



Hybrid Hospital Wide Readmission Measure

User Guide for the Hospital-Specific Reports for 2023 Voluntary Reporting

Contents

Overview	1
A. Who is receiving the 2023 Voluntary Reporting Hybrid HWR HSR	1
B. Accessing Your HSR	1
Background.....	3
A. Voluntary Reporting of Hybrid HWR Measure	3
B. Performance Category Assignment.....	3
Measure Updates, File Contents, and Descriptions.....	5
A. Hybrid HWR Workbook.....	5
B. Understanding Your Hospital's Performance on the Hybrid HWR Measure	6
Table I (H-HWR Cohort Perf).....	6
C. Understanding National and State Performance Categories for the Hybrid HWR Measure	8
Table II (Dist of H-HWR Comp Perf).....	8
D. Understanding the Summary of Your Hospital's Submission of CCDE Information for the Hybrid HWR Measure.....	9
Table III (H-HWR Submission Sum)	9
E. Understanding Discharge-level Information for the Hybrid HWR Measure.....	11
Table IV (H-HWR Discharges).....	11
F. Understanding Distribution of Patient Risk Factors for the Hybrid HWR Measure	15
Table V (H-HWR Case Service Mix Comp)	15
Contacts.....	16

Tables

Table 1. Your Hospital’s Performance on the Hybrid HWR Measure: Table I Contents	6
Table 2. National and State Performance Categories for the HWR Measure: Table II Contents	8
Table 3. Summary of Your Hospital's Submission of CCDE Information for the Hybrid HWR Measure: Table III contents	9
Table 4. Discharge-Level Information for the Hybrid HWR Measure: Table IV Contents	11
Table 5. Distribution of Patient Risk Factors for the HWR Measure: Table V Contents	15
Table 6. Measure Resources and Contacts	16

Figures

Figure 1. Example of Performance Category Assignment for the Hybrid HWR Measure.....5

Overview

This document accompanies the Hospital-Specific Report (HSR) workbook for 2023 Voluntary Reporting of the Hybrid Hospital Wide Readmission (HWR) measure. The report includes hospital-level results and discharge-level data that the Centers for Medicare & Medicaid Services (CMS) used to calculate your hospital's Hybrid HWR measure results.

This document defines the data on each worksheet of the HSR and provides reference information and instructions for interpreting the HSR. The user guide includes the following sections:

- [Overview](#)
- [Background](#)
- [Measure Updates, File Contents, and Descriptions](#)
- [Contacts](#)

HSRs are available in Microsoft Excel format and are read-only documents, which prevents users from unintentionally altering content. To edit the file, use the "Save As" option and create a new version under a different name.

A. Who is receiving the 2023 Voluntary Reporting Hybrid HWR HSR

Only hospitals who submitted information on the 13 core clinical data elements (6 vital signs and 7 laboratory test results) along with the 6 linking variables for inpatient discharges occurring between July 1, 2021 to June 30, 2022 by September 30, 2022 will receive a Hybrid HWR HSR for the Spring 2023 Voluntary Reporting period.

B. Accessing Your HSR

Beginning in November 2022, claims-based measure (CBM) reports can now be downloaded directly from the [Hospital Quality Reporting \(HQR\) system](#) (login required). Follow the steps below to access your HSR via the HQR system. You can view a brief [instructional video](#) on how to download your reports.

Step 1: Log into the HQR System using a HARP account

- The HQR System requires users to have a Health Care Quality Improvement System (HCQIS) Access Roles and a Profile (HARP) account with access to Managed File Transfer (MFT) to log in. If you currently have a HARP account, visit the [HQR login page](#) and log in using your HARP user ID and password. If you do not have a HARP account, you may [register for a HARP ID](#).

Step 2: Access your HSR in HQR

- Log into the HQR system using your HARP ID credentials and navigate through the steps listed below to download your HSR:
 - From the left-hand navigation menu, select Program Reporting.
 - Then select Claims-based Measures.
 - Here, you can view your hospital specific reports (HSRs)
 - Select the release year for your report (e.g., 2023), followed by the program in which you are interested (e.g., IQR). Under Report, you can see the list of files available for download (e.g., CCN_July2023_HWR_Hybrid_HSR.zip).
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- To download a file, select Export, and the file will be downloaded through your browser. Once downloaded, open the ZIP file to view your site's information.
-

If you have any issues accessing your HSR, please contact the Center for Clinical Standards and Quality (CCSQ) Service Center at qnetsupport@cms.hhs.gov, or by calling, toll free, 866-288-8912 (TRS 711), weekdays from 8:00 am to 8:00 pm ET. For questions related to HARP registration, please visit the [HARP Help webpage](#) or contact qnetsupport@cms.hhs.gov.

The HSR is a read-only workbook, which prevents users from unintentionally altering content. To edit the file, use the “Save As” option to create a new version of the file under a different name.

