



maryland
health services
cost review commission

FY 2024 Quarter 2 Data Forum

Please register for FY2024 Quarter 2 Data Forum Meeting at:

<https://attendee.gotowebinar.com/register/8518544835236039255>

After registering, you will receive a confirmation email containing information about joining the webinar.

Dec. 15, 2023
@10:00 AM

Why, When, Where

- **WHY?**
 - Open and ongoing communication between HSCRC & industry
 - Forum to ask questions about submitted hospital data (case mix and financial)
 - Sharing of best practices
- **WHEN?**
 - 10:00 am - 12:00 pm
- **WHERE?**
 - via Webinar (link is sent & posted on our website 2 months before the next meeting)

FY 2024 Dates
March 8, 2024
June 7, 2024

Agenda

- Announcements
 - Quality Update (Dianne)
 - Reminders (Oscar)
 - Points of Contact
 - CDS-A Report
 - Data Forum Survey
 - Process to Request Financial Data Extensions (Chris/Andrea)
 - New Denial Template (Marcella)
 - DCFA Reporting Update (Wayne)
- Public use file discussion (Claudine)
- UCC Data Collection Update (Irene)
- Data Processing Vendor Update (Mary Pohl, hMetrix/Burton Policy)
- Data Repository Vendor Update (Jen Vogel, SPG)
- Upcoming Workgroups and Next Meeting (Curtis)
- Appendix 1: Case Mix Weights and Grouper Versions



Quality Update

PPC Updates and Feedback

Login procedure for PPC documentation:

[3M™ Web Portal - Login](#)

- At registration page, use the old username of "MDHosp" as your authorization code, complete the fields with your personal information.

New PPC feedback submission procedure on 3M HIS support site:

<https://support.3mhis.com/>

- After logging in, click on your login id in the upper right corner and click on "enhancement request"

3M | Health Information Systems

3M Health Information Systems - 2870159 (MURRAY, UT) | quinn@mmm... ▾

Support Home | Browse Knowledge | ▾ | Updates | Request Help | User Administration | ▾

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The CRS and 360 Encompass 21.8.0.0 feature release scheduled for 8/26/2021 has been moved to 9/2/2021.

Quality Update: Additional Topics

Quality is pursuing the following additional areas of quality of care

- Electronic Clinical Quality Measures (eCQMs) or other digital measures CY 2023
 - See the [CRISP eCQM website](#) for more information and HSCRC memos on the main [HSCRC Quality page](#)
 - Potentially add measure(s) to RY 2026 payment programs
- Sexual Orientation Gender Identity (SOGI) hospital data collection ; HSCRC in process of procuring hospital training vendor
- Exploring options for Outpatient Quality measures, in light of shifts from IP to OP care

Quality Update: New and Planned Monitoring Reports

- New on CRS Portal
 - 30-Day, All-Cause Mortality Summary and Pt Details (suspended due to code errors)
 - Excess Days in Acute Care (EDAC) Summary and Pt Details
 - HbA1C inpatient screening Summary and Pt Details; policy update on hold
 - ED-PAU/Multi-Visit Patient (MVP) Summary and Pt Details
 - Maternal Morbidity- MCH dashboard
 - EDDIE (Monthly, Commission meeting packet)
- Planned (Expected Release Dates)
 - Applying PAI to TFU (12/22)
 - Maternal Morbidity-eCQM (estimated May/June 2024)
 - TFU behavioral health (TBD)

CY 2024 Digital Measure Submission to HSCRC

<u>Title</u>	<u>Short Name</u>	<u>CMS eCQM ID</u>	<u>NQF Number</u>	<u>HSCRC</u>	<u>Specifications</u>
<u>Anticoagulation Therapy for Atrial Fibrillation/Flutter</u>	STK-3	CMS71v13	Not Applicable	Optional	<u>CMS71v13.zip</u>
<u>Antithrombotic Therapy By End of Hospital Day 2</u>	STK-5	CMS72v12	Not Applicable	Optional	<u>CMS72v12.zip</u>
<u>Cesarean Birth</u>	PC-02	CMS334v5	0471e	Required	<u>CMS334v5.zip</u>
<u>Discharged on Antithrombotic Therapy</u>	STK-2	CMS104v12	Not Applicable	Optional	<u>CMS104v12.zip</u>
<u>Global Malnutrition Composite Score</u>	GMCS	CMS986v2	3592e	Optional	<u>CMS986v2.zip</u>
<u>Hospital Harm - Opioid-Related Adverse Events</u>	HH-ORAE	CMS819v2	3501e	Optional	<u>CMS819v2.zip</u>

CY 2024 Digital Measure Submission to HSCRC

<u>Title</u>	<u>Short Name</u>	<u>CMS eCQM ID</u>	<u>NQF Number</u>	<u>HSCRC</u>	<u>Specifications</u>
Hospital Harm - Severe Hyperglycemia	HH-Hyper	CMS871v3	3533e	Required	CMS871v3.zip
Hospital Harm - Severe Hypoglycemia	HH-Hypo	CMS816v3	3503e	Required	CMS816v3.zip
Intensive Care Unit Venous Thromboembolism Prophylaxis	VTE-2	CMS190v12	Not Applicable	Optional	CMS190v12.zip
Safe Use of Opioids - Concurrent Prescribing	N/A	CMS506v6	3316e	Required	CMS506v6.zip
Severe Obstetric Complications*	PC-07	CMS1028v2	Not Applicable	Required	CMS1028v2.zip
Venous Thromboembolism Prophylaxis	VTE-1	CMS108v12	Not Applicable	Optional	CMS108v12.zip

