FY 2020 Quarter 3 Data Forum

March 13, 2020

Updated: April 1,2020

- Announcements
  - Coronavirus (COVID-19) Reporting
  - Case Mix Weights and Grouper Transition Update (Claudine)
  - Update from Edits Workgroup (Claudine)
  - Data Forum Survey (Claudine)
  - Financial Data Update (Amanda/Marcella)
    - Annual Filing Process Workgroup
    - Submitting financial data with PHI via Repliweb
  - Quality Update: Next Steps in SOGI Data Collection (Quanshay)
- Data Processing Vendor Update (Mary)
- Date Issues for Discussion
  - Recurring Patient Disposition (Claudine)
  - Reporting Homeless Patients in Case Mix (Claudine)
  - Validating Medicaid Payers in Case Mix Data (Grace)
- Next Steps & Next Meeting
  - Volunteers for upcoming workgroups (Oscar)

Announcements

- Coronavirus Reporting
- Case Mix Weights and Grouper Transition Update
- Edits Workgroup Update
- Data Forum Survey
- Requesting to Resubmit Closed Quarters
- Financial Data Update
- Quality Update

Coronavirus (COVID-19) Reporting

- **UPDATE (03/18/2020): The CDC announced the ICD-10-CM code for COVID-19 (*U07.1*, COVID-19 acute respiratory disease) will be implemented for use in the United States on April 1, instead of October 1.**
  - Not intended to be a secondary diagnosis code.
- **The interim guidelines on the following pages are in effect until April 1, 2020.**
- **Update (04/01/2020):** Website for all HSCRC-specific COVID-19 related policies and updates: https://hscrc.maryland.gov/Pages/COVID-19.aspx

Coronavirus (COVID-19) Reporting

- **The following guidelines are in effect until April 1, 2020.** Hospitals are encouraged to report ***confirmed*** COVID-19 related cases using the following interim coding guidance from the National Center for Health Statistics (NCHS) that went into effect 02/20/2020:
  - **Pneumonia due to COVID-19:** J12.89 (Other viral pneumonia) and B97.29 (Other coronavirus as the cause of diseases classified elsewhere)
  - **Acute bronchitis due to COVID-19:** J20.8 (Acute bronchitis due to other specified organisms) and B97.29 (Other coronavirus as the cause of diseases classified elsewhere)
  - **Bronchitis not otherwise specified (NOS) due to COVID-19:** J40 (Bronchitis, not specified as acute or chronic) and B97.29 (Other coronavirus as the cause of diseases classified elsewhere)
  - **Lower respiratory infection NOS or acute respiratory infection NOS due to COVID-19:** J22 (Unspecified acute lower respiratory infection) and B97.29 (Other coronavirus as the cause of diseases classified elsewhere)
  - **Respiratory infection NOS due to COVID-19:** J98.8 (Other specified respiratory disorders) and B97.29 (Other coronavirus as the cause of diseases classified elsewhere)
  - **Acute respiratory distress syndrome (ARDS) due to COVID-19:** J80 (Acute respiratory distress syndrome) and B97.29 (Other coronavirus as the cause of diseases classified elsewhere)

Coronavirus (COVID-19) Reporting, cont.

- For **possible exposure** to COVID-19 that is ruled out after evaluation, assign code Z03.818 (Encounter for observation for suspected exposure to other biological agents ruled out). If a patient was exposed to someone with a confirmed case of COVID-19, assign code Z20.828 (Contact with and (suspected) exposure to other viral communicable diseases).
- If a patient presents with signs or symptoms without an established definitive diagnosis, assign codes for each of the presenting signs and symptoms such as:
  - Cough (R05)
  - Shortness of breath (R06.02)
  - Fever, unspecified (R50.9)
- It typically would not be appropriate to assign code B34.2, Coronavirus infection, unspecified, for COVID-19 since this code is for unspecified sites and COVID-19 cases have usually been respiratory in nature.
- Do not assign code B97.29 for cases documented as "possible," "probable" or "suspected." Instead, assign codes for the signs or symptoms present or exposure to the virus.
- For the latest information on the coding of COVID-19, see https://www.cdc.gov/nchs/icd/icd10cm.htm

