



# Hybrid Hospital-Wide Readmission Data Submission Guide

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## Introduction

This measure is a quality measure the Federal Office of Rural Health Policy (FORHP) at the Health Resources and Services Administration (HRSA) is adopting for use in the [Medicare Beneficiary Quality Improvement Project \(MBQIP\)](#) within the [Medicare Rural Hospital Flexibility Program](#).

This resource is intended to be used by critical access hospital personnel involved in MBQIP and State Flex personnel. This guide is based on currently available information. The information provided and submissions dates are subject to change. For guidance on the Flex Program or [MBQIP measures](#) connect with you [State Flex Program](#) or the [Rural Quality Improvement Technical Assistance \(RQITA\) Resource Center](#) at [RQITA@telligen.com](mailto:RQITA@telligen.com).

## Measure Overview

**Measure Name:** Hybrid Hospital-Wide Readmission

**Measure Short Name:** Hybrid HWR

**CMS eCQM Measure ID:** [CMS529v5 for July 1, 2025 through June 30, 2026 measurement period](#)

**MBQIP Domain:** Care Coordination

**Quality Programs:** MBQIP, CMS Inpatient Quality Reporting (IQR) Program

## Measure Description

Hospital-level, all-cause, risk-standardized readmission measure that focuses on unplanned readmissions 30 days of discharge from an acute hospitalization.

[Hybrid measures](#) differ from the claims-only measures in that they merge electronic health record (EHR) data elements with claims-data to calculate the risk-standardized readmission rate. The Hybrid HWR was developed to address complex and critical aspects of care that cannot be derived through claims data alone. The Hybrid HWR uses core clinical data elements (CCDE) including clinical variables and linking elements for each patient:

Clinical variables (13): Heart Rate, Systolic Blood Pressure, Respiratory Rate, Temperature, Oxygen Saturation, Weight, Hematocrit, White Blood Cell Count, Potassium, Sodium, Bicarbonate, Creatinine, Glucose

Linking elements (5): CMS Certification Number (CCN), National Provider Identifier (NPI) for MA patients, Medicare beneficiary Identifier (MBI), Inpatient Admission Date, and Discharge date.

CCDE refers to clinical information that is routinely and consistently captured for most adults who experience a hospital visit. This information is stored in a patient's EHR. Hospitals can extract this information from the EHR for use in quality measurement. For the Hybrid HWR measure, CCDEs are intended to reflect a patient's clinical status when they first present to an acute care hospital for treatment.

It is recommended **hospitals only report the FIRST resulted value for EACH core clinical data element** collected in the appropriate timeframe, if available. Hospitals may also choose to report ALL values on an

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encounter during their entire admission; however, only the first resulted values are utilized in the logic for measure calculation.

#### **Measure Rationale for being in MBQIP**

Returning to the hospital for unplanned care disrupts patients' lives, increases risk of harmful events like healthcare-associated infections, and results in higher costs absorbed by the health care system. High readmission rates of patients with clinically manageable conditions in primary care settings, such as diabetes and bronchial asthma, may identify quality-of-care problems in hospital settings. A measure of readmissions encourages hospitals to improve communication and care coordination to better engage patients and caregivers in discharge plans and, in turn, reduce avoidable readmissions and costs.

