



PPS-Exempt Cancer Hospitals Quality Reporting Program

Support Contractor

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

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PPS-Exempt Cancer Hospitals Quality Reporting (PCHQR) Program

Speaker:

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Deb Price: Hello, and welcome to the Fiscal Year 2015 IPPS/LTCH Final Rule for PPS-Exempt Cancer Hospitals presentation. Thank you for joining us today. My name is Deb Price, and I am the moderator for today's event.

This slide shows you how to use the Q&A feature for today's event. You will move your mouse over the WebEx navigation panel at the top of the screen, and a menu will drop down. Click the Q&A icon. The Q&A panel will display on your screen. Click the down arrow next to Ask, and select All Panelists, if you want all panelists to answer your questions.

Type in your questions where you see the box that indicates, "Type questions here," and then click Send when you're done with your question. It will be reviewed and addressed by a subject matter expert. Next slide, please.

Before we begin, I'd like to make a few announcements. This program is being recorded. A transcript of today's presentation and the audio portion of today's program will be posted at QualityNet at a later date.

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Slides were sent out via ListServe yesterday, as both a one slide per page and three slides per page. If you have not yet downloaded them, they are posted on our inpatient website at www.qualityreportingcenter.com. Again, that is www.qualityreportingcenter.com.

And now I'd like to present our guest speaker, Henrietta Hight. Henrietta is a registered nurse with 34 years of experience planning and conducting nursing, quality improvement, and computer software programs for nursing and non-nursing personnel. Henrietta has been with FMQAI since January 2003.

Previous positions held at FMQAI were as an IQC/CQI coordinator, knowledge management trainer specialist and corporate educator, patient safety project coordinator for the SCIP/HF project, and her current position here is lead for the PCHQR Program.

And now, Henrietta, take it away.

Henrietta Hight: Deb, thank you very much. I would like to welcome everybody to our presentation today. The topics that we will be concentrating on are the fiscal year 2015 IPPS/LTCH Final Rule for PPS-Exempt Cancer Hospitals.

And before we begin, just to explain a little, I'm fighting a respiratory allergy. And so if I have to clear my voice or my throat, or if I sneeze – hopefully I don't – please bear with me. Okay?

So let's get started. The agenda for today is we're going to first have some opening remarks. And then we're going to concentrate on an overview of the fiscal year 2015 Inpatient Prospective Payment System, shortened to IPPS. And then the Long-Term Care Hospitals, usually pronounced LTCH, final rule changes as they relate to the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program.

And then at the end of the presentation, we'll review some of the available resources that you can use to assist with measure interpretation and data collection or submission. Now there are a few remarks.

Please note that this webinar is intended to provide the PPS-exempt cancer hospitals with information regarding the Fiscal Year 2015 Final Rule as it

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relates to the PPS-Exempt Cancer Hospitals Quality Reporting Program. We will only be covering the section of the final rule 2015 that applies to this group of hospitals. We will not be discussing the other sections of the final rule that apply to other inpatient settings such as the IPPS acute care hospitals.

We do have a number of people who have registered for the webinar who, looking at the list, I can see are not associated with any of the PPS-Exempt Cancer Hospitals. We welcome you. But just to let you know, we will only be looking at the parts of the final rule that address the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program.

I also noted that, looking at the list of registrants, there were several vendors. So welcome.

Before we get started, just to let you know, so you can put this on your calendars, there are several save the dates. We do have some upcoming PCHQR Program educational webinars. The first one, actually we were able to schedule it. We were looking at a tentative date of November the 13th. We were able to confirm that that date will be November the 19th. And the topic of that webinar will be the NQF 1822 External Beam Radiotherapy for Bone Metastases, shortened to EBRT, Measure Overview.

That webinar is being planned in conjunction with the American Society for Radiation Oncology, shortened to ASTRO. And we're very excited that the presenter for that webinar will be Dr. Stephen Lutz, who was very instrumental in getting the EBRT Measure approved by NQF. So we're very excited about that. I think you'll find it's going to be a very interesting webinar.

Then on December 3, 2014, there will be the QualityNet Conference Face-to-Face Meeting for PCH. It's like a breakout session for PCHs only.

And we all, I guess, have to get used to the idea that now the QualityNet Conference that we're used to referring to, is now referred to as the CMS Healthcare Quality Conference.

