maryland
health services
cost review commission

RY 2027 Quality Policies Webinar

Overview of HSCRC's Hospital Quality Programs

June 18, 2025

Agenda

- Introduction and Background
- Rate Year 2027 Approved Program Updates
  - MHAC
  - QBR
  - RRIP/Disparity Gap
  - PAU Savings
  - Maximum Guardrail
- Emergency Department Wait Time Reduction Commission
  - RY 2027 ED Best Practices Policy
- Digital Measures Reporting
- CY 2025 Monitoring Reports
- CRISP Reporting Services
- Appendix

HSCRC Quality and Population Health Staff Members

Allan Pack- Principal Deputy Director of Center for Population Based Methodologies

Quality

- Alyson Schuster- Deputy Director
- Dianne Feeney- Associate Director
- Tina Simmons- Associate Director
- Princess Collins- Chief
- Damaria Smith- Fellow

Population Health

- Geoff Dougherty- Deputy Director
- Oseizame Emasealu- Chief

*Prudence Akindo- Chief of Financial Methodologies

Introduction and Background

HSCRC - Who We Are

The Maryland Health Services Cost Review Commission (HSCRC) is an independent state agency responsible for regulating the quality and cost of hospital services to ensure all Marylanders have access to high value healthcare.

HSCRC's vision is to enhance the quality of health care and patient experience, improve population health and health outcomes, and reduce the total cost of care for Marylanders.

The HSCRC establishes rates for all hospital services and helps develop the State's innovative efforts to transform the delivery system and achieve goals under the Maryland Health Model.

Maryland's Unique Healthcare System: Overview

Maryland Health Model

All-Payer Hospital Rate Setting System

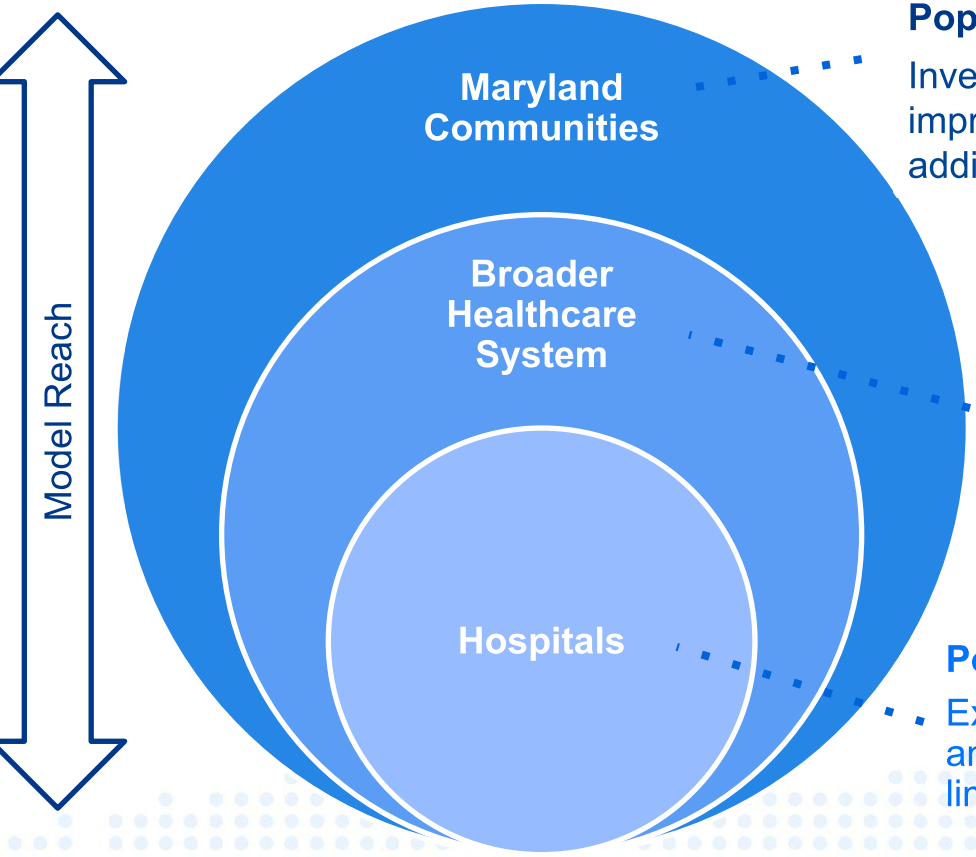
- The HSCRC has set hospital rates, on an all-payer basis, since the 1970s
- The system can be adjusted to achieve CMS agreement targets and other statewide priorities

Commission Policies

CMS-MD Agreement

- A commitment between the State and Federal Government to use global budgets for hospitals, reform the health care and delivery system, and improve population health.
  - All-Payer Model (2014-2018)
  - Total Cost of Care Model (2019-2028)

TCOC Model Components



Population Health and Health Equity

Investment in initiatives that aim to make statewide improvements in the areas of diabetes, opioid addiction, and maternal and child health.

Payment and Delivery System Reform

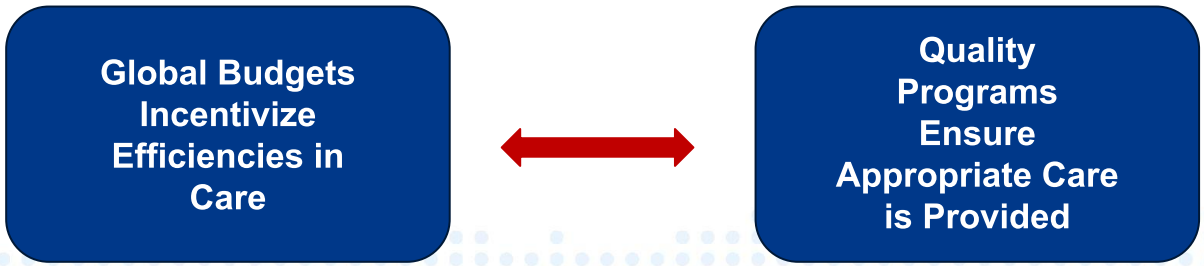
Incentivization of care transformation and partnerships across settings of care by expanding opportunities for non-hospital provider participation in value-based programs

Population-Based Revenue

Expanded hospital quality requirements, incentives, and responsibility to control total costs through limited revenue-at-risk

Global Budgets: Impacts on Quality

- While required to improve quality and have all-payer quality programs, similar to national programs, implementation of global budgets in and of itself impacts quality.
- Global budgets are strong incentives for hospital quality and efficiency.
  - Hospitals can retain savings from improved quality, e.g., reduced complications, avoidable readmissions, etc.
  - Hospitals can retain savings from improved efficiencies, but quality and access should be monitored to ensure efficiencies do result in worse patient outcomes.



Overview of Pay-for-Performance Programs

Hospital Quality Adjustments

The following are HSCRC's four main quality payment incentive programs:

Maryland Hospital Acquired Conditions (MHAC) Program

Encourages hospitals to reduce infections and complications acquired during a hospital stay

Quality Reimbursement Program (QBR)

Focuses on patient experience, patient safety, and clinical quality outcomes

Readmissions Reduction Incentive Program (RRIP)

Encourages hospitals to reduce readmissions within 30 days of discharge

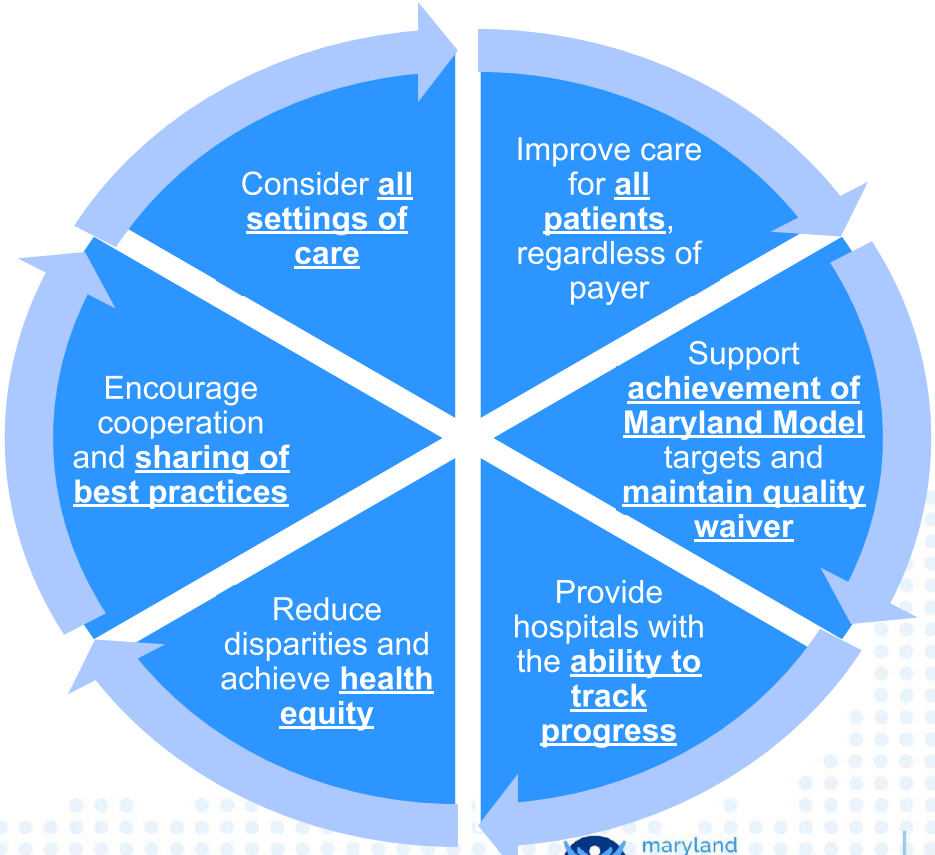
Potentially Avoidable Utilization (PAU)

Focuses on improving patient care and health through reducing potentially avoidable utilization

HSCRC's quality programs are similar to federal Medicare pay-for-performance programs, but are, wherever possible, All-Payer (instead of Medicare-only) and tailored to address MD's unique quality improvement strategies

HSCRC Quality Program Guiding Principles

- The mission of the HSCRC Quality Program is to create all-payer financial incentives for Maryland hospitals to provide efficient, high quality patient care, and to support delivery system improvements across the State.



HSCRC Performance Measurement Workgroup

1. Broad stakeholder group of hospital, payer, quality measurement, academic, consumer, and government agency experts and representatives
2. Meets monthly in-person and virtually (3rd Wednesday at 9:30am) from around August through May
    a. Meetings are public, email hscrc.quality@maryland.gov to be added to listserv
3. Reviews and recommends annual updates to the performance-based payment programs
4. Considers and recommends strategic direction for the overall performance measurement system
    a. Create all-payer programs that align with National measures and strategies as appropriate
    b. Update programs to meet Maryland Model goals
    c. Incorporate measures specific to State of Maryland concerns such as emergency department length of stay
    d. Broaden focus to patient-centered population health
    e. Develop infrastructure to collect digital quality measures

RY 2027 Quality Programs

RY 2027 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: QBRIP and 30-day Mortality, PSI-90, Timely Follow-up Chronic Conditions (Medicare, Medicaid and w/in Hospital Disparity Reduction)						Performance Peirod: QBRIP 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				

RY 2027 Maryland Hospital Acquired Condition (MHAC) Program

Maryland Hospital Acquired Conditions (MHAC) Program

Purpose

To improve patient care and hospital decision-making by adjusting GBR based on 16 identified potentially preventable complications (PPCs), **complications acquired during a hospital stay** that were not present on admission

- PPCs can lead to **poor patient outcomes, including longer hospital stays, permanent harm**, and **death**, and **increased costs**.
- **Examples of PPCs** include an accidental laceration during a procedure, improper administration of medication, hospital-acquired pneumonia

How it Works: Revenue-at-Risk

The program puts **2 percent** of inpatient hospital revenue at risk (maximum penalty/reward)

Federal Alignment

The MHAC Program is **similar to the federal Medicare HAC Reduction Program (HACRP)** but is all-payer, uses a Maryland-specific list of PPC measures, and does not relatively rank hospitals in assigning financial rewards and penalties.

MHAC Methodology

RY 2027 MHAC Changes

Assessing hospital performance on a PPC Composite Measure: This includes all payment PPCs for each hospital with at least 1 at-risk discharge in the performance period.

Using individual PPCs for pneumonia: Instead of combining them, PPC 5 (pneumonia and other lung infections) and PPC 6 (aspiration pneumonia) are assessed separately, resulting in 16 total payment PPCs.

Comparing to a single threshold and benchmark: This is used to calculate the MHAC score instead of adding up attainment points across PPCs.

Implementing a continuous revenue adjustment scale: This scale has no hold-harmless zone.

Estimating the cutpoint prospectively: Will be reassessed with actual scores and modified if the difference is greater than 10 percentage points.

RY 2027 Data Details

1. “Base” Period: July 2022-June 2024 (i.e., FYs 23 and 24)
   a. Used for calculation of the threshold and benchmark (i.e., performance standards) and the normative values for case-mix adjustment
   b. Used to determine small hospitals
2. Performance Period: CY 2025
   a. Smaller hospitals use two years for performance period (CY24 & CY25)
3. Solventum APR-DRG and PPC Grouper Version 42
   a. Grouper uses Primary Diagnosis and 29 Secondary Diagnosis codes

Potentially Preventable Complication Measures

List of 16 clinically significant PPC included in payment program.

3- Acute Pulmonary Edema & Respiratory Failure w/o Ventilation	4- Acute Pulmonary Edema & Respiratory Failure w/ Ventilation	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:

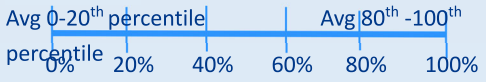
$$PPC\ Composite_j = \frac{\left(\sum_{i=1}^{16} ObservedPPC_{ij} * SolventumCostWeight_i\right)}{\left(\sum_{i=1}^{16} ExpectedPPC_{ij} * SolventumCostWeight_i\right)}$$

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%

RY 2027 Payment PPCs

PPC Number	PPC Description	v42 cost weight
3	Acute Pulmonary Edema and Respiratory Failure without Ventilation	0.2945
4	Acute Pulmonary Edema and Respiratory Failure with Ventilation	1.1326
5	Pneumonia & Other Lung Infections	1.8707
6	Aspiration Pneumonia	0.7765
7	Pulmonary Embolism	1.2328
9	Shock	1.1956
16	Venous Thrombosis	1.4819
28	In-Hospital Trauma and Fractures	0.4574

PPC Number	PPC Description	V42 cost weight
35	Septicemia & Severe Infections	1.2705
37	Post-Operative Infection & Deep Wound Disruption without Procedure	1.5593
41	Post-Operative Hemorrhage & Hematoma w/ Hemorrhage Control Procedure or I&D	1.0451
42	Accidental Puncture/Laceration During Invasive Procedure	1.5203
47	Encephalopathy	0.8107
49	Iatrogenic Pneumothorax	0.4250
60	Major Puerperal Infection and Other Major Obstetric Complications	0.7306
61	Other Complications of Obstetrical Surgical & Perineal Wounds	0.1389

Note: New to RY 2027, PPC 5 & 6 are assessed separately

Adjustments to PPC Measurement

1. Adjustments are made to improve measurement fairness and stability; whenever possible, these adjustments are done prospectively
2. For each hospital, discharges will be excluded if:
   a. The discharge has > 6 PPCs (i.e., catastrophic cases)
   b. The discharge is in an APR-DRG SOI group with less than 31 statewide discharges
3. For each hospital, PPCs will be excluded if:
   a. During the performance period, the PPC has 0 at-risk discharges
4. Two years of performance data (CY 24 & 25) are used for small hospitals
   (i.e., hospitals with less than 21,500 at-risk discharges and/or 22 expected PPCs across all payment program PPCs)

Performance Metric: PPC Composite Measure--New

Hospital performance is measured using the PPC Composite measure:

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

The **expected number** of PPCs for each hospital is calculated using the base period statewide PPC rate or normative value for each diagnosis and severity of illness category (APR-DRG-SOI) and multiplying that by the number of at-risk discharges a hospital has in each category during the performance period.

Normative values for calculating expected numbers are included in the MHAC Summary reports on the CRS portal

The appendix of the MHAC Final Recommendation or annual memo for details on how to calculate expected numbers.

PPC Composite: Performance Standards

To convert the hospital PPC composite to the MHAC score, the PPC composite measure is compared to the performance standards:

- Threshold = Average of bottom 20th percentile
- Benchmark = Average of top 20th percentile

The performance standards are determined using base period data.

Threshold and Benchmark for the composite PPC are included in the MHAC Summary Report on the CRS Portal.

