

# Welcome!

- **Audio for this event is available via GlobalMeet® Internet streaming.**
- **Connect via Chrome.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please request a dial-in line via the “Ask a Question” box.**
- **This event is being recorded.**



# Troubleshooting Audio

Audio from computer speakers breaking up?

Audio suddenly stop?

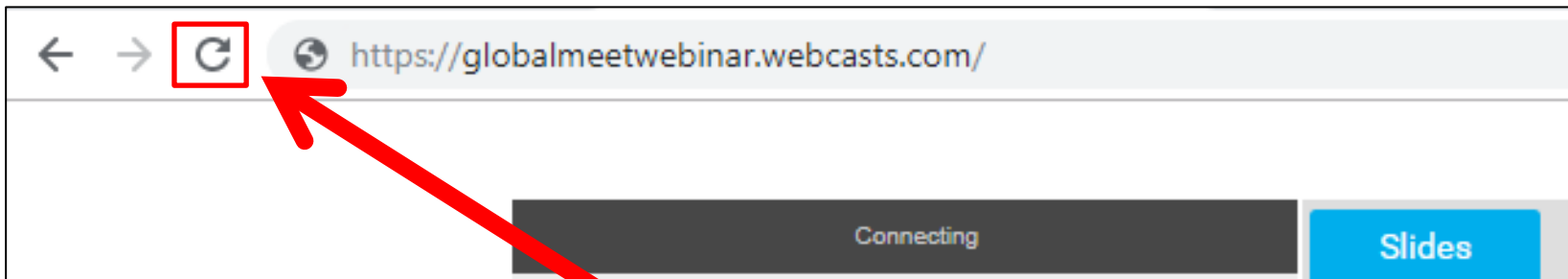
Click Refresh

– or –

Press F5



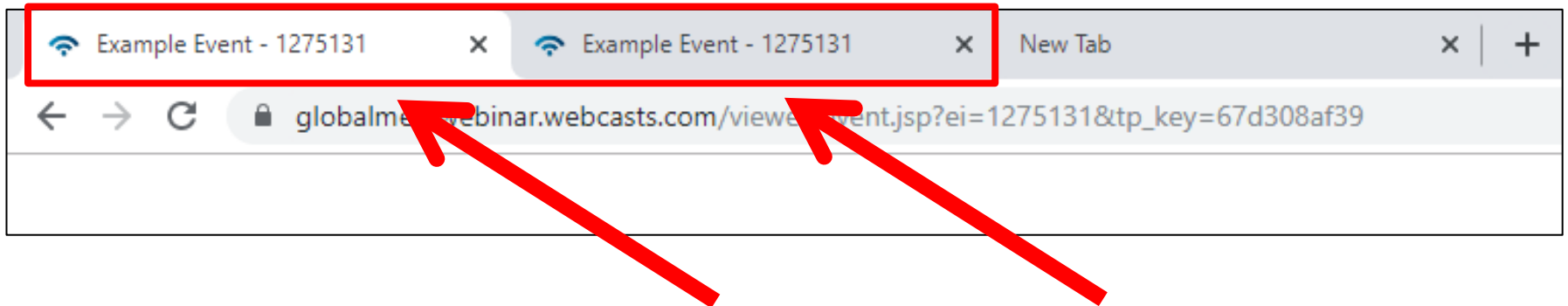
F5 Key  
Top Row of Keyboard



Refresh

# Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



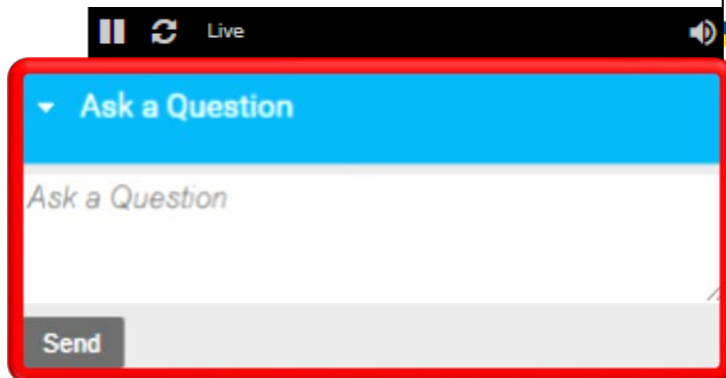
Example of Two Browsers/Tabs Open in Same Event

# Submitting Questions

Type questions in the “Ask a Question” section, located on the left-hand side of your screen.



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



**Today's Presentation**



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

**May 18, 2021**

# Speakers

**Tamara Mohammed, MHA, PMP**

Project Lead

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

**Moderator**

**Artrina Sturges, EdD**

Electronic Clinical Quality Measure (eCQM) Alignment Lead  
Hospital Inpatient Quality Reporting (IQR) Program  
Inpatient Value, Incentives, and Quality Reporting (VIQR)  
Outreach and Education Support Contractor

# Purpose

This presentation provides an overview of the Hybrid Hospital-Wide Readmission (HWR) measure, the implementation timeline, and the transition from voluntary to required reporting of the measure to the Hospital Inpatient Quality Reporting (IQR) Program by IQR-eligible hospitals.

# Objectives

Participants will be able to:

- Understand the Hybrid HWR measure and its benefits.
- Follow the reporting timeline for the measure's implementation.
- Complete the steps for Hybrid HWR measure reporting.



# Acronyms and Abbreviations

<b>AUS</b>	Annual Updates and Specifications	<b>IP</b>	initial population
<b>CCDE</b>	core clinical data elements	<b>IPPS</b>	inpatient prospective payment system
<b>CCN</b>	CMS Certification Number	<b>IQR</b>	Inpatient Quality Reporting
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>K/MCL</b>	thousands of cells per microliter
<b>CORE</b>	Center for Outcomes Research and Evaluation	<b>KG</b>	kilogram
<b>DOB</b>	date of birth	<b>LB</b>	pound
<b>ECQI</b>	Electronic Clinical Quality Improvement	<b>MAT</b>	Measure Authoring Tool
<b>ECQM</b>	Electronic clinical quality measure	<b>MBI</b>	Medicare Beneficiary Identifier
<b>ED</b>	emergency department	<b>MEQ/L</b>	milliequivalents per liter
<b>EHR</b>	electronic health record	<b>MG/DL</b>	milligrams per deciliter
<b>F</b>	Fahrenheit	<b>mmHG</b>	millimeter of mercury
<b>FFS</b>	Fee for Service	<b>MMOL/L</b>	millimole per liter
<b>HICN</b>	Health Insurance Claim Number	<b>Q&amp;A</b>	question and answer
<b>HSR</b>	Hospital-Specific Report	<b>QRDA</b>	Quality Reporting Data Architecture
<b>HWR</b>	Hospital-Wide Readmission	<b>VIQR</b>	Value, Incentives, and Quality Reporting

# Webinar Chat Questions

Please submit any questions that are pertinent to the webinar topic via the Chat tool. As time permits, we will answer these questions at the end of the webinar. Pertinent questions not answered will be addressed in a questions-and-answers document, to be published later.

**Note:** As a reminder, we do not use the raised-hand feature in the Chat tool during webinars.

If you have an additional question after this event, submit your question through the [QualityNet](#) Inpatient Questions and Answers tool, at [QualityNet Q&A Tool](#). Include the webinar name, slide number, and speaker name.

If you have a question unrelated to the current webinar topic, we recommend that you first search for it in the [QualityNet](#) Inpatient Questions and Answers tool, at [QualityNet Q&A Tool](#). If you do not find an answer, then submit your question to us via the same tool.

We will respond to questions as soon as possible.

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

## **Hybrid Hospital-Wide Readmission (HWR) Measure**

# General Overview of a Hybrid Measure

- A hybrid measure uses both claims data and core clinical data elements (CCDEs) from the electronic health records (EHR) for measure calculation.
- Core clinical data elements:
  - Are intended to reflect a patient's clinical status when the patient first presents to an acute care hospital for treatment.
  - Are routinely and consistently captured in most adult inpatient records and can be electronically extracted from hospital EHRs.
- To calculate the hybrid measures, administrative data from the EHR (linking variables) are needed to link the CCDE to the claims data.

# Overview of the Hybrid HWR Measure

- The Hybrid HWR Measure is planned for use in the Hospital IQR program.
- The Hybrid HWR measure is an all-cause, risk-standardized readmission measure that focuses on unplanned readmissions 30 days of discharge from an acute hospitalization.
- The measure includes the following:
  - Medicare FFS beneficiaries
  - Patients ages 65 years or older
  - Patients discharged alive from non-federal acute care hospitals
  - Patients not transferred to another acute care facility
- Measure methodology aligns with the claims-based HWR measure currently used in the Hospital IQR Program, with the difference that the hybrid measure uses CCDE as part of the risk adjustment.


# List of CCDE and Linking Variables

For the Hybrid HWR measure, hospitals need to submit 13 CCDEs (6 vital signs + 7 laboratory test results) and 6 linking variables.

6 Vital Signs	7 Laboratory Test Results	6 Linking Variables
Heart rate	Hematocrit	CMS Certification Number (CCN)
Respiratory rate	White blood cell count	Health insurance claim number (HICN) or Medicare Beneficiary Identifier (MBI)
Temperature	Sodium	Date of birth (DOB)
Systolic blood pressure	Potassium	Sex
Oxygen saturation	Bicarbonate	Admission Date
Weight	Creatinine	Discharge Date
	Glucose	

# Capturing CCDE Data

- Begin by looking for CCDE results associated with the admission that were captured in the 24 hours that *immediately preceded* the admission.
  - Select the first result associated with the stay within that 24-hour window, such as data captured during an emergency department (ED) encounter that preceded the admission.
- ***If no results are available***, then look for the first CCDE results *after* the admission:
  - Within 0-2 hours *after* admission for the vitals.
  - Within 0-24 hours *after* admission for the laboratory test results.



6 Vital Signs	7 Laboratory Test Results
First vitals collected 0-24 hours <i>prior</i> to admission	First lab results 0-24 hours <i>prior</i> to admission
<b><i>If not available, then</i></b> first vitals collected 0-2 hours <i>after</i> admission	<b><i>If not available, then</i></b> first lab results 0-24 hours <i>after</i> admission

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

---

## **Hybrid HWR Measure Implementation Timeline and Reporting Requirements**



# Hybrid HWR Measure Implementation Timeline

The FY 2020 Inpatient Prospective Payment System (IPPS) rule finalized the following:

- 2023 voluntary reporting
- 2024 voluntary reporting
- Mandatory reporting under the Hospital IQR Program starting in 2025 (FY 2026 payment determination)
- Removal of the claims-based HWR measure from the Hospital IQR Program beginning with FY 2026 payment determination to align with the start of mandatory reporting of the Hybrid HWR measure

# 2023 Voluntary Reporting

- Hospitalizations between July 1, 2021, through June 30, 2022
- Data submission deadline: September 30, 2022
- 2021 Measure Authoring Tool (MAT) Specifications, Value Sets, and Direct Reference Codes for the Hybrid HWR measure
- 2021 CMS Quality Reporting Data Architecture (QRDA) Category I Schematrons and Sample Files for Hospital Quality Reporting
- 2021 CMS QRDA I Implementation Guide for Hospital Quality Reporting
- 2023 Claims-Based Annual Updates and Specifications Report for the claims-based specifications of the measure
- Anticipate spring 2023 Availability of Hospital-Specific Report (HSR)

**Results *will not* be publicly displayed and *will not* affect annual payment determination.**

# 2024 Voluntary Reporting

- Hospitalizations between July 1, 2022, through June 30, 2023
- Data submission deadline: October 2, 2023
- 2022 MAT Specifications, Value Sets, and Direct Reference Codes for the Hybrid HWR measure
- 2022 CMS QRDA Category I Schematrons and Sample Files for Hospital Quality Reporting
- 2022 CMS QRDA I Implementation Guide for Hospital Quality Reporting
- 2024 Claims-Based Annual Updates and Specifications Report for the claims-based specifications of the measure
- Anticipate spring 2024 Availability of HSR

**Results *will not* be publicly displayed and *will not* affect annual payment determination.**

# 2025 Mandatory Reporting

- Hospitalizations between July 1, 2023, and June 30, 2024
- Data submission deadline: October 1, 2024
- 2023 MAT Specifications, Value Sets, and Direct Reference Codes for the Hybrid HWR measure
- 2023 CMS QRDA Category I Schematrons and Sample Files for Hospital Quality Reporting
- 2023 CMS QRDA Category I Implementation Guide for Hospital Quality Reporting
- 2025 Updated Hybrid HWR Methodology Report for Claims-based and Hybrid Specifications
- Anticipate Spring 2025 Availability of HSR

