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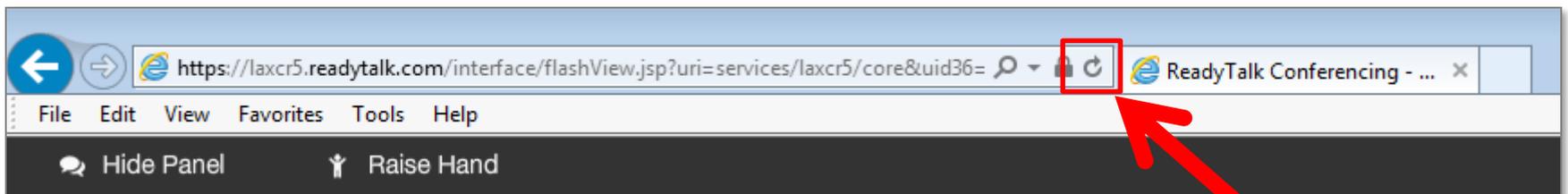
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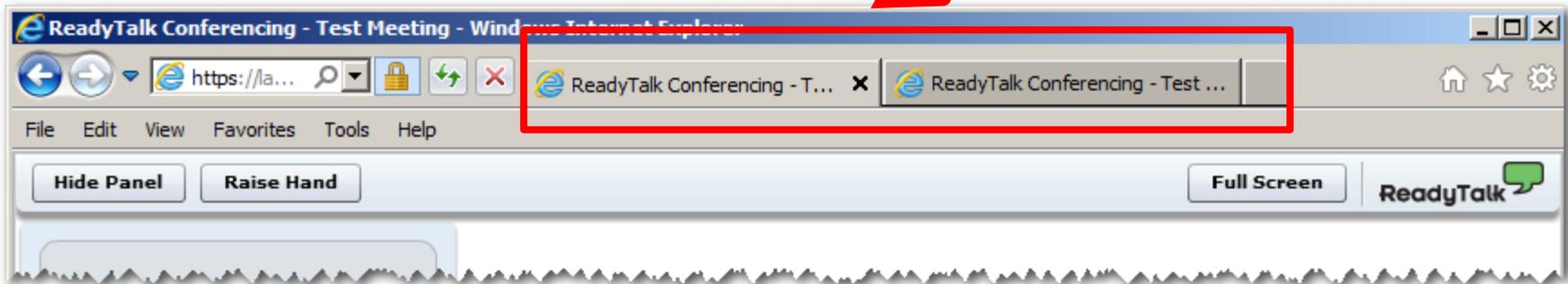
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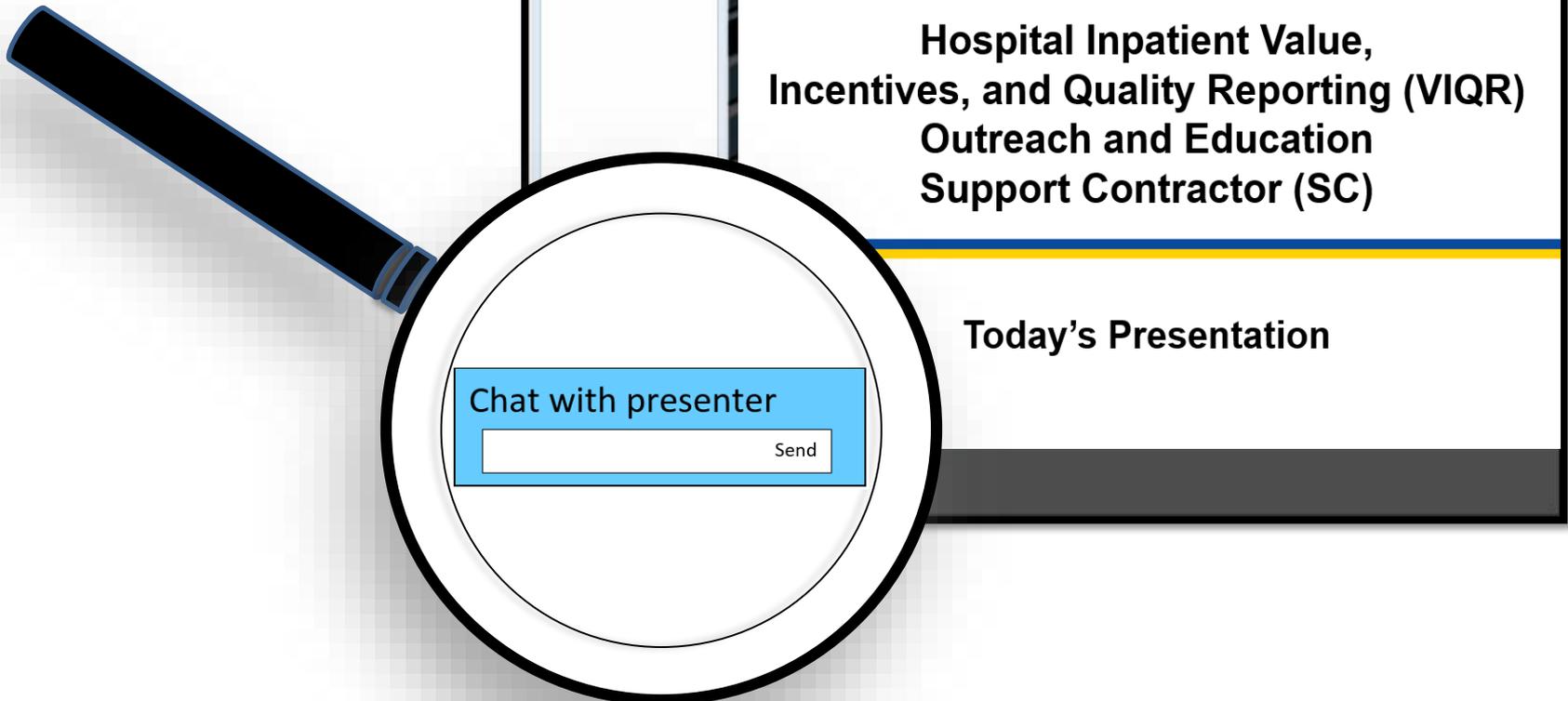
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Example of Two Browsers/Tabs open in Same Event

