



maryland
health services
cost review commission

FY 2026 Quarter 2 Data Forum

December 12, 2025
@12:00 PM

Join Zoom Meeting:

<https://us06web.zoom.us/j/4107642605?pwd=MmVwREVMbFFYUzICeWpJcFFZYWF5UT09&omn=85973965350>

For Meeting ID and Passcode please contact Curtis Wills: curtis.wills@maryland.gov

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?
 - 12:00 pm
- WHERE?
 - via Webinar (link is posted on our website 2 months before the next meeting)

FY 2026 Dates

March 13, 2026

June 12, 2026

Agenda

- Quality Update (Princess)
 - ED LOS Updates
- Audit & Integrity Update (Wayne)
 - Ongoing Labor & Delivery Technical Workgroup
- Financial Data Update (Andrea)
- Reminders (Curtis)
 - Points of Contact
 - CDS-A Report
 - Data Forum Survey
 - FY 2025 Annual Filing Reporting Update
- Reminders (cont.)
 - Data Submitted via DAVE (Andrea)
 - Reports Submitted via Delegated Mailboxes and Requesting Extensions (Andrea)
- Data Processing Update (Maria Manavalan, hMetrix/Burton Policy)
- Upcoming Workgroups and Next Meeting (Curtis)

Quality Update

AHEAD Updates and Transition Timelines

- Maryland will enter the AHEAD Model beginning in 2026.
- CMS will set **Medicare FFS global budgets** starting in 2028.
 - Performance Year 1 (2026) and PY2 (2027) will be a transition period where the State will continue to set all-payer Hospital Global Budgets.
 - In order to smooth the transition, the State will be able to re-direct a portion of the total Medicare global budget amount between PY3 (2028) and PY5 (2030).
- The State will continue to set **non-Medicare FFS global budgets** with quality adjustments.
- Savings target of \$460M in additional **Medicare FFS savings** must be achieved in PY1 (2026) – PY7 (2032), with no additional savings expected in the final three PYs (through 2035).

HSCRC Policy Calendar & CY 2026 PMWG Priorities

RY 2028 Quality Core Policies									
Policy	October	November	December	January	February	March	April	May	June
QBR		Draft		Final					
MHAC			Draft?		Final ?				
RRIP				Draft		Final			
ED Best Practices	Draft		Final						
Inpatient LOS			Draft		Final				

CY 2026 PMWG Priorities

Work plan for meetings will be presented in the January PMWG for February-June 2026

Alignment Prioritization and Phases

- **QBR-HVBP:** HSCRC staff has prioritized CY2026 alignment given lack of evidence that higher HCAHPS weight leads to improvement, program complexity, and number of MD-specific measures.
- **RRIP-HRRP:** Staff propose future RRIP policy should align with statewide all-payer readmissions goals under AHEAD vs. HRRP direct alignment; current policy includes improvement goal through CY2026 that could be used for RY 2028 and during CY 2026 focus could be on development of new all-payer measure that aligns with statewide goal for RY 2029. Once developed, penalty only program and weighting of HRRP at 3 percent could be considered.
- **MHAC-HACRP:** Given revenue adjustment methodology includes scaled adjustments with rewards, staff propose maintaining program in RY 2028 with possible addition of PSI if removed from QBR. Alignment with HACRP or non-Medicare FFS policy development for RY 2029 will consider continued use of PPCs instead of NHSN and PSI, as well as opportunities to use eCQMs.

RY 2025

Program	Statewide Net Total	%	Penalties	%	Rewards	%
QBR	\$ (22,306,439)	-0.19%	\$ (33,161,827)	-0.28%	\$ 10,855,388	0.09%
VBP	\$ 33,592,568	0.28%	\$ (26,604,218)	-0.22%	\$ 60,196,786	0.51%
RRIP	\$ 14,102,128	0.12%	\$ (28,215,336)	-0.24%	\$ 42,317,464	0.36%
HRRP	\$ (23,397,753)	-0.20%	\$ (23,397,753)	-0.20%	\$ -	-
MHAC	\$ 39,309,084	0.33%	\$ (8,879,421)	-0.07%	\$ 48,188,505	0.41%
HACRP	\$ (63,317,885)	-0.53%	\$ (63,317,885)	-0.53%	\$ -	-
HSCRC Programs	\$ 31,104,773	0.26%	\$ (70,256,584)	-0.59%	\$ 101,361,358	0.86%
National Programs	\$ (53,123,069)	-0.45%	\$ (113,319,856)	-0.96%	\$ 60,196,786	0.51%

RY26 RRIP is -
\$28M; -0.22% net

Estimates for MD hospitals performance in National programs is applied to All-Payer revenue for comparison purposes; CMS would apply adjustments to Medicare FFS revenue only.

For RY 2028, Staff Recommends Continuing QBR Incentive Program approved in RY 2027 for Complete and Timely Digital Measures Reporting

- **The state contracts with CRISP/Medisolv for digital measure data reporting and recommends accelerated reporting compared to CMS requirements and all-payer hybrid data elements:**
 - HSCRC eCQM reporting period is on a calendar year basis with reporting required after first six months and then quarterly
 - HSCRC Hybrid Hospital Wide Readmission and Mortality measures Core Clinical Data Elements (CCDE) reporting is all-payer (age 18 yrs+) for July-June annual period and reporting required after first six months and then quarterly
- **Majority of hospitals are on track to earn the reward for RY 2027**

CMS Hospital eCQM Digital Measures Reporting Requirements CYs 2026-2028

CY 2026 (RY 2028): Maryland is aligning with CMS

Five selected by CMS and three self-selected CMS-mandated eCQMs:

- Safe Use of Opioids—Concurrent Prescribing: (CMS506)
- Cesarean Birth: (PC-02)
- Severe Obstetric Complications: (PC-07)
- Hospital Harm—Severe Hyperglycemia: newly required
- Hospital Harm—Severe Hypoglycemia: newly required

CY 2027

Six selected by CMS and three self-selected CMS-mandated eCQMs:

- Safe Use of Opioids—Concurrent Prescribing
- Cesarean Birth (PC-02)
- Severe Obstetric Complications (PC-07)
- Hospital Harm—Severe Hyperglycemia
- Hospital Harm—Severe Hypoglycemia
- Hospital Harm—Opioid-Related Adverse Events: newly required measure.
- *Emergency Care Access and Timeliness (HOQR)*: new voluntary

CY 2028

Eight selected by CMS and three self-selected

CMS-mandated eCQMs:

- Safe Use of Opioids—Concurrent Prescribing
- Cesarean Birth (PC-02)
- Severe Obstetric Complications (PC-07)
- Hospital Harm—Severe Hyperglycemia
- Hospital Harm—Severe Hypoglycemia
- Hospital Harm—Opioid-Related Adverse Events
- Hospital Harm—Pressure Injury: new measure
- Hospital Harm—Acute Kidney Injury: new measure
- *Emergency Care Access and Timeliness (HOQR)*: newly required

Important considerations

- Non-compliance penalty: Failure to meet these requirements puts hospitals at risk of a one-fourth reduction in their annual payment update.
- Zero-denominator reporting: Hospitals that do not provide obstetric services but participate in the Hospital IQR program must submit a zero-denominator declaration for the Cesarean Birth (ePC-02) and Severe Obstetric Complications (ePC-07) measures each quarter.
- Validation scoring: Beginning with data from the 2025 reporting period (impacting the FY 2028 payment determination); CMS will score eCQM validation based on data accuracy.

HSCRC Digital Measures Reporting Requirements CY 2026: Electronic Clinical Quality Measures (eCQMs) and Digital Hybrid Measures

Title	Short Name	CMS eCQM ID	2024	2025	2026	HSCRC*	CMS
<u>Anticoagulation Therapy for Atrial Fibrillation/Flutter</u>	STK-3	CMS71v13	X	X	X (v15)	Self-Selected	Self-Selected
<u>Antithrombotic Therapy By End of Hospital Day 2</u>	STK-5	CMS72v12	X	X	X (v14)	Self-Selected	Self-Selected
<u>Cesarean Birth</u>	PC-02	CMS334v5	X	X	X (v7)	Required	Required
<u>Discharged on Antithrombotic Therapy</u>	STK-2	CMS104v12	X	X	X (v14)	Self-Selected	Self-Selected
<u>Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults (Facility IQR)</u>	IP-ExRad	CMS1074v2		X	X (v3)	Self-Selected	Self-Selected
<u>Global Malnutrition Composite Score</u>	GMCS	CMS986v2	X	X	X (v5)	Self-Selected	Self-Selected
<u>Hospital Harm - Acute Kidney Injury</u>	HH-AKI	CMS832v2		X	X (v3)	Self-Selected	Self-Selected
<u>Hospital Harm - Opioid-Related Adverse Events</u>	HH-ORAE	CMS819v2	X	X	X (v4)	Self-Selected	Self-Selected
<u>Hospital Harm - Pressure Injury</u>	HH-PI	CMS826v2		X	X (v3)	Self-Selected	Self-Selected
<u>Hospital Harm - Severe Hyperglycemia</u>	HH-Hyper	CMS871v3	X	X	X (v5)	Required	New Required
<u>Hospital Harm - Severe Hypoglycemia</u>	HH-Hypo	CMS816v3	X	X	X (v5)	Required	New Required

