

Welcome!

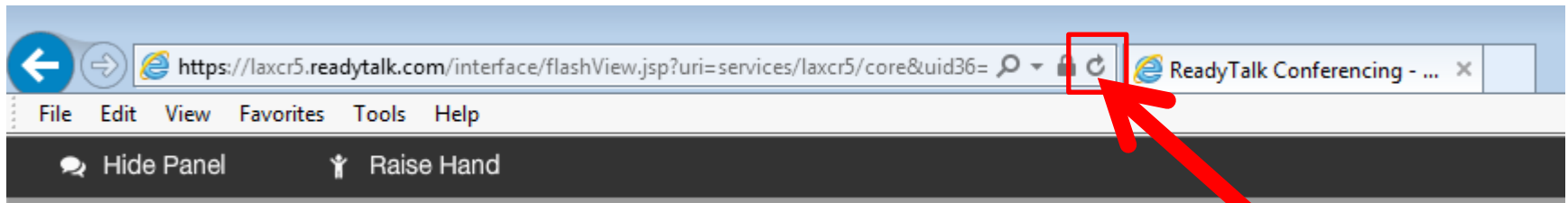
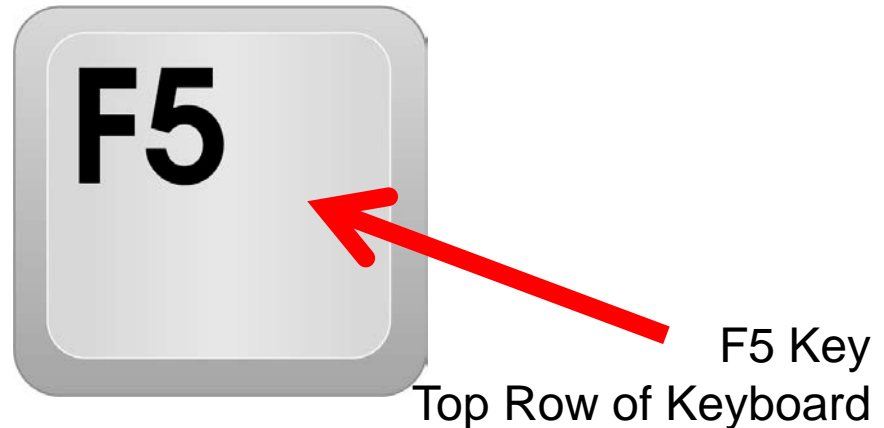
- **Audio for this event is available via ReadyTalk® Internet Streaming.**
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- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**



Troubleshooting Audio

Audio from
computer speakers
breaking up?
Audio suddenly
stop?

- Click Refresh icon
– or-
Click F5

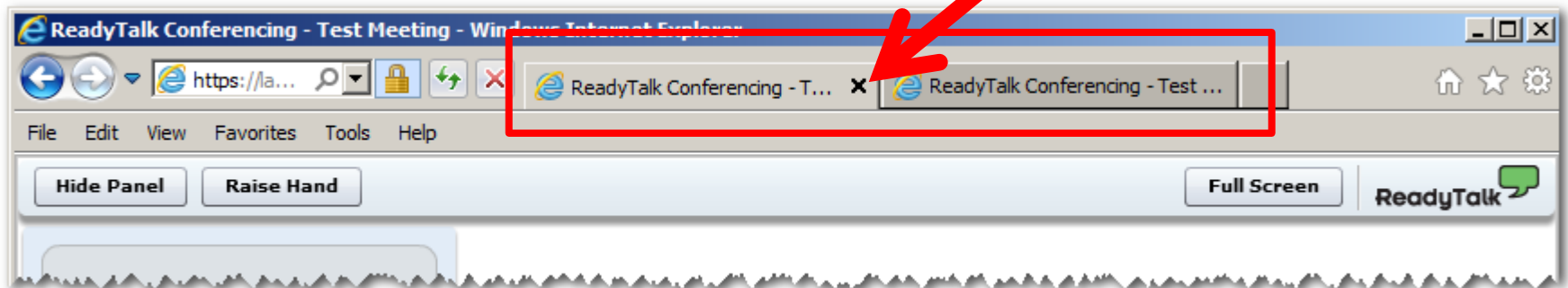


Location of Buttons

Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
- Close all but one browser/tab and the echo will clear.



Example of Two Browsers Tabs open in Same Event

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



A screenshot of a web interface. On the left, there is a vertical chat window with a white background and a blue border. At the bottom of this window, there is a text input field labeled "Type questions here." and a "Send" button. The main content area on the right has a light gray background. At the top, there is the CMS logo (Centers for Medicare & Medicaid Services) and the text "Welcome to Today's Event". Below this, there is a yellow horizontal line, and then the text "Thank you for joining us today! Our event will start shortly." in a smaller font. The top of the screenshot shows browser window controls like "Hide Chat", "Raise Hand", "Full Screen", and "ReadyToGo".



