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

This document contains three sections:

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) and Critical Access Hospitals (CAH)
   d. Inpatient Psychiatric Facilities (HAP) - Freestanding Psychiatric Hospitals and Inpatient Psychiatric Units
   e. Specialty Hospitals
   f. Hospitals (HAP) with suspended ORYX requirements

2. Electronic Clinical Quality Measures (eCQMs)
   a. General
   b. Direct Data Submission (DDS)
      1. General and Onboarding
      2. Education, Technical Information, and Using the Platform

3. Certification Standardized Measures
   a. General

Attachment A – CY 2019 AND 2020 REPORTING PERIOD: ECQM VERSIONS, HL7 STANDARDS, EHR CERTIFICATION VERSION, AND CMS IMPLEMENTATION GUIDES
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1. ORYX ACCREDITATION REPORTING REQUIREMENTS

A. GENERAL

1.a.1 What are the major changes to the 2020 ORYX Accreditation Reporting Requirements?

Summary of 2020 Joint Commission ORYX Measurement Requirements

- Acute Care Hospitals with an ADC > 10 that provide Obstetrical Services report one required chart-abstracted measure, which is PC-01. This is a reduction from 2 to 1 chart-based measures. In addition, hospitals must select a minimum of 4 of 10 available electronic clinical quality measures (eCQMs).
  - Hospitals with at least 300 live births are also required to report on all chart-abstracted perinatal care measures: PC-02, PC-05 and PC-06. See Question 1.a.3 regarding the retirement of PC-03 and PC-04.
  - For CY 2020 chart-abstracted measures and forward, all hospitals will utilize the Joint Commission Direct Data Submission (DDS) Platform for submission of chart-abstracted data.
  - As established for CY 2019, all hospitals will continue to utilize the DDS Platform for submission of eCQM data.
- Freestanding Psychiatric Hospitals continue to report on the 4 required Hospital-Based Inpatient Psychiatric (HBIPS) measures.
- Critical Access Hospitals (CAHs), Small Hospitals (ADC ≤ 10), and ORYX Designated Specialty Hospitals continue to report on a choice of 3 measures from the available chart-based measures and eCQMs. See Question 1.c.1 regarding the list of available measures.
- Suspension of requirements continue for freestanding children’s hospitals, long term acute care hospitals, inpatient rehabilitation facilities.

1.a.2 Did all chart abstraction go away in 2020 and does that include sepsis?

Chart abstracted measures are not going away in 2020 for accreditation purposes. For CY 2020 chart-abstracted data and forward, all hospitals will be transitioned to and utilize the Joint Commission Direct Data Submission Platform. Starting with CY 2020 data, The Joint Commission no longer has contracts with ORYX chart-based vendors.*

* ORYX vendors, based on contractual language, are required to submit hospital’s 3rd and 4th quarter 2019 chart abstracted data in January and April 2020 using their current vendor data submission processes.

The Joint Commission has not adopted the Centers for Medicare & Medicaid Services (CMS) “sepsis management bundle” (SEP-1).

1.a.3 Have any chart-based measures been retired or added for 2020 ORYX reporting requirements?
Effective with January 1, 2020 discharges, two measures will be retired for accreditation purposes.

**Retired Measures:**
- PC-03 Antenatal Steroids
- PC-04 Health-Care Associated Bloodstream Infections in Newborns

**1.a.4 In CY 2020, is the Joint Commission retiring the three chart-abstracted measures that CMS previously removed effective with their CY 2019 reporting period (i.e., ED-1, IMM-2 and VTE-6)?**

The Joint Commission has not retired ED-1, IMM-2 and VTE-6 and these measures remain on the list of “Additional Available Joint Commission Chart-Abstracted Measures Available for Selection”.

For CY 2020 data, these measures may be selected by CAHs, small (ADC ≤ 10) and ORYX designated specialty hospitals to meet their ORYX requirements. In addition, hospitals with an ADC > 10 wishing to report additional measures beyond their required chart-abstracted measure may select from these measures.

See question 1.a.5 regarding the “Additional Available Joint Commission Chart-Abstracted Measures Available for Selection”.

**1.a.5 What are the additional chart-abstracted measures that may be selected and reported in CY 2020?**

<table>
<thead>
<tr>
<th>Additional Available Joint Commission Chart-Abstracted Measures Available for Selection</th>
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<tbody>
<tr>
<td>ED-1, ED-2</td>
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<td>OP-18, OP-23</td>
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</table>

**1.a.6 Where do I view my measure selections for chart-based measures and eCQMs?**

**Chart-based Measures:**
For CY 2019 data, hospital’s chart-based measure selections are available in the ORYX Measure Selection (OMS) application which is available on “Joint Commission Connect”. The Joint Commission makes all changes for chart-based measures to the OMS application, as it is closed for update to external users.

In early 2020, The Joint Commission will provide information regarding CY 2020 chart-based measure selections.

**eCQMs:**
Users of the DDS Platform will use the functionality within the Platform to select their eCQMs at time of submission.
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1.a.7 Does the Joint Commission have any type of extraordinary circumstances, extension or exemption process for hospitals?

Hospitals who believe they have an extenuating circumstance that would impact CY 2020 eCQM and/or chart-abstracted data for accreditation purposes should send an email to: hcooryx@jointcommission.org. In the email subject line, include "Extenuating Circumstance".

1.a.8 Where can I find a list of Joint Commission approved chart-based vendors for accreditation purposes for CY 2020?

Effective with CY 2020 chart-based data submission, there is no longer a list of Joint Commission approved ORYX chart-based vendors. For CY 2020 and forward chart-based measure data, all hospitals will utilize the DDS Platform for submission of data.

