Alignment of Electronic Clinical Quality Measure (eCQM) Reporting

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

Resources for Reporting FY 2025 eCQM and Hybrid Measure Data Question and Answer Summary Document

Speakers

Veronica Dunlap, BSN, RN, CCM
Lead, Alignment of eCQM Reporting
Inpatient VIQR Outreach and Education Support Contractor
Michael Araas, MPH
Project Lead
Yale New Haven Health Services Corporation/
Center for Outcomes Research & Evaluation
Yan Heras, PhD
Principal Informaticist
ICF

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.

Question 1: **Our hospital participated in last year's voluntary reporting of the Hybrid Hospital-Wide Readmission (HWR) measure. When will we receive the Hospital-Specific Report (HSR)?**

CMS expects to release HSRs for the 2023 voluntary reporting of the Hybrid HWR measure to participating hospitals in the spring of 2023 via the Hospital Quality Reporting (HQR) system. Participating hospitals are hospitals that submitted core clinical data element (CCDE) data on at least one encounter by September 30, 2022. The HSR for 2023 voluntary reporting of the Hybrid HWR measure will contain results on electronic health record (EHR)-based data submissions and measure performances for hospitals that participated in 2023 voluntary reporting.

CMS will distribute an announcement when HSRs are released. If you have not already done so, please subscribe to the Listserve to receive notifications on this topic by going to https://qualitynet.cms.gov/listserv-signup and selecting HIQR EHR Notify: Hospital Inpatient Reporting EHR (Electronic Health Record) and Promoting Interoperability (PI)/eCQM Notification..

Question 2: **When will Hybrid HWR measure and/or Hybrid Hospital-Wide Mortality (HWM) measure data for the 2024 voluntary reporting period become available in an HSR?**

CMS expects to release HSRs for the 2024 voluntary reporting of the Hybrid HWR and Hybrid HWM measures to participating hospitals in the spring of 2024 via the HQR system. A participating hospital is a hospital that submitted CCDE data on at least one encounter by October 2, 2023.

CMS will distribute an announcement when HSRs are released. If you have not already done so, please subscribe to the Listserve to receive notifications on this topic by going to https://qualitynet.cms.gov/listserv-signup and selecting HIQR EHR Notify: Hospital Inpatient Reporting EHR (Electronic Health Record) and Promoting Interoperability (PI)/eCQM Notification.

Question 3: **We are a vendor with a request from a hospital to submit only Quarter (Q)2 2023 data for the July 1, 2022, to June 30, 2023, voluntary reporting period of the hybrid measures. The client is aware that hybrid measures require a full year of data, but they would like to submit one quarter to look at their results and receive feedback prior to the hybrid measures becoming mandatory.**

Is it possible to submit less than a full year of data for our client while the measures are still voluntary?

To participate in 2024 voluntary reporting for hybrid measure data, your hospital can submit a partial year of information. To participate, simply submit any of the requested data that your hospital has on discharges occurring between July 1, 2022, and June 30, 2023, by October 2, 2023.

CMS will utilize any eligible data and calculate measure results wherever feasible. It does so by removing encounters that are missing more than seven CCDE variables from measure calculation and replacing missing CCDEs with the median CCDE value for that category. As such, please note that, if your hospital submits partial information, any measure results provided may not be representative of your hospital's results with a full year of data.

The values used to replace missing CCDE for the 2023 voluntary reporting period will be available in the Frequently Asked Questions (FAQs) that will be released on QualityNet (QualityNet > Hospitals – Inpatient > Measures > Hybrid Measure > Resources) after the HSRs for the 2023 voluntary reporting period are distributed to participating hospitals.

Question 4: **Why is it referred to as the 2024 voluntary reporting period and not the 2022 voluntary reporting period? The electronic specifications for the hybrid measures, from July 1, 2022, through June 30, 2023, are posted under the 2022 reporting period on the Electronic Clinical Quality Improvement (eCQI) Resource Center.**

"2024 voluntary reporting period" comes from the year in which HSRs corresponding with the data submitted (encounters occurring between July 1, 2022, and June 30, 2023, submitted to CMS via the HQR system by October 2, 2023) will be distributed to hospitals. The eCQI Resource Center lists the items relevant to the 2024 voluntary reporting period under the 2022 heading because the data submitted are reported based on CMS's Annual Update for the 2022 reporting period.

