



maryland
health services
cost review commission

FY 2024 Quarter 1 Data Forum

Please register for FY2024 Quarter 1 Data Forum Meeting at:
<https://attendee.gotowebinar.com/register/2884266822228133976>
After registering, you will receive a confirmation email containing
information about joining the webinar.

Sept. 8, 2023
@10:00 AM

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 sent & posted on our website 2 months before the next meeting)

FY 2024 Dates
December 15, 2023
March 8, 2024
June 7, 2024

Agenda

- Announcements
 - Data Processing Vendor Update (Mary Pohl, hMetrix/Burton Policy)
 - Case Mix Weights and Grouper Transition Update (Denise/Dianne)
 - Quality Update (Dianne)
 - Reminders (Oscar)
 - Points of Contact
 - CDS-A Report
 - Data Forum Survey
- FY 2024 Final DSR Changes (Oscar)
- UCC Data Collection Update (Irene)
- Inpatient Diabetes Screening (Geoff)
- Data Repository Vendor Update (Jen Vogel, SPG)
- Upcoming Workgroups and Next Meeting (Curtis/Claudine)

Data Processing Vendor Update

Points of Contact

HSCRC

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hMetrix / Burton Policy

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Mary Pohl (Hospital Support)

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Team Email: hscrcteam@hmetrix.com

Reminders

- Production data
 - Upload Case Mix (Inpatient, Outpatient and Psychiatric) files to the RDS server 'submit' folder
 - These files are used for grouping and other downstream processes
 - Upload UnCompensated Care (UCC) files to the RDS server 'UCC' folder
 - Download error reports from <https://hscrcdave1.hmetrix.com/>
- Test data
 - Upload files to the RDS server 'test' folder - both Case Mix data as well as UCC files
 - Available all the time for hospitals to test submissions
 - Data is not used for downstream processes
 - Download error reports from <https://hdavetest.hmetrix.com/>

Reminders

- Financial Reconciliation Form
 - Financial Reconciliation Form is available to download from DAVE website 2 days after the quarterly data submission deadline
- To add new users
 - Reach out to hMetrix Team
 - DAVE User workbook for each hospital/hospital system is maintained by our team
 - Update and return the user workbook to gain access

Case Mix Weights and Grouper Transition Update

Grouper Transition: Case Mix Weights and Reports

Rate Year	RY 2023	RY 2024
3M APR/EAPG Version*	IP Weights: 38 OP Weights: 3.16	IP Weights: 39 OP Weights: 3.17
Data Period Used for Weight Development	IP: CY 2019 (12 Months) OP: CY 2019 and Q1 of CY 2020 (15 Months)	IP: CY 2022 (12 Months) OP: CY 2022 and Q1 of CY 2023 (15 Months)
Weight Release Date	March 10, 2023	November 2023
Policies Applicable To	CY 2023 6 Months Marketshift	CY 2023 12 Months Marketshift
		RY 2022 ICC Volume

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

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.

PPC Updates and Feedback

Login procedure for PPC documentation:

[3M™ Web Portal - Login](#)

- At registration page, use the old username of "MDHosp" as your authorization code, complete the fields with your personal information.

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

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

- 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

Profile
Organizations
Organization Dashboard
Support Tickets
Enhancement Requests
Notification Settings
Hosted Applications
Logout

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

Quality is pursuing the following additional areas of quality of care

- Electronic Clinical Quality Measures (eCQMs) or other digital measures CY 2023
 - See the [CRISP eCQM website](#) for more information and HSCRC memos on the main [HSCRC Quality page](#)
 - Potentially add measure(s) to RY 2026 payment programs
- Sexual Orientation Gender Identity (SOGI) Workgroup convened
 - Recommended data element definitions and initiation of hospital reporting;
 - HSCRC procuring contractor to conduct hospital training (Fall 2023) for data collection
- Exploring options for Outpatient Quality measures, in light of shifts from IP to OP care

