



PCHQR Program: FY 2024 IPPS/LTCH PPS Proposed Rule

Ora Dawedeit, MHA

Program Lead, PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program
Division of Value-Based Incentives and Quality Reporting
Quality Measurement and Value-Based Incentives Group
Center for Clinical Standards and Quality, Centers for Medicare & Medicaid Services (CMS)

Lisa Vinson, BS, BSN, RN

Program Lead, PCHQR Program
Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor

May 25, 2023

Question and Answer Limitations

- CMS can only address procedural questions about comment submissions.
- CMS cannot address any rule-related questions.
- We appreciate your understanding of these constraints.
- CMS looks forward to your formal comments on the proposed rule.

Acronyms and Abbreviations

ACS	American College of Surgeons	HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
CAHPS	Consumer Assessment of Healthcare Providers and Systems	HCP	healthcare personnel
CAUTI	catheter-associated urinary tract infection	HQR	Hospital Quality Reporting
CBE	Consensus-Based Entity	HRSN	Health-Related Social Needs
CDC	Centers for Disease Control and Prevention	IPPS	Inpatient Prospective Payment System
CDI	<i>Clostridioides difficile</i> Infection	LTCH	long-term care hospital
CLABSI	central line-associated bloodstream infection	MRSA	Methicillin-Resistant <i>Staphylococcus aureus</i>
CMS	Centers for Medicare & Medicaid Services	NHSN	National Healthcare Safety Network
CoP	Conditions of Participation	PCH	PPS-Exempt Cancer Hospital
CY	calendar year	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
ECE	Extraordinary Circumstances Exception	PDC	Provider Data Catalog
ED	emergency department	PPS	prospective payment system
EHR	electronic health record	Q	Quarter
FR	<i>Federal Register</i>	SSI	Surgical Site Infection
FY	fiscal year		BACK

Purpose

This presentation provides an overview of the Fiscal Year (FY) 2024 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Proposed Rule with a focus on the proposed changes in the PCHQR Program.

Objectives

Participants will be able to:

- Locate the FY 2024 IPPS/LTCH PPS Proposed Rule.
- Identify proposed changes that may impact the PCHQR Program.
- Understand steps to submit comments to CMS regarding the rule.

FY 2024 IPPS/LTCH PPS Proposed Rule Publication

- The FY 2024 IPPS/LTCH PPS Proposed Rule was published in the [Federal Register](#) on May 1, 2023.
- PCHQR Program sections include:
 - Section IX.B. on pages 27074–27078.
 - Section IX.D on pages 27117–27138.

PCHQR Program: FY 2024 IPPS/LTCH PPS Proposed Rule

Proposed Changes to the PCHQR Program

PCHQR Program Sections

- **Section IX.B Proposal to Modify the COVID-19 Vaccination Coverage Among Healthcare Personnel Measure in the PCHQR Program**
- Section IX.D Updates to the PCHQR Program
 - 1) Background
 - 2) Measure Retention and Removal Factors for the PCHQR Program
 - 3) **Proposal to Adopt the Facility Commitment to Health Equity Measure Beginning with the FY 2026 Program Year**
 - 4) **Proposal to Adopt the Screening for Social Drivers of Health Measure Beginning with Voluntary Reporting in the FY 2026 Program Year and Mandatory Reporting in the FY 2027 Program Year**
 - 5) **Proposal to Adopt the Screen Positive Rate for Social Drivers of Health Beginning with Voluntary Reporting in the FY 2026 Program Year and Mandatory Reporting in the FY 2027 Program Year**
 - 6) **Proposal to Adopt the Documentation of Goals of Care Discussions Among Cancer Patients Measure Beginning with the FY 2026 Program Year**

