



maryland
health services
cost review commission

FY 2025 Quarter 2 Data Forum

Dec. 6, 2024
@10:00 AM

Join Zoom Meeting:

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

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

Why, When, Where

- **WHY?**
 - Open and ongoing communication between HSCRC & industry
 - Forum to ask questions about submitted hospital data (case mix and financial)
 - Sharing of best practices
- **WHEN?**
 - 10:00 am - 12:00 pm
- **WHERE?**
 - via Webinar (link is posted on our website 2 months before the next meeting)

FY 2025 Dates

March 14, 2025

June 13, 2025

Agenda

- Announcements
 - Case Mix Weights and Grouper Versions (Denise)
 - Annual Filing eTool Update (Karen)
 - Data Processing Contract Update (Claudine)
 - Expanding Denied Admissions Reporting (Claudine)
 - Adding NDC to Case Mix (Claudine)
- Quality Update (Dianne)
 - SOGI Update (Princess)
 - Z-Code Analysis (Princess)
- Reminders (Curtis)
 - Points of Contact
 - CDS-A Report
- Reminders, cont. (Curtis)
 - Data Forum Survey
 - FY 2025 DSR Updates
 - Discontinuing Release of ICD-9 Case Mix Data
- Race and Ethnicity Data Collection Update (Curtis)
- Data Processing Vendor Update (Mary Pohl, hMetrix/Burton Policy)
 - Rate Center DQ plan
- HDMI Staff Update (Claudine)
- Upcoming Workgroups and Next Meeting (Curtis)

Announcements and Updates

Grouper Transition: Case Mix Weights and Reports

Rate Year	RY 2026
3M APR/EAPG Version*	IP Weights: 41 OP Weights: 3.18
Data Period Used for Weight Development	IP: CY 2023 (12 Months) OP: CY 2023 and Q1 of CY 2024 (15 Months)
Weight Release Date	First Quarter CY 2025
Policies Applicable To	CY 2024 12-Months Marketshift 2025 Demographic Report

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

Annual Filing eTool Updates

- HSCRC will be moving to a new submission process for Hospital Annual Filing data
 - Beginning with the FY 2025 data submission (due 120 days after FY end)
- hMetrix was awarded the contract to create the Annual Filing eTool
- Staff will be reaching out to all hospitals over the coming months with more updates on these changes.
- Please stay tuned for further communications.

Data Processing Contract Update

- HSCRC awarded a new contract for processing of financial and case mix data
 - **hMetrix**, in partnership with **Burton Policy, Aileron Consulting, and Veteran Technology Leaders**
- New contract brings big advantages
 - Consolidated data collection and processing for most reporting
 - Enhanced data processing pipeline
 - Rapid and flexible data validation across HSCRC datasets
 - Direct submission to hMetrix
- 2 Phases - described in later slides

Expansion of Denied Admissions Reporting

- HSCRC will be revising the Denied Admissions template for FY 2026.
 - The template will include more detailed fields at a patient level
 - Aim is to improve data collection of denials to better understand the increasing trend
- Staff will be reaching out to all hospitals soon with more updates on these changes.
- Please stay tuned for further communications.

Adding NDC to Case Mix Reporting

- In the November commission, staff recommended revising the CDS-A drug policy to provide 100 percent volume variable funding:
 - Provides greater certainty for hospitals on reimbursement
 - Simplifies the policy
 - More information can be found in the draft recommendation in the [November Commission Meeting](#) packet
- To monitor the impact of the policy, staff will work with a consultant to develop an annual report on drug spending to assess whether:
 - The policy impacted the efficiency of high-cost drug utilization in Maryland
 - There are additional opportunities for improved utilization efficiency
 - Efficacious new drugs are being adopted in at a rate at or better than the nation
- Propose adding the reporting of NDC code to case mix in FY 2026



Quality Update

PPC Updates and Feedback

Login procedure for PPC documentation:

[3M™ Web Portal - Login](#)

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

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

<https://support.3mhis.com/>

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

3M | Health Information Systems

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

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

Find Answers
Search the Knowledge Base and Documentation Libraries

Search...

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

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

Quality Update: Additional Topics

- Updated draft RY 2027 MHAC program recommendations for review in the February 2025 Commission meeting.
 - Transitioned to v41 of the 3M PPC grouper.
 - Options are under consideration and will to the measures or fundamental methodology components
 - Updated the methodology for **setting threshold and benchmark standards** to make the performance standards less sensitive to potential outliers by using the average performance of the top and bottom 20% of performance by averaging the worst and best performing hospitals
- Quality is pursuing the following additional areas of quality of care
 - Electronic Clinical Quality Measures (eCQMs) or other digital measures CY 2025
 - See the [CRISP eCQM website](#) for more information and HSCRC memos on the main [HSCRC Quality page](#)
 - While reporting requirements will remain consistent from CY 2024, Commissioners will consider staff draft recommendation for hospital positive incentive if hospitals fully meet requirements for measure and expedited timeline reporting (will be considered in the Dec 11, 2024 Commission meeting)
 - Sexual Orientation Gender Identity (SOGI) hospital data collection training project underway with asynchronous training availability anticipated by mid October 2024
 - Continuing to exploring options for Outpatient Quality measures, in light of shifts from IP to OP care

Quality Update: Planned Monitoring Reports

- Planned for Future Release
 - Maternal Morbidity-eCQM (estimated year end 2024)
 - Sepsis Dashboard
 - TFU behavioral health (TBD)

CY 2025 Digital Measure Submission to HSCRC

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

CY 2025 Digital Measure Submission to HSCRC

Title	Short Name	CMS eCQM ID	CBE* #	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

Quality Update: eCQM Reporting Timeline

eCQM CY 2025 Performance Period Submission Windows

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: 12/30/2025
Q4	2025 data	Open: 1/15/2026	Close: 3/31/2026

Hospitals may apply for an extraordinary circumstances exemption if warranted, including an extension if more time is needed. (See Quality page on HSCRC website)

HSCRC Hospital Wide Readmission and Hospital Wide Mortality CY 2024- 2025 Reporting Requirements

- HSCRC requires hospitals to submit Core Clinical Data Elements (CCDE) for the HWR and HWM hybrid measures **on patients from all payers** using HSCRC specifications **starting with July 1, 2024 performance**; for the first 6 months of the performance period (July-December 2024) HSCRC expects reporting to begin in January 2025, and then quarterly thereafter for the January-June 2025 time period.

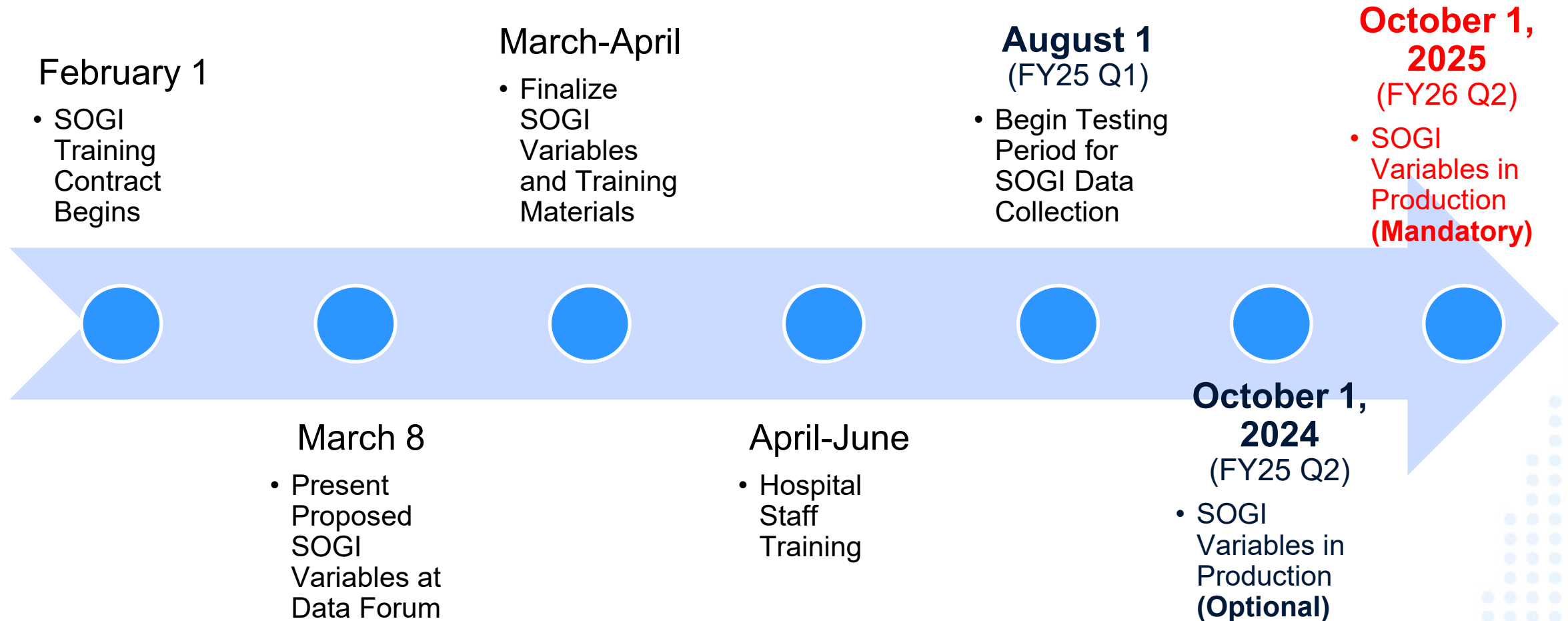
July 1, 2024 -June 30, 2025 Performance Period Submission Windows for Hybrid Measures CCDE

