

Welcome!

- Audio for this event is available via ReadyTalk® Internet streaming.
- No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.
- Limited dial-in lines are available.
Please send a chat message if needed.
- This event is being recorded.



Troubleshooting Audio

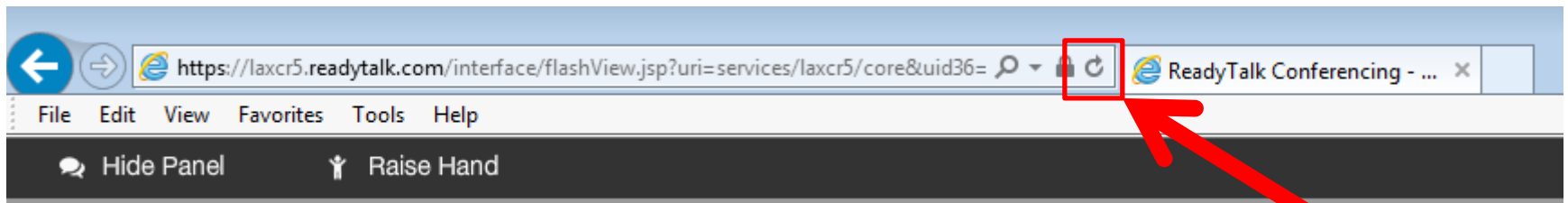
**Audio from
computer speakers
breaking up?**

**Audio suddenly
stop?**

**Click Refresh icon
-or-
Click F5**



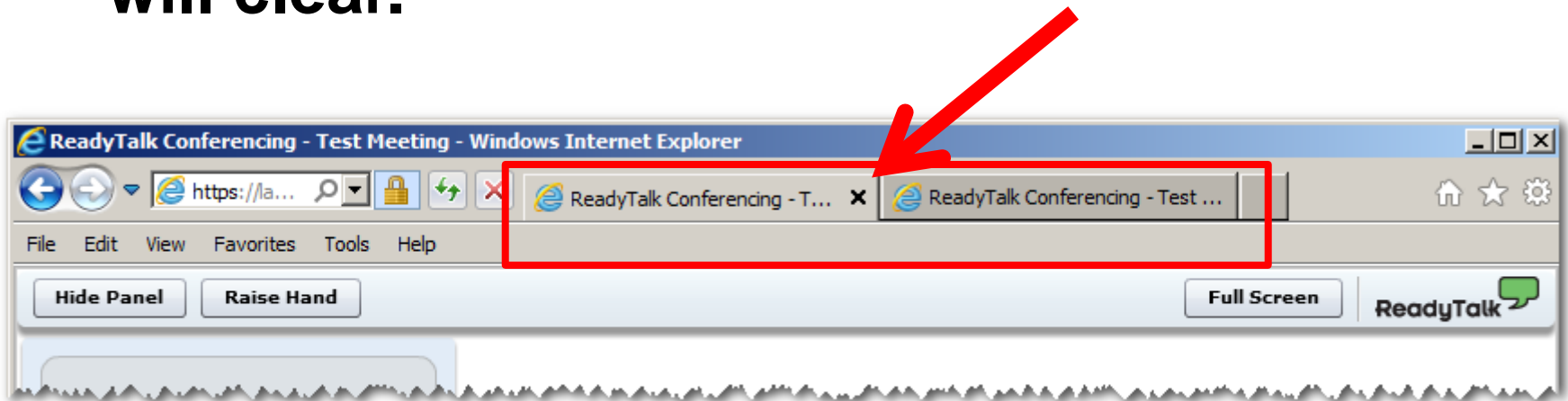
F5 Key
Top Row of Keyboard



Refresh

Troubleshooting Echo

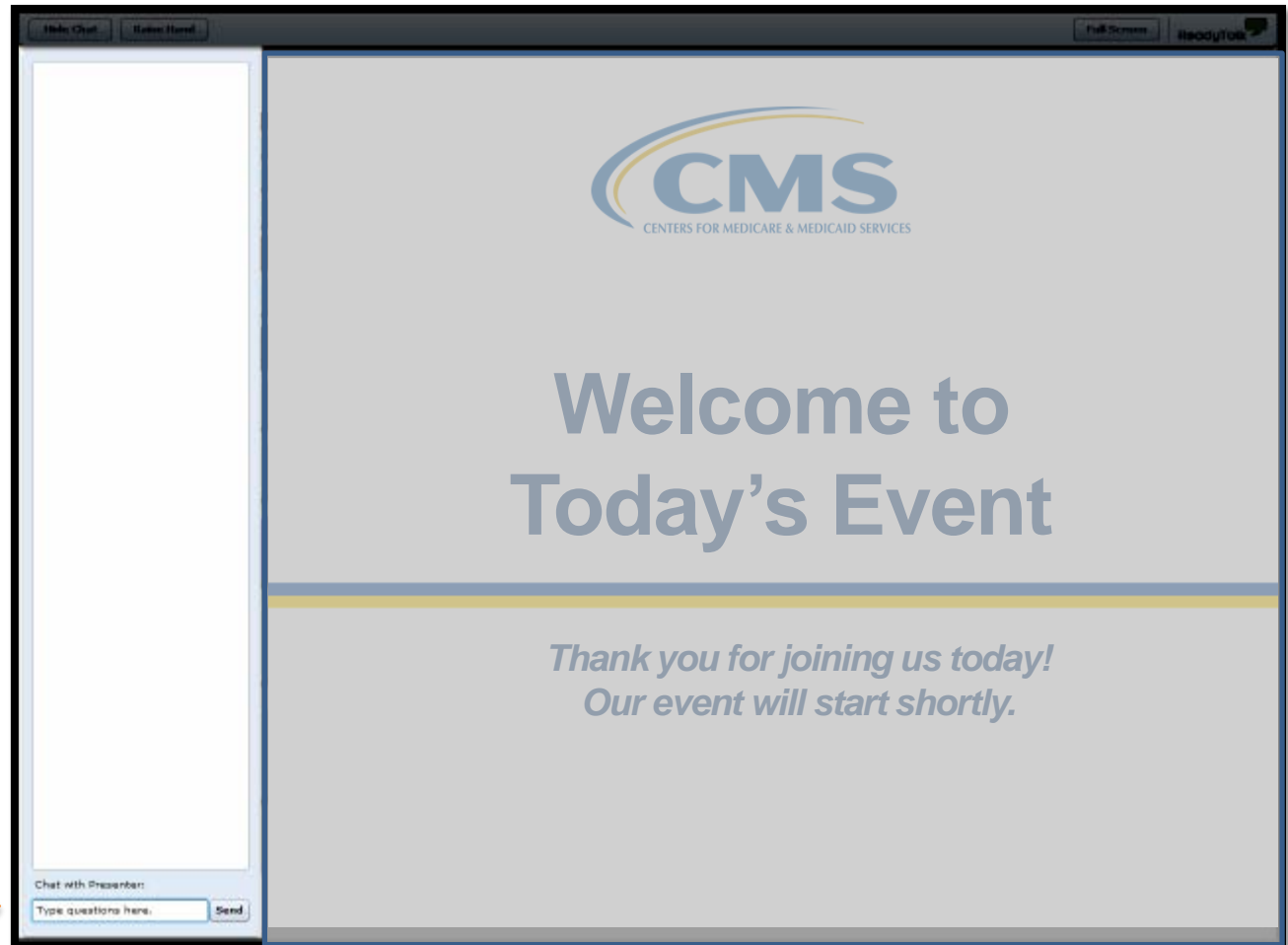
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



Two Browser Tabs open to Same Event

Submitting Questions

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





PCHQR Program: Why Your Participation Matters

Lisa Vinson, BS, BSN, RN

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

October 26, 2017

Acronyms and Abbreviations

CAUTI	Catheter-Associated Urinary Tract Infection	IPPS	Inpatient Prospective Payment System
CDC	Centers for Disease Control and Prevention	LTCH	Long-Term Care Hospital
CDI	<i>Clostridium difficile</i> Infection	MAP	Measure Applications Partnership
CE	Continuing Education	MIF	Measure Information Form
CLABSI	Central Line-Associated Bloodstream Infection	MRSA	Methicillin-Resistant <i>Staphylococcus aureus</i>
CMS	Centers for Medicare & Medicaid Services	MUC	Measures Under Consideration
CST	Cancer-Specific Treatment	NCCN	National Comprehensive Cancer Network
EBRT	External Beam Radiotherapy	NHSN	National Healthcare Safety Network
FSR	Facility-Specific Report	NQF	National Quality Forum
FY	Fiscal Year	OCM	Oncology Care Measure
HAI	Healthcare-Associated Infection	PCH	PPS-Exempt Cancer Hospital
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
HCP	Healthcare Personnel	PPS	Prospective Payment System
HQR	Hospital Quality Reporting	Q	Quarter
HSAG	Health Services Advisory Group	QIN	Quality Innovation Network
		QPP	Quality Payment Program
		SSI	Surgical Site Infection

Purpose

This presentation will review the formative intent of the PCHQR Program, relating how participation in the Program guides participants along the path to attaining the goals of the Program.

