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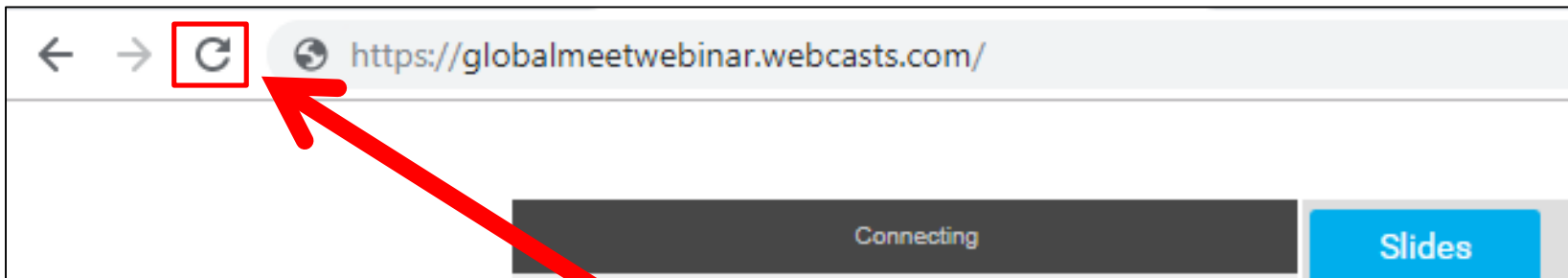
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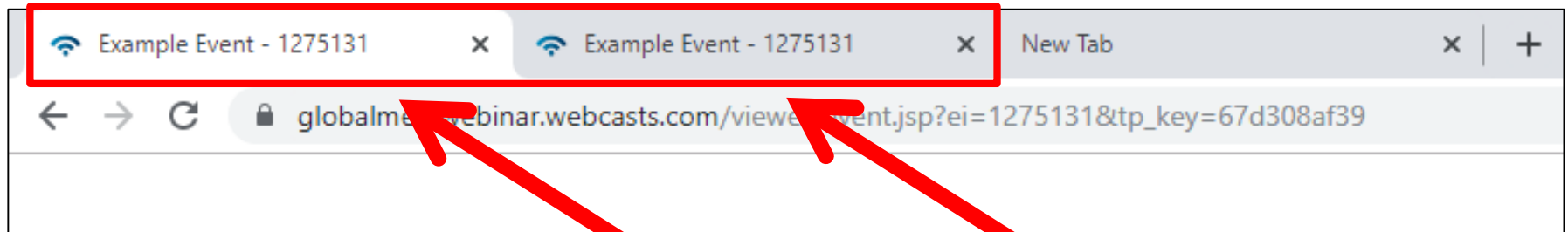
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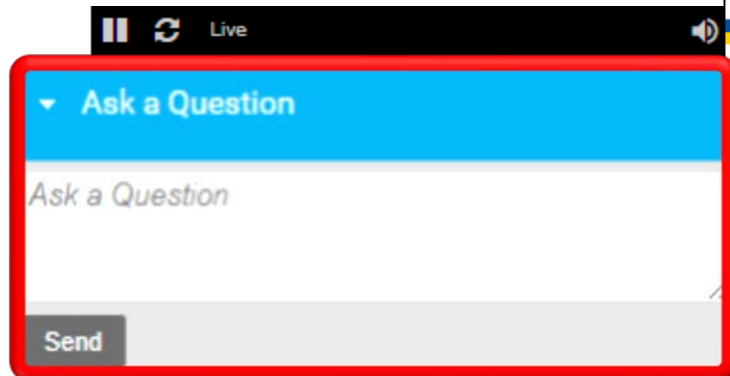
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Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor



Today's Presentation



Hospital IQR Program Requirements for CY 2020 Reporting (FY 2022 Payment Determination)

Candace Jackson, ADN

Project Lead, Hospital Inpatient Quality Reporting (IQR) Program
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

Artrina Sturges, EdD

Alignment of Electronic Clinical Quality Measures (eCQMs) Lead
VIQR Outreach and Education Support Contractor

March 19, 2020

Purpose

This presentation will highlight calendar year (CY) 2020 Hospital IQR Program requirements and review aligned CY 2020 eCQM reporting requirements for the Hospital IQR and Medicare Promoting Interoperability Programs.

