



maryland
health services
cost review commission

Performance Measurement Workgroup

October 20, 2021

HSCRC Quality Team

Agenda

- QBR RY 2024 update
 - Expansion of best practices for HCAHPS
 - Updated cut-point analysis
 - Proposed final recommendations
 - Update on Medicare follow up after discharge measure
- MHAC RY 2024 update
 - Updated trends
 - Payment vs. monitoring
 - Palliative care
 - POA exempt
- Digital measures infrastructure overview- CRISP and Medisolv
- CMS quality exemption update
- Maximum guardrail report
- Health Equity Update

QBR RY 2024 Update

R.Y. 2024 QBR Update

- Draft policy was presented at the October Commission meeting
- Comment letters are due TODAY
- Initial feedback:
 - Concerns on HCAHPS upfront investment including tracking of what money was spent on and little interest from hospitals who say “money is not the issue”
 - Timeline for collection of eCQMs (discussed later)
 - Interest in more fully developing plan to expand sharing of HCAHPS best practices

Expand Sharing of HCAHPS Best Practices

- Add specific recommendation to the policy to develop a plan for sharing of best practices
- Discussing with MHA and internal staff what could be leveraged to more fully develop plan
- Thoughts from stakeholders?
 - Support recommendation?
 - Ideas on best ways to go about this?
 - Success stories to leverage?
 - Other thoughts?

QBR RY 23 Revenue Adjustment

- Revenue adjustment scale ranges from 0-80 percent, with rewards starting at scores >41 percent
- Reward/penalty cut-point ensures that hospitals in Maryland are not rewarded for performance that is below the national average
- Cut-point is estimated by weighting national scores by QBR weights and calculating national average
- Addition of linear scores increased the QBR weighted score by about 1 percentage point in FFY2020 and almost 2 percentage points in FFY2021
- Staff will maintain the 41 percent cut-point

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

Cut Point Analysis	National Average	
	CMS VBP	QBR Weighted
FFY16	39.45	42.67
FFY17	35.56	39.93
FFY18	37.43	42.00
FFY19	38.12	40.90
FFY20*	38.49	41.85
FFY 21*	33.88	38.53
Average	37.15	40.98
*Linear Scores Added to PCE Domain		

QBR RY 2024 Proposed Final Recommendations (slide 1 of 2)

1. Continue Domain Weighting to determine hospitals' overall performance scores as follows: Person and Community Engagement (PCE) - 50 percent, Safety (NHSN and AHRQ Patient Safety Index composite) - 35 percent, Clinical Care - 15 percent.
 - A. Within the PCE domain, include four linear measures weighted at 10% of QBR score; remove associated revenue at risk from top box.
2. Provide optional upfront investment opportunity to hospitals for anticipated improvements in HCAHPS scores.
3. Develop monitoring reports for measures to expand the scope of the policy and that align with the goals of the TCOC Model that will be considered for adoption in RY 2025:
 - A. 30-day all-payer, all-cause mortality;
 - B. Follow-up for acute exacerbation of chronic conditions for Medicaid; and
 - C. Follow-up after hospitalization for mental illness.

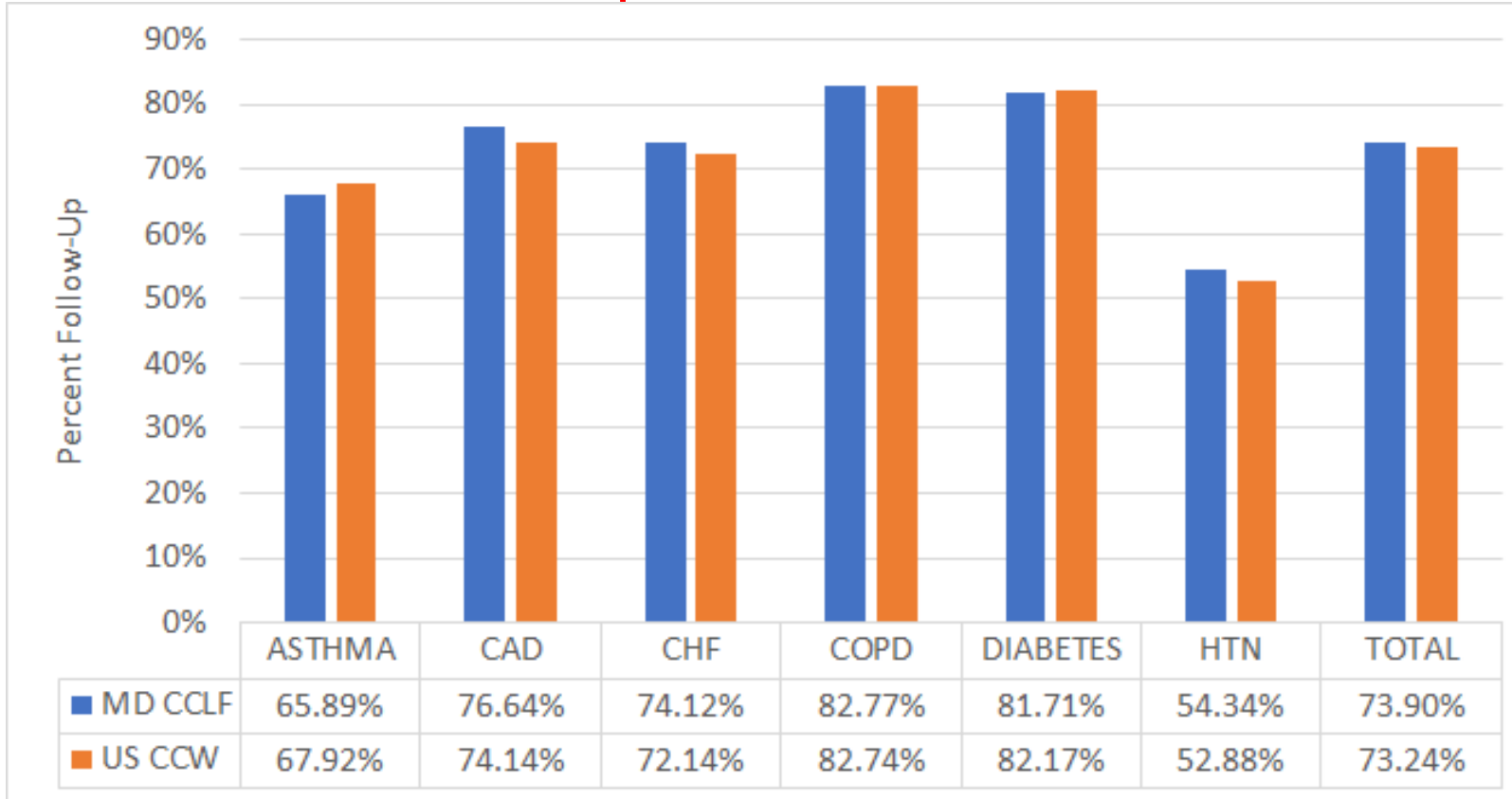
QBR RY 2024 Proposed Final Recommendations (slide 2 of 2)

