



maryland
health services
cost review commission

FY 2021 Quarter 1 Data Forum

September 11, 2020

Agenda

- **Announcements**
 - Case Mix Weights and Grouper Transition Update (Prudence/Andi)
 - Reconciliation Report Update (Claudine)
 - Quality Update: Interim Final Rule Addressing COVID-19 (Dianne)
 - CDS-A Reporting (Bob)
 - Revisions to Public Non-Confidential Statewide Files (Oscar)
 - REMINDER: Data Forum Survey (Oscar)
 - REMINDER: Edits and Error Threshold Timeline (Oscar)
- **Data Processing Vendor Update (Mary)**
- **Date Issues for Discussion**
 - Record Type 3 errors (Claudine)
 - Psychiatric and Non-Psychiatric Days (Claudine)
 - Valid IP or OP Only Revenue Codes (Claudine)
- **Next Steps & Next Meeting**
 - Upcoming workgroups (Nduka)
 - Next Meeting (Oscar)

Announcements

Groupers Transition: Case Mix Weights

Rate Year	R Y2022
APR/EAPG Version	IP Weights: 37.1* OP Weights: 3.15
Data Period Used	CY 2019
Implementation Date	July 2021

*Updated from version 37 to incorporate ICD-10 codes for coronavirus)

Grouper Transition: Market Shift

Rate Year	RY2022	
	Temporary Market Shift (Jan – Jun)	Permanent Market Shift (Jan – Dec)
APR/EAPG Version	36/3.14	37.1*/3.15
Timeline	<u>Base Year:</u> January – June 2019 <u>Performance Year:</u> January – June 2020	<u>Base Year:</u> January – December 2019 <u>Performance Year:</u> January – December 2020
Implementation Date	January 2021	July 2021

*Updated from version 37 to incorporate ICD-10 codes for coronavirus)

Grouper Transition: MHAC, RRIP, QBR

Rate Year	RY2022
APR/PPC Version	37.1 (Updated from version 37 to incorporate ICD-10 codes for coronavirus)
Timeline	<p><u>Base Year:</u></p> <ul style="list-style-type: none"> • MHAC: FYs 2018-2019 • QBR-Mortality: FY 2019 • RRIP: CY 2018 <p><u>Performance Year:</u></p> <ul style="list-style-type: none"> • All Programs: CY 2020 <p>Case Mix data from Jan-Jun 2020 will NOT be used in the RY 2022 programs due to the COVID pandemic. For the latest on COVID, please visit https://hscrc.maryland.gov/Pages/COVID-19.aspx</p>
Implementation Date	<p><u>Base:</u> Available on CRS Portal</p> <p><u>Performance:</u> Ongoing through CY 2020 data processing</p>

Reconciliation Reports Update

- In April 2020, HSCRC temporarily suspended reporting of Reconciliation Reports due to the COVID emergency
- During this time, HSCRC continued to distribute reconciliation reports for informational purposes and followed up with hospitals with significant variances
- Beginning with FY 2021, hospitals should resume submissions of reconciliation reports per the Production Schedule, posted on the HSCRC website (https://hscrc.maryland.gov/Pages/hsp_info1.aspx)
- Staff will draft and distribute a memo later this month

Quality Update: Interim Final Rule Addressing COVID-19 Public Health Emergency

- CMS will not use CY Q1 or CY Q2 of 2020 quality data even if submitted
- CMS is still reserving the right to suspend application of revenue adjustments for all programs at a future date in 2021; changes will be communicated through memos ahead of IPPS rules.
- We do not know at this time if Maryland has flexibility in suspending our programs and we have to make those decisions prior to CMS making their decisions.
- CMS modified the SNF VBP program performance period to use earlier time periods and then the July-September 2020 to ensure one full year of data
 - 6 months data is probably inadequate.
 - Provides an option for duplicating use of 2019 data in combination with last 6 months of 2020.

