Frequently Asked Questions About 2016 ORYX® Performance Measure Reporting Requirements and Options

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I. Hospital Reporting Requirements

General Medical/Surgical (Acute Care) Hospitals

Q. Will there be any changes in The Joint Commission’s ORYX performance measure reporting
   requirements regarding six measure sets for 2016 for accredited general medical/surgical hospitals?

A. No, accredited general medical/surgical hospitals will continue to be required to report on a minimum
   of six sets of measures for 2016 based on services provided and populations served.

Q. Will hospitals still be required to report on the Perinatal Care (PC) measure set as one of their six sets
   of measures?

A. Reporting on PC continues to be mandatory. However, for CY 2016, The Joint Commission has
   reduced the mandatory reporting threshold to require all hospitals with 300 or more live births per year to
   report on the PC measure set as one of its six sets of measures.

Q. If my hospital has fewer than 300 live births per year am I still able to use the PC measure set as one
   of my measure sets used to meet 2016 ORYX measure reporting requirements?
A. Yes, any hospital may elect to report on the PC measure set regardless of the number of live births per year.

Q. If I’m required to report on the PC measures, must I report on all the measures in the measure set or only PC-01 as required for the Centers for Medicare and Medicaid Services (CMS) Hospital Inpatient Quality Reporting Program?

A. Hospitals required to report or that electively choose to report on the PC measure set must collect and report data on all the measures in the chart-abstracted PC measure set or at least one measure in the ePC measure set. (See Electronic Clinical Quality Measure (eCQM) Sets on page 6.)

### Small Hospitals

Q. In 2016, will accredited hospitals with small inpatient populations be required to meet the same ORYX reporting requirements as larger hospitals?

A. Small hospitals (i.e., hospitals with an average daily census of 10 or fewer inpatients) continue to be required to:
   - Meet the same ORYX performance measure requirements for reporting on a minimum of six sets of measure based on services provided and populations served.
   - As in the past, small hospitals are exempt from the requirement to transmit data via a listed ORYX vendor to The Joint Commission, but are encouraged to do so.
   - If data are not transmitted to The Joint Commission through a vendor, the small hospital will be expected to:
     - Collect data internally on all relevant measures that comprise each measure set selected.
       - If collecting data on electronic clinical quality measures (eCQMs) see page 6.
     - Make data reports available for review by, and share data conclusions with, surveyors during on-site surveys.

### Critical Access Hospitals (CAHs)

Q. Will Joint Commission accredited Critical Access Hospitals (CAHs) also be required to report on six sets of measures in order to meet 2016 ORYX reporting requirements?

A. CAHs continue to be required to:
   - Collect data on a minimum of four sets of measures based on services provided and populations served.
   - Remain exempt from the requirement to transmit data to The Joint Commission through a Joint Commission-listed ORYX vendor, but are encouraged to do so.
   - If data are not transmitted to The Joint Commission through a vendor, the CAH will be expected to:
     - Collect data internally on all relevant measures that comprise each measure set selected.
       - If collecting data on electronic clinical quality measures (eCQMs) see page 6.
     - Make data reports available for review by, and share data conclusions with, surveyors during on-site surveys.

Q. Are CAHs required to report on the PC measure set?

A. CAHs will not be required to report on the Perinatal Care measure set in order to meet 2016 ORYX measure reporting requirements, but they may elect to use the measure set if they have the relevant patient population.
Children’s Hospitals

Q. What measure sets will accredited children’s hospitals be required to report on to meet ORYX requirements for 2016?

A. With the retirement of the last remaining measure in the Children’s Asthma Care measure set (i.e., CAC-3 - Home management plan of care given to the pediatric asthma inpatient/caregiver), effective Dec. 31, 2015, The Joint Commission will suspend its ORYX performance measure reporting requirements for 2016 for children’s hospitals that are “freestanding” facilities separately accredited by The Joint Commission (i.e., they are not surveyed and accredited as a site or inpatient unit under the accreditation of the main Joint Commission accredited hospital).