Objectives

Participants will be able to:

- Identify CY 2020 quarterly and annual requirements for the Hospital IQR Program.
- Understand CY 2020 areas of alignment between the Hospital IQR and Medicare Promoting Interoperability Program requirements.
- Locate resources for the Hospital IQR Program and eCQMs.

Acronyms and Abbreviations

AMIF	acute myocardial infarction	HACRP	Hospital-Acquired Condition Reduction Program	PPS	prospective payment system
CAH	critical access hospital	HAI	Healthcare-Associated Infection	PPR	Provider Participation Report
CAUTI	Catheter-Associated Urinary Tract Infection	HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	PSVA	Pre-Submission Validation Application
CE	continuing education	HCP	healthcare personnel	PT	Pacific Time
CLABSI	Central Line-Associated Bloodstream Infection	HF	heart failure	Q	quarter
CMS	Centers for Medicare & Medicaid Services	HQR	Hospital Quality Reporting	QRDA	Quality Reporting Document Architecture
CQM	clinical quality measures	HVBP	Hospital Value-Based Purchasing Program	RSCR	Risk-Standardized Complication Rate
CY	calendar year	HWR	hospital-wide readmission	SA	Security Administrator
DACA	Data Accuracy and Completeness Acknowledgement	ICU	intensive care unit	SEP	sepsis
ECE	Extraordinary Circumstances Exceptions	IPP	Initial Patient Population	SO	Security Officer
eCQI	Electronic Clinical Quality Improvement	IPPS	inpatient prospective payment system	SSI	Surgical Site Infection
eCQM	electronic clinical quality measure	IQR	Inpatient Quality Reporting	STK	stroke
ED	emergency department	IT	information technology	THA	total hip arthroplasty
EH	eligible hospital	LTCH	Long-Term Care Hospital	TKA	total knee arthroplasty
EHR	electronic health record	MB	megabyte	VIQR	Value, Incentives, and Quality Reporting
ET	Eastern Time	NHSN	National Healthcare Safety Network	VTE	Venous Thromboembolism
FFS	Fee-for-Service	ONC	Office of the National Healthcare Coordinator for Health IT	ZIP	Compressed File
FY	fiscal year	PC	Perinatal Care		

Candace Jackson, ADN, Project Lead, Hospital IQR Program
Inpatient VIQR Outreach and Education Support Contractor

CY 2020 Hospital IQR Program Requirements

Polling Question

Which of the following Hospital IQR Program requirements are submitted on a quarterly basis?

- A. Clinical process of care measures
- B. Aggregate population and sampling
- C. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data
- D. All of the above

CY 2020 Quarterly Hospital IQR Program Requirements

The following mandatory requirements are due **quarterly**:

- HCAHPS Survey data
- Population and sampling
(for chart-abstracted measures only)
- Clinical process of care measures
- Perinatal care elective delivery measure (PC-01)
- Validation of medical records (if selected)

Population and Sampling

For CY 2020, hospitals will be required to submit the aggregate population and sampling for the following measure set:

- Severe Sepsis and Septic Shock (SEP-1)

Clinical Process of Care Measures

For CY 2020, hospitals will be required to submit the following chart-abstracted measures.

Short Name	Measure Name
SEP-1	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)
PC-01	Elective Delivery (web-based aggregate measure)

Influenza Vaccination Coverage Among Healthcare Professionals (HCP) Measure

Where

HCP data are reported through the National Healthcare Safety Network (NHSN).

When

- Facilities are only required to report data once after the conclusion of the reporting period. (Reporting period is October 1 through March 31.)
- Data must be entered by May 15 for the flu season.
- For CY 2020, the measure covers the flu season from 4Q 2019 through 1Q 2020.
- Data will need to be entered by May 15, 2020.

NHSN Reporting

- HAI Measures
 - Beginning with January 1, 2020 discharges, the HIA measures will be collected under the HACRP program for use in the HACRP and HVBP programs.
 - The submission deadlines and submission process will not change.
 - The HAI rates will continue to display on the Inpatient Facility, State and National Report.

- NHSN Data Submissions

Allow ample time before the submission deadline to review and, if necessary, correct your HAI/HCP data. Data that are modified in NHSN after the submission deadline are not sent to CMS and will not be used in CMS programs, including the Hospital VBP Program and the HAC Reduction Program.

Hospital IQR Program

Claims-Based Measures

Measure Set	Measures
Patient Safety	<ul style="list-style-type: none"> • CMS Death Rate among Surgical Inpatients with Serious Treatable Complications • Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)
Mortality Outcome	<ul style="list-style-type: none"> • Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke (STK)
Coordination of Care	<ul style="list-style-type: none"> • Hospital-Wide All-Cause Unplanned Readmission Measure (HWR) • Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction (AMI), Heart Failure (HF), and Pneumonia
Payment	<ul style="list-style-type: none"> • Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for AMI, HF, Pneumonia, and THA/TKA

Hospital IQR Program

CY 2020 Dates and Deadlines

Discharge Quarter	Reporting Period	HCAHPS	Population & Sampling	Clinical & HAI	PC-01
Q1 2020	Jan 1–Mar 31	07-01-2020	08-03-2020	08-17-2020	07-01-2020 — 08-17-2020
Q2 2020	Apr 1–Jun 30	10-07-2020	11-02-2020	11-16-2020	10-01-2020 — 11-16-2020
Q3 2020	Jul 1–Sep 30	01-06-2021	02-01-2021	02-15-2021	01-01-2021 — 02-15-2021
Q4 2020	Oct 1–Dec 31	04-07-2021	05-03-2021	05-17-2021	04-01-2021 — 05-17-2021

HAI=Healthcare-Associated Infection

Chart-Abstracted Validation

Number and Selection of Hospitals

- A random and targeted selection of inpatient prospective payment system (IPPS) hospitals are selected on an annual basis.
 - Random selection of 400 hospitals for fiscal year (FY) 2022 occurred in January of 2020.
 - An additional targeted provider sample of up to 200 hospitals will be selected in May of 2020.
- The quarters included in FY 2022 validation are Q3 2019, Q4 2019, Q1 2020, and Q2 2020.

Note: eCQM validation is discussed later in this presentation.

Chart-Abstracted Validation

Number of Cases and Scoring

All chart-abstracted measures, with the exception of PC-01, are included in the validation process.

- Case selection
 - Up to eight process of care cases per quarter are selected.
 - Up to ten candidate HAI cases per quarter are selected.
- Scoring
 - A total score, reflecting a weighted average of two individual scores for the reliability of the clinical process of care and HAI measures, is calculated.
 - If the calculated confidence interval is 75 percent or higher, the hospital will pass the validation requirement.

Hospital IQR Program Common Pitfalls

- Staffing changes
- Designated second person
- Data crosswalks
- Vendor technical issues

Prepare and submit your data early to help ensure successful submission by the deadline.

Hospital IQR Program

Best Practices and Tips

- Submit data early, at least 15 calendar days prior to the submission deadline, to correct problems identified from the review of the Provider Participation Report (PPR) and feedback reports. The *QualityNet Secure Portal* does not allow data to be submitted or corrected after the deadline. CMS typically allows 4.5 months for hospitals to submit, resubmit, change, add new, and delete existing data up until the submission deadline. **No updates can be made to the CMS Clinical Data Warehouse after the submission deadline.**
- It is highly recommended that hospitals designate at least two *QualityNet* Security Administrators/Officers (SA/SOs).
- For the submission of population and sampling, leaving the fields blank does not fulfill the requirement. **A zero (0) must be submitted even when there are no discharges for a particular measure set.**
- Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) in a measure set in a quarter are not required to submit patient-level data for that measure set for that quarter.

Hospital IQR Program

IPPS Measure Exception Form

Measure Exception Forms must be renewed at least annually.

- PC-01
 - Hospital does not deliver babies.
 - If form is not submitted, then hospitals that do not deliver babies must enter a zero (0) for each of the data entry fields each discharge quarter.
- Surgical Site Infection (SSI) Colon and Abdominal Hysterectomy
 - Hospital performed a combined total of nine or fewer of any of the specified colon surgeries and abdominal hysterectomies combined in the calendar year prior to the reporting year.
- Catheter-Associated Urinary Tract Infection (CAUTI)/
Central Line-Associated Bloodstream Infection (CLABSI)
 - Hospitals have no units mapped as medical, surgical, medical/surgical, or as intensive care units (ICUs).

Note: The same form is used for both the IQR and HACRP programs. For further guidance on SSI and CAUTI/CLABSI, please refer to the [NHSN Location Mapping Checklist](#) on *QualityNet*.

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Polling Question

Which of the following Hospital IQR Program requirements are submitted annually?

- A. Data Accuracy and Completeness Acknowledgement (DACCA)
- B. Two active *QualityNet* SA/SOs
- C. eCQMs
- D. A and C
- E. All of the above

Annual Hospital IQR Program Requirements for CY 2020

The following mandatory requirements are due **annually**:

- One active *QualityNet SA/SO*
- DACA
- Influenza Vaccination Coverage Among HCP measure
- eCQMs

CY 2020 Security Administrators/Officers, DACA, HCP, and eCQMs

- Hospitals are required to maintain an active *QualityNet* Security Administrator/Officer at all times.
- DACA is submitted annually.
 - Reporting year runs from January 1 through December 31.
 - Submission deadline is May 15 for the previous reporting year.
 - Submission deadline for CY 2020 DACA has been extended until May 17, 2021.
 - Data can be entered from April 1, 2021–May 17, 2021.
 - Data are entered through the Hospital Quality Reporting (HQR) system.
- HCP data are reported through the NHSN.
- Hospitals must submit eCQMs.

A central illustration on a teal background features a clipboard with a white sheet of paper. The paper has a checklist with ten items, each preceded by a red 'X' in a square box. The items are represented by horizontal lines of varying lengths. Surrounding the clipboard are several office supplies: a red pencil with a yellow eraser and pink band is positioned diagonally to the left; a pair of black-rimmed glasses is at the bottom left; a blue pen is at the bottom right; a yellow pencil is at the bottom right; and a red mug filled with brown coffee is at the top right. A large, semi-transparent grey banner with the word 'CHECKPOINT' in white, bold, sans-serif capital letters is centered across the middle of the image.

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Hospital IQR Program Resources

- **Hospital IQR Program General Questions**
 - https://cmsqualitysupport.service-now.com/qnet_qa
 - (844) 472-4477, 7 a.m. to 7 p.m. Eastern Time (ET) Monday through Friday (except holidays)
- **Inpatient Live Chat**
 - <https://www.QualityReportingCenter.com/en/inpatient-quality-reporting-programs/>
- **Website and Web Conferences**
 - www.QualityReportingCenter.com
- **Secure Fax** - (877) 789-4443
- **ListServes** - www.QualityNet.org

Hospital IQR Program

Useful Tools

[Quality Reporting Center.com](#) and [QualityNet.org](#)

- CMS Hospital Quality Reporting (HQR) Program Overview
- Hospital IQR Program Guide
- Calendar Year and Fiscal Year Infographic
- Quick Support Reference Card
- Reference Guides: Accessing and Using Your PPR and Entering PC-01 Data
- Video Tutorials: Population and Sampling, Accessing the PPR, and How to Locate, Complete, and Submit an ECE request form
- Important dates and deadlines
- IPPS Measure Exception Form
- Reporting quarter for FY 2022 payment determination
- Extraordinary Circumstances Exception (ECE) Form
- Hospital IQR Program FY 2022 Measures
- Acute Care Hospital Quality Improvement Program Measures – FY 2022

Artrina Sturges, EdD, Alignment of eCQMs Lead
Hospital Inpatient VIQR Outreach and Education Support Contractor

CY 2020 eCQM Reporting Requirements for the Hospital IQR Program

CY 2020 eCQM Reporting Requirements

For hospitals participating in the Hospital IQR Program:

- Report on **four** of the eight available eCQMs.
- Report **one** self-selected calendar quarter in CY 2020 (Q1, Q2, Q3, or Q4).
- Submission deadline is March 1, 2021.
 - Deadline extended due to the original deadline (February 28, 2021) falling on a weekend.

Note: Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare Promoting Interoperability Program for Eligible Hospitals (EHs) and critical access hospitals (CAHs).

CY 2020 (FY 2022) Available eCQMs

ED-2 <i>Admit Decision Time to ED Departure Time for Admitted Patients</i>	PC-05 <i>Exclusive Breast Milk Feeding</i>	STK-2 <i>Discharged on Antithrombotic Therapy</i>	STK-3 <i>Anticoagulation Therapy for Atrial Fibrillation/Flutter</i>
STK-5 <i>Antithrombotic Therapy By End of Hospital Day 2</i>	STK-6 <i>Discharged on Statin Medication</i>	VTE-1 <i>Venous Thromboembolism Prophylaxis</i>	VTE-2 <i>Intensive Care Unit Venous Thromboembolism Prophylaxis</i>

