



PCHQR Program: CY 2020 Measure and Resources Update

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Acronyms and Abbreviations

| | | | |
|-----------------|--|---------------|--|
| CAUTI | Catheter-associated Urinary Tract Infection | HCAHPS | Hospital Consumer Assessment of Healthcare Providers and Systems |
| CDC | Centers for Disease Control and Prevention | HCP | healthcare personnel |
| CDI | <i>Clostridium difficile</i> Infection | HCQIS | Health Care Quality Information System |
| CLABSI | Central Line-Associated Bloodstream Infection | MIF | Measure Information Form |
| COVID-19 | Coronavirus disease 2019 | MRSA | Methicillin-resistant <i>Staphylococcus aureus</i> |
| CMS | Centers for Medicare & Medicaid Services | NQF | National Quality Forum |
| CY | calendar year | OCM | Oncology Care Measure |
| DACA | Data Accuracy and Completeness Acknowledgement | PCH | PPS-Exempt Cancer Hospital |
| EBRT | external beam radiotherapy | PCHQR | PPS-Exempt Cancer Hospital Quality Reporting |
| ECE | Extraordinary Circumstances Exception | PPS | prospective payment system |
| ED | emergency department | Q | quarter |
| FSR | Facility-Specific Report | SSI | Surgical Site Infection |
| HAI | Healthcare-associated infection | VIQR | Value, Incentives, and Quality Reporting |
| HARP | HCQIS Access Roles and Profile | | |

Purpose

This presentation will provide PCHQR Program participants with a review of the calendar year (CY) 2020 updates, including the Oncology: Medical and Radiation – Plan of Care for Moderate to Severe Pain (PCH-15/National Quality Forum [NQF] #0383) measure and program resources.

Objectives

Participants will be able to locate CY 2020 data collection tools for PCH-15/NQF #0383, updated resources on *QualityNet* and *Quality Reporting Center*, and recall key program dates and reminders.

PCHQR Program: CY 2020 Measures and Resources Update

**Oncology: Medical and Radiation – Plan of Care for
Moderate to Severe Pain (PCH-15/NQF #0383)**

Structure of OCM Tool

The following four tools are associated with Oncology: Medical and Radiation – Plan of Care for Moderate to Severe Pain (PCH-15/NQF #0383), the only Oncology Care Measure for CY 2020 data collection and reporting:

- Measure Information Form (MIF)
- Clean algorithm
- Population and sampling algorithm
- Data abstraction paper tool

CY 2020 Data Collection

There are **no** updates to the PCH-15/NQF #0383 data collection tools for CY 2020 data collection.

- CY 2020 tools will be posted on the *QualityNet* PCHQR Data Collection page.

PCH-15/NQF #0383:

MIF Overview

PPS-Exempt Cancer Hospital Quality Reporting Program Measure Information Form¹

Measure Name: Oncology: Medical and Radiation – Plan of Care for Moderate to Severe Pain

Measure ID#: NQF #0383, PCH-15

NQF Portfolio(s):

- 2012 Measure Applications Partnership (MAP) Hospice and Palliative Care Family of Measures
- American Institutes for Research (AIR) Patient and Family Engagement Measures
- Oncology Metrics

National Quality Strategy Priority: Effective Communication and Care Coordination

Type of Measure: Process

Improvement Noted As: Higher score indicates better quality

Measure Steward: American Society of Clinical Oncology (ASCO)

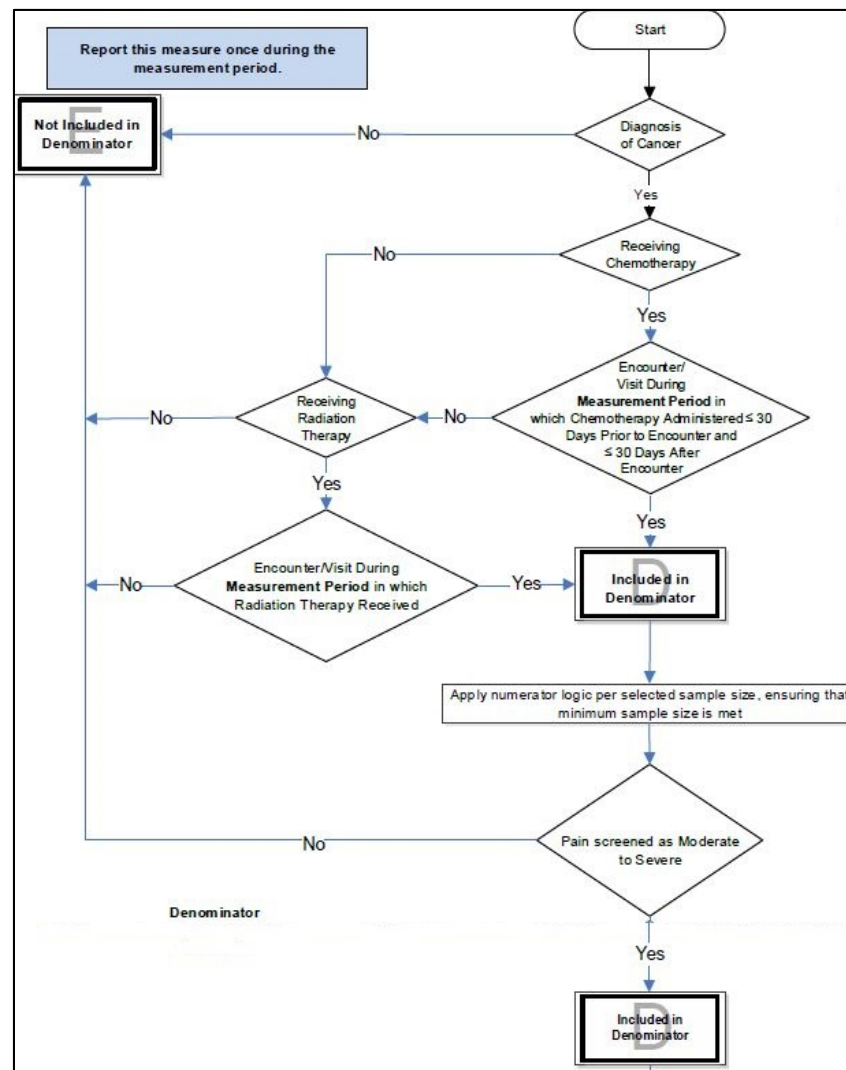
DESCRIPTION:

