



maryland
health services
cost review commission

FY 2021 Quarter 1 Data Forum

September 11, 2020

Agenda

- Announcements
 - Case Mix Weights and Grouper Transition Update (Prudence/Andi)
 - Reconciliation Report Update (Claudine)
 - Quality Update: Interim Final Rule Addressing COVID-19 (Dianne)
 - CDS-A Reporting (Bob)
 - Revisions to Public Non-Confidential Statewide Files (Oscar)
 - REMINDER: Data Forum Survey (Oscar)
 - REMINDER: Edits and Error Threshold Timeline (Oscar)
- Data Processing Vendor Update (Mary)
- Data Issues for Discussion
 - Record Type 3 errors (Claudine)
 - Psychiatric and Non-Psychiatric Days (Claudine)
 - Valid IP or OP Only Revenue Codes (Claudine)
- Next Steps & Next Meeting
 - Upcoming workgroups (Nduka)
 - Next Meeting (Oscar)

Announcements

Grouper Transition: Case Mix Weights

Rate Year	RY2022
APR/EAPG Version	IP Weights: 37.1* OP Weights: 3.15
Data Period Used	CY 2019
Implementation Date	July 2021

*Updated from version 37 to incorporate ICD-10 codes for coronavirus)

Grouper Transition: Market Shift

Rate Year	RY2022	
	Temporary Market Shift (Jan – Jun)	Permanent Market Shift (Jan – Dec)
APR/EAPG Version	36/3.14	37.1*/3.15
Timeline	<u>Base Year:</u> January – June 2019 <u>Performance Year:</u> January – June 2020	<u>Base Year:</u> January – December 2019 <u>Performance Year:</u> January – December 2020
Implementation Date	January 2021	July 2021

*Updated from version 37 to incorporate ICD-10 codes for coronavirus)

Grouper Transition: MHAC, RRIP, QBR

Rate Year	RY2022
APR/PPC Version	37.1 (Updated from version 37 to incorporate ICD-10 codes for coronavirus)
Timeline	<p><u>Base Year:</u></p> <ul style="list-style-type: none">• MHAC: FYs 2018-2019• QBR-Mortality: FY 2019• RRIP: CY 2018 <p><u>Performance Year:</u></p> <ul style="list-style-type: none">• All Programs: CY 2020 <p>Case Mix data from Jan-Jun 2020 will NOT be used in the RY 2022 programs due to the COVID pandemic. For the latest on COVID, please visit https://hscrc.maryland.gov/Pages/COVID-19.aspx</p>
Implementation Date	<p><u>Base:</u> Available on CRS Portal</p> <p><u>Performance:</u> Ongoing through CY 2020 data processing</p>

Reconciliation Reports Update

- In April 2020, HSCRC temporarily suspended reporting of Reconciliation Reports due to the COVID emergency
- During this time, HSCRC continued to distribute reconciliation reports for informational purposes and followed up with hospitals with significant variances
- Beginning with FY 2021, hospitals should resume submissions of reconciliation reports per the Production Schedule, posted on the HSCRC website (https://hscrc.maryland.gov/Pages/hsp_info1.aspx)
- Staff will draft and distribute a memo later this month

Quality Update: Interim Final Rule Addressing COVID-19 Public Health Emergency

- CMS will not use CY Q1 or CY Q2 of 2020 quality data even if submitted
- CMS is still reserving the right to suspend application of revenue adjustments for all programs at a future date in 2021; changes will be communicated through memos ahead of IPPS rules.
- We do not know at this time if Maryland has flexibility in suspending our programs and we have to make those decisions prior to CMS making their decisions.
- CMS modified the SNF VBP program performance period to use earlier time periods and then the July-September 2020 to ensure one full year of data
 - 6 months data is probably inadequate.
 - Provides an option for duplicating use of 2019 data in combination with last 6 months of 2020.

R.Y 2022 Data Concerns and Revenue Adjustment Options

COVID Data Concerns	Options
Only 6 months of data for CY 2020: <ol style="list-style-type: none">1. Is 6-months data reliable?2. What about seasonality?	<ul style="list-style-type: none">● Use 6-months data, adjust base as needed for seasonality concerns● Merge 2019 and 2020 data together to create 12-month performance period● Use 2019 data or revenue adjustments
Clinical concerns over inclusion of COVID patients (e.g., assignment of respiratory failure as an in-hospital complication)	<ul style="list-style-type: none">● Remove COVID patients from some or all measures of quality
Case-mix adjustment concerns: <ol style="list-style-type: none">1. Inclusion of COVID patients when not in normative values2. Impacts on other DRG/SOI of COVID PHE	<ul style="list-style-type: none">● Remove COVID patients from some or all measures of quality● Use 2019 data or revenue adjustments

CDS-A Reporting: What is it and How is it used?

