



# **PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program**

## **Support Contractor**

### **PCHQR Program Refresher: Utilizing the Web-Based Data Collection Tool and PCH Report**

#### **Presentation Transcript**

##### **Moderator/Speaker**

**Lisa Vinson, BS, BSN, RN**

Program Lead, PCHQR Program

Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)

Outreach and Education Support Contractor (SC)

**March 22, 2018**

**2 p.m. ET**

**DISCLAIMER:** This transcript was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this transcript change following the date of posting, this transcript will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the transcript and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

**Lisa Vinson:** Good afternoon and thank you for joining today's event. My name is Lisa Vinson and I am the Program Lead for the PPS-Exempt Cancer Hospital Quality Reporting, or PCHQR, Program within the Hospital Inpatient Value, Incentives, and Quality Reporting, or VIQR, Support Contractor. I will be your speaker for today. Today's presentation will be a refresher on using the Web-Based Data Collection Tool and accessing the PCH feedback reports in the *QualityNet Secure Portal*. Around this time last year, we introduced the newly developed Web-Based Data Collection Tool, which replaced the external file data submission process. As you know, this tool is used for entering data for the Cancer-Specific Treatment, or CST, Oncology Care Measures, or OCM, and External Beam Radiotherapy, or EBRT, measures. As always, the materials presented today are specific for participants in the PPS-Exempt Cancer Hospital Quality Reporting, or PCHQR, Program. While other CMS quality programs may use a Web-Based Data Collection Tool for reporting their quality measures, today's content is specific to the PCHQR Program. If you are not a participant in the PCHQR Program, please be sure to refer to the material specific to your program and, if you have questions, direct them to your program-specific support contractor. For PCHQR Program participants, if you have questions about the content of today's presentation, please submit them using the Chat function. As time allows, your question will be addressed during today's event. If time does not allow all questions to be addressed, please remember that the questions and answers, along with the slides, recording, and transcript will be posted following today's event on *Quality Reporting Center* and *QualityNet*. Of note, the slides we will be reviewing today are available on *Quality Reporting Center* should you choose to print a copy for your records and/or to use as we continue through today's materials. Now, let's review the list of acronyms and abbreviations that will be used during the presentation. Slide 6, please.

Here is a list of the acronyms and abbreviations that you will see and hear throughout today's event. They include CST for Cancer-Specific Treatment measures, E-B-R-T, or EBRT, for External Beam Radiotherapy, F-Y for Fiscal Year, O-C-M for Oncology Care Measure, P-C-H for PPS-Exempt Cancer Hospital, and W-B-D-C-T for Web-Based Data Collection Tool. Now, let's take a look at the purpose of today's presentation. Slide 7, please.

# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

The purpose of today's event is to provide PCHQR Program participants with a comprehensive review of utilizing the Web-Based Data Collection Tool and PCH reports in the *QualityNet Secure Portal*. Today, we will revisit how the data entry process via the Web-Based Data Collection Tool looks for the CST, OCM, and EBRT measures, along with accessing the PCH reports to validate the very same data that was submitted via the tool. Next, we will review the objectives. Slide 8, please.

Upon completion of today's event, participants will be able to effectively navigate the Web-Based Data Collection Tool to enter your CST, OCM, and EBRT data; review the data entered to ensure that it is accurate and complete and successfully entered; and access the PCH report to validate the data that has been entered via the Web-Based Data Collection Tool. We will begin our discussion with the *QualityNet Secure Portal* on slide 9.

As you know, the Web-Based Data Collection Tool is accessed via the *QualityNet Secure Portal*. *QualityNet*, itself, is a site that you, as PCHQR Program participants, access frequently. The *QualityNet* home page is a centralized location to find important news and updates as we will see on our next slide, slide 10.

