



PCHQR Program : Preparing for August 2022 Submissions

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Outreach and Education Support Contractor

June 14, 2022

Webinar Questions

- Please email any questions related to this webinar to WebinarQuestions@hsag.com.
 - Write “PCHQR Program: Preparing for August 2022 Submissions” in the subject line.
 - Include your question and the applicable slide number in the body of the email.
- For questions unrelated to the webinar topic, use the [QualityNet Question and Answer Tool](#).

Acronyms and Abbreviations

CAUTI	catheter-associated urinary tract infection	HCP	healthcare personnel
CDC	Centers for Disease Control and Prevention	HQR	Hospital Quality Reporting
CDI	<i>Clostridium difficile</i> infection	MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
CLABSI	Central line-associated bloodstream infection	NHSN	National Healthcare Safety Network
CMS	Centers for Medicare & Medicaid Services	OCM	Oncology Care Measure
CY	calendar year	PCH	PPS-Exempt Cancer Hospital
DACA	Data Accuracy and Completeness Acknowledgement	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
FY	fiscal year	PDC	Provider Data Catalog
HAI	healthcare-associated infection	Q	quarter
HARP	HCQIS Access Roles and Profile	SSI	Surgical Site Infection
HCQIS	Health Care Quality Information Systems	VIQR	Value, Incentives, and Quality Reporting
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems		

Purpose

This presentation will review the steps to successfully submit the following required information:

- Calendar Year (CY) 2021 Oncology: Plan of Care for Moderate to Severe Pain (PCH-15) measure data via the *Hospital Quality Reporting (HQR) System*
- Fiscal Year (FY) 2023 Data Accuracy and Completeness Acknowledgment (DACA) via the *HQR System*
- Quarter (Q)1 2022 healthcare-associated infection (HAI) measure data via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN)

Objectives

Participants will be able to demonstrate an understanding of the PCHQR Program's submission methods and requirements, as evidenced by successfully submitting PCH-15 measure data, the FY 2023 DACA, and HAI measure data.

Summary of Data Submission

- The data submission period opens July 1, 2022.
- Data from these measures are due by August 15, 2022:
 - Q1 2022 HAI measure data
 - Q1 2022 COVID-19 Vaccination Coverage Among Healthcare Personnel (COVID-19 HCP) measure data
 - CY 2021 PCH-15 measure data
- The FY 2023 DACA is due by August 31, 2022.

PCHQR Program: Preparing for August 2022 Submissions

PCH-15 Measure Data

HQR Log In

- Access the HQR home page (<https://hqr.cms.gov/hqrng/login>) using Google Chrome or Microsoft Edge browsers.
- Enter your HARP credentials.
- Select Log In.

