Medicare Promoting Interoperability/ Electronic Clinical Quality Measures (eCQMs)

Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

FY 2026 Hybrid Measures Data Presentation Transcript

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Alexandra Arndt: Hello. Welcome to today's On Demand event, entitled *Fiscal Year 2026 Hybrid Measures Data*. My name is Alex Arndt, and I am a project manager for the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support. Joining me today is Veronica Dunlap, the lead for the alignment of eCQM reporting for the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support, and Michael Aris, hybrid measure support team member for the Yale New Haven Health Services Corporation and Center for Outcomes Research and Evaluation. The slides, transcript, and questions and answers from today's webinar will be posted on both QualityNet and Quality Reporting Center websites. As you are listening to the webinar, we encourage you to email questions related to the webinar to the email address noted on the slide, WebinarQuestions@hsag.com. Please make sure to include the title of the webinar and slide number as well. If you have additional questions not related to the webinar, we ask that you submit them directly to the Quality Question and Answer Tool.

At the end of the presentation, you will have the opportunity to complete a survey. Please complete the survey, as we value your feedback regarding what works well, as well as any areas for improvement in future presentations. For today's webinar, we will discuss the fiscal year 2026 hybrid measure reporting requirements and step through some of the system changes for the data submission process on the hybrid measure user interfaces located in the *HQR Secure Portal*. We will also take some time and review some frequently asked questions. By the end of today's webinar, attendees will know the fiscal year 2026 reporting requirements and understand the process on submitting Hybrid Hospital-Wide Readmission and Hybrid Hospital-Wide Mortality measure data for the Hospital IQR Program.

This slide reviews acronyms and abbreviations that we will use throughout the webinar.

I would like to turn the presentation over to Michael Araas. He will review the fiscal year 2026 hybrid measure submission requirements.

Michael Araas: Hi, everyone. My name is Michael Araas, and I am from the Center for Outcomes Research and Evaluation at Yale where we developed and support these two measures. In this section, I will talk more about the measures, as well as resources that contain additional information.

To start, we would like to highlight CMS's proposal to continue voluntary reporting. Due to reporting challenges expressed by some providers, in the calendar year 2025 Outpatient Prospective Payment System proposed rule, which was published on July 10, CMS is proposing to extend voluntary reporting of the Core Clinical Data Elements and linking variables for both the Hybrid HWR and Hybrid HWM measures for the performance period of July 1, 2023, through June 30, 2024, impacting the fiscal year 2026 payment determination for the Hospital IQR Program. The proposal includes only using claims and administrative data to calculate the hybrid measures for public reporting. If finalized, hospital's fiscal year 2026 annual payment determination would not be affected by the voluntary reporting of Core Clinical Data Elements and linking variables. CMS encourages hospitals to submit comments by September 9, 2024. Of note, the final rule may be published after the October 1 deadline for this year's hybrid data submission.

This slide summarizes information about the measures' use in the Hospital IQR Program for fiscal year 2026. Hospitals reporting data for this period are guided to submit data based on hospitalizations that occurred between July 1, 2023, and June 30, 2024. The deadline for data submission is October 1, 2024. Hospitals should use EHRs certified to the 2015 Edition Cures Update criteria. Measure specifications and resources can be found on the eCQI Resource Center website and the QualityNet website using the links on this slide. As described in the prior slide, CMS is proposing to make this a voluntary data submission period. If CMS finalizes the proposal, a hospital's annual payment determination for fiscal year 2026 would not be affected by the voluntary reporting of Core Clinical Data Elements and linking variables, although CMS would still evaluate and assess the claims data portion of these measures.

The measures would be publicly reported based on claims data in summer 2025. Hospitals would continue to receive confidential Hospital-Specific Reports in the spring as a preview of public reporting. The confidential Hospital-Specific Reports would reflect the CCDEs and linking variables, should hospitals choose to submit them.

This slide lists the Core Clinical Data Elements and linking variables used in the Hybrid Hospital-Wide Readmission measure. The Core Clinical Data Elements are intended to reflect a patient's clinical status when they first present to an acute care hospital for treatment. CMS uses Core Clinical Data Elements in the hybrid measures for enhanced risk adjustment in addition to risk variables that are derived from claims data. There are 13 Core Clinical Data Elements in the hybrid readmission measure: six vital signs and seven laboratory test results. Originally, CMS used six linking variables submitted by hospitals to merge with claims data that CMS already has on each patient. However, CMS updated the approach to optimize the match rate. CMS will only use four variables for linking: the CMS Certification Number, the Medicare Beneficiary Identifier, Admission Date, and Discharge Date. Date of Birth and Sex will not be used in the data submission requirement calculations. For any cases submitted with the Health Insurance Claim Number only, CMS will cross-reference it to the case's MBI during measure calculation. I will describe more about the linking approach later in the presentation.

This slide lists the Core Clinical Data Elements and linking variables used in the hybrid mortality measure. There are 10 Core Clinical Data Elements: four vital signs and six laboratory test results. Again, CMS originally requested six linking variables, but it has since modified the linking approach in the same manner as the hybrid readmission measure.

This slide summarizes the units for data submission. Unified Code for Units of Measure units specified for the Core Clinical Data Elements were finalized in the fiscal year 2016 Inpatient Prospective Payment System rule.

For each Core Clinical Data Element, it is recommended that hospitals report the units listed in the Measure Authoring Tool header Guidance section; however, any units can be submitted. To reduce burden, CMS accepts Core Clinical Data Element values in any unit a hospital routinely captures as long as the hospital specifies the unit within their data submission. CMS then converts the data to a standard unit during data cleaning, when able, before measure calculation. Where the reported unit is not able to be converted to the requested units, the value will be set to missing and the median value reported for that Core Clinical Data Element will be imputed.

We have received many questions about platelet units for the hybrid mortality measure and missingness reported in the recent Hospital-Specific Reports. We appreciate your feedback and your questions. For 2024 voluntary reporting, platelet values submitted using femtoliter were not convertible to the standard unit without an additional data element that was not included in the data submission logic. This became apparent as we evaluated the results from the first reporting of the hybrid mortality measure. In such cases, femtoliter values were set to missing and the median value for platelet was imputed for measure calculation as per the parameters set in our calculation code. CMS is continuing to evaluate results and feedback from the previous voluntary reporting period, but CMS does intend to accept platelet values submitted in femtoliters in this July 1, 2023–June 30, 2024, data submission. The deadline for which is October 1. Until the measure logic can be updated, the median platelet value will still likely need to be imputed for measure calculation, but the cases submitted with femtoliter units will not be counted against the laboratory test data submission category.

As previously noted, CMS enhanced the approach to linking the Core Clinical Data Elements and claims data in order to optimize the match rate. The linking is done during measure calculation, which happens after the data submission deadline. Although the current MAT header on the eCQI Resource Center directs hospitals to submit six linking variables, CMS modified the approach starting with 2024 voluntary reporting.

For each case, a successful match occurred if there was an exact match on the following variables: CCN, MBI, and either Inpatient Admission Date or Discharge Date. More specifically, CMS looks to match Admission Dates using either the Claim From Date or Claim Admission Date variables from the Medicare claim, whichever allows a case to be matched. Hospitals should submit both admission and discharge dates. For 2024 voluntary reporting, CMS asked hospitals to submit either Health Insurance Claim Number or MBI for each patient. As Health Insurance Claim Numbers are not unique to each patient, additional information would be required for matching, including date of birth and sex. MBI, however, is a unique identifier, negating the need for date of birth and sex. For the small number of cases submitted with Health Insurance Claim Number only, CMS cross-referenced those to an MBI, which allowed CMS to account for these cases. To address matching for bundled claims, patient encounters that fall within CMS' three-day payment window policy, in which admission and discharge dates in claims did not align with hospitals' EHR dates due to lengthy emergency department visits or observation stays, CMS uses *either* admission date or discharge date, rather than both variables. The admission date on the claim may be the date of an ED or observation stay if it was later converted to an inpatient admission. So, for purposes of the linking variable, the admission date hospitals should submit in their QRDA [Category] I file should be the earliest date associated with the episode of care as that should match with the Claim From Date.

In the final rules in which CMS added these measures to the [Hospital] IQR Program, CMS finalized data submission criteria, or participation requirements, as described on this slide. Hospitals will need to submit linking variables on 95 percent or more of discharges for Medicare Fee for Service patients age 65 years or older for the readmission measure, and 65 to 94 years for the mortality measure. Note that CMS will only use the modified set of four linking variables: CCN, MBI, Admission Date and Discharge Date.

Hospitals will also need to report all of the vital signs for 90 percent or more of discharges and all laboratory test results for 90 percent or more of discharges for non-surgical patients. CMS provides feedback in the Hospital-Specific Reports for participating hospitals on whether or not these reporting thresholds were met, as well as additional results and data on cases to help hospitals evaluate their data submission success and improve future reporting. Please note that failure to meet these thresholds during voluntary reporting periods does not impact payment determination for hospitals. We have received feedback from some hospitals that surgical patients were included in their laboratory test category threshold calculations in the previous voluntary reporting HSRs. We are assessing that, and this will be fixed in next year's HSRs for those affected.

This slide summarizes data submission using QRDA, or Quality Reporting Document Architecture, Category I Files. Submit one file, per patient, per quarter and containing all Core Clinical Data Elements and linking variables for each eligible hospital discharge as described in the Initial Patient Population guidance within the MAT specifications on the eCQI Resource Center. Other key parameters of QRDA Category I files are shown on this slide.

This slide provides links to certification and specification information, as well as the QRDA informational web page on the eCQI Resource Center.

In this section, I will discuss technical resources.

Hybrid measures are calculated using claims data and EHR-based data. As such, CMS provides specifications and information on two CMS websites, the eCQI Resource Center and QualityNet. A helpful resource for the hybrid measures is a document called *Key Dates and Resources*. It is located on the hybrid measure pages of the eCQI Resource Center and QualityNet websites. This document provides a summary of key dates and resources for a given reporting period.

The document summarizes what data hospitals need to submit and when, the appropriate version of measure specifications and implementation guides to use, and other relevant information.

There are many resources publicly available for these measures. The eCQI Resource Center website contains a set of materials related to the electronic specifications of the hybrid measures. On the eCQI Resource Center, you can select Hybrid Measures. This will open a web page with the table shown on this slide as well as links to other resources. CMS provides many resources including electronic specifications and value sets. You will also find relevant materials under the eCQM Resources tab, such as technical release notes, implementation checklist, and QRDA [Category] I guides.

For the reporting period with data submission due by October 1, 2024, hospitals should use the 2023 QRDA [Category] I Implementation Guide, located on the eCQI Resource Center. Section 6 of the implementation guide includes information about data submission for the hybrid measures.

CMS provides the claims-based specifications on the QualityNet website. There is a specific page on QualityNet for the hybrid measures. The link and breadcrumb trail is shown on this slide. On this website, CMS posts methodology reports, mock Hospital-Specific Reports and the Hospital-Specific Reports User Guide as well as additional resources, such as a frequently asked questions document.

Hospital-Specific Reports, also called HSRs, display detailed measure results, discharge-level data, and summary information on data submission. As described in the calendar year 2025 Outpatient Prospective Payment System proposed rule, if CMS adopts the proposal to extend voluntary reporting, hospitals would continue to receive HSRs as a preview of public reporting of the claims data portion of the measures. HSRs would reflect any CCDEs and linking variables, should hospitals choose to submit them.

HSRs are available by logging into the Hospital Quality Reporting System, which requires a Health Care Quality Information Systems Access Roles and Profile, or HARP, account with Unified File Management permission. A helpful video tutorial is available on YouTube. The link is provided on this slide. As noted previously, the HSR User Guide is available on QualityNet at the link provided on this slide. Please contact the Center for Clinical Standards and Quality Service Center for assistance accessing HSRs. Contact information is provided on the Support Resources slide near the end of this slide deck.

That concludes the measure detail section of the presentation. Thank you for your time.

Veronica Dunlap: Thank you. Hello, everyone. My name is Veronica, and I would like to update our data submitter community on the important user interface changes that are now available within the HQR system as you prepare to submit your hybrid measure data. Hopefully, most of you are aware that CMS recently announced that the HQR system is now open to receive test and production QRDA Category I file submissions containing Core Clinical Data Elements and linking variables for both hybrid measures.

There is a new Hybrid Measure Permission for both users and vendors to either view and/or submit data specific to the hybrid measures. In addition, data submitters now have the ability to review their files more closely by accessing the new Measure Outcomes tab.

If you recall, there was no designated assigned permission for hybrid measures; rather, users who submitted data and held the eCQM permission were permitted to submit hybrid measure data. CMS announced the availability of this new permission in May, and you can refer to the link provided on the slide. All existing users that have been able to view or submit hybrid measure data in the past using their eCQM permission will continue to be able to do so. Their roles will be updated automatically. However, please note that any new users will need to request the Hybrid Measure permission which I will review in the next few slides.

Once logged into the *HQR Secure Portal*, new users will need to request this permission by selecting My Profile from the top-right of the landing page.

Next, click on the three vertical dots and select Request Change in Access for the organization you wish to submit hybrid measure data for.

For new users, scroll down the page until you see Hybrid Measures on the left side. Click on the blue Add button that is located on the far-right. I wanted to point out that there are no longer separate permissions for data submissions or data results, and users only need to access and edit their permissions under the Data Submissions subcategory. Existing users who already have their permissions set up can request a change to their access by selecting the Edit button.

A pop-up modal displaying the different permission levels for the hybrid measures will display. Here, users may request no Access, View, or Upload/Edit. Make sure you enter your selections under the Inpatient Quality Reporting Program. Then, click the Apply & Close button.

Make sure to scroll to the bottom of the page, and click Review.

Once you have reviewed your access request, scroll to the bottom of the page, and click the blue Submit button.

A green pop-up box will display, indicating your access request was successfully submitted. You will see Pending under the Status column below.

Now that you have requested the necessary user permission, your designated Security Official will receive and review the request.

Now that there is a new Hybrid Measure permission, all existing and new vendors will require a new authorization to submit data on the hospital's behalf. Let's take a closer look over the next few slides.

If your hospital's vendor was previously able to submit hybrid measure data for you in prior years, it's important to note that you will need to reauthorize them as we move into this current submission period. From the landing page, the Security Official will click on Administration and then select Vendor management.

Next to the vendor's name, click on the three vertical dots located on the far right. A pop-up box will appear. Select the Edit Access function.

Next, under the Data Submissions permission type, click on the blue Add button next to Hybrid Measures for the [Hospital] IQR Program.

A pop-up box will display, showing the hybrid measure set. Click the blue Add button to assign your vendor the Hybrid Measure permission.

Next, select the permission level you would like to add for your vendor. Make sure to complete the mandatory fields for start and end dates. As you may notice, permission levels pertaining to discharge quarters are no longer displayed. Then, click the blue Confirm button.

Now, review your selections and make any edits, if necessary. Just a note, that by assigning IQR permissions, you are also assigning permissions for file accuracy. If there are no changes to make, click the blue Apply & Close button.

Next, you will see the Hybrid Measure permissions have been added on the far right, no longer nested under the eCQM permissions. Go ahead and click Review.

Finally, make sure to scroll down the page and click Save & Close. Now, your vendor will be able to upload, edit, and view your hybrid measures data.

The last update I would like to review is the addition of the Outcomes tab located under Data Results within the hybrid measure user interface.

CMS announced this new feature in November, and you can refer to the link on the slide.

Data submitters can review the Initial Patient Population, or IPP, status for each episode of care and Core Clinical Data Elements for test and production files. Admissions meeting the IPP requirements will be evaluated for use in measure calculations.

Select Submission Type, Quarter, and Measure from the drop-down boxes.

A variety of cards will display at the top. Click on the card to take a closer look at the submitted files that will display below. The selected card will display a purple banner. Just a reminder that the Outcomes page will not provide a performance score as it does for the eCQM data results. Additional calculations occur after the submission deadline and occur outside of the *HQR Secure Portal*. These results, including whether reporting requirements have been met or not met, are released in a Hybrid Hospital-Specific Report the following year.

