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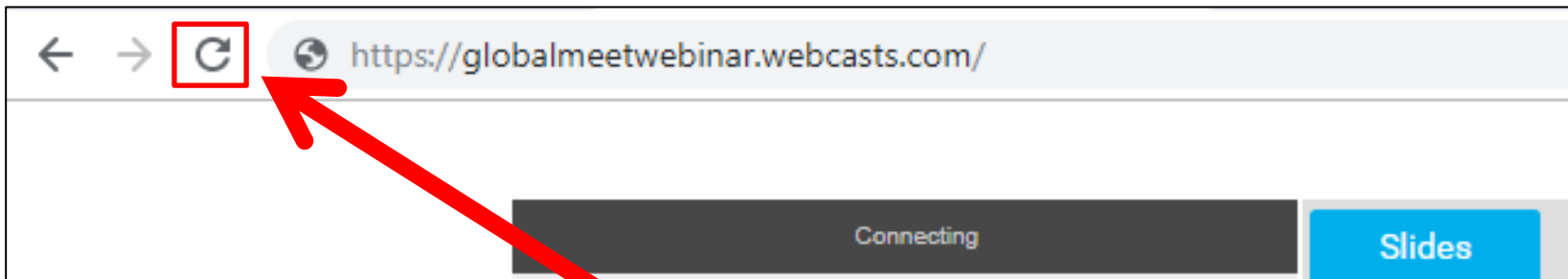
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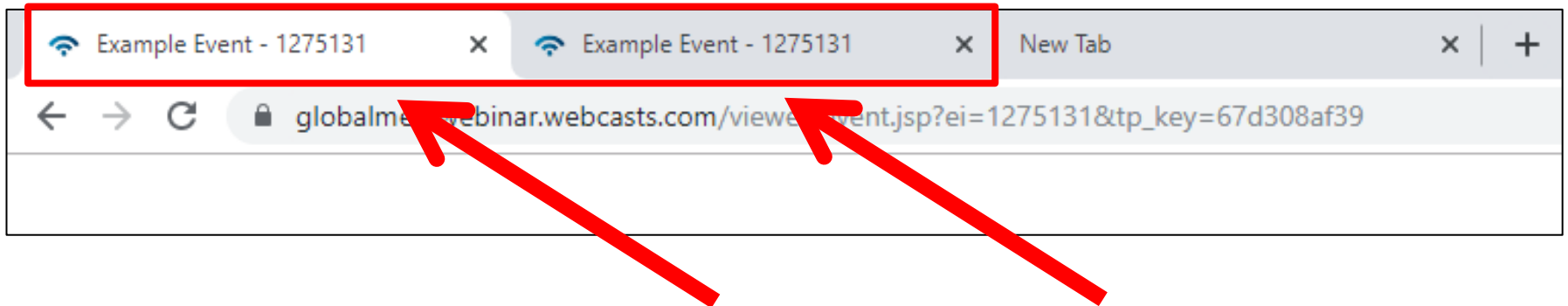
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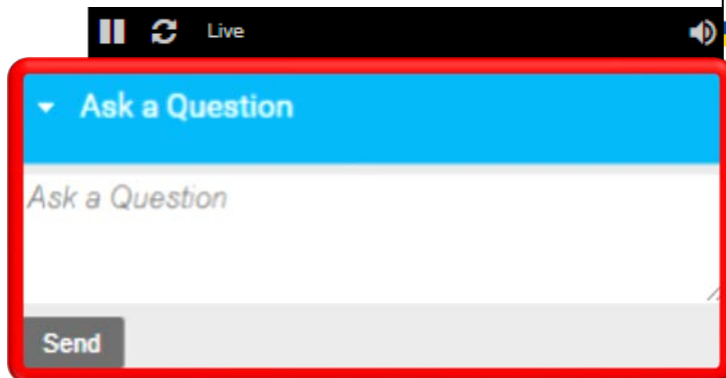
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Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor



Today's Presentation



PCHQR Program: CY 2021 Resources and Tools Update

Lisa Vinson, BS, BSN, RN

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Lead
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

