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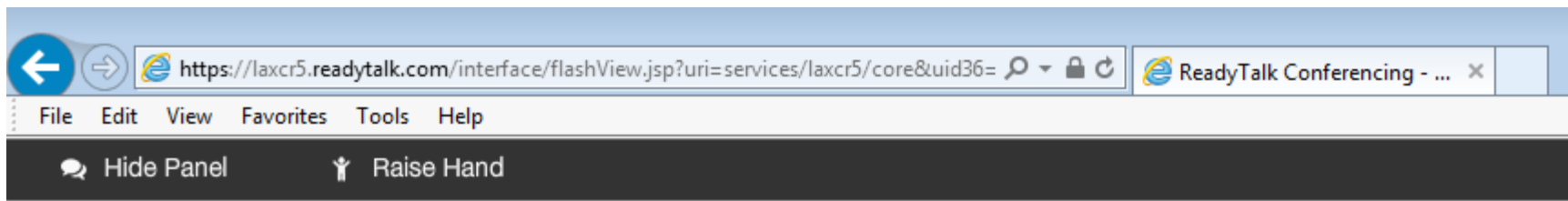
# Troubleshooting Audio

Audio from computer speakers breaking up?  
Audio suddenly stop?

- Click Refresh icon –  
or-  
Click F5



F5 Key  
Top row of Keyboard

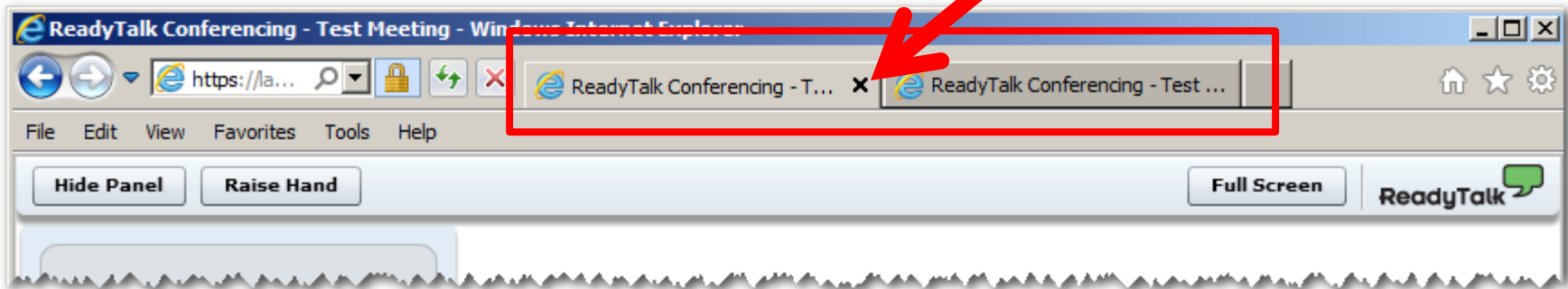


Location of Buttons

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# Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
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*Example of Two Browsers Tabs open in Same Event*

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Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.





