PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

PCHQR Program: Practical Impacts of the FY 2019 IPPS/LTCH PPS Final Rule

Presentation Transcript

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Lisa Vinson:	Good afternoon and welcome to today's PPS-Exempt Cancer Hospital Quality Reporting, PCHQR, Program Outreach and Education Event entitled *PCHQR Program: Practical Impacts of the FY 2019 IPPS/LTCH PPS Final Rule*. My name is Lisa Vinson, and I will be the speaker for today's event. I serve as the Program Lead for the PCHQR Program within the Hospital Inpatient Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor. Last month, as you may recall, Caitlin Cromer and I presented to you the Fiscal Year 2019 final rule. Caitlin provided a review of the final rule and how the changes impacted the PCHQR Program. Today, we will be taking a closer look at these and other changes and what these changes mean for you as a participant in the PCHQR Program. I would like to emphasize that today's event will focus on specific portions of the PCHQR Program section of the final rule. Although we welcome those who are interested in the topics that will be covered during today's webinar, this information only pertains to those participating in the PCHQR Program. If you are not a participant in the PCHQR Program, please refer to your program-specific materials and/or reach out to your program-specific support contractor. As always, if you have questions about the content of today's presentation, you can submit them using the chat function. If time allows, we will respond to your inquiries during today's event. If time does not allow all questions to be answered during today's presentation, please remember that all questions and answers, as well as the slides, recording, and transcript for today's event will be posted on both *QualityNet* and *Quality Reporting Center*. Finally, during today's webinar, we will have polling questions to test your knowledge on the information provided. So, we hope that you are ready to be challenged. If you're not familiar with how this works, it is really simple, and I will provide a quick explanation. First, a question will appear at random with answer choices. Second, you will be given a few moments to make the best answer selection. Then, once the poll closes, you will be informed of the correct answer with a rationale along with a visual of the percentage of responses received for each answer choice. On our next slide, slide 6, we will take a look at the abbreviations and acronyms that will be used during today's event.

This slide should be very familiar to all of our regular attendees of the PCHQR Program Outreach and Education events. We provide this during each event to serve as a reference for you to use as we discuss our program. Some of the key abbreviations you will hear today include CAUTI, for catheter-associated urinary tract infection; CLABSI, for central line-associated bloodstream infection; FY, for fiscal year; IPPS, for Inpatient Prospective Payment System; LTCH, for Long-Term Care Hospital; NQF, for National Quality Forum; PPS, for Prospective Payment System; and OCM, for Oncology Care Measures. Slide 7, please.

The purpose of today's event is to provide a practical overview of the changes in the Fiscal Year 2019 IPPS/LTCH PPS Final Rule that impact PCHQR Program participants. As I mentioned earlier, we will be taking a closer look at these and other changes within the PCHQR Program along with providing practical information that you can put to use. Now, let's take a look at our objectives. Slide 8, please.

There are two main objectives for today's presentation. Our goal is that, upon completion of today's event, participants in the PCHQR Program will be able to summarize operational changes in the Fiscal Year 2019 IPPS/LTCH PPS Final Rule impacting the program, which includes expounding on some of the major sections of the final rule, and access and utilize the updated program resources available to you on *QualityNet* and *Quality Reporting Center*, such as the Measure Submission Deadline Tool and Program Manual. Next slide, please.

The publication of the Fiscal Year 2019 final rule is the foundation of today's presentation. As we related during last month's event and in case you need a refresher, the Fiscal Year 2019 final rule *Official [Federal] Register* version was published on August 17, 2018. On this slide, you are provided with a link which will take you directly to the *Federal Register* PDF version of the final rule, and the page numbers specific to the PCHQR Program are listed here as well. Slide 10, please.

There were many changes finalized that impacted the PCHQR Program, all of which we will be discussing today. We will start by focusing on five

of the ten major sections of the Fiscal Year 2019 final rule. On our next slide, slide 11, we will identify these sections.