Objectives

Upon completion of this event participants, understanding the foundational principles of the PCHQR Program, will be able to do the following:

- Synthesize the requirements, as stated in the rules governing the Program, into practice
- Become cognizant of best practices and achieve measurable quality improvement within their facility for the patients they serve
- Publicly report quality of care information to help patients and caregivers make informed decisions

Formative Intent of Program

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: Why Your Participation Matters

Putting the Rules into Practice

The Rules of the PCHQR Program

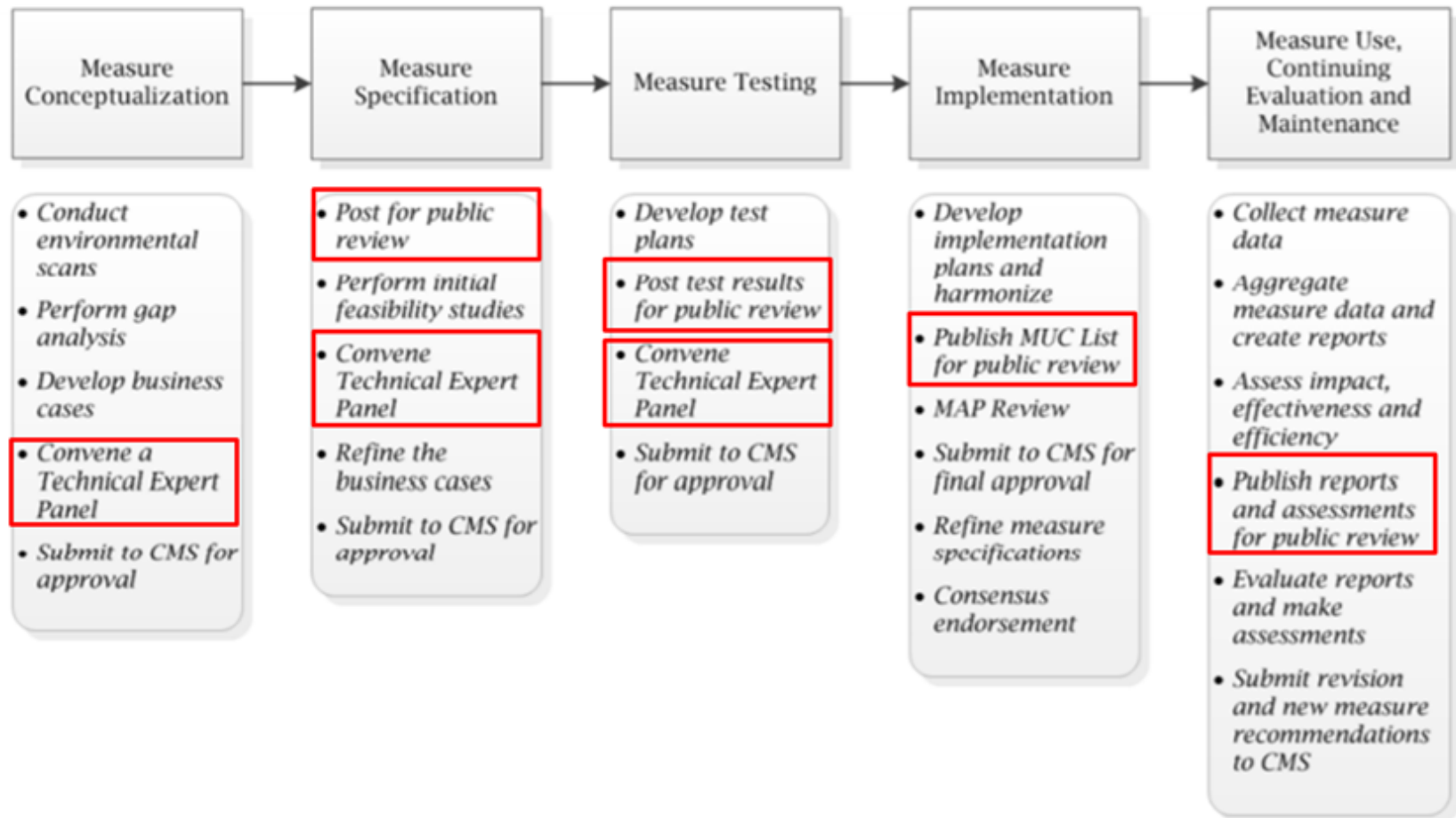
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864217>

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 2018 IPPS/LTCH PPS Final Rule](#) (82 FR 38411 through 38425)
 - The three Cancer-Specific Treatment measures were removed from the Program beginning with diagnoses occurring as of January 1, 2018.
 - Four new end-of-life claims-based measures (NQF #0210, #0213, #0215, and #0216) were added to the Program for the FY 2020 program year and subsequent years.
- [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.
- [FY 2016 IPPS/LTCH PPS Final Rule](#) (80 FR 49713 through 49723)
 - Two new outcome measures, Methicillin-resistant *Staphylococcus aureus* (MRSA), and *Clostridium difficile* infection (CDI) and one process measure, Healthcare Personnel Vaccination (HCP), were finalized for the FY 2018 program and subsequent years.
 - Surgical Care Improvement Project (SCIP) measures will be removed as of October 1, 2016.
- [FY 2015 IPPS/LTCH PPS Final Rule](#) (79 FR 50277 through 50286)
 - One new clinical effectiveness measure (EBRT) was finalized for the FY 2017 program and subsequent years.
 - No previously finalized measures were removed or replaced for the FY 2017 program and subsequent years.
- [FY 2014 IPPS/LTCH PPS Final Rule](#) (78 FR 50837 through 50853)
 - One new HAI quality measure (surgical site infection) was finalized for the FY 2015 program and subsequent years.
 - 12 new quality measures (including five clinical process oncology care measures, six SCIP measures, and Hospital Consumer Assessment of Healthcare Providers and Systems [HCAHPS]) for the FY 2016 program and subsequent years were finalized.
 - No previously finalized measures were removed or replaced for the FY 2015 and FY 2016 program and subsequent years.
- [FY 2013 IPPS/LTCH Final Rule](#) (77 FR 53555 through 53567)
 - Five quality measures (two hospital-acquired infection [HAI], and three Cancer Specific Treatment [CST] measures) were finalized for the FY 2014 program and subsequent years.

Opportunities for Impact in the Measure Lifecycle



Measure Implementation

Measures Under Consideration

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>



Pre-Rule Making

Overview of Rulemaking Process for Measure Selection

Section 3014 of the Affordable Care Act of 2010 (ACA) (P.L. 111-148) created a new section 1890A of the Social Security Act, which requires that the U.S. Department of Health and Human Services (DHHS) establish a federal pre-rulemaking process for the selection of quality and efficiency measures for use by DHHS. The categories of measures are described in section 1890(b)(7)(B) of the Act.

The pre rulemaking process includes the following steps:

1. Annually, no later than December 1st, DHHS makes publicly available, a list of quality and efficiency measures DHHS is considering adopting, through the federal rulemaking process, for use in Medicare program(s);
2. Multi-stakeholder groups provide input to DHHS no later than February 1st annually on the selection of quality and efficiency measures;
3. DHHS considers the multi-stakeholder groups' input in selecting quality and efficiency measures;
4. Program owners publish in the Federal Register the rationale for the use of any quality and efficiency measures that are not endorsed by the consensus based entity with a contract under Section 1890 of the Act, which is currently the National Quality Forum (NQF); and
5. Assess the quality and efficiency impact of the use of endorsed measures and make that assessment available to the public at least every three years.

