

Date: January 6, 2023

To: Hospital Chief Financial Officers and Case Mix Liaisons

From: Claudine Williams, Deputy Director, MEDA

Subject: FY 2023 Q2 Data Forum Follow-up

First, HSCRC staff would like to extend Season's Greetings and Thanks to all the hospital staff who are working diligently to meet the healthcare needs of Marylanders during these challenging times. HSCRC staff continue to support you and have created a website for all HSCRC-specific COVID-19 related policies and updates: https://hscrc.maryland.gov/Pages/COVID-19.aspx.

Below is a summary of what was discussed during the FY 2023 Q2 Data Forum on December 16, 2022, and the next steps.

#### **Announcements**

**Grouper Transition:** Staff reviewed the grouper versions that will be applied to the IP, OP, and PPC case mix data for RY 2023 and 2024 (slides 4-5).

Case Mix Weights and Market Shift (RY 2023): IP Weights: 37.1; OP Weights: 3.15; IP weights use CY 2019 (12 months); OP weights use CY 2019 – Q1 CY 2020 (15 months). Weights for FY 2022 are available on the HSCRC website:

(<a href="https://hscrc.maryland.gov/Pages/gbr-adjustments.aspx">https://hscrc.maryland.gov/Pages/gbr-adjustments.aspx</a>).

These weights are applied to the following policies:

- CY 2021 12-month Market Shift
- CY 2022 6-month Market Shift
- RY 2023 Demographic Adjustment
- o RY 2021 ICC Volume

Adam Kane, Esq Chairman

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**Gerard J. Schmith**Director
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William Henderson Director Medical Economics & Data Analytics Case Mix Weights and Market Shift (RY 2023): IP Weights: 38; OP Weights: 3.16; IP weights use CY 2019 (12 months); OP weights use CY 2019 – Q1 CY 2020 (15 months). Weights for FY 2023 to be available in the coming weeks.

These weights are applied to the following policies:

- o CY 2022 12-month Market Shift
- o RY 2024 Demographic Adjustment
- o RY 2022 ICC Volume
- Case Mix Weights and Market Shift (RY 2024): IP Weights: 39; OP Weights: 3.17; IP weights use CY 2021 (12 months); OP weights use CY 2021 Q1 CY 2022 (15 months). Weights for FY 2024 to be available in November 2023.

These weights are applied to the following policies:

- o CY 2023 6-month Market Shift
- o CY 2023 12-month Market Shift
- o RY 2025 Demographic Adjustment
- RY 2023 ICC Volume
- MHAC/RRIP/QBR (CY 2023): APR DRG and PPC version 40; current CGS version. Note: RY 2025 policies begin January 1, 2022, in most cases. Base and performance periods are detailed on slide 5.
- Number of Diagnosis and Procedure Codes used in all Groupers:

Grouper	Number of Diagnosis Codes Used	Number of Procedure Codes Used
IP APR DRG & MS DRG	Up to 30 (Principal + 29 Secondary)	Up to 30 (Principal + 29 Secondary)
OP APR DRG (Obs cases >23 hrs)	Up to 50 (Principal + 49 Secondary)	N/A
IP PPC	Up to 30 (Principal + 29 Secondary)	Up to 30 (Principal + 29 Secondary)
OP EAPG	1 (Primary Diagnosis)	All procedures listed in Type III record

Quality Update: Staff provided an update on the National VBP program and other quality-related data initiatives (slide 6). Additionally, staff reviewed the new eCQM measures that will be required or optional for the upcoming calendar years and the timeline for reporting the measures (slides 7-9).

**Data Edit Conversions:** The HSCRC will be converting the Gender Inconsistency Error to a warning (slide 10), the Outpatient Date of Service Warning to an error (slide 11), and postponing the edits related to the ED Triage Variables (slide 12). All changes are effective January 1, 2023.