As you may recall, the PCHQR Program portion of the final rule is broken down into ten major sections. However, we will only be highlighting five sections, and they are bolded and in blue for you on this slide. For now, we will start with Section 3, Retention and Removal of Previously Finalized Quality Measures for PCHs Beginning with the FY 2021 Program Year, but, first, I would like to ask Delana to provide our first polling question. Delana?

Delana Vath: Thank you, Lisa. Question 1: The PCHQR Program section in the Fiscal Year 2019 Inpatient Prospective Payment System/ Long-Term Care Hospital Prospective Payment System Final Rule can be found on which pages? Option 1: Pages 38411 through 38425; Option 2: 41609 through 41624; Option 3: 57182 through 57237; and Option 4: 49713 through 49723. I'll give you a few moments to select an answer.

Okay, Rachel**,** please close out the poll. Okay, great. So, overwhelmingly, you chose the correct answer, which is Option 2: Pages 41609 through 41624. Those pages of the Fiscal Year 2019 final rule are specific to the PCHQR Program. You can find a list of all final rule publications beginning with Fiscal Year 2013 through Fiscal Year 2019 with hyperlinks to the *Federal Register* version, along with a summary of the PCHQR Program changes and page numbers on the PCHQR Program pages at *QualityNet.org* and *QualityReportingCenter.com*. Back to Lisa.

Lisa Vinson: Thanks, Delana. Slide 12, please.

CMS adopted policies for measure retention and removal in the Fiscal Year 2017 final rule for the PCHQR Program to align with factors adopted for the Hospital IQR Program. The original seven factors were [the following]: Factor 1: Measure performance is topped out. Factor 2: A measure does not align with current guidelines or practice. Factor 3: A more broadly applicable measure or measure more proximal in time is available. Factor 4: Performance or improvement on a measure does not

result in better outcomes. Factor 5: A measure more strongly linked to outcomes is available. Factor 6: Collection or public reporting of a measure leads to negative unintended consequences, and Factor 7: It is not feasible to implement the measure specifications. In the Fiscal Year 2019 final rule, CMS finalized adoption of a new measure removal factor, Factor 8: The cost associated with a measure outweigh the benefit of its continued use in the program, effective October 1, 2018. CMS continues to strive to move the program forward in the least burdensome manner possible. Slide 13, please.

In the Fiscal Year 2019 final rule, CMS also finalized removal of four web-based structural measures, also known as Oncology Care Measures ,or OCMs, which are: Oncology: Radiation Dose Limits to Normal Tissues ,or NQF #0382, Oncology: Medical and Radiation - Pain Intensity Quantified, NQF #0384, Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Patients, or NQF #0389, and Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Patients, NQF #0390. It was determined through statistical analysis that these four measures were topped out and their removal would be effective for Fiscal Year 2021 Program Year. So, what does this mean for you, as a PCHQR Program participant, or, maybe more specifically, when is the last time to report these measures? The removal of these measures will take effect with treatment dates or encounters occurring as of January 1, 2019. Therefore, the last cohort to be reported to CMS for all four of these measures will be Quarter 4 2018, which is denoted on this slide by the red box. These measures are reported annually, stratified by quarter. Thus, the last reporting of data for NQF #0382, #0384, #0389 and #0390 measures will be August 15, 2019. Slide 14, please.

Section 4 addresses the addition of a new claims-based measure, as denoted by the red box on this slide, 30-Day Unplanned Readmissions for Cancer Patients, NQF #3188, beginning with the Fiscal Year 2021 Program Year. As you can see on this slide, the 30-Day Unplanned Readmissions for Cancer Patients measure is the second measure added under the Claims-Based Outcome Measures category, the first being the

Admissions and Emergency Department, or ED, Visits for Patients Receiving Outpatient Chemotherapy, also known as the OP Chemo measure, which was finalized for adoption in the PCHQR Program in the Fiscal Year 2017 final rule. Both are claims-based measures and, as a PCHQR Program participant, this means that CMS will calculate the measure results from the claims data you submit. Therefore, data submission by you is not necessary. Please note that the finalized data collection period for NQF #3188 is October 1, 2018, through September 30, 2019. Now for our second question, Delana.