Background

A. Voluntary Reporting of Hybrid HWR Measure

The FY 2020 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System final rule adopted reporting requirements for the Hybrid HWR measure. There will be two voluntary reporting periods followed by mandatory reporting, as described further below, that would impact hospital eligibility to receive a full Medicare Annual Payment Update (APU) under the Hospital IQR Program. This HSR contains Hybrid HWR measure results using data from July 1, 2021 through June 30, 2022 that were voluntarily submitted. This HSR contains confidential results on hospital performance, however, this is for informational purposes only. **Your hospital's reporting of information on the Hybrid HWR measure and performance as to the Hospital IQR Program requirements related to this measure will not impact payment determination for FYs 2024 and 2025 under the Hospital IQR Program.**

Beginning with the FY 2026 payment determination (which will use data from 7/1/2023-6/30/2024 and will be publicly reported in 2025), reporting of the Hybrid HWR measure will impact hospitals' payments under the Hospital IQR Program.

In order to successfully meet the Hospital IQR Program requirements for the Hybrid HWR measure, hospitals will need to:

- Submit linking variables on 95% or more of discharges with a Medicare Fee-for-Service (FFS) claim, where the patient is 65 years or older, for the same hospitalization during the measurement period.
- Report vital signs for 90% or more of the discharges for Medicare FFS patients, 65 years or older in the discharge period (as determined from the claims submitted to CMS for admissions that ended during the same discharge period).
- Submit the laboratory test results for 90% or more of discharges for non-surgical admissions, meaning those in the Hybrid HWR measure but not in the surgical specialty division.

For additional information on Key Dates and Resources related to the reporting of the Hybrid HWR measure, please refer to the Hybrid Measures [Resources](#) page on QualityNet.

B. Performance Category Assignment

CMS places hospitals that meet the minimum case size criteria for the Hybrid HWR measure into comparative performance categories based on each hospital's 95 percent interval estimate, compared to the national rate. Each hospital's 95 percent interval estimate is calculated using ranges of probable values for the measure results that indicate the amount of associated uncertainty. CMS assigns hospitals with 25 or more eligible cases for the measure to a performance category by comparing performance to the national observed rate (also referred to as the raw rate). Hospital performance is assigned one of the following performance categories:

- "No different than the national rate" if the 95 percent interval estimate associated with the hospital's outcome rate includes the national rate.
- "Worse than the national rate" if the entire 95 percent interval estimate associated with the hospital's outcome rate is higher than the national rate.

- “Better than the national rate” if the entire 95 percent interval estimate associated with the hospital’s outcome rate is lower than the national rate.

CMS assigns hospitals with fewer than 25 eligible cases during the reporting period a performance category of “number of cases too small”. If a hospital has fewer than 25 eligible cases, measure performance cannot be reliably estimated during the reporting period.

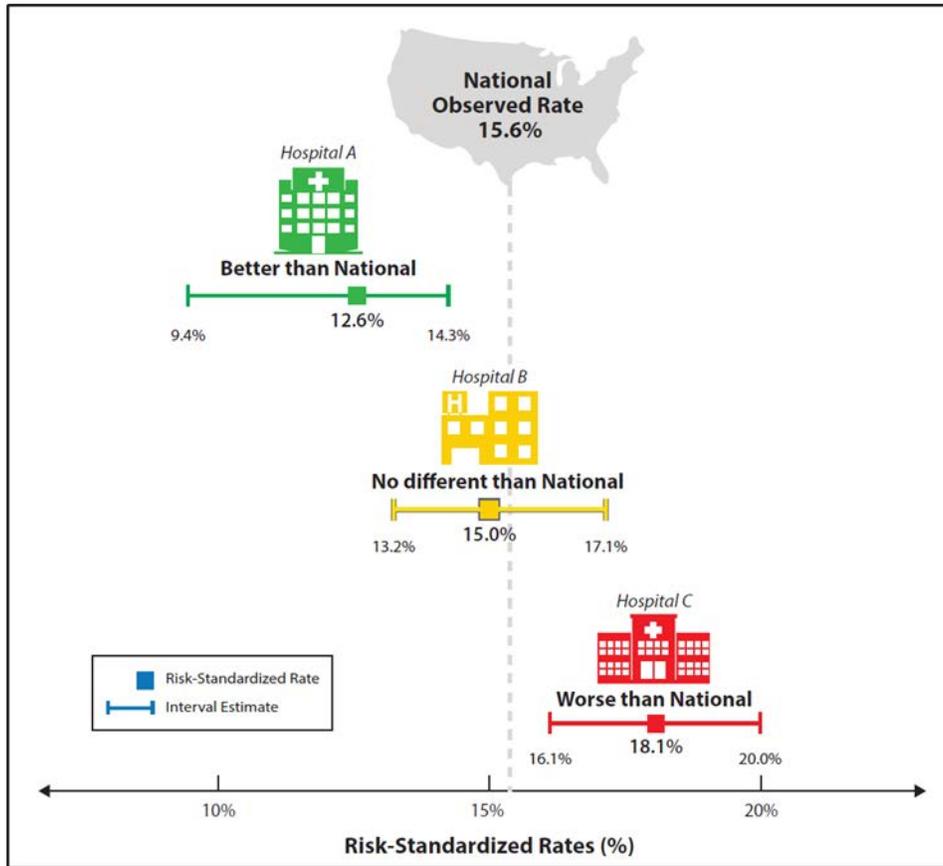
Figure 1 illustrates the method for assigning hospitals the performance categories described above. The colored bars and hospitals in this figure show the possible performance categories. The squares show each hospital’s Hybrid risk-standardized readmission rate (Hybrid RSRR) and where those rates fall in the corresponding 95 percent interval estimate (shown as a horizontal bar). Lower rates indicate better hospital performance. The interval estimate is a range of probable values for the Hybrid RSRR. The single vertical dashed line represents the National Rate.