CMS.gov | Hospital Quality Reporting Sign up

Welcome to
CMS.gov | Hospital Quality Reporting

Log in
Enter your HARP user ID and password

User ID

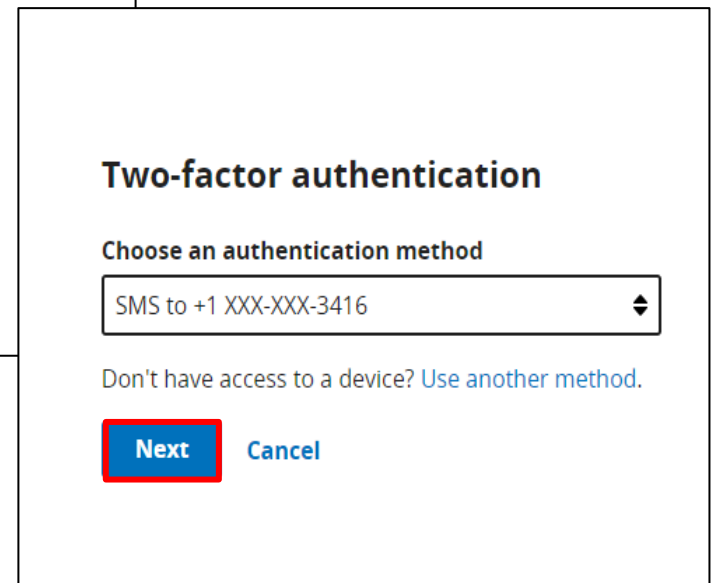
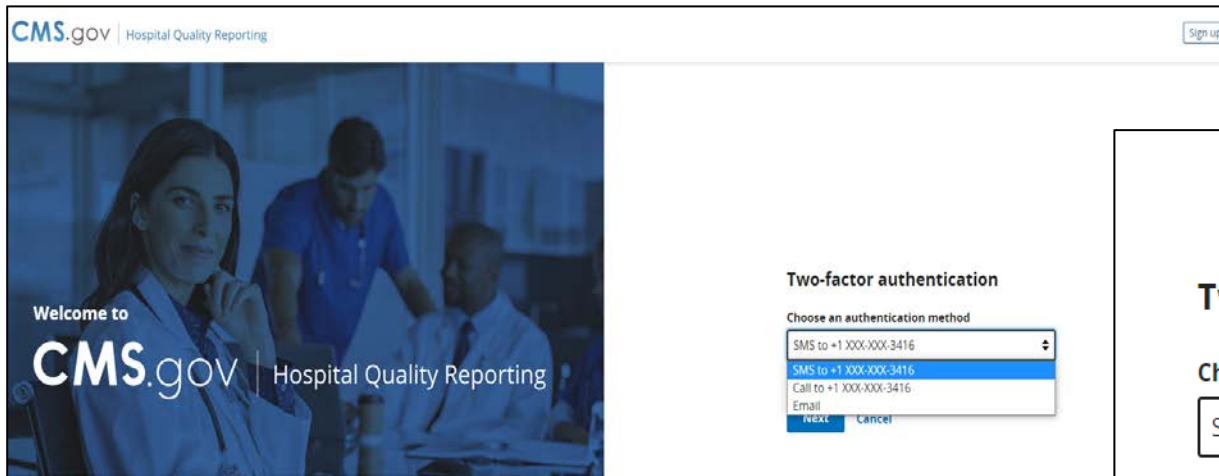
Password

Having trouble logging in?

By logging in, you agree to the [Terms & Conditions](#).

Log in Sign up

Two-Factor Authentication



Enter Code

CMS.gov | Hospital Quality Reporting Sign up

Welcome to
CMS.gov | Hospital Quality Reporting

Two-factor authentication

Code sent via SMS to +1 XXX-XXX-3416

Enter code
123456

[Resend code](#) [Change method](#)

Next [Cancel](#)

HQR Landing Page

The screenshot shows the HQR Landing Page for a PPS-Exempt Cancer Hospital. The page layout includes a top header with the CMS.gov logo and 'QualityNet' on the left, and the hospital name 'PPS-EXEMPT CANCER HOSPITAL' and a user profile 'Your Name' on the right. Below the header is a dark blue banner with the text 'PPS-Exempt Cancer Hospital'. On the left side, there is a vertical navigation sidebar with icons for a grid, a cloud, a checkmark, a list, and a folder. The main content area contains two informational messages, each starting with an 'i' icon. The first message states that the 'My Tasks' page is still available for PRS and includes a 'My Tasks' button. The second message informs users about requesting permissions for Managed File Transfer (MFT) reports. Below these messages is a section titled 'The New HQR is Coming' with a paragraph of text and two bullet points. To the right of this section is an illustration of a computer monitor displaying a user interface with various icons, surrounded by other computer-related items like a keyboard, mouse, and USB drives.

CMS.gov | QualityNet

PPS-EXEMPT CANCER HOSPITAL | Your Name

PPS-Exempt Cancer Hospital

i My Tasks page is still available for PRS.
Thank you for your patience as we make changes to HQR. PRS is still on the My Tasks page.

