



# **PCHQR Program: Calendar Year 2022 Resources and Tools Update**

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# Webinar Questions

- Please email any questions related to the webinar topic to [WebinarQuestions@hsag.com](mailto:WebinarQuestions@hsag.com). The following information should be included:
  - Subject Line: PCHQR Program: CY 2022 Resources and Tools Update
  - Email body: Your question along with applicable slide number
- For questions unrelated to the webinar topic, use the [QualityNet Question and Answer Tool](#).

# Acronyms and Abbreviations

<b>CAUTI</b>	Catheter-associated Urinary Tract Infection	<b>HQR</b>	Hospital Quality Reporting
<b>CDC</b>	Centers for Disease Control and Prevention	<b>IPPS</b>	Inpatient Prospective Payment System
<b>CDI</b>	<i>Clostridium difficile</i> Infection	<b>LTCH</b>	Long-term Care Hospital
<b>CLABSI</b>	Central Line-Associated Bloodstream Infection	<b>MFT</b>	Managed File Transfer
<b>COVID-19</b>	Coronavirus disease 2019	<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>CSV</b>	Comma Separated Value	<b>NQF</b>	National Quality Forum
<b>CY</b>	calendar year	<b>OCM</b>	Oncology Care Measure
<b>DACA</b>	Data Accuracy and Completeness Acknowledgement	<b>PCH</b>	PPS-Exempt Cancer Hospital
<b>EOL</b>	End-Of-Life	<b>PCHQR</b>	PPS-Exempt Cancer Hospital Quality Reporting
<b>FSR</b>	Facility-Specific Report	<b>PDC</b>	Provider Data Catalog
<b>FY</b>	fiscal year	<b>PPS</b>	prospective payment system
<b>HAI</b>	Healthcare-associated infection	<b>Q</b>	quarter
<b>HCAHPS</b>	Hospital Consumer Assessment of Healthcare Providers and Systems	<b>SSI</b>	Surgical Site Infection
<b>HCP</b>	healthcare personnel	<b>VIQR</b>	Value, Incentives, and Quality Reporting

# Purpose

This presentation will provide a review of the updated resources and tools for calendar year (CY) 2022 for PCHQR Program participants.

# Objectives

Participants will be able to locate updated resources and tools on the [QualityNet](#) and [Quality Reporting Center](#) websites and recall key program dates and reminders.

PCHQR Program: Calendar Year 2022 Resources and Tools Update

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## **PCHQR Program Resources**

# Where Can I Find PCHQR Program Resources?

## QualityNet

- [PCHQR Program Overview page](#)
- [PCHQR Program Data Collection page](#)
- [PCHQR Program Resources page](#)

## Quality Reporting Center

- [Resources and Tools page](#)

# QualityNet Home Page

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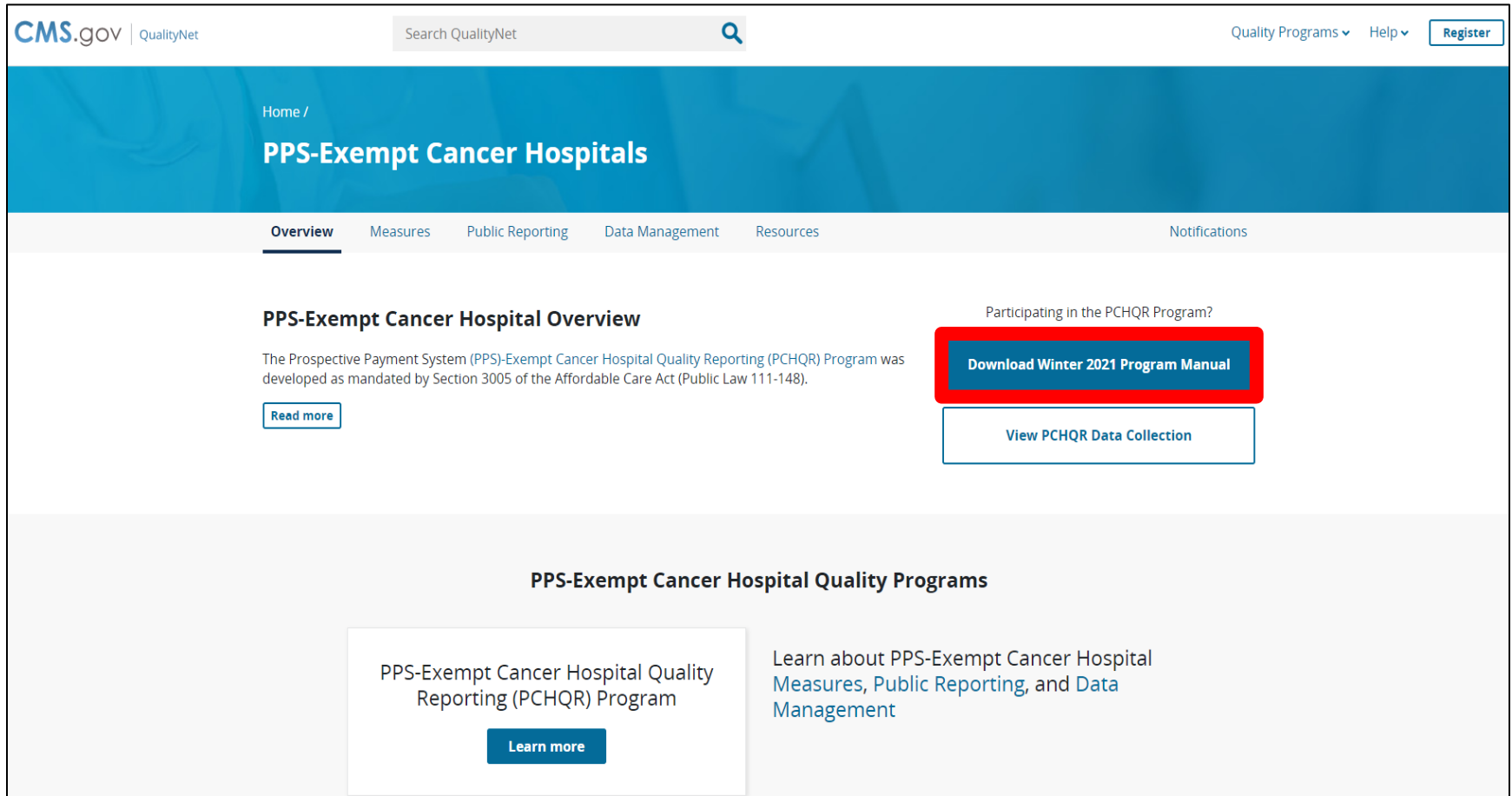
- November 19, 2021  
CMS Releases HVBP FY 2022 Percentage Payment Summary Reports
- October 19, 2021  
CMS Releases January 2022 Public Reporting Hospital Data for Preview

