



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

PCHQR Program: Calendar Year 2022 Resources and Tools Update
Presentation Transcript

Speaker

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Lisa Vinson: Good afternoon and thank you for tuning in to today's PPS-Exempt Cancer Hospital Quality Reporting, or PCHQR, Program's On Demand educational event entitled *Calendar Year 2022 Resources and Tools Update*. My name is Lisa Vinson, and I am the Program Lead for the PCHQR Program with the Inpatient Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor. I will be the speaker for today's event. Today's presentation will focus on a review of the updated PCHQR Program Manual and a few familiar program resources and tools which have been updated to assist you with data collection and submission requirements. We will also navigate both QualityNet and Quality Reporting Center websites to locate these resources and tools along with upcoming key program dates and reminders. Lastly, I would like to emphasize that today's event is specific to the participants in the PPS-Exempt Cancer Hospital Quality Reporting Program only. Others interested in the topics covered during today's webinar are certainly welcome to tune in. However, the information presented today only pertains to those participating in the PCHQR Program. If you are not a participant in the PCHQR Program and have similar measures or requirements in your CMS Quality Reporting Program, please refer to the materials supplied by that program's support contractor.

If you have questions while viewing today's presentation, please send an email to webinarquestions@hsag.com and be sure to include in the subject line the full title of today's event which is PCHQR Program: Calendar Year 2022 Resources and Tools Update. In the body of the email, add your question along with the slide number, if applicable. If you have questions unrelated to the webinar topic, please submit them using the [QualityNet Question and Answer Tool](#). If you are unfamiliar with this tool, I will discuss the steps to successfully submit an inquiry later in this presentation.

Here is our customary acronyms and abbreviations slide. Acronyms and abbreviations you may hear and see today include CAUTI, for Catheter-associated Urinary Tract Infection; CLABSI, for Central Line-associated Bloodstream Infection; CSV, for Comma-Separated Value; CY, for calendar year; EOL, for End-Of-Life; FSR, for Facility-Specific Report;

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MFT, for Managed File Transfer; NHSN, for National Healthcare Safety Network; and PDC, for Provider Data Catalog.

The purpose of today's event is to provide a review of the updated resources and tools for calendar year 2022 for PCHQR Program participants.

At the end of this event, we hope that participants can locate updated resources and tools on both QualityNet and Quality Reporting Center websites, which we will be highlighting today, and also be able to recall key program dates and reminders.

At least twice a year, most PCHQR Program resources and tools available to program participants undergo updates to reflect the most up-to-date program information. On the next series of slides, we will see where these resources are located and what has been updated.

For your convenience, I have included the QualityNet PCHQR Program page links, which will take you directly to the tools we will discuss today. The QualityNet PCHQR Program Overview page provides statutory and background related information. There are also quick links to download the 2021 PCHQR Program Manual and measure submission deadline due dates table. There are also links that will direct you to the Resources and Webinar pages. The remaining page links, we will discuss during this portion of the event. There is also a link that will direct you to the Resources and Tools page on the Quality Reporting Center website. So, now, let's get started today with the QualityNet website.

On this slide, you have a view of the QualityNet home page. If you are looking for more information on the PCHQR Program, you will need to click the PPS-Exempt Cancer Hospitals box, as denoted by red box on this slide. By doing so, you will be taken to the screen on the next slide.

Here is the QualityNet PCHQR Program landing page. From here you are able to start your journey to accessing all information related the PCHQR Program. You can navigate to several different pages noted by the headers at the top of the page, such as Measures, Public Reporting, Data Management, Resources, and Notifications.

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As shown by the red box on this screen, you are also able to download and view the recently, updated Winter 2021 Program Manual. On the next slide, we will review these updates.

Provided on this slide is a list of the sections of the PCHQR Program Manual that were recently updated. Section 1 was updated with finalized proposals in the Fiscal Year 2022 IPPS/LTCH PPS Final Rule which was published last August. Section 2, which provides information about the current measures utilized in the program, now includes measure information for the COVID-19 Vaccination Coverage Among Healthcare Personnel, or HCP, which was finalized in last year's fiscal year 2022 final rule. Section 8 has new information about the PCH Performance or Facility Report, which we will discuss in more detail later in this presentation. Section 9 has Public Reporting information, and the Public Display timeline was updated to include January and April 2022 releases. Lastly, Appendices A and B house two resources we will be highlighting today: the PCHQR Program Measure Submission Deadlines by Due Date table and the Relationship Matrix. Again, this resource is available on both the QualityNet and Quality Reporting Center websites.

