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FY 2024 Quarter 4 Data Forum

Please register for FY2024 Quarter 4 Data Forum Meeting at:
https://attendee.gotowebinar.com/register/3747597856060223325
After registering, you will receive a confirmation email containing information about joining the webinar.

Jun. 7, 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)

FY 2025 Dates
September 12, 2024
December 13 2024
March 14, 2025
June 13, 2025

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Agenda

- Announcements
  - Case Mix Weights and Grouper Versions (Denise)
  - Quality Update (Dianne)
  - SOGI Update (Dianne/Princess)
  - ED LOS Update (Damaria/Alyson)
  - Annual Cost Report of Revenue and Volumes Resubmission Process (Andrea)
  - Reminders (Oscar)
    - Points of Contact
    - CDS-A Report
    - Data Forum Survey
- FY 2025 DSR Updates (Curtis)

- UCC Data Collection Update (Irene)
- Data Processing Vendor Update (Mary Pohl, hMetrix/Burton Policy)
- Rate Center DQ plan (Mary Pohl, hMetrix/Burton Policy)
- Data Repository Vendor Update (Jen Vogel, SPG)
- Upcoming Workgroups and Next Meeting (Curtis)

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Case Mix Weights and Grouper Versions

Grouper Transition: Case Mix Weights and Reports

Rate Year	RY 2025
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	*First Quarter CY 2024*
Policies Applicable To	CY 2023 12 Months Marketshift
	RY 2023 ICC Volume RY 2025 Demographic Report

Note: Draft of CY 2023- 12 Months Marketshift Report sent to Industry for Review and comments were due 5/24

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

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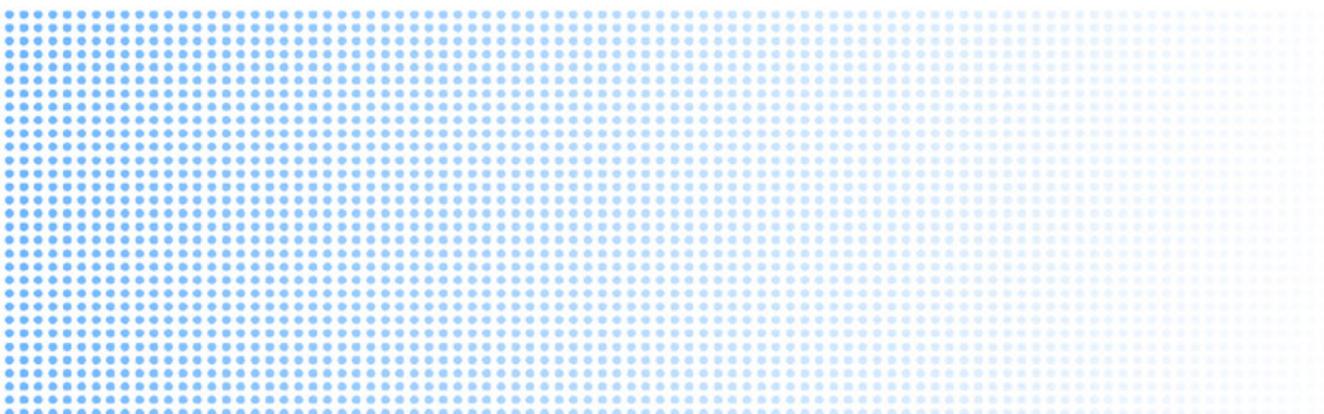
Quality Update

PPC Updates and Feedback

Login procedure for PPC documentation:

3M™ Web Portal - Login

For first use, at registration page, use the old username of "MDHosp" as your authorization code, complete the fields with your personal information to register

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

https://support.3mhis.com/

Establish an account; after logging in, click on your login id in the upper right corner and click on "enhancement request"

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

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Quality Update: New and Planned Monitoring Reports

- New on CRS Portal

  - TFU Disparity Gap Report

- Planned for Future Release

  - Maternal Morbidity-eCQM (estimated year end 2024)

  - TFU behavioral health (TBD)

CY 2024 Digital Measure Submission to HSCRC

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

CY 2024 Digital Measure Submission to HSCRC

Title	Short Name	CMS eCQM ID	NQF Number	HSCRC	Specifications
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

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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)

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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) HSCRC expects reporting to begin 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

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SOGI Data Collection Update

SOGI Element #1

1)   Gender Identity

     a)   What is your current gender identity? (check all that apply - however single responses will be accepted)

- ❏ 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

2) Sex assigned at birth

  a) 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

3)   Sexual Orientation

a)   Do you think of yourself as (check all that apply - however single

responses will be accepted):

- ❏   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

Synchronous Training Sessions

- Last training session will be held June 18th from 1pm-5pm
  - Please see HSCRC website to register
  - NOTE: Those who join 10 minutes after session begins **will not be allowed to enter the session**. You will need to register for another session.

- Asynchronous training sessions will be posted to the HSCRC website once all synchronous sessions have been completed.

SOGI Data Collection Implementation Timeline (2024-2025)

February 1
- SOGI Training Contract Begins

March 8
- Present Proposed SOGI Variables at Data Forum

March-April
- Finalize SOGI Variables and Training Materials

April-June
- Hospital Staff Training

August 1
(FY25 Q1)
- Begin Testing Period for SOGI Data Collection

October 1
(FY25 Q2)
- SOGI Variables in Production (Optional)

October 1 2025
(FY26 Q2)
- SOGI Variables in Production (Mandatory)

