



PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

PCHQR Program: Practical Impacts of the FY 2020 IPPS/LTCH PPS Final Rule

Presentation Transcript

Speaker

Lisa Vinson, BS, BSN, RN

Program Lead

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Inpatient Value, Incentives, and Quality Reporting (VIQR)

Outreach and Education Support Contractor

October 24, 2019

2 p.m. ET

DISCLAIMER: This transcript 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 transcript change following the date of posting, this transcript will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This transcript 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 transcript 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.

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

Lisa Vinson: Good afternoon and welcome to today's PPS-Exempt Cancer Hospital Quality Reporting, or PCHQR, Program Outreach and Education event entitled, *PCHQR Program: Practical Impacts of the FY 2020 IPPS/LTCH PPS Final Rule*. My name is Lisa Vinson and I will be the speaker for today's event. I serve as the Program Lead for the PCHQR Program within the Inpatient Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor. Before we continue with today's presentation, I would like to turn the floor over to our new CMS PCHQR Program Lead, Julia Venanzi, who would like to share introductory remarks. Julia?

Julia Venanzi: Thank you, Lisa. I want to first welcome everyone to the call today. Thank you for joining. As Lisa mentioned, my name is Julia Venanzi and I will be serving as the new CMS Program Lead for the PPS-Exempt Cancer Hospital Quality Reporting Program. Prior to joining the PCHQR Program, I was working on another one of CMS' quality programs, the End-Stage Renal Disease Quality Incentive Program, but I am excited to be joining the PCHQR Program. I look forward to working collaboratively with you all. Thank you for joining today. Lisa, I will turn it back over to you.

Lisa Vinson: Thank you Julia and welcome to the Program! When the final rule was published back in August of this year, our former CMS Program Lead Nekeshia McInnis and I presented the fiscal year 2020 final rule. At that time, Nekeshia provided a review of the final rule and how the changes impacted the PCHQR Program. Today, we will be taking a closer look at these and other changes and what they mean for you as a participant in the program. I would like to emphasize that today's event will focus on specific portions of the PCHQR Program section of the final rule. Although we welcome those who are interested in the topics that will be covered during today's webinar, this information only pertains to those participating in the PCHQR Program. If you are not a participant in the PCHQR Program, please refer to your program-specific materials or reach out to your program-specific support contractor. As always, if you have a question about the content of today's presentation, you can submit them

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

using the chat function, as discussed in the previous slide. If time allows, we will respond to your inquiries during today's event. If time does not allow all questions to be answered during today's presentation, please remember that all questions and answers, as well as the slides, recording, and transcript for today's event will be posted on both *QualityNet* and *Quality Reporting Center* websites. Of special note, during today's presentation, we will conduct polling questions to test your knowledge of the information presented. On the next slide, we will take a look at the abbreviations and acronyms that will be used during today's event. Next slide, please.

This slide should be very familiar to all of our regular attendees of the PCHQR Program Outreach and Education events. We provide this during each event to serve as a reference for you to use as we discuss our program. Some of the key abbreviations which you will hear today include: F-Y for fiscal year; H-A-I for healthcare-associated infection; H-C-A-H-P-S, or HCAHPS, for Hospital Consumer Assessment of Healthcare Providers and Systems; I-P-P-S for Inpatient Prospective Payment System; L-T-C-H, or LTCH, for Long-Term Care Hospital; N-Q-F for National Quality Forum; and P-P-S for Prospective Payment System. Next slide, please.

The purpose of today's event is to provide a practical overview of the changes impacting the PCHQR Program participants due to the publication of the Fiscal Year 2020 IPPS/LTCH PPS Final Rule. As I mentioned earlier, we will be taking a closer look at these and other changes within the PCHQR Program, along with providing practical information that you can put to use. Now, let's take look at our objectives on the next slide, please.

