



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

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

**Presentation Transcript**

**Speakers**

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

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**Lisa Vinson:** Good afternoon and welcome to today's PPS-Exempt Cancer Hospital Quality Reporting Program Outreach and Education event entitled *PCHQR Program: Fiscal Year 2022 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System Proposed Rule*. My name is Lisa Vinson, and I will be the moderator for today's event. I serve as the Program Lead for the PCHQR Program within the Inpatient Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor. The materials for today's presentation were developed by our team in conjunction with our CMS Program Lead, Annie Hollis, who will be the main speaker for today's presentation. Annie is the PCHQR Program Lead in the Division of Value-Based Incentives and Quality Reporting, Quality Measurement and Value-Based Incentives Group, within the Center for Clinical Standards and Quality at CMS. As the title indicates, we will be discussing the Fiscal Year 2022 IPPS/LTCH PPS Proposed Rule. Please note that today's event is specific for participants in the PCHQR Program. Although the proposed rule contains content that addresses the Inpatient Quality Reporting, or IQR, and the Long-Term Care Hospital, or LTCH, quality reporting programs, we will only be focusing on the PCHQR Program section. If your facility is participating in the IQR or LTCH programs, please contact your designated program lead to find out when there will be a presentation on your section of the fiscal year 2022 proposed rule. If you have questions during the webinar, please submit them using the chat function. If you have questions unrelated to the current webinar topic, we recommend searching for the topic in the [QualityNet Inpatient Question and Answer Tool](#). If you do not find a similar topic, feel free to use the tool to submit a new question. The QualityNet Inpatient Question and Answer Tool can be accessed via the QualityNet home page, under Help. Now, on our next slide, we will further discuss the question-and-answer limitations.

As stated previously, questions can be submitted via the chat function. Please be mindful that questions submitted pertaining to this event have limitations.

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The limitations include CMS only addressing procedural questions about the comment submission process and CMS is not able to address any rule-related questions. Later during this presentation, I will be reviewing the comment submission process and CMS looks forward to receiving your formal comments on the proposed rule.

On this slide is the acronyms and abbreviations list. Acronyms and abbreviations you will hear and see today include C-F-R, for Code of Federal Regulations; C-Y, for calendar year; E-C-E, for Extraordinary Circumstances Exception; F-H-I-R, or FHIR, for Fast Healthcare Interoperability Resources; I-P-P-S, for Inpatient Prospective Payment System; L-T-C-H, for Long-Term Care Hospital; M-A-P, for Measure Applications Partnership; and N-H-S-N, for National Healthcare Safety Network.

The purpose of today's event is to provide overview of the Fiscal Year 2022 Inpatient Prospective Payment System /Long-Term Care Hospital Prospective Payment System Proposed Rule with a focus on the proposed changes in the PCHQR Program.

There are three main objectives for today's webinar. Program participants should be able to 1) locate the Fiscal Year 2022 IPPS/LTCH PPS Proposed Rule, 2) identify the proposed changes possibly impacting participants in the PCHQR Program, and 3) understand steps to submit comments to CMS through describing how and when to submit written comments regarding the proposed rule.

Lastly, the FY 2022 IPPS/LTCH PPS Proposed Rule was published to the *Federal Register* on Monday, May 10, 2021. The *Federal Register* version can be accessed by clicking the hyperlink on this slide. The PCHQR Program section is located on pages 25601 through 25608. At this time, I would like to turn the presentation over to Annie who will further discuss the proposed changes for the PCHQR Program. Annie, the floor is yours.

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**Annie Hollis:** Thank you Lisa and hi everyone. My name is Annie Hollis. I am the Program Lead for the PCHQR Program.

We will start with this overview here. This will give you an idea of the different things we'll be going over during this presentation.

So, for some background on the PCHQR Program, Section 1866(k) of the Social Security Act sets forth a quality reporting program for PPS-Exempt Cancer Hospitals, or PCHs, that are 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. PCHs, as previously stated, are those that are exempt from the IPPS payment system. 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 further incentivizes PCHs to improve their healthcare quality and value while giving patients the tools and information needed to make the best decisions about their care.

