



# **PCHQR Program: Exploring the Next Generation Simple Data Entry Tool**

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**July 15, 2020**

# Acronyms and Abbreviations

<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>CY</b>	calendar year
<b>DACA</b>	Data Accuracy and Completeness Acknowledgement
<b>EBRT</b>	external beam radiotherapy
<b>ECE</b>	Extraordinary Circumstances Exception
<b>ED</b>	emergency department
<b>FSR</b>	Facility-Specific Report
<b>FY</b>	fiscal year
<b>HARP</b>	HCQIS Access Roles and Profile
<b>HCQIS</b>	Health Care Quality Information System
<b>HQR</b>	Hospital Quality Reporting
<b>NG</b>	Next Generation
<b>OCM</b>	Oncology Care Measure
<b>PCH</b>	PPS-exempt Cancer Hospital
<b>PCHQR</b>	PPS-exempt Cancer Hospital Quality Reporting
<b>PPS</b>	prospective payment system
<b>Q</b>	quarter
<b>SDE</b>	Simple Data Entry
<b>VIQR</b>	Value, Incentives, and Quality Reporting

# Purpose

This presentation will provide PPS-exempt Cancer Hospital Quality Reporting (PCHQR) Program participants with detailed instructions to use the new Next Generation (NG) Simple Data Entry (SDE) tool to submit CY 2019 PCH-15 and PCH-25 measure data (due August 17, 2020), electronically submit the fiscal year (FY) 2021 Data Accuracy and Completeness Acknowledgement (DACCA), and generate a PPS-exempt Cancer Hospital (PCH) report.

# Objectives

Participants will be able to:

- Locate the NG SDE tool within the Hospital Quality Reporting (HQR) system.
- Utilize the NG SDE tool to successfully enter and submit calendar year (CY) 2019 PCH-15 and PCH-25 measure data and the FY 2021 DACA.
- Generate a PCH data report via the NG report functionality.

PCHQR Program: Exploring the Next Generation Simple Data Entry Tool

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## **Getting Started**

# HQR Sign In

Hospital Quality Reporting – [hqr.cms.gov](https://hqr.cms.gov)

Hospital Quality Reporting

## HARP Sign In

Enter your user ID and password to login.

**!** If you do NOT have a HARP account please sign in to the Hospital Quality Reporting on <https://www.qualitynet.org> to create one.

User ID

Password

Login

CMS.gov | QualityNet

# Account Verification

Hospital Quality Reporting

## Two-Factor Authentication

Select a device to verify your account

- SMS Text for number ending in 1234
- Email

[Cancel](#) [Next](#)

CMS.gov | QualityNet

[CMS.gov](#) [QualityNet.org](#) [QualityNet Help Desk](#) [Help](#)  
[Accessibility](#) [Privacy Policy](#) [Terms of Use](#)



# Account Verification (continued)

Hospital Quality Reporting

## Two-Factor Authentication

For your security, we need to authenticate your request. We've sent a verification code via:

**SMS Text**

Please enter it below.

**Enter Code**

**Continue**

Code sent  [Change two factor authentication](#)



# Terms and Conditions

## Hospital Quality Reporting

### Terms & Conditions

transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.

Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

I accept the above Terms and Conditions

Cancel

Accept



PCHQR Program: Exploring the Next Generation Simple Data Entry Tool

## **Entering PCH-15 and PCH-25 Data**

# Navigating to the HQR Landing Page

Logout

CMS.gov | Hospital Quality Reporting

PPS-Exempt Cancer Hospital

My Tasks My Reports Help ▾

### Hospital Quality Reporting: My Tasks

CMS is making improvements to QualityNet based on user feedback. We are creating a new interface that improves the way you submit, review and track the status of data. Continue using this My Tasks page to enter web-based data, view submission and feedback reports, and other tasks available here.

**View the new Hospital Quality Reporting** 

Access the new and improved Hospital Quality Reporting functions.

