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 Presentation Transcript

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April, 17, 2023
1 p.m. Eastern Time (ET)

Veronica Dunlap: Hello, everyone. Welcome to today's webinar, titled *Resources for Reporting FY 2025 eCQM and Hybrid Measure Data*. My name is Veronica Dunlap, and I am the Lead for the Alignment of eCQM Reporting with the inpatient support contractor. I will be hosting today's event. Before we begin, I would like to make a few announcements. This presentation is being recorded. A transcript of the presentation, along with the question and-answer summary, will be posted to the QualityReportingCenter.com website and QualityNet. If you have registered for this event, a reminder email, including the link to the slides, was sent a few hours ago. If you did not receive that email, you may download the slides from the www.QualityReportingCenter.com website. Today's webinar has been approved for one continuing education credit. A link will be displayed in the chat box. If you leave prior to the conclusion of the event, a link to the survey will be available in the summary email a few business days after the event. If you have questions as we move through the webinar, please submit your questions to the Question box, and we will answer them as time allows after the event.

Our speakers joining me for today's event are Michael Araas and Yan Heras. Michael is the Project Lead for the Yale New Haven Health Services Corporation and Center for Outcomes Research and Evaluation, and Dr. Yan Heras is the Principal Informaticist with ICF.

The purpose of today's webinar is to highlight the specific resources associated with reporting data for electronic clinical quality measures, the Hybrid Hospital-Wide All-Cause Readmission measure, and the Hybrid Hospital-Wide All-Cause Risk Standardized Mortality measure. We will also review the reporting requirements for each measure as they relate to the fiscal year 2025 payment determination.

At the conclusion of this webinar, participants will be able to understand the reporting requirements and locate which resources to use towards the successful submission of eCQM data for the calendar year 2023 reporting period, along with resources specific to the Hybrid Hospital-Wide Readmission and Hybrid Hospital-Wide Mortality measures for the 2024 voluntary reporting period.

This slide lists the acronyms and abbreviations used in today's presentation.

Before we hand it over to our speakers, I would like to take a moment and compare submission and reporting requirements for eCQMs and the hybrid measures.

It is important to understand an electronic clinical quality measure, or eCQM, is not the same as a hybrid measure. eCQMs are quality measures specified in a standard electronic format that use data "electronically extracted" from electronic health records and/or health information technology systems to measure the quality of care provided. For data submitters to be able to report an eCQM from their EHR, the data elements and measure logic need to be defined to evaluate the provider's performance. These data, submitted from a single source, which is the EHR, will demonstrate the measure's outcome for a particular eCQM. On the other hand, hybrid measures, are also quality measures; however, the calculation of the measure stems from more than one source of data. They contain both claims-based specifications and electronic specifications. For today's discussion, the hybrid measures uses electronic core clinical data elements, or CCDEs, from the EHR, just like eCQMs and the data elements, but they will only calculate a measure's performance when these data are combined with the relevant claims data. Hence, a hybrid, or mix of sources, is needed in order to see how well a hospital is meeting performance expectations and striving for continuous quality improvement. It is important to take a moment and reflect on the different timeline representing these two measure sets and know which tools to use for the applicable reporting periods. For example, hospitals and vendors preparing for the 2024 voluntary reporting of the Hybrid Hospital-Wide Readmission measure and/or the Hybrid Hospital-Wide Mortality measure, which are for the Hospital IQR Program, are due October 2, using the same standards and versions, such as the 2022 Implementation Guide and Schematron, that were used for the submission of calendar year 2022 eCQM data, that just ended February 28, 2023.

For the upcoming calendar year 2023 eCQM reporting period, CMS requires the use of the 2023 IG and updated versions applicable to that period based on the annual update that was published in 2022.