# **PCHQR Program: A Year in the Life of the Program**

**Tom Ross, MS**

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

**Lisa Vinson, BS, BSN, RN**

Project Manager, Hospital Inpatient VIQR Outreach and Education SC

**December 15, 2016**

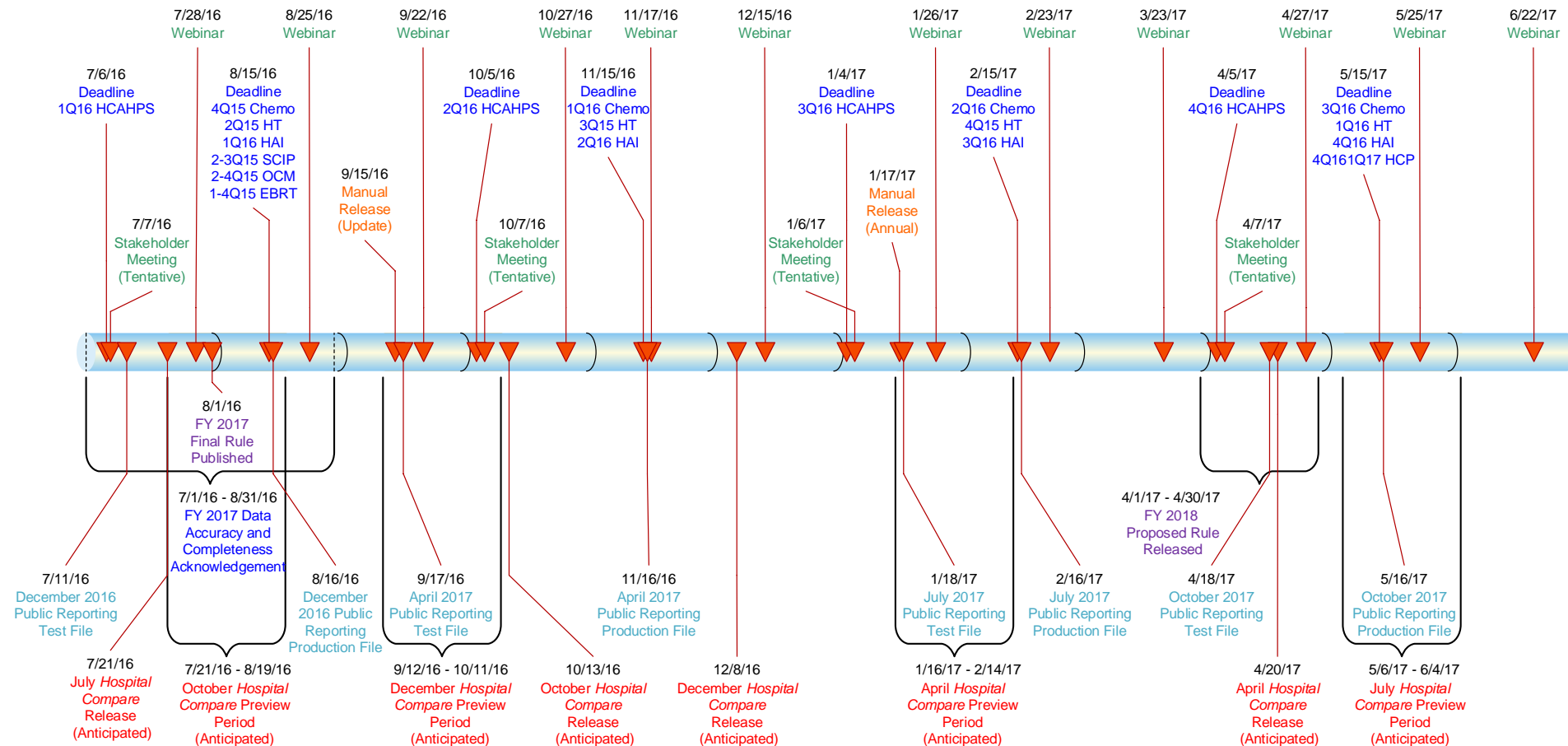
# Acronyms and Abbreviations

<b>ACS</b>	American College of Surgeons	<b>ICD</b>	International Classification of Diseases
<b>ADCC</b>	Alliance of Dedicated Cancer Centers	<b>IPF</b>	Inpatient Psychiatric Facility
<b>ACA</b>	Affordable Care Act	<b>IPPS</b>	Inpatient Prospective Payment System
<b>AHRQ</b>	Agency for Healthcare Research and Quality	<b>IQR</b>	Inpatient Quality Reporting
<b>AMA</b>	American Medical Association	<b>LabID</b>	Laboratory-Identified
<b>Ca</b>	Cancer	<b>LTCH</b>	Long-Term Care Hospital
<b>CAUTI</b>	Catheter-Associated Urinary Tract Infections	<b>MAP</b>	Measure Application Partnership
<b>CDC</b>	Centers for Disease Control and Prevention	<b>MIF</b>	Measure Information Form
<b>CCN</b>	CMS Certification Number	<b>MRSA</b>	Methicillin-Resistant <i>Staphylococcus aureus</i>
<b>CDI</b>	<i>Clostridium difficile</i> Infection	<b>MUC</b>	Measures Under Consideration
<b>CE</b>	Continuing Education	<b>NIH</b>	National Institutes of Health
<b>CLABSI</b>	Central Line-Associated Bloodstream Infection	<b>NHSN</b>	National Healthcare Safety Network
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>NQF</b>	National Quality Forum
<b>CPT</b>	Current Procedural Terminology	<b>OCM</b>	Oncology Care Measure
<b>CST</b>	Cancer-Specific Treatment	<b>OQR</b>	Outpatient Quality Reporting
<b>CY</b>	Calendar Year	<b>PCH</b>	PPS-Exempt Cancer Hospital
<b>DACA</b>	Data Accuracy and Completeness Acknowledgement	<b>PCHQR</b>	PPS-Exempt Cancer Hospital Quality Reporting
<b>EBRT</b>	External Beam Radiotherapy	<b>PQRS</b>	Physician Quality Re[porting] System
<b>ED</b>	Emergency Department	<b>PR</b>	Public Reporting
<b>FFS</b>	Fee-For-Service	<b>Q</b>	Quarter
<b>FY</b>	Fiscal Year	<b>RSAR</b>	Risk-standardized admission rate
<b>Fxns</b>	Fractions	<b>RSEDR</b>	Risk-standardized ED visit rate
<b>Gy</b>	Gray	<b>SBRT</b>	Stereotactic Body Radiation Therapy
<b>HAI</b>	Healthcare-Associated Infection	<b>SC</b>	Support Contractor
<b>HCAHPS</b>	Hospital Consumer Assessment of Healthcare Providers and Systems	<b>SCIP</b>	Surgical Care Improvement Project
<b>HCP</b>	Healthcare Personnel	<b>SRS</b>	Stereotactic Radiosurgery
<b>HHS</b>	Health and Human Services	<b>SSI</b>	Surgical Site Infection
<b>HQR</b>	Hospital Quality Reporting	<b>TEP</b>	Technical Expert Panel
<b>HT</b>	Health Transitions	<b>TBD</b>	To be determined
		<b>VIQR</b>	Value, Incentives, and Quality Reporting

# Purpose

This presentation will provide an overview of the PCHQR Program and how each element of the Program serves to reinforce the others. Essential Program elements consist of all facets of Outreach and Education, including, but not limited to: ListServes, manuals, measure information forms, rules, public reporting, and webinars. Through a demonstration of how each of these elements are interconnected, attendees will gain a comprehensive understanding of the Program and how to optimize their participation.

