Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Hospital IQR Program
CY 2018 Voluntary Reporting – Hybrid Hospital-Wide 30-Day Readmission Measure Overview

Questions and Answers

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The following questions were asked, and subject-matter experts gave responses, during the live webinar. Questions and answers may have been edited for grammar.

Question 1: **Can you please clarify which Medicare insurances are included in the Hybrid Hospital-Wide 30-Day Readmission (HWR) measure, or is it just the Medicare fee-for-service (FFS) patients that are included?**

As referenced on slide 24, payer information should align with the Medicare payer value set included in the initial population. The payer is not included in the supplemental data elements. The intent of the specifications is to capture Medicare FFS patients only. However, if you are capturing pieces of information under a different code, then we suggest including that code in your reporting as well. The intent here is that you always submit information for the Medicare FFS patients.

Question 2: **Are Medicare Health Maintenance Organizations (HMOs) supposed to be included?**

No, patients who are paid under Medicare HMOs are not included in this measure. The intent of the specifications is to capture Medicare FFS patients only.

Question 3: **Within the Hybrid HWR measure specifications, the description states "laboratory results obtained." However, within the actual algorithm under numerator, it states "performed blank," which implied collection date time and not resulted time of the actual lab results. The specification algorithm is not calling out the results; however, the algorithm is calling out performed. Please clarify.**

The question is about which date/time stamp associated with the results should be used. The date/time of when the results are available for use by clinical staff should be used; the collection date/time should only be used when it represents the time results are available for use by clinical staff.

Question 4: **Are the data for this measure abstracted or submitted electronically?**

This is not an abstracted measure; therefore, the core clinical data elements should be extracted from the EHR into files using the Quality Reporting Document Architecture (QRDA) Category I file format and submitted electronically to CMS via the *QualityNet Secure Portal.*

Question 5: **Will there be anything from the EHR data that reduces the risk factors sourced from the claims data?**

We presume that you are asking about the removal of risk factors that are currently used in the claims-based HWR measure.

The use of the core clinical data element (CCDE) risk variables that are based on EHR data will not result in a removal of any of the risk variables that are derived from claims data. The risk factors used for risk adjustment in the claims-based HWR measure will be applied to the Hybrid HWR measure. The data derived from the EHR will be used for risk adjustment in the Hybrid HWR measure in addition to the risk adjustment already implemented in the claims-based HWR measure.

Question 6: **Will the CCDE be used for the readmission versus index admission?**

Technically, we will be using the index admission. However, I would encourage you to submit the CCDE information for all admissions because for the Hybrid HWR measure, readmissions can also be index admissions; therefore, you should submit CCDE for every hospitalization.

Question 7: **Can you explain why you chose to use weight instead of Body Mass Index (BMI), which adds the perspective of height?**

BMI is not used because the height variable is not routinely captured by all hospitals and, if the data are inconsistently captured, it would not be a viable variable for use in the measure.

Question 8: **On slide 12, are the vital signs the first vital signs on presentation documented? Are the lab results the first results of these tests performed?**

This is the first documented vital signs, and, yes, the first lab tests are the first results of the lab tests.

Question 9: **Will we be able to use the Pre-Submission Validation Application (PSVA) tool to validate and submit our files?**

Yes, the same file format validations performed by the PSVA tool on electronic clinical quality measure (eCQM) QRDA Category I files for mandatory reporting are performed for the QRDA Category I files that are submitted for CCDEs. CMS will notify the data submitter community when the PSVA tool has been updated to receive Calendar Year (CY) 2018 QRDA Category I files.

Question 10: **On slide 13, it states "for every patient discharged during the measurement period." Does that refer to all patients or only patients readmitted within the 30 days?**

Slide 13 refers to hospitals submitting EHR data and linking information on every eligible patient discharged during the measurement period, not just those patients who were readmitted during the measurement period. The measure cohort includes all eligible patients and is not limited to those patients that have an unplanned readmission. It is important for hospitals to include all eligible patients to adequately represent their case mix.

For more information on the Hybrid HWR measure inclusion/exclusion criteria, please see Appendix A of the Hybrid HWR measure available on *QualityNet* at *www.QualityNet.org* > Hospitals - Inpatient > Claims-Based and Hybrid Measure > Hybrid Measure > Measure Methodology.

Question 11: **Can you address whether this measure will be mandatory in the future?**

Any mandatory measures would be proposed in a future inpatient prospective payment system (IPPS) proposed rule. During this voluntary reporting period, CMS is interested in feedback from hospitals and vendors participating in voluntary reporting to help inform future policy on mandatory measures. Please submit any comments or feedback to: CMShybridmeasures@yale.edu.

