



maryland  
**health services**  
cost review commission

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## FY 2024 Quarter 3 Data Forum

Please register for FY2024 Quarter 3 Data Forum Meeting at:

<https://attendee.gotowebinar.com/register/309728461213912928>

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

Mar. 8, 2024  
@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 posted on our website 2 months before the next meeting)

<b>FY 2024 Dates</b>
June 7, 2024

# Agenda

- Announcements
  - Case Mix Weights and Grouper Versions (Prudence)
  - Quality Update (Dianne)
  - SOGI Update (Dianne/Paula)
  - ED LOS Update (Damaria/Alyson)
  - Reminders (Oscar)
    - Points of Contact
    - CDS-A Report
    - Data Forum Survey
  - FY 2025 Proposed DSR Updates(Curtis)
  - RVU Methodology (Curtis)
- 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)

# Case Mix Weights and Grouper Versions

# Grouper Transition: Case Mix Weights and Reports

Rate Year	RY 2024
3M APR/EAPG Version*	IP Weights: 39 OP Weights: 3.17
Data Period Used for Weight Development	IP: CY 2022 (12 Months) OP: CY 2022 and Q1 of CY 2023 (15 Months)
Weight Release Date	<i>First Quarter CY 2024</i>
Policies Applicable To	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.



# 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) | kquinn@mmm....

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

**Find Answers**  
Search the Knowledge Base and Documentation Libraries

Search...

**Enhancement Requests**

**Product updates** | **Product documentation** | **M\*Modal product documentation** | **HIS Health Care Academy** | **Get support**

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

- Updated RY 2026 MHAC program recommendations approved in the February 2024 Commission meeting.
  - Transitioned to v41 of the 3M PPC grouper.
  - No changes to the measures or fundamental methodology components
    - For setting threshold and benchmark standards, updated the methodology slightly to make the performance standards less sensitive to potential outliers by using the average performance of the top and bottom 20% of performance by averaging the worst and best performing hospitals
- 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 2027 payment programs
  - Sexual Orientation Gender Identity (SOGI) hospital data collection training project underway
  - Continuing to 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
  - TFU Disparity Gap Report
- Planned (Expected Release Dates)
  - 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>	HSCRC	Specifications
<a href="#"><u>Anticoagulation Therapy for Atrial Fibrillation/Flutter</u></a>	STK-3	CMS71v13	Not Applicable	Optional	<a href="#"><u>CMS71v13.zip</u></a>
<a href="#"><u>Antithrombotic Therapy By End of Hospital Day 2</u></a>	STK-5	CMS72v12	Not Applicable	Optional	<a href="#"><u>CMS72v12.zip</u></a>
<a href="#"><u>Cesarean Birth</u></a>	PC-02	CMS334v5	0471e	Required	<a href="#"><u>CMS334v5.zip</u></a>
<a href="#"><u>Discharged on Antithrombotic Therapy</u></a>	STK-2	CMS104v12	Not Applicable	Optional	<a href="#"><u>CMS104v12.zip</u></a>
<a href="#"><u>Global Malnutrition Composite Score</u></a>	GMCS	CMS986v2	3592e	Optional	<a href="#"><u>CMS986v2.zip</u></a>
<a href="#"><u>Hospital Harm - Opioid-Related Adverse Events</u></a>	HH-ORAE	CMS819v2	3501e	Optional	<a href="#"><u>CMS819v2.zip</u></a>

# CY 2024 Digital Measure Submission to HSCRC

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

\*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](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 with July 1, 2024 performance; 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

# SOGI Data Collection Update

# Impetus for SOGI Data Collection and SOGI Workgroup

- Members of the LGBTQIA+ community experience health disparities and require care and services tailored to their unique needs
- The lack of data collection regarding SOGI makes it challenging to provide appropriate health services
- The systematic collection and analysis of SOGI data are essential to ensuring the surveillance, delivery, and evaluation of high-quality, patient-centered care
- In 2019, the HSCRC conducted a survey regarding data collection practices but the COVID-19 pandemic stymied progress with assisting and training hospitals with the collection of SOGI data

# SOGI Workgroup Members

<b>Paula Neira</b>	Johns Hopkins Medicine	<b>Stacie Surowiec</b>	MedStar
<b>Brenda Watson</b>	Advanta Government Services	<b>Annemarie Burke</b>	Meditech
<b>Shivani Bhatt</b>	hMetrix	<b>Arthur Keown</b>	Meditech
<b>Chris Cobbs</b>	Johns Hopkins Medicine	<b>Carol Wills</b>	Cerner
<b>Anthony Marchetti</b>	Johns Hopkins Medicine	<b>Maria Manavalan</b>	hMetrix
<b>Carlene J. Hess</b>	LifeBridge	<b>Mike Ward</b>	UMMS
<b>Amy Johnson</b>	UMMS	<b>Laura Mandel</b>	CRISP



# SOGI Element #1

**Gender Identity:** What is your current gender identity (check all that apply)?

- ☐ Female/woman/girl
- ☐ Male/man/boy
- ☐ Nonbinary, genderqueer
- ☐ Transgender female/woman/girl
- ☐ Transgender male/man/boy
- ☐ Another gender
- ☐ Don't know/Questioning
- ☐ Prefer not to answer

## SOGI Element #2

**Sex assigned at birth:** What sex were you assigned at birth, on your original birth certificate? (Check only one)

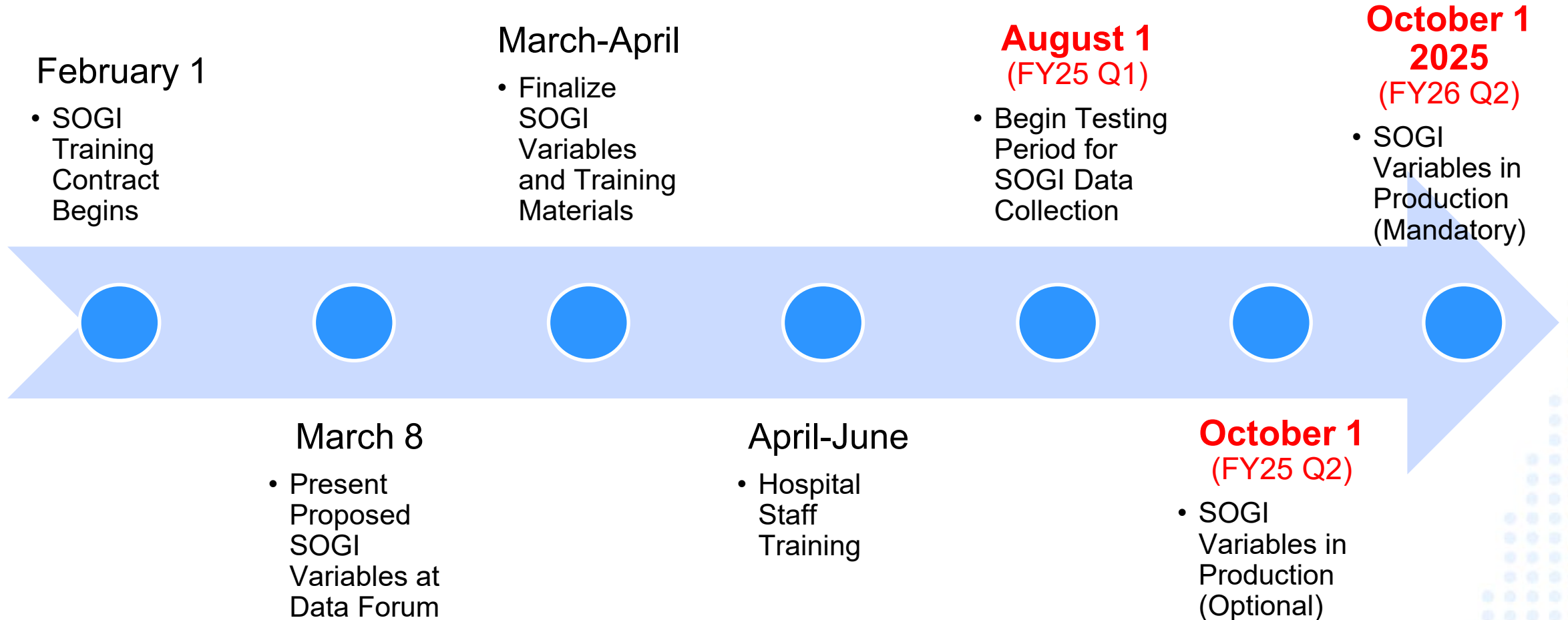
- ☐ Female
- ☐ Male
- ☐ X/Unspecified
- ☐ Don't know
- ☐ Prefer not to answer

