

DEPARTMENT: Clinical Operations Group – Clinical Data & Analytics	POLICY DESCRIPTION: Core Measure Clarification Process Documentation and Education
PAGE: 1 of 5	REPLACES POLICY DATED: 11/1/09, 4/1/10, 3/1/14, 10/1/15, 1/1/17, 1/01/19
EFFECTIVE DATE: June 1, 2022	REFERENCE NUMBER: COG.COM.001 (formerly QM.COM.001 and CSG.COM.001)
APPROVED BY: Ethics and Compliance Policy Committee	

<p>SCOPE: All personnel responsible for performing, supervising, and monitoring Core Measure abstraction efforts and/or medical record documentation relative to Core Measures within HCA Healthcare affiliated facilities including, but not limited to, hospitals, hospital-based outpatient surgery departments, and all Corporate Departments, Groups and Divisions.</p>
<p>PURPOSE: The purpose of this policy is to establish processes to clarify incomplete or ambiguous documentation that will be used for Core Measures data abstraction. It also defines when a Core Measure query to a provider will be initiated and outlines the appropriate Core Measure query process to be utilized. It is not to be used for questions involving diagnosis or procedure codes as these are covered under REGS.DOC.002.</p>
<p>POLICY: The use of appropriate Clinical Clarification Forms will improve the accuracy, integrity, and quality of medical record documentation;; and improve the quality of the physician documentation within the medical record. Company-affiliated facilities will follow appropriate processes to:</p> <ol style="list-style-type: none"> 1. Initiate Clinical Clarification Forms as appropriate when documentation in the medical record is illegible, incomplete, inconsistent, or unclear for Core Measures data abstraction. 2. Submit Clinical Clarification Forms either concurrently or retrospectively. 3. Obtain documentation related to Core Measures within the guidelines published in the current TJC/CMS Core Measure Specifications Manuals. “The intent of abstraction is to use only documentation that was part of the medical record during the hospitalization (is present upon discharge) and that is present at the time of abstraction. There are instances where an addendum or late entry can be added after discharge. This late entry or addendum added within 30 days of discharge, may be used for abstraction of some data elements within measures. [Refer to the Medicare Conditions of Participation for Medical Records, 42CFR482.24(b)(2)(viii)], unless otherwise specified in the data element. Documents containing amendments, corrections, or delayed entries must employ the following widely accepted recordkeeping principles” (CMS “Medicare Program Integrity Manual” Chapter 3, Section 3.3.2.5): <ul style="list-style-type: none"> - Clearly and permanently identify any amendments, corrections or addenda; - Clearly indicate the date and author of any amendments, corrections, or addenda; and - Clearly identify all original content. <p><i>It is not the intent to have documentation added at the time of abstraction to ensure the passing of a measure.</i> <u>Specifications Manual for National Hospital Inpatient Quality Measures</u>, Introduction to Data Dictionary, Medical Record Documentation, pp. 1 – 4.</p> 4. Reflect the patient’s clinical picture, care provided, and clinical decision making for the purpose of accurate Core Measures data abstraction.

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5. Ensure control processes are implemented to minimize potential compliance risks.
6. Improve the quality of the physician documentation.

PROCEDURE: All efforts to clarify incomplete and/or ambiguous documentation as it relates to Core Measure data elements and abstraction within the medical record must be done utilizing the Core Measure Clinical Clarification Form (See Appendix A). The primary goal is to obtain accurate documentation that is representative of the care provided.

1. Core Measure Clinical Clarification Process

Hospital Core Measure Professionals responsible for supervising, reviewing and/or abstracting Core Measure documentation must understand and adhere to the following requirements:

- a. Core Measure clinical clarifications can be initiated either concurrently or retrospectively as an established mechanism of communication between a Core Measure Professional and Provider to clarify documentation in the medical record.
- b. Core Measure clinical clarifications can be sought when the documentation of the clinical picture of the patient indicates a clinical core measure was considered or addressed, or a condition was present, but the Provider has not specifically or clearly documented the clinical decision-making process within the medical record.
- c. The Core Measure Clinical Clarification Form allows for one query per form. When more than one query is necessary, a separate form is required for each one.
- d. If the clarification process is initiated verbally, it must subsequently be documented in writing using a Core Measure Clinical Clarification Form.
- e. It is not acceptable for a Core Measures Professional to document a verbal response from the Provider on a Core Measure Clinical Clarification Form.
- f. Communication must clarify that the request, even if asked verbally, will require the Provider’s signature and will be included within the medical record.
- g. It is *not* acceptable for a Core Measures Professional to make repeated attempts to obtain clarification with the intent only to receive a particular outcome.

2. Response from the Provider

The Core Measure Clinical Clarification Form must be signed, dated, and timed by the provider. If no additional documentation is provided in response to the Core Measure Clinical Clarification Form, the Provider is required to sign and date the form indicating there is no additional information.

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3. Inclusion and Maintenance in the Permanent Medical Record

- a. The completed Core Measure Clinical Clarification Form is considered to be a physician's progress note regardless of the addition or absence of additional documentation.
- b. There may be instances when the response is received outside the specific timeframes for utilization within the Core Measure abstraction process. When this occurs, the form will be maintained in the Physician Progress Notes section of the permanent medical record, but will not be used for the purpose of Core Measures data abstraction.
- c. The Core Measure Clinical Clarification Form must be maintained in the Physician Progress Notes section of the medical record regardless of the addition or absence of additional documentation.