There are two main objectives for today's presentation. Our goal is that, upon completion of today's event, participants in the PCHQR Program will be able to summarize operational changes impacting the program, which include expounding on some of the major sections of the final rule, and access and use updated program resources available to you on

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

QualityNet and *Quality Reporting Center*, such as the measure submission deadline tool. Next slide, please.

The publication of the Fiscal Year 2020 IPPS/LTCH PPS Final Rule is the foundation of today's presentation. On August 16, the fiscal year 2020 final rule official [*Federal*] *Register* version was published. This version can be accessed via the *Federal Register* link provided on this slide, and the pages specific to the PCHQR program are 42509–42524. Next slide, please.

There were some finalized changes that impacted the PCHQR Program, all of which we will be discussing today. We will begin our discussion by reviewing the major sections of the fiscal year 2020 final rule. On our next slide, we will identify these sections.

As you may recall, the PCHQR Program portion of the final rule is broken down into 10 sections. However, we will only be highlighting five sections, which include:

- Section 2: Refinement of the HCAHPS Survey, or NQF #0166: Removal of the Pain Management Questions
- Section 4: Removal of the Web-Based Structural Measure: External Beam Radiotherapy for Bone Metastases, or EBRT, from the PCHQR Program Beginning with the FY 2022 Program Year
- Section 5: Adoption of New Quality Measure Beginning with the FY 2022 Program Year: Surgical Treatment Complications for Localized Prostate Cancer
- Section 8: Public Display Requirements
- Section 9: Form, Manner, and Timing of Data Submission

For now, we will start with Section 2: Refinement of the HCAHPS Survey (NQF #0166): Removal of the Pain Management Questions. Next slide, please.

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

In section 2 of the FY 2020 final rule, CMS finalized refining the HCAHPS Survey used in the PCHQR Program by removing the current pain management questions, beginning with October 1, 2019 discharges. It was determined that removal of these questions would promote programmatic alignment with both the Hospital Inpatient Quality Reporting, or IQR, and Hospital Value-Based Purchasing, or VBP, Programs. Therefore, the practical application for program participants is that the number of HCAHPS Survey questions will be reduced from 32 to 29 beginning with October 1, 2019 discharges, and, as it relates to public reporting, calendar year 2020 is the targeted timeframe for removal of these data from *Hospital Compare*. CMS noted in the final rule that they are working to provide performance results to PCHs via confidential preview reports that will reflect four quarters of calendar year 2018; however, these data will not be made public on *Hospital Compare*. Next slide, please.

In Section 4, CMS also finalized removal of the External Beam Radiotherapy for Bone Metastases, or EBRT, measure – PCH-25. It was determined that the costs associated with this measure outweighed the benefit of its continued use in the program, which is removal Factor 8. The burden associated with data abstraction and challenges with maintenance warranted removal. There was also poor cost or benefit ratio due to difficulty in identifying accurate and reliable specifications that would allow for reporting the EBRT measure via claims. Furthermore, the practical application for the PCHQR Program participants is that the removal of this measure will take effect with treatment encounters occurring as of January 1, 2020, so data collection will not be required for calendar year 2020, which is January 1 through December 31, 2020 and forward. Therefore, the last reporting period of EBRT performance data to be reported to CMS will be for calendar year 2019, which will be submitted via the web-based data collection tool in August of 2020. As we move along and review a few of the PCHQR Program tools, this will be more clearly illustrated. Next slide, please.

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

Section 5 addresses the adoption of the Surgical Treatment Complications for Localized Prostate Cancer measure beginning with the fiscal year 2022 program year. As an overview, this measure addresses complications of a prostatectomy. It uses claims to identify urinary incontinence and erectile dysfunction among patients undergoing localized prostate cancer surgery and uses this information to derive hospital-specific rates. The numerator includes patients with diagnosis claims that could indicate adverse outcomes following prostate-directed surgery. The denominator includes:

- Males, age 66 years or older at the time of prostate cancer diagnosis, with at least two ICD [International Classification of Diseases] diagnosis codes for prostate cancer separated by at least 30 days
- Males 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 from one year before through one year after prostate directed therapy

