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To: Hospital CFOs

Cc: Quality Liaisons, Case Mix Liaisons

From: Dianne Feeney, Associate Director, Quality Initiatives
Alyson Schuster, Associate Director, Performance Measurement

Date: September 23, 2016

Re: RY 2018 MHAC Program and Data Update- PPC Assignment Logic Changes

This memo summarizes changes to the assignment logic and use of potentially preventable complications (PPCs) in the Maryland Hospital Acquired Conditions (MHAC) Program. The Health Services Cost review Commission (HSCRC) staff has made logic changes outside of the 3M PPC grouper Version 32 (ICD-9) and Version 33 (ICD-10) applicable to RY2018 MHAC performance based on input received from hospital clinical staff and other key stakeholders. Figure 1 below contains a list of these changes. Based on analysis to date, these changes have minimal impact on hospital performance results—positive and negative—for the MHAC Program, as illustrated in Figure 2 below. HSCRC appreciates the opportunity to collaborate with key stakeholders in order to continuously improve its performance-based payment programs.¹

The changes HSCRC has made at this juncture are part of a larger list of issues and proposed modifications (outlined by MHA in Attachment A) raised during the most recent PPC vetting process (May-August 2016) in which HSCRC, the hospital industry, 3M and the Maryland Hospital Association (MHA) were engaged. The remaining list of changes on which there was consensus will be made by 3M in the Version 34 release of the PPC grouper to the extent the changes were related to the grouper PPC assignment logic. For other changes related to how HSCRC uses the PPCs for the MHAC policy, HSCRC has moved PPC 64 to “monitoring only” status for the RY 2018 performance period (as noted in Figure 1 below), and will consider the other agreed upon PPC use changes as part of updating the MHAC Program for RY 2019.

¹ Since the MHAC program inception, HSCRC has collaborated on an ongoing basis with hospitals, 3M Health Information Systems (HIS), and the Maryland Hospital Association (MHA) to identify and address outstanding issues related to hospital assignment of PPCs; this collaboration has included convening formal meetings with key stakeholders, as well as working one-on-one with hospitals.

The subset of changes that HSCRC has made this year (outside the grouper) may be categorized as:

- Global exclusions from PPC assignment identified at the APR DRG or ICD9 or ICD10 code levels,
- Assignment logic changes for individual PPCs identified at the ICD9 or ICD10 code level,
- Assignment logic hierarchy changes for individual PPCs entailing excluding some PPCs if certain other PPC(s) are also assigned, or
- Suspension of a PPC use in the MHAC Program related to POA exempt codes inappropriately triggering the PPC.

For those changes HSCRC is not able to make at this time (but that **will** be made in Version 34 of the PPC grouper), there were a number of inter-related factors influencing this decision, including the need to prioritize the changes, timing issues (e.g., related to ICD9-ICD10 code identification, etc.), high level of complexity to execute the change(s) correctly, and HSCRC staff resource constraints. As has been HSCRC's approach, hospitals that identify specific issues of concern about impact of the timing of these changes based on their data may raise them individually for HSCRC consideration.

One additional change HSCRC staff has made (but not related to the PPC vetting process) is that Levindale hospital is now included in the base period data for benchmarks and normative values.

Revised final CY 2016 June year-to-date MHAC workbooks—including updated base and performance period data, normative values, excluded PPCs, and benchmarks for RY 2018— will be posted on the CRS portal within the next week.

If you have any questions, please email hscrc.quality@maryland.gov.

