

Date: July 12, 2022  
To: Hospital Chief Financial Officers and Case Mix Liaisons  
From: Claudine Williams, Deputy Director, MEDA  
Subject: **FY 2022 Q4 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 June 15, 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 2022, 2023 and 2024 (slides 3-5).

- **Case Mix Weights (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 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](mailto:hscrc.data-requests@maryland.gov).

- **Case Mix Weights (RY 2024):** IP Weights: 39; OP Weights: 3.17; 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

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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. **There was an error in the presented slides. OP data used should be CY 2019 and Q1 of CY 2020 (not CY 2021 as originally stated).**

- **Market Shift (RY 2023): Jan – Dec (Full Year):** APR DRG 37.1; EAPG 3.15. The 12-month market shift report will use CY 2019 (as the base year) and CY 2021 (as the performance year) and implement the adjustments in rates in July 2022.
- **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 5. **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
<b>IP APR DRG &amp; MS DRG</b>	Up to 30 (Principal + 29 Secondary)	Up to 30 (Principal + 29 Secondary)
<b>OP APR DRG (Obs cases &gt;23 hrs)</b>	Up to 50 (Principal + 49 Secondary)	N/A
<b>IP PPC</b>	Up to 30 (Principal + 29 Secondary)	Up to 30 (Principal + 29 Secondary)
<b>OP EAPG</b>	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).

**Data Request Moratorium is Lifted:** The data moratorium has been lifted as of June 22, 2022. The request process is anticipated to take about 60 days longer. Staff advises those interested in requesting data to submit requests early and be patient as Staff works with the new MDH policy (slide 7).

**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 8). 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 9). 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.** Please be aware, hospitals will be subject to fines if any material error is found in a hospital's CY 2022 CDS-A audit.

**ED Triage Variables:** Staff reminded participants that the 2 new variables for ED Triage Status are in effect, as of January 1, 2022 (slide 10). These variables only apply to OP Emergency Department and Observation Visits. Staff also reviewed the timeline and format for submitting the last historical file for CY 2021 that was due on June 15 (slide 11). If you have questions about these variables, please contact [hsrcr.quality@maryland.gov](mailto:hsrcr.quality@maryland.gov).

**Data Forum Survey:** Staff reminded all meeting participants to complete the survey in Survey Monkey (slide 14). The link was sent on July 1, 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 [hsrcrteam@hmetrix.com](mailto:hsrcrteam@hmetrix.com).

## Data Submission Requirements Update for FY 2023 (since March Data Forum)

There has been a number of revisions to the FY 2023 Data Submission Requirements (DSR) since the March Data Forum and they are listed below (slides 13-18):

*For Psychiatric and/or Inpatient Only:*

- **Remove** Shock Trauma code (02) for Type of Daily Service since this information is already captured using the Reserve Flag.
- **Remove** Transfer code (4) for the IP Reserve Flag since there is already a source of admission/discharge code to identify transfers between hospitals.
- **Add a list** of hospitals with approved licensed hospice beds to DSR. This list is used to verify Type of Daily Service.

*For Outpatient Only:*

- **Update** list of CPT/HCPCS codes used to identify the COVID testing procedures (see slide 49 in the Appendix for the list of valid codes)
- **Add** new warning if date of service for procedures (with the exception of the COVID testing procedures) are not within the from/thru date. The Medicare “2-day Rule” does not apply to outpatient cases.
- **Update** Shock Trauma Reserve flag to apply to all MIEMSS-Designated Trauma Centers (*UM Shock Trauma, Johns Hopkins, PG Hospital Center, Sinai, Suburban, Peninsula, Western MD, Meritus*). This is consistent with how it is reported for IP.
- **Add** warning if the hospital reports E & M codes with a unit of 1. According to the Accounting and Budget Manual, effective 7/1/2022, the RVUs for E&M portion of a clinic visit are based on a 5-point visit level scale and valid values are 2-6 (see slide 46 in the Appendix for codes).

*For All Data Types:*

- **Keep** Tertiary Payer Variables and **add** another variable, Kaiser Flag, to capture any patient where any portion of the rendered services were paid by Kaiser Permanente. All of these variables will be used to identify these patients.
- **Change** code used for the Hospice at Home Point of Origin Code from F (*From a Hospice Facility*) to 01 (*From a non-healthcare facility*)
- **Add** warning if the hospital reports a homeless zip code (88888) and does not report Z59.X as a secondary diagnosis code (see slide 47-48 in the Appendix for a list of homeless Z-codes and definitions).
- **Add** error if hospital flags discharge as a trauma case and the hospital is not a MIEMSS-Designated Trauma Center (listed above).
- **Add** edit for the Medicaid ID variable to include other payer type. Medicaid ID must be reported as “7777777777” if payer is Workmen’s Compensation (07), Other (10), or International Insurance (18).

The revised FY 2023 DSR that includes these revisions will be available on our website in the coming weeks.

## **FY 2023 DSR Implementation Timeline**

Staff reviewed the timeline for submitting Test and Production Files (slide 21):

- **August 1, 2022 and onwards**

- **FY 2023 test files** with **FY 2023 format**
  - Submit data with discharges on/after July 1
  - Submit to TEST folder
- **August 15, 2022**
  - **FY 2023 Jul** with **FY 2022 DSR Format**
  - Submit to PRODUCTION folder
- **September 15, 2022**
  - **FY 2023 Jul + Aug** with **FY 2022 DSR Format**
  - Submit to PRODUCTION folder
- **October 1, 2022 and onwards**
  - **FY 2023 Jul - Sept** with **FY 2023 DSR Format**
  - Submit to PRODUCTION folder

## 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 23). 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). For the **Historical ED Triage Data**, hospitals should submit to the “**Ad Hoc folder**” in RDS. Once hospitals submit all the historical data, this folder will remain available for future ad hoc data requests from the HSCRC.

Mary presented a refresher of the DAVE system where hospitals can manage their case mix submissions, download and review error and reconciliation reports. Mary also reviewed the process for requesting a skip, an extension, to use preliminary data for the quarterly submission and resubmission of a closed quarter (slides 24-29) .

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 30).

## Case Mix Review Vendor Update

Brenda Watson from Advanta Government Solutions, LLC., reviewed common findings from the inpatient and outpatient case mix reviews, which included: miscoding primary diagnosis for clinic services, missing

low-cost drug policies and procedures, and misreporting point origin and discharge disposition (slides 32-37).

## Data Repository Vendor Update

Jen Vogel from St. Paul Group reminded participants of the recent updates to the Repository Data Submission (RDS) site (slides 38-42), including mapped drive functionality, SFTP capability, and the password reset portal. Please contact Jen Vogel ([jen.vogel@thestpaulgroup.com](mailto:jen.vogel@thestpaulgroup.com)) with any questions about the RDS.

## Next Data Forum Meeting

**The next Quarterly Data Forum Meeting is scheduled for Friday, September 9, 2022.**

If you have any agenda items, please send them to Oscar or me by September 1, 2022. If you have any questions or concerns about the topics discussed above, please contact me ([Claudine.Williams@maryland.gov](mailto:Claudine.Williams@maryland.gov)) or Oscar Ibarra ([Oscar.Ibarra@maryland.gov](mailto:Oscar.Ibarra@maryland.gov)).