Note: ED=Emergency Department

CY 2020 Certification and Specification Policies

- Electronic health record (EHR) technology certified to the 2015 Edition (Office of the National Coordinator for Health Information Technology (ONC) certification standards)
- EHRs certified to all available eCQMs
- eCQM specifications published in CMS' eCQM Annual Update and related addenda for the applicable reporting year, available on the eCQI Resource Center website at:
<https://ecqi.healthit.gov/eh-cah-ecqms>
- Quality Reporting Document Architecture (QRDA) Category I file format, using the CMS QRDA Category I Implementation Guide for the applicable reporting year, available at:
<https://ecqi.healthit.gov/qrda>

Successful eCQM Submission for CY 2020 Reporting

To successfully submit the required eCQMs based on program year for the Hospital IQR and the Medicare Promoting Interoperability Programs, report the eCQMs as any combination of:

- Accepted QRDA Category I files with patients meeting the initial patient population (IPP) of the applicable measures.
- Zero denominator declarations.
- Case threshold exemptions.

Note: Submission of eCQMs does **not** meet the complete program requirements for the Hospital IQR or the Medicare Promoting Interoperability Programs. Hospitals are still responsible for data submission for all required chart-abstracted, web-based, and claims-based measures.



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CY 2020 QRDA Category I File Format Expectations

- One file, per patient, per quarter
- Should include all the episodes of care and the measures associated with the patient file in that reporting period
- Maximum individual file size of 10 MB
- Files uploaded by ZIP file (.zip)
- Maximum number of QRDA Category I files within zip file is 15,000
 - If a hospital has more than 15,000 QRDA Category I files to report, they are welcome to submit more than one zip file.

eCQM Validation

Selection of Hospitals

Following the close of the eCQM submission period, up to 200 hospitals will be selected for eCQM validation via random sample. The following hospitals will be excluded:

- Any hospital selected for chart-abstracted measure validation
- Any hospital that has been granted a Hospital IQR Program ECE for the applicable eCQM reporting period
- Any hospital that does not have at least five discharges for at least one reported eCQM
- Episodes of care that are longer than 120 days
- Cases with a zero denominator for each measure

Note: Criteria will be applied **before** the random selection of 200 hospitals for eCQM data validation, meaning hospitals meeting any one of the aforementioned criteria are not eligible for selection.

eCQM Validation

Case Number and Scoring

- Hospitals selected for participation in eCQM data validation will be required to submit eight cases (8 cases x 1 quarter) from CY 2019 eCQM data for the FY 2022 payment determination (CY 2020 eCQM data will be validated for the FY 2023 payment determination.)
- The accuracy of eCQM data submitted for validation will not affect a hospital's validation score for FY 2022 payment determination.

Note: For more information, visit the [QualityNet.org Hospital Inpatient Data Management page](#) and select eCQM Data Validation.

Artrina Sturges, EdD, Alignment of eCQMs Lead
Hospital Inpatient VIQR Outreach and Education Support Contractor

CY 2020 eCQM Reporting Requirements for the Medicare Promoting Interoperability Program

CY 2020 Medicare Promoting Interoperability Program CQM Reporting Requirements - Electronic

For hospitals participating in the Medicare Promoting Interoperability Program:

- Report on **four** of the eight available eCQMs.
- Report **one** self-selected calendar quarter in CY 2020 (Q1, Q2, Q3, or Q4).
- Submission deadline is March 1, 2021.
 - Deadline extended due to the original deadline (February 28, 2021) falling on a weekend.

Note: Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare Promoting Interoperability Program for Eligible Hospitals (EHs) and critical access hospitals (CAHs).

CY 2020 Medicare Promoting Interoperability Program CQM Reporting Requirements - Attestation

Attestation is an option for EHs and CAHs in specific circumstances when electronic reporting of CQMs is not feasible under the Medicare Promoting Interoperability Program:

- Full CY 2020, consisting of four quarterly data reporting periods
- Report on all 8 available CQMs via the Hospital Quality Reporting (HQR) System
- Submission deadline: March 1, 2021. Deadline extended due to the original deadline (February 28, 2021) falling on a weekend.

Note: For EHs and CAHs demonstrating meaningful use for the first time under their state's Medicaid Promoting Interoperability Program, the reporting period is any continuous 90-day period within CY 2020. Visit the CMS.gov Promoting Interoperability Programs [Eligible Hospital Information](#) page for additional details.