PCHQR Program Web-Based Data Collection Tool II

Lisa Vinson, BS, BSN, RN

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

June 22, 2017

Acronyms and Abbreviations

ACS	American College of Surgeons	IPFQR	Inpatient Psychiatric Facility Quality Reporting
ADCC	Alliance of Dedicated Cancer Centers	IPPS	Inpatient Prospective Payment System
AHRQ	Agency for Healthcare Research and Quality	IQR	Inpatient Quality Reporting
ASQR	Ambulatory Surgical Center Quality Reporting	LTCH	Long-Term Care Hospital
CA	California	MAP	Measure Applications Partnership
CAUTI	Catheter-Associated Urinary Tract Infection	MIF	Measure Information Form
CDC	Centers for Disease Control and Prevention	MRSA	Methicillin-Resistant <i>Staphylococcus aureus</i>
CCN	CMS Certification Number	MUC	Measures Under Consideration
CDI	<i>Clostridium difficile</i> Infection	N/A	Not Available
CE	Continuing Education	NHSN	National Healthcare Safety Network
CLABSI	Central Line-Associated Bloodstream Infection	NQF	National Quality Forum
CMS	Centers for Medicare & Medicaid Services	OCM	Oncology Care Measure
CPT	Current Procedural Terminology	OQR	Outpatient Quality Reporting
CST	Cancer-Specific Treatment	PCH	PPS-Exempt Cancer Hospital
CY	Calendar Year	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
DACA	Data Accuracy and Completeness Acknowledgement	PPS	Prospective Payment System
EBRT	External Beam Radiotherapy	PR	Public Reporting
ED	Emergency Department	PSA	Prostate-Specific Antigen
FFS	Fee-for-Service	Q	Quarter
FY	Fiscal Year	Q&A	Question and Answer
HAI	Healthcare-Associated Infection	QPP	Quality Payment Program
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	RSAR	Risk-Standardized Admission Rate
HCP	Healthcare Personnel	RSEDR	Risk-Standardized ED Visit Rate
HHS	US Department of Health and Human Services	SBRT	Stereotactic Body Radiation Therapy
HQR	Hospital Quality Reporting	SRS	Stereotactic Radiosurgery
HSAG	Health Services Advisory Group	SSI	Surgical Site Infection
ICD-CM	International Classification of Diseases-Clinical Modification	TEP	Technical Expert Panel
		TBD	To Be Determined
		WBDCT	Web-Based Data Collection Tool

Purpose

This presentation will provide participants in the PCHQR Program further instruction in the use of the WBDCT. The event will build upon the May submission of the CST measures, as well as provide specific direction to successfully enter the OCM and EBRT measures.

Objectives

Upon completion of this program, participants will be able to perform the following:

- Select the correct Program Year to enter their data
- Comply with requirements for reporting population and sampling data for the OCM and EBRT measures
- Review their submission to ensure accuracy and completeness

Log into *QualityNet*

The screenshot shows the QualityNet Secure Portal interface. At the top left is the QualityNet logo. To its right is the text "Log in to QualityNet Secure Portal (formerly MyQualityNet)" and a search box. Below this is a navigation bar with "Home", "My QualityNet", and "Help" tabs. Underneath are several category tabs: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement".

On the left side, there are two sections: "QualityNet Registration" with a list of categories (Hospitals - Inpatient, Hospitals - Outpatient, Physician Offices, ASCs, Cancer Hospitals, ESRD Facilities, Inpatient Psychiatric Facilities, QIOs) and "Getting Started with QualityNet" with a list of links (Registration, Sign-In Instructions, Security Statement, Password Rules).

In the center, there is a yellow maintenance notice: "Maintenance downtime scheduled for March 17-20" and a "QualityNet News" section with a "More News" link. Below the news is a section titled "Hospital Value-Based Purchasing (VBP) FY 2019 Baseline Measures Report now available" with a detailed paragraph and two PDF links.

On the right side, there is a "Log in to QualityNet Secure Portal" section with a "Login" link and a list of resources (Download Symantec ID, Portal Resources). Below that is a "Questions & Answers" section with a list of categories (Hospitals - Inpatient, Hospitals - Outpatient, Ambulatory Surgical Centers, Inpatient Psychiatric Facilities, PPS-Exempt Cancer Hospitals).

At the bottom of the page, a text box states: "To log into *QualityNet*, click on any of the links highlighted in the red boxes."

Choose Your Program

The Choose Your *QualityNet* Destination screen appears.

CMS.gov | QualityNet
Centers for Medicare & Medicaid Services

Choose Your QualityNet Destination

Please select your primary quality program to reach the correct login screen for your QualityNet portal.

Secure File Transfer

Select your primary quality program:

- End-Stage Renal Disease Quality Reporting System
- Ambulatory Surgical Center Quality Reporting Program
- PPS-Exempt Cancer Hospital Quality Reporting Program**
- Inpatient Hospital Quality Reporting Program
- Inpatient Psychiatric Facility Quality Reporting Program
- Outpatient Hospital Quality Reporting Program
- Physician Quality Reporting System
- Quality Improvement Organizations

CANCEL

The **PPS-Exempt Cancer Hospital Quality Reporting Program** link

Enter Credentials into *QualityNet*

CMS.gov | QualityNet
Centers for Medicare & Medicaid Services

Log In to QualityNet *Required Field
Please enter your CMS User ID and password, followed by your Symantec VIP Security Code, then click Submit.

* User ID

* Password

* Security Code

Help
Start/Complete New User Enrollment
Forgot your password?
Trouble with your Security Code?
Need to register for a QualityNet account?

- To log into *QualityNet***
1. Enter your User ID, Password, and Security Code
 2. Select “SUBMIT”
 3. Select “I Accept” on the Terms and Conditions window that appears
- Note:** If you select “I Decline” on the Terms and Conditions window, the program will close.

Proceed to “Quality Programs” and Select “Hospital Quality Reporting”

The screenshot shows the CMS QualityNet website interface. At the top left, the CMS logo and 'QualityNet' text are visible. Below this is a navigation bar with three main items: 'Home', 'Quality Programs', and 'Quality Reports', each with a downward arrow. The 'Quality Programs' dropdown menu is open, showing a list of reporting programs: 'Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR', 'Hospital Inpatient/Outpatient Quality Reporting Program', 'Physician Quality Reporting System', 'End Stage Renal Disease Quality Reporting System', 'Quality Improvement Organizations', and 'Physician Quality Reporting System/ eRx'. A red box highlights the 'Quality Programs' menu item, and another red box highlights the 'Hospital Quality Reporting' option in the dropdown. A red arrow points from the 'Quality Programs' box to the 'Hospital Quality Reporting' box. Below the navigation bar, there is a 'Welcome' message and a section titled 'QualityNet Security' with text about secure communication. Further down, there is a section titled 'To Request Access to a specific report and/or application select Access Instructions' and a 'Quality Programs' section with a list of links to the same programs shown in the dropdown menu.

