

# Welcome!

- **Audio for this event is available via GlobalMeet® Internet streaming.**
- **Connect via Chrome.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please request a dial-in line via the “Ask a Question” box.**
- **This event is being recorded.**



# Troubleshooting Audio

Audio from computer speakers breaking up?

Audio suddenly stop?

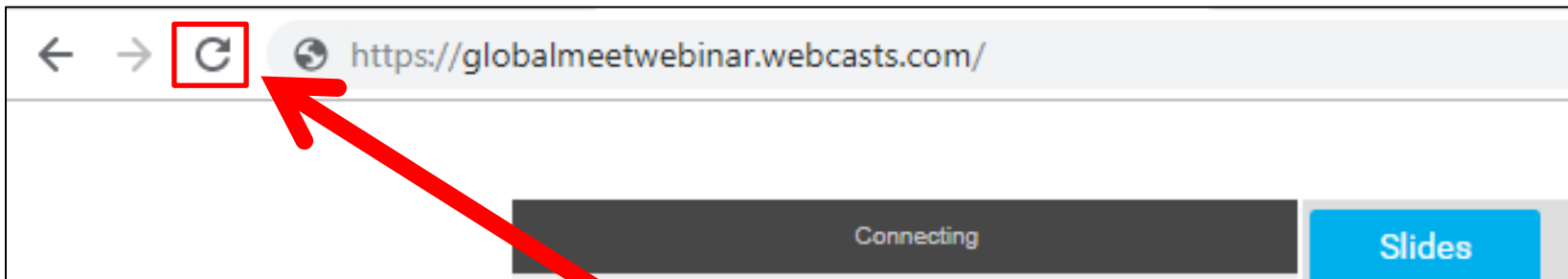
Click Refresh

– or –

Press F5



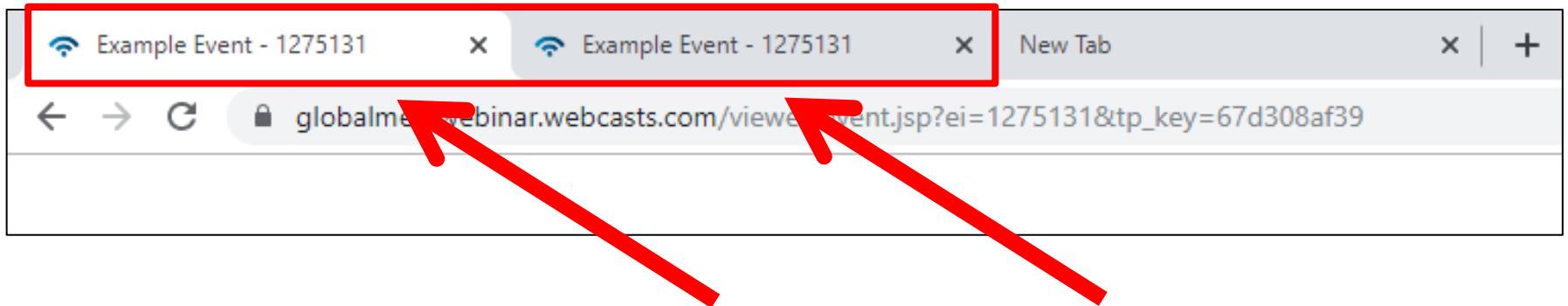
F5 Key  
Top Row of Keyboard



Refresh

# Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



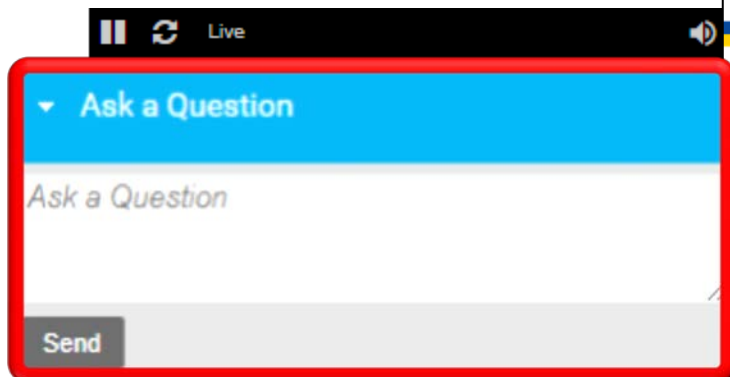
Example of Two Browsers/Tabs Open in Same Event

# Submitting Questions

Type questions in the “Ask a Question” section, located on the left-hand side of your screen.



