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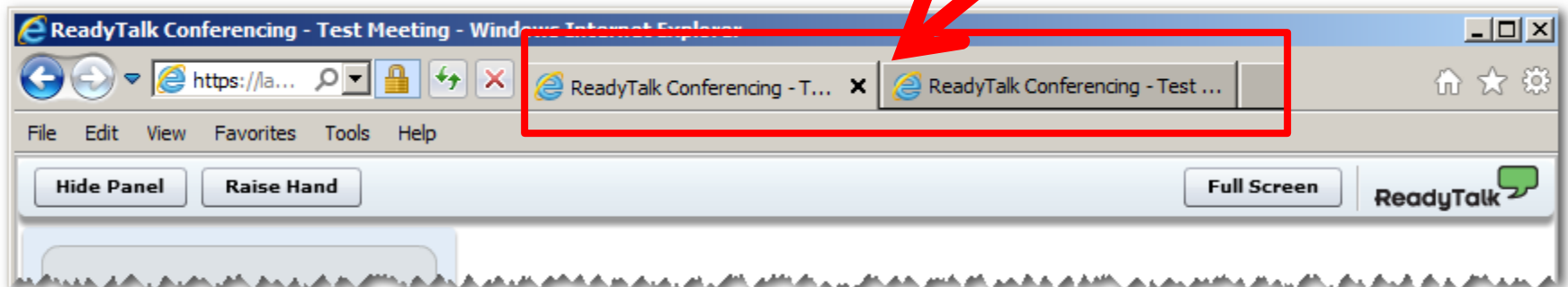


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PCHQR Program FY 2019 IPPS/LTCH PPS Final Rule

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Acronyms and Abbreviations

ACS	American College of Surgeons	HCP	healthcare personnel
ASC	ambulatory surgical center	HHS	U.S. Department of Health and Human Services
C4QI	Comprehensive Cancer Center Consortium for Quality Improvement	HSAG	Health Services Advisory Group
CAUTI	catheter-associated urinary tract infection	ICU	intensive care unit
CDC	Centers for Disease Control and Prevention	IPPS	Inpatient Prospective Payment System
CDI	<i>Clostridium difficile</i> infection	LTCH	long-term care hospital
CE	continuing education	MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
CLABSI	central line-associated bloodstream infection	NHSN	National Healthcare Safety Network
CMS	Centers for Medicare & Medicaid Services	NQF	National Quality Forum
CQMC	Core Quality Measure Collaborative	OCM	Oncology Care Measure
CST	Cancer-Specific Treatment	OPPS	Outpatient Prospective Payment System
CY	calendar year	PCH	PPS-Exempt Cancer Hospital
EBRT	external beam radiotherapy	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
ECE	Extraordinary Circumstances Exception	PPS	prospective payment system
ED	emergency department	Q	quarter
EOL	end-of-life	SC	support contractor
FY	fiscal year	SCIP	Surgical Care Improvement Project
HAI	healthcare-associated infection	SSI	surgical site infection
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	STS	Society of Thoracic Surgeons
		VIQR	Value, Incentives, and Quality Reporting

Purpose

This presentation will provide an overview of the Fiscal Year (FY) 2019 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) Final Rule with a focus on the impact of the changes on the PCHQR Program.

Objectives

By the end of this program participants will be able to:

- Locate the FY 2019 IPPS/LTCH PPS Final Rule text.
- Identify changes impacting the participants in the PCHQR Program.
- Summarize the CMS responses to comments received during the rulemaking process.