Here is an overview of proposed updates to the PCHQR Program in this proposed rule and also CMS's requests for information. We are proposing to remove one measure, adopt another measure, and then address some administrative requirements which follow in the four bullets here.

**Section 3: Measure Retention and Removal Factors for the PCHQR Program** We are not proposing any changes to the retention and removal factors, and you can read about where we have spoken about those measure retention and removal factors in prior year rules, the Fiscal Year 2017 IPPS/LTCH PPS Final Rule and the Fiscal Year 2019 IPPS/LTCH PPS Final Rule. I do want to note that we are proposing to codify the measure retention and removal factors for the PCHQR Program at the proposed new 42 CFR 412.24, and we'll talk about that more a little bit later in the presentation.

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So, to start with our first substantive change in this year's proposed rule, this is where we are proposing to remove the Oncology: Plan of Care for Pain-Medical Oncology and Radiation measure which is NQF #0383 or PCH-15, as it is referred to in our program. This removal would begin with the fiscal year 2024 program year. We first adopted PCH-15 in the Fiscal Year 2014 IPPS/LTCH PPS Final Rule. We are proposing to remove this measure because the measure steward decided to revert to a previous version of the measure which is now designed to pair with Medical and Radiation-Pain Intensity Quantified, or PCH-16. We removed PCH-16 from the PCHQR Program in the Fiscal Year 2019 IPPS Final Rule beginning in fiscal year 2021 because the measure was topped out. In addition, the PCH-15 measure mean and median for the past four years, including fiscal year 2020 measure performance, was very high with little variation among the 11 PCHs.

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

Another substantive change that we are proposing in this rule is our proposal to adopt the COVID-19 Vaccination Coverage Among Health Care Personnel, or HCP, measure beginning with the fiscal year 2023 program year. As we all know, on January 31, 2020, the HHS secretary declared a Public Health Emergency in response to the global outbreak of SARS-CoV-2, or COVID-19. Healthcare settings including long-term care settings can be high-risk places for exposure and transmission of COVID-19. 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 vaccine and began receiving the vaccine in mid-December of 2020. CMS believes it is important to require PCHs to report their rates of HCP vaccination in order to protect healthcare workers themselves and the vulnerable patients that they serve. This measure would assess the proportion of a PCH's healthcare personnel that have been vaccinated against COVID-19.

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This vaccination measure addresses CMS's quality priority of Promoting Effective Prevention and Treatment of Chronic Disease through the Preventive Care area under our Meaningful Measures Framework.

So, the COVID-19 vaccination measure was developed by the CDC. To give you a kind of quick and dirty explanation of how this works, the denominator will be the number of HCP eligible to work in the PCH for at least one day during the reporting period, and this will exclude persons with medical contraindications to the vaccine. One question that we get a lot is, "What happens if HCP work in two or more facilities?" For example, what happens if a nurse is working in an emergency room but also an outpatient setting on the side? I want to remind you that this is a per facility measure of how many staff are vaccinated against COVID-19. So, if that healthcare personnel were eligible to work in two or more facilities, like the example that I gave previously, each facility should include the HCP in their denominator. There is more information about the HCP COVID-19 measure specifications in the instructional document on the CDC's website on the hyperlink on this slide. The numerator is 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, whether that means multiple doses or regular revaccination. The proposed measure specifications are available on the CDC's website for the National Healthcare Surveillance [Safety] Network on the hyperlink at the bottom of the slide.

**Review by the Measure Applications Partnership** The COVID-19 HCP vaccination measure was included in the Measures Under Consideration, or MUC, list published on December 21, 2020. The Measure Applications Partnership recognizes that this measure will bring value to the PCHQR Program measure set by providing transparency about important COVID-19 interventions to prevent infections in HCP and patients. The MAP offered conditional support contingent on CMS further refining the specifications.

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Of course, CMS values and considers the MAP recommendations, but we also recognize the importance of proposing the measure as soon as possible to address the urgency and impact of the COVID-19 Public Health Emergency. We continue to engage with the MAP to mitigate concerns.

