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FY 2022 Quarter 3 Data Forum

Please register at:
https://attendee.gotowebinar.com/register/4140885456458183437

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

March 11, 2022
@10:00 AM

Agenda

- Announcements
  - Case Mix Weights and Grouper Transition Update (Denise/Dianne)
  - Quality Update (Dianne)
  - Reminders:
    - Data Requests Moratorium (Claudine)
    - Expected Payer Codes for UCC (Claudine)
    - CDS-A Report on CRISP Portal (Oscar)
    - ED Triage Variables (Oscar)
    - Data Forum Survey (Oscar)

- Proposed Changes to DSR for FY 2020 (Claudine)
- FY 2023 DSR Implementation Timeline (Claudine)
- Data Processing Vendor Update (Mary Pohl, hMetrix/Burton Policy)
- Case Mix Review Vendor Update (Brenda Watson, AGS, LLC)
- Next Meeting (Oscar)

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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
Number 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.

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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
Number 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	

*Cancelled report production due to the heavy resurgence of coronavirus.
**Discussions ongoing with industry workgroup to effectively implement a pathway to produce the report.
***Will likely use CY2019 as the base, due to coronavirus impact on CY 2020.

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4

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	<u>Base Year:</u> • MHAC: CYs 2018-2019 • QBR-Mortality: CY 2019 • RRIP: CY 2018 <u>Performance Year:</u> • All Programs: CY 2021 (longer timeframe for MHAC for small hospitals TBD; presently CYs **2019** and 2021) <u>RY 2023 and COVID UPDATE</u>: 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 is currently being evaluated retrospectively with the PMWG; HSCRC supports recalculating norms by using concurrent performance period for the quality programs**. 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)

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Quality Update: RY 2023 and COVID-19 Public Health Emergency

Updated guiding principles for making COVID changes include:

- Maryland must operate its quality programs under the TCOC model and have Quality Adjustments in RY 2023;

- Measures should be as inclusive as possible;

- Scores and revenue adjustments should have face validity;

- Adjustments to policies should be uniformly applied, when possible;

- Because we don't have a reasonable counterfactual (without COVID in the base period):
  - Adjustments must be updated to account for COVID influence, e.g., concurrent norms;
  - Relative ranking approaches, such as those used by CMS, may be advantageous under these conditions;

- Quality adjustments must be reasonable to gain approval from CMMI and the Commissioners

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

Rate Year	RY2024
APR/PPC Version	39
Timeline	Base Year:, • MHAC: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)

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

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, March 16** via Webinar

- 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: Data Request Moratorium

- In December 2021, MDH instituted a Data Use Policy whereby MDH will control and regulate access to its electronic Data and systems. The policy also provides a framework for review of all Data-Related Agreements involving use of MDH Data by Data Partners and Trusted Operational Partners.
- HSCRC submitted a comment letter requesting a waiver from this policy
- Until the HSCRC is granted a waiver, **all new or revised** data use agreements undergo additional review by MDH
- MDH review can take up to 30 days, in addition to HSCRC's internal review and MDH IRB review (if applicable)
- Due to this delay, **HSCRC is instituting a 120 day moratorium (June 2022) on any new data requests** that require a DUA for release, effective February 22, 2022.

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Reminder: Expected Payer Codes for UCC Quarterly Report

- Use the New Primary Payer Codes for Case Mix Data Implemented Since FY22

- Combine
  - Blue Cross (04), HMO (12), Blue Cross National Capital Area (16),Blue Cross – Other State (17) with Commercial Insurance (05)
  - Title V (03) with Other Government Programs (06)
  - Donor (11) with Other (10)

- Add
  - Behavioral Health Plans (19)

Valid Primary Payer Codes (since FY 2022)

Code	Description
01	MEDICARE FFS
02	MD MEDICAID FFS AND PENDING MD MEDICAID
05	COMMERCIAL INSURANCE HMO/POS/PPO/PPN/TPA
06	OTHER GOVERNMENT PROGRAMS *Usage Notes:* Report Out-of-State (non-MD) Medicaid, Tri-Care, Champs and Title under this category
07	WORKMEN'S COMPENSATION
08	SELF PAY
09	CHARITY (PATIENT WAS NOT CHARGES FOR CARE)
10	OTHER (INCLUDES GRANT FUNDED, DONOR)
14	MD MEDICAID MCO
15	MEDICARE ADVANTAGE
18	INTERNATIONAL INSURANCE
19	BEHAVIORAL HEALTH PLAN (NEW)
99	UNKNOWN

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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

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.