*This is a risk adjusted measure. Risk Adjustment Methodology Report: [Severe Obstetric Complications Methodology Report](#)

Appendix A Source: https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=1&globalyearfilter=2024&global_measure_group=3716

Quality Update: eCQM Reporting Timeline

- CY 2023 Performance Period Submission Windows for eCQMs

Q3 2023: Open: 10/15/2023 Close: 12/30/2023

Q4 2023: Open: 01/15/2024 Close: 04/01/2024

- CY 2024 Performance Period Submission Windows for eCQMs

Q1 2024: Open: 7/15/2024 Close: 9/30/2024

Q2 2024: Open: 7/15/2024 Close: 9/30/2024

Q3 2024 : Open: 10/15/2024 Close: 12/30/2024

Q4 2024: Open: 1/15/2025 Close: 3/31/2025

Hospitals may apply for an extraordinary circumstances exemption if warranted, including an extension if more time is needed. (See Quality page on HSCRC website)

HSCRC Hospital Wide Readmission and Hospital Wide Mortality CY 2024 Reporting Requirements

- HSCRC requires hospitals to submit Core Clinical Data Elements (CCDE) for the HWR and HWM hybrid measures for Medicare patients beginning with July 1, 2023 discharges; hospitals may voluntarily submit data on patients from all payers.
- HSCRC will require hospitals to submit Core Clinical Data Elements (CCDE) for the HWR and HWM hybrid measures **on patients from all payers** using HSCRC specifications starting July 1, 2024; for the first 6 months of the performance period (July-December 2024) reporting is required beginning in January 2025, and then quarterly thereafter for the January-June 2025 time period.

July 1, 2023-June 30, 2024 Performance Period Submission Windows for Hybrid Measures CCDE

Q3 2023 data	Open: 1/15/2024	Close: 3/31/2024
Q4 2023 data	Open: 1/15/2024	Close: 3/31/2024
Q1 2024 data	Open: 4/15/2024	Close: 6/30/2024
Q2 2024 data	Open: 7/15/2024	Close: 9/30/2024

July 1, 2024 -June 30, 2025 Performance Period Submission Windows for Hybrid Measures CCDE

Q3 2024 data	Open: 1/15/2025	Close: 3/31/2025
Q4 2024 data	Open: 1/15/2025	Close: 3/31/2025
Q1 2025 data	Open: 4/15/2025	Close: 6/30/2025
Q2 2025 data	Open: 7/15/2025	Close: 9/30/2025



Reminders

Points of Contact: Case Mix and Financial Data Submissions

hscrc.financial-data@maryland.gov

Case Mix Data	Financial Data
Oscar Ibarra Phone: (410) 764-2566 Email: oscar.ibarra@maryland.gov	Andrea Strong Phone: (410) 764-2571 Email: andrea.strong@maryland.gov
Curtis Wills Phone: (410) 764-2594 Email: curtis.wills@maryland.gov	Marcella Guccione Phone: (410) 764-5594 Email: marcella.guccione@maryland.gov
Claudine Williams Phone: (410) 764-2561 Email: claudine.williams@maryland.gov	

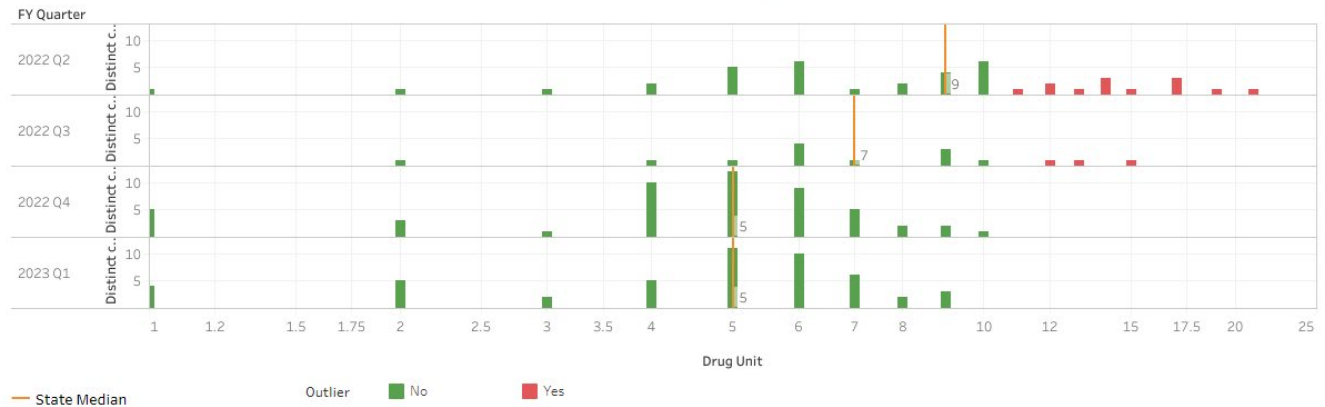
Reminder: CDS-A Reports on CRISP Portal

- Provides hospitals with **high-cost drug utilization for outlier dosage units** based on 3rd Monthly case mix data
- Information should be used to correct errors prior to submission of Quarterly case mix data.
- Hospitals can see which drugs' units are outliers compared to the State average