Note: For CY 2019 eCQMs and forward, all hospitals are utilizing the DDS Platform for submission of data.

See section 3, titled “Certification Standardized Measures.”

1.a.9 For chart-based measures and eCQMs, does The Joint Commission have a case threshold (five or fewer) exemption and/or a zero denominator attestation like CMS?

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).

Chart-based Measures:
For CY 2019 data, ORYX chart-based vendors will continue to submit information in the hospital’s chart-based PaS XML file.

In early 2020, The Joint Commission will provide information regarding CY 2020 data attestation.

eCQMs:
Users of the Direct Data Submission (DDS) Platform will use the functionality within the Platform at time of submission to perform this attestation.

1.a.10 If reporting the HBIPS measures to The Joint Commission, who should be included in the patient population?

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.

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.

1.a.11 If reporting the TOB, SUB, or IMM measures to The Joint Commission, who should be included in the patient population?
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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 payment source.

Hospitals must implement the Joint Commission’s sampling requirements for the TOB, SUB and IMM measures. CMS accepts the Joint Commission’s sampling requirements for their Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program.

<table>
<thead>
<tr>
<th>1.a.12</th>
<th>What ORYX data will be publicly reported on Quality Check?</th>
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<tbody>
<tr>
<td>Hospitals reporting on chart-abstracted measures will continue to have their data and performance on the chart-abstracted measures reported on Quality Check.</td>
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</table>

**Note:**
At this time, risk adjusted outcome measures are not currently being posted on Quality Check by The Joint Commission. For PC-02, The Joint Commission will begin publicly reporting hospitals with consistently high cesarean birth rates on Quality Check® by July 1, 2020, using data reported by hospitals during the calendar years 2018 and 2019. This designation will be based on hospitals’ rates on the perinatal care (PC) Cesarean Birth measure PC-02, which measure the rates of cesarean births among a subset of the general obstetric population of low-risk women having their first birth with a term, singleton baby in a vertex position (NTSV). For additional information, see Perspectives®, December 2018, Volume 38, Issue 12.

At this time, eCQM data is not being publicly reported on Quality Check by The Joint Commission or being utilized by surveyors in the accreditation process.

<table>
<thead>
<tr>
<th>1.a.13</th>
<th>What data will be reported and displayed in the ORYX Performance Measure Report provided quarterly to the hospital?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Joint Commission will continue to display chart-abstracted measure data and hospital performance on the chart-abstracted measures in the ORYX Performance Measure Report (PMR) provided to the hospital.</td>
<td></td>
</tr>
</tbody>
</table>

| 1.a.14 | Where do I ask questions regarding various measurement topics such as ORYX requirements, measure specifications, direct data submission? |
What you need to know:
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For Questions Regarding:

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 eCQM submissions submit your question via email to:
hcooryx@jointcommission.org.

Direct submission of eCQM data: If your hospital is already onboarded and using the Direct Data Submission (DDS) Platform for submittal of eCQMs and has questions/issues with that process or Platform, those questions are submitted directly within the Platform. In the DDS Platform, click 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.

Chart-Based Specifications: Measure questions related to Joint Commission Specifications must be submitted to the Wiki platform: https://manual.jointcommission.org. In spring of 2020, The Joint Commission will provide information regarding where measure questions will be submitted in the future.

Direct submission of chart-based measure starting with CY 2020 data: In early 2020, The Joint Commission will provide information regarding onboarding and usage of the DDSP for chart-based measures.

1.a.15 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 have not received an ORYX email notification:

1. ORYX email notifications are sent to the individuals documented within your hospitals Joint Commission Connect site. Notifications are primarily sent to the contact listed as the 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.

3. If you have not opted out of receiving emails, please check 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)
eCQM DDS Platform participants also need to whitelist:
- The Aperivita Domain (@aperivita.com)
- The Aperivita email address (accounts@aperivita.com)
- The domain of jira@aperivita.atlassian.net (which is the domain/site for the Direct Data Submission (DDS) Platform support)

Chart-based DDS Platform participants will also need to whitelist:
In early 2020, The Joint Commission will provide information regarding the domains / email address that will need to be whitelisted for submitting chart-based measures via the DDSP.

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 your “clutter” or “other” folder. If you are uncertain how your hospital handles whitelisting, please contact your internal information systems staff.

1.a.16 How will my hospital be billed for the ORYX annual fee for 2020?

Beginning in January 2019, HCOs with ORYX requirements were directly billed an annual fee based upon organizational weighted volumes for both eCQMs and chart-based submissions. As was done for 2019, ORYX Program annual fees will be billed on a separate line of the January 2020, annual fee invoice.

1.a.17 What is the difference between our HCO number, our CCN number, and our Joint Commission number?

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

1.a.18 For CY 2020, may a hospital invite an external user (e.g., vendor or consultant) to assist them on the DDS Platform for chart-based measures?

Hospital staff using the Joint Commission’s DDS Platform for chart-based measure submission can grant external user permissions to assist with functionality.

Starting with CY 2020 data, The Joint Commission no longer has any contracts with ORYX chart-based vendors. Hospital staff using the Joint Commission’s DDS Platform are responsible for the data submission process and the relationships with all users they have invited onto their DDS Platform Workspace.

1.a.19 For chart-based measures, what data will hospitals submit starting with CY 2020?

Starting with CY 2020 chart-based data, hospitals will submit monthly aggregate data on a quarterly basis using the DDSP. In early 2020, The Joint Commission will provide details regarding submission processes.

