maryland
health services
cost review commission

FY 2022 Quarter 2 Data Forum

Please register at:
https://attendee.gotowebinar.com/register/5763655138844027 00

After registering, you will receive a confirmation email containing information about joining the webinar.

December 10, 2021
@10:00 AM

Agenda

- Announcements (HSCRC Staff)
  - Case Mix Weights and Grouper Transition Update (Prudence/Andi)
  - Quality Update (Andi)
  - Reminders:
    - CDS-A Report on CRISP Portal (Claudine)
    - ED Triage Status Variables (Zach)
    - Data Forum Survey (Oscar)
- Charge Bucket Review (Claudine)
- Homelessness and Z-Code Analysis (Princess)
- Data Repository Vendor Update (Jen Vogel, SPG)
- Data Processing Vendor Update (Mary Pohl, hMetrix/Burton Policy)
- Next Meeting (Oscar)

Grouper Transition: Case Mix Weights

Rate Year	RY 2022	RY 2023
APR/EAPG Version	IP Weights: 37.1* OP Weights: 3.15	IP Weights: 38 OP Weights: 3.16
Data Period Used	IP: CY 2019 (12 Months) OP: CY19 and Q1 of CY20 (15 Months)	IP: CY 2019 (12 Months)*** OP: CY19 and Q1 of CY20 (15 Months) ***
Implementation Date	July 2021	July 2022
No of Diagnosis/Procedure Codes Used	**IP:** Up to 30 procedure and diagnosis codes (primary and 29 secondary) **OP:** Primary diagnosis code and all procedure codes reported in Type III record **OP OBS > 23 hrs:** Up to 50 diagnosis codes (primary and 49 secondary) all procedure codes reported in Type III record	

*Updated from version 37 to incorporate ICD-10 codes for coronavirus. Outpatient Case Mix Weights (based upon 15 months (CY 2019 – March 2020), and Inpatient Case Mix Weights (based upon 12 months CY 2019). **HSCRC will be convening a workgroup to discuss Market Shift and Weight development with the industry. More information is forthcoming.

*** Staff will continue to use CY 2019 as the base for setting weights until such a time when new CY data proves viable for weight calculations

The weights for FY 2022 are posted onto the HSCRC web page. 3M made a multitude of changes to its grouper which had unforeseen consequences on the weights. HSCRC will create and post a de-identified dataset (with programs) for parties interested in recreating the weight calculations. Please submit a request to hscrc.data-requests@maryland.gov.

Grouper Transition: Market Shift (TENTATIVE) – Rate Year 2023

	Temporary Market Shift (Jan – Jun)	Full Year Market Shift (Jan – Dec)
APR/EAPG Version	APR: 37.1* EAPG: 3.15	APR: 38 EAPG: 3.16
Data Period Used: **Base Period** **Performance Period**	 January – June 2020** January – June 2021	 January – December 2020** January – December 2021
Implementation Date	January 2023	July 2023
No of Diagnosis/Procedure Codes Used	**IP:** Up to 30 procedure and diagnosis codes (principal and 29 secondary) **OP:** Primary diagnosis code and all procedure codes reported in Type III record **OP Observation cases >23 hrs:** Up to 50 diagnosis codes (principal and 49 secondary) and all procedure codes reported in Type III record	

*Updated from version 37 to incorporate ICD-10 codes for coronavirus.
**Will likely use CY2019 as the base, due to COVID impact on CY 2020.

Quality Policies: MHAC, RRIP, QBR for **CY 2021**

Rate Year	RY2023
APR/PPC Version	38 (Updated from version 37.1 to incorporate annual 3M updates)
Timeline	Base Year: • MHAC: CYs 2018-2019 • QBR-Mortality: CY 2019 • RRIP: CY 2018 Performance Year: • All Programs: CY 2021 (longer timeframe for MHAC for small hospitals TBD; presently CYs **2019** and 2021) RY 2023 and COVID: Current policies include COVID patients, subject to 3M grouper logic (e.g., 3M's v38 PPC grouper will not assign many PPCs to COVID positive patients); **this decision will be evaluated retrospectively with the PMWG**. For the latest on COVID, please visit https://hscrc.maryland.gov/Pages/COVID-19.aspx
Implementation Date	RY 2023 policies began Jan 1, 2021, in most cases. Base period and performance period reports are available on the CRS Portal.
No of Diagnosis/Procedure Codes Used	IP: Up to 30 procedure and diagnosis codes (principal and 29 secondary)

Grouper Transition: MHAC, RRIP, QBR for **CY 2022**

Rate Year	RY2024
APR/PPC Version	39
Timeline	Base Year:, • MHAC (DRAFT):TBD-- CYs 2018-2019 vs. July 2020-Dec 2021 vs using Concurrent norms • QBR-Mortality (APPROVED): CY 2019* • RRIP (Still Pending): CY 2018 Performance Year: • All Programs: CY 2022 (longer timeframe for MHAC for small hospitals 2021-2022) RY 2024 and COVID: Current policies include COVID patients, subject to 3M grouper logic (e.g., 3M's v38 PPC grouper did not assign many PPCs to COVID positive patients); **this decision will be evaluated retrospectively with the PMWG**. For the latest on COVID, please visit https://hscrc.maryland.gov/Pages/COVID-19.aspx
Implementation Date	RY 2024 policies began Jan 1, 2022, in most cases. Base period and performance period reports will be forthcoming in the upcoming quarter(s).
No of Diagnosis/Procedure Codes Used	IP: Up to 30 procedure and diagnosis codes (principal and 29 secondary)

* Please NOTE that this base period is the same base period from RY 2023; we are following the Federal VBP.

RY 2023 and COVID-19 Public Health Emergency

To explore options for assessing hospital performance during the COVID-19 pandemic

- What is the impact of altering baseline time periods to improve accuracy of expected values?
- What is the impact of including or excluding COVID-19 patients?
- What is the impact on equity?

Quality Update: Additional Topics

- COVID impact will be evaluated retrospectively for CY 2021 performance
  - This evaluation will take place iteratively with the Performance Measurement Work Group
  - The next PMWG will be next **Wednesday, December 15** via Webinar
- HSCRC Quality has recently overhauled the QBR policy – for specifics please see the Final (approved) QBR Policy from the **November 2021 Commission Meeting**
- Quality is pursuing the following additional areas of quality of care (more to come)
  - Electronic Clinical Quality Measures (eCQMs) or other digital measures – please see HSCRC memo dated 09/27/2021
  - Planned Monitoring Reports – Timely Follow-up for Medicaid, Behavioral Health; Maternal Morbidity; 30-day Mortality; Excess Days in Acute Care (EDAC)
  - Social Determinants of Health (SDoH) data elements, additional reporting of aggregated trends in SDoH to address health disparities
  - Outpatient Quality measures, particularly shifts from IP to OP care

Reminder: CDS-A Reports Available on CRISP Portal

- Review hospital-level high-cost drug utilization for outlier dosage units based on 3rd Monthly case mix data
- Information used to correct errors prior to submission of Quarterly case mix data
- 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 with significant errors in the CY 2021 CDS-A audit will be subject to fines for submitting erroneous data**
- **Hospitals will be subject to fines if any material error is found in a hospital's CY 2022 CDS-A audit.**
- For access, contact your CRS portal Point of Contact or support@crisphealth.org

Reminder: ED Triage Variable – Effective January 1

- Applies only to OP Emergency Department and Observation Visits. Do not report this variable for IP admissions.