And then additionally, we are currently planning for the 2015 webinars. So again, let us know what topics you're interested in hearing about and

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discussing. We are proposing to have those webinars in 2015 to be held on the fourth Thursday of every month, between 2 to 3 p.m. Eastern Time. Let us know if these dates and times fit into your schedules.

So now, let's look at the learning objectives for today's webinar. First, we want you to be able to know where to locate the Fiscal Year 2015 IPPS/LTCH Final Rule. We want you to understand the new PCHQR Program reporting requirements for applicable program years, we want you to be able to identify the upcoming data submission deadlines, and then also we want you to know how to find available resources for successful reporting of the CMS required measures.

And again, as we go through the presentation, remember you can submit your questions. And we will answer them in a transcript, with all the questions and answers completed, so that everyone can learn from each other. One of the goals of this webinar is to make the submission of measure data clear and user friendly. So just remember, we are here to help.

And again, just as a reminder for anyone who may have logged in after the beginning of the presentation, this webinar does have a PPS-Exempt Cancer Hospital focus. We won't be covering other parts of the final rule, as related to like the IPPS facilities.

The final rule for 2015 IPPS was published by CMS on August 22, 2015, and the final rule is available at the following web link, website. Details pertaining to the PCHQR Program are located.... Oh, Deb, our educator, good Deb, just caught a typo. For the first bullet, please change the bullet date that the final rule for 2015 was published by CMS on August 22, 2014. We're being a little bit proactive here.

So details pertaining to the PCHQR Program are located on pages 50277 through 50286. And the final rule for fiscal year 2015 affects discharges occurring on or after October 1, 2015--oh, 2014. Excuse me. I'm having trouble accepting the fact that the year 2014 is almost over. I'm sure I'm not alone.

Just a little bit about the final rule process – every year CMS publishes an inpatient final rule, explaining the processes for quality reporting

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participation, and the associated requirements for the coming year. Prior to finalization of the rule, there is a preview period. And during the preview period, the document is referred to as the proposed rule.

During the preview period, the proposed rule is available for hospitals, stakeholders, and other members of the public to provide input to CMS. The preview period is your opportunity to provide important feedback. CMS does take into consideration the feedback received as part of the process for development of the final rule.

We encourage everyone to become familiar with the Fiscal Year 2015 Final Rule. Reading the rule can be challenging. It usually takes several times reading the rule for complete comprehension. And you will find yourself referring back to the rule on an ongoing basis.

Just a little bit of background regarding the PCHQR Program, and those of you who are involved in the PCHQR Program, I'm sure you've seen this information before. The program did come into implementation as a result of what's referred to as the Affordable Care Act, and the program was implemented starting October 1, 2014. By statutory authority, Congress did designate 11 cancer hospitals as being excluded from the Inpatient Prospective Payment System, referred to as IPPS. And there is a link here that shows you where you can find the list of the 11 PCH facilities.

Those of you who are representatives or work with a PCH facility, I'm sure you all had a chance to get to know each other, and to work together, and learn from each other.

Okay. Starting with the program year 2017 for which you're going to start reporting for data beginning with first quarter 2015, you will have a total of 19 measures that are included in the PCHQR Program. Several of these you have already been reporting on. You have the Safety and Healthcare Associated Infections, HAIs. There are three of those, the CLABSI, the CAUTI, and the SSI abdominal hysterectomy and colon procedures. And you've been reporting on those for about a year or so.

And then you have your cancer-specific treatments. There are three measures under there, and you've been reporting on those also. And then there was the HCAHPS. Your first submission of data for the HCAHPS was

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back on October 1, 2014. And all the PCHs got their HCAHPS data in. So that's great. Congratulations.

Just remember, I always like to remind people of what's coming up. For the HCAHPS, the third quarter 2014 data will be due on January 7, 2015, which sounds like a long way, but with the holidays coming, it's going to be coming soon.

So what we're going to do today is concentrate on the new reporting requirements that are discussed in the Fiscal Year 2015 Final Rule, and those are the Surgical Care Improvement Project measures, usually we shorten Surgical Care Improvement Project to SCIP. And there are six measures under there, under the SCIP.

Then there are the Oncology Care Measures; often, we abbreviate that to OCM. And there are five measures under there.

And then finally the clinical effectiveness measure, which is the EBRT measure. And again, on November 19th, we're going to have a very full and good, exciting presentation on the EBRT measure.

You will notice that with the SCIP, with the OCM, and the EBRT measures, there is in red, indicated sampling. Because with these three measures you are going to identify your initial patient population. And then you're going to perform sampling.