NEW

4. Develop strategy to expand sharing of best practices.
5. Collaborate with CRISP to develop infrastructure for collection of hospital electronic clinical quality measures (e-CQMs) and core clinical data elements:
 - A. Require hospitals to submit the CY 2022 ED-2 eCQM and consider for re-adoption in future rate years; and
 - B. Explore development of hospital eCQM for inpatient/outpatient all-payer THA-TKA complications.
6. Maintain the pre-set scale (0-80 percent with cut-point at 41 percent), and continue to hold 2 percent of inpatient revenue at-risk (rewards and penalties) for the QBR program.
7. Adjust retrospectively the RY 2024 QBR pay-for-performance program methodology as needed due to COVID-19 Public Health Emergency and report any changes to Commissioners.

Statewide Medicare Follow-Up after Discharge CY 2019

Updated Data



- Data was updated to exclude:
- Discharges without a related code in secondary dx
 - Admissions that were not discharged to community from emergency department
 - Admissions where window for follow-up extended past end of calendar year
 - Discharges that had SNF, home health, or hospital care within follow-up period.

Revised results indicate slightly higher total follow-up and a greatly reduced denominator (revised measure has around 25k statewide)

Change from previous published data:

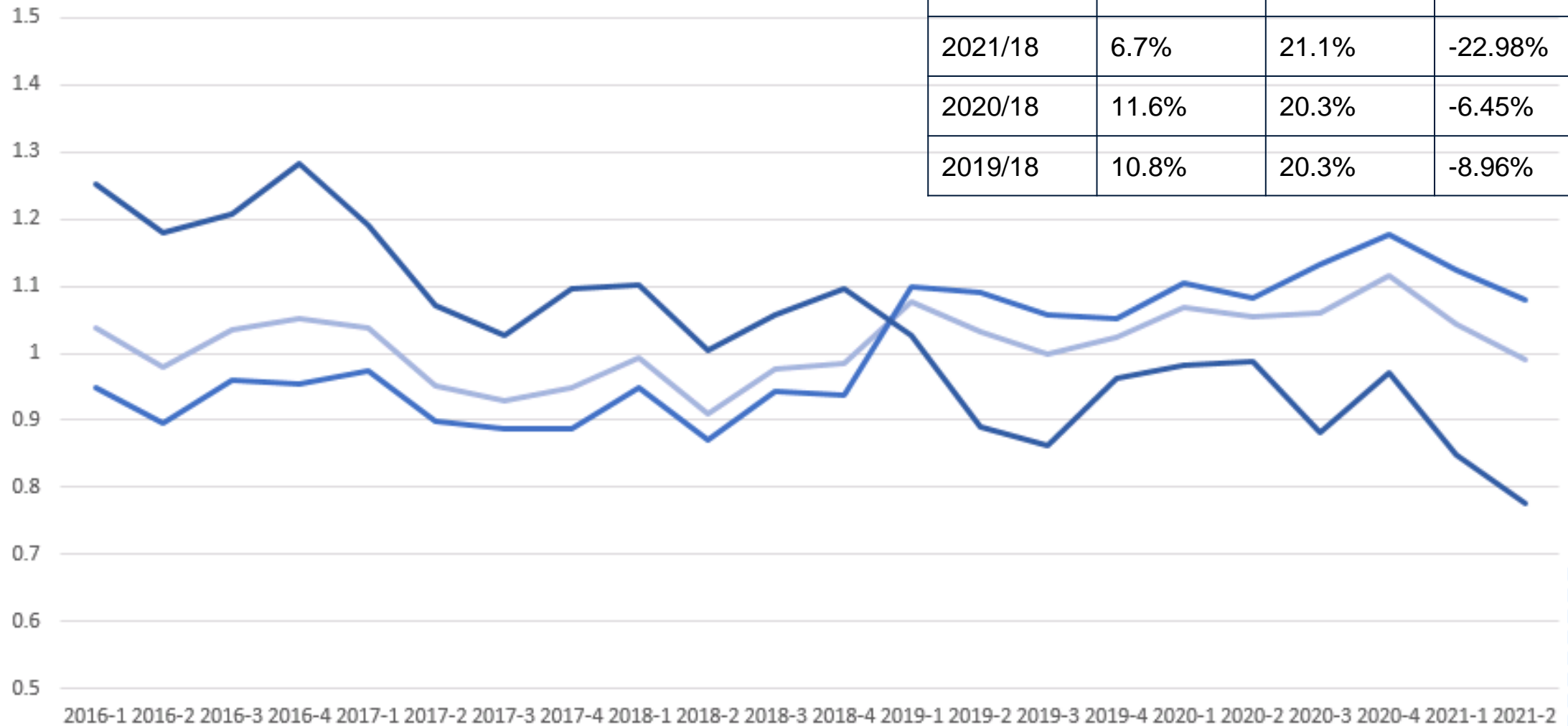


CRISP will release revised hospital reports during October mid-cycle release

MHAC RY 2024 Update

Updated Statewide PPC Trends

	All % Change	Monitoring % Change	Payment % Change
2021/18	6.7%	21.1%	-22.98%
2020/18	11.6%	20.3%	-6.45%
2019/18	10.8%	20.3%	-8.96%



Note: This analysis excludes COVID-19 patients. The table is only a reflection of the first and second quarters of the specified years.

