



PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

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PCHQR Program Overview: CY 2019 Reporting Requirements

Presentation Transcript

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Lisa Vinson: Good afternoon and thank you for joining today's webinar, entitled *PCHQR Program Overview: Calendar Year 2019 Reporting Requirements*. My name is Lisa Vinson and I will be the speaker for this event. I serve as the Program Lead for the PPS-Exempt Cancer Hospital Quality Reporting, or PCHQR, Program, within the Hospital Inpatient Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor. As the title suggests, today's event will focus on the reporting requirements for this year, which is calendar year 2019. We will also be reviewing the relationship between calendar year and fiscal year as it relates to the PCHQR Program measures and where program specific resources are located. Furthermore, if you have questions about the content of today's presentation, please submit them using the chat function. As time allows, I will address these during today's event. If time does not allow all questions to be addressed during this time, the questions and answers will be posted on *QualityNet* and *Quality Reporting Center* websites, in addition to the slides, recording, and transcript at a later time. Also, if you registered for this event in advance, you should have previously received ListServe communications. The second of these communications, received yesterday, had a link to *QualityReportingCenter.com*. On this particular website, the slides that we will be reviewing today are available. You are able to print a hard copy for use during today's event and/or retain for future reference. I would like to reiterate that today's webinar focuses on PCHQR Program measure reporting and requirements. The information provided only pertains to the PCHQR Program. If, by chance, you participate in or are associated with other CMS quality reporting programs, please be sure to refer to your program-specific resources provided by your respective support contractor. Now, we will take a look at acronyms and abbreviations you may hear during today's event.

This slide is one that many of you have seen before. It is our standard slide that lists the acronyms and abbreviations common to the PCHQR Program. And ones which you may hear today include: CY for calendar year, FY for fiscal year, HAI for healthcare-associated infections, PY for

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program year, PCHQR for PPS-Exempt Cancer Hospital Quality Reporting, and SA for security administrator.

The purpose of today's event is to provide a review of the PCHQR Program measures and reporting periods, highlighting the requirements for calendar year 2019 and steps to locate PCHQR Program resources.

At the end of today's event, we hope that you, as a PCHQR Program participant, will be able to list the required reporting periods and data submission dates for calendar year 2019 measures for the program, explain the relationship between the calendar and fiscal years of the PCHQR Program measures, and locate program-specific resources on both *QualityNet* and *Quality Reporting Center* websites.

On this slide and the next one, we see a current list of the finalized PCHQR Program measures, as summarized in the most recent final rule publication. As you may be aware, the measures for the program are organized into six broad categories. The first category listed on this slide is Safety and Healthcare-Associated Infections, or HAI. This includes CLABSI; CAUTI; Colon and Abdominal Hysterectomy Surgical Site Infection measures; Hospital-onset Clostridium difficile, or CDI; and Hospital-onset MRSA, as well as the Influenza Vaccination Coverage Among Healthcare Personnel, or HCP, measure. The second category is the Clinical Process/Oncology Care Measures, or OCMs. You will notice that only one of the five original metrics in this category remain, which is NQF #0383. You will recall that, in the Fiscal Year 2019 IPPS/LTCH PPS Final Rule four OCMs, NQF #0382, #0384, #0389, and #0390 were finalized to be removed from the PCHQR Program. And, in the previous year, two of the four end-of-life, or EOL, measures were added. Therefore, there are now a total of three measures that fall in this category.

The third category is Intermediate Clinical Outcome Measures, which includes the other two EOL measures. The fourth category is the Patient Engagement/Experience of Care, which consists of the HCAHPS® Survey data. The fifth category is Clinical Effectiveness Measure, which is External Beam Radiotherapy for Bone Metastases, commonly referred to

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as EBRT. And, lastly, the sixth category is Claims-Based Outcome Measures, which includes the Admissions and Emergency Department, or ED, Visits for Patients Receiving Outpatient Chemotherapy, and the newly added NQF #3188, or 30-Day Unplanned Readmissions for Cancer Patients measure.

