



PCHQR Program: FY 2021 IPPS/LTCH PPS Proposed Rule

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Question-and-Answer Limitations

- CMS can only address procedural questions about comment submissions.
- CMS cannot address any rule-related questions.
- We appreciate your understanding of these constraints.
- CMS looks forward to your formal comments on the proposed rule.

Acronyms and Abbreviations

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

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) Proposed Rule with a focus on the possible impact of the proposed changes on the PCHQR Program.

Objectives

Participants will be able to:

- Locate the FY 2021 IPPS/LTCH PPS Proposed Rule.
- Identify proposed changes possibly impacting participants in the PCHQR Program.
- Describe how and when to submit written comments to CMS regarding the proposed rule.

FY 2021 IPPS/LTCH PPS Proposed Rule Publication

The FY 2021 IPPS/LTCH PPS Proposed Rule was published in the [*Federal Register*](#) on May 29, 2020.

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program:
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Proposed Changes to the PCHQR Program

PCHQR Program Sections

1. Background
2. Summary of PCHQR Program Measure for the FY 2023 Program Year
3. Proposed 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

Section 1: Background

- Social Security Act:
 - Section 1866(k): Establishes a quality reporting program for hospitals described in section 1886(d)(1)(B)(v) of the Act (referred to as PPS-Exempt Cancer Hospitals, or PCHs) that applies to PCHs that meet the requirements under 42 CFR 412.23(f).
 - Section 1866 (k)(1): States that for FY 2014 and each subsequent fiscal year, a PCH must submit data to the Secretary in accordance with section 1866(k)(2) of the Act with respect to such fiscal year.
- The PCHQR Program strives to put patients first by ensuring they, along with their clinicians, are empowered to make decisions about their own health care using data-driven insights that are aligned with meaningful quality measures.
- The PCHQR Program incentivizes PCHs to improve their health care quality and value, while giving patients the tools and information needed to make the best decisions.

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

Section 3: Proposed Refinements CAUTI (NQF #0138) and CLABSI (NQF #0139) Measures Beginning with FY 2023 Program Year

CMS is proposing to refine the CAUTI and CLABSI measures by adopting the updated Standardized Infection Ratio (SIR) calculation methodology developed by the CDC.

- This calculates rates that are stratified by patient care locations within PCHs.
- Predictive models or comparisons were not used in the rate calculations.

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 Calendar Year (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 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 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

- 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 the these measures.

Section 4: Maintenance of Technical Specifications for Quality 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 for the PCHQR Program.
 - Refer to the FY 2015 IPPS/LTCH PPS Final Rule (79 FR 50281).

Section 5: 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 refined versions of these measures, if finalized, will be publicly reported with CY 2021 data.

Previously Finalized and Proposed Public Display Requirements

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

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

Section 6: Form, Manner, and Timing of Data Submission

- 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](#).

Section 7: ECE Policy Under the PCHQR Program

- CMS is not proposing any changes to the ECE policy.
- CMS refers readers to the FY 2019 IPPS/LTCH PPS Final Rule (84 FR 41623–41624) for more information on the ECE policy for the PCHQR Program.

Comment Submissions

- CMS appreciates and needs your comments concerning the proposed rule.
- To be assured consideration, comments on all sections of this proposed rule must be received no later than **July 10, 2020**.
- CMS will respond to all comments that are within the scope of the final rule.

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Submitting Comments on the Proposed Rule

Topic for Public Comment

Proposed refinements to the CAUTI and CLABSI outcome measures beginning with FY 2023 Program Year.

Methods of Providing Comments

The three methods of providing comments on the proposed rule include the following:

- Electronic submission
- Regular mail
- Express or overnight mail

Comment Submission Starting the Process

- Navigate to the [Federal Register](#) or [Regulations.gov](#) site.
- Select **Submit A Formal Comment** or **Comment Now**.
- The due date is July 10, 2020.



OR



PR Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2021 Rates; Quality Reporting and Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals (CMS-1735-P)

This Proposed Rule document was issued by the **Centers for Medicare Medicaid Services (CMS)**

For related information, [Open Docket Folder](#)



3 Steps for Submitting a Comment

Step 1a: Enter Your Comment

Step 1a: Enter Your Comment

- Enter comment in the Comment field.
- Required fields have “(Required)” next to the field name (a).
- Comments can be up to 5,000 characters. The counter indicates how many characters you have remaining (b).