Please also ensure that you are signed up to receive ListServe communications by visiting *QualityNet.org.* For information on the voluntary Hybrid HWR measure sign up for the Hospital IQR (Inpatient Quality Reporting) and Improvement and Hospital Reporting EHR (Electronic Health Record) ListServes here.

Question 12: **Do you have to have a certified EHR to create QRDA Category I files?**

For this voluntary reporting period of the Hybrid HWR measure, there is no requirement to use a certified EHR. However, CMS highly encourages that QRDA Category I files be produced from certified EHRs. If the Hybrid HWR measure becomes mandatory for Hospital IQR Program reporting, hospitals would be required to generate the QRDA Category I files from a certified EHR prior to reporting for the Medicare Promoting Interoperability Program (previously known as the Medicare and Medicaid EHR Incentive Program) and the Hospital IQR Program.

Question 13: **For the CCDEs, is it the initial value or the latest value in the patient chart that is used?**

It will be in the initial value, if that value occurs within the specified time period which would be before or after the admission.

Question 14: **Do hospitals submit one quarter of data or do they submit the full six months of data?**

Once the submission period opens (which is anticipated to be late summer through fall of 2018), hospitals should submit the full six months of data.

Question 15: **What is the overall intent of CMS in collecting labs and vital signs? How will this correlate to a readmission?**

The laboratory results and vital signs provide information about how sick hospitalized patients are and these variables are included in the risk adjustment of the Hybrid HWR measure to utilize a more comprehensive risk model.

The data collected in this effort will assist CMS in incorporating clinical EHR data into outcome measures in response to hospital feedback. Using this data in the Hybrid HWR risk-adjustment methodology allows for more specific risk adjustment that accounts for patients' clinical status at the start of an inpatient encounter. It will also support hospitals in preparing for any future submissions of EHR data.

Additional rationale behind this measure and the reengineering of the original HWR measure is discussed in Section 1 of the measure methodology report posted on *QualityNet* at www.QualityNet.org > Hospitals – Inpatient > Claims-Based and Hybrid Measure > Hybrid Measure > Measure Methodology.

Question 16: **Will this hybrid risk adjustment be used in the CMS Hospital Readmission Reduction Program (HRRP) to identify which hospitals will receive a reimbursement adjustment?**

CMS has not indicated the future use of the measure in HRRP. Any new measures for HRRP would be proposed and finalized in a future IPPS rule.

Question 17: **Will the patients be identified through a CMS algorithm or an internal process?**

Hospitals will need to use their internal processes to identify the patients that they need to submit to CMS. Patient selection should meet two inclusion criteria: Medicare FFS beneficiaries and patients aged 65 years or older.

A CMS algorithm will be used to identify the patients who will ultimately be included in the measure. These are only patients enrolled in Medicare FFS Part A for the 12 months prior to the date of the index admission and during the index admission, aged 65 years or over, discharged alive from a non-federal short-term acute care hospital, and not transferred to another acute care facility.

Subsequently, the CMS algorithm will apply the following exclusion criteria to arrive at the pool of eligible index admissions: admitted to Prospective Payment System-exempt Cancer Hospital (PCH), without at least 30 days post-discharge enrollment in Medicare FFS, discharged against medical advice, admitted for primary psychiatric diagnoses, admitted for rehabilitation, and admitted for medical treatment of cancer.

For more information on the measure cohort criteria, please refer to Section 2.2 and Appendix A of the measure specifications report posted on *QualityNet* at *www.QualityNet.org* > Hospitals – Inpatient > Claims-Based and Hybrid Measure > Hybrid Measure > Measure Methodology.

Question 18: **What will the data file coming back to us have in it? Comparative data? Will it show what we look like before and after the adjustment? How will we find the value in the report after participating?**

At this point in time, we are not able to provide full details on the information included in the confidential feedback reports for participating hospitals. However, the reports would detail submission results from the reporting period. These results include detailed information about the completeness and accuracy of the EHR data submitted, as well as the Hybrid HWR measure results assessed from merged files. The merged files were created by merging the EHR data elements submitted by each hospital with claims data from the same set of index admissions. Greater clarification will be provided in future communications. Visit *QualityReportingCenter.com* to review the events calendar for upcoming webinars.

Question 19: **Is vendor submission permitted?**

Yes, a vendor may submit QRDA Category I files on a provider's behalf.

Question 20: **Will participation impact our traditional claims-based penalty?**

As this is a voluntary measure, there are no impacts to hospital payments.

Question 21: **Can we choose to send in only a subset to participate (e.g., heart failure patients or AMI patients)?**

Considering this is a hospital-wide readmission measure, the preference would be to submit for all patients, not just a subset of patients. Otherwise, confidential feedback reports that will be provided to participating hospitals may not be as useful.

Question 22: **Are there ways for a facility to generate a QRDA Category I file without having a vendor?**

Working with an EHR vendor is the best way to generate QRDA Category I files if a hospital does not have the in-house ability to create the file. In most cases, facilities would work with their vendors to create that QRDA Category I file; however, there are facilities who have standalone IT departments that do perform that function for them. So, it is dependent on the facility and the availability of resources.

Question 23: **Will this impact Medicare ACO scoring for the all-cause measure?**

The Hybrid HWR measure is not included in the ACO measure set and will not impact ACO Medicare scoring. You might consider directing your inquiry to the ACO team at aco@cms.hhs.gov.

Question 24: **How do we choose to participate in this voluntary reporting?**

Hospitals do not need to signal to CMS if they intend to voluntarily report the measure. Hospitals that choose to participate have until the end of the submission period (which is anticipated to be late summer through fall of 2018) to report the data.

Question 25: **If a patient arrives in the ER close to midnight and was admitted as an inpatient after midnight, what is the admit date?**

The admission date would be the date when the patient is admitted to the inpatient facility based on how the hospital bills for that patient.

Question 26: **Where should we submit our questions concerning the Hybrid HWR measure? Is there an email support box?**

On slide 31, we show two places that you can visit to submit questions. Technical questions about the electronic aspects of the measure are submitted to the JIRA tool at https://oncprojectracking.healthit.gov/support/projectcs/CHM/summary. General questions on the Hybrid HWR measure are submitted to the measure inbox at cmshybridmeasures@yale.edu.

Question 27: **If a site is currently transitioning from one EHR to another, will you accept less than six months of CCDE?**

As this is a voluntary reporting activity, if you submit less than six months of data, we will certainly accept it. If you would like to participate but do not have the six months of data, we nonetheless welcome having your data.

The following questions were researched and answered by subject-matter experts following the live webinar.

Question 28: **Are critical access hospitals (CAHs) included in this project?**

Yes. Non-federal short-stay acute care facilities and CAHs are all encouraged to participate in the voluntary reporting of the Hybrid HWR measure.

Question 29: **Referring to slide 23, is there any work being done with vendors to make the electronic extraction of CCDE data in the QRDA Category I format standard for hospitals, so no additional costs are associated with the creation of CCDE-specific QRDA I files? Some of the smaller hospitals may not have the financial resources to request additional work from the vendor.**

We appreciate the feedback and will discuss this recommendation with CMS for consideration on future voluntary efforts.

Question 30: **Do you know when the Fiscal Year (FY) 2019 IPPS proposed rule will be published?**

The FY 2019 IPPS proposed rule was displayed on April 24, 2018, and published in the *Federal Register* on May 7, 2018. It is available for download.

Question 31: **How will the data be submitted? Will it be through *QualityNet* via the *QualityNet Secure Portal*?**

A QRDA Category I file is created for each patient meeting the initial population criteria of the CCDE specification. QRDA Category I files are submitted to CMS via the *QualityNet Secure Portal* directly by a provider or third-party data vendor authorized by the provider to submit data on the provider's behalf.

Question 32: **It is not clear that our EHR vendor will develop a QRDA Category I file in time for participation in this voluntary reporting period. Is there another way we can participate?**

Currently, no plans are in place for alternate methods of participation. We appreciate the feedback and will discuss this with CMS for consideration on future voluntary efforts. Please ensure you are receiving email notifications by visiting the Join ListServes section on the *QualityNet.org* home page. For information on the voluntary Hybrid HWR measure sign up for the Hospital IQR (Inpatient Quality Reporting) and Hospital Reporting EHR (Electronic Health Record) ListServes here.

Question 33: **Please repeat the statement made with slide 24 regarding the Medicare payer value set included in the initial population.**

Payer information should only be submitted once per QRDA Category I file. Payer information should align with the Medicare payer value set included in the initial population. The payer is not included in the supplemental data elements. The intent of the specifications is to capture Medicare FFS patients only.

Question 34: **Slide 30 says the algorithm for the Hybrid HWR measure is the same as the claims-based version of the measure. How can that be if the Hybrid HWR measure is using the extra vitals and lab test fields?**

The vitals and laboratory test fields are not included in the Hybrid HWR planned readmission algorithm; instead, these are considered in the risk adjustment of eligible index admissions.