So what we're going to look at while we go through these slides, we're going to take a closer look at the new measures that start with first quarter 2015. And we're going to look at what data are reported, what are submission time frames and deadlines, what is sampling, and what are the procedures for submitting the data.

Now again, we're going to concentrate or limit ourselves to the information that's contained in the Fiscal Year 2015 Final Rule. And also as a reminder, as we go through this, please type in your questions.

So first let's look at the SCIP measures. There are six SCIP measures. There's the SCIP-Infection-1, which is the prophylactic antibiotic received within one hour to surgical incision. SCIP-Infection-2 is prophylactic

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antibiotic selection for surgical patients. SCIP-Infection-3 is prophylactic antibiotics discontinued within 24 hours after surgery end time. Then SCIP-Infection-9, which is your urinary catheter is removed on postoperative day one or postoperative day two, with day of surgery being day zero.

Then there's the SCIP-Cardiac-2, which is surgery patients on beta blocker therapy prior to admission will receive the beta blocker during the perioperative period. And then finally your SCIP-VTE-2, which is your surgery patients who receive appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery end time.

And we will be providing additional information as we go through the project on how you work with these SCIP measures.

Now just a little bit of a note here. If you do go into the final rule and read the section on the PCH Program, and we encourage you to go into the rule and read it, you will notice that there is a discussion regarding the SCIP measures possibly being removed from the IPPS program, due to being topped out.

Now the term "topped out" refers to a measure. A topped out measure means all but a few hospitals have achieved a similarly high level of performance. Thing to remember is the IPPS hospitals started participation in the SCIP measures in 2003. So they've been doing the SCIP measures for 10 years.

And since the start of reporting of the SCIP measures and identifying quality-improvement strategies, the IPPS hospitals across the country have improved greatly and have sustained their level of improvement. However, at this time, there's not sufficient data to determine whether the SCIP measures are topped out in the PCH setting. So the PCHs, you all will be reporting on the six SCIP measures.

Okay. Let's look at the reporting periods and the data submission deadlines for the SCIP measures. And again, back on July the 9th, there was a very good webinar presented by Candace Jackson on the SCIP measures and also the OCMs. And we strongly encourage you to view that webinar, because it does go into greater detail than we could today.

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When you go in to view that webinar, you will notice that there is a grid showing the submission periods and deadlines for the IPPS SCIP measures. Again, that schedule of reporting periods and submission deadlines was based on the IPPS hospital requirements, because they had to submit their SCIP data on a quarterly basis.

What CMS has decided to do is that to, let's say, lessen the burden and costs for the PCHs, that submission is going to be done annually. And you're going to be stratifying your data, though quarterly. So to begin with your data submission, for program year 2016, you're going to start reporting first quarter 2015 discharges, which are January, February, and March of 2015. Your data submission deadline will be July 1, 2015 through August 15, 2015.

Then for the following year, for program year 2017, you're going to be submitting quarter two, quarter three, quarter four 2015 discharges. And again, that's going to take you from April 1, 2015 through December 31, 2015. You're going to be submitting those data between July 1, 2016 through August 15, 2016.

Then subsequently, by the time you get to program year 2018, you will be reporting all four quarters of discharges for each year. So for example, starting with program year 2018, you will collect SCIP data for all four quarters. And then you will be submitting those data between July 1 through August 15, 2017.

And I know that's probably a little confusing, and we're here to help.

Okay, and again, at the bottom of the slide, we've given you the link for where you can find a population and sampling resource, that July 9, 2014 webinar that was put on, explaining the Surgical Care Improvement Project Measures and the Oncology Care Measures.

So again, we strongly encourage you to take the time to look at that webinar. It will explain and answer a lot of your questions.

Okay. When you're doing SCIP measures, your initial population includes what is referred to as all-patient data. All-patient data means that both

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Medicare and non-Medicare patients are included in your population and your sampling.

Population determination is done prior to the individual measure denominator exclusion, and the sample includes both patients included and excluded from the measure denominator. And I'm sure Candace Jackson in her July 9th webinar explained that when you're doing your sampling, it needs to be random sampling. In other words, you don't get to pick and choose the cases at which you're going to look.

And just as a reminder, with the SCIP Measures, there are eight SCIP strata, or surgical procedure categories, that you're going to be taking into consideration.

