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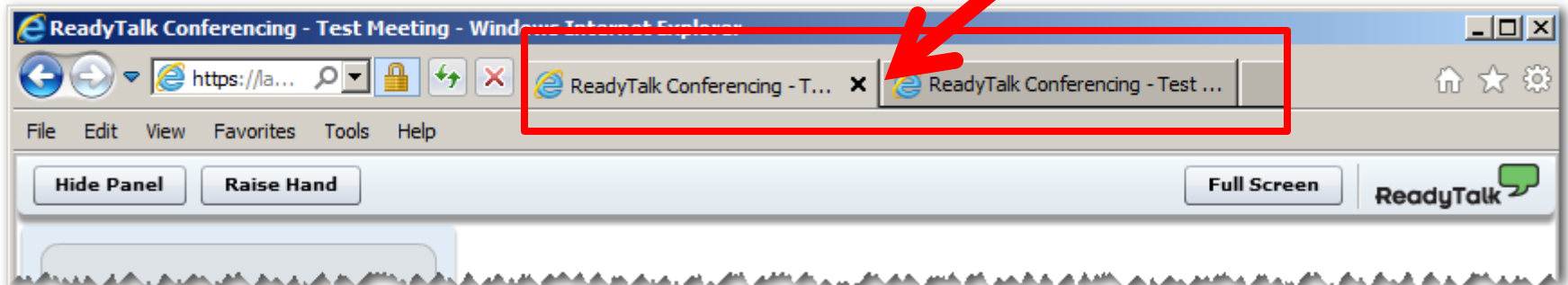


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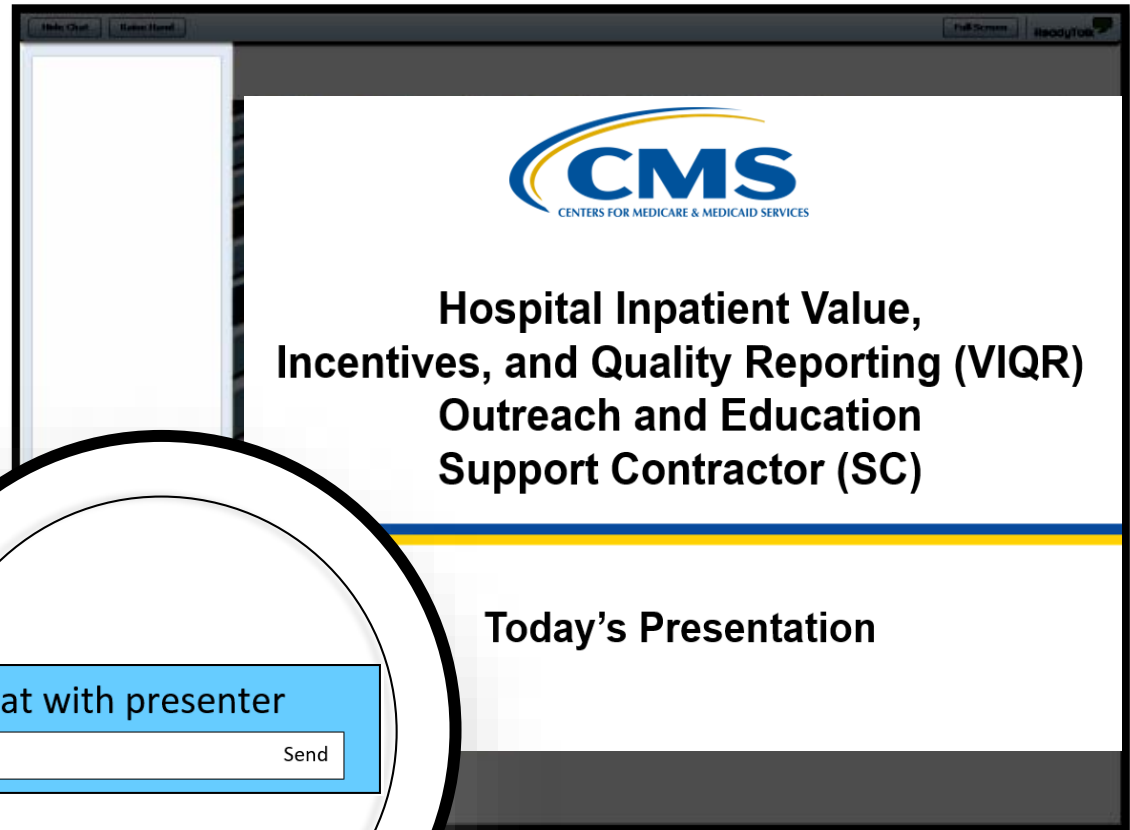
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The screenshot shows a presentation slide from the Centers for Medicare & Medicaid Services (CMS). The slide title is "Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC)". Below the title is the text "Today's Presentation". In the bottom-left corner, there is a "Chat with presenter" section, which is highlighted by a magnifying glass. This section contains a text input field and a "Send" button.



# **PCHQR Program FY 2019 IPPS/LTCH PPS Proposed Rule**

## **Caitlin Cromer, MA**

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Center for Clinical Standards and Quality, Centers for Medicare & Medicaid Services

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Outreach and Education Support Contractor

**May 10, 2018**

# Question-and-Answer Limitations

- During the course of this webinar, CMS:
  - Can only address procedural questions about comment submissions
  - Cannot address **any** rule-related questions
- Your understanding of these constraints is appreciated.
- CMS looks forward to your formal comments on the proposed rule.

