



maryland  
**health services**  
cost review commission

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## FY 2023 Quarter 2 Data Forum

Please register for FY2023 Quarter 2 Data Forum Meeting at:  
<https://attendee.gotowebinar.com/register/4353433151100808204>  
After registering, you will receive a confirmation email containing  
information about joining the webinar.

December 16, 2022  
@10:00 AM

# Why, When, Where

- **WHY?**
  - Open and ongoing communication between HSCRC & industry
  - Forum to ask questions about data (case mix and financial)
  - Sharing of best practices
- **WHEN?**
  - 10:00 am - 12:00 pm

**FY 2023 Dates:**

  - September 9, 2022
  - December 16, 2022
  - March 10, 2023
  - June 9, 2023
- **WHERE?**
  - via Webinar (link is sent the day before the meeting)

# Agenda

- Announcements
  - Case Mix Weights and Grouper Transition Update (Nduka/Dianne)
  - Quality Update (Dianne)
  - FY 2023 Changes to Edit Checks (Claudine)
  - Extension requests for Monthly Financial data (Dennis or Chris)
  - Reminders (Oscar)
    - Restricted Disclosure of Elective Abortion Cases
    - CDS-A Report
    - Data Forum Survey
- UCC Data Collection Update (Irene)
- Data Processing Vendor Update (Maria Manavalan, hMetrix/Burton Policy)
- Case Mix Review Vendor Update (Brenda Watson, AGS, LLC)
- Data Repository Vendor Update (Jen Vogel, SPG)
- Upcoming Workgroups and Next Meeting (Claudine)
- Appendices:
  - Appendix 1: FY 2023 DSR Updates
  - Appendix 2: UCC Data Submission Updates
  - Appendix 3: UCC DAVE Walkthrough

# Grouper Transition: Case Mix Weights and Market Shift

Rate Year	RY 2023		RY 2024
<b>APR/EAPG Version</b>	IP Weights: 37.1 OP Weights: 3.15	IP Weights: 38 OP Weights: 3.16	IP Weights: 39 OP Weights: 3.17
<b>Data Period Used for Weight Development</b>	IP: CY 2019 (12 Months) OP: CY 2019 and Q1 of CY 2020 (15 Months)	IP: CY 2019 (12 Months) OP: CY 2019 and Q1 of CY 2020 (15 Months)	IP: CY 2021 (12 Months) OP: CY 2021 and Q1 of CY 2022 (15 Months)
<b>Weight Release Date</b>	July 2020	November 2022	November 2023
<b>Policies Applicable To</b>	CY2021 12 Months Marketshift	CY2022 12 Months Marketshift	CY2023 6 Months Marketshift
	CY2022 6 Months Marketshift	RY2022 ICC Volume	CY2023 12 Months Marketshift
	RY 2023 Demographic Adjustment	RY 2024 Demographic Adjustment	RY 2025 Demographic Adjustment
	RY2021 ICC Volume		RY 2023 ICC Volume

# Grouper Transition: MHAC, RRIP, QBR for CY 2023

<b>Rate Year</b>	RY2025
<b>APR/PPC Version</b>	40 <i>(Updated from version 39 to incorporate annual 3M updates)</i>
<b>Timeline</b>	<p><b><u>Base Year:</u></b></p> <ul style="list-style-type: none"> <li>• MHAC: CY 2020 Q3 – CY 2022 Q2</li> <li>• QBR-Mortality: CY 2021 Q3 – CY 2022 Q2 (FY 2022)</li> <li>• RRIP: 2018; norms based on post-COVID time period TBD</li> </ul> <p><b><u>Performance Year:</u></b></p> <ul style="list-style-type: none"> <li>• All Programs: CY 2023 (longer timeframe for MHAC for small hospitals TBD)</li> </ul>
<b>Implementation Date</b>	RY 2025 policies begin Jan 1, 2023 in most cases. Look for base and performance period reports on the CRS Portal.

# Quality Update: Additional Topics

- For RY 2023, CMS finalized putting VBP and HAC programs on hold
  - Maryland previously stated we will hold QBR and MHAC hospital adjustments until January 2023 but may request to suspend program adjustments in light of final determination of suspensions for national programs.
- COVID impact will be evaluated retrospectively for RY 2024 (CY 2022 performance)
  - This evaluation will take place iteratively with the Performance Measurement Work Group
- Quality is pursuing the following additional areas of quality of care (more to come)
  - Electronic Clinical Quality Measures (eCQMs) or other digital measures CY 2023 – please see HSCRC memo dated 10/19/2022
  - Planned Monitoring Reports – Timely Follow-up for Medicaid (implemented); Maternal Morbidity; 30-day Mortality; Excess Days in Acute Care (EDAC)
  - Health Equity Workgroup (HEW) convened this summer to establish framework for hospital equity measurement; WG focused on social determinants of Health (SDoH) data elements; staff is working on additional reporting of aggregated trends in SDoH to address health disparities
  - Outpatient Quality measures, particularly shifts from IP to OP care

# CY 2023 Digital Measure Submission to HSCRC

Title	Short Name	CMS eCQM ID	NQF Number	Meaningful Measure	Notes
<a href="#"><u>Anticoagulation Therapy for Atrial Fibrillation/Flutter</u></a>	STK-3	CMS71v12	N/A	Preventive Care	<b>HSCRC Optional</b>
<a href="#"><u>Antithrombotic Therapy By End of Hospital Day 2</u></a>	STK-5	CMS72v11	N/A	Preventive Care	<b>HSCRC Optional</b>
<a href="#"><u>Cesarean Birth</u></a>	PC-02	CMS334v4	N/A	Safety	<b>HSCRC Required</b>
<a href="#"><u>Discharged on Antithrombotic Therapy</u></a>	STK-2	CMS104v11	N/A	Preventive Care	<b>HSCRC Optional</b>
<a href="#"><u>Discharged on Statin Medication</u></a>	STK-6	CMS105v11	N/A	Preventive Care	<b>HSCRC Optional</b>
<a href="#"><u>Exclusive Breast Milk Feeding</u></a>	PC-05	CMS9v11	0480e	Care Personalized, Aligned with Patient's Goals	<b>HSCRC Optional</b>
<a href="#"><u>Hospital Harm - Severe Hyperglycemia</u></a>	HH-02	CMS871v2	3533e	Preventable Healthcare Harm	<b>HSCRC Required</b>

# CY 2023 Digital Measure Submission to HSCRC

Title	Short Name	CMS eCQM ID	NQF Number	Meaningful Measure	Notes
<a href="#"><u>Hospital Harm - Severe Hypoglycemia</u></a>	HH-01	CMS816v2	3503e	Preventable Healthcare Harm	<b>HSCRC Required</b>
<a href="#"><u>Intensive Care Unit Venous Thromboembolism Prophylaxis</u></a>	VTE-2	CMS190v11	N/A	Preventive Care	<b>HSCRC Optional</b>
<a href="#"><u>Median Admit Decision Time to ED Departure Time for Admitted Patients</u></a>	ED-2	CMS111v11	N/A	Admission and Readmissions to Hospitals	<b>HSCRC Required</b>
<a href="#"><u>Safe Use of Opioids - Concurrent Prescribing</u></a>	N/A	CMS506v5	3316e	Prevention and Treatment of Opioid and Substance Use Disorders	<b>HSCRC Required</b>
<a href="#"><u>Severe Obstetric Complications</u></a>	PC-07	CMS1028v1	N/A	Safety (Measure Risk adjusted)	<b>HSCRC Required</b>
<a href="#"><u>Venous Thromboembolism Prophylaxis</u></a>	VTE-1	CMS108v11	N/A	Preventive Care	<b>HSCRC Optional</b>

# Quality Update: eCQM Reporting Timeline

- CY 2023 Performance Period Submission Windows for eCQMs

<b>Q1 2023:</b>	Open: 07/15/2023	Close: 10/02/2023
<b>Q2 2023:</b>	Open: 07/15/2023	Close: 10/02/2023
<b>Q3 2023:</b>	Open: 10/15/2023	Close: 12/30/2023
<b>Q4 2023:</b>	Open: 01/15/2024	Close: 04/01/2024

- CY 2023 Performance Period Submission Windows for Hybrid Clinical Data Elements

<b>Q3 2023:</b>	Open: 01/15/2024	Close: 04/01/2024
<b>Q4 2023:</b>	Open: 01/15/2024	Close: 04/01/2024

- Hospitals may apply for an extraordinary circumstances exemption if warranted, including an extension if more time is needed.

