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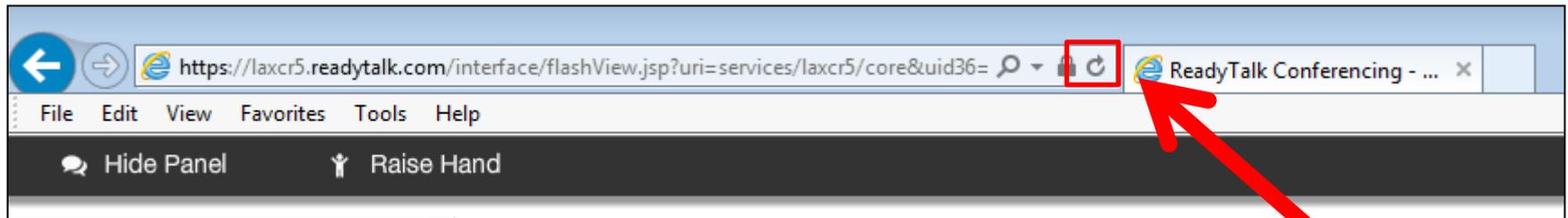
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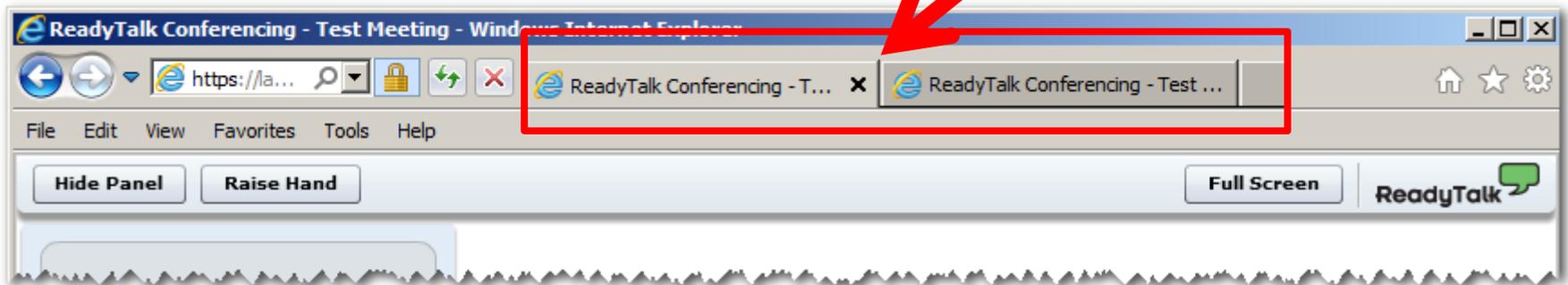


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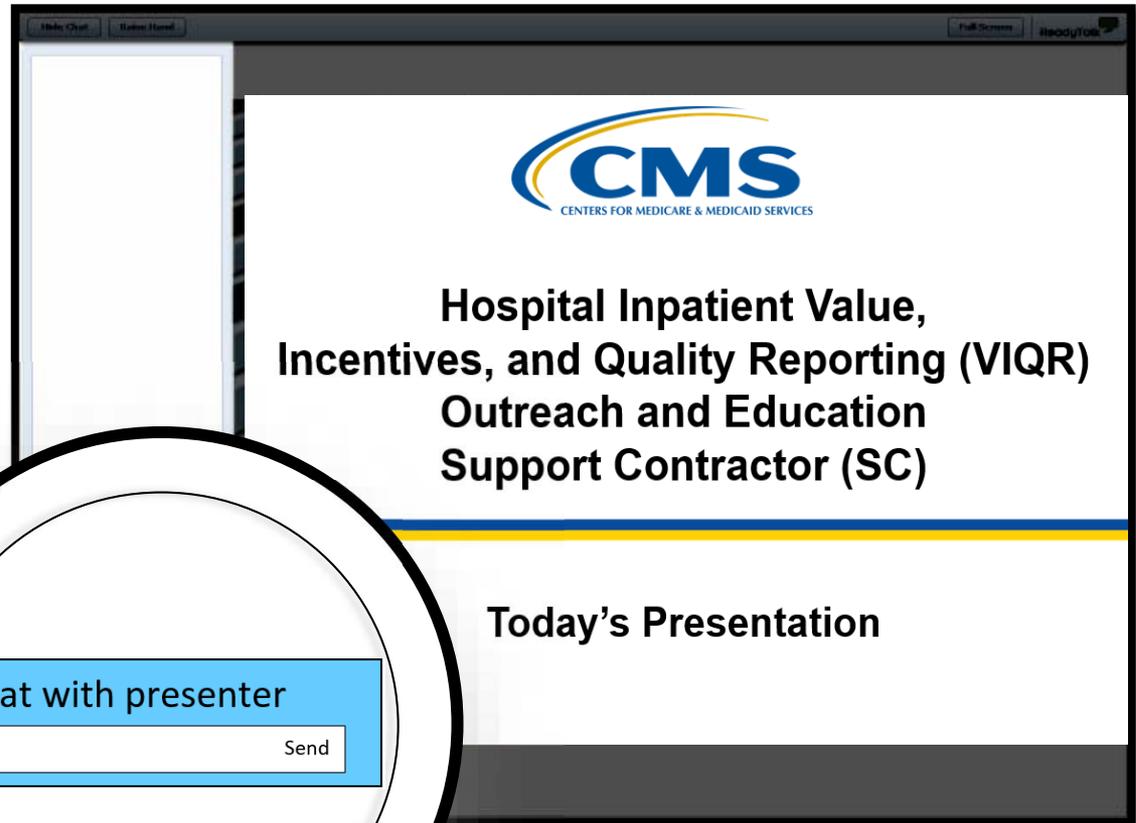
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Submitting Questions

