



# **PCHQR Program: FY 2021 IPPS/LTCH PPS Final Rule**

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# Acronyms and Abbreviations

<b>ACS</b>	American College of Surgeons	<b>HCP</b>	healthcare personnel
<b>ARM</b>	Adjusted Ranking Metric	<b>ICU</b>	intensive care unit
<b>ASC</b>	Ambulatory Surgical Center	<b>IPPS</b>	Inpatient Prospective Payment System
<b>CAUTI</b>	Catheter-Associated Urinary Tract Infection	<b>LTCH</b>	long-term care hospital
<b>CDC</b>	Centers for Disease Control and Prevention	<b>MAP</b>	Measure Applications Partnership
<b>CDI</b>	<i>Clostridium difficile</i> Infection	<b>MRSA</b>	Methicillin-Resistant <i>Staphylococcus aureus</i>
<b>CLABSI</b>	Central Line-Associated Bloodstream Infection	<b>NHSN</b>	National Healthcare Safety Network
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>NQF</b>	National Quality Forum
<b>COVID-19</b>	Coronavirus disease 2019	<b>OCM</b>	Oncology Care Measure
<b>CST</b>	Cancer-Specific Treatment	<b>OPPS</b>	Outpatient Prospective Payment System
<b>CY</b>	calendar year	<b>PCH</b>	PPS-Exempt Cancer Hospital
<b>EBRT</b>	External Beam Radiotherapy	<b>PCHQR</b>	PPS-Exempt Cancer Hospital Quality Reporting
<b>ECE</b>	Extraordinary Circumstances Exception	<b>PPS</b>	prospective payment system
<b>ED</b>	emergency department	<b>Q</b>	quarter
<b>EOL</b>	End of Life	<b>SCIP</b>	Surgical Care Improvement Project
<b>FR</b>	<i>Federal Register</i>	<b>SIR</b>	Standardized Infection Ratio
<b>FY</b>	fiscal year	<b>SSI</b>	Surgical Site Infection
<b>HAI</b>	healthcare-associated infection	<b>VIQR</b>	value, incentives, and quality reporting
<b>HCAHPS</b>	Hospital Consumer Assessment of Healthcare Providers and Systems		

# Purpose

This presentation will provide an overview of the Fiscal Year (FY) 2021 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule with a focus on the impact of the finalized changes on the PCHQR Program.

# Objectives

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Participants will be able to locate the FY 2021 IPPS/LTCH PPS Final Rule and identify finalized changes impacting participants in the PCHQR Program.

# Previous Changes to the Measures of the PCHQR Program

The FY 2021 IPPS/LTCH Final Rule is the ninth rule addressing the PCHQR Program. Previous PCHQR-impacted rules include:

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

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

- [FY 2015 IPPS/LTCH PPS Final Rule](#) (79 FR 50277 through 50286)
  - One new Clinical Effectiveness measure (external beam radiotherapy [EBRT]) was finalized for the FY 2017 program and subsequent years.
- [FY 2016 IPPS/LTCH PPS Final Rule](#) (80 FR 49713 through 49723)
  - Two new outcome measures (Methicillin-resistant *Staphylococcus aureus* [MRSA] and *Clostridium difficile* infection [CDI]) and one process measure (Influenza Vaccination Coverage Among Healthcare Personnel [HCP]) were finalized for the FY 2018 program and subsequent years.
  - SCIP measures were removed as of October 1, 2016.

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

- [FY 2017 IPPS/LTCH PPS Final Rule](#) (81 FR 57182 through 57193)
  - One new claims-based outcome measure (Admissions and Emergency Department [ED] Visits for Patients Receiving Outpatient Chemotherapy) was added for FY 2019.
  - Diagnosis cohort for National Quality Forum (NQF) #0382 expanded to include patients with breast and rectal cancer effective for patients treated in calendar year (CY) 2017 and applying to FY 2019.
- [FY 2018 IPPS/LTCH PPS Final Rule](#) (82 FR 38411 through 38425)
  - Three CST measures were removed from the program effective for diagnoses occurring January 1, 2018.
  - Four new end-of-life (EOL) claims-based measures (NQF #0210, #0213, #0215, and #0216) were added to the program for the FY 2020 program and subsequent years.

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

- [FY 2019 IPPS/LTCH PPS Final Rule](#)  
(83 FR 41609 through 41624)
  - One new measure removal factor, Factor 8, was added: “The costs associated with the measure outweigh the benefit of its continued use in the program.”
  - Four OCMs (NQF #0382, 0384, 0389, and 0390) were removed effective for patients being treated in CY 2019 (January 1–December 21, 2019).
  - The claims-based measure 30-Day Unplanned Readmissions for Cancer Patients (NQF #3188) was added.



