



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

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

#### **PCHQR Program: CY 2021 Resources and Tools Update**

#### **Presentation Transcript**

#### **Speakers**

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**Lisa Vinson:** Good afternoon and welcome to today's Outreach and Education program for the PPS-Exempt Cancer Hospital Quality Reporting, or PCHQR, Program, entitled Calendar Year 2021 Resources and Tools Update. My name is Lisa Vinson and I am the Program Lead for the PCHQR Program with the Inpatient Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor. I will be the speaker for today's event. Today's presentation will focus on a review of the updated PCHQR Program Manual and a few familiar program resources and tools which have been updated to assist you with data collection and submission requirements. We will also navigate both [QualityNet](#) and [Quality Reporting Center](#) websites to locate these resources and tools. As always, you can submit questions using the Ask a Question function that was discussed on the previous slide and, as time allows, we will respond to your inquiries during today's event. As we may not be able to address all questions received due to time limitations, please remember that all questions and answers, as well as the recording and transcript for today's event, will be posted on Quality Reporting Center and *QualityNet*, under the PCHQR Program tab. Lastly, I would like to emphasize that today's event is specific to the participants in the PPS-Exempt Cancer Hospital Quality Reporting Program only. Others interested in the topics covered during today's webinar are certainly welcome to attend. However, the information presented today only pertains to those participating in the PCHQR Program. If you are not a participant in the PCHQR Program and have similar measures or requirements in your CMS Quality Reporting Program, please refer to the materials supplied by that program's support Contractor.

This slide is our standard acronyms and abbreviations slide. We provide this slide during each event to serve as a reference for you to use as we discuss our program. Also, by listing the abbreviations and their corresponding full name here, at the beginning, we are able to simplify the appearance of the slides in our program. At this time, I would like to highlight a few acronyms and abbreviations you may hear today: CY for calendar year, FY for fiscal year, FSR for Facility-Specific Report, HARP (or HARP) for HCQIS Access Roles and Profile, HQR for Hospital Quality Reporting, and PDC for Provider Data Catalog.

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The purpose of today's event is to review calendar year 2021 resources and tools for participants in the PCHQR Program.

At the culmination of today's presentation, we hope that participants will understand updates to the PCHQR Program Manual and are able to locate updated resources and tools on the *QualityNet* and Quality Reporting Center websites.

At least twice a year, most PCHQR Program resources and tools available to program participants, which we will review today, undergo updates to reflect the most up-to-date program information. We will begin our discussion with the PCHQR Program Manual.

The 2021 PCHQR Program Manual can be accessed on both Quality Reporting Center and *QualityNet*. The program manual is usually updated twice a year, with the most significant update occurring during the early fall after the final rule is published. The winter/spring updates contain the information that has emerged since the publication of the final rule and has any clarifications and updates to assist you in understanding the measures and reporting process for the current calendar year's patient care. This normally takes place in April and these are the updates we will be discussing today. Before I share these updates, I would like to give you a quick refresher on the use of this Manual. First, the program manual is essentially an overview of the program. It is NOT a measure specifications manual. For the measure specifications needed to abstract the required measures, you have to refer to the materials available on *QualityNet* for the PCHQR Program, specifically on the Data Collection page. Secondly, the manual provides a comprehensive view of all aspects of the program. As you will see, this spans from the final rules that establish and govern the program, to the specific measures and how to report them, to participation to Public Reporting. Thirdly, the manual has electronic links. This allows you – from the Table of Contents – to jump to the specific portion of the program manual you are seeking information on.

