



2025 MCDB Data Submission Manual Payor Meeting

JANUARY 14, 2025



Agenda

- ▶ About MHCC
- ▶ Data Submission Improvement Updates
- ▶ 2025 MCDB Deadlines
- ▶ Changes to 2025 MCDB Data Submission
- ▶ Frequently Asked Questions
- ▶ Changes to APM Data Submission Format
- ▶ Payor Questions and Discussion



MHCC Mission and Vision

The Maryland Health Care Commission is an independent regulatory agency whose mission is to

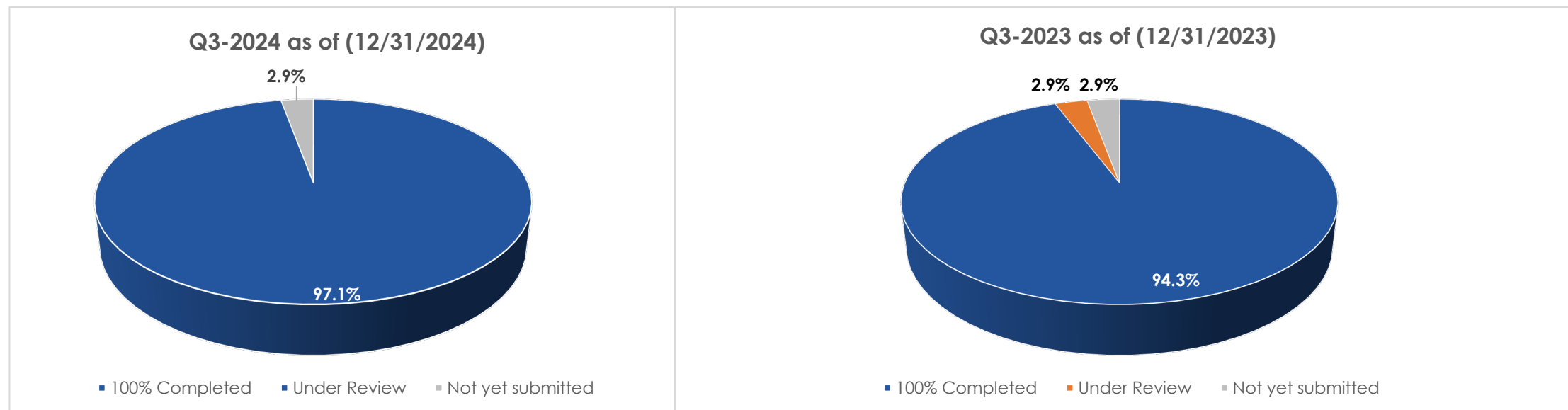
- ❑ Plan for health system needs,
- ❑ Promote informed decision-making,
- ❑ Increase accountability, and
- ❑ Improve access in a rapidly changing health care environment by providing timely and accurate information on availability, cost and quality of services to policy makers, purchasers, providers and the public.

The Commission's vision for Maryland is to ensure that informed consumers hold the health care system accountable and have access to affordable and appropriate health care services through programs that serve as models for the nation.



Data Submission Update

Data Submission Comparison Quarter 3 (2024 vs 2023)





2025 MCDB Deadlines

Note: Payor Certification of Encryption (due January 15, 2025) is required prior to submitting data in 2025

2025 Medical Care Data Base Submission Schedule				
MCDB Data Reporting	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Reporting Period (Based on Paid Date)	1/1/25 – 3/31/25	4/1/25 – 6/30/25	7/1/25 – 9/30/25	10/1/25 – 12/31/25
Annual File Waiver Requests Due	1/15/2025	1/15/2025	1/15/2025	1/15/2025
Portal Submissions Begin				
Format Modification Requests Begin	4/1/2025	7/1/2025	10/1/2025	1/1/2026
Extension Requests Due	4/30/2025	7/31/2025	10/31/2025	1/31/2026
Format Modification Requests Due	5/15/2025	8/15/2025	11/15/2025	2/15/2026
Final Data Submissions Due	5/31/2025	8/31/2025	11/30/2025	2/28/2026



2025 MCDB Deadlines (continued)

Submitted data is considered final when:

- ▶ Data submitted to the MCDB portal by final data submission due date has passed all data quality validations performed in Onpoint CDM



2025 MCDB Deadlines (continued)

Late Data Submission

- ▶ Submissions have not cleared all validation checks by final data submission date or approved extension date

Data Submission Deadline Extension

- ▶ Reporting entities must request a waiver on the MCDB Portal on or before the Extension Requests deadline for each reporting quarter

Penalties for Late Data Submission

- ▶ MHCC has the right to fine the entity up to \$1,000/day per report (COMAR 10.25.12).