About a month ago, I received an email from one of the PCHs requesting an explanation of the relationship between the CMS fiscal year, calendar year, and the program measures. And then, prior to that, another PCH offered a suggestion to have a webinar on this very same topic, as a refresher. From this, I came to the conclusion that this may be a more frequent question amongst other program participants and a challenging one to answer. Keeping in mind that the purpose of today's webinar is to review the measures and reporting periods for the PCHQR Program, understanding the relationship between calendar years, the CMS fiscal year, and program years is the first step. The calendar year is self-explanatory. This will be January 1 through December 31 of a given year. The CMS fiscal year spans two calendar years, starting October 1 of the previous year and ending on September 30 of the named fiscal year. For example, fiscal year 2019 started on October 1, 2018, and ends on September 30, 2019. Lastly, a program year is equivalent to a given fiscal year, which, in the earlier final rule publications, is why you see Program Year followed by FY, for fiscal year, in parentheses in the tables that addressed reporting periods and submission time frames. On the next slide, we will look at an actual measure, EBRT, to illustrate the relationships between calendar years and fiscal or program years and the data submission time frames.

The EBRT measure was added to the PCHQR Program measure set in the 2015 final rule and has a two-year lag from reporting period to the program year it's applied. The EBRT measure started, effective for patients, in January 1 of 2015. All of calendar year 2015, which is January 1 through December 31, 2015, eligible patient encounters, sampled as appropriate, were submitted as an aggregate value separated by quarters during the July 1 through August 15, 2016 data submission period.

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Therefore, this data was applied to the 2017 program year. So, the takeaway to remember here for EBRT is that the reporting period is always two years prior to the program year. And the date of the submission period is always the annual submission period one year prior to the program year. Now, let's take a look at this in a more illustrative format.

The rationale for the lag time mentioned earlier between the reporting period and the program year to which it is applied is for CMS to obtain all the data in order to determine the Annual Payment Updates, or APU, and other incentives, such as Value-Based Purchasing for the 2017 fiscal year. As the PCHQR Program does not include payment adjustments, we commonly reference the program year as used in the final rule. The table on this slide allows you to clearly see the relationship between the program year, calendar year, and data submission date for this measure, which goes back to the key takeaway stated on the previous slide. The reporting period is always two years prior to the program year and the date of the submission period is always the annual submission period one year prior to the program year. On the next series of slides, we take the same viewpoint and look at how these relationships impact each of our measures or measure sets.

Here are the program year reporting periods and data submission deadlines for the HAI measures, CLABSI and CAUTI, starting with program year 2019. Please note the background information provided at the top of the table provides details on when these measures were initially added to the PCHQR Program. This information will be provided for each measure we will be discussing as we move along. So, please make note of this. As you may be aware, CLABSI and CAUTI were two of the original five metrics applied to the PCHQR Program. As noted, both measures were published in the fiscal year 2013 final rule, effective for events occurring starting January 1, 2013, and were applied to fiscal year 2014. Therefore, there is a one-year lag from event reporting period to the program year to which they apply. Data submission for these measures is quarterly from the Centers of Disease Control and Prevention, or the CDC, National Healthcare Safety Network, or NHSN. The data is four and a half months

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following the last quarterly event date. For instance, on May 15, 2019, data for quarter four 2018 events, which is October 1, 2018 through December 31, 2018, are to be submitted. The four quarters of data from 2018 events will apply to the 2019 program year. This is also why these events appear on your fiscal year 2019 PCH facility report you generate via the *QualityNet Secure Portal* report application. So, the takeaway to remember here is that, for CLABSI and CAUTI, there is a one-year lag from the event reporting period to the program to which the events apply. On the next three slides, we will look at the remaining HAI measures.

Starting with some background information, the Surgical Site Infection, or SSI, events were added to the PCHQR Program in the 2014 final rule for event dates starting January 1, 2014. These particular measures were then phased in over the next two program years, 2015 and 2016. So, the quarter one 2014 events were reported on August 15, 2014, and applied to the 2015 program year. The quarter two through quarter four events of 2014 were reported with quarter four, concluding on May 15, 2015. These three quarters were applied to program year 2016. So, now, we are at program years 2020 and 2021. All four quarters of 2018 events will be applied to program year 2020 and all four quarters of 2019 will be applied to program year 2021. The key takeaway to remember for the SSI measures is that the events occurring two years prior to the program year will be attributed to that program year. Therefore, there is a two-year lag.

