



PCHQR Program: Exploring the Next Generation Simple Data Entry Tool

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Acronyms and Abbreviations

CMS	Centers for Medicare & Medicaid Services
CY	calendar year
DACA	Data Accuracy and Completeness Acknowledgement
EBRT	external beam radiotherapy
ECE	Extraordinary Circumstances Exception
ED	emergency department
FSR	Facility-Specific Report
FY	fiscal year
HARP	HCQIS Access Roles and Profile
HCQIS	Health Care Quality Information System
HQR	Hospital Quality Reporting
NG	Next Generation
OCM	Oncology Care Measure
PCH	PPS-exempt Cancer Hospital
PCHQR	PPS-exempt Cancer Hospital Quality Reporting
PPS	prospective payment system
Q	quarter
SDE	Simple Data Entry
VIQR	Value, Incentives, and Quality Reporting

Purpose

This presentation will provide PPS-exempt Cancer Hospital Quality Reporting (PCHQR) Program participants with detailed instructions to use the new Next Generation (NG) Simple Data Entry (SDE) tool to submit CY 2019 PCH-15 and PCH-25 measure data (due August 17, 2020), electronically submit the fiscal year (FY) 2021 Data Accuracy and Completeness Acknowledgement (DACA), and generate a PPS-exempt Cancer Hospital (PCH) report.

Objectives

Participants will be able to:

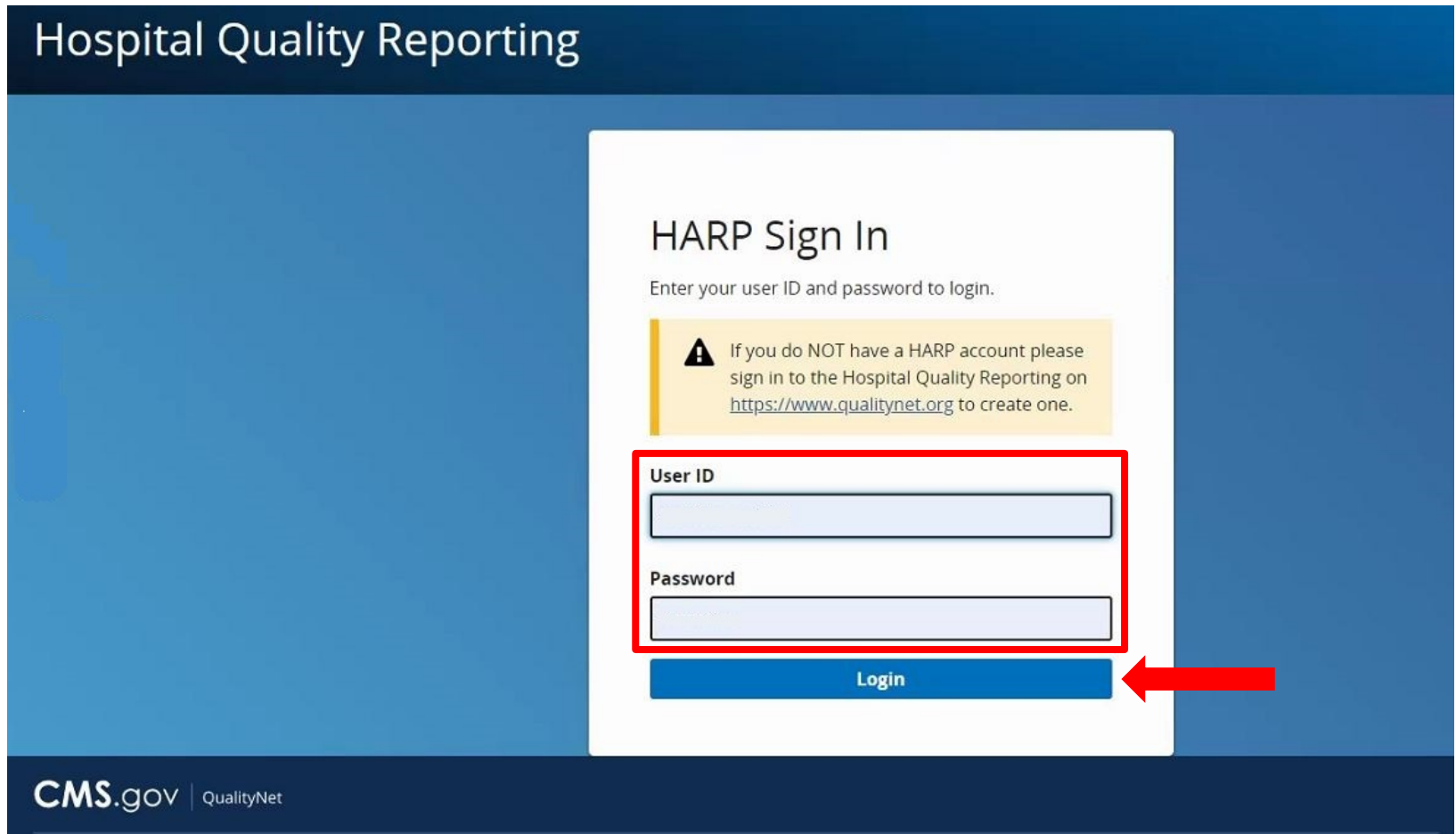
- Locate the NG SDE tool within the Hospital Quality Reporting (HQR) system.
- Utilize the NG SDE tool to successfully enter and submit calendar year (CY) 2019 PCH-15 and PCH-25 measure data and the FY 2021 DACA.
- Generate a PCH data report via the NG report functionality.

