



**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
Transcript**

Speakers

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Veronica Dunlap: Hello, everyone. Welcome to today's webinar, *Navigating the Voluntary Hybrid Hospital-Wide Readmission Measure Data Submission Process*. My name is Veronica Dunlap, and I'm the lead for the alignment of eCQM reporting with the inpatient support contractor. I will be today's host. Before we begin, I would like to make just a few announcements. This presentation is being recorded. A transcript of the presentation, along with the question-and-answer document, will be posted to the QualityNet website and the Quality Reporting Center website. If you have registered for this event, a reminder email, including the link to the slides, was sent a few hours ago. If you did not receive this email, you can download the slides from the www.QualityReportingCenter.com website. Today's webinar has been approved for one continuing education credit. A link to the survey will be displayed following today's webinar. If you leave prior to the conclusion of the event, a link to the survey will be available in the summary email a few business days after the webinar. If you have questions as we move through today's webinar, please type the questions into the Ask a Question window with this associated slide number that you're referencing. We will answer questions as time permits.

I would like to introduce our guest speaker, Tamara Mohammed, who will join me for today's event. She is the project lead for the Yale/New Haven Health Services Corporation and Center for Outcomes Research and Evaluation.

The purpose of this webinar is to provide an overview of the Hybrid Hospital-Wide Readmission measure and discuss the voluntary reporting requirements. We will review the data submission process, located on the new hybrid measure user interface within the *Hospital Quality Reporting (HQR) Secure Portal*.

By the end of today's webinar, attendees will be able to summarize the 2023 voluntary reporting requirements, navigate to the new HQR user interface, and understand the process on submitting hybrid measure data for the Hospital IQR Program.

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Shown here is a slide of acronyms used throughout the presentation.

Now, I would like to turn the presentation over to Tamara. Tamara, the floor is yours.

Tamara

Mohammad:

Thanks, Veronica. Hi, everyone. My name is Tamara Mohammed, and I lead work at the Yale Center for Outcomes Research and Evaluation related to the hybrid measures. As you just heard today, I'm going to start off by providing you with some information about the Hybrid Hospital-Wide Readmission, or HWR, measure. I'll focus specifically on the use of the measure for 2023 voluntary reporting. Then, you'll hear a bit from Veronica before I come back and provide you with some more information on commonly asked questions and resources relevant to the Hybrid HWR measure.

So, let's begin by talking about what a hybrid measure is. A hybrid measure is a measure that uses multiple or a hybrid of data sources for the purpose of measure calculation. In the case of the Hybrid Hospital-Wide Readmission measure, the measure uses both claims data of hospitals already submit to CMS and data from hospital electronic health records, or EHRs. For the purpose of the Hybrid HWR measure, the data that we'll be using from the EHR are called CCDEs, or Core Clinical Data Elements, which we'll speak to a bit more in a couple of slides. For now, to tell you more about the Hybrid HWR measure, this measure is an all-cause risk standardized readmission measure that looks at whether or not an unplanned readmission occurs within 30 days of discharge from an acute inpatient hospitalization, and these are hospitalizations for Medicare fee for service patients, aged 65 or older who were discharged alive from a non-federal acute care hospital and who were not transferred to another acute care facility. So, if you're familiar with the claims-only version of the HWR measure that's currently being used in and publicly reported under the IQR program, or the inpatient quality reporting program then this hybrid measure looks exactly the same as that measure.

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The only difference being that the Hybrid HWR measure also uses CCDE information for the purpose of risk adjustment for the measure. Now, as it is a hybrid measure that uses EHR-based data, hospitals will therefore need to submit to CMS those CCDEs, or core clinical data elements, based on information in their EHRs, and CMS will use that information for the purpose of risk adjustment during measure calculations. In addition to the CCDEs, hospitals will also need to submit linking variables that will be used to link CCDE information to the claims data measure calculation.