# Convert Error to Warning: Gender inconsistency with ICD-10 Codes

- The current error checks flag errors in the following cases:
  - ICD 10 procedure code inconsistent with Gender
  - ICD 10 diagnosis code inconsistent with Gender
- At a statewide level less than .002% of visits have these errors reported
- The grouper successfully groups these visits
- These errors will be converted to warnings
  - Starting Jan 1, 2023
  - Will not count towards the error percentage

Please send questions to [hsrcr.quality@maryland.gov](mailto:hsrcr.quality@maryland.gov)

## Convert Warning to Error: Outpatient Date of Service

- Previously +/-2 days grace period was given for the outpatient services.
- Since there is no “2 day rule” for Medicare OP services, service dates should not be reported before or after the thru/from dates
- Currently, there is a warning
  - If the date of service for procedure OTHER than COVID tests are NOT within the Thru date and from date
- This warning will be converted to error on **Jan 1 2023**

## Postponed: ED Triage Data Validation

- HSCRC added ED Triage variables to the outpatient data submission requirements effective CY 22
- HSCRC introduced data validation for these fields
  - Variable ED Triage 1 or ED Triage 2 must be populated for  $\geq 99\%$  of ED visits
  - ED visits are identified using the logic “EMG rate center charges  $> 0$ ”
  - Warning for all submissions after Oct 1, 2022 (FY 23 Sept Preliminary data)
- Hospitals have indicated that not all ED visits will have triage reported and exceptions should be considered
- HSCRC is reviewing the data and will determine whether exclusions are appropriate.

# Process for Submitting Extensions

- Monthly submissions of financial data
  - Volume and Revenue (formally known as the MS, NS, PS, RS, CSS and OVS)
  - Unaudited Financial Statements (formally known as FSA and FSB)
  - Due 30 days after the end of the month (if date falls on a weekend, due next business day)
- If an extension is requested they must be:
  - **Submitted in writing** (email or letter)
  - Made within a reasonable time **before** the due date
  - Addressed to the Executive Director, **with copies** to the following staff to ensure timely processing
    - Dennis Phelps ([Dennis.Phelps@maryland.gov](mailto:Dennis.Phelps@maryland.gov))
    - Andrea Strong ([Andrea.Strong@maryland.gov](mailto:Andrea.Strong@maryland.gov))
    - Marcella Guccione ([marcella.guccione@maryland.gov](mailto:marcella.guccione@maryland.gov))
- Once staff reviews the extension request, a letter will be sent to the hospital indicating whether the request has been approved and (if the request is approved) the new due date



# Reminders

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## Reminder: Restricted Disclosure of Elective Abortion Cases

- There is heightened sensitivity around claims for elective abortions, particularly for out-of-state patients who receive care and the providers from whom they received abortion services.
- The HSCRC will be **restricting disclosure of claims related to elective abortion cases** beginning in FY 2023. This also includes data requests processed by CRISP.
- This policy will also be applied to new requests for data prior to FY 2023.

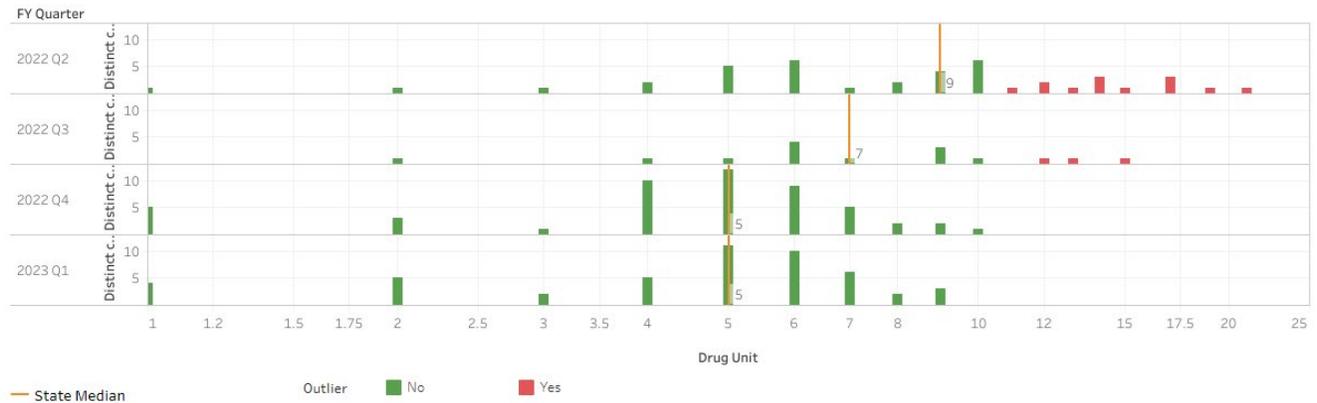
# Reminder: CDS-A Reports on CRISP Portal

- Provides hospitals with **high-cost drug utilization for outlier dosage units** based on 3<sup>rd</sup> Monthly case mix data
- Information should be used to correct errors prior to submission of Quarterly case mix data.
- Hospitals can see which drugs' units are outliers compared to the State average

Outlier Summary Fiscal Year 2022 Q2 -2023 Q1

Drug Codes	Drug Description	EAPG	EAPG class code	Out..	Latest Year Visit Count	Latest Year Charges	Latest Year Outlier Count	Latest Quarter Visi..	Latest Quarter Cha..	Latest Quarter Out..
90375	Rabies ig im/sc	460	CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	1,274	\$9,027,826	156	449	\$3,129,047	51
90376	Rabies ig heat treated	460	CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	157	\$742,379	18	48	\$210,480	
90377	Rabies ig ht&sol human im..	460	CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	311	\$1,646,114	31	198	\$1,050,729	15
A9513	Lutetium lu 177 dotatat th..	246	CLASS IV THERAPEUTIC RADIOPHARMACEUTICALS	No	97	\$5,253,900	0	26	\$1,384,760	
A9606	Radium ra223 dichloride t..	245	CLASS III THERAPEUTIC RADIOPHARMACEUTICALS	No	38	\$990,371	0	11	\$189,499	
C9132	Kcentra, per i.u.	461	CLASS IX COMBINED CHEMOTHERAPY AND PHARMACOTHE..	No	24	\$502,626	0	5	\$109,800	
C9257	Bevacizumab injection	435	CLASS I PHARMACOTHERAPY	Yes	160	\$174,816	16	31	\$1,782	
C9492	Injection, durvalumab	463	CLASS XI COMBINED CHEMOTHERAPY AND PHARMACOTHE..	No	2	\$32,041	0	1	\$15,281	
J0129	Abatacept injection	461	CLASS IX COMBINED CHEMOTHERAPY AND PHARMACOTHE..	No	468	\$2,549,362	0	83	\$450,205	
J0180	Agalsidase beta injection	464	CLASS XII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	No	95	\$1,970,951	0	20	\$395,562	
J0791	Inj crizantizumab-tmca 5mg	444	CLASS VII PHARMACOTHERAPY	No	258	\$3,830,744	0	73	\$1,049,857	
J0875	Injection, dalbavancin	462	CLASS X COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	500	\$3,578,522	3	177	\$1,310,185	3
J0896	Inj luspatercept-aamt 0.25..	464	CLASS XII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	211	\$5,109,211	3	63	\$1,866,504	2

Billed Unit Details : 90376 - Rabies ig heat treated



EAPG Version 3.17

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## Reminder: CDS-A Reports on CRISP Portal

- CDS-A Audits starts with what is reported in the case mix data. If the case mix data has errors, the CDS-A data for the following year will have errors.
- Hospitals are subject to fines if the case mix data used for CDS-A audits the following year contains errors.
- For access to the CRISP portal, contact your CRS Portal Point of Contact or [support@crisphealth.org](mailto:support@crisphealth.org)

# Reminder: Please 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](mailto:hscrcteam@hmetrix.com)

# UCC Data Collection Update

# Improved UCC Data Collection and Processing

- HSCRC is working with hMetrix to improve the UCC data processing
  - Revised UCC write-off reporting instructions memo distributed on December 1, 2022
  - New data processing rules apply to all UCC reports submitted since January 1, 2023
- UCC Improved features in DAVE
  - Manage and track tasks
  - Reminders and notifications
  - Automated error report generation
- Advantages of the new system
  - Timely data processing
  - Offers an opportunity for hospitals to correct errors
  - Standardized data
  - Uses the same system as the Case Mix data
- Revised UCC data reporting instructions, data edit rules, report template and materials from the UCC training webinar will be posted on the HSCRC Financial Data Submission Tools web page ([https://hscrc.maryland.gov/Pages/hsp\\_info2.aspx](https://hscrc.maryland.gov/Pages/hsp_info2.aspx)).
- User Workbook for UCC access was shared on December 14, 2022. **Please return the updated workbook by January 14, 2023**

# UCC Data Collection and Processing Key Changes

- **Submission window** changed to 30 - 60 days after the end of reporting quarter
- Report must follow the **specific file name format** and submitted in designated template
- **Record write-off type value** as “C” for Charity, “B” for Bad Debt, or “R” for Recovery
- **Automated reminders and notifications** related to the status of UCC report submissions will be sent to designated hospital staff on the list managed by hMetrix and HSCRC staff
- **Standard data summary and edit report** will be posted in DAVE for designated hospital staff to review within hours after data submission to allow opportunity to identify and fix data issues in a timely manner
- Any Report with an **error percentage greater than the threshold** determined by the HSCRC **will not be processed** and the hospital will be required to fix the errors and resubmit the report unless approved by HSCRC

# UCC Data Preparation and Submission Process Recommendations

- Submit data as early as possible during the 30 - 60 days window to allow time for data review and correction if needed
- Before submission, review the data and verify **all submission requirements** below are met:
  - Use UCC report template and proper file name
  - Record admission date (IP) or from date (OP) of the service for the account reported in case mix as the service date
  - Record UCC write-offs for HSCRC regulated services only
  - Check for missing values in data rows
  - Use proper sign for the write-off amount according to write-off type
  - Report original billed amount as positive number value
  - Use valid payer code (new payer codes for services since FY22)

# UCC Data Preparation and Submission Process Recommendations

- After submission, review errors and warnings in the edit report and resubmit corrected data as needed
- Report with  $> 5\%$  error rate will be rejected unless approved by HSCRC
- Data flagged with warning or error will be kept in the UCC write-off database but may be excluded from UCC-related policy development or other data analysis

# Questions about UCC Data Processing Procedures

- Contact HSCRC for questions regarding
  - Revised UCC reporting instructions
  - UCC data edit rules
  - UCC data quality
  - Request report submission extension (via DAVE)
  - Request report data pass if error rate > 5% (via DAVE)
  - Primary contact person: Irene Cheng (Irene.Cheng@maryland.gov)
- Contact hMetrix for technical support regarding DAVE
  - Access to edit reports and notification e-mail
  - Send email to [hscrcteam@hmetrix.com](mailto:hscrcteam@hmetrix.com)

# Data Processing Vendor Update

# Points of Contact

HSCRC	hMetrix / Burton Policy
<b>Oscar Ibarra</b> Phone: (410) 764-2566 Email: <a href="mailto:oscar.ibarra@maryland.gov">oscar.ibarra@maryland.gov</a>	<b>Shivani Bhatt</b> (Primary PoC) Phone: (484) 228-1453 Email: <a href="mailto:shivani@hmetrix.com">shivani@hmetrix.com</a>
<b>Claudine Williams</b> Phone: (410) 764-2561 Email: <a href="mailto:claudine.williams@maryland.gov">claudine.williams@maryland.gov</a>	<b>Mary Pohl</b> (Hospital Support) Phone: (410) 274-3926 Email: <a href="mailto:marypohl@burtonpolicy.com">marypohl@burtonpolicy.com</a>
	<b>Team Email:</b> <a href="mailto:hscrcteam@hmetrix.com">hscrcteam@hmetrix.com</a>

# Reminders

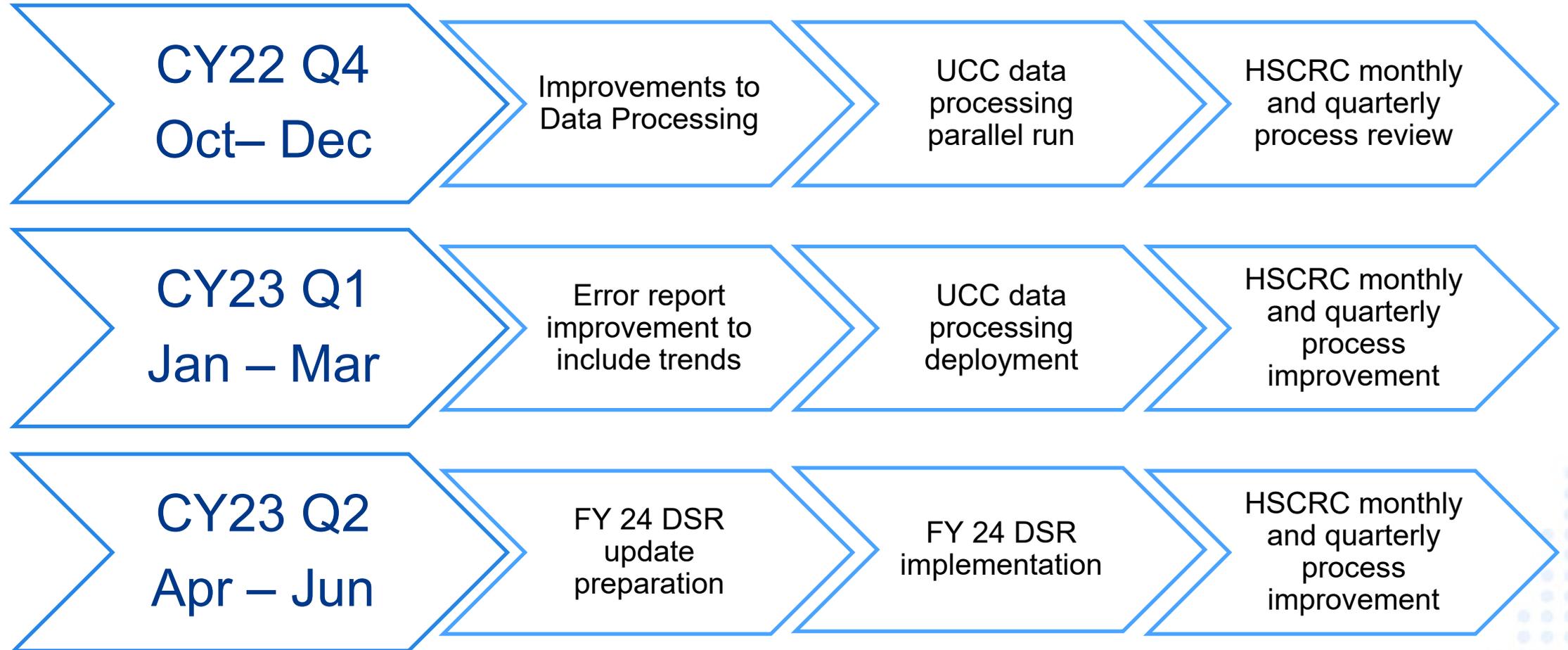
- Production data

- Upload Case Mix (Inpatient, Outpatient and Psychiatric) files to the RDS server 'submit' folder
  - These files are used for grouping and other downstream processes
- Upload UnCompensated Care (UCC) files to the RDS server 'UCC' folder
- Download error reports from <https://hscrcdave1.hmetrix.com/>

- Test data

- Upload files to the RDS server 'test' folder - both Case Mix data as well as UCC files
  - UCC files accepted starting Jan 1, 2023
- Available all the time for hospitals to test submissions
- Data is not used for downstream processes
- Download error reports from <https://hdavetest.hmetrix.com/>

# Roadmap for Continuous Improvements to Data Processing



# Case Mix Review Vendor Update

# Point of Origin & Discharge Disposition Definitions

- Point of Origin - defined as the patient's immediate location before arriving at the hospital, hospital's emergency department, or another point of entry
- Discharge Disposition – discharge is when a patient leaves the hospital after receiving treatment or expires. Where the patient is going after the encounter is represented with a code to identify what type of facility or where the patient is discharged.

# Review of Residence Zip Code & Homeless

- From the 2,286 inpatient and 2,196 outpatient record samples, 36 cases were found with documentation of the patient being homeless.
- The ZIP Code 88888 was used as the residence for the homeless patient 17 percent of the time, with 5 of 9 homelessness-reporting hospitals never using the 88888 ZIP Code.
- The Z-code for homelessness, Z59.0, was used correctly in all cases in seven hospitals.
- The other 2 hospitals used Z59.0 in 67 percent (i.e., 8 of 12) of the documented cases. The overall use of Z59.0 to identify homelessness was 89 percent (32 of 36).



# COVID - 19 Case Review

- 97% inpatient COVID-19 diagnosis accuracy
  - Discrepancies were due to re-sequencing COVID-19 to the principal diagnosis, and COVID-19 diagnosis was reported without supporting documentation
- 95% outpatient COVID-19 diagnosis accuracy
  - Discrepancies were due to re-sequencing COVID-19 as the primary diagnosis, and COVID-19 was reported as an acute condition when the patient had a history of COVID-19.

# COVID-19 Case Review, cont.

Inpatient Stratum (200 cases)	Outpatient Stratum (350 cases)
<p><b>6 cases (3%) had U07.1 diagnosis errors</b></p>	<p><b>16 cases (5%) had U07.1 diagnosis errors</b></p>
<ul style="list-style-type: none"> <li>● Two errors (one essential error and one non-essential error) were due to the hospital reporting a U07.1 COVID-19 diagnosis code when it was not supported. (The non-essential error was because the U07.1 code did not impact the APR DRG or SOI for the case).</li> <li>● Four essential errors required re-sequencing the COVID-19 diagnosis code as the principal diagnosis.</li> </ul>	<ul style="list-style-type: none"> <li>● One case required removal of the U07.1 code because the patient had a viral infection instead of COVID in the other case, the patient had a history of COVID which should have been represented with code Z86.16.</li> <li>● Fourteen cases required the COVID-19 diagnosis code to be reported as the primary diagnosis instead of a secondary diagnosis.               <ul style="list-style-type: none"> <li>○ In all 14 cases, code Z23 was reported representing the reason for encounter as immunization instead of treatment of COVID-19.</li> </ul> </li> </ul>

# FY 2021 Overall Inpatient Variable Profile

		Inpatient Category				Weight
		Random & Focused (Everything)	APR-DRG	Disposition of Patient	Prov. Specific DD	
FY18 Hospitals	#1	Red	Green	Green	Green	Red
	#2	Yellow	Green	Green	Green	Yellow
	#3	Red	Green	Green	Green	Red
	#4	Red	Green	Green	Green	Red
	#5	Red	Green	Green	Green	Red
	#6	Red	Green	Green	Green	Red
	#7	Red	Green	Green	Green	Red
	#8	Red	Green	Green	Green	Red
	#9	Yellow	Green	Green	Green	Yellow
	#10	Red	Green	Green	Green	Red
FY19 Hospitals	#11	Red	Green	Green	Green	Red
	#12	Red	Green	Green	Green	Red
	#13	Red	Green	Green	Green	Red
	#14	Yellow	Green	Green	Green	Yellow
	#15	Yellow	Green	Green	Green	Yellow
	#16	Red	Green	Green	Green	Red
	#17	Red	Green	Green	Green	Red
	#18	Red	Green	Green	Green	Red
	#19	Red	Green	Green	Green	Red
	#20	Red	Green	Green	Green	Red
FY20 Hospitals	#21	Red	Green	Green	Green	Red
	#22	Yellow	Green	Green	Green	Yellow
	#23	Yellow	Green	Green	Green	Yellow
	#24	Red	Green	Green	Green	Red
	#25	Red	Green	Green	Green	Red
	#26	Red	Green	Green	Green	Red
	#27	Yellow	Green	Green	Green	Yellow
	#28	Red	Green	Green	Green	Red
	#29	Red	Green	Green	Green	Red
	#30	Red	Green	Green	Green	Red
FY21 Hospitals	#31	Yellow	Green	Green	Green	Yellow
	#32	Yellow	Green	Green	Green	Yellow
	#33	Red	Green	Green	Green	Red
	#34	Yellow	Green	Green	Green	Yellow
	#35	Yellow	Green	Green	Green	Yellow
	#36	Yellow	Green	Green	Green	Yellow
	#37	Yellow	Green	Green	Green	Yellow
	#38	Yellow	Green	Green	Green	Yellow
	#39	Yellow	Green	Green	Green	Yellow
	#40	Red	Green	Green	Green	Red

## Chart:

- Compares inpatient performance for all hospitals for the first four years of the contract (FY18 through FY21).
- The average results are presented for all overarching Random & Focused sample strata combined, along with proper assignment of two discharge disposition-related variables and APR-DRG, and accuracy scores pertaining to weight.
- The inpatient scores for all the categories appear to have improved over the four assessed years.
- That finding was expected for Provider Specific DD due to regulatory changes

## Legend:

- Red is greater than 1 standard deviation from the PB
- Yellow is  $\leq 1$  standard deviation from the PB
- Green is at or above the PB.

# FY 2021 Overall Outpatient Variable Profile

		Outpatient Category			
		Random & Focused (Everywhere)	CPT	Units	Disposition of the Patient
FY18 Hospitals	#1	Green	Green	Green	Green
	#2	Green	Green	Green	Green
	#3	Red	Green	Green	Red
	#4	Red	Green	Green	Green
	#5	Green	Green	Green	Green
	#6	Red	Green	Green	Green
	#7	Green	Green	Green	Green
	#8	Green	Green	Green	Green
	#9	Green	Green	Green	Green
	#10	Green	Green	Green	Green
FY19 Hospitals	#11	Red	Green	Red	Green
	#12	Red	Green	Green	Red
	#13	Red	Green	Green	Green
	#14	Green	Green	Green	Green
	#15	Red	Green	Green	Red
	#16	Red	Green	Green	Red
	#17	Green	Green	Green	Red
	#18	Red	Green	Green	Green
	#19	Red	Green	Green	Green
	#20	Red	Green	Green	Green
FY20 Hospitals	#21	Red	Green	Green	Red
	#22	Red	Green	Green	Green
	#23	Red	Green	Green	Green
	#24	Green	Green	Green	Green
	#25	Red	Green	Green	Green
	#26	Red	Green	Green	Red
	#27	Red	Green	Green	Green
	#28	Red	Green	Green	Green
	#29	Green	Green	Green	Green
	#30	Red	Green	Green	Green
FY21 Hospitals	#31	Green	Green	Green	Green
	#32	Red	Green	Green	Green
	#33	Red	Green	Green	Green
	#34	Green	Green	Green	Green
	#35	Green	Green	Green	Green
	#36	Green	Green	Green	Green
	#37	Green	Green	Green	Green
	#38	Green	Green	Green	Green
	#39	Green	Green	Green	Green
	#40	Green	Green	Green	Green

## Chart:

- The chart compares outpatient performance for all FY18, FY19, FY20, and FY21 hospitals.
- Overall, the outpatient scores appear to have improved over the first four years.

## Legend:

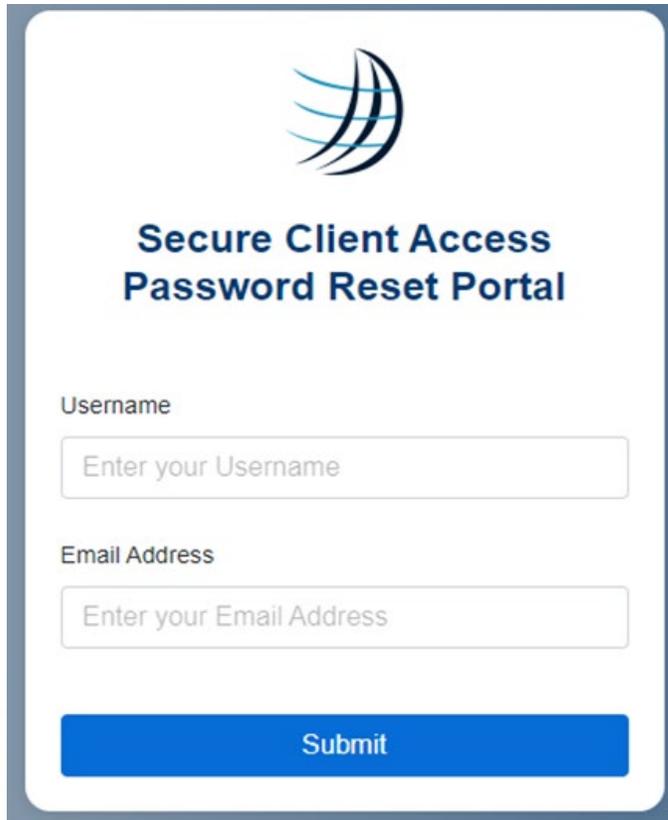
- Red is greater than 1 standard deviation from the PB
- Yellow is  $\leq 1$  standard deviation from the PB
- Green is at or above the PB.

# Data Repository Vendor Update

## SCA Password Reset Portal

<https://password.thestpaulgroup.com>

- Enter Username and Email associated with account
  - A secure email will be sent with new password



The screenshot shows a web form for password reset. At the top is a logo consisting of several curved lines. Below the logo is the title "Secure Client Access Password Reset Portal". There are two input fields: "Username" with the placeholder text "Enter your Username" and "Email Address" with the placeholder text "Enter your Email Address". At the bottom of the form is a blue "Submit" button.