*For CY 2026 HSCRC will require 3 self-selected measures, consistent with CMS requirements

HSCRC Digital Measures Reporting Requirements CY 2026: eCQMs and Digital Hybrid Measures

<u>Title</u>	<u>Short Name</u>	<u>CMS ID</u>	2024	2025	2026	HSCRC*	CMS
<u>ICU Venous Thromboembolism Prophylaxis</u>	VTE-2	CMS190v12	X	X	X (v14)	Self-Selected	Self-Selected
<u>Safe Use of Opioids - Concurrent Prescribing</u>	Safe use of opioids	CMS506v6	X	X	X (v8)	Required	Required
<u>Severe Obstetric Complications</u>	PC-07	CMS1028v2	X	X	X (v4)	Required	Required
<u>Venous Thromboembolism Prophylaxis</u>	VTE-1	CMS108v12	X	X	X (v14)	Self-Selected	Self-Selected
<u>Hospital Harm - Postoperative Respiratory Failure</u>	HH-RF	CMS1218v2			X	Self-Selected	Self-Selected
<u>Hospital Harm - Falls with Injury</u>	HH-FI	<u>CMS1017v2</u>			X	Self-Selected	Self-Selected
<u>Core Clinical Data Elements for the Hybrid Hospital-Wide Readmission Measure with Claims and Electronic Health Record Data</u>	Hybrid HWR	<u>CMS529v6</u>	X	X	X	Required age 18+	Required age 65+
<u>Core Clinical Data Elements for the Hybrid Hospital-Wide All-Condition All-Procedure Risk-Standardized Mortality Measure</u>	Hybrid HWM	<u>CMS844v6</u>	X	X	X	Required age 18+	Required age 65+
<u>Emergency Care Access and Timeliness (HOQR)</u>		CMS1244v1				Require 2027?	Required 2028

*For CY 2026 HSCRC will require 3 self-selected measures, consistent with CMS requirements

ED LOS Updates

Important Updates related to QBR ED LOS

- Final CY2024 performance data for QBR ED LOS is available on CRISP portal.
- CY 2025 Prelim data through October was released on 12/5.
- ED LOS Dashboard is in development, goal to have a draft for review in February.

Use of Risk-Adjusted ED LOS Variable in QBR

Attainment: Provide QBR credit for better performers

Improvement: Provide QBR credit for improvement

- ED Risk-Adjustment only accounts for small amount of the variation seen across hospital performance in both Clinical and Full Models.
- Staff propose to maintain improvement goal that focuses on not getting worse (i.e., 0 to -5% and 0 to -10% based on median in 2024) and provide those with rates below national average the full points.

Staff suggestion: Use risk-adjusted clinical model to assess improvement in ED LOS controlling for changes in patient mix over time for RY 2027; continue to assess impact of observation stays and additional risk-adjusters for RY 2028.

Next Steps Risk-Adjustment

- Run CY 2025 YTD risk-adjusted results
- Finalize RY 2027 risk-adjusted ED LOS measure and implement reporting
- Determine if ED LOS with risk-adjustment will be included in RY 2028 for payment or monitoring
 - QBR Comment letters were due by 12/2/2025

Audit and Integrity Update

Technical Workgroup - Labor & Delivery

- In November, staff began hosting technical workgroup meetings focusing on potential changes to the Relative Value Units (RVUs) for the Labor & Delivery Rate Center
 - Participants include hospital clinicians, statewide payors, consultants, and HSCRC staff.
- The goal of this workgroup is to update the RVUs in the Appendix D of the Accounting & Budget Manual.
 - *These adjustments are intended to be revenue neutral* ensuring no net increase or decrease in overall revenue for the rate center.
- **Action Required:**

Please share this information with staff at your hospital. Any clinicians or reimbursement staff interested in participating should send their email contact information to me at wayne.nelms2@maryland.gov.

Financial Data Update

Updates to Monthly Experience Data

- As a result of select volume realignment due to Kaiser Permanente (KP) patient shifts, staff proposes to develop a supplemental schedule to submit along with the monthly experience data.
 - The new schedule will provide volume and revenue data by rate center for patients where KP is the **Primary Health Plan Payer**.
- Additionally, staff is requesting volume and revenue data by rate center for patients where Medicaid (FFS or MCO) is the **primary payer** in preparation for the AHEAD model.

Updates to Monthly Experience Data - Proposed Variables

Kaiser Permanente (KP) Variables

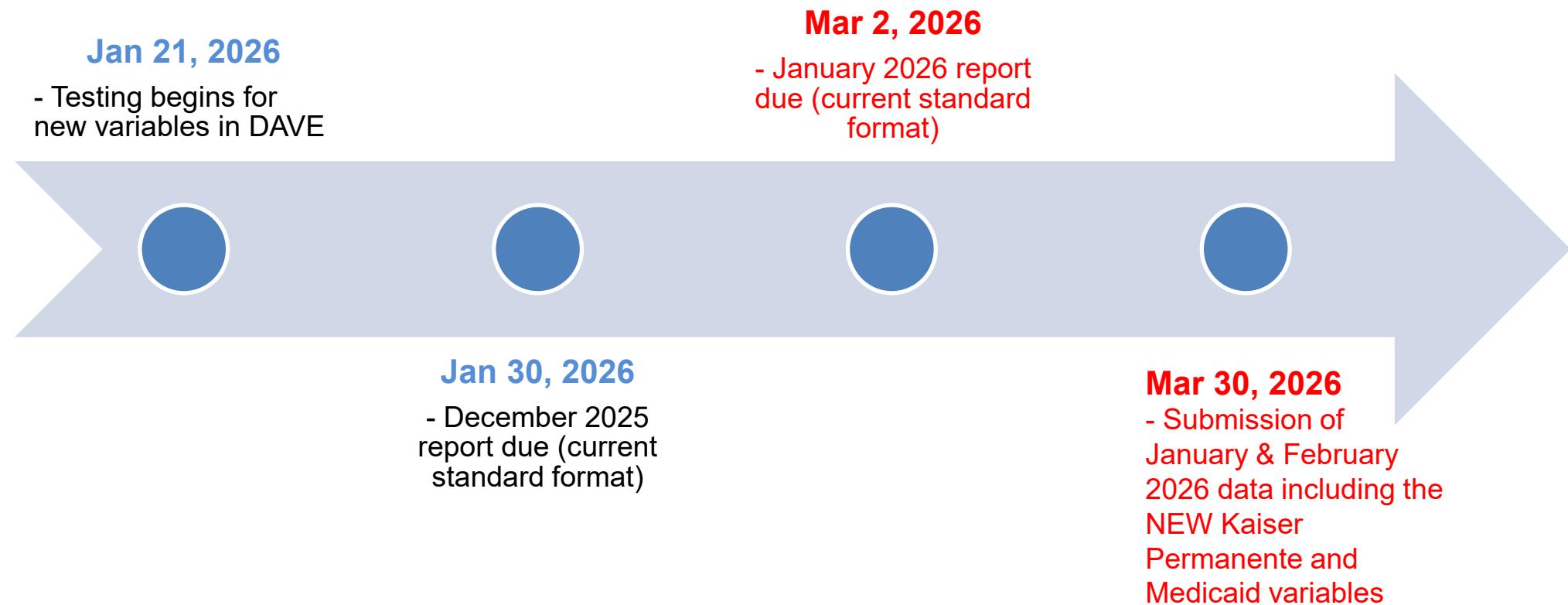
Variable Name	Description	Variable Name	Description
Code	Rate Center Code	KP_Total_In_State_Vol_Out	Total KP In-State OP Volume
KP_Vol_In	Total KP IP Volume	KP_Total_Out_State_Vol_Out	Total KP Out-of-State OP Volume
KP_Vol_Out	Total KP OP Volume	KP_Total_In_State_Rev_In	Total KP In-State IP Revenue
KP_Rev_In	Total KP IP Revenue	KP_Total_Out_State_Rev_In	Total KP Out-of-State IP Revenue
KP_Rev_Out	Total KP OP Revenue	KP_Total_In_State_Rev_Out	Total KP In-State OP Revenue
KP_Total_In_State_Vol_In	Total KP In-State IP Volume	KP_Total_Out_State_Rev_Out	Total KP Out-of-State OP Revenue
KP_Total_Out_State_Vol_In	Total KP Out-of-State IP Volume		

Updates to Monthly Experience Data - Proposed Variables

Medicaid Variables

Variable Name	Description	Variable Name	Description
Mcaid_Vol_In	Total Medicaid IP Volume	Mcaid_Out_Vol_In	Total Medicaid Out-of-state IP Volume
Mcaid_Vol_Out	Total Medicaid OP Volume	Mcaid_Out_Vol_Out	Total Medicaid Out-of-state OP Volume
Mcaid_Rev_In	Total Medicaid IP Revenue	Mcaid_In_Rev_In	Total Medicaid In-state IP Revenue
Mcaid_Rev_Out	Total Medicaid OP Revenue	Mcaid_In_Rev_Out	Total Medicaid In-state OP Revenue
Mcaid_In_Vol_In	Total Medicaid In-state IP Volume	Mcaid_Out_Rev_In	Total Medicaid Out-of-state IP Revenue
Mcaid_In_Vol_Out	Total Medicaid In-state OP Volume	Mcaid_Out_Rev_Out	Total Medicaid Out-of-state OP Revenue

Updates to Monthly Experience Data - Proposed Timeline (REV)



Reminders

HSCRC Points of Contact for Case Mix and Financial Data

Case Mix Data

Curtis Wills

Phone: (410) 764-2594

Email: curtis.wills@maryland.gov

Hannah Thurner

Phone: (410) 764-3371

Email: hannah.thurner@maryland.gov

Financial Data

Andrea Strong

Phone: (410) 764-2571

Email: andrea.strong@maryland.gov

Marcella Guccione

Phone: (410) 764-5594

Email: marcella.guccione@maryland.gov

Nancy Chiles Shaffer

Phone: (410) 764-2566

Email: nancy.shaffer@maryland.gov

Mailbox for Financial Data Submissions:

hscrc.financial-data@maryland.gov

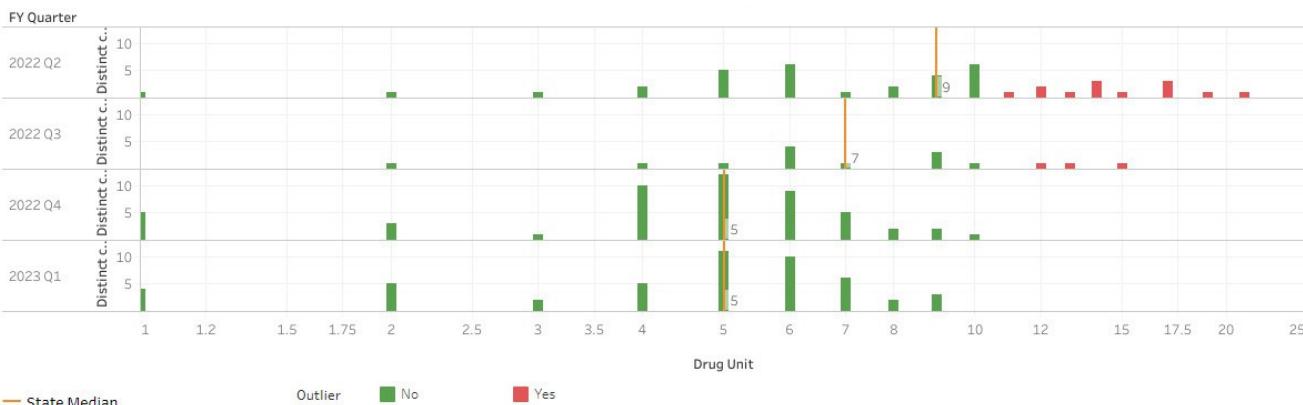
Reminder: CDS-A Reports on CRISP Portal

- 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 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
J0900	Praluent injection	442	CLASS XI COMBINED CHEMOTHERAPY AND PHARMACOTHER..	No	1,000	\$1,000,000	0	100	\$1,000,000	0

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 hscrteam@hmetrix.com

Reminder: FY25 Annual Filing Submission (eF2)

Hospital trainings on eF2

- Meeting materials and training recordings have been posted:
<https://hscrc.maryland.gov/Pages/Subgroup-annual-filing-modernization.aspx>

Clinician Cost Schedule (Schedule CCS)

- For FY 2025, Schedule CCS must be submitting using the excel template sent to hospitals on September 2, 2025
 - HSCRC is hosting a webinar to walkthrough Schedule CCS
 - When:** Tuesday, September 16, 2025 from 11a – 12p.
 - To register:** <https://hscrc.maryland.gov/Pages/Subgroup-annual-filing-modernization.aspx>
- For hospitals with a **June 30 year end**, Schedule CCS is due on **December 12, 2025**
 - Email completed schedules to: hscrc.annual@maryland.gov

Contact Information

- For any questions related to the Annual Filing or Schedule CCS
Email: hscrc.annual@maryland.gov

Reminder: Datasets Submitted to DAVE Submission Folder for hMetrix Processing

Type of File	Frequency	Naming Convention
Case Mix IP, OP, PS	Monthly & Quarterly	NA
UCC	Quarterly	HospID_FYyyQy_UCC
Financial Experience Data	Monthly	HospID_EXP_MMDDYYYY
Financial FSA Data	Monthly	HospID_FSA_MMDDYYYY
Financial FSB Data	Quarterly	HospID_FSB_MMDDYYYY
Intern Resident Survey	Annual	HospID_GME_FYyy
Hospice	Quarterly	HospID_HOSPICE_FYyyQx
Outpatient Cosmetic Surgery	Quarterly	HospID_OPCOSM_FYyyQx
Integrity and Audit files	As Required	HospID_INTEGRITY_*
Audited Financial Statement PDF report	Annual	FYyy_Audited_Financial_HospitalSystemName
6/12 month Financial Projection*	Biannual	NA
9/12 month Financial Attestation *	Biannual	NA

* Indicates that they are forms to be filled in DAVE

Reminder: Reports Submitted to Delegated Mailboxes or HSCRC Website

Report Name	Frequency	Designated Mailbox / Website Portal
Debt Collection / Financial Assistance (DCFA)	Annually	hscrc.dcfa@maryland.gov
Credit and Collections Policy	Annually	hscrc.creditcollection@maryland.gov
Outpatient Service Survey	Annually	hscrc.opsurvey@maryland.gov
Special Audit Reports	Annually	hscrc.specialaudits@maryland.gov
Special Audit Report - By Report	Annually	hscrc.specialaudits@maryland.gov
IRS Form 990s	Annually	hscrc.form990@maryland.gov
Trustee Disclosure List of Trustees	Annually	https://www.doit.state.md.us/selectsurvey/TakeSurvey.aspx?SurveyID=I213I52#
Trustee Disclosure of Interest Statement	Annually	https://www.doit.state.md.us/selectsurvey/TakeSurvey.aspx?SurveyID=I213952#
Denials Reports	Quarterly	hscrc.denial-reports@maryland.gov
Reconciliation Reports	Quarterly	hscrc.reconciliation@maryland.gov

Reminder: Submitting Extensions for Financial and Supplemental Data

Process for submitted extensions for Financial and Supplemental Data that is **not submitted via DAVE**:

Submitted in writing on hospital letterhead with **explanation** for extension and **noting each hospital and report** that will be delayed

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, Executive Director (jon.kromm@maryland.gov)
- Andrea Strong (andrea.strong@maryland.gov)
- Marcella Guccione (marcella.guccione@maryland.gov)
- Wayne Nelms (wayne.nelms2@maryland.gov)

Submitting Extensions for Financial Data and Supplemental Data

- Staff will review the extension request and respond (in writing) to the hospital indicating whether the request has been approved, and if the request is approved, the new due date (**typically 1 week**).
- **Submissions of late or significantly erroneous data** is subject to a fine and/or GBR adjustment of up to \$1,000 per day.

