PCHQR Program:
Exploring the Next Generation Simple Data Entry Tool

Presentation Transcript

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Lisa Vinson:	Hello, and thank you for tuning in to today's PPS-Exempt Cancer Hospital Quality Reporting Program Outreach and Education event entitled *Exploring the Next Generation Simple Data Entry Tool*. My name is Lisa Vinson, and I will be your speaker for today's event. I serve as the Program Lead for the PCHQR Program within the Inpatient Value, Incentives, and Quality Reporting, – or VIQR, Outreach and Education Support Contractor. CMS continues to put forth efforts to modernize functionality within *QualityNet*, particularly the quality reporting system or *QualityNet Secure Portal*. Back in December 2018, these efforts were first realized with the implementation of the Next Generation interface for Public Reporting preview data. This new interface allowed for a consistent experience using this one platform and a unified display across multiple programs. Today, we will see how these modernization efforts reach data submission, which, as you know, is a PCHQR Program requirement. Therefore, our focus will be use of the new Next Generation Simple Data Entry Tool to successfully submit data for the upcoming August 17 and August 31 deadlines and generating a PCH report. Furthermore, today's event is specific for the participants in the PPS-Exempt Cancer Hospital Quality Reporting, or PCHQR, Program. While other CMS Quality Programs may use a web-based data collection tool for reporting some of their quality measures, the content of today's webinar is specific to the PCHQR Program. So, with this background and introductory remarks, let's move to the next slide and review some of the abbreviations and acronyms that you will hear during today's event.
	Here is a list of acronyms and abbreviations that you may hear and see used during this presentation. This includes DACA, Data Accuracy and Completeness Acknowledgement; EBRT, external beam radiotherapy; HARP, HCQIS Access Roles and Profile; HCQIS, Health Care Quality Information System; HQR, Hospital Quality Reporting; NG, Next Generation; and SDE, Simple Data Entry.

The purpose of today's event is to provide PCHQR Program participants with detailed instructions to use the new Next Generation (NG) Simple Data Entry (SDE) tool to submit calendar year (CY) 2019 Oncology: Medical and Radiation-Plan of Care for Moderate to Severe Pain, or PCH-15, and External Beam Radiotherapy for Bone Metastases (EBRT), or PCH-25, measure data; electronically submit the fiscal year 2021 Data Accuracy and Completeness Acknowledgement (DACA); and generate a PPS-exempt Cancer Hospital (PCH) report.

Upon completion of this event, PCHQR Program participants will be able to, first, locate the NG SDE tool within the Hospital Quality Reporting, or HQR, System. The first step to take is accessing the Next Generation Simple Data Entry Tool. I will guide you through this process, screen-by-screen, since it is different from the previous access and log-in process. This is due to the recent implementation of the Health Care Quality Information System, or HCQIS, Access Roles and Profile, known as HARP, functionality. Second, utilize the NG SDE tool to successfully enter and submit calendar year 2019 PCH-15 and PCH-25 measure data, which is due by August 17, 2020, and the FY 2021 DACA, due August 31, 2020. Of note, the submission period for all three requirements opens July 1, 2020, and closes on the respective deadline date at 11:59 p.m. Pacific Time. Lastly, generate a PCH data report via the NG report functionality. This process is different as well; however, the current report functionality is still in use, and we will discuss later during this event why this is the case.

Before we begin our discussion, I would like to make you aware that some of the screenshots that appear in this presentation may vary slightly from what you may see when you get started in NG SDE tool using your credentials. As we move along, I will point out where you may see these subtle differences. Again this tool is live as of July 1, 2020, which aligns with the submission period open date for PCH-15, PCH-25, and the FY 2021 DACA.

Back in April, CMS launched the "One Login" functionality to allow *QualityNet* account holders to start transitioning their *QualityNet* accounts to the HARP system. HARP is a secure identity management portal for users of the Hospital Quality Reporting, or HQR, System. It streamlines the login process by allowing access to all CMS quality organizations with one login. Please note that the HARP transition period ended June 15, 2020. If you attempt to log in and have not transitioned your account to HARP, you will be forced to complete this process before you are able to proceed. If for some reason you receive a failure notification during the transition process, you are advised to contact the *QualityNet* Help Desk for further assistance. I am mentioning this because it is the first step with getting started, utilizing your HARP credentials to log in to the HQR System.