This includes the 2022 CMS Implementation Guide for Quality Reporting Document Architecture (QRDA) Category I Hospital Quality Reporting and the applicable versions of standards and codes for both the Hybrid HWR and the Hybrid HWM measures. It is important to verify the correct reporting period and submit data according to the applicable CMS Annual Update. Please reach out to the Inpatient Support Team if you require additional assistance.

Question 5: **When can I start submitting test file submissions for the hybrid measures?**

CMS will announce when the HQR system is open and available to accept test and production file submissions for hybrid measure data. We anticipate the system opening in summer 2023. If you have not already done so, please subscribe to the Listserve to receive notifications on this topic by going to https://qualitynet.cms.gov/listserv-signup and selecting HIQR EHR Notify: Hospital Inpatient Reporting EHR (Electronic Health Record) and Promoting Interoperability (PI)/eCQM Notification.

Question 6: **Do these measures apply to critical access hospitals (CAHs)?**

If your question pertains to eCQM reporting, CAHs are required to submit eCQM data for the Medicare Promoting Interoperability Program; however, CAHs are not required to submit eCQM data for the Hospital Inpatient Quality Reporting (IQR) Program.

If your question pertains to the hybrid measures, CAHs may choose to submit data on the Hybrid HWR measure and/or the Hybrid HWM measure during voluntary reporting, but submission is not required. While CAHs are not required to submit data on the Hybrid HWR measure and/or the Hybrid HWM measure, they may opt to do so, and CMS will publicly report the results. CMS encourages CAHs to submit these data for patient care improvement. Please note CAHs will need to complete the optional Public Reporting Notice of Participation (NOP) via the *HQR Secure Portal* to have data publicly reported.

Question 7: **For the hybrid measures, can we include Medicare Advantage patients as well?**

To successfully participate in reporting the Hybrid HWR and/or the Hybrid HWM measures, hospitals do not need to submit EHR-based data for Medicare Advantage patients, as these patients are not included in the measures.

Your hospital may still submit EHR-based data for Medicare Advantage patients, but these data will not be included in your hospital's cohort for the relevant hybrid measure. As such, these encounters will not factor into your hospital's performance for these measures.

Question 8: **For the calendar year (CY) 2024 reporting period, the Cesarean Birth (ePC-02) eCQM and the Severe Obstetric Complications (ePC-07) eCQM are both mandatory. What should facilities do if they do not deliver babies? Do they attest to both measures, or do they select other measures to submit in place of these two mandatory measures?**

For CY 2024 eCQM reporting, hospitals that do not have an obstetrics department and do not perform deliveries will not be required to submit eCQM patient-level data for the ePC-02 and ePC-07 measures; however, they will be required to declare a zero denominator for all four quarters of data for each mandatory eCQM.

Additionally, they must continue to report the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM and three self-selected eCQMs from the CY 2024 eCQM measure set for four quarters of data.

Additional information will be communicated on these requirements via Listserve notifications, webinar materials, and tools specific to CY 2024 eCQM reporting.

Question 9: **Will a sample HSR become available for hospitals who did not participate in the last year's voluntary reporting for the 2023 reporting period?**

Yes. Similar to the publicly reported claims-based measures, a mock HSR and accompanying HSR User Guide for the Hybrid HWR measure will be posted on the QualityNet website (https://qualitynet.cms.gov/inpatient/measures/hybrid/reports) in the spring of 2023 when confidential HSRs are distributed to participating hospitals.

Question 10: **Are facilities required to submit data for both hybrid measures for the fiscal year (FY) 2026 payment determination?**

Per the FY 2020 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) final rule, the Hybrid HWR and Hybrid HWM measures were adopted to the Hospital IQR Program, beginning with the FY 2026 payment determination which uses data from July 1, 2023–June 30, 2024.

As such, hospitals that intend to meet participation requirements for the Hospital IQR Program that year must submit data that meets the applicable reporting thresholds to the HQR system by the submission deadline.

Question 11: **Slide 11. Can you explain why we submit linking variables on 95 percent or more discharges with a Medicare Fee for Service (FFS) claim compared to reporting vital signs and laboratory test results for 90 percent or more of hospital discharges?**

As stated in the FY 2020 IPPS/LTCH PPS final rule, the data submission thresholds are defined to allow CMS to calculate the hybrid measure results. Vital signs are measured on nearly every adult patient admitted to an acute care hospital and should be present for nearly 100 percent of discharges (identified in Medicare FFS claims submitted during the same period). In addition, calculating the measure with more than 10 percent of hospital discharges missing these data elements could cause poor reliability of the measure score and instability of hospital results from measurement period to measurement period.

Hospitals must submit the laboratory test results for 90 percent or more of discharges for non-surgical patients. For many patients admitted following elective surgery, there are no laboratory values available in the appropriate time window. Therefore, laboratory test results are not used in the risk adjustment of the surgical cohort.

The six variables required for linking EHR and claims data should be submitted for 100 percent of discharges in the measurement period. Because these linking variables are required for billing, they should be available on all Medicare FFS patients and are ideally suited to support merging claims and EHR data. However, hospitals will meet Hospital IQR Program requirements if they submit linking variables on 95 percent or more of discharges with a Medicare FFS claim for the same hospitalization during the measurement period.

Question 12: **For hybrid measures, what are the required labs? We have multiple types of glucose labs. Which ones will count? Can you provide guidance; none of the documents reviewed provide such information.**

To successfully submit data for any of the laboratory test result CCDEs, hospitals should ensure that submitted data align with the acceptable Logical Observation Identifiers Names and Codes (LOINC) for the specific CCDE within each hybrid measure.

Note: The "glucose lab test" CCDE (Object Identifier 2.16.840.1.113762.1.4.1045.134) only applies to the Hybrid HWR measure for 2024 voluntary reporting. Submission of this CCDE is not requested for the Hybrid HWM measure at present. For the "glucose lab test" CCDE, there are 25 acceptable LOINCs, each listed on the Value Set Authority Center (VSAC) page for the "glucose lab test" CCDE. The relevant VSAC page can be accessed here.

Additional information pertaining to the CCDEs for either hybrid measure can be found on the eCQI Resource Center (https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=1&globalyearfilter=2022&global_measure_group=3721).

Question 13: **Has the hybrid HWR measure data collected from voluntary reporting shown to affect the risk adjustment?**

The Hybrid HWR measure risk adjusts for age and several clinical conditions outlined in the most up-to-date All-Cause Hospital Wide Readmission Measure Updates and Specifications Report (QualityNet > Hospitals – Inpatient > Measures > Readmission Measures > Methodology). The measure also risk adjusts for the clinical status of the patient at the point of arrival at the hospital using the following CCDEs:

1. Heart rate
2. Respiratory rate
3. Temperature
4. Systolic blood pressure
5. Oxygen saturation
6. Weight
7. Hematocrit
8. White blood cell count
9. Sodium
10. Potassium
11. Bicarbonate
12. Creatinine
13. Glucose

At this time, we cannot provide additional information on how the Hybrid HWR measure data collected thus far has affected risk adjustment. If you have not already done so, please subscribe to the Listservs to receive notifications on this topic by going to https://qualitynet.cms.gov/listserv-signup and selecting HIQR EHR Notify: Hospital Inpatient Reporting EHR (Electronic Health Record) and Promoting Interoperability (PI)/eCQM Notification.

Question 14: **How do we validate that we have 90 percent of CCDEs and so on for the total population prior to submission?**

We anticipate that hospitals will be able to test their submission files in the coming months to ensure they meet the appropriate formatting and submission requirements. However, it is not anticipated that the system will, at the point of data submission, be able to provide hospitals with information on whether they were able to meet their programmatic reporting requirements, such as the 90 percent threshold.

As the calculation of these compliance requirements will necessitate linkages to the claims-based data, more time and work will be needed to provide hospitals with this information. Instead, it is expected that hospitals participating in the 2024 voluntary reporting will receive HSRs in the spring of 2024 that will provide them with information on whether they were able to successfully meet Hospital IQR Program participation requirements. This information will be provided for hospital information only, as these requirements will not impact hospital payments under the Hospital IQR Program during voluntary reporting.

Question 15: **How many data elements should we capture? Is it all six vital signs and seven lab results? How are they calculated if vital signs or lab results are only partially captured per encounter?**

To align with data submission requirements for the 2024 voluntary reporting of the Hybrid HWR and/or Hybrid HWM measures, hospitals should submit all CCDEs listed under the applicable year/section of the eCQI Resource Center: https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=1. Under Select Period, select 2022. Under Filter By, select Hybrid Measures. For the Hybrid HWR measure, these include:

- All six linking variables
- Six vital signs
- Seven laboratory test results

For the Hybrid HWM measure, these include:

- All six linking variables
- Four vital signs
- Six laboratory test results

If CCDEs are only partially captured for the purposes of the 2024 voluntary reporting period, CMS will still utilize any eligible data and calculate measure results wherever feasible. It does so by removing encounters missing more than seven CCDE variables from measure calculation and replacing missing CCDEs with the median CCDE value for that category. As such, please note that, if your hospital submits partial information, any measure results provided may not be representative of your hospital's results with a full year of data.

The values used to replace missing CCDEs for the 2023 voluntary reporting period will be available in the FAQs that will be released on QualityNet (QualityNet > Hospitals – Inpatient > Measures > Hybrid Measure > Resources) after the HSRs for the 2023 voluntary reporting period are distributed to participating hospitals.

Question 16: **If a facility would like to test their hybrid measures, is there documentation on how to submit if testing?**

For instructions to submit test data via the HQR system, please see the slides from the August 5, 2022, webinar here.

CMS will announce when the HQR system is open and available to accept test and production file submissions for hybrid measure data. We anticipate the system opening in summer 2023. If you have not already done so, please subscribe to the Listserve to receive notifications on this topic by going to https://qualitynet.cms.gov/listserv-signup and selecting HIQR EHR Notify: Hospital Inpatient Reporting EHR (Electronic Health Record) and Promoting Interoperability (PI)/eCQM Notification.

Question 17: **If CMS_0084 is removed, requiring a Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI), what data are needed for linking variables?**

CMS is updating the 2023 CMS QRDA I Implementation Guide to include this validation for the purpose of calculating the hybrid measures.

The HICN or MBI fields are included in the variables required to link the submitted EHR-based (CCDE) and claims data for the hybrid measures.

Question 18: **Is there a resource that easily defines some of the verbiage (like union and intersect) in the eCQI specifications?**

Additional information and clarity on the verbiage in the most recent eCQI specifications for the Hybrid HWM/HWR measures can be found in the *Clinical Quality Language (CQL) Specification Developer's Guide*, *Appendix B – CQL Reference* (https://cql.hl7.org/09-b-cqlreference.html). Both terms you note are defined within their various contexts.

Question 19: **How many mandatory eCQMs are required for CY 2024 reporting?**

For hospitals to successfully meet the CY 2024 eCQM reporting requirement, they must report a total of six eCQMs for four quarters of data. The eCQMs must include three mandatory eCQMs (Safe Use of Opioids-Concurrent Prescribing, Cesarean Birth, and Severe Obstetric Complications) plus three self-selected eCQMs. Each quarter must contain the same eCQMs for all four quarters. The two hybrid measures do not count towards meeting the eCQM requirement, and will be required for all hospitals to report when they become mandatory in the FY 2026 payment determination.

Question 20: **For the two hybrid measures, Hospital IQR Program requirements state that we need to meet a 90 percent threshold (or more) for vital signs and a 90 percent threshold (or more) for the laboratory test results. Do we capture at least ONE vital sign to be counted, or do we capture ALL listed vital signs? For laboratory test results, do we capture at least ONE laboratory test result to be counted, or do we capture ALL listed laboratory test results?**

For the voluntary reporting of the Hybrid HWR and Hybrid HWM measures, CMS looks for all CCDEs for vital signs and laboratory results in determining successful submission of the 90 percent threshold.

