



maryland  
**health services**  
cost review commission

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## Performance Measurement Workgroup

March 16, 2022

HSCRC Quality Team

# Agenda

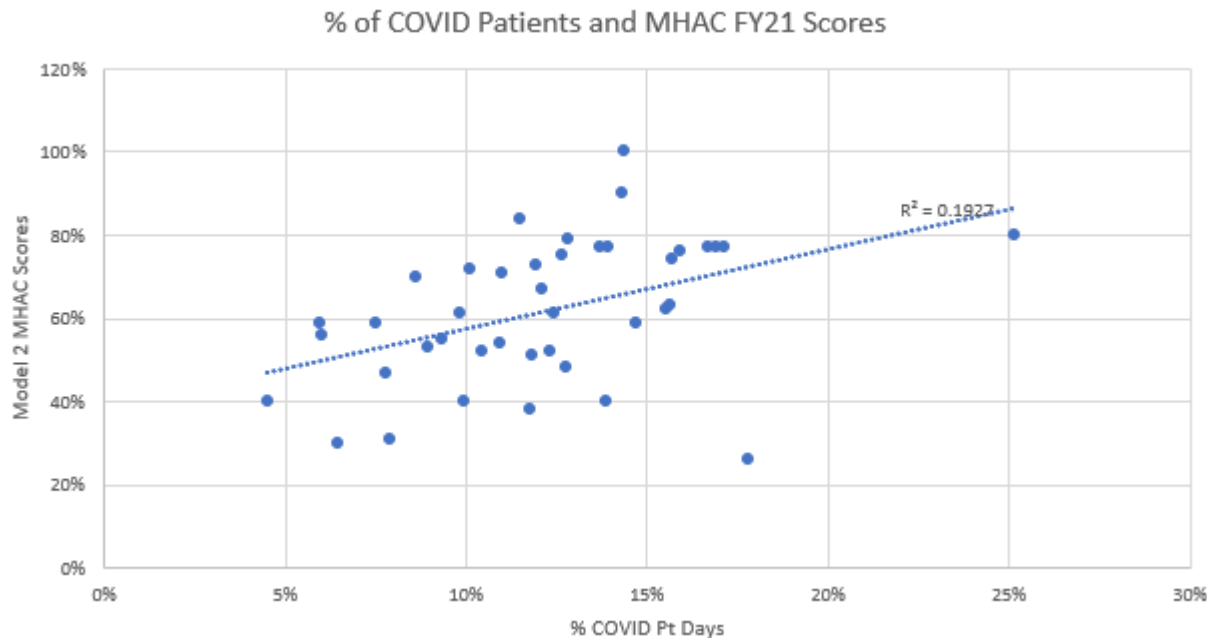
- COVID analyses update
  - Recap from 3/2/22 Mtg; correlations update
  - Modeling of QBR -findings
- RRIP RY 2024 draft policy discussion
  - Improvement and Attainment
  - Patient Adversity Index (PAI)
- eCQM update

# Overview of COVID Analysis and Adjustment Updates

## MHAC and RRIP Recap

- Reviewed use of concurrent norms with COVID patients included with PMWG, CMMI, and Commissioners
- Providing by hospital revenue adjustments modeled using FY 2021 for budgetary purposes (see attached Excel file with hospital results modeled)
- Correlated MHAC scores and readmission rates with percent COVID days by hospital

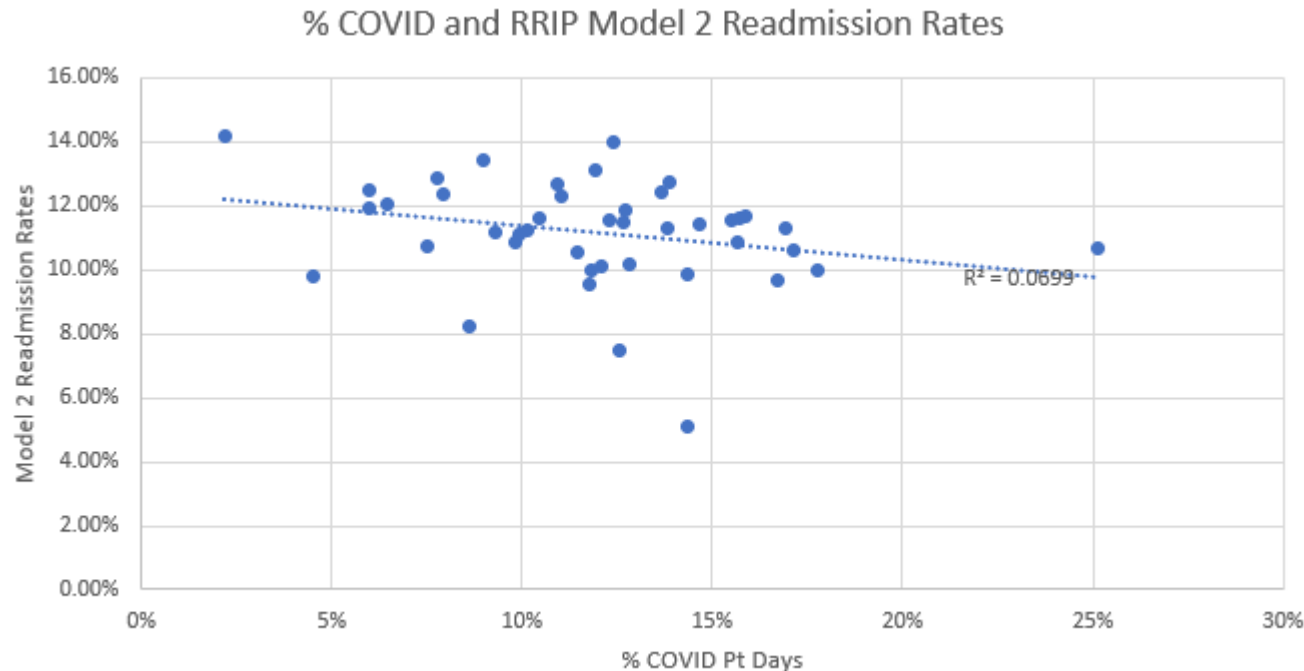
# % COVID Pt Days and Model 2 MHAC Scores (Concurrent Norms)



- As % COVID pt days increases, MHAC scores increase
- $R^2 = 0.1927$
- P-Value = 0.004
- Removes UMROI and Levindale as an outlier because it had ~0% COVID patients

Although the relationship is statistically significant, it only explains 19% of the variation in performance and the Model does not appear to penalize hospitals for having more COVID patients.