What is it?

- A tool for audit review of the cost of the volume of certain drugs included in the GBR.
 - High-Cost
 - Physician-Administered
 - Outpatient
 - Infusion/Chemo/Biologic/Oncology

How it is used?

- To determine the change (increase/decrease) in volume of such drugs since the prior year's measurement – leads to retroactive adjustment for volume change.
- To determine the closing volume of such drugs – leads to prospective provision for inflation on such drugs

CDS-A Reporting: Creating the Statewide Standard Drug List

Source: Case-mix data thru the 3rd quarter YTD of base fiscal year annualized and thru the 4th quarter YTD of prior fiscal year.

Criteria for Inclusion on State-wide Standard Drug List:

1. Relative high cost per patient visit
 - 3M's EAPG Class Code VII or higher
2. Relatively high state-wide usage
 - State-wide charges \geq \$2M
3. Appropriate in hospital setting
 - Market Share by point of service is less than 90% at physicians' offices
4. Approved for stand-alone payment, not packaged in other goods /services
 - Medicare Ambulatory Payment Class / OPPS Payment Status Indicator of "G" or "K"
5. Then for all drugs meeting criteria above, discover alternate CPT codes
 - Brand, generic, biosimilar, biologic, replacement, discontinued, temporary

CDS-A Reporting: Creating the Templates for the Hospitals

- Reference 4th quarter YTD case mix for base period and prior period
 - Visits, charges and doses for each CPT found on the state-wide list.
- Reference final CDS-A from prior period and record doses
 - This is the starting point of measuring volume change.
- Flag material differences (+/- 1.5 Std. Dev.) in doses per visit as compared to state-wide average reported
 - Variance may indicate potential error in visits, doses, or dosage measurement.
- Exclude volume for “free” drugs costed and billed at nominal values.
 - May be related to research or promotional programs.
- CDS-A Templates to be distributed around Friday, September 25, 2020.
- **Reports Due By Friday October 23, 2020**

CDS-A Reporting: Measuring Hospitals' Utilization

- Converting widgets into dollars
 - using standard cost for procurement – either ASP or 340B
- Published ASP list for 07/01/20 thru 09/30/2020 from Medicare survey conducted during 4th quarter of fiscal 2020 and released just prior to 06/30/2020.
- Standard 340B = average of 340B costs reported for quarter ended 06/30/2020.

CDS-A Reporting: Measuring Change in Volume

- If hospital entered GBR as an ASP hospital, and if...
 - **Hospital stayed an ASP hospital**, then increases and decreases are measured at ASP.
 - **Hospital became 340B**, then increases measured at 340B and decreases are measured at ASP, so to recover the initial ASP cost in GBR.
- If hospital entered GBR as a 340B hospital, and if...
 - **Hospital stayed a 340B hospital**, then increases and decreases are measured at 340B.
 - **Hospital became ASP**, then increases measured at ASP and decreases are measured at 340B, so to recover the initial 340B cost in GBR.
 - This is infrequent in occurrence.

CDS-A Reporting: Issues with Data and/or Disclosures:

- Missing CPT codes
- Reporting wrong CPT codes
- Reporting dose measurement other than as defined by Medicare
- Data quality issue in case mix – not representative of service transactions
- Reporting volumes for “free” drugs
- Not disclosing shifts of service (both shifts in fact and shifts as intended by hospital)
- Not disclosing proper timing of satellite creation

CDS-A Reporting

For questions about the CDS-A Report:

Bob Gallion

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Revisions to Public Use Non-Confidential Statewide Files

Variables Removed

- Confidential variables (FY20 Q4 onwards)
 - Age in Years
 - Age in Days
 - Psychiatric Event Data
- Not maintained (FY20 Q1 onwards)
 - MedChi Ghost Number and Flags
 - St Paul Hospital ID (SPCCID)
 - Metropolitan Code, Teaching Hospital Code, Bed Capacity (Hospital Bed Size), PSRO AREA, ICG Code, HSA (Health System Area by County)
 - Principal Procedure Class
 - Other Procedure Class
 - Preop LOS for Principal Procedure
 - LOS for other procedures

Variables Added FY20 Q4

- Age Group

00 = 00-01	06 = 25-29	13 = 60-64
01 = 02-04	07 = 30-34	14 = 65-69
02 = 05-09	08 = 35-39	15 = 70-74
03 = 10-14	09 = 40-44	16 = 75-79
04 = 15-19	11 = 50-54	17 = 80-84
05 = 20-24	12 = 55-59	18 = 85+

- Age Flag

- A where Age ≥ 18
- P where Age ≤ 17

Reminder: Complete the Data Forum Survey!