For more information, view:

- [Educational Webinars on Pre-Rule Making Process](#)
- [Additional Resources](#)

Making the List of Measures under Consideration Publicly Available

To comply with the law, as a first step, DHHS must annually issue a Measures under Consideration List.

Each year around the second quarter, CMS begins the annual pre-rule making cycle of collecting and compiling quality and efficiency measures for the Measures under Consideration List using an issue tracking system. CMS may also submit ad hoc Measures under Consideration Lists that would be in addition to the regular annual pre-rule making cycle.

Annual Key Milestones

Date	Milestone
By December 1	Measures Under Consideration List published
April	Proposed Rule
August	Final Rule

Preparing the Proposed Rule

- CMS begins preparing the Proposed Rule in January each year.
- CMS utilizes the Measure Applications Partnership (MAP) recommendations on measures for determining their use in CMS programs.
- The PCHQR Program is included in the Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) PPS Proposed Rule.
- The IPPS/LTCH PPS Proposed Rule is published in early April of each year.
- The public comment period lasts three months.

From Proposed to Final Rule

- Final Rule drafting begins once the public comment period ends.
- CMS analyzes public comments on the proposals and decides whether to finalize, modify, or to not finalize the proposals based on public comments.
- Some factors that CMS evaluates include the following:
 - Information regarding the burden of proposed measures
 - Proposals for other measures on the same or similar topics
 - Potential unintended consequences of implementing the proposed measure
- The IPPS/LTCH PPS Final Rule is published in August.

PCHQR Program: Why Your Participation Matters

Best Practices and Quality Improvement

Awareness of Best Practices

- Understanding measures
- Hospital quality reporting
 - Data submission
- Support contractor's role
 - Outreach and education
 - Quality improvement

Available Resources to Provide Clarity on Measures

Data Sources:

- Quality Payment Program (QPP)
- Centers for Disease Control and Prevention (CDC)
- Measure developer materials
- National Comprehensive Cancer Network (NCCN) guidelines

Available tools:

- Algorithms
- Data collection tools
- Measure Information Forms (MIFs)

Hospital Quality Reporting

- Participants
 - Data submission for Hospital Quality Reporting (HQR)
 - Quarterly:
 - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
 - Cancer-Specific Treatments (CSTs)
 - Healthcare-associated infections (HAIs)
 - Annually:
 - Oncology Care Measures (OCMs)
 - External Beam Radiotherapy for Bone Metastases (EBRT)
 - Influenza Vaccination Coverage Among Healthcare Personnel (HCP)
 - Review data
 - PCHQR Program Reports by Fiscal Year (FY)
 - *Hospital Compare* Preview Reports
 - Publicly reported data on *Hospital Compare*

Monthly Communications: Outreach and Education

- Flyer and ListServes
- Reminders
- Minutes
- Recording
- Transcripts
 - Questions and answers
 - Presentation

Monthly Communications: ListServes and Others

- Data submission deadlines
 - 30- and 15-day reminders
 - 7-day targeted emails
 - 3-day targeted phone calls
- *QualityNet*: Hospital Quality Reporting System PCH Known Issues
- Public Reporting
 - Availability of Preview Reports
 - *Hospital Compare* Refresh
- Others as needed

QualityNet

Questions and Answers Tool

QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet) Search

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

QualityNet Registration

- Hospitals - Inpatient
- Hospitals - Outpatient
- Physician Offices
- ASCs
- Cancer Hospitals
- ESRD Facilities
- Inpatient Psychiatric Facilities
- QIOs

Getting Started with QualityNet

- Registration
- Sign-In Instructions
- Security Statement
- Password Rules
- QualityNet System Security Policy, PDF

Join ListServes
Sign up for Notifications and Discussions.

QualityNet News [More News »](#)

CMS releases December 2017 Hospital Compare preview reports
The Centers for Medicare & Medicaid Services (CMS) is making the December 2017 Hospital Compare preview reports available on QualityNet on October 2, 2017. The preview reports are for hospitals and facilities participating in the Inpatient Quality Reporting (IQR), Outpatient Quality Reporting (OQR), Inpatient Psychiatric Facility Quality Reporting (IPFQR) and PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Programs.

The Hospital Compare preview reports will be available from **October 2 through October 31**. Hospitals are encouraged to access and download reports early in the preview period in order to have time for a thorough review. The preview reports are only available during the preview period.

[Full Article »](#)

Headlines

- [CMS grants exceptions for Quality Program participants in FEMA disaster areas in Puerto Rico and U.S. Virgin Islands affected by Hurricane Maria](#)
- [CMS will not update Hospital Compare Star Ratings Data in October 2017](#)
- [CMS grants exceptions for Quality Program participants in FEMA disaster areas in Florida, Puerto Rico, and U.S. Virgin Islands affected by Hurricane Irma](#)
- [CMS will hold a second Review and Corrections Period for the FY 2018 HAC Reduction Program](#)
- [CMS grants exemptions for Quality Program participants in FEMA disaster areas in Texas and Louisiana affected by Hurricane Harvey](#)
- [Hospital VBP Program FY 2018 Percentage Payment Summary Report now available](#)

Log in to QualityNet Secure Portal

Login

- Download Symantec ID (**required** for login)
- Portal Resources
- Secure File Transfer Resources

Questions & Answers

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

Note: First-time registration required

Downloads

Existing User vs New User

The screenshot displays the QualityNet website. At the top left is the QualityNet logo. To the right of the logo is a navigation bar with buttons for [Home](#), [Find an Answer](#), [Ask a Question](#), and [My Stuff](#). In the top right corner, there is a red-bordered box containing the links [Log In](#) and [Sign Up](#). Below the navigation bar is a light blue banner with the text "Hospital Inpatient Questions and Answers". The main content area is divided into two columns. The left column is titled "Select a Hospital Inpatient Quality Reporting Program Topic Below" and contains a list of topics: "Hospital-Acquired Condition (HAC) Reduction Program", "Deficit Reduction Act (DRA) Hospital-Acquired Condition (HAC) Reporting", "Hospital Inpatient Measures and Data Element Abstraction", "Hospital Inpatient Quality Reporting (IQR) Program", "Hospital Readmissions Reduction Program (HRRP)", "Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program", and "PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program". The right column is titled "Contact Us" and contains two sections: "Ask a Question" with the text "Submit a question to our support team." and "Give Feedback" with the text "How can we make this site more useful for you?".

QualityNet

[Log In](#) | [Sign Up](#)

[Home](#) [Find an Answer](#) [Ask a Question](#) [My Stuff](#)