Outlier Summary Fiscal Year 2022 Q2 -2023 Q1

Drug Codes	Drug Description	EAPG	EAPG class code	Out..	Latest Year Visit Count	Latest Year Charges	Latest Year Outlier Count	Latest Quarter Visi..	Latest Quarter Cha..	Latest Quarter Out..
90375	Rabies ig im/sc	460	CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	1,274	\$9,027,826	156	449	\$3,129,047	51
90376	Rabies ig heat treated	460	CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	157	\$742,379	18	48	\$210,480	
90377	Rabies ig ht&sol human im..	460	CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	311	\$1,646,114	31	198	\$1,050,729	15
A9513	Lutetium lu 177 dotatat th..	246	CLASS IV THERAPEUTIC RADIOPHARMACEUTICALS	No	97	\$5,253,900	0	26	\$1,384,760	
A9606	Radium ra223 dichloride t..	245	CLASS III THERAPEUTIC RADIOPHARMACEUTICALS	No	38	\$990,371	0	11	\$189,499	
C9132	Kcentra, per i.u.	461	CLASS IX COMBINED CHEMOTHERAPY AND PHARMACOTHE..	No	24	\$502,626	0	5	\$109,800	
C9257	Bevacizumab injection	435	CLASS I PHARMACOTHERAPY	Yes	160	\$174,816	16	31	\$1,782	
C9492	Injection, durvalumab	463	CLASS XI COMBINED CHEMOTHERAPY AND PHARMACOTHE..	No	2	\$32,041	0	1	\$15,281	
J0129	Abatacept injection	461	CLASS IX COMBINED CHEMOTHERAPY AND PHARMACOTHE..	No	468	\$2,549,362	0	83	\$450,205	
J0180	Agalsidase beta injection	464	CLASS XII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	No	95	\$1,970,951	0	20	\$395,562	
J0791	Inj crizanolizumab-tmca 5mg	444	CLASS VII PHARMACOTHERAPY	No	258	\$3,830,744	0	73	\$1,049,857	
J0875	Injection, dalbavancin	462	CLASS X COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	500	\$3,578,522	3	177	\$1,310,185	3
J0896	Inj luspatercept-aamt 0.25..	464	CLASS XII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	211	\$5,109,211	3	63	\$1,866,504	2

Billed Unit Details : 90376 - Rabies ig heat treated



EAPG Version 3.17

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Reminder: CDS-A Reports on CRISP Portal

- CDS-A Audits starts with what is reported in the case mix data. If the case mix data has errors, the CDS-A data for the following year will have errors.
- Hospitals are subject to fines if the case mix data used for CDS-A audits the following year contains errors.
- For access to the CRISP portal, contact your CRS Portal Point of Contact or support@crisphealth.org

Reminder: Please Complete the Data Forum Survey!

- Opportunity to provide feedback on
 - Meeting logistics (meeting notice, registration, ease of participation)
 - Topics covered during the prior meeting
 - Topics for discussion for future meetings
- After this Data Forum, participants will receive a link to a survey via Survey Monkey
- Questions about the survey: contact hscrcteam@hmetrix.com

Process to Request Financial Data Extensions

Financial Data Due Dates

Audited Annual Reports	Monthly Unaudited Financial Data
<p data-bbox="196 348 1182 882">Cost Reports, Audited Financial Statements, Trustee Disclosures, Hospital Outpatient Service Surveys, Credit and Collections Policies, Financial Assistance Policies, DCFAs, and Hospital Outpatient Services Surveys</p> <p data-bbox="196 915 1174 975">(Due 120 days after fiscal year end)</p> <p data-bbox="196 1103 851 1158">Special Audit Procedures</p> <p data-bbox="196 1196 1174 1256">(Due 140 days after fiscal year end)</p>	<p data-bbox="1335 348 2397 482">Volume and Revenue (formally known as MS, NS, PS, RS, CSS, and OVS)</p> <p data-bbox="1335 519 2435 654">Unaudited Financial Statements – Monthly Volume & Revenue, FSA and FSB</p> <p data-bbox="1335 691 2415 908">Due 30 days after the end of the month (if date falls on a weekend, due next business day)</p>

Process for Submitting Extensions for Financial Data

Submitted in writing on hospital letterhead with **explanation** for extension and **noting each report** requested

Made within a reasonable time **before the due date**

Addressed to the HSCRC Executive Director with copies to staff to ensure timely processing

Email Extension Requests to:

- Jon Kromm (jon.kromm@maryland.gov)
- Christopher O'Brien (chris.obrien@maryland.gov)
- Andrea Strong (andrea.strong@maryland.gov)
- Marcella Guccione
(marcella.guccione@maryand.gov)