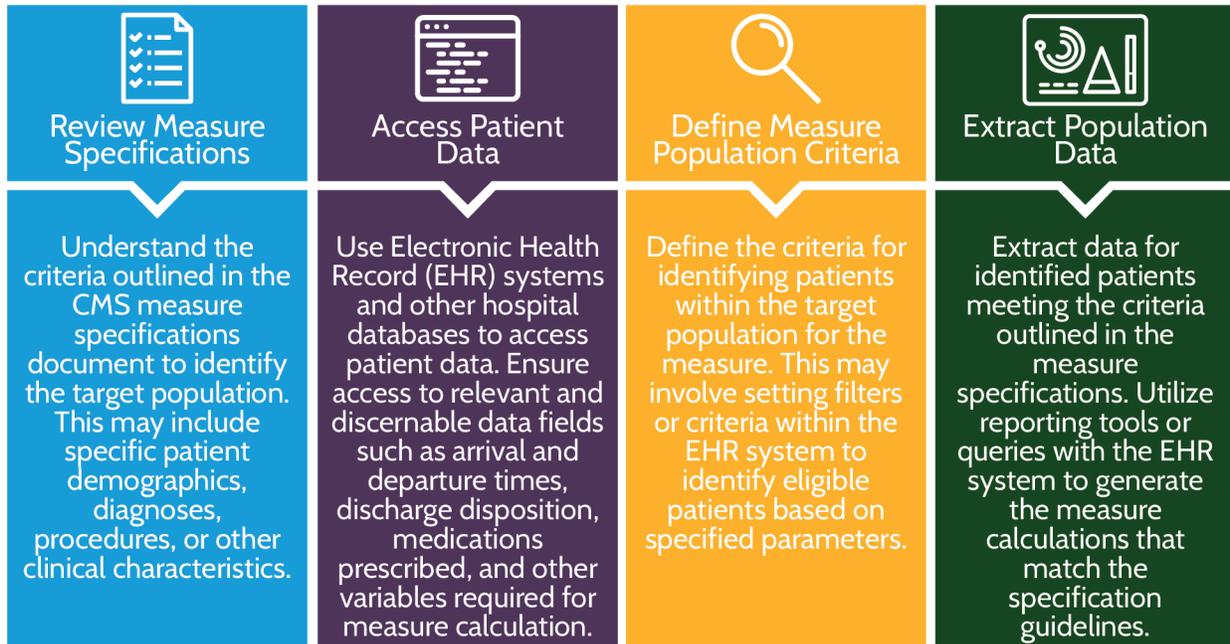
CMS included the Hybrid HWR measure, in response to stakeholder feedback, about using patient-level clinical data rather than only claims data for risk adjustment.

#### **Relevance for Rural Hospitals**

There are several potential benefits to incorporating clinical data from EHRs into hospital outcome measures for rural hospitals. For example, it could provide an opportunity to align the measure with clinical decision support systems that many providers utilize to alert care teams about patients at increased risk of poor outcomes, such as readmission, in real time during the inpatient stay. This helps to capture high risk patients who are still inpatient to help identify needs before discharge to avoid readmissions.

## Getting Started

Reporting data for a quality measure for the first time can be a daunting task for hospital staff. Below are actionable first steps hospital quality teams can take for reporting new measures for hospitals.



The Hybrid Hospital-Wide Readmission measure merges EHR elements with claims-data elements. [This webinar](#) provides an overview of the data elements described for this measure. **Below are steps to take when beginning data collection for reporting this measure.**

1. Begin to build processes to extract and report **13** Core Clinical Data Elements (CCDE) with linking variables for each patient claim. This table shows the workflow for each data element required for reporting and the code type associated with each element.

Initial Population	Data Element	Data Capture Workflow	Code Type
	Inpatient Encounter	Admission/Registration	SNOMED
	Medicare Advantage Payer	Admission/Registration	SOP
	Medicare FFS Payer	Admission/Registration	SOP

CCDEs	Data Elements	Data Capture Workflow	Code Type
	Body Temperature	Clinical Documentation	LOINC
	Body Weight		
	Heart Rate		
	Oxygen Saturation by Pulse Oximetry		
	Respiratory Rate		
	Systolic Blood Pressure		
	Bicarbonate Lab Test	Lab	LOINC
	Creatinine Lab Test		
	Glucose Lab Test		
	Hematocrit Lab Test		
	Potassium Lab Test		
	Sodium Lab Test		
	White Blood Cells Count Lab Test		

*It is vitally important to include all 5 linking variables to each CCDE to ensure CMS can link the CCDEs to patient claims data. This is how each patient is included within the measure calculation.*

Six Vital Signs	Five Linking Variables	Seven Laboratory Test Results
Heart Rate	CMS Certification Number (CCN)	Hematocrit
Respiratory Rate	Medicare Beneficiary Identifier (MBI)	White Blood Cell Count
Temperature	National Provider Identifier (NPI) for MA patients	Sodium
Systolic Blood Pressure	Inpatient Admission Date	Potassium
Oxygen Saturation	Discharge Date	Bicarbonate
Weight		Creatinine
		Glucose