Previous Changes to the Measures of the PCHQR Program

The FY 2019 IPPS/LTCH Final Rule is the seventh rule addressing the PCHQR Program. Previous PCHQR-impacted rules include:

- [FY 2013 IPPS/LTCH PPS Final Rule](#) (77 FR 53555 through 53567)
 - Five (two healthcare-associated infection [HAI] and three Cancer-Specific Treatment [CST]) quality measures were finalized for the FY 2014 program and subsequent years.
- [FY 2014 IPPS/LTCH PPS Final Rule](#) (78 FR 50837 through 50853)
 - One new HAI quality measure (surgical site infection [SSI]) was finalized for the FY 2015 program and subsequent years.
 - Twelve (five Clinical Process/Oncology Care Measures [OCMs], six Surgical Care Improvement Project [SCIP], and one Hospital Consumer Assessment of Healthcare Providers and Systems [HCAHPS]) new quality measures for the FY 2016 program and subsequent years were finalized.
- [FY 2015 IPPS/LTCH PPS Final Rule](#) (79 FR 50277 through 50286)
 - One new Clinical Effectiveness measure (external beam radiotherapy [EBRT]) was finalized for the FY 2017 program and subsequent years.

Previous Changes to the Measures of the PCHQR Program (continued)

- [FY 2016 IPPS/LTCH PPS Final Rule](#) (80 FR 49713 through 49723)
 - Two new outcome measures (Methicillin-resistant *Staphylococcus aureus* [MRSA] and *Clostridium difficile* infection [CDI]) and one process measure (Influenza Vaccination Coverage Among Healthcare Personnel [HCP]) were finalized for the FY 2018 program and subsequent years.
 - SCIP measures were removed as of October 1, 2016.
- [FY 2017 IPPS/LTCH PPS Final Rule](#) (81 FR 57182 through 57193)
 - One new claims-based outcome measure (Admissions and Emergency Department [ED] Visits for Patients Receiving Outpatient Chemotherapy) was added for FY 2019.
 - Diagnosis cohort for National Quality Forum (NQF) #0382 expanded to include patients with breast and rectal cancer effective for patients treated in Calendar Year (CY) 2017 and applying to FY 2019.
- [FY 2018 IPPS/LTCH PPS Final Rule](#) (82 FR 38411 through 38425)
 - Three CST measures were removed from the program effective for diagnoses occurring January 1, 2018.
 - Four new end-of-life (EOL) claims-based measures (NQF #0210, #0213, #0215 and #0216) were added to the program for the FY 2020 program and subsequent years.

FY 2019 IPPS/LTCH PPS Final Rule Publication

The official [*Federal Register*](#) (83 FR 41144) version published on August 17, 2018. The PCHQR Program is on pages 41609–41624.

FY 2019 IPPS/LTCH PPS Final Rule

Content Changes Impacting the PCHQR Program

Major Sections of the Rule

1. Background
2. Factors for Removal and Retention of PCHQR Program Measures
3. Retention and Removal of Previously Finalized Quality Measures for PPS-Exempt Cancer Hospitals (PCHs) Beginning With the FY 2021 Program Year
4. New Quality Measures Beginning With the FY 2021 Program Year
5. Accounting for Social Risk Factors in the PCHQR Program
6. Possible New Quality Measure Topics for Future Years
7. Maintenance of Technical Specifications for Quality Measures
8. Public Display Requirements
9. Form, Manner, and Timing of Data Submission
10. Extraordinary Circumstances Exceptions (ECE) Policy Under the PCHQR Program

1. Background

Under the new Meaningful Measures Initiative, CMS made an effort to ensure that the PCHQR Program measure set continues to promote improved health outcomes for beneficiaries while minimizing the burden associated with:

- Submitting/reporting quality measures.
- Complying with other programmatic requirements.
- Compliance with other federal and/or state regulations (if applicable).

2. Factors for Removal and Retention of PCHQR Program Measures

A measure may be considered for removal based on the following factors:

1. Performance is “topped-out”
2. Does not align with current guidelines or practice
3. A more broadly applicable measure or a measure more proximal in time is available
4. Does not result in better outcomes
5. A measure more strongly linked to outcomes is available
6. Measure leads to negative unintended consequences
7. Not feasible to implement

2. Factors for Removal and Retention of PCHQR Program Measures

Even when a measure meets some of the criteria for removal, CMS may have reasons for retaining it in the PCHQR Program. The measure may:

- Align with other CMS and U.S. Department of Health and Human Services (HHS) policy goals.
- Align with other CMS programs, including other quality reporting programs.
- Support efforts to move the PCHs toward electronic reporting.

