
FY 2020 Quarter 2 Data Forum

December 13, 2019

Agenda

▶ Announcements

- ▶ Case Mix Weights and Grouper Transition Update
- ▶ Complete Zip Code List
- ▶ **Reminders**
 - ▶ Denied Admission Reports Discontinued for FY 2020
 - ▶ Revised Expected Payer and Health Plan Payer codes effective July 2020
- ▶ Quality Update: Preliminary results of Hospital SOGI survey

▶ Data Processing Vendor Transition Update

▶ Data Issues for Discussion

- ▶ Proposed Source of Admission and Discharge Disposition Provider Crosswalk
- ▶ Missing CPTs and impact on Market Shift and ICC

▶ Next Steps & Topics for Next Meeting

- ▶ Volunteers for upcoming workgroups
- ▶ Reporting Medicaid FFS and MCO in Case mix

Announcements

- Case Mix Weights and Grouper Transition Update
- Complete Zip Code List
- Denied Admission Reports Discontinued for FY 2020
- Revised Expected Payer and Health Plan Payer Codes
- Reinstitution of codes for Provider ID
- Quality Update



Grouper Transition: Case Mix Weights

Rate Year	APR/PPC/EAPG Version	Timeline	Implementation Date
RY2021	Weights Used in Temporary Market Shift		
	(January – June) IP weights: Version 35 OP weights: Version 3.12	Using Data from: CY 2016 applied to CY 2019	January 2020
	Weights Used in Full Year Market Shift		
	(January – December) IP weights: Version 36 OP weights: Version 3.14	Using Data from: CY 2018 applied to CY 2019	July 2020

Case Mix Weights (based on CY 2018, APR/EAPG v36/3.14) have been developed. Once internal review is complete, the weights will be distributed to hospitals and posted on the HSCRC website.

HSCRC will also make available a de-identified dataset (with programs) for parties interested in recreating the weight calculations. More information will be forthcoming.

Grouper Transition: Market Shift

Rate Year	APR/PPC/EAPG Version	Timeline	Implementation Date
RY2021	Temporary Market Shift		
	(January – June) APR: Version 35 EAPG: Version 3.12	<u>Base Period:</u> January – June 2018 <u>Performance Period:</u> January – June 2019	January 2020
	Full Year Market Shift		
	(January – December) APR: Version 36 EAPG: Version 3.14	<u>Base Period:</u> January – December 2018 <u>Performance Period:</u> January – December 2019	July 2020

NEW: HSCRC has available a de-identified Market Shift dataset for parties interested in reviewing the statewide results. To obtain access, submit the Public Use File Application and DUA available on the HSCRC website: (<https://hscrc.maryland.gov/Pages/hsp-data-request.aspx>).

Grouper Transition: MHAC, RRIP, QBR

Rate Year	APR/PPC Version	Timeline	Implementation Date
RY2021:	APR/PPC: Version 36	<u>Base Year:</u> MHAC: FY 2017-2018 QBR/Mortality: FY 2018 RRIP: CY2016 <u>Performance Year:</u> All Programs: CY2019	Base: Available on CRS Portal Performance: Ongoing through CY 2019 data processing

Complete Zip Code List

- ▶ Contains zip codes, county codes and State designation for most zip codes in the US
- ▶ HSCRC assigned a residency status to every zip code
- ▶ Includes HSCRC assigned zip codes for Homeless and International patients:
 - ▶ 88888 (homeless) is assigned as a MD resident
 - ▶ 77777 (foreign) is assigned to International resident
- ▶ Hospitals should use this crosswalk internally to assign residency to patients
- ▶ Posted on HSCRC website: https://hscrc.maryland.gov/Pages/hsp_info1.aspx

Reminder #1....

Denied Admission Reports
has been discontinued for
FY 2020!!

Denial Reports
are still due quarterly.

Reminder #2....

**Revised Expected Payer &
Health Plan Payer Codes
effective FY 2021!
(July 2020)**

Reinstitution of Codes for Provider ID

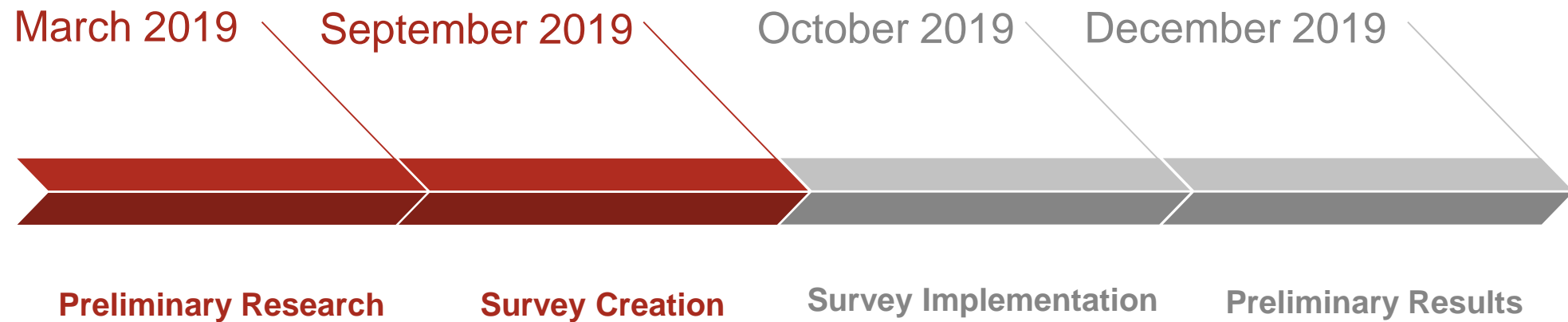
- ▶ In FY 2020, 2 codes for Provider ID were removed
 - ▶ 660000 – Unspecified MD Healthcare institution
 - ▶ 777777 – Not Applicable
- ▶ Removal of these codes
 - ▶ caused confusion and inconsistencies in summary table on the Data Fields tab in the Error Report
 - ▶ increased the error percentage for some hospitals
- ▶ HSCRC is reinstating these codes to be valid codes for the December Preliminary Submission (due in January).

Update to Error Reports

- ▶ Currently the error percentage is based on records that were accepted and not dropped due to fatal errors
 - ▶ Underestimates the true error percentage
- ▶ hMetrix is updating the logic so that the error percentage is based on all records submitted (not just ones that did not contain a fatal error)
- ▶ This change effective for the January Preliminary Submission (due in February)

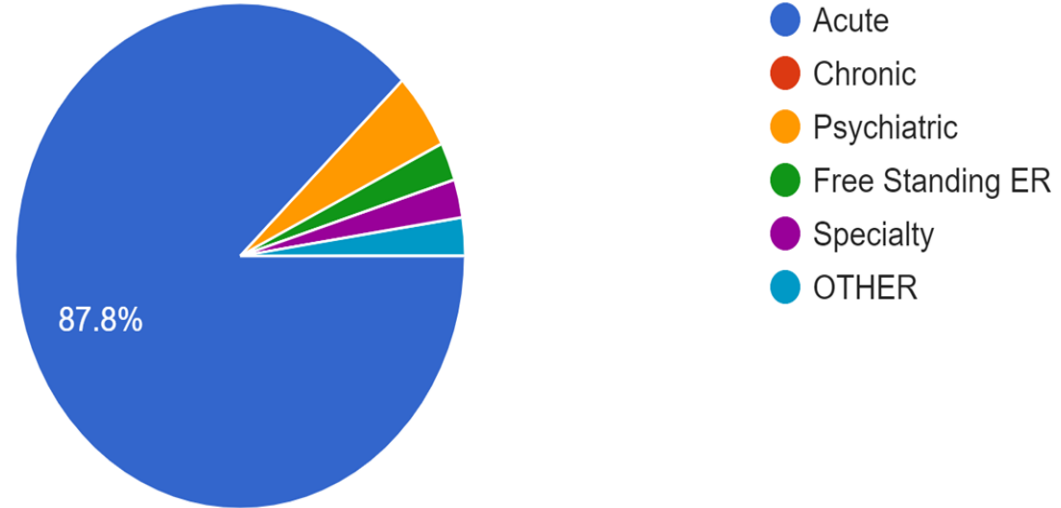
HSCRC Survey on Hospital Data Collection of Sexual Orientation and Gender Identity (SOGI): Preliminary Results

SOGI Survey Timeline



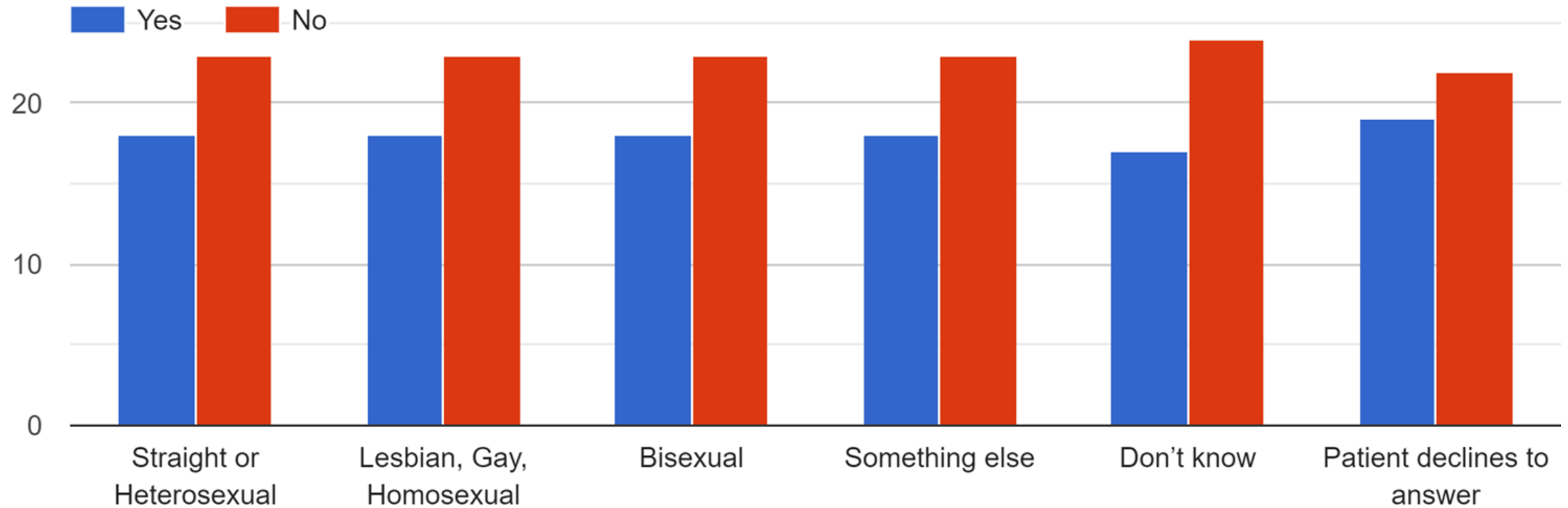
Snapshot: Respondent Demographics

- ▶ 41 Responses Statewide
- ▶ Respondent facility types included:
 - ▶ Acute,
 - ▶ Chronic,
 - ▶ Psychiatric,
 - ▶ Free Standing ER,
 - ▶ Specialty,
 - ▶ Other