I am looking for quality information associated with...

-  Hospitals - Inpatient
-  Hospitals - Outpatient
-  Ambulatory Surgical Centers
-  PPS-Exempt Cancer Hospitals
-  ESRD Facilities
-  Inpatient Psychiatric Facilities



# QualityNet PCHQR Program Landing Page



The screenshot shows the QualityNet PCHQR Program Landing Page. At the top left is the CMS.gov logo and 'QualityNet' text. A search bar labeled 'Search QualityNet' is in the top center. On the top right are 'Quality Programs' and 'Help' dropdown menus, and a 'Register' button. Below the header is a blue banner with 'Home /' and 'PPS-Exempt Cancer Hospitals' in white text. A navigation bar below the banner contains 'Overview' (underlined), 'Measures', 'Public Reporting', 'Data Management', 'Resources', and 'Notifications'. The main content area features a section titled 'PPS-Exempt Cancer Hospital Overview' with a sub-header 'Participating in the PCHQR Program?'. This section includes a paragraph about the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program, a 'Read more' button, a 'Download Winter 2021 Program Manual' button (highlighted with a red border), and a 'View PCHQR Data Collection' button. Below this is a section titled 'PPS-Exempt Cancer Hospital Quality Programs' with a card for 'PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program' containing a 'Learn more' button and a link to 'Learn about PPS-Exempt Cancer Hospital Measures, Public Reporting, and Data Management'.

# PCHQR Program Manual

- **Section 1** added summary of finalized proposals in the Fiscal Year (FY) 2022 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule.
- **Section 2** added COVID-19 Vaccination Coverage Among Health Care Personnel (PCH-38) measure information.
- **Section 8** updated the PCHQR Performance Report section.
- **Section 9** updated the Public Display Timeline.
- **Appendix A** updated the PCHQR Program Measure Submission Deadlines by Due Date table.
- **Appendix B** updated the Relationship Matrix.

# Navigating to the QualityNet PCHQR Program Data Collection Page

Home / PPS-Exempt Cancer Hospitals /

## PPS-Exempt Cancer Hospital Data Management

Overview Measures Public Reporting **Data Management** Resources Notifications

### PPS-Exempt Cancer Hospital Data Management

Learn more about data collection, data submission, and data validation.

#### Data Collection

##### PPS-Exempt Cancer Hospital Data Collection

The PCHQR program is comprised of multiple types of measures that are collected using a variety of tested data collection instruments.

[Learn more](#)

#### Data Submission

##### PPS-Exempt Cancer Hospital Data Submission

PPS-Exempt Cancer Hospitals (PCHs) participating in the PCHQR Program must submit required data via each measure's acceptable methods of transmission.

[Learn more](#)

# Data Collection Overview Page

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## Data Collection

### Overview

#### Data Collection Overview

The PCHQR program is comprised of multiple types of measures that are collected by participating PPS-Exempt Cancer Hospitals using a variety of tested data collection instruments. These measures have different sampling requirements, reporting methods, and data submission deadlines.

File Name	File Type	File Size	
Data Submission Deadlines (12/2021)	PDF	257 KB	<a href="#">Download</a>

A facility can request an extension or waiver of various Quality Reporting Program requirements due to extraordinary circumstances beyond the control of the facility. To request an extension or waiver, complete and submit the Extraordinary Circumstances Exception form within 30 days of the disaster or extraordinary circumstance.

File Name	File Type	File Size	
Extraordinary Circumstances Exception form	PDF	306 KB	<a href="#">Download</a>

A facility may submit a Measure Exception Request Form due to no/low procedure volumes.

File Name	File Type	File Size	
Measure Exception Request Form	PDF	93 KB	<a href="#">Download</a>

# Table 1: Safety and Healthcare-Associated Infection (HAI) Measures

NQF #	PCH #	Measure Name	Specifications Manual & Measure Information Forms	Data Collection Tool	Acceptable Method of Transmission
0139	PCH-4	NHSN Central line-associated bloodstream infection (CLABSI) outcome	CLABSI NHSN Resources	CLABSI data collection tool	National Healthcare Safety Network (NHSN)
0138	PCH-5	NHSN Catheter-associated urinary tract infection (CAUTI) outcome	CAUTI NHSN Resources	CAUTI data collection tool	National Healthcare Safety Network (NHSN)
0753	PCH-6 and PCH-7	Harmonized procedure specific surgical site infection (SSI) outcome	SSI NHSN Resources	SSI data collection tool	National Healthcare Safety Network (NHSN)
1717	PCH-26	CDC NHSN Facility-wide Inpatient Hospital-onset <i>Clostridium difficile</i> Infection (CDI) Outcome	CDI Resources	CDI data collection tool	National Healthcare Safety Network (NHSN)
1716	PCH-27	CDC NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) Bacteremia Outcome	MRSA NHSN Resources	MRSA data collection tool	National Healthcare Safety Network (NHSN)
0431	PCH-28	CDC NHSN Influenza Vaccination Coverage Among Healthcare Personnel (HCP)	HCP NHSN Resources	HCP data collection tool	National Healthcare Safety Network (NHSN)
N/A	PCH-38	CDC NHSN COVID-19 Vaccination Coverage Among HCP	HCP NHSN Resources	HCP COVID-19 data collection tool	National Healthcare Safety Network (NHSN)

