients at your facility. This can also be interpreted as patients with dual-eligible status have **worse** outcomes than non-dual eligible patients at your facility.
- A **negative** rate difference indicates 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.

# Across-Facility Disparity Method

This method compares the risk-adjusted unplanned readmission rate for duals at your facility to the national average for duals across all PCHs.



# Interpreting Across-Facility Disparity Method Outcome Rate

- A rate **higher** than the national result indicates your facility's patients with dual-eligible status have a **higher** unplanned readmission rate compared to the national average rate for patients with dual-eligible status.
- A rate **lower** than the national result indicates your facility's patients with dual-eligible status have a **lower** unplanned readmission rate compared to the national average rate for patients with dual-eligible status.



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## **2024 FSR PCH-36 Measure Results**

# 2024 FSR Results

<b>CMS Disparity Method Applied:</b>	<b>Provides Information On:</b>
None	Risk-standardized unplanned readmission rate at your facility
Within-Facility Disparity Method	Difference in the risk-adjusted rates of unplanned readmissions between duals and non-duals at your facility
Across-Facility Disparity Method	Risk-adjusted rate of unplanned readmissions for duals at your facility compared to duals at other PCHs in the nation

# Risk-Standardized Unplanned Readmission Rate at Your Facility

**Table 1: Your Facility's Performance on Unplanned Readmissions within 30 Days for Cancer Patients Measure**

*This worksheet contains facility-level and national results.*

<b>Your Facility Performance Overview</b>	<b>30-Day Unplanned Readmissions for Cancer Patients Measure</b>
Comparative Performance at Your Facility <b>[a]</b>	No Different than the National Rate
Number of Eligible Discharges at Your Facility	1,964
Risk-Standardized Rate for Your Facility <b>[b]</b>	20.1
Lower Limit of 95% Interval Estimate	18.5
Upper Limit of 95% Interval Estimate	21.7
National Observed Rate <b>[b][c]</b>	20.2
<b>Additional Performance Information</b>	--
Number of Discharges with Outcome for Your Facility	451
Observed Rate for Your Facility <b>[b]</b>	23.0
Number of Outcomes in the Nation <b>[c]</b>	4,111
Number of Eligible Discharges in the Nation <b>[c]</b>	20,371

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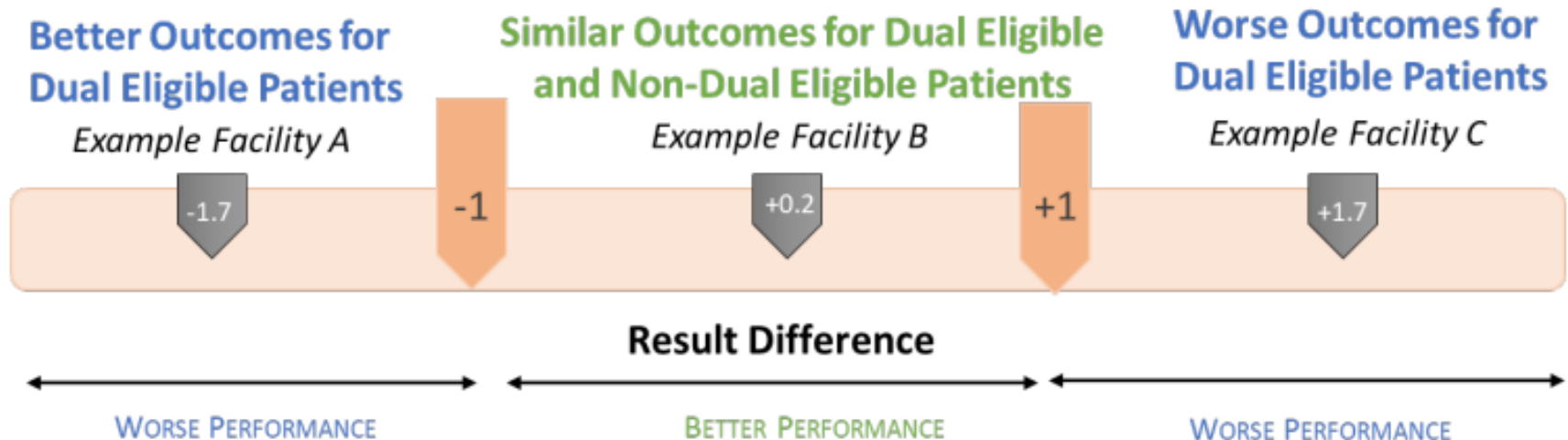
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## **2024 FSR PCH-36 Measure Disparity Results**

# Performance Categorization for the Within-Facility Disparity Method

For the Within-Facility Disparity Method, facilities are assigned to one of the following three performance categories by comparing their **RD** against a fixed standard, currently defined as a difference of  $\pm 1\%$ :

