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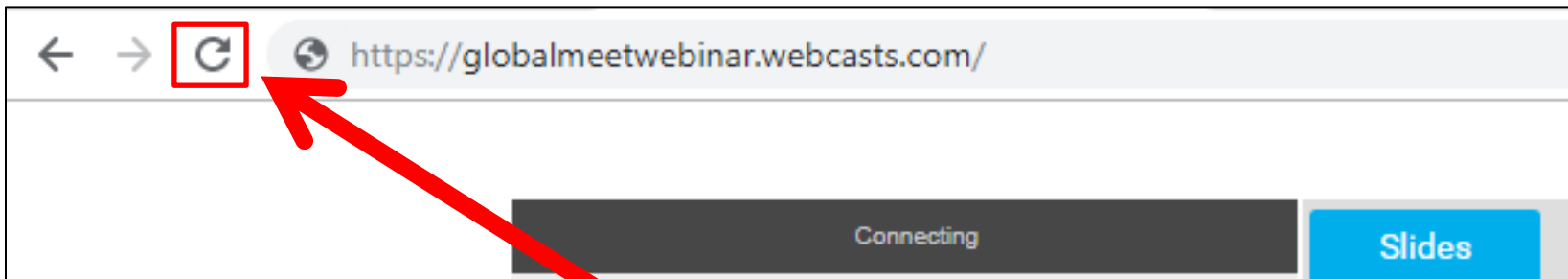
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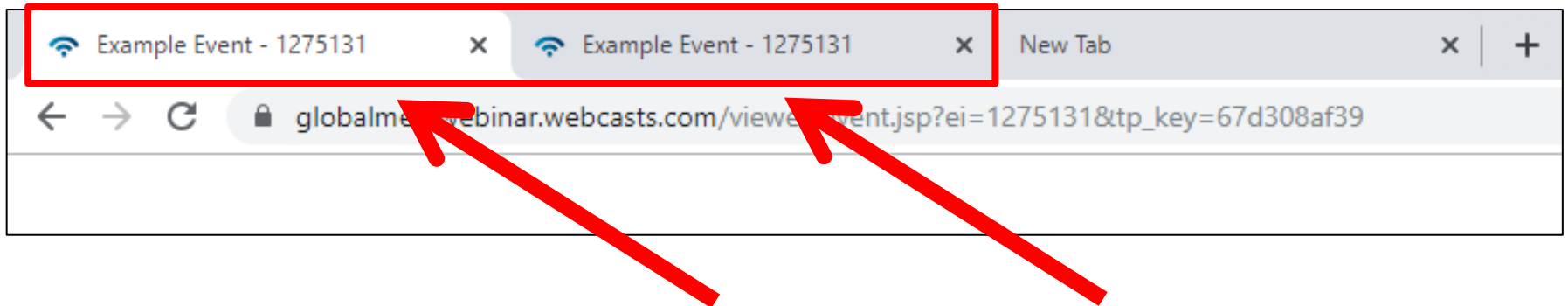
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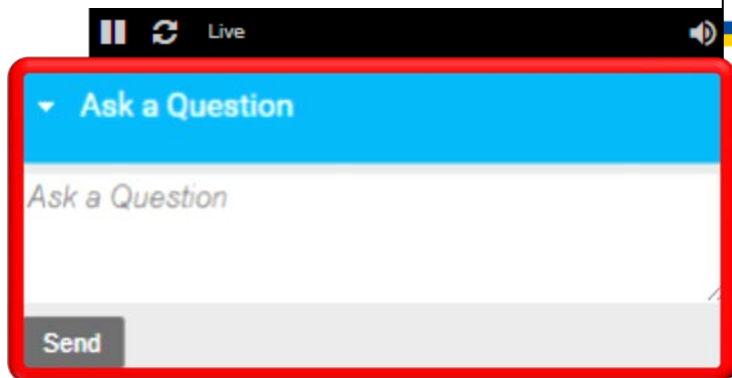
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**Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor**