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The image shows a screenshot of a presentation slide from the CMS (Centers for Medicare & Medicaid Services) website. The slide content includes the CMS logo, the title "Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC)", and the subtitle "Today's Presentation". A magnifying glass is positioned over the bottom-left corner of the slide, highlighting a "Chat with presenter" interface. This interface consists of a blue header bar with the text "Chat with presenter", a white text input field, and a "Send" button.



PCHQR Program: FY 2020 IPPS/LTCH PPS Proposed Rule

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Outreach and Education Support Contractor (SC)

May 1, 2019

Question-and-Answer Limitations

- During the course of this webinar, CMS:
 - Can only address procedural questions about comment submissions.
 - Cannot address **any** rule-related questions.
- Your understanding of these constraints is appreciated.
- CMS looks forward to your formal comments on the proposed rule.

Acronyms and Abbreviations

ACS	American College of Surgeons	HSAG	Health Services Advisory Group
ADCC	Alliance of Dedicated Cancer Centers	ICD	International Classification of Diseases
ASC	Ambulatory Surgical Center	ICHOM	International Consortium for Health Outcome Measurement
ASCO	American Society of Clinical Oncology	ICU	intensive care unit
CAUTI	Catheter-Associated Urinary Tract Infection	IPPS	Inpatient Prospective Payment System
CDC	Centers for Disease Control and Prevention	IQR	Inpatient Quality Reporting
CDI	<i>Clostridium difficile</i> Infection	LTCH	long-term care hospital
CE	Continuing Education	MAP	Measures Application Partnership
CLABSI	Central Line-Associated Bloodstream Infection	MRSA	Methicillin-Resistant <i>Staphylococcus aureus</i>
CMS	Centers for Medicare & Medicaid Services	NHSN	National Healthcare Safety Network
CPT	Current Procedural Terminology	NQF	National Quality Forum
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	RSAR	risk-standardized admission rate
FFS	fee-for-service	RSER	risk-standardized ED visit rate
FR	<i>Federal Register</i>	SEER	Surveillance, Epidemiology and End Results
FSR	Facility-Specific Report	SC	support contractor
FY	fiscal year	SIR	Standardized Infection Ratio
HAI	healthcare-associated infection	SSI	Surgical Site Infection
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	TEP	Technical Expert Panel
HCP	healthcare personnel	UI	urinary incontinence
HHS	US Department of Health and Human Services	VBP	value-based purchasing
HMO	health maintenance organization	VIQR	value, incentives, and quality reporting

Purpose

This presentation will provide an overview of the Fiscal Year (FY) 2020 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Proposed Rule with a focus on the possible impact of the proposed changes on the PCHQR Program.

Objectives

Upon completion of this event, participants will be able to:

- Locate the FY 2020 IPPS/LTCH PPS Proposed Rule.
- Identify proposed changes possibly impacting participants in the PCHQR Program.
- Describe how and when to submit written comments to CMS regarding the proposed rule.

FY 2020 IPPS/LTCH PPS Proposed Rule Publication

- We anticipate the FY 2020 IPPS/LTCH PPS Proposed Rule to be published in the *Federal Register* in early May 2019.
- CMS will provide the exact PCHQR Program pages via ListServe communication.

PCHQR Program: FY 2020 IPPS/LTCH PPS Proposed Rule

Proposed Changes to the PCHQR Program

PCHQR Program Sections

1. Background
2. Proposed Refinement of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey (NQF #0166): Removal of the Pain Management Questions
3. Measure Retention and Removal Factors for the PCHQR Program
4. Proposed Removal of the Web-Based Structural Measure: External Beam Radiotherapy (EBRT) for Bone Metastases from the PCHQR Program Beginning with the FY 2022 Program Year
5. Proposed New Quality Measure Beginning with the FY 2022 Program Year
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

- Social Security Act:
 - Section 1866(k): Establishes a quality reporting program for hospitals described in section 1886(d)(1)(B)(v) of the Act (referred to as PPS-Exempt Cancer Hospitals, or PCHs) that applies to PCHs that meet the requirements under 42 CFR 412.23(f).
 - Section 1866 (k)(1): States that for FY 2014 and each subsequent fiscal year, a PCH must submit data to the Secretary in accordance with section 1866(k)(2) of the Act with respect to such fiscal year.
- 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.

2. Proposed Refinement of the HCAHPS Survey (NQF #0166): Removal of the Pain Management Questions

- Background:
 - The HCAHPS Survey, National Quality Forum (NQF) #0166, is the first national, standardized, publicly reported survey of patients' experience of hospital care and asks discharged patients 32 questions about their hospital stay.
 - The HCAHPS Survey was endorsed by NQF in May 2005.
 - CMS adopted the HCAHPS Survey into the PCHQR Program beginning with FY 2016 Program Year in the FY 2014 IPPS/LTCH PPS Final Rule (78 FR 50844–50845).
- CMS proposal and invitation for public comment:
 - Adopt a substantive change to the HCAHPS Survey by removing the three Pain Management questions beginning with October 1, 2019 discharges.
 - Not publicly report the data collected on the Pain Management questions prior to their removal from the HCAHPS Survey, effective with October 2018 discharges, and provide confidential preview reports as early as July 2019 (upon availability of four quarters of calendar year [CY] 2018 data).

