PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

PCHQR Program: FY 2020 IPPS/LTCH PPS Proposed Rule

Presentation Transcript

Speaker

Nekeshia McInnis, MSPH
PCHQR Program Lead
Quality Measurement and Value-Based Incentives Group
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services (CMS)

Speaker/Moderator

Lisa Vinson, BS, BSN, RN
PCHQR Program Lead
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

May 1, 2019
2 p.m. ET

Lisa Vinson: Good afternoon and welcome to today's PPS-Exempt Cancer Hospital Quality Reporting Program Outreach and Education event, entitled *Fiscal Year 2020 IPPS/LTCH PPS Proposed Rule*. My name is Lisa Vinson. And I will be the moderator for today's event. I serve as the Program Lead for the PCHQR Program within the Hospital Inpatient Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor. The materials for today's presentation were developed by our team in conjunction with our CMS Program Lead, Nekeshia McInnis, who will be the main speaker for today's presentation. Nekeshia is the PCHQR Program Lead in the Quality Measurement and Value-Based Incentives Group, QMVIG, within the Center for Clinical Standards and Quality at CMS. As the title indicates, we will be discussing the fiscal year 2020 IPPS/LTCH PPS proposed rule. Today's event is specific for participants in the PCHQR Program. Although the proposed rule contains content that addresses the Hospital Inpatient Quality Reporting, or IQR, and the Long-Term Care Hospital, or LTCH, quality reporting programs, we will only be focusing on the PCHQR Program section. If your facility is participating in the Hospital IQR or LTCH programs, please contact your designated program lead to find out when there will be a presentation on your section of the fiscal year 2020 proposed rule. Furthermore, if you have questions about today's presentation, please submit them using the chat function. However, there are a few limitations. As time allows, and if the question can be answered, our speakers will address these during today's event. If time does not allow all questions to be answered today, please remember that the slides, recording, transcript, and questions and answers will be posted following today's event on *QualityNet* and *Quality Reporting Center* websites. Now, on our next slide, we will further discuss the question-and-answer limitations.

During this presentation, Nekeshia will be discussing the areas of the fiscal year 2020 proposed rule related to the PCHQR Program. As noted on this slide, during this time, Nekeshia cannot address any rule-related questions. All rule-related questions must be submitted to CMS using the comment process. CMS wants to hear from all of you as participants in the PCHQR Program. You have valuable input regarding the CMS proposals

we will be reviewing today. Step-by-step instructions will be provided later in this presentation on how to submit comments to CMS regarding the proposed rule. Your expertise in the cancer care setting is an invaluable resource and CMS highly regards your feedback. So, with this background and introductory remarks, let's move to our next slide to take a look at some of the abbreviations and acronyms that you will hear and see during today's event.

Here is the acronyms and abbreviations list. Acronyms and abbreviations you will hear and see today include: CY for calendar year; FY for fiscal year; HAI for healthcare associated infection; H-C-A-H-P-S or HCAHPS®, for Hospital Consumer Assessment of Healthcare Providers and Systems; IPPS for Inpatient Prospective Payment System; LTCH, or L-TAC, for Long-Term Care Hospital; and PPS for Prospective Payment System.

The purpose of today's event is to provide an overview of the fiscal year 2020 IPPS/LTCH PPS proposed rule with a focus on the possible impact of the proposed changes on the PCHQR Program.

There are three main objectives for today's webinar. Program participants should be able to locate the fiscal year 2020 IPPS/LTCH PPS proposed rule, identify the proposed changes possibly impacting participants in the PCHQR Program, and describe how and when to submit written comments to CMS regarding the proposed rule.

Lastly, CMS anticipates that the *Federal Register* version of the fiscal year 2020 IPPS/LTCH PPS proposed rule will be available the early part of this month. Once available, CMS will provide a link to the publication and the PCHQR Program section page numbers via ListServe communication. At this time, I would like to turn the presentation over to Nekeshia, who will further discuss the proposed changes and how these changes may impact the PCHQR Program. Nekeshia?