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Edits for SOGI Data Elements

| Variable	Description	Warning
Gender Identity	Enter patient's gender identity. Gender identity is a person's deeply held knowledge of their gender. More than one values can be reported in comma separated format. Example: |1,5| 1 = Female/woman/girl 2 = Male/man/boy 3 = Nonbinary, genderqueer 4 = Transgender female/woman/girl 5 = Transgender male/man/boy 6 = Another gender (not listed here) 7 = Don't know/Questioning 8 = Prefer not to answer	Warning: if reported and value is invalid (values other than what is in the description)
Sexual Orientation	Enter patient's sexual orientation. Sexual orientation is a person's multidimensional attraction to other people. More than one values can be reported in comma separated format. Example: |1,5,8| 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 (not listed here) 9 = Don't know/Questioning 10 = Prefer not to answer	Warning: if reported and value is invalid (values other than what is in the description)
Sex Assigned at Birth	Enter patient's Sex assigned at birth. Report only one of the values below: 1 = Female 2 = Male 3 = X/Another sex 4 = Don't know 5 = Prefer not to answer	Warning: if reported and value is invalid (values other than what is in the description)

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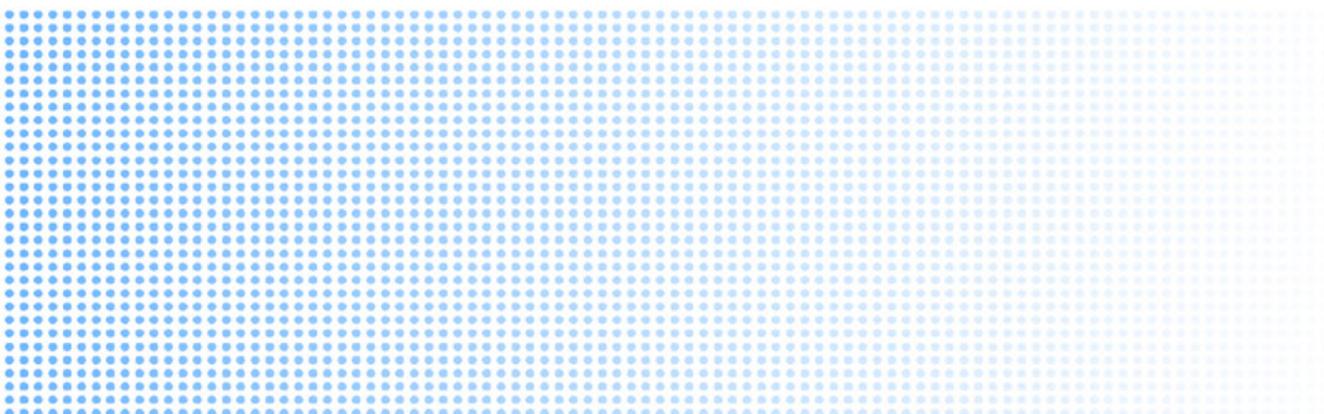
ED LOS Update

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

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

Performance Measurement Workgroup

Began February 2024

Subgroup 1: Data Collection

Subgroup 2: Measure and Incentive Methodology

Begins April 2024

Complete development of ED1-like measure by May/June

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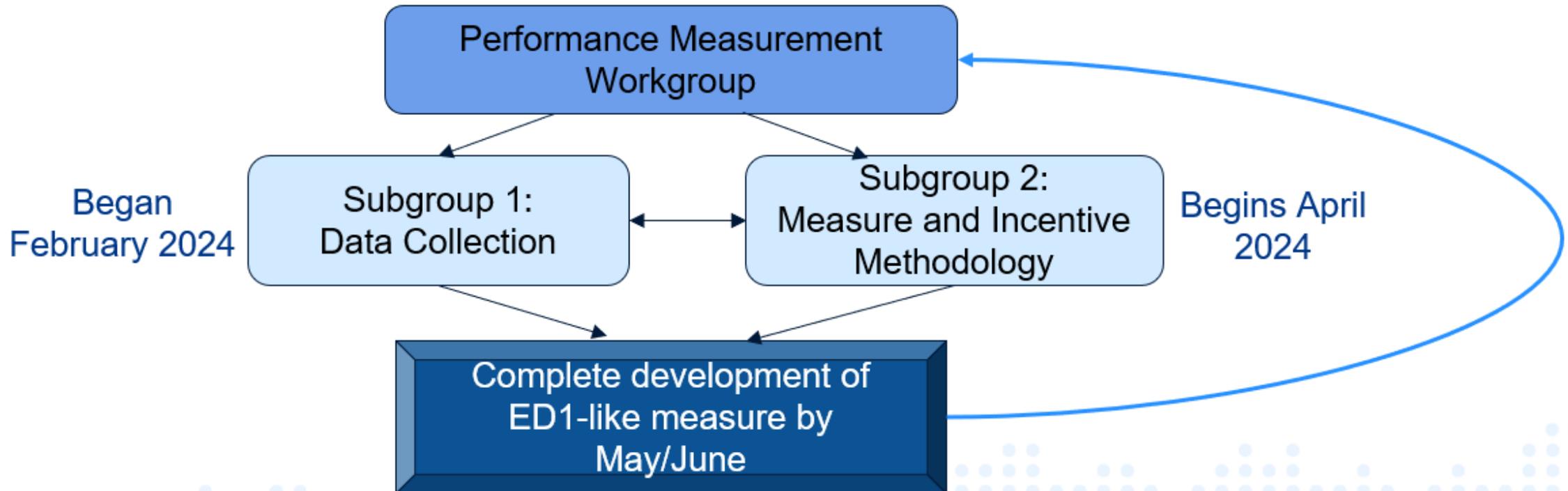
Interventions to Impact ED LOS

Maryland Primary Care Program

Quality-Based Reimbursement program: ED Length of Stay

EDDIE Public Reporting and Performance Improvement

ED "Best Practices" incentive

Reducing the number of people who need the ED

Improving throughput within the hospital

Improving the hospital discharge process and post-ED community resources

ED Potentially Avoidable Utilization program

Primary Care growth incentive program

IP Potentially Avoidable Utilization program

Future State: Collaboration with MDH on post-acute, end-of-life, and sub-acute BH capacity

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.