Step 1
Click on down arrow next to “Quality Programs”

Step 2
Click on “Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR”

Quality Reporting System: My Tasks

Select “View/Edit Structural/Web-Based Measures/ Data Acknowledgement (DACA)”

CMS | QualityNet
.gov

Home ▾ Quality Programs ▾ My Reports ▾ Help ▾

Home>Quality Programs>Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR

Quality Reporting System: My Tasks

Manage Measures View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)	Manage Security Manage Multifactor Credentials My Account
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Start: Structural/Web-Based Measures

Select “PPS Exempt Cancer Hospitals Web-Based Measures”

The screenshot shows the CMS QualityNet interface. At the top left is the CMS.gov logo and QualityNet text. Below it is a navigation bar with links for Home, Quality Programs, My Reports, and Help. A breadcrumb trail reads: Home > Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR > Manage Measures > View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA). The main heading is "Start Structural/Web-Based Measures". Below this is a sub-heading "View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)". On the left, a light blue box contains two paragraphs: "A structural measure reflects the environment in which providers care for patients. Structural measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes requesting structural measures information will encourage facilities to increase the use of tools, ultimately improving the quality of care provided to Medicare beneficiaries." and "Web-Based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes reporting Web-Based measures information will encourage facilities to improve the quality of care provided to all patients." On the right, a yellow box titled "Select a Program" contains two options: "PPS Exempt Cancer Hospitals Web-Based Measures" (highlighted with a red border) and "PPS Exempt Cancer Hospitals DACA".

CMS | QualityNet
.gov

Home ▾ Quality Programs ▾ My Reports ▾ Help ▾

Home > Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR > Manage Measures > View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)

Start Structural/Web-Based Measures

View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)

A structural measure reflects the environment in which providers care for patients. Structural measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes requesting structural measures information will encourage facilities to increase the use of tools, ultimately improving the quality of care provided to Medicare beneficiaries.

Web-Based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes reporting Web-Based measures information will encourage facilities to improve the quality of care provided to all patients.

Select a Program

PPS Exempt Cancer Hospitals Web-Based Measures

PPS Exempt Cancer Hospitals DACA

PPS Exempt Cancer Hospitals Web-Based Measures Select Appropriate Fiscal Year

Home ▾ Quality Programs ▾ My Reports ▾ Help ▾

Home>Quality Programs>Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR>Manage Measures>View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)

Start Structural/Web-Based Measures

PPS Exempt Cancer Hospitals Web-Based Measures

Web-Based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes reporting Web-Based measures information will encourage facilities to improve the quality of care provided to all patients.

Please select a Fiscal Year

-- Select --
2018
2017
2016

Continue

Notes on Fiscal Year

- FY 2018 – will be used for Q1 – 4 OCM and EBRT data (2016 care)
- FY 2017 – will be used for Quarter 1, 2, 3, and 4, 2016 CST data (2016 diagnosis cohorts)
- FY 2016 – do **not** use

How Do I Know Which Fiscal Year?

The key is to know the Fiscal Year to which the data that you are reporting applies.

Due Date	Measure(s)	Fiscal Year	Time Period
05/15/2017	Colon Cancer (NQF #0223)/ Breast Cancer (NQF #0559)	2017	Q3 2016 (7/1/16–9/30/16)
	Adjuvant Hormonal Therapy (NQF #0220)	2017	Q1 2016 (1/1/16–3/31/16)
08/15/2017	Colon Cancer (NQF #0223)/ Breast Cancer (NQF #0559)	2017	Q4 2016 (10/1/16–12/31/16)
	Adjuvant Hormonal Therapy (NQF #0220)	2017	Q2 2016 (4/1/16–6/30/16)
	OCMs and EBRT (NQF #0382, #0383, #0384, #0389, #0390, and #1822)	2018	CY 2016 (1/1/16–12/31/16)
11/15/2017	Colon Cancer (NQF #0223)/ Breast Cancer (NQF #0559)	2018	Q1 2017 (1/1/17–3/31/17)
	Adjuvant Hormonal Therapy (NQF #0220)	2017	Q3 2016 (7/1/16–9/30/16)

Entering CST Data Due August 15, 2017

08/15/2017	Colon Cancer (NQF #0223)/ Breast Cancer (NQF #0559)	2017	Q4 2016 (10/1/16–12/31/16)
	Adjuvant Hormonal Therapy (NQF #0220)	2017	Q2 2016 (4/1/16–6/30/16)
	OCMs and EBRT (NQF #0382, #0383, #0384, #0389, #0390, and #1822)	2018	CY 2016 (1/1/16–12/31/16)

Start Structural/Web-Based Measures

PPS Exempt Cancer Hospitals Web-Based Measures

Web-Based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes reporting Web-Based measures information will encourage facilities to improve the quality of care provided to all patients.

* Fiscal Year:
Please select a Fiscal Year

Step 1
Select Fiscal Year "2017"

Step 2
Click "Continue"

Entering Q2 2016 Adjuvant Hormone Therapy Data

08/15/2017	Colon Cancer (NQF #0223)/ Breast Cancer (NQF #0559)	2017	Q4 2016 (10/1/16–12/31/16)
	Adjuvant Hormonal Therapy (NQF #0220)	2017	Q2 2016 (4/1/16–6/30/16)
	OCMs and EBRT (NQF #0382, #0383, #0384, #0389, #0390, and #1822)	2018	CY 2016 (1/1/16–12/31/16)

Web-Based Measures | FY 2017

Quarter-Annual Reporting Period Selection

Select a reporting period to view or manage measure data at the quarter or annual level.