Current HCAHPS Survey Questions

Current version:

Q12: During this hospital stay, did you need medicine for pain?

- Yes
- No → If no, go to Q15.

Q13: During this hospital stay, how often was your pain well controlled?

- Never
- Sometimes
- Usually
- Always

Q14: During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

- Never
- Sometimes
- Usually
- Always

These questions were also adopted and removed from other quality reporting programs:

- Hospital Value-Based Purchasing (VBP) Program
 - CY 2017 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Final Rule (81 FR 79862) finalized removal of the Pain Management dimension of the HCAHPS Survey in the Patient and Caregiver Centered Experience of Care/Care Coordination domain of the Hospital VBP Program beginning with the FY 2018 program year.
- Hospital Inpatient Quality Reporting (IQR) Program
 - FY 2018 IPPS/LTCH PPS Final Rule (82 FR 38328) finalized a refinement to the HCAHPS Survey measure by removing the previously adopted pain management questions.

Proposal to Remove the Existing Pain Management Questions in HCAHPS Survey

- CMS is proposing to refine the HCAHPS Survey used in the PCHQR Program by removing the three pain management questions, beginning with October 1, 2019 discharges.
- CMS believes that the following issues support the removal of the pain management questions in the HCAHPS Survey used by PCHs:
 - Patient experience of care has been identified as a source of competitive advantage and some facilities may be disaggregating their raw HCAHPS Survey data to compare, assess, and incentivize individual physicians, nurses, and other hospital staff.
 - Potential confusion about the appropriate use of the pain management questions in the PCHQR Program could arise, given the public health concern about the ongoing prescription opioid overdose epidemic.
 - While it is important to provide performance results within the context of pain management for cancer patients, there are limitations with using pain items in generic patient experience surveys, such as the HCAHPS Survey, when implemented.

3. Measure Retention and Removal Factors for the PCHQR Program

CMS proposes no changes to the measure retention and removal factors.

- Both retention and removal factors are based on factors adopted for the Hospital IQR Program.
- Measures are retained from the previous year's PCHQR Program measure set for the subsequent years' measure sets, unless a measure is specifically proposed for removal or to replace a measure.
- New measure removal factor was adopted in the FY 2019 IPPS/LTCH PPS Final Rule.

Measure Retention Factors

- Measure aligns with other CMS and U.S. Department of Health & Human Services (HHS) policy goals.
- Measure aligns with other CMS programs, including other quality reporting programs.
- Measure supports efforts to move PCHs towards reporting electronic measures.

Measure Removal Factors

- **Factor 1:** Measure performance among PCHs is so high and unvarying that meaningful distinctions and improvements cannot be made (“topped out”).
- **Factor 2:** A measure does not align with current clinical guidelines or practice.
- **Factor 3:** A more broadly applicable measure or a measure that is more proximal in time to desired patient outcomes is available.
- **Factor 4:** Performance or improvement on a measure does not result in better patient outcomes is available.
- **Factor 5:** A measure that is more strongly associated with desired patient outcomes for the particular topic is available.
- **Factor 6:** Collection or public reporting of a measure leads to negative unintended consequences other than patient harm.
- **Factor 7:** It is not feasible to implement the measure specifications.
- **Factor 8:** The costs associated with a measure outweigh the benefit of its continued use in the program.

4. Proposed Removal of EBRT for Bone Metastases Beginning with the FY 2022 Program Year

Background:

- The measure was adopted in the FY 2015 IPPS/LTCH PPS Final Rule (79 FR 50278–50279) for the FY 2017 program year.
- Specifications initially used “radiation planning” Current Procedural Terminology (CPT) codes billable at the physician level.
- At least one PCH did not have access to physician billing data, making reporting unduly burdensome and difficult.
- Measure updated to enable use of “radiation delivery” CPT codes, which are billable at the hospital level.

Analysis of Measure Use:

- Measure steward observed that implementing newly coded measure in the outpatient setting proved to be very burdensome on facilities. The use of “radiation delivery” CPT codes requires more complicated measure exclusions to be used.
- Measure lost NQF endorsement in 2018 and the measure steward is no longer maintaining the measure or seeking re-endorsement.

Summary

CMS proposes, under measure removal Factor 8, to remove EBRT from the program beginning with FY 2022 program year and invites public comment on this proposal.

- Burden associated with the measure outweighs the value of its inclusion in the PCHQR Program.

5. Proposed New Quality Measure Beginning with the FY 2022 Program Year

CMS proposes and invites public comment on the adoption of one new measure in the PCHQR Program beginning with the FY 2022 program year: **Surgical Treatment Complications of Localized Prostate Cancer.**

- When developing and selecting measures for the PCHQR Program, many principles, which are modeled after those used in the Hospital IQR Program, are taken into consideration.
- Section 1866 (k)(3)(A) of the Social Security Act requires that any measure specified by the Secretary must have been endorsed by the entity with a contract under section 1890(a) of the Act. (NQF currently holds this contract).
- Section 1866 (k)(3)(B) of the Act provides an exception, where the Secretary may specify a measure that has not been endorsed by the NQF as long as due consideration is given to measures that been endorsed or adopted by a consensus organization.