April 20, 2021

Acronyms and Abbreviations

CAUTI	Catheter-associated Urinary Tract Infection	HQR	Hospital Quality Reporting
CDI	<i>Clostridium difficile</i> Infection	IPPS	inpatient prospective payment system
CLABSI	Central Line-Associated Bloodstream Infection	LTCH	Long-Term Care Hospital
CMS	Centers for Medicare & Medicaid Services	MIF	Measure Information Form
CY	calendar year	MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
DACA	Data Accuracy and Completeness Acknowledgement	NQF	National Quality Forum
ECE	Extraordinary Circumstances Exception	PCH	PPS-Exempt Cancer Hospital
ED	emergency department	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
FSR	Facility-Specific Report	PDC	Provider Data Catalog
FY	fiscal year	PPS	prospective payment system
HAI	Healthcare-associated infection	Q	quarter
HARP	HCQIS Access Roles and Profile	SA/O	Security Administrator/Official
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	SSI	Surgical Site Infection
HCP	healthcare personnel	VIQR	Value, Incentives, and Quality Reporting

Purpose

This presentation will review calendar year (CY) 2021 resources and tools for participants in the PPS-exempt Cancer Hospital Quality Reporting (PCHQR) Program.

Objectives

Participants will understand updates to the PCHQR Program Manual and locate updated resources and tools on the *QualityNet* and Quality Reporting Center websites.

PCHQR Program: CY 2021 Resources and Tools Update

PCHQR Program Resources and Tools

2021 Program Manual Updates

- Section 4: HQR System Registration Process
 - HARP Credentials and Updating HARP Profile
 - Security Administrator/Official
- Section 5: Vendor Management
- Section 6: Notice of Participation
- Section 8: Accessing and Reviewing Reports
 - *Coming Soon* – PCHQR Performance Reports
- Section 9: Public Reporting
 - Navigating PDC website
- Appendix A: PCHQR Program Measure Submission Deadlines by Due Date
- Appendix B: PCHQR Program Relationship Matrix of Program Measures by Years and Quarters

CY 2021 PCH-15 Data Collection

- There are no updates to the PCH-15/National Quality Forum (NQF) #0383 data collection tools for CY 2021 data collection:
 - Measure Information Form (MIF)
 - Clean Algorithm
 - Population and Sampling Algorithm
 - Paper Data Abstraction Tool
- CY 2021 tools are posted on the *QualityNet* PCHQR Program Data Collection page.

PCHQR Program Measure Submission Deadlines by Due Date

Due Date	CLABSI/CAUTI/ SSI/MRSA/CDI*	HCP Flu Vac*	HCAHPS	OCM†‡ (PCH-15 only)	DACA
11/16/2020	Q2 2020** (4/1–6/30)	N/A	N/A	N/A	N/A
03/17/2021	N/A	N/A	Q3 2020**** (7/1–9/30)	N/A	N/A
03/18/2021	Q3 2020**** (7/1–9/30)	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
05/17/2021	Q4 2020 (10/1–12/31)	Q4 2020-Q1 2021 (10/1/20–3/31/21)	N/A	N/A	N/A
06/30/2021	N/A	N/A	Q1 2021 (1/1–3/31)	N/A	N/A
08/16/2021	Q1 2021 (1/1–3/31)	N/A	N/A	CY 2020**** (1/1–12/31)	N/A
08/31/2021	N/A	N/A	N/A	N/A	For FY 2022
10/06/2021	N/A	N/A	Q2 2021 (4/1–6/30)	N/A	N/A
11/15/2021	Q2 2021 (4/1–6/30)	N/A	N/A	N/A	N/A

Note: CMS finalized removal of the EBRT measure in the FY 2021 IPPS/LTCH PPS Final Rule with patient encounters beginning January 1, 2020.

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

** These performance periods are impacted by the ECE granted by CMS in relation to the COVID-19 Public Health Emergency (PHE) on [March 22, 2020](#), [March 27, 2020](#) and further specified by CMS on [May 12, 2020](#).