Hospital Inpatient Questions and Answers

Select a Hospital Inpatient Quality Reporting Program Topic Below

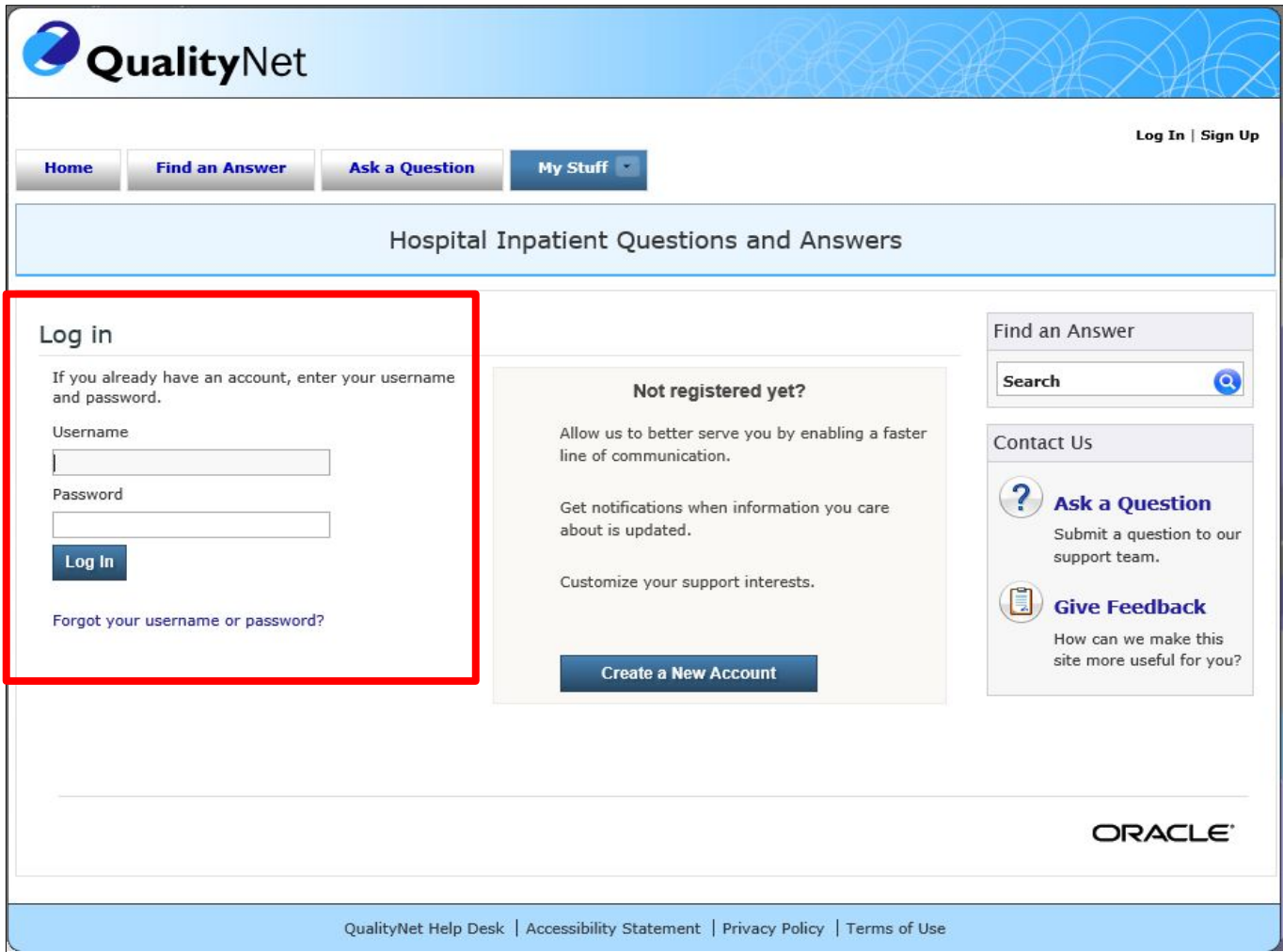
- [Hospital-Acquired Condition \(HAC\) Reduction Program](#)
- [Deficit Reduction Act \(DRA\) Hospital-Acquired Condition \(HAC\) Reporting](#)
- [Hospital Inpatient Measures and Data Element Abstraction](#)
- [Hospital Inpatient Quality Reporting \(IQR\) Program](#)
- [Hospital Readmissions Reduction Program \(HRRP\)](#)
- [Inpatient Psychiatric Facility Quality Reporting \(IPFQR\) Program](#)
- [PPS-Exempt Cancer Hospital Quality Reporting \(PCHQR\) Program](#)

Contact Us

[Ask a Question](#)
Submit a question to our support team.

[Give Feedback](#)
How can we make this site more useful for you?

Existing User: Log in



The image shows the QualityNet login page. The page has a blue header with the QualityNet logo. Below the header is a navigation bar with buttons for Home, Find an Answer, Ask a Question, and My Stuff. A 'Log In | Sign Up' link is in the top right. The main content area is titled 'Hospital Inpatient Questions and Answers'. On the left, a 'Log in' section is highlighted with a red border. It contains a message for existing users, input fields for Username and Password, a 'Log In' button, and a link for forgotten credentials. In the center, a 'Not registered yet?' section encourages new users with benefits and a 'Create a New Account' button. On the right, there are sections for 'Find an Answer' with a search bar, and 'Contact Us' with links to 'Ask a Question' and 'Give Feedback'. The Oracle logo is in the bottom right, and a footer contains links to the Help Desk, Accessibility Statement, Privacy Policy, and Terms of Use.

QualityNet

Log In | Sign Up

Home Find an Answer Ask a Question My Stuff

Hospital Inpatient Questions and Answers

Log in

If you already have an account, enter your username and password.

Username

Password

Log In

[Forgot your username or password?](#)

Not registered yet?

Allow us to better serve you by enabling a faster line of communication.

Get notifications when information you care about is updated.

Customize your support interests.

Create a New Account

Find an Answer

Search

Contact Us

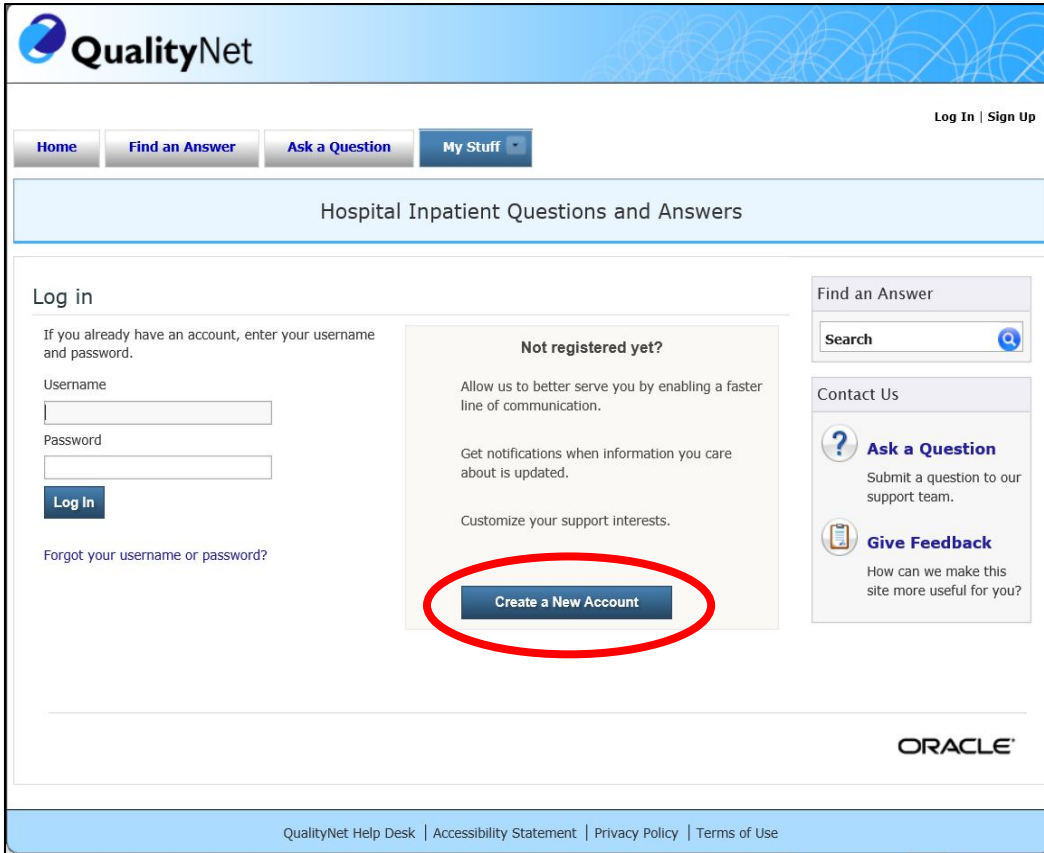
Ask a Question
Submit a question to our support team.

Give Feedback
How can we make this site more useful for you?

ORACLE

QualityNet Help Desk | Accessibility Statement | Privacy Policy | Terms of Use

New User: Create an Account



The screenshot shows the QualityNet homepage. At the top is the QualityNet logo and navigation links: Home, Find an Answer, Ask a Question, and My Stuff. A 'Log In | Sign Up' link is in the top right. The main heading is 'Hospital Inpatient Questions and Answers'. On the left, there's a 'Log in' section with fields for Username and Password, a 'Log In' button, and a link for 'Forgot your username or password?'. In the center, a 'Not registered yet?' box contains text about enabling communication, getting notifications, and customizing interests. A red circle highlights the 'Create a New Account' button at the bottom of this box. To the right, there's a 'Find an Answer' search bar and a 'Contact Us' section with 'Ask a Question' and 'Give Feedback' links. The Oracle logo is at the bottom right, and a footer contains links for Help Desk, Accessibility Statement, Privacy Policy, and Terms of Use.