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



**Today's Presentation**



# **PCHQR Program: FY 2022 IPPS/LTCH PPS Proposed Rule**

---

## **Annie Hollis, MSW**

Program Lead, PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program  
Division of Value-Based Incentives and Quality Reporting  
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

**June 10, 2021**

# 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

<b>ACS</b>	American College of Surgeons	<b>HCP</b>	healthcare personnel
<b>CAUTI</b>	Catheter-Associated Urinary Tract Infection	<b>ICU</b>	intensive care unit
<b>CDC</b>	Centers for Disease Control and Prevention	<b>IPPS</b>	Inpatient Prospective Payment System
<b>CDI</b>	<i>Clostridium difficile</i> Infection	<b>LTCH</b>	long-term care hospital
<b>CE</b>	continuing education	<b>MAP</b>	Measure Applications Partnership
<b>CFR</b>	Code of Federal Regulations	<b>MRSA</b>	Methicillin-Resistant <i>Staphylococcus aureus</i>
<b>CLABSI</b>	Central Line-Associated Bloodstream Infection	<b>MUC</b>	Measures Under Consideration
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>NHSN</b>	National Healthcare Safety Network
<b>COVID-19</b>	Coronavirus disease 2019	<b>NQF</b>	National Quality Forum
<b>CY</b>	calendar year	<b>PCH</b>	PPS-Exempt Cancer Hospital
<b>ECE</b>	Extraordinary Circumstances Exception	<b>PCHQR</b>	PPS-Exempt Cancer Hospital Quality Reporting
<b>ED</b>	emergency department	<b>PHE</b>	Public Health Emergency
<b>EOL</b>	End of Life	<b>PPS</b>	prospective payment system
<b>FHIR</b>	Fast Healthcare Interoperability Resources	<b>Q</b>	quarter
<b>FR</b>	<i>Federal Register</i>	<b>SSI</b>	Surgical Site Infection
<b>FY</b>	fiscal year	<b>VIQR</b>	Value, Incentives, and Quality Reporting
<b>HAI</b>	healthcare-associated infection		
<b>HCAHPS</b>	Hospital Consumer Assessment of Healthcare Providers and Systems		

# Purpose

This presentation will provide an overview of the Fiscal Year (FY) 2022 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Proposed Rule with a focus on the proposed changes in the PCHQR Program.



# Objectives

Participants will be able to:

- Locate the FY 2022 IPPS/LTCH PPS Proposed Rule.
- Identify proposed changes possibly impacting the PCHQR Program.
- Understand steps to submit comments to CMS regarding the rule.

# FY 2022 IPPS/LTCH PPS Proposed Rule Publication

- The FY 2022 IPPS/LTCH PPS Proposed Rule was published in the [\*Federal Register\*](#) on May 10, 2021.
- The PCHQR Program section is located on pages 25601 through 25608.

PCHQR Program:  
FY 2022 IPPS/LTCH PPS Proposed Rule

---

## **Proposed Changes to the PCHQR Program**

# PCHQR Program Sections

1. Background
2. Overview of Proposed Updates to the PCHQR Program and Requests for Information
3. Measure Retention and Removal Factors for the PCHQR Program
4. **Proposed Removal of the Oncology: Plan of Care for Pain- Medical Oncology and Radiation (NQF #0383/PCH-15) Measure from the PCHQR Program Beginning with the FY 2024 Program Year**
5. **Proposal to Adopt the COVID-19 Vaccination Coverage Among Health Care Personnel (HCP) Measure Beginning with the FY 2023 Program Year**
6. Summary of PCHQR Program Measures for the FY 2023 Program Year and Subsequent Years
7. Maintenance of Technical Specification for Quality Measures
8. Public Display Requirements
9. **Form, Manner and Timing of Data Submissions**
10. Extraordinary Circumstances Exceptions (ECE) Policy Under the PCHQR Program
11. **Proposal to Codify PCHQR Program Requirements at New 42 CFR 412.23(f)(3) and New 42 CFR 412.24 of Our Regulations**