Percentage of patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having moderate to severe pain with a plan of care to address pain documented on or before the date of the second visit with a clinician.

INSTRUCTIONS:

This measure is to be submitted once for each new occurrence of cancer diagnosis during the performance period for patients in whom moderate to severe pain is present.

PCH-15/NQF #0383: Algorithm Denominator



PCH-15/NQF #0383: Algorithm Numerator

Numerator

Included in
Denominator

Apply numerator logic per selected sample size
to ensure that minimum sample size is met

Not Included in
Numerator

No

Plan of Care to Address Moderate to
Severe Pain Documented On or Before
the Date of the 2nd Visit With a Clinician

Yes

Included in
Numerator

Average Quarterly Initial Population Size/
Minimum Required Sample Size

Quarterly Sample Size Instructions:

From initial population, calculate sample as follows:

| Cases | | Sampling |
|--------|---|-----------------|
| <10 | = | Include all pts |
| 10-50 | = | 10 pts |
| 51-125 | = | 20% of pts |
| >125 | = | 25 pts |

PCH-15/NQF #0383: Paper Abstraction Tool

| Paper Tool | |
|---|----------------------|
| Oncology: Medical and Radiation: Plan of Care for Moderate to Severe Pain (NQF #0383, PCH-15) | |
| Quarter 1 2020 through Quarter 4 2020 | |
| <p>This paper abstraction tool is provided as an optional, informal mechanism to aid PPS-Exempt Cancer Hospitals (PCHs) in the collection of the measures for the Centers for Medicare & Medicaid Services (CMS) PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program. The tool is designed to collect patient-specific data; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate quarters, along with the percentage. If there are any questions or concerns regarding use of this paper abstraction tool, please contact the PCHQR Program Support Contractor.</p> | |
| Patient Identifier: | <input type="text"/> |
| Treatment Date: | <input type="text"/> |
| Reporting Period: | <input type="text"/> |
| <p>The information from each medical record will be used to determine the numerator and denominator in aggregate.</p> | |
| <p>1. <i>Diagnosis of Cancer</i> – Is there a diagnosis of cancer? <input type="checkbox"/></p> | |
| <p>a. If "Yes," proceed to <i>Receiving Chemotherapy</i>.</p> | |
| <p>b. If "No," the case will be excluded. Stop abstracting. The case will not be included in the numerator or denominator.</p> | |

PCHQR Program: CY 2020 Measure and Resources Update

PCHQR Program Resources

Where Do I Find PCHQR Program Resources?