ED1 LOS Measure Description

Measure Name:	HSCRC ED1 Length of Stay (LOS) measure
Description	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department or observation
Population	All ED patients who are admitted to Inpatient bed and discharged from hospital during reporting period
Exclusions	Patients who are discharged from ED or OBS to community/transfers, Deaths (in OP-18)

Specifications for Joint Commission on ED Departure Date/Time and

- For patients who are placed into observation outside the services of the emergency department, abstract the date of departure from the emergency department.

- For patients who are placed into observation under the services of the emergency department, abstract the date of departure from the observation services (e.g., patient is seen in the ED and admitted to an observation unit of the ED on 01-01-20xx then is discharged from the observation unit on 01-03-20xx abstract 01-03-20xx as the departure date).

Methods of Data Collection
From 1st Subgroup Meeting

1. Add date and timestamps and other needed 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

Advantages

- 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

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Required Data Elements for ED LOS Measure

Data Elements	Description	Rationale	Inpatient/Outpatient
Medicare Provider #	Hospital Medicare ID	Required for matching	Both Datasets
Medical Record Number	Patient's medical record number assigned by hospital		
Patient Account Number	Patient admission number		
From Date of Service	First day of patient encounter or visit		
Thru Date of Service	Date of patient discharge		
ED Arrival Date	Date patient arrived at ED (i.e., sign-in, pre-registration)	New Variables for ED1/OP18	Both Datasets
ED Arrival Time	Time patient arrived at ED (HHMM in military time)		
ED Departure Date	Date patient departed ED (i.e., physically left the ED)		
ED Departure Time	Time patient departed ED (HHMM in military time)		
Additional Variables			
Observation Status Start Date	EHR timestamp for when patient enters observation status; could be in or outside of the ED	To be able to examine impact of observation status on ED length of stay/boarding	Both Datasets
Observation Status Start Time	EHR timestamp for when patient enters observation status; could be in or outside of the ED		
Observation Status End Date	EHR timestamp for when patient leaves observation status; could be in or outside of the ED	To be able to examine impact of observation status on ED length of stay/boarding	Both Datasets
Observation Status End Time	EHR timestamp for when patient leaves observation status; could be in or outside of the ED		
IP Unit Arrival Date	Date patient arrived at IP unit	To be able to ensure we have data on total wait time if needed	Inpatient Only
IP Unit Arrival Time	Time patient arrived IP unit ED (i.e., physical arrive at unit)		

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Data Submission and Reporting Timeline

Tasks	Key Dates
Finalize ED-1 LOS & OP-18 Measure specifications and algorithm	May 2024
1st Ad hoc submission window opens: Submit CY23 & Jan-Mar 2024 (15 months data)	July 2024 (Submission window 7/16/24-8/1/24)
Release summary level statewide report on ED-1 and OP-18 median length of stay	September/October 2024
2nd Ad hoc submission window opens: Submit Apr-Sept 2024 (6 months data)	December 2024 (Submission window 12/16/24-12/30/24)
Starting in Jan 2025 regular case-mix submissions will include ED-1 LOS and OP-18 variables	From January 1, 2025
Final data submission (Oct-Dec 24) will use regular case-mix DSR that includes ED-1 LOS & OP-18 variables	March 2025
Release summary level statewide report on ED-1 & OP-18 median length of stay	April/May 2025
Final RY26 QBR Revenue Adjustments (ED-1 LOS Only)	January 2026 (preliminary July 2025)

Between 1st and 2nd ad-hoc submissions, check data quality:
1. Data error checks
2. Match ad hoc data with Case-Mix data; provide match rate.
3. Revise DSR, if needed
4. Request statewide or hospital specific resubmissions

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ED LOS Ad hoc Data Submission Instructions

Hospitals will submit Inpatient and Outpatient visits that have ED utilization for CY 2023 and CY 2024 through Q3 as an ad hoc submissions.

Below are the instructions to submit the ad hoc data:

1. Pipe-delimited text files with the variables defined in the ad hoc DSR
   a. File Naming convention: XXXXXX_EDDIE_DT_YYYYQQ, where XXXXXX - is hospital ID, DT is the data type IP/OP, YYYY calendar year, and QQ is quarter. Examples:
      i. 210001_EDDIE_IP_2024Q1 for the CY 2024 Quarter 1 (Jan-March) inpatient Submission
      ii. 210001_EDDIE_OP_2023Q4 for the CY 2023 Quarter 4 (Oct-Dec) outpatient Submission
   b. One file per hospital
   c. One file per data type- IP or OP
   d. One file per quarter (filter based on Discharge date)
2. Medical Record Number, Patient Account Number, From Date of Service, Thru Date of Service should match the Case Mix data that has been submitted to the HSCRC
   a. If a match is not found the record will be dropped from the submission
3. Submit these files in the "Submit" folder in the SPG portal
   a. Notification emails will be sent from DAVE to confirm receipt of the file within 1 hour of submission to the Case-Mix PoC
   b. If new Hospital User are required for these data submissions, please reach out to hscrcteam@hmetrix.com
4. Data quality check will be performed within two week after the submission window is closed
5. HSCRC may request resubmission, if data quality fails or changes are needed to data collected based on initial review

Subgroup 2: QBR Measure and Incentive Structure Discussion

- Decisions still to be made for CY 2024 performance:
  - Which ED1 measure strata should be used for payment?
  - Should incentive be for improvement only? Or improvement and attainment?
  - What performance standards will we used? Threshold/benchmarks?
  - Should measure be risk-adjusted? What additional data is needed for risk adjustment?
  - Minimum cell sizes? Missing data?