[My Tasks](#)

i Are you expecting to receive facility-specific or claims-detail reports in Managed File Transfer (MFT)? Users who historically received these reports through their AutoRoute Inbox in Secure File Transfer may need to request permissions in the Hospital Quality Reporting system to continue to receive these reports for their facilities. Refer to the [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) notification to learn more about requesting permissions to access your reports!

The New HQR is Coming

We are hard at work behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many exciting new features to help you execute your responsibilities faster, and with more confidence.

New! Check out the navigation on the left:

- ← All features and functions are now available in the navigation
- ← Tasks are clearly divided - move from one to another with ease

Getting Started

Dashboard

Data Submissions

Data Results

Program Reporting

Administration

...s page is still available for PRS.

... for your patience as we make changes to HQR. PRS is still on the My Tasks page.

...sks

...pecting to receive facility-specific or claims-detail reports in Managed File Transfer (MFT)? Users who historically received these reports through their ...e Inbox in Secure File Transfer may need to request permissions in the Hospital Quality Reporting system to continue to receive these reports for their ... Refer to the [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) notification to learn more about ...g permissions to access your reports!


...v HQR is Coming

...k behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many ...es to help you execute your responsibilities faster, and with more confidence.

...e navigation on the left:

...functions are now available in the navigation

...divided - move from one to another with ease





How Would You Like to Submit Your Data?

The screenshot displays a navigation menu at the top with the following items: eCQM, Program Management, Web-based Measures (highlighted with a red box), Population & Sampling, Chart Abstracted, HCAHPS, and Structural Measures. Below the menu, the heading "How would you like to submit your data?" is followed by two options: "File Upload" (with a cloud upload icon) and "Data Form" (with a list icon). The "Data Form" option is highlighted with a red box.

eCQM	Program Management	Web-based Measures	Population & Sampling	Chart Abstracted	HCAHPS	Structural Measures
------	--------------------	---------------------------	-----------------------	------------------	--------	---------------------

How would you like to submit your data?

- File Upload**
Upload files for program credit here. 
- Data Form**
Enter data for program credit here. 

Select Fiscal Year

PPS-Exempt Cancer Hospital

[Change Organization](#)

**Prospective Payment System (PPS)-
Exempt Cancer Hospital Quality Reporting
(PCHQR)**

Fiscal Year
2023

CMS Certification Number: 123456
Submission Period: 07/01/2022 - 08/15/2022
With Respect to Reporting Period: 01/01/2021 - 12/31/2021
Last Updated:

Current Submission Period: **Open**

Enter Preview Submit

Start Measure

PCH-15 Start Measure

Oncology: Plan of Care for Moderate to Severe Pain

Quarter 1	-
Quarter 2	-
Quarter 3	-
Quarter 4	-
Final Score	

Population and Sampling

- ✓ If you select “Not Sampled” (Sampling Frequency), the Initial Patient Population, Sample Size, and Denominator should be **equal**.
- ✓ If your Initial Patient Population is <10 , do not sample.
 - Select “Not Sampled” for Sampling Frequency.

Average Quarterly Initial Patient Population Size “N”	Minimum Required Sample Size “N”
>125	25
51–125	20% of Initial Population
10–50	10
<10	No Sampling: 100% of the Initial Patient Population

PCH-15 Data Entry

< Back

PCH-15 Oncology: Plan of Care for Moderate to Severe Pain

* Indicates required measure

1 Quarter 1

Population

* What was your hospital's sampling frequency?

* What was your hospital's quarterly initial Patient Population?

* What was your hospital's quarterly Sample Size?

Numerator

* Please enter the number of patient visits that included a documented plan of care to address moderate to severe pain on or before the date of the second visit with a clinician.

CMS Certification Number:
123456

Submission Period:
07/01/2022 - 08/15/2022

With Respect to Reporting Period:
01/01/2021 - 12/31/2022

Last Updated:

PCH-15 Data Entry (continued)

Denominator

* Please enter the number of patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having moderate to severe pain.