Exclusions are patients with metastatic disease, more than one non-dermatologic malignancy, receiving chemotherapy, receiving radiation, and/or who die within one year after prostatectomy. By identifying facilities where adverse outcomes associated with prostatectomy are more common, this measure will help highlight opportunities for quality improvement activities that will address and possibly mitigate unwarranted variation in prostatectomy procedures. As a reminder, this is a claims-based measure which means, that as a PCHQR Program participant, there is no additional data submission requirements by you. CMS will calculate the measure results from claims data you submit. As displayed on this slide, the data collection period for fiscal year 2022 program year is July 1, 2019 through June 30, 2020. Next slide, please.

On the next series of slides, for your convenience, the PCHQR Program measures for fiscal year 2022 are displayed by category in a table format. As displayed on this and the subsequent slides, the short name; PCH

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

number; National Quality Forum, or NQF, number; and full measure name are included. Beginning with the Safety and Healthcare-Associated Infection category, there are six measures included: Catheter-associated Urinary Tract Infection, or CAUTI; Central Line-associated Bloodstream Infection, or CLABSI; Influenza Vaccination Coverage Among Healthcare Personnel, or HCP; [Surgical Site Infection] SSI-colon and abdominal hysterectomy; Methicillin-resistant *Staphylococcus aureus*, or MRSA, Bacteremia; and *Clostridium difficile* Infection, or CDI. Next slide, please.

The next category includes the three Clinical Process/Oncology Care Measures: Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology; Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life; and Proportion of Patients Who Died from Cancer Not Admitted to Hospice. The Intermediate Clinical Outcome Measures category includes: Proportion of Patients Who Died from Cancer Admitted to the [Intensive Care Unit] ICU in the Last 30 Days of Life and Proportion of Patients Who Died from Cancer Admitted to Hospice for Less than Three Days. Next slide, please.

The Patient Engagement/Experience of Care category includes the Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS Survey. Lastly, the Claims-Based Outcome Measures category includes: Admissions and Emergency Department, or ED, Visits for Patients Receiving Outpatient Chemotherapy; 30-Day Unplanned Readmissions for Cancer Patients; and the newly added Surgical Treatment Complications for Localized Prostate Cancer. Please feel free to use these three slides as a reference tool for a complete list of the current measures utilized in the PCHQR Program. Next slide, please.

Section 8 of the final rule addresses the PCHQR Program public display requirements and these are outlined on this slide as the information appears in the FY 2020 final rule publication. Currently, the HCAHPS Survey, OCMs, and EBRT are publicly reported on *Hospital Compare* for the PCHQR Program. In this year's final rule, public reporting was

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

addressed for the Admissions and Emergency Department, or ED, Visits for Patients Receiving Outpatient Chemotherapy, or OP Chemo measure, and for the HAIs: SSI, MRSA, CDI, and HCP. We will discuss the previously finalized and the new measures on our next slide.

HCAHPS data will continue to be updated quarterly, as the data is received quarterly. As originally finalized in the fiscal year 2017 final rule, public reporting of CLABSI and CAUTI continues to be deferred due to ongoing collaboration with the CDC to identify an appropriate timeframe for public reporting. Additionally, in the fiscal year 2020 final rule, CMS noted that, as collaborative efforts with the CDC continue with evaluating the performance data for the updated, risk-adjusted versions of the CLABSI and CAUTI measures, they believe the earliest they will be able to publicly display information on the revised versions of these measures will be in calendar year 2022. As you may recall, you were able to preview your facilities MRSA, CDI, SSI-colon and abdominal hysterectomy, and HCP data back in July. These measures, with the exception of HCP, will be publicly reported by the end of this month and then updated on a quarterly basis. The HCP data, due to the timing of the flu season, will be updated on an annual basis. Lastly, public reporting of the OP Chemotherapy measure data will occur as soon practicable. CMS intended to publicly display this data beginning in calendar year 2020; however, due to a delay related to scheduled website improvements to *Hospital Compare*, the data will be publicly reported as soon as practicable. As the support contractor, we will provide more information or details to include the exact data reporting period, when it becomes available. Next slide, please.