**Results *will be* publicly displayed and *will* affect FY 2026 annual payment determination under the Hospital IQR program.**

# Anticipated Implementation Timeline

## Life Cycle of the Hybrid Hospital-Wide Readmission Measure 2023 – 2025 Reporting Periods

Reporting Period	Measure Authoring Tool Annual Update Release	Performance Period	Data Submission Timeframe	HSR Distribution Timeframe	Public Reporting
2023 Voluntary Reporting	Spring 2021	<b>Hospitalizations</b> 7/1/21 – 6/30/2022	Fall 2022	Spring 2023	N/A
2024 Voluntary Reporting	Spring 2022	<b>Hospitalizations</b> 7/1/22 – 6/30/2023	Fall 2023	Spring 2024	N/A
2025 <b>Mandatory</b> Reporting	Spring 2023	<b>Hospitalizations</b> 7/1/23 – 6/30/2024	Fall 2024	Spring 2025	Summer 2025

# IQR Participation Requirements

The FY 2020 IPPS rule also stated that a hospital will only successfully meet the IQR participation requirements for the Hybrid HWR measure if they:

1. Submit **linking variables on 95% or more of discharges** with a Medicare Fee for Service (FFS) claim for the same hospitalization during the measurement period.
2. Report **vital signs for 90% or more of the hospital discharges** for Medicare FFS patients, 65 years or older in the measurement period (as determined from the claims submitted to CMS for admissions that ended during the same reporting period).
3. Submit the **laboratory test results for 90% or more of discharges** for non-surgical patients, meaning those not included in the surgical specialty cohort of the Hybrid HWR measure.

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

---

## **Reporting the Hybrid HWR Measure**

# Benefits of Participating in 2023 and 2024 Voluntary Reporting

- Build processes to extract and report core clinical data elements.
- Test and receive feedback on EHR data submission process prior to payment determination.
- Receive feedback on measure performance and participation success prior to public reporting of measure results.
- Get a head start in EHR collection to prepare your hospital for the future. CMS is moving towards quality measures that utilize medical record data rather than, or in addition to, administrative claims.



# How to Participate in Voluntary Reporting

- No sign-up needed.
- Submit data by the **September 30, 2022** deadline (for 2023 voluntary reporting).
  - Hospitals can submit data directly or via a vendor.
- Sign-up for Listserves to receive information about voluntary reporting.
  - <https://qualitynet.cms.gov/>  
Subscribe to email updates > Select “*EHR Notify: Hospital Reporting EHR (Electronic Health Record) and Promoting Interoperability (PI)/ eCQM Notifications*”

# Steps to Successful Submission

1. Extract/collect the data  
(using correct timing windows  
and data standards)
2. Populate the core clinical  
data elements into QRDA  
Category I file
3. Submit the QRDA Category I  
file through the HQR System

# Accepted Units of Measurement

Data Elements	Units of Measurement	Additional Accepted Units of Measurement
Heart Rate	Beats per minute	--
Systolic Blood Pressure	Millimeter of mercury (mmHG)	--
Respiratory Rate	Breath per minute	--
Temperature	Degrees Fahrenheit (F)	Degrees Celsius
Oxygen saturation	Percent (%)	--
Weight	Kilogram (KG)	Pounds (LB)
Hematocrit	Percent (%)	--
White Blood Cell Count	10 <sup>9</sup> per liter (X10E+09/L)	Thousands of cells per microliter (K/MCL)
Potassium	Millimole per liter (MMOL/L)	Milliequivalents per liter (MEQ/L)
Sodium	Millimole per liter (MMOL/L)	MEQ/L
Bicarbonate	Millimole per liter (MMOL/L)	MEQ/L
Creatinine	Milligrams per deciliter (MG/DL)	--
Glucose	Milligrams per deciliter (MG/DL)	--

# QRDA Population and Submission

- Data must be submitted via a QRDA Category I file.
  - A QRDA-I document is created for each patient meeting the initial population (IP) criteria of the CCDE specification.
  - In alignment with the way data are submitted for eCQMs, data must be batched in quarters for submission.
- QRDAIAs are submitted via the HQR System.

