SDPS MEMORANDUM

MEMO NBR: 07-056-GN

DATE: February 8, 2007

SUBJECT: Alignment of CMS' and the Joint Commission's Missing Data Policy

TO: SDPS AMI-HF Point of Contact, SDPS ANA Point of Contact, SDPS CDAC Point of Contact, SDPS CEO Point of Contact, SDPS COMM Point of Contact, SDPS DBA Point of Contact, SDPS HCQIP Point of Contact, SDPS MEDPCC Point of Contact, SDPS PNE Point of Contact, SDPS SIP Point of Contact, SDPS UNDRSVD Point of Contact

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The purpose of this SDPS Memorandum is to notify you that CMS and the Joint Commission have aligned their Missing Data Policies.

Currently, the Joint Commission and CMS differ on their treatment of missing data. In an effort to align their missing data policies and to ensure the integrity of data submitted to the QIO Clinical Warehouse and the Joint Commission's Data Warehouse, the CMS/Joint Commission Measures Maintenance Workgroup (MMWG) approved the following change requests for the Specifications Manual. The potential consequences of these changes include the failure of a few cases that in the past would have been excluded from a measure.

This missing data policy change becomes effective for hospital inpatient discharges on April 1, 2007, and is communicated in the CMS/Joint Commission *Specifications Manual for National Hospital Quality Measures* update (version 2.2) released through QualityNet and the Joint Commission published on December 1, 2006.

The following summarizes the missing data policy changes:
Abstractors must 'touch' and provide an answer to every data element that is applicable per the combined skip logic of all of the measures in a measure set. While there is an expectation that all data elements are collected, it is recognized that in certain situations information may not be available (dates, times, codes, etc.). If, after due diligence, the abstractor determines that a value is not documented or is not able to determine the answer value, the abstractor must select "Unable to Determine (UTD)" as the answer. The "UTD" allowable value is used as follows:

- Yes/no elements will be defined as "YES-Able to document and determine that element is defined as meeting abstraction instructions for classification as a *YES*" or "NO-All other possible scenarios (e.g., unable to determine from medical record, medical record indicates that element should be classified as a *NO*, conflicting information on medical record, etc.)."
- Elements containing more than two possible values will have the "UTD" either classified as a separate allowable value or included in the same category as "None of the above/Not documented".
- For critical elements such as admission date, birth date, discharge date and others, UTD is not an allowable value, and submission of UTD will result in the case being rejected by the QIO Clinical Warehouse and the Joint Commission's Data Warehouse.
- Date, time, and numeric data elements, other than *Admission Date*, *Birthdate*, and *Discharge Date*, have an "UTD" allowable value option. Refer to the measure algorithms in which each of these data elements are used to determine how the episode of care record is treated.
- All records containing missing data elements necessary for calculating measures will be rejected by the QIO Clinical Warehouse and the Joint Commission's Data Warehouse and a critical edit message will be returned to the submitter.
- Refer to the Data Dictionary for a complete listing of all data elements and instructions on how and when to use the UTD answer value on each individual element.

For the clinical areas, AMI, HF and PN as well as for SCIP, this aligned missing data policy is expected to have, based upon 2005 data, the following impact in terms of the percentage of cases affected:

- AMI – 0.6% of 607,391 cases (3,501)
- HF – 0.8% of 1,002,523 cases (7,632)
- PN – 1.4% of 1,154,180 cases (15,682)
- SCIP (SIP) – 0.6% of 578,505 cases (3,191)

The primary reason for the aligned missing data policy is to improve data quality. An aligned missing data policy will minimize discrepancies in comparison data and publicly reported results. The aligned missing data policy also uses the same edit logic to identify

missing data elements through critical errors in submission feedback reports. This edit logic will be aligned for data elements common to both the Joint Commission and CMS. Vendor and hospital programming and abstraction burden will be minimized by CMS' and the Joint

Commission's alignment on the editing and treatment of missing data.

It is critical that hospitals and vendors submit their quality data to CMS and the Joint Commission early in the submission period, and review their submission feedback reports to identify and correct missing data errors. The missing data policy change will allow hospitals and vendors to identify problems at the time of submission by identifying the missing data elements causing record rejections.

Please contact your internal point of contact if you have any questions. He or she may contact the QualityNet Help Desk if additional information and/or assistance are needed.