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 may consider an alternate extended submission timeline for all-payer CCDE submissions that aligns with the CMS timeline which is a full year of data after the performance period.

SOGI Data Collection Update

SOGI Data Collection Implementation Timeline (2024-2025)



SOGI Data Collection Asynchronous Training Sessions

- Registration is now available on the HSCRC website
 - Up to 2 business days after registering for the course on the HSCRC website, you will receive an email from CourseNetworking to “Set up your CN account”
 - After setting up your account, you will receive a notification to accept an invitation to the “HSCRC’s SOGI Data Collection Training”
 - If you have any issues or questions, please contact Princess Collins, princess.collins@maryland.gov

SOGI Data Collection Training FAQs

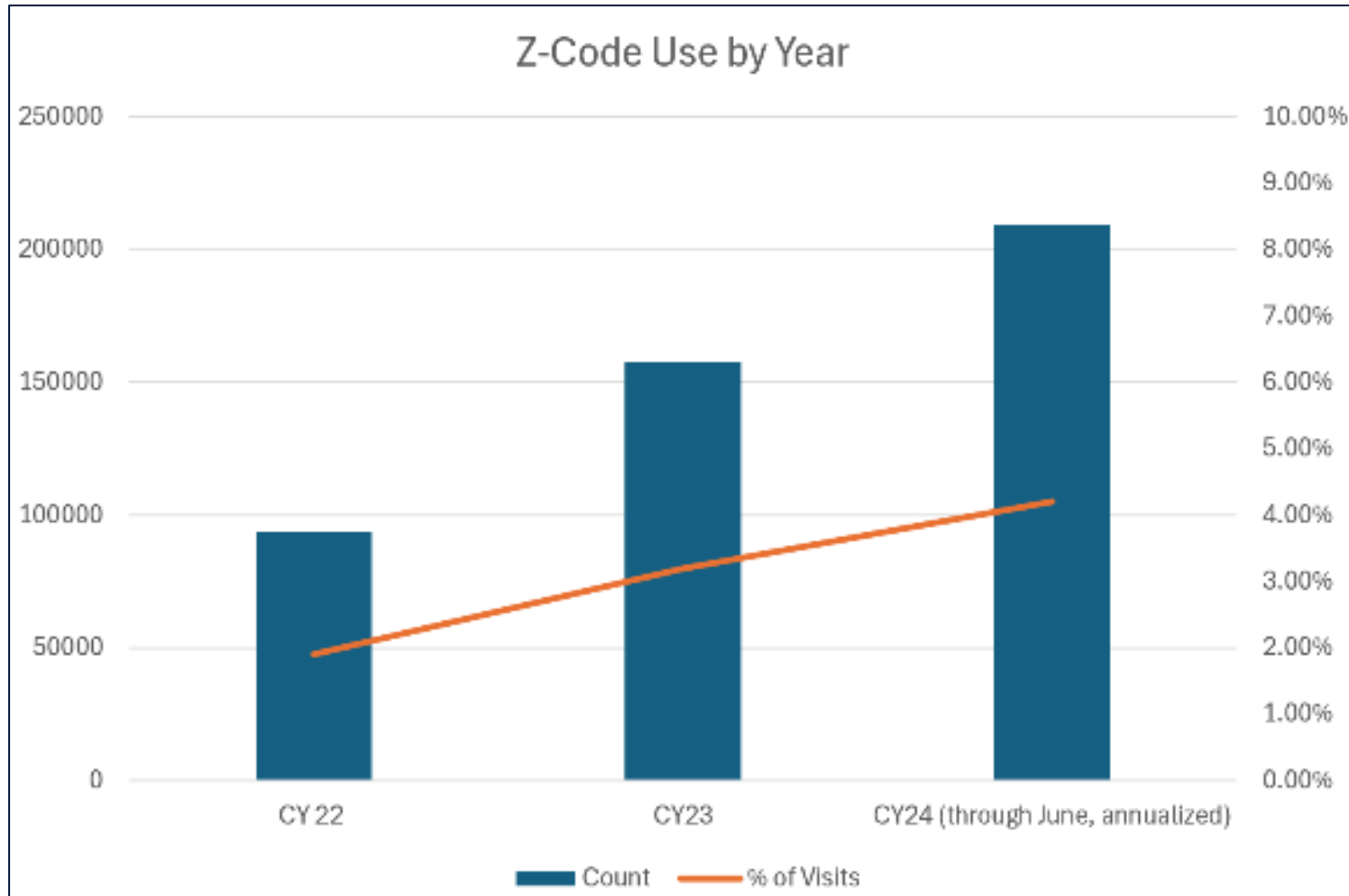
1. Who should attend these training sessions?
 - a. Staff recommend that all employees that interact with patients attend this training including but not limited to clinicians, clinical staff, and registration/patient access staff.
2. Should the training videos be watched in order?
 - a. It is recommended that participants watch all of the training videos in order to receive the full benefits of the training.