## SOGI Element #3

**Sexual Orientation:** Do you think of yourself as (check all that apply):

- ☐ Lesbian
- ☐ Gay
- ☐ Straight or heterosexual (that is, not gay or lesbian)
- ☐ Bisexual
- ☐ Queer
- ☐ Pansexual
- ☐ Asexual
- ☐ Something else
- ☐ Don't know/Questioning
- ☐ Prefer not to answer

# SOGI Data Collection Implementation Timeline (2024-2025)



Discussion: Feasibility of SOGI variables being optional in production?



# SOGI Data Collection Plan - 2 Options

Options	Gender Identity	Sexual Orientation	Sex assigned at Birth
<b>Option 1: Add 23 new variables</b> (Race/Ethnicity approach) hMetrix will create 3 new variable during data processing.	<b>Gender identity will have 8 variables with 1 or 0</b> 1. Female/woman/girl 2. Male/man/boy 3. Nonbinary, genderqueer 4. Transgender female/woman/girl 5. Transgender male/man/boy 6. Another gender 7. Don't know/Questioning 8. Prefer not to answer	<b>Sexual orientation will have 10 variables with 1 or 0 values</b> 1. Lesbian 2. Gay 3. Straight or heterosexual (that is, not gay or lesbian) 4. Bisexual 5. Queer 6. Pansexual 7. Asexual 8. Something else 9. Don't know/Questioning 10. Prefer not to answer	<b>Since Sex assigned at Birth cannot be multiple choice, it will have 1 variable with 5 codes</b> 1. Female 2. Male 3. X/Another sex 4. Don't know 5. Prefer not to answer
<b>Option 2: Add 3 new variables</b> with comma separated values. Hospital can report multiple values in comma separated format. <b>(Preferred Method)</b>	<b>Available values/codes:</b> 1. Female/woman/girl 2. Male/man/boy 3. Nonbinary, genderqueer 4. Transgender female/woman/girl 5. Transgender male/man/boy 6. Another gender 7. Don't know/Questioning 8. Prefer not to answer <b>Example:  01,04,06 </b>	<b>Available Values/Codes:</b> 1. Lesbian 2. Gay 3. Straight or heterosexual (that is, not gay or lesbian) 4. Bisexual 5. Queer 6. Pansexual 7. Asexual 8. Something else 9. Don't know/Questioning 10. Prefer not to answer <b>Example:  01,08 </b>	<b>Since Sex assigned at Birth cannot be multiple choice, available values will be:</b> 1. Female 2. Male 3. X/Another sex 4. Don't know 5. Prefer not to answer <b>Example:  03 </b>

# Discussion

- Are there any issues with the timeline for implementation?
- Are there EHR implementation issues we need to address/consider?
- Any other relevant feedback?

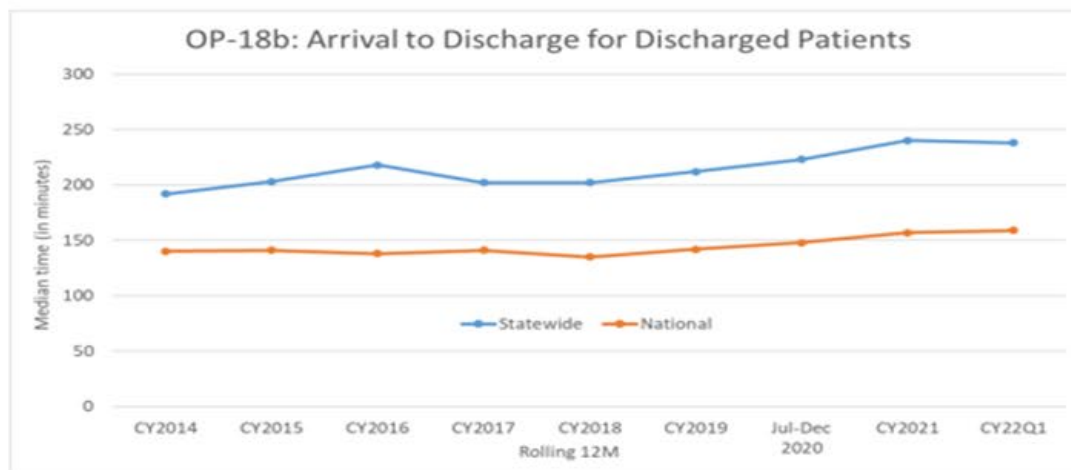
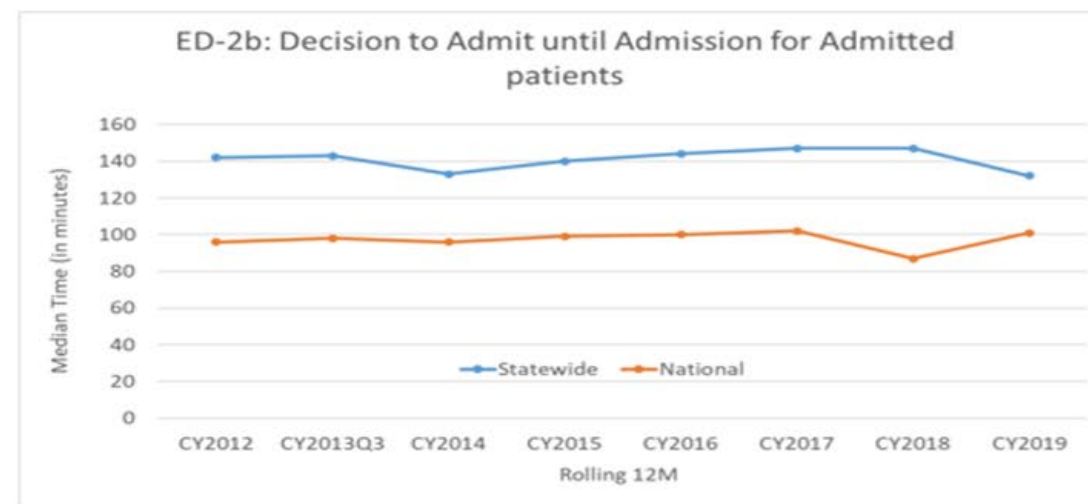
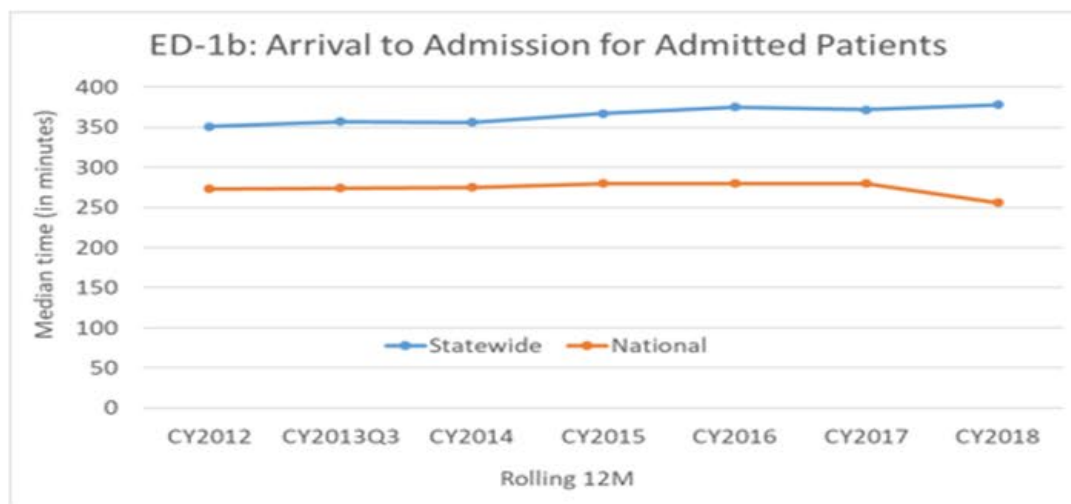
# Training Sessions