Next Steps/ Opportunities

- Review meeting discussion

- Explore benchmarking options

- Continue research of risk-adjustment

**Next Meeting of
Subgroup 2:
June 21, 2024**

Process for Requesting Extensions/Resubmissions for the Annual Cost Report of Revenue and Volumes

Annual Cost Report of Revenue and Volumes

- The Annual Report is due to the Commission **120 days** after the end of each hospital's fiscal year, there is no grace period. An electronic version of Annual Reports are to be submitted to the Commission via email at: hscrc.annual@maryland.gov. The spreadsheet model can be located on the HSCRC website, under Cost Report Model.

- Any hospital that cannot meet its deadline must **submit a written request for an extension** to Jon Kromm, Executive Director of the HSCRC, **prior to the deadline,** outlining the reason for the extension request. To ensure a timely response, a copy of the hospital extension request must be sent to:

  - Chris O'Brien (Chris.Obrien@maryland.gov),

  - Andrea Strong (Andrea.Strong@maryland.gov), and

  - Marcella Guccione (Marcella.Guccione@maryland.gov)

- **Any revisions to the Annual Report must be submitted in its entirety with a letter on Hospital letterhead explaining the reason for the revisions.**

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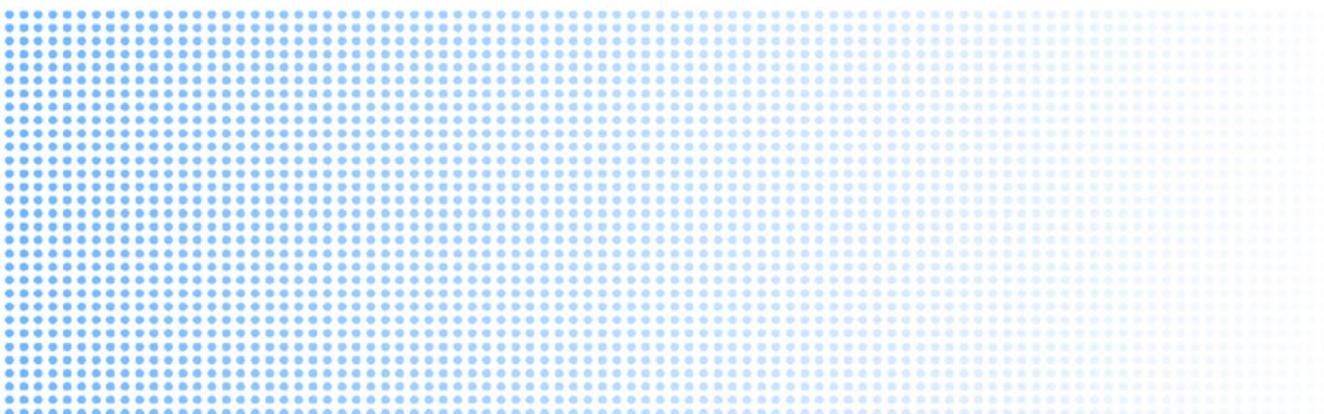
Reminders

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 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 PHARMACOTHER..	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 PHARMACOTHER..	No	2	$32,041	0	1	$15,281	
J0129	Abatacept injection	461	CLASS IX COMBINED CHEMOTHERAPY AND PHARMACOTHER..	No	468	$2,549,362	0	83	$450,205	
J0180	Agalsidase beta injection	464	CLASS XII COMBINED CHEMOTHERAPY AND PHARMACOTHER..	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 PHARMACOTHERA..	Yes	500	$3,578,522	3	177	$1,310,185	3
J0896	Inj luspatercept-aamt 0.25..	464	CLASS XII COMBINED CHEMOTHERAPY AND PHARMACOTHER..	Yes	211	$5,109,211	3	63	$1,866,504	2

Billed Unit Details : 90376 - Rabies ig heat treated
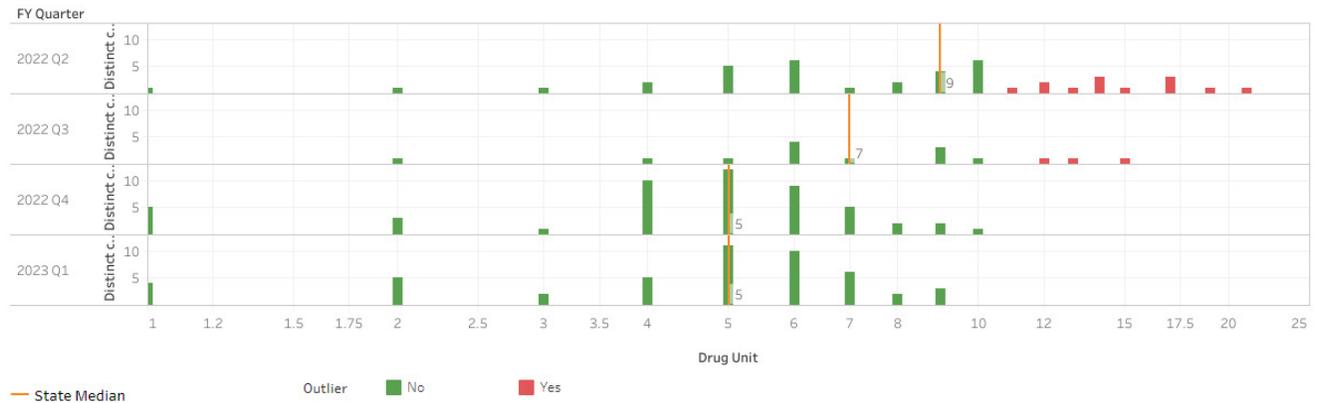
EAPG Version 3.17

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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

FY 2025 DSR Updates

FY 2025 DSR Updates

- 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 ER 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 129-"OUT OF STATE (NON MARYLAND) MEDICAID PAYER"

  - A new error checks will be added if the new payer code 129 is not reported with payer 06-"OTHER GOVERNMENT PROGRAMS"