Coronavirus (COVID-19) Reporting for Lab Tests

- CMS developed 2 new HCPCS codes for CONVID-19 testing
  - **U0001:** Used by CDC testing laboratories to bill for testing patients for SARS-CoV-2
  - **U0002:** Used by laboratories to bill for non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19)
- Medicare claims processing systems will be able to accept these codes starting on April 1, 2020, for dates of service on or after February 4, 2020.
- **UPDATE (3/13/2020):AMA also introduced a new CPT code *(87635)*** for COVID-19 testing.
  - 87635 is a "child" code of CPT code 87471

Grouper Transition: Case Mix Weights

Rate Year	APR/PPC/EAPG Version	Timeline	Implementation Date
RY2021	**Weights Used in Temporary Market Shift**		
	(January – June) IP weights: Version 35 OP weights: Version 3.12	Using Data from: CY 2016 applied to CY 2019	January 2020
	Weights Used in Full Year Market Shift		
	(January – December) IP weights: Version 36 OP weights: Version 3.14	Using Data from: CY 2018 applied to CY 2019	July 2020

Case Mix Weights (based on 18 mons (CY 2018 - July 2019), APR/EAPG v36/3.14) are posted on the HSCRC website (https://hscrc.maryland.gov/Pages/gbr-adjustments.aspx). Additionally, HSCRC created a de-identified dataset (with programs) for parties interested in recreating the weight calculations. Please submit a request to hscrc.data-requests@maryland.gov.

HSCRC will be convening a workgroup to discuss Market Shift and Weight development with the industry. More information is forthcoming.

Grouper Transition: Market Shift

Rate Year	APR/PPC/EAPG Version	Timeline	Implementation Date
RY2021	**Temporary Market Shift**		
	(January – June) APR: Version 35 EAPG: Version 3.12	Base Period: January – June 2018 Performance Period: January – June 2019	January 2020
	Full Year Market Shift		
	(January – December) APR: Version 36 EAPG: Version 3.14	Base Period: January – December 2018 Performance Period: January – December 2019	July 2020

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). HSCRC is planning to release updates to the Market Shift di-identified dataset at least semi-annually. More information to come on the timing and availability.

Grouper Transition: MHAC, RRIP, QBR

Rate Year	APR/PPC Version	Timeline	Implementation Date
RY2022:	APR/PPC: Version 37	Base Year: MHAC: FY 2018-2019 QBR/Mortality: FY 2019 RRIP: CY2018 Performance Year: All Programs: CY2020	Base: Available on CRS Portal TODAY (except RRIP, which is pending) Performance: Ongoing through CY 2020 data processing

Acute Rehabilitation cases (identified by Type of Daily Service= 08) are excluded from the RRIP program. This exclusion would apply to the newly created MD-specific APR DRGs (870 – 873) under v36 that are now assigned to Rehab.

Edits Workgroup Update

- Purpose: Review proposed edits and recommend new edits for Inpatient and Outpatient data
- Convened 2 meetings
- Revised edits will be sent out with the Data Forum notes
- Final FY 2021 DSR to be released in April 2020
- Effective Dates
  - **July1, 2020:** For testing FY 2021 DSR formats and edits
    - Submit files to the these distribution lists in Repliweb
      - TESTIP folder for IP
      - TESTOP folder for OP
      - TESTPSY folder for Psych
  - **September 15, 2020:** For production (edits are effective)
    - Submit files as usual in Repliweb

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
- hMetrix tested Google Forms, but a few hospitals could not access the survey
- After this Data Forum, participants will receive a link to a survey via Survey Monkey
- Question about the survey: contact hscrcteam@hmetrix.com

