Alignment of Electronic Clinical Quality Measure (eCQM) Reporting

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

Resources for Reporting FY 2024 eCQM and Hybrid HWR Measure Data

Question and Answer Summary Document

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May 25, 2022
2:00 p.m. Eastern Time

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar and after the event. The questions and answers have been edited for grammar.

Hybrid Hospital-Wide Readmission (HWR) Measure

Question 1: **When will the Hybrid Hospital-Wide Readmission (HWR) measure become mandatory?**

Hospitals participating in the Hospital Inpatient Quality Reporting (IQR) Program are required to submit Hybrid HWR measure data beginning with the 2025 mandatory reporting period, which includes data from July 1, 2023, to June 30, 2024. These data will be publicly reported in 2025, impacting the FY 2026 payment determination. In addition, Hybrid Hospital-Wide All-Cause Risk-Standardized Mortality (Hybrid HWM) measure data are required during the same measurement period (July 1, 2023–June 30, 2024). These data, impacting the FY 2026 payment determination, will also be publicly reported in 2025. It is important to note that the data must be reported using Health Information Technology (Health IT) certified by the Office of the National Coordinator for Health IT (ONC) to the 2015 Edition Cures Update criteria, beginning with the FY 2025 payment determination.

Question 2: **Will we submit data for the Hybrid HWR measure through the HQR website?**

Yes. Hybrid HWR measure data will be uploaded to the *HQR Secure Portal*, like the eCQM data submission process. All of the Core Clinical Data Elements (CCDE) and the linking variables will be submitted electronically using Quality Reporting Document Architecture (QRDA) Category I files. CMS takes the QRDA Category I data, that were submitted like eCQM data, and merges them with claims-based data, so all the data are electronically submitted. Also, users will require the necessary roles. Hospitals that have vendor(s) upload data on their behalf will need to authorize them by accessing the Vendor Management section in the HQR System.

Question 3: **Is the QualityNet site different than the HARP site that we use to submit data for the Promoting Interoperability Program?**

The QualityNet website (QualityNet.cms.gov) is accessible to the public to learn about healthcare quality improvement news, resources, and data reporting tools. However, users must register and create a HCQIS Access Roles and Profile (HARP) account to log into the *HQR Secure Portal* (HQR.cms.gov) to upload and submit quality measure data, such as eCQM and hybrid measure data, to CMS.

Question 4: **We are interested in participating in the voluntary reporting of the Hybrid Hospital-Wide Readmission measure. Is there anything specific we need to do? How do we go about registering or signing up to submit this data?**

If your facility is interested in participating in the 2023 voluntary reporting of the Hybrid HWR measure, your facility simply needs to submit data on the Hybrid HWR measure by the submission deadline (September 30, 2022) via the HQR System. No registration or sign-up is needed.

Question 5: **When capturing data for the Hybrid HWR measure, do we need to abstract from the index admission only or from all admissions for the Medicare population?**

Facilities only need to report the Core Clinical Data Elements (CCDE) for the index admission for the Hybrid HWR measure. However, since every admission for an eligible Medicare FFS patient aged 65 and over could also be a new index admission for the Hybrid HWR measure, it is advisable that you report the CCDE (and linking variable) information for every admission for every eligible Medicare patient during the measure's performance period.

Question 6: **How will we receive feedback from the voluntary reporting of the Hybrid HWR measure**?

At the point of data submission, stakeholders should be able to receive immediate feedback via the HQR System on whether or not the QRDA Category I files were successfully uploaded. Users should review the Submission Accuracy Tab and locate the file(s) that were rejected for revision and resubmission. Additionally, once hospitals voluntarily submit data, it is anticipated that, in the spring of the year following data submission (e.g., in spring 2023 for data submitted in all 2022), hospitals will receive Hospital-Specific Reports (HSRs) that provide detailed, confidential information on their performance on the measure.

Question 7: **Can you please explain how we verify that we are capturing the threshold required for submission (95 percent or more discharges; 90 percent vital signs; and 90 percent lab test)?**

Hospitals that participate in the 2023 voluntary reporting of the Hybrid HWR measure are expected to receive Hospital-Specific Reports (HSRs) that contain information on their performance against these reporting thresholds. This information will help hospitals monitor whether they are on track to meet these reporting thresholds once the measure enters mandatory reporting.

Question 8: **Will the Hybrid HWR measure only be for Medicare Fee for Service (FFS) patients and not Medicare Health Maintenance Organization (HMO) patients?**

The Hybrid HWR measure is calculated using Medicare FFS patients only.