# Acronyms and Abbreviations

<b>ACS</b>	<b>American College of Surgeons</b>	<b>HQR</b>	Hospital Quality Reporting
<b>ADCC</b>	Alliance of Dedicated Cancer Centers	<b>ICD</b>	International Classification of Diseases
<b>ADT</b>	Androgen Deprivation Therapy	<b>ICU</b>	<b>Intensive Care Unit</b>
<b>AHRQ</b>	Agency for Healthcare Research and Quality	<b>IPPS</b>	<b>Inpatient Prospective Payment System</b>
<b>AJCC</b>	American Joint Committee on Cancer	<b>IQR</b>	<b>Inpatient Quality Reporting</b>
<b>AMA</b>	American Medical Association	<b>LabID</b>	Laboratory-Identified
<b>C4QI</b>	<b>Comprehensive Cancer Center Consortium for Quality Improvement</b>	<b>LTCH</b>	<b>Long-Term Care Hospital</b>
<b>CAUTI</b>	<b>Catheter-Associated Urinary Tract Infection</b>	<b>MAP</b>	Measure Application Partnership
<b>CDC</b>	<b>Centers for Disease Control and Prevention</b>	<b>MIF</b>	Measure Information Form
<b>CCN</b>	CMS Certification Number	<b>MRSA</b>	<b>Methicillin-Resistant <i>Staphylococcus aureus</i></b>
<b>CDI</b>	<b><i>Clostridium difficile</i> Infection</b>	<b>MUC</b>	Measures Under Consideration
<b>CE</b>	<b>Continuing Education</b>	<b>N/A</b>	<b>Not Available</b>
<b>CLABSI</b>	<b>Central Line-Associated Bloodstream Infection</b>	<b>NHSN</b>	<b>National Healthcare Safety Network</b>
<b>CMS</b>	<b>Centers for Medicare &amp; Medicaid Services</b>	<b>NQF</b>	<b>National Quality Forum</b>
<b>CY</b>	<b>Calendar Year</b>	<b>OCM</b>	<b>Oncology Care Measure</b>
<b>CST</b>	<b>Cancer-Specific Treatment</b>	<b>OQR</b>	Outpatient Quality Reporting
<b>DACA</b>	Data Accuracy and Completeness Acknowledgement	<b>PCH</b>	<b>PPS-Exempt Cancer Hospital</b>
<b>EBRT</b>	<b>External Beam Radiotherapy</b>	<b>PCHQR</b>	<b>PPS-Exempt Cancer Hospital Quality Reporting</b>
<b>ECE</b>	<b>Extraordinary Circumstances Exception</b>	<b>PQRS</b>	Physician Quality Reporting System
<b>ED</b>	<b>Emergency Department</b>	<b>PPS</b>	<b>Prospective Payment System</b>
<b>EOL</b>	<b>End of Life</b>	<b>PR</b>	Public Reporting
<b>FFS</b>	Fee-for-Service	<b>Q</b>	<b>Quarter</b>
<b>FY</b>	<b>Fiscal Year</b>	<b>QPP</b>	Quality Payment Program
<b>Fxns</b>	Fractions	<b>SBRT</b>	Stereotactic Body Radiation Therapy
<b>Gy</b>	Gray	<b>SCIP</b>	<b>Surgical Care Improvement Project</b>
<b>HAI</b>	<b>Healthcare-Associated Infection</b>	<b>SRS</b>	Stereotactic Radiosurgery
<b>HCAHPS</b>	<b>Hospital Consumer Assessment of Healthcare Providers and Systems</b>	<b>SSI</b>	<b>Surgical Site Infection</b>
<b>HCP</b>	<b>Healthcare Personnel</b>	<b>TEP</b>	Technical Expert Panel
<b>HHS</b>	<b>US Department of Health and Human Services</b>	<b>TBD</b>	To Be Determined
		<b>WBDCT</b>	<b>Web-Based Data Collection Tool</b>

# Purpose

This presentation will provide an overview of the Fiscal Year 2019 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System Proposed Rule with a focus on the possible impact of the proposed changes on the PCHQR Program.



# Objectives

Upon completion of this program participants will be able to:

- Locate the FY 2019 IPPS/LTCH PPS Proposed Rule text
- Identify proposed changes possibly impacting participants in the PCHQR Program
- Describe how and when to submit written comments to CMS regarding the proposed rule

# FY 2019 IPPS/LTCH PPS Proposed Rule Publication

- [Public inspection document](#) published April 24, 2018
  - PCHQR Program – pages 1271 through 1309
  - Official [Federal Register](#) (83 FR 20164) version published May 7, 2018
  - PCHQR Program – pages 20500 through 20510

FY 2019 IPPS/LTCH PPS Proposed Rule

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# Meaningful Measures Initiative

# New Approach to Meaningful Outcomes

- Empower patients and doctors to make decisions about their healthcare
- Usher in a new era of state flexibility and local leadership
- Support innovative approaches to improve quality, accessibility, and affordability
- Improve the CMS customer experience

# Meaningful Measures Framework

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The Meaningful Measures Framework is a strategic tool for putting patients over paperwork by reducing measure-reporting burden in alignment with the national healthcare priorities.

