

What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

Please note:

On March 25, 2020 the Joint Commission modified chart-abstracted performance measure data reporting and data submission timelines for ORYX® and Certification Programs with standardized measure requirements due to impacts of COVID-19 for 4Q2019, 1Q2020 and 2Q2020.

This document contains the following information:

0. [Modifications due to COVID-19](#)
 - x. [General](#)
1. [ORYX® Accreditation Reporting Requirements](#)
 - a. [General](#)
 - b. [Hospitals \(HAP\) with An Average Daily Census \(ADC\) of greater than 10 inpatients](#)
 - c. [Small Hospitals \(HAP with ADC ≤ 10\), Specialty Hospitals, and Critical Access Hospitals \(CAH\)](#)
 - d. [Inpatient Psychiatric Facilities \(HAP\) - Freestanding Psychiatric Hospitals and Inpatient Psychiatric Units](#)
 - e. [Hospitals \(HAP\) with suspended ORYX requirements](#)
2. [Electronic Clinical Quality Measures \(eQMs\)](#)
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3. [Direct Data Submission for eQMs and Chart-Abstracted Data](#)
 - g. [General and Onboarding](#)
 - h. [Direct Data Submission \(DDS\) Education, Technical Information, and Using the Platform Education, Technical Information, and Using the Platform](#)
4. [Certification Standardized Measures](#)

[Attachment A](#) – CY2020 AND CY2021 REPORTING PERIOD: ECQM VERSIONS, HL7 STANDARDS, EHR CERTIFICATION VERSION, AND CMS IMPLEMENTATION GUIDES

What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

O. MODIFICATIONS DUE TO COVID-19

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A. GENERAL

O.X - 1	Is the Joint Commission modifying reporting requirements due to COVID-19?
	<p>On March 25, 2020, The Joint Commission shared a communication (here) modifying chart-abstracted performance measure data reporting and data submission timelines for ORYX® and Certification Programs with standardized measure requirements. The Joint Commission recognizes that quality measure data collection and reporting for services furnished may not be reflective of an organizations true level of performance on measures given this time of emergency. The Joint Commission seeks to reduce burden on organizations by making chart-abstracted data submission optional during 4Q2019, 1Q2020 and 2Q2020. For those organizations who can and choose to submit data, the Joint Commission will continue to provide feedback reports and benchmarks of available data.</p>
O.X - 2	What changes have been implemented to the ORYX/Accreditation data submission due to COVID-19?
	<p>Reporting chart-abstracted performance measurement data is optional for 4Q2019, 1Q2020 and 2Q2020. Extended submission timelines for hospitals choosing to submit available Chart-abstracted data are as follows:</p> <ul style="list-style-type: none"> ○ 4Q2019 extended from April 30, 2020 to June 1, 2020 ○ 1Q2020 extended from July 31, 2020 to October 31, 2020 ○ 2Q2020 extended from October 31, 2020 to January 31, 2021 ○ 3Q2020 and 4Q2020 data submission timelines will be published at a later date <p>NOTE: 4Q2019 data is the last ORYX vendor submission, as hospitals will transition to the Direct Data Submission (DDS) Platform for submission of 2020 Chart-abstracted data.</p>
O.X - 3	Has the eCQM submission deadline for CY2020 been changed due to COVID-19?
	For CY2020 Electronic Clinical Quality Measures (eCQMs) data, there are no changes anticipated at this time; minimum of one quarter of data for four of the ten available eCQMs due March 15, 2021.
O.X - 4	Has the reporting of PC-2 and PC-06 on Quality Check been impacted by COVID-19?
	The Joint Commission is placing on hold the initial public reporting on Quality Check® for the PC-02 (Cesarean Birth) and PC-06 (Unexpected Complications in Term Newborns) perinatal care measures. Due to optional reporting for 4Q2019, the planned July 2020 display on Quality Check would not reflect a full year of 2019 data.
O.X - 5	If a hospital chooses to submit chart-abstracted data for 4Q2019, 1Q2020, 2Q2020, do they need to submit all selected measures and all 3 months of data for the quarter?
	For hospitals choosing to submit data, the Joint Commission will accept any number of chart-abstracted measures with available data. Ideally, hospital submissions should include all cases for a measure, for the months in the calendar quarter being reported.
O.X - 6	Does a hospital need to submit an extenuating circumstance request if data is not submitted for 4Q2019, 1Q2020, 2Q2020?
	Organizations do not need to notify us, nor do they need to submit extenuating circumstances request forms if they choose to not submit chart abstracted data during the modified reporting period of 4Q2019, 1Q2020, 2Q2020.

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0.X - 7	From a data standpoint, how are HCOs ensured that the Joint Commission will be removing these optional reporting months (quarters) from any data trending done, since programs that continue to report will have trends affected if compliance decreases/changes?
	Based on the modified chart-abstracted performance measure data reporting and data submission timelines, any data reported during the optional reporting periods (4Q2019, 1Q2020 and 2Q2020) will not be publicly reported by The Joint Commission (i.e., reported on Quality Check®). For those organizations that can and choose to submit data, the Joint Commission will continue to provide feedback reports and benchmarks of available data. The data and benchmarks will be shared with individual healthcare organizations for quality improvement purposes only. Any documents or reports produced with the data will have notations regarding optional data reporting, as data may not be reflective of an organizations true level of performance on measures.
0.X - 8	How does COVID-19 impact certification data submission/entry?
	For Hospitals participating in certification programs with standardized measures, reporting is optional for 4Q2019, 1Q2020 and 2Q2020 data. No submission timeline will be applied. The Certification Measure Information Process (CMIP) application remains available for manual submission for organizations that choose to continue data submission.
0.X - 9	My HCO is due for a certification survey this summer, do we need data abstracted for the onsite review, as it is highly likely we will have no data?
	For any certified programs that do not have patients during the national emergency timeframe, records will not be reviewed at time of survey. At the time of your survey, be prepared to address the national emergency timeframe and why no data is available. Note: While certification program data reporting is optional (4Q2019, 1Q2020 and 2Q2020), if patients are seen, the expectation is that patients will be tracked. The reviewer, when onsite, will expect to see available data for patients seen during the national emergency timeframe. Your organization should also be prepared to share how your program(s) managed during this COVID-19 crisis time frame and based on your experience, how your HCO is preparing for any future national emergencies.

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1. ORYX ACCREDITATION REPORTING REQUIREMENTS

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A. GENERAL

1.A - 1 What are the 2020 ORYX Accreditation Reporting Requirements?

All organizations fall within one of two reporting categories:

Category 1: Required to submit data to The Joint Commission via the Direct Data Submission Platform:
Acute Care Hospital Accreditation Program (HAP) Hospitals with ADC > 10

CY2020 Chart-abstracted Data Requirements: One chart-abstracted measure PC-01 is required of all hospitals providing obstetrical services. For health care organizations with at least 300 live births per year, three additional measures are required: PC-02, PC-05, and PC-06. Collect and submit monthly aggregate data on a quarterly basis for calendar year (CY) 2020

CY2020 electronic clinical quality measures (eCQMs): Four of ten available eCQMs are required for data submission for ORYX requirements, applicable to the services provided and patient populations served by the hospital. eCQM data are reported for a minimum of one self-selected calendar quarter of data for CY2020, submitted annually by the March 15, 2021 submission deadline.

Category 2: Hospitals (HAP) with Modified Reporting Requirements and Critical Access Hospital (CAH) Accreditation Program Requirements:

Freestanding Psychiatric Hospitals

- Collect and report monthly aggregate data on a quarterly basis on four HBIPS chart-abstracted measures for CY2020 using The Joint Commission Direct Data Submission (DDS) Platform.

CAHs, Small Hospitals (HAP with ADC ≤ 10 inpatients), and ORYX Designated Specialty Hospitals

- Collect data on a total of three measures applicable to the services provided and patient populations served by the hospital from any combination of chart-abstracted measures and/or eCQMs. Hospitals remain exempt from requirement to submit data to The Joint Commission. If data are not submitted, the organization is required to make data reports available for review by surveyors during on-site surveys.

Note: Because The Joint Commission provides the option of using the DDS Platform as a means to report data, there is no separate tool or methodology provided to hospitals that self-report; they will need to develop their own process for providing the required information to surveyors.

- HCOs electing to submit chart and/or eCQM data should request to be onboarded to the Joint Commission DDS Platform if they did not previously use the DDS Platform to submit CY2019 eCQM data.

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Click [HERE](#) for the list of CY2020 measures or copy and paste the following web address in your internet browser:  
[https://www.jointcommission.org/-/media/tjc/documents/measurement/oryx/cy2020\\_joint\\_commission\\_measures\\_effective\\_january\\_1\\_2020.pdf](https://www.jointcommission.org/-/media/tjc/documents/measurement/oryx/cy2020_joint_commission_measures_effective_january_1_2020.pdf)

Click [HERE](#) for the CY2020 reporting requirements or copy and paste the following web address in your internet browser: <https://www.jointcommission.org/measurement/reporting/accreditation-oryx/#042330d9a571449e85b1a0d4f8930de5>

Click [HERE](#) for the Joint Commission Guide for Data Entry of Chart-Abstracted Measures version 2020 which describes the aggregate data requirements for hospitals submitting chart-abstracted measure data, or copy and paste the following web address in your internet browser:  
<https://www.jointcommission.org/measurement/specification-manuals/chart-abstracted-measures/>