If the high end of the entire interval estimate (the horizontal bar) falls to the left of the line representing the National Rate, that is, the hospital’s performance is lower than the national rate, then fewer patients than expected had the outcome, and the hospital performed better than the national rate. For example, the interval estimate of Hospital A has a Hybrid RSRR of 12.6 percent, with a 95 percent interval estimate of 9.4 to 14.3 percent.

If the interval estimate overlaps the National Rate, the hospital’s performance was no different than the national rate. For example, Hospital B has a Hybrid RSRR of 15.0 percent, with a 95 percent interval estimate of 13.2 to 17.1 percent.

If the low end of the entire interval estimate falls to the right of the National Rate, that is, the hospital’s performance is higher than the national rate, then more patients than expected had the outcome, and the hospital performed worse than the national rate. For example, Hospital C has a Hybrid RSRR of 18.1 percent, with a 95 percent interval estimate of 16.1 to 20.0 percent.

Figure 1. Example of Performance Category Assignment for the Hybrid HWR Measure



Measure Updates, File Contents, and Descriptions

This section describes the tables in your hospital’s Hybrid HWR HSR.

Your hospital’s HSR contains your hospital’s results and the discharge-level information needed to calculate those results. CMS presents this information in 6 worksheets:

- I. Hybrid HWR Workbook
- II. Table 1 – Your Hospital's Performance on the Hybrid HWR Measure
- III. Table 2 – National and State Performance Categories for the Hybrid HWR Measure
- IV. Table 3 – Summary of Your Hospital's Submission of Core Clinical Data Elements (CCDE) Information for the Hybrid HWR Measure
- V. Table 4 –Discharge-Level Information for the Hybrid HWR Measure
- VI. Table 5 –Distribution of Patient Risk Factors for the Hybrid HWR Measure

A. Hybrid HWR Workbook

The first worksheet introduces the Hybrid HWR measure and includes contact information and links to additional resources.

B. Understanding Your Hospital's Performance on the Hybrid HWR Measure

Table I (H-HWR Cohort Perf)

Table I (H-HWR Cohort Perf) presents hospital performance on the Hybrid HWR measure, displaying observed readmission rates at the state and national levels, hospital Hybrid RSRRs (Hybrid RSRRs), and specialty cohort (i.e., Medicine, Surgery/Gynecology, Cardiorespiratory, Cardiovascular, and Neurology) observed unplanned readmission rates. This worksheet includes lower and upper limit interval estimates for the Hybrid RSRR and cohort-specific hybrid Standardized Readmission Ratios (Hybrid SRRs). Table I also displays the number of planned and unplanned readmissions at hospital, state, and national levels between **July 1, 2021 and June 30, 2022**. Table 1 lists the data elements in this worksheet.

Table 1. Your Hospital's Performance on the Hybrid HWR Measure: Table I Contents

Row	Row Name	Description
Row 6	Your Hospital's Comparative Performance	Hospital performance categorized as better, no different, or worse than the national rate (or number of cases too small to reliably tell how well your hospital is performing). Based on a comparison of your hospital's 95 percent interval estimate to the national rate.
Row 7	Number of Eligible Discharges (Denominator) at Your Hospital [a]	Based on the number of eligible inpatient stays at your hospital.
Row 8	Your Hospital's Hybrid RSRR	Hybrid risk-standardized readmission rate (Hybrid RSRR) for your hospital. This rate is adjusted for differences in case and service mix across hospitals and a hospital-specific effect. It is derived from the weighted geometric mean of the five specialty cohort models (i.e., medicine, surgery/gynecology, cardiorespiratory, cardiovascular, and neurology).
Row 9	Lower Limit of 95% Interval Estimate for Hybrid RSRR	Lower limit of 95 percent interval estimate for your hospital's Hybrid RSRR.
Row 10	Upper Limit of 95% Interval Estimate for Hybrid RSRR	Upper limit of 95 percent interval estimate for your hospital's Hybrid RSRR.
Row 11	National Observed Unplanned Readmission Rate (Numerator/Denominator) [b]	Number of eligible discharges that had an unplanned readmission within 30 days of discharge from their index stay, divided by the number of eligible index stays in the nation. This rate is not risk adjusted to account for case-mix differences across hospitals.
Row 12	Total Number of 30-Day Unplanned Readmissions (Numerator) at Your Hospital [c]	Number of eligible discharges that had an unplanned readmission to an acute care hospital within 30 days of discharge from the index stay. It is the numerator of the raw readmission rate for your hospital.
Row 13	Total Number of 30-Day Planned Readmissions at Your Hospital [b]	Number of eligible discharges that had a planned readmission within 30 days of discharge from the index stay.
Row 14	Raw Unplanned Readmission Rate (Numerator/Denominator) at Your Hospital [b]	Number of eligible discharges that had an unplanned readmission within 30 days of discharge from the index stay, divided by the number of eligible index stays at your hospital. This rate is not risk adjusted to account for case-mix differences across hospitals.
Row 15	Your Hospital's Hybrid SRR [b]	Hybrid standardized readmission ratio (Hybrid SRR) is the ratio of predicted readmissions over expected readmissions at your hospital.