Here's the *QualityNet* home page. This page can also be accessed by clicking the link on this slide. As stated previously, here is where you will find, as seen here highlighted by the yellow box, alerts when there is a planned *QualityNet* system down time and a designated news section which contains important information and headlines. So, since we are starting our discussion today with the Web-Based Data Collection Tool, the red boxes on this screen provide the three options available to take the first step in order to gain access to the tool, which is logging in to the *QualityNet Secure Portal*. You can select the My Quality tab on the left-hand side of this page, or you can click the Login button at the top of this page, or you can click the Login link on the right-hand side of this slide. By selecting either of these three options you will be taken to the same location which is shown on our next slide, slide 11.

This is the Choose Your *QualityNet* Destination screen. As you can see, there are various programs listed here that use the *QualityNet Secure Portal* function. As a

# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

PPS-Exempt Cancer Hospital Quality Reporting Program participant, you will click on this link as indicated by the red box on this slide. Then you will be taken to the next screen shown on slide 12.

During our January educational event, we discussed the process for registering for a *QualityNet* account. Once you are clear and approved for an account, you will then be provided with a User ID and a temporary password that you will be able to change. Logging into your account and changing your password at least every 60 days is necessary to keep your account active. So, as denoted on this slide by the red arrows, you will see the required fields that need to be completed in order to successfully log in to or access a secure portal. On the left-hand side of the screen, you will need to enter your User ID, as denoted by the top arrow, your password, as denoted by the second arrow, and the bottom arrow is the field for your Symantec validation and ID protection six-digit security code. Of note, this software is required to be installed and the security code automatically refreshes every 30 seconds. Once these fields are completed, you will click the Submit button. Then, a CMS Terms and Conditions window appears, as shown on the right-hand side of this slide. You will then need to select the I Accept button. If you choose I Decline, the program will close, and you will have to start from the beginning. A successful login will take you to the next screen on slide 13.

This is the home page of the *QualityNet Secure Portal* and the starting point for entering data using the Web-Based Data Collection Tool. To begin the WBDCT data entry process, you will click on the inverted triangle to the left of the Quality Programs link and a drop-down list of programs will appear. Your next selection will be the drop-down item titled Hospital Quality Reporting: IQR, OQR, ASCQCR, IPFQR, PCHQR, as indicated by the red box on the slide. By selecting this option, you will be taken to the Quality Reporting System: My Task screen as displayed on our next slide, slide 14.

The available options on this screen are not just limited to accessing the Web-Based Data Collection Tool. From the My Task screen, you can manage your account, which includes updating your contact information and security question, and changing your password, view and/or edit your Notice of Participation, or NOP, and vendor authorization, which is where you can authorize a vendor to submit data on your behalf. For the purposes of this presentation, on this screen,

# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

you will click on the View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA) link, as indicated by the red circle on this slide. By clicking this link, you are a step away from being able to enter your data for the PPS-Exempt Cancer Hospital's web-based measures. Slide 15, please.

As stated earlier, the implementation of the Web-Based Data Collection Tool replaced the data submission process in which the PCHs submitted their CST, OCM, and EBRT data themselves to CMS. This was accomplished by the PCHs completing comma-separated value files and submitting these files via the Secure File Transfer function in *QualityNet*. Beginning with the data collection period closing May 15, 2017, and forward, PCHs have no longer been required to submit their data via the external file process, but PCHs can directly enter their data into *QualityNet* via use of the Web-Based Data Collection Tool. On the next series of slides, we will walk through the actual steps to enter CST, OCM, and EBRT data. Slide 16, please.

So, once you have clicked the View/Edit Structural/Web-Based Measures/Data Acknowledge (DACA) link, you will be taken to this page. You will need to select a program which will be the PPS-Exempt Cancer Hospitals Web-Based Measures link, as denoted by the red box on this slide. Slide 17, please.

