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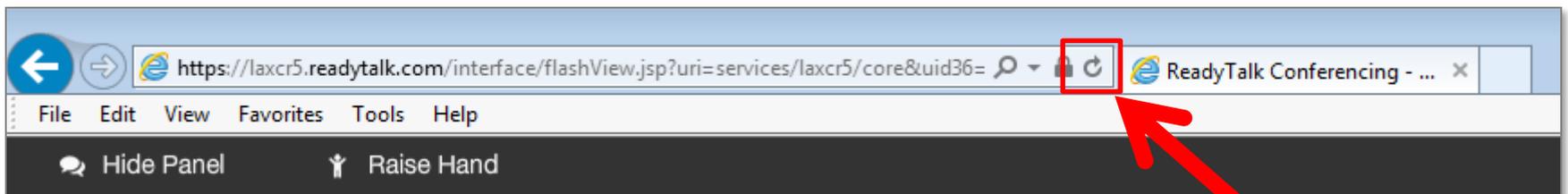


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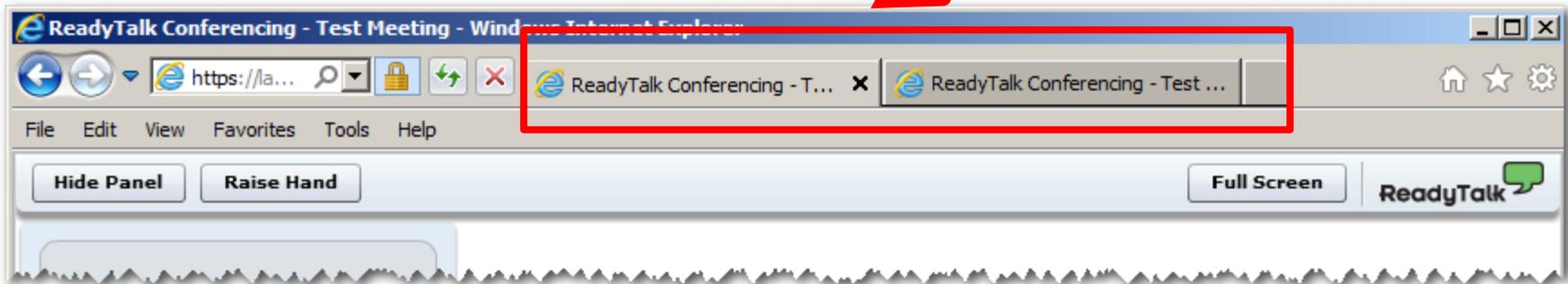


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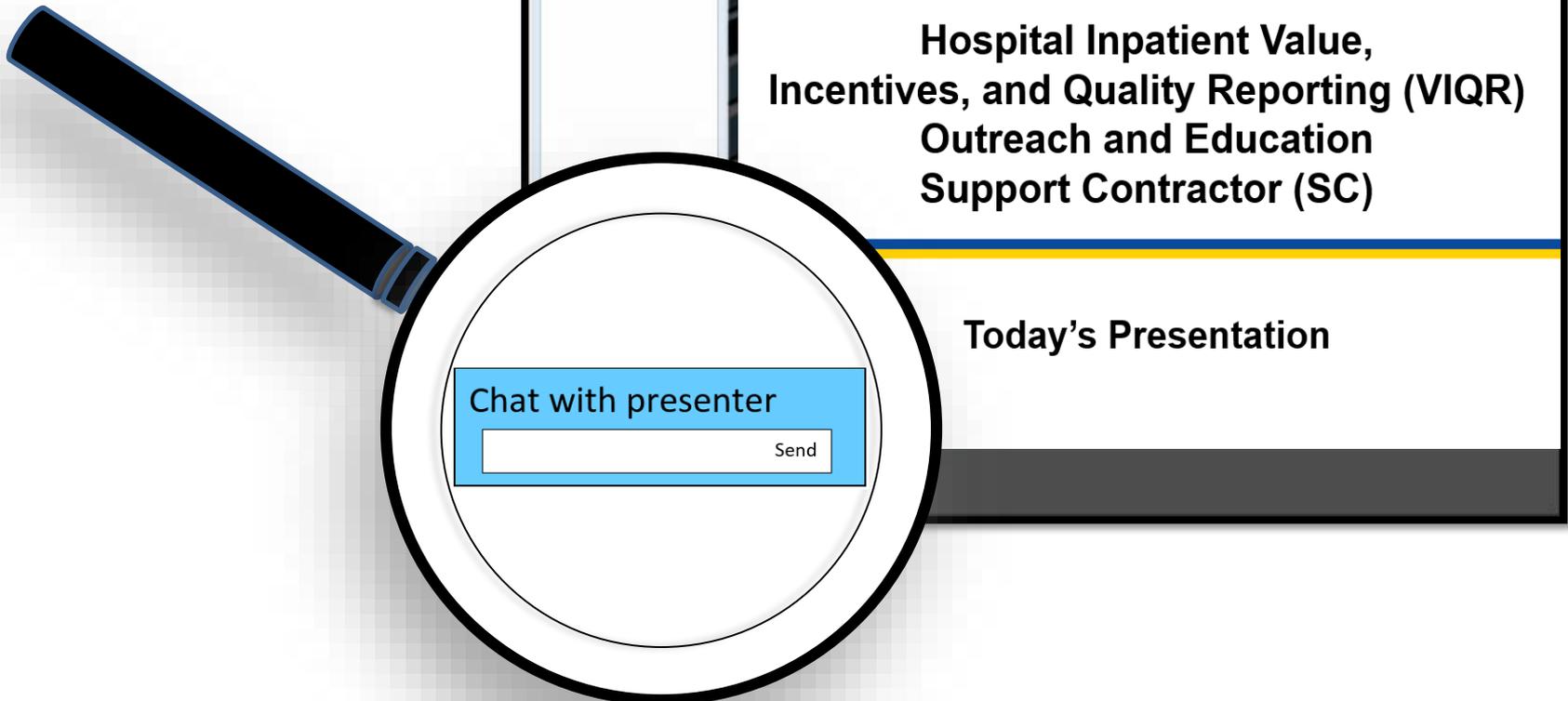
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# **PCHQR Program Overview: CY 2019 Reporting Requirements**

