CONDUENT

Midas DataVision and CPMS

Core Measure Sampling Quick Start Guide

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Quick Start Guides are available on the underlined clients-only website. After logging in, select **Documentation**, and then, on the User Documentation Search page, select **DataVision** (or **CPMS**) from the Category list, and then click **Search**. Then, double-click the **Quick Start Guides** entry in the table.

Core Measure Sampling Quick Start Guide

This Quick Start Guide describes the Midas sampling methodologies for the Centers for Medicare & Medicaid Services (CMS) and The Joint Commission (TJC) National Hospital Quality Measures (also referred to as Core Measures).

Contents

Overview

In order to estimate a facility's performance without collecting data for its entire population, The Joint Commission (TJC) and Centers for Medicare & Medicaid Services (CMS) allow for quarterly or monthly sampling, using either simple random sampling or systematic sampling methods, and require that sampling techniques be applied consistently across the quarterly submission period.

Because most of our client facilities use a dynamic database with a live Admission Discharge Transfer (ADT) and Discharge Abstract (DAB) interface, Midas has adopted automated monthly simple random sampling, in which each encounter that qualifies for a specific measure set population has an equal chance for inclusion in the sample.

Important:

- *Your facility is not required to sample; you can abstract all qualifying cases for a particular Core topic instead. However, sampling reduces your data abstraction burden.*

- *Hospitals are required to use sampling methodologies that are designed and supported by their Performance Measurement System vendor. The vendor must comply with TJC and CMS sampling guidelines.*

Submitting Requests to Start Sampling

To submit requests to start sampling for one or more measure sets and/or strata, you use the Core Measure Sampling Configuration tool's Start or Change Sampling form on the clients-only website.

For instructions, refer to the Quick Start Guide *Core Measure Sampling Configuration Tool*, which is available through the clients-only website as described on the cover page.

Important: *Your facility must use the same sampling methodology for the entire quarter. Requests to activate or deactivate sampling should begin with the first month of the quarter (January, April, July, or October).*

Midas Sampling Options

Midas offers two types of automated sampling: *Sampling As You Go* and *Retrospective Review*.

Sampling As You Go

The default Midas sampling methodology is called Sampling As You Go (SAYG), which is a predictive methodology that estimates the expected size of your qualifying population based on historical population volumes. At the start of each month, Midas uses the qualifying population from prior months—2, 3, 4, 11, 12 and 13 months ago—to estimate the size of the qualifying population for the current month. This estimated monthly population value is divided by the expected minimum sample size to obtain the sampling rate, which is applied to the daily pool of qualified encounters.

With SAYG, the Core Measure population is sampled as discharges qualify for the topic, beginning on the first day of each month and building as the sample as the month progresses up to the 10th day of the following month. This gives you more time in which to complete your abstraction. In addition, if addenda are required, late entry can be made within the 30 day post-discharge period allowed by CMS.

On the 10th day of the following month, the Midas Sampling Monitoring Service (SMS) checks to verify whether the sample is complete, and adds encounters as needed. The Service also verifies whether the samples for the previous months (up to 5 months) remain complete (sample minimum + oversample, as described below) and adds encounters to the sample as needed. For the Service to identify completeness of a sample, diagnosis coding must be at least 95 percent complete for that month. You can use the Indicator CDB:502 *Acute Care -% without Diagnosis Code* in the Data Quality Profile at any time to check the completeness of your coding.

When a significant change in the size of the qualifying population occurs during a month, the number of cases in the sample might be affected. For example, if the population size increases significantly from previous months, the number of cases selected for the sample might exceed the required minimum sample size plus oversample percentage. The additional cases are not removed and are completed for abstraction. Conversely, if the population size decreases significantly from previous months, the number of cases selected for the sample might be below the required minimum sample size. When this happens, Midas adds cases retrospectively on or about the 10th of the following month to increase the sample size to the required minimum.

Retrospective Review

The alternate Midas sampling methodology is called Retrospective Review. Midas doesn't sample your population until on or about the 10th day of the following month, when inpatient coding for the current month is more than 95 percent complete.

You can use the Indicator CDB:502 *Acute Care -% without Diagnosis Code* in the Data Quality Profile at any time to check the completeness of your coding.

A benefit of Retrospective Review sampling is that it provides consistency; the same number of cases are sampled each month, based on the qualifying population size. For TJC and CMS sample size requirements, refer to "Monthly Volume Requirements" on page 10.

Sampling Details

Sampling for Multifacility Organizations

Multifacility organizations can use sampling for some or all of their facilities. It is not necessary that all facilities sample alike; each facility can select its own settings.

To set up automated sampling that pools multifacility data for submission to either CMS or TJC, log on to the clients-only website and submit a request for assistance through the Support Center.

Sampling for Facilities That Collect Data Concurrently (Prior to Discharge)

Sampling cannot be performed on encounters that have not been discharged. Only encounters that have been coded and passed through the Initial Patient Population algorithm are eligible to be sampled. Because of this, encounters that have been abstracted concurrently might not be included in the final sample; random sampling requires that each qualifying encounter has the same probability of being selected.

A facility that collects data concurrently is not permitted to establish its own sampling criteria.

Oversampling

Because your Midas database is dynamic, coding changes that cross the interface after a sample has been taken can reduce the number of cases that qualify for a Core Measure set and affect your sampled population. In addition, encounters are occasionally rejected from the CMS database due to critical errors.

To ensure that an adequate number of cases is submitted to TJC and CMS to fulfill regulatory sampling requirements, Midas oversamples the minimum required cases for each Core topic by either 5 percent or two cases, whichever is higher. When you submit a request to start or modify sampling, your facility can also elect to oversample by more than 5 percent to increase the margin of error.