Row	Row Name	Description
Row 16	Lower Limit of 95% Interval Estimate for Hybrid SRR [b]	Lower limit of 95 percent interval estimate for your hospital's Hybrid SRR.
Row 17	Upper Limit of 95% Interval Estimate for Hybrid SRR [b]	Upper limit of 95 percent interval estimate for your hospital's Hybrid SRR.
Row 18	Your State's Hybrid SRR [b]	Hybrid standardized readmission ratio (Hybrid SRR) for the HWR and each cohort for the hospitals in your state. The SRR presented for your state is the weighted average of all hospitals' standardized risk ratios in the state.
Row 19	State Hybrid RSRR [b]	The hybrid risk-standardized readmission rate (Hybrid RSRR) presented for rate is the weighted average of the RSRRs of all hospitals in your state.
Row 20	Total Number of 30-Day Unplanned Readmissions (Numerator) in Your State [b]	Number of eligible discharges in your state that had an unplanned readmission within 30 days of discharge from their index stay.
Row 21	Number of Eligible Discharges (Denominator) in Your State [b]	Based on the number of reported eligible inpatient stays in your state.
Row 22	Total Number of 30-Day Planned Readmissions in Your State [b]	Number of eligible discharges in your state that had a planned readmission within 30 days of discharge from their index stay.
Row 23	Observed Unplanned Readmission Rate (Numerator/Denominator) in Your State [b]	Number of eligible discharges in your state that had an unplanned readmission within 30 days of discharge from their index stay, divided by the number of eligible index stays in your state. This rate is not risk adjusted to account for case-mix differences across hospitals.
Row 24	Total Number of 30-Day Unplanned Readmissions (Numerator) in the Nation [b]	Number of eligible discharges in the nation that had an unplanned readmission within 30 days of discharge from their index stay.
Row 25	Number of Eligible Discharges (Denominator) in the Nation [b]	Based on the number of eligible inpatient stays in the nation.
Row 26	Total Number of 30-Day Planned Readmissions in the Nation [b]	Number of eligible discharges in the nation that had a planned readmission within 30 days of discharge from their index stay.
Row 27	The National Hybrid SRR [b]	The hybrid standardized readmission ratio (Hybrid SRR) of all hospitals in the nation.

[a] This may not be equal to the total number of discharges with successfully linked claims and CCDE information at your hospital. Instead, the total number of eligible discharges is derived from applying the measure inclusion and exclusion criteria to the total number of successfully linked claims. For information on the measure inclusion and exclusion criteria, please see the 2023 All-Cause Hospital-Wide Measure Updates and Specifications Report: Hospital-Wide Readmission, on QualityNet using the following link:

<https://qualitynet.cms.gov/inpatient/measures/readmission/methodology>

[b] National and state rates included in this table are derived only from those hospitals who participated in the 2023 Voluntary Reporting period and may not necessarily represent all eligible hospitals in your state/the nation. In cases where 11 or fewer hospitals in your state reported the measure, your state's results have been combined with other states that also had fewer than 11 hospitals report measure results.

[c] For further information on how the measure counts readmissions, please refer to Section 2.2.2 of the 2023 All-Cause Hospital-Wide Measure Updates and Specifications Report: Hospital-Wide Readmission, or the Hybrid Frequently Asked Questions.

[d] Specialty Cohort Model: The Hybrid HWR measure is calculated based on performance on the included specialty cohort models.

C. Understanding National and State Performance Categories for the Hybrid HWR Measure

Table II (Dist of H-HWR Comp Perf)

Table II (Dist of H-HWR Comp Perf) presents the distribution of hospitals by performance category in your state and the nation for the Hybrid HWR measure between **July 1, 2021 and June 30, 2022**. Table 2 lists the data elements in this worksheet.

Table 2. National and State Performance Categories for the HWR Measure: Table II Contents

Row	Row Name	Description
Row 5	Total Number of Hospitals in the Nation with Measure Results [a]	Total number of hospitals in the nation with at least one eligible discharge.
Row 6	Number of Hospitals in the Nation that Performed Better than the National Rate	Number of hospitals out of the total number in the nation that performed better than the national rate.
Row 7	Number of Hospitals in the Nation that Performed No Different than the National Rate	Number of hospitals out of the total number in the nation that performed no different than the national rate.
Row 8	Number of Hospitals in the Nation that Performed Worse than the National Rate	Number of hospitals out of the total number in the nation that performed worse than the national rate.
Row 9	Number of Hospitals in the Nation that had Too Few Cases [b]	Number of hospitals out of all those in the nation that had too few cases (fewer than 25) to reliably tell how well the hospital is performing.
Row 10	Total Number of Hospitals in Your State with Measure Results [a]	Total number of hospitals in your state with at least one eligible discharge.
Row 11	Number of Hospitals in Your State that Performed Better than the National Rate	Number of hospitals out of the total number in your state that performed better than the national rate.
Row 12	Number of Hospitals in Your State that Performed No Different than the National Rate	Number of hospitals out of the total number in your state that performed no different than the national rate.
Row 13	Number of Hospitals in Your State that Performed Worse than the National Rate	Number of hospitals out of the total number in your state that performed worse than the national rate.
Row 14	Number of Hospitals in Your State that had Too Few Cases [b]	Number of hospitals out of all those in your state that had too few cases (fewer than 25) to reliably tell how well the hospital is performing.