- Training sessions are being made available by the Johns Hopkins Medicine Office of Diversity, Inclusion and Health Equity (ODIHE)
- 6 synchronous sessions will be held virtually between April 1, 2024 and June 30, 2024
  - All hospital staff are encouraged to participate especially clinicians and staff responsible for primary data collection
- Asynchronous training sessions will be made available via the HSCRC website once synchronous sessions have been completed
  - Staff are investigating the use of Zoom's Learning Management System

# ED LOS Update



# CMS ED LOS Data: Maryland Performs Worse Than Nation

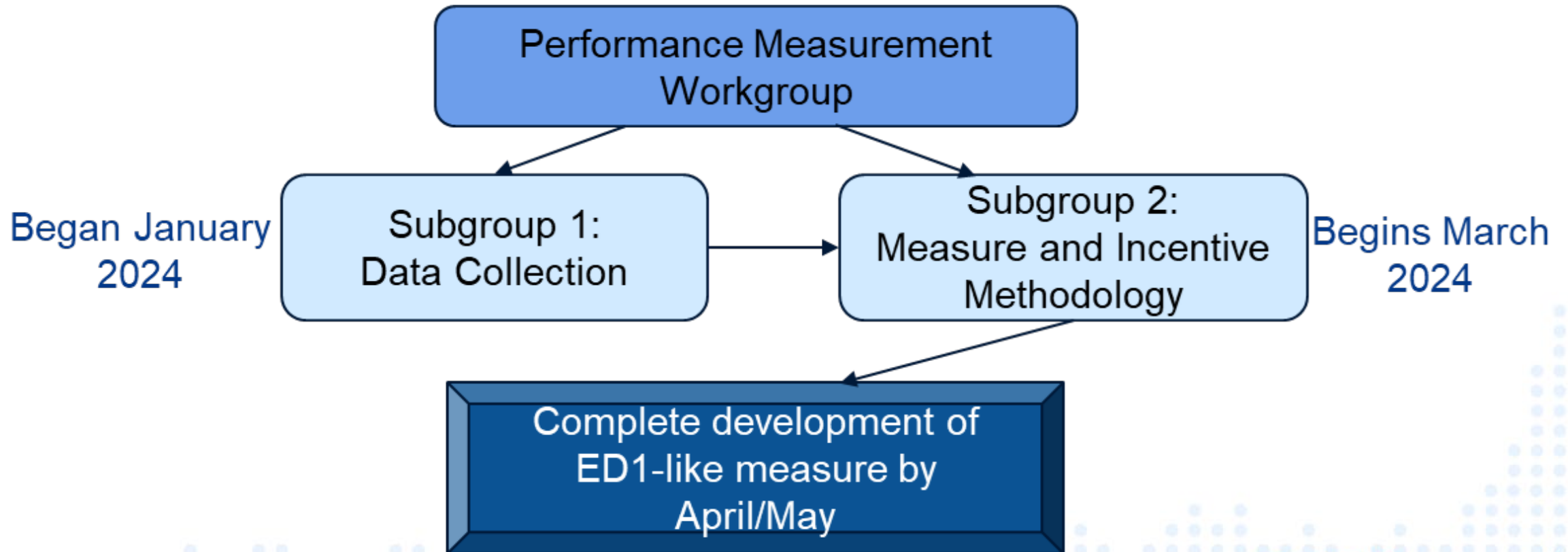


Measure ID	Measure Definition
ED-1	Median time from ED arrival to departure for admitted patients
ED-2	Median admit decision time to ED departure time for admitted patients
OP-18	Median time of ED arrival to departure for discharged patients

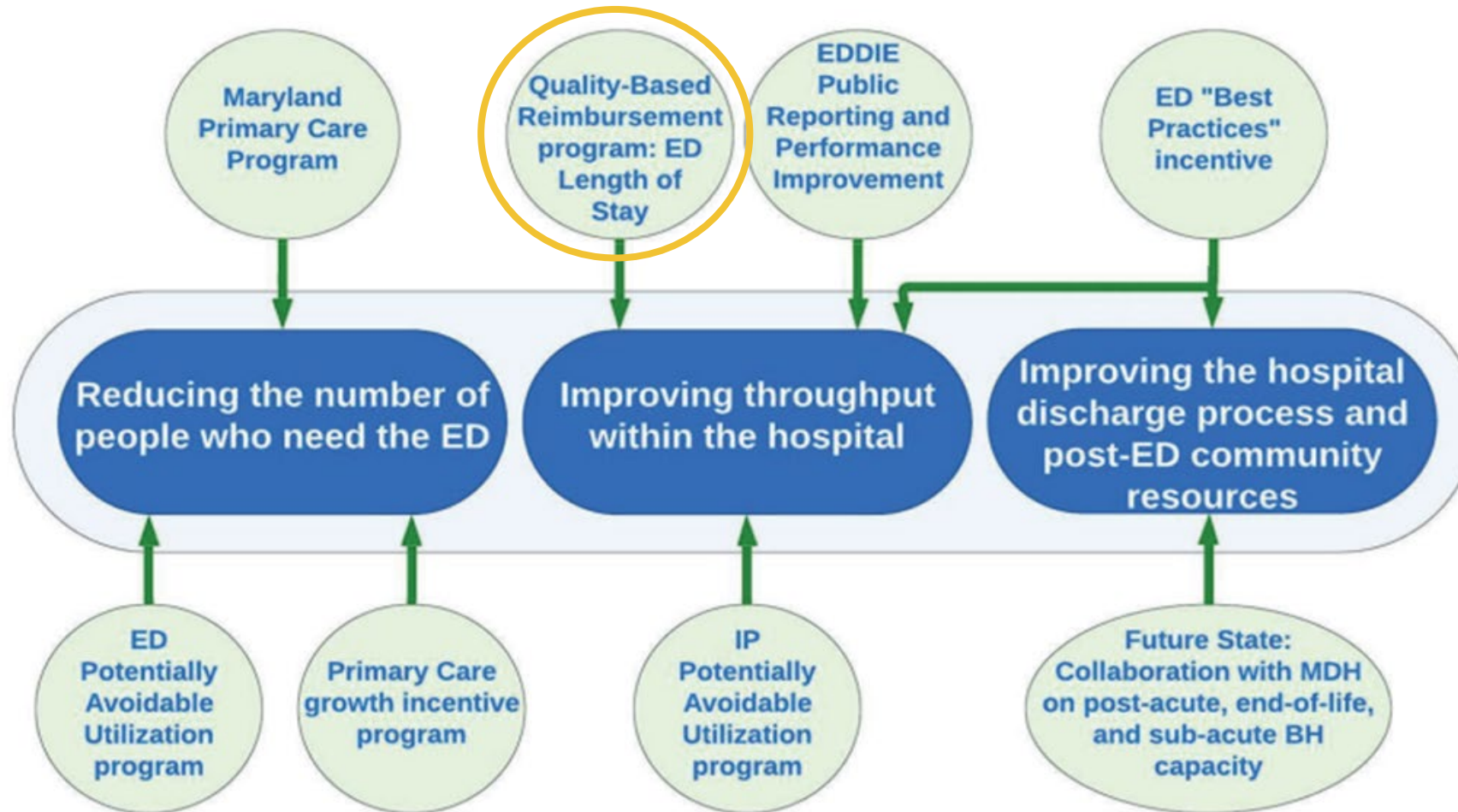
# Quality Based Reporting (QBR): ED LOS Measure Development Plan