This is the HQR Sign-in page. The web address, or URL, is provided on this slide and is also hyperlinked. The red box on this slide denotes your starting point. Both fields are required. You will enter your HARP User ID first and then your HARP password, both of which you established during the account transition process. Once you have done this, you will select the Login button denoted by the red arrow on the slide which will take you to the next slide.

Now, you are required to verify your account via a two-factor authentication process. This step essentially serves the same purpose as the Symantec Validation and ID Protection, or VIP, security code previously used, but it is now replaced with this process. As shown on this slide, you are able to receive your verification code via two methods, SMS text or email, both of which you provided during the transition process. Please note that the you can confirm the last four digits of your phone number on this screen as well. From here, you will need to make a selection. For the purpose of this presentation, the SMS text option is selected, indicated by the red rectangle. Please note, once your selection is confirmed, you will see a green checkmark, not shown here, to the far right. This will allow the Next button, denoted by the red arrow, which is gray to turn blue indicating that it is a selectable button. Now you will select the blue Next button which will take you to the next slide.

The red rectangle denotes where you will enter the six-digit CMS verification code received via SMS text. If you wish to change the method to receive your two-factor authentication code, simply select Change Two Factor Authentication, and you can select Email, or you would need to select SMS text if Email was your initial selection. An example of when to choose this option would be if your original method to receive the code was unavailable for some reason. Now, you will select the Continue button, indicated by the red arrow, and go to the next slide. These are the terms and conditions which must be accepted in order to proceed. Please note, the Accept button will not appear blue as shown by the red arrow until you utilize the scroll bar to scroll down to the end of the text box. Once you have read through the terms and conditions by scrolling to the end, the Accept button will change from gray to blue indicating that you can now select the button. If you select Cancel, you will be taken back the HARP sign-in screen on slide 6. By selecting the blue Accept button, you will advance to the next step which is data entry.

At this point, you are now ready to start entering your facility's PCH-15 and PCH-25 measure data which are due August 17, 2020. During this part of the presentation we will focus on these two measures, and the FY 2021 DACA submission will be discussed after, as it is tied in as well.

This is the HQR Reporting: My Tasks page, also known as the HQR Landing page. This page may appear differently as each individual's access and roles vary based on their credentials. Once you are here, you will select View the New Hospital Quality Reporting as denoted by the red square on this slide. This will direct you to the new and improved HQR functions, which will be displayed on the next slide.

Please note, your Screen selections may be different from what is displayed here; however, to start entering data you will need to select the Data Entry card as indicated by the red box on this slide.

Of note, you may or may not have multiple tabs to select from when viewing this page. The default tab displayed here is Web Measures which you may need to select. From there, you will select the Data Form card as

indicated by the red box on this slide. Again, the Data Form card will likely be the only option available to select, although a File Upload card is displayed here. This option should not be selected since uploading files is not supported as a method of data submission for PCHQR Program participants. Therefore, when you select Data Form you will be directed to the screen on the next slide.

Now you are ready to launch the PCH Data Form by selecting Launch Data Form, denoted by red arrow. This is your starting point for entering your facility's PCH-15 and PCH-25 data. Please note that due to screen limitations this screen has been split into two slides. Starting at the top of the screen and working our way down, here you will note the following: Your facility name will appear in the blue banner at the top of screen, and the applicable fiscal year is displayed in the top right corner. Since you are submitting data for care delivered in calendar year 2019 data, this is applicable to fiscal year 2021. Next is your facility's six-digit CMS Certification Number; the submission period, which is July 1 through August 7, 2020; the reporting period, which corresponds to calendar year, and the last updated date will populate once an entry or entries are saved to the system; and, the current submission period is open. Lastly, the submission status bar actively tracks the submitter's status. You will begin at Enter mode, then you will have an opportunity to review your data submission entries in Preview mode. Then, you will progress to Submit status once all measure entries are saved and submitted. You will see a green checkmark as each mode is in progress and then completed.

This is the bottom portion of the previous screen. As noted here, both EBRT, or PCH-25, and PCH-15 are due to be submitted on August 17, 2020. You will access the measure data entry screen by selecting the Start Measure button indicated by the red box. For the purpose of this presentation, we will use EBRT as the data entry example. However, before we review the data entry screens, I would like to briefly review a few key points about population and sampling as it applies to these two PCHQR Program measures.