Delana Vath: Thanks, Lisa. Question 2: Is the following statement true or false? Factor 8 will apply to potential measures for removal on a case-by-case basis.

Option 1: True; Option 2: False. Again, I'm just going to repeat that question. Is the following statement true or false? Factor 8 will apply to potential measures for removal on a case-by-case basis. So, I'll give you a few moments to select an answer. Rachel, please close out the poll.

Okay, awesome. Again, overwhelmingly, you selected the correct answer, which is Option 1: True. There were initially seven factors used in determining if a measure would be removed. Then, Factor 8, which is the cost associated with [the] measure outweigh the benefit of its continued use in the program, was finalized for inclusion in the PCHQR Program in the Fiscal Year 2019 final rule. This factor is effective October 1, 2018, which is the same effective date for this year's final rule. Back to you, Lisa.

Lisa Vinson: Thank you, Delana. On our next slide, we will discuss pubic display requirements.

Section 8 discusses the public display requirements for the PCHQR Program. As stated in the Fiscal Year 2019 IPPS/LTCH PPS Final Rule, CMS is required to establish procedures for making data submitted under the PCHQR Program available to the public, which ensures that a PCH has the opportunity to review the data that are to be made public with respect to the PCH prior to such data being publicly displayed. In the Fiscal Year 2018 final rule, CMS reiterated their policy to make data

available as soon as it is feasible during the year, starting with the first year for which data is published for each measure. Currently, there are four sets of measures publicly reported on *Hospital Compare* for the PCHs. They are: Cancer-Specific Treatment measures, or CSTs; previously-adopted OCMs; HCAHPS; and External Beam Radiotherapy for Bone Metastases, or EBRT. As illustrated on this slide, the year that each measure or measure set was added for public reporting is listed. You will also note that public reporting for the HAI measures have been deferred. CAUTI and CLABSI were initially deferred in the Fiscal Year 2017 IPPS/LTCH PPS Final Rule. However, in the Fiscal Year 2019 final rule, CMS finalized a modification to their proposal to delay reporting of the remaining HAI measures, which are SSI, MRSA, CDI, and HCP until Calendar Year 2019. Furthermore, CMS will provide performance data as soon as practicable. So, if there is usable data available sooner than Calendar Year 2019, it will be displayed on *Hospital Compare* via the next available refresh. Delana, may we have Question 3, please?

Delana Vath: Sure. Thanks, Lisa. Question 3: The new measure adopted for the Fiscal Year 2021 Program Year is which of the following?

Option 1: NQF #0215, or Proportion of Patients Who Died from Cancer Not Admitted to Hospice; Option 2: PCH-30 and PCH-31, or Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy; Option 3: NQF #3188, or 30-Day Unplanned Readmissions for Cancer Patients; or Option 4: NQF #0357, or SCIP - Infection-1: Prophylactic Antibiotics Received Within One Hour Prior to Surgical Incision. So, again, I'll give you a few moments to select an answer.

Okay, Rachel, please go ahead and close out our poll. Okay, great. The correct answer is Option 3: NQF #3188, or 30-Day Unplanned Readmissions for Cancer Patients. Great job, everybody.

NQF # 3188 is a claims-based measure. There is no data submission requirement for the PCHs, and the data collection period is October 1, 2018, through September 30, 2019. Back to you, Lisa.

Lisa Vinson: Great, thanks. Slide 16.

So, now, we will take a look at the practical applications to public reporting of the required PCHQR Program data. The original five OCMs and EBRT will continue to be updated annually for public reporting which is reflective of the annual reporting requirement in August of these measures by the PCHs. HCAHPS data will continue to be updated quarterly as the data [are] reported by your facility's vendor. As I stated previously, it was originally finalized in the Fiscal Year 2017 final rule that public reporting of CLASBI and CAUTI was deferred and continues to be. Public reporting of SSIs, CDI, MRSA, and HCP have also been deferred. Lastly, public reporting requirements have not yet been addressed to date for the Outpatient Chemo measure, four End-of-Life measures, and the newly-added 30-Day Unplanned Readmissions for Cancer Patients measure. In regard to these specific measures, CMS has not yet made a final determination on the public reporting timeline. However, they do anticipate doing so in future rulemaking. Of note, the three CSTs, although finalized for removal for reporting purposes, will still be publicly reported. As we will see on the next slide, once no more data [are] reported for the CSTs, these measures will be removed from *Hospital Compare*. Now for Question 4, Delana.

