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Date: January 21, 2020

To: Hospital Chief Financial Officers and Case Mix Liaisons

From: Claudine Williams, Associate Director, Clinical Data Administration

Subject: FY2020 Q2 Data Forum Follow-up

HSCRC staff would like to thank all those who attended the FY 2020 Q2 Data Forum last month. Below is a summary of what was discussed and the next steps.

Announcements

Grouper Transition. Staff reviewed the grouper versions that will be applied to the case mix data for RY 2021 for IP, OP and PPC data.

- MHAC/RRIP/QBR: APR-DRG version 36.2019.3.1
- Market Shift: Jan-Jun (temp) – APR-DRG version 35.2018.3.2/EAPG version 3.12
  Jan-Dec (permanent) – APR-DRG version 36.2019.3.1/EAPG 3.14
- Weights: Jan-Jun (temp) – based on CY 2016 applied to CY 2019
  Jan-Dec (permanent) – based on CY 2018 applied to CY 2019

Case Mix Weights (based on CY 2018, APR/EAPG v36/3.14) are developed and being reviewed internally. Once complete, the weights will be distributed to hospitals and posted on the HSCRC website. HSCRC will also make available a de-identified dataset (with programs) for parties interested in recreating the weight calculations. More information will be forthcoming on how to request the non-confidential datasets.

(NEW) Market Shift data is now available. Hospitals should have received their patient-level reports (CY 2018 vs CY 2019 using v35 weights) through the CRISP portal on January 10, 2020. Additionally, HSCRC has available a de-identified Market Shift dataset for parties interested in reviewing the statewide results. To obtain access, submit the Public Use File Application and DUA available on the HSCRC website: https://hscrc.maryland.gov/Pages/hsp-data-request.aspx .

Complete Zip Code List. Staff has posted the "Zip Code to Residency Crosswalk" on the HSCRC website (https://hscrc.maryland.gov/Pages/hsp_info1.aspx). The HSCRC uses this file to assign residency for Market Shift, demographic adjustments and other methodologies. The excel file contains zip codes, county codes and state designations for most zip codes in the United States. It also includes the HSCRC-

assigned residency status for every zip code, including the HSCRC-designated codes for homeless and international patients. Hospitals should use this crosswalk internally to assign residency to patients, particularly for reconciling to case mix data processed by the HSCRC.

Denied Admissions Report: **This report was discontinued for FY 2020.** Hospitals wanted to know whether not submitting this report will impact the special audits. Staff confirmed with Dennis Phelps that this report will not be reviewed as part of the next special audit.

Revised Expected Payer and Health Plan Payer Codes: The revised Expected Payer and Health Plan Payer codes **(Appendix A)** will be **effective July 2020**. Please circulate the new codes among staff prior to July to ensure a smooth transition.

Reinstitution of Provider ID Codes: The following Provider ID codes will be reinstated for the December Preliminary Submission (due in January) and will be valid codes going forward:

- **660000 – Unspecified MD Healthcare institution**
- **777777 – Not Applicable**

Update to Error Reports: Staff reported that the Error Reports are being updated. Currently the error percentage is only based on records that were accepted and not dropped due to fatal errors (which underestimates the true error percentage). hMetrix is updating the logic to include all records that were submitted (not just the ones that did not include a fatal error). This change will be effective for the January Preliminary Submission (due in February). This change will be included in the Release Notes section of DAVE.

Quality Update: Staff provided preliminary results on the Sexual Orientation and Gender Identity (SOGI) survey that was sent to hospitals last summer.

- The Quality team distributed a survey to hospitals to collect information on whether hospitals are currently collecting this information, and if so, how it's being collected. Quanshay Henderson presented the preliminary data from the survey. Highlights include:
    - When asked about sexual orientation data collection, more respondents reported that the data was not currently being collected, however, the gap between the number of respondents collecting this information and those who are not collecting was not huge.
    - Of those who responded "Yes" to collecting sexual orientation data, 33 percent have been collecting for less than a year and 53 percent have been collecting for greater than four years.
    - Other than the traditional male or female gender categories, 34 percent of respondents reported that other gender identity data was not collected, while 22 percent reported collecting this data for more than 4 years.
    - The majority of respondents indicated that the SOGI data is currently being used for record keeping purposes, followed by a desire to improve health equity/reduce disparities.
    - System limitations were the most cited challenge with collecting SOGI data. Examples included waiting for IT vendor software updates, EHRs doesn't have functionality to produce software, and the inability for information to be shared across care providers
- ***Action Item:*** Quality staff will be following up with respondents to gain more insight into the challenges of data collection, and will be facilitating training of SOGI data collection.

Additionally, staff is exploring how to expand the sex categories beyond the existing categories of female, male and unknown. More to come on this topic.

Data Processing Vendor Update

Mary Pohl, representing hMetrix and Burton Policy, reported that the transition to hMetrix is complete. Hospitals have had the opportunity to use the Data Accuracy Verification Engine (DAVE) to review and download error reports and submit requests for resubmissions and extensions. Error reports are generated in DAVE within 20 minutes.