— All — Monitoring — Payment

Monitoring PPC Analysis

- Greater than 50% increase in O/E ratio comparing 2021 to 2018
- Clinical considerations
- Observed counts
- 3M v38 cost weight
- Percent of hospitals with O/E ratios less than .85 or greater than 1.15 (variation)
- Rate per 1000 at risk
- Predictive validity
- Reliability

Staff will bring proposal for changes to the payment PPCs at November PWMG meeting.

Stakeholders are encouraged to make suggestions of PPCs we should consider moving from monitoring to payment or vice versa

Palliative Care Updates and Implications for MHACs

- A definition of Palliative Care: relief of pain and uncomfortable symptoms
- The Z515 Palliative care coding mandates have changed substantially over the past few years:
 - Removed from Medicare acceptable PDx list in 2018, only coded as secondary dx
 - Previously on exempt list for POA, removed from exempt list in 2016, and now back on the POA exempt list effective Oct 2021.
 - 3M currently determining the implications for PPCs and the use of the Z515 for global exclusion especially if POA is not known for v. 40 of the PPC grouper
 - For some PPCs, quality of care should be provided no matter the PC POA status
 - Consistency (or lack thereof) of coding palliative care and the POA indicator is still in question (compared to more consistent documentation and coding the Z66 DNR)
 - Will keep HSCRC updated on related PPC grouper assignment changes
- **Immediate next step for HSCRC:** Determine how to address PC for RY23/24

Electronic Clinical Quality Measures Presentation



CRISP

Hospital eCQM Data Collection

Peggy Oehlmann, Program Manager for Quality & Transformation

Zahid Butt, MD, CEO, Medisolv



eCQM Project Overview

- CRISP is developing a mechanism to support HSCRC goals for hospital reporting of electronic Clinical Quality Measures (eCQMs)
 - Spring 2021: Released a Request for Information (RFI) seeking vendors qualified to collect selected eCQMs from Maryland hospitals
 - From that, identified knowledge of Total Cost of Care (TCOC) as a core competency needed from vendor
 - September 2021: Medisolv selected as vendor
 - In-depth knowledge of Maryland landscape and TCOC
 - Comprehensive eCQM solution including support of all Joint Commission and CMS eCQMs
 - Pilot reporting to begin in 2022



Calendar Year 2022 HSCRC Reporting Requirements

- HSCRC will require data submissions of eCQMs beginning in CY 2022
- Optional submission of 2021 measures from 1/1/22-3/31/22
- Hospitals will be required to submit 4 measures quarterly, with the first proposed submission window opening in July 2022 for Q1 & Q2 2022
 - Required Measure: ED-2 Admit Decision Time to ED Departure
 - Required Measure: eOPI-1: Safe Use of Opioids- Concurrent Prescribing
 - Select two other federally specified eCQMs
- 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 website
- 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
# eCQMs/Reporting Period	4 eCQMs submitted to CMS 2 qtrs. of data	2 required + 2 optional eCQMs 4 qtrs. of data submitted to CRISP/Medisolv	2 required eCQMs 4 qtrs of data submitted to CRISP/Medisolv. Additional eCQM requirements TBD
Data Submission (PROPOSED WINDOW)	1/15/2022 – 3/31/2022	See # 2 on next slide	TBD
ED-2: Decision to Admit to Admission Median Time	Optional	Required	Required
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
OPI-01 Safe use of Opioids	Optional	Required	Required
Severe Hypoglycemia			TBD
Severe Hyperglycemia			TBD

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 Q 1 2022:
 - 4 eCQM’s with 2 quarters of CY 2021 performance period data during the following submission window: **1/15/2022 – 3/31/2022**

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:

PROPOSED 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



Data Collection of Hybrid Measures in Future Years

In future years, HSCRC plans to phase-in reporting capacity to include **the core clinical data elements**, which can enhance future risk-adjustment beginning with the following CMS-specified **hybrid measures**:

- Hospital-Wide Readmission
- Hospital-Wide All-Cause Risk Standardized Mortality Measure

Medisolv Overview

20+ years in Healthcare
IT and Analytics

**Recognized
technology leader
in industry**

**Highly loyal
customers
(95%
retention)**

Blue-Chip Partnerships

1500+ Hospitals

5,000+ Physicians

ENCOR Hospital
Electronic Measures
2012

ENCOR Clinician
Electronic Measures
2016

**Comprehensive
quality
management
product suite**

**Award-
winning
software**

ENCOR Abstracted
Measures
2005

Value Maximizer
2020



AWARDS AND CERTIFICATIONS

"We are proud of our partnership with Medisolv which helped us to achieve recognition from The Joint Commission as a pioneer in eCQMs nationwide. We struggled to implement eCQMs with previous vendors, but Medisolv's electronic measures software combined with their support team made it easy for us to implement and improve our eCQM performance."

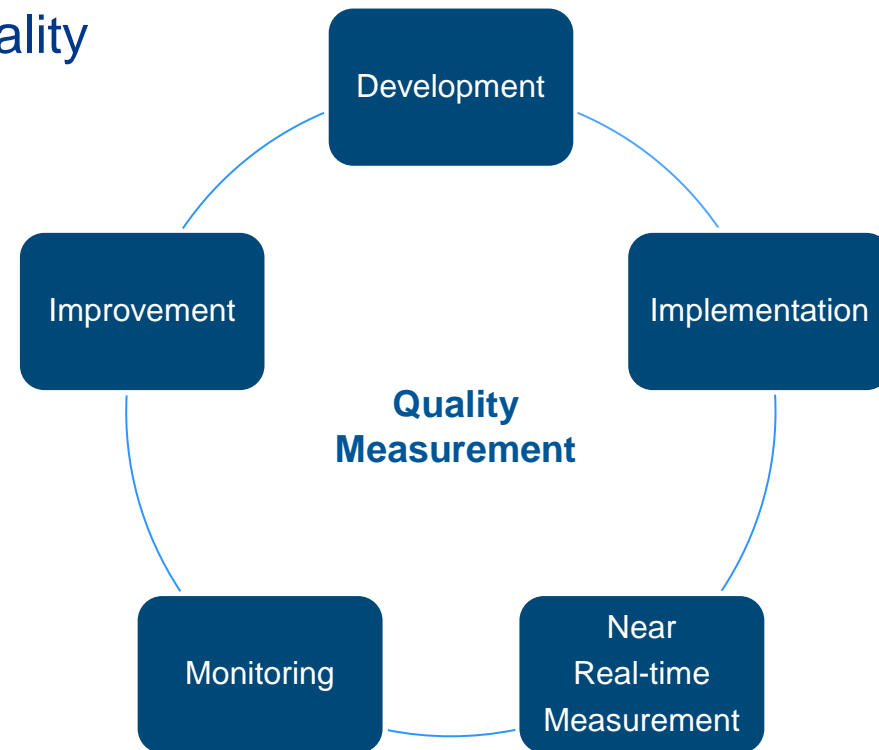
L. Dale Harvey, MS, RN
Director, Performance Improvement
VCU Health System



Customer Support

- We work with you make quality improvement a focus for 365 days of the year.