1.a.20 How do I make CY 2020 chart-based and eCQM measure selections?
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**Chart-based Measures:**
For CY 2019 data, hospital’s chart-based measure selections are available in the ORYX Measure Selection (OMS) application, which is available on “Joint Commission Connect”. The Joint Commission makes all changes for chart-based measures to the OMS application as it is closed for update to external users.

In early 2020, The Joint Commission will provide information regarding CY 2020 chart-based measure selections.

**eCQMs:**
Users of the DDS Platform will use the functionality within the Platform select their eCQMs at time of submission.
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B. HOSPITALS (HAP) WITH AN AVERAGE DAILY CENSUS (ADC) OF GREATER THAN 10 INPATIENTS

1.b.1 On which measures must a hospital with an ADC >10 report data to The Joint Commission for 2020?

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

2020 Joint Commission Chart Abstracted Measures
- There is only one required chart-abstracted measure if Obstetrical Services are provided by the hospital:
  - PC-01 Elective Delivery
  - Note: Hospitals with 1 to 299 live births are only required to report PC-01
- In addition to PC-01, hospitals with at least 300 live births are also required to report on the remaining chart-abstracted perinatal care measures:
  - PC-02, PC-05, and PC-06
  - Note: Effective 1/1/2020, PC-03 and PC-04 have been retired.
- Hospitals are not required to select additional available chart-based measures to replace PC-01 if they do not provide Obstetrical Services, unless they choose to do so.

2020 Joint Commission eCQMs
- Four of ten available eCQMs, applicable to the services provided and patient populations served by the hospital. The ten eCQMs are:
  - eED-2 Admit Decision Time to ED Departure Time for Admitted Patients
  - ePC-01 Elective Delivery (retained)
  - ePC-02 Cesarean Birth (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

For more information regarding The Joint Commission’s 2020 chart-abstracted and eCQM requirements and related information can be found at the “Measurement” link (https://www.jointcommission.org/measurement).

1.b.2 What if my hospital cannot report on the required chart-abstracted PC-01 measure as we do not provide Obstetrical Services?

Acute Care Hospitals not providing Obstetrical Services will not be required to select an alternate measure from the list of additional available measures, though they are free to do so if they wish (see Question 1.a.5 for list of additional available chart-abstracted measures).

In early 2020, The Joint Commission will provide information regarding CY 2020 chart-based measure selections and attestation of not providing Obstetrical Services.
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### 1.b.3 Are hospitals with an ADC >10 required to report on all the Perinatal Care (PC) measures?

Acute Care Hospitals that provide Obstetrical Services are required to submit PC-01 chart-abstracted measure.

In addition, hospitals with at least 300 live births per year must report on the three additional chart-abstracted PC measures:
- PC-02 Cesarean Birth
- PC-05 Exclusive Breast Milk Feeding
- PC-06 Unexpected Complications in Term Newborns

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

### 1.b.4 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?

Any acute care hospital that provides OB services with fewer than 300 live births per year may elect to report on additional PC measures.

### 1.b.5 In selecting our four eCQMs, can we select the perinatal care eCQMs which corresponds to my required chart-abstracted perinatal care measure(s)?

If you provide Obstetrical Services, you may report on both your required chart-based measure(s) and the corresponding eCQM(s).

For example, hospitals with at least 300 live births per year are required to report on PC-01; and 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. **Note:** PC-06 has not yet been defined as an eCQM.
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C. SMALL HOSPITALS (HAP WITH ADC ≤ 10) AND CRITICAL ACCESS HOSPITALS (CAH)

1.c.1 For 2020, will critical access hospitals (CAHs) 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 and small hospitals are different than the requirements for hospitals with an ADC > 10. CAHs and small hospitals will report on a total of any three measures applicable to the services provided and patient populations served.

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

<table>
<thead>
<tr>
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1.c.2 For CY 2020, are small hospitals and CAHs required to submit data using the Direct Data Submission (DDS) Platform?

Small hospitals and CAHs remain exempt from the requirement to submit data to The Joint Commission but are encouraged to do so. If data are not submitted, the organization is required to make data reports available for review by surveyors during on-site surveys.

Hospitals that choose to submit, will report monthly aggregate data on a quarterly basis for calendar year (CY) 2020 using The Joint Commission Direct Data Submission (DDS) Platform.

In early 2020, The Joint Commission will provide information regarding calendar year 2020 measure selections.

1.c.3 Do small hospitals and CAHs need to report on the Perinatal Care (PC) measures?

Small hospitals and CAHs are not required to report on the PC chart-based measures to meet their 2020 ORYX reporting requirements. However, they may elect to use any of the PC measures (chart-based and/or eCQMs) if they provide obstetrical services.

1.c.4 In selecting our three measures, can we select the chart-based measure and eCQM which correspond to each other?

You may report on both the corresponding chart-based measure and eCQM.

For example, you may report on both ED-2 and eED-2 or, if you provide Obstetrical Services, PC-01 and ePC-01.
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D. INPATIENT PSYCHIATRIC FACILITIES (HAP) - FREESTANDING PSYCHIATRIC HOSPITALS AND INPATIENT PSYCHIATRIC UNITS

1.d.1 What measures will accredited psychiatric hospitals be required to report to meet 2020 ORYX reporting requirements?

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.

Hospitals with an Inpatient Psychiatric Unit are not required to report the HBIPS measures but may choose to do so.

1.d.2 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?

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.

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, they may choose to do so.

1.d.3 Please clarify if the HBIPS-1 measure is required for Joint Commission Freestanding Psychiatric Hospitals, as this measure has never been required by CMS?

The Joint Commission ORYX reporting requirements are completely separate from the CMS Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program requirements.