Here is how you will access the QualityNet PCHQR Program Data Collection page, which houses the data collection tools and specifications for most of the program measures, including PCH-15. On the Data Management page, you will find the PCH Data Collection section, as shown by the red box on this slide. By selecting Learn More, you will be directed to the Data Collection Overview page which houses the data collection tools for PCHQR Program measures.

This is the top portion of the Data Collection page. Here you will find links to download and view the Measure Submission Deadlines by Due Date table, Extraordinary Circumstances Exception Form, and Measure Exception Form. The red box highlights the data submission deadlines table that was recently updated. This is one of several locations where this tool can be found. We will review this document shortly.

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This is a portion of the bottom half of the Data Collection page. There is a total of five tables on this page with each table representing a measure category along with the measure information, data collection tools, and acceptable method of transmission. I will highlight the tables that have been updated or will be updated, beginning with Table 1 as displayed on this slide. Table 1 includes the seven Safety and Healthcare-Associated Infection, or HAI, measures. The COVID-19 HCP Vaccination, or PCH-38, measure is now included in this table as denoted by the red box on this slide. There are links that will take you to the National Healthcare Safety Network, or NHSN, resources for this measure and the other measures listed.

Table 2: Clinical Process/Oncology Care Measures, or OCMs, includes the PCH-15 data collection tools. This page has been updated to remove the calendar year 2020 tools, and now only the calendar year 2021 tools are listed. Please note that there were no changes to the calendar year 2021 tools, and calendar year 2021 is the data collection period for this measure. This means that this measure data will be submitted for the last time in August of this year. After the August data submission period closes, this page will be updated, and this measure and related information will be removed in its entirety. This page will undergo another update, sooner rather than later, which will include the End-of-Life, or EOL, claims-based measure specifications. This information is planned to be made available once the confidential reports are distributed.

Lastly, Table 5: Claims-Based Outcome Measures: This table was updated to include the fiscal year 2022 measure information for the Admissions and Emergency Department, or ED, Visits for Patients Receiving Outpatient Chemotherapy, or PCH-30 and PCH-31, and the 30-Day Unplanned Readmissions for Cancer Patients, or PCH-36, measures. This page will undergo additional updates for these measures once the fiscal year 2023 information is available. The Surgical Treatment Complications for Localized Prostate Cancer, or PCH-37, measure information will be added at a later date as well.

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This slide highlights the Data Submission page. Let's take a closer look at this page on the next slide.

As shown here, this is another place where you can find the data submissions deadlines table. There is also information on the page about the program measures and their respective reference periods.

From the PCHQR Program Overview page, there is a quick way to get to the program resources: Select the View Resources button as shown by the red box on this slide. We will review the contents of this page on the next slide.

Here is a consolidated list of the program resources we are discussing today. You can access the program manual, [PCHQR Program] Measure Submission Deadlines by Due Date table, measure crosswalk, and relationship matrix on this page, all of which have been updated.

This tool, the PCHQR Program Measure Submission Deadlines by Due Date table, has been updated to include submission due dates through November 2022, which is the last data submission deadline for this calendar year. You will note that the COVID-19 Vaccination HCP measure due dates have been added. This document is located on both the QualityNet and Quality Reporting Center websites.

The PCHQR Program Measure Crosswalk for Fiscal Year 2016 through Fiscal Year 2024 resource lists all measures that have ever been included in the PCHQR Program and their status throughout the span of the specified fiscal year. The measure crosswalk is typically updated once a year in the fall to reflect any finalized measure changes in the final rule, such as the effective fiscal year a measure is added or removed. For instance, if a measure is added, a checkmark will be placed accordingly, and, if a measure is removed Not Applicable or N/A will be marked accordingly. The measure crosswalk has been updated to include fiscal year 2024, and the COVID-19 HCP Vaccination measure was added. This document is also located on both the QualityNet and Quality Reporting Center websites for your convenience.

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Displayed on this slide is the PCHQR Program Relationship Matrix of Program Measures by Years and Quarters. This document displays the measure name, applicable program or fiscal year, reporting period and calendar year quarters, quarterly data submission deadline dates, and the Public Reporting releases. The updates to this document include marking past data submission due dates and Provider Data Catalog releases as Prior and shading gray, respectively. The Program/Fiscal Year column was extended through fiscal year 2024. This tool provides a consolidated view of the relationship between the program measure, applicable fiscal year, data submission deadline, and Public Reporting release. This document is also located on both the QualityNet and Quality Reporting Center websites.