# Table 2: Clinical Process/ Oncology Care Measures (OCM)

NQF #	PCH #	Measure Name	Specifications Manual & Measure Information Forms	Data Collection Tool	Acceptable Method of Transmission
0383	PCH-15	Oncology: Plan of care for moderate to severe pain  (*Note: There are no changes for PCH-15 Calendar Year 2021 data collection)	<ul style="list-style-type: none"> <li>2021 Plan of care for moderate to severe pain measure information form*</li> <li>2021 Plan of care for moderate to severe pain algorithm (clean version)*</li> <li>2021 Plan of care for moderate to severe pain (population and sampling version)*</li> </ul>	<ul style="list-style-type: none"> <li>2021 Plan of care for moderate to severe pain paper abstraction tool*</li> </ul>	Web-based data entry via Hospital Quality Reporting (HQR) Simple Data Entry Tool
0210	PCH-32	Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life	Measure information form under development	None (This is a claims-based measure.)	This data will be submitted by CMS contractor on behalf of the PCH.
0215	PCH-34	Proportion of Patients Who Died from Cancer Not Admitted to Hospice	Measure information form under development	None (This is a claims-based measure.)	This data will be submitted by CMS contractor on behalf of the PCH.

# Table 5: Claims-Based Outcome Measures

NQF #	PCH #	Measure Name	Specifications Manual & Measure Information Forms	Data Collection Tool	Acceptable Method of Transmission
N/A	PCH-30 and PCH-31	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	<a href="#">FY 2022 Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy measure information</a>	None. (This is a claims-based measure.)	This data will be submitted by CMS contractor on behalf of the PCH.
3188	PCH-36	30-day Unplanned Readmissions for Cancer Patients	<a href="#">FY 2022 30-day Unplanned Readmissions for Cancer Patients measure information</a>	None. (This is a claims-based measure.)	This data will be submitted by CMS contractor on behalf of the PCH.
N/A	PCH-37	Surgical Treatment Complications for Localized Prostate Cancer	Measure information form under development	None. (This is a claims-based measure.)	This data will be submitted by CMS contractor on behalf of the PCH.

# QualityNet PCHQR Program Data Submission Page

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## PPS-Exempt Cancer Hospital Data Management

Overview Measures Public Reporting **Data Management** Resources Notifications

PPS-Exempt Cancer Hospital Data Management

Learn more about data collection, data submission, and data validation.

### Data Collection

#### PPS-Exempt Cancer Hospital Data Collection

The PCHQR program is comprised of multiple types of measures that are collected using a variety of tested data collection instruments.

[Learn more](#)

### Data Submission

#### PPS-Exempt Cancer Hospital Data Submission

PPS-Exempt Cancer Hospitals (PCHs) participating in the PCHQR Program must submit required data via each measure's acceptable methods of transmission.

[Learn more](#)



# Data Submission Overview Page

PPS-Exempt Cancer Hospitals (PCHs) participating in the PCHQR Program must submit required data via each measure's acceptable methods of transmission no later than 11:59 p.m. Pacific Time on the submission deadline date as established by the Centers for Medicare & Medicaid Services (CMS). Only data submitted according to the established submission methods and deadlines set by CMS qualify for inclusion in the PCHQR Program.

File Name	File Type	File Size	
Data Submission Deadlines (12/2021)	PDF	257 KB	<a href="#">Download</a>

The PCHQR Program Submission Deadlines by Due Date document serves as a useful reference and provides specific data submission deadlines for the required PCHQR Program measures by data collection period due date. Reference periods are as follows:

- **Event Date**
  - Healthcare-Associated Infections (HAIs), including:
    - Central Line-Associated Blood Stream Infection (CLABSI)
    - Catheter-Associated Urinary Tract Infection (CAUTI)
    - Surgical Site Infection (SSI)
    - Methicillin-resistant *Staphylococcus aureus* (MRSA)
    - *Clostridium difficile* (*C. diff.*)
- **Patient Treatment or Visit Date**
  - Clinical Process/Oncology Care Measure (OCM)
- **Annual Flu Season** - as defined by the Centers for Disease Control and Prevention (CDC)
  - Influenza Vaccination Coverage Among Healthcare Personnel Vaccination (HCP)
- **COVID-19 Vaccination Coverage** - as defined by the CDC
  - COVID-19 Vaccination Coverage Among HCP
- All other measures denote discharge dates.

For complete measure titles and National Quality Forum designations, refer to the [PPS-Exempt Cancer Hospitals Measures](#) page on QualityNet.

# QualityNet PCHQR Program Overview Page

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

**Overview**   PCHQR Measures   Participation   Resources   Webinars

### About the PCQHR Program

The Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program was developed as mandated by Section 3005 of the Affordable Care Act (Public Law 111-148).

The PCHQR program is intended to equip consumers with quality-of-care information to make more informed decisions about healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care that is provided to Medicare beneficiaries. A major part of the program supports improvement by ensuring that providers are aware of and reporting on best practices for their respective facilities and type of care.

