



PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

**PCHQR Program:
Preparing for August 2022 Submissions**

Presentation Transcript

Speaker

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Lisa Vinson: Hello. Thank you for tuning in to today's PPS-Exempt Cancer Hospital Quality Reporting Program Outreach and Education event entitled, *Preparing for August 2022 Submissions*. 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. This webinar is focused on the hospitals participating in the CMS PPS-Exempt Cancer Hospital Quality Reporting PCHQR Program. While there may be content and concepts that apply to other quality reporting programs, please remember that this information is specific to the PCHQR Program. This is especially true with today's event, which will focus on the August 15, 2022, data submission and August 31, 2022, administrative requirements for the program, with great detail about utilizing the Hospital Quality Reporting System that PCHs use in their submission process. We will also take some time to review upcoming key program dates and reminders. As the title indicates, we are gearing up for the upcoming August 15 and August 31, 2022, data submission and administrative requirement deadlines. The slides, transcript, and questions and answers from today's webinar will be posted to the [Quality Net](#) website as well as the [Quality Reporting Center](#) website.

If you have questions while viewing today's presentation, please send an email to webinarquestions@hsag.com. Be sure to include in the subject line the full title of today's event: *Preparing for August 2022 Submissions*. In the body of the email, put your question along with the slide number, if applicable. If you have questions unrelated to the webinar topic, please submit the using the [QualityNet Question and Answer Tool](#). If you are unfamiliar with this tool, I will discuss the steps to successfully submit an inquiry later in this presentation.

Here is a list of acronyms and abbreviations that you may hear and see used during this presentation.

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These include CY, for calendar year; D-A-C-A, for Data Accuracy and Completeness Acknowledgement; H-A-R-P, for HCQIS Access Roles and Profile; H-C-Q-I-S, for Health Care Quality Information Systems; H-C-P, for healthcare personnel; H-Q-R, for Hospital Quality Reporting; N-H-S-N, for National Healthcare Safety Network; and Q for quarter.

This presentation will review the steps to successfully submit the following required information: calendar year CY 2021 Oncology: Plan of Care for Moderate to Severe Pain, or PCH-15 measure data via the Hospital Quality Reporting, or HQR, System; fiscal year 2023 Data Accuracy and Completeness Acknowledgment, or DACA, via the HQR System; and quarter 1 2022 healthcare-associated infection measure data via the Centers for Disease Control and Prevention's, or CDC's, National Healthcare Safety Network, or NHSN.

At the culmination of this educational event, we hope that PCHQR Program participants will be able to demonstrate an understanding of the PCHQR Program's submission methods and requirements, as evidenced by successfully submitting PCH-15 measure data, the fiscal year 2023 DACA, and HAI measure data.

Here is a summary of the upcoming submission requirements for the month of August. As always, the data submission for both measure data and the DACA will open July 1, 2022. Please keep in mind, that although you can log in to the HQR System at any time, the submission processes we review today will not be available until July 1, 2022. The first submission deadline is August 15, 2022. This reporting period includes the following measure data: Quarter 1 2022 HAI measure data, which includes CLABSI, CAUTI, SSI for both colon and abdominal hysterectomy, C. diff infection, and MRSA. This measure data will be reported on your behalf based upon data you have entered in the National Healthcare Safety Network, or NHSN. [This also includes] Quarter 1 2022 COVID-19 Vaccination Coverage Among Healthcare Personnel, or COVID-19 HCP, measure data also reported on your behalf via NHSN, and calendar year 2021 Plan of Care for Moderate to Severe Pain, or PCH-15, measure data.

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This is measure data you manually enter in to the HQR System, which we will review in detail today. Of note, this will be last time this measure will be reported by PCHQR Program participants, as this measure was removed from program in the Fiscal Year 2022 IPPS/LTCH PPS Final Rule, effective for fiscal year 2024 or calendar year 2022. This means that program participants were not required to collect data on the measure beginning January 1, 2022, and forward. The second submission deadline is August 31, 2022, which is for the fiscal year 2023 Data Accuracy and Completeness Acknowledgement, or DACA. This administrative requirement is submitted via the HQR System as well, and we will review this process later in this presentation.

Now, we will review the data submission process for PCH-15 measure data, which all program participants should be familiar with doing. As you may recall, a few years ago, CMS revamped the quality reporting system, formally known as the *QualityNet Secure Portal*. The new system, now known as HQR, for Hospital Quality Reporting, has been in place and has undergone several enhancements since its implementation. Let's review getting started in the HQR System with the first step of logging in.

This is the HQR home page or log-in screen, which can be accessed by the selecting the hyperlink on this slide. Please note that you will need to use either Google Chrome or Microsoft Edge browsers as the Internet Explorer browser is no longer a supported browser. You may have noticed this screen looks slightly different compared to when the HQR System was first introduced; however, the log-in steps remain the same for the most part. First, you will need to log in with your HARP credentials, which include your user ID and password, as denoted by the red box on this slide. Then, you will select Log In which is highlighted by the red arrow and box.