The Quality Reporting Center home page, shown here, can be accessed by clicking the hyperlink above the image. On this page, you will start by selecting Inpatient, as denoted by the red box on this slide. By doing so, you will be taken to the screen on the next slide.

On this page, you have two options that will take you directly to the PCHQR Program page, as shown by the two red boxes on this slide. For the purpose of the presentation, we will choose the selection on the left-hand side of screen, which will display the drop-down menu options on the next slide.

I would like to highlight the reorganization of the Final Rule page. As you may be aware, originally, the final rule publications were all listed out on this page as you can see on this slide. This page has been reorganized to only list the last five final rule publications, which are fiscal year 2018 through fiscal year 2022. To see the previous final rule publications, you can either select Previous Year Rules on the right-hand side of this slide or Final Rules for Hospital Inpatient Prospective Payment Systems from the menu selections on the left-hand side of the slide. Either selection will take you to the screen on the next slide.

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As shown on this slide, fiscal year 2013 through fiscal year 2017 final rule publications are available to view. You will need to select the caret symbol [^] to right of the text at the end of the box to view a synopsis of the finalized proposals for the PCHQR Program for that particular final rule.

I would now like to introduce you to a feature that is available at your disposal. If you have ever wondered who is on file as a contact for your facility, here's how you can view this information. You will first start by selecting Provider Contact Lookup Form on the left-hand side of the screen. Then, you will choose the CCN Contact Lookup link. Of note, this database is updated biweekly. You will see the last update date in the link name. By clicking this link, you will be taken to the screen on the next slide.

Here is where you will input information in order for your facility's contact information to populate. The first step is to make sure you address the banner at the top of the screen by selecting Enable Editing. Second, you will enter your facility's six-digit CMS Certification Number, or CCN. Third, you will select Search and then your facility's contact information will populate, as displayed in Line 6 or Step 4. I would like to provide some additional information regarding the other available features. By selecting the Clear Form button, this clears the data and resets to a blank spreadsheet. The Print button will send the information to your printer to print. The Contact Correction Form button will direct you to the electronic version of the Hospital Contact Change Form to allow you to make any corrections and submit the form electronically or via another secure method provided on the document. Again, as mentioned earlier, this database is updated biweekly, so please take note of the updated date provided in the link to access the form.

Many of the resources and tools discussed today are located on both the QualityNet and Quality Reporting Center websites. On the Quality Reporting Center website, these resources and tools are located on the Resources and Tools page, as displayed in the box on the right-hand side of this slide.

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This includes the Hospital Contact Change Form; preview documents for the current release, which in this case is January 2022; the PCHQR Program Manual; the measure crosswalk; the relationship matrix; and the submission deadlines by due date table.

Lastly, I would like to provide some information about the PCH Facility Report, which I stated earlier was updated in the PCHQR Program Manual. As you know, this report has been under development for some time as there were enhancements with the Hospital Quality Reporting, or HQR, System. At this time, fiscal year 2022 and fiscal year 2023 reports are available options in HQR; however, data for your facility may not be complete. This is a known issue, and we are diligently working to ensure all data elements are displayed correctly for all PCHs. To get started, you will need to log in to the HQR System using your HARP credentials. Then, you will follow the authentication process for your account. Once you are logged in you will choose Program Reporting and then Performance Reports from the menu on the left-hand side as displayed on this slide by the red boxes. When these selections are made, you will be taken to the screen on the next slide.

From here, you will select your program, which is PCHQR.

Then, you will select PCH Facility.

After you've selected PCH Facility, you will then select the appropriate fiscal year. As displayed on this slide, there are two options: 2022 or 2023. You will then make your selection and make the following selection on the next screen.

Once all selections are made, you will have the option to Export your report to a Comma-Separated Value, or CSV, file format. This will be downloadable file for you to view, save, and/or print. Again, please keep in mind that your facility's data may or may not be complete, but we are aware of this and hope to have this corrected as soon as possible.

We will conclude today's event, as always, by reviewing key reminders for the PCHQR Program, beginning on our next slide.