[a] National and state performance categories included in this table are derived only from those hospitals who participated in the 2023 Voluntary Reporting period and may not necessarily represent all eligible hospitals in your state/the nation.

[b] Number of cases too small (fewer than 25) to reliably estimate the hospital's hybrid Risk-Standardized Readmission Rate (Hybrid RSRR).

[c] In cases where 11 or fewer hospitals in your state reported the measure, your state's results have been combined with other states that also had fewer than 11 hospitals report measure results. For more information please consult the Hybrid HWR HSR User Guide.

D. Understanding the Summary of Your Hospital's Submission of CCDE Information for the Hybrid HWR Measure

Table III (H-HWR Submission Sum)

Table III. (H-HWR Submission Sum) presents information on the proportion of your discharges with successfully linked claims and EHR-based CCDE, in addition to information on missing CCDE values for your hospital, for discharges between **July 1, 2021 and June 30, 2022**. Table 3 lists the data elements in this worksheet.

Table 3. Summary of Your Hospital's Submission of CCDE Information for the Hybrid HWR Measure: Table III contents

Row	Row Name	Description
Row 6	Total discharges (based on claims)	Number of inpatient stays for patients, discharged from your hospital, July 1, 2021 and June 30, 2022, based on the claims records.
Row 7	Total discharges for which CCDE were successfully submitted	Number of inpatient stays at your hospital for which CCDEs were submitted.
Row 8	Total discharges with successfully linked claims and CCDE information [a] [b]	Number and percent of inpatient stays for which CCDEs were submitted (described in Row 7) that could be successfully linked to claims data (described in Row 6). The calculation for the Percentage column is the number of inpatient stays for which CCDEs were submitted that could be successfully linked to claims data divided by the number of inpatient stays for which CCDEs were submitted (Row 7).
Row 9	Total discharges with failed linkage of claims and CCDE information	Number and percent of inpatient stays for which CCDEs were submitted (described in Row 7) that could not be successfully linked to claims data (described in Row 6). The calculation for the Percentage column is the number of inpatient stays for which CCDEs were submitted but could not be successfully linked to claims data (cell B7 – cell B8) divided by the number of inpatient stays for which CCDEs were submitted (Row 7).
Row 10	Total discharges with missing heart rate [c]	Number and percent of inpatient stays at your hospital for which CCDEs were submitted (listed in Row 7) with missing heart rate information.
Row 11	Total discharges with missing respiratory rate [c]	Number and percent of inpatient stays at your hospital for which CCDEs were submitted (listed in Row 7) with missing respiratory rate information.
Row 12	Total discharges with missing temperature [c]	Number and percent of inpatient stays at your hospital for which CCDEs were submitted (listed in Row 7) with missing temperature information.
Row 13	Total discharges with missing systolic blood pressure [c]	Number and percent of inpatient stays at your hospital for which CCDEs were submitted (listed in Row 7) with missing systolic blood pressure information.
Row 14	Total discharges with missing oxygen saturation [c]	Number and percent of inpatient stays at your hospital for which CCDEs were submitted (listed in Row 7) with missing oxygen saturation information.
Row 15	Total discharges with missing hematocrit [c]	Number and percent of inpatient stays at your hospital for which CCDEs were submitted (listed in Row 7) with missing hematocrit information.

Row	Row Name	Description
Row 16	Total discharges with missing weight [c]	Number and percent of inpatient stays at your hospital for which CCDEs were submitted (listed in Row 7) with missing weight information.
Row 17	Total discharges with missing white blood cell count [c]	Number and percent of inpatient stays at your hospital for which CCDEs were submitted (listed in Row 7) with missing white blood cell count information.
Row 18	Total discharges with missing sodium [c]	Number and percent of inpatient stays at your hospital for which CCDEs were submitted (listed in Row 7) with missing sodium information.
Row 19	Total discharges with missing bicarbonate [c]	Number and percent of inpatient stays at your hospital for which CCDEs were submitted (listed in Row 7) with missing bicarbonate information.
Row 20	Total discharges with missing potassium [c]	Number and percent of inpatient stays at your hospital for which CCDEs were submitted (listed in Row 7) with missing potassium information.
Row 21	Total discharges with missing creatinine [c]	Number and percent of inpatient stays at your hospital for which CCDEs were submitted (listed in Row 7) with missing creatinine information.
Row 22	Total discharges with missing glucose [c]	Number and percent of inpatient stays at your hospital for which CCDEs were submitted (listed in Row 7) with missing glucose information.
Row 25	Submitted linking variables on 95 percent or more of discharges [d]	A value of yes indicates that your hospital met the requirement, a value of no indicates your hospital did not meet the requirement.
Row 26	Submitted vital signs for 90 percent or more of discharges [d]	A value of yes indicates that your hospital met the requirement, a value of no indicates your hospital did not meet the requirement.
Row 27	Submitted the laboratory test results for 90 percent or more of discharges for non-surgical patients [d]	A value of yes indicates that your hospital met the requirement, a value of no indicates your hospital did not meet the requirement.