# Section 1: Background

- Section 1866(k) of the Social Security Act sets forth a quality reporting program for PPS-Exempt Cancer Hospitals (PCHs) described in section 1886(d)(1)(B)(v) of the Social Security Act and codified at 42 CFR 412.23(f) that meet the requirements as specified by the Secretary.
- 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: Overview of Proposed Updates to the PCHQR Program and Requests for Information

- Removal of the Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (NQF #0383/PCH-15) measure, effective for FY 2024 Program Year
- Adoption of the COVID-19 Vaccination Coverage Among Healthcare Personnel measure effective for FY 2023 Program Year and Subsequent Years
- Update CMS terminology for the PCHQR Program by replacing term “*QualityNet Administrator*” with “*QualityNet Security Official*”
- Codification of existing PCHQR Program policies at proposed new 42 CFR 412.23(f)(3) and 42 CFR 412.24
- Section IX.B – Closing the Health Equity Gap in CMS Quality Programs – A Request for Information
- Section IX.A – Expanding use of Fast Healthcare Interoperability Resources (FHIR) standard to further goal to move fully to digital quality measurement in CMS quality program by 2025

# Section 3: Measure Retention and Removal Factors for the PCHQR Program

- CMS is not proposing any changes to the retention and removal factors.
- Please refer to the following:
  - FY 2017 IPPS/LTCH PPS Final Rule (81 FR 57182–57183)
  - FY 2019 IPPS/LTCH PPS Final Rule (83 FR 41609–41611)
- The measure retention and removal factors are proposed for codification at the new 42 CFR 412.24

# Section 4: Proposed Removal of the Oncology: Plan of Care for Pain- Medical Oncology and Radiation (NQF #0383/ PCH-15) Measure from the PCHQR Program Beginning with the FY 2024 Program Year

- PCH-15 was first adopted in the FY 2014 IPPS/LTCH PPS Final Rule (78 FR 50842–50843)
- The measure steward decided to revert to a previous version of the measure, which is designed to pair with Medical and Radiation-Pain Intensity Quantified (PCH-16/NQF #0384)
  - PCH-16 was removed from the PCHQR Program in the FY 2019 IPPS/LTCH PPS Final Rule (83 FR 41611) beginning with the FY 2021 program year because the measure was topped out.
- As indicated by the PCH-15 measure’s mean and median for the past four years, including FY 2020, measure performance was very high, with little variation among the 11 PCHs.



## **Section 4: Proposed Removal of the Oncology: Plan of Care for Pain- Medical Oncology and Radiation (NQF #0383/ PCH-15) Measure from the PCHQR Program Beginning with the FY 2024 Program Year**

- Proposed removal of PCH-15 is based on Factor 7: It is not feasible to implement the measure specifications.
- The proposal aligns with goals of the Meaningful Measures initiative and shift toward use of digital quality measures.

# Section 5: Proposal to Adopt the COVID-19 Vaccination Coverage Among Health Care Personnel (HCP) Measure Beginning with the FY 2023 Program Year

## Background

- On January 31, 2020, the Secretary declared a Public Health Emergency (PHE) in response to the global outbreak of SARS-CoV-2, which causes “coronavirus disease”, or COVID-19.
- Healthcare settings, including long-term care settings, can be high-risk places for exposure and transmission.
- Vaccination is a critical part of the nation’s strategy to counter the spread of COVID-19.
  - HCP were recognized as a priority group to receive initial, limited supply of the COVID-19 vaccination and began receiving the vaccine in mid-December 2020.
- CMS believes it is important to require PCHs to report their rates of HCP vaccination in order to protect HCPs themselves and the vulnerable patients they serve.
  - This measure would assess the proportion of a PCH’s HCP that have been vaccinated against COVID-19.
- The COVID-19 HCP vaccination measure addresses the quality priority of “Promote Effective Prevention and Treatment of Chronic Disease” through the “Preventive Care” area under CMS’ Meaningful Measures Framework.

