



**Alignment of Electronic Clinical Quality Measure (eCQM) Reporting
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor**

**Reporting the Hybrid Hospital-Wide Readmission Measure to the
Hospital IQR Program**

Questions and Answers Summary Document

Speakers

Tamara Mohammed, MHA, PMP

Project Lead

Yale New Haven Health Services Corporation/
Center for Outcomes Research and Evaluation (CORE)

Artrina Sturges, EdD

Lead, Alignment of eCQM Reporting
Inpatient VIQR Outreach and Education Support Contractor

May 18, 2021

2 p.m. Eastern Time (ET)

DISCLAIMER: This presentation question-and-answer summary document was current at the time of publication and/or upload onto the Quality Reporting Center and QualityNet websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; given that they will remain as an archived copy, they will not be updated. The written responses to the questions asked during the presentation were prepared as a service to the public and are not intended to grant rights or impose obligations.

Any references or links to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the question-and-answer session and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for grammar.

Alignment of Electronic Clinical Quality Measure (eCQM) Reporting
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

Question 1: What file format should hospitals use to submit the Core Clinical Data Element (CCDE) variables?

Hospitals will need to use Quality Reporting Document Architecture (QRDA) Category I to report data when they submit the CCDE variables and the linking variables to CMS.

Question 2: What is the current reporting period for the claims-based Hospital-Wide Readmission (HWR) measure?

The spring 2021 claims-based HWR Hospital Specific Reports (HSRs) contained information from July 1, 2019, to December 1, 2019. [CMS released a memo on March 27, 2020](#), granting a nationwide extraordinary circumstances exception (ECE) in response to COVID-19 for hospitals participating in quality reporting programs. Specifically, claims for the Hospital Inpatient Quality Reporting (IQR) Program, Hospital Value-Based Purchasing (VBP) Program, Hospital-Acquired Condition (HAC) Reduction Program, and the Hospital Readmissions Reduction Program (HRRP) would be excluded from the measure calculations for January 1, 2020, to March 31, 2020 (Q1 2020) and April 1, 2020, to June 30, 2020 (Q2 2020).

Question 3: If vitals and labs are brought into the system from an outside source (e.g., a provider’s office prior to hospitalization), is that value used to capture them?

Your facility may report the CCDE values collected in a provider’s office prior to the hospitalization if your facility has access to this information and if these vital signs or laboratory test results represent the first vital signs or laboratory test results captured during the specified timeframe. Otherwise, if this information is not available to you, please report the first vital signs available to you in the timeframe identified. In the 24 hours prior to admission, vital signs and laboratory test results can be reported regardless of the source. If none exist 24 hours prior to the admission, hospitals will report the first vital signs captured two hours after the admission begins or the first lab values resulted 24 hours after admission.

Alignment of Electronic Clinical Quality Measure (eCQM) Reporting
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

Question 4: Will hospitals upload a full year of data annually?

The submission of the hybrid HWR measure data will be similar to the annual eCQM data submission process. CMS will announce the readiness of the Hospital Quality Reporting (HQR) System to receive 2023 Hybrid HWR measure data.

Once the system is available, hospitals will be encouraged to voluntarily report data by the submission deadline of September 30, 2022. Data will contain CCDE values and providers should submit them as a QRDA Category I file. Providers should submit one file, per patient, per quarter and include all episodes of care. The maximum individual file size is 10 MB. Files should be batched in quarters and uploaded as separate ZIP files. The maximum number of QRDA Category I files within a zip file is 14,999.

Question 5: Will there be an opportunity to upload test files?

Yes, the HQR System can receive test and production files when the system opens for data submission. Hospitals will have the opportunity to upload QRDA Category I files directly into the HQR System and review feedback prior to final data submission. Hospitals will be notified when the HQR System is available to receive voluntary Hybrid HWR data.

Question 6: Are you going to utilize CCDEs for the CMS HRRP?