The CDI and MRSA measures were finalized for inclusion in the PCHQR Program in the 2016 final rule. As the table illustrates, and a key point to remember is that the same two-year lag from event reporting period to program year applies. The events of 2018 will apply to program year 2020 and the 2019 events will apply to 2021. Again, there is a two-year lag.

The last measure of the HAI category is the HCP measure. This measure was adopted in the fiscal year 2016 final rule and is different from the other HAI measures, by definition, because of the events—vaccinations of healthcare personnel—which correlates with the influenza season, which spans two calendar years. The flu season, for the intent of this measure, is from October 1 of one year and extends through March 31 of the

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following calendar year. So, essentially, you have quarter four of one calendar year and quarter one of the next calendar year. Like the other HAI measures, this data is submitted by the CDC NHSN system on May 15 following the flu season. So, on the table, the starting point is program year 2020. The events for the reporting period occur between quarter four of 2018, or two years before the program year, and quarter one of 2019, which is one year before the program year. This is an annual submission occurring on May 15, one year prior to the program year. Therefore, the key takeaway is there is a one-year lag.

On this slide, we see the relationship of the program year reporting periods and data submission deadlines for the Oncology Care Measures. The original five OCMs were added in the 2014 final rule to start with treatment encounters effective January 1, 2015. The final rule further stated that this is to be aggregate data separated by quarter and submitted once annually. This was done to decrease the data and reporting burden to the PCHs. Therefore, quarter one 2015 treatments were submitted in the July 1 through August 15, 2015 submission period and applied to program year 2016. This was done as only one quarter of data was available for this data submission period. In a similar manner, quarter two through quarter four 2015 treatments were reported during the annual data submission period in 2016 and this data applied to the 2017 program year. Fast forward to now for 2018 treatments: The reporting period two years before the program year of 2020, all four quarters of data will be reported once annually during the July 1 through August 15 data submission period the year before the program year. So, all 2018 OCM data will be reported in the 2019 data submission period and applied to the 2020 program year. The key takeaway here is that there is a two-year lag.

HCAHPS reporting is straightforward for all the PCHs, as they are all using a vendor for the submission of their HCAHPS Survey data. As with the EBRT measure, and our key takeaway, there is a two-year difference between the reporting period and the program year. So, in the beginning, 2014 data applied to the 2016 program year, 2015 to program year 2017, and so forth. Now, all 2018 discharge data applies to program year 2020

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and all 2019 discharge data will be applied to program year 2021. Of note, the quarterly submissions are approximately three months, or one quarter after the end of the reporting period.

Although the claims-based measures in the PCHQR Program have no separate or additional data submission requirements for the PCHs, there is still a relationship between the program year and the data collection period. As specified in the final rule publications, with the exception of the 30-Day Unplanned Readmissions for Cancer Patients measure, or NQF #3188, the data collection period is July 1 of the year three years prior to the program year to June 30th of the year two years prior to the program year. However, the data collection period for NQF #3188 is October 1 of the year three years prior to the program year to September 30 of the year two years prior to the program year. The table on this slide allows you to visualize this with respect to the program year these measures were applied. So, our key takeaway for these measures is that there is a two-year lag. I know that this was a lot of dates and information. However, the next slide will summarize everything in three bulleted points.

So, at this point, you have repeatedly heard me say, “key takeaway” or “takeaway.” You will be pleased to note that here, on this slide, are all of those takeaways consolidated into three simple bulleted points. Moreover, the rules for applying the measures to a particular program year are specified in each final rule. But, in general, you can apply the following thought process. The CLABSI and CAUTI measures have a one-year lag to apply to the program years. For example, patients with CLABSI and CAUTI events that occur during calendar year 2019 will apply to program year 2020. The other measures—SSI, CDI, MRSA, OCMs, HCAHPS, EBRT, and the claims-based measures—have a two-year difference between the calendar event date and program year to which they apply. Of note, the CDI, MRSA, and EBRT measures were implemented with a two-year difference from the beginning. HCAHPS was as well, although data collection for the PCHQR Program did not start on January 1, 2014, but rather April 1, 2014, which resulted in program year 2016 having only three quarters of data. The SSI and OCMs were all phased in starting with