Now, you are required to verify your account via a two-factor authentication process. As shown on this slide, you are able to receive your verification code via three methods: SMS text, phone call, or email.

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From here, you will need to make a selection. For the purpose of this presentation, the SMS text option is selected. You will then select Next, as displayed by the red box on this slide.

Once you receive the 6-digit verification code via the method you've selected, you will enter that information in the Enter Code box, as shown by the red box. If you wish to change the method to receive your two-factor authentication code, simply select the Change Method option, and you can select an alternative method. 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 Next, and you will be taken to the next slide.

Previously, you were required to acknowledge the terms and conditions before being directed here to the HQR landing page; however, the HQR System was streamlined, and that step has been removed. From this landing page, you are able to begin process of data entry. We will now focus on the submission process for your facility's PCH-15 measure data.

You will begin by selecting Data Submissions from the navigation pane on the left-hand side.

On this screen, you will make two selections. The first selection is the Web-based Measures tab at the top. Then, you will select the Data Form card, which launches the data form for data entry.

This is your starting point for entering your facility's PCH-15 measure 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 2021, this is applicable to fiscal year 2023, as denoted by the red box. Next, is your facility's 6-digit CMS Certification Number; the submission period, which is July 1 through August 15, 2022;

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and the reporting period, which corresponds to the calendar year, which is calendar year 2021, which is January 1 through December 31, 2021. The last updated date will populate once an entry or entries are saved to the system. The current submission period is noted as Open. As mentioned before, the fiscal year 2023 data form will not be accessible until the submission period opens July 1, 2022. Lastly, the submission status bar actively tracks the submitter's status. You will begin at Enter mode, then you will have an opportunity 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, PCH-15 measure data are due to be submitted by August 15, 2022. You will access the measure data entry screen by selecting the Start Measure button indicated by the red box. 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 this PCHQR Program measure.

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. Therefore, if you select Not Sampled for your Sampling Frequency, then your Initial Patient Population, sample size, and denominator must be equal.

All required fields are denoted by the red boxes on this slide. These questions include: What was your hospital's sampling frequency?

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You will select the up and down arrow to expand the box to show the available options, which 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. From here, after selecting Save & Close Quarter 1, Quarter 2 data fields will open, and you will continue to advance through each quarter until you are done entering data for Quarter 3 and Quarter 4. Then, you will select the Save & Close Quarter 4 button. On our next series of slides, we will discuss warning and fatal error messaging.

A warning is an alert that an entry needs attention. 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 selected Not Sampled, and the Initial Patient Population and Sample Size are not equal; and 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, such as 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 mark, highlighted by the red square on this slide. As stated previously, this warning notification alerts the submitter that an entry needs attention; however, an action is not required.

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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 16, 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. 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, the second 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 box, to save this edit.

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

At last, you have entered data for PCH-15. Although not shown here, if we think back to the progress bar mentioned earlier, it would still show the green checkmark for Enter. 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.

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I would like to highlight the accordion feature, as denoted by the red square in the upper-left side of this slide. This icon defaults to the closed position, which is a plus sign, but, by selecting the accordion, it 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 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 all 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.

The highlight here is that the progress bar at the top of the screen shows all green checkmarks for each step in the submission process: entering data, previewing data, and submitting data. Then, below, there is a summary of the data submitted for each quarter and a final score.

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 this date falls on 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 fiscal year 2023 DACA is due on August 31. Again, this requirement remains an electronic submission, accessible via the HQR System. Once you've completed your PCH-15 data submission, you can submit your fiscal year 2023 DACA, as we will see on the next series of slides.

Before we address the DACA submission, I would like to point out that there is an additional confirmation that your PCH-15 measure data has been successfully submitted. It's the green rectangle in the middle of this screen, which states, "PCH measures successfully submitted." Now, you will also notice that you also have the option to start the electronic submission process for your fiscal year 2023 DACA.

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You will begin by selecting the Sign button, as shown by the red arrow on this slide. Of note, this option is not available until you have successfully submitted your facility's PCH-15 measure data.

Here is the electronic fiscal year 2023 DACA form. You will need to review the attestation; enter your position in the text box; and select the check box that confirms 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 Re-sign. 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 fiscal year 2023 DACA. At the end of the document, there is confirmation that the DACA was successfully submitted. Also, you will note that there are options to download or print the PDF version of this document, located in the upper right-hand corner, which is indicated by the red box shown on this slide. Now, that you've successfully signed and submitted the fiscal year 2023 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.

In addition to the PCH-15 and fiscal year 2023 annual submission requirements via the HQR System, you are also required to submit your facility's quarterly HAI measure data via NHSN. This data includes Quarter 1 2022 CAUTI, CLABSI, CDI, MRSA, SSI for both colon and abdominal hysterectomy, and COVID-19 HCP measure data. As the HQR PCH facility reports are still under development, we continue to encourage program participants to generate their facility's NHSN-Analysis-CMS Reports until HQR reports are available. Once these reports are complete, there will be a Listserve communication distributed.

