Hospital Inpatient Quality Reporting Program

Support Contractor

Question and Answer Discussion: CY 2018 Voluntary Reporting of the Hybrid Hospital-Wide Readmission Measure

Questions and Answers

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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. The questions and answers have been edited for grammar.

Question 1: **Is the deadline for the voluntary reporting of the Hybrid Hospital-Wide Readmission (HWR) measure submission still December 14, 2018?**

At this time, CMS has not announced that there will be any changes or extensions for the submission deadline; however, the community will be notified immediately through ListServes and other communication outlets as soon as any information is made available.

Update: On December 14, 2018, CMS notified the data submitter community that the deadline for voluntary reporting of Hybrid HWR measure data under the Hospital IQR Program was extended from Friday, December 14, 2018, to Friday, January 4, 2019, at 11:59 p.m. Pacific Time.

Question 2: **When will the [hospital-specific] reports be available for voluntary reporting of the Hybrid HWR measure?**

At this point in time, CMS hopes to make reports available in late spring or early summer 2019. When the reports become available, CMS will notify data submitters by ListServe.

Question 3: **If a hospital submitted Quality Reporting Document Architecture (QRDA) Category I test files using the Pre-Submission Validation Application (PSVA) tool and received a confirmation email stating there were no issues, will there be any additional follow-up?**

[Test files are considered practice files. Once test files have passed validation using the PSVA tool, data submitters should submit those files as production files to the CMS data receiving system. The CMS data receiving system then performs additional validation checks]. A Hybrid HWR measure detail report is available. If your submissions are accepted, you can review the data elements that were stored for your submission through the *QualityNet Secure Portal*. The report can be found in the Electronic Health Record (EHR) hospital reporting category. Data submitters can review those prior to the late spring or early summer 2019 release of measure-specific reports.

Question 4: **Will this hybrid voluntary measure be part of calendar year (CY) 2019 reporting?**

CMS has not signaled intent to request further data collection from hospitals for the Hybrid HWR measure for CY 2019. If this should change in the future, CMS would indicate this in a future inpatient prospective payment system (IPPS) proposed rule.

Question 5: **How does the process for uploading the hybrid measure [QRDA Category I files] compare to the regular QRDA Category I files for eCQMs?**

The data submission process is the same as other QRDA Category I files for eCQM reporting. There is a difference in the information contained in the QRDA Category I file, but the actual submission process is the same. [Within the PSVA tool, data submitters should select the program name HQR_IQR_VOL].

Question 6: **Currently, I see the Hybrid HWR measure is available for voluntary reporting. Is there any indication of when this will be a required measure for the Hospital IQR Program?**

At this point in time, CMS has not indicated or communicated information about the future use of this measure. If CMS decides to require the measure for the Hospital IQR Program, CMS would indicate that in a future IPPS proposed rule and invite public feedback.

Question 7: **Besides the PSVA tool, do you have any suggestions for QRDA tools to make QRDA Category I files?**

Hospitals may find working with their information technology (IT) departments and EHR vendors beneficial for greater clarity regarding the availability of tools to create QRDA Category I files. The PSVA tool is intended as a testing aid for QRDA Category I files but does not create QRDA Category I files.

Question 8: **Since the QRDA Category I files need to be separated by quarters before submission, will there be any communication to clients about encounters not submitted because the patients were admitted in Quarter (Q)1 and discharged in Q2?**

Only the discharge date needs to fall within a reporting quarter for a record to be included in that quarter. If a patient was discharged in Q2, then the patient should have been submitted under Q2. In your example, the patient was admitted in Q1 and discharged in Q2, so they should have been included in the QRDA [Category I file] under Q2 in the submission system.

Question 9: **I did not participate in the pilot, but I am curious. Did the test require only one patient encounter? I am curious how the Hybrid HWR measure compares to the current claims-based measure.**

In essence, the hybrid measure looks almost exactly like the claims-only version of the measure. The only real difference between the two measures lies in the risk adjustment that we used for the measure. The hybrid measures have additional risk variables, taken from hospital EHRs. When we calculate the measure, we also consider that information, and that adds to the information in the claims-only version of the measure.

With regards to the encounters portion of the question, you should have included all encounters for a patient as long as those encounters occurred within the performance period for the measure. The voluntary reporting of the Hybrid HWR measure had a six-month measurement period as opposed to a one-year measurement period for the claims-only version of the measure. In summary, for the Hybrid HWR measure, you should have included every encounter for a single patient who was discharged between January 1 and June 30, 2018.

Question 10: **Will a guide be provided with the report to provide insight into reading and understanding the report?**

Yes, when a hospital-specific report (HSR) is provided, it will be accompanied by an HSR user guide.

Question 11: **Were there any incentives for organizations to submit the voluntary Hybrid HWR measure?**

There were a number of incentives to perform voluntary reporting of the Hybrid HWR measure.

- Staff obtained experience in submitting EHR data to CMS for hybrid measures.
- This voluntary phase provided hospitals with the chance to perfect the systems they need to participate and engage in implementation activities in an environment where there is almost no risk to them.
- It's useful to see what performance-related information might look like on a hybrid measure.
- The measure responds to stakeholder feedback and requests to include EHR-based information into the measure.

Question 12: **Was there an exhaustive list of hospitals being selected for this program?**

Participation in this measure was voluntary and a list does not exist of participating hospitals. It was a hospital's decision to voluntarily report the Hybrid HWR measure under the Hospital IQR Program for CY 2018.

Question 13: **Will the error report for the Hybrid HWR measure be similar to the current eCQM Submission Detail Report?**

The eCQM Submission Detail Report will show all the QRDA Category I errors submitted for either the Hybrid HWR measure or eCQM reporting.