So how are you going to submit your data? Okay – for the SCIP Measures, based on what is indicated in the final rule for 2015, at this point CMS is not finalizing a web-based measures tool for aggregate level data for SCIP measures. Instead, CMS, for the time being, is going to leverage the existing patient-level, what's referred to as the SCIP IT collection infrastructure.

Reading the rule, it's probably implying that for the time being, until CMS and the team that's working on updating the functions in the QualityNet website or the Secure Portal, it's very likely you'll be using a tool referred to as CART, which is the CMS Abstraction and Reporting Tool.

The CART tool is what many, many of the IPPS hospitals have been using for years to submit their SCIP data and their other data related to some of the other core measures such as AMI, heart failure, and pneumonia.

A little bit about CART – it really is a very powerful application for collecting data and for analyzing quality improvement. And once you get used to it, it's easy to use. It takes you through a series of questions to answer. And the nice thing about CART, it's free, no charge.

So for data submission, there are going to be the options of either vendor submission of aggregate data file via the CMS QualityNet Secure Portal, or if you're a PCH and you're not using a vendor, then you'll be submitting your patient-level data, again via the CMS QualityNet Secure Portal.

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Okay. So if you have any questions about the SCIP measures and how you're going to submit the data, again, please type in your question.

Okay. The next set of measures, or measure set, that you're going to be reporting on starting with July 1 – excuse me. July 1? First quarter 2015. I told you, I'm having trouble keeping track of 2014 and 2015 – are your Oncology Care Measures or OCMs.

And starting with first quarter 2015 discharges, as a PCH, you're going to be collecting data on five oncology care measures. These are the Oncology - radiation dose limits to normal tissues; the Oncology - plan of care for pain; Oncology - pain intensity quantified; Prostate cancer adjuvant hormonal therapy for high-risk patients; and then the Prostate cancer avoidance of overuse measure - bone scan for staging low-risk patients.

And I know from some of the calls I've received, some of the emails I've received, some of you have already started looking at the OCM measures and determining how you're going to collect the data, what do some of the measures mean. So feel free, if you have questions, please submit your questions.

Okay. The schedule for submitting the Oncology Care Measures, reporting periods and submission deadlines, will probably look familiar to you, because they mirror what you're going to be doing for the SCIP measures. So again, for program year or fiscal year 2016, you're going to be collecting data and submitting data for first-quarter 2015 discharges. And the data submission deadline is July 1, 2015 through August 15, 2015.

Then for program year 2017, with a reporting submission deadline of July 1, 2016 through August 15, 2016, you're going to pick up the records for discharges of quarter two, quarter three, and quarter four of 2015.

And then when you hit program year 2018, you're going to report on all four quarters of discharges, and you're going to be submitting the data stratified by quarters. Again, if you have questions, please.

As indicated earlier, just like your SCIP Measures, you're going to be doing your population and sampling for the Oncology Care Measures. And for the reason for the population and sampling, it allows for hospitals, or PCHs, to

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have different numbers of hospital beds. Some of you have hospital beds of a lower number. Some of you have a higher number of hospital beds.

You may vary from 20 beds to more than 250 beds among your different PCHs. So this makes it easier. That way you don't have to report on every, every patient, depending on how many people are in your initial population. And we're going to see a grid about that in a second.

Just like the SCIP Measures, the initial population includes all-patient data. So again all-patient data refer to both Medicare and non-Medicare patients. The population determination is made prior to individual measure and denominator exclusions. And again, like the SCIP Measures, the sample includes both patients included and excluded from the measure denominator.

Now in the final rule, they didn't have the population and sampling grid for the SCIP Measures. But in the final rule, they do have the grid for the Oncology Care Measures. So this is how it works. What you need to do is first you identify your initial population size, and then based on how many patients you have in your initial population, you look over to the right, and that gives you the minimum required sample size.

Now a lot of the IPPS hospitals, even if, let's say, their minimum required sample is 25, based on the fact that they have more than 125 cases in their initial population, a lot of times, they will over-sample. So instead of just staying with the minimum number, they'll submit three or four or five additional records, just in case one of those records gets rejected by the CMS warehouse.

So just for an example, if you have less than 10 cases, there is no sampling. You've got to submit 100% of those patients. If you have a population size of between 10 and 50, then your minimum required sample size is 10. And again, you can over-submit or over-sample. If your population size is 51 to 125 patients or discharges, then you're going to sample 20% of the initial patient population.