## Objective:

- Subgroup 1: Develop mechanism to collect ED length of stay for patients admitted to the hospital
- Subgroup 2: Develop ED LOS measure and incentive methodology for RY 2026 QBR



# Interventions to Impact ED LOS



ED length of stay was approved to be added for CY 2024 Performance period in the Person and Community Engagement domain, weighted at 10 percent of overall QBR score.



# Date Stamps for the IP Data Set

Record Type	Data Item	Data Item Name	Description	HSCRC Variable Name	Data Type	Max Length	Required Field	Edit Status: New Edit - In Production this FY, Existing Edit or N/A	Edit Check Level (Warning/Error/Fatal Error/Cross Edit Error)
1	535	Arrival Date	Date when patient arrived at the Hospital (in the outpatient) before getting admitted/transferred to Inpatient. If the visit was a direct admit to the inpatient hospital, the arrival date should = the admission date	ARRIVAL_DATE	DATE	8	Yes	New or Revised Edit	<b>Error:</b> If value is invalid or blank <b>Warning:</b> If Procedure Date is before Arrival Date <b>Warning:</b> if Arrival Date is after Admission Date
2	64	Principal Procedure Date	Enter the date of the PRINCIPAL procedure performed during the patient's stay.	PROCDATE	DATE	8	Yes, if procedure is reported	New or Revised Edit - In Production in this FY	<b>Error:</b> If value is invalid (alpha or special characters) <b>Cross Edit Error:</b> If value is missing and Principle Procedure is reported <b>Error:</b> If Principle Procedure date is outside of (Arrival date-3) and Discharge date
2		Other Procedure Date 1-99	Enter the date of the secondary procedure performed during the patient's stay.	PR1DATE-PR99DATE	DATE	8	Yes, if procedure is reported	New or Revised Edit - In Production in this FY	<b>Error:</b> If value is invalid (alpha or special characters) <b>Cross Edit Error:</b> If value is missing and Principle Procedure is reported <b>Error:</b> If Principle Procedure date is outside of (Arrival date-3) and Discharge date

# Methods of Data Collection

## From 1st Subgroup Meeting



### Advantages

1. **Add date, timestamps, and other required variables to monthly HSCRC case mix data.**
2. Allow hospitals to calculate summary measures and submit to HSCRC (similar to EDDIE reporting)
3. Use retired ED1 electronic clinical quality measure/Adapt ED2 eCQM to capture time of admission and observation stays

- Takes advantage of existing data collection method and edit check processes
- HSCRC calculates measure for all hospitals
- Additional time stamps can be collected (i.e., start of observation)
- Can stratify or risk-adjust ED LOS data



# Existing Data Stamps in Case Mix for ED-1 Like Measure

## Admission Date (ADMTDATE)

- **Definition:** Enter the month, day, and year of the patients' admission to the hospital
- **Edit Check Level:** Fatal error and fatal cross edit error
- **Cross Edit Error Variable:** Discharge Date
- **Quality Threshold:** 100% Complete
- **Required Field**

## Arrival Date

## Discharge Date

Subgroup is working to determine what additional time stamps are needed to calculate ED-1 like measure AND for any additional analytics related to patient flow or stratification/risk adjustment.

## HSCRC ED-1 Data Survey Background



Insights gained from Feb 2 meeting led to development of the ED-1 Survey to further the discussion on how ED arrival to departure times for those admitted into an inpatient bed is calculated (e.g., ED-1 or ED-1 like measure data collection).



Participants completed one survey per hospital. Results presented include 31 responses received by February 23<sup>rd</sup>.

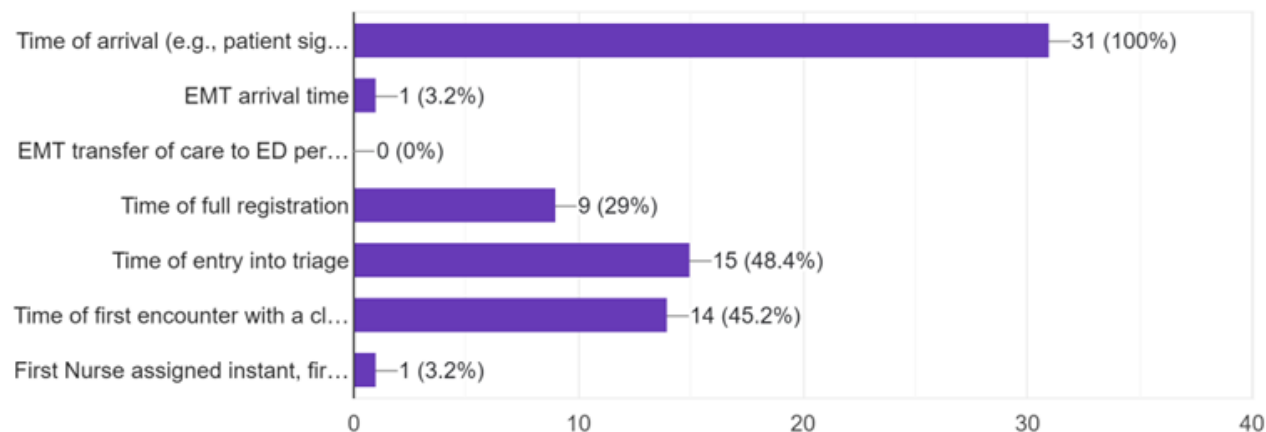


- 8 multiple choice questions
- 2 open ended questions
- 1 additional information question

