medisolv

3Q2022 End of Quarter Review for Submissions Agenda

This is a reminder, the **Medisolv Data Due Date for all 3Q2022 data you have selected for TJC DDSP Data Entry AND CMS IQR/OQR/IPFQR Measures is December 31, 2022**. All abstractions and any reviews being conducted by the hospital need to be completed by this date.

On January 2, 2023, we will be locking:
- TJC measures for 1Q2022, 2Q2022 and 3Q2022 (TJC DDSP 2022 Opens)
- IQR/OQR 3Q2022

Please complete the [TJC Submission Selections] for 2022 if you have not yet done so.

Meeting the Medisolv Data Due Date is extremely important. We have provided report suggestions to help ensure data quality and timeliness. Please refer to the [SUBMISSION DETAILS] tab on the Home Page to review all Due Dates and Deadlines.

[What is the Submission Process:] A brief overview of the steps for submission to CMS and/or TJC.

As you know, IPFQR requires patient-level data starting with the 2023 reporting period (2022 data, IMM-2 4Q2022 & 1Q2023 data). IPFQR measure data is reported annually, so IPFQR measures can remain unlocked during the CMS Quarterly Submission periods. We highly recommend IPFQR participating facilities perform the pre-submission checks listed as well as upload optional clinical files (if used) on at least a quarterly basis. A more consistent and frequent process of abstractions, data checks/corrections, and file uploads of the IPFQR measures will help ensure data issues are addressed in a timely manner as well as to avoid any file processing upload issues when it comes time for the IPFQR Submission period to begin.

☐ **[Save All Cases]**: CLOUD ONLY
Administration->Facility Admin->Save All Cases. This ensures that any changes to worksheets by import are captured in the reports. This is especially important when you are using TJC's DDSP. Check option: **Include Completed Cases**.

☐ **[Data Abstraction]**: Please make sure you have completed all data abstraction (Abstraction Status = Abstraction Completed AND Measure Status = Complete). Group By Abstraction Status and Measure Status to identify cases that are not completed.

☐ **Reporting->Presubmission Checks->**

    ☐ **[Cases by Category Assignment:]** Check Measure Category 'Y' and 'X'. Cases with a Measure Category 'Y' reflect the usage of "UTD". Verify the usage of this allowable value is correct. Measure Category Assignment 'X' is a case that is Rejected by algorithm. Correct the worksheet to obtain a legitimate Measure Category Assignment. OP-29 cases that are ineligible based on abstraction will appear as Measure Category Assignment 'X' – this is ok.

    ☐ **[Cases in Multiple Measure Sets]**: These cases are in two (or more) measure sets that have Principal Diagnosis as one of the determining criteria for the population. To

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remedy these cases in multiple measure sets, look at the final Principal Diagnosis in the medical record and delete the case that is not correct.

□ **Cases No Longer In Population:** CLOUD ONLY
The Cases No Longer in Population Report will identify the cases which no longer qualify for the measure set you are running. If they do not belong in the population they are currently in, they will appear on this report. Cases found on this report may need to be deleted. If there are many cases appearing, please reach out to your Advisor for help.

□ **Continuous Measures Results Report:** To identify extreme values. Confirm if large values (greater than 1440 minutes or 24 Hours) are correct or need to be corrected. Group by Measure Value with a descending sort to get larger values at the top of the list. Extreme Values that are correct can be noted on the Annotations section of the worksheet.

□ **Event Rate Results:** For facilities that submit HBIPS Events. You can check Inpatient Days by running the Event Rate Results and looking at the Inpatient Days column – it should not be zero. If zero is displayed, enter **Psychiatric Inpatient Days** and **Leave Days** on the Abstraction page. If events are expected and there are no numerators, **enter events** from the Abstraction page. **IPFQR participants should enter this data quarterly by the Medisolv Data Due Date.**

□ **Potential Duplicate Accounts**: To identify potential duplicates. These cases need to be deleted if they are true duplicates. If they are not duplicates, the cases can remain on the report.

□ **Quarterly Population and Sampling:** The Oversample/Undersample will display a negative number if the sampling requirement has not been met. The OP Quarterly Oversample/Undersample will display a negative number if Outpatient Measure Sets do not meet the Quarterly sampling requirement.

□ **Submission Edit Checks:** Displays edit messages that should be investigated prior to submission. Critical edits MUST be resolved. Informational edits should be checked and if data is incorrect, fixed. Informational edits that are correct as is can be noted in annotations on the worksheet.

Additional Reports:
Review Potential Outliers
✓ Potential Outliers can be identified with three different reports. Outliers should be reviewed for accuracy.
- Cases by Category Assignment
- Potential Outlier Report
- Measure Decision Point Report

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