



# **PCHQR Program: FY 2026 IPPS/LTCH PPS Proposed Rule**

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# Speakers

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# Question and Answer Limitations

- CMS can only address procedural questions about comment submissions.
- CMS cannot address any rule-related questions.
- We appreciate your understanding of these constraints.
- CMS looks forward to your formal comments on the proposed rule.

# Acronyms and Abbreviations

<b>ACS</b>	American College of Surgeons	<b>HCAHPS</b>	Hospital Consumer Assessment of Healthcare Providers and Systems
<b>CAUTI</b>	catheter-associated urinary tract infection	<b>HCHE</b>	Hospital Commitment to Health Equity
<b>CBE</b>	Consensus-Based Entity	<b>HCP</b>	healthcare personnel
<b>CDC</b>	Centers for Disease Control and Prevention	<b>ICU</b>	intensive care unit
<b>CDI</b>	<i>Clostridioides difficile</i> Infection	<b>IPPS</b>	Inpatient Prospective Payment System
<b>CFR</b>	Code of Federal Regulation	<b>LTCH</b>	long-term care hospital
<b>CLABSI</b>	central line-associated bloodstream infection	<b>MRSA</b>	Methicillin-Resistant <i>Staphylococcus aureus</i>
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>NHSN</b>	National Healthcare Safety Network
<b>CY</b>	calendar year	<b>PCH</b>	PPS-Exempt Cancer Hospital
<b>ECE</b>	Extraordinary Circumstances Exception	<b>PCHQR</b>	PPS-Exempt Cancer Hospital Quality Reporting
<b>ED</b>	emergency department	<b>PPS</b>	prospective payment system
<b>EOL</b>	End of Life	<b>SDOH</b>	Social Drivers of Health
<b>ET</b>	Eastern Time	<b>SSI</b>	Surgical Site Infection
<b>FY</b>	fiscal year		

# Purpose

This presentation provides an overview of the fiscal year (FY) 2026 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) PPS proposed rule with a focus on the proposed changes in the PCHQR Program.

# Objectives

Participants will be able to:

- Locate the FY 2026 IPPS/LTCH PPS proposed rule.
- Identify proposed changes that may impact the PCHQR Program.
- Understand how and when to submit comments to CMS regarding the proposed rule.

# FY 2026 IPPS/LTCH PPS Proposed Rule Publication

- The FY 2026 IPPS/LTCH PPS proposed rule was published in the [Federal Register](#) on April 30, 2025.
- The PCHQR Program section is on pages 18344–18348.

PCHQR Program: FY 2026 IPPS/LTCH PPS Proposed Rule

## **Proposed Changes to the PCHQR Program**



# PCHQR Program Sections

- 1) Background
- 2) PCHQR Program Measures
  - a. Proposed Removal of the Hospital Commitment to Health Equity (HCHE) Measure Beginning with Calendar Year (CY) 2024 Reporting Period/FY 2026 Program Year and for Subsequent Years
  - b. Proposed Removal of Two Social Drivers of Health (SDOH) Measures Beginning with CY 2024 Reporting Period/FY 2026 Program Year and for Subsequent Years
  - c. Summary of Previously Adopted PCHQR Program Measures for the CY 2026 Reporting Period/FY 2028 Program Year and Subsequent Years
- 3) Public Display Requirements
  - a. Summary of Previously Finalized Public Display Policies for the PCHQR Program
  - b. Proposal to Publicly Report PCHQR Data on Both the Provider Data Catalog and Compare Tool Website or Successor Websites
- 4) Proposal to Codify Updates to the Extraordinary Circumstances Exception (ECE) Policy for the PCHQR Program
  - a. Background
  - b. Proposal to Update the ECE Policy for the PCHQR Program

# Section 1

## Background

- The PCHQR Program, authorized by section 1866(k) of the Social Security Act, applies to hospitals described in section 1886(d)(1)(B)(v) of the Act (referred to as “PPS-Exempt Cancer Hospitals” or “PCHs”).
- For more information, please refer to the following:
  - [FY 2013 IPPS/LTCH PPS final rule](#) (pages 53555–53567 )
  - [42 CFR 412.24](#) for codified PCHQR Program requirements

# Section 2a

Proposed Removal of the HCHE Measure Beginning with CY 2024 Reporting Period/FY 2026 Program Year and for Subsequent Years

**CMS Proposal**: Removal of this measure due to costs associated with achieving a high score on the measure outweighing the benefit of its continued use in the program

- The HCHE measure was adopted in the [FY 2024 IPPS/LTCH PPS final rule](#) (pages 59204–59210).
- If finalized, any HCHE measure data received by CMS would not be used for public reporting purposes.