This slide simply displays the measures and associated quarters for the schedule of upcoming *Hospital Compare* releases for October 2019 and January 2020. This is another great reference tool to keep handy to stay on track with what data will be displayed for your facility on *Hospital Compare* with the respective release which will occur every April, July, October, and January. Also, please keep in mind that on the PCHQR Program page on *QualityReportingCenter.com*, under the Resources and

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

Tools link, there is a *Hospital Compare* Preview Document section that is updated with each release. There you can find the *Hospital Compare* Preview Quick Reference Guide and Help Guide. You will also receive Listserve communications pertaining to public reporting information and updates. Next slide, please.

Section 9 – Form, Manner, and Timing of Data Submission is the last section of the final rule we will be reviewing. This section addresses the confidential national reporting for five existing PCHQR Program measures as denoted on this slide: the four end-of-life measures (Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life, Proportion of Patients Who Died from Cancer Admitted to the Intensive Care Unit in the Last 30 Days of Life, Proportion of Patients Who Died from Cancer Not Admitted to Hospice, and Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days), along with one of the claims-based measures, 30-Day Unplanned Readmissions for Cancer Patients. As you may be aware, confidential national reporting objectives are to educate the 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, and identify potential technical changes to the measure specifications. Confidential national reporting of these measures of the specified data collection period, outlined on this slide, will be conducted. As details pertaining to the confidential reporting become available, this information will be communicated to program participants. So now we will conduct our first set of polling questions at this time.

Question #1: When was the *Federal Register* Fiscal Year 2020 IPPS/LTCH PPS Final Rule published? A. May 1, 2019; B. October 1, 2019; C. August 16, 2019; or D. September 30, 2019.

We'll open the poll to allow you to make your selection.
Please close the poll.

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

If you selected answer choice C, you are correct. The final rule is typically published annually in August. There is also a display copy version made available prior to the publication of the final rule to the *Federal Register* site.

Question 2: The number of Hospital Consumer Assessment of Healthcare Providers and Systems, also known as HCAHPS, survey questions will be reduced from 32 to what number when the pain management questions are removed? Your answer choices are: A. 14; B. 39; C. 25; or D. 29.

We'll give you a few moments to select the best answer choice.
Please close the poll.

The best answer choice is selection D., 29. Effective for the October 1, 2019 discharges, the survey will have 29 questions since the three pain management questions will be removed.

Now to Question 3: External Beam Radiotherapy for Bone Metastases, or EBRT, measure data should be collected in calendar year 2020, which begins January 1, 2020. Is this statement A. True, or is this statement B. False?

You'll have a few moments to select your answer.
Please close the poll.

For those who selected answer choice B. False, you are correct. EBRT data should not be collected in calendar year 2020 as this measure was recently finalized for removal in this year's Fiscal Year 2020 IPPS/LTCH PPS Final Rule.

Question 4: HCAHPS survey data are publicly reported on *Hospital Compare* A. Quarterly; B. Annually; C. Bi-monthly; D. Semi-annually.

You'll have a few moments to make your answer selection.
Please close the poll.

If you answered selection A. Quarterly, you are correct. The HCAHPS survey data are publicly reported each January, April, July, and October, unlike the OCM and EBRT measures, which are publicly reported annually.

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

And our last question for this section, Question #5: Of the ten major sections of the Fiscal Year 2020 IPPS/LTCH PPS Final Rule, how many sections were discussed during today's presentation? Answer choice A. 2; choice B. 5; choice C. 4; or choice D. 3.

You'll have a few moments to make your answer selection.
Please close the poll.