As some of you might already be aware, the Hybrid HWR measure is already scheduled for use in CMS's IQR, or inpatient quality reporting program, specifically in the fiscal year 2020 IPPS, or inpatient prospective payment system, rule. CMS finalized two voluntary reporting periods for the measure, a 2023 voluntary reporting, and the 2024 voluntary reporting, prior to mandatory reporting of the measure, beginning with 2025 public reporting, which is for the fiscal year 2026 payment determination. The table on this slide provides you with some key information relevant to the next three reporting periods with a Hybrid HWR measure. There's information for the 2023 voluntary reporting, the 2024 voluntary reporting, and then the 2025 mandatory reporting. For the rest of this webinar, we'll be focusing solely on the 2023 voluntary reporting, as it is the most imminent reporting period. However, before we talk more about the 2023 voluntary reporting period, I did want to note a couple of key things for you. Firstly, the 2023 voluntary reporting period is for the Hybrid HWR measure only. However, the 2024 voluntary reporting and the 2025 mandatory, or public reporting, periods also include the Hybrid Hospital-Wide Mortality, or HWM, measure. So, we won't be speaking about the Hybrid HWM measure in this webinar. If you do have questions on it, please let us know. We'll try our best to get to them.

So, the other key thing I wanted to note for you is that when CMS finalized the Hybrid HWR measure for use in the IQR program, they also finalize some reporting requirements for the measure. These are listed here as numbers 1, 2, and 3 on the slide.

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For example, number 1 of the requirements is that hospitals will need to submit linking variables on 95 percent or more of discharges with a Medicare Fee for Service claim for the same hospitalization during the measurement period. Now, they have certainly been interested in information regarding how these reporting requirements will be calculated. Unfortunately, I don't have this information for you today; however, I do know that, while these requirements don't actually impact payments during voluntary reporting, we are nonetheless looking to try to get this information to you as soon as we can.

Okay. So, now to return to the upcoming 2023 voluntary reporting of the Hybrid HWR measure. Hospitals who choose to participate in this voluntary reporting period will need to submit to CMS, data for hospital admissions that occurred between July 1, 2021, and June 30, 2022. You can see this mentioned in the fourth row of the table on the screen. The subsequent rows in this table list the deadline for data submission as September 30 of this year. For those hospitals that do choose to participate in the 2023 voluntary reporting, CMS expects to distribute HSRs, or Hospital-Specific Reports, with measure results and IQR participation results in the spring of 2023, the next year. These results will be confidential only. They will not be used for public reporting or payment determination, and hospitals who submit data will need to use EHRs certified to the 2015 Edition Certification criteria, the 2015 Edition Cures update criteria, or a combination of both. Then, the last two rules of this table provide you with links to the measure specifications and the resources associated with the 2023 voluntary reporting.

So, for the 2023 voluntary reporting, now you know when you have to submit data. That's by September 30 of this year. You also know that you're being asked to submit data for hospitalizations that occurred between July 1, 2021, and June 30, 2022. What data exactly are you being asked to submit? So, for every hospitalization that occurred in that period, that is July 1, 2021, to June 30, 2022, for a Medicare Fee for Service patient aged 65 or older, you are being asked to submit 13 CCDEs and six linking variables associated with the hospitalization.

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These CCDEs and linking variables are all listed on this table. You can see that the 13 CCDEs are divided into six vital signs. That's the left-most column of the table. It includes things such as heart rate and respiratory rate. Then, there are seven lab test results, which is the middle column of the table. This includes things such as hematocrit levels and the white blood cell count. In addition to the 13 CCDEs, you're also asked to submit the six linking variables. That's the rightmost column of the table. This includes things such as hospital CCNs, and the patient's HICN, or MBI. These six linking variables in the rightmost column aren't used to calculate measure results. Instead, these are variables that CMS will use to link the CCDE information you submit to the claims data they already have.

So, to recap, if you have a hospital admission for a Medicare Fee for Service patient aged 65 or older that occurred between July 1, 2021, and June 30, 2022, you're going to report the CCDEs and linking variables, the ones we just listed for that patient. With regard to the CCDEs, CMS is asking that you report the first CCDE values that were captured in the 24 hours prior to admission. So, if they exist, that is, if you have CCDE values in the 24 hours before admission, then you report those regardless of where they were captured. Well, if they don't exist, that is, if you don't have any CCDE values in the 24 hours prior to the admission, then you are asked to report the first vital signs that were captured in the zero to two hours after admission and the first lab results that were captured in the phase 0 to 24 hours after admission.

