Hospital Inpatient Quality Reporting (IQR) Program
Alignment of Electronic Clinical Quality Measure (eCQM) Reporting

Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

Submitting Voluntary Hybrid Measure Data
Presentation Transcript

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August 11, 2023

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Veronica Dunlap:	Hello, everyone. Welcome to today's On Demand event, entitled *Submitting Voluntary Hybrid Measure Data*.
	My name is Veronica Dunlap, and I am the Lead for the Alignment of eCQM Reporting for the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. Joining me today is Michael Cocchiola, Project Coordinator for the Yale New Haven Health Services Corporation and Center for Outcomes Research & Evaluation, along with Alexandra Arndt, Project Manager with the Inpatient VIQR Outreach and Education Support Contractor.
	For today's webinar, we will discuss the 2024 voluntary reporting requirements and step through the data submission process on the hybrid measure user interfaces located in the *HQR Secure Portal*. We will also take some time and review some frequently asked questions.
	By the end of today's webinar, attendees will know the 2024 voluntary reporting requirements and understand the process on submitting Hybrid Hospital-Wide Readmission and/or Hybrid Hospital-Wide Mortality measure data for the Hospital IQR Program.
	This slide reviews acronyms and abbreviations that are used throughout the webinar.
	We ask that you please email any questions pertinent to this webinar to WebinarQuestions@hsag.com. Please provide the webinar title in the subject line. If your question pertains to a specific slide, please include that slide number as well in the body of the email.
	I would like to turn the presentation now over to Michael. He will review hybrid measure reporting requirements specific to the 2024 voluntary reporting period. Michael, the floor is yours.
Michael Cocchiola:	Thank you so much, everyone. It's a pleasure to be here with you all. My name is Michael Cocchiola, and I work at the Yale New Haven Health System Center for Outcomes Research & Evaluation.

Along with my team, Michael Araas, Manjiri Joshi, and Val Manghir, I support the implementation of the Hybrid Hospital-Wide Readmission and Hybrid Hospital-Wide Mortality measures that we're discussing here today. I've been asked by my co-presenters to provide some information about the reporting requirements that are relevant to the voluntary submission of data for the Hybrid Hospital-Wide Readmission and Hybrid Hospital-Wide Mortality measures. My team hopes that this will be helpful both to hospitals participating in the ongoing 2024 voluntary reporting period for the Hybrid HWR and HWM measures and to hospitals preparing to submit data for the 2025 mandatory reporting of the Hybrid HWR and HWM measures. We also want to make sure that listeners are aware of the technical resources and tools that are available to help participating hospitals navigate this process. To that end, I'll provide a brief overview of these resources and tools after we complete the first part of the presentation here.

To start things off, I just want to level-set on a few key pieces of information. The measures that we're discussing here today are the Hybrid Hospital-Wide Readmission measure, aka the Hybrid-HWR measure, and the Hybrid Hospital-Wide Mortality, also known as the Hybrid HWM measure. Both measures are defined as "hybrid measures" because they utilize multiple data sources versus the single-data sources that are used in typical quality measures for the purposes of measure calculation. Both measures we're discussing today use two main data sources. The first are claims data, information that hospitals already submit to CMS for patients that utilize Medicare and that data that are used in most measures included in the [Hospital] Inpatient Quality Reporting Program. For acronyms, that is also known as the [Hospital] IQR Program. The second data source are what we call Core Clinical Data Elements, or CCDEs. These data are collected within certified hospital electronic health records, or EHRs, as part of the care process. We will discuss these CCDEs after we finish our review of the measures at large.

