

**State of Maryland
Department of Health**

**Adam Kane
Chairman**

**Joseph Antos, PhD
Vice-Chairman**

Victoria W. Bayless

Stacia Cohen

John M. Colmers

James N. Elliott, M.D.



**Katie Wunderlich
Executive Director**

**Allan Pack, Director
Population Based
Methodologies**

**Chris Peterson, Director
Payment Reform &
Provider Alignment**

**Gerard J. Schmith, Director
Revenue & Regulation
Compliance**

**William Henderson, Director
Medical Economics &
Data Analytics**

Health Services Cost Review Commission

4160 Patterson Avenue, Baltimore, Maryland 21215
Phone: 410-764-2605 · Fax: 410-358-6217
Toll Free: 1-888-287-3229
hsrc.maryland.gov

To: Rivka Friedman, Acting Director, State Innovation Group, CMMI

From: Katie Wunderlich, Executive Director HSCRC

Date: March 25, 2020

Re: Request for Confirmation on Use of Hospital Quality Data during COVID-19 Public Health Emergency

In light of the COVID-19 public health emergency, the HSCRC asks that Maryland hospitals be allowed to follow CMS reporting exemption rules for data used to calculate quality performance for reporting and value-based purchasing programs. Timely confirmation that Maryland can follow the same rules for our state quality programs will ensure Maryland hospitals are able to focus on the COVID-19 response.

In alignment with the CMS 3/22/2020 announcement outlined in Appendix below, Maryland asks to suspend reporting requirements for January 2020 through June 2020, or an alternate end date of the COVID-19 crisis determined by CMS in the future. This reporting suspension will impact revenue adjustments for the following Maryland Quality programs: Quality Based Reimbursement (QBR), Maryland Hospital Acquired Conditions (MHAC), Readmission Reduction Incentive Program (RRIP), and Potentially Avoidable Utilization (PAU) Savings. The HSCRC staff believes that this request is in accordance with the CMS announcement, which states, "no data reflecting services provided January 1, 2020 through June 30, 2020 will be used in CMS's calculations for the Medicare quality reporting and value-based purchasing programs." CMS guidance further states that October-December 2019 data submissions are optional, which would further impact the performance period for the QBR program (RY 2022 performance period is October 2019-September 2020). While we understand and agree that the data submission process may be burdensome and that data quality reported during this crisis may be less comprehensive, the HSCRC will still collect case-mix data (similar to claims) during this time to track utilization changes and COVID-19 patients.

Given that at least six months of data may be missing for the annual performance periods for the Maryland quality programs, the HSCRC may request to modify or suspend the RY 2022 revenue adjustments in their entirety. The decision to modify or suspend the entire RY 2022 quality revenue adjustments can be made retrospectively, in conjunction with stakeholders and CMMI, once the extent of the COVID-19 public health emergency is understood.

In addition to the above request, the HSCRC anticipates there will be other issues that will need to be addressed over the coming year with respect to TCOC model contractual requirements,

including evaluating state performance on quality in 2020 with incomplete data, assessing aggregate at-risk, and ensuring that Maryland continues to be exempted from federal programs.

We look forward to collaborating with CMMI over the coming months as this crisis continues to unfold. Following this pandemic, we will work with CMMI to resume normal operations that assure high quality of care under the TCOC Model.

Appendix: CMS COVID-19 Hospital Reporting Requirement Relief

On March 22, 2020, the Centers for Medicare & Medicaid Services (CMS) announced unprecedented relief for the clinicians, providers, and facilities participating in Medicare quality reporting programs, including the 1.2 million clinicians in the Quality Payment Program and on the front lines of America’s fight against the 2019 Novel Coronavirus (COVID-19).¹

CMS is granting exceptions from reporting requirements, which will impact or suspend Medicare quality reporting programs. Specifically, CMS is implementing additional extreme and uncontrollable circumstances policy exceptions and extensions for upcoming measure reporting and data submission deadlines for the following CMS programs:

CMS Hospital Programs	2019 Data Submission	2020 Data Submission
Ambulatory Surgical Center Quality Reporting Program	<p>Deadlines for October 1, 2019 – December 31, 2019 (Q4) data submission optional.</p> <p>If Q4 is submitted, it will be used to calculate the 2019 performance and payment (where appropriate). If data for Q4 is unable to be submitted, the 2019 performance will be calculated based on data from January 1, 2019 – September 30, 2019 (Q1-Q3) and available data.</p>	<p>CMS will not count data from January 1, 2020 - June 30, 2020 (Q1-Q2) for performance or payment programs. Data <u>does not</u> need to be submitted to CMS for this time period.</p> <p>* For the <i>Hospital-Acquired Condition Reduction Program and the Hospital Value-Based Purchasing Program</i>, if data from January 1, 2020 – March 31, 2020 (Q1) is submitted, it will be used for scoring in the program (where appropriate).</p>
CrownWeb National End-Stage Renal Disease (ESRD) Patient Registry and Quality Measure Reporting System		
ESRD Quality Incentive Program		
Hospital-Acquired Condition Reduction Program		
Hospital Inpatient Quality Reporting Program		
Hospital Outpatient Quality Reporting Program		
Hospital Readmissions Reduction Program		
Hospital Value-Based Purchasing Program		
Inpatient Psychiatric Facility Quality Reporting Program		
PPS-Exempt Cancer Hospital Quality Reporting Program		
Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals		

¹ [CMS Announces Relief for Clinicians, Providers, Hospitals and Facilities Participating in Quality Reporting Programs in Response to COVID-19](#)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



CENTER FOR MEDICARE AND MEDICAID INNOVATION

TO: Katie Wunderlich, Executive Director HSCRC

DATE: April 9, 2020

RE: Response to Request on Use of Hospital Quality Data during COVID-19 Public Health Emergency

The Center for Medicare and Medicaid Innovation (Innovation Center) approves the Maryland Health Services Cost Review Commission's (HSCRC's) request for certain flexibilities related to the current public health emergency (PHE) stemming from the 2019 Novel Coronavirus (COVID-19).

Specifically, the Innovation Center approves a request that no data reflecting services provided January 1, 2020 through June 30, 2020 will be used in calculations for the following Maryland hospital quality and value-based payment programs: Quality Based Reimbursement (QBR), Maryland Hospital Acquired Conditions (MHAC), Readmission Reduction Incentive Program (RRIP), and Potentially Avoidable Utilization (PAU) Savings. Further, the Innovation Center is approving the State's request that data submission deadlines for these programs between October 1, 2019 – December 31, 2019 (Q4) be optional. These flexibilities align with the exception and extensions CMS announced on 3/22/2020, under which no data reflecting services provided January 1, 2020 through June 30, 2020 will be used in CMS's calculations for Medicare quality reporting and value-based purchasing programs generally, and data submission deadlines for these programs between October 1, 2019 – December 31, 2019 (Q4) are optional (announcement available [here](#)).

We recognize that these flexibilities may affect the State's ability to make adjustments to the Population-Based Payments for Regulated Maryland Hospitals based on the results of the State's hospital quality and value-based payment programs under Section 8.d of the MD TCOC Model State Agreement. They may also affect determination of PAU savings for the Care Redesign Program (CRP) under Section 9.d of the MD TCOC Model State Agreement and the application of the Medicare Performance Adjustment under Section 8.c.iii of the MD TCOC Model State Agreement. We will work closely with the HSCRC to monitor the impact of the COVID-19 PHE and these flexibilities on Regulated Maryland Hospitals, and will determine if any modification or suspension of Rate Year 2022 (calendar months July 2021 through June 2022) adjustments to Population-Based Payments for Regulated Maryland Hospitals is needed, and whether such modifications or suspensions would necessitate an amendment to the MD TCOC Model State Agreement.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



CENTER FOR MEDICARE AND MEDICAID INNOVATION

We further acknowledge that additional issues may arise over the coming year with respect to the impact of the COVID-19 PHE on the MD TCOC Model, some of which also may necessitate amendments to the MD TCOC Model State Agreement. For example, having incomplete data for the October 2019 – September 2020 performance period, and/or suspension of adjustments to Population-Based Payments for Regulated Maryland Hospitals, may result in the State’s non-compliance with the requirement that the State’s hospital quality and value-based payment programs achieve or surpass the measured results in terms of patient outcomes, cost savings, and revenue at risk to those Medicare quality programs established under Sections 1886(o), 1886(p), and 1886(q) of the Social Security Act.

The Innovation Center is committed to our partnership with the State under the MD TCOC Model, and to supporting Maryland’s hospitals through this crisis.

Sincerely,

Rivka Friedman (Allison Pompey on behalf of Rivka Friedman)
Acting Director, State Innovations Group
Center for Medicare and Medicaid Innovation
Centers for Medicare & Medicaid Services