PPC Composite Calculation: Example

PPC #	PPC Description	At-Risk	Observed	Expected	Solventum Cost Weight	Observed* Cost Weight	Expected* Cost Weight	PPC Composite	THRESHOLD	BENCHMARK	MHAC Score
C	D	E	F	G	H	I = F*H	J=G*H	K = I/J	L = Average 20th percentile from base	M = Average of 80th percentil from base	N =K compared to L & M
3	Acute Pulmonary Edema and Respiratory Failure without Ventilation	9810	18	31.01	0.2945	5.3010	9.1333				
4	Acute Pulmonary Edema and Respiratory Failure with Ventilation	10214	11	17.55	1.1326	12.4586	19.8729				
5	Pneumonia & Other Lung Infections	6383	13	17.68	1.8707	24.3191	33.0678				
6	Aspiration Pneumonia	10505	14	15.52	0.7765	10.8710	12.0529				
7	Pulmonary Embolism	11675	12	13.21	1.2328	14.7936	16.2826				
9	Shock	11797	28	29.42	1.1956	33.4768	35.1728				
16	Venous Thrombosis	7515	3	6.56	1.4819	4.4457	9.7168				
28	In-Hospital Trauma and Fractures	21153	10	13.18	0.4574	4.5740	6.0279				
35	Septicemia & Severe Infections	5553	19	22.78	1.2705	24.1395	28.9382				
37	Post-Procedural Infection & Deep Wound Disruption without Procedure	6287	32	26.43	1.5593	49.8976	41.2176				
41	Peri-Operative Hemorrhage & Hematoma with Hemorrhage Control Procedure	6564	5	5.39	1.0451	5.2255	5.6316				
42	Accidental Puncture/Laceration during Invasive Procedure	23210	12	8.86	1.5203	18.2436	13.4661				
47	Encephalopathy	8175	2	20.00	0.8107	1.6214	16.2153				
49	Iatrogenic Pneumothorax	14584	3	5.50	0.4250	1.2750	2.3372				
60	Major Puerperal Infection and Other Major Obstetric Complications	1529	1	1.30	0.7306	0.7306	0.9515				
61	Other Complications of Obstetrical Surgical & Perineal Wounds	1703	1	1.93	0.1389	0.1389	0.2687				
68	Composite PPC					211.5119	250.3532	0.8449	1.4951	0.5364	67.65%

Step 1:
Multiply observed by cost weight

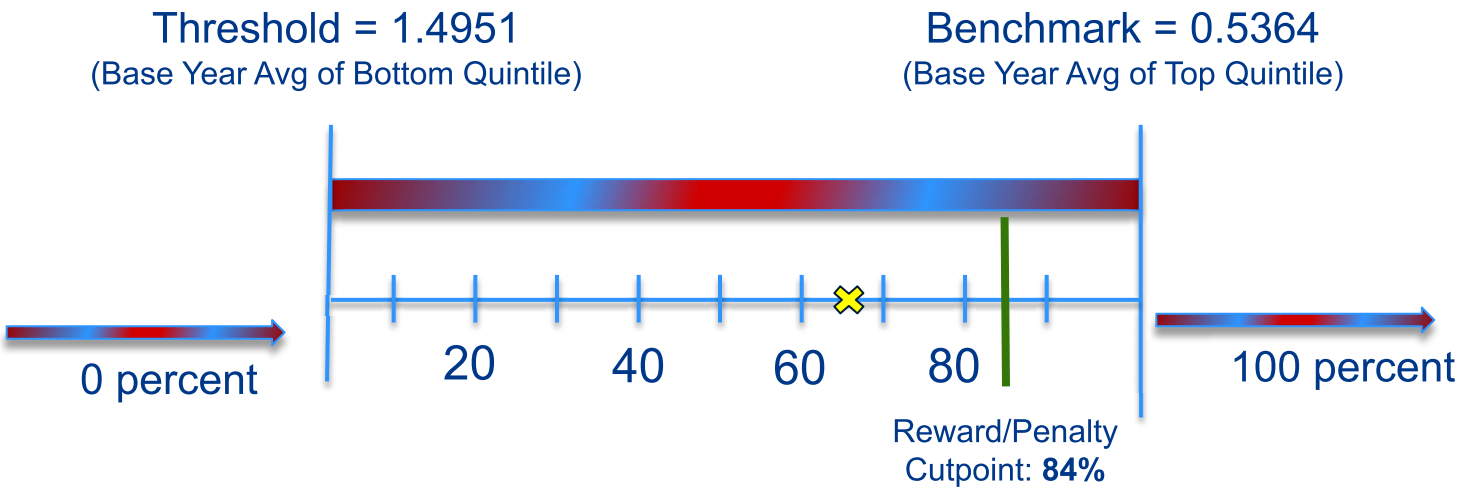
Step 2:
Sum up total for all PPCs

Step 3:
Repeat for expected

Step 4:
PPC Composite = weighted observed divided by weighted expected

Step 5: Compare PPC Composite to Threshold & Benchmark to get MHAC Score

PPC Composite conversion to MHAC Score Example



Hospital Composite = 0.8449

Calculates to MHAC score of 67.65%

Score & Revenue Adjustment Scale

MHAC revenue adjustment scale ranges from 0% to 100%

- MHAC score and cut point will be rounded to a percent with two decimal points.
- Picture is abbreviated scale for illustrative purposes.
- The preliminary cut point of 83.80% (rounded to 84% for scale) was average score estimated through historical modeling; cut point will be reassessed and updated if the performance period average MHAC score varies by more than 10 percentage points.

Maximum penalty and reward is 2% of inpatient revenue.

The MHAC Summary report on the CRS portal provides PPC specific performance, Hospital MHAC Scores, calculation sheet, and revenue adjustment scale.
Future consideration: Results YTD vs. Rolling 12-month scores under new methodology.

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%

RY 2027 Quality-Based Reimbursement (QBR) Program

Quality Based Reimbursement (QBR) Program

Purpose

To incentivize quality improvement across three patient-centered quality measurement domains:

1. **Person and Community Engagement (HCAHPS)** - 6 survey-based measures + 3 linear measures + ED LOS + timely follow-up (tfu) + tfu disparity gap
2. **Clinical Care** - inpatient mortality + 30-day mortality
3. **Safety** - 6 measures of in-patient safety: 5 National Healthcare Safety Network (NHSN) Healthcare Associated Infections + Patient Safety Index (PSI-90)

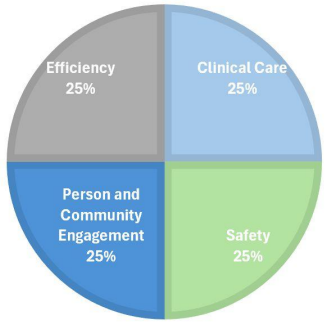
How it Works: Revenue-at-Risk

The Program puts **2 percent** of inpatient hospital revenue at risk (maximum penalty/reward)

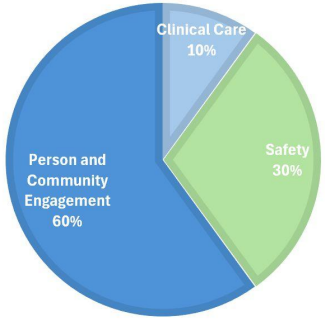
Federal Alignment

The QBR program uses **similar measures to the federal Medicare Value-Based Purchasing (VBP) program** but has an all-payer focus and can adjust domain weights to focus on MD-specific improvements.

VBP DOMAIN WEIGHTS



QBR DOMAIN WEIGHTS



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QBR Program Inclusion Rules

- **Hospitals must have at least 100 HCAHPS survey responses** to be included in the QBR program.
- For hospitals with measures that have **no base period data, attainment only scores** will be used to evaluate performance.
- Domain weighting is adjusted based on data availability (i.e., if no safety score, PCE domain weighted at 86% and Clinical Care domain weighted at 14%)

It is imperative that hospitals review the data in the Care Compare Preview Reports as soon as it is available from CMS.

QBR Measure Data Sources

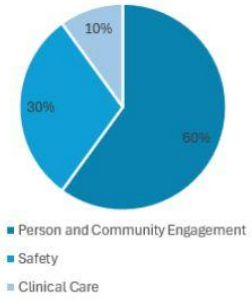
CMS Measures from Care Compare (Updated Quarterly)	HSCRC Case-Mix Measures (Updated Monthly on CRS Portal)
HCAHPS (TopBox, Linear, Consistency)	TFU (Medicaid, Medicare, Disparity Gap)
NHSN HAI Measures (CLABSI, CAUTI, SSI-Hysterectomy & Colon, C-Diff, MRSA)	ED LOS for admitted pts
	Mortality (IP & 30-Day)
	All-Payer PSI-90

QBR Methodology

Overview of QBR Methodology

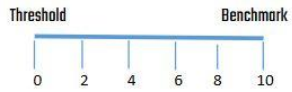
Performance Measures → **Standardized Measure Scores** → **Hospital QBR Score & Revenue Adjustments**

Domain and Measures:
Person and Community Engagement–
-HCAHPS: 6 top box measures, 3 linear measures, 1 consistency measure
-Timely Follow Up (TFU): Medicare, Medicaid & Disparity Gap
-ED Length of Stay, admitted patients
Safety— 6 Measures:
-5 CDC NHSN HAI Categories;
-AHRQ PSI 90 All-payer
Clinical Care–
-Mortality: Inpatient All-Payer, 30-day All-payer



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 is Sum of Earned Points / Possible Points with Domain Weights Applied

Scale Ranges from 0-80%

Max Penalty 2% & Reward +2% (All hospitals have an opportunity to earn a reward; not net neutral)

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%**

Cut point is reassessed retroactively; RY25 cut point was reduced to 32%

HCAHPS Updates--Survey Revised 1/1/2025

1. There is a decrease from eight to six HCAHPS sub-domains in the Person and Community Engagement VBP domain:
    a. Communication with nurses
    b. Communication with doctors
    c. Communication about medicine
    d. Hospital cleanliness and quietness
    e. Discharge information
    f. Overall hospital rating
2. The two removed HCAHPS sub-domains will be re-adopted into the PCE VBP domain in CY 2028
    a. Composite care transition
    b. Responsiveness of hospital staff
3. Three linear measures, chosen by PMWG:
    a. Communication with nurses
    b. Communication with doctors
    c. Communication about medicine

HCAHPS Weighting in QBR Program

	Domain Weight	QBR Program Weight	IP Revenue At-Risk
PCE Domain		**60%**	**1.20%**
HCAHPS Top-Box (6)	33.33%	20%	0.40%
HCAHPS Consistency	16.67%	10%	0.20%
HCAHPS Linear (3)	16.67%	10%	0.20%
ED LOS	16.67%	10%	0.20%
TFU	16.67%	10%	0.20%

- "Top-Box" is the most positive response to HCAHPS survey items *(80 possible points)*
- "Consistency" targets and further incentivizes improvement in a hospital's lowest performing HCAHPS dimension *(20 possible points)*
- "Linear" added to program to further incentivize focus on HCAHPS by providing credit for improvements along the continuum *(40 possible points)*

HCAHPS Scoring Methodology

1. The performance standards range from the 50th percentile of hospital performance (threshold) to the mean of the top decile (benchmark)
    - *Top box performance standards provided by CMS in IPPS Final Rule; Linear is calculated by HSCRC using by hospital National Data.*
2. Each measure is assigned a score of zero to 10 points for attainment and zero to nine for improvement
    - *HCAHPS points will then be multiplied by 8/6 and 4/3 to maintain the 80 points for topbox and 40 points for linear*
3. The higher of attainment and improvement points on each measure is used to get total score for HCAHPS

HCAHPS Consistency Scoring Methodology

1. The lowest domain score is determined by the domain in which the hospital performs the worst
2. All 20 points are awarded if all domain rates are greater than or equal to the threshold
    a. If any domain rate is less than or equal to the Floor rate (worst-performing hospital's baseline domain rate), 0 consistency points are awarded
    b. If the lowest domain rate is greater than the Floor but less than the threshold, 0-20 consistency points are rewarded based on the performance relative to the Floor

Timely Follow-up After Acute Exacerbations of Chronic Conditions--New 2025 Logic

- NQF endorsed health plan measure that looks at percentage of ED, observation stays, and inpatient admissions for one of the following six conditions, where a follow-up was received within time frame recommended by clinical practice:
  - Hypertension: 14 days for high-acuity or 30 days for medium acuity
  - Asthma: 14 days
  - Heart Failure: 14 days
  - CAD: 7 days for high-acuity or 6 weeks for low acuity
  - COPD: 30 days
  - Diabetes: 14 days
- 10% of QBR Program (⅓ for Medicaid, ⅓ for Medicare, ⅓ for Medicare Disparities)

Note: Acuity is determined by ICD-10 code. Still assessing impact of new logic on rates and appreciate input from hospitals.

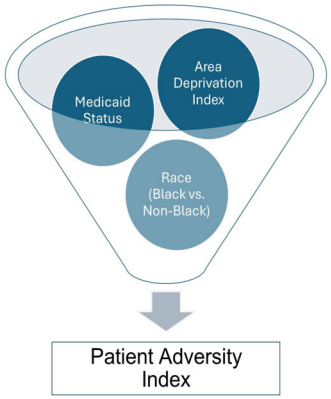
Summary and Detail-Level reports are posted to the CRS portal monthly.

Patient Adversity Index (PAI) & TFU Medicare Disparity Gap

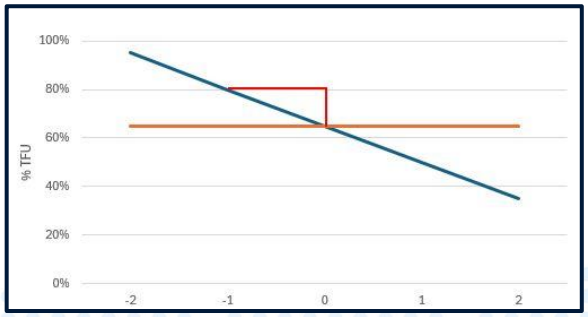
Patient Adversity Index is composite measure of the predicted likelihood of TFU from social factors.

- PAI value is normalized so that statewide mean is 0. Each 1-point change in the scale represents a change of one standard deviation.

The **disparity gap** is a reflection of how likelihood of TFU within a hospital changes for Medicare patients with varying levels of the Patient Adversity Index (PAI).



Higher value = Higher adversity



TFU Disparity Gap Details

- **Base Period:** CY 2018
- **Performance Period:** CY 2025
- **Model Coefficients:** CY 2021
- **APR-DRG Version:** v42
- **ADI Version:** 2020
- **Threshold:** median percent change in the disparity gap between 2018 and 2023
- **Benchmark:** average of the 90th percentile of the percent change in the disparity gap between 2018 and 2023

Maryland IP Mortality Measure

- Maryland measures **inpatient** mortality, risk-adjusted for:
  - 3M risk of mortality (ROM)
  - Sex, age, and age-squared
  - Transfers from another acute hospital within MD
  - Palliative Care status
- Measure inclusion/exclusion criteria provided in calculation sheet and user guide.
  - Subset of APR-DRGs which account for 80% of all mortalities.
  - Specific high mortality APR-DRGs and very low mortality APR-DRGs are removed.
- All-Payer
- Hospitals evaluated using **risk-adjusted *survival* rate**

Detail- and Hospital-level reports are provided on CRS portal monthly.

Maryland 30-Day Mortality Measure

- 30-day, all-payer, all-condition, all-cause mortality
  - Captures deaths that occurs within 30 days of a hospital admission, regardless of where death occurs
- Uses MD Vital Statistics death data merged with MD IP Case-mix records and Medicaid and Medicare claims to identify hospice (in addition to using discharge disposition and type of daily service)
- Measure was developed based on CMS condition specific mortality and the Maryland IP mortality measure

Detail- and Hospital-level reports provided on CRS portal monthly.

All-Payer Patient Safety Index

PSI-90 is composite measure of 10 AHRQ-specified PSIs of in-hospital complications and adverse events following surgeries, procedures, and childbirth:

- PSI 03 Pressure Ulcer
- PSI 06 Iatrogenic Pneumothorax Rate
- PSI 08 In-Hospital Fall with Hip Fracture Rate
- PSI 09 Perioperative Hemorrhage or Hematoma Rate
- PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate
- PSI 11 Postoperative Respiratory Failure Rate
- PSI 12 Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate
- PSI 13 Postoperative Sepsis Rate
- PSI 14 Postoperative Wound Dehiscence Rate
- PSI 15 Abdominopelvic Accidental Puncture or Laceration Rate

Detail- and Hospital-level reports are posted to the CRS portal monthly.

AHRQ v2024 until AHRQ v2025 is released, at that point the results will be updated to v2025.

ED LOS Measure--New in RY2026

Incentive assesses percent improvement from CY 2023 to CY 2024

- **Measure:** Percent change in the median time from ED arrival to physical departure from the ED for patients admitted to the hospital
- **Population:** All non-psychiatric ED patients who are admitted to Inpatient bed and discharged from hospital during reporting period
- **Scoring:** Use attainment calculation for percent change to convert improvement into a 0 to 10 point score
  - Hospitals with CY2023 Median that is lower (better) than statewide median have Threshold of 0 percent and benchmark of -5 percent.
  - Hospitals with CY2023 Median that is higher (worse) than statewide median have Threshold of 0 percent and benchmark of -10 percent.
  - Hospitals with ED LOS better than the National CMS ED1b results (2018) will not receive a penalty for declines in performance.

See appendix slides for RY2026 measure exclusions

ED LOS Measure--RY2027 still under development

Hospitals and the State continue to focus on ED LOS concerns (See slides on ED Wait Time Reduction Commission and RY2027 Hospital Best Practice Policy)

Incentive for RY2027 is focused on the following:

- Need to establish Improvement Goal
- Explore Risk-Adjusted Attainment Rates and/or additional exclusions
- How to handle Observation cases outside of ED

Despite still being developed, hospitals are aware of need to improve.

Preliminary (based on proposed RY26 measure) summary and detail reports provided on CRS portal monthly.

FYI: Hospital Level ED LOS EDDIE submissions will be discontinued after the data from June 2025 is submitted in July 2025.

Overall Score & Revenue Adjustment Scale

1. Assess performance on each measure in the domain relative to threshold and benchmark for both improvement and attainment unless otherwise stated (0-10 points)
2. For each domain, calculate the points a hospital earned divided by the total possible points multiplied by the domain weight to get score for domain
3. Add weighted domain scores to get total hospital QBR score (0-100 percent)
4. Convert the total hospital QBR score into a revenue adjustment using the preset scale

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%**

RY 2027 Measurement Methodology Recap

- Measures are converted to 0-10 points using performance standards
- Final score is the better of attainment or improvement
- QBR Score: Sum of earned points/possible points with domain weights
- Preset Scale of 0-80%, with 41% cutpoint
- Max penalty and reward at 2%

New to RY 2027: Bonus $150k for hospitals that report eCQMs on HSCRC's expedited schedule

- PCE Domain (60%)
  - HCAHPS top-box and consistency
  - HCAHPS linear
  - TFU- Medicare FFS
  - TFU- Medicaid
  - TFU Medicare Disparity Gap
  - ED LOS for admitted patients
- Safety Domain (30%)
  - PSI-90
  - 6 NHSN HAI measures
- Clinical Care Domain (10%)
  - IP Mortality
  - 30-Day Mortality

RY 2027 Readmissions Reduction Incentive Program (RRIP)

Readmissions Reduction Incentive Program (RRIP)

Purpose

To incentivize hospitals to reduce avoidable readmissions by linking payment to (1) improvements in readmissions rates, and (2) attainment of relatively low readmission rates.

- **What is a readmission?** A readmission occurs when a patient is discharged from a hospital and is subsequently re-admitted to any hospital within 30 days of the discharge.
- **Why focus on readmissions?** Preventable hospitals readmissions may result from complications from previous hospitalizations or inadequate care coordination following discharge and can lead to substandard care quality for patients and unnecessary costs.

How it Works: Revenue-at-Risk

The program puts **2 percent** of inpatient hospital revenue at risk (maximum penalty/reward) + 0.5 percent max disparity gap reward

Federal Alignment

The RRIP is **similar to the Medicare Hospital Readmissions Reduction Program (HRRP)**, but has an all-payer focus.

RRIP Methodology

RRIP Methodology Overview

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 included
- IP-Psych and Specialty Hospitals included
- Adult oncology Discharges Included

Global Exclusions:

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

Case-Mix Adjustment

Performance Measure: CY 2025 Case-Mix Adjusted 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

CY 2022/23 used to calculated statewide averages (normative values), as well as attainment benchmark/threshold

Revenue Adjustments

Hospital RRIP revenue adjustments are based on the better of attainment or improvement, scaled between the max reward (+2%) and max penalty (-2%) of IP revenue.

All Payer Readmission Rate CY25		RRIP % Inpatient Revenue
Lower Readmission Rate		2.00%
Benchmark	8.83%	2.00%
	10.04%	1.00%
Threshold	11.25%	0.00%
	12.46%	-1.00%
	13.67%	-2.00%
Higher Readmission Rate		-2.00%

Attainment Scale

Improvement Scale

All Payer Readmission Rate Change CY22/23-25		RRIP % IP Revenue Payment Adjustment
Improving		2.00%
Benchmark	-21.04%	2.00%
	-12.41%	1.00%
Target	-3.78%	0.00%
	4.85%	-1.00%
	13.48%	-2.00%
Worsening		-2.00%

Performance Metric

- Case-Mix Adjusted Inpatient Readmission Rate
  - 30-Day readmissions
  - All-Cause, All-Payer
  - All-Hospital (both intra- and inter- hospital)
  - Chronic beds and readmissions to specialty hospitals included
- Exclusions:
  - Same-day and next-day transfers
  - Rehabilitation Hospitals
  - Pediatric Oncology discharges
  - Planned readmissions – CMS Planned Readmission Logic (v4 2022), rehab and OB deliveries
  - Deaths, Left AMA
- Risk-Adjustment
  - APR-DRG & SOI

Summary and detail-level* reports are posted to the CRS portal monthly.

*Patients who opt-out of CRISP data-sharing and/or experience SUD are excluded from patient-level reports

Case-Mix Adjustment

- Hospital performance is measured as:

$$\text{Case-Mix Adjusted Readmission Rate} = \frac{\text{(Observed Readmissions)}}{\text{(Expected Readmissions)}} * \text{Statewide Base Year Readmission Rate}$$

- Observed readmissions: observed, unplanned readmissions within 30 days of a discharge
- Expected readmissions: statewide rate for readmissions is calculated for each APR-DRG-SOI level, these statewide norms are applied to each hospital's case-mix to determine the expected number of readmissions

Norms file to calculate expected values is available on the CRS within the RRIP Summary Workbook.

Measuring the Better of Attainment or Improvement

- RRIP continues to measure the better of attainment or improvement due to concerns that hospitals with low readmission rates may have less opportunity for improvement.
- RRIP adjustments are scaled, with maximum penalties up to 2% of inpatient revenue and maximum rewards up to 2% of inpatient revenue.

Rate Year	Performance Year	Improvement Target (from CY 2022-2023)	Attainment Reward Threshold
RY 2027	CY 2025	-3.78%	11.25%

Attainment threshold is 65th percentile of readmission rate in 2022 & 2023, further adjusted for out-of-state readmissions with improvement target

RRIP-Disparity Gap Methodology

The RRIP's Disparities Component

The Readmissions Reduction Incentive Program includes a **within-hospital disparities readmissions measure,** making it the **only statewide program in the nation** with an **incentive for reducing disparities in all-payer readmission rates.**

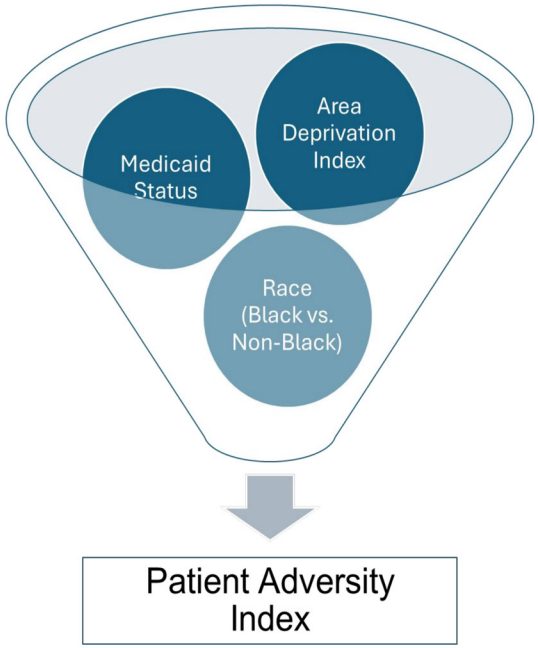
HSCRC rewards hospitals with reductions in year-over-year overall readmission rate disparities related to race and socioeconomic status, with the goal of a 50% reduction in disparities over 8 years.

Rewards are scaled

- Rewards are based on performance in 2018
- Rewards begin at 0.25% IP revenue for hospitals on track for 50% reduction in the disparity gap measure over 8 years.
- Rewards are capped at 0.50% of IP revenue for hospitals on pace for a 75% or larger reduction in the disparity gap measure over 8 years

Patient Adversity Index (PAI) Measurement

- HSCRC-developed claims-based measure
- Calculated for each discharge based on social factors:
  - Medicaid status (Yes or No)
  - Race (Black or Non-Black)
  - Area Deprivation Index (ADI), measure of neighborhood disadvantage
- Social factors weighted to reflect the strength of its association with readmissions
- Larger value = Higher adversity
- PAI value is normalized so that statewide mean is 0. Each 1-point change in the scale represents a change of one standard deviation.

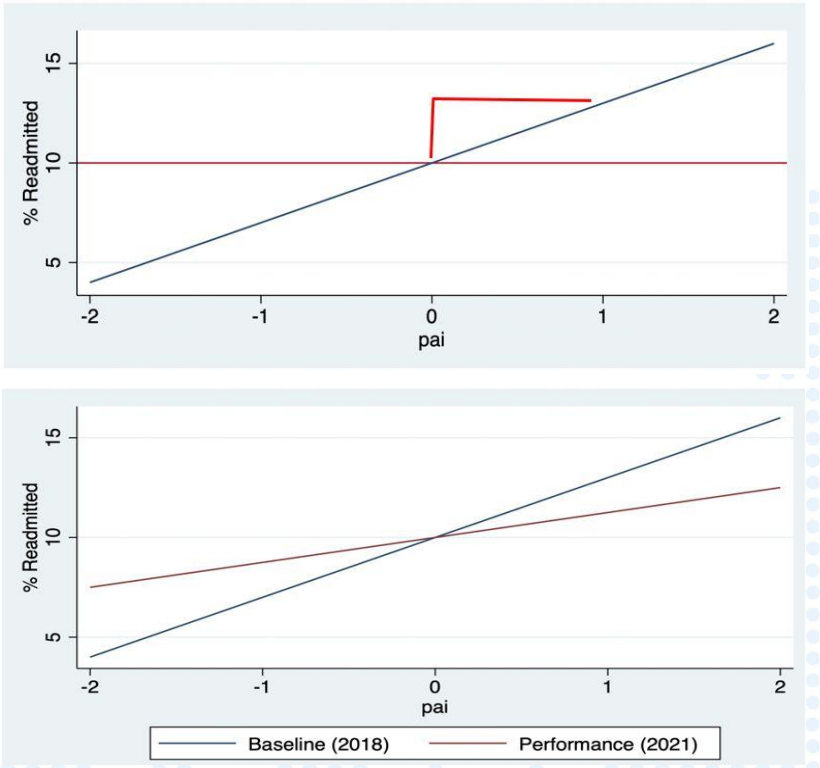


Performance Metric- Readmissions Disparity Gap Improvement

Disparity gap: reflection of how readmission risk within a hospital changes for patients with varying levels of PAI

- Estimates the change in readmission rates per one-unit change in PAI at each hospital
- Adjustments made based on:
  - Age
  - APR-DRG
  - Gender
  - Mean PAI value at the hospital (to avoid penalizing hospitals that serve higher proportions of high PAI/highly disadvantaged patients)

Hospital payments are based on the percent change of the disparity gap between the base period (2018) and performance period (2025).



RY 2027 Readmissions Disparity Gap Scaling

- Assesses improvement only
- Model Goal: At least 50% of hospitals reduce their disparities in readmissions by 50% by RY2029
- CY 2025 performance trajectory standards:
  - -40.54% threshold to begin rewards
  - -64.64% for full reward
- RY 2027: Reward-only
- Rewards scaled from 0.25 percent up to 0.50 percent of IP revenue
- To be eligible for the disparity gap reward, hospitals must submit their interventions that are aimed at reducing disparities in readmissions

Summary and detail-level* reports are posted to the CRS portal monthly.

*PAI components are included in RRIP detail level reports

Note: Staff are looking into methodology and the development of tools to better help hospitals understand the measure and track performance

Potentially Avoidable Utilization (PAU) Savings Policy

Potentially Avoidable Utilization (PAU) Savings Program

Purpose

- To encourage hospitals **to focus on improved care coordination and enhanced community-based care** by holding hospitals accountable for potentially avoidable utilization
- Designed to encourage hospitals to look at **upstream, community-based factors** that influence utilization

How it Works

"Potentially avoidable utilization" is defined as hospital care that is unplanned and may be prevented through improved care quality, care coordination, or effective community-based care

Methodology

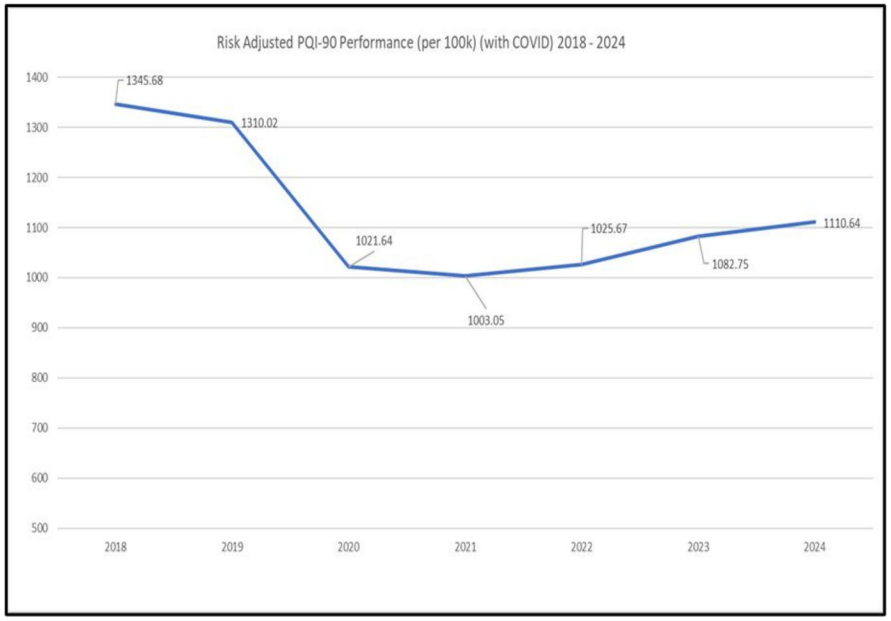
The HSCRC examines the following measures in its PAU calculations:

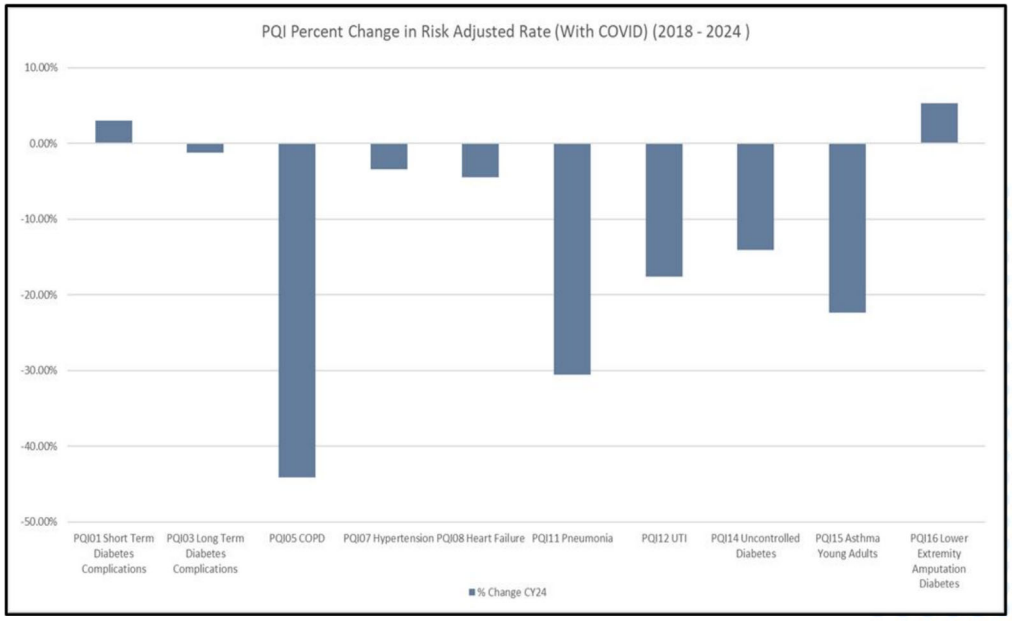
- **30-day readmissions (uses similar logic as RRIP)** – All Hospital All Cause 30-Day Readmissions with adjustment for planned admissions
- **Avoidable admissions** – Ambulatory-care sensitive conditions identified with AHRQ Prevention Quality Indicators (PQIs) and Pediatric Quality Indicators (PDIs) (e.g. admissions for diabetes complications, admissions for urinary tract infections)

PAU Measures

Per Capita Prevention Quality Indicators (PQIs) and Pediatric Quality Indicators (PDIs)
•**Measure definition:** AHRQ Prevention Quality Indicators, which measure adult (18+) ambulatory care sensitive conditions. AHRQ Pediatric Quality Indicators focuses on preventable hospitalizations among pediatric patients •**Data source:** Inpatient and observation stays >= 24 hours
Revenue from PAU Readmissions
•**Measure definition:** 30-day unplanned readmissions measured at the sending hospital •**Data Source:** Inpatient and observation stays >= 24 hours

Prevention Quality Indicator (PQI) Performance (2018 - 2024)





*** AHRQ v2024 Software*

- As of December 2023, Maryland has experienced an 20% decrease across all PQIs from its 2018 baseline rate of 1346 admits per 100k residents
  - The current PQI rate is 5% above the required SIHIS goal

maryland health services cost review commission

PAU Shared Savings Policy Changes

- The PAU Program was originally a statewide reduction necessary to achieve required savings in the Model and to recoup the ~$200M built into rates for “infrastructure” investments (e.g., care management)
  - To date, the Commission has removed ~$600M through the Shared Savings Program
- At the June 2024 Commission Meeting, the Commission approved staff proposed revisions to the PAU Shared Savings policy, so that rewards for hospitals are capped at 0% for hospitals with above average PAU performance
  - Effectively discontinues system savings aspect of the policy while not providing upside to hospitals that may not have improved PAU performance under the Model
- To prevent any potential access issues as part of the changes to PAU, staff are to do the following to:
  - An analysis to be funded out of hospital rates of activities of current interventions to reduce PAU
  - Establishment of a single point of executive accountability for the PAU reduction strategy
  - Hospitals would need to submit a plan for Commission approval to reduce PAU or maintain low rates of PAU
  - Agreement to engage in future analyses of PAU performance
- The Commission has enlisted a contractor to perform the analyses listed above
  - PAU Intervention Evaluation Template sent out to industry due back by June 30th 2025

RY 2027 Maximum Guardrail under Maryland Hospital Performance-Based Programs

Maximum Guardrail for RY 2027

RY 2027 Quality Program Revenue Adjustments	Max Penalty	Max Reward
MHAC	-2.0%	2.0%
RRIP	-2.0%	2.0%
QBR	-2.0%	2.0%

- Percent of ***Maryland Medicare revenue at-risk for quality (6%)*** multiplied by the percent of ***Maryland revenue attributable to inpatient services***
- RY 2027 Guardrail: 6% x 59%* = 3.54%
- The quality adjustments are applied to inpatient revenue centers, similar to the approach used by CMS.
- RRIP-Disparity Gap is not included to encourage focus on and express the importance of advancing health equity

*FY2024 % IP Services

Emergency Department Initiatives

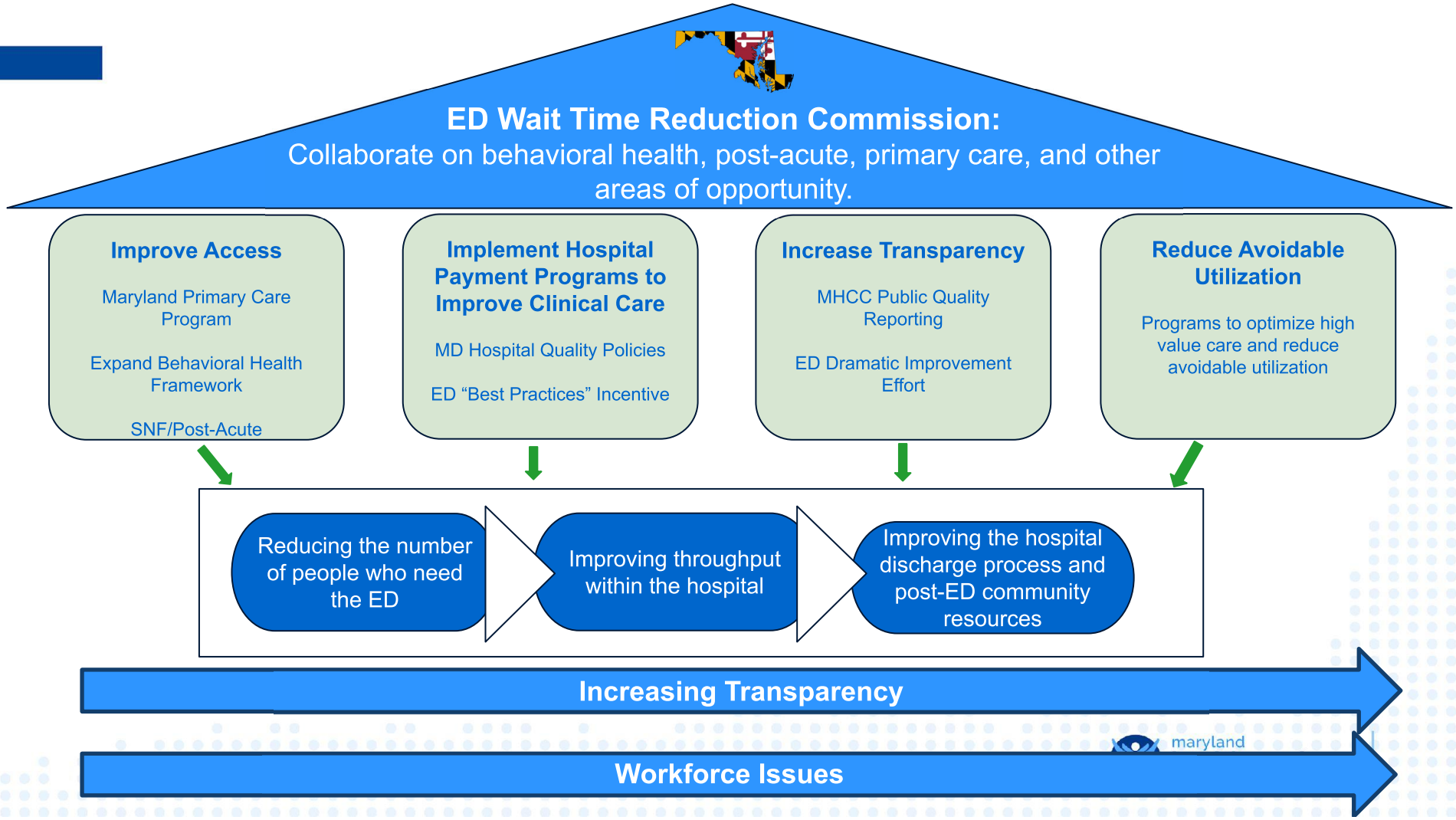
Establishment of Maryland ED Wait Time Reduction Commission

Bill went into effect July 1, 2024, and terminates June 30, 2027, Annual Reports due Nov 2025 and Nov 2026

Purpose: To address factors throughout the health care system that contribute to increased Emergency Department wait times

Specific focus: Develop strategies and initiatives to recommend to state and local agencies, hospitals, and health care providers to reduce ED wait times, including initiatives that:

- *Ensure patients are seen in most appropriate setting*
- *Improve hospital efficiency by increasing ED and IP throughput*
- *Improve postdischarge resources to facilitate timely ED and IP discharge*
- *Identify and recommend improvements for the collection and submission of data*
- *Facilitate sharing of best practices*


ED Wait Time Reduction Commission:
Collaborate on behavioral health, post-acute, primary care, and other areas of opportunity.
Improve Access
Maryland Primary Care Program
Expand Behavioral Health Framework
SNF/Post-Acute
Implement Hospital Payment Programs to Improve Clinical Care
MD Hospital Quality Policies
ED "Best Practices" Incentive
Increase Transparency
MHCC Public Quality Reporting
ED Dramatic Improvement Effort
Reduce Avoidable Utilization
Programs to optimize high value care and reduce avoidable utilization
Reducing the number of people who need the ED
Improving throughput within the hospital
Improving the hospital discharge process and post-ED community resources
Increasing Transparency
maryland
Workforce Issues

Commission Subcommittees

Access to Non-Hospital Care

Integrate and optimize non-hospital care.

