



PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

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PCHQR Program: A Review and What's New for August 2018 Submissions

Presentation Transcript

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Lisa Vinson: Good afternoon, and welcome to today's webinar entitled *A Review and What's New for August 2018 Submissions*. My name is Lisa Vinson, and I am the Program Lead for the PPS-Exempt Cancer Hospital Quality Reporting Program with the Hospital Inpatient Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor. This webinar is part of the educational series focused on the hospitals participating in the CMS PPS-Exempt Cancer Hospital Quality Reporting, or PCHQR, Program. Please note that the content of today's event is specific to the PPS-Exempt Cancer Hospital Quality Reporting Program. While there may be content and concepts that apply to quality reporting in general, remember that this information is specific to the PCHQR Program. This is especially true with today's event which will be focusing on the upcoming August 2018 submissions for the program. As the title indicates, we are gearing up for the upcoming August 15, 2018 data submission deadline and the electronic submission of the Fiscal Year 2019 Data Accuracy and Completeness Acknowledgement, also known as the DACA, which is due August 31, 2018. As always, the slides, transcript, questions, and answers from today's webinar will be posted to both *QualityNet* and *Quality Reporting Center* websites. Now, we will take a look at some of the acronyms and abbreviations you will hear today. Slide 6, please.

During today's presentation, you will hear the following acronyms and abbreviations: C-S-T for Cancer-Specific Treatment; D-A-C-A, or DACA, for Data Accuracy and Completeness Acknowledgement; E-B-R-T, or EBRT, for External Beam Radiotherapy; F-Y for Fiscal Year, O-C-M for Oncology Care Measures; and W-B-D-C-T for Web-Based Data Collection Tool. As always, please keep this slide handy as a quick reference. We will review the purpose of today's presentation on the next slide, slide 7.

The purpose of today's presentation is to provide a review of the August 15, 2018 data submission of the Cancer-Specific Treatment, Oncology Care Measures, External Beam Radiotherapy measures, along with the August 31, 2018 electronic submission of the Fiscal Year 2019 Data

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Accuracy and Completeness Acknowledgement. Submission of these requirements via the *QualityNet Secure Portal* will be re-examined. We will now look at the objectives for today's webinar. Next slide, please.

At the culmination of today's presentation, participants will be able to meet the data entry submission requirements for the CST, OCM, and EBRT measures and successfully submit the Fiscal Year 2019 Data Accuracy and Completeness Acknowledgement, or DACA. Slide 9, please.

So, we will begin our discussion today with a summary of the August 2018 submission requirement. In regard to data reporting, measures reported via the web-based data collection tool due by August 15 include: three Cancer-Specific Treatment, or CSTs; five Oncology Care Measures, or OCMs; and one Clinical Effectiveness measure which is External Beam Radiotherapy, or EBRT. The reporting time periods or quarters have been provided on this slide, as well. As we continue through our event today, we will briefly discuss using the web-based collection tool to submit these measures. Furthermore, the healthcare-associated infection, or HAI, measure data is also due August 15. As you know, this data is submitted via accessing the NHSN system which is then reported by the CDC to CMS. Then, the Fiscal Year 2019 Data Accuracy and Completeness Acknowledgement, or DACA, is due August 31. This year and moving forward, the DACA will be submitted electronically via the *QualityNet Secure Portal*, which we will be discussing in depth later. Slide 10, please.

As I stated earlier, today we will briefly discuss entering your CST, OCM, and EBRT data in the web-based data collection tool. This tool is accessed via the *QualityNet Secure Portal*, and the next series of slides will take us through the log-in process. Slide 11, please.

This is the *QualityNet* home page. From this page, we see there are three different log-in options, as indicated by the red boxes on this slide. By choosing either of the three options, you will be taken to the screen on our next slide which has a new look. Slide 12, please.

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Last month, you may have received a ListServe notification announcing that the *QualityNet Secure Portal* Program Select Page had been updated and redesigned. If you attempted to log in after receipt of this communication and even now, the screen displayed on this slide is what you will see. Prior to the update, the list of available programs and destinations were immediately visible on the Choose Your *QualityNet* Destination page. Now, when you click the inverted arrow, as denoted by the red arrow, you will be taken to the screen on our next slide, slide 13.

