

Date: October 19, 2022

TO: Hospitals

From: HSCRC Quality Team

RE: Reporting Requirements for electronic Clinical Quality Measures (eCQMs)/Digital Measures Data in Calendar Year 2023

The HSCRC, in conjunction with our partners at CRISP, and their hMetrix and Medisolv contractors, is continuing implementation of our multi-year, coordinated effort to collect quarterly submissions of eCQMs and core clinical data elements required for digital hybrid measures. This work began in CY 2022 and HSCRC applauds hospitals' efforts and success in submitting the required measures thus far. Further, we note that Maryland is unique in the nation in implementing statewide digital measures' reporting.

This memorandum outlines HSCRC's updated eCQM/digital data submission requirements for CY 2023. CRISP and Medisolv will continue to work through infrastructure and reporting capabilities for all Maryland Acute Care hospitals as we update the measure submission requirements; the specified updates target areas of priority for quality improvement and those established under the State Integrated Healthcare Improvement Strategy (SIHIS).

eCQM Submission Requirements for CY 2023

At this time, the HSCRC will require submission of QRDA-1 files for the following measures:

- ED-2: Median Admit Decision Time to ED Departure Time
- 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

For hospitals that do not qualify for the PC-02 and PC-07 measures, you must submit QRDA-1 files for two of the other CMS 2023 specified eCQMs to CRISP (see Appendix A). Data submissions will generally be due quarterly within approximately 90 days of the end of the quarter. The first two quarters are combined and due following the second quarter for eCQMs in order to allow for hospitals to update their EHR data specifications.

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Hybrid Measures Submission Requirements

Beginning in July 2023, to enhance future risk-adjustment, HSCRC will require submission of the Core Clinical Data Elements (CCDE) for the CMS-specified hybrid measures below, with quarters three and four combined and due within 90 days after the fourth quarter; **HSCRC's goal is to extend these measures to data for all payers** ¹

- Hybrid HWR: Hospital-Wide 30-day Readmission
- Hybrid HWM: Hospital-Wide 30-day All-Cause Risk Standardized Mortality Measure

For detailed information about the data specifications and reporting of these measures, click [here](#).

Data Submission Due Dates

Please see the schedule below for reporting for CY 2023. HSCRC will continue to update submission requirements on an annual basis.

CY 2023 Performance Period Submission Windows for eQMs

Q1 2023 data	Open: 07/15/2023	Close: 10/02/2023
Q2 2023 data	Open: 07/15/2023	Close: 10/02/2023
Q3 2023 data	Open: 10/15/2023	Close: 12/30/2023
Q4 2023 data	Open: 01/15/2024	Close: 04/01/2024

CY 2023 Performance Period Submission Windows for Hybrid Clinical Data Elements

Q3 2023 data	Open: 01/15/2024	Close: 04/01/2024
Q4 2023 data	Open: 01/15/2024	Close: 04/01/2024

[Hospitals may apply for an extraordinary circumstances exemption if warranted, including an extension if more time is needed.](#)

We remain committed to working with our partners including Maryland hospitals over the coming years, with the goal of making Maryland a national leader in the integration of EHR and eQCM data into our quality improvement and performance-based payment programs.

For additional information, feel free to use the [CRISP eQCM webpage](#). If you have any other questions or need assistance with your submission do not hesitate to contact Jenna Pickard, MSN, RN, Senior Clinical Quality Advisor at jpickard@medisol.com or +1 844-633-4765 #309.

¹ HSCRC notes that the timeline for submitting non-Medicare hybrid CCDEs will be flexible for the first year pending completion of modifications for an all-payer population.

Appendix A: CY 2023 CMS Hospital eQMs*

<u>Title</u>	<u>Short Name</u>	<u>CMS eCQM ID</u>	<u>NQF Number</u>	<u>Meaningful Measure</u>	<u>Notes</u>
Anticoagulation Therapy for Atrial Fibrillation/Flutter	STK-3	CMS71v12	N/A	Preventive Care	HSCRC Optional
Antithrombotic Therapy By End of Hospital Day 2	STK-5	CMS72v11	N/A	Preventive Care	HSCRC Optional
Cesarean Birth	PC-02	CMS334v4	N/A	Safety	HSCRC Required
Discharged on Antithrombotic Therapy	STK-2	CMS104v11	N/A	Preventive Care	HSCRC Optional
Discharged on Statin Medication	STK-6	CMS105v11	N/A	Preventive Care	HSCRC Optional
Exclusive Breast Milk Feeding	PC-05	CMS9v11	0480e	Care Personalized, Aligned with Patient's Goals	HSCRC Optional
Hospital Harm - Severe Hyperglycemia	HH-02	CMS871v2	3533e	Preventable Healthcare Harm	HSCRC Required
Hospital Harm - Severe Hypoglycemia	HH-01	CMS816v2	3503e	Preventable Healthcare Harm	HSCRC Required
Intensive Care Unit Venous Thromboembolism Prophylaxis	VTE-2	CMS190v11	N/A	Preventive Care	HSCRC Optional
Median Admit Decision Time to ED Departure Time for Admitted Patients	ED-2	CMS111v11	N/A	Admission and Readmissions to Hospitals	HSCRC Required
Safe Use of Opioids - Concurrent Prescribing	N/A	CMS506v5	3316e	Prevention and Treatment of Opioid and Substance Use Disorders	HSCRC Required
Severe Obstetric Complications	PC-07	CMS1028v1	N/A	Safety (Measure Risk adjusted)	HSCRC Required
Venous Thromboembolism Prophylaxis	VTE-1	CMS108v11	N/A	Preventive Care	HSCRC Optional

*Source: [Eligible Hospital / Critical Access Hospital eQMs | eCQI Resource Center \(healthit.gov\)](#)