# The Timeline

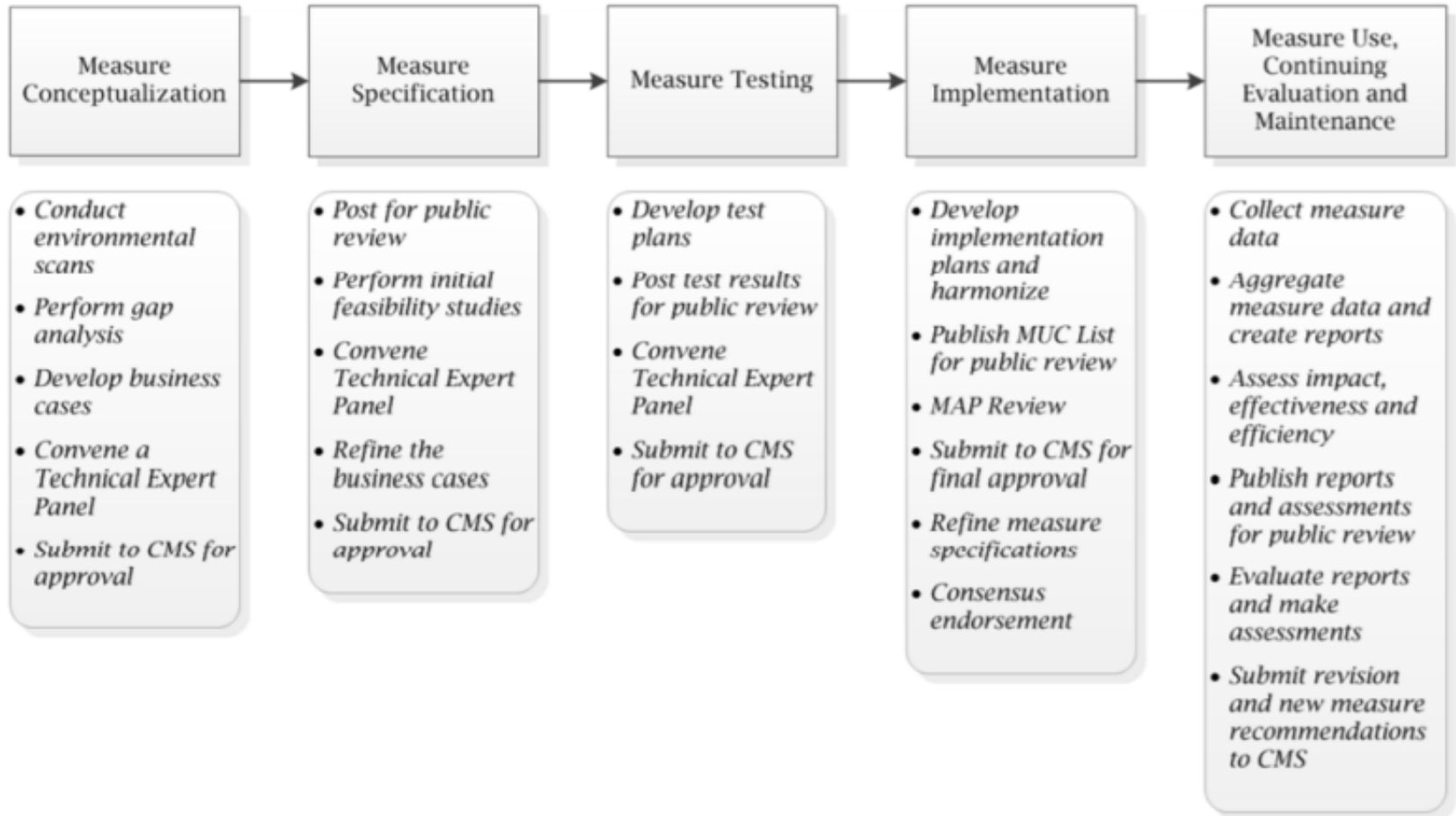




# National Quality Strategy

- Patient Protection and Affordable Care Act of 2010
- Three aims and Six domains
  - Three Aims:
    - Better Care
    - Smarter Spending
    - Healthier People
  - Six Domains:
    - Patient and Family Engagement
    - Patient Safety
    - Care Coordination
    - Population/Public Health
    - Efficient Use of Healthcare Resources
    - Clinical Process/Effectiveness
- Frames the CMS Measures Management System
- Prioritizes measures considered for implementation

# Measure Lifecycle



# One Source of PCHQR Program Truth: The Final Rule



## FEDERAL REGISTER

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Vol. 81                      Monday,  
No. 162                    August 22, 2016

Book 2 of 2 Books  
Pages 56761–57438

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### Part II

#### Department of Health and Human Services

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##### Centers for Medicare & Medicaid Services

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42 CFR Parts 405, 412, 413, *et al.*  
Medicare Program; Hospital Inpatient Prospective Payment Systems for  
Acute Care Hospitals and the Long-Term Care Hospital Prospective  
Payment System and Policy Changes and Fiscal Year 2017 Rates; Quality  
Reporting Requirements for Specific Providers; Graduate Medical  
Education; Hospital Notification Procedures Applicable to Beneficiaries  
Receiving Observation Services; Technical Changes Relating to Costs to  
Organizations and Medicare Cost Reports; Finalization of Interim Final  
Rules With Comment Period on LTCH PPS Payments for Severe Wounds,  
Modifications of Limitations on Redesignation by the Medicare Geographic  
Classification Review Board, and Extensions of Payments to MDHs and  
Low-Volume Hospitals; Final Rule

# Further Clarity on Measures

**0223** **Adjuvant chemotherapy is recommended or administered within 4 months (120 days) of diagnosis to patients under the age of 80 with AJCC III (lymph node positive) colon cancer**  
STEWART: Commission on Cancer, American College of Surgeons

**Measure Description:**  
Percentage of patients under the age of 80 with AJCC III (lymph node positive) colon cancer for whom adjuvant chemotherapy is recommended and not received or administered within 4 months (120 days) of diagnosis.