SDoH Z-Code Analysis

Reporting SDOH Data with ICD-10-CM Z Codes

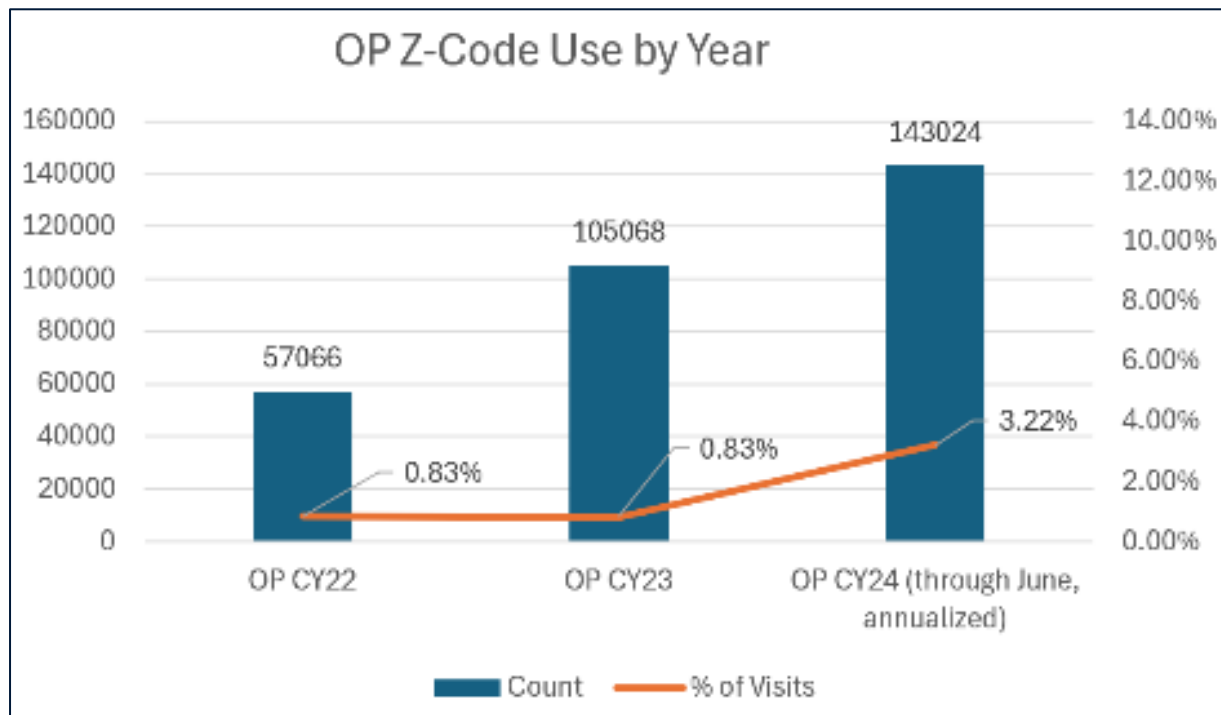
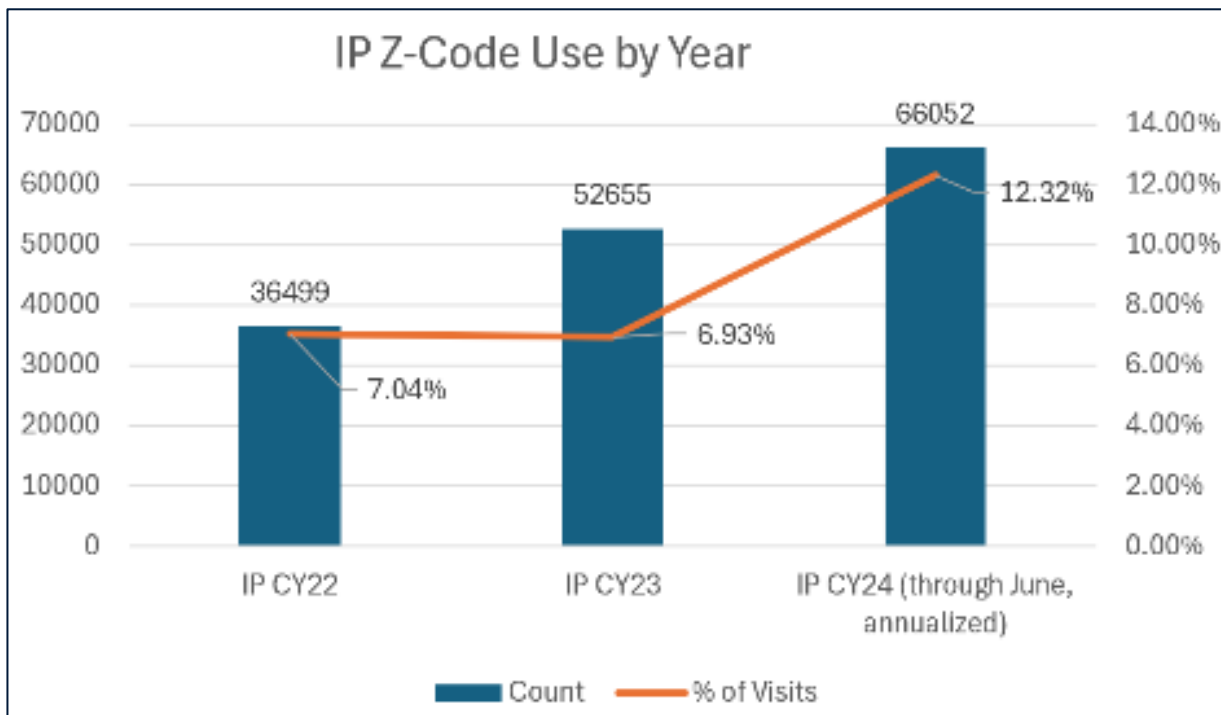
- Social Determinants of Health (SDOH)-related Z-codes (Z55-Z65) are used to document non-medical factors that affect health outcomes (i.e., housing, food insecurity, or lack of transportation)
 - The number of valid codes have changed over time: 12 added for 2022, 3 added for 2023, 17 added for 2024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

Z-Code Reporting (CY 2022-2024)



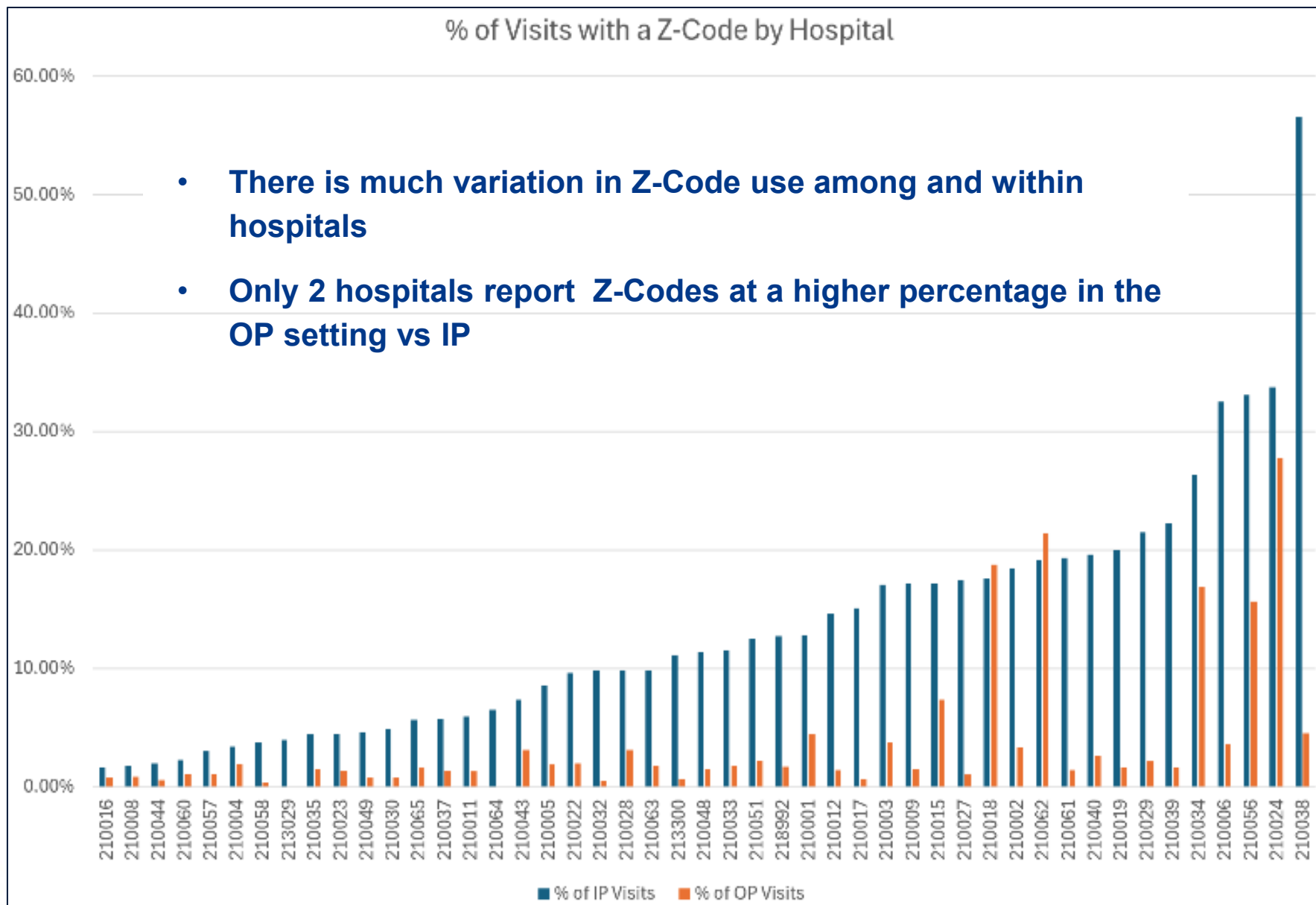
There has been an increase in Z-Code usage since 2022

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



Even though hospitals are reporting more Z-codes for OP visits, a larger percentage of IP visits have Z-codes

Z-Code Reporting By Hospital, 2024 through June



- There is much variation in Z-Code use among and within hospitals
- Only 2 hospitals report Z-Codes at a higher percentage in the OP setting vs IP



Reminders

HSCRC Points of Contact for Case Mix and Financial Data

Case Mix Data	Financial Data
Oscar Ibarra Phone: (410) 764-2566 Email: oscar.ibarra@maryland.gov	Andrea Strong Phone: (410) 764-2571 Email: andrea.strong@maryland.gov
Curtis Wills Phone: (410) 764-2594 Email: curtis.wills@maryland.gov	Marcella Guccione Phone: (410) 764-5594 Email: marcella.guccione@maryland.gov
Claudine Williams Phone: (410) 764-2561 Email: claudine.williams@maryland.gov	
Mailbox for Financial Data Submissions: hscrc.financial-data@maryland.gov	