CY 2020 CQM Reporting Form and Manner for Medicare Promoting Interoperability Program

Requirements:

- Use of QRDA Category I for CQM electronic submissions
- EHR technology certified to the 2015 Edition
 - Providers are required to have the EHR technology certified to all 8 available CQMs.
 - This **would not** require recertification each time the EHR technology was updated to the most recent version of CQMs if it continues to meet 2015 Edition certification criteria.
- Use of eCQM specifications published in the 2019 eCQM annual update for CY 2020 reporting and any applicable addenda (available on the eCQI Resource Center website at <https://ecqi.healthit.gov/eh>)
- *2020 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for Hospital Quality Reporting* (available at <https://ecqi.healthit.gov/qrda>)

Note: QRDA Category I file specifications, Schematrons, sample files, and other helpful materials are located on the eCQI Resource Center website at <https://ecqi.healthit.gov/qrda>.

CY 2020 Medicaid Promoting Interoperability Program

- State Medicaid programs continue to be responsible for determining whether or how electronic reporting of CQMs would occur or if they wish to allow reporting through attestation.
- Visit the [CMS.gov Promoting Interoperability Programs Medicaid State Information](#) page for details.

Promoting Interoperability Program Resources

- Visit the [Eligible Hospital Information page of the Promoting Interoperability Programs](#) on CMS.gov for updated reference guides, webinar presentation materials, etc.
- Submit questions to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

A central illustration on a teal background. It features a dark grey clipboard with a silver clip at the top, holding a white sheet of paper with a checklist. The checklist has ten items, each with a red 'X' in a square box to its left. Surrounding the clipboard are several office supplies: a red pencil with a yellow eraser and pink band on the left; a blue pen and a yellow pencil on the right; a pair of black-rimmed glasses at the bottom left; and a red mug filled with brown coffee at the top right. A semi-transparent grey banner with the word 'CHECKPOINT' in white, bold, sans-serif capital letters is centered across the middle of the image.

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Hospital Inpatient VIQR Outreach and Education Support Contractor

Looking Ahead – Hospital IQR Program Reporting Requirements

Safe Use of Opioids

eCQM Overview

- Finalized ***adoption*** of the Safe Use of Opioids—Concurrent Prescribing eCQM to the eCQM measure set, beginning with the CY 2021 reporting period/FY 2023 payment determination
 - Focuses on the proportion of patients aged 18 and older who are prescribed two or more opioids or an opioid and benzodiazepine concurrently at discharge
- Measure specification clarified to only include *inpatient* hospitalizations, including emergency department and observation stay patients who are admitted; available on the eCQI Resource Center: <https://ecqi.healthit.gov/pre-rulemaking-eh-cah-ecqms>
- This measure has also been adopted for the Promoting Interoperability Programs for EHs and CAHs.

eCQM Measure Set: CY 2021 Reporting Period (FY 2023 Payment Determination)

<p>ED-2 Median Admit Decision Time to ED Departure Time for Admitted Patients</p>	<p>PC-05 Exclusive Breast Milk Feeding</p>	<p>STK-02 Discharged on Antithrombotic Therapy</p>	<p>STK-03 Anticoagulation Therapy for Atrial Fibrillation/Flutter</p>	<p>STK-05 Antithrombotic Therapy By End of Hospital Day 2</p>
<p>STK-06 Discharged on Statin Medication</p>	<p>VTE-1 Venous Thromboembolism Prophylaxis</p>	<p>VTE-2 Intensive Care Unit Venous Thromboembolism Prophylaxis</p>	<p>Safe Use of Opioids* Safe Use of Opioids– Concurrent Prescribing</p> <p><i>*All hospitals required to report beginning with the CY 2022 reporting period (FY 2024 payment determination).</i></p>	

Form, Manner and Timing of eCQM Data Submission

For CY 2022 reporting period/FY 2024 payment determination:

- Report one, self-selected calendar quarter of data for:
 - Three, self-selected eCQMs
and
 - Safe Use of Opioids–Concurrent Prescribing eCQM
- CY 2022 eCQM reporting submission deadline is February 28, 2023 at 11:59 p.m. Pacific Time (PT).

Hybrid Hospital-Wide Readmission (HWR) Measure Overview

The measure focuses on unplanned readmissions that arise from acute clinical events requiring rehospitalization within 30 days of discharge.