Financial Data Update

- Hospitals sending financial reports to HSCRC with PHI data **are required** to use Repliweb (RMFT Inbox)
  - The only financial reporting that contains PHI is the Uncompensated Care Reports (UCC)
  - Send these reports via Repliweb to hscrc.ucc@maryland.gov
- Do not send encrypted data or data containing PHI to the 3 email addresses below. **If the data is encrypted or contains PHI, use Repliweb.**
- All other financial reports should be sent to the following email addresses:
  - Annual Cost Reports: hscrc.annual@maryland.gov
  - Reconciliation Reports: hscrc.reconciliation@maryland.gov
  - Denials Reports: hscrc.denial-reports@maryland.gov

Quality Update

- SOGI Survey: Summary of Findings
  - Gender identity data collection more common than Sexual Orientation
  - Purpose of collection: record keeping, and to improve health equity/reduce disparities
  - Various challenges with SOGI data collection reported
- Next Steps
  - Convene Workgroup
    - ✓ Draft work plan
    - ✓ Recruit participants
    - ✓ Gather input/feedback
  - Initiate Statewide Training
  - Implement Standardized SOGI Data Collection

Questions about SOGI workgroup: Contact Quanshay Henderson (quanshay.henderson@maryland.gov)

Quality Update, cont.

- New variable to be added to Case Mix data: Date of Death
  - Source: Vital Statistics
  - CRISP to add to case mix data with EIDs
  - Applied to discharges and visits after October 2019
  - Confidential data element – not to be released for public use
  - Use cases: development of 30-day mortality measure and child birth mortality rates

Data Processing Vendor Update

HSCRC	hMetrix / Burton Policy
Claudine Williams Phone: (410) 764-2561 Email: claudine.williams@maryland.gov	**Maria Manavalan** (Primary PoC) Phone: (610) 595-9979 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