RX 2022 Data Concerns and Revenue Adjustment Options

COVID Data Concerns	Options
<p>Only 6 months of data for CY 2020:</p> <ol style="list-style-type: none">1. Is 6-months data reliable?2. What about seasonality?	<ul style="list-style-type: none">● Use 6-months data, adjust base as needed for seasonality concerns● Merge 2019 and 2020 data together to create 12-month performance period● Use 2019 data or revenue adjustments
<p>Clinical concerns over inclusion of COVID patients (e.g., assignment of respiratory failure as an in-hospital complication)</p>	<ul style="list-style-type: none">● Remove COVID patients from some or all measures of quality
<p>Case-mix adjustment concerns:</p> <ol style="list-style-type: none">1. Inclusion of COVID patients when not in normative values2. Impacts on other DRG/SOI of COVID PHE	<ul style="list-style-type: none">● Remove COVID patients from some or all measures of quality● Use 2019 data or revenue adjustments

CDS-A Reporting: What is it and How is it used?

What is it?

- A tool for audit review of the cost of the volume of certain drugs included in the GBR.
 - High-Cost
 - Physician-Administered
 - Outpatient
 - Infusion/Chemo/Biologic/Oncology

How it is used?

- To determine the change (increase/decrease) in volume of such drugs since the prior year's measurement – leads to retroactive adjustment for volume change.
- To determine the closing volume of such drugs – leads to prospective provision for inflation on such drugs

CDS-A Reporting: Creating the Statewide Standard Drug List

Source: Case-mix data thru the 3rd quarter YTD of base fiscal year (i.e., FY 2020) annualized and thru the 4th quarter YTD of prior fiscal year (i.e., FY 2019).

For Inclusion in State-wide Standard Drug List, the following criteria must be met:

1. Relative high cost per patient visit
 - 3M's EAPG Class Code VII or higher
2. Relatively high state-wide usage
 - State-wide charges \geq \$2M
3. Appropriate in hospital setting
 - Market Share by point of service is less than 90% at physicians' offices
4. Approved for stand-alone payment, not packaged in other goods /services
 - Medicare Ambulatory Payment Class / OPPS Payment Status Indicator of "G" or "K"
5. Then for all drugs meeting criteria above, discover alternate CPT codes
 - Brand, generic, biosimilar, biologic, replacement, discontinued, temporary

CDS-A Reporting: Creating the Templates for the Hospitals

- Reference 4th quarter YTD case mix for base period (i.e., FY 2020) and prior period (i.e., FY 2019)
 - Visits, charges and doses for each CPT found on the state-wide list.
- Reference final CDS-A from prior period and record doses
 - This is the starting point of measuring volume change.
- Flag material differences (± 1.5 Std. Dev.) in doses per visit as compared to state-wide average reported
 - Variance may indicate potential error in visits, doses, or dosage measurement.
- Exclude volume for “free” drugs costed and billed at nominal values.
 - May be related to research or promotional programs.
- CDS-A Templates to be distributed around Friday, September 25, 2020.
- **Reports Due By Friday October 23, 2020**

CDS-A Reporting: Measuring Hospitals' Utilization

- Converting widgets into dollars
 - using standard cost for procurement – either ASP or 340B
- Published ASP list for 07/01/20 thru 09/30/2020 from Medicare survey conducted during 4th quarter of fiscal 2020 and released just prior to 06/30/2020.
- Standard 340B = average of 340B costs reported for quarter ended 06/30/2020.

CDS-A Reporting: Measuring Change in Volume

- If hospital entered GBR as an ASP hospital, and if...
 - **Hospital stayed an ASP hospital**, then increases and decreases are measured at ASP.
 - **Hospital became 340B**, then increases measured at 340B and decreases are measured at ASP, so to recover the initial ASP cost in GBR.
- If hospital entered GBR as a 340B hospital, and if...
 - **Hospital stayed a 340B hospital**, then increases and decreases are measured at 340B.
 - **Hospital became ASP**, then increases measured at ASP and decreases are measured at 340B, so to recover the initial 340B cost in GBR.
 - This is infrequent in occurrence.

CDS-A Reporting: Issues with Data and/or Disclosures:

- Missing CPT codes
- Reporting wrong CPT codes
- Reporting dose measurement other than as defined by Medicare
- Data quality issue in case mix – not representative of service transactions
- Reporting volumes for “free” drugs
- Not disclosing shifts of service (both shifts in fact and shifts as intended by hospital)
- Not disclosing proper timing of satellite creation

CDS-A Reporting

For questions about the CDS-A Report:

Bob Gallion

Bob.Gallion@maryland.gov

Revisions to Public Use Non-Confidential Statewide Files

Variables Removed

- Confidential variables (FY20 Q4 onwards)
 - Age in Years
 - Age in Days
 - Psychiatric Event Data
- Not maintained (FY20 Q1 onwards)
 - MedChi Ghost Number and Flags
 - St Paul Hospital ID (SPCCID)
 - Metropolitan Code, Teaching Hospital Code, Bed Capacity (Hospital Bed Size), PSRO AREA, ICG Code, HSA (Health System Area by County)
 - Principal Procedure Class
 - Other Procedure Class
 - Preop LOS for Principal Procedure
 - LOS for other procedures

Variables Added FY20 Q4

- Age Group

00 = 00-01	06 = 25-29	13 = 60-64
01 = 02-04	07 = 30-34	14 = 65-69
02 = 05-09	08 = 35-39	15 = 70-74
03 = 10-14	09 = 40-44	16 = 75-79
04 = 15-19	11 = 50-54	17 = 80-84
05 = 20-24	12 = 55-59	18 = 85+

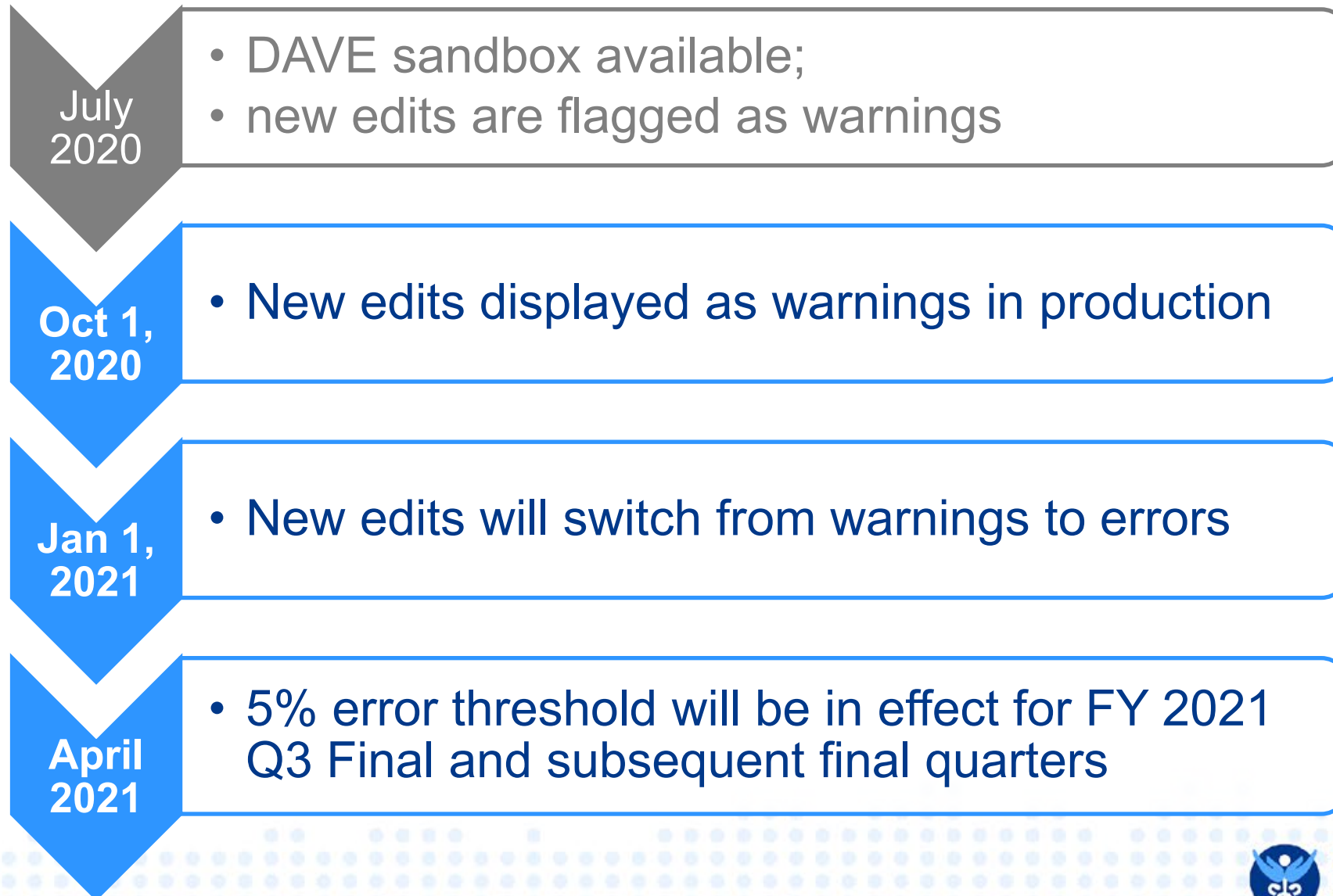
- Age Flag

- A where Age \geq 18
- P where Age \leq 17

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

Reminder: Edits and Error Threshold Implementation Timeline



Data Processing Vendor Update

Points of Contact

HSCRC

Claudine Williams

Phone: (410) 764-2561

Email: claudine.williams@maryland.gov

Oscar Ibarra

Phone: (410) 764-2566

Email: oscar.ibarra@maryland.gov

hMetrix / Burton Policy

Maria Manavalan (Primary PoC)

Phone: (610) 595-9979

Email: maria@hmetrix.com

Mary Pohl (Hospital Support)

Phone: (410) 274-3926

Email: marypohl@burtonpolicy.com

Team Email: hscrcteam@hmetrix.com

Data Processing Updates and Status

- Reminders
 - Data submittal forms are no longer required
 - Submit Production files to
 - HSCRCIP, HSCRCOP, and HSCRC-Psych distribution list
 - Submit Test files to
 - TESTIP, TESTOP, and TESTPSY distribution list
- Test Site Update
 - October 1, 2020 - New Edits (FY21) will be switched to errors

FY 2021 Proposed Edit (warning) in Error Report

Revenue Code, Rate Center, Units, CPT and Charges Must be Populated

- **Line #** from submission
- **Contents** – revenue code from submission
- **Explanation** – revenue group number with missing data
- Enhancement planned to identify missing data instead of group