Process for Submitting Extensions

- Please note that the Commissioners have granted Hospitals a blanket 30-day extensions for the filing of Audited Annual Report Submissions, therefore, extensions will be granted only in emergency situations (an event over which the Hospital has no control)
- Once staff reviews the extension request, a letter will be sent to the hospital indicating whether the request has been approved and (if the request is approved) the new due date
- Submissions of late or significantly erroneous data is subject to a fine of up to \$1,000 per day

New Denial Template

Denials Report: Background

Purpose	This report enables hospitals to provide data on hospital services for which third party payers have refused payment and the charges have been written off as a denial. This information will assist the Commission in understanding the prevalence of and justification for denials. On an annual basis, your hospital's Denials Reports shall be reconciled to denials reported on Annual Report Schedule RE and RE-R.
Submission Schedule	Quarterly
Due Date	30 days after the end of each fiscal quarter

Denials Report: What's New?

The new, user-friendly template will allow the user to select only valid responses from drop-down menus. The Payer/Health Plan Payer codes will be updated to conform to the current fiscal year of the Inpatient Data Submission Requirements (DSR).

The reporting section has been updated as follows:

- New column fields such “Payer Code Description”, “Health Plan Payer Code Description” , and “Comments”
- Drop down menus for Hospital Number, Payer, Health Plan Payer, Patient Category, and Denial Reason to ensure consistency in reporting

Hospitals are to use the revised template to submit the next FY 2024, Quarter 2 (FY24Q2) data, due to HSCRC on **January 31, 2024**.

Marcella.Guccione@maryland.gov

Denials Report: Revised Instructions

Column	Heading	Description	Valid Codes
1	Payer Code	Select the Payer Code from the drop-down menu that is associated with the Payer that denied a claim. Blank will not be accepted	Refer to Refer to the Tab “Valid Payer to HP Payer”
2	Payer Code Description	The Payer Code Description field will be automatically populated after selecting the payer code in Column 1	N/A
3	Health Plan Payer Code	Select the Health Plan Payer Code from the drop-down menu that is associated with the Payer that denied a claim. Refer to the Tab “Valid Payer to HP Payer” for a valid health plan payer code associated to a single payer code	Refer to Refer to the Tab “Valid Payer to HP Payer”
4	Health Plan Payer Code Description	The Health Plan Payer Code Description field will be automatically populated after selecting the health plan payer code in Column 3. Blank will not be accepted. If the Health Plan Payer is not listed, please use “Health Plan Payers Not Specified Below (code 98)” or “Unknown (code 99)”, if applicable	N/A
5	Patient Category	Select the patient category using the drop-down menu. Blank will not be accepted	Inpatient Services, Emergency Department (ED), Non-ED Outpatient
6	Denial Reason	Select the reason why a claim may be denied or rejected using the drop-down menu. If a reason is not listed, select the option ‘Other Reason’ and specify your response in the Comment Column (9). Blank will not be accepted	Medical Necessity, No Pre-authorization, Untimely Filing, RAC Audit, Other Reason
7	Number of Cases Denied	Enter the total number of cases with billed charges written off as denied in the current reporting period. Negative cases should NOT be reported.	N/A
8	Total Amount Written Off as Denied	Enter the net amount of billed charges written off as denied in the current reporting period. Recoveries for cases denied in the current fiscal year in the same quarter should be netted against the denial amount. Recoveries of charges denied in a prior quarter of the current fiscal year shall be reported as a net denial in an amended quarterly report for the quarter in which the original denial was reported. Recoveries for charges denied in prior fiscal years shall not be reported in the current fiscal year’s quarterly Denial Reports.	N/A
9	Comment	On this column, specify your response for “Other” selected in the Denial Reason, Column (6).	N/A

Denials Report: Revised Reporting Template

Denials Report Template

Revised December 6, 2023

HOSPITAL NUMBER:	210006	HOSPITAL NAME:	UM-HARFORD MEMORIAL HOSPITAL					
PERIOD:	FY24Q2							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
PAYER CODE	PAYER CODE DESCRIPTION	HEALTH PLAN PAYER CODE	HEALTH PLAN PAYER DESCRIPTION	PATIENT CATEGORY	DENIAL REASON	NUMBER OF CASES	TOTAL AMOUNT DENIED	COMMENTS
05	COMMERCIAL INSURANCE (HMO/POS/PPO/PPN/TPA)	102	CAREFIRST BLUECROSS BLUESHIELD (INCLUSIVE OF ALL COMMUNITY, COMMERCIAL, AND FEP PRODUCTS, includes formerly UNIVERSITY OF MD HEALTH PARTNERS)	INPATIENT	RAC AUDIT	100	1,234.00	
	#N/A		#N/A					
	#N/A		#N/A					
	#N/A		#N/A					



DCFA Reporting Update

DCFA Background & Recent Changes

1. What is the Debt Collection and Financial Assistance (DCFA) Report?
 - Each fiscal year hospitals are required to report their financial assistance activities to the HSCRC.
 - Historically, this information included the number of court-order liens and the total amount of free and reduced-cost care provided to eligible patients.
2. Recent Changes to DCFA Reporting:
 - The Maryland legislature recently enacted regulations requiring hospital to report more specific details on the annual DCFA report. This is the result of the national spotlight on medical debt.
 - For FY 2023, hospitals are required to submit the number of applicants who completed or partially completed an application for financial assistance; the total amount of their hospital charges; the demographic background of these patients; the amount owed to hospitals from insured and uninsured patients; and the geographic location of these patients.