Quality Update: New and Planned Monitoring Reports

- New on CRS Portal
 - 30-Day, All-Cause Mortality
 - Excess Days in Acute Care (EDAC)
 - HbA1C inpatient screening
 - ED-PAU/Multi-Visit Patient (MVP)
 - Maternal Morbidity- MCH dashboard
 - EDDIE (Monthly, Commission meeting packet)
- Planned (Expected Release Dates)
 - Excess Days in Acute Care (EDAC) patient level (9/15)
 - 30-Day, All-Cause Mortality patient level (9/15)
 - HbA1C inpatient screening patient level (9/22)
 - Maternal Morbidity-eCQM (estimated May/June 2024)
 - Applying PAI to TFU (TBD)
 - TFU behavioral health (TBD)
 - ED-PAU/Multi-Visit Patient (MVP) patient level (TBD)

CY 2023 Digital Measure Submission to HSCRC

Title	Short Name	CMS eCQM ID	NQF Number	Meaningful Measure	Notes
<u>Anticoagulation Therapy for Atrial Fibrillation/Flutter</u>	STK-3	CMS71v12	N/A	Preventive Care	HSCRC Optional
<u>Antithrombotic Therapy By End of Hospital Day 2</u>	STK-5	CMS72v11	N/A	Preventive Care	HSCRC Optional
<u>Cesarean Birth</u>	PC-02	CMS334v4	N/A	Safety	HSCRC Required
<u>Discharged on Antithrombotic Therapy</u>	STK-2	CMS104v11	N/A	Preventive Care	HSCRC Optional
<u>Discharged on Statin Medication</u>	STK-6	CMS105v11	N/A	Preventive Care	HSCRC Optional
<u>Exclusive Breast Milk Feeding</u>	PC-05	CMS9v11	0480e	Care Personalized, Aligned with Patient's Goals	HSCRC Optional
<u>Hospital Harm - Severe Hyperglycemia</u>	HH-02	CMS871v2	3533e	Preventable Healthcare Harm	HSCRC Required

CY 2023 Digital Measure Submission to HSCRC

Title	Short Name	CMS eCQM ID	NQF Number	Meaningful Measure	Notes
<u>Hospital Harm - Severe Hypoglycemia</u>	HH-01	CMS816v2	3503e	Preventable Healthcare Harm	HSCRC Required
<u>Intensive Care Unit Venous Thromboembolism Prophylaxis</u>	VTE-2	CMS190v11	N/A	Preventive Care	HSCRC Optional
<u>Median Admit Decision Time to ED Departure Time for Admitted Patients</u>	ED-2	CMS111v11	N/A	Admission and Readmissions to Hospitals	HSCRC Required
<u>Safe Use of Opioids - Concurrent Prescribing</u>	N/A	CMS506v5	3316e	Prevention and Treatment of Opioid and Substance Use Disorders	HSCRC Required
<u>Severe Obstetric Complications</u>	PC-07	CMS1028v1	N/A	Safety (Measure Risk adjusted)	HSCRC Required
<u>Venous Thromboembolism Prophylaxis</u>	VTE-1	CMS108v11	N/A	Preventive Care	HSCRC Optional

Quality Update: eCQM Reporting Timeline

- CY 2023 Performance Period Submission Windows for eCQMs

Q1 2023: Open: 07/15/2023 Close: 10/02/2023

Q2 2023: Open: 07/15/2023 Close: 10/02/2023

Q3 2023: Open: 10/15/2023 Close: 12/30/2023

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

- CY 2023 Performance Period Submission Windows for Hybrid Clinical Data Elements (goal: collect all-payer data)

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

Q4 2023: 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. (See Quality page on HSCRC website)