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

The proposed reporting period begins October 1, 2021, through December 31, 2021, or Quarter 4 of 2021, for the fiscal year 2023 PCHQR Program year. Thereafter, we propose 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 HCP vaccination data is submitted, the most recent week's data would be used for the calculations. Submission would be via the CDC's National Healthcare Safety Network, or NHSN, web-based surveillance system.

Moving on to Section 6 to give you an overview of the PCHQR Program measures for the fiscal year 2023 program year. So, these are all of the measures that will continue to be in the program, and this reflects our proposals in this year's proposed rule.

This would be the final slide of the PCHQR Program measures for the fiscal year 2023 program year.

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### **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. All specifications are located on the QualityNet PCHQR Program page.

Section 8 gives an overview of our finalized public display requirements. As you can see, the HCAHPS survey data and the Oncology: Plan of Care for Pain-Medical Oncology and Radiation Oncology measure, which is the measure we are proposing to remove in this proposed rule, will be publicly reported beginning in 2016 and all subsequent years. All of our measures in the second row of this table including MRSA, CDI, Flu Vaccination Coverage among HCP, and Surgical Site Infections will be publicly reported beginning in 2019 and subsequent years. Measures gauging the Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy will be reported in April 2020 and subsequent years. Finally, the CAUTI and CLABSI measures will be publicly reported beginning in October 2022.

Finally, we have some administrative and technical updates that we are proposing in this year's rule. We are proposing to update our reference to QualityNet Administrator. We are proposing to use the term QualityNet Security Official instead of QualityNet Administrator. CMS encourages PCHs to have a QualityNet Security Official that maintains an active status.

Section 10 regards our ECE, or Emergency [Extraordinary] Circumstances Exception, policy under the PCHQR Program. We are not proposing any changes to the ECE policy and would refer you to the Fiscal Year 2019 IPPS/LTCH PPS Final Rule for more information on the ECE policy for the PCHQR Program. I do want to note that we are also proposing the ECE policy for clarification in the new proposed 42 CFR 12.24(e).



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Following that, I've alluded to this a couple of times earlier in the presentation, but in this proposed rule, we are proposing to codify PCHQR Program requirements at a new section 42 CFR 412.24 Requirements Under the PPS-Exempt Cancer Hospital Quality Reporting Program." This would put into the CFR text and codify the following requirements: program participation and registration processes, data submission requirements for quality measures, quality measure removal and retention factors, public reporting requirements, and ECE policy.

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. We believe that codification will allow stakeholders to easily locate program requirements in the CFR text in one place.

Finally, I'll move on to two of our Requests for Information. The first is on advancing to digital quality measurement and the use of the FHIR<sup>®</sup> standard. The FHIR standard defines how healthcare information can be exchanged between different computer systems regardless of how it is stored in those systems. In this rule, we issued a 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. We are also seeking comment on the definition of digital quality measures, or dQMs, the development of dQM software, digital data standards and aggregations, redesigning quality measures to be self-contained tools, and potential future alignment of measures across QRPs, federal and state agencies, and the private sector.

Our other request for information regards closing the health equity gap in CMS quality programs. We are seeking public comment on these items as they apply to all quality programs including PCHQR.

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Some of the topics that we are requesting information on are the potential stratification of quality measure results by race and ethnicity, improving demographic data collection, the potential creation of a hospital equity score to synthesize results across multiple social risk factors, and the use of an imputation model to infer missing race and ethnicity data until such time that such data are more widely available. With that, I will turn the presentation back to Lisa to discuss how to submit comments.

**Lisa Vinson:**

Thank you, Annie. Again, CMS appreciates and they look forward to receiving your comments concerning the proposed rule. On the slide is listed the deadline for the comment submission process, which is June 28, 5 p.m., Eastern Time. CMS will respond to all comments that are within the scope of the proposed rule.

I will now review the areas CMS is requesting comments on specific to the Fiscal Year 2022 IPPS/LTCH PPS Proposed Rule, as well as walk you through the process to electronically submit your comments.