PCHQR Program Sections

- Section IX.D Updates to the PCHQR Program (continued)
 - 7) **Summary of Previously Adopted and Newly Proposed PCHQR Program Measures for FY 2026 Program Year and Subsequent Years**
 - 8) Maintenance of Technical Specifications and Quality Measures
 - 9) **Public Display Requirements**
 - **Proposal to Begin Public Display of Surgical Treatment Complications for Localized Prostate Cancer (PCH-37) Measure Beginning with the FY 2025 Program Year Data**
 - 10) **Form, Manner and Timing of Data Submissions**
 - **Proposed Updates to the Data Submission and Reporting for the HCAHPS Survey Measure (CBE #0166) Beginning with the FY 2027 Program Year**
 - 11) Extraordinary Circumstances Exceptions (ECE) Policy Under the PCHQR Program

Section IX.B Proposal to Modify the COVID-19 Vaccination Coverage Among Healthcare Personnel Measure in the PCHQR Program

Overview

- The COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) measure is a process measure developed by the Centers for Disease Control and Prevention (CDC) to track COVID-19 vaccination coverage among HCP in settings such as acute care and post-acute care facilities and is reported via the CDC's National Healthcare Safety Network (NHSN).
- Refer to FY 2022 IPPS/LTCH PPS Final Rule in the *Federal Register* (FR) (86 FR 45430–45431).

Section IX.B Proposal to Modify the COVID-19 Vaccination Coverage Among Healthcare Personnel Measure in the PCHQR Program

Measure Specifications

- Denominator: The number of HCP eligible to work in the facility for at least one day during the reporting period, excluding persons with contraindications to COVID-19 vaccination that are described by the CDC. Facilities report in the following four categories of HCP to NHSN:
 - Employees
 - Licensed Independent Practitioners
 - Adult students/trainees and volunteers
 - Other contract personnel
- Numerator: The cumulative number of HCP in the denominator population who are considered up to date with CDC recommended COVID-19 vaccines. Reference: [COVID-19 Vaccination Modules: Understanding Key Terms and Up to Date Vaccination](#)

Section IX.B Proposal to Modify the COVID-19 Vaccination Coverage Among Healthcare Personnel Measure in the PCHQR Program

Proposed Updated Measure

- HCP would be considered up to date during the Quarter (Q)4 2022 reporting period for the PCHQR Program if they meet one of the following criteria:
 1. Individuals who received an updated bivalent booster dose
 - 2a. Individuals who received their last monovalent booster dose less than two months ago
 - 2b. Individuals who completed their primary series less than two months ago.
- The CDC used this definition of up to date during the Q4 2022 surveillance period (September 26, 2022, through December 25, 2022). Reference: www.cdc.gov/nhsn/nqf/index.html

Section IX.B Proposal to Modify the COVID-19 Vaccination Coverage Among Healthcare Personnel Measure in the PCHQR Program

Proposal Summary: There are no proposals to change the data submission or reporting process.

- CMS is proposing to:
 - Report the updated measure beginning with the Q4 2023 reporting period for the PCHQR Program.
 - Providers would collect the numerator and denominator for the COVID-19 HCP vaccination measure for at least one self-selected week during each month of the reporting quarter and submit data to NHSN before the quarterly deadline.
 - Begin public reporting the modified version of the COVID-19 HCP measure with the October 2024 Provider Data Catalog (PDC) refresh.
 - Each quarterly COVID-19 HCP vaccination rate, as calculated by the CDC, will be publicly reported.

Section IX.B Proposal to Modify the COVID-19 Vaccination Coverage Among Healthcare Personnel Measure in the PCHQR Program

Proposal Summary Continued

- With the Public Health Emergency ending on May 11, 2023, reporting under the Hospital Conditions of Participation (CoP) may be reduced to a lesser frequency.
 - CMS will communicate any future changes of the CoP through a Quality Safety & Oversight memoranda and other communications when new policies are finalized.

Section 1: Background

- Section 1866(k) of the Social Security Act sets forth a quality reporting program for PPS-Exempt Cancer Hospitals (PCHs) described in section 1886(d)(1)(B)(v) of the Social Security Act and codified at 42 Code of Federal Regulations 412.23(f) that meet the requirements as specified by the Secretary.
- The PCHQR Program strives to put patients first by ensuring they, along with their clinicians, are empowered to make decisions about their own health care using data-driven insights that are aligned with meaningful quality measures.
- The PCHQR Program incentivizes PCHs to improve their health care quality and value, while giving patients the tools and information needed to make the best decisions.