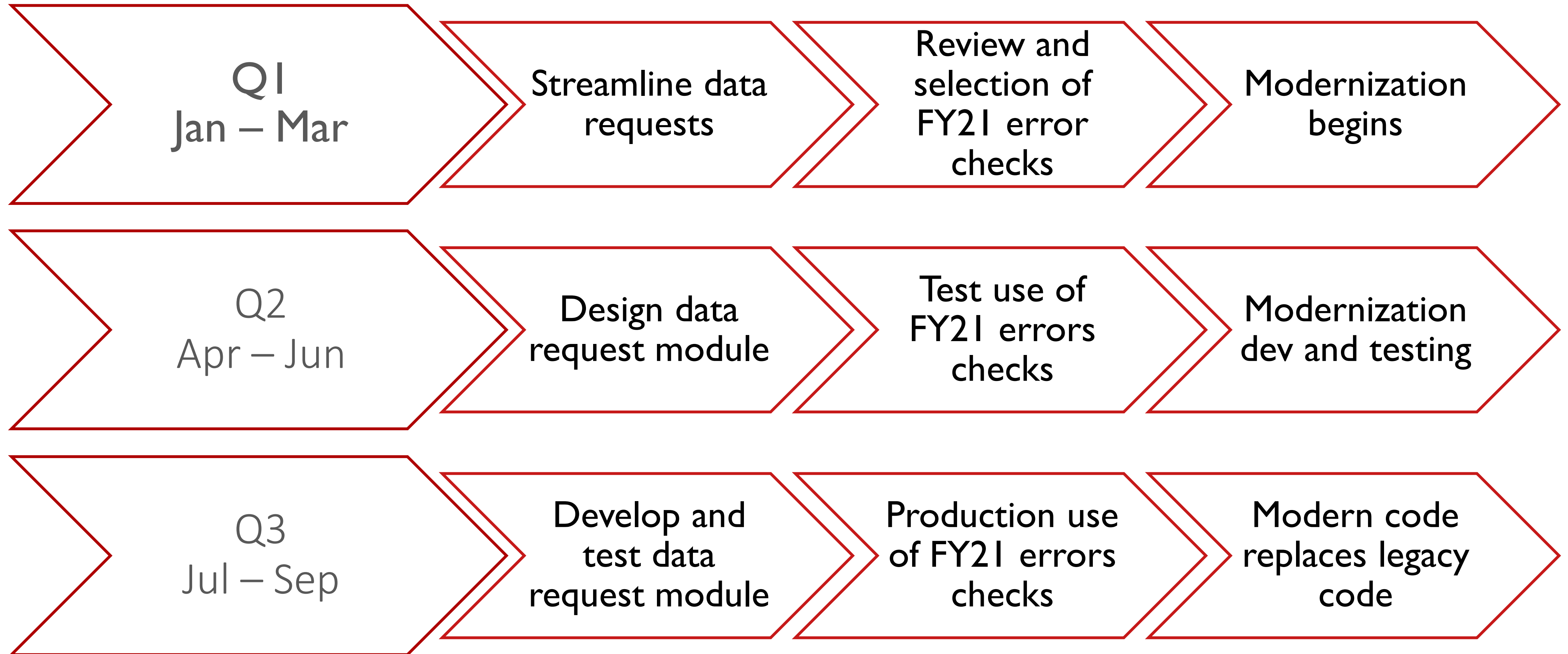
Process Updates

- Data submittal forms are no longer required
- Changes in Extensions and Resubmissions of Closed Quarters
  - Resubmission requests are processed in DAVE
  - DAVE requires a Request Reason for the following requests:
    - Extensions for Final a Submission, Skip a Preliminary Submission, Resubmission of Data for a closed quarter, Request Approval of submission with Errors
  - Request Submission Form will include Request Reason
    - Proposed values: EMR Hardware Issues, EMR Data Extraction Issue, Didn't Meet Error Threshold, Data Quality Issue, Personnel
  - Comments are mandatory
- DAVE update scheduled on March 20, 2020

Data Processing Status

- Modernization of the processing pipeline in progress
  - Stable, configurable platform
  - Execution of grouper earlier in the process
- Changes hospitals can expect to see
  - File naming convention for "tape" file submissions
  - Minor modifications in the error report format
  - No more limitation on number of lines of error detail
  - Longer and more informative description of errors
- Scheduled for production for FY 21 processing

CY 2020 Roadmap for Continuous Improvements to DAVE



Data Issues Discussion

- Identifying Reoccurring Visits on OP
- Coding Homeless Patients in Case Mix
- Validating Medicaid Payers in Case Mix
- Case Mix Audit Findings

Identifying Recurring Visits in the OP Data

- Typically infusion/clinic visits – patients return for services multiple times during course of treatment
- Hospitals can discharge these patients differently (i.e., after every visit or once a month)
- Under old CPV methodology, recurring visits were problematic
  - Difficult to define and identify
- In FY 2016, HSCRC added code "00" for recurring visits to identify these cases
- With the new ECMAD methodology, OP visits are bundled into 5 day spans, regardless of type of visit
  - Not necessary to identify recurring visits specifically – not needed in current OP methodology

Identifying Recurring Visits: 3 Options

- **OPTION #1:** Keep as Discharge Disposition – Code 00

00 = REOCCURING CLAIM (PT EXPECTED TO RETURN FOR OP SERVICES)

- **OPTION #2:** Remove Discharge Disposition Code and Add Encounter Type Code

The encounter type is defined by the type of rate center charge in the record, **with the exception of Recurring Visits.** If there is more than one type of rate center charge in the record, the encounter type is based on the following priority. **For Recurring Visits (defined as visits where the patient is expected to return for services over a period of time), use code 06.**
06 = RECURRING VISITS

- **OPTION #3:** Removing the code from discharge disposition and no longer track recurring visits
  - There seems to be consensus on this option
  - Recurring code to be removed for FY 2021

Coding Homeless in Case Mix

- Pending bill in MD House that would require "the Health Services Cost Review Commission, the Department of Public Safety and Correctional Services, the Maryland Department of Labor, and the Department of Human Services to make certain reports to the Joint Committee on Ending Homelessness on or before November 15, 2020, and November 15, 2021."
- Identifying homeless in case mix: Zip code = 88888 (available since FY 2016)
- Reporting varies across hospitals
  - How are hospitals capturing/reporting homeless
  - How are hospitals defining homeless (i.e., is living in shelter homeless?)

