## Electronic Clinical Quality Measures (eCQMs)

## 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

## 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)

**Artrina Sturges:** Good afternoon and thank you for joining us. My name is Artrina Sturges, and I'm your host for today's event. A few announcements before we start, this presentation is being recorded. The transcript of the presentation, along with the questions and answers, will be posted to the inpatient website, which is the QualityReportingCenter.com website, and also posted to QualityNet in the coming weeks. If you've registered for the event, a reminder email, as well as the link to the slide, was distributed yesterday. If you did not receive the email, the slides are available for download on our inpatient website, again QualityReportingCenter.com

Tamara Mohammed is our presenter for today's webinar. Ms. Mohammed is the project lead at the Yale New Haven Health Services Corporation CORE.

For today's presentation, Ms. Mohammed will provide an overview of the Hybrid Hospital-Wide Readmission measure, or, as it's commonly called, the Hybrid HWR measure. She will also review the timeline for implementation as the HWR measure transitions from voluntary to mandatory reporting of the measure by IQR-eligible hospitals to the Hospital IQR Program.

Our intent is that you will have a greater understanding of the Hybrid HWR measure, will come away with greater clarity regarding the reporting timeline for the Hybrid HWR measure, and will be able to complete the steps for reporting the measure.

We've provided a list of acronyms and abbreviations for reference throughout today's webinar.

As a reminder, we do not recognize the raised-hand feature in the chat tool during webinars. Instead, you can submit any questions pertinent to today's webinar topic to us via the chat tool. All questions received via this chat tool during today's webinar and pertaining to this topic for today will be reviewed and a Q&A transcript will be made available at a later date. To maximize the usefulness of the Q&A transcript, we will consolidate the questions received during this event and focus on the most important and frequently asked questions.

Any questions received that are not related to the topic of the webinar will not be answered in the chat tool nor in the questions-and-answers transcript for the webinar. To obtain answers to questions that are not specific to the content of this webinar, we recommend that you go to the QualityNet Q&A tool. You can access the Q&A tool using the link on this slide. There, you can search for questions unrelated to the current webinar topic. If you do not find your question there, then you can submit your questions to us using the Q&A tool, which again you can access by using the link on this slide.

At this time, I will turn the webinar over to Ms. Mohammed. Tamara, the floor is yours.

**Tamara Mohammed:** Hi, everyone. My name is Tamara Mohammad, and I'm a project lead at the Yale Center of Outcomes Research and Evaluation. As Artrina mentioned, today I'm going to be talking to you about the Hybrid Hospital-Wide Readmission measure. Specifically, during today's discussion, we'll start by talking a bit about how the measure functions or works. Then, I'll provide you with some information on what data hospitals need to report for this measure. Then, also today, we'll discuss CMS's plans for the use of this measure and resources that has been or will be made available to you for the measure.

Let's first start by talking about what the hybrid measure is. The Hybrid Hospital-Wide Readmission measure is termed a "hybrid" measure because it's calculated using data from multiple sources, or it has a hybrid of data sources. Specifically, the Hybrid Hospital-Wide Readmission measure is calculated using data from two sources. Firstly, it uses administrative claims data that hospitals routinely submit to CMS for billing purposes. Then, secondly, it also uses data from hospital EHR systems, or electronic health records, to calculate measure results. Now, the data drawn from hospital EHR systems is called Core Clinical Data Elements, or CCDE. For the Hybrid Hospital-Wide Readmission measure, these CCDEs are comprised of data on the patient's vital signs and data on the patient's laboratory results.

The Hybrid Hospital-Wide Readmission measure uses these CCDE values for the purpose of risk adjustment only in the measure. Given this purpose, that is risk adjustment, the specific CCDE, or that specific vital signs and lab results selected for use in the Hybrid Hospital-Wide Readmission measure, were chosen because they 1) provide information on or reflect the patient's clinical status when they first present at a hospital, 2) because they are routinely and consistently captured on most patients admitted to the hospital, and 3) they were selected because they are routinely stored in fields and hospitals EHRs that made them easily extractable for reporting purposes. When hospitals report these CCDE values to CMS, that information from the EHR is linked to information from hospitals claims data in order to calculate final measure results for the Hybrid Hospital-Wide Readmission measure.