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2016 events. Therefore, all four quarters of calendar year 2016 were reported in program year 2018. Lastly, the Healthcare Personnel Influenza Vaccination measures spans two calendar years. Quarter four and quarter one data is submitted on May 15 for the following program year. This metric was reported for the first time in the PCHQR Program, which was quarter four 2016 through quarter one 2017 events, which were reported on May 15, 2017 for the 2018 program year. As I mentioned earlier, based on the recent question received and suggestion for this topic to be presented, we felt it was important to explain the relationship between calendar year event days, the data submission time frames, and the application to the program year. Education and support documents are housed on *QualityNet.org* and *QualityReportingCenter.com*. These resources contain the due dates for all of the measures as well as the event date for that submission period. I would like to point out that we have the Web-Based Data Collection Tool Guideline by Due Date tool, which assists in identifying the appropriate or applicable fiscal or program year for the web-based measures, which are the OCMs and EBRT. As of today, you can use these slides that we previously discussed as a reference tool to help identify the appropriate program year for the other measures in the program—the HAIs, HCP, HCAHPSs, and claims-based measures. Today's webinar slides should provide the link between calendar event date, submission date, and program year.

Now, we will focus our attention on PCHQR Program reporting requirements. So far, we have been discussing the PCHQR Program measures, which, as you know, are an integral part of the program. Knowing how these measures are reported and when are important details as well, along with other program requirements.

This table contains information about the different methods of reporting for the PCHQR Program measures by category. Starting with Patient Safety, this category includes the healthcare-associated [infection]measures—CLABSI, CAUTI, SSIs, MRSA, CDI, and HCP. These measures are submitted to the CDC via NHSN and are then transmitted to the CMS warehouse. CLABSI, CAUTI, SSIs, MRSA, and

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CDI are submitted quarterly and HCP is submitted annually. The Clinical Process/Oncology Care Measure category contains both web-based and claims-based measures. The OCMs are submitted annually, stratified by quarter, via the web-based data collection tool. This tool is accessible via the *QualityNet Secure Portal* application. The two end-of-life, or EOL, measures that fit in this category are claims-based measures. This means that CMS will collect and calculate the data and there will be no separate data submission requirement for the PCHs related to these measures. The remaining two EOL measures fall under the Intermediate Clinical Outcome Measures category. Again, these are claims-based measures and require no additional or separate data submission for the PCHs. Next is the Patient Engagement/Experience of Care category. The HCAHPS Survey data falls under this category. The PCHs utilize a vendor for submission of this data and it's submitted to the HCAHPS Data Warehouse via Secure File Transfer. Then, there is the Clinical Effectiveness Measure, which contains the External Beam Radiotherapy for Bone Metastases, or EBRT, measure. Similar to the Oncology Care Measures, this measure is also submitted annually, stratified by quarter via the web-based data collection tool within the *QualityNet Secure Portal* application. Lastly, there are the Claims-Based Outcome Measures, or CBM, category. Although there are other claims-based measures that fall under other categories, currently there are only two measures that fall under this category. They are the Admission and Emergency Department, or ED, Visits for Patients Receiving Outpatient Chemotherapy measure, and the 30-Day Unplanned Readmissions for Cancer Patients measure. Both will follow the claims-based measures process as stated earlier for the EOL measures.