Submission Period	With Respect to Reporting Period	Action
11/29/2016 - 05/15/2017	January 1, 2016 - March 31, 2016	Select Qtr - 1
11/28/2016 - 08/15/2017	April 1, 2016 - June 30, 2016	Select Qtr - 2
Varies By Measure	July 1, 2016 - September 30, 2016	Select Qtr - 3
Varies By Measure	October 1, 2016 - December 30, 2016	Select Qtr - 4

“Select Qtr - 2”

Entering Q2 2016 Adjuvant Hormone Therapy Data

PPS Exempt Cancer Hospitals Web-Based Measures

Submission Period #1
07/01/2017 - 08/15/2017

With Respect to Reporting Period #2
04/01/2016 - 06/30/2016

Web-Based Measures | FY 2017

Provider ID	NQF #0220	
999999		Available #3

The status will vary as follows:

- “Unavailable” when data-submission period is not open
- “Available” when data-submission period is open
- “Completed” after data has been submitted; can be edited if data-submission period is still open; view only once period closed

Entering Q2 2016 Adjuvant Hormone Therapy Data

CMS.gov QualityNet

Home - Quality Programs - My Reports - Help

Home > Quality Programs > Hospital Quality Reporting, IQR, OQR, ASCQR, IPFOR, PCHQR > Manage Measures > View/Edit Structural/ Web-Based Measures > Data Acknowledgment (DACA)

Numerator

Please enter the number of patients identified as concordant (measure_status = "comp" or "consid") for NQF #0220 in the Rapid Quality Reporting System for the data reporting period.

#1 Enter numerator value

Denominator

Please enter the number of patients identified as eligible for the denominator for NQF #0220 in the Rapid Quality Reporting System for the data reporting period.

#2 Enter denominator value

Results

Percentage of female patients, age >18 at diagnosis, who have their first diagnosis of breast cancer (epithelial malignancy), at AJCC stage T1cN0M0, IB to III, whose primary tumor is progesterone or estrogen receptor positive recommended for tamoxifen or third generation aromatase inhibitor (considered or administered) within 1 year (365 days) of diagnosis.

Return to Summary Calculate Submit Print

#3

Click "Calculate"
This will result in "Results" being calculated, and the "Submit" button becoming active.

#4

Click "Submit"
This will result in data being submitted.

When You Click “Calculate” For the CST Measures



Error
Denominator must be equal to or greater than the Numerator.

NQF #0220: Adjuvant Hormonal Therapy

Numerator

* Please enter the number of patients identified as concordant (measure_status = "comp" or "consid") for NQF #0220 in the Rapid Quality Reporting System for the data reporting period.

Denominator

* Please enter the number of patients identified as eligible for the denominator for NQF #0220 in the Rapid Quality Reporting System for the data reporting period.

- If acceptable, “Submit” button will activate
- If error, fatal “red X” with one of three messages:
 - “Denominator must be equal to or greater than the Numerator”
 - “Numerator value must be a zero or positive integer”
 - “Denominator value must be a zero or positive integer”

Messages You Can Receive Upon Clicking “Submit” for CSTs

Only one message can appear:
“Successfully Saved”



Information
Successfully Saved NQF #0220 Information.

NQF #0220: Adjuvant Hormonal Therapy

Numerator

* Please enter the number of patients identified as concordant (measure_status = "comp" or "consid") for NQF #0220 in the Rapid Quality Reporting System for the data reporting period.

Denominator

* Please enter the number of patients identified as eligible for the denominator for NQF #0220 in the Rapid Quality Reporting System for the data reporting period.

Next Steps After Submission

Numerator

* Please enter the number of patients identified as concordant (measure_status = "comp" or "consid") for NQF #0220 in the Rapid Quality Reporting System for the data reporting period.

Denominator

* Please enter the number of patients identified as eligible for the denominator for NQF #0220 in the Rapid Quality Reporting System for the data reporting period.

Results

Percentage of female patients, age >18 at diagnosis, who have their first diagnosis of breast cancer (epithelial malignancy), at AJCC stage T1cN0M0, IB to III, whose primary tumor is progesterone or estrogen receptor positive recommended for tamoxifen or third generation aromatase inhibitor (considered or administered) within 1 year (365 days) of diagnosis. 50.0%

#1 #2

- Proceed to enter the chemo data (#1), and/or
- Verify/memorialize your entry
 - Print current screen (#2)
 - Go back through entry process and view/edit data
 - Print Hospital Report for Fiscal Year 2017

Returning to Summary Screen to Enter CST Chemo Data

Numerator

* Please enter the number of patients identified as concordant (measure_status = "comp" or "consid") for NQF #0220 in the Rapid Quality Reporting System for the data reporting period.

Denominator

* Please enter the number of patients identified as eligible for the denominator for NQF #0220 in the Rapid Quality Reporting System for the data reporting period.

Results

Percentage of female patients; age > 18 at diagnosis; who have their first diagnosis of breast cancer (epithelial or sarcoma) with a primary tumor is progesterone receptor positive and has received a third generation aromatase inhibitor (considered or administered) within 1 year (365 days) of diagnosis.

Message from webpage

You are about to leave this page. If you have made any changes, and did not submit them, they will not be saved. Click 'OK' to continue. Click 'Cancel' to remain on the current page.

Returning to Summary Screen

The screenshot shows a web application interface with a yellow navigation bar at the top containing 'Home', 'Quality Programs', 'My Reports', and 'Help'. Below the navigation bar is a breadcrumb trail: 'Home>Quality Programs>Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR>Manage Measures>View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)'. The main content area displays 'Submission Period 07/01/2017 - 08/15/2017' and 'With Respect to Reporting Period 04/01/2016 - 06/30/2016'. A section titled 'Web-Based Measures | FY 2017' contains a table with the following data:

Provider ID	NQF #0220	Status
999999		Completed

At the bottom of the interface, there are two buttons: 'Back' and 'Payment Year Selection'. Red annotations are present: '#1' points to the 'Completed' status in the table, '#2' points to the 'Back' button, and '#3' points to the 'Payment Year Selection' button.