Contact St. Paul Operations  
with any questions:

[ops@thestpaulgroup.com](mailto:ops@thestpaulgroup.com)

# Upcoming Workgroup Meetings

# Workgroup Topics

- HSCRC will convene several meetings to discuss the possibility of:
  - Expanding definitions for Gender and Sexual Orientation
  - Expanding race and ethnicity categories to align with new DHHS IRF reporting requirements
- Meetings will be held virtually in early 2023
- Hospitals to be surveyed on current data collection process and ability to expand
- Interested in participating? Email [Oscar.Ibarra@maryland.gov](mailto:Oscar.Ibarra@maryland.gov)

# Next Meeting

Notes and slides will be posted to the  
HSCRC website:

[https://hscrc.maryland.gov/Pages/hsp\\_info1.aspx](https://hscrc.maryland.gov/Pages/hsp_info1.aspx)

Next Meeting  
FY 2023 Q3  
March 10, 2023

# Appendix 1: DSR Updates for FY 2023

# Updates to the FY 2023 DSR Since Q2 Data Forum

- **Tertiary Payer Variable (NEW)**
  - Previously proposed to remove tertiary payer variables
  - **FY 2023 Change: Retain these variables** to aid in identifying Kaiser patients
- **Kaiser Flag (NEW)**
  - Intend to capture any Kaiser patient (Y/N)
  - FY 2023 Change: **Add** Kaiser Flag variable
  - **New Cross Edit Error:** if primary/secondary/tertiary plan payer is NOT 107 and Kaiser\_flag = Y and vice versa
- **Type of Daily Service - Shock Trauma (02) (NEW)**
  - Intended to capture admissions only to UM Shock Trauma
  - Admissions for the 8 MIEMSS-Designated Trauma Centers are already flagged using the IP Reserve Flag
  - **FY 2023 Change: Remove** code

# Updates to the FY 2023 DSR Since Q2 Data Forum

- **Outpatient Date of service check for COVID testing (NEW)**
  - CPT/HCPCS codes used to identify the COVID testing procedures are updated. The date of service for these codes can be +/- 5 days from the Thru date and From date.
  - A new tab added for the latest COVID testing codes. **Please see next slide for the codes**
- **Outpatient Date of Service (NEW)**
  - Previously +/-2 days grace period was given for the outpatient services.
  - **New Warning:** If the date of service for procedure OTHER than COVID tests are NOT within the Thru date and from date
  - This warning will be converted to error on **1/1/2023**
- **Hospitals with Licensed Hospice Beds Added to the DSR (NEW)**
  - List used in data edits for Type of Daily Service variable
  - **Existing Error:** if value = 10 and Hospital does not have a HSCRC-approved Hospice contract for care

# COVID Testing Codes

- Updated on 5/10/2022

## Immunology

86317  
86318  
86328  
86408  
86409  
86413  
86602  
86635  
86769

## Microbiology

87250  
87255  
87301  
86328  
87426  
87428  
87635  
87636  
87637  
87811

## Proprietary Laboratory Analyses

0202U  
0223U  
0224U  
0225U  
0226U  
0240U  
0241U

## HCPCS codes

J0248  
M0201  
Q0220  
Q0221  
M0220  
M0221  
Q0222  
M0223  
Q0249  
M0249  
M0250  
U0001  
U0002  
U0003  
U0004  
U0005  
C9803

# Updates to the FY 2023 DSR Since Q2 Data Forum

- **Point of Origin Code for Home Hospice**

- Currently coded as F (FROM HOSPICE FACILITY AND/OR IS UNDER A HOSPICE PLAN OF CARE (INCLUDES HOME-BASED HOSPICE CARE))

F = FROM HOSPICE FACILITY AND/OR IS UNDER A HOSPICE PLAN OF CARE (INCLUDES HOME-BASED HOSPICE CARE)  
INPATIENT: THE PATIENT WAS ADMITTED TO THIS FACILITY AS A TRASFER FROM A HOSPICE FACILITY.

- In FY 2019, HSCRC convened a workgroup to update and streamline the reporting of source of admission. The workgroup revised the code for Home Hospice to 01 (FROM NON-HEALTHCARE FACILITY (INCLUDES PATIENT'S HOME OR WORKPLACE; GROUP HOME/CONGREGATE HOUSE, FOSTER CARE). This code applies to patients receiving care at home.
- **FY 2023 Change:** Home Hospice should be coded as 01

01 = FROM NON-HEALTHCARE FACILITY (INCLUDES PATIENT'S HOME OR WORKPLACE; GROUP HOME/CONGREGATE HOUSE, FOSTER CARE, **HOME-BASED HOSPICE CARE**)  
INPATIENT: THE PATIENT WAS ADMITTED TO THIS FACILITY UPON AN ORDER OF A PHYSICIAN.  
*Usage Note: This includes patients coming from home or the workplace and patients receiving care at home (such as home health services)*

# Remove/Revise Codes

- IP Reserve Flag - Transfer Code (4)
  - Intended to capture transfers between hospitals
  - Most hospitals are not using it correctly or at all. Already have source of admission/discharge disposition codes to identify transfers.
  - **FY 2023 Change:** Remove Code
- OP Reserve Flag - UM Shock Trauma (S)
  - Intended to capture visits to UM Shock Trauma
  - Visits to other MIEMSS-Designated Trauma Centers are not being flagged
  - **FY 2023 Change: Revise** code to apply to all MIEMSS-Designated Trauma Centers (similar to IP)

# New Edits

- Z-Codes for Homeless
  - Intent is to encourage hospitals to code the homeless z codes.
  - Eventually phase out homeless zip code
  - **FY 2023 Warning:** If Zip Code = “88888”, then Z59.X should also be reported as a secondary diagnosis code (**See next slide for codes and definitions**)
- Trauma cases flagged at non-Trauma hospitals
  - Intent is to identify all trauma cases consistently across IP and OP.
  - Level I, II and III MIEMSS-Designated Trauma Centers: UM Shock Trauma, Johns Hopkins, PG Hospital Center, Sinai, Suburban, Peninsula, Western MD, Meritus
  - **FY 2023 Cross Edit (IP):** If not a MIEMSS-Designated trauma center, than Reserve Flag cannot eq R
  - **FY 2023 Cross Edit (OP):** If not a MIEMSS-Designated trauma center, then Reserve Flag cannot eq S

# Homeless Z-Codes

Z59 Problems related to housing and economic circumstances

Z59.0 Homelessness

Z59.00 ..... unspecified

Z59.01 Sheltered homelessness

Z59.02 Unsheltered homelessness

Z59.1 Inadequate housing

Z59.3 Problems related to living in residential institution

Z59.5 Extreme poverty

Z59.6 Low income

Z59.7 Insufficient social insurance and welfare support

Z59.8 Other problems related to housing and economic circumstances

Z59.81 Housing instability, housed

Z59.811 ..... with risk of homelessness

Z59.812 ..... homelessness in past 12 months

Z59.819 ..... unspecified

Z59.89 Other problems related to housing and economic circumstances

Z59.9 Problem related to housing and economic circumstances, unspecified

# Homeless Definitions

The new codes are aligned with standardized screening questions and answers such as the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE), the Accountable Health Screening Tool, or the Health Leads Screening Tools.

The following commonly accepted definitions for homelessness and housing instability have been provided by the Gravity Project, a multi-stakeholder public collaborative with the goal to develop, test, and validate standardized SDOH data for use in patient care, care coordination between health and human services sectors, population health management, public health, value-based payment and clinical research.

## **Homelessness**

Defined as because of economic difficulties, currently living in a shelter, motel, temporary or transitional living situation, scattered site housing, not having a consistent place to sleep at night, or sleeping in a place not meant for human habitation.

*Source Homelessness During Infancy: Associations With Infant and Maternal Health and Hardship Outcomes*

*Source Unstable Housing and Caregiver and Child Health in Renter Families*

## **Homelessness, sheltered**

Defined as because of economic difficulties, currently living in a shelter, motel, temporary or transitional living situation, scattered site housing, or not having a consistent place to sleep at night.

*Source Homelessness During Infancy: Associations With Infant and Maternal Health and Hardship Outcomes*

*Source Unstable Housing and Caregiver and Child Health in Renter Families*

## **Homelessness, unsheltered**

Defined as residing in a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).

*Source HUD*

## **Housing instability, housed**

Defined as currently consistently housed, but experiencing any of the following circumstances in the past 12 months: being behind on rent or mortgage, multiple moves.

*Source Promoting Caregiver and Child Health Through Housing and Stability Screening in Clinical Settings*

## **Housing instability, housed with risk of homelessness**

Defined as currently consistently housed, but with the imminent threat of being forced to live in a shelter, motel, temporary or transitional living situation, scattered site housing, not having a consistent place to sleep at night, or in a place not meant for human habitation.

## **Housing instability, housed, homelessness in the past 12 months**

Defined as currently consistently housed, but with a history of homelessness, for any period of time during the past 12 months.