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**February 28, 2019**

# Acronyms and Abbreviations

<b>CAUTI</b>	Catheter-Associated Urinary Tract Infection	<b>HCP</b>	Healthcare Personnel
<b>CBM</b>	Claims-Based Measure	<b>HQR</b>	Hospital Quality Reporting
<b>CDC</b>	Centers for Disease Control and Prevention	<b>HSAG</b>	Health Services Advisory Group
<b>CDI</b>	<i>Clostridium difficile</i> Infection	<b>ICU</b>	Intensive Care Unit
<b>CE</b>	Continuing Education	<b>IPPS</b>	Inpatient Prospective Payment System
<b>CLABSI</b>	Central Line-Associated Bloodstream Infection	<b>LTCH</b>	Long-Term Care Hospital
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>MRSA</b>	Methicillin-Resistant <i>Staphylococcus aureus</i>
<b>CST</b>	Cancer-Specific Treatment	<b>NHSN</b>	National Healthcare Safety Network
<b>CY</b>	Calendar Year	<b>NQF</b>	National Quality Forum
<b>EBRT</b>	External Beam Radiotherapy for Bone Metastases	<b>OCM</b>	Oncology Care Measure
<b>ECE</b>	Extraordinary Circumstances Exception	<b>PY</b>	Program Year
<b>ED</b>	Emergency Department	<b>PCH</b>	PPS-Exempt Cancer Hospital
<b>EOL</b>	End of Life	<b>PCHQR</b>	PPS-Exempt Cancer Hospital Quality Reporting
<b>FY</b>	Fiscal Year	<b>PPS</b>	Prospective Payment System
<b>HAI</b>	Healthcare-Associated Infection	<b>Q</b>	Quarter
<b>HCAHPS®</b>	Hospital Consumer Assessment of Healthcare Providers And Systems	<b>SA</b>	Security Administer
		<b>SC</b>	Support Contractor
		<b>SSI</b>	Surgical Site Infection
		<b>WBDCT</b>	Web-Based Data Collection Tool

# Purpose

This presentation will review the PCHQR Program measures and reporting periods, highlighting the requirements for CY 2019 and steps to locate PCHQR Program resources.

# Objectives

Upon completion of this event, program participants will be able to:

- List the required reporting periods and data submission dates for CY 2019 measures for the PCHQR Program.
- Explain the relationship between the calendar and fiscal years of PCHQR Program measures.
- Locate program-specific resources on *QualityNet* and *Quality Reporting Center*.

# FY 2021 PCHQR Program Measure Set

## Safety and Healthcare-Associated Infection (HAI)

Short Name	NQF #	Measure Name
CAUTI	0138	National Healthcare Safety Network (NHSN) Catheter Associated Urinary Tract Infection (CAUTI) Outcome Measure
CLABSI	0139	NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure
Colon and Abdominal Hysterectomy SSI	0753	American College of Surgeons–Centers for Disease Control and Prevention (ACS–CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure [currently includes SSIs following Colon Surgery and Abdominal Hysterectomy Surgery]
CDI	1717	NHSN Facility-wide Inpatient Hospital-onset <i>Clostridium difficile</i> Infection (CDI) Outcome Measure
MRSA	1716	NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) Bacteremia Outcome Measure
HCP	0431	NHSN Influenza Vaccination Coverage Among Healthcare Personnel (HCP)

## Clinical Process/Oncology Care Measures

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

# FY 2021 PCHQR Program Measure Set (Continued)

## 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

## Patient Engagement/Experience of Care

HCAHPS	0166	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey
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## Clinical Effectiveness Measure

EBRT	N/A	External Beam Radiotherapy for Bone Metastases
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## Claims-Based Outcome Measures

N/A	N/A	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy
N/A	3188	30-Day Unplanned Readmissions for Cancer Patients

# Calendar Year vs. Fiscal Year vs. Program Year

- Calendar Year (CY)
  - January 1 through December 31 of a given year
- CMS Fiscal Year (FY)
  - October 1 through September 30 (spans two calendar years)
- Program Year (PY)
  - A given fiscal year (e.g., FY 2021)

# Example of Calendar-Fiscal-Program Year Cycle

## EBRT Measure

EBRT measure was added to the PCHQR Program in FY 2015 IPPS/LTCH PPS Final Rule.