After you've selected the PPS-Exempt Cancer Hospitals Web-Based Measures link, you will then be taken to what is known as the Payment Year Selection screen and prompted to select a Fiscal Year. By clicking on the drop-down arrow, a drop-down menu will appear with different fiscal year options, 2018, 2017, and 2016. Fiscal Year 2018, as shown here, is the Fiscal Year you have been selecting and will continue to use to enter your Cancer-Specific Treatment, or CST, measure data for patients diagnosed in calendar year 2017 or the 2017 diagnosis cohort. Fiscal Year 2017 was selected for entering CST data for those patients diagnosed during calendar year 2016 or diagnosed as cohort 2016. Fiscal Year 2016 is an option as well; however, it has not been used since the implementation of this tool, as it was not available. The data for Fiscal Year 2016 had already been submitted to CMS via the external file submission process. Of note, prior to the date of submission period ending August 15 of 2018, you will have the option to select Fiscal Year 2019, which will be used to enter quarter one through quarter four Oncology Care Measures, or OCMs, and External Beam Radiotherapy, or

# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

EBRT, data for care delivered during calendar year 2017. So, you may be wondering, "How exactly are you able to determine the correct Fiscal Year?" On our next slide, number 18, we will help you with answering this question.

As you know, the key in using the Web-Based Data Collection Tool is knowing the correct Fiscal Year to which the data you are reporting applies and the Web-Based Data Collection Tool only accepts data from the current open data submission period. As new measures are added to the program, they are added starting in a specific Fiscal or Program Year. This is the year that the measures are applied to the PCHQR Program and the year that they appear on the PCH report, which we will be discussing later. Therefore, an easy way to remember which Fiscal Year applies for each measure is the three CSTs, CLABSI, and CAUTI always apply to the following Fiscal Year. All other measures -- SSIs, CDI, MRSA, Influenza Vaccination of HCP, the OCMs, and EBRT -- apply to two fiscal years after the event. This slide displays a tool developed for participants in the program. This is a snippet of the PCHQR Program Web-Based Data Collection Tool Guideline by Due Date. It can also be accessed by clicking the link directly above the table. You will find this tool on both *QualityNet* and *Quality Reporting Center*. It provides information through the August 15, 2019 data submission period. The upcoming May 15, 2018 data submission period is highlighted by the red box on this slide. You will be submitting colon and breast chemotherapy measure data during this period which applies to Fiscal Year 2018. The diagnosis cohort or time period being reported is quarter three 2017. During the same data submission period, you will also be reporting adjuvant hormonal therapy data for quarter one 2017. Remember that the CST measures are based upon date of diagnoses, and the hormone data always trails the chemo data. For the colon and breast chemotherapy measures, the patients are to receive treatment within 120 days of diagnosis and, for the hormone measure, patients can be treated up to 365 days from the time of diagnosis. Looking at the data submission period that closes August 15, 2018, in addition to submitting the CST measures, you will also be entering annual data for the OCMs and EBRT via the WBDCT. This will be the Calendar Year 2017 episodes of care which applies to Fiscal Year 2019. Now we will take a look at using the Web-Based Data Collection Tool to enter data starting with the CSTs on slide 19.

# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

We will start with the entry of the CST measures, specifically the colon and breast data, for the upcoming data submission period closing May 15, 2018. Step one has been completed since we have identified and selected the correct Fiscal Year which is 2018. Next, we know by referring to the WBDCT Guideline By Due Date Tool, that the time period is quarter three, 2017, for those patients diagnosed between July 1, 2017, to September 30, 2017. Therefore, as indicated by the red box on this slide, the appropriate action or selection is quarter three. Slide 20, please.

Once you selected the correct quarter you will be taken to this screen. You will notice the submission period denoted by the red box at the top on the left-hand side of the screen, which is April 1st through May 15 of 2018. The Web-Based Data Collection Tool is always open 45 days prior to the start of the submission deadline which is April 1, and then the data submission period end date being May 15. The second red box across to the right, with respect to reporting period, is the time period or diagnosis cohort for which the data are being entered, which we have already identified as quarter three, 2017, or July 1 through September 30, 2017. Focusing on the remaining two boxes in the middle of the screen, depending on when you access this screen, the text under the blue NQF number header will vary. Under both NQF numbers 0223 and 0559, you see the word “Available.” The term “Available” appears when the data submission period is open. Therefore, when you access the Web-Based Data Collection Tool on or after April 1, 2018, the word “Available” should appear, as shown on this slide for both colon and breast measures, or NQF number 0223 and 0559 respectively. This is confirmation for you that you are entering data in the correct place for the correct time period. Other status terms you may see are “Not Available,” which indicates that the data submission period is not open. This is seen under the hormone data for NQF number 0220 header on this slide. Although you will be entering quarter one, 2017, hormone data for the data submission period closing May 15, the reporting period for quarter three, 2017, hormone data does not open until 45 days prior to the data submission period ending or closing on November 15, 2018. “Completed” appears after you have entered your data for a given quarter that is available. If the data submission period is still open, you are able to view and edit your data. However, once the data submission period is closed, you can only view data that has been entered and you will not be able to enter or edit



# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

existing data. So, from this screen you will click the blue NQF number 0223 and 0559 to enter your colon and breast data. By clicking on the selectable text for NQF number 0223, you will be taken to the screen on the next slide, slide 21.

Here's the data entry screen for quarter three, 2017, adjuvant chemotherapy colon cancer or NQF number 0223. Within the tool, you will have to use the scroll bar to navigate this page but, for easy reference, this screen is split into top and bottom screen views. The top portion of this screen lists the provider name, CCN or CMS certification number, the submission period, and reporting period. As reviewed previously during the data submission period, April 1, 2018, through May 15, 2018, you will be entering the data for quarter three, or July 1 through September 30, 2017 diagnosis cohort. The bottom portion is where you will enter your numerator and denominator values for NQF number 0223. There will also be a results field. Although values appear in these fields on this slide, of course, if this is the first time accessing this page, the numerator, denominator, and results fields will be blank. Of note, in addition to the Return To Summary and Print buttons, you will see additional options to include Calculate and Submit. So, the steps for entering your data are as follows: Enter your numerator value. Enter your denominator value. Click the Calculate button, which is not shown, and the system will automatically calculate your results. Granted there are no errors, the results will be populated in the results field. If you have entered a valid numerator and denominator and click the Calculate button, the Submit button -- also not shown -- will become active. You will then click the Submit button to submit your data. Once you have clicked the Submit button, you will then want to see a message that says, "Successfully Saved NQF Number 0223 Information" at the top of the screen, which you will have to scroll up to see. Now, we will take a look at entering quarter one, 2017 hormone data. Slide 22, please.

So, now you are ready to enter your quarter one, 2017 hormone data. We have already established that the applicable Fiscal Year is 2018. Therefore, you will need to choose the correct reporting period, which is quarter one, or January 1 to March 31, 2017, as denoted by the red box on this slide. Slide 23, please.

From here, we see that the colon and breast data have been entered as indicated by the term "Completed" under each measure. Now that we are in the appropriate reporting period, quarter one, 2017, "Available" appears for NQF number 0220.



# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

By clicking the selectable text, which is the blue link, you will be taken to the data entry screen on the next slide, slide number 24.

As you can tell, this screen looks exactly like the data entry screen for NQF number 0223 and 0559. You will follow the same four-step process as you did for the colon and breast data. Enter your numerator and denominator value. Click the Calculate button. The Results field will populate. Then, select the Submit button. You will then scroll up to see "Successfully Saved NQF Number 0220 Information," which indicates that your data has been successfully submitted and saved. Once you are done, you can click the Return To Summary button. You should now see a "Completed" status for all three CST measures. Now, let's turn our attention to the data entry process for the OCMs and EBRT data, which have an additional reporting element, population and sampling. Slide 25, please.

As a reminder as to which Fiscal Year applies, I have provided the guideline tool at the top of this slide, which includes, in the red box, the OCMs and EBRT data, due date, Fiscal Year, and time period. To start the data entry process for these measures, you will have to select Fiscal Year 2019. Once it becomes available from the drop-down menu on the Payment Year Selection screen, this will take you to the screen at the bottom of this slide. For the data submission period ending August 15, 2018, you will be entering data for care delivered during Calendar Year 2017, as indicated by the With Respect to Reporting Period of January 1 to December 31, 2017. Since you are reporting all four quarters of individual performance at one time, you will click on the Select Annual button, as denoted by the red arrow at the bottom of this slide. Next slide, please.