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

- [FY 2020 IPPS/LTCH PPS Final Rule](#) (84 FR 42509 through 42524)
  - One new claims-based outcome measure, Surgical Treatment Complications for Localized Prostate Cancer, was adopted beginning with the FY 2022 program year.
  - Clinical effectiveness measure (EBRT) was removed, beginning with FY 2022 program year (patient encounters occurring as of January 1, 2020).
  - The HCAHPS survey was refined by removing the pain management questions beginning with October 1, 2019 discharges.
  - The Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy data were publicly reported as soon as feasible.
  - HAI measure data for MRSA, CDI, SSI-colon and abdominal hysterectomy, and HCP were publicly reported as soon as feasible.
  - Confidential national reporting for EOL (NQF #0210, #0213, #0215, and #0216) and 30-Day Unplanned Readmissions for Cancer Patients (NQF #3188) measures was specified.

# FY 2021 IPPS/LTCH PPS Final Rule Publication

- The FY 2021 IPPS/LTCH PPS Final Rule was published in the [\*Federal Register\*](#) on September 18, 2020.
- The PCHQR Program section is on pages 58959-58965.

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## **Finalized Changes to the PCHQR Program**

# PCHQR Program Sections

1. Background
2. Summary of PCHQR Program Measure for the FY 2023 Program Year
- 3. Refinements to the Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138) and the Central Line-associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139) Beginning with FY 2023 Program Year**
4. Maintenance of Technical Specifications for Quality Measures
- 5. Public Display Requirements**
6. Form, Manner, and Timing of Data Submission
7. Extraordinary Circumstances Exceptions (ECE) Policy Under the PCHQR Program

# Summary of Unchanged Sections in the Final Rule

- Section 1: Background
  - Social Security Act – Sections 1866 (k) and 1866 (k)(1)
- Section 2: Summary of PCHQR Program Measure for the FY 2023 Program Year
- Section 4: Maintenance of Technical Specifications for Quality Measures
  - Technical specifications are periodically updated and maintained on the [QualityNet website](#).
- Section 6: Form, Manner, and Timing of Data Submission
  - Data submissions requirements are posted on the [QualityNet PCHQR Program Resources page](#).
- Section 7: Extraordinary Circumstances Exceptions (ECE) Policy Under the PCHQR Program
  - Refer to FY 2019 IPPS/LTCH PPS Final Rule (84 FR 41623–41624) for more information.

# Section 2: Summary of PCHQR Program Measure for the FY 2023 Program Year

## Safety and Healthcare-Associated Infection (HAI)

Short Name	NQF #	Measure Name
CAUTI	0138	National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure
CLABSI	0139	NHSN Central line-associated Bloodstream Infection (CLABSI) Outcome Measure
HCP	0431	Influenza Vaccination Among Healthcare Personnel
Colon and Abdominal Hysterectomy SSI	0753	American College of Surgeons-Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure (currently includes SSIs following Colon Surgery and Abdominal Hysterectomy)
MRSA	1716	NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant <i>Staphylococcus aureus</i> Bacteremia Outcome Measure
CDI	1717	NHSN Facility-wide Inpatient Hospital-onset <i>Clostridium difficile</i> Infection (CDI) Outcome Measure

NQF=National Quality Forum

# Section 2: Summary of PCHQR Program Measure for the FY 2023 Program Year

(continued)

## Clinical Process/Oncology Care Measures

Short Name	NQF #	Measure Name
EOL-Chemo	0210	Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life
EOL-Hospice	0215	Proportion of Patients Who Died from Cancer Not Admitted to Hospice
N/A	0383	Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology

## Intermediate Clinical Outcome Measures

EOL-ICU	0213	Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life
EOL-3DH	0216	Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days

# Section 2: Summary of PCHQR Program Measure for the FY 2023 Program Year

(continued)

## Patient Engagement/Experience of Care

Short Name	NQF #	Measure Name
HCAHPS	0166	Hospital Consumer Assessment of Healthcare Providers and Systems

## Claims Based Outcome Measures

N/A	N/A	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy
N/A	3188	30-Day Unplanned Readmissions for Cancer Patients
N/A	N/A	Surgical Treatment Complications for Localized Prostate Cancer



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## **Section 3: Refinements to the CAUTI and CLABSI Measures Beginning with FY 2023 Program Year**

# Background

CAUTI and CLABSI were:

- Adopted in the FY 2013 IPPS/LTCH PPS Final Rule (77 FR 53556–53559).
- Proposed for removal in the FY 2019 IPPS/LTCH PPS Final Rule (83 FR 20503).
- Finalized to be retained in the CY 2019 Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Final Rule (83 FR 59150).

# Description of the CDC Re-Baselining Efforts

- CDC's NHSN uses HAI incidence data from a prior time period and a standard population of facilities that report data to NHSN to establish a HAI baseline for CAUTI and CLABSI. (The baseline is used to calculate the Standardized Infection Ratio [SIR].)
  - In 2016, the CDC used 2015 HAI incidence data to update the source of aggregate data and risk adjustment methodology used to create the HAI baselines.
- During the re-baselining effort, the CDC determined that it could generate HAI baselines that produce more accurate SIR calculations by standardizing the new HAI baseline across infection and facility types.
  - Risk-adjustment model created for ACHs can include the 17\* cancer hospitals.
  - CDC updated the acute care risk adjustment model to stratify the HAI baselines by oncology-specific location types.