Data Item	Data Item Name	Description	HSCRC Variable Name	Data Type	Max Length
265	Initial ED Triage Value	Enter the **FIRST** (**initial or earliest**) triage assessment value recorded for a patient visit to the ED. This value should be a numeric value that indicates the urgency designated to the visit by the triage assessment **on arrival**, (1) being the highest urgency, (5) or higher being the lowest urgency. ***Usage Note:*** *This value may be missing for non-ED encounters.*	EDTRIAGE	CHAR	10
266	Final ED Triage Value	Enter the **LAST** triage assessment value recorded for a patient visit to the ED. This value should be a numeric value that indicates the urgency designated to the visit by the triage assessment, (1) being the highest urgency, (5) or higher being the lowest urgency. **This value should reflect patient triage status at the time closest to the time at which the patient's ED stay ended (discharge, death, admission, transfer, etc.)** ***Usage Note:*** *This value may be missing for non-ED encounters, or if there is only one triage value assigned to the patient.*	EDTRIAGE2	CHAR	10

Example Values:

Australasian Triage Scale (ATS) categories:

1 = Immediate
2 = 10 minutes max waiting time for medical assessment
3 = 30 minutes max waiting time for medical assessment
4 = 60 minutes max waiting time for medical assessment
5 = 120 minutes max waiting time for medical assessment

Emergency Severity Index (ESI) categories:

1 = Patient requires immediate life-saving intervention
2 = Patient is in a high-risk situation, is disoriented, in sever pain, or vitals are in danger zone
3 = If multiple resources are required to stabilize the patient, but vitals are not in the danger zone
4 = If one resource is required to stabilize the patient
5 = If patient does not require any resources to be stabilized

Please send questions to hscrc.quality@maryland.gov

Reminder: Historical ED Triage Variable Submission Timeline

Jan 18, 2022

- CY 2021 January – June Data

Mar 15, 2022

- CY 2021 July –September Data

June 15, 2022

- CY 2021 October – December Data

Reminder: Historical ED Triage Variable Submission Variables

- Hospital ID
- Medical Record Number
- Patient Account Number
- From Date (MMDDYYYY)
- Through Date (MMDDYYYY)
- Initial triage status code

See Slide 33 for more information on how to submit this data to hMetrix

Reminder: ED Triage Variables – Additional Information

- Applies **only to OP Emergency Department and Observation Visits**. Do not report this variable for IP admissions.
- If hospitals can only provide 1 triage value, it can be reported in **EITHER** the initial triage (EDTRIAGE) **OR** the final triage status (EDTRIAGE2). Blanks in either variable will **NOT** trigger an error.
- Validation checks will be applied to the variables
  - If reported value contains special characters or contains more than 10 characters - will trigger an error
- For the historical data, system hospitals should submit each hospital separately. If there are concerns about this approach, please contact: hscrcteam@hmetrix.com

Reminder: 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

Charge Bucket Review

Charge Bucket Definition

- Defined based on UB 04 Revenue Codes (see Excel Spreadsheet)
  - Eight Charge Bucket
  - Thirty-one Charge Bucket
- Unable to use Rate Centers for charge bucket definition
  - Inconsistency in coding patterns for Revenue Codes and Rate Centers among Hospitals
  - HSCRC Staff will be reaching out to hospitals to better understand how hospitals are reporting rate centers
- HSCRC will review current assignment of Revenue Codes
  - Update as required
  - Review new revenue codes and assign to appropriate charge buckets

Example of coding inconsistency

- Coding for Rate Center 050 - Pulmonary Function Testing (PUL)

	Revenue Code				
Hospital	**0250-Pharmacy**	**0460-Pulmonary Func**	**0636-Drugs**	**Other**	**Grand Total**
Hospital 1	$16M	$0M	$13M	$0M	$29M
Hospital 2	$8M		$7M	$0M	$15M
Hospital 3	$8M	$0M	$6M	$0M	$14M
Hospital 4		$2M		$0M	$2M
Hospital 5		$1M		$0M	$1M
Other Hospitals		$0M		$0M	$1M
Hospital 6		$0M			$0M
Hospital 7		$0M			$0M
Hospital 8		$0M		$0M	$0M
Hospital 9		$0M			$0M
Hospital 10		$0M			$0M
Grand Total	$31M	$5M	$26M	$0M	$62M

Example of coding inconsistency (Contd.)

- Coding for Rate Center 067 – Drugs (CDS)