# ED-1 Data Survey Findings: Patient Arrival

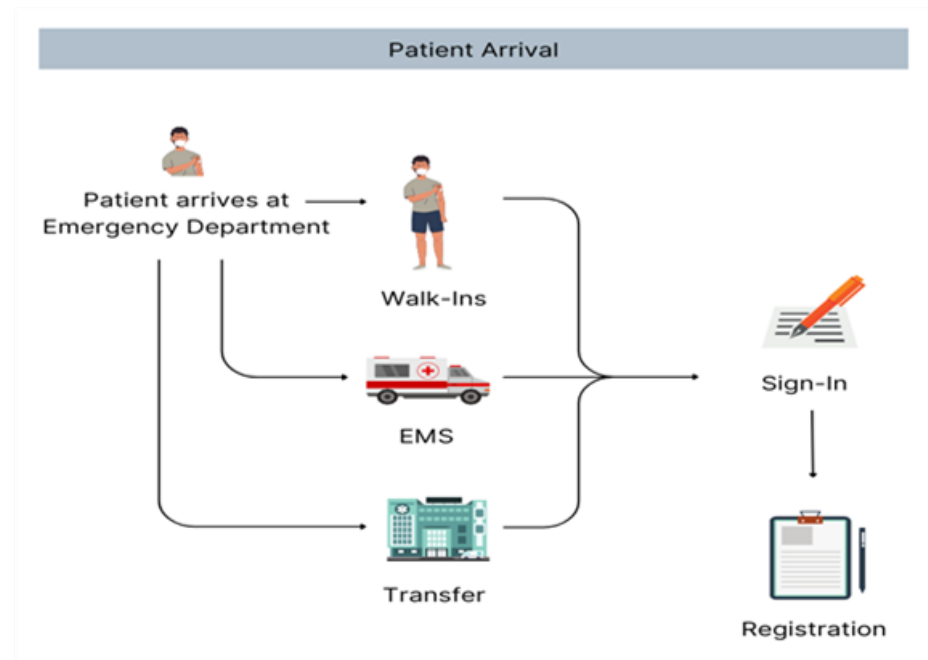
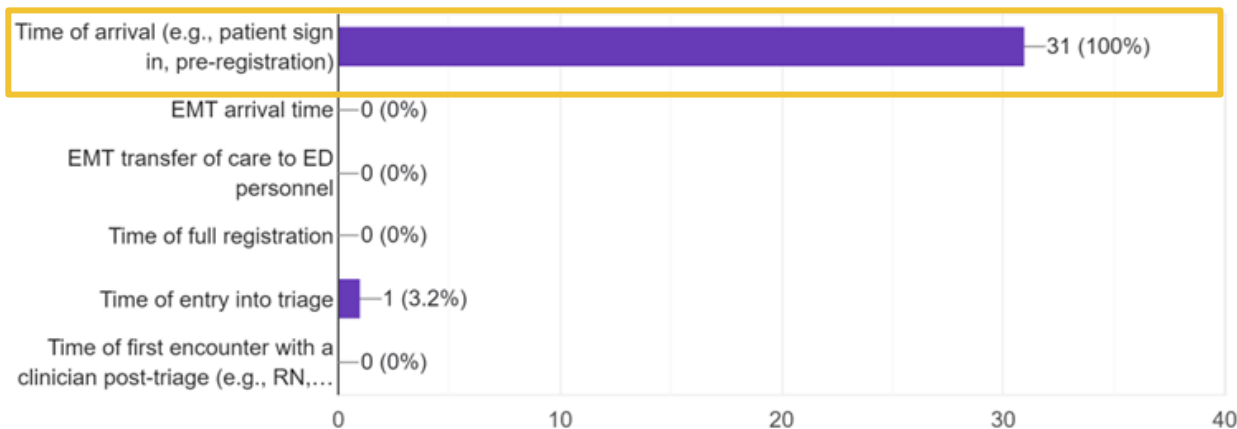
## 4. What time stamps does your EHR capture for arrival? (Check all that apply)

31 responses



## 5. Which time stamp does your EHR capture to determine arrival for ED-1?

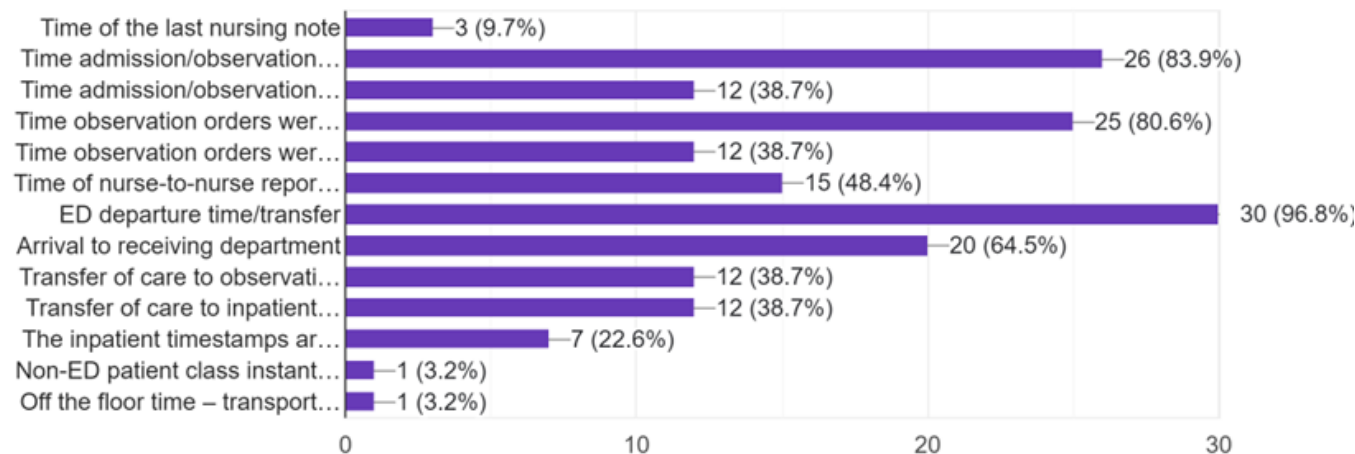
31 responses



# ED-1 Data Survey Findings

## 8. What time stamps does your EHR capture for departure? (Check all that apply)

31 responses

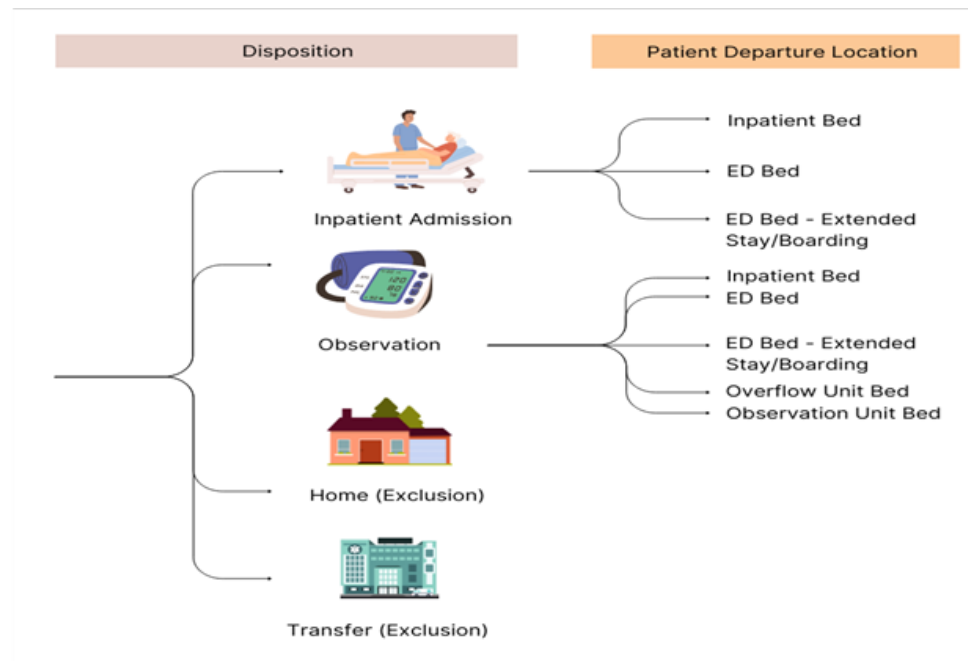


## 9. Which time stamp does your EHR capture departure time for ED-1?

31 responses

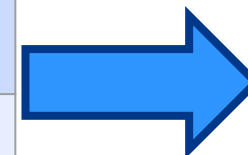


▲ 1/2 ▼



## ED-1 Data Survey Findings

Measure Name:	HSCRC ED1: Median time from ED Arrival to ED Departure for Admitted ED patients
Description	
Population	
Exclusions	
	Data Elements
Arrival Date	
Arrival Time	
ED Departure Date	
ED Departure	