For illustrative purposes, when you access the measure selection screen, as shown here, on or after July 1 of 2018, when the submission period opens, the OCMs and EBRT will be available as they appear on this slide. We will use NQF number 1822, or EBRT, as our example for this discussion. By clicking on the blue text in the red box on this slide, you will be taken to the EBRT data entry screen on slide 27.

Again, keeping in mind that you will have to utilize the scroll bar within the Web-Based Data Collection Tool, this is the top portion of the screen. As with the other data entry screens we have reviewed, the provider, CCN, submission period,

# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

reporting period, and measure NQF number and name are provided at the top of the page. However, before we move onto viewing how the remainder of the data entry page appears, let's first review some basics about population and sampling, beginning on slide number 28.

What is sampling? As this slide points out, sampling is a process in which a representative part of a population is selected to estimate a hospital's overall performance without having to abstract data for the entire patient population. Sampling is very useful when chart abstraction or medical record review is required to determine performance for that particular measure. Overall, the main benefit of sampling is to reduce data collection burden. Slide 29, please.

PCHs are not required to sample their data. If you have the resources or you are able to abstract via an electronic method or simply choose to, you can oversample or use all cases for the entire population. Again, sampling is offered to decrease your data burden. Sample sizes provided are minimums, so you may choose to sample more than the minimum, but less than the entire population. Slide 30, please.

Here are a few population and sampling tips. For the OCMs, specifically NQF numbers 0382, 0383, 0384, and 1822, if you do not sample the initial patient population, sample size and denominator should all be the same because it was not sampled. This may not be true for NQF numbers 0389 and 0390 as numerator exclusions may apply. Also, listed on this slide is the familiar sampling grid. Remember, if your initial population is less than or equal to 10, sampling is not allowed. For a population of 10 to 50, you select a minimum of 10 patients. For a population of 51 to 125, you must sample a minimum of 20 percent of the initial population. And lastly, when your population is greater than 125, your minimum sample size is 25. Remember, as stated previously, you can choose to oversample. Now that we have reviewed some of the basics of population and sampling, we will briefly review what you will see and enter in the Web-Based Data Collection Tool for population and sampling. On slide 31, we will begin with the required questions for this data entry process.

In the Web-Based Data Collection Tool, for both the OCMs and EBRT, you will be required to answer the following population and sampling question for each

# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

quarter: What was your hospital sampling frequency? You will have three options to choose from here: Quarterly is sampled, Not Sampled is not sampled, and NA - Submission Not Required means there is no eligible population. What was the initial patient population? This is all patients who share a common set of data elements. What was the sample? This is the actual number sample. As indicated at the bottom of this slide, please be sure to enter a value of zero for the population, sample, denominator, and numerator if you do not have any eligible patients for your population, which is selecting NA - Submission Not Required. This will reflect that data was submitted. Now, let's see what the actual EBRT data entry screen looks like on slide 32.

As I mentioned earlier, you will have to utilize the scroll bar to move up and down the page to be able to review everything captured here on this slide. So, starting at the top, the population section has the three required questions we just reviewed that must be answered for each individual quarter. Then, you will enter your numerator and denominator values. When entering your denominator data, remember, if you selected Not Sampled, your sample size and denominator should be the same for NQF numbers 0382, 0383, 0384, and 1822. The denominator may be less than the sample size for NQF numbers 0389 and 0390, as there are numerator exclusions. You will see that the total column will auto populate. Now, that you have entered your numerator and denominator values, you will scroll down to view the Results section of the data entry screen for EBRT, which is the last section on the slide at the bottom of the screen. This screen appears the same for the OCMs, of course, with different text specific to that particular measure. As with the CST measures, you will first click Calculate. This will calculate and populate the total end results field for you. As there are population and sampling data values, the rules about minimum sampling sizes and times when the denominator must equal the sample size, there are error messages that will appear when these rules are not followed. Let's take a look at how to avoid these errors based on how you answer the sampling frequency questions. Slide 33, please.