Section 2: Measure Retention and Removal Factors for the PCHQR Program

- No proposed changes to the measure retention or removal policies.
- Refer to this proposed rule (83 FR 27117) for the final rule publications detailing these policies.
- This proposed rule includes the following:
 - Four new PCHQR Program measure proposals
 - One PCHQR Program measure modification

Section 3: Proposal to Adopt the Facility Commitment to Health Equity Measure Beginning with the FY 2026 Program Year

Overview

- This is a structural measure that assesses a PCHs commitment to health equity using a suite of equity-focused organizational competencies aimed at achieving health equity for populations that have been disadvantaged, marginalized, and underserved by the healthcare system, such as racial and ethnic minority groups, people with disabilities, members of the lesbian, gay, bisexual, transgender and queer community, individuals with limited English proficiency, rural populations, religious minorities, and people facing socioeconomic challenges.
- This includes five attestation domains: Equity is a Strategic Priority; Data Collection; Data Analysis; Quality Improvement; and Leadership Engagement

Measure Calculation

- Each attestation-based question represents a separate domain of commitment, representing the denominator as a point, for five points total (one per domain).
- The numerator would capture the total number of domain attestations to which the PCH is able to affirm.
- Measure specifications: <https://cmit.cms.gov/cmit/#/>

Section 3: Proposal to Adopt the Facility Commitment to Health Equity Measure Beginning with the FY 2026 Program Year

Proposal Summary

- PCHs would be required to submit this measure information annually using the Hospital Quality Reporting (HQR) system, beginning with the FY 2026 program year/calendar year (CY) 2024 reporting period.
- Public display would be in the July 2026 PDC refresh or as soon as feasible thereafter.

Section 4: Proposal to Adopt the Screening for Social Drivers of Health Measures Beginning with Voluntary Reporting in FY 2026 and Mandatory Reporting in the FY 2027 Program Year

Overview

- This measure assesses whether a PCH implements screening for all patients who are 18 years or older at time of admission for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.
- To report on this measure, PCHs would provide: (1) The number of patients admitted to the PCH who are 18 years or older at time of admission and who are screened for all of the five Health-related Social Needs (HRSNs): Food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety; and (2) the total number of patients who are admitted to the PCH who are 18 years or older on the date they are admitted.
- Intent of this measure is to promote adoption of HRSN screening by PCHs. We encourage PCHs to use the screening as a basis for developing their own individual action plans (which could include navigation services and subsequent referral), as well as an opportunity to initiate and/or improve partnerships with community-based service providers

Section 4: Proposal to Adopt the Screening for Social Drivers of Health Measures Beginning with Voluntary Reporting in FY 2026 and Mandatory Reporting in the FY 2027 Program Year

Measure Calculation

- Cohort: Assess the total number of patients, aged 18 years and older, screened for the five HSRNs.
- Numerator: Number of patients who are 18 years or older on the date of their PCH admission and are screened for all of the following five HRSNs: Food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety
- Denominator: Number of patients who are admitted to a PCH and who are 18 years or older on the date of admission. The following patients would be excluded from the denominator:
 - Patients who opt-out of screening
 - Patients who are themselves unable to complete the screening during their PCH stay and have no legal guardian or caregiver able to do so on the patient's behalf during their PCH stay
- This measure is calculated as the number of patients admitted to a PCH stay who are 18 years or older on the date of admission screened for all five HRSNs (food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety) divided by the total number of patients 18 years or older on the date of admission admitted to the PCH.
- Measure specifications: <https://cmit.cms.gov/cmit/#/>

Section 4: Proposal to Adopt the Screening for Social Drivers of Health Measures Beginning with Voluntary Reporting in FY 2026 and Mandatory Reporting in the FY 2027 Program Year