#1: Note that data status for NQF #220 is now “Completed”

#2: “Back” will take you to desired screen; entry for FY 2017 chemo data

#3: Will return you to “Payment Year Selection” screen

Entering Q4 2016 Chemo Data

08/15/2017	Colon Cancer (NQF #0223)/ Breast Cancer (NQF #0559)	2017	Q4 2016 (10/1/16–12/31/16)
	Adjuvant Hormonal Therapy (NQF #0220)	2017	Q2 2016 (4/1/16–6/30/16)
	OCMs and EBRT (NQF #0382, #0383, #0384, #0389, #0390, and #1822)	2018	CY 2016 (1/1/16–12/31/16)

Web-Based Measures | FY 2017

Quarter-Annual Reporting Period Selection

Select a reporting period to view or manage measure data at the quarter or annual level.

Submission Period	With Respect to Reporting Period	Action
11/29/2016 - 05/15/2017	January 1, 2016 - March 31, 2016	Select Qtr - 1
11/28/2016 - 08/15/2017	April 1, 2016 - June 30, 2016	Select Qtr - 2
Varies By Measure	July 1, 2016 - September 30, 2016	Select Qtr - 3
Varies By Measure	October 1, 2016 - December 30, 2016	Select Qtr - 4

“Select Qtr - 4”

Entering Q4 2016 Chemo Data

PPS Exempt Cancer Hospitals Web-Based Measures

Submission Period Varies by Measure #1

With Respect to Reporting Period 10/01/2016 - 12/31/2016 #2

Web-Based Measures | FY 2017

Provider ID	NQF #0223	NQF #0559	NQF #0220
999999	Available #3	Available #3	Unavailable #4

1. Submission period varies due to differences in chemo and hormone measures.
2. Reporting period shows you are entering Q4 data.
3. Entry for chemo measures (NQF #0223 and #0559) are “Available.”
4. Entry for hormone measure (NQF #0220) is “Unavailable.”

Next Step After CST Chemo Submission

Please enter the number of patients identified as concordant (measura_status = "comp" or "concord") for NQF #0559 in the Rapid Quality Reporting System for the data reporting period.

Denominator

Please enter the number of patients identified as eligible for the denominator for NQF #0559 in the Rapid Quality Reporting System for the data reporting period.

Results

Percentage of female patients, age >18 at diagnosis, who have their first diagnosis of breast cancer (epithelial malignancy), at AJCC stage T1cN0M0, or Stage IB -III, whose primary tumor is progesterone and estrogen receptor negative recommended for multiagent chemotherapy (considered or administered) within 4 months (120 days) of diagnosis. 83.3%

#1 #2

Return to Summary Calculate Submit Print

- Proceed to enter the OCM and EBRT data (#1), and/or
- Verify/memorialize your entry
 - Print current screen (#2)
 - Go back through entry process and view/edit data
 - Print Hospital Report for Fiscal Year 2017

Returning to Summary Screen to Enter OCM and EBRT Data

Numerator

* Please enter the number of patients identified as concordant (measure_status = "comp" or "consid") for NQF #0220 in the Rapid Quality Reporting System for the data reporting period.

Denominator

* Please enter the number of patients identified as eligible for the denominator for NQF #0220 in the Rapid Quality Reporting System for the data reporting period.

Results

Percentage of female patients; age > 18 at diagnosis; who have their first diagnosis of breast cancer (epithelial) with a primary tumor is progesterone receptor positive and has received endocrine therapy with a third generation aromatase inhibitor (considered or administered) within 1 year (365 days) of diagnosis.

Message from webpage

You are about to leave this page. If you have made any changes, and did not submit them, they will not be saved. Click 'OK' to continue. Click 'Cancel' to remain on the current page.

Returning to Fiscal Year

Home ▾ Quality Programs ▾ My Reports ▾ Help ▾

Home>Quality Programs>Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR>Manage Measures>View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)

Submission Period: Varies by Measure
With Respect to Reporting Period: 10/01/2016 - 12/31/2016

Web-Based Measures | FY 2017

Provider ID	NQF #0223	NQF #0559	NQF #0220
999999	Completed	Completed	Unavailable

Back Payment Year Selection

- You return to the screen for Q4 2016 diagnosis cohort
 - Note that you should have entered both colon and breast chemo data, so they are complete (#1)
 - Data entry for hormone measure is not yet available (#2)
- Selecting “Back” would return you to Fiscal Year 2017 screen (#3)
- Quickest path to OCM and EBRT entry is to select “Payment Year Selection” (#4)

Entering the OCM and EBRT Data

Select Fiscal Year “2018”

08/15/2017	Colon Cancer (NQF #0223)/ Breast Cancer (NQF #0559)	2017	Q4 2016 (10/1/16–12/31/16)
	Adjuvant Hormonal Therapy (NQF #0220)	2017	Q2 2016 (4/1/16–6/30/16)
	OCMs and EBRT (NQF #0382, #0383, #0384, #0389, #0390, and #1822)	2018	CY 2016 (1/1/16–12/31/16)

Home ▾ Quality Programs ▾ My Reports ▾ Help ▾

Home>Quality Programs>Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR>Manage Measures>View/Edit Structural/Web-Based Measures/Data Acknowled

Start Structural/Web-Based Measures

PPS Exempt Cancer Hospitals Web-Based Measures

Web-Based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes reporting Web-Based measures information will encourage facilities to improve the quality of care provided to all patients.

* Fiscal Year: Please select a Fiscal Year

Step 1
Select Fiscal
Year “2018”

Step 2
Click
“Continue”

Entering the OCM and EBRT Data

“Select Annual”

Start Structural/Web-Based Measures

PPS Exempt Cancer Hospitals Web-Based Measures

Web-Based Measures | FY 2018

Quarter-Annual Reporting Period Selection

Select a reporting period to view or manage measure data at the quarter or annual level.

Submission Period	With Respect to Reporting Period	Action
Varies By Measure	January 1, 2017 - March 31, 2017	Select Qtr - 1
Varies By Measure	April 1, 2017 - June 30, 2017	Select Qtr - 2
Varies By Measure	July 1, 2017 - September 30, 2017	Select Qtr - 3
Varies By Measure	October 1, 2017 - December 31, 2017	Select Qtr - 4
07/01/2017 - 08/15/2017	January 1, 2016 - December 31, 2016	Select Annual

Web-Based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes reporting Web-Based measures information will encourage facilities to improve the quality of care provided to all patients.