Validating Medicaid Payers in Case Mix Data

- In the case mix data, hospitals report the Expected Payer at the time of discharge
  - For patients with presumed eligibility, hospitals can flag these cases using the Medicaid ID code (88888888888)
- In 2018, Medicaid began sending the eligibility spans for all Medicaid and Dual beneficiaries to CRISP for EID assignment and to merge the eligibility flags (based on the coverage spans) to the case mix data
- CRISP ran an analysis of FY 2019 data to compare what is being reported by hospitals as the expected primary and secondary payer to what Medicaid reported as being covered during the service period.

Validating Medicaid Payers: Methodology

- MD Medicaid sends a Medicaid Eligibility and Medicare buy-in file to CRISP to identify Medicare and Dual eligible beneficiaries in case mix data.
- Visits for beneficiaries identified in the Medicaid Eligibility File were flagged as follows in the HSCRC case mix data (Medicaid flags)
  - 1 – Full Medicaid
  - 2 – Partial Medicaid
  - 3 – Full Dual
  - 4 – Partial Dual
- For this analysis, full Medicaid and partial Medicaid were grouped as having Medicaid and full Dual and partial Dual were grouped as being Dually Eligible

Validating Medicaid Payers: Methodology

- Analysis looked at all visits in the case mix data for FY 2019
- Case mix data was categorized into three payer groups based on the primary and secondary payer reported by hospitals: Medicaid, Dual, and Non-Medicaid.

Payer Categories for Analysis	Reported Expected Payer
Medicaid	Primary payer coded as Medicaid FFS (02) or Medicaid MCO (14)
Duals	Primary payer coded as Medicare FFS (01) or Medicare HMO/MA (15) and and secondary payer coded as Medicaid FFS (02) or Medicaid MCO (14) (assumed to be dually enrolled)
Non-Medicaid	Primary payer coded was not Medicare or Medicaid

Validating Medicaid Payers: Methodology

- For each visit, CRISP compared the payer categories (Medicaid, Dual, Non-Medicaid) defined for each data source (case mix vs Medicaid Eligibility File).
  - If the reported payer based on the case mix data matched the payer category, then there was agreement between the 2 sources.
  - If the reported payer based on the case mix data did not match the payer category, then there was disagreement between the 2 sources.
- The case mix payer agreed with the Medicaid Eligibility File for 92.4 percent of IP visits and 93.3 percent of OP visits in FY 2019.

Validating Medicaid Payers: Graphs

- The graphs on the following slides display the percentage of visits that disagreed by hospital for all visits reported in the case mix data.
  - This is the number of visits that fell into the 'Disagreed' category over all visits reported by the hospital in the case mix data.
- The bars are filled in with three colors for each group (Medicaid, Dual, and Non-Medicaid). Each color represents the percentage of visits in each respective group for the case mix data that disagreed with the Medicaid Eligibility File over all visits in the case mix data.

Percent of IP Visits Where Case Mix Payer Disagrees with Medicaid Payer Category by Hospital: FY2019

The average percent disagreement between case mix payer and Medicaid category for all hospitals was 7.9%

% Disagree

18%
16%
14%
12%
10%
8%
6%
4%
2%
0%

Frederick Memorial Hospital
UM - Prince George's Hospital Center
Mount Washington Pediatric Hospital
ge Levindale Hebrew Geriatric Center & Hospital
Holy Cross Germantown Hospital
Peninsula Regional Medical Center
MedStar Southern Maryland
Holy Cross Hospital
Fort Washington Medical Center
Adventist HealthCare Washington Adventist Hospital
Mercy Medical Center
UM Shore Medical Center Chestertown
UM Shore Medical Center at Dorchester
Meritus Health System
Encompass Health Rehabilitation Hospital of Salisbury
UM - Laurel Medical Center
MedStar Harbor Hospital
UM Shore Medical Center at Easton
Doctors Community Hospital
Greater Baltimore Medical Center
Harford Memorial Hospital
St. Agnes Hospital
Western MD Regional Medical Center
UM Charles Regional Medical Center
University of Maryland Shock Trauma
CalvertHealth Medical Center
Atlantic General Hospital
Bon Secours Hospital
UMM Center Midtown Campus
Lifebridge Sinai Hospital
Garrett Regional Medical Center
University of Maryland Medical Center
UM Rehab & Orthopaedic Institute
McCready Memorial Hospital
MedStar Good Samaritan Hospital
Adventist HealthCare Shady Grove Medical Center
Carroll Hospital Center
UM Baltimore Washington Medical Center
Johns Hopkins Bayview Medical Center
Lifebridge Northwest Hospital
Union Hospital of Cecil
MedStar St. Mary's Hospital
MedStar Franklin Square Medical Center
UM - Upper Chesapeake Medical Center
MedStar Union Memorial Hospital
The Johns Hopkins Hospital
MedStar Montgomery Medical Center
UM Saint Joseph Medical Center
Anne Arundel Medical Center
Howard County General Hospital
Suburban Hospital
Adventist HealthCare Rehabilitation