CMS has not confirmed or defined the reporting of the Hybrid HWR measure for the HRRP Program. If CMS intends to use the measure for the program, they will signal the intent to include the measure in an inpatient prospective payment system (IPPS) proposed rule.

Question 7: If the hospital voluntarily reports, does CMS use the Hybrid HWR score or the claims-based HWR measure score?

The voluntary submission of the Hybrid HWR measure data for the 2023 reporting period will be calculated, but not publicly reported. When hospitals voluntarily report data for the Hybrid HWR measure, results will only be provided to the hospital on a confidential HSR. Starting with the 2025 mandatory reporting of the Hybrid HWR measure, results will be publicly displayed and will affect the FY 2026 payment determination.

Alignment of Electronic Clinical Quality Measure (eCQM) Reporting **Inpatient Value, Incentives, and Quality Reporting (VIQR)** **Outreach and Education Support Contractor**

During the two voluntary reporting periods of the Hybrid HWR measure, hospitals participating in the Hospital IQR Program will continue to have their claims-based HWR measure results publicly.

It is anticipated that hospitals will stop reporting the claims-based HWR measure after the July 1, 2022–June 30, 2023 reporting period (2024 voluntary reporting). Mandatory reporting of the Hybrid HWR measure, beginning with the July 1, 2023–June 30, 2024 reporting period (2025 mandatory reporting), will replace it. This will impact the FY 2026 payment determination and subsequent years.

Question 8: If a hospital captures weight in grams, should we convert that to kilograms to submit QRDA Category I files?

While kilograms and pounds are listed as acceptable units of measurement for the weight, QRDA Category I files that use grams to report weight will not be rejected by the HQR System for 2023 voluntary reporting.

Question 9: During the voluntary period, will we receive the Hybrid HWR rate? It would be interesting to compare it to the claims-based HWR rate.

In the FY 2020 IPPS/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule, CMS signaled that they intend to confidentially report the Hybrid HWR rate to hospitals who participate in voluntary reporting. One of the benefits of participating in volunteer reporting is that CMS will provide the Hybrid HWR measure rate in addition to other pieces of information in the HSRs.

Question 10: What will this additional information do for the Hybrid HWR measure?

CCDE information is included in the risk adjustment model of the measure. This allows CMS to calculate the measure results and actual patient risk in a more comprehensive and accurate way.

Question 11: What is the data outcome from the submissions of these data? What readmissions information will be reported back to the hospital?

CMS plans to deliver confidential HSRs to hospitals who participate in the voluntary reporting process. In a previous 2018 voluntary reporting period, CMS included an example HSR that calculated the hospital's readmission rate on the Hybrid HWR measure and provided comparisons to hospitals who participated in voluntary reporting.

Alignment of Electronic Clinical Quality Measure (eCQM) Reporting
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

CMS provided information on each case included in the measure calculation, the hospital's case mix, and summarized the CCDE data missing from the hospital's submission. We anticipate that some of this information will be included in the HSR for 2023 and beyond.

Question 12: **If a patient is in the ER, then observation for 24 hours, does the hospital send observation data? Would it be the oldest data in the 24 hours prior to admission?**

If this patient was in the ER, then in observation for 24 hours, and had an inpatient admission, hospitals would report the first CCDE values collected. Hospitals report the data collected first, whether the CCDE values were collected in the ER or in observation, they should report the oldest (first) data captured prior to inpatient admission.

Question 13: **How can an organization use this HWR data to reduce readmissions?**

For HWR information, hospitals can review each patient included in the measure to understand which patients were readmitted and why. The Hybrid HWR measure subdivides all of its patients into one of five cohorts; hospitals can look at the cohort-specific level to understand if there is a trend in one particular kind of readmitted patient versus another kind. CMS recommends combining its information with your own internal data to identify improvement mechanisms to reduce readmission.

Question 14: **Please clarify the voluntary versus mandatory reporting timeline. In the FY 2022 IPPS/LTCH PPS Proposed Rule (page 1359), it appears to suggest that the mandatory period for reporting the Hybrid HWR measure is 2024.**

For the Hospital IQR Program, there are two voluntary reporting periods prior to the mandatory reporting period of the Hybrid HWR measure.

The first voluntary year, the 2023 reporting period, includes data from July 1, 2021– June 30, 2022. The submission deadline is September 30, 2022. The payment determination will not be impacted, and the results will not be publicly reported. Hospitals will receive measure results in a confidential HSR in spring 2023. The second voluntary reporting period is 2024 which includes July 1, 2022–June 30, 2023 data. Again, this does not affect the payment determination, nor is it publicly reported.

Alignment of Electronic Clinical Quality Measure (eCQM) Reporting Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

The mandatory reporting period includes data from July 1, 2023–June 30, 2024. Data, ending in June 2024, will be publicly reported in 2025 and will impact the FY 2026 payment determination.

Please note CMS finalized the adoption of a different hybrid measure, the Hybrid Hospital-Wide All-Cause Risk Standardized Mortality (Hybrid HWM) measure in the [FY 2022 IPPS/LTCH PPS Final Rule](#). Hospitals may voluntarily report this measure which includes July 1, 2022-June 30, 2023 data. The mandatory reporting period includes data from July 1, 2023–June 30, 2024, impacting the FY 2026 payment determination.

Question 15: **Are all data for this measure submitted electronically, just like the way we submit eCQMs now?**

Correct, all of the CCDEs and the linking variables will be submitted electronically using QRDA Category I files. CMS takes the QRDA Category I data that you submit, like the eCQM data, and merges with claims-based data so all the data are electronically submitted. Please note that other data are used to calculate the measure results.

Question 16: **Do you have a tool to help us to make QRDA Category I files from extracted CCDE results associated with the admission data?**

QRDA Category I files use extensible markup language (XML), an internet standard for data storage and exchange. The QRDA standard defines a set of templates used to construct structured documents for hospitals to report their quality metrics. Although there is no tool available to assist with the creation of QRDA files, hospitals may consult with their electronic health record (EHR) vendors to successfully capture and report CCDE data.

[The eCQI Resource Center](#) provides a tab for [Hybrid Measures](#). Select 2021 as the reporting period to locate several resources, including measure specifications, the QRDA Category I Schematrons and sample files, and the [2021 CMS QRDA Category I Implementation Guide for HQR](#).

Question 17: **Did CMS consider the added cost to most hospitals, since many would need a third-party vendor to collect the data from the EHR and submit to CMS?**

In the [FY 2020 IPPS/LTCH PPS Final Rule](#), CMS acknowledges hospitals may experience modest costs related to the initial mapping and extraction of the Hybrid HWR measure and ensures that all the data elements used in the measure specifications were readily available.

**Alignment of Electronic Clinical Quality Measure (eCQM) Reporting
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor**

The CCDEs used in the Hybrid HWR measure consists of patients' vital signs and laboratory test values that should be available in all certified EHR systems.

CMS clarifies that the 2015 Edition Base EHR definition includes the clinical quality measure certification criteria to record and export EHR data (45 CFR 170.315(c)(1)). This requires that the EHR can record all data necessary to calculate each clinical quality measure (CQM) and users can export a data file that is formatted in accordance with the QRDA Category I standard with data captured for each and every eCQM to which the technology was certified. Per the 2015 Edition Base EHR definition, a user must be able to export the data file at any time the user chooses and without subsequent developer assistance to operate.

Question 18: Can hospitals leverage a vendor to submit the measures, similar to eCQMs?

Yes. Some vendors worked with hospitals when the Hybrid HWR measure was voluntarily reported in 2018. Some hospitals shared their vendors did not charge or minimally charged their customers for the QRDA Category I file creations specific to the submission of the Hybrid HWR measure. Many vendors monitor the CMS IPSS rule publications and are aware that some hospitals may want to voluntarily report the measure before it becomes mandatory.