Public Use File Discussion

Public Use Statewide Data

Basic Datasets

- Non-confidential inpatient and outpatient case mix data containing certain patient demographic (excluding certain Protected Health Information (PHI), diagnosis and procedure coding, payer source, and total charges.
- Output from 3M™ Groupers are not included.

Best Used For: Basic analytics such as rates of certain diagnoses codes by hospital, trends of hospital utilization overtime, Distribution of hospital usage by patient demographics.

Grouped Datasets

- Includes all variables from Basic File, with additional clinical groupings of clinical codes derived by 3M™ grouping software (APR, EAPG, and PPC).

Best Used For: More advanced analytics such as volume and utilization trends for market share analysis, and monitoring hospital performance on quality and financial initiatives

Public Use Statewide Data

Revisit Datasets

- Includes 3 files (Inpatient, Outpatient, and Outpatient Observation) and contains variables to track admissions of the same patient across settings of care (inpatient and outpatient), and hospitals, and time periods enable cross-sectional and longitudinal analysis.
- The inpatient file includes the HSCRC-designated version of the 3M™ APR and PPC groupers, AHRQ Preventable Quality Indicators (PQI) flags, and RRIP 30-day readmission flags (with and without planned admissions).
- The outpatient observation file includes only observation cases with stays longer than 24 hours, grouped with the HSCRC-designated version of the 3M™ APR grouper. These records are excluded from the outpatient file to avoid duplication of visits.

Best Used For: More advanced analytics such as longitudinal utilization trends and monitoring hospital performance on quality and financial initiatives.

Inpatient and Outpatient Equivalent Case-Mix Adjusted Discharges (ECMAD) Datasets

- Includes all variables from Basic File, with additional variables reflecting the grouping of clinical codes by 3M™ grouping software (in the versions designated by the HSCRC) and ECMAD weights assigned to the visits.
- Inpatient data includes observation stays greater than or equal to 24 hours and knee replacement cases.
- Includes additional dataset with ECMAD assignments and other key variables used by the HSCRC in computing the Market Shift reports. A key to join or merge this supplemental dataset with the outpatient dataset is included.

Best Used For: More advanced analytics and modeling and evaluating hospital Market Shift performance.

Policy-Specific Public Use Data

Market Shift Dataset

- Non-confidential inpatient and outpatient case mix data that are processed in the version of the 3M™ APR and EAPG grouper, as designated by the HSCRC.
- Contains additional logic for the user to reproduce the market shift adjustments developed by the HSCRC to reallocate funding between regulated hospitals to account for shifts in cases.

Best Used For: Modeling and validating hospital-specific market shift adjustments.

Weight Creation and Development Dataset

- Non-confidential outpatient dataset (and associated programs) containing the necessary variables to replicate the methodology HSCRC uses to calculate outpatient weights.
- The outpatient datasets is processed using the 3M™ EAPG groupers as designated by the HSCRC.

Best Used For: Modeling and validating the outpatient weights.

Policy-Specific Public Use Data

- **Uncompensated Care Write-off Dataset:** Non-confidential, patient-level data containing certain variables from the inpatient and outpatient datasets, as well as the final Uncompensated Care Write-off data submitted to the Commission for the prior fiscal year.

Best Used For: Modeling, evaluating, and estimating Maryland hospitals uncompensated care amounts to be built prospectively into rates for the upcoming fiscal year.

Discussion Questions

- Which datasets are used/requested the most? Requested the least?
- Are there variables or data elements that are missing from the Public Use Files?
- Would it be helpful to have a separate Revisit file for financial methodologies vs the quality methodologies?
- Are there data that users would like access to that is not already available? Are there use cases for which there is not currently available data?

UCC Data Collection Update

UCC Data Collection and Processing

- FY24Q1 data collection near completion
- FY24Q2 data submission window is Feb 1 – Feb 29, 2024
- FY24 UCC report submission schedule has been posted on the HSCRC [Financial Data Submission Tools](#) web page.

Hospital Data and Reporting

- [Annual Reports](#)
- [Annual Audited Financials](#)
- [Clinical Data Submission and Requirements](#)
- [Clinical Public Use Data Requests](#)
- [Community Benefit Program](#)
- [Debt Collection/Financial Assistance \(DCFA\)](#)
- [Financial Assistance Policies](#)
- [Financial Data](#)
- [Financial Data Submission Tools](#)
- [Hospital IRS 990 Forms](#)
- [Nurse Support Programs I & II](#)
- [Outpatient Services Survey Results](#)
- [Special Audit Exceptions](#)

Financial Data Submission Tools

NEW!! - Uncompensated Care (UCC) Data

Patient-level uncompensated care charity and bad debtwrite-offs and recoveries for regulated hospital services that are reconciled to the charity and bad debts reported on Annual Report Schedule RE. This data is used by the HSCRC to: 1) determine the sources of uncompensated care; and 2) perform modeling, evaluation and estimating Maryland hospitals uncompensated care amounts to be built prospectively into rates for the upcoming fiscal year. For questions regarding the UCC data reporting instructions, please contact [Irene Cheng](#).