QualityNet

Home Find an Answer Ask a Question My Stuff

Log In | Sign Up

Hospital Inpatient Questions and Answers

Log in

If you already have an account, enter your username and password.

Username

Password

Log In

Forgot your username or password?

Not registered yet?

Allow us to better serve you by enabling a faster line of communication.

Get notifications when information you care about is updated.

Customize your support interests.

Create a New Account

Find an Answer

Search

Contact Us

Ask a Question

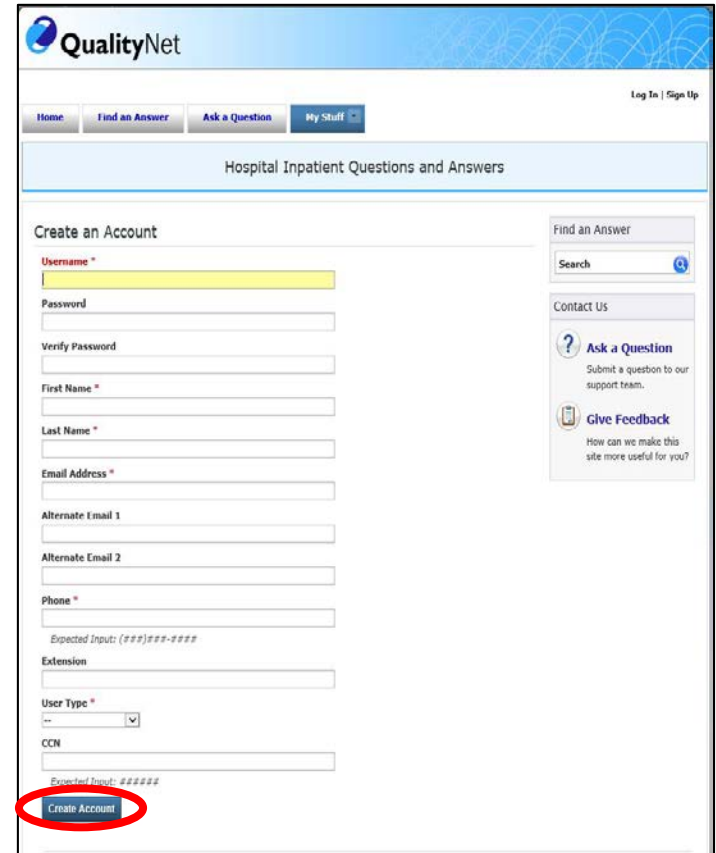
Submit a question to our support team.

Give Feedback

How can we make this site more useful for you?

ORACLE

QualityNet Help Desk | Accessibility Statement | Privacy Policy | Terms of Use



The screenshot shows the 'Create an Account' page on QualityNet. It has the same top navigation as the homepage. The main heading is 'Hospital Inpatient Questions and Answers'. The 'Create an Account' section contains fields for Username, Password, Verify Password, First Name, Last Name, Email Address, Alternate Email 1, Alternate Email 2, Phone, and Extension. There are also dropdown menus for User Type and CCH. A red circle highlights the 'Create Account' button at the bottom. On the right, there's a 'Find an Answer' search bar and a 'Contact Us' section with 'Ask a Question' and 'Give Feedback' links.

QualityNet

Home Find an Answer Ask a Question My Stuff

Log In | Sign Up

Hospital Inpatient Questions and Answers

Create an Account

Username *

Password

Verify Password

First Name *

Last Name *

Email Address *

Alternate Email 1

Alternate Email 2

Phone *

Extension

User Type *

CCH

Create Account

Find an Answer

Search

Contact Us

Ask a Question

Submit a question to our support team.

Give Feedback

How can we make this site more useful for you?

How to Ask a Question



The screenshot shows the QualityNet website interface. At the top, the QualityNet logo is on the left, and 'Log In | Sign Up' is on the right. Below the logo is a navigation bar with four buttons: 'Home', 'Find an Answer', 'Ask a Question', and 'My Stuff'. A red arrow points to the 'Ask a Question' button. Below the navigation bar is a section titled 'Hospital Inpatient Questions and Answers'. This section contains an 'Advanced Search' box with a search input field and a 'Search' button. Below the search box is a section titled 'PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program'. Under this title is a 'Select an Answer Category' section with a grid of links: 'Cancer Measures', 'Extraordinary Circumstances Exemption', 'HAI Measure Waiver', 'DACA', 'Healthcare-Associated Infection Measures', 'PCHQR Program Requirements', 'QualityNet System Registration', 'Notice of Participation', 'Data Accuracy and Completeness', and 'HAI Waiver'. On the right side of the page, there is a 'Find an Answer' section with a search input field and a 'Search' button, and a 'Contact Us' section with links to 'Ask a Question' and 'Give Feedback'.

QualityNet

Log In | Sign Up

Home Find an Answer **Ask a Question** My Stuff

Hospital Inpatient Questions and Answers

Advanced Search

Find the answer to your question

Search

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Select an Answer Category

Cancer Measures	DACA
Extraordinary Circumstances Exemption	Healthcare-Associated Infection Measures
HAI Measure Waiver	PCHQR Program Requirements
	QualityNet System Registration
	Notice of Participation
	Data Accuracy and Completeness
	HAI Waiver

Find an Answer

Search

Contact Us

Ask a Question
Submit a question to our support team.

Give Feedback
How can we make this site more useful for you?

How to Ask a Question

[Home](#) [Find an Answer](#) [Ask a Question](#) [My Stuff](#)

Hospital Inpatient Questions and Answers

Submit a question to our support team.

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](#)

Product *

Topic *

Hospital CCN
CCN

6 Digit CMS Certification Number. REQUIRED FOR HOSPITALS Expected Format: #####

Subject *

Question *

Discharge Period *

[Continue...](#)


Find an Answer

Contact Us

Ask a Question
Submit a question to our support team.

Give Feedback
How can we make this site more useful for you?

Submitting a Question

 **QualityNet**

Welcome **Lisa Vinson**
[Logout]

[Home](#) [Find an Answer](#) [Ask a Question](#) [My Stuff](#)

Hospital Inpatient Questions and Answers

Submit a question to our support team.

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](#)

Product *
Cancer Hosp. Quality Reporting (PCH)

Topic *
Please select an item under PCHQR Program Requirements

PCHQR Program Requirements

- No Value
- Healthcare-Associated Infection Measures
- Extraordinary Circumstances Exemption
- Cancer Measures
- PCHQR Program Requirements**
- QualityNet System Registration
- Notice of Participation
- HAI Measure Waiver
- DACA

6 Digit CMS Certification Number. REQUIRED FOR HOSPITALS Expected Format: #####


Discharge Period *
--


[Continue...](#)