HBIPS-1 continues to be required for “freestanding” psychiatric hospitals along with HBIPS-2, HBIPS-3, and HBIPS-5.

1.d.4 Do psychiatric hospitals have to select and report on eCQMs?

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 for by psychiatric facilities or Inpatient Psychiatric Units.
### 1.d.5 For CY 2020, are Freestanding Psychiatric Hospitals required to submit data using the Direct Data Submission (DDS) Platform?

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.

In early 2020, The Joint Commission will provide information regarding calendar year 2020 chart-based measure selections.
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E. **ORYX DESIGNATED SPECIALTY HOSPITALS**

1.e.1 **What are the CY 2020 ORYX reporting requirements for ORYX Designated Specialty Hospitals?**

ORYX requirements require ORYX Designated Specialty Hospitals to report on three available measures applicable to their services provided and patient populations served. While many measures have limited applicability to an ORYX Designated Specialty Hospital, the expectation is that the hospital will collect data on any relevant measures.

These 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.

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</table>

1.e.2 **How is a facility determined to be an ORYX Designated Specialty Hospital?**

Organizations that believe they are a specialty hospital (e.g. Orthopedic, Surgical, Cardiac, etc.) must contact hcooryx@jointcommission.org to discuss applicability of the “ORYX Designated Specialty hospital”.

1.e.3 **Are ORYX Designated Specialty Hospitals required to submit data?**

ORYX Designated Specialty Hospitals remain exempt from the requirement to submit data to The Joint Commission but are encouraged to do so. If data are not submitted, the organization is required to make data reports available for review by surveyors during on-site surveys.

Hospitals that choose to submit, will report monthly aggregate data on a quarterly basis for calendar year (CY) 2020 using The Joint Commission Direct Data Submission (DDS) Platform.

In early 2020, The Joint Commission will provide information regarding calendar year 2020 measure selections.

1.e.4 **In selecting our three measures, can we select the chart-based measure and eCQM which correspond to each other?**

You may report on both the corresponding chart-based measure and eCQM.

For example, you may report on both ED-2 and eED-2 or, if you provide Obstetrical Services, PC-01 and ePC-01.
## 1. ORYX Accreditation Reporting Requirements

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</tr>
</thead>
<tbody>
<tr>
<td><strong>1.f.1</strong> We are an Inpatient Rehabilitation Facility (IRF), what measures are we required to report on to meet ORYX requirements?</td>
</tr>
<tr>
<td>Suspension of requirements continue for inpatient rehabilitation facilities (IRF) regarding ORYX performance measure reporting requirements.</td>
</tr>
<tr>
<td><strong>1.f.2</strong> We are a Long-term Acute Care Hospital (LTACH), what measures are we required to report on to meet ORYX requirements?</td>
</tr>
<tr>
<td>Suspension of requirements continue for long-term care acute hospitals (LTACH) regarding ORYX performance measure reporting requirements.</td>
</tr>
<tr>
<td><strong>1.f.3</strong> We are a Children’s Hospital, what measures are we required to report on to meet ORYX requirements?</td>
</tr>
<tr>
<td>Suspension of requirements continue for children’s hospitals that are “freestanding” facilities separately accredited by The Joint Commission (i.e., they are not surveyed and accredited as a site or inpatient unit under the accreditation of the main Joint Commission accredited hospital).</td>
</tr>
</tbody>
</table>
### A. GENERAL

#### 2.a.1 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 includes requirements for CY 2020 Hospital Inpatient Quality Program reporting requirements. In the final IPPS rule:

- CMS extended the current eCQM submission and reporting requirements for CY 2020 reporting. Hospitals submit one, self-selected quarter on four self-selected eCQMs.

**Note:** As finalized in the FY 2019 IPPS final rule, seven eCQMs will be removed for CMS CY 2020 reporting with eight eCQMs available.

### Electronic Clinical Quality Measure (eCQMs) Reporting Requirements for Hospital Accreditation Program (HAP) with an ADC > 10

- 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.
  - Please note: For CY 2020 The Joint Commission has retained ePC-01 which CMS has removed and 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 for by psychiatric facilities or Inpatient Psychiatric Units.

### 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.

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](https://www.jointcommission.org/measurement).
### 2.a.2 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 (retained)
- ePC-02 Cesarean Birth (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](https://www.jointcommission.org/measurement)).

For specifications related to all remaining eCQMs in alignment with CMS, see the CMS/ONC eCQI Resource Center at [https://ecqi.healthit.gov/qrda-quality-reporting-document-architecture](https://ecqi.healthit.gov/qrda-quality-reporting-document-architecture).

### 2.a.3 Has The Joint Commission retired the seven eCQMs for the CY 2020 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 CY 2020 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](https://www.jointcommission.org/measurement)).
What you need to know:
Frequently Asked Questions (FAQs)
2020 ORYX® Performance Measure Reporting Requirements

<table>
<thead>
<tr>
<th>2.a.4</th>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hospitals should select those eCQMs for which they provide the service and have a patient population to derive a quality improvement benefit.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.a.5</th>
<th>What if we cannot pick four eCQMs that are applicable to the hospital services provided and patient populations?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hospitals submitting eCQMs manage their eCQM selections to The Joint Commission within the Direct Data Submission (DDS) Platform.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.a.6</th>
<th>What are the key benefits of using the DDS Platform?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Key benefits of the DDS Platform include:</td>
</tr>
<tr>
<td></td>
<td>• 24/7 access during the submission period,</td>
</tr>
<tr>
<td></td>
<td>• Easy to use data visuals,</td>
</tr>
<tr>
<td></td>
<td>• Cloud-based Platform environment with fast file transfer,</td>
</tr>
<tr>
<td></td>
<td>• Robust security and HIPAA compliance,</td>
</tr>
<tr>
<td></td>
<td>• State of the art rules engine,</td>
</tr>
<tr>
<td></td>
<td>• Transparency</td>
</tr>
</tbody>
</table>

Hospitals have the ability to see results and outcomes prior to the final submission step of submitting data to The Joint Commission.

