



CareDiscovery Electronic Quality Measures Real World Testing (RWT) – Results Report – Measurement Year 2024

January 2025

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General Information

1. **Plan Report ID Number:** [For ONC-Authorized Certification Body use only]
2. **Developer Name:** Virtusa Corporation
3. **Product Name(s):** CareDiscovery Electronic Quality Measures
4. **Version Number(s):** 3.5
5. **Certified Health IT Product List (CHPL) Product Number(s):**
15.04.04.3001.Care.03.05.0.240925
6. **Developer Real World Testing (RWT) Plan Page URL:**
<https://www.virtusa.com/solutions/clinical-quality-measures-reporting/carediscovery-electronic-quality-measures-cdeqgm>
7. **Developer Real World Testing Results Report Page URL [if different from above]:**
Same as above

Changes to Original Plan

Summary of Change [Summarize each element that changed between the plan and actual execution of Real World Testing]	Reason [Describe the reason this change occurred]	Impact [Describe what impact this change had on the execution of your Real World Testing activities]
RWT was performed on version 3.5 of the product instead of version 3.3. Version 3.3 was withdrawn after we certified v3.5 for the new eCQMs effective with CY2024 reporting period.	The product was updated to version 3.5 (October 2024) to incorporate the new eCQMs that became effective for the CY2024 reporting period. Being a web based product, only one version is available at any point in time.	The certification of the new eCQMs allowed us to do RWT on them (if any clients selected the new eCQMs) along with the previously certified eCQMs.

Withdrawn Products

In 2024 we certified the product for new eCQMs that became effective for CMS reporting with the CY2024 reporting period. This increased the version of the product from 3.3 to 3.5. Since ours is a web based product, we only have one version available at any one time. As such, we withdrew the previous versions of our product after we certified version 3.5. RWT was conducted on version 3.5 of the product. The newly certified eCQMs were eligible for RWT (clients had the option to select them for CMS reporting) along with the previously certified eCQMs that may have been selected for reporting by the clients.

Product Name	CareDiscovery Electronic Quality Measures
Version Number	3.3
CHPL Product Number	15.04.04.3001.Care.03.03.1.230926
Date Withdrawn	June 24, 2024
Inclusion of Data in Results Report	Data for RWT was not captured on the withdrawn product

Product Name	CareDiscovery Electronic Quality Measures
Version Number	3.4
CHPL Product Number	15.04.04.3001.Care.03.04.1.240619
Date Withdrawn	October 1, 2024
Inclusion of Data in Results Report	Data for RWT was not captured on the withdrawn product

Summary of Testing Methods and Key Findings

Real World Testing was performed on an ongoing basis during the second half of 2024. We offered our client hospitals the opportunity to participate in two early submissions to CMS, the results of which would contribute to the RWT activities. This allowed us to conduct the various phases of RWT from import of real client data into the product to calculations of eCQMs to submission of exported files to CMS over multiple time periods.

As outlined in the metrics and outcomes section below, we were able to validate the effective functioning of the product using real patient data uploaded by the clients. We successfully imported, calculated, and submitted real patient data uploaded by the clients to CMS and verified the accuracy of the results between the product and the CMS system over multiple time periods.

With the increasing number and complexity of eCQMs, we encountered some challenges in getting more clients to submit their real data earlier in the reporting cycle to participate in the early submissions. Towards this effort, we sent multiple communications to the clients reminding them and encouraging them to participate in the early submissions which would allow real world testing of the data in advance of the final CMS submission deadlines. We will continue to provide advance communications to the hospitals with the goal of encouraging more hospitals to participate in the early submissions.

Standard Updates (SVAP)

None were performed.

Care Setting (s)

The CareDiscovery Electronic Quality Measures supports eCQMs only in the hospital settings. As such, the testing was performed for the eCQMs for the **hospital settings**.

Metrics and Outcomes

A total of 3 hospitals participated in the early submissions to CMS. Data was collected and analyzed for all 3 hospitals, and details are provided for these hospitals below.

The hospitals referenced are labeled as Hospital A, B, and C.

Measurement/Metric 1

Track the number of episodes uploaded by the client and the number of episodes recorded in the system.

This metric allows us to verify that data is being recorded as expected.

Associated Criterion(a)

170.315(c)(1)— Clinical Quality Measures - **record** and export.

Outcomes

Hospitals uploaded data to the product in the standardized file format provided by CMS/Virtusa for recording of data into the product.