Vendors appreciate access to the information as it helps them determine their plans to support hospitals. Reach out to your vendor to determine if their level of engagement regarding voluntary reporting of the Hybrid HWR measure and if it is feasible for your hospital.

Question 19: Can you clarify if the unit of measures listed in the presentation are the only ones allowed for submission?

For 2023 voluntary reporting of the Hybrid HWR measure, we anticipate that hospitals may use units of measurement beyond the ones listed in the slide. The units listed in the slides are included in the FY 2020 IPSS Final Rule, and we encourage hospitals to align as closely as possible with those units of measure wherever possible.

Question 20: How are CCDEs used in risk adjustment (different weightings, ratios, etc.)? Is there more information on this?

Alignment of Electronic Clinical Quality Measure (eCQM) Reporting
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

There are different ratios that are used for each CCDE. For measure specifications and the way CCDEs are used, read the methodology report on the QualityNet website:

<https://qualitynet.cms.gov/inpatient/measures/hybrid/methodology>.

If you want to review the measure specifications, technical release notes and, other implementation resources, visit the eCQI Resource Center:

https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=3&globalyearfilter=2021.

Question 21: Where can I find the resource document from slide 31?

Visit the [eCQI Resource Center](#). At the top of the page, there is a tab for eCQMs. Click on the Hybrid Measures link. Select the 2021 reporting period in the menu for an overview of the measure. If you scroll down to the table, you'll see a document titled *2023 Voluntary Reporting Key Dates and Resources* that is available for download:

https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=3&globalyearfilter=2021.

Question 22: Will we be able to submit Hybrid HWR information with CART and then upload the data to the warehouse?

Data submitters use the QRDA Category I file format to report the Hybrid HWR measure to the HQR System, just as you would for eCQM reporting. CART is not involved with the data submission process for hybrid measures.

Question 23: Is there information about how the CCDE data will be stratified? Are data used to decipher the validity of the readmission more effectively?

The Hybrid HWR measure doesn't stratify results at this time. CCDEs that are reported are used for risk adjustment of the measure to better assess the patient risk for a readmission. CMS does not collect CCDE data to determine if a readmission occurred or if it were appropriate. The intent in capturing the CCDE admission is to understand the risk of the patient for readmission at that point of admission. For example, if the patient has a stroke, CMS attempts to understand the risk of the patient for readmission at the point of admission so that risk adjustment more accurately captures or assesses the risk of the patient.

Question 24: Will inpatient psychiatric hospitals be included in this measure?

The Hybrid HWR measure looks at acute inpatient admissions and does not consider admissions to psychiatric units.

Alignment of Electronic Clinical Quality Measure (eCQM) Reporting
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

Question 25: **How are the labs calculated? What if there are labs that are not performed?**

We do not calculate the laboratory results. You will report the results associated with that admission. If a lab test is not performed, the data will be missing. CMS has not yet confirmed how missing data will be managed during the measure calculation process. Details will be provided in a future webinar.

Question 26: **I assume that we cannot use a scanned report, such as an ambulance report, because the EHR cannot abstract the data from that report.**

Similar to eCQM reporting with an EHR, hospitals are permitted to manually enter data into the EHR from noncertified sources before the QRDA Category I file is generated for submission to the HQR System. Contact the QualityNet Help Desk for additional assistance at (866) 288-8912 or qnet-support@hcqis.org.

Question 27: **When this becomes mandatory, will critical access hospitals (CAHs) be required to report or is this limited to acute care hospitals?**

Critical Access Hospitals are encouraged, but are not required, to report the Hybrid HWR measure to the Hospital IQR Program. At this time, the measure is specific to the Hospital IQR Program.

Question 28: **Do you have a list of authorized vendors for data submission?**

Visit the Certified Health Product List and search the database to determine if a vendor is certified to report the Hybrid HWR measure: <https://chpl.healthit.gov/#/search>.