maryland
health services
cost review commission

Date: February 26, 2026

To: Maryland Hospitals

From: HSCRC Quality Team

RE: Updated Digital Measures Submission Requirements, CY 2026-27

This memorandum outlines HSCRC's eCQM reporting requirements for Calendar Year (CY) 2026, and the Core Clinical Data Elements for the HWR and HWM hybrid measures for July 2026-June 2027.

HSCRC requires data reporting for all regulated hospitals in the state to use for quality monitoring and for our performance-based payment programs. **As hospitals are aware, HSCRC requires digital measures data submission independent of the CMS reporting requirements** and remains committed to work with Maryland hospitals and our partners, CRISP and Medisolv to continue to collect and report digital measures data. Of note, Medisolv is replacing its current reporting Platform with **QualityIQ**; details about an informational webinar is provided at the conclusion of this memo.

Maryland's goal is to be a national leader in the integration of Electronic Health Record (EHR) data and electronic Clinical Quality Measures (eCQM)/digital measure adoption into our state quality monitoring and improvement work, and potentially in our performance-based payment programs. HSCRC particularly notes that it is the goal of CMS to transition to digital measures reporting for all quality measures in the future, and they continue to develop and implement new measures (as illustrated in Appendix A of this memo).

Under the new AHEAD model, which began on January 1, 2026, the hospitals will be moving to the CMS Hospital quality-based payment programs for RY 2029 or RY 2030 as CMS implements Medicare Hospital Global Budgets (HGB) for the Medicare fee-for-service population. HSCRC will continue to implement Maryland HGBs for all other payers and will align our state quality programs with the CMS policies to reduce administrative burden, but maintain the ability to address statewide priorities, including areas of poor performance and/or quality concerns for Medicaid or commercial payers.

In light of the AHEAD changes, the RY 2028 Policy has aligned the state digital measures included for reporting with those of CMS, and retained the hospital incentive adopted last year to

support complete and expedited reporting important for providing options to address statewide priorities such as overhauling the state all-payer complications program in the near future.

For hospitals unable to comply with the data submission requirements (including the timelines) for reasons beyond their control and who wish to seek an exception from the requirements, they must submit an Extraordinary Circumstance Exception (ECE) request in accordance with the Maryland Hospital Extraordinary Circumstances Exception (ECE) Policy for HSCRC consideration. [1] [2] In addition, if a hospital is found non-compliant with reporting requirements, the hospital may be subject to corrective action, including one-time Global Budget Revenue adjustments and/or penalties under the performance-based payment programs.[3]

1. **eCQM Measures:** For CY 2026, HSCRC will require submission of QRDA I files for the eCQM's listed below, unchanged from CYs 2024 and 2025.

    - 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 the self-selected measures, HSCRC is aligning with CMS and requiring that hospitals submit **three** additional eCQM measures of the hospital's choosing (from the "self-selected" measures listed in Appendix A)

    In alignment with the CMS reporting requirements, hospitals that do not qualify for the PC-02 and PC-07 obstetric measures must submit zero denominators for those measures. In the case of "self-selected" measures, hospitals must commit to reporting the same optional measures for each of the four quarters in the reporting period. Data submissions will be required in accordance with the options listed below.

2. eCQM Measures Reporting Timeline Options are outlined below.

[1] Maryland 'uses CMS' guidance on ECE consideration. Per CMS guidance, "Such circumstances may include, but are not limited to, natural disasters (such as a hurricane or flood) or systemic problems with CMS' data collection systems that directly affected the ability of facilities to submit data."
[2] It is important to note that after the RY 2028 reporting period as Medicare Hospital Global Budgets (HGB) are transitioned to Medicare under the AHEAD model, hospitals will need to request exemptions from Medicare for Medicare reporting and to the state for Maryland reporting if the needs arise.
[3] Pursuant to regulation, COMAR 10.37.01.03R, which states that any "required report submitted to the Commission which is substantially incomplete or inaccurate may not be considered timely filed", HSCRC considers inaccurate or incomplete quality or case mix data not to be timely filed. Further, under this regulation, any hospital that does not file a report due under HSCRC law or regulation is liable for a fine of up to $1,000 for each day the filing of the report is delayed.

a. ***eCQM CY 2026 Performance Period Submission Windows for Hospitals to be Eligible for the $150K Expedited Reporting Bonus for RY 2028***

Q1 2026 data	Open: 7/15/2026	Close: 9/30/2026
Q2 2026 data	Open: 7/15/2026	Close: 9/30/2026
Q3 2026 data	Open: 10/15/2026	Close: 12/30/2026
Q4 2026 data	Open: 1/15/2027	Close: 3/31/2027

b. *eCQM CY 2026 Performance Period Submission Windows Required for HSCRC Reporting Compliance*

For hospitals that do not opt for the expedited reporting bonus, they must report all required eCQM measures data consistent with the CMS CY 2026 reporting timeline as follows:

Q1-Q4 CY 2026	Open 1/15/2027	Close: 3/31/2027

3. RY 2028 Hybrid HWR and HWM Core Clinical Data Elements (CCDE): HSCRC requires hospitals to submit CCDE for the HWR and HWM hybrid measures **for all payer hospitalizations for patients aged 18 and older** for the **July 1, 2026 to June 30, 2027 reporting period**

a. As noted in the CY 2025 digital measures reporting requirements memo, hospitals must continue to submit an ECE requests for HSCRC consideration if they are unable to comply with submission of CCDE measures or timeline options for all payer hospitalizations for patients aged 18 and older

4. Hybrid Measures <u>CCDE</u> Reporting Timeline Options (July 1, 2026-June 30, 2027 reporting period)

a. ***Reporting of the CCDE is required in accordance with the timeline below for Hospitals to be eligible for the $150K expedited reporting bonus for RY 2027:***