- FY 2015 final rule was published August 22, 2014, adding EBRT to the PCHQR Program, beginning with FY 2017.
- Program (Fiscal) Year 2017 reporting periods for EBRT were defined in the final rule as Q1 through Q4 2015 encounters.

# Example of Calendar-Fiscal-Program Year Cycle

## EBRT Measure (Continued)

EBRT data submission deadlines defined in the final rule:

Program Year (FY)	Reporting Period (CY)	Data Submission Deadline
2017	Q1 2015–Q4 2015 encounters	August 15, 2016
2018	Q1 2016–Q4 2016 encounters	August 15, 2017
2019	Q1 2017–Q4 2017 encounters	August 15, 2018
2020	Q1 2018–Q4 2018 encounters	August 15, 2019
2021	Q1 2019–Q4 2019 encounters	August 15, 2020

**NOTE:** The PCHQR Program has not included payment incentives since its inception. The Program Year structure allows CMS to receive and analyze the data of a given program year (i.e., PY 2017) during the following calendar year (i.e., CY 2018) and apply results to the annual payment update and other financial updates for the upcoming fiscal year (i.e., FY 2019).

# HAI Measures–CLABSI and CAUTI

Background: CLABSI and CAUTI measures were added to the PCHQR Program in the FY 2013 IPPS/LTCH PPS Final Rule, finalized for FY 2014 program year and subsequent years.

Program Year (FY)	Reporting Periods (CY)	Data Submission Deadlines
2019	Q1 2018 events Q2 2018 events Q3 2018 events Q4 2018 events	August 15, 2018 November 15, 2018 February 15, 2019 May 15, 2019
2020	Q1 2019 events Q2 2019 events Q3 2019 events Q4 2019 events	August 15, 2019 November 15, 2019 February 15, 2020 May 15, 2020
2021	Q1 2020 events Q2 2020 events Q3 2020 events Q4 2020 events	August 15, 2020 November 15, 2020 February 15, 2021 May 15, 2021

# HAI Measure–SSI

Background: SSI for colon and abdominal hysterectomy measures were added in the FY 2014 IPPS/LTCH PPS Final Rule for the FY 2016 program year and subsequent years.

Program Year (FY)	Reporting Periods (CY)	Data Submission Deadlines
2020	Q1 2018 events Q2 2018 events Q3 2018 events Q4 2018 events	August 15, 2018 November 15, 2018 February 15, 2019 May 15, 2019
2021	Q1 2019 events Q2 2019 events Q3 2019 events Q4 2019 events	August 15, 2019 November 15, 2019 February 15, 2020 May 15, 2020

# HAI Measures—CDI and MRSA

Background: CDI and MRSA measures were added in the FY 2016 IPPS/LTCH PPS Final Rule and finalized for the FY 2018 program year and subsequent years.

Program Year (FY)	Reporting Periods (CY)	Data Submission Deadlines
2020	Q1 2018 events Q2 2018 events Q3 2018 events Q4 2018 events	August 15, 2018 November 15, 2018 February 15, 2019 May 15, 2019
2021	Q1 2019 events Q2 2019 events Q3 2019 events Q4 2019 events	August 15, 2019 November 15, 2019 February 15, 2020 May 15, 2020

# HCP Measure

Background: HCP measure was added in the FY 2016 IPPS/LTCH PPS Final Rule and finalized for the FY 2018 program year and subsequent years.

Program Year (FY)	Reporting Period (CY)	Data Submission Deadline
2020	Q4 2018–Q1 2019 counts	May 15, 2019
2021	Q4 2019–Q1 2020 counts	May 15, 2020

# Clinical Process/OCMs

Background: OCMs were added in the FY 2014 IPPS/LTCH PPS Final Rule and finalized for the FY 2016 program year and subsequent years.

Program Year (FY)	Reporting Period (CY)	Data Submission Deadline
2020	Q1 2018–Q4 2018 encounters	August 15, 2019
2021	Q1 2019–Q4 2019 encounters	August 15, 2020

# HCAHPS Survey Data

Background: HCAHPS Survey was added in the FY 2014 IPPS/LTCH PPS Final Rule and finalized for the FY 2016 program year and subsequent years.

Program Year (FY)	Reporting Periods (CY)	Data Submission Deadlines
2019	Q1 2017 discharges Q2 2017 discharges Q3 2017 discharges Q4 2017 discharges	July 5, 2017 October 4, 2017 January 3, 2018 April 4, 2018
2020	Q1 2018 discharges Q2 2018 discharges Q3 2018 discharges Q4 2018 discharges	July 5, 2018 October 3, 2018 January 3, 2019 April 3, 2019
2021	Q1 2019 discharges Q2 2019 discharges Q3 2019 discharges Q4 2019 discharges	July 3, 2019 October 2, 2019 January 2, 2020 April 1, 2020

# Claims-Based Measures

Measure	Program Year (FY)	Data Collection Period
Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy	2019	July 1, 2016–June 30, 2017
	2020	July 1, 2017–June 30, 2018
	2021	July 1, 2018–June 30, 2019
EOL	2020	July 1, 2017–June 30, 2018
	2021	July 1, 2018–June 30, 2019
30-Day Unplanned Readmissions for Cancer Patients	2021	October 1, 2018–September 30, 2019

**NOTE:** CBMs have no separate/additional data submission requirements for the PCHs as CMS will calculate the measures from the data submitted.