[Memorandum: Revisions to Quarterly UCC Write-off Data Report Instructions](#) (December 1, 2022)

[UCC Training Webinar Recording, Webinar Slides and Q&A](#) (December 9, 2022)

[Uncompensated Care Write-off Quarterly Report Template download](#) (excel file, March 18, 2015)

[FY 2023 UCC Report Schedule](#) (December 2022)

[FY 2024 UCC Report Schedule](#) (June 2023)

[Uncompensated Care Data Submission Requirements \(Jul 2023\)](#)

This document contains the UCC data submission requirements and edit rules applied to the UCC data summary and error report generated in Data Accuracy Verification Engine (DAVE).

UCC DSR and Edit Report Updates for FY 2024 Q2

- FY24Q1 UCC Data Edit Summary:
 - 53 reports have < 5% error rate, 2 reports
 - 2 reports have > 5% error rate due to errors in case mix files and were manually passed
 - 55% of the reports have < 1 % error
 - 22% of the reports have 1 - 1.99 % error
 - 11% of the reports have 2 - 2.99 % error
 - 9% of the reports have 3 - 4.99% error - Mostly due to no matching patient account in case mix and/or service date vs. Case Mix dates off by 2 - 30 days
- Changing overall error rate threshold to 3%
- Add edit rule to flag report that has > 2% records with patient account not found in case mix for non-psychiatric hospitals
- Add edit rule to flag report that has > 2% records with service date off by > 2 days
- In the “UCC HSCRC Letter” tab, add Total Records % changes and Total Write-Offs % changes compared to the previous quarter. Also add edit rule to flag the report with error or warning if either change exceeds the threshold (% TBD)

UCC Data: Notable Errors Observed in FY24Q1 Data Submission

Error	Notes	Percent of Records with Errors
Invalid or missing billed amount	This information might be unavailable for accounts that are old or transferred from another system	0.06% of write-off records from 27 report files
Missing service date	Date should not be left blank	< 0.01% of write-off records
Missing expected payer	Text (e.g., n/a, unknown) is not valid; use code 99 if unknown	< 0.01% of write-off records
UCC account with service date within the past 8 quarters not found in Case Mix tapes	This may happen if UCC write-off reported before discharge, old account reported with incorrect service date, non-regulated patient account that are not required to be reported, etc.	0.75% of write-off records from 40 report files (excluding non-psych hospitals)
Mismatched UCC service date outside of the range of one day prior to Case Mix admission/from date and discharge/through date by 1 day, 2 - 30 days or > 30 days	This may happen if the reported UCC service date is incorrect, service dates reported in case mix are incorrect, etc.	0.65% of write-off records from 30 report files. Error rate reduced by 0.3% compared to 0.95% from FY23Q4.

UCC Data Preparation and Submission Process Recommendations

- Submit data as early as possible **during** the 30 - 60 days window to allow time for data review and correction.
 - On the day the data submission window opens for the target quarter, the designated hospital staff will receive an email from DAVE with this announcement.
 - Data submission extension can be requested via DAVE before or after data submission.
 - For the FY24Q1 submission
 - 38% submitted during or prior to the first week of submission window
 - 27% submitted during the last week of submission window
 - 20% resubmitted with corrections
- Look for the error report on the DAVE website to ensure that the data file was received and processed.
 - If a data file is submitted before the window is opened, the error report will not be generated until the day this task opens.
 - If a data file is submitted during the window but the error report is not generated within 1 hour after submission, it might be an indication that the file name or the data records do not meet the format requirements or the file was submitted to the incorrect report folder (e.g., Denials Report)

UCC Data Error Report Review Tips

- Compare total amount and record counts of bad debt, charity and recovery and error % to prior quarters to verify consistency
 - Check edit items with significant increase in error/warning %
 - See “UCC HSCRC Letter”, “UCC Percent Error List” and “UCC Cross-Check with CaseMix” for high level summaries
- Review records with errors and warnings and resubmit corrected data as needed even if the overall error rate is less than the threshold %
 - Correct invalid service date and payer code and resubmit
 - Review accounts not found in Case Mix. Possible causes: Unregulated account, account did not make it to Case Mix data, etc.
 - Review records with service date not matching the date reported in case mix for potential error in the logic for service date selection. Possible causes: reported discharge date or write-off occurred date instead of admission date, incorrect service date or case mix dates, etc.
 - Review write-off history across multiple quarterly reports for accounts with a negative total write-off balance of > \$100 credit. Possible causes: duplicate recovery payments, over payment, initial bad debt/charity write-off not reported, reversed sign or incorrect amount of write-off or payment, incorrect service date, etc.
 - See “UCC Errors for Data Received”, “UCC Warnings for Data Received”, “Detail UCC CaseMix Cross-Check”, “UCC Balance” tabs for detailed information at write-off record level