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There are 10 sections in the PCHQR Program Manual and three appendices. This slide lists only the sections that were recently updated for the winter iteration of the program manual, which is currently posted on *QualityNet* and Quality Reporting Center. Beginning with Section 1, HQR System Registration Process, the updates to this section reflect the registration process in order to get started in the new HQR System. As described in this section of the program manual, during the latter part of 2020, specifically in November, CMS made several announcements about ways in which they were striving to enhance and streamline the *QualityNet* system. Section 1 highlights information about the HCQIS Access Roles and Profile, or HARP, process which is the first step before logging in to the HQR System. There are also details about the proofing process (remote and manual), establishing a Security Administrator/Official or Basic User role in the HQR System, accessing the HQR System, and updating your user profile. Section 5 explains the Vendor Management functionality in the HQR System. Instructions are provided on how to assign, modify, and remove vendor access for data submissions all from one page; receive instant confirmation that vendors are added, suspended, or removed; and resume access for vendors previously associated with your organization with one click of a button. Section 6 relates to accessing your facility's Notice of Participation (NOP) in the HQR System. There is no action required for PCHs as it relates to the NOP since the Participating status carries forward each fiscal year. However, if you would like to view or print your facility's NOP, you can do so by following the instructions provided in this section of the program manual. Section 8, entitled Accessing and Reviewing Reports, discusses two types of reports, the PCHQR Performance Report and the HCAHPS report. Please note that the PCHQR Performance Report is still under development, but the information provided in the program manual provides a preview of steps you will take to access these reports in the HQR System once available. These reports are the equivalent of the PDF facility report you generated in the legacy *QualityNet* system to validate your data submissions for a given fiscal year. We are diligently working to complete the work to make this report available as soon as possible.

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There is also the HCAHPS report, which is currently available in the HQR System. The steps are provided in the program manual on how to access these reports in the HQR. Section 9: Public Reporting was updated to include information about the Provider Data Catalog, or PDC, site. As discussed during our educational event in February, the PDC is the location of PCH data. This section provides details about the PDC site and accessing PCH data. Finally, Appendices A and B, the PCHQR Measure Submission Deadlines by Due Date table and PCHQR Program Relationship Matrix of Program Measures by Years and Quarters, respectively, were updated. I will not go into detail about these tools now since there are dedicated slides for both tools that we will discuss shortly. As a reminder, the updated program manual is currently located on both *QualityNet* and Quality Reporting Center websites. Later in the presentation, we will discuss the exact location of the program manual and other resources and tools on both websites.

In regard to measure reporting for calendar year 2021, the Plan of Care for Moderate to Severe Pain, or PCH-15, measure is the only OCM you will be reporting this year via the HQR Simple Data Entry tool. As a reminder, calendar year 2020 PCH-15 data are due to be reported on August 16 via the HQR System. You can access the PCH-15 data collection tools for CY 2020 on the *QualityNet* PCHQR Program Data Collection page. It is important to note for this calendar year, 2021, CMS has decided to retain the calendar year 2020 PCH measure specifications; therefore, there are no measure specification updates to report for this year. The calendar year 2021 data collection tools are also currently available on the Data Collection page, and you will see that the tools have been updated to reflect the correct reporting period, Quarter 1 2021–Quarter 4 2021. Of note, the applicable calendar year 2021 data collection tools are outlined on this slide, which include the Measure Information Form (MIF), Clean Algorithm, Population and Sampling algorithm, and Paper Data Abstraction tool. Now, we will turn our attention to program resources and tools that have been updated on the next series of slides.

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This tool is the PCHQR Program Measure Submission Deadlines by Due Date table, which has been updated to include submission due dates through November 2021, which is the last data submission deadline for this calendar year. You will note that the boxes shaded in a different color denote reporting periods that were excepted and/or deadlines extended due to the COVID-19 public health emergency. This document is located on both *QualityNet* and Quality Reporting Center websites.

Displayed on this slide is the PCHQR Program Relationship Matrix of Program Measures by Years and Quarters. This document displays the measure name, applicable program/fiscal year, reporting period and calendar year quarters, quarterly data submission deadline date, and the Public Reporting releases. The updates to this document include marking past data submission due dates and Provider Data Catalog releases as PRIOR and shading gray, respectively. The program/fiscal year column was extended through FY 2023. Again, the applicable quarters covered under the COVID-19 blanket waiver are italicized and marked with an asterisk. This tool provides a consolidated view of the relationship between the program measure, applicable fiscal year, data submission deadline, and public reporting release period. This document is also located both *QualityNet* and Quality Reporting Center websites.