Let's tell you a bit more about this measure and how it's calculated. The Hybrid Hospital-Wide Readmission measure is the first hybrid measure that CMS will be using in its IQR, or [Hospital] Inpatient Quality Reporting Program. It is an all-cause, risk-standardized readmission measure. So, look for unplanned readmissions for any reason as long as they occur within 30 days of discharge from an index hospitalization. The measure includes Medicare fee for service beneficiaries who are aged 65 or older, who have been discharged alive from non-federal acute care hospitals, and who have not been transferred to another acute care facility. For those of you who are familiar with the claims-only version of the hospital-wide readmission measure that is already publicly reported, this hybrid measure is exactly the same as that measure. It has the same methodology, the same cohort, the same outcome. There is one key difference and that is the hybrid version uses CCDE as part of the risk adjustment model for the measure rather than relying fully on claims data for risk adjustment.

Specifically, the Hybrid Hospital-Wide Readmission measure uses 13 CCDEs for risk adjustment. Six of the CCDE are vital signs, and so you'll see them listed in the left-hand column of the table here. They include things such as heart rate and respiratory rate.

Then, the remaining seven CCDEs and laboratory results, those are listed in the middle column of the table. These include things such as hematocrit values and white blood cell counts. So, for the Hybrid Hospital-Wide Readmission measure, hospitals need to submit information on these 13 CCDEs to CMS that they can be included in the risk model for the measure. In addition to submitting the 13 CCDEs, hospitals also need to submit six linking variables to CMS for each hospitalization that they report on. These linking variables are listed in the right-hand column of table, and they include things such as the hospital's CCN and the patient's MBI or HICNO. CMS uses these linking variables to link the CCDE values you submit to the claims that they already have for that patient or hospitalization so that they can merge the two data sources and calculate measure results for your hospital.

Since the Hybrid Hospital-Wide Readmission measure uses user specificity values for risk adjustment, the intent then is for these CCDE values to as accurately as possible reflect or capture the patient's risk at the time they're first presented to the hospital. In this vein, when hospitals report their CCDE values for the Hybrid Hospital-Wide Readmission measure, they're being asked to report the first CCDE results for that patient that are associated with the inpatient admission. So, more specifically, this means that for the vital signs they're asked to report the first vital signs collected in the 0 to 24 hours before admission. If no vital plans are collected during that time frame, then they're asked to report the first vital signs collected in the 0 to 2 hours after admission. Then, for the laboratory results, they are similarly asked to report the first lab results in the 0 to 24 hours prior to admission, and, if none are available from that time frame, then they're asked to report the first lab results in the 0 to 24 hours after the inpatient admission begins. For the vital signs, lab values that are captured prior to the beginning of the inpatient admission, it's important to note that you can report these values regardless of which setting they're captured in. So, if they're captured in the ED, observation, et cetera, it doesn't matter as long as they were the first values captured in that time frame.

So, next we're going to be discussing CMS's plans for the implementation of the Hybrid Hospital-Wide Readmission measure and when you need to report data to CMS and some of the programmatic reporting requirements.

As some of you might already know, CMS has finalized plans for reporting of the Hybrid Hospital-Wide Readmission measure in the fiscal year 2020 IPPS, or inpatient prospective payment system, rule. In that rule, they finalized two volunteer reporting periods for the measure, a 2023 voluntary reporting [period], and a 2024 volunteer reporting period, mandatory reporting of the measure under the IQR program in 2025, which would be for fiscal year 2026 inpatient determination. In that rule, CMS also finalized its plans to remove the claims-based, hospital-wide readmission measure, which is currently publicly reported, to align with the hybrid version of the measure in the IQR program. For the fiscal year 2026 payment determination, when CMS adds the Hybrid Hospital-Wide Readmission measure to the IQR program, they will simultaneously remove the claims-only version of the measure from the program.

The first volunteer reporting period is what we've termed "2023 volunteer reporting." This means that HSRs, or Hospital-Specific Reports, will likely be available to hospitals in 2023. Participation in the 2023 volunteer reporting is, of course, voluntary, but hospitals wishing to participate will need to submit by September 30, 2022, information, and that would be the CCDE and linking variable information related to hospital admissions that occurred between July 1, 2021, and June 30, 2022. For this reporting, they will use the 2021 version of the Measure Authoring Tool. or MAT, specifications, the 2021 value set, and 2021 direct reference codes. They also use 2021 QRDA, or Quality Reporting Data Architecture, files as well as 2021 implementation guide. Eventually, they will be able to reference 2023 claims-based annual updates and specifications report for the claims-based specifications of the measure. As the voluntary reporting periods are confidential, hospital results in the 2023 volunteer reporting will not be publicly reported. Participating or not participating in the 2023 volunteer reporting will also not affect hospital annual payment determination.