In the fiscal year 2020 rule, CMS provided the table that you see here which lists accepted units of measurement for the Hybrid HWR measure. For example, it shows that you can submit information on temperature using units of Fahrenheit or Celsius. However, while it is preferred that you submit data in these units for now, if you're unable to do so, that's fine. You can submit data in any unit of measurement and CMS will accept that data and will convert it into a standard unit for measure calculation.

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All right. So now that we've covered the pieces of data that you'll submit for the Hybrid HWR measure, to submit these data to CMS, you'll need to extract the data from your EHR and populate it into a QRDA, or Quality Reporting Document Architecture, Category I file and then submit that file to CMS via the *HQR Secure Portal*. When you're attempting to create your QRDA file, a helpful resource will be the QRDA Implementation Guide. CMS releases an implementation guide each year. For the 2023 voluntary reporting, you will need to refer to the 2021 implementation guide. The implementation guide describes general constraints and formats that are important to be aware of and adhere to when you're creating your QRDA file. For information specific to the hybrid measure you can refer to section 6 of this 2021 implementation guide.

So, some key things to know when you create your QRDA files are that you will need to create one QRDA file, per patient, per quarter. For example, if you have 100 unique eligible patients at your hospital in a given quarter, then you'll create one QRDA file for each patient for that quarter. So, you should have 100 QRDA files then representing your 100 eligible patients in that quarter. For each QRDA file, you should provide information on the 13 CCDEs and six linking variables for each eligible hospitalization for that patient. The maximum file size for each QRDA file is 10 megabytes. You'll need to zip the files in order to upload them to the CMS system. That's what Veronica will speak about next. The maximum number of QRDA files you can submit [within one zip file] is just shy of 15,000. We don't expect this limit to be an issue, but if it is, then please let us know.

Additionally, in order to identify the QRDA file as being associated with your hospital for the Hybrid HWR measure for the 2023 voluntary reporting, you'll need to include some identification elements in your QRDA. There are five key elements to include: the hospital's CCN; the name of the CMS program, which for the 2023 voluntary reporting is HQR_IQR_VOL; the EHR patient ID; the reporting period; and the EHR submitter ID. This is an ID that the *HQR Secure Portal* will assign to you. If you're a vendor, it will assign you a vendor ID.

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If you're a hospital, it will assign you your CCN. Now, we'll hand it off to Veronica to talk to you about how to upload your QRDA files into the *HQR Secure Portal*.

Veronica Dunlap: Thank you, Tamara. Hello again, everyone! Hopefully, most of you are already aware that CMS has updated the HQR System, and a communication was distributed last month that the *HQR Secure Portal's* new hybrid measure user interface is now ready and open to receive Test and Production QRDA Category I file submissions for the Hybrid Hospital-Wide Readmission measure. Just a quick reminder that the deadline to voluntarily submit these data is September 30.

Today, I'm excited to guide you step-by-step through the data submission process. Although the submission of hybrid measure data is a new feature in the *HQR Secure Portal*, the way you upload, review, and troubleshoot your QRDA I files is very similar to the eCQM data submission process. The steps to submit hybrid measure data follow a similar process, and the hybrid user interface maintains a similar appearance. The steps detailed on the slide include accessing the HQR site and landing page, assigning the necessary user roles and permissions, and uploading and reviewing your QRDA Category I files.

Let's begin. To access the HQR System and submit data for the Hybrid Hospital-Wide Readmission measure, log into the *HQR Secure Portal* with the link provided on the slide with your user ID and password from your HARP account. If you do not have access, you will need to create an account. Today's webinar does not provide information on creating a HARP account. However, if you do require assistance with HARP and the log in process, please contact the Centers for Clinical Standards and Quality Support Center at qnetssupport@cms.hhs.gov.

A two-factor authentication is required to access the *HQR Secure Portal*. Choose a method of authentication from the drop-down box. Select Next. Enter the security code that you received on your phone and select Next.