Proposal Summary

- PCHs would be required to submit this measure information annually using the HQR system beginning voluntary reporting in the FY 2026 program year/CY 2024 reporting period and mandatory reporting in the FY 2027 program year/CY 2025 reporting period.
 - We would allow PCHs flexibility to select a tool or tools to screen patients for the five HSRNs.
 - CMS encourages PCHs to consider digital standardized screening tools. Refer to the FY 2023 IPPS/LTCH PPS Final Rule (87 FR 49207) regarding use of certified health information technology.
- Public display would be in the July 2027 PDC refresh or as soon as feasible thereafter.

Section 5: Proposal to Adopt the Screen Positive Rate for Social Drivers of Health Beginning with Voluntary Reporting in FY 2026 and Mandatory Reporting in FY 2027 Program Year

Overview

- Process measure assesses the percent of patients admitted to the PCH who are 18 years or older at time of admission who were screened for HRSN and who screen positive for one or more of the core HRSNs, including food insecurity, housing instability, transportation needs, utility difficulties, or interpersonal safety (reported as five separate rates).
- Adoption of the Screen Positive Rate for Social Drivers of Health measure seeks to encourage PCHs to track the prevalence of specific HRSNs among patients over time and use the data to stratify risk as part of quality improvement efforts
- Reporting data from both the Screening for Social Drivers of Health and Screen Positive Rate for Social Drivers of Health measures would enable both identification and quantification of HRSNs among communities served by PCHs.

Section 5: Proposal to Adopt the Screen Positive Rate for Social Drivers of Health Beginning with Voluntary Reporting in FY 2026 and Mandatory Reporting in FY 2027 Program Year

Measure Calculation

- Cohort: Percent of patients, 18 years or older on the date of admission for a PCH stay, who were screened for an HRSN, during their inpatient stay and who screened positive for one or more of the following five HRSNs: Food insecurity, housing instability, transportation needs, utility difficulties, or interpersonal safety
- Numerator: Number of patients admitted for an PCH stay who are 18 years or older on the date of admission, who were screened for an HRSN, and who screen positive for having a need in one or more of the five HRSNs (calculated separately).
- Denominator: Number of patients admitted for a PCH stay who are 18 years or older on the date of admission and are screened for one of the HRSNs during their PCH stay. The following patients would be excluded from the denominator:
 - Patients who opt-out of screening
 - Patients who are themselves unable to complete the screening during their inpatient stay and have no caregiver able to do so on the patient's behalf during their inpatient stay.
- Measure specifications: <https://cmit.cms.gov/cmit/#/>

Section 5: Proposal to Adopt the Screen Positive Rate for Social Drivers of Health Beginning with Voluntary Reporting in FY 2026 and Mandatory Reporting in FY 2027 Program Year

Proposal Summary

- PCHs would be required to submit this measure information annually using the HQR system beginning voluntary reporting in the FY 2026 program year/CY 2024 reporting period and mandatory reporting in the FY 2027 program year/CY 2025 reporting period.
- Public display would be in the July 2027 PDC refresh or as soon as feasible thereafter.

Section 6: Proposal to Adopt the Documentation of Goals of Care Discussions Among Cancer Patients Measure Beginning with the FY 2026 Program Year

Overview

- Process measure focusing on the essential process of documenting goals of care conversations in the electronic health record (EHR) by assessing the presence of this documentation in the medical record.
- The intent of this measure is for PCHs to track and improve this documentation to ensure that such conversations have taken place, have been properly documented in a retrievable manner by all members of the PCH healthcare team, and facilitate delivery of care that aligns with patients and families' values and unique priorities.
- This measure would require the use of both administrative data for clinical information and discrete documentation in the EHR documenting the goals of care discussion

Section 6: Proposal to Adopt the Documentation of Goals of Care Discussions Among Cancer Patients Measure Beginning with the FY 2026 Program Year