The Effect of Sampling on Your SmarTrack Worklist

On the day after the sample is taken, Midas automatically removes encounters that were not selected for the sample from your SmarTrack Worklist. To verify whether the sample has been taken, you can monitor the *Cases Qualifying for Study* and *Cases Selected in Sample* Indicators in the Detail Profile for a Core Measure set.

How Qualifying Encounters are Used in Midas

Encounters that are selected for a sample are:

- Used to compute the Core Measure Indicators in the Core Measure Summary and Detail Profiles.
- Included in Core Measure Detail Profiles as missing data or quality event Indicators.
- Included in the following Standard Reports:
  - Core Data Quality Encounter Detail Report
  - Core Focus Encounter Detail Export
  - Core Measure Summary Report
  - Core Measure Category Assignment
  - Focus Summary
  - Core Harvest File Utility
  - QNET Data Submission Reports

Sampling Stroke Populations (effective with 1/1/2016 discharges)

Sampling for Stroke includes two subpopulations which are sampled separately.

- Ischemic stroke patients
- Hemorrhagic stroke patients

When determining which stroke populations to sample, remember:

- Hospitals that submit Stroke to TJC for accreditation or to CMS are required to abstract only the Ischemic stroke population.
- Hospitals that are participating in TJC's Stroke Certification initiative must abstract both the Ischemic and Hemorrhagic stroke populations.

Sampling Comprehensive Stroke Populations

Sampling for Comprehensive Stroke includes three subpopulations, which are sampled separately.

- Ischemic stroke patients
- Ischemic stroke patients who undergo a reperfusion therapy (IV t-PA, IA t-PA, or mechanical endovascular reperfusion (MER) therapy)
- Hemorrhagic stroke patients

Sampling Hospital Outpatient (HOP) Populations

The Acute MI, Emergency Department, and Stroke HOP populations can be sampled. You can select one or more HOP measure populations for sampling; facilities are not required to sample all of the HOP measure populations.

The annual sampling monitoring for the HOP web-based measures runs from January through October and verifies whether the sample for the previous year remains complete.

The HOP Emergency Department sample size requirements differ from the other HOP measure populations. For details on sample sizes, refer to "Monthly Volume Requirements" on page 10.

Sampling Hospital Based Inpatient Psychiatric Care Services (HBIPS) Populations

Sampling for HBIPS populations is done for each age stratum.

You can select one or more age strata for sampling; facilities are not required to sample all strata. For details on sample sizes, refer to "Monthly Volume Requirements" on page 10.

Global Sampling

Global sampling applies the same initial patient population and sample to multiple measure sets in a single process, minimizing the number of charts that need to be abstracted.

The Global Initial Patient Population is used for the Emergency Department (ED), Immunization (IMM), Substance Use (SUB), and Tobacco Treatment (TOB) Core Measure sets. For TJC submission, a facility can submit ED, IMM, SUB, or TOB as part of its Joint Commission accreditation requirements, but the same case must be submitted for all measures under the Global Initial Patient Population.
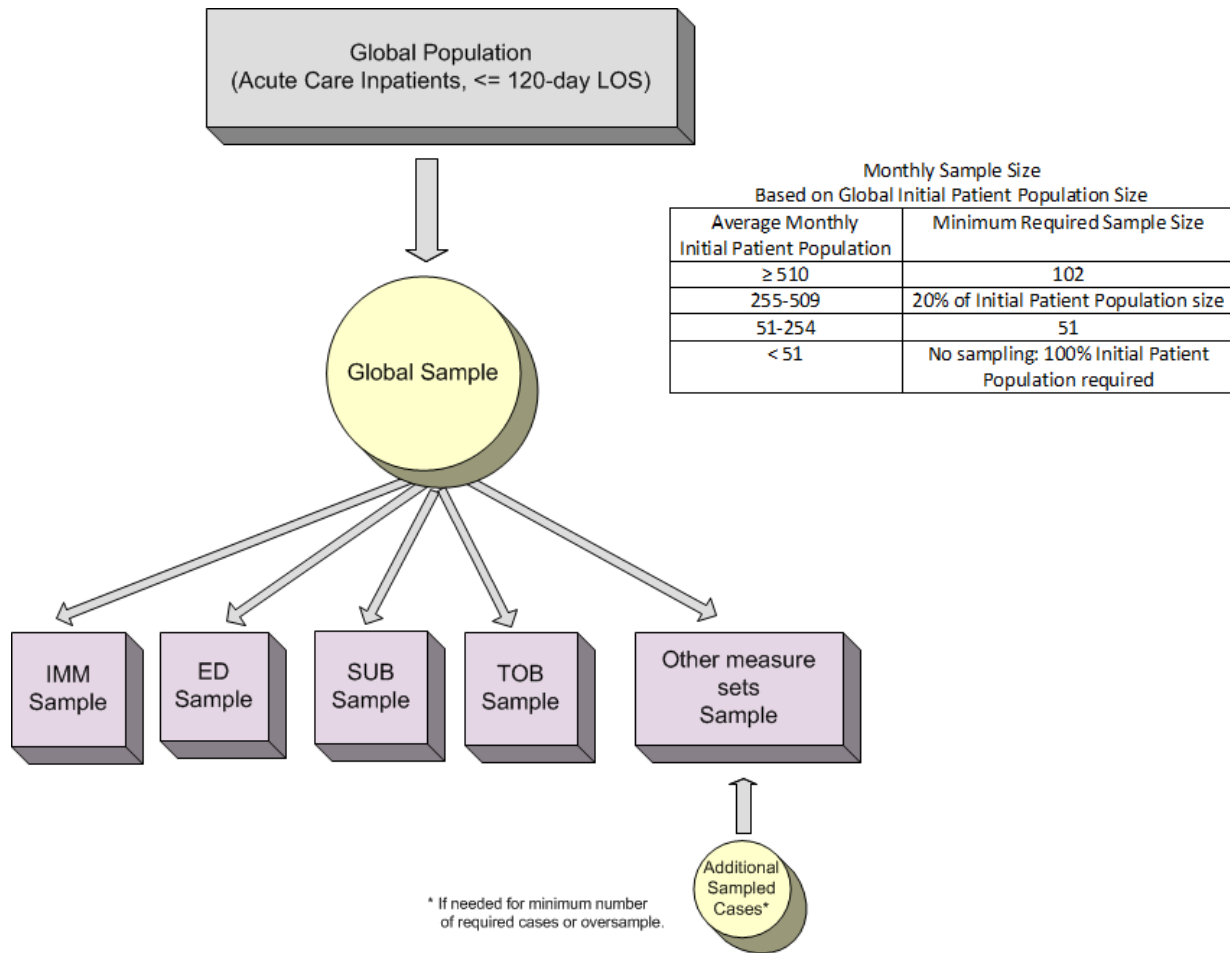
Sampling is performed once for all cases within the Global Initial Patient Population, rather than separately for each measure set. Acute care inpatient encounters are included in the Global Initial Patient Population and are eligible for sampling only when they have a diagnosis and the patient was discharged with a length of stay of 120 days or fewer.