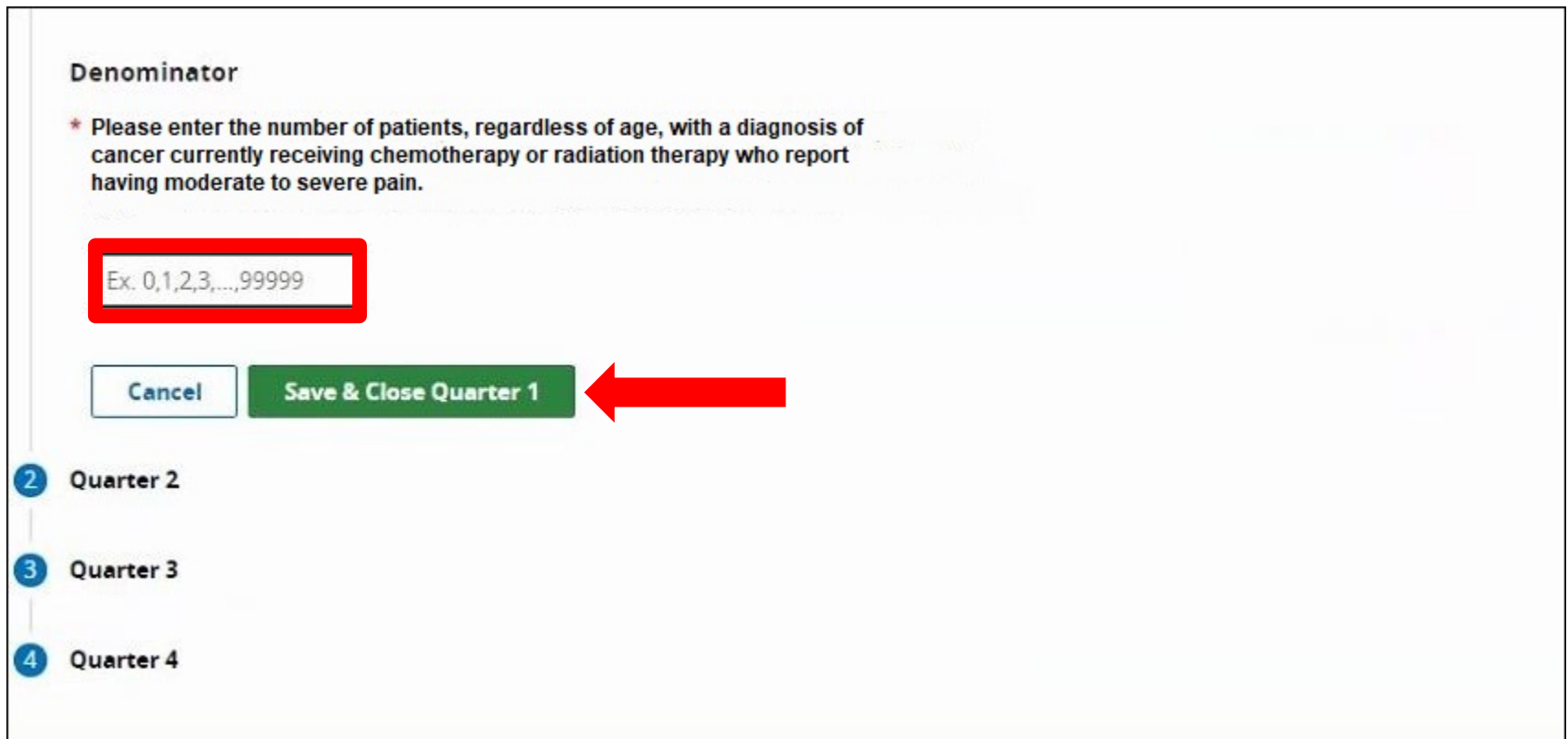
Ex. 0,1,2,3,...,99999

Cancel Save & Close Quarter 1

2 Quarter 2

3 Quarter 3

4 Quarter 4

The image shows a software interface for data entry. At the top, the title 'PCH-15 Data Entry (continued)' is displayed. Below this, a section titled 'Denominator' contains an instruction: '* Please enter the number of patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having moderate to severe pain.' Below the instruction is a text input field with a red border containing the text 'Ex. 0,1,2,3,...,99999'. Underneath the input field are two buttons: a white 'Cancel' button and a green 'Save & Close Quarter 1' button. A red arrow points to the 'Save & Close Quarter 1' button. On the left side of the interface, there is a vertical list of four items: '2 Quarter 2', '3 Quarter 3', and '4 Quarter 4', each preceded by a blue circle containing a white number.

Warning vs. Fatal Error Messages

You will receive a **warning message** if:

- The Sample Size is less than the minimum required for the Initial Patient Population.
- You select “Not Sampled” and the Initial Patient Population and Sample Size are not equal.
- The Sample Size is greater than the Initial Patient Population.

You will receive a **fatal error** message if:

- The Numerator is greater than the Denominator.
- You fail to enter values for the required fields (Sampling Frequency, Numerator, Denominator, etc.).

Warning Notification

Oncology: Plan of Care for Moderate to Severe Pain

* Indicates required measure

✓ Quarter 1

✓ Quarter 2

✓ Quarter 3 ⚠

4 Quarter 4

Population

* What was your hospital's sampling frequency?

* What was your hospital's quarterly initial Patient Population?

* What was your hospital's quarterly Sample Size?

CMS Certification Number:
123456

Submission Period:
07/01/2022 - 08/15/2022

With Respect to Reporting Period:
01/01/2022 - 12/31/2022

Last Updated:

Warning Details

Oncology: Plan of Care for Moderate to Severe Pain

* Indicates required measure

✓ Quarter 1

✓ Quarter 2

✓ Quarter 3 ⚠

Population

* What was your hospital's sampling frequency?

Quarterly

* What was your hospital's quarterly initial Patient Population?

⚠ Based on the Initial Patient Population, the Sample Size should not be less than 25

500

* What was your hospital's quarterly Sample Size?