# ✓ Timely Takeaway

- **CLABSI** and **CAUTI** measures apply to the following program (fiscal) year; therefore, there is a **one-year lag**.
- The other measures—**SSI, CDI, MRSA, OCMs, HCAHPS, EBRT, and CBMs**—apply to two program (fiscal) years later; therefore, there is a **two-year lag**.
- The **HCP** measure (spans two calendar years) applies to the following program (fiscal) year; therefore, there is a **one-year lag**.

PCHQR Program Overview:  
CY 2019 Reporting Requirements

# Reporting Requirements

# PCHQR Program Methods of Reporting

Category	Measure Type	Method of Reporting
Patient Safety	<ul style="list-style-type: none"> <li>• HAI</li> <li>• HCP</li> </ul>	Submission to CDC via NHSN
Clinical Process/ Oncology Care Measures (OCMs)	<ul style="list-style-type: none"> <li>• EOL</li> <li>• OCMs</li> </ul>	<ul style="list-style-type: none"> <li>• Reported for PCHs via CBM process</li> <li>• Direct entry of data via WBDCT with the <i>QualityNet Secure Portal</i></li> </ul>
Intermediate Clinical Outcome Measures	<ul style="list-style-type: none"> <li>• EOL</li> </ul>	Reported for PCHs via CBM process
Patient Engagement/ Experience of Care	<ul style="list-style-type: none"> <li>• HCAHPS</li> </ul>	Submission to the HCAHPS Data Warehouse via Secure File Exchange (All PCHs utilize vendors.)
Clinical Effectiveness Measure	<ul style="list-style-type: none"> <li>• EBRT</li> </ul>	Direct entry of data via WBDCT with the <i>QualityNet Secure Portal</i>
Claims-Based Outcome Measures (CBMs)	<ul style="list-style-type: none"> <li>• Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy</li> <li>• 30-Day Unplanned Readmissions for Cancer Patients</li> </ul>	Reported for PCHs via CBM process

# CY 2019 Data Submission Deadlines

## PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Measure Submission Deadlines by Due Date

Data must be submitted no later than 11:59 p.m. Pacific Time on the submission deadline. Only data submitted according to the Centers for Medicare & Medicaid Services (CMS) established deadlines qualify for inclusion in the PCHQR Program. The reference periods noted for Central Line-Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), Surgical Site Infection (SSI), Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia, and *Clostridium difficile* Infection (CDI) refer to event dates; the reference periods for the other measures denote designated measure periods (patient visit, discharge date, etc.). For complete measure titles and National Quality Forum designations, please visit the [QualityNet PCHQR Program Measures](#) web page.

Due Date	Adjuvant Hormonal Therapy*	CLABSI/CAUTI/SSI/MRSA/CDI**	HCP Flu Vac**	HCAHPS	OCM††	EBRT††	DACA
10/03/2018	N/A	N/A	N/A	Q2 2018 (4/1-6/30)	N/A	N/A	N/A
11/15/2018	Q3 2017 (7/1-9/30)	Q2 2018 (4/1-6/30)	N/A	N/A	N/A	N/A	N/A
01/03/2019	N/A	N/A	N/A	Q3 2018 (7/1-9/30)	N/A	N/A	N/A
02/15/2019	Q4 2017 (10/1-12/31)	Q3 2018 (7/1-9/30)	N/A	N/A	N/A	N/A	N/A
04/03/2019	N/A	N/A	N/A	Q4 2018 (10/1-12/31)	N/A	N/A	N/A
05/15/2019	N/A	Q4 2018 (10/1-12/31)	Q4 2018-Q1 2019 (10/1/18-3/31/19)	N/A	N/A	N/A	N/A
07/03/2019	N/A	N/A	N/A	Q1 2019 (1/1-3/31)	N/A	N/A	N/A
08/15/2019	N/A	Q1 2019 (1/1-3/31)	N/A	N/A	CY 2018 (1/1-12/31)	CY 2018 (1/1-12/31)	N/A
09/03/2019	N/A	N/A	N/A	N/A	N/A	N/A	For FY 2020
10/02/2019	N/A	N/A	N/A	Q2 2019 (4/1-6/30)	N/A	N/A	N/A
11/15/2019	N/A	Q2 2019 (4/1-6/30)	N/A	N/A	N/A	N/A	N/A
01/02/2020	N/A	N/A	N/A	Q3 2019 (7/1-9/30)	N/A	N/A	N/A

\* Data entered into American College of Surgeons Rapid Quality Reporting System, extracted, and then submitted to CMS via the [QualityNet Secure Portal](#) at [www.QualityNet.org](http://www.QualityNet.org)

\*\* Submitted to the Centers for Disease Control and Prevention via the National Healthcare Safety Network

† Submitted to CMS via the [QualityNet Secure Portal](#) at [www.QualityNet.org](http://www.QualityNet.org)