The Measure Crosswalk Program Years FY 2016 through 2023 resource lists all measures that have ever been included in the PCHQR Program and their status throughout the span of the specified fiscal year. The measure crosswalk is typically updated once a year in the fall to reflect any finalized measure changes in the final rule, such as the effective fiscal year a measure is added or removed. For instance, if a measure is added, a check mark will be placed accordingly, and, if a measure is removed, Not Applicable or N/A will be marked accordingly. The measure crosswalk has been updated to include FY 2023, and two new columns have been added to differentiate between chart-abstracted and claims-based measures in the program. The rationale for including these columns is to aid in easily identifying the types of measures in the PCHQR Program.

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For example, the EOL measures are claims-based, but they do not fall under the claims-based measure category. By including the claims-based column, it makes it easier to see that the EOL measures are indeed claims based, although they are not specifically listed under that category. This document is also located both *QualityNet* and Quality Reporting Center.

Now, we will take some time and navigate through a few of the PCHQR Program pages on *QualityNet*, where the resources and tools we just discussed are located.

For your convenience, I have included the *QualityNet* PCHQR Program page links, which will take you directly to the tools we have discussed today. The *QualityNet* PCHQR Program Overview page provides statutory and background related information. There are also quick links to download the 2021 PCHQR Program Manual and measure submission deadline due date table. There are also links that will direct you to the Resources and Webinar page. The remaining page links are listed on this slide; we will review next during this portion of the event.

On this slide, you have a view of the *QualityNet* home page. If you are looking for more information on the PCHQR Program, you will need to click the PPS-Exempt Cancer Hospitals box as denoted by the red box on this slide. By doing so, you will be taken to the screen on the next slide.

This is the PCHQR Program Landing page, where you can start your journey to accessing all information related to the program. From this page, you can navigate to several different pages noted by the headers at the top of the page such as Measures, Public Reporting, Data Management, Resources, and Notifications. You are also able to download the program manual, and there is a shortcut button to the PCHQR Data Collection page.

Here is how you will access the *QualityNet* PCHQR Program Data Collection page, which houses the data collection tools and specifications for most of the program measures, including PCH-15.

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On the Data Management page, you will find the PCH Data Collection selection, as shown by the red box on this slide. By selecting Learn More, you will be directed to the Data Collection Overview page, which houses the data collection tools for PCHQR Program measures.

This is the top portion of the Data Collection page. Here you will find links to download and view the Measure Submission Deadlines by Due Date Table (which we discussed), Extraordinary Circumstances Exception (ECE) form, and Measure Exception Form (which we will also address later in the presentation).

This is a portion of the bottom half of the Data Collection page. I included this table since it relates to the location of the PCH-15 data collection tools; however, there is a total of five tables on this page. Each table represents a measure category along with the measure information, data collection tools, and acceptable method of transmission for each measure. Currently, on the Data Collection page, you will find the calendar year 2020 and calendar year 2021 data collection tools for the PCH-15 measure, as shown here. This includes the Measure Information Form, clean algorithm, Population and Sampling algorithm, and the paper abstraction tool. There is a note that there are no content changes to the CY 2021 data collection tools. After the August data submission period closes, this page will be updated, and the CY 2020 tools will be removed. Other upcoming updates for this page will include measure information for the EOL measures and 30-Day Unplanned Readmissions for Cancer Patients measure, as we are approaching confidential national reporting for both, which will be discussed later as well.

Back to the Overview page, the Learn More button, as illustrated by the red box on this slide, will allow you to access many of the resources and tools we have discussed today. By selecting Learn More, you will be taken to the screen on the next slide.

The object for this page is locating or navigating to the Resources page, and you will do so by selecting View Resources as denoted by the red box on this slide.



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Here is a consolidated list of the program resources discussed today: the program manual, measure submission deadlines by due date table, measure crosswalk, and relationship matrix. All have been updated. On the next slide, we will review the Web Resources tab.

This page was updated to include a quick link to the Provider Data Catalog, or PDC, webpage, which is where publicly reported PCH data are now displayed.

