

Date: September 16, 2020
To: Hospital Chief Financial Officers and Case Mix Liaisons
From: Claudine Williams, Deputy Director, MEDA
Subject: FY2021 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 the COVID-19 pandemic. HSCRC staff are here 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 2021 Q4 Data Forum on September 11, 2020 and next steps.

Announcements

Grouper Transition: Staff reviewed the grouper versions that will be applied to the case mix data for RY 2022 for IP, OP and PPC data.

- **MHAC/RRIP/QBR:** APR DRG and PPC version 37.1; current CGS version. **Note:** Case Mix data from Jan-Jun 2020 will NOT be used in the RY 2022 programs due to the COVID pandemic.
- **Market Shift (Jan-Jun):** APR DRG 36/EAPG 3.14; current CGS version
- **Market Shift (Jan-Dec):** APR DRG 37.1/EAPG 3.15, current CGS version
- **Case Mix Weights:** IP Weights: 37.1; OP Weights: 3.15; applied to CY 2019.

Staff has begun work on the case mix weights for FY 2022 and hope to distribute them in November 2020, at the earliest.

Reconciliation Report Update: Staff reiterated that hospitals should resume reconciliation reporting per the Production Schedule posted on the HSCRC website (https://hscrc.maryland.gov/Pages/hsp_info1.aspx). A memo will be distributed later this month.

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Quality Update: Dianne Feeney reviewed the CMS Interim Final Rule regarding the quality programs. She also reviewed the data concerns and revenue adjustment options for RY 2022 (Slides 8-9).

CDS-A Reporting: Bob Gallion reviewed the purpose and process for the CDS-A reports (Slides 10-16). The reports that will be distributed to hospitals, via Repliweb to Hospital Case Mix Liaisons, around September 25, 2020. **The completed reports are due by October 23, 2020.** Several hospitals asked whether the methodology for identifying the high cost drugs and the standard drug list could be shared with hospitals. Staff indicated that the information will be shared in a forthcoming memo.

Revisions to Public Use Non-Confidential Statewide Files: Beginning in FY2020 Q4, the following confidential variables will be removed from the Inpatient, Outpatient, and PPC Public Use Files (PUF):

- Age in Years
- Age in Days
- Psychiatric Event Data

The age variables will be replaced with the following variables:

- 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

Beginning in FY 2020 Q1, the following variables will no longer be maintained in the PUF:

- 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

Data Forum Survey: Staff reminded all meeting participants to complete the survey (in Survey Monkey).

The link was sent by September 21, 2020. 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

Oscar.Ibarra@maryland.gov.

Edits and Error Threshold Implementation Timeline: Staff reminded participants of the edits and error threshold timeline.

- July 1, 2020: New edits will be displayed as warnings in Test Site
- October 1, 2020: New edits will be displayed as warning in Production Site
New edits will be displayed as errors in Test Site
- January 1, 2021: New Edits will be switched to errors in Production Site
- April 2021: 5% error threshold in effect for FY21 Q3 and subsequent Final quarters

Data Processing Vendor Update

Mary Pohl, representing hMetrix and Burton Policy, reported on data processing updates. Mary reminded hospitals that they are no longer required to include the submittal forms with the monthly data submissions. She reiterated that hospitals could submit to any of the HSCRCIP, HSCRCOP, and HSCRC-Psych folders in Repliweb to process the monthly data. hMetrix has instituted automated logic that can determine the type of file submitted. She also indicated that the warnings in the Test Site will be switched to errors October 1, 2020. If hospitals would like to see what their actual error rate would be when the errors are in production in January, they can submit their data to the Test Site.

Mary described proposed updates to the FY 2021 Error Report for the Record Type 3 Errors (slide 23) to include the line number from the submission, the Revenue Code submitted, better explanation of which Revenue Group is impacted, and enhancements to identify the missing variable within in the Revenue Group.

Mary also reviewed the CY 2020-2021 Roadmap that provided hospitals with a high-level view on the major activities that hMetrix will be engaging in for the next three quarters.

- Q3 (Jul – Sep):
 - Modernization testing and parallel run
 - Production of FY 2021 error checks
 - Modern code replaces legacy code
- Q4 (Oct – Dec):
 - Develop and test data request module
 - Add grouper output to Error Reports
 - Review relational database requirements for internal HSCRC use
- Q1 (Jan – Mar):
 - Data request module in production
 - Review relational database development
 - Improvements to Error Reports

Data Issues Discussion

Record Type 3 Errors: As hospitals test the new edits in the sandbox, there has been an increase in the number of errors being reported for Record Type 3. HSCRC has increased its scrutiny of missing CPT/HCPCs and revenue codes, units and charges because they have a direct impact of several methodologies including Market Shift, Outpatient weights and the High-Cost drug adjustment. There seemed to be 3 types of errors found:

1. **Revenue Codes without CPTs:** hMetrix pulled records from FY 2020 with revenue codes but no reported CPTs. Upon review, it appears there are some revenue codes that do not require associated CPT's, as well as revenue codes where hospitals should have reported CPTs but did not. The HSCRC is working with hMetrix and others to refine the edit to capture invalid revenue code/CPT combinations.
2. **“Revenue Group” reported for Total Charge not adhering to DSR:** Another common error is not reporting the variables reported in the Revenue Group (Revenue Code, Rate Center, Units, CPTs, Modifiers and Charges) according to the following rules described in the FY 2021 DSR:
 - **Revenue Code** must be reported as “1” or “0001”
 - **Rate Center** must be reported as ‘00’

- **Units of Service must be 000000 (REVISED)** (*Staff misspoke during the call and indicated that Units of Service must be blank. It has been corrected in the revised slide deck accompanying this memo*)
- **CPT** and Modifiers must be blank
- **Charges** must be greater than 0

3. **Populating 0s in some fields beyond the Total Charge “Revenue Group”:** Some hospitals are populating the Revenue Groups beyond the Total Charge Revenue Group with zeros (0). This creates a lot of empty records that makes the files larger than necessary. This is currently a warning. Please clean this up at the source so this issue doesn't flow through the submitted abstract.

Psychiatric and Non-Psychiatric Days Edits: For your information, the following edits were not included in the latest version of the FY 2021 DSR, although they were being implemented. This revision will be included in the next update of the FY 2021 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

Valid Inpatient or Outpatient Only Revenue Codes: There is an edit being implemented that looks at whether the reported revenue code can be reported in the inpatient or outpatient setting, not both. The current look-up that is being used for the edit is out of date. Going forward, hMetrix will be using the official list from CMS that is updated annually.

Upcoming Workgroups and Next Data Forum Meeting

Nduka Udom announced three (3) upcoming workgroups. These are public meetings, and all are welcome to attend.

- Efficiency Workgroup: Finalizing Integrated Efficiency Policy: Tuesday, September 15, 10-12pm
- Efficiency Workgroup: Full Rate Application Methodology: Tuesday, September 29, 10-12pm
- ECMAD and FY 2021 Weights Workgroup: Mid-October 2020

The next Quarterly Data Forum Meeting is scheduled for Friday, December 11, 2020. If you have any agenda items, please send them to Oscar or me by December 4, 2020.

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).