As I was saying, both hybrid measures are all-cause, risk standardized measures. The Hybrid HWR measure aims to assess whether unplanned readmissions occur within 30 days of discharge from an acute inpatient hospitalization, in which the individual discharged was hospitalized as a Medicare Fee for Service patient. aged 65 or older, discharged alive from a non-federal acute care hospital, and was not transferred to another acute care facility. This measure is identical to the claims-only version of the HWR measure that's currently publicly reported under the [Hospital] Inpatient Quality Reporting Program, except, of course, for the fact that it utilizes EHR-based CCDE information. Again, CCDE is for Core Clinical Data Elements. This is for the purpose of risk adjustment for the measure, in addition to traditional claims-based sources. The Hybrid HWM measure, that's the Hybrid Hospital-Wide Mortality measure, aims to assess whether death from any cause occurred within 30 days of admission to an acute-care inpatient hospital, in which the individual admitted was hospitalized as a Medicare Fee for Service patient; aged between 65 and 94; not transferred from another acute care facility; not admitted for primary psychiatric diagnoses; rehabilitation; or with a principal diagnosis of cancer, or with any diagnosis of metastatic cancer; not enrolled in hospice at the time of, 12 months prior to, or within two days of their index admission; and not with a principal discharge diagnosis or a secondary discharge diagnosis that is present on admission for a condition for which hospitals have limited ability to influence survival. Unlike the Hybrid HWR measure, the Hybrid HWM measure does not currently have a publicly reported counterpart in the [Hospital] Inpatient Quality Reporting Program. However, both hybrid measures were introduced to the [Hospital] Inpatient Quality Reporting Program at the same time. That all started with the fiscal year 2020 Inpatient Prospective Payment System rule, also known as the IPPS rule. In this rule, CMS decided that both measures would be publicly reported in 2025, with associated payment determinations made for fiscal year 2026. Prior to the start of public [mandatory] reporting for these measures, CMS scheduled two voluntary reporting periods, both were intended to provide hospitals with an opportunity to gain experience and feedback on submitting data for these

measures before mandatory reporting began for the 2025 public reporting period and the associated payment determination. The 2023 voluntary reporting period only supported the Hybrid HWR measure, and it closed on September 30, 2022. Participating hospitals that used the HQR system to submit CCDEs for discharges occurring between July 1, 2021, and June 30, 2022, received Hospital-Specific Reports during the spring of 2023. The 2024 voluntary reporting period supports both the Hybrid HWR and the Hybrid HWM measures. It is currently open for submissions via the HQR system and will close on October 2, 2023. Participating hospitals that submit data for discharges occurring between July 1, 2022, and June 30, 2023, are expected to receive Hospital-Specific Reports in spring 2024. You can see all that information on the table here on this slide in all the different rows that you see. As noted in this table, hospital participation is not mandatory for the 2024 voluntary reporting period. You can see that on the second row. On the left it will say "Reporting Period." On the right, you can see "Voluntary" is bolded, just to make sure that we are all clear on that. As I was saying, hospital participation is not mandatory for the 2024 voluntary reporting period. The data provided will neither be publicly reported, nor will they impact any Annual Payment Update. The purpose of this voluntary reporting period is to provide hospitals and CMS with experience and feedback in submitting/receiving data for these new measures. The final two rows in this table provide the Electronic Measure Specifications for both measures. The Hybrid HWR measure is also termed "CMS529." The Hybrid HWM measure is also termed "CMS844." There are also additional resources for these measures that you can see in the final row of this table. You can click on either of those links once you have access to the slides in order to access those resources. However, I also will be reviewing both points, both the specifications and the reporting resources, a few slides down the line. Please bear with me.

As I noted in both prior slides, the defining and distinguishing feature of the hybrid measures, compared to the traditional claims-based measure, is that they use EHR-based data as well as claims data to complete risk

adjustment during measure calculation. This approach was developed in response to stakeholder feedback about using patient-level clinical data rather than only claims data for risk adjustment, to minimize provider burden while enhancing clinical case mix adjustment with clinical data. The Hybrid HWR measure improves the risk adjustment approach used by the claims-only HWR measure by using a more comprehensive list of risk variables than the claims-only HWR measure. This incorporates both the risk variables used by the claims-only HWR measure and then adds in the clinical data derived from patient EHRs. To reap the benefits of this enhanced risk adjustment concept, hospitals must submit both EHR data to CMS, in the form of CCDEs, or Core Clinical Data Elements; and in the form of linking variables. CCDEs represent the clinical data that CMS will use to risk adjust the Hybrid HWR and Hybrid HWM measures. Linking variables represent "the glue" of the Hybrid measures. These are the central pieces of information that allow CMS to match the claims it has on file with all encounters for which data are submitted by hospitals. As a reminder, for this year, hospitals must submit all CCDEs and linking variables to CMS via the HQR system by October 2, 2023. As indicated by slide 9, the slide we are on right there, there are six linking variable data fields for which hospitals must submit data to enable CMS to successfully match EHR data with corresponding claims data. These fields are the same for both the Hybrid HWR and HWM measure and are as follows: Number 1, the first linking variable is the hospital CMS Certification Number, aka CCN. The second linking variable is Patient Health Insurance Claim Number, also known as the HICN, or the HIC Number or the Medicare Beneficiary Identifier, or MBI. The third linking variable is the Patient Date of Birth. The fourth is Patient Sex. The fifth is Patient Admission Date, and the sixth is Patient Discharge Date. The CCDE fields for which hospitals must submit data to successfully participate in either Hybrid measure fall under two categories. There is Vital Signs, and there is also Laboratory Test Results. The specific CCDEs that are required under each of these categories differ between the Hybrid HWR and Hybrid HWM measures. For the Hybrid HWR measure, there are six vital signs: patient heart rate, patient respiratory rate, patient temperature, patient systolic

blood pressure, patient oxygen saturation, and patient weight. There are also seven laboratory test results: hematocrit, white blood cell count, sodium, potassium, bicarbonate, creatinine, and glucose.

For the Hybrid HWM measure, you'll notice that the basic concept applies. We have the same six linking variables, like I mentioned before. We still have vital signs that have to be reported and laboratory test results that have to be reported, but there is a different quantity and a little bit of a different list for each one. So, I'll list these out as well. For the Hybrid HWM measure, there are four vital signs. There is patient heart rate, patient temperature, patient systolic blood pressure, and patient oxygen saturation. There are also six laboratory test results: hematocrit, white blood cell count, sodium, bicarbonate, creatinine, and platelet count. There are preferred units for each of these data, but please note that your hospital can submit data in any numerical unit of measurement that is available to it. CMS will convert, as possible, accordingly. Specifications for each of these data elements, including applicable Logical Observations Identifier Names and Codes, also known as LOINC, can be found on eCQI Resource Center, linked on both this slide, right at the bottom, and on the slide prior for each different measure. So, obviously the link here refers to the Hybrid HWM measure, and the link in the previous slide refers to the specifications for the Hybrid HWR measure. OK. I know that was a lot of information that we just reviewed, so I want to make sure that we take a moment here and do a quick summary. The summary applies to the same two boxes that you see at the top of your screen on the slide that we are looking at right now, with Hybrid HWR measure and Hybrid HWM measure at the top. Both the Hybrid HWR measure and the Hybrid HWM measure require submission of six linking variables, which are identical fields for both measures, and a combination of data on patient vital signs and laboratory test results, submitted as Core Clinical Data Elements, or CCDEs. To receive a confidential HSR for feedback and practice purposes in the spring of 2024, hospitals can participate in the 2024 voluntary reporting period by submitting these data on either or both hybrid measures, as QRDA Category I Files, to the HQR system by October 2, 2023.

For both measures, all data included in these files should be relevant to Medicare Fee for Service patients aged 65 years of age or older at the time of their admission, with unplanned readmission or mortality events occurring between July 1, 2022, and June 30, 2023. Hospitals who submit data will need to use EHRs certified to the 2015 Edition Cures update criteria. Please note: Any information you submit as part of this year's 2024 voluntary reporting period will not be used for public reporting or payment determination. As you can see in the bottom half of this table here, we are going to go on to a few points on CCDE requirements. After that, we are going to go a little bit on QRDA files. First, I want to make one point clear regarding the "65 years or older" threshold that we just discussed. For each category, hospitals only need to submit data for patients 65 years and older at the time of their admission. Note, CMS uses the administrative and claims data to assess patient age at admission, so a successful link between the EHR-based linking variables and claims data requires the age to match. Now, I will move on, as promised, to the few points mentioned on CCDE requirements. This aligns with the bottom half of the table, as I said, and this really pertains to the reporting thresholds of different categories of CCDEs and the linking variables. As noted here, to successfully meet Hospital IQR participation requirements for the hybrid measures, CMS is asking that the EHR data you submit for each data category, which includes vital signs, laboratory test results, and linking variables, meet a particular threshold of the total number of discharges reflected in your hospital's claims data. Please note that a failure to meet these thresholds during the 2024 voluntary reporting period will not impact public reporting or payment determination for your hospital. Given the purpose of this voluntary reporting period as an opportunity for practice and feedback, CMS intends to provide confidential Hospital- Specific Reports to any hospital submitting data on at least one encounter for either measure. Hospitals that don't participate in these measures will still be able to access mock Hospital-Specific Reports and the Hospital-Specific Report User Guide, or HUG, on QualityNet once Hospital-Specific Reports are distributed to all participating hospitals in the spring.