Nekeshia McInnis: Thank you, Lisa. Good afternoon, everyone. And thank you again for joining us today to discuss the latest proposal found in the fiscal year 2020 IPPS proposed rule, as it relates specifically to the PCHQR Program.

Here we see the various sections of the rule outline, ranging from the background to the ECE policy under the PCHQR Program. Number one, Background. Number two, Proposed Refinement of the HCAHPS Survey (NQF #0166): Removal of the Pain Management Questions. Number three, Measure Retention and Removal Factors for the PCHQR Program. Number four, Proposed Removal of the Web-Based Structural Measure: External Beam Radiotherapy (EBRT) for Bone Metastases from the PCHQR Program, Beginning with the Fiscal Year 2022 Program Year. Number five, Proposed New Quality Measure Beginning with the Fiscal Year 2022 Program Year. Number six, Possible New Quality Measure Topics for Future years. Number seven, Maintenance of Technical Specifications for Quality Measures. Number eight, Public Display Requirements. Number nine, Form, Manner, and Timing of Data Submission. Number 10, Extraordinary Circumstances Exception (ECE) Policy Under the PCHQR Program. We will touch upon each specific section in the upcoming slides.

In terms of Background, the PPS-Exempt Cancer Hospital Quality Reporting Program, PCHQR, was established in Section 1866(k) of the Social Security Act, starting in fiscal year 2014. 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. In addition, the PCHQR Program incentivizes PCHs to improve their healthcare quality and value while giving patients the tools and information needed to make the best decisions.

Secondly, CMS is proposing to refine the HCAHPS Survey by removing the pain management questions. The HCAHPS Survey is the first national standardized, publicly reported survey of patients' experience of hospital care and asks discharged patients 32 questions about their hospital stay. Furthermore, it was endorsed by the National Quality Forum in May 2005 and CMS adopted the HCAHPS Survey into the PCH Program, beginning with fiscal year 2016 program year in the fiscal year 2014 IPPS final rule. CMS is inviting public comment on the proposed adoption of a

substantive change to the HCAHPS Survey by removing the three pain management questions beginning with October 1, 2019 discharges. In addition, CMS also is inviting public comments on the proposal to 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.

Here, we see a copy of the three current HCAHPS Survey pain management questions that are in the PCHQR Program. Specifically, the questions include the following: During this hospital stay, did you need medicine for pain? During this hospital stay, how often was your pain well controlled? And, during this hospital stay, how often did the hospital staff do everything they could to help you with your pain? These questions were also adopted and removed from other quality reporting programs, including the Hospital Value-Based Purchasing Program (HVBP) and the Hospital Inpatient Quality Reporting Program (IQR).

CMS believes that the following issues support the removal of the pain management questions in the HCAHPS Survey used by PCHs. Number one, 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. Number two, 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. And, number three, 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.

Thirdly, CMS is proposing no changes to the measure retention and removal factors. As a reminder, both retention and removal factors are based on factors adopted by the Hospital IQR Program. Furthermore, 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.

Specifically, with regard to the measure retention factors, PCHQR Program measures align with other CMS and HHS policy goals as well as aligning with other CMS programs, including other quality reporting programs.

In terms of measure removal factors, you'll see listed here factors one through eight. Specifically, for factor one, measure performance among PCHs is so high and unvarying that meaningful distinction and improvements cannot be made, i.e., "topped out." Factor two, a measure does not align with current clinical guidelines or practice. Factor three, a more broadly applicable measure, or a measure that is more proximal in time to desired patient outcomes, is available. Factor four, performance or improvement on a measure does not result in better patient outcomes. Factor five, a measure that is more strongly associated with desired patient outcomes for the particular topic is available. Factor six, collection or public reporting of a measure leads to negative unintended consequences other than patient harm. Factor seven, it is not feasible to implement the measure specifications. And, factor eight, the costs associated with a measure outweigh the benefits of its continued use in the program.