# Meaningful Measures Objectives

**Goal:** To focus everyone's efforts on the same quality areas and lend specificity, which can help identify measures that:

- Address high-impact measure areas that safeguard public health
- Are patient-centered and meaningful to patients, clinicians, and providers
- Are outcome-based where possible
- Fulfill requirements in programs' statutes
- Minimize level of burden for providers
- Identify significant opportunity for improvement
- Address measure needs for population-based payment through alternative payment models
- Align across programs and/or with other payers

# Quality Priorities and Meaningful Measure Areas

Quality Priority	Meaningful Measure Area
Making Care Safer by Reducing Harm Caused in the Delivery of Care	Healthcare Associated Infections
	Preventable Healthcare Harm
Strengthen Person and Family Engagement as Partners in Their Care	Care is Personalized and Aligned with Patient's Goals
	End of Life Care According to Preferences
	Patient's Experience of Care
	Patient Reported Functional Outcomes
Promote Effective Communication and Coordination of Care	Medication Management
	Admissions and Readmissions to Hospitals
	Transfer of Health Information and Interoperability

# Quality Priorities and Meaningful Measure Areas (Cont.)

Quality Priority	Meaningful Measure Area
Promote Effective Prevention and Treatment of Chronic Disease	Preventive Care
	Management of Chronic Conditions
	Prevention, Treatment, and Management of Mental Health
	Prevention and Treatment of Opioid and Substance Use Disorders
	Risk Adjusted Mortality
Work with Communities to Promote Best Practices of Health Living	Equity of Care
	Community Engagement
Make Care Affordable	Appropriate Use of Healthcare
	Patient-focused Episode of Care
	Risk Adjusted Total Cost of Care



FY 2019 IPPS/LTCH PPS Proposed Rule

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# **Content Changes Potentially Impacting the PCHQR Program**

# Proposed New Policies for the PCHQR Program

Proposed new policies reflect CMS efforts to ensure that the PCHQR Program measure set continues to promote improved health outcomes for beneficiaries while minimizing the burden associated with:

- Submitting/reporting quality measures
- Complying with other programmatic requirements
- Complying with other Federal and/or State regulations (if applicable)

# Factors for Removal of PCHQR Program Measures

A measure may be considered for removal based on the following factors:

- 1) Performance is “topped-out”
- 2) Does not align with current guidelines or practice
- 3) A more broadly applicable measure or a measure more proximal in time is available
- 4) Does not result in better outcomes
- 5) A measure more strongly linked to outcomes is available
- 6) Measure leads to negative unintended consequences
- 7) Not feasible to implement

# Factors for Retention of PCHQR Program Measures

Even when a measure meets some of the criteria for removal, CMS may have reasons for retaining it in the PCHQR Program:

- Aligns with other CMS and HHS policy goals
- Aligns with other CMS programs, including other quality reporting programs
- Supports efforts to move the PCHs toward electronic reporting

# Proposed New Measure Removal Factor

- Proposal to adopt an additional factor to consider when evaluating potential measures for removal from the PCHQR Program measure set:
  - The costs associated with the measure outweigh the benefit of its continued use in the program
    - Removal of measures based on this factor would occur on a case-by-case basis
- **Goal:** Move the program forward in the least burdensome manner possible while maintaining a parsimonious set of meaningful quality measures

# Previous Changes to the Measures of the PCHQR Program

The FY 2019 IPPS/LTCH PPS Proposed Rule is the seventh rule addressing the PCHQR Program. Previous PCHQR Program-impacted rules include:

- [FY 2013 IPPS/LTCH PPS Final Rule](#) (77 FR 53555 through 53567)  
Five quality measures (two HAI and three CST measures) finalized for the FY 2014 program year and subsequent years
- [FY 2014 IPPS/LTCH PPS Final Rule](#) (78 FR 50837 through 50853)
  - One new HAI quality measure (SSI) finalized for the FY 2015 program year and subsequent years
  - Twelve new quality measures (five Clinical Process/Oncology Care Measures, six SCIP measures, and HCAHPS Survey) finalized for the FY 2016 program year and subsequent years
- [FY 2015 IPPS/LTCH PPS Final Rule](#) (79 FR 50277 through 50286)  
One new clinical effectiveness measure (EBRT) finalized for the FY 2017 program year and subsequent years

# Previous Changes to the Measures of the PCHQR Program (Cont.)

- [FY 2016 IPPS/LTCH PPS Final Rule](#) (80 FR 49713 through 49723 )
  - Three new CDC NHSN measures (MRSA, CDI and HCP) finalized for the FY 2018 program year and subsequent years
  - SCIP measures removed as of October 1, 2016
- [FY 2017 IPPS/LTCH PPS Final Rule](#) (81 FR 57182 through 57193)
  - One new Claims-Based Outcome measure, “Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy,” added for FY 2019
  - Diagnosis cohort for NQF #0382 expanded to include patients with breast and rectal cancer effective for patients treated in CY 2017 and applying to FY 2019
- [FY 2018 IPPS/LTCH PPS Final Rule](#) (82 FR 38411 through 38425)
  - Three CST measures removed from the program occurring as of January 1, 2018
  - Four new EOL claims-based measures (NQF #0210, #0213, #0215, and #0216) added for the FY 2020 program year and subsequent years

# Proposed Removal of Measures from PCHQR Program Beginning FY 2021 Program Year

CMS proposes to remove the following four web-based, “topped out” structural measures:

- Oncology: Radiation Dose Limits to Normal Tissues (NQF #0382/PCH-14)
- Oncology: Medical and Radiation—Pain Intensity Quantified (NQF #0384/PCH-16)
- Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients (NQF #0390/PCH-17)
- Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients (NQF #0389/PCH-18)



# Proposed Removal of Measures from PCHQR Program Beginning FY 2021 Program Year (Cont.)

If the proposed measure-removal factor is finalized, CMS proposes to remove two NHSN chart-abstracted measures from the PCHQR Program:

- NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome measure (NQF #0138/PCH-5)
- NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome measure (NQF #0139/PCH-4)

# Rationale for Removal of Web-Based Structural Measures

Web-based structural measures were first adopted for FY 2016 program year in the FY 2014 IPPS/LTCH PPS Final Rule:

- Based on analysis from 1/1/2015–12/31/2016, CMS determined these measures met the “topped-out” criteria.
- Collecting data on these measures does not further program goals of improving quality.