So, as I promised, I know what to go over some of the thresholds for the different categories of data submitted by hospitals for this voluntary reporting period. I'll start with linking variables. In terms of linking variables, hospitals aiming to meet [Hospital] IQR Program requirements for the Hybrid HWR and/or the Hybrid HWM measures should submit all six linking variables for 95 percent or more of discharges with a Medicare Fee for Service claim for the same hospitalization between July 1, 2022, and June 30, 2023. For vital signs, hospitals aiming to meet [Hospital] IQR Program requirements for the Hybrid HWR and/or the Hybrid HWM measures should submit all respective vital signs for 90 percent or more of the hospital discharges for Medicare Fee for Service patients, 65 years or older for the Hybrid HWR measure, or between 65 and 94 years of age for the Hybrid HWM measure between July 1, 2022, and June 30, 2023. Please note, this threshold is based on claims submitted to CMS for admissions that ended during the same reporting period of July 1, 2022, to June 30, 2023. For laboratory test results, hospitals aiming to meet IQR participation requirements for the Hybrid HWR and/or Hybrid HWM measures should submit all respective laboratory test results for 90 percent or more of discharges for non-surgical patients. By that, we mean those not included in the surgical specialty cohort of the Hybrid HWR measure or the surgical divisions of the Hybrid HWM measure. I want to make sure that I am very clear about two points that you may have heard me speak on as we were going through these different criteria. The first is, when I say, "all respective vital signs or all respective test results," what we mean is that the relevant vital signs or laboratory test results that apply to each hybrid measure, the Hybrid HWR measure and/or Hybrid HWM measure. As you may remember and as you can see on the table here on the top two rows, there is a different quantity of test results required for each measure. Because of that, if you are to meet the thresholds, you have to submit all vital signs required for either the Hybrid HWR or Hybrid HWM measures and all lab results applicable to the Hybrid HWR or Hybrid HWM measures or both. The particular percentage thresholds that you see here apply to the amount of discharges you have to submit for all the test results or all of those vital signs for.

We have had some confusion during the first few rounds of reporting for these measures, where folks aren't sure if that threshold applies to that you need to submit 90 percent of the vital signs or if all vital signs must be reported for 90 percent of the discharges. We want to confirm that it is 90 percent of the discharges, and stakeholders should plan to submit all laboratory test results and all vital signs for the patients on which they are submitting data, as relevant to each of the measures. The other thing I want to make clear, again, is the age criteria that we have there. When we say 65 years or older, we mean that the patient that data is being submitted on must be 65 years of age or older at the time of their admission. The reason why that happens, and I know that we have stated this before, is that CMS uses the administrative and claims data to assess patient age at admission. The age that is listed on the claims data must match the age listed in the EHR data that hospitals submit. I know that was a lot of information, and we will move on to QRDA information next. However, I want to drop a few more editorial notes in here before we do so. The first is about timing. In terms of timing, all hospitals should plan to report the first CCDE values that were captured in the 24 hours prior to admission. This means that, if your hospital has access to a patient's CCDE values and they were captured in the 24 hours before admission, then you report those regardless of the department or location in which were captured. If they don't exist, that is, if you don't have any CCDE values in the 24 hours prior to the admission, then you are asked to report the first vital signs that were captured in the 0 to 2 hours after admission and the first lab results that were captured in the 0 to 24 hours after admission. The second point that I want to make clear is that CMS requires ALL linking variables and ALL vital signs and ALL laboratory test results to be submitted for the threshold percentages in each category. I know I have said this before, but I really want to make it clear to stakeholders so that everyone participating in these measures can get their HSRs and feedback. As CMS described in the IPPS rule that we were talking about earlier, in which the measures were adopted, a high percentage of data is required to calculate the measure, and these data elements should be available on nearly all admitted patients.

Again, when we show those percentage thresholds, we do not mean that you need 90 percent of the total number of vital signs or laboratory test results. We mean that all laboratory test results and all vital signs and all linking variables must be submitted for nearly all of the patients for whom data are submitted for the Hybrid HWR and the Hybrid HWM measures. The last point I will mention before we move on to the QRDA content that we promised that we would go over here is that, for voluntary reporting, which 2024 voluntary reporting is one of the periods that we are discussing, when calculating the successful data submission results, CMS will assess whether the thresholds were reached for each Core Clinical Data Element data category separately, rather than requiring all three data category thresholds to be met. However, hospitals should aim to meet the thresholds in all three categories. In voluntary reporting this is important because, for data that are submitted, the more information that your hospital will have, in what went well and what could have been better to prepare for the 2025 public [mandatory] reporting of the Hybrid HWR and the Hybrid HWM measures.

OK. As promised, let's talk a little bit about QRDA Category I files. We've just talked a lot about data, Now, we'll review how to submit it. After you've collected all information relevant to a given reporting period, the first step to submitting your EHR data to CMS is to extract the data from your EHR and populate it into one QRDA, or Quality Reporting Document Architecture, Category I file per patient, batched into quarters and containing all CCDEs and linking variables for each eligible hospital discharge. Data for both measures may be included in the same QRDA file. If you have 100 unique eligible patients at your hospital in a quarter, then you'll create one QRDA file for each patient for that quarter. So, you should have 100 QRDA files then representing your 100 eligible patients in that quarter. For each QRDA file, you should provide information on all CCDEs and six linking variables for each eligible hospitalization for that patient. Additionally, to ensure that the QRDA files you submit are associated with your hospital for the hybrid measures, you'll need to include the following five key identification elements in your QRDA.

These five elements are right here on this slide as well on the sixth row, right there, the five key elements, and you can see them all listed out under Details. I will read them so that we are all on the same page. The first element is the hospital's CCN. The second is the name of the CMS program, for which the 2023, or 2024, voluntary reporting is HQR_IQR_VOL; the EHR patient ID; the reporting period; and the EHR submitter ID. This is an ID that the HQR system will assign to you. If you're a vendor, the HQR system will assign you to a vendor ID. If you're a hospital, it will assign you to your CCN. Formatted as a .ZIP file, each QRDA file can contain up to 14,999 individual files and must not exceed 10 megabytes in size. When you're attempting to create your QRDA file, a helpful resource will be the QRDA implementation guide. CMS releases an implementation guide each year. The implementation guide describes general constraints and formats that are important to be aware of and to adhere to when you're creating your QRDA file. For information specific to the hybrid measures, you can refer to Section 6 of the implementation guide. After that, all that's left is to log into the HQR system and submit your QRDA files to CMS. Veronica will be presenting next and going over this part of the process in just a short bit.

You have seen this information in a few other forms across this presentation, certainly across a lot of the resources that you will be accessing when you are learning about the hybrid measures, but I wanted to include it here as well, and I wanted to review it together. This is the implementation timeline for the hybrid measures, the Hybrid HWR measure and the Hybrid HWM measure. You will see a lot of information here, including the reporting period you are referring to, the measures that are applicable to that reporting period, the performance period for each measure, the data submission deadline, and the approximate date by which Hospital-Specific Reports will be distributed for hospitals that have participated in that reporting period. You also see the far right column is Public Reporting. As you can see, for the 2023 reporting period for which hospitals who participated received their HSRs in the spring of 2023, public reporting was not active.

We are not publicly reporting those results. The same is true for the 2024 voluntary reporting period, which is the submission period that is active right now and really the subject matter of this presentation. Public reporting will start with 2025 public [mandatory] reporting, and you can see all the relevant dates for that public reporting period right here.

Thank you. Next, we will go over some of the technical resources and tools that can help folks who are looking to submit data for the Hybrid HWR and the Hybrid HWM measures during this year, which is the 2024 voluntary reporting Period for both measures.

What you see here are a few screen shots. One is, to the left, a resource that we put together that creates an "at a glance" summary for key information that relates to the 2024 reporting period for that Hybrid HWR and the Hybrid HWM measures. You can find the resources in different places, but the one we wanted to highlight is the eCQI Resource Center. This resource center houses a lot of very important information, really helpful information to stakeholders and different folks who are looking to submit data for any given reporting period. The Key Dates and Resources document is one of many documents that you can find on this page to help guide you through that process. As you can see, if you look really closely at the slide or if you access it after the presentation, it summarizes a lot of what we talked about today and serves as a nice waypoint for resources or to give you a quick bit of information that you might not be able to recall off the top of your head.

If we go to the next slide here, you'll be able to see what we mean by all the different resources that are provided on the eCQI Resource Center. If you navigate to the link at the bottom of the slide, and if you go to the eCQI Resource Center on your web browser, you will see a screen after you click through a few different fields that looks just like this on the top left. Once you are here, you will want to select the period 2022, and you will want to filter by Hybrid Measures." That will show you the resources that are relevant to 2024 voluntary reporting.

Once you are in there, you will see a lot of different resources that we talked about today, and some that we probably haven't, that are relevant to your hospital. So, for instance, I want to highlight that the implementation guide is on this list. You will be able to find it right here, and that will be a critical tool for folks who are trying to submit data. You can also find the Key Dates and Resources document that we talked about on the slide prior, along with a lot of good information that can help you answer questions.