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The HQR Landing page will appear, displaying the navigation menu located on the top-left side. This is where you access all the tasks available such as data submissions, data results, and administration. If you prefer to keep the navigation menu open displaying all the tasks so you can move freely about, go ahead, and click the Lock Menu, which is located on the bottom left of your screen. Just a note, you may need to scroll down to access the Lock menu. An important reminder is to always note which organization your screen is displaying. As we understand, many of you submit data for more than one facility. If you need to change the facility, make sure you click on the Change Organization button on the top right.

Before reviewing this slide, I would like to summarize a few important takeaways to keep in mind while we proceed with the next few slides. First and foremost, all users must have the eCQM Permission to be able to view, edit or upload data for the Hybrid Hospital-Wide Readmission measure. Again, I repeat, in order to view or upload Hybrid HWR measure data, users will require the eCQM Permission. At this time, the option to select a user permission specific to the hybrid measures does not exist and is not listed under the Permissions column. If you are a basic user and already have the eCQM Permission, you will automatically be granted the Hybrid Measure Permission. So, for example, if you are a basic user and had the option to view your eCQM data last reporting period, the system will automatically allow you to perform the same function, which in this case, is the ability to view your hybrid measure data. As indicated on this slide, your Security Official can assign the eCQM Permission by selecting the Administration option located in the navigation menu. Then, select Access Management. Basic users will navigate to their Profile page and select Request Change in Access.

To assign the correct access for hybrid measure data, locate the Data Submissions header.

Click the blue Add button to add the eCQM Permission. Again, I would like to reiterate that the eCQM Permission is required in order to have access to submit and view results for the hybrid measure.

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A pop-up box for the eCQM Permission will appear. Choose the functionality necessary for the user to perform their job accordingly by clicking on the radio buttons provided. Whether you select View, or Upload/Edit, or even No Access, it is important to remind yourself that the Hybrid HWR measure is reported solely to the IQR program and is not part of the Promoting Interoperability Program.

After you have made your selections, click the Apply and Close button on the left.

Wait. Just remember that you are not done! The next page to display will be a Review page. As you can see, this user now has the UPLOAD/EDIT function for IQR assigned for eCQM Data Submissions which will now be applied to upload and edit hybrid measure data submissions. An Edit button will display under the Program Access column in case you need to revise this user's access. If all looks good on this page, click the Review button at the bottom. Please note you may need to scroll down on your screen in order to locate it.

Finally, make sure to click the Save and Close button to save your work.

SO's can edit, suspend, or even remove their users' access through Access Management by clicking on the three vertical dots located in the far-right column.

The SO will follow the same steps to edit the user permission as previously mentioned. Changes are made in the pop-up box and by clicking Apply and Close.

Click Review.

Then, again, hit Save and Close.

Now, let's switch gears and discuss the need that applies to all providers to grant access to their vendors, if they are using a vendor to help submit their hybrid measure data. If a vendor will be used to submit the hospital's hybrid measure data, the provider will need to complete a new vendor

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authorization to allow a vendor to submit these data on the hospital's behalf. This is located under the Administration task in the navigation menu and then by selecting Vendor Management.

This page will display a list of the hospital's current vendors and their status. Hospitals can perform a search and add a new vendor to their list, if necessary. For additional assistance on how to add a new vendor, please refer to [HQR YouTube playlist](#) link provided for you on the slide.

If the vendor is already an existing vendor on the list, you will need to authorize them to submit the Hybrid Hospital-Wide Readmission measure data on the hospital's behalf. To edit, suspend, or remove the vendor's access, click on the three vertical dots on the far right and a pop-up box will display.

Under the data submissions column, click on the Add button next to eCQM for the IQR program.

A different pop-up box will display, as previously shown with user permissions, which contains the eCQM measure set and hybrid measure sets. Click to add the hybrid measure set.

Choose the permission level as View or Upload/Edit. Then, complete the discharge quarters and submission date fields. Just a reminder that the reporting period for Hybrid Hospital-Wide Readmission measure data is July 1, 2021, through June 30, 2022. The discharge quarters and submission date are required fields. Once these fields are completed, then click the Confirm button.

The following page will display for you to review and make any edits, if necessary. Just a note, that by assigning IQR permissions, you are also assigning permission for file accuracy. Click Apply and Close.