Fourthly, CMS proposes to remove the EBRT for Bone Metastases, beginning with the fiscal year 2022 program year. In terms of background, this measure was adopted in the fiscal year 2015 IPPS final rule for the fiscal year 2017 program year. Measure specifications initially used radiation planning CPT codes, billable at the physician level. However, at least one PCH did not have access to physician billing data, making reporting unduly burdensome and difficult. As a result, the measure was updated to enable use of radiation delivery CPT codes, which are billable at the hospital level. Furthermore, while analyzing the measure's use, the measure steward observed that implementing this 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. In addition, the measure lost NQF endorsement in 2018 and the measure steward is no longer maintaining the measure or seeking re-endorsement.

Thus, CMS proposes, under measure removal factor eight, to remove EBRT from the PCHQR Program, beginning with fiscal year 2022 program year. Measure removal factor eight states, specifically, that burden associated with the measure outweighs the value of its inclusion in the PCHQR Program. We invite public comment on this proposal.

Fifthly, CMS proposes to adopt a new quality measure beginning with the fiscal year 2022 program year. Specifically, CMS proposes and invites public comment on the adoption of a Surgical Treatment Complications of Localized Prostate Cancer measure. Furthermore, we would like to reiterate that, 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. In addition, 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, of which the National Quality Forum currently holds. Lastly, however, the act provides an exception, where the secretary must specify a measure that has not been endorsed by the NQF, as long as due consideration is given to measures that have been endorsed or adopted by consensus organization.

Specifically, in terms of background as to why the Surgical Treatment Complications for Localized Prostate Cancer measure was selected for adoption in the PCHQR Program, we wanted to share that prostate cancer is the most common non-dermatologic malignancy among men in the U.S. Prostate-directed therapy can involve surgical removal of the prostate, radiation therapy, or both. However, although the majority of patients survive, 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. Subsequently, clinical trials and population-based data have been used to determine whether different prostate-directed treatments result in different patient-centered outcomes. Furthermore, very few studies explored whether the patient-centered outcomes experienced after prostate-directed therapy varied by treating facility. The studies of other cancers have demonstrated this.

To provide an overview of the Surgical Treatment Complications for Localized Prostate Cancer measure, this measure is based on the Localized Prostate Cancer Standard Set developed by the International Consortium for Health Outcome Measurement. Also, this measure addresses complications of the procedure and the outcomes selected are urinary incontinence and erectile dysfunction. Next, CMS believes this measure is in line with the Standard Set framework and would add value to the PCHQR Program measure set. Lastly, by identifying facilities where adverse outcomes associated with the procedure are more common, this measure will help highlight opportunities for quality improvement activities that may mitigate unwarranted variation in procedures.

In terms of data sources, the measure will be calculated on a yearly basis using Medicare administrative claims data. And the data collection period for fiscal year 2022 program year would be July 1, 2019 through June 30, 2020. The availability of claims data is necessary since this methodology assesses complications pre- and post-surgery directed to the prostate. Also, a Surveillance, Epidemiology and End Results Program-Medicare data set was used to validate Medicare claims data.

The Surgical Treatment Complications for Localized Prostate Cancer outcome measure analyzes hospital facility-level variation in patient-relevant outcomes during the year after prostate-directed therapy. Specifically, in terms of measure population, the numerator includes patients with diagnosis claims that could indicate adverse outcomes following prostate-directed surgery. The denominator includes the following: Men, age 66 years or older at the time of prostate cancer diagnosis, with at least two International Classification of Diseases 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 at any time after the first prostate cancer diagnosis; and, lastly, continuous enrollment in Medicare Parts A and B for one year before through one year after prostate-directed therapy. Furthermore, the measure excludes the following patients: Patients with metastatic disease; patients with more than one non-dermatologic malignancy; patients receiving

chemotherapy; patients receiving radiation therapy; and patients who die within one year after the procedure. Measure specifications are available on the 2018 Measures Under Consideration List, which are linked here.

Considering the measure cohort and risk adjustment approach, the following patient factors are controlled for: Deriving the patient-level complications score, age, year of surgery, other unknown prostate cancer grade, and procedure type. After the measure steward conducted a mock risk adjustment protocol, it was determined that risk-adjusted measure did not yield results that demonstrated any statistically significant differences from the non-risk-adjusted results. Thus, the measure steward finalized the development of the measure without the implementation of a risk-adjustment model.