For the 2024 volunteer reporting, hospitals will likely receive HSRs with their measure results in 2024. Hospitals wishing to participate in this 2024 voluntary reporting will have to submit by October 2, 2023, the CCDE and linking variable information for their hospital admissions that appeared from July 1, 2022, to June 30, 2023. At this time, for submission, they will be using the 2022 math specifications, 2022 value sets, 2022 direct reference codes, and 2022 QRDA and implementation guide. Eventually, they'll also be able to reference the claims-based measure specifications in the 2024 Claims-Based Annual Update and Specifications Report. Like the 2023 volunteer reporting, for 2024 voluntary reporting, hospital results will not be publicly reported, and the annual payment determination will not be impacted by the choice of whether or not to report information on the measure.

The first mandatory reporting of the Hybrid Hospital-Wide Readmission measure under the IQR program begins with 2025 mandatory reporting. This refers to the release of HSRs and public reporting of measure results in 2025. For 2025 mandatory reporting, hospitals will be asked to submit back to the first 2024 the CCDE and linked variable data for admissions that occurred between July 1, 2023 and June 30, 2024. For this reporting, they use 2023 MAT Specifications, value sets, and direct reference codes, the 2023 QRDA, and implementation guide. Eventually, the 2025 updated Hybrid HWR methodology report will contain information on the claims-based specifications of the measure. Mandatory under the IQR program, beginning with this 2025 mandatory reporting year, a hospital's annual payment determination will be impacted by the reporting of information on the measure.

There was a lot of dates and information on the 2023, 2024, and 2025 reporting periods, and what we've done here is we've summarized some of those key dates and information for you in this slide for your convenience. We do appreciate those other timelines for reporting of the Hybrid Hospital-Wide Readmission measure can be confusing, and they also can overlap. For example, we recognize that the 2024 volunteer reporting activities would have begun even before we wrapped up activities for 2023 volunteer reporting.

To help facilities keep track of these dates and what they need to report and by when and using which resources, we've developed a key resources and dates document that summarizes this information for you. It's currently publicly available and, later towards the end of this presentation, I'll provide you information on where that resource can be found.

Now, with regard to participation in reporting for the Hybrid Hospital-Wide Readmission measure, I also wanted to point out that when CMS finalized the Hybrid Hospital-Wide Readmission measure in the fiscal year 2020 rule, they also finalized some reporting requirements for the measure in the IQR program, Specifically, the rule states that hospitals will meet the IQR participation requirements for the Hybrid Hospital-Wide Readmission measure as long as you submit linking variables for 95 percent or more of their discharges with a Medicare fee for service claim during the measurement period, and as long as they're reported vital signs for 90 percent or more of the hospital discharges from Medicare fee for service 65 years or older patients in the measurement period, and as long as you submit lab results or 90 percent or more discharges for patients in the non-surgical cohort of the Hybrid Hospital-Wide Readmission measure. As a result, it's important that hospitals make note of these IQR reporting requirements when they submit their data to CMS. For those hospitals that do choose to participate in the volunteer reporting periods, we intend to try to provide information, if possible, that will help these hospitals understand whether they're on track to meet these participation requirements or not.

So, as I've mentioned for the Hybrid Hospital-Wide Readmission measure, we have two volunteer reporting periods coming up before mandatory reporting of the measure under the IQR program begins.

While participation in the 2023 and 2024 reporting periods are voluntary, CMS does encourage everyone to participate in these volunteer reporting periods as these periods allow hospitals opportunities to test and build the internal processes to extract and report the CCDE and linking variables from the EHRs to CMS.

Participating in the volunteer reporting also gives hospitals a chance to actually submit the CCDE and linking variables from the EHR to CMS and gain feedback on the process and understand any pitfalls they may face prior to having to do this for mandatory reporting. Those who do participate in volunteer reporting will, as I mentioned before, also receive confidential HSRs that will give them insight into how they perform on the measure and, hopefully, those HSRs will also give them information on how they look on the IQR participation prior to the measure actually being used for payment determination. Additionally, CMS has signaled its intent to move more fully into digital measurement, so we can anticipate that the Hybrid Hospital-Wide Readmission measure is one of many measures that may in the future use EHR-based data rather than or in addition to administrative claims data to measure calculation. Utilizing the opportunities provided to you by the volunteer reporting periods allows you a chance to better prepare for that future in a no- or minimal-risk environment.