<table>
<thead>
<tr>
<th>2.a.7</th>
<th>Does The Joint Commission accept QRDA III documents and what is the difference between QRDA I and QRDA III?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The QRDA III document is 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.a.8</th>
<th>For chart-based measures and eCQMs, does The Joint Commission have a case threshold (five or fewer) exemption and/or a zero denominator attestation like CMS?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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).</td>
</tr>
</tbody>
</table>

**Chart-based Measures:**
For CY 2019 data, ORYX chart-based vendors will continue to submit information in the hospital’s chart-based PaS XML file.

In early 2020, The Joint Commission will provide information regarding CY 2020 data attestation.

**eCQMs:**
Users of the Direct Data Submission (DDS) Platform will use the functionality within the Platform at time of submission to perform this attestation.
# What you need to know: 
**Frequently Asked Questions (FAQs)**  
**2020 ORYX® Performance Measure Reporting Requirements**

<table>
<thead>
<tr>
<th>2.a.9</th>
<th>When will eCQM data be publicly reported?</th>
<th>At this time, eCQM data is not being publicly reported by The Joint Commission on Quality Check or used in accreditation activities.</th>
</tr>
</thead>
</table>
| 2.a.10  | Will hospitals reporting eCQM data receive reports similar to the Joint Commission’s current chart-based ORYX Performance Measure Reports? | ORYX eCQM Feedback Reports are provided annually to hospitals that submitted eCQM data to The Joint Commission. The report reflects data submitted for the respective eCQM reporting year.  
**Note:** eCQM data is not being utilized by surveyors in the accreditation process; however, hospitals with successful eCQM implementation(s) are encouraged to share their experiences during their on-site survey. |
| 2.a.11  | May we submit eCQM data on a quarterly basis just like chart-abstracted data? | 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.  
Hospitals may submit their eCQM data on a quarterly basis; however, the submission deadline is the same for all quarters of data. |
| 2.a.12  | When are CY 2019 and CY 2020 eCQM data due to The Joint Commission? | For CY 2019 eCQM data, the submission deadline is March 16, 2020 (*deadline extended due to original deadline falling on a weekend*).  
For CY 2020 eCQM data, the submission deadline is March 15, 2021. |
| 2.a.13  | Which version of eCQMs, HL7 standards, EHR Certification Versions, and CMS Implementation Guides must be utilized by hospitals reporting on eCQMs for 2019 and 2020? | The Joint Commission aligns with CMS on the eCQM version for each annual reporting period.  
Please see Attachment A – **CY 2019 AND 2020 REPORTING PERIOD: EÇQM VERSIONS, HL7 STANDARDS, EHR CERTIFICATION VERSION, AND CMS IMPLEMENTATION GUIDES** below for specific eCQM versions, HL7 standards, EHR Certification versions, and Implementation Guides that must be used respectively for CY 2019 and CY 2020 reporting. |
What you need to know:
Frequently Asked Questions (FAQs)
2020 ORYX® Performance Measure Reporting Requirements

2.a.14 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 new 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.

Please see Attachment A – CY 2019 AND 2020 REPORTING PERIOD: ECQM VERSIONS, HL7 STANDARDS, EHR CERTIFICATION VERSION, AND CMS IMPLEMENTATION GUIDES below for specific eCQM versions, HL7 standards, EHR Certification versions, and Implementation Guides that must be used respectively for CY 2019 and CY 2020 reporting.

2.a.15 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-quality-reporting-document-architecture
2. **Electronic Clinical Quality Measures (eCQMs)**

## B. Direct Data Submission (DDS) General and Onboarding

### 2.b.1.1 What is Apervita’s relationship to The Joint Commission in supporting direct data submission?

The Joint Commission has partnered with Apervita, a leading health insights company, to build a platform for the direct submission of eCQM 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.

### 2.b.1.2 Does Apervita or the Joint Commission’s DDS Platform replace submissions through CMS’ QualityNet Portal?

Apervita and the DDS Platform do not replace submission to CMS’ QualityNet.

QualityNet is CMS’ portal for receiving their submission of eCQM data and the QualityNet portal is unable to provide The Joint Commission with a hospital’s eCQM data.

Neither The Joint Commission nor Apervita are able to provide QualityNet with Joint Commission data.

### 2.b.1.3 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, among other activities, 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 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 uploading, reviewing and analyzing measure results, and submitting eCQM data to The Joint Commission.