## What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

| <b>1.A - 2</b>                                                               | <b>Did all chart-abstracted measures go away in 2020?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |            |                             |       |       |                                    |              |              |              |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------|-----------------------------|-------|-------|------------------------------------|--------------|--------------|--------------|
|                                                                              | No, chart-abstracted measures are not going away in 2020 for accreditation purposes. For CY2020 chart-abstracted data and forward, all hospitals will utilize the Joint Commission Direct Data Submission Platform (DDSP).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |            |                             |       |       |                                    |              |              |              |
| <b>1.A - 3</b>                                                               | <b>Have any chart-abstracted measures been retired or added for 2020 ORYX reporting requirements?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |            |                             |       |       |                                    |              |              |              |
|                                                                              | <p>Effective with January 1, 2020 discharges, two chart-abstracted measures were retired for Joint Commission accreditation purposes.</p> <p><b>Retired Measures:</b></p> <ul style="list-style-type: none"> <li>• PC-03 Antenatal Steroids</li> <li>• PC-04 Health-Care Associated Bloodstream Infections in Newborns</li> </ul> <p>Click <a href="#">HERE</a> for the list of CY2020 measures or copy and paste the following web address in your internet browser: <a href="https://www.jointcommission.org/-/media/tjc/documents/measurement/oryx/cy2020_joint_commission_measures_effective_january_1_2020.pdf">https://www.jointcommission.org/-/media/tjc/documents/measurement/oryx/cy2020_joint_commission_measures_effective_january_1_2020.pdf</a></p>                                                     |                                                                              |            |                             |       |       |                                    |              |              |              |
| <b>1.A - 4</b>                                                               | <b>In CY2020, is the Joint Commission retiring the three chart-abstracted measures that CMS previously removed effective with their CY2019 reporting period (i.e., ED-1, IMM-2 and VTE-6)?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |            |                             |       |       |                                    |              |              |              |
|                                                                              | <p>No, The Joint Commission <b>has not</b> retired ED-1, IMM-2 and VTE-6. These measures remain on the list of “Additional Available Joint Commission Chart-Abstracted Measures Available for Selection”.</p> <p>For CY2020 data, these measures may be used by CAHs, small (ADC ≤ 10) and ORYX designated specialty hospitals to meet their ORYX requirements. In addition, hospitals with an ADC &gt; 10 wishing to report additional measures beyond their required chart-abstracted measure(s) may select from these measures.</p>                                                                                                                                                                                                                                                                                |                                                                              |            |                             |       |       |                                    |              |              |              |
| <b>1.A - 5</b>                                                               | <b>What chart-abstracted measures are available for reporting in CY2020?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |            |                             |       |       |                                    |              |              |              |
|                                                                              | <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr style="background-color: #003366; color: white;"> <th style="text-align: left;">Available Joint Commission Chart-Abstracted Measures Available for Selection</th> </tr> </thead> <tbody> <tr><td>ED-1, ED-2</td></tr> <tr><td>PC-01*, PC-02, PC-05, PC-06</td></tr> <tr><td>VTE-6</td></tr> <tr><td>IMM-2</td></tr> <tr><td>HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5</td></tr> <tr><td>TOB-2, TOB-3</td></tr> <tr><td>SUB-2, SUB-3</td></tr> <tr><td>OP-18, OP-23</td></tr> </tbody> </table> <p>*PC-01 is required for Acute Care Hospitals with an ADC&gt;10 that provide obstetrical services. For hospitals with at least 300 live births per year, three additional chart-abstracted measures are required: PC-02, PC-05, and PC-06.</p> | Available Joint Commission Chart-Abstracted Measures Available for Selection | ED-1, ED-2 | PC-01*, PC-02, PC-05, PC-06 | VTE-6 | IMM-2 | HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5 | TOB-2, TOB-3 | SUB-2, SUB-3 | OP-18, OP-23 |
| Available Joint Commission Chart-Abstracted Measures Available for Selection |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |            |                             |       |       |                                    |              |              |              |
| ED-1, ED-2                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |            |                             |       |       |                                    |              |              |              |
| PC-01*, PC-02, PC-05, PC-06                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |            |                             |       |       |                                    |              |              |              |
| VTE-6                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |            |                             |       |       |                                    |              |              |              |
| IMM-2                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |            |                             |       |       |                                    |              |              |              |
| HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |            |                             |       |       |                                    |              |              |              |
| TOB-2, TOB-3                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |            |                             |       |       |                                    |              |              |              |
| SUB-2, SUB-3                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |            |                             |       |       |                                    |              |              |              |
| OP-18, OP-23                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |            |                             |       |       |                                    |              |              |              |
| <b>1.A - 6</b>                                                               | <b>Has the Joint Commission adopted the sepsis measure?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              |            |                             |       |       |                                    |              |              |              |
|                                                                              | No, The Joint Commission <b>has not</b> adopted the Centers for Medicare & Medicaid Services (CMS) “sepsis management bundle” (SEP-1).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |            |                             |       |       |                                    |              |              |              |

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| <b>1.A - 7</b> | <b>Where do I view my measure selections for chart-abstracted measures and eQMs?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                | <p><b>Chart-abstracted Measures:</b><br/>For CY2019, chart-abstracted measures may be viewed in the ORYX Measure Selection (OMS) application which is available on “Joint Commission Connect®”. With the transition to the DDSP, this information will be available in a view only mode until 4Q2019 data submission close.</p> <p>For CY2020, all hospitals submitting chart-abstracted data to The Joint Commission for the 2020 calendar year will be able to view and manage their measure selections from within the DDS Platform at the time of data submission.</p> <p><b>eQMs:</b><br/>All hospitals submitting eQM data to The Joint Commission for CY2020 will be able to manage their measure selections from within the DDS Platform at the time of data submission.</p> <p><b>For organizations self-reporting their measures:</b> We are no longer maintaining the OMS application in Joint Commission Connect. Hospitals that do not use the DDS Platform must select and track their measures and make measure data reports available for review by surveyors during on-site surveys.</p> |
| <b>1.A - 8</b> | <b>Does the Joint Commission have any type of extraordinary circumstances or exemption process for hospitals?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                | <p>Hospitals who believe they have an extenuating circumstance that would impact CY2020 eQM and/or chart-abstracted data for accreditation purposes should request an Extenuating Circumstance Request (ECR) form via email to: <a href="mailto:hcooryx@jointcommission.org">hcooryx@jointcommission.org</a> (<b>SEE 0.X - 6</b>)</p> <p>REMINDER: For Chart-Abstracted Measures, data submission is optional for 1Q2020 and 2Q2020. HCOs do not need to submit an ECR for this timeframe.</p> <p><b>The deadline to request an extenuating circumstance for annual submission of CY2020 eQMs is: February 1, 2021.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>1.A - 9</b> | <b>Where can I find a list of Joint Commission approved chart-abstracted vendors for accreditation purposes for CY2020?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                | <p>Effective 1/1/2020, The Joint Commission no longer has contracts with ORYX vendors and there is no longer a list of Joint Commission approved ORYX vendors. For CY2020 and forward, all hospitals required to submit data, or Small/CAH/ORYX designated specialty hospitals electing to submit data will utilize the DDS Platform for submission of both chart-abstracted measures and eQMs data for accreditation purposes.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>1.A-10</b>  | <b>What ORYX data will be publicly reported on Quality Check?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                | <p>Hospitals reporting chart-abstracted measures will continue to have their data and performance on the chart-abstracted measures reported on Quality Check except as noted in <i>Section 0: Modifications Due to COVID-19</i>. (<b>SEE 0.X - 7</b>)</p> <p>At this time, eQM data is not being publicly reported on Quality Check by The Joint Commission.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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| <b>1.A -11</b> | <p><b>For chart-abstracted measures and eQMs, does The Joint Commission have a case threshold (five or fewer) exemption and/or a zero-denominator attestation like CMS?</b></p> <p>Joint Commission's requirements are that hospitals should only select measures applicable to the services provided and patient populations served. A hospital can still meet the intent of the ORYX requirement if at least one patient is in the initial population for each measure submitted.</p> <p><b>For eQMs</b><br/>The Joint Commission is aligned with CMS with allowing attestation for zero denominators in a measure or, if desired, invoking the case threshold exemption (five or fewer cases in the denominator).<br/>When submitting eCQM data via the DDS Platform:</p> <ul style="list-style-type: none"> <li>• <i>Zero Cases</i>: a checkmark indicates HCO's attestation of having zero patients/cases that fit the denominator criteria for the calendar quarter.</li> <li>• <i>Threshold Exemption</i>: a checkmark indicates the hospital is submitting this measure to The Joint Commission; however, they are invoking the exemption to not submit the associated patient-level data because they have five or fewer cases that fit the denominator criteria for the calendar quarter.</li> <li>• <i>Zero Cases in IP</i>: a checkmark indicates "No cases are in the Initial Population (IP) of the measure; however, my hospital has certified EHR software capable of generating QRDA I documents for the measure."</li> </ul> <p>NOTE: for submission of eQMs to The Joint Commission, it is appropriate if the "one self-selected calendar quarter" to be submitted is by measure; meaning that the HCO submits eQMs, but not necessarily all eQMs are submitted for the same quarter.</p> <p><b>For chart-abstracted measures</b><br/>The Joint Commission is aligned with CMS with allowing attestation for zero denominators in a measure.<br/>When submitting chart-abstracted data via the DDS Platform:</p> <ul style="list-style-type: none"> <li>• <i>Zero Cases</i>: if a zero (0) is entered into the Denominator (proportion/ratio measures) or Population (continuous variable measures) field, the user will be prompted to attest that the HCO had zero patients/cases that fit the denominator criteria for the month.</li> </ul> <p>NOTE:</p> <ul style="list-style-type: none"> <li>• The exemption for not submitting patient-level data when the hospital has five or fewer discharges that fit the denominator criteria for the calendar quarter is no longer applicable for chart-abstracted measures as hospitals are only submitting aggregate data.</li> <li>• There is no exemption for chart-abstracted measures as it relates to certified EHR software.</li> </ul> |
| <b>1.A -12</b> | <p><b>If reporting the TOB, SUB, or IMM measures to The Joint Commission, who should be included in the patient population?</b></p> <p>For Joint Commission reporting purposes, when determining the patient population to be included and sampled (using Global Sampling specifications), all applicable inpatients from across the accredited hospital must be included regardless of location, setting of care, and/or payment source.</p> <p>Hospitals submitting TOB, SUB and/or IMM measures must implement the Joint Commission's sampling requirements. CMS accepts the Joint Commission's sampling requirements for their Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>1.A -13</b> | <p><b>If reporting the HBIPS measures to The Joint Commission, who should be included in the patient population?</b></p> <p>For Joint Commission reporting purposes, when determining the patient population to be included and sampled for HBIPS, all psychiatric inpatients must be included regardless of payment source.</p> <p>Hospitals must implement the Joint Commission's sampling requirements for the HBIPs measures. CMS accepts the Joint Commission's sampling requirements for their Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

## What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

### 1.A -14 What data will be reported and displayed in the ORYX Performance Measure Report provided quarterly to the hospital?

The Joint Commission is transitioning from the ORYX Performance Measure Report (PMR) to the Accelerate PI Dashboard. The dashboard is available via hospitals Joint Commission Connect site, under “Resources and Tools”.

The source of data for both reports is the same, but the visualizations are different in each report. There will be a period of time during which both reports are produced.

Accelerate PI will be the only method of data visualization for ORYX data starting with CY2020 data. The Joint Commission will produce the PMR for data reported for 4Q CY2019. After that, all ORYX data visualizations will be in the Accelerate PI format.

Prior PMRs will be available for organizations to download from their JC Connect® sites through June 2021, at which point the PMRs will be removed.

### 1.A -15 Where do I ask questions regarding various measurement topics such as ORYX requirements, Direct Data Submission?

**ORYX and Performance Measurement:** For questions related to ORYX measure requirements, extenuating circumstance requests, and related processes, and onboarding to the Direct Data Submission (DDS) Platform for chart-abstracted measures, or eCQM submissions, send an email to: [hcooryx@jointcommission.org](mailto:hcooryx@jointcommission.org) and be certain to include your HCO ID # in the subject line.