Figure 1. RY 2018 PPC Modifications Made by HSCRC Outside the Grouper

PPCs Impacted	Type of Change	Description of Issue	3M Response	Methodology for HSCRC Change Outside of Grouper
All	Global Exclusion	Kidney transplant patients should be globally excluded from PPCs	Agreed. Will temporarily add APR DRG 440, Renal Transplant, as a temporary global exclusion until additional risk adjustment can be refined	HSCRC is making all patients with an APR-DRG 440 not at-risk or be flagged for any PPC in base and performance period
All	Global Exclusion	Femoral fractures should be included in the global exclusions list	Agreed. 3M will add primary diagnosis S72002A (femoral neck fracture) to Global Exclusions (ICD-9 Translation: 820.8 Closed fracture of unspecified part of neck of femur)	HSCRC is making all patients with a primary diagnosis of femoral neck fracture not at-risk or be flagged for any PPC in base and performance period
PPC 23	Individual PPC concern	In ICD-9, the code for bladder spasm was 596.89, disorders of bladder, and did not trigger a PPC. In ICD-10 the code is N3289, other specified disorders of bladder. This code will now trigger a PPC when it should not	Agreed. N3289, other specified disorders of bladder, will be removed for PPC 23 assignment	HSCRC is making all patients with a primary or secondary diagnosis of bladder spasm not at-risk or be flagged for PPC 23 in performance period only
PPC 39	Individual PPC concern	MMA-Methylmalonic Acidemia 270.3, should be a global exclusion for this PPC as it is a degenerative genetic disorder	Agreed. 3M HIS will update PPC v34 clinical logic to include 270.3 as a global exclusion. ICD-10 codes: E71.0 Maple-syrup-urine disease, E71.110 Isovaleric academia, E71.111 3-methylglutaconic aciduria, E71.118 Other branched-chain organic acidurias, E71.120 Methylmalonic academia, E71.121 Propionic academia, E71.128 Other disorders of propionate metabolism, E71.19 Other disorders of branched-chain amino-acid metabolism, E71.2	HSCRC is making all patients with a primary or secondary diagnosis of MMA not at-risk or be flagged for PPC 39 in base and performance period

PPCs Impacted	Type of Change	Description of Issue	3M Response	Methodology for HSCRC Change Outside of Grouper
			Disorder of branched-chain amino-acid metabolism, unspecified	
PPC 64	Individual PPC concern	PPC 64 contains 822 codes, many of which are external causes of accidental injuries or cases of intentional self-harm that are exempt from POA reporting. Although these codes obviously represent conditions that were present on admission, the fact that it cannot be coded as such leads to assignment of a PPC and this should be changed	Agreed. 3M HIS will remove all ICD-10 diagnosis codes that are Exempt from POA reporting from the PPC assignment and exclusion logic in the PPC v34 clinical logic update	The HSCRC as an interim solution has moved PPC 64 into monitoring only status (previously part of PPC combination) and will not use PPC 64 for payment policy for RY 2018 only.
PPCs 15 and 52	Hierarchy Change	Both PPCs assigned for the same complication	Agreed	If PPC 15 is assigned, patient is not at-risk or flagged with PPC 52
PPCs 35 and 37	Hierarchy Change	Both PPCs assigned for the same complication	Agreed	If PPC 35 is assigned, patient is not at-risk or flagged with PPC 37
PPCs 35 and 38	Hierarchy Change	Both PPCs assigned for the same complication	Agreed	If PPC 35 is assigned, patient is not at-risk or flagged with PPC 38
PPCs 41 and 55	Hierarchy Change	Both PPCs assigned for the same complication	Agreed	If PPC 41 is assigned, patient is not at-risk or flagged with PPC 55
PPCs 55 and 40	Hierarchy Change	Both PPCs assigned for the same complication	Agreed	If PPC 55 is assigned, patient is not at-risk or flagged with PPC 40
PPCs 7 and 15	Hierarchy Change	Both PPCs assigned for the same complication	Agreed	If PPC 7 is assigned, patient is not at-risk or flagged with PPC 15

Figure 2. Hospital MHAC Score Differences Modeled With and Without PPC Changes, January-June 2016 Final Data

