Data and Infrastructure Workgroup Meeting #1 February, 19 2014

Sule Calikoglu, Ph.D., Deputy Director, Research and Methodology
Claudine Williams, Associate Director, Policy Analysis
Dennis Phelps, Associate Director, Audit & Compliance
Oscar Ibarra, Chief, Information Management & Program Administration
Amanda Vaughan, Program Manager

Agenda

- Review workgroup charge and draft work plan
- Review of current HSCRC data collection systems
- Monitoring commitments and data sources outlined in the CMS contract
- Preliminary regulatory data gap analysis and synthesis of Total Cost of Care papers

MARYLAND

Workgroup Charge and Draft Workplan

MARYLAND

Data and Infrastructure Workgroup Charge

Develop recommendations to the HSCRC on the data and infrastructure requirements needed to support oversight and monitoring of the new hospital All-Payer Model and successful performance, specifically on:

- The data needed to support rate setting activities; conduct evaluation activities using the key performance indicators; monitor and evaluate model performance; monitor shifts in care among hospitals and other providers; and, monitor the total cost of care.
- The potential opportunities to use Medicare data to support care coordination initiatives
- The technical infrastructure, staff resources and external resources needed to build, maintain and optimize the use of the data.
- The data that should be shared among statewide stakeholders to manage and implement the new payment models, including the data sharing strategy to ensure protection of patient confidentiality and compliance with federal and state requirements and best practices.

MARYLAND

Draft Workplan

Tentative Meeting Dates	Meeting Goals
February 19 **10:00 - 12:00** **HSCRC Large Conference Room**	1. Review workgroup charge and draft work plan 2. Monitoring commitments and data sources outlined in the CMS contract 3. Review of current HSCRC data collection 4. Preliminary regulatory data gap analysis and synthesis of Total Cost of Care papers
(Tentative) **March 4, 2014** **1:00 pm – 4:00 pm** **HSCRC Large Conference Room**	1. Panel presentation and discussion of currently available data sources in Maryland 2. Presentation and discussion of best strategies to establish transparent and accessible shared data resource 3. Discussion of options and recommendations to address gaps in data requirements for new model monitoring
(Tentative) **March 27, 2014** **10:00 – 12:00** **HSCRC Large Conference Room**	**Joint Meeting with Physician Alignment Workgroup** 1. Panel presentation and discussion of Care Improvement data, analytics, and predictive modeling 2. Presentation and discussion of Care Improvement opportunities

MARYLAND

Draft Workplan

Tentative Meeting Dates	Meeting Goals
Week of April 14	1. Finalize initial report on data requirements for new model monitoring (draft will be circulated prior to meeting) 2. Discuss options for data infrastructure for care coordination 3. Presentation and discussion on data sharing strategy 4. Discuss draft recommendations for data sharing strategy
April Deliverable	***Report on data requirements for monitoring***
Week of May 12	1. Finalize recommendations on data infrastructure for care coordination 2. Discuss initial technical and staff infrastructure requirements 3. Initial Discussion of Future role and work plan for the work group
May Deliverable	***Report on data infrastructure for care coordination***

MARYLAND

Draft Workplan

Tentative Meeting Dates	Meeting Goals
Week of June 9	1. Review data needs from the recommendations of the performance measurement and other workgroups 2. Consider options for meeting performance measurement and other work group data needs 3. Finalize report on technical and staff infrastructure requirements 4. Finalize report on data sharing strategy 5. Update earlier recommendations 6. Finalize future role and work plan for workgroup
July Deliverables	***1. Technical and Staff Infrastructure*** ***2. Data Sharing Strategy*** ***3. Future Role of the Work Group***

MARYLAND

HSCRC Data Collection: Financial Data

MARYLAND

Annual Data

- Report of Revenue, Expenses, and Volumes
  - Annual “Cost Report” contains detailed cost, volume, revenue, and staffing data by hospital department
  - Used for rate setting, productivity reports, and to align approved rates to ensure rates are related to costs
    - Submitted via hard copy and electronically on excel worksheet
    - Submitted 120 days after FYE

Annual Data, cont.

- Audited Financial Statements
  - Hospital's annual audited financial statements including CPA opinion
  - Report of Revenue, Expenses, and Volumes is reconciled to statements to ensure accuracy
  - Used to monitor and disclose the financial condition of hospitals
    - Submitted via hard copy and electronic PDF
    - Submitted 120 days after FYE

Annual Data, cont.

- Annual Debt Collection/Financial Assistance Report
  - Provides information regarding the hospitals financial assistance and debt collection activity during the reported fiscal year
    - Name(s) of any collection agent(s) used
    - Number of liens placed on residences
    - Number of extended payment plans exceeding 5 years established with patients
    - Number of applications for financial assistance received from patients
    - Number of applications for financial assistance approved
      - Submitted via excel worksheet/electronic PDF
      - Due 120 days after FYE

MARYLAND

Annual Data, cont.

- Hospital Outpatient Services Survey
  - Discloses information on outpatient services
    - Type and location of Hospital owned outpatient services wherever located
    - Unregulated outpatient services located at the hospital
      - Submitted via hard copy and excel worksheet
      - Due 120 days after FYE

- Wage and Salary Survey
  - Provides actual wage, salary, fringe benefits and employee zip code data for a 2 week period that includes February 1st
  - Used to develop market adjustments for rate setting methodologies
    - Submitted via excel workbook
    - Due June 1

Annual Data, cont.