Question 9: **Slide 20. Are the vital signs and lab test results collected first recorded when the patient is in the emergency department (ED) or when the patient becomes an inpatient?**

The vital signs and lab test results to be reported are the first recorded results during the relevant timeframe, regardless of where the information was recorded. As a result, if the first recorded vital signs and lab test results were collected in the ED, then these results should be reported.

Question 10: **Must a vendor submit data for the Hybrid HWR measure?**

Hospitals participating in the Hospital IQR Program can upload and submit data for the voluntary Hybrid HWR measure, or they may authorize a vendor to submit data on their behalf. Data submitters will need the necessary HQR user role permissions and vendor access to view, upload and edit their data.

Basic users with the eCQM permission will automatically receive the same level of access for the Hybrid HWR measure. New users will need to log into HQR and select Access Management to request the eCQM permission. A new vendor authorization is required when a vendor submits Hybrid HWR measure data on the hospital's behalf. Hospitals will need to select Vendor Management and eCQM to add/edit permissions for Hybrid HWR measure data. Visit the HQR Support Video Playlist or

contact the CCSQ Service Center at (866) 288-8912 or QNetSupport@cms.hhs.gov for additional assistance.

Question 11: **Slide 21. For the lab test result submissions, do we only submit for Medicare FFS patients aged 65 and over?**

Yes. For the Hybrid HWR measure, hospitals are asked to submit data (including lab test results) for Medicare FFS patients aged 65 and over.

Question 12: **Will the Hybrid HWR measure replace the individual readmission measures such as the heart failure (HF) readmission measure?**

CMS has not indicated that condition-specific readmission measures such as the HF readmission measure will be replaced by the Hybrid HWR measure. Instead, as per the FY 2020 IPPS/LTCH PPS final rule, CMS has indicated that the Hybrid HWR measure will replace the claims-only HWR measure beginning with the FY 2026 payment determination**.**

Question 13: **Will we see only one HSR next year, after data submission, that notifies if the hospital met the required percentage of data elements noted in the webinar?**

Hospitals that participate in the 2023 voluntary reporting of the Hybrid HWR measure are expected to receive a single HSR in spring 2023. It will provide them with information on their performance on the measure, in addition to information on whether they were able to meet the criteria defined for Hospital IQR Program participation. Please note though, as the measure is currently in voluntary reporting, hospital payments under the Hospital IQR Program will not be affected at this time. The information to be provided for the 2023 voluntary reporting is for hospital information and awareness only.

Question 14: **Will the FY 2026 required QRDA Category I files for the Hybrid HWR measure have a deadline of September 30, 2023?**

As stated in the FY 2020 IPPS/LTCH PPS final rule, hospitals are expected to submit their QRDA Category I files for the Hybrid HWR measure within three months following the end of the applicable reporting period. (Submissions would be required no later than the first business day three months following the end of the reporting period). Based on this, the data submission deadlines will be as follows: For 2023 voluntary reporting (FY 2024), the submission deadline is September 30, 2022; for 2024 voluntary reporting (FY 2025), the submission deadline is October 2,

2023; and/or 2025 public reporting (FY 2026), the submission deadline is September 30, 2024.

Question 15: **Slide 21 refers to data required for non-surgical cases. Can we submit data that are available for surgical cases?**

Yes. Hospitals are asked to submit data for both surgical and non-surgical cases for Medicare FFS patients aged 65 and older who are discharged during the measurement period.

Question 16: **Can you provide the optional and mandatory reporting timeframes for the hybrid measures?**

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. The submission deadline will be October 2, 2023. Again, this does not affect the payment determination, nor is it publicly reported. The mandatory reporting period includes data from July 1, 2023–June 30, 2024. The submission deadline will be September 30, 2024. Data, ending in June 2024, will be publicly reported in 2025 and will impact the FY 2026 payment determination.

Please note that CMS finalized the adoption of a different hybrid measure, the 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 submission deadline will be the same as the Hybrid HWR measure, October 2, 2023. The mandatory reporting period includes data from July 1, 2023–June 30, 2024, impacting the FY 2026 payment determination. The submission deadline will also be the same as the Hybrid HWR measure, September 30, 2024.

Question 17: **Will a QRDA Category I file reject if some of the CCDE data are missing from the file?**

No. At this time, CMS does not anticipate rejecting QRDA Category I files if some of the CCDE data are missing from the file.

