



# PPS- Exempt Cancer Hospital Quality Reporting (PCHQR) Program Support Contractor

## PCHQR Program: FY 2021 IPPS/LTCH PPS Proposed Rule

### Presentation Transcript

#### Speakers

##### **Erin Patton, MPH, CHES**

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

##### **Lisa Vinson, BS, BSN, RN**

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

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**Lisa Vinson:**

Hello and welcome to today's PPS-Exempt Cancer Hospital Quality Reporting Program Outreach and Education event entitled *PCHQR Program: Fiscal Year 2021 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System Proposed Rule*. My name is Lisa Vinson, and I will be the moderator 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. The material's for today's presentation were developed by our team in conjunction with our CMS Program Lead, Erin Patton, who will be the main speaker for today's presentation. Erin is the PCHQR Program Lead in the Quality Measurement and Value-Based Incentives Group, or QMVIC, within the Center for Clinical Standards and Quality at CMS. As the title indicates, we will be discussing the Fiscal Year 2021 IPPS/LTCH PPS Proposed Rule. Today's event is specific for participants in the PCHQR Program. Although the proposed rule contains content that addresses the [Hospital] Inpatient Quality Reporting, or IQR, and the Long-Term Care Hospital, or LTCH, Quality Reporting programs, we will only be focusing on the PCHQR Program section. If your facility is participating in the IQR or LTCH programs, please contact your designated program lead to find out when there will be a presentation on your section of the fiscal year 2021 proposed rule. If you have questions during the webinar, you may submit them to the following email address, [WebinarQuestions@hsag.com](mailto:WebinarQuestions@hsag.com). When sending questions, please use the webinar title in the subject line. The webinar title is *PCHQR Program: FY 2021 IPPS/LTCH PPS Proposed Rule*. In the email body, please include your question and, if your question pertains to a specific slide, please include the slide number for us to more efficiently assist you. If you have questions unrelated to the current webinar topic, we recommend searching for the topic in the *QualityNet* Inpatient Questions and Answers tool. If you do not find a similar topic, feel free to use the tool to submit a new question. The location of the *QualityNet* Inpatient Questions and Answers tool and how to submit a question will be addressed later in this presentation. Now, on our next slide we will further discuss the question and answer limitations.

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As mentioned earlier, since this event is posted on the Quality Reporting Center Event On Demand page, questions should be submitted via the [WebinarQuestions@hsag.com](mailto:WebinarQuestions@hsag.com) email address. Please be mindful that questions submitted pertaining to this event have limitations. The limitations include CMS only addressing procedural questions about the comment submission period and CMS is not able to address any rule-related questions. Later during this presentation, I will be reviewing the comment submission process, and CMS looks forward to receiving your formal comments on the proposed rule.

Here is the acronyms and abbreviations list. Acronyms and abbreviations you will hear and see today include CAUTI, for Catheter-Associated Urinary Tract Infection; CLABSI, for Central Line-Associated Bloodstream Infection; C-Y, for calendar year; F-Y, for fiscal year; I-P-P-S, for Inpatient Prospective Payment System; L-T-C-H, or LTCH, for Long-Term Care Hospital; MAP, for Measure Applications Partnership; and P-P-S, for Prospective Payment System.

The purpose of today's event is to provide an overview of the Fiscal Year 2021 IPPS/LTCH PPS Proposed Rule with a focus on the possible impact of the proposed changes on the PCHQR Program.

There are three main objectives for today's webinar. Program participants should be able to 1) locate the Fiscal Year 2021 IPPS/LTCH PPS Proposed Rule; 2) identify the proposed changes possibly impacting participants in the PCHQR Program; and 3) describe how and when to submit written comments to CMS regarding the proposed rule.

Lastly, the FY 2021 IPPS/LTCH PPS Proposed Rule was published to the *Federal Register* on Friday, May 29, 2020. The *Federal Register* version can be accessed by clicking the hyperlink on this slide. At this time, I would like to turn the presentation over to Erin who will further discuss the proposed changes and how these changes may impact the PCHQR Program. Erin?

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**Erin Patton:**

Thank you, Lisa. Good afternoon. My name is Erin Patton, and I am the CMS Policy Lead for the PCHQR Program. Today, I will go over the proposed changes to the PCHQR Program for the fiscal year 2021 program.

The PCHQR [Program] sections in the IPPS proposed rule are listed on this slide. I will talk through each of these sections and the changes the program is proposing in this year's rule.

The PCHQR Program was established under section 1866 of the Social Security Act. Reporting began with fiscal year 2014. The PCHQR Program incentivizes PCHs to improve health care quality and value, while giving patients data-driven information needed to make the best decisions in conjunction with their health care providers.

Section 2 includes a table outlining the measures for the fiscal year 2023 program year. There are currently 15 measures in the program. These measures include the following Safety and HAI measures: NHSN CAUTI and CLABSI measures, the healthcare personnel influenza vaccination measure, colon and abdominal hysterectomy Surgical Site Infection measure, and the NHSN MRSA and CDI measures.

These are the Clinical Process and Oncology Care Measures. They include end of life chemotherapy and hospice measures, Oncology: Plan of Care for Pain, and end of life admission to ICU and admission to hospice measures.

The Patient Engagement and Experience of Care measure is the HCAHPS measure. Finally, the last set of measures are the three claims-based outcome measures including Admissions and ED Visits for Patients Receiving [Outpatient] Chemotherapy, 30-Day Unplanned Readmissions for Cancer Patients, and the Surgical Treatment Complications for Localized Prostate Cancer measure. All these measures are to be included in the fiscal year 2023 program.

