

Date: November 30, 2023

To: Maryland Hospitals

From: HSCRC Quality Team

RE: Updated Digital Measures Submission Requirements, CY 2024-25

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

This memorandum outlines and clarifies HSCRC's eCQM/digital measures data submission requirements for performance periods in calendar years 2024 and 2025.

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

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

2. As previously communicated, HSCRC also requires hospitals to submit the Core Clinical Data Elements (CCDE) for the Hospital Wide Readmission (HWR) and Hospital Wide

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Mortality (HWM) hybrid measures covering the performance period July 1, 2023 – June 30, 2024 from one of the following two options:

Option 1. Medicare only patients using the CMS HWR and HWM specifications for the performance period July1, 2023-December 31, 2023 in Q 1 2024 followed by two quarterly submissions for the Q1 and Q2 2024 performance periods.

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

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

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

Data Submission Due Dates

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

CY 2024 Performance Period Submission Windows for eCQMs

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

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

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

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
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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

Again, hospitals unable to comply with the specified measure submission or timelines must submit an Extraordinary Circumstance Exception request in accordance with the [Maryland Hospital Extraordinary Circumstances Exception \(ECE\) Policy](#) for HSCRC consideration. Regarding the annual finalization of the digital data submissions, as previously communicated, HSCRC will lock the annual data set 90 days following the last quarter of the previous reporting year. In addition, it is expected that the quarterly data hospital submissions within a given year reporting cycle are final unless a hospital notifies HSCRC and requests an ECE for consideration to re-submit because of unforeseen errors in the submitted data.

For additional information, including the current measure reporting requirements and associated timelines, feel free to use the [CRISP eCQM webpage](#). If you have any other questions or need assistance with your submission do not hesitate to contact Michelle Hudson from Medisolv:

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APPENDIX A: CMS- HSCRC CY 2024 Hospital eCQM Measures

Title	Short Name	CMS eCQM ID	NQF Number	HSCRC	Specifications
Anticoagulation Therapy for Atrial Fibrillation/Flutter	STK-3	CMS71v13	Not Applicable	Optional	CMS71v13.zip
Antithrombotic Therapy By End of Hospital Day 2	STK-5	CMS72v12	Not Applicable	Optional	CMS72v12.zip
Cesarean Birth	PC-02	CMS334v5	0471e	Required	CMS334v5.zip

<u>Title</u>	<u>Short Name</u>	<u>CMS eCQM ID</u>	<u>NQF Number</u>	<u>HSCRC</u>	<u>Specifications</u>
Discharged on Antithrombotic Therapy	STK-2	CMS104v12	Not Applicable	Optional	CMS104v12.zip
Global Malnutrition Composite Score	GMCS	CMS986v2	3592e	Optional	CMS986v2.zip
Hospital Harm - Opioid-Related Adverse Events	HH-ORAE	CMS819v2	3501e	Optional	CMS819v2.zip
Hospital Harm - Severe Hyperglycemia	HH-Hyper	CMS871v3	3533e	Required	CMS871v3.zip
Hospital Harm - Severe Hypoglycemia	HH-Hypo	CMS816v3	3503e	Required	CMS816v3.zip
Intensive Care Unit Venous Thromboembolism Prophylaxis	VTE-2	CMS190v12	Not Applicable	Optional	CMS190v12.zip
Safe Use of Opioids - Concurrent Prescribing	N/A	CMS506v6	3316e	Required	CMS506v6.zip
Severe Obstetric Complications*	PC-07	CMS1028v2	Not Applicable	Required	CMS1028v2.zip
Venous Thromboembolism Prophylaxis	VTE-1	CMS108v12	Not Applicable	Optional	CMS108v12.zip

*This is a risk adjusted measure. Risk Adjustment Methodology Report: [Severe Obstetric Complications Methodology Report](#)

Appendix A Source: https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=1&globalyearfilter=2024&global_measure_group=3716