I just want to go into more detail about the implementation guide. It is relevant for the 2024 voluntary reporting period. As we were discussing, although it is 2024 voluntary reporting, the implementation guide for that voluntary reporting period is the 2022 implementation guide. I highly encourage all folks to skim through it and check out what is inside of it. There is a lot of useful information, particularly for the hybrid measures in Section 6 of this guide. It has pretty much everything you would need to know to create your QRDA files. It can be found, again, on the eCQI Resource Center by following the guidance that we just provided in the slide prior.

I also want to highlight another key resource or location for resources that is available to all hospitals. This resource is on QualityNet or set of resources. If you navigate to QualityNet.cms.gov, and you select Hospitals - Inpatient Measures, Hybrid Measures, you will see a field that looks a lot like the left side of your screen. What helps with the Hybrid page in particular is that we have designed this page to really be a great resource for hospitals, serving a lot of the different needs that you might have. The field that you see highlighted right here is the Methodology page. The Methodology page goes through the Claims-Based Measures specifications for the Hybrid Hospital-Wide Readmission measure and, to a degree, the Hybrid Hospital-Wide Mortality measure. You will see more resources for the [Hybrid] Hospital-Wide Mortality [measure] as the 2024 HSR distribution nears. For now, you will be able to see a lot of information on there as is. Please note for the Hybrid Hospital-Wide Readmission measure, as you may remember, it utilizes a lot of specifications from the claims-only Hospital-Wide Readmission measure.

Those can be found through a similar file path. Instead of clicking on Hybrid Measures, after you get into the Measures field of QualityNet, you want to click on Readmission Measures, you will be able to navigate through and see that there. Before we leave this slide, I did want to go through and see other resources that are available to stakeholders. You can see if you look on the image to your left, where it says Inpatient Measures - Hybrid Measures Methodology, you will see that there are a few other tabs that you can click on there. I highly recommend for any stakeholders that are looking to answer a question or to learn more about the measure, the Resources tab has a lot of other really good resources in addition to those that are found in the eCQI Resource Center. It might be able to help you navigate to your answer. The Reports page is also recently revamped because we had the 2023 voluntary reporting period. We now have a mock HSR up for the hybrid measure. We have a Hospital-Specific Report User Guide, aka HUG, on the Reports page there too. In general, this site will provide a lot of basic and advanced information that hospitals might need to access in order to successfully participate in the program.

I want to talk a little bit more about HSRs, which I touched on in the Reports tab explanation that I was just performing. For the HSRs, any hospital that participates in the voluntary reporting period for 2024 is encouraged to do so. CMS plans to provide a Hospital-Specific Report is confidential. Obviously, this does not impact public reporting or payment determination to any hospital that submits at least one encounter for either or both measures, the Hybrid Hospital-Wide Readmission measure or the Hybrid Hospital-Wide Mortality measure in spring 2024. That is based on the data hospitals will submit by October 2. We went through those points again a few slides prior. We encourage you to look back at that for any basic information on that. Those HSRs are provided, not for public reporting or payment determination, but for feedback and learning purposes for your hospital. You can access those HSRs in the HQR system. The mock HSR and the HSR User Guide are currently available as relevant to the Hybrid HWR measure on that Reports tab. That is obviously the one that came out of the 2023 voluntary reporting that ended

in September of last year. Reports were distributed in spring of this year. I do want to flag for any hospital participating for 2024 voluntary reporting that you will be able to access a mock Hospital-Specific Report and a Hospital-Specific Report User Guide for both the Hybrid HWR and Hybrid HWM measures in spring 2024 for the 2024 voluntary reporting period. That will be available to everyone, but hospitals that participate in the program will receive a personalized one. Thank you so much for allowing me to speak for so long. I wish you the best of luck. Please reach out to us with any questions. Thank you.

Veronica Dunlap: Thank you, Michael. Hello, again, everyone! Hopefully, most of you are already aware that CMS has updated the HQR system, and a communication was distributed last month that the *HQR Secure Portal* is open to receive test and production QRDA Category I file submissions. Now, let's take time to review the steps to submit hybrid measure data.

For those of you who voluntarily submitted data for the Hybrid Hospital-Wide Readmission measure last year, the process has not changed. Users will still require the eCQM permission to view, edit or upload QRDA Category I files containing the Core Clinical Data Elements, and vendors must be authorized to submit these data on the hospital's behalf.

Let's begin. In order to submit QRDA I files containing CCDEs, you will need to access the *HQR Secure Portal* with your user ID and password from your HARP account. The link is provided to you on the slide. If you do not have access, you will need to create an account. Today's webinar does not provide information on creating a HARP account. However, if you do require assistance with HARP and the log in process, please contact the Centers for Clinical Standards and Quality Support Center, or CCSQ Service Center. They are available at qnetsupport@cms.hhs.gov.