# Overview of COVID-19 Vaccination Coverage Among HCP Measure

- This process measure was developed by the CDC.
- Denominator: the number of HCP eligible to work in the PCH for at least one day during the reporting period (excluding persons with contraindications).
  - If the HCP were eligible to work in two or more facilities, each facility should include the HCP in their denominator (Count HCP as individuals).
  - Please refer to the HCP COVID-19 instructional document at: <https://www.cdc.gov/nhsn/forms/instr/57.220-toi-508.pdf>
- Numerator: the cumulative number of HCP eligible to work in the PCH for at least one day during the reporting period and who received a complete vaccination course (multiple doses or regular revaccination).
- The proposed specifications are available at: <https://www.cdc.gov/nhsn/nqf/index.html>

# Review by the Measure Applications Partnership (MAP)

- The COVID-19 HCP vaccination measure was included in the Measures Under Consideration (MUC) list, published on December 21, 2020.
- The MAP recognizes this measure will bring value to the PCHQR Program measure set by providing transparency about important COVID-19 intervention to prevent infections in HCP and patients.
- The MAP offered conditional support contingent on CMS further refining the specifications.
  - CMS values and considers the MAP recommendations but recognized the importance of proposing the measure as soon as possible to address the urgency and impact of the COVID-19 PHE.
  - CMS continues to engage with the MAP to mitigate concerns.

# NQF Endorsement of the COVID-19 Vaccination Coverage Among HCP Measure

- Under the exception in Section 1866(k)(3)(B) of the Act, the Secretary may specify a measure that is not endorsed as long as:
  - Consideration is given to measures that have been endorsed.
  - The measure is adopted by a consensus organization identified by the Secretary.
- The National Quality Forum (NQF) does not currently endorse the COVID-19 Vaccination HCP measure.
  - CMS considered and found no other available measures that assess COVID-19 vaccination rates among HCP.

# Data Collection, Submission, and Reporting of the COVID-19 Vaccination Coverage Among HCP Measure

- Proposed reporting period is October 1, 2021, through December 31, 2021 (Q4 2021) for the FY 2023 PCHQR Program Year.
  - Thereafter, CMS proposes quarterly reporting deadlines for the subsequent PCHQR Program years.
- PCHs would report numerator and denominator values for at least one self-selected week during each month of the reporting quarter.
  - If more than one week of data is submitted, the most recent week's data would be used for the calculation.
  - Submission would be via the National Healthcare Safety Network (NHSN) web-based surveillance system.

# Section 6: Summary of PCHQR Program Measures 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
COVID-19 HCP Vaccination	N/A	COVID-19 Vaccination Coverage Among HCP*

# Section 6: Summary of PCHQR Program Measures 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 6: Summary of PCHQR Program Measures 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

\*Measure proposed for adoption beginning FY 2023

\*\* Measure proposed for removal beginning FY 2024

# Section 7: Maintenance of Technical Specifications for Quality Measures

- CMS is not proposing any changes to the process for maintaining technical specifications for PCHQR Program measures.
- Specifications are located on the [QualityNet PCHQR Program](#) page.

# Section 8: Finalized Public Display Requirements

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

\*Measure proposed for removal, beginning with FY 2024 program year.

# Section 9: Form, Manner, and Timing of Data Submission

- Proposal to update reference to *QualityNet* Administrator
  - Use of term “*QualityNet* Security Official” instead of “*QualityNet* Administrator”
- CMS encourages PCHs to have a *QualityNet* Security Official that maintains an active status.

# Section 10: 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.
- The ECE policy is proposed for codification in the new 42 CFR 412.24(e).