Background

Surgical Treatment Complications for Localized Prostate Cancer

- Prostate cancer is the most common non-dermatologic malignancy among men in the US.
- Prostate-directed therapy could involve surgical removal of the prostate, radiation therapy, or both.
 - Majority of patients survive, but these treatments can have serious and potentially longstanding adverse effects. Patient reported outcomes reflect that these treatments have a detrimental impact on their quality of life.
- Clinical trials and population-based data have been used to determine whether different prostate-directed treatments result in different patient-centered outcomes.
- Very few studies explored whether the patient-centered outcomes experienced after prostate-directed therapy vary by treating facility, but studies of other cancers have demonstrated this.
 - Operative mortality after major cancer surgery varies inversely with hospital volume.

Overview

Surgical Treatment Complications for Localized Prostate Cancer

- Measure is based on the *Localized Prostate Cancer Standard Set* developed by the International Consortium for Health Outcome Measurement (ICHOM).
- Measure addresses complications of a prostatectomy and the outcomes selected are urinary incontinence (UI) and erectile dysfunction (ED)
 - Measure uses claims to identify UI and ED among patients undergoing localized prostate cancer surgery to derive hospital-specific rates.
- CMS believes this measure is in line with the Standard Set framework and would add value to the PCHQR Program measure set.
- By identifying facilities where adverse outcomes associated with prostatectomy are more common, this measure will help highlight opportunities for quality improvement activities that may mitigate unwarranted variation in prostatectomy procedures.

Data Sources

Surgical Treatment Complications for Localized Prostate Cancer

- Measure will be calculated on a yearly basis using Medicare administrative claims data.
- Data collection period for FY 2022 program year would be July 1, 2019 through June 30, 2020.
- Availability of claims data is necessary since the methodology assesses complications pre- and post-surgery directed to the prostate.
- A Surveillance, Epidemiology and End Results Program (SEER)-Medicare dataset was used to validate Medicare claims data.
 - Results showed that the claims-based algorithm used by the measure could successfully identify patients with prostate cancer, which substantiated the use of Medicare claims data as a data source.

Measure Calculation

Surgical Treatment Complications for Localized Prostate Cancer

- Numerator includes patients with diagnosis claims that could indicate adverse outcomes following prostate-directed surgery.
- Denominator includes:
 - Men, age 66 years or older at the time of prostate cancer diagnosis, with at least two International Classification of Diseases (ICD) diagnosis codes for prostate cancer separated by at least 30 days.
 - Men who survived at least one year after prostate-directed therapy.
 - Codes for prostate cancer surgery (open, minimally invasive/robotic prostatectomy) at any time after the first prostate cancer diagnosis.
 - Continuous enrollment in Medicare Parts A and B (and no Medicare Part C [Medicare Advantage] enrollment) from one year before through one year after prostate directed therapy.
- The measure excludes patients:
 - With metastatic disease.
 - With more than one non-dermatologic malignancy.
 - Receiving chemotherapy.
 - Receiving radiation.
 - and/or
 - Who die within one year after prostatectomy.
- Measure specifications are available in the [2018 Measures Under Consideration List](#).

Cohort and Risk Adjustment

Surgical Treatment Complications for Localized Prostate Cancer

- **Cohort** – The measure includes adult male Medicare fee-for-service (FFS) beneficiaries, age 66 years and older, who have received prostate cancer directed surgery within the defined measurement period.
- **Risk Adjustment** – The measure steward conducted a mock risk-adjustment protocol based on case mix variables identified in the ICHOM data dictionary and TEP guidance.
 - Risk adjusting the measure did not yield results that demonstrated any statistically significant differences from the non-risk-adjusted results.
 - Measure steward finalized the development of the measure without the implementation of a risk-adjustment model.

MAP Assessment

Surgical Treatment Complications for Localized Prostate Cancer

- While recognizing the importance of patient-relevant outcomes for patients who have undergone surgical treatment for prostate cancer, the Measures Application Partnership (MAP) encouraged CMS to resubmit the measure once the measure developer better streamlined the reliability and validity testing methodologies.
- The MAP discussed differences between surgical procedures and recommended a separate grouping of non-open procedures.
- The MAP suggested the measure be risk-adjusted due to the concern of different rates of complications related to how the surgery is performed.

Proposed FY 2022 PCHQR Program Measure Set

Safety and Healthcare-Associated Infection (HAI)

Short Name	NQF #	Measure Name
CAUTI	0138	Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure
CLABSI	0139	Central line-associated Bloodstream Infection (CLABSI) Outcome Measure
HCP	0431	National Healthcare Safety Network (NHSN) Influenza Vaccination Among Healthcare Personnel
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>Clostridium difficile</i> Infection (CDI) Outcome Measure

Proposed FY 2022 PCHQR Program Measure Set

Clinical Process/Oncology Care Measures

Short Name	NQF #	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
N/A	0383	Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology

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

Proposed FY 2022 PCHQR Program Measure Set

Patient Engagement/Experience of Care

Short Name	NQF #	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*

*Measure proposed for adoption for the FY 2022 program year and subsequent years.