Psychiatric Hospitals

Q. What measure sets will accredited psychiatric hospitals be required to report on to meet 2016 ORYX measure reporting requirements?

A. Psychiatric hospitals that are “freestanding” facilities separately accredited by The Joint Commission (i.e., they are not surveyed and accredited as a site or an inpatient unit under the accreditation of the main Joint Commission accredited hospital) will continue to be required to:

- Report on all the measures in the Hospital-Based Inpatient Psychiatric Services (HBIPS) measure set only, to include HBIPS-1, HBIPS-2, HBIPS-3 and HBIPS-5.
  - NOTE: HBIPS-4, HBIPS-6 and HBIPS-7 have been retired effective Dec. 31, 2015
- For Joint Commission reporting purposes, when determining the patient population to be included and sample size for HBIPS, all psychiatric inpatients must be included regardless of payment source.

General Medical/Surgical Hospitals with Inpatient Psychiatric Units

Q. Will general medical/surgical hospitals with inpatient psychiatric units or that maintain a separate site that is a psychiatric hospital accredited under the accreditation of the main hospital also be required to report on the HBIPS measures to meet 2016 ORYX requirements?

A. Unlike the Centers for Medicare and Medicaid Services (CMS) Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program, which includes psychiatric hospitals and psychiatric units that bill under the Medicare IPF Prospective Payment System, Joint Commission accredited general medical/surgical hospitals with inpatient psychiatric units, or that operate a separate psychiatric hospital that is accredited as a site under the main hospital:

- Are not required to report on the HBIPS measures to meet 2016 ORYX requirements.
- May elect to report on the HBIPS measure set as one of its six sets of measures required to meet 2016 ORYX measure reporting requirements

Q. Which patients should be included in the population for a general medical/surgical hospital with an inpatient psychiatric unit, or that operates a psychiatric hospital accredited under the main hospital, and elects to report on the HBIPS measure set as one of its six sets of ORYX measures and also reports on the HBIPS measures to meet CMS IPFQR reporting requirements?

A. For Joint Commission reporting purposes, when determining the patient population to be included and sampled, all psychiatric inpatients must be included regardless of payment source.
Q. Since I have an inpatient psychiatric unit (or a psychiatric hospital site) that requires me to report data to CMS to meet CMS IPFQR reporting requirements, I plan on submitting data on the Tobacco Use (TOB) measure set to meet both Joint Commission ORYX requirements and CMS IPFQR reporting requirements. Which patients should I include in the population for the TOB measure set?

A. For Joint Commission reporting purposes, hospitals electing to meet their ORYX measure reporting requirements through the use of any of the global measure sets/measures (i.e., TOB, SUB, and/or IMM) must include in their population and sample all applicable inpatients across the accredited organization regardless of location, setting of care, and payment source.

II. 2016 ORYX Flexible Reporting Options

Q. Will I still have flexibility in meeting my 2016 ORYX performance measure reporting requirements for accreditation purposes?

A. Joint Commission accredited hospitals will continue to have flexibility in meeting The Joint Commission’s ORYX performance measure reporting requirements for 2016 through one of three reporting options:

- **Option 1** – vendor submission of quarterly data on six of nine sets of **chart-abstracted measures** (four sets for Critical Access Hospitals)
  - Data must be reported on all measures in the chart-abstracted measure sets

- **Option 2** – vendor submission of data on six of the eight sets of **electronic clinical quality measures (eCQMs)** (four sets for Critical Access Hospitals).
  - **Note:** Hospitals wishing to report on eCQMs but that are unable to report on all eCQMs in the eCQM set may now report on as few as one measure in an eCQM set. **Data MUST be reported on AT LEAST ONE eCQM in the eCQM SET(s) selected.**

- **Option 3** – vendor submission of data on six sets of measures using a **combination of chart-abstracted measure sets and eCQM sets.** (four sets for Critical Access Hospitals).
  - **Note:** Hospitals wishing to report on eCQMs but that are unable to report on all eCQMs in the eCQM set may now report on as few as one measure in an eCQM set. **Data MUST be reported on AT LEAST ONE eCQM in the eCQM SET(s) selected.**

Additional information on The Joint Commission’s 2016 flexible reporting options can be found by going to The Joint Commission’s website at: http://www.jointcommission.org/2016_flexible_oryx_performance_measure_reporting_options/

Q. Where can I find the list of chart-abstracted and eCQM sets available for selection for purposes of meeting The Joint Commission’s 2016 ORYX measure reporting requirements?

A. The list of both ORYX chart-abstracted and eCQM sets for 2016 can be can be found by going to The Joint Commission’s website at: http://www.jointcommission.org/joint_commission_measure_sets_effective_january_1_2016/
Q. Does it make a difference if an HCO selects Option 1, 2 or 3 and the number of measure sets required?

A. No, whether Option 1, 2 or 3 is selected, six measure sets are required.

Q. If a hospital is already reporting data on six sets of measures for 2015 will it need to change its selection of measure sets for 2016?

A. Hospitals currently reporting on six sets of measures for 2015 may not be required to select additional measures sets or change their selection of measure sets for 2016 unless 1) they are using a measure set that has been retired, (i.e., AMI, CAC, SCIP), 2) they wish to change their reporting option and/or measure sets (e.g., change from Option 1 to Option 3), Or 3) if they will be required to add the mandatory Perinatal Care measure set if the hospital has at least 300 live births per year.

Q. May a hospital choosing Option 3 utilize a listed ORYX eCQM vendor that is different from their chart-based listed ORYX vendor?

A. Yes, a hospital may utilize as many listed ORYX vendors as they desire, as long as each vendor has been listed for the appropriate measure set(s) (chart-abstracted and/or eCQM).

Q. The complement of measures in the chart-abstracted Perinatal Care measure set is not the same as those in the eCQM version. Which version of measure sets must I use to meet the PC measure set reporting requirement?

A. Either version, the chart-abstracted or eCQM set will meet the 2016 Perinatal Care reporting requirement.

Q. What should a hospital do if it discontinues a service and no longer has a population for one of its selected measure sets in the selected Reporting Option, e.g., Perinatal Care?

A. In the event that a hospital no longer has a population for one of its selected measure sets:
   • The hospital should contact The Joint Commission to advise of the need to discontinue reporting on the measure set.
   • Data collection on a replacement chart-abstracted measure set must begin on the first day of the calendar quarter following discontinuation of the original measure set.
   • Data submission on a replacement eCQM set will be determined based upon discussion with The Joint Commission.

Chart-Abstracted Measure Sets

Q. If a hospital elects to continue to use all chart-abstracted measure sets will data need to be collected and reported on all measures in the measure set?

A. Yes, for Joint Commission reporting purposes, data must be collected and reported on all chart-abstracted measures in a chart-abstracted measure set (e.g., Perinatal care includes PC-01, PC-02, PC-03, PC-04, PC-05, Stroke includes STK-4)
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Q. If a hospital chooses to submit chart abstracted data for either Option 1 (chart-abstracted only) or Option 3 (combination chart-abstracted and eCQMs), for which calendar quarters are chart-abstracted data to be collected and reported?

A. Hospitals electing to report on chart-abstracted measures:
   - Will continue to be required to collect data monthly and report monthly data on a quarterly basis for the entire 2016 calendar year
   - Data are due at The Joint Commission on the existing chart-based measure transmission schedule
   - Data must continue to be submitted through the hospital’s Joint Commission-listed ORYX vendor.

Q. Which chart-abstracted measure sets and measures have been retired for 2016?

A. The list of 2016 ORYX chart-abstracted measures that includes the measure sets and measures retired effective January 1, 2016 is available on The Joint Commission’s website at: http://www.jointcommission.org/joint_commission_measure_sets_effective_january_1_2016/

Electronic Clinical Quality Measure (eCQM) Sets

Q. Is the Joint Commission requiring that data be reported on all measures that comprise an electronic clinical quality measure (eCQM) set?