For CMS submission, a facility must submit the same case for each applicable global measure. For example, if the global monthly sample includes 104 cases, the same 104 cases are submitted for ED and IMM.

Additionally, if a facility submits more cases than CMS requires for the minimum ED sample, the facility must submit the same number of cases for IMM. For example, if the minimum sample size is 153, but 200 cases are submitted for ED, the facility must also submit the same 200 cases for IMM.

The remaining inpatient measure sets, strata, and subpopulations also use the global population and sample. Midas identifies cases from the global sample that also qualify for Perinatal Care (PC), Stroke (STK), and Venous Thromboembolism (VTE). If the number of cases in the global sample meets the sampling requirements for a specific measure set, strata, or subpopulation, no additional sampling is required. If the cases in the global sample do not meet the sampling requirements, then additional cases are pulled from the initial patient population for that specific measure set, strata, or subpopulation.

The following diagram illustrates the global sampling construct as it applies to the inpatient measure sets.

Global Population (Acute Care Inpatients, <= 120-day LOS)		

Monthly Sample Size Based on Global Initial Patient Population Size	
Average Monthly Initial Patient Population	Minimum Required Sample Size
≥ 510	102
255-509	20% of Initial Patient Population size
51-254	51
< 51	No sampling: 100% Initial Patient Population required

Global Sample

IMM Sample | ED Sample | SUB Sample | TOB Sample | Other measure sets Sample

Additional Sampled Cases*

* If needed for minimum number of required cases or oversample.

Monthly Volume Requirements

Sampling requirements vary by Core Measure topic. The following tables give the monthly volume requirements for each clinical topic, as defined by TJC and CMS.

Table 1: Global Measure Sets
Emergency Department (ED) and Immunization (IMM)—Effective 1/1/2012 Discharges; Substance Use (SUB) and Tobacco Treatment (TOB)—Effective 1/1/2015 Discharges; Also Used for HBIPS, IMM, SUB, and TOB IPFQR Measures

Average Monthly Initial Patient Population	Minimum Required Sample Size
≥ 510	102
255–509	20% of initial patient population size
51–254	51
< 51	No sampling; 100% initial patient population required

Table 2: Hospital-Based Inpatient Psychiatric Services (HBIPS) — Effective 10/1/2007 Discharges

Average Monthly Stratum ICD Population	Minimum Required Stratum Sample Size
≥ 296	60
76–295	20% of ICD population size
15–75	15
< 15	No sampling; 100% ICD population required
[See Table 1 above for HBIPS IPFQR volume requirements]	

Table 3: Hospital Outpatient Emergency Department Throughput (HOP ED) — Effective 4/1/2012 Discharges

This table shows the monthly equivalent values for the quarterly population and sample values in the *Hospital OQR Specifications Manual*. See Table 7 for other HOP measures sample sizes.

Average QUARTERLY Population	Minimum Monthly Cases to Review	Minimum Quarterly Cases to Review
0–900	21	63
≥ 901	32	96

Table 4: Hospital Outpatient Quality Measures (HOP) that are *not* HOP ED Throughput — Effective 1/1/2012 Discharges

This table shows the monthly equivalent values for the quarterly population and sample values in the *Hospital OQR Specifications Manual*. See Table 6 for HOP ED Throughput sample sizes.

Average QUARTERLY Population	Minimum Monthly Cases To Review	Minimum Quarterly Cases To Review
≤ 80	All cases	All cases
81–100	27	80
101–125	32	95
126–150	37	109
151–175	41	121
176–200	44	132
201–225	48	143
226–250	51	152
251 –275	54	161
276 –300	57	169
301–325	59	177
326–350	62	184
351–375	64	191
376–400	66	197
401–425	68	203
426–450	70	208
451–500	73	218
501–600	79	235
601–700	83	249
701–800	87	260
801–900	90	270
901–1000	93	278
1001–2000	108	323
2001–3000	114	341
3001–4000	117	351
4001–5000	119	357
5001–10000	124	370
≥ 10001	126	377

Table 5: Perinatal (Mothers) — Effective 4/1/2010 Discharges

Average Monthly Population	Minimum Monthly Cases To Review
≥ 501	101
126–500	20% of population size
25–125	25
< 25	No sampling; 100% population required

Table 6: Perinatal (Newborns) — Effective 4/1/2010 Discharges

Average Monthly Population	Minimum Monthly Cases To Review
≥ 181	37
46–180	20% of population size
9–45	9
< 9	No sampling; 100% population required