# % COVID Pt Days and Model 2 RRIP Scores (Concurrent norms)



- As % COVID Pt Days increases, readmission rates decrease
- $R^2 = .0699$
- P-value = .087
- Removes UMROI and Levindale as an outlier because they had ~0% COVID patients

Although the relationship is statistically significant, it only explains 7% of the variation in performance and the Model does not appear to penalize hospitals for having more COVID patients.



## MHAC and RRIP Correlation Conclusion

- MHAC- % COVID Pt Days explains only 19% of the variation in Model 2 MHAC scores
- RRIP- % COVID Pt Days explains only 7% of the variation in Model 2 Readmission rates
- Model 2 does not appear to penalize hospitals for having more COVID patient days for both programs
- Therefore, Staff proposes to use Model 2 for RY23 Quality adjustments

# Disparity Gap

- Given this is an upside improvement only program, staff propose minimal changes
  - Only change will be removal of COVID patients from performance period



# MHAC Revenue Adjustment Scale

- Staff modeled changing the MHAC revenue adjustment scale to reflect the changes in scores:
  - Currently with modeling the hold harmless zone for Model 2 is from 56-66%
  - Will update with final results so that the hold harmless zone is a 10 percentage point gap centered around the state average

# RY 23 Quality-Based Reimbursement: COVID Analyses

# RY 2023-2024 QBR



**QBR Measures by Domain:**

- Person and Community Engagement (PCE)(9 Measures: 8 HCAHPS categories; Follow-up after chronic conditions exacerbation (Medicare))  
**NEW** proposed RY 2024 update: add HCAHPS linear score =10% QBR score (20% of PCE domain)
- Safety (6 Measures: 5 CDC NHSN HAI Categories; All-payer PSI 90)
- Clinical Care (Inpatient Mortality, THA/TKA Complication)

Overall QBR Domains

PCE Domain

Individual Measures are Converted to 0-10 Points:

Points for Attainment Compare Performance to a National Threshold (median) and Benchmark (top 5%)

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%

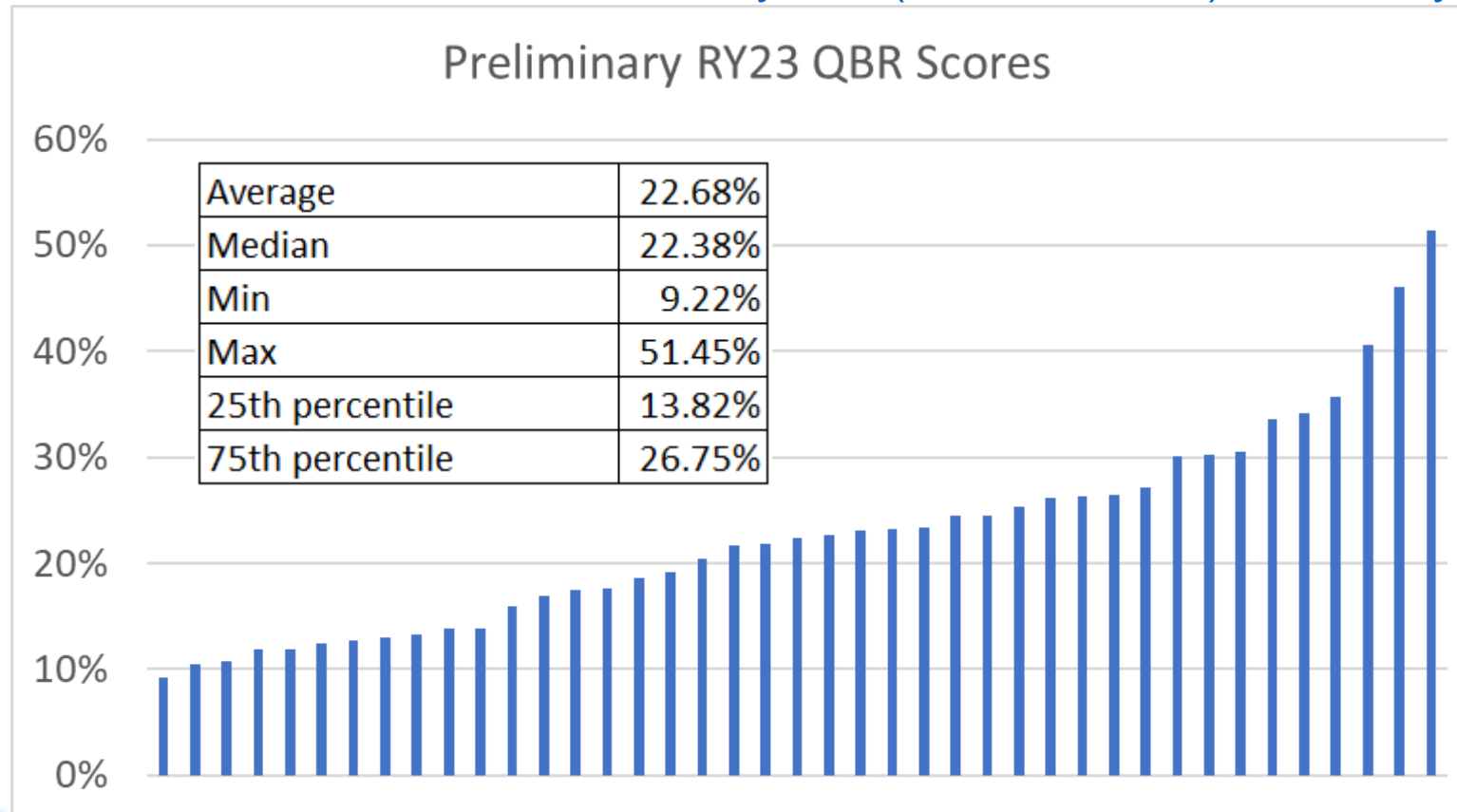
Max Penalty 2% & Reward +2%

**NEW** proposed RY 2024 update: Allow hospitals to receive up-front investment for HCAHPS improvement with 1 year payback.