If you do wish to participate in volunteer reporting, it's really easy. You just submit your data by the deadline. No sign up is needed. So, if you want to participate in the 2023 volunteer reporting, which is coming up next, then you or a vendor acting on your behalf can just submit your data to CMS by September 30, 2022. You might also find it useful to sign up to CMS's EHR Listserve in QualityNet to receive information and alerts related to voluntary and the eventual mandatory reporting of the Hybrid Hospital-Wide Readmission measure. You can do this by following the pathway listed on the screen.

Once you've decided to participate in volunteer reporting, you'll need to submit your data to CMS. To do this at a higher level, the steps include first extracting the correct data elements from your EHR. As previously mentioned, these data elements include the 13 CCDE values and the six linking variables where the CCDE values are the first reported CCDE values either in the 24 hours before the inpatient admission begins or in the 2 to 24 hours after the inpatient admission begins.

Once you've extracted the CCDE values from your EHR, you'll need to populate this information in a QRDA file and then submit that file to CMS via the Hospital Quality Reporting, or HQR system, by the September 30, 2022, deadline for the 2023 volunteer reporting.

In the fiscal year 2020 IPPS rule, CMS includes the table that you see here in that rule. This table lists acceptable units of measurement for the CCDE values. While, for now, we anticipate that if hospitals submit CCDEs using other units of measurement beyond those listed here, that data will be accepted, but we still do encourage hospitals to wherever possible attempt to submit their CCDE data using the units of measurement that you see here.

Data on each patient meeting the initial patient population criteria for the Hybrid Hospital-Wide Readmission measure should be extracted from EHRs and populated into a single QRDA I file, but there is one QRDA file for each patient meeting the initial patient population criteria during the measure performance period. In the manner similar to that used for eCQMs, the data in the QRDA must be batched in quarters for submission to CMS by the Hospital Quality Reporting system.

Some hospitals might be interested in or currently already planning to submit data next year for the upcoming 2023 volunteer reporting. We thought it might be helpful to share with you some of the lessons we learned from the last volunteer reporting of the Hybrid Hospital-Wide Readmission measure. This would have been the 2018 volunteer reporting of the measure. During 2018 voluntary reporting, we found that hospitals often missed reporting that bicarbonate CCDE value for the Hybrid Hospital-Wide Readmission measure, so they were higher than normal rates of missing data for this CCDE value and, given this, we recommend that inpatient hospitals pay attention to the field and be sure to report this value in their QRDAs. We also heard in the 2018 volunteer reporting that hospitals and vendors required multiple attempts to successfully submit their data. So, given this, we recommend that hospitals submit their data as early as possible, rather than waiting until just before the deadline and encountering last minute issues.

In future as we undergo more voluntary reporting periods and as more of you share your lessons learned or experiences with us, we hope to build on those lessons learned and report them back to you in webinars such as these. If you have anything to share, please do let us know. We can then share it with others as well.

Then, before we wrap up today's presentation, I want to share with you a number of key resources that are available for the Hybrid Hospital-Wide Readmission measure, specifically resources related to the electronic specifications of the measure. So, the MAT, the QRDA implementation guide and scheme. The measure technical release notes can be found at the eCQI Resource Center if you follow the pathway are listed at the bottom of the screen. Later we will update both the eCQI Resource Center and the QualityNet website to include additional resources such as the AUS report, or the Annual Updates and Specifications report, FAQ documents, and a mock HSR.

Then, lastly, as I mentioned earlier, in recognition of the fact that it can be difficult to remember which dates and resources are appropriate for use with each reporting period for the Hybrid Hospital-Wide Readmission measure, CMS has created this key resources and dates documents which can be currently found on the eCQI Resource Center. It is meant to give you information on which data you submit, when you need to submit it, and using which versions of the MAT, the QRDA, et cetera for each reporting period.

Then, if you have any questions about the electronic specifications of the measure, you can submit them to the Jira tool using the link as seen here in the screen. For all the questions about the measure, you can then visit the QualityNet question-and-answer site and submit questions there. In particular as this is the first time CMS is implementing a hybrid measure, we welcome any feedback you have on resources that you would like CMS to make available to you, when you'd like to have them for this Hybrid Hospital-Wide Readmission measure.

That wraps it up for me. So, for now, I'll turn it back to Artrina.

**Artrina Sturges:** Thank you very much, Tamara, for your presentation today. At this time, we'd like to start the question-and-answer session. Please continue to enter your questions into the chat box, and we will try to answer as many questions as we can to assist you.