‡ Annual submission, stratified by quarter

# WBDCT Guideline

## PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Web-Based Data Collection Tool Guideline by Due Date

Due Date	Measure	Fiscal Year	Time Period
11/15/2018	Adjuvant Hormonal Therapy (NQF #0220)	2018	Q3 2017 (7/1/17–9/30/17)
02/15/2019	Adjuvant Hormonal Therapy (NQF #0220)	2018	Q4 2017 (10/1/17–12/31/17)
08/15/2019	OCMs and EBRT (NQF #0382, #0383, #0384, #0389, #0390 and PCH-25)	2020	CY 2018 (1/1/18–12/31/18)
08/15/2020	OCM and EBRT (NQF #0383 and PCH-25)	2021	CY 2019 (1/1/19–12/31/19)
08/15/2021	OCM and EBRT (NQF #0383 and PCH-25)	2022	CY 2020 (1/1/20–12/31/20)

# Administrative Requirements

- Notice of Participation
- At least one **active** SA
  - CMS highly recommends designating a minimum of two *QualityNet* SAs.
- Data Accuracy and Completeness Acknowledgment
  - Electronically submitted via *QualityNet Secure Portal*
- Other
  - If your facility's contact information has changed, please be sure to complete the Hospital Contact Change Form located on the [QualityNet PCHQR Program Resources](#) page.

PCHQR Program Overview:  
CY 2019 Reporting Requirements

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# Program Resources

# QualityNet Home Page

The screenshot shows the QualityNet Home Page. At the top left is the QualityNet logo. To its right is a navigation bar with 'Log in to QualityNet Secure Portal (formerly MyQualityNet)' and a 'Log In' button. Further right is a search bar with a 'Search' button. Below this is a main navigation menu with tabs for 'Home', 'My QualityNet', and 'Help'. Under 'My QualityNet', there are several category links: '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 'QualityNet Registration' with links for 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'ASCs', 'Cancer Hospitals', 'ESRD Facilities', and 'Inpatient Psychiatric Facilities'. Below this is 'Getting Started with QualityNet' with a link for 'Registration'. The middle column features a yellow alert box for 'QualityNet Secure Portal downtime scheduled for January 25 - 27', followed by 'QualityNet News' with a 'More News >' link, and a news item titled 'Fiscal Year (FY) 2021 Hospital IQR Program Chart-Abstracted Hospitals Randomly Selected for Validation' with a detailed paragraph. The right column contains 'Log in to QualityNet Secure Portal' with a 'Login' button and a list of resources: 'Download Symantec ID (required for login)', 'Portal Resources', 'Secure File Transfer Resources', and 'Secure Portal Enrollment Training, WMV'.

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

Log In

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
- ASCs
- Cancer Hospitals
- ESRD Facilities
- Inpatient Psychiatric Facilities

**Getting Started with QualityNet**

- Registration

**QualityNet Secure Portal downtime scheduled for January 25 - 27**

QualityNet and the QualityNet Secure Portal will be unavailable from 8 p.m. ET on Friday, Jan. 25, through 8 a.m. ET on Sunday, Jan. 27, due to planned maintenance activities. This outage will prevent submissions to data warehouses and access to all QualityNet applications.

**QualityNet News** [More News >](#)

**Fiscal Year (FY) 2021 Hospital IQR Program Chart-Abstracted Hospitals Randomly Selected for Validation**

The Centers for Medicare & Medicaid Services (CMS) Hospital IQR Program has selected the random sample of hospitals for the validation of Chart-Abstracted and Healthcare-Associated Infection (HAI) measures for the Fiscal Year (FY) 2021 annual payment update (APU) determination. The quarters

**Log in to QualityNet Secure Portal**

Login

- Download Symantec ID (*required for login*)
- Portal Resources
- Secure File Transfer Resources
- Secure Portal Enrollment Training, WMV

# PCHQR Program Page

The screenshot shows 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 below it. Below the logo is a navigation bar with tabs for "Home", "My QualityNet", and "Help". Underneath are several category tabs: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", and "ESRD Facilities". The "PPS-Exempt Cancer Hospitals" tab is selected, and a dropdown menu is open, listing various program components: "PPS-Exempt Cancer Hospital Quality Reporting Program", "E-mail Notifications", "Registration", "Measures", "Data Collection", "Data Submission", "Webinars", "Public Reporting", "Support Contact", "Resources", and "Training". The "Measures", "Data Collection", "Data Submission", and "Resources" items are highlighted with red boxes. On the left side of the page, there are two main sections: "QualityNet Registration" with a list of facility types (Hospitals - Inpatient, Hospitals - Outpatient, ASCs, Cancer Hospitals, ESRD Facilities, Inpatient Psychiatric Facilities) and "Getting Started with QualityNet" with a list of links (Registration, Sign-In Instructions, Security Statement, Password Rules, QualityNet System). The main content area features a yellow alert box about a "QualityNet Secure Portal downtime" on Sunday, Jan. 27, and a "QualityNet News" section with a link to a "Fiscal Year (FY) 2021 Hospital IQR Program for Validation" article.