- Community Benefit Report
  - Provides detailed information on hospital's charitable activities within its communities during the reported fiscal year
    - Financial information submitted via excel worksheet
    - Narrative information submitted via electronic PDF
    - Due December 15th

MARYLAND

Monthly Data

- Revenue and Volumes Report
  - Contains billed charges and related volumes by rate center provided in the calendar month reported
  - Used for rate compliance and rate setting methodologies
  - Used for monitoring the financial performance of hospitals on a monthly basis
  - Used by hospitals in preparation of the annual cost report
  - Used by other state agencies for monitoring and compliance
    - Submitted via web application into a SQL server database
    - Due 30 days after the 1st of the next month

Monthly Data, cont.

- Expanded Revenue and Volumes Report
  - Contains billed charges and related volumes by rate center provided in the calendar month reported by:
    - Patient residence status
      - in-state or out-of-state determined by zip code
      - in-state or out-of-state by zip code with Medicare as payer
      - in-state or out-of-state by zip code with Medicare FFS or Medicare Non-FFS (HMO) as payer
        - 18 months of historical data collected via excel worksheet (Jul 2012-Dec 2013)
        - reconciliation process with HSCRC Case Mix data in progress
        - data to be submitted via web application to SQL server beginning with February 2014 monthly data due April 1, 2014

Monthly Data, cont.

- Unaudited Financial Statements
  - Monthly income statement and balance sheet data
  - Used to monitor the financial conditions of hospitals on a monthly basis.
    - Submitted via web application into a SQL server database
    - Due 30 days after the 1st of the next month

MARYLAND

HSCRC Data Collection: Case Mix

MARYLAND

What is Case Mix Data ?

- Robust datasets containing clinical, financial and demographic data on all patients receiving services at MD hospitals
- Includes data from:
  - 46 Acute care hospitals
  - 4 Chronic care facilities or units
  - 2 Rehabilitation hospitals
  - 3 Private psychiatric hospitals
- Source is the abstracted patient medical record

MARYLAND

Case Mix Data Includes Demographic, Clinical and Financial Information

Demographic:

- Unique patient identifiers
- Physician identifiers
- Date of Birth
- Sex
- Race and ethnicity
- Country of birth and preferred spoken language
- Residency (county & zip code)
- Marital status

Financial:

- Payer source
- Total charges
- UB04 billing information

Clinical:

- Admission & discharge dates
- Principle and secondary diagnosis and procedure codes
- Source and nature of admission
- Discharge status of patient
- Types of services provided
- Flag for diagnosis present on admission (POA)

Data comes from the patient medical record as documented by the physician

MARYLAND

How is Case Mix Data Submitted?

- Hospitals submit data via direct T1 lines to the State's Data Processing Vendor: The St. Paul Group
- Hospitals send data as flat files (i.e. text files)
- St. Paul Group processes and edits data as it submitted and provides feedback to hospitals on quality of data
- Hospitals need to have <10% overall error rate for data to be accepted
- For more information about the data items submitted to HSCRC: http://www.hscrc.maryland.gov/hsp_Info1.cfm

Data Submission Schedule for FY 2014

	Due Date
Q1 Final (July– Sept 2013)	Dec 27th
Q2 Final (Oct – Dec 2013)	March 3rd.
January 2014 data	
January & February	March 17th
Updated January, February and March 2014	April 15th
Q3 Final (Jan – Mar 2014)	May 30th
April 2014 data	May 15th
Updated April and May 2014	June 16th
Updated April, May and June 2014	July 15th
Q4 Final (Apr – Jun 2014)	**August 29th**

MARYLAND

Case Mix Accounts for Hospital "Patient Mix"

- To properly compare of hospital performance, an adjustment is necessary to account for differences in the severity of illness at each hospital or "Case Mix" differences
- Sicker patients require more resources to treat
- This adjustment allows HSCRC to adjust for Case Mix variations when evaluating overall hospital performance and efficiency
- A hospital's Case Mix is can be expressed as an index relative to an the average of all hospitals (an index of 1.0)

Payment Methodologies Rely on Accurate Data

- Coding reviews conducted on Inpatient data since FY2005
- Added POA coding review and screens in FY2011
  - POA review became important because MHAC assignment is based on POA
    - Inaccurate coding could result in rewards to poor quality hospitals
  - POA screens based on methodology developed by Michael Pine
    - Screens identify cases with high probability of miscoding
- Added coding review of Outpatient in FY 2012

MARYLAND

Coding Reviews Focus on Areas of Concern

Inpatient

- Discharge disposition
- Admission source
- High-risk APR-DRGS
- RAC-focused diagnosis and procedures
- Cases with SOI 3 & 4
- POA coding
- Diagnosis with high freq of PPC (i.e. chronic renal failure
- Overall coding accuracy compared to AHIMA benchmark (95%)

Outpatient:

- Units of services for Observation
- Validate ED E & M coding
- Coding of Infusion (with and without Chemo)
- Units of service for fine needle aspiration
- Excision of lesions coding
- Appropriate use of Modifier-59

Accurate Reporting of Certain Data Elements Will be Important for Monitoring New Waiver

- Consistent definition of MD residency (Zip codes and International county code)
- Accurate coding of POAs
- Reporting correct dates of service (outpatient issue)
- Reporting accurate number of units in Observation rate center
- Accurate coding of diagnosis and procedure codes
- Accurate coding of Admission source & Discharge destination
- Reconciliation between case mix data and financial

MARYLAND

Monitoring Commitments and Data Sources for New Waiver

Preliminary Data Gap Analysis