Data Processing Update

Points of Contact

HSCRC	hMetrix / Burton Policy
Claudine Williams Phone: (410) 764-2561 Email: claudine.williams@maryland.gov	Shivani Bhatt (Primary PoC) Phone: (484) 228-1453 Email: shivani@hmetrix.com
Nancy Chiles Shaffer Phone: (410) 764-2566 Email: nancy.shaffer@maryland.gov	Mary Pohl (Hospital Support) Phone: (410) 274-3926 Email: marypohl@burtonpolicy.com
Irene Cheng Phone: (410) 764-2581 Email: irene.cheng@maryland.gov	Team Email: hscrteam@hmetrix.com
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Andrea Strong Phone: (410) 764-2571 Email: Andrea.Strong@maryland.gov	
Curtis Wills Phone: (410) 764-2594 Email: curtis.wills@maryland.gov	

Submission Instructions

- Submitting Production Files
 - Submit data files to the appropriate subfolder after selecting "Production File Submission."
Warning: Files sent directly to the parent prod directory will not be processed.
- Production Subfolder Guide:
 - **adhoc:** For files intended for direct submission to HSCRC, bypassing hMetrix processing.
 - Notify the HSCRC staff and hMetrix after uploading the file
 - **submission:** For Case Mix, UCC, supplemental, and other hMetrix-processed ad hoc submissions (e.g., integrity files, ED LOS Adhoc) destined for HSCRC.
 - Production error reports for these submissions can be found at:
<https://hscrcdave1.hmetrix.com>
 - All files other than the Case Mix files require a naming convention
- Testing Submissions (Case Mix & UCC)
 - For testing, select "Test/Sandbox File Submission."
 - Submit **Case Mix, Financial, and UCC** test data to the test directory.
 - Test environment error reports are available at: <https://hdavetest.hmetrix.com>

Update for FY 2026 DSR: Naming convention for Experience, FSA, and FSB data

November 1, 2025

Warning added

If the File name does not match the recommended naming convention or if the hospital ID or Report date from the file name does not match with Metadata tab, a warning will be flagged

January 1, 2026

Warning to be elevated to an error, for all submission on or after 1/1/2026

Naming Conventions

Experience data:

[HospitalID]_Experience_[ReportDate].xlsx OR
[HospitalID]_EXP_[ReportDate].xlsx

FSA data: [HospitalID]_FSA_[ReportDate].xlsx

FSB data: [HospitalID]_FSB_[ReportDate].xlsx

New Validation Rules Logic Effective - 1/1/2026

Invalid File Name: Invalid file name/report date/hospital ID in file name does not match with Metadata

ERROR

Error applies to all submissions on or after 1/1/2026 from FY26 onwards

Update for FY 2026 DSR: Outpatient NDC Validation

October 1, 2025

Initial Rule Implementation

The initial validation rule went live. However, during the first 3 months, a high volume of false positive errors was observed due to outdated vendor drug lists.

November 24, 2025

Refined Logic

To resolve this, we have updated the rule to prioritize high-value claims. A unit cost threshold of \$500 is now applied to the check.

Impact

This adjustment reduces administrative burden by converting minor discrepancies (under \$500) from hard stops to warnings, while maintaining data integrity for high-cost drugs

New Validation Rules Logic

Missing NDC Any Unit Cost

ERROR

Invalid NDC Unit Cost \geq \$500

ERROR

Invalid NDC Unit Cost $<$ \$500

WARNING

*Logic applies only when Rate Center is CDS and a CPT is reported.



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Update for FY 2026 DSR: Outpatient Rate Center

October 1, 2025

Issue identified

Outpatient Service with no Rate Center are being accepted in the Outpatient data

November 1, 2025

Warning added

Outpatient data processing rules updated to display warning if Rate Center is missing and Revenue code is present

January 1, 2026

Warning to be elevated to an error, for all submission on or after 1/1/2026, including FY26 Q2 Final submissions.

New Validation Rules Logic Effective - 1/1/2026

Missing Rate Center for OP Services
where Revenue Code is missing

ERROR

Error applies to all submissions on or after 1/1/2026 including FY 26 Q2 final submission



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Reminders

- Rate Center Trend Monitoring Report
 - hMetrix added Rate Center Trend Monitoring Report to case Mix error report to help hospitals identify unusual Rate Center Charges and enable timely resolution of potential issues during submission from FY25 Q1 report
 - Thank you for all the feedback
- 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
- Change in Hospital Connection Option
 - hMetrix can now support both connection for hospital submission using SFTP and DAVE.
 - Reach out to hMetrix Team to change the choice of Hospital Connection method

Upcoming Standing Workgroup Meetings

Technical Workgroup for Insurance Denials

- **Objectives:** To define the essential data points and reporting elements for a standardized template to analyze denial trends across hospitals, and develop timeline for patient level data submissions by FY2027
- **Membership:** Open to all hospitals
- **Next Meeting:** TBD
- For more information please contact curtis.wills@maryland.gov

Payment Models Workgroup

- **Objective:** Develops recommendations for the HSCRC on the structure of payment models. This group focuses on balancing the approach to updates, addressing key topics such as Balanced Updates, Guardrails for Model Performance, Market Share, and Initial and Future Models.
- **Next Meeting:** For the meeting schedule and location, please contact: hscrc.payment@maryland.gov
- **For more information:**
<https://hscrc.maryland.gov/Pages/hscrc-workgroup-payment-models.aspx>

Performance Measurement Workgroup

- **Objective:** Responsible for evaluating measurement methodologies and recommending optimal approaches to the HSCRC. The goal is to identify measures that are reliable, informative, and practical for assessing hospital quality and safety.
- **Subgroups to the Performance Measurement Workgroups**
 - Readmissions Subgroup to the PMWG
 - Quality Based Reimbursement (QBR) Program Redesign Subgroup to the PMWG
 - Emergency Department Length of Stay Measure Subgroup to the PMWG
- **Next Meeting:** For the meeting schedule and location, please contact:
hscrc.performance@maryland.gov
- **For more information:** <https://hscrc.maryland.gov/Pages/hscrc-workgroup-performance-measurement.aspx>

Total Cost of Care Workgroup

- **Objective:** Provide technical feedback to HSCRC on the methodologies and calculations that underpin care transformation and total cost of care management activities.
- **Membership:** The HSCRC has appointed a diverse group of experts to serve on the Total Cost of Care workgroup. A comprehensive list of members can be accessed [\[here\]](#).
- **Next Meeting:** January 28, 2026, 8:00AM - 10:00AM
- **For more information:** <https://hscrc.maryland.gov/Pages/hscrc-tcoc.aspx>

Volume Technical Subgroup

- **Objective:** Advise the Payment Models Workgroup on formalizing volume adjustment policies and developing a comprehensive volume scorecard.
- **Membership:** Includes HSCRC staff, policy analysts, and stakeholders with expertise in volume trends, data analysis, and payment methodologies.
- **Next Meeting:** December 18, 2025, 1pm-3pm
- **For more information:** <https://hscrc.maryland.gov/Pages/Volume-subgroup.aspx>

Next Meeting

Notes and slides will be posted to the
HSCRC website:

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

Next Meeting
FY 2026 Q3
March 13, 2026

Join Zoom Meeting

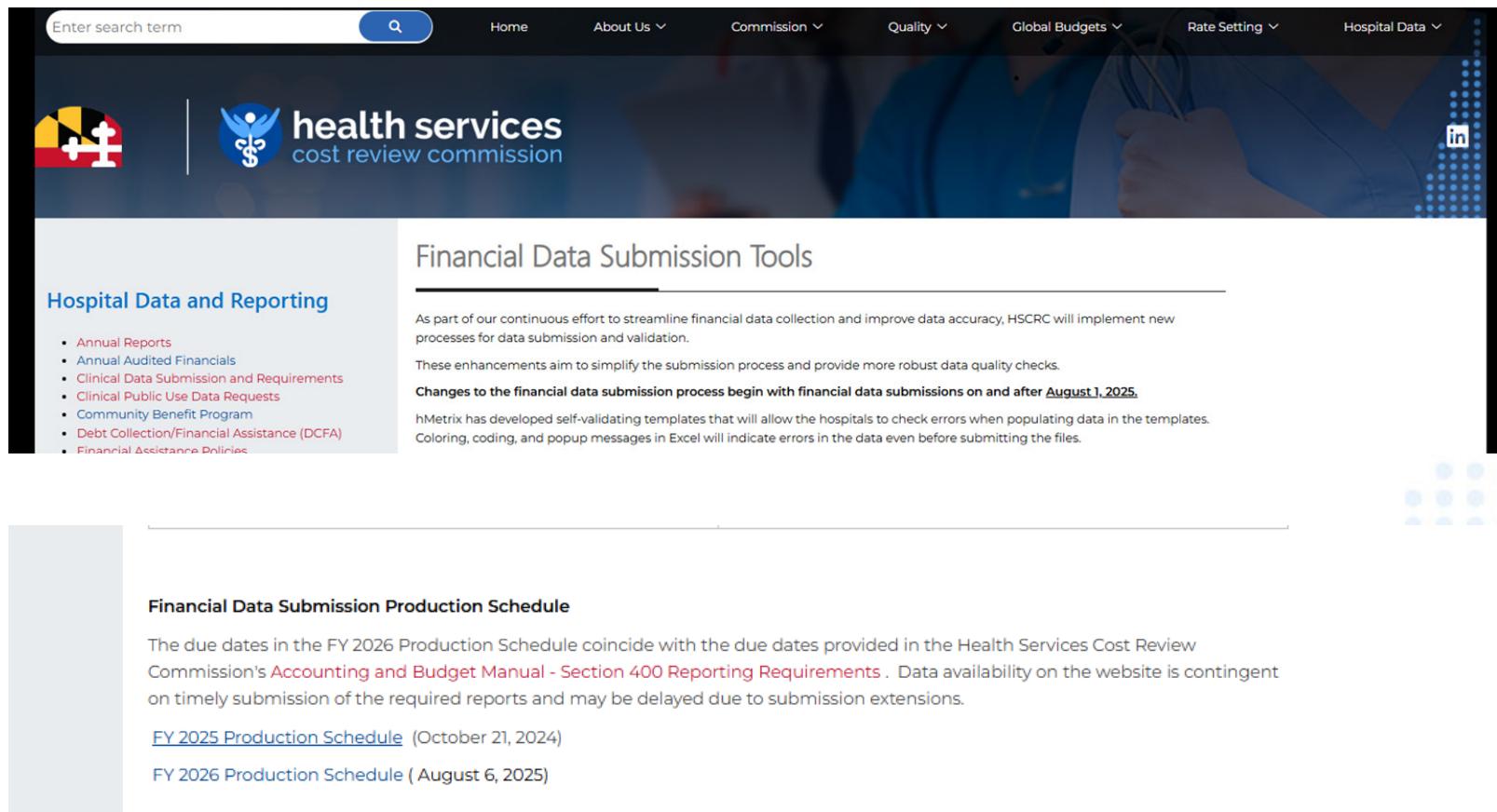
<https://us06web.zoom.us/j/4107642605?pwd=MmVwREVMbFFYUzlCeWpJcFFZYWF5UT09&omn=85973965350>