⚠ Based on the Initial Patient Population, the Sample Size should not be less than 25

10

CMS Certification Number:
123456

Submission Period:
07/01/2022 - 08/15/2022

With Respect to Reporting Period:
01/01/2022 - 12/31/2022

Last Updated:


How Do I Correct My Data Errors?

Important: Data Contains Warnings [Close](#)

Please confirm you wish to process with the data below. These warnings are non-fatal and may be submitted.


Quarter 3

What was your hospital's quarterly Sample Size?

 Based on the Initial Patient Population, the Sample Size should not be less than 25

10

What was your hospital's quarterly initial Patient Population?


 Based on the Initial Patient Population, the Sample Size should not be less than 25

500


[Edit Data](#) [Confirm](#)

Correcting the Error

* What was your hospital's quarterly initial Patient Population?

 Based on the Initial Patient Population, the Sample Size should not be less than 25

* What was your hospital's quarterly Sample Size?

 Based on the Initial Patient Population, the Sample Size should not be less than 25

Numerator

* Please enter the number of patient visits that included a documented plan of care to address moderate to severe pain on or before the date of the second visit with a clinician.

Denominator

* Please enter the number of patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having moderate to severe pain.

Fatal Errors

Population

- * What was your hospital's sampling frequency?
- * What was your hospital's quarterly Initial Patient Population?
- * What was your hospital's quarterly Sample Size?



Numerator

- * Please enter the number of patient visits that included a documented plan of care address to moderate to severe pain on or before the date of the second visit with a clinician.
Numerator cannot be greater than the denominator

Denominator

- * Please enter the number of patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having moderate to severe pain.
Numerator cannot be greater than the denominator

Submission Details

 **Quarter 1**  Complete

Rate for this measure			Population and Sampling		Sampling Frequency
93%	85	91	91	/ 91	Not Sampled
	Numerator	Denominator	Sample	Population	

Higher rates are better

Quarter 1

Submitting measure data for Quarter 1 is optional. Would you like to voluntarily submit data for Quarter 1?