Measure Calculation

- Population: Number of patients who died in the measurement period, including patients participating in clinical trial, if these patients meet the criteria for the measure's population; defined using PCH administrative data (non-claims) and discrete documentation in the EHR as follows:
 - Patients who died at the PCH in the measurement period
 - Patients who had a dx of cancer
 - Patients who had at least two eligible contacts at the PCH within the six months prior to their date of death. Eligible contacts are inpatient admissions and hematology or oncology ambulatory visits at the reporting hospital.
- Denominator: Number of patients meeting the criteria for inclusion in the measure's population in the reporting period

Section 6: Proposal to Adopt the Documentation of Goals of Care Discussions Among Cancer Patients Measure Beginning with the FY 2026 Program Year

Measure Calculation Continued

- Numerator: Number of patients who were included in the denominator for whom a Goals of Care conversation was documented in a structured field in the medical record in one or more of the patient goals field. To meet inclusion in the numerator, the documentation in the EHR would be required to include either of the following:
 - Any documentation in or more patient goals field in the EHR
 - Documentation that the patient opted not to have a goals of care discussion
- Performance reported as a percentage. A higher score is better.
[Numerator divided by Denominator] x 100
- Measure specifications: <https://cmit.cms.gov/cmit/#/>

Section 6: Proposal to Adopt the Documentation of Goals of Care Discussions Among Cancer Patients Measure Beginning with the FY 2026 Program Year

Proposal Summary

- PCHs would be required to submit this measure information annually using the HQR system beginning with the FY 2026 program year/CY 2024 reporting period
- Public display would be in the July 2026 PDC refresh or as soon as feasible thereafter.

Section 7: Table IX.D.-03 Previously Adopted Measures and Proposed Measures for the PCHQR Program Measure Set for FY 2026 Program Year and Subsequent Years

Safety and Healthcare-Associated Infection		
Short Name	Consensus-Based Entity (CBE) #	Measure Name
CAUTI	0138	NHSN Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure
CLABSI	0139	NHSN Central line-associated Bloodstream Infection (CLABSI) Outcome Measure
Flu HCP Vaccination	0431	Influenza Vaccination Among Healthcare Personnel
COVID-19 HCP Vaccination	N/A	COVID-19 Vaccination Coverage Among HCP (Proposed update to previously finalized measure)
Colon and Abdominal Hysterectomy SSI	0753	American College of Surgeons-Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure (currently includes SSIs following Colon Surgery and Abdominal Hysterectomy)
MRSA	1716	NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant <i>Staphylococcus aureus</i> Bacteremia Outcome Measure
CDI	1717	NHSN Facility-wide Inpatient Hospital-onset <i>Clostridioides difficile</i> Infection (CDI) Outcome Measure

Section 7: Table IX.D.-03 Previously Adopted Measures and Proposed Measures for the PCHQR Program Measure Set for FY 2026 Program Year and Subsequent Years

Clinical Process/Oncology Care Measures

Short Name	CBE #	Measure Name
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

EOL-ICU	0213	Proportion of Patients Who Died from Cancer Admitted to the 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

Section 7: Table IX.D.-03 Previously Adopted Measures and Proposed Measures for the PCHQR Program Measure Set for FY 2026 Program Year and Subsequent Years

Patient Engagement/Experience of Care

Short Name	CBE #	Measure Name
HCAHPS	0166	Hospital Consumer Assessment of Healthcare Providers and Systems

Claims Based Outcome Measures

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
N/A	N/A	Surgical Treatment Complications for Localized Prostate Cancer

Health Equity Measures

N/A	N/A	Facility Commitment to Health Equity (New measure proposed in this proposed rule)
N/A	N/A	Screening for Social Drivers of Health (New measure proposed in this proposed rule)
N/A	N/A	Screen Positive Rate for Social Drivers of Health (New measure proposed in this proposed rule)

Section 8: Maintenance of Technical Specifications for Quality Measures

- CMS is not proposing any changes to the process for maintaining technical specifications for PCHQR Program measures.
- Refer to the FY 2015 IPPS/LTCH PPS Final Rule (79 FR 50281) for policy regarding the sub-regulatory process to make non-substantive measure updates .
- Specifications are located on the [QualityNet PCHQR Program](#) page.

