PPS- Exempt Cancer Hospital Quality Reporting (PCHQR) Program Measure Submission Deadlines by Due Date

Data must be submitted no later than 11:59 p.m. Pacific Time on the submission deadline. Only data submitted according to CMS established deadlines qualify for inclusion in the PCHQR Program. The reference periods noted for CLABSI, CAUTI, SSI, MRSA Bacteremia, and CDI refer to event dates; the reference periods for the other measures denote designated measure periods (patient visit, discharge date, etc.). For complete measure titles and NQF designations, please visit the *QualityNet* PCHQR Program Measures web page.

Due Date	CLABSI/CAUTI/ SSI/MRSA/CDI*	HCP Flu Vac*	HCAHPS	OCM†‡ (PCH-15 only)	DACA
11/16/2020	Q2 2020** (4/1–6/30)	N/A	N/A	N/A	N/A
02/08/2021	N/A	N/A	Q3 2020**** (7/1–9/30)	N/A	N/A
03/18/2021	Q3 2020**** (7/1–9/30)	N/A	N/A	N/A	N/A
04/07/2021	N/A	N/A	Q4 2020 (10/1–12/31)	N/A	N/A
05/17/2021	Q4 2020 (10/1–12/31)	Q4 2020-Q1 2021 (10/1/20–3/31/21)	N/A	N/A	N/A
07/07/2021 [§]	N/A	N/A	Q1 2021 (1/1–3/31)	N/A	N/A
08/16/2021	Q1 2021 (1/1–3/31)	N/A	N/A	CY 2020*** (1/1–12/31)	N/A
08/31/2021	N/A	N/A	N/A	N/A	For FY 2022
10/06/2021§	N/A	N/A	Q2 2021 (4/1–6/30)	N/A	N/A
11/15/2021	Q2 2021 (4/1–6/30)	N/A	N/A	N/A	N/A

 $\textbf{Note:} CMS \ finalized \ removal \ of \ the \ EBRT \ measure \ in \ the \ FY \ 2020 \ IPPS/LTCH \ PPS \ Final \ Rule \ with \ patient \ encounters \ beginning \ January \ 1,2020.$

§ Dates estimated based on past requirements. Exact dates will be provided as they become available.

[‡] Annual submission, stratified by quarter

CAUTI	Catheter-Associated Urinary Tract Infection	HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
CDI	Clostridium difficile Infection	HCP	Flu Vac Influenza Vaccination Coverage Among Healthcare Personnel
CLABSI	Central Line-Associated Bloodstream Infection	MRSA	Methicillin-resistant Staphylococcus aureus
CMS	Centers for Medicare & Medicaid Services	NQF	National Quality Forum
CY	Calendar Year	OCM	Oncology Care Measure
DACA	Data Accuracy and Completeness Acknowledgement	Q	quarter
EBRT	External Beam Radiotherapy for Bone Metastases	SSI	Surgical Site Infection
FY	Fiscal Year		

 $^{* \} Data \ is \ submitted \ to \ the \ Centers \ for \ Disease \ Control \ and \ Prevention \ via \ the \ National \ Health care \ Safety \ Network.$

^{**} These performance periods are impacted by the ECE granted by CMS in relation to the COVID-19 Public Health Emergency (PHE) on $\underline{\text{March 22}}$, $\underline{\text{2020}}$, $\underline{\text{March 27, 2020}}$, and further specified by CMS on $\underline{\text{May 12, 2020}}$.

 $^{***}Q1\ 2020\ and\ Q2\ 2020\ are\ excepted\ under\ the\ COVID-19\ blanket\ waiver\ referenced\ above.$

^{****}These due dates include a one-month reporting extension due to the ongoing COVID-19 PHE.

[†] Submitted to CMS via the Hospital Quality Reporting system at https://hqr.cms.gov/hqrng/login