# Lessons Learned from 2018 Voluntary Reporting

- In 2018, CMS hosted the 2018 voluntary reporting of the Hybrid HWR measure.
- In comparison to other CCDE values, hospitals often missed reporting the bicarbonate CCDE value for patients.
  - It is recommended that hospitals ensure they report this value.
- Hospitals often required several attempts to successfully submit their QRDA's.
  - It is recommended that hospitals submit their data as early as possible.

# Resources

- The eCQI Resource Center (<https://ecqi.healthit.gov>\*) houses key resources for implementing the hybrid measures:
  - MAT specifications
  - QRDA Category I Implementation Guide and QRDA scheme
  - Measure release notes (technical release notes)
  - Key dates and resources table
- The *QualityNet* page (<https://qualitynet.cms.gov/inpatient/measures>) will house additional resources:
  - Annual Updates and Specifications (AUS) report for the claims-based measure specifications
  - Frequently asked questions
  - A mock HSR

\* <https://ecqi.healthit.gov> > *Eligible Hospitals/Critical Access Hospital eCQMs > Hybrid Measures*

# Key Resources and Dates Document

CMS made the Key Resources and Dates document available to help facilities understand the data to report, deadlines, the files/specifications to reference, and other information.

**2023 Voluntary Reporting Key Dates and Resources: Hybrid Hospital-Wide Readmission (HWR) Measure**

**Introduction**

This document summarizes key dates and resources for hospitals participating in the 2023 voluntary reporting of the Hybrid HWR Measure.

**Key Dates**

For the 2023 Voluntary Reporting of the Hybrid HWR measure, participating hospitals:

- Should submit information on 13 core clinical data elements (6 vital signs and 7 laboratory test results) along with 6 linking variables:
  - For discharges occurring between **July 1, 2021 – June 30, 2022**
  - By **September 30, 2022**
- Will receive Hospital-Specific Reports (HSRs) in **Spring 2023**

**Questions?**

If you have any questions about the hybrid measures, please email [cmshybridmeasures@yale.edu](mailto:cmshybridmeasures@yale.edu) or submit your question via JIRA <https://oncprojectracking.healthit.gov/support/browse/CHM>.

<p><b>eCQI Resource Center – Hybrid Page</b> <a href="https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=3&amp;year=2021">https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=3&amp;year=2021</a></p> <p><b>2021 Reporting Period [Published May 2020]</b></p> <ul style="list-style-type: none"><li>• eCQM Specifications for CMSS29v1 (Hybrid HWR) (version 1.3.000)</li><li>• Hybrid HWR Value Sets and Direct Reference Codes</li><li>• Hybrid HWR Binding Parameter Specification</li><li>• Hybrid HWR Technical Release Notes</li><li>• eCQM Annual Update Implementation Checklist and Pre-Publication Document</li></ul>	<p><b>eCQI Resource Center – Quality Reporting Data Architecture (QRDA)</b> <a href="https://ecqi.healthit.gov/qrda">https://ecqi.healthit.gov/qrda</a></p> <ul style="list-style-type: none"><li>• 2021 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting</li><li>• 2021 CMS QRDA Category I Implementation Guide for Hospital Quality Reporting</li></ul>
---	--

**Resources on QualityNet**  
<https://www.qualitynet.org/inpatient/measures/hybrid>

- 2023 Claims-based HWR Measure Updates and Specifications Report (to be posted in spring 2023)
- 2023 Hybrid HWR Mock HSR (to be posted in spring 2023)
- 2023 Hybrid HWR HSR User Guide (to be posted in spring 2023)
- 2023 Hybrid HWR Frequently Asked Questions (to be posted in spring 2023)
- 2023 Hybrid HWR Fact Sheet (to be posted in spring 2023)
- Hybrid Measure Tutorial Video and Introductory Webinar

# Thank You

- Stakeholders may submit questions about the Hybrid HWR measure to CMS via the following:
  - [JIRA tool](#): For questions about the measure's electronic specifications:
  - [QualityNet Q&A Tool](#): For questions about the measure's implementation or claims-based specifications.
- Let us know about the resources you would like to support Hybrid HWR measure reporting.



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

---

## **Question & Answer Session**

# 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.

# Disclaimer

This presentation 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 this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation 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 presentation 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.