Table 7: Sepsis (SEP) -- Effective 10/1/2015 Discharges

Average Monthly Population	Minimum Monthly Cases To Review
≥ 101	20
51-100	20% of population size
10–50	10
< 10	No sampling; 100% population required

Table 8: Stroke – Effective 1/1/2016 Discharges

Average Monthly Population	Minimum Monthly Cases To Review
Ischemic stroke patients	
>300	60
76-299	20% of population size
15-70	15
< 15	No sampling; 100% population required
Hemorrhagic stroke patients	
>300	60
76-299	20% of population size
15-75	15
< 15	No sampling; 100% of population required

Table 9: Comprehensive Stroke – Effective 1/1/2015 Discharges

Average Monthly Population	Minimum Monthly Cases To Review
Ischemic stroke patients	
>140	28
71-140	20% of population size
15-70	14
< 15	No sampling; 100% population required
Ischemic stroke patients who undergo reperfusion therapy (IV t-PA, IA t-PA, or mechanical endovascular reperfusion [MER] therapy)	
>140	28
71-140	20% of population size
15-70	14
< 15	No sampling; 100% population required
Hemorrhagic stroke patients	
>250	50
126-250	20% of population size
26-125	25
< 25	No sampling; 100% of population required

Core Measure Sampling Configuration Tool

The Core Measure Sampling Configuration tool is available on the <u>clients-only website</u>. You can use the tool:

- To review your site's current sampling configuration (as of the most recent monthly harvest). For more information, refer to "Reviewing the Current Sampling Configuration" on page 14.

- To submit requests to start sampling for one or more measure sets and/or strata, or change your site's sampling configuration. For more information, refer to "Core Measure Sampling Configuration Tool" on page 14.

- To submit requests to end sampling for one or more measure sets and/or strata. For more information, refer to "Core Measure Sampling Configuration Tool" on page 14.

- To track all requests submitted within the past 30 days. For more information, refer to "Core Measure Sampling Configuration Tool" on page 14.

Reviewing the Current Sampling Configuration

Your site's current sampling configuration is displayed in the Sampling Configuration form, which includes:

- All Core Measure sets supported by Midas, not just those that your facility collects.

- The values that were used for sampling your Production area in the previous monthly harvest.

- A list of sampling configuration change requests made within the past 30 days, as described in "Core Measure Sampling Configuration Tool" on page 14.

Anyone who is authorized to log in to the <u>clients-only website</u> and has been given access to secure hospital data can view and print your site's current sampling configuration.

The form is updated automatically when Midas processes your monthly harvest file.

▶ **To review the current sampling configuration**

1 Log in to the <u>clients-only website</u>.

2 From the **Support** menu, select **DataVision Resources or CPMS Resources.**

3 On the Main Page, click **Data Management Tools and Reports**.

4 On the Data Management Tools and Reports form, if you are part of a multifacility organization, select a facility.

5 Click **Sampling configuration – view or modify**.

The Sampling Configuration form opens with your facility's current sampling configuration.

6 Click **Print** to print the current settings.

Sampling Configuration for MEDICAL CENTER ⍰

▸	More Information

Submit Request | Export to PDF | Print | Cancel

Action	Core Measure Set	Over-Sample Percent	Sampling Method		Comments
			Sampling As You Go (Daily)	Retro-spective (Monthly)	
⎘ ▾	CMS IPFQR Global Measure Sets - Substance Use, Tobacco Treatment, Immunization, Care Transitions, Metabolic Screening				Sampling is not enabled. Data must be submitted to QNET by clients.
⎘ ▾	Comprehensive Stroke - Ischemic				Sampling is not enabled. No data is sent to QNET or TJC.
⎘ ▾	Comprehensive Stroke - Ischemic with reperfusion				Sampling is not enabled. No data is sent to QNET or TJC.
⎘ ▾	Comprehensive Stroke - Hemorrhagic				Sampling is not enabled. No data is sent to QNET or TJC.
⎘ ▾	Global Measure Sets Emergency Depart, Immunization, Substance Use, Tobacco Treatment	5	X		Sampling is enabled. Sampled data is sent to TJC, but not to QNET.
⎘ ▾	HBIPS - CMS IPFQR				Sampling is not enabled. Data must be submitted to QNET by clients.
⎘ ▾	HBIPS 1st Strata - Hospital Based Inpatient Psychiatric Services - age 1 and <13 years				Sampling is not enabled. No data is sent to QNET or TJC.
⎘ ▾	HBIPS 2nd Strata - Hospital Based Inpatient Psychiatric Services - age >12 and <18 years				Sampling is not enabled. No data is sent to QNET or TJC.

Showing 1 to 18 of 18 entries

Notes on the Sampling Configuration form:

- Changes display only until they are submitted and the form is closed.

- The Sampling Requests in the Past 30 Days table is updated every 30 days. Support log entries are retained in the table for 30 days.

- Under More Information, **Day of Month for Sampling Monitoring Service** displays the day when the sampling software verifies that the samples for the prior five months are complete, and makes any needed adjustments.

- **Over-Sample Percent** displays a whole number (5 or greater) that represents the percent of cases added to the sample above the required minimum.

- A blue X in either the **Sampling As You Go** or **Retrospective Review** column designates the sampling method in use. For more information about available sampling methods, refer to the Quick Start Guide *Core Measure Sampling in Midas*, available through www.midasplus.com as described on the cover page.

  - **Sampling As You Go** permits cases to be abstracted in the current month. The sample builds as discharges qualify for a Core Measure topic, starting on the first day of each month up to the 10th day of the following month. Sampling As You Go allows you to begin abstraction immediately as cases qualify, but the final sample size can vary from month to month.

  - **Retrospective Review** shows your final sample on or about the 10th day of the following month, providing inpatient acute care diagnosis coding is more than 95 percent complete. The number of sampled cases is approximately the same each month, based on your qualifying population size. Abstraction cannot begin before the 10th of the following month.

