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Troubleshooting Audio

Audio from computer speakers breaking up?

Audio suddenly stop?

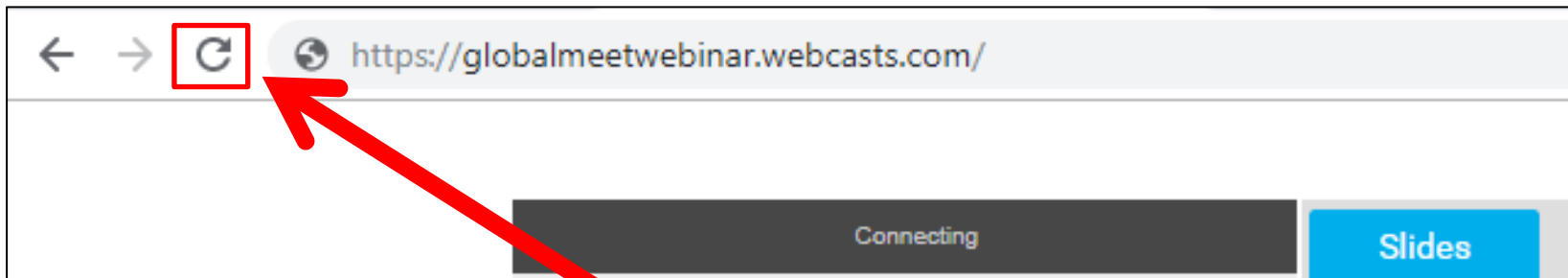
Click Refresh

– or –

Press F5



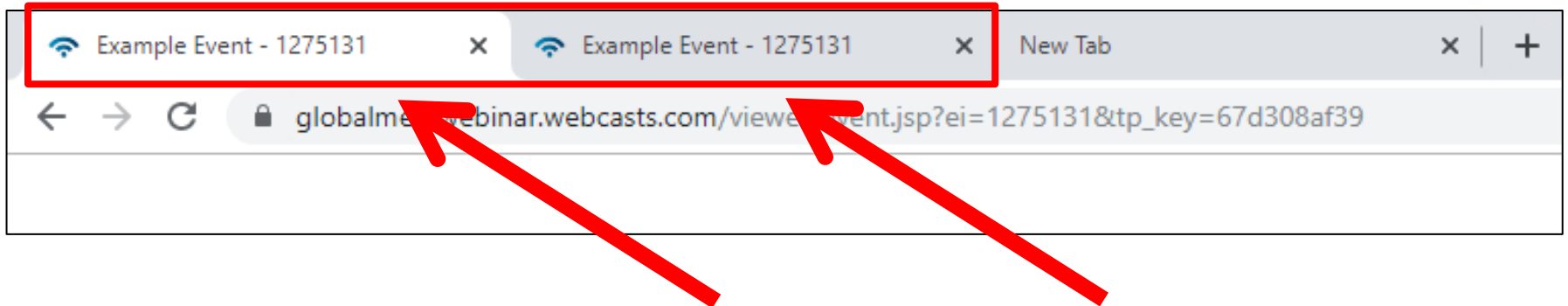
F5 Key
Top Row of Keyboard



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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.



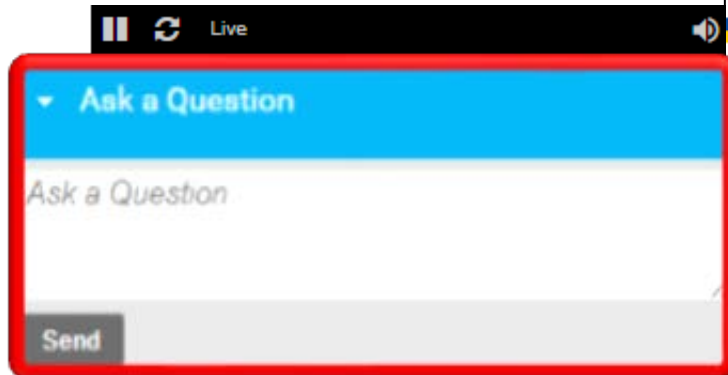
Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

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



Today's Presentation



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

August 18, 2021

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Outreach and Education Support Contractor

Webinar Chat Questions

Please submit any questions that are pertinent to the webinar topic via the Chat tool. As time permits, we will answer these questions at the end of the webinar. Pertinent questions not answered will be addressed in a questions-and-answers document, to be published at a later date.