A two-factor authentication is required to access the *HQR Secure Portal*. Choose a method of authentication from the drop-down box and Select Next. Once you have received the code, enter it, and click Next.

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The HQR landing page will appear, displaying the navigation menu located on the top-left side. This is where you access all the tasks available such as data submissions, data results, and administration. If you prefer to keep the navigation menu open, displaying all the tasks so you can move freely about, click the Lock Menu button on the bottom-left side of your screen. Just a quick tip, you may need to scroll all the way down in order to view this button. An important reminder is to always note which organization your screen is displaying since many of you do submit data for more than one facility. If you need to change the facility, make sure you click on the Change Organization button located on the top right.

In order to upload or view/edit files for the hybrid measures, basic users will need to request the eCQM permission role be added or updated to their account. Once logged in, click on your username at the top right and select My Profile.

Next, click on the three vertical dots and select Request Change in Access for the organization you wish to submit data for.

Basic Users who already have their eCQM permissions set up, may request a change to their access by selecting the Edit button located on the far right. Next, click the blue Add button directly across from eCQM. It is important to review each Permission Type by scrolling down the page and clicking add under the Data Submissions header and the Submission Results header. Again, I would like to reiterate that the eCQM Permission is required in order to view, edit, and/or upload files specific to hybrid measure data.

A pop-up modal for eCQM Permission levels will display. Users may request no access, view, or upload/edit. Make sure you enter your selections under the Inpatient Quality Reporting Program. Then, click Apply & Close.

Make sure to scroll to the bottom of the page. Then, click Review.

Once you have reviewed your access requests, click the Submit button.

A green pop-up box will display, indicating your Access Request was successfully submitted. You will see "Pending" under the Status column below.

Now that you have requested the necessary User Permissions, your designated Security Official will receive and review the request.

Now, the next few slides walk through the steps necessary when a hospital needs to authorize a vendor to submit these data on their behalf. From the landing page, select Administration. Then, select Vendor Management.

If the vendor is already an existing vendor on the list, you will need to authorize them to submit hybrid measure data. Otherwise, users can perform a search and click the blue Add Vendor button here.

Next to the vendor's name, click on the three vertical dots located on the far right. A pop-up box will appear. Select the Edit Access function.

Next, under the Data Submissions permission type, click on the blue Add button next to eCQM for the Hospital IQR Program.

A pop-up box will display, showing both the eCQM and hybrid measure sets. Click the blue Add button to assign permission for the hybrid measures.

Next, select the permission level you want to add for your vendor. Make sure to complete the mandatory fields for discharge quarters and submission date. Then, click the blue Confirm button.

Now, review your selections and make any edits, if necessary. Just a note, that by assigning IQR permissions, you are also assigning permission for File Accuracy. If there are no changes to make, click the blue Apply & Close button.

Next, you will see the Hybrid Measure permissions have been added, located there on the far right. Again, this feature is nested under the eCQM Data Submission column, and it is specific for inpatient quality reporting.

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Go ahead and then click Review.

Finally, make sure to click Save & Close. Now, your vendor will be able to upload, edit, and view your hybrid measure data.

Now, let's review the data upload process and how to upload your QRDA Category I files. From the main menu, select Data Submissions.

Select the option for Hybrid Measures, located on the far right. Make sure to select either Test or Production. A quick reminder that test file submissions will not be sent to CMS for measure calculation and will not be used in determining [Hospital] IQR Program participation requirements. Only the Core Clinical Data Elements contained in the files submitted to production will be used for measure calculation.

To search for files on your computer, click the blue Select Files button, located on the right. You may also drag and drop your selected file(s).

Select the file(s) you wish to upload. One thing I would like to stress is to ensure that, if you are uploading a zip file, please take a moment and double check that this zip file does not contain other zip files within the zip file prior to your upload. This may cause a system processing error in the HQR system.

A file processing message will appear on your screen indicating the files are being exported.

Once the export has finished, you will receive an email indicating the file processing is complete. Within that email, click to review the details on your submitted files by clicking View File Accuracy Details, located on the bottom right.

Here, you can check your file status messages, such as Processing, Accepted, or Rejected. Some additional status messages include files have been received but are not done processing; files must be virus scanned; or a batch is partially accepted. You can also sort through the file batches by clicking on the column header for each column.

Our last step in the data submission process is to review results by selecting Data Results from the main menu.