For the Hybrid HWR measure, this means the following:

- All six vital signs for 90 percent or more of all inpatient discharges of Medicare FFS beneficiaries aged 65 or older

- All seven laboratory results for 90 percent or more of all inpatient discharges of Medicare FFS beneficiaries aged 65 or older for non-surgical patients (patients who are not part of the surgical cohort for the claims only HWR measure)

For the Hybrid HWM measure, this means the following:

- All four vital signs for 90 percent or more of all inpatient discharges of Medicare FFS beneficiaries aged 65 or older
- All six laboratory results for 90 percent or more of all inpatient discharges of Medicare FFS beneficiaries aged 65 or older

Question 21: **For the hybrid measures, is it all encounters for inpatient admissions with Medicare, or is it for encounters with readmissions?**

Hospitals reporting the Hybrid HWR and/or the Hybrid HWM measures are encouraged to collect and submit the clinical data for all eligible hospitalizations during the measurement period, not just those patients who were readmitted within 30 days after discharge. The initial patient population criteria include patients and aged 65 years and older at the start of an admission and discharged from an inpatient admission at the hospital during the measurement period (length of stay < 365 days).

It is important for hospitals to include all eligible patients in their submission to adequately represent their hospital's case mix.

Question 22: **Please confirm whether a CAH, or a hospital located in Puerto Rico, receives an annual payment update.**

If your question pertains to the Hospital IQR Program, CAHs and hospitals located in Puerto Rico are able to report eCQM or hybrid measure data voluntarily but are not required to. Hospitals that are not paid under the IPPS, including CAHs and hospitals located in Puerto Rico, are not subject to an annual payment reduction.

For questions specific to the Hospital IQR Program, please reach out to the Inpatient Support Team at (844) 472-4477 or https://cmsqualitysupport.servicenowservices.com/qnet_qa.

If your question pertains to the Medicare Promoting Interoperability Program, CAHs and hospitals located in Puerto Rico that do not participate or fail to successfully meet all program requirements are subject to a negative payment adjustment.

Additional information on the Medicare Promoting Interoperability Program is available on the Scoring, Payment Adjustment, and Hardship Information page on the CMS.gov website. For questions specific to the Medicare Promoting Interoperability Program, contact the Center for Clinical Standards and Quality Service Center at qnetsupport@cms.gov or (866) 288-8912.

Question 23: **Does our EHR have to be certified to the 2015 Edition Cures Update criteria for the full reporting period?**

Eligible hospitals and CAHs attesting to the Medicare Promoting Interoperability Program are required to use Certified EHR Technology (CEHRT) that has been updated to meet the 2015 Edition Cures Update criteria. A hospital's CEHRT functionality must be in place and used as needed for a measure action to count in the numerator during the EHR reporting period chosen by the eligible hospital or CAH (a minimum of any continuous 90 days in 2023). In some situations, the product may be deployed during the EHR reporting period but pending certification. In such cases, the product must be updated to the 2015 Edition Cures Update criteria by the last day of the EHR reporting period.

Question 24: **Will the CCDEs we submit merge claims data? Do we need to work with our information technology department to submit our QRDA Category I files?**

To submit CCDE data for the hybrid measures, hospitals need to create QRDA Category I files for each patient meeting the initial population criteria of the CCDE specification. For 2024 voluntary reporting, data for either/both hybrid measures can be submitted through the HQR system, within the same QRDA Category I file, batched per patient and per quarter (one QRDA Category I file, per quarter, per patient, inclusive of the data that are relevant for either/both the Hybrid HWR and Hybrid HWM measures).

Additional information and resources on preparing and submitting these files are available.

- YouTube video: https://www.youtube.com/watch?v=bY8oBbfn5GM
- Hospital IQR Program webinar: https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-inpatient-quality-reporting-iqr-program/2022-events/ecqm8522/

Question 25: **What are the discharge dates to report for both hybrid measures for the Hospital IQR Program?**

For the 2025 public reporting of the hybrid measures, participating hospitals should submit data for discharges occurring between July 1, 2023, and June 30, 2024, by the submission deadline.

Hospitals will receive HSRs with their results in the spring of 2025. These results will be publicly reported in 2025 and will impact the FY 2026 payment determination.

Question 26: **The presenter referred to hybrid measure "abstracted data." Do we submit manually abstracted data or data electronically obtained from the hospital electronic medical record?**

The Hybrid HWR and Hybrid HWM measures merge EHR data elements with claims data to calculate the risk-standardized readmission and mortality rates. The hybrid measures differ from manual chart-abstracted measures and claims-only measures.

The hybrid measure CCDEs are "extracted" from the EHR and submitted via QRDA Category I files to the *HQR Secure Portal*.