A. No, hospitals wishing to report on eCQMs but that are unable to report on all eCQM in the eCQM set may now report on as few as one measure in an eCQM set and the set will count toward meeting the six set reporting requirement. Vendors will be invoiced for each individual eCQM measure set submitted.

Q. If a hospital chooses to submit eCQM data for either Option 2 (eCQMs only) or Option 3 (combination chart-abstracted and eCQMs), for which calendar quarters are data to be captured and reported?

A. Hospitals electing to report on the eCQMs:
   - Are required to collect and report monthly data for all three months in either or both the 3rd quarter or 4th quarter of 2016.
   - Data for either or both quarters are due at The Joint Commission no later than March 15, 2017.

Q. Which version of eCQMs must be utilized by hospitals electing to submit eCQM data?

A. Hospitals electing to report on eCQMs must capture and report on data utilizing the June 2015 AU measures. Measure specifications are available by going to Centers for Medicare and Medicaid Services (CMS) eCQM Library website at: https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html

Q. Must hospitals electing to report on eCQM sets still submit their data to The Joint Commission through a Joint Commission-listed ORYX eCQM vendor?

A. Hospitals electing to report on eCQM sets must submit their data through a Joint Commission-listed vendor that supports the eCQM sets.

Q. Do all Joint Commission listed vendors support the submission of data for eCQMs, and where can I find a list of those that do?
A. Many, however not all Joint Commission listed vendors support or qualify for the submission of eCQM data. A list of vendors supporting eCQM data submission can be found by going to The Joint Commission’s website at: http://www.jointcommission.org/core_emeasure_pilot_project_systems_list/

Health Care Organization Selection Form Due Dates

Q. When are the 2016 Flexible ORYX Reporting Options Measure Set Selection Forms due from hospitals?

A. For hospitals electing Option 1 (chart-abstracted only), or no changes in 2016 selections, or if the hospital knows which Option (1, 2, or 3) and measure set selections (i.e., chart-abstracted and/or eCQMs) it will make for 2016, measure set selections will be due by November 30, 2015.

However, for hospitals contemplating Option 2 (eCQMs only) or Option 3 (combination of chart-abstracted and eCQMs), measure set selections will be due no later than January 31, 2016. The deadline is being extended for these hospitals, which have expressed concern that they need more time to reasonably determine if and which eCQM sets and measures they will be able to report on.

Potential Benefits in Selecting eCQMs for Reporting

Q. Why would a hospital want to select Option 3 (combination of chart-abstracted and eCQM sets) and both the chart-abstracted version and the eCQM version of the same measure set?

A. There are a number of benefits to selecting Option 3, and both versions of a measure set:

- This allows a hospital to review and understand their chart-abstracted and eCQM rates.
- **Important modification for 2016**, if a hospital selects Option 3, and elects to report on both the chart-abstracted and eCQM version of the same measure set - each version of the same measure set will count as an individual set of measures toward meeting the six measure set reporting requirement. Each version of the same measure set will be billed as a separate measure set.
- Allows the hospital to meet both Joint Commission reporting requirements and the CMS requirement to report four eCQMs for the Hospital Inpatient Quality Reporting Program.

Examples:

Option 3 - Selection of both chart-abstracted and eCQM version of the same measure set to meet ORYX requirement for six measure sets

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Chart-abstracted measure set(s) selected</th>
<th>eCQM set(s) selected</th>
<th>Additional measure sets needed to meet requirement for six measure sets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital A</td>
<td>PC (5 measures) ED (2 measures) STK (1 measure)</td>
<td>ePC eED eSTK</td>
<td>0</td>
</tr>
<tr>
<td>Hospital B</td>
<td>PC ED</td>
<td>ePC eED</td>
<td>2</td>
</tr>
<tr>
<td>Hospital C</td>
<td>VTE (2 measures)</td>
<td>eVTE</td>
<td>4</td>
</tr>
</tbody>
</table>

Q. For CMS reporting purposes under its Hospital Inpatient Quality Reporting (HIQR) Program hospitals are expected to report on four individual eCQMs for 2016. Does that mean the hospital can use the same four eCQMs toward meeting Joint Commission 2016 ORYX requirements?
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A. Yes. All eCQMs offered by The Joint Commission are in alignment with CMS. Hospitals wishing to report on eCQMs but that are unable to report on all eCQM measures in the eCQM set may now report on as few as one measure in an eCQM set and the set will count toward meeting the six set reporting requirement.

