maryland
health services
cost review commission

Date: December 28, 2020

To: Hospital Chief Financial Officers and Case Mix Liaisons

From: Claudine Williams, Deputy Director, MEDA

Subject: FY2021 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 2021 Q2 Data Forum on December 11, 2020 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.

- **MHAC/RRIP/QBR (CY 2021):** APR DRG and PPC version 38; current CGS version. **Note:** RY 2023 policies begin Jan 1, 2021 in most cases. Look for base period and performance period updates in the coming months.
- **Market Shift (Jan-Jun): Cancelled due to COVID-19 Emergency**
- **Market Shift (Jan-Dec):** APR DRG 37.1/EAPG 3.15, current CGS version
- **Case Mix Weights:** IP Weights: 37.1; OP Weights: 3.15; applied to CY 2019.

Staff has begun work on the case mix weights for FY 2022 and hope to distribute them in January 2021, at the earliest.

Quality Update: Staff reviewed the CMS Interim Final Rule regarding the quality programs, data concerns and revenue adjustment options for RY 2022 and 2023 (Slides 8-9), as well as a notice that the HSCRC is studying the impact of incorporating additional secondary diagnosis codes in the grouper. Currently, the

HSCRC uses the first 29 reported secondary diagnoses codes for the quality programs. Interestingly, the grouper can only accommodate up to 50 (1 primary, 49 secondary) diagnosis codes. Further study is needed to understand the impact on the MHAC policies if the number of secondary diagnosis codes used is expanded.

Staff also gave an update on the MHAC policy to include palliative care patients and the inclusion of death date in the case mix data for reporting beginning in CY 2021. Date of death will be reported for Maryland residents only.

Transfer from or Discharge to Designated Disaster Alternate Care Sites: Staff reiterated that hospitals should be using the following codes to identify transfers from or discharges to the Designated Disaster Alternate Care Sites listed below:

New Point of Origin (Source of Admission) Code:

G =TRANSFER FROM A DESIGNATED DISASTER ALTERNATE CARE SITE

New Patient Discharge Disposition:

69 = DISCHARGED/TRANSFERRED TO A DESIGNATED DISASTER ALTERNATE CARE SITE

- Adventist Tacoma Park (reporting under White Oak Hospital ID 210016)
- UM Laurel (reporting under Laurel Hospital ID 210055)
- Lord Baltimore Hotel (reporting under UMMC (210002)
- Baltimore Convention Center (reporting under 210068)

Additionally, hospitals should be using the **Reserve Flag code "A"** to identify Alternative Clinical Sites where the patient was not discharged or transferred from another hospital. For example, COVID testing at a temporary clinic site at Pimlico Racetrack. As a reminder, an Alternative Clinical Site is defined as "an area, building or structure that is not located on the hospital campus that is being used to provide clinical services during the COVID-19 emergency." Hospitals are requested to notify the HSCRC is new sites will be submitting data.

Financial Data Update: Staff provided an update on COVID Emergency Reporting of bi-weekly volume and revenue data and the delay of quarterly reporting of Denial, UCC and Reconciliations (slide 15). Staff reported that the first iteration of the new cost report model was released for the FY 2020 Annual Filing.

Hospitals were not required to use the new model, however, the scheduled had to be submitted electronically. The new model will be mandatory for the FY 2021 Cost Report. The model will be updated and released after a review of this year's reports.

Staff also reported that the Reconciliation reports will be moving to DAVE in CY 2021. There will be a question on the Data Forum Survey regarding whom on the hospital staff will need access to these reports. Staff will update the industry at the next Data Forum meeting.

New Format for Ambulance Run Number: Starting January 1, 2021, MIEMSS is changing the numbering format of the auto-generated, Patient Care Report Number [eRecord.01] within an eMEDS® report from eleven (11) digits to a thirty-two (32) alphanumeric character string, the Globally Unique Identifier (GUID). The new format will be effective in the DSR for discharges on and after January 1, 2021. For questions regarding the GUID, please contact Jason Cantera, MIEMSS EMS Applications Coordinator, at jcantera@miemss.org. A hospital representative asked how this data is used by the HSCRC. Although the HSCRC does not require this variable for its methodologies, we collect this information to facilitate the sharing of data with MIEMSS.

Edits and Error Threshold Implementation Timeline, Error and Invalid Look-up Values Effective January 1, 2021: Staff reminded participants of the edits and error threshold timeline and listed on slides 19 and 20 the errors that will be in effect January 1, 2021. On slide 21, are the invalid look-up values that will also be effective January 1, 2021. Please email hscrcteam@hmetrix.com for questions or assistance with the new edits.

- July 1, 2020: New edits will be displayed as warnings in Test Site
- October 1, 2020: New edits will be displayed as warning in Production Site
  New edits will be displayed as errors in Test Site
- **January 1, 2021: New Edits will be switched to errors in Production Site**
- April 2021: 5% error threshold in effect for FY21 Q3 and subsequent Final quarters

Deferred Edits: Staff will be deferring the edits related to the revenue codes and associated CPT codes. Staff will be convening a workgroup to review these and other edits that will be effective for FY 2022.

Data Forum Survey: Staff reminded all meeting participants to complete the survey (in Survey Monkey). The link was sent by October 5, 2020. 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 hscrcteam@hmetrix.com.

Identification of COVID patients in the Case Mix Data: One hospital representative inquired how COVID patients are being flagged in the case mix data. Below, in Table 1, are the 