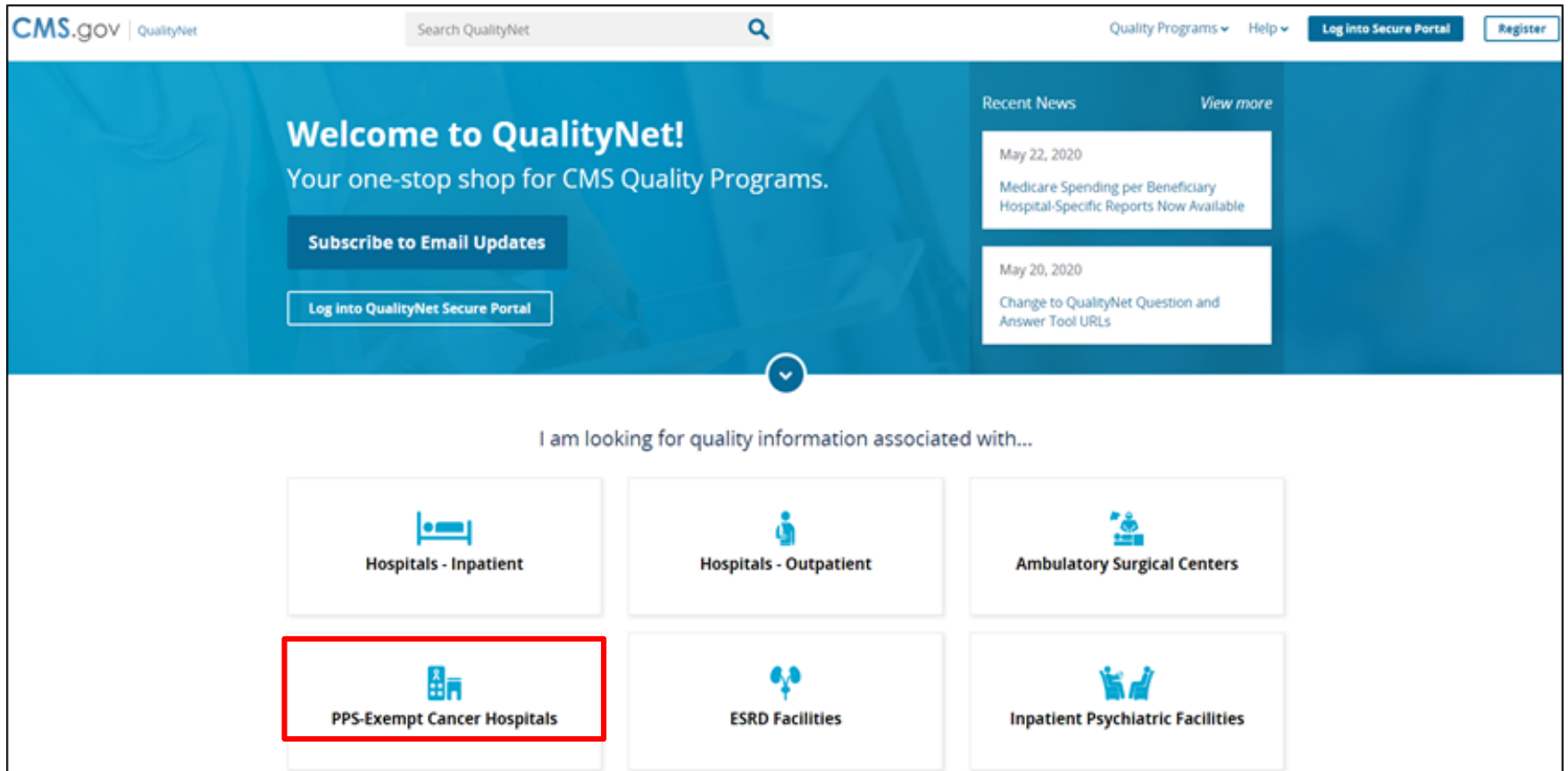
QualityNet

- [PCHQR Program Overview page](#)
- [PCHQR Program Data Collection page](#)
- [PCHQR Program Resources page](#)

Quality Reporting Center

- [Resources and Tools page](#)

QualityNet Home Page



The screenshot shows the QualityNet Home Page on CMS.gov. The header includes the CMS.gov logo, a search bar, and links for Quality Programs, Help, Log into Secure Portal, and Register. The main content area features a large blue banner with the text "Welcome to QualityNet! Your one-stop shop for CMS Quality Programs." and buttons for "Subscribe to Email Updates" and "Log into QualityNet Secure Portal". To the right, there is a "Recent News" section with two items: "May 22, 2020 Medicare Spending per Beneficiary Hospital-Specific Reports Now Available" and "May 20, 2020 Change to QualityNet Question and Answer Tool URLs". Below the banner, a section titled "I am looking for quality information associated with..." displays six categories of facilities: Hospitals - Inpatient, Hospitals - Outpatient, Ambulatory Surgical Centers, PPS-Exempt Cancer Hospitals (highlighted with a red border), ESRD Facilities, and Inpatient Psychiatric Facilities.

