



Prospective Payment System (PPS)-exempt Cancer Hospital (PCH) Quality Reporting (PCHQR) Program

Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

PCHQR Program: FY 2026 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 entitled: *Fiscal Year 2026 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 with the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support. As the title indicates, we will be discussing the fiscal year 2026 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, or IQR, and LTCH Quality Reporting Programs, we will only be focusing on the PCHQR Program section. If your facility is participating in the Hospital IQR or LTCH [Quality Reporting] Programs, please contact your designated program support team to determine when there will be or if there has been a presentation on your section of the fiscal year 2026 proposed rule. If you have questions unrelated to the current webinar topic, we recommend searching for the topic in the [QualityNet 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.

Our main speaker for today is Jennifer Tate. Jennifer is the lead for the PCHQR Program and Commander for the United States Public Health Service at CMS within the Center for Clinical Standards and Quality, Quality Measurement and Value-Based Incentives Group, and Division of Value-Based Incentives & Quality Reporting. On our next slide, we will discuss the question-and-answer limitations for today's event.

Please be mindful that questions 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 include CFR for Code Federal Regulations, CMS for Centers for Medicare & Medicaid Services, FY for fiscal year, HCHE for Hospital Commitment to Health Equity, PCH for PPS-exempt Cancer Hospital, and SDOH for Social Drivers of Health.

The purpose of this presentation is to provide an overview of the proposed changes in the PCHQR Program section of the fiscal year 2026 IPPS/LTCH PPS proposed rule.

At the end of this presentation, we hope that you are able to locate the fiscal year 2026 IPPS/LTCH PPS proposed rule, identify proposed changes that may impact the PCHQR Program, and understand how and when to submit comments to CMS regarding the proposed rule.

Lastly, the fiscal year 2026 IPPS/LTCH PPS proposed rule was published to the *Federal Register* on Wednesday, April 30. The *Federal Register* version can be accessed by clicking the hyperlink on this slide. The PCHQR Program section can be found on pages 18344 through 18348. At this time, I would like to turn the presentation over to Jennifer, who will further discuss, in detail, all of the above proposed changes for the PCHQR Program. Jennifer, the floor is yours.

Jennifer Tate:

Good day, everyone. My name is Jennifer Tate, and I am the PCHQR Program lead. Over the next several slides, I will provide an overview of the proposed changes to the PCHQR Program in the FY 2026 IPPS/LTCH PPS proposed rule.

The next several slides will cover the following sections. We will give program background, measure removals proposals, proposed updates to the public display requirements, and proposed updates to the ECE policy.

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The PCHQR Program is authorized by the Social Security Act in section 1866k and applies to hospitals described in section 1886(d) of the Act. This refers to hospitals as PPS-exempt Cancer Hospitals, or PCHs. The program was first finalized in the FY 2013 IPPS/LTCH PPS final rule. Please refer to the links in this slide for more information.

We will now move on to the proposals. The first proposal I will discuss is the proposed removal of the Hospital Commitment to Health Equity measure beginning with calendar year 2024 reporting period/fiscal year 2026 program year due to cost-benefit considerations. If finalized, any HCHE measure data received by CMS would not be used for public reporting purposes.

The next proposal is the proposed removal of two Social Drivers of Health measures beginning with calendar year 2024 reporting period/fiscal year 2026 program year for similar cost-benefit reasons as the Hospital Commitment to Health Equity measure proposed measure removal. If the proposal is finalized, any SDOH measure data received by CMS would not be used for public reporting purposes.

For more information on all of the measures in the PCHQR Program, please reference the link on this slide.

In Social Security Act section 1866(k), the Secretary establishes procedures for making data submitted to the program publicly available. In the next few slides, I will discuss public display requirements and the proposal to update the public display location for PCHQR Program data.

This slide and the next slide show each measure in the program and the corresponding public reporting dates for your reference.

In this proposed rule, we are proposing to modify the reporting requirements of the PCHQR Program data on both the Provider Data Catalog and the Care Compare Tool or successor websites. Currently, the data are only publicly displayed on the Provider Data Catalog.

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We are also proposing to change the regulation text replacing references to Provider Data Catalog with CMS websites. Displaying these data on the Care Compare Tool promotes greater transparency and aligns with other CMS programs currently reporting on the Care Compare Tool.

In the next few slides, I will discuss the proposal to codify updates to the ECE policy for the PCHQR Program, allowing for extensions of time for data reporting under extraordinary circumstances. Under the current ECE policy, CMS grants exceptions with respect to quality data reporting requirements in the event of an uncontrollable extraordinary circumstance, such as natural disasters or issues with data collection systems.

So, in this proposed rule, we are proposing to update and codify the current ECE policy with the following updates: 1) Allow CMS to grant an ECE with respect to reporting requirements in the event of an extraordinary circumstance. 2) Codify that a PCH may request an exception within 30 calendar days of an extraordinary circumstance. The current policy for a request is within 90 days.

In continuing with the proposed updates to the ECE policy, CMS will notify the requestor with a decision in writing, via email. CMS may grant an ECE to one or more PCHs that have not requested an ECE if CMS determines that a systemic problem with CMS data collection system directly impacts the PCHs' ability to submit data or an extraordinary circumstance has affected the entire region. CMS may grant or deny an ECE based on the evaluation of the extraordinary circumstance. Finally, CMS will notify the PCH of a denial of an ECE in writing, via email.

That concludes the overview of the FY 2026 IPPS/LTCH PPS proposed rule for the PCHQR Program. I will now pass the presentation back to Lisa. Thank you.

Lisa Vinson:

Thank you, Jennifer.

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At this time, I would like to review the areas CMS is requesting comments on specific to the fiscal year 2026 IPPS/LTCH PPS proposed rule, as it relates to the PCHQR Program, as well as 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 5:00 p.m. Eastern Time, Tuesday, June 10. CMS will respond to all comments that are within the scope of the proposed rule.

During Jennifer's discussion of the proposed changes for the PCHQR Program, there were three proposals that CMS is requesting public comment on. They include three measure removals beginning with calendar year 2024 reporting period/fiscal year 2026 program year for the HCHE measure, SDOH measure, and Screen Positive Rate for SDOH measure. The second proposal is to publicly report PCHQR [Program] data on both the Provider Data Catalog and Compare Tool website or successor websites. The third proposal is to codify updates to the ECE policy for the PCHQR Program.

As indicated on this slide, there are three ways you can submit comments on the fiscal year 2026 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. This is the top image. The second option is via the Regulations.gov site, which is shown as the bottom image. You would select the Comment button as denoted by the red box. By making either selection, you will need to follow the directions provided to formally submit your comment.

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Please remember that the comment period for the proposed rule closes Tuesday, June 10, at 5 p.m. Eastern Time.

This concludes our event for today. Please remember that comments regarding the fiscal year 2026 IPPS/LTCH PPS proposed rule are due by Tuesday, June 10. You can refer to slide 25 of this presentation for more details on the comment submission process. Thank you for your time and attention, and we hope you enjoy the remainder of your day!