New Measure Removal Factor

Factor 8: The costs associated with a measure outweigh the benefit of its continued use in the program.

- Removal of measures based on this factor would occur on a case-by-case basis.
- Goals:
 - Move the program forward in the least burdensome manner possible.
 - Incentivize improvement in the quality of care provided to patients.

Comments and Responses on New Measure Removal Factor

- Comments:
 - New factor helps streamline CMS quality programs.
 - CMS could identify ways to gather appropriate data by different means to avoid gaps in measure set.
 - Transparent process is required to weigh the patient benefit against the cost.
 - Assessment of value must be transparent with clear prioritization of the needs of patients and consumers.
- Responses:
 - CMS is appreciative of support.
 - Factor 8 will serve to balance the costs of ongoing maintenance, reporting/collection, and public reporting with benefits associated with the reporting of that data.
 - CMS will prioritize the impact on patients when assessing the adoption and/or retention of quality metrics.

3. Retention and Removal of Previously Finalized Measures for PCHs Beginning with the FY 2021 Program Year

The following “topped-out” web-based structural measures were proposed for removal in the FY 2021 Program Year:

- Oncology: Radiation Dose Limits to Normal Tissues (NQF #0382/PCH-14)
- Oncology: Medical and Radiation - Pain Intensity Quantified (NQF #0384/PCH-16)
- Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients (NQF #0390/PCH-17)
- Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients (NQF #0389/PCH-18)

Rationale for Removal of Web-Based Structural Measures

- Based on analysis from January 1, 2015 through December 31, 2016, CMS determined these measures met the “topped-out” criteria.
- Collecting data on these measures does not further program goals of improving quality.
- Additionally, these measures **do not**:
 - Meet the criteria for retention.
 - Align with the HHS and CMS policy goal to focus on outcome measures.
 - Align with measures used in other CMS programs.
 - Support CMS efforts to develop electronic clinical quality measure reporting for PCHs.

Comments and Responses on Removal of Web-Based Structural Measures

Comments:

- Removal will help reduce administrative burden of the PCHQR Program.
- NQF #0389 should be retained since the measure is a part of Core Quality Measure Collaborative (CQMC) Oncology measure set.
- NQF #0384 should be retained since it is paired with NQF #0383.

Responses:

- CMS thanked commenters for support.
- CMS believes removal of NQF #0389 aligns with one of the governing tenets of the CQMC: Promotion of measurement that is evidence-based and generates valuable information for quality improvement
- NQF #0384 measure is duplicative as a plan of care for pain measure.
- CMS will monitor for unintended consequences.

Removal of NHSN Chart-Abstracted Measures

CMS proposed to remove two National Healthcare Safety Network (NHSN) chart-abstracted measures from the PCHQR Program if measure removal Factor 8 is finalized:

- NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome measure (NQF #0138/PCH-5)
- NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome measure (NQF #0139/PCH-4)

Rationale for Removal of NHSN Chart-Abstracted Measures

- Burden associated with these measures outweighs the benefit of their continued use in the PCHQR Program.
- Removal will reduce program burden and complexity.
- PCHs unable to publicly report CAUTI and CLABSI data due to:
 - Low volume of data produced and reported by the 11 PCHs.
 - Lack of an appropriate methodology to publicly report this data.

Discussion on Removal of NHSN Chart-Abstracted Measures

- CMS is conducting additional data analyses to assess measure performance based on new information provided by the Centers for Disease Control and Prevention (CDC).
- Comments received will be reconciled on the proposed removal of CAUTI and CLABSI outcome measures in a future 2018 final rule.
 - This will most likely occur in the CY 2019 Outpatient Prospective Payment System/Ambulatory Surgical Center (OPPS/ASC) Final Rule targeted for release no later than November 2018.
 - Deferral will not affect PCH data submission since CMS proposed to end data collection beginning in CY 2019.