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If you need assistance generating the NHSN Analysis report, please select the hyperlink on this slide for more information.

The COVID-19 HCP Vaccination is new to the PCHQR Program, and the first quarterly submission of this measure was back in May of this year. Moving forward, this measure will have the same reporting period and due date as the other quarterly submitted HAI measures. I would like to outline a few key points about submitting HAI and COVID-19 HCP Vaccination Data. HAI and COVID-19 HCP Vaccination data are submitted to the CDC's NHSN system. The CDC transmits the data to CMS immediately following the quarterly submission deadline for use in the PCHQR Program and CDC surveillance programs. PCHs must collect and submit HAI and COVID-19 HCP Vaccination data at least quarterly, prior to each quarterly submission deadline. For the HAI measures: PCHs must collect numerator and denominator values for CAUTI, CLABSI, CDI, MRSA, and SSIs for colon and abdominal hysterectomy events among all inpatients in the facility. For the COVID-19 HCP Vaccination measure, PCHs must collect the numerator and denominator for at least one self-selected week during each month of the reporting quarter. If you have questions or need assistance submitting these measures, please contact the NHSN help desk at NHSN@cdc.gov.

We will conclude today's event by reviewing key reminders for the PCHQR Program beginning on our next slide.

For your convenience I have included the QualityNet and Quality Reporting Center PCHQR Program page links, which will take you directly to available resources and tools. There are also quick links on these pages to download the PCHQR Program Measure Submission Deadlines by Due Date Table and the relationship matrix documents, which were both recently updated. There are also links that will direct you to the resources and webinar pages.

This tool, the PCHQR Program Measure Submission Deadlines by Due Date Table, has been recently updated to include submission dates through May 2023.

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You will note that the August 2022 required submissions, discussed today, are highlighted by the red box on this slide. This document is located both the QualityNet and Quality Reporting Center websites.

These submission due dates and the remaining submission deadline dates for calendar year 2022 are provided in a table format, which is the Measure Submission Deadline by Due Dates Table we just reviewed. The program's next data submission deadline is on July 6, 2022, and Quarter 1 2022 HCAHPS Survey data are due. As a reminder, the submission periods opens July 1 for submission of Quarter 1 2022 HAI and calendar year 2021 PCH-15 measure data, discussed today, which is due August 15. The fiscal year 2023 DACA is due August 31. Also, if you intend to submit a measure exception form for calendar year 2022, please do so by August 15, 2022. There are detailed instructions provided on how to complete the form and where to return the form for processing. Lastly and most importantly, please be sure you are signed up to receive PCHQR Program notifications, as data submission reminders are distributed multiple times prior to the deadline date. You can only receive these and other program-related communications by signing up via the Subscribe to Email Updates link on the QualityNet home page.

As it relates to Public Reporting, we are currently under the 30-day preview period for the July 2022 Provider Data Catalog, or PDC, release. The preview period closes June 15, 2022. Please be sure you have taken some time to review your facility's data that will be publicly displayed on the PDC next month. The quarters of data that will be displayed for July 2022 are outlined on this slide, which include Quarter 4 2020 through Quarter 3 2021 HCAHPS Survey data; Quarter 4 2020 through Quarter 3 2021 HAI measure data; and Quarter 3 2020 through Quarter 2 2021, fiscal year 2023, Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy measure. I also outlined the quarters of data for the October 2022 PDC release. This includes Quarter 1 2021 through Quarter 4 2021 HCAHPS Survey data and Quarter 1 2021 through Quarter 4 2021 HAI measure data. Of note, this will be the first public display of CAUTI and CLABSI measure data.

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[This also includes] Quarter 4 2021 through Quarter 1 2022 Influenza Vaccination Coverage Among HCP measure data and Quarter 4 2021 COVID-19 Vaccination Coverage Among HCP measure data. This will also be first public display of the COVID-19 HCP data. Please note that this data will be publicly displayed one quarter at a time, not on a rolling quarter basis. Again, please be sure you are subscribed to receive the PCHQR Program notifications as our Public Reporting team provides details and updates related to preview periods, public reporting resources, and releases.

As I have been stressing the importance of this, here is where you subscribe to PCHQR Program notifications. This link is located on the QualityNet home page. Once you select the Subscribe to Email Updates button, you will be asked to enter your name and email address. Then, you will have the opportunity to select the program notification lists that you would like to join. At least one must be selected. Of note, all fields marked with an asterisk (*) are required. You will then receive an email requesting your confirmation for each subscription submission. Please note, if you selected to join a private list, this will require approval from the list administrator prior to confirmation.

Another important tool is the QualityNet Question and Answer Tool. Displayed on this slide is how you can access the PCHQR Program Question and Answer Tool via the QualityNet home page. You will access this tool by selecting the Help drop-down link, as indicated by the red box on this slide. Then, select PPS-Exempt Cancer Hospital. This link will start the process.

Now, you are at the new 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.

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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 also query the system to see if the topic has already been addressed.

As always, we thank you for your time and attention during today's event. Thank you and have a great day!