**Numerator Statement:**  
Chemotherapy is administered within 4 months (120 days) of diagnosis or it is recommended and not received

**Denominator Statement:**  
Include, if all of the following characteristics are identified:  
Age 18-79 at time of diagnosis  
Known or assumed to be first or only cancer diagnosis  
Primary tumors of the colon  
Epithelial malignancy only  
At least one pathologically examined regional lymph node positive for cancer (AJCC Stage III)  
All or part of 1st course of treatment performed at the reporting facility  
Known to be alive within 4 months (120 days) of diagnosis

**Exclusions:**  
Exclude, if any of the following characteristics are identified:  
Age <18 and >=80; not a first or only cancer diagnosis; non-epithelial and non-invasive tumors; no regional lymph nodes pathologically examined; metastatic disease (AJCC Stage IV); not treated surgically; died within 4 months (120 days) of diagnosis; Patient participating in clinical trial which directly impacts receipt of standard of care.

**Risk Adjustment:**  
No

**Take Action**  
[Request Ad Hoc Review](#)  
[Submit Measure Use Info](#)  
[Submit General Feedback](#)

**Status**  
Endorsed  
Last Updated Date:  
Oct 26, 2016  
Corresponding Measures:  
Not Available  
Measure History:  
[Full History](#)

**Found in Portfolio(s)**  
Oncology Metrics

## BSI - Surveillance for Bloodstream Infections

### Central Line-Associated Bloodstream Infection (CLABSI) and non-central line-associated Bloodstream Infection

- Training
- Protocols
- Forms
- Support Materials
- Analysis Resources
- FAQs



[More >](#)

## Palliation

### Palliative radiotherapy for bone metastases: An ASTRO evidence-based guideline (2011)

*Authors: Stephen Lutz, MD, Lawrence Berk, MD, PhD, Eric Chang, MD, Edward Chow, MBBS, Carol Hahn, MD, Peter Hoskin, MD, David Howell, MD, Andre Konski, MD, Lisa Kachnic, MD, Simon Lo, MB, ChB, Arjun Sahgal, MD, Larry Silverman, MD, Charles von Gunten, MD, PhD, FACP, Ehud Mendel, MD, FACS, Andrew Vassil, MD, Deborah Watkins Bruner, RN, PhD, and William Hartsell, MD*

This guideline addresses appropriate use of radiotherapy in the treatment of bone metastases according to current published evidence and complemented by expert opinion.

[Read the executive summary](#)  
[Read the full guideline](#)

**HCAHPS**  
Hospital Consumer Assessment of  
Healthcare Providers and Systems

## Physician Quality Reporting System

### About PQRS

The Physician Quality Reporting System (PQRS) is a quality reporting program that encourages individual eligible professionals (EPs) and group practices to report information on the quality of care to Medicare. PQRS gives participating EPs and group practices the opportunity to assess the quality of care they provide to their patients, helping to ensure that patients get the right care at the right time. [Click here](#) for a brief introductory video that explains how PQRS can help improve health care and to whom the system applies.

# Key Mile Stones



## CMS BLOG

<http://blog.cms.gov/2016/11/22/cms-finalizes-its-measures-under-consideration-list-for-pre-rulemaking>