Now that you know the method of reporting for each measure, we will take a look at the table on this slide to determine when the measures are due. Of note, the PCHQR Program measures Submission Deadlines by Due Date table displayed on this slide is available on *QualityNet.org* and *QualityReportingCenter.com* to view, download, and/or print. As you can see, the table that is currently available provides data submission deadlines through January 2, 2020. However, the red box highlights the data that is required to be submitted during calendar year 2019. So, program

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participants have already successfully submitted the required data that was due January 3, 2019, for quarter three 2018 HCAHPS Survey data, and, most recently, February 15, 2019, for quarter four 2017 CST hormone data, and quarter three 2018 HAI measure data. Upcoming data submission deadlines are April 3, 2019, for quarter four 2018 HCAHPS Survey data, and May 15, 2019, for quarter four 2018 HAI data, and the annual submission of the HCP flu vaccination measure data, which covers quarter four 2018 through quarter one 2019. Then, there will be another quarterly HCAHPS Survey data submission in July, followed by the annual submission of the OCMs and EBRT for calendar year 2018 encounters, along with the quarterly submission of the CLABSI, CAUTI, SSI, MRSA, and CDI data. The fiscal year 2020 Data Accuracy and Completeness Acknowledgment, or DACA, will be due this year on September 3, 2019. As an early reminder, the DACA is now electronically submitted through the *QualityNet Secure Portal* application. Once the DACA becomes available, you will attest that the data submitted in the time frame covered by the fiscal year 2020 DACA are required for purposes of meeting the requirements for fiscal years 2018, 2019, 2020, and 2021. As we get closer to the DACA submission deadline, you will receive ListServe reminder communications. Then, there will be another quarterly HCAHPS submission in October. And, finally, calendar year 2019 will end with another quarterly submission of HAI data in November. This document will undergo its customary update within the next month and will be published on both *QualityNet* and *Quality Reporting Center* websites.

This is the PCHQR Program Web-Based Data Collection Tool, or WBDCT, Guideline by Due Date resource. This document is also available to view, download, and/or print on *QualityNet.org* and *QualityReportingCenter.com*. As stated earlier, this resource is invaluable, as you get started using the web-based data collection tool, to ensure the applicable fiscal year is selected to enter the required data. As you can see, the due dates are listed through August 2021. However, August 15, 2019, is the upcoming annual submission of the five OCMs and EBRT measure for calendar year 2018 encounters, which apply to fiscal year 2020. And,

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then, in 2020, 2021, and beyond, you will be required to submit data only for NQF #0383, or PCH-15, the one OCM that has been retained in the program along with PCH-25, or EBRT. Just like the Measure Submission Deadline by Due Date table discussed on the previous slide, the Web-Based Data Collection Tool Guideline By Due Date document will undergo a customary update as well, which will be available on both *QualityNet* and *Quality Reporting Center* websites.

In addition to the reporting requirements related to the program measures, I would also like to share the administrative requirements. As we won't be discussing this in great detail, this slide simply lists the required administrative elements to fulfill the PCHQR Program requirements set forth by CMS. Each PCH must have a completed Notice of Participation on file, which indicates that the PCH has agreed to participate and publicly report its measure rates. At this time, there is no action required on [the] part by the PCHs related to the NOP. The PCHQR Program NOP will remain active until a withdrawal is submitted via the *QualityNet Secure Portal*. Each PCH must have at least one active security administrator, or SA. CMS strongly encourages designating a minimum of two SAs, one to serve as the primary SA, and the other to serve as the alternate. There is a registration process required for each individual user and those details can be found on the *QualityNet.org* website. Each PCH is also required to complete a Data Accuracy and Completeness Acknowledgment, or DACA, which we discussed on slide 24. Again, this attestation is submitted electronically annually via the *QualityNet Secure Portal* application. Finally, if your facility's contact information has changed, please be sure to complete and submit the Hospital Contact Change Form. This is a PDF fillable form located on the *QualityNet* PCHQR Program Resources page at the bottom under the header forms. This form is used to report any changes regarding key contacts at the facility to help ensure the facility receives all necessary correspondences regarding the PCHQR Program.

Throughout today's presentation, I have frequently referenced *QualityNet.org* and *QualityReportingCenter.com* as access points for

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various tools and program-related resources. At this time, we will take a brief look at each website and where pertinent program-related resources are located.

The *QualityNet* home page is one that our program participants are very familiar with. This is the starting point to access the *QualityNet Secure Portal* along with site-related news and events. For the purposes of today's presentation, we will hone in on the PCHQR Program tab illustrated on the next slide.