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Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC)

Today's Presentation

Chat with presenter

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PCHQR Program Overview: CY 2019 Reporting Requirements

Lisa Vinson, BS, BSN, RN
Program Lead
PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program
Hospital Inpatient Value, Incentives, and Quality Reporting
Outreach and Education Support Contractor

February 28, 2019

Acronyms and Abbreviations

CAUTI	Catheter-Associated Urinary Tract Infection
CBM	Claims-Based Measure
CDC	Centers for Disease Control and Prevention
CDI	*Clostridium difficile* Infection
CE	Continuing Education
CLABSI	Central Line-Associated Bloodstream Infection
CMS	Centers for Medicare & Medicaid Services
CST	Cancer-Specific Treatment
CY	Calendar Year
EBRT	External Beam Radiotherapy for Bone Metastases
ECE	Extraordinary Circumstances Exception
ED	Emergency Department
EOL	End of Life
FY	Fiscal Year
HAI	Healthcare-Associated Infection
HCAHPS®	Hospital Consumer Assessment of Healthcare Providers And Systems

HCP	Healthcare Personnel
HQR	Hospital Quality Reporting
HSAG	Health Services Advisory Group
ICU	Intensive Care Unit
IPPS	Inpatient Prospective Payment System
LTCH	Long-Term Care Hospital
MRSA	Methicillin-Resistant *Staphylococcus aureus*
NHSN	National Healthcare Safety Network
NQF	National Quality Forum
OCM	Oncology Care Measure
PY	Program Year
PCH	PPS-Exempt Cancer Hospital
PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
PPS	Prospective Payment System
Q	Quarter
SA	Security Administer
SC	Support Contractor
SSI	Surgical Site Infection
WBDCT	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.

Acronyms

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 *Clostridium difficile* Infection (CDI) Outcome Measure
MRSA	1716	NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (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

Acronyms 9

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
		Clinical Effectiveness Measure
EBRT	N/A	External Beam Radiotherapy for Bone Metastases
		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

Acronyms

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.

Acronyms

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).

Acronyms

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

Acronyms

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

Acronyms

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

Acronyms

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

Acronyms

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 2020 2021	July 1, 2016–June 30, 2017 July 1, 2017–June 30, 2018 July 1, 2018–June 30, 2019
EOL	2020 2021	July 1, 2017–June 30, 2018 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.