- **Quality365[®]**
 1. Dedicated Medisolv Clinical Quality Advisors
 2. Timely access to data
 3. Prompt updates to new codes and specifications
 4. Ongoing regulatory guidance and education
 5. Regular data validation



CMS Quality Measurement Action Plan



Use Meaningful Measures to Streamline and Align Quality Measurement



Leverage Measures to Drive Improvement Through Public Reporting and Payment Programs



Improve Quality Measures Efficiency by a Transition to Digital Measures and Use of Advanced Data Analytics



Empower Consumers to Make Best Healthcare Choices through Patient-Directed Quality Measures and Public Transparency



Leverage Quality Measures to Promote Equity and Close Gaps in Care



CMS/National Quality Reporting Update



Enable a future in which **care quality is only measured electronically**, using standardized, interoperable data



Reduce the burden of electronic health record (EHR) data transfer by leveraging **Fast Healthcare Interoperability Resources (FHIR®) application programming interface (API) technology** that is already required for interoperability



Provide usable, timely data from multiple sources to support delivery of high quality of care and quality improvement



Produce reliable and valid measurement results common across multiple programs and payers



CMS/National Quality Reporting Update



Traditional

Paper Quality Measures
Data from claims, manual chart extractions and patient experience surveys.



eCQMs

Electronic Clinical Quality Measures (eCQMs)
Data primarily from electronic health records (EHRs).



dQMs

Digital Quality Measures (dQMs)
Data from EHRs, registries, HIEs, claims, patient experience surveys, etc.





CMS/National Quality Reporting Update



Traditional

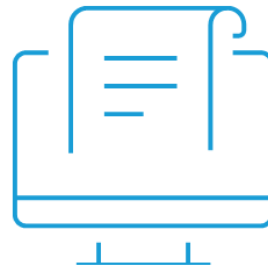
eCQMs

dQMs

Paper Quality Measures
Data from claims, manual chart extractions and patient experience surveys.



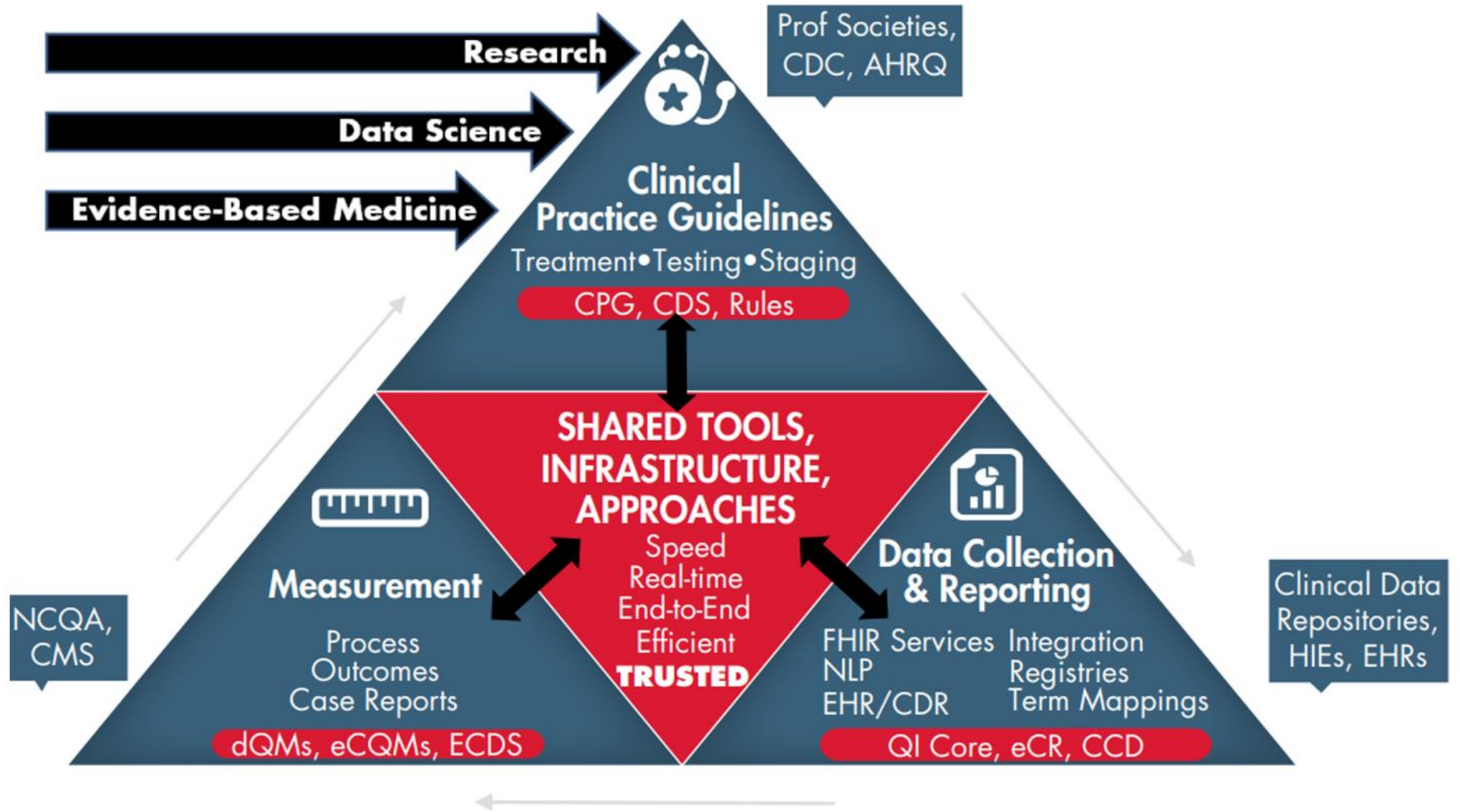
Electronic Clinical Quality Measures (eCQMs)
Data primarily from electronic health records (EHRs).



Digital Quality Measures (dQMs)
Data from EHRs, registries, HIEs, claims, patient experience surveys, etc.





NCQA Digital HEDIS and more.....





Medisolv ENCOR – EH Home Page

ENCOR Electronic Measures

medisolvarez-md-01  

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Last EH Load: 10/04/2021 10:44 AM
Last EC Load: 10/04/2021 10:17 PM

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

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Medisolv ENCOR – EH eCQM Results

ENCOR *Electronic Measures*
medisolvazure-md-01

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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

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?	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

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medisolv



Medisolv ENCOR - VTE 1 Encounter Details (Medications)

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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	

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Medisolv ENCOR - VTE 1 Encounter Visualizer

ENCOR *Electronic Measures*

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

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eCQM Measure Results

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

Regulatory eCQMs Hybrid Measures Medisolv eCQMs

Measure Summary Patient Details

Measure Summary

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CMS Id	Measure Name	Initial Population
☐ CMS529v1	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

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Pilot Testing for Interested Hospitals

- Provide QRDA I files used for CY 2021 CMS submissions to CRISP/Medisolv Team in Q1 2022 or earlier
- Data will be uploaded by Medisolv into the CRISP/HSCRC instance of ENCOR
- Data validation with Pilot hospitals using ENCOR Tools and Medisolv Clinical Advisors
- Contact info:
 - Ken McCormick (kmccormick@medisolv.com)



Action Steps for All Maryland Hospitals

Contact EHR or 3rd Party Vendor about needing 2022 QRDA 1 files by Q3 2022

CRISP and Medisolv will provide additional project updates to the Performance Measurement Workgroup as details and submission processes are finalized



CRISP

More details to come in early 2022...

Questions?

Email: HospitalQuality@crisphealth.org



CRISP

Appendix

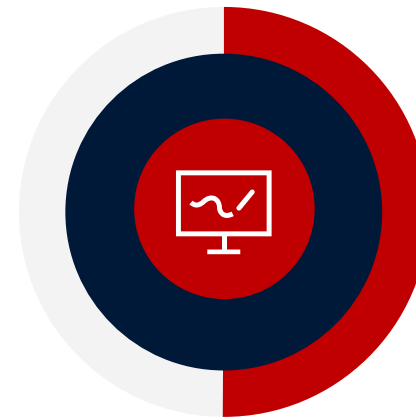
Hybrid Measures



Claims Data



Hybrid Measures
&
Hybrid Risk Adjustment



Clinical Data

CMS Hybrid Measures Reporting Requirements

Program	Reporting Requirement	Performance Year	Payment Year Public Reporting
CMS IQR Program (2021 IPPS Final Rule)	Voluntary	Jan 1, 2018 – June 30, 2018*	N/A
	Voluntary	July 1, 2021 – June 30, 2022	N/A
Hybrid Hospital-Wide All-Cause Risk Standardized Re-admission Rate (HWR)	Voluntary	July 1, 2022 – June 30, 2023	N/A
	Mandatory	July 1, 2023 – June 30, 2024**	FY 2026 (10/1/2025) Payments July 2025 Hospital Compare “Refresh”
CMS IQR Program (2022 IPPS Proposed Rule)	Voluntary	July 1, 2022 – June 30, 2023	
Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Rate (HWM)***	Mandatory	July 1, 2023 – June 30, 2024	FY 2026 (10/1/2025) Payments

*CMS Received EHR data from 150 Hospitals for the CY 2018 Reporting. **Medisolv successfully submitted for 69 of those hospitals.**

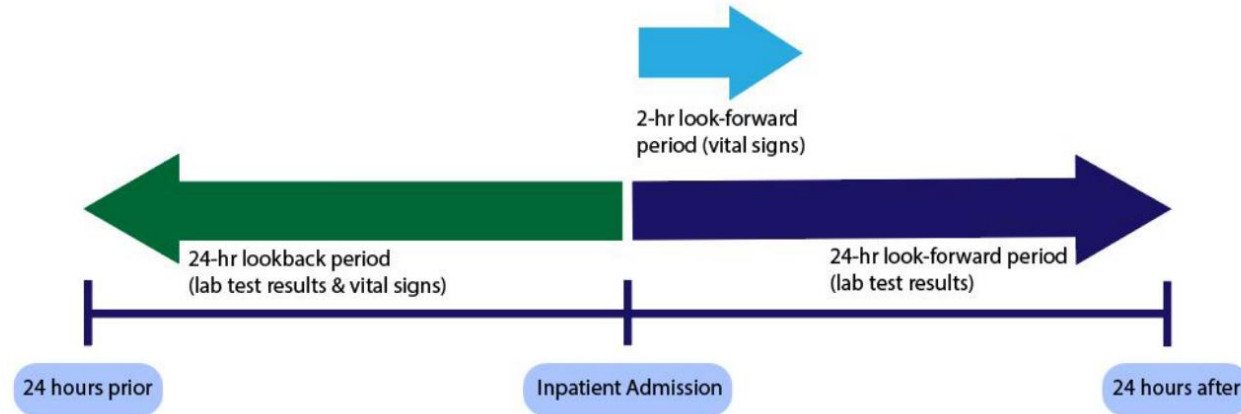
**CMS is removing the Claims-based HWR Measure with the July 1, 2023-June 30,2024 Mandatory Reporting for FY 2026 Payment Year

*** eCQM type Certification 2015 Edition Cures Update in 2022 IPPS Proposed Rule

Risk Adjustment HWR: Clinical Data Elements vs Claims Only

Risk Standardization Variables	Claims	Hybrid
Comorbid Conditions – ICD DX	✓	✓
Age	✓	✓
Pulse Rate		✓
Systolic Blood Pressure		✓
Temperature		✓
Respiratory Rate		✓
Weight		✓
Oxygen Saturation		✓
Hematocrit		✓
White Blood Cell Count		✓
Serum Sodium		✓
Serum Potassium		✓
Serum Creatinine		✓
Blood Glucose		✓
Serum Bicarbonate		✓