# Rationale for Removal of Web-Based Structural Measures (Cont.)

Additionally, these measures **do not**:

- Meet the criteria for retention
- Align with the HHS and CMS policy goal to focus on outcome measures
- Align with measures used in other CMS programs
- Support CMS efforts to develop electronic clinical quality measure reporting for PCHs

# Rationale for Removal of NHSN Chart-Abstracted Measures

- Burden associated with these measures outweighs the benefit of their continued use in the PCHQR Program.
- Removal will reduce program burden and complexity.
- Unable to publicly report CAUTI and CLABSI data for PCHs due to:
  - Low volume of data produced and reported by the 11 PCHs
  - Lack of an appropriate methodology to publicly report this data

# Criteria for Proposed New Measures

- The FY 2013, 2014, and 2015 IPPS/LTCH PPS Final Rules outlined the principles taken into consideration when developing and selecting measures, which align with those used in the Hospital IQR Program.
- This proposed rule discusses the Meaningful Measures Initiative and its relation to how CMS assesses and selects quality measures for the PCHQR Program.
- Section 1866(k)(3)(A) of the Social Security Act requires that PCHQR Program measures be endorsed by an entity with a contract under section 1890(a) (currently the NQF).
- Section 1866(k)(3)(B) of the Act provides an exception that the Secretary may specify a measure not so endorsed by the approved entity, as long as due consideration is given to existing endorsed or adopted measures.

# Proposed New Quality Measure Beginning with FY 2021 Program Year

In alignment with Section 1866(k)(3)(A) of the Act (measures currently endorsed by the NQF), CMS is proposing to adopt one outcome measure, beginning with the FY 2021 program year: 30-Day Unplanned Readmissions for Cancer (NQF #3188).

# 30-Day Unplanned Readmissions for Cancer Patients (NQF #3188) Background

- Given the current and projected increases in cancer prevalence and costs of care, it is essential that healthcare providers look for opportunities to lower the costs of cancer care.
- Reducing readmissions after hospital discharge has been proposed as an effective means of lowering healthcare costs and improving outcomes of care.
- Unnecessary hospital readmissions also negatively impact cancer patients by:
  - Compromising their quality of life
  - Placing them at risk for health-acquired infections
  - Increasing their costs of care

# 30-Day Unplanned Readmissions for Cancer Patients (NQF #3188) Overview

In 2012, the C4QI began development of a cancer-specific unplanned readmissions measure:

- Addresses gaps in existing readmission measures related to the evaluation of hospital readmissions associated cancer patients
- Intends to assess the rate of unplanned readmissions among cancer patients treated at PCHs and to support improved care delivery and quality of life for this patient population



# 30-Day Unplanned Readmissions for Cancer Patients (NQF #3188)

## Data Sources and Measure Calculation

- This claims-based measure is compiled from Medicare administrative claims data.
- Numerator includes all eligible unplanned readmissions to the PCH within 30 days of the discharge date from an index admission to the PCH that is included in the denominator.
- Denominator includes inpatient admissions for all adult Medicare beneficiaries where the patient is discharged from a PCH with a principal or secondary diagnosis of malignant cancer (cohort).
- Calculation is the numerator divided by the denominator.
- The measure excludes readmission for patients readmitted for chemotherapy or radiation therapy treatment or with disease progression.
- Measure specifications are available at <http://www.qualityforum.org/ProjectMeasures.aspx?projectID=86089>.

# 30-Day Unplanned Readmissions for Cancer Patients (NQF #3188) Risk Adjustment

- Measure is risk-adjusted based on a comparison of observed versus expected readmission rates.
- Probability of unplanned readmission is then summed over the index admissions for each hospital to calculate the **expected** unplanned admission rate.

$$\text{Risk-Adjusted Rate} = \frac{\text{observed rate}}{\text{expected rate}} \times \text{national or standard rate}$$

# Previously Finalized and Newly Proposed PCHQR Measures for FY 2021 Program Year and Subsequent Years

Safety and HAI		
Short Name	NQF #	Measure Name
Colon and Abdominal Hysterectomy SSI	0753	ACS-CDC Harmonized Procedure Specific SSI Outcome Measure (currently includes SSIs following Colon Surgery and Abdominal Hysterectomy Surgery)
CDI	1717	NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure
MRSA	1716	NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure
HCP	0431	NHSN Influenza Vaccination Coverage Among Healthcare Personnel

**NOTE:** NQF #0138, #0139, #0382, #0384, #0389, and #0390 are proposed for removal in this proposed rule and are **not** included in the table.

# Previously Finalized and Newly Proposed PCHQR Measures for FY 2021 Program Year and Subsequent Years (Cont.)

## Clinical Process/Oncology Care Measures

Short Name	NQF #	Measure Name
N/A	0383	Oncology: Plan of Care for Pain—Medical Oncology and Radiation Oncology
EOL-Chemo	0210	Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life
EOL-Hospice	0215	Proportion of Patients Who Died from Cancer Not Admitted to Hospice

## Intermediate Clinical Outcome Measures

Short Name	NQF #	Measure Name
EOL-ICU	0213	Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life
EOL-3DH	0216	Proportion of Patients Who Died from Cancer Admitted to Hospice for Less than Three Days

**NOTE:** NQF #0138, #0139, #0382, #0384, #0389, and #0390 are proposed for removal in this proposed rule and are **not** included in the table.