FY 2025 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
  - The new variables will be added for testing from Aug 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
  - 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.
- Updates to Accounting and Budgeting Manual Appendix D will be published
- Rate Center Charge trend monitoring report
  - New tab to be added to the Case Mix error report to help hospital identify variation in Rate Center Charges
  - Details covered in later slides

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FY 2025 DSR Implementation Timeline

- ## Test/Sandbox (Test folder)

Aug 1, 2024 Onwards
- **FY2025** DSR with optional **ED LOS** variables and **SOGI** variables
- **FY2025** Lookup Rules
- With July Discharges

- ## Production (Submit folder)

Aug 2024
- **FY2024** DSR
- FY25 Q1 (Jul Monthly and Jul – Aug Monthly)

Oct 1, 2024
- **FY2025** DSR with optional **ED LOS** and **SOGI** variables
- FY25 Q1 (Jul – Sep Monthly) Onwards

Jan 1, 2025
- **FY 2025** DSR with mandatory **ED LOS** variables and optional **SOGI** variables
- FY25 Q2 (December Monthly) onwards

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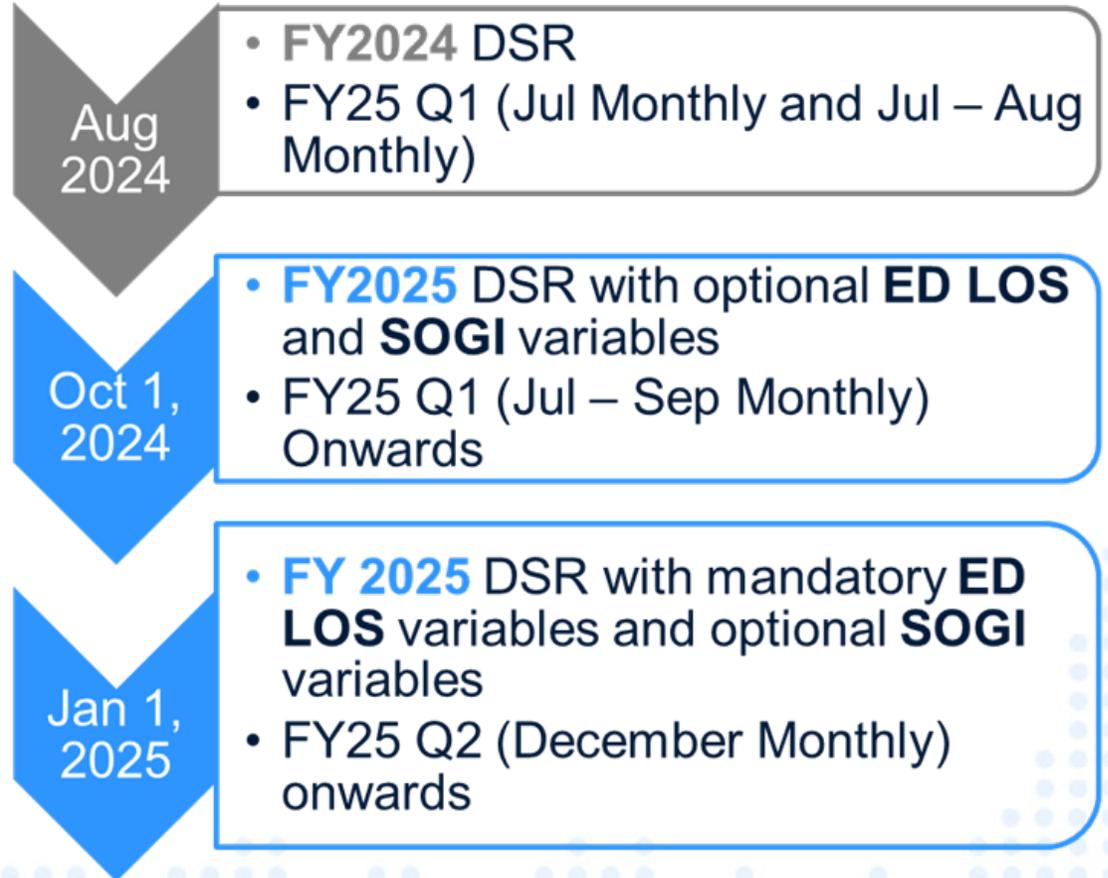
UCC Data Collection Update

UCC Data Collection and Processing

- FY23Q4 Data Submission: 55 reports received, 1 pending

- FY24Q4 Data Submission: **Jul 31 – Aug 29, 2024**

FY25 UCC report submission schedule to be 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).

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UCC DSR and Edit Report Updates for FY 2024 Q3

- Added new psychiatric hospital UM Upper Chesapeake Behavioral Health Pavilion

- FY24Q3 UCC Data Edit Summary:
  - 33 reports have < 1% error
  - 15 reports have 1 - 1.99% error
  - 6 reports have 2 - 2.99% error
  - 1 reports with > 3% error rate had data validated and were manually passed
  - 1 report to be submitted

UCC Data: Notable Errors Observed in FY24Q3 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 26 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 (**not an error but report timing differences**), old account reported with incorrect service date, non-regulated patient account that are not required to be reported, etc.	0.32% 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	0.41% of write-off records. Error rate increased by 0.06% compared to 0.35% from FY24Q2.