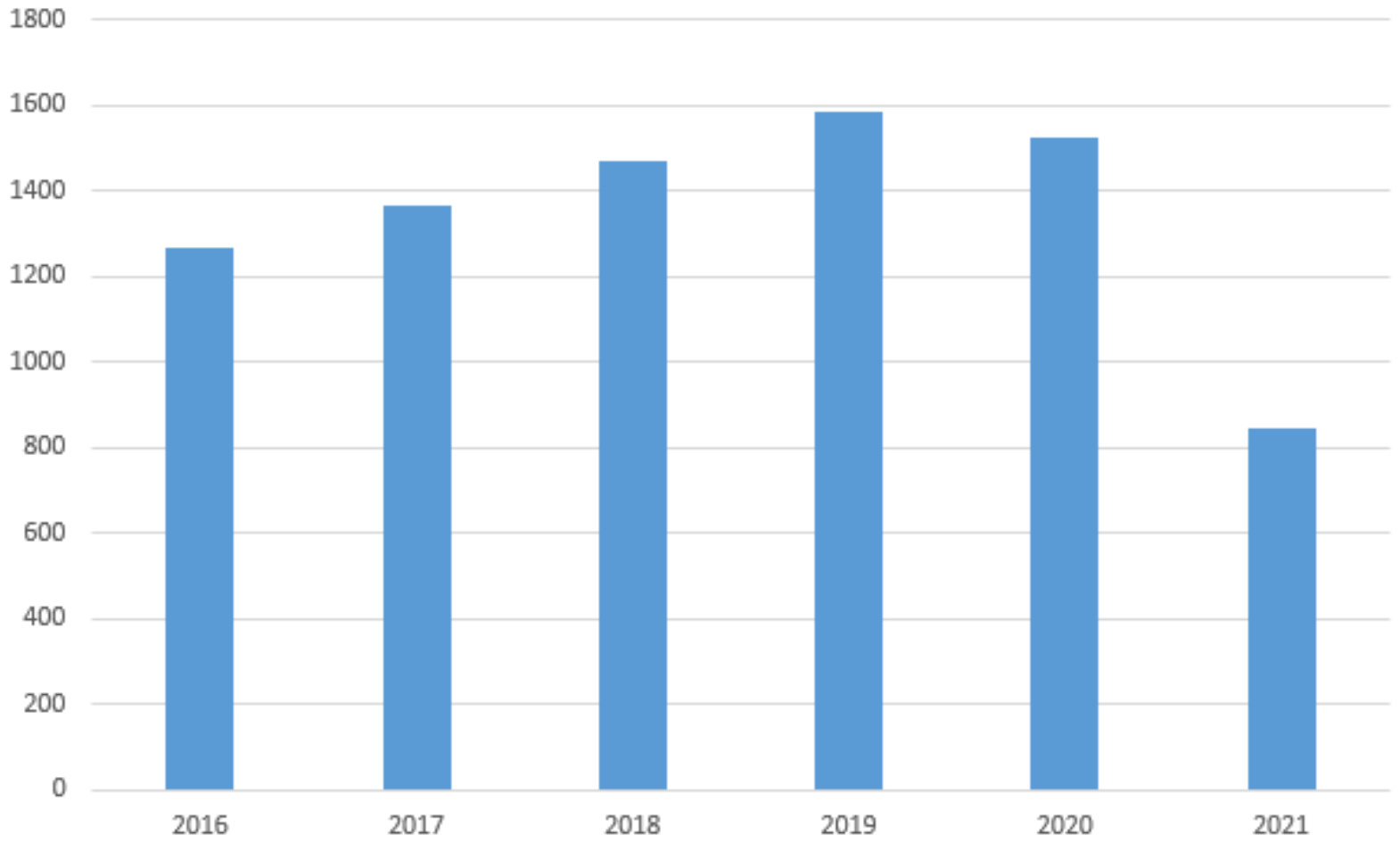
	Revenue Code							
Hospital	**0250- Pharmacy**	**0258- IV Solutions**	**0343- Diag. Radio. Pharm.**	**0636- Drugs**	**0637- Drugs /Self Admin.**	**0891- Donor Bank/Bone**	**Other**	**Grand Total**
Hospital 6	$86M	$2M	$0M	$1M	$0M		$0M	$90M
Hospital 11	$25M	$3M	$0M	$0M	$0M			$28M
Hospital 12	$27M	$2M	$0M	$14M	$0M		$0M	$43M
Hospital 7	$35M	$2M	$1M	$76M	$0M	$7M	$0M	$119M
Hospital 1	$0M		$0M	$0M				$0M
Hospital 4	$16M		$0M					$17M
Hospital 9	$14M	$1M	$0M					$15M
Hospital 10	$12M	$0M	$0M	$0M			$0M	$12M
Grand Total	$372M	$14M	$4M	$103M	$4M	$7M	$1M	$503M

Hospital Reporting of Homelessness and Z-Codes

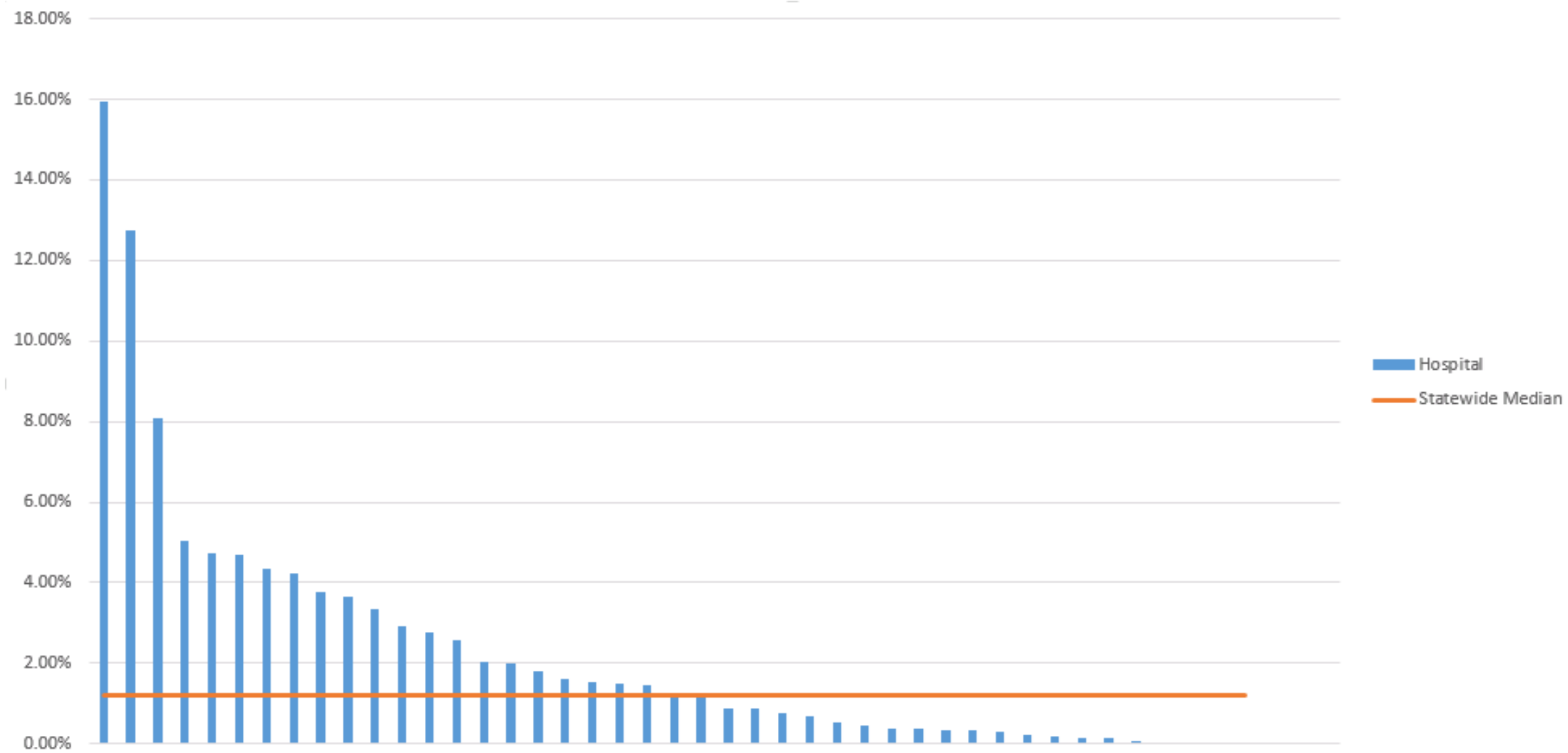
Methodology

- Analysis on Zip Code 88888 (Homeless) and Z-Codes
- CY2016 - CY 2021 YTD, Inpatient
- Purpose: Understand the reporting of homelessness in MD hospitals
- Inclusion: Acute and Specialty Hospitals (N=43)
- Questions of interest:
  - Does the reporting of homeless correlate with the reporting of SDoH Z-Code 59?
  - Are there racial or sex disparities found in the data?