**Today's Presentation**



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

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**September 16, 2021**

# Speakers

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# Acronyms and Abbreviations

<b>ACS</b>	American College of Surgeons	<b>HCAHPS</b>	Hospital Consumer Assessment of Healthcare Providers and Systems
<b>CAUTI</b>	Catheter-Associated Urinary Tract Infection	<b>HCP</b>	healthcare personnel
<b>CDC</b>	Centers for Disease Control and Prevention	<b>ICU</b>	intensive care unit
<b>CDI</b>	<i>Clostridium difficile</i> Infection	<b>IPPS</b>	Inpatient Prospective Payment System
<b>CFR</b>	Code of Federal Regulations	<b>LTCH</b>	long-term care hospital
<b>CLABSI</b>	Central Line-Associated Bloodstream Infection	<b>MRSA</b>	Methicillin-Resistant <i>Staphylococcus aureus</i>
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>NHSN</b>	National Healthcare Safety Network
<b>CST</b>	Cancer-Specific Treatment	<b>NQF</b>	National Quality Forum
<b>CY</b>	calendar year	<b>OCM</b>	Oncology Care Measure
<b>dQM</b>	digital quality measure	<b>PCH</b>	PPS-Exempt Cancer Hospital
<b>EBR</b>	External Beam Radiotherapy	<b>PCHQR</b>	PPS-Exempt Cancer Hospital Quality Reporting
<b>ECE</b>	Extraordinary Circumstances Exception	<b>PPS</b>	prospective payment system
<b>ED</b>	emergency department	<b>Q</b>	quarter
<b>EOL</b>	End of Life	<b>RFI</b>	Request for Information
<b>FHIR</b>	Fast Healthcare Interoperability Resources	<b>SCIP</b>	Surgical Care Improvement Project
<b>FR</b>	<i>Federal Register</i>	<b>SSI</b>	Surgical Site Infection

# 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) Final Rule and focus on the impact of the finalized changes on the PCHQR Program.



# Objectives

Participants will be able to locate the FY 2022 IPPS/LTCH PPS Final Rule and identify the finalized changes that impact participants in the PCHQR Program.

# Previous Changes to the Measures of the PCHQR Program

The FY 2022 IPPS/LTCH Final Rule is the tenth rule addressing the PCHQR Program. Previous rules that impacted the PCHQR Program include the following:

- [FY 2013 IPPS/LTCH PPS Final Rule](#) (77 FR 53555 through 53567)
  - Five (two healthcare-associated infection [HAI] and three Cancer-Specific Treatment [CST]) quality measures were finalized for the FY 2014 program and subsequent years.
- [FY 2014 IPPS/LTCH PPS Final Rule](#) (78 FR 50837 through 50853)
  - One new HAI quality measure (surgical site infection [SSI]) was finalized for the FY 2015 program and subsequent years.
  - Twelve (five Clinical Process/Oncology Care Measures [OCMs], six Surgical Care Improvement Project [SCIP], and one Hospital Consumer Assessment of Healthcare Providers and Systems [HCAHPS]) new quality measures for the FY 2016 program and subsequent years were finalized.

# Previous Changes to the Measures of the PCHQR Program (continued)

- [FY 2015 IPPS/LTCH PPS Final Rule](#)  
(79 FR 50277 through 50286)
  - One new Clinical Effectiveness measure (external beam radiotherapy [EBRT]) was finalized for the FY 2017 program and subsequent years.
- [FY 2016 IPPS/LTCH PPS Final Rule](#)  
(80 FR 49713 through 49723)
  - Two new outcome measures (Methicillin-resistant *Staphylococcus aureus* [MRSA] and *Clostridium difficile* infection [CDI]) and one process measure (Influenza Vaccination Coverage Among Healthcare Personnel [HCP]) were finalized for the FY 2018 program and subsequent years.
  - SCIP measures were removed as of October 1, 2016.