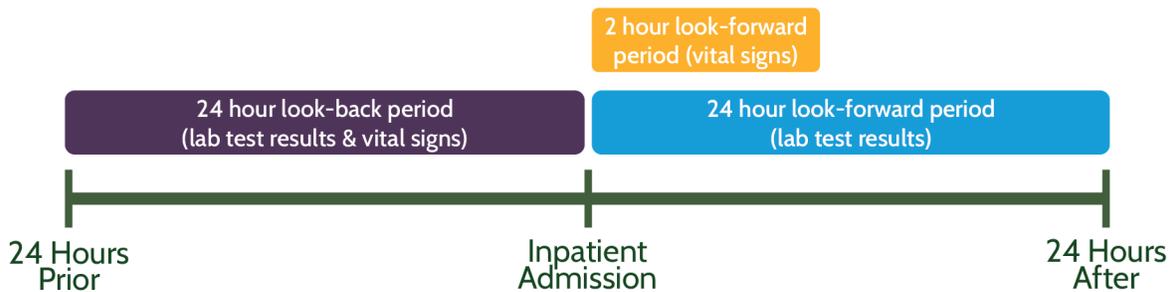
2. For measure calculation purposes, ensure your CCDE are recorded in the following standard units:

CCDE	Unit of Measurement
Heart Rate	Beats Per Minute
Respiratory Rate	Breaths Per Minute
Temperature	Degrees Fahrenheit
Systolic Blood Pressure	Millimeter of Mercury (mmHg)
Oxygen Saturation	Percent (%)
Hematocrit	% Red Blood Cells
Weight	Pounds
White Blood Cell Count	Cells per Millimeter (Cells/mL)
Sodium	Milliequivalents per Liter (mEq/L)
Bicarbonate	Millimoles per Liter (mmol/L)
Potassium	Milliequivalents per Liter (mEq/L)
Creatinine	Milligrams per Deciliter (mg/dL)
Glucose	Milligrams per Deciliter (mg/dL)

## Data Collection Details

1. You must **submit all 5 linking variables on 70% or more of discharges** with a Medicare Fee for Service (FFS) claim for the same hospitalization during the measurement period.
  - **The CCDE submitted must be the first values captured during the hospitalization.**
2. **Report vital signs for 70% or more of the hospital discharges** for Medicare FFS patients, 65 years or older in the measurement period (as determined from the claims submitted to CMS for admissions that ended during the same reporting period).
  - For vital signs results, it is the first captured value in the EHR 24 hours before the inpatient admission. If not available, then first vitals collected 0-2 hours after admission.
  - Hospitals may **miss up to two vital signs** from the number of required CCDE data elements and still meet the threshold.
3. **Submit the laboratory test results for 70% or more of discharges** for non-surgical patients, meaning those not included in the surgical specialty cohort of the Hybrid HWR measure.
  - For laboratory test results, it is the first captured value in the EHR 24 hours before the inpatient admission. If not available, then first laboratory test results collected 0-2 hours after admission.
  - Hospitals may **miss up to two laboratory results** from the number of required CCDE data elements and still meet the threshold.

## CCDE Collection Timeline



## Example of CCDE Collection

If a patient had vital signs taken and laboratory tests ordered and drawn at an emergency department at 8:00 AM on January 15, labs resulted at 9:00 AM on January 15, and was then admitted to an inpatient unit at 12:00 PM on January 15, the measure would use the vitals taken at 8:00 AM and the labs resulted at 9:00 AM.

Alternatively, if a patient is admitted to an inpatient unit at 12:00 PM on January 15, with no vitals taken or labs resulted in the 24 hours prior, and then has vitals taken at 1:00 PM and labs resulted at 2:00 PM on January 15, the measure would use the vitals taken at 1:00 PM and the labs resulted at 2:00 PM.

## Measure Reporting Details

The following are data elements for the measure necessary for reporting the measure and collecting data. For more detailed data refer to the [measure specifications](#).

**Measure Encounter Period:** This measure is reported annually reflecting July 1 – June 30<sup>th</sup> encounter period.

**Measure Submission Deadline:** This measure is submitted annually. Data is due October 1 three months after the end of the encounter period in June. Data submission deadlines on a federal holiday or weekend (Saturday or Sunday) will default to the first business day thereafter in this document where applicable.

**Measure Reporting Platform:** This measure is submitted annually via the [Hospital Quality Reporting \(HQR\)](#) system via patient-level file in QRDA I format.

### **Measure Population:**

1. Aged 65 or over with an acute care hospital inpatient encounter
2. Enrolled in Medicare FFS Part A for the 12 months prior to the date of admission and during the index admission or enrolled in Medicare Advantage
3. Discharged alive from a non-federal short-term acute care hospital and not transferred to another acute care facility
4. Length of stay less than 365 days

### **Denominator:**

1. Aged 65 or over with an acute care hospital inpatient encounter
2. Enrolled in Medicare FFS Part A for the 12 months prior to the date of admission and during the index admission or enrolled in Medicare Advantage
3. Discharged alive from a non-federal short-term acute care hospital and not transferred to another acute care facility
4. Length of stay less than 365 days

### **Exclusions: The measure excludes index admissions for patients during calculation:**

1. Admitted to Prospective Payment System (PPS)-exempt are cancer hospitals
2. Without at least 30 days post-discharge enrollment in Medicare FFS
3. Discharged against medical advice (AMA)
4. Admitted for primary psychiatric diagnoses
5. Admitted for rehabilitation, or
6. Admitted for medical treatment of cancer.

**Note:** Exclusions are determined via administrative claims and hospitals are not responsible for reporting this data. **No action is required on your end.**

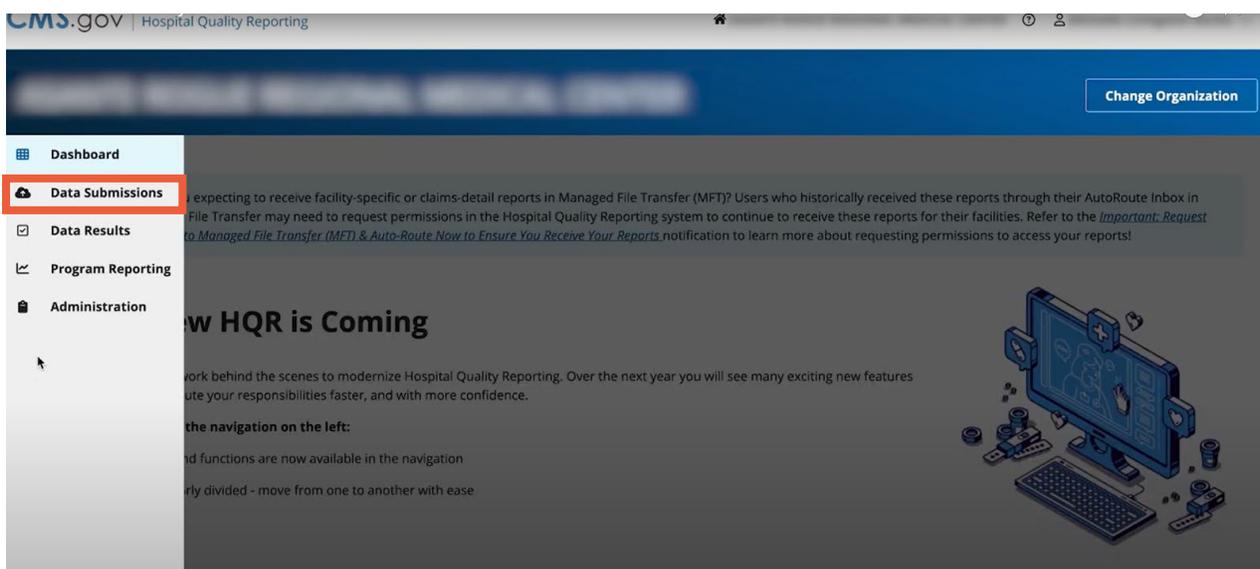
## Reporting the Data

1. Populate the CCDEs into a QRDA Category I file(s).
  - You will construct your QRDA I file(s) per the most current requirements, such as the [CMS QRDA Category I HQR Implementation Guide and Schematrons](#) posted on the [eCQI Resource Center](#). Chapter 6 includes any instruction on CCDE submission.
  - The [Reporting eCQM and Hybrid Measure Data Using the 2024 CMS QRDA I Implementation Guide webinar \(2025 webinar pending\)](#) provides great insight into common error codes you may experience when uploading your file for the first time and tips for your first time reporting.