<b>Hospital Reporting Inpatient/Outpatient</b> <a href="#">View / Edit Population and Sampling</a>	<b>Manage Measures</b> <a href="#">View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)</a>	<b>Manage Notice of Participation</b> <a href="#">View/Edit Notice of Participation, Contacts, Campuses</a>
<b>Report Authorizations</b> <a href="#">View/Request/Approve Access</a>	<b>Patient Satisfaction Data Entry</b> <a href="#">Online Survey Entry</a>	<b>Vendor Authorization</b> <a href="#">Authorize Vendors to Submit Data</a>

# Data Entry Card

CMS.gov | QualityNet

PPS-EXEMPT CANCER HOSPITAL | Your Name

## PPS-Exempt Cancer Hospital

**Welcome to Hospital Quality Reporting**

The cards below display the features available to you. Please select the card that aligns with your task.

**Public Reporting**  
Preview and analyze measure benchmarks for your facility.



**eCQM**  
Track status and validation of EHR patient files.



**Program Credit Report**  
Review how uploaded data applies toward program credit



**File Upload**  
Upload files for program credit.



**Data Entry**  
Enter data for program credit.



**My Tasks Page**  
Return to the new HQR My Tasks page.



# Web-Based Measures

The screenshot displays the CMS.gov QualityNet interface for a PPS-Exempt Cancer Hospital. At the top left, the CMS.gov logo and QualityNet text are visible. The top right shows the current organization as PPS-EXEMPT CANCER HOSPITAL and a user profile for 'Your Name'. Below this is a dark blue header with the text 'PPS-Exempt Cancer Hospital' and a 'Change Organization' button. The main content area is titled 'Web-based Measures' and asks 'How would you like to submit your data?'. Two options are presented: 'File Upload' with a cloud icon and 'Data Form' with a list icon. The 'Data Form' option is highlighted with a red rectangular border.

# Launch Data Form

CMS.gov | QualityNet PPS-EXEMPT CANCER HOSPITAL | Your Name

## PPS-Exempt Cancer Hospital Change Organization

Web-based Measures

File Upload **Data Form**

You have selected Data Form submission. You can choose a different method at any time.

### Select the Data Form

PCH Launch Data Form 



# Starting Point for Data Entry

## PPS-Exempt Cancer Hospital

[Change Organization](#)

**Prospective Payment System (PPS)-  
Exempt Cancer Hospital Quality Reporting  
(PCHQR)**

**Fiscal Year**  
2021

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CMS Certification Number: 123456  
Submission Period: 07/01/2020 - 08/17/2020  
With Respect to Reporting Period: 01/01/2019 - 12/31/2019  
Last Updated:

Current Submission Period: **Open**

Enter       Preview       Submit

# Starting Point for Data Entry (continued)

<b>PCH-25</b> External Beam Radiotherapy (EBRT) for Bone Metastases	<b>Start Measure</b>
Quarter 1	-
Quarter 2	-
Quarter 3	-
Quarter 4	-
<b>Final Score</b>	

<b>PCH-15</b> Oncology: Plan of Care for Moderate to Severe Pain	<b>Start Measure</b>
Quarter 1	-
Quarter 2	-
Quarter 3	-
Quarter 4	-
<b>Final Score</b>	

I'm ready to submit

# Population and Sampling: Things to Remember

- ✓ If you select “Not Sampled” (Sampling Frequency), the Initial Patient Population, Sample Size, and Denominator should be **equal**.
- ✓ If your Initial Patient Population is  $<10$ , do not sample.
  - Select “Not Sampled” for Sampling Frequency.

Average Quarterly Initial Patient Population Size “N”	Minimum Required Sample Size “N”
>125	25
51–125	20% of Initial Population
10–50	10
<10	No Sampling: 100% of the Initial Patient Population

# PCH-25 Data Entry

[< Back](#)

**PCH-25**  
External Beam Radiotherapy (EBRT) for Bone Metastases

\* Indicates required measure

**1** Quarter 1

**Population**

\* What was your hospital's sampling frequency?  
 

\* What was your hospital's quarterly initial Patient Population?

\* What was your hospital's quarterly Sample Size?

**Numerator**

\* Please enter the number of all patients, regardless of age, with bone metastases, and no previous radiation to the same anatomic site who receive EBRT for the treatment of bone metastases with any of the following recommended fractionation schemes: 30Gy/10fxns, 24Gy/6fxns, 20Gy/5fxns, 8Gy/1fxn.