# Section 11: Proposal to Codify PCHQR Program Requirements at New 42 CFR 412.23(f)(3) and New 42 CFR 412.24 of the Federal Regulations

- Proposal to add new section 42 CFR 412.24, “Requirements under the PPS-Exempt Cancer Hospital Quality Reporting Program”
  - Codifies the following program requirements:
    - Program participation and registration processes
    - Data submission requirements for quality measures
    - Quality measure removal and retention factors
    - Public reporting requirements
    - ECE policy

# **Section 11: Proposal to Codify PCHQR Program Requirements at New 42 CFR 412.23(f)(3) and New 42 CFR 412.24 of the Federal Regulations (continued)**

- The proposal to add new paragraph (3) to 42 CFR 412.23(f) requires cancer hospitals that participate in the PCHQR Program to follow all such program requirements.
- Codification will allow stakeholders to easily locate program requirements.

# Section IX.A – Advancing to Digital Quality Measurement and the Use of the FHIR® Standard

- The FHIR® Standard defines how healthcare information can be exchanged between different computer systems, regardless of how is stored in those systems.
- Request for information on potential actions CMS can take to expand the use of the FHIR standard, with the intent of supporting CMS’s goal of full digital quality measurement by 2025.
- CMS is also seeking comment on the definition of digital quality measures (dQMs), the development of dQM software, digital data standards and aggregation, redesigning quality measures to be self-contained tools, and potential future alignment of measures across QRPs, federal and state agencies, and the private sector.



# Section IX.B – Closing the Health Equity Gap in CMS Quality Programs

- CMS is seeking public comment on these items, as they apply to all quality programs, including PCHQR:
  - Potential stratification of quality measure results by race and ethnicity
  - Improving demographic data collection
  - Potential creation of a hospital equity score to synthesize results across multiple social risk factors
  - Use of an imputation model to infer missing race and ethnicity data

# Comment Submission

- 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 **5:00 p.m. Eastern Time, June 28, 2021.**
- CMS will respond to all comments that are within the scope of the proposed rule.

PCHQR Program:  
FY 2022 IPPS/LTCH PPS Proposed Rule

## **Submitting Comments on the Proposed Rule**

# Summary of Topics for Public Comment

- Removal of Oncology: Plan of Care for Pain-Medical Oncology and Radiation Oncology (NQF #0383/PCH-15) measure
- Addition of new measure – COVID-19 Vaccination Coverage Among HCP
- Replace “*QualityNet* Administrator” with “*QualityNet* Security Official”

# Summary of Topics for Public Comment (continued)

- Codification of existing PCHQR Program policies
- Requests for information regarding:
  - Closing the Health Equity Gap in CMS Quality Programs
  - Advancing to Digital Quality Measurement and Expanding the use of the FHIR standard

# Methods of Providing Comments

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

- Electronic submission
  - <http://www.regulations.gov>
- Regular mail
  - Department of Health and Human Services  
Attention CMS-1752-P  
P.O. Box 8013  
Baltimore, MD 21244-1850
- Express/Overnight mail – same address as above

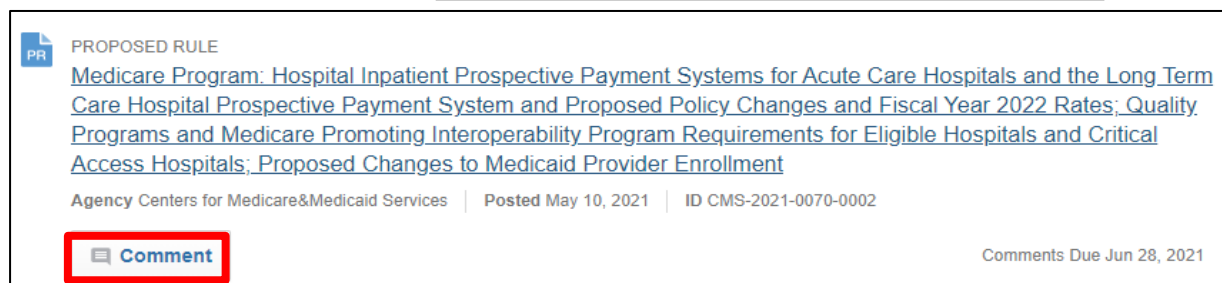
# Comment Submission Starting the Process

- Navigate to the [Federal Register](https://www.federalregister.gov/) or [Regulations.gov](https://www.regulations.gov/) site.
- Select **Submit A Formal Comment** or **Comment**.
- The due date is June 28, 2021.