Here, we have shared the Measure Application Partnership's assessment of this measure. Specifically, the MAP encouraged CMS to resubmit the measure once the measure developer better streamlined the reliability and validity testing methodologies. Also, the MAP discussed differences between surgical procedures and recommends a separate grouping of non-open procedures. In addition, the MAP also suggested the measure be risk-adjusted due to the concern of different rates of complications related to how the surgery is performed.

Here, we see the proposed fiscal year 2022 PCHQR Program measure set. This slide displays our Safety and Healthcare-Associated Infection measure subset, which includes CAUTI, CLABSI, HCP, SSI, MRSA and CDI.

This slide displays both proposed Clinical Process/Oncology Care measure subset and the Intermediate Clinical Outcome measure subset. The Clinical/Process Oncology Care measures include EOL-Chemo, EOL-Hospice, and Oncology: Plan of Care for Pain. The Intermediate Clinical Outcome measures include EOL-ICU and EOL-3DH.

Lastly, this slide displays both the proposed Patient Engagement/Experience of Care measure subset and the Claims-Based Outcome measure set. Patient Engagement/Experience of Care measures include HCAHPS. The Claims-

Based Outcome measures include the Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy, the 30-Day Unplanned Readmission for Cancer Patients, and Surgical Treatment Complications for Localized Prostate Cancer.

Concerning possible new quality measure topics for future years, CMS continues to analyze quality reporting and quality payment program measures, using the framework developed under the Meaningful Measures initiatives. We are 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, and existing measures or measurement concepts that evaluate pain management for cancer patients and do not involve opioid use.

Furthermore, the opioid epidemic is a national crisis and CMS is interested in the feasibility of adopting quality measures that examine a PCH's utilization of pain management strategies, other than opioid prescription, when furnishing care to their patients. The Alliance of Dedicated Cancer Centers, the ADCC, convened a group of expert stakeholders to discuss and provide recommendations on best practices for the future of pain measurement among cancer patients. During that meeting, 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.

In terms of measure maintenance, the clinical specifications are periodically updated and maintained on the *QualityNet* website. Furthermore, the sub-regulatory process is used to make non-substantive updates to measures used for this PCHQR Program.

With regards to the public display requirements under 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. Thus, CMS invites public comment on the timetable for the public display of the following measures. For calendar year 2019, beginning with October 2019 *Hospital Compare* release, the measures include the SSI-Colon and Abdominal Hysterectomy measure, MRSA, CDI, and HCP. For the calendar year 2020 *Hospital Compare* release cycle, the measures include the Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy measure.

Specifically, with regards to the proposed public display of the Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy measure in calendar year 2020, CMS stated in the fiscal year 2017 IPPS final rule that the risk-standardized admission rate and risk-standardized ED visit rate for the Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy measure will be publicly reported. To ensure continuity in the observed measure performance results, CMS intends to complete a subsequent round of confidential national reporting in spring 2019, using Medicare claims data from July 1, 2017 through June 30, 2018. The proposed timelines to begin in calendar year 2020 allows both CMS and PCHs adequate time to review all confidential reporting results.

Now, specifically with regards to the proposed public display of the SSI-Colon and Abdominal Hysterectomy, MRSA, CDI, and HCP measures in calendar year 2019, all PCHs are currently reporting HAI measure data via NHSN for the purposes of the PCHQR Program. In the fiscal year 2019 IPPS final rule, CMS finalized to provide stakeholders with performance data for these measures as soon as practicable. In addition, the Centers for Disease Control and Prevention announced that HAI data reported to NHSN for 2015 will be used as the new baseline.

Concerning the public display of the CAUTI and CLABSI measures, CMS finalized retaining the CAUTI and CLABSI outcome measures in the calendar year 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. Furthermore, to allow adequate time for data collection by the CDC and submission and review of data by CMS, public display and revised versions of CAUTI and CLABSI measures will occur in calendar year 2022.

Here, we display both previously finalized and currently proposed public display requirements for the below measures.