*Source Homelessness During Infancy: Associations With Infant and Maternal Health and Hardship Outcomes*

*Source Unstable Housing and Caregiver and Child Health in Renter Families*

In addition, the ICD-10-CM *Official Guidelines for Coding and Reporting* have been revised and a new section created for Social Determinants of Health under Chapter 21, Factors influencing health status and contact with health services. Information previously found in Section I of the guidelines related to documentation that may be used for code assignment for social determinants of health has been moved to this newly created section. For the specific changes, please refer to the summary of the modifications to the ICD-10-CM *Official*

# New Edits for FY 2023

- E & M codes with unit of 1
  - Some hospitals may still be reporting 1 unit for E & M.
  - According to Appendix D of Accounting and Budget Manual, effective 7/1/2019, 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 next slide for codes)**
  - **FY 2023 Warning:** If CPT Code = (99202-99205, 99211-99215, and G0463) then unit value must be between 2-6
- Medicaid ID = 777777777777 (Not Applicable)
  - Intent is to make rules consistent across all payer types.
  - **FY 2023 Cross Edit:** If Primary Expected Payer is eq (“06”, “07”, “10”, or “18”), then Medicaid ID must be 777777777777

# RVU for E & M Visits

HCPCS CODES	APPENDIX D - STANDARD UNIT OF MEASURE REFERENCES	DESCRIPTION / PROCEDURE	RVU Appendix D	HSCRC COST CTR
99211	Level 1	0-10 minutes	2	CLINIC
99202/99212	Level 2	11-25 minutes	3	CLINIC
99203/99213	Level 3	26-45 minutes	4	CLINIC
99204/99214	Level 4	46-90 minutes	5	CLINIC
99205/99215	Level 5	>90 minutes	6	CLINIC

# Appendix 2: UCC Data Submission Updates

## January 2023 onwards

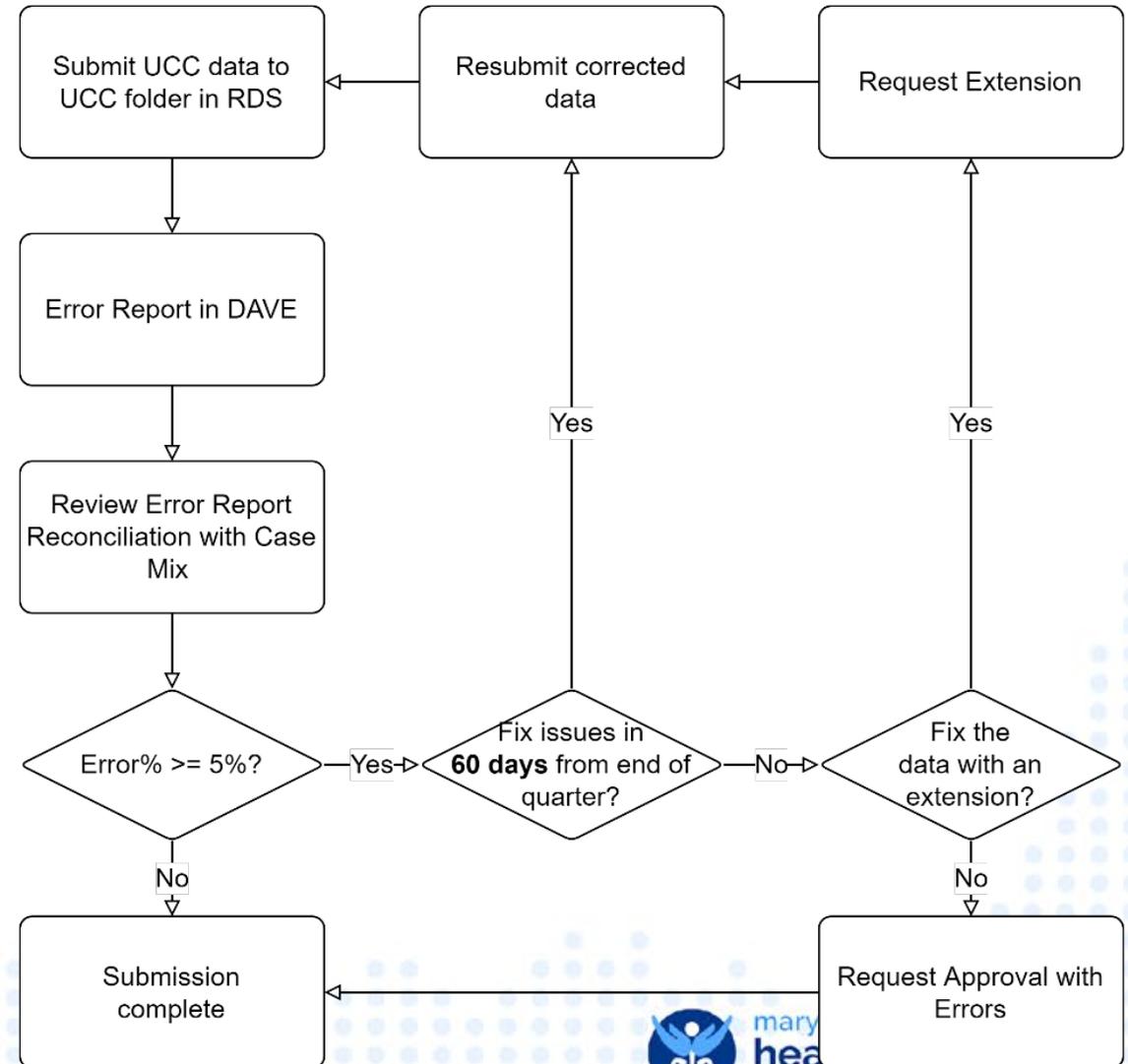
- Follow current process
  - Data (re)submission through UCC folder in RDS (SPG)
- New
  - Submission window 30 – 60 days after close of quarter
  - Automated notifications and reminders from DAVE
  - Error reports within an hour
  - Submission status in DAVE

## January 2023 onwards (contd.)

- New
  - Strict adherence to data submission format
    - File Naming Convention <HospitalID>\_FYyyQx\_UCC.xlsx
      - E.g. - 210001\_FY23Q2\_UCC.xlsx
    - File Naming Convention for resubmission <HospitalID>\_FYyyQx\_UCCREVz.xlsx
      - E.g. - 210001\_FY23Q2\_UCCRev1.xlsx
    - Hospital ID in cell B5
      - No special characters allowed
    - Reporting Quarter in cell E4
      - YYYYQx (YYYY – Fiscal Year; Q – Fiscal Quarter, e.g – 2022Q1)
  - Values for write off Type (B,C,R)
- Refer to the UCC memo for additional detail

# Overview

- Submit data to RDS UCC folder
  - 30 – 60 days after End of Quarter (EoQ)
- Download Error report from DAVE
  - < 1 hour from submission
- Error < 5% - Submission complete
- Error  $\geq 5\%$  - Review and fix errors
  - Able to fix within 60 days of EoQ?
    - Resubmit corrected data before Due Date
  - Able to fix with an extension?
    - Submit extension request & resubmit data
  - Unable to fix
    - Submit request for approval with errors



# Errors

- Validation Errors
  - Invalid Date Format
  - Invalid Write Off Type
  - Invalid Payer
  - Invalid Amount
- Reconciliation with Case Mix Data (eight quarters)
  - UCC Account Number does not match Case Mix
  - UCC Service Date does not match Case Mix
  - For the most recent quarter
    - Preliminary (monthly) Case Mix data will be used
- Permitted error percentage - 5%

# Error Report Overview

Tab	Contents	Purpose
UCC HSCRC Letter	Summary of records received and count of records with Errors.	Overview of data quality and Case Mix reconciliation match rate
UCC Errors for Data Received	Line level details of records with Validation errors in the file submitted. Explanation gives details of the error.	Help identify the row numbers from the submission file with errors and the fields resulting in the error
UCC Warning for Data Received	Line level details of records with validation warnings in the files submitted. Explanation gives details of the warning.	Help identify the row numbers from the submission file with warnings and the fields resulting in the error
UCC Total Write-Off	Summary of the data submitted Write off type, Quarter and Payer	Help hospital reconcile the processed summaries with internal records
UCC Total Write-Off by Type	Summary of the data submitted Write off type by Quarter	Help hospital reconcile the processed summaries with internal records

## Error Report Overview (contd.)

Tab	Contents	Purpose
UCC Percent Error list	Summary of the type of errors identified in the submissions	Identify primary type of errors in the submission
UCC Cross Check with Case Mix	Summary of match rate between UCC data and Case Mix data	Help identify the type of mismatches between UCC submission and Case Mix data
Detail UCC Case Mix Cross Check	Account level details of records that do not match with Case Mix data, along with Case Mix data points	Help hospitals identify the records in the UCC submission that does not align with Case Mix data
UCC Balance	List of account numbers that have a total write off amount of <-\$100	Help hospitals identify accounts that have total negative write offs

# Identify Case Mix Reconciliation Issues

## Detail UCC Case Mix Cross Check tab from the error report

Column Name	Description
ROW_NUM	Row number from the UCC file that was submitted
SRVC_DT	Service date from the UCC file that was submitted
WRITE_OFF	Write off amount from the UCC file that was submitted
PAYER	Payer from the UCC file that was submitted
TYPE	Write off type from the UCC file that was submitted
Case Mix Match Status	Reason for the mismatch between the UCC data and the Case Mix data
Case Mix Start Date	Admit Date from the Case Mix data for UCC records with patient account match
Case Mix End Date	Discharge Date from the Case Mix data for UCC records with patient account match
Case Mix Data Type	Case Mix data type where the match was found

