Reference #: 2021-38-PCH

From: Quality Reporting Notifications

Sent: July 29, 2021 To: PCH Listserve

Subject: Facility-Specific Reports for PCH-36

The Centers for Medicare & Medicaid Services (CMS) is providing facilities with a Facility-Specific Report (FSR) with information on the 30-Day Unplanned Readmissions for Cancer Patients measure (**PCH-36**, **Cancer Readmission Measure**) for fiscal year (FY) 2022 payment determination.

The FSR is a Microsoft Excel file that contains measure performance results, national results, detailed patient-level data used to calculate the cancer measure results, and a summary of each facility's case mix.

As announced by CMS on March 22, 2020, data from encounters occurring during January-June 2020 will not be used for all claims-based measures in payment programs because of the COVID-19 pandemic. As a result, the FSR is based on claims for procedures that occurred during October 1, 2019 through December 1, 2019 and July 1, 2020 through September 30, 2020. The FSR provides facilities with an opportunity to review their results prior to their use for FY 2022 payment determination. CMS encourages facilities to thoroughly review their FSR and accompanying User Guide.

Information about the measure is available on *QualityNet* at:

https://qualitynet.cms.gov/ > PPS-Exempt Cancer Hospitals > Measures > Cancer Readmission Measure > Learn More

Accessing Your Facility-Specific Report

Please note the FSR is available for download through a Managed File Transfer (MFT) account.

Registered users who have Managed File Transfer (MFT) basic user access and have been granted the "Auto-Route (PCHQR)" permission by their organization's Security Administrator/Official (SA/O) will receive an Auto Route File Delivery Notification email indicating that the FSR is available. FSRs will be accessible by logging into the MFT Dashboard and entering your HCQIS Access Role and Profile (HARP) username and password. From there, click on Mail in the left-hand navigation pane and locate your FSR in the Inbox folder.

Please contact the Security Administrator/Official for your organization to confirm that you have been assigned the proper permissions to receive your FSR.

Facilities must first obtain a HARP ID and register for a HARP account by visiting the <u>HARP ID Help Page</u>. Once facilities establish a HARP account, log into HARP and request a User Role for either Security Officer (SO) or Web User. If facilities have problems accessing their FSR, they should contact the *QualityNet* Help Desk at <u>gnetsupport@hcqis.org</u>.

Facilities that already have a HARP ID can register for a *HARP* account by visiting the *HARP Help Page* (https://harp.cms.gov/login/help) and selecting the "How do I create a HARP account?" FAQ under HARP Registration, or by contacting the QualityNet Help Desk at https://harp.cms.gov/login/contact.

Other Notes

- Your facility will <u>not</u> receive an FSR if:
 - o Your facility was not open during the FSR reporting period;
 - Your facility did not have any eligible cases for the measures during the FSR reporting period; and/or
 - Your facility did not have a HARP and MFT account with the appropriate designated roles.
- A mock FSR with simulated facility-level data is available on QualityNet at:
 - Cancer Readmission Measure (PCH-36): https://qualitynet.cms.gov > PPS-Exempt Cancer Hospitals> Measures> Cancer Readmission Measure> Learn More> Reports
- The FSR will also be accompanied by a User Guide which will help facilities interpret the information in the FSR.
- Please do not respond directly to this email; this email box is not monitored. Facilities may submit questions and comments via the QualityNet Question and Answer Tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa
- Do NOT submit patient-identifiable information (such as Date of Birth, Social Security Number, Health Insurance Claim Number, Dates, or other identifying information) in your correspondence. Sending screenshots and/or describing a patient listed in your FSR is considered Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA).