Alignment of Electronic Clinical Quality Measure (eCQM) Reporting

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

Resources for Reporting FY 2024 eCQM and Hybrid HWR Measure Data Presentation Transcript

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Veronica Dunlap: Good afternoon, everyone. Welcome to today's webinar, *Resources for Reporting Fiscal Year 2024 eCQM and Hybrid Hospital-Wide Readmission Measure Data*. 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 summary, will be posted to the QualityReportingCenter.com website, as well as QualityNet. 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 go ahead and 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 event. 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 event. If you have questions as we move through today's webinar, please go ahead and type the questions into the Ask a Question window with this associated slide number that you're referencing. We will answer questions as time allows after the event.

Our speakers joining me for today's event include Tamara Mohammed, the project lead for the Yale/New Haven Health Services Corporation and Center for Outcomes Research and Evaluation. We also have Dr. Yan Heras, who is a principal informaticist with ICF.

The purpose of this webinar is to highlight the specific resources associated with reporting data for the Hybrid Hospital-Wide Readmission measure, also referred to as the Hybrid HWR measure, and reporting data for the electronic clinical quality measures, or what's referred to as eCQMs. We will also review the reporting requirements for each of the measure sets as they relate to the fiscal year 2024 payment determination.

At the conclusion of today's webinar, participants will be able to understand the reporting requirements and locate which resources to use towards the successful submission of eCQM data for the calendar year

2022 reporting period and the 2023 voluntary reporting of Hybrid Hospital-Wide Readmission measure data.

This slide lists the acronyms and abbreviations used in the presentation.

Before we begin with our speakers, I would like to take this opportunity to provide a comparison on reporting eCQM data as well as the Hybrid Hospital-Wide Readmission measure data.

I would like to take the time to review some talking points. It is important to first understand that an electronic clinical quality measure is different than a hybrid measure. An eCQM is a clinical quality measure expressed and formatted to use data from health information technology systems, or EHRs, to measure healthcare quality in a structured format. In order for data submitters to report an eCQM from their EHR, the data elements and measure logic need to be defined to evaluate the provider's performance. These data are submitted from a single source, your EHR, which will demonstrate the measures outcome for every individual eCQM transmitted. Hybrid measures are also quality measures. However, measure calculation stems from more than just one source of data. For today's discussion, the Hybrid Hospital-Wide Readmission measure uses electronic clinical data elements from your EHR, like eCQMs, but they will only calculate a measure's performance when these data are combined with the relevant claims data. That's why it's a hybrid, or a mix, of sources to see just how well a hospital is meeting their performance expectations and striving for continuous quality improvement. My second talking point here is that it is important to take a moment and reflect on the different timelines representing these two measure sets and to know which tools to use for the applicable reporting periods. For example, hospitals and vendors preparing for the 2023 voluntary reporting of the Hybrid Hospital-Wide Readmission measure for the Hospital IQR Program, due this September, will use the same standards and versions, such as the 2021 implementation guide and Schematron, that were all used for the submission of calendar year 2021 eCQM data. That data submission deadline just ended March 31.

Now for the upcoming calendar year 2022 eCQM reporting period, CMS requires the 2022 implementation guide and those updated versions applicable to the 2022 reporting period.

I would like to remind our attendees that, since calendar year 2016, the reporting of eCQM data is a mandatory requirement for the Hospital IQR Program, as well as the Medicare Promoting Interoperability Program. This requirement is now aligned for both programs, and the submission deadline occurs on an annual basis. CMS has finalized that the eCQM submission deadline is the end of two months following the close of the calendar year or next business day if the deadline happens to fall on a weekend or federal holiday. Now, the Hybrid Hospital-Wide Readmission measure is only applicable to hospitals participating in the Hospital IQR Program. Again, this is a voluntary measure this year. Eligible hospitals and critical access hospitals participating in the Medicare Promoting Interoperability Program will not submit these measure data since it does not apply to them. As outlined in the Fiscal Year 2020 IPPS Final Rule, the Hybrid Hospital-Wide Readmission measure was adopted as a voluntary measure beginning with the 2023 voluntary reporting period. Hospitals choosing to participate must submit the Core Clinical Data Elements and linking variables within three months following the end of the applicable reporting period.

As we just reviewed some of the differences between eCQMs and hybrid measures, I would like to point out general reporting and submission requirements that apply to both. CMS requires the use of the most current standards and tools and versions used for a reporting period. Technical electronic specs [specifications] are available for each specified eCQM. Hybrid measure technical specs [specifications] are available on the Core Clinical Data Element for the Hybrid Hospital-Wide Readmission measure with claims and electronic health record data measure. A list of the technical specifications and applicable tools are posted each year in the CMS annual update which is located on the eCQI Resource Center. Hospitals submitting Core Clinical Data Elements for the Hybrid Hospital-Wide Readmission measure will follow the same format used for eCQM submissions and

reporting, using the Quality Reporting Document Architecture (QRDA) Category I file format. This format represents one file per patient per quarter. So, whether you're submitting eCQMs or data for the Hybrid Hospital-Wide Readmission measure, you will be using one QRDA file per patient per quarter.

Now, the next three slides I have for you here provide a side-by-side comparison on the eCQMs and the Hybrid Hospital-Wide Readmission measure that you may share with your staff and just use as a quick reference. For the fiscal year 2024 payment determination, eCQM reporting is required for both programs; however, only hospitals participating in the Hospital IQR Program will submit the Hybrid Hospital-Wide Readmission measure, which, again, is voluntary this year. It will not affect the hospital's annual payment update. Furthermore, calendar year 2022 eCQM data, which is also for fiscal year 2024 payment determination, will be publicly reported. Hospitals will need to continue to meet their validation requirements. This is just a reminder that the Hybrid Hospital-Wide Readmission measure becomes mandatory for the Hospital IQR Program and will be publicly reported starting with the 2025 reporting period, which is impacting the fiscal year 2026 payment determination.

Here we have provided the fiscal year 2024 payment determination submission overview of each of the eCQM data and Hybrid Hospital-Wide Readmission data. This lists the performance and reporting periods, submission requirements, the submission deadlines, etc. As you see there, the submission method for eCQMs will continue to be the QRDA Category I file, zero denominator declarations, and/or case threshold exemptions. For submission of the voluntary Hybrid Hospital-Wide Readmission measure, you will be submitting just the QRDA Category I files, as the denominator declarations would not apply.

Finally, the CMS policy requirements pertinent to each measure set are provided here. For the submission of the calendar year 2022 eCQM data, hospitals will use the 2022 implementation guide, or IG, and may continue to use CEHRT technology to the existing 2015 edition, the 2015 Cures update criteria, or a combination of both.

Please keep in mind that CMS has finalized the CEHRT requirement be updated to just the 2015 edition Cures update that will begin with the submission of calendar year 2023 eCQM data, impacting the fiscal year 2025 payment determination. The 2023 voluntary submission of the Hybrid Hospital-Wide Readmission measure includes reference to the 2021 IG and the same CEHRT requirement I just mentioned. Those highlights are pointed here in red on this slide.

I would like to introduce our first speaker, Tamara Mohammed, who will be reviewing the 2023 voluntary reporting of the Hybrid Hospital-Wide Readmission measure. Tamara, the floor is yours.

Tamara Mohammed: 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. You just heard a bit about the reporting requirements for eCQMs and the Hybrid Hospital-Wide Readmission, or HWR measure. In the next section, I'll be talking to you a bit more about the Hybrid HWR measure and the resources available for that measure.

To first recap some of the information for the hybrid measure though, as you just heard, the Hybrid HWR measure is being implemented in the [Hospital] IQR, or Inpatient Quality Reporting, Program. The measure will first begin with what is termed the 2023 voluntary reporting under the [Hospital] IQR Program. Since this is voluntary, hospitals can choose to participate in this reporting period or they can choose not to do so. Regardless of whether you choose to participate, your hospital payments under the [Hospital] IQR Program will not be affected for the 2023 voluntary reporting, that is fiscal year 2024 payment determination, for this measure. For those hospitals that do choose to participate though in this reporting period, they will be asked to submit data based on hospital discharges that occurred between July 1, 2021, and June 30, 2022. The deadline for the latest submission is September 30, 2022. Those hospitals that do voluntarily submit data will receive confidential measure results in HSRs, or Hospital-Specific Reports, hopefully in spring 2023.

These results will not be publicly reported. For 2023 voluntary reporting of the Hybrid HWR measure, hospitals are asked to use EHRs certified to the 2015 edition specification criteria, the 2015 edition Cures update criteria, or a combination of both. Measure specifications and resources can be found in both the eCQI Resource Center and the QualityNet website using the hyperlinks provided here. Wherever possible, CMS will try to post resources on both sites in order to make access easier for stakeholders.

If you're considering participating in the 2023 voluntary reporting of the Hybrid HWR measure, then you may be wondering what this hybrid measure is. Generally, a hybrid measure is a measure that is calculated using data from multiple, or hybrid, of data sources. In this case, the Hybrid HWR measure is calculated using claims data and data that are derived from hospital EHRs. This is why hospitals will need to extract and report information and Core Clinical Data Elements from the EHRs for this measure, but we'll get to that in a second. The Hybrid HWR measure is a risk-standardized readmission measure that looks at whether or not an unplanned readmission occurred within 30 days of discharge from an acute hospitalization. These will be hospitalizations for Medicare Fee for Service beneficiaries age 65 and older, discharged alive from non-federal acute care hospitals and who will not transfer to another acute care facility. If you're familiar with the claims-only HWR measure that is currently being used in the Hospital IQR Program, then this measure looks exactly like that measure. The only difference being that additional variables, that is CCDE variables, are being used for risk adjustment in the Hybrid HWR measure, while they're not being used in the claims-only HWR measure. So, when we calculate the Hybrid HWR measure, we will use the linking variables to link the CCDE information that hospitals submit to CMS with the claims data that CMS already has. Then, we will use both pieces of data to calculate the measure results.

So, which variables are these, specifically? If you take a look at this slide, you can see a list of the Core Clinical Data Elements and linking variables that hospitals will need to submit to CMS for the Hybrid HWR measure.

There are 13 CCDEs that need to be submitted, and these are divided into six vital signs (comprising of things such as heart rate and respiratory rate) and then seven lab results (comprising of things like hematocrit levels and white blood cell count). Then, there are six linking variables that need to be submitted, as well. These include things like the hospital CCN, as well as the patient's MBI or HIC number. Then, these variables will be used to link the CCDE that you submit with the claims data that CMS has on that patient.

That's a bit about the measure and the data that hospitals will need to submit for the measure, but I also wanted to note for you that, when CMS finalized the Hybrid HWR measure for use in the [Hospital] IQR Program in the Fiscal Year 2020 IPPS Final Rule, CMS also finalized some reporting criteria that hospitals would have to meet in order to meet their IQR participation requirements for this measure. These are the three criteria that you see listed here on the screen. Mostly, hospitals will need to submit linking variables on 95 percent or more of discharges for Medicare Fee for Service patients in the measure. They will also need to report vital signs on 90 percent or more of discharges for Medicare Fee for Service patients age 65 or older. Then, they will also need to submit lab results for 90 percent of discharges for non-surgical patients. We expect that, in order to assess whether or not hospitals successfully meet these IQR participation requirements, we will need to link the CCDE information you send with the claims data that CMS stores. So, given this, hospitals are highly encouraged to participate in voluntary reporting, as we anticipate that hospitals will want CMS to provide some feedback in HSRs on whether or not hospitals were able to meet these reporting thresholds during voluntary reporting. So, this can give you a sense of how on track you are to meet these reporting requirements, once the measure does eventually enter mandatory reporting.

Let's talk a bit more about the resources for the measure, as I promised. You will find that most of the resources for the Hybrid HWR measure are currently located on the eCQI Resource Center at the link here.

If you go to the eCQI Resource Center and select hybrid measures, then you can access the table seen here by selecting 2021 from the drop-down selection. As a note, resources for multiple reporting years of the Hybrid HWR measure and the Hybrid Hospital-Wide Mortality measure are already posted on the eCQI Resource Center. To find the resources specifically relevant to the 2023 voluntary reporting period, you need to select 2021 from the drop-down box, and, if it helps you to remember which selection to make, then the 2021 you need to select corresponds to the first year of data that this measure uses. So, for 2023 voluntary reporting, the measure uses one year of data beginning July 2021. The 2021 you select corresponds to this data year. Once you get to this page, you can find a number of resources including the electronic specifications of the measure. You can see that in the second row of this table titled eCQMs Specifications, or CMS529v1. Then, the value sets for the measure are located in the row below that. In the table, you will also find many of the resources that are typically published for eCQMs, such as the binding parameter specifications, technical release notes, implementation checklist, and pre-publication document. Unique to the hybrid measure is a document we have titled *2023 Voluntary Reporting Key Dates and Resources*. That's in the fourth row from the top of this table, but we'll review that document together in a couple of slides from now.

Those were the resources for the electronic specifications of the measure. However, the Hybrid HWR measure, as I mentioned, also uses claims data. So, if you're looking for the claims-based specifications of the measure, then these are typically posted on the QualityNet website. If you're familiar with the resources for the claims-only HWR measure, then you are likely very familiar with this website. There is a specific page on the QualityNet website for the hybrid measures. That's the link and the screenshot that you see on the left-hand side of the screen. Right now, on QualityNet for that page, we have the original methodology report for the Hybrid HWR measure, but the 2023 voluntary reporting methodology report is not yet posted. Instead, we anticipate that that methodology report will be posted in 2023, likely around the time when hospitals receive their hybrid [HWR] HSRs.

In the interim though, what hospitals can do is access the methodology reports or the claims-only HWR measure. That's the link and the screenshot that you see on the right-hand side of the screen. Since the only difference between these two measures is the fact that the hybrid measure uses the CCDE with variables, then the information that you have for the claims-only HWR measure is highly relevant to the Hybrid HWR measure. For those of you who would like to access the 2022 claims-only HWR report or any older report for that measure while you wait for the Hybrid HWR report, you can go to that page.

Pivoting back for a second to resources for the electronic specifications of the Hybrid HWR measure, I wanted to explicitly note that, for the 2023 voluntary reporting of the Hybrid HWR measure, hospitals will need to use the 2021 implementation guide that's located on the eCQI Resource Center. Specifically, if you go to Section 6 of this implementation guide, you will find the section relevant to the submission of data for the Hybrid HWR measure.

As I mentioned a few slides ago, one of the resources that we've created that is relatively unique to the hybrid measures is a document called *Key Dates and Resources*. It's located on the eCQI Resource Center and will also be on the QualityNet website, if it's not already there. We create this resource for every reporting period for the hybrid measures. The one you see here is for the 2023 voluntary reporting period, but there's already one for the 2024 voluntary reporting period, and, I think, also the 2025 public reporting period already posted. So, as you can see, this document attempts to define all of the dates and resources relevant to each reporting period. We can certainly appreciate that it may be difficult for hospitals given that there are a lot of dates and deadlines and requirements to keep in mind. So, what we've done is to try and identify which ones are relevant for which reporting period in this document. So, here for 2023 voluntary reporting, the document tells you what data you need to submit and when, and it tells you when you might receive your HSR, which version of the measure specifications, Schematrons, implementation guides, etc. that you should reference for 2023 voluntary reporting.

We also list the resources that will eventually be posted on QualityNet so that you have a sense of what to expect in the coming years. It's a very helpful resource if you find yourself being confused by versions and dates. So, please take a look at if you can.

Then, lastly as you might be aware, if you ever have any questions, you can also reach out to us. You can submit questions about the electronic specifications of the measure by the JIRA tool using the link on the screen. You can also submit questions about the claims-based specifications or the implementation of the measure to the CMS QualityNet Questions and Answer Tool. Again, the link is on the screen. Once you get to that page, you select IQR as the program and then hybrid measures as the topic. Certainly, you can also use these tools to submit feedback to us about the measure or additional resources or changes to existing resources that you feel might be helpful to you.

That's it from me. Now, we'll hand it off to the next speaker. Thank you.

Veronica Dunlap: Thank you, Tamara, for providing that information. It was very helpful. Now that we have discussed the requirements and resources for hospitals to successfully submit the voluntary Hybrid Hospital-Wide Readmission measure using the 2021 reporting period requirements, it's now time to switch gears and review the eCQM reporting requirements and resources for the calendar year 2022 reporting period.

Hospitals participating in the Hospital IQR Program and the Medicare Promoting Interoperability Program can meet the eCQM reporting requirement with a single submission that will count for both programs. First and foremost, I want to highlight that, beginning this year for calendar year 2022 reporting, hospitals are required to submit a mandatory eCQM as one of their four eCQMs. This required measure is the Safe Use of Opioids-Concurrent Prescribing eCQM. This measure was introduced in the calendar year 2021 measure set, and hospitals did have the opportunity to self-select this measure and report on it. However, for calendar 2022, it is now mandatory for hospitals to report on.

Hospitals are also required to self-select three additional eCQMs from the available eCQMs. Another important change includes the requirement that hospitals must submit data for a total of three self-selected quarters. The quarters can be consecutive or non-consecutive, and it is important to keep in mind that each self-selected quarter must contain at least three self-selected eCQMs, plus the Mandatory Safe Use of Opioids-Concurrent Prescribing eCQM. That's a total of four eCQMs for each quarter that you self-select to submit. As a reminder, the eCQMs must be the same across each of the three selected quarters, and the eCQM submission deadline for calendar 2022 is February 28, 2023. For more detailed information regarding these reporting requirements, you may refer to the February 28 webinar presentation, *Hospital IQR Program Requirements for Calendar Year 2022 Reporting*. It is available under the archived events located on the QualityReportingCenter.com website.

Shown here is an updated table reflecting the calendar year 2022 available eCQMs. Again, we note the mandatory Safe Use of Opioids [Safe Use of Opioids – Concurrent Prescribing] eCQM. A list of the eCQMs and specifications are available on the eCQI Resource Center, located under eligible hospitals and critical access hospitals.

As you prepare for calendar year 2022 eCQM reporting, it is important to locate and understand the tools associated with the calendar year 2022 reporting period. I would like to turn it over to Dr. Yan Heras to discuss the 2022 CMS QRDA I Implementation Guide. Yan, the floor is yours.

Yan Heras: Thank you, Roni. I'll be going over the 2022 CMS QRDA Category I IG and focusing on highlighting the changes from the 2021 IG.

CMS published the 2022 CMS QRDA I IG, Schematron, and sample files for HQR last May. An updated version, 1.1, was published in last November. The 2022 CMS QRDA I IG outlines requirements for eligible hospitals and critical access hospitals to report eCQMs for the calendar year 2022 reporting period for the following programs: Hospital Inpatient Quality Reporting Program and Medicare Promoting Interoperability Program.

The 2022 CMS QRDA I Schematron is a companion to the 2022 CMS QRDA I IG. It allows for computerized validation of QRDA documents against the IG requirements.

Beginning from the slide, we will show a side-by-side comparison of the 2022 CMS QRDA I IG and the 2021 IG. The 2022 CMS QRDA I IG for HQR provides technical guidance for the 2022 reporting period. It is used with the eCQM specifications that were published in May 2021 and any applicable addenda. For the eCQMs for the 2022 reporting period are specified based on the CQL-based HQMF QRDA Implementation Guide Release 1, Standard for Trial Use, STU 4, which is the same version used by the 2021 eCQMs. The eCQMs value sets and direct reference codes for the 2022 reporting period and must be used for the 2022 reporting.

The Quality Data Model, QDM, is the data model used for specifying eCQMs. HL7 has been publishing an STU update to the QRDA I standard in lockstep with the release of QDM specifications to support eCQM reporting. In both the 2021 and the 2022 reporting period, use the same QDM version 5.5 for specifying eCQMs. So, there is no change in the base HL7 QRDA I standard used by the two reporting periods. Both 2021 and the 2022 CMS QRDA I IG used the HL7 QRDA I STU 5.2 with errata.

This slide highlights that the same templates from the 2021 reporting period are also used for the 2022 reporting period. This includes all the HL7 templates and the CMS templates. For example, the four required document-level templates for the 2022 reporting period, as shown on the slide, are exactly the same for the 2021 reporting period.

There are no changes to the CMS program names from the 2021 reporting period. As shown on this table, these four CMS program names are used for both 2021 and 2022 reporting periods.

There are also no changes made to the five key elements used for succession management from the 2021 IG. The five key elements are CMS Certification Number (CCN), CMS program name, EHR patient ID, EHR submitter ID, and reporting period specified in the reporting parameters section.

The requirements for patient identifier are the same for both 2021 and 2022 IG. The patient identifier number is required. The Medicare Beneficiary Identifier (MBI) is not required, but it should be submitted if the payer is Medicare and the payer has a MBI number assigned. The Medicare Health Insurance Claim Number is not required, but it should also be submitted if the payer is in Medicare and the patient has a HIC Number assigned.

The 2022 IG made some minor language updates to reporting "unit" for result value section and added the footnote. When we see result value here we are referring to the value of a result attribute of a QDM data type. For example, an assessment performed result and a lab result. The main point of adding the footnote is to help provide guidance regarding timing units. The secure specification defines the number of building units for timing, such as week, weeks and year, which are a little different from their corresponding UCUM codes. For example, the UCUM code for "week" is "wk." The logic for gestational age greater than and equal to 37 weeks are specified using "weeks' as a unit instead of the UCUM code "wk." So, for the 2022 reporting period submitting either "week," "weeks," or the UCUM code "wk" will be accepted by the HQR receiving system. The 2022 IG also added a new section, 6.2 reporting result unit for hybrid measure, to provide guidance on this topic for hybrid measure reporting.

The 2022 IG added three new HQR validation rules. CMS_0083 is to make sure the CMS certification ID has the correct format. It must be 15 alpha numeric characters in length. CMS_0087 is to make sure the effective time low date must be before the high date. So, you'll receive this error if the low date is after the high date. CMS_0088 checks if daytime format used by effective time low and high is valid. The 2022 IG also added the validation rule to encounter performed about principal diagnosis. This has changed to enforce that there will be at most one principal diagnosis submitted within an encounter performed template.

The 2022 IG also made a language update about hybrid measure CCDE voluntary submission. The 2022 IG must be used for hybrid measure CCDE voluntary submission for reporting 2022 to 2023 data and submitted in 2023. The measurement period is from July 1, 2022, through June 30, 2023. The 2022 reporting period hybrid measure specification must be used. You can find the hybrid measure specification on the eCQI Resource Center.

The 2022 IG added platelet count to the list of CCDEs shown in Table 17. This is a new CCDE specified by one of the hybrid measures for the 2022 reporting period. This hybrid measure CCDE submission section also relaxed the language about submitting the encounter ID associated with a CCDE. That's a change from saying it "must" also provide the encounter that the result is associated with to it "should" also provide. The reason for changing to use the word "should" is to is to clarify that the HQR System will not reject files because of this. As mentioned earlier, the 2022 IG added section 6.2, reporting result unit for hybrid measures. For the hybrid measure voluntary submission, it is recommended for submitters to submit a unit of the laboratory test result or physical exam result for each of the CCDEs using appropriate UCUM codes, but submitters may submit units in the forms using their EHRs for the 2022 reporting period.

To summarize, both the 2021 and the 2022 CMS QRDA I IG uses the same HL7 and the same QRDA templates and CMS templates. So, the difference between the 2021 and the 2022 IG that we needed to highlight are pretty minimum from the CMS QRDA I IG perspective. If you have any questions related to CMS QRDA IG or the Schematron after this webinar, you can always go to the ONC QRDA JIRA tracker and log an issue. The link to the ONC JIRA tracker is provided on the slide.

Thank you, everyone. I'm going to pass it on to Roni for the next section.

Veronica Dunlap: The following section provides a list of resources and contacts available to all data submitters specific to the eCQM and Hybrid Hospital-Wide Readmission measure reporting.

The eCQI Resource Center is a CMS-approved website, the primary source to locate all associated technical specifications, standards, tools, and implementation resources for eCQMs and hybrid measures. Always make sure to select the applicable performance reporting period and reference the most current versions as you prepare for current and upcoming data submissions.

The eCQI Resource Center has a dedicated Tools and Resources page that provides information on each component, including access to the data element repository, the measure authoring tool, and the ONC JIRA issue tracker.

There are two JIRA trackers specific to the QRDA standard. The QRDA Issue Tracker is used to collect technical questions and issues identified during implementation and reporting with the QRDA standard. On this slide, the link to the QRDA Known Issues Tracker is available, which is different than the QRDA Issue Tracker. This tracker shown on the slide provides information for QRDA implementation guidance that has some known technical issues that may not be published, but it is important to make public as you are formatting your QRDA files.

This slide provides a list of resources and associated links that are specific to calendar year 2022 eCQM reporting that you may find helpful.

This slide provides the names of resources and their links that may be helpful for those wishing to submit the 2023 voluntary Hybrid Hospital-Wide Readmission Measure.

Lastly, our support resources slide is constantly being updated, and it includes contact information for both eCQMs and the hybrid measures. In case you were not aware, there is a CMS Hybrid Measure Issue Tracker now available, and the link is provided on this slide.

Now, we'd like to go through questions that we've received, with time permitting. So, let's get started.

Our first question here: When will the hybrid measure become mandatory? As mentioned earlier, the Hybrid Hospital-Wide Readmission measure will become mandatory for the 2025 mandatory reporting period. That would be impacting fiscal year 2026. So, those discharges would be from July 1, 2023, through June 30 of 2024. I also did want to point out that not only will that measure be a mandatory measure, but also it will be included with the Hybrid Hospital-Wide Mortality measure. That is also mandatory for that same measurement period. Again, that would be impacting fiscal year 2026, requiring the 2015 edition Cures update criteria. Data for those hybrid measures will be publicly reported.

Our next question: Will we be submitting this measure through the HQR website? HQR is Hospital Quality Reporting. I can answer that question. This is Veronica. The eCQM data are submitted through the *HQR Secure Portal.* That same thing will occur with the hybrid measure data. Again, that information will all be submitted in that same process. With the hybrid measure submission process, with this year being voluntary, those data submitters will need to authorize a vendor to be able to submit the hybrid measure data. So, there is more information to come regarding that. It's just a small change in the process, but I did want to point that out.

Our next question: Is the QualityNet site different than the HARP site where we submit other PI reporting? PI is for Promoting Interoperability. This is Veronica. I can answer that. The QualityNet site is an open public forum. However, in order to access the portal to submit data, the data submitters would need a HARP account. That HARP account is referred to as the HCQIS Access and Roles Profile. That is a CMS management portal. That will give you access to many different CMS applications. So, for purposes of this webinar and the submission of eCQM data as well as hybrid measure data, all that will be submitted and uploaded through the *HQR Secure Portal,* will need a HARP account for access.

All right our next question: Does the low date and high date on slide 39 refer to admission dates and discharge dates?

Yan Heras: This is Yan from ICF. I can answer this one. So, these two refer to the *Effective Time* element in the whole document. So, anywhere when you use *Effective Time*, the system checks for the low and high. With the admission and discharge time, validation would check that already. This is adding additional checks.

Veronica Dunlap: Thank you, Yan. Our next question: We are interested in participating in the voluntary reporting of the Hybrid Hospital-Wide Readmission measure. Is there anything specific we need to do? How do we go about registering or signing up to submit this data?

Erin Joyce: This is Erin Joyce, representing Yale/CORE. I can take that question. If your facility is interested in participating in the 2023 voluntary reporting of the Hybrid HWR measure, you just need to submit the data on the measure by the data submission deadline, which is September 30, 2022, for the 2023 voluntary reporting period. That occurs via the Hospital Quality Reporting System. There is no registration or sign up that's needed to participate.

Veronica Dunlap: Great. Thank you, Erin. When capturing this data, this is in reference to the hybrid measure, do we need to abstract from the index admission only or from all admissions for the Medicare population?

Erin Joyce: This is Erin, again from CORE. So, facilities only need to report the Core Clinical Data Elements for the index admission for the Hybrid Hospital-Wide Readmission measure. However, since every admission for eligible Medicare patients could also be a new index admission for the Hybrid HWR measure, it is advisable that you report the Core Clinical Data Elements and linking variable information for each admission for eligible Medicare patients during the measures performance period.

Veronica Dunlap: An additional question to that: How do we receive feedback from the voluntary reporting of the hybrid measure?

Erin Joyce: At the point of data submission, stakeholders should be able to receive immediate feedback via the Hospital Quality Reporting System on

whether or not the data submitted met requirements or whether there were errors present.

In addition, once hospitals voluntarily submit data, it's anticipated in spring of the year following data submission. For example, in spring 2023 for data that were submitted this fall in 2022, hospitals will receive Hospital-Specific Reports that provides detailed confidential information on their performance on the measure.

Veronica Dunlap: Thank you, Erin. It looks like our next question is in reference to slide 41. Referring to this language change, from it "must" to it "should," did this speaker reference the change of language to mean that the record would not be rejected if the encounter ID is not provided?

Yan Heras: This is Yan. I can answer that one. It changed from it "must" to it "should" to actually match the behavior of the HQR receiving system. We encourage you to send the data. If it's not provided, the HQR system will not reject the file.

Veronica Dunlap: Thank you, Yan. [Next question] The hybrid measure must be submitted by a vendor. You can authorize a vendor to submit the data on the hospital's behalf or the hospital may submit that data. So, again, for the vendor authorization process, that vendor will need to be authorized and have that permission within the HQR System in order to upload that data on the hospital's behalf, should the hospital be using a vendor to submit that data.

Yan Heras: Roni, I wanted to provide another add on to that last question. So, we want to clarify that it's not to say that you did not submit an encounter ID. The encounter ID is required by the measure specifications. So, this is specifically referring to when you submit a CCDE using the link submitted in that same file. I wanted to add that clarification.

Veronica Dunlap: Great. Thank you, Yan. I did want to conclude the question-and-answer session today. We did receive a lot of questions specific to the hybrid measure. We're very appreciative of that. Some of those do require additional research, and we want to make sure our responses are succinct

and accurate for you. We will publish the question-and-answer document at a later time to our website.

I want to also remind everyone that today's webinar is approved for one continuing education unit. You can obtain the continuing education unit by clicking on the link on the final slide there.

Complete the survey. I do want to thank my fellow speakers for the time and knowledge, their collaborative efforts, including everyone who took time out of their schedule today to listen to us and submit their questions. We do appreciate it, and we do take value in responding accurately to all your questions that you submitted. So, again, I appreciate all that you do on a daily basis to achieve successful reporting. Again, thank you very much. Enjoy the rest of your day.