PCHQR Program: Exploring the Next Generation Simple Data Entry Tool

Getting Started

HQR Sign In

Hospital Quality Reporting – hqr.cms.gov



The screenshot shows the 'Hospital Quality Reporting' (HQR) sign-in interface. The page has a dark blue header with the text 'Hospital Quality Reporting'. Below the header is a large blue area. In the center, there is a white box containing the 'HARP Sign In' section. This section includes the instruction 'Enter your user ID and password to login.' and a yellow warning box with an exclamation mark icon stating: 'If you do NOT have a HARP account please sign in to the Hospital Quality Reporting on <https://www.qualitynet.org> to create one.' Below the warning box are two input fields: 'User ID' and 'Password', both with light blue borders. A red rectangle highlights these two fields. Below the input fields is a blue 'Login' button. A red arrow points to the 'Login' button. At the bottom left of the page, the 'CMS.gov | QualityNet' logo is visible.

Hospital Quality Reporting

HARP Sign In

Enter your user ID and password to login.

! If you do NOT have a HARP account please sign in to the Hospital Quality Reporting on <https://www.qualitynet.org> to create one.

User ID

Password

Login


CMS.gov | QualityNet


Account Verification


Hospital Quality Reporting

Two-Factor Authentication

Select a device to verify your account

 SMS Text for number ending in 1234

 Email



CMS.gov | QualityNet

[CMS.gov](#) [QualityNet.org](#) [QualityNet Help Desk](#) [Help](#)
[Accessibility](#) [Privacy Policy](#) [Terms of Use](#)



Account Verification (continued)

Hospital Quality Reporting

Two-Factor Authentication


For your security, we need to authenticate your request. We've sent a verification code via:

SMS Text


Please enter it below.

Enter Code

[Continue](#)

Code sent 

[Change two factor authentication](#)



Terms and Conditions


Hospital Quality Reporting

Terms & Conditions

transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.

Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

I accept the above Terms and Conditions



PCHQR Program: Exploring the Next Generation Simple Data Entry Tool

Entering PCH-15 and PCH-25 Data

Navigating to the HQR Landing Page

CMS.gov | Hospital Quality Reporting | Logout

PPS-Exempt Cancer Hospital

My Tasks **My Reports** **Help** ▾

Hospital Quality Reporting: My Tasks

CMS is making improvements to QualityNet based on user feedback. We are creating a new interface that improves the way you submit, review and track the status of data. Continue using this My Tasks page to enter web-based data, view submission and feedback reports, and other tasks available here.

View the new Hospital Quality Reporting ➡

Access the new and improved Hospital Quality Reporting functions.

Hospital Reporting Inpatient/Outpatient
[View / Edit Population and Sampling](#)

Manage Measures
[View/Edit Structural/Web-Based Measures/Data Acknowledgement \(DACA\)](#)

Manage Notice of Participation
[View/Edit Notice of Participation, Contacts, Campuses](#)

Report Authorizations
[View/Request/Approve Access](#)

Patient Satisfaction Data Entry
[Online Survey Entry](#)

Vendor Authorization
[Authorize Vendors to Submit Data](#)

Data Entry Card

The screenshot shows the CMS.gov QualityNet interface for a PPS-Exempt Cancer Hospital. The header includes the CMS.gov logo, QualityNet text, and a user profile section with the hospital name and a dropdown menu. A blue banner at the top reads 'PPS-Exempt Cancer Hospital'. Below this, a 'Welcome to Hospital Quality Reporting' section provides instructions. A grid of five cards is displayed: 'Public Reporting', 'eCQM', 'Program Credit Report', 'File Upload', and 'Data Entry'. The 'Data Entry' card, which includes the text 'Enter data for program credit.' and a document icon, is highlighted with a red rectangular border. A 'My Tasks Page' callout box is also visible on the right side of the dashboard.

CMS.gov | QualityNet

PPS-EXEMPT CANCER HOSPITAL | Your Name

PPS-Exempt Cancer Hospital

Welcome to Hospital Quality Reporting

The cards below display the features available to you. Please select the card that aligns with your task.

Public Reporting
Preview and analyze measure benchmarks for your facility.

eCQM
Track status and validation of EHR patient files.

Program Credit Report
Review how uploaded data applies toward program credit.

File Upload
Upload files for program credit.

Data Entry
Enter data for program credit.

My Tasks Page
Return to the new HQR My Tasks page.

Web-Based Measures

The screenshot displays the CMS.gov QualityNet interface for PPS-Exempt Cancer Hospitals. The header includes the CMS.gov logo, QualityNet text, and a user profile section for 'PPS-EXEMPT CANCER HOSPITAL' with a 'Your Name' dropdown and a 'Change Organization' button. The main content area is titled 'PPS-Exempt Cancer Hospital' and features a 'Web-based Measures' tab. Below this, a section titled 'How would you like to submit your data?' offers two options: 'File Upload' (with a cloud upload icon) and 'Data Form' (with a list icon). The 'Data Form' option is highlighted with a red rectangular box.

CMS.gov | QualityNet

PPS-EXEMPT CANCER HOSPITAL | Your Name

PPS-Exempt Cancer Hospital

Change Organization

Web-based Measures

How would you like to submit your data?

File Upload
Upload files for program credit here.

Data Form
Enter data for program credit here.


Launch Data Form

The screenshot shows the CMS.gov QualityNet interface for a PPS-Exempt Cancer Hospital. The header includes the CMS.gov logo, QualityNet text, and a user profile section with a dropdown arrow. The main header area displays 'PPS-Exempt Cancer Hospital' and a 'Change Organization' button. Below this, there are two tabs: 'Web-based Measures' and 'Data Form', with 'Data Form' being the active tab. A message states: 'You have selected Data Form submission. You can choose a different method at any time.' Under the heading 'Select the Data Form', there is a table with one row containing 'PCH' and a 'Launch Data Form' button with a green arrow icon. A large red arrow points to this button.

Web-based Measures	
File Upload	Data Form

You have selected Data Form submission. You can choose a different method at any time.

Select the Data Form

PCH	Launch Data Form 
-----	--

Starting Point for Data Entry

PPS-Exempt Cancer Hospital

Change Organization

**Prospective Payment System (PPS)-
Exempt Cancer Hospital Quality Reporting
(PCHQR)**

Fiscal Year
2021

CMS Certification Number: 123456
Submission Period: 07/01/2020 - 08/17/2020
With Respect to Reporting Period: 01/01/2019 - 12/31/2019
Last Updated:

Current Submission Period: **Open**

☒ Enter ☐ Preview ☒ Submit

Starting Point for Data Entry (continued)

PCH-25
External Beam Radiotherapy (EBRT) for Bone Metastases

[Start Measure](#)

Quarter 1	-
Quarter 2	-
Quarter 3	-
Quarter 4	-
Final Score	

PCH-15
Oncology: Plan of Care for Moderate to Severe Pain

[Start Measure](#)

Quarter 1	-
Quarter 2	-
Quarter 3	-
Quarter 4	-
Final Score	

[✓ I'm ready to submit](#)

Population and Sampling: Things to Remember

- ✓ If you select “Not Sampled” (Sampling Frequency), the Initial Patient Population, Sample Size, and Denominator should be **equal**.
- ✓ If your Initial Patient Population is <10 , do not sample.
 - Select “Not Sampled” for Sampling Frequency.

Average Quarterly Initial Patient Population Size “N”	Minimum Required Sample Size “N”
>125	25
51–125	20% of Initial Population
10–50	10
<10	No Sampling: 100% of the Initial Patient Population

PCH-25 Data Entry


[< Back](#)

PCH-25
External Beam Radiotherapy (EBRT) for Bone Metastases

* Indicates required measure

1 Quarter 1

Population

* What was your hospital's sampling frequency?
 

* What was your hospital's quarterly initial Patient Population?

* What was your hospital's quarterly Sample Size?

Numerator

* Please enter the number of all patients, regardless of age, with bone metastases, and no previous radiation to the same anatomic site who receive EBRT for the treatment of bone metastases with any of the following recommended fractionation schemes: 30Gy/10fxns, 24Gy/6fxns, 20Gy/5fxns, 8Gy/1fxn.

CMS Certification Number:
123456

Submission Period:
07/01/2020 - 08/17/2020

With Respect to Reporting Period:
01/01/2019 - 12/31/2019

Last Updated:

PCH-25 Data Entry (continued)

Denominator

* Please enter the number of all patients with bone metastases and no previous radiation to the same anatomic site, who are not specifically excluded from the denominator, who received EBRT for the treatment of bone metastases during the reporting period.

Ex. 0,1,2,3,...,99999

Cancel

Save & Close Quarter 1

2 Quarter 2

3 Quarter 3

4 Quarter 4

Warning vs. Fatal Error Messages

You will receive a **warning message** if:

- The Sample Size is less than the minimum required for the Initial Patient Population.
- You select “Not Sampled” and the Initial Patient Population and Sample Size are not equal.
- The Sample Size is greater than the Initial Patient Population.

You will receive a **fatal error** message if:

- The Numerator is greater than the Denominator.
- You fail to enter values for the required fields (Sampling Frequency, Numerator, Denominator, etc.).

Warning Notification

External Beam Radiotherapy (EBRT) for Bone Metastases

* Indicates required measure

✓ Quarter 1

✓ Quarter 2

✓ Quarter 3 ⚠

4 Quarter 4

Population

* What was your hospital's sampling frequency?

Quarterly

* What was your hospital's quarterly initial Patient Population?

400

* What was your hospital's quarterly Sample Size?

100

Numerator

* Please enter the number of all patients, regardless of age, with bone metastases, and no previous radiation to the same anatomic site who receive EBRT for the treatment of bone metastases with any of the following recommended fractionation schemes: 30Gy/10fxns, 24Gy/6fxns, 20Gy/5fxns, 8Gy/1fxn.

CMS Certification Number:

123456

Submission Period:

07/01/2020 - 08/17/2020

With Respect to Reporting Period:

01/01/2019 - 12/31/2019

Last Updated:

07/15/2020

Acronyms

21

Warning Details

PCH-25
External Beam Radiotherapy (EBRT) for Bone Metastases

* Indicates required measure

✓ Quarter 1

✓ Quarter 2

✓ Quarter 3 ⚠

Population

* What was your hospital's sampling frequency?

Quarterly

* What was your hospital's quarterly initial Patient Population?

⚠ Based on the Initial Patient Population, the Sample Size should not be less than 25

500

* What was your hospital's quarterly Sample Size?

⚠ Based on the Initial Patient Population, the Sample Size should not be less than 25

10

CMS Certification Number:
123456

Submission Period:
07/01/2020 - 08/17/2020

With Respect to Reporting Period:
01/01/2019 - 12/31/2019

Last Updated:

07/15/2020

Acronyms

22


How Do I Correct My Data?

Important: Data Contains Warnings [X Close](#)

Please confirm you wish to process with the data below.
These warnings are non-fatal and may be submitted.


Quarter 3

What was your hospital's quarterly Sample Size?

 Based on the Initial Patient Population, the Sample Size should not be less than 25

10

What was your hospital's quarterly initial Patient Population?


 Based on the Initial Patient Population, the Sample Size should not be less than 25

500

[Edit Data](#) [Confirm](#)


Correcting the Error

* What was your hospital's quarterly initial Patient Population?

 Based on the Initial Patient Population, the Sample Size should not be less than 25

500

* What was your hospital's quarterly Sample Size?

 Based on the Initial Patient Population, the Sample Size should not be less than 25

25

Numerator


* Please enter the number of all patients, regardless of age, with bone metastases, and no previous radiation to the same anatomic site who receive EBRT for the treatment of bone metastases with any of the following recommended fractionation schemes: 30Gy/10fxns, 24Gy/6fxns, 20Gy/5fxns, 8Gy/1fxn.

9

Denominator

* Please enter the number of all patients with bone metastases and no previous radiation to the same anatomic site, who are not specifically excluded from the denominator, who received EBRT for the treatment of bone metastases during the reporting period.

25



Fatal Errors

4 Quarter 4

Population

* What was your hospital's sampling frequency?

Quarterly

* What was your hospital's quarterly Initial Patient Population?

75

* What was your hospital's quarterly Sample Size?

25

Numerator

* Please enter the number of patient visits that included a documented plan of care to address moderate to severe pain on or before the date of second visit with a clinician.

Numerator cannot be greater than the denominator

25

Denominator

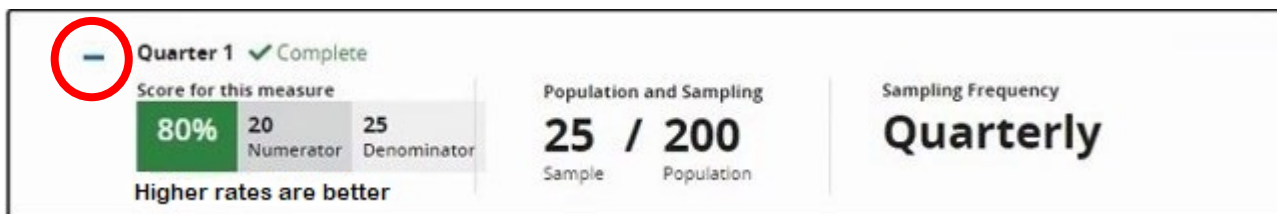
* Please enter the number of patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having moderate to severe pain.

Numerator cannot be greater than the denominator

23

Cancel Save & Close Quarter 4

Summary of Submission



Population

What was your hospital's sampling frequency?

Quarterly

What was your hospital's quarterly initial Patient Population?

200

What was your hospital's quarterly Sample Size?

25

Numerator

Please enter the number of all patients, regardless of age, with bone metastases, and no previous radiation to the same anatomic site who receive EBRT for the treatment of bone metastases with any of the following recommended fractionation schemes: 30Gy/10fxns, 24Gy/6fxns, 20Gy/5fxns, 8Gy/1fxn.


20

Denominator

Please enter the number of all patients with bone metastases and no previous radiation to the same anatomic site, who are not specifically excluded from the denominator, who received EBRT for the treatment of bone metastases during the reporting period.

25


Summary of Submission (continued)

+ Quarter 2 ✓ Complete Score for this measure 78% 7 Numerator 9 Denominator Higher rates are better	Population and Sampling 9 / 9 Sample Population	Sampling Frequency Not Sampled
+ Quarter 3 ✓ Complete Score for this measure 96% 24 Numerator 25 Denominator Higher rates are better	Population and Sampling 25 / 150 Sample Population	Sampling Frequency Quarterly
+ Quarter 4 ✓ Complete Score for this measure 92% 23 Numerator 25 Denominator Higher rates are better	Population and Sampling 25 / 75 Sample Population	Sampling Frequency Quarterly
Final Score ✓ Complete Score for this measure 88% 74 Numerator 84 Denominator Higher rates are better	Population and Sampling 84 / 334 Sample Population	 ✓ I'm ready to submit