“Select Annual”

Entering the OCM and EBRT Data Measure Selection Screen

Start Structural/Web-Based Measures

PPS Exempt Cancer Hospitals Web-Based Measures

Submission Period
07/01/2017 - 08/15/2017

With Respect to Reporting Period
01/01/2016 - 12/31/2016

Web-Based Measures | FY 2018

Provider ID	NQF #1822	NQF #0382	NQF #0383	NQF #0384	NQF #0389	NQF #0390
999999	AVAILABLE	AVAILABLE	AVAILABLE	AVAILABLE	AVAILABLE	AVAILABLE



EBRT Data Entry Screen

Start Structural/Web-Based Measures

PPS Exempt Cancer Hospitals Web-Based Measures

Provider	CCN	Submission Period	With Respect to Reporting Period
World's Greatest Cancer Hospital	999999	07/01/2017 - 08/15/2017	01/01/2016 - 12/31/2016

Web-Based Measures | FY 2018 * Required field

If no data for measures, please enter zero. Do not leave any entry fields blank.

NQF #1822: External Beam Radiotherapy for Bone Metastases

Identifying Initial Patient Populations for OCM and EBRT Measures

Initial Patient Population:

- Refers to all patients (Medicare and non-Medicare).
- Includes patients who share a common set of data elements.
 - Data elements may include ICD-10-CM diagnosis codes, CPT codes, or other population characteristics, such as age.
 - **Example:** The data elements for the EBRT measure population include all patients with an ICD-10-CM diagnosis code of bone metastases (C79.51 or C79.52) **and** received EBRT (CPT 77402, 77407, or 77412).
 - Cases identified as being in the initial patient population for the measure or measure set are eligible to be sampled.

Initial Patient Population and Sampling

What Is It and Why Do It?

Sampling is:

- The process of selecting a representative part of a population in order to estimate a hospital's performance, without collecting data for its entire population.
- A useful technique for performance measures that require primary data collection from a source, such as the medical record.

Why do it?

By using a statistically valid sample, a hospital can measure its performance in an effective and efficient manner, without collecting data for all the population; thus reducing the data collection burden.

More on Why Sampling Works

Statistically valid sample data:

- Are randomly selected in such a way that the individual cases in the population have an equal chance of being selected.
- Represent the whole population with meaningful and useful performance measure data.
- Provide an unbiased picture of a hospital's performance.
- Prevent cherry picking—the picking and choosing of only cases that will pass the measure.

Sampling Requirements

- **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, the PCH may choose to use all cases.
- **PCHs may choose to oversample their data.**
 - The sample sizes provided are a minimum.

Population and Sampling Tips

- If you select “Not Sampled” for “Sampling Frequency,” your “Initial Patient Population,” “Sample Size,” and “Denominator” should all be equal for PCH-14, 15, 16, and 25.
 - This may or may not be true for PCH-17 and 18 (prostate measures) due to Numerator (post-denominator) exclusions.
- If your Initial Patient Population is ≤ 10 , sampling is not allowed, and you should select “Not Sampled” for “Sampling Frequency.”

Average Quarterly Initial Patient Population Size “N”	Minimum Required Sample Size “N”
>125	25
51–125	20% of Initial Population
10–50	10
<10	No Sampling: 100% of the Initial Patient Population

Population and Sampling Questions

For each quarter, you must answer the following questions:

- What was your hospital's sampling frequency?
 - "Quarterly" = sampled
 - "Not Sampled" = not sampled
 - "N/A – Submission Not Required" = no eligible population
- What was the initial patient population?
- What was the sample size?

NOTE: If you do not have any eligible patients, be sure to enter a population, sample, denominator, and numerator of "0" to denote that you submitted your results.

EBRT Data Entry

Population, Sampling, Numerator, and Denominator

NQF #1822: External Beam Radiotherapy for Bone Metastases

Population

What was your hospital's sampling frequency?

Quarter 1	Quarter 2	Quarter 3	Quarter 4
<input checked="" type="radio"/> Quarterly	<input type="radio"/> Quarterly	<input type="radio"/> Quarterly	<input checked="" type="radio"/> Quarterly
<input type="radio"/> Not Sampled	<input checked="" type="radio"/> Not Sampled	<input type="radio"/> Not Sampled	<input type="radio"/> Not Sampled
<input type="radio"/> N/A - Submission not required	<input type="radio"/> N/A - Submission not required	<input checked="" type="radio"/> N/A - Submission not required	<input type="radio"/> N/A - Submission not required

What was your hospital's quarterly Initial Patient Population?

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
125	35	0	70	230

What was your hospital's quarterly Sample Size?

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
25	35	0	14	74

Numerator

Please enter the number of all patients, regardless of age, with painful bone metastases, and no previous radiation to the same anatomic site who receive EBRT with any of the following recommended fractionation schemes: 30Gy/10fxns, 24Gy/6fxns, 20Gy/5fxns, 8Gy/1fxn.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
5	30	0	12	47

Denominator

Please enter the number of all patients with painful bone metastases and no previous radiation to the same anatomic site, who are not specifically excluded from the denominator, who received EBRT during the reporting period.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
25	35	0	14	74

RESULTS

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 with an acceptable fractionation scheme.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
20%	86%	N/A	86%	84%

OCM and EBRT Possible Errors

NQF #1822: External Beam Radiotherapy for Bone Metastases

Population

* What was your hospital's sampling frequency?

Quarter 1	Quarter 2	Quarter 3	Quarter 4
<input checked="" type="radio"/> Quarterly	<input type="radio"/> Quarterly	<input type="radio"/> Quarterly	<input checked="" type="radio"/> Quarterly
<input type="radio"/> Not Sampled	<input checked="" type="radio"/> Not Sampled	<input type="radio"/> Not Sampled	<input type="radio"/> Not Sampled
<input type="radio"/> N/A - Submission not required	<input type="radio"/> N/A - Submission not required	<input checked="" type="radio"/> N/A - Submission not required	<input type="radio"/> N/A - Submission not required

* What was your hospital's quarterly Initial Patient Population?

