



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

**Navigating the Voluntary Hybrid HWR Measure  
Data Submission Process  
Question and Answer Summary Document**

**Speakers**

**Tamara Mohammed, MHA, PMP**

Project Lead

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

**Veronica Dunlap, BSN, RN, CCM**

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

**August 5, 2022**

**1:00 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.

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

The following document provides questions submitted by webinar attendees. The questions and answers have been edited for grammar.

**Question 1:** Will the Hybrid Hospital-Wide Readmission (HWR) measure become a mandatory reporting requirement for the Medicare Promoting Interoperability Program?

No, whether it is a voluntary or mandatory requirement, the Hybrid HWR measure is only reported under the Hospital Inpatient Quality Reporting (IQR) Program.

**Question 2:** Can critical access hospitals (CAHs) report hybrid measure data?

Yes. CAHs are encouraged, but are not required, to report the Hybrid HWR measure to the Hospital IQR Program. Hospitals that are not paid under the Inpatient Prospective Payment System, including CAHs, can choose which inpatient quality reporting measure data, if any, to report for the Hospital IQR Program. Only IPPS hospitals participating in the Hospital IQR program will be required to submit the Hybrid HWR and Hybrid Hospital-Wide Mortality (HWM) measures when they are mandatory. They become mandatory beginning with the 2025 reporting period, which includes data from July 1, 2023, to June 30, 2024.

**Question 3:** Is there a test option for submitting this measure?

Yes. The Hospital Quality Reporting (HQR) System can receive test and production files. Data submitters can upload their Quality Reporting Document Architecture (QRDA) Category I files as test file submissions or production file submissions by accessing the Data Submissions tab in the hybrid measure user interface.

**Question 4:** Do we need to exclude patients who are missing one or more of the Core Clinical Data Elements (CCDEs)? Will it count against us if we send patient data that are missing one or more?

If you have a patient who is missing one or more CCDEs, please continue to send information on that patient. If you are referring to the Hospital IQR Program participation requirement, please note that CMS has not yet confirmed how they will calculate the IQR participation requirement for the Hybrid HWR measure. However, for the purpose of calculating results for the measure itself, there are cases where patients with missing CCDEs are incorporated into the measure calculation, so please continue to send information on these cases to CMS.

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

**Question 5: How does CMS accept the weight, kilograms, or pounds?**

The acceptable units of weight measurement are kilogram (kg) and pounds (lbs.), as referenced on slide 17. The units listed in the slides are included in the FY 2020 IPPS final rule. CMS encourages hospitals to align as closely as possible with those units of measure wherever possible; however, CMS will make the conversion if a different unit of measurement is provided.

**Question 6: For future years, will CMS consider allowing us to submit a single QRDA Category I file to include data for the full measurement period rather than one QRDA I file, per patient, per quarter?**

At this time, CMS has not indicated that it modified the format of the QRDA Category I file. Data will contain CCDEs and linking variables, and providers are required to submit them as one QRDA Category I file, per patient, per quarter and include all episodes of care. Providers should continue to reference the CMS Implementation Guide (IG) for QRDA Category I Hospital Quality Reporting for the applicable reporting period. Any changes to the file format would be addressed in future rulemaking.

**Question 7: Do we need to submit four quarters of data?**

CMS encourages hospitals to voluntarily report all available data for the specified measurement period. All reported data uploaded to the *HQR Secure Portal* as *production* file submissions will be considered for inclusion in the measure calculation.

**Question 8: Can we use vital signs from a transferring hospital or EMS to gather the early data?**

Yes. Your facility may report the CCDE values collected prior to the hospitalization if your facility has access to this information and if these vital signs represent the first vital signs 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.

**Question 9: Our vendor is not ready to submit Hybrid HWR measure data. Can our hospital submit directly to the *HQR Secure Portal*?**

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

Yes, 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 data on the hospital's behalf.

**Question 10:      What is a QRDA file? How can we learn more about this?**

QRDA, Quality Reporting Document Architecture, is based on the HL7 clinical document architecture (CDA). CDA uses a standard format to report quality measure results in a structured, consistent manner. QRDA Category I reports (or files) contain patient-level data extracted from electronic health records (EHRs) for one or more quality measures. Additional information, including a QRDA tutorial, is available on the [QRDA Resources page](#) on the eCQI Resource Center.

**Question 11:      What is the expectation as far as submitting data? Is it monthly, quarterly, or once per year?**

The submission of the Hybrid HWR measure data is like the annual eCQM data submission process. As stated in the FY 2020 IPPS/Long-Term Care Hospital Prospective Payment System (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. Upon availability of the HQR System, data submitters can access the portal as often as necessary to upload and troubleshoot their QRDA Category I files prior to the submission deadline, September 30, 2022.