***Q1 2020 and Q2 2020 are excepted under the COVID-19 blanket waiver referenced above.

****These due dates include a one-month reporting extension due to the ongoing COVID-19 PHE.

† Submitted to CMS via the *Hospital Quality Reporting* system at <https://hqr.cms.gov/hqrng/login>

‡ Annual submission, stratified by quarter

PCHQR Program Relationship Matrix of Program Measures by Years and Quarters

Safety and Healthcare-Associated Infection (HAI)	Program (Fiscal) Years	Reporting Periods–Calendar Year Quarters	Quarterly Data Submission Deadlines	Hospital Compare Release January 2021	Hospital Compare Release April 2021	Hospital Compare Release July 2021	Hospital Compare Release October 2021	Hospital Compare Release January 2022	Hospital Compare Release April 2022	Hospital Compare Release July 2022	Hospital Compare Release October 2022		
Central Line-Associated Bloodstream Infection (CLABSI) NQF #0139 (PCH-4) Catheter-Associated Urinary Tract Infection (CAUTI) NQF #0138 (PCH-5)	2015	1Q 2014	PRIOR	In the Fiscal Year (FY) 2021 Hospital Inpatient Prospective Payment Systems (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule (85 FR 58964), the refined CLABSI and CAUTI will be deferred for public reporting until CY 2022.									
		2Q 2014	PRIOR										
		3Q 2014	PRIOR										
		4Q 2014	PRIOR										
	2016	1Q 2015	PRIOR										
		2Q 2015	PRIOR										
		3Q 2015	PRIOR										
		4Q 2015	PRIOR										
	2017	1Q 2016	PRIOR										
		2Q 2016	PRIOR										
		3Q 2016	PRIOR										
		4Q 2016	PRIOR										
	2018	1Q 2017	PRIOR										
		2Q 2017	PRIOR										
		3Q 2017	PRIOR										
		4Q 2017	PRIOR										
2019	1Q 2018	PRIOR											
	2Q 2018	PRIOR											
	3Q 2018	PRIOR											
	4Q 2018	PRIOR											

Measure Crosswalk

Program Years FY 2016 to FY 2023

NQF #	PCH #	Measures Grouped by Measure Topic	Chart-Abstracted	Claims-Based	Program Year							
					FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Clinical Process/Oncology Care Measures												
#0382	PCH-14	Oncology: Radiation Dose Limits to Normal Tissues	✓		✓†	✓§	✓	✓	✓	N/A	N/A	N/A
#0383	PCH-15	Oncology: Medical and Radiation—Plan of Care for Moderate to Severe Pain	✓		✓†	✓§	✓	✓	✓	✓	✓	✓
#0384	PCH-16	Oncology: Medical and Radiation—Pain Intensity Quantified	✓		✓†	✓§	✓	✓	✓	N/A	N/A	N/A
#0390	PCH-17	Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk Prostate Cancer Patients	✓		✓†	✓§	✓	✓	✓	N/A	N/A	N/A
#0389	PCH-18	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	✓		✓†	✓§	✓	✓	✓	N/A	N/A	N/A
#0210	PCH-32	Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life		✓	N/A	N/A	N/A	N/A	N/A**	N/A	✓	✓

PCHQR Program: CY 2021 Resources and Tools Update

Navigating the PCHQR Program Page on *QualityNet*

Where Can I Find PCHQR Program Resources?

QualityNet

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

QualityNet Home Page

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March 8, 2021

Extraordinary Circumstance Exceptions (ECE) for Q3 2020 and Q4 2020

March 4, 2021

Quarter 3 2020 OQR Program Reporting Deadline Extensions



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 Overview Page

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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 2021 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](#)

QualityNet PCHQR Program Data Management Page

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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

[Data Collection Page](#)

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Data Collection

Overview

Data Collection Overview

The PCHQR program is comprised of multiple types of measures that are collected by participating PPS-Exempt Cancer Hospitals using a variety of tested data collection instruments. These measures have different sampling requirements, reporting methods, and data submission deadlines.

File Name	File Type	File Size	
Data Submission Deadlines (03/2021)	PDF	46 KB	Download

A facility can request an extension or waiver of various Quality Reporting Program requirements due to extraordinary circumstances beyond the control of the facility. To request an extension or waiver, complete and submit the Extraordinary Circumstances Exception form within 30 days of the disaster or extraordinary circumstance.

File Name	File Type	File Size	
Extraordinary Circumstances Exception form	PDF	306 KB	Download

A facility may submit a Measure Exception Request Form due to no/low procedure volumes.