Abbreviated Pre-Set Scale	QBR Score	Financial Adjustment
<b>Max Penalty</b>	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%
<b>Max Reward</b>	80%+	2.00%

# QBR Modeling: Preliminary Maryland Hospital Scores

- Modeled preliminary QBR scores using most recently available data
  - Care Compare January 2022 Release (July 2020-March 2021)
  - CY 2021 YTD for mortality, PSI (without COVID), and timely follow-up

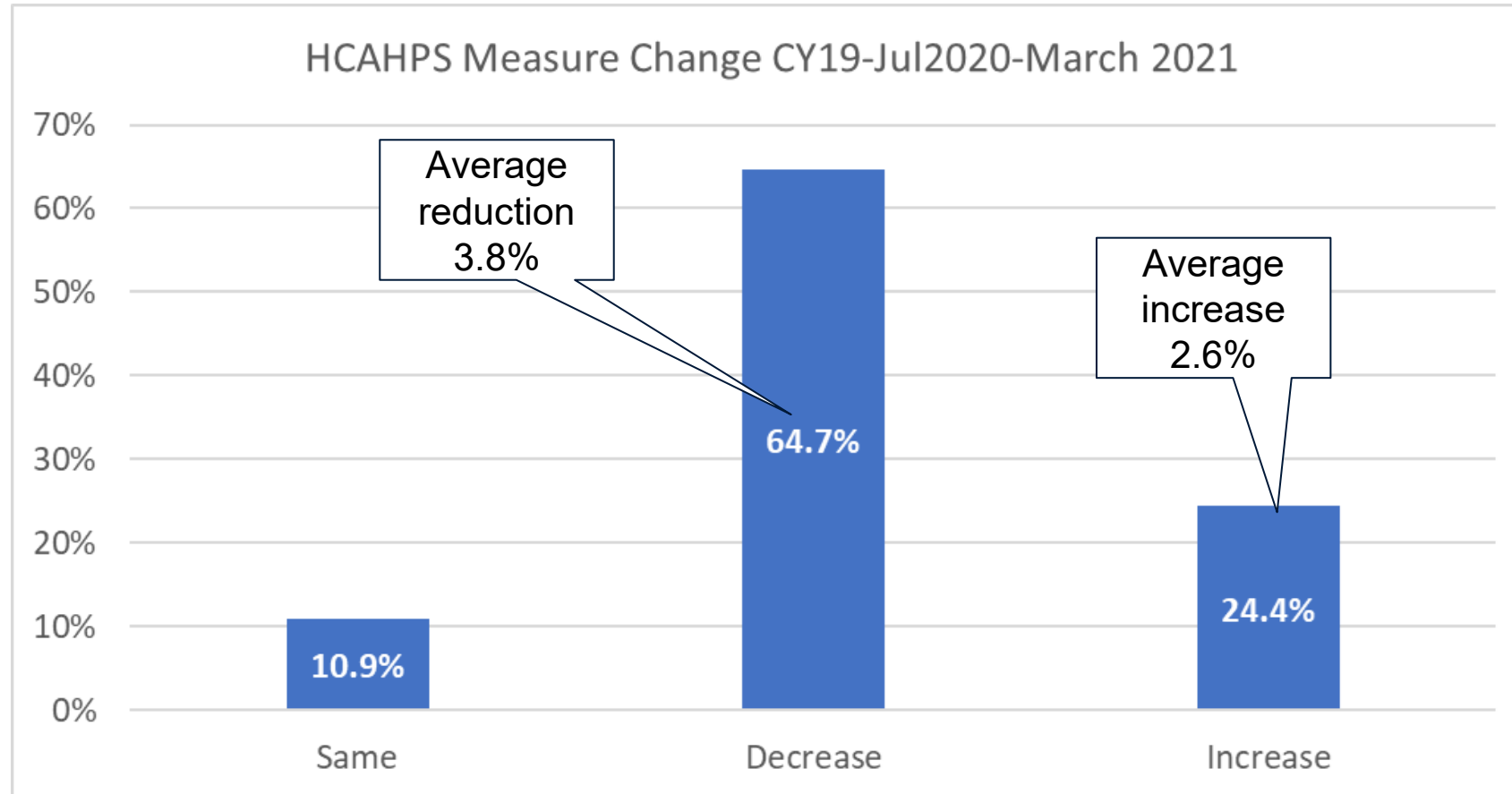


Reward Cutpoint:  
41 Percent

(41% = National  
Average Score with  
QBR Weights)

RY 2021 Maryland  
average QBR score  
was 34%

# National HCAHPS Change (n=2541 hospitals)



Nationally there has been a reduction in HCAHPS measure scores. Analyses from BRG show similar reductions in the safety domain.



# QBR Modeling: Cut-point Analyses

Cut Point Analysis	National Average		
	CMS VBP	QBR Weighted	QBR Weighted w/o Clinical Care
FFY16	39.45%	42.67%	--
FFY17	35.56%	39.93%	--
FFY18	37.43%	42.00%	--
FFY19	38.12%	40.90%	--
FFY20	38.49%	39.63%	--
FFY21	33.88%	36.60%	33.08%
<b>Estimated National Scores with most recent data</b>		25.68%*	27.08%
<b>Difference from FFY21</b>		10.92%	6.00%