And then again, if you have more than 125, you're going to sample a minimum of 25. So just as an example, looking at that range of 51 to 125, let's say you sample – the minimum requirement is 20% of the initial patient

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population. If you had 100 patients in your initial population, it's 20% of 100. What do you think? What would be your number?

Deb, what would be the number?

Deb Price: 20.

Henrietta Hight: 20. Very good; you've been listening.

Deb Price: Thank you. Yes, I have.

Henrietta Hight: So, now let's look at how you're going to submit your data. You're going to submit your data as aggregate data. It's going to be submitted either by external data file, via the QualityNet Secure Portal by a vendor, or a web-based tool via the QualityNet Secure Portal by a PCH.

Something to remember, if you are using a vendor, you are ultimately responsible for the data that the vendor is submitting on your behalf.

Now remember with the SCIP Measures and the OCMs, you're submitting the data once a year. The reason being that CMS determined, and instead of having you submit every quarter, once a year will lessen the burden on you and also lessen the cost.

And now let's look at the EBRT Measure. The EBRT Measure, and again, we're going to have a fantastic webinar on November the 19th, from 4 to 5 p.m. Eastern Time.

Okay. What does the EBRT measure? The measure reports the percentage of patients, regardless of age. So, I mean, you could have a child in this, with a diagnosis of painful bone metastasis and no history of previous radiation, who received external beam radiation therapy, or EBRT, with an acceptable fractionation scheme, as defined by the guideline.

And again, since we're going to be having this webinar, I'm not going to go into a lot of detail about the measure itself and what some of the exclusions are, inclusions and so forth, for your population.

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So the EBRT Measure, you're going to start with January 1, 2015 discharges. And then for subsequent years, you're going to use the CMS web-based measures tool. And again, like SCIP and OCM, EBRT is submitted on an annual basis, and it has the same submission deadline period of July 1st through August 15th of each year.

And again, CMS decided the annual data submission of once per year, as opposed to quarterly data submission for four quarters, for the four quarters of the year, will again reduce your PCH cost and burden.

This is the EBRT population and sampling grid. And I think if you look at it, it might look familiar. Because it uses the same initial population sizes and minimum required sample size as the OCMs.

Deb Price: You're not going to test me again, are you, Henrietta?

Henrietta Hight: Well, let's see. No.

Deb Price: Unless you give me the same question.

Henrietta Hight: Okay, I'll give you a break this time.

Deb Price: Thank you.

Henrietta Hight: Okay. So a little bit about our population again, just like for the EBRT measure, just like the SCIP and OCM Measures, it's all patient data. So it's going to include Medicare and non-Medicare patients. You're going to be submitting all four quarters for the EBRT. That's different from the SCIP and OCM. And it's going to be, for instance, you're going to start with first quarter, second quarter, third quarter, and fourth quarter of calendar year 2015, and then subsequently, you'll do the same thing for all four quarters of 2016, 2017, and so forth.

You're going to submit aggregate data for each quarter during the data submission period. The EBRT measure, as I indicated earlier, the measure steward for that measure is ASTRO, and they have developed some tools that you can use for data collection. It will help you identify your initial

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population and your exclusions and so forth. And you will have a chance on November 19th to see that tool.

Again data submission period, like for the OCM and SCIP measures, is July 1st through August 15th. And you're going to be submitting your data as an external data file via the QualityNet Secure Portal, if you're using a vendor. Or if you're doing your own data submission, again, there's going to be a web-based tool that you'll use to submit your data via the QualityNet Secure Portal.

But just remember with the all-patient data, the patient population does not include just Medicare patients. It includes a range of ages and patient factors.

So here is the grid. I took this directly from the final rule. And I know it's probably not the easiest thing to read, but again, another encouragement for you to take the time to go to the final rule. This is the schedule of submission periods and the data submission deadlines. And I think we've gone over it, but if you still have questions, again, please send in your questions. And this is exactly how the grid is displayed in the Final Rule.

Okay, some data submission deadlines and reminders. Data must be submitted no later than 11:59 p.m. Pacific Time, on the submission deadline date. We really, really encourage people to not wait until the last minute, because sometimes there have been system issues, and people have encountered difficulties or challenges in getting their data in.

And remember, once the clock hand hits Midnight, the data warehouse, the CMS data warehouse, is locked. There's no way – the data warehouse will not accept any new data.

