



FY 2015 IPPS/LTCH Final Rule for PPS-Exempt Cancer Hospitals



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Agenda

- Opening remarks
- An overview of the FY 2015 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) Final Rule changes as they relate to the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program
- Available resources to assist with measure interpretation and data collection/submission

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Save the Dates

Upcoming PCHQR Program educational webinars:

- **November 13, 2014** (date tentative): NQF #1822 - External Beam Radiotherapy for Bone Metastases (EBRT) Measure Overview
- **December 3, 2014:** QualityNet Conference face-to-face meeting for PCHs only
- 2015 webinars will be held on the **4th Thursday of every month**, from 2-3 p.m. ET

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Learning Objectives

- Locate the FY 2015 IPPS/LTCH Final Rule
- Understand new PCHQR Program reporting requirements for applicable program years
- Identify upcoming data submission deadlines
- Find available resources for successful reporting of CMS-required measures

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FY 2015 Hospital IPPS/LTCH Final Rule

- The FY 2015 IPPS Final Rule was published by CMS on August 22, 2015.
- The FY 2015 IPPS Final Rule is available at: www.gpo.gov/fdsys/pkg/FR-2014-08-22/pdf/2014-18545.pdf.
- Details pertaining to the PCHQR Program are located on pages 50277–50286.
- The Final Rule affects discharges occurring on or after October 1, 2014.

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PCHQR Background

- **PCHQR Statutory Authority and Initial Implementation Date**
 - Section 3005 of the Patient Protection and Affordable Care Act (ACA)
 - Implemented October 1, 2012
- **Statutory Authority for Medicare Fee-for-Service Payment**
 - Section 1886 (d)(1)(B)(v) of the Social Security Act excludes 11 cancer hospitals, as designated by Congress, from payment under the Inpatient Prospective Payment System (IPPS)
- **List of PCHs:**
www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/PPS_Exc_Cancer_Hospasp.html

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19 Total Measures Included in PCHQR Program FY 2017

Safety and Healthcare Associated Infection – HAI (3)	Surgical Care Improvement Project – SCIP (6)	Oncology Care Measures – OCM (5)
<ul style="list-style-type: none"> NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure 	<ul style="list-style-type: none"> INF-1: Prophylactic Antibiotic Received Within 1 Hr Prior to Surgical Incision INF-2: Prophylactic Antibiotic Selection for Surgical Patients INF-3: Prophylactic Antibiotics Discontinued Within 24 Hrs After Surgery End Time INF-9: Urinary Catheter Removed on Post-Operative Day 1 or Post-Operative Day 2 with Day of Surgery Being Day Zero CARD-2: Surgery Patients on Beta Blocker Therapy Prior to Admission who Received a Beta Blocker During the Perioperative Period VTE-2: Surgery Patients who Received Appropriate VTE Prophylaxis within 24 Hrs Prior to Surgery to 24 Hrs After Surgery End Time <p style="text-align: center; color: red;">◆ Program Requirement: Sampling</p>	<ul style="list-style-type: none"> Oncology-Radiation Dose Limits to Normal Tissues Oncology: Plan of Care for Pain Oncology: Pain Intensity Quantified Prostate Cancer-Adjuvant Hormonal Therapy for High-Risk Patients Prostate Cancer-Avoidance of Overuse Measure-Bone Scan for Staging Low-Risk Patients EBRT for Bone Metastases <p style="text-align: center; color: red;">◆ Program Requirement: Sampling</p>
<p style="background-color: #e6f2ff; text-align: center; margin: 0;">Cancer-Specific Treatment (3)</p> <ul style="list-style-type: none"> Adjuvant Chemotherapy is Considered/Administered Within 4 Months of Diagnosis to Patients Under the Age of 80 with AJCC III (lymph node positive) Colon Cancer Combination Chemotherapy is Considered/Administered Within 4 Months of Diagnosis for Women Under 70 with AJCC T1c, or Stage II or III Hormone Receptor Negative Breast Cancer Adjuvant Hormonal Therapy 	<p style="background-color: #e6f2ff; text-align: center; margin: 0;">Patient Engagement / Experience of Care (1)</p> <ul style="list-style-type: none"> HCAHPS <p style="text-align: center; color: red;">◆ Program Requirement: Sampling</p>	<p style="background-color: #e6f2ff; text-align: center; margin: 0;">Clinical Effectiveness Measure (1)</p> <ul style="list-style-type: none"> External Beam Radiotherapy for Bone Metastases <p style="text-align: center; color: red;">◆ Program Requirement: Sampling</p>