The screenshot shows the Federal Register website. At the top, it says "FEDERAL REGISTER" and "The Daily Journal of the United States Government". Below that, it says "Proposed Rule". The main heading is "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 2022 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Proposed Changes to Medicaid Provider Enrollment; and Proposed Changes to the Medicare Shared Savings Program". Below the heading, it says "A Proposed Rule by the Centers for Medicare & Medicaid Services on 05/10/2021". At the bottom, there is a red box around the "SUBMIT A FORMAL COMMENT" button.

OR



The screenshot shows the regulations.gov website. At the top, it says "PROPOSED RULE". Below that, it says "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 2022 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Proposed Changes to Medicaid Provider Enrollment". Below the heading, it says "Agency Centers for Medicare&Medicaid Services | Posted May 10, 2021 | ID CMS-2021-0070-0002". At the bottom, there is a red box around the "Comment" button. On the right side, it says "Comments Due Jun 28, 2021".

# Steps for Submitting a Comment

## Step 1: Enter Your Comment

### Step 1: Enter Your Comment.

- Enter comment in the Comment field (a).
  - Required fields have (\*) next to the field name

You are submitting an official comment to Regulations.gov.  
Comments are due 06/28/2021 at 11:59 pm EDT.

regulations.gov  
[close comment form](#)

Thank you for taking the time to create a comment. Your input is important.

Once you have filled in the required fields below you can preview and/or submit your comment to the Health and Human Services Department for review. All comments are considered public and will be posted online once the Health and Human Services Department has reviewed them.

You can view [alternative ways to comment](#) or you may also comment via Regulations.gov at, <https://www.regulations.gov/commenton/CMS-2021-0070-0002>.

Comment\* **a**

This field is required



# Steps for Submitting a Comment

## Step 2a: Enter Information

### Step 2a: Enter Information.

- “What is your comment about?”- Select from the drop-down menu (a). (Optional)
- Upload a file if you wish (b). (Optional)
- Enter e-mail address (c). (Optional)
- “Tell us about yourself! I am:” – Select from three options (d). (Required)

The screenshot shows a web form for submitting a comment. It is divided into several sections:


- What is your comment about?**: A drop-down menu with a red box labeled 'a' and a red arrow pointing to it.
- Upload File(s)**: Two green buttons labeled '+ Add a file' with a red box labeled 'b' to their left. A note below reads: "Note: You can attach your comment as a file and/or attach supporting documents to your comment. Attachment Requirements."
- Email**: A text input field with a red box labeled 'c' to its right. Below the field is the text "this will NOT be posted on regulations.gov".
- Opt to receive email confirmation of submission and tracking number?**: A checkbox.
- Tell us about yourself! I am...\***: A radio button selection area with a red box labeled 'd' to its right. Below this are three options: "An Individual" (with a megaphone icon), "An Organization" (with a group of people icon), and "Anonymous" (with a globe icon).

# Steps for Submitting a Comment

## Step 2b: Tell us about yourself!

### Step 2b: Tell us about yourself!

- Your selection (Individual or Organization) will determine what information is required (\*). Of note, an “Anonymous” selection requires no further action.

  
 An Individual

First Name\*

Last Name\*


City

State

Zip

Country

Phone

  
 An Organization

Organization Type\*

Organization Name\*

# Steps for Submitting a Comment

## Step 3: Acknowledge, Preview, and Submit Comment

### Step 3: Acknowledge, Preview, and Submit Comment

- Read statement acknowledging submission into an official docket and select “I read and understand the statement above” (a).
- Preview comment, if desired (b).
- Select “Submit Comment” (c).

You are filing a document into an official docket. Any personal information included in your **comment text and/or uploaded attachment(s)** may be publicly viewable on the web.