Verified that 100% of the episodes/files uploaded by each of the hospitals was successfully recorded in the system. We reviewed any episodes/files that were rejected for data related errors and (if there were any rejections) verified that all the rejections were as expected. All files not rejected were accepted as expected. This allowed us to validate that the product is successfully importing and recording the data submitted by the clients.

Details of the data collected and analyzed for this metric are provided below.

Hospital A

Hospital A uploaded 3 quarters of data for CY2024 (Q1, Q2 and Q3, 2024) to the product.

21,881– total episodes uploaded.

0 - episodes rejected.

Hospital A had no critical errors causing the episode rejections.

We verified in the logs and other reports, that all the episodes not rejected were accepted as expected. This allowed us to validate that the product is successfully importing and recording the data submitted by the clients.

Clients have access to data quality reports which provides them with the opportunity to review and correct errors and resubmit as applicable.

Hospital B

Hospital B uploaded 2 quarters of data for CY2024 (Q1 and Q2 2024) to the product.

33,676 – total episodes uploaded.

0 - episodes rejected.

Hospital B had no critical errors causing the episode rejections.

We verified in the logs and other reports, that all the episodes not rejected were accepted as expected. This allowed us to validate that the product is successfully importing and recording the data submitted by the clients.

Clients have access to data quality reports which provides them with the opportunity to review and correct errors and resubmit as applicable.

Hospital C

Hospital C uploaded 3 quarters of data for CY2024 (Q1, Q2 and Q3, 2024) to the product.

12,991 – total episodes uploaded.

0 - episodes rejected.

Hospital C had no critical errors causing the episode rejections.

We verified in the logs and other reports, that all the episodes not rejected were accepted as expected. This allowed us to validate that the product is successfully importing and recording the data submitted by the clients.

Clients have access to data quality reports which provides them with the opportunity to review and correct errors and resubmit as applicable.

Challenges

Hospitals have been waiting until later in the year to upload their data to the product. Ideally, we would like to have more hospitals participate in the early submissions and the RWT. Towards this effort, we sent multiple communications to the clients reminding them and encouraging them to participate in the early submissions which would allow RWT of the data in advance of the final CMS submission deadlines.

Measurement/Metric 2

Track the number of QRDA CAT I files successfully exported and submitted to the CMS Hospital Quality Reporting (HQR) system per client.

This metric allows us to verify that the system is exporting the QRDA CAT I files for reporting to CMS as expected.

Associated Criterion(a)

170.315(c)(1)— Clinical Quality Measures - record and **export**.

Outcomes

Verified for each of the hospitals that the system can export QRDA CAT I files for one and multiple patients. Verified that the count of the QRDA CAT I files exported from the product and submitted to CMS for each quarter matched the count of files received and accepted by CMS. There were no rejections.

The successful acceptance of all the QRDA CAT I files by CMS allows us to validate that the product can export the QRDA CAT I files in the format required by CMS and defined as part of certification.

Details of the data collected and analyzed for this metric is provided below.

Hospital A

Report Name	Create Date	Facility	HCO	CCN	MUQM Patient Count	File Count (the number of XML files extracted and zipped)	Report Type	Report period
1stJanEarlyExtracts20250102Q1	01/02/2025 07:47:23 PM	Hospital A			330	330	CMS QRDA Cat1 Report	Q1 2024
1stJanEarlyExtracts20250102Q2	01/02/2025 07:55:01 PM	Hospital A			331	331	CMS QRDA Cat1 Report	Q2 2024
1stJanEarlyExtracts20250102Q3	01/02/2025 08:04:25 PM	Hospital A			329	329	CMS QRDA Cat1 Report	Q3 2024

Q1–330 files exported and reported to CMS matches file count received and accepted by CMS.

Q2–331 files exported and reported to CMS matches file count received and accepted by CMS.

Q3–329 files exported and reported to CMS matches file count received and accepted by CMS.

Hospital B

Report Name	Create Date	Facility	HCO	CCN	MUQM Patient Count	File Count (the number of XML files extracted and zipped)	Report Type	Report period
1stJanEarlyExtracts20250102Q1	01/02/2025 07:47:23 PM	Hospital B			1736	1736	CMS QRDA Cat1 Report	Q1 2024
1stJanEarlyExtracts20250102Q2	01/02/2025 07:55:01 PM	Hospital B			1838	1838	CMS QRDA Cat1 Report	Q2 2024

Q1-1736 files exported and reported to CMS matches file count received and accepted by CMS.

Q2-1838 files exported and reported to CMS matches file count received and accepted by CMS.

Hospital C

Report Name	Create Date	Facility	HCO	CCN	MUQM Patient Count	File Count (the number of XML files extracted and zipped)	Report Type	Report period
1stJanEarlyExtracts20250102Q1	01/02/2025 07:47:23 PM	Hospital C			3706	3706	CMS QRDA Cat1 Report	Q1 2024
1stJanEarlyExtracts20250102Q2	01/02/2025 07:55:01 PM	Hospital C			3826	3826	CMS QRDA Cat1 Report	Q2 2024
1stJanEarlyExtracts20250102Q3	01/02/2025 08:04:25 PM	Hospital C			3974	3974	CMS QRDA Cat1 Report	Q3 2024

Q1-3706 files exported and reported to CMS matches file count received and accepted by CMS.

Q2-3826 files exported and reported to CMS matches file count received and accepted by CMS.

Q3-3974 files exported and reported to CMS matches file count received and accepted by CMS.

Challenges

We did not run into any challenges with this measurement this year. A couple years ago, we had some issues with a hospital that had not provided us access to submit to CMS on their behalf and as a result during the first CMS submission their files were rejected. Since last year we started validating in advance that clients have provided us access to upload data to the CMS HQR system before we began uploading data to CMS on their behalf. That has prevented this issue from occurring in the last 2 years.

Measurement/Metric 3

Track the number of episodes uploaded by the client and the number of episodes imported into the system.

This metric allows us to verify that all data is being imported into the product as expected.

Associated Criterion(a)

170.315(c)(2)— Clinical Quality Measures - **import** and calculate.

Outcomes

Since the only way to record data into the product is through upload of files with patient data (no manual data entry is allowed in the product) this metric is similar to the metric for recording of data under the criteria 170.315(c)(1)— Clinical Quality Measures – record. In 2024, we stopped using the third party product called MOVEit that clients had to previously use for data uploads to the product. We replaced it with functionality to upload files directly within the product. Clients are now able to upload files directly from within the product, thereby preventing one extra step of logging into a third party product.

Using logs and data quality reports, we verified that all the files/episodes uploaded by the hospitals (and not rejected) were successfully imported into the system. This allowed us to validate that the product is successfully importing and recording the data submitted by the clients.

Details of the data collected and analyzed for this metric is provided below.

Hospital A

Hospital A uploaded 3 quarters of data for CY2024 (Q1, Q2 and Q3, 2024) to the product.

21,881– total episodes uploaded.

0 - episodes rejected.

Hospital A had no critical errors causing the episode rejections.

We verified in the logs and other reports, that all the episodes not rejected were accepted as expected. This allowed us to validate that the product is successfully importing and recording the data submitted by the clients.

Clients have access to data quality reports which provides them with the opportunity to review and correct errors and resubmit as applicable.

Hospital B

Hospital B uploaded 2 quarters of data for CY2024 (Q1 and Q2 2024) to the product.

33,676 – total episodes uploaded.

0 - episodes rejected.

Hospital B had no critical errors causing the episode rejections.

We verified in the logs and other reports, that all the episodes not rejected were accepted as expected. This allowed us to validate that the product is successfully importing and recording the data submitted by the clients.

Clients have access to data quality reports which provides them with the opportunity to review and correct errors and resubmit as applicable.

Hospital C

Hospital C uploaded 3 quarters of data for CY2024 (Q1, Q2 and Q3, 2024) to the product.

12,991 – total episodes uploaded.

0 - episodes rejected.

Hospital C had no critical errors causing the episode rejections.

We verified in the logs and other reports, that all the episodes not rejected were accepted as expected. This allowed us to validate that the product is successfully importing and recording the data submitted by the clients.

Clients have access to data quality reports which provides them with the opportunity to review and correct errors and resubmit as applicable.

Challenges

We did not have any specific challenges importing the data. The main challenge is to get hospitals to begin reporting their data earlier in the reporting cycle and participate in the early submissions to CMS.

Measurement/Metric 4

Track the number of episodes by eCQM by quarter where the measure outcomes match/do not match the measure outcomes generated by the CMS HQR system.

This metric allows us to validate the accuracy of the eCQM calculations within the product.

Associated Criterion(a)

170.315(c)(2)— Clinical Quality Measures - import and **calculate**.