CMS.gov | QualityNet

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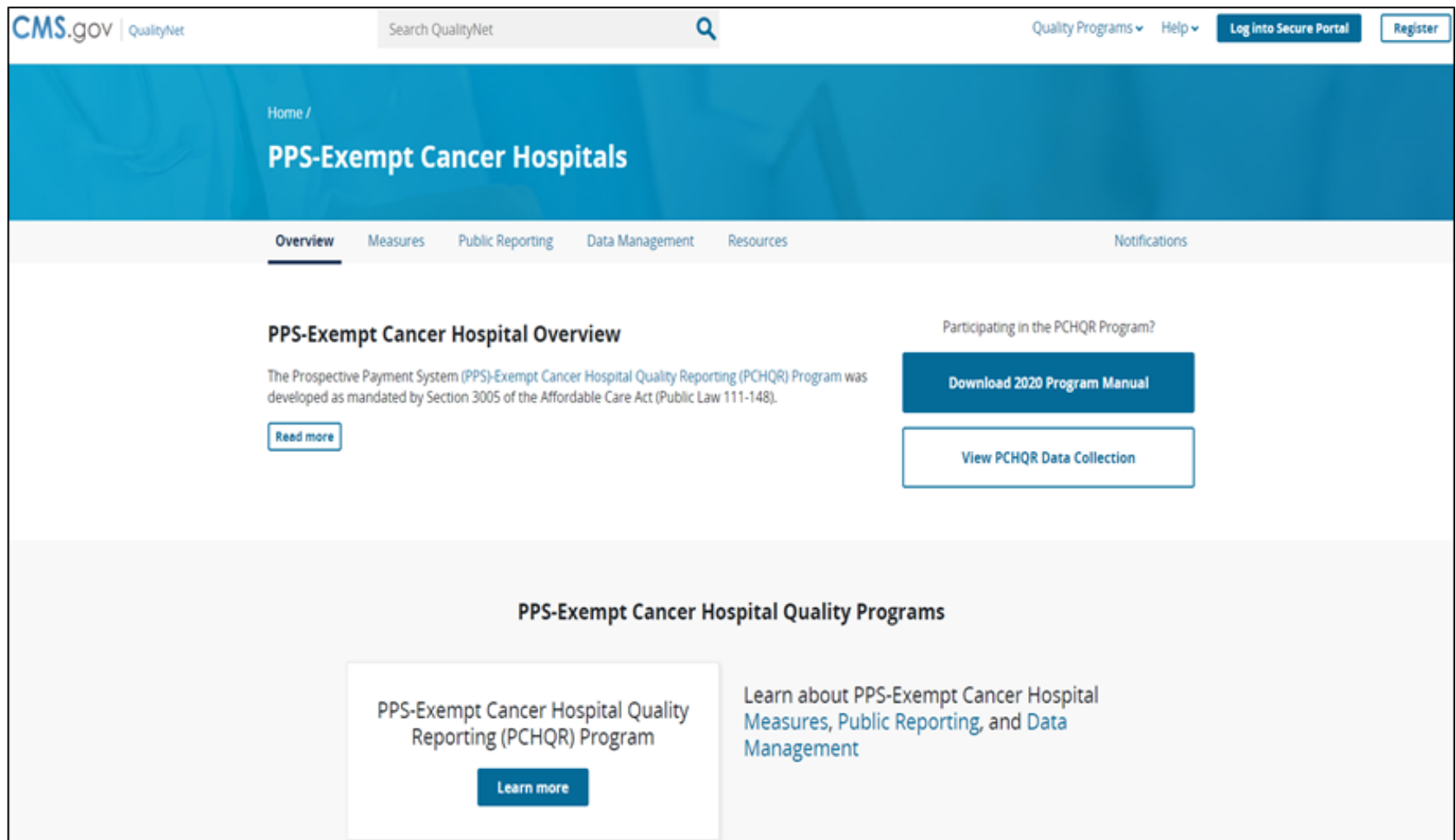
May 22, 2020
Medicare Spending per Beneficiary
Hospital-Specific Reports Now Available

May 20, 2020
Change to QualityNet Question and
Answer Tool URLs

I am looking for quality information associated with...

- Hospitals - Inpatient
- Hospitals - Outpatient
- Ambulatory Surgical Centers
- PPS-Exempt Cancer Hospitals**
- ESRD Facilities
- Inpatient Psychiatric Facilities

QualityNet PCHQR Program Landing Page



The screenshot shows the CMS.gov QualityNet PCHQR Program Landing Page. The header includes the CMS.gov logo, a search bar, and links for Quality Programs, Help, Log into Secure Portal, and Register. The main content area features a blue banner for 'PPS-Exempt Cancer Hospitals' with a navigation menu. Below the banner, there is a section for 'PPS-Exempt Cancer Hospital Overview' with a description and a 'Read more' button. To the right, there is a section for 'Participating in the PCHQR Program?' with buttons for 'Download 2020 Program Manual' and 'View PCHQR Data Collection'. At the bottom, there is a section for 'PPS-Exempt Cancer Hospital Quality Programs' with a 'Learn more' button and a link to 'Learn about PPS-Exempt Cancer Hospital Measures, Public Reporting, and Data Management'.

CMS.gov | QualityNet

Search QualityNet

Quality Programs ▾ Help ▾ Log into Secure Portal Register

Home /

PPS-Exempt Cancer Hospitals

Overview Measures Public Reporting Data Management Resources Notifications

PPS-Exempt Cancer Hospital Overview

The Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program was developed as mandated by Section 3005 of the Affordable Care Act (Public Law 111-148).

[Read more](#)

Participating in the PCHQR Program?

[Download 2020 Program Manual](#)

[View PCHQR Data Collection](#)

PPS-Exempt Cancer Hospital Quality Programs

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

[Learn more](#)

Learn about PPS-Exempt Cancer Hospital Measures, Public Reporting, and Data Management

Navigating to the *QualityNet* PCHQR Program Data Collection Page

Home / PPS-Exempt Cancer Hospitals /

PPS-Exempt Cancer Hospital Data Management

Overview Measures Public Reporting **Data Management** Resources Notifications

PPS-Exempt Cancer Hospital Data Management

Learn more about data collection, data submission, and data validation.

Data Collection

PPS-Exempt Cancer Hospital Data Collection

The PCHQR program is comprised of multiple types of measures that are collected using a variety of tested data collection instruments.

[Learn more](#)

Data Submission

PPS-Exempt Cancer Hospital Data Submission

PPS-Exempt Cancer Hospitals (PCHs) participating in the PCHQR Program must submit required data via each measure's acceptable methods of transmission.