### 2.b.1.4 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.
What you need to know:
Frequently Asked Questions (FAQs)
2020 ORYX® Performance Measure Reporting Requirements

<table>
<thead>
<tr>
<th>2.b.1.5 Who has access to our DDS Platform?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Joint Commission initially onboards each hospital’s identified DDS Designated Contact and works with them to ensure they can successfully access, review and accept the required legal forms for utilizing the Platform. The DDS Designated Contact for each hospital will subsequently onboard the remainder of the hospital’s users.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.b.1.6 What is the role of the Designated Contact for DDS Platform?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Designated DDS Contact is specific to the DDS Platform. They are the first person to log onto the DDS Platform for a given hospital.</td>
</tr>
<tr>
<td><strong>The Designated DDS 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.</strong></td>
</tr>
<tr>
<td>Following the initial onboarding, the Designated DDS Contact can invite additional users to the DDS Platform. These additional users may include other staff who can invite and manage other users. In addition, the Designated Contact is not necessarily the same person who performs the data upload and submittal process.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>There are three distinct steps required to utilize the DDS Platform:</td>
</tr>
<tr>
<td>(1) hospital onboarding;</td>
</tr>
<tr>
<td>(2) uploading QRDA I documents;</td>
</tr>
<tr>
<td>(3) submitting eCQM data.</td>
</tr>
<tr>
<td><strong>NOTE:</strong> Each hospital is responsible for all users who are invited and granted permissions on the DDS Platform per the legal agreements. See question 2.b.1.11 for more information.</td>
</tr>
</tbody>
</table>
What you need to know:
Frequently Asked Questions (FAQs)
2020 ORYX® Performance Measure Reporting Requirements

2.b.1.7 What is the difference between the three distinct steps required to utilize the DDS Platform?
(1) hospital onboarding;
(2) uploading QRDA I documents;
(3) submitting eCQM data.

(1) Hospital onboarding is performed by the Designated Contact where they agree and accept of the required legal forms to utilize the DDS Platform.

(2) Uploading QRDA I documents includes the ability to upload the hospital’s QRDA I document, 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 provides the capability to correct QRDA I format issues and patient data issues before the measures are submitted to The Joint Commission. The Upload step may occur multiple times prior submission.

(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.

2.b.1.8 May a hospital invite an external user (e.g., vendor or consultant) to assist them on the DDS Platform?

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

- 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. Note: The Joint Commission no longer has any contracts with ORYX eCQM vendors.

2.b.1.9 Is the Designated Contact the ORYX Contact?

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.

2.b.1.10 I’m the ORYX Contact, but not the Designated Contact for DDS. How do I inform The Joint Commission who the Designated Contact is?

Organizations will be provided an opportunity to update their Designated Contact during the onboarding process. If at a later date an organization needs to modify the Designated Contact again, please contact the Joint Commission as soon as possible to provide the via the hcooryx@jointcommission.org. In the email subject line, include: DDS Participant and your hospital's HCO ID#.
### 2.b.1.11 What are the legal documents on the Direct Data Submission (DDS) Platform that must be agreed to before accessing the Platform?

The Designated Contact for each hospital reads and agrees to the
1. Business Associate Agreement (BAA) with Apervita
2. End User License Agreement (EULA) with The Joint Commission establishing the right to use the DD Platform.

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.

**Note:** Designated Contacts who will be signing for multiple hospitals must individually sign the BAA and EULA document for each hospital.

In addition, all users, 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 DD Platform. This document is signed once by the user.

### 2.b.1.12 My hospital is new to the DDS Platform for CY 2020. As the Designated Contact, when do I get my invitation to access the Platform?

In early 2020, The Joint Commission will provide information regarding access to the DDSP for new hospitals.

### 2.b.1.13 My hospital used the DDS Platform to submit CY 2019 data. When will I get my CY 2020 Platform invitation?

Hospital staff **that have access** to the CY 2019 DDS Platform as of 3/16/2020, will receive correspondence in the spring providing information on how to access the CY 2020 Platform.

Hospital staff that **did not have access** to the CY 2019 DDS Platform as of 3/16/2020, must have the hospital staff with Invite & Manager User functionality invite them to the hospital’s CY 2020 Platform once it is available.

### 2.b.1.14 We have new hospitals in our system, how do we enroll them for the CY 2020 DDS Platform?

Each hospital that did not participate in direct data submission for CY 2019 must go through the onboarding process for CY 2020.

### 2.b.1.15 Does a Designated Contact need multiple logins to onboard more than one hospital?

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 move within the Platform between hospitals to perform other activities without having to logout.
### 2.b.1.16 How does a Designated Contact for multiple hospitals complete the onboarding process?

The Designated Contact will select one of the onboarding emails they have received from @apervita.com for their specific hospitals and will login.

- Designated Contacts that are *not already a DDS Platform user* will be required to create their login and password prior to onboarding their first hospital.
- Designated Contacts that are *already a DDS Platform user* will access the Platform using their existing login and password.

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.

- The Designated Contact will select each onboarding email (one for each hospital) and agree and accept the required legal forms for each hospital.
- 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.

*Note:* Once onboarding of multiple hospitals has been completed, Designated Contacts will be able to move within the Platform between these hospitals to perform other activities without having to logout.

### 2.b.1.17 Does the DDS Platform support submission of chart-abstracted data to The Joint Commission?

Starting with CY 2020 data, the DDS Platform will be used to submit monthly chart-abstracted aggregate data for quarterly submission.

In early 2020, The Joint Commission will provide information regarding the transition to the DDS Platform.

### 2.b.1.18 Does Apervita charge a fee?

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.

### 2.b.1.19 We want to submit different eCQM(s) 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?

As the data submitter, you directly manage the eCQMs being submitted to The Joint Commission directly within the DDS platform. To update The Joint Commission’s list of expected measures for the hospital: Use the checkbox for the eCQMs for the appropriate quarter on the “Submit Data” Screen and complete the submission steps.

### 2.b.1.20 Do you have to submit the same quarter of data to the Joint Commission as you do for the CMS Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Promoting Interoperability Program (previously known as the Medicare EHR Incentive Program)?

Both CMS and Joint Commission require reporting for at least one self-selected quarter (Q) of 2019 or 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:
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2. ELECTRONIC CLINICAL QUALITY MEASURES (eCQMs)

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

2.b.2.1 Where is information available regarding topics such as, an overview of the DDS Platform, basic information related to CQL, detailed CQL usage within eCQM specifications?

