PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

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

PCHQR Program: FY 2022 IPPS/LTCH PPS Final Rule

Presentation Transcript

Speakers

Ora Dawedeit, MHA
Program Lead, PCHQR Program
Division of Value-Based Incentives and Quality Reporting
Quality Measurement and Value-Based Incentives Group
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services (CMS)

Lisa Vinson, BS, BSN, RN
Program Lead, PCHQR Program
Inpatient VIQR Outreach and Education Support Contractor

September 16, 2021
2 p.m. Eastern Time (ET)

DISCLAIMER: This presentation document 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 these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; this information will remain as an archived copy with no updates performed.

Any references or links to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the question-and-answer session and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

Lisa Vinson: Good afternoon! We would like to welcome everyone to today's PPS-Exempt Cancer Hospital Quality Reporting Program Outreach and Education event entitled, *Fiscal Year 2022 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule*. My name is Lisa Vinson and I serve as the Program Lead for the PCHQR Program with the Inpatient Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor. I will be the moderator for today's event. As the title indicates, we will be discussing the Fiscal Year 2022 IPPS/LTCH PPS Final Rule. Today's event is specific for participants in the PCHQR Program. Although the final rule contains content that addresses the [Hospital] Inpatient Quality Reporting, or IQR, and the Long-Term Care Hospital, or LTCH, Quality Reporting Programs, we will only be focusing on the PCHQR Program section of the final rule. If your facility is participating in the IQR or LTCH program, please contact your support contractor to find out when there will be a presentation on your section of the fiscal year 2022 final rule. Furthermore, if you have questions about the content of today's presentation, please submit them using the chat function. Although there will not be a live question and answer session during today's event, your question will be captured for the question and Answer (Q&A) summary document that will be posted following today's presentation on the Quality Reporting Center and QualityNet websites.

The materials for today's presentation were developed by our team in conjunction with our CMS Program Lead, Ora Dawedeit, who will be the main speaker for today's presentation. Ora serves in this role with the Division of Value-Based Incentives and Quality Reporting (DVIQR), Quality Measurement and Value-Based Incentives Group (QMVIG), and the Center for Clinical Standards and Quality (CCSQ) at CMS.

As we customarily provide, here is a list of acronyms and abbreviations. Acronyms and abbreviations that you will hear today include C-F-R for Code of Federal Regulations, C-M-S for Centers for Medicare & Medicaid Services, C-Y for calendar year, F-Y for fiscal year, F-H-I-R for Fast Healthcare Interoperability Resources, I-P-P-S for Inpatient Prospective

Payment System, L-T-C-H for Long-Term Care Hospital, N-Q-F for National Quality Forum, PCHQR for PPS-Exempt Cancer Hospital Quality Reporting, P-P-S for prospective payment system, and R-F-I for Request for Information. Please use this slide as a reference as we go through today's presentation.

The purpose of this presentation is to provide an overview of the Fiscal Year 2022 IPPS/LTCH PPS Final Rule and focus on the impact of the finalized changes on the PCHQR Program.

Upon completion of this event, program participants will be able to locate the FY 2022 IPPS/LTCH PPS Final Rule text and identify finalized changes impacting the PCHQR Program.

Before Ora begins our discussion of the fiscal year 2022 final rule, which will be the tenth rule finalized that will impact the PCHQR Program since its formation as a result of the Affordable Care Act, I would like to recap, briefly, the history of the measures that have been added to, and in some cases removed from, the program since its inception. In the first year of the program, the FY 2013 final rule established five quality measures for the program, including the three Cancer-Specific Measures and two healthcare-associated infection, or HAI, measures, CLABSI and CAUTI. The next year, in the FY 2014 final rule, was the addition of another HAI measure, Surgical Site Infections (SSI), and the addition of 12 new quality measures. These new measures included five process-oriented Oncology Care Measures, six Surgical Care Improvement Project (SCIP) measures and the incorporation of the HCAHPS Survey data.

