

Welcome!

- **Audio for this event is available via ReadyTalk® Internet Streaming.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**



Troubleshooting Audio


Audio from computer speakers breaking up?
Audio suddenly stop?

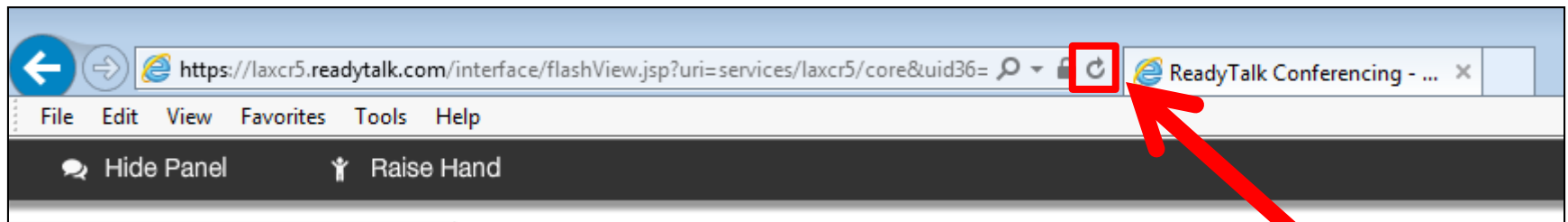
Click Refresh

– or –

Click F5



 F5 Key
Top Row of Keyboard

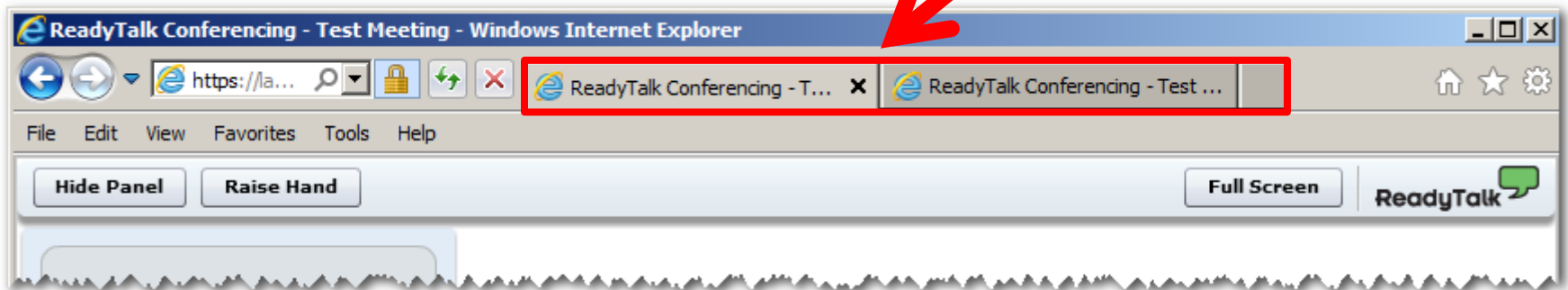


Location of Buttons

Refresh

Troubleshooting Echo

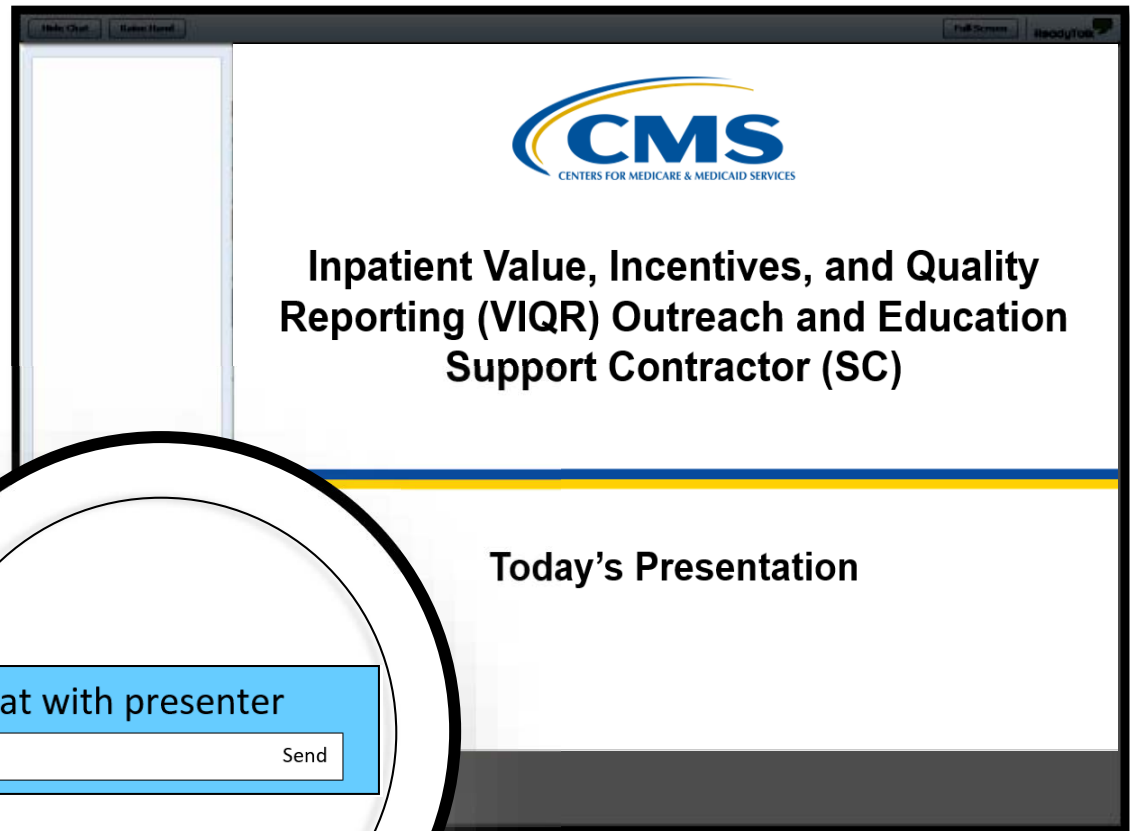
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

Type questions in the “Chat with presenter” section, located in the bottom-left corner of your screen.





PCHQR Program: FY 2020 IPPS/LTCH PPS Final Rule

August 22, 2019

Speakers

Nekeshia McInnis, MSPH

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

Lisa Vinson, BS, BSN, RN

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

Acronyms and Abbreviations

ACS	American College of Surgeons	ICHOM	International Consortium for Health Outcome Measurement
ASC	Ambulatory Surgical Center	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	MRSA	Methicillin-Resistant <i>Staphylococcus aureus</i>
CLABSI	Central Line-Associated Bloodstream Infection	NHSN	National Healthcare Safety Network
CMS	Centers for Medicare & Medicaid Services	NQF	National Quality Forum
CPT	Current Procedural Terminology	OCM	Oncology Care Measures
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	PM	performance measures
ED	emergency department	PPS	prospective payment system
EOL	End of Life	PRO	patient-reported outcomes
FFS	fee-for-service	Q	quarter
FR	<i>Federal Register</i>	SCIP	Surgical Care Improvement Project
FSR	Facility-Specific Report	SEER	Surveillance, Epidemiology and End Results
FY	fiscal year	SSI	Surgical Site Infection
HAI	healthcare-associated infection	TEP	Technical Expert Panel
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	UI	urinary incontinence
HCP	healthcare personnel		
ICD	International Classification of Diseases		

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) Final Rule with a focus on the finalized changes for the PCHQR Program.

Objectives

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

- Locate the FY 2020 IPPS/LTCH PPS Final Rule text.
- Identify finalized changes impacting the PCHQR Program.
- Summarize CMS responses to comments received during the rulemaking process.