4. New Quality Measures Beginning with the FY 2021 Program Year

- The FY 2013, 2014, and 2015 IPPS/LTCH PPS Final Rules outlined the principles taken into consideration when developing and selecting measures, which align with those used in the Hospital Inpatient Quality Reporting Program.
- The proposed rule discussed the Meaningful Measures Initiative and its relation to CMS assessment and selection of quality measures for the PCHQR Program.
- Section 1866(k)(3)(A) of the Social Security Act requires the endorsement of PCHQR Program measures by an entity with a contract under section 1890(a) (currently NQF).
- Section 1866(k)(3)(B) of the Act provides an exception that the Secretary may specify a measure not so endorsed by the approved entity as long as due consideration is given to existing endorsed or adopted measures.

New Quality Measure: 30-Day Unplanned Readmissions for Cancer Patients

In alignment with Section 1866(k)(3)(A) of the Act (measures currently endorsed by the NQF), CMS proposed to adopt one claims-based measure beginning with the FY 2021 Program Year:

30-Day Unplanned Readmissions
for Cancer Patients (NQF #3188)

30-Day Unplanned Readmissions for Cancer Patients

- In 2012, the Comprehensive Cancer Center Consortium for Quality Improvement (C4QI) began development of a cancer-specific unplanned readmissions measure which:
 - Addresses gaps in existing readmission measures related to the evaluation of hospital readmissions associated cancer patients.
 - Intends to assess the rate of unplanned readmissions among cancer patients treated at PCHs and to support improved care delivery and quality of life for this patient population.
- Numerator includes all eligible unplanned readmissions to the PCH within 30 days of the discharge date from an index admission to the PCH that is included in the denominator.
- Denominator includes inpatient admissions for all adult Medicare beneficiaries where the patient is discharged from a PCH with a principal or secondary diagnosis of malignant cancer (cohort).
- View measure specifications at:
<http://www.qualityforum.org/ProjectMeasures.aspx?projectId=86089>

Comments and Responses to Adoption of 30-Day Unplanned Readmissions for Cancer Patients

Comments:

- Inclusion will promote higher-value care for cancer patients and improve patient outcomes.
- Severity of illness related to cancer diagnosis may make it challenging to assign accountability.

Responses:

- The data collection period for FY 2021 Program Year is October 1, 2018 through September 30, 2019.
- One-year timeframe narrows the examination period making it easier to evaluate provider attribution.
- Measure excludes readmissions for patients readmitted for chemotherapy or radiation therapy treatment or with disease progression.

Summary of Finalized PCHQR Program Measures for the FY 2021 Program Year and Subsequent Years

Safety and HAI Measures

Short Name	NQF #	Measure Name
CAUTI*	0138	NHSN CAUTI Outcome Measure
CLABSI*	0139	NHSN CLABSI Outcome Measure
Colon and Abdominal Hysterectomy SSI	0753	American College of Surgeons (ACS)-CDC Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure (currently includes SSIs following Colon Surgery and Abdominal Hysterectomy Surgery)
CDI	1717	NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure
MRSA	1716	NHSN Facility-wide Inpatient Hospital-onset MRSA Outcome Measure
HCP	0431	NHSN Influenza Vaccination Coverage Among HCP

Summary of Finalized PCHQR Program Measures for the FY 2021 Program Year and Subsequent Years (Continued)

Clinical Process/Oncology Care Measures

Short Name	NQF #	Measure Name
N/A	0383	Oncology: Plan of Care for Pain—Medical Oncology and Radiation Oncology
EOL-Chemo	0210	Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life
EOL-Hospice	0215	Proportion of Patients Who Died from Cancer Not Admitted to Hospice

