

September 2020 Update (see highlighted items)

Frequently Asked Questions regarding the March 26, 2020 Communication:

Joint Commission Makes Accreditation and Certification Performance Measure Reporting Optional and Extends Timelines

ORYX® Reporting Requirements for 3Q 2020 and 4Q 2020

As noted in the March 2020 communication, reporting chart-abstracted performance measurement data is optional for 1Q 2020 and 2Q 2020. Extended submission timelines for hospitals choosing to submit available Chart-abstracted data are as follows:

- 1Q 2020 extended from July 31, 2020 to October 31, 2020
- 2Q 2020 extended from October 31, 2020 to January 31, 2021

The reporting of chart-abstracted performance measurement data is **required** for 3Q 2020 and 4Q 2020. Submission timelines for hospitals to submit available Chart-abstracted data are as follows:

- 3Q 2020 data submission timeline is January 31, 2021
- 4Q 2020 data submission timeline is April 30, 2020

For CY 2020 Electronic Clinical Quality Measures (eCQMs) data, there is no change anticipated at this time; For hospitals with eCQM requirements, a minimum of one quarter of data for four of the ten available eCQMs is due March 15, 2021.

Question: 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?

Answer: *(Updated August 2020)*

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.

Responding to the coronavirus pandemic, in March 2020, The Joint Commission placed a hold on the public reporting of two ORYX Perinatal Care (PC) measures on Quality Check®:

- PC-02 Cesarean Birth
- PC-06 Unexpected Complications in Term Newborns

The Joint Commission has since received the 4Q 2019 data and determined most health care organizations with ORYX requirements for perinatal care measures did submit data for the fourth quarter, allowing for public reporting of 2019 data. Note that the public reporting for 1Q 2020 and 2Q 2020 data is still TBD and will be assessed based on data submission.

(September 2020): Further analysis of the 4Q 2019 data shows most health care organizations submitted data for the ORYX measures. Any measures reported on Quality Check will be refreshed with 4Q 2019 data. The additional measures of PC-02 and PC-06 will be added to Quality Check in early 2021. Communications will be sent when the measures are added to Quality Check.

For the 1Q and 2Q 2020 data, the Joint Commission will analyze the data received to determine the impact of optional reporting to the public reporting process on Quality Check. 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.

Question: Are measure specifications for chart abstracted measures impacted during this period of optional and extended deadlines as a result of COVID-19?

Answer: 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.

(September 2020): 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.

Question: If the Centers for Medicare & Medicaid Services (CMS) is allowing a telemedicine visit during this COVID-19 crisis, will this meet criteria for measures requiring follow-up visits?

Answer: Yes. When following CMS guidance on telemedicine services, this may be counted as a follow-up visit.

Question: If I choose to submit chart-abstracted data, do I need to submit all selected measures and all 3 months of data for the quarter?

Answer: 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 the cases for a measure, for the months in the calendar quarter being reported.

Question: 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?

Answer: There are no impacts to accreditation or certification, since submitting chart-abstracted data is optional.

Question: Will the ePC-01 and ePC-02 measure specifications be updated this year?

Answer: Yes, the Joint Commission eQMs are updated on an annual basis. ePC-01 and ePC-02 measure specifications for 2021 reporting will be released on June 15, 2020.

Question: All elective surgeries have been cancelled, including hip and knee replacement until the end of April, perhaps longer. 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?

Answer: Organizations can enter zero denominator for THKR measures. The Joint Commission will not be 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.

Question: 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?

Answer: 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.

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.

Updated information regarding performance measurement is available at [The Joint Commission Measurement](#) webpage.

Questions regarding these modified requirements may be directed to the [ORYX Help Email](#) inbox.