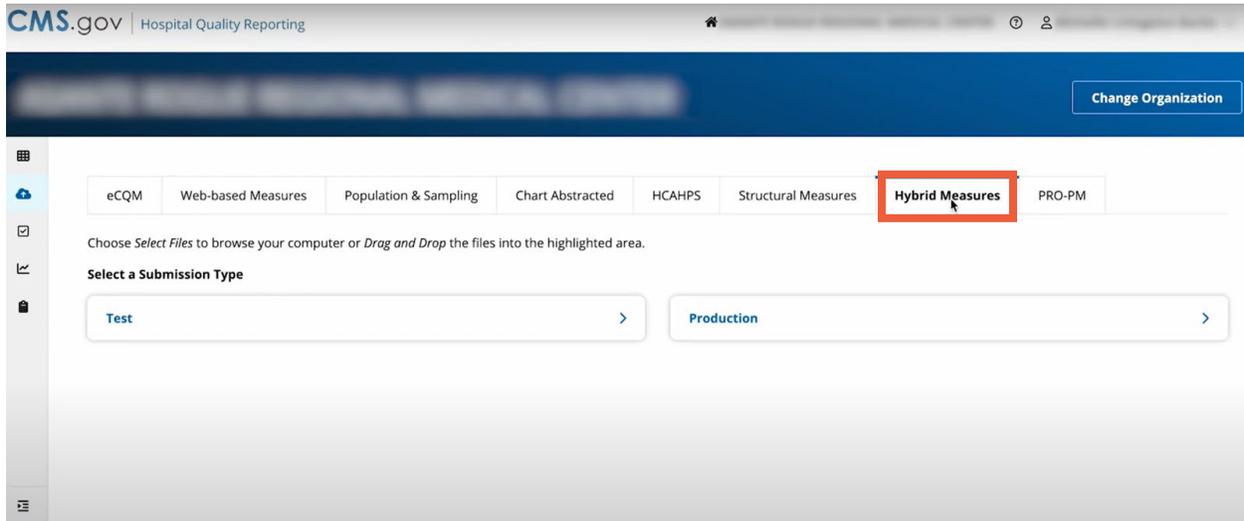
Photo source: [How to Implement the Hybrid Readmission Measure \(medisolv.com\)](#)

2. Submit the QRDA I file(s) through the HQR System by navigating to the 'Data Submission' section on the left-hand side of the navigation bar on the [Hospital Quality Reporting system](#). This [video](#) is a helpful resource for how to submit the Hybrid measure and view outcomes.

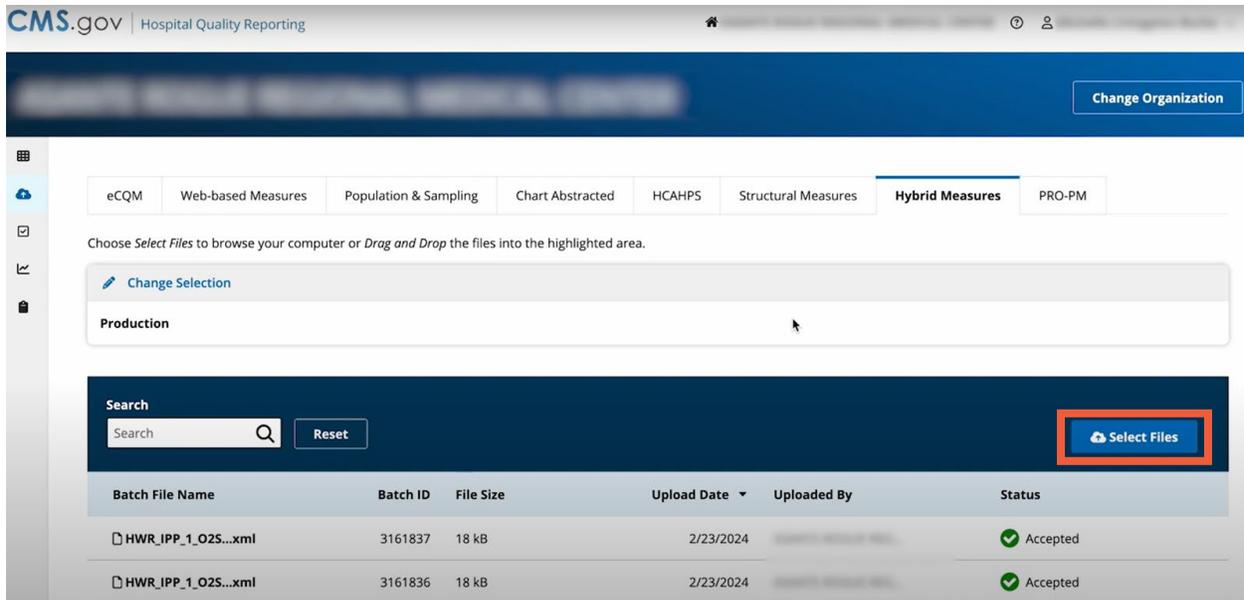


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3. Select the 'Hybrid Measures' tab.