Intermediate Clinical Outcome Measures

Short Name	NQF #	Measure Name
EOL-ICU	0213	Proportion of Patients Who Died from Cancer Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life
EOL-3DH	0216	Proportion of Patients Who Died from Cancer Admitted to Hospice for Less than Three Days

Summary of Finalized PCHQR Program Measures for the FY 2021 Program Year and Subsequent Years (Continued)

Patient Engagement/Experience of Care Measures

Short Name	NQF #	Measure Name
HCAHPS	0166	HCAHPS Survey

Clinical Effectiveness Measure

Short Name	NQF #	Measure Name
EBRT	1822	External Beam Radiotherapy for Bone Metastases

Claims-Based Outcome Measures

Short Name	NQF #	Measure Name
N/A	N/A	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy
N/A	3188	30-Day Unplanned Readmissions for Cancer Patients**

* Deferring finalization of our policies regarding future use in the PCHQR Program until the CY 2019 OPSS/ASC Final Rule.

** Measure finalized for adoption for the FY 2021 Program Year and subsequent years.

5. Accounting for Social Risk Factors in the PCHQR Program

- NQF's two-year trial period ended April 27, 2017:
 - Trial concluded that “measures with a conceptual basis for adjustment generally did not demonstrate an empirical relationship” between social risk factors and the outcomes measured.
- Comments were generally supportive and encouraged CMS to:
 - Explore additional social risk factors, such as employment status, transportation, and type of residence.
 - Provide more transparency on its efforts to address this issue.
 - Continue working closely with measure stewards and other stakeholders in developing any permanent risk-adjusted changes.
- CMS is appreciative of support, opinions, and recommendations.

6. Possible New Quality Measure Topics for Future Years

- Measures supporting the following topics have been discussed:
 - Make care affordable
 - Communication and care coordination
 - Work with communities to promote best practices of healthy living
- CMS sought public comment on two measures:
 - Risk-Adjusted Morbidity and Mortality for Lung Resection for Lung Cancer (NQF #1790)
 - Shared Decision Making Process (NQF #2962)

Risk-Adjusted Morbidity and Mortality for Lung Resection for Lung Cancer

- Risk-Adjusted Morbidity and Mortality for Lung Resection for Lung Cancer (NQF #1790) is an outcome measure that assesses post-operative complications and operative mortality. Specifically, the number of patients 18 years or older undergoing elective lung resection for lung cancer who developed one of the postoperative complications listed in the measure specifications.
- Comments:
 - Comments were generally supportive.
 - CMS should consider whether data collection can be less burdensome due to participation in the Society of Thoracic Surgeons (STS) General Thoracic Surgery program.
 - CMS should consider the negative implications for lung cancer care in the absence of a lung cancer risk-adjusted model.
- Responses:
 - CMS will collaborate with the measure steward to ensure the measure calculation and risk-adjustment methodologies are thoroughly outlined.
 - The measure incorporates a lung cancer risk-adjusted model and accounts for patient characteristics, operative approach, and extent of pulmonary resection.

Shared Decision Making Process

- Shared Decision Making Process (NQF #2962) is a patient-reported outcome measure. Patients who have had any of the seven preference-sensitive surgical interventions are asked to report on their interactions with their providers when the decision was made to have the surgery.
- Comments:
 - Several commenters expressed support.
 - Allows for the opinion of the patient to be the determinant of their care.
 - Potential challenges with tracking, reporting, and validation related to how electronic health records are currently structured.
 - CMS should consider incorporating condition- or procedure-specific questions and using additional decision-making tools in conjunction with this measure.
- Response:
 - CMS will take these comments and recommendations into consideration should we propose to adopt this measure in the future.