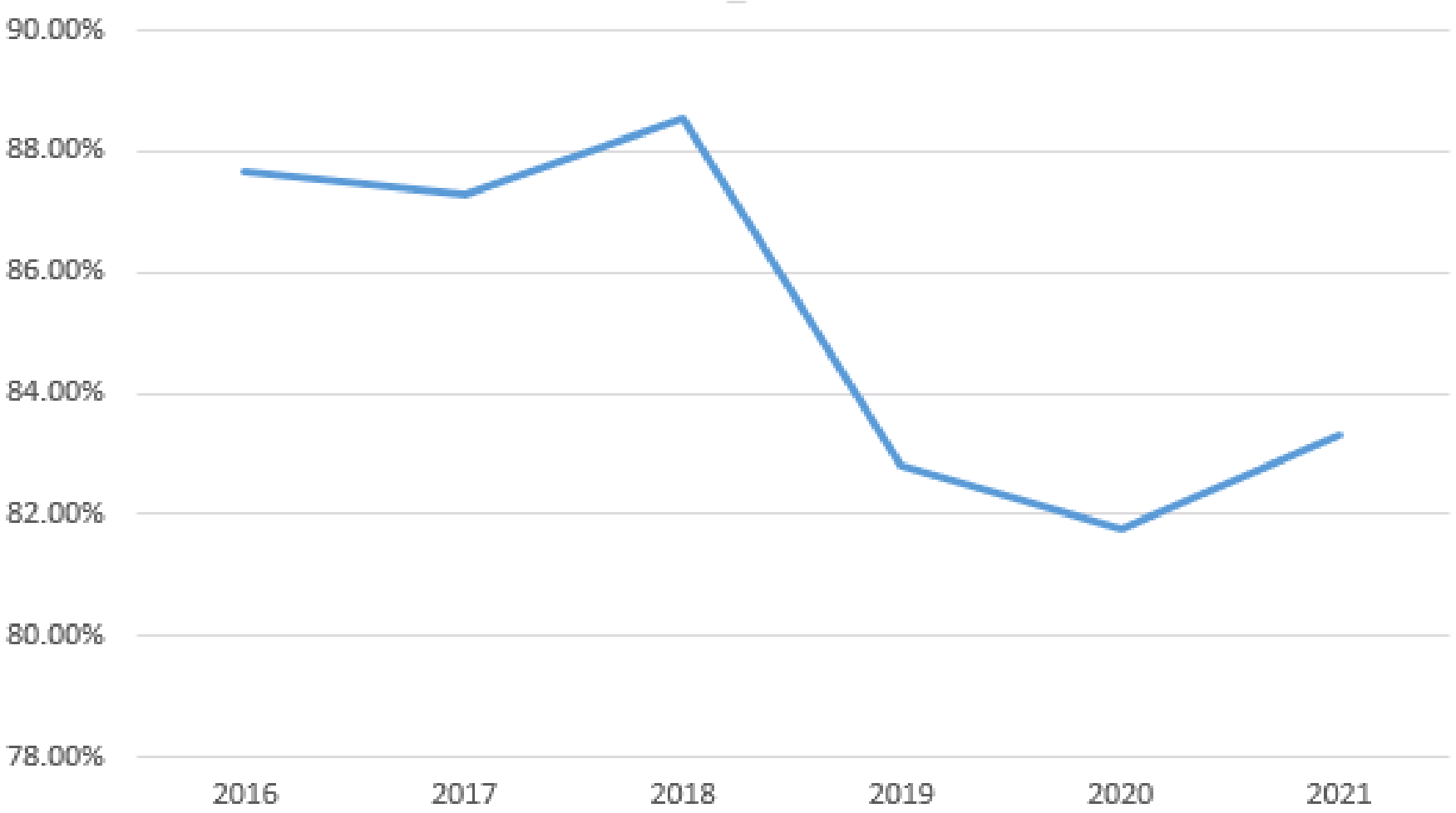
Number of Homeless Discharges, CY 2016- 2021



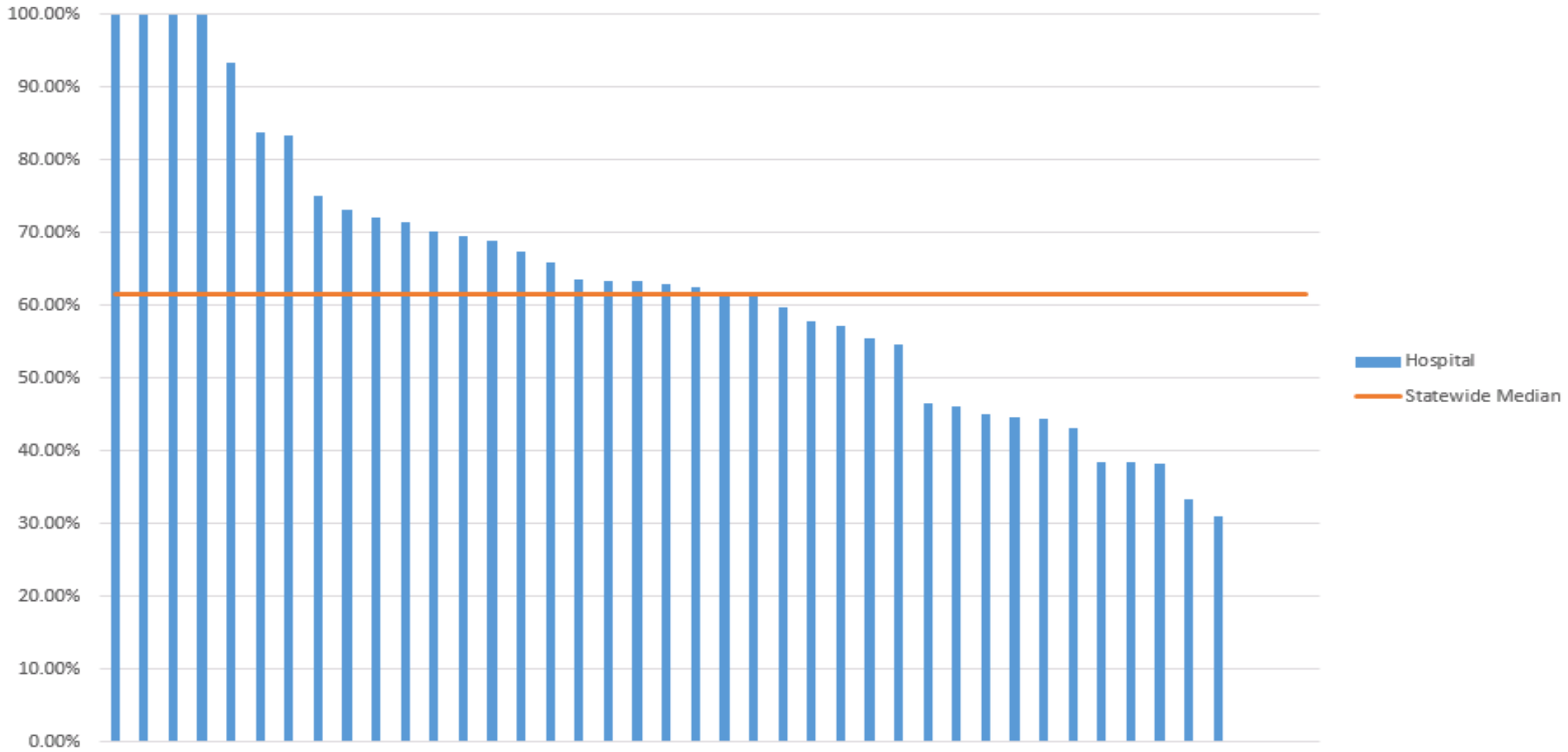
Percent of Total Homeless Discharges by Hospital, CY2016 - 2021 YTD