File Name	File Type	File Size	
Measure Exception Request Form	PDF	93 KB	Download

PCH-15 Data Collection Tools

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 <div style="border: 1px solid red; padding: 2px;"> (*Note: There are no changes to the PCH-15 Calendar Year 2021 data collection tools.) </div>	<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) 2021 Plan of care for moderate to severe pain measure information form* 2021 Plan of care for moderate to severe pain algorithm (clean version)* 2021 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 2021 Plan of care for moderate to severe pain paper abstraction tool* 	Web-based data entry via Hospital Quality Reporting (HQR) Simple Data Entry Tool
0210	PCH-32	Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life	Measure information form under development	None (This is a claims-based measure.)	This data will be submitted by CMS contractor on behalf of the PCH.
0215	PCH-34	Proportion of Patients Who Died from Cancer Not Admitted to Hospice	Measure information form under development	None (This is a claims-based measure.)	This data will be submitted by CMS contractor on behalf of the PCH.

QualityNet PCHQR Program Overview Page

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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 2021 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 Resources Page

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PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Overview

PCHQR Measures

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Webinars

About the PCHQR Program

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 that is provided to Medicare beneficiaries. A major part of the program supports improvement 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 specific quality measures related to the PCHQR Program to the Centers for Medicare & Medicaid Services (CMS). Mandated reporting began with the Fiscal Year (FY) 2014 payment determination year. Participating facilities must comply with the program requirements set forth in the [FY 2013 IPPS/LTCH Final Rule](#), including public reporting of the measure rates on *Hospital Compare*.

Resources

[View Resources](#)

[View Webinars](#)

Key Documents

[Download 2021 Program Manual](#)

Participation

[Download Submission Deadlines](#)

CMS has designated 11 hospitals as PPS-Exempt (Medicare PPS-Excluded Cancer Hospitals). [Learn more about PCHQR Program eligibility.](#)

Support Contact

(844) 472-4477 or (866) 800-8765
Weekdays from 8 a.m. to 8 p.m. Eastern Time (5 a.m. to 5 p.m. Pacific Time)

PCHQR Program Resources

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Resources

[Overview](#) [PCHQR Measures](#) [Participation](#) **[Resources](#)** [Webinars](#)

Program Resources

[Web Resources](#)

[Forms](#)

[Final Rules](#)

PCHQR Program Resources

File Name	File Type	File Size	
2021 PPS-Exempt Cancer Hospitals Quality Reporting (PCHQR) Program Manual (03/2021)	PDF	2.9 MB	Download
Data Submission Deadlines (03/2021)	PDF	46 KB	Download
Measure Crosswalk (01/2021)	PDF	108 KB	Download
PCHQR Measure to Public Reporting Period Relationship Matrix (03/2021)	PDF	312 KB	Download

PCHQR Program Web Resources

Resources

Overview PCHQR Measures Participation **Resources** Webinars

Program Resources

Web Resources

Forms

Final Rules

PCHQR Program Web Resources

The following sites provide additional information about the PCHQR Program's measure specifications and sampling methodology.

Resource Name	View
American College of Surgeons (ACoS) - Cancer	View
American Society for Radiation Oncology (ASTRO)	View
American Urological Association (AUA)	View
National Healthcare Safety Network (NHSN)	View
Medicare PPS-Excluded Cancer Hospitals	View
Federal Register	View
Care Compare	View
Provider Data Catalog (PDC)	View
Hospital Survey Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	View
National Quality Forum Measure Endorsements and Performance Standards (NQF)	View
Quality Payment Program (CMS)	View
Quality Reporting Center	View
Regulations.gov	View

PCHQR Program Forms

Resources

Overview PCHQR Measures Participation **Resources** Webinars

Program Resources
Web Resources
Forms
Final Rules

PCHQR Program Forms

File Name	File Type	File Size	
Hospital Contact Change Form (08/08/19) Use to report any changes regarding key contacts at the hospital (CEO/administrator, PCHQR specialist, medical record contact, National Healthcare Safety Network contact, and QualityNet Security Administrators) to help ensure the facility receives all necessary correspondence regarding the PCHQR Program.	PDF	1.3 MB	Download
Extraordinary Circumstances Exceptions (ECE) Request Form (02/2020)	PDF	306 KB	Download
Measure Exception Form (02/2020)	PDF	93 KB	Download

- All forms are in a fillable PDF format.
- Methods to submit the Hospital Contact Change Form:
 - Electronically (via link in form)
 - Via email, secure fax, or Managed File Transfer (MFT) (as an attachment)
- Methods to submit the ECE Request Form and Measure Exception Form:
 - Via email, secure fax or MFT (as an attachment).