Priority Focus:

- Post-acute access, capacity, and function
- Palliative Care/Hospice Care

Action Items/Deliverables:

1. Proposal & Recommendations to Regulatory Agencies and Legislature
2. Expansion of Palliative Care & Hospice Care Training, Resources, and Monitoring

ED-Hospital Best Practices

Priority Focus:

- Development of best practices that will improve hospital and ED throughput and decrease ED LOS
- To provides input into the methodology for ED-related pay for performance metrics

Action Items/ Deliverables:

1. Minimum of Two Best Practices implemented at each hospital
2. Refine Quality Based Reimbursement (QBR) ED LOS methodology, specifically targets, risk adjustment, exclusions.

Data Subcommittee

Priority Focus:

- Identify existing and develop new data reports that can be used to identify and quantify opportunities across the continuum of care.

Action Items/Deliverables:

1. Develop a model that quantifies impact of interventions on capacity, throughput and operations that impact Inpatient and ED LOS
2. Support data analytical work of all subgroups

Hospital Capacity, Operations & Staffing

Priority Focus:

- Recommendations for improvement opportunities related to capacity, operations and workforce across the continuum of care.

Action Items/Deliverables: (Pending finalization)

1. Baseline Capacity analysis
2. Capacity calculator with standard targets
3. Recommendations for alternate capacity types (ex. HAH)

RY 2027 ED Best Practices Policy

The Best Practices policy is centered around set of six Hospital Best Practices that are designed to improve the emergency department (ED) and hospital throughput and reduce ED length of stay (LOS).

- Each best practice includes **three levels (tiers)** with measures showing how well and how fully it's being implemented.
- In **Year 1 (RY2027/CY2025)**, no points will be assigned to these tiers. The focus is on starting implementation, developing reports, and collecting and analyzing data.

Hospital Requirements for RY2027 (CY2025)

- Hospitals must choose two Best Practices to implement and report on.
- Hospitals can choose based on their specific needs.

Key Dates and Requirements

- October 1, 2025: Target date to submit data
  - Hospitals with delays must inform HSCRC before this date
- December 1, 2025: Final Deadline
  - Missing this deadline will result in a 0.1% penalty on inpatient revenue in January 2026
- Extraordinary events (e.g., cyberattacks, disasters) will be handled under the exception policy.

Ongoing Work:

- The subgroup will continue creating reporting templates
- They'll also study how the practices affect LOS and make future recommendations about tying performance to payment.

Focus of ED-Hospital Throughput Best Practice Subgroup

- Purpose:
  - To develop a set of six best practices that will improve hospital and ED throughput and decrease ED LOS.
  - To provide input into the methodology for ED-related pay for performance metrics
- All hospitals submitted their two selected best practices by April 18th.
- Summary of Selections :
  - Standardized Daily/Shift Huddles: 24%
  - Patient Flow Throughput Performance Council: 23%
  - Expedited Care Intervention: 20%
  - Interdisciplinary Rounds and Early Discharge Planning: 16%
  - Bed Capacity Alert System: 13%
  - Clinical Pathways & Observation Management: 5%

Digital Measures Reporting Requirements

Detailed reporting and submission information may be found on the CRISP website

Maryland Statewide Digital Measure Reporting Infrastructure: Important to Achieving Maryland's Quality Goals

- In June 2022, Maryland is first state to begin receiving eCQM data statewide fromhospitals
- CMS Digital Quality Measurement Strategic Roadmap: 7 yr timeline for fully digital reporting
- Maryland is targeting quality improvement priorities using digital measures
- For more information: CRISP eCQM website and HSCRC Quality page
- QBR RY 2027 Approved Recommendation: Add a bonus incentive of $150,000 in hospital rates for hospitals that fully meet the State-specified **expedited** reporting timeline, provided that all required measures are reported. Bonus applies to:
  - eCQMs CY 2025 measures
  - CCDE Q3 2025-Q2026 for all-payer (Patients >17 years of age) Hospital Wide Readmission and Hospital Wide Mortality Hybrid measures

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

Title	Short Name	CMS eCQM ID	CBE* #	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 2025 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

CY 2025 Monitoring Reports

Monitoring Measures Update

- Excess Days in Acute Care (EDAC)- excess days that a hospital's patients spent in acute care within 30 days after discharge (ED visits, Obs stays, unplanned readmissions)
- IP Diabetes Screening- Reports % of patients that were screened for HbA1c that met the American Diabetes Association's (ADA) eligibility criteria for screening
- ED MVP- Reports hospital utilization of multi-visit patients (MVPs)
- Sepsis dashboard (under development): monitor measures related to sepsis in lieu of adopting the CMS Sep-1 bundle in QBR

Summary and detail-level reports are posted to the CRS portal monthly.

CRISP Reporting

CRISP Reporting Services (CRS) Introduction

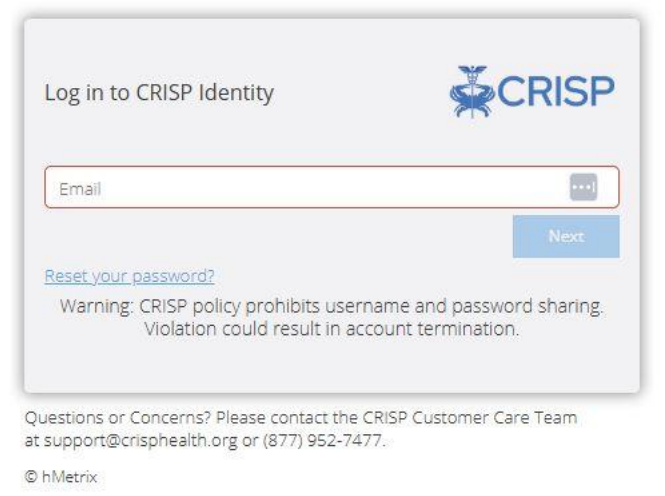
June 2025

CRISP Reporting Services

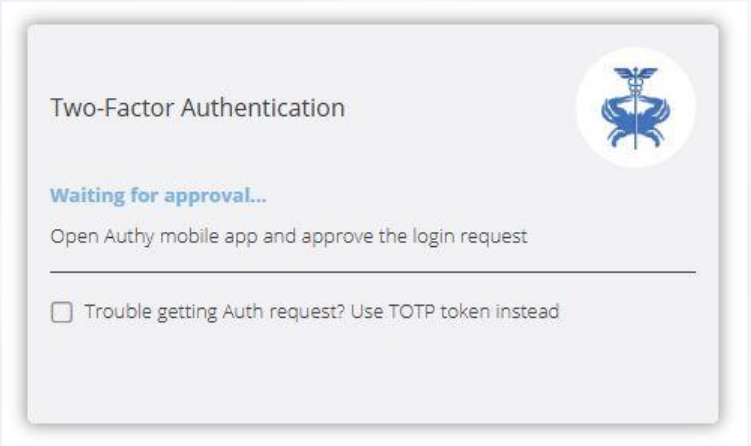
- CRS hosts reports for the HSCRC Quality Programs.
  - CRISP is working on transitioning organizations to access CRS via the CRISP Portal (portal.crisphealth.org).
- HSCRC Regulatory reports are refreshed with new data once per month

CRS Login Page

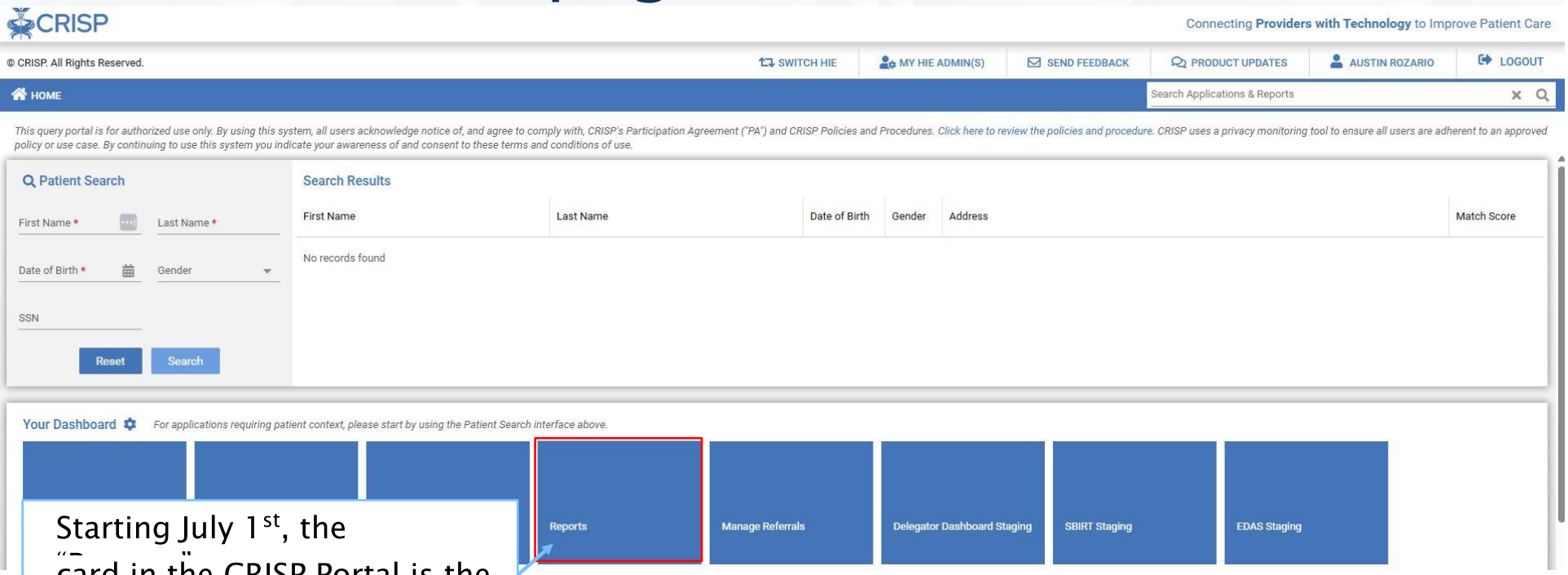
You can access CRS via the HIE Portal (portal.crisphealth.org) with your CRISP User ID, password, and accepting the Authy two factor authentication notification.



If you do not have access to CRS, please reach out to support@crisphealth.org or the CRS Point of Contact for your organization

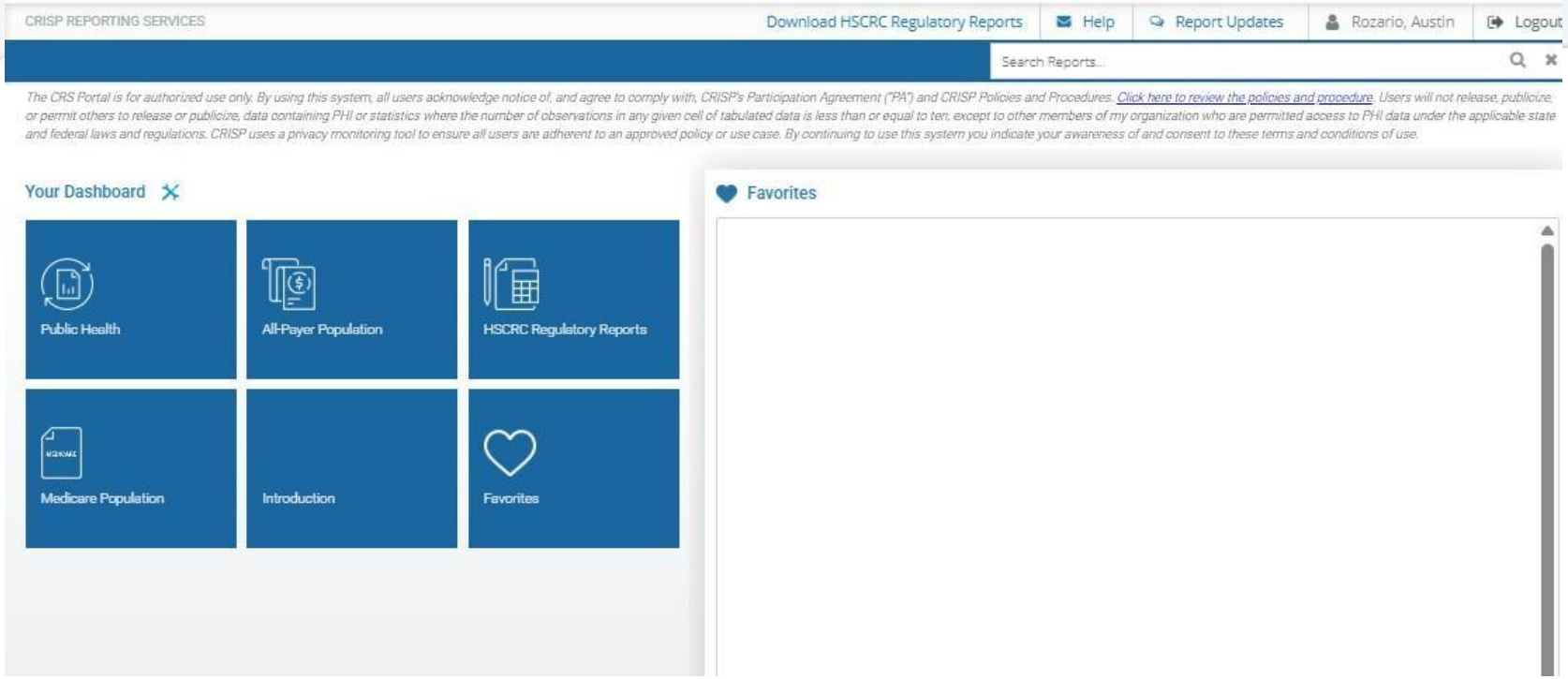


CRISP Homepage

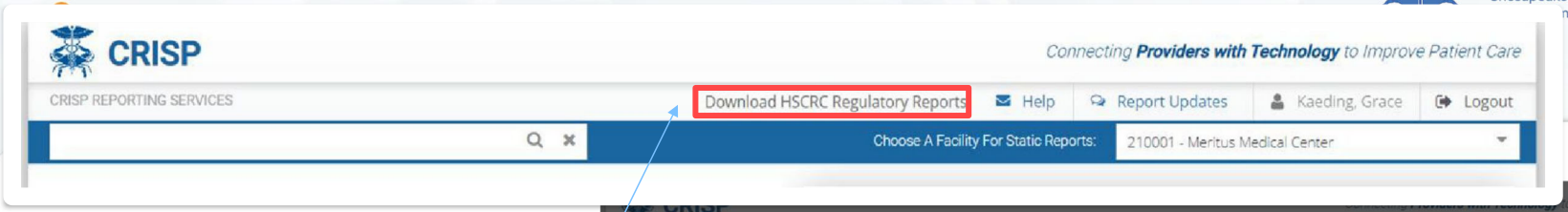


Starting July 1st, the "Reports" card in the CRISP Portal is the new accessway to CRS Reports