Mary thanked the hospitals for participating in the DAVE trainings and providing feedback. Feedback will be implemented in a phased manner. Some of the feedback included:

- Allow only explicitly authorized users to request submission extensions through DAVE
- Provide the ability to request an extension for all hospitals in a system through DAVE
- Trends over time by the other data elements such as Fields, Counts and Revenue
- Provide drill down reports on the top five error reports to display more details about the error
- Provide longer descriptions for the error codes
- Change in DAVE notifications
    - Preliminary submissions will be called monthly submissions
    - Final submissions will be called quarterly submissions
- Remove the row limit in the error report
    - Results in rows being dropped from the patient-level tab

Mary also reviewed the Preliminary CY 2020 Roadmap that provided hospitals with a high-level view on the major activities that hMetrix will be engaging in for the next 3 quarters.

1. Q1 (Jan – Mar):
    - DAVE improvements;
    - Streamlining data requests;
    - Modernization of data processing code begins;
    - Review and update of error checks

2. Q2 (Apr – June):
    - DAVE improvements
    - Roll out of data request module

3. Q3 (Jul – Sep):
    - DAVE improvements
    - Roll out of data request module

Data Issues Discussion

Source of Admission/Discharge Disposition Codes. As promised, the HSCRC convened a workgroup to review the source of admission and discharge disposition codes and how they should map to provider types. Staff met with the workgroup twice between October and November 2019. Staff reviewed the changes to the mapping for both Source of Admission (See "QuarterlyDataForum 12132019 FINAL V2 rev 01092020.PDF," slide # 26) and Patient Disposition (slides # 27-29). One hospital representative had a question about chronic hospitals in Maryland. Staff reiterated that there are no chronic hospitals in

Maryland. Prior to FY 2019, there was an old code for admission from/discharge to a chronic hospital. However, this designation is no longer needed and the code will be deleted. The revised slide deck has been changed to reflect this decision. Staff reiterated that the chronic beds at the 3 acute hospitals (PG, Midtown and UMROI) are considered part of the acute care hospital and should be treated like any other unit in the hospital.

Several hospitals had questions on the definition of sub-acute and how to code discharges to/transfers from this type of facility. According to MHCC, there are no "sub-acute" facilities in Maryland. Hospitals appear to have units that could be described as "sub-acute", however, they are licensed as comprehensive care facility beds (same license that are issues to nursing homes). For source of admission, hospitals with separate comprehensive care facility beds should report source of admission as SNF; and discharge disposition should be reported based on level of care (i.e., SNF, if appropriate).

Staff also reviewed the valid codes for providers that are required to be reported based on the admission or discharge disposition (**Appendix B**).

Action Item #1: Staff requests that hospitals review the valid code list in the "Appendix B - Proposed Provider to PD PO crosswalk - FINAL rev 01132020" Excel document sent with this memo, and provide HSCRC with any revisions by **March 2, 2020**.

Action Item #2: HSCRC will work with HMetrix to document the error checks that will be implemented with the source of admission and patient disposition code changes.

Coding of CPT/HCPCs Codes and Units of Service in OP Record Type 3. Staff reiterated that hospitals should be following UB04 guidelines and the HSCRC Outpatient Data Submission Requirements for reporting CPT/HCPCS codes and corresponding units. Hospitals should make sure that visits that including multiple surgical procedure codes are coded completely and accurately. **All procedure and drugs codes (with a charge > $5.00) should be reported to the HSCRC regardless of whether they need to be reported to the payer for payment.** Additionally, all reported CPT/HCPCs codes must have an associated unit of service reported. No EAPGs are assigned by the grouper when CPT/HCPCs codes are miss; which could lead to no service line or product line being assigned (or the case is grouped to the wrong service or product line), which in turn leads to no or incorrect ECMADs being assigned.

Hospitals indicated that they need more insight into how ECMADS are assigned in the Market Shift results. Hospitals reported that they are not seeing where CPT codes are being dropped and not assigned. HSCRC staff reported that they are working on moving the Market Shift process to hMetrix so that hospitals could potentially get their results sooner and have time to fix any potential issues found.

Upcoming Workgroup Meetings

HSCRC staff would like to thanks all those who reached out to Oscar to sign up for the 2 upcoming work groups (Data Quality Checks/Error Thresholds and DSR Review). The first Data Quality workgroup is scheduled for **Friday, February 14, 2020** at the HSCRC.

We will scheduling the meeting for the DSR review workgroup in the coming weeks. If you are interested in participating in any of these work groups and have not signed up yet, please email Oscar.Ibarra@maryland.gov.

Next Data Forum Meeting

The next Quarterly Data Forum Meeting is scheduled for **March 13, 2020** at the HSCRC. If you have any agenda items, please send them to Oscar or me by March 2, 2020.

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).