OK. So, let's start with our very first question. Tamara, I believe you just reviewed this, but this one came in kind of early. So, maybe we can speak to it really quickly again. What is the file format for hospitals to use to submit the CCDE variables?

**Tamara Mohammed**: Artrina. Hi. When they submit the CCDE variables and the linking variables to CMS, our hospitals will need to use the QRDA, or Quality Reporting Data Architecture, file Category I to report the data.

**Artrina Sturges:** Excellent. Thank you. The next question is, "What is the current reporting period for the claims-based HWR measure?"

**Tamara Mohammed:** Sure. So, the claims-based HWR measure that was released, I think, in spring 2020 HSRs contains data from June, I believe, 2018 to July 2019. Sorry.

**Artrina Sturges:** OK. Thank you. Next question: When capturing vitals and labs, if it's brought into the system from an outside source, let's say it's another organization, is that value used?

**Tamara Mohammed:** Sure. So, if you have access to the information from another system, if it's in your EHR, regardless of where it comes from, as long as the first CCDE values captured are in the time frame we specified. So, it's the 24 hours prior to admission for both the vital signs and labs, if it's the first one captured in that time frame, regardless of where it comes from, you can report it; but, if none exists in the 24 hours prior to the admission beginning, then you'll report the first vital signs capturing the two hours after the admission begins or the first values resulted in the 24 hours after the admission.

**Artrina Sturges:** Thank you. Next question: Will data be uploaded once annually with a full year of data?

**Tamara Mohammed**: At this point time, we anticipate that hospitals will have a period of time. They'll be able to submit the data at one point in time, although I believe that they can resubmit the same files. So, they will submit the entire year worth of data at the same point in time, although that data will be submitted in batches, quarterly matches. This aligns with the way that the eCQM measures are reported. Yes, they'll be submitted at one point in time, but they'll be batched by quarters. If you are thoughtful enough, you can also resubmit those data.

**Artrina Sturges:** Very good. Thank you. Next question. I'll actually take this one. Will there be an opportunity to upload test files? The answer to that is yes. The HQR system has the ability to take in either test or production files. You do have the opportunity to upload those QRDA I files directly into the system and then you review any of the feedback available for those test submissions. So, thank you.

Next question: Are you going to utilize CCDEs for the CMS HRRP?

**Tamara Mohammed:** At this point in time, CMS has not confirmed or defined the reporting of the Hybrid HWR measure in the HRRP program. Apparently there are no plans for the use of this measure in that program. If CMS does intend to use the measure in that program, they will likely include it in one of the IPPS rules, the inpatient prospective payment system.

**Artrina Sturges:** Great. Thank you. Next question: If volunteer reporting, does CMS use the Hybrid HWR score or the claims-based measure?

**Tamara Mohammed:** The voluntary reporting period is applicable only to the Hybrid Hospital- Wide Readmission measure. When hospitals report data for this measure, they will only receive a score for the Hybrid Hospital-Wide Readmission measure.

It's important to know that simultaneously the claims-based version of the Hybrid Hospital- Wide Readmission measure will continue to be reported annually as it currently is until CMS removes measures from the IQR program, which I believe occurs in the fiscal year 2026 payment determination.

**Artrina Sturges:** Thank you. Next question: During the voluntary period will we get our Hybrid HWR rate? It would be interesting to compare this to the claims data HWR rate.

**Tamara Mohammed:** Certainly, in the rule, the fiscal year 2020 rule, I believe CMS signaled that they intend to report the Hybrid Hospital-Wide Readmission rate to hospitals who participate in voluntary reporting. It's definitely, I think, one of the benefits of participating in volunteer reporting that CMS will report this Hybrid Hospital-Wide Readmission rate in addition to other pieces of information.

**Artrina Sturges:** Thank you. Next question: What exactly is this additional information going to do for the readmission measure?

**Tamara Mohammed:** Sure. The CCDE information, as I mentioned, are used for risk adjustment in the measure. If you report the CCDE data to us, we include it in the risk adjustment model of the measure. What that means is that when we calculate measure results for you, we, in essence, are more fully capturing or more comprehensively looking at the actual risk of the patient. Hopefully, we are more accurately reflecting that in the measure calculation results that you receive.

**Artrina Sturges:** Great. Thank you. Next question: What is the data outcome from the submissions of this data? What will be reported back to the hospital in regard to readmissions?