Reminders

Points of Contact: Case Mix and Financial Data Submissions

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Case Mix Data

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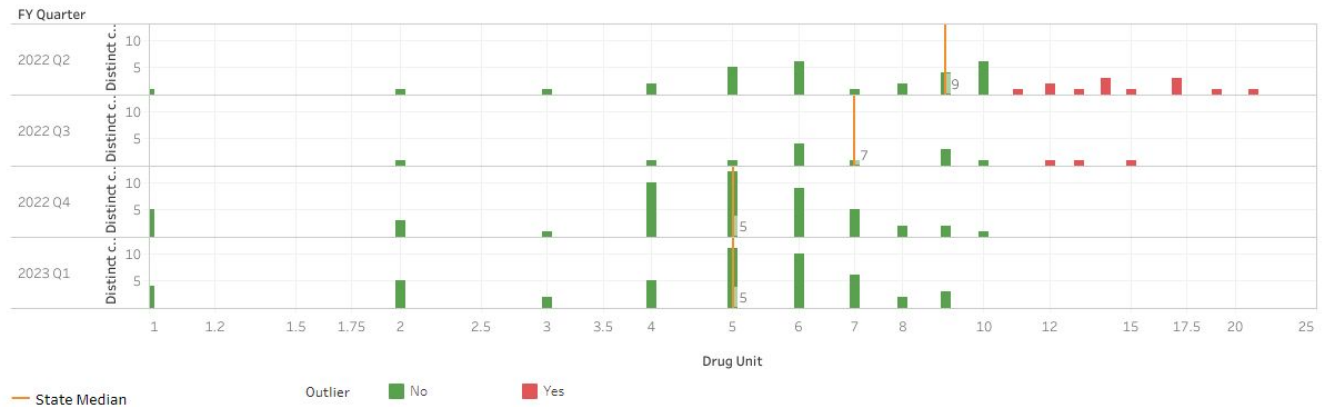
Reminder: CDS-A Reports on CRISP Portal

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

Outlier Summary Fiscal Year 2022 Q2 - 2023 Q1

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

Billed Unit Details : 90376 - Rabies ig heat treated



EAPG Version 3.17

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Reminder: CDS-A Reports on CRISP Portal

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

Reminder: Please Complete the Data Forum Survey!

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



FY 2024 Final Changes

Final FY 2024 Data Submission Requirements (DSRs) Updates

Changes in Inpatient Dataset:

- The variable non-psychiatric days of service will be **optional**
- **Remove** cross edit error related to psychiatric days of service and non psychiatric days of service
- **Add** a new error: psychiatric days of service should not be greater than Length of Stay

Change in Psychiatric Dataset:

Current Daily Service Values	New Daily Service Value
01 - 09 = DO NOT USE - RESERVED FOR ACUTE HOSPITALS	01 -10 = DO NOT USE - RESERVED FOR ACUTE HOSPITALS
10 = ADULT	
11 = ADOLESCENT	11 = ADOLESCENT
12 = CHILD	12 = CHILD
13 = GERIATRIC	13 = GERIATRIC
14 = OTHER	14 = OTHER
15 = UNKNOWN	15 = UNKNOWN
	16 = ADULT

FY 2024 DSR Updates (Contd.)

Change in Inpatient and Outpatient datasets:

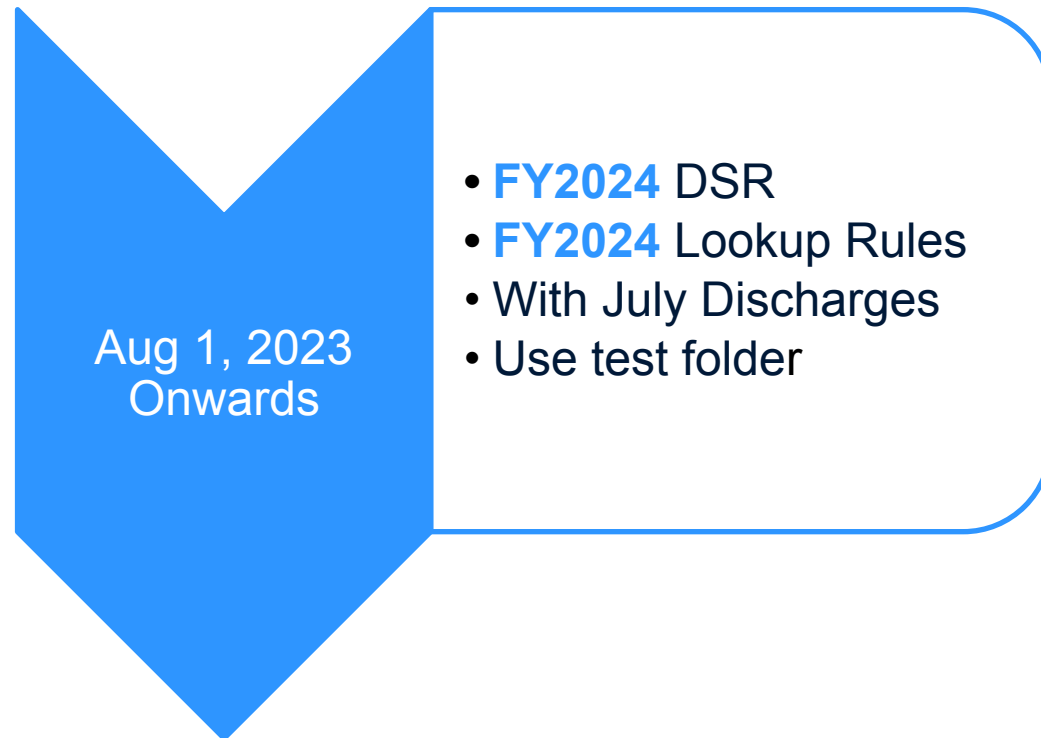
- Add a new variable Arrival Date in Record Type 1
 - If the visit was a direct admit to the hospital, the Arrival Date should be the same as admission date
 - Error: If value is invalid or blank
 - Warning: If procedure date in inpatient file or date of service in outpatient is before Arrival date
 - Warning: if Arrival Date is after Admission Date
- Rationale:
 - If the date on which the patient arrived is collected, HSCRC can validate the procedure date that are prior to admit date.

Change in Inpatient, Outpatient, and Psychiatric dataset:

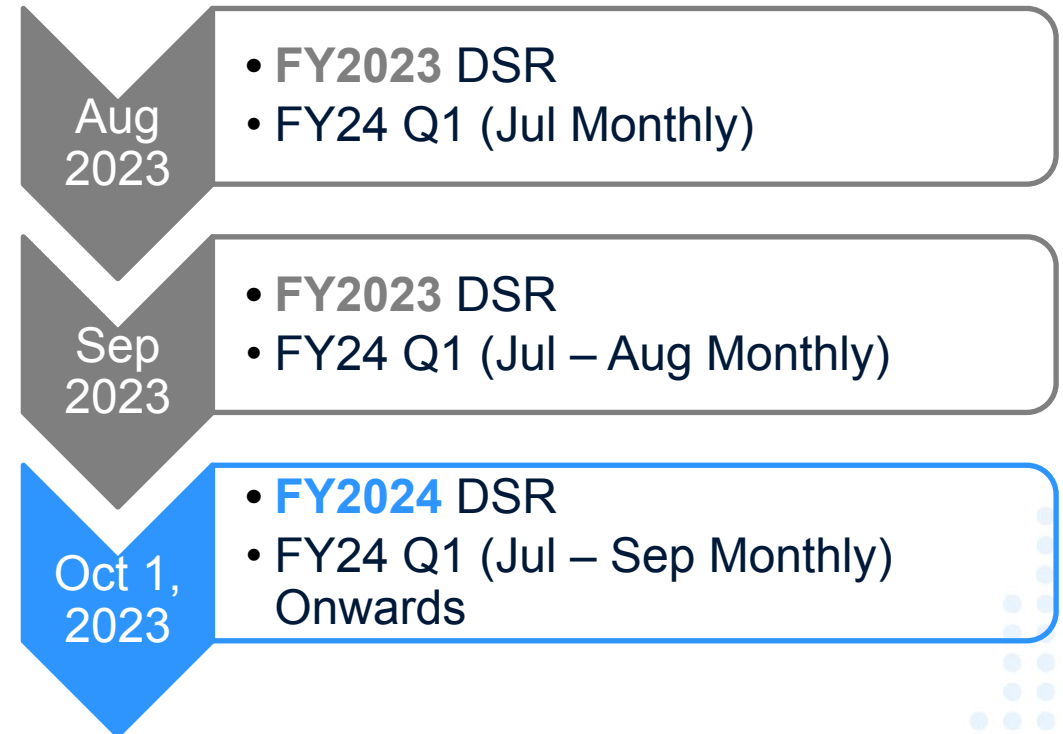
- Baltimore Convention Center (210068) is **no longer a valid provider** for admission source or discharge disposition.