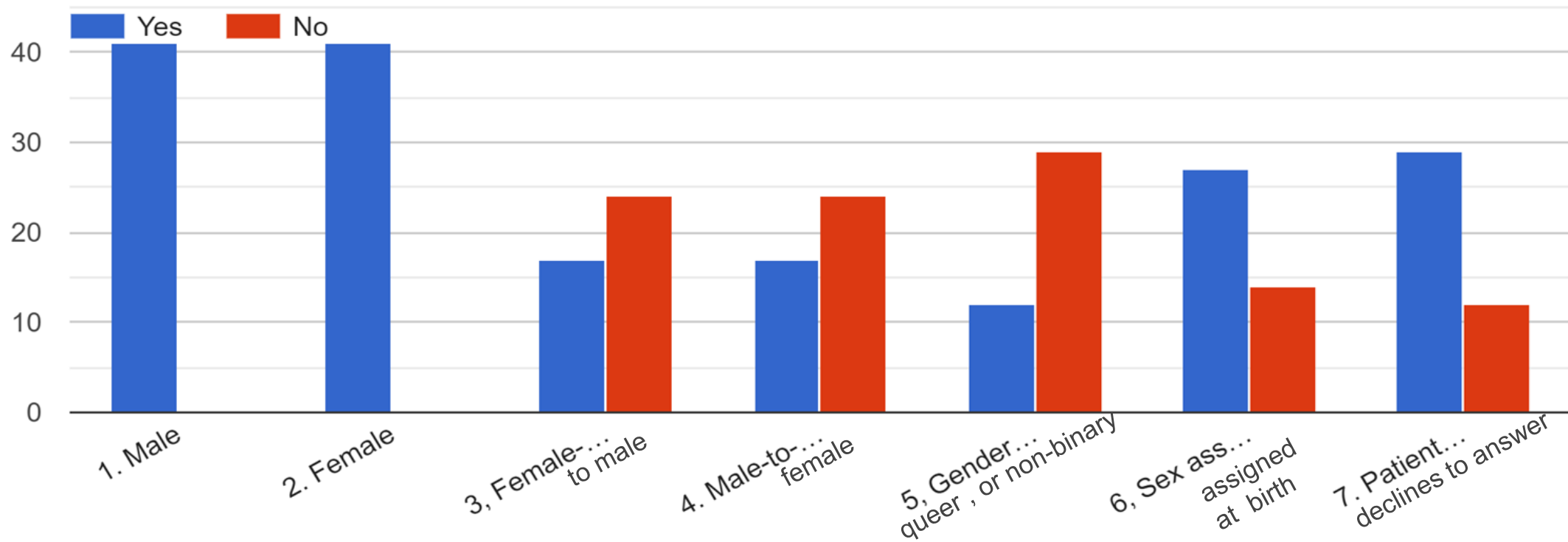


Note: Some respondents represented multiple facilities and some facilities were represented by multiple respondents. St. Agnes and Bon Secours are excluded from this analysis.

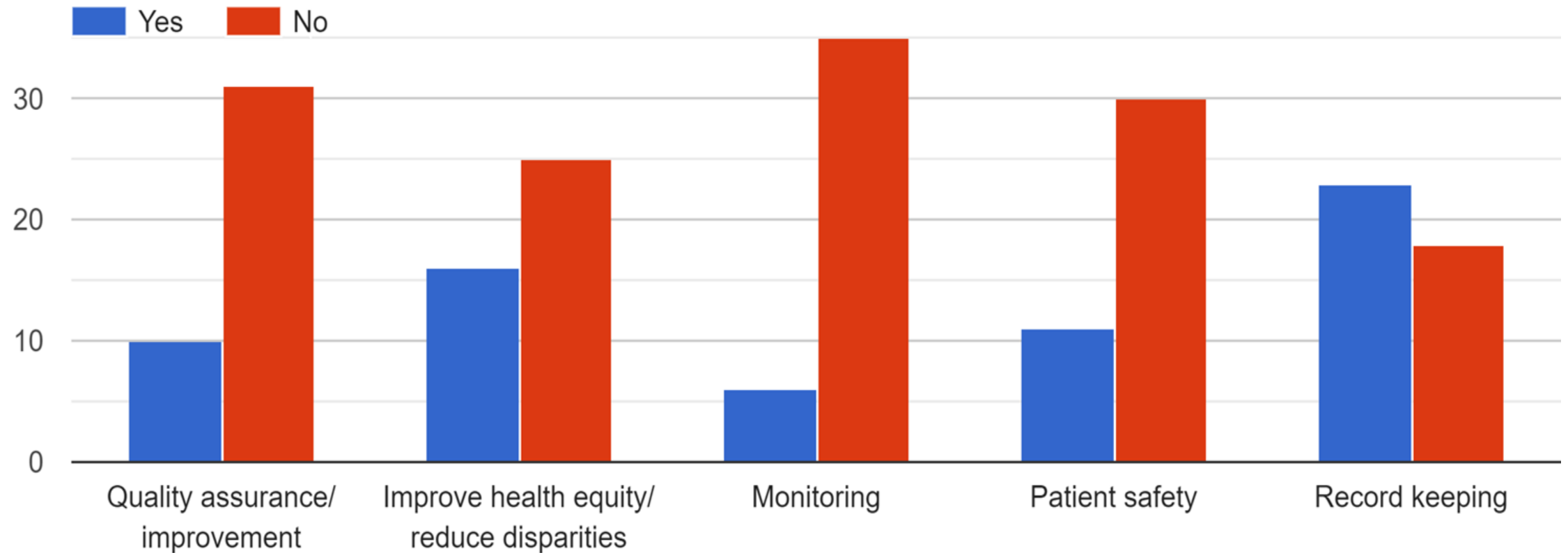
Preliminary Results: Is Sexual Orientation Data Collected?



Preliminary Results: What Gender Identity Data Collected?