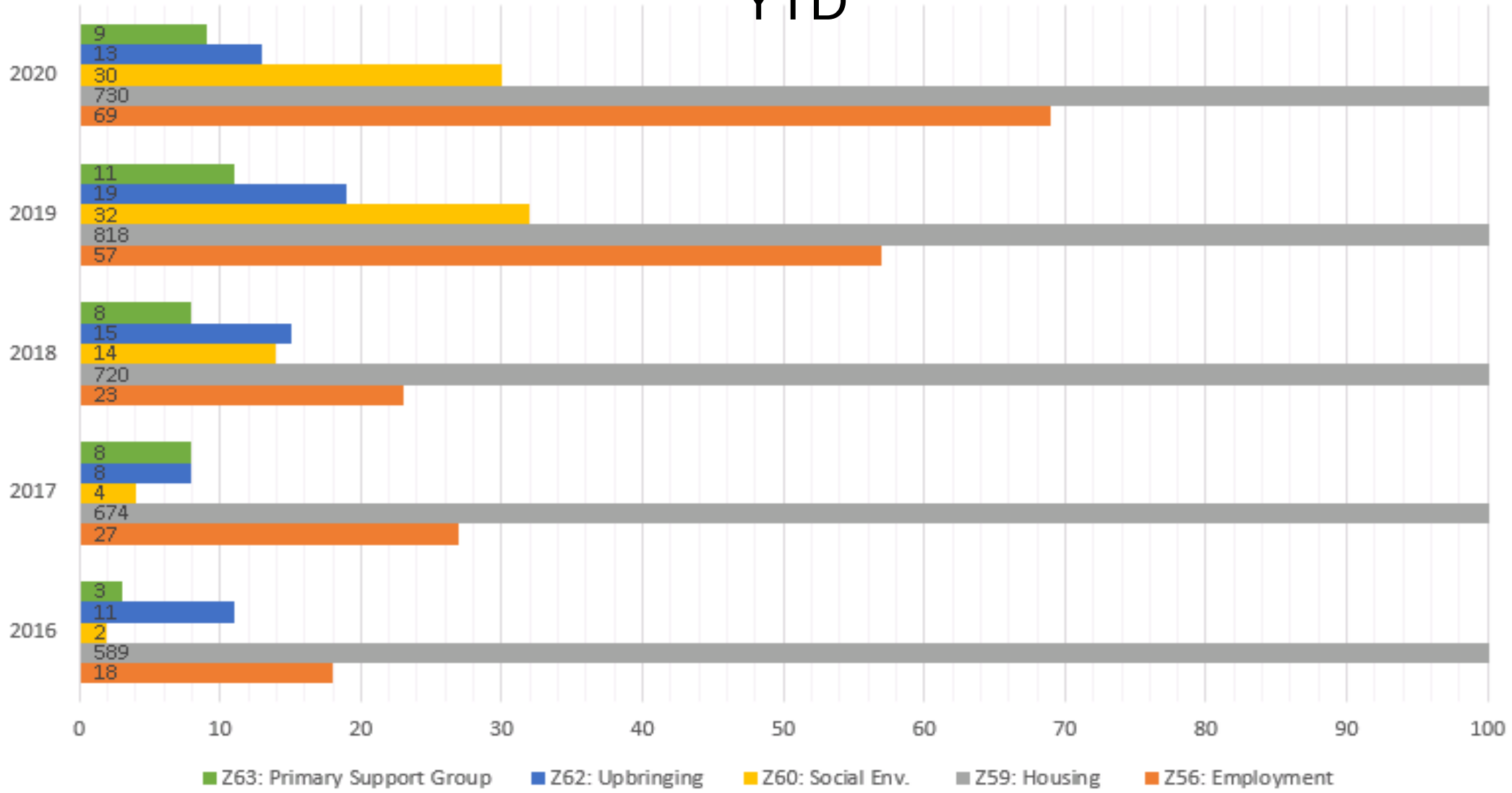
Statewide Correlation of Homeless and Z-Code 59, CY 2016 - 2021 YTD



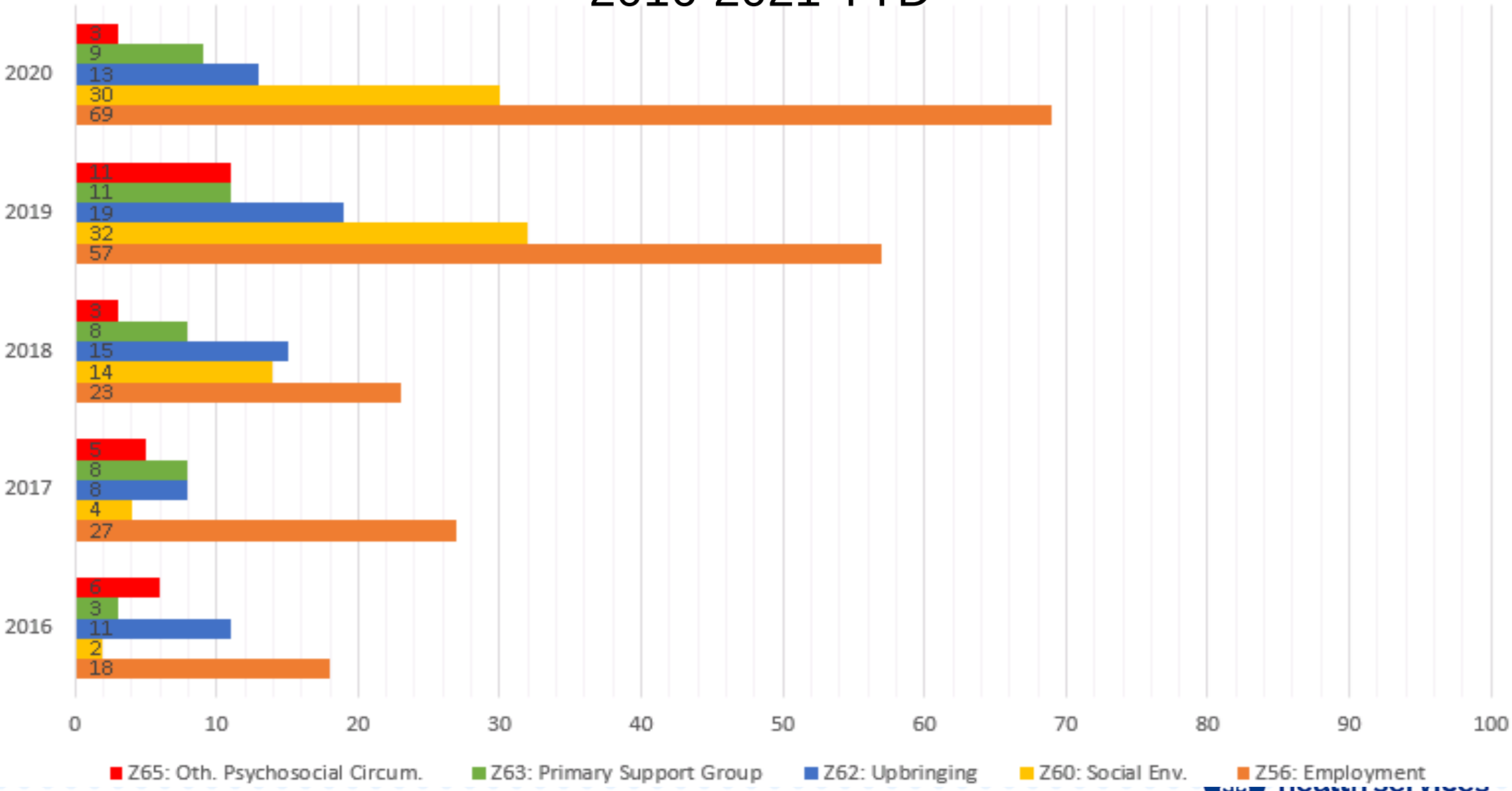
Hospital Variation Reporting Homeless and Z59, CY 2016 - 2021 YTD