# Previously Finalized and Newly Proposed PCHQR Measures for FY 2021 Program Year and Subsequent Years (Cont.)

## Patient Engagement/Experience of Care

Short Name	NQF #	Measure Name
HCAHPS	0166	HCAHPS Survey

## Clinical Effectiveness Measure

Short Name	NQF #	Measure Name
EBRT	1822	External Beam Radiotherapy for Bone Metastases

## Claims-Based Outcome Measures

Short Name	NQF #	Measure Name
N/A	N/A	Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy
N/A	3188	30-Day Unplanned Readmissions for Cancer Patients*

**NOTE:** NQF #0138, #0139, #0382, #0384, #0389, and #0390 are proposed for removal in this proposed rule and are **not** included in the table.

\*Measure proposed for adoption for the FY 2021 program year and subsequent years

# Accounting for Social Risk Factors in the PCHQR Program

- NQF two-year trial period ended April 27, 2017:
  - Concluded that “measures with a conceptual basis for adjustment generally did not demonstrate an empirical relationship” between social risk factors and the outcomes measured
  - Final report available: [http://www.qualityforum.org/SES\\_Trial\\_Period.aspx](http://www.qualityforum.org/SES_Trial_Period.aspx)
- CMS solicited feedback and commenters encouraged CMS to:
  - Explore factors that could be used to stratify or risk adjust the measures (beyond dual eligibility)
  - Consider the full range of differences in patient backgrounds that might affect outcomes
  - Explore risk-adjustment approaches
  - Offer careful consideration of what type of information display would be most useful to the public
  - Stratify measures by other social factors, such as age, income, and educational attainment
- **Next steps:** CMS to consider options to improve health disparities among patient groups within and across hospitals by increasing transparency of disparities as shown by quality measures and how this applies to other quality programs

# Possible New Quality Measure Topics for Future Years

- CMS has started analyzing program measures using the framework developed for the Meaningful Measures Initiative.
- Measures supporting the following CMS Quality Strategy domains have been discussed:
  - Making care affordable
  - Communication and care coordination
  - Working with communities to promote best practices of healthy living

# Possible New Quality Measure Topics for Future Years (Cont.)

- CMS is seeking public comment on two measures:
  - Risk-Adjusted Morbidity and Mortality for Lung Resection for Lung Cancer (NQF #1790)
    - Additional information available:  
[http://www.qualityforum.org/Projects/Cancer\\_Endorsement\\_Maintenance\\_2011.aspx#t=2&s=&p=3%7C](http://www.qualityforum.org/Projects/Cancer_Endorsement_Maintenance_2011.aspx#t=2&s=&p=3%7C)
  - Shared Decision Making Process (NQF #2962)
    - Additional information available:  
<http://www.qualityforum.org/ProjectMeasures.aspx?projectId=80842>



# Risk-Adjusted Morbidity and Mortality for Lung Resection for Lung Cancer (NQF #1790)

- This is an outcome measure that assesses post-operative complications and operative mortality.
  - Assesses the number of patient 18 years or older undergoing elective lung resection for lung cancer who developed one of the postoperative complications listed in the measure specifications
- The lung cancer resection risk model utilized identifies predictors of these outcomes, including:
  - Patient age
  - Smoking status
  - Comorbid medical conditions
  - Other patient characteristics
  - Operative approach
  - Extent of pulmonary resection
- The measure aligns with the Promote Effective Prevention and Treatment of Chronic Disease domain of the Meaningful Measures Initiative.
- This measure would fill an existing gap in risk-adjusted mortality measures in the PCHQR Program.

# Shared Decision Making Process (NQF #2962)

- This is a patient-reported outcome measure.
  - Asks patients who had any of the seven preference-sensitive surgical interventions to report on the interactions they had with their providers when the decision was made to have the surgery
- Specifically, this measure assesses whether three essential elements of shared decision-making were part of the patient's interactions with providers when the decision was made to have the procedure:
  - Laying out options
  - Discussing the reasons to have or not to have the intervention
  - Asking for patient input

# Shared Decision Making Process (NQF #2962) (Cont.)

- Aligns with recent initiatives to include patient-reported outcomes and experience of care into quality reporting programs
- Aligns with the Strengthen Person and Family Engagement as Partners in Their Care domain of the Meaningful Measures Initiative
- Would fill an existing gap area of care aligned with the person's goals in the PCHQR Program

# Future Measurement Topic Areas

- CMS is continually evaluating the existing PCHQR Program measure portfolio and identifying gap areas of future measure adoption and/or development.
- CMS is currently assessing whether or not to redefine the scope of new quality metrics implemented in the PCHQR Program in future years.
  - Inclusion of more quality measures that examine general cancer care (e.g., outcome measures) **or** more measures that examine cancer-specific clinical conditions (e.g., prostate cancer, colon cancer)

# Maintenance of Technical Specifications for Quality Measures

- The technical specifications for the PCHQR Program measures are maintained on [QualityNet](#) on the [Data Collection](#) page.
- CMS adopted a policy for using a sub-regulatory process to make non-substantive updates to program measures in the FY 2015 IPPS/LTCH PPS Final Rule. CMS is not proposing any changes to this policy.

# Public Display Requirements

- CMS is required to establish procedures for making the data submitted under the PCHQR Program available to the public.
- A PCH must have the opportunity to review the data prior to such data being made available to the public.
- CMS strives to publicly display data as soon as possible/feasible.