The third rule which impacted the PCHQR Program, FY 2015, saw the addition of one measure, EBRT, or PCH-25, which is External Beam Radiotherapy for Bone Metastases. The fourth rule impacting the program, FY 2016, saw the addition of two more HAI measures, MRSA and CDI, as well as the inclusion of the Healthcare Personnel Influenza Vaccination measure. Of note, the FY 2016 rule removed the six Surgical Care Improvement Process, or SCIP, measures effective for October 1, 2016.

In the fiscal year 2017 final rule, a new claims-based measure, Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy, or PCH-30 and PCH-31, was added and the diagnosis cohort for NQF #382, Radiation Dose Limits to Normal Tissues, was expanded to include patients with a diagnosis of breast or rectal cancer. In the fiscal year 2018 final rule, the three CST measures were finalized for removal from the program, effective for diagnoses occurring January 1, 2018, through December 31, 2018, or calendar year 2018. Also, four new End-of-Life measures were added to the program for the fiscal year 2020 program and subsequent years.

In the fiscal year 2019 final rule, Removal Factor 8 was added, four of the five OCMs were finalized for removal from the program effective for patients treated in calendar year 2019, and one new claims-based measure was added, 30-Day Unplanned Readmissions for Cancer Patients, or PCH-36/NQF #3188.

In the fiscal year 2020 final rule, there were quite a few finalized changes which included a new claims-based measure, Surgical Treatment Complications for Localized Prostate Cancer; EBRT was removed from the program; refinement of the HCAHPS Survey by removing the pain management questions; public reporting was specified for MRSA, CDI, SSI for colon and abdominal hysterectomy HAI measures, and the Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy claims-based measure; and lastly, confidential national reporting was specified for the four EOLs and the 30-Day Unplanned Readmission for Cancer Patients measure.

Lastly, in the fiscal year 2021 final rule, the CAUDI and CLABSI measures were refined to incorporate updated methodology developed by the CDC, and public reporting was specified to begin in fall of 2022, specifically in October. You certainly have these slides for informational purposes but, please keep in mind if you are ever looking for a brief history of the program and the measures online, a list of the final rules with a summary of the key changes to the program along with hyperlinks to the .pdf version of the final rules is available in numerous locations

including QualityNet on the PCHQR Program Resources page, Quality Reporting Center on the PCHQR Program Overview page, and in the program manual which is currently being updated. The program manual is also posted on both the Quality Reporting Center and QualityNet website.

On August 13, the Fiscal Year 2022 IPPS/LTCH PPS Final Rule official *Federal Register* version was published. This version can be accessed via the *Federal Register* link provided on this slide and the pages specific to the PCHQR Program are 45426 through 45437. At this time, I would like to turn the presentation over to Ora who will further discuss the changes that have been finalized and how they will impact the PCHQR Program.

Ora, the floor is yours.

Ora Dawedeit: Thank you, Lisa. I'd like to welcome everyone to our webinar today. Thank you for taking the time out of your day to join us. I really appreciate this opportunity to share our newly finalized proposals for the PCHQR Program.

So, this section goes over the PCHQR Program sections. The highlighted sections are the ones that I'm going to be reviewing and providing a high-level summary of these changes, which will be the Overview of the Proposed Updates to the PCHQR Program and Requests for Information. The next bolded one is the Removal of the Oncology: Plan of Care for Pain - Medical Oncology and Radiation Oncology. That measure was from the PCHQR Program beginning with fiscal year 2024 program year. Number 5 is the adoption of the COVID-19 Vaccination Coverage Among Healthcare Personnel measure beginning with fiscal year 2023 program year. The next four are not new so they're not bolded. Number 9 is Form, Manner, and Timing of Data Submissions. Number 11 is Codification of PCHQR Program requirements at New 42 CFR 412.2 and New 42 CFR 412.2 of our regulations.