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Here is a list of the upcoming data submission deadlines: On February 15, 2022, Q3 2021 HAI measure data are due. This includes CAUTI, CLABSI, MRSA, CDI, and the SSIs for colon and abdominal hysterectomy. On April 6, 2022, Q4 2021 HCAHPS Survey data are due. On May 16, 2022, Q4 2021 HAI measure data are due; Q4 2021 through Q1 2022 Influenza Vaccination HCP measure data are due; and Q4 2021 COVID-19 HCP Vaccination measure data are due. This will be the first time for this data submission of this measure. These submission due dates and the remaining submission deadline dates for calendar year 2022 are provided in a table format, which is the Measure Submission Deadline by Due Dates table, we discussed earlier. Please be sure you are signed up to receive PCHQR Program notifications, as data submission reminders are distributed multiple times prior to the deadline date. You can only receive these, and other program-related communications, by signing up via the [Subscribe to Email Updates](#) link on the QualityNet home page.

The January 2022 release on the Provider Data Catalog, or 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; and Q3–Q4 2020 PCH-15 measure data. Of note, Q1 and Q2 2020 data are excepted from Public Reporting under the COVID-19 blanket waiver. Again, please be sure you are signed up to receive PCHQR Program notifications as future public reporting dates are subject to change. We provide specific dates and other pertinent information via these Listserve communications.

For this calendar year, there are three new measures which will be publicly reported for the first time. They are the CAUTI and CLABSI measures, and the quarters of data that will be displayed are Q1 2021 through Q4 2021, which is calendar year 2021. The newly finalized COVID-19 HCP Vaccination measure [is the third], and the quarter of data to be displayed is Q4 2021. All three measures will be publicly reported on the PDC for the first time in October 2022 and then quarterly moving forward.

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The fiscal year 2022 End-Of-Life, or EOL, confidential reports are tentatively scheduled to be distributed to the PCHs via HQR report functionality in February 2022. There will be additional updates to the QualityNet Data Collection and Claims-Based Measure pages. For an overview of the EOL measures and confidential reports, please refer to the November 10, 2021, educational event which can be accessed via the hyperlink on this slide. Lastly, public reporting of these measures will be specified in a future final rule publication. Please monitor your inbox for a notification regarding the availability of the fiscal year 2022 EOL confidential reports and available resources.

For the Outpatient Chemotherapy measure, we anticipate the fiscal year 2023 Facility-Specific Reports, or FSRs, will be distributed via Managed File Transfer, or MFT, in late April or early May 2022. These results are for the data collection period of July 1, 2020, through June 30, 2021, and will be publicly reported on the PDC in July 2022. Again, please monitor your inbox for a notification regarding the delivery of the fiscal year 2023 Outpatient Chemotherapy measure FSRs to your MFT inbox.

Lastly, related to claims-based measure updates, the fiscal year 2023 30-Day Unplanned Readmissions for Cancer Patients measure FSRs are tentatively scheduled to also be distributed in late July 2022. The data collection period for fiscal year 2023 is October 1, 2020, through September 30, 2021. There will be a Listserve notification indicating the delivery of these reports, which will be delivered to your MFT inbox as well. Similar to the EOL measures, public reporting will be specified in a future final rule publication.

You may have noticed that I have stressed the importance of signing up to receive the PCHQR Program notifications and here is how you can subscribe to the notification list. This link is located on the QualityNet home page as displayed on this slide. Once you select the Subscribe to Email Updates button, you will be asked to enter your name and email address. Then, you will have the opportunity to select the program notification lists you would like to join.

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At least one program list must be selected. Of note, all fields marked with an asterisk (*) are required to be completed. You will then receive an email requesting your confirmation for each subscription submission. Please keep in mind that, if you select to join a private list, this will require approval from the list administrator prior to confirmation.

Displayed on this slide is how you can access the PCHQR Program Question and Answer Tool, again via the QualityNet home page. You will access this tool by selecting the Help drop-down link as indicated by the red box and then selecting the PPS-Exempt Cancer Hospitals link to start this process.

Now, you are at the QualityNet Question and Answer Tool landing page. After you select the Ask a Question link, as shown by the red box on this slide, you will be taken to a page where you will need to complete your personal information. Then, you will be asked to enter details regarding the inquiry you are submitting. On this page, you are also able to browse program articles and search to see if your questions may have been previously addressed and posted for viewing.

Here is where you will submit your inquiry. Please be sure to complete the required fields. Once this is complete, you will need to select Submit Question, as denoted by the red box on this slide to submit your inquiry. We encourage you to utilize this tool to ask any program-related questions you have. Again, you may also query the system to see if the topic you are inquiring about has already been addressed.

As always, we thank you for your time and attention during today's event. Thank you and have a great day!