Preliminary Results: What Purpose is SOGI Data Being Collected?



Reported Concerns with Collecting SOGI Data

- ▶ **System Limitations**
- ▶ **Increased Registration Time**
- ▶ **Lack of Dedicated Resources**
- ▶ **Discomfort Asking Questions**
 - ▶ Training needed on how to ask SOGI questions
 - ▶ Concerns regarding collecting data on pediatric patients
 - ▶ May not correspond with evidence based practices

Next Step Considerations

- ▶ Follow up with respondents
- ▶ Potential addition of non-binary gender variable (nearer term)
- ▶ Facility-wide SOGI data collection training
- ▶ Implement standardized SOGI data collection process

Data Processing Vendor Transition Update



Points of Contact

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Data Processing Status

- ▶ Transition from SPG to hMetrix is complete
- ▶ DAVE is processing data submissions
 - ▶ Automated processing
 - ▶ Error reports are available through DAVE
 - ▶ Average Error report generation time is under 20 minutes
 - ▶ Does not include data transfer time
- ▶ Thank you for your participation in the training
- ▶ Feedback will be implemented in a phased manner

Feedback on DAVE

▶ DAVE Improvements

- ▶ Allow only explicitly authorized users to request submission extensions
- ▶ Provide the ability to request an extension for all hospitals in a system
- ▶ Trends over time by the other data elements such as Fields, Counts and Revenue
- ▶ Provide drill down reports on the top five error reports to display more details about the error
- ▶ Provide longer descriptions for the error codes
- ▶ Change in DAVE notifications
 - ▶ Preliminary submissions will be called monthly submissions
 - ▶ Final submissions will be called quarterly submissions
- ▶ Remove the row limit in the error report
 - ▶ Results in rows being dropped from the patient-level tab

Preliminary CY 2020 Roadmap

Q1
Jan – Mar

- DAVE improvements
- Streamlining data requests
- Modernization of data processing code begins
- Review and update of error checks

Q2
Apr – Jun

- DAVE improvements
- Roll out of data request module

Q3
Jul – Sep

- DAVE improvements
- Modernized data processing code replaces legacy code

Data Issues Discussion



Source of Admission/Discharge Disposition Code Revisions

Purpose:

- ▶ Clarify Source of Admission and Discharge Disposition Code definitions to align better with standard UB codes
- ▶ Create a crosswalk of valid codes for all required provider types
- ▶ See “Proposed Provider to PD PO crosswalk” document for all of the proposed changes

Proposed Revisions to Source of Admission (SA)

Description	Old Code	New Code	Provider ID Req?
Admission from Chronic Hospital	05 – Transfer from a SNF, ICF, or ALF	This code is removed because there are no chronic hospitals in Maryland. Chronic beds that are located in acute care hospitals are considered to be a unit of the hospital and not a separate facility.	N/A
Admission from Hospice-Home	F – Transfer from Hospice Facility	01 – Transfer from a Non-healthcare Facility Point of Origin	No
Admission from Subacute Rehab	05 – Transfer from a SNF, ICF, or ALF	This code is removed because there are no sub-acute units in MD hospitals. Hospitals with separate comprehensive care facility (nursing home) units should report source of admission as SNF.	No

▶ Other revisions:

- ▶ Code 05 – Transfer from a SNF, ICF, or ALF no longer requires an associated Provider Id
- ▶ Addition of new code NO – Newborn born outside the hospital

Proposed Revisions to Discharge Disposition (DD)

Description	Old Code	New Code	Provider ID Req?
Discharge <u>to</u> Acute Care unit from on-site Rehab unit (same hospital)	62 – Discharge to inpatient rehab facility or rehab distinct part units of a hospital	02 – Discharge to an another acute care hospital for inpatient care	Yes
Discharge <u>to</u> another institution for outpatient services	02 – Discharge to an another acute care hospital for inpatient care	70 – Discharge to another type of health care institution not defined elsewhere in code list.	No
Discharge to a Chronic hospital	63 - Discharge to a Medicare Certified Long Term Care Hospital (LTCH)	This code is removed because there are no chronic hospitals in Maryland	N/A

Proposed Revisions to Discharge Disposition (DD)