Next Step... Sign the DACA

Prospective Payment System (PPS)-
Exempt Cancer Hospital Quality
Reporting (PCHQR)

Fiscal Year
2021

 **PCH DACA - Signature Needed**
This account requires an annual acknowledgement of submission accuracy.


Sign


 **PCH Measures Successfully Submitted**
PCH Measures for PPS-EXEMPT CANCER HOSPITAL have been successfully submitted.


CMS Certification Number: 123456
Submission Period: 07/01/2020 - 08/17/2020
With Respect to Reporting Period: 01/01/2019 - 12/31/2019
Last Updated: 07/01/2020 12:00 PM

Export Data

Current Submission Period: **Open**

 Enter

 Preview

 Submit

PCHQR Program: Exploring the Next Generation Simple Data Entry Tool

FY 2021 DACA Submission

Accessing the DACA

Prospective Payment System (PPS)-
Exempt Cancer Hospital Quality
Reporting (PCHQR)

Fiscal Year
2021

PCH DACA - Signature Needed

This account requires an annual acknowledgement of submission accuracy.

Sign

PCH Measures Successfully Submitted

PCH Measures for PPS-EXEMPT CANCER HOSPITAL have been successfully submitted.

CMS Certification Number: 123456
Submission Period: 07/01/2020 - 08/17/2020
With Respect to Reporting Period: 01/01/2019 - 12/31/2019
Last Updated: 07/01/2020 12:00 PM

Export Data

Current Submission Period: Open

Enter

Preview

Submit

Review and Sign

Data Accuracy and Completeness Acknowledgement (DACA)

To the best of my knowledge, at the time of submission of this form, all of the information reported for this hospital for participation in the PCHQR Program is accurate and complete. This acknowledgement is for information submitted since the completion of the Fiscal Year (FY) 2020 DACA signed in Calendar Year 2019. This information includes the following:

- Measure data, as defined for the PCHQR Program
- All Program requirements, as defined for the PCHQR Program (e.g., where applicable, chart abstraction and/or sampling)
- Current Notice of Participation
- Active QualityNet Security Administrator

I understand this acknowledgement covers all PCHQR information reported by this hospital (and any data or survey information reported by vendor(s) acting as agents on behalf of this hospital) to the Centers for Medicare & Medicaid Services (CMS) and its contractors. The data submitted in the time frame covered by this DACA are required for purposes of meeting the requirements for FYs 2020, 2021, and 2022 as specified in the Final Rules governing the PCHQR Program.

To the best of my knowledge, at the time of submission, this information was collected in accordance with all applicable requirements. I understand that this information is used as the basis for reporting quality of care and patient assessment of care to the public.

Position



I confirm that the information I have submitted is accurate and complete, to the best of my knowledge.

Sign

Cancel

Submission Confirmation

✓ **Success:** Congratulations! You have successfully acknowledged and signed DACA for PCHQR for this fiscal year.

Signature
Your Name

Position
Your Position/Title

Date
07/01/2020

[Re-Sign](#) [Export Signed DACA PDF](#)

For Your Records...

PCHQR-DACA-2021.pdf 1 / 1

Download Print

Data Accuracy and Completeness Acknowledgement (DACA)

To the best of my knowledge, at the time of submission of this form, all of the information reported for this hospital for participation in the PCHQR Program is accurate and complete. This acknowledgement is for information submitted since the completion of the Fiscal Year (FY) 2020 DACA signed in Calendar Year 2019. This information includes the following:

- * Measure data, as defined for the PCHQR Program
- * All Program requirements, as defined for the PCHQR Program (e.g., where applicable, chart abstraction and/or sampling)
- * Current Notice of Participation
- * Active QualityNet Security Administrator

I understand this acknowledgement covers all PCHQR information reported by this hospital (and any data or survey information reported by vendor(s) acting as agents on behalf of this hospital) to the Centers for Medicare & Medicaid Services (CMS) and its contractors. The data submitted in the time frame covered by this DACA are required for purposes of meeting the requirements for FYs 2020, 2021, and 2022 as specified in the Final Rules governing the PCHQR Program.

