

October 3, 2020

To: Maryland Hospital Chief Financial Officers
Case Mix Liaisons

From: Claudine Williams
Deputy Director, MEDA

Re: Adoption of UB Source of Admission and Patient Disposition Codes for
Designated Disaster Alternative Care Site and Submission of FY 2021
Q1 Data

This memo is to notify the Maryland Hospital industry of the HSCRC's intent to adopt the AHA's National Uniform Billing (UB) Committee's Source of Admission and Patient Disposition Codes for Designated Disaster Alternative Care Sites, effective July 1, 2020 (FY 2021).

Background

In April 2020, the HSCRC released guidance for regulated Maryland hospitals to use the Reserve Flag "A" to capture visits where services were provided in an Alternative Care Site, defined as "a building or structure that is not located on the hospital campus that is being used to provide clinical services during the COVID-19 emergency." This includes discharges and visits from the Baltimore Convention Center and the inpatient beds at Laurel Medical Center.

In May 2020, the AHA's National Uniform Billing Committee added a new Point of Origin (POO) code to capture transfers from a Designated Disaster Alternative Care Site, in response to the COVID emergency. This also fixes an earlier issue where there was no corresponding Point of Origin Code for the existing Patient Discharge Status for Discharge/Transfer to a Designated Disaster Alternative Care Site.

Adoption of New Codes Effective July 1, 2020

To reduce reporting burden, the HSCRC has mimicked the UB codes for source of admission and discharge disposition as much as possible. The following codes will be added to the FY 2021 Data Submission Requirements (DSR) for Inpatient, Outpatient and Psychiatric Data.

New Point of Origin (Source of Admission) Code:

G = Transfer from a designated disaster alternate care site

New Patient Discharge Disposition:

69 = Discharged/transferred to a designated disaster alternate care site

Adam Kane, Esq
Chairman

Joseph Antos, PhD
Vice-Chairman

Victoria W. Bayless

Stacia Cohen, RN, MBA

John M. Colmers

James N. Elliott, MD

Sam Malhotra

Katie Wunderlich
Executive Director

Allan Pack
Director
Population-Based Methodologies

Tequila Terry
Director
Payment Reform & Provider Alignment

Gerard J. Schmith
Director
Revenue & Regulation Compliance

William Henderson
Director
Medical Economics & Data Analytics

The Reserve Flag “A” will continue to be used to identify Alternative Clinical Sites where the patient did not come from another hospital. As a reminder the, **Alternative Clinical Site is defined as “an area, building or structure that is not located on the hospital campus that is being used to provide clinical services during the COVID-19 emergency.”**

Below are examples of when to use the reserve flag:

- Patients triaged in the hospital ER, then later transferred to a field hospital set up at a nearby hotel for IP services then discharged. Charges are billed under existing Medicare ID.
- Hospitals relocating outpatient services to alternative sites not on the campus

Below are examples of when not to use the reserve flag:

- Hospitals using temporary tents on their campus for containment/isolation and diagnostic purposes (lab testing or triage)
- Modular units constructed on the hospital campus for clinical care.
- Clinical spaces created in non-clinical areas (auditoriums, conference rooms, or cafeterias) within the hospital campus
- Sub-acute beds that are converted to acute beds within the hospital
- Telemedicine services

The FY 2021 DSR sent with this memo has been updated with these changes. The FY 2021 DSR is also available on the HSCRC website at https://hscrc.maryland.gov/Pages/hsp_info1.aspx.

Submission of FY 2021 Q1 Final Data

To ensure consistent reporting of the Designated Disaster Alternative Care Site, **the HSCRC is requiring hospitals to use the correct Source of Admission or Patient Disposition codes in the FY 2021 Final Inpatient, Outpatient, and Psychiatric data submission, due on November 30, 2020.** Hospitals that reported an “A” for the Reserve Flag or transferred patients to Alternative Care Sites such as the Baltimore Convention Center or Laurel’s Inpatient Facility should use the new Source of Admission or Patient Disposition codes.

Please contact me (claudine.williams@maryland.gov) or Oscar Ibarra (Oscar.ibarra@maryland.gov) if you have any questions or concerns.