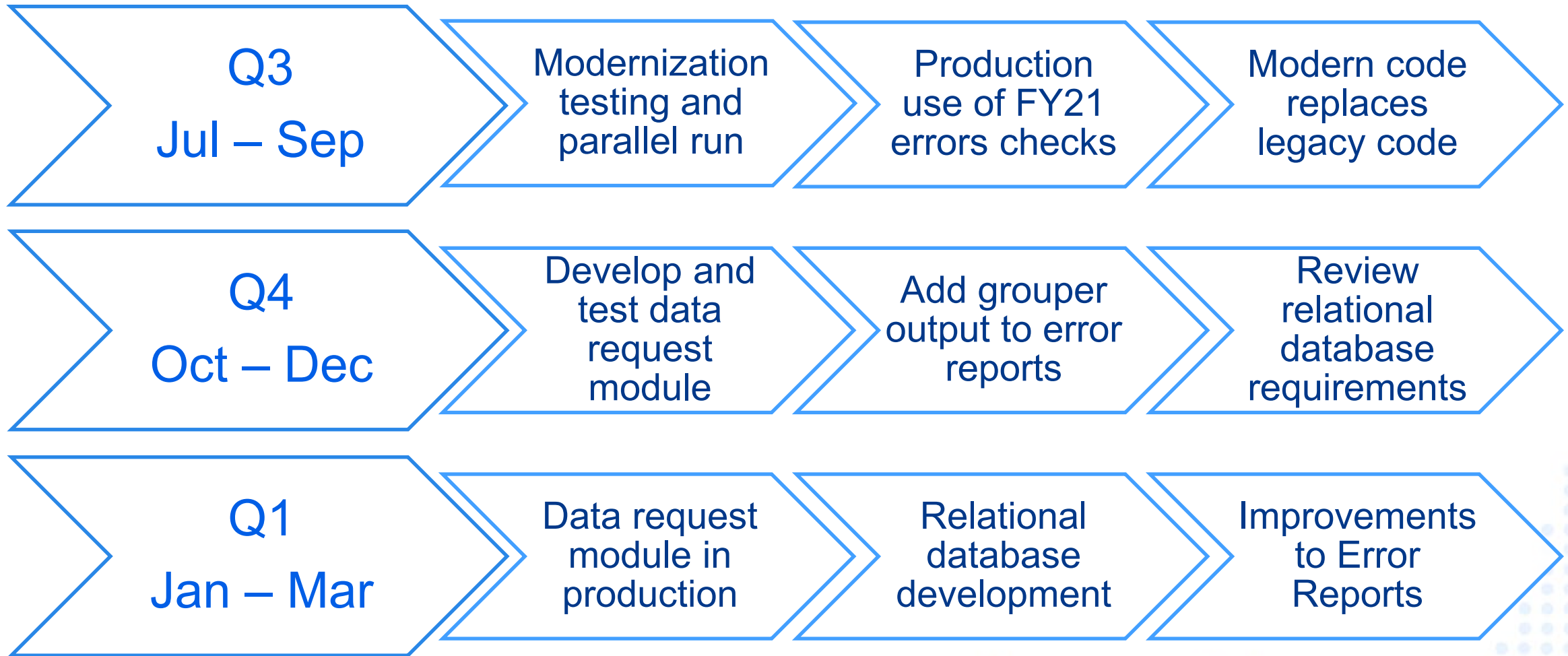
Hospital Submission

Line #	Group 1						Group 2					
	Rev Cd 1	Rt Ctr Cd 1	Unts Svc 1	Tot Chgs 1	CPT1 or HC	DOS 1	Rev Cd 2	Rt Ctr Cd 2	Unts Svc 2	Tot Chgs 2	CPT2 or HC	DOS 2
895	360	40	0	0	27130	7062020	250	67	28	63	J0131	7062020
896	250	67	2	6	J2704	7062020	250	67	5	11.55	J1170	7062020
897	272	65	0	374.86		7062020	272	65	0	42.46		7062020
898	305	42	20	53.34	85025	7062020	310	42	6	16	86923	7062020
899	424	52	24	306.93	97161	7062020	1		0	16779		7062020

Error Report

LINE#	CONTENTS	EXPLANATION
895	360	Revenue Group 1 has missing data
897	272	Revenue Group 2 has missing data
899	0001	Revenue Group 2 has missing data
897	272	Revenue Group 1 has missing data

CY 2020 Roadmap for Continuous Improvements to DAVE





Data Issues For Discussion

Record Type 3 Errors

- As hospitals test the new edits in the sandbox, there is an increase in the number of errors being reported for Record Type 3
- Increased scrutiny of missing CPT/HCPCS and revenue codes, units and charges
 - Market Shift
 - Impact: inconsistent coding can lead to erroneous trends
 - Weights
 - Impact: missing or inaccurate CPT/HCPCs or Units can result in inaccurate weighting
 - CDS-A Reporting
 - Impact: inaccurate drug units can inflate or deflate drug adjustments

Record Type 3 Errors: 3 Types

- Revenue Codes without CPTs:
 - hMetrix reviewed data for FY 20
 - Appears to be some Revenue Codes that do not require CPT
 - Refining edit to capture invalid Revenue Code/CPT Combinations
- “Revenue Group” reported for Total Charge not adhering to DSR:
 - **Revenue Code** must be reported as “1” or “0001”
 - **Rate Center** must be reported as ‘00’
 - **Units of Service** must be 000000 (REVISED)
 - **CPT and Modifiers** must be blank
 - **Charges** must be greater than 0
- Populating 0s in some fields beyond the Total Charge “Revenue Group”
 - Currently a warning
 - Will become an error after January 1, 2021

Psychiatric and Non-Psychiatric Days Edits

- These edits were being implemented but wasn't included in FY 21 DSR
 - **Cross Edit Error:** If both Non-Psychiatric Days of Service and Psychiatric Days of Service = 7777 (Not Applicable) or 9999 (Unknown)
 - **Cross Edit Error:** If Non-Psychiatric Days of Service = 7777 (Not Applicable) or 9999 (Unknown) and Psychiatric Days of Service is not equal to LOS (discharge date – admit date)
 - **Cross Edit Error:** If both Non-Psychiatric Days of Service and Psychiatric Days of Service is = 7777 (Not Applicable) or 9999 (Unknown) and Non-Psychiatric Days of Service + Psychiatric Days of Service is not equal to LOS
- This will be included in the next update to the DSR

Valid Inpatient or Outpatient Only Revenue Codes

- Edit compares reported revenue code against a list of revenue codes that can only be reported in the IP or OP setting, not both.
- Current look-up list is out of date
- hMetrix will be using the IP only and OP only list reported by Medicare
- Look-up will be updated annually

Workgroups and Next Meeting

Notes and Slides will be posted to the
HSCRC website:

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

Next Meeting
FY 2021 Q2
December 11, 2020