# Proposed Deferment of Public Display of Four Measures

- Presently, all PCHs are reporting SSI, MRSA, CDI, and HCP data to NHSN.
- Performance data for these measures are new and do not span a long enough measurement period to determine statistical significance.
- By FY 2019, two years of comparable data will have been compiled to assess trends.
- Current rebaselining efforts make year-to-year data comparisons inappropriate at this time.
- CMS invites public comment to delay public reporting of SSI, MRSA, CDI, and HCP until CY 2019.

# Clarification of Public Display of EBRT (NQF #1822)

- In FY 2015 IPPS/LTCH PPS Final Rule, CMS finalized that PCHs would begin reporting the EBRT measure effective for January 1, 2015 discharges and subsequent years.
  - Data would be reported annually via CMS WBDCT.
- In FY 2017 IPPS/LTCH PPS Final Rule, CMS-finalized data would be publicly displayed during CY 2017.
  - EBRT data were publicly reported on [Hospital Compare](#) in December 2017.
- CMS anticipates an update to EBRT data to be available in December 2018.



# Proposed Public Display Requirements for the FY 2021 Program Year

Measures	Time
<ul style="list-style-type: none"> <li>HCAHPS Survey (NQF #0166)</li> <li>Oncology: Plan of Care for Pain—Medical Oncology and Radiation Oncology (NQF #0383)</li> </ul>	2016 and subsequent years
<ul style="list-style-type: none"> <li>Healthcare-Associated Infection (HAI) Surgical Site Infection (SSI) (NQF #0753)*</li> <li>Facility-wide Inpatient Hospital-Onset Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA) Bacteremia Outcome Measure (NQF #1716)*</li> <li>Facility-wide Inpatient Hospital-Onset <i>Clostridium difficile</i> Infection (CDI) Outcome Measure (NQF #1717)*</li> <li>Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)*</li> </ul>	Deferred until CY 2019*
External Beam Radiotherapy for Bone Metastases (NQF #1822)	2017 and subsequent years

\*Newly proposed in this FY 2019 IPPS/LTCH PPS Proposed Rule.

# Form, Manner, and Timing of Data Submission

- Current data-submission requirements for the PCHQR Program are on [QualityNet](#) under the [Resources](#) page.
- CMS is not proposing any changes to these requirements.
- The proposed reporting requirement for the 30-Day Unplanned Readmissions for Cancer Patients measure:
  - Claims-based measure; no data submission requirement for the PCHs
  - Annual reporting with a data-collection period from July 1 from the year three years prior to the program year to June 30 from the year two years prior to the program year
    - For FY 2021 program year, data would be collected from July 1, 2018 through June 30, 2019.

# ECE Policy for the PCHQR Program

- In FY 2014 IPPS/LTCH PPS Final Rule, CMS established the ECE process.
- In FY 2018 IPPS/LTCH PPS Final Rule, CMS finalized modifications to the ECE policy:
  - Extend deadline to request exception or exemption from 30 to 90 days
  - Allow CMS to grant an exception or extension due to CMS data system issues that affect data submission
  - Strive to provide a CMS response to an ECE request within 90 days of receipt

# Comment Submissions

- 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 June 25, 2018.
- CMS will respond to all comments in the final rule.

FY 2019 IPPS/LTCH PPS Proposed Rule

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# **Submitting Comments on the Proposed Rule**

# Topics for Public Comment

- New measure-removal factor
- Removal of six measures, beginning with FY 2021 program year
- One new quality measure for inclusion, beginning with the FY 2021 program year
- Two measures for potential future inclusion
- Future measure topic areas
- Data-collection period for new proposed measure

# Methods of Providing Comment

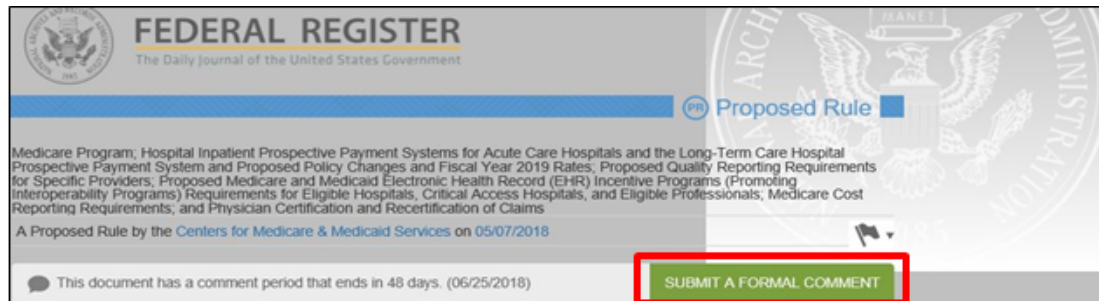
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The three methods of providing comment on the proposed rule include:

- Electronic submission
- Regular mail
- Express or overnight mail

# Comment Submission Starting the Process

- Navigate to the [Federal Register](#) or [Regulations.gov](#)
- Select Submit **A Formal Comment** or **Comment Now**
- Due date of June 25, 2018



OR





# Three Steps for Submitting a Comment

## Step 1a: Enter Your Comment

### Step 1a: Enter Comment

- Enter comment in the Comment field.
- Required fields have “(Required)” next to the field name (a).
- Comments can be up to 5,000 characters. The counter indicates how many characters you have remaining (b).

1 Your Information 1 Your Information 2 Your Preview 3 Your Receipt

Information entered will be viewable on Regulations.gov [View Commenter's Checklist \(PDF\)](#)

Comment (Required)

5000 characters remaining

# Step 1b: Enter Your Information

## Step 1b: Enter Contact Information

- Upload a file if you wish (a).
- Enter your contact information; state or province, ZIP/postal code, and country are required fields (b).