Medicaid Dual Non-Medicaid

Percent of OP Visits Where Case Mix Payer Disagrees with Medicaid Payer Category by Hospital: FY2019

The average percent disagreement between Casemix payer and Medicaid flag for all hospitals was 7.6%

% Disagree

22%
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%

Frederick Memorial
ice George's Hospital Center
Holy Cross Hospital- Germantown
Fort Washington
Holy Cross Hospital
Washington Adventist
Healthsouth Chesapeake Rehab Hospital
UM-Bowie Health Center
Johns Hopkins Bayview
MedStar Southern Maryland
Peninsula Regional
Doctors Community Hospital
Meritus Health System
McCready
Bon Secours
UM - Laurel Regional Hospital
UM Rehab & Orthopaedic Institute
UM Shore Medical Center at Dorchester
St. Agnes Hospital
Garrett County
Germantown Freestanding ER
Lifebridge Levindale
MedStar Harbor Hospital
UM Charles Regional Medical Center
Queens Anne's Freestanding ER
Mount Washington Pediatric Hospital
Shady Grove Adventist
UM Shore Medical Center at Easton
University of Maryland Shock Trauma
MedStar Good Samaritan
Mercy Medical Center
Western MD Health System
MedStar Union Memorial
UM Shore Medical Center Chestertown
Lifebridge Sinai Hospital
MedStar Franklin Square
UM Baltimore Washington Medical Center
Lifebridge Northwest Hospital
MedStar Montgomery General
UMM Center Midtown Campus
MedStar Saint Mary's Hospital
Harford Memorial Hospital
UM Saint Joseph
Carroll County Hospital
Howard General Hospital
Atlantic General
University of Maryland
Greater Baltimore Medical Center
CalvertHealth Medical Center
Union of Cecil
Johns Hopkins
Adventist Rehabilitation Hospital
Upper Chesapeake Medical Center
Anne Arundel Medical Center
Suburban Hospital

Medicaid Dual Non-Medicaid

Validating Medicaid Payers: Next Steps

- Medicaid Eligibility data is updated in case mix monthly for HSCRC & Medicaid internally use
- Further analysis into the hospital-specific case mix disagreements with Medicaid data
- Include Medicaid Flag in CRS reports to identify duals and stratify reports based on MCO

Future Workgroups and Next Meeting Date

- Data Submission Requirements (DSR) Review Workgroup
- SOGI Workgroup

Future Working Groups

- Data Submission Requirements Review Workgroup
  - Purpose: To review and edit the final FY DSR for accuracy and consistency
  - Duration: 1-2 meetings (in-person is preferred)
  - Membership: 4-5 members
  - Timing: March – May 2020, annually
  - Email Oscar.Ibarra@maryland.gov to volunteer for this workgroup
- Sexual Orientation and Gender Identity Workgroup
  - Purpose: To discuss feasibility of collecting SOGI information and a process for hospital training and data collection
  - Duration: 2-3 meetings (in-person is preferred)
  - Membership: 12
  - Timing: April – May 2020
  - Email Quanshay.Henderson@maryland.gov to volunteer for this workgroup

Next Meeting

- June 12, 2020 @ 10:00