See the Pioneers in Quality™ website at https://www.jointcommission.org/measurement/pioneers-in-quality

2.b.2.2 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. 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?” feature on the Platform.

The Joint Commission conducts monthly DDS "Office Hours". Content includes tips for successful use of the DDS Platform and frequently asked questions. The webinars are staffed by The Joint Commission and Apervita staff to answer questions for hospitals.

2.b.2.3 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.

<table>
<thead>
<tr>
<th>Browser</th>
<th>Supported Version(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet Explorer</td>
<td>Version 11 (Supported on Windows 7, 8.1, and 10)</td>
</tr>
<tr>
<td>Microsoft Edge</td>
<td>41.16299.15.0 and above</td>
</tr>
<tr>
<td>Google Chrome</td>
<td>61.0.3163.100 (Official Build) and above</td>
</tr>
<tr>
<td>Firefox</td>
<td>52.0.2. and above</td>
</tr>
<tr>
<td>Safari (on Mac)</td>
<td>10.1.1 (12603.2.4) and above</td>
</tr>
</tbody>
</table>

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 supported browser/versions. 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.

2.b.2.4 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 portions 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.
2.b.2.5 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 such as uploading QRDA I documents or the data verification process (e.g., correct QRDA I generation based on error/warnings, review measure results and rates to assist with data mapping issues). However, The Joint Commission is not providing a separate Workspace to any vendor or consultant. Instead, we are instructing all vendors/consultants to 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 eCQM vendors.

In addition, we are requesting that vendor/consultant staff who have been onboarded 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.

2.b.2.6 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:

Additional details regarding the compliance of the privacy and security standards is available in the Legal section of the DDS Platform.
## 2.b.2.7 What is “Two Factor Authentication”?

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.

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 [how to use two-factor authentication without a mobile phone](https://www.cnet.com/how-to/use-two-factor-authentication-without-a-mobile-phone/).

## 2.b.2.8 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.

Please see Attachment A – CY 2019 and 2020 Reporting Period: eCQM Versions, HL7 Standards, EHR Certification Version, and CMS Implementation Guides below for specific eCQM versions, HL7 standards, EHR Certification versions and Implementation Guides that must be used respectively for CY 2019 and CY 2020 reporting.

## 2.b.2.9 Should we run the QRDA I document through the CMS PSVA tool 1st?

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.

## 2.b.2.10 Is there an acceptable number or percentage of QRDA I document rejections when submitting to the DDS Platform?

For CY 2019 and CY 2020, there is no acceptable number or percentage of QRDA I document rejections that must be met to submit data directly to The Joint Commission.

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.
**What you need to know:**

**Frequently Asked Questions (FAQs)**

2020 ORYX® Performance Measure Reporting Requirements

<table>
<thead>
<tr>
<th>2.b.2.11</th>
<th>If QRDA I document(s) are rejected, do you need to resubmit the complete zip file or just the corrected QRDA I document(s)?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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.</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.b.2.12</th>
<th>How soon can CY 2019 and or CY 2020 eCQM data be submitted?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QRDA I documents for CY 2019 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 CY 2018 hospital as soon as you access the Platform. To upload data, the entire calendar quarter must available.</strong></td>
<td></td>
</tr>
</tbody>
</table>

In early 2020, The Joint Commission will provide information regarding access to your hospital's DDSP CY 2020 Workspace.
### 3. **CERTIFICATION STANDARDIZED MEASURES**

#### A. **GENERAL**

<table>
<thead>
<tr>
<th>3.a.1</th>
<th>For certification programs with standardized measures, may we use an ORYX chart-based vendor for submission of data?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Starting with CY 2020 data, The Joint Commission no longer has contracts with ORYX chart-based vendors for certification or accreditation purposes*.</td>
</tr>
<tr>
<td></td>
<td>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-based vendor will be transitioned to manually entering their aggregate data on the Certification Measure Information Process (CMIP) application available on JC Connect.</td>
</tr>
<tr>
<td></td>
<td>* ORYX vendors, based on contractual language, are required to submit hospital’s 3rd and 4th quarter 2019 chart abstracted data in January and April 2020 using their current vendor data submission processes.</td>
</tr>
<tr>
<td></td>
<td>Please note, certification hospitals may continue to use a vendor to assist in data collection and aggregation. See question 3.a.2 for more information.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.a.2</th>
<th>May a hospital use a vendor or consultant to assist them in data collection and aggregation for standardized measures?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.a.3</th>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Starting with CY 2020 data, The Joint Commission no longer has contracts with ORYX chart-based vendors for certification or accreditation purposes*.</td>
</tr>
<tr>
<td></td>
<td>* ORYX vendors, based on contractual language, are required to submit hospital’s 3rd and 4th quarter 2019 chart abstracted data in January and April 2020 using their current vendor data submission processes.</td>
</tr>
<tr>
<td></td>
<td>All hospitals in the Perinatal Care (PNC) certification program that have been using an ORYX chart-based vendor will be transitioned to manually entering their aggregate data on the Certification Measure Information Process (CMIP) application available on JC Connect. Certification hospitals may continue to use a vendor to assist in data collection and aggregation.</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> For reporting of the chart-based PC measures for ORYX accreditation reporting purposes, hospitals will be transitioned to The Joint Commission’s Direct Data Submission (DDS) Platform. In early 2020, The Joint Commission will provide information regarding the usage of the DDS Platform for submission of ORYX accreditation chart-based data.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.a.4</th>
<th>For certification purposes, can we use eCQMs?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At this time, The Joint Commission is not utilizing eCQMs for certification program purposes. Data must be reported on the standardized chart-abstracted measures.</td>
</tr>
</tbody>
</table>
What you need to know:
Frequently Asked Questions (FAQs)
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ATTACHMENT A
CY 2019 AND 2020 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).
- 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/qrda-quality-reporting-document-architecture).