Note: As a reminder, we do not use the raised-hand feature in the Chat tool during webinars.

If you have an additional question after this event, submit your question through the [QualityNet](#) Inpatient Questions and Answers tool, at [QualityNet Q&A Tool](#). Include the webinar name, slide number, and speaker name.

If you have a question unrelated to the current webinar topic, we recommend that you first search for it in the [QualityNet](#) Inpatient Questions and Answers tool, at [QualityNet Q&A Tool](#). If you do not find an answer, then submit your question to us via the same tool.

We will respond to questions as soon as possible.

Abbreviations and Acronyms

CE	continuing education	ICU	Intensive Care Unit
CMS	Centers for Medicare & Medicaid Services	IPPS	Inpatient Prospective Payment System
COVID-19	Coronavirus Disease of 2019	LTCH	Long-Term Care Hospital
CY	calendar year	MFT	Managed File Transfer
FAQs	Frequently Asked Questions	NQF	National Quality Forum
FFS	Fee-for-Service	PCH	PPS-Exempt Cancer Hospital
FR	Federal Register	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting Program
FSR	Facility-Specific Report	PPS	Prospective Payment System
FY	fiscal year	Q	quarter
HARP	HCQIS Access Roles and Profile	RSRR	Risk-standardized Readmission Rate
HCQIS	Health Care Quality Information Systems	SA/O	Security Administrator/Official
HQR	Hospital Quality Reporting	VIQR	Value, Incentives, and Quality Reporting

Purpose

This presentation will provide an overview of the Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program's 30-Day Unplanned Readmissions for Cancer Patients measure (PCH-36) and confidential Facility-Specific Reports (FSRs).

Objectives

Participants will be able to:

- Understand how the PCHQR Program specifies and calculates PCH-36.
- Interpret Fiscal Year (FY) 2022 PCH-36 measure results in their confidential FSRs.
- Ask questions regarding the calculation and confidential reporting of PCH-36.

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

Overview of the 30-Day Unplanned Readmissions for Cancer Patients Measure

Background Information

- In the FY 2019 Inpatient Prospective Payment System (IPPS)/Long-Term Care Homes (LTCH) Prospective Payment System (PPS) Final Rule, CMS finalized the 30-Day Unplanned Readmissions for Cancer Patients measure (Cancer Readmissions measure), PCH-36, for use in the PCHQR Program (83 FR 41609–41624).
- PCH-36 demonstrates the rate at which adult cancer patients have unplanned readmissions within 30 days of discharge from an eligible index admission.
- The Cancer Readmissions measure was endorsed by the National Quality Form (NQF) in 2017, as NQF #3188.

FY 2022 Measure Implementation

For the FY 2022 Program Year, CMS provided facilities participating in the PCHQR Program with confidential FSRs without public reporting of measure results.

Data Collection Periods for FY 2022 and FY 2023

Fiscal Year	FSR Distribution Date	Data Collection Period
FY 2022	July 2021	October 1, 2019–December 1, 2019 and July 1, 2020–September 30, 2020*
FY 2023	July 2022 (anticipated)	October 1, 2020–September 30, 2021

The measure utilizes inpatient Medicare Part A administrative claims data for measure calculation. PCHs do not need to submit any additional data for the measure because CMS uses paid FFS claims.

Please note that the measure performance period for the FY 2022 program year has been shortened to exclude data from January through June 2020 in response to the COVID-19 Data Waiver issued by CMS on March 22, 2020: CMS Announces Relief for Clinicians, Providers, Hospitals, and Facilities Participating in Quality Reporting Programs in Response to COVID-19. [March 22, 2020]:

<https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting>.

Measure Cohort

Inclusion Criteria

- Medicare Fee-For-Service (FFS) patients 18 years or older
- Discharged from a PPS-Exempt Cancer Hospital (PCH) during the measure reporting period
- With a principal or secondary diagnosis of malignant cancer

Exclusion Criteria

Patients:

- Are less than 18 years of age
- Died during index admission
- Discharged against medical advice
- Transferred to another acute care hospital during index admission
- Discharged with a planned readmission
- Have missing or incomplete data
- Not admitted to an inpatient bed

Outcome

- Unplanned readmissions that occur within 30-days of discharge from an index admission
 - Risk-standardized readmission rate (RSRR)
- Unplanned readmissions
 - To a short-term acute care hospital with claim inpatient admission type code of emergency = 1 or urgent = 2
- Readmissions with a primary claim diagnosis code of (i) metastatic cancer or (ii) chemotherapy or radiation encounter are not considered to be outcomes for the measure.