**CMS Certification Number:**  
123456

**Submission Period:**  
07/01/2020 - 08/17/2020

**With Respect to Reporting Period:**  
01/01/2019 - 12/31/2019

**Last Updated:**

# PCH-25 Data Entry (continued)

## Denominator

\* Please enter the number of all patients with bone metastases and no previous radiation to the same anatomic site, who are not specifically excluded from the denominator, who received EBRT for the treatment of bone metastases during the reporting period.

Ex. 0,1,2,3,....,99999

Cancel

Save & Close Quarter 1

2 Quarter 2

3 Quarter 3

4 Quarter 4

# Warning vs. Fatal Error Messages

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.).

# Warning Notification

External Beam Radiotherapy (EBRT) for Bone Metastases

\* Indicates required measure

✓ Quarter 1

✓ Quarter 2

✓ Quarter 3 ⚠

4 Quarter 4

**Population**

\* What was your hospital's sampling frequency?

Quarterly

\* What was your hospital's quarterly initial Patient Population?

400

\* What was your hospital's quarterly Sample Size?

100

**Numerator**

\* Please enter the number of all patients, regardless of age, with bone metastases, and no previous radiation to the same anatomic site who receive EBRT for the treatment of bone metastases with any of the following recommended fractionation schemes: 30Gy/10fxns, 24Gy/6fxns, 20Gy/5fxns, 8Gy/1fxn.

CMS Certification Number: 123456

Submission Period: 07/01/2020 - 08/17/2020

With Respect to Reporting Period: 01/01/2019 - 12/31/2019

Last Updated:

# Warning Details

**PCH-25**  
**External Beam Radiotherapy (EBRT) for Bone Metastases**

\* Indicates required measure

✓ Quarter 1  
✓ Quarter 2  
✓ Quarter 3 ⚠

**Population**

\* What was your hospital's sampling frequency?

\* What was your hospital's quarterly initial Patient Population?  
⚠ Based on the Initial Patient Population, the Sample Size should not be less than 25

\* What was your hospital's quarterly Sample Size?  
⚠ Based on the Initial Patient Population, the Sample Size should not be less than 25

**CMS Certification Number:**  
123456

**Submission Period:**  
07/01/2020 - 08/17/2020

**With Respect to Reporting Period:**  
01/01/2019 - 12/31/2019

**Last Updated:**

# How Do I Correct My Data?

**Important: Data Contains Warnings** [Close](#)

Please confirm you wish to process with the data below. These warnings are non-fatal and may be submitted.

**Quarter 3**

What was your hospital's quarterly Sample Size?

 Based on the Initial Patient Population, the Sample Size should not be less than 25

10

What was your hospital's quarterly initial Patient Population?

 Based on the Initial Patient Population, the Sample Size should not be less than 25

500

[Edit Data](#) [Confirm](#)

# Correcting the Error

\* What was your hospital's quarterly initial Patient Population?

 Based on the Initial Patient Population, the Sample Size should not be less than 25

\* What was your hospital's quarterly Sample Size?

 Based on the Initial Patient Population, the Sample Size should not be less than 25

**Numerator**

\* Please enter the number of all patients, regardless of age, with bone metastases, and no previous radiation to the same anatomic site who receive EBRT for the treatment of bone metastases with any of the following recommended fractionation schemes: 30Gy/10fxns, 24Gy/6fxns, 20Gy/5fxns, 8Gy/1fxn.

**Denominator**

\* Please enter the number of all patients with bone metastases and no previous radiation to the same anatomic site, who are not specifically excluded from the denominator, who received EBRT for the treatment of bone metastases during the reporting period.



# Fatal Errors

4 Quarter 4

**Population**

\* What was your hospital's sampling frequency?

\* What was your hospital's quarterly Initial Patient Population?

\* What was your hospital's quarterly Sample Size?

**Numerator**

\* Please enter the number of patient visits that included a documented plan of care to address moderate to severe pain on or before the date of second visit with a clinician.

