

**What you need to know:
Frequently Asked Questions (FAQs)
2021 Certification 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:

- A. [Modifications due to COVID-19](#)
- B. [Certification Data Submission](#)
- C. [Certification Measure Information Process \(CMIP\)](#)

What you need to know: Frequently Asked Questions (FAQs) 2021 Certification Measure Reporting Requirements

A. MODIFICATIONS DUE TO COVID-19

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A - 1 Due to the national emergency related to Covid, are there any modifications to the reporting for Certification Programs with Standardized Measures in 2021?

The Joint Commission will closely monitor the evolving COVID-19 situation and make necessary changes as needed. For 2021 data, there are currently no extensions for data submission for hospitals participating in certification programs with standardized measures. The Certification Measure Information Process (CMIP) application remains available for manual submission for organizations to submit data. Additional information can be found on our website.

Click [HERE](#) to go to the Measurement section of our The Joint Commission external website, to keep up to date with important modifications to reporting and important FAQs, or copy and paste the following web address in your internet browser: <https://www.jointcommission.org/measurement/>

A - 2 If accreditation and/or certification programs continue to abstract and report, there is no penalty for doing so. However, from a data standpoint, how are HCOs ensured that the Joint Commission will somehow 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?

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.

As noted above in August 2020 update, 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.

A - 3 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 was optional (4Q2019, 1Q2020 and 2Q2020), if patients were seen, the expectation is that patients are tracked. The reviewer, when onsite, expects 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.

The reporting of chart-abstracted performance measurement data for certification programs is required for 3Q 2020 and 4Q 2020. Data should be submitted in the CMIP tool on the JC Connect Site.

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A - 4	Is there any impact to my accreditation or certification program status if we choose not to submit data for 4Q 2019, 1Q 2020 and 2Q 2020?
	There are no impacts to accreditation or certification, since submitting chart-abstracted data is optional. HCO's are required to collect data and make that data available at survey if patients are being seen for the purposes of their certification program.
A - 5	Are measure specifications for chart abstracted measures impacted during this period of optional and extended deadlines because of COVID-19?
	The Joint Commission measure specifications are reviewed periodically. If hospitals choose to abstract measures, Joint Commission understands there are many implications for all measures, e.g., practices and patterns are impacted during this time period. The Joint Commission continually monitors the evidence and literature to evaluate the need for any changes to chart-abstracted measure specifications which are issued twice a year. Special attention will be given to this process for 2020 due to the national pandemic, and the potential impact to healthcare organizations due to COVID-19.
A - 6	During the pandemic, all elective surgeries were cancelled for a period of time, including hip and knee replacement. For our certification program, there will be no data to enter for hip and knee replacement. Should a zero be entered in the Certification Measure Information Process (CMIP) application and do I need to indicate anything else?
	Organizations can enter zero denominator for THKR measures. The Joint Commission is not reviewing records for the Advanced Total Hip and Total Knee Replacement Certification programs, where the program has no patients during this national emergency timeframe. We ask that at the time of review, your organization be prepared to address the national emergency timeframe and why there is no data available. Your organization should also be prepared to share how your program 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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B. CERTIFICATION DATA SUBMISSION

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B - 7 What are the deadlines for submitting CY2020 Certification Data?

Due to the National Pandemic, the CY2020 chart-abstracted deadlines have been modified.*

Reporting Joint Commission Chart-abstracted data was optional for 1Q 2020 and 2Q 2020. The Joint Commission Chart-abstracted data is required for 3Q 2020 and 4Q 2020, with updated submission timelines:

3Q 2020 data submission timeline was extended from January 31, 2021 to April 30, 2021*

4Q 2020 data submission timeline is April 30, 2021

HCO's are required to collect data if patients are being seen for the purposes of their certification program.

B - 8 What are the deadlines for CY 2021 Data Submission?

The following are the performance measurement data submission timelines for standardized measures for calendar year 2021 data:

Q1 2021 data is due June 30, 2021

Q2 2021 data is due September 30, 2021

Q3 2021 data is due December 31, 2021

Q4 2021 data is due March 31, 2022

B - 9 What are the Advanced Certification programs with standardized measures?