1 Your Information

1 Your Information 2 Your Preview 3 Your Receipt

Information entered will be viewable on Regulations.gov [View Commenter's Checklist \(PDF\)](#)

Comment (Required)

5000 characters remaining

3 Steps for Submitting a Comment

Step 1b: Enter Your Information

Step 1b: Enter Contact Information

- Upload a file if you wish (a).
- Enter your contact information; State or province, ZIP/postal code, and country are required fields (b).

The screenshot shows a web form for submitting a comment. At the top left, there is a section for uploading a file, labeled 'Upload file(s) (Optional)' with a plus icon and a 'Choose file' button. A red box labeled 'a' with an arrow points to this section. Below this is a section for contact information, enclosed in a larger red box labeled 'b' with an arrow pointing to the ZIP/Postal Code field. This section includes input fields for 'First Name' and 'Last Name', a 'City' field, a 'State or Province (Required)' dropdown menu, a 'ZIP/Postal Code (Required)' field, a 'Country (Required)' dropdown menu (currently set to 'United States'), and an 'Email Address' field.

3 Steps for Submitting a Comment Step

1c: Submit a Comment On Behalf of Third Party

Step 1c: Indicate Third-Party Information

- If submitting a comment on behalf of a third party, enter the organization name. If not, uncheck the box; the organization name field will disappear.
- When done entering your comment and contact information, select the **Continue** button.

The screenshot shows a form with three key elements highlighted by red boxes and arrows:

- A checkbox labeled "I am submitting on behalf of a third party" with a checkmark, highlighted by a red box and a red arrow pointing left.
- A text input field labeled "Organization Name (Required)" with a red border, highlighted by a red box and a red arrow pointing left.
- A blue button labeled "Continue" with a right-pointing arrow, highlighted by a red box and a red arrow pointing left.

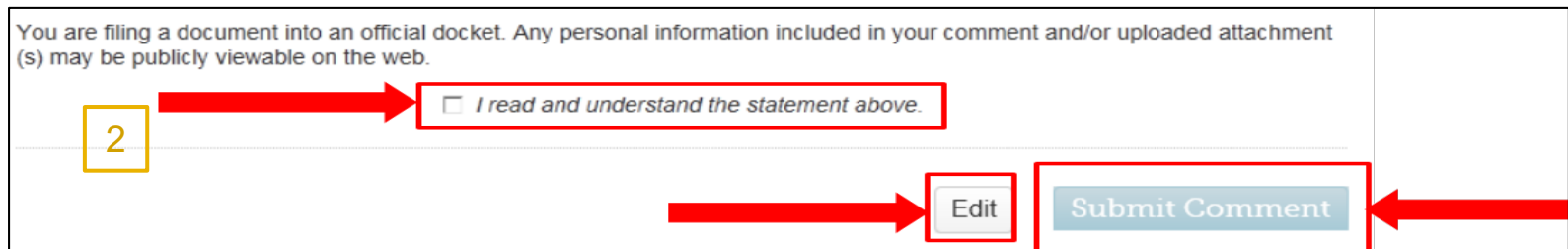
Step 2: Preview/Edit Information Entered

Step 2: Preview/Edit Information

- How your comment and information will appear on Regulations.gov:
 - Your name, ZIP/postal code, and organization name will **not** appear on Regulations.gov.
 - Your comment, any files you uploaded, and country, state or province, as well as category information **will** appear on Regulations.gov.
- How to edit your comment and/or contact information:
 - Select the **Edit** button.
 - Make your edits.
 - When done, check the box in front of “*I read and understand the statement above.*”
 - Select the **Submit Comment** button.

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.

2 *I read and understand the statement above.*

A screenshot of a web form interface. At the top, there is a warning message: "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." Below this, there is a checkbox labeled "I read and understand the statement above." with a red arrow pointing to it from a yellow box containing the number "2". At the bottom of the form, there are two buttons: "Edit" and "Submit Comment". Red arrows point to both buttons from below.

Step 3: Receive/View Comment Receipt

Step 3: Receive/View Receipt

- Your comment is assigned a tracking number.
- Take a screenshot of this page or save your tracking number. You can use your tracking number to find out the status of your comment.



You are commenting on:

The Centers for Medicare Medicaid Services (CMS) Proposed Rule: [Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2021 Rates; Quality Reporting and Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals \(CMS-1735-P\)](#)

For related information, [Open Docket Folder](#)

3 Your Receipt

1 Your Information

2 Your Preview

3 Your Receipt

Your Comment Tracking Number: **1k2-930k-5n2t**

Your comment may be viewable on Regulations.gov once the agency has reviewed it. This process is dependent on agency public submission policies/procedures and processing times. Use your tracking number to find out the status of your comment.

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Closing Remarks

Disclaimer

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