- The **Comments** column displays user- and system-defined comments. The latter indicate whether sampling is enabled or disabled, and where your data is submitted.

- The **Start or Change Sampling** button opens the Start or Change Sampling window, where you can request sampling changes. For more information, refer to "Core Measure Sampling Configuration Tool" on page 14.

- The **End Sampling** button opens the End Sampling window, where you can request the end of sampling. For more information, refer to "Core Measure Sampling Configuration Tool" on page 14.

- The **Submit Request** button is inactive until a sampling configuration change is made.

- The **Export to PDF** button generates a PDF report of the configuration.

- The **Cancel** button returns you to the Data Management Tools and Reports form.

7 Review your existing sampling configuration for each Core Measure topic or stratum.

What To Do Next

Export the Sampling Configuration form to a PDF, print the form, or submit a request for Midas to change the current sampling configuration, as described in the following section.

Submitting a Request to Start or Change Sampling

You Need To Know

- All users with facility administrator rights can request changes to your site's sampling configuration.

- You can submit a single request to start or change sampling for multiple measure sets and/or strata.

- A request to start or change sampling must be submitted separately from a request to end sampling.

- When you submit a request to change your site's sampling configuration, a support log is created and routed to Midas support staff, who will review and process your change request. An email will notify you that a support log has been created and assigned.

- Your sampling site parameter remains unchanged.

▶ **To submit a request to start or change sampling**

1 After reviewing the current sampling configuration as described in the previous section, in the Sampling Configuration form, click **Start or Change Sampling**.
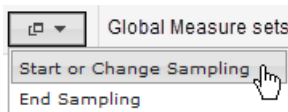
In the Start or Change Sampling form, the settings for the Production area display.

2   If this is the first time a measure set or stratum will be sampled using Sampling As You Go, enter a whole number that estimates the highest monthly population.

3   Enter the quarter in which to start sampling.

4   Enter the oversampling percentage as a whole number, 5 or greater.

5   Select a sampling method.

6   You can type remarks in the Comments field to clarify your request. For example, you can request a call from Midas when the change is made and later note when the call was received. The comment can be up to 250 characters long.

7   Click **Save Changes**.

Your pending request displays on the Sampling Configuration form. To submit your changes, refer to "Core Measure Sampling Configuration Tool" on page 14.

Submitting a Request to End Sampling

The End Sampling form is used to submit a request to end sampling for a Core Measure set or stratum.

You Need to Know
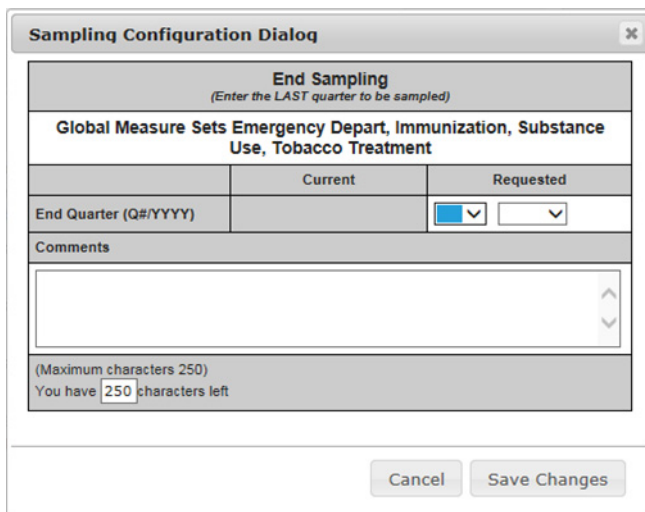
You can submit a single request to end sampling for multiple measure sets and/or strata. The request must be submitted separately from a request to start or change sampling.

▸ **To submit a request to end sampling**

1 In the Sampling Configuration form, click the **End Sampling** button for the first Core Measure set or stratum for which you want to end sampling.

The End Sampling form opens.

The Current field displays the End Quarter setting that is currently in effect, if previously defined.

2 Enter the final quarter to be sampled.

3 You can type remarks in the Comments field to clarify your request. For example, you can request a call from Midas when the change is made and later note the receipt of the call.

4 Click **Save Changes**.

Your pending request displays on the Sampling Configuration form.

To submit one or more sampling configuration changes, refer to "Reviewing, Submitting, and Tracking Sampling Requests" on page 19.

Reviewing, Submitting, and Tracking Sampling Requests

You Need To Know

- The Sampling Configuration form displays pending changes only during the session in which those changes are specified. If you restart the sampling configuration tool, it will display your site's current configuration settings (as of the previous harvest) without any pending change requests. The support log, however, maintains a record of your pending requests.

- If you want to keep a record of your requests in addition to the record in the Support Log, you can print the Sampling Configuration form or export it to a PDF file.

▶ **To review pending changes**

Review pending changes in the Sampling Configuration form.

Sampling Configuration for GENERAL HOSPITAL ❓

More Information

Submit Request   Export to PDF   Print   Cancel

Action	Core Measure Set	Over-Sample Percent	Sampling Method Sampling As You Go (Daily)	Retro-spective (Monthly)	Comments
	CMS IPFQR Global Measure Sets - Substance Use, Tobacco Treatment, Immunization, Care Transitions, Metabolic Screening	5 *pending*	X *pending*		Sampling is not enabled. Data must be submitted to QNET by clients. High Month Pop=10 Begin Sampling (Q3/2018).
	Comprehensive Stroke - Ischemic				Sampling is not enabled. No data is sent to QNET or TJC.
	Comprehensive Stroke - Ischemic with reperfusion				Sampling is not enabled. No data is sent to QNET or TJC.
	Comprehensive Stroke - Hemorrhagic				Sampling is not enabled. No data is sent to QNET or TJC.
	Global Measure Sets Emergency Depart, Immunization, Substance Use, Tobacco Treatment	5	X		Sampling is enabled. Sampled data is sent to QNET and TJC.
	HBIPS - CMS IPFQR				Sampling is not enabled. Data must be submitted to QNET by clients.
	HBIPS 1st Strata - Hospital Based Inpatient Psychiatric Services - age 1 and <13 years				Sampling is not enabled. No data is sent to QNET or TJC.
	HBIPS 2nd Strata - Hospital Based Inpatient Psychiatric Services - age >12 and <18 years				Sampling is not enabled. No data is sent to QNET or TJC.
	HBIPS 3rd Strata - Hospital Based Inpatient Psychiatric Services - age >17 and <65 years				Sampling is not enabled. No data is sent to QNET or TJC.