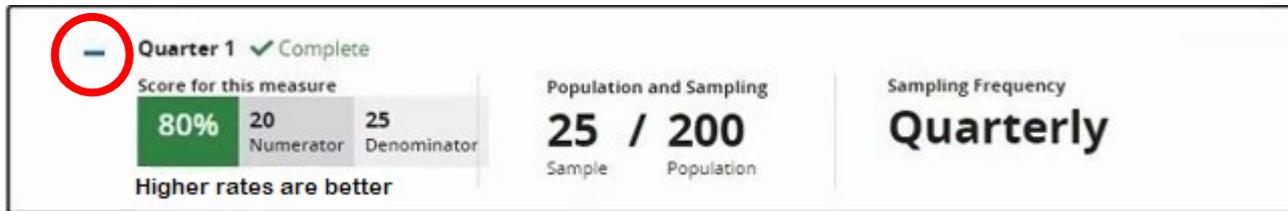
Numerator cannot be greater than the denominator

**Denominator**

\* Please enter the number of patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having moderate to severe pain.

Numerator cannot be greater than the denominator

# Summary of Submission



## Population

What was your hospital's sampling frequency?

**Quarterly**

What was your hospital's quarterly initial Patient Population?

**200**

What was your hospital's quarterly Sample Size?

**25**

## Numerator

Please enter the number of all patients, regardless of age, with bone metastases, and no previous radiation to the same anatomic site who receive EBRT for the treatment of bone metastases with any of the following recommended fractionation schemes: 30Gy/10fxns, 24Gy/6fxns, 20Gy/5fxns, 8Gy/1fxn.

**20**

## Denominator

Please enter the number of all patients with bone metastases and no previous radiation to the same anatomic site, who are not specifically excluded from the denominator, who received EBRT for the treatment of bone metastases during the reporting period.

**25**

# Summary of Submission (continued)

<p>+ Quarter 2 <span>✓ Complete</span></p> <p>Score for this measure</p> <p><b>78%</b> 7 Numerator 9 Denominator</p> <p>Higher rates are better</p>	<p>Population and Sampling</p> <p><b>9 / 9</b></p> <p>Sample Population</p>	<p>Sampling Frequency</p> <p><b>Not Sampled</b></p>
<p>+ Quarter 3 <span>✓ Complete</span></p> <p>Score for this measure</p> <p><b>96%</b> 24 Numerator 25 Denominator</p> <p>Higher rates are better</p>	<p>Population and Sampling</p> <p><b>25 / 150</b></p> <p>Sample Population</p>	<p>Sampling Frequency</p> <p><b>Quarterly</b></p>
<p>+ Quarter 4 <span>✓ Complete</span></p> <p>Score for this measure</p> <p><b>92%</b> 23 Numerator 25 Denominator</p> <p>Higher rates are better</p>	<p>Population and Sampling</p> <p><b>25 / 75</b></p> <p>Sample Population</p>	<p>Sampling Frequency</p> <p><b>Quarterly</b></p>
<p><b>Final Score</b> <span>✓ Complete</span></p> <p>Score for this measure</p> <p><b>88%</b> 74 Numerator 84 Denominator</p> <p>Higher rates are better</p>	<p>Population and Sampling</p> <p><b>84 / 334</b></p> <p>Sample Population</p>	<p></p> <p><span>✓ I'm ready to submit</span></p>

# Next Step... Sign the DACA

Prospective Payment System (PPS)-  
Exempt Cancer Hospital Quality  
Reporting (PCHQR)

Fiscal Year  
2021

**PCH DACA - Signature Needed**  
This account requires an annual acknowledgement of submission accuracy. [Sign](#)

**PCH Measures Successfully Submitted**  
PCH Measures for PPS-EXEMPT CANCER HOSPITAL have been successfully submitted.

CMS Certification Number: 123456 [Export Data](#)  
Submission Period: 07/01/2020 - 08/17/2020  
With Respect to Reporting Period: 01/01/2019 - 12/31/2019  
Last Updated: 07/01/2020 12:00 PM

Current Submission Period: **Open**

Enter  Preview  Submit

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## **FY 2021 DACA Submission**