6. Possible New Quality Measure Topics for Future Years

CMS is seeking public comment specifically on measures that could balance the need to assess pain management against efforts to ensure that providers are not incentivized to overprescribe opioids to patients in the PCH setting, such as:

- Measures and measurement concepts that can be further developed to assess appropriate pain management in the cancer population.
- Measures that assess post-treatment addiction prevention for cancer patients.
- Existing measures or measurement concepts that evaluate pain management for cancer patients, and do not involve opioid use.

Overview

- CMS recognizes the need to be responsive to the unique needs of the cancer patient cohort by continually examining the quality measurement landscape for quality measures that balance pain management with efforts to address the opioid epidemic.
- The Alliance of Dedicated Cancer Centers (ADCC) convened a group of expert stakeholders to discuss and provide recommendations on best practices for the future of pain measurement among cancer patients, within the context of the opioid crisis in the United States.
 - The participants unanimously supported ongoing pain-related quality measurement, adding that pain assessment offers clinicians the greatest utility when the information collected can be used to identify personalized pain management goals for patients.

7. Maintenance of Technical Specifications for Quality Measures

- Technical specifications are periodically updated and maintained on the [QualityNet website](#).
- The subregulatory process is used to make non-substantive updates to measures used for the PCHQR Program.

8. 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 continues to use rulemaking to establish the year the first publicly reported data will be made available and publish the data as soon as feasible during that year.
- CMS invites public comment on the timetable for the public display of the following measures:
 - CY 2019 (specifically beginning with the October 2019 *Hospital Compare* release)
 - SSI-Colon and Abdominal Hysterectomy
 - MRSA
 - CDI
 - HCP
 - CY 2020
 - Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy

Proposed Public Display of the Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy Measure in CY 2020

- In the FY 2017 IPPS/LTCH PPS Final Rule, CMS stated that the risk-standardized admission rate (RSAR) and risk-standardized ED visit rate (RSER) for the Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy measure would be publicly reported.
- To ensure continuity in the observed measure performance results, CMS intends to complete a subsequent round of confidential national reporting in the Spring 2019 (using Medicare claims data from July 1, 2017 through June 30, 2018).
- The proposed timeline to begin in CY 2020 allows both CMS and PCHs adequate time to review all confidential reporting results.

Proposed Public Display of the SSI-Colon and Abdominal Hysterectomy, MRSA, CDI and HCP Measures in CY 2019

- All PCHs are currently reporting HAI measure data via NHSN for the purposes of the PCHQR Program.
- In the FY 2019 IPPS/LTCH PPS Final Rule, CMS finalized to provide stakeholders with performance data for these measures as soon as practicable.
- The CDC announced that HAI data reported to NHSN for 2015 would be used as the new baseline.
 - Re-baselining efforts, specifically the generation and implementation of new predictive models used to calculate Standardized Infection Ratios (SIRs), are complete.

Continued Deferral of Public Display of CAUTI and CLABSI Measures

- CMS finalized retaining the CAUTI and CLABSI outcome measures in the CY 2019 OPPS/ASC final rule and to continue deferring public reporting.
- Collaborative efforts between CMS and CDC continue to evaluate the performance data for the updated, risk-adjusted versions of CAUTI and CLABSI.
- To allow adequate time for data collection by the CDC and submission and review of data by CMS, public display of the revised versions of CAUTI and CLABSI measures will occur in CY 2022.

Previously Finalized and Proposed Public Display Requirements

Measures	Public Reporting
<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"> EBRT* 	2017 and subsequent years
<ul style="list-style-type: none"> ACS-CDC Harmonized Procedure Specific SSI – Colon and Abdominal Hysterectomy (NQF #0753) Facility-wide Inpatient Hospital-onset MRSA Bacteremia (NQF #1716) Facility-wide Inpatient-Hospital-onset CDI (NQF #1717) Influenza Vaccination Coverage Among HCP (NQF #0431) 	October 2019
<ul style="list-style-type: none"> Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy 	CY 2020
<ul style="list-style-type: none"> CAUTI (NQF #0138) CLABSI (NQF #0139) 	Deferred until CY 2022

*Measure is proposed for removal, beginning with FY 2022 program year.

**Publicly reported data will not include responses to Pain Management questions.

9. Form, Manner, and Timing of Data Submission

- Data submissions requirements are posted on the [QualityNet PCHQR Program Resources page](#).
- CMS is proposing to conduct confidential reporting for the following existing PCHQR Program measures:
 - Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (EOL-Chemo) (NQF #0210)
 - Proportion of Patients Who Died from Cancer Admitted to ICU in the Last 30 Days of Life (EOL-ICU) (NQF #0213)
 - Proportion of Patients Who Died from Cancer Not Admitted to Hospice (EOL-Hospice) (NQF #0215)
 - Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days (EOL-3DH) (NQF #0216)
 - 30-Day Unplanned Readmissions for Cancer Patients (NQF #3188)

Background

- The four EOL measures were adopted in the FY 2018 IPPS/LTCH PPS Final Rule beginning with the FY 2020 program year.
 - Initial data collection period is July 1, 2017 through June 30, 2018.
 - The measure steward, American Society of Clinical Oncology (ASCO), made non-substantive updates to the technical specifications.
- NQF #3188 was adopted in the FY 2019 IPPS/LTCH PPS Final Rule beginning with the FY 2021 program year.
 - Initial data collection period is October 1, 2018 through September 30, 2019.