[a] This may not be equal to the total number of discharges used to calculate the measure results. Instead, the total number of eligible discharges used to calculate the measure results at your hospital is derived from applying the measure inclusion and exclusion criteria to the total number of successfully linked claims. For information on the measure inclusion and exclusion criteria, please see the [2023 All-Cause Hospital-Wide Measure Updates and Specifications Report: Hospital-Wide Readmission](#).

[b] For the Hybrid HWR measure, claims and CCDE data were successfully matched if there was an exact match on Provider ID, Health Insurance Claim Number (HICNO)/Medicare Beneficiary Identifier (MBI), the Beneficiary Date of Birth (DOB), Beneficiary Sex, the Admission Date of Inpatient Stay (using either the Claim From or Admit Date in the claims), and the Discharge Date of Inpatient Stay. Given that all discharges with successfully linked claims and CCDE information will be eligible for inclusion, this number should match the number of eligible discharges for the Hybrid HWR measure. Please note that the additional exclusion criteria are applied during measure calculation.

[c] The percentages in Rows 10-22 may sum to more than 100% as some discharges may be missing more than one CCDE.

[d] The FY 2020 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System final rule adopted reporting requirements for the Hybrid HWR measure with two voluntary reporting periods followed by mandatory reporting beginning with the FY 2026 payment determination that will impact hospitals' eligibility to receive a full Medicare Annual Payment Update (APU) under the Hospital IQR Program. The indicators for the three fields below indicate if your hospital met this reporting requirement, however, this is for informational purposes only. Your

hospital's reporting of information of the Hybrid HWR measure and performance on the IQR participation requirements related to this measure will not impact payment determination for Fiscal Year 2024 under the IQR program.

E. Understanding Discharge-level Information for the Hybrid HWR Measure

Table IV (H-HWR Discharges)

Table IV (H-HWR Discharges) provides discharge-level data at your hospital for Medicare FFS patients 65 years or older with a qualifying index admission and a readmission to any inpatient short-term acute care hospital within 30 days of discharge between **July 1, 2021 and June 30, 2022**. Unlike discharge-level data worksheets for other readmission measures, this worksheet includes only discharges from the final measure calculation (i.e., “index discharges”) that resulted in a readmission. Table 4 lists the data elements in this worksheet.

NOTE: The accompanying Microsoft Excel files contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of personal identifiable information (PII) or protected health information (PHI) should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. When referring to the contents of this document, **ONLY** use the ID Number associated with the claim(s) in question. Do NOT send PII/PHI in your question.

Table 4. Discharge-Level Information for the Hybrid HWR Measure: Table IV Contents

Column	Column Name	Description
Column A	ID Number	Unique identifier for each discharge included in the worksheet.
Column B	Provider ID	CMS Certification Number (CCN; 6-digit provider ID) for the hospital where the index admission occurred.
Column C	HICNO	10- or 11-digit patient Medicare HIC account number.
Column D	MBI	If a Medicare Beneficiary Identifier (MBI) is not available for a patient, then "--" will be displayed. In that case, please refer to the patient's HICNO in the previous column.
Column E	Medical Record Number	Patient medical record number on claim.
Column F	Beneficiary DOB	Patient date of birth (DOB) (MM/DD/YYYY).
Column G	Beneficiary Sex	Patient Sex (M or F)
Column H	Admission Date of Index Stay	Admission date for index admission (MM/DD/YYYY).
Column I	Discharge Date of Index Stay	Discharge date for index admission (MM/DD/YYYY). If a patient was transferred, the discharge date may be different from the discharge date associated with the index hospital stay.
Column J	Record has CCDE/Claim match (Yes/No)	Indicates if the record had a matching claim and CCDE record
Column K	Included in Measure Calculation (Yes/No)	Indicates if the record is included in the final measure cohort

