**CCN Hospital Name**

**Instructions: For each measure, (1)** Please enter the Total Initial Patient Population and indicate the total Medicare and Non-Medicare populations. **(2)** Provide the Sample size information. ***Note:*** *When not sampled, provide only Total Initial Patient Population – Not Sampled.*

**NQF 1822 External Beam Radiotherapy Measure**

Sample Frequency: Not Sampled

| Not Sampled Patient Population | Number |
| --- | --- |
| **Total Initial Patient Population** |  |
| **Medicare Initial Patient Population** |  |
| **Non-Medicare Initial Patient Population** |  |

**Sample Frequency:** **Quarterly**

Initial Inpatient Population

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Initial Inpatient Population | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total |
| Medicare |  |  |  |  |  |
| Non-Medicare |  |  |  |  |  |
| Total |  |  |  |  |  |

Sample Size

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sample Size | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total |
| Medicare |  |  |  |  |  |
| Non-Medicare |  |  |  |  |  |
| Total |  |  |  |  |  |

Please refer to specifications on the QualityNet web site:   
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772864228>

Complete and submit EBRT Measure Paper-Based Form via email to:

[PCHQualityReporting@hcqis.org](mailto:PCHQualityReporting@hcqis.org).

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