



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

**PCHQR Program: FY 2023 IPPS/LTCH PPS Proposed Rule  
Presentation Transcript**

**Speakers**

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**Lisa Vinson:** Hello. Welcome to today's PPS-Exempt Cancer Hospital Quality Reporting Program Outreach and Education event, *Fiscal Year 2023 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System Proposed Rule*. My name is Lisa Vinson, and I will be one of the speakers 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, Ora Dawedeit, who will be the main speaker for today's presentation. Ora 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 2023 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 Hospital Inpatient Quality Reporting and the Long-Term Care Hospital Quality Reporting Programs, we will only be focusing on the PCHQR Program section. If your facility is participating in the Hospital IQR or LTCH Programs, please contact your designated program lead to find out when there will be or if there has been a presentation on your section of the fiscal year 2023 proposed rule. 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 Question and Answer Tool can be accessed via the QualityNet home page, under the Help header. Now, on our next slide, we will discuss the question-and-answer limitations for today's event.

As stated previously, questions can be submitted via the chat function. Please be mindful that questions submitted pertaining to this event have limitations. The limitations include CMS only addressing procedural questions about the comment submission process. Please keep in mind that CMS is not able to address any rule-related questions.

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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.

This slide lists the acronyms and abbreviations you may hear and see today. These acronyms and abbreviations include DQM, for digital quality measures; F-H-I-R, or FHIR, for Fast Healthcare Interoperability Resources; FY, for fiscal year; and RFI, for Request for information.

The purpose of today's event is to provide an overview of the Fiscal Year 2023 IPPS/LTCH PPS 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 locate the Fiscal Year 2023 IPPS/LTCH PPS Proposed Rule, identify the proposed changes possibly impacting participants in the PCHQR Program, and understand steps to submit comments to CMS through describing how and when to submit written comments to CMS regarding the proposed rule.

Lastly, the FY 2023 IPPS/LTCH PPS Proposed Rule was published to the *Federal Register* on Monday, May 10, 2022. The *Federal Register* version can be accessed by clicking the hyperlink on this slide. The PCHQR Program section is located on pages 28563 through 28566.

At this time, I would like to turn the presentation over to Ora, who will further discuss the proposed changes for the PCHQR Program. Ora, the floor is yours.

**Ora Dawedeit:** Thank you, Lisa. I am now going to talk about the proposed changes to the PCHQR Program.

This slide talks about the program sections. However, I'm just going to highlight the sections that will have changes. Number 2 is the Measure Retention and Removal Factors for the PCHQR Program.

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This is a proposal to adopt a patient safety exception to the measure removal policy. Number 3, potential adoption of two healthcare safety measures, two National Healthcare Safety [Network] measures, NHSN, is a request for information. Additionally, we have proposals for public display requirements, a proposal to begin public display of the End-of-Life measures and the 30-Day Unplanned Readmission for Cancer Patient measure, beginning with the fiscal year 2024 program year data.

So, this covers the background of the PCHQR Program. It 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. This program incentivizes PCHs to improve their healthcare quality and value while giving patients the tools and information needed to make best decisions.

So, this is the measure retention and removal factors. This provides some information on why we are proposing this. So, we want to align with other measure removal policies adopted in other quality programs. CMS is proposing to promptly remove a measure without rulemaking if continued use of a measure in the PCHQR Program raises specific patient safety concerns. Please note, appropriate notifications will be delivered to hospitals, the public, vendors, and quality improvement organizations as it relates to the reasons for its removal. The notice of the measure removal would also be provided in the *Federal Register*. If a measure does not raise any patient safety concerns, then CMS would use the regular rulemaking process for removal. CMS continues to believe that a mechanism to immediately remove a quality measure that is causing specific and unintended harm aligns with their patient-centered focus.

This section is the potential adoption of two digital NHSN measures. These are Requests for Information or RFIs. So, CDI is one of the most common healthcare-associated infections in the United States. CDC has developed the NHSN healthcare-associated CDI outcome measure that utilizes EHR-derived data. The goal here is to drive an increase in prevention practices resulting in fewer CDI cases and reduced patient morbidity and mortality.

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CMS believes that this would be useful, given that most cases of CDI may be prevented or stopped from spreading among patients when facilities implement the recommended infection control steps provided by the CDC. Also, the CDC's NHSN reporting submission processes would impose less administrative burden related to data collection and submission.

