



maryland
health services
cost review commission

FY 2025 Quarter 4 Data Forum

June 13, 2025
@10:00 AM

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?**
 - 10:00 am - 12:00 pm
- **WHERE?**
 - via Webinar (link is posted on our website 2 months before the next meeting)

| FY 2026 Dates |
|---------------------------|
| September 12, 2025 |
| December 12, 2025 |
| March 13, 2026 |
| June 12, 2026 |

Agenda

- Financial Methodology Grouper Versions (Denise)
- Quality Update (Dianne)
 - SOGI Update (Princess)
 - Z-Code Analysis (Princess)
- Reminders (Curtis)
 - Points of Contact
 - CDS-A Report
 - Data Forum Survey
- FY 2025-2026 Data Submission Updates (Claudine)
- Data Processing Update (Maria Manavalan, hMetrix/Burton Policy)
- Case Mix Review Update (Brenda Watson, AGS)
- Upcoming Workgroups and Next Meeting (Curtis)

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™ Enhanced APG (EAPG) Software are proprietary products of Solventum Health Information Systems.

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"

3M | Health Information Systems

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

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

Find Answers
Search the Knowledge Base and Documentation Libraries

Search...

Enhancement Requests

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

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

RY 2026 Quality Program Timelines

| HSCRC RY 2027 Performance Based Payment Program Measurement, Performance, and Impact Periods | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------|------------------|-------|---|-------|--|-------|--|-------|--|-------|---|-------|-------|-------|-----------------------------------|-------|--|-------|-------|-------|--|
| Rate Year (Maryland Fiscal Year) | Q3-22 | Q4-22 | Q1-23 | Q2-23 | Q3-23 | Q4-23 | Q1-24 | Q2-24 | Q3-24 | Q4-24 | Q1-25 | Q2-25 | Q3-25 | Q4-25 | Q1-26 | Q2-26 | Q3-26 | Q4-26 | Q1-27 | Q2-27 | Q3-27 | Q4-27 | |
| Calendar Year | Q1-22 | Q2-22 | Q3-22 | Q4-22 | Q1-23 | Q2-23 | Q3-23 | Q4-23 | Q1-24 | Q2-24 | Q3-24 | Q4-24 | Q1-25 | Q2-25 | Q3-25 | Q4-25 | Q1-26 | Q2-26 | Q3-26 | Q4-26 | Q1-27 | Q2-27 | |
| Maryland Hospital Acquired Conditons Program (MHAC) | | | Base Period:MHAC | | | | | | | | | | Performance Period: MHAC (CY Q1-24 to Q4-25 for small hospitals) | | | | | | Rate Year Impacted by MHAC Results | | | | |
| Quality Based Reimbursement Program (QBR) | | | | | Base Period: Hospital Compare (HCAHPS measures, All NHSN Measures) | | | | | | Performance Period: Hospital Compare (HCAHPS measures, All NHSN Measures) | | | | | | Rate Year Impacted by QBR Results | | | | | | |
| | | | | | | | Base Period: QBR IP and 30- day Mortality, PSI-90, Timely Follow-up Chronic Conditions (Medicare, Medicaid and w/in Hospital Disparity Reduction) | | | | | | Performance Peirod: QBR IP and 30-day Mortality, PSI-90, Follow-up Chronic Conditions (Medicare, Medicaid and w/in Hospital Disparity Reduction) | | | | | | | | | | |
| | | | | | | | | | Base Period: Emergency Department Length of Stay (Admitted Patients) | | | | Performance Period: Emergency Department Length of Stay (Admitted Patients) | | | | | | | | | | |
| Readmisison Reduction Incentive Program (RRIP)- 30-day Readmissions | Base Period: RRIP 30-Day Readmissions | | | | | | | | | | | | Performance Period: RRIP 30- day Readmissions | | | | | | Rate Year Impacted by RRIP 30- Day Readmission Results | | | | |
| RRIP Within- Hospital Disparity Gap Improvement* | *Base period to establish within-hospital RRIP disparity gap is 2018; the coefficients were calculated using 2021 data. | | | | | | | | | | | | Performance Period: RRIP Disparity Gap Improvement | | | | | | Rate Year Impacted by RRIP Disparity Gap Improvement Results | | | | |
| PAU Savings | | | | | | | | | | | | | PAU Savings Performance Period | | | | | | Rate Year Impacted by PAU Savings Results | | | | |

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 Q4• RRIP: 2018; norms based on CY 2022 and CY 2023• QBR 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 Q3• All Other Measures: CY 2025 <p><i>(CY 2024-2025 for MHAC small hospitals)</i></p> |
| Implementation Date | RY 2027 policies begin Jan 1, 2025 in most cases. Look for base and performance period reports on the CRS Portal. |

RY 2027 MHAC Program

Potentially Preventable Complication Measures

List of 16 clinically significant PPCs included in RY 2027 payment program:

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

Exclusions:

- Palliative care
- Discharges >6 PPCs
- APR-DRG SOI cells < 31 at-risk discharges in the base
- Hospital Specific: PPCs with 0 at-risk discharges during performance period

Case-Mix Adjustment and Calculation of MHAC Score

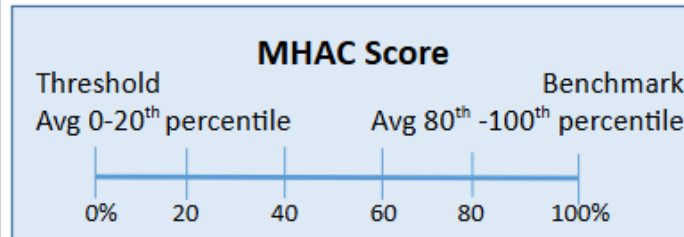
Performance Metric: CY 2025* PPC Composite measure

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.



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

***Small hospitals will be assessed on CYs 24 & 25**

MHAC Revenue Adjustment

Hospital MHAC score (0-100%) is compared to a preset 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

30-day, All-Cause Readmission Measure

Measure Includes:
Readmissions within 30 days of Acute Case Discharge:

- All-Payer
- All-Cause
- All-Hospital (both intra- and inter- hospital)
- Chronic Beds
- IP-Psych and Specialty Hospitals
- Adult Oncology Discharges

Global Exclusions:

- Planned Admissions
- Same-day and Next-day Transfers
- Rehab Hospitals
- Discharges leaving Against Medical Advice
- Deaths
- Pediatric Oncology Discharges

Case-Mix Adjustment

Performance Measure: CY2025 case-mix Adjusted Readmission Rate, adjusted for out-of-state readmissions (Attainment); Reduction in Case-mix Adjusted Readmission Rate from Base Period (Improvement)

Case-mix Adjustment:
Expected number of unplanned readmissions for each hospital are calculated using the discharge APR-DRG and severity of illness (SOI).

*Observed Unplanned Readmissions / Expected Unplanned Readmissions * Statewide Readmission Rate*

CYs 2022-2023 used to calculate statewide averages (normative values), as well as attainment benchmark/threshold values

Revenue Adjustments

Hospital RRIP revenue adjustments are based on the better of attainment or improvement, scaled between the Max Reward and Max Penalty.

Scores Range from Max Penalty -2% & Reward+2%

| All Payer Readmission Rate Change CY22-24 | % IP Revenue Payment Adjustment |
|---|---------------------------------|
| A | B |
| Improving | 2.00% |
| -19.79% | 2.00% |
| -11.16% | 1.00% |
| Target | 0.00% |
| 6.10% | -1.00% |
| 14.73% | -2.00% |
| Worsening | -2.00% |

Improvement ←

→ Attainment

| All Payer Readmission Rate CY24 | RRIP % Inpatient Revenue |
|---------------------------------|--------------------------|
| Lower Readmission Rate | 2.0% |
| Benchmark | 9.17% 2.00% |
| | 10.09% 1.00% |
| Threshold | 11.02% 0.00% |
| | 11.95% -1.00% |
| | 12.87% -2.00% |
| Higher Readmission Rate | -2.0% |

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%:

| Disparity Gap Change CY 2018-2024 | RRIP % Inpatient Rev. |
|--|-----------------------|
| On pace for 50% Reduction Gap in 8 Years | 0.25% |
| On pace for 75% Reduction Gap in 8 Years | 0.50% |

RRIP Disparity Reduction RY 2027

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

Performance Measures

HCAHPS Linear Scores:

- nurse communication
- doctor communication
- **Medication communication**

Domain and Measures:

Person and Community Engagement—
-6 HCAHPS categories; *

-Timely Follow Up (TFU) Medicare and Medicaid & TFU Disparity Gap
-ED LOS, admitted patients

*Decrease from 8 in RY 2026 program

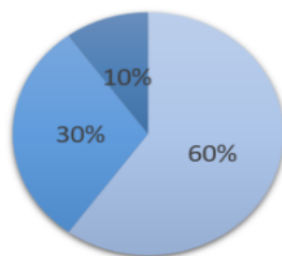
Safety— 6 Measures:

—5 CDC NHSN HAI Categories;

-AHRQ PSI 90 All-payer

Clinical Care—

--Mortality Inpatient, 30-day All-payer



- Person and Community Engagement
- Clinical Care
- Safety

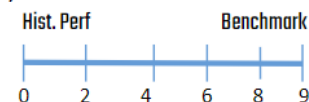
Standardized Measure Scores

Individual Measures are
Converted to 0-10 Points:

Points for Attainment Compare
Performance to a National
Threshold (median) and
Benchmark (average of top 10%)



Points for Improvement Compare
Performance to Base (historical
perf) and Benchmark



Final Points are Better of
Improvement or Attainment

Hospital QBR Score & Revenue Adjustments

Hospital QBR Score is Sum of
Earned Points / Possible Points
with Domain Weights Applied

Scale Ranges from 0-80%

Max Penalty 2% & Reward +2%

**(ALL HOSPITALS HAVE
OPPORTUNITY TO EARN
REWARD)**

| Abbreviated Pre-Set Scale | QBR Score | Financial Adjustment |
|---------------------------|-----------|----------------------|
| Max Penalty | 0% | -2.00% |
| | 10% | -1.51% |
| | 20% | -1.02% |
| | 30% | -0.54% |
| Penalty/Reward Cutpoint | 41% | 0.00% |
| | 50% | 0.46% |
| | 60% | 0.97% |
| | 70% | 1.49% |
| Max Reward | 80%+ | 2.00% |

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

eCQM Measures Reporting Timeline Options

eCQM CY 2025 Performance Period Submission Windows for Hospitals to be Eligible for the \$150K Expedited Reporting Bonus for RY 2027

| | | | | |
|--------------|-------|------------|--------|------------|
| Q1 2025 data | Open: | 7/15/2025 | Close: | 9/30/2025 |
| Q2 2025 data | Open: | 7/15/2025 | Close: | 9/30/2025 |
| Q3 2025 data | Open: | 10/15/2025 | Close: | 12/31/2025 |
| Q4 2025 data | Open: | 1/15/2026 | Close: | 3/31/2026 |

eCQM CY 2025 Performance Period Submission Windows Required for HSCRC Reporting Compliance

For hospitals that do not opt for the expedited reporting bonus, they must report all required eCQM measures data consistent with the CMS CY 2025 reporting timeline as follows

| | | | |
|---------------|----------------|--------|-----------|
| Q1-Q4 CY 2025 | Open 1/15/2026 | Close: | 3/31/2026 |
|---------------|----------------|--------|-----------|

Digital Hybrid Measure Reporting Requirements: Core Clinical Data Elements for Hospital Wide Mortality and Readmission Measures, 2024-2025

Hospitals must submit CCDE measures for **all payer hospitalizations for patients aged 18 and older** for July 1, 2024 to June 30, 2025 reporting period; hospitals must submit an ECE request for HSCRC consideration if they are unable to comply with the reporting requirement. Hospitals must notify HSCRC of their reporting timeline (option i Quarterly or ii Annual as outlined below).

i. Quarterly Timeline

| | | |
|--------------|-----------------|------------------|
| 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 |

ii. Annual Timeline

| | | |
|----------------------|----------------|------------------|
| Q3, 2024 to Q2, 2025 | Open 7/15/2025 | Close: 9/30/2025 |
|----------------------|----------------|------------------|

Digital Hybrid Measure Reporting Requirements: Core Clinical Data Elements for Hospital Wide Mortality and Readmission Measures, 2025-2026

Hospitals must submit CCDE measures for **all payer hospitalizations for patients aged 18 and older** for July 1, 2025 to June 30, 2026 reporting period; hospitals must submit an ECE request for HSCRC consideration if they are unable to comply with the reporting requirements. Hospitals may choose and must notify HSCRC of their reporting timeline (option i Quarterly or ii Annual as outlined below).

i. Quarterly Timeline (***compliance required to be Eligible for the \$150K Expedited Reporting Bonus for RY 2027***)

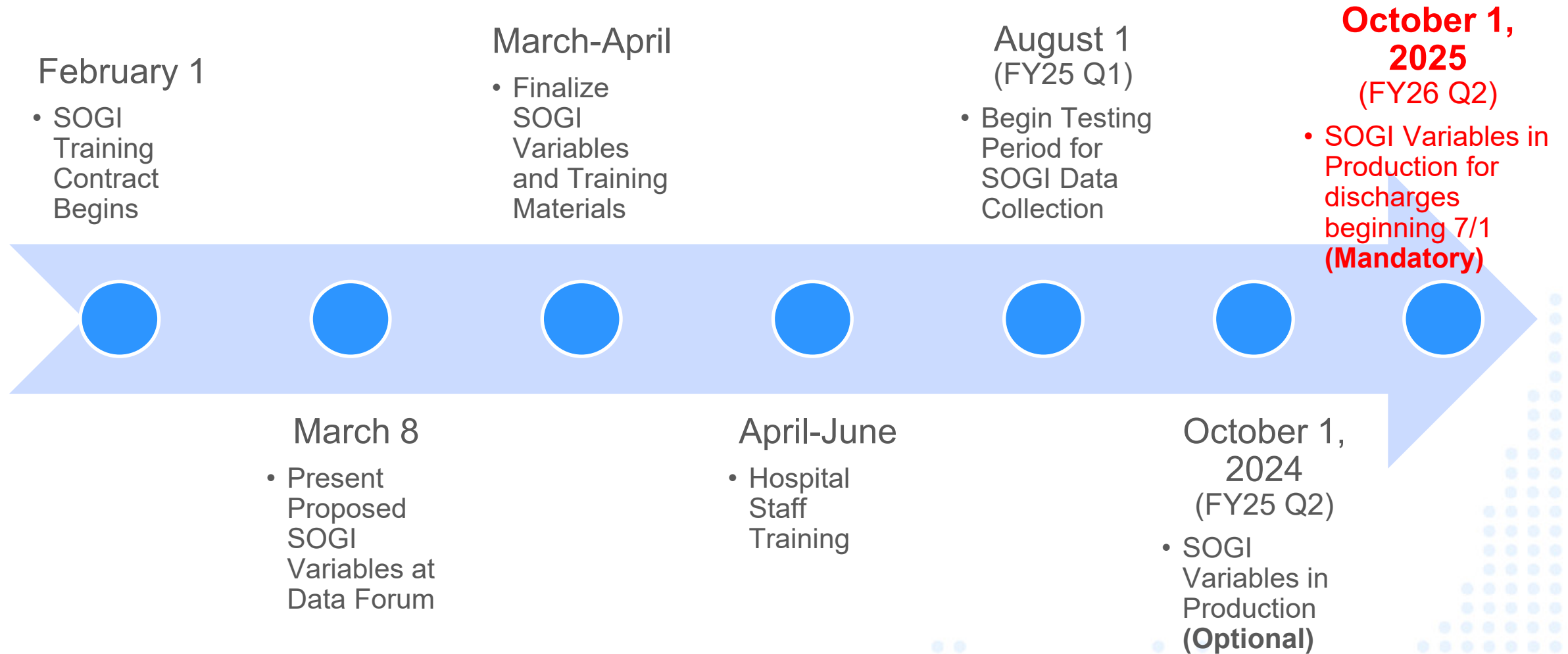
| | | |
|--------------|-----------------|------------------|
| Q3 2025 data | Open: 1/15/2026 | Close: 3/31/2026 |
| Q4 2025 data | Open: 1/15/2026 | Close: 3/31/2026 |
| Q1 2026 data | Open: 4/15/2026 | Close: 6/30/2026 |
| Q2 2026 data | Open: 7/15/2026 | Close: 9/30/2026 |

ii. Annual Timeline

| | | |
|----------------------|----------------|------------------|
| Q3, 2025 to Q2, 2026 | Open 7/15/2026 | Close: 9/30/2026 |
|----------------------|----------------|------------------|

SOGI Data Collection Update

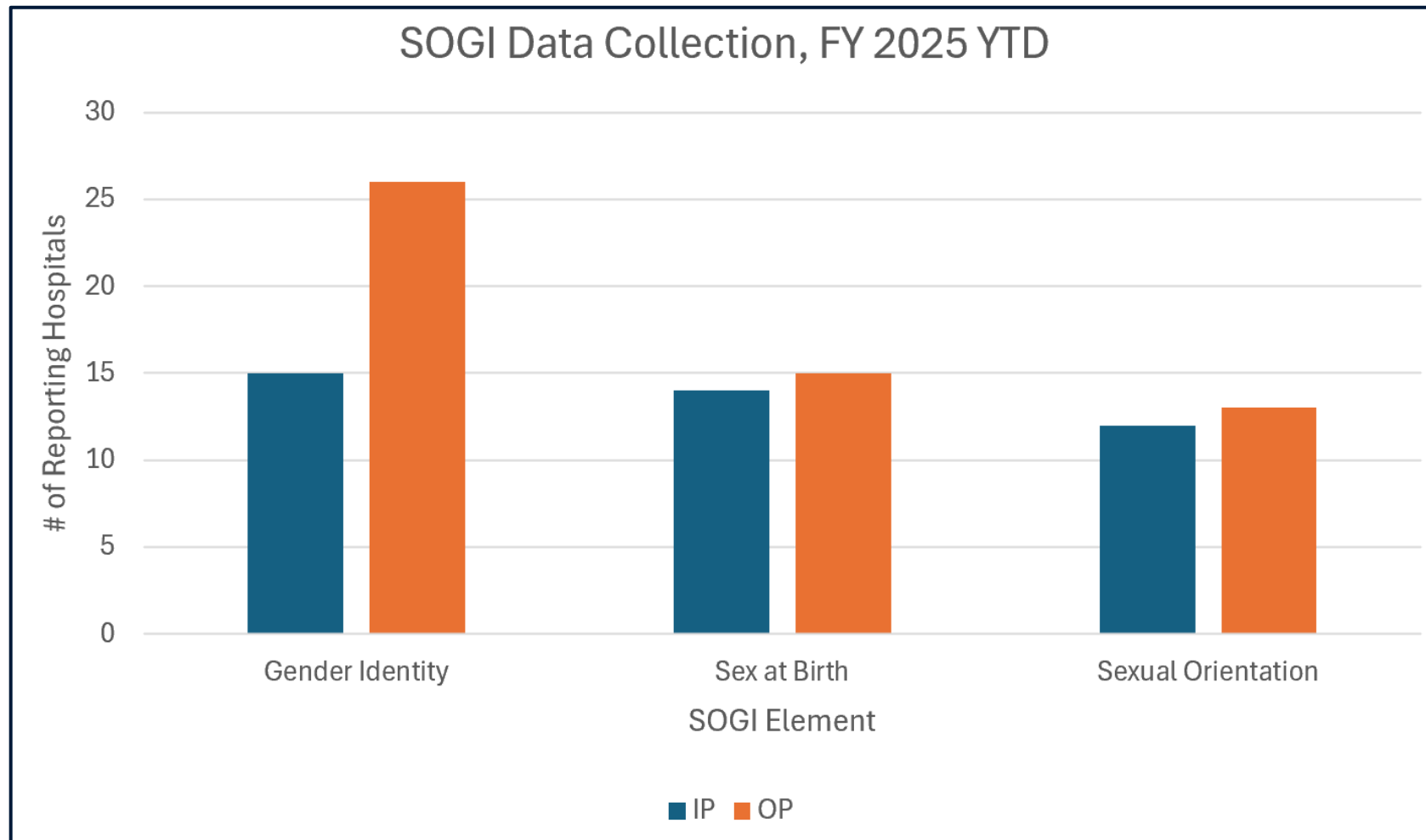
SOGI Data Collection Implementation Timeline (2024-2025)



SOGI Data Collection FAQs

1. How often should this data be collected?
 - a. Every 6 months-1 year. Patients should be reminded to review their demographic information (including SOGI) and make any necessary changes on an annual basis with the ability of the patient to update the information at any time.
2. How are the recent federal government's actions impacting this data collection?
 - a. The federal government's actions do not impact HSCRC's commitment to collecting this data. These data variables are confidential to protect patient's privacy and will only be used for internal analyses and will NOT be available in our statewide public use files requested by policymakers, researchers, etc.

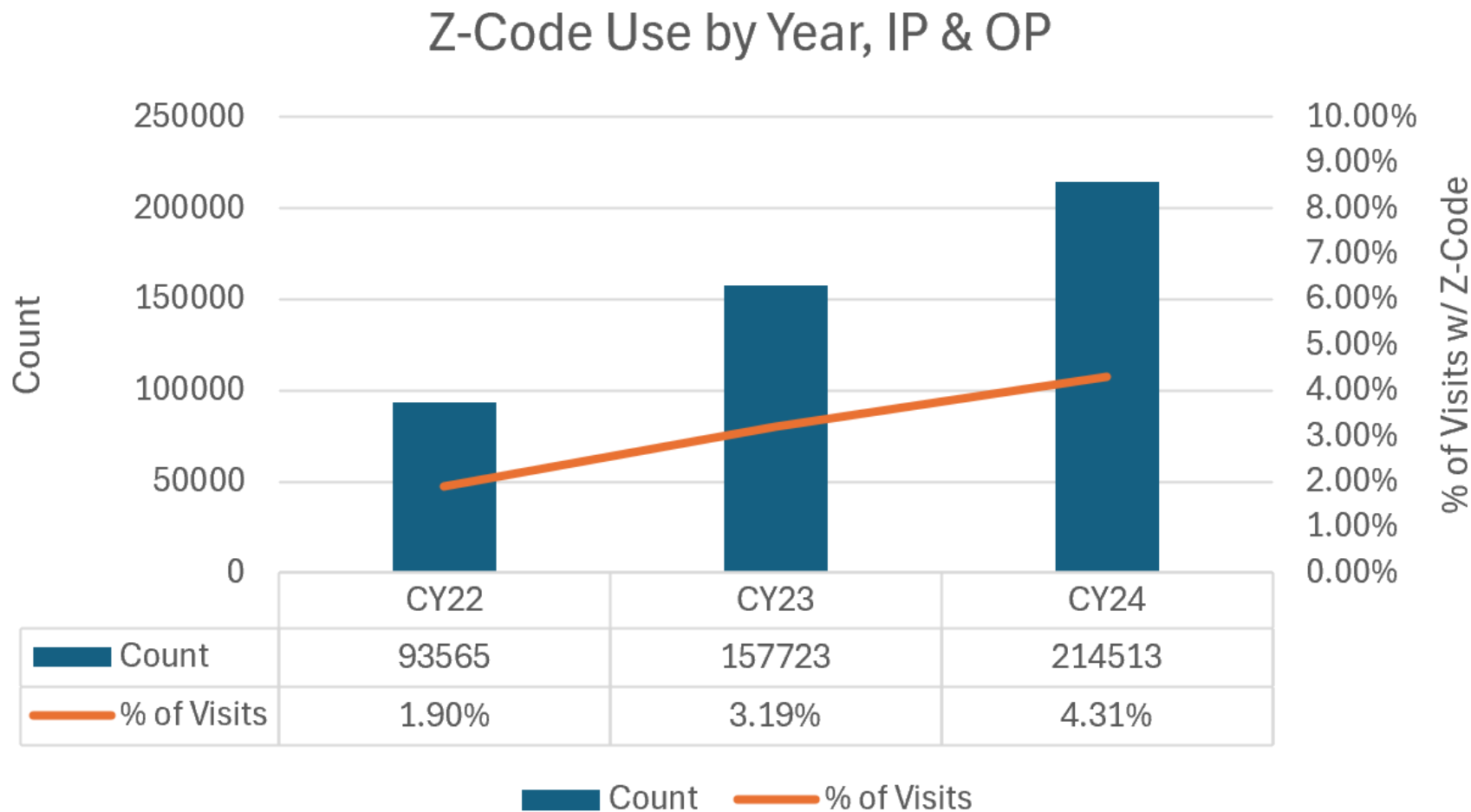
Statewide Reporting of SOGI Data



Reporting SDOH Data with ICD-10-CM Z Codes

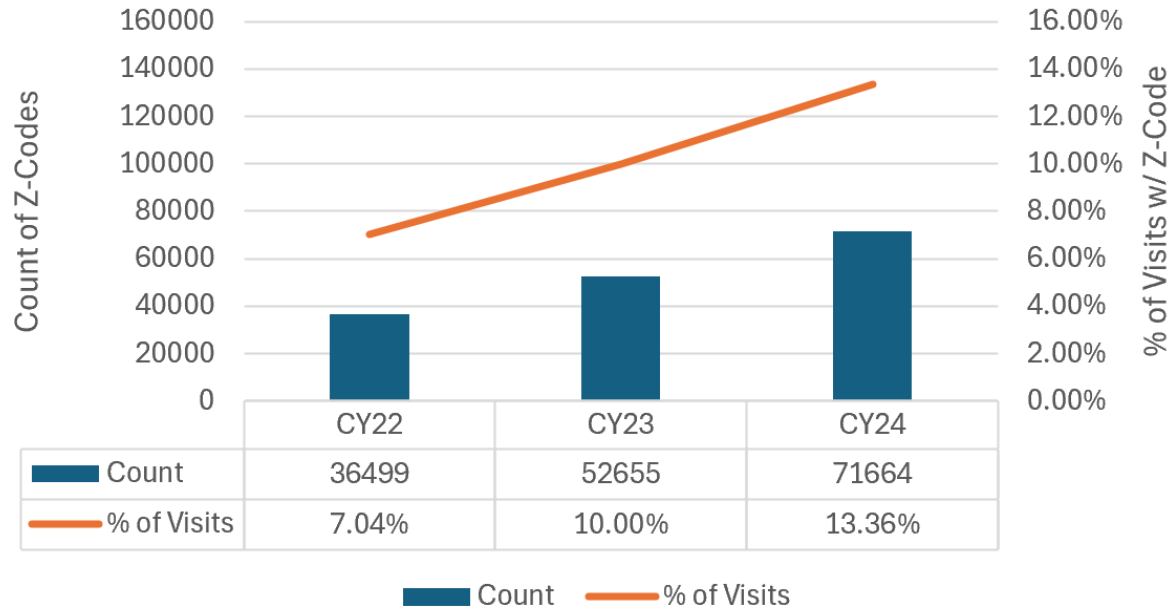
- Social Determinants of Health (SDOH)-related Z-codes (Z55-Z65) are used to document non-medical factors that affect health outcomes (i.e., housing, food insecurity, or lack of transportation)
 - The number of valid codes have changed over time: 12 added for 2022, 3 added for 2023, 17 added for 2024
- Z-codes refer to factors influencing health status or reasons for contact with health services that are not classifiable elsewhere as diseases, injuries, or external causes
- HSCRC staff are interested in understanding z-code usage in Maryland hospitals and analyzed the reporting of Z-codes between 2022-2024.

Z-Code Reporting (CY 2022-2024)

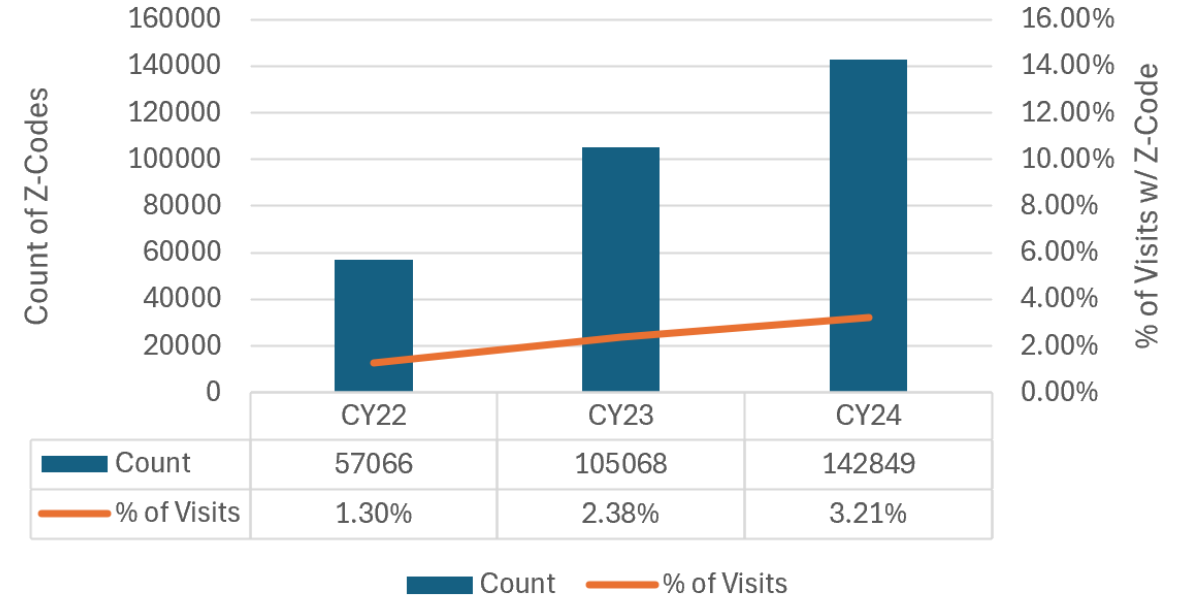


Z-Code Reporting by Setting (CY 2022-2024)

Z-Code Use by Year, IP

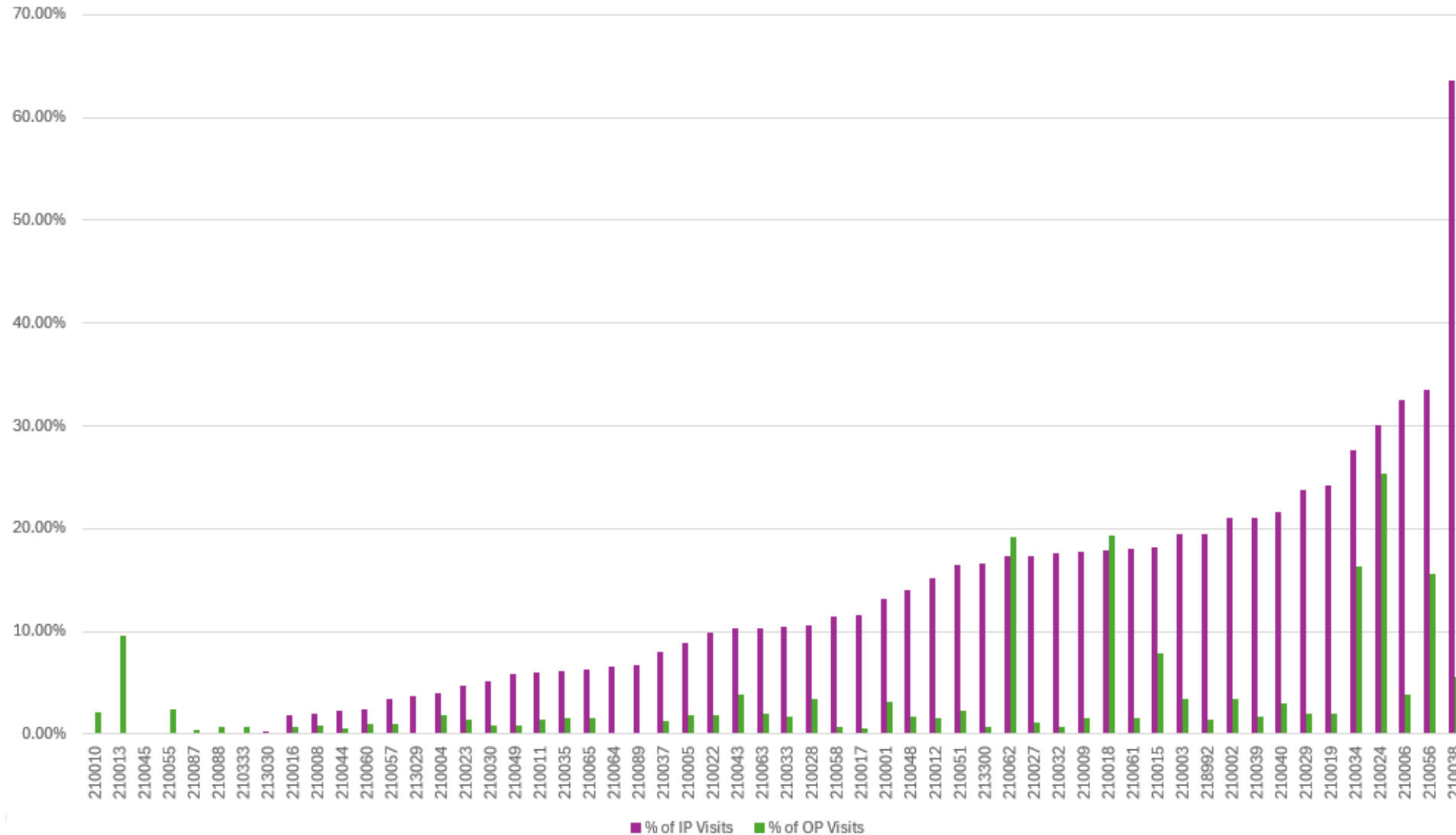


Z-Code Use by Year, OP

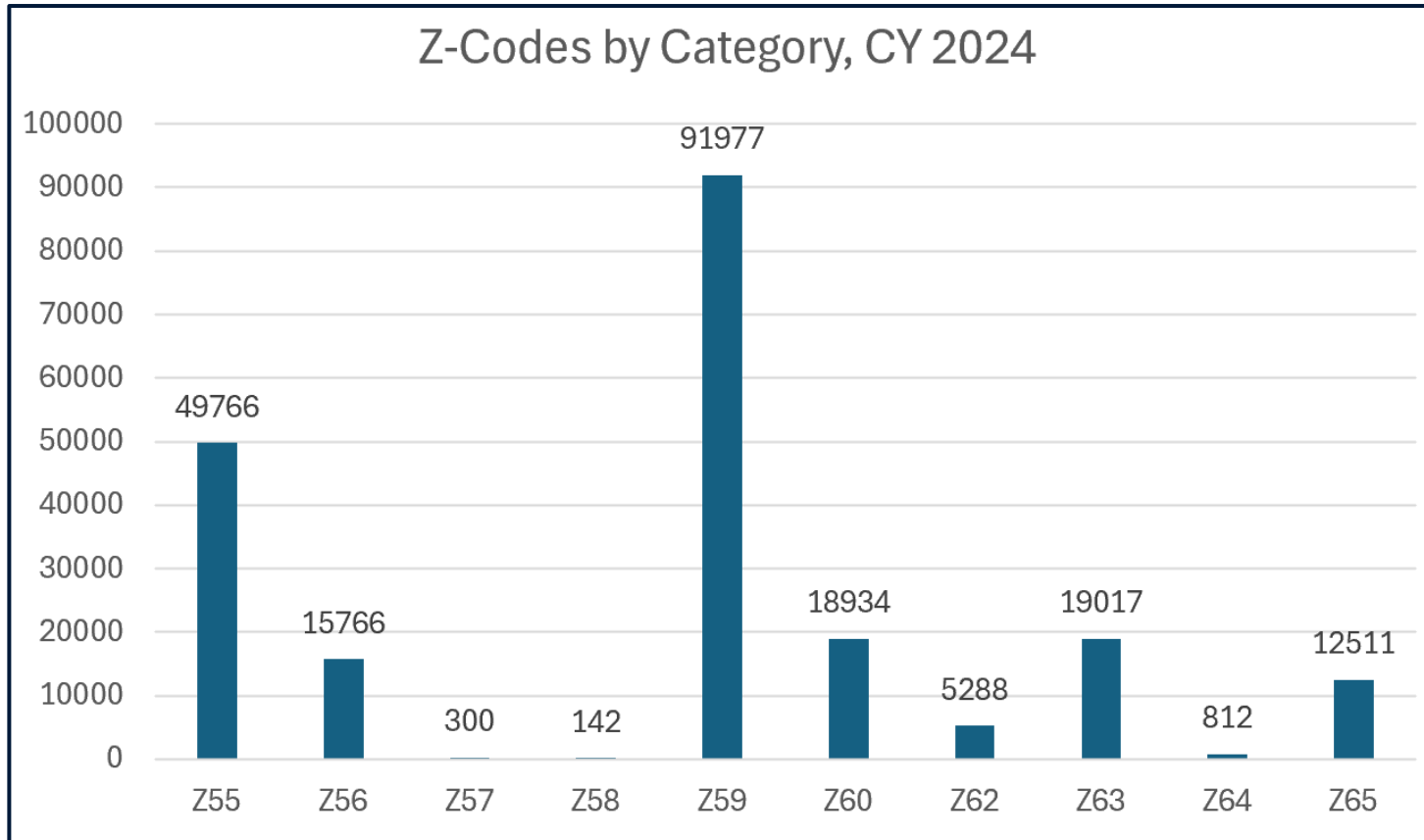


Z-Code Reporting By Hospital, CY 2024

% of Visits with a Z-Code by Hospital, IP vs OP



SDOH in Maryland via Z-Codes



Z55: Problems related to education and literacy

Z56: Problems related to employment and unemployment

Z57: Occupational exposure to risk factors

Z58: Problems related to physical environment

Z59: Problems related to housing and economic circumstances

Z60: Problems related to social environment

Z62: Problems related to upbringing

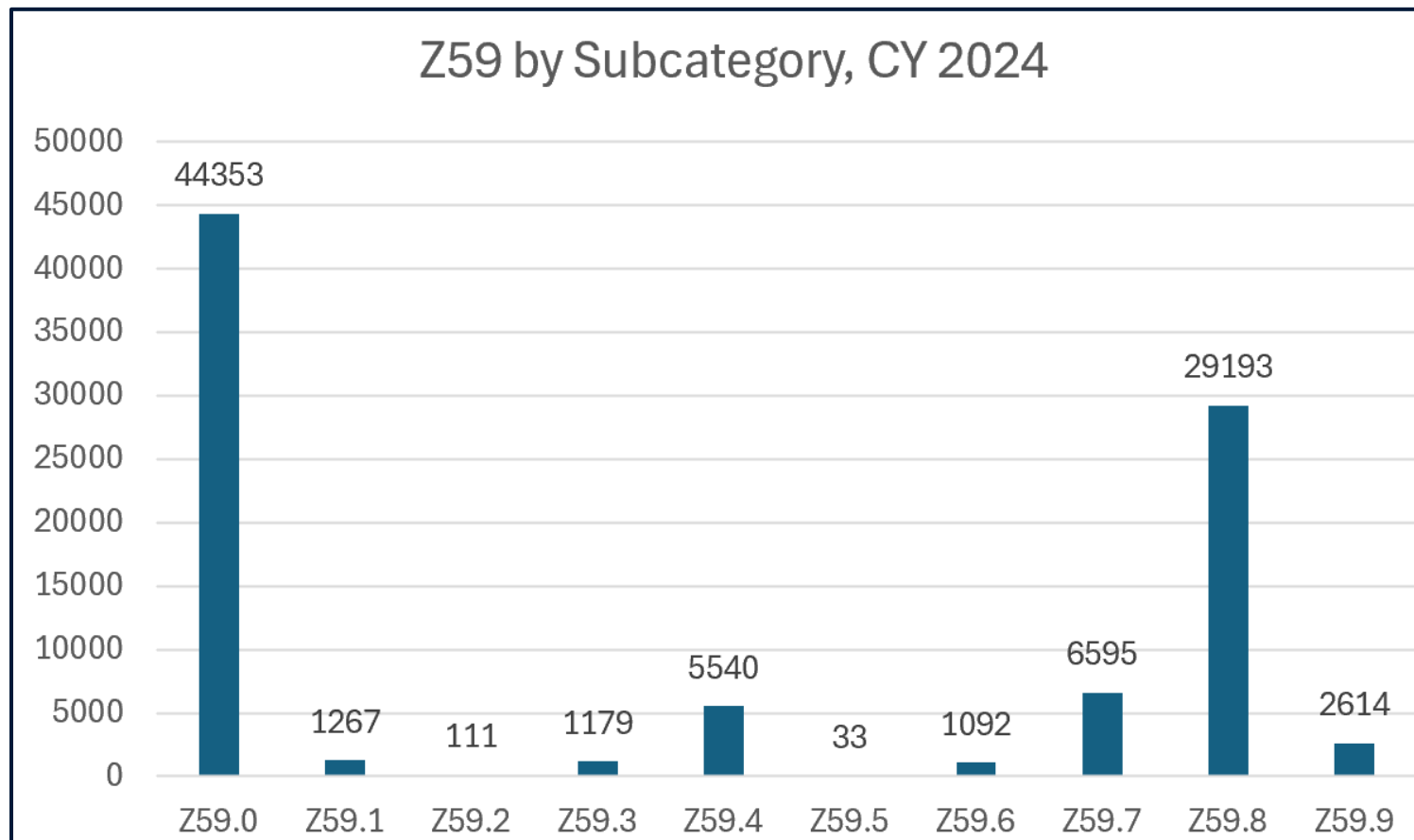
Z63: Other problems related to primary support group, including family circumstances

Z64: Problems related to certain psychosocial circumstances

Z65: Problems related to other psychosocial circumstances

Problems related to housing and economic circumstances in MD via Z-Codes

Z59 by Subcategory, CY 2024



Z59.0: Homelessness

Z59.1: Inadequate housing

Z59.2: Discord with neighbors, lodgers and landlord

Z59.3: Problems related to living in residential institution

Z59.4: Lack of adequate food and safe drinking water

Z59.5: Extreme poverty

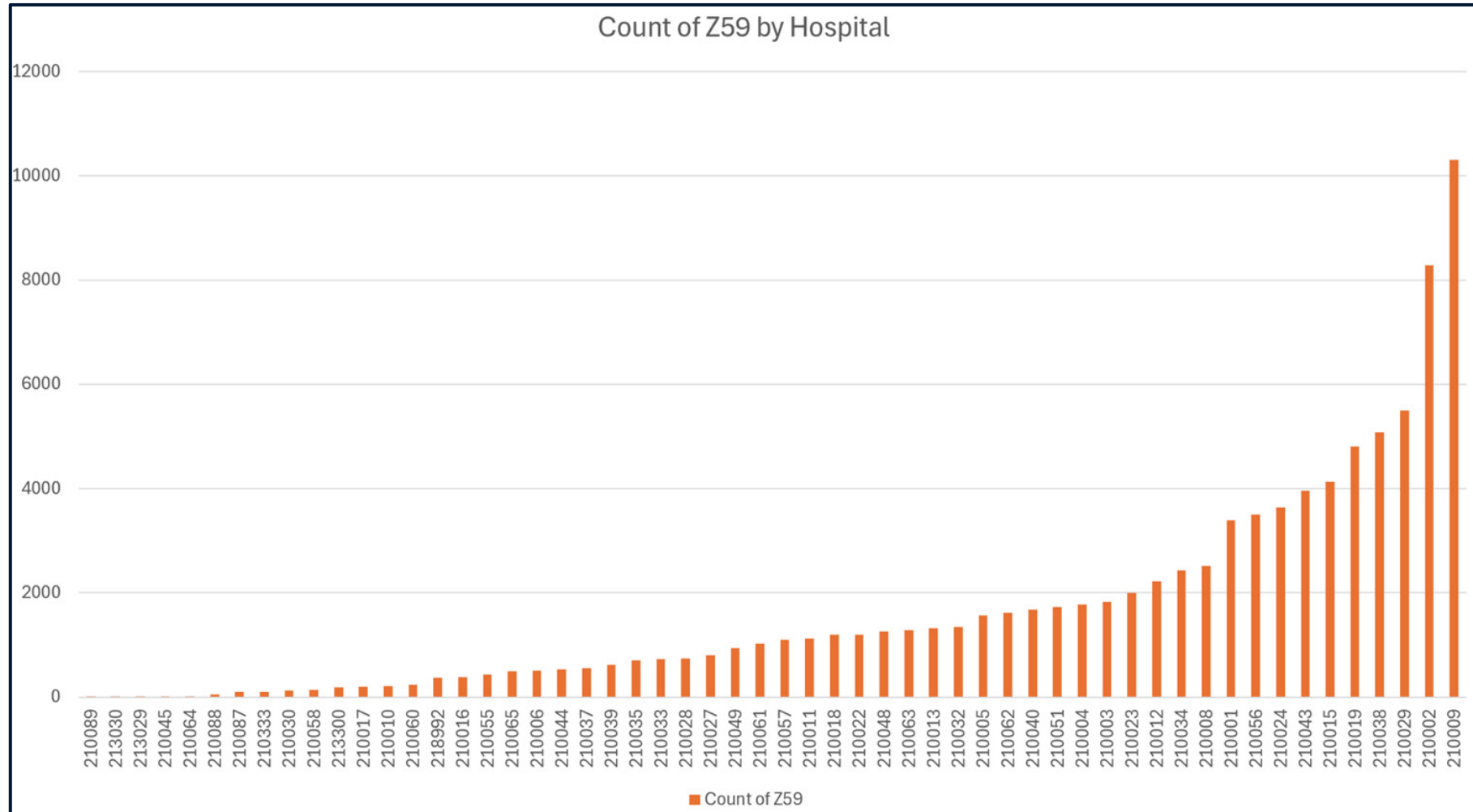
Z59.6: Low income

Z59.7: Insufficient social insurance and welfare support

Z59.8: Other problems related to housing and economic circumstances

Z59.9: Problem related to housing and economic circumstances, unspecified

Homelessness burden by hospital via Z-Codes



QBR: ED LOS Updates

Important Updates related to QBR ED LOS

- EDDIE submissions will be discontinued after the June 2025 submission due to transition to Case-mix data collection for the QBR ED LOS measure.
- Final CY2024 performance data for QBR ED LOS will be available July/August 2025.
- CY 2025 YTD QBR ED LOS data was released on 6/3/2025
 - Ongoing analysis exclusions and risk-adjusted methodology for CY2025 ED LOS measure.