Process for Submitting Extensions for the Monthly Financial Data: HSCRC staff reviewed the process for submission extensions for the monthly Unaudited Financial Statements and Volume and Revenue data (slide 13). These reports are due 30 days after the end of each month (or the next business day if the due date is on a weekend or holiday). An extension request must be sent to Katie Wunderlich (katie.wunderlich@maryland.gov) and the following staff:

- Dennis Phelps (<u>Dennis.Phelps@maryland.gov</u>)
- Andrea Strong (Andrea.Strong@maryland.gov)
- Marcella Guccione (marcella.guccione@maryland.gov)

Data Request Processing Delays and Abortion Cases: Staff reminded all participants of HSCR's new policy of restricting claims related to elective abortion cases (slide 15). The policy is effective for all new data requests for FY 2023 and prior periods.

CDS-A Reports: Staff reminded all participants that the CDD-A Report is available on the CRISP Portal (slides 16-17). This report allows hospitals to review growth in the cost of outpatient infusion and chemotherapy drug utilization for outlier dosage units based on 3rd Monthly case mix data in CRISP. The expectation is that hospitals will use this information to correct errors prior to submission of Quarterly case mix data. Please be aware, hospitals will be subject to fines if any material error is found in a hospital's CDS-A audit.

**Data Forum Survey:** Staff reminded all meeting participants to complete the survey in Survey Monkey (slide 18). The link will be sent on January 6, 2023. Please use this opportunity to provide the HSCRC staff feedback on the data forums. If you did not receive a link to the survey, please contact <a href="mailto:hscrcteam@hmetrix.com">hscrcteam@hmetrix.com</a>.

## **Uncompensated Care (UCC) Data Collection Update**

Staff presented proposed changes to processing UCC data submissions from hospitals (slides 20-24). hMetrix will be taking over the submissions and error reports for the quarterly reporting. This process will

fully transition to hMetrix after January 2023. A webinar was held on December 9, 2022. Slides from the training are included in Appendix 2-3 and available on the HSCRC website (https://hscrc.maryland.gov/Pages/hsp\_info2.aspx).

### **Data Processing Vendor Update**

Maria Manavalan, representing hMetrix and Burton Policy, reported on data processing updates. Maria reminded hospitals to submit monthly and quarterly production data (data that is grouped and used by the HSCRC) to the "Submit folder" in RDS to process the monthly data (slide 27). hMetrix has instituted automated logic that can determine the type of file submitted. For test data, hospitals should submit to the "Test folder" in RDS. The Test Site is always available for testing (for instance for a new hospital coming on board or a system conversion). Maria also reviewed the CY 2022-2023 Roadmap that provided hospitals with a high-level view of the major activities that hMetrix will be engaging in for the next three quarters (slide 28).

### **Case Mix Review Vendor Update**

Brenda Watson from Advanta Government Solutions, LLC., reviewed the definitions for Point of Origin and Discharge Disposition, two variables that have high error rates across hospitals (slide 30). Brenda also provided a summary of the targeted reviews for COVID-19 cases and cases where the patient was identified as homeless (slides 31-33), as well as highlights from the 10 reviews conducted on FY 2021 data(slides 34-35).

# **Data Repository Vendor Update**

Jen Vogel from St. Paul Group reminded participants of the password reset portal (slide 37). Please contact Jen Vogel (<u>jen.vogel@thestpaulgroup.com</u>) with any questions about the RDS, including if you need access to the folder to submit the UCC files.

## **Upcoming Workgroups and Next Data Forum Meeting**

Staff announced a new workgroup to discuss the feasibility of expanding the definitions for Gender and Sexual orientation and expanding the race and ethnicity categories to align with the new DHHS (inpatient rehabilitation facility (IRF) reporting requirements. Meetings will be held virtually in early 2023. A survey on hospitals' current data collection process will be developed to facilitate the discussion. Please contact Oscar Ibarra (oscar.ibarra@maryland.gov) if interested in participating in this workgroup.

#### The next Quarterly Data Forum Meeting is scheduled for Friday, March 10, 2023.

If you have any agenda items, please send them to Oscar or me by March 1, 2023. If you have any questions or concerns about the topics discussed above, please contact me (Claudine.Williams@maryland.gov) or Oscar Ibarra (Oscar.Ibarra@maryland.gov).