Find an Answer

Search

Contact Us

 **Ask a Question**
Submit a question to our support team.

 **Give Feedback**
How can we make this site more useful for you?

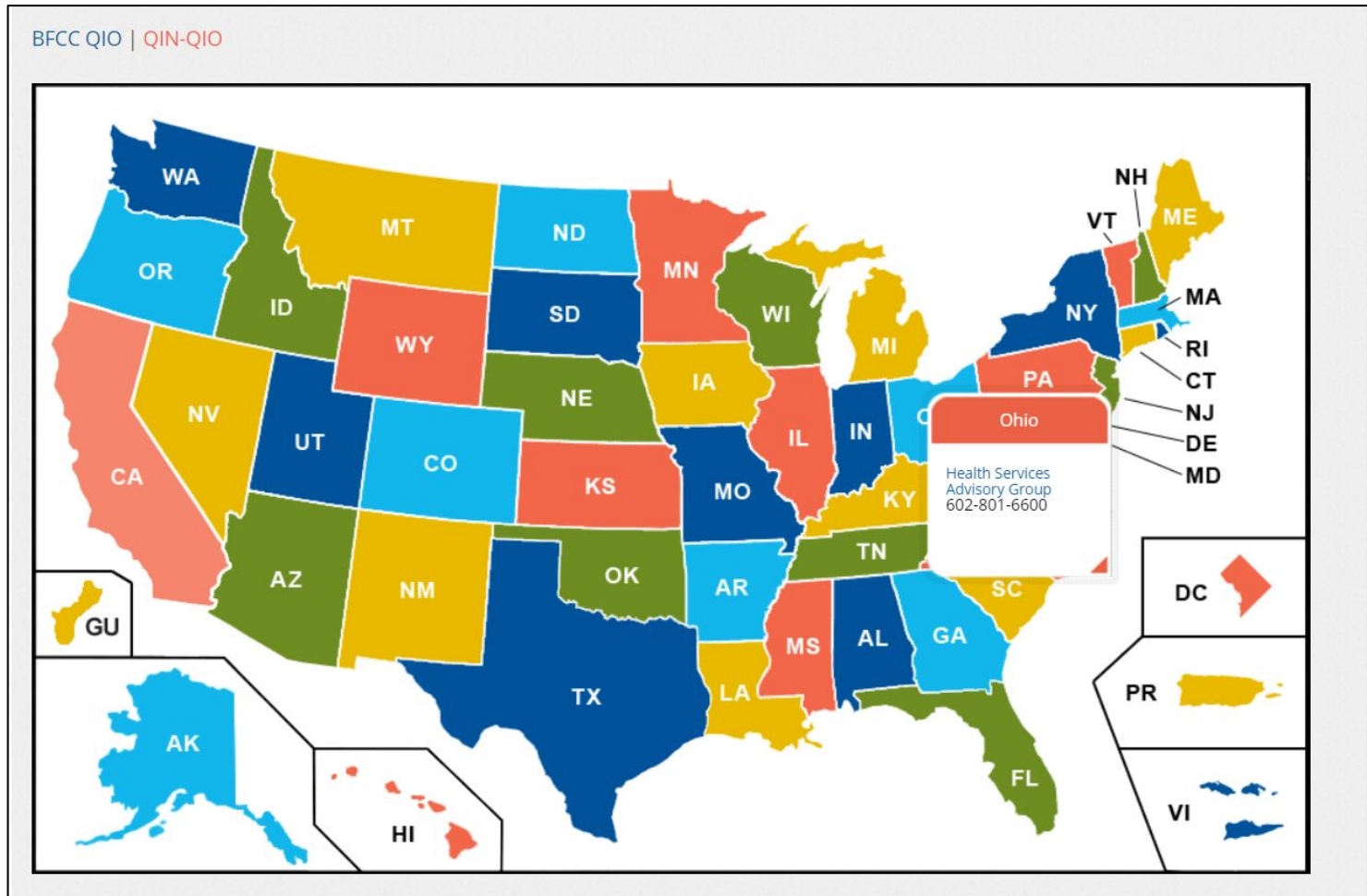
Quality Improvement

- Quality Innovation Networks (QINs)
- CMS Impact Assessment
 - www.cms.gov/QualityMeasures
 - National Impact Assessment of the Centers for Medicare & Medicaid Services (CMS) Quality Measures Reports
- CMS Measures Inventory
 - www.cms.gov/QualityMeasures

Quality Innovation Networks

- What are they?
- What is their role?
- How do I find mine?
 - <http://www.qiopprogram.org>

QIN Contacts by State



CMS Impact Assessment

National Impact Assessment of the Centers for Medicare & Medicaid Services (CMS) Quality Measures Reports

The National Impact Assessment of the Centers for Medicare & Medicaid Services (CMS) Quality Measures Reports (Impact Reports) are mandated by section 3014(b), as amended by section 10304, of the Patient Protection and Affordable Care Act (ACA), which provides that the Secretary shall, not later than March 1, 2012, and at least once every three years thereafter, conduct an assessment of the quality and efficiency impact of the use of endorsed measures described in section 1870(b)(7)(B) of the Social Security Act and make such assessment available to the public. The reports provide a quality check to determine if CMS is making progress on the healthcare delivery system to achieve the three aims of better care, smarter spending, and healthier people.

2015 Report

The 2015 Impact Report encompasses 25 CMS programs and nearly 700 quality measures from 2006 to 2013 and employs nine key research questions. A Technical Expert Panel (TEP) of quality measurement leaders from across the healthcare industry and a Federal Assessment Steering Committee (FASC), consisting of stakeholders from CMS and other U.S. Department of Health and Human Services (HHS) agencies, were convened to provide input into the report.

The key findings of the 2015 Impact Report indicate that CMS is making a difference for the patients we serve.

CMS Measure Inventory

CMS Measures Inventory

Overview

The CMS Quality Measures Inventory is a compilation of measures used by CMS in various quality, reporting and payment programs. The Inventory lists each measure by program, reporting measure specifications including, but not limited to, numerator, denominator, exclusion criteria, National Quality Strategy (NQS) domain, measure type, and National Quality Forum (NQF) endorsement status.

The CMS Quality Measures Inventory contains pipeline/Measures under Development (MUD), which are measures that are in the process of being developed for eventual consideration for a CMS program. These measures are populated using measure developer submissions to the MIDS Resource Library and measures submitted for consideration in the pre-rulemaking process, but have not been accepted into a program at this time. The measure's information will be as complete as the resources used to populate the measure, and will include measure information such as anticipated CMS program, measure type, NQF endorsement status, measure steward, and measure developer. Measures on the MUD List are not developed enough to undergo a final determination of any kind with respect to inclusion into a CMS program. CMS is providing this list of planned measures for the purposes of promoting transparency, measure coordination and harmonization, alignment of quality improvement efforts, and public participation.

PCHQR Program: Why Your Participation Matters

Public Reporting

Hospital Compare

[Español](#) | [A](#) [A](#) [A](#) | [Print](#)

[About Us](#) | [Glossary](#) | [CMS.gov](#) | [Medicare.gov](#) | [MyMedicare.gov](#) [Login](#)

Medicare.gov | **Hospital Compare**
The Official U.S. Government Site for Medicare

[Hospital Compare Home](#) | [About Hospital Compare](#) | [About the data](#) | [Resources](#) | [Help](#)

[Home](#) [Share](#)

You can now search for Veterans Health Administration hospitals by using the location search below. You can also use our [interactive datasets](#) or [download the data](#).

Find a hospital

A field with an asterisk (*) is required.

* **Location**
Example: 45802 or Lima, OH or Ohio

Hospital name (optional)
Full or Partial Hospital Name



Spotlight

- ♦ **NEW** View the new "Hospital Returns" tab for data on readmissions and extra days spent back in the hospital.
- ♦ Compare hospitals based on their overall star rating, summarizing up to 57 measures of quality shown on Hospital Compare. [Learn more](#).
- ♦ Get data on:
 - ♦ Veterans Administration (VA) hospitals. Updated July 2017.
 - ♦ PPS-exempt cancer hospitals. Updated July 2017.

Tools and Tips

- ♦ Get information on [choosing a hospital](#), [filing a complaint](#), or Medicare coverage for hospital services.
- ♦ Get tips for printing hospital information.
- ♦ Find and compare other healthcare providers like doctors, hospitals, nursing homes, and more.
- ♦ Compare Medicare health and drug plans.

Additional Information

- ♦ Hospital Compare data last updated: July 26, 2017. [Go to updates](#)
- ♦ [Explore and download Hospital Compare data](#). Updated July 26, 2017. Beginning in July 2017, the downloadable database will be provided in CSV format only.
- ♦ Get data from Medicare programs that link quality to payment.
 - ♦ Hospital Readmissions Reduction Program (HRRP). Updated December 2016.
 - ♦ Hospital Value-Based

New *QualityNet* Public Reporting Page

QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet) Search

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers **PPS-Exempt Cancer Hospitals** ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

QualityNet Registration

- Hospitals - Inpatient
- Hospitals - Outpatient
- Physician Offices
- ASCs
- Cancer Hospitals
- ESRD Facilities
- Inpatient Psychiatric Facilities
- QIOs

Getting Started with QualityNet

- Registration
- Sign-In Instructions
- Security Statement
- Password Rules
- QualityNet System Security Policy, PDF

Join ListServes
Sign up for Notifications

QualityNet News

[CMS releases December 2017 Hospital Compare](#)
The Centers for Medicare & Medicaid Services (CMS) has released the 2017 Hospital Compare preview reports available on QualityNet on the Inpatient Quality Reporting (IQR), Inpatient Psychiatric Facility Quality Reporting (PCHQR) Programs.