Section 9: Public Display Requirements

- Under Section 1866(k)(4) of the Social Security Act, CMS is required to establish procedures to make data submitted under the PCHQR Program available to the public and allow PCHs to review the data prior to public display.
- CMS is proposing a timetable for public display of data for one PCHQR Program measure: Surgical Treatment Complications for Localized Prostate Cancer (PCH-37)

Section 9: Proposal to Begin Public Display of Surgical Treatment Complications for Localized Prostate Cancer Measure Beginning with FY 2025 Program Year Data

- CMS is proposing to begin public display of the Surgical Treatment Complications for Localized Prostate Cancer (PCH-37) measure beginning with the FY 2025 program year (July 1, 2021–June 30, 2022).
- CMS confidentially reported data collected for the FY 2023 (July 1, 2019–June 30, 2020) program year in July 2022.
- CMS anticipates providing confidential reports on the data collected for the FY 2024 (July 1, 2020–June 30, 2021) program year in summer 2023.
- CMS would make the FY 2025 program year PCH-37 data publicly available, following the 30-day preview period, during the July 2024 PDC refresh cycle or as soon as feasible thereafter.

Table IX.D-04: Previously Finalized and Proposed Public Display Requirements for the PCHQR Program

Measures	Public Reporting
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey (CBE #0166)	2016 and subsequent years
<ul style="list-style-type: none"> • ACS-CDC Harmonized Procedure Specific SSI– Colon and Abdominal Hysterectomy (CBE #0753) • NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia (CBE #1716) • NHSN Facility-wide Inpatient-Hospital-onset CDI (CBE #1717) • NHSN Influenza Vaccination Coverage Among HCP (CBE #0431) 	2019 and subsequent years
<ul style="list-style-type: none"> • COVID-19 Vaccination Coverage Among HCP (PCH-38) 	October 2022 and subsequent years
<ul style="list-style-type: none"> • Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy (PCH-30 and PCH-31) 	April 2020 and subsequent years
<ul style="list-style-type: none"> • CAUTI (CBE #0138) • CLABSI (CBE #0139) 	October 2022 and subsequent years

Table IX.D-04: Previously Finalized and Proposed Public Display Requirements for the PCHQR Program

Measures	Public Reporting
<ul style="list-style-type: none"> Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (CBE #0210) Proportion of Patients Who Died from Cancer Not Admitted to Hospice (CBE #0215)** Proportion of Patients Who Died from Cancer Admitted to the Intensive Care Unit in the Last 30 Days of Life (CBE #0213) Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days (CBE #0216)** 	July 2024 or as soon as feasible thereafter
30-Day Unplanned Readmissions for Cancer Patients (CBE #3188)	October 2023 or as soon as feasible thereafter
Surgical Treatment Complications for Localized Prostate Cancer Measure (PCH-37)	July 2024 or as soon as feasible thereafter
Facility Commitment to Health Equity	July 2026 or as soon as feasible thereafter
Screening for Social Drivers of Health	July 2027 or as soon as feasible thereafter
Screen Positive Rate for Social Drivers of Health	July 2027 or as soon as feasible thereafter
Documentation of Goals of Care Discussion Among Cancer Patients	July 2026 or as soon as feasible thereafter

Section 10: Form, Manner, and Timing of Data Submission

- Refer to the final rule publications provided in this proposed rule (88 FR 27135) for previously finalized procedural requirements.
- CMS is proposing updates to the data submission and reporting requirements for the HCAHPS survey measure (CBE #0166).
 - This was adopted in the PCHQR Program in the FY 2014 IPPS/LTCH PPS Final Rule (78 FR 50852–50853).
 - Reporting and submission requirements established in the FY 2016 IPPS/LTCH Final Rule (80 FR 49720–49722) and FY 2020 IPPS/LTCH PPS Final Rule (84 FR 42510–42512).