CCDE: Devil is in the Details



CCDE Units of Measurement

- Heart rate = Beats per minute
- Respiratory rate = Breaths per minute
- Temperature = Degrees Fahrenheit or Centigrade
- Systolic blood pressure = Millimeter of mercury (mmHg)
- Oxygen saturation = Percent (%)
- Hematocrit = % red blood cells
- Weight = Pound (lb) or Kilograms (kg)
- White blood cell count = Cells per milliliter (Cells/mL)
- Sodium = Milliequivalents per Liter (mEq/L)
- Bicarbonate = Millimoles per liter (mmol/L)
- Potassium Milliequivalents per liter (mEq/L)
- Creatinine = Milligrams per deciliter (mg/dL)
- Glucose = Milligrams per deciliter (mg/dL)

CMS Quality Exemption Status

Maximum Guardrail for Hospital Quality-Related Penalties

Maximum Guardrail

- Beginning in RY 2021, the maximum penalty guardrail is set using the following formula:
- **Percent of Medicare revenue at-risk for quality (6%) multiplied by the percent of Maryland revenue attributable to inpatient services (59.1%)**
- For RY 2023, the maximum guardrail value will be set at **3.55 percent**. This calculation is based on the RY 2021 percent of inpatient services.

Health Equity Update

What are Social Determinants of Health (SDoH) and SDoH Z-Codes?

- SDoH refer to the conditions of an individual's living, learning, and working environments that affect one's health risks and outcomes.¹
- SDoH Z-Codes are ICD-10 codes that present an opportunity to capture standardized data and quantify the proportion of patients impacted by SDoH

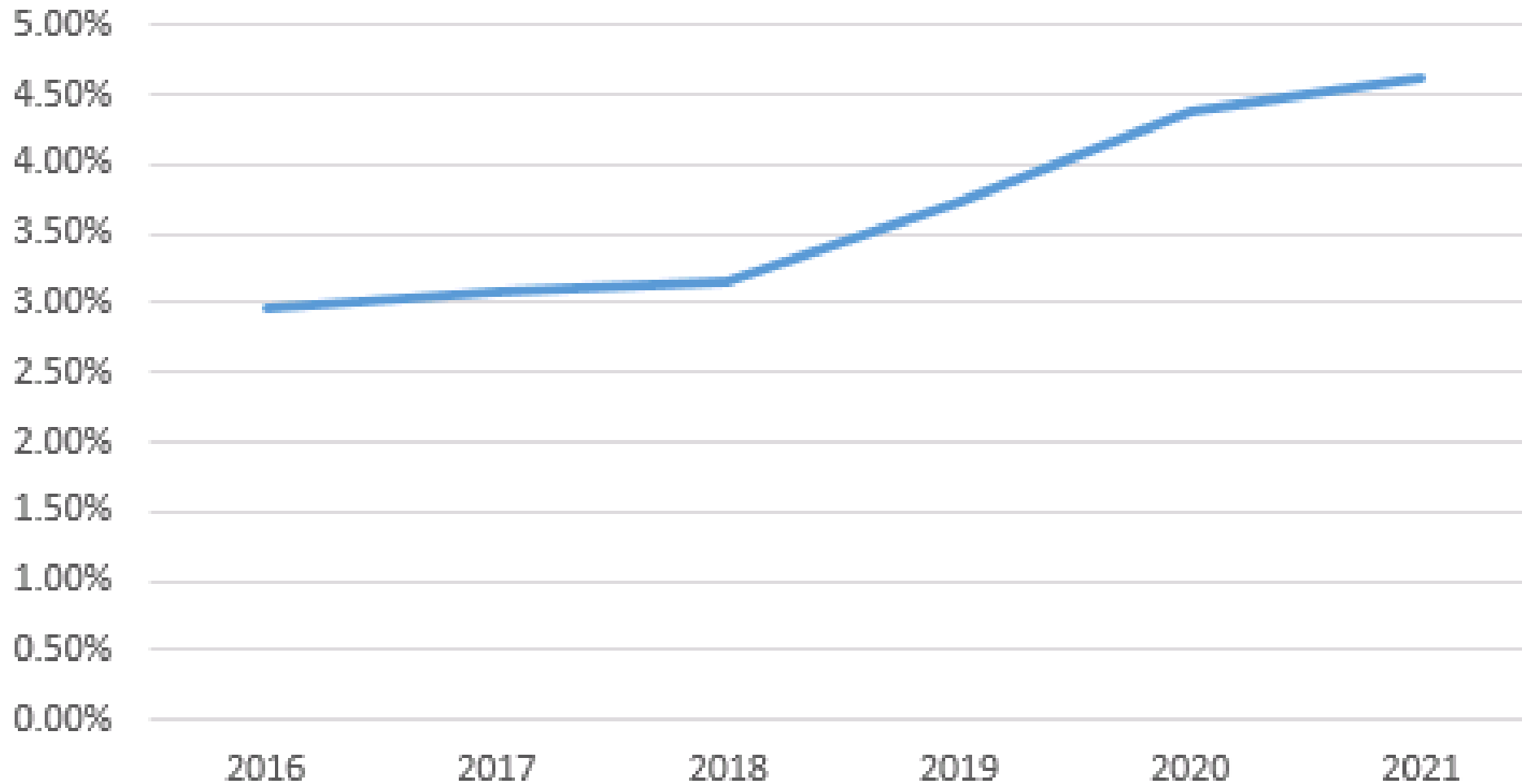
ICD-10 Code	Description
Z55	Problems related to education and literacy
Z56	Problems related to employment and unemployment
Z57	Occupational exposure to risk factors
Z58	Problems related to physical environment
Z59	Problems related to housing and economic circumstances
Z60	Problems related to social environment
Z62	Problems related to upbringing
Z63	Other problems related to primary support group, including family circumstances
Z64	Problems related to certain psychosocial circumstances
Z65	Problems related to other psychosocial circumstances