To meet the PCHQR Program requirements, PPS-Exempt Cancer Hospitals (PCHs) are required to submit specific quality measures related to the PCHQR Program to the Centers for Medicare & Medicaid Services (CMS). Mandated reporting began with the Fiscal Year (FY) 2014 payment determination year. Participating facilities must comply with the program requirements set forth in the [FY 2013 IPPS/LTCH Final Rule](#), including public reporting of the measure rates on the Provider Data Catalog (PDC).

### Key Documents

[Download Winter 2021 Program Manual](#)

### Participation

[Download Submission Deadlines](#)

CMS has designated 11 hospitals as PPS-Exempt (Medicare PPS-Excluded Cancer Hospitals). [Learn more about PCHQR Program eligibility.](#)

### Resources

[View Resources](#)   [View Webinars](#)

### Support Contact

**(844) 472-4477 or (866) 800-8765**  
Weekdays from 8 a.m. to 8 p.m. Eastern Time (5 a.m. to 5 p.m. Pacific Time)

# QualityNet Resources Page

## Resources Page

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### Resources

Overview PCHQR Measures Participation **Resources** Webinars

#### Program Resources

[Web Resources](#)

[Forms](#)

[Final Rules](#)

#### PCHQR Program Resources

File Name	File Type	File Size	
2021 PPS-Exempt Cancer Hospitals Quality Reporting (PCHQR) Program Manual (12/2021)	PDF	3 MB	<a href="#">Download</a>
PCHQR Program Data Submission Deadlines (12/2021)	PDF	257 KB	<a href="#">Download</a>
PCHQR Program Measure Crosswalk (12/2021)	PDF	114 KB	<a href="#">Download</a>
PCHQR Measure to Public Reporting Period Relationship Matrix (12/2021)	PDF	192 KB	<a href="#">Download</a>

# PCHQR Program Measure Submission Deadlines by Due Date

Due Date	CLABSI/CAUTI/SSI/MRSA/CDI*	Flu HCP Vac*	COVID-19 HCP Vac*	HCAHPS	OCM†‡ (PCH-15 only)	DACA
11/15/2021	Q2 2021** (4/1–6/30)	N/A	N/A	N/A	N/A	N/A
01/05/2022	N/A	N/A	N/A	Q3 2021** (7/1–9/30)	N/A	N/A
02/15/2022	Q3 2021** (7/1–9/30)	N/A	N/A	N/A	N/A	N/A
04/06/2022	N/A	N/A	N/A	Q4 2021 (10/1–12/31)	N/A	N/A
05/16/2022	Q4 2021 (10/1–12/31)	Q4 2021–Q1 2022 (10/1/21–3/31/22)	Q4 2021 (10/1–12/31)	N/A	N/A	N/A
07/06/2022 <sup>β</sup>	N/A	N/A	N/A	Q1 2022 (1/1–3/31)	N/A	N/A
08/15/2022	Q1 2022 (1/1–3/31)	N/A	Q1 2022 (1/1–3/31)	N/A	CY 2021** (1/1–12/31)	N/A
08/31/2022	N/A	N/A	N/A	N/A	N/A	For FY 2023
10/05/2022 <sup>β</sup>	N/A	N/A	N/A	Q2 2022 (4/1–6/30)	N/A	N/A
11/15/2022	Q2 2022 (4/1–6/30)	N/A	Q2 2022 (4/1–6/30)	N/A	N/A	N/A

\* Data are submitted to the Centers for Disease Control and Prevention (CDC) via the National Healthcare Safety Network (NHSN).

\*\*These due dates include a reporting exception granted under FEMA due to Hurricane Ida. Please refer to this site for more information:

<https://qualitynet.cms.gov/files/6143bc0fe615c5002265f7f3?filename=2021-110-IP.pdf>

<sup>β</sup> Date is approximate based on historical submission dates; these dates are subject to change based on publication of official deadline dates provided by the HCAHPS Team at <https://www.hcahpsonline.org/en/technical-specifications/>.

† Submitted to CMS via the Hospital Quality Reporting System at <https://hqr.cms.gov/hqrmg/login>

‡ Annual submission, stratified by quarter

# PCHQR Program Measure Crosswalk for FY 2016 to FY 2024

NQF #	PCH #	Measures Grouped by Measure Topic	Chart-Abstracted	Claims-Based	Program Year									
					FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	
#0753	PCH-6* PCH-7*	ACS–CDC Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	✓		✓§	✓	✓	✓	✓	✓	✓	✓	✓	✓
#1717	PCH-26	NHSN Facility-wide Inpatient Hospital-onset <i>Clostridium difficile</i> Infection (CDI) Outcome Measure	✓		N/A	N/A	✓	✓	✓	✓	✓	✓	✓	✓
#1716	PCH-27	NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) Bacteremia Outcome Measure	✓		N/A	N/A	✓	✓	✓	✓	✓	✓	✓	✓
#0431	PCH-28	NHSN Influenza Vaccination Coverage Among Healthcare Personnel (HCP)	✓		N/A	N/A	✓	✓	✓	✓	✓	✓	✓	✓
N/A	PCH-38	COVID-19 Vaccination Coverage Among HCP	✓		N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓	✓

