

**Reference #:** 2023-61-IP

**From:** Inpatient Value, Incentives, and Quality Reporting Outreach and Education  
Support Contractor

**Sent:** May 4, 2023

**To:** IQR and HVBP Recipient List

**Subject:** CMS Releases July 2023 Public Reporting Claims-Based Measures HSRs

The hospital-specific reports (HSRs) for the July 2023 Public Reporting preview period were delivered by **May 2, 2023**. The following measures are included in the reports:

- 30-Day Risk-Standardized Readmission Rate (RSRR) following:
  - Acute Myocardial Infarction (AMI) hospitalizations
  - Chronic Obstructive Pulmonary Disease (COPD) hospitalizations
  - Heart Failure (HF) hospitalizations
  - Pneumonia (PN) hospitalizations
  - Coronary Artery Bypass Graft (CABG)
  - Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA/TKA)
- 30-Day Hospital-Wide, All-Cause Unplanned Readmission Measure (HWR)
- 30-Day Risk-Standardized Mortality Rate (RSMR) following:
  - AMI hospitalizations
  - COPD hospitalizations
  - HF hospitalizations
  - Pneumonia (PN) hospitalizations
  - Stroke hospitalizations
  - CABG
- 90-Day Risk-Standardized Complication Rate (RSCR) following THA/TKA
- Risk-Standardized Payment Measures Associated with a 30-Day Episode of Care for AMI, HF, PN, and THA/TKA
- Risk-Standardized Payment Measures Associated with a 90-Day Episode of Care for THA/TKA
- 30-Day Risk-Standardized Excess Days in Acute Care (EDAC) measures for AMI, HF, and PN

### **Updates for July 2023 Public Reporting**

CMS made the following changes to the Public Reporting measures for July 2023:

- CMS expanded the THA/TKA Payment and Complication measures so the measure outcome will include 26 additional clinically vetted mechanism complication ICD-10 codes. This change was finalized in FY 2023 Hospital Inpatient Prospective Payment System/Long Term Care Hospitals Prospective Payment System (IPPS/LTCH PPS) final rule.
- CMS increased the minimum number of eligible cases for the EDAC AMI measure to 50 (from 25) during the measurement period. The minimum number of eligible cases for the EDAC HF and EDAC PN measures remains at 25 during the discharge period. This change was finalized in FY 2023 IPPS/LTCH PPS final rule.

- In response to the COVID-19 public health emergency, CMS issued an extraordinary circumstances exception via memo on March 27, 2020 noting that CMS would not use claims data reflecting services provided January 1, 2020–June 30, 2020 (Q1 and Q2 2020) in its calculations for the Medicare quality reporting programs. The reporting periods for readmission, mortality, complication, payment, and EDAC measures have been updated to reflect this policy.

Measures	Updated Discharge Period *
AMI, COPD, HF, Pneumonia, CABG, and THA/TKA readmission measures	July 1, 2019 through December 1, 2019 and July 1, 2020 through June 30, 2022
HWR measure	July 1, 2021 through June 30, 2022
AMI, COPD, HF, Pneumonia, Stroke, and CABG mortality measures	July 1, 2019 through December 1, 2019 and July 1, 2020 through June 30, 2022
THA/TKA Complication measure	April 1, 2019 through October 2, 2019 and July 1, 2020 through March 31, 2022
AMI, HF, and Pneumonia payment measures	July 1, 2019 through December 1, 2019 and July 1, 2020 through June 30, 2022
THA/TKA payment measure	April 1, 2019 through October 2, 2019 and July 1, 2020 through March 31, 2022
AMI, HF, Pneumonia EDAC measures	July 1, 2019 through December 1, 2019 and July 1, 2020 through June 30, 2022

\*The readmission, mortality, complication, payment, and EDAC measures include a 30-day window after each index stay to identify outcomes and the THA/TKA payment measure includes a 90-day window after each index stay to identify outcomes: therefore, the performance periods for these measures end 30 days and 90 days, respectively, before January 1, 2020, so that no data from Q1 and Q2 2020 are used in the measure calculations.