The following Advanced Certification programs have standardized measures:

- Acute Stroke Ready Hospital (ASRH)
- Comprehensive Stroke Care (CSC)
- Primary Stroke Center (PSC)
- Thrombectomy Capable Stroke Center (TSC)
- Acute Heart Attack Ready (AHAR)
- Comprehensive Cardiac Care Centers (CCCC)
- Heart Failure (HF)
- Primary Heart Attack Center (PHAC)
- Health Care Staffing Services (HCSS)
- Total Hip and Knee Replacement (THKR)
- Palliative Care (PC)
- Perinatal Care Certification (PCC)
- Spine Surgery (ACSS) *(New in 2021)*

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B-10	What is the measurement requirement for certification programs that do not have standardized measures?
	<p>For organization applying for Certification programs that do not have standardized measures, your hospital is required to report on four self-selected Performance Measures. At least two of the four measures should be clinical measures related to or identified in clinical practice guidelines for that program or service. Measures selected by the program or service should be evidence-based, relevant, valid and reliable. Certification data is entered into the Certification Measure Information Process (CMIP) application (available via Joint Commission Connect® site). The Data Submission tab allows your organization to record and track the data entered for each program.</p>
B-11	May a hospital use a vendor or consultant to assist them in data collection and aggregation for standardized measures?
	<p>Effective 1/1/2020, The Joint Commission no longer has contracts with ORYX chart-abstracted vendors for certification or accreditation purposes. If available, a healthcare organization may use a vendor tool to identify numerator and denominator values for entry in the Certification Measure Information Process (CMIP) application on its Joint Commission Connect® secure-extranet site; however, the healthcare organization must self-submit these data each month via CMIP to meet certification measure reporting requirements.</p>
B-12	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?
	<p>Effective 1/1/2020, The Joint Commission no longer has contracts with ORYX chart-abstracted vendors for certification or accreditation purposes.</p> <p>Effective 1/1/2020 patient discharges, all hospitals in the Perinatal Care (PNC) certification program that have been using an ORYX chart-abstracted vendor must manually enter their aggregate data on the Certification Measure Information Process (CMIP) application available on JC Connect. Hospitals may use a vendor to assist in data collection and aggregation.</p> <p>Note: For reporting of the chart-abstracted PC measures for ORYX accreditation reporting purposes, hospitals submit data via the The Joint Commission’s Direct Data Submission (DDS) Platform.</p>
B-13	For certification purposes, can we use eCQMs?
	<p>Currently, The Joint Commission is not utilizing eCQMs for certification program purposes. Data must be reported on the standardized chart-abstracted measures and entered into the CMIP application via Joint Commission Connect® site.</p>
B-14	Currently chart abstracted data for accreditation must be manually entered on the DDSP. Where is chart abstracted data entered for certification?
	<p>Certification data is entered into the Certification Measure Information Process (CMIP) application (available via Joint Commission Connect® site).</p>

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C. CERTIFICATION MEASURE INFORMATION PROCESS (CMIP)

C - 15 What are some of the resources available to introduce new staff to the CMIP data entry application?

The following documents contain information about how to enter data into CMIP:

- "Completing Certification Measure Information Process (CMIP)" with the Certification tab when logged into your organizations Joint Commission Connect® site, under "Continuous Compliance" > "Certification Measurement Information Process" > "Resources"
- Additional information on the Advanced Certification Program standardized measures are in the Specifications Manual for Joint Commission National Quality Measures on The Joint Commission website.
- Click [HERE](#) to go to the Specifications section of our The Joint Commission external website, or copy and paste the following web address in your internet browser:
https://manual.jointcommission.org/?_ga=2.40952610.1263122734.1613655819-1981832028.1569848745

C - 16 My hospital has several sites which are collecting the same Advanced Certification standardized measures. Do I need to enter the CMIP data by individual site?

Starting January 1, 2021, health care organizations with more than one site with the same certification, must choose the specific site for when submitting certification data.

C - 17 Our organization is small and for some months we have zero cases to report. How is this handled in the CMIP tool?

A new feature has been added to CMIP beginning January 2021. If a health care organization has zero cases to report for a specific month for a measure, the organization may enter "zero" directly in the CMIP data entry fields without any warning or error messages.

A zero-attestation check box has been added to each data point to confirm the health care organization's intention to submit zero cases for a respective month

C - 18 Can a hospital make corrections to their previously entered CMIP data when data entry errors have been identified?

Based on the current date, the data for the previous 24 months can be entered/modified. Data older than 24 months will be set to read-only and health care organizations will not be able to modify the respective rows.