Proposed Confidential National Reporting for Data Collection

- Confidential national reporting objectives:
 - Educate PCHs and stakeholders about the measure(s)
 - Allow PCHs to review their data and measure results prior to public display
 - Answer questions from PCHs and stakeholders
 - Test production and reporting processes
 - Identify potential technical changes to the measure specifications
- Facility-specific reports (FSRs) will be distributed and include:
 - Measure performance results
 - National results (11 PCHs)
 - Detailed patient-level data
 - Summary of each PCHs patient mix
- Confidential reporting timeline:
 - Four EOL measures: use claims data collected July 1, 2019–June 30, 2020
 - NQF #3188: use claims data collected October 1, 2019–September 30, 2020

10. ECE Policy Under the PCHQR Program

CMS is not proposing any changes to the ECE policy.

- CMS refers readers to the FY 2019 IPPS/LTCH PPS Final Rule for more information on the ECE policy for the PCHQR Program.
 - The ECE policy was established in the FY 2014 IPPS/LTCH PPS Final Rule.
 - CMS recognizes there are occasions when providers have been unable to submit required data due to an extraordinary circumstance not within their control.
 - PCHs can request an exception 90 days following the date the extraordinary circumstance occurred.
 - CMS can grant an exception/extension due to CMS data system issues which affect the data submission process.
 - CMS will strive to respond to an ECE request within 90 days upon receipt.

Comment Submissions

- 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 June 24, 2019.
- CMS will respond to all comments that are within the scope of the final rule.

PCHQR Program: FY 2020 IPPS/LTCH PPS Proposed Rule

Submitting Comments on the Proposed Rule

Topics for Public Comment

- Removal of the HCAHPS pain management questions
- Removal of the EBRT measure, beginning with FY 2022 program year
- One new quality measure for inclusion: Surgical Treatment Complications for Localized Prostate Cancer, beginning with FY 2022 program year
- Future measure topic areas that include potential measures that address assessment of pain management and alternative pain management methodologies
- Public Display of the Outpatient Chemotherapy measure in CY 2020 and HAI (SSIs, MRSA, CDI, and HCP) measures in October 2019
- Confidential national reporting for the four EOL and 30-Day Unplanned Readmissions for Cancer Patients measures

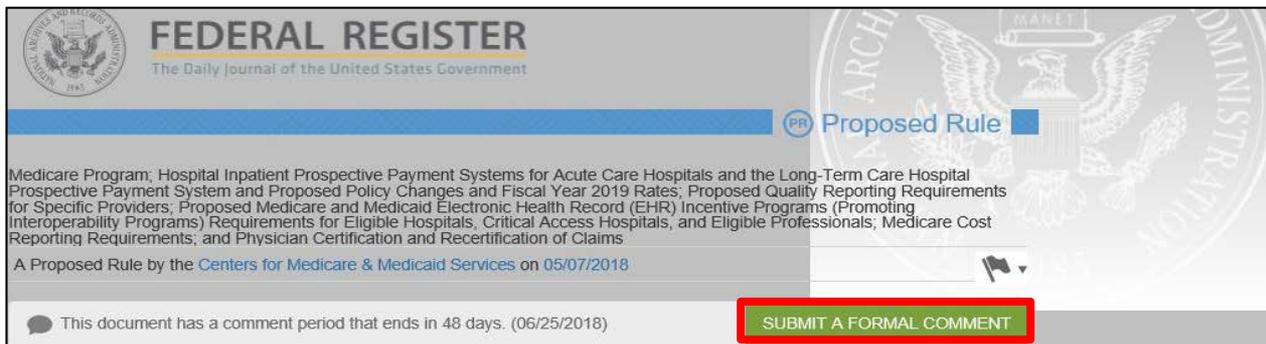
Methods of Providing Comment

The three methods of providing comment on the proposed rule include:

- Electronic submission
- Regular mail
- Express or overnight mail

Comment Submission Starting the Process

- Navigate to the [Federal Register](#) or [Regulations.gov](#) site.
- Select **Submit A Formal Comment** or **Comment Now**.
- The due date is June 24, 2019.



OR



PR Hospital Inpatient Prospective Payment System for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2020 Rates CMS-1716-P Display

This Proposed Rule document was issued by the **Centers for Medicare Medicaid Services (CMS)**
For related information, [Open Docket Folder](#)

Comment Now!
Due June 24, 2019, at 11:59 PM ET

3 Steps for Submitting a Comment

Step 1a: Enter Your Comment

Step 1a: Enter Your Comment

- Enter comment in the Comment field.
- Required fields have “(Required)” next to the field name (a).
- Comments can be up to 5,000 characters. The counter indicates how many characters you have remaining (b).

1 Your Information

1 Your Information 2 Your Preview 3 Your Receipt

Information entered will be viewable on Regulations.gov [View Commenter's Checklist \(PDF\)](#)

Comment (Required)

5000 characters remaining

3 Steps for Submitting a Comment

Step 1b: Enter Your Information

Step 1b: Enter Contact Information

- Upload a file if you wish (a).
- Enter your contact information; State or province, ZIP/postal code, and country are required fields (b).