# Accessing the DACA

**Prospective Payment System (PPS)-  
Exempt Cancer Hospital Quality  
Reporting (PCHQR)**

Fiscal Year: 2021

**PCH DACA - Signature Needed**  
This account requires an annual acknowledgement of submission accuracy.  [Sign](#)

**PCH Measures Successfully Submitted**  
PCH Measures for PPS-EXEMPT CANCER HOSPITAL have been successfully submitted.

CMS Certification Number: 123456  
Submission Period: 07/01/2020 - 08/17/2020  
With Respect to Reporting Period: 01/01/2019 - 12/31/2019  
Last Updated: 07/01/2020 12:00 PM

[Export Data](#)

Current Submission Period: **Open**

Enter  Preview  Submit

# Review and Sign

## Data Accuracy and Completeness Acknowledgement (DACA)

To the best of my knowledge, at the time of submission of this form, all of the information reported for this hospital for participation in the PCHQR Program is accurate and complete. This acknowledgement is for information submitted since the completion of the Fiscal Year (FY) 2020 DACA signed in Calendar Year 2019. This information includes the following:

- Measure data, as defined for the PCHQR Program
- All Program requirements, as defined for the PCHQR Program (e.g., where applicable, chart abstraction and/or sampling)
- Current Notice of Participation
- Active QualityNet Security Administrator

I understand this acknowledgement covers all PCHQR information reported by this hospital (and any data or survey information reported by vendor(s) acting as agents on behalf of this hospital) to the Centers for Medicare & Medicaid Services (CMS) and its contractors. The data submitted in the time frame covered by this DACA are required for purposes of meeting the requirements for FYs 2020, 2021, and 2022 as specified in the Final Rules governing the PCHQR Program.

To the best of my knowledge, at the time of submission, this information was collected in accordance with all applicable requirements. I understand that this information is used as the basis for reporting quality of care and patient assessment of care to the public.

Position



I confirm that the information I have submitted is accurate and complete, to the best of my knowledge.

Sign

Cancel

# Submission Confirmation

 **Success:** Congratulations! You have successfully acknowledged and signed DACA for PCHQR for this fiscal year.

**Signature**  
Your Name

**Position**  
Your Position/Title

**Date**  
07/01/2020

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[Re-Sign](#) [Export Signed DACA PDF](#)

# For Your Records...

PCHQR-DACA-2021.pdf 1 / 1

## Data Accuracy and Completeness Acknowledgement (DACA)

To the best of my knowledge, at the time of submission of this form, all of the information reported for this hospital for participation in the PCHQR Program is accurate and complete. This acknowledgement is for information submitted since the completion of the Fiscal Year (FY) 2020 DACA signed in Calendar Year 2019. This information includes the following:

- \* Measure data, as defined for the PCHQR Program
- \* All Program requirements, as defined for the PCHQR Program (e.g., where applicable, chart abstraction and/or sampling)
- \* Current Notice of Participation
- \* Active QualityNet Security Administrator

I understand this acknowledgement covers all PCHQR information reported by this hospital (and any data or survey information reported by vendor(s) acting as agents on behalf of this hospital) to the Centers for Medicare & Medicaid Services (CMS) and its contractors. The data submitted in the time frame covered by this DACA are required for purposes of meeting the requirements for FYs 2020, 2021, and 2022 as specified in the Final Rules governing the PCHQR Program.

To the best of my knowledge, at the time of submission, this information was collected in accordance with all applicable requirements. I understand that this information is used as the basis for reporting quality of care and patient assessment of care to the public.

**Congratulations! You have successfully acknowledged and signed DACA for PCHQR for this fiscal year.**


# Additional Confirmation of DACA Submission

## Prospective Payment System (PPS)- Exempt Cancer Hospital Quality Reporting (PCHQR)

Fiscal Year

2021



### PCH Measures Successfully Submitted

PCH Measures for PPS-EXEMPT CANCER HOSPITAL have been successfully submitted.