The screenshot shows a registration form with the following elements:

- Upload file(s) (Optional)**: A button labeled "Choose file" is highlighted with a red box and labeled "a".
- First Name** and **Last Name**: Two text input fields.
- Contact Information**: A section containing:
  - City**: A text input field.
  - State or Province (Required)**: A dropdown menu with a globe icon, highlighted with a yellow border.
  - ZIP/Postal Code (Required)**: A text input field.
  - Country (Required)**: A dropdown menu with a globe icon, currently showing "United States".
  - Email Address**: A text input field.

A red box labeled "b" encompasses the "State or Province", "ZIP/Postal Code", and "Country" fields.

# Step 1c: Submit a Comment On Behalf of Third Party

## Step 1c: Indicate Third-Party Information

- If submitting a comment on behalf of a third party, enter the organization name. If not, uncheck the box; the organization name field will disappear.
- When done entering your comment and contact information, select the **Continue** button.

The screenshot shows a form with three key elements highlighted by red boxes and arrows:

- A checkbox labeled "I am submitting on behalf of a third party" with a checkmark, highlighted by a red box and a red arrow pointing left.
- An input field labeled "Organization Name (Required)" with a red border, highlighted by a red box and a red arrow pointing left.
- A blue "Continue" button with a right-pointing arrow, highlighted by a red box and a red arrow pointing left.

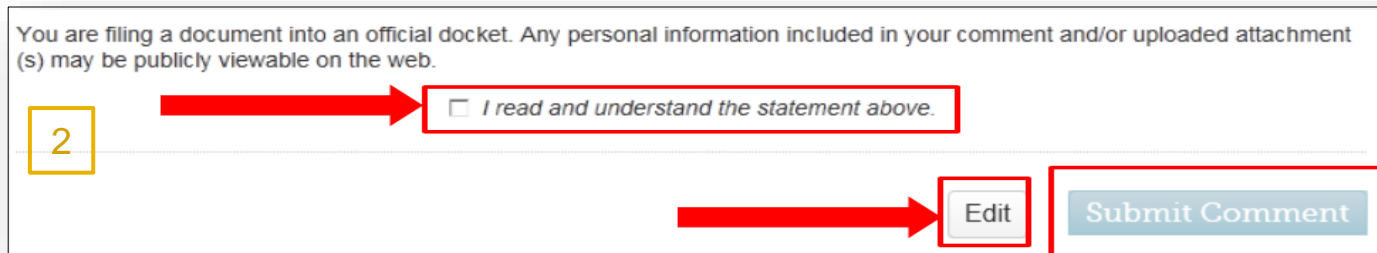
# Step Two: Preview/Edit Information Entered

## Step 2: Preview/Edit Information

- How your comment and information will appear on Regulations.gov:
  - Your name, ZIP/postal code, and organization name will **not** appear on Regulations.gov.
  - Your comment, any files you uploaded, and country, state or province, as well as category information **will** appear on Regulations.gov.
- How to edit your comment and/or contact information:
  - Select the **Edit** button.
  - Make your edits.
  - When done, check the box in front of “*I read and understand the statement above.*”
  - Select the **Submit Comment** button.

You are filing a document into an official docket. Any personal information included in your comment and/or uploaded attachment (s) may be publicly viewable on the web.

2  *I read and understand the statement above.*

A screenshot of a web form interface. At the top, there is a warning message: "You are filing a document into an official docket. Any personal information included in your comment and/or uploaded attachment (s) may be publicly viewable on the web." Below this, there is a checkbox with the text "I read and understand the statement above." A red arrow points from the left towards this checkbox. To the left of the checkbox is a yellow box containing the number "2". Below the checkbox, there are two buttons: "Edit" and "Submit Comment". A red arrow points from the left towards the "Edit" button, and another red arrow points from the right towards the "Submit Comment" button.

# Step Three: Receive/View Comment Receipt

## Step 3: Receive/View Receipt

- Your comment is assigned a tracking number.
- Take a screenshot of this page or save your tracking number. You can use your tracking number to find out the status of your comment.



 **Your comment was submitted successfully!**

The Centers for Medicare Medicaid Services (CMS) Proposed Rule: [Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and Long Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2019 Rates; etc.](#)  
For related information, [Open Docket Folder](#) 

**3** Your Receipt 1 Your Information 2 Your Preview 3 Your Receipt

Your Comment Tracking Number: 1k2-930k-5n2t

*Your comment may be viewable on Regulations.gov once the agency has reviewed it. This process is dependent on agency public submission policies/procedures and processing times. Use your tracking number to find out the status of your comment.*

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## **Key Dates and Reminders**

# Upcoming PCHQR Program Events and Deadlines

## Events

- **June 28, 2018**—Save the Date

## Deadlines

- **May 15, 2018**
  - 3Q 2017 CST colon and breast data
  - 1Q 2017 CST hormone data
  - 4Q 2017 HAI data
  - 4Q 2017–1Q 2018 HCP measure data\*
- **June 15, 2018**—NHSN Agreement to Participate and Consent
- **July 5, 2018**
  - 1Q 2018 HCAHPS Survey data

\*HCP measure data fall under the CMS-granted, hurricane-related ECE.

# *Hospital Compare* Key Dates

- **April 2018**

- 1Q 2016 through 4Q 2016 CST colon and breast data
- 3Q 2015 through 2Q 2016 CST hormone data
- 3Q 2016 through 2Q 2017 HCAHPS Survey data
  - *Hospital Compare* refresh occurred April 25, 2018.