**Direct submission of data - Already on the Platform:** If your hospital already has access to the Direct Data Submission (DDS) Platform for submittal of eCQMs or chart-abstracted measures and has questions/issues with that process or Platform, those questions are submitted directly within the Platform via the “Need Help?” button; Then select: “Create a DDS Platform Support Ticket”. The DDS Platform also has help screens, links, and “how to” videos to assist with answering common questions via the “Need Help?” feature on the Platform. The Joint Commission staff are prepared to respond to help with inquiries in a timely manner.

**Direct Submission of data – Not onboarded:** Hospitals that did not use the DDS Platform to submit CY2019 eCQM data, or that are new to the Platform and/or electing to submit data via the DDS Platform for the first time, should ask questions via [hcooryx@jointcommission.org](mailto:hcooryx@jointcommission.org). Hospitals were provided with onboarding information via emails February 12th and 18th 2020. Newly accredited hospitals should email [hcooryx@jointcommission.org](mailto:hcooryx@jointcommission.org) to request to be onboarded.

**Chart-Abstracted Specifications:** Measure questions related to Joint Commission Specifications must be submitted to the Wiki Platform: <https://manual.jointcommission.org/>

**eCQM Specifications:** Measure questions related to eCQM specifications should be submitted by accessing support resources; Click [HERE](#) or copy and paste the following web address in your internet browser: <https://www.jointcommission.org/measurement/specification-manuals/electronic-clinical-quality-measures/>



## What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

1.A-16

**Why don't I get ORYX email notifications and how can I be added to the list to receive these communications?**

There are a few possible reasons why you may not receive ORYX email notifications:

1. ORYX email notifications are sent to the individuals documented within your hospitals Joint Commission Connect site. Notifications are primarily sent to the listed ORYX Contact, with additional notifications going to the Primary Accreditation and/or Certification Contact, Chief Quality Office, and CEO depending on the significance and/or subject of the notifications.

**Note:** If you should be listed as either the ORYX Contact, Primary Accreditation and/or Certification Contact, Chief Quality Office, or CEO for your hospital, please contact your hospital's Joint Commission Connect Site Administrator, as they are the only one with the authority to modify your hospital's list of contacts.

2. If you are a listed contact (i.e., ORYX Contact, Primary Accreditation and/or Certification Contact, Chief Quality Office, or CEO), check to see if you have opted out of receiving emails from The Joint Commission. You may have opted out in one of two ways, either by checking the opt-out box on the "Security Admin" page on Joint Commission Connect and/or you have clicked the 'One\_Click Unsubscribe' link at the bottom of an email sent by The Joint Commission. Users that have opted out of receiving e-mails and want to opt back in will need to contact [hcooryx@jointcommission.org](mailto:hcooryx@jointcommission.org) for assistance.

3. If you have not opted out of receiving emails, please check with your internal IT department and ask if your hospital is using email filtering. Hospitals that use email filtering need to whitelist (see definition below) specific domains and email addresses to ensure all communications are received.

- For general Joint Commission communication, whitelist The Joint Commission Domain (@jointcommission.org)

DDS Platform users also need to whitelist:

- The Apervita Domain (@apervita.com)
- The Apervita email address (accounts@apervita.com )
- The domain of jira@apervita.atlassian.net (which is the domain/site for the Direct Data Submission (DDS) Platform support)

*Definition:* A whitelist is a list of e-mail addresses or domain names from which an e-mail blocking program will allow messages to be received. E-mail blocking programs, also called spam filters, are intended to prevent most unsolicited e-mail messages (spam) from appearing in subscriber inboxes. Depending on your email software, emails may also go to a clutter/junk/spam/other folder. If you are uncertain how your hospital handles whitelisting, please contact your internal information systems staff.

1.A-17

**For CY2020, can a hospital invite an external user (e.g., vendor or consultant) to assist them on the DDS Platform for submission of eCQM or chart-abstracted measures?**

Hospital staff using the Joint Commission's DDS Platform for measure submission can grant external user permissions to assist with functionality at their discretion. Hospital staff can add/invite users via the DDS Platform menu topic, "Invite & Manage Users".

Effective with CY2020 data, The Joint Commission no longer has any contracts with ORYX vendors. Hospital staff using the Joint Commission's DDS Platform are responsible for the data submission process and the relationships and maintenance of all users they have invited onto their DDS Platform Workspace.

## **What you need to know: Frequently Asked Questions (FAQs)**

### 2020 ORYX® Performance Measure Reporting Requirements

**1.A -18 How are hospitals billed for the ORYX annual fee?**

HCOs with ORYX requirements are directly billed an annual fee in January based upon organizational weighted volumes for both eCQMs and chart-abstracted submissions.

ORYX fees are billed to acute care hospitals with ORYX requirements, as well as small/ORYX designated specialty/critical access hospitals choosing to submit chart-abstracted and/or eCQM data. For CY2020, the ORYX annual fees were billed as a separate invoice to allow flexibility to organizations internal payment processes.

**1.A -19 What is the difference between our Joint Commission HCO number and our CCN number?**

The HCO ID# is not the same as CMS' CCN. The HCO identification number is a unique number assigned by The Joint Commission. The Joint Commission's HCO ID# can most easily be found when logged into your organization's Joint Commission Connect site, in the upper right-hand corner, under the facility name and address.

**1.A -20 For chart-abstracted measures, what data will hospitals submit using the DDS Platform starting with CY2020?**

See the Joint Commission Guide for Data Entry of Chart-Abstracted Measures version 2020 which describes the aggregate data requirements for hospitals submitting chart-abstracted measure data. The information in the Guide is intended to assist health care organizations in their preparation for data entry of their aggregate data into the Joint Commission's Direct Data Submission Platform (DDSP).

Click [HERE](#) or copy and paste the following web address in your internet browser:

<https://www.jointcommission.org/measurement/specification-manuals/chart-abstracted-measures/>

**1.A -21 How do I make CY2020 chart-abstracted and/or eCQM measure selections?**

All hospitals submitting data to The Joint Commission for CY2020 will manage their measure selections from within the DDS Platform at the time of data submission.

# What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

## 1. ORYX ACCREDITATION REPORTING REQUIREMENTS

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### B. HOSPITALS (HAP) WITH AN AVERAGE DAILY CENSUS (ADC) OF GREATER THAN 10 INPATIENTS

#### 1.B -22 Which chart abstracted measures must a hospital with an ADC >10 report to The Joint Commission for CY2020?

Acute Care Hospitals with an ADC >10 must select and submit data to The Joint Commission on both chart-abstracted measures and eCQMs:

| Required CY2020 Joint Commission Chart-Abstracted Measures                                                               | Optional CY2020 Joint Commission Chart-Abstracted Measures |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Hospitals that provide obstetrical services must submit PC-01*                                                           | ED-1, ED-2<br>IMM-2<br>HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5  |
| Hospitals that provide obstetrical services and have ≥300 live births annually must also submit: PC-02, PC-05, and PC-06 | OP-18, OP-23<br>SUB-2, SUB-3<br>TOB-2, TOB-3<br>VTE-6      |

**Note:** Effective 1/1/2020, PC-03 and PC-04 have been retired.

\*Acute Care Hospitals with an ADC>10 and no obstetrical services have no chart-abstracted measure requirements; they are not required to select additional available chart-abstracted measures to substitute/replace the PC measures but may elect to submit additional measures if they choose.

#### 1.B -23 On which electronic clinical quality measures (eCQMs) must a hospital with an ADC >10 report data to The Joint Commission for 2020?

Acute Care Hospitals with an ADC >10 are required to self-select four of ten available eCQMs, applicable to the services provided and patient populations served by the hospital. The ten eCQMs are:

| Select four (4) CY2020 Joint Commission eCQMs |
|-----------------------------------------------|
| eED-2                                         |
| ePC-01, ePC-02, ePC-05                        |
| eSTK-2, eSTK-3, eSTK-5, eSTK-6                |
| eVTE-1, eVTE-2                                |

- The CY2020 eCQM annual submission deadline is 3/15/2021 using The Joint Commission Direct Data Submission Platform.
- Hospitals may elect to report additional eCQMs (beyond the minimum 4) relevant to services provided and patient populations served by the hospital.
- Hospitals submitting eCQMs manage their eCQM selections to The Joint Commission within the Direct Data Submission (DDS) Platform.
- Organizations that do not have access to the DDS Platform should contact: [hcooryx@jointcommission.org](mailto:hcooryx@jointcommission.org)
- Please note: For CY2020 The Joint Commission has retained ePC-01 which CMS has removed and added ePC-02 which CMS does not offer.*

Click [HERE](#) for the list of CY2020 measures or copy and paste the following web address in your internet browser:

[https://www.jointcommission.org/-/media/tic/documents/measurement/oryx/cy2020\\_joint\\_commission\\_measures\\_effective\\_january\\_1\\_2020.pdf](https://www.jointcommission.org/-/media/tic/documents/measurement/oryx/cy2020_joint_commission_measures_effective_january_1_2020.pdf)

## What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1.B -24</b> | <p><b>What if my hospital with an ADC &gt;10 cannot report on the required chart-abstracted PC-01 measure as we do not provide Obstetrical Services?</b></p> <p>Acute Care Hospitals not providing Obstetrical Services are not required to select an alternate measure from the list of additional available measures, though they may do so if they wish.</p>                                                                                                                                                                                                                                                                          |
| <b>1.B -25</b> | <p><b>Are hospitals with an ADC &gt;10 required to report on all the Perinatal Care (PC) measures?</b></p> <p>Acute Care Hospitals that provide Obstetrical Services are required to submit the PC-01 chart-abstracted measure.</p> <p>In addition, hospitals with at least 300 live births per year must report on the three additional chart-abstracted PC measures:</p> <ul style="list-style-type: none"> <li>• PC-02 Cesarean Birth</li> <li>• PC-05 Exclusive Breast Milk Feeding</li> <li>• PC-06 Unexpected Complications in Term Newborns</li> </ul> <p><b>Note:</b> Effective 1/1/2020, PC-03 and PC-04 have been retired.</p> |
| <b>1.B -26</b> | <p><b>If my hospital has fewer than 300 live births per year, are we still able to select and report on any of the additional PC measures?</b></p> <p>Any acute care hospital that provides OB services may elect to report on any additional PC measures.</p>                                                                                                                                                                                                                                                                                                                                                                           |
| <b>1.B -27</b> | <p><b>In selecting our four eCQMs, can we select the perinatal care eCQMs which corresponds to my required chart-abstracted perinatal care measure(s)?</b></p> <p>If you provide Obstetrical Services, you may report on both your required chart-abstracted measure(s) and the corresponding eCQM(s).</p> <p>For example, hospitals with at least 300 live births per year are required to report on PC-01, PC-02, PC-05, and PC-06. These hospitals may also choose to report on ePC-01, ePC-02, and/or ePC-05 to fulfill some of their eCQM requirements.</p> <p><b>Note:</b> PC-06 has not yet been defined as an eCQM.</p>          |

# What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

## 1. ORYX ACCREDITATION REPORTING REQUIREMENTS

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### C. SMALL HOSPITALS (HAP WITH ADC ≤ 10), CRITICAL ACCESS HOSPITALS (CAH), & ORYX DESIGNATED SPECIALTY HOSPITALS

**1.C-28** For 2020, will critical access hospitals (CAHs), ORYX designated specialty, or hospitals with small inpatient populations (ADC ≤ 10) be required to meet the same ORYX reporting requirements as larger hospitals (ADC > 10)?