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: ED Triage Historic Data Submission

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

- 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
  - Exclude Headers
  - **One file per Period and Hospital**

- Submit to 'ad-hoc' 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 (special characters)
    - Contains more than 10 characters
    - More than one hospital per file

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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

Proposed Updates to DSR for FY 2023

Remove Variables/Codes

- Tertiary Payer Variable

  - Intended to capture admissions and visits where Kaiser Permanente is a Medicare Tertiary Payer

  - In FY 2022, about 5% of IP cases and 1% of OP cases were flagged as Kaiser

  - **Proposed Change:** Remove Tertiary Payer variable and replace with a Yes/No flag

- IP Reserve Flag - Transfer Code

  - 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.

  - **Proposed Change:** Remove Code

Remove/Revise Codes

- Type of Daily Service - Shock Trauma (02)

  - Intended to capture admissions to UM Shock Trauma only

  - There are 8 MIEMSS-Designated Trauma Centers

    - Admissions are flagged using the IP Reserve Flag

  - **Proposed Change:** Expand the use of the Type of Daily Service Code to Trauma Cases from all MIEMSS-Designated Trauma Centers

- OP Reserve Flag - UM Shock Trauma

  - Intended to capture visits to UM Shock Trauma

  - Visits to other MIEMSS-Designated Trauma Centers are not being flagged

  - **Proposed Change:** Expand the use of the Trauma Reserve Flag Code to Trauma Cases from all MIEMSS-Designated Trauma Centers (similar to IP)

New Edits

- ## Z-Codes for Homeless

  - **Proposed Warning:** If Zip Code = "88888", then Z59.X should also be reported as a secondary diagnosis code

  - Intent is to encourage hospitals to code the homeless z codes.

  - Eventually phase out homeless zip code

- ## Trauma cases flagged at non-Trauma hospitals

  - **Proposed Cross Edit (IP):** If not a MIEMSS-Designated trauma center, than Type of Daily Service cannot eq 02; If not a MIEMSS-Designated trauma center, than Reserve Flag cannot eq R

  - **Proposed Cross Edit (OP):** If not a MIEMSS-Designated trauma center, than than Reserve Flag cannot eq S

  - Intent is to identify all trauma cases consistently across IP and OP.

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New Edits

- E & M codes with unit of 1

    - **Proposed Edit:** If CPT Code = (99201-99205, 99211-99215, and G0463) then unit value must be between 2-6

    - Some hospitals may still be reporting 1 unit for E & M.

    - According to Appendix D of Accounting and Budget Manual, 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

- Medicaid ID = 77777777777 (Not Applicable)

    - **Proposed Cross Edit:** If Medicaid ID = 77777777777, then Primary Expected Payer cannot eq ("06", "07", "10", or "18")

    - Intent is to make rules consistent across all payer types.

FY 2023 DSR Implementation Timeline

FY 2023 DSR Implementation Timeline

- Test/Sandbox

Aug 1, 2022 Onwards

- **FY2023** DSR
- **FY2023** Lookup Rules
- With July Discharges
- Use test folder

- Production

Aug 2022

- **FY2022** DSR
- FY23 Q1 (Jul Monthly)

Sep 2022

- **FY2022** DSR
- FY23 Q1 (Jul – Aug Monthly)