Reminders

HSCRC Points of Contact for Case Mix and Financial Data

Case Mix Data

Curtis Wills

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Email: curtis.wills@maryland.gov

Claudine Williams

Phone: (410) 764-2561

Email: claudine.williams@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

Mailbox for Financial Data Submissions:
hscrc.financial-data@maryland.gov

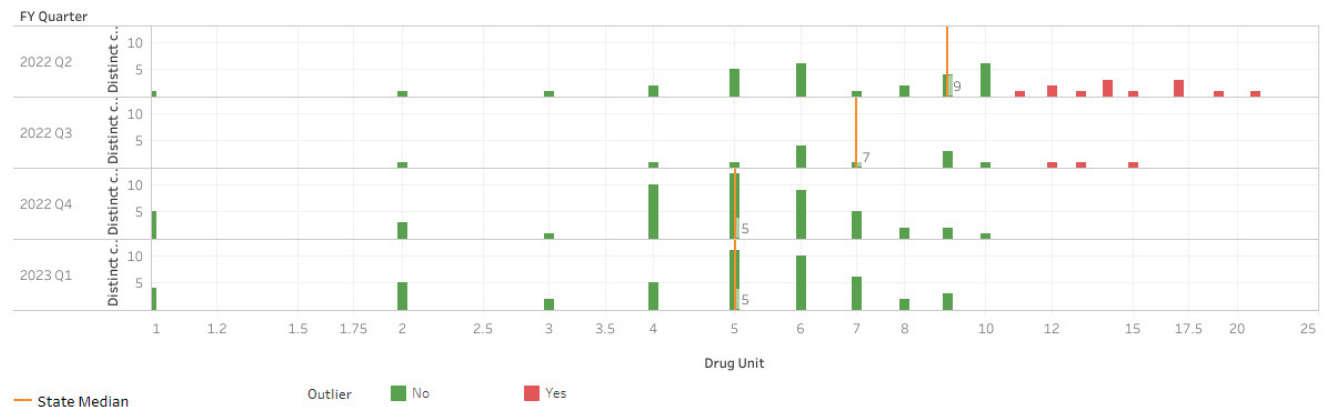
Reminder: CDS-A Reports on CRISP Portal

- 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 dotatate th.. | 246 | CLASS IV THERAPEUTIC RADIOPHARMACEUTICALS | No | 97 | \$5,253,900 | 0 | 26 | \$1,384,760 | |
| A9606 | Radium ra223 dichloride t.. | 245 | CLASS III THERAPEUTIC RADIOPHARMACEUTICALS | No | 38 | \$990,371 | 0 | 11 | \$189,499 | |
| C9132 | Kcentra, per i.u. | 461 | CLASS IX COMBINED CHEMOTHERAPY AND PHARMACOTHE.. | No | 24 | \$502,626 | 0 | 5 | \$109,800 | |
| C9257 | Bevacizumab injection | 435 | CLASS I PHARMACOTHERAPY | Yes | 160 | \$174,816 | 16 | 31 | \$1,782 | |
| C9492 | Injection, durvalumab | 463 | CLASS XI COMBINED CHEMOTHERAPY AND PHARMACOTHE.. | No | 2 | \$32,041 | 0 | 1 | \$15,281 | |
| J0129 | Abatacept injection | 461 | CLASS IX COMBINED CHEMOTHERAPY AND PHARMACOTHE.. | No | 468 | \$2,549,362 | 0 | 83 | \$450,205 | |
| J0180 | Agalsidase beta injection | 464 | CLASS XII COMBINED CHEMOTHERAPY AND PHARMACOTHE.. | No | 95 | \$1,970,951 | 0 | 20 | \$395,562 | |
| J0791 | Inj crizanlizumab-tmca 5mg | 444 | CLASS VII PHARMACOTHERAPY | No | 258 | \$3,830,744 | 0 | 73 | \$1,049,857 | |
| J0875 | Injection, dalbavancin | 462 | CLASS X COMBINED CHEMOTHERAPY AND PHARMACOTHE.. | Yes | 500 | \$3,578,522 | 3 | 177 | \$1,310,185 | 3 |
| J0896 | Inj luspatercept-aamt 0.25.. | 464 | CLASS XII COMBINED CHEMOTHERAPY AND PHARMACOTHE.. | Yes | 211 | \$5,109,211 | 3 | 63 | \$1,866,504 | 2 |

Billed Unit Details : 90376 - Rabies ig heat treated



EAPG Version 3.17

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Reminder: CDS-A Reports on CRISP Portal

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

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 2025–2026 Data Submission Updates

FY 2025 Key Change

Payer Group Name Update *(Effective April 1, 2025)*

- AMERIGROUP COMMUNITY CARE → **WELLPOINT**
- Applies to:
 - Inpatient
 - Outpatient
 - Psychiatric data submissions

FY 2026 Update Overview

Effective for Discharges Starting July 1, 2025

- RSV Vaccine Reporting
- SOGI Data Collection
- NDC Code Reporting
- Newborn Weight Coding
- ED Arrival Date/Time Rules

RSV Vaccination Administration

- RSVADMIN may be left blank if patient is not a newborn
- Associated warning has been removed
- RSV monoclonal antibody administration should also be reported
- Applies to:
 - Inpatient data submissions

SOGI Data Elements

- Report **only for patients 18+**
- Capture at **every encounter** or **annually if recurring**
- Applies to:
 - GENDER_ID
 - SEX_ORIENT
 - SEX_BIRTH
- Data Types:
 - Inpatient
 - Outpatient
 - Psychiatric

National Drug Code (NDC) Reporting

- Report NDC with each HCPCS/CPT code tied to a drug rate center
- Applies only to separately payable drugs
- Data Type:
 - Outpatient

Newborn Weight Reporting

- Updated valid values:
 - 7777 = ✗ No longer allowed
 - 9999 = Use for non-newborns
- Applies to:
 - Inpatient

ED Arrival Date Logic

- Error if ED Arrival Date > Admission/From Date
- Warning if ED Arrival date is 4 or more days BEFORE admit date.
- Applies to:
 - Inpatient
 - Outpatient

ED Time Data Restrictions

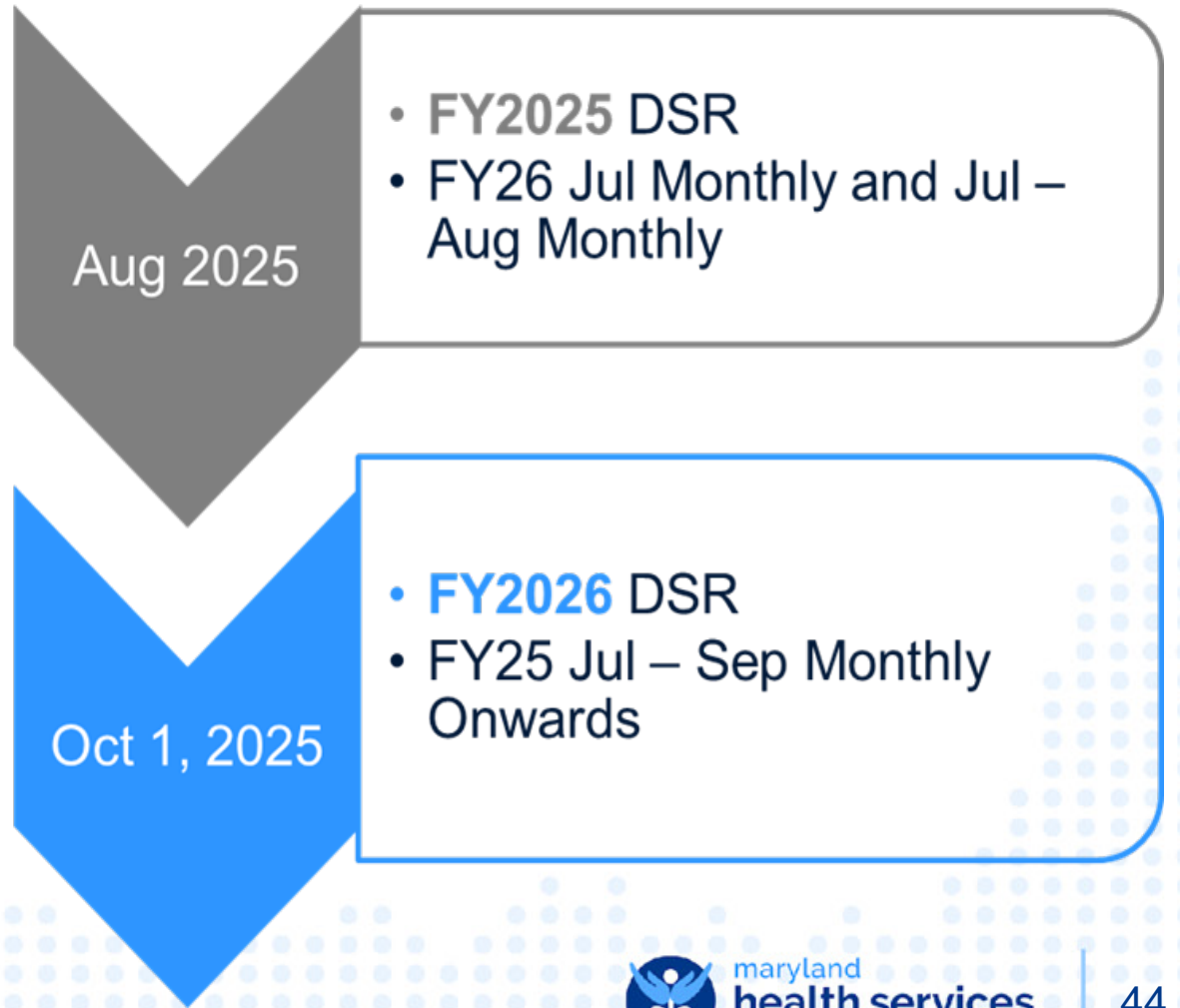
- 7777 and 9999 = Not allowed
- Applies to:
 - ED_ARRIVAL_TIME
 - ED_DEPART_TIME
 - OBS_ST_TIME
 - OBS_END_TIME
 - IP_ARRIVAL_TIME
- Data Types:
 - Inpatient
 - Outpatient