**Question 12:      Do we include patients in the inpatient population that expired or were discharged to another acute care facility?**

Patients who are discharged to another acute care facility are not part of the final measure. So, they are excluded from the measure calculation, but CMS will apply the exclusion criteria. CMS is not asking for hospitals to identify patients who were discharged and met this exclusion criteria. Instead, it is recommended that hospitals continue to include (in their initial population) patients who were discharged to ensure that they are not missing patient CCDE information. Specific criteria apply to define a patient as “discharged” under the measure, so CMS will apply these criteria during measure calculation.

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

Patients who expired are also not part of the measure calculation but, again, in the interest of minimizing burden on hospitals to identify the right cases to report for the measure, CMS is not asking that hospitals apply these criteria to cases for which they report CCDE information. Instead, hospitals should continue to report information on all cases that meet the initial population criteria for the measure and CMS will apply this exclusion criteria during measure calculation.

**Question 13: What happens if all the labs (e.g., bicarbonate levels) are not obtained within the timeframe?**

The Hybrid HWR measure was built with the expectation that the CCDEs are routinely captured and stored by hospitals and are available for the vast majority of patients within the specified timeframes. However, if you do not have these pieces of information, then please try to submit the file without that data, and we will attempt to use whatever information we have for measure calculation.

**Question 14: Can we zip files for the entire year, or do we need one zip file per quarter?**

Submitters can report multiple quarters of QRDA Category I files within one batch file submission to the HQR System; however, submitters are expected to report one QRDA Category I file, per patient, per quarter. The maximum number of QRDA Category I files within a zip file is 14,999.

**Question 15: When can we expect the Hospital-Specific Reports (HSRs)?**

Hospitals that participate in the 2023 voluntary reporting of the Hybrid HWR measure are expected to receive an HSR in spring 2023.

**Question 16: We had hospitals join our organization in mid-July of 2021. Can we submit for those CMS Certification Numbers (CCNs) that did not have discharges at the beginning of that month?**

CMS expects the reporting of hybrid measure data, under the same CCN, to be representative of the entire patient population for the timeframe in question. Hospitals should report the data values for each of the CCDE values for all encounters in the Initial Population. These CCDE values will be linked to administrative claims data and used by CMS to calculate results for the Hybrid HWR measure.

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

CMS recommends that hospitals that have merged and/or have multiple EHR systems import the data from their old EHR into the new EHR to submit one file, per patient, per quarter. CMS has indicated hospitals are still permitted to use abstraction or pull the data from non-certified sources for input into CEHRT to capture and report QRDA Category I files.

**Question 17: Which set of CCDEs should we submit—admission, vital signs, labs or just anything during the hospital stay?**

Hospitals are asked to submit all 13 CCDE elements (heart rate, respiratory rate, temperature, systolic blood pressure, oxygen saturation, weight, hematocrit, white blood cell count, sodium, potassium, bicarbonate, creatinine, and glucose) and six linking variables (CCN, Health Insurance Claim Number [HICN] or Medicare Beneficiary Identifier [MBI], Date of Birth, Sex, Admission Date, Discharge Date) for all eligible patients.

These should be the first CCDE elements (and not any during the hospital stay) where the first CCDE is considered to be the first (1) CCDE captured in the 24 hours before admission, or, if these do not exist, then, (2) the first vital signs captured in the 0–2 hours after admission and the first lab values captured in the 0–24 hours after admission.

**Question 18: Where do we submit data for the Hybrid HWR measure?**

Upload the Hybrid HWR measure data in the *HQR Secure Portal*. Users must register and create a HCQIS Access Roles and Profile (HARP) account to log into the *HQR Secure Portal* ([HQR.cms.gov](http://HQR.cms.gov)). Basic users will need the eCQM permission to view or upload/edit data for the Hybrid HWR measure.

Hospitals that have vendor(s) upload data on their behalf will need to grant access to them by adding the hybrid measure permission. Contact the CCSQ Service Center for additional assistance at (866) 288-8912 or [QNetSupport@cms.hhs.gov](mailto:QNetSupport@cms.hhs.gov).

**Question 19: What reports are available to view our Hybrid HWR measure data?**

Users should access the *HQR Secure Portal* and select Data Results from the navigation menu. The hybrid measure user interface allows data submitters to review the processing status of their files, sort results to view the file status, and export results to display error details.

Once the CCDEs and linking variables have been submitted using QRDA Category I files, CMS will take the QRDA Category I data and merge it with claims-based data, so all the data are electronically submitted.

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

Please note that other data are used to calculate the measure results. Hospitals will receive measure results in a confidential HSR in spring 2023.