Previous Changes to the Measures of the PCHQR Program

The FY 2020 IPPS/LTCH Final Rule is the eighth rule addressing the PCHQR Program. Previous PCHQR-impacted rules include:

- [FY 2013 IPPS/LTCH PPS Final Rule](#) (77 FR 53555 through 53567)
 - Five (two healthcare-associated infection [HAI] and three Cancer-Specific Treatment [CST]) quality measures were finalized for the FY 2014 program and subsequent years.
- [FY 2014 IPPS/LTCH PPS Final Rule](#) (78 FR 50837 through 50853)
 - One new HAI quality measure (surgical site infection [SSI]) was finalized for the FY 2015 program and subsequent years.
 - Twelve (five Clinical Process/Oncology Care Measures [OCMs], six Surgical Care Improvement Project [SCIP], and one Hospital Consumer Assessment of Healthcare Providers and Systems [HCAHPS]) new quality measures for the FY 2016 program and subsequent years were finalized.
- [FY 2015 IPPS/LTCH PPS Final Rule](#) (79 FR 50277 through 50286)
 - One new Clinical Effectiveness measure (external beam radiotherapy [EBRT]) was finalized for the FY 2017 program and subsequent years.

Previous Changes to the Measures of the PCHQR Program (continued)

- [FY 2016 IPPS/LTCH PPS Final Rule](#) (80 FR 49713 through 49723)
 - Two new outcome measures (Methicillin-resistant *Staphylococcus aureus* [MRSA] and *Clostridium difficile* infection [CDI]) and one process measure (Influenza Vaccination Coverage Among Healthcare Personnel [HCP]) were finalized for the FY 2018 program and subsequent years.
 - SCIP measures were removed as of October 1, 2016.
- [FY 2017 IPPS/LTCH PPS Final Rule](#) (81 FR 57182 through 57193)
 - One new claims-based outcome measure (Admissions and Emergency Department [ED] Visits for Patients Receiving Outpatient Chemotherapy) was added for FY 2019.
 - Diagnosis cohort for National Quality Forum (NQF) #0382 expanded to include patients with breast and rectal cancer effective for patients treated in calendar year (CY) 2017 and applying to FY 2019.

Previous Changes to the Measures of the PCHQR Program (continued)

- [FY 2018 IPPS/LTCH PPS Final Rule](#) (82 FR 38411 through 38425)
 - Three CST measures were removed from the program effective for diagnoses occurring January 1, 2018.
 - Four new end-of-life (EOL) claims-based measures (NQF #0210, #0213, #0215 and #0216) were added to the program for the FY 2020 program and subsequent years.
- [FY 2019 IPPS/LTCH PPS Final Rule](#) (83 FR 41609 through 41624)
 - One new measure removal factor, Factor 8, was added: “The costs associated with the measure outweigh the benefit of its continued use in the program.”
 - Four OCMs (NQF #0382, 0384, 0389 and 0390) were removed effective for patients being treated in CY 2019 (January 1–December 31, 2019).
 - One new claims-based measure was added: 30-Day Unplanned Readmissions for Cancer Patients (NQF #3188).

FY 2020 IPPS/LTCH PPS Final Rule Publication

- The official [*Federal Register*](#) (84 FR 42044) version was published on August 16, 2019.
- The PCHQR Program section is on pages 42509-42524.

PCHQR Program: FY 2020 IPPS/LTCH PPS Final Rule

Finalized Changes Impacting the PCHQR Program

PCHQR Program Sections

1. Background
2. **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. **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. **Adoption of New Quality Measure Beginning with the FY 2022 Program Year: Surgical Treatment Complications for Localized Prostate Cancer**
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

Summary of Unchanged Sections in the Final Rule

- Section 1: Background
 - Social Security Act – Sections 1866 (k) and 1866 (k)(1)
- Section 3: Measure Retention and Removal Factors for the PCHQR Program
 - Retention and removal are based on factors adopted for the Hospital Inpatient Quality Reporting (IQR) Program.
- Section 7: Maintenance of Technical Specifications for Quality Measures
 - Technical specifications are periodically updated and maintained on the [QualityNet website](#).
- Section 10: Extraordinary Circumstances Exceptions (ECE) Policy Under the PCHQR Program
 - Refer to FY 2019 IPPS/LTCH PPS Final Rule for more information.