[Learn more](#)

QualityNet Data Collection Page

PCH-15/NQF #0383 tools:

- Measure Information Form
- Clean algorithm
- Population and Sampling algorithm
- Paper abstraction tool

Table 2: Clinical Process/Oncology Care Measures (OCM)

| NQF # | PCH # | Measure Name | Specifications Manual & Measure Information Forms | Data Collection Tool | Acceptable Method of Transmission |
|-------|--------|--|--|--|---|
| 0383 | PCH-15 | Oncology: Plan of care for moderate to severe pain | <ul style="list-style-type: none">• 2020 Plan of care for moderate to severe pain measure information form• 2020 Plan of care for moderate to severe pain algorithm (clean version)• 2020 Plan of care for moderate to severe pain (population and sampling version) | <ul style="list-style-type: none">• 2020 Plan of care for moderate to severe pain paper abstraction tool | Web-based data entry via QualityNet Secure Portal |

QualityNet Resources Page

Resources Page

Home / PPS-Exempt Cancer Hospitals / PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program /

Resources

Overview PCHQR Measures Participation **Resources** Webinars

Program Resources
Web Resources
Forms
Final Rules

PCHQR Program Resources

| File Name | File Type | File Size | |
|---|-----------|-----------|--------------------------|
| 2020 PPS-Exempt Cancer Hospitals Quality Reporting (PCHQR) Program Manual (05/2020) | PDF | 5 MB | Download |
| Data Submission Deadlines (05/2020) | PDF | 30 KB | Download |
| Measure Crosswalk (09/2019) | PDF | 80 KB | Download |
| PCHQR Measure to Public Reporting Period Relationship Matrix (05/2020) | PDF | 614 KB | Download |
| PCHQR Program Web-Based Data Collection Tool Guideline by Due Date (09/2019) | PDF | 40 KB | Download |

PCHQR Program Measure

Submission Deadlines by Due Date

| Due Date | CLABSI/CAUTI/SSI/MRSA/CDI* | HCP Flu Vac* | HCAHPS | OCM†‡ (PCH-15 only) | EBRT†‡ | DACA |
|------------|----------------------------|---|--------------------------|------------------------|------------------------|-------------|
| 02/18/2020 | Q3 2019 (7/1–9/30) | N/A | N/A | N/A | N/A | N/A |
| 04/01/2020 | N/A | N/A | Q4 2019 ** (7/1–9/30) | N/A | N/A | N/A |
| 05/18/2020 | Q4 2019** (7/1–9/30) | Q4 2019–Q1 2020** (10/1/19–03/31/19) | N/A | N/A | N/A | N/A |
| 07/01/2020 | N/A | N/A | Q1 2020** (1/1–3/31) | N/A | N/A | N/A |
| 08/17/2020 | Q1 2020** (1/1–3/31) | N/A | N/A | CY 2019 (1/1–12/31) | CY 2019 (1/1–12/31) | N/A |
| 08/31/2020 | N/A | N/A | N/A | N/A | N/A | For FY 2021 |
| 10/07/2020 | N/A | N/A | Q2 2020** (4/1–6/30) | N/A | N/A | N/A |
| 11/16/2020 | Q2 2020** (4/1–6/30) | N/A | N/A | N/A | N/A | N/A |
| 01/06/2021 | N/A | N/A | Q3 2020 (7/1–9/30) | N/A | N/A | N/A |
| 02/16/2021 | Q3 2020 (7/1–9/30) | N/A | N/A | N/A | N/A | N/A |
| 04/07/2021 | N/A | N/A | Q4 2020 (10/1–12/31) | N/A | N/A | N/A |

* Data were submitted to the Centers for Disease Control and Prevention via the National Healthcare Safety Network.

** CMS-granted exception was applied for this reporting period in response to the 2019 Novel Coronavirus (COVID-19). Please refer to this link for more information:
<https://www.qualitynet.org/news/5e7a2b6902ca2c001f0fb905>