Future Measurement Topic Areas

- CMS is currently assessing whether to redefine the scope of new quality metrics implemented in the PCHQR Program in future years. Specifically, whether the inclusion of more quality measures that examine general cancer care **or** more measures that examine cancer-specific clinical conditions is more beneficial.
- A few commenters expressed support for both general cancer care measures and cancer-specific clinical conditions. Other comments include:
 - Prioritize measure based on importance and utility of information assessed.
 - A move toward general measures is more appropriate and applicable to larger number of patients, providers, and practices.
 - Consider adopting measures that comprehensively evaluate the patient experience.
 - Develop more measures centered around EOL dialogue.
- Response:
 - We thank the commenters and will consider their views as we develop future policy regarding inclusion of quality measures that examine general cancer care versus cancer-specific clinical conditions.

7. Maintenance of Technical Specifications for Quality Measures

- The technical specifications for the PCHQR Program measures are maintained on [QualityNet](#) on the [Data Collection](#) page.
- CMS adopted a policy for using a sub-regulatory process to make non-substantive updates to program measures in the FY 2015 IPPS/LTCH PPS Final Rule.

8. Public Display Requirements

- CMS is required to establish procedures for making the data submitted under the PCHQR Program available to the public.
- A PCH must have the opportunity to review the data prior to such data being made available to the public.
- CMS strives to publicly display data as soon as possible/feasible.

Deferment of Public Display of Four Measures

- Performance data for the SSI, MRSA, CDI, and HCP measures are new and do not span a long enough measurement period to determine statistical significance. By FY 2019, two years of comparable data will have been compiled to assess trends.
- Comments:
 - Comments were generally supportive.
 - Delaying public reporting of HCP measure could negatively affect patients in the cancer hospital setting.
- Responses:
 - CMS appreciative of support.
 - CMS wants to ensure that information provided to consumers is adequate and accurate.
 - Reiterated since performance data for these measures is new and unable to draw statistical significance at this point, proposal will be modified to provide stakeholders with performance data as soon as practicable.

Clarification of Public Display of EBRT Measure

- In the FY 2015 IPPS/LTCH PPS Final Rule, CMS finalized that PCHs would begin reporting the EBRT measure effective for January 1, 2015 discharges and subsequent years.
 - Data would be reported annually via the CMS Web-Based Data Collection Tool.
- In the FY 2017 IPPS/LTCH PPS Final Rule, CMS-finalized data would be publicly displayed during CY 2017.
 - EBRT data were publicly reported on [Hospital Compare](#) in December 2017.
- CMS anticipates an update to EBRT data to be available in December 2018.

FY 2021 Program Year Public Display Requirements

Measures	Time
<ul style="list-style-type: none"> HCAHPS Survey (NQF #0166) Oncology: Plan of Care for Pain—Medical Oncology and Radiation Oncology (NQF #0383) 	2016 and subsequent years
<ul style="list-style-type: none"> ACS-CDC Harmonized Procedure Specific SSI Outcome Measure (currently includes SSIs following Colon Surgery and Abdominal Hysterectomy Surgery) (NQF #0753)* NHSN Facility-wide Inpatient Hospital-Onset MRSA Bacteremia Outcome Measure (NQF #1716)* NHSN Facility-wide Inpatient Hospital-Onset CDI Outcome Measure (NQF #1717)* NHSN Influenza Vaccination Coverage Among HCP (NQF #0431)* CLABSI (NQF #0139)** CAUTI (NQF #0138)** 	*Deferred
EBRT	2017 and subsequent years

* Newly finalized in this FY 2019 IPPS/LTCH PPS Final Rule.

** Deferring finalization of our policies regarding future use in the PCHQR Program until the CY 2019 OPPS/ASC Final Rule. Public reporting of these measures was deferred in the FY 2017 IPPS/LTCH PPS Final Rule (81 FR 57192).

9. Form, Manner, and Timing of Data Submission

- Current data-submission requirements for the PCHQR Program are on [QualityNet](#) under the [Resources](#) page.
- Under the proposed reporting requirement for the 30-Day Unplanned Readmissions for Cancer Patients measure for the FY 2021 Program Year, data would be collected from October 1, 2018, through September 30, 2019.
- The comment received was supportive of the proposed timeframe.