# User Management Workbook

- hMetrix has distributed an user management workbooks to current DAVE primary contacts
  - These works books will be sent on Dec 14, 2022
- Hospitals to update the workbook:
  - Enter Y in the UCC column for current DAVE users who also require access to UCC records
  - Add details of new users who need access to UCC records
  - Workbooks to be returned to hMetrix by Jan 14, 2023

<b>Hospital or system name:</b>		Hospital1				<b>Hospital or system ID:</b>		12345	
<b>#</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Email Address</b>	<b>Phone</b>	<b>Primary</b>	<b>Secondary</b>	<b>UCC</b>	<b>Accessible Hospital List</b>
1	Jon		Doe	<a href="mailto:jondoe@h1.com">jondoe@h1.com</a>		Y		Y	Hospital1
2	Jane		Smith	<a href="mailto:jsmith@h1.com">jsmith@h1.com</a>				Y	Hospital1

# Appendix 3: DAVE Walk through for UCC

# Account Activation

- Email with link to activate user account (only for new users of DAVE)
- Click on the link in the email

## DAVE Account Activation



Dear Maria,

To activate your DAVE account, please click [here](#). Please note that this link will expire in 7 days. If you are unable to click on the link, please copy and paste the following URL into your browser. <http://localhost:43453/#account/activate-user/99/310c7f097f6b4756a57e933ec5fd8518>

Please use the following guidelines to set a secure password:

- Minimum length of 8 characters
- Must contain at least one uppercase character
- Must contain at least one lowercase character
- Must contain at least one number or symbol

The DAVE web application is supported on Google Chrome version 57 and above, Microsoft Edge 12, Internet Explorer 11, Firefox version 45 and above, Safari version 9 and above, and Opera version 43 and above.

Please contact us at [HSCRC.Support@hmetrix.com](mailto:HSCRC.Support@hmetrix.com) for assistance.

Thank You,  
hMetrix Support

- Enter a secure password
- Click Save

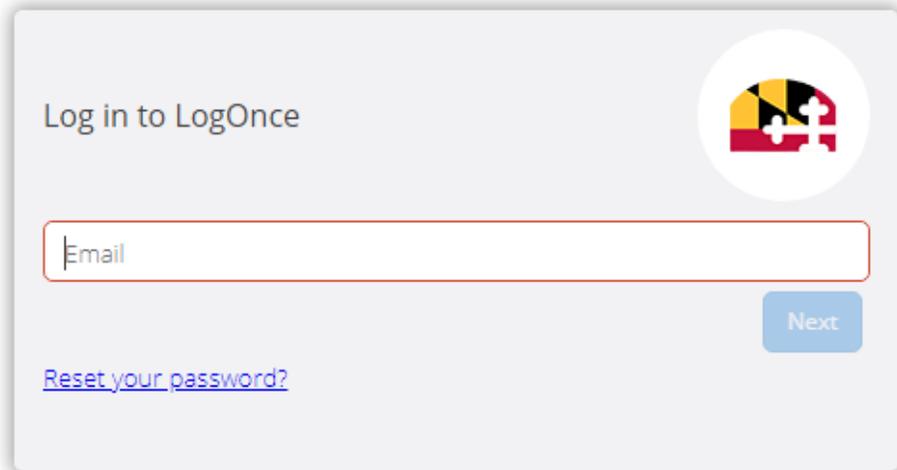
## Activate Account

### Note:

Create a password that is at least 8 characters. It must contain uppercase letters, lowercase letters and numbers or symbols. It cannot be the same as your User Id.

# Login

- <https://hscrcdave1.hmetrix.com>
- Enter email and click Next
  - UCC tasks available from Feb 1, 2023



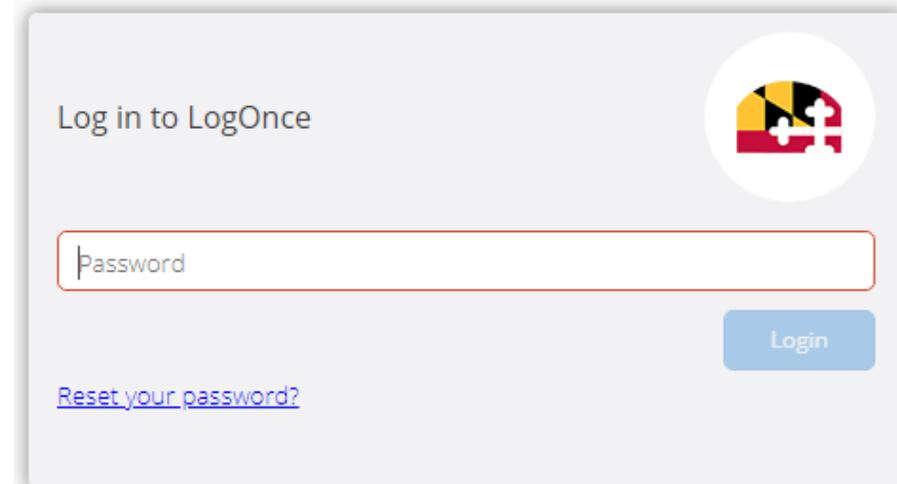
Log in to LogOnce

Next

[Reset your password?](#)

© hMetrix

powered by hMetrix



Log in to LogOnce

Login

[Reset your password?](#)

© hMetrix

powered by hMetrix

# Login

**DAVE**

Tasks Reports Hospital: 123 - Hospital

Data Type	Fiscal Year	Period	Submission Type	Due Date	Status	Status Reason	Submission Date	Error %	Error Report
Inpatient	2023	Q1	Final	11/29/2022	Complete	DQ passed	11/28/2022 09:00 AM	0.1%	
Outpatient	2023	Q1	Final	11/29/2022	Complete	DQ passed	11/28/2022 09:00 AM	0.3%	
UCC	2022	Q4	Final	08/29/2022	Complete	DQ passed	08/26/2022 02:40 PM	1.97%	
Inpatient	2022	Q4	Final	08/29/2022	Complete	DQ passed	08/26/2022 02:40 PM	0.1%	
Outpatient	2022	Q3	Final	06/01/2022	Complete	DQ passed	05/31/2022 09:19 AM	0.1%	
Inpatient	2022	Q3	Final	06/01/2022	Complete	DQ passed	05/31/2022 09:10 AM	0.2%	

Percent Error List Submission History

UCC Data Received Validation Summary					UCC Cross Check with Case Mix Summary			
Error Percent : 1.97%					Error Percent : 1.78%			
Brief Error Description	Total Records	Warnings	Errors	Total Percent	Brief Error Description	Total Records	Errors	Total Percent
Service date prior to 7/1/2010.	7209	153	0	2.1%	Service dates off by 1 day	6103	203	3.3%
Invalid or missing payer code.	7209	0	140	1.9%	No matching patient ID or service dates in Case Mix	6103	145	2.4%
Total billed amount > \$100,000.	7209	4	0	0.1%	Service dates off by 2-30 days	6103	114	1.9%

A Tasks – Click to view the tasks page

B Reports – Click to view reports

C Hospital Selector – Use to select the hospital to view

D Landing Page settings

E Help – Knowledge Base and Service Desk

F Logout – Click to exit from DAVE

G Data submission Tasks table

H Details table – displays details regarding the selected data submission task

I Minimize Details table

J Export task details to Excel

# Select a Hospital

- Choose the Hospital using the list on right of the menu bar

**DAVE** 🔔 ⚙️ 👤 M, Maria 🚪 Logout

Tasks 📊 Reports Hospital: 123 - Hospital

Data Type	Fiscal Year ↓	Period	Submission Type	Due Date	Status	Status Reason	Submission Date	Error %	Error Report
Inpatient	2023	Q1	Final	11/29/2022	Complete	DQ passed	11/28/2022 09:00 AM	0.1%	📄
Outpatient	2023	Q1	Final	11/29/2022	Complete	DQ passed	11/28/2022 09:00 AM	0.3%	📄
UCC	2022	Q4	Final	08/29/2022	Complete	DQ passed	08/26/2022 02:40 PM	1.97%	📄
Inpatient	2022	Q4	Final	08/29/2022	Complete	DQ passed	08/26/2022 02:40 PM	0.1%	📄
Outpatient	2022	Q3	Final	06/01/2022	Complete	DQ passed	05/31/2022 09:19 AM	0.1%	📄
Inpatient	2022	Q3	Final	06/01/2022	Complete	DQ passed	05/31/2022 09:10 AM	0.2%	📄