Delana Vath: Thanks, Lisa. Question 4: All five Oncology Care Measures, or OCMs, have been removed from the PCHQR Program. Is this true or false? Option 1: True; Option 2: False. I'll give you a few moments to select an answer. Rachel, please close out our poll.

Okay, great. Again, the correct answer was selected by the majority of our respondents. The correct answer is Option 2: False. Only four of the five OCMs will be removed. They are NQF #0382, Radiation Dose Limits to Normal Tissues; #0384, Pain Intensity Quantified; #0389, Avoidance of Overuse of Bone Scan for Staging Low Risk Patients; and #0390, Adjuvant Hormonal Therapy for High Risk Patients. For Fiscal Year 2021 Program Year, only one OCM remains, which is NQF #0383, Plan of Care for Pain. Back to Lisa.

Lisa Vinson:	Thank you. Slide 17, please.

This slide simply displays the measures and associated quarters for the schedule of upcoming *Hospital Compare* releases through October 2019. This is a great resource tool to keep handy to stay on track with what data will be displayed for your facility on *Hospital Compare* with the respective release date, which occurs every April, July, October, and, now, January. This table also clearly depicts the schedule for the CST measures that we discussed on the previous slide. You should note that four full quarters of data, specifically Quarters 1–4 2017, with Quarter 4 2017 being the last required CST data to be reported for PCH-1 and PCH-2, will be displayed in April of 2019. Therefore, that will be the last time these measures are displayed on *Hospital Compare* and will no longer appear or be published on *Hospital Compare* as of July 2019. Furthermore, PCH-3 will continue to be displayed through October 2019, which will be its last public display. Then, this data will no longer be published on the *Hospital Compare* website as of January 2020. Also, please keep in mind that, on the PCHQR Program page under the Resources and Tools link on *QualityReportingCenter.com* and Public Reporting link under the PPS-Exempt Cancer Hospital tab on *QualityNet.org,* there is a *Hospital Compare* Preview Report Resources Section that is updated with each release. There, you can find the *Hospital Compare* Preview Quick Reference Guide and Help Guide. Slide 18, please.

Section 9, the last section we will be discussing of the final rule, addresses the Form, Manner, and Timing of Data Submission. There were no proposed changes to previously finalized data submission requirements. This slide illustrates data submission requirements for the Fiscal Year 2021 Program Year. You will notice the CSTs are not listed on this slide as they were finalized for removal in the Fiscal Year 2018 final rule. However, the remaining two quarters of data for the Adjuvant Hormone Therapy, PCH-3, measure will be reported through February 2019 via the Web-Based Data Collection Tool, or WBDCT. In this year's final rule, publication for Fiscal Year 2019, as we discussed previously, four Oncology Care Measures were removed. Therefore, NQF #0383 and

EBRT data will be reported annually in August via the Web-Based Data Collection Tool. The HAI measures, CLABSI, CAUTI, SSIs, CDI, and MRSA data will be submitted quarterly, and the Influenza Vaccination of Healthcare Personnel, or HCP, measure data will be submitted annually all via the National Healthcare Safety Network, or NHSN, on your behalf by the CDC. The HCAHPS Survey data will continue to be submitted quarterly by your vendor. As the now six claims-based measures are new to the PCHQR Program, please remember that there will be no separate data submission requirements for the PCHs related to these measures. CMS will be calculating these measures using Medicare claims data. Lastly, the Data Accuracy and Completeness Acknowledgement, or DACA, is now submitted electronically via the *QualityNet Secure Portal*. All PCHs successfully submitted the DACA this past data submission period, which closed August 31. Delana, may we have Question 5, please?

