

Date: November 30, 2023 (revised April 2, 2024)
To: Maryland Hospitals
From: HSCRC Quality Team
RE: Updated Digital Measures Submission Requirements, CY 2024-25, revisions in red

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As hospitals are aware, HSCRC requires digital measures data submission independent of CMS reporting requirements. HSCRC remains committed to work with our partners, including Maryland hospitals, with the goal of making Maryland a national leader in the integration of EHR data and eCQM/digital measure adoption into our quality improvement and performance-based payment programs.

This memorandum outlines and clarifies HSCRC's eCQM/digital measures data submission requirements for performance periods in calendar years 2024 and 2025. Revised requirements are provided regarding the Hybrid Core Clinical Clinical Data Elements submission in this memorandum update.

1. With regard to the eCQM measure submission requirements for CY 2024, HSCRC will require submission of QRDA I files for the eCQM's listed below.
 - eOPI-1: Safe Use of Opioids-Concurrent prescribing
 - PC-02: Cesarean Birth
 - PC-07: Severe Obstetric Complications (risk adjusted)
 - HH-01: Hospital Harm- Severe Hypoglycemia
 - HH-02: Hospital Harm- Severe Hyperglycemia
 - Two additional eCQM measures of the hospital's choosing (from the "optional" measures listed in Appendix A)

Hospitals that do not qualify for the PC-02 and PC-07 obstetric measures, must submit QRDA-1 files for two additional 2024 CMS-specified eCQMs listed as optional in Appendix A of this memo. Data submissions will be required in accordance with the schedule listed below. In the case of optional measures, hospitals must commit to reporting the same optional measures for each of the four quarters in the reporting period. Hospitals unable to comply with the measure submission requirements (including the timelines) must submit an Extraordinary Circumstance Exception request in accordance with the [Maryland Hospital Extraordinary Circumstances Exception \(ECE\) Policy](#) for HSCRC consideration.

2. As previously communicated, HSCRC also requires hospitals to submit the Core Clinical Data Elements (CCDE) for the Hospital Wide Readmission (HWR) and Hospital Wide Mortality (HWM) hybrid measures covering the performance period July 1, 2023 – June 30, 2024 from one of the following ~~two~~ **three** options:

Option 1.a. Medicare only patients using the CMS HWR and HWM specifications for the performance period July 1, 2023-December 31, 2023 beginning in Q 1 2024 (January) followed by two quarterly submissions for the CY Q1 and Q2 2024 performance periods. This is HSCRC's preference.

Option 1.b. Medicare only patients using the CMS HWR and HWM specifications for the performance period July 1 2023-June 30, 2024 beginning in July 2024 directly following the performance period.

HSCRC is providing flexibility in the submission due date such that it is more closely aligned with the CMS submission timeline for this initial year of mandatory Hybrid CCDE submission to allow for hospitals to implement needed updates to their EHR systems..

Option 2. Voluntary Pilot for Reporting CCDE Data on Patient >age 17 from All Payers using the HSCRC HWR and HWM specification from performance period July 1, 2023 – June 30, 2024 or a partial year submission for the performance period January 1 – June 30, 2024 (6 months) according to the submission schedule listed below.

While HSCRC is not proposing funding for hospital participation in this pilot, if a hospital wishes to participate in the pilot but is experiencing obstacles to reporting they wish to explore further with the Commission, they are welcome to contact HSCRC staff to set up a discussion at hscrc.quality@maryland.gov.

3. HSCRC will require hospitals to submit CCDE for the HWR and HWM hybrid measures **on patients from all payers >17 yrs. of age** using HSCRC specifications starting July 1 2024; for the first 6 months of the performance period (July-December 2024) reporting is required beginning in January 2025, and then quarterly thereafter for the January-June 2025 time period.

CCDE Data Completeness

Consistent with the CMS requirements:

- At least 95 percent of encounters must have all seven (7) linking variables documented and included in the QRDA files; these include first name, last name, DOB, street address, city, state, zip code.
- At least 90 percent of encounters must have all required labs results within specification logic timing requirements and included in the QRDA files;
- At least 90 percent of encounters must have all required vital signs documented within specification logic timing requirements and included in the QRDA files.

Hospitals submitting data in accordance with the Option 1.a. timeline that do not meet the completeness requirements for the earlier quarters must re-submit their data for all quarters following the performance year beginning in July 2024.

For additional technical information regarding the Hybrid Measures CCDE submission requirements, HSCRC, CRISP and Medisolv conducted and recorded a webinar on February 6, 2024 that is posted to the [CRISP eCQM webpage](#) (click on “Webinar” in the top bar of the page).

Data Submission Due Dates

Please see the schedule below for reporting for 2024. HSCRC will continue to update submission requirements on an annual basis.

*CY 2024 Performance Period Submission Windows for **eCQMs***

Q1 2024 data	Open: 7/15/2024	Close: 9/30/2024
Q2 2024 data	Open: 7/15/2024	Close: 9/30/2024
Q3 2024 data	Open: 10/15/2024	Close: 12/30/2024
Q4 2024 data	Open: 1/15/2025	Close: 3/31/2025

*July 1 2023-June 30 2024 Performance Period Submission Windows for Hybrid Measures **CCDE***

Options 1.a. and 2.

Q3 2023 data	Open: 1/15/2024	Close: 3/31/2024
Q4 2023 data	Open: 1/15/2024	Close: 3/31/2024
Q1 2024 data	Open: 4/15/2024	Close: 6/30/2024
Q2 2024 data	Open: 7/15/2024	Close: 9/30/2024

Option 1.b.

Q3 2023 - Q2 2024 data	Open: 7/15/2024	Close: 9/30/2024
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*July 1 2024 -June 30 2025 Performance Period Submission Windows for Hybrid Measures **CCDE***

Q3 2024 data	Open: 1/15/2025	Close: 3/31/2025
Q4 2024 data	Open: 1/15/2025	Close: 3/31/2025
Q1 2025 data	Open: 4/15/2025	Close: 6/30/2025
Q2 2025 data	Open: 7/15/2025	Close: 9/30/2025

HSCRC would like to reiterate that **hospitals unable to comply with the specified measure submission or timelines must submit an Extraordinary Circumstance Exception request** in accordance with the [Maryland Hospital Extraordinary Circumstances Exception \(ECE\) Policy](#)

for HSCRC consideration. However, if a hospital is submitting CCDE in accordance with the **Option 1.b. timeline**, hospitals are **not required to submit an ECE request**.

Regarding the annual finalization of the digital data submissions, as previously communicated, HSCRC will lock the annual data set 90 days following the last quarter of the previous reporting year. In addition, it is expected that the quarterly data hospital submissions within a given year reporting cycle are final unless a hospital notifies HSCRC and requests an ECE for consideration to re-submit because of unforeseen errors in the submitted data; **an ECE is not required if a hospital re-submits CCDE data at the end of the initial year** (July 23-June 24).

For additional information, including the current measure reporting requirements and associated timelines, feel free to use the [CRISP eCQM webpage](#). For questions of HSCRC, please send them to hscrc.quality@maryland.gov. If you have questions or need assistance related to your data submission, do not hesitate to contact Michelle Hudson from Medisolv:

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The HSCRC Quality Team members may be reached at hscrc.quality@maryland.gov.

APPENDIX A: CMS- HSCRC CY 2024 Hospital eCQM Measures

Title	Short Name	CMS eCQM ID	CBE* #	2024	2025	HSCRC
Anticoagulation Therapy for Atrial Fibrillation/Flutter	STK-3	CMS71v13	N/A	X	X	Optional
Antithrombotic Therapy By End of Hospital Day 2	STK-5	CMS72v12	N/A	X	X	Optional
Cesarean Birth	PC-02	CMS334v5	0471e	X	X	Required
Discharged on Antithrombotic Therapy	STK-2	CMS104v12	N/A	X	X	Optional
Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults (Facility IQR)	IP-ExRad	CMS1074v2	3663e		X	Optional
Global Malnutrition Composite Score	GMCS	CMS986v2	3592e	X	X	Optional

<u>Title</u>	<u>Short Name</u>	<u>CMSeCQM ID</u>	<u>CBE* #</u>	2024	2025	HSCRC
Hospital Harm - Acute Kidney Injury	HH-AKI	CMS832v2	3713e		X	Optional
Hospital Harm - Opioid-Related Adverse Events	HH-ORAE	CMS819v2	3501e	X	X	Optional
Hospital Harm - Pressure Injury	HH-PI	CMS826v2	3498e		X	Optional
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	Optional
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	Optional

*Verify active CBE endorsement on the CMS certified consensus-based entity's [PQM website](#)
Source: https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=1&globalyearfilter=2024&global_measure_group=3716