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Date: September 30, 2022

To: Hospital Chief Financial Officers and Case Mix Liaisons

From: Claudine Williams, Deputy Director, MEDA

Subject: **FY 2023 Q1 Data Forum Follow-up**

First, HSCRC staff would like to thank 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 2022 Q3 Data Forum on September 9, 2022, and 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 4-6).

- **Case Mix Weights (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: (https://hscrc.maryland.gov/Pages/gbr-adjustments.aspx).

  3M made a multitude of changes to its grouper which had unforeseen consequences on the weights.HSCRC will make available a de-identified dataset (with programs) for parties interested in recreating the weight calculations. Please submit a request to: hscrc.data-requests@maryland.gov.

- **Case Mix Weights (RY 2024):** IP Weights: 38; OP Weights: 3.16; IP weights use CY 2019 (12 months); OP weights use CY 2019 – Q1 CY

2020 (15 months). Staff will continue to use CY2019 as the base for setting weights until such a time when new CY data proves viable for weight calculations.Weights using V39 will be used for next year's Market Shift programs.

- **Market Shift (RY 2024): January – June (Temporary):** APR DRG 38; EAPG 3.16. The 6-month market shift report will use the first 6 months of CY 2021, (as the base year) and the first 6 months of CY 2022 (as the performance year) and implement the adjustments in rates in January 2023. **Jan – Dec (Full Year):** APR DRG 38; EAPG 3.16. The 12-month market shift report will use CY 2021 (as the base year) and CY 2022 (as the performance year) and implement the adjustments in rates in July 2023.

- **MHAC/RRIP/QBR (CY 2022):** APR DRG and PPC version 39; current CGS version. **Note:** RY 2024 policies begin January 1, 2022, in most cases. Base and performance periods are detailed on slide 6. **RY 2023 and COVID:** Current policies will include COVID patients, subject to 3M grouper logic (e.g. 3M's v39 PPC grouper will not assign many PPCs to COVID positive patients); this decision will be evaluated retrospectively with the PMWG.

- **Number of Diagnosis and Procedure Codes used in 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 7). Additionally, staff reviewed the new eCQM measures that will be required or optional for the upcoming calendar years snf the timeline for reporting the measures (slides 8-9) .

New ED Triage Validation: The HSCRC will be implementing a new edit for the ED Triage variables in the outpatient dataset. A warning will be implemented after October 1, 2022 and converted to an error on March 1, 2023 (slide 10).

Data Request Processing Delays and Abortion Cases: All new or revised DUAs nust undergo additional review by MDH Strategic Data Initiative (SDI) team and can take up to 60 days. Staff also announced HSCR's new policy of restricting claims related to elective abortion cases (slide 11).

Expected Payer Codes for UCC and Denials Quarterly Reports: Staff reminded all participants that hospitals should be using the Primary Payer codes effective for FY 2022 **for dates of service on or after July 1, 2021** (slide 12). For service dates prior to FY 2022, hospitals should be using the codes that were applicable at time of the date of service (example, if the date of discharge is January 1, 2021 (regardless of write-off date) hospitals should report the payer code that was in effect for FY 2021).

CDS-A Reports and Survey Template: Staff reminded all participants that the CDD-A Report is available on the CRISP Portal (slide 13). This report allows hospitals to review growth in the cost of outpatient infusion and chemo-therapy 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.** Staff also reviewed the timeline for the upcoming CDS-A audit for FY 2022 (slide 14). Please be aware, hospitals will be subject to fines if any material error is found in a hospital's CDS-A audit.

FY 2023 DSR Implementation Timeline: Staff reminded participants of the timeline to submit FY 2023 Data Submission Requirement formats (slide15).

Data Forum Survey: Staff reminded all meeting participants to complete the survey in Survey Monkey (slide 16). The link will be sent on September 30, 2022. 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 hscrcteam@hmetrix.com.

Uncompensated Care (UCC) Data Collection Update

Staff presented proposed changes to processing UCC data submissions from hospitals (slides 17-19). hMetrix will be taking over the submissions and error reports for the quarterly reporting. This process will fully transition to hMetrix after January 2023. More information about this transition will be provided at the next Data Forum in December.

Discussion on Gender-related Data

Staff introduced the concept of expanding the Sex variable to include "Sex for Clinical Use" based on the HL7 Gender Harmony Project (slides 20-25). Staff would like to convene a workgroup to discuss this variable and how we can better capture Sexual Orientation and Gender Identity data. **If you are interested in participating in this workgroup, please contact Oscar Ibarra (Oscar.Ibarra@maryland.gov).**

Data Processing Vendor Update

Mary Pohl, representing hMetrix and Burton Policy, reported on data processing updates. Mary 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 28). 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). Mary also reviewed the CY 2022 Roadmap that provided hospitals with a high-level view on the major activities that hMetrix will be engaging in for the next three quarters (slide 29).

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 31). Brenda also provided a summary of the 10 reviews conducted on FY 2021 data, including the targeted reviews for COVID-19 cases and cases where the patient was identified as homeless (slides 32-37). Staff also provided a preview of proposed changes to the case mix review that may be implemented with the new case mix review contract to begin in FY 2024 (slide 38).

Data Repository Vendor Update

Jen Vogel from St. Paul Group reminded participants of the password reset portal (slide 40). Please contact Jen Vogel (jen.vogel@thestpaulgroup.com) with any questions about the RDS.

Next Data Forum Meeting

The next Quarterly Data Forum Meeting is scheduled for Friday, December 16, 2022.

If you have any agenda items, please send them to Oscar or me by December 9, 2022. 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).