### Accessing the HSR

You can now download the the hospital-specific reports (HSRs) for the July 2023 Public Reporting preview period from the Hospital Quality Reporting (HQR) System:

<https://hqr.cms.gov/hqrng/login>

The HQR System requires users to have a Health Care Quality Improvement System (HCQIS) Access Roles and Profile (HARP) account with access to Managed File Transfer (MFT) to log on.

Follow the steps below to access your HSR in the HQR System:

- Log into the HQR System using your HARP Account. Select **Log in**.

- Choose the authentication method. Select **Next**.
- Enter your code. Select **Next**.
- Go to the navigation menu on the left side of your screen.
- Select Program Reporting. Select Claims-Based Measures.
- Select the Release Year, Program as Public Reporting, and the Public Reporting HSR as the Report. Select **Export**.

If your profile did have HCQIS Access Roles and a HARP account with access to MFT permissions prior to May 2<sup>nd</sup>, and you cannot download your report, please contact the CCSQ Service Center at [QNetSupport@cms.hhs.gov](mailto:QNetSupport@cms.hhs.gov) or call (866) 288.8912 (TTY: 877.715.6222), weekdays from 8 a.m. to 8 p.m. Eastern Time.

### **Preview Period Requests and Questions about Results**

CMS is providing HSRs for the July 2023 public reporting preview period that begins Tuesday, May 2, 2023, and ends at 11:59 p.m. Pacific Time (PT) on Thursday, June 1, 2023. This preview period process does **not** allow hospitals to submit additional corrections related to the underlying claims data or add new claims to the data extract used to calculate the rates.

The HSRs are designed to provide hospitals the opportunity to review measure results, check discharge data used in the calculation of the claims-based measures and replicate their results. Discrepancies or concerns regarding the claims or results included in the HSRs must be reported during the preview period (Tuesday May 2, 2023--Thursday, June 1, 2023 at 11:59 p.m. PT) to be considered by CMS. Any requests for the adjustment of claims, measure results, measure scores, or notation of those measure results will not be considered if the request is submitted after Thursday, June 1, 2023.

Preview period questions regarding your hospital's results can be submitted through the Questions and Answers tool on [QualityNet](#). When submitting the request, select **Inpatient Claims-Based Measures** from the Program drop-down menu and select either **Preview Period request** or **Question about results** from the applicable measure's topic drop-down menu. In the please describe your question text box, include your hospital's CCN and your question or request.

**Note:** Do not email HSR files or their contents. HSRs contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of protected health information (PHI) should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. Use the ID number found within the HSR when referring to the contents of that report.

### **Educational Webinar and Tutorial Video**

On **May 17, 2023, at 2 p.m. Eastern Time (ET)**, CMS will host an educational webinar: *July 2023 Public Reporting Claims-Based Measures Hospital-Specific Report Overview*. The webinar will provide an overview of the HSRs for select claims-based measures that will be publicly reported in July 2023, including a summary of national results, steps to access and navigate the HSR, and an overview of measure calculations. You can register for the webinar [here](#). The presentation slides

and recording will be available after the presentation on the [Hospital IQR Archived Events](#) page of [QualityReportingCenter.com](#).

This short [video](#) provides instruction on navigating and understanding each field of the HSR and will help hospitals understand the measures on which they are being evaluated, track their outcomes, and further their quality improvement efforts.

### **Contacts for Questions**

Questions regarding the measures and the HSRs can be submitted through the Question and Answer tool on [QualityNet](#). When submitting the request, select **Inpatient Claims-Based Measures** from the Program drop-down menu and select the topic that best represents your question. In the please describe your question text box and include your hospital's CCN.

If you have any issues accessing your HSR, please contact the QualityNet Service Center at [qnetsupport@cms.hhs.gov](mailto:qnetsupport@cms.hhs.gov), or by calling, toll free, 866-288-8912 (TRS 711), weekdays from 8:00 am to 8:00 pm ET. For questions related to HARP registration, please visit the HARP Help page or contact [qnetsupport@cms.hhs.gov](mailto:qnetsupport@cms.hhs.gov).

**Please do not respond directly to this email.** For further assistance regarding the information contained in this message, please contact the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Team by submitting a question through the [Question and Answer tool](#) on QualityNet or by calling (844) 472-4477.