Risk Adjustment

- The Cancer Readmissions measure is risk-adjusted.
- It risk adjusts for 11 risk variables.

1. ICU Stay During the Index Admission	7. Length of stay greater than 3 days
2. Gender	8. Age*
3. Dual-Eligible patient	9. Hospitalization in the prior 60 days
4. Surgery during the index admission	10. Discharged to home
5. Multiple comorbidities	11. Discharged to hospice
6. Solid Tumor (excluding Metastatic Cancer)	

*Age is categorized using the following categories:

- | | |
|----------------|---------------|
| i. Age < 65 | iv. Age 75–79 |
| ii. Age 65–69 | v. Age 80–84 |
| iii. Age 70–74 | vi. Age 85+ |

Measure Calculation

A logistic regression model is used to calculate the RSRR.

$$\text{Risk – Adjusted Rate} = \frac{\text{Observed Rate}}{\text{Expected Rate}} \times \text{National or Standard Rate}$$

- *Observed rate* is calculated based on the sum of the actual or observed unplanned readmissions for each hospital.
- *Expected rate* is calculated based on the sum of the probabilities of unplanned readmissions for all index admissions at each hospital.

Lower RSRRs are interpreted as better quality while higher RSRRs indicate poorer quality.

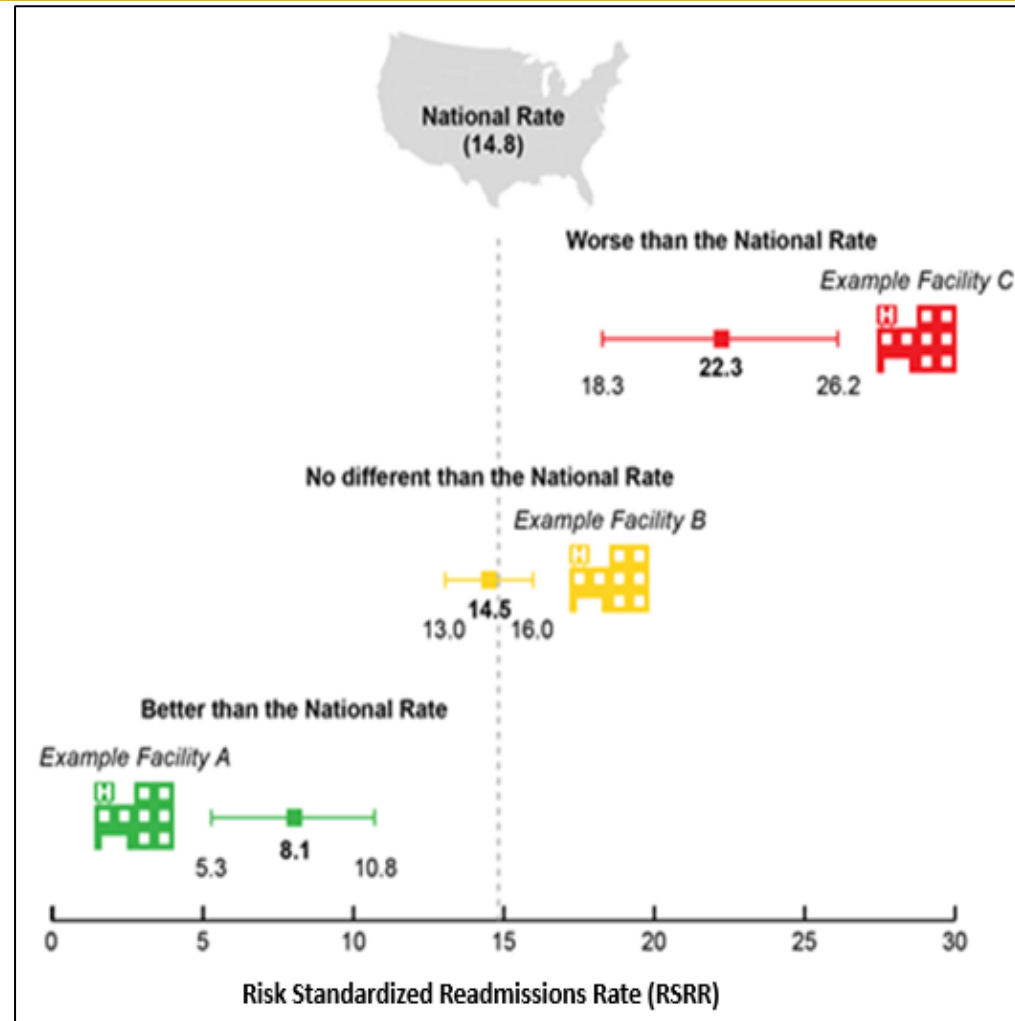
PCHQR Program: 30-Day Unplanned Readmissions for Cancer Patients Measure (PCH-36)