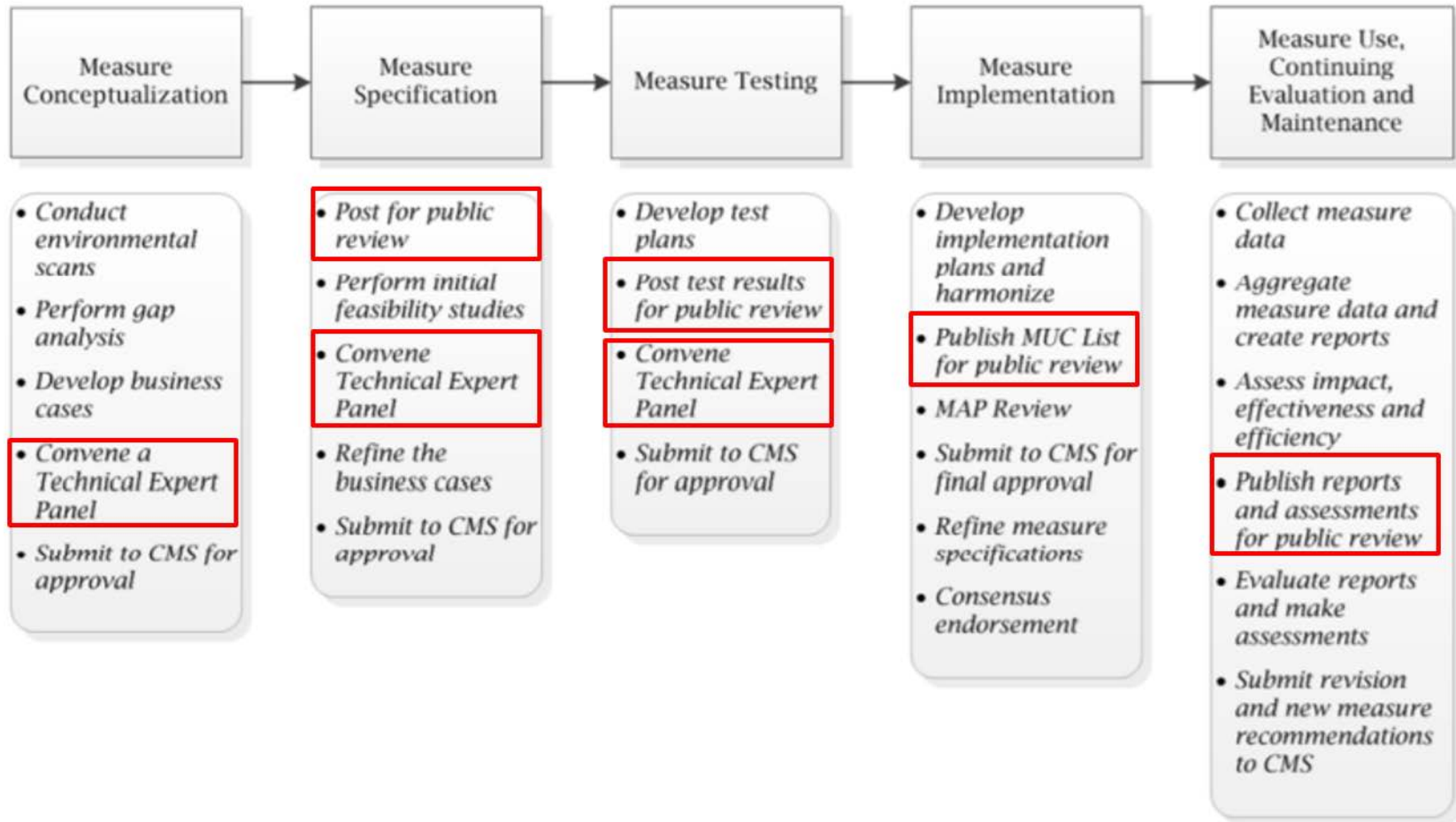
November 22, 2016

By: Kate Goodrich, M.D., M.H.S., Director, Center for Clinical Standards & Quality, CMS

### **CMS Finalizes its Measures Under Consideration List for Pre-rulemaking**

- November: Measures Under Consideration List
- April: Proposed Rule
- August: Final Rule

# Opportunities for Impact in the Measure Lifecycle



# Annual Program Responsibilities

- Participants
  - Notice of Participation
  - DACA
  - Filing of Measure Exception Form (as needed)
  - Annual Data Submission for HQR
    - OCMs
    - EBRT
    - Influenza vaccination of HCPs
- Support Contractor
  - Program Manual
  - Measure Information Forms and Algorithms

# Quarterly Program Activities

- Participants
  - Data submission for HQR
    - HCAHPS
    - CSTs
    - HAls
  - Review data
    - PCHQR Program Reports by FY
    - Public Report Preview Reports
    - Publicly reported data on *Hospital Compare*
- Support Contractor
  - Preparation, facilitation, and monitoring of HQR data submission
  - Preparation and submission of Public Reporting Files



# Monthly Communications: Outreach and Education

- Flyer and ListServe, two weeks prior to event
- Reminder that the slides are available, one day prior to event
- Minutes distributed, within two business days after event
- Questions and answers, transcript, and recording, all posted within 10 business days of event

# Monthly Communications: ListServes and Others

- Data submission deadlines
  - 30 and 15 day reminders
  - 7 day targeted emails
  - 3 days target phone calls
- *QualityNet* Known PCHQR Program Issues
- Public Reporting
  - Availability of Preview Reports
  - *Hospital Compare* Refresh
- Others as needed

# PCHQR Program: A Year in the Life of the Program

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## ***QUALITYNET* UPDATES**

# PCHQR Overview Page

## 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 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 *Hospital Compare*.

### PCHQR Program Eligibility

Eligible hospitals are described in section 1886(d)(1)(B)(v) of the Social Security Act. [PPS-Exempt Cancer Hospitals](#) are excluded from payment under the Inpatient Prospective Payment System (IPPS). CMS has designated 11 hospitals as PPS-Exempt (Medicare PPS-Excluded Cancer Hospitals).

### Final Rules for Hospital Inpatient PPS/Long Term Care Hospitals (LTCHs)

Information regarding the PCHQR Program can be found in the following Final Rule (FR) publications:

- [FY 2017 IPPS/LTCH PPS Final Rule](#) (81 FR 57182 through 57193)
  - The new claims based outcome measure, Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy, was finalized for the FY 2019 program and subsequent years.
  - The diagnosis cohort for Oncology: Radiation Dose Limits to Normal Tissues (National Quality Forum, NQF #0382) was expanded to include patients receiving 3D conformal radiation therapy for breast or rectal cancer, in addition to patients receiving 3D conformal radiation therapy for lung or pancreatic cancer. This is effective January 1, 2017, and applies to FY 2019 program and subsequent years.