The requirements for CAHs, ORYX designated specialty, and small hospitals with an ADC ≤ 10, are different than the requirements for acute care hospitals with an ADC > 10. These facilities will collect data on a total of any three measures applicable to the services provided and patient populations served.

The three measures must be selected from the chart-abstracted measures and/or eCQMs listed below. For example, a hospital could choose to report on 3 chart-abstracted measures, or 2 chart-abstracted measures and 1 eCQM, or 3 eCQMs, etc.

| Pick three (3)                             |                                |
|--------------------------------------------|--------------------------------|
| Joint Commission Chart-Abstracted Measures | Joint Commission eCQM Measures |
| ED-1, ED-2                                 | eED-2                          |
| PC-01, PC-02, PC-05, PC-06                 | ePC-01, ePC-02, ePC-05         |
| VTE-6                                      | eVTE-1, eVTE-2                 |
| IMM-2                                      | eSTK-2, eSTK-3, eSTK-5, eSTK-6 |
| HBIPS-1, HBIPS-2, HBIPS-3, HBIPS-5         |                                |
| TOB-2, TOB-3                               |                                |
| SUB-2, SUB-3                               |                                |
| OP-18, OP-23                               |                                |

**1.C-29** For CY2020, are small, ORYX designated specialty, and CAHs required to submit data using the Direct Data Submission (DDS) Platform?

Small, ORYX designated specialty, and CAHs remain exempt from the requirement to submit data to The Joint Commission but are encouraged to do so. Hospitals that choose to submit CY2020 data, may do so via The Joint Commission Direct Data Submission (DDS) Platform.

If a Small/Critical Access/ORYX designated specialty hospital chooses not to submit data to The Joint Commission, they do not need to be onboarded to the DDS Platform.

Small/Critical Access/ORYX designated specialty hospitals that do not submit data via the DDS Platform are required to adhere to ORYX Performance Measure reporting by selecting a minimum of three applicable measures per Joint Commission specifications and making the data available at the time of survey. Small/Critical Access/ORYX designated specialty hospitals do not need to notify us in advance if they are self-reporting their data, and we will not be tracking what measures self-reporting entities collect. Whatever measure data is collected should be applicable to the organization's patient population and services offered and should be collected on an annual basis.

NOTE: Small/Critical Access/ORYX designated specialty facilities not using the Joint Commission DDS Platform will need to develop their own method for providing data reports for review by surveyors during on-site surveys.

They should work with their IT/Informatics staff and/or their EHR vendor to create reports to serve this function.

## **What you need to know: Frequently Asked Questions (FAQs)**

### 2020 ORYX® Performance Measure Reporting Requirements

|                |                                                                                                                                                                                                                                                                           |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1.C -30</b> | <b>How is a facility determined to be an ORYX Designated Specialty Hospital?</b>                                                                                                                                                                                          |
|                | Organizations that believe they are a specialty hospital (e.g. Orthopedic, Surgical, Cardiac, etc.) must contact <a href="mailto:hcooryx@jointcommission.org">hcooryx@jointcommission.org</a> to discuss applicability of the “ORYX Designated Specialty hospital”.       |
| <b>1.C -31</b> | <b>In selecting our three measures, can we select the chart-abstracted measure and eCQM which correspond to each other?</b>                                                                                                                                               |
|                | You may collect data on both the corresponding chart-abstracted measure and eCQM.<br>For example, you may report on both ED-2 and eED-2 or, if you provide Obstetrical Services, PC-01 and ePC-01.                                                                        |
| <b>1.C -32</b> | <b>Do small hospitals and CAHs need to report on the Perinatal Care (PC) measures?</b>                                                                                                                                                                                    |
|                | Small hospitals and CAHs are not required to collect data on the PC chart-abstracted measures to meet their 2020 ORYX reporting requirements. However, they may elect to use any of the PC measures (chart-abstracted and/or eCQMs) if they provide obstetrical services. |

# What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

## 1. ORYX ACCREDITATION REPORTING REQUIREMENTS

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### D. (HAP) FREESTANDING PSYCHIATRIC HOSPITALS, INPATIENT PSYCHIATRIC FACILITIES AND INPATIENT PSYCHIATRIC UNITS

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1.D -33</b> | <p><b>What measures will separately accredited psychiatric hospitals be required to report to meet 2020 ORYX reporting requirements?</b></p> <p>Psychiatric hospitals that are “freestanding” facilities separately accredited by The Joint Commission (i.e., not surveyed and accredited as a site or an inpatient unit under the main Joint Commission accredited hospital) will continue to be required to report on the four Hospital-Based Inpatient Psychiatric Services (HBIPS) Joint Commission Chart-Abstracted Measures only, to include: HBIPS-1, HBIPS-2, HBIPS-3, and HBIPS-5. Psychiatric hospitals will be required to use the DDS Platform to submit their chart-abstracted data. See Question <a href="#">1.A – 1</a> for additional information.</p> <p>Hospitals with an inpatient psychiatric unit are not required to report the HBIPS measures but may do so if they choose.</p> |
| <b>1.D -34</b> | <p><b>Do inpatient psychiatric units or general medical/surgical hospitals that operate a separate psychiatric hospital surveyed and accredited under the main Joint Commission accredited hospital have to report on the HBIPS measures?</b></p> <p>For Joint Commission purposes, accredited general medical/surgical hospitals with inpatient psychiatric units or that operate a separate psychiatric hospital surveyed and accredited under the main Joint Commission accredited hospital are not required to report on the HBIPS measures, however, may do so if they choose.</p> <p>The CMS Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program includes inpatient psychiatric facilities and inpatient psychiatric units that bill under the Medicare Inpatient Psychiatric Facilities Prospective Payment System.</p>                                                          |
| <b>1.D -35</b> | <p><b>Please clarify if the HBIPS-1 measure is required for Joint Commission Freestanding Psychiatric Hospitals, as this measure has never been required by CMS?</b></p> <p>The Joint Commission ORYX reporting requirements are separate from the CMS Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program requirements.</p> <p>HBIPS-1 continues to be required for “freestanding” psychiatric hospitals along with HBIPS-2, HBIPS-3, and HBIPS-5.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>1.D -36</b> | <p><b>Do psychiatric hospitals have to select and report on eQMs?</b></p> <p>For CY2020, there are no corresponding eQMs available for selection by psychiatric facilities or inpatient psychiatric units.</p> <p>HBIPS, TOB, SUB, or IMM are only available as chart-abstracted measures and there are no corresponding eQMs available for selection as additional measures for by psychiatric facilities or inpatient psychiatric units.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>1.D -36</b> | <p><b>For CY2020, are Freestanding Psychiatric Hospitals required to submit data using the Direct Data Submission (DDS) Platform?</b></p> <p>Yes; Freestanding Psychiatric Hospitals will collect and report monthly aggregate data on a quarterly basis on four HBIPS chart-abstracted measures for calendar year (CY) 2020 using The Joint Commission Direct Data Submission (DDS) Platform.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

**What you need to know:  
Frequently Asked Questions (FAQs)**  
2020 ORYX® Performance Measure Reporting Requirements

## 1. ORYX Accreditation Reporting Requirements

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### E. HOSPITALS (HAP) WITH SUSPENDED ORYX REQUIREMENTS

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1.E -37</b> | <p><b>We are an Inpatient Rehabilitation Facility (IRF), what measures are we required to report on to meet ORYX requirements?</b></p> <p>Inpatient rehabilitation facilities (IRF): ORYX performance measure reporting requirements continue to be suspended</p>                                                                                                                                                                                          |
| <b>1.E -38</b> | <p><b>We are a Long-term Acute Care Hospital (LTACH), what measures are we required to report on to meet ORYX requirements?</b></p> <p>Long term care acute hospitals (LTACH): ORYX performance measure reporting requirements continue to be suspended</p>                                                                                                                                                                                                |
| <b>1.E -39</b> | <p><b>We are a Children’s Hospital, what measures are we required to report on to meet ORYX requirements?</b></p> <p>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): ORYX performance measure reporting requirements continue to be suspended</p> |



# What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

## 2. ELECTRONIC CLINICAL QUALITY MEASURES (eCQMs)

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### F. GENERAL

#### 2.F -40 What are the 2020 eCQM requirements?

The Joint Commission continues to align as closely as possible with CMS. On August 2, 2019 CMS published its fiscal year (FY) 2020 Inpatient Prospective Payment System (IPPS) final rule. This rule included requirements for CY2020 Hospital Inpatient Quality Reporting Program requirements. In the final IPPS rule:

- CMS extended the current eCQM submission and reporting requirements for CY2020 reporting. Hospitals submit one, self-selected quarter on four self-selected eCQMs.

*Note:* As finalized in the FY 2019 IPPS final rule, seven eCQMs were removed for CMS CY2020 reporting with eight eCQMs available. The Joint Commission has ten eCQMs available.

#### **Joint Commission Electronic Clinical Quality Measure (eCQMs) Reporting Requirements for Hospital Accreditation Program (HAP) with an ADC > 10 are as follows:**

- Acute Care Hospitals with an ADC >10 report a minimum of 4 self-selected eCQMs applicable to the services provided and patient populations served by the hospital, for a minimum of one self-selected quarter.
  - 10 eCQMs are available for selection (eED-2, ePC-01, ePC-02, ePC-05, eSTK-2, eSTK-3, eSTK-5, eSTK-6, eVTE-1, eVTE-2)
  - All hospitals utilize the Direct Data Submission (DDS) Platform for eCQM data submission.

See Section [1-B](#) for additional information.

*Please note: For CY2020 The Joint Commission has retained ePC-01 which CMS removed, and the Joint Commission added ePC-02 which CMS does not offer.*

#### **Freestanding Psychiatric Hospitals (HAP) Accreditation Program Reporting Requirements**

- There are no corresponding HBIPS eCQMs available for selection by psychiatric facilities or inpatient psychiatric units. In addition, there are no corresponding TOB, SUB, or IMM eCQMs available for selection as additional measures by psychiatric facilities or inpatient psychiatric units. See Section [1-D](#) for additional information.