Some recommendations – submit your data well before the deadline; don't wait until the last minute. If you use a vendor, work with your vendor ahead of time to confirm the accuracy and completeness of your data. So again, at this point, the upcoming deadline is November 15th for your three cancer-specific measures and also for your three NHSN HAI data submissions, or CAUTI, CLABSI, and the SSI abdominal hysterectomy and colon procedures.

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I have a report on my desk for the NHSN HAI data that was dated October 17th. So that was based on the data submission from the CDC to CMS as of October 15th.

Based on that report, some of you are doing fantastically well, and you've got all your HAI data in. Some of you have still some work to do. Now the next report or next data submission by the CDC to CMS will occur 15 days before the deadline. So we're looking at let's say maybe tonight or tomorrow that the data will be transmitted.

Hopefully next week, when I sit down at my desk and I get that report, it's going to show that everybody's data has been submitted for the HAI.

And also while I'm on the subject of submitting your data, please be sure for the QualityNet Secure Portal that you have the recommended minimum of two system administrators. I was looking at a report a couple weeks ago, and there were a few of the PCHs that have only one security administrator.

And I can just share a story with you. When I was working with the IPPS IQR hospitals in the 10th scope of work, in the previous contract, I had a panic call from a hospital in California. They were getting right down to the deadline. They only had one system administrator, and that system administrator was on vacation in Mexico.

Luckily, they were able to get in touch with her, and she was able to find a link to the internet to QualityNet, so that she could get their data in. But that was a kind of challenging period for that hospital.

Okay. Here are some ways that we are encouraging you to increase our ability to communicate with you. Currently, we are sending out notification, like reminders of up and coming deadlines and so forth, two ways, through the PCHQR ListServe, which really is the official means for CMS to communicate important and official PCHQR Program information. We really encourage everyone to subscribe to the PCHQR ListServe.

We've also been using the second option of sending the same information through the Outlook email system. We're looking at saying that as of December 1, 2014, that all notifications, official CMS notifications, all

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reminders from us are going to be going only through the PCHQR ListServe.

So here is a link on the QualityNet website where you can subscribe to the PCHQR ListServe. On the next slide, it's a screenshot of what that ListServe subscription window, or screen, looks like. And you will notice, under Program Notification, PPS-Exempt Cancer Hospitals Quality Reporting Program is the second checkbox from the bottom.

And I think Deb has already gone ahead and checked that for you. We use the PCHQR ListServe only for really important information. You will not be inundated with unnecessary emails.

So again, we haven't had a chance to track how many questions have come in. But again, please submit your questions. We will get the questions. We'll compile them. And we'll provide answers. Our deadline to get the transcript with the questions and answers, if I'm remembering correctly, Deb is helping me, is Thursday, November 13th.

So as of Thursday, November 13th, let's say maybe more Friday, November 14th, you'll be able to go to the QualityNet website. Click on the PPS-Exempt Cancer Hospitals tab, and there'll be a link for Webinars. Click on that link for the webinars, and today's slides, and the recording of the webinar, and the transcripts will be available to you.

Deb Price: They will also be on our inpatient qualityreportingcenter.org.

Henrietta Hight: Yes. We have started an additional website called qualityreportingcenter.org, because it gives us a little bit more flexibility to get information posted. Sometimes with QualityNet there can be maybe a little bit of a delay, because there are so many programs that are requesting that documents and information be posted to the QualityNet website.

But what we will do is we'll compile the questions and our answers, and post them to the website so that everyone can read the questions and learn from each other. And Deb, thank heavens for Deb. She just gave me the website address.

It's qualityreportingcenter.com, not dot-org.

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And just one final slide – contact information, if you have any questions regarding the PCHQR Program, you can send them to us here, the PCHQR Program Support Contractor, using either the online PCHQR Questions and Answers tool, and here's the link. Or you can use our toll-free number, one of these two-toll free numbers.

And then I know also a lot of you have my direct line and my email. So that's fine, too.

Okay, so I think this concludes our presentation. And I hope I've given you a good idea of what the final rule contains regarding the PCHQR Program. Something does occur to me that when you read the final rule, they do always in the final rule, they always kind of hint at additional measures or initiatives that they're looking at possibly implementing in future years. So again, when you read the rule, you may find, oh, they're thinking about such and such. Maybe I need to look into this.

So again, this is Henrietta Hight and Deb Price. We've enjoyed sharing all this information with you. And we look forward to seeing you on the EBRT webinar scheduled for November 19th, from 4 to 5 p.m. Eastern Time. Thank you.

END

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