Points of Contact: UCC Data

HSCRC	hMetrix
Irene Cheng Email: Irene.Cheng@maryland.gov	**DAVE Technical Support** Email: hscrcteam@hmetrix.com
For questions regarding: • 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 > 3% (via DAVE) • Request report submission window be reopened to submit past due report (via DAVE)	For questions regarding: • 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/

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Reminders

- Financial Reconciliation Form

  - Download from DAVE 2 days after the Quarterly case-mix submission deadline

- EHR Survey Overdue Reminder

  - Use the DAVE "EHR Survey" tab to update EHR system information every 6 months

- DAVE User Management

  - Reach out to the hMetrix Team to add new users or modify access

  - A worksheet for each hospital/hospital system is maintained by hMetrix

 - Update and return the user workbook to modify access
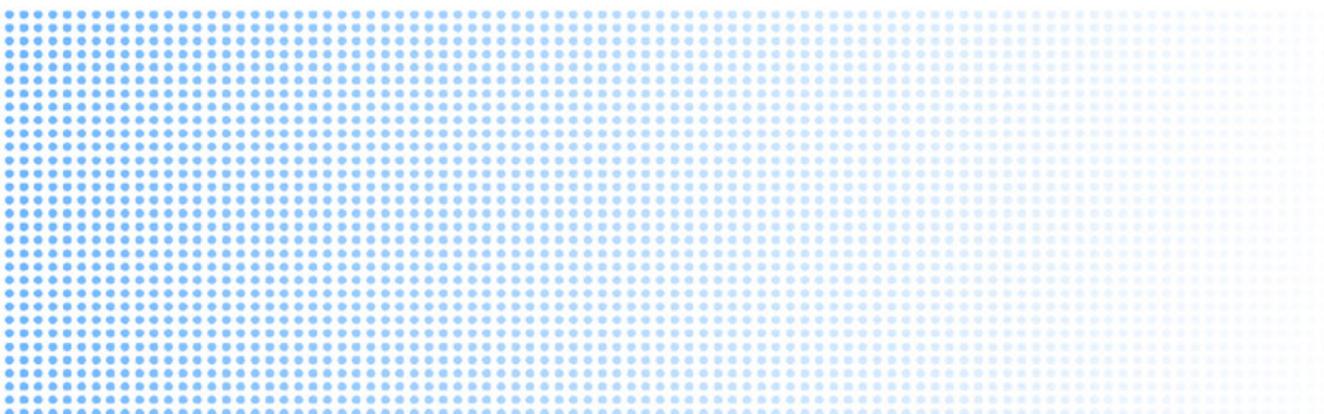
Rate Center DQ plan

Rate Center Charges Trend Monitoring report

- ## Objective
  - Help hospitals identify unusual Rate Center Charges
  - Enable timely resolution of potential issues during submission

- ## Reason
  - Several instances of delayed identification of incorrect Rate Center Charges
  - Resulted in an expensive and undesired reopening of a closed quarter for resubmission

- ## Timeline for implementation
  - FY25 Q1 Final (Oct 2024) onward a monitoring tab will be added to the error report
  - FY25 Q3 and Q4 collect feedback via email
  - FY25 Q4 refine identification of unusual Rate Center Charges
  - FY26 potential impact on error percentage

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Total Charges & Rate Center Charges Outlier Identification

- **Identify Significant Rate Center**
  - The lookback period is 12 months
  - > 1% utilization for more than half of lookback period
- **Outlier Identification**
  - Total Charges
    - Current submission is outside +/- 3 IQR
  - Rate Center Charges
    - Current submission is outside +/- 3 IQR
- Hospitals to review Outliers in
  - Current month, and
  - Months in the lookback period

12 Month Operating Room Rate Center Charges

Legend: Rate Center Charges · Percentage of Total · +/-3 IQR
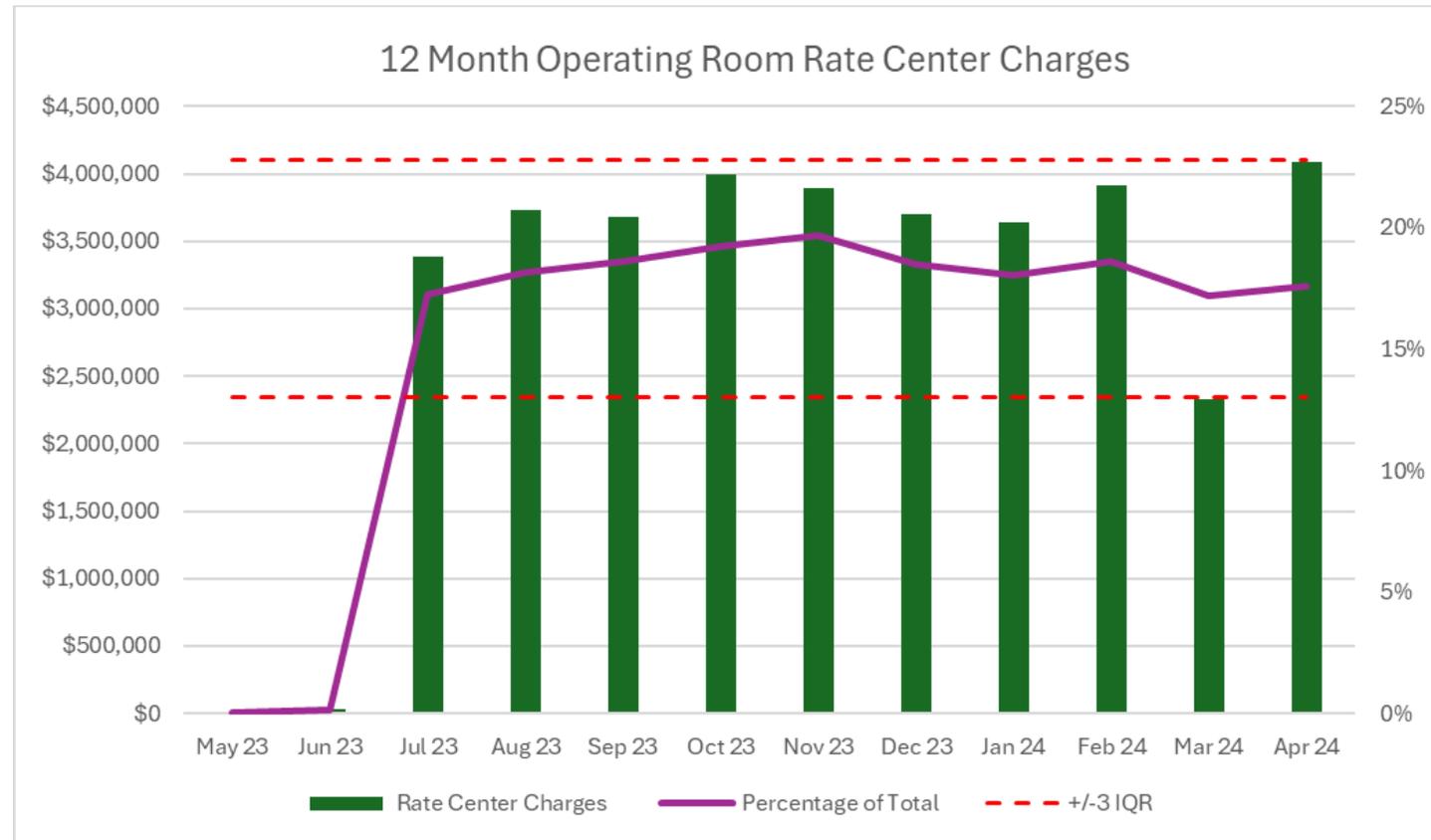
Monitoring Report Samples