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
125	35	0	70	

* What was your hospital's quarterly Sample Size?

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
20	35	0	14	

Numerator

* Please enter the number of all patients, regardless of age, with painful bone metastases, and no previous radiation to the same anatomic site who receive EBRT with any of the following recommended fractionation schemes: 30Gy/10fxns, 24Gy/8fxns, 20Gy/5fxns, 8Gy/1fxn.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
5	30	0	15	

Denominator

* Please enter the number of all patients with painful bone metastases and no previous radiation to the same anatomic site, who are not specifically excluded from the denominator, who received EBRT during the reporting period.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
20	30	0	14	

OCM and EBRT Possible Errors

NQF #1822: External Beam Radiotherapy for Bone Metastases

Population

* What was your hospital's sampling frequency?

Quarter 1	Quarter 2	Quarter 3	Quarter 4
<input checked="" type="radio"/> Quarterly	<input type="radio"/> Quarterly	<input type="radio"/> Quarterly	<input checked="" type="radio"/> Quarterly
<input type="radio"/> Not Sampled	<input checked="" type="radio"/> Not Sampled	<input type="radio"/> Not Sampled	<input type="radio"/> Not Sampled
<input type="radio"/> N/A - Submission not required	<input type="radio"/> N/A - Submission not required	<input checked="" type="radio"/> N/A - Submission not required	<input type="radio"/> N/A - Submission not required

* What was your hospital's quarterly Initial Patient Population?

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
125	35	0	70	

* What was your hospital's quarterly Sample Size?

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
20	35	0	14	

Numerator

* Please enter the number of all patients, regardless of age, with painful bone metastases, and no previous radiation to the same anatomic site who receive EBRT with any of the following recommended fractionation schemes: 30Gy/10fxns, 24Gy/6fxns, 20Gy/5fxns, 8Gy/1fxn.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
5	30	0	15	

Denominator

* Please enter the number of all patients with painful bone metastases and no previous radiation to the same anatomic site, who are not specifically excluded from the denominator, who received EBRT during the reporting period.




Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
20	30	0	14	

Return to Summary Calculate Submit Print

Possible Error Messages

Error

Messages for this page are listed below.

-  Sample Size does not meet required min - 20% of Initial Patient Population (values 11 to 25) for Quarter 1
-  The Numerator must be less than or equal to the Denominator for Quarter 4
-  Denominator and Sample Size values must be equal for Quarter 2

- Quarter 1: Population of 125 requires minimum sample size of 25.
- Quarter 2: Denominator must equal sample size for NQF #0382, #0383, #0384 and #1822.
- Quarter 4: Numerator must be equal to or less than the Denominator.

Printing Your Submission Applies for All WBDCT Measures

Structural/Web-Based Measures

PPS Exempt Cancer Hospitals Web-Based Measures

To print the page please click CTRL + P

Provider	CCN	Submission Period	With Respect to Reporting Period
Worlds Greatest Cancer Hospital	999999	04/01/2017 - 05/15/2017	01/01/2016 - 03/31/2016

Web-Based Measures | FY 2017 * Required field

If no data for measures, please enter zero. Do not leave any entry fields blank.

NQF #0220: Adjuvant Hormonal Therapy

Numerator

* Please enter the number of patients identified as concordant (measure_status = "comp" or "consid") for NQF #0220 in the Rapid Quality Reporting System for the data reporting period.

5

Denominator

* Please enter the number of patients identified as eligible for the denominator for NQF #0220 in the Rapid Quality Reporting System for the data reporting period.

10

Results

Percentage of female patients, age >18 at diagnosis, who have their first diagnosis of breast cancer (epithelial malignancy), at AJCC stage T1cN0M0, IB to III, whose primary tumor is progesterone or estrogen receptor positive recommended for tamoxifen or third generation aromatase inhibitor (considered or administered) within 1 year (365 days) of diagnosis. 50.0%

- In this new window, click “Control + P” to print
- If you want to resize prior to printing (especially useful for the OCMs and EBRT):
 - Click on “Tools,” “Print,” and “Print Preview”
 - Change print size to desired appearance
 - Click printer icon to print

A Note on Rounding

The methodology used in the WBDCT is referred to as “round half to even.”

- Also referred to as convergent, statistician’s, Dutch, Gaussian, odd-even, or banker’s rounding
- Only applies if the decimal place being rounded is exactly 5, such as, X.50 or X.Y50
- When you have a value of 5, round to the nearest even digit
 - 97.5 rounds up to 98, but 96.5 rounds down to 96
 - 92.45 rounds down to 92.4, but 92.75 rounds up to 92.8

WBDCT Key Reminders

- Select the correct Fiscal Year
- Select the correct reporting time period for the measure based upon the data-submission period

08/15/2017	Colon Cancer (NQF #0223)/ Breast Cancer (NQF #0559)	2017	Q4 2016 (10/1/16–12/31/16)
	Adjuvant Hormonal Therapy (NQF #0220)	2017	Q2 2016 (4/1/16–6/30/16)
	OCMs and EBRT (NQF #0382, #0383, #0384, #0389, #0390, and #1822)	2018	CY 2016 (1/1/16–12/31/16)

- Use the WBDCT to enter CST, OCM, and EBRT data; do not submit external files

PCHQR Program: Web-Based Data Collection Tool II

Miscellaneous Notes

Important Upcoming Events

Currently Scheduled 2017 Webinars

- **July 27:** *PCHQR Program: Best Practices I*
- **August 24:** *PCHQR Program: FY 2018 IPPS/LTCH Final Rule*
- **September 28:** *PCHQR Program: Best Practices II*