These are the minimum time elements needed to calculate measure. Need to agree on standardized ED departure time across hospitals if possible. Also, may want to collect intermediate time stamps like time of observation/IP order.

**Your feedback and input is critical** to ensure correct time stamps are pulled and to think through data submission process. HSCRC will need a 1-time retrospective data submission for historical data (like was done for ED triage).



# Reminders

# Points of Contact: Case Mix and Financial Data Submissions

[hscrc.financial-data@maryland.gov](mailto:hscrc.financial-data@maryland.gov)

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

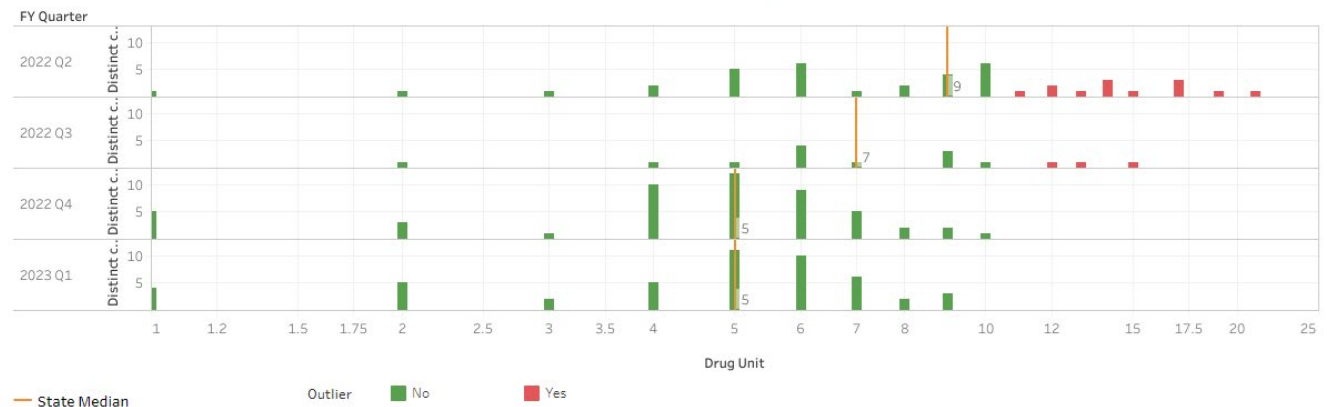
# Reminder: CDS-A Reports on CRISP Portal

- Provides hospitals with **high-cost drug utilization for outlier dosage units** based on 3<sup>rd</sup> 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 dotatate 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 crizanlizumab-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](mailto: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](mailto:hscrcteam@hmetrix.com)



# FY 2025 Proposed DSR Updates

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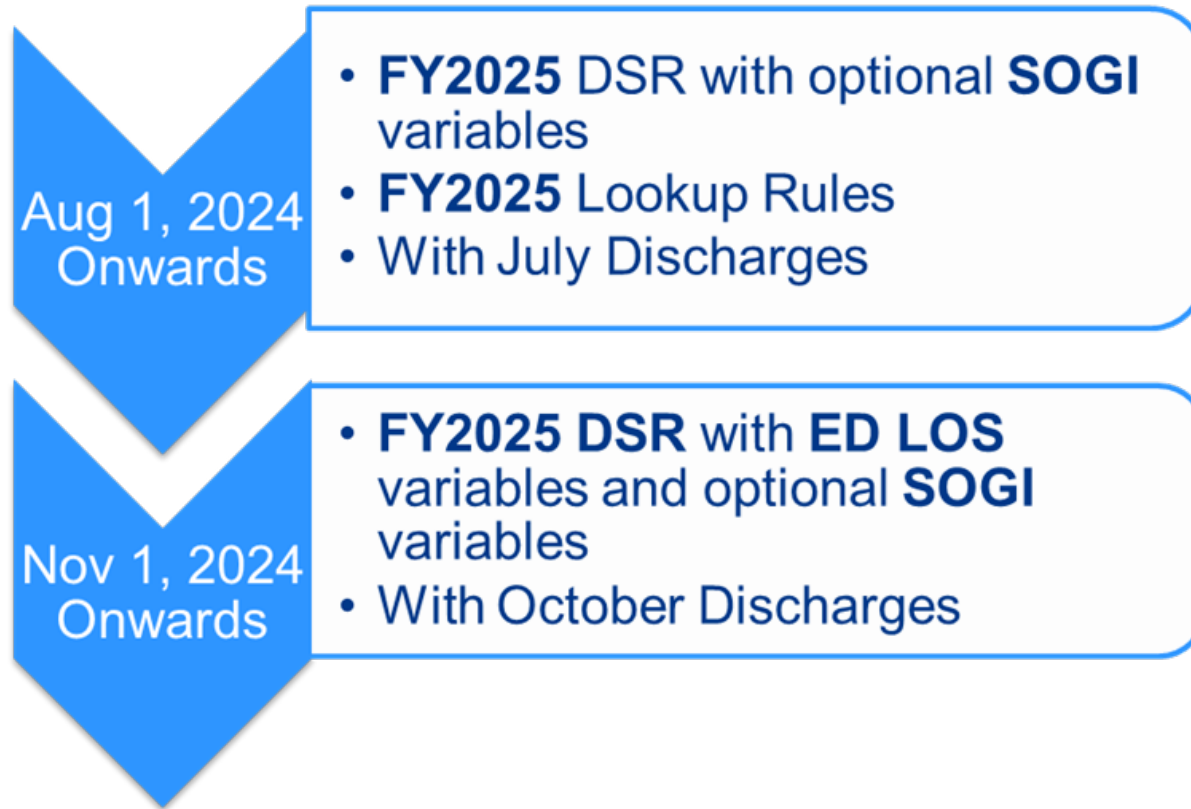
- Add an error check for valid rate centers
  - HSCRC will add an error check for reported rate centers to make sure terminated rate centers (example- Psychiatric ICU (PSI) , Free Standing E/R Services (FSE) are not reported.
  - Currently this check is only for Psychiatric hospitals.
  - From FY 25 onwards, Inpatient, Outpatient and Psychiatric submissions will flag an error if an invalid rate center is reported.
  - The list of valid rate centers is available in the DSR
- Add a new plan payer for Out of State (non Maryland) Medicaid payers
  - HSCRC will add a new plan payer 128-"OUT OF STATE (NON MARYLAND) MEDICAID PAYER"
  - A new error checks will be added if the new payer code 128 is not reported with payer 06-"OTHER GOVERNMENT PROGRAMS"