Facility-Specific Reports and Resources

Facility Performance Categories

- “Worse than national rate” if the entire 95% interval estimate of the facility’s rate is higher than the national observed readmission rate
- “No different from the national rate” if the 95% interval estimate of the facility’s rate includes the national observed readmission rate
- “Better than national rate” if the entire 95% interval estimate of the facility’s rate is lower than the national readmission visit rate.

Note: Hospitals with less than 50 patient admissions eligible for inclusion in the measure are categorized as “number of cases too small.”



Facility-Specific Reports (FSRs)

- FSRs are provided to all non-federal PCHs that had at least one eligible cancer admission during the reporting period.
- FSRs were distributed to hospitals on July 29, 2021, via Managed File Transfer (MFT) and accompanied by a FSR User Guide.
- The FSR for the Cancer Readmissions measure is structured similarly to the FSR for the PCH-30/31 Chemotherapy measure.

FSR Content – Performance Results

The FSR contains information on your hospital’s performance, RSRR (with 95% interval estimate), denominator and numerator volumes, and national rate.

1	Table 1: Your Facility's Performance on 30-Day Unplanned Readmissions for Cancer Patients Measure	
2	FACILITY NAME	
3	Performance period: October 1, 2019 through December 1, 2019 and July 1, 2020 through September 30, 2020*	
4		
5	Your Facility Performance Overview	30-day Unplanned Readmissions for Cancer Patients Measure
6	Comparative Performance at Your Facility ^a	No Different than the National Rate
7	Total Number of Eligible Hospital Admissions at Your Facility	81
8	Risk-Standardized Rate for Your Facility	22.3
9	Lower Limit of 95% Interval Estimate	14.2
10	Upper Limit of 95% Interval Estimate	30.4
11	National Observed Rate ^b	22.2
12	Additional Performance Information	--
13	Total Number of Admissions with Outcome for Your Facility	21
14	Observed Rate for Your Facility ^b	25.9
15	Total Number of Outcomes in the Nation ^b	1,788
16	Number of Eligible Hospital Admissions in the Nation ^b	8,066

FSR Content – Distribution of Facility Performance

The FSR contains information on the distribution of facility performance in the nation.

1	Table 2: National Performance on 30-Day Unplanned Readmissions for Cancer Patients Measure	
2	FACILITY NAME	
3	Performance period: October 1, 2019 through December 1, 2019 and July 1, 2020 through September 30, 2020*	
4		
5	Facility Performance Category	Number of Facilities for 30-Day Unplanned Readmissions for Cancer Patients
6	Total Number of Facilities in the Nation with Measure Results^a:	11
7	Number of Facilities in the Nation that Performed Better than National Rate	1
8	Number of Facilities in the Nation that Performed No Different than National Rate	8
9	Number of Facilities in the Nation that Performed Worse than National Rate	1
10	Number of Facilities in the Nation that had Too Few Cases	1

FSR Content – Patient Information

Contains information on each patient that met the measure inclusion criteria at your hospital during the reporting period.

ID Number	Your Facility Provider ID ¹	HICNO	MBI ²	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay	Cancer Diagnosis Associated with Index Stay (Principal or Secondary) ³	In Measure Calculation?	Reason for Exclusion ⁴	Hospital Admission within 30 Days?	Unplanned Admission?	Date of Unplanned Hospital Admission	Principal Discharge Diagnosis of Unplanned Hospital Admission ⁵	Provider ID of Hospital Visited ⁶
1	999999	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	C673	YES	0	YES	NO	N/A	N/A	N/A
2	999999	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	C674	YES	0	YES	NO	N/A	N/A	N/A
3	999999	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	C679	YES	0	YES	NO	N/A	N/A	N/A
4	999999	999999999A	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	C679	YES	0	YES	NO	N/A	N/A	N/A

FSR Content – Case Mix Comparison

Contains information on the distribution of patient risk factors at your hospital and in the nation.