For Meeting ID and Passcode please contact Curtis Wills: curtis.wills@maryland.gov

Appendix 1a: Financial and Supplemental Data Production Schedule

Production Schedule for Financial and Supplemental Data Submissions

- Posted to the website on the Financial Data Submission Tools page: https://hscrc.maryland.gov/Pages/hsp_info2.aspx
- Financial Data availability on the website is contingent on timely submission of the required reports and are subject to change.



The screenshot shows the homepage of the Health Services Cost Review Commission (HSCRC) website. The header features the HSCRC logo and navigation links for Home, About Us, Commission, Quality, Global Budgets, Rate Setting, and Hospital Data. A search bar is at the top left. The main content area has a dark blue background with a doctor in a blue coat on the right. On the left, there's a sidebar for 'Hospital Data and Reporting' with links to Annual Reports, Annual Audited Financials, Clinical Data Submission and Requirements, Clinical Public Use Data Requests, Community Benefit Program, Debt Collection/Financial Assistance (DCFA), and Financial Assistance Policies. The main content area is titled 'Financial Data Submission Tools'. It includes a sub-section about new processes for data submission and validation, mentioning August 1, 2025, and a 'Financial Data Submission Production Schedule' section with links to the 2025 and 2026 schedules.

Appendix 1b: Process for Requesting Financial and Supplemental Data Extensions for Data **Not Submitted via DAVE**

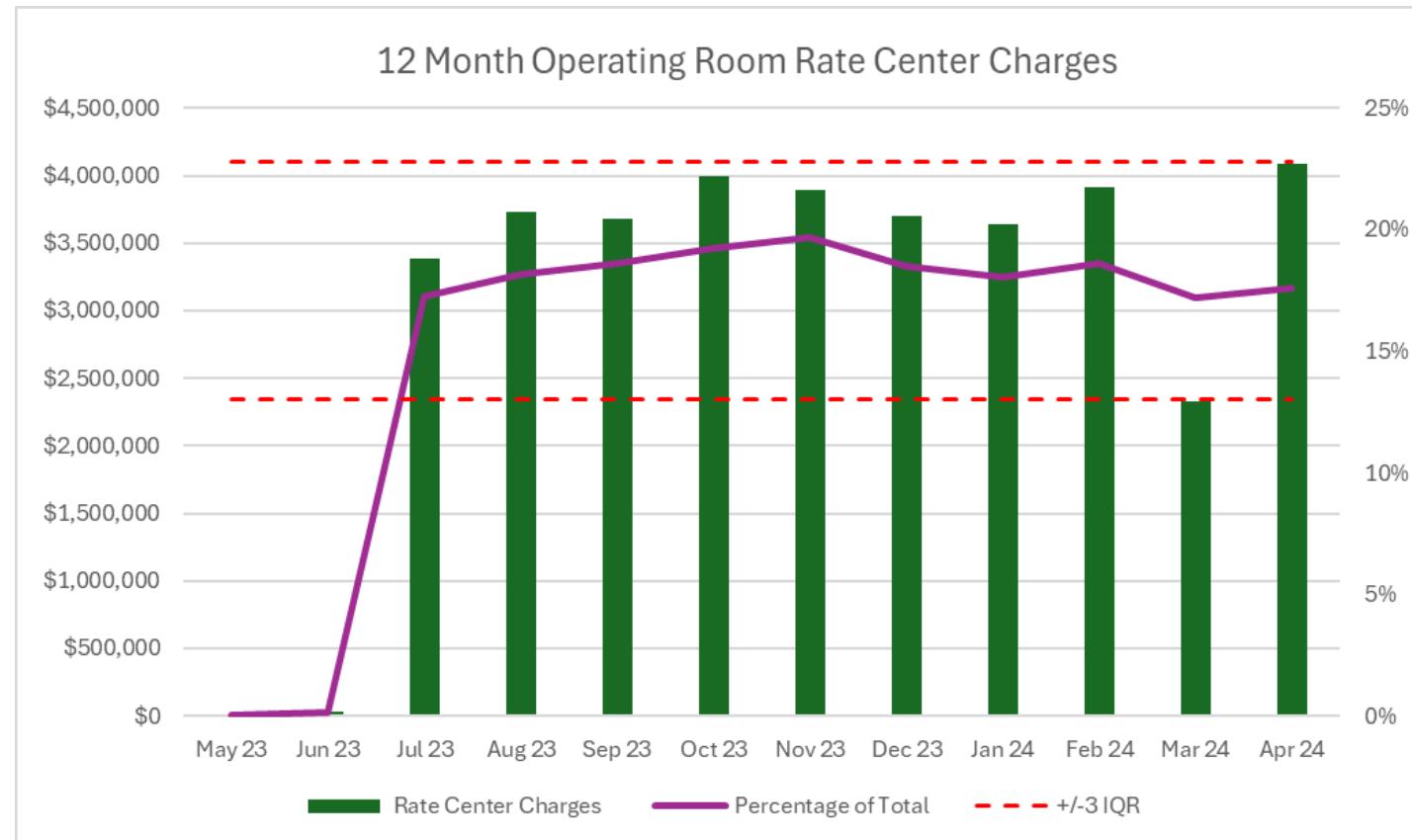
Appendix 2: Rate Center Trend Monitoring Report

Rate Center 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 (October 1, 2024) onward a monitoring tab has been added to the error report
 - Collect feedback via email in April 2025
 - FY25 Q4 refine identification of unusual Rate Center Charges
 - FY26 potential impact on error percentage

Total Charges & Rate Center Charges Outlier Identification

- Identify Significant Rate Center
 - The lookback period is 24 months
 - > 5% utilization for more than half of lookback period
- Outlier Identification
 - Total Visit and Charges
 - Current submission is outside +/- difference between 90th and 10th percentile
 - Rate Center Charges
 - Current submission is outside +/- 3 IQR
- Hospitals to review Outliers in
 - Current reported month



Monitoring Report Samples

- A new tab “Rate Center Summary” is added to the error report
 - Total visit count, total charges, total units, and all reported Rate center charges and units from the current and past 24 months are available for review
 - Outliers are flagged for the months reported in the file only
 - The outlier is determined by using the percent of charges or unit. The exception to this rule is if the hospital has at least one rate center that is >65% of total charges, the outlier is determined by using the value of reported charges or units.

Measure	Is Outlier?	202406	202405	202404	202403	202402-202308	202307
Total visit count	Yes	3,381	3,616	3,548	3,606	...	3,603
Total charges	No	\$ 149,535,672	\$ 168,731,364	\$ 163,057,126	\$ 162,261,622	...	\$ 144,797,205
Total units	Yes	9,363,068	11,890,991	11,800,619	12,230,012	...	10,783,792
Rate Center for Neonatal ICU (NEO)- charge	NA	\$ 2,538,767	\$ 4,320,278	\$ 4,272,632	\$ 4,525,932	...	\$ 2,946,247
% total charges for Rate Center for Neonatal ICU (NEO)	NA	1.70%	2.56%	2.62%	2.79%	...	2.03%
Rate Center for Drugs (CDS)- charge	NA	\$ 11,057,032	\$ 11,907,135	\$ 11,334,764	\$ 13,677,973	...	\$ 10,392,932
% total charges for Rate Center for Drugs (CDS)	No	7.39%	7.06%	6.95%	8.43%	...	7.18%
Rate Center for Drugs (CDS)- units	NA	2,724,356	3,412,462	3,820,040	4,226,131	...	3,480,831
% total units for Rate Center for Drugs (CDS)	Yes	29.10%	30.70%	32.37%	34.56%	...	32.28%

Data Received Errors for Data Received Warnings for Data Received Data Fields Total Revenue Revenue By UB Revenue Code Rate Center Summary Percent Ei

Appendix 3: UCC Reporting

UCC Data Collection and Processing

- FY26Q1 Data Submission: 56 reports received, 0 pending
- FY26Q2 Data Submission: **Jan 16 – Mar 01, 2026**

FY26 UCC report submission schedule is 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 Credit and Collection Policies
- Hospital IRS 990 Forms
- Nurse Support Programs I & II
- Outpatient Services Survey Results
- Special Audit Exceptions

Financial Data Submission Tools

Uncompensated Care (UCC) Data

Patient-level uncompensated care charity and bad debt write-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 2025 UCC Report Schedule](#) (August 2024)

[FY 2026 UCC Report Schedule](#) (June 2025)



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UCC DSR and Edit Report Updates for FY 2026 Q1

- UCC Data Edit Summary:
 - 44 reports have < 1% error
 - 8 reports have 1 - 1.99% error
 - 3 reports have 2 - 2.99% error
 - 1 reports with > 3% error rate had data validated and was manually passed
 - 0 reports to be submitted

UCC Data: Notable Errors Observed in FY26Q1 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	0.023% of write-off records from 17 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% 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.	0.23% of write-off records (excluding 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	0.28% of write-off records.