Yes

Population

What was your hospital's sampling frequency?

Not Sampled

What was your hospital's quarterly initial Patient Population?

91

What was your hospital's quarterly Sample Size?

91

Numerator

Please enter the number of patient visits that included a documented plan of care to address moderate to severe pain on or before the date of the second visit with a clinician.

85

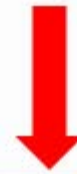
Denominator

Please enter the number of patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having moderate to severe pain.

91

Ready to Submit

+ Quarter 2 ✓ Complete			
Rate for this measure	Population and Sampling	Sampling Frequency	
96% 52 Numerator 54 Denominator	54 / 54	Not Sampled	
Higher rates are better	Sample Population		
<hr/>			
+ Quarter 3 ✓ Complete			
Rate for this measure	Population and Sampling	Sampling Frequency	
83% 59 Numerator 71 Denominator	71 / 71	Not Sampled	
Higher rates are better	Sample Population		
<hr/>			
+ Quarter 4 ✓ Complete			
Rate for this measure	Population and Sampling	Sampling Frequency	
94% 73 Numerator 78 Denominator	78 / 78	Not Sampled	
Higher rates are better	Sample Population		
<hr/>			
Final Score ✓ Complete			
Rate for this measure	Population and Sampling		
91% 269 Numerator 294 Denominator	294 / 294		
Higher rates are better	Sample Population		



✓ I'm ready to submit

Successful Submission

✓ Enter ————— ✓ Preview ————— ✓ Submit

PCH-15
Oncology: Plan of Care for Moderate to Severe Pain - Medical Oncology & Radiation Oncology

+ **Quarter 1** ✓ Complete

Rate for this measure		Population and Sampling	Sampling Frequency
93%	85 Numerator / 91 Denominator	91 / 91 Sample Population	Not Sampled
Higher rates are better			

+ **Quarter 2** ✓ Complete

Rate for this measure		Population and Sampling	Sampling Frequency
96%	52 Numerator / 54 Denominator	54 / 54 Sample Population	Not Sampled
Higher rates are better			

+ **Quarter 3** ✓ Complete

Rate for this measure		Population and Sampling	Sampling Frequency
83%	59 Numerator / 71 Denominator	71 / 71 Sample Population	Not Sampled
Higher rates are better			

+ **Quarter 4** ✓ Complete

Rate for this measure		Population and Sampling	Sampling Frequency
94%	73 Numerator / 78 Denominator	78 / 78 Sample Population	Not Sampled
Higher rates are better			

Final Score ✓ Complete

Rate for this measure		Population and Sampling
91%	269 Numerator / 294 Denominator	294 / 294 Sample Population
Higher rates are better		

PCHQR Program: Preparing for August 2022 Submissions

FY 2023 DACA and Q1 2022 HAI Measure Data

Accessing the DACA

Prospective Payment System (PPS)-
Exempt Cancer Hospital Quality
Reporting (PCHQR)

Fiscal Year
2023

PCH DACA - Signature Needed
This account requires an annual acknowledgement of submission accuracy.

[Sign](#)

PCH Measures Successfully Submitted
PCH Measures for PPS-EXEMPT CANCER HOSPITAL have been successfully submitted.