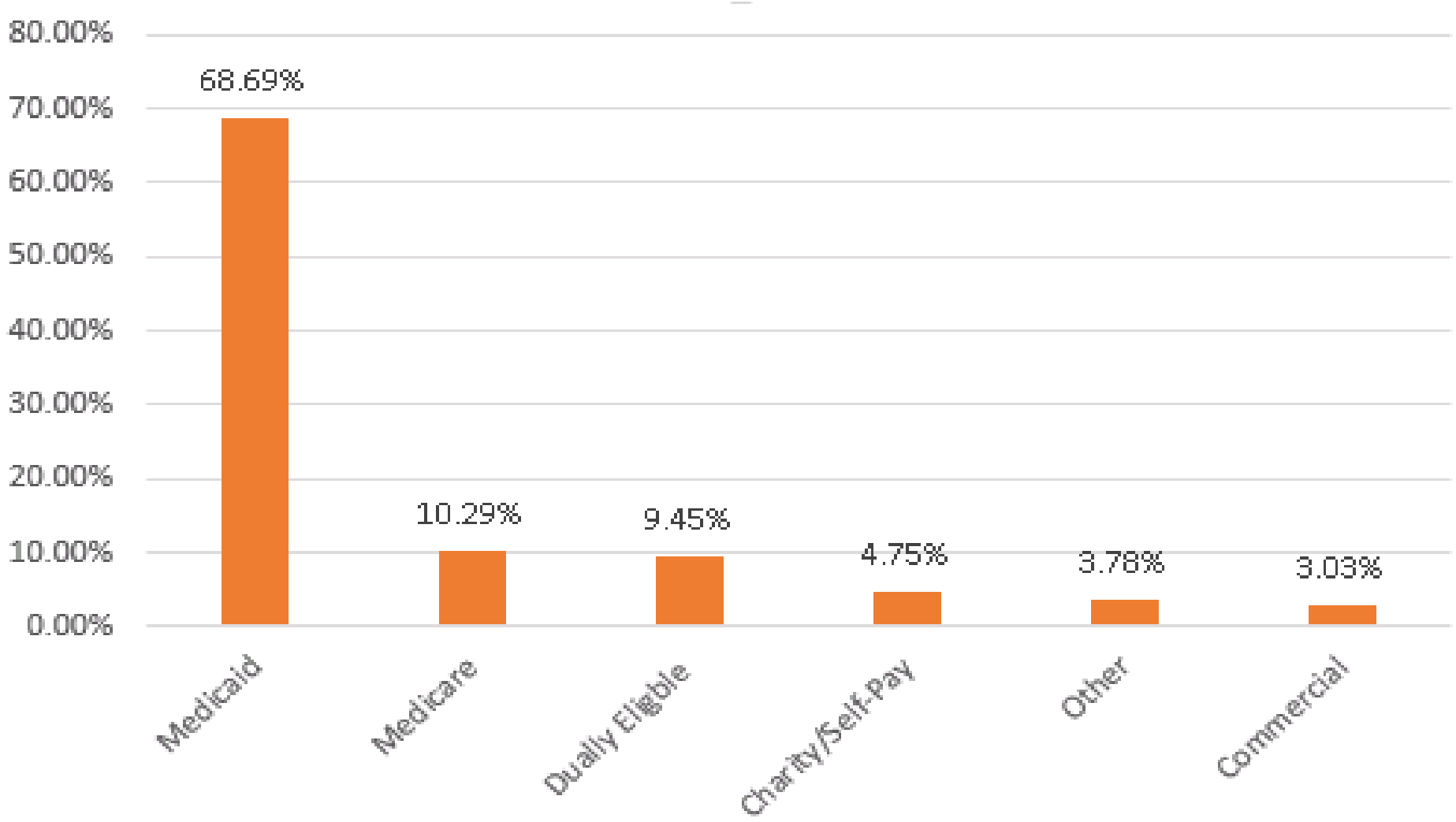
Top 5 Z-Codes reported with Homeless Zip Code, CY 2016-2021 YTD