CMS Certification Number: 123456

Submission Period: 07/01/2020 - 08/17/2020

With Respect to Reporting Period: 01/01/2019 - 12/31/2019

Last Updated: 07/01/2020 12:00 PM

Export Data

Current Submission Period: **Open**



Enter



Preview



Submit

PCHQR Program: Exploring the Next Generation Simple Data Entry Tool

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## **Generating Your PCH Report: PCH-15 and PCH-25 Data**

# Ready to Export

## Prospective Payment System (PPS)- Exempt Cancer Hospital Quality Reporting (PCHQR)

Fiscal Year  
2021



### PCH Measures Successfully Submitted

PCH Measures for PPS-EXEMPT CANCER HOSPITAL have been successfully submitted.

CMS Certification Number: 123456

Submission Period: 07/01/2020 - 08/17/2020

With Respect to Reporting Period: 01/01/2019 - 12/31/2019

Last Updated: 07/01/2020 12:00 PM



Export Data

Current Submission Period: **Open**



Enter



Preview



Submit

# NG PCH Data Report

PCH Data Form Page 1 of 6  
Exported 7/01/2020 12:00 PM

**PPS-EXEMPT CANCER HOSPITAL**

CMS Certification Number: 123456

Submission Period: 07/01/2020 - 08/17/2020  
With Respect to Reporting Period: 01/01/2019 - 12/31/2019  
Last Updated: 07/01/2020 12:00 PM

**PCH**

All Measures Successfully Submitted!

Measure	Submission Status	Last Updated
PCH-25	Submitted	07/01/2020 12:00 PM
PCH-15	Submitted	07/01/2020 12:00 PM

**PCH-25**

Quarter 1

What was your hospital's sampling frequency?

Quarterly

What was your hospital's quarterly initial Patient Population?

200

# How Can I View My Other Submitted PCHQR Program Data?

To view FY 2021 and FY 2022 healthcare-associated infection (HAI) measure data, you will need to continue to generate your PCH report via the *QualityNet Secure Portal* (the current report functionality) until this report is available in NG.

- 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.

# PCHQR Program Measure Submission Deadlines by Due Date

## [QualityNet PCHQR Program Resources Page](#)

Due Date	CLABSI/CAUTI/ SSI/MRSA/CDI*	HCP Flu Vac*	HCAHPS	OCM†‡ (PCH-15 only)	EBRT†‡	DACA
02/18/2020	Q3 2019 (7/1–9/30)	N/A	N/A	N/A	N/A	N/A
04/01/2020	N/A	N/A	Q4 2019 ** (7/1–9/30)	N/A	N/A	N/A
05/18/2020	Q4 2019** (7/1–9/30)	Q4 2019–Q1 2020** (10/1/19–03/31/19)	N/A	N/A	N/A	N/A
07/01/2020	N/A	N/A	Q1 2020** (1/1–3/31)	N/A	N/A	N/A
08/17/2020	Q1 2020** (1/1–3/31)	N/A	N/A	CY 2019 (1/1–12/31)	CY 2019 (1/1–12/31)	N/A
08/31/2020	N/A	N/A	N/A	N/A	N/A	For FY 2021
10/07/2020	N/A	N/A	Q2 2020** (4/1–6/30)	N/A	N/A	N/A
11/16/2020	Q2 2020** (4/1–6/30)	N/A	N/A	N/A	N/A	N/A
01/06/2021	N/A	N/A	Q3 2020 (7/1–9/30)	N/A	N/A	N/A
02/16/2021	Q3 2020 (7/1–9/30)	N/A	N/A	N/A	N/A	N/A
04/07/2021	N/A	N/A	Q4 2020 (10/1–12/31)	N/A	N/A	N/A

\* Data were submitted to the Centers for Disease Control and Prevention via the National Healthcare Safety Network.