The planned readmission algorithm (discussed on slide 30) is used to identify when a readmission is considered planned or unplanned. The planned readmission algorithm uses the diagnosis and procedure ICD codes for the readmissions, rather than the vitals and lab test fields.

To clarify, the collection of vitals and lab test fields are only used for risk adjustment of an eligible index admission and not the readmission outcome. However, since a readmission may meet the Hybrid HWR measure inclusion criteria, it is possible that a readmission may qualify as a new index admission; therefore, collection of the clinical data will be necessary.

For more information about the planned readmission algorithm and the risk adjustment of the Hybrid HWR measure, please refer to Section 2.3 and Section 2.4, respectively, of the measure specifications report posted on *QualityNet* at *www.QualityNet.org* > Hospitals – Inpatient > Claims-Based and Hybrid Measure > Hybrid Measure > Measure Methodology.

Question 35: **The algorithm object identifier (OID) includes all the Medicare patients, which include the Medicare HMOs. The algorithm is asking for all Medicare insurances.**

Payer information should only be submitted once per QRDA Category I file. Payer information should align with the Medicare payer value set included in the initial population. The payer is not included in the supplemental data elements. The intent of the specifications is to capture Medicare FFS patients only.

Question 36: **The Hybrid HWR human-readable specifications currently located on the eCQI Resource Center state that the "admission start date/time" must be during the measurement period, not the "discharge date/time" specified on slide 17. Will there be a new version of the specifications produced?**

Use of the DURING operator implies that the admission start date/time and discharge date/time for the encounter will be during the measurement period. For the purposes of this voluntary reporting of the Hybrid HWR measure, please be sure to include only those encounters with a discharge date and time in the measurement period (January 1, 2018, to June 30, 2018). This feedback will be considered as the CCDE specifications are reviewed and updated on an annual basis.

Question 37: **Can Medicare FFS be primary or secondary payer?**

Yes. Medicare FFS does not need to be the "primary payer" for an eligible index admission to be included in the Hybrid HWR measure cohort. Medicare FFS patients with eligible index admissions are included whether Medicare is the primary payer or a secondary payer.

For more information on the measure cohort criteria, please refer to Section 2.2 and Appendix A of the measure specifications report posted on

QualityNet at *www.QualityNet.org* > Hospitals – Inpatient > Claims-Based and Hybrid Measure > Hybrid Measure > Measure Methodology.

Question 38: **What if we want to participate but our EHR vendor is unable to produce the information needed?**

Currently, no plans are in place for alternate methods of participation. We appreciate the feedback and will discuss this with CMS for consideration on future voluntary efforts. Please ensure you are receiving email notifications by visiting the Join ListServes section on the *QualityNet.org* home page. For information on the voluntary Hybrid HWR measure, sign-up for the Hospital IQR (Inpatient Quality Reporting) and Hospital Reporting EHR (Electronic Health Record) ListServes here.

Question 39: **When qualifying encounters for the CCDE initial population, the Medicare payer value set includes multiple payer codes in addition to the Medicare FFS code. Is the intent to qualify encounters with a primary payer code equal to any of the payer codes in the Medicare payer value set, not only the Medicare FFS code?**

Payer information should only be submitted once per QRDA Category I file. Payer information should align with the Medicare payer value set included in the initial population. The payer is not included in the supplemental data elements. The intent of the specifications is to capture Medicare FFS patients only.

Question 40: **Why are non-Medicare FFS patients not included in the measure?**

While the EHR would have data for both Medicare Advantage and Medicare FFS patients, the Hybrid HWR measure only includes patients with Medicare FFS Part A because the measure uses the detailed information in these claims to identify index admissions for the measure

cohort and readmissions for the measure outcome.

Question 41: **How were clinical data chosen to "risk stratify" patients at risk for readmission?**

The data elements in the CCDEs were selected because they meet the following feasibility criteria: obtained consistently under current clinical practice, captured with a standard definition across providers and care settings, and entered in a structured field to reduce the burden of extraction and ensure consistent reporting.

Our intention with the approach to risk adjustment is to include factors related to patient severity of illness prior to and at the start of each hospitalization. The risk-adjustment variables are chosen such that they only capture patient clinical status before treatment is provided and the effects of that treatment are realized. This approach allows the measure to compare outcomes across hospitals without obscuring potential differences in the care patients receive. This aligns with the approach of other CMS public reported measures.

Finally, these variables are included in the risk adjustment of the Hybrid HWR measure to make the risk adjustment more comprehensive.

CMS regularly maintains and refines its measures. Please submit any comments or feedback on the Hybrid HWR measure to CMShybridmeasures@yale.edu.