



PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

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

PCHQR Program: 30-Day Unplanned Readmissions for Cancer Patients Measure (PCH-36)

Questions and Answers Summary Document

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Subject-matter experts answered the following questions during and after the live webinar. The questions may have been edited for grammar.

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Question 1: Where can we find these reports?

On July 29, Facility-Specific Reports (FSRs) were delivered to the Managed File Transfer (MFT) inbox of PCH users who have the appropriate permissions.

If you are at a PCH and did not receive a report, we note on slide 31 that your first step is to confirm that you have the Auto-Route and MFT permissions. These permissions are required to ensure the reports are distributed to the appropriate users at your PCH. Once you confirm that the permissions are appropriately assigned, please contact the QualityNet Service Center at qnetsupport@hcqis.org or (866) 288-8912. You may also receive a report by contacting your Hospital Quality Reporting (HQR) System Security Administrator/Official.

These reports contain personal identifiable information (PII) and protected health information (PHI), so handle them securely. These confidential reports were only distributed to those with the appropriate permissions at the 11 PCHs.

Question 2: If my PCH admitted a patient and the patient later visited the emergency department (ED) of another hospital, is the ED visit to the other hospital an outcome?

The outcome of the PCH-36 measure is an unplanned inpatient readmission within 30 days. If the patient visited the ED only and was not admitted to the hospital, then this is not considered an outcome by the measure. However, if the patient has an inpatient admission (not an ED visit) that was considered unplanned at another hospital within 30 days of the first admission, then this would be considered a readmission outcome for the measure.

Question 3: How was the measure affected by COVID-19?

Like many of CMS' other measures, the PCH-36 readmission measure is subject to the COVID-19 data submission waivers that CMS issued on [March 22, 2020](#), [March 27, 2020](#), and [May 12, 2020](#). Data from January to June 2020 are not included in any of the measure calculations for this PCH-36 measure.

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Question 4: Will CMS publicly report this measure?

A final rule publication must specify public reporting for the PCHQR Program, unlike other quality reporting programs. At this time, CMS has not confirmed plans for public reporting. CMS will communicate any plans to all stakeholders via a final rule publication.

Question 5: If a cancer hospitalization occurs at our hospital and then the patient has another cancer hospitalization within the 30-day period, is this considered as another index hospitalization?

If a patient had a qualifying PCH admission and was admitted again to the hospital within 30 days, then both can count if the second admission was also a qualifying cancer admission. To be a qualifying cancer admission, it met the measure inclusion and exclusion criteria. However, it is important to note that the second admission can also count as an outcome to the first admission if it met criteria as an unplanned admission.

For example, if patient was admitted to a PCH on March 1 with a qualifying cancer admission and was admitted again on March 15 with another qualifying cancer admission, if the second admission (March 15) was considered to be unplanned, then it could be both an index admission and an outcome for the March 1 admission.

Question 6: What happens if the second hospitalization within 30 days is not at my hospital? Does this matter?

If a patient has an unplanned readmission within the 30 days after the first index cancer admission at any hospital (at your PCH or another PCH), then this would be an outcome for the measure.

Question 7: On slide 15, you say that one of the exclusion criteria is “discharged with a planned readmission”. How is this defined in the measure?

The measure looks at the patient discharge status code to identify if a patient was discharged from an index admission with a planned readmission or a possible index readmission. If this code has a value between 81 and 95, then this indicates that the patient was discharged with a planned readmission and therefore excluded.

Question 8: What is the national rate for the measure?

The national rate is 22.2 in the FY 2022 PCHQR Program FSR.

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Question 9: What information does my hospital need to report for this measure?

For PCH-36, hospitals do not need to report additional information to CMS. The measure is a claims-based measure, so all the data that CMS use to calculate the measure are derived from the claims that the hospital already submitted to CMS. The claims CMS already has are sufficient.

Question 10: Do I need to take any action with this report?

You can look at the FSR to understand how your hospital is performing on the measure. The report provides detailed patient-level information to help you understand each of the cases that CMS included in the calculation of the PCH-36 measure. While there's no real specific action hospitals can take, CMS hopes that hospitals will download the FSR report, review performance on the measure, and look at the data to find opportunities to improve the quality of care provided to patients.

Question 11: I can't find my FSR. Where can I find it? Can someone resend it?

Slide 31 outlines the required permissions to obtain those reports. If you need assistance with confirming your permissions, log into your HARP profile to confirm these permissions are active. Also, your security administrator or official can assist you with receiving the right permissions. They can also securely provide you with the reports. Please remember that these reports were only delivered to the PCHs for confidential reporting.

Question 12: Will there be a formal question submission and response process similar to the process during the official "dry runs"?

As there was no dry run for the 30-Day Unplanned Readmissions for Cancer Patients measure, there will not be a formal question submission and response process.

Question 13: Are we talking about reports for the OP-35 measure (Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy)?

The educational event topic is on the 30-Day Unplanned Readmissions for Cancer Patients (PCH-36) measure in the PCHQR Program. Please contact the Hospital Outpatient Quality Reporting Program Support Team at oqrsupport@hsag.com or (866) 800.8756 for more information on OP-35.

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Question 14:

Slide 15: Can you explain primary and secondary diagnosis? Does secondary diagnosis mean the #2 diagnosis or anything not primary?

For Medicare claims data, there are up to 25 diagnosis fields. On slide 15, for the inclusion criteria “with a principal or secondary diagnosis of malignant cancer,” the term “secondary diagnosis” refers to any diagnosis in fields 2–25 on the claim.