† Submitted to CMS via the *QualityNet Secure Portal* at www.QualityNet.org

‡ Annual submission, stratified by quarter


PCHQR Program Relationship Matrix of Program Measures by Years and Quarters

| Safety and HAI | Program (Fiscal) Years | Reporting Periods—Calendar Year Quarters | Quarterly Data Submission Deadlines | Hospital Compare Release October 2019 | Hospital Compare Release January 2020 | Hospital Compare Release April 2020 | Hospital Compare Release July 2020 | Hospital Compare Release October 2020 | Hospital Compare Release January 2021 |
|--|------------------------|--|-------------------------------------|---------------------------------------|---------------------------------------|-------------------------------------|------------------------------------|---------------------------------------|---------------------------------------|
| Surgical Site Infection (SSI) NQF #0753 (PCH-6 is colon, and PCH-7 is abdominal hysterectomy.) | 2015 | 1Q 2014 | PRIOR | | | | | | |
| | | 2Q 2014 | PRIOR | | | | | | |
| | 2016 | 3Q 2014 | PRIOR | | | | | | |
| | | 4Q 2014 | PRIOR | | | | | | |
| | 2017 | 1Q 2015 | PRIOR | | | | | | |
| | | 2Q 2015 | PRIOR | | | | | | |
| | | 3Q 2015 | PRIOR | | | | | | |
| | | 4Q 2015 | PRIOR | | | | | | |
| | 2018 | 1Q 2016 | PRIOR | | | | | | |
| | | 2Q 2016 | PRIOR | | | | | | |
| | | 3Q 2016 | PRIOR | | | | | | |
| | | 4Q 2016 | PRIOR | | | | | | |
| | 2019 | 1Q 2017 | PRIOR | | | | | | |
| | | 2Q 2017 | PRIOR | | | | | | |
| | | 3Q 2017 | PRIOR | | | | | | |
| | | 4Q 2017 | PRIOR | | | | | | |
| | 2020 | 1Q 2018 | PRIOR | 1Q 2018—4Q 2018 | 2Q 2018—1Q 2019 | 3Q 2018—2Q 2019 | 4Q 2018—3Q 2019 | 1Q 2019—4Q 2019 | 2Q 2019—1Q 2020 |
| | | 2Q 2018 | PRIOR | | | | | | |
| | | 3Q 2018 | PRIOR | | | | | | |
| | | 4Q 2018 | PRIOR | | | | | | |
| | 2021 | 1Q 2019 | PRIOR | | | | | | |
| | | 2Q 2019 | PRIOR | | | | | | |
| | | 3Q 2019 | PRIOR | | | | | | |
| | | 4Q 2019* | PRIOR | | | | | | |
| | 2022 | 1Q 2020 | 08/17/2020 | | | | | | |
| | | 2Q 2020 | 11/16/2020 | | | | | | |
| | | 3Q 2020 | 02/16/2021 | | | | | | |
| | | 4Q 2020 | 05/17/2021 | | | | | | |


*The CMS-granted exception was applied for this reporting period in response to the 2019 Novel Coronavirus (COVID-19). Please refer to this link for more information: <https://www.qualitynet.org/news/5e7a2b6902ca2c001f0fb905>
Note: Gray box indicates activity complete; Q=Quarter

Quality Reporting Center

Quality Reporting Center



[Events Calendar](#)[Inpatient](#)[Outpatient](#)[ASC](#)



Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting.

Inpatient Quality Reporting Programs

[Home](#) / Inpatient

Inpatient Quality Reporting Programs

| | |
|--|---|
| Newsletters | ▼ |
| Hospital Inpatient Quality Reporting (IQR) Program | ▼ |
| PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program | ▼ |
| Inpatient Psychiatric Facilities Quality Reporting Program | ▼ |
| eCQM Archived | ▼ |
| Hospital Value-Based Purchasing (VBP) Program | ▼ |

Inpatient Quality Reporting Programs

Welcome to the Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Center.

Hospital Inpatient VIQR Outreach and Education Overview

- [CMS Hospital Inpatient VIQR Programs Overview](#) 

Here you will find resources to assist acute care hospitals and critical access hospitals, inpatient psychiatric facilities, and PPS-exempt cancer hospitals. You may use the following links to access various programs and their resources, tools, and educational events.

- [Hospital Inpatient Quality Reporting \(IQR\) Program](#)
- [Inpatient Psychiatric Facility Quality Reporting \(IPFOR\) Program](#)
- [PPS-Exempt Cancer Hospital Quality Reporting \(PCHQR\) Program](#)
- [Hospital Value-Based Purchasing \(VBP\) Program Archived Events](#)
- [eCQM Archived Events](#)

PCHQR Program Selections

Inpatient Quality Reporting Programs

Newsletters



Hospital Inpatient Quality Reporting (IQR) Program



▶ **PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program**



Upcoming Events

PCHQR Archived Events

Resources and Tools

Inpatient Psychiatric Facilities Quality Reporting Program



eCQM Archived



Hospital Value-Based Purchasing (VBP) Program



PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Overview

The Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program was developed as mandated by Section 3005 of the Affordable Care Act (Public Law 111-148).

The PCHQR program is intended to equip consumers with quality-of-care information to make more informed decisions about healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care provided to Medicare beneficiaries by ensuring that providers are aware of and reporting on best practices for their respective facilities and type of care.

To meet the PCHQR Program requirements, PPS-Exempt Cancer Hospitals (PCHs) are required to submit all quality measures to the Centers for Medicare & Medicaid Services (CMS), beginning with the Fiscal Year (FY) 2014 payment determination year. Participating facilities must comply with the program requirements set forth, including public reporting of the measure rates.

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Eligibility

Eligible hospitals are described in section 1886(d)(1)(B)(v) and referred to as a Prospective Payment System (PPS)-Exempt Cancer Hospitals, or PCHs. These hospitals are excluded from payment under the Inpatient Prospective Payment System. The Centers for Medicare & Medicaid Services (CMS) has designated 11 hospitals as [PPS-Exempt Cancer Hospitals](#), or Medicare PPS-Excluded Cancer Hospitals.

Final Rules for Hospital Inpatient Prospective Payment Systems

Information regarding the PCHQR Program can be found in the following Inpatient Prospective Payment System and Long Term Care Hospitals Prospective Payment System (IPPS/LTCH) Final Rule (FR) publications.