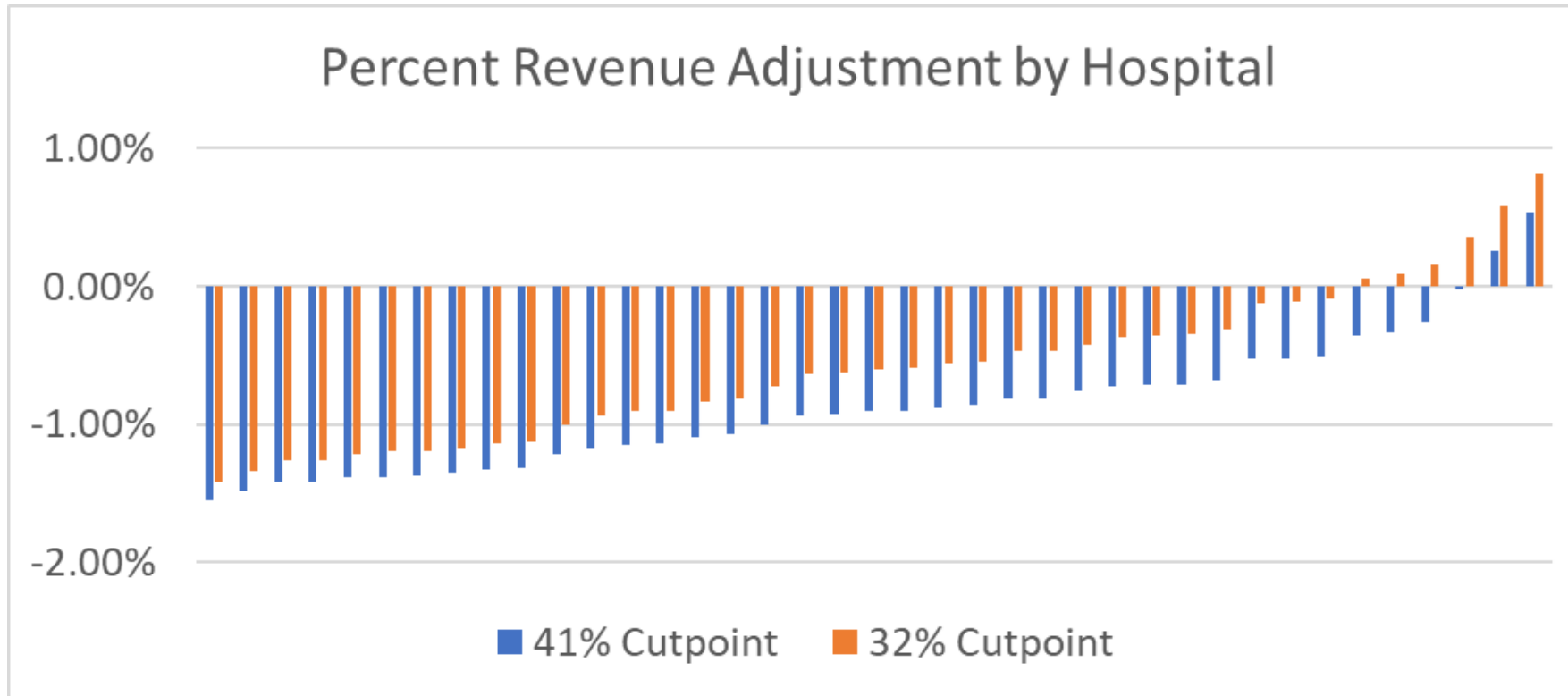
\*Mortality (clinical care domain) scores were not calculated, instead average mortality score for MD hospitals was used.

Prior to COVID (pre FFY21) average national performance was 41%. Commissioners established this as cut point.

**Staff proposal:**  
Reduce the 41% cutpoint by 6-11% to reflect lower national scores.



# Revenue Adjustment Modeling



**Statewide Net Revenue Adjustment:**

41%: -\$91M

32%: -\$61M  
(reduced cut point by 9%--midpoint between 6-11%)

# Update on Inpatient Mortality

- Current QBR modeling does not include any changes for COVID
  - Because performance standards are also adjusted, do not anticipate significant changes in the mortality scoring under different models

Model	Description	Base Period	Performance Period	Risk Adjustment Period
Model 1	Original base period normative value	01/01/2019 – 12/31/2019	07/01/2020 – 06/30/2021	01/01/2019 – 12/31/2019
Model 2	Concurrent normative values including COVID-19 patients	01/01/2019 – 12/31/2019	07/01/2020 – 06/30/2021	07/01/2020 – 06/30/2021
Model 2A	Concurrent normative values including COVID-19 patients and included COVID as covariate	01/01/2019 – 12/31/2019	07/01/2020 – 06/30/2021	07/01/2020 – 06/30/2021
Model 3	Concurrent normative values excluding COVID-19 patients	01/01/2019 – 12/31/2019	07/01/2020 – 06/30/2021	07/01/2020 – 06/30/2021
Model 3A	Concurrent normative values excluding COVID-19 patients and using 80% cumulative death threshold from Model 2	01/01/2019 – 12/31/2019	07/01/2020 – 06/30/2021	07/01/2020 – 06/30/2021

Initial models showed high correlations between hospital mortality rates and percent COVID days. **Thus, reran models controlling for percent COVID days at the hospital.**

Staff prefers Model 2 since it aligns with MHAC and RRIP; Model 2 controlling for percent COVID days shows lower correlations, similar to MHAC and RRIP.

## QBR Next Steps

- Review retrospective adjustments with Commissioners and CMMI
- Finalize mortality analysis with concurrent norms and rerun modeling using whole CY 2021
- Adjust QBR revenue adjustment scale by estimated national decline

# RY 2024 RRIP Draft Policy Discussion

# RY 2024 RRIP Considerations

- **Measure:** No proposed measure updates
  - Reminder - HSCRC has removed pediatric oncology cases in RY 2023 onward, per the measure stewards.
- **Improvement Target:** Continue with the RRIP redesign goal of a 7.5 percent improvement from 2018-2023
  - CY2022 Improvement goal: 6.05%
- **Attainment Target:** No updates at this time
- Disparity Gap: TBD
- New measure for **Monitoring Report:** EDAC
- COVID changes
  - Use FY 2021 (i.e., post-covid time period) for statewide norms to allow better prospective tracking. Still measure improvement from CY 2018.
  - Additional retrospective changes will be considered to account for COVID

# eCQM Data Collection Update - from CRISP/Medisolv Partners





## Hospital eCQM Data Collection

Peggy Oehlmann, Program Manager for Quality & Transformation, CRISP

Zahid Butt, MD, CEO, Medisolv



## Hospital Reporting of Electronic Clinical Quality Measures (eCQMs)

- CRISP and Medisolv supporting HSCRC goals for hospital reporting of eCQMs
- Optional submission of 2021 measures in Spring 2022
- Hospitals required to submit 4 measures quarterly, with the first submission window opening in July 2022 for Q1 & Q2 2022
- Data submitted via Quality Reporting Document Architecture (QRDA) I
- For 2023 and beyond, ED-2 and eOPI-1 are required, other required measures TBD
- Data to be uploaded to Medisolv ENCOR portal via CRISP Portal (ULP)
- While these measures align with federal IQR measures, it does not replace IQR Reporting

Note: Timelines for data submission for this initiative are separate and distinct from federal IQR submission.