Q3 2026 data	Open: 1/15/2027	Close: 3/31/2027
Q4 2025 data	Open: 1/15/2027	Close: 3/31/2027
Q1 2027 data	Open: 4/15/2027	Close: 6/30/2027
Q2 2027 data	Open: 7/15/2027	Close: 9/30/2027

b. *Reporting of the CCDE is required in accordance with the timeline below for Hospitals to comply with HSCRC Reporting Requirements:*

   For hospitals that do not opt for expedited reporting bonus, they must report all required CCDE data consistent with the CMS July 1, 2026 to June 30, 2027 Hybrid Measures reporting timeline as follows:

   Q3 2026 to Q2 2027 Open 7/15/2027 Close: 9/30/2027

5. *CCDE Data Completeness*

   The Commission will reevaluate data completeness standards as all-payer CCDE is received and analyzed and will update hospitals accordingly.

HSCRC would like to reiterate that **hospitals unable to comply with the specified measure submissions or non-expedited timelines specified for those measures, to receive an exception, the hospital must submit an Extraordinary Circumstance Exception request** in accordance with the Maryland Hospital Extraordinary Circumstances Exception (ECE) Policy for HSCRC's consideration.

Regarding the annual finalization of the digital data submissions by the Commission, as previously communicated, going forward, 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.

For questions of HSCRC, please send them to hscrc.quality@maryland.gov.

If you have questions or need assistance related to your data submission, do not hesitate to contact Michelle Hudson from Medisolv:

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From Medisolv: Webinar to provide a live demonstration of Quality IQ that is replacing their current reporting Platform experience

QualityIQ: Product Overview

Thursday, March 12, 2026

3:00 PM Eastern Daylight Time: 1 hour
Quality leaders are navigating evolving reporting expectations, new measure types, and data scattered across systems. As performance accountability increases, organizations need clearer visibility into results across departments, service lines, and programs.

Join us for a live demonstration of Medisolv's **QualityIQ**, the next generation of its reporting tools, which will replace the current Medisolv Platform reporting experience. Stakeholders are invited to attend this informational session to learn more about the upgrade and what to expect. **QualityIQ** is Medisolv's rebranded and refreshed performance tool that brings your quality measures data together across hospitals and programs, giving you a single, clear view of performance so you can understand results in real time, identify trends, and track progress toward your goals with confidence.

Register
here: https://event.on24.com/wcc/r/5257402/95F7D05A99E38B7DD00225E0BB0387FD

APPENSIX A: HSCRC-CMS Digital Measures for Reporting

Title	Short Name	CMS eCQM ID	2024	2025	2026	HSCRC* (CY 2026)	CMS (CY 2026)
Anticoagulation Therapy for Atrial Fibrillation/Flutter	STK-3	CMS71	X	X	X	Self-Selected	Self-Selected
Antithrombotic Therapy By End of Hospital Day 2	STK-5	CMS72	X	X	X	Self-Selected	Self-Selected
Cesarean Birth	PC-02	CMS334	X	X	X	Required	Required
Discharged on Antithrombotic Therapy	STK-2	CMS104	X	X	X	Self-Selected	Self-Selected
Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults (Facility IQR)	IP-ExRad	CMS1074		X	X	Self-Selected	Self-Selected
Global Malnutrition Composite Score	GMCS	CMS986	X	X	X	Self-Selected	Self-Selected
Hospital Harm - Acute Kidney Injury	HH-AKI	CMS832		X	X	Self-Selected	Self-Selected
Hospital Harm - Opioid-Related Adverse Events	HH-ORAE	CMS819	X	X	X	Self-Selected	Self-Selected
Hospital Harm - Pressure Injury	HH-PI	CMS826		X	X	Self-Selected	Self-Selected
Hospital Harm - Severe Hyperglycemia	HH-Hyper	CMS871	X	X	X	Required	New Required
Hospital Harm - Severe Hypoglycemia	HH-Hypo	CMS816	X	X	X	Required	New Required

***For CY 2026 HSCRC will require 3 self-selected measures, consistent with CMS requirements**

APPENSIX A: HSCRC-CMS Digital Measures for Reporting

Title	Short Name	CMS ID	2024	2025	2026	HSCRC*	CMS
ICU Venous Thromboembolism Prophylaxis	VTE-2	CMS190	X	X	X	Self-Selected	Self-Selected
Safe Use of Opioids - Concurrent Prescribing	Safe use of opioids	CMS506	X	X	X	Required	Required
Severe Obstetric Complications	PC-07	CMS1028	X	X	X	Required	Required
Venous Thromboembolism Prophylaxis	VTE-1	CMS108	X	X	X	Self-Selected	Self-Selected
Hospital Harm - Postoperative Respiratory Failure	HH-RF	CMS1218			X	Self-Selected	Self-Selected
Hospital Harm - Falls with Injury	HH-FI	CMS1017			X	Self-Selected	Self-Selected
Core Clinical Data Elements for the Hybrid Hospital-Wide Readmission Measure with Claims and Electronic Health Record Data	Hybrid HWR	CMS529	X	X	X	Required age 18+	Required age 65+
Core Clinical Data Elements for the Hybrid Hospital-Wide All-Condition All-Procedure Risk-Standardized Mortality Measure	Hybrid HWM	CMS844	X	X	X	Required age 18+	Required age 65+
Emergency Care Access and Timeliness (Hospital Outpatient Outpatient Reporting Program)	ECAT	CMS1244				Required 2027?**	Required 2028

For CY 2026 HSCRC will require 3 self-selected measures, consistent with CMS requirements
****The state will vet the potential early adoption of the Emergency Care Access and Timeliness measure.***