# Previous Changes to the Measures of the PCHQR Program (continued)

- [FY 2017 IPPS/LTCH PPS Final Rule](#) (81 FR 57182 through 57193)
  - One new claims-based outcome measure (Admissions and Emergency Department [ED] Visits for Patients Receiving Outpatient Chemotherapy) was added for FY 2019.
  - The diagnosis cohort for National Quality Forum (NQF) #0382 (Oncology: Radiation Dose Limits to Normal Tissues) was expanded to include patients with breast and rectal cancer effective for patients treated in calendar year (CY) 2017 and applying to FY 2019.
- [FY 2018 IPPS/LTCH PPS Final Rule](#) (82 FR 38411 through 38425)
  - Three CST measures were removed from the program effective for diagnoses beginning January 1, 2018.
  - Four new end-of-life (EOL) claims-based measures (NQF #0210, #0213, #0215, and #0216) were added to the program for the FY 2020 program and subsequent years.

# Previous Changes to the Measures of the PCHQR Program (continued)

- [FY 2019 IPPS/LTCH PPS Final Rule](#)  
(83 FR 41609 through 41624)
  - One new measure removal factor, Factor 8, was added: “The costs associated with the measure outweigh the benefit of its continued use in the program.”
  - Four OCMs (NQF #0382, 0384, 0389, and 0390) were removed effective for patients being treated in CY 2019 (January 1–December 21, 2019).
  - The claims-based measure, 30-Day Unplanned Readmissions for Cancer Patients (NQF #3188), was added.

# Previous Changes to the Measures of the PCHQR Program (continued)

- [FY 2020 IPPS/LTCH PPS Final Rule](#) (84 FR 42509 through 42524)
  - One new claims-based outcome measure, Surgical Treatment Complications for Localized Prostate Cancer, was adopted beginning with the FY 2022 program year.
  - The clinical effectiveness measure (EBRT) was removed, beginning with FY 2022 program year (patient encounters occurring as of January 1, 2020).
  - The HCAHPS survey was refined by removing the pain management questions beginning with October 1, 2019, discharges.
  - The Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy data would be publicly reported as soon as feasible.
  - HAI measure data for MRSA, CDI, SSI-colon and abdominal hysterectomy, and HCP would be publicly reported as soon as feasible.
  - Confidential national reporting for EOL (NQF #0210, #0213, #0215, and #0216) and 30-Day Unplanned Readmissions for Cancer Patients (NQF #3188) measures was specified.

# Previous Changes to the Measures of the PCHQR Program (continued)

- [FY 2021 IPPS/LTCH PPS Final Rule](#)  
(85 FR 58959 through 58965)
  - Two existing National Healthcare Safety Network (NHSN) measures, Catheter-associated Urinary Tract Infection (CAUTI) and Central Line-associated Bloodstream Infection (CLABSI), were refined to incorporate updated methodology developed by the Centers for Disease Control and Prevention (CDC).
  - Public reporting of the updated versions of the CLABSI and CAUTI measures will begin in the fall of CY 2022.

# FY 2022 IPPS/LTCH PPS Final Rule Publication

- The FY 2022 IPPS/LTCH PPS Final Rule was published in the [\*Federal Register\*](#) on August 13, 2021.
- The PCHQR Program section is on pages 45426 through 45437.



PCHQR Program: FY 2022 IPPS/LTCH PPS Final Rule

## **Finalized Changes to the PCHQR Program**

# PCHQR Program Sections

1. Background
2. **Overview of the Proposed Updates to the PCHQR Program and Requests for Information**
3. Measure Retention and Removal Factors for the PCHQR Program
4. **Removal of the Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (NQF #0383) (PCH-15) Measure from the PCHQR Program Beginning with FY 2024 Program Year**
5. **Adoption of 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 Specifications 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. **Codification of PCHQR Program Requirements at New 42 CFR 412.23 (F) and New 42 CFR 412.24 of Our Regulations**

# Summary of Unchanged Sections in the Final Rule

- Section 1: Background
  - Sections 1866 (k) and 1866 (k)(1) of the Social Security Act apply.
- Section 3: Measure Retention and Removal Factors for the PCHQR Program
- Section 6: Summary of PCHQR Program Measures for the FY 2023 Program Year
- Section 7: Maintenance of Technical Specifications for Quality Measures
  - Technical specifications are periodically updated and maintained on the [QualityNet website](#).
- Section 8: Public Display Requirements
- Section 10: Extraordinary Circumstances Exceptions (ECE) Policy Under the PCHQR Program
  - Refer to FY 2019 IPPS/LTCH PPS Final Rule (84 FR 41623–41624) for more information.