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

In terms of background for the End of Life measures, the four EOL measures were adopted in the fiscal year 2018 IPPS final rule, beginning with the fiscal year 2020 program year. The 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 fiscal year 2019 IPPS final rule, beginning with the fiscal year 2021 program year. The initial data collection period is October 1, 2018 through September 30, 2019.

CMS has proposed a confidential national reporting for data collection to meet the following objectives: To educate PCHs and stakeholders about the measures, to allow PCHs to review their data and measure results prior to public display, to answer questions from PCHs and stakeholders, to test production and reporting processes, and to identify potential technical changes to the measure specifications. Furthermore, the facility-specific reports will be distributed and will include: Measure performance results, national results for all 11 PCHs, detailed patient-level data, and summary of each PCH's patient mix. In addition, in terms of confidential reporting timeline, the four EOL measures will initially use claims data collected from July 1, 2019 to June 30, 2020. And the 30-Day Unplanned Readmissions for Cancer Patients measure will initially use claims data collected from October 1, 2019 to September 30, 2020.

Lastly, CMS is not proposing any changes to the ECE policy and we refer readers to the fiscal year 2019 IPPS final rule for more information on the ECE policy for the PCHQR Program. The ECE policy was established in the fiscal year 2014 IPPS final rule. CMS recognizes there are occasions when providers have been unable to submit required data due to extraordinary circumstances 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. Furthermore, CMS will strive to respond to an ECE request within 90 days upon receipt.

Thank you again for joining us this afternoon. We greatly appreciate your public comments on our proposals. To be assured consideration, comments on all sections of this proposed rule must be received no later than June 24, 2019. Furthermore, CMS will respond to all comments that are within scope in the final rule. Thank you. Lisa?

Lisa Vinson: Thank you, Nekeshia. I will now review the areas that CMS is requesting comments specific to the fiscal year 2020 proposed rule, as well as walk you through the process to electronically submit your comments.

During Nekeshia's presentation on the proposed rule, there were several proposals that CMS is requesting public comment. These topics include: Refinement of the HCAHPS Survey, specifically the removal of the current pain management questions; removal of the EBRT measure; adoption of one new quality measure, Surgical Treatment Complications for Localized Prostate Cancer; future measure topic areas that include measures that address assessment of pain management and alternative pain management methodologies; public display of the Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy measure, sometime in calendar year 2020; public display of the SSI, MRSA, CDI and HCP measures this October; and confidential national reporting for the four EOL measures and the 30-Day Unplanned Readmissions for Cancer Patients measure, in order to prepare the PCHs for the public reporting of these measure results. On the next series of slides, we will review the comment submission process starting with acceptable methods of submission.

As indicated on this slide, there are three ways you can submit comments on the fiscal year 2020 proposed rule: Electronically, via regular mail, or express or overnight mail. Of note, CMS is not able to accept common submissions via fax. Specific details such as the address and addressee can be found in the proposed rule text.

To electronically submit your comments, once the proposed rule is published on the *Federal Register*, you may begin this process here as illustrated by the top image or via the regulations.gov site, which is shown as the bottom image. Please remember that the comment period for the proposed rule closes June 24, 2019, at 11:59 p.m. Eastern Time. For the purpose of this presentation, we will access the regulations.gov site by clicking on Comment Now, which is denoted by the red box in the lower right-hand corner on this slide. By making this selection, you will be taken to the screen on our next slide.

Here is where you will enter your comments. The comment text box is a required field, as indicated by the letter a. As indicated by the letter b, the

character limit is 5,000 characters. You will be able to see the number of characters remaining as you type.

If you wish to upload a file, you will select Choose file, as denoted by the letter a. Then, you will enter your personal information. Please note that the only required fields in this section, letter b, are the state or province, ZIP code, and country. The other fields—first and last name, city, and email address—are optional.

Next, if you are submitting a comment on behalf of a third party, you will need to check the box, "I am submitting on behalf of a third party". And then you will enter the organization's name, as required. If this does not apply to you, click Continue to go on to the next screen, as displayed on the next slide.