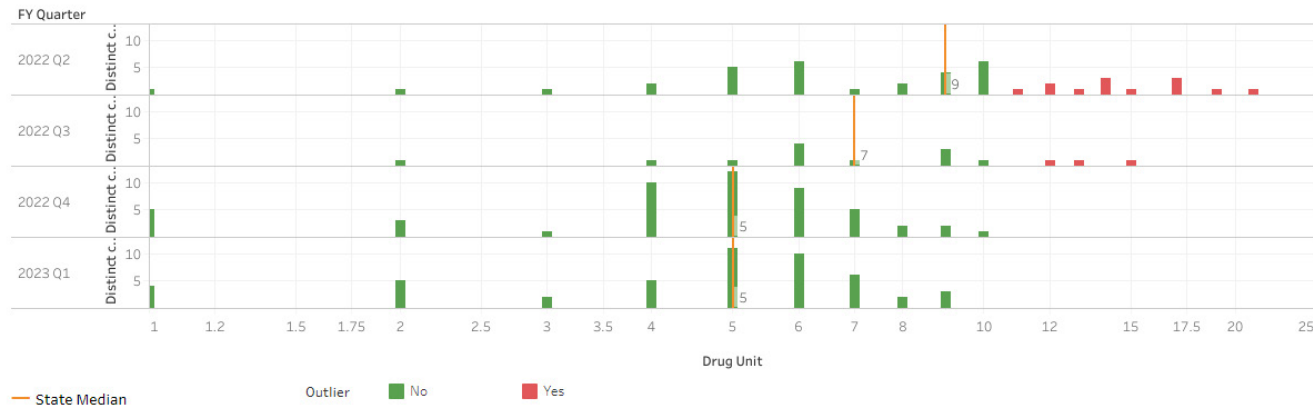
Reminder: CDS-A Reports on CRISP Portal

- Provides hospitals with **high-cost drug utilization for outlier dosage units** based on 3rd Monthly case mix data
- Information should be used to correct errors prior to submission of Quarterly case mix data.
- Hospitals can see which drugs' units are outliers compared to the State average

Outlier Summary Fiscal Year 2022 Q2 -2023 Q1

Drug Codes	Drug Description	EAPG	EAPG class code	Out..	Latest Year Visit Count	Latest Year Charges	Latest Year Outlier Count	Latest Quarter Visi..	Latest Quarter Cha..	Latest Quarter Out..
90375	Rabies ig im/sc	460	CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	1,274	\$9,027,826	156	449	\$3,129,047	51
90376	Rabies ig heat treated	460	CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	157	\$742,379	18	48	\$210,480	
90377	Rabies ig ht&sol human im..	460	CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	311	\$1,646,114	31	198	\$1,050,729	15
A9513	Lutetium lu 177 dotatat th..	246	CLASS IV THERAPEUTIC RADIOPHARMACEUTICALS	No	97	\$5,253,900	0	26	\$1,384,760	
A9606	Radium ra223 dichloride t..	245	CLASS III THERAPEUTIC RADIOPHARMACEUTICALS	No	38	\$990,371	0	11	\$189,499	
C9132	Kcentra, per i.u.	461	CLASS IX COMBINED CHEMOTHERAPY AND PHARMACOTHE..	No	24	\$502,626	0	5	\$109,800	
C9257	Bevacizumab injection	435	CLASS I PHARMACOTHERAPY	Yes	160	\$174,816	16	31	\$1,782	
C9492	Injection, durvalumab	463	CLASS XI COMBINED CHEMOTHERAPY AND PHARMACOTHE..	No	2	\$32,041	0	1	\$15,281	
J0129	Abatacept injection	461	CLASS IX COMBINED CHEMOTHERAPY AND PHARMACOTHE..	No	468	\$2,549,362	0	83	\$450,205	
J0180	Agalsidase beta injection	464	CLASS XII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	No	95	\$1,970,951	0	20	\$395,562	
J0791	Inj crizanolizumab-tmca 5mg	444	CLASS VII PHARMACOTHERAPY	No	258	\$3,830,744	0	73	\$1,049,857	
J0875	Injection, dalbavancin	462	CLASS X COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	500	\$3,578,522	3	177	\$1,310,185	3
J0896	Inj luspatercept-aamt 0.25..	464	CLASS XII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	211	\$5,109,211	3	63	\$1,866,504	2

Billed Unit Details : 90376 - Rabies ig heat treated



EAPG Version 3.17

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Reminder: CDS-A Reports on CRISP Portal

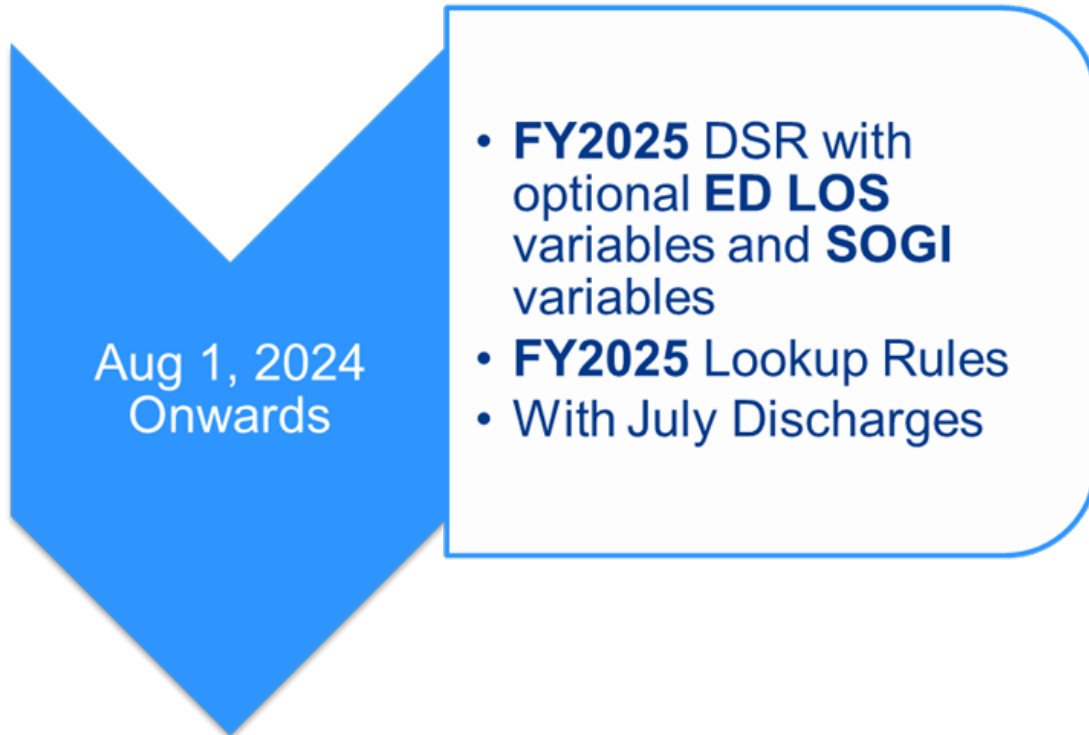
- CDS-A Audits starts with what is reported in the case mix data. If the case mix data has errors, the CDS-A data for the following year will have errors.
- Hospitals are subject to fines if the case mix data used for CDS-A audits the following year contains errors.
- For access to the CRISP portal,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

Reminder: Please Complete the Data Forum Survey!