The screenshot shows a web form for submitting a comment. At the top left, there is a section for uploading a file, labeled 'Upload file(s) (Optional)' with a blue globe icon and a 'Choose file' button. A red box labeled 'a' with an arrow points to this section. Below this is a section for contact information, enclosed in a red box labeled 'b' with an arrow. This section includes input fields for 'First Name' and 'Last Name'. Under the heading 'Contact Information', there are fields for 'City', 'State or Province (Required)' with a globe icon, and 'ZIP/Postal Code (Required)'. Below these are 'Country (Required)' with a globe icon (set to 'United States') and 'Email Address'.

3 Steps for Submitting a Comment Step 1c: Submit a Comment On Behalf of Third Party

Step 1c: Indicate Third-Party Information

- If submitting a comment on behalf of a third party, enter the organization name. If not, uncheck the box; the organization name field will disappear.
- When done entering your comment and contact information, select the **Continue** button.

The screenshot shows a form with the following elements:

- A checkbox labeled "I am submitting on behalf of a third party" which is checked. A red box highlights the checkbox, and a red arrow points to it from the right.
- A text input field labeled "Organization Name (Required)". A red box highlights the input field, and a red arrow points to it from the right.
- A blue button labeled "Continue" with a right-pointing arrow. A red box highlights the button, and a red arrow points to it from the right.

Step 2: Preview/Edit Information Entered

Step 2: Preview/Edit Information

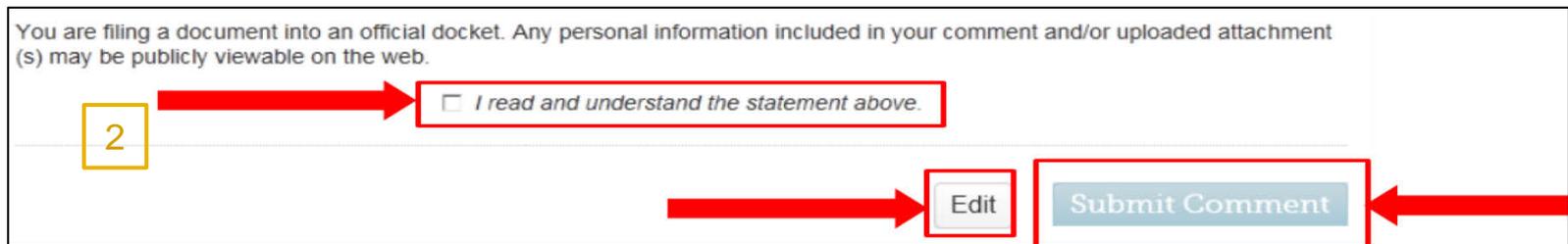
- How your comment and information will appear on Regulations.gov:
 - Your name, ZIP/postal code, and organization name will **not** appear on Regulations.gov.
 - Your comment, any files you uploaded, and country, state or province, as well as category information **will** appear on Regulations.gov.
- How to edit your comment and/or contact information:
 - Select the **Edit** button.
 - Make your edits.
 - When done, check the box in front of “*I read and understand the statement above.*”
 - Select the **Submit Comment** button.

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

I read and understand the statement above.

2

Edit **Submit Comment**



Step 3: Receive/View Comment Receipt

Step 3: Receive/View Receipt

- Your comment is assigned a tracking number.
- Take a screenshot of this page or save your tracking number. You can use your tracking number to find out the status of your comment.



You are commenting on:

The **Centers for Medicare Medicaid Services (CMS)** Proposed Rule: [Hospital Inpatient Prospective Payment System for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2020 Rates CMS-1716-P Dispay](#)

For related information, [Open Docket Folder](#)

3 Your Receipt

1 Your Information 2 Your Preview 3 Your Receipt

Your Comment Tracking Number: 1k2-930k-5n2t

Your comment may be viewable on Regulations.gov once the agency 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.

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Key Dates and Reminders

Upcoming Events and Deadlines

- **Events – Save the Date**
 - May 23, 2019
 - June 26, 2019
- **Data Submission Deadlines**
 - May 15, 2019
 - Q4 2018 HAI data
 - Q4 2018 – Q1 2019 HCP data*
 - July 3, 2019
 - Q1 2019 HCAHPS Survey data

*HCP measure data submission falls under the CMS-granted, California wildfire ECE.

Hospital Compare

- **April 2019**
 - 1Q 2017 through 4Q 2017 Cancer-Specific Treatment (CST) colon and breast data
 - 3Q 2016 through 2Q 2017 CST hormone data
 - 3Q 2017 through 2Q 2018 HCAHPS Survey data
- **July 2019**
 - 4Q 2016 through 3Q 2017 CST hormone data
 - 4Q 2017 through 3Q 2018 HCAHPS Survey data
 - CST colon and breast data removed from *Hospital Compare*

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 login link: "Log in to QualityNet Secure Portal (formerly MyQualityNet)" with a "Log In" button. Further right is a search bar with a "Search" button. Below the header is a navigation bar with tabs for "Home", "My QualityNet", and "Help". Underneath are dropdown menus for 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 is divided into several sections:

- QualityNet Registration:** A list of links including "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "ASCs", "Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "QIOs".
- Getting Started with QualityNet:** A list of links including "Registration", "Sign-In Instructions", "Security Statement", "Password Rules", and "QualityNet System Security Policy, PDF".
- Join ListServes:** A link to "Sign up for Notifications and Discussions."
- QualityNet News:** A section with a "More News >" link. The main article is titled "CMS releases December 2017 Hospital Compare preview reports". The text 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 also notes: "The Hospital Compare preview reports will be available from **October 2 through October 31**. Hospitals are encouraged to access and download reports early in the preview period in order to have time for a thorough review. The preview reports are only available during the preview period." A "Full Article >" link is provided.
- Headlines:** A list of links including "CMS grants exceptions for Quality Program participants in FEMA disaster areas in Puerto Rico and U.S. Virgin Islands affected by Hurricane Maria", "CMS will not update Hospital Compare Star Ratings Data in October 2017", "CMS grants exceptions for Quality Program participants in FEMA disaster areas in Florida, Puerto Rico, and U.S. Virgin Islands affected by Hurricane Irma", "CMS will hold a second Review and Corrections Period for the FY 2018 HAC Reduction Program", "CMS grants exemptions for Quality Program participants in FEMA disaster areas in Texas and Louisiana affected by Hurricane Harvey", and "Hospital VBP Program FY 2018 Percentage Payment Summary Report now available".
- Log in to QualityNet Secure Portal:** A section with a "Login" link and a list of resources: "Download Symantec ID (required for login)", "Portal Resources", and "Secure File Transfer Resources".
- Questions & Answers:** A list of links including "Hospitals - Inpatient", "Hospitals - Outpatient", "Ambulatory Surgical Centers", "Inpatient Psychiatric Facilities", and "PPS-Exempt Cancer Hospitals". The "PPS-Exempt Cancer Hospitals" link is highlighted with a red box.
- Note:** A note stating "Note: First-time registration required".
- Downloads:** A section with a "Downloads" link.

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Continuing Education

CE Approval

This program has been approved for Continuing Education (CE) credit for the following boards:

National credit

- Board of Registered Nursing (Provider #16578)

Florida-only credit

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Registered Nursing
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

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

CE Credit Process: Three Steps

1. Complete the ReadyTalk[®] survey that will pop up after the webinar.
2. Register on the HSAG Learning Management Center for the certificate.
3. Print out your certificate.



NOTE: An additional survey will be sent to all registrants within the next 48 hours.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

CE Credit Process: Certificate

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:

<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:

<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

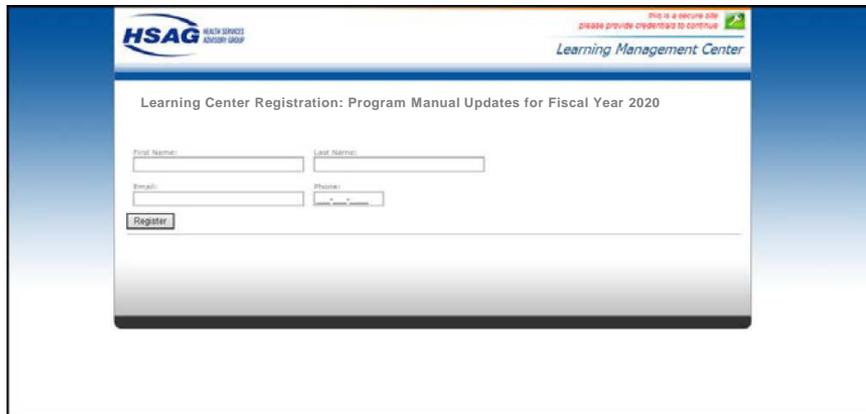
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

Register for Credit

New User

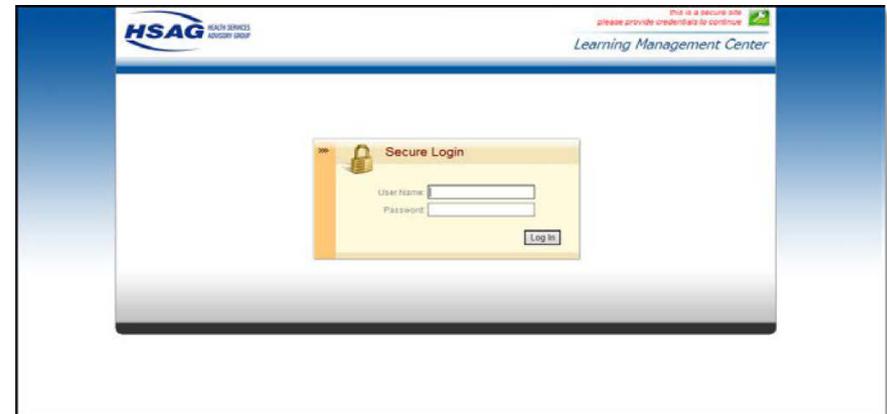
Use personal email and phone.
Go to email address and
finish process.



The screenshot shows the 'Learning Management Center' registration page. At the top, there is a blue header with the HSAG logo and the text 'HEALTH SERVICES DIVISION GROUP'. Below the header, the page title is 'Learning Center Registration: Program Manual Updates for Fiscal Year 2020'. The registration form includes fields for 'First Name', 'Last Name', 'Email', and 'Phone', along with a 'Register' button. A security warning at the top right states 'This is a secure site please provide credentials to continue'.

Existing User

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



The screenshot shows the 'Secure Login' page. At the top, there is a blue header with the HSAG logo and the text 'HEALTH SERVICES DIVISION GROUP'. Below the header, the page title is 'Learning Management Center'. The login form includes fields for 'User Name' and 'Password', along with a 'Log In' button. A security warning at the top right states 'This is a secure site please provide credentials to continue'.

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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.

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