10. Extraordinary Circumstances Exceptions Policy Under the PCHQR Program

- In the FY 2014 IPPS/LTCH PPS Final Rule, CMS established the Extraordinary Circumstances Exception (ECE) process.
- In the FY 2018 IPPS/LTCH PPS Final Rule, CMS finalized modifications to the ECE policy:
 - Extend deadline to request exception or exemption from 30 to 90 days.
 - Allow CMS to grant an exception or extension due to CMS data system issues that affect data submission.
 - Strive to provide a CMS response to an ECE request within 90 days of receipt.

FY 2019 IPPS/LTCH PPS Final Rule

Key Dates and Reminders

Upcoming PCHQR Program Events and Deadlines

- Events
 - September 27, 2018 Outreach and Education webinar
 - October 25, 2018 Outreach and Education webinar
- Deadlines
 - August 31, 2018
 - FY 2019 Data Accuracy and Completeness Acknowledgement
 - October 3, 2018
 - Quarter (Q) 2 2018 HCAHPS Survey Data
 - November 15, 2018
 - Q3 2017 CST hormone data
 - Q2 2018 HAI data

Hospital Compare Key Dates

- **October 2018**

- 3Q 2016 through 2Q 2017 CST colon and breast data
- 1Q 2016 through 4Q 2016 CST hormone data
- 1Q 2017 through 4Q 2017 HCAHPS Survey data
 - Preview period will close August 25, 2018.
 - Tentative *Hospital Compare* refresh is October 31, 2018.

- **January 2019**

- 4Q 2016 through 3Q 2017 CST colon and breast data
- 2Q 2016 through 1Q 2017 CST hormone data
- 2Q 2017 through 1Q 2018 HCAHPS Survey data
- 1Q 2017 through 4Q 2017 OCM and EBRT data
 - Preview period tentatively scheduled October 26–November 24, 2018.
 - Anticipated *Hospital Compare* refresh is January 30, 2019.

Accessing the *QualityNet* Questions and Answers Tool

[QualityNet Questions and Answers Tool](#)

The screenshot displays the QualityNet website interface. At the top left is the QualityNet logo. To its right is a search bar and a link to "Log in to QualityNet Secure Portal (formerly MyQualityNet)". Below this is a navigation bar with tabs for "Home", "My QualityNet", and "Help". A secondary navigation bar lists various facility types: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement".

The main content area features a "QualityNet News" section with a "More News »" link. The primary news item is titled "CMS releases December 2017 Hospital Compare preview reports". The text below the title states: "The Centers for Medicare & Medicaid Services (CMS) is making the December 2017 Hospital Compare preview reports available on QualityNet on October 2, 2017. The preview reports are for hospitals and facilities participating in the Inpatient Quality Reporting (IQR), Outpatient Quality Reporting (OQR), Inpatient Psychiatric Facility Quality Reporting (IPFQR) and PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Programs." It further notes that reports will be available from October 2 through October 31 and encourages early access.

A sidebar on the left contains three sections: "QualityNet Registration" (listing Hospitals - Inpatient, Outpatient, Physician Offices, ASCs, Cancer Hospitals, ESRD Facilities, Inpatient Psychiatric Facilities, and QIOs), "Getting Started with QualityNet" (listing Registration, Sign-In Instructions, Security Statement, Password Rules, and Security Policy PDF), and "Join ListServes" (listing Sign up for Notifications and Discussions).

On the right side, there is a "Log in to QualityNet Secure Portal" section with a "Login" field and links to "Download Symantec ID (required for login)", "Portal Resources", and "Secure File Transfer Resources". Below this is a "Questions & Answers" section with a list of categories: "Hospitals - Inpatient", "Hospitals - Outpatient", "Ambulatory Surgical Centers", "Inpatient Psychiatric Facilities", and "PPS-Exempt Cancer Hospitals". The "PPS-Exempt Cancer Hospitals" item is highlighted with a red rectangular box. A "Note" below indicates "First-time registration required". At the bottom right is a "Downloads" section.