So, this goes over the summary of the unchanged sections in the final rule. There's the background. There's the measure retention and removal factors for the PCHQR Program.

In Section 6, we have the summary of the PCHQR Program measures for the fiscal year 2023 program year, maintenance of technical specifications for quality measures, public display requirements, and the Extraordinary Circumstances Exceptions policy under the PCHQR Program, the ECE. Refer to the Fiscal Year 2019 IPPS/LTCH PPS Final Rule for more information.

Okay. Section 2 is the overview of the proposed updates to the PCHQR Program and Requests for Information. This has the proposal to remove the Oncology: Plan of Care for Pain - Medical Oncology and Radiation Oncology, beginning with a fiscal year 2024 program year and the proposal to adopt the COVID-19 Vaccination Among Healthcare Personnel beginning with fiscal year 2023 and subsequent years. Additionally, you'll have the proposal to update terminology for the PCHQR Program by replacing QualityNet Administrator with QualityNet Security Official.

Again, these are additional updates. We are proposing to codify existing PCHQR Program policies at again 42 CFR 412.23 and CFR 412.24, Requests for Information on closing the health equity gap in CMS quality programs; these potential actions to expand the use of the Fast Healthcare Interoperability Resources, FHIR, standard; and to move to fully digital quality measurement in 2025.

This goes over the removal of the Plan of Care for Pain - Medical Oncology and Radiation Oncology measure. So, we finalized the removal of this PCH-15 based on a few factors. Factor 7: It's not feasible to implement the measure specifications. The alignment with the goals of the Meaningful Measure Initiative and the shift towards digital quality measures and the very, very high performance of the mean and medium for the past four years including fiscal year 20 with little variations among the 11 PCHs.

This goes over the summary of the finalized changes for removal of PCH- 15. Commenters supported this removal. You know that was well supported. CMS will consider the inclusion of actional pain measures in

the future, but for now we're justifying the removal of the PCH given the high performance of the PCHs on this measure in the PCHQR Program and the burden of reporting chart-abstracted measures. This removal will begin in fiscal year 2024. No data collection is required for calendar year 2022. Calendar year 2021 data will be reported in August 2022.

Next, I'll move on to the COVID-19 Vaccination Coverage Among Healthcare personnel measure. We believe it is important to track healthcare provider vaccination in all facilities to protect healthcare workers, patients, and caregivers and to sustain the ability of hospitals and PCHs to continue to serve their communities throughout this public health emergency and beyond. This measure will assess the proportion of healthcare workforce that has been vaccinated against COVID-19. The numerator of this measure is the cumulative number of healthcare personnel eligible to work in the healthcare facility for at least one day during the submission period and who received a completed vaccination course against COVID-19 since the date of the vaccine was first available or on a repeated interval if re-vaccination is recommended. The denominator is the measure of the healthcare personnel eligible to work in the facility for at least one day during the submission period, excluding persons with contradictions to the COVID-19 vaccination as described by the CDC. Similar to the flu vaccination coverage measure that is currently in the PCHQR Program, this data will be collected via the CDC's National Healthcare Safety Network. We will begin collecting this data from October 1, 2021, through December 31, 2021, for the calendar year 21 reporting period and the fiscal year 2023 determination. Then, for calendar year 2022 and subsequent years we will collect full data.

COVID-19 HCP Vaccination Measure: Data Collection, Submission, Reporting: PCHs will collect the numerator and denominator for COVID-19 HCP vaccination measure for at least one self-selected week during the month of reporting quarter and submit to NHSN before the quarterly deadline. Each quarter, the CDC will calculate a single quarterly COVID-19 HCP vaccination coverage rate for each PCH by taking the average of the data from the three weekly rates.

CMS will publicly report each quarterly COVID-19 HCP vaccination coverage rate as calculated by the CDC. For the fiscal year 2023 program year, the reporting period will be October 1, 2021, through December 31, 2021. Beginning with the 2024 period program year and subsequent years, data will be submitted quarterly following the reporting deadlines for the PCHQR Program. Measure specifications are available at the website listed below.