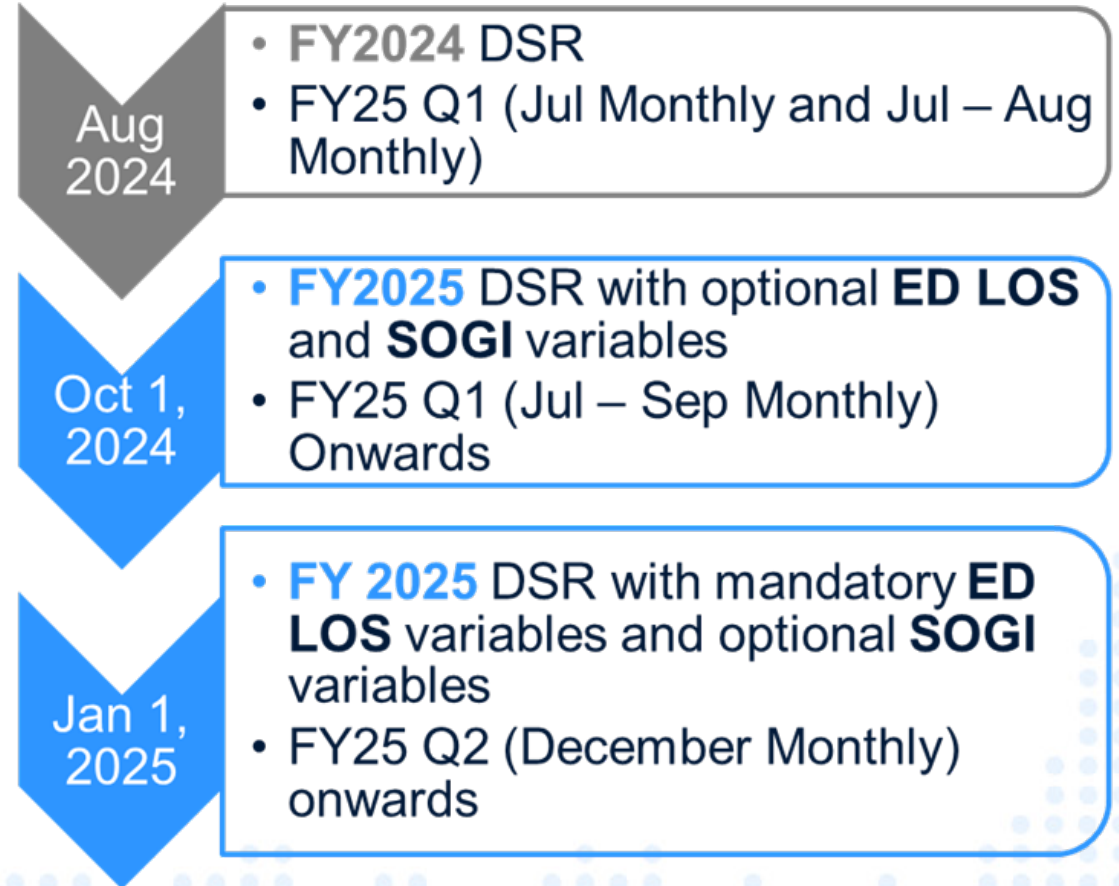
- Opportunity to provide feedback on
 - Meeting logistics (meeting notice, registration, ease of participation)
 - Topics covered during the prior meeting
 - Topics for discussion for future meetings
- After this Data Forum, participants will receive a link to a survey via Survey Monkey
- Questions about the survey: contact hscrcteam@hmetrix.com

Reminder: FY 2025 DSR Implementation Timeline

- Test/Sandbox (Test folder)



- Production (Submit folder)



Reminder: Discontinuing Release of ICD-9 Case Mix Data

- Effective immediately, data prior to CY 2016 (ICD-9) will no longer be released in our public use files (including Revisit, and IP/OP PUF).
 - Reason for Change:
 - To streamline data management
 - To focus on more recent trends and insights
 - Impact:
 - Reduced file size and improved performance
 - More targeted analysis for current operations
- Case Mix data prior to CY 2016 will not be available via CRISP (Databricks database) or hMetrix (Vertica database)
- Any CRS reports that showed data pre-October 2015 will now only go back to October 2015
- Please reach out to the HSCRC case mix data contacts if you have any questions

Race and Ethnicity Data Collection Update

Statistical Policy Directive (SPD) 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity.

- Initially developed in 1977 and revised in 1997.
- **Does not require** federal government agencies to collect information on race and ethnicity.
- Provides a **minimum set of categories** that all federal agencies must use if they collect information on race and ethnicity, regardless of the collection mechanism (e.g., federal surveys versus program benefit applications).
- **Does not directly apply to state level data collection and reporting (including state Medicaid programs) but we know the Office of Management and Budget (OMB) standards influence state level collection.**

Figure 1. 1997 SPD 15's Two-Questions Format for Self-Response

Are you Hispanic or Latino?

No, not Hispanic or Latino

Yes, Hispanic or Latino

What is your race? *Select one or more.*

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Updated Standards

1. Collect race and ethnicity information using one combined question.
2. Add Middle Eastern or North African (MENA) as a new minimum category.
3. Require the collection of detailed race and ethnicity categories by default.
4. Terminology updates.
5. Implementation guidance.
6. Future research.

Key Revisions

1. **Combining Race and Ethnicity Question:** Respondents will now be offered a single combined question for race and ethnicity, allowing them to select multiple categories that apply to their identity.
2. **New Minimum Categories:** The directive introduces "Middle Eastern or North African" as a new category. The updated minimum categories now include:
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Middle Eastern or North African
 - Native Hawaiian or Pacific Islander
 - White
3. **Enhanced Detail:** The collection of additional detail beyond the minimum required categories is encouraged to ensure more detailed data is available for various uses.
4. **Implementation Timeline:** We will be reaching out to all hospitals soon with more updates on these changes. Please stay tuned for further communications.

Data Processing Vendor Update



Points of Contact

HSCRC	hMetrix / Burton Policy
Oscar Ibarra Phone: (410) 764-2566 Email: oscar.ibarra@maryland.gov	Shivani Bhatt (Primary PoC) Phone: (484) 228-1453 Email: shivani@hmetrix.com
Curtis Wills Phone: (410) 764-2594 Email: curtis.wills@maryland.gov	Mary Pohl (Hospital Support) Phone: (410) 274-3926 Email: marypohl@burtonpolicy.com
Claudine Williams Phone: (410) 764-2561 Email: claudine.williams@maryland.gov	Team Email: hscrcteam@hmetrix.com



Upcoming Changes in Submission and Data Processing

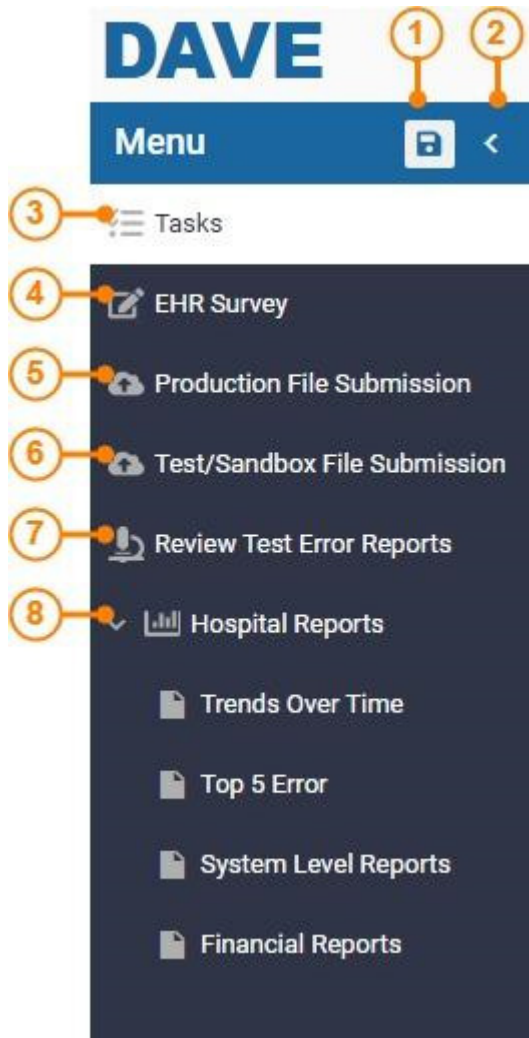
- Consolidating services under DAVE
 - Data submission and distribution, to and from HSCRC
 - Financial data processing
 - Supplemental data processing
 - Improved Reporting
 - Data Requests
- Phase 1 (Nov 24 - Dec 24)
 - Facilitating data submission and distribution using DAVE
 - Hosting the current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



Phase 1 - Data Submission and Distribution

- Hospital/Data Requester Onboarding
 - Connection preference survey sent Nov 22, 2024
 - DAVE secure web portal / SFTP connections
 - Updates to DAVE to support data collection/distribution (Nov 27, 2024)
 - Connection set up (Nov 22, 2024 - Dec 6, 2024)
 - Connection testing and cut over (Dec 9, 2024 - Dec 20, 2024)
- HSCRC user Onboarding
 - Set up servers at HSCRC to accept data from hMetrix (Nov 22, 2024 - Dec 4, 2024)
 - Set up Sync between hMetrix SFTP server and HSCRC server (Dec 6, 2024 - Dec 9, 2024)
 - Test data transfers (Dec 10, 2024 - Dec 12, 2024)
 - Cut over the hMetrix data transfer services (Dec 20, 2024)

Phase 1 - DAVE Updates to Support Data Collection/Distribution



1 - Save the option as default. Use this to see any of the menu options as the first page user view after login

2 - Collapse the Menu

3 - View the list of Case Mix/ UCC/ Ad Hoc submissions and error reports

4 - Access the EHR Survey and Complete it

Only for Hospitals that opted to use DAVE for submission (SFTP users will not have this option)

5 - Submit data to production

6 - Submit data for testing

7 - Review Test Error Reports - Error reports for testing submissions.