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The main proposal in this year's rule is for the proposed refinements to the CAUTI and CLABSI measures. Beginning with the FY 2023 program year, CMS is proposing to refine the CAUTI and CLABSI measures by adopting the updated Standardized Infection Ratio, or SIR, calculation methodology developed by the CDC. This calculates rates that are stratified by patient care locations within PCHs.

CAUTI and CLABSI were adopted in the PCHQR program in fiscal year 2013. These measures were proposed for removal in the FY 2019 IPPS rule but were later finalized to be retained in the program in the CY 2019 OPSS/ASC program final rule.

The proposed measure refinements for this year will align with 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 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 produced more accurate SIR calculations by standardizing the new HAI baseline across infection and facility types. The risk-adjustment model created for ACHs can include the 17 cancer hospitals, which are the 11 PCH hospitals and six other hospitals that classify themselves as cancer hospitals but not for the purposes of Medicare. CDC updated the acute care risk adjustment model to stratify the HAI baselines by oncology-specific location types.

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.

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The Measures Applications Partnership, or MAP, supported the use of both refined measures in the PCHQR Program. They 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.

In summary, 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

CMS is not proposing any changes to the maintenance process. Technical specifications are periodically updated and maintained on the *QualityNet* website. The subregulatory process is used to make non-substantive updates to measures used in the PCHQR Program. Please refer to the FY 2015 IPPS/LTCH PPS Final Rule (79 FR 50281) for more detail.

Under Section 1866 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. In this rule, we are proposing to begin publicly reporting the refined versions of CAUTI and CLABSI , if finalized, in the fall of 2022 using CY 2021 data.

This table includes the previously finalized and proposed public display requirements for each of the program measures. As you can see in the last row, CAUTI and CLABSI will continue to be deferred until CY 2022.

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In this section of the rule, CMS is not proposing any updates to the previously finalized data submission requirements and deadlines. Data submissions requirements are posted on the *QualityNet* PCHQR Program Resources page (which is linked on this slide.)

CMS is also not proposing any changes to the ECE policy. We refer readers to the FY 2019 IPPS Final Rule for more information on the ECE policy for the PCHQR Program.

CMS appreciates and needs your comments concerning the proposed rule. All comments for this proposed rule must be received no later than July 10, 2020. CMS will respond to all comments that are within the scope in the final rule. Thank you for your time today, I will turn it back over to Lisa.

**Lisa Vinson:**

Thank you, Erin. I will now review the area that CMS is requesting comment specific to the fiscal year 2021 proposed rule, as well as walk you through the process to electronically submit your comments.

During Erin's discussion on the proposed rule, there was one proposal that CMS is requesting public comment on. This includes the refinement to the CAUTI and CLABSI outcome measures beginning with the FY 2023 program year. On the next series of slides, I will review the comment submission process, starting with acceptable methods of submission. Next slide, please.

As indicated on this slide, there are three ways you can submit comments on the FY 2021 proposed rule: electronically, via regular mail; or Express or overnight mail. Of note, CMS is not able to accept comment submissions via fax. Specific details, such as the address and addressee, can be found in the proposed rule.

To electronically submit your comments, you may begin this process here as illustrated on this slide by selecting the Submit A Formal Comment button on the *Federal Register* page, which is recommended. This is the top image, or via the regulations.gov site, which is shown as the bottom image by selecting the Comment Now button. Please remember that the

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comment period for the FY 2021 proposed rule closes July 10, 2020, at 11:59 p.m. Eastern Time. For the purpose of this presentation, we will access the regulations.gov site by clicking on Comment Now! which is denoted by the red box in the lower right-hand corner of this slide. By making this selection, you will be taken to the screen on our next slide.

Here is where you will enter your comments. The comment textbox is a required field as indicated by the letter “a”. As indicated by the letter “b,” the character limit is 5000 characters. You will be able see the number of characters remaining as you type.

If you wish to upload a file, you will select Choose File as denoted by the letter “a,” on this slide. Then, you will enter your personal information. Please note that the only required fields in this section, letter “b,” are the state or province, zip code, and country. The other fields—full name, city, and email address—are optional. Next, if you are submitting a comment on behalf of a third party, you will need to check the box “I am submitting on behalf of a third party.” Then, you will enter the organization’s name, as required. If this does not apply to you, click Continue to go on to the next screen, as displayed on the next slide.

Here is the preview page. It will show how your comment will appear on regulations.gov. Additionally, your country and state and any uploaded files will appear here as well. Your first and last name, if supplied, organization, and zip code will not appear on regulations.gov. You are able to edit the content as this point. You will select the Edit button and make the necessary edits. Then, read the statement that “You are filing a document into an official docket. Any personal information included in your comment and/or uploaded attachment(s) may be publicly viewable on the web.” You must select the box, as shown by the number 2 on this slide, acknowledging that you read and understand the statement above, and then you can click on the Submit Comment button.



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Lastly, this is your comment receipt. You are provided a Comment Tracking Number, as indicated on this slide by the red box. If you would like, you can take a screen shot of this page or simply save your tracking number. The assigned tracking number can be used to find the status of your comment submission.

We hope that this visual tour of submitting a comment was helpful and, again, we encourage you provide feedback to CMS during this period.

This concludes our presentation on the FY 2021 IPPS/LTCH PPS Proposed Rule. I would like to thank Erin, our CMS PCHQR Program Lead, for participating in our event today. Again, CMS looks forward to your feedback regarding the proposed changes presented today. Please be reminded that the comment submission deadline is July 10, and feel free to use these slides as a reference to complete this process. As always, thank you for taking time to review this important information, and have a great day.