# PCHQR Program Relationship Matrix of Program Measures by Years and Quarters

Safety and Healthcare-Associated Infection (HAI)	Program (Fiscal) Years	Reporting Periods–Calendar Year Quarters	Quarterly Data Submission Deadlines	PDC Release January 2021	PDC Release April 2021	PDC Release July 2021	PDC Release October 2021	PDC Release January 2022	PDC Release April 2022	PDC Release July 2022	PDC Release October 2022	
Central Line-Associated Bloodstream Infection (CLABSI) NQF #0139 (PCH-4)  Catheter-Associated Urinary Tract Infection (CAUTI) NQF #0138 (PCH-5)	2020	1Q 2019	PRIOR									
		2Q 2019	PRIOR									
		3Q 2019	PRIOR									
		4Q 2019*	PRIOR									
	2021	1Q 2020*	PRIOR									
		2Q 2020*	PRIOR									
		3Q 2020	PRIOR									
		4Q 2020	PRIOR									
	2022	1Q 2021	PRIOR									
		2Q 2021	PRIOR									
		3Q 2021	02/15/2022									1Q 2021–4Q 2021
		4Q 2021	05/16/2022									
	2023	1Q 2022	08/15/2022									
		2Q 2022	11/15/2022									
		3Q 2022	02/15/2023									
		4Q 2022	05/15/2023									
2024	1Q 2023	08/15/2023										
	2Q 2023	11/15/2023										
	3Q 2023	02/15/2024										
	4Q 2023	05/15/2024										

\*These performance periods were impacted by the ECE granted by CMS in relation to the COVID-19 Public Health Emergency on [March 22, 2020](#); [March 27, 2020](#); and further specified by CMS on [May 12, 2020](#). Please refer to this link for more information: [https://www.qualityreportingcenter.com/globalassets/2020/12/pch/hospital-compare\\_care-compare-refresh-and-overall-hospital-quality-star-rating-2021-updates.pdf](https://www.qualityreportingcenter.com/globalassets/2020/12/pch/hospital-compare_care-compare-refresh-and-overall-hospital-quality-star-rating-2021-updates.pdf)

**Note:** Gray box indicates activity complete  
Q=Quarter

# Quality Reporting Center

## Quality Reporting Center

The screenshot shows the top navigation bar of the Quality Reporting Center website. The navigation bar is blue and contains the following elements from left to right: the Quality Reporting Center logo (a stylized 'QR' with 'CENTER' written vertically), the text 'QUALITY REPORTING CENTER', a search box with the text 'Search' and a magnifying glass icon, and four menu items: 'Events Calendar', 'Inpatient', 'Outpatient', and 'ASC'. The 'Inpatient' menu item is highlighted with a red rectangular border. Below the navigation bar is a banner image featuring five diverse healthcare professionals (three men and two women) smiling. Below the banner is a white text box with the following text: 'Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting.'

# Inpatient Quality Reporting Programs

[Home](#) / Inpatient

## Inpatient Quality Reporting Programs

Newsletters	▼
Hospital Inpatient Quality Reporting (IQR) Program	▼
PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program	▼
Inpatient Psychiatric Facilities Quality Reporting Program	▼
eCQM Archived	▼
Hospital Value-Based Purchasing (VBP) Program	▼

## Inpatient Quality Reporting Programs

Welcome to the Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Center.

### Hospital Inpatient VIQR Outreach and Education Overview

- [CMS Hospital Inpatient VIQR Programs Overview](#) 

Here you will find resources to assist acute care hospitals and critical access hospitals, inpatient psychiatric facilities, and PPS-exempt cancer hospitals. You may use the following links to access various programs and their resources, tools, and educational events.

- [Hospital Inpatient Quality Reporting \(IQR\) Program](#)
- [Inpatient Psychiatric Facility Quality Reporting \(IPEOR\) Program](#)
- [PPS-Exempt Cancer Hospital Quality Reporting \(PCHQR\) Program](#)
- [Hospital Value-Based Purchasing \(VBP\) Program Archived Events](#)
- [eCQM Archived Events](#)



# PCHQR Program Selections

Inpatient Quality Reporting Programs	
Newsletters	▼
Hospital Inpatient Quality Reporting (IQR) Program	▼
<b>PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program</b>	▲
Upcoming Events	
PCHQR Archived Events	
Resources and Tools	
PPS-Exempt Cancer Hospital Notifications	
<b>Final Rules for Hospital Inpatient Prospective Payment Systems</b>	
Inpatient Psychiatric Facilities Quality Reporting Program	▼
eCQM Archived	▼
Hospital Value-Based Purchasing (VBP) Program	▼
Provider Contact Lookup Form	

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

### Overview

The Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program was developed as mandated by Section 3005 of the Affordable Care Act (Public Law 111-148).

The PCHQR program is intended to equip consumers with quality-of-care information to make more informed decisions about healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care provided to Medicare beneficiaries by ensuring that providers are aware of and reporting on best practices for their respective facilities and type of care.

To meet the PCHQR Program requirements, PPS-Exempt Cancer Hospitals (PCHs) are required to submit all quality measures to the Centers for Medicare & Medicaid Services (CMS), beginning with the Fiscal Year (FY) 2014 payment determination year. Participating facilities must comply with the program requirements set forth, including public reporting of the measure rates.

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

Eligible hospitals are described in section 1886(d)(1)(B)(v) and referred to as a Prospective Payment System (PPS)-Exempt Cancer Hospitals, or PCHs. These hospitals are excluded from payment under the Inpatient Prospective Payment System. The Centers for Medicare & Medicaid Services (CMS) has designated 11 hospitals as [PPS-Exempt Cancer Hospitals](#), or Medicare PPS-Excluded Cancer Hospitals.

### Final Rules for Hospital Inpatient Prospective Payment Systems

Information regarding the PCHQR Program can be found in the following Inpatient Prospective Payment System (IPPS) and Long Term Care Hospitals Prospective Payment System (LTCH) Final Rule (FR) publications. ([Previous Year Rules](#))

- [FY 2022 IPPS/LTCH PPS Final Rule](#) (86 FR 45426 through 45437) CMS hereby finalized removal of the Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology measure beginning with FY 2024 program year. Adopted the COVID-19 Vaccination Among Healthcare Personnel measure beginning with the FY 2023 program year and subsequent years. Adoption of the COVID-19 Vaccination Among Healthcare Personnel measure beginning with the FY 2023 program year and subsequent years. Finalized updating terminology for the PCHQR Program by replacing "QualityNet Administrator" with "QualityNet Security Official". Finalized codification of existing PCHQR Program policies at 42 CFR 412.23 (f)(3) and CFR 412.24.