Here is the preview page. It will show how your comment will appear on regulations.gov. Additionally, the country and state, and any uploaded files, will appear also. Your first and last name is supplied. Organization and ZIP code will not appear on regulations.gov. You are able to edit the content at this point. You will select the Edit button and make the necessary corrections. Then, read the statement that 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. You must select the box, as shown by the number 2, acknowledging that you have read and understood the statement. And then you can click on the Submit Comment button.

Lastly, this is your comment receipt. You are provided a comment tracking number, as indicated on this slide by the red box. If you would like, you can take a screenshot of this page or save your tracking number. The assigned tracking number can be used to find the status of your comment submission. So, we hope that this visual tour of submitting a comment was helpful. And, again, we encourage you to provide feedback during this period.

We will now conclude today's event, as always, by reviewing a few key dates and reminders for the PCHQR Program.

Our next upcoming educational event will be held Thursday, May 23 and Wednesday, June 26. As always, we will communicate the title, purpose, and objectives for these events with you via ListServe, starting approximately two weeks prior to the event date. The upcoming data submission deadlines are listed here as well. Wednesday, May 15 will close the data submission period, which opened April 1. The CDC will submit your quarter four 2018 HAI measure data along with the 2018 through 2019—or quarter four 2018 through quarter one 2019—influenza season data for the healthcare provider vaccinations. As noted by the asterisk on the slide, the HCP measure data falls under the CMS-granted California wildfire extraordinary circumstance exception, or ECE. Then, on Wednesday, July 3, quarter one 2019 HCAHPS Survey data are due.

Here are the updates for *Hospital Compare* for the PCHQR Program data. The data for April 2019 was recently refreshed on Wednesday, April 24, and the July 2019 preview period is currently underway, closing on Tuesday, May 21.

Finally, here is how to access the PCHQR Program Questions and Answers Tool via the *QualityNet* home page. You can access this tool by clicking the PPS-Exempt Cancer Hospitals link, as indicated by the red box on this slide, to start the process. Please keep in mind that there is a first-time registration required, if you are accessing this tool for the first time. Now, I will turn the presentation over to Deb Price, who will explain the continuing education process. Deb?

Debra Price: Well, hi, everyone and thank you for attending today's event.

This presentation has been approved for continuing education credit by the boards listed on the slide. If your board is not listed, you can forward your certificate to your own board and see if they accept this certificate across state lines.

There are three easy ways to get your credit. Number one, complete the survey at the end of the event. Number two, register as a new user or an existing user on HSAG's Learning Management Center. And, number three, print out your certificate from the Learning Management Center

website. I have a couple of caveats, however, and let me just go over those real quick. The first one is this is a separate registration from the one that you used with ReadyTalk. So, please, if you are a new user, use your personal email. And that's because healthcare facilities have blocks on our automatic link. So, sometimes they don't work.

This is what the survey will look like when you see it. It will pop up at the end of our slide and will also be sent to you within 48 hours. So, you'll have a second one. When you're done, click on the Done button, down in the bottom right-hand corner.

And this is the page that pops up after you click that Done button. You'll notice that there are two green links in the middle. The first one is if you have never attended or never received credit. Click that New User Link. The second one is if you have been attending our events and you have not had any problems so far. Then, you click the Existing User Link.

And, depending on which link you clicked on, you will be taken to one of these two pages. For the new user link on the left, use your personal email and your personal phone number. If you've had any problems getting credit before, I'm asking that you go back and register as a new user with your personal email and personal phone number. If you are an existing user, the right-hand side of the screen is what pops up. You're going to use your entire email address as your username. And that's including what's after the @ sign.

And now I'd like to hand this webinar back to your host. Thank you for your time.

Lisa Vinson: Thank you, Deb. We would like to thank everyone for their time and attention during today's event. Please remember that the *Federal Register* version of the proposed rule will be available soon and expect to see a ListServe communication with the pages for the PCHQR Program section. Also, please be sure to submit comments pertaining to the PCHQR Program section of the proposed rule no later than June 24, 2019. Thank you, again, and enjoy the remainder of your day.