## FY 2025 Proposed DSR Updates (contd.)

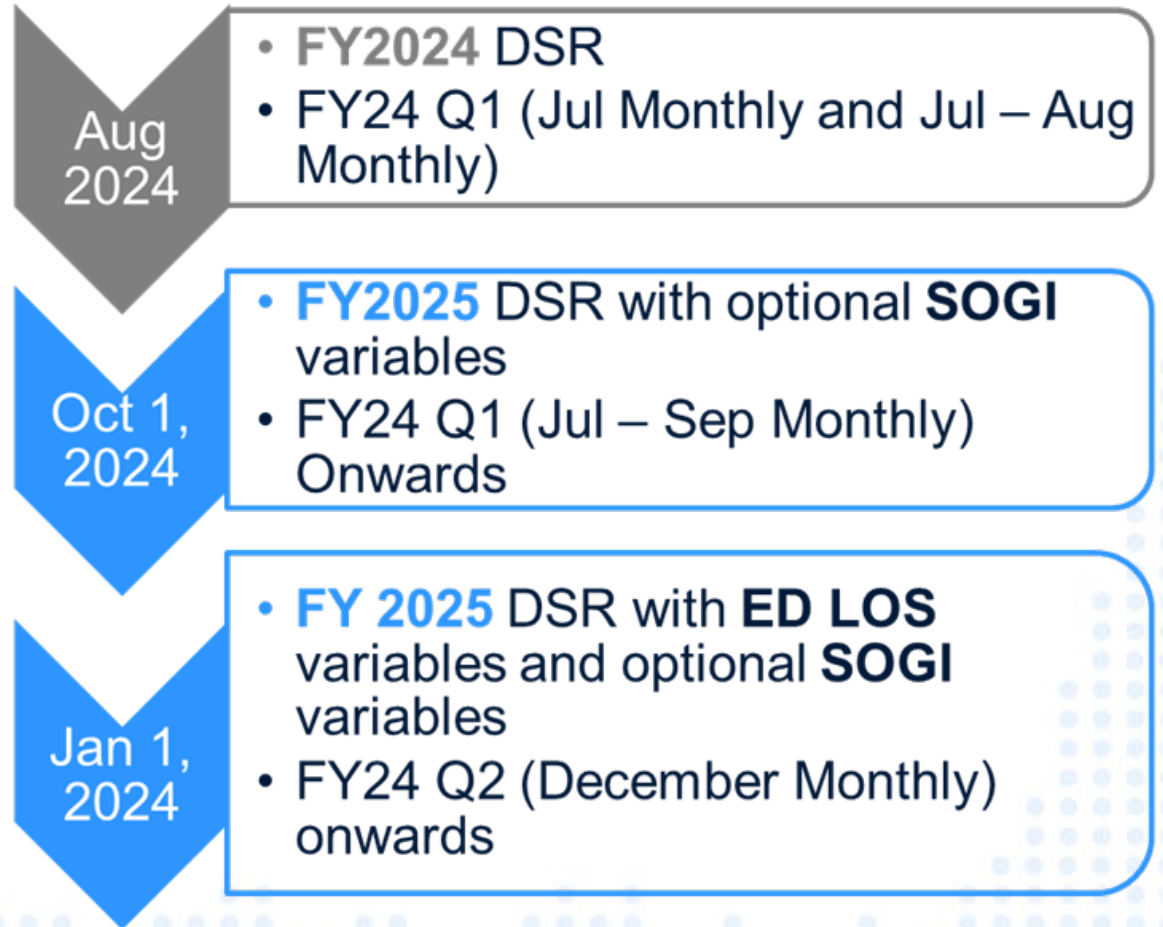
- Add an error check when terminated HCPCS code is reported
  - HSCRC currently check if terminated CPT code is reported.
  - From FY 25 onwards, an error check will be added if a terminated HCPCS code is reported.
  - We will use the HCPCS/CPT termination date and compare it against the procedure date to flag the error.
- New SOGI variables will be added after the workgroup is convened
  - The new variables will be added for testing from October 1, 2024. They will be included as optional variables in production run from FY 25 and will be mandatory from FY 26.
- New ED LOS variables will be added after the workgroup is convened
  - Add date and timestamps and other needed variables to the monthly case-mix data. Hospital will be able to test it from Nov 1, 2024 and will be mandatory from Jan 1, 2025. More details to come.
- Updates to Accounting and Budgeting Manual Appendix D will be published

# FY 2025 DSR Implementation Timeline

## • Test/Sandbox (Test folder)



## • Production (Submit folder)





# Relative Value Unit Methodology



# RVUs Methodology

- Relative Value Units (RVUs): Standard units of measure representing the resource utilization of a service compared to others.
- RVUs are derived from the Medicare Physician Fee Schedule (MPFS) Non-Facility Practice Expense (PE) RVUs.
- When a Technical Component (TC) modifier line item is present, its value is utilized.
- To ensure whole numbers, RVUs are multiplied by ten and rounded accordingly:
  - Values below .5 are rounded down, while others are rounded up.
  - For example, CPT code 90832 with a NON-FAC PE RVU of 0.48 becomes 5 after rounding.
- RVUs using this methodology are denoted with 'MPFS' in the RVU table.
- ***Appendix D will be updated in FY 2025 to reflect the change from units using a decimal point to a whole number.***
- For any questions contact: [william.hoff@maryland.gov](mailto:william.hoff@maryland.gov)

# UCC Data Collection Update

# UCC Data Collection and Processing

- FY24Q2 data collection near completion
- FY24Q3 Data Submission: **May 1 – May 31, 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

- Changed overall error rate threshold to 3%
- Added Total Records % changes and Total Write-Offs % changes compared to the previous quarter on the “UCC Percent Error List” tab in the UCC error report
- FY24Q2 UCC Data Edit Summary:
  - 29 reports have < 1% error
  - 10 reports have 1 - 1.99% error
  - 6 reports have 2 - 2.99% error
  - 2 reports with > 3% error rate had data validated and were manually passed
  - **8 reports are yet to be submitted**



# UCC Data: Notable Errors Observed in FY24Q2 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	0.02% 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 ( <b>not an error but report timing differences</b> ), old account reported with incorrect service date, non-regulated patient account that are not required to be reported, etc.	0.40% of write-off records (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 either the service date reported for UCC record or the service date reported in case mix is incorrect	0.35% of write-off records. Error rate reduced by 0.3% compared to 0.65% from FY24Q1.