- ## Hospital with multiple Rate Centers
  - Outlier Calculated based on % of Total Utilization of a Rate Center
  - Total Charges - Issues with 2024 March submission
  - OR Rate Center - Issues with current month and previous months
  - LAB and OBV - Issues with 2024 March submission

Charges	2023_05	2023_06	2023_07	2023_08 - 2024_01	2024_02	2024_03	2024_04
Total	$22,236,868.06	$21,721,898.66	$19,598,247.14	....	$21,006,602.48	$13,559,910.15	$23,220,909.10
Operating Room (OR)	$ 12,106.76	$ 26,707.71	$ 3,383,625.37	....	$ 3,910,797.72	$ 2,329,449.30	$ 4,091,575.38
Operating Room (OR) %	0.05%	0.12%	17.26%	....	18.62%	17.18%	17.62%
Laboratory Services (LAB)	$ 2,209,279.74	$ 2,056,097.32	$ 1,895,815.85	....	$ 2,014,667.86	$ 1,508,607.57	$ 2,166,638.04
Laboratory Services (LAB) %	9.94%	9.47%	9.67%	....	9.59%	11.13%	9.33%
Observation (OBV)	$ 1,266,079.22	$ 1,183,336.89	$ 1,062,015.09	....	$ 997,047.96	$ 624,914.70	$ 1,063,148.24
Observation (OBV) %	5.69%	5.45%	5.42%	....	4.75%	4.61%	4.58%
Emergency Services (EMG)	$ 2,374,647.20	$ 2,267,637.64	$ 2,246,463.59	....	$ 2,317,073.60	$ 1,778,631.16	$ 2,407,920.96
Emergency Services (EMG) %	10.68%	10.44%	11.46%	....	11.03%	13.12%	10.37%

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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
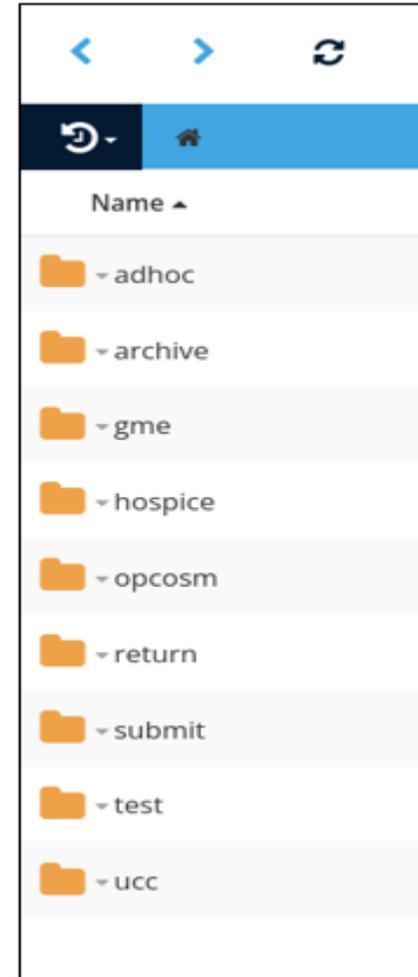
SCA Password Reset Portal and Contact Information
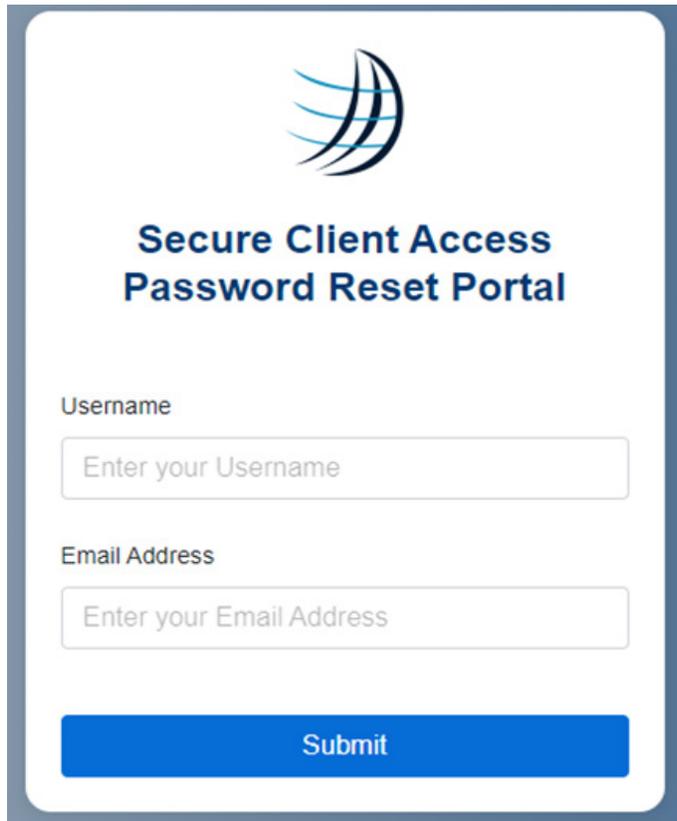
Secure Client Access Password Reset Portal

Username

Enter your Username

Email Address

Enter your Email Address

Submit

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

Upcoming Workgroup Meetings

ED Measure and Incentive Methodology_Subgroup 2

- **Objective:** To develop ED length of stay measure and incentive methodology for Rate Year 2026 Quality Based Reimbursement.