Column	Column Name	Description
Column L	Reason for Exclusion	<p>Any value of 1 through 13 indicates that this exclusion applied to that discharge, thus excluding it from the calculation of results for the Hybrid HWR measure. Note that a discharge may have multiple reasons for being excluded. While information is provided for all discharges for which your hospital submitted EHR-based CCDE, a discharge was only included in the calculation of the Hybrid HWR measure results if "N/A" is displayed in this field (that is, where Column J=Yes).</p> <ol style="list-style-type: none"> 1. Patient not enrolled in Medicare FFS Parts A during the 12 consecutive months prior to or on the index admission date or was without at least 30 days post-discharge enrollment in Medicare FFS Part-A 2. Patient was under 65 years old at the time of admission 3. Patient died during index hospitalization 4. Patient left against medical advice (AMA) 5. Patient was transferred to another acute care facility 6. Patient was admitted for primary psychiatric diagnoses 7. Patient was admitted for rehabilitation 8. Patient was admitted for the medical treatment of cancer 9. Admissions from claims data not matched with hospital-submitted CCDE data 10. Admissions in which more than 7 of the 13 CCDEs are missing 11. Admitted to Prospective Payment System-exempt cancer hospitals 12. Not the first claim in the claim bundle 13. Patient had a primary or secondary (coded as present on admission [POA]) discharge diagnosis of COVID-19.
Column M	Principal Discharge Diagnosis of Index Stay	The principal discharge diagnosis of the index stay (ICD-10-CM code).
Column N	Specialty Cohort	Specialty cohort to which the index admission is assigned (medicine, surgery/gynecology, cardiorespiratory, cardiovascular, or neurology).
Column O	Unplanned Readmission within 30 Days (Yes/No)	Whether the first readmission within 30 days of discharge from the index admission was unplanned (Yes/No). Unplanned readmissions are counted as outcomes in the measure. A "N/A-COVID patient" result signifies the patient had a primary or secondary diagnosis of COVID-19 (coded as POA) at the time of their readmission and was excluded.
Column P	Planned Readmission within 30 Days (Yes/No)	Whether the first readmission within 30 days of discharge from the index admission was planned (Yes/No). Planned readmissions are not counted as outcomes in the measure.
Column Q	Readmission Date	Admission date for readmission (MM/DD/YYYY).
Column R	Discharge Date of Readmission	Discharge date for readmission (MM/DD/YYYY).
Column S	Principal Discharge Diagnosis of Readmission	The principal discharge diagnosis of the readmission (ICD-10-CM code).
Column T	Readmission to the Same Hospital (Yes/No)	Whether the readmission was to the same hospital as the index admission (Yes/No).

Column	Column Name	Description
Column U	Provider ID of Readmitting Hospital	CMS Certification Number (CCN; 6-digit provider ID) for the first readmitting hospital where the readmission occurred. To locate provider ID numbers (CCNs) and names of hospitals, use the Hospital General Information table: https://data.cms.gov/provider-data/dataset/xubh-q36u .
Column V	Heart Rate [g]	Standardized value for this CCDE used for measure calculation ("MISSING" if no value was reported). The standard unit of measurement for this value is beats per minute.
Column W	Systolic Blood Pressure [g]	Standardized value for this CCDE ("MISSING" if no value was reported). The standard unit of measurement for this value is millimeter of mercury (mmHg).
Column X	Respiratory Rate [g]	Standardized value for this CCDE ("MISSING" if no value was reported). The standard unit of measurement for this value is breaths per minute.
Column Y	Temperature [g]	Standardized value for this CCDE ("MISSING" if no value was reported). The standard unit of measurement for this value is degrees Fahrenheit.
Column Z	Oxygen Saturation [g]	Standardized value for this CCDE ("MISSING" if no value was reported). The standard unit of measurement for this value is percent (%).
Column AA	Weight [g]	Standardized value for this CCDE ("MISSING" if no value was reported). The standard unit of measurement for this value is Kilograms.
Column AB	Hematocrit [g]	Standardized value for this CCDE ("MISSING" if no value was reported). The standard unit of measurement for this value is volume percentage of red blood cells.
Column AC	White Blood Cell Count [g]	Standardized value for this CCDE ("MISSING" if no value was reported). The standard unit of measurement for this value is cells per milliliter (mL).
Column AD	Potassium [g]	Standardized value for this CCDE ("MISSING" if no value was reported). The standard unit of measurement for this value is milliequivalents per liter (mEq/L).
Column AE	Sodium [g]	Standardized value for this CCDE ("MISSING" if no value was reported). The standard unit of measurement for this value is milliequivalents per liter (mEq/L).
Column AF	Bicarbonate [g]	Standardized value for this CCDE ("MISSING" if no value was reported). The standard unit of measurement for this value is millimoles per liter (mmol/L).
Column AG	Creatinine [g]	Standardized value for this CCDE ("MISSING" if no value was reported). The standard unit of measurement for this value is milligrams per deciliter (mg/dL).
Column AH	Glucose [g]	Standardized value for this CCDE ("MISSING" if no value was reported). The standard unit of measurement for this value is milligrams per deciliter (mg/dL).

[a] If a Medicare Beneficiary Identifier (MBI) or Health Insurance Claim Number (HICNO) is not available for a patient, then "--" will display in Column D. In these cases, please refer to the patient's HICNO or MBI, respectively.

[b] If a patient was transferred, the discharge date may be different from the discharge date associated with the hospital stay. In this scenario there are two possible outcomes for the discharge date displayed in the table: (1) the discharge date (e.g., "claim through" date) from the hospital that a patient was transferred from, or (2) the discharge date (e.g., "claim through" date) from the hospital that a patient was transferred to.

[c] For the Hybrid HWR measure, claims and CCDE data were successfully matched if there was an exact match on Provider ID, Health Insurance Claim Number (HICNO)/Medicare Beneficiary Identifier (MBI), the Beneficiary Date of Birth (DOB), Beneficiary Sex, the Admission Date of Inpatient Stay (using either the Claim From or Admit Date in the claims), and the Discharge Date of Inpatient Stay.

[d] Refer to the accompanying Hybrid HWR HSR User Guide for a complete description of the Reasons for Exclusion.