Here, we see the list of programs and destinations which have been consolidated to a single dropdown list. CMS notes that the language has been modified to be consistent and user-friendly. So, for the purposes of our event today, you will choose PPS-Exempt Cancer Hospital Quality Reporting Program, and then you will be taken to the screen on slide 14.

From here, you should see the program selection you made, and then you will click Let's Go as denoted by the red arrow. Slide 15, please.

This screen should look very familiar to those who access *QualityNet*. On the Log In to *QualityNet* screen, you must enter three required fields to access the *QualityNet Secure Portal* as indicated by the three red arrows on the left-hand side of this slide. The first required field is your User ID. This was given to you when you were given access to the system. The second required field is your Password. When you registered for the *QualityNet Secure Portal*, you were given a temporary password that you changed and are required to update on a regular basis to keep your account in an active status. The third required field is the Security Code. This security code is the six-digit security code which is generated by the Symantec Validation and ID Protection, or VIP, software. After you have entered the three required fields, you will then click the Submit button shown here by the red box. Although not shown here, once you click the Submit button, a Terms and Conditions window will appear. You will need to select "I accept" in order to advance to the next screen. If you select "I decline," the program will close, and you will have to start from the beginning. Once you have successfully logged in, you will then see the *QualityNet* page shown on our next slide, number 16.

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The top image on this slide is the homepage of the *QualityNet Secure Portal*. To gain access to the web-based data collection tool, you will want to click the Quality Programs tab and select Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR. From here, you will be taken to the page captured in the image at the bottom of this slide, the Quality Reporting System: My Tasks screen. You will access the web-based data collection tool by clicking the link under the Manage Measures header that reads “View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)”. Now, we will turn our attention to entering data in the web-based data collection tool. Slide 17, please.

The web-based data collection tool was implemented beginning with the data collection period that closed in May of 2017. This tool replaced the external file submission process wherein the PCHs had to complete comma-separated value files and submit them via the Secure File Transfer function in *QualityNet*. This portion of today's event will provide a very brief review of using the tool and the resources available to help you along the way. Slide 18, please.

A key to using the web-based data collection tool is knowing the correct Fiscal Year to which the data you are reporting applies. The web-based data collection tool only accepts data from the current open data submission period. The PCHQR Program Web-Based Data Collection Tool Guideline by Due Date was developed specifically to help program participants identify the correct Fiscal Year. This tool is available on both *QualityNet* and *Quality Reporting Center* and can be accessed by clicking the links above the image on this slide. Here is a snippet taken from the tool for the upcoming August 15 data submission deadline. This table includes the due date, measures, applicable Fiscal Year, and time period. When you are ready to enter your data, this tool is a great reference as it takes out the guess work as to which Fiscal Year you should choose. In addition to this tool, another quick tip on how to remember which Fiscal Year applies for each measure is, which is clearly illustrated by this tool, the three CSTs, CLABSI, and CAUTI always apply to the following Fiscal Year, and the remaining measures (SSIs, CDI, MRSA, influenza

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vaccination of healthcare personnel, or HCP, OCMs, and EBRT) all apply to two Fiscal Years after the event. So, now that you have identified the correct Fiscal Year, let's get started in the web-based data collection tool beginning on slide 19.

Once you have selected the View/Edit Structural/Web-Based Measures/Data Acknowledgement DACA link, you will be taken to this screen. You will select your program, which is the PPS-Exempt Cancer Hospital's Web-Based Measures link, as denoted by the red rectangle on this slide. Slide 20, please.

Now, you are ready to select the appropriate Fiscal Year for the measures which you are reporting. Since we are starting with data entry of the Cancer-Specific Treatment [measures], or CSTs, and we just reviewed that the three CSTs apply to the following Fiscal Year, you will choose 2018 and then click Continue as illustrated by the top image on this slide. The bottom image is the screen you will be taken to once you click Continue. For this data submission period, you are reporting on Quarter 2 2017 for the hormone data and Quarter 4 2017 for the colon and breast chemotherapy data. Both options are available, but of course, you can only enter data for one reporting period and one measure at a time. So, let's select Quarter 4, which will display as the screen shown on the next slide, slide 21.