Points of Contact: UCC Data

HSCRC	hMetrix
Irene Cheng Email: Irene.Cheng@maryland.gov	DAVE Technical Support Email: hscrcteam@hmetrix.com
<p>For questions regarding:</p> <ul style="list-style-type: none">• Revised UCC reporting instructions• UCC data edit rules• UCC data quality• Request report submission extension before due date (via DAVE)• Request report data pass if error rate > 5% (via DAVE)• Request report submission window be reopened to submit past due report (via DAVE)	<p>For questions regarding:</p> <ul style="list-style-type: none">• Access to edit reports and notification e-mail• Filling the requests via DAVE

Data Processing Vendor Update

Points of Contact

HSCRC	hMetrix / Burton Policy
Oscar Ibarra Phone: (410) 764-2566 Email: oscar.ibarra@maryland.gov	Shivani Bhatt (Primary PoC) Phone: (484) 228-1453 Email: shivani@hmetrix.com
Curtis Wills Phone: (410) 764-2594 Email: curtis.wills@maryland.gov	Mary Pohl (Hospital Support) Phone: (410) 274-3926 Email: marypohl@burtonpolicy.com
Claudine Williams Phone: (410) 764-2561 Email: claudine.williams@maryland.gov	Team Email: hscrcteam@hmetrix.com

Reminders

- Production data
 - Upload Case Mix (Inpatient, Outpatient and Psychiatric) files to the RDS server 'submit' folder
 - These files are used for grouping and other downstream processes
 - Upload UnCompensated Care (UCC) files to the RDS server 'UCC' folder
 - Download error reports from <https://hscrcdave1.hmetrix.com/>
- Test data
 - Upload files to the RDS server 'test' folder - both Case Mix data as well as UCC files
 - Available all the time for hospitals to test submissions
 - Data is not used for downstream processes
 - Download error reports from <https://hdavetest.hmetrix.com/>

Reminders

- **Financial Reconciliation Form**
 - Financial Reconciliation Form is available to download from DAVE website 2 days after the quarterly data submission deadline
- **EHR Survey Overdue Reminder**
 - Use DAVE “EHR Survey” tab to update EHR system information every 6 months
- **DAVE User Provision**
 - Reach out to hMetrix Team to add new user or modify access
 - DAVE User workbook for each hospital/hospital system is maintained by our team
 - Update and return the user workbook to gain access