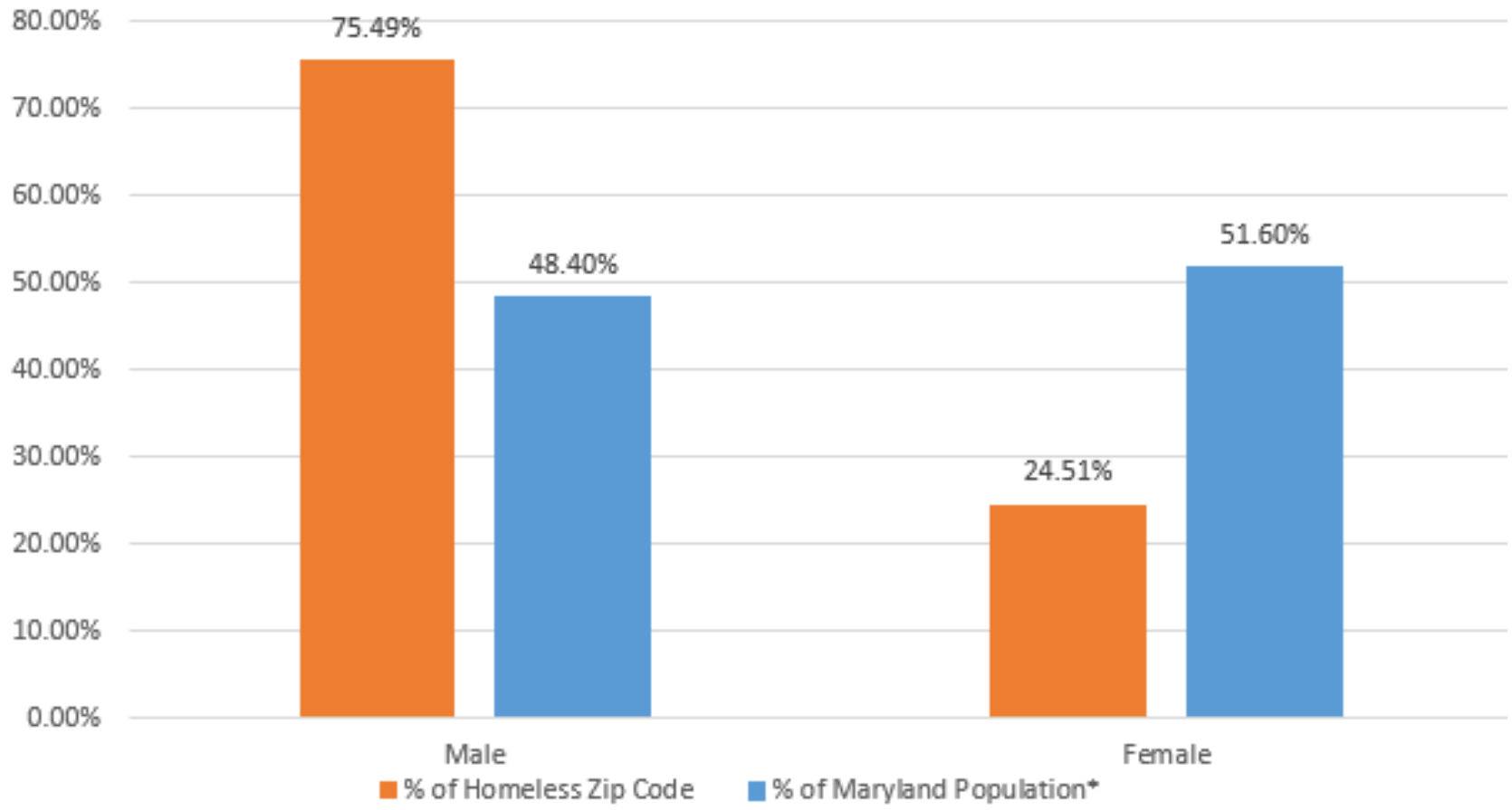
Top 5 Z-Codes reported with Homeless Zip Code, excluding Z59, CY 2016-2021 YTD



Homeless by Payer, CY 2016 - 2021 YTD

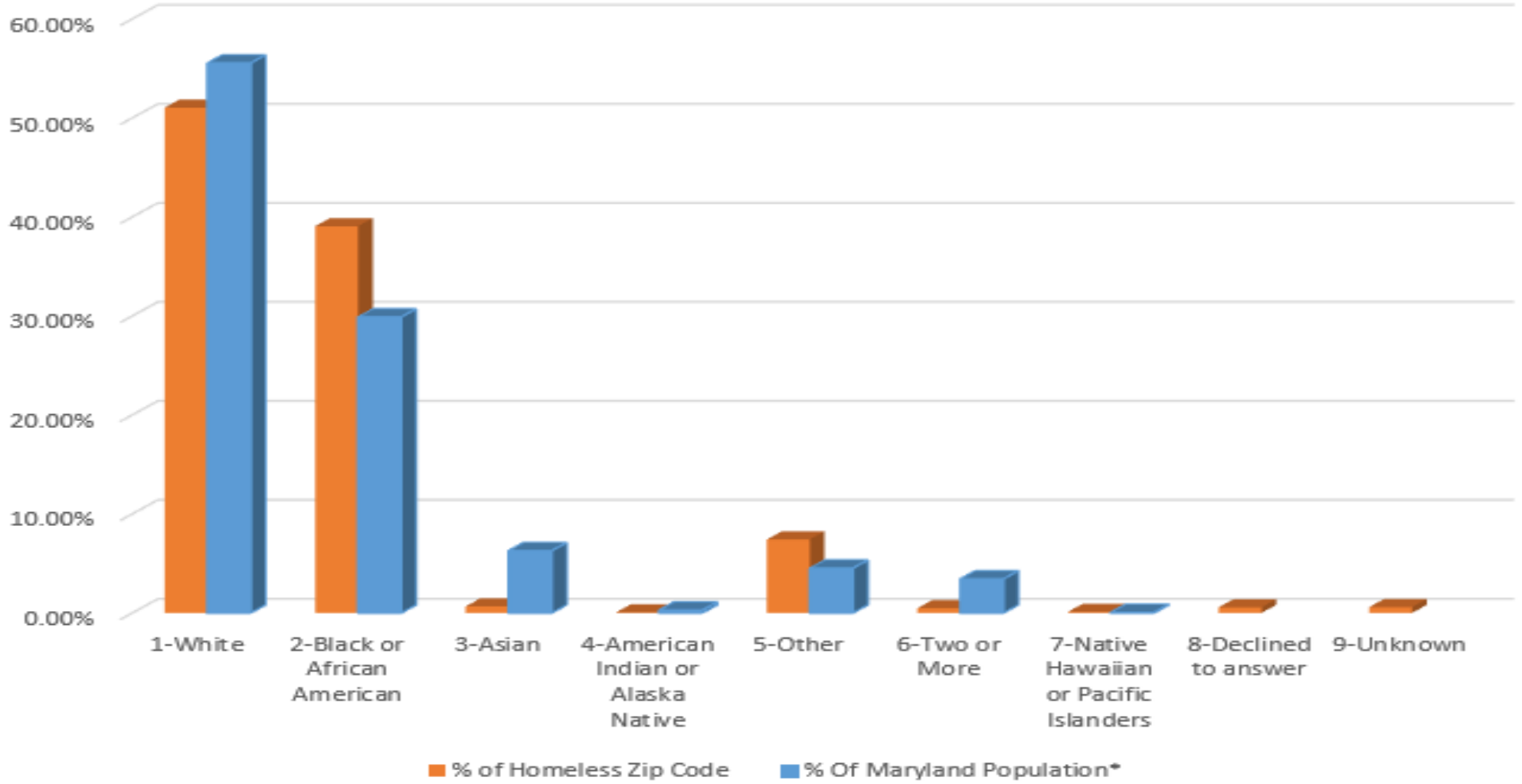


Sex Disparities for Patients Reported as Homeless, Compared to MD State Population



*According to the most recent American Community Survey

Racial Disparities in Patients Reported as Homeless, Compared to MD State Population



*According to the most recent American Community Survey

Next Steps

- Reach out to hospitals to understand how homeless is being reported
- Talk with external stakeholder groups to better understand how homelessness should be collected
- Convene a work group to discuss potential edits around homelessness

Data Repository Vendor Update

AD-HOC Folder Added Archive Subfolders

ADHOC

- **Submit files as requested by HSCRC or data processing vendor**

ARCHIVE

- **Record of files submitted**
- **Files are archived in the folder of the file type submitted**