Q. Is there any specific number or type of eCQM sets that a hospital must report on under Option 3?

A. Other than the requirement that hospitals with at least 300 live births per year report on the Perinatal Care measure set for 2016, the mix of six measure sets is at the discretion of the hospital. Hospitals are encouraged to consider measure set selections that assist in meeting multiple reporting requirements, such as for CMS.

Use of 2016 ORYX Performance Measure Data

Q. Will my 2016 ORYX data continue to be publically reported on Quality Check?

A. Hospitals reporting on chart-abstracted measure sets will continue to have their data and performance on the measure sets/measures reported on Quality Check.  
   NOTE: The Joint Commission will not publicly report the 2016 eCQM data on Quality Check.

Q. What data will be reported and displayed in the ORYX Performance Measure Report provide quarterly to the hospital?

A. The Joint Commission will continue to display chart-abstracted measure data and hospital performance on the chart-abstracted measures in the ORYX Report provided to the hospital.

Q. Will The Joint Commission continue to calculate and display a hospital’s accountability composite rate using my 2016 data?

A. The Joint Commission will continue to calculate and display the hospital’s accountability composite rate using only those chart-abstracted accountability measures on which The Joint Commission has at least four consecutive quarters of data. A list of the 2015 accountability measures (applicable for 2016) can be found on The Joint Commission’s website at: http://www.jointcommission.org/accountability_measures.aspx

Q. How will my 2016 data impact my hospital on the standard PI.02.01.03 EP 1 that sets an accountability composite rate of at least 85 percent?

A. Effective January 1, 2015, the standard PI.02.01.03 EP 1 was and continues to be suspended until further notice. The accountability composite rate will continue to be calculated only on chart-abstracted accountability measures and displayed on the ORYX Performance Measure Report for informational purposes and internal hospital use in assessing performance on accountability measures.

III. Primary and Comprehensive Stroke Certification Programs and Stroke Measures

Q. Now that the chart-abstracted Stroke measure set only has a single measure (i.e., STK-4) remaining for 2016 accreditation purposes, is that the only measure that will need to be reported for those hospitals that maintain or will be seeking Joint Commission Primary or Comprehensive Stroke Center Certification?
A. No, while Joint Commission accredited hospitals that are or will become Primary or Comprehensive Stroke Center certified can select and report on the single chart-abstracted STK-4 measure as one of its six sets of measures used to meet 2016 ORYX reporting requirements for accreditation purposes, those hospitals will still be required to report on all eight of the chart-abstracted Stroke measures for purposes of certification.

Q. If a hospital reports on the eSTK measures to meet ORYX reporting requirements for accreditation purposes, can it still have a vendor submit its chart-abstracted Stroke measure data for purposes of certification?

A. Yes. Hospitals that report on the eSTK measure set to meet 2016 ORYX requirements can still submit chart-abstracted Stroke measure data through the same or different Joint Commission-listed vendor for certification purposes.

Q. If a hospital elects to report on the one remaining chart-based STK-4 measure as one of its six sets of measures to meet its 2016 ORYX reporting requirements, can data on the seven other original Stroke measures also be submitted through a vendor for purposes of Primary or Comprehensive Stroke Center certification?

A. Hospitals that report on the one remaining chart-abstracted Stroke measure (i.e., STK-4) to meet 2016 ORYX reporting requirements can still have data on the seven other original Stroke measures submitted through the same Joint Commission-listed vendor for purposes of Primary or Comprehensive Stroke Center certification.