Users can view their results in a CSV file by clicking on the Export Result button noted on the previous slide.

That concludes my portion of the presentation. Now, I would like to turn it over to Alex who will review some common questions and responses that may be helpful to you.

Alexandra Arndt: Thank you, Veronica. Our first frequently asked question: Is CMS making changes to the measure or program requirements based on feedback received during the 2024 voluntary reporting?

The answer is yes. As with all quality measures, CMS listens to feedback as well as evaluates the measures and data each year. In the calendar year 2025 OPPS proposed rule, CMS is proposing to extend voluntary reporting of the CCDEs and linking variables for both the hybrid HWR and hybrid HWM measures for the performance period of July 1, 2023, through June 30, 2024, impacting the fiscal year 2026 payment

determination for the Hospital IQR Program. As a reminder, hybrid measures are still a requirement for the Hospital IQR Program. However, if the proposed rule is finalized, a hospital's annual payment determination for fiscal year 2026 would not be affected by the voluntary reporting of CCDEs and linking variables.

When does CMS plan to publicly report hybrid measure data results? CMS intends to publicly report these data results beginning with the July 1, 2023, through June 30, 2024, reporting period. CMS intends to publicly report these data results beginning with the July 1, 2023, through June 30, 2024, reporting period. CMS anticipates the public display of these data for the July 2025 release, so please make sure you are signed up to receive Listserve notifications. A link to sign up for these notifications will be provided on the next slide. In the calendar year 2025 OPPS proposed rule, CMS is proposing to only use claims and administrative data to calculate the measures for public reporting. If the proposed rule is finalized, CMS will publicly report these data in 2025. We encourage providers to submit comments on this proposal.

Our next frequently asked question: How will we know when confidential reports are available in spring 2025?

The 2024 HSRs for the hybrid measures are now available to view in the *HQR Secure Portal*. As it pertains to this webinar, CMS expects releasing hybrid HSRs next spring. CMS will announce the release of HSRs via Listserve notifications. You can sign up for these notifications on the QualityNet website at the link provided on the slide.

How can I view my hospital's confidential hybrid measure HSRs?

CMS has released the 2024 HSRs for hybrid measure data that were voluntarily submitted. They are now available to view in the *HQR Secure Portal.* To view your hospital's HSRs, hospital staff with a registered HARP account and the Unified File Management and Managed File Transfer permissions will log into the *HQR Secure Portal*. Once logged in from the dashboard, you will select Program Reporting.

Then, you will need to fine-tune your selections and choose the Release Year, Program, and Report. Detailed instructions are available in the YouTube video linked on the slide. Please note that if your hospital should have received an HSR but did not, contact the CCSQ Service Center.

Our next frequently asked question: Will a sample hybrid measure HSR become available for hospitals that did not participate in 2024 voluntary reporting?

Yes. Mock hybrid HSRs and the HSR User Guide were posted and are now available on QualityNet on the Hybrid Measure Hospital-Specific Reports page, or you may access it here by clicking the link on the slide. The HSR user Guide provides instruction on navigating and understanding each field of the HSR and will help hospital staff understand the evaluated measure, track its outcome, and further their quality improvement efforts.

Do we need to submit two separate files that contain similar data points?

The answer is no. The submission of the Core Clinical Data Elements for the hybrid measures is like eCQM data submissions. All the CCDEs and the linking variables for the Hybrid Hospital-Wide Readmission and Hospital-Wide Mortality measures should be submitted in one QRDA Category I file per patient per quarter. Each QRDA Category I file submitted should contain all CCDEs for each patient meeting the Initial [Patient] Population criteria for each hybrid measure that your hospital is reporting on. It is important to note that the HQR system will reject files that contain both CCDE and eCQM measure data.

A list of support contacts for eCQM and hybrid measure reporting have been updated and are included on this slide. Please reference the eCQM and hybrid measure support resources provided to you on this slide.

That concludes today’s On Demand event. Thank you for taking the time to listen to the information presented in this webinar.