Now, the hybrid measure permissions will display on the right-hand side. Again, this feature is nested under the eCQM data submission column, and it is specific for inpatient quality reporting. Then, you click Review.

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Finally, make sure to click Save and Close. Now, your vendor will be able to submit and view results for the hybrid measure.

Now, let's review the data upload process, which again is similar to the submission of eCQM data. Go ahead and select Data Submissions in the navigation menu.

Select the option for Hybrid Measures on the far right. From here, the Submission Type page will appear allowing submitters to upload their QRDA Category I files to either Test or Production. Test file submissions will not be sent to CMS for claims calculation. I would like to point out that CMS has finalized that the use of denominator declarations, such as zero denominator and/or case threshold exemptions, do not apply to the hybrid measures. So, as you can view from the screen, there is no option to select Data Form as you would normally see under eCQM reporting.

To search for files on your computer, click the blue Select Files button there on the right. You may also drag and drop your file.

Select the files you wish to upload. One thing I would like to stress is to ensure that if you are uploading a zip file, please take a moment and double check that this zip file does not contain other zip files within the zip file prior to upload. This may cause a system processing error in the HQR System.

A file processing message will appear on your computer screen indicating the files are being exported.

Submitters will receive an email indicating the file processing status, once it is complete.

Users can view their uploaded files and check the HQR Status messages, such as processing, accepted, or rejected.

Additional status messages indicate the file has been received but is not done processing, files must be virus scanned, or a batch is partially accepted, if some files passed validation, and some files have not.

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Our last feature within the hybrid measures user interface that we will discuss is under Data Results under the navigation menu.

Select from the two tabs located at the top. A Files tab to review the processing status of the files and an Accuracy tab to locate the rejected files for revision and resubmission are available.

First, to review the file upload history, select the Files tab. Just like the eCQM user interface, the submission type will default to Test. Always confirm the submission type you wish to review. To modify your selection, select from the drop-down box and click the Change Selection button. Here you can search batches or sort the results to view the batch status and download results. Only batches applicable to the current reporting period can be deleted. A batch can either be one file or contain a number of files. Once the uploaded file status says Ready, which shows as a green checkmark, you can download the errors for each batch as a comma-separated value file, a CSV file.

The CSV will open and provide a list of each file name, upload date, and who it was uploaded by, the status, and error details, such as if it was accepted or rejected.

Next, select the Accuracy tab to review the accuracy of the data that were submitted. The HQR System will default to Test and the last quarter in the reporting period. Again, for the hybrid measure, it will be Quarter 2 of 2022. Select the submission type, Test or Production, and the corresponding quarter. Then, click the Change Selection button.

Located at the top, users can click on a card for a closer review of the submitted files. Shown here in this example, we have clicked on the Total Files card. Once selected, the card will change to purple, and the total files will display in the table below.

If you want to just review the rejected files, you would go ahead and click on the tile called Rejected Files, and the data in the table below will provide you only the rejected files.

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As demonstrated here, the card selected is for Rejected Files. There are two rejected files displaying in the table below. Click the Export Results button to generate a CSV file that will provide the error messages to assist with troubleshooting your files.

The Error Report lists each file, its status, and specifies what the error is and associated error messages, such as the conformance number.

First and foremost, identify your rejected files and continue to work with your vendor or hospital based EHR staff to identify and fix any error messages. The HQR System allows you to filter rejected files and provides details on the error messages. You may reference the conformance number in the 2021 CMS QRDA Category I Implementation Guide or the HL7 guide. Once you troubleshoot and have corrected your files in question, make sure they are re-submitted and accepted in the HQR System. The ONC has available the QRDA Issue Tracker, which is used to collect technical questions on the QRDA standard. There is also the QRDA Known Issues Tracker, which provides guidance on implementation issues that have a solution but may have not been officially published yet that may assist you. If you need any further assistance troubleshooting your files, please submit a ticket to the CCSQ Support Center.

Lastly, I would like to highlight some best practices for hybrid measure reporting. It's best to always designate at least two QualityNet Security Officials for your organization. The SOs, as I have demonstrated, can approve access requests for a program and onboard new staff to be able to log into the HQR System and assist with data submission and reports. It's best practice to ensure your contacts are always up to date as staff come and go. You may update this information on the [Hospital Contact Change Form](#). A link is provided on the slide.