Section 10: Proposed Updates to the Data Submission and Reporting Requirements for the HCAHPS Survey Measure (CBE #0166) Beginning with the FY 2027 Program Year

- Large scale mode experiment were conducted in 2021 to test adding the web mode and other updates to the form, manner, and timing of the HCAHPS survey data collection and reporting. Four main goals are:
 - Test the large-scale feasibility of web-first sequential multimode survey administrations in an inpatient setting.
 - Investigate whether mode effects significantly differ between individuals with email addresses available to the data collection vendor compared to individuals without email addresses available to the vendor.
 - Develop mode adjustments to be used in future national implementation.
 - Test potential new survey items.
- This experiment included the three currently approved modes (mail only, phone only, and mail-phone/mail with phone follow-up) and three additional mode protocols which added an initial web phase: web-mail, web-phone, and web-mail-phone.

Section 10: Proposed Updates to the Data Submission and Reporting Requirements for the HCAHPS Survey Measure (CBE #0166) Beginning with the FY 2027 Program Year

Beginning with CY 2025 discharges, we are proposing to:

- Add three new modes of survey implementation to include web-mail, web-phone, and web-mail-phone.
- Remove prohibition of proxy respondents to the HCAHPS survey and allow a patient's proxy to respond.

Section 10: Proposed Updates to the Data Submission and Reporting Requirements for the HCAHPS Survey Measure (CBE #0166) Beginning with the FY 2027 Program Year

- Extend the data collection period for the HCAHPS survey from 42 to 49 days.
- Limit the number of supplemental HCAHPS survey items to 12 which aligns with other CMS CAHPS surveys.
- Require the use official Spanish translation for Spanish language-preferring patients.
- Remove administration mode not currently used, Active Interactive Voice Response.

Section 11: ECE Policy Under the PCHQR Program

- CMS is not proposing any changes to the Extraordinary Circumstances Exceptions (ECE) policy.
- CMS refers readers to the FY 2019 IPPS/LTCH PPS Final Rule (84 FR 41623–41624) for more information on the PCHQR Program ECE policy.

PCHQR Program: FY 2024 IPPS/LTCH PPS Proposed Rule

Submitting Comments on the Proposed Rule

Comment Submission

- CMS appreciates and needs your comments concerning the proposed rule.
- To be assured consideration, comments on all sections of this proposed rule must be received no later than **5:00 p.m. Eastern Time, June 9, 2023.**
- CMS will respond to all comments that are within the scope of the proposed rule.

Summary of Topics for Public Comment

- Adopt four new measures for the PCHQR Program:
 - Facility Commitment to Health Equity beginning with the FY 2026 program year
 - Screening for Social Drivers of Health beginning with voluntary reporting in the FY 2026 program year and mandatory reporting in the FY 2027 program year
 - Screen Positive Rate for Social Drivers of Health beginning with voluntary reporting in the FY 2026 program year and mandatory reporting in the FY 2027 program year
 - Documentation of Goals of Care Discussions Among Cancer Patients beginning with the FY 2026 program year

Summary of Topics for Public Comment

- Begin public display of the Surgical Treatment Complications for Localized Prostate Cancer (PCH-37) measure beginning with data from the FY 2025 program year.
- Modify the COVID-19 Vaccination among HCP (PCH-38) measure, in alignment with the Hospital Inpatient Quality Reporting Program and LTCH Quality Reporting Program.
- Modify the data submission and reporting requirements for the HCAHPS survey measure, beginning with the FY 2027 program year.