Hospitals can continue to use <https://hdtest.hmetrix.com> , this is just an alternative method to access the same site.

8 - Hospital Reports

Phase 1 - Production Submission Folders

DAVE folders

[adhoc/](#)

[gme/](#)

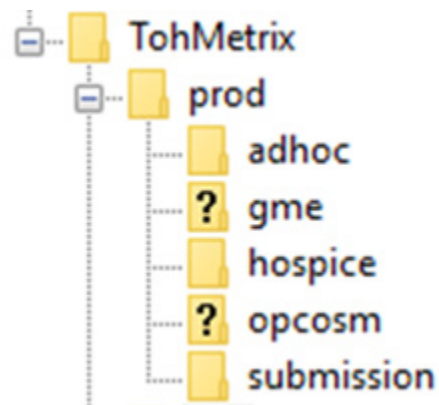
[hospice/](#)

[opcosm/](#)

[submission/](#)

1. **adhoc:** Folder for the adhoc submissions to the HSCRC that are not processed by hMetrix.
2. **gme:** Folder for the Graduate Medical Education program. These files will be transferred to HSCRC.
3. **hospice:** The Hospital will post files to this folder for the Hospice Reports. These files will be transferred to HSCRC.
4. **opcosm:** The Hospital will post files to this folder for the Outpatient Cosmetic Surgery Reports. The files will be transferred to HSCRC.
5. **submission:-**

SFTP Folders



- i. Folder for the Case Mix, UCC, ED LOS Adhoc, and IP Diabetes data.
- ii. The files will be passed through the production data quality checks
- iii. Errors will be posted to the DAVE websites (<https://hscrcdave1.hmetrix.com>).
- iv. Data will be then grouped and passed on to HSCRC for reporting.

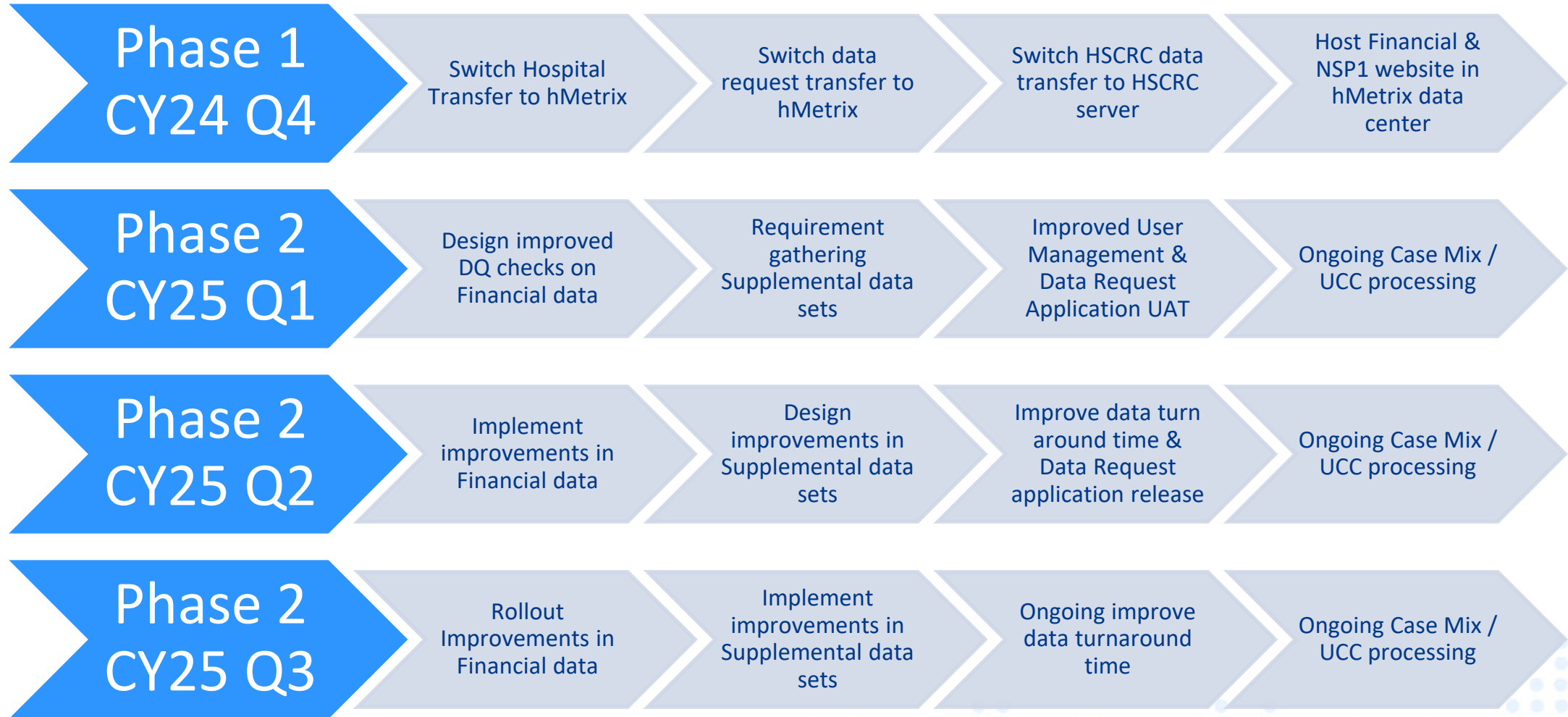
User Guides will be distributed to both SFTP and DAVE users along with connection details.



Phase 1 - Financial Data Submission and NSP1 Website

- Migration to hMetrix infrastructure
 - Move the websites to hMetrix infrastructure
 - Regression test the code
 - Copy over data from current servers to hMetrix servers
 - Cut over to the sites on the hMetrix infrastructure
- Hospital Impact
 - No Impact to Hospital Users

Project Road Map



Reminders

- Financial Reconciliation Form
 - Download from DAVE 2 days after the Quarterly case-mix submission deadline
- EHR Survey Overdue Reminder
 - Use the DAVE “EHR Survey” tab to update EHR system information every 6 months
- DAVE User Management
 - Reach out to the hMetrix Team to add new users or modify access
 - A worksheet for each hospital/hospital system is maintained by hMetrix
 - Update and return the user workbook to modify access
- Change in Hospital Connection Option
 - Reach out to hMetrix Team to change the choice of Hospital Connection method