Points of Contact: UCC Data

HSCRC	hMetrix
Irene Cheng Email: Irene.Cheng@maryland.gov	DAVE Technical Support Email: hscrcteam@hmetrix.com
For questions regarding: <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 > 3% (via DAVE)• Request report submission window be reopened to submit past due report (via DAVE)	For questions regarding: <ul style="list-style-type: none">• Access to edit reports and notification e-mail• Filling the requests via DAVE

Appendix 4: Financial Methodology Grouper Versions

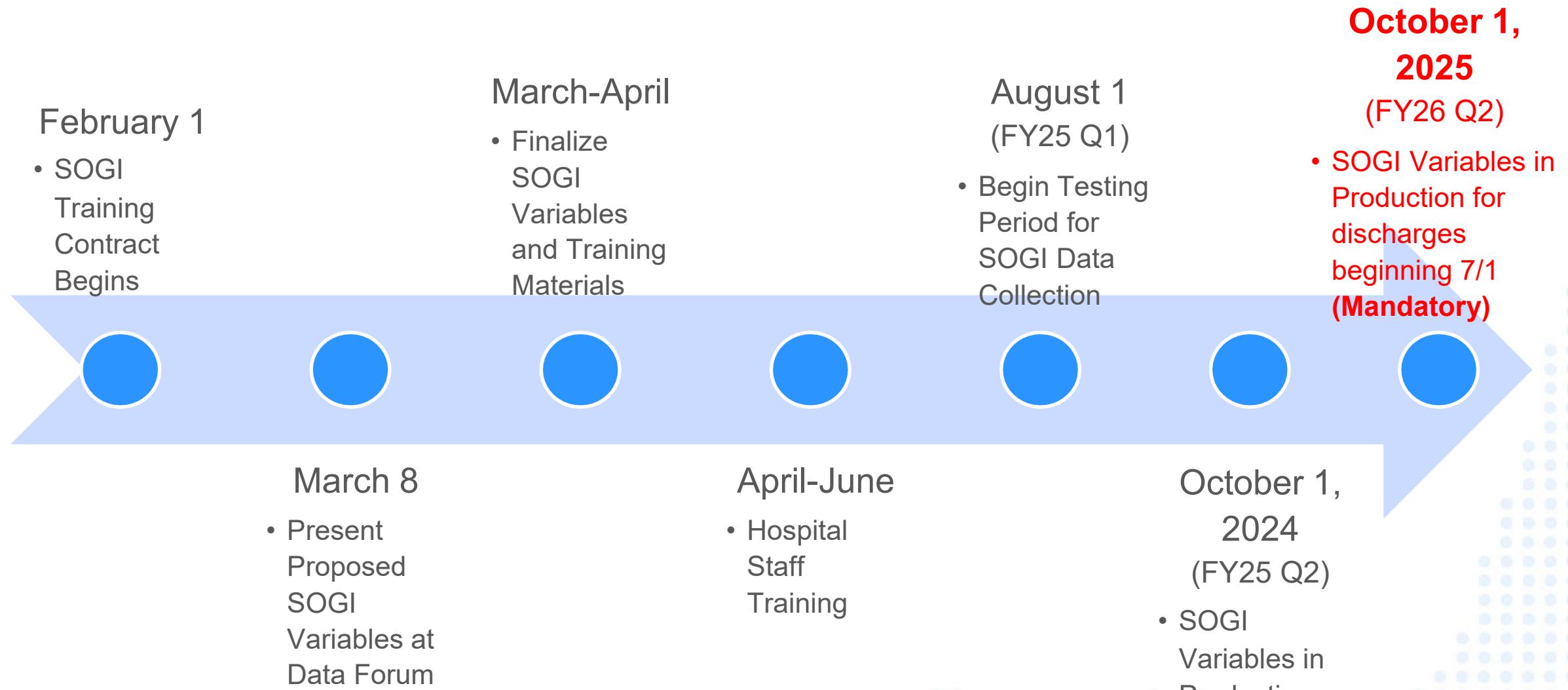
Grouper Transition: Case Mix Weights and Reports

Rate Year	RY 2027
Solventum APR/EAPG Version*	IP Weights: 41 OP Weights: 3.18
Data Period Used for Weight Development	IP: CY 2023 (12 Months) OP: CY 2023 and Q1 of CY 2024 (15 Months)
Weight Release Date	Second Quarter CY 2025
Policies Applicable To	CY 2025 6-Months Marketshift 2026 Demographic Report

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

Appendix 5: SOGI Data Collection Timeline

SOGI Data Collection Implementation Timeline (2024-2025)



Appendix 6: Quality Methodology Update

Grouper Transition: MHAC, RRIP, QBR for CY 2025

Rate Year	RY2027
*3M/Solventum APR/PPC Grouper Version	42 (<i>Updated from version 41 to incorporate annual 3M updates</i>)
Timeline	<p><u>Base Year:</u></p> <ul style="list-style-type: none">MHAC: CY 2021 Q1 – CY 2022 Q4RRIP: Two-year base period of CY 2022 and CY 2023QBR IP and 30-Day Mortality, PSI-90, TFU: CY 2023 Q3 – CY 2024 Q2 (FY 2024)QBR HCAHPS, CDC NHSN measures: CY 2023 <p><u>Performance Year:</u></p> <ul style="list-style-type: none">QBR HCAHPS, CDC NHSN measures: CY 2024 Q4- CY 2025 Q3All Other Measures: CY 2025 (CY 2024-2025 for MHAC small hospitals)
Implementation Date	RY 2027 policies begin Jan 1, 2025 in most cases. Look for base and performance period reports on the CRS Portal.

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

Potentially Preventable Complication Measures

List of 16 clinically significant PPC included in payment program.

3- Acute Pulmonary Failure w/o Ventilation	4- Acute Pulmonary Edema & Respiratory Failure	5- Pneumonia & Other Lung Infections	6- Aspiration Pneumonia
7- Pulmonary Embolism	9- Shock	16- Venous Thrombosis	28- In-Hospital Trauma/ Fractures*
35- Septicemia & Severe Infections	37- Postoperative Infection w/o Procedure*	41- Postoperative Hemorrhage/Hematoma w/ Procedure or I&D*	42- Accidental Puncture/ Laceration w/ Invasive Procedure*
47- Encephalopathy	49- Iatrogenic Pneumothorax*	60- Major Puerperal Infection & Other Major OB Complications	61- Other Complications of OB Wounds

Exclusions:

- Palliative care (PC) most PPCs (exceptions- PC NOT excluded*)
- Discharges with >6 PPCs
- APR-DRG SOI cells <31 at-risk discharges in the base
- Hospital Specific: PPCs with 0 at-risk during performance

Case-Mix Adjustment and Standardized Scores

Performance Measure: CY 2025*
PPC Composite Measure

Formula to calculate composite:

$$PPC\ Composite_j = \frac{(\sum_{i=1}^{16} ObservedPPC_{ij} * SolventumCostWeight_i)}{(\sum_{i=1}^{16} ExpectedPPC_{ij} * SolventumCostWeight_i)}$$

Solventum cost weights used as proxy for patient harm. Expected PPCs calculated by applying statewide average PPC rate by APR-DRG SOI cell (norms) from base to hospitals' patient mix in performance period

MHAC Score (0-100%) calculated by comparing hospital performance to a statewide threshold and benchmark.

MHAC Score

Threshold

Benchmark



July 22- June 24 used to calculate statewide averages (norms) and threshold/benchmark.