2025 DSM Update

❑ Institutional file: Added I181 – “Infant Birth Weight”

The HSCRC observed discrepancies in the calculated APR-DRG codes for newborns in the MCDB compared to the APR-DRG codes from the case-mix data. These discrepancies were due to missing birth weight data in the MCDB. Therefore, collecting this birth weight data will help resolve the issue.

❑ Field to be reported on inpatient delivery claims with a threshold of 25%:

Field ID	Field Name	COMAR	Length	Type A=alphanumeric N=numeric	Start	End	Threshold	Description	Field Contents	Validation Rule
I181	Infant Birth Weight	10.25.06.10	7	N	765	772	25%	Report newborn birth weights on inpatient delivery claims. According to the inpatient billing procedures for all Diagnosis Related Groups, claims for newborns must accurately include the newborn’s birth weight in grams.	The reporting entity should include the decimal points when reporting birth weights. For example, if the birth weight is 1,000 grams, then the reporting entity should report 1000.00	Must be an integer.



How do I Report ICD Procedure Codes?

- ▶ Only report ICD procedure codes in fields I085 through I129 when available
- ▶ Continue to report CPT procedure codes and modifiers on individual records in fields I085 through I087; do not report CPT procedure codes in fields I088 through I129

Claim Number	Type of Bill	Procedure Code (I085)	Procedure Code Modifier I (I086)	Other Procedure Code 2 (I088)	Data Quality Status	Data Quality Review Note
123	131			J0171	Fail	CPT reported in ICD field
456	131	29881	RT		Pass	
789	111			ODTF0ZZ	Fail	The first ICD procedure code should be reported in I085, not I088
012	111	ODTF0ZZ		ODS80ZZ	Pass	



I sent my file to Onpoint CDM. What happens next?

- ▶ Track your file's progress...
 - ▶ In [CDM](#)
 - ▶ Through review of automated emails detailing submission status
- ▶ Review your file's formatting, completeness, and validation results
- ▶ Remediate mapping issues and request variances when necessary
- ▶ Reach out to [Onpoint](#) for support in reviewing your file



How long is a variance request effective?

- ▶ Variance requests are effective until the end of the calendar year
- ▶ If your variance request should apply to a shorter or longer time period, please explain the rationale in your request

Variance Request Form

Please complete the form below to define your variance request. If you have any questions, please contact the [Onpoint Administrator](#).

No prior variance found for this quality check.

* Adjusted Lower Threshold % <input type="text" value="0.00"/>	* Adjusted Upper Threshold % <input type="text" value="100.00"/>	* Reporting Period Start Date <input type="text" value="05/01/2022"/>	* Reporting Period End Date <input type="text" value="12/31/2022"/>
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Lower thresholds cannot be adjusted to be greater than the expected threshold. *Upper thresholds cannot be adjusted for this validation.* *Start dates will default to the first day of the selected month.* *Please limit variance length to 5 years or less.*

* Comments

[View Variance History](#)



APM Data Submission Format

□ Data Collection Population

- Payors are required to provide data on APMs (*HCP-LAN Categories: 2A-4C*) between privately fully insured plans situated in Maryland and providers with at least one Maryland location.
- Payors can (optional) report APM results for other populations such as self-insured, Medicare Advantage, Medicare Supplemental, or other plans.

□ Data Collection Frequency and Framework

- Annual Data collection on or before 9/30/2025
- Health Care Payments Learning and Action Network (HCP-LAN) framework
- Fulfilling Reporting Needs



Changes Made to the 2025 APM Data Collection Template

- ▶ Consolidated the Financial, Financial – Episodes, and Contract Information tabs into a single “Financial” tab
- ▶ Updated column headers to create consistency across tabs
- ▶ Removed unnecessary fields, updated fields for consistency, and added a few new fields
- ▶ Moved from the “HCP-LAN Payment Category” field to the Expanded Non-Claims Payment Framework fields: “Payment Category” and “Payment Subcategory”
 - ▶ Provides greater detail on the purpose of payment as well as the level of risk to the provider
- ▶ Add a “Primary Care” data collection tab



Contents of APM Template Worksheets

Worksheet Name	Description
A.1 Summary	Unduplicated overview APM information based on Payment Category and Payment Subcategory
A.2 Financial	Detailed APM information based on Payment Category and Payment Subcategory
B. Billing Provider Membership	Provider membership rosters for APM contracts, defined by arrangement Category and Subcategory
C. Notes	Notes on payor contracting



Contents of Primary Care Data

Worksheet Name	Description
A Primary Care	Aggregate information to determine primary care non-claims spending
B. Notes	Notes on data submission

Contacts



For MCDB policies & submission rules contact:

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For data processing & MCDB Portal inquiries contact

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