During Annie's discussion of the proposed changes for the PCHQR Program, there are several proposals that CMS is requesting public comment on. These include: removal of Oncology: Plan of Care for Pain-Medical Oncology and Radiation Oncology (NQF #0383/PCH-15) measure; addition of the new COVID-19 Vaccination Coverage Among Healthcare Personnel measure; replacing the term QualityNet Administrator with QualityNet Security Official; codification of existing PCHQR Program policies, which include program participation and registration processes, data submission requirements for quality measures, quality measure removal and retention factors, public reporting requirements, ECE policy, and lastly, requests for information regarding closing the health gap in CMS quality programs and advancing to digital quality measurement and expanding the use of the FHIR standard. Comments regarding any of these proposals must be submitted by Monday, June 28, 2021. On the next series of slides, we will review the comment submission process, starting with acceptable methods of submission.

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As indicated on this slide, there are three ways you can submit comments on the FY 2022 proposed rule: electronically, via regular mail, or express or overnight mail. Of note, CMS is not able to accept comment submissions via fax. Specific details, such as the address and addressee are listed on this slide for your convenience.

To electronically submit your comments, you may begin this process here as illustrated on this slide by selecting the Submit a Formal Comment button on the *Federal Register* page, which is recommended, which is the top image or via the [Regulations.gov](https://www.regulations.gov) site, which is shown as the bottom image by selecting the Comment button. Please remember that the comment period for the proposed rule closes June 28. For the purpose of this presentation, we will access the Regulations.gov site by clicking on Comment, which is denoted by the red box in the lower left-hand corner on this slide. By making this selection, you will be taken to the screen on the next slide.

Here is where you will enter your comment. The comment textbox, indicated by the letter “a,” is a required field.

This section of the comment form requires you to enter information. First, you will select from the drop-down menu the appropriate choice that reflects “What is your comment about?” Please note that this field is optional. Next, if you would like to upload files, such as your comment and/or supporting documentation, you can do so by selecting Add a File. There is also a link to view the attachment requirements to ensure your file upload is successful. Then, you will enter your email address, which is a required field. Of note, your email will not be posted on Regulations.gov, and you can opt in to receive an email confirmation of your comment submission and tracking number. Lastly, you will be required to indicate which description best represents you. Are you an individual, an organization, or would you prefer to submit your comment anonymously? Once you’ve made the appropriate selections, you will be directed to the screen displayed on the next slide.

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Based upon the selection you made in the previous section, individual or organization, you will be required to enter specific details. If you are submitting your comment as an individual, you will be required to enter your first and last name. You will notice that the city, state, zip code, country, and phone number fields are optional. If your organization is submitting a comment, you will be required to select the type of organization that fits and your organization's name. Again, both fields are required in order to advance to last step in the process, which is outlined on the next slide.

The last steps in the comment submission will be to acknowledge, preview, and then submit your comment. First, you will have to acknowledge that "You are filing a document into an official docket. Any personal information included in your comment text and/uploaded attachments(s) may be publicly viewable on the web." You will select the box next to the statement, "I read and understand the statement above" which will then illuminate the Submit Comment button. Before you submit your comment, you have an opportunity to preview your comment and make any corrections. Once you are ready to submit your comment, you will select Submit Comment as denoted by the letter "c".

At this point, your comment submission is official and will be reviewed by CMS. As displayed on this slide, denoted by the red box, the system generates and assigns a comment tracking number for your records and reference. Please retain this tracking information in case you need to refer back to the comment you submitted.

The steps on this slide are optional, but we thought it would be helpful to highlight since you will see this information during the submission process. The available options are to sign up for or sign in to your MyFR, or My Federal Register, account to save your comment submission. There are also options to be notified when your comment has been reviewed and made publicly available and/or be notified when a future document mentions the document you commented on.

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Also, you are able to print your comment to keep for your records. Lastly, there are social media options for Twitter and Facebook to allow public engagement. Again, the deadline to submit comments related to the FY 2022 IPPS/LTCH PPS Proposed Rule is Monday, June 28, 2021. Now, I would like to turn it back over to Annie for closing remarks. Annie?

**Annie Hollis:** Thank you so much, Lisa. I just wanted to say thank you to Lisa and the team at the VIQR support contractor for making this webinar possible. Thank you to you all for tuning in. Please don't hesitate to submit comments, questions, or thoughts via the comment submission procedures that Lisa went over. We look forward to reading your important input about the PCHQR Program. Thank you so much.