1 Table 4: Distribution of Patient Risk Factors for 30-Day Unplanned Readmissions for Cancer Patients Measure
 2 FACILITY NAME
 3 Performance period: October 1, 2019 through December 1, 2019 and July 1, 2020 through September 30, 2020*
 4

5	Risk Factor	Facility	Nation ^b
6	ICU Stay During Index Admission	11 (13.6%)	2,359 (29.2%)
7	Gender (male)	39 (48.1%)	4,336 (53.8%)
8	Dual-Eligible Patient	48 (59.3%)	1,236 (15.3%)
9	Surgery During the Index Admission	6 (7.4%)	3,013 (37.4%)
10	Multiple Comorbidities	64 (79.0%)	6,139 (76.1%)
11	Solid Tumor (excluding Metastatic Disease)	22 (27.2%)	2,537 (31.5%)
12	Length of Stay > 3 days	47 (58.0%)	5,262 (65.2%)
13	Age: < 65	15 (18.5%)	967 (12.0%)
14	Age: 65 - 69	22 (27.2%)	2,175 (27.0%)
15	Age: 70 - 74	13 (16.0%)	2,191 (27.2%)
16	Age: 75 - 79	19 (23.5%)	1,504 (18.6%)
17	Age: 80 - 84	8 (9.9%)	808 (10.0%)
18	Age: 85+	4 (4.9%)	421 (5.2%)
19	Hospitalization in the Prior 60 days	35 (43.2%)	2,530 (31.4%)
20	Discharged to Home	50 (61.7%)	5,098 (63.2%)
21	Discharged to Hospice	1 (1.2%)	224 (2.8%)

PCH-36 Resources

- Resources available on QualityNet at <https://qualitynet.cms.gov/> > PPS-Exempt Cancer Hospitals > Measures > Cancer Readmissions Measure
 - Frequently Asked Questions (FAQ) document
 - Cancer Readmissions Measure Data Dictionary
 - Mock FSR
 - FSR User Guide
- Q&A via the QualityNet Question and Answer Site: https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question)
 - Program > PCH > Cancer Hosp. Quality Reporting > Topic > PCH-36: 30-Day Unplanned Readmissions for Cancer Patients

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

Accessing the FSR

How to Receive Your FSR

- FSRs are provided to users associated with a hospital that have approved **Auto-Route** and **Managed File Transfer** permissions with their Hospital Quality Reporting (HQR) Profile.
- For instructions to request these permissions or to confirm these permissions are active on your profile, please refer to the March 18, 2021, email notification:
[*Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports*](#)

Retrieving Your FSR

- A Listserve communication was sent via email to those who are registered for the **PCHQR Notify: PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Notifications** Listserve group announcing the FSRs were delivered.
- An AutoRoute File Delivery Notification was sent to your e-mail once your hospital's FSR was delivered to your MFT inbox. Only hospital users with the appropriate roles received the FSR and notification.

Accessing Your FSR

When your hospital's FSR is delivered to your MFT mailbox, a notification is sent to the email address associated with your HARP account. Upon receipt of this notification, follow these steps to access your FSR in your MFT mailbox:

1. Navigate to the CMS Managed File Transfer page:
<https://qnetmft.cms.gov/mft-signin/login>
 2. Enter your HCQIS Access Role and Profile (HARP) User ID and Password. Select the **I agree to the Terms and Conditions** checkbox. Then, select **Sign In**.
 3. You will be directed to the Two-Factor Authorization page. A preview of the device or email that will be sent a code will be displayed. Select **Send Code**. After selection, the Send Code button will update to **Sent**.
 4. After receipt of the code via your device or email, enter the code. Then, select **Verify**.
 5. Upon successful login, you will be directed to the MFT dashboard. Select **Mail** on the left-navigation pane to expand the mailbox.
 6. Select **Inbox** under the expanded **Mail** options.
 7. Open the message containing the FSR by clicking on that line.
 8. Download the FSR by selecting the file in the **Attachments** section of the message.
- FSRs will be available in your MFT mailbox for a thirty (30) day period after delivery.***

My FSR Was Not Delivered...

What's Next?