CMS Certification Number: 123456
Submission Period: 07/01/2022 - 08/15/2022
With Respect to Reporting Period: 01/01/2021 - 12/31/2021
Last Updated: 07/01/2022 12:00 PM

[Export Data](#)

Current Submission Period: **Open**

Enter Preview Submit

Review and Sign

Data Accuracy and Completeness Acknowledgement (DACA)

To the best of my knowledge, at the time of submission of this form, all of the information reported for this hospital for participation in the PCHQR Program is accurate and complete. This acknowledgement is for information submitted since the completion of the Fiscal Year (FY) 2022 DACA signed in Calendar Year 2021. This information includes the following:

- Measure data, as defined for the PCHQR Program
- All Program requirements, as defined for the PCHQR Program (e.g., where applicable, chart abstraction and/or sampling)
- Current Notice of Participation
- Active QualityNet Security Administrator

I understand this acknowledgement covers all PCHQR information reported by this hospital (and any data or survey information reported by vendor(s) acting as agents on behalf of this hospital) to the Centers for Medicare & Medicaid Services (CMS) and its contractors. The data submitted in the time frame covered by this DACA are required for purposes of meeting the requirements for FYs 2022, 2023, and 2024 as specified in the Final Rules governing the PCHQR Program.

To the best of my knowledge, at the time of submission, this information was collected in accordance with all applicable requirements. I understand that this information is used as the basis for reporting quality of care and patient assessment of care to the public.

Position



I confirm that the information I have submitted is accurate and complete, to the best of my knowledge.

Sign

Cancel

Submission Confirmation

 **Success:** Congratulations! You have successfully acknowledged and signed DACA for PCHQR for this fiscal year.

Signature
Your Name

Position
Your Position or Title

Date
07/01/2022

[Re-Sign](#) [Export Signed DACA PDF](#)

For Your Records...

1 / 1

Data Accuracy and Completeness Acknowledgement (DACA)

To the best of my knowledge, at the time of submission of this form, all of the information reported for this hospital for participation in the PCHQR Program is accurate and complete. This acknowledgement is for information submitted since the completion of the Fiscal Year (FY) 2022 DACA signed in Calendar Year 2021. This information includes the following:

- * Measure data, as defined for the PCHQR Program
- * All Program requirements, as defined for the PCHQR Program (e.g., where applicable, chart abstraction and/or sampling)
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- * Active QualityNet Security Administrator

I understand this acknowledgement covers all PCHQR information reported by this hospital (and any data or survey information reported by vendor(s) acting as agents on behalf of this hospital) to the Centers for Medicare & Medicaid Services (CMS) and its contractors. The data submitted in the time frame covered by this DACA are required for purposes of meeting the requirements for FYs 2022, 2023, and 2024 as specified in the Final Rules governing the PCHQR Program.

To the best of my knowledge, at the time of submission, this information was collected in accordance with all applicable requirements. I understand that this information is used as the basis for reporting quality of care and patient assessment of care to the public.

Congratulations! You have successfully acknowledged and signed DACA for PCHQR for this fiscal year.

HAI Measure Data Submissions

- Submit Q1 2022 HAI measure data via NHSN:
 - Catheter-associated urinary tract infection (CAUTI)
 - Central line-associated bloodstream infection (CLABSI)
 - *Clostridioides difficile* infections (CDI)
 - Methicillin-resistant *Staphylococcus aureus* (MRSA)
 - Surgical Site Infections (SSI) – colon and abdominal hysterectomy
 - COVID-19 HCP
- You will still need to generate the NHSN-Analysis-CMS Reports until HQR reports are available.
 - For instructions to generate these reports visit:
<https://www.cdc.gov/nhsn/cms/ppp.html>

Submitting HAI and COVID-19 HCP Vaccination Data

- HAI and COVID-19 HCP Vaccination data are submitted to the CDC's NHSN.
 - The CDC transmits the data to CMS immediately following the quarterly submission deadline for use in the PCHQR Program and CDC surveillance programs.
- PCHs must collect and submit HAI and COVID-19 HCP Vaccination data at least quarterly prior to each quarterly submission deadline:
 - HAI measures: PCHs must collect numerator and denominator values for CAUTI, CLABSI, CDI, MRSA, SSI-colon and abdominal hysterectomy events among all inpatients in the facility.
 - COVID-19 HCP Vaccination measure: PCHs must collect the numerator and denominator for at least one self-selected week during each month of the reporting quarter.
- For questions or data submission-related issues, please contact the NHSN Help Desk at NHSN@cdc.gov.