This page houses different forms that are used in the PCHQR Program and across the programs. All forms are downloadable, fillable PDFs; however, the method to submit each one may vary. The Hospital Contact Change form can be submitted electronically via a link embedded in the form, email, secure fax, or Managed File Transfer (MFT), as an attachment. Of note, MFT is the new file transfer system in the HQR System similar in concept to the former Secure File Transfer system. Both the Extraordinary Circumstances Exceptions request and Measure Exception Forms can be submitted via email, secure fax, or MFT as an attachment. Other forms, such as the Notice of Participation (NOP) and Data Accuracy and Completeness Acknowledgment, or DACA, are electronic and only accessible via the HQR System.

The last tab, Final Rules, is updated at least once a year to reflect a summary of the finalized changes published in the PCHQR Program section of the final rule. Therefore, the most current update made to this page includes a summary of the finalized changes for the program in last year's final rule, FY 2021, and a downloadable link that directs to the *Federal Register* version of the rule, if provided as well. Although not displayed on this slide, all final rule publications are listed on this page beginning with the FY 2013 final rule.

In addition to the *QualityNet website*, the Quality Reporting Center website is valuable as well. I would like to briefly show you how to navigate this site, particularly the PCHQR Program page. Here are quick links to the Quality Reporting Center PCHQR Program page, which we will review for this portion of the event.

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By clicking either link, you will be taken directly to these pages for your convenience. If you are not familiar with this site, please bookmark these pages and refer back to them at your convenience.

The Quality Reporting Center home page, shown here, can be accessed by the clicking the hyperlink above the image. On this page, you will start by selecting Inpatient, as denoted by the red box on this slide. By doing so, will be taken to the screen on the next slide.

On this page, you have two options that will take you directly to the PCHQR Program page. For the purpose of the presentation, we will choose the selection on the left-hand side of screen, which will display the drop-down menu options on the next slide.

Now, from the three options available under the PCHQR Program header, by choosing Resources and Tools, you will be taken to the screen as shown on the next slide.

Here you will find many, if not all, of the same resources and tools found on the *QualityNet* PCHQR Program page. Again, from this page, you can access the Hospital Contact Change Form. There are also Public Reporting documents are available. Currently, the April 2021 preview documents are posted. The program manual, housed here in the current iteration, is available. There are also other program resources and tools that we have already covered during this presentation. You will also find additional resources and a link to the Measure Exception Form, which is available on this page as well.

Lastly, I wanted to highlight the PCHQR Archived Events page. If you are ever looking for a past event recording, transcript, and/or question-and-answer summary document, you can locate these items on this page.

We will conclude today's event, as always, by reviewing key reminders for the PCHQR Program, beginning on our next slide.

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Here is a list of the upcoming data submission deadlines. On May 17, Q4 2020 HAI measure data and Q4 2020 through Q1 2021 Influenza Vaccination Among Health Care Personnel, or HCP, measure data are due. On June 30, Q1 2021 HCAHPS Survey data are due. On August 16, Q1 2021 HAI measure data, along with the CY 2020 PCH-15 measure data are due. On August 31, the FY 2022 Data Accuracy and Completeness Acknowledgement (DACA) is due. Also, please be reminded that, if your facility needs to file an CY 2021 Measure Exception Form for the SSI measures, please be sure to complete the required form and submit before or by August 16. These submission due dates and the remaining deadline dates for CY 2021 are provided in table format, which is the resource that we discussed already, the Measure Submission Deadline by Due Dates table. Also, it is important, to be sure you are signed up to receive PCHQR Program notifications, as data submission reminders are distributed multiple times prior to the deadline date. You can only receive these, and other program-related communications, by signing up via the Subscribe to Email Updates link on the *QualityNet* home page.

This slide provides information about the upcoming Provider Data Catalog, or PDC, releases for this month (April) and July. Before the end of this month, the following quarters of PCH data will publicly display on the PDC site: Q1 2019 through Q4 2019 HCAHPS Survey data and Q1 2019 through Q4 2019 HAI measure data. Again, this includes CDI, MRSA, and SSI-colon and abdominal hysterectomy measures. In the month of July, the following quarters of PCH data will be publicly displayed: Q1 2019 through Q4 2019 HCAHPS Survey data; Q2 2019 through Q4 2019 and Q3 2020 HAI measure data; and Q3 2019 through Q4 2019 Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy measure data. As a reminder and as displayed, the measures impacted by the COVID-19 blanket waiver are marked with an asterisk. This denotes that Q1 2020 and Q2 2020 are excepted and will not be publicly reported. This was further clarified in a Listserve communication dated November 10, 2020.

