medisolv

THE HYBRID MEASURE QUICK START GUIDE

## CAPTURING AND CALCULATING THE HYBRID MEASURE

INTRODUCTION
TO THE HYBRID MEASURE

In the 2020 IPPS final rule, CMS mandated that the new hybrid measure will go from voluntary to mandatory submission by 2024. What's more is that your measure performance will be publicly reported on Hospital Compare shortly thereafter.

If you missed it, CMS held a pilot program for the Hybrid Hospital-Wide 30-Day Readmission (HWR) measure in 2018. They received 150 successful submissions to the program. **Sixty-nine of the 150 submissions to CMS were completed by us here at Medisolv!**

We learned a lot from the files we submitted on our clients' behalf and now 69 of our hospitals are ready to easily fulfill their hybrid measure requirements when the time comes.

In this guide, we provide you with an overview of the hybrid measure so you can begin thinking about how you can succeed with this new measure type in the future.
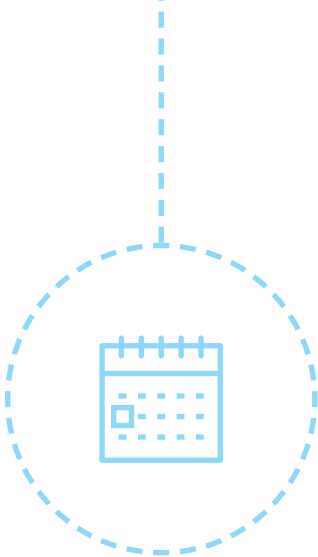
HYBRID MEASURE IMPLEMENTATION TIMELINE

WHEN WILL REPORTING THE HYBRID MEASURE BE REQUIRED?

By 2024 the Hybrid Hospital-Wide 30-Day Readmission (HWR) measure will be required as a part of your IQR requirements.

VOLUNTARY MEASUREMENT PERIOD
July 1, 2021 - June 30, 2022
July 1, 2022 - June 30, 2023

MANDATORY MEASUREMENT PERIOD
July 1, 2023 - June 30, 2024

RESULTS POSTED TO HOSPITAL COMPARE
July 2025*

*Or as data is available and posting is technically feasible.*

CAPTURING THE HYBRID MEASURE

HOW IS THE HYBRID MEASURE CAPTURED IN YOUR EHR?

In this guide we will use the Hybrid HWR measure as our example. The traditional claims-based Hospital-Wide 30-Day Readmission measure is calculated based on the claims data that you submit to CMS. The new Hybrid HWR measure uses that same claims data but supplements it with an electronic file that contains Core Clinical Data Elements (CCDE) such as patient vital signs and lab results.

Claims Data

EHR Data
Core Clinical
Data Elements

Hybrid
Readmission
Measure
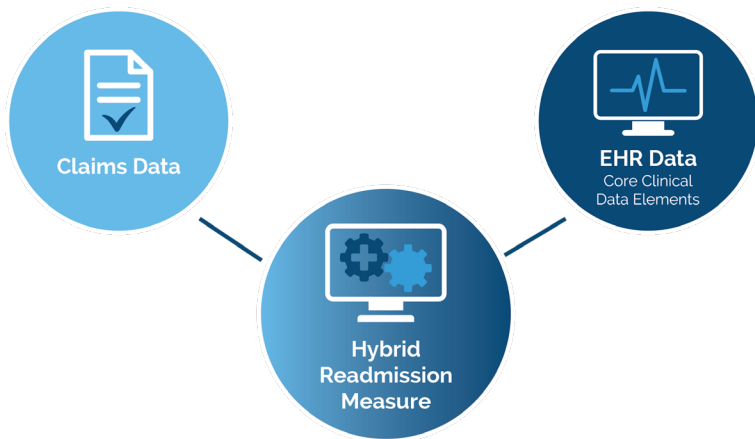
CORE CLINICAL DATA ELEMENTS NEEDED FOR THE MEASURE

There are 13 CCDE that you need for the Hybrid HWR measure. They consist of **six vital signs** and **seven laboratory test results**. You must map these 13 CCDE to your EHR.

See the 13 CCDE in the graphic below.

Claims Data

EHR Data
Core Clinical
Data Elements

**Hybrid
Readmission
Measure**

Core Clinical Data Elements

Vital Signs

- Heart Rate
- Systolic blood pressure
- Respiratory rate
- Temperature
- Oxygen saturation
- Weight

Lab Test Results

- Hematocrit
- White blood cell count
- Potassium
- Sodium
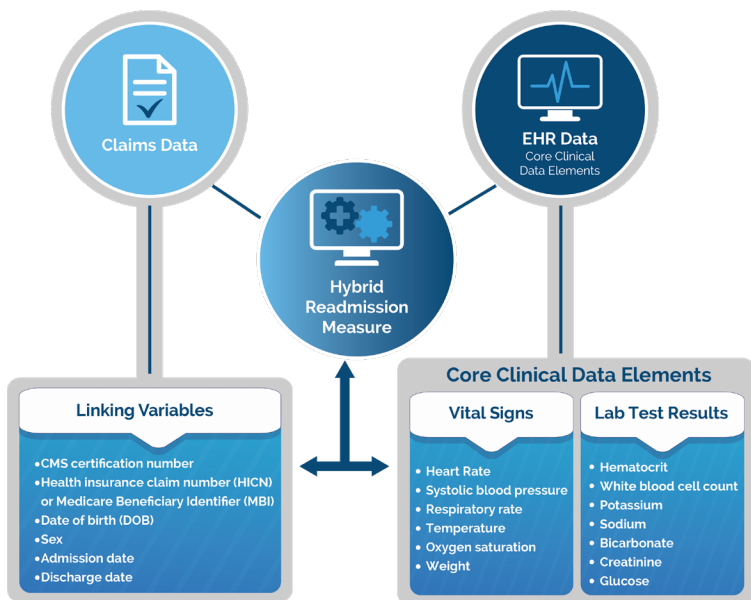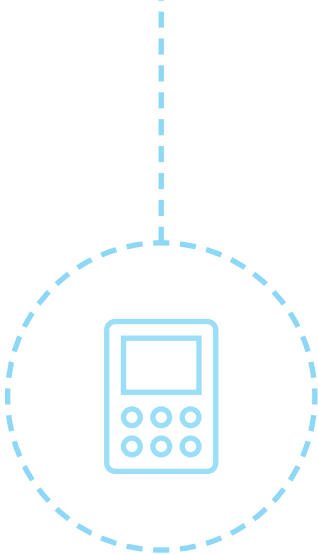- Bicarbonate
- Creatinine
- Glucose
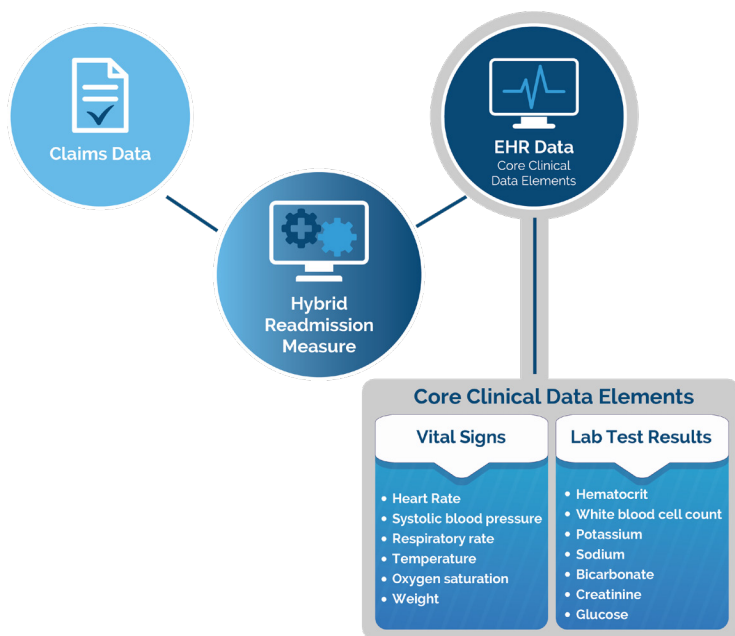
MATCHING EHR DATA WITH PATIENT DATA

Once CMS receives your electronic data they will use **six linking variables** to match the patient EHR data to the claims data.

See the linking variables in the graphic below.

Claims Data

EHR Data
Core Clinical
Data Elements

Hybrid Readmission Measure

Linking Variables

- CMS certification number
- Health insurance claim number (HICN) or Medicare Beneficiary Identifier (MBI)
- Date of birth (DOB)
- Sex
- Admission date
- Discharge date

Core Clinical Data Elements

Vital Signs

- Heart Rate
- Systolic blood pressure
- Respiratory rate
- Temperature
- Oxygen saturation
- Weight

Lab Test Results

- Hematocrit
- White blood cell count
- Potassium
- Sodium
- Bicarbonate
- Creatinine
- Glucose

This produces the hybrid measure.

CALCULATING THE HYBRID MEASURE

HOW IS THE HYBRID MEASURE CALCULATED?

CMS will use both sets of data to risk adjust the patient. By risk adjusting, they intend to understand how sick the patient was at the time they were first admitted to your hospital. In order to complete this adjustment, you must submit the electronic data that adheres to the specifications just like your normal eCQMs.

This electronic portion of the hybrid measure is much simpler than your other eCQM specifications. The Initial Patient Population is all inpatients that are 65 or older who have Medicare as their payer. The Denominator is the same and there are no Exclusions.
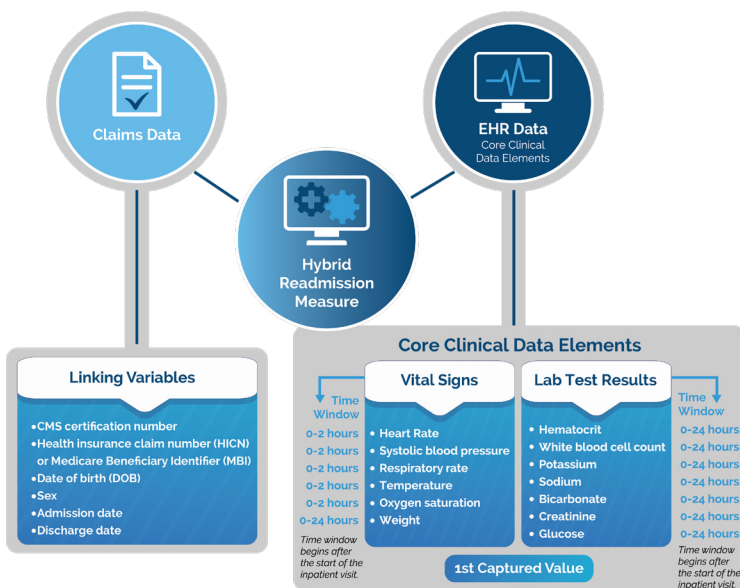
Population Criteria

- **Initial Population =**
    - AND: Age >= 65 year(s) at: "Measurement Period"
    - AND: ("Occurrence A of Encounter, Performed: Acute care hospital Inpatient Encounter" satisfies all:
        - (length of stay < 365 day(s))
        - (admission datetime))
        - during "Measurement Period"
    - AND: "Patient Characteristic Payer: Medicare payer"
- **Denominator =**
    - AND: Initial Population
- **Denominator Exclusions =**
    - None

REVIEW THE LOGIC

SATISFYING THE NUMERATOR

The Numerator can be satisfied by capturing the earliest instance of **at least one** of the 13 core clinical data elements within **the required time frames**.

See required time frames in the graphic below.

Claims Data

EHR Data
Core Clinical Data Elements

Hybrid Readmission Measure

Linking Variables

- CMS certification number
- Health insurance claim number (HICN) or Medicare Beneficiary Identifier (MBI)
- Date of birth (DOB)
- Sex
- Admission date
- Discharge date

Core Clinical Data Elements

Vital Signs

Time Window	
0-2 hours	• Heart Rate
0-2 hours	• Systolic blood pressure
0-2 hours	• Respiratory rate
0-2 hours	• Temperature
0-2 hours	• Oxygen saturation
0-24 hours	• Weight

Time window begins after the start of the inpatient visit.

Lab Test Results

	Time Window
• Hematocrit	0-24 hours
• White blood cell count	0-24 hours
• Potassium	0-24 hours
• Sodium	0-24 hours
• Bicarbonate	0-24 hours
• Creatinine	0-24 hours
• Glucose	0-24 hours

Time window begins after the start of the inpatient visit.

1st Captured Value

Additionally, there is look back logic to evaluate the 1st captured value if completed 0-24 hours before the start of the inpatient visit.

VALIDATING THE NUMERATOR

The Numerator is a series of "OR" statements indicating that **any one** of the data elements that you map will meet the measure requirements. It's fairly simple to validate. As long as each patient has at least one captured value within the allotted time frame then they make it into the numerator.

Numerator =
– AND:
  • OR:
    ○ OR: First:
      » "Physical Exam, Performed: Heart Rate LOINC" satisfies all:
        • (result)
        • <= 1440 minute(s) starts before start of "Occurrence A of Encounter, Performed: Acute care hospital Inpatient Encounter (admission datetime)"
    – OR: First:
      » "Physical Exam, Performed: Heart Rate LOINC" satisfies all:
        • (result)
        • <= 120 minute(s) starts after start of "Occurrence A of Encounter, Performed: Acute care hospital Inpatient Encounter (admission datetime)"

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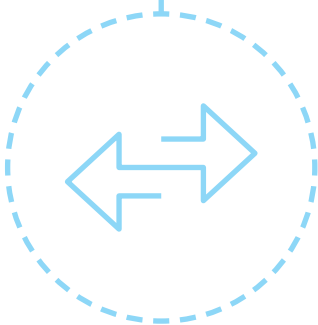
SUBMITTING THE HYBRID MEASURE TO CMS

HOW IS THE MEASURE SUBMITTED TO CMS?

Your hospital is responsible for submitting the electronic file. There is no additional submission for the claims data. You must submit the electronic portion like you would your normal eCQMs. You must generate and submit the QRDA I file to CMS.

CMS will then risk adjust your patients based on the claims and electronic data using their models.

WE CAN HELP.

At Medisolv, we help clients map these data elements to their EHR, produce their QRDA I file, submit the file to CMS and help resolve any rejections. We are pretty proud that we submitted nearly 50% of the hybrid measures to CMS as a part of the pilot program.
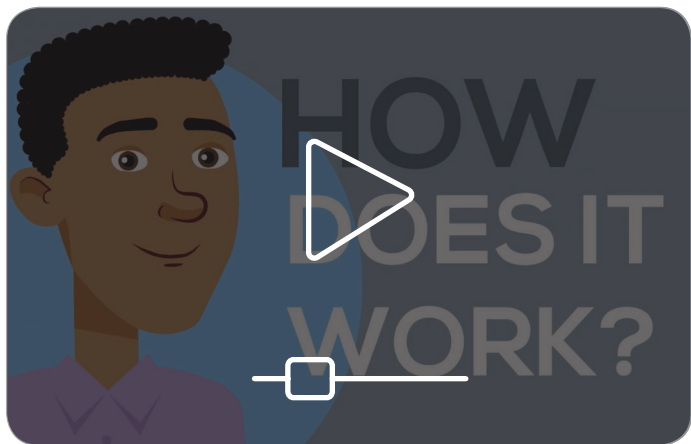
If your organization also wants to be a Quality trailblazer, talk to us today about how we can work with you to create a comprehensive Quality program at your organization.

CONTACT US

VIDEO OVERVIEW
OF THE HYBRID MEASURE

If you would like a visual summary, this video below gives a good, high-level summary of the hybrid measure. It's about 10 minutes long, but it will explain the measure in simple terms for you.

WATCH VIDEO NOW