COVID-19 HCP Vaccination Measure: These are the summary of finalized changes. CMS finalized the proposal to adopt the COVID-19 Vaccination Coverage Among HCP measure in the PCHQR Program. This begins with fiscal year 2023, then quarterly beginning with fiscal year 2024 and subsequent years. CMS did not finalize the plan to publicly report data averaged over four rolling quarters. CMS will only report the most recent quarter of data which we believe results in more meaningful and up-to-date information.

So, this slide goes over the measures for the fiscal year 2023 program year and subsequent years. You can see the short name, the NQF, and the measure name.

Section 6. Again, a summary, this continues the summary of the PCHQR Program measures for the fiscal year 2023 program year and subsequent years. You'll see the short name, the NQF number, and the measure name.

This is the summary of the PCHQR Program measures again for fiscal year 2023 program year and subsequent years. You'll see short names, NQF, and the measure name.

This gives a summary of the finalized public display requirements. So, you are going to see the measures there and then the public reporting timeframe.

This goes over the form, manner, and timing of data submission. So, these are procedural requirements. CMS finalized the proposal to use QualityNet Security Official instead of QualityNet Administrator to align with terminology used in other reporting programs.

This update will be codified at 42 CFR 412.24 without modification. CMS clarified that failing to maintain an active QualityNet Security Official will not result in unsuccessful participation in the PCHQR Program.

This goes over the codification of PCHQR Program requirements at the new 42 CFR 412.23 and new 42 CFR 412.24 of our regulations. CMS finalized the proposal to add new codified under section 42 requirements under the PPS-Exempt Cancer Hospital Quality Reporting Program. There's a new paragraph (3) to 42 CFR. CMS believes that this codification will make it easier for stakeholders to locate the PCHQR Program requirements.

Codification of PCHQR Program Requirements: This is program participation requirements including the registration process, the data submission requirements for quality measures, quality measure removal and retention factors, also public reporting requirements for quality measured data reporting by PCHs with measure information displayed on CMS websites, and ECE policy detailing the process for CMS to grant an extension or exception to quality measure report requirements under the PCHQR Program.

CMS also finalized the codification at 412.1 that 42 CFR part 412 includes the implementation of section 1866. This directs hospitals described in section 1866 of the act to submit data on quality measures to the secretary and at the revised 412.1.

So, this goes into the advancing to digital quality measurements and use of the FHIR standard. The FHIR standard defines how healthcare information can be exchanged between different computer systems regardless of how it is stored in those systems. We requested this information on potential actions we can take to expand the use of this standard. We sought comment on the definition of [digital] quality measure standards (dQMs); the development of dQM software; digital data standards and aggregation; also redesigning quality measures to be self-contained tools; and potential future alignment of measures across quality reporting programs, federal and state agencies, and the private sector.

The intent here is to streamline the approach to data collection, calculation, and reporting to fully leverage clinical and patient-centered information for measurement, improvement, and learning. The goal is to move fully to digital quality measurements in CMS quality reporting and value-based purchasing programs by 2027.

This goes over closing the health equity gap in CMS quality programs. CMS sought public comment on these items as they apply to all quality programs including the PCHQR Program: potential stratification of quality measure results by race and ethnicity, improving demographic data collection, potential creation of a hospital equity score to synthesize results across multiple social risk factors, and use of an imputation model to infer missing data. The intent here is to make reporting of health disparities based on social risk factors and race and ethnicity more comprehensive and actionable for hospitals, providers, and patients. The goal here is to have Requests for Information (RFI) or rulemaking in the future.

I just want to thank everyone from the PCHQR Program, to the contractors, Lisa, and the VIQR support contractor for making this webinar possible. Thank you so much for all the participants for tuning in. I really appreciate your time and have a great day. Thank you.