Showing 1 to 20 of 20 entries

Pending changes appear as follows in the Sampling Configuration form.

- **Over-Sample Percent** displays requested changes to the oversample percentage as "*nn* pending" where *nn* is the new oversample percentage.

- **Sampling Method** shows "X pending" under the requested sampling method or "X" for the existing sampling method.

- **Comments** shows the quarter and year for a request to begin or end sampling.

- The **Submit Request** button is active if a requested change is pending.

▶ **To submit change requests**

1   On the Sampling Configuration form, click **Submit Request**.

2   Click **OK**. An email is sent to Midas for review and processing. Midas support staff enters a support log with the requested changes. The date of the request and the requester appear in the Sampling Requests in the Past 30 Days table at the bottom of the Sampling Configuration form.

Sampling Configuration for GENERAL HOSPITAL ❓

	More Information				
				Submit Request Export to PDF Print Cancel	

Action	Core Measure Set	Over-Sample Percent	Sampling As You Go (Daily)	Retro-spective (Monthly)	Comments
	CMS IPFQR Global Measure Sets - Substance Use, Tobacco Treatment, Immunization, Care Transitions, Metabolic Screening				Sampling is not enabled. Data must be submitted to QNET by clients. High Month Pop=10 Begin Sampling (Q3/2018).
	Comprehensive Stroke - Ischemic				Sampling is not enabled. No data is sent to QNET or TJC.
	Comprehensive Stroke - Ischemic with reperfusion				Sampling is not enabled. No data is sent to QNET or TJC.
	Comprehensive Stroke - Hemorrhagic				Sampling is not enabled. No data is sent to QNET or TJC.
	Global Measure Sets Emergency Depart, Immunization, Substance Use, Tobacco Treatment	5	X		Sampling is enabled. Sampled data is sent to QNET and TJC.
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	HBIPS 1st Strata - Hospital Based Inpatient Psychiatric Services - age 1 and <13 years				Sampling is not enabled. No data is sent to QNET or TJC.
	HBIPS 2nd Strata - Hospital Based Inpatient Psychiatric Services - age >12 and <18 years				Sampling is not enabled. No data is sent to QNET or TJC.
	HBIPS 3rd Strata - Hospital Based Inpatient Psychiatric Services - age >17 and <65 years				Sampling is not enabled. No data is sent to QNET or TJC.

Sampling Requests in the Past 30 Days	
Date	Requested by
10/2/2018	Jane.Doe@hospital.org

▶ **To track change requests**

1   Verify that a sampling request has been submitted by reviewing the Sampling Requests in the Past 30 Days table on the Sampling Configuration form.

2   Log in to the Support Center at www.midasplus.com.

3 Select the Support History tab to view support log activity.

Frequently Asked Questions

1   **Are we required to sample?**

No. A facility may prefer to abstract all cases or use a sample that is larger than the minimum.

2   **Are smaller facilities able to sample?**

Any facility that exceeds the minimum monthly population size for a given measure set is eligible for sampling.

3   **Can we sample our own cases?**

No. Facilities are required to use software methodologies designed and supported by their Performance Measurement System Vendors, who are in turn required to comply with the Joint Commission and CMS Standards of Conformance within the terms of their contract as an ORYX® Core Measure vendor.

4   **Can we sample by quarter rather than by month?**

Although the Joint Commission and CMS provide specifications for a quarterly option, Midas has elected to sample by month. We made this decision because most clients have a live ADT and DAB interface, and receive their full updated interface data within 4 to 6 weeks of discharge. In some facilities, 6 to 8 weeks are required; however, more facilities are using concurrent coding systems and are able to send final DAB data within 4 to 6 *days* of discharge. For this reason, monthly sampling seems to be more appropriate for most Midas client hospitals.

5   **Can we sample cases that we collect concurrently before patients are discharged?**

No. The qualifying population is determined based on discharged encounters. The sample can be applied only to a qualifying population.

6   **What if we need more cases sampled due to missing charts or coding errors? Can we specify which cases to add? Can we collect more than the minimum required number of cases for each Core Measure topic?**

For each Core Measure topic, Midas oversamples the minimum number of cases by 5 percent or two cases, whichever is higher. A facility may request to oversample by more than 5 percent. A facility may not, however, specify which cases to add.

7   **What happens if a sample is already taken and then Focus Study data is entered for cases not initially selected in the sample?**

All available Focus Study data is retained in the Midas system; however only the cases selected in the random sample are used to calculate the rates and values displayed in the Core Measure Summary or Detail Profile. In addition, only the data for officially sampled cases is harvested and submitted to the Joint Commission and CMS, and reported in your quarterly comparison reports.

8   **Can we sample one quarter and then discontinue sampling the next quarter?**

Yes, but you must notify the Midas. For more information, refer to the instructions provided in the section "Submitting Requests to Start Sampling" on page 4.

9   **Can we run the sampling utility ourselves?**

No. A Midas staff member must connect to your server and activate the utility.