Answer choice B is the correct answer. During today's event, the focus of the presentation was on Sections 2, 4, 5, 8, and 9. These sections addressed the finalized changes for the PCHQR Program. Now, we will continue on with the remainder of the presentation. Next slide, please.

Now that we have reviewed the specific changes in the program due to the publication of the fiscal year 2020 final rule, let's take a look at how these changes will be reflected in the tools and resources we provide to you as participants in the program. The newly re-designed PCHQR Program page on *QualityNet* is a very valuable resource for program participants. As changes occur within the program, the available resources and tools are updated accordingly. On our next series of slides, I will touch on some of the key resource documents and the updates that are forthcoming. Next slide, please.

As you may have noticed by now, the *QualityNet* site has been re-designed to be more intuitive and user-friendly. The content of the PCHQR Program pages has not changed, there is just an overall new look and feel. We will take a brief visual tour of the web pages listed here and look at some of the updated resources and tools. As for the updated resources listed on this slide, starting with the Program Manual, this document is updated biannually. It will be published soon. Updates to the Program Manual, which are being addressed today, align with the fiscal year 2020 final rule, such as the addition of the claims-based measure, Surgical Treatment Complications for Localized Prostate Cancer. The manual will reflect some of the updated resources and tools we will be addressing on the subsequent slides. Please be on the lookout for

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

communications notifying when the updated Program Manual is available to view. Next slide, please.

Here is the new *QualityNet* Home page. To access the PPS-Exempt Cancer Hospital page, you will select the quick link denoted by the red box on the slide, which will take you to the screen on the next slide.

This is the PPS-Exempt Cancer Hospital, or PCH, Overview page. Here is where you can find statutory information about the PCHQR Program, a link to the Program Manual, and data collection pages. By selecting the “Learn More” button, highlighted by the red box on this slide, you will be directed to the PCHQR Program Resources page, as displayed on the next slide.

By clicking the “View Resources” link, as denoted by the red box, you will be taken to a list of Resources as displayed on the next slide.

Here is where you can find various program-specific resources. For the purpose of today’s presentation, highlighted by the red box on this slide, is the Final Rules publication list. The FY 2020 IPPS/LTCH PPS [Final Rule] link to the *Federal Register* PDF and summary of finalized program changes are displayed. If you scroll down the page, previous final rule publications are available, dating back to the fiscal year 2013 final rule. Next slide, please.

The data collection page, under the Data Management tab, has also been updated. To view this page, you will need to select the “Learn More” link found in the red box on this slide, which will take you to the screen on the next slide.

Here is a portion of the updated data collection page. Only the measures that have been updated on this page have been captured, which include PCH-15, as shown here. We will also look at EBRT, or PCH-25, on the next slide and the newly added claims-based measure. For PCH-15, you will note that only calendar year 2019 tools are available, which include the measure information form, clean algorithm, population and sampling algorithm, and the paper abstraction tool. The 2018 tools were removed as

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

you reported the data for care provided for these measures in the data collection period which closed August 15, 2019. Next slide, please.

Displayed here are the 2019 tools for EBRT. These tools for both PCH-15 and PCH-25 should be used for calendar year 2019 data collection which will be reported in August of 2020. Next slide, please.

The new claims-based measure, Surgical Treatment Complications for Localized Prostate Cancer measure, has been added to Table 6 which includes the other two claims-based outcome measures. The measure information forms for this measure and the other measures listed will be updated once available. Please stay tuned for information on these details. Next slide, please.

Now, let's turn our attention to the PCHQR Program resources, many, if not all, you are familiar with. By selecting the "Program Resources" link, as indicated by the red box, several resources will display for you to download as the PDF version. As I stated earlier, updates to the 2019 Program Manual are currently in progress and the manual will be published soon. Please expect to receive a Listserve notification once the Program Manual is available. Next slide, please.