# eCQM Reporting for MD Hospitals CY 2021-2023

Performance Year	CY 2021	CY 2022	CY 2023
<b># eCQMs/Reporting Period</b>	<b>4 eCQMs submitted to CMS 2 qtrs. of data</b>	<b>2 required + 2 optional eCQMs 4 qtrs. of data submitted to CRISP/Medisolv</b>	<b>2 required eCQMs 4 qtrs of data submitted to CRISP/Medisolv. Additional eCQM requirements TBD</b>
<b>Data Submission</b>	<b>1/15/2022 - 3/31/2022</b>	<b>See # 2</b>	<b>TBD</b>
<b>ED-2: Decision to Admit to Admission Median Time</b>	<b>Optional</b>	<b>Required</b>	<b>Required</b>
PC-01: Elective Delivery	Optional	Optional	TBD
PC-02: Cesarean Birth	Optional	Optional	TBD
PC-05: Exclusive Breast Milk Feeding	Optional	Optional	TBD
PC-06: Unexpected complications in term newborns	Optional	Optional	TBD
STK-2: Discharged on Antithrombotic Therapy	Optional	Optional	TBD
STK-3: Anticoagulation Therapy for A. Fibrillation /Flutter	Optional	Optional	TBD
STK-5: Antithrombotic by Day 2	Optional	Optional	TBD
STK-6: Discharged on Statin Medication	Optional	Optional	TBD
VTE-1: VTE Prophylaxis	Optional	Optional	TBD
VTE-2: ICU VTE Prophylaxis	Optional	Optional	TBD
<b>OPI-01 Safe use of Opioids</b>	<b>Optional</b>	<b>Required</b>	<b>Required</b>
Severe Hypoglycemia			TBD
Severe Hyperglycemia			TBD



# eCQM Reporting Schedule for MD Hospitals CY 2022

1. Calendar Year 2021 “Test Run” Submission of Data- Hospitals to optionally submit to CRISP/Medisolv the same QRDA 1 files they submitted to CMS in Spring 2022
  - 4 eCQM’s with 2 quarters of CY 2021 performance period data
  - 27 Hospitals indicated willingness to submit 2021 pilot data
  - If interested in pilot, contact Ken McCormick ([kmccormick@medisolv.com](mailto:kmccormick@medisolv.com)) or Jenna Pickard ([jpickard@medisolv.com](mailto:jpickard@medisolv.com))
2. Calendar Year 2022 Required Data Submission- Starting with Q 1, 2022 performance period, all hospitals submit to CRISP/Medisolv quarterly data: 2 required eCQM’s and 2 optional eCQM’s from the table below according to the following submission schedule:

## Performance Period Submission Windows

Q1 2022 data	Open: 7/15/2022	Close: 09/30/2022
Q2 2022 data	Open: 7/15/2022	Close: 09/30/2022
Q3 2022 data	Open: 10/15/2022	Close: 12/30/2022
Q4 2022 data	Open: 1/15/2023	Close: 3/31/2023



## Medisolv Update on ENCOR Tool for HSCRC Reporting

Link to Medisolv platform will be available on CRISP Portal (eg, ULP)

Three Sections of the platform include:

- Medisolv Submission Platform (MSP) for uploading data
- Drill down to Measure performance detail for Hospital staff
- Aggregate performance data for each hospital by measure

# CRISP Portal (ULP) Access

The screenshot displays the CRISP Portal (ULP) interface. At the top, the CRISP logo and tagline "Connecting Providers with Technology to Improve Patient Care" are visible. Below this, there are navigation links for "SEND FEEDBACK", "PRODUCT UPDATES", "KAF", and "LOGOUT". A search bar for "Applications & Reports" is also present.

The main content area is titled "ENCORA Electronic Measures" and includes a sidebar for "Reports & Applications". The "OID Information" section is active, showing a "Version" dropdown set to "2020 (EH, EC)". Two tabs, "OID Based Grouping" and "Code Listing", are visible, with "OID Based Grouping" selected.

The "OID Based Grouping" table contains the following data:

Element	Description	Status	Type	Oid	Negation	Measure Type	CMS IDs
Medication: Statin Groupers	Medication: Statin Groupers	Discharge	Medication	2.16.840.1.113762.1.4.1110.19	True	EH	CMS105v9
Procedure: Neonatal Severe Respiratory Procedures	Procedure: Neonatal Severe Respiratory Procedures	Performed	Procedure	2.16.840.1.113762.1.4.1029.160	False	EH	ePC06v1
Medication: Warfarin	Medication: Warfarin	Ordered	Medication	2.16.840.1.113883.3.117.1.7.1.232	True	EH	CMS108v9, CMS190v9
Laboratory Test: Creatinine lab test	Laboratory Test: Creatinine lab test	Performed	Laboratory Test	2.16.840.1.113883.3.666.5.2363	False	EH	CMS529v1
Diagnostic study: Moderate Neurological Complications with LOS Procedures	Diagnostic study: Moderate Neurological Complications with LOS Procedures	Performed	Diagnostic study	2.16.840.1.113762.1.4.1029.184	False	EH	ePC06v1

At the bottom of the interface, the version information "Version ENCORA-e prod crisp v6.79.1.3" and the Medisolv logo are displayed.





# Measure aggregate results for HSCRC Reporting

MEASURES SCORECARDS

## Measures

2/1/2019 - 2/28/2022 Quarterly

Measure Title	Trend	Domain	CMS ID	Q1-2022	Q4-2021	Q3-2021	Q2-2021	Q1-2021	Q4-2020
Anticoagulation Therapy for Atrial Fibrillation/Flutter	↑	Quality	CMS71	-	-	25	55.56	46.15	-
Antithrombotic Therapy By End of Hospital Day 2	↑	Quality	CMS72	-	-	0	0	0	-
Covid Measure	↑	Quality	CMS988	-	-	-	-	-	-
Discharged on Antithrombotic Therapy	↑	Quality	CMS104	-	-	66.67	82.61	85.96	-
Discharged on Statin Medication	↑	Quality	CMS105	-	-	71.11	82.61	80.7	-
Elective Delivery	↓	Quality	ePC01	-	-	-	-	-	-
Exclusive Breast Milk Feeding	↑	Quality	CMS9	-	-	-	-	-	-
Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data	↑	Quality	CMS529	-	-	-	-	-	-
Intensive Care Unit Venous Thromboembolism Prophylaxis	↑	Safety	CMS190	-	-	0	0	0	-
Safe Use of Opioids - Concurrent Prescribing	↓	Cost	CMS506	-	100	17.58	18.48	19.39	-

