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

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Moderator:  
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Education Coordinator – PCHQR Program Support Center  
October 30, 2014

Agenda

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

Save the Dates

Upcoming PCHQR Program educational webinars:

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

October 30, 2014
Learning Objectives

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

FY 2015 Hospital IPPS/LTCH Final Rule

• The FY 2015 IPPS Final Rule was published by CMS on August 22, 2015.
• Details pertaining to the PCHQR Program are located on pages 50277–50286.
• The Final Rule affects discharges occurring on or after October 1, 2014.

PCHQR Background

• PCHQR Statutory Authority and Initial Implementation Date
  – Section 3005 of the Patient Protection and Affordable Care Act (ACA)
  – Implemented October 1, 2012
• Statutory Authority for Medicare Fee-for-Service Payment
  – Section 1886 (d)(1)(B)(v) of the Social Security Act excludes 11 cancer hospitals, as designated by Congress, from payment under the Inpatient Prospective Payment System (IPPS)
• List of PCHs: www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/PPS_Exc_Cancer_Hospasp.html
19 Total Measures Included in PCHQR Program FY 2017

Safety and Healthcare Associated Infection – HA (3)
- NHSN Central Line Associated Bloodstream Infection (CLABSI) Outcome Measure
- NHSN Catheter Associated Urinary Tract Infection (CAUTI) Outcome Measure
- Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure

Cancer-Specific Treatment (3)
- Adjuvant Chemotherapy is Considered/Administered Within 4 Months of Diagnosis to Patients Under the age of 80 with AJCC III (lymph node positive) Colon Cancer
- Combination Chemotherapy is Considered/Administered Within 4 Months of Diagnosis for Women Under 70 with AJCC T1c, or Stage II or III Hormone Receptor Negative Breast Cancer
- Adjuvant Hormonal Therapy

Surgical Care Improvement Project – SCIP (6)
- SCIP-Inf 1: Prophylactic Antibiotic Received Within 1 Hour Prior to Surgical Incision
- SCIP-Inf 2: Prophylactic Antibiotic Selection for Surgical Patients
- SCIP-Inf 3: Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time
- SCIP-Card 2: Surgery Patients on Beta Blocker Therapy Prior to Admission who Received a Beta Blocker During the Perioperative Period
- SCIP-VTE 2: Surgery Patients who Received Appropriate Venous Thromboembolism Prophylaxis within 24 Hours Prior to Surgery to 24 Hours After Surgery End Time
- Program Requirement: Sampling

Oncology Care Measures – OCM (5)
- Oncology Radiation Dose Limits to Normal Tissues
- Oncology: Plan of Care for Pain
- Oncology: Pain Intensity
- Prostate Cancer: Avoidance of Overuse Measure - Bone Scan for Staging Low-Risk Patients
- Program Requirement: Sampling

Clinical Effectiveness Measure (1)
- Program Requirement: Sampling

SCIP Measures

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

- Patient Engagement / Experience of Care (1)
- HCAHPS
- Program Requirement: Sampling

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

- Program Requirement: Sampling
### SCIP Measures

**SCIP Data Submission – Reporting Periods and Submission Deadlines**

<table>
<thead>
<tr>
<th>Program Year (FY)</th>
<th>Reporting Periods (CY)</th>
<th>Data Submission Deadlines</th>
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<tbody>
<tr>
<td>Subsequent Years</td>
<td>Q1, Q2, Q3, Q4 discharges of each year</td>
<td>July 1 – August 15 of each calendar year before the program year</td>
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**SCIP Measures**

**Initial Population Includes “All-Patient Data”**

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

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

[www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FCNetTier2&cid=1227774314889](www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FCNetTier2&cid=1227774314889)

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**SCIP Measures**

**Data Submission**

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

- Leveraging existing patient-level CMS SCIP IT collection infrastructure
SCIP Measures

Data Submission Options

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

Clinical Process/OCMs

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

Clinical Process/OCMs

OCM Data Submission – Reporting Periods and Submission Deadlines

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Clinical Process/OCMs

Population & Sampling

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

Clinical Process/OCMs

Initial Population includes “all-patient data”

- “All-patient data” = both Medicare and non-Medicare patients
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Clinical Process/OCMs

Population & Sampling

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<th>Average Quarterly Initial Population Size “N”</th>
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<td>20% of the initial patient population</td>
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<td>&lt;10</td>
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Clinical Process/OCMs

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

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

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

EBRT – Population and Sampling Grid

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EBRT

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

EBRT

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<td>July 1 – December 31, 2013</td>
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- All data must be submitted within 2 years of the program year
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Data Submission Deadlines

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

PCHQR ListServe

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

Contact Information

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

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

This material was prepared by the Hospital Inpatient Value Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. (410) 786-3307. TTY: (800) 1-800-1-800-1-800.