- **Better** Outcomes for Duals (RD less than  $-1\%$ )
- **Similar** Outcomes for Duals and Non-Duals ( $-1\% \leq \text{RD} \leq 1\%$ )
- **Worse** Outcomes for Duals (RD greater than  $1\%$ )



# Performance Categorization for the Across-Facility Disparity Method

For the Across-Hospital Disparity Method, facilities are assigned to one of three performance categories by comparing their unplanned readmission rate for duals against the national result for duals:

- **Better** than the National Result appears if the facility's result for duals is **>1% below** the national result.
- **No Different** than the National Result appears if the facility's result for duals is within 1% of the national result (either above or below).
- **Worse** than the National Result appears if the facility's result for duals is **>1% above** the national result.



# Reportability of Disparity Methods

CMS Disparity Method	Minimum Patient Volume Required for A Performance Category
Within-Facility Disparity Method	12 duals, or 12 non-duals, or the number of patients is at least 25
Across-Facility Disparity Method	At least 25 duals

# Understanding your FSR: Within-Facility Table

**Table 5: Summary of Your Facility's Performance on the Within-Facility Disparity Method Applied to the 30-Day Unplanned Readmissions for Cancer Patients Measure**

*Social Risk Factor: Medicare and Medicaid Dual Eligibility*

Performance Information	Patients	Unplanned Readmissions
Comparative Performance at Your Facility [a][b]	For Duals (compared to Non-Duals)	Better outcomes for dual patients
Your Facility's Result [c]	Duals minus Non-Duals	-2.05%
Your Facility's Average Predicted Result [c]	For Duals	23.17%
Your Facility's Average Predicted Result [c]	For Non-Duals	25.22%
Number of Outcomes (Numerator) at Your Facility	For Duals	151
Number of Eligible Cases/Patients (Denominator) at Your Facility	For Duals	644
Number of Outcomes (Numerator) at Your Facility	For Non-Duals	300
Number of Eligible Cases/Patients (Denominator) at Your Facility	For Non-Duals	1,320
<b>Additional National Information</b>		–
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# Understanding your FSR: Across-Facility Table

**Table 6: Summary of Your Facility's Performance on the Across-Facility Disparity Method Applied to the 30-Day Unplanned Readmissions for Cancer Patients Measure**

*Social Risk Factor: Medicare and Medicaid Dual Eligibility*

Performance Information	Patients	Unplanned Readmissions
Comparative Performance at Your Facility [a][b]	For Duals	No different than the national rate
Your Facility's Result [c]	For Duals	23.17%
Number of Outcomes (Numerator) at Your Facility	For Duals	151
Number of Eligible Cases/Patients (Denominator) at Your Facility	For Duals	644
Observed Result (Numerator/ Denominator) at Your Facility	For Duals	23.45%
<b>Additional National Information</b>		--
Number of Outcomes (Numerator) in the Nation	For Duals	601
Number of Eligible Cases/Patients (Denominator) in the Nation	For Duals	2,553
National Observed Readmission Rate (Numerator/ Denominator)	For Duals	23.54%

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## **PCH-36 Resources**

# QualityNet Resources

## [QualityNet Measures Page](#)

### PCH 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](#)



# PCH-36 Overview

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## Cancer Readmissions Measure (PCH-36)

The *30-Day Unplanned Readmissions for Cancer Patients* measure (PCH-36) provides facilities with information to improve the quality of care delivered for adult patients with cancer. This measure calculates the rate of unplanned readmissions within 30 days of discharge from an eligible index admission for Medicare fee-for-service patients diagnosed with cancer.

For more information on the measure, refer to the [frequently asked questions](#) document on the [Resources](#) page.

### Fiscal Year (FY) 2025

The Centers for Medicare & Medicaid Services (CMS) began reporting results for PCH-36, confidentially, through the Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program. These data were delivered through facility-specific reports (FSRs) in the summer of 2024; they were calculated using data collected from October 1, 2022, through September 30, 2023, and will be publicly reported beginning in the fall of 2024.

For more information on PCH-36 FSRs, please refer to the [Reports](#) page.

### More Information

Please submit questions about the Cancer Readmissions measure to the [QualityNet Question and Answer tool](#). When submitting a question through the Q&A tool, please select *PCH—Cancer Hosp. Quality Reporting* as the **Program** and *PCH-36: 30-Day Unplanned Readmissions for Cancer Patients* as the **Topic**. To ensure proper handling of inquiries, please reference your facility's CMS Certification Number (CCN).