Percent Error List Submission History

UCC Data Received Validation Summary					UCC Cross Check with Case Mix Summary			
Error Percent : 1.97%					Error Percent : 1.78%			
Brief Error Description	Total Records	Warnings	Errors	Total Percent	Brief Error Description	Total Records	Errors	Total Percent
Service date prior to 7/1/2010.	7209	153	0	2.1%	Service dates off by 1 day	6103	203	3.3%
Invalid or missing payer code.	7209	0	140	1.9%	No matching patient ID or service dates in Case Mix	6103	145	2.4%
Total billed amount > \$100,000.	7209	4	0	0.1%	Service dates off by 2-30 days	6103	114	1.9%

# Select a Hospital

- Double click on the data submission row
- Click on the  icon to download the Error Report
- The Percentage Error List tab in the lower pane displays the summary of the error report
  - UCC Data Validation Summary
  - UCC Cross Check with Case Mix Summary

**DAVE** 🔔 ⚙️ 👤 M, Maria 🚪 Logout

Tasks Reports Hospital: 123 - Hospital

Data Type	Fiscal Year ↓	Period	Submission Type	Due Date	Status	Status Reason	Submission Date	Error %	Error Report
Inpatient	2023	Q1	Final	11/29/2022	Complete	DQ passed	11/28/2022 09:00 AM	0.1%	
Outpatient	2023	Q1	Final	11/29/2022	Complete	DQ passed	11/28/2022 09:00 AM	0.3%	
UCC	2022	Q4	Final	08/29/2022	Complete	DQ passed	08/26/2022 02:40 PM	1.97%	
Inpatient	2022	Q4	Final	08/29/2022	Complete	DQ passed	08/26/2022 02:40 PM	0.1%	
Outpatient	2022	Q3	Final	06/01/2022	Complete	DQ passed	05/31/2022 09:19 AM	0.1%	
Inpatient	2022	Q3	Final	06/01/2022	Complete	DQ passed	05/31/2022 09:10 AM	0.2%	

Percent Error List Submission History

UCC Data Received Validation Summary					UCC Cross Check with Case Mix Summary			
Error Percent : 1.97%					Error Percent : 1.78%			
Brief Error Description	Total Records	Warnings	Errors	Total Percent	Brief Error Description	Total Records	Errors	Total Percent
Service date prior to 7/1/2010.	7209	153	0	2.1%	Service dates off by 1 day	6103	203	3.3%
Invalid or missing payer code.	7209	0	140	1.9%	No matching patient ID or service dates in Case Mix	6103	145	2.4%
Total billed amount > \$100,000.	7209	4	0	0.1%	Service dates off by 2-30 days	6103	114	1.9%

# Hospital Review - DQ Failed

- Require an extension to fix data quality issues
- Select the row in the table that you would like to review and request extension for
- Click on the Request Extension button on the bottom left

The screenshot displays the DAVE system interface. At the top, there is a navigation bar with the DAVE logo, a notification bell, a settings gear, a user profile for 'UCC, Maria', and a 'Logout' button. Below this is a secondary navigation bar with 'Tasks', 'Reports', and 'EHR Survey' tabs, and a 'Hospital:' dropdown menu set to '123- Hospital'.

The main content area features a table with the following columns: Data Type, Fiscal Year, Period, Submission Type, Due Date, Status, Status Reason, Submission Date, Error..., and Error Rept. A single row is visible with the following data: UCC, 2022, Q4, Final, 12/15/2022, Hospital Review, DQ failed, 11/29/2022 12:00 AM, 7.6%, and a download icon.

Below the table, there are two buttons: 'Review and Confirm Submission' and 'Request Extension'. The 'Request Extension' button is highlighted with an orange border.

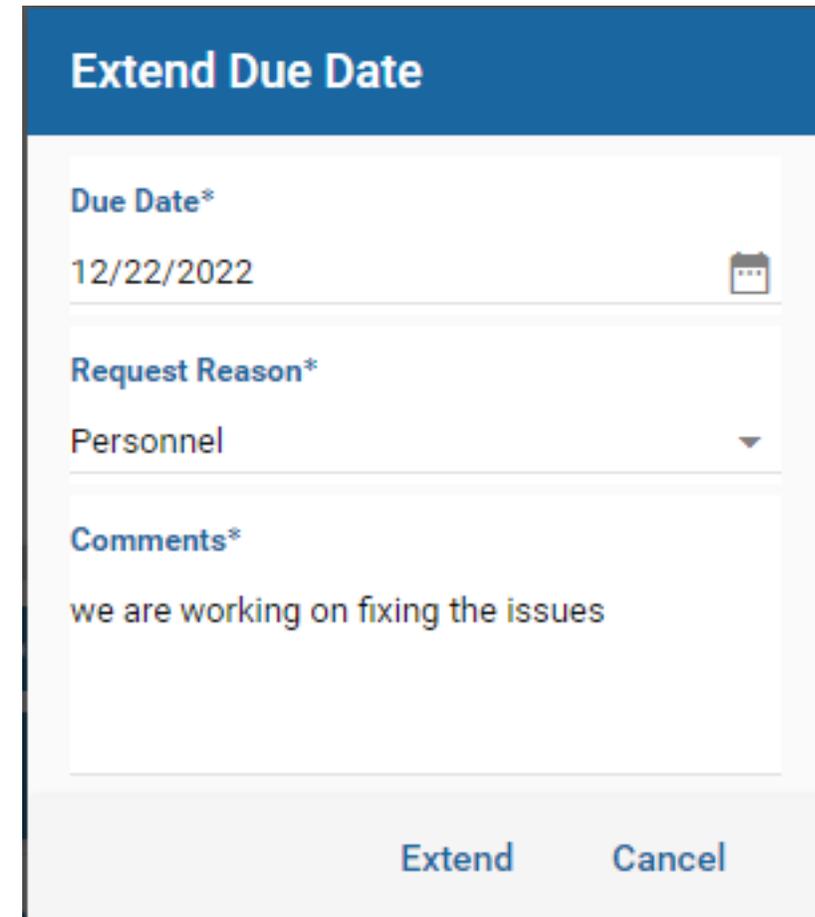
At the bottom, there are two summary cards. The left card is titled 'UCC Data Received Validation Summary' with an 'Error Percent : 1.97%' and contains a table with columns: Brief Error Description, Total Records, Warnings, Errors, and Total Percent. The right card is titled 'UCC Cross Check with Case Mix Summary' with an 'Error Percent : 7.57%' and contains a similar table.

Brief Error Description	Total Records	Warnings	Errors	Total Percent
Service date prior to 7/1/2010.	7209	153	0	2.1%

Brief Error Description	Total Records	Errors	Total Percent
Service dates off by 1 day	6103	203	3.3%

# Request Data Submission Extension

- Choose a new Due Date (must be within 15 days of production submission date)
- Choose a reason of the Extension
- Add comments with Explanation for the reason of the issue
- Click on Extend
- Confirm submission of Extension Request
- Email notification of Approval from HSCRC is sent to user



The screenshot shows a mobile application interface for extending a due date. The title bar is blue with the text "Extend Due Date" in white. Below the title bar, there are three main input sections: "Due Date\*" with a calendar icon and the date "12/22/2022"; "Request Reason\*" with a dropdown menu showing "Personnel"; and "Comments\*" with the text "we are working on fixing the issues". At the bottom of the form, there are two buttons: "Extend" and "Cancel".

# Hospital Review - DQ Failed

- Unable to fix issues
- Select the row in the table that you would like to request to accept with Errors

**DAVE** UCC, Maria Logout

Tasks Reports EHR Survey Hospital: 123- Hospital

Data Type	Fiscal Year	Period	Submission Type	Due Date	Status	Status Reason	Submission Date	Erro...	Error Rep
UCC	2022	Q4	Final	12/15/2022	Hospital Review	DQ failed	11/29/2022 12:00 AM	7.6%	

Review and Confirm Submission Request Extension

Percent Error List Submission History

**UCC Data Received Validation Summary** Error Percent : 1.97%

Brief Error Description	Total Records	Warnings	Errors	Total Percent
Service date prior to 7/1/2010.	7209	153	0	2.1%

**UCC Cross Check with Case Mix Summary** Error Percent : 7.57%

Brief Error Description	Total Records	Errors	Total Percent
Service dates off by 1 day	6103	203	3.3%

## Confirm Submission with Errors

- Choose a reason for the errors
- Add the reason why data issues cannot be fixed in the Comments
- Click Confirm Submission
- Upon approval by the HSCRC
  - Email notification of Approval from HSCRC is sent to user

### Confirm Submission

**Request Reason\***  
EMR Hardware Issues

**Comments\***  
Not able to fix issues due to change in EMR

Confirm Submission Cancel