Here is a visual of the second document on the resources list on the previous slide, the PCHQR Program Measure Submission Deadlines by Due Date tool. We hope that you have been finding this tool useful in keeping track of which measures are due and when they are due by. Once this tool has been updated and posted to *QualityNet*, you can expect to see due dates extended through November 2020. Also, the fiscal year 2021 DACA has been included, and, again, this is an electronic submission requirement. You will also note that, on the OCM table [column] as of August of 2020, PCH-15 is the only measure you will be submitting for the reporting period, along with EBRT. Next slide, please.

Here is a visual of the Measure Crosswalk by Measure Type for program/fiscal years 2016 through 2022. This table includes all of the measures that are in the PCHQR Program; however, there are only a select

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

number of measures captured here due to space limitations. You will note that the Program Year column has been updated to include fiscal year 2022, reflective of finalized changes in the FY 2022 IPPS/LTCH PPS Final Rule. As noted on this slide, the EBRT measure was finalized for removal from the PCHQR Program beginning with the fiscal year 2022 program year; therefore, an N/A, or Not Applicable, has been added to the crosswalk table. Also, the new claims-based measure, Surgical Treatment Complications for Localized Prostate Cancer, has been added, which is effective for the fiscal year 2022 program year. This updated tool is currently available on *QualityNet*. Next slide, please.

This reference document, the Relationship Matrix of Program Measures by Years and Quarters, for PCHQR Program participants provides the following information:

- Specific measures with their National Quality Forum, or NQF, number
- PPS-exempt Cancer Hospital, or PCH, number
- Program (Fiscal) Year to which the measure applies
- Reporting Periods that apply to each respective program (fiscal) Year
- Quarterly data submission deadlines for each Reporting Period
- Time frames when each metric will be displayed for Public Reporting on the *Hospital Compare* website

You will note that the gray box indicates activities that have been completed. This tool will be updated to reflect the finalized changes in the FY 2022 IPPS/LTCH PPS Final Rule, such as the addition of fiscal year 2022 reporting periods, calendar year, and quarters, and the *Hospital Compare* release dates have been extended. Additional information has been added pertaining to public display requirements for the HAI measures, specifically SSI, MRSA, CDI, and HCP, and the Admissions

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

and ED Visits for Patients Receiving Outpatient Chemotherapy measure.
Next slide, please.

The Web-Based Data Collection Tool, or WBDCT, Guideline by Due Date resource is invaluable when using the Web-Based Data Collection Tool, as it makes it very easy to determine which fiscal year applies for the data you are reporting on. The newly updated chart, which is available on both *QualityNet* and *Quality Reporting Center*, now includes dates through August 2022. You will note that for next summer's data submission period, which is for August 2020, you will be reporting one OCM, PCH-15, and EBRT measure which will be for data collected during calendar year 2019. For August 2021, you will only be reporting on PCH-15 which will be for data collected during calendar year 2020; the same applies for the August 2022 due date which will be for PCH-15 data collected during calendar year 2021. Now for our last set of knowledge check questions.

Question 1: The confidential national reporting results of the four EOLs and one claims-based measure will be publicly displayed on *Hospital Compare*. Is this statement A. True or B. False?

Please take a few moments to select the best answer choice.
Please close the poll.

If your answer choice was selection B. False, you are correct. The confidential national reporting results will not be publicly reported. One purpose of the confidential review is to allow PCHs to review their data and measure results prior to public display. This review also educates the PCHs and stakeholders about the measure or measures and tests production and reporting processes.

Next question: *Hospital Compare* releases are typically scheduled in January, April, October, and the other month is: A. July; B. August; C. June; or D. September. Please make your answer selection now.

For those who made answer selection A. July, you are correct. The public reporting schedule is January, April, July, and October each year. Please

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

remember, if there are any changes, we, the support contractor, will communicate these updates via Listserve.

Next question: To access the link to view the calendar year 2019 data collection tools for PCH-15, which is the Oncology Plan of Care for Pain, and PCH-25, which is the EBRT measure, which *QualityNet* page should you visit? A. Resources page; B. the Data Management page; C. Overview page; or D. Home page. Please select the best answer choice at this time.