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

- Background:
 - The HCAHPS Survey, NQF #0166, the first national, standardized, publicly reported survey of patients' experience of hospital care, asks discharged patients 32 questions about their hospital stay.
 - 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).
 - Pain management is an important safeguard against the unintended consequences of appropriate clinical care in cancer patients.

Summary of Finalized Changes: Refinement of the HCAHPS Survey

- CMS finalized the proposal to:
 - Refine the HCAHPS Survey used in the PCHQR Program by removing the three pain management questions, beginning with October 1, 2019 discharges.
 - Currently targeting January 2020 to discontinue publicly reporting the data collected on the pain management questions.
- CMS intends to conduct further education and outreach with stakeholders based on the discussion of alternative approaches and potential future measures.

4. 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 was updated to enable use of “radiation delivery” CPT codes, which are billable at the hospital level.
- Analysis of Measure Use:
 - The measure steward observed that implementing newly coded measures 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 of Finalized Changes: Removal of EBRT

- CMS finalized the proposal to remove EBRT, under removal Factor 8, from the PCHQR Program beginning with FY 2022 program year.
 - Factor 8: The costs associated with a measure outweigh the benefit of its continued use in the program.

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

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 is 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 Technical Expert Panel (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.

Summary of Finalized Changes: Adoption of the Surgical Treatment Complications for Localized Prostate Cancer Measure

- CMS finalized the proposal to adopt the Surgical Treatment Complications for Localized Prostate Cancer measure to include confidential national reporting for this measure prior to publicly reporting its performance data.
- By identifying facilities where adverse outcomes associated with prostatectomy are common, this measure will help address and hopefully mitigate unwarranted variation in prostatectomy procedures.
- The measure will provide information on hospital/facility-level variation in adverse outcome for patients appropriately identified as candidates for a prostatectomy.

Finalized 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 (HCP)
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> (MRSA) Bacteremia Outcome Measure
CDI	1717	NHSN Facility-wide Inpatient Hospital-onset <i>Clostridium difficile</i> Infection (CDI) Outcome Measure

Finalized 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 Intensive Care Unit (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

Finalized 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 finalized for adoption for the FY 2022 program year and subsequent years.

6. New Quality Measure Topics for Future Years

- 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.
- Consideration should be given to use of pain-related patient experience items for cancer patients, shifting the focus to patient-reported outcomes (PROs) and PRO-based performance measures (PMs).
- CMS sought public comment 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.
 - Future measures that could assess alternative pain management methodologies for cancer patients.

Summary of Finalized Changes: New Measure Quality Topics

- CMS will further explore and continue to look to identify appropriate PRO-PMs for the PCHQR Program measure set.
- CMS will take opinions and recommendations provided into consideration.

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 made two proposals regarding the timetable for the public display of data:
 - Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy measure beginning with CY 2020
 - SSI – colon and abdominal hysterectomy, MRSA, CDI, and HCP measures in CY 2019

Summary of Finalized Changes: Public Display of the Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy Measure

- CMS is finalizing the proposal with a modification to clarify that data will be publicly reported as soon as practicable, rather than beginning in CY 2020, due to a delay related to scheduled website improvements to *Hospital Compare*.
- Preliminary assessment of confidential national reporting results ensure data accuracy and completeness; therefore, measure data are returning valid results.
- CMS is unable to specify exact data reporting period that will be publicly reported.

Summary of Finalized Changes: Public Display of the SSI-Colon and Abdominal Hysterectomy, MRSA, CDI, and HCP Measures in CY 2019

- CMS finalized the proposal with a modification to clarify that we will publicly report data for these HAI measures as soon as practicable (targeting January 2020), rather than October 2019, due to a delay related to scheduled website improvements to *Hospital Compare*.
- It is important to track and share information publicly to allow the cancer patient population to make informed decisions.
- PCH measure data are calculated taking cancer hospital status into consideration, specifically the increased HAI risk among patients, and PCH data are displayed in a separate and discrete group on *Hospital Compare*.