**Tamara Mohammed:** Sure. I assume you're asking for what information will be contained in the HSR, the Hospital-Specific Report, that CMS plans to deliver to hospitals who participate in the volunteer reporting. Although CMS certainly hasn't finalized or confirmed what will be in those reports, there is certainly an example set from the last volunteer reporting period, the 2018 volunteer reporting period. In the 2018 volunteer reporting period, CMS calculated for hospitals their readmission rate on the hybrid measure. They provided information on how the hospital compared to all the other hospitals who participated in voluntary reporting. They provided information on each admission included in the measure calculation. They provided information on the case mix, and they also provided information on the CCDE data that were missing from hospital submissions. We anticipate that some of this information will be included in HSRs in the future of voluntary reporting. Plus, hopefully, there will be information on our IQR participation requirements.

**Artrina Sturges:** All right. Thank you, Tamara. Next question: If a patient is in the ER and then observation for 24 hours, would the observation data be sent? Would it be the oldest data in the 24 hours prior to admission?

**Tamara Mohammed:** I'm assuming that this patient was in the ED then in observation for 24 hours and then actually they had an inpatient admission, since your hospital is only reporting information on the inpatient admissions that occurred. If an inpatient admission occurred and you're asking about which CCDE values should be reported, then it would be the first CCDE values collected, whether it was in the ER or in the observation stay, wherever you collected it first. Yes, if by all this data you mean the first data collected is 24 hours prior to admission, then yes it would be the oldest data, the first data collected.

**Artrina Sturges:** Thank you. Next question: How can organizations use the HWR data to reduce readmissions?

**Tamara Mohammed:** I think this is similar to the way hospitals currently use any of the information that CMS provides them for the HWR information measures to reduce readmissions. They can simply take a look at each patient included in the measure to understand which patients were readmitted, why they were readmitted, how they were readmitted. The HWR measure in particular subdivides all of its patients into one of five cohorts. I think hospitals can also take a look at the cohort specific-level to understand maybe if there is a trend in one particular kind of patient being readmitted to another and try to combine the information CMS provides with their own internal data to identify improvement mechanisms to reduce readmission.

**Artrina Sturges**: Thank you. Next question: When this becomes mandatory reporting, will CAHs (critical access hospitals) be required to report or is this limited to the acute care hospital setting?

**Tamara Mohammed:** CAHs that participate in the IQR program will be required to report the data in order to receive their payment incentives. Certainly, there is the reporting of information, as I specified in one of the slides, the quantity of data reported that matters. Yes, once it becomes mandatory, CAHs participating in the IQR program will be required to report.

**Artrina Sturges:** Next question: Please clarify the voluntary versus the mandatory reporting timeline. In the 2022 IPPS proposed rule, it appears to suggest that the mandatory period becomes 2024.

**Tamara Mohammed:** There are two voluntary reporting periods. In essence, there's 2023 volunteer reporting. You can go to slide 21, maybe that will help. There's a 2023 volunteer reporting, and it includes data up until June 2022. That's the first green line in this column. That's voluntary reporting, in which payment determination is not impacted and then which results are not made public. That's the first one; 2024 voluntary reporting includes up until 2023, so June 30, 2023. Again, this is not public information.

It's not used for payment determination, but the first one, the first mandatory reporting is 2025. So, if you mean it includes 2024 maybe you're referring to the use of data that ends in June 2024. That is when the data, that is the mandatory data used. Then one for this 2025 mandatory reporting payment determination will be impacted and the results will become publicly available.

**Artrina Sturges:** Great thank. Next question: If I correctly understand, all data for this measure can be submitted electronically, much like we submit eCQMs now.

**Tamara Mohammed:** Correct. All of the CCDEs (the Core Clinical Data Elements) and the linking variables will be submitted electronically. As I mentioned, CMS takes the date that you submit, like the eCQM data, and then merges with the claims-based data. All the data you submit, the CCDEs, and linking variables are electronically submitted, but there are certainly other data that we use to calculate the measure results.

**Artrina Sturges:** Great. Thank you. Next question: At this time, the claims-based measure falls into calculations for the Readmission domain of Hospital Compare. Would the hybrid measure replace that and be calculated in it?

**Tamara Mohammed:** CMS again has not confirmed this, although it would likely be true that the hybrid measure reporting would replace the way that the current claims-based versions of the measures report. I'm not sure when you say Readmission domain if you're referring to just the way it's reported on what is now Care Compare versus star ratings. There is no guidance yet in terms of how this measure is used in terms of star ratings.