#### **Critical Access Hospitals (CAHs), Small Hospitals (HAP with ADC ≤ 10), and ORYX Designated Specialty Program Reporting Requirements**

Collect data on a total of three measures applicable to the services provided and patient populations served by the hospital from any combination of chart-abstracted measures and/or eCQMs. See Section [1-C](#) for additional information.

**For more information** regarding The Joint Commission's 2020 eCQM requirements and related information can be found at the "Measurement" link (<https://www.jointcommission.org/measurement/>)

## What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

### 2.F -41 Can a hospital use the same eCQMs being submitted to CMS to meet the Joint Commission's 2020 ORYX requirements?

#### 2020 Joint Commission eCQMs

Eight of the ten eCQMs offered by The Joint Commission for 2020 ORYX measure reporting are in alignment with CMS and utilize the same measure specifications. The ten eCQMs are:

- eED-2 Admit Decision Time to ED Departure Time for Admitted Patients
- ePC-01 Elective Delivery (the Joint Commission retained)
- ePC-02 Cesarean Birth (the Joint Commission adopted as of 1/1/2020 discharges)
- ePC-05 Exclusive Breast Milk Feeding
- eSTK-2 Discharged on Antithrombotic Therapy
- eSTK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter
- eSTK-5 Antithrombotic Therapy by End of Hospital Day Two
- eSTK-6 Discharged on Statin Medication
- eVTE-1 Venous Thromboembolism Prophylaxis
- eVTE-2 Intensive Care Unit Venous Thromboembolism Prophylaxis

ePC-01 and ePC-02: The Joint Commission continues its commitment to actively develop and test additional eCQMs. Information regarding The Joint Commission's eCQM specifications developed by The Joint Commission or that will be maintained by The Joint Commission following removal by CMS, can be found at the "Measurement" link under Specifications:

<https://www.jointcommission.org/measurement/specification-manuals/electronic-clinical-quality-measures/>

For specifications related to all remaining eCQMs in alignment with CMS, see the CMS/ONC eCQI Resource Center at <https://ecqi.healthit.gov/eh-cah-ecqms>

### 2.F -42 Has the Joint Commission retired the seven eCQMs for the CY2020 reporting period that CMS finalized for removal in the August 2019 IPPS final rule?

The Joint Commission has aligned with CMS and retired:

- eAMI-8a Primary PCI Received Within 90 Minutes of Hospital Arrival
- eCAC-3 Home Management Plan of Care Document Given to Patient/Caregiver
- eED-1 Median Time from ED Arrival to ED Departure for Admitted ED Patients
- eEHDI-1a Hearing Screening Prior to Hospital Discharge
- eSTK-8 Stroke Education (retired by The Joint Commission effective 1/1/2017)
- eSTK-10 Assessed for Rehabilitation (retired by The Joint Commission effective 1/1/2017)

The Joint Commission has two additional eCQMs available for selection:

- Retained ePC-01 (Elective Delivery) which CMS has removed for CY2020 reporting; and
- Added ePC-02 (Cesarean Birth) starting with 1/1/2020 discharges.

Information regarding The Joint Commission's ePC-01 and ePC-02 eCQM specifications, can be found at the "Measurement" link under Specifications:

<https://www.jointcommission.org/measurement/specification-manuals/electronic-clinical-quality-measures/>

## What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2.F -43</b> | <b>Is there a minimum number of patients required to be in the measure population for a hospital to select eCQMs for submission to The Joint Commission?</b>                                                                                                                                                                                                                                                                                                                                                           |
|                | Hospitals should select those eCQMs for which they provide the service and have a patient population to derive a quality improvement benefit.                                                                                                                                                                                                                                                                                                                                                                          |
| <b>2.F -44</b> | <b>What if we cannot pick four eCQMs that are applicable to the hospital services provided and patient populations?</b>                                                                                                                                                                                                                                                                                                                                                                                                |
|                | As with the chart-abstracted measures, selections should be based on populations served and services provided. If a hospital does not provide a service(s) addressed by certain eCQMs such that the hospital is unable to identify four applicable eCQMs, then the hospital would report on only those eCQMs for which it has the relevant patient population/service. Hospitals should not select eCQMs for which it has no patient population and would be reporting zero values.                                    |
| <b>2.F -45</b> | <b>How do we make our eCQM measure selections – is there a form to fill out?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                | Hospitals submitting eCQMs manage their eCQM selections to The Joint Commission within the Direct Data Submission (DDS) Platform.                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>2.F -46</b> | <b>What are the key benefits of using the DDS Platform?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                | <p>Key benefits of the DDS Platform include:</p> <ul style="list-style-type: none"> <li>• 24/7 access during the submission period,</li> <li>• Easy to use data visuals,</li> <li>• Cloud-based Platform environment with fast file transfer,</li> <li>• Robust security and HIPAA compliance,</li> <li>• State of the art rules engine for eCQM data,</li> <li>• Transparency</li> </ul> <p>Hospitals can see results and outcomes prior to the final submission step of submitting data to The Joint Commission.</p> |
| <b>2.F -47</b> | <b>Does the Joint Commission accept QRDA III documents and what is the difference between QRDA I and QRDA III?</b>                                                                                                                                                                                                                                                                                                                                                                                                     |
|                | The QRDA III document is only being used by CMS for the submission of provider level aggregate data used in the Merit-based Incentive Payment System (MIPS) program. Both CMS and The Joint Commission are utilizing the QRDA I document for submission of hospital patient-level eCQM data for our respective uses.                                                                                                                                                                                                   |
| <b>2.F -48</b> | <b>For chart-abstracted measures and eCQMs, does The Joint Commission have a case threshold (five or fewer) exemption and/or a zero-denominator attestation like CMS?</b>                                                                                                                                                                                                                                                                                                                                              |
|                | See <a href="#">1.A-11</a> for more information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>2.F -49</b> | <b>When will eCQM data be publicly reported?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                | At this time, eCQM data is not being publicly reported by The Joint Commission on Quality Check.                                                                                                                                                                                                                                                                                                                                                                                                                       |

## What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

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|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2.F -50</b> | <b>Will hospitals reporting eCQM data receive reports similar to the Joint Commission’s current chart-abstracted ORYX Performance Measure Reports?</b>                                                                                                                                                                                                                                                                        |
|                | <p>eCQM data for CY2019 and CY2020 reporting periods will available to the HCOs via the Accelerate PI Dashboards.</p> <p>See Question: <a href="#">1.A -14</a> for more information regarding chart-abstracted measures.</p>                                                                                                                                                                                                  |
| <b>2.F -51</b> | <b>May we submit eCQM data on a quarterly basis just like chart-abstracted data?</b>                                                                                                                                                                                                                                                                                                                                          |
|                | <p>Currently, a minimum of one calendar quarter of data on the hospital’s selection of four eCQMs are due at The Joint Commission no later than the annual deadline date.</p> <p>Hospitals may submit their eCQM data on a quarterly basis; however, the submission deadline is the same for all quarters of eCQM data submitted.</p>                                                                                         |
| <b>2.F -52</b> | <b>When are CY2020 eCQM data due to The Joint Commission?</b>                                                                                                                                                                                                                                                                                                                                                                 |
|                | <p>For CY2020 eCQM data, the <b>submission deadline is March 15, 2021.</b></p>                                                                                                                                                                                                                                                                                                                                                |
| <b>2.F -53</b> | <b>Which version of eCQMs, HL7 standards, EHR Certification Versions, and CMS Implementation Guides must be utilized by hospitals reporting on eCQMs for 2020 and 2021?</b>                                                                                                                                                                                                                                                   |
|                | <p>The Joint Commission aligns with CMS on the eCQM version for each annual reporting period.</p> <p>See Attachment A: <i>CY2020 AND CY2021 REPORTING PERIOD: ECQM VERSIONS, HL7 STANDARDS, EHR CERTIFICATION VERSION, AND CMS IMPLEMENTATION GUIDES</i> for specific eCQM versions, HL7 standards, EHR Certification versions, and Implementation Guides that must be used respectively for CY2020 and CY2020 reporting.</p> |

## **What you need to know: Frequently Asked Questions (FAQs)**

### 2020 ORYX® Performance Measure Reporting Requirements

**2.F -54 Is the Joint Commission aligned with CMS on the usage of HL7's Clinical Quality Language (CQL)?**

The Joint Commission is aligned with CMS on the usage of HL7's Clinical Quality Language (CQL) standard.

As a measure developer, The Joint Commission works closely with CMS to develop the eCQM specifications utilizing not only HL7's HQMF (V3) normative standard, but also HL7's CQL standard and associated CQL-based HQMF Implementation Guide.

The DDS Platform's Rule Engine will implement the eCQM specifications based on CQL, as published by CMS on the eCQI Resource Center. In addition, all Joint Commission only eCQMs (e.g., ePC-01, ePC-02) will also be published and implemented using CQL.

See Attachment A: *CY2020 AND CY2021 REPORTING PERIOD: ECQM VERSIONS, HL7 STANDARDS, EHR CERTIFICATION VERSION, AND CMS IMPLEMENTATION GUIDES* for specific eCQM versions, HL7 standards, EHR Certification versions, and Implementation Guides that must be used respectively for CY2020 and CY2020 reporting.

**2.F -55 What is a QRDA file?**

The Quality Reporting Data Architecture (QRDA) is the data submission standard used for a variety of quality measurement and reporting initiatives. QRDA creates a standard method to report quality measures results in a structured, consistent format and can be used to exchange eCQM data between systems. QRDA Category I is an individual-patient-level report. It contains quality data for one patient for one or more eCQMs. The Direct Data Submission Platform uses the QRDA I file format.

Additional information concerning QRDA I is available on the eCQI Resource Center at:  
<https://ecqi.healthit.gov/qrda>

# What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

## 3. DIRECT DATA SUBMISSION (DDS) PLATFORM

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### G. GENERAL AND ONBOARDING

#### 3.G -56 What is Apervita’s relationship to The Joint Commission in supporting direct data submission?

Effective with January 1, 2020 patient discharges, HCOs now have one place to submit both eCQM and chart-abstracted data for accreditation purposes on the Direct Data Submission (DDS) Platform. The goal of the DDS Platform is to ease the burden and expense of data submission and empower HCOs with data for quality improvement.

The Joint Commission has partnered with Apervita, a leading health insights company, in building a Platform for the direct submission of data to The Joint Commission. Apervita is an industry-scale Platform-as-a-Service (PaaS) that empowers health enterprises to build, deploy and exchange analytic and data applications easily, improve performance and provide better care. Apervita provides a technical solution for rapidly building and deploying health care applications with innovative, powerful analytics, and collaboration capabilities.

