Key Updates to 2019 ORYX® Requirements for Hospitals

The Joint Commission made key updates to the 2019 ORYX® Performance Measure reporting requirements effective January 1, 2019. These updates, as communicated to accredited hospitals in September and November 2018, will affect critical access hospitals, freestanding psychiatric hospitals, and hospitals.

The 2019 ORYX Performance Measure reporting requirements have changed in three ways:

1. ORYX measure selection requirements
2. Utilization of the direct data submission platform
3. Simplified annual ORYX fee

2019 ORYX Measure Selection Requirements

In 2019, requirements have been reduced in two areas. In summary, affected organizations must meet the following requirements:

- **Hospitals** with an average daily census (ADC) > 10 must report on the following:
  - Two required chart-abstracted measures (which represents a reduction from five measures) applicable to the services provided and patient populations served
  - Hospitals with at least 300 live births are required to report on all chart-abstracted perinatal care (PC) measures, including PC-06, effective with January 1, 2019 discharges
• A minimum of 4 of 13 available electronic clinical quality measures (eCQMs) for one self-selected quarter that are applicable to the services provided and patient populations served

• **Critical access hospitals, small hospitals** (with an ADC ≤ 10), and **ORYX-designated specialty hospitals** must report on a choice of three available measures (which represents a reduction from six measures).

• **Freestanding psychiatric hospitals** must continue to report on four required Hospital-Based Inpatient Psychiatric Services (HBIPS) measures.

  Suspension of requirements continues for freestanding children’s hospitals, long-term acute care hospitals, and inpatient rehabilitation facilities.

  The 2019 ORYX Measure Selection Form (which is due December 31, 2018) can be found on the [Performance Measurement](https://www.jointcommission.org) page of The Joint Commission website.

**Direct eCQM Data Submission**

For calendar year (CY) 2019 eCQM data and going forward, all hospitals with ORYX eCQM requirements will be transitioned to and utilize the direct data submission (DDS) platform; as of 2019, The Joint Commission will no longer have a contract with ORYX chart-based vendors. The DDS platform provides a process for hospitals to submit eCQM data directly to The Joint Commission without the need for a third-party vendor. Additionally, the DDS platform accepts the same Quality Reporting Document Architecture, Category I (QRDA I), documents that health care organizations submit to the US Centers for Medicare & Medicaid Services (CMS).

  Key benefits of the DDS platform include 24/7 access during the submission period, easy-to-use data visuals, a cloud-based platform environment with fast file transfer, robust security and Health Insurance Portability and Accountability Act (HIPAA) compliance, a state-of-the-art rules engine, and transparency. Organizations using the platform can review their results and outcomes prior to the final step in submitting data to The Joint Commission.

  The Joint Commission continues to utilize ORYX vendors for submission of hospitals’ chart-based data through 2019, and the use of vendors will be evaluated annually thereafter.

**Performance Measurement Billing**

With the removal of the ORYX vendor requirement for CY 2019 eCQM data submission, The Joint Commission has adjusted and simplified the billing structure for ORYX reporting requirements. Historically, eCQMs and chart-based measures incurred transmission costs which were billed to ORYX vendors. In 2017, the transmission fee structure changed to a flat fee model for both eCQMs and chart-based measures submission. ORYX vendors typically passed these fees to health care organizations along with any additional fees for using their software and/or platform.

  To address and simplify the billing structure for ORYX reporting requirements, The Joint Commission has moved to an annual rate directly billed to the hospital based upon organizational weighted volumes for both eCQMs and chart-based submissions. Performance measurement (ORYX) annual fees will be billed on a separate line of the January (annual) invoice.
Any data due after January 2019 is covered by the annual fee. For 2019, the annual fee includes 2018 eCQM data due March 15, 2019 and chart-abstracted data includes 3rd and 4th quarter 2018 and 1st and 2nd quarter 2019 which are due January 31, April 30, July 31 and October 31, 2019, respectively. The Joint Commission will no longer charge transmission fees to ORYX vendors for chart-based measures (accreditation or certification) or eCQMs.

Questions regarding these updated requirements may be directed to the ORYX Help Line.