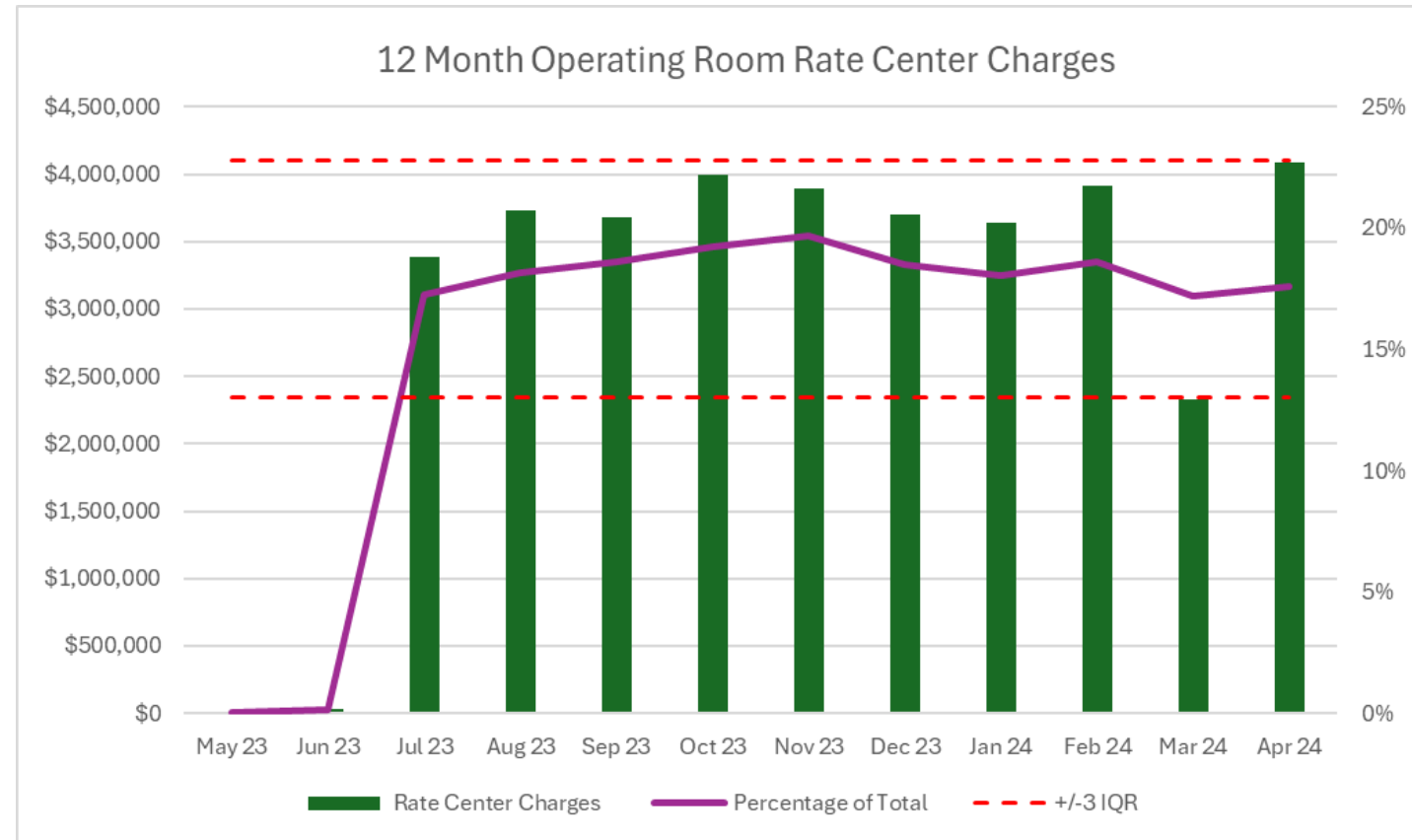
Rate Center Trend Monitoring Report

Rate Center Trend Monitoring Report

- Objective
 - Help hospitals identify unusual Rate Center Charges
 - Enable timely resolution of potential issues during submission
- Reason
 - Several instances of delayed identification of incorrect Rate Center Charges
 - Resulted in an expensive and undesired reopening of a closed quarter for resubmission
- Timeline for implementation
 - FY25 Q1 Final (October 1, 2024) onward a monitoring tab has been added to the error report
 - Collect feedback via email in April 2025
 - FY25 Q4 refine identification of unusual Rate Center Charges
 - FY26 potential impact on error percentage

Total Charges & Rate Center Charges Outlier Identification

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



Monitoring Report Samples

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

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

Data Received | Errors for Data Received | Warnings for Data Received | Data Fields | Total Revenue | Revenue By UB Revenue Code | **Rate Center Summary** | Percent Error



HDMI Staff Update

Upcoming Workgroup Meetings

Payment Models Workgroup

- **Objective:** The Payment Models Workgroup develops recommendations for the HSCRC on the structure of payment models. This group focuses on balancing the approach to updates, addressing key topics such as Balanced Updates, Guardrails for Model Performance, Market Share, and Initial and Future Models.
- **Membership:** The HSCRC has appointed a diverse group of experts to serve on the Payment Models Workgroup. A full list of members is available here: [Payment Models Workgroup Appointments](#)
- **Next Meeting:**
- **For more information please visit the following website:** <https://hscrc.maryland.gov/Pages/hscrc-workgroup-payment-models.aspx>

Performance Measurement Workgroup

- **Objective:** The Performance Measurement Workgroup (PMWG) is responsible for evaluating measurement methodologies and recommending optimal approaches to the HSCRC. The goal is to identify measures that are reliable, informative, and practical for assessing hospital quality and safety.
Membership: The HSCRC has appointed a diverse group of experts to serve on the PMWG. A comprehensive list of members can be accessed [[here](#)].
- **Next Meeting:** For inquiries regarding the meeting schedule and location, please contact: hscrc.performance@maryland.gov
- For more details, visit the HSCRC Performance Measurement Workgroup website at: <https://hscrc.maryland.gov/Pages/hscrc-workgroup-performance-measurement.aspx>

Total Cost of Care Workgroup

- **Objective:** The Performance Measurement Workgroup (PMWG) is responsible for evaluating measurement methodologies and recommending optimal approaches to the HSCRC. The goal is to identify measures that are reliable, informative, and practical for assessing hospital quality and safety.
Membership: The HSCRC has appointed a diverse group of experts to serve on the Total Cost of Care workgroup. A comprehensive list of members can be accessed [[here](#)].
- **Next Meeting:** January 22, 2025
- For more details, visit the Total Cost of Care Workgroup website at: <https://hscrc.maryland.gov/Pages/hscrc-tcoc.aspx>

ED Measure and Incentive Methodology - Subgroup 2

- **Objective:** To develop ED length of stay measure and incentive methodology for Rate Year 2026 Quality Based Reimbursement.
- **Membership:** Those who are familiar with quality measurement, risk-adjustment, emergency department/hospital operations, and pay-for-performance/value-based payments.
- **Next Meeting:**
- **For more information:**
 - <https://hscrc.maryland.gov/Pages/ED-length-of-stay-workgroup.aspx>



Next Meeting

Notes and slides will be posted to the
HSCRC website:

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

Next Meeting
FY 2025 Q2
March 14, 2025

Join Zoom Meeting

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

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

Appendix 1: Quality Programs Groupers Versions

Grouper Transition: MHAC, RRIP, QBR for CY 2023

Rate Year	RY2025
*3M APR/PPC Version	40 <i>(Updated from version 39 to incorporate annual 3M updates)</i>
Timeline	<p><u>Base Year:</u></p> <ul style="list-style-type: none"> MHAC: CY 2020 Q3 – CY 2022 Q2 QBR-Mortality, All-payer PSI: CY 2021 Q3 – CY 2022 Q2 (FY 2022) RRIP: 2018; norms based on CY 2021 <p><u>Performance Year:</u></p> <ul style="list-style-type: none"> QBR HCAHPS, CDC NHSN measures: CY 2022 Q4- CY 2023 Q3, THA/TKA CMS defined 3-year period All Other Measures: CY 2023 (CY 2022-2023 for MHAC for small hospitals)
Implementation Date	RY 2025 policies begin Jan 1, 2023 in most cases. Look for base and performance period reports on the CRS Portal.

*The 3M™ All Patient Refined DRG (APR DRG) Software and 3M™ Potentially Preventable Complications (PPC) Software are proprietary products of 3M Health Information Systems.

Appendix 2: UCC Data Collection Update



UCC Data Collection and Processing

- FY23Q4 Data Submission: 55 reports received, 1 pending
- FY24Q4 Data Submission: **Jul 31 – Aug 29, 2024**

FY25 UCC report submission schedule to be posted on the [HSCRC Financial Data Submission Tools](#) web page.

Hospital Data and Reporting

- [Annual Reports](#)
- [Annual Audited Financials](#)
- [Clinical Data Submission and Requirements](#)
- [Clinical Public Use Data Requests](#)
- [Community Benefit Program](#)
- [Debt Collection/Financial Assistance \(DCFA\)](#)
- [Financial Assistance Policies](#)
- [Financial Data](#)
- [Financial Data Submission Tools](#)
- [Hospital IRS 990 Forms](#)
- [Nurse Support Programs I & II](#)
- [Outpatient Services Survey Results](#)
- [Special Audit Exceptions](#)

Financial Data Submission Tools

NEW!! - Uncompensated Care (UCC) Data

Patient-level uncompensated care charity and bad debtwrite-offs and recoveries for regulated hospital services that are reconciled to the charity and bad debts reported on Annual Report Schedule RE. This data is used by the HSCRC to: 1) determine the sources of uncompensated care; and 2) perform modeling, evaluation and estimating Maryland hospitals uncompensated care amounts to be built prospectively into rates for the upcoming fiscal year. For questions regarding the UCC data reporting instructions, please contact [Irene Cheng](#).