- If you have not received an email notifying you of the report delivery and you believe your profile has the appropriate permissions, follow the instructions for accessing your FSR to check if the report was delivered.
- If the report was not delivered, confirm that your profile has the permissions required to receive the report.
 - If your profile did not have active Auto-Route and MFT permissions prior to July 29, 2021, you may request these permissions now using the instructions in this [notification](#).
 - If your profile did have active Auto-Route and MFT permissions prior to July 29, 2021, and you did not receive your report, please contact the QualityNet Help Desk for further assistance at qnetsupport@hcqis.org.

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

Questions

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

QualityNet Question and Answer Tool

Accessing the QualityNet Questions and Answers Tool

[QualityNet Homepage](#)

The screenshot displays the QualityNet homepage interface. At the top left is the CMS.gov logo and 'QualityNet' text. A search bar labeled 'Search QualityNet' with a magnifying glass icon is positioned next to it. On the right side of the header, there is a 'Quality Programs' dropdown menu, a 'Help' dropdown menu (highlighted with a red box), a 'Log Into Secure Portal' button, and a 'Register' button. Below the header, a 'Close' button is visible in the top right corner of the main content area. The main content area is organized into three columns of links:

- Getting Started**
 - Registration
 - Sign In Instructions
 - Security Statement & Policy
 - Password Rules
- Training & Guides**
 - QualityNet Training
 - QualityNet Secure Portal
 - Secure File Transfer
 - QualityNet Events Center
- Known Issues & Maintenance**
 - Known Issues
 - System Maintenance
- QualityNet Support**
 - QualityNet Support
- Question & Answer Tools**
 - Hospitals - Inpatient
 - Hospitals - Outpatient
 - PPS-Exempt Cancer Hospitals (highlighted with a red box)
 - Ambulatory Surgical Centers
 - ESRD Facilities
 - Inpatient Psychiatric Facilities

Ask a Question

The screenshot shows the CMS.gov Quality Question and Answer Tool interface. At the top, there is a navigation bar with links for "Quality Q&A Tool", "Ask a Question", "Browse Program Articles", and "How to Use This Tool". The main header area is blue and contains the title "Quality Question and Answer Tool" and the subtitle "Your one-stop shop for CMS Quality Answers". Below the header is a search bar with the placeholder text "Search for the answer to your question". At the bottom, there are two main action buttons: "Browse" (with a document icon and the text "View existing articles") and "Ask a Question" (with a question mark icon and the text "Submit a Question to CMS"). The "Ask a Question" button is highlighted with a red border. At the very bottom, there is a small disclaimer: "For the best experience, please use one of the following browsers: Chrome, Firefox, Safari, Microsoft Edge. Mobile devices are not currently supported."

Submit a Question

QualityNet Question and Answer Site

Submit a Question to Our Support Team *Indicate required field

WARNING: Individually identifiable health information in this system is subject to the Health Information Portability and Accountability Act of 1996 and the Privacy Act of 1974. Submission of questions to the QIO and Hospital Q&A System that contains Protected Health Information (PHI) is a violation of these Acts. Questions containing PHI will be deleted from the system and not processed. For detailed information regarding transmitting or receiving healthcare information or data read the QualityNet System Security Policy (PDF).

Tell us about yourself.

First Name * Last Name *

Email Address * Confirm Email Address *

Phone Number


Question Details

Program *

Topic *

Subject *

Please describe your question *

I'm not a robot 

SUBMIT QUESTION

Select a topic X

- PCH - Cancer Hosp. Quality Reporting
 - Cancer Measures
 - Clinical Effectiveness Measure
 - Clinical Process/Oncology Care Measures (OCM)
 - Healthcare-Associated Infection Measures
 - Intermediate Clinical Outcome Measures
 - Patient Engagement/Experience of Care Measure
 - PCH-30/31: Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy
 - PCH-36: 30-Day Unplanned Readmissions for Cancer Patients
 - PCH-37: Surgical Treatment Complications for Localized Prostate Cancer
 - Extraordinary Circumstances Exemption
 - FSRs
 - Preview Period Request

OK

Continuing Education (CE) Approval

This program has been approved for [CE credit](#) for the following boards:

- **National credit**
 - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
 - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
 - Board of Registered Nursing
 - Board of Nursing Home Administrators
 - Board of Dietetics and Nutrition Practice Council
 - Board of Pharmacy

Note: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

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

Closing Remarks

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