Now, you are ready to enter your CST data. However, I would like to highlight a few points on this screen. You will notice Submission Period dates at the top left of the screen, which are July 1, 2018, through August 15, 2018. The web-based data collection tool is always open 45 days prior to the start of the submission deadline, which is August 15, and then the data submission period end date being August 15. To the right of the Submission Period dates is the With Respect to Reporting Period dates, which is the time period or diagnosis cohort for which the data are being entered, which we identified on the previous screen selection to be Quarter 4 2017, or October 1, 2017, through December 31, 2017. Below these dates, you will find your Provider ID or CMS Certification Number, also known as the CCN, and links to access the CST data entry screens which

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are the blue NQF number links and the status below. The statuses for the measures in the web-based data collection tool will vary. Currently, the data submission period is open, so you will see the term Available for both colon and breast measures, or NQF numbers 0223 and 0559, respectively. This is confirmation for you that you are entering data in the correct place for the correct time period. However, for NQF #0220, you will notice the status is not available which indicates that the data submission period is not open. The data submission period for Quarter 4 2017 hormone data does not open until 45 days prior to the February 2019 data submission end date. You will also see a status of Completed once you have successfully entered your data. You are still able to access and/or make edits to your data as long as the data submission period is still open. If the submission period is closed, the data will only be viewable, and no changes will be allowed. As shown by the red box on this slide, we will briefly review the data entry screen for NQF #0223 by clicking the blue NQF link. Slide 22, please.

For the CST measures, you are only required to report numerator and denominator values. Here is the data entry screen for NQF #0223. However, the screen will look the same for NQF numbers 0220 and 0559 with the appropriate measure language. Once you enter your numerator and denominator values, you will click the Calculate button, which is not shown here, and the system will automatically calculate your results, which will be displayed in the result field. If you have entered a valid numerator and denominator and clicked the Calculate button, the Submit button will become active. When you're ready, you will click the Submit button to officially submit your data. You should then receive a Successfully Saved information message. Please keep in mind that there are more detailed presentations regarding this process, and links to these particular events will be provided at the end of this section. Now, we will look at the OCM and EBRT data submission process on slide 23.

The Oncology Care Measures, or OCMs, and EBRT [measure] are reported on an annual basis, and you are reporting all four quarters of individual performance data at one time. For the August 15 data

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submission period, this will include calendar year 2017 episodes of care, which applies to Fiscal Year 2019. Therefore, you have already selected the appropriate Fiscal Year from the dropdown list previously viewed on slide 20, which is 2019, confirmed by the red box at the top of this screen. Then, you will [click] Select Annual, as indicated by the red box on the right-hand side of this slide. You will notice that the Annual selection is the only option available now since the CSTs were finalized for removal effective for diagnoses occurring as of January 1, 2018. Fiscal Year 2018 is the only applicable Fiscal Year for the remaining quarters you are required to report on, which is Quarter 4 2017. This means that August 15 is the last time you will be reporting the CST colon and breast data, and February of 2019 will be the last time you report the CST hormone data. Once you click on Select Annual, you will be taken to the screen on slide 24.

Again, the Submission Period and With Respect to Reporting Period are listed at the top of this slide. You will note that the reporting period is Calendar Year 2017. EBRT and all five OCMs should reflect a status of Available since the data submission period is currently open. Once you have successfully submitted your data, the status will change to Completed. From here, you are able to select each measure individually to enter your data, as with the CSTs, by clicking the blue NQF number link. In addition to entering numerator and denominator values for the OCMs and EBRT measures, you are also required to enter population and sampling data, as well. We will take a look at how this looks in the web-based data collection tool, but first, let's review a few population and sampling tips. Slide 25, please.