As you are aware, sampling is a way to reduce your effort and burden. It is a way to select a representative part of a population to estimate a hospital's overall performance without having to perform data abstraction for the entire patient population. Sampling is usually beneficial when chart abstraction, or medical record review, is required to determine performance on a measure. With that in mind, PCHs are not required to sample their data. If sampling offers minimal benefit, or if the PCH has an efficient, non-burdensome way of collecting the data, such as electronic abstraction capabilities, a PCH may choose to use all cases, or oversample.

The sample size guidelines, displayed on this slide, are minimum values. Therefore, you may choose to sample more than the minimum but less than the entire population. So, for PCH-15 and PCH-25, if you select Not Sampled for your Sampling Frequency, then your Initial Patient Population, Sample Size, and Denominator must be equal. According to the sampling grid, if your initial population is less than 10, sampling is not allowed; for a population of 10–50 you select a minimum of 10 patients; for a population of 51 to 125, you must sample a minimum of 20 percent of the initial population; and when your population is greater than 125, your minimum sample size is 25. Remember that you can choose to oversample.

Now, we will pick back up where we left off which are steps needed to successfully enter your data. The NG SDE tool has a few differences you will notice when you are entering your data. All required fields from the previous web-based data collection tool are still present and will require response. These questions include: What was your hospital's sampling frequency? You will notice that your choices are now selectable from drop-down menus as denoted by the red arrow on this slide. They are Quarterly, which is sampled; Not Sampled, which is not sampled; and N/A, submission not required, which means there is no eligible population.

Next, what was the initial population? This is all patients who share a common set of data elements. Last, what was the sample size? This is the actual number sampled. Please remember that if you do not have any eligible patients, you will enter a population, sample, denominator, and numerator of 0. After answering the population questions, you will enter your Numerator value and then your Denominator value, which is displayed on the next slide.

Once you enter your denominator value, you will then select the green Save & Close Quarter 1 button to advance to the next quarter. This is another difference from the previous version of the web-based data collection tool. Previously, all quarters and data fields were visible, and you were able to enter and submit data values for each quarter individually. Now, in the NG SDE tool, you will be required to enter all data for one quarter in order to advance to the next quarter. So, from here, after selecting Save & Close Quarter 1, the Quarter 2 data fields will open, and you will continue to advance through each quarter until you are done entering data for Quarter 4 and you select the Save & Close Quarter 4 button. On our next series of slides we will discuss warning and fatal error messaging.

The same warning and fatal error rendering and messaging applies in the Next Generation SDE tool. A warning is an alert that an entry needs attention and a fatal error alert will need to be corrected before you are able to proceed. You will receive a warning message if the Sample Size is less than the minimum required for the Initial Patient Population; you select Not Sampled, and the Initial Patient Population and Sample Size are not equal; the Sample Size is greater than the Initial Patient Population. You will receive a fatal error message if the Numerator is greater than the Denominator; you fail to enter values for the required fields (Sampling Frequency, Numerator, Denominator, etc.). Now, we will look at how this messaging will appear and what steps are required by you to make corrections.

Shown on this slide is a warning notification for Quarter 3. This is flagged by the triangle with an exclamatory [exclamation] mark, highlighted by the red circle on this slide. As stated previously, this warning notification alerts the submitter that an entry needs attention; however, an action is not required. Therefore, this is not a hard stop; however, we encourage you to review and resolve any issues, as we know you want to submit your data accurately and correctly. Let's further look into this warning notification on our next slide.

Quarter 3 was flagged for not meeting the minimum sampling guidelines. If we refer to the sampling grid discussed on slide 17, when the Initial Patient Population size is greater than 125, the sample size should not be less than 25. In this instance, as displayed, the Initial Patient Population is 500; however, the sample size 10. Therefore, we know that the sample size should be adjusted to reflect that the sampling guidelines were followed. So, at this point you want to make the correction to reflect accurate data entry. I will show you how to accomplish this on the next slide.

When you are on the warning notification screen, you will have the option to Edit Data as shown by the red box on this slide. Once this selection is made, you will be taken to the next screen to edit your data.

Here the quarterly sample size, indicated by the red box, has been changed from 10 to 25, which meets the sampling guidelines. Now, you should select Save & Close Quarter 3, as denoted by the red arrow, to save this edit.

As stated previously, fatal errors require a correction to be made. For this example, PCH-15 is displayed, and a fatal error is noted since the numerator is greater than denominator. It is important to note here, that although the fatal error pertains only to the numerator and denominator, you will need to re-enter the data values for the other required fields to completely remove the fatal error notification. So, in this example, once you have corrected the numerator and denominator values, you must re-enter the values for the three population questions, and then select Save & Close Quarter 4.