Oct 1, 2022

- **FY2023** DSR
- FY23 Q1 (Jul – Sep Monthly) Onwards
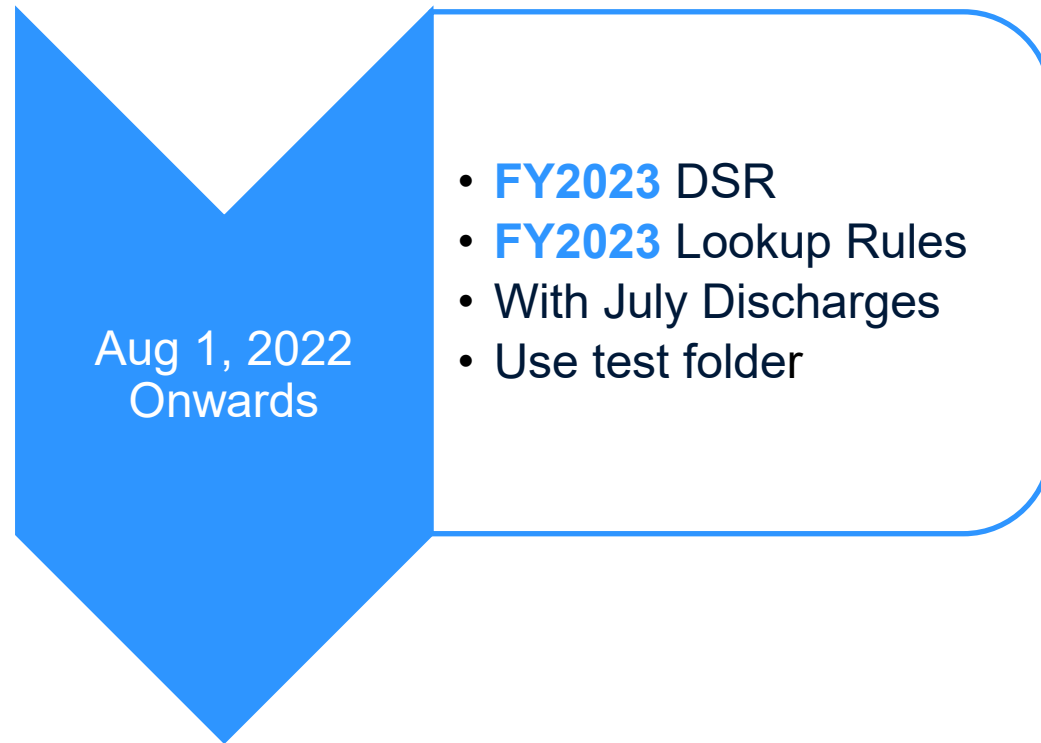
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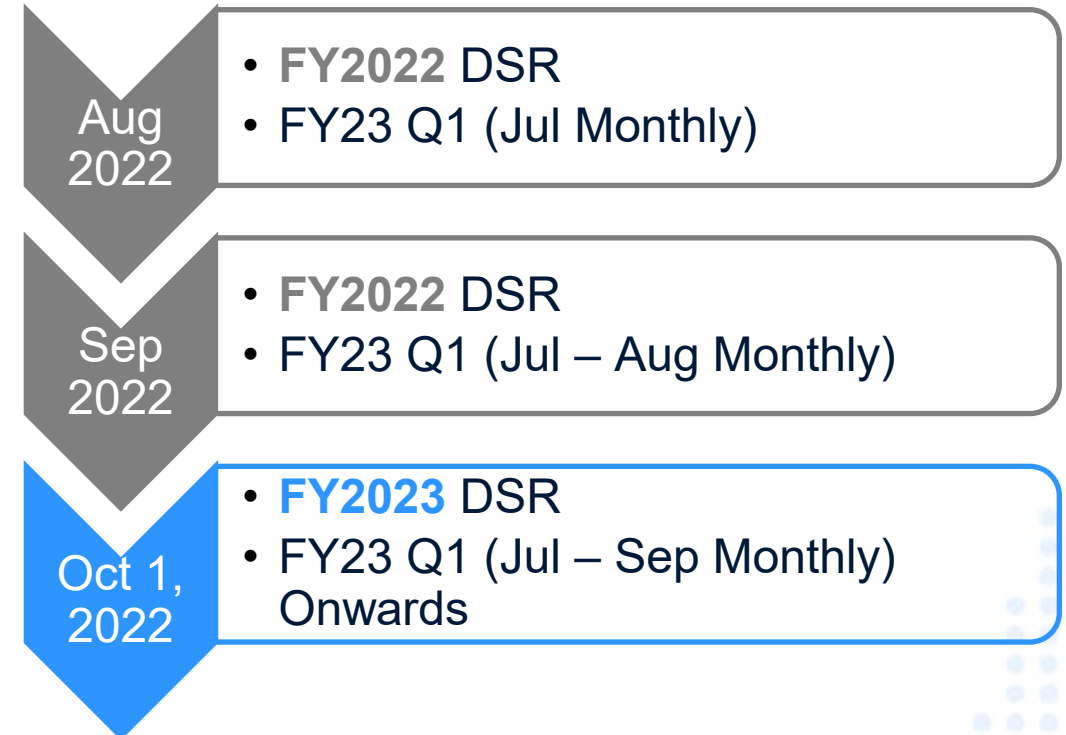
Data Processing Vendor Update

