**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 0382 Oncology-Radiation Dose Limits to Normal Tissues**

NQF 0382 - Sample Frequency: Not Sampled

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

**NQF 0382 - 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 |  |  |  |  |  |

**NQF 0383 Oncology: Plan of Care for Pain**

NQF 0383 - Sample Frequency: Not Sampled

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

**NQF 0383 - 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 |  |  |  |  |  |

**NQF 0384 Oncology: Pain Intensity Quantified**

NQF 0384 - Sample Frequency: Not Sampled

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

**NQF 0384 - 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 |  |  |  |  |  |

**NQF 0389 Prostate Cancer-Avoidance of Overuse Measure-Bone Scan for Staging Low-Risk Patients**

NQF 0389 - Sample Frequency: Not Sampled

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

**NQF 0389 - 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 |  |  |  |  |  |

**NQF 0390 Prostate Cancer-Adjuvant Hormonal Therapy for High-Risk Patients**

NQF 0390 - Sample Frequency: Not Sampled

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

**NQF 0390 - 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 PQRS web site:   
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/PQRS>.

Complete and submit the Oncology Care Measures Paper-Based Form via email to:

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

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