Although not shown here, if we think back to the progress bar that was mentioned earlier, it would still show the green checkmark for Enter and now a green checkmark would appear for Preview. This is because you are now looking at the screen which displays a summary of your data submissions, also known as the Index page. I would like to highlight the accordion feature as denoted by the red circle. This icon defaults to the closed position, which is a + sign, but, by selecting it, the accordion will expand to display all data values entered, as shown. This feature is available for each quarter as we will see on the next slide.

Here the accordions for reach quarter are in the closed position, and you have a high-level summary of data entered for each quarter. The "I'm ready to submit button," as indicated by the red arrow, will not appear blue, as shown, until both PCH-25 and PCH-15 measure data have been successfully saved. Now, you are officially ready to submit your data. When you select the "I'm ready to submit." button, you will be taken to the screen on the next slide.

There are a few things to note this slide to note. First, the progress bar, at the bottom of the slide, is complete as all three steps are now marked with green checkmarks. There is additional confirmation that your data have been successfully submitted by the green rectangle, in the middle of this screen, clearly stating PCH Measures Successfully Submitted. You will also notice that you have the option to start the electronic submission process for your FY 2021 DACA. We will look at this more closely on our next series of slides.

As you are aware the Data Accuracy and Completeness Acknowledgement, or DACA, is an annual program requirement for the PCHQR Program participants. This attestation is due annually on August 31, unless the 31st is a Friday, Saturday, Sunday, or federal holiday. If this is the case, then the due date moves to the next business day. For this year, the FY 2021 DACA is due on Monday, August 31, 2020. Again, this requirement remains an electronic submission. The only change is how you will access the DACA, which is now via the NG SDE tool.

As previously stated, the PCH DACA - Signature Needed notification appears once you have successfully submitted both PCH-15 and PCH-25 measure data. To start the submission process, you will select Sign as indicated by the red arrow on this slide.

Here is the electronic FY 2021 DACA form. You will need to review the attestation, enter your position in the text box, and select the check box confirming that "the information you've submitted is accurate and complete to best of your knowledge." Then, select Sign.

Once you have selected Sign, you will receive a notification that you have successfully acknowledged and signed the DACA. Your name, position and date will appear here as well. If for some reason you need to re-sign the DACA, there is an option to do so. You will select Resign.

If you would like a copy of the signed DACA, you can select the Export Signed DACA PDF button, and you will be taken to the screen on the next slide.

Here is the exported PDF version of the FY 2021 DACA. At the end of document, there is confirmation that the DACA was successfully submitted. Also, you will note there are options to download or print the PDF version of this document located in the upper right-hand corner, indicated by the red box.

Now that you've successfully signed and submitted the FY 2021 DACA, once you navigate back to the submission confirmation page, you should no longer see the blue DACA banner, which further confirms successful completion of this requirement. Our last topic for discussion will be PCH reports, starting on our next slide.

At this time, you will only be able to access reports for PCH-15 and PCH-25 via the Next Generation platform. We will discuss how to generate these reports and where you will be able to generate reports for the other program measures.

As we just reviewed, once the FY 2021 DACA is signed and successfully submitted, the dialog box at the top that once appeared requesting a signature is no longer there. Furthermore, you have exported your DACA, and now you are ready to export the measure data you just submitted for PCH-15 and PCH-25. You will start by selecting Export Data as denoted by the red arrow on this slide.

As I stated earlier, only PCH-15 and PCH-25 data reports are currently available in NG.

Once you select Export Data, the PCH Data Form will appear in a PDF format. As you can see, there are a total of six pages, and the submission status of the required measures are listed along with the last update date. The report also provides details on each measure by each quarter. At this point, you may be wondering how you will view your facility's data for the other program measures, such as the Healthcare-Associated Infection (HAI) measures. I will address this on the next slide.

Although Q1 2020 and Q2 2020 HAI measure data are excepted due to the CMS-granted COVID- 19 blanket waiver, if your facility chooses to submit this data and you need to generate your PCH report, you will continue to utilize the same report functionality via the *QualityNet Secure Portal* until these reports are transitioned over to the NG platform. As a reminder, to view CY 2020 CAUTI and CLABSI measure data, you will generate the FY 2021 PCH report. To view CY 2020 CDI, MRSA, and SSI measure data, you will generate the FY 2022 PCH report.