Note: Please be sure when using the eCQI Resource Center, that you have select the appropriate Reporting Period and click ‘Applied’.

<table>
<thead>
<tr>
<th>Patients discharged during the calendar year (CY)</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>eCQM data submission deadline</td>
<td>CMS: 3/2/2020</td>
<td>CMS: 3/1/2021</td>
</tr>
<tr>
<td>Joint Commission: 3/16/2020</td>
<td>Joint Commission: 3/15/2021</td>
<td></td>
</tr>
<tr>
<td>eCQM Specifications for Eligible Hospitals and Critical Access Hospitals (posted to eCQI Resource Center)</td>
<td>May 2018</td>
<td>May 2019</td>
</tr>
<tr>
<td>CMS’ Quality Data Model (posted to eCQI Resource Center)</td>
<td>QDM V5.3 Annotated</td>
<td>QDM V5.4</td>
</tr>
<tr>
<td>HL7 Standards to represent a health quality measure as an electronic document (eCQM) (available from HL7)</td>
<td>• HL7 HQMF V3 Normative R1 • HL7 CQL R1 STU 2 • HL7 V3 IG: CQL-based HQMF R1 STU 2.1</td>
<td>• HL7 HQMF V3 Normative R1 • HL7 CQL R1 STU 3 • HL7 V3 IG: CQL-based HQMF R1 STU 3</td>
</tr>
<tr>
<td>HL7 Standard to report quality measure data (available from HL7)</td>
<td>HL7 QRDA I R1 STU R5</td>
<td>HL7 QRDA I R1 STU R5.1</td>
</tr>
</tbody>
</table>
What you need to know:
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<table>
<thead>
<tr>
<th>Patients discharged during the calendar year (CY)</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
</table>

*CY 2019 and CY 2020 eCQM ID and Specification Versions for Eligible Hospitals and Critical Access Hospitals*

<table>
<thead>
<tr>
<th>Measure Short Name</th>
<th>Measure Name</th>
<th>CY 2019 eCQM ID and Version</th>
<th>CY 2020 eCQM ID and Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>eAMI-8a</td>
<td>Primary PCI Received Within 90 Minutes of Hospital Arrival</td>
<td>CMS53v7</td>
<td>n/a Removed by CMS and Retired by The Joint Commission</td>
</tr>
<tr>
<td>eCAC-3</td>
<td>Home Management Plan of Care Document Given to Patient/Caregiver</td>
<td>CMS26v6</td>
<td>n/a Removed by CMS and Retired by The Joint Commission</td>
</tr>
<tr>
<td>eED-1</td>
<td>Median Time from ED Arrival to ED Departure for Admitted ED Patients</td>
<td>CMS55v7</td>
<td>n/a Removed by CMS and Retired by The Joint Commission</td>
</tr>
<tr>
<td>eED-2</td>
<td>Admit Decision Time to ED Departure Time for Admitted Patients</td>
<td>CMS111v7</td>
<td>CMS111v8</td>
</tr>
<tr>
<td>eEHDI-1a</td>
<td>Hearing Screening Prior to Hospital Discharge</td>
<td>CMS31v7</td>
<td>n/a Removed by CMS and Retired by The Joint Commission</td>
</tr>
<tr>
<td>ePC-01</td>
<td>Elective Delivery</td>
<td>CMS113v7</td>
<td>ePC01v8 Removed by CMS Retained by The Joint Commission</td>
</tr>
<tr>
<td>ePC-02</td>
<td>Cesarean Birth</td>
<td>n/a</td>
<td>ePC02v1 Not a CMS eCQM New for The Joint Commission</td>
</tr>
<tr>
<td>ePC-05</td>
<td>Exclusive Breast Milk Feeding</td>
<td>CMS9v7</td>
<td>CMS9v8</td>
</tr>
<tr>
<td>eSTK-2</td>
<td>Discharged on Antithrombotic Therapy</td>
<td>CMS104v7</td>
<td>CMS104v8</td>
</tr>
<tr>
<td>eSTK-3</td>
<td>Anticoagulation Therapy for Atrial Fibrillation/Flutter</td>
<td>CMS71v8</td>
<td>CMS71v9</td>
</tr>
<tr>
<td>eSTK-5</td>
<td>Antithrombotic Therapy by End of Hospital Day Two</td>
<td>CMS72v7</td>
<td>CMS72v8</td>
</tr>
<tr>
<td>eSTK-6</td>
<td>Discharged on Statin Medication</td>
<td>CMS105v7</td>
<td>CMS105v8</td>
</tr>
<tr>
<td>eVTE-1</td>
<td>Venous Thromboembolism Prophylaxis</td>
<td>CMS108v7</td>
<td>CMS108v8</td>
</tr>
<tr>
<td>eVTE-2</td>
<td>Intensive Care Unit Venous Thromboembolism Prophylaxis</td>
<td>CMS190v7</td>
<td>CMS190v8</td>
</tr>
</tbody>
</table>
What you need to know:
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2020 ORYX® Performance Measure Reporting Requirements

*Note:

- For Joint Commission purposes, eSTK-8 (Stroke Education) and eSTK-10 (Assessed for Rehabilitation) were retired effective 1/1/2017 as these two eCQMs have become “check box” measures, and their value has been diminished. CMS is removing these two eCQMs as of CY 2020.

- 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.