Methods of Providing Comments

Three methods of providing comments on the proposed rule:

- Electronic submission at <http://www.regulations.gov>
- Address for regular mail:
 - Center for Medicare & Medicaid Services
 - Department of Health and Human Services
 - Attention: CMS-1785-P
 - P.O. Box 8013
 - Baltimore, MD 21244-8013
- Address for express/overnight mail:
 - Center for Medicare & Medicaid Services
 - Department of Health and Human Services
 - Attention: CMS-1785-P
 - Mail Stop C4-26-05
 - 7500 Security Boulevard
 - Baltimore, MD 21244-1850

Starting the Comment Submission Process

Navigate to the [Federal Register](#) or [Regulations.gov](#) site. Select **Submit A Formal Comment** or **Comment**. Due date is June 9, 2023.



OR



Steps for Submitting a Comment

Step 1: Enter Your Comment

Step 1: Enter Your Comment in the Comment field.
Required fields have (*) next to the field name.

You are submitting an official comment to Regulations.gov.
Comments are due 06/09/2023 at 11:59 pm EDT.

regulations.gov
close comment form

Thank you for taking the time to create a comment. Your input is important.

Once you have filled in the required fields below you can preview and/or submit your comment to the Health and Human Services Department for review. All comments are considered public and will be posted online once the Health and Human Services Department has reviewed them.

You can view [alternative ways to comment](#) or you may also comment via Regulations.gov at <https://www.regulations.gov/commenton/CMS-2023-0057-0003>.

Comment*
...

Steps for Submitting a Comment

Step 2a: Enter Information

Step 2a: Enter Information.

- What is your comment about? Select from the drop-down menu. (a)(Optional)
- Upload a file if you wish. (b) (Optional)
- Enter e-mail address. (c) (Optional)
- Tell us about yourself! I am: Select from three options. (d) (Required)


The screenshot shows a web form for submitting a comment. It includes a dropdown menu for 'What is your comment about?' (labeled 'a'), a file upload section with a '+ Add a file' button (labeled 'b'), an email input field (labeled 'c'), and a section for 'Tell us about yourself! I am...' (labeled 'd') with three radio button options: 'An Individual', 'An Organization', and 'Anonymous'. A note below the email field states 'this will NOT be posted on regulations.gov'.

Steps for Submitting a Comment


Step 2b: Tell us about yourself!

Step 2b: Tell us about yourself!

Your selection (Individual or Organization) will determine the information required (*).
Anonymous requires no further action.



An Individual



An Organization

First Name *	<input type="text"/>
Last Name *	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Country	<input type="text"/>
Phone	<input type="text"/>

Organization Type *	<input type="text"/>
Organization Name *	<input type="text"/>

Steps for Submitting a Comment

Step 3: Submitting Comment

Step 3: Submitting Your Comment.

Check the box: "I read and understand the statement above." (e) (Required)
Select Submit Comment button. (f) (Required)

You are filing a document into an official docket. Any personal information included in your **comment text and/or uploaded attachment(s)** may be publicly viewable on the web.

e I read and understand the statement above.

f **SUBMIT COMMENT** [Preview Comment](#)

Please review the [Regulations.gov privacy notice and user notice](#) .

Steps for Submitting a Comment

Step 4: Submission Status

Step 4 : Submitted successfully.

Your comment is assigned a tracking number. (g)

Select optional next steps. (h)


Print your comment (i)

You have successfully submitted an official comment to Regulations.gov. regulations.gov


Thank you! Your comment has been submitted to [Regulations.gov](#) for review by the the Centers For Medicare & Medicaid Services.

Comment Tracking Number: **g**

Optional Next Steps

h  Sign in or create a MyFR account to save your comment submission.

- Notify me when my comment has been reviewed and publicly posted.
- Notify me when a future document mentions the document I commented on.

i  [Print your comment](#) for your records and for any future correspondence about your comment with the Centers For Medicare & Medicaid Services.

Your comment may be viewable on [Regulations.gov](#) once the Centers For Medicare & Medicaid Services has reviewed it. This process is dependent on agency public submission policies/procedures and processing times. Use your tracking number to find out the status of your comment.

PCHQR Program: FY 2024 IPPS/LTCH PPS Proposed Rule

Closing Remarks

Disclaimer

This presentation was current at the time of publication and/or upload onto the Quality Reporting Center and QualityNet websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.