**Artrina Sturges:** Thank you. If we could go to slide 26? We have a clarifying question. For Step 1, extract/collect the data, is that process similar to eCQMs or web-based abstraction that would then populate into the QRDA I file?

**Tamara Mohammed**: So, I'm not as familiar with the eCQM or web-based measures, but I do believe that the way the Hybrid Hospital-Wide Readmission measure works is more similar to the eCQM extraction process. There's logic and guidance used as was in the information in the implementation guide that's used to populate to extract information from the EHRs and populate them into QRDAs.

**Artrina Sturges:** OK. Yes, that's exactly right. Thank you. Next question: Can you use combined CCDEs from prior to or after admission to complete the requirements?

**Tamara Mohammed:** Yes. Certainly, so, if some of your CCDEs were captured prior to admission and some of them were captured after admission, but in all instances, they represent the first captured CCDEs, then you can certainly combine them to report them.

**Artrina Sturges:** Thank you. Next question: Do you have an available tool to help us to make the QRDA I file from the extracted CCDE results associated with the admission data? I'll take this one. The thing is, in order to construct that QRDA I, we do have some individual tools to help people build those files. What we'll do is, we'll make sure that we have links to that information in the Q&A document when it's posted. So, we'll make sure that we outline that information for you. [Link to eCQI Resource Center's 2022 Reporting Period Eligible Hospital/Critical Access Hospital Resources: https://ecqi.healthit.gov/eh-cah?globalyearfilter=2022]

Next question: Was there consideration for the added cost to most hospitals since many would have to get a third-party vendor to collect the data from the EHR and submit to CMS?

**Tamara Mohammed**: I'm not sure about the full consideration CMS gave to the move towards digital measurement in general. Certainly, hospitals may use vendors to actually report the data, the CCDE, and linking data to CMS.

Those who also have sort of standalone IT departments may also be able to do this themselves and to report the information themselves. Hospitals that participate in the IQR program also receive payment incentives for it, so there is some financial incentive for the reporting of this measure. I think there's certainly a benefit that CMS is moving more closely towards digital measurement in the future. I think there's a signal from CMS and this is where they anticipate measurements will be in the future.

**Artrina Sturges:** Thank you. Actually, I just want to add a couple more pieces to that. The other thing to think about too is that for a number of vendors some of them may have participated when we started the voluntary reporting process way back in 2018 when this was first proposed. So, some vendors may already have an opportunity to help to create those QRDA I files for the hospitals who want to participate in the voluntary reporting for the Hybrid HWR measure. The other thing to think about too is that, in some instances, and I can't quote exactly which vendors or anything like that, but there are some opportunities with some vendors where they will help you to create these files without the additional cost. Again, that's a discussion that you have with your vendor to determine, you know, if they do support this, and if they do, then how that process works and any associated costs. I do want to just mention that there is that opportunity out there, and all of those things were taken into consideration. I can confirm some of this on CMS's behalf that that was part of their consideration process and also part of the conversations that they've also helped with vendors. I just want to put that information out there

Next question: Can hospitals leverage a vendor to submit the measures similar to eCQMs? Tamara, I'll take this one, too. Yes. We just kind of segued into that. Vendors are aware of this and aware of folks wanting to voluntarily report the measures. They do monitor in terms of you know when the proposed rule and the final rules come out.

They do see what hospitals are being asked, if they're willing to participate in, and then that gives them an idea of how they need to plan to support those efforts for the hospitals to have. So, yes, that is an option. That is available. OK. We clarified that one.

I'm sorry. I'm just reading through some of the others that have come in. Thank you all for submitting your questions. Please keep them coming because we do have a few more minutes available to help out.

Next question: Can you clarify if the units of measures listed in the presentation are the only ones allowed for submission?

**Tamara Mohammed**: For 2023 volunteer reporting, we anticipate that hospitals may use units of measurement beyond the ones listed in the slide. Certainly, the ones listed in the slides are the ones that CMS include in the rule, the fiscal year 2020 rules. Wherever possible we encourage hospitals to align as closely as possible with those user submissions.

**Artrina Sturges**: Good. Thank you. Tamara, this I think looks more like a clarifying question. They're asking how are the CCDEs used in risk adjustment: They said, "Are there different weightings, odds, ratios? Is there more information on this specifically available?"

**Tamara Mohammed:** I think that for each CCDE there are certainly different odds and ratios that are used. We don't have weightings for seeing the measure, but if you're looking for information specifically, all the stuff of the claims-based specifications of the measure and the way that the CCDEs are used, you can go to the methodology report that's currently posted on the QualityNet website.