- CMS has access to the claims-based data.
- Hospitals would submit the following data from their certified EHRs for at least 90 percent of their Medicare fee-for-service (FFS) patients aged 65 and older, using QRDA Category I files for reporting to CMS:
 - **13** core clinical data elements:
 - **Six** vital signs (heart rate, respiratory rate, temperature, systolic blood pressure, oxygen saturation, weight)
 - **Seven** laboratory test results (hematocrit, white blood cell count, sodium, potassium, bicarbonate, creatinine, glucose)
 - **Six** linking variables to match the EHR data to the CMS claims data (CMS Certification Number, Health Insurance Claim Number or Medicare Beneficiary Identifier, date of birth, sex, admission date, discharge date)
- CMS merges the EHR data elements with the claims data and calculates the 30-day risk-standardized readmission rate.

Implementing the Hybrid HWR Measure

The FY 2020 IPPS/LTCH PPS Final Rule finalized the following Implementation Steps:

1. Two voluntary reporting periods:
 - The first is July 1, 2021 through June 30, 2022.
 - Submission deadline is the first business day three months following the end of the applicable reporting period (e.g., submit data by September 30, 2022).
 - The second is July 1, 2022 through June 30, 2023.
 - Submit data by October 2, 2023.
 - Reporting periods include four quarters of data.
2. Mandatory reporting:
 - Mandatory reporting starting with the July 1, 2023 through June 30, 2024 reporting period.
 - This impacts FY 2026 payment determination, and for subsequent years.

Public Reporting of the Hybrid HWR Measure

- Data will not be publicly reported during the two voluntary reporting periods.
- CMS will begin the public reporting of the Hybrid HWR measure results beginning with data collected from the July 1, 2023 through June 30, 2024 reporting period.
- CMS anticipates data to be included in the July 2025 refresh of the public reporting website.

Claims-Based Hospital-Wide All-Cause Unplanned Readmission Measure Removal Overview

- In connection with the adoption of the Hybrid HWR measure, CMS will remove the claims-based HWR measure.
- The claims-based HWR measure will be replaced when the Hybrid HWR measure becomes mandatory, with the July 1, 2023 through June 30, 2024 reporting period, impacting the FY 2026 payment determination and for subsequent years.
- Hybrid HWR measure provides substantive improvement over the claims-based version by including clinical variables in the risk adjustment, which come from the very start of the inpatient stay and improve face validity of the measure.

HWR Measure Summary

Claims-Based HWR Measure	Hybrid HWR Measure*
<ul style="list-style-type: none">• Stop reporting with July 1, 2022–June 30, 2023 reporting period• Replaced by the Hybrid HWR Measure	<ul style="list-style-type: none">• Option to start voluntary reporting for July 1, 2021–June 30, 2022 and/or July 1, 2022–June 30, 2023 reporting period(s)• Start mandatory reporting with July 1, 2023–June 30, 2024 reporting period impacting the FY 2026 payment determination and for subsequent years• Replacing the Claims-Based HWR Measure

*Improvement over claims-based version – includes clinical variables in the risk adjustment

Support Resources

Topic	Who to Contact	How to Contact
Hospital IQR Program and Policy	Hospital Inpatient Support Team	(844) 472-4477 https://cmsqualitysupport.service-now.com/qnet_qa
Promoting Interoperability Program* (objectives, attestation, and policy)	QualityNet Help Desk	(866) 288-8912 qnetsupport@hcqis.org
eCQM specifications (code sets, measure logic, and measure intent)	ONC JIRA Issue Trackers	eCQM Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/CQM/summary
QRDA-related questions (CMS Implementation Guides, Schematrons and Sample Files)		QRDA Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/QRDA/summary
QualityNet Secure Portal (reports, PSVA tool, data upload, and troubleshooting file errors)	QualityNet Help Desk	(866) 288-8912 qnetsupport@hcqis.org
eCQM data validation	Validation Support Team	validation@telligen.com or https://cmsqualitysupport.service-now.com/qnet_qa

*Previously known as the EHR Incentive Program

Hospital IQR Program Requirements
for CY 2020 Reporting (FY 2022 Payment Determination)

Questions

Continuing Education (CE) Approval

This program has been approved for [CE credit](#) for the following boards:

- **National credit**
 - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
 - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
 - Board of Registered Nursing
 - Board of Nursing Home Administrators
 - Board of Dietetics and Nutrition Practice Council
 - Board of Pharmacy

Note: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

Hospital IQR Program Requirements
for CY 2020 Reporting (FY 2022 Payment Determination)

Thank you

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