Question 18: **Slide 41. The language changed from "must" to "should". Did the speaker say the change in language means the record [QRDA I file] would not be rejected if the encounter ID is not provided?**

The language has changed from "must" to "should" to match the behavior of the HQR receiving system. This is specifically referring to using the Related To template (relatedTo QDM attribute) to associate a CCDE to the encounter of a specific encounter provided in a QRDA I file. Submitters should provide this linking information, but the HQR System will not reject files if it is not provided.

Question 19: **When are eCQMs expected to be publicly reported?**

eCQM data for CY 2021 will be publicly displayed for the first time on the Provider Data Catalog. There will be a 30-day period when providers can preview the data before the data are publicly reported. CMS will notify providers when the preview period begins. Join the Listserve notifications to receive important CMS communication updates (https://qualitynet.cms.gov/listserve-signup).

Question 20: **When is reporting from QRDA to Fast Health Interoperability Resources® (FHIR) supposed to happen?**

CMS continues to evaluate the use of FHIR in its quality reporting programs. No timeline has been finalized regarding certification or reporting in FHIR. CMS published in the FY 2022 IPPS/LTCH PPS final rule that the goal was to fully move by 2025 to digital quality measurement in CMS quality reporting and value-based purchasing programs. The digital quality measures (dQMs) will replace the use of electronic clinical quality measures (eCQMs) for quality reporting. CMS has ongoing activities underway to align CMS eCQMs with the FHIR standard and support quality measurement via Application Programming Interfaces (APIs) through the actions outlined in the Digital Quality Measurement Strategic Roadmap (dQM Strategic Roadmap) on the dQM pages of the eCQI Resource Center.

Question 21: **Regarding the reporting of four quarters of eCQM data for the Hospital IQR and Medicare Promoting Interoperability Programs, there are instances where health care systems will change to a new electronic health record (EHR) during the year. Data are disrupted as new processes take over old ones. Combining the data from two separate EHRs is challenging. Is there a policy that helps manage this situation?**

Beginning with the CY 2023 reporting period, hospitals participating in the Hospital IQR and Medicare Promoting Interoperability Programs are required to submit four calendar quarters of eCQM data. If your hospital plans to transition from one EHR to a different EHR during a quarter, CMS expects the hospital to import data from their old EHR into the new EHR and submit one QRDA Category I file, per patient, per quarter. This will allow the facility to upload one QRDA Category I file to include all the episodes of care for a patient within that quarter.

CMS has indicated that hospitals are still permitted to use abstraction or pull the data from non-certified sources in order to then input the data into certified electronic health record (EHR) technology (CEHRT) to capture and report QRDA Category I files. The ability to abstract or pull data from non-certified sources to then input this data into CEHRT reinforces the importance of ensuring the system is properly mapped. Properly mapping a system ensures that data elements are consistently and correctly captured for accurate eCQM reporting.

Hospitals with multiple EHR systems have identified a number of solutions. These include converting their disparate systems to one comprehensive EHR system or creating a Master Patient Index (MPI) to address this issue. Some hospitals have worked with a data aggregation vendor to combine their data into one file per patient. This also supports your hospital's effort to fulfill the intent of achieving interoperability and meeting program reporting requirements.

CMS encourages hospitals to continue to work towards a successful vendor transition to meet the eCQM reporting requirement for the Hospital IQR and Medicare Promoting Interoperability Programs. At that time, if your hospital is unable to meet eCQM requirement, CMS does offer a process for hospitals to request an exception with respect to eCQM reporting when there are extraordinary circumstances beyond the control of the hospital. Such circumstances may include vendor issues outside of the hospital's control (including a vendor product losing certification). Hospitals participating in the *Hospital IQR Program* should review the Extraordinary Circumstances Exceptions (ECE) policy located on QualityNet at (https://qualitynet.cms.gov/inpatient/iqr/participation#tab3). Hospitals participating in the *Medicare Promoting Interoperability Program* should review the Medicare Hardship Exception Information on CMS.gov at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.

Question 24: **Slide 39. Does the low date and high date refer to admission date and discharge date?**

The low date and high date on validation rules CMS_0087 and CMS_0088, refer to all effective time elements in a QRDA Category I file other than the admission date and discharge date. Separate validations rules, CMS_0075 and CMS_0076, are used to validate admission date and discharge date datetime formats, and CMS_0062 is used to validate admission date cannot be after discharge date.