**Artrina Surges:** Thank you. For the vitals and labs, clarifying any value in the 24 hours prior to admission, is this including home health or emergency services or just since arrival to the facility? Will this only include discrete data entered directly into your EHR?

**Tamara Mohammed:** If you are looking at any CCDE value collected in 24 hours prior to the start of the inpatient admission, if they exist in your EHR, we're not certainly asking you to go to EMS and ask for the information on line and manually enter it, unless that's generally your process.
Whatever is the first captured information in your EHR that you have access to, regardless of where it comes from, if it's from home health or EMS, that's fine, as long as you have that information in your EHR as long as it is the first CCDE captured in the time frames that we specify.

**Artrina Sturges:** Great. Thank you. We have just a few more minutes. Where can I find the resources document that's found on slide 31? It looks like they did a search, but they had a little difficulty identifying where to locate the document, so they just need a few more details.

**Tamara Mohammed:** If you go on the eCQI Resource Center, let me try and follow it as well. If you go on the eCQI Resource Center, there's a tab under eCQM for the hybrid measures. If you click on that tab, it takes you down to what we currently have for the 2021 data used for the 2023 volunteer reporting period. In that list of resources, you see there, you should find the 2023 volunteer reporting CCDEs and resources document that's on that slide. Go to the eCQI Resource Center and select under the eCQM tab, the hybrid measures. Just scroll and it should be there.

**Artrina Sturges:** Great. Thank you. What's the next question? What if a patient starts in an outpatient procedure area like a cath lab and then they're admitted, but the documentation is not integrated with the EHR? Would we use the first set of vitals after the patient becomes an inpatient?

**Tamara Mohammed:** Correct. The first one's in the EHR.

**Artrina Sturges:** Excellent. OK. Thank you. Let's see and there's another question. I'll actually take this one. Will we be able to submit this information for the hybrid measure using CART and then upload to the warehouse?

This is clarified earlier in the presentation. Actually, what you're going to use is you're going to submit the Quality Reporting Document Architecture, so the QRDA I file just as you would use for eCQM reporting, you're going to use that file format to be able to upload your data to the Hospital Quality Reporting system. I just want to make sure we clarify that CART is not involved with the data submission process for the hybrid measures.

Next question. This is a good question. Is there information about how the CCDE data will be stratified? Also, are data being used to more effectively decipher the validity of the readmission?

**Tamara Mohammed:** The Hybrid Hospital-Wide Readmission measure doesn't stratify results at this point. We will use the CCDE that are reported for a risk adjustment of the measure. The second part of it was to decipher the ability of the readmission. It's not about deciphering whether or not a readmission occurred or whether or not it was appropriate. It's more, in essence, to understand the risk of the patient at the risk of a readmission outcome of the patient at the point in time where they arrive to the hospital. So, for example, if they have a stroke, was it a more severe stroke or a less severe stroke? Potentially, some of the CCDEs are trying to essentially understand the risk of the patient for readmission at the point in time. When we risk adjust, it more accurately captures or like assesses the risk of the patient. That factors in to the readmission that is calculated for the measure.

**Artrina Sturges:** OK. Very good. Thank you. Next question, and we'll just take one more after this. Will inpatient psychiatric hospitals be included in this measure?

**Tamara Mohammed:** Typically, the Hybrid Hospital-Wide Readmission measure looks at acute inpatient readmissions, so it doesn't consider admission to psychiatric units. So, I would assume no, but it would just be for acute units in IQR hospitals.

**Artrina Sturges:** Thank you, and we'll let this one be our last one because I think it's got a couple parts to it. I'll put the first two together. The question is, "How are the labs calculated? What if there are labs that are not performed?"

**Tamara Mohammed:** We don't calculate the laboratory results ourselves. You will be reporting the laboratory results associated with that admission for that patient to us. If a lab value is not performed, certainly, hospitals I think will just leave the data missing. At this point in time, CMS has not yet confirmed how this missing data will be managed during the measure calculation process.

**Artrina Sturges:** Thank you so much. OK. We're going to go ahead and conclude our question-and-answer session for today. I just want to thank all of you for submitting your questions. Next slide, please.

For today's webinar, one continuing education credit has been approved. To verify CE approval for any other state license or certification, please contact your licensing or certification board. Once again, I'd really like to give a huge thank you to Ms. Mohammed for her time and for sharing her expertise with us today. I also want to give a huge thank you to all of you for your time and attention. Have a good afternoon, everyone.