[e] If the value is “N/A-COVID patient”, it signifies the patient had a primary or secondary diagnosis of COVID-19 (coded as present on admission) at the time of their readmission and was excluded. Refer to the HSR User Guide for more details.

[f] To locate provider ID numbers (CMS Certification Numbers, or CCNs) and names of hospitals, use the Hospital General Information table, which can be found here: <https://data.medicare.gov/Hospital-Compare/Hospital-General-Information/xubh-q36u>

[g] The values listed in this column have been converted into a standard unit of measurement. Values listed as “MISSING” were assigned a median value for the purpose of measure calculation. If no numeric value could be created for the data submitted, the value reported by your hospital will still be displayed, however the value has been dropped from measure calculation. For information on the formula used for the conversion and the values assigned to MISSING data, please see the Hybrid HWR HSR User Guide.

F. Understanding Distribution of Patient Risk Factors for the Hybrid HWR Measure

Table V (H-HWR Case Service Mix Comp)

Table V (H-HWR Case Service Mix Comp) provides data to assess your hospital’s case mix for the Hybrid HWR measure compared to your state and the nation. The case-mix information in this table is used for risk adjustment. Table 5 lists the data elements in this worksheet. Note: The risk adjustment models assess whether a patient has a risk factor using a two-step process: (1) using inpatient, outpatient, and physician Medicare administrative claims data extending 12 months prior to the index admission, and (2) assessing if clinical risk factors are POA during the patient’s index stay.

If your hospital had no qualifying cases with a comorbid risk factor or condition indicator in a specialty cohort, CMS will use “NQ” in the cells to indicate your hospital had no qualifying admissions for that condition. For each specialty cohort, the measure groups conditions with fewer than 1,000 admissions nationally between **July 1, 2021 and June 30, 2022**, into a single category for risk adjustment. The corresponding “LF” designation indicates “low frequency” conditions. CMS identified condition indicators not included in a specialty cohort model with “--” in the worksheet. The risk factor/condition indicators are not the codes that define the cohort, but rather the risk factors in the model for risk adjustment.

Table 5. Distribution of Patient Risk Factors for the HWR Measure: Table V Contents

Column	Column Name	Description
Column A	Risk Factor/Condition Indicator	Row 6 “count of eligible discharges” includes the total number (N) of eligible discharges; the following rows are the demographic or health condition used for risk adjustment. Note: Comorbid risk factors are the same across specialty cohorts; condition indicators vary across cohorts.
Column B	Medicine Hospital	Percentage, count, mean, or standard deviation of admissions in the medicine cohort at your hospital that had the comorbid risk factor or condition indicator.
Column C	Medicine National	Percentage, count, mean, or standard deviation of admissions in the medicine cohort in the nation that had the comorbid risk factor or condition indicator.
Column D	Surgery/Gynecology Hospital	Percentage, count, mean, or standard deviation of admissions in the surgery/gynecology cohort at your hospital that had the comorbid risk factor or condition indicator.
Column E	Surgery/Gynecology National	Percentage, count, mean, or standard deviation of admissions in the surgery/gynecology cohort in the nation that had the comorbid risk factor or condition indicator.
Column F	Cardiorespiratory Hospital	Percentage, count, mean, or standard deviation of admissions in the cardiorespiratory cohort at your hospital that had the comorbid risk factor or condition indicator.
Column G	Cardiorespiratory National	Percentage, count, mean, or standard deviation of admissions in the cardiorespiratory cohort in the nation that had the comorbid risk factor or condition indicator.
Column H	Cardiovascular Hospital	Percentage, count, mean, or standard deviation of admissions in the cardiovascular cohort at your hospital that had the comorbid risk factor or condition indicator.

Column	Column Name	Description
Column I	Cardiovascular National	Percentage, count, mean, or standard deviation of admissions in the cardiovascular cohort in the nation that had the comorbid risk factor or condition indicator.
Column J	Neurology Hospital	Percentage, count, mean, or standard deviation of admissions in the neurology cohort at your hospital that had the comorbid risk factor or condition indicator.
Column K	Neurology National	Percentage, count, mean, or standard deviation of admissions in the neurology cohort in the nation that had the comorbid risk factor or condition indicator.

Contacts

For more information, please use the contacts in Table 6.

Table 6. Measure Resources and Contacts

Resources
<ul style="list-style-type: none"> • For more information about the Hybrid HWR measures, including measure calculation methodology and frequently asked questions, visit the QualityNet website at Hospitals-Inpatient > Measures > Hybrid Measures > Learn More. • Additional information on the electronic specifications of the Hybrid HWR measure used for the 2023 voluntary reporting period can be found on the eCQI Resource Center, available at https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=3&globalyearfilter=2022. • Please send questions about the Hybrid HWR measure implementation and methodology (e.g., previous measure testing and development, the cohort inclusions, measure exclusions, approach to risk adjustment, assessment of the outcome, and the planned readmission algorithm) to the QualityNet Question and Answer Site. Select “Ask a Question” and choose “IQR-Inpatient Quality Reporting” in the Program list and the select Hybrid Measures. • Please send questions about the electronic specifications, measure authoring tool output, value sets, and QRDA files for the Hybrid HWR measure to the Hybrid Measures JIRA page.