Delana Vath: Sure. Thanks, Lisa. Question 5: Which of the following measure groups has public reporting been deferred [for]? I'll go ahead and repeat that question. Question 5: Which of the following measure groups has public reporting been deferred [for]? Option 1: CSTs; Option 2: OCMs; Option 3: HCAHPS; Option 4: HAIs. Again, I'll give you a few moments to select an answer. Okay, Rachel, please go ahead and close out our poll.

Great. The majority of you responded correctly. The correct answer is Option 4: HAIs. This measure group includes CAUTI, CLABSI, MRSA, CDI, SSI, and HCP. These measures are reported quarterly, with the exception of the HCP measure (which is submitted annually via the National Healthcare Safety Network). The CDC then transmits this data back to the CMS warehouse. Back to you, Lisa.

Lisa Vinson: Thank you. We will now turn our attention to the tools we provide to assist you in complying with program requirements. Now that we have reviewed the specific changes in the program due to the publication of the Fiscal Year 2019 rule, let's take a look at how these changes will be reflected in the resources that we provide to you as participants in the program. The PCHQR Program on *QualityNet* is a very valuable resource for program participants. As changes occur within the program, the available resources

and tools are updated accordingly. On our next series of slides, I will touch on some of the key resource documents and the updates you can expect to see. Next slide, please.

The PCHQR [Program] pages found on *QualityNet* under the PPS-Exempt Cancer Hospital tab are listed here at the top of this slide. The following updates for these pages to come are [the following]: A link to the Fiscal Year 2019 final rule on the Overview page will be added; the Measures page will include the finalized measure for inclusion in the PCHQR Program for Fiscal Year 2021, which is NQF #3188; the Data Collection page will now only include the measure specifications for Calendar Year 2018; the Data Submission page will have updated links to ensure you are directed to the most current resources, which then leads us to the Resources page, which offers links to resources and links to program-specific sources, specifically the bulleted items listed under Updated Resources on this slide. Here is where you can also find important forms such as the Hospital Contact Change Form, Measure Exception Form, and the Extraordinary Circumstances Exceptions, or ECE, Request Form. As for the updated resources listed on this slide, starting with the Program Manual, this document is updated biannually, and it will be published soon. Updates to the Program Manual, which are being addressed today, align with the Fiscal Year 2019 final rule, such as noting the removal of the four OCM measures, the addition of the new claims-based outcome measure, and will reflect some of the updated resources and tools we will be addressing on the subsequent slides. Please be on the lookout for communications notifying you when the Program Manual and the other resources are available to view. Let's pose another question for our attendees. Delana, Question 6, please.

Delana Vath: Great. Thanks, Lisa. Question 6: Is this statement true or false? Although the three CSTs were finalized for removal and data [are] no longer being collected for reporting purposes, they are still publicly reported on *Hospital Compare*. Option 1: True; Option 2: False.

I'm going to go ahead and repeat this one again. Is this statement true or false? Although the three CSTs were finalized for removal and data [are]

no longer being collected for reporting purposes, they are still publicly reported on *Hospital Compare*. Option 1: True; Option 2: False. I'll give you a few moments to select an answer. Rachel, please close out the poll.

Okay, great. Again, the majority of you responded with the correct answer. The correct answer is True, which is Option 1. PCH-1 and PCH-2, the colon and breast chemo measures respectively, were last reported on during this last data submission period, which closed on August 15, 2018. These measures will be displayed on *Hospital Compare* for the last time in April 2019. PCH-3, or the hormone measure, will be last reported on in February 2019 and will be publicly displayed for the last time on *Hospital Compare* in October 2019. Okay, back to you, Lisa.

Lisa Vinson: Now, we will move through the remaining slides of this section to take a look at how some of these web pages and updated resources will appear. The next two slides will focus on the Data Collection page located on *QualityNet*. This page houses important tools to allow program participants to accurately collect and report on the required data. On this page, you will find the Specifications Manual, Measure Information Forms, or MIFs, as indicated by the red box on this slide, and data collection tools. Currently, on the data collection page within the OCM and EBRT tables, the information under the Specifications Manual and MIFs column includes links to 2017 and 2018 information. With the new updates, this column will appear as displayed on this slide. The 2017 links will disappear, and only the 2018 information will be available. The 2017 data collection tools for OCMs and EBRT are being removed, as you reported data for care provided for these measures during the data submission period that closed August 15, 2018. There is one other update on this page that we will highlight on slide 22.