\*\* CMS-granted exception was applied for this reporting period in response to the 2019 Novel Coronavirus (COVID-19). Please refer to this link for more information:

<https://www.qualitynet.org/news/5e7a2b6902ca2c001f0fb905>

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

‡ Annual submission, stratified by quarter

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## **Key Dates and Reminders**

# Important Events and Dates

Upcoming Outreach and Educational Events  
are posted online:

## Events On Demand

The screenshot displays the Quality Reporting Center website interface. The top navigation bar includes the following links: Events Calendar, Inpatient, Outpatient, ASC, SNF VBP, and Events on Demand. The 'Events on Demand' link is highlighted with a red box and a red arrow. Below the navigation bar is a banner image featuring a group of healthcare professionals. The main content area is titled 'Events on Demand' and contains the following text: 'The following Inpatient VIQR Outreach and Education Support Contractor events were recorded and are only offered online. For recordings of presentations that were offered live, please visit the Archived Events page.' Below this text is a list of events: Inpatient, Value-Based Purchasing, eCQM, PPS-Exempt Cancer Hospitals, Hospital Outpatient Quality Reporting, and Ambulatory Surgical Center Quality Reporting. The 'PPS-Exempt Cancer Hospitals' link is highlighted with a red box. On the left side of the page, there is a sidebar menu with the following items: Home, Event Calendar, Inpatient, Outpatient, ASC, SNF VBP Program, Events on Demand, OQR, ASC, PCH, IPF, VBP, eCQM, and IQR. The 'PCH' item is highlighted with a red box and a red arrow.

# Important Events and Dates

## Data Submission Deadlines

- July 1, 2020
  - Q1 2020 Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data\*
- August 17, 2020
  - Q1 2020 HAI data\*
    - Catheter-associated Urinary Tract Infection (CAUTI), Central Line-Associated Bloodstream Infection (CLABSI), Surgical Site Infection (SSI) colon and abdominal hysterectomy, *Clostridium difficile* Infection (CDI), Methicillin-resistant *Staphylococcus aureus* (MRSA)
  - CY 2019 OCM\*\* and External Beam Radiotherapy (EBRT) data
- August 31, 2020
  - FY 2021 Data Accuracy and Completeness Acknowledgement (DACA)

\*Measure data submission falls under the CMS-granted, COVID-19 Extraordinary Circumstances Exception (ECE).

\*\* Oncology: Medical and Radiation – Plan of Care for Moderate to Severe Pain (PCH-15) only

# Quality Reporting Requirements for PCHs Affected by COVID-19

- March 22, 2020: CMS announced relief for clinicians, providers, hospitals, and facilities participating in quality reporting programs in response to COVID-19.
- March 27, 2020: Additional guidance on the scope and duration of the exceptions was distributed to health care providers in a [memorandum](#).
- May 12, 2020: CMS announced additional exceptions for reporting periods related to HAI measures and web-based data submissions for PCHs via a [Listserve communication](#).

# Applicable Data Submission Deadlines and Discharge Periods

- For the Influenza Vaccination Coverage Among Healthcare Personnel (HCP) and Centers for Disease Control and Prevention (CDC) infection measures, data will not be required for:
  - May, August, and November 2020 submission deadlines for discharge periods:
    - October 1, 2019–December 31, 2019 (Q4 2019)
    - January 1, 2020–March 31, 2020 (Q1 2020)
    - April 1, 2020–June 30, 2020 (Q2 2020)
- For the HCAHPS Survey, data will not be required for:
  - April, July, and October 2020 HCAHPS submission deadlines for discharge periods:
    - October 1, 2019–December 31, 2019 (Q4 2019)
    - January 1, 2020–March 31, 2020 (Q1 2020)
    - April 1, 2020–June 30, 2020 (Q2 2020)

# Applicable Data Submission Deadlines and Discharge Periods

- For web-based data submissions, data from encounters during the following periods will not be required:
  - January 1, 2020–March 31, 2020 (Q1 2020)
  - April 1, 2020–June 30, 2020 (Q2 2020)
- For claims-based measures, qualifying claims will be excluded from measure calculation for the following periods:
  - January 1, 2020–March 31, 2020 (Q1 2020)
  - April 1, 2020–June 30, 2020 (Q2 2020)

# Public Reporting

- **July 2020 Release**
  - 4Q 2018 through 3Q 2019 HCAHPS Survey data
  - 4Q 2018 through 3Q 2019 HAI measure data
    - CDI, MRSA and SSI-colon and abdominal hysterectomy
  - Q3 2018 through Q2 2019 Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy
- **October 2020 Release**
  - 1Q 2019 through 4Q 2019 HCAHPS Survey data\*
  - 1Q 2019 through 4Q 2019 HAI measure data\*
    - CDI, MRSA and SSI-colon and abdominal hysterectomy
  - 4Q 2019 through 1Q 2020 HCP measure data\*
- Q4 2019 and Q1 2020 measure data falls under the CMS-granted, COVID-19 ECE.