The Joint Commission’s DDS Platform has been built upon Apervita’s technical solution.

The DDS Platform does not replace the hospital’s ONC-ACB certified Healthcare Record (EHR) and/or Health Information Technology (HIT) vendor(s) being used to capture patient data and/or generate their QRDA I documents.

#### 3.G -57 Does Apervita or the Joint Commission’s DDS Platform replace submissions of eCQMs or chart-abstracted data through CMS’ QualityNet Portal?

**eCQMs**

Apervita and the DDS Platform do not replace eCQM submission to CMS using the QualityNet secure portal.

**Chart-abstracted**

Apervita and the DDS Platform do not replace submission to CMS using the QualityNet secure portal for chart-abstracted data.

QualityNet includes a secure portal for receiving the submission of CMS eCQM and chart-abstracted data and the QualityNet portal is unable to provide The Joint Commission with a hospital’s eCQM or chart-abstracted data.

Neither the Joint Commission nor Apervita can provide QualityNet with Joint Commission data.

#### 3.G -58 Does Apervita or the Joint Commission’s DDS Platform replace the Joint Commission’s Connect website?

“Joint Commission Connect” is a secure website used by The Joint Commission for communication with accredited and certified organizations concerning, activities such as their pre and post survey/review process, scheduling activities, key communications, and alerts. The Joint Commission Connect website does not provide hospitals the ability to upload and submit performance measurement data to The Joint Commission.

The DDS Platform is a separate secure website built upon Apervita’s technical solution and specifically designed to support hospital’s activities of submitting performance measurement data to The Joint Commission for accreditation purposes.

## What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

### 3.G -59 How is the DDS Platform accessed?

Information concerning how to access the DDS Platform is communicated directly to hospitals as they are being onboarded to the Platform.

Hospitals that had access to the DDS Platform for submission of CY2019 eCQM data use the same weblink to access the CY2020 DDS Platform for submitting both chart-abstracted data and eQMs.  
(SEE: [3.G -69](#))

Do we need to be onboarded to the Direct Data Submission Platform?

- Hospitals that submitted data for CY2019 via the DDS Platform do not need to be onboarded. HCOs electing to submit data using the DDSP for the first time, should request to be onboarded

For HCOs that need access to DDS Platform, contact [hcooryx@jointcommission.org](mailto:hcooryx@jointcommission.org)

## **What you need to know: Frequently Asked Questions (FAQs)**

### 2020 ORYX® Performance Measure Reporting Requirements

#### **3.G -60 Who needs access to the DDS Platform?**

All HCOs that are required to submit ORYX data for accreditation purposes need to onboard and access the DDS Platform.

The Joint Commission initially onboards each hospital's identified DDS Designated Contact. For more information on the Designated Contact; SEE [3.G - 61](#).

The hospital is responsible for all users who are invited and granted permissions on the DDS Platform per the legal agreements signed by the hospital.

The users granted permission could include hospital staff, healthcare system staff and anyone else who is needed to assist in a successful submission of data for the hospital (e.g., consultant, vendor).

#### **3.G -61 What is the role of the Designated Contact for DDS Platform?**

The Designated Contact is specific to the DDS Platform. They are the first person to log onto the DDS Platform for a given hospital.

The Designated Contact is the hospital representative who has signing authority on behalf of their hospital(s) and will agree to and accept the required legal forms related to the DDS Platform. Once the invitation has been accepted and legal agreements signed, the Designated Contact is now simply a user on the Platform.

After initially accessing the DDS Platform, the Designated Contact can invite additional users to access their DDS workspace. These additional users may include other staff who can invite and manage other users. The Designated Contact is not necessarily the same person who performs the data upload and submittal process.

On-boarding is related to the agreement and acceptance of the required legal forms related to the DDS Platform. Designated Contacts should on-board as early as possible to facilitate the review and acceptance of the legal forms.

There are three distinct steps required to utilize the DDS Platform:

- (1) hospital onboarding;
- (2) uploading QRDA I documents;
- (3) submitting eCQM data.

NOTE: Each hospital is responsible for all users who are invited and granted permissions on the DDS Platform per the legal agreements.



## What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

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|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3.G -62</b> | <p><b>What is the difference between the three distinct steps required to utilize the DDS Platform for submission of eCQMs?</b></p> <p>(1) hospital onboarding;<br/>(2) uploading QRDA I documents;<br/>(3) submitting eCQM data.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | <p>(1) Hospital onboarding is performed by the Designated Contact where they agree and accept the required legal forms to utilize the DDS Platform. The Designated Contact can then invite and manage permissions for other users on the Platform.</p> <p>(2) Uploading QRDA I documents includes the ability to upload the hospital's QRDA I documents, review any errors or warning messages that are generated, and analyze measure results. At this point, the QRDA I documents are loaded into the hospital's workspace and the platform provides the capability to analyze QRDA I format issues, patient data issues and measure results before the measures are submitted to The Joint Commission. The Upload step may occur multiple times prior to submission.</p> <p>(3) Submitting eCQM data is a separate step from Uploading data to the DDS Platform. By separating the Upload and Submit steps, The Joint Commission is allowing hospitals the opportunity to review their uploaded documents and measure results prior to submitting their data. The Submission step occurs once before the submission deadline.</p> |
| <b>3.G -63</b> | <p><b>How do organizations utilize the DDS Platform for submission of chart-abstracted measures?</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                | <p>HCOs collect and report monthly data points on chart-abstracted aggregate data (i.e. numerator and denominator) on a quarterly basis beginning with 1Q2020 data using the DDS Platform. No patient level data is submitted. HCOs submit numerator and denominator data by month, with a few additional data points including inpatient population (IPP) and exclusions (as needed by measure).</p> <p><b>Refer to the:</b> <a href="#">Joint Commission Guide for Data Entry of Chart-Abstracted Measures</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>3.G -64</b> | <p><b>May a hospital invite an external user (e.g., vendor or consultant) to assist them on the DDS Platform?</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | <p>Hospital staff using the Joint Commission's DDS Platform can grant external user permissions to assist with functionality. For example, for eCQMs users may help with uploading QRDA I documents or the data verification process (correct QRDA I generation based on error/warnings, review measure results and rates to assist with data mapping issues) and for chart-abstracted measures assist with preparation of monthly aggregate data.</p> <p>Hospital staff using the Joint Commission's DDS Platform are responsible for the data submission process and the relationships with users on the DDS Platform.</p> <p>Note: The Joint Commission no longer has any contracts with ORYX vendors.</p>                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>3.G -65</b> | <p><b>Is the Designated Contact the same as the ORYX Contact listed on JC Connect?</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                | <p>The Designated DDS Contact is specific to the DDS Platform and may or may not be the same as the hospital's ORYX Contact. A different Designated DDS Contact will not change or impact the ORYX Contact on Joint Commission Connect.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>3.G -66</b> | <p><b>I'm the ORYX Contact, but not the Designated Contact for DDS. How do I inform The Joint Commission who the Designated Contact is?</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                | <p>The Designated Contact is the first person to initially access the DDS Platform and signs off on the legal documents on behalf of the hospital. Once a hospital has accessed the Platform and additional users have been granted access, there is no longer need for a specified Designated Contact. If an organization is unable to access the DDS Platform due to staff changes, they should contact <a href="mailto:hcooryx@jointcommission.org">hcooryx@jointcommission.org</a>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

## What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <b>3.G -67</b> | <b>What are the legal documents on the Direct Data Submission (DDS) Platform that must be agreed to before accessing the Platform?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                | <p>The Designated Contact for each hospital reads and agrees to the</p> <ol style="list-style-type: none"> <li>1. Business Associate Agreement (BAA) with Apervita</li> <li>2. End User License Agreement (EULA) with The Joint Commission establishing the right to use the DDS Platform.</li> </ol> <p><b>The Designated Contact must be a hospital representative who has signing authority on behalf of their hospital(s) and is authorized to agree to and accept the required legal forms related to the DDS Platform.</b></p> <p><i>Note:</i> Designated Contacts who will be signing for multiple hospitals must individually sign the BAA and EULA document for each hospital.</p> <p>In addition, <b>all users</b>, as part of the privacy and security process, will read and agree to the Platform's Terms of Service (ToS) during their registration process. The ToS defines the rules which users must agree to abide by to use the DDS Platform. This document is signed once by the user.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>3.G -68</b> | <b>My hospital is new to the DDS Platform for CY2020. As the Designated Contact, when do I get my invitation to access the Platform?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                | <p>In February 2020, The Joint Commission provided information regarding access to the DDSP for new hospitals. If you did not receive this information or are a newly accredited facility, contact <a href="mailto:hcooryx@jointcommission.org">hcooryx@jointcommission.org</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>3.G -69</b> | <b>My hospital used the DDS Platform to submit CY2019 data. When will I get my CY2020 Platform invitation?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                | <p>Hospital staff that had access to the CY2019 DDS Platform as of 3/16/2020, may use the same website address to access the CY2020 DDS Platform for both chart and eCQMs.</p> <p>Due to the current ongoing COVID-19 situation, we understand organizations may be delayed in their ability to initially access and begin the data upload process for CY2020 data submission. For this reason, we have added an additional step to the process of hospitals initially accessing the DDSP for CY2020:</p> <ol style="list-style-type: none"> <li>1) Organizations' workspaces on the DDSP will be enabled by request from the hospital when hospitals are prepared to engage in the data upload and submission process.</li> <li>2) The request to enable workspaces must come from the hospital; vendors may not request a workspace be enabled on your behalf.</li> <li>3) When your facility is prepared to actively engage in either eCQM data upload and/or chart-abstracted data entry, please contact <a href="mailto:hcooryx@jointcommission.org">hcooryx@jointcommission.org</a> and request your DDSP be enabled;             <ol style="list-style-type: none"> <li>a) You must include your HCO ID# and "DDS enable" in the subject line</li> </ol> </li> <li>4) Hospitals will receive a reply to the request as a confirmation that their workspace has been enabled; organizations will then have access to their workspace.</li> </ol> |