HOSPITAL ID	HOSPITAL NAME	Without Changes	FINAL WEIGHTED SCORE	With Changes	FINAL WEIGHTED SCORE	Difference
		TOTAL # OF PPCs		TOTAL # OF PPCs		SCORE DIFFERENCE
210064	LEVINDALE	11	0.63	14	0.71	0.08
210039	CALVERT MEMORIAL HOSPITAL	36	0.64	34	0.69	0.05
210056	MEDSTAR GOOD SAMARITAN	44	0.64	44	0.68	0.04
210013	BON SECOURS HOSPITAL	26	0.44	26	0.48	0.04
210015	MEDSTAR FRANKLIN SQUARE	51	0.73	50	0.75	0.02
210018	MEDSTAR MONTGOMERY MEDICAL CENTER	44	0.6	43	0.62	0.02
210027	WESTERN MARYLAND REGIONAL MEDICAL CENTER	49	0.42	50	0.44	0.02
210034	MEDSTAR HARBOR HOSPITAL CENTER	47	0.66	47	0.68	0.02
210040	NORTHWEST HOSPITAL CENTER	42	0.7	42	0.72	0.02
210016	WASHINGTON ADVENTIST HOSPITAL	50	0.44	50	0.45	0.01
210044	GREATER BALTIMORE MEDICAL CENTER	51	0.49	50	0.5	0.01
210048	HOWARD COUNTY GENERAL HOSPITAL	50	0.5	50	0.51	0.01
210051	DOCTORS COMMUNITY HOSPITAL	42	0.7	42	0.71	0.01
210057	SHADY GROVE ADVENTIST HOSPITAL	50	0.5	50	0.51	0.01
210058	UM-REHABILITATION & ORTHOPAEDIC INSTITUTE	23	0.73	22	0.74	0.01
210003	PRINCE GEORGES HOSPITAL CENTER	49	0.56	50	0.57	0.01
210035	UM-CHARLES REGIONAL MEDICAL CENTER	41	0.56	40	0.57	0.01
210002	UNIVERSITY OF MARYLAND MEDICAL CENTER	52	0.58	52	0.58	0
210004	HOLY CROSS HOSPITAL	51	0.81	50	0.81	0
210008	MERCY MEDICAL CENTER	51	0.66	50	0.66	0
210009	JOHNS HOPKINS HOSPITAL	52	0.53	52	0.53	0
210011	ST. AGNES HOSPITAL	51	0.63	50	0.63	0
210012	SINAI HOSPITAL	52	0.57	51	0.57	0
210022	SUBURBAN HOSPITAL	45	0.55	45	0.55	0
210024	MEDSTAR UNION MEMORIAL HOSPITAL	45	0.65	45	0.65	0
210029	JOHNS HOPKINS BAYVIEW MEDICAL CENTER	50	0.76	50	0.76	0
210032	UNION HOSPITAL OF CECIL	35	0.59	34	0.59	0

		Without Changes		With Changes		Difference
HOSPITAL ID	HOSPITAL NAME	TOTAL # OF PPCs	FINAL WEIGHTED SCORE	TOTAL # OF PPCs	FINAL WEIGHTED SCORE	SCORE DIFFERENCE
	COUNTY					
210033	CARROLL HOSPITAL CENTER	48	0.64	48	0.64	0
210037	UM-SHORE REGIONAL HEALTH AT EASTON	43	0.76	42	0.76	0
210038	UMMC MIDTOWN CAMPUS	35	0.99	34	0.99	0
210045	MCCREADY MEMORIAL HOSPITAL	5	1	5	1	0
210049	UM-UPPER CHESAPEAKE MEDICAL CENTER	48	0.56	49	0.56	0
210055	LAUREL REGIONAL HOSPITAL	30	0.78	29	0.78	0
210060	FORT WASHINGTON MEDICAL CENTER	21	0.98	20	0.98	0
210063	UM-ST. JOSEPH MEDICAL CENTER	51	0.69	51	0.69	0
210001	MERITUS MEDICAL CENTER	50	0.64	50	0.63	-0.01
210005	FREDERICK MEMORIAL HOSPITAL	50	0.6	50	0.59	-0.01
210017	GARRETT COUNTY MEMORIAL HOSPITAL	22	0.62	22	0.61	-0.01
210023	ANNE ARUNDEL MEDICAL CENTER	51	0.67	50	0.66	-0.01
210043	UM-BALTIMORE WASHINGTON MEDICAL CENTER	50	0.55	49	0.54	-0.01
210061	ATLANTIC GENERAL HOSPITAL	30	0.73	29	0.72	-0.01
210062	MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER	50	0.66	50	0.65	-0.01
210019	PENINSULA REGIONAL MEDICAL CENTER	52	0.42	51	0.4	-0.02
210028	MEDSTAR ST. MARY'S HOSPITAL	41	0.78	40	0.76	-0.02
210030	UM-SHORE REGIONAL HEALTH AT CHESTERTOWN	17	0.63	18	0.61	-0.02
210006	UM-HARFORD MEMORIAL HOSPITAL	25	0.72	24	0.69	-0.03
210010	UM-SHORE REGIONAL HEALTH AT DORCHESTER	16	0.76	16	0.72	-0.04