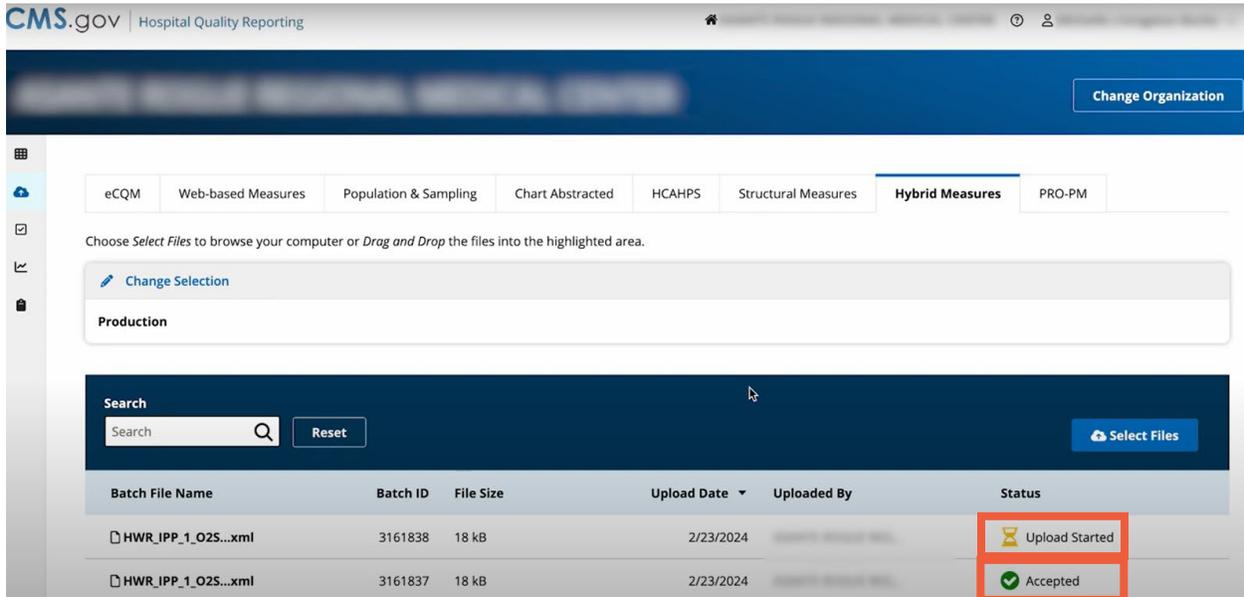
4. After choosing 'Production' under the Hybrid Measures tab, you will upload your QRDA I file by selecting 'Select Files'.



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- After selecting your file to upload, you will see the status as 'Upload Started' and change to 'Accepted' when complete.