1 2

1 - 10 of 11 items



# Medisolv Submission Portal (MSP)

ENCOR Medisolv Submission Platform Medisolv

[Home](#) [Previous Uploads](#)

### Upload QRDA Files

Organization Hospital/Facility

Hospital ▼ A Hospital ▼

Select files...*Drop files here to upload*

Files may be in either .zip file or .xml format

### Previous Uploads

File Name	Status	Upload Date	Actions				
			Publish	Download	Delete	Warnings/Errors	Measure Results
f098a1ba-9db5-426c-b845-b7a3ed4003e8_210011_qrda_20220108095728.zip	Warnings	2/1/2022 08:24 AM	<a href="#">Publish</a>	<a href="#">Download</a>	<a href="#">Delete</a>	<a href="#">Warnings/Errors</a>	<a href="#">Measure Results</a>
f098a1ba-9db5-426c-b845-b7a3ed4003e8_210011_qrda_20220109095728.zip	Errors	2/1/2022 08:18 AM	<a href="#">Publish</a>	<a href="#">Download</a>	<a href="#">Delete</a>	<a href="#">Warnings/Errors</a>	<a href="#">Measure Results</a>

◀ ▶ 1 ◀ ▶ 10 ▼ items per page 1 - 2 of 2 items



# Medisolv ENCOR – EH Home Page

## Rate Measures For 2021 Calendar Year (EH)

[View EH eCQM Report](#)

Measure	Rate	In Numerator / In Denominator Only
CMS104v9: Discharged on Antithrombotic Therapy	100.00%	1
CMS105v9: Discharged on Statin Medication	100.00%	1
CMS190v9: Intensive Care Unit Venous Thromboembolism Prophylaxis	100.00%	18
CMS71v10: Anticoagulation Therapy for Atrial Fibrillation/Flutter	100.00%	1
CMS72v9: Antithrombotic Therapy By End of Hospital Day 2	100.00%	1
CMS108v9: Venous Thromboembolism Prophylaxis	91.28%	157 / 15
ePC01v9: Elective Delivery	80.00%	4 / 1
ePC02v2: Cesarean Birth	42.42%	14 / 19
CMS9v9: Exclusive Breast Milk Feeding	25.00%	1 / 3
CMS506v3: Safe Use of Opioids – Concurrent Prescribing	12.82%	15 / 102
ePC06v1: Unexpected Complications in Term Newborns – Unstratified	0.00%	1
ePC06v1: Unexpected Complications in Term Newborns – Severe	--	0
ePC06v1: Unexpected Complications in Term Newborns – Moderate	--	0

## Continuous Measures For 2021 Calendar Year (EH)

Measure	Measure Population	Lowest / Median / Highest
CMS111v9: Median Admit Decision Time to ED Departure Time for Admitted Patients, RS1: Admitted, no mental health diagnosis	42	12 / 62.5 / 178





# Medisolv ENCOR – EH eCQM Results

ENCOR *Electronic Measures*

medisolvazure-md-01

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[Value Sets](#)
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Last EH Load: 10/04/2021 10:44 AM  
 Last EC Load: 10/04/2021 10:17 PM

**eCQM Measure Results**

Hospital: Demo Hospital 01/01/2021 – 12/31/2021

Regulatory eCQMs Hybrid Measures Medisolv eCQMs

Rate Measure Results ⚙️

Drag a column header here to group by that column

?	CMS Id	TJC Id	Measure Name	eCQM Version	Initial Population	In Denominator Only	Den. Exclusions	Numerator	Denominator	Exceptions	Rate
⊞	CMS108v9	eVTE-1	Venous Thromboembolism Prophylaxis	2020 EH	229	15	57	157	229	0	91.28%
⊞	CMS190v9	eVTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	2020 EH	229	0	2	18	20	0	100.00%
⊞	CMS104v9	eSTK-2	Discharged on Antithrombotic Therapy	2020 EH	2	0	0	1	1	0	100.00%
⊞	CMS71v10	eSTK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	2020 EH	2	0	0	1	1	0	100.00%
⊞	CMS72v9	eSTK-5	Antithrombotic Therapy By End of Hospital Day 2	2020 EH	2	0	0	1	1	0	100.00%
⊞	CMS105v9	eSTK-6	Discharged on Statin Medication	2020 EH	2	0	0	1	1	0	100.00%
⊞	ePC01v9	ePC-01	Elective Delivery	2020 EH	118	1	14	4	19	0	80.00%
⊞	ePC02v2	ePC-02	Cesarean Birth	2020 EH	118	19	3	14	36	0	42.42%
⊞	CMS9v9	ePC-05	Exclusive Breast Milk Feeding	2020 EH	4	3	0	1	4	0	25.00%
⊞	CMS506v3	eOPI-1	Safe Use of Opioids – Concurrent Prescribing	2020 EH	138	102	21	15	138	0	12.82%

Page 1 of 2 (13 items) [1] 2 > All
Page size: 10

Continuous Measure Results ⚙️

Drag a column header here to group by that column

Version ENCOR–e prod v6.77.0.1 
medisolv



# Medisolv ENCOR - VTE 1 Encounter Details (Medications)

ENCOR *Electronic Measures*
medisolvazure-md-01

Home   Clinician ▾   Hospital ▾   Value Sets   Contact Us
Last EH Load: 10/04/2021 10:44 AM  
Last EC Load: 10/04/2021 10:17 PM

### Patient Details

Demographics

Providers

Medisolv Identifier	610ad1d3d682600914f72ffb	Patient Identifier	UN0000053978	Name	Cohen, Laila
Birth Date	4/5/1935	Ethnicity	Not Hispanic or Latino	Race	White
Hospital Name	Demo Hospital	Gender	Female	Expired Date	2/24/2021

CMS108v9- Venous Thromboembolism Prophylaxis      **Result:** In Numerator      **Case Identifier:** AC0000115752

Conditions

Encounters

Medications

Procedures

Lab Tests

Allergy/ADR

Medical Devices

Clinical Documentation

Insurance

[QRDA Export \(Full Record\) >](#)
[BSON Export \(Deidentified Full Record\) >](#)