New Federal Guidance RE: Reporting SDoH as of 10/1/21

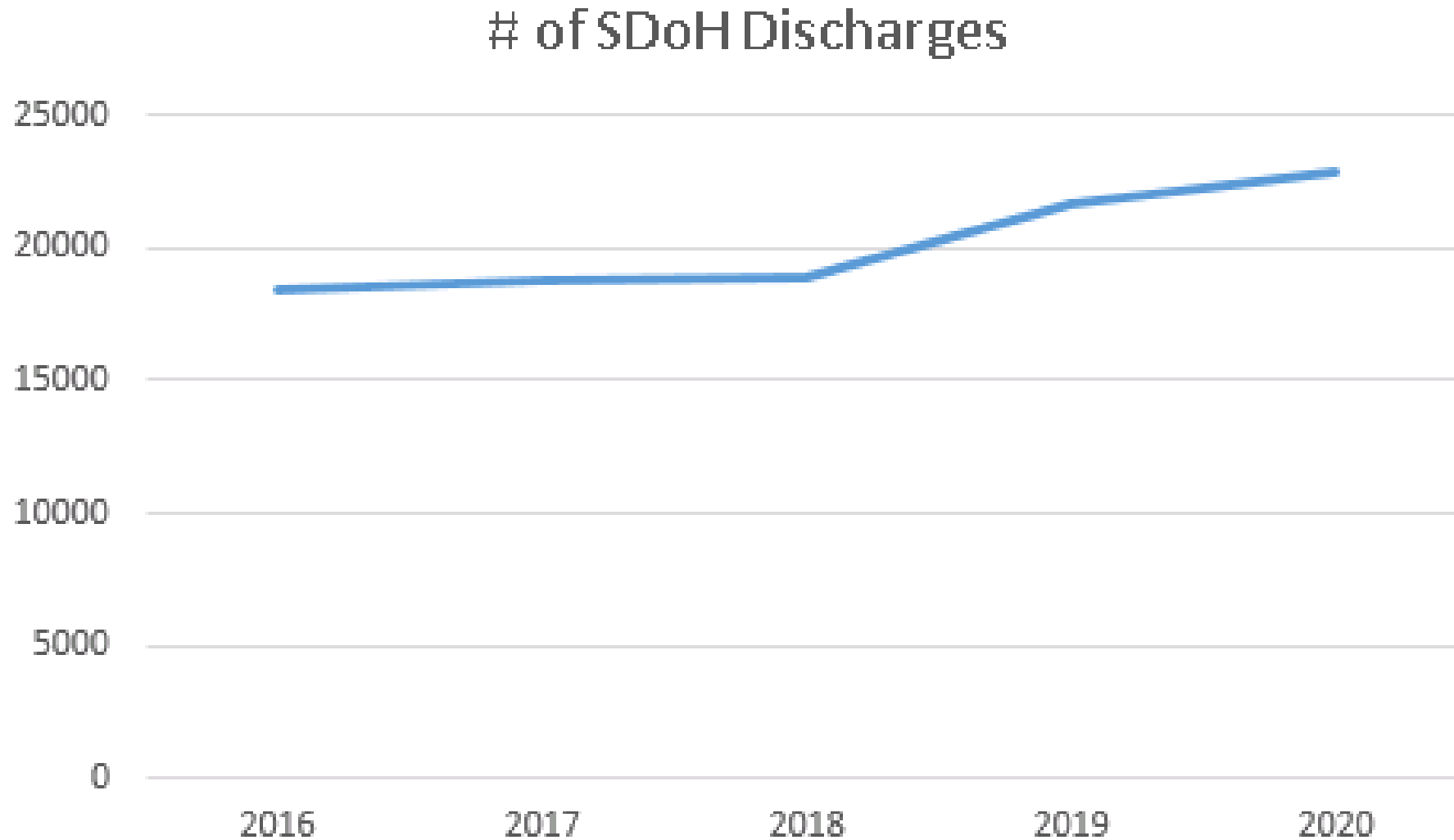
- “Codes describing social determinants of health (SDoH) should be assigned when this information is documented.”
- “For example, coding professionals may utilize documentation of social information from social workers, community health workers, case managers, or nurses, if their documentation is included in the official medical record.”
- The codes have expanded/added more subcategories to provide more granularity and some have been reorganized
- Can expect Dx codes to be updated again on 4/1/2022