Here are some tips to avoid errors when entering your OCM and EBRT data. If you choose quarterly as your sampling frequency, then your sample must, at least, meet the minimum required sample size. You can refer to the sampling guidelines

# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

we discussed previously on slide 30. Remember, you are allowed to oversample. If you choose Not Sampled, then your population must equal your sample size because it was not sampled. This applies to NQF numbers 0382, 0383, 0384, and 1822. If you choose NA - Submission Not Required, then you would need to enter zeros in all of the required data fields: population, sample, numerator, and denominator. Also, your numerator must equal to or be less than the denominator. If not, an error message will occur. Once errors have been identified and resolved by making the necessary corrections, after clicking the Calculate button, the Submit button will become active. Once you click submit, you will then need to scroll up to the top of the page and you will see a message that you have successfully saved NQF number 1822 information or the applicable OCM measure data. Slide 34, please.

Here we have printing options if you would like to retain successful submission of your data for your records. We will use NQF number 0223 as an example. To print your completed data entry screen, for this measure or any other WBDCT measure for that matter, you can press the Print button as indicated by the red arrow or press the Control and P key simultaneously on your keyboard while on this screen, as indicated in the red box in the upper right-hand corner of this slide. Either option will open a new window displaying the current Web-Based Data Collection Tool Data Entry page. From here, you can select File and Print and select the printer of your choice. By pressing Control and P, a printer selection box will appear. The CSTs usually fit on one page for printing. However, since the OCMs and ERBT data entry screens contain more information, you will find that all of the information may not fit on one page for printing. This can be adjusted by clicking on the Internet Tools Menu option in the upper right-hand corner of the page. By selecting zoom, you are able to resize the page to make it legible. Then, print as already described. Remember, when you are done printing, close this window and you will back on the data entry screen for NQF number 0223. Next slide, please.

The PPS-Exempt Cancer Hospital, or PCH, reports are very valuable tools. The data entered via the Web-Based Data Collection Tool can be viewed and validated by generating this report. We will briefly review how to run your report and how the data appears within this report. Slide 36, please.

# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

Generating your PCH report is done within the *QualityNet Secure Portal*. As shown on this slide, you will access the drop-down menu by clicking the inverted triangle on the My Reports tab and choose Run Report. By doing this, you will be taken to the screen on the next slide, slide 37.

This is the reporting portlet. Here you are able to run and access reports on the quality program data you have access to. Since our focus right now is running reports, we will choose the option denoted by the red arrow on this slide which is Run Reports. Slide 38, please.

Here is where you will select your Report Program, Report Category, and select the report by name you wish to generate. The Report Program and Report Category fields are required. Once your selections are made, the available reports will populate in the report name area. So, as illustrated on this slide, the program choice is PCHQR and the category choice is PPS-Exempt Cancer Hospital Feedback Report. Then, you will click the View Reports button. By doing this, a link to the PPS-Exempt Cancer Hospital report will populate, as indicated by the red circle on this slide. There's also a report description provided, which states the PPS-Exempt Cancer Hospital report summarizes cancer measure data by quarter. You will then choose the PPS-Exempt Cancer Hospital Report link and you will be taken to the screen shown on our next slide, slide 39.

This is the PCH Report Parameters page, where you are able to select the parameters that define the report you want to run. The Provider and Fiscal Year fields are required. You will now see Fiscal Years 2019 and 2020 as available options in the drop-down menu list. The Report Format option automatically defaults to PDF, which is the recommended format to view your report. So, once the required fields have been completed you are ready to click the Run Report button, as denoted by the red arrow in the lower right-hand corner of this slide. Slide 40, please.

This page is confirmation that your report request has been submitted for processing. The text in the red square provides a description of the different options available such as Run Same Report, Run New Reports and Search Reports. At this point, as indicated by the red arrow in the lower right-hand

# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

corner, you will click the Search Reports button to view the submitted report. Slide 41, please.