Since calendar year 2016, hospitals participating in the Hospital IQR and/or Medicare Promoting Interoperability Programs have been required to submit eCQM data. eCQM reporting is an aligned requirement for both programs, and the successful submission of eCQM data counts towards program credit with one submission. Each program has additional program requirements that must be met in order to receive their annual payment update. Submitting eCQM data is an annual requirement, allowing hospitals and vendors to submit data from the time CMS announces the HQR System is open through the stated submission deadline. For eCQM reporting, the eCQM deadline is the end of the two months following the close of the calendar year or next business day if the deadline falls on a weekend or federal holiday. The Hybrid Hospital-Wide Readmission and Hybrid Hospital-Wide Mortality measures are only applicable to hospitals participating in the Hospital IQR Program. Hospitals may voluntarily submit either or both hybrid measures during the 2024 voluntary reporting period. Hospitals choosing to participate must submit the CCDEs and linking variables within three months, following the end of the applicable reporting period. Participating in voluntary reporting does not affect hospital annual payment updates, and results will not be publicly reported. However, this will all change because, beginning with the fiscal year 2026 payment determination, hospitals participating in the [Hospital] IQR [Program] will be required to report on both hybrid measures. These data that are reported will impact hospital payments under the [Hospital] IQR Program, and these results will be publicly reported.

As we just reviewed differences between eCQMs and hybrid measures, I would like to point out reporting and submission requirements that apply to both. CMS requires the use of the most current standards and tools versions used for a reporting period. Technical electronic specifications are available for each specified eCQM.

Hybrid measure technical specifications are available on the core clinical data elements for each of the hybrid measures, along with the claims-based specifications. A list of the technical specifications and applicable tools are posted in the CMS Annual Update located on the eCQI Resource Center. Hospitals submitting CCDEs for the hybrid measures follow the same file format used for eCQMs, upload files to the HQR System, and use the Quality Reporting Document Architecture, or QRDA, Category I file format. Just a reminder that this format represents one file, per patient, per quarter.

For the next three slides, I want to provide a side-by-side comparison between eCQMs and hybrid measures that may be helpful to use as a quick reference for you and your staff. First, a general overview is provided for the fiscal year 2025 payment determination, which includes discharge data from January 1, 2023, through December 31, 2023. eCQM reporting is required for both programs; however, only hospitals participating in the Hospital IQR Program may submit hybrid measure data which, again, is voluntary for this year and will not affect the hospital's annual payment update. Specific to public reporting, eCQM data will continue to be publicly reported on the Provider Data Catalog for the October release. Hybrid measure data will not be on public display until next year, impacting the fiscal year 2026 payment determination. CMS anticipates that these data for hybrid measures are included for public reporting in the July 2025 Care Compare release. Lastly, eCQM data will continue to be validated, which is a requirement for the Hospital IQR Program. Hybrid measure data, at this time, will not be validated.

Our comparison continues with a submission overview that lists the performance and reporting periods, submission requirements, and deadlines for eCQMs and hybrid measure reporting pertinent to the fiscal year 2025 payment determination. Those hospitals choosing to submit hybrid measure data for the Hospital IQR Program, due by October 2, 2023, are required to meet the [Hospital] IQR [Program] participation requirements listed on the slide.

Calendar year 2023 eCQM data, due February 29, 2024, must include the mandatory Safe Use of Opioids-Concurrent Prescribing eCQM and three self-selected eCQMs for each of the four quarters. We will review these in greater detail throughout the presentation.

Finally, the fiscal year 2025 CMS policy requirements pertinent to eCQMs and hybrid measures are provided here on this slide for you. Hospitals submitting data for the upcoming hybrid measures, due October 2, 2023, should refer to the 2022 Implementation Guide. Hospitals preparing to submit their eCQM data for the calendar year 2023 reporting period should refer to the 2023 Implementation Guide. Both measure sets utilize the same QRDA Category I file format and are required to use certified EHR technology to the 2015 Edition Cures Update criteria. Additional details surrounding these policy requirements will be reviewed throughout the presentation.

Now, I would like to introduce our first speaker, Michael Araas. He will be reviewing voluntary reporting of hybrid measure data for the 2024 reporting period. Michael, the floor is yours.

Michael Araas: Thank you. Hi, everyone. My name is Michael Araas, and I am from the Yale Center for Outcomes Research and Evaluation, where we developed and support the implementation of these two hybrid measures. In this section, I will talk more about the Hybrid Hospital-Wide Readmission and Hybrid Hospital-Wide Mortality measures, as well as the resources with more detailed information and how you can contact us with questions.

This slide summarizes information previously stated about the hybrid measures. The measures are in voluntary reporting under the Hospital IQR Program. Hospitals can choose whether to participate in this reporting period. Regardless of participation, hospital payments under the Hospital IQR Program will not be affected for fiscal year 2025 payment determination for these measures. For those hospitals that choose to participate in this voluntary reporting period, they will be asked to submit data based on hospital discharges that occurred between July 1, 2022, and June 30, 2023. The deadline for data submission is October 2, 2023.

Hospitals that submit data will receive confidential measure results within Hospital-Specific Reports in the spring of 2024. The results will not be publicly reported. For 2024 voluntary reporting, hospitals should use EHRs certified to the 2015 Edition Cures Update criteria. Measure specifications and resources can be found on the eCQI Resource Center website and the QualityNet website, using the links on this slide.

This slide provides an overview of what hybrid measures are. Generally, hybrid measures are calculated using multiple types of data. These hybrid measures are calculated using claims data and EHR-based data. Hospitals extract and submit core clinical data elements, or CCDEs, from the EHR. CMS merges the EHR-based data with claims data. The CCDE data elements are used to risk adjust the measures, and risk-standardized readmission and mortality rates are calculated.

This slide lists the core clinical data elements and linking variables used in the Hybrid Hospital-Wide Readmission measure. There are 13 CCDEs: six vital signs and seven laboratory test results. The measure uses six linking variables submitted by hospitals to merge with claims data that CMS already has on each patient.

This slide lists the data elements and linking variables used in the Hybrid Hospital-Wide Mortality measure. There are 10 CCDEs: four vital signs and six laboratory test results. There are six linking variables, the same linking variables as those used in the readmission measure.

In the final rules in which CMS added these measures to the [Hospital] IQR Program, CMS finalized data submission criteria, or participation requirements, as described on this slide. Hospitals will need to submit linking variables on 95 percent or more of discharges for Medicare Fee for Service patients in the measures. Hospitals will also need to report vital signs for 90 percent or more of discharges for Medicare Fee for Service patients, age 65 years or older for the readmission measure, and 65-94 years for the mortality measure. Finally, hospitals will need to submit laboratory test results for 90 percent or more of discharges for non-surgical patients.

CMS is providing results in the Hospital-Specific Reports for participating hospitals on whether these reporting thresholds were met, as well as additional results and data on cases to help hospitals evaluate their data submission success and improve for future mandatory reporting.

The are many resources publicly available for these measures. The eCQI Resource Center website contains a set of materials related to the electronic specifications of the hybrid measures. On the eCQI Resource Center, you can select Hybrid Measures, which will open a web page with the table shown on this slide, as well as informational text and links to other resources. Resources for multiple reporting years of the hybrid measures are already posted on the web page. To find the resources for the 2024 voluntary reporting period, make sure you are on the 2022 drop-down box. At the time of this webinar in April 2023, the page will automatically open to the 2022 resources until we are ready to change to next year's resources later on. On this page, you can find many resources, including electronic specifications and value sets. You will also find resources that are available for eCQMs, such as the binding parameter specifications, technical release notes, implementation checklist, and pre-publication document. This hybrid table also includes a document called *Voluntary Reporting Key Dates and Resources*.

The hybrid measures also use claims data, so we provide the claims-based specifications on CMS's QualityNet website. There is a specific page on the QualityNet website for the hybrid measures. The link and breadcrumb trail is shown on this slide. On this website, we will post the methodology reports, a mock Hospital-Specific Report, and a user guide. Those materials should be available in the next few weeks from the previous voluntary reporting period. In the meantime, you can access the methodology report for the claims-only readmission measure at the link on the right-hand side of this table. It is a very similar measure to the claims-based hospital-wide readmission measure, which has materials posted on another page of the QualityNet website.

Going back to resources for the electronic specifications of the hybrid measures, for the 2024 voluntary reporting, hospitals will need to use the 2022 Implementation Guide located on the eCQI Resource Center. Section 6 of the Implementation Guide includes information about data submission for the hybrid measures.

As I mentioned previously, one of the resources that we post specifically for the hybrid measures is a document called *Key Dates and Resources*. It is located on the hybrid page of the eCQI Resource Center and QualityNet websites. The purpose of this document is to provide a summary of key dates and resources relevant to the current reporting period. The document summarizes what data you need to submit and when, the appropriate version of measure specifications and Implementation Guides to use, and other relevant information for 2024 voluntary reporting.

This slide provides direct links to QRDA-related information for 2024 voluntary reporting.

Finally, you can submit questions about the electronic specifications of the measure using the ONC Jira tool at the first link shown on this slide. You can submit questions about the claims-based specifications or the implementation of the measure in the [Hospital] IQR Program to the CMS QualityNet Question and Answer Tool at the second link shown on this slide. Once you get to that page, select Inpatient Quality Reporting, then Hybrid Measures as the topic. You can also use these tools to submit your comments and feedback to us about the measures, or about additional resources, or changes to existing resources that would be helpful to you.

That concludes this hybrid measure section of the presentation. Thank you for your time.

Veronica Dunlap: Thank you, Michael. Now that we have discussed the requirements and resources for hospitals choosing to submit hybrid measure data for the 2024 reporting period, I would like to switch gears and review the eCQM reporting requirements for the calendar year 2023 reporting period.

Hospitals participating in the Hospital IQR Program and the Medicare Promoting Interoperability Program can meet the eCQM reporting requirement with a single submission for both programs. The calendar year 2023 reporting period includes discharge data from January 1, 2023, through December 31, 2023. The submission deadline is February 29, 2024, at 11:59 p.m. Pacific Time.

Now, on this slide, I would like to just review changes and mention the requirements to submit a full calendar year of data, which includes all four quarters, for calendar year 2023. Also, the measure set has increased from nine to 13 eCQMs, and hospitals will continue to submit the mandatory Safe Use of Opioids eCQM and three self-selected eCQMs. These data must now be reported using certified EHR technology to the 2015 Edition Cures Update criteria, beginning with calendar year 2023.

As a reminder, we always like to point out that each quarter must contain a total of four eCQMs, and the four eCQMs must contain the Safe Use of Opioids, plus three self-selected eCQMs. The same four eCQMs must be successfully submitted across all four quarters for each quarter and should be the same.

This table lists the13 available eCQMs in the calendar year 2023 measure set. Please note, listed at the top, the Safe Use of Opioids-Concurrent Prescribing eCQM is mandatory and hospitals are required to submit patient-level data or declare a denominator declaration for this measure for each of the four quarters. The four new eCQMs in the measure set are listed on this slide. They include Cesarean Birth, ePC-02; Severe Obstetric Complications, ePC-07; Hospital Harm-Severe Hypoglycemia, HH-01; and Hospital-Harm-Severe Hyperglycemia, HH-02. Hospitals may self-select these measures and, again, they are only required to submit the Safe Use of Opioids for calendar year 2023.

Beginning with calendar year 2024 reporting, the Cesarean Birth eCQM and Severe Obstetric complications eCQM will join the list of mandatory eCQMs that hospitals must report data on.

In addition, I wanted to bring to your attention, as you plan for next year's reporting, three eCQMs will be removed. These include ED-2, PC-05, and STK-06, as indicated on the slide.

This slide provides direct links to the QRDA resources located on the eCQI Resource Center and a direct link to the QRDA Known Issues Tracker, located in Jira.

I would like to introduce our next speaker, Dr. Yan Heras. She will discuss the 2023 CMS QRDA I Implementation Guide. Yan, the floor is yours.

Yan Heras: Thank you. CMS published the 2023 CMS QRDA I IG, Schematron, and sample files for HQR last May. The most recent update is Version 1.2, which was published in March this year. The 2023 CMS QRDA I IG outlines requirements for eligible hospitals and critical access hospitals to report eCQMs for the calendar year 2023 reporting period for the following programs: Hospital IQR Program, Medicare Promoting Interoperability Program, and the Hospital Outpatient Quality Reporting Program. The 2023 CMS QRDA I Schematron is a companion to the 2023 CMS QRDA I IG. It allows for computerized validation of QRDA documents against the IG requirements.

Beginning from this slide, we will show a side-by-side comparison of the 2022 CMS QRDA I IG and the 2023 IG. The 2023 IG provides technical guidance for the 2023 reporting period. It is used with the eCQM specifications that were published in May 2022. The eCQMs for the 2023 reporting period are specified based on the CQL-based HQMF Implementation Guide Release 1 Standard for Trial Use (STU) 4.1, instead of the STU 4 that was used for the 2022 reporting period. The eCQM value sets and direct reference codes for the 2023 reporting period must be used for the 2023 reporting.

The Quality Data Model, QDM, is the data model used for specifying eCQMs. When there is a new version of the QDM, HL7 also publishes an STU update to the QRDA I standard to support the new QDM version.

For the 2023 reporting period, the eCQM specifications are based on the QDM Version 5.6, instead of 5.5. The base QRDA I standard for the 2023 CMS IG is the QRDA I STU Release 5.3 with errata, instead of the STU 5.2 with errata that was used for the 2022 reporting. The access to the QRDA I standard from the HL7 site is free, but you will need a free HL7 account to download.

Because the 2023 IG is now based on STU 5.3, each of the four document level templates required for a QRDA I file for the 2023 reporting now has a new version by having a different extension date. It is important to make sure that you use the correct template versions for these required document-level templates when creating a QRDA I file for 2023 reporting.

The 2023 IG added a new program name: HQR_OQR for the Hospital Outpatient Quality Reporting Program. The program name for the voluntary inpatient quality reporting was removed from the 2023 IG.

The base QRDA I IG requires at least one telecom for a patient under the ClinicalDocument/recordTarget element. The Version 1.2 update to the 2023 IG added a SHOULD requirement for sending both telephone and email addresses for a patient.

This slide shows the side-by-side comparison of the section level templates. Both the Measure Section QDM template and the Reporting Parameters Section-CMS template have no changes. However, for the reporting period specified in the Reporting Parameters section, it must be one of the calendar year 2023 allowable discharge quarters. The eCQMs that go into the Measure Section have to use the correct version-specific measure identifiers from the 2023 eCQM specifications. The main changes occur in the Patient Data Section QDM-CMS template. This is where the 2023 IG is updated to conform to the Patient Data Section QDM template from the base QRDA I standard STU 5.3 with errata. As mentioned earlier, the 2023 IG now supports QDM Version 5.6, instead of the QDM Version 5.5 that was used for 2022

The entry templates contained by the Patient Data Section are not repeated in the CMS IG, so you will need to reference the base QRDA I standard for details.

The 2023 IG made a few updates to the HQR validation rules. The error message to the CMS_0082 is updated to say that the EHR system needs to be certified to 2015 Edition Cures Update for calendar year 2023 and payment year 2025. CMS_0085 is updated to indicate that CMS program name for hybrid measure/CCDE submissions must be using the program name code HQR_IQR, instead of the code HQR_IQR_VOL. The 2023 IG removed CMS_0084. This was a check that requires that hybrid measure/CCDE submissions require either the patient HICN or MBI.

The 2023 IG added a new Section 5.2.3.3 Reporting "results as type." For the QDM result attribute such as Assessment Performed, a result could be in different data types depending on the instance. CQL supports a Choice type, which is defined by a list of component types. This new section is to make it clear that, when the CQL of a measure specification has cast the result to a specific data type, such as result as integer, result as Quantity, then the result value shall also be cast to their corresponding HL7 Version 3 data types when reporting in QRDA to ensure appropriate evaluation. For example, CMS334 Version 4 has Assessment Performed result cast as integer. Then, in QRDA, the result value shall be cast to the INT data type. Similarly, if CQL has result as Quantity and as DateTime, then they shall be submitted using the PQ and TS data types, respectively.

The 2023 IG must be used for hybrid measure/CCDE mandatory submission for reporting 2023–2024 data. Measurement period is July 1, 2023, through June 30, 2024, and the submission deadline is September 30, 2024. The 2023 reporting period hybrid measure specification must be used. They are available on the eCQI Resource Center.

The 2023 IG also made language updates about hybrid measure/CCDE submission. It added a sentence to make it clear that hybrid measure/CCDE submissions SHALL use the CMS program name HQR_IQR.

It has also added a table to list out the recommended UCUM units for each of the core clinical data element specified in the two hybrid measures. In comparison, the 2022 IG only said to use appropriate UCUM codes without providing the list of codes to use.

There are also no changes made to the five key elements used for succession management from the 2022 IG. The five key elements are CMS Certification Number, CCN; CMS Program Name; EHR Patient ID; EHR Submitter ID; and reporting period specified in the Reporting Parameters section.

Over the next few slides, we will go over the high-level changes to the HL7 QRDA I base standard for the 2023 IG.

The base standard for the 2023 reporting period is the HL7 QRDA I, Release 1, STU 5.3 with errata. The errata was published last December. When you go to the HL7 product page for QRDA I, make sure you select STU 5.3 with errata.

Main updates to the STU 5.3 include updates to support QDM Version 5.6 changes and changes applied for the approved HL7 Jira trackers. It also incorporated the September 2022 errata changes to the CCDA Release 2.1 that are applicable to QRDA. The detailed errata changes are listed in the errata list spreadsheet included in the STU 5.3 zip file.

Changes made in QRDA STU 5.3 are mainly driven by the QDM 5.6 changes. At a high level, QDM 5.6 retired the Device Applied data type. It also retired the Encounter Performed negation rationale attribute and the priority attribute from the Procedure Performed. It added the class attribute to the Encounter Performed data type and added the existing relatedTo attribute to a number of data types. It also added a new entity named Location.

To support those QDM changes, the QRDA I STU 5.3 retired the Device Applied template. STU 5.3 also retired the Encounter Performed Act template, so Encounter Performed now uses the Encounter Performed template directly.

This is because, in QDM 5.6, Encounter Performed no longer has the negation rationale attribute. The new Entity Location was added to many QDM data types. This has resulted in most QDM data type corresponding QRDA entry templates having a new version.

Some of the errata changes based on the HL7 Jira trackers are highlighted on this slide. The result template has updated the result dateTime conformance statement to allow either a @value or a nullFlavor. In the previous version, the result dateTime required a value. The Medication Dispensed template was missing the supply attribute. It is now added. The errata change also added clarification on how to represent refill using supply.repeatNumber. The supply.repeatNumber attribute is the number of refills, plus the initial fill. The detailed errata changes are listed in the errata list spreadsheet in the errata package.

For questions related to this guidance, the QRDA I IGs, or Schematrons, please visit the ONC QRDA Jira Issue Tracker. Here is also a link for the Value Set Authority Center for your reference. Thank you.

Veronica Dunlap: Thank you, Yan. Our last few slides provide a high-level overview of additional resources that we did not previously mention that we would like to point out that are available to our data submitters.

The eCQI Resource Center does have a few new features. You may visit the home page to search for a specific eCQM for a particular reporting period. Those features are available on the home page. You can either enter the eCQM name, the measure title, or even the CMS ID number.

In addition, the eCQI Resource Center has a dedicated Tools and Resources page that provides information on each component, including access to the Data Element Repository, measure authoring tool, and the ONC Jira issue tracker.

This slide provides a direct link to the QRDA Known Issues Tracker, which is different than the QRDA Issue Tracker. This tracker provides information for QRDA Implementation Guides that have known technical issues that may not be published or not in the next publication of the IG.

It is a good resource to check out.

Please reference our support resources slide for any questions you may have surrounding the submission and reporting of eCQMs and/or hybrid measure data.

Now that we have a few minutes left to our presentation, we have received a lot of questions regarding the content in the webinar. So, again, we appreciate your time with submitting those questions. We're going to try to get through a few of them now. If we don't get to your question, please know that a written response will be provided in the question-and-answer transcript, which will be published on the QualityNet website and on the QualityReportingCenter.com website. So, let's get started. Our first question: Will there be a minimum population for hybrid measure submissions? I don't know if we have Michael on the line.

Michael Cocchiola: Yes, this is Mike Cocchiola from Yale. We are going to double check our answer to that. However, I can relay right now that the specifications and inclusion/exclusion criteria for the Hybrid Hospital-Wide Readmission measure matches that from the claims only hospital-wide readmission measure. The specifications for claims only HWR [measure] is available on QualityNet. We want to make sure to double check that we're not missing anything there, but we will get back to you.

Veronica Dunlap: Thank you. Next question: How will the Hospital-Specific Reports, HSRs, be delivered to our hospitals that participated in last year's voluntary reporting of the Hybrid Hospital-Wide Readmission measure?

Michael Cocchiola: This is Mike Cocchiola again from Yale/CORE. Thank you for that question. It's very timely, actually. CMS expects to release Hospital-Specific Reports for the 2023 voluntary reporting of the Hybrid HWR measure to participating hospitals in the spring of 2023. So, this will contain most items of your typical HSRs. It includes your hospital's performance on the Hybrid HWR measure; an indication of whether your hospital was successful in meeting [Hospital] IQR [Program] participation requirements for the Hybrid HWR measure; a summary of your hospital's

submission of CCDEs, core clinical data elements; discharge-level information; and distribution of risk factors for the data you submitted.

Veronica Dunlap: This is Veronica, and I just want to add that a communication will be distributed when those HSRs will be available. Again, they will be delivered directly to the hospital within the HQR System. So, please make sure that you are signed up to receive those communications. It looks like, to piggyback off of that, Mike, it looks like there's a question in regards to, for the purposes of this webinar, they're inquiring about when this data, for both hybrid measures, for the voluntary reporting, would be available in an HSR.

Michael Cocchiola: Just to clarify, we're asking in terms of 2024 voluntary reporting for the Hybrid HWR and Hybrid HWM measure?

Veronica Dunlap: Correct. That would be the discharge data between July 1, 2022, through June 30, 2023.

Michael Cocchiola: Good question. I think that we expect that to go live as an HSR to confidentially distribute to hospitals in the same manner and through the same structures as we are currently doing for 2023 voluntary reporting, and that will likely occur next spring. Obviously, we'll reach out with any updates on that.

Veronica Dunlap: Great, thank you. Our next question, I'm going to try to summarize this here. We are a vendor, and we have a request concerning the hybrid measures. It looks like the hospital may only have less than a full year of data for the hybrid measures, and they are inquiring if they are still able to submit at least one quarter of the hybrid measure data while it's still voluntary for this year. Is that something that they are able to do?

Michael Cocchiola: Yes. So, for voluntary reporting, hospitals can submit essentially with as much or as little data as they want for the Hybrid HWR and/or Hybrid HWM, which is the hospital-wide readmission and hospital-wide mortality measures. CMS intends to distribute HSRs for every hospital that submitted at least one case for inclusion in the measure. Yes. So, that would probably be feasible.

Veronica Dunlap: Great, thank you. Next question. It's a very, very good question. Why is it referred to as the 2024 voluntary reporting period? I'd like to just chime in first, if you don't mind, Mike, but I struggled a lot with this as well. So, you're not the only one. As far as I know, 2024, the content that's provided within this webinar related to fiscal year 2025, the 2024 voluntary reporting is in regards to when the HSR is expected to be released. So, again, that is anticipated to be released in spring of 2024, hence the voluntary reporting period. Please don't get that confused with the calendar year reporting period that is listed on the eCQI Resource Center. That pertains to the annual update and is specific to eCQMs.

So, again, for this voluntary reporting, 2024, you will be using the calendar year 2022 IG. That's, again, because the discharges start on July 1, 2022, and they run through June 30 of 2023. So, always make sure you're checking the reporting periods, the fiscal years, and calendar years. If you have any questions about that or need some more help, please don't hesitate to reach out to one of us. Anything else, Michael? Do you have anything to add to that?

Michael Cocchiola: That sounded exactly right to me. The dates are a little bit confusing because some of them refer to the dates that the HSRs are release, the: years the HSRs are released. I know that differs from the dates that the data are submitted. So, I think the way you said it summarized it perfectly.

Veronica Dunlap: OK, great, thank you. When can we start submitting test file data for the hybrid measures? This is Veronica. I might be able to assist with this. The system is not open yet to receive these data. I know that last year it opened, I think, in July for that first year of voluntary reporting. So, it is anticipated that the HQR System will be open to receive both test and production file submissions, which are your QRDA files that you will be submitting. We anticipate that to be sometime this summer, hopefully in July. That will be announced through a communication via Listserve, announcing that the system is open to receive that data.

Our next question: Do these measures apply to critical access hospitals? I'm not sure which measures you're referencing.