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Again, please be sure you are signed up to receive PCHQR Program notifications as public reporting dates are subject to change. We provide specific dates and other pertinent information via these Listserve communications.

As mentioned on the previous slide, the Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy, also known as PCH-30 and PCH-31, measure results will be publicly reported in July. These results that will be displayed on the PDC will be for FY 2022, and the adjusted performance period is Q3 2019 through Q4 2019, due to Q1 2020 and Q2 2020 claims data being excepted and not publicly reported under the COVID-19 blanket waiver. One important update regarding this claims-based measure is the new method in which the PCHs will be receiving their Facility-Specific Reports, or FSRs, prior to the July 2021 PDC release. On March 18, a Listserve communication, which can be accessed via the hyperlink on this slide, was distributed regarding the need to request the Managed File Transfer, or MFT, and Auto-Route permissions to ensure receipt of your FSRs. There are step-by-step instructions on how to request both permissions, as they required to ensure the FSRs are distributed to the appropriate users at your PCH. Please note that the required action described in this communication is only for HQR Basic Users, since the Security Administrator/Official users already have these permissions. If you have not already done so, please be sure you have requested these specific permissions – MFT and AutoRoute – as the FSRs are anticipated to be delivered starting at the end of this month. If you experience any issues requesting these permissions, please contact the *QualityNet* Help Desk directly for assistance as soon as possible.

As you may recall in the FY 2020 IPPS/LTCH PPS Final Rule, published back in August 2019, CMS finalized confidential national reporting for the four End of Life, or EOL, measures, which are PCH-32, PCH-33, PCH-34, and PCH-35, and also the 30-Day Unplanned Readmissions for Cancer Patients measure (PCH-36).

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The objectives of confidential reporting are to educate the PCHs and other stakeholders about the measure, allow PCHs to review their measure results and data prior to public reporting, answer questions from PCHs and other stakeholders, test the production and reporting process, and identify potential additional technical changes to the measure specifications that might be warranted. The confidential national reports will contain measure results for FY 2022 for the four EOL measures and PCH-36. As with other measures we've discussed today, the data collection periods for these measures have also been adjusted since the Q1 2020 and Q2 2020 claims data are excepted under the COVID-19 blanket waiver. We anticipate that the EOL and PCH-36 reports will be available this summer. Listserve communications will be distributed to those signed up to receive program notifications regarding the availability of the reports. Please note that the report for the EOL measures will be accessible via a new report functionality within the HQR System, and the PCH-36 report will be delivered via the Managed File Transfer, or MFT, route, which is the same delivery route as the OP Chemotherapy FSRs we discussed on the previous slide. Again, there will be communications regarding the availability of these reports as we get closer to time.

On the next series of slides, we will review how to access the *QualityNet* Questions and Answers Tool.

Displayed on this slide is the way you can access the PCHQR Program Questions and Answers Tool via the *QualityNet* home page. You will access this tool by selecting the Help drop-down link as indicated by the red box and then selecting the PPS-Exempt Cancer Hospitals link to start the process.

Now, you are at the new *QualityNet* Questions and Answers Tool landing page. After you select the Ask a Question link, as shown by the red box, you will be taken to a page where you will need to complete your personal information. Then, you will be asked to enter details regarding the inquiry you are submitting. On this page, you are also able to Browse Program Articles and Search to see if your questions may have been previously addressed and posted for viewing.

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Here is where you will submit your inquiry. Please be sure to complete the required fields. Once this is completed, you will need to select Submit Question as denoted by the red box on this slide to submit your inquiry. We encourage you to utilize this tool to ask any program-related questions you may have, and you may query the system to see if the topic you are inquiring about has already been addressed.

In closing, thank you for your time and attention during today's event. As a final reminder, please be sure you are signed up to receive PCHQR Program notifications as important information will be distributed about upcoming PCHQR Program related activities. Thank you again and enjoy the remainder of your day!