- **Membership:** Those who are familiar with quality measurement, risk-adjustment, emergency department/hospital operations, and pay-for-performance/value-based payments.

- **Next Meeting:** June 21, 2024 @ 10 am

- **For more information:**

  - https://hscrc.maryland.gov/Pages/ED-length-of-stay-workgroup.aspx
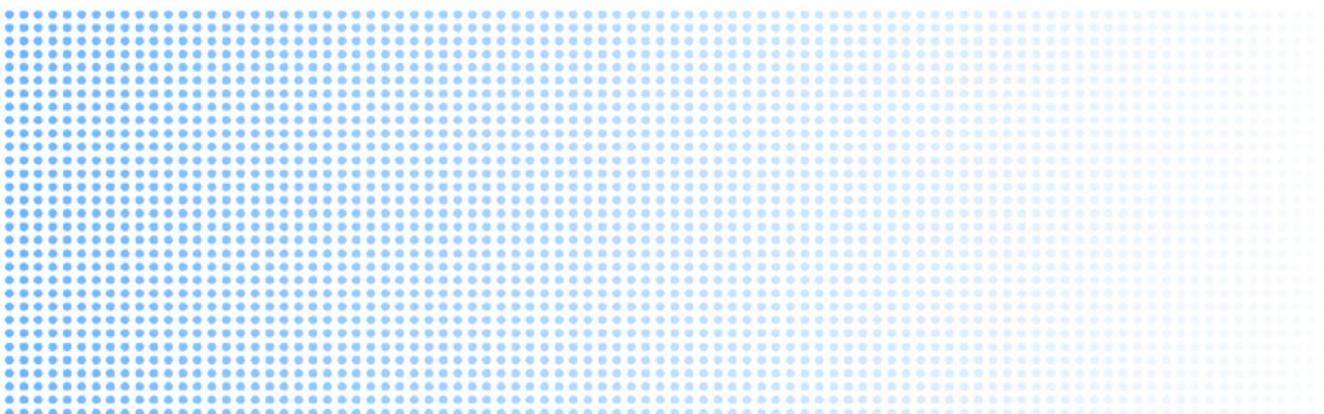
Next Meeting

Notes and slides will be posted to the HSCRC website:

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

Next Meeting
FY 2025 Q1
September 12, 2024

Registration link : https://attendee.gotowebinar.com/register/ . . . .

Appendix 1: Quality Programs Grouper Version

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

Rate Year	RY2025
***3M APR/PPC Version**	40 *(Updated from version 39 to incorporate annual 3M updates)*
Timeline	**Base Year:** • 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 **Performance Year:** • 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.

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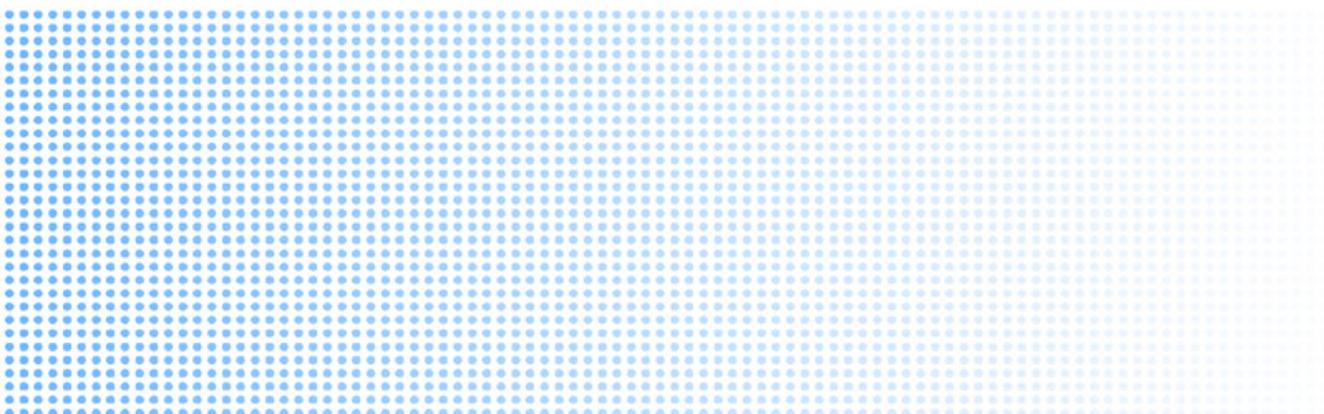
Appendix 2:
Process to Request
Financial Data Extensions

Financial Data Due Dates

Audited Annual Reports	Monthly Unaudited Financial Data
• Cost Reports, Audited Financial Statements, Trustee Disclosures, Credit and Collections Policies, Financial Assistance Policies, DCFAs, and Hospital Outpatient Services Surveys **(Due 120 days after fiscal year end)** • Special Audit Procedures (**Due 140 days after fiscal year end**)	• Volume and Revenue (Experience Report) • Unaudited Financial Statements – FSA (Income Statements) and FSB (Balance Sheets) **Due 30 days after the end of the month** (if date falls on a weekend, due next business day)

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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

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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