4. Facility Responsibilities

a. Medical Staff Approval Process

The facility must submit the standardized Core Measure Clinical Clarification Form for approval following the process outlined in hospital policy, medical staff bylaws, or rules and regulations for adding forms to the medical record.

b. Administration and Medical Staff Support

Administration and medical staff must support this process to ensure its success. It is the responsibility of each facility's administration to ensure that this policy is applied by all individuals involved in Core Measure abstraction and documentation.

c. Education and Tracking

- 1) All facilities should educate their physicians and Core Measures Professionals on the importance of concurrent documentation within the body of the medical record.
- 2) Communication must be provided to the medical staff that Core Measures Professionals will initiate requests to support accurate and complete documentation in the medical record.
- 3) The Quality Director or designee is responsible for holding the hospital's Core Measures Professionals accountable for the annual review and compliance with the policies, tools and resource documents.
- 4) Clinical Clarification tracking and trending must be performed and trends assessed, at a minimum, on an annual basis to identify ongoing educational and documentation needs of the medical/clinical staff.
- 5) The Quality Director or designee must complete an annual review to confirm adherence with this policy and provide verification to COG that his or her hospital's COMET Users have completed the annual review by the deadline set by COG.

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5. Corporate Responsibilities

- a. COG will review the tools and resources as appropriate to include any regulatory requirements on a quarterly basis.
- b. Deadlines for the annual HealthStream training will be communicated via e-mail.
- c. Any revisions to the mandatory education will be communicated via e-mail.
- d. COG will monitor the participation and completion of the hospital’s mandatory education.

6. Questions and Concerns related to the Core Measures Clinical Clarification Process

All day-to-day operational issues should be handled locally at the facility working collaboratively with one’s direct supervisor and/or facility Ethics and Compliance Officer.

- a. For unresolved or unanswered general questions regarding operations or implementation of the COG.COM policies, please contact the Clinical Data & Analytics Group, the Clinical Operations Group, or COMET Support.
- b. Each colleague has an individual responsibility for reporting any activity by any colleague, physician, subcontractor, or vendor that appears to violate applicable laws, rules, regulations, accreditation standards, and standards of medical practice, Federal healthcare conditions of participation, or the HCA Healthcare Code of Conduct.
- c. If a matter that poses serious compliance risk to the organization is reported locally, and if the reporting individual doubts that the issue has been given sufficient or appropriate attention, the individual should report the matter to higher levels of management or the Ethics Line at (800) 455-1996 or <https://hcahealthcareethicsline.ethix360.com> until satisfied that the full importance of the matter has been recognized.
- d. For questions involving diagnosis or procedure codes, refer to the Query Documentation for Clinical Documentation Improvement (CDI) and Coding – Compliance Requirements Policy, REGS.DOC.002.

DEFINITIONS:

- 1. **Core Measures** - Clinical measures designed to evaluate the processes or outcomes of care associated with the delivery of clinical services; allow for intra- and interorganizational comparisons to be used to continuously improve patient health outcomes; may focus on the appropriateness of clinical decision making and implementation of these decisions; are condition specific, procedure specific, or address important functions of patient care (e.g., medication use, infection control, patient assessment, etc.).

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2. **Core Measure Clinical Clarification Process** – HCA Healthcare’s established mechanism of communication between a Core Measures Professional and Clinical Staff to clarify incomplete and/or ambiguous documentation in the medical record that will be used for the purpose of Core measures data abstraction.
 - a. **Concurrent Core Measure Clinical Clarification Process** is conducted before the patient is discharged from the facility.
 - b. **Retrospective Core Measure Clinical Clarification Process** is conducted no more than 30 days after the patient has been discharged from the facility.
3. **Clinical Staff** includes Nurses, Physicians, Advanced Practice Nurses, Physician Assistants, Nurse Practitioners, Pharmacists, Certified Registered Nurse Anesthetists, Nurse Midwives, Infection Control Practitioners, Licensed Independent Practitioners, Lactation Consultants and others involved in the provision of patient care
4. **Providers** are Physicians, Advanced Practice Nurses, Physician Assistants, Certified Registered Nurse Anesthetists, Nurse Practitioners, Licensed Independent Practitioners, and Nurse Midwives.
5. **Core Measures Professionals** include all individuals responsible for performing, supervising, or monitoring Core Measures data abstraction and/or documentation, concurrent review, compliance monitoring, and other activities involved in ensuring hospitals provide and document the provision of care required to meet Core Measures.
6. **Core Measure Clinical Clarification Forms** – The standardized form developed by HCA that is required to be utilized for any needed clarifications related to Core Measures abstraction.

REFERENCES:

1. Medicare Conditions of Participation, 42CFR482.24(b) (2) (viii)
2. CMS Medicare Bulletin - GR 2007-03
3. CMS Specification Manual for National Hospital Quality Measures
4. The Joint Commission Data Quality Manual
5. Documentation Improvement (DI) – Compliance Requirements Policy, [REGS.DOC.001](#)
6. Query Documentation for Clinical Documentation Improvement (CDI) & Coding – Compliance Requirements, [REGS.DOC.002](#)
7. Correction of Noneditable Core Measure Data Elements in COMET Policy. [COG.COM.002](#)
8. Purging of COMET Core Measure Records Policy, [COG.COM.003](#)
9. [Appendix A](#): Core Measure Clinical Clarification Form (paper-version)