To the best of my knowledge, at the time of submission, this information was collected in accordance with all applicable requirements. I understand that this information is used as the basis for reporting quality of care and patient assessment of care to the public.

Congratulations! You have successfully acknowledged and signed DACA for PCHQR for this fiscal year.

Navigation: Previous, Next, Home, Search, Print, Download

Additional Confirmation of DACA Submission

Prospective Payment System (PPS)-
Exempt Cancer Hospital Quality Reporting
(PCHQR)

Fiscal Year
2021

✓ PCH Measures Successfully Submitted

PCH Measures for PPS-EXEMPT CANCER HOSPITAL have been successfully submitted.

CMS Certification Number: 123456
Submission Period: 07/01/2020 - 08/17/2020
With Respect to Reporting Period: 01/01/2019 - 12/31/2019
Last Updated: 07/01/2020 12:00 PM

Export Data

Current Submission Period: Open

Enter Preview Submit

PCHQR Program: Exploring the Next Generation Simple Data Entry Tool

Generating Your PCH Report: PCH-15 and PCH-25 Data

Ready to Export

Prospective Payment System (PPS)- Exempt Cancer Hospital Quality Reporting (PCHQR)

Fiscal Year

2021



PCH Measures Successfully Submitted

PCH Measures for PPS-EXEMPT CANCER HOSPITAL have been successfully submitted.

CMS Certification Number: 123456

Submission Period: 07/01/2020 - 08/17/2020

With Respect to Reporting Period: 01/01/2019 - 12/31/2019

Last Updated: 07/01/2020 12:00 PM

Current Submission Period: **Open**



Enter



Preview



Submit

Export Data

NG PCH Data Report


PCH Data Form

Page 1 of 6
Exported 7/01/2020 12:00 PM

PPS-EXEMPT CANCER HOSPITAL
CMS Certification Number: 123456

Submission Period: 07/01/2020 - 08/17/2020
With Respect to Reporting Period: 01/01/2019 - 12/31/2019
Last Updated: 07/01/2020 12:00 PM

PCH

 All Measures Successfully Submitted!

Measure	Submission Status	Last Updated
PCH-25	Submitted	07/01/2020 12:00 PM
PCH-15	Submitted	07/01/2020 12:00 PM

PCH-25

Quarter 1

What was your hospital's sampling frequency?

Quarterly

What was your hospital's quarterly initial Patient Population?

200

How Can I View My Other Submitted PCHQR Program Data?

To view FY 2021 and FY 2022 healthcare-associated infection (HAI) measure data, you will need to continue to generate your PCH report via the *QualityNet Secure Portal* (the current report functionality) until this report is available in NG.

- To view CY 2020 CAUTI and CLABSI measure data, you will generate the FY 2021 PCH report.
- To view CY 2020 CDI, MRSA, and SSI measure data, you will generate the FY 2022 PCH report.

PCHQR Program Measure Submission Deadlines by Due Date

[QualityNet PCHQR Program Resources Page](#)

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: Exploring the Next Generation Simple Data Entry Tool

Key Dates and Reminders

Important Events and Dates

Upcoming Outreach and Educational Events
are posted online:

Events On Demand

The screenshot displays the Quality Reporting Center website. The top navigation bar includes links for 'Events Calendar', 'Inpatient', 'Outpatient', 'ASC', 'SNF VBP', and 'Events on Demand'. The 'Events on Demand' link is highlighted with a red box and a red arrow. Below the navigation bar is a banner image featuring a group of healthcare professionals. The main content area is titled 'Events on Demand' and contains a list of events. The 'Events on Demand' link in the left sidebar is also highlighted with a red box and a red arrow. The 'PCH' link in the sidebar is highlighted with a red box and a red arrow. The 'Events on Demand' link in the main content area is highlighted with a red box and a red arrow.

QUALITY REPORTING CENTER

Events Calendar Inpatient Outpatient ASC SNF VBP Events on Demand

Home

- Event Calendar
- Inpatient
- Outpatient
- ASC
- SNF VBP Program
- Events on Demand
- OQR
- ASC
- PCH
- IPF
- VBP
- eCQM
- IQR

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 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 Exception (ECE).