# Final Rule Publications

## Final Rules for Hospital Inpatient Prospective Payment Systems

Information regarding the PCHQR Program can be found in the following Inpatient Prospective Payment System and Long Term Care Hospitals Prospective Payment System (IPPS/LTCH) Final Rule (FR) publications.

[FY 2017 IPPS/LTCH Final Rule](#) ^

[FY 2017 IPPS/LTCH Final Rule](#) (81 FR pages 57182 through 57193) CMS hereby finalized one new Claims-Based Outcome Measure, "Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy." Additionally, an existing OCM, "Oncology Radiation Dose Limits to Normal Tissues" (National Quality Forum, [NQF] #0382), was updated to expand the patient cohort to include patients receiving 3D conformal radiation for breast and rectal cancer. This applies to patients being treated in calendar year 2017 and applies to the FY 2019 Program and subsequent years.

[FY 2016 IPPS/LTCH Final Rule](#) v

[FY 2015 IPPS/LTCH PPS Final Rule](#) v

[FY 2014 IPPS/LTCH PPS Final Rule](#) v

[FY 2013 IPPS/LTCH Final Rule](#) v

# Provider Contact Lookup Form

Inpatient Quality Reporting Programs	
Newsletters	▼
Hospital Inpatient Quality Reporting (IQR) Program	▼
PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program	▼
Inpatient Psychiatric Facilities Quality Reporting Program	▼
eCQM Archived	▼
Hospital Value-Based Purchasing (VBP) Program	▼
<b>▶ Provider Contact Lookup Form</b>	

## Provider Contact Lookup Form

Enter your hospital's six-digit CMS Certification Number (CCN) into the form to verify the current information we have on file.

- [CCN Contact Lookup \(enable macros\) Updated: 12/29/21](#)




# Provider Contact Lookup Form

(continued)

PROTECTED VIEW Be careful—files from the Internet can contain viruses. Unless you need to edit, it's safer to stay in Protected View. Enable Editing **#1**

B16

B C D E

1 **Provider Contact Look Up** 

2 \*Data is current as of 12/29/2021

3 123456 **#2** Search **#3** Clear Form Print Contact Correction Form

4

5 Hospital Name	Contact Type	Contact Name	Contact Title
6 PCH Facility Name	PCHQR Program	Lisa Vinson	Program Lead <b>#4</b>

# Quality Reporting Center Resources and Tools Page

Inpatient Quality Reporting Programs	
Newsletters	▼
Hospital Inpatient Quality Reporting (IQR) Program	▼
PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program	▲
Upcoming Events	
PCHQR Archived Events	
<b>► Resources and Tools</b>	
PPS-Exempt Cancer Hospital Notifications	
Final Rules for Hospital Inpatient Prospective Payment Systems	

## Resources and Tools

PCHQR Program Tools and Resources

### Hospital Contact Change Form

- [Hospital Contact Change Form](#) 

Preview Documents for January 2022 ▼

[PCHQR Program Manual](#) ▲

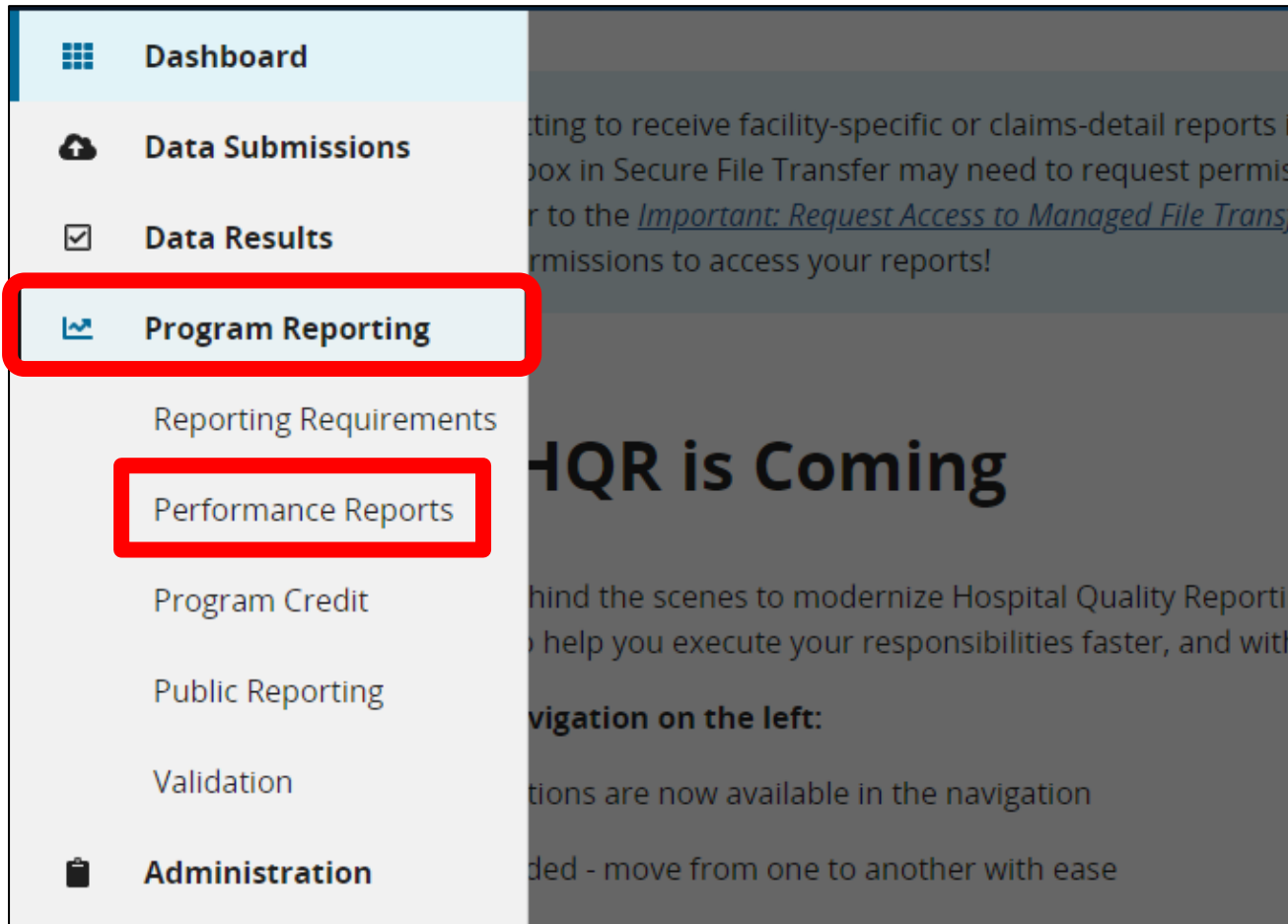
- [Winter 2021 PCHQR Program Manual](#)  (12/2021)