Outcomes

We had a 100% match between the outcomes calculated by the product and those calculated by the CMS HQR system for all the eCQMs reported to CMS, except 2 eCQMs – HH-Hypo and HH-ORAE. For these 2 eCQMs, we had one type of mismatch in each eCQM between the results in the CDeQM product and CMS. We investigated the episodes that were mismatching with CMS in these eCQMs, identified the root cause and fixed the issue.

This validated that our RWT processes are allowing us to validate the accuracy of the calculation of the eCQMs within the product and where we do find mismatches, we are able to identify, investigate and fix issues prior to the final submissions to CMS.

Details of the data collected and analyzed for this metric is provided below.

Hospital A

Verified 100% match for all the 6 eCQMs (OPI-1, PC-02, PC-07, STK-2, STK-3, and STK-5 selected for reporting by the hospital) between the measure outcomes generated by the product and the CMS HQR system. This allowed us to validate the accuracy of the calculation of the eCQMs within the product.

eCQM performance for Q1,2024 are provided as a reference.

For OPI-1, there were 258 episodes in the initial population with an overall performance of 18.7%.

For PC-02, there were 98 episodes in the initial population with an overall performance of 15.6%.

For PC-07, there were 98 episodes in the initial population with an overall performance of 0 severe obstetric complications per 10,000 deliveries.

For PC-07a (stratum 1), there were 98 episodes in the initial population with an overall performance of 0 severe obstetric complications per 10,000 deliveries.

For STK-2, there were 12 episodes in the initial population with an overall performance of 100%.

For STK-3, there were 12 episodes in the initial population with an overall performance of 100%.

For STK-5, there were 12 episodes in the initial population with an overall performance of 88.9%.

Note – CMS HQR reports round the performance, so 15.6% is rounded up to 16%,and so on. Our product does not perform rounding at this level.

Hospital B

Hospital selected the following eCQMs for reporting to CMS – OPI-1, PC-02, PC-07, VTE-1, VTE-2 and HH-ORAE.

Verified 100% match for all the eCQMs (except the HH-ORAE eCQM) between the measure outcomes generated by the product and the CMS HQR system.

For the HH-ORAE eCQM, the count of a few episodes in the IPP and Denominator was mismatching between the CDeQM product and CMS.

We investigated these episodes, identified the root cause, and fixed the issue.

This validated that our RWT processes are allowing us to validate the accuracy of the calculation of the eCQMs within the product and where we do find mismatches, we are able to identify, investigate and fix issues prior to the final submissions to CMS.

eCQM performance for Q1, 2024 are provided as a reference.

For OPI-1, there were 443 episodes in the initial population with an overall performance of 11.6%.

For PC-02, there were 524 episodes in the initial population with an overall performance of 30%.

For PC-07, there were 524 episodes in the initial population with an overall performance of 249 severe obstetric complications per 10,000 deliveries.

For PC-07a (stratum 1), there were 524 episodes in the initial population with an overall performance of 57 severe obstetric complications per 10,000 deliveries.

For VTE-1, there were 1380 episodes in the initial population with an overall performance of 80.3%.

For VTE-2, there were 1380 episodes in the initial population with an overall performance of 52.6%.

For HH-ORAE, there were 1139 episodes in the initial population with an overall performance of 0.2%.

Note – CMS HQR reports round the performance, so 11.6% is rounded up to 12%, 0.2% is rounded down to 0% and so on. Our product does not perform rounding at this level.

Hospital C

Hospital selected the following eCQMs for reporting to CMS – OPI-1, PC-02, PC-07, STK-2, HH-Hypo and HH-Hyper.

Verified 100% match for all the eCQMs (except the HH-Hypo eCQM) between the measure outcomes generated by the product and the CMS HQR system.

For the HH-Hypo eCQM, the count of a few episodes in the Numerator was mismatching between the CDeQM product and CMS.

We investigated these episodes, identified the root cause, and fixed the issue.

This validated that our RWT processes are allowing us to validate the accuracy of the calculation of the eQMs within the product and where we do find mismatches, we are able to identify, investigate and fix issues prior to the final submissions to CMS.

eQCM performance for Q1,2024 are provided as a reference.

For OPI-1, there were 2875 episodes in the initial population with an overall performance of 12.4%.

For PC-02, there were 584 episodes in the initial population with an overall performance of 23.2%.

For PC-07, there were 584 episodes in the initial population with an overall performance of 345 severe obstetric complications per 10,000 deliveries.

For PC-07a (stratum 1), there were 584 episodes in the initial population with an overall performance of 52 severe obstetric complications per 10,000 deliveries.

For STK-2, there were 126 episodes in the initial population with an overall performance of 100%.

For HH-Hypo, there were 1776 episodes in the initial population with an overall performance of 2%.

For HH-Hyper, there were 1776 episodes in the initial population with an overall performance of 0%.

Note – CMS HQR reports round the performance, so 12.4% is rounded down to 12% and so on. Our product does not perform rounding at this level.

Challenges

This is an extremely useful step to verify the accuracy of the calculation of the eQCM algorithms, although it is very time consuming. As evident from the mismatches we identified for 2 the eQMs, this step that we perform as part of our RWT processes allows us to validate the accuracy of the calculation of the eQMs within the product and where discrepancies are identified, investigate, and fix them prior to the final submissions to CMS. Sometimes, when we believe the discrepancy may be due to an issue with CMS eQCM calculations, we have to reach out to CMS HQR Product Support by creating a support ticket and provide them the details of the discrepancy. This can be very time consuming. We therefore encourage more hospitals to participate in the early submissions, allowing us to address any issues with eQCM calculations earlier in the reporting life cycle. Additionally, if more hospitals participate in the early submissions, we can get a greater coverage of the eQMs selected by the hospitals to cover as many available eQMs as possible as part of the RWT.

Measurement/Metric 5

Track the number of QRDA CAT I files exported from the product per quarter per client and verify they are successfully reported to CMS.

This metric allows us to verify that the product can export and report the QRDA CAT I files in the format required by CMS and defined as part of certification.

Associated Criterion(a)

170.315(c)(3)— Clinical Quality Measures – **report**.

Outcomes

Verified that 100% of the QRDA CAT I files exported from the product and reported to CMS for each quarter were accepted by CMS. The successful acceptance of all the QRDA CAT I files by CMS allows us to validate that the product can export and report the QRDA CAT I files in the format required by CMS and defined as part of certification.

Details of the data collected and analyzed for this metric is provided below.

Hospital A

Report Name	Create Date	Facility	HCO	CCN	MUQM Patient Count	File Count (the number of XML files extracted and zipped)	Report Type	Report period
1stJanEarlyExtracts20250102Q1	01/02/2025 07:47:23 PM	Hospital A			330	330	CMS QRDA Cat1 Report	Q1 2024
1stJanEarlyExtracts20250102Q2	01/02/2025 07:55:01 PM	Hospital A			331	331	CMS QRDA Cat1 Report	Q2 2024
1stJanEarlyExtracts20250102Q3	01/02/2025 08:04:25 PM	Hospital A			329	329	CMS QRDA Cat1 Report	Q3 2024

Q1–330 files exported and reported to CMS matches file count received and accepted by CMS.

Q2–331 files exported and reported to CMS matches file count received and accepted by CMS.

Q3–329 files exported and reported to CMS matches file count received and accepted by CMS.

Hospital B

Report Name	Create Date	Facility	HCO	CCN	MUQM Patient Count	File Count (the number of XML files extracted and zipped)	Report Type	Report period
1stJanEarlyExtracts20250102Q1	01/02/2025 07:47:23 PM	Hospital B			1736	1736	CMS QRDA Cat1 Report	Q1 2024
1stJanEarlyExtracts20250102Q2	01/02/2025 07:55:01 PM	Hospital B			1838	1838	CMS QRDA Cat1 Report	Q2 2024

Q1-1736 files exported and reported to CMS matches file count received and accepted by CMS.

Q2-1838 files exported and reported to CMS matches file count received and accepted by CMS.

Hospital C

Report Name	Create Date	Facility	HCO	CCN	MUQM Patient Count	File Count (the number of XML files extracted and zipped)	Report Type	Report period
1stJanEarlyExtracts20250102Q1	01/02/2025 07:47:23 PM	Hospital C			3706	3706	CMS QRDA Cat1 Report	Q1 2024
1stJanEarlyExtracts20250102Q2	01/02/2025 07:55:01 PM	Hospital C			3826	3826	CMS QRDA Cat1 Report	Q2 2024
1stJanEarlyExtracts20250102Q3	01/02/2025 08:04:25 PM	Hospital C			3974	3974	CMS QRDA Cat1 Report	Q3 2024

Q1-3706 files exported and reported to CMS matches file count received and accepted by CMS.

Q2-3826 files exported and reported to CMS matches file count received and accepted by CMS.