10 **If we sample for the Perinatal Care topic, will separate samples for maternal and neonatal encounters be required?**

Although separate sampling is conducted for the maternal and neonatal populations, the sampled population is displayed in the Core Measure Detail Profile as four Indicators named *Cases Selected in Sample*.

11 **What measures or subgroups are NOT eligible for sampling?**

Core HBIPS: Restraint (HBIPS-2) and seclusion (HBIPS-3)

Core Perinatal Care: Unexpected complications in term newborns (PC-06)

Core VTE: Other VTE Only sub-population (VTE-6)

12 **If we choose a sample size that is greater than the minimum, do all the sample cases go to CMS?**

Yes. The entire sample, even if larger than the minimum, goes to CMS, and is included in your comparison and profile reports.

13 **If we choose to review 100 percent of a measure set, do all the cases go to CMS?**

Yes.

14 **We're a new client and we do not have data for a year ago to establish a baseline. When can we start using Sampling As You Go?**

If you can provide an estimated (highest) monthly population value for a specific Core Measure topic, you can begin using Sampling As You Go immediately. The system will use this estimated value for the daily sample rate calculation until you have enough data to determine your actual population. If you cannot provide an estimated monthly population value, you won't be able to use Sampling As You Go right away, but you do not need to wait for a full year either. In the third month of data collection, sampling will begin. For example, if you begin collecting data with Midas in April, sampling begins in July. The program creates your basis by using the months that have information, and excludes months with no data.

15 **What variations might we see using Sampling As You Go?**

Because the sample size is based on the population size for previous months, the sample might be larger or smaller than needed for the actual population. Refer to the following examples:

For Core Stroke, if the average population for the six months is 73 cases, Sampling As You Go selects 15 cases to include. However, after the coding is completed for the month, the population is 108 cases, which means the minimum required sample is 22 cases. For the next four months, sampling adds cases to meet the requirement retrospectively.

For Core Acute MI, if the average population for the six months is 148 cases, Sampling As You Go selects 30 cases to include. However, after the coding is completed for the following month, the population is 130 cases, which places the minimum required sample size at 26, so the sample has four additional cases selected. These cases remain in the sample.

For Core HOP Acute MI, if the average population for the six months is 25 cases, Sampling As You Go is not taken because the average falls below the minimum required sample size. However, when coding is completed for the month, the population is 32 cases, completing the sample.

16 **On what day of the month does Sampling As You Go begin?**

The first day of the month.

17   **Does Sampling As You Go add cases to the sample every day?**

Not necessarily. Sampling As You Go adds cases to the sample throughout the month. Depending on the expected sample size, there may be days when cases are not added.

18   **Do any measures require sampling?**

Yes. Midas requires sampling for the global measures (Core ED, Core Immunization, Core Substance Use, and Core Tobacco Treatment) and for Core HOP ED Throughput.

19   **Can we collect more than the minimum required number of cases?**

Yes. Midas oversamples by either 5 percent or two cases (whichever is larger) above the minimum number of cases for each Core Measure topic. A facility may request a higher oversampling rate.

Each month, Midas oversamples the minimum required cases by 5 percent or two cases, whichever is higher. Because this leads to excess oversampling for the OP-29/ASC-9 and OP-30/ASC-10 measures, the sampling logic is applied *annually* for these two measures.

20   **Can we create an IRR set concurrently with Sampling As You Go?**

No. Even though the IRR set is taken from the sample, it can be created only after more than 95 percent of inpatient coding is complete.

21   **Can we sample without submitting the data to TJC or CMS?**

Yes. Data is not submitted to TJC or CMS until you register the topic for submission.

22   **What is the difference between VTE (Principal Dx) and VTE (No Dx)?**

VTE (No Dx), which is associated with prevention, encompasses all patients. VTE (Principal Dx) is a treatment measure that looks at the subpopulation of patients who came into the facility with a VTE diagnosis or who were given a VTE diagnosis while in hospital.

23   **Is it mandatory that I begin abstraction as soon as cases go into the sample and keep getting added to the sample throughout the month?**

No. You can wait until the 10th of the following month to begin abstraction. This is when a Retrospective Review is done because the sample is complete by this time, as long as diagnosis coding is more than 95 percent complete. An advantage of making the sample available earlier is that you can begin abstraction earlier, if you like.

24   **Why are there cases in my Core topic sample that are not in the global sample?**

The initial sample is taken from the entire global population. Cases are then allocated to IMM, ED, TOB, SUB, and the other Core topics. However, each case has a lower probability of being selected for a specific Core topic than if there were no global population. In other words, this sample is filtering a population that has already been filtered. If a sufficient number of cases needed to meet the minimum requirement for a specific Core topic does not fall into the global sample, cases are randomly added until the minimum sample size is reached.

25   **What is the average Midas success rate for sampling submissions to CMS?**

Midas has an average rate of 99.99 percent for successful submissions to the CMS National Clinical Data Warehouse. A consistent critical error rejection rate of zero for all facilities is nearly impossible to achieve.

Appendix – Global Sampling Core Measure Workflow

With the introduction of the Global Initial Patient Population, the same Population and Sample applies to multiple measure sets. A given encounter in the Global sample might qualify for one or more individual Core Measure sets. The Global sample is drawn first, and then encounters in the Global sample are processed through each of the other measure sets (STK, VTE, and so on). If the cases in the Global sample do not meet sampling requirements, additional cases are pulled from the initial patient population for that specific measure set, strata, or subpopulation.

A case can follow one of these paths:

- It can qualify only for the Global sample.
- It can qualify for the Global sample and one or more individual Core Measure sets (VTE, STK, and so on).
- It can qualify only for an individual Core Measure topic.

Some facilities use one or more abstractors to complete all topics. Other facilities divide abstraction across topics. The following workflow options might help you identify cases that require abstraction.