**Question 20: For calendar year 2024 reporting (started July 1, 2022), when can we submit data?**

Currently, the HQR System is available to only receive the Hybrid HWR measure data for the 2023 reporting period, which includes July 1, 2021 – June 30, 2022, data, through the submission deadline of September 30, 2022. CMS will announce the readiness of the HQR System to receive data for the 2024 voluntary reporting period, which includes the Hybrid HWR measure and the Hybrid HWM measure, certified to the 2015 Edition Cures Update. The measurement period includes data from July 1, 2022 – June 30, 2023, to be reported by the submission deadline of October 2, 2023.

**Question 21: Can you verify that submission is for a one-year period, which includes four quarters of data?**

Yes, that is correct. The first voluntary year, the 2023 reporting period, includes data from July 1, 2021 – June 30, 2022. The measurement period includes the following quarters: 3Q 2021 (July 1, 2021 – September 30, 2021); 4Q 2021 (October 1, 2021 – December 31, 2021); 1Q 2022 (January 1, 2022 – March 31, 2022); and 2Q 2022 (April 1, 2022 – June 30, 2022). The submission deadline is September 30, 2022.

**Question 22: What percent of hospitals are submitting the voluntary measures?**

CMS anticipates that many hospitals will participate in the 2023 voluntary reporting period because it allows them the opportunity to provide feedback on the measure specifications, to confirm mapping and extraction of data elements, and to troubleshoot any problems populating their QRDA templates. This is beneficial as they prepare for the mandatory reporting period that begins with the FY 2026 payment determination.

During the 2018 Voluntary Reporting Period, there were approximately 150 hospitals that submitted data.

**Question 23: We are having problems with the HICN/MBI data populating in the QRDA Category I files for Medicare start dates. Is there a fix?**

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

It is important for submitters to verify that their file format is correct prior to submission to the HQR System. The QRDA Category I file format to report the Hybrid HWR measure to the HQR System is the same used for eCQM reporting. The file format is one QRDA Category I file, per patient, per quarter.

Each QRDA Category I file should contain a low value and a high value, reflecting which quarter of the reporting period you are submitting. For example, if you are populating your data for Quarter 3 of 2021 (July 1, 2021 through September 30, 2021), the low value is “20210701” and the high value is “20210930.” For additional assistance with your files, please contact the CCSQ Service Center at (866) 288-8912 or [QNetSupport@cms.hhs.gov](mailto:QNetSupport@cms.hhs.gov)

**Question 24:** **For units of measure, you mentioned that we can submit any unit of measure and CMS will convert it to an appropriate unit. Will this continue beyond the voluntary reporting periods, or will it change so we must have the specific units of measurement?**

Currently, CMS has not confirmed plans to limit the units of measurement that hospitals may submit for the Hybrid HWR measure. As a result, it is expected that hospitals may continue to submit any units of measurement for the Hybrid measure until CMS announces otherwise. To receive important CMS updates on the hybrid measures, sign up for Listserve notifications at <https://qualitynet.cms.gov/listserve-signup>).

**Question 25:** **Does the measure allow for documentation obtained during an observation portion of a subsequent full inpatient admission?**

Yes. Hospitals may report CCDE values captured during an observation stay prior to the patient’s inpatient admission if those CCDE values were captured during the specified timeframes.

**Question 26:** **We submitted our data by quarterly submissions. For example, we generated our QRDA Category I file from July 1, 2021, to June 3, 2022, but the site rejected it. We previously received a similar error when submitting two quarters of data for our eCQMs. So, we generated QRDA files for each quarter and uploaded them by quarter (four times), instead of in one large batch. Is this correct?**

Yes, that is correct. 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. The file format is one QRDA I file, per patient, per quarter. For additional assistance on troubleshooting your files, please contact the CCSQ Service Center at (866) 288-8912 or [QNetSupport@cms.hhs.gov](mailto:QNetSupport@cms.hhs.gov).



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

**Question 27:**            **Slide 13: Will all vital signs and labs require 90 percent for individual vitals and labs? If you have 100 percent for all vital signs except the heart rate, which is 85 percent, will all the files be rejected?**

To clarify, the criteria listed are based on hospital discharges. CMS will use the criteria to assess whether a hospital successfully met its mandatory Hospital IQR Program participation requirements for the measure for the FY 2026 payment determination. This criterion will not be used to assess whether a file should be rejected.

**Question 28:**            **Our QRDA Category I file was created for the Hybrid HWR measure. It is pulling the CCDE data. If a patient is pulled with less than the proper number of CCDE data in the required timeframe of admission, should we exclude those patients from the submission, or does CMS exclude them from Hybrid HWR calculation with claims?**

We assume your reference to “pulled with the less than proper number of CCDE data” indicates that some of the CCDE data may be missing from the patient-level file. CMS expects hospitals to report the data values for each of the CCDE values for all encounters in the initial patient population; however, hospitals are encouraged to submit data for these discharges during the voluntary reporting periods.