Q3-3974 files exported and reported to CMS matches file count received and accepted by CMS.

Challenges

We did not run into any challenges with this measurement this year. A couple years ago, we had some issues with a hospital that had not provided us access to submit to CMS on their behalf and as a result during the first CMS submission their files were rejected. Since last year we started validating in advance that clients have provided us access to upload data to the CMS HQR system before we began uploading data to CMS on their behalf. That has prevented this issue from occurring in the last 2 years.

Metrics and Outcomes Summary

Measurement/Metric	Associated Criterion(a)	Outcomes	Challenges Encountered (if applicable)
Track the number of episodes uploaded by the client and the number of episodes recorded in the system	170.315(c)(1) —record and export.	100% of the records (68,548) uploaded across 3 hospitals for the selected quarters in 2024 were recorded by the system.	A smaller number of hospitals participating in the early submissions (RWT) than expected.
Track the number of QRDA CAT I files successfully exported and submitted to the CMS Hospital Quality Reporting (HQR) system per client	170.315(c)(1) —record and export.	100% of the files (16,070) exported and reported to CMS across 3 hospitals for the selected quarters in 2024 matched the count of files received and accepted by CMS.	
Track the number of episodes uploaded in the files against the number of episodes imported (accepted/rejected) in the system.	170.315(c)(2) —import and calculate.	100% of the records (68,548) uploaded across 3 hospitals for the selected quarters in 2024 were recorded by the system.	A smaller number of hospitals participating in the early submissions (RWT) than expected.
Track the number of episodes by eCQM by quarter where the measure outcomes match/do not match the measure outcomes generated by the CMS HQR system.	170.315(c)(2) —import and calculate.	After identifying and fixing the mismatches for a couple eCQMs, we had a 100% match between the outcomes calculated by the product and those calculated by the CMS HQR system for all the eCQMs reported to CMS. This is across the selected quarters of CY2024 reported for all 3 hospitals.	Identified mismatches in the results between the product and CMS results. Our processes allowed us to identify and fix the issues in a timely manner prior to the final CMS submission.
Track the number of QRDA CAT I files exported from the product per quarter per client and verify they are successfully reported to CMS.	170.315(c)(3) —report.	100% of the files (16,070) exported and reported to CMS across 3 hospitals for the selected quarters in 2024 matched the count of files received and accepted by CMS.	No challenges this year. Access issues seen a couple years ago, were addressed by proactively verifying that clients have provided us access to upload data on their behalf to the CMS HQR system before we began uploading data to CMS.

Key Milestones

Key Milestones are as follows -

Key Milestone	Care Setting	Date/Timeframe
Communication of the Submission Calendar	Inpatient	August 2024
Communication for participation in first early submission to CMS	Inpatient	September 2024
Data Collection and analysis for first early submission to CMS	Inpatient	October – November 2024
First early submission to CMS	Inpatient	NA since no hospitals approved quarters in time for the first early submission to CMS.
Communication for participation in the second early submission to CMS	Inpatient	November 2024
Data collection and analysis for the second early submission to CMS	Inpatient	December 2024 and January 2025
Second early Submission to CMS	Inpatient	December 2025 / January 2025
RWT Results Report creation	Inpatient	January 2025
Submission of the RWT Results Report to Drummond	Inpatient	January 2025

Although we are reviewing data being uploaded to the product on an ongoing basis, we started formal RWT testing in October 2024.

Communication

The Submission Calendar for CY2024 submissions was shared with the clients on August 15, 2024.

Communication (reminder) for participation in the first early submissions to CMS (to be performed in November 2024) was sent to the clients on September 30, 2024.

Communication (reminder) for participation in the second early submissions to CMS (to be performed in December 2023) was sent to the clients on November 14, 2024.

Clients were encouraged to upload their data to the product as early as possible and participate in the early submissions to CMS. This would allow us access to more data to complete all the steps for the RWT.

Data Collection

Three hospitals uploaded and approved data for submissions to CMS during the early submissions. Data collection for RWT for these hospitals started in October 2024 and continued through January 2025.

Analysis

Measures for RWT were implemented and the collected data was analyzed from October 2024 through January 2025.

RWT Results Report Creation

Data from the RWT Analysis fed the results report which was prepared and finalized in January 2025.

Submission of the RWT Results Report to Drummond

RWT Results Report for Measurement Year 2024 was submitted to Drummond in January 2025 before the submission deadline.