# Measures

## Measures

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

#### CDC and CMS Joint Reminder on NHSN Reporting

The Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) is the nation's most comprehensive medical event tracking system. It is currently utilized by more than 16,000 U.S. healthcare facilities. NHSN provides critical data that guides prevention efforts aimed at protecting patients.

CDC and the Centers for Medicare & Medicaid Services (CMS) are committed to ensuring the accuracy of data used to set prevention priorities and protect patients. Identifying infections and infection sources, as well as guaranteeing that patients receive the highest quality of care are the top priorities of both agencies.

In response to anecdotal reports of intentional non-reporting of infection data, CDC and CMS have jointly issued a reminder that addresses the importance of reporting healthcare-associated infection events. While there is no evidence of a widespread issue, CDC and CMS want to emphasize that accurate reporting to NHSN through strict adherence to NHSN definitions and criteria is essential to ensuring accuracy, completeness, and comparability of infection information.

Download the [full reminder](#) (PDF-300 KB) or read more about [NHSN reporting](#) on the CDC website.

#### Measure Requirements

Hospitals participating in the PCHQR Program are required to report the following measures according to the specified program year reporting requirements as outlined in the current and prior releases of the [Final Rules](#).

Refer to the [Data Collection](#) page for measure specifications. Refer to the [Data Submission](#) page for submission deadlines. Refer to the [Measure Crosswalk](#) for an accessible, print-friendly version of the information displayed below.

#### Finalized measures for inclusion in the PCHQR Program (by measure type and program year)

**Table 1: Safety and Healthcare-Associated Infection (HAI) Measures**

*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	FY 2020	FY 2021
0138	PCH-5	CDC NHSN Catheter-Associated Urinary Tract Infections (CAUTI) Outcome Measure	Y	Y	Y	Y	Y	Y	Y

# Data Collection

## Data Collection

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

The PCHQR program is comprised of multiple types of measures that are collected by participating PPS-Exempt Cancer Hospitals using a variety of tested data collection instruments. These measures have different sampling requirements, reporting methods, and [data submission deadlines](#).

A facility can request an extension or waiver of various Quality Reporting Program requirements due to extraordinary circumstances beyond the control of the facility. To request an extension or waiver, complete and submit the [Extraordinary Circumstances Exception form](#) within 30 days of the disaster or extraordinary circumstance.

A facility may submit a Measure Exception Request Form due to no/low procedure volumes. Refer to listserv [2018-14-PCH](#) for specifics.

**Table 1: Safety and Healthcare-Associated Infection (HAI) Measures**

NQF #	PCH #	Measure Name	Specifications Manual & Measure Information Forms	Data Collection Tool	Acceptable Method of Transmission
<a href="#">0139</a>	PCH-4	NHSN Central line-associated bloodstream infection (CLABSI) outcome	<a href="#">CLABSI NHSN Resources</a>	<a href="#">CLABSI data collection tool</a>	<a href="#">National Healthcare Safety Network (NHSN)</a>

# Data Submission

## Data Submission

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

PPS-Exempt Cancer Hospitals (PCHs) participating in the PCHQR Program must submit required data via each measure's acceptable methods of transmission no later than 11:59 p.m. Pacific Time on the submission deadline date as established by the Centers for Medicare & Medicaid Services (CMS). Only data submitted according to the established submission methods and deadlines set by CMS qualify for inclusion in the PCHQR Program.

The [PCHQR Program Submission Deadlines by Due Date](#) document serves as a useful reference and provides specific data submission deadlines for the required PCHQR Program measures by data collection period due date. Reference periods are as follows:

- **Event Date**
  - Healthcare-Associated Infections (HAIs), including:
    - Central Line-Associated Blood Stream Infection (CLABSI)
    - Catheter-Associated Urinary Tract Infection (CAUTI)
    - Surgical Site Infection (SSI)
    - Methicillin-resistant *Staphylococcus aureus* (MRSA)
    - *Clostridium difficile* (*C. diff.*)
- **Diagnosis Date**
  - Cancer-Specific Treatment measures
- **Patient Treatment or Visit Date**
  - Oncology Care Measures (OCMs)
  - Intermediate Clinical Outcome Measures
  - External Beam Radiotherapy (EBRT) for Bone Metastases
  - Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy
  - 30-Day Unplanned Readmissions for Cancer Patients
- **Annual Flu Season** - as defined by the Centers for Disease Control and Prevention (CDC)
  - Healthcare Personnel Vaccination (HCP)
- All other measures denote discharge dates.

# Resources

## 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](#)
- [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 Payment Program \(CMS\)](#)
- [Quality Reporting Center](#)
- [Regulations.gov](#)

#### Program-Specific Resources

- [2018 PPS-Exempt Cancer Hospitals Quality Reporting \(PCHQR\) Program Manual](#), PDF-6.4 MB (Updated November 2018)
- [Data Submission Deadlines](#), PDF-84 KB (Updated November 2018)
- [Measure Crosswalk](#), PDF-71 KB (Updated November 2018)
- [PCHQR Measure to Public Reporting Period Relationship Matrix](#), PDF-220 KB (Updated November 2018)
- [PCHQR Program Web-Based Data Collection Tool Guideline by Due Date](#), PDF-471 KB (Updated September 2018)