## What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

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|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3.G -70</b> | <b>We have new hospitals in our system, how do we enroll them for the CY2020 DDS Platform?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                | Each hospital that did not participate in direct data submission for CY2019 must go through the onboarding process for CY2020. See Question <a href="#">3.G -68</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>3.G -71</b> | <b>Does a Designated Contact need multiple logins to onboard more than one hospital?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | Designated Contacts with responsibility for multiple hospitals will utilize the same login / password to onboard all hospitals. Users with access to multiple hospitals will be able to navigate between hospitals to perform other activities without having to logout.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>3.G -72</b> | <b>How does a Designated Contact for multiple hospitals complete the onboarding process?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                | <p>The Designated Contact will select one of the onboarding emails they have received from @apervita.com for their specific hospitals and will login.</p> <ul style="list-style-type: none"> <li>• Designated Contacts that are <i>not already a DDS Platform user</i> will be required to create their login and password prior to onboarding their first hospital.</li> <li>• Designated Contacts that are <i>already a DDS Platform user</i> will access the Platform using their existing login and password.</li> <li>• Once onboarding of multiple hospitals has been completed, Designated Contacts will be able to navigate between these hospitals to perform other activities without having to logout.</li> </ul> <p>After agreeing and accepting the required legal forms related to the DDS Platform for the selected hospital, the Designated Contact should remain logged in. The purpose of remaining logged in is to simplify the process of onboarding the remaining hospitals.</p> <ul style="list-style-type: none"> <li>• The Designated Contact will select each onboarding email (one for each hospital) and agree and accept the required legal forms for each hospital.</li> <li>• If the Designated Contact logs out of the DDS Platform, they will be prompted to log back in, using the login/password previously created, when they begin onboarding their remaining hospitals.</li> </ul> |
| <b>3.G -73</b> | <b>Does the DDS Platform support submission of chart-abstracted data to The Joint Commission?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                | Effective with 1/1/2020 patient discharge data, the DDS Platform is used to submit monthly chart-abstracted aggregate data for quarterly submission. See Question <a href="#">3.G -63</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>3.G -74</b> | <b>Does Apervita charge a fee?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                | Apervita does not charge any fees to the hospitals for direct data submission. Any payment obligation or billing statements in Apervita's Terms of Service do not apply to hospitals participating in the Joint Commission's Direct Data Submission (DDS) Platform.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>3.G -75</b> | <b>We want to submit different measures than we originally planned, can we change them when we submit data on the Platform, and you will consider those our choice at that time?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                | <p>Yes. As the data submitter, you directly manage the measures being submitted to The Joint Commission directly within the DDS Platform.</p> <p><b>CHART ABSTRACTED:</b> For CY2020, organizations should select the same chart abstracted measures for the entire calendar year, and/or any quarters they choose to submit based on the modifications for reporting 1Q2020 and 2Q2020 chart-abstracted data. (SEE: <a href="#">0.X - 2</a>).</p> <p><b>eCQM:</b> Organizations upload the eCQMs they choose to submit by uploading them to the DDS Platform.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>3.G -76</b> | <b>Do you have to submit the same quarter of eCQM data to the Joint Commission as you do for CMS?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                | Both CMS and Joint Commission require reporting for at least one self-selected quarter (Q) of 2020 data (Q1, Q2, Q3, or Q4). The quarters submitted to Joint Commission and CMS can be different, as can the submitted eCQMs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

# What you need to know: Frequently Asked Questions (FAQs)

## 2020 ORYX® Performance Measure Reporting Requirements

### 3. DIRECT DATA SUBMISSION (DDS) PLATFORM

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#### H. DIRECT DATA SUBMISSION (DDS) EDUCATION, TECHNICAL INFORMATION, AND USING THE PLATFORM

**3.H-77** Where is information available regarding topics such as, an overview of the DDS Platform, basic information?

See the Measurement Resources page: <https://www.jointcommission.org/measurement/resources/>

Once on the DDS Platform, additional resources are available via the “Need Help?” icon.

**3.H-78** As a DDS Platform user, is there education on how to use the Platform?

During the onboarding process, hospitals will be provided with access to a series of self-directed webinars including a recording for a comprehensive demo of the Platform. The DDS Platform also has help screens, links, and “how to” videos to assist with answering common questions and the ability to ask questions via the "Need Help?" button within the Platform.

The Joint Commission will conduct monthly "Office Hours" beginning in July regarding use of the Direct Data Submission Platform for submission of chart-abstracted and eCQMs. Content includes tips for successful use of the DDS Platform and frequently asked questions. The office hours are staffed by The Joint Commission and Apervita staff to answer questions for hospitals.

**3.H-79** As a user of the DDS Platform, what browser do I need?

Hospitals need to ensure they use a supported internet browser version to be able to use the DDS Platform.

**Please note:** If you are not using one of the supported browser/versions on the computer(s) for use with the Joint Commission’s DDS Platform, please work with your internal information systems staff to download or upgrade to one of the browser/versions listed. If you elect not to use a supported browser/version, you may not be able to log into the DDS Platform. Browsers should be configured to enable JavaScript.

| Browser           | Supported Version(s)                             |
|-------------------|--------------------------------------------------|
| Internet Explorer | Version 11 (Supported on Windows 7, 8.1, and 10) |
| Microsoft Edge    | 41.16299.15.0 and above                          |
| Google Chrome     | 61.0.3163.100 (Official Build) and above         |
| Firefox           | 52.0.2. and above                                |
| Safari (on Mac)   | 10.1.1 (12603.2.4) and above                     |

**3.H-80** For eCQM submission, Does the DDS Platform provide a trial/test capability?

The DDS Platform does not utilize the concept of separate Production and Trial data upload. Rather, when a hospital uploads their data onto the DDS Platform, the data are loaded into their individual workspace. Hospital staff can then use additional features of the DDS Platform to evaluate the completeness and accuracy of their data. Once a hospital is satisfied that the data within their workspace is ready to be submitted as Production data to The Joint Commission, the hospital will utilize functionality within the DDS Platform to submit their data.

Note that up until the submission deadline, a hospital can choose to purge and re-upload data as many times as needed.

# What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

3.H -81

**Can vendors have access to the DDS Platform to test their QRDA I documents so they may address potential errors?**

Hospital staff using the Joint Commission’s DDS Platform can grant external user permissions to assist with functionality; e.g., assist with eCQMs, uploading QRDA I documents or the data verification process (correct QRDA I generation based on error/warnings, review measure results and rates to assist with data mapping issues).

The Joint Commission does not provide a separate Workspace to any vendor or consultant. Instead, all vendors/consultants should work with their clients to test changes to their QRDA I document generation software. Hospital staff using the Joint Commission’s DDS Platform are responsible for the data submission process and the relationships with users on the DDS Platform.

The Joint Commission no longer has any contracts with ORYX vendors.

Vendor/consultant staff who have been onboarded (and wish to submit a question) must utilize the “Create DDS Platform Support Ticket” function from within the hospital’s workspace that is being used for “testing” purposes to ensure that the response to their questions are the same as what would be provided to the hospital should they submit the same question.

3.H -82

**What security measures are in place on the DDS Platform?**

In working with Apervita, The Joint Commission has completed a rigorous evaluation process of the privacy and security components of the technology to ensure the DDS Platform meets privacy and security standards. A high-level summary of the privacy and security of the DDS Platform includes:

## Apervita

Designed Ground-up for Healthcare to be Safe, Secure, & Private



US HIPAA / HITECH 5010 Compliant & Audited  
(Semel Consulting, June 2016)



ISO/IEC 27001:2013 Certified  
(DNV GL Business Assurance, May 2017)



SOC1, SOC2, SOC3, SSAE16 Compliant AWS IaaS  
(Ernst & Young, October 2016)



Penetration testing of Platform & Corporate Networks; Application Blackbox Assessment  
(Cisco/Neohapsis, March 2017)



Security Architecture & Design Review  
(Six Nines, December 2016)



Private, secure servers in a private network



Full Data Encryption, in flight and at rest, using most recent encryption standards



2-factor Authentication (native and third-party - Duo), Full Audit Trail



Multi-site (at least three) replicated and resilient in independent Availability Zones



Intrusion Detection & Prevention



Chief Information Security Officer

Additional details regarding the compliance of the privacy and security standards is available in the Legal section of the DDS Platform. Additional details regarding the compliance of the privacy and security standards is available in the Legal section of the DDS Platform.

## What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3.H -84</b> | <b>What is “Two Factor Authentication”?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                | <p>The DDS Platform utilizes “Two Factor Authentication” as an extra layer of security beyond a password and username. Two Factor Authentication requires the user to have a piece of information only they should know or have immediately at hand. The piece of information is a code that is sent to the registrant's cell phone. Once the code is received via text, it is entered into the appropriate field on the DDS Platform’s registration form. Registration can then proceed with the completion of additional key fields. Upon the first login to the Platform, and periodically (every 90 days), the user is prompted to enter a new security code which is received via text, as part of the continued two factor authentication process.</p> <p>If a user does not have a cell phone available for authentication during registration, they will need to have an alternate, non-Apervita, technology solution available to receive an SMS message. For example, users could (1) set up a Google voice number that routes to email, (2) use their cell carriers on-line SMS messaging solutions via a Web portal, or (3) download a PC application designed for SMS messaging. For additional information, refer to CNET's article concerning <a href="#">how to use two-factor authentication without a mobile phone</a>.</p> |
| <b>3.H -85</b> | <b>For eCQM submission, should we run the QRDA I document through the CMS PSVA tool first?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | <p>The DDS Platform provides tools to assist hospitals in both identifying QRDA I document errors and in drilling down into the QRDA I XML structure to identify how to correct the issue.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>3.H -86</b> | <b>For eCQM submission, is there an acceptable number or percentage of QRDA I document rejections when submitting to the DDS Platform?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                | <p>For CY2020, there is no required number or percentage of QRDA I document rejections that must be met to submit data directly to The Joint Commission.</p> <p>We encourage hospitals to submit all their eCQM data, even if they have concerns that it will be rejected. This will facilitate the hospital’s learning about the DDS Platform’s tools to assist in researching and correcting QRDA I issues and the Joint Commission’s learning about the types of issues still occurring in the field as it relates to eCQMs.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>3.H -87</b> | <b>For eCQM submission, if QRDA I document(s) are rejected, do you need to resubmit the complete zip file or just the corrected QRDA I document(s)?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                | <p>QRDA I documents that are rejected have not been processed against the eCQM logic. Hospitals may resubmit a zip file containing only those QRDA I documents that were rejected. If only one document needs to be resubmitted, it must still be zipped. Hospitals may Purge all their data and completely re-upload if desired.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>3.H -88</b> | <b>How soon can eCQM data be submitted?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                | <p>QRDA I documents for CY2020 eCQM data may be upload as soon as The Joint Commission has onboarded your hospital to the DDS Platform or, if you are a returning CY2019 hospital as soon as you access the Platform. To upload data, the entire calendar quarter must be available.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

## What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

### 3.H -89 For eCQM submission, will we send you the same QRDA I documents that we send to CMS?

The DDS Platform has been implemented to accept the same QRDA I documents that are submitted to CMS with an exception to measures not currently supported by CMS\*.

\*The Joint Commission continues its commitment to actively develop and test eCQMs. For CY2020 ORYX purposes, ePC-01 (Elective Delivery) has been retained and ePC-02 (Cesarean Birth) has been adopted as of 1/1/2020 discharges.