# Accessing the *QualityNet* Questions and Answers Tool

The screenshot shows the CMS.gov QualityNet website interface. At the top left is the CMS.gov logo and 'QualityNet'. A search bar contains 'Search QualityNet' and a magnifying glass icon. On the right, there are links for 'Quality Programs', 'Help', 'Log into Secure Portal', and 'Register'. A dropdown menu is open, displaying three main categories: 'Getting Started', 'Known Issues & Maintenance', and 'Question & Answer Tools'. Under 'Question & Answer Tools', the link 'PPS-Exempt Cancer Hospitals' is highlighted with a red box. A 'Close' button is visible in the top right of the dropdown menu.

**Getting Started**  
Registration  
Sign In Instructions  
Security Statement & Policy  
Password Rules

**Training & Guides**  
QualityNet Training  
QualityNet Secure Portal  
Secure File Transfer  
QualityNet Events Center

**Known Issues & Maintenance**  
Known Issues  
System Maintenance

**QualityNet Support**  
QualityNet Support

**Question & Answer Tools**  
Hospitals - Inpatient  
Hospitals - Outpatient  
PPS-Exempt Cancer Hospitals  
Ambulatory Surgical Centers  
ESRD Facilities  
Inpatient Psychiatric Facilities

# Ask a Question

The screenshot shows the CMS.gov Quality Question and Answer Tool interface. At the top left, the CMS.gov logo and 'QualityNet' are displayed. Navigation links include 'Quality Q&A Tool', 'Ask a Question', and 'Browse Program Articles' with a dropdown arrow. A 'How to Use this Tool' link is in the top right. The main header features the title 'Quality Question and Answer Tool' and the subtitle 'Your one-stop shop for CMS Quality Answers'. A search bar with the placeholder text 'Search for the answer to your question' and a search icon is positioned below the header. Two main action buttons are shown: 'Browse' with a document icon and the text 'View existing articles', and 'Ask a Question' with a question mark icon and the text 'Submit a Question to CMS'. The 'Ask a Question' button is highlighted with a red border. A vertical 'Site Feedback' button is on the right side. At the bottom, a footer note reads: 'For the best experience, please use one of the following browsers: Chrome, Firefox, Safari, Microsoft Edge. Mobile devices are not currently supported.'

# Submit a Question

## QualityNet Question and Answer Site

Submit a Question to Our Support Team. \* Indicates required field

**WARNING:** Individually identifiable health information in this system is subject to the Health Information Portability and Accountability Act of 1996 and the Privacy Act of 1974. Submission of questions to the QIO and Hospital Q&A System that contains Protected Health Information (PHI) is a violation of these Acts. **Questions containing PHI will be deleted from the system and not processed.** For detailed information regarding transmitting or receiving healthcare information or data read the [QualityNet System Security Policy, PDF](#)

**Tell us about yourself**

<p><b>First Name *</b></p> <input type="text" value="enter first name (limit 75 chars)"/>	<p><b>Last Name *</b></p> <input type="text" value="enter last name (limit 75 chars)"/>	
<p><b>Email Address *</b></p> <input type="text" value="enter email address; format joe@domain.com"/>	<p><b>Confirm Email Address *</b></p> <input type="text" value="enter email address again to confirm"/>	<p><b>Phone Number</b></p> <input type="text" value="format xxx-xxx-xxxx (ext.)"/>

**What is your question?**

**Program \***

**Topic \***

**Subject \***

**Question (4000 Characters Max) \***

enter your question for CMS

I'm not a robot

  
reCAPTCHA  
Privacy - Terms

SUBMIT QUESTION

PCHQR Program: Exploring the Next Generation Simple Data Entry Tool

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## **Closing Remarks**

# Disclaimer

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