This form is located on the [QualityReportingCenter.com](#) home page. Now is a good time to check your staff's roles and vendor permissions within the HQR System so they are able to submit files early and often. Lastly,

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CMS communicates important announcements on program-specific information, such as submission deadlines, any relevant deadline extensions, upcoming webinars, and types of system issues through Listserve messages. You can join the Listserve communication list on the [Join Now link](#) which is located on the QualityNet.CMS.gov home page. Now, I would like to turn it back over to Tamara.

Tamara

Mohammad:

Thanks, Veronica. So, in the past few months we've gotten a number of questions from stakeholders. So, we thought that we'd share a couple of the more popular ones with you since these may be questions that others on this webinar have.

Firstly, hospitals are often interested in knowing allowable locations for the CCDE collection. For example, if the CCDE were captured at a clinic or in the ED or during an observation stay, etcetera, can you report the CCDE information to CMS? In short, the answer is yes. It does not matter where you captured the information as long as the CCDEs were collected during the appropriate time frame, then you can report them to CMS.

Another common question asks about Medicare being the primary or secondary payer. If CMS is, for example, the secondary and not the primary payer, should hospitals report information for these patients? The answer here is that as long as CMS is a payer, regardless of whether they are the primary, secondary, or tertiary payer, you are asked to provide information on that patient.

For those of you interested in participating in the 2023 voluntary reporting, you may be wondering how you do this. For example, is there a sign-up deadline? To answer this, if you wish to participate, no sign up is required. All you need to do is simply submit the data requested by the September 30, 2022, deadline.

Then, the last question we often receive asks about the IQR participation requirements and how hospitals know whether or not they're on track to meet these requirements. At this point in time, the best approach that

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hospitals can take to determine whether or not they're on track to meet the IQR participation requirements is to participate in the voluntary reporting periods. This is because hospitals who participate in the voluntary reporting periods are expected to receive HSRs, or Hospital-Specific Reports, that provide them with information on whether or not they were able to meet the IQR participation requirements based, of course, on the data used for the voluntary reporting period.

Okay. So those were all the frequently asked questions that we wanted to share with you today. Before I wrap up, I'm just going to spend a few minutes reviewing some resources and contact information that are available to you for the Hybrid HWR measure.

Firstly, a lot of the information that you'll need at this point is located on the eCQI Resource Center, which contains information on the electronic specifications of the measure. If you follow the link on the screen, it will take you to the page directly related to the 2023 voluntary reporting period. At the bottom of that page, you'll find the table that's on the screen. This table, as you can see, contains links to the electronic specifications of the measure, links to the value sets, a key dates and resources document that you might find very helpful and that we will go through a bit in a minute, binding parameter specifications, technical release notes, etc.

If you're looking for the claims-based specifications of the Hybrid HWR measure, then at this point in time, those resources can be found on the QualityNet website. The link on this screenshot on the left of the screen show you where the methodology reports of the Hybrid HWR measure lives on the QualityNet website; however, the hybrid report for the 2023 voluntary reporting has not yet been released. So, at this point in time you might also find it useful to take a look at the report for the claims-based HWR measure, that's located on the right side of the screen. As I mentioned these two measures, the claims-only and the hybrid measure, are identical except for the fact that the hybrid measure uses CCDE for

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risk adjustment. So, a lot of the information that you'll find in the claims on the report is highly relevant to the hybrid measure.

So, a couple of slides ago I spoke about a key dates and resources document that is available on the eCQI Resource Center, and I believe it's also now available on the QualityNet website. The version for the 2023 voluntary reporting is shown on the screen, but there are also versions already posted for the 2024 voluntary reporting and the 2025 mandatory reporting. There are a lot of dates that hospitals need to remember for the hybrid measure. We appreciate that it could be confusing to keep track of the submission date, discharge dates, payment determination dates, document versions, etc. So, we created this key dates and resources table that highlights for you all the dates and resources that that may be helpful for you to know about for each reporting period. We certainly hope that this document helps alleviate some confusion, but if you have any recommendations or requests regarding this topic, please let us know and we'll see what we can do.