# Quality Reporting Center

The screenshot shows the Quality Reporting Center website. At the top left is the logo with the text "QUALITY REPORTING CENTER". To the right are navigation tabs: "HOME", "EVENTS CALENDAR", "INPATIENT >", and "OUTPATIENT". Below the tabs, there are two main content areas. The left area is titled "Inpatient Quick Links" and contains a list of links: "Overview" and "Tools and Resources". The right area is titled "Outpatient Quick Links" and contains a list of links: "Tools and Resources" and "Lookup Tools". Below these areas is a large text block starting with "Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Center..." followed by a list of resources: "Reference and training materials", "Educational presentations", "Timelines and calendars", "Data collection tools", "Contact information", "Helpful links to resources", and "Question and answer tools". Below this is another text block starting with "The national Support Contractor for the Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)..." followed by a list of links: "Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Center", "Outpatient Quality Reporting Outreach and Education Support Center", and "Ambulatory Surgical Center Quality Reporting". At the bottom left is a section titled "Upcoming Events". On the right side of the page, there is a vertical dropdown menu with the following items: "NEWSLETTERS", "Archived Newsletters", "HOSPITAL IQR PROGRAM", "Upcoming Events", "Archived Events", "Continuing Education", "Resources and Tools", "Archived Hospital VBP Resources", "Archived eCQM Resources", "Video Tutorials", "PCHQR PROGRAM", "Upcoming Events", "Archived Events", "Resources and Tools", "IPFQR PROGRAM", "Upcoming Events", "Archived Events", "Resources and Tools", "Archive of Resources", "OTHER PROGRAMS", "VBP Archived Events", and "eCQM Archived Events". A red arrow points to the "Resources and Tools" link in the dropdown menu.

# Resources and Tools

## Resources and Tools

### Hospital Contact Change Form

- [Hospital Contact Change Form](#)

### Hospital Compare Preview Documents for February 2019

- [PPS-Exempt Cancer Hospital Quality Reporting Hospital Compare Preview Report Quick Reference Guide](#)
- [PPS-Exempt Cancer Quality Reporting Hospital Compare Preview Report Help Guide](#)

### PCHQR Program Manual

- [2018 PCHQR Program Manual](#)

### PCHQR Program Resources

- [PCHQR Measure Crosswalk](#)
- [PCHQR Program Measure Submission Deadlines by Due Date](#)
- [PCHQR Program Relationship Matrix of Program Measures by Years and Quarters](#)
- [PCHQR Program Web-Based Data Collection Tool Guideline by Due Date](#)

### Additional Resources

The following websites provide additional information the PCHQR Program measure specifications and sampling methodology:

- [National Quality Forum measure endorsements and performance standards \(NQF\)](#)
- Clinical Process/Cancer-Specific Treatments measure specifications
  - [Breast Measure Specifications](#)
  - [Colon Measure Specifications](#)
- [Healthcare-Associated Infections \(HAI\) measure specifications \(Center for Disease Control \)](#)
- [HCAHPS measure specifications \(HCAHPS Online\)](#)
- [CMS Quality Payment Program Measure Specifications](#)
- [QualityNet PCHQR Data Collection Page](#)

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# Key Dates and Reminders

# Important Upcoming Dates

## Tentative Save the Date – Webinars

- March 28, 2019
- April 25, 2019

## Upcoming HQR Data Submissions

- April 3, 2019
  - Q4 2018 HCAHPS Survey data
- May 15, 2019
  - Q4 2018 HAI data
    - CLABSI, CAUTI, SSI, CDI, and MRSA
  - Q4 2018 through Q1 2019 HCP data

# California Wildfires

## Extraordinary Circumstances Exception

### Applicable Reporting Requirements

- Chart-abstracted and NHSN HAI data
  - November 2018 and February 2019 submission deadlines for reporting periods
    - July 1, 2017–September 30, 2017 (Q3 2017) – Adjuvant Hormonal Therapy
    - October 1, 2017–December 1, 2017 (Q4 2017) – Adjuvant Hormonal Therapy
    - April 1, 2018–June 30, 2018 (Q2 2018) – CLABSI, CAUTI, SSI, CDI, and MRSA
    - July 1, 2018–September 30, 2018 (Q3 2018) – CLABSI, CAUTI, SSI, CDI, and MRSA
- HCAHPS Survey data
  - January 2019 HCAHPS submission deadline for reporting period
    - July 1, 2018–September 30, 2018 (Q3 2018)
- HCP measure data
  - May 15, 2019 submission deadline for the 2018–2019 flu season
    - October 1, 2018–March 31, 2019 (Q4 2018–Q1 2019)

### For More Information

- *QualityNet* PCHQR Program [ListServe](#) dated January 11, 2019
- Federal Emergency Management Agency (FEMA) – [DR-4407](#)

# *Hospital Compare Key Dates*

## **April 2019**

- Contains:
  - Q1 2017 through Q4 2017 CST colon and breast data
  - Q3 2016 through Q2 2017 CST hormone data
  - Q3 2017 through Q2 2018 HCAHPS Survey data
- Preview period closes March 9, 2019

## **July 2019**

- Contains:
  - Q4 2016 through Q3 2017 CST hormone data
  - Q4 2017 through Q3 2018 HCAHPS data

# Accessing the *QualityNet* Questions and Answers Tool

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

The screenshot displays the QualityNet website interface. At the top, there is a navigation bar with the QualityNet logo, a search box, and a "Log In" button. Below this is a secondary navigation bar with tabs for "Home", "My QualityNet", and "Help". A main navigation menu lists 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 features a "QualityNet News" section with a "More News >" link. The featured article is titled "CMS releases December 2017 Hospital Compare preview reports". The text of the article 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. 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." Below the article is a "Full Article >" link and a "Headlines" section listing several news items, including "CMS grants exceptions for Quality Program participants in FEMA disaster areas in Puerto Rico and U.S. Virgin Islands affected by Hurricane Maria" and "CMS will not update Hospital Compare Star Ratings Data in October 2017".