Once you click on the PPS-Exempt Cancer Hospitals tab, a drop-down menu will appear, as displayed on this slide. As you can see, there are several options. But today we will only be reviewing four pages, which are highlighted by the red boxes, which include the Measures page, Data Collection page, Data Submission page, and Resource page, which we briefly touched on not too long ago. On the next slide, we will start with the first selection, the Measures page.

The *QualityNet* Measures page for the PCHQR Program provides several tables that display the finalized measures for inclusion in the PCHQR Program, specifically by measure type and program or fiscal year. As captured on this slide, the HAI measure CAUTI is displayed. The NQF number, PCH number, and full measure name are provided. Then, the program or fiscal years, starting at 2015 and ending at 2021, are displayed and the applicable program years are marked with a Y, which indicates the program years this measure was applied to. The program measures are grouped by the categories we have discussed—Safety and Healthcare-Associated Infection, or HAI measures; Clinical Process/Oncology Care Measures, or OCMs; Clinical Effectiveness measure; Patient Engagement Experience of Care measure; and Claims-Based Outcome Measures. And the applicable program or fiscal years are marked with a Y or N/A, which is not applicable for the stated program year. Essentially, you will see a N/A noted for the fiscal or program year, or years, the measure was not finalized for inclusion and/or the fiscal or program year the measure's removal were made effective. Of note, when you access this page now, you will find a table listing the Clinical Process/Cancer-Specific

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Treatment, or CST measures, which were finalized for removal from the program effective for fiscal year 2019 and forward. When this page is updated, this table will no longer appear.

The Data Collection page contains a lot of measure related information. This particular page houses a link to the National Quality Forum, or NQF, page, for each measure, the PCH number, related data collection tools, and notes the acceptable method of transmission. Currently, the data collection tools, specifically for the OCMs and EBRT, are for calendar year 2018. When this page is updated, the CST table will be removed and 2019 data collection tools will be added for NQF #0383, or PCH-15, and PCH-25, or EBRT, measure. The remaining OCMs—NQF #0382, or PCH-14; #0384, or PCH-16; #0389, or PCH-18; and #0390, or PCH-17—will eventually be removed as well since data collection is no longer required for calendar year 2019 encounters. Additional tools to be added in the future will be the measure information forms, or MIFs, for the four EOL measures and the 30-Day Unplanned Readmissions for Cancer Patients measure. The MIF for the Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy, or PCH-30 and PCH-31, will be updated as well.

The Data Submission page houses the PCHQR Program Submission Deadlines by Due Date table, which we have already discussed, and also reference periods for the program measures as shown on this slide. Also included on this page, but not captured, is the information on the Measure Exception Form and a link to access this document and also information on the Extraordinary Circumstances Exceptions, or ECE, form, along with a link that will take you directly to this form. Please keep in mind that the Measure Exception Form must be completed and submitted prior to the first quarter data submission deadline for the applicable program year. Therefore, quarter one 2019 HAI data will be due August 2019. We, the VIQR Support Contractor, will send out ListServe communications prior to this time to remind you of this along with a link to the updated form. With that being said, please be sure you are signed up to receive PCHQR Program notifications by visiting the *QualityNet* home page and selecting the Notifications and Discussions link under Join ListServes.

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Then, there is the Resources page, which houses many of the resources and forms we have already discussed here in one centralized location. As you can see on this slide, there are various Web Resources hyperlinks available on this page, including measure steward pages, such as the American Society for Radiation Oncology, or ASTRO; NHSN, which we know is the National Healthcare Safety Network, affiliated with the CDC; and *Quality Reporting Center*, which we will be discussing next. The Program-Specific Resources section, many of which we have already covered, in addition to the program manual, measure crosswalk, and relationship matrix—these resources will be updated and posted to *QualityNet* in the very near future. Then, the forms section provides links to resources we just mentioned on the previous slide, the ECE and Measure Exception Forms, along with a link to the Hospital Contact Change Form, which was recently updated just last month.