### PCHQR Program Resources

- [PCHQR Measure Crosswalk \(12/2021\)](#) 
- [PCHQR Relationship Matrix \(12/2021\)](#) 
- [PCHQR Submission Deadlines \(12/2021\)](#) 

Additional Resources ▲

# Accessing the PCH Facility Report



# Select Program

## Performance Reports

This is where you can check your Quality Measure and other calculated metrics. Facility, State, and National level calculations are available for the IQR, OQR, ASCQR, IPFQR, and PCHQR Programs; Baseline Measure and Percentage Payment Summary calculations are available for the HVBP Program. Access is dependent upon permissions.

**Program**  
Select Program  
Select Program  
HVBP  
IQR  
PCHQR

**Period**  
Select Quarter

Export CSV

# Select Report

## Performance Reports

This is where you can check your Quality Measure and other calculated metrics. Facility, State, and National level calculations are available for the IQR, OQR, ASCQR, IPFQR, and PCHQR Programs; Baseline Measure and Percentage Payment Summary calculations are available for the HVBP Program. Access is dependent upon permissions.

Program

PCHQR

Report

Select Report

Select Report

PCH Facility

Fiscal Year

Select Year

Export CSV



# Select Fiscal Year

## Performance Reports

This is where you can check your Quality Measure and other calculated metrics. Facility, State, and National level calculations are available for the IQR, OQR, ASCQR, IPFQR, and PCHQR Programs; Baseline Measure and Percentage Payment Summary calculations are available for the HVBP Program. Access is dependent upon permissions.

Program

PCHQR

Report

PCH Facility

Fiscal Year

Select Year

Select Year

2022

2023

Export CSV

# Export Comma Separated Value (CSV) File

## Performance Reports

This is where you can check your Quality Measure and other calculated metrics. Facility, State, and National level calculations are available for the IQR, OQR, ASCQR, IPFQR, and PCHQR Programs; Baseline Measure and Percentage Payment Summary calculations are available for the HVBP Program. Access is dependent upon permissions.

Program

PCHQR

Report

PCH Facility

Fiscal Year

2022

Export CSV

PCHQR Program: Calendar Year 2022 Resources and Tools Update

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## **Upcoming Key Dates and Reminders**

# Upcoming Data Submission Deadlines

- February 15, 2022
  - Q3 2021 Healthcare-Associated Infection (HAI) measure data
- April 6, 2022
  - Q4 2021 Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data
- May 16, 2022
  - Q4 2021 HAI measure data
  - Q4 2021–Q1 2022 Influenza Vaccination Coverage Among Healthcare Personnel (HCP) measure data
  - Q4 2021 COVID-19 Vaccination Coverage Among HCP measure data

# Public Reporting

The January 2022 release of the Provider Data Catalog (PDC) occurred on Wednesday, January 26, 2022, and the following measures were updated:

- Q3 2020–Q1 2021 HCAHPS Survey data
- Q4 2019 and Q3 2020–Q1 2021 HAI measure data
  - SSI-colon and abdominal hysterectomy, CDI and MRSA
- Q3–Q4 2020 PCH-15 measure data (Q1 and Q2 2020 data are excepted from Public Reporting under the COVID-19 blanket waiver.)

SSI=Surgical Site Infection

CDI=*Clostridium difficile* Infection

MRSA=Methicillin-resistant *Staphylococcus aureus*

# PCHQR Program Measures New to Public Reporting

## October 2022 PDC Release

- CAUTI and CLABSI measure data
  - 1Q 2021–4Q 2021  
(January 1–December 31, 2021)
- COVID-19 HCP Vaccination measure data
  - 4Q 2021 (October 1–December 31, 2021)

CAUTI= Catheter-associated Urinary Tract Infection

CLABSI=Central Line-Associated Bloodstream Infection

# End-of-Life (EOL) Confidential Reports

- **Coming Soon:** FY 2022 Confidential Report Distribution via Hospital Quality Reporting (HQR) Report functionality
- QualityNet pages - Resources
  - Data Collection Page
  - Claims-Based Measures Page
- Outreach and Educational event
  - [PCHQR Program: Overview of the End-of-Life Measures](#) (November 10, 2021)
- Public Reporting: specified in a future final rule

# Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy (PCH-30 and PCH-31)

- FY 2023 Facility-Specific Reports (FSRs) will be distributed via Managed File Transfer (MFT) in late April or early May 2022.
- FY 2023 measure results will be publicly reported on the PDC in July 2022.
  - Data collection period: July 1, 2020–June 30, 2021

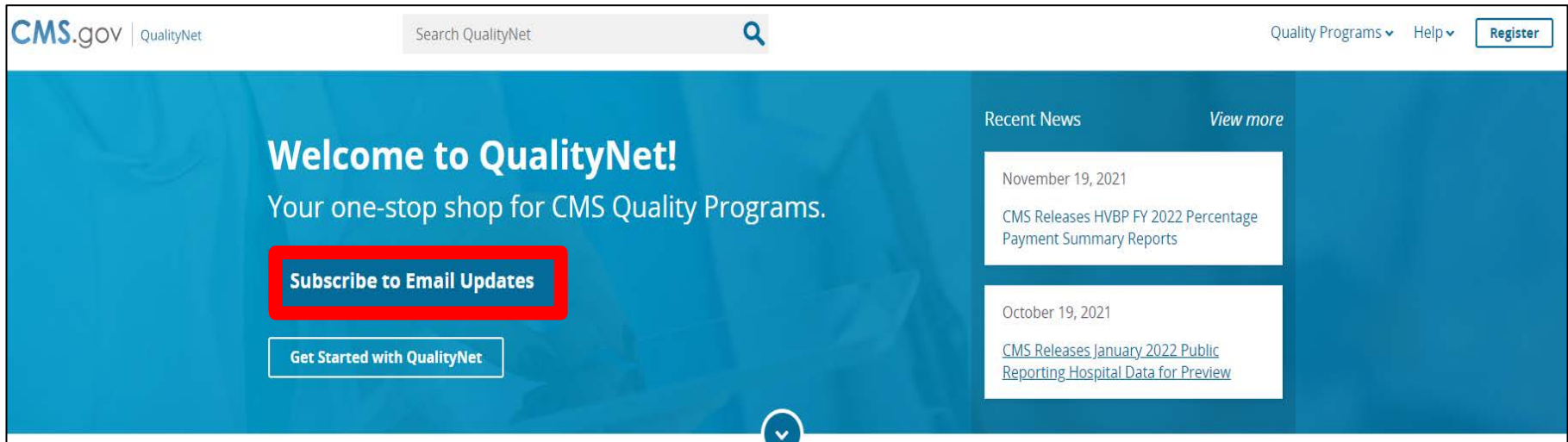


# 30-Day Unplanned Readmissions for Cancer Patients (PCH-36)

- FY 2023 FSRs will be distributed via MFT in late July 2022.
  - Data collection period:  
October 1, 2020–September 30, 2021
- Public Reporting will be specified in a future final rule publication.

# Subscribe to Program Notifications

## [QualityNet Home Page](#)



The screenshot shows the QualityNet Home Page. At the top left is the CMS.gov logo and 'QualityNet'. A search bar contains 'Search QualityNet'. On the top right are links for 'Quality Programs', 'Help', and a 'Register' button. The main content area has a blue background with the text 'Welcome to QualityNet! Your one-stop shop for CMS Quality Programs.' Below this is a red-bordered button labeled 'Subscribe to Email Updates' and a white-bordered button labeled 'Get Started with QualityNet'. To the right, under 'Recent News', there are two news items: one dated November 19, 2021, and another dated October 19, 2021. A 'View more' link is also present.

CMS.gov | QualityNet

Search QualityNet

Quality Programs ▾ Help ▾ Register

## Welcome to QualityNet!

Your one-stop shop for CMS Quality Programs.

**Subscribe to Email Updates**

Get Started with QualityNet

Recent News [View more](#)

November 19, 2021  
CMS Releases HVBP FY 2022 Percentage Payment Summary Reports

October 19, 2021  
[CMS Releases January 2022 Public Reporting Hospital Data for Preview](#)


# Accessing the QualityNet Questions and Answers Tool

The screenshot displays the CMS.gov QualityNet website interface. At the top left is the CMS.gov logo and 'QualityNet' text. A search bar contains 'Search QualityNet' and a magnifying glass icon. On the right, 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 navigation bar is a large white menu area with a 'Close' button in the top right corner. The menu is organized into three columns:

- 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


CMS.gov | QualityNet


Quality Q&A Tool   Ask a Question   Browse Program Articles      How to Use this Tool

## Quality Question and Answer Tool

Your one-stop shop for CMS Quality Answers

Search for the answer to your question 

 **Browse**  
View existing articles

 **Ask a Question**  
Submit a Question to CMS

For the best experience, please use one of the following browsers: Chrome, Firefox, Safari, Microsoft Edge. Mobile devices are not currently supported.

Site Feedback

# Submit a Question

### QualityNet Question and Answer Site

Submit a Question to Our Support Team. \* Indicates 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**

<b>First Name *</b> <input type="text" value="enter first name (limit 75 chars)"/>	<b>Last Name *</b> <input type="text" value="enter last name (limit 75 chars)"/>	
<b>Email Address *</b> <input type="text" value="enter email address; format joe@domain.com"/>	<b>Confirm Email Address *</b> <input type="text" value="enter email address again to confirm"/>	<b>Phone Number</b> <input type="text" value="format xxx-xxx-xxxx (ext.)"/>

**What is your question?**

**Program \***

**Topic \***

**Subject \***

**Question (4000 Characters Max) \***

I'm not a robot

SUBMIT QUESTION

PCHQR Program: Calendar Year 2022 Resources and Tools Update

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## **Closing Remarks**

# Disclaimer

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