Q. Can a hospital utilize two different listed vendors to submit the chart-abstracted Stroke data, one vendor for accreditation data and one vendor for certification data?

A. No. Stroke is a single measure set being used for two purposes, accreditation and certification. For 2016, the chart-abstracted measure set contains one measure (i.e., STK-4) in common. A hospital utilizing the Stroke chart-abstracted measure set for both purposes and choosing to submit their certification data via a listed ORYX vendor must submit both accreditation and certification data through a single listed ORYX vendor.

Q. Can you summarize which Stroke measure sets/measures can be used and/or are required for purposes of accreditation and/or Stroke Center certification?

A. The table below summarizes which Stroke measure sets/measures can be used and/or are required for purposes of accreditation and/or Stroke Center certification.

| Using the Stroke Measure Set and Measures to Meet 2016 Reporting Requirements for Accreditation and/or Certification |
|---|---|
| **Accreditation**  
*If selecting the Stroke measure set to meet 2016 ORYX requirements* | **Primary or Comprehensive Stroke Center Certification (Required)** |
| Chart-Abstracted Stroke (STK) – STK-4 only | Chart-Abstracted Stroke (STK)  
To include STK-1, STK-2, STK-3, STK-4, STK-5, STK-6, STK-8, STK-10  
(Vendor submitted or manual entry into CMIP) |
| Electronic Clinical Quality Measures - eSTK  
To include eSTK-2, eSTK-3, eSTK-4, eSTK-5, eSTK-6, eSTK-8, eSTK-10 |  |

12/10/2015
IV. ORYX eCQM Reporting Updates

**ADDED 12-10-2015**

Q. We are very interested in reporting eCQM data to The Joint Commission, however, we aren’t certain if we can do so successfully. Can you recommend an option that would allow us to attempt to report eCQM data and still meet 2016 ORYX measure reporting requirements?

A. The Joint Commission’s ORYX performance measure set reporting requirements for 2016 continue to call for hospitals to report on a minimum of six sets of measures.

- For those hospitals electing to report on all chart-abstracted measure sets (Option 1), or not electing to make any changes the selection forms are due November 30, 2015.
- For those contemplating reporting on electronic clinical quality measures (eCQMs) (Option 2) or a combination of chart-abstracted and eCQM measure sets (Option 3), the selection forms are due January 31, 2016.

For hospitals that are not certain as to their ability to successfully report on eCQMs sets, it is recommended that the hospital select Option 3 and continue to report on six sets of chart abstracted measures, and also select the eCQM sets that may be possible for your organization to submit.

When submitting the selection of measure sets for 2016 for Option 3, the hospital should complete and submit the appropriate Measure Set Selection Forms to include:

- Form A listing the six sets of chart-abstracted measures on which the hospital will submit data.
- Form B indicating the list of eCQM measure sets and individual measures within the eCQM set(s) on which the hospital anticipates being able to report eCQM data for 3rd Quarter and/or 4th Quarter 2016 (due at The Joint Commission through a Joint Commission-listed eCQM vendor no later than March 15, 2017).

This provides the hospital the ability to meet ORYX requirements with chart abstracted measures and the opportunity to submit eCQM data, if available.

In addition, for hospitals selecting Option 3, subsequent to the January 31, 2016 measure set selection form submission deadline, The Joint Commission will contact those hospitals for a status update on the hospital’s actual ability to report eCQM data for 2016 and determine if modifications are required in the hospital’s selection of measure sets. Any requested changes in measure set reporting, after the 1st calendar quarter 2016, will be considered on a case-by-case basis.

Measure set selections will be shared with each of the Joint Commission listed vendors individually for their clients, as is customary. Providing vendors with eCQM set selections, as early as possible, helps them better support their client hospitals and ensures eCQM data can be successfully submitted to The Joint Commission and ensures each hospital’s ongoing compliance with The Joint Commission’s ORYX reporting requirements.