

Date: December 16, 2021
To: Hospital Chief Financial Officers and Case Mix Liaisons
From: Claudine Williams, Deputy Director, MEDA
Subject: **FY 2022 Q2 Data Forum Follow-up**

First, HSCRC staff would like to thank all the hospital staff who are working diligently to meet the healthcare needs of Marylanders during these challenging times. HSCRC staff continue to support you and have created a website for all HSCRC-specific COVID-19 related policies and updates:

<https://hscrc.maryland.gov/Pages/COVID-19.aspx>.

Below is a summary of what was discussed during the FY 2022 Q2 Data Forum on December 10, 2021, and next steps.

Announcements

Grouper Transition: Staff reviewed the grouper versions that will be applied to the case mix data for RY 2022 for IP, OP and PPC data (slides 3-6).

- **Case Mix Weights (RY 2022):** IP Weights: 37.1; OP Weights: 3.15; IP weights use CY 2019 (12 months); OP weights use CY 2019 – Q1 CY 2020 (15 months).

Weights for FY 2022 are now available on the HSCRC website:

<https://hscrc.maryland.gov/Pages/gbr-adjustments.aspx>.

3M made a multitude of changes to its grouper which had unforeseen consequences on the weights. HSCRC will make available a de-identified dataset (with programs) for parties interested in recreating the weight calculations. Please submit a request to: hscrc.data-requests@maryland.gov.

- **Case Mix Weights (RY 2023):** IP Weights: 38; OP Weights: 3.16; IP weights use CY 2019 (12 months); OP weights use CY 2019 – Q1 CY 2020 (15 months). Staff will continue to use CY2019 as the base for

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setting weights until such a time when new CY data proves viable for weight for weight calculations.

- **Market Shift (RY 2023): Jan – Jun (Temporary):** APR DRG 37.1; EAPG 3.15; **Jan – Dec (Full Year):** APR DRG 38; EAPG 3.16. Staff will prepare a 6-months market shift report using January – June 2021(as the base year) vs January – June 2022 (as the performance year) and implement the adjustments in rates in January 2023. The 12-month market shift report will use CY 2021 (as the base year) and CY 2022 (as the performance year) and implement the adjustments in rates in July 2023.
- **MHAC/RRIP/QBR (CY 2021):** APR DRG and PPC version 38; current CGS version. **Note:** RY 2023 policies begin January 1, 2021, in most cases. Look for base period and performance period updates in the coming months. **RY 2023 and COVID:** Current policies will 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.
- **MHAC/RRIP/QBR (CY 2022):** APR DRG and PPC version 39; current CGS version. **Note:** RY 2024 policies begin January 1, 2022, in most cases. Look for base period and performance period updates in the coming months. **RY 2024 and COVID:** Current policies will 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
- **Number of Diagnosis and Procedure Codes used in Groupers:**

Groupers	Number of Diagnosis Codes Used	Number of Procedure Codes Used
IP APR DRG & MS DRG	Up to 30 (Principal + 29 Secondary)	Up to 30 (Principal + 29 Secondary)
IP PPC	Up to 30 (Principal + 29 Secondary)	Up to 30 (Principal + 29 Secondary)
OP EAPG	1 (Primary Diagnosis)	All procedures listed in Type III record
OP APR DRG (Obs cases >23 hrs)	Up to 50 (Principal + 49 Secondary)	All procedures listed in Type III record

Quality Update: Staff indicated that they were exploring various options for assessing hospital performance during the COVID-19 pandemic (slide 7) and provided an update on planned new measures and reporting (slide 8).

CDS-A Reports and Survey Template: Staff reminded all participants that the CDD-A Report is available on the CRISP Portal. This report allows hospitals to review their high-cost drug utilization for outlier dosage units based on 3rd Monthly case mix data in CRISP. **The expectation is that hospitals will use this information to correct errors prior to submission of Quarterly case mix data.** Please be aware, hospitals with significant errors in the CY 2021 CDS-A audit will be subject to fines for submitting erroneous data. **Additionally, hospitals will be subject to fines if any material error is found in a hospital's CY 2022 CDS-A audit.**

ED Triage Variables: Staff reminded participants that the 2 new variables for ED Triage Status are effective January 1, 2021. These variables only apply to OP Emergency Department and Observation Visits. Staff also reviewed the variables that should be submitted (slide 11) and timeline (slide 12) for submitting historical CY 2021 data. There is an update to Slide 12 regarding the due date of the first submission. **Since January 15, 2022 is on a Saturday, the due date has been revised to January 18, 2022.** Hospitals should not report these variables for IP discharges. Staff responded to additional questions from participants regarding the ED Triage variables and they are detailed on **slide 13**. If you have questions about these variables, please contact hscrc.quality@maryland.gov.