*Small hospitals will be assessed on CYs 24 & 25

Hospital MHAC Score & Revenue Adjustments

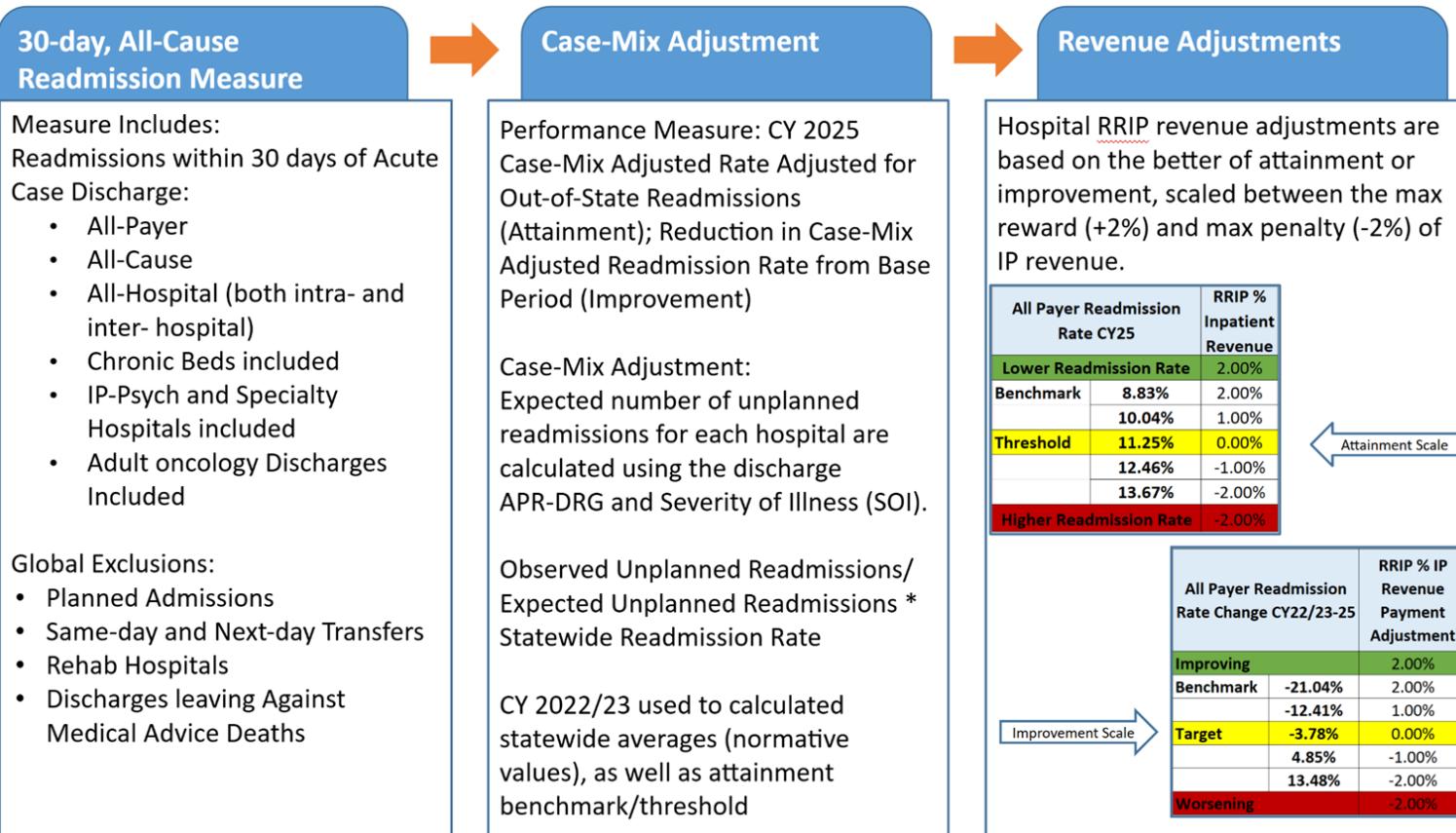
Hospital MHAC Score (0-100%) is compared to a present revenue adjustment scale.

Cut point for rewards/penalties is average MHAC score based on historical modeling. This cut point will be reassessed and updated if the performance period average MHAC score varies by more than 10 percentage points.

Max Penalty -2% & Reward +2%

MHAC Score	Inpatient Revenue Adjustment
0%	-2.00%
10%	-1.76%
20%	-1.52%
30%	-1.29%
40%	-1.05%
50%	-0.81%
60%	-0.57%
70%	-0.33%
80%	-0.10%
84%	0.00%
90%	0.75%
100%	2.00%

RRIP- RY 2027



Patient Adversity Index (PAI)

The PAI measure is continuous index of readmission risk based on the following patient factors:

- Medicaid status
- Race (Black vs. Non-Black)
- Area Deprivation Index Percentile

Within Hospital Disparity Gap

Within hospital disparity gap is calculated by a regression model that estimates the slope of PAI at each hospital after controlling for:

- Age
- Gender
- APR-DRG readmission risk

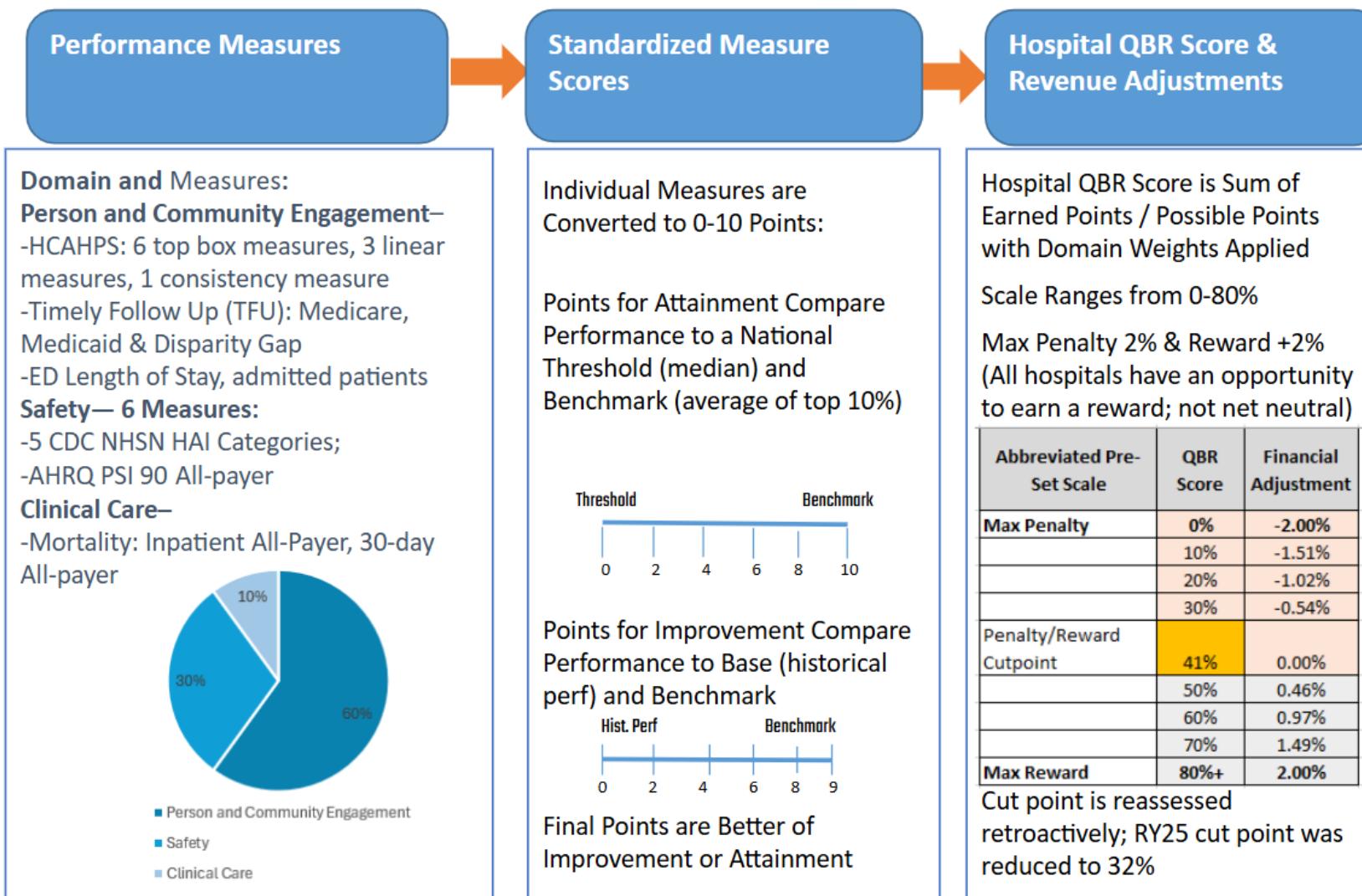
Disparity Gap Revenue Adjustments

Reward only, scaled from 0.25-0.50%:

**RRIP
Disparity
Reduction
RY 2027**

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Overview of QBR Methodology: Converting Performance to Reward and Penalty Scale