This slide illustrates how the new claims-based outcome measure, 30-Day Unplanned Readmissions for Cancer Patients, or NQF #3188, will appear on the PCHQR Program Data Collection page on *QualityNet* once updated. Again, remembering that these are claims-based measures, there is no data collection tool information, as this data will be submitted by the CMS contractor on behalf of the PCH. Also, of note, a future update will

happen once the Measure Information Form, or MIF, for NQF #3188 is available, as it is currently under development. This also applies to the EOL measures as well. The MIFs are currently still under development at this time. It's now time for another question. Delana, Question 7, please.

Delana Vath: Sure. Thanks, Lisa. Question 7: Various PCHQR Program resources can be found on which website or websites? Option 1: *QualityReportingCenter.com* or, as it's commonly referred to, QRC; Option 2: the *QualityNet Secure Portal*; Option 3: *QualityNet.org*; or Option 4: Options A and C, so 1 and 3. I'll give you a few minutes to select an answer. Okay, Rachel, please close out the poll.

Great. The majority of you got the correct answer. Option 4: Answers A and C. Both *QualityNet* and *Quality Reporting Center* are kept up-to-date with relevant PCHQR Program information. On both websites you can find an overview of the program, data collection tools, and program measure information. This is just a small list of what's available to you. Back to Lisa.

Lisa Vinson: Thanks, Delana. Slide 23. Here is the Measure Submission Deadlines by Due Date Table. We hope that you have been finding this tool useful in keeping track of which data are due and when the data are due by. I would like to highlight three key updates to this document which include: First, this table has been updated to include dates through January 2020. I would like to emphasize that, for the HCAHPS Survey data, the HCAHPS contractor has not yet specified future data submission due dates beyond April 3 of 2019. Hence, you will see two Xs for the July and October 2019 and January 2020 due dates. As based upon historical requirements, these months are when the data are due. Although not reflected on this slide, these specific due dates will be marked with a footnote indicating dates to be announced. Second, you will note that the Fiscal Year 2020 DACA deadline has been changed from August 31, 2019, to September 3, 2019. In an effort to reduce burden on facilities, this deadline date was changed from a weekend day to a standard business day. Third, a footnote has been added to the CAUTI and CLABSI measure column indicating that CMS has deferred finalization of policies regarding future use of these measures

in the PCHQR Program. It is anticipated that a final decision will be made no later than November 2018, most likely in the Calendar Year 2019 Outpatient Prospective Payment System/Ambulatory Surgical Center Final Rule publication. This information will be communicated once it's made available, and this tool will be updated accordingly. This document is available on both *QualityNet* and *Quality Reporting Center*. Slide 24, please.

This is another resource we hope that you have benefited from, the Web-Based Data Collection Tool, or WBDCT, Guideline by Due Date. This tool was first published back in March of 2017 when we released the Web-Based Data Collection Tool. This tool is invaluable when using the Web-Based Data Collection Tool as it makes it very easy to determine which fiscal year applies for the data you are reporting on. The newly updated chart, which has changed considerably in size due to the removal of measures, will now include dates through the August 2021 data submission deadline. Again, of note, the colon and breast measures, or NQF #0223 and #0559, are not included since they were last reported on in August of 2018. Only the hormone measure is listed, starting with our next data submission period, which closes November 15, 2018. Then, the hormone data will be last reported in February of 2019. Then, the five OCMs and EBRT are listed starting August 15, 2019, and, as previously discussed, finalized in this year's final rule publication, four OCMs have been removed from the program with data collection stopping as of the Calendar Year 2019, which is January 1, 2019, through December 31, 2019. There will be only two measures reported annually in August via the Web-Based Data Collection Tool, Plan of Care for Pain, NQF #0383, measure and EBRT measure, or PCH 25. This document is also available on *QualityNet* and *Quality Reporting Center*. Slide 25, please.