**Please do NOT email a copy of your FSR or submit patient-identifiable information (such as**

# PCH-36 Methodology

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## Cancer Readmissions Measure (PCH-36)

The Comprehensive Cancer Centers for Quality Improvement, which consist of 21 academic medical centers, originally developed the *30-Day Unplanned Readmissions for Cancer Patients* measure with the support of multidisciplinary clinical and research experts. The Alliance of Dedicated Cancer Centers has since updated PCH-36 and transitioned its stewardship to the Centers for Medicare & Medicaid Services (CMS) for inclusion in the Prospective Payment System (PPS)-Exempt Cancer Hospitals Reporting Program.

### Fiscal Year (FY) 2025 Program Year Measure Methodology

File Name	File Type	File Size	
2024 Cancer Readmissions Measure Data Dictionary (07/19/24) Contains the codes used to identify the measure denominator, exclusions, numerator, and risk factors.	XLS	840 KB	<a href="#">Download</a>
Yale-Modified CCS Maps (07/19/24) Contains modified version of the Agency for Healthcare Research and Quality (AHRQ) Healthcare Cost and Utilization Project (HCUP) beta version 2019.1 Clinical Classification Software for ICD-10-CM/PCS.	XLSX	7.3 MB	<a href="#">Download</a>

# PCH-36 Reports

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## Cancer Readmissions Measure (PCH-36)

The Centers for Medicare & Medicaid Services (CMS) is reporting results for the *30-Day Unplanned Readmissions for Cancer Patients* measure (PCH-36), confidentially, through the Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program, delivered through facility-specific reports (FSRs) in the summer of 2024. These results will be calculated using data collected from October 1, 2022, through September 30, 2023, and will be publicly reported beginning in the fall of 2024.

The FSR is an Excel workbook, which includes performance results, national results (based on performance at 11 Prospective Payment System [PPS]-Exempt Cancer Hospital [PCHs] only), detailed patient-level data used to calculate measure results, and a summary of each facility's patient mix for PCH-36.

For facilities that are not eligible to receive an FSR, CMS has provided a mock FSR and user guide. The documents and their descriptions are included below.

### Fiscal Year (FY) 2025 Program Year Reports

File Name	File Type	File Size	
PCH-36 Cancer Readmissions Measure Mock FSR (07/19/24)	XLSX	211 KB	<a href="#">Download</a>
A sample FSR containing mock patient-level results and actual national results. This report serves as an example of the FSRs participating PCHs will receive.			
Cancer Readmissions Measure FSR User Guide (07/19/24)	PDF	391 KB	<a href="#">Download</a>
Instructions for interpreting the FSR and links to additional resources.			

For more information on why a facility may not receive an FSR, see the [frequently asked questions](#) document on the [Resources](#) page.

# PCH-36 Resources

Overview Methodology Reports **Resources**

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Archived Resources

## Cancer Readmissions Measure (PCH-36)

File Name	File Type	File Size	
Frequently Asked Questions (07/19/24) A list of frequently asked questions and responses including both general questions related to measure reporting and measure specification questions.	PDF	218 KB	<a href="#">Download</a>
2024 Cancer Readmissions Measure Data Dictionary (07/19/24) Contains the codes used to identify the measure denominator, exclusions, numerator, and risk factors.	XLSX	840 KB	<a href="#">Download</a>
Fact Sheet (07/19/24) Includes a general overview of the measure, information on locating measure results and links to additional resources.	PDF	222 KB	<a href="#">Download</a>
2024 CMS Disparities Methods FAQs (07/19/24) Provides information about the confidential reporting of the Within-Facility and Across-Facility Disparity Methods in summer 2024 facility-specific reports (FSRs).	PDF	294 KB	<a href="#">Download</a>
2024 CMS Disparities Methods Fact Sheet (07/19/24) Provides high-level information on the confidential reporting period and a general overview of the two disparity methods.	PDF	285 KB	<a href="#">Download</a>
2024 Advancing Health Equity Fact Sheet (07/19/24) Provides information about why and how CMS examines health equity using the disparity methods.	PDF	245 KB	<a href="#">Download</a>