PCHQR Program: Preparing for August 2022 Submissions

Key Dates and Reminders

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](#)

PCHQR Program Measure Submission Deadlines by Due Date

Due Date	CLABS/CAUTI/SSI/MRSA/CDI*	Flu HCP Vac*	COVID-19 HCP Vac*	HCAHPS	OCM†‡ (PCH-15 only)	DACA
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
07/06/2021	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	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
01/04/2023	N/A	N/A	N/A	Q3 2022 (10/1–12/31)	N/A	N/A
02/15/2023	Q3 2022 (10/1–12/31)	N/A	Q3 2022 (10/1–12/31)	N/A	N/A	N/A
04/05/2023	N/A	N/A	N/A	Q4 2022 (10/1–12/31)	N/A	N/A
05/15/2023	Q4 2022 (10/1–12/31)	Q4 2022–Q1 2023 (10/1/21–3/31/22)	Q4 2022 (10/1–12/31)	N/A	N/A	N/A

Upcoming Data Submission Deadlines

- July 6, 2022
 - Q1 2022 Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data
- August 15, 2022*
 - Q1 2022 HAI measure data
 - Q1 2022 COVID-19 HCP measure data
 - Q1–Q4 2021 PCH-15 measure data
- August 31, 2022
 - FY 2023 DACA

*CY 2022 Measure Exception Form due.

Public Reporting

- July 2022 Provider Data Catalog (PDC) Release
 - Preview Period closes: June 15, 2022
 - Q4 2020–Q3 2021 HCAHPS Survey data
 - Q4 2020–Q3 2021 HAI measure data
 - Q3 2020–Q2 2021 (FY 2023) Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy
- October 2022 PDC Release
 - Q1 2021–Q4 2021 HCAHPS Survey data
 - Q1 2021–Q4 2021 HAI measure data
 - First display of CAUTI and CLABSI measure data *NEW*
 - Q4 2021–Q1 2022 Influenza Vaccination Coverage Among HCP
 - Q4 2021 COVID-19 Vaccination Coverage Among HCP *NEW*

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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](#)

Accessing the QualityNet Question and Answer Tool

The screenshot shows the CMS.gov QualityNet website interface. At the top left is the CMS.gov logo and 'QualityNet'. A search bar contains 'Search QualityNet'. On the right, there are links for 'Quality Programs', 'Help', 'Log into Secure Portal', and 'Register'. A dropdown menu is open, displaying three main categories: 'Getting Started', 'Known Issues & Maintenance', and 'Question & Answer Tools'. Under 'Question & Answer Tools', the link 'PPS-Exempt Cancer Hospitals' is highlighted with a red box. A 'Close' button is visible in the top right of the dropdown menu.

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**
- Ambulatory Surgical Centers
- ESRD Facilities
- Inpatient Psychiatric Facilities

Close

Ask a Question

[QualityNet Question and Answer Tool](#)

The screenshot shows the CMS.gov QualityNet website. At the top left, it says "CMS.gov | QualityNet". Below that are navigation links: "Quality Q&A Tool", "Ask a Question", and "Browse Program Articles" with a dropdown arrow. On the top right, there is a link "How to Use this Tool". The main header area is blue and contains the text "Quality Question and Answer Tool" and "Your one-stop shop for CMS Quality Answers". Below this is a search bar with the placeholder text "Search for the answer to your question" and a magnifying glass icon. On the right side of the search bar, there is a vertical "Site Feedback" button. Below the search bar, 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 rectangular border. At the bottom of the page, 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. * 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

First Name *

Last Name *

Email Address *

Confirm Email Address *

Phone Number


What is your question?

Program *

Topic *

Subject *

Question (4000 Characters Max) *

I'm not a robot 

SUBMIT QUESTION

PCHQR Program: Preparing for August 2022 Submissions

Closing Remarks

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