SCIP Measures

- **SCIP-Inf-1** Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
- **SCIP-Inf-2** Prophylactic Antibiotic Selection for Surgical Patients
- **SCIP-Inf-3** Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time



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SCIP Measures

- **SCIP-Inf-9** Urinary Catheter Removed on Post-Operative Day 1 or Post-Operative Day 2 with Day of Surgery Being Day Zero
- **SCIP-Card-2** Surgery Patients on Beta Blocker Therapy Prior to Admission who Received a Beta Blocker During the Perioperative Period
- **SCIP-VTE-2** Surgery Patients who Received Appropriate Venous Thromboembolism Prophylaxis within 24 Hours Prior to Surgery to 24 Hours After Surgery End Time



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SCIP Measures

SCIP Data Submission – Reporting Periods and Submission Deadlines

Program Year (FY)	Reporting Periods (CY)	Data Submission Deadlines
2016	Q1 2015 discharges (January 1, 2015 – March 31, 2015)	July 1, 2015 – August 15, 2015
2017	Q2, Q3, Q4 2015 discharges (April 1, 2015 – December 31, 2015)	July 1, 2016 – August 15, 2016
Subsequent Years	Q1, Q2, Q3, Q4 discharges of each year	July 1 – August 15 of each calendar year before the program year

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SCIP Measures

Initial Population Includes “All-Patient Data”

- “All-patient data” = both Medicare and non-Medicare patients
- Population determination prior to individual measure denominator exclusions
- Sample includes both patients included and excluded from measure denominator

Population & Sampling Resource: 7/9/2014 Webinar - PCH Quality Reporting for 2015: Surgical Care Improvement Project (SCIP) Measures, Oncology Care Measures

www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier2&cid=1228774314889

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SCIP Measures

Data Submission

- Not finalizing CMS Web-Based Measures Tool (aggregate-level data) for SCIP measures

Instead

- Leveraging existing patient-level CMS SCIP IT collection infrastructure

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SCIP Measures

Data Submission Options

- Vendor submission of aggregate data file via CMS QualityNet Secure Portal
- OR
- PCH submission of patient-level data via CMS QualityNet Secure Portal

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Clinical Process/OCMs

- Oncology-Radiation Dose Limits to Normal Tissues
- Oncology: Plan of Care for Pain
- Oncology: Pain Intensity Quantified
- Prostate Cancer-Adjuvant Hormonal Therapy for High-Risk Patients
- Prostate Cancer-Avoidance of Overuse Measure-Bone Scan for Staging Low-Risk Patients

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Clinical Process/OCMs

OCM Data Submission – Reporting Periods and Submission Deadlines

Program Year (FY)	Reporting Periods (CY)	Data Submission Deadlines
2016	Q1 2015 discharges (January 1, 2015 – March 31, 2015)	July 1, 2015 – August 15, 2015
2017	Q2, Q3, Q4 2015 discharges (April 1, 2015 – December 31, 2015)	July 1, 2016 – August 15, 2016
Subsequent Years	Q1, Q2, Q3, Q4 discharges of each year	July 1 – August 15 of each year before the program year

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Clinical Process/OCMs

Population & Sampling

- Allows for different numbers of cases reported based on each PCH's cancer patient population size
- Accommodates PCH bed sizes that vary from 20 to more than 250 beds

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Clinical Process/OCMs

Initial Population includes "all-patient data"

- "All-patient data" = both Medicare and non-Medicare patients
- Population determination prior to individual measure denominator exclusions
- Sample includes both patients included and excluded from measure denominator

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Clinical Process/OCMs

Population & Sampling

Average Quarterly Initial Population Size "N"	Minimum Required Sample Size "N"
>125	25
51 - 125	20% of the initial patient population
10 - 50	10
<10	No sampling; 100% of the initial patient population

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Clinical Process/OCMs

Data Submission

- Submitted as aggregate data
- Submitted either by External Data File via QualityNet Secure Portal by Vendor or Web-Based Tool via QualityNet Secure Portal by PCH

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External Beam Radiotherapy for Bone Metastases Measure (EBRT)

Measure reports the percentage of patients, regardless of age, with a diagnosis of painful bone metastases and no history of previous radiation who receive external beam radiation therapy (EBRT) with an acceptable fractionation scheme as defined by the guideline.