# PCHQR Measures Page

**Table 4: Clinical Effectiveness Measure**

*Y = Applicable for stated program year; N/A = Not Applicable for stated program year*

NQF #	PCH #	Measure Name	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
1822	PCH-25	External Beam Radiotherapy for Bone Metastases	N/A	N/A	Y	Y	Y

**Table 5: Patient Engagement/Experience of Care Measure**

*Y = Applicable for stated program year; N/A = Not Applicable for stated program year*

NQF #	PCH #	Measure Name	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
0166	PCH-29	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey	N/A	Y	Y	Y	Y

**Table 6: Claims-Based Outcome Measure**

*Y = Applicable for stated program year; N/A = Not Applicable for stated program year*

NQF #	PCH #	Measure Name	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
N/A	PCH-30 and PCH-31	Admissions and Emergency Department (E.D.) Visits for Patients Receiving Outpatient Chemotherapy	N/A	N/A	N/A	N/A	Y

# PCHQR Data Collection Page

**Table 4: Clinical Effectiveness Measure**

NQF #	PCH #	Measure Name	Specifications Manual & Measure Information Forms	Data Collection Tool	Acceptable Method of Transmission
<a href="#">1822</a>	PCH-25	External beam radiotherapy for bone metastases	<ul style="list-style-type: none"> <li>• <a href="#">2016 External beam radiotherapy for bone metastases measure information form</a></li> <li>• <a href="#">2016 Radiotherapy algorithm (clean version)</a></li> <li>• <a href="#">2016 Radiotherapy algorithm (example version)</a></li> </ul>	• <a href="#">2016 Bone metastases paper abstraction tool</a>	Secure file transfer via <a href="#">QualityNet Secure Portal</a>

**Table 6: Claims-Based Outcome Measure**

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="#">2016 Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy measure information form</a>	None. (This is a claims-based measure.)	This data will be submitted by CMS contractor on behalf of the PCH.

# PCHQR Resources – 1

## Resources

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

#### Web Resources

The following sites provide additional information about the PCHQR Program's measure specifications and sampling methodology.

- [American College of Surgeons \(ACoS\) - Cancer](#)
- [Physician Quality Reporting System \(PQRS\)](#)
- [American Society for Radiation Oncology \(ASTRO\)](#)
- [American Urological Association \(AUA\)](#)
- [National Healthcare Safety Network \(NHSN\)](#)
- [Medicare PPS-Excluded Cancer Hospitals](#)
- [Federal Register](#)
- [Hospital Compare](#)
- [Hospital Survey Hospital Consumer Assessment of Healthcare Providers and Systems \(HCAHPS\)](#)
- [National Quality Forum Measure Endorsements and Performance Standards \(NQF\)](#)
- [Quality Reporting Center](#)
- [Regulations.gov](#)



# PCHQR Resources – 2

## Program-Specific Resources

- [2016 PPS-Exempt Cancer Hospitals Quality Reporting \(PCHQR\) Program Manual - Version 2.0](#), PDF-5.6 MB (12/02/16)
- [2016 PCHQR Program Manual](#), PDF-6 MB (04/26/16)
- [2015 PCHQR Program Manual](#), PDF-5 MB (Updated 02/18/16)
- [Data Submission Deadlines](#), PDF-272 KB (Updated 11/18/16)
- [Measure Crosswalk](#), PDF-127 KB (Updated 11/18/16)
- [PCHQR Measure to Public Reporting Period Relationship Matrix](#), PDF-445 KB (Updated 12/02/16)



# 2016 Program Manual v2.0



## PPS-Exempt Cancer Hospital Quality Reporting Program Manual

2016 Version 2.0

- Added FY 2017 Final Rule
- Removed SCIP
- Added Claims-Based measure
- Updated timeframes for Public Reporting
- Updated resources

# Measure Submission Deadlines

Due Date	Colon Cancer/ Breast Cancer*	Adjuvant Hormonal Therapy*	CLABSI/ CAUTI/SSI/ MRSA/CDI**	HCP Flu Vacc**	HCAHPS	OCM††	EBRT††	DACA
08/15/2016	Q4 2015 (10/1–12/31)	Q2 2015 (4/1–6/30)	Q1 2016 (1/1–3/31)	N/A	N/A	Q2–Q4 2015 (4/1–12/31)	CY 2015 (1/1–12/31)	N/A
08/31/2016	N/A	N/A	N/A	N/A	N/A	N/A	N/A	For FY 2017
10/05/2016	N/A	N/A	N/A	N/A	Q2 2016 (4/1–6/30)	N/A	N/A	N/A
11/15/2016	Q1 2016 (1/1–3/31)	Q3 2015 (7/1–9/30)	Q2 2016 (4/1–6/30)	N/A	N/A	N/A	N/A	N/A
01/04/2017	N/A	N/A	N/A	N/A	Q3 2016 (7/1–9/30)	N/A	N/A	N/A
02/15/2017	Q2 2016 (4/1–6/30)	Q4 2015 (10/1–12/31)	Q3 2016 (7/1–9/30)	N/A	N/A	N/A	N/A	N/A
04/05/2017	N/A	N/A	N/A	N/A	Q4 2016 (10/1–12/31)	N/A	N/A	N/A
05/15/2017	Q3 2016 (7/1–9/30)	Q1 2016 (1/1–3/31)	Q4 2016 (10/1–12/31)	Q4 2016–Q1 2017 (10/1/16–3/31/17)	N/A	N/A	N/A	N/A
07/05/2017	N/A	N/A	N/A	N/A	Q1 2017 (1/1–3/31)	N/A	N/A	N/A
08/15/2017	Q4 2016 (10/1–12/31)	Q2 2016 (4/1–6/30)	Q1 2017 (1/1–3/31)	N/A	N/A	CY 2016 (1/1–12/31)	CY 2016 (1/1–12/31)	N/A
08/31/2017	N/A	N/A	N/A	N/A	N/A	N/A	N/A	For FY 2018
10/04/2017	N/A	N/A	N/A	N/A	Q2 2017 (4/1–6/30)	N/A	N/A	N/A
11/15/2017	Q1 2017 (1/1–3/31)	Q3 2016 (7/1–9/30)	Q2 2017 (4/1–6/30)	N/A	N/A	N/A	N/A	N/A