- Opportunity to provide feedback on
 - Meeting logistics (meeting notice, registration, ease of participation)
 - Topics covered during the prior meeting
 - Topics for discussion for future meetings
- After this Data Forum, participants will receive a link to a survey via Survey Monkey
- Questions about the survey: contact hscrcteam@hmetrix.com

Reminder: Edits and Error Threshold Implementation Timeline

July
2020

- DAVE sandbox available;
- new edits are flagged as warnings

Oct 1,
2020

- New edits displayed as warnings in production

Jan 1,
2021

- New edits will switch from warnings to errors

April
2021

- 5% error threshold will be in effect for FY 2021 Q3 Final and subsequent final quarters

Data Processing Vendor Update

Points of Contact

HSCRC

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Data Processing Updates and Status

- Reminders
 - Data submittal forms are no longer required
 - Submit Production files to
 - HSCRCIP, HSCRCOP, and HSCRC-Psych distribution list
 - Submit Test files to
 - TESTIP, TESTOP, and TESTPSY distribution list
- Test Site Update
 - October 1, 2020 - New Edits (FY21) will be switched to errors

FY 2021 Proposed Edit (warning) in Error Report

Revenue Code, Rate Center, Units, CPT and Charges Must be Populated

- **Line #** from submission
- **Contents** – revenue code from submission
- **Explanation** – revenue group number with missing data
- Enhancement planned to identify missing data instead of group