# Section 2: Overview of the Proposed Updates to the PCHQR Program and Requests for Information

- Proposed to remove the Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (NQF #0383/PCH-15) measure beginning with FY 2024 program year
- Proposed to adopt the COVID-19 Vaccination Among Healthcare Personnel measure beginning with the FY 2023 program year and subsequent years
- Proposed to update terminology for the PCHQR Program by replacing “QualityNet Administrator” with “QualityNet security official”

# Section 2: Overview of the Proposed Updates to the PCHQR Program and Requests for Information

(continued)

- Proposed to codify existing PCHQR Program policies at 42 CFR 412.23 (f)(3) and CFR 412.24
- Request for Information (RFI):
  - Closing the Health Equity Gap in CMS Quality Programs
  - Potential actions to expand the use of the Fast Healthcare Interoperability Resources<sup>®</sup> (FHIR<sup>®</sup>) standard and move fully to digital quality measurement in 2025

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

CMS finalized removal of PCH-15 based on:

- Factor 7: It is not feasible to implement the measure specifications.
- Alignment with the goals of the Meaningful Measure Initiative and the shift towards digital quality measures.
- Very high performance of the mean and median for the past four years, including FY 2020, with little variation among the 11 PCHs.

# Summary of Finalized Changes for Removal of NQF #0383/PCH-15

- Commenters supported removal of PCH-15.
  - CMS will consider inclusion of actionable pain measures in the future.
  - CMS justifies the removal of PCH-15 given the high performance of the PCHs on this measure in the PCHQR Program and the burden of reporting chart-abstracted measures.
- Removal of PCH-15 will begin with FY 2024.
  - No data collection required for CY 2022.
  - CY 2021 data will be reported in August 2022.

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

- The COVID-19 HCP vaccination measure is a process measure used to track COVID-19 vaccination coverage among HCP in non-long-term care facilities, such as PCHs.
- The denominator is the number of HCP eligible to work in the PCH for at least one day during the reporting period.
- 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 against COVID-19.



# COVID-19 HCP Vaccination Measure: Data Collection, Submission, Reporting

- PCHs will collect the numerator and denominator for the COVID-19 HCP vaccination measure for at least one self-selected week during the month of reporting quarter and submit to NHSN before the quarterly deadline.
  - Each quarter, the CDC will calculate a single quarterly COVID-19 HCP vaccination coverage rate for each PCH by taking the average of the data from the three weekly rates.
  - CMS will publicly report each quarterly COVID-19 HCP vaccination coverage rate as calculated by the CDC.
- For the FY 2023 program year, the reporting period will be October 1, 2021–December 31, 2021.
- Beginning with FY 2024 program year and subsequent years, data will be submitted quarterly following reporting deadlines for the PCHQR Program.
- Measure specifications are available at:  
<https://www.cdc.gov/nhsn/nqf/index.html>

# COVID-19 HCP Vaccination Measure: Summary of Finalized Changes

- CMS finalized the proposal to adopt the COVID-19 Vaccination Coverage Among HCP measure in the PCHQR Program.
  - This begins with FY 2023 (October 1, 2021–December 21, 2021), then quarterly, beginning with FY 2024 program year and subsequent years
- CMS did not finalize the plan to publicly report data averaged over four rolling quarters.
  - CMS will only report the most recent quarter of data, which we believe results in more meaningful, up-to-date information.