Section 3: Potential adoption of two digital NHSN measures. These, again, are a Request for Information, RFI. The [NHSN] Hospital-onset Bacteremia & Fungemia outcome measure was developed to further the CMS goal of addressing patient safety outcomes in the hospital setting. This measure is intended to facilitate safe patient care by increasing the awareness of dangers of these two measures, promoting adherence and recommendation to clinical guidelines, encouraging hospitals to track and improve their monitoring and patient care delivery practices. CMS believes inclusion of this measure would aid in disease monitoring, provide patients with more information regarding care delivery, and improve patient outcomes.

CMS is seeking further comment on adoption in the PCHQR Program of these NHSN-associated digital measures. Adoption of these digital measures is being considered since cancer patients are often immunosuppressed and more vulnerable to HAIs. CMS believes these digital measures would drive an increase in prevention of practices which may ultimately lead to a reduced number of HAI occurrences, morbidity, and mortality. Additional measure information details can be found under the Hospital Inpatient Quality Reporting Program section of this proposed rule.

Section 4: We're not proposing any changes to the PCHQR Program set in the proposed rule.

This goes over the measure, the summary of the PCH program measures, for fiscal year 2024 program year. There you can see the short name, the NQF number, and the measure name.

Again, this is the clinical processes oncology care measures, as well as the immediate clinical care outcome measures outlined in the table.

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Furthermore, we have patient engagement experience of care, short name, NQF measure name, as well as claims-based outcome measures.

CMS is not proposing any changes to the process for maintaining technical specifications for the PCH program measures. You can refer to the FY 2015 final rule for policy regarding sub-regulatory processes to make non-substantive measure updates. Specifications are located on the QualityNet PCHQR Program page.

This goes over the proposals for public display requirements. It's not really an update here on the background, but CMS is proposing a timeline, a timetable, for public display of data for specific PCHQR Program measures. These include the End-of-Life measures, as well as the 30-Day Unplanned Readmissions for Cancer Patients measure.

Here, I'm going to go into a little bit more detail. So, CMS is proposing to begin public display of four EOL measures, beginning with the fiscal year 2024 program year, July 1, 2021, through June 30, 2022: Proportions of Patients who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life; Proportion of Patients who Died from Cancer Not Admitted to Hospice; Proportion of Patients who Died from Cancer Admitted to the ICU in the Last 30 Days of Life; Proportion of Patients who Died from Cancer Admitted to Hospice for Less than Three Days. CMS anticipates providing confidential reports on the data collected for the fiscal year 2022 and fiscal 2023 program years within calendar year 2022. CMS would make the fiscal year 2024 program year EOL data publicly available following the 30-day preview period during the July 2023 refresh cycle or as soon as feasible thereafter.

So, CMS is proposing to begin public display of the 30-Day Unplanned Readmissions for Cancer Patients measure beginning with fiscal year 2024 program year. CMS anticipates providing confidential reports on the data collected fiscal year 2023 through program year in the summer of 2022. CMS would make the fiscal year 2024 program year data publicly available following the 30 day preview period during the October 2023 refresh cycle or soon as they're feasible thereafter.

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This is the table of previously finalized proposed public display requirements.

This is continued. These are the measures and the public reporting as previously stated.

CMS is not proposing any updates to our previously finalized data submission requirements and deadlines.

ECE policy under the PCHQR Program: CMS is not proposing any changes to the ECE policy.

Now, I'm going to go over some cross-program Requests for Information. As the name implies, these requests for comments are for comments on topics that could impact multiple hospital programs in the future. We encourage all stakeholders to review and submit comments on these topics as we consider them for potential future rulemaking.

I'm going to go over some cross-program Requests for Information. CMS is seeking public comment on the following cross-program Request for Information: assessment of the impact of climate change and health equity; overarching principles in measuring healthcare quality disparities in hospital programs; and advancement of digital quality measurement in use of Fast Healthcare Interoperability Resources, or FHIR, in hospital programs.

Current assessment of climate change impacts on outcomes, care, and health equity: CMS is seeking comment on how they can support hospitals, nursing homes, hospices, home health agencies, and other providers in a more effective manner by determining likely climate impacts on their patients, residents, and consumers, so they can develop plans to mitigate those impacts; understanding exceptional threats that climate related emergencies present to continuous facility operations, including potential disruptions in patient services associated with catastrophic events as a result of power loss, limited transportation, etc.; and understanding how to act on reducing their emissions and tracking their progress in this regard.