# Measure Crosswalk

NQF#	PCH#	Measures Grouped by Measure Topic	Program Year				
			FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Clinical Process/Cancer-Specific Treatments							
#0223	PCH-1	Adjuvant Chemotherapy is Considered or Administered Within 4 Months (120 days) of Diagnosis to Patients Under the Age of 80 with AJCC III (lymph node positive) Colon Cancer	✓	✓	✓	✓	✓
#0559	PCH-2	Combination Chemotherapy is Considered or Administered Within 4 Months (120 days) of Diagnosis for Women Under 70 with AJCC T1 cN0M0, or Stage IB - III Hormone Receptor Negative Breast Cancer	✓	✓	✓	✓	✓
#0220	PCH-3	Adjuvant Hormonal Therapy	✓	✓	✓	✓	✓
Safety and Healthcare-Associated Infection (HAI)							
#0139	PCH-4	NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure	✓	✓	✓	✓	✓
#0138	PCH-5	NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	✓	✓	✓	✓	✓
#0753	PCH-6* PCH-7*	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	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	N/A	✓	✓

# Relationship Matrix – 1

Cancer– Specific Treatments:	Program (Fiscal) Years	Reporting Periods – Calendar Year Quarters	Quarterly Data Submission Deadlines	Hospital Compare Release October 2016	Hospital Compare Release December 2016	Hospital Compare Release April 2017	Hospital Compare Release July 2017	Hospital Compare Release October 2017
Colon Chemo NQF #0223 (PCH–1)	2014	1Q 2013	PRIOR					
		2Q 2013	PRIOR					
		3Q 2013	PRIOR					
		4Q 2013	PRIOR					
	2015	1Q 2014	PRIOR					
		2Q 2014	PRIOR					
		3Q 2014	PRIOR					
		4Q 2014	PRIOR					
	2016	1Q 2015	PRIOR	3Q2014– 2Q2015	4Q2014– 3Q2015	1Q2015– 4Q2015	2Q2015– 1Q2016	3Q2015– 2Q2016
		2Q 2015	PRIOR					
		3Q 2015	PRIOR					
		4Q 2015	PRIOR					
	2017	1Q 2016	11/15/2016					
		2Q 2016	02/15/2017					
		3Q 2016	05/15/2017					
		4Q 2016	08/15/2017					
Breast Chemo NQF #0559 (PCH–2)	2014	1Q 2013	PRIOR					
		2Q 2013	PRIOR					
		3Q 2013	PRIOR					
		4Q 2013	PRIOR					
	2015	1Q 2014	PRIOR					
		2Q 2014	PRIOR					
		3Q 2014	PRIOR					
		4Q 2014	PRIOR					
	2016	1Q 2015	PRIOR	3Q2014– 2Q2015	4Q2014– 3Q2015	1Q2015– 4Q2015	2Q2015– 1Q2016	3Q2015– 2Q2016
		2Q 2015	PRIOR					
		3Q 2015	PRIOR					
		4Q 2015	PRIOR					
	2017	1Q 2016	11/15/2016					
		2Q 2016	02/15/2017					
		3Q 2016	05/15/2017					
		4Q 2016	08/15/2017					

# Relationship Matrix – 2

Oncology Care Measures	Program (Fiscal) Years	Reporting Periods – Calendar Year Quarters	Quarterly Data Submission Deadlines	Hospital Compare Release October 2016	Hospital Compare Release December 2016	Hospital Compare Release April 2017	Hospital Compare Release July 2017	Hospital Compare Release October 2017	Hospital Compare Release December 2017		
NQF #0382 (PCH–14) NQF #0383 (PCH–15) NQF #0384 (PCH–16) NQF #0390 (PCH–17) NQF #0389 (PCH–18)	2016	1Q 2015	PRIOR		1Q2015–4Q2015						
	2017	2Q 2015	PRIOR								
		3Q 2015	PRIOR								
		4Q 2015	PRIOR								
	2018	1Q 2016	08/15/2017								
		2Q 2016									
		3Q 2016									
		4Q 2016									
	2019	1Q 2017	08/15/2018								
		2Q 2017									
		3Q 2017									
		4Q 2017									

# PCHQR Resources – 3

## Forms

- [Hospital Contact Change Form](#), PDF-201 KB (08/12/16) - Use to report any changes regarding key contacts at the hospital (CEO/administrator, PCHQR specialist, medical record contact, National Healthcare Safety Network contact, and QualityNet Security Administrators) to help ensure the facility receives all necessary correspondence regarding the PCHQR Program.
- [Extraordinary Circumstances Extension/Exemptions Request Form](#), PDF-67 KB (11/02/16)
- [Measure Exception Form](#), PDF-43 KB (01/16/15)

# Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
  - It is your responsibility to submit this form to your accrediting body for credit.

# CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
  - This is a separate registration from ReadyTalk®.
  - Please use your PERSONAL email so you can receive your certificate.
  - Healthcare facilities have firewalls up that block our certificates.



# CE Certificate Problems?

- If you do not immediately receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that is sent out.
- Please go back to the **New User** link and register your personal email account.
  - Personal emails do not have firewalls.

# CE Credit Process: Survey

☐ No

Please provide any additional comments

**10. What is your overall level of satisfaction with this presentation?**

☐ Very satisfied

☐ Somewhat satisfied

☐ Neutral

☐ Somewhat dissatisfied

☐ Very dissatisfied

If you answered "very dissatisfied", please explain

**11. What topics would be of interest to you for future presentations?**

**12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.**

Done

Powered by **SurveyMonkey**  
Check out our [sample surveys](#) and create your own now!

# CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

**New User Link:**  
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

**Existing User Link:**  
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

**Note:** If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

# CE Credit Process: New User

**HSAG** HEALTH SERVICES ADVISORY GROUP

this is a secure site  
please provide credentials to continue

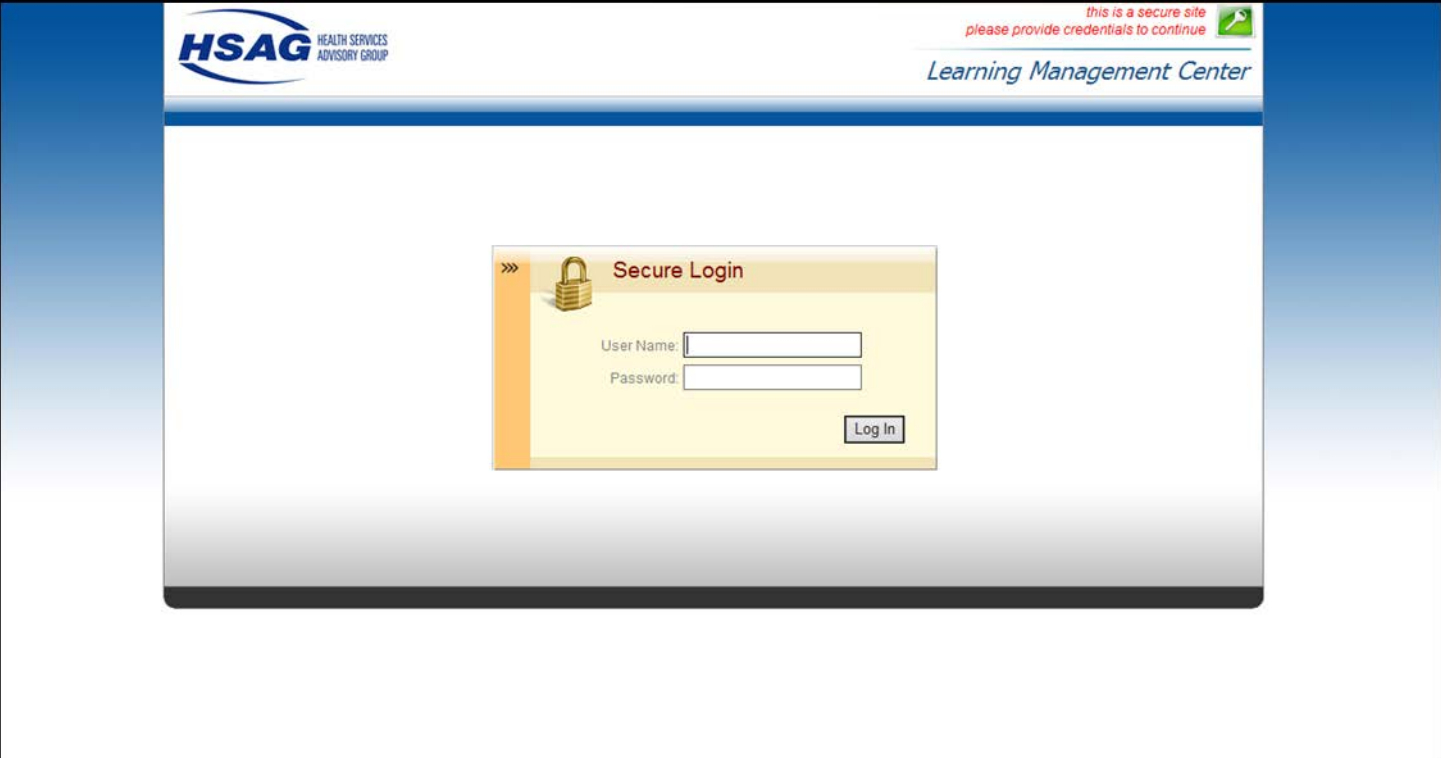
*Learning Management Center*

**Learning Center Registration: QQR: 2015 Specifications Manual Update - 1-21-2015**

First Name:  Last Name:

Email:  Phone:

# CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning reads "this is a secure site please provide credentials to continue" next to a small green icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and an orange left border. Inside this box, there is a padlock icon, the title "Secure Login", and two input fields labeled "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

PCHQR Program:  
A Year in the Life of the Program

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**CLOSING REMARKS**