# Section 6: Summary of PCHQR Program Measures for the FY 2023 Program Year and Subsequent Years

## 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*

\* As discussed in section IX.D.5 of the final rule, we are finalizing this measure for adoption beginning with FY 2023.

# Section 6: Summary of PCHQR Program Measures for the FY 2023 Program Year and Subsequent Years (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

\*\* As discussed in section IX.D.4 of the final rule, we are finalizing this measure for removal beginning with FY 2024.

# Section 6: Summary of PCHQR Program Measures for the FY 2023 Program Year and Subsequent Years (continued)

## Patient Engagement/Experience of Care

Short Name	NQF #	Measure Name
HCAHPS	0166	Hospital Consumer Assessment of Healthcare Providers and Systems

## Claims Based Outcome Measures

N/A	N/A	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy
N/A	3188	30-Day Unplanned Readmissions for Cancer Patients
N/A	N/A	Surgical Treatment Complications for Localized Prostate Cancer

# Section 8: Summary of 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 SSI (NQF #0753)</li> <li>Facility-wide Inpatient Hospital-onset MRSA Bacteremia (NQF #1716)</li> <li>Facility-wide Inpatient Hospital-onset CDI (NQF #1717)</li> <li>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>	Deferred until CY 2022

\*As discussed in section IX.D.4. of this rule, we are finalizing this measure for removal beginning with FY 2024.

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

## Procedural Requirements

- CMS finalized the proposal to use “QualityNet Security Official” instead of “QualityNet Administrator” to align with terminology used in other quality reporting programs.
  - This update will be codified at 42 CFR 412.24 (b)(1) without modification.
- CMS clarified that failing to maintain an active QualityNet Security Official will **not** result in unsuccessful participation in the PCHQR Program.

# Section 11: Codification of PCHQR Program Requirements at New 42 CFR 412.23 (F) and New 42 CFR 412.24 of Our Regulations

- CMS finalized the proposal to add:
  - New codified section 42 CFR 412.24 “Requirements under the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program”
  - New paragraph (3) to 42 CFR 412.23 (f)
- CMS believes this codification will make it easier for stakeholders to locate the PCHQR Program requirements.



# Codification of PCHQR Program Requirements

CMS finalized amending 42 CFR 412.2 (f) by adding a new paragraph (3) that requires cancer hospitals participating in the PCHQR Program to follow all requirements listed in the new section 42 CFR 412.24:

- Program participation requirements including the PCHQR Program registration process
- Data submission requirements for quality measures
- Quality measure removal and retention factors
- Public reporting requirements for quality measure data reported by PCHs with measure information displayed on CMS website
- ECE policy detailing the process for CMS to grant an extension or exception to quality measure reporting requirements under the PCHQR Program

# Codification of PCHQR

## Program Requirements (continued)

CMS also finalized codification at 412.1(a)(7) that the 42 CFR part 412 includes the implementation of section 1866(k).

- This directs hospitals described in section 1866(d)(1)(b)(v) of the Act to submit data on quality measures to the Secretary, and at the revised 412.1(b)(2).

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

- The FHIR Standard defines how healthcare information can be exchanged between different computer systems, regardless of how it is stored in those systems.
- We requested information on potential actions we can take to expand the use of the FHIR Standard.
- We sought 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 Quality Reporting Programs, federal and state agencies, and the private sector.

**Intent:** Streamline the approach to data collection, calculation, and reporting to fully leverage clinical and patient-centered information for measurement, improvement, and learning.

**Goal:** Move fully to digital quality measurement in CMS quality reporting and value-based purchasing programs by 2025.

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

CMS sought public comment on these items, as they apply to all quality programs, including the PCHQR Program:

- 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

**Intent:** To make reporting of health disparities based on social risk factors and race and ethnicity more comprehensive and actionable for hospitals, providers, and patients.

**Goal:** Additional Request for Information (RFI) or rulemaking in the future.

PCHQR Program: FY 2022 IPPS/LTCH PPS Final Rule

## **Closing Remarks**

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