Description	Old Code	New Code	Provider ID Req?
Discharge <u>to</u> on-site sub-acute unit	02 – Discharge to an another acute care hospital for inpatient care	N/A – No sub-acute units in MD. Hospitals should report disposition that matches level of care (i.e., SNF or custodial)	No
Discharge <u>to</u> sub-acute care	03 – Discharge to a Skilled Nursing Facility (SNF) with Medicare Certification in Anticipation of Skilled Care	N/A – No sub-acute units in MD Hospitals should report disposition that matches level of care (i.e., SNF or custodial)	No
Discharge to sub-acute or swing bed (same hospital)	61 - Discharge to a Medicare-approved swing bed	N/A – No sub-acute or swing bed units in MD Hospitals should report disposition that matches level of care (i.e., SNF or custodial)	No

Proposed Revisions to Discharge Disposition (DD)

Other revisions:

▶ Provider ID not required for:

- ▶ Discharge to SNF with Medicare certification in anticipation of skilled care (03)
- ▶ Discharge to a facility that provides custodial or supportive care (04)
- ▶ Discharge to a nursing facility certified under Medicaid but not certified under Medicare (64)

▶ Provider ID is required for:

- ▶ Discharge to a Federal Health Care Facility (includes VA hospital, VA SNF or DoD hospitals)

▶ Reinstatement of Code 00 – Reoccurring Claim (OP only)*

* Added back to DSR in FY2020

Source of Admission Codes Cheat Sheet: When Provider ID is not Required

Source of Admission Description	Code
Non-healthcare Point of Origin	01
Clinic or Physician's office	02
Skilled Nursing (SNF), Intermediate Care Facility (ICF) or Assisted Living Facility (ALF)	05
Another Healthcare Facility	06
Court or Law Enforcement	08
Information Not Available (Unknown)	09
From one unit of the hospital to another unit of the same hospital resulting in a separate claim to the payer	D
Ambulatory Surgery Center	E
Hospice Facility	F



Discharge Disposition Codes Cheat Sheet: When Provider ID is not Required

Source of Admission Description	Code
Home or Self-Care	01
Skilled Nursing Facility with Medicare Certification in Anticipation of Skilled Care	03
Facility that Provides Custodial or Supportive Care	04
Home Under Care of Organized Home Health Service Organization in Anticipation of Covered Skilled Care	06
Left Against Medical Advice or Discontinued Care	07
Expired	20
Court/Law Enforcement	21
Hospice - Home	50
Hospice - Medical Facility (Certified) Providing Hospice Level of Care	51
Nursing Facility Certified Under Medicaid but not Certified Under Medicare	64
Another Type of Healthcare Institution Not Defined Elsewhere in this Code List	70



Coding of CPT/HCPC Codes and Units of Service on the Outpatient Record Type 3

- ▶ Follow UB04 guidelines and the Maryland Hospital Outpatient Data Submission Requirements when completing your Record Type 3
- ▶ Make sure a visit with multiple surgical procedure codes is coded completely and accurately and there are no missing CPT/HCPC codes
- ▶ Make sure that for every reported CPT/HCPC code, there is an associated Unit of Service
- ▶ Missing CPT/HCPC codes results in:
 - ▶ No EAPGs assigned by the EAPG Grouping
 - ▶ No Service/Product Lines assigned
 - ▶ No ECMAD assigned
 - ▶ All have implications on both the Market shift and the Integrated Efficiency calculations

Future Case-Mix Working Groups and Topics for Next Meeting

- Data Quality Checks and Error Threshold
- Data Submission Requirements Review Workgroup



Future Working Groups

- ▶ **Data Quality Checks and Error Thresholds**
 - ▶ Purpose: To discuss the current edit checks being implemented, propose additional checks, and revise error thresholds
 - ▶ Duration: 2-3 meetings (in-person is preferred)
 - ▶ Membership: 6-7 members
 - ▶ Timing: **First Meeting : February 14, 2020**
- ▶ **Data Submission Requirements Review Workgroup**
 - ▶ Purpose: To review and edit the final FY DSR for accuracy and consistency
 - ▶ Duration: 1-2 meetings (conference calls), annually
 - ▶ Membership: 4-5 members
 - ▶ Timing: March – May 2020

Email Oscar.Ibarra@Maryland.gov to volunteer for these sub-groups.

Topics for Next Meeting

- ▶ Reporting Medicaid and Dual Eligible in Case Mix Data
- ▶ Other Topics?
- ▶ Next Meeting: March 13, 2020 @ 10:00