Continued Deferral of Public Display of CAUTI and CLABSI Measures

- CMS finalized retaining the CAUTI and CLABSI outcome measures in the CY 2019 Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Final Rule and continuing deferring public reporting.
- Collaborative efforts between CMS and the 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.
- CMS will continue to defer public reporting of the CAUTI and CLABSI measures.

Finalized 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) 	As soon as feasible
<ul style="list-style-type: none"> Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy 	As soon as feasible
<ul style="list-style-type: none"> CAUTI (NQF #0138) CLABSI (NQF #0139) 	Deferred until CY 2022

*Publicly reported data will not include responses to Pain Management questions, beginning with October 2018 discharges.

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

9. Form, Manner, and Timing of Data Submission

- Data submissions requirements are posted on the [QualityNet PCHQR Program Resources page](#).
- CMS finalized their proposal 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)

Summary of Finalized Changes: Confidential National Reporting

CMS finalized the proposal to conduct national confidential reporting:

- Four EOL measures will use claims data collected July 1, 2019–June 30, 2020.
- NQF #3188 will use claims data collected October 1, 2019–September 30, 2020.

PCHQR Program: FY 2020 IPPS/LTCH PPS Final Rule

Key Dates and Reminders

Upcoming Events and Deadlines

- **Events – Save the Date (Tentative)**
 - September 26, 2019
 - October 24, 2019
- **Data Submission Deadlines**
 - September 3, 2019
 - FY 2020 DACA
 - October 2, 2019
 - Q2 2019 HCAHPS Survey data
 - November 18, 2019
 - Q2 2019 HAI data

Hospital Compare

- **October 2019**

- 1Q 2017 through 4Q 2017 CST hormone data
- 1Q 2018 through 4Q 2018 HCAHPS Survey data
- 1Q 2018 through 4Q 2018 HAI data* (Tentative)
 - CDI, MRSA, SSI – colon and abdominal hysterectomy
- 4Q 2018 through 1Q 2019 Influenza Vaccination Coverage Among Healthcare Personnel (HCP)* (Tentative)

- **January 2020**

- 2Q 2018 through 1Q 2019 HCAHPS Survey data
- 1Q 2018 through 4Q 2018 OCM data
- 1Q 2018 through 4Q 2018 EBRT data
- July 1, 2016 through June 30, 2017 Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy* (Tentative)

*CMS is working to make this data publicly available as soon as practicable.

Accessing the *QualityNet* Questions and Answers Tool

[QualityNet Questions and Answers Tool](#)

The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. To its right is a search bar and a "Log In" button. Below the logo 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 three columns. The left column contains links for "QualityNet Registration" (listing various facility types and QIOs), "Getting Started with QualityNet" (listing registration steps and security policies), and "Join ListServes" (for notifications and discussions). The middle column features a "QualityNet News" section with a "More News" link. The main news article is titled "CMS releases December 2017 Hospital Compare preview reports" and discusses the availability of preview reports for various programs from October 2 to October 31, 2017. Below the article are "Headlines" with several links to related news items. The right column contains a "Log in to QualityNet Secure Portal" section with a "Login" button and a list of resources (Symantec ID, Portal Resources, Secure File Transfer Resources). Below that is a "Questions & Answers" section with a list of facility types, where "PPS-Exempt Cancer Hospitals" is highlighted with a red box. A note below states "Note: First-time registration required". At the bottom of the right column is a "Downloads" section.

PCHQR Program: FY 2020 IPPS/LTCH PPS Final Rule

Continuing Education

Continuing Education (CE) Approval

This program has been approved for [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.

PCHQR Program: FY 2020 IPPS/LTCH PPS Final Rule

Closing Remarks

Disclaimer

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

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