

Date: February 4, 2025

To: Maryland Hospitals

From: HSCRC Quality Team

RE: Updated Digital Measures Submission Requirements, CY 2025

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HSCRC requires data reporting for all regulated acute care and specialty hospitals in the State of Maryland to monitor quality performance and to use as the basis for quality monitoring and for our performance-based payment programs. 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 Electronic Health Record (EHR) data and electronic Clinical Quality Measures (eCQM)/digital measure adoption into our quality monitoring and improvement work, and potentially in our performance-based payment programs.

This memorandum outlines and clarifies HSCRC's eCQM/digital measures data submission requirements for performance periods in Calendar Year (CY) 2025. New for CY 2025 reporting, **for hospitals able to comply with the expedited reporting timeline, they would be eligible for a \$150,000 bonus under the RY 2027 Quality Based Reporting (QBR) program.** Hospitals that do not opt for the expedited reporting timeline bonus must submit the required measures within 75 days following the reporting year. For hospitals unable to comply with the data submission requirements (including the measures and 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 However, 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

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."

performance-based payment programs.² Although the Commission has been flexible with granting ECE requests in the initial digital measures reporting periods, going forward, reporting compliance will be more strictly evaluated and enforced.

1. Electronic Clinical Quality Measures (eCQM) Reporting

a. **eCQM Measures:** For CY 2025, HSCRC will require submission of QRDA I files for the eCQM's listed below (unchanged from CY 2024).

- 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 "self-selected" measures listed in Appendix A)

Hospitals that do not qualify for the PC-02 and PC-07 obstetric measures, hospitals must two alternate "self-selected" in Appendix A of this memo. Data submissions will be required in accordance with the options listed below. 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.

b. **eCQM Measures Reporting Timeline Options**

i. eCQM CY 2025 Performance Period Submission Windows for Hospitals to be Eligible for the \$150K Expedited Reporting Bonus for RY 2027

| | | |
|--------------|------------------|-------------------|
| Q1 2025 data | Open: 7/15/2025 | Close: 9/30/2025 |
| Q2 2025 data | Open: 7/15/2025 | Close: 9/30/2025 |
| Q3 2025 data | Open: 10/15/2025 | Close: 12/31/2025 |
| Q4 2025 data | Open: 1/15/2026 | Close: 3/31/2026 |

ii. eCQM CY 2025 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 2025 reporting timeline as follows

| | | |
|---------------|----------------|------------------|
| Q1-Q4 CY 2025 | Open 1/15/2026 | Close: 3/31/2026 |
|---------------|----------------|------------------|

² 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.

2. Hybrid HWR and HWM CCDE Reporting

a. UPDATE: RY 2026 Hybrid HWM Core Clinical Data Elements (CCDE):

Hospitals must submit CCDE measures for all payer hospitalizations for patients aged 18 and older for July 1, 2024 to June 30, 2025 reporting period; hospitals must submit an ECE request for HSCRC consideration if they are unable to comply with the reporting requirement. Hospitals must notify HSCRC of their reporting timeline (option i Quarterly or ii Annual as outlined below).

i. Quarterly Timeline

| | | |
|--------------|-----------------|------------------|
| Q3 2024 data | Open: 1/15/2025 | Close: 3/31/2025 |
| 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 |

ii. Annual Timeline

| | | |
|----------------------|----------------|------------------|
| Q3, 2025 to Q2, 2026 | Open 7/15/2026 | Close: 9/30/2026 |
|----------------------|----------------|------------------|

b. RY 2027 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, 2025 to June 30, 2026 reporting period.

c. Hybrid Measures CCDE Reporting Timeline Options (July 1, 2025-June 30, 26 reporting period)

i. 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 2025 data | Open: 1/15/2026 | Close: 3/31/2026 |
| Q4 2025 data | Open: 1/15/2026 | Close: 3/31/2026 |
| Q1 2026 data | Open: 4/15/2026 | Close: 6/30/2026 |
| Q2 2026 data | Open: 7/15/2026 | Close: 9/30/2026 |

ii. 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 July1, 2025 to June 30, 2026 Hybrid Measures reporting timeline as follows

| | | |
|----------------------|----------------|------------------|
| Q3, 2025 to Q2, 2026 | Open 7/15/2026 | Close: 9/30/2026 |
|----------------------|----------------|------------------|

3. CCDE Data Completeness

HSCRC has noted CMS' previous publication of completeness standards, however these standards have been on hold. **The Commission will reevaluate data completeness standards as all-payer CCDE is received and analyzed.**

For additional technical information regarding the Hybrid Measures CCDE submission requirements, HSCRC, CRISP and Medisolv conducted and recorded a webinar on February 6, 2024, that is posted to the [CRISP eCQM webpage](#) (click on "Webinar" in the top bar of the page).

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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APPENDIX A: CMS CY 2025 eCQMs

| Title | Short Name | CMS eCQM ID | CBE* # | 2024 | 2025 | HSCRC |
|---|---------------------|-------------|--------|------|------|---------------|
| Anticoagulation Therapy for Atrial Fibrillation/Flutter | STK-3 | CMS71v13 | N/A | X | X | Self-Selected |
| Antithrombotic Therapy By End of Hospital Day 2 | STK-5 | CMS72v12 | N/A | X | X | Self-Selected |
| Cesarean Birth | PC-02 | CMS334v5 | 0471e | X | X | Required |
| Discharged on Antithrombotic Therapy | STK-2 | CMS104v12 | N/A | X | X | Self-Selected |
| Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults (Facility IQR) | IP-ExRad | CMS1074v2 | 3663e | | X | Self-Selected |
| Global Malnutrition Composite Score | GMCS | CMS986v2 | 3592e | X | X | Self-Selected |
| Hospital Harm - Acute Kidney Injury | HH-AKI | CMS832v2 | 3713e | | X | Self-Selected |
| Hospital Harm - Opioid-Related Adverse Events | HH-ORAE | CMS819v2 | 3501e | X | X | Self-Selected |
| Hospital Harm - Pressure Injury | HH-PI | CMS826v2 | 3498e | | X | Self-Selected |
| Hospital Harm - Severe Hyperglycemia | HH-Hyper | CMS871v3 | 3533e | X | X | Required |
| Hospital Harm - Severe Hypoglycemia | HH-Hypo | CMS816v3 | 3503e | X | X | Required |
| ICU Venous Thromboembolism Prophylaxis | VTE-2 | CMS190v12 | N/A | X | X | Self-Selected |
| Safe Use of Opioids - Concurrent Prescribing | Safe use of opioids | CMS506v6 | 3316e | X | X | Required |
| Severe Obstetric Complications | PC-07 | CMS1028v2 | N/A | X | X | Required |
| Venous Thromboembolism Prophylaxis | VTE-1 | CMS108v12 | N/A | X | X | Self-Selected |

*Verify active CBE endorsement on the CMS certified consensus-based entity's [PQM website](#)
Source: https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=1&globalyearfilter=2024&global_measure_group=3716