# Overview

This document provides instructions for using the CMS online web application for reporting Population and Sampling data for the five Oncology Care Measures.

The Population and Sampling application enables a PPS-Exempt Cancer Hospital user or their contracted vendor to enter the population data of Medicare and non-Medicare patients that meet the inclusion criteria for the Oncology Care Measure set. The user or their contracted vendor can also indicate if they are submitting all of the records that meet the inclusion criteria, or if sending a sample, they can identify the frequency of sampling and the number of records that will be included in the sample.

# Accessing the Web-Based Application

The user enters their assigned User ID and password to access the secure site and information for their individual hospital.

\*Final web design is subject to change as it is dependent on web real estate and IT capacity. Changes will not impact the data elements but rather the application layout.\*

Figure 1 Sign In

![Sign In to My QualityNet - User ID and Password entry boxes with [Sign In] button.]()

## Manage Measures

After selecting the “View / Edit Population and Sampling” link under Manage Measures, the user selects the Reporting Period and selects the **[Continue]** button:

Figure 2 View / Edit Population & Sampling Selections



### Sampling Frequency Selection

The user will select the sampling frequency: Quarterly, Not Sampling, or Not Applicable.

### Reporting – Initial Inpatient Population and Sample Size

The reporting is identified as Medicare and Non-Medicare.

NQF 0382 - Sample Frequency: Not Sampled

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

Figure 3 Oncology Care Measures - (NQF 0382) Oncology: Radiation Dose Limits to Normal Tissues

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

NQF 0383 - Sample Frequency: Not Sampled

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

Figure 4 Oncology Care Measures - (NQF 0383) Oncology: Plan of Care for Pain

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

NQF 0389 - Sample Frequency: Not Sampled

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

Figure 5 Oncology Care Measures - (NQF 0389) Prostate Cancer: Avoidance of Overuse Measure-Bone Scan for Staging Low-Risk Patients

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

NQF 0384 - Sample Frequency: Not Sampled

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

Figure 6 Oncology Care Measures - (NQF 0384) Oncology: Pain Intensity Quantified

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

NQF 0390 - Sample Frequency: Not Sampled

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

Figure 7 Oncology Care Measures - (NQF 0390) Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Patients

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

PRA Disclosure Statement
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1175 and expires XX/XX/XXXX. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*\*\*CMS Disclaimer\*\*\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact James Poyer at (410) 786-2261.