### Medications

*Drag a column header here to group by that column*

Case Identifier	Codes	Description	Status	Route	Start Time	End Time	Author Time	Negation Code	Documentation	Used
AC0000115752	RxNorm:1364435	apixaban 2.5 MG Oral Tablet	administered		12/28/2020 8:01:00 PM	12/28/2020 8:02:00 PM	12/28/2020 8:01:00 PM		PhaRx, PhaRxMedications: APIX2.5T2	●
AC0000115752	RxNorm:1364435	apixaban 2.5 MG Oral Tablet	administered		12/29/2020 9:39:00 AM	12/29/2020 9:40:00 AM	12/29/2020 9:39:00 AM		PhaRx, PhaRxMedications: APIX2.5T2	●
AC0000115752	RxNorm:1364435	apixaban 2.5 MG Oral Tablet	administered		12/29/2020 8:24:00 PM	12/29/2020 8:25:00 PM	12/29/2020 8:24:00 PM		PhaRx, PhaRxMedications: APIX2.5T2	●
AC0000115752	RxNorm:1364435	apixaban 2.5 MG Oral Tablet	administered		12/30/2020 8:22:00 AM	12/30/2020 8:23:00 AM	12/30/2020 8:22:00 AM		PhaRx, PhaRxMedications: APIX2.5T2	
AC0000115752	RxNorm:197904	Lovastatin 20 MG Oral Tablet	administered		12/28/2020 5:26:00 PM	12/28/2020 5:27:00 PM	12/28/2020 5:26:00 PM		PhaRx, PhaRxMedications: LOVA20TA11	
AC0000115752	RxNorm:197904	Lovastatin 20 MG Oral Tablet	administered		12/29/2020 5:30:00 PM	12/29/2020 5:31:00 PM	12/29/2020 5:30:00 PM		PhaRx, PhaRxMedications: LOVA20TA11	
AC0000115752	RxNorm:197904	Lovastatin 20 MG Oral Tablet	administered		12/30/2020 5:50:00 PM	12/30/2020 5:51:00 PM	12/30/2020 5:50:00 PM		PhaRx, PhaRxMedications: LOVA20TA11	
AC0000115752	RxNorm:197904	Lovastatin 20 MG Oral Tablet	administered		12/31/2020 6:01:00 PM	12/31/2020 6:02:00 PM	12/31/2020 6:01:00 PM		PhaRx, PhaRxMedications: LOVA20TA11	
AC0000115752	RxNorm:197904	Lovastatin 20 MG Oral Tablet	administered		1/1/2021 5:28:00 PM	1/1/2021 5:29:00 PM	1/1/2021 5:28:00 PM		PhaRx, PhaRxMedications: LOVA20TA11	

Version ENCOR-e prod v6.77.0.1





# Medisolv ENCOR - VTE 1 Measure Logic Visualizer

## eCQM Visualizer: Data Element Evaluation

### CMS108v9 - Venous Thromboembolism Prophylaxis

**Measure Description:** This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.

**Patient Name:** Cohen, Laila

**Medisolv ID:** 610ad1d3d682600914f72ffb

**Patient Result:** In Numerator

[View Patient Details](#)

#### >Qualifying Data Elements

#### Population Criteria 1

Initial Patient Population [\(view results\)](#)

"Encounter With Age Range and Without VTE Diagnosis or Obstetrical Conditions"

Denominator [\(view results\)](#)

"Initial Population"

> Denominator Exclusions

Numerator [\(view results\)](#)

```
"Encounter With VTE Prophylaxis Received From Day of Start of Hospitalization To Day After Admission or Procedure"  
union  
(  
  "Encounter With Medication Oral Factor Xa Inhibitor Administered on Day of or Day After Admission or Procedure"  
  intersect  
  (  
    "Encounter With Prior or Present Diagnosis of Atrial Fibrillation or VTE"  
    union  
    "Encounter With Prior or Present Procedure of Hip or Knee Replacement Surgery"  
  )  
)  
union  
"Encounter With Low Risk for VTE or Anticoagulant Administered"  
union  
"Encounter With No VTE Prophylaxis Due to Medical Reason"
```





# Medisolv ENCOR - Hybrid HWR CCDE Missing Analysis

ENCOR Electronic Measures medisolvazure-md-01

Home Clinician - Hospital - Value Sets Contact Us Last EH Load: 10/04/2021 10:44 AM  
Last EC Load: 10/04/2021 10:17 PM

eCQM Measure Results

Hospital: Demo Hospital 01/01/2021 - 12/31/2021

Regulatory eCQMs Hybrid Measures Medisolv eCQMs

Measure Summary Patient Details

### Measure Summary

Drag a column header here to group by that column

CMS Id	Measure Name	Initial Population
610ad1cad682600914f4fdef	Core Clinical Data Elements for the Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data	157

### Missing Results

Drag a column header here to group by that column

CCDE	Missing	Missing %
HR	19	12.10%

### Patient Details - Missing Results

Drag a column header here to group by that column

Patient Name	Medisolv Identifier	Age	Payer	HR	RR	Temp	SBP	O2Sat	HCT	WT	WBC	Na	BiCarb	K	Creat	Glucose
Tuchman, Maxim	610ad1cad682600914f4fdef	67	MEDICARE			99.8 f	161 mm[Hg]	97 %	38 %	104326.2 g	9.9		26 mmol/L	4.1 mmol/L	1.25 mg/dL	107 mg/dL
Maclean, Charles	610ad1cbd682600914f5126e	83	MEDICARE			97.9 f	97 mm[Hg]	96 %	43.1 %	86227.91 g	6.9		32 mmol/L	4.9 mmol/L	1.48 mg/dL	90 mg/dL
Unset, Marian	610ad1d1d682600914f6b56b	77	MEDICARE			97.8 f	159 mm[Hg]		37.1 %		12.6					
DeQuincey, Erich	610ad1ced682600914f5d7d9	65	MEDICARE			98.2 f	140 mm[Hg]		38 %		7.1		29 mmol/L	3.8 mmol/L	0.96 mg/dL	96 mg/dL
Plotnik, Brady	5af439c6b7e0fd4d04aec70d	74	MEDICARE			98.3 f	117 mm[Hg]		27 %	64800.01 g	42.2		22 mmol/L	3.9 mmol/L	1.26 mg/dL	
Cohen, Laila	610ad1d3d682600914f72ffb	85	MEDICARE													
Aitken, Lainey	610ad1d2d682600914f6d49f	67	MEDICARE			98.4 f	114 mm[Hg]		39.1 %	94347.21 g	14.6		18 meq/L	3.2 mmol/L	0.78 mg/dL	190 mg/dL
Unset, Brielle	610ad1d0d682600914f6611d	80	MEDICARE						34.7 %	69127.48 g	5.8		24 mmol/L	4.5 mmol/L	0.5 mg/dL	171 mg/dL
Pater, Ward	610ad1cdd682600914f5447c	71	MEDICARE			98.1 f	125 mm[Hg]		39.2 %		8.2		29 mmol/L	4.6 mmol/L	1.05 mg/dL	119 mg/dL

Version ENCOR-e prod v6.77.0.1 medisolv



Questions?