If you have any questions about this information, please submit a request by logging on to the clients-only website and choosing **Support Center** on the home page.

Abstractor responsible for individual Core Measure topic only

If you are responsible for abstraction for one individual Core Measure topic, Midas recommends that you use the first four Indicators of the topic profile to identify the cases that require abstraction. For example, if you abstract only Core Stroke, you would find the cases for abstraction by drilling down on the Indicator *Core Stroke- cases remaining due to incomplete focus*.
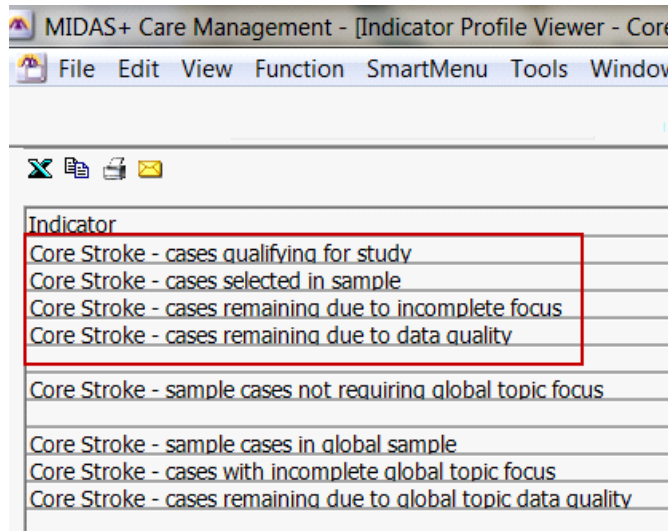
Abstractor responsible for individual Core Measure topic and associated Global Focus Studies

If you are responsible for the abstraction of an individual Core Measure topic and all associated Global Focus Studies, Midas recommends that you use the first eight Indicators on the Core Measure Profile. For example, to complete abstraction for all Core Stroke cases in the sample plus any Stroke cases that also qualify for a global topic, you should first review *Core Stroke-sample cases not requiring global topic focus* and then review *Core Stroke-sample cases in global sample*.
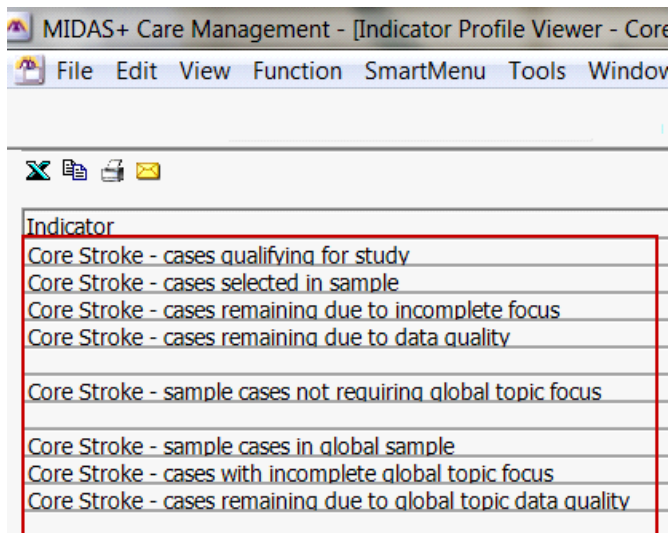
Abstractor responsible for Global cases that do not qualify for an individual Core Measure topic

If you are responsible for abstraction of the global cases that do not qualify for another Core Measure topic, Midas recommends that you use the Core Global Population and Sampling profile. In this scenario, your facility might assign one abstractor to a primary Core topic and the associated Core Global Focus Studies, and a different abstractor assigned to complete the Core Global cases that did not qualify for another individual topic. The third Indicator, *Core Global- cases requiring global topic focus only*, will show you cases that qualify only for the global measure sets.
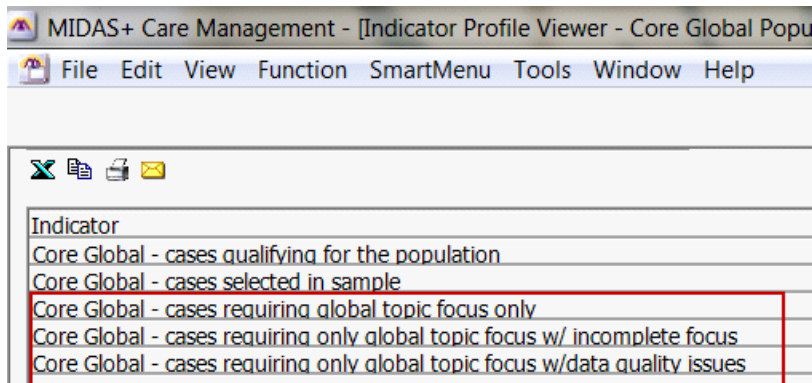
You can find the Core Global-cases requiring global topic focus only in the Core Emergency Department, Core Immunization, Core Substance Use, and Core Tobacco Treatment profiles, as shown below.

Understanding the Indicators in the Core Global Population and Sampling Profile

The Indicators within the Core Global Population and Sampling Profile are described below.

The first two indicators represent the total number of cases that qualified for the global population and the number of qualifying cases in the global sample.

This group of indicators represents the cases in the Global sample that do not qualify for another individual core measure topic.

This group of indicators applies only to sites with a primarily non-acute care patient population, such as behavioral health, rehabilitation, or skilled nursing, that occasionally provide services to acute care patients that are billed with an acute care CMS Certification Number (CCN). Your facility can request Midas+ to set a site parameter that triggers the creation of a two-question Core Acute Care CCN Focus Study for non-acute care encounters with acute care CCNs, in order to determine whether these cases qualify for a core measure population.

The final group of indicators identifies encounters in each of the core measure Focus Studies that also have encounters that require abstraction for global measure set Focus Studies.