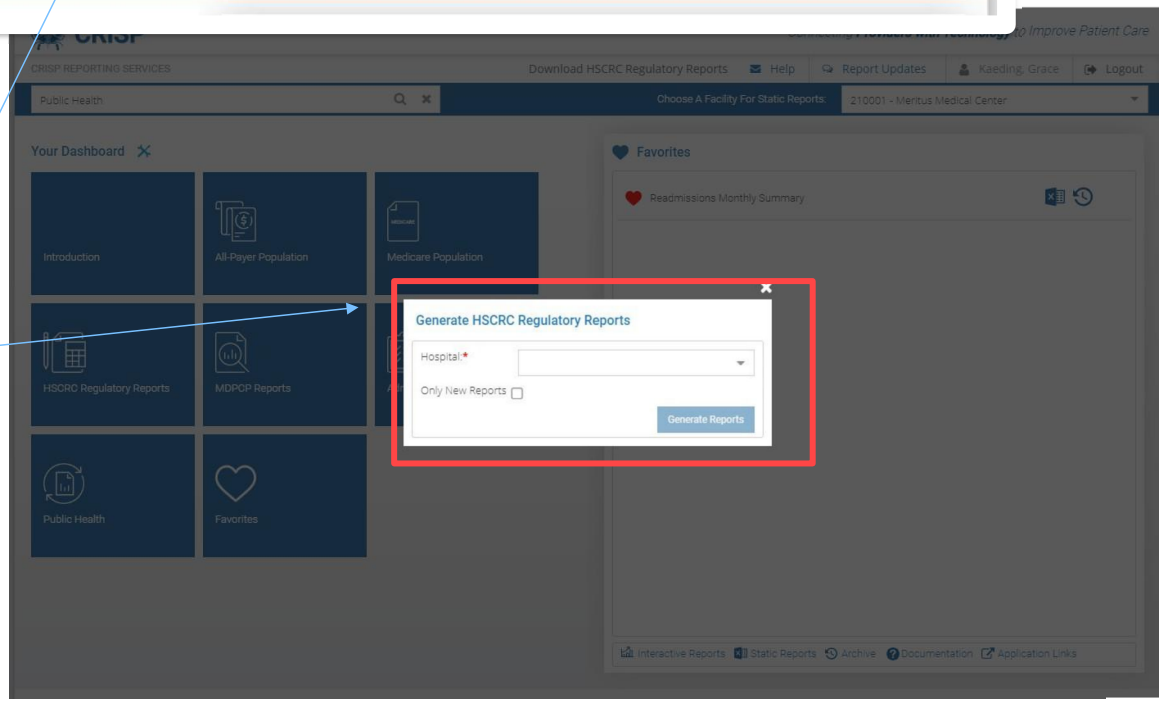
• CRS Homepage



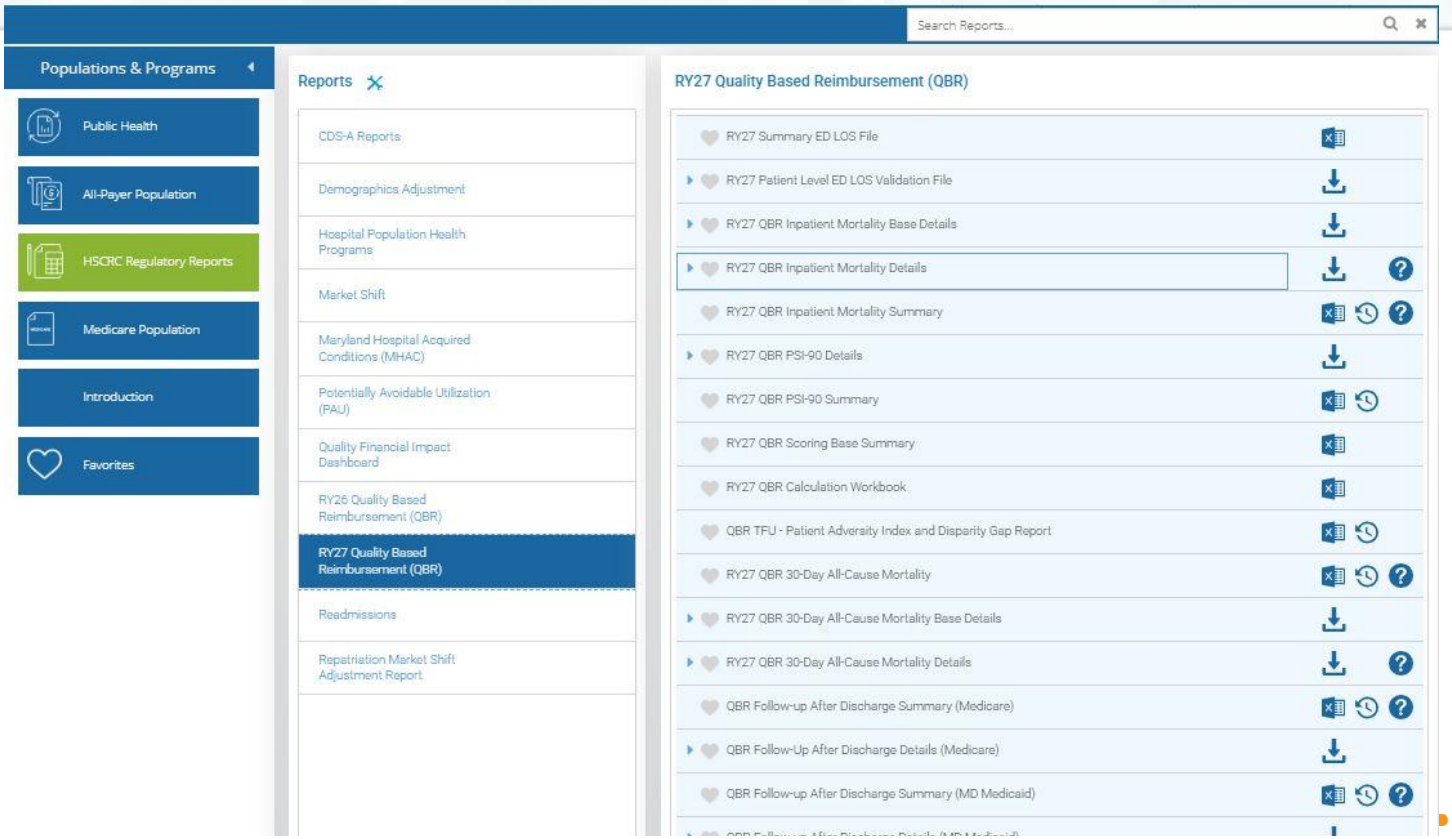
CRS Homepage



Users can download all the Static HSCRC Regulatory Reports at once. By clicking on the Download HSCRC Regulatory Reports button, the Generate HSCRC Regulatory Reports pop-out window will appear. Users can select multiple hospitals. To download the most recent reports, click the Only New Reports check box.



CRS HSCRC Regulatory Reports



Quality Policy Reports Available

CRISP
Chesapeake Regional Information System for our Patients

RRIP

- Readmissions Static and Tableau Reports
- Patient Adversity Index and Disparity Gap Reports
- EDAC Monitoring Reports

QBR

- QBR Scoring and Calculation Sheet
- Timely Follow-Up Medicare, Medicaid, and Disparity Reports
- IP Mortality Reports
- 30-Day All-Cause Mortality
- ED LOS

PAU

- Reference Reports
- Savings Reports
- ED Multi-Visit Patient Reports
- Avoidable Admissions Tableau
- MPA PQI Summary
- Attributed PQI and PDI

MHAC

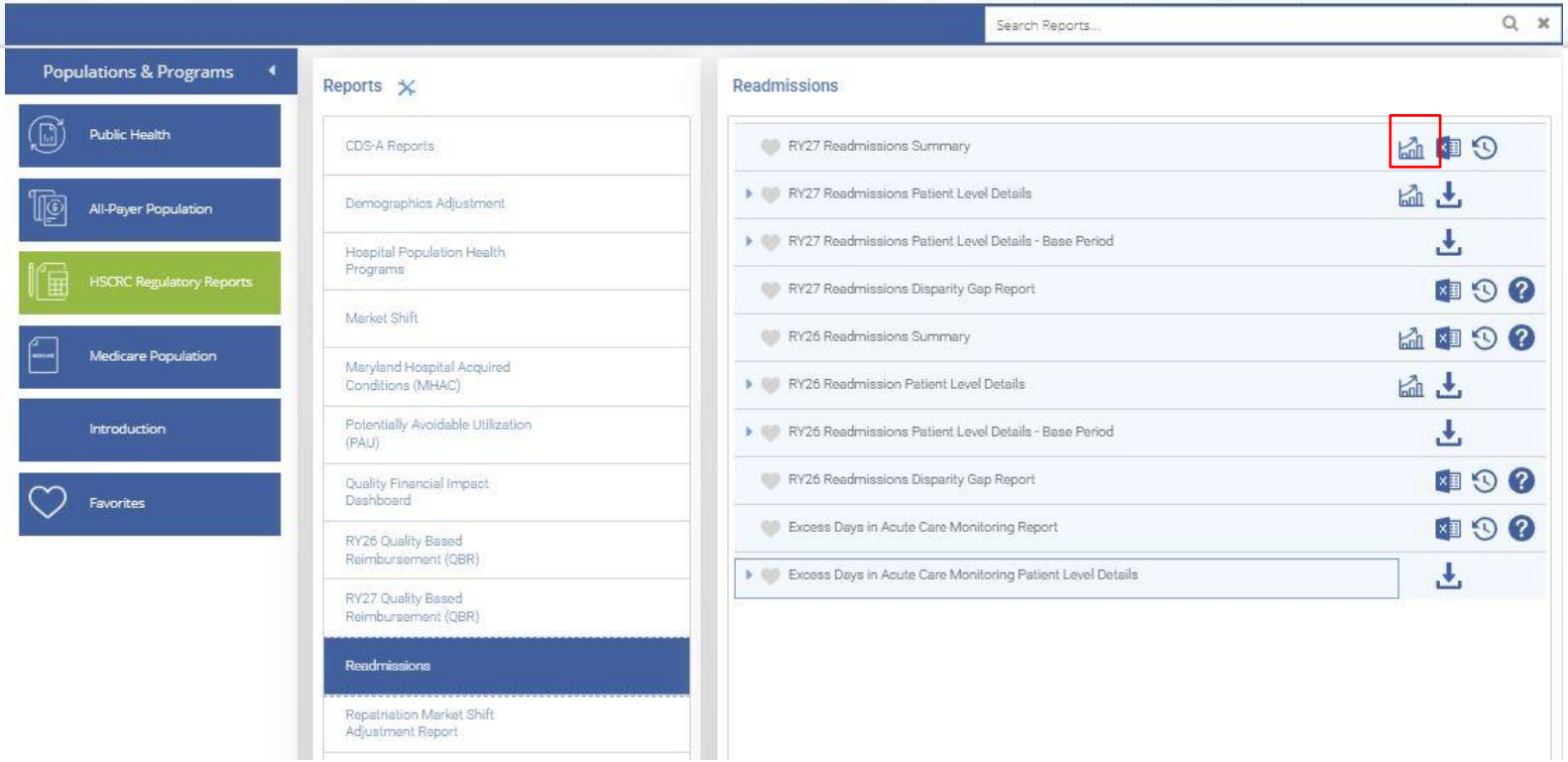
- MHAC Static Summary and Details Reports

Readmissions Tableau

Readmissions Tableau Overview

- The report allows users to filter and drill-down their hospital's readmission data.
- The following tabs are available
  - Landing Page
  - Improvement
  - Attainment
  - Trends & Locations
  - Unadjusted Hospital Readmission Trends
  - Case-mix Adjusted Readmission Trends
  - Service Line Readmission Analysis
  - Length of Discharge to Readmission (**Requires PHI access)**
  - Forecasting
  - Patient Level Details (**Requires PHI access)**
  - Documentation
  - Summary by Month

Readmissions Tableau



Filters

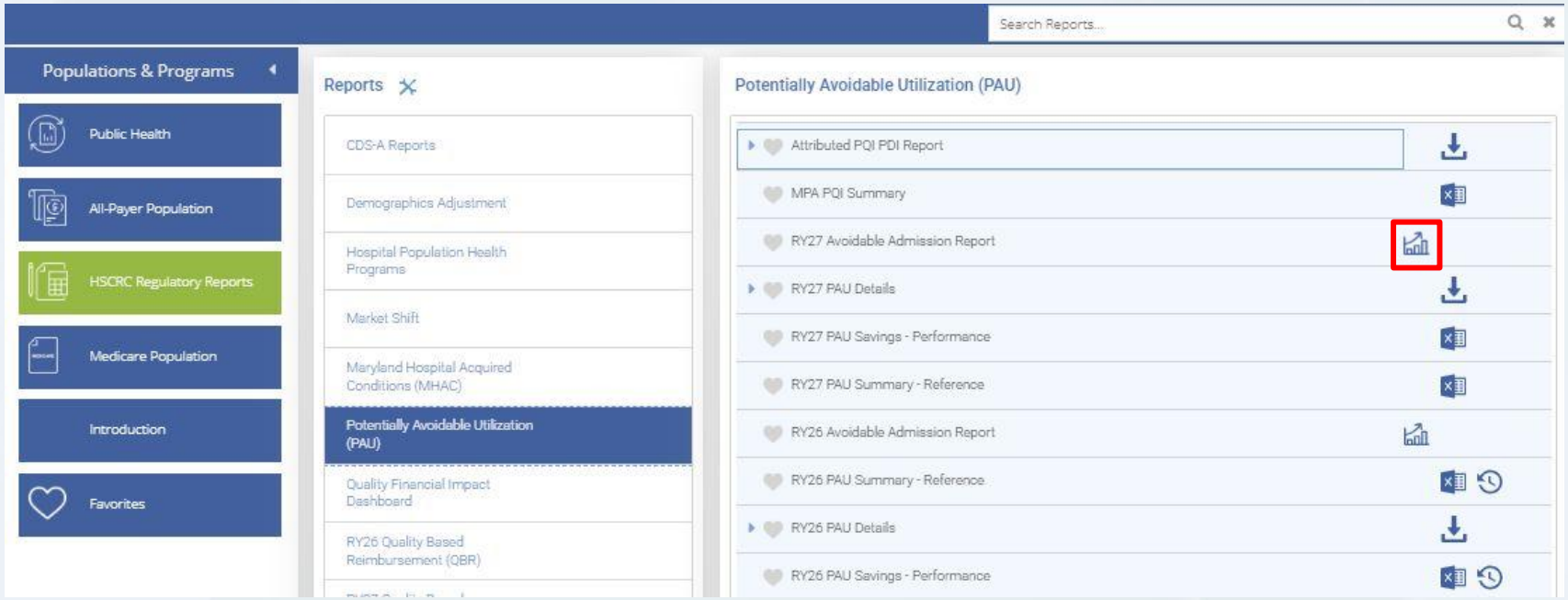
Filter	Description
Basic Period Structure	View either the complete base period (Based on CY2023 data) and/or matched YTD performance period.
Discharge Date	Select the year(s) of discharge.
Hospital Name	Filter on one or more hospitals
Index APR Service Line	Filter groups services into higher level categories, which is based on the index hospital.
Index APR Value	APR value from the index hospital.
Need Type	High Utilizer: 3+ bedded care visits (inpatient and observation stays over 24 hours) in the 12 months prior to their index visit Rising Needs: 2+ visits bedded care or ED in the 12 months before their index visit
Payer	Filter based on the type of payer (commercial, Medicare, Medicaid, and charity/self-pay)
Primary Diagnosis	Diagnosis at index visit
Race	Race reported by hospital at visit

Avoidable Admissions Tableau

Avoidable Admissions Report

- The Avoidable Admissions Report allows users to see per capita Prevention Quality Indicators (PQI) and Pediatric Quality Indicators (PDI) values.
- The report displays PQIs and PDIs that are assigned to hospitals based on geographic attribution.
- The following tabs are available:
  - Savings Performance
  - Summary by PQI
  - Summary by PDI
  - PQIs by Zip

Avoidable Admissions Report

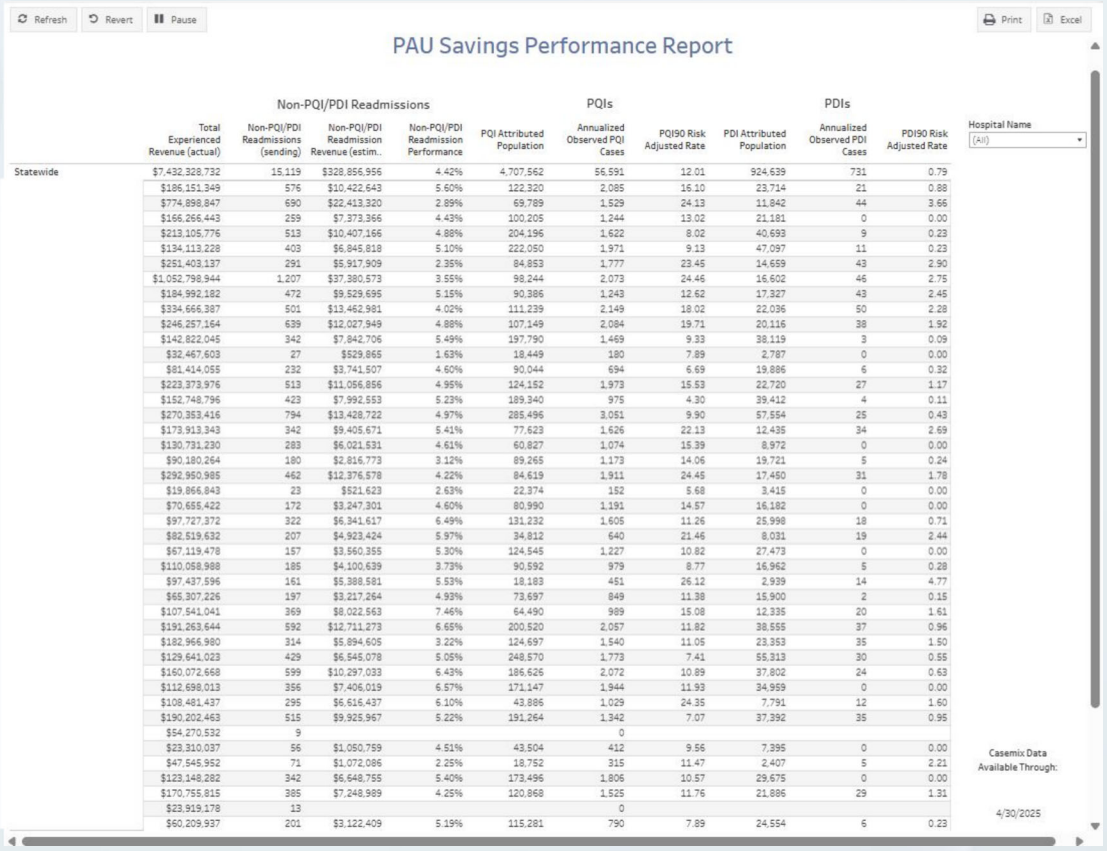


Filters

Filter	Description
Year	Year in which the PQI occurred.
Hospital Name	Hospital to which the PQIs are attributed. This is not necessarily the hospital where the visit occurred.
Race	Race defined in case mix data at visit
Payer	Primary expected payer as listed in case mix data
Gender	Patient Gender
Age Group	Patient Age, distributed into available ACS census age groups.