The *Hospital Compare* preview reports will be available on QualityNet starting on October 31. Hospitals are encouraged to access and download the reports for a thorough review. The preview reports will be available for a limited period in order to have time for a thorough review. The preview reports will be available for a limited period in order to have time for a thorough review.

[Full Article »](#)

Headlines

- [CMS grants exceptions for Quality Program participants in FEMA disaster areas in Florida, Puerto Rico, and U.S. Virgin Islands affected by Hurricane Irma](#)
- [CMS will not update Hospital Compare Star Ratings Data in October 2017](#)
- [CMS grants exceptions for Quality Program participants in FEMA disaster areas in Florida, Puerto Rico, and U.S. Virgin Islands affected by Hurricane Irma](#)
- [CMS will hold a second Review and Corrections Period for the FY 2018 HAC Reduction Program](#)
- [CMS grants exemptions for Quality Program participants in FEMA disaster areas in Texas and Louisiana affected by Hurricane Harvey](#)

PPS-Exempt Cancer Hospital Quality Reporting Program

E-mail Notifications

Registration

Measures

Data Collection

Data Submission

Webinars

Public Reporting

Support Contact

Resources

Training

[More News »](#)

2017 Hospital Compare reports are for hospitals and Inpatient Psychiatric Facilities (IPF), Inpatient Psychiatric Facility Quality Reporting (PCHQR), and Hospital Quality Reporting (OQR), and Hospital Quality Reporting (OQR).

Log in to QualityNet Secure Portal

Log in

- Download Symantec ID (**required** for login)
- Portal Resources
- Secure File Transfer Resources

Questions & Answers

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

Note: First-time registration required

New *QualityNet* Public Reporting Page

The screenshot shows the QualityNet website interface. At the top, there is a blue header with the QualityNet logo on the left, a login link "Log in to QualityNet Secure Portal (formerly MyQualityNet)" with a "Log In" button, and a search bar on the right. Below the header is a navigation bar with tabs for "Home", "My QualityNet", and "Help". Under "My QualityNet", there are several dropdown menus: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement". The "Public Reporting" link is highlighted in a box on the left. The main content area is titled "Public Reporting" and contains information about the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program. It explains that Section 1886(s)(4)(E) of the Social Security Act established procedures for making data submitted under the PCHQR Program available to the public. It mentions the *Hospital Compare* website and states that the PCHQR Program has quality of care data publicly displayed on a rolling quarter basis. It lists measures updated quarterly (CST Measures and HCAHPS Survey data) and annually (Oncology Care Measures and Clinical Effectiveness Measure). It also mentions a 30-day preview period for data on the *Hospital Compare* website. Finally, it lists "Hospital Compare Preview Report Resources" and states that documents are updated quarterly to assist hospitals in accessing and interpreting their preview reports.

QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet) Search

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

Public Reporting

Public Reporting

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Section 1886(s)(4)(E) of the Social Security Act established procedures for making the data submitted under the PCHQR Program available to the public.

[Hospital Compare](#) is the website on which the Centers for Medicare & Medicaid Services (CMS) publicly reports hospital performance on numerous measures. *Hospital Compare* is designed to make meaningful, relevant, and easily understood information about hospital performance accessible to the public and to inform and encourage hospitals' efforts to improve care quality. Accessibility and use of performance information spurs positive changes in healthcare delivery.

The PCHQR Program has quality of care data publicly displayed on a rolling quarter basis. The data are published four times each year, in April, July, October, and December. Prior data will continue to display until refreshed by newer data.

The following measures are updated on a quarterly basis:

- Cancer-Specific Treatment (CST) Measures (NQF #0223, #0559 and #0220)
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data (NQF #0166)

The following measures are updated on an annual basis:

- Oncology Care Measures (OCM) (NQF #0382, #0383, #0384, #0389 and #0390)
- Clinical Effectiveness Measure - External Beam Radiotherapy for Bone Metastases (NQF #1822)

Prior to the public release of data on CMS' *Hospital Compare* website, PPS-Exempt Cancer Hospitals (PCHs) are given the opportunity to preview data for a 30-day preview period. Preview reports will be accessible for download for PCHs through the *QualityNet Secure Portal*. Providers will be notified via ListServe when the reports are available. Hospitals are encouraged to access and download reports early in the preview period in order to have time for a thorough review. The preview reports are only available during the preview period.

Hospital Compare Preview Report Resources

The following documents are updated quarterly and made available to assist hospitals in accessing and interpreting their *Hospital Compare* preview reports.

Quality Reporting Center Preview Document Resources



CENTER

HOME
EVENTS CALENDAR
INPATIENT >
OUTPATIENT >
ASC >
EDUCATION >
QIN-QIO >

Resources and Tools

[Home](#) » [Inpatient Quality Reporting Programs](#) » [PPS-Exempt Cancer Hospital Quality Reporting \(PCHQR\) Program](#) » Resources and Tools

Hospital Contact Change Form

- [Hospital Contact Change Form](#)

Hospital Compare Preview Documents for December 2017

- [PCHQR Hospital Compare Preview Quick Reference Guide](#)
- [PCHQR Hospital Compare Preview Help Guide](#)

PCHQR Program: Why Your Participation Matters

Miscellaneous Notes

Outpatient Chemotherapy Measure

National Confidential Reporting Period (Dry Run)

- Updated Facility-Specific Reports (FSRs) are available through approximately November 3, 2017.
- Facilities may continue to submit questions to CMSChemotherapyMeasure@yale.edu.
- Facilities can visit the *QualityNet* website to obtain information about the dry run and measure resources.
 - PPS-Exempt Cancer Hospitals > Measures > Chemotherapy Measure Dry Run

Important Upcoming Events

Currently Scheduled 2017 Webinars

- November 16 - *New End-of-Life Measures*
- December 14 - *The Year in Review and a Look Ahead*

Important Upcoming Dates

- **Upcoming HQR Data Submissions**
 - **November 15, 2017**
 - Q1 2017 CST chemo (breast and colon)
 - Q3 2016 CST hormone
 - Q2 2017 HAI data
- **CMS-granted hurricane-related exceptions**

Reporting Requirements for Areas Impacted by Hurricanes

CMS has issued communications granting an exception to PCHs located in specified counties, parishes, islands, and municipios in Texas, Florida, Louisiana, Puerto Rico, and the US Virgin Islands.

- For chart-abstracted data and National Healthcare Safety Network (NHSN) HAI data:
 - November 2017 and February 2018 submission deadlines for discharge periods:
 - January 1, 2017–March 31, 2017 (Q1 2017) – Colon Cancer/Breast Cancer
 - April 1, 2017–June 30, 2017 (Q2 2017) – Colon Cancer/Breast Cancer
 - June 1, 2016–September 30, 2016 (Q3 2016) – Adjuvant Hormonal Therapy
 - October 1, 2016–December 31, 2016 (Q4 2016) – Adjuvant Hormonal Therapy
 - April 1, 2017–June 30, 2017 (Q2 2017) – CLABSI, CAUTI, SSI, CDI, MRSA
 - June 1, 2017–September 30, 2017 (Q3 2017) – CLABSI, CAUTI, SSI, CDI, MRSA
- For HCP data:
 - May 15, 2018 submission deadline for the 2017–2018 flu season:
 - October 1, 2017–March 31, 2018 (Q4 2017 through Q1 2018)
- For HCAHPS Survey data:
 - October 2017 and January 2018 HCAHPS submission deadlines for discharge periods:
 - April 1, 2017–June 30, 2017 (Q2 2017)
 - July 1, 2017–September 30, 2017 (Q3 2017)

Important Upcoming Dates

Hospital Compare Key Dates

- **October 2017**
 - Contains:
 - 3Q 2015 through 2Q 2016 chemo data
 - 1Q 2015 through 4Q 2015 hormone data
 - 1Q 2016 through 4Q 2016 HCAHPS data
 - Preview period closed on August 13
 - Refreshed on October 25
- **December 2017**
 - Contains:
 - 4Q 2015 through 3Q 2016 chemo data
 - 2Q 2015 through 1Q 2016 hormone data
 - 2Q 2016 through 1Q 2017 HCAHPS data
 - 1Q 2016 through 4Q 2016 OCM data
 - 1Q 2016 through 4Q 2016 EBRT data
 - Preview period started October 2 and ends October 31
 - Anticipated refresh on December 20

Continuing Education Approval

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

- National
 - Board of Registered Nursing (Provider #16578)
- Florida
 - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
 - Board of Nursing Home Administrators
 - Board of Dietetics and Nutrition Practice Council
 - Board of Pharmacy

Please Note: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

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 the Health Services Advisory Group (HSAG) 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 was sent.
- 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: Certificate

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.