Z-code utilization has increased over time

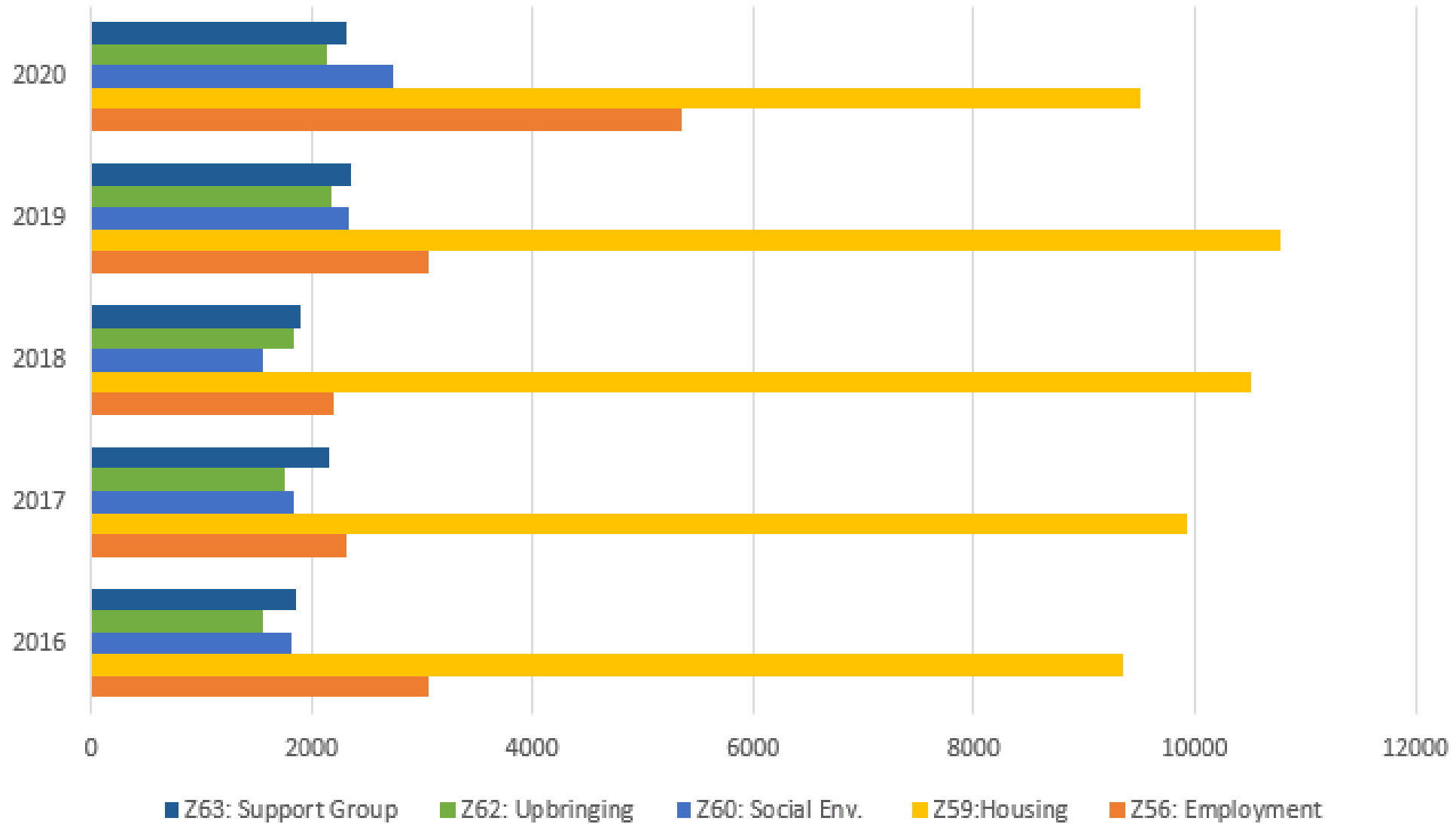
% of Total Discharges



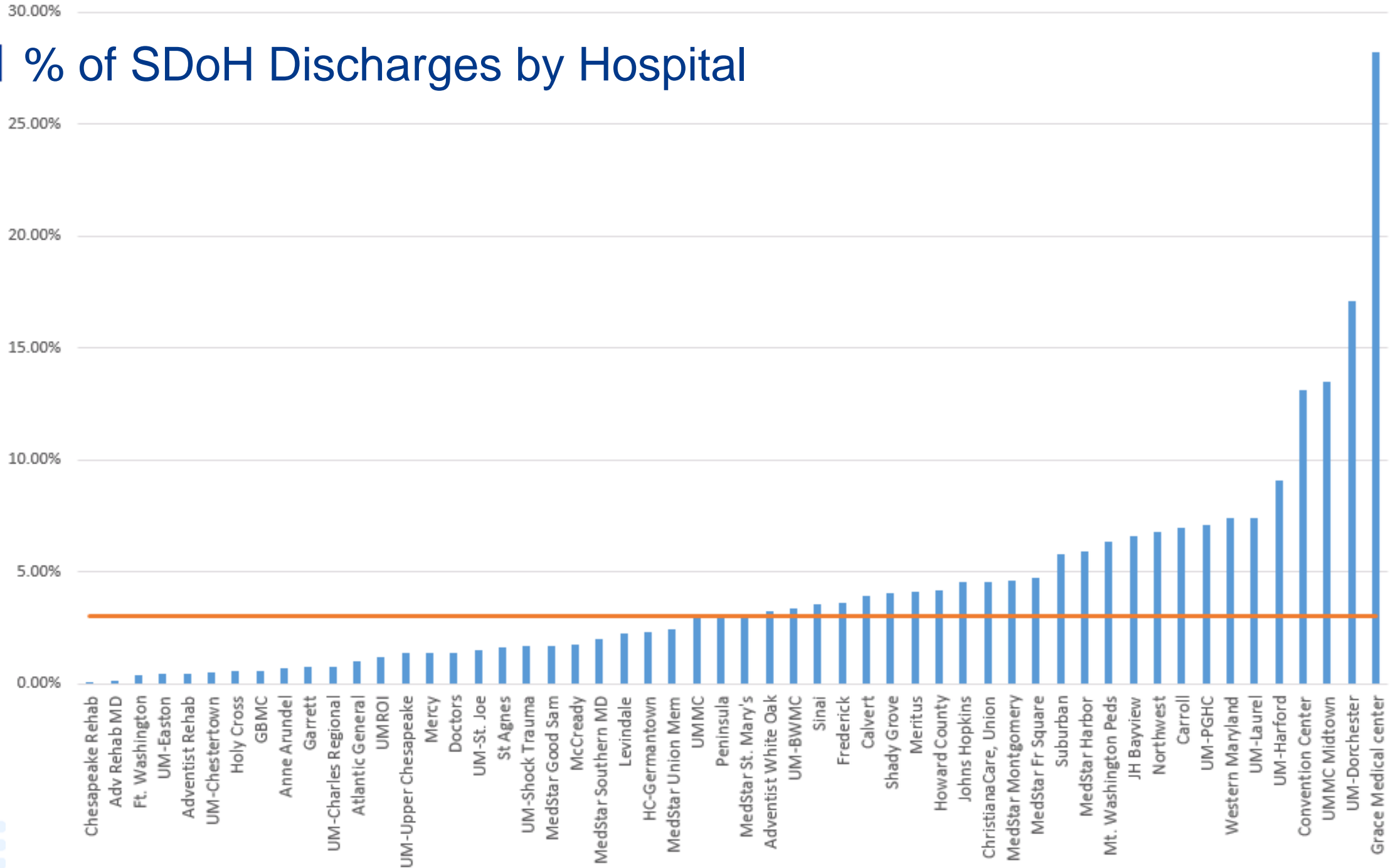
Z-code utilization has increased over time



Counts of Top 5 Z Codes



% of SDoH Discharges by Hospital



Potential Future Equity Analyses

- Include race and ethnicity stratification in Quality programs
 - PPCs by race and ethnicity
 - [Pending data availability] understand trends in HCAHPS or other QBR measures of patient experience; quality of care
- Analyze subset populations for further correlation with z-code prevalence
 - Higher ADI patients
 - Medicaid beneficiaries
 - Self-pay/charity pay patients
 - Patients experiencing homelessness



THANK YOU!

Next Meeting: Wednesday, November 17, 2021