In addition to the *QualityNet* website, there is also *QualityReportingCenter.com*. This website houses information for both the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Centers. Resources are available to assist those affiliated with acute care hospitals, critical access hospitals, inpatient psychiatric facilities, PCHs, and ambulatory surgical centers with quality data reporting. Some of the available resources include educational presentations, timelines and calendars, data collection tools, and reference and training materials. Specifically for the PCHQR Program, we will briefly review what information is available to you on the Resources and Tools page, which is accessed by clicking the link denoted by the red arrow on this slide. Please note that the drop-down selections will appear once you click the Inpatient tab in the blue banner at the top of the screen.

This is what the Resources and Tools page looks like. Again, many, if not all, of the same resources are provided here that are also available on the *QualityNet* website. This is just an alternative site available to you as a PCHQR Program participant.

We will conclude today's event, as always, by reviewing important upcoming dates for the PCHQR Program on the next slide.

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Here, you see a list of our next two PCHQR Program webinars. These are tentatively scheduled for the fourth Thursday of March and April, but that is subject to change. As always, we will communicate the exact dates, title, purpose, and objectives for these events with you via ListServe communications, starting approximately two weeks prior to the event. Our next data submission deadline is April 3, 2019, which includes quarter four 2018 HCAHPS Survey data. Then, there will be the quarterly submission of your HAI data, which includes quarter four 2018 CLABSI, CAUTI, SSI, CDI, and MRSA data; quarter four 2018 through quarter one 2019 Influenza Vaccination Among Healthcare Personnel, or HCP, measure data. As a reminder, the HCP data submission falls under the CMS-granted blanket exception for the PCHs impacted by the California wildfires, which takes us to our next slide that further highlights this exception.

During last month's educational event, we mentioned that, on January 11, those who are subscribed to the PCHQR Program notification distribution list should have received a ListServe regarding the CMS-granted exceptions for those PCHs impacted by California wildfires. The affected counties designated by the Federal Emergency Management Agency, or FEMA, were included in this communication. As you can see on this slide, the upcoming May 15, 2019 submission of the HCP flu vaccination data for the 2018 through 2019 flu season, which covers quarter four 2018 through quarter one 2019, falls under this exception. Please keep in mind that CMS is closely monitoring the situation for future potential widespread catastrophic events and will update exception lists soon after any events occur in the future. This specific communication can be found on the PCHQR Program page on *QualityNet* under the email notifications header. To sign up for these and other notifications, you can find the link on the *QualityNet* home page.

As you are aware, the April 2019 preview via the HQR Next Generation User Interface is currently underway and closes Saturday, March 9, 2019. The data for *Hospital Compare* contains the following: quarter one 2017 through quarter four 2017, CST colon and breast data; quarter three 2016 through quarter two 2017, CST hormone data; and quarter three 2017

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through quarter two 2018, HCAHPS Survey data. Then, for July 2019, the data for *Hospital Compare* will include quarter four 2016 through quarter three 2017, CST hormone data; and quarter four 2017 through quarter three 2018, HCAHPS Survey data. As always, 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 these exact dates via ListServe.

If you have a PCHQR Program-related inquiry, you are always welcome to submit your inquiry using the *QualityNet* questions-and-answers tool. By clicking the link denoted on the slide in the red box, you will be taken to the appropriate page to start this process. If it is your first time using the tool, you will be required to complete a one-time-only registration process. At this time, I would like to turn the presentation over to Deb Price to review the continuing education process. Deb?

Debra 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. And, 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: Complete the survey at the end of this event. It will automatically pop up. The second step: Register either as a new user or an existing user on our HSAG Learning Management Center website. And, the third step: 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 ReadyTalk and the webinar. And, 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. And what you do is you finish the survey and click that grey button on the right-hand bottom that says Done.

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And this page will pop up. You note that there are two green links. The first one is the New User Link. And 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. Use that if you haven't had any issues before.

And, 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 the username and that includes whatever is after the @ sign.

Thank you and enjoy the rest of your day.

Lisa Vinson:

Thank you, Deb. As always, we would like to thank you for your time and attention during today's webinar. We encourage you to provide feedback on topics you would like to be presented related to the PCHQR Program. You can submit your suggestions via the *QualityNet* questions-and-answers tool, or via the post-event survey, specifically question number nine. Thank you again and have a great day.