This reference document, known as the PCHQR Program Relationship Matrix of Program Measures by Years and Quarters, contains a wealth of information. This is a snippet of one page from the updated document that displays the CSTs. Another great illustration that shows the reporting period for these measures has ended as of Quarter 4 2017, or August 15,

2018, but public reporting continues, as the respective quarters listed will be displayed in October 2018 and January and April 2019. The updates that have been made include the measure name column has been updated to include the claims-based measure, 30-Day Unplanned Readmissions for Cancer Patients, or NQF #3188, and the fiscal years have been extended through Program Year 2021. This is relevant due to this being the program year that the Fiscal Year 2019 final rule is effective for and, with extending the program year through 2021, naturally, the remaining columns were updated as well, such as past reporting periods. *Hospital Compare* release dates have been greyed out, and past quarterly data submission deadlines have been marked "PRIOR." This will allow you to easily identify which data submission requirements lie ahead in upcoming *Hospital Compare* releases, which have been updated as well. Also, the 2018 *Hospital Compare* release month has been changed to January 2019. Delana, may we have Question 8, please?

Delana Vath: Yes. Thanks, Lisa. Question 8: Which of the following is a claims-based measure and requires a PCH to submit data? A: NQF #3188, 30-Day Unplanned Readmissions for Cancer Patients; B: PCH-25, External Beam Radiotherapy for Bone Metastases, or as it's commonly referred to, EBRT; C: NQF #0216, Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days; or D: None of the Above. I'll give you a few moments to answer. Okay, Rachel, please close out the poll.

Okay, for this one, the correct answer was D: None of the Above. Now, this was not meant to be a trick question. However, you have to read it very carefully. Although there were two claims-based measures listed as possible answer choices, which were NQF #3188 and #0216, these claims-based measures do not require a PCH to submit data. CMS will calculate the measure results from the administrative claims data you submit. Okay, Lisa, back to you.

Lisa Vinson: Thank you. Slide 26, please. The last updated resource we will discuss is the Measure Crosswalk by Measure Type for Program or Fiscal Years 2016 through 2021. This is a four-page document that lists out the PCHQR Program measures beginning with Fiscal Year 2016. This

document has been updated to reflect changes in the Fiscal Year 2019 final rule, such as adding the Fiscal Year 2021 column and marking the appropriate measures not applicable, or N/A, which denotes that the measure is not applicable for the stated program year. So, for example, to align with the finalized changes in the Fiscal Year 2019 final rule, the four OCMs that were finalized for removal, NQF #0382, #0384, #0389, and #0390, have all been marked with a N/A under the Fiscal Year 2021 column. Also, under the claims-based outcome measure group, the new measure, NQF # 3188, was added with a checkmark under the Fiscal Year 2021 column since this measure applies to that fiscal year and N/A under Fiscal Years 2016, 2017, 2018, 2019, and 2020 were added. Please note that there is a footnote key on the last page of this document as there are various symbols used throughout. This key will assist you in determining what each symbol means. And now for our last question. Delana?

Delana Vath: Sure. Thanks, Lisa. Question 9: NQF #0383 and EBRT, or PCH-25, will be the only two annual data submissions via the Web-Based Data Collection Tool. Is that true or false? Option A: True. Option B: False. I'll give you a few minutes to respond. Rachel, please close out the poll.

Great, 100% of you answered the correct answer, which is A: True. As previously shown on the Web-Based Data Collection Tool Guideline by Due Date Table, you will note that as of August 15, 2020, Calendar Year 2019 data for NQF #0383 and EBRT will be due and [are] applicable for Fiscal Year 2021. This tool will be made available for your reference on both *QualityNet* and *Quality Reporting Center* websites. Back to you, Lisa.

Lisa Vinson: Thank you. Slide 27, please.

Well, that wraps up our review of the practical impacts of the Fiscal Year 2019 final rule. We will now spend a few moments looking at upcoming events and key dates for the PCHQR Program. Slide 28, please.