# Section 2b

Proposed Removal of Two SDOH Measures Beginning with CY 2024 Reporting Period/FY 2026 Program Year and for Subsequent Years

**CMS Proposal**: Removal of these measures is based on the costs associated with the measures outweighing the benefit of its continued use in the program.

- The Screening for SDOH measure was adopted in the [FY 2024 IPPS/LTCH PPS final rule](#) (pages 59219–59219).
- The Screen Positive Rate for SDOH measure was adopted in the same rule (pages 59219–59222).
- If finalized, any SDOH measure data received by CMS would not be used for public reporting purposes.

# PCHQR Program Measure Set

Please refer to the QualityNet PCHQR Program Measures page for more information:

<https://qualitynet.cms.gov/pch/pchqr/measures>

# Section 3

## Public Display Requirements

Under the Act, section 1866(k)(4), the Secretary must establish procedures for making data submitted under the PCHQR Program available to the public.

# Table X.D-02

## Previously Finalized Public Display Policies for the PCHQR Program

Measures	Public Reporting
HCAHPS Survey (CBE #0166)	2016 and subsequent years
<ul style="list-style-type: none"> <li>ACS-CDC Harmonized Procedure Specific SSI– Colon and Abdominal Hysterectomy (CBE #0753)</li> <li>NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia (CBE #1716)</li> <li>NHSN Facility-wide Inpatient-Hospital-onset CDI (CBE #1717)</li> <li>NHSN Influenza Vaccination Coverage Among HCP (CBE #0431)</li> </ul>	2019 and subsequent years
COVID-19 Vaccination Coverage Among HCP (PCH-38)	October 2022 and subsequent years
Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy (PCH-30 and PCH-31)	April 2020 and subsequent years
<ul style="list-style-type: none"> <li>CAUTI (CBE #0138)</li> <li>CLABSI (CBE #0139)</li> </ul>	October 2022 and subsequent years

# Table X.D-02 (Continued)

Measures	Public Reporting
<ul style="list-style-type: none"> <li>Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (CBE #0210)</li> <li>Proportion of Patients Who Died from Cancer Not Admitted to Hospice (CBE #0215)</li> <li>Proportion of Patients Who Died from Cancer Admitted to the Intensive Care Unit in the Last 30 Days of Life (CBE #0213)</li> <li>Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days (CBE #0216)</li> </ul>	July 2024 or as soon as feasible thereafter
30-Day Unplanned Readmissions for Cancer Patients (CBE #3188)	October 2023 or as soon as feasible thereafter
Surgical Treatment Complications for Localized Prostate Cancer Measure (PCH-37)	July 2024 or as soon as feasible thereafter
Hospital Commitment to Health Equity**	January 2026 or as soon as feasible thereafter
Screening for Social Drivers of Health**	July 2027 or as soon as feasible thereafter
Screen Positive Rate for Social Drivers of Health**	July 2027 or as soon as feasible thereafter
Patient Safety Structural Measure	October 2026 or as soon as feasible thereafter
Documentation of Goals of Care Discussion Among Cancer Patients	July 2026 or as soon as feasible thereafter

\*\*This measure is proposed for removal in the proposed rule.



# Section 3b

Proposal to Publicly Report PCHQR Data on both Provider Data Catalog and Care Compare Tool Website or Successor Websites

## **CMS Proposals:**

- To modify the public reporting requirements of the PCHQR Program to enable us to publicly report PCHQR Program data on both the [Provider Data Catalog](#) and the [Compare Tool](#) or their successor sites
- To change the regulation text at §412.24(f) replacing references to “Provider Data Catalog” with “CMS websites”

The Care Compare Tool displays performance data in a format that is more user-friendly and understandable for consumers.

Displaying this data on the Care Compare Tool supports consumer engagement, promotes greater transparency, and aligns with other CMS quality reporting programs that already appear on the Care Compare Tool website.