Data Repository Vendor Update

RDS Folder Structure

ADHOC

- Submit files as requested by HSCRC or data processing vendor

ARCHIVE

- Record of files submitted

SPECIALITY FOLDERS

- UCC, GME, Hospice, OPCOSM

RETURN

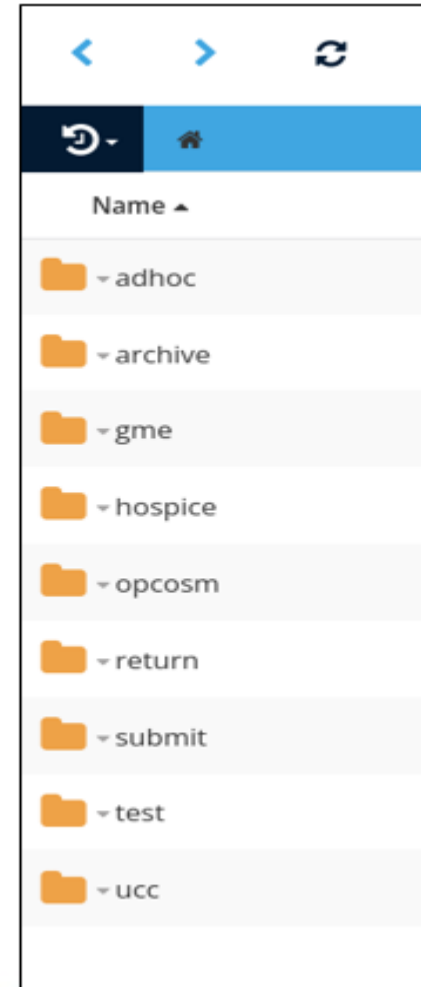
- Files sent to end user

SUBMIT

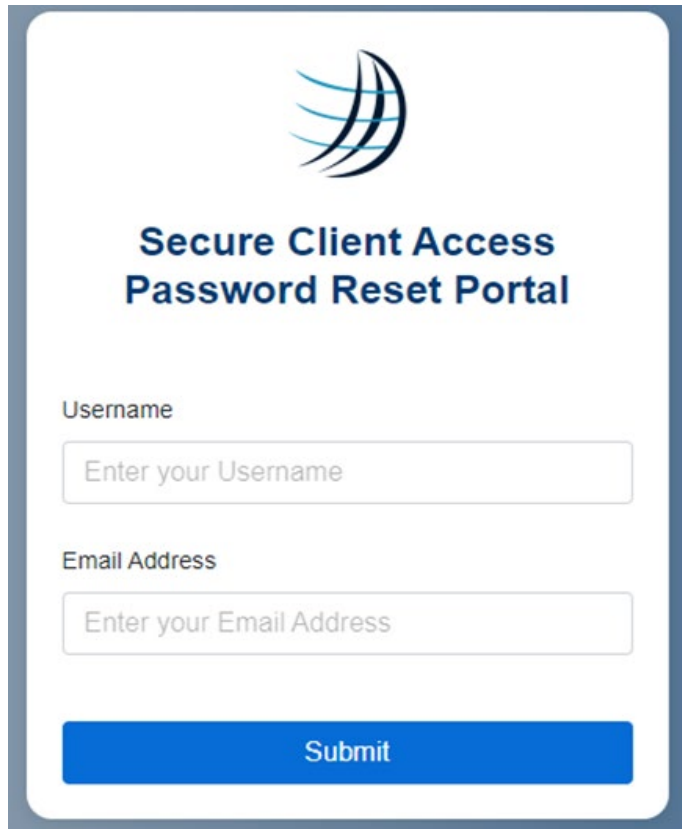
- Submit FINAL data

TEST

- Submit TEST data



SCA Password Reset Portal and Contact Information



The screenshot shows a web portal for password resets. At the top is a logo consisting of three curved lines. Below the logo is the text "Secure Client Access Password Reset Portal". There are two input fields: "Username" with the placeholder "Enter your Username" and "Email Address" with the placeholder "Enter your Email Address". A blue "Submit" button is at the bottom.

Password Reset Portal

[HTTPS://PASSWORD.THESTPAULGROUP.COM](https://password.thestpaulgroup.com)

Enter USERNAME and EMAIL associated with account.
A secure email will be sent with a new password.

CONTACT INFORMATION:

St. Paul Operations

ops@thestpaulgroup.com

Upcoming Workgroup Meetings

Performance Measurement Workgroup (PMWG)

- **Purpose:** Update the performance-based payment and quality monitoring programs and provide input on future quality priorities
- **Duration:** September 2023 to May/June 2024
- **Membership:** Broad stakeholder group including hospital (quality,finance) payer, population health, behavioral health, health policy, consumer representatives
- **Timing:** Monthly, 3rd Wednesdays, 9:30am-12pm
- **Participation:** Open to the public (Virtual and in-person)
- **For more information:**
 - <https://hscrc.maryland.gov/Pages/hscrc-workgroup-performance-measurement.aspx>
 - email: hscrc.quality@maryland.gov

Revisions to Public Use Files (PUF)

- **Purpose:** Update the non-confidential data to include variables that are needed and remove unnecessary variables.
- **Duration:** January 2024 to March 2024
- **Membership:** Stakeholders who use the HSCRC PUF files
- **Timing:** TBD
- **Participation:** If you are interested in participating in this workgroup, please contact Curtis Wills (curtis.wills@maryland.gov)

Next Meeting

Notes and slides will be posted to the
HSCRC website:

https://hscrc.maryland.gov/Pages/hsp_info1.aspx

Next Meeting
FY 2024 Q2
March 8, 2024

Appendix 1: Case Mix Weights and Groupers Version

Grouper Transition: Case Mix Weights and Reports

Rate Year	RY 2023	RY 2024
3M APR/EAPG Version*	IP Weights: 38 OP Weights: 3.16	IP Weights: 39 OP Weights: 3.17
Data Period Used for Weight Development	IP: CY 2019 (12 Months) OP: CY 2019 and Q1 of CY 2020 (15 Months)	IP: CY 2022 (12 Months) OP: CY 2022 and Q1 of CY 2023 (15 Months)
Weight Release Date	March 10, 2023	<i>December 2023</i>
Policies Applicable To	CY 2023 6 Months Marketshift	CY 2023 12 Months Marketshift
		RY 2022 ICC Volume

Note: Draft of CY 2023- 6 Months Marketshift Report sent to Industry for Review and comments were due 12/1

*The 3M™ All Patient Refined DRG (APR DRG) Software and 3M™ Enhanced APG (EAPG) Software are proprietary products of 3M Health Information Systems.

Grouper Transition: MHAC, RRIP, QBR for CY 2023

Rate Year	RY2025
*3M APR/PPC Version	40 <i>(Updated from version 39 to incorporate annual 3M updates)</i>
Timeline	<p><u>Base Year:</u></p> <ul style="list-style-type: none"> MHAC: CY 2020 Q3 – CY 2022 Q2 QBR-Mortality, All-payer PSI: CY 2021 Q3 – CY 2022 Q2 (FY 2022) RRIP: 2018; norms based on CY 2021 <p><u>Performance Year:</u></p> <ul style="list-style-type: none"> QBR HCAHPS, CDC NHSN measures: CY 2022 Q4- CY 2023 Q3, THA/TKA CMS defined 3-year period All Other Measures: CY 2023 (CY 2022-2023 for MHAC for small hospitals)
Implementation Date	RY 2025 policies begin Jan 1, 2023 in most cases. Look for base and performance period reports on the CRS Portal.

*The 3M™ All Patient Refined DRG (APR DRG) Software and 3M™ Potentially Preventable Complications (PPC) Software are proprietary products of 3M Health Information Systems.