Here is the Search Report screen. The status column, which is denoted by the red box on the left-hand side, will tell you the current status of your report request. It will go through three stages: Queued, In Progress, and Completed. So, once the report is ready, you will see the green check mark as it appears on this slide. Now, you have four options to choose from here, which are listed under the Action column, as shown by the red box on the right-hand side of the slide. Option one, the magnifying glass. By clicking this image, the report will open as a PDF in a different window. Option two, the downward green arrow. If you want to download the report, this is the option you would choose. You can open or save the report to a destination of your choice such as your desktop or to a particular folder. Option three, the yellow star with a green press sign, allows you to save the report as a favorite to an existing folder or a new folder. Option four, the red circle with a diagonal line through the middle, is to delete a report. Now, we will take a look at how the measure data appears within the actual PCH report. Slide 42, please.

Towards the latter part of last year, we discussed a few updates to the PCH reports that you would begin to see this year. As improvements to this report are ongoing, there will certainly be more updates to come. This is the CST Measure Table and, one update to note is that, discharge quarter has been changed to diagnosis cohort. This is more specific to who is included in this measure since it is based upon the patient's date of diagnosis. Moving along, as you can see, the colon and breast data for quarters one and two of 2017, that were due in November of 2017 and last month (February), have been entered. The red boxes are highlighting the reporting time periods for the CST data due for the upcoming May 15 data submission deadline, which are quarter three, 2017, for the colon and breast chemotherapy data and quarter one, 2017, for the adjuvant hormonal therapy data. The (N/A)<sup>1</sup>s will be replaced by the values you enter into the Web-Based Data Collection Tool when the submission period opens. In addition to printing the data entry screens within the Web-Based Data Collection Tool, the PCH report is another way to validate what you submitted to the CMS warehouse. Remember, as long as the submission period is open, you are able to edit your data. Be sure

# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

that your changes are successfully saved within the Web-Based Data Collection Tool and, then, it would be a good idea to run another PCH report to ensure those changes were captured and or accurately displayed. Slide 43, please.

This is how your OCM and EBRT data are displayed in the PCH report. An update to the OCM table was made so that it now mirrors the layout of the EBRT table. Initially, the OCM tables only displayed the numerator, denominator, and percent value. Now, these tables are consistent with one another. Keeping in mind that the OCM and EBRT data are submitted on an annual basis due in August, all four quarters should have data values. So, you should see numbers instead of the (N/A)<sup>1</sup>s as shown here by the red boxes. Once you have entered your OCM and EBRT data for Calendar Year 2017, you will want to run your Fiscal Year 2019, as these measures apply to two fiscal years later, PCH report to validate what appears in the CMS warehouse. Slide 44, please.

Although our focus today has been on the OCM and EBRT measures as it pertains to the PCH report, there are other PCHQR Program measures displayed, such as the Safety and Healthcare Associated Infection, or HAI, measures. As you know, HAI data are entered into the National Healthcare Safety Network, or NHSN, system and then transmitted to the CMS warehouse. Once the CMS warehouse receives the data from NHSN, and this schedule varies, you are then able to validate your NHSN data entry via the PCH report. As with the other measures, you have to ensure that you are selecting the correct Fiscal Year in order to view the data reported for the appropriate time period. So, for the HAI measures, as indicated on this slide, CAUTI and CLABSI apply to the following Fiscal Year; the SSIs, CDI, MRSA, and HCP measures apply to two fiscal years later. For example, if we use the upcoming data submission deadline of May 15, you would need to run your PCH report for Fiscal Years 2018 and 2019 prior to the submission deadline to validate what has been transmitted to the CMS warehouse. Slide 45, please.

Now we will spend a few moments discussing some key program dates and reminders. Slide 46, please.

Please remember to complete the updated NHSN Agreement to Participate and Consent prior to the deadline, which is April 14, 2018. All questions pertaining to



# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

this process will need to be directed to the NHSN Help Desk at [nhsn@cdc.gov](mailto:nhsn@cdc.gov) and be sure to include “NHSN Re-consent” in the subject line. Slide 47 please.