Final Rule Publications

Resources

[Overview](#) [PCHQR Measures](#) [Participation](#) **[Resources](#)** [Webinars](#)

[Program Resources](#)

[Web Resources](#)

[Forms](#)

[Final Rules](#)

Final Rules for Hospital Inpatient PPS/Long Term Care Hospitals (LTCHs)

Information regarding the PCHQR Program can be found in the following Final Rule (FR) publications:

File Name	File Type	File Size
FY 2021 IPPS/LTCH PPS Final Rule (85 FR 58959 through 58965) <ul style="list-style-type: none">Refinement of two existing National Healthcare Safety Network (NHSN) measures, Catheter-Associated Urinary Tract Infection (CAUTI) and Central Line-Associated Bloodstream Infection (CLABSI), to incorporate an updated methodology developed by the Centers for Disease Control and Prevention that uses updated HAI baseline data that is risk-adjusted to stratify results by patient location.Begin to publicly report the updated versions of the CLABSI and CAUTI measures in fall CY 2022. Data collection of the updated versions of CAUTI and CLABSI will begin CY 2021 (January 1–December 31, 2021).	PDF	Download

PCHQR Program: CY 2021 Resources and Tools Update

**Navigating the PCHQR Program Page on
*Quality Reporting Center***

Where Can I Find PCHQR Program Resources?

Quality Reporting Center

- [Resources and Tools page](#)
- [PCHQR Archived Events](#)

Quality Reporting Center

[Quality Reporting Center](#)

Search



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 – PCHQR Program

[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

PCHQR Program Tools and Resources

Hospital Contact Change Form

- [Hospital Contact Change Form](#)

Preview Documents for April 2021

- [PCHQR Public Reporting Preview Quick Reference Guide](#)
- [PCHQR Public Reporting Preview Help Guide](#)

PCHQR Program Manual

- [2021 PCHQR Program Manual](#) (3/2021)

PCHQR Program Resources

- [PCHQR Measure Crosswalk Winter 2021](#)
- [PCHQR Relationship Matrix \(3/2021\)](#)
- [PCHQR Submission Deadlines \(3/2021\)](#)

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 Archived Events



Events Calendar

Inpatient

Outpatient

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SNF VBP

Events on Demand

PCHQR Archived Events

[PCH A Closer Look at Public Reporting](#)

2/23/2021

Description: This presentation will provide PCHQR Program participants with an overview of public reporting, highlighting the new Care Compare and Provider Data Catalog (PDC) public reporting sites...

[National Healthcare Safety Network \(NHSN\) Central Line-associated Bloodstream Infection \(CLABSI\) and Catheter-associated Urinary Tract Infection \(CAUTI\) Updates for the Prospective Payment System-exempt Cancer Hospital Quality Reporting Program](#)

12/10/2020

Description: This presentation will provide NHSN CLABSI and CAUTI updates in the PCHQR Program. Moderator Lisa Vinson, BS, BSN, RN PCHQR Program Lead Inpatient VIQR Outreach and Education Support...