FY 2026 DSR Implementation Timeline

- Test/Sandbox (Test folder)



- Production (Submit folder)



Data Processing Update

Points of Contact

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

Supplemental Data Submissions to DAVE

- Annual Submission
 - Intern Resident Survey
- Quarterly submissions
 - Hospice
 - Outpatient Cosmetic Surgery
- Changes
 - Standardized file naming convention
 - Receive notifications and reminders from DAVE
 - Submission status updates in DAVE
 - Files submitted in the production submission folder

- Proposed File Naming Convention

| File Type | Naming Convention |
|-----------------------------|-----------------------|
| Intern Resident Survey | HospID_GME_FYyy |
| Hospice | HospID_HOSPICE_FYyyQx |
| Outpatient Cosmetic Surgery | HospID_OPCOSM_FYyyQx |
| Integrity and Audit files | HospID_INTEGRITY_* |

- HospID - Oscar ID of the hospitals
- yy - Fiscal Year
- x – Submission Quarter
- *-any text

Upcoming Changes in Submission and Data Processing

- Consolidating services under DAVE
 - Data submission and distribution, to and from HSCRC
 - Financial data processing
 - Supplemental data processing
 - Improved Reporting
 - Data Requests
- Phase 1 (Nov 24 - Dec 24) - Completed
 - Facilitating data submission and distribution using DAVE
 - Hosting the current financial and NSP1 website in the hMetrix data center
- Phase 2 (Jan 25 - Sept 25) - In Progress
 - Improvements in Financial data processing
 - Supplemental data processing
 - Improved Reporting
 - Data Request application

Financial Data Submissions to DAVE – FY26

- All data submissions to DAVE
- Monthly submissions
 - Experience Data
 - Financial Income Statement (FSA)
- Quarterly Submissions
 - Financial Balance Sheet (FSB)
- Biannual submissions
 - Revenue Projection
 - Experience Data Attestation
- Annual Reports
 - Cost Report
 - Audited Financials Statements
 - Audited Annual Financial Data Reporting

Financial Data Submissions to DAVE – FY26 (contd.)

To provision the users in DAVE, hMetrix has shared updated user workbook with hospitals,
Return the updated workbooks by **June 26, 2025**

| Role | Description |
|---------------------------|---|
| Primary PoC | Primary Organization Point of Contact: Assign "Case Mix" or "Financial" or "Supplemental" if the use is the Primary Point of Contact (PoC) for the respective data for the hospital or hospital system. Primary PoC can will be given access to manage user for their organization in the future DAVE updates. No emails will be shared to this role. |
| Case Mix Contact | Case Mix Contact : Assign Y if the user requires Case Mix error reports, DAVE email notifications, EHR survey access, Case Mix vs. Financial reconciliation report access or any ad hoc submissions related to case mix data. |
| UCC Contact | Uncompensated Care (UCC) Contact: Assign Y if the user requires DAVE email notifications and error reports for Uncompensated Care. |
| Financial Contact | Financial Contact: Assign Y if the user needs DAVE financial notifications, access to Financial Data (Experience, FSA, FSB) error reports, and the ability to enter financial projections. |
| CFO | CFO Role: Assign Y if the user requires access to 9-month and 12-month CFO attestation forms and associated reminder emails. The user should have CFO designation or authorized person to attest the form. |
| Supplemental Data Contact | Supplemental Data Contact: Assign Y if the user needs to review the status of supplemental data submissions (e.g., Hospice, Outpatient Cosmetic Surgery, GME) and receive related DAVE notifications. |
| Submitter | Submitter Role (Required for Hospitals using HTTPs): Assign if the user needs access to DAVE production and test submission folders to transfer files to HSCRC. No emails will be shared to this role. |

Timeline – Financial & Supplemental Data

- Memo with DSR sent to Hospitals **April 2025**
- Templates are now available
- Hospital Training in **June 2025**
- Hospital Testing in **July 2025**
- DAVE-based system Go-Live in **August 2025**
 - Hospitals that use SFTP for Case Mix data submission will use the same method for Financial Data Submissions
 - Hospitals that use DAVE for Case Mix data submission will use the same method for Financial Data Submissions
- rates.hscrc.maryland.gov will not be available after August 1, 2025.
 - All revision for FY25 data after August 1, 2025 should be submitted to DAVE

Change in Submission Process

Current Process

- Use Rates website for submission
- Look for error in website
- Fix errors and upload a corrected file
- Data can be submitted only after all issues are addressed

New Process

- Use DAVE for submission
- Self-validating Excel templates
- Fix issues before submitting data
- Secondary checks by DAVE
- Error reports will contain
 - Issues with the submitted data
 - Reconciliation with Case Mix data for quarterly submissions

Change in Revision Submitting Process

Current Process

- Hospital Submits revisions
- HSCRC
 - Review and approve all revisions
 - Including revisions submitted before the end of the submission deadline
- Hospital submits combined FSA/FSB report

New Process

- Experience Data
 - Submit revisions without HSCRC approval if attestation is not complete
- FSA/FSB Data
 - Submit revisions without approval before the end of fiscal year
 - HSCRC approval required after the fiscal year submission period
- Hospital submits separate Monthly FSA report and a separate Quarterly FSB report

Reminders

- 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.
 - **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>
 - **gme**: For Graduate Medical Education program files, processed by hMetrix and HSCRC.
 - **hospice**: For Hospice Report files, processed by hMetrix and HSCRC.
 - **opcosm**: For Outpatient Cosmetic Surgery Report files, processed by hMetrix and HSCRC.
 - ⚠ Warning: **gme**, **hospice**, **opcosm** folders will retire on **August 1, 2025**. All data should go to **submission** folder with the recommended naming convention.
- Testing Submissions (Case Mix & UCC)
 - For testing, select "Test/Sandbox File Submission."
 - Submit Case Mix and UCC test data to the test directory.
 - Test environment error reports are available at: <https://hdavetest.hmetrix.com>

Reminders (Contd.)

- 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
 - hMetrix will share a survey link to collect feedback by **April 30, 2025**
- 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
 - Reach out to hMetrix Team to change the choice of Hospital Connection method

Case Mix Review Update

Point of Origin

Definition:

The patient's immediate location before arriving at the hospital or the hospital's emergency room. This data element focuses on patients' place or point of origin before they come to the hospital rather than the doctor's order or referral.

Example:

- The patient resides at Oak Crest Assisted Living Center. The point of origin is 05- from a skilled nursing facility (SNF) intermediate care facility or assisted living facility (includes subacute, subacute rehab, and supervised congregate housing)
- Note: 01- from a non-healthcare facility means home, workplace, foster care, or group home.

Point of Origin, cont.

Example:

- An OB patient at 4:00 AM calls the provider and discusses their symptoms, and the provider confirms the patient is laboring and is instructed to head to the emergency room as a direct admission to labor/delivery.
- The POO is reported as 01- from a non-healthcare facility means home, workplace, foster care, or group home. The patient was at home before arriving at the ED for direct admission.

Emergency Department Encounters

Maryland waiver hospitals are subject to the three-day payment window that affects outpatient diagnostic services and other pre-admission services that occur during the three days immediately preceding the date of a patient's admission for inpatient services.

- Multiple emergency visits on the same day are reported separately unless the patient is admitted. Then, the services three days preceding the admission are bundled.

Emergency Department Encounters, cont.

Example:

The patient is seen in the ED at 10 AM for chest pain and leaves against medical advice. The patient returns at 6 PM for continued chest pain and is seen in the ED and sent home at 10 PM. Reporting for the scenario would be two encounters

- Encounter A) Chest pain diagnosis with procedures 99281 and 99283 disposition of 07 against medical advice
- Encounter B) Chest pain diagnosis with procedures 99281 and 99284 and disposition of 01 home.
- Note: in both scenarios, the patient was seen by providers

Outpatient First Listed Diagnosis

- Coding guidelines for inconclusive diagnoses (probable, suspected, rule out, etc.) were developed for inpatient reporting and do not apply to outpatients.
- Outpatient Surgery - code the reason for the surgery as the first-listed diagnosis (reason for the encounter), even if the surgery is not performed due to a contraindication.
- Encounter/visit- Code the diagnosis, conditions, problems, or symptoms, or other reason for the encounter/visit as noted in the medical record as the reason for visit.
- Observation Stay-
 - When a patient presents for outpatient surgery and develops complications requiring observation, code the reason for the surgery as the first reported diagnosis, followed by the complication as a secondary diagnosis.
 - When a patient is admitted for observation for a medical condition, assign a code for the medical condition as the first-listed diagnosis.