Quality Reporting Center Resources and Tools Page

Resources and Tools

PCH Tools and Resources

Hospital Contact Change Form

- [Hospital Contact Change Form](#) 

Hospital Compare Preview Documents for July 2020 




PCHQR Program Manual 

[PCHQR Program Resources](#) 

- [PCHQR Measure Crosswalk](#) 
- [PCHQR Program Measure Submission Deadlines by Due Date](#) 
- [PCHQR Program Relationship Matrix of Program Measures by Years and Quarters](#) 
- [PCHQR Program Web-Based Data Collection Tool Guideline by Due Date](#) 

Additional Resources


The following websites provide additional information the PCHQR Program measure specifications and sampling methodology:

- [National Quality Forum measure endorsements and performance standards \(NQF\)](#)
- Clinical Process/Cancer-Specific Treatments measure specifications
 - [Breast Measure Specifications](#) 
 - [Colon Measure Specifications](#) 
- [Healthcare-Associated Infections \(HAI\) measure specifications](#)  (Center for Disease Control)
- [HCAHPS measure specifications \(HCAHPS Online\)](#)
- [CMS Quality Payment Program Measure Specifications](#)
- [QualityNet PCHQR Data Collection Page](#)

Measure Exception Form

Some hospitals may not have locations that meet the National Healthcare Safety Network (NHSN) criteria for CLABSI or CAUTI reporting and some hospitals may perform so few procedures requiring surveillance under the SSI measure that the data may not be meaningful for *Hospital Compare* or sufficiently reliable to be utilized for quality reporting purposes in a program year.

Reporting will not be required for these measures if the PPS-Exempt Cancer Hospital (PCH) performed less than a combined total of 10 colon and abdominal hysterectomy procedures in the calendar year prior to the reporting year. To indicate a measure is not being reported, a Measure Exception Form should be completed and submitted prior to the First Quarter data submission deadline for the applicable program year.

- [Measure Exception Form](#) 

PCHQR Program: CY 2020 Measures and Resources Update

Key Dates and Reminders

Important Events and Dates

Upcoming Outreach and Educational Events
are posted online:

Events On Demand

The top screenshot shows the Quality Reporting Center website navigation bar. The 'Events On Demand' link is highlighted with a red box and a red arrow pointing to it from the right.

The bottom screenshot shows the 'Events on Demand' page. The left sidebar contains a list of links, with 'Events on Demand' highlighted by a red box and a red arrow pointing to it from the left. The right sidebar contains a list of links, with 'PPS-Exempt Cancer Hospitals' highlighted by a red box.

Events on Demand

The following Inpatient VIQR Outreach and Education Support Contractor events were recorded and are only offered online. For recordings of presentations that were offered live, please visit the Archived Events page.

- [Inpatient](#)
- [Value-Based Purchasing](#)
- [eCQM](#)
- [PPS-Exempt Cancer Hospitals](#)
- [Inpatient Outpatient Quality Reporting](#)
- [Ambulatory Surgical Center Quality Reporting](#)

Important Events and Dates

Data Submission Deadlines

- July 1, 2020
 - Q1 2020 Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data*
- August 17, 2020
 - Q1 2020 Healthcare-Associated Infection (HAI) data*
 - Catheter-associated Urinary Tract Infection (CAUTI), Central Line-Associated Bloodstream Infection (CLABSI), Surgical Site Infection (SSI) colon and abdominal hysterectomy, Clostridium difficile Infection (CDI), Methicillin-resistant Staphylococcus aureus (MRSA)
 - CY 2019 OCM** and External Beam Radiotherapy (EBRT) data
- August 31, 2020
 - FY 2021 Data Accuracy and Completeness Acknowledgement (DACA)

*Measure data submission falls under the CMS-granted, COVID-19 Extraordinary Circumstances Exceptions (ECE). Although data submission for the excepted reporting periods is optional, submitted data will be publicly reported.

** Oncology: Medical and Radiation – Plan of Care for Moderate to Severe Pain (PCH-15) only

Quality Reporting Requirements for PCHs Affected by COVID-19

- March 22, 2020: CMS announced relief for clinicians, providers, hospitals, and facilities participating in quality reporting programs in response to COVID-19.
- March 27, 2020: Additional guidance on the scope and duration of the exceptions was distributed to health care providers in a [memorandum](#).
- May 12, 2020: CMS announced additional exceptions for reporting periods related to HAI measures and web-based data submissions for PCHs via [Listserve communication](#).