Avoidable Admissions Report

CRISP
Chesapeake Regional Information System for our Patients



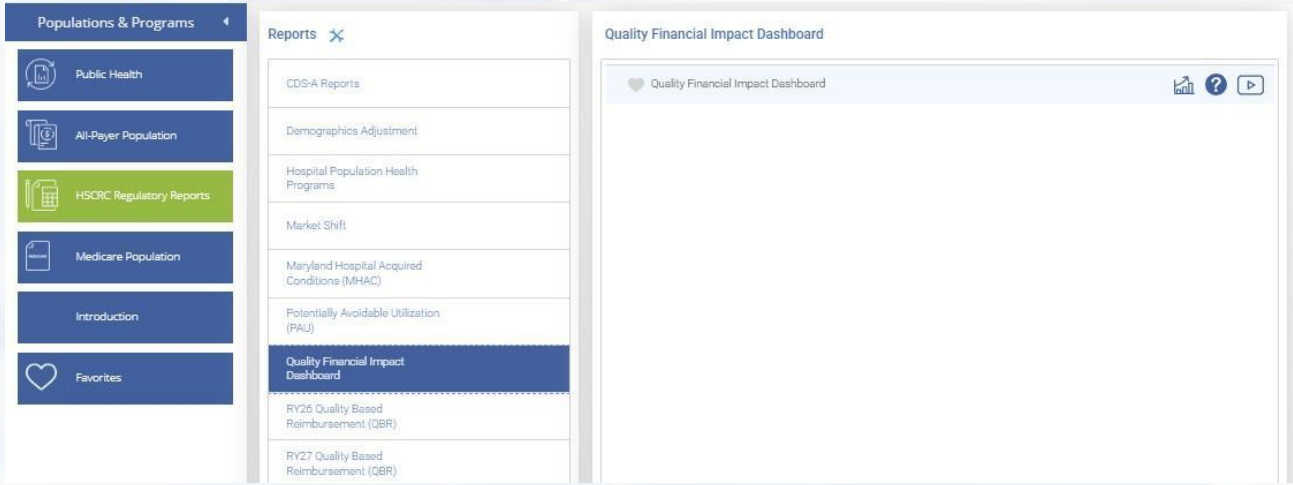
Refresh | Revert | Pause | Print | Excel

PAU Savings Performance Report

	Non-PQI/PDI Readmissions				PQIs			PDIs			
	Total Experienced Revenue (actual)	Non-PQI/PDI Readmissions (sending)	Non-PQI/PDI Readmission Revenue (estim..	Non-PQI/PDI Readmission Performance	PQI Attributed Population	Annualized Observed PQI Cases	PQI90 Risk Adjusted Rate	PDI Attributed Population	Annualized Observed PDI Cases	PDI90 Risk Adjusted Rate	Hospital Name (All)
Statewide	$7,432,328,732	15,119	$328,856,956	4.42%	4,707,562	56,591	12.01	924,639	731	0.79	
	$186,151,349	576	$10,422,643	5.60%	122,320	2,085	16.10	23,714	21	0.88	
	$774,898,847	690	$22,413,320	2.89%	69,789	1,529	24.13	11,842	44	3.66	
	$166,266,443	259	$7,373,366	4.43%	100,205	1,244	13.02	21,181	0	0.00	
	$213,105,776	513	$10,407,166	4.88%	204,196	1,622	8.02	40,693	9	0.23	
	$134,113,228	403	$6,845,818	5.10%	222,050	1,971	9.13	47,097	11	0.23	
	$251,403,137	291	$5,917,909	2.35%	84,853	1,777	23.45	14,659	43	2.90	
	$1,052,798,944	1,207	$37,380,573	3.55%	98,244	2,073	24.46	16,602	46	2.75	
	$184,992,182	472	$9,529,695	5.15%	90,386	1,243	12.62	17,327	43	2.45	
	$334,666,387	501	$13,462,981	4.02%	111,239	2,149	18.02	22,036	50	2.28	
	$246,257,164	639	$12,027,949	4.88%	107,149	2,084	19.71	20,116	38	1.92	
	$142,822,045	342	$7,842,706	5.49%	197,790	1,469	9.33	38,119	3	0.09	
	$32,467,603	27	$529,865	1.63%	18,449	180	7.89	2,787	0	0.00	
	$81,414,055	232	$3,741,507	4.60%	90,044	694	6.69	19,886	6	0.32	
	$223,373,976	513	$11,056,856	4.95%	124,152	1,973	15.53	22,720	27	1.17	
	$152,748,796	423	$7,992,553	5.23%	189,340	975	4.30	39,412	4	0.11	
	$270,353,416	794	$13,428,722	4.97%	285,496	3,051	9.90	57,554	25	0.43	
	$173,913,343	342	$9,405,671	5.41%	77,623	1,626	22.13	12,435	34	2.69	
	$130,731,230	283	$6,021,531	4.61%	60,827	1,074	15.39	8,972	0	0.00	
	$90,180,264	180	$2,816,773	3.12%	89,265	1,173	14.06	19,721	5	0.24	
	$292,950,985	462	$12,376,578	4.22%	84,619	1,911	24.45	17,450	31	1.78	
	$19,866,843	23	$521,623	2.63%	22,374	152	5.68	3,415	0	0.00	
	$70,655,422	172	$3,247,301	4.60%	80,990	1,191	14.57	16,182	0	0.00	
	$97,727,372	322	$6,341,617	6.49%	131,232	1,605	11.26	25,998	18	0.71	
	$82,519,632	207	$4,923,424	5.97%	34,812	640	21.46	8,031	19	2.44	
	$67,119,478	157	$3,560,355	5.30%	124,545	1,227	10.82	27,473	0	0.00	
	$110,058,988	185	$4,100,639	3.73%	90,592	979	8.77	16,962	5	0.28	
	$97,437,596	161	$5,388,581	5.53%	18,183	451	26.12	2,939	14	4.77	
	$65,307,226	197	$3,217,264	4.93%	73,697	849	11.38	15,900	2	0.15	
	$107,541,041	369	$8,022,563	7.46%	64,490	989	15.08	12,335	20	1.61	
	$191,263,644	592	$12,711,273	6.65%	200,520	2,057	11.82	38,555	37	0.96	
	$182,966,980	314	$5,894,605	3.22%	124,697	1,540	11.05	23,353	35	1.50	
	$129,641,023	429	$6,545,078	5.05%	248,570	1,773	7.41	55,313	30	0.55	
	$160,072,668	599	$10,297,033	6.43%	186,626	2,072	10.89	37,802	24	0.63	
	$112,698,013	356	$7,406,019	6.57%	171,147	1,944	11.93	34,959	0	0.00	
	$108,481,437	295	$6,616,437	6.10%	43,886	1,029	24.35	7,791	12	1.60	
	$190,202,463	515	$9,925,967	5.22%	191,264	1,342	7.07	37,392	35	0.95	
	$54,270,532	9				0					
	$23,310,037	56	$1,050,759	4.51%	43,504	412	9.56	7,395	0	0.00	Casemix Data Available Through:
	$47,545,952	71	$1,072,086	2.25%	18,752	315	11.47	2,407	5	2.21	
	$123,148,282	342	$6,648,755	5.40%	173,496	1,806	10.57	29,675	0	0.00	
	$170,755,815	385	$7,248,989	4.25%	120,868	1,525	11.76	21,886	29	1.31	
	$23,919,178	13				0					4/30/2025
	$60,209,937	201	$3,122,409	5.19%	115,281	790	7.89	24,554	6	0.23	

Quality Financial Impact Dashboard (QFID)

Background on QFID

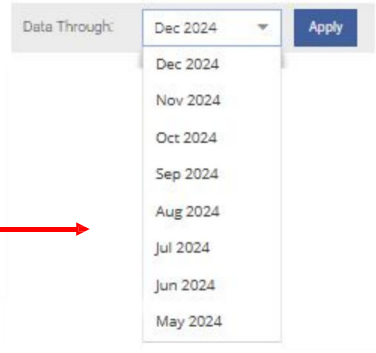


The Purpose of QFID is to give executive leadership high-level insight on their year-to-date performance in the quality pay-for-performance programs as it relates to the overall budget in the Global Budget Revenue (GBR) model

QFID Report Features

The comparison year allows users to change what year they are comparing against the current year. Please note that comparison years will use the current
year's rate logic.

The "Data Through" filter allows users to change which data load they are using as the current performance period.

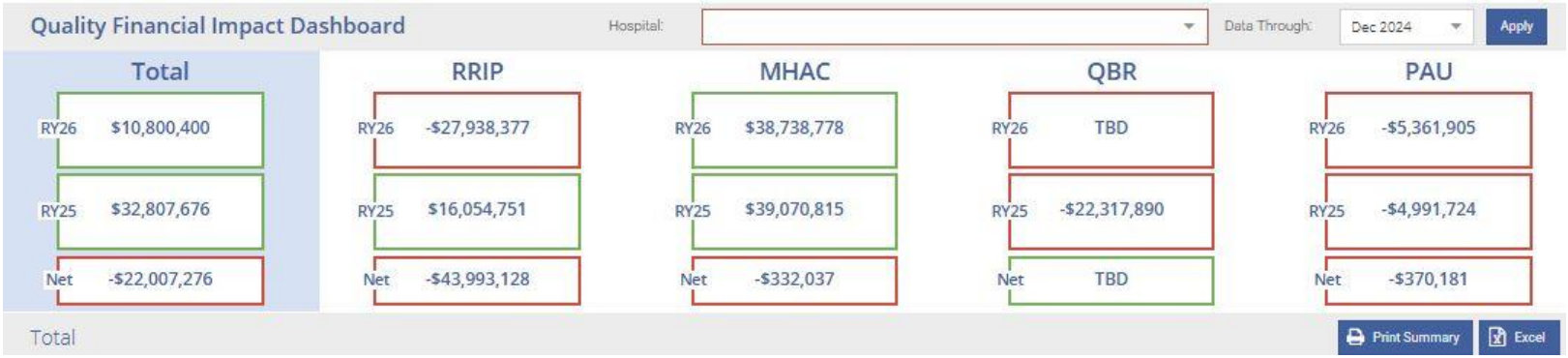


QFID Report Features

The hospital filter at the top of the screen allows users to select which hospital(s) they want to view in the dashboard. Please select "Apply" after selecting the hospitals.

The Excel and Print features allows the users to export the report they are viewing.

QFID Tabs



QFID has a box for each of the most current rate years for each quality program. These boxes represent the financial impact for the respective program, rate years, and net difference between previous rate year. To view a page, the user must click on the box for the tab they want to view. When in the tab, user can click on hospitals for detail view of how they are doing in the respective program.

Summary View Total Tab

The Total page allows users to view the current and comparison years along with the % change for each of the quality programs and the total quality revenue adjustment.

Hospital ID	Hospital Name	RRIP			MHAC			QBR			Total Quality Revenue Adjustment			PAU		
		Current Year	Comparison Year	% Change	Current Year	Comparison Year	% Change	Current Year	Comparison Year	% Change	Current Year	Comparison Year	% Change	Current Year	Comparison Year	% Change
		-$2,079,856	-$1,474,283	-41.08%	$1,261,023	$315,256	300.00%	-$1,447,974	-$5,171,336	72.00%	-$2,266,808	-$6,330,364	64.19%	-$2,373,541	-$2,271,347	-4.50%
		$17,533,019	$20,930,641	-16.23%	$3,785,208	-$5,204,661	172.73%	-$14,834,406	-$18,324,855	19.05%	$6,483,821	-$2,598,875	349.49%	-$9,863,489	-$9,331,644	-5.70%
		$3,034,628	$4,379,668	-30.71%	$0	-$282,005	100.00%	-$3,630,649	-$5,082,909	28.57%	-$596,021	-$985,246	39.51%	-$2,127,838	-$1,965,672	-8.25%
		-$408,860	$1,874,136	-121.82%	$0	$0		-$5,203,549	-$7,394,517	29.63%	-$5,612,409	-$5,520,382	-1.67%	-$2,575,952	-$2,314,129	-11.31%
		-$535,572	-$15,421	-3372.98%	-$1,108,461	-$2,046,389	45.83%	-$5,078,970	-$3,906,900	-30.00%	-$6,723,003	-$5,968,710	-12.64%	-$1,932,316	-$1,905,977	-1.38%
		-$3,302,991	$391,216	-944.29%	-$361,282	-$1,661,897	78.26%	-$4,044,394	-$5,599,930	27.78%	-$7,708,666	-$6,870,611	-12.20%	-$3,211,284	-$2,930,802	-9.57%
		$6,484,131	$13,934,897	-53.47%	-$4,540,576	-$19,865,019	77.14%	-$5,513,452	-$8,270,178	33.33%	-$3,569,898	-$14,200,300	74.86%	-$16,864,558	-$16,850,732	-0.08%
		-$355,419	-$843,862	57.88%	$466,889	$0		-$2,097,819	-$4,195,637	50.00%	-$1,986,349	-$5,039,500	60.58%	-$2,573,300	-$2,438,965	-5.51%
		-$1,976,263	$1,224,948	-261.33%	$0	-$1,717,949	100.00%	-$13,050,443	-$10,800,366	-20.83%	-$15,026,706	-$11,293,367	-33.06%	-$5,100,776	-$4,398,075	-15.98%
e		$1,836,822	$4,661,697	-60.60%	$5,639,934	$0		-$4,841,386	-$8,169,838	40.74%	$2,635,371	-$3,508,142	175.12%	-$3,916,348	-$3,715,257	-5.41%
		-$2,017,643	$62,107	-3348.66%	$3,009,128	$2,407,303	25.00%	-$1,832,861	-$2,999,227	38.89%	-$841,375	-$529,817	-58.80%	-$1,615,653	-$1,535,891	-5.19%
		-$39,325	$510,511	-107.70%	-$59,560	$442,443	-113.46%	$829,145	$276,382	200.00%	$730,260	$1,229,335	-40.60%	-$196,765	-$175,632	-12.03%
		$957,967	$732,133	30.85%	$828,866	$1,480,118	-44.00%	-$593,163	-$2,570,371	76.92%	$1,193,670	-$358,120	433.32%	-$873,364	-$828,667	-5.39%
		$136,301	$376,832	-63.83%	$2,673,439	$2,262,140	18.18%	-$2,610,548	-$4,437,931	41.18%	$199,192	-$1,798,959	111.07%	-$2,439,727	-$2,306,774	-5.76%
		-$226,876	$2,587,253	-108.77%	-$833,158	-$1,287,607	35.29%	-$4,046,841	-$3,854,135	-5.00%	-$5,106,875	-$2,554,489	-99.92%	-$1,653,693	-$1,450,327	-14.02%
		-$2,784,440	-$1,547,019	-79.99%	$771,012	$3,598,055	-78.57%	-$5,699,160	-$8,904,937	36.00%	-$7,712,588	-$6,853,901	-12.53%	-$3,111,321	-$2,861,398	-8.73%
		-$1,305,456	-$344,888	-278.52%	-$94,533	-$189,066	50.00%	$233,355	-$700,065	133.33%	-$1,166,634	-$1,234,019	5.46%	-$3,116,534	-$2,694,376	-15.67%
		-$860,444	$494,531	-273.99%	$2,029,120	$2,029,120	0.00%	-$536,870	-$3,937,043	86.36%	$631,807	-$1,413,392	144.70%	-$1,853,205	-$1,675,314	-10.62%
		$1,056,325	-$463,072	328.11%	$1,113,415	$1,702,870	-34.62%	$103,732	-$414,927	125.00%	$2,273,472	$824,871	175.62%	-$943,292	-$919,907	-2.54%
		$4,939,969	$6,520,849	-24.24%	$303,448	-$1,517,239	120.00%	-$6,735,802	-$8,981,069	25.00%	-$1,492,385	-$3,977,459	62.48%	-$4,656,145	-$4,257,582	-9.36%
		$33,808	$140,472	-75.93%	$0	$0					$33,808	$140,472	-75.93%	-$122,422	-$103,031	-18.82%
		-$678,169	-$1,363,307	50.26%	-$754,705	-$754,705	0.00%	-$547,706	-$2,099,541	73.91%	-$1,980,580	-$4,217,553	53.04%	-$945,671	-$932,816	-1.38%
		-$590,522	$1,069,695	-155.20%	-$209,823	$1,888,408	-111.11%	-$1,008,634	-$1,765,109	42.86%	-$1,808,978	$1,192,994	-251.63%	-$1,422,080	-$1,323,109	-7.48%
		$256,588	$1,781,831	-85.60%	$2,157,086	$1,121,685	92.31%	-$200,357	-$1,402,497	85.71%	$2,213,317	$1,501,019	47.45%	-$1,509,521	-$1,394,651	-8.24%
		$618,271	$250,856	146.46%	$524,579	$0		-$430,220	-$1,548,793	72.22%	$712,629	-$1,297,937	154.90%	-$811,697	-$748,201	-8.49%
		$962,661	$1,298,539	-25.87%	$0	-$439,749	100.00%	-$1,457,185	-$3,576,726	59.26%	-$494,524	-$2,717,936	81.81%	-$1,004,801	-$936,599	-7.28%

QFID Caveats and Notes

- The revenue adjustments in this dashboard are estimates, based on a hospital's last approved global budget
  - These revenue adjustment estimates will be updated to exact totals for the current rate-year through the update factor process at the end of the fiscal year
  - The revenue percentages are also provided, and hospitals are welcome to apply these percentages against their current global budget projections
- Hospital rankings are calculated by sorting on "% Reward/Penalty" from highest percent reward
- Current performance and financial impact are calculated to reflect the performance to-date and resultant financial impact, and will be updated throughout the year as new data become available

Support and Training

- For questions about the reports within CRS or suggestions for report enhancements contact report-support@crisphealth.org
- Detailed User Guides are available for all reports on the CRS website
- Webinars on select reports are on the CRISP Learning System website (crisphealth.org/learning-system/crs)

Accessing Reports

- Email your Organization's CRS Point of Contact (POC) to request access to portal:
  - Request should specify hospital and level of access (summary vs. detail-level)
  - Access will be granted to all hospital reports (i.e., not program specific)
- CRS Point of Contact (CFO or designee) confirm and approve access requests for each organization
- Questions regarding **content** of static reports or report **policy** should be directed to the HSCRC quality email (hscrc.quality@maryland.gov)
- Questions regarding **access** issues or **tableau** reports should be directed to CRISP Support email (support@crisphealth.org)

Acknowledgments

Thanks to the Performance Measurement Work Group members, MHA, CRISP, the hospital industry, consumers, and other stakeholders for their work on developing and vetting Maryland's performance-based payment methodologies.

Q & A

- Please type your question(s) into the chat
- Additional or unanswered questions can be emailed to the HSCRC Quality mailbox: hscrc.quality@maryland.gov
- Thank you again for your participation!

Policies and memos for the Quality programs are on the HSCRC website: hscrc.maryland.gov. The recording of today's webinar will also be posted.

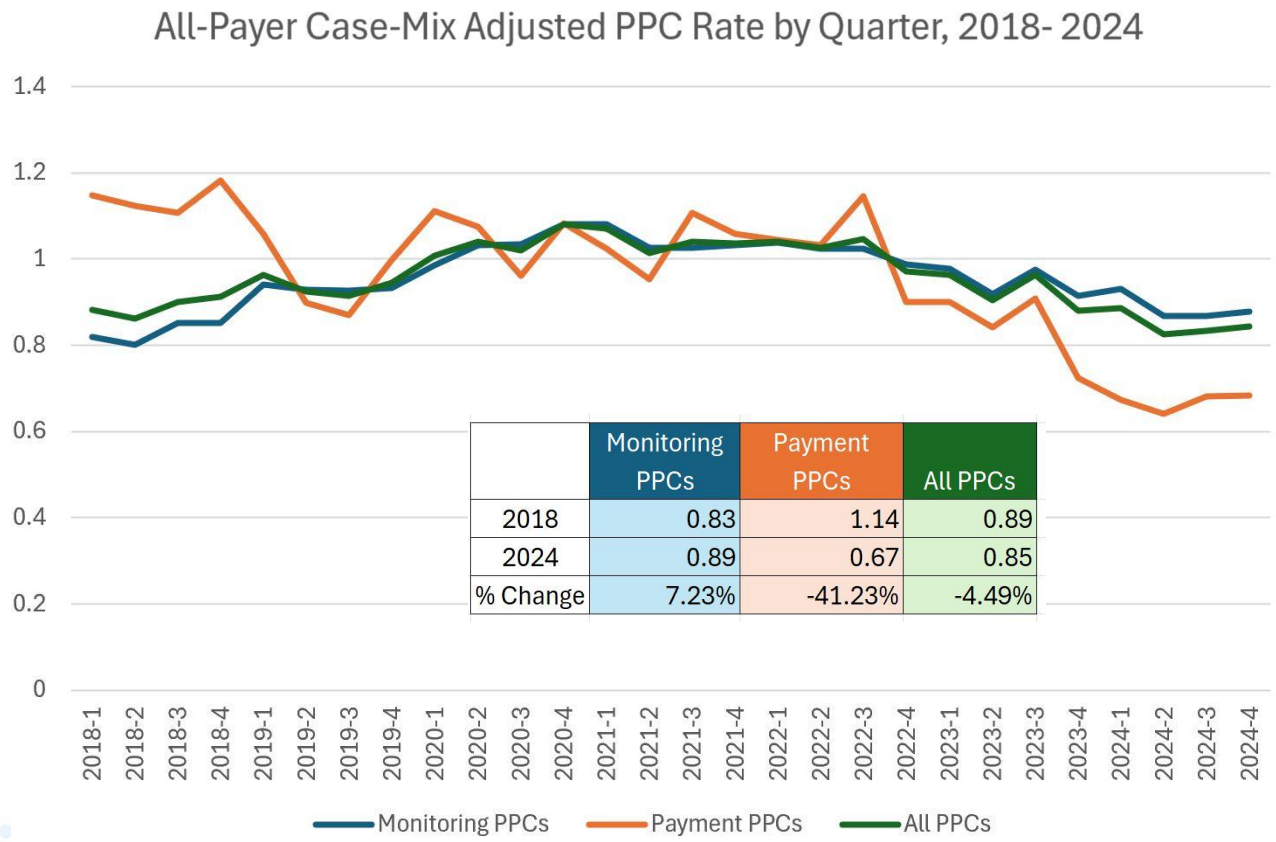
Appendix

Grouper Update: MHAC, RRIP, QBR for **RY 2027/CY2025**

Rate Year	RY2027
***3M/Solventum APR/PPC Grouper Version**	42
Timeline	**Base Year:** • **MHAC:** 2022 Q3 – CY 2024 Q2 • **RRIP:** 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 **Performance Year:** • **QBR HCAHPS, CDC NHSN measures:** CY 2024 Q4- CY 2025 Q3 • **All 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.

RY 2026 MHAC Performance



	Monitoring PPCs	Payment PPCs	All PPCs
2018	0.83	1.14	0.89
2024	0.89	0.67	0.85
% Change	7.23%	-41.23%	-4.49%

Hospitals are exceeding the TCOC model goal to not backslide on PPC reductions gained under the All-Payer model.

Note: Based on V41 final data through December 2024

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 Solventum HIS support site:

Previously on the 3M site, an “enhancement request” could be submitted after logging in. We anticipate this will be an option on the new Solventum support site. If not available, please submit feedback to the HSCRC.

Exclusions for ED LOS Payment Measure

The following are being excluded from the RY2026 ED LOS measure using in QBR:

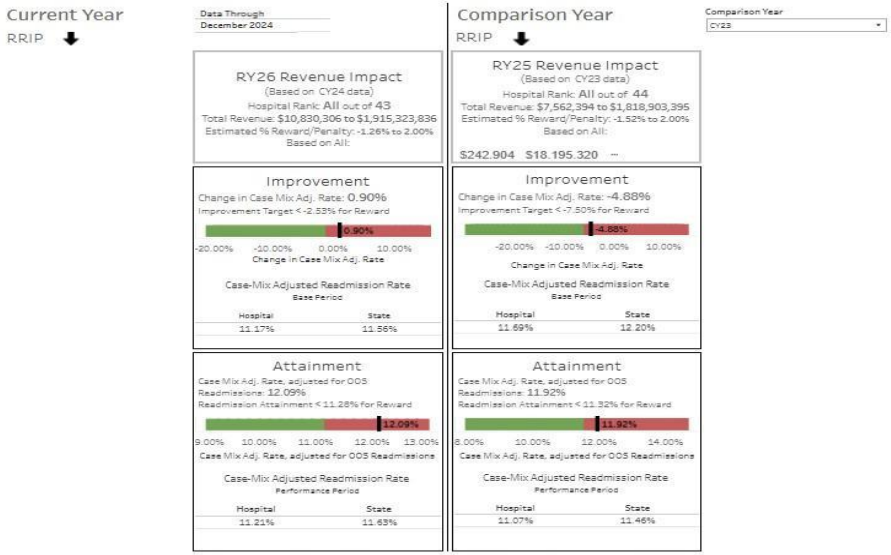
- Exclude pediatric cases
  - Remove discharges age <18
- Exclude Shock Trauma (Hospid: 218992)
- Exclude Burn and Trauma Cases
- Exclude psychiatric discharges for QBR payment measure using The Joint Commission list of primary diagnoses and APR-DRGs:
  - Primary diagnosis codes from TJC were used for the applicable calendar year. These are the specific tables:
    - Table Number 10.01: Mental Disorders-HBIPS/ED
    - Table Number 10.02: Mental Disorders-ED
  - Discharges with a psychiatric or substance abuse related APR-DRG
    - APR-DRGs 740, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 770, 772, 773, 774, 775, 776
- Exclude discharges related to deliveries
- Discharges with a maternal delivery related APR-DRG (Note: not all obstetrical patients are excluded)
    - APR-DRGs 539, 540, 541, 542, 543, 547, 548, 560, 561, 564, 566
- Exclude rehabilitation discharges
  - Daily Service =’08’ Rehabilitation
- Exclude Chronic discharges
  - Major service line = CHRONIC and Daily Service = ‘09’ Chronic

Still evaluating secondary psychiatric diagnoses for RY2027

QFID – Detailed View

RRIP Tab

- The green to red bar shows users how close or far they are from the reward/penalty cutpoint.
- Red indicates performance that would receive a penalty
- Blue (if applicable) represents a revenue-neutral "hold harmless zone"
- Green represents performance receiving a



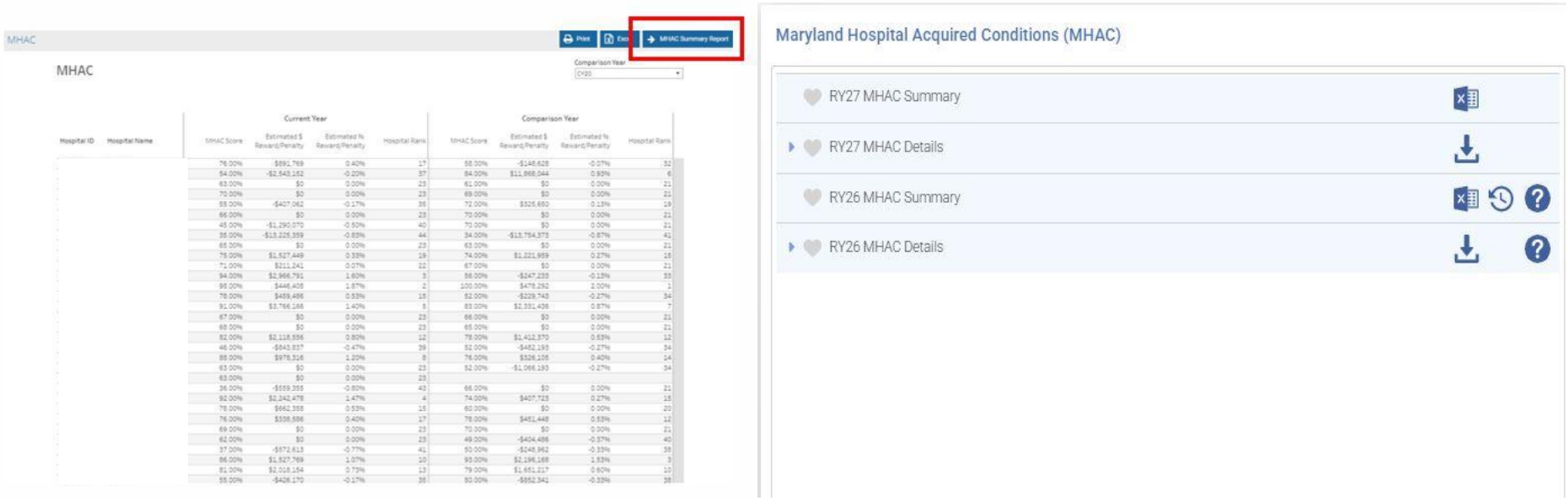
MHAC Tab Detail View

MHAC tab includes: MHAC score, estimated percent reward/penalty, estimated financial reward/penalty, hospital rank for MHAC, and tables for the observed versus expected PPC

First table shows the PPCs the hospital is being held accountable. The blue bar is the observed PPC occurrence; the orange line is the expected

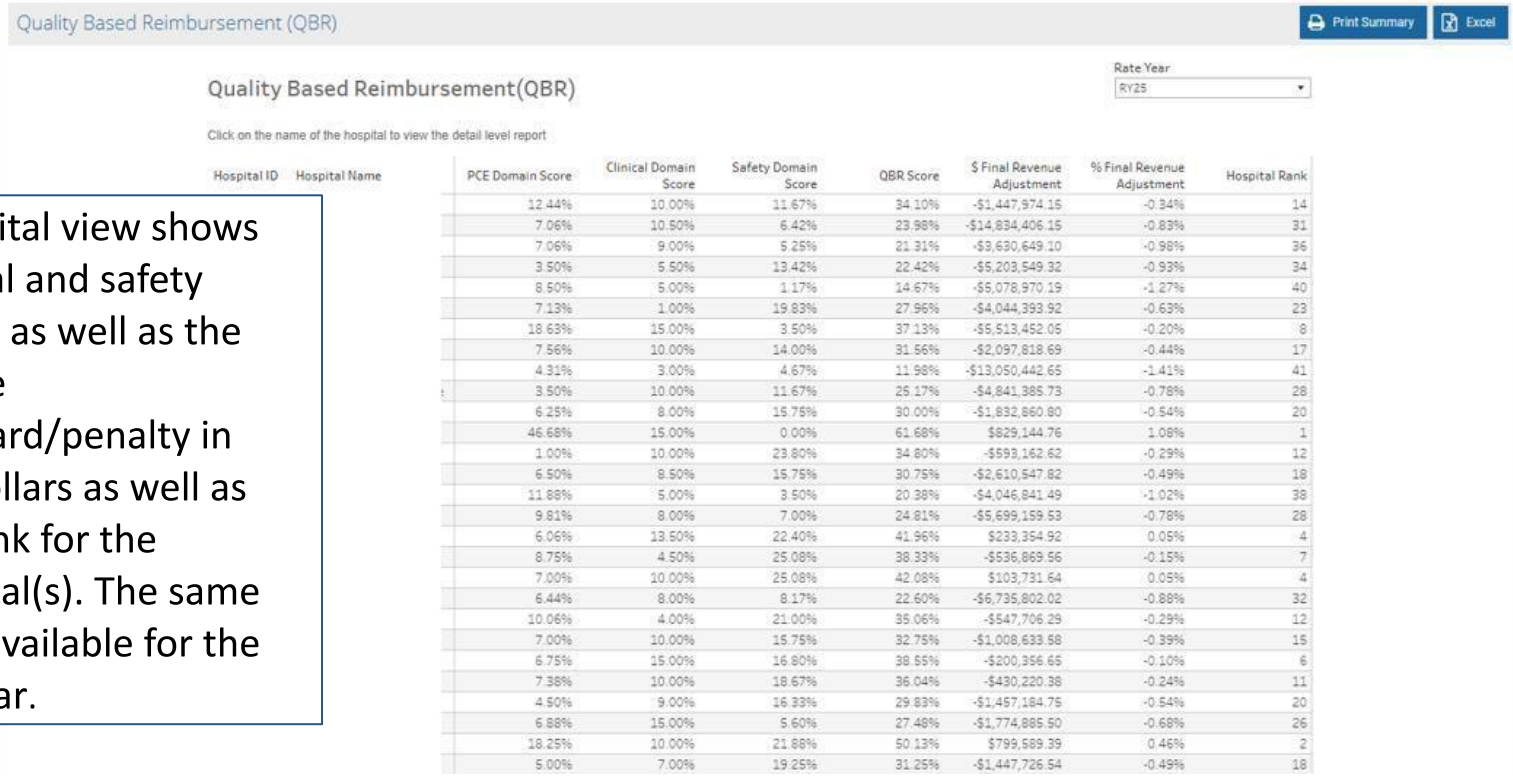
The second PPC tables the actual values for each PPC and the OE ratio. Red means the observed is higher than expected and green means the observed is lower than expected

MHAC Additional Reports



Clicking the “MHAC Summary Report” button at the top right on either the summary or details page will launch the full selection of reports supporting the MHAC Program.

QBR Multiple Hospital View

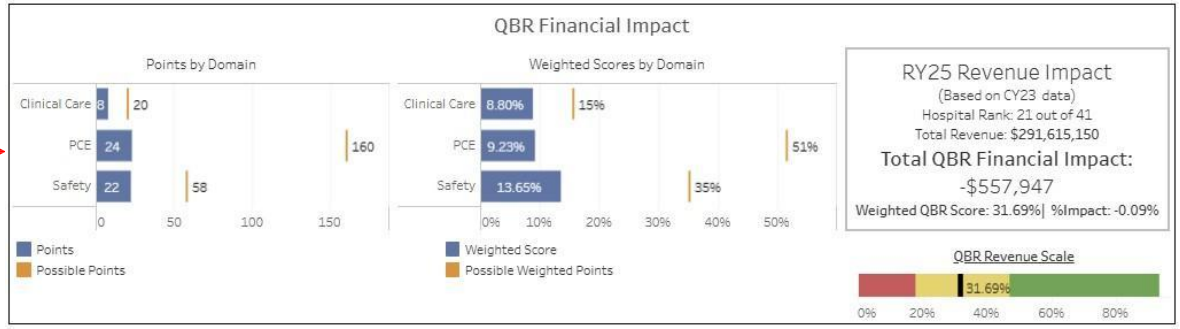


Hospital ID	Hospital Name	PCE Domain Score	Clinical Domain Score	Safety Domain Score	QBR Score	$ Final Revenue Adjustment	% Final Revenue Adjustment	Hospital Rank
		12.44%	10.00%	11.67%	34.10%	-$1,447,974.15	-0.34%	14
		7.06%	10.50%	6.42%	23.98%	-$14,834,406.15	-0.83%	31
		7.06%	9.00%	5.25%	21.31%	-$3,630,649.10	-0.98%	36
		3.50%	5.50%	13.42%	22.42%	-$5,203,549.32	-0.93%	34
		8.50%	5.00%	1.17%	14.67%	-$5,078,970.19	-1.27%	40
		7.13%	1.00%	19.83%	27.96%	-$4,044,393.92	-0.63%	23
		18.63%	15.00%	3.50%	37.13%	-$5,513,452.05	-0.20%	8
		7.56%	10.00%	14.00%	31.56%	-$2,097,818.69	-0.44%	17
		4.31%	3.00%	4.67%	11.98%	-$13,050,442.65	-1.41%	41
		3.50%	10.00%	11.67%	25.17%	-$4,841,385.73	-0.78%	28
		6.25%	8.00%	15.75%	30.00%	-$1,832,860.80	-0.54%	20
		46.68%	15.00%	0.00%	61.68%	$829,144.76	1.08%	1
		1.00%	10.00%	23.80%	34.80%	-$593,162.62	-0.29%	12
		6.50%	8.50%	15.75%	30.75%	-$2,610,547.82	-0.49%	18
		11.88%	5.00%	3.50%	20.38%	-$4,046,841.49	-1.02%	38
		9.81%	8.00%	7.00%	24.81%	-$5,699,159.53	-0.78%	28
		6.06%	13.50%	22.40%	41.96%	$233,354.92	0.05%	4
		8.75%	4.50%	25.08%	38.33%	-$536,869.56	-0.15%	7
		7.00%	10.00%	25.08%	42.08%	$103,731.64	0.05%	4
		6.44%	8.00%	8.17%	22.60%	-$6,735,802.02	-0.88%	32
		10.06%	4.00%	21.00%	35.06%	-$547,706.29	-0.29%	12
		7.00%	10.00%	15.75%	32.75%	-$1,008,633.58	-0.39%	15
		6.75%	15.00%	16.80%	38.55%	-$200,356.65	-0.10%	6
		7.38%	10.00%	18.67%	36.04%	-$430,220.38	-0.24%	11
		4.50%	9.00%	16.33%	29.83%	-$1,457,184.75	-0.54%	20
		6.88%	15.00%	5.60%	27.48%	-$1,774,885.50	-0.68%	26
		18.25%	10.00%	21.88%	50.13%	$799,589.39	0.46%	2
		5.00%	7.00%	19.25%	31.25%	-$1,447,726.54	-0.49%	18

The multi hospital view shows the PCE, Clinical and safety domain scores, as well as the total QBR score estimated reward/penalty in percent and dollars as well as the hospital rank for the selected hospital(s). The same measures are available for the comparison year.

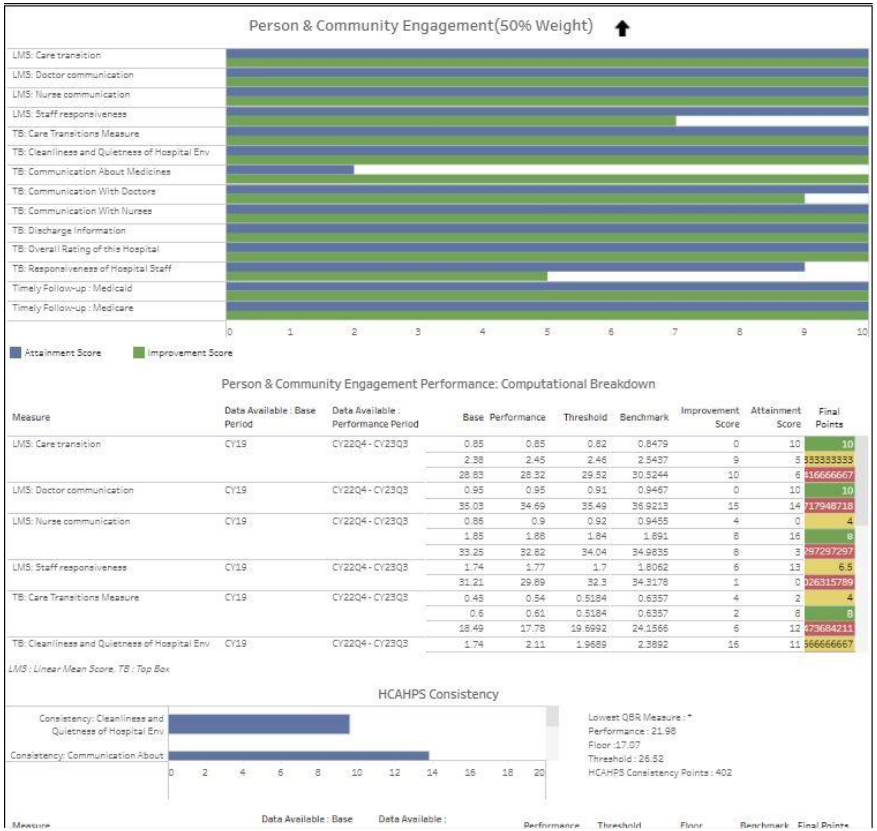
QBR Tab

The top section of the QBR tab shows the possible points and achieved points by domain. The adjacent table is the weighted scores by domain. The last set shows the hospital rank, total revenue, QBR financial impact, weighted QBR score and percent impact.



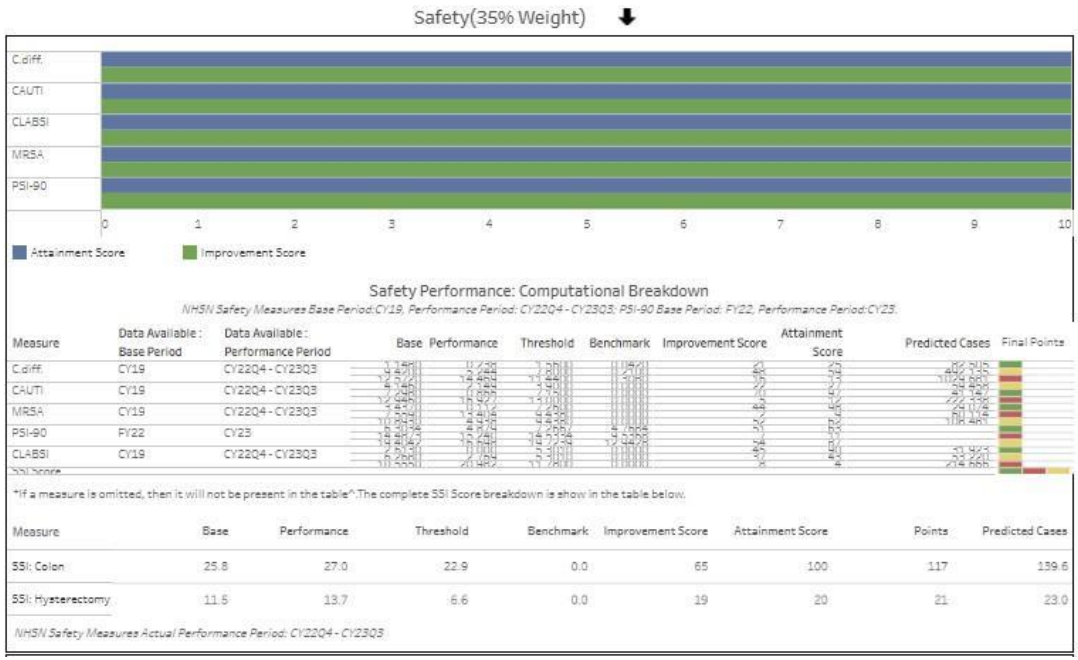
QBR Tab

The person and community engagement section shows a visual for the attainment and improvement scores for each **care compare measure**. The second chart includes the measure, data about the base and performance period, threshold, benchmark, improvement, attainment and final points.

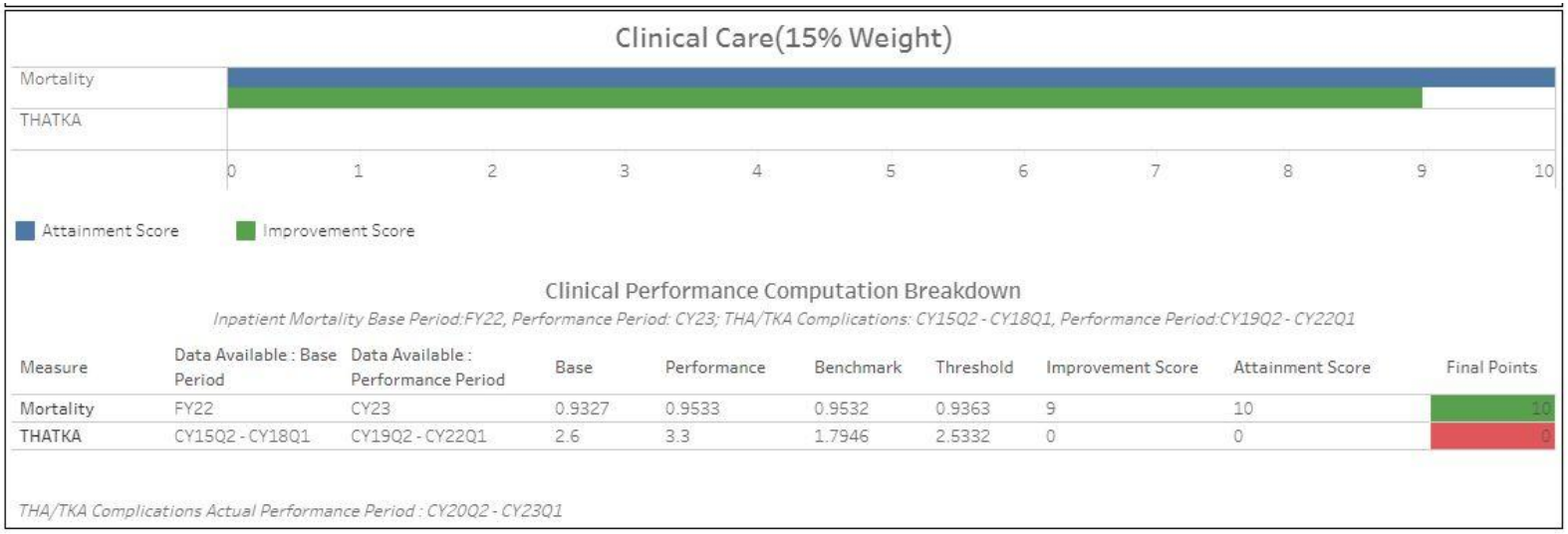


QBR Tab

The Safety section shows a visual for the attainment and improvement scores for each **care compare measure**. The second chart includes the measure, data about the base and performance period, threshold, benchmark, improvement, attainment and final points.



QBR Tab



Clinical Performance Computation Breakdown

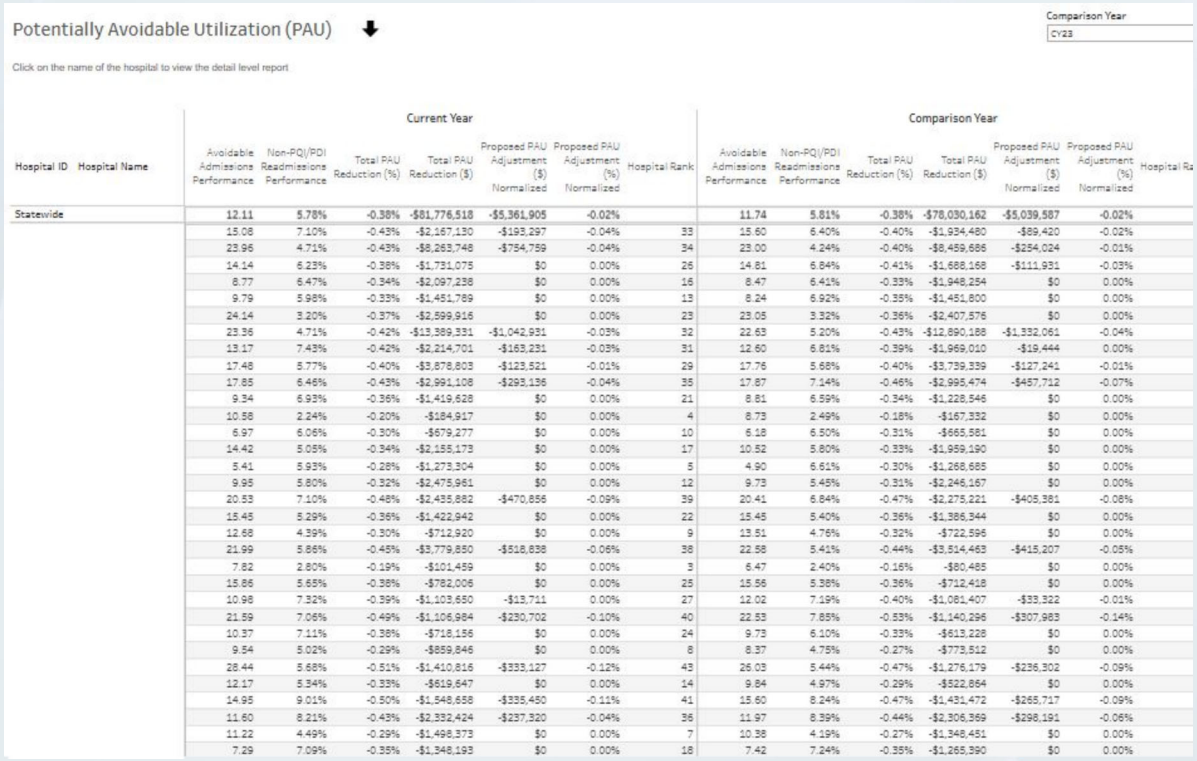
Inpatient Mortality Base Period:FY22, Performance Period: CY23; THA/TKA Complications: CY15Q2 - CY18Q1, Performance Period:CY19Q2 - CY22Q1

Measure	Data Available : Base Period	Data Available : Performance Period	Base	Performance	Benchmark	Threshold	Improvement Score	Attainment Score	Final Points
Mortality	FY22	CY23	0.9327	0.9533	0.9532	0.9363	9	10	10
THATKA	CY15Q2 - CY18Q1	CY19Q2 - CY22Q1	2.6	3.3	1.7946	2.5332	0	0	0

THA/TKA Complications Actual Performance Period : CY20Q2 - CY23Q1

The clinical care section shows a visual for the attainment and improvement scores for each **measure**. The second chart includes the measure, data about the base and performance period, threshold, benchmark, improvement, attainment and final points.

PAU Tab



Potentially Avoidable Utilization (PAU)

Comparison Year: CY23

Click on the name of the hospital to view the detail level report

Hospital ID	Hospital Name	Current Year							Comparison Year						
		Avoidable Admissions Performance	Non-PQI/PDI Readmissions Performance	Total PAU Reduction (%)	Total PAU Reduction ($)	Proposed PAU Adjustment ($) Normalized	Proposed PAU Adjustment (%) Normalized	Hospital Rank	Avoidable Admissions Performance	Non-PQI/PDI Readmissions Performance	Total PAU Reduction (%)	Total PAU Reduction ($)	Proposed PAU Adjustment ($) Normalized	Proposed PAU Adjustment (%) Normalized	Hospital Ra
Statewide		12.11	5.78%	-0.38%	-$81,776,518	-$5,361,905	-0.02%		11.74	5.81%	-0.38%	-$78,030,162	-$5,039,587	-0.02%	
		15.08	7.10%	-0.43%	-$2,167,130	-$193,297	-0.04%	33	15.60	6.40%	-0.40%	-$1,934,480	-$89,420	-0.02%	
		23.96	4.71%	-0.43%	-$8,263,748	-$754,759	-0.04%	34	23.00	4.24%	-0.40%	-$8,459,686	-$254,024	-0.01%	
		14.14	6.23%	-0.38%	-$1,731,075	$0	0.00%	26	14.81	6.84%	-0.41%	-$1,688,168	-$111,931	-0.03%	
		8.77	6.47%	-0.34%	-$2,097,238	$0	0.00%	16	8.47	6.41%	-0.33%	-$1,948,254	$0	0.00%	
		9.79	5.98%	-0.33%	-$1,451,789	$0	0.00%	13	8.24	6.92%	-0.35%	-$1,451,800	$0	0.00%	
		24.14	3.20%	-0.37%	-$2,599,916	$0	0.00%	23	23.05	3.32%	-0.36%	-$2,407,576	$0	0.00%	
		23.36	4.71%	-0.42%	-$13,389,331	-$1,042,931	-0.03%	32	22.63	5.20%	-0.43%	-$12,890,188	-$1,332,061	-0.04%	
		13.17	7.43%	-0.42%	-$2,214,701	-$163,231	-0.03%	31	12.60	6.81%	-0.39%	-$1,969,010	-$19,444	0.00%	
		17.48	5.77%	-0.40%	-$3,878,803	-$123,521	-0.01%	29	17.76	5.68%	-0.40%	-$3,739,339	-$127,241	-0.01%	
		17.85	6.46%	-0.43%	-$2,991,108	-$293,136	-0.04%	35	17.87	7.14%	-0.46%	-$2,995,474	-$457,712	-0.07%	
		9.34	6.93%	-0.36%	-$1,419,628	$0	0.00%	21	8.81	6.59%	-0.34%	-$1,228,546	$0	0.00%	
		10.58	2.24%	-0.20%	-$184,917	$0	0.00%	4	8.73	2.49%	-0.18%	-$167,332	$0	0.00%	
		6.97	6.06%	-0.30%	-$679,277	$0	0.00%	10	6.18	6.50%	-0.31%	-$665,581	$0	0.00%	
		14.42	5.05%	-0.34%	-$2,155,173	$0	0.00%	17	10.52	5.80%	-0.33%	-$1,959,190	$0	0.00%	
		5.41	5.93%	-0.28%	-$1,273,304	$0	0.00%	5	4.90	6.61%	-0.30%	-$1,268,685	$0	0.00%	
		9.95	5.80%	-0.32%	-$2,475,961	$0	0.00%	12	9.73	5.45%	-0.31%	-$2,246,167	$0	0.00%	
		20.53	7.10%	-0.48%	-$2,435,882	-$470,856	-0.09%	39	20.41	6.84%	-0.47%	-$2,275,221	-$405,381	-0.08%	
		15.45	5.29%	-0.36%	-$1,422,942	$0	0.00%	22	15.45	5.40%	-0.36%	-$1,386,344	$0	0.00%	
		12.68	4.39%	-0.30%	-$712,920	$0	0.00%	9	13.51	4.76%	-0.32%	-$722,596	$0	0.00%	
		21.99	5.86%	-0.45%	-$3,779,850	-$518,838	-0.06%	38	22.58	5.41%	-0.44%	-$3,514,463	-$415,207	-0.05%	
		7.82	2.80%	-0.19%	-$101,459	$0	0.00%	3	6.47	2.40%	-0.16%	-$80,485	$0	0.00%	
		15.86	5.65%	-0.38%	-$782,006	$0	0.00%	25	15.56	5.38%	-0.36%	-$712,418	$0	0.00%	
		10.98	7.32%	-0.39%	-$1,103,650	-$13,711	0.00%	27	12.02	7.19%	-0.40%	-$1,081,407	-$33,322	-0.01%	
		21.59	7.06%	-0.49%	-$1,106,984	-$230,702	-0.10%	40	22.53	7.85%	-0.53%	-$1,140,296	-$307,983	-0.14%	
		10.37	7.11%	-0.38%	-$718,156	$0	0.00%	24	9.73	6.10%	-0.33%	-$613,228	$0	0.00%	
		9.54	5.02%	-0.29%	-$859,846	$0	0.00%	8	8.37	4.75%	-0.27%	-$773,512	$0	0.00%	
		28.44	5.68%	-0.51%	-$1,410,816	-$333,127	-0.12%	43	26.03	5.44%	-0.47%	-$1,276,179	-$236,302	-0.09%	
		12.17	5.34%	-0.33%	-$619,647	$0	0.00%	14	9.84	4.97%	-0.29%	-$522,864	$0	0.00%	
		14.95	9.01%	-0.50%	-$1,548,658	-$335,450	-0.11%	41	15.60	8.24%	-0.47%	-$1,431,472	-$265,717	-0.09%	
		11.60	8.21%	-0.43%	-$2,332,424	-$237,320	-0.04%	36	11.97	8.39%	-0.44%	-$2,306,369	-$298,191	-0.06%	
		11.22	4.49%	-0.29%	-$1,498,373	$0	0.00%	7	10.38	4.19%	-0.27%	-$1,348,451	$0	0.00%	
		7.29	7.09%	-0.35%	-$1,348,193	$0	0.00%	18	7.42	7.24%	-0.35%	-$1,265,390	$0	0.00%	

Non-HSCRC Quality Resources

- Why Not the Best?
- CMS Care Compare
- MHCC Health Care Quality Reports
- QualityNet
- LeapFrog Hospital Safety Grades
- US News & World Report - Hospital Rankings
- Commonwealth Fund Report