As mentioned earlier, the reporting of population and sampling applies to all OCM and EBRT submissions. During last month's webinar, we reviewed the updates to the tools for the OCMs and EBRT, which included population and sampling algorithms. These algorithms provide examples on how population and sampling numbers are obtained. The population is all patients who are eligible for the denominator in each reporting quarter. These would be the patients identified as being eligible

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for the denominator because of the ICD-10 codes, the CPT codes, and those who did not meet any of the denominator exclusion criteria. The entire population eligible for the time period, which for the PCHQR Program, is in quarters. The sample is a Sample Size. Its sampling was done to the population for that quarter. On the data entry screen for the OCMs and EBRT, which we will look at momentarily, there are three questions that you are required to answer. Question 1 is, “What was your hospital sampling frequency?” If you sampled for the quarter, you will select Quarterly. If you did not sample, you will select Not Sampled. If you have no eligible patients in the quarter, you will select N/A - Submission Not Required. Question 2 asks for your hospital's Initial Patient Population for the quarter, all those patients who meet the inclusion criteria for the quarter and were not excluded. Question 3 is your hospital's quarterly Sample Size. Remember, for NQF numbers 0382, 0383, 0384, and PCH-25, or EBRT, your Sample Size, the response to Question 3 above, must equal your reported denominator for that measure since these measures have no post-denominator exclusions. If this rule is not followed, you will receive an error message with details, and you will need to correct this before you are able to proceed. On slide 26, we will revisit some population and sampling tips for these measures.

Sampling is the process of selecting a representative part of a population to estimate a hospital's performance without collecting data for its entire population. The data collection burden is reduced since data are not collected for the entire population. PCHs are not required to sample their data. However, if you choose to sample, the sample sizes provided are minimums. So, you may choose to sample more than a minimum but less than the entire population. So, for the OCMs, if you select Not Sampled for your sampling frequency for a given quarter, then your population must equal your Sample Size, and, for PCH numbers 14, 15, 16, and 25, there are no post-denominator exclusions. So, your denominator will also be the same. However, this does not apply to PCH-17 and -18, as the possibility of post-denominator or -numerator exclusions may apply. The sampling grid has been included on this slide, as well. Remember, these

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sample sizes reflect the minimum required, and you are allowed to oversample. Slide 27, please.

This is a portion of the data entry screen for the OCM and EBRT measures highlighting the population and sampling questions previously discussed that must be addressed for each individual quarter. Please note, if you do not have any eligible patients for your population, which is selecting N/A - Submission Not Required, you will need to enter a value of zero for the population, sample, denominator, and numerator fields. Again, in addition to addressing these population and sampling questions, you will still have to enter your numerator and denominator values. The tool will calculate and populate the total end result fields for you. The Submit button will become active, which you select to officially submit your data. You should then receive a Successfully Saved information message. Slide 28, please.

As today's discussion was simply a quick recap of entering data via the web-based data collection tools, here are the links which will take you directly to more in-depth trainings. There are many more illustrative references throughout each presentation to assist you with effectively using the tool to ensure you are successful with your data submissions. Slide 29, please.

The Data Accuracy and Completeness Acknowledgement was implemented as a program requirement beginning with Program Year 2015. It is an attestation that the data submitted is accurate and complete to the best of your knowledge. This is an annual requirement and must be completed by the August 31 submission deadline prior to the respective PCHQR Program Year. Hence, for Program Year 2019, the DACA must be completed by August 31, 2018. The DACA web application is accessible annually between July 1 and August 31. The Fiscal Year 2019 DACA, which is currently available, will be submitted electronically this year and moving forward. On the next series of slides, we will take a look at how this process should be completed. Slide 30, please.

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This slide and the next few slides will look very familiar, as they are the same steps taken to access the web-based data collection tool. So, again, you will choose the View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA) link as indicated by the red box on this slide. Slide 31, please.

Then, instead of choosing the web-based measures option as you did for the web-based data collection tool, you will now select the option below, which is the PPS-Exempt Cancer Hospitals DACA link. Slide 32, please.

As shown on this slide, your Fiscal Year selection choice should be 2019. You will then click the Continue button, which will take you to the next screen on Slide 33.