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

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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/

- ED Triage data
  - Upload files to the RDS server '**adhoc**' folder
  - Email notifications sent to Hospital Contact after successful processing

- Use DAVE to notify HSCRC & hMetrix if you want to use the Monthly submission as the Quarterly submission

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CDS-A Drug Utilization and Outlier Reports

Process (Days after end of Quarter)

15
- Hospital submits third Monthly Case Mix data

25
- CDS-A Drug utilization report and outliers posted to CRS Portal

60
- Hospital (optionally) fixes outliers
- Hospital submits Quarterly Case Mix data

70
- Report and outliers refreshed in CRS Portal
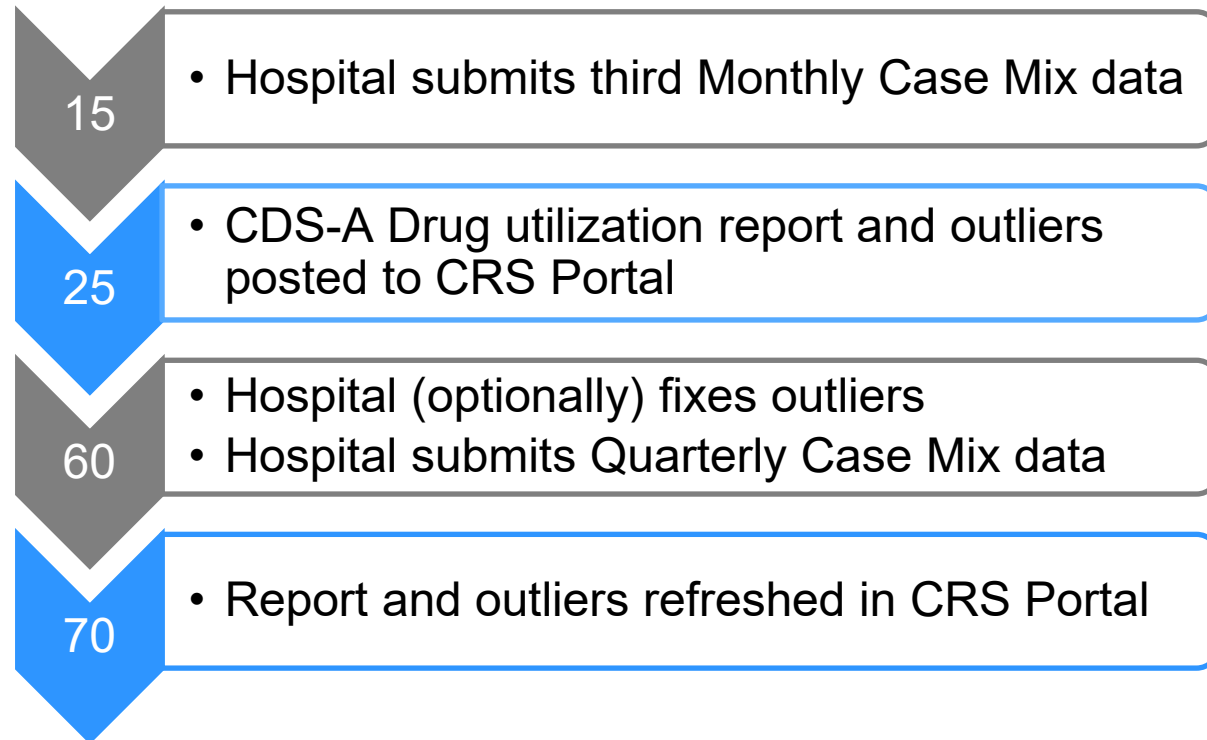
Advantages

- Drug list reviewed and updated quarterly
- Opportunity for Hospitals to fix coding issues