SPECIALITY FOLDERS

- **GME, Hospice, OPCOSM, UCC**

RETURN

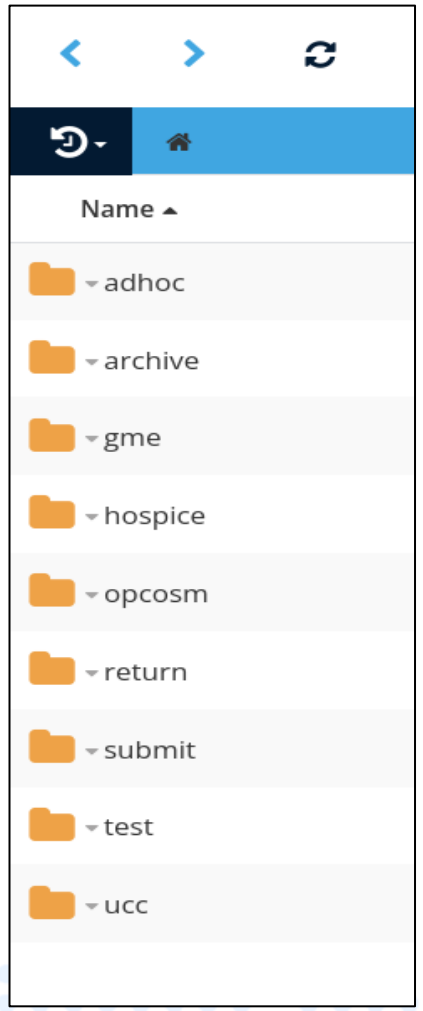
- **Files sent to end user**

SUBMIT

- **Submit FINAL data**

TEST

- **Submit TEST data**



St. Paul Announcements

Mapped Drive functionality coming after the first of the year!

RDS Questions

Contact St. Paul Operations with any questions:

ops@thestpaulgroup.com

Data Processing Vendor Update

Points of Contact

HSCRC	hMetrix / Burton Policy
Claudine Williams Phone: (410) 764-2561 Email: claudine.williams@maryland.gov	**Maria Manavalan** (Primary PoC) Phone: (484) 222-3055 Email: maria@hmetrix.com
Oscar Ibarra Phone: (410) 764-2566 Email: oscar.ibarra@maryland.gov	**Mary Pohl** (Hospital Support) Phone: (410) 274-3926 Email: marypohl@burtonpolicy.com
	Team Email: hscrcteam@hmetrix.com

Reminders

- Production data
  - Upload files to the RDS server '**submit**' folder
  - These files are used for grouping and other downstream processes
  - Download error reports from https://hscrcdave1.hmetrix.com/
- Test data
  - Upload files to the RDS server '**test**' folder
  - Available all the time for hospitals to test submissions
  - Data is **not** used for downstream processes
  - Download error reports from https://hdavetest.hmetrix.com/
- Use DAVE to notify HSCRC & hMetrix if you want to use the Monthly submission as the Quarterly submission

ED Triage Historic Data Submission

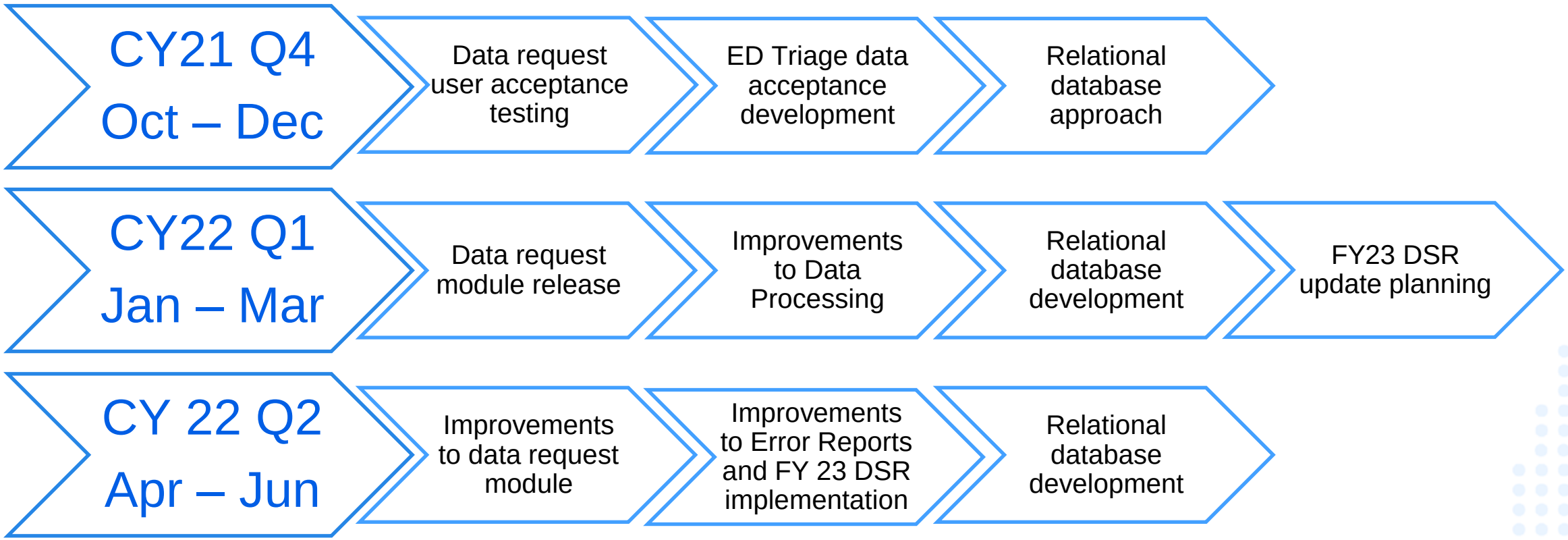
- Data Submission Deadline

Period	Due Date
CY 2021 Q1 (FY 2021 Q3)	January **18**, 2022
CY 2021 Q2 (FY 2021 Q4)	January **18**, 2022
CY 2021 Q3 (FY 2022 Q1)	March 15, 2022
CY 2021 Q4 (FY 2022 Q2)	June 15, 2022

- File format
  - Pipe delimited text file
  - Include Hospital ID, Medical Record Number, Patient Account Number, From Date (MMDDYYYY) of OP visit, Through Date (MMDDYYYY) of OP visit, Initial triage status code
  - One file per Period

- Submit to ‘adhoc’ folder in RDS server
- Tasks will be created in DAVE
  - Data Type: ED Triage
  - Submission Type: Historic data
- Reminders Email
  - When data submission is open
  - Three days before the due date
  - On the day of the due date
- Notification
  - Data Acceptance
  - File rejection due to
    - Incorrect format
    - More than one hospital per file

Roadmap for Continuous Improvements to DAVE



Next Meeting

Notes and slides will be posted to the HSCRC website:

https://hscrc.maryland.gov/Pages/hsp_info1.aspx

Next Meeting
FY 2022 Q3
March 11, 2022