The correct answer choice is B. Data Management. On the Data Management page, you would select the “Learn More” link under PPS-Exempt Cancer Hospital Data Collection. You can refer to the screen capture on slide 28 to see how this will appear.

Next question: Which program resource showed the program measures by years and quarters along with the corresponding *Hospital Compare* release? A. Web-Based Data Collection Tool Guideline by Due Date; B. Measure Crosswalk; C. Relationship Matrix; or D. Program Manual.

We’ll give you a few moments to make your answer selection.
Please close the poll.

For those who answered selection C. Relationship Matrix, you are correct. This reference document displays all of the PCHQR Program measures in a table format to include the program year, reporting period, calendar year and quarters, quarterly submission deadlines, and *Hospital Compare* releases.

Our last question for our knowledge check session: Quarter 2 2019 healthcare-associated infection, or HAI, measure data are due: A. November 15, 2019; B. May 18, 2020; C. August 15, 2020; or D. November 18, 2019.

Please take a few moments to make your answer selection.
Please close the poll.

For those who selected answer choice D. November 18, 2019, you are correct. Historically, data submission deadlines are the 15th of

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

|that respective month. However, CMS has adjusted deadline due dates that fall on a Friday, Saturday, or Sunday to the next business day. Next slide, please.

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

Our next educational event is tentatively scheduled for Thursday, December 19, 2019. As always, we will always communicate the exact dates, title, purpose, and objectives for these events with you via Listserve communication starting approximately two weeks prior to the event. The next data submission deadline is Monday, November 18th, which includes quarter two 2019 HAI data for CLABSI, CAUTI, MRSA, CDI, and SSI-colon and abdominal hysterectomy. As a reminder, CMS has adjusted this date and future data submission deadline dates that fall on a Friday, Saturday, or Sunday to the next business day. The program resources and tools will reflect the affected dates accurately. Next slide, please.

Here are the upcoming PCHQR Program data refreshes. As we have discussed today, CMS is working to make OP Chemotherapy measure data publicly available as soon as practicable. For the October 2019 refresh, the last four quarters of the CST hormone data will be refreshed, the quarterly update of the HCAHPS survey data will occur, and the HAI and HCP measure data will be updated. The quarters of data for each of the measures mentioned are listed on the slide. Lastly, the January 2020 refresh data are also provided here. As usual, please remember that information related to public reporting is subject to change. As we get closer to the preview periods and refresh dates, we will notify you of the exact dates via Listserve communication. Next slide, please.

Stated earlier, the *QualityNet* website has been redesigned. In addition to this, the *QualityNet* questions and answers tool has been revamped as well. Displayed on this slide is how you can access the new PCHQR Program questions and-answers tool via the *QualityNet* homepage. You will access this tool by selecting the Help dropdown link, as indicated by the red box in the upper right hand corner, and then

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

selecting the PPS-Exempt Cancer Hospitals link to start the process. Of note, there is no longer a first-time user registration process required now. Next slide, please.

Now you are at the new *QualityNet* questions and answers tool landing page. After you select the Ask a Question link, as shown by the red box on this slide, you will be taken to a page where you will need to complete your personal information. Then, you will be asked details regarding the inquiry you are submitting. On this page, you are also able to browse program articles and search to see if your question may have already been previously addressed and posted for viewing. Again, there is no registration process required with this new tool and we hope that you find it easier to navigate and more intuitive. So, we do encourage you as a program participant to utilize this tool and feel free to leave site feedback as well. Next slide, please.

Now I would like to briefly review the process for obtaining continuing education credits. Next slide, please.

As indicated on this slide, this program has been approved for CE credit for the following boards listed on the slide. If you need additional information or help obtaining these credits, please utilize the CE credit link provided to you on this slide. Next slide, please.

As always, we thank you for your time and attention during today's event, please enjoy the remainder of your day. Thank you.