Data Forum Survey: Staff reminded all meeting participants to complete the survey (in Survey Monkey). The link will be sent on December 20, 2021. Please use this opportunity to provide the HSCRC staff feedback on the data forums. If you did not receive a link to the survey, please contact hscrc@hmetrix.com.

Charge Bucket Review

Staff presented slides on the charge buckets, variables that contain aggregated charges across similar groups of revenue codes, which are created after processing (slides 16-18). Staff uses the charge buckets in various internal analysis and for pulling data for the Special Audits led by the Revenue and Compliance Team. Additionally, the list of revenue codes are used as the basis for determining where a revenue code is considered valid for data edits.

In recent years, several issues have made using the charge buckets problematic:

1. The list revenue codes that define the charge buckets were out of date, and new revenue codes were not being added to the valid list (i.e., 0871 - CAR-T).
2. Updating the revenue code list can be challenging as decisions regarding how to categorize new revenue codes would need stakeholder input.

In an effort to resolve the issue, HSCRC requested that hMetrix analyze revenue and rate center information to see if there were logical grouping that could be done using rate centers (which rarely change) rather than revenue codes. What was found were variances in how hospitals reported revenue codes with rate centers. Slides 17-18 illustrate some of the inconsistencies found.

ACTION ITEM: HSCRC staff will be reaching out to hospitals to gain a better understanding of how hospitals crosswalk revenue codes to rate centers then convene a work group to discuss updating the charge bucket definitions.

Hospital Reporting of Homelessness and Z-Codes

Staff reviewed the findings of an analysis that evaluated how hospitals report homelessness via the patient's zip code (88888) and reporting the Z- Code for homelessness (Z59), and whether we could discern any sex or racial disparities in the data. Results indicated wide variation in how hospitals reported homelessness and the z-codes (slides 21-26). Despite the variation, racial and sex disparities were still evident; men and African American's showed a higher proportion of homelessness in MD hospitals than in the general population (slide 28-29).

ACTION ITEM: HSCRC staff will be reaching out to hospitals to gain a better understanding of how they report homelessness and other z-codes. We will also be reaching out to external stakeholders who are knowledgeable about how homelessness should be collected in the data. Finally, we plan to convene a workgroup in early spring to discuss potential edits around homelessness.

Data Repository Vendor Update

New Adhoc Folder: Jen Vogel from St. Paul Group presented on the new Ad-Hoc Folder on Repository Data Submission (RDS) site (slides 32-34). This folder will be used to collect the ED Triage Data, as well as other ad-hoc data requested by the HSCRC in the future. Please contact Jen Vogel (jen.vogel@thestpaulgroup.com) with any questions about the RDS.

Data Processing Vendor Update

Mary Pohl, representing hMetrix and Burton Policy, reported on data processing updates. Mary reminded hospitals to submit **monthly and quarterly production data** (data that is grouped and used by the HSCRC) to the “**Submit folder**” in RDS to process the monthly data (slide 37). hMetrix has instituted automated logic that can determine the type of file submitted. For **test data**, hospitals should submit to the “**Test folder**” in RDS. The Test Site is always available for testing (for instance for a new hospital coming on board or a system conversion). Mary also reminded hospitals to use DAVE to notify HSCRC and hMetrix if the preliminary submission should be used as the quarterly final submission.

Mary outlined the process for submitting historical ED Triage Data and how hospitals will be notified of successful (or rejected) submissions (slide 38). Mary also reviewed the CY 2020-2021 Roadmap that provided hospitals with a high-level view on the major activities that hMetrix will be engaging in for the next three quarters (slide 39).

Upcoming Workgroup Meeting

HSCRC plans to convene workgroups on several topics (listed below) in the first quarter of CY 2022. If you are interested in being included in any of these workgroups, please contact Oscar Ibarra (oscar.ibarra@maryland.gov).

- Homelessness and Z-codes
- Charge buckets and valid revenue codes
- Data Edits for FY 2023
- FY 2022 DSR review

Next Data Forum Meeting

The next Quarterly Data Forum Meeting is scheduled for Friday, March 11, 2022.

If you have any agenda items, please send them to Oscar or me by March 1, 2022. If you have any questions or concerns about the topics discussed above, please contact me

(Claudine.Williams@maryland.gov) or Oscar Ibarra (Oscar.Ibarra@maryland.gov).