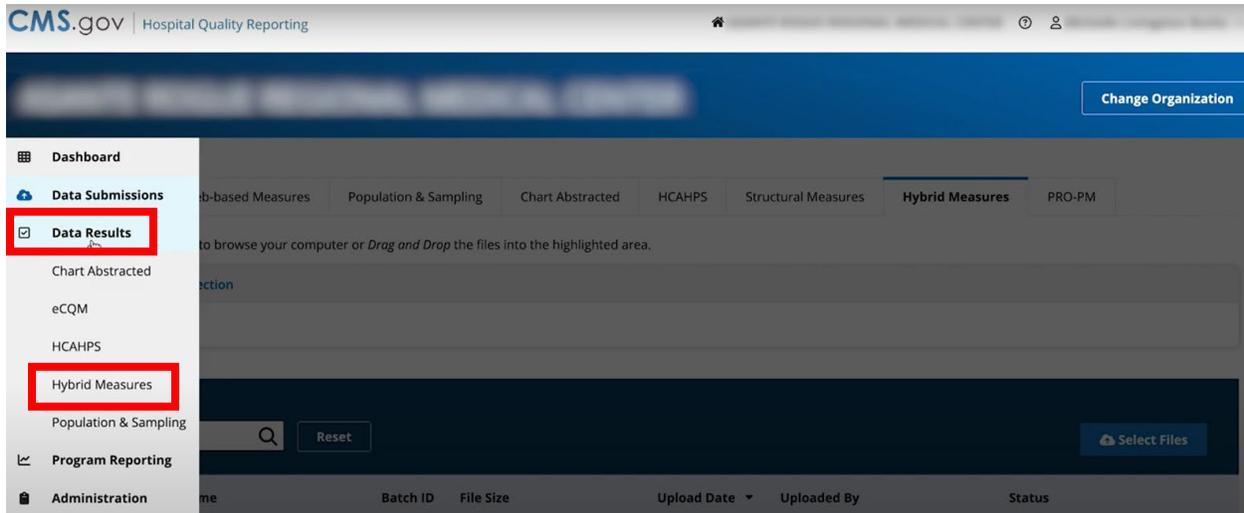


The screenshot shows the CMS.gov Hospital Quality Reporting interface. At the top, there is a navigation bar with 'CMS.gov | Hospital Quality Reporting' and a 'Change Organization' button. Below this, there are tabs for different measure types: eCQM, Web-based Measures, Population & Sampling, Chart Abstracted, HCAHPS, Structural Measures, Hybrid Measures (selected), and PRO-PM. A message says 'Choose Select Files to browse your computer or Drag and Drop the files into the highlighted area.' Below this is a 'Change Selection' button and a text input field containing 'Production'. A search bar is also present with a 'Reset' button and a 'Select Files' button. The main content is a table with the following data:

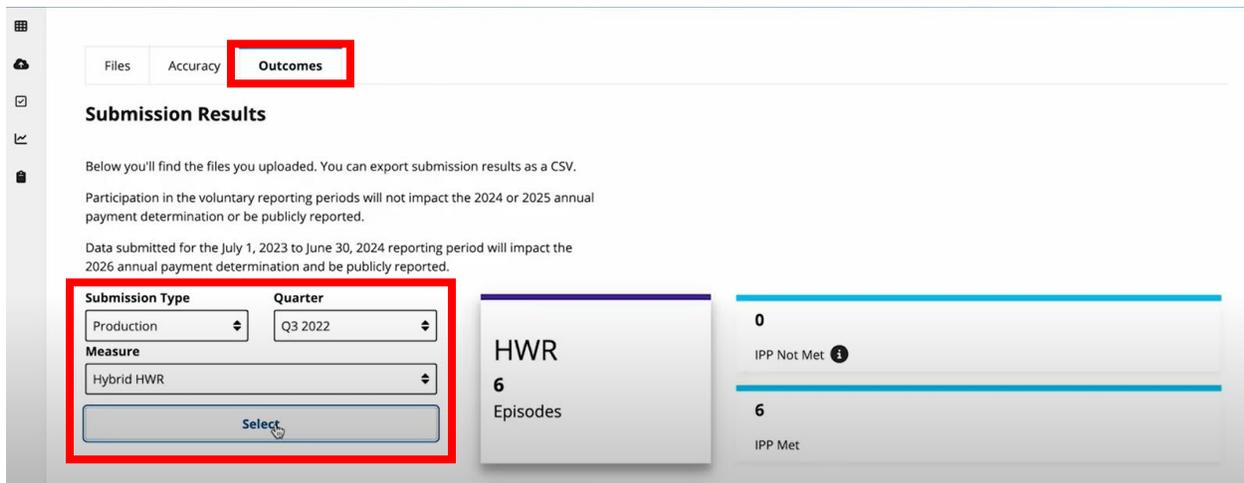
Batch File Name	Batch ID	File Size	Upload Date	Uploaded By	Status
HWR_IPP_1_O2S...xml	3161838	18 kB	2/23/2024		Upload Started
HWR_IPP_1_O2S...xml	3161837	18 kB	2/23/2024		Accepted

## Verify Data Submission

1. After submitting your file, you may verify the data that was successfully submitted to the portal by selecting 'Data Results' on the left-hand navigation and selecting 'Hybrid Measures'.



2. Under the Outcomes tab, select the Submission Type as 'Production', select the Quarter that you uploaded your data for, and the Measure as 'Hybrid HWR'. This will show you the episodes that met or did not meet the initial patient population.
  - If you think you're missing data, make sure to check the window requirements for all CCDE encounters.



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