FY 2024 DSR Implementation Timeline

- Test/Sandbox



- Production



UCC Data Collection Update

UCC Data Collection and Processing

- FY23Q4 data collection near completion
- FY24Q1 data submission window is Nov 1 – Nov 30, 2023
- FY24 UCC report submission schedule has been 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 2023 Q4

- UCC write-off service date may not reconcile with case mix admission date due to different reporting requirement (e.g., UCC write-off for ED visit that resulted in IP admission on the next day, UCC write-off for service performed during IP visit).
- In the “Detail UCC CaseMix Cross-Check” report tab, add a new UCC and Case Mix Data Matching Status Category 8 for records with a service date that do not match the case mix admin/from date but is between 1 day prior to admin/from date and discharge/through date. Flag these records as Warning instead of Error.
- In the “UCC Cross-Check with CaseMix” report tab, add a summary for record count and percent for records flagged as Category 8 Warning.
- In the “UCC Percent Error List” report tab, add a summary for Warnings in the “UCC Cross Check with Case Mix Summary” section.

UCC DSR and Edit Report Updates for FY 2024 Q1

- Add a new warning for account with write-off balance more than \$10K greater than billed amount
- Evaluation of applying a lower error threshold %
 - 51 reports have < 5% error rate, 4 reports to be resubmitted
 - 53% of the reports have < 1 % error
 - 19% of the reports have 1 - 1.99 % error
 - 12% of the reports have 2 - 2.99 % error
 - 16% of the reports have 3 - 4.99% error - Mostly due to no matching patient account in Case Mix and/or service date vs. Case Mix dates off by 2 - 30 days

UCC Data: Notable Errors Observed in FY23Q4 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	0.05% of write-off records from 27 report files
Missing service date	Date should not be left blank	0.04% of write-off records from 5 report files
Missing expected payer	Text (e.g., n/a, unknown) is not valid; use code 99 if unknown	0.03% of write-off records from 6 report files
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, old account reported with incorrect service date, non-regulated patient account that are not required to be reported, etc.	1% of write-off records from 40 report files (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 the reported UCC service date is incorrect, service dates reported in case mix are incorrect, etc.	0.95% of write-off records from 26 report files

UCC Data Preparation and Submission Process Recommendations

- Submit data as early as possible during the 30 - 60 days window to allow time for data review and correction.
 - On the day the data submission window opens for the target quarter, the designated hospital staff will receive an email from DAVE with this announcement.
 - For the FY23Q4 submission
 - 62% submitted during or prior to the first week of submission window
 - 20% submitted during the last week of submission window
 - 20% resubmitted with corrections
- Look for the error report on the DAVE website to ensure that the data file was received and processed.
 - If a data file is submitted before the window is opened, the error report will not be generated until the day this task opens.
 - If a data file is submitted during the window but the error report is not generated within 1 hour after submission, it might be an indication that the file name or the data records do not meet the format requirements or the file was submitted to the incorrect report folder (e.g., Denials Report)