HSCRC Digital Measures Reporting Requirements 2025: Electronic Clinical Quality Measures (eCQMs)

<u>Title</u>	<u>Short Name</u>	<u>CMS eCQM ID</u>	<u>CBE* #</u>	<u>2024</u>	<u>2025</u>	<u>HSCRC</u>
<u>Anticoagulation Therapy for Atrial Fibrillation/Flutter</u>	STK-3	CMS71v13	N/A	X	X	Self-Selected
<u>Antithrombotic Therapy By End of Hospital Day 2</u>	STK-5	CMS72v12	N/A	X	X	Self-Selected
<u>Cesarean Birth</u>	PC-02	CMS334v5	0471e	X	X	Required
<u>Discharged on Antithrombotic Therapy</u>	STK-2	CMS104v12	N/A	X	X	Self-Selected
<u>Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults (Facility IQR)</u>	IP-ExRad	CMS1074v2	3663e		X	Self-Selected
<u>Global Malnutrition Composite Score</u>	GMCS	CMS986v2	3592e	X	X	Self-Selected
<u>Hospital Harm - Acute Kidney Injury</u>	HH-AKI	CMS832v2	3713e		X	Self-Selected
<u>Hospital Harm - Opioid-Related Adverse Events</u>	HH-ORAE	CMS819v2	3501e	X	X	Self-Selected
<u>Hospital Harm - Pressure Injury</u>	HH-PI	CMS826v2	3498e		X	Self-Selected
<u>Hospital Harm - Severe Hyperglycemia</u>	HH-Hyper	CMS871v3	3533e	X	X	Required
<u>Hospital Harm - Severe Hypoglycemia</u>	HH-Hypo	CMS816v3	3503e	X	X	Required
<u>ICU Venous Thromboembolism Prophylaxis</u>	VTE-2	CMS190v12	N/A	X	X	Self-Selected
<u>Safe Use of Opioids - Concurrent Prescribing</u>	Safe use of opioids	CMS506v6	3316e	X	X	Required
<u>Severe Obstetric Complications</u>	PC-07	CMS1028v2	N/A	X	X	Required
<u>Venous Thromboembolism Prophylaxis</u>	VTE-1	CMS108v12	N/A	X	X	Self-Selected

Appendix 7: Case Mix Review Update

CY 2023 Summary of Each Hospital's Overall Accuracy

Summary Category	Hospital												AT				
	#51	#52	#53	#54	#55	#56	#57	#58	#59	#60	#61	#62	50th	75th	90th	SO	PB
Overall	76	77	91	85	58	87	85	82	72	52	91	90	84	89	91	82	95
Inpatient	91	77	96	92	73	89	88	86	69	63	91	95	89	92	96	84	95
Outpatient	63	78	87	80	46	86	82	79	74	43	92	85	80	86	91	79	95

CY 2023 Hospital Inpatient Data Abstract Performance

Inpatient Category	Hospital												AT				
	#51	#52	#53	#54	#55	#56	#57	#58	#59	#60	#61	#62	50th	75th	90th	SO	PB
1 Overarching	90	77	97	87	77	92	87	87	70	73	97	97	87	96	97	85	95
2 Infreq HR APR-DRGs	81	50	95	91	64	100	80	95	57	68	90	95	86	95	99	78	95
3 HR Surg APR-DRGs	86	67	100	95	86	93	90	95	52	38	95	100	92	95	100	75	95
4 HR Non-Resp APR-DRGs	95	79	95	100	77	87	90	75	75	81	95	95	89	95	99	86	95
5 HR Resp APR-DRGs	90	86	95	95	71	90	90	85	90	67	95	90	90	94	95	86	95
6 Coding Issues	95	79	90	95	71	83	85	65	65	62	85	100	84	94	99	82	95
7 Targeted PPCs	94	0	100	100	70	100	90	100	61	67	83	100	92	100	100	66	95
8 Palliative Care	90	72	100	77	67	79	85	70	70	57	85	95	78	89	99	82	95
11 Disposition	100	90	90	91	81	79	100	95	75	57	85	85	88	94	100	83	95

CY 2023 Outpatient Data Abstract Review Performance

Outpatient Category	Hospital												AT			SO	PB
	#51	#52	#53	#54	#55	#56	#57	#58	#59	#60	#61	#62	50th	75th	90th		
1 OA Ambulatory Surg	100	95	100	100	100	100	90	96	100	100	100	100	100	100	100	92	95
2 OA Observation	32	50	90	90	4	95	50	96	75	26	100	100	83	96	100	61	95
3 OA Emergency Dept	63	80	100	100	0	100	90	100	95	12	100	95	95	100	100	60	95
4 OA Clinic/Other	65	100	100	100	75	100	90	95	95	100	100	100	100	100	100	83	95
5 Drugs	65	100	100	100	10	100	100	100	95	30	100	100	100	100	100	63	95
7 Excision Lesions	70	70	75	70	65	60	65	25	30	50	65	60	65	70	74	79	95
9 Other Charging	75	90	100	100	0	100	100	95	75	55	100	100	98	100	100	65	95
10 Diabetes	95	95	95	100	50	95	100	100	100	35	95	100	95	100	100	73	95
11 Wound Care	100	80	90	60	70	50	80	65	70	6	75	85	73	84	97	71	95
12 Infusion	20	95	95	50	80	40	95	40	70	50	85	95	75	95	95	68	95
15 Emergency Dept Observation	6	25	5	5	64	95	30	11	0	0	90	0	9	56	94	60	95

CY 2023 Emergency Department Wait Times

ED Departure Times	Inpatient Cases (n = 1,717)		Outpatient Cases (n = 1,255)	
	Cases	Percent	Cases	Percent
Departure within 2 hours	50	3%	102	8%
Departure 2 to 4 hours	100	6%	189	15%
Departure 4 to 6 hours	127	7%	207	16%
Departure 6 to 12 hours	668	39%	392	31%
Departure greater than 12 hours	707	41%	335	27%
ED Departure Time Missing	76	4%	8	1%
Discharge before noon (departure time known)	578	34%	454	36%

CY 2024 Upcoming Reviews

- HSCRC will notify facilities by mid-September 2025
- Reviews will begin in October 2025

Appendix 8: New 42 CFR Suppression Policy for Public Use Files

Reminder: New 42 CFR Suppression Policy for Public Use Files

- Date Effective: Beginning September 2, 2025
- Platform: CRS Portal and PUF Data requests
- Data Impacted: Inpatient and Outpatient, CY 2016 and onwards

Key Policy Changes		
Method	Diagnosis Code-Based Flagging:	Procedure Code-Based Flagging:
Old	Visit flagged as 42 CFR only if Primary Diagnosis was 42 CFR	Visit flagged as 42 CFR if any one procedure code was 42 CFR.
New	Visit flagged as 42 CFR if <u>ANY</u> diagnosis is 42 CFR.	Visit flagged as 42 CFR only if <u>ALL</u> procedure codes are 42 CFR.

% of Total Records Identified as 42 CFR (January 2016- May 2025)		
Data Type	Old Method	New Method
IP	2.17%	12.72%
OP	0.69%	1.32%

Appendix 9: FY 2026 SOGI Data Collection Update

Reminder: FY 2026 SOGI Data Collection Update

📌 Background

- New data items was added to improve Sexual Orientation and Gender Identity (SOGI) reporting:
 - 546 – Gender Identity
 - 547 – Sexual Orientation
 - 548 – Sex Assigned at Birth

NEW New Reporting Code Option - “Unable to obtain from the patient”

- Gender Identity: Code “9”
- Sexual Orientation: Code “11”
- Sex Assigned at Birth: Code “6”
- These codes are used when the patient is clinically or cognitively unable to self-report (e.g., patient is unconscious, mental health crisis, emergency situations).

Reminder: FY 2026 SOGI Data Collection Update

Scenario	System Behavior
<input checked="" type="checkbox"/> Valid SOGI value entered	No error
<input type="checkbox"/> Invalid value entered	Error: "If value is reported and is invalid"
<input type="checkbox"/> No value for patient 18+	Error: "If value is not reported and age is 18 years or older"
<input checked="" type="checkbox"/> Code used appropriately	No error

Staff Action Items

- Use “Unable to obtain” codes only when appropriate.
- Ensure patients 18+ have a valid SOGI entry or a valid exception code.
- Train staff on:
 - When to use each code
 - Avoiding invalid entries
- Monitor for recurring errors and escalate as needed.

Reminder: FY 2026 DSR Implementation Timeline

Test/Sandbox (Test folder)

August 1,
2025,
Onwards

- **FY 2026** DSR
- **FY 2026** Lookup rules
- With July Discharges

Production (Submit Folder)

Aug 2025

- **FY 2025** DSR
- FY26 Jul Monthly and Jul – Aug Monthly

Oct 1, 2025

- **FY2026** DSR with mandatory **SOGI** variables
- FY 26 Q1 (Jul – Sep Monthly) Onwards



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