Question 27: **What happens if we submit data for the hybrid measures, but CMS determines that we did not meet the minimum data submission requirements?**

If CCDEs are only partially captured for the purposes of the 2024 voluntary reporting period, CMS will still utilize any eligible data and calculate measure results wherever feasible. It does so by removing encounters missing more than seven CCDE variables from measure calculation and replacing missing CCDEs with the median CCDE value for that category. As such, please note that, if your hospital submits partial information for 2024 voluntary reporting, any measure results provided may not be representative of your hospital's results with a full year of data.

The values used to replace missing CCDEs for the 2023 voluntary reporting period will be available in the FAQs that will be released on QualityNet (QualityNet > Hospitals – Inpatient > Measures > Hybrid Measure > Resources) once the HSRs for the 2023 voluntary reporting period are distributed to participating hospitals.

Question 28: When will we have a webinar on mandatory hybrid measure reporting for data starting July 1, 2023?

For upcoming webinars, please visit the Events Calendar located on the Quality Reporting Center website. CMS will communicate important updates, including scheduled events, as they become available. Please make sure to sign up for Listserve notifications at https://qualitynet.cms.gov/listserve-signup.

Question 29: **Will the hybrid measures become mandatory for CAHs?**

No, only hospitals paid under the IPPS will be required to submit the Hybrid HWR and Hybrid HWM measures when they are mandatory. They become mandatory beginning with the 2025 reporting period, which includes data from July 1, 2023, to June 30, 2024.

While CAHs are not required to submit data on the Hybrid HWR measure and/or the Hybrid HWM measure, they may opt to do so, and CMS will publicly report results. CAHs are encouraged by CMS to submit data for patient care improvement. Please note CAHs will need to complete the optional Public Reporting NOP via the *HQR Secure Portal* to have data publicly reported.

Question 30: **Will hybrid measure submission require a minimum population?**

There is no minimum population for the 2024 voluntary reporting of the Hybrid HWR and/or Hybrid HWM measures. To participate and receive an HSR detailing your hospital's performance in the spring of 2024, simply submit any of the requested data that your hospital has on at least one discharge occurring between July 1, 2022, and June 30, 2023, by October 2, 2023. CMS will utilize any eligible data and calculate measure results wherever feasible.

Please note that if your hospital submits partial information, any measure results provided may not be representative of your hospital's results with a full year of data.

Question 31: **For the hybrid measures (Hybrid HWR and Hybrid HWM), does the term "directly admitted to the hospital or admitted to the same facility after being treated in another area" include a free-standing emergency department (ED) not physically located at the hospital (10–20 miles away)?**

In scenarios where a patient visits two locations, regardless of whether these locations share a CMS Certification Number (CCN), the following guidance applies:

If a patient visits the ED of a hospital with CCN 1 and is then admitted as an inpatient to a hospital with CCN 2, then, if the first vital signs (within the specified timeframes) were collected at the CCN 1 ED, the hospital with CCN 2 may submit these vital signs if it has access to them. If data from the CCN 1 encounter are not available to hospital with CCN 2, then CCN 2 is advised to submit the first available vital signs and lab results collected within the appropriate time frames at the CCN 2 hospital. For reference, these time frames are as follows:

- Vital signs: 24 hours before the inpatient admission to 2 hours after the start of the inpatient admission
- Laboratory test results: 24 hours before the inpatient admission to 24 hours after the start of the inpatient admission

Question 32: **If the patient is seen at one hospital's ED and then transfers to another hospital, are the CCDEs from the initial ED included for the second hospital?**

In scenarios where a patient first visits the ED of a hospital with CCN 1 and is then admitted as an inpatient to a hospital with CCN 2, then, if the first vital signs (within the specified timeframes) were collected at the CCN 1 ED, the hospital with CCN 2 may submit these vital signs if it has access to them. If data from the CCN 1 encounter are not available to hospital with CCN 2, then CCN 2 is advised to submit the first available vital signs and lab results collected within the appropriate time frames at CCN 2 hospital. For reference, these time frames are as follows:

- Vital signs: 24 hours before the inpatient admission to 2 hours after the start of the inpatient admission
- Laboratory test results: 24 hours before the inpatient admission to 24 hours after the start of the inpatient admission

This same guidance applies when both locations are classified under the same CCN.