UCC Data Error Report Review Tips

- Compare total amount and record counts of bad debt, charity and recovery and error % to prior quarters to verify consistency
 - Check edit items with significant increase in error/warning %
 - See “UCC HSCRC Letter”, “UCC Percent Error List” and “UCC Cross-Check with CaseMix” for high level summaries
- Review records with errors and warnings and resubmit corrected data as needed even if the overall error rate is <5%.
 - Correct invalid service date and payer code and resubmit
 - Review accounts not found in Case Mix. Possible causes: Unregulated account, account did not make it to Case Mix data, etc.
 - Review records with service date not matching the date reported in case mix for potential error in the logic for service date selection. Possible causes: report listed date of write-off occurred instead of admission date, incorrect service date or case mix dates, etc.
 - Review write-off history across multiple quarterly reports for accounts with a negative total write-off balance of > \$100 credit. Possible causes: duplicate recovery payments, over payment, initial bad debt/charity write-off not reported, reversed sign or incorrect amount of write-off or payment, incorrect service date, etc.
 - See “UCC Errors for Data Received”, “UCC Warnings for Data Received”, “Detail UCC CaseMix Cross-Check”, “UCC Balance” tabs for detailed information at write-off record level

Points of Contact: UCC Data

HSCRC

Irene Cheng

Email: Irene.Cheng@maryland.gov

For questions regarding:

- 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 > 5% (via DAVE)

hMetrix

DAVE Technical Support

Email: hscrcteam@hmetrix.com

For questions regarding:

- Access to edit reports and notification e-mail
- Request report submission window be reopened to submit past due report

Data Strategies for Inpatient Diabetes Screening

Background on IP Screening Measure

- Measure seeks to reduce the prevalence of undiagnosed diabetes through inpatient screening
- Responsive to CMMI request to provide hospital-level incentives for population health improvement
- Policy will incentivize screening in accordance with American Diabetes Association guidelines
 - >35
 - No A1c/fasting glucose test within 3 years for healthy patients, 3 months for diabetics
- Basic measure definition: Percentage of eligible inpatients at hospital who received an A1c test during their stay

Policy Status

- Measure is currently in monitoring
- Staff expects to introduce measure into payment policy for CY24
- Current data on A1c testing come from CRISP hospital lab feeds
- HSCRC has no information outside of hospital feeds on how recently a patient has been tested
- Goal of this presentation is to review and receive feedback on options for excluding patients who have been recently tested and do not require an additional test during their IP stay

Option A: Use Aggregate Data

- Using IP lab feeds and APCD, calculate percentage of patients at each hospital that would historically would be removed from denominator due to recent test
- Scale performance measure such that the ceiling is 100% - % of patients previously screened
- Chief benefit: No new data required
- Chief drawback: ss screening uptake increases, excluded percentage may lag actual trends

Option B: Track Measure Exclusions Using Casemix

- Add a field to casemix that would reflect rationale for excluding patient from denominator
- In some health systems, this has been accomplished by asking patients if they have been screened within prior 3 years for diabetes. If yes, note is made in EMR
- May also come from health system historical records
- Chief benefit: Current, patient specific information on testing status
- Chief drawback: Significant effort to extract data from EMR and include in casemix

Case Mix Data Field (DRAFT)

Variable Name: IP A1C Screening

Description: Enter whether the patient received an A1C screening during the admission. If the patient was not screened, please report the reason using codes 2-5.

Value	Label
1	tested
2	not tested, previously tested within 3 years (nondiabetic)
3	not tested, previously tested within 3 months (diabetic/prediabetic)
4	not tested, documented as clinically inappropriate
5	not tested, IP stay < 2 days

Data Repository Vendor Update

RDS Folder Structure

ADHOC

- Submit files as requested by HSCRC or data processing vendor

ARCHIVE

- Record of files submitted

SPECIALITY FOLDERS

- UCC, GME, Hospice, OPCOSM

RETURN

- Files sent to end user

SUBMIT

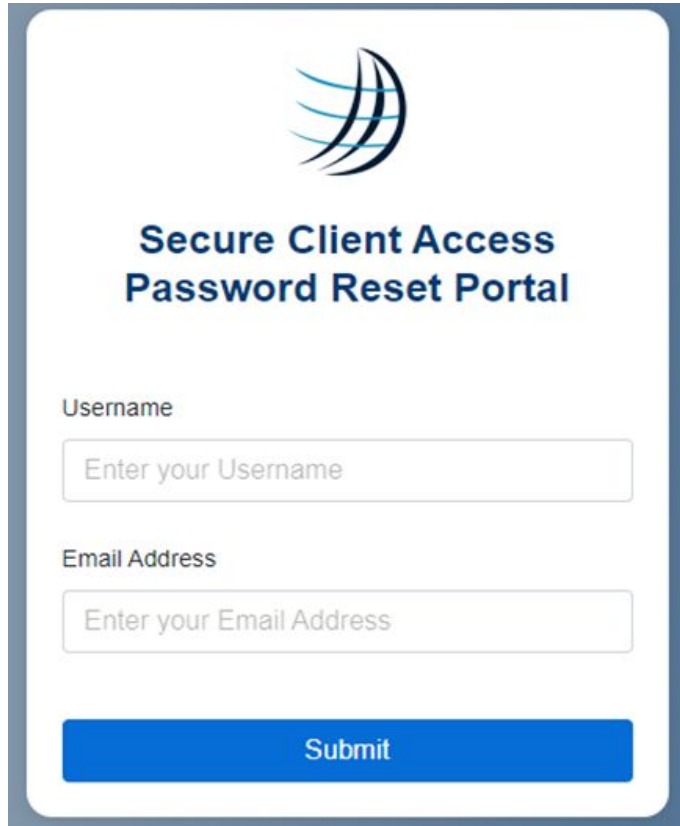
- Submit FINAL data

TEST

- Submit TEST data



SCA Password Reset Portal and Contact Information



The screenshot shows a web portal for password resets. At the top is a logo consisting of several curved lines. Below the logo is the text "Secure Client Access Password Reset Portal". There are two input fields: "Username" with the placeholder "Enter your Username" and "Email Address" with the placeholder "Enter your Email Address". A blue "Submit" button is at the bottom.

Password Reset Portal

[HTTPS://PASSWORD.THESTPAULGROUP.COM](https://password.thestpaulgroup.com)

Enter USERNAME and EMAIL associated with account.
A secure email will be sent with a new password.

CONTACT INFORMATION:

St. Paul Operations

ops@thestpaulgroup.com



Upcoming Workgroup Meetings

Performance Measurement Workgroup (PMWG)

- **Purpose:** Update the performance-based payment and quality monitoring programs and provide input on future quality priorities
- **Duration:** September 2023 to May/June 2024
- **Membership:** Broad stakeholder group including hospital (quality,finance) payer, population health, behavioral health, health policy, consumer representatives
- **Timing:** Monthly, 3rd Wednesdays, 9:30am-12pm
- **Participation:** Open to the public (Virtual and in-person)
- **For more information:**
 - <https://hscrc.maryland.gov/Pages/hscrc-workgroup-performance-measurement.aspx>
 - email: hscrc.quality@maryland.gov

Revisions to Public Use Files (PUF)

- **Purpose:** Update the non-confidential data to include variables that are needed and remove unnecessary variables.
- **Duration:** October 2023 to December 2023
- **Membership:** Stakeholders who use the HSCRC PUF files
- **Timing:** TBD
- **Participation:** If you are interested in participating in this workgroup, please contact Curtis Wills (curtis.wills@maryland.gov)



Next Meeting

Notes and slides will be posted to the
HSCRC website:

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

Next Meeting
FY 2024 Q2
December 15, 2023