Continuing Education

This event has been pre-approved for 1.0 continuing education (CE) unit by the national Board of Registered Nursing (Provider #16578).

Please Note: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

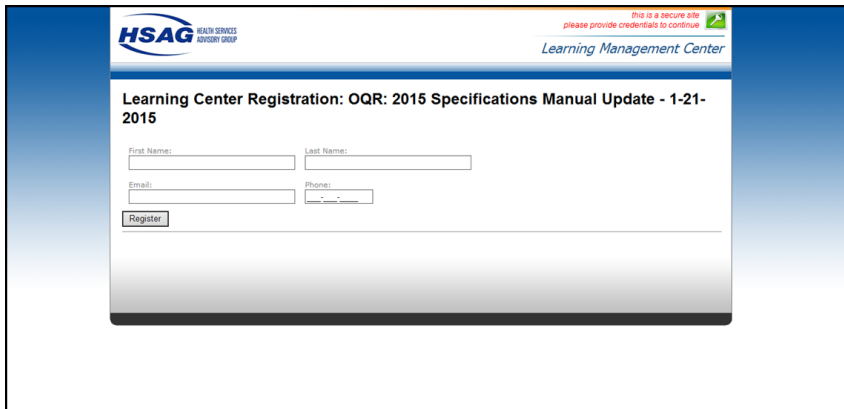
- Report your credit to your own board.
- Complete the survey and register for credit.
- Registration is automatic and instantaneous.

Please download your continuing education certificate for your records. HSAG retains attendance records for four years, not certificates.

Register for Credit

New User

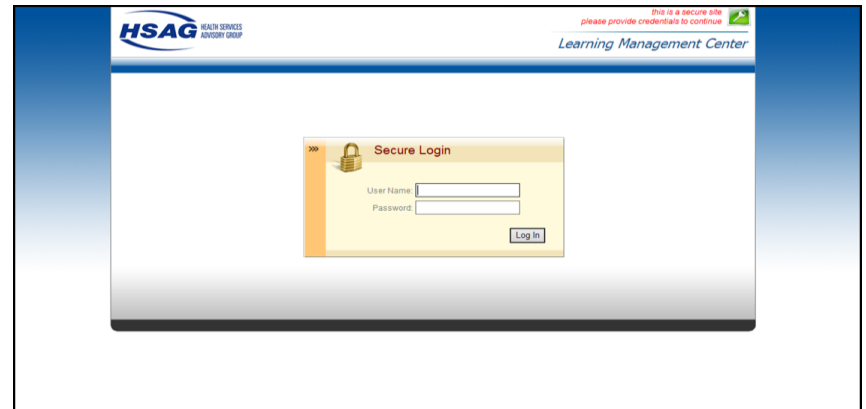
- Use personal email and phone.
- Go to email address and finish process.



The screenshot shows the registration page for the Learning Management Center. At the top, there is a blue header with the HSAG logo (Health Services Advisory Group) and the text "Learning Management Center". A red warning message at the top right reads "this is a secure site please provide credentials to continue". The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". Below the title, there are four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". A "Register" button is located at the bottom left of the form area.

Existing User

- Entire email is your user name.
- You can reset your password.



The screenshot shows the secure login page for the Learning Management Center. At the top, there is a blue header with the HSAG logo and the text "Learning Management Center". A red warning message at the top right reads "this is a secure site please provide credentials to continue". The main content area features a yellow box titled "Secure Login" with a padlock icon. Inside the box, there are two input fields: "User Name:" and "Password:". A "Log In" button is located at the bottom right of the yellow box.

FY 2019 IPPS/LTCH PPS Final Rule

Closing Remarks

Disclaimer

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