

| DEPARTMENT: Clinical Operations Group – Clinical Data & Analytics | POLICY DESCRIPTION: Correction of Non- editable Core Measure Data Elements in COMET |
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| PAGE: 1 of 2 | REPLACES POLICY DATED: 11/1/09, 4/1/10, 8/1/14, 1/1/17, 3/1/19 |
| EFFECTIVE DATE: June 1, 2022 | REFERENCE NUMBER: COG.COM.002 (formerly QM.COM.002 and CSG.COM.002) |
| APPROVED BY: Ethics and Compliance Policy Committee | |

SCOPE: All Company-affiliated colleagues responsible for performing, supervising or monitoring the Core Measure abstraction process within the Clinical Outcome Measures Evaluation and Transmission (COMET) application.

This policy applies to correction of non-editable Core Measure data elements. For information related to purging records for Core Measures see the Purging of COMET Core Measure Records Policy, COG.COM.003.

PURPOSE: To define a standardized process for the correction of non-editable Core Measure data elements in the COMET application by abstractors.

POLICY:

COMET, the electronic Core Measure abstraction application, contains non-editable data elements which can only be corrected using an electronic tool incorporated within COMET. The COMET abstractor can select the desired correction using this tool. The data elements within a record that are non-editable but may require an acceptable data correction are categorized below. All data correction requests logged within the COMET correction tool require approval by a member of the Clinical Data & Analytics team.

Requires Documentation to be sent to Clinical Data & Analytics:

- a. Outpatient (OP) Encounter Date
- b. Inpatient (IP) Discharge Date
- c. Procedure Date
- d. Procedure Code
- e. Diagnosis Code

Request for correction of non-editable data elements must align with the 'abstraction calendar' deadline for purge & data corrections. The Abstraction Calendar is available in COMET under 'Links of Interest.'

All requests for Data Element Corrections must include a copy of medical record documentation that supports the request.

A request for a code correction requires a copy of the revised coding summary (as it appears in the legal medical record) be submitted into the automated COMET Purge/Data Correction tool (procedure process outlined below).

The correction of a non-editable data element in COMET may result in the addition of another case being added during the normalization process. This may occur in order to reach the



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population sampling requirements. If another case is added into the sampling population, follow the routine abstraction process.

PROCEDURE:

1. Abstractor Responsibilities:

- a. In COMET, the abstractor should complete entry of the data correction using the electronic tool (accessible via the pencil icon in the upper right corner of the abstraction screen).
- Correction requests should be in place per the Purge/Data Correction Deadline except for corrections identified during the Inter-Rater Reliability (IRR) process or after Final Normalization occurs.
- c. Supporting documentation must be submitted in COMET at the time the request is made.
- d. The non-editable fields in COMET not eligible for data correction requests are Medical Record Number, Account number, Physician Name, Patient Name, Social Security Number, and Discharge Status. The reason being that none of these listed fields are submitted to the Centers for Medicare & Medicaid Services (CMS) and/or The Joint Commission (TJC) data warehouses.
- e. The record will remain in open status until the correction is approved by Clinical Data & Analytics and completed by COMET support.
- f. When the data correction is approved, and non-editable field correction made in COMET, it is the responsibility of an abstractor to review the correction and move the record to complete status.

2. Corporate Responsibilities

The COG Clinical Data & Analytics Department will:

- a. Review all COMET data correction requests prior to the close of the quarter.
- b. Approve or deny the requested data correction within COMET.
- c. Ensure data corrections do not occur after the aggregation of the Core Measure data at the end of the quarter.
- d. Maintain a database of all data correction requests, making it available to TJC, HCA Healthcare Internal Audit, and other oversight entities upon request.

REFERENCES:

- 1. TJC Data Quality Manual
- 2. CMS Specifications Manual for National Hospital Quality Measures