\*11 PCHs and six other hospitals that classify themselves as cancer hospitals (NHSN facility type "HOSP-ONC") but are not PCHs for the purposes of Medicare

# CAUTI and CLABSI Results Using the Updated HAI Baselines that Incorporate New-Risk Adjustment

The CDC tested the CAUTI and CLABSI measures based on the updated HAI baselines that incorporate the new risk adjustment.

- Within the acute care hospital risk adjustment model, the categorization of a patient care location as an oncology unit is a statistically significant predictor of CAUTI and CLABSI incidence.
- This will result in a more accurate assessment of the incidence of CAUTI and CLABSI within the PCHs.

# Measure Applications Partnership (MAP) Analysis of the Refinements to the CAUTI and CLABSI Measures

- The Measure Applications Partnership (MAP) supported the use of both refined measures in the PCHQR Program.
- The MAP acknowledged it is imperative to evaluate CAUTI incidence in all inpatient settings, including cancer hospitals.
- The MAP noted that CLABSI is pertinent in the patient safety domain.
  - The MAP suggested that the CDC consider differences in types of cancer and/or differences in types of cancer treatments when assessing the measure performance in the future.

# Summary of Finalized Changes: Modified CAUTI and CLABSI Measures

- CMS believes it is important to continue to measure CAUTI and CLABSI incidence because of the implications they have in the patient safety domain.
- Implementation of refined, stratified measures will make measures more representative of the quality of care provided by PCHs.
  - Stratified performance results will more accurately demonstrate the incidence of CAUTI and CLABSI for comparison among PCHs.
- Implementing the refined versions means that the PCHQR Program would be utilizing the most recently NQF-endorsed version of these measures.

# Summary of Finalized Changes: Modified CAUTI and CLABSI Measures

(continued)

CMS finalized the proposal to refine the CAUTI and CLABSI measures. Commenters supported refinements to CAUTI and CLABSI measures.

- The updated HAI baselines will incorporate an updated risk adjustment approach developed by the CDC.
- CMS will report hospital-level Standardized Infection Ratios (SIRs) that are calculated using a risk model that is applied to the individual location (i.e., oncology units).
- Hospitals will be required to begin data collection for refined measures beginning in CY 2021.
  - CMS recognizes the potential for COVID-19 to impact data collection for CY 2021 and will closely monitor the reporting capacity of PCHs and if COVID-19 poses issues.

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## **Section 5: Public Display Requirements**



# Public Display Requirements

- Under Section 1866(k)(4) of the Social Security Act, CMS is required to establish procedures to make data submitted under the PCHQR Program available to the public and allow PCHs to review the data prior to public display.
- CMS continues to use rulemaking to establish the year the first publicly reported data will be made available and publish the data as soon as feasible during that year.
- CMS will continue to defer public reporting for the CAUTI and CLABSI measures until Fall of 2022.
  - The finalized refined versions of these measures will be publicly reported with CY 2021 data.

# Summary of Finalized Public Display Requirements

Measures	Public Reporting
<ul style="list-style-type: none"> <li>Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey (NQF #0166)</li> <li>Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (NQF #0383)</li> </ul>	2016 and subsequent years
<ul style="list-style-type: none"> <li>External Beam Radiotherapy EBRT*</li> </ul>	2017 and subsequent years
<ul style="list-style-type: none"> <li>ACS-CDC Harmonized Procedure Specific SSI – Colon and Abdominal Hysterectomy SSI (NQF #0753)</li> <li>Facility-wide Inpatient Hospital-onset MRSA Bacteremia (NQF #1716)</li> <li>Facility-wide Inpatient Hospital-onset CDI (NQF #1717)</li> <li>Influenza Vaccination Coverage Among HCP (NQF #0431)</li> </ul>	2019 and subsequent years
<ul style="list-style-type: none"> <li>Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy **</li> </ul>	April 2020 and subsequent years
<ul style="list-style-type: none"> <li>CAUTI (NQF #0138)</li> <li>CLABSI (NQF #0139)</li> </ul>	Deferred until CY 2022

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

\*\*Since we issued the FY 2021 IPPS/LTCH PPS Proposed Rule, we have begun to publicly display data on this measure.

# Public Display of the Refined Versions of the CAUTI and CLABSI Measures

CMS finalized the proposal to begin publicly reporting the refined CAUTI and CLABSI measures in Fall 2022, not the current versions of the measures.

- Commenters were supportive of publicly reporting the refined measure as proposed.
- CMS will monitor performance trends prior to publicly reporting this data.

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## **Closing Remarks**

# Disclaimer

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