Access CDS-A Reports in the CRISP Reporting Services Portal

- Log in to https://reports.crisphealth.org/

- Tap the HSCRC Regulatory Reports card

- Tap CDS-A Reports

- Tap CDS-A Drug Utilization Outlier Report

- Apply the following filters to the report:
  - Type = Monthly
 - Outlier = Yes
  - Hospital
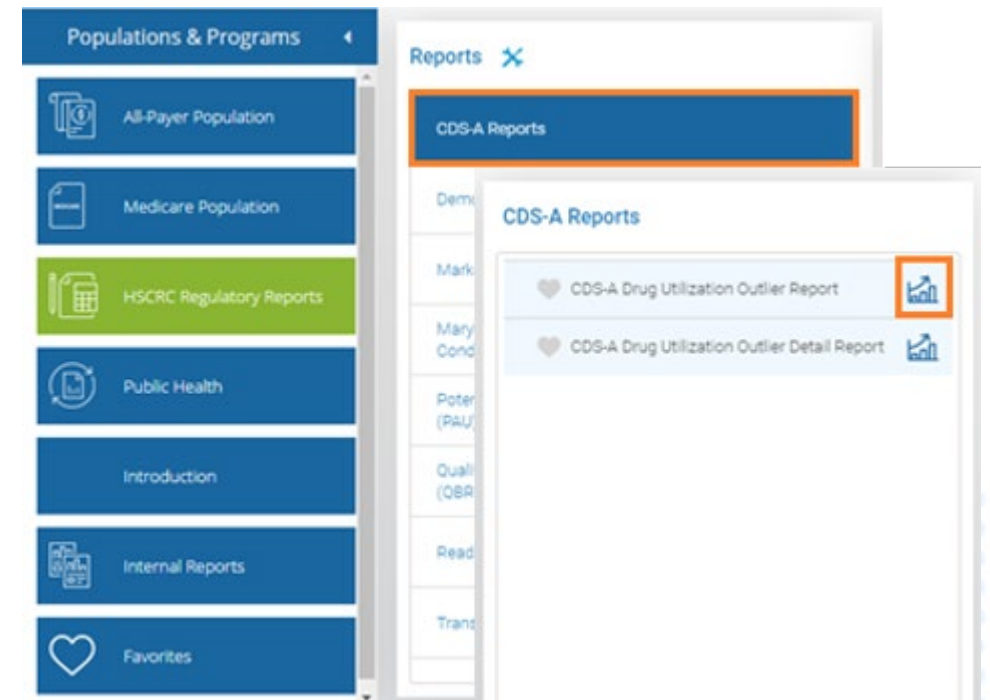
Review Drug Unit Coding Patterns

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	1,093	$6,738,417	133	217	$1,430,586	26
90376	Rabies ig heat treated	460	CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	341	$1,690,797	5	45	$262,428	2
A9513	Lutetium lu 177 dotatat th..	246	CLASS IV THERAPEUTIC RADIOPHARMACEUTICALS	No	90	$5,040,000	0	27	$1,512,000	
A9606	Radium ra223 dichloride t..	245	CLASS III THERAPEUTIC RADIOPHARMACEUTICALS	No	67	$1,939,700	0	5	$100,121	
C9069	Belantamab mafodontin-bl..	464	CLASS XII COMBINED CHEMOTHERAPY AND PHARMACOTHER..	No	21	$426,109	0	0		
C9132	Kcentra, per i.u.	461	CLASS IX COMBINED CHEMOTHERAPY AND PHARMACOTHER..	Yes	131	$1,189,670	21	7	$101,594	
C9257	Bevacizumab injection	435	CLASS I PHARMACOTHERAPY	Yes	353	$487,028	48	52	$193,443	19
C9492	Injection, durvalumab	463	CLASS XI COMBINED CHEMOTHERAPY AND PHARMACOTHER..	No	2	$48,837	0	0		