I mentioned earlier that you need to use the 2021 QRDA Implementation Guide for the 2023 voluntary reporting, so we've provided a link to that resource here. There's also a link to a zip file accompanying schematron and sample files, and any applicable updates. Then, the QRDA Known Issues link at the bottom of the page takes you to a place where issues have been identified and solutions posted. So, if you encounter trouble with your QRDA, it might be helpful to take a look at this page in case it's an issue that has already been identified and discussed by others.

Then, lastly, you can also reach out to us if you have any questions. The link to the JIRA tool at the top can be used to submit questions about the electronic specifications of the measure and the link to the question-and-answer tool can be used to submit questions on any other topic. Again, if you have questions or feedback on resources that you would like to see for the hybrid measure please do let us know. Now, I'll send it to Veronica.

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Veronica Dunlap: Thank you, Tamara. Hello, everyone. It looks like we have a few minutes here to address some of our attendees' questions that have been submitted, so let's get started. Our first question: Will the reporting of the Hybrid Hospital-Wide Readmission measure be mandatory for the Medicare Promoting Interoperability Program? That is no. Whether it is voluntary or mandatory, the hybrid measures are solely for the Hospital IQR Program. Our next question: Can critical access hospitals report hybrid measure data? Yes, absolutely. Critical access hospitals may report any measures or some or all or none of the measures within the Hospital IQR Program; however, mandatory reporting of the hybrid measures two years from now will only be involved with the IPPS, or inpatient prospective payment system, hospitals that are participating. So again, critical access hospitals are considered non-IPPS hospitals. Therefore, the submission of data is not required for critical access hospitals. Our next question: Is there a Test option for submitting this measure?

Amy Asche: This is Amy with PM3. I will answer that. Yes, there is. Within the HQR System, when you are submitting your data, under the Data Submission tab, there is a spot where you can choose either Test or Submission. There is a Test submission out there.

Veronica Dunlap: Thank you, Amy. Our next question: Do we need to exclude patients who are missing one or more of the CCDEs? If we send patient data that are missing one or more, will this count against us?

Tamara

Mohammed: This is Tamara from Yale. If you have a patient who is missing one or more CCDEs, please continue to send information on that patient. With regard to your question, with regard to the IQR participation requirement, that remains to be seen, as CMS has not yet confirmed how they will calculate those IQR participation requirements. For the purpose of the measure, there are cases where we can incorporate patients who have missing CCDEs. So, please continue to send these cases to CMS.

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Veronica Dunlap: Great, thank you. How does CMS accept the weight, in kilograms or pounds?

Tamara

Mohammad: This is Tamara again from Yale. I think on slide 16 maybe we mentioned you can submit either of those things to CMS. You can submit weight in any unit of measurement that you like and CMS will convert it. I guess not slide 16, slide 17, whichever one is convenient can be submitted to CMS.

Veronica Dunlap: Thank you. For future years, will CMS consider allowing submitting QRDA files for the full measurement period, which is to July 1 through June 30, rather than requiring one file, per patient, per quarter. That is an excellent question. We appreciate that. At this time, CMS has not indicated that the format of the QRDA file is changing, and we will continue to follow the rules established per the CMS QRDA Category I Implementation Guide, or the IG that we use. So, again, at this time, we will continue to submit the QRDA files representing the one file, per patient, per quarter. I did want to address that. Our next question: Do we need to submit four quarters of data?

Tamara

Mohammed: This is Tamara again from Yale. If you do not have or are unable to submit the four quarters of data, that is fine. You can submit whatever data that you have, and we will attempt to use those for measure calculations. It is certainly beneficial to have four quarters as a representation of one full year of data for the measure.

Veronica Dunlap: Thank you. Next question: Can we use vitals from a transferring hospital or EMS to gather the early data?

Tamara

Mohammed: Yes, I believe on one of the slides I mentioned that the source of where ever you get the data is not important. So, as long as it falls within the right time frame, and you have access to the data, please feel free to report that to CMS.

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Veronica Dunlap: Thank you. Our next question: Our vendor is not ready to submit the Hybrid Hospital-Wide Readmission measure. Can our organization submit these data directly to the *HQR Secure Portal*?