Please save the date for our next educational event which will take place on Thursday, April 26, 2018. During this event we will be discussing the Fiscal Year 2019 IPPS/LTCH PPS Proposed Rule. Also listed here on this slide are the next two upcoming data submission deadlines. The first deadline being April 4, which is quarter four 2017 HCAHPS Survey data. Per our analytics team, all PCHs have met this requirement well in advance of the submission deadline. So, thank you for that. Then, in May, there will be another submission of the CST data, and HAI, including the HCP Influenza Vaccination data. Please note, that the HCP measure data falls under the CMS-granted hurricane-related Extraordinary Circumstances Exception, or ECE, for those PCHs located in counties that were impacted by Hurricanes Harvey and Irma. At this time, the HCP measure data due on May 15 is the last reporting requirement that applies to the CMS-granted hurricane-related ECE. Slide 48, please.

Listed here on this slide are the upcoming dates associated with public reporting and the display of the PCH data on *Hospital Compare*. The April 2018 preview period closed earlier this month, so we hope that you are able to review your preview report for accuracy. We anticipate the *Hospital Compare* refresh to occur on April 25. For the July 2018 refresh, the preview period is tentatively scheduled for May 4 through June 2 and the tentative *Hospital Compare* release date is July 25, 2018. Please remember that these dates are always subject to change. As they are confirmed, we will always communicate the preview periods and refresh dates via ListServe communications. So, be sure you are signed up to receive these notifications. Slide 49, please.

And lastly, please remember that the Questions and Answers Tool is available to you to submit your inquiries. As shown here on this slide by the red box in circle on the right-hand side, the PCHQR Program Questions and Answers Tool can be accessed from the *QualityNet* home page. Please keep in mind that if you have not used this tool before there is a one-time registration process required. At this time, I will turn it over to Deb Price to review the CE information and then I will return with closing remarks. Deb?

# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

**Deb Price:** Well, thank you very much. Today's webinar has been approved for one continuing education credit by the boards listed on this slide. We now are a nationally accredited nursing provider and, as such, all nurses report their own credits to their boards using the National Provider number 16578. It is your responsibility to submit this number to your own accrediting body for your credit.

We now have an online CE certificate process. You can receive your CE certificate two ways. The first way is, if you registered for the webinar through ReadyTalk®, a survey will automatically pop up when the webinar closes. This survey will allow you to get your certificate. We will also be sending out the survey link in an email to all participants within the next 48 hours. If there are others listening to the event that are not registered in ReadyTalk®, please pass the survey to them. After completion of the survey, you'll notice at the bottom right-hand corner a little gray box that says Done. You will click the Done box and then another page opens up. That separate page will allow you to register on our Learning Management Center. This is a completely separate registration from the one that you did in ReadyTalk®. Please use your personal email for this separate registration so you can receive your certificate. Healthcare facilities have firewalls that seem to be blocking our certificates from entering your computer.

If you do not immediately receive a response to the email that you signed up with the Learned Management Center, that means you have a firewall up that's blocking the link into your computer. Please go back to the New User link and register a personal email account. Personal emails do not have firewalls up.

If you can't get back to your New User link, just wait 48 hours because, remember, you're going to be getting another link and another survey sent to you within 48 hours.

Okay. This is what the survey will look like. It will pop up at the end of the event and will be sent to all attendees within 48 hours. Click Done at the bottom of the page when you are finished.

This is what pops up after you've clicked Done on the survey. If you have already attended our webinars and received CEs, click Existing User. However, if this is your first webinar for credit, click New User.

# **PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program**

---

## **Support Contractor**

This is what the New User screen looks like. Please register a personal email like Yahoo, or Gmail, or ATT since these accounts are, typically, not blocked by hospital firewalls. Remember your password, however, since you will be using it for all of our events. You notice you have a first name, a last name, and the personal email and we're asking for a phone number in case we have some kind of backside issues that we need to get in contact with you.

This is what the Existing User slide looks like. Use your complete email address as your User ID and, of course, the password you registered with. Again, the User ID is the complete email address including what is after the @ sign.

Okay. Now, I'm going to pass the ball back to your team lead. Thank you for taking the time spent with me.

**Lisa Vinson:** As always, I would like to thank everyone for their time and attention during today's event. We hope that the information provided was informative and beneficial to you. Thank you, again, and enjoy the remainder of your day.