Billed Unit Details : C9257 - Bevacizumab injection — State Median   Outlier ■ No ■ Yes
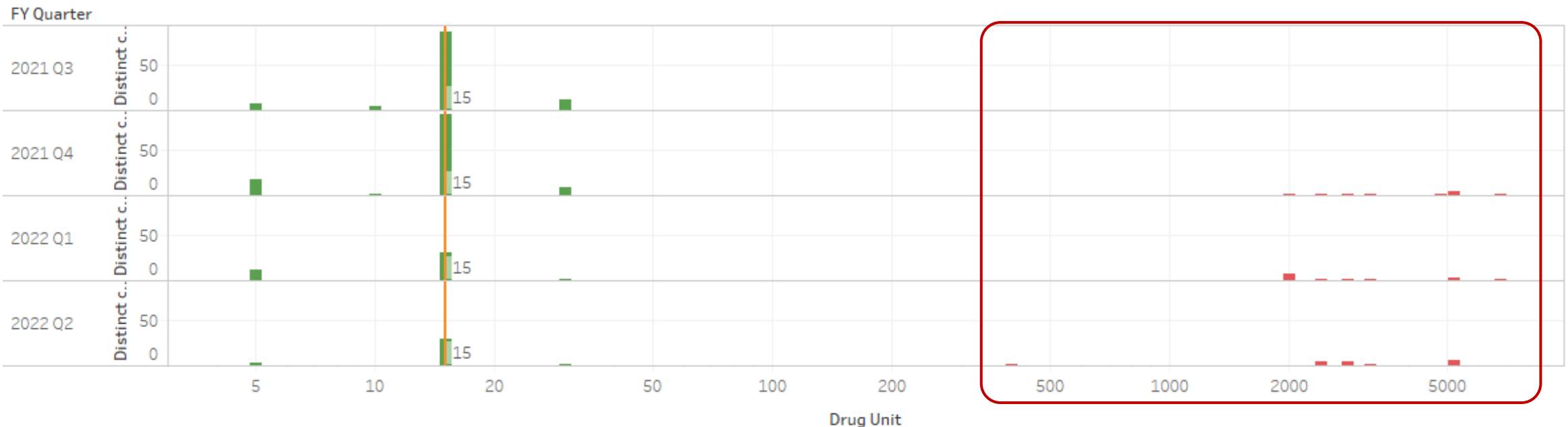
Review Details of Drugs with Coding Issues

- Tap the CDS-A Drug Utilization Outlier Detail Report
  - Details of drugs with unit outliers
  - Can be exported to Excel

- Fix units in Quarterly submission

- Detail contains:
  - Hospital ID
  - Hospital Name
  - Patient Account Number
  - Medical Record Number
  - From Date
  - Through Date
  - Service Date
  - Drug Code
  - Drug Units

Roadmap for Continuous Improvements to DAVE
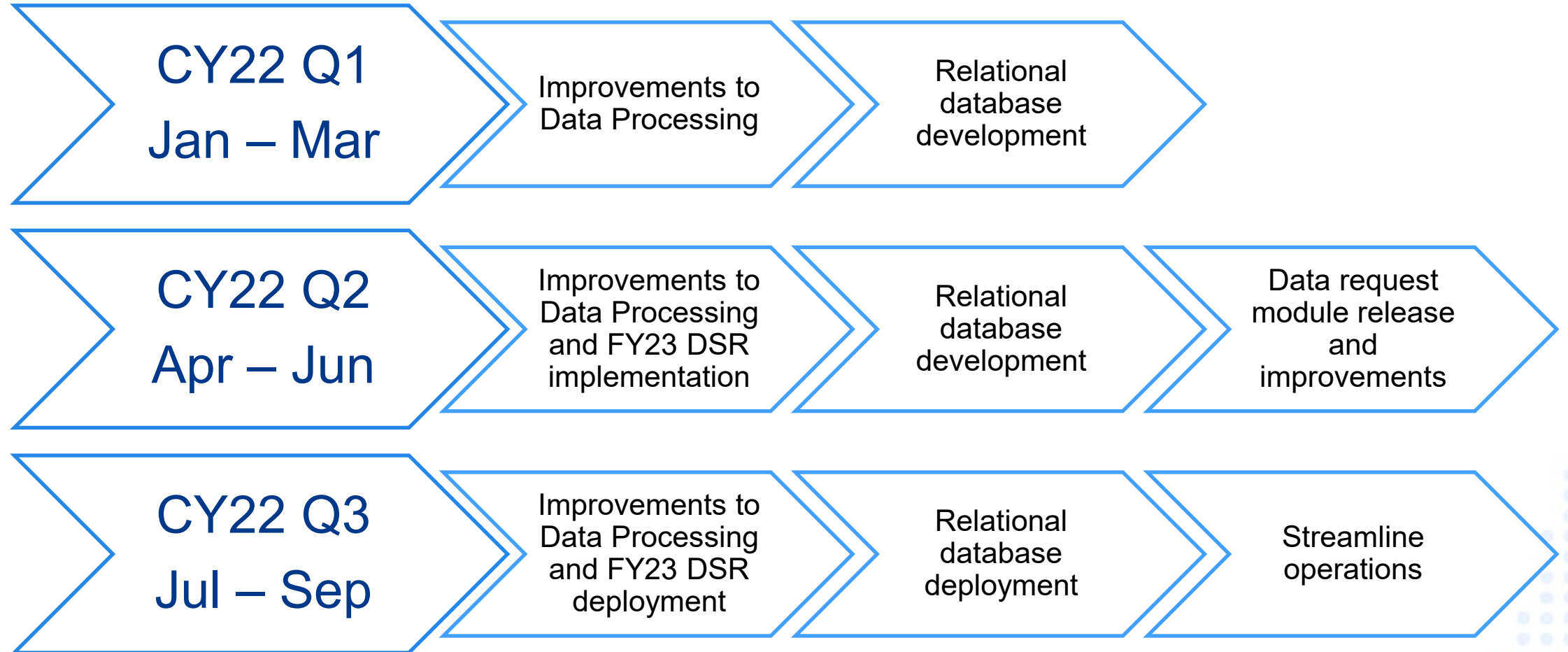
CY22 Q1
Jan – Mar
- Improvements to Data Processing
- Relational database development