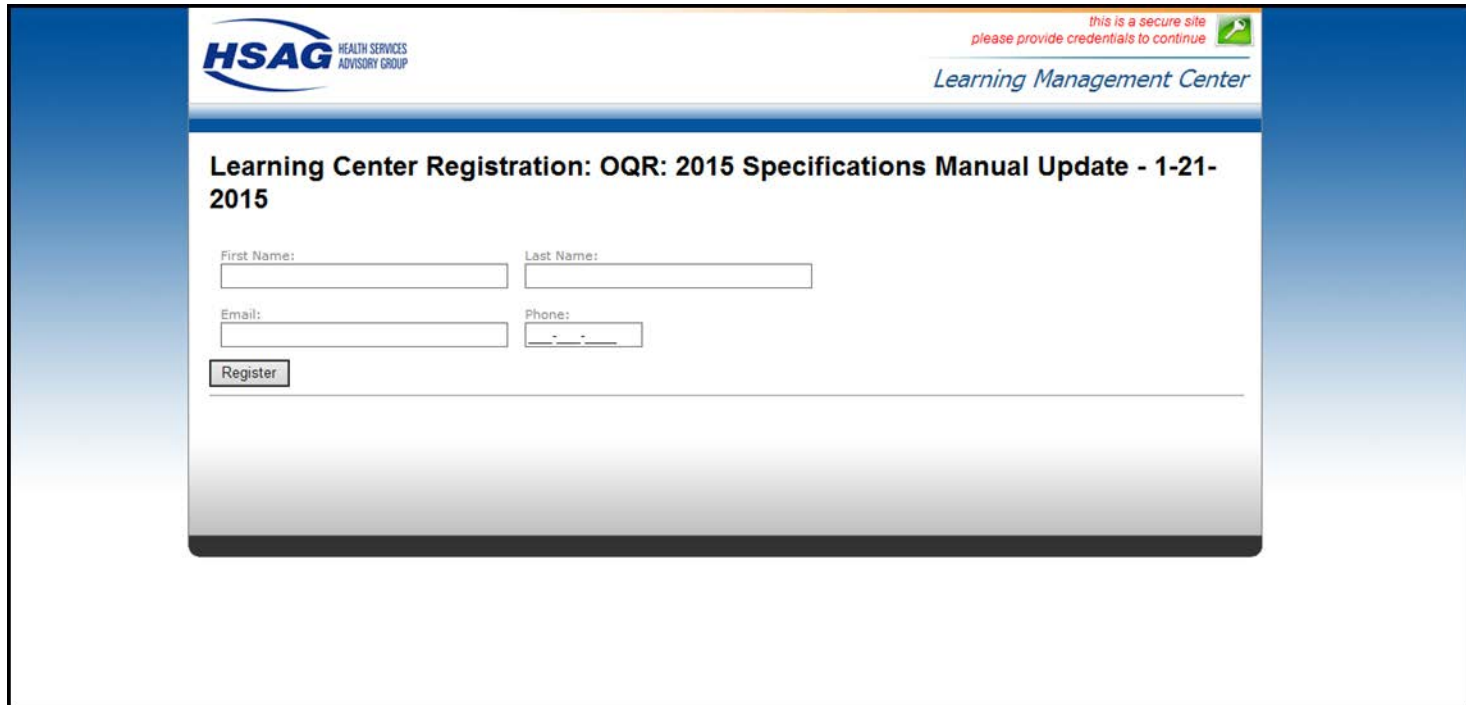
New User Link:
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

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



The screenshot displays the registration 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 security notice reads 'this is a secure site please provide credentials to continue' next to a green padlock icon, and the text 'Learning Management Center' is displayed. The main heading is 'Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015'. Below this, there are four input fields: 'First Name:', 'Last Name:', 'Email:', and 'Phone:'. The 'Phone:' field includes a dropdown menu for the country code. A 'Register' button is located at the bottom left of the form area.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name:

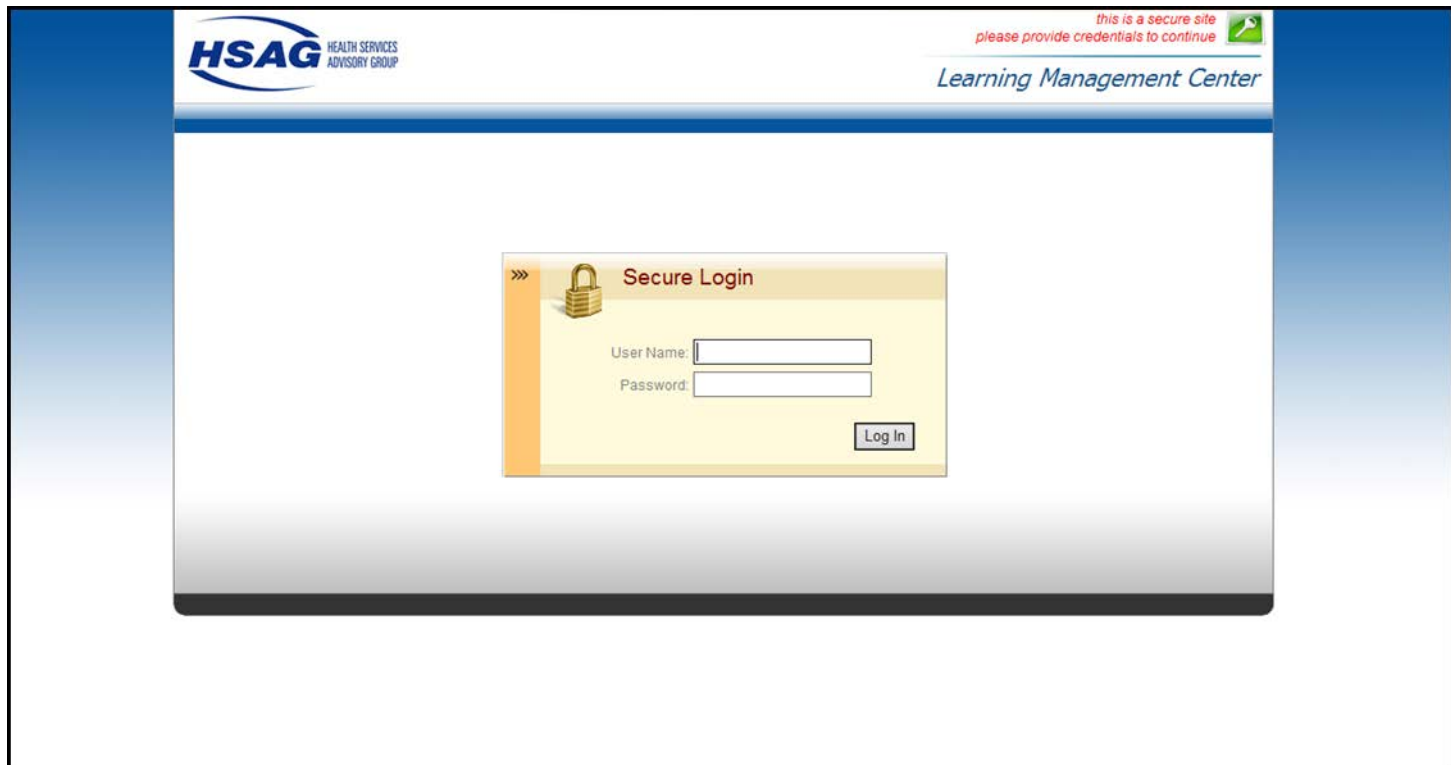
Last Name:

Email:

Phone:

Register

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 warning message states "this is a secure site please provide credentials to continue" next to a small green icon. Below this, the text "Learning Management Center" is displayed. The central focus is a "Secure Login" box with a yellow background and an orange 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: Why Your Participation Matters

Closing Remarks

Disclaimer

This presentation was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.