I read and understand the statement above. a

c SUBMIT COMMENT Preview Comment b

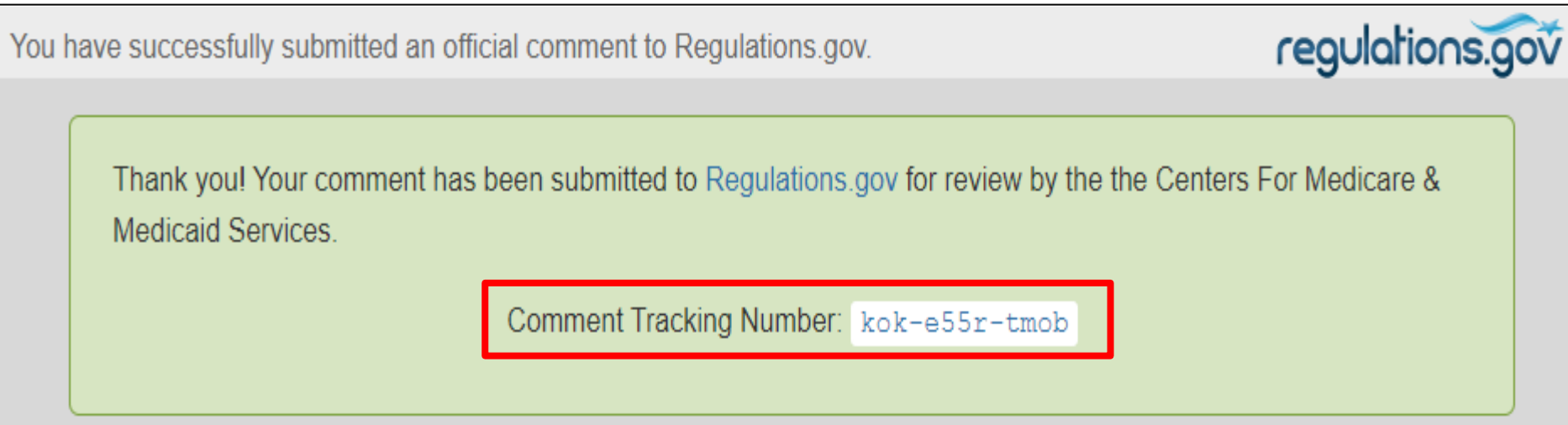
*Please review the [Regulations.gov privacy notice](#) and [user notice](#) .*

# Steps for Submitting a Comment

## Step 4a: Receive/View Receipt

### Step 4a: Receive/View Receipt.

- Your comment is assigned a tracking number.



The screenshot shows a confirmation message from Regulations.gov. At the top left, it says "You have successfully submitted an official comment to Regulations.gov." At the top right is the "regulations.gov" logo. The main message is: "Thank you! Your comment has been submitted to Regulations.gov for review by the the Centers For Medicare & Medicaid Services." Below this, a red box highlights the text "Comment Tracking Number: kok-e55r-tmob".

You have successfully submitted an official comment to Regulations.gov.

regulations.gov

Thank you! Your comment has been submitted to Regulations.gov for review by the the Centers For Medicare & Medicaid Services.

Comment Tracking Number: kok-e55r-tmob


# Steps for Submitting a Comment

## Step 4b: Optional Next Steps



### Step 4b: Optional Next Steps.

- Sign in or create a MyFR account (a).
- Print your comment (b).
- Social media outlets (c).


### Optional Next Steps

 Sign in or create a MyFR account to save your comment submission.


Notify me when my comment has been reviewed and publicly posted.  
 Notify me when a future document mentions the document I commented on.

**a**  

 [Print your comment](#) for your records and for any future correspondence about your comment with the Centers For Medicare & Medicaid Services. **b**

 Public participation is vital to a functioning democracy, get others involved!

 **c** [Create a tweet](#). We'll provide a basic tweet with a link to the document you commented on. You'll be able to customize the message before you tweet.

 [Post to your Facebook wall](#). We'll provide the title of the document you commented on and a link to it. You'll be able to customize your Facebook wall message before it is posted.

Your comment may be viewable on [Regulations.gov](#) once the Centers For Medicare & Medicaid Services 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.

PCHQR Program:  
FY 2022 IPPS/LTCH PPS Proposed Rule

---

## **Closing Remarks**

# Disclaimer

This presentation was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.