*Email: [HospitalQuality@crisphealth.org](mailto:HospitalQuality@crisphealth.org)*

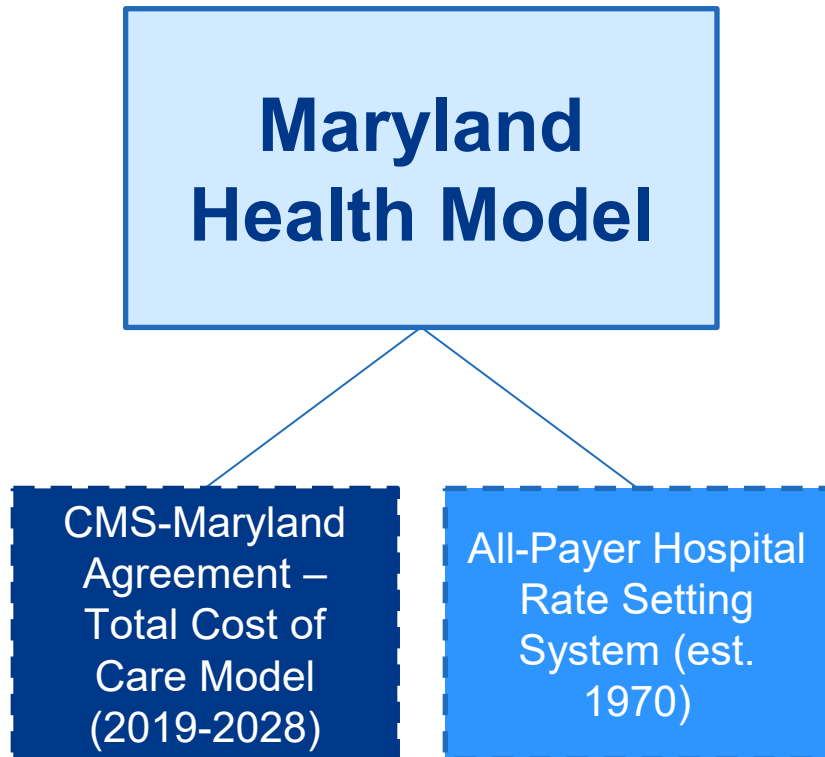
THANK YOU!

Next meeting: April 20, 2022

email questions/comments: [hscrc.quality@maryland.gov](mailto:hscrc.quality@maryland.gov)

# APPENDIX

# Maryland's Unique Healthcare Payment System



## Strengths of the Maryland Health Model:

- Enables **cost containment** for the public
- Ensures all-payer **hospital charges correlate with costs**
- Guarantees **equitable funding of Uncompensated Care**
- Creates **transparency and cost savings** for the public and a **stable financing system** for hospitals
- Funds **investments in population health**
- Establishes Maryland as a **leader in linking quality and payment**
- Provides **support for pioneering state healthcare infrastructure** and subject matter expertise
- Incentivizes **care transformation** across all settings of care
- Invests in **primary care**
- Allows for **innovation**

# The Model Allows for Innovation

The Model directly supports hospital-led innovations that improve care delivery and health outcomes in several ways, including:

Hospital regulated margins have increased by approximately 50% under the global budget system.

- GBRs guarantee stable revenue even as avoidable utilization decreases, resulting in increased funding available for hospitals to invest in innovations that improve care and help manage health.
- HSCRC data indicates that hospitals are currently using most of these excess margins to subsidize physicians.

HSCRC policies consider volumes of highly innovative services separately to ensure adequate funding.

## HSCRC's CDS-A Drug Funding policy\*

- Funds new innovations in pharmaceuticals that affect all hospitals.

## HSCRC's Complexity and Innovation policy\*

- Supports academic medical centers (AMCs) leadership in developing emerging therapies and technologies.

\*See policy slides for further details



# Innovative Drug Funding



## CDS-A: How it Works

- The CDS-A is a schedule that measures volume and changes in use of certain high-cost physician-administered outpatient drugs (mostly oncology and infusion drugs).
- Under the CDS-A, HSCRC worked with stakeholders to establish a standard Statewide list of high use, high costs drugs that is updated annually and includes pre-populated templates for each hospital.



## Funding

HSCRC adjusts GBRs:

- Prospectively through the annual update factor to reflect differentially higher inflation for innovative drugs identified in the CDS-A
- Retrospectively to adjust the GBR for the change in the volume of these drugs from the prior period (50% permanent, 50% one-time)

Together, these approaches ensure funding at 100% of Average Sales Price (or 340-B prices for 340-b hospitals).

# Complexity & Innovation Policy



## How it Works

- Adjusts GBR to **support highly specialized, innovative care** in Maryland.
- Creates a prospective **budgetary amount for certain cases deemed high intensity or innovative** based on historical growth (e.g. organ transplant cases, CAR-T).



## Qualifying Hospitals

- Academic Medical Centers qualify automatically for this policy because they have more than 500 beds, an intern/resident to bed ratio of .60 or higher, and an Inpatient Case-mix Index greater than 130% of the statewide average.
- Community hospitals can qualify retrospectively if they meet certain requirements.



## Methodology

- In-state inpatient cases are deemed highly specialized if the qualifying medical centers:
  - Comprise 95% or more of an ICD-10 procedure code
  - Cases have a case-mix index of 1.5 or greater
- Prospective funding amount is equivalent to historical average growth and reflective of 100% variable cost factor for supplies and drugs, 50% for all other charges
- Removes cases from market shift, demographic adjustment, and PAU methodologies