Applicable Data Submission Deadlines and Discharge Periods

- For the Influenza Vaccination Coverage Among Healthcare Personnel (HCP) and Centers for Disease Control and Prevention (CDC) infection measures, data will not be required for:
 - May, August, and November 2020 submission deadlines for discharge periods:
 - October 1, 2019–December 31, 2019 (Q4 2019)
 - January 1, 2020–March 31, 2020 (Q1 2020)
 - April 1, 2020–June 30, 2020 (Q2 2020)
- For the HCAHPS Survey, data will not be required for:
 - April, July, and October 2020 HCAHPS submission deadlines for discharge periods:
 - October 1, 2019–December 31, 2019 (Q4 2019)
 - January 1, 2020–March 31, 2020 (Q1 2020)
 - April 1, 2020–June 30, 2020 (Q2 2020)

Applicable Data Submission Deadlines and Discharge Periods

- For web-based data submissions, data from encounters during the following periods will not be required:
 - January 1, 2020–March 31, 2020 (Q1 2020)
 - April 1, 2020–June 30, 2020 (Q2 2020)
- For claims-based measures, qualifying claims will be excluded from measure calculation for the following periods:
 - January 1, 2020–March 31, 2020 (Q1 2020)
 - April 1, 2020–June 30, 2020 (Q2 2020)

Public Reporting

- **July 2020 Release**

- 4Q 2018 through 3Q 2019 HCAHPS Survey data
- 4Q 2018 through 3Q 2019 HAI measure data
 - SSI-colon and abdominal hysterectomy, CDI and MRSA
- Q3 2018 through Q2 2019 Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy

- **October 2020 Release**

- 1Q 2019 through 4Q 2019 HCAHPS Survey data*
- 1Q 2019 through 4Q 2019 HAI measure data*
 - SSI-colon and abdominal hysterectomy, CDI and MRSA
- 4Q 2019 through 1Q 2020 HCP measure data*

*Q4 2019 and Q1 2020 measure data falls under the CMS-granted, COVID-19 Extraordinary Circumstances Exceptions (ECE).

Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy (PCH-30 and PCH-31) Measure

- FY 2020 measure results were publicly reported on *Hospital Compare* on April 22, 2020.
 - Data collection period:
July 1, 2017–June 30, 2018
- Facility-Specific Reports (FSRs) were distributed April 30, 2020–May 1, 2020.
 - Data collection period:
July 1, 2018–June 30, 2019
 - FY 2021 measure results will be publicly reported in July 2020.

HCQIS Access Roles and Profile System (HARP) Account Transition

- Transition period ends June 15, 2020.
- Resources
 - [QualityNet News Article](#)
 - [Setting Up Your HARP Account for Hospital Quality Reporting](#) webinar
 - [HARP User Guide](#)
- *QualityNet* Help Desk
 - Email: qnetsupport@hcqis.org
 - Phone: (866) 288-8912

Accessing the *QualityNet* Questions and Answers Tool

The screenshot shows the CMS.gov QualityNet website interface. At the top, there is a navigation bar with the CMS.gov logo, a search bar labeled "Search QualityNet", and a "Help" dropdown menu highlighted with a red box. To the right of the search bar are links for "Quality Programs", "Log into Secure Portal", and "Register". Below the navigation bar, the main content area is divided into three columns. The first column, "Getting Started", includes links for "Registration", "Sign In Instructions", "Security Statement & Policy", and "Password Rules". The second column, "Known Issues & Maintenance", includes links for "Known Issues" and "System Maintenance". The third column, "Question & Answer Tools", includes links for "Hospitals - Inpatient", "Hospitals - Outpatient", "PPS-Exempt Cancer Hospitals" (highlighted with a red box), "Ambulatory Surgical Centers", "ESRD Facilities", and "Inpatient Psychiatric Facilities". A "Close" button is located in the top right corner of the main content area.

Getting Started

- Registration
- Sign In Instructions
- Security Statement & Policy
- Password Rules

Known Issues & Maintenance

- Known Issues
- System Maintenance

Question & Answer Tools

- Hospitals - Inpatient
- Hospitals - Outpatient
- PPS-Exempt Cancer Hospitals
- Ambulatory Surgical Centers
- ESRD Facilities
- Inpatient Psychiatric Facilities

Close

Ask a Question

CMS.gov | QualityNet

Quality Q&A Tool Ask a Question Browse Program Articles

How to Use this Tool

Quality Question and Answer Tool

Your one-stop shop for CMS Quality Answers

Search for the answer to your question

Browse
View existing articles

Ask a Question
Submit a Question to CMS

Site Feedback

For the best experience, please use one of the following browsers: Chrome, Firefox, Safari, Microsoft Edge. Mobile devices are not currently supported.

Submit a Question

QualityNet Question and Answer Site

Submit a Question to Our Support Team.

* Indicates required field

WARNING: Individually identifiable health information in this system is subject to the Health Information Portability and Accountability Act of 1996 and the Privacy Act of 1974. Submission of questions to the QIO and Hospital Q&A System that contains Protected Health Information (PHI) is a violation of these Acts. **Questions containing PHI will be deleted from the system and not processed.** For detailed information regarding transmitting or receiving healthcare information or data read the [QualityNet System Security Policy, PDF](#)

Tell us about yourself

First Name *

enter first name (limit 75 chars)

Last Name *

enter last name (limit 75 chars)

Email Address *

enter email address; format joe@domain.com

Confirm Email Address *

enter email address again to confirm

Phone Number

format xxx-xxx-xxxx (ext.)

What is your question?

Program *

select from the drop down

Topic *

select from the list of provided topics


Subject *

enter a brief summary of your question (limit 160 chars)

Question (4000 Characters Max) *

enter your question for CMS

☐ I'm not a robot


reCAPTCHA
Privacy - Terms

SUBMIT QUESTION

PCHQR Program: CY 2020 Measure and Resources Update

Closing Remarks

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