I included this slide as point of reference for future data submission deadlines. This is the PCHQR Program Measure Submission Deadlines by Due Date table which was recently updated. The two red boxes denote the upcoming data submission deadlines we discussed today, then the remaining data submission deadlines for calendar year 2020 into calendar year 2021 follow. This resource is available on both *QualityNet* and Quality Reporting Center websites. By selecting the link on this slide, you will be directed to the [*QualityNet* Resources page](#) where this document is housed. Of note, the [Resources and Tools page](#) houses this document on Quality Reporting Center.

We will conclude this presentation by reviewing key reminders for the PCHQR Program beginning on our next slide.

Until further notice, the VIQR Support Contractor will post educational events on the [Quality Reporting Center Events On Demand page](). On this slide, you can access the page displayed by selecting the Events On Demand hyperlink just above the image. Just as you did for this event, you will receive advance notification about the webinar via Listserve. On this page you will also find instructions on how submit an event-related question via email, which I mentioned during my introductory remarks. Again, the email address is [WebinarQuestions@hsag.com](), and we request that you include the webinar title, and, if your question is about a specific slide, please reference the slide number. For this event and other events, the presentation transcript and question-and-answer summary document will be posted here as well.

Outlined on this slide are the upcoming data submission deadlines. PCHs choosing to submit Q1 2020 HCAHPS Survey Data will need to do so by Wednesday, July 1, 2020. This data submission is optional as it is covered under the CMS-granted, COVID-19 blanket waiver. The same applies for the Q1 2020 HAI measures which are due August 17, 2020, and are covered under the COVID-19 exception as well and, therefore, are optional to report. The submission periods opens July 1 for submission of CY 2019 PCH-15 and PCH-25 measure data, discussed today, which is due August 17. The FY 2021 DACA is due August 31. Again, I would like to emphasize that the data elements for these program requirements remain the same. The log-in process is different due to the recent transition to HARP, and the data entry tool has been modernized with a few subtle differences you will notice, as discussed, during your data entry and submission processes.

Provided on this slide are the various links to the COVID-19 related correspondences issued by CMS. On March 22, CMS announced relief for participants in quality reporting programs in the healthcare community in response to COVID-19. Then, on March 27, additional guidance was provided surrounding the scope and duration of exceptions. Lastly, on May 12, CMS issued an amended exception list for the PCHs noting additional exceptions for reporting periods related to the HAI measures and web-based data submissions. The hyperlinks on this slide will take you directly to these correspondences.

The next two slides provide the measures and reporting periods that are currently covered under the COVID-19 blanket waiver. Quarter 4 2019 and Q1 and Q2 2020 data for the HAI measures, which includes the May, August, and November 2020 submission deadlines, are excepted. Quarter 4 2019 and Q1 and Q2 2020 HCAHPS Survey Data, which includes the April, July, and October 2020 submission deadlines, are excepted.

For web-based measures, Q1 and Q2 2020 are excepted, and Q1 and Q2 2020 qualifying claims for claims-based measures are excepted. Again, please refer to slide 43 and the hyperlink for the latest Listserve communication, dated May 12, will direct you to that correspondence.

The July 2020 *Hospital Compare* site update is anticipated for July 22, 2020. On this slide, the PCHQR Program data that will be publicly displayed for the July and October Public Reporting releases are listed. The COVID-19 excepted quarters are noted with an asterisk. Please be sure you are subscribed to the PCHQR Program notifications distribution list as our Public Reporting teams provides details related to preview periods, public reporting resources and releases.

Displayed on this slide is how you can access the PCHQR Program Questions and Answers tool via the *QualityNet* home page. You will access this tool by selecting the Help drop-down link as indicated by the red box and then selecting the PPS-Exempt Cancer Hospitals link to start the process.

Now, you are at the *QualityNet* Question and Answer tool landing page.
After you select the Ask a Question link as shown by the red box on this
slide, you will be taken to a page where you will need to complete your
personal information. Then, you will be asked to enter details regarding
the inquiry you are submitting. On this page, you are also able to Browse
Program Articles and Search to see if your questions may have been
previously addressed and posted for viewing.

Here is where you will submit your inquiry. Be sure to complete the
required fields. Once this is complete, you will need to select Submit
Question as denoted by the red box on this slide to submit your inquiry.
We encourage you to utilize this tool to ask any program-related questions
you have, and you may query the system to see if the topic you are
inquiring about has already been addressed.

As always, we thank you for taking time to view this event. Thank you,
and have a great day!