** 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 a [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**

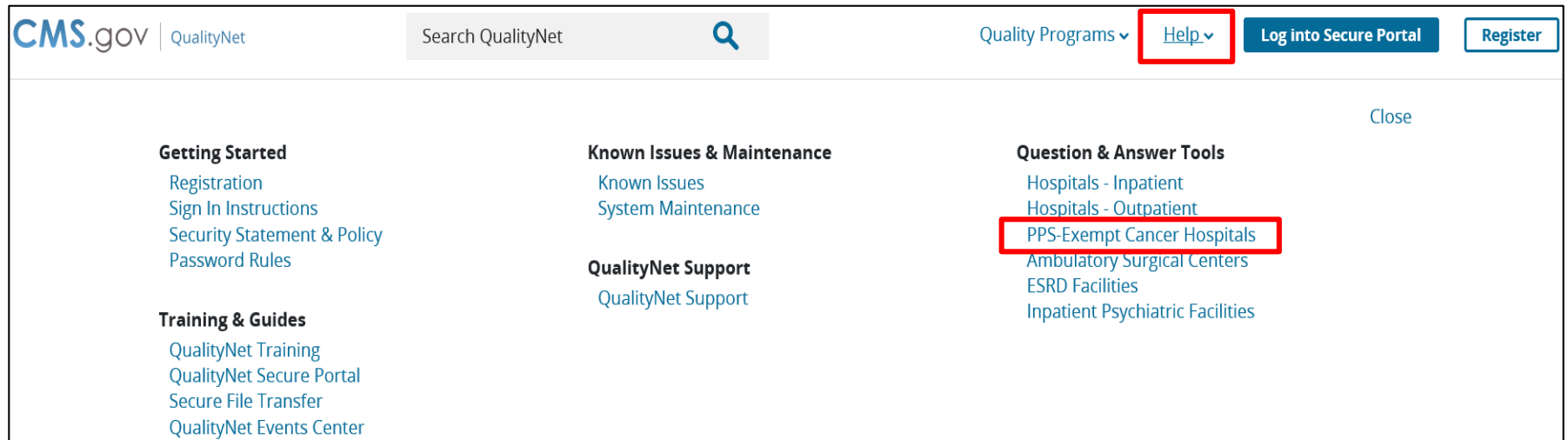
- 4Q 2018 through 3Q 2019 HCAHPS Survey data
- 4Q 2018 through 3Q 2019 HAI measure data
 - CDI, MRSA and SSI-colon and abdominal hysterectomy
- Q3 2018 through Q2 2019 Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy

- **October 2020 Release**

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

- Q4 2019 and Q1 2020 measure data falls under the CMS-granted, COVID-19 ECE.

Accessing the *QualityNet* Questions and Answers Tool



The screenshot shows the CMS.gov QualityNet website. At the top, there is a navigation bar with the CMS.gov logo, a search bar, and links for Quality Programs, Help (highlighted with a red box), Log into Secure Portal, and Register. Below the navigation bar, a dropdown menu is open, displaying three main categories: Getting Started, Known Issues & Maintenance, and Question & Answer Tools. The Question & Answer Tools category is further expanded, showing 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 visible in the top right corner of the dropdown menu.

CMS.gov | QualityNet

Search QualityNet

Quality Programs ▾ **Help ▾** Log into Secure Portal Register

Close

- Getting Started**
 - Registration
 - Sign In Instructions
 - Security Statement & Policy
 - Password Rules
- Training & Guides**
 - QualityNet Training
 - QualityNet Secure Portal
 - Secure File Transfer
 - QualityNet Events Center
- Known Issues & Maintenance**
 - Known Issues
 - System Maintenance
- QualityNet Support**
 - QualityNet Support
- Question & Answer Tools**
 - Hospitals - Inpatient
 - Hospitals - Outpatient
 - PPS-Exempt Cancer Hospitals**
 - Ambulatory Surgical Centers
 - ESRD Facilities
 - Inpatient Psychiatric Facilities

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: Exploring the Next Generation Simple Data Entry Tool

Closing Remarks

Disclaimer

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