Acronyms

✓ 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.**

Acronyms   21

Reporting Requirements

Acronyms

PCHQR Program Methods of Reporting

Category	Measure Type	Method of Reporting
Patient Safety	• HAI • HCP	Submission to CDC via NHSN
Clinical Process/ Oncology Care Measures (OCMs)	• EOL • OCMs	• Reported for PCHs via CBM process • Direct entry of data via WBDCT with the *QualityNet Secure Portal*
Intermediate Clinical Outcome Measures	• EOL	Reported for PCHs via CBM process
Patient Engagement/ Experience of Care	• HCAHPS	Submission to the HCAHPS Data Warehouse via Secure File Exchange (All PCHs utilize vendors.)
Clinical Effectiveness Measure	• EBRT	Direct entry of data via WBDCT with the *QualityNet Secure Portal*
Claims-Based Outcome Measures (CBMs)	• Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy • 30-Day Unplanned Readmissions for Cancer Patients	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	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
** 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
‡ Annual submission, stratified by quarter

Acronyms

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.

Acronyms

PCHQR Program Overview:
CY 2019 Reporting Requirements

Program Resources

Acronyms

QualityNet Home Page

PCHQR Program Page

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

Acronyms

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 listserve 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
0139	PCH-4	NHSN Central line-associated bloodstream infection (CLABSI) outcome	CLABSI NHSN Resources	CLABSI data collection tool	National Healthcare Safety Network (NHSN)

Acronyms

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)

Acronyms 33

Quality Reporting Center

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

Acronyms 35

PCHQR Program Overview:
CY 2019 Reporting Requirements

Key Dates and Reminders

Acronyms

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

Acronyms

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

Acronyms

Hospital Compare Key Dates

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

July 2019
- Contains:
  - o Q4 2016 through Q3 2017 CST hormone data
  - o Q4 2017 through Q3 2018 HCAHPS data

Acronyms

Accessing the *QualityNet* Questions and Answers Tool

QualityNet Questions and Answers Tool

Acronyms

PCHQR Program Overview:
CY 2019 Reporting Requirements

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® 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

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:
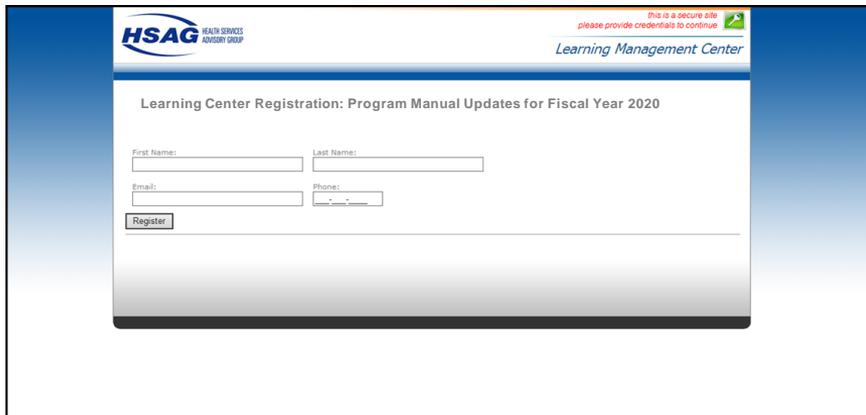https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae

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

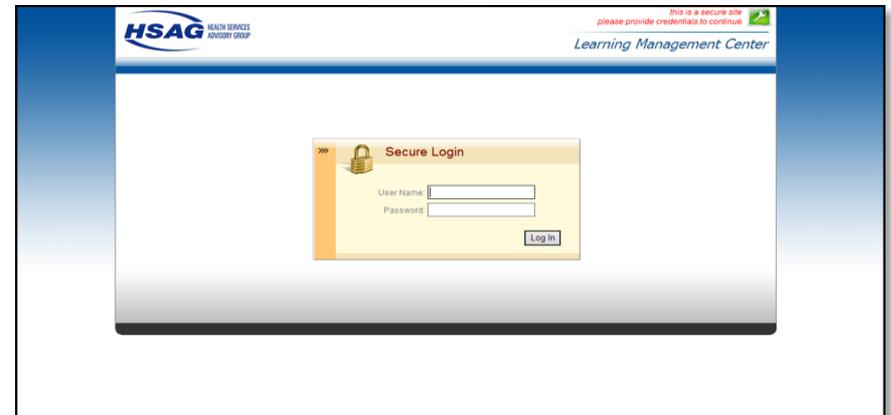Done

Register for Credit

New User

Use personal email and phone.

Go to email address and finish process.

Existing User

Entire email is your user name.

You can reset your password.

PCHQR Program Overview:
CY 2019 Reporting Requirements

Closing Remarks

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