PCHQR Program: CY 2021 Resources and Tools Update

PCHQR Program Reminders

Data Submission Deadlines

- May 17, 2021
 - Q4 2020 Healthcare-Associated Infection (HAI) measure data
 - Q4 2020–Q1 2021 Influenza Vaccination Among Healthcare Personnel measure data
- June 30, 2021
 - Q1 2021 Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data
- August 16, 2021
 - Q1 2021 HAI measure data
 - CY 2020 Oncology: Medical and Radiation – Plan of Care for Moderate to Severe Pain (PCH-15) measure data
- August 31, 2021
 - FY 2022 Data Accuracy and Completeness Acknowledgement (DACA)

CY 2021 Measure Exception Form Deadline

- Submit form before or by August 16, 2021

Provider Data Catalog Releases

Provider Data Catalog

- April 2021 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
- July 2021 Release
 - 1Q 2019 through 4Q 2019 HCAHPS Survey data *
 - 2Q 2019 through 4Q 2019 and 3Q 2020 HAI measure data *
 - CDI, MRSA, and SSI-colon and abdominal hysterectomy
 - Q3 2019 through Q4 2019 Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy*

*1Q 2020 and 2Q 2020 data will be excepted from Public Reporting under the COVID-19 blanket waiver.

Claims-Based Measures Update

Facility-Specific Report (FSRs) – FY 2022 Results

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

Anticipated delivery date: Late April/Early May

- **NEW** delivery method: Managed File Transfer
 - Ensure appropriate HQR permissions are assigned
 - [Listserve communication](#) distributed: March 18, 2020
- Data collection period: 3Q 2019 through 4Q 2019*
 - Original data collection period: 3Q 2019 through 2Q 2021
- FY 2022 measure results publicly reported in the July 2021 PDC release

*1Q 2020 and 2Q 2020 claims data are excepted under the COVID-19 blanket waiver.

Claims-Based Measures Update

Confidential National Reports – FY 2022 Results

- End of Life Measures (PCH-32, PCH-33, PCH-34, PCH-35)
 - Data Collection Period: July 1, 2019–June 30, 2020*
 - First confidential reports: Available Summer 2021
 - **NEW** accessibility option: HQR system
- 30-Day Unplanned Readmissions for Cancer Patients (PCH-36) Measure
 - Data Collection Period: October 1, 2019–September 30, 2020*
 - First confidential reports: Available Summer 2021
 - **NEW** delivery method: Managed File Transfer

*1Q 2020 and 2Q 2020 claims data are excepted under the COVID-19 blanket waiver.

PCHQR Program: CY 2021 Resources and Tools Update

***QualityNet* Question and Answer Tool**

Accessing the *QualityNet* Questions and Answers Tool

The screenshot shows the CMS.gov QualityNet website interface. At the top left is the CMS.gov logo and 'QualityNet'. A search bar contains 'Search QualityNet' and a magnifying glass icon. On the right, there are links for 'Quality Programs', 'Help', 'Log into Secure Portal', and 'Register'. A dropdown menu is open, displaying three main categories: 'Getting Started', 'Known Issues & Maintenance', and 'Question & Answer Tools'. Under 'Question & Answer Tools', the link 'PPS-Exempt Cancer Hospitals' is highlighted with a red box. A 'Close' button is visible in the top right of the dropdown menu.

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

Close

Ask a Question

The screenshot shows the CMS.gov Quality Question and Answer Tool interface. At the top left, the CMS.gov logo and 'QualityNet' are displayed. Navigation links include 'Quality Q&A Tool', 'Ask a Question', and 'Browse Program Articles' with a dropdown arrow. A 'How to Use this Tool' link is in the top right. The main header area is blue with the title 'Quality Question and Answer Tool' and the subtitle 'Your one-stop shop for CMS Quality Answers'. Below this is a search bar with the placeholder text 'Search for the answer to your question' and a search icon. On the right side, there is a vertical 'Site Feedback' button. At the bottom, there are two main action buttons: 'Browse' (with a document icon and the text 'View existing articles') and 'Ask a Question' (with a question mark icon and the text 'Submit a Question to CMS'). The 'Ask a Question' button is highlighted with a red border. At the very bottom, a footer note reads: '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 *	Last Name *	
<input type="text" value="enter first name (limit 75 chars)"/>	<input type="text" value="enter last name (limit 75 chars)"/>	
Email Address *	Confirm Email Address *	Phone Number
<input type="text" value="enter email address; format joe@domain.com"/>	<input type="text" value="enter email address again to confirm"/>	<input type="text" value="format xxx-xxx-xxxx (ext.)"/>


What is your question?

Program * |

Topic * |

Subject * |

Question (4000 Characters Max) * |

I'm not a robot 

PCHQR Program: CY 2021 Resources and Tools Update

Closing Remarks

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