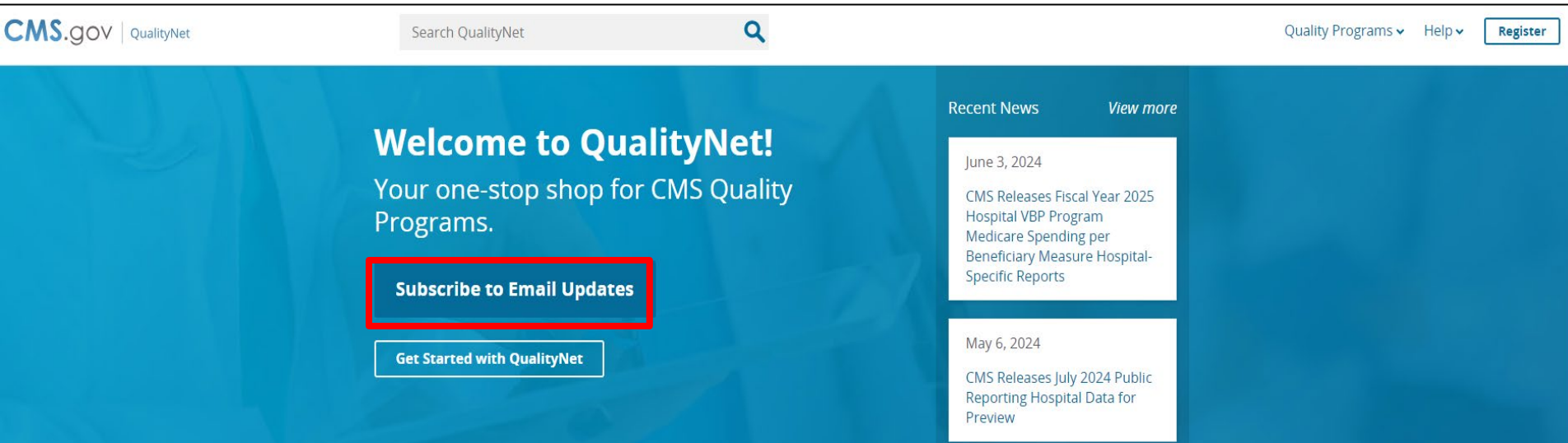
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## **QualityNet PCHQR Program Notifications and Question and Answer Tool**

# Subscribe to 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 is in the center with the text 'Search QualityNet' and a magnifying glass icon. 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 box containing the text 'Welcome to QualityNet! Your one-stop shop for CMS Quality Programs.' Below this is a red-bordered button labeled 'Subscribe to Email Updates' and a white-bordered button labeled 'Get Started with QualityNet'. To the right is a 'Recent News' section with a 'View more' link. It lists two news items: one dated June 3, 2024, about CMS releasing fiscal year 2025 hospital VBP program Medicare spending data, and another dated May 6, 2024, about CMS releasing July 2024 public reporting hospital data for preview.

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June 3, 2024

CMS Releases Fiscal Year 2025 Hospital VBP Program Medicare Spending per Beneficiary Measure Hospital-Specific Reports

May 6, 2024

CMS Releases July 2024 Public Reporting Hospital Data for Preview



# User Information

## Sign Up for Email Updates

**Step 1:** Enter your name and email address

**Step 2:** Select the lists you would like to join (at least one must be selected).

**Step 3:** Click the "Sign Up" button. 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.

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

### User Information

Name \*

Email \*

# Program Selection and Sign Up

▼ Quality Reporting

**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.

«« « 1 2 3 » »»

[Sign Up](#) ←

# Accessing the QualityNet Question and 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'. The 'Help' link is highlighted with a red box. Below the navigation bar is a dropdown menu with a 'Close' button in the top right corner. The menu is organized into three columns:

- 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 (highlighted with a red box)
  - Ambulatory Surgical Centers
  - ESRD Facilities
  - Inpatient Psychiatric Facilities

# Ask a Question

## QualityNet Question and Answer Tool

The screenshot shows the CMS.gov QualityNet interface. At the top left, it says "CMS.gov | QualityNet". Below this are navigation links: "Quality Q&A Tool", "Ask a Question", "Browse Program Articles", and "My Questions". On the top right, there is a link for "How to Use this Tool". The main header area is blue and contains the text "Quality Question and Answer Tool" and "Your one-stop shop for CMS Quality Answers". Below this is a search bar with the placeholder text "Search for the answer to your question" and a search icon. At the bottom, there are three white boxes with icons and text: "Browse" (with a document icon) and "View existing articles"; "My Questions" (with a database icon) and "Both Old & New Q&A tools"; and "Ask a Question" (with a question mark icon) and "Submit a Question to CMS". The "Ask a Question" box is highlighted with a red border.

# Submit a Question

### QualityNet Question and Answer Site

**Submit a Question to Our Support Team**

**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 \(PDF\)](#).

\*Indicate required field

**Tell us about yourself.**


<p><small>First Name*</small></p> <input type="text" value="Limit 75 chars"/>	<p><small>Last Name*</small></p> <input type="text" value="Limit 75 chars"/>
<p><small>Email Address*</small></p> <input type="text" value="e.g. joe@domain.com"/>	<p><small>Confirm Email Address*</small></p> <input type="text"/>
<p><small>Phone Number</small></p> <input type="text" value="(XXX)XXX-XXXX"/>	<p><small>Extension</small></p> <input type="text" value="XXXXXXX"/>

**Question Details**


Program\*

 Topic\* || Subject\* | |
| Please describe your question\*  Enter your question for CMS (limit 4,000 chars) | |

I'm not a robot



reCAPTCHA  
Privacy - Terms

 **SUBMIT QUESTION**

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

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## **Closing Remarks**

# Disclaimer

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