I will be able to address both of those. In regards to eCQMs, critical access hospitals are not required to submit eCQM data if they only participate in the [Hospital] IQR [Program]. It is recommended but not required and will not affect your fiscal year annual payment update. However, if you are a critical access hospital participating in the Medicare Promoting Interoperability Program, it is a requirement for that program to submit your eCQM data, and that will affect your payment. So, again, that's for eCQMs. For hybrid measure data, that is specific to the Hospital IQR Program. Once again, critical access hospitals are only encouraged not required to submit any data, including the hybrid measure data for the Hospital IQR Program.

Michael Cocchiola: Just to add our two cents to that, critical access hospitals may opt to submit data on and/or publicly report results for hybrid measures during the 2025 public reporting period. They are encouraged by CMS to do so for patient care improvement. However, please note, that, if a critical access hospital chooses to do so, they will need to complete the optional public reporting Notice of Participation via the QualityNet secure portal to have data publicly reported.

Veronica Dunlap: Great, That's helpful, Thank you for that, Mike. Our next question, for the hybrid measures: Can we include Medicare Advantage patients, as well?

Michael Cocchiola: Yes, great question. For 2023 voluntary reporting, which was this last period, hospitals did not need to submit EHR-based data for patients in HMOs, which includes Medicare Advantage, but also managed care as these patients are excluded from the measure. If a hospital bundled their Medicare Fee for Service patients with their HMO cases, hospitals will need to look into the information in the bundle to separate the Medicare Fee for Service cases from the non-Medicare Fee for Service cases at present. Good question.

Veronica Dunlap: Great. Thank you. Next question, and I'm going to switch gears here. It's related to eCQMs, and this is specific to next year. Regarding calendar year 2024 eCQM reporting, there are two [new] measures that are mandatory.

Along with the Safe Use of Opioids, these are the Cesarean Birth and the Severe Obstetric Complications eCQMs. What do we do if we do not deliver babies, since these will be mandatory for next year, calendar year 2024. This is Veronica. I'm able to answer that. Just like you would with any other eCQM, if you did not have denominator criteria to meet that measure, then you would enter a zero denominator declaration. That is a manual entry done within the HQR System. So, a zero denominator declaration would need to be specified for each of the four quarters. There's no separate measure exception process like we do for the chart-abstracted measures. For eCQMs, you would access the denominator declaration screen, and you would need to make sure you're declaring a zero denominator for those two measures for all four quarters. So, more education will be upcoming, specific to that reporting period. Again, for this year, calendar year 2023, and the purposes of this webinar, those two measures are two out of the four that have been added. Hospitals are able to self-select those two measures in preparation for the following year, when they will be mandatory. Next question: It looks like we already addressed that.

The presenter referred to the hybrid measures abstracted data. Is that the intent for submitting manually abstracted data or electronically obtained from the hospital's EMR? This is in regard for the hybrid measures.

Michael Cocchiola: That's another great question that I want to take back to the team and think through. Before we get back to you, we want to make sure we're getting the right answer. Thank you for asking.

Veronica Dunlap: Sure. Thank you. Our next question: Will a sample Hospital-Specific Report be available for hospitals who did not participate in the voluntary reporting from last year?

Michael Cocchiola: Is that a mock Hospital-Specific Report? I'm interpreting that as a mock Hospital-Specific Report. I need to check on that, as well. I do believe so. When it is, it will be on QualityNet under the Hybrid Measures tab, in the Reports sub-tab that is in there. Yes, I'll make sure and get back to that individual on that, as well.

Veronica Dunlap: That sounds good. Thank you so very much. It looks like that's about it for time for questions. Again, we really appreciate all your excellent questions. Anything that you have a question on, that we need to do better, we make sure we get those responses out and public to you. Again, this concludes our presentation for today.

I do want to remind everyone that this webinar has been approved for one continuing educational unit, and a link for you to complete the survey will be displayed in the chat box. You may access the link in your follow-up email that will be sent directly to your inbox. Also, I want to personally thank my fellow speakers for their knowledge and collaborative efforts on preparing for today's presentation.

Thank you to all of our listeners for taking time from your very busy schedules to join us today. Thank you, again, and be safe. Enjoy the rest of your day.