Here is a list of the upcoming PCHQR Program webinars. These are typically scheduled for the fourth Thursday of each month. However, for

the month of November, the fourth Thursday is Thanksgiving. Therefore, the event for that month will take place the following week on November 29. Then, as scheduled, our October event will take place on the fourth Thursday, which is October 25. As always, we will communicate the exact dates, title, purpose, and objectives for these events with you via ListServe starting approximately two weeks prior to the event. This slide also lists the upcoming data submission deadlines. The next data submission deadline is October 3 for Quarter 2 2018 HCAHPS Survey data which is to be submitted by your vendor. The review and correction period for this data is October 4 through October 10, 2018. Then, in November, there will be entry of the CST hormone measure data via the Web-Based Data Collection Tool, and the CDC will be submitting the HAI data you have entered into the NHSN system to include CAUTI, CLABSI, SSIs, MRSA and CDI. Slide 29, please.

In October, *Hospital Compare* will be refreshed on October 31, 2018, with the data shown on the slide. You had a chance to review this data during the preview period. For the January 2019 refresh, the preview period is scheduled to take place from November 17 through December 16, and the anticipated refresh will occur on January 30, 2019. You will soon receive ListServe communications specific to this preview period. Please remember that all dates for public reporting are subject to change. As we get closer to the preview periods and refresh dates, we will always notify you of the exact dates via ListServe. Next slide, please.

Lastly, we would like to provide a few updates regarding the Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy (the OP Chemotherapy measure). As mentioned earlier, this measure will not be publicly reported at this time. Therefore, the Facility Specific Reports, or FSRs, you will be receiving are solely for your confidential review. These reports are tentatively scheduled to be released in late October, which is next month, and you can expect to receive a ListServe communication prior to or once they are available. In addition to the ListServe communications, there will also be updated information available on the *QualityNet* PCHQR Program OP

Chemotherapy measure page. Again, you will be notified once this page has been updated. Slide 31, please.

Finally, here is how to access the PCH Questions and Answers Tool via the *QualityNet* home page. You can access this tool by clicking the PPS-Exempt Cancer Hospitals link, as indicated by the red box on this slide, to start the process. Please keep in mind that there is a first-time registration required if you are accessing this tool for the first time. Now, I will turn the presentation over to Deb Price who will explain the continuing education process.

Deb Price: Hi, everyone. Thanks for attending today's event, and the presentation has been approved for continuing education credits by the boards listed on this slide. If your board is not one of those boards listed, you can forward the certificate to your own board and see if they accept this certificate across state lines. Now, you can always reach out to me if you have issues.

There are three easy steps for completing your credits. The first step is to complete the survey at the end of this event. It'll automatically pop up. The second step is to register either as a New User or an Existing User on our HSAG Learning Management Center website. The third step is to print out your certificate from the website. One precaution for everyone is that this is a separate registration than the one that you used to get into the Ready Talk and the webinar. Also, we prefer that you use your personal email because your healthcare emails have blocks that seem to be blocking our automatic links.

Okay, this is what will pop up at the end of our slides. It's the bottom of the survey Finish the survey and click that grey button on the righthand bottom that says "Done."

This page will pop up. You note that there are two green links. The first one is the New User link. Please use that if you have had any kind of issues before or if you are a New User. The second link is the Existing User link. You use that if you haven't had any issues before.

Depending on the link that you clicked on, you will be taken to one of these screens. For the New User screen on the left use your personal email and the personal phone number. If you've had any problems getting your credit, please go back and use this New User screen. The Existing User screen on the right is for you to complete if you haven't had any problems with past events. Your complete email is your user name and that includes whatever is after the @ sign. Finally, we would like to thank everyone for attending today's event. If we didn't get to your question, all submitted questions relating to this webinar will be posted to our *QualityReportingCenter.com* website at a later date. Okay, now I'm going to pass the ball back to your team lead. Thank you for taking this time spent with me.

Lisa Vinson: We would like to thank each of you for your time, attention, and participation during today's presentation. We hope that the information provided was helpful and your interaction with the polling questions allowed you to gain and retain the important highlights.

Thank you again and enjoy the remainder of your day.