



PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

FY 2015 IPPS/LTCH Final Rule for PPS Exempt Cancer Hospitals PM Questions and Answers

Moderator:

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Question 1: Would this allow vendors (like UHC) to submit data on our behalf?

Answer 1: The FY 2015 Final Rule indicates that for the SCIP, Clinical Process/OCM, and EBRT measures, the PCHs have the data submission option of using a vendor to submit aggregate data files via the CMS *QualityNet Secure Portal*. As point of clarification, it is important to remember that even if a hospital is using a vendor, that the hospital is ultimately responsible for their data. Therefore, if a PCH is using a vendor, it is important to work closely with the vendor and review the data for accuracy and completeness. Each year a hospital completes the Data Accuracy and Completeness (DACA) form indicating that data being submitted is accurate and complete.

Question 2: Why would our sample include patients not in the denominator? That seems, backwards.

Answer 2: The initial Population and Sampling approach uses sampling methodology standards that are consistent with those used by the Hospital Inpatient Quality Reporting (IQR) program. When the PCH identifies the initial patient population, they will use “all-patient data” to determine the population of patients meeting the measure criteria prior to individual measure

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denominator exclusions. As a result, the sample will include both patients included and excluded from the measure denominator. This sampling methodology reduces potential bias in measure rates from sampling all patients included in the measure's initial patient population. This initial patient population is usually identified by groups of ICD-9-CM principal procedure codes or diagnosis codes. The PCH will subsequently identify the sample size based on the patient population ("all-patient data"). This sample process is applicable for each clinical process/oncology care measure and SCIP measure. In clarification, additionally, the PCH must use a random sampling approach in order to avoid bias.

Question 3: Please define discharges for the OCM measures that are primarily OP population.

Answer 3: You are correct in your observation that the PCHQR section and its associated measures cover OP because of the unique PCH settings (patients admitted on an outpatient basis even though claims are filed using an inpatient payment scale). For the five measures included in the OCM measure set, the associated processes could be carried out in an outpatient setting. The OCM measure information forms use the terms 'patient visit' and 'episode of treatment,' which are outpatient terms. These terms are also used consistently in the Hospital Outpatient Quality Reporting (HOQR) and Hospital Inpatient Quality Reporting (HIQR) programs, instead of the term 'discharge' (HIQR), as applicable. In clarification, for the OCM measures that cover treatment occurring in an outpatient setting, the date of the 'visit' or 'episode' determines the data reporting period.

Question 4: Just to be clear, in general we will be able to submit 1Qtr data starting July 1st but the absolute final deadline to have all of our data in is still August 15th.

Answer 4: Yes. The data submission timeframe opens July 1st and closes August 15th. Data can be submitted anytime during this period, but not before July 1st or after August 15th.

Question 5: Also, can you all review the new Reporting and Submission timeframes for SCIP and OCM. I believe you all stated we will only be reporting twice a year instead of 4 times a year. I just want to be sure.

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Answer 5:

The Reporting and Submission timeframes for SCIP and OCM are once a year, annually stratified by quarters, not twice a year and not quarterly (four times a year). For example, for Program Year 2016, the SCIP and OCM data submission is for Q1 2015 discharges with a data submission deadline of July 1 through August 15, 2015. For Program Year 2017, the SCIP and OCM data submission is for Q2, Q3, and Q4 2015 discharges with a data submission deadline of July 1 through August 15, 2016. For subsequent program years, the SCIP and OCM data submission is for Q1, Q2, Q3, and Q4 discharges of each year, with the data submission deadline of July 1 through August 15 of each calendar year before the program year. The once-annual data submission, starting July 1st and ending August 15th was decided on by CMS in order to lessen the burden and costs for the PCHs in submitting their SCIP and OCM, as well as EBRT data. I reviewed the transcript from the webinar to make sure I had not misstated the frequency, and throughout it was indicated as once annually stratified by quarters.

END

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