Question 14: **Where can we obtain additional information about the hybrid measure?**

Slide 13 of the December 12, 2018 webinar provided a number of resources that provided information regarding the hybrid measure. Please visit the *QualityNet* website to review the webpage dedicated to the Hybrid HWR measure. Also, the eCQI Resource Center provided a number of resources to help with the measure, and submitters reviewed the CY 2018 CMS QRDA Category I Implementation Guide for Hospital Quality Reporting for assistance developing and formatting the QRDA Category I file.

Question 15: **Are there data deficiencies (e.g., testing not ordered) that we should look for in the detailed report, or is the intent only to see if the data can be transmitted?**

The primary purpose is to test the extraction of information from the EHR and the successful submission of that information to CMS. Through this

you may find insight into your hospital's data deficiencies or areas of improvement, but that is not the primary purpose of voluntary reporting.

Question 16: **When the data are reviewed for patients admitted in Q1 and discharged in Q2, will the two encounters be connected, or will CMS only look at the discharge from Q2?**

If a patient is admitted in Q1 and discharged in Q2, that patient should only be submitted in the Q2 file. The submission quarters are linked to the discharge date for every encounter. Therefore, if the patient is encountered in Q2, the patient should be submitted in the Q2 file and not in the Q1 file. It's driven by the discharge date.

Question 17: **Will individual hospital reports be made public?**

The confidential reports will not be made public and the results for the voluntary reporting of the measure will not be publicly reported. In addition, if CMS intends to make any future reported information for hybrid measures available to the public, CMS would signal that in a future IPPS proposed rule for public feedback.

Question 18: **Are there other voluntary measures?**

At this time, there are not. Again, if there are any indications of future opportunities for voluntary reporting, CMS will indicate that in a future IPPS proposed rule and provide that information to the public.

Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for grammar.

Question 19: **Can you tell me how many hospitals across the nation participated in the hybrid measure?**

There were a number of hospitals who participated in the voluntary reporting of the Hybrid HWR measure before the January 4, 2019 extended deadline.

Question 20: **How can I find a vendor that calculates the hybrid measure in the future?**

The Certified Health IT Product List (CHPL) is a comprehensive listing of all certified Health IT which have been successfully tested and certified by the Office of the National Coordinator for Health Information Technology (ONC) Health IT Certification program (direct link: https://chpl.healthit.gov/#/resources/overview). The vendors on this list offer certified base EHR and/or modules which can be used to record and export the core clinical data elements (CCDEs) needed for the hybrid measure, as well as create QRDA Category I files. When contacting a vendor, ask if they supported QRDA Category I file creation specific to voluntary reporting for the HWR Hybrid measure for CY 2018.

Question 21: **What are thoughts of CMS on the challenges hospitals face regarding multiple readmission programs and definition differences among these programs?**

Currently, readmission measures are used in the Hospital Readmissions Reduction Program (HRRP), Accountable Care Organizations (ACOs) that are participating in the Medicare Shared Savings Program (SSP), and the Hospital IQR Program. The Hospital Readmissions Reduction Program is required by section 1886(q) of the Social Security Act to reduce payments to hospitals for excess readmissions. This program uses readmission measures focused on the following six conditions and procedures: acute myocardial infarction (AMI), heart failure, pneumonia, chronic obstructive pulmonary disease (COPD), hip or knee replacement, and Coronary Artery Bypass Graft **(**CABG) procedures.

The Hospital IQR Program collects and publicly reports quality measure information through the *Hospital Compare* website to promote transparency and quality improvement. This program uses the claims-based version of the Hybrid HWR measure, which is not used in the HRRP. In the FY 2019 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule (83 FR 41554-41556), a total of seven condition- and procedure-specific readmission measures were removed from the Hospital IQR Program to de-duplicate measures used in the HRRP and reduce the regulatory burden related to the use of measures in multiple programs, in accordance with the CMS Meaningful Measures

framework. This initiative is one component of the CMS agency-wide Patients Over Paperwork Initiative, which is aimed at evaluating and streamlining regulations to reduce unnecessary cost and burden, increase efficiencies, and improve beneficiary experience.

For more detailed information on the HRRP including calculation of Excess Readmission Ratios (ERRs), please see the *QualityNet* website at: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772412458. Questions can also be submitted to: hrrp@lantanagroup.com.

General inquiries regarding the Shared Savings Program for ACOs can be directed to ACO@cms.hhs.gov.

For questions regarding the Hospital IQR Program, contact the Hospital Inpatient VIQR Outreach and Education Support Contract Team via the Inpatient Questions and Answers tool at https://cms-ip.custhelp.com by calling, toll-free, (844) 472-4477 or (866) 800-8765 weekdays from 8 a.m. to 8 p.m. Eastern Time.

Question 22: **Our report guru is having some difficulty with this QRDA [Category I] file. Have any facilities that finished their report be willing to share some information?**

We recommend contacting the *QualityNet* Help Desk to obtain assistance regarding any issues with the creation and troubleshooting of the QRDA Category I file. The *QualityNet* Help Desk can be reached by email or by phone at qnetsupport@hcqis.org or (866) 288-8912.

For more summary information about hybrid measures and the prior submission process please click here to view a short video.

Question 23: **Is there information that provides a high-level overview of the voluntarily reported Hybrid HWR measure?**

The *QualityNet* website provides a webpage that offers overview information regarding the reporting of the Hybrid HWR measure in CY 2018. There is also a short video available that provides a Hybrid Measures Tutorial.