CY22 Q2
Apr – Jun
- Improvements to Data Processing and FY23 DSR implementation
- Relational database development
- Data request module release and improvements

CY22 Q3
Jul – Sep
- Improvements to Data Processing and FY23 DSR deployment
- Relational database deployment
- Streamline operations

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Case Mix Review Vendor Update

3 YEAR HOSPITAL PERFORMANCE INPATIENT COMPARISON

		FY18 Hospitals										FY19 Hospitals										FY20 Hospitals										AT				
		#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13	#14	#15	#16	#17	#18	#19	#20	#21	#22	#23	#24	#25	#26	#27	#28	#29	#30	50th	75th	90th	SO↓	PB
Inpatient Category	Random & Focused	76	87	71	78	74	73	84	81	93	72	75	85	73	91	93	73	83	91	82	85	80	86	90	51	64	89	87	94	67	88	83	88	93	85	95
	APR-DRG	86	94	93	95	91	95	98	96	96	97	97	96	92	96	96	98	97	96	98	97	97	96	97	99	93	98	97	99	94	99	96	97	99	92	95
	Disposition of Patient	96	98	86	97	83	78	89	93	99	76	94	92	88	98	99	90	91	96	91	97	98	99	97	75	81	97	96	97	95	97	96	97	99	88	95
	Prov. Specific DD	99	98	86	97	83	78	90	92	100	98	91	97	93	99	100	86	100	97	94	96	86	99	99	85	88	100	99	99	99	100	97	99	100	89	95
	Weight	80	90	87	93	88	94	95	94	94	95	96	94	89	94	95	97	94	96	97	95	96	94	94	97	92	95	97	98	93	98	94	96	97	91	95

3 YEAR HOSPITAL PERFORMANCE OUTPATIENT COMPARISON

		FY18 Hospitals										FY19 Hospitals										FY20 Hospitals										AT				
		#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13	#14	#15	#16	#17	#18	#19	#20	#21	#22	#23	#24	#25	#26	#27	#28	#29	#30	50th	75th	90th	SO↓	PB
Outpatient Category	Random & Focused	88	82	53	76	77	86	90	85	86	83	55	72	60	85	71	65	71	47	65	42	71	72	74	80	16	73	74	49	81	53	73	82	86	78	95
	CPT/HCPCS	96	94	72	87	93	81	91	89	88	84	90	95	73	94	89	87	93	61	83	81	92	87	86	91	85	94	93	83	87	85	88	93	94	87	95
	Units	92	90	88	93	100	100	99	100	100	100	65	95	91	98	99	90	91	76	80	58	100	100	91	90	24	96	77	62	93	66	92	99	100	78	95
	Modifiers	98	97	83	96	94	95	99	95	96	97	97	98	97	95	98	95	99	97	100	99	97	100	100	96	92	100	100	97	100	100	97	99	100	92	95
	Disposition of Patient	100	100	97	99	91	100	100	100	100	100	96	84	92	94	82	90	81	100	92	97	80	85	93	95	99	81	100	99	100	100	97	100	100	88	95

Red is >1, Yellow is <= 1 standard deviation from the PB, Green is at or above the PB.

AT = Achievement Threshold representing the 50th (median), 75th and 90th percentile of hospital performance.
SO↓ = Statistical Outlier representing one standard deviation from the PB.
PB = Performance Benchmark frame of reference for expected case-level accuracy regarding payment impact.

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
June 17, 2022