# UCC Data Preparation and Submission Process Recommendations

- Submit data as early as possible **during** the data submission 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 while the data submission window is still open
- 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

<p><b>Compare total amount and record counts</b> of bad debt, charity and recovery and error % to prior quarters to verify consistency</p>	<ul style="list-style-type: none"> <li>Check edit items with significant increase in error/warning %</li> </ul> <p>Review following high level summaries:</p> <ul style="list-style-type: none"> <li>“UCC HSCRC Letter”,</li> <li>“UCC Percent Error List” and</li> <li>“UCC Cross-Check with CaseMix”</li> </ul>
<p><b>Review records with errors and warnings</b> and resubmit corrected data as needed even if the overall error rate is less than the threshold %</p>	<ul style="list-style-type: none"> <li>Correct invalid service date and payer code and resubmit</li> <li>Review accounts not found in Case Mix. <b>Possible causes:</b> Unregulated account, account did not make it to Case Mix data, etc.</li> <li>Review records with service date not matching the date reported in case mix for potential error in the logic for service date selection. <b>Possible causes:</b> reported discharge date or write-off occurred date instead of admission date, incorrect service date or case mix dates, etc.</li> <li>Review write-off history across multiple quarterly reports for accounts with a negative total write-off balance of &gt; \$100 credit. <b>Possible causes:</b> 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.</li> <li>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</li> </ul>

## Points of Contact: UCC Data

HSCRC	hMetrix
<b>Irene Cheng</b> Email: <a href="mailto:Irene.Cheng@maryland.gov">Irene.Cheng@maryland.gov</a>	<b>DAVE Technical Support</b> Email: <a href="mailto:hscrcteam@hmetrix.com">hscrcteam@hmetrix.com</a>
For questions regarding: <ul style="list-style-type: none"><li>• Revised UCC reporting instructions</li><li>• UCC data edit rules</li><li>• UCC data quality</li><li>• Request report submission extension before due date (via DAVE)</li><li>• Request report data pass if error rate &gt; 3% (via DAVE)</li><li>• Request report submission window be reopened to submit past due report (via DAVE)</li></ul>	For questions regarding: <ul style="list-style-type: none"><li>• Access to edit reports and notification e-mail</li><li>• Filling the requests via DAVE</li></ul>

# Data Processing Vendor Update

## Points of Contact

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



# 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

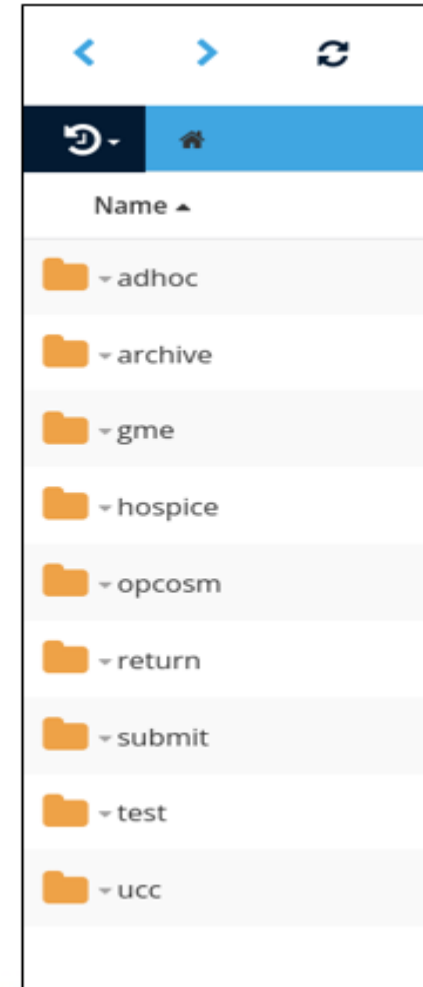
- Files sent to end user

## SUBMIT

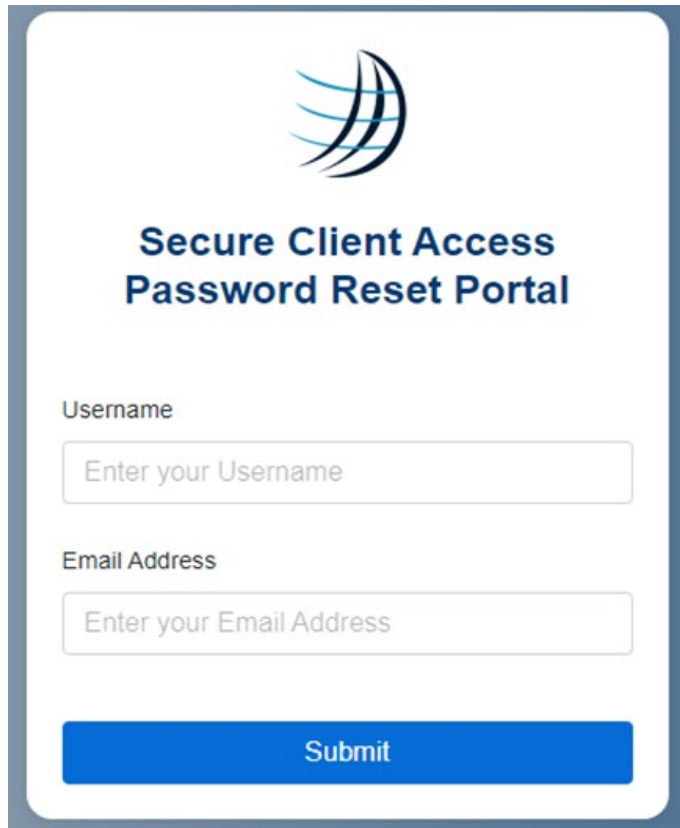
- Submit FINAL data

## 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, the text "Secure Client Access Password Reset Portal" is displayed. There are two input fields: "Username" with a placeholder "Enter your Username" and "Email Address" with a placeholder "Enter your Email Address". A blue "Submit" button is at the bottom.

## Password Reset Portal

<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](mailto: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](mailto:hscrc.quality@maryland.gov)

# Next Meeting

Notes and slides will be posted to the  
HSCRC website:

[https://hscrc.maryland.gov/Pages/hsp\\_info1.aspx](https://hscrc.maryland.gov/Pages/hsp_info1.aspx)

Next Meeting  
FY 2024 Q4  
June 7, 2024

Registration link : <https://attendee.gotowebinar.com/register/3747597856060223325>

# Appendix 1: Quality Programs Grouper Version



# Grouper Transition: MHAC, RRIP, QBR for CY 2023

<b>Rate Year</b>	RY2025
<b>*3M APR/PPC Version</b>	40 <i>(Updated from version 39 to incorporate annual 3M updates)</i>
<b>Timeline</b>	<p><b><u>Base Year:</u></b></p> <ul style="list-style-type: none"> <li>• MHAC: CY 2020 Q3 – CY 2022 Q2</li> <li>• QBR-Mortality, All-payer PSI: CY 2021 Q3 – CY 2022 Q2 (FY 2022)</li> <li>• RRIP: 2018; norms based on CY 2021</li> </ul> <p><b><u>Performance Year:</u></b></p> <ul style="list-style-type: none"> <li>• QBR HCAHPS, CDC NHSN measures: CY 2022 Q4- CY 2023 Q3, THA/TKA CMS defined 3-year period</li> <li>• All Other Measures: CY 2023 (CY 2022-2023 for MHAC for small hospitals)</li> </ul>
<b>Implementation Date</b>	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.

## Appendix 2: Process to Request Financial Data Extensions

# Financial Data Due Dates

Audited Annual Reports	Monthly Unaudited Financial Data
<ul style="list-style-type: none"><li>Cost Reports, Audited Financial Statements, Trustee Disclosures, Credit and Collections Policies, Financial Assistance Policies, DCFAs, and Hospital Outpatient Services Surveys <b>(Due 120 days after fiscal year end)</b></li><li>Special Audit Procedures <b>(Due 140 days after fiscal year end)</b></li></ul>	<ul style="list-style-type: none"><li>Volume and Revenue (Experience Report)</li><li>Unaudited Financial Statements – FSA (Income Statements) and FSB (Balance Sheets) <b>Due 30 days after the end of the month</b> (if date falls on a weekend, due next business day)</li></ul>

# 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



## Appendix 3: 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.

Contact Wayne Nelms ([wayne.nelms@maryland.gov](mailto:wayne.nelms@maryland.gov)) with any questions or concerns regarding DCFA reporting.