Important Upcoming Dates

Upcoming HQR Data Submissions

- **July 5, 2017:** Q1 2017 HCAHPS data
- **August 15, 2017:**
 - Q4 2016 CST chemo (breast and colon)
 - Q2 2016 CST hormone
 - Q1 through Q4, 2016 OCM and EBRT data
 - Q1 2017 HAI data
- **August 31, 2017:** FY 2018 DACA
- **October 4, 2017:** Q2 2017 HCAHPS data

Important Upcoming Dates

Hospital Compare Key Dates

- **July 2017**
 - Contains:
 - 2Q 2015 through 1Q 2016 chemo data
 - 4Q 2014 through 3Q 2015 hormone data
 - 1Q through 4Q 2015 EBRT data
 - 4Q 2015 through 3Q 2016 HCAHPS data
 - Anticipated refresh on July 26
- **October 2017**
 - Contains:
 - 3Q 2015 through 2Q 2016 chemo data
 - 1Q 2015 through 4Q 2015 hormone data
 - 1Q 2016 through 4Q 2016 HCAHPS data
 - Preview period scheduled for July 14 through August 13
 - Anticipated refresh on October 18

Q&A – HCP Vaccination Measure

Q: Are healthcare personnel (HCP) with medical contraindications removed from the denominator and included in the numerator?

A: HCP with medical contraindications are **not** excluded from the denominator, nor are they included in the numerator. Because the rate of true contraindications to influenza vaccination is extremely small, the inclusion of these HCP in the denominator is not expected to change substantially the vaccination rates reported by facilities.

Q&A – May Webinar

Q: In addition to acute inpatient admissions/visits, does the measure capture observation stays/admissions within 30 days?

A: No, the outcome does not include observation stays. CMS did not include observation stays in the outcome for two reasons:

- First, patients admitted for observation stays nearly always first seek care at an ED and are therefore captured within the ED outcome of the measure. Similarly, if a patient is first admitted into observation care and later gets admitted to the hospital, the patient is captured within the inpatient admission outcome.
- Second, the measure is calculated separately in support of the PCHQR Program and the Hospital OQR Program and including observation stays as a third, separately reported rate may bias the outcome measure in favor of one type of billing practice over another due to differences among PCHs hospital capabilities and billing practices. Several PCHs do not have EDs, requiring them to treat observation stays and inpatient admissions differently from other PCHs.

CMS recognizes that other CMS outcome measures are beginning to incorporate observation stays within the outcome of interest and will continue to reassess this decision in future measure reevaluation.

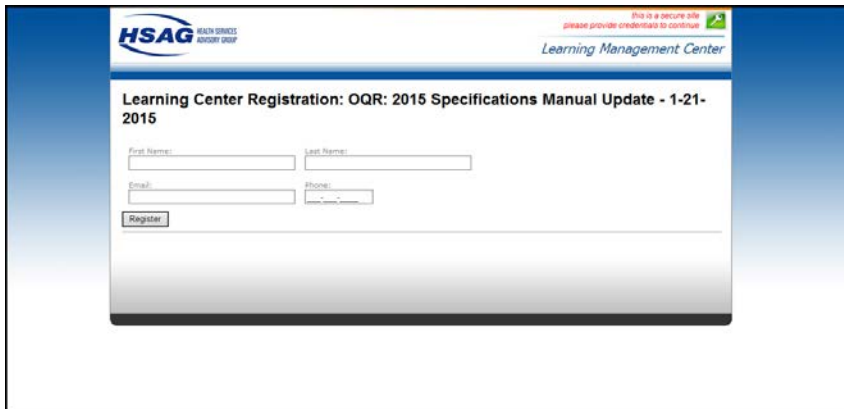
Continuing Education

- This event has been approved for 1.0 continuing education (CE) unit by the California Board of Registered Nursing (Provider #16578)
- Report your credit to your own board
- Complete the survey and register for credit
- Registration is automatic and instantaneous

Register for Credit

New User

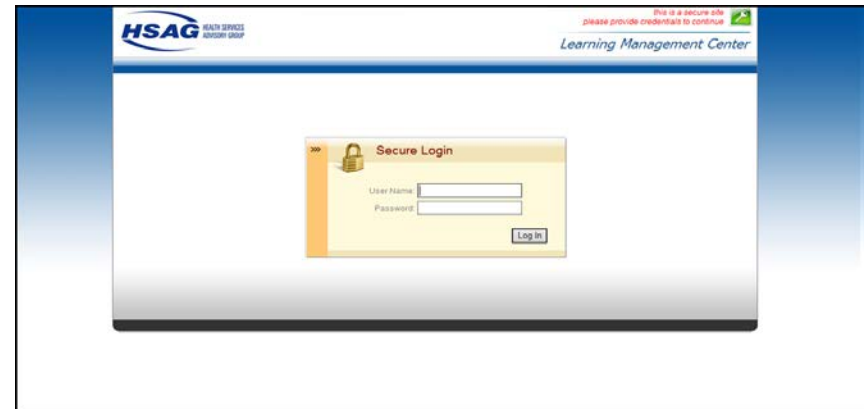
Use personal email and phone
Go to email address; finish
process



The screenshot shows the 'Learning Management Center' registration page. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, it says 'This is a secure site please provide credentials to continue' with a green checkmark icon. Below the logo, it says 'Learning Management Center'. The main heading is 'Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015'. The form contains four input fields: 'First Name', 'Last Name', 'Email', and 'Phone'. A 'Register' button is located below the 'Email' field.

Existing User

Entire email is your user name
You can reset your password



The screenshot shows the 'Secure Login' page. At the top left is the HSAG logo. At the top right, it says 'This is a secure site please provide credentials to continue' with a green checkmark icon. Below the logo, it says 'Learning Management Center'. The main heading is 'Secure Login'. The form contains two input fields: 'User Name' and 'Password'. A 'Log In' button is located below the 'Password' field.

PCHQR Program: Web-Based Data Collection Tool II

Questions

Disclaimer

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