There are two tabs located at the top: Files and Accuracy. To review the processing status, click the Files tab. Then, select either Test or Production from the submission drop-down box. Then, click Change selection.

Here you can search batches, view the batch status, and download results. Only batches applicable to the current reporting period can be deleted. A batch can either be one file or contain a number of files. Once the uploaded file status says Ready, which shows as a green checkmark, click on Download.

A CSV file will open and display each file name, upload date, who it was uploaded by, the status, and error details, such as Accepted or Rejected.

Next, select the Accuracy tab to locate and review your rejected files for revision and resubmission. Make sure to select the submission type, either Test or Production, and the corresponding quarter. Then, click Change Selection.

If you look at the top under the Accuracy tab, there are cards that show total files, accepted files, etc. Click on the corresponding card for a closer look at your submitted files. Shown here, the Total Files card was selected. As you can see, it has a purple banner. The table below it will correspond with the card selected. So, all total files will be displayed in the table below.

If you want to review your rejected files, click on the Rejected Files card located at the top, and the table below will list all your rejected files. Then, you can go ahead and click the blue Export Results button to export those results into a CSV file.

Your CSV file will display the error message details and assist in troubleshooting your files.

That concludes my portion of the presentation. Now, I would like to turn it over to Alexandra who will share some popular questions that may be helpful to you.

Alexandra Arndt: Thank you, Veronica. Hello, everyone. Our first frequently asked question: Will hybrid measures become mandatory for critical access hospitals? The answer is no. The Hybrid HWR and Hybrid HWM measure data will only become mandatory for subsection (d) hospitals participating in the Hospital IQR program, beginning with the July 1,2023, through June 30, 2024, reporting period. Since critical access hospitals are not considered subsection (d) hospitals, they are not required to submit these data. However, CMS does encourage critical access hospitals to voluntarily submit data for the hybrid measures and, if they choose to do so, they will need to complete the optional Notice of Participation for data to be publicly reported.

When does CMS plan to publicly report hybrid measure data results? CMS intends to publicly report these results beginning with mandatory reporting in 2025 for the fiscal year 2026 payment determination. CMS anticipates the public display of these data for the July 2025 release, so please make sure you are signed up to receive Listserve notifications. A link to sign up for these notifications will be provided on the next slide.

Our next frequently asked question: When can our hospital expect to receive a confidential hybrid measure HSR? HSRs for the 2023 voluntary reporting period of the Hybrid Hospital-Wide Readmission measure are now available to view in the *HQR Secure Portal*. As it pertains to this webinar, CMS expects releasing hybrid [measure] HSRs next spring. CMS will announce the release of HSRs via Listserve notifications. You can sign up for these notifications on the QualityNet website at the link provided on the slide.

How can I view my hospital's confidential hybrid measure HSR? To view your hospital's HSR, hospital staff with a registered HARP account and the Managed File Transfer permission will log into the *HQR Secure Portal*.

Once logged in from the dashboard, you will select the program reporting and the claims-based measures. Then, you will need to fine tune your selections and choose the release year, program, and report. Detailed instructions are available in the YouTube video linked on the slide. Please note that if your hospital should have received an HSR but did not, please contact the CCSQ Service Center.

Our next frequently asked question: Will a sample hybrid measure HSR become available for hospitals that did not participate in last year's voluntary reporting for the 2023 reporting period? On May 15, 2023, when confidential HSRs were distributed to participating hospitals, a mock HSR report and HSR User Guide were posted and are now available on QualityNet's Hybrid Measure Hospital-Specific Reports page. You may also access it by clicking the link on the slide. The HSR User Guide provides instructions on navigating and understanding each field of the HSR and will help hospital staff understand the evaluated measure, track its outcome, and further their quality improvement efforts.

Our last frequently asked question: How can my hospital assess whether it is on track to meet the Hospital IQR Program participation requirements? Hospitals that voluntarily report in 2024 will receive a confidential HSR summarizing your hospital's Core Clinical Data Elements that were submitted. Although this information will not affect hospital payments during voluntary reporting, it will help hospitals determine whether they are on track to meet IQR reporting requirements.

I would like to end the presentation by providing a list of contacts and contact information specific to various eCQM and hybrid measure topics. We have updated our support resources for any questions you may have surrounding the submission and reporting of hybrid measure data.

As a reminder, email any questions pertinent to the webinar topic to WebinarQuestions@hsag.com with the webinar title in the subject line. If your question pertains to a specific slide, please include the slide number in the body as well.

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That concludes today's presentation. Thank you for taking the time to listen to the information presented in this webinar. Thank you again. Have a great day!