Outpatient First Listed Diagnosis

Examples:

- Patient returns to the clinic for their third rabies vaccine. The reason for the visit is rabies vaccine (use Z23 encounter for immunization (vaccine)).
- The patient has a history of DVT and PE and is here for INR monitoring and leg swelling that was determined to be chronic and not related to a new DVT. The reason for the visit is an encounter for therapeutic drug level monitoring (Z51.81), and since the swelling is clinically noted as unrelated and chronic, another diagnosis can be added.

Upcoming Workgroup Meetings

Payment Models Workgroup

- **Objective:** The Payment Models Workgroup 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.
- **Subgroups to the Payment Models Workgroup**
 - Annual Filing Modernization Subgroup
 - Volume Subgroup
 - Population Health Innovations Subgroup
- **Next Meeting:** For inquiries regarding the meeting schedule and location, please contact: hscrc.payment@maryland.gov
- **For more information please visit the following website:**
<https://hscrc.maryland.gov/Pages/hscrc-workgroup-payment-models.aspx>

Performance Measurement Workgroup

- **Objective:** The Performance Measurement Workgroup (PMWG) is 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 inquiries regarding the meeting schedule and location, please contact: hscrc.performance@maryland.gov
- For more details, visit the HSCRC Performance Measurement Workgroup website at: <https://hscrc.maryland.gov/Pages/hscrc-workgroup-performance-measurement.aspx>

Total Cost of Care Workgroup

- **Objective:** The charge of the TCOC workgroup is to 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:** For inquiries regarding the meeting schedule and location, please contact: lynne.diven@maryland.gov
- For more details, visit the Total Cost of Care Workgroup website at: <https://hscrc.maryland.gov/Pages/hscrc-tcoc.aspx>

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

Next Meeting

Notes and slides will be posted to the
HSCRC website:

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

Next Meeting
FY 2025 Q4
September 12, 2025

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

Appendix 1: Production Schedule and Process for Requesting Financial Data Extensions

Production Schedule for Financial 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 displays the website of the Health Services Cost Review Commission. The header features the Maryland state flag logo and the commission's name. The main content area is titled "Financial Data Submission Tools" and includes a section for the "Financial Data Submission Production Schedule". This section explains that due dates for FY 2025 align with the Health Services Cost Review Commission's Accounting and Budget Manual - Section 400 Reporting Requirements, and that data availability is contingent on timely submission. It also provides a memorandum for the FY 2025 Production Schedule for Monthly, Quarterly, and Annual Financial Data Submissions, dated August 23, 2024, and an Excel file link for the same schedule.

Health Services Cost Review Commission

Financial Data Submission Tools

Financial Data Submission Production Schedule

The due dates in the FY 2025 Production Schedule coincide with the due dates provided in the Health Services Cost Review Commission's **Accounting and Budget Manual - Section 400 Reporting Requirements**. Data availability on the website is contingent on timely submission of the required reports and may be delayed due to submission extensions.

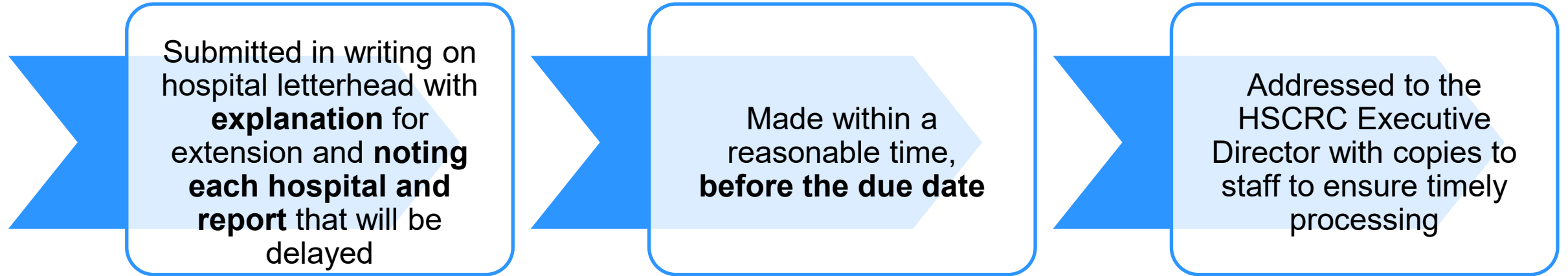
Memorandum: Fiscal Year (FY) 2025 Production Schedule for Monthly, Quarterly, and Annual Financial Data Submissions (August 23, 2024)

Excel File: FY 2025 Production Schedule (August 23, 2024)

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)

Process for Submitting Extensions for Financial Data



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)

Process for Submitting Extensions for Financial 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**).
- Please note: Hospitals are **granted a blanket 30-day extensions for the filing of Audited Annual Report Submissions**, therefore, extensions beyond this timeframe will be granted only in emergency situations (an event over which the Hospital has no control).
 - Any revisions to the Annual Report must be submitted in its entirety with a letter on Hospital letterhead specifying the Schedules revised and an explanation for the revisions.
- **Submissions of late or significantly erroneous data** is subject to a fine and/or GBR adjustment of up to \$1,000 per day.

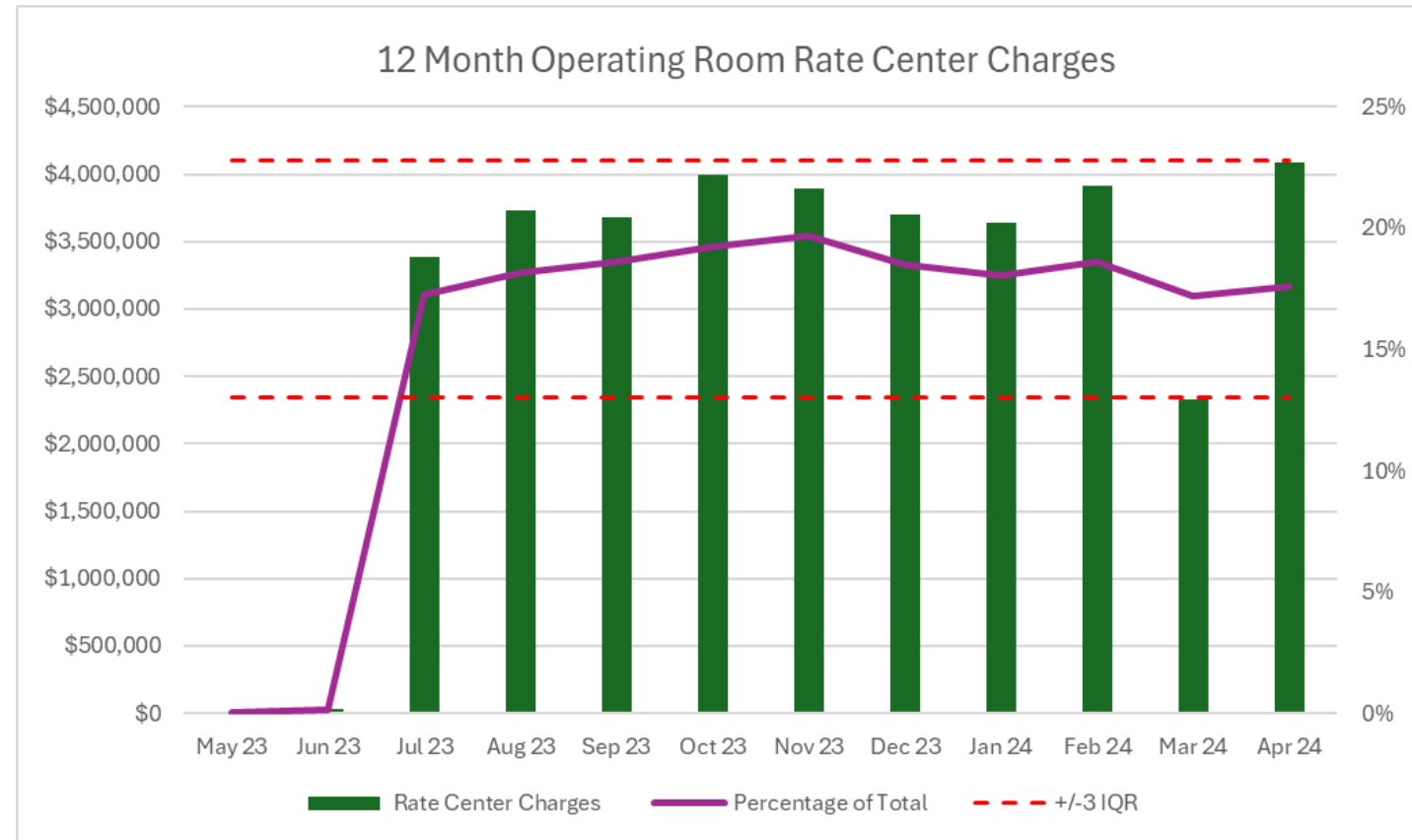
Appendix 2: Rate Center Trend Monitoring Report

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 Error |
|---------------|--------------------------|----------------------------|-------------|---------------|----------------------------|----------------------------|---------------|

Appendix 3: UCC Reporting

UCC Data Collection and Processing

- FY25Q3 Data Submission: 56 reports received, 0 pending
- FY25Q4 Data Submission: **Jul 30 – Aug 29, 2025**

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).

UCC DSR and Edit Report Updates for FY 2025 Q3

- UCC Data Edit Summary:
 - 41 reports have < 1% error
 - 10 reports have 1 - 1.99% error
 - 4 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 FY25Q3 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 | 0.015% of write-off records from 11 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 | 0.03% 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. | 0.28% 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 | 0.26% 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 |