- **July 2018**

- 2Q 2016 through 1Q 2017 CST colon and breast data
- 4Q 2015 through 3Q 2016 CST hormone data
- 4Q 2016 through 3Q 2017 HCAHPS Survey data
  - Preview period closes June 2, 2018.
  - *Hospital Compare* tentative release is July 25, 2018.



# Accessing the *QualityNet* Questions and Answers Tool

## [QualityNet Questions and Answers Tool](#)

The screenshot displays the QualityNet website interface. At the top left is the QualityNet logo. To its right is a login link: "Log in to QualityNet Secure Portal (formerly MyQualityNet)" with a "Log In" button. Further right is a search bar with a "Search" button. Below the header is a navigation bar with tabs for "Home", "My QualityNet", and "Help". Underneath are dropdown menus for various facility types: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement".

The main content area is divided into three columns. The left column contains links for "QualityNet Registration" (including Hospitals - Inpatient, Outpatient, Physician Offices, ASCs, Cancer Hospitals, ESRD Facilities, Inpatient Psychiatric Facilities, and QIOs), "Getting Started with QualityNet" (including Registration, Sign-In Instructions, Security Statement, Password Rules, and QualityNet System Security Policy, PDF), and "Join ListServes" (Sign up for Notifications and Discussions).

The middle column features "QualityNet News" with a "More News >" link. The main news article is titled "CMS releases December 2017 Hospital Compare preview reports". The text states: "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." It also notes that reports will be available from "October 2 through October 31" and that hospitals are encouraged to access reports early. A "Full Article >" link is provided. Below this is a "Headlines" section with several links, including "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", and "Hospital VBP Program FY 2018 Percentage Payment Summary Report now available".

The right column contains a "Log in to QualityNet Secure Portal" section with a "Login" link and a list of resources: "Download Symantec ID (required for login)", "Portal Resources", and "Secure File Transfer Resources". Below this is a "Questions & Answers" section with a list of categories: "Hospitals - Inpatient", "Hospitals - Outpatient", "Ambulatory Surgical Centers", "Inpatient Psychiatric Facilities", and "PPS-Exempt Cancer Hospitals". The "PPS-Exempt Cancer Hospitals" link is highlighted with a red box. A "Note" states: "Note: First-time registration required". At the bottom of the right column is a "Downloads" section.

# Continuing Education

- This event has been pre-approved for 1.0 continuing education (CE) unit by the national Board of Registered Nursing (Provider #16578).

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

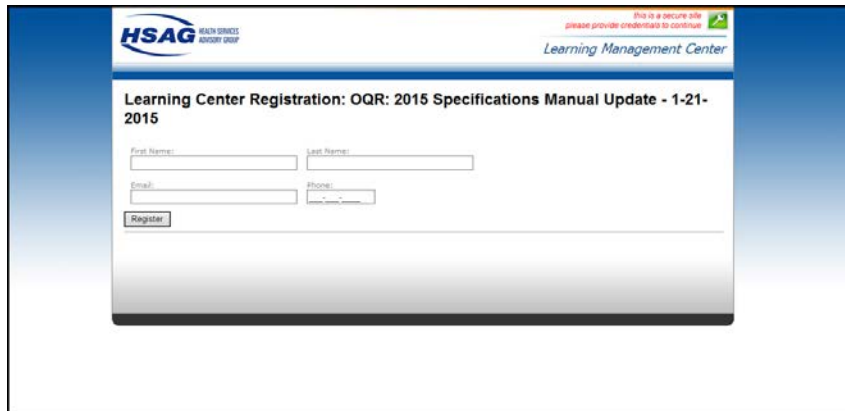
- Report your credit to your own board.
- Complete the survey and register for credit.
- Registration is automatic and instantaneous.\*

\* Please download your continuing education certificate for your records. HSAG retains attendance records for four years, not certificates.

# Register for Credit

## New User

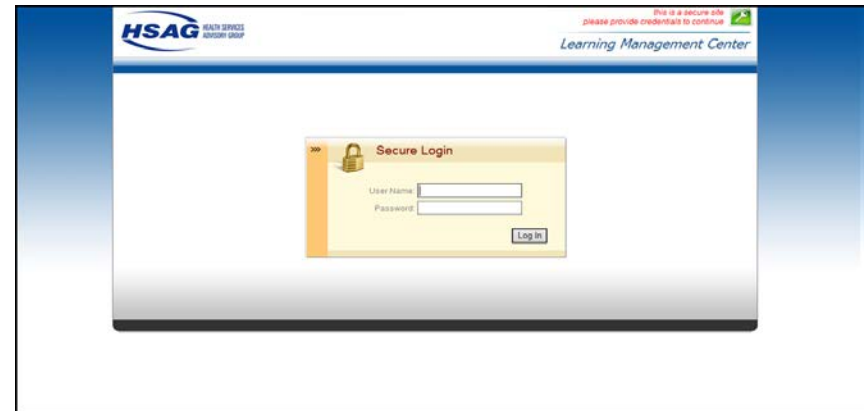
Use personal email and phone.  
Go to email address; finish  
process.



The screenshot shows the 'Learning Management Center' registration page. At the top, there is an HSAG logo and a security warning: 'This is a secure site please provide credentials to continue'. 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'. A 'Register' button is located at the bottom left of the form area.

## Existing User

Entire email is your user name.  
You can reset your password.



The screenshot shows the 'Secure Login' page of the Learning Management Center. It features a yellow box with a padlock icon and the text 'Secure Login'. Below this, there are two input fields: 'User Name' and 'Password'. A 'Log In' button is positioned at the bottom right of the login box. The page also includes the HSAG logo and the same security warning as the registration page.

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## **Closing Remarks**

# Disclaimer

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