# Section 4

## Proposal to Codify Updates to the ECE Policy for the PCHQR Program

**CMS Proposal**: To update regulations to specify that an ECE could take the form of an extension of time for a PCH to comply with a data reporting requirement if we determine that this type of relief would be appropriate under the circumstances

- Under the current ECE policy, CMS granted exceptions with respect to quality data reporting requirements in the event of uncontrollable, extraordinary circumstances, such as natural disasters or problems with data collection systems.
- In circumstances where a full exception is not applicable, it is beneficial for a PCH to report data later than the reporting deadline.
- Delayed reporting under the ECE policy allows temporary relief for a PCH experiencing an extraordinary circumstance while preserving transparency and informed decision-making for beneficiaries and providers related to data reporting.

# Section 4b

## Proposal to Update the ECE Policy for the PCHQR Program

**CMS Proposals**: To update the current ECE policy, 42 CFR 412.24(e), specifically codified here:

- §412.24(e)(1) – to allow CMS to grant an ECE with respect to reporting requirements in the event of an extraordinary circumstance – event beyond the control of a PCH – that affected the ability of the PCH to comply with one or more applicable reporting requirements with respect to a fiscal year
- §412.24(e)(2)(i) – a PCH may request an ECE within 30 calendar days of the date the extraordinary circumstance occurred; current policy allows a request within 90 days

# Section 4b (Continued)

- §412.24(e)(2)(ii) – CMS notify the requestor with a decision in writing, via email.
- §412.24(e)(3) – CMS may grant an ECE to one or more PCH that have not requested an ECE if CMS determines that: a systemic problem with CMS data collection system directly impacts the PCHs ability to submit data or an extraordinary circumstance has affected the entire region or locale.
- §412.24(e)(4) – CMS may grant or deny an ECE based on the evaluation of the extraordinary circumstance including, but not limited to, whether the extraordinary circumstance occurred beyond the control of the PCH and affected their ability to meet data reporting requirements by the specified deadlines.
- §412.24(e)(5) – CMS will notify the PCH of a denial of an ECE in writing, via email.

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## **Submitting Comments on the Proposed Rule**

# Comment Submission

- CMS appreciates and needs your comments concerning the proposed rule.
- To be assured consideration, comments on all sections of this proposed rule must be received no later than **June 10, 2025, 5:00 p.m. Eastern Time (ET).**
- CMS will respond to all comments that are within the scope of the proposed rule.

# Summary of Proposed Topics for Public Comment

- Three (3) measure removals beginning with CY 2024 Reporting Period/FY 2026 Program Year and for subsequent years
  - HCHE measure
  - SDOH measure
  - Screen Positive Rate for SDOH measure
- Publicly report PCHQR Data on both the Provider Data Catalog and Compare Tool website or successor websites
- Codify updates to the ECE policy for the PCHQR Program

# Methods to Provide Comments

Use one of three methods to provide comments:

- Electronic submission: [Regulations.gov](https://www.regulations.gov)
- Address for regular mail:  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1833-P  
P.O. Box 8013  
Baltimore, MD 21244-8013
- Address for express/overnight mail:  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1833-P  
Mail Stop C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244-1850



# Submitting a Formal Comment

- Navigate to the [Federal Register](https://www.federalregister.gov) or [Regulations.gov](https://www.regulations.gov) site
- Select **Submit A Formal Comment** or **Comment**.
- Due date is **June 10, 2025, by 5:00 p.m. ET.**



The screenshot shows the Federal Register website. At the top, there are logos for the National Archives and the Department of Health and Human Services. The main heading is "FEDERAL REGISTER" with the subtitle "The Daily Journal of the United States Government". Below this, there is a blue banner with the text "PR Proposed Rule". The main content area displays the title of the proposed rule: "Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2026 Rates; Requirements for Quality Programs; and Other Policy Changes". Below the title, it says "A Proposed Rule by the Centers for Medicare & Medicaid Services on 04/30/2025". At the bottom, there is a green button that says "SUBMIT A PUBLIC COMMENT".

OR



The screenshot shows the Regulations.gov website. At the top, there is a blue banner with the text "PR PROPOSED RULE". The main content area displays the title of the proposed rule: "Medicare Program: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2026 Rates". Below the title, it says "Posted by the Centers for Medicare&Medicaid Services on Apr 29, 2025". At the bottom, there is a red button that says "Comment". To the right of the button, there is a clock icon and the text "Comment Period Ends: Jun 10, 2025 at 11:59 PM EDT".

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## **Closing Remarks**

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