While the Joint Commission supports ONC's Health IT Certification Program and CMS' requirement that hospital utilize certified EHRs, ONC only certifies EHR software for eCQMs used within CMS Programs (e.g., the Hospital Inpatient Quality Reporting (HIQR) Program). For this reason, The Joint Commission does not require EHR software to be certified for Joint Commission only eCQMs (i.e., ePC-01 and ePC-02).

To ensure CY2020 QRDA I documents can be generated including these measures, they have been developed using CMS' Measure Authoring Tool (MAT) and the Bonnie tool for eCQM logic testing. In addition, they conform to the HL7 Standard: Clinical Quality Language (CQL) Specifications and CMS' Quality Data Module (QDM).

To submit data for these measures, hospitals will be required to adhere to the requirement of one QRDA I document per patient, per quarter for all measures being submitted. It is our expectation that these files will not be rejected by CMS. In addition, QRDA I documents generated for only ePC-01 and/or ePC-02 eCQMs must still meet all of the requirements within CMS' "2020 Implementation Guide for Quality Reporting Document Architecture Category I Hospital Quality Reporting".

Links to the eCQM specifications, measure flows, value sets, and technical release notes for both measures are available at: <https://www.jointcommission.org/measurement/specification-manuals/electronic-clinical-quality-measures/>

The technical release notes include the specific version of the different tools and standards that were used to develop these eCQMs.

A link to the recording of the Joint Commission's Pioneers in Quality eCQM Expert to Expert Webinar on ePC-01 and ePC-2 is below. This webinar included a review of measure logic and discussion concerning common issues and questions. Note: This link leads to a registration page. After completing the registration fields, you will go to the webinar recording where you can access the slides within the Event Resources panel.

[https://goto.webcasts.com/starthere.jsp?ei=1261709&tp\\_key=30f88c1ac2](https://goto.webcasts.com/starthere.jsp?ei=1261709&tp_key=30f88c1ac2)

As a reminder, the specifications and supporting information for eCQMs used by both The Joint Commission and the Centers for Medicare & Medicaid Services (CMS), are available from the eCQI Resource Center by clicking [here](#). (Make sure to select the appropriate Reporting Period in the table on the page and click "Apply".)

# What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

## 4. CERTIFICATION STANDARDIZED MEASURES

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### I. GENERAL

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>4.i.90</b> | <b>For certification programs with standardized measures, may we use an ORYX chart-abstracted vendor for submission of data?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|               | <p>Starting with CY2020 data, The Joint Commission no longer has contracts with ORYX chart-abstracted vendors for certification or accreditation purposes. *</p> <p>All hospitals in the Acute Stroke Ready Hospital (ASRH), Primary Stroke Center (PSC), Thrombectomy-capable Stroke Center (TSC), Advanced Comprehensive Stroke Center (CSC–A), and Perinatal Care (PNC) certification programs that have been using an ORYX chart-abstracted vendor will begin manually entering their aggregate data on the Certification Measure Information Process (CMIP) application available on JC Connect effective with 1/1/2020 patient discharges.</p> <p>* ORYX vendors, based on contractual language, are required to submit hospital’s 3rd and 4th quarter 2019 chart abstracted data using their current vendor data submission processes. (<a href="#">SEE 0.X – 2</a>)</p>                                                                                                                                            |
| <b>4.i.91</b> | <b>May a hospital use a vendor or consultant to assist them in data collection and aggregation for standardized measures?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|               | <p>Yes, a hospital may utilize the services of a vendor or consultant to assist them in data collection and/or aggregation to prepare the hospital to manually report their aggregate data via the Certification Measure Information Process (CMIP) application available on JC Connect.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>4.i.92</b> | <b>If a hospital reports the PC chart-abstracted measures for ORYX accreditation reporting purposes, can the hospital utilize an ORYX vendor to submit their PC data for Perinatal Care certification purposes?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|               | <p>Starting with CY2020 data, The Joint Commission no longer has contracts with ORYX chart-abstracted vendors for certification or accreditation purposes*.</p> <p>* ORYX vendors, based on contractual language, are required to submit hospital’s 3rd and 4th quarter 2019 chart abstracted data in January and June 2020 using their current vendor data submission processes.</p> <p>All hospitals in the Perinatal Care (PNC) certification program that have been using an ORYX chart-abstracted vendor will begin manually entering their aggregate data on the Certification Measure Information Process (CMIP) application available on JC Connect effective 1/1/2020 patient discharges. Certification hospitals may continue to use a vendor to assist in data collection and aggregation.</p> <p><b>Note:</b> For reporting of the chart-abstracted PC measures for ORYX accreditation reporting purposes, hospitals will be transitioned to The Joint Commission’s Direct Data Submission (DDS) Platform.</p> |
| <b>4.i.93</b> | <b>For certification purposes, can we use eQMs?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|               | <p>Currently, The Joint Commission is not utilizing eQMs for certification program purposes. Data must be reported on the standardized chart-abstracted measures.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |



# What you need to know: Frequently Asked Questions (FAQs)

## 2020 ORYX® Performance Measure Reporting Requirements

### ATTACHMENT A

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#### CY2020 AND CY2021 REPORTING PERIOD ECQM VERSIONS, HL7 STANDARDS, EHR CERTIFICATION VERSION, AND CMS IMPLEMENTATION GUIDES

The Joint Commission aligns with CMS on their eCQM versions, HL7 standards, EHR Certification Version, and CMS Implementation Guide. The below documents this alignment.

To access the HL7 standards, EHR Certification information, and CMS Implementation Guides, please visit CMS/ONC's eCQI Resource Center at <https://ecqi.healthit.gov/>.

See the appropriate website to access the eCQM Specifications, information on reading and understanding the specifications; including Implementation Checklists, Guide for Reading eCQMs, eCQM Measure Logic Guidance, Technical Release Notes, and eCQM Flows:

- The Joint Commission's ePC-01 and ePC-02 eCQM specifications and related information, can be found at the "Measurement" link under Specifications (<https://www.jointcommission.org/measurement/specification-manuals/electronic-clinical-quality-measures/>)
- Specifications and related information for all remaining eCQMs in alignment with CMS, are available at the CMS/ONC's eCQI Resource Center (<https://ecqi.healthit.gov/eh-cah-ecqms>).

**Note:** Please be sure when using the eCQI Resource Center, that you have selected the appropriate Reporting Period and click 'Applied'.

#### CY2020 and CY2021 eCQM Specifications, HL7 Standards, EHR Certification Versions, and CMS Implementation Guides

| Patients discharged during the calendar year (CY)                                                                             | 2020                                                                                                                                                     | 2021                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| eCQM data submission deadline                                                                                                 | CMS: 3/1/2021<br>Joint Commission: 3/15/2021                                                                                                             | CMS: TBD<br>Joint Commission: TBD                                                                                                                      |
| eCQM Specifications for Eligible Hospitals and Critical Access Hospitals (posted to eCQI Resource Center)                     | May 2019                                                                                                                                                 | TBD                                                                                                                                                    |
| eCQM Value Sets (posted to the Value Set Authority Center – VSAC)<br>Technical Release notes (posted to eCQI Resource Center) | May 2019 and any addendums and technical release notes posted later.                                                                                     | TBD                                                                                                                                                    |
| CMS' Quality Data Model (posted to eCQI Resource Center)                                                                      | QDM V5.4                                                                                                                                                 | QDM V5.5                                                                                                                                               |
| HL7 Standards to represent a health quality measure as an electronic document (eCQM) (available from HL7)                     | <ul style="list-style-type: none"> <li>• HL7 V3 HQMF R1 Normative</li> <li>• HL7 CQL R1 STU 3.1</li> <li>• HL7 V3 IG: CQL-based HQMF R1 STU 3</li> </ul> | <ul style="list-style-type: none"> <li>• HL7 V3 HQMF R1 Normative</li> <li>• HL7 CQL R1 STU 4</li> <li>• HL7 V3 IG: CQL-based HQMF R1 STU 4</li> </ul> |
| HL7 Standard to report quality measure data (available from HL7)                                                              | HL7 QRDA I R1 STU R5.1                                                                                                                                   | HL7 QRDA I R1 STU R5.2                                                                                                                                 |
| CMS Implementation Guide (IG) for Quality Reporting Document Architecture (QRDA) Category I – Hospital Quality Reporting      | CMS 2020 QRDA I IG HQR (published December 2019)                                                                                                         | TBD                                                                                                                                                    |
| EHR Health IT Certification Edition                                                                                           | 2015 Edition Health IT Certification                                                                                                                     | 2015 Edition Health IT Certification (unless updated by CMS)                                                                                           |

## What you need to know: Frequently Asked Questions (FAQs) 2020 ORYX® Performance Measure Reporting Requirements

**\*CY2020 and CY2020 eCQM ID and Specification Versions for  
Eligible Hospitals and Critical Access Hospitals**

| Measure Short Name | Measure Name                                                   | CY2020 eCQM ID and Version                                            | CY2020 eCQM ID and Version |
|--------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------|
| eED-2              | Admit Decision Time to ED Departure Time for Admitted Patients | CMS111v8                                                              | TBD                        |
| ePC-01             | Elective Delivery                                              | ePC01v8<br><i>Removed by CMS<br/>Retained by The Joint Commission</i> | TBD                        |
| ePC-02             | Cesarean Birth                                                 | ePC02v1<br><i>Not a CMS eCQM<br/>New for The Joint Commission</i>     | TBD                        |
| ePC-05             | Exclusive Breast Milk Feeding                                  | CMS9v8                                                                | TBD                        |
| eSTK-2             | Discharged on Antithrombotic Therapy                           | CMS104v8                                                              | TBD                        |
| eSTK-3             | Anticoagulation Therapy for Atrial Fibrillation/Flutter        | CMS71v9                                                               | TBD                        |
| eSTK-5             | Antithrombotic Therapy by End of Hospital Day Two              | CMS72v8                                                               | TBD                        |
| eSTK-6             | Discharged on Statin Medication                                | CMS105v8                                                              | TBD                        |
| eVTE-1             | Venous Thromboembolism Prophylaxis                             | CMS108v8                                                              | TBD                        |
| eVTE-2             | Intensive Care Unit Venous Thromboembolism Prophylaxis         | CMS190v8                                                              | TBD                        |

**\*Note:**

- For Joint Commission purposes, eSTK-8 (Stroke Education) and eSTK-10 (Assessed for Rehabilitation) were retired effective 1/1/2017. CMS has removed these two eCQMs as of CY2020.
- eED-3 (Median Time from ED Arrival to ED Departure for Discharged ED Patients) is an outpatient measure and not utilized by The Joint Commission. CMS has removed this eCQM as of CY2020.