On the left sidebar, there are sections for "QualityNet Registration" (listing Hospitals - Inpatient, Hospitals - Outpatient, Physician Offices, ASCs, Cancer Hospitals, ESRD Facilities, Inpatient Psychiatric Facilities, and QIOs), "Getting Started with QualityNet" (listing Registration, Sign-In Instructions, Security Statement, Password Rules, and QualityNet System Security Policy, PDF), and "Join ListServes" (listing Sign up for Notifications and Discussions).

On the right sidebar, there is a "Log in to QualityNet Secure Portal" section with a "Login" button 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", which is highlighted with a red box. A "Note" below states "First-time registration required". At the bottom of the right sidebar is a "Downloads" section.

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# Continuing Education

# CE Approval

This program has been approved for Continuing Education (CE) credit for the following boards:

## **National credit**

- Board of Registered Nursing (Provider #16578)

## **Florida-only credit**

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Registered Nursing
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

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

# CE Credit Process: Three Steps

1. Complete the ReadyTalk<sup>®</sup> survey that will pop up after the webinar.
2. Register on the HSAG Learning Management Center for the certificate.
3. Print out your certificate.



**NOTE:** An additional survey will be sent to all registrants within the next 48 hours.

# 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.**

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>

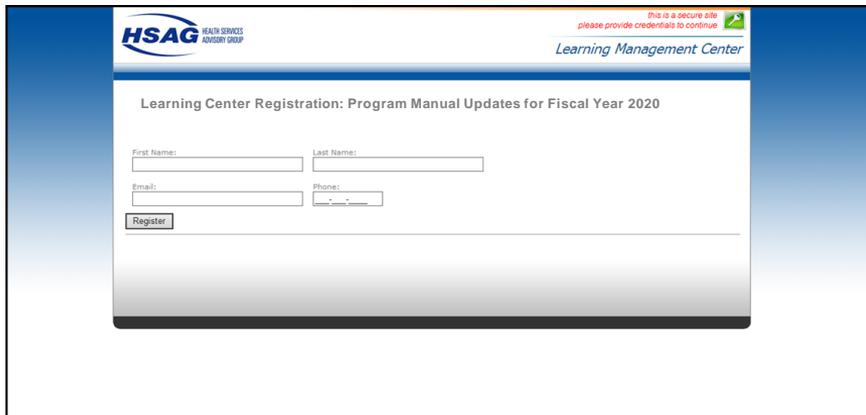
**Note:** If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

# Register for Credit

## New User

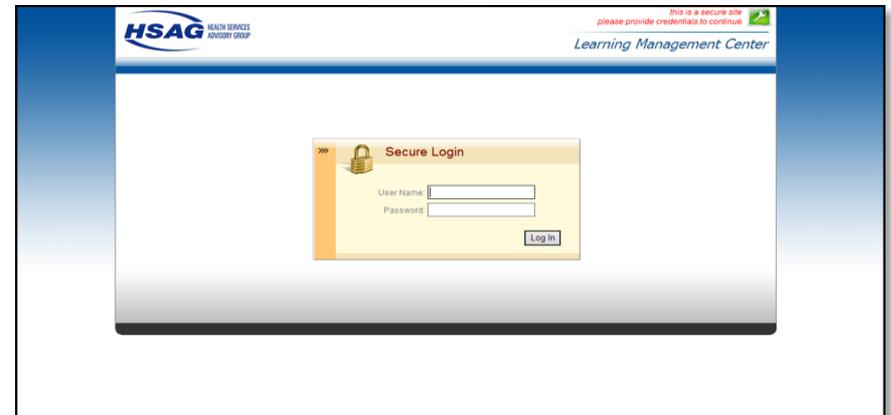
Use personal email and phone.  
Go to email address and  
finish process.



The screenshot shows the 'Learning Management Center' registration page. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, it says 'This is a secure site please provide credentials to continue' with a green lock icon. Below the logo, it says 'Learning Management Center'. The main heading is 'Learning Center Registration: Program Manual Updates for Fiscal Year 2020'. The form includes fields for 'First Name', 'Last Name', 'Email', and 'Phone', followed by a 'Register' button.

## Existing User

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



The screenshot shows the 'Secure Login' page. At the top left is the HSAG logo. At the top right, it says 'This is a secure site please provide credentials to continue' with a green lock icon. Below the logo, it says 'Learning Management Center'. The main heading is 'Secure Login'. The form includes fields for 'User Name' and 'Password', followed by a 'Log In' button.

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# 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.

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