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CMS believes this would inform the development and updating of policies that can assist providers in responding to climate change-related challenges an update U.S. Department of Health and Human Services climate health tools and resources.

Overarching principles for measuring healthcare quality and disparities across the CMS quality programs: CMS is seeking comment on key considerations in five specific areas that could inform their approach in addressing healthcare disparities and advance healthcare equity: Identification of goals and approaches and measuring healthcare disparities and using measure stratification across CMS quality programs; use guiding principles for selecting and prioritizing measures for disparity reporting across CMS quality reporting programs; principles for social risk factor and demographic data selection and use; identification of meaningful performance differences; and use guiding principles for reporting disparity results.

The goal of this RFI is to describe key considerations in determining how to develop future policies around measure stratification as one quality measurement tool to address health care disparities and advance health equity across CMS quality programs. This is important as a means of setting priorities and expectations for the use of stratified measure results. CMS invites general comments on the principles and approaches referenced previously, as well as additional thoughts about disparity measurement or stratification guidelines suitable for overarching consideration across our quality programs.

We're also seeking comment on the transition to digital quality measurement. This RFI contains five parts: background; refined definition of digital quality measures; data standardization activities to leverage and advanced standards for digital data; approaches to achieve FHIR and eCQM reporting; and solicitation of comments.

I will pass it back to Lisa for submitting comments on the proposed rule.

**Lisa Vinson:**

Thank you, Ora.



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At this time, I would like to review the area CMS is requesting comments on specific to the Fiscal Year 2023 IPPS LTCH PPS Proposed Rule, as well as walk you through the process to electronically submit your comments. 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 p.m. Eastern Time on June 17, 2022. CMS will respond to all comments that are within the scope of the proposed rule.

During Ora's discussion of the proposed changes for the PCHQR Program, there are several proposals that CMS is requesting public comment on. These include to begin public display of the 30-Day Unplanned Readmissions for Cancer Patients measure and the four EOL measures; to adopt and codify a patient safety exception into the measure removal policy; and to request information on the potential future adoption of two digital NHSN measures, the NHSN healthcare-associated C. diff infection outcome measure and the NHSN Hospital-onset Bacteremia & Fungemia outcome measure.

Lastly, there are cross-program requests for information on the assessment of the impact of climate change and health equity; overarching principles in measuring health care quality disparities and hospital quality programs; and advancement of digital quality measurement and use of FHIR in hospital quality programs.

As indicated on this slide, there are three ways you can submit comments on the fiscal year 2023 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.

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. It is the top image. The second option is via the regulations.gov site, which is shown as the bottom image, and you would select the Comment button.

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Please remember that the comment period for the proposed rule closes June 17, 2022. 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 our next slide.

Here is where you will enter your comment. You will type your comment in the box in the area that says, "Start typing comment here." This is shown by the red box on this slide.

This section of the comment form requires you to enter information. First, letter A, 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, letter B, 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, letter C, you will enter your email address, which is also an optional field. Of note, your email will not be posted on the regulations.gov site, and you can opt in to receive an email confirmation of your comment submission and tracking number. Lastly, letter D, you will be required to indicate which description best represents you: Are you submitting your comment as an individual, as an organization, or would you like to submit your comment anonymously? Once you've made the appropriate selections, you will be directed to the screen displayed on our next slide.

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 is appropriate and your organization's name. Again, both fields are required in order to advance to the next step in the process, which is outlined on the next slide.

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These last two steps are required. First, letter E, you will need to check the box for the reCAPTCHA by acknowledging “I’m not a robot.” Second, letter F, you will select the Submit Comment button. Please note the disclaimer on this page. It is a reminder to not submit personally identifiable information through the comment form. Any personally identifiable information such as your name, address, and phone number, included in this comment form or in an attachment, may be publicly disclosed in a docket on the Internet. By submitting a comment, you are agreeing to the Terms of Participation and Privacy Notice. If you would like to review these notices, you can do so by selecting the appropriate hyperlinks.

Congratulations! At this point, your comment submission is official, and it will be reviewed by CMS. As displayed on this slide, denoted by the letter G, 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.

**Ora Dawedeit:** Thank you for your time today.