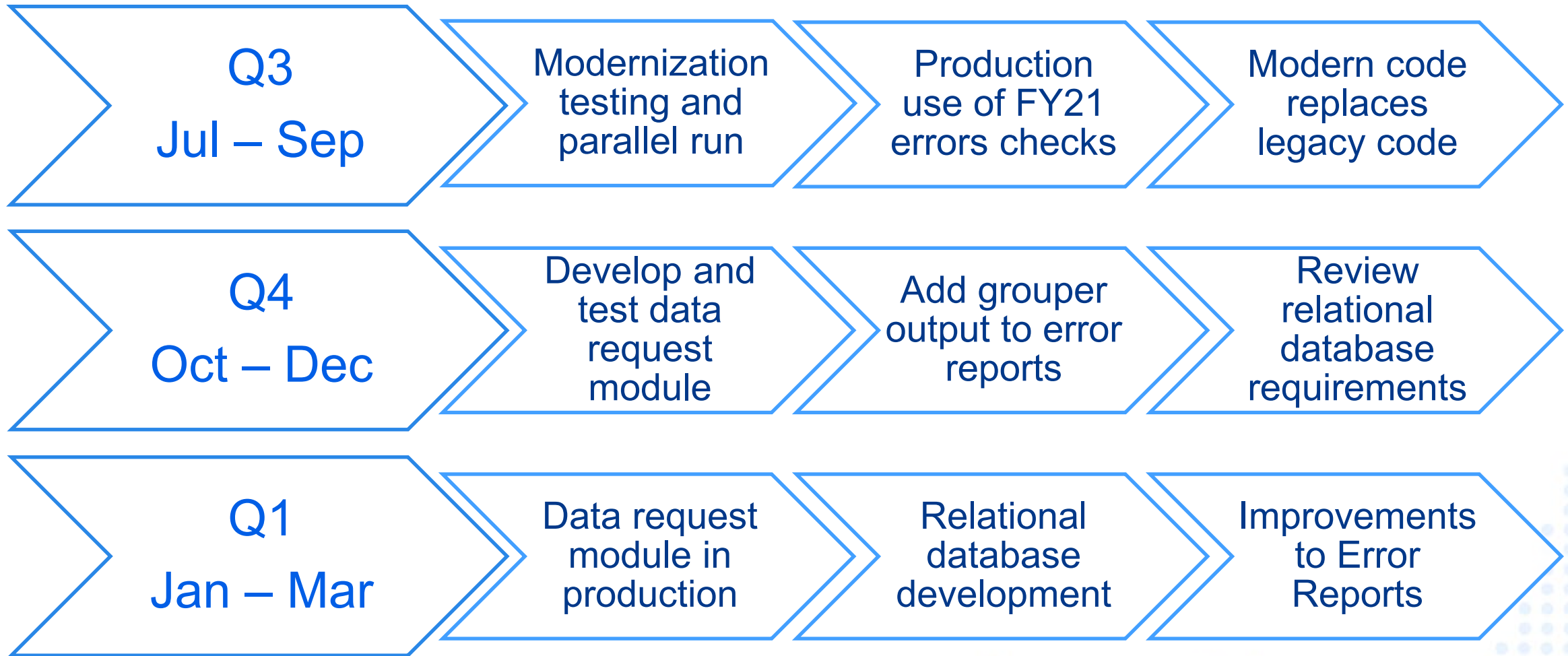
Hospital Submission

Line #	Group1							Group 2						
	Rev Cd 1	Rt Ctr Cd 1	Units Svc 1	Tot Chgs 1	CPT1 or HC	DOS 1		Rev Cd 2	Rt Ctr Cd 2	Units Svc 2	Tot Chgs 2	CPT2 or HC	DOS 2	
895	360	40	0	0	27130	7062020		250	67	28	63	J0131	7062020	
896	250	67	2	6	J2704	7062020		250	67	5	11.55	J1170	7062020	
897	272	65	0	374.86		7062020		272	65	0	42.46		7062020	
898	305	42	20	53.34	85025	7062020		310	42	6	16	86923	7062020	
899	424	52	24	306.93	97161	7062020		1		0	16779		7062020	

Error Report

LINE#	CONTENTS	EXPLANATION
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895	360	Revenue Group 1 has missing data
897	272	Revenue Group 2 has missing data
899	0001	Revenue Group 2 has missing data
897	272	Revenue Group 1 has missing data

CY 2020 Roadmap for Continuous Improvements to DAVE



Data Issues For Discussion

Record Type 3 Errors

- As hospitals test the new edits in the sandbox, there is an increase in the number of errors being reported for Record Type 3
- Increased scrutiny of missing CPT/HCPCS and revenue codes, units and charges
 - Market Shift
 - Impact: inconsistent coding can lead to erroneous trends
 - Weights
 - Impact: missing or inaccurate CPT/HCPCs or Units can result in inaccurate weighting
 - CDS-A Reporting
 - Impact: inaccurate drug units can inflate or deflate drug adjustments

Record Type 3 Errors: 3 Types

- Revenue Codes without CPTs:
 - hMetrix reviewed data for FY 20
 - Appears to be some Revenue Codes that do not require CPT
 - Refining edit to capture invalid Revenue Code/CPT Combinations
- “Revenue Group” reported for Total Charge not adhering to DSR:
 - **Revenue Code** must be reported as “1” or “0001”
 - **Rate Center** must be reported as ‘00’
 - **Units of Service** must be 000000 (REVISED)
 - **CPT and Modifiers** must be blank
 - **Charges** must be greater than 0
- Populating 0s in some fields beyond the Total Charge “Revenue Group”
 - Currently a Warning

Psychiatric and Non-Psychiatric Days Edits

- These edits were being implemented but wasn't included in FY 21 DSR
 - **Cross Edit Error:** If both Non-Psychiatric Days of Service and Psychiatric Days of Service = 7777 (Not Applicable) or 9999 (Unknown)
 - **Cross Edit Error:** If Non-Psychiatric Days of Service = 7777 (Not Applicable) or 9999 (Unknown) and Psychiatric Days of Service is not equal to LOS (discharge date – admit date)
 - **Cross Edit Error:** If both Non-Psychiatric Days of Service and Psychiatric Days of Service is = 7777 (Not Applicable) or 9999 (Unknown) and Non-Psychiatric Days of Service + Psychiatric Days of Service is not equal to LOS
- This will be included in the next update to the DSR

Valid Inpatient or Outpatient Only Revenue Codes

- Edit compares reported revenue code against a list of revenue codes that can only be reported in the IP or OP setting, not both.
- Current look-up list is out of date
- hMetrix will be using the IP only and OP only list reported by Medicare
- Look-up will be updated annually

Workgroups and Next Meeting

Notes and Slides will be posted to the
HSCRC website:

https://hscrc.maryland.gov/Pages/hsp_info1.aspx

Next Meeting
FY 2021 Q2
December 11, 2020