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EBRT

- Start with January 1, 2015 discharges and for subsequent years
- Use CMS Web-Based Measures Tool
- Annual basis, July 1 through August 15 of each year
- Annual data submission of once per year (as opposed to quarterly data submission of four times per year) will reduce PCHs' costs and burden

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EBRT

EBRT – Population and Sampling Grid

Average quarterly initial population size "N"	Minimum required sample size "N"
>125	25
51-125	20% of the initial patient population
10-50	10
<10	No sampling; 100% of the initial patient population

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EBRT

- Medicare and non-Medicare patients – “all-patient” data
- All four quarters (Q1, Q2, Q3, and Q4) of calendar year 2015
- Submit aggregate data for each quarter during the data submission period
- Data submission period = July 1 through August 15, 2016
- External Data File via QualityNet Secure Portal by vendor or Web-Based Tool via QualityNet Secure Portal by PCH

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EBRT

FINALIZED EXTERNAL BEAM RADIOTHERAPY FOR BONE METASTASES (NCF #1822) MEASURE-REPORTING PERIODS AND SUBMISSION TIMEFRAMES FOR THE FY 2017 PROGRAM AND SUBSEQUENT YEARS

Program year (FY)	Reporting periods (CY)	Date submission deadlines
2017	Q1 2015 discharges (January 1, 2015–March 31, 2015)	July 1, 2016–August 15, 2016.
	Q2 2015 discharges (April 1, 2015–June 30, 2015)	
	Q3 2015 discharges (July 1, 2015–September 30, 2015)	
	Q4 2015 discharges (October 1, 2015–December 31, 2015)	
2018	Q1 2016 discharges (January 1, 2016–March 31, 2016)	July 1, 2017–August 15, 2017.
	Q2 2016 discharges (April 1, 2016–June 30, 2016)	
	Q3 2016 discharges (July 1, 2016–September 30, 2016)	
	Q4 2016 discharges (October 1, 2016–December 31, 2016)	
Subsequent Years	Q1 discharges (January 1–March 31 of each year 2 years before the program year)	July 1–August 15 of each year before the program year.
	Q2 discharges (April 1–June 30 of each year 2 years before the program year)	
	Q3 discharges (July 1–September 30 of each year 2 years before the program year)	
	Q4 discharges (October 1–December 31 of each year 2 years before the program year)	

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Data Submission Deadlines

- Data must be submitted no later than 11:59 p.m. Pacific Time on the submission deadline date.
- Only data submitted according to the deadlines established by CMS qualify for inclusion in the PCHQR Program.

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PCHQR ListServe

- PCHQR ListServe will be the official means for CMS to communicate important and official PCHQR Program information via e-mail to subscribed users.
- Notifications sent by CMS via the PCHQR ListServe will be published for historical reference on the QualityNet website under "E-mail Notifications."
- PCHs are encouraged to subscribe by December 1, 2014, to the PCHQR ListServe at:
www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register.

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Log in to QualityNet Secure Portal (formerly MyQualityNet)

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Hospitals - Inpatient
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Physician Offices
Ambulatory Surgical Centers
PPS-Exempt Cancer Hospitals
ESRD Facilities
Inpatient Psychiatric Facilities
Quality Improvement

ListServe Registration

Resources

- How do I subscribe?
- What lists am I subscribed to?
- ListServe Etiquette

Provide the required user information below. Then, select the Notifications you wish to receive or the Discussion group you wish to join.

User Information

Your Name: (required)

E-mail: (required)

Verify E-mail: (required)

Password: (required)

Verify Password: (required)

*Passwords must be a minimum of 8 characters long and contain at least:

- one uppercase letter [A-Z]
- one lowercase letter [a-z]
- one numeric character [0-9]
- one special character (e.g., ! @ # % ^)

Program Notifications

Select the appropriate list(s) below to subscribe to e-mail notifications about related QualityNet enhancements, new releases, timeline or process/policy changes, and application or initiative alerts.

- Ambulatory Surgical Centers
- CASP (CASP Abstraction & Reporting Tool)
- HCC (Hospital Data Collection)/Public Reporting
- Hospital IQR (Inpatient Quality Reporting) and Improvement
- Hospital Inpatient Value-Based Purchasing (HIVP) and Improvement
- Hospital OQR (Outpatient Quality Reporting)
- Hospital Reporting CDR (Electronic Health Record)
- Inpatient Psychiatric Facility Quality Reporting Program
- PPS-Exempt Cancer Hospitals Quality Reporting Program
- GPO Clinical Warehouse

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Questions?

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Contact Information

Questions regarding the PCHQR Program may be directed to the PCHQR Support Contractor via:

- The online PCHQR Questions and Answers tool:
<https://cms-ip.custhelp.com/app/home4>
- The toll-free numbers:
844-472-4477 or 866-800-8765
Weekdays from 8 a.m. to 8 p.m. ET

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