Tamara

Mohammed: This is Tamara again from Yale. I'm not sure if I should answer, but yes, the answer is you can. You can submit directly as a hospital.

Veronica Dunlap: I would like to add, again, just like eCQMs or any other type of measure data that are reported for the IQR programs, hospitals are not required to have a vendor. They just have to follow a couple additional steps to make sure their vendor is authorized, and those users do have the eCQM Permission. Whether the hospital directly submits, or you have a vendor submit on your behalf, that is ultimately the hospital's choice. Next question: What is a QRDA file? How do we learn more about this?

Amy Asche: This is Amy from PM3, and I can answer this question high-level. I know it was called out a couple times throughout the presentation also. The Quality Reporting Document Architecture, or the QRDA, is the data submission standard used for a variety of quality measurement and reporting initiatives. It is based on the HL7 Clinical Document Architecture. Then, the QRDA creates a standard method to report quality measures, resulting in a structure-consistent format that can be used to exchange eCQMs and hybrid data between systems. Just at a high level, that is kind of a QRDA Category I. To find this and get more details, just go to the eCQI Resource Center. I know within a couple of the slides there are links to get to that center. You can find more information from there.

Veronica Dunlap: Thank you, Amy. Our next question: What is the expectation as far as submitting data? Is it monthly, quarterly, or once per year?

Tamara

Mohammed: This is Tamara from Yale. Usually, you have a period of time, for example the three months of time from July 2022 to September 2022, I think it's three months, to submit one full year of data. However, when you submit

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that data you have to batch the data into quarters. You have, in essence, four batches for that one year of data based on the quarter data. You have a three-month window to submit one year of data batched into quarters.

Veronica Dunlap: Thank you. Our next question: Did I hear correctly that patients who expired or were discharged to another acute care facility are not included in the inpatient population?

Tamara

Mohamed: Just to clarify, the patients who are discharged to another acute care facility are not part of the final measure. So, they are excluded from the measure calculation. CMS does that step. The hospitals, when they are collecting the initial patient population, still should report patients who were discharged. That's because they met specific criteria for defining whether or not a patient was discharged.

Veronica Dunlap: Great. Thank you. Our next question: What happens if all the labs, such as the bicarbonate levels, are not obtained within the time frame?

Tamara

Mohammed: This is Tamara again. We built the measure with the expectation that, for the vast majority of patients, these are pieces of data that are collected within those time frames that we mentioned. However, if you do not have them, then please try to submit the files without that data that will be missing. We will try to use whatever we can for measure calculation.

Veronica Dunlap: Next question: Can one zip file contain files for the entire year, or do we need one zip file per quarter?

Tamara

Mohammed: So, I believe that you mentioned this, Veronica. It should be one zip file per quarter.

Amy Asche: This is Amy at PM3. Just to go with that, make sure with the file being submitted, as you did mention also, make sure it's only one quarter per the file being submitted. Yes, it's a lot easier if you just submit your zip files a

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quarter at a time. It's easier for you to follow along and review those batches that are submitted for the quarters at that time.

Veronica Dunlap: Thank you for adding that. In our last question here, I know we are at time. When can we expect the Hospital-Specific Reports, or HSRs, back?

Tamara

Mohammed: CMS anticipates releasing the HSRs in spring 2023 for the 2023 voluntary reporting period. So, next spring is when you should get them.

Veronica Dunlap: Great. Thank you so much, everyone. It is time to conclude our question-and-answer session today. We will go ahead and publish the questions and responses and any questions that we were not able to get to. We will post them to the website at a later time.

We also want to remind everyone that today's webinar is approved for one continuing education unit. You can obtain the CEU by clicking on the link on the final slide. Make sure to complete the survey.

Again, I would like to personally thank my fellow speaker, Tamara, for her time and dedication on the hybrid measures. I thank you all, our subject-matter experts who are on the phone, assisting with supporting our questions, and all their help and devoted work. Last but not least, I'd like to make sure to acknowledge today's listeners for their time and their dedication to submitting this quality measure data. I appreciate you all. Thank you so very much. Have a nice day and a nice, safe weekend.