I would like to highlight three areas on this screen. First, you will note the first red box on the left-hand side, which is the submission period for the DACA. The open date is July 1, 2018, through August 31, 2018, which is when the DACA must be completed by. Second, the next red box in the middle of the screen, With Respect to Reporting Period field, now has a date range rather than a blank space. September 1, 2017, is the effective date of the new Fiscal Year 2019 DACA since the completion of the last DACA for Fiscal Year 2018, which was effective through August 31, 2018. The Fiscal Year 2019 DACA covers data submitted from September 1, 2017, through August 31, 2018. Lastly, since the submission period is open, the status is Available, and the DACA can be accessed by clicking the blue DACA link as shown in the red box on the right-hand side of this screen. Slide 34, please.

Since you have to scroll within this application, I have divided this screen into two separate slides that will show the top and bottom portion. This slide provides a view of the top portion of the Fiscal Year 2019 DACA. At the very top, your facility information appears, name, and CCN, and the Submission Period and With Respect to Reporting Period dates are provided again. Then, there is a brief description which states, "For all PPS-Exempt Cancer Hospital Quality Reporting participating providers, the Data Accuracy and Completeness Acknowledgement is required by

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CMS in order to fulfill the requirement to publicly report their data.”

Below this starts the attestation. This is the same DACA form you have seen and are familiar with, which you submitted manually for the last two years. It is now in an electronic format. If you were to scroll down, you will see the bottom portion of the screen as displayed on our next slide, number 35.

The bottom portion of the Fiscal Year 2019 DACA has two required fields as denoted by the number arrows labeled #1 and #2. Once you have read the DACA in its entirety, you will click the “Yes, I acknowledge” button, which is the arrow labeled #1. Then, you will enter your position in the text box, which is the arrow labeled #2. When you have completed these steps, this portion of your screen will look like the top red box in the lower right-hand corner of this slide. You will then click the Submit button as denoted by the red box. Then, you should receive the Successfully Saved information box, as shown in the lower box on the right-hand side of this screen. Slide 36, please.

Now, that you have successfully submitted your Fiscal Year 2019 DACA, you are able to print a confirmation of this which is dated and time stamped. You can click the Print button as shown on this slide by the red arrow. When this is done, the DACA will appear as it does on the left-hand side of this slide in a new browser window. From here, you have two options. Press the Control and P key simultaneously, or you can click File from the browser menu bar and choose Print from the dropdown list. Slide 37, please.

This screen is simply highlighting the Completed status of the Fiscal Year 2019 DACA, as shown by the red box on this slide. Once you have submitted your DACA by clicking the Submit button, you can use the Back button within the tool application to get back to the screen displayed on this slide. If you have done everything correctly, you should see Completed on the screen as you do here. That concludes our review of the upcoming August submissions for the program measure data and the Fiscal Year 2019 DACA. Slide 38, please.

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We will wrap up today's event, as always, by reviewing key reminders for the PCHQR Program, beginning on slide 39. You will see that our next scheduled webinar for August 23 will be on the Fiscal Year 2019 final rule. As far as data submissions, which we have covered, the data period ending August 15, and by August 31, all PCHs will have completed their 2019 DACA. Again, this will be an electronic process this year and moving forward. Then, in October, the Quarter 2 2018 HCAHPS Survey data will be due. Next slide, please.

Here are the updates for public reporting of the PCHQR Program data. The anticipated July refresh is scheduled for July 25. For the October 2018 refresh, the preview period is tentatively slated to open July 27 and close August 25, with public posting anticipated for October 31. As with all public reporting dates, these are subject to change. We will inform you of specific dates via ListServe as they become available. Slide 41, please.

Finally, here is how to access the PCH questions and answers (Q&A) tool via the *QualityNet* homepage. You can access the Q&A tool by clicking the PPS-Exempt Cancer Hospitals link, as indicated by the red box on this slide to start the process. Please keep in mind that there is a first-time registration required if you are accessing this tool for the first time. With that, that will end today's presentation. As always, we thank you for your time and attention. Please enjoy the remainder of your day. Thank you.