[Memorandum: Revisions to Quarterly UCC Write-off Data Report Instructions](#) (December 1, 2022)

[UCC Training Webinar Recording, Webinar Slides and Q&A](#) (December 9, 2022)

[Uncompensated Care Write-off Quarterly Report Template download](#) (excel file, March 18, 2015)

[FY 2023 UCC Report Schedule](#) (December 2022)

[FY 2024 UCC Report Schedule](#) (June 2023)

[Uncompensated Care Data Submission Requirements](#) (Jul 2023)

This document contains the UCC data submission requirements and edit rules applied to the UCC data summary and error report generated in Data Accuracy Verification Engine (DAVE).



UCC DSR and Edit Report Updates for FY 2024 Q3

- Added new psychiatric hospital UM Upper Chesapeake Behavioral Health Pavilion
- FY24Q3 UCC Data Edit Summary:
 - 33 reports have < 1% error
 - 15 reports have 1 - 1.99% error
 - 6 reports have 2 - 2.99% error
 - 1 reports with > 3% error rate had data validated and were manually passed
 - 1 report to be submitted



UCC Data: Notable Errors Observed in FY24Q3 Data Submission

Error	Notes	Percent of Records with Errors
Invalid or missing billed amount	This information might be unavailable for accounts that are old or transferred from another system	0.02% of write-off records from 26 report files
Missing service date	Date should not be left blank	< 0.01% of write-off records
Missing expected payer	Text (e.g., n/a, unknown) is not valid; use code 99 if unknown	0.01% of write-off records
UCC account with service date within the past 8 quarters not found in Case Mix tapes	This may happen if UCC write-off reported before discharge (not an error but report timing differences), old account reported with incorrect service date, non-regulated patient account that are not required to be reported, etc.	0.32% of write-off records (excluding non-psych hospitals)
Mismatched UCC service date outside of the range of one day prior to Case Mix admission/from date and discharge/through date by 1 day, 2 - 30 days or > 30 days	This may happen if either the service date reported for UCC record or the service date reported in case mix is incorrect	0.41% of write-off records. Error rate increased by 0.06% compared to 0.35% from FY24Q2.

Points of Contact: UCC Data

HSCRC	hMetrix
Irene Cheng Email: Irene.Cheng@maryland.gov	DAVE Technical Support Email: hscrcteam@hmetrix.com
<p>For questions regarding:</p> <ul style="list-style-type: none">• Revised UCC reporting instructions• UCC data edit rules• UCC data quality• Request report submission extension before due date (via DAVE)• Request report data pass if error rate > 3% (via DAVE)• Request report submission window be reopened to submit past due report (via DAVE)	<p>For questions regarding:</p> <ul style="list-style-type: none">• Access to edit reports and notification e-mail• Filling the requests via DAVE

Appendix 3: FY2025 DSR Updates

FY 2025 DSR Updates

- Add an error check for valid rate centers
 - Error check to flag terminated or invalid rate centers (e.g.: Psychiatric ICU (PSI) and Free Standing ER Services (FSE)) - currently applied only to the Inpatient Psychiatric Data
 - From FY 2025 onwards, this edit will be applied to all datasets (Inpatient, Outpatient and Psychiatric)
 - The list of valid rate centers is available in the DSR
- Add a new health plan payer for Out of State (non Maryland) Medicaid payers
 - Code 129 (“OUT OF STATE (NON MARYLAND) MEDICAID PAYER”)
 - A new error check: If the new payer code 129 is not reported with payer 06 (“OTHER GOVERNMENT PROGRAMS”)
- Add a new error check for Type of Daily Service - Burn care (07)
 - Type of Daily Service to used to identify burn cases that are excluded from financial methodologies.
 - From FY 2025 onwards, Burn care will only be allowed to be reported by Johns Hopkins Bayview Medical Center (210029) for Burn trauma cases



FY 2025 DSR Updates (contd.)

- Add an error check when terminated HCPCS code is reported
 - HSCRC currently check if terminated CPT code is reported.
 - From FY 25 onwards, an error check will be added if a terminated HCPCS code is reported.
 - We will use the HCPCS/CPT termination date and compare it against the procedure date to flag the error.
- New SOGI variables will be added
 - The new variables will be added for testing from Aug 1, 2024. They will be included as optional variables in production run from FY 25 and will be mandatory from FY 26.
- New ED LOS variables will be added
 - Add date and timestamps and other needed variables to the monthly case-mix data. Hospital will be able to test it from Aug 1, 2024, and will be mandatory from Jan 1, 2025.
- Updates to Accounting and Budgeting Manual Appendix D will be published
- Rate Center Charge trend monitoring report
 - New tab to be added to the Case Mix error report to help hospital identify variation in Rate Center Charges
 - Details covered in later slides

Appendix 4: FY 2025 Production Schedule and Process for Requesting Financial Data Extensions

FY 2025 Production Schedule for Financial Data Submissions

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



The screenshot shows the website header for the Health Services Cost Review Commission, featuring the Maryland state flag and the commission's logo. The main content area is titled "Financial Data Submission Tools" and includes a section for the "Financial Data Submission Production Schedule".

Health Services Cost Review Commission

Financial Data Submission Tools

Financial Data Submission Production Schedule

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

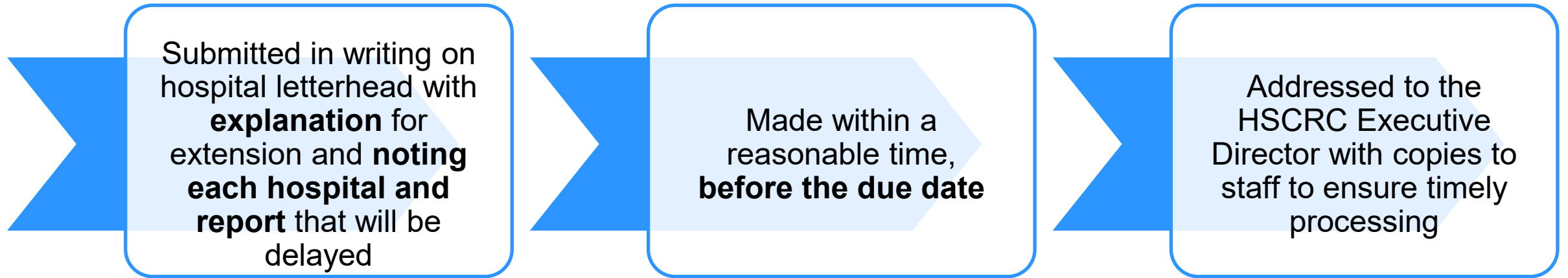
Memorandum: Fiscal Year (FY) 2025 Production Schedule for Monthly, Quarterly, and Annual Financial Data Submissions (August 23, 2024)

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

Hospital Data and Reporting

- [Annual Reports](#)
- [Annual Audited Financials](#)
- [Clinical Data Submission and Requirements](#)
- [Clinical Public Use Data Requests](#)
- [Community Benefit Program](#)
- [Debt Collection/Financial Assistance \(DCFA\)](#)

Process for Submitting Extensions for Financial Data



Email Extension Requests to:

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

Process for Submitting Extensions for Financial Data

- Staff will review the extension request and respond (in writing) to the hospital indicating whether the request has been approved, and if the request is approved, the new due date (**typically 1 week**).
- Please note: Hospitals are **granted a blanket 30-day extensions for the filing of Audited Annual Report Submissions**, therefore, extensions beyond this timeframe will be granted only in emergency situations (an event over which the Hospital has no control).
 - **Any revisions to the Annual Report must be submitted in its entirety with a letter on Hospital letterhead specifying the Schedules revised and an explanation for the revisions.**
- **Submissions of late or significantly erroneous data** is subject to a fine and/or GBR adjustment of up to \$1,000 per day.

Appendix 5: Financial Assistance Update

Financial Assistance Update

- Effective October 1, 2024, House Bill 238 requires hospitals incorporate the following in their Financial Assistance Policy:
 1. Removed the requirement that the provision of reduced-cost medically necessary care and payment plans be in accordance with the mission and service area of the hospital;
 2. Authorized hospitals to consider only household monetary assets in excess of \$100,000 when determining eligibility for free and reduced-cost care under the hospital's financial assistance policy; and
 3. Requires that certain retirement assets be excluded from consideration.
- HSCRC is extending the deadline for the submission of Financial Assistance Policy (which should incorporate the above revisions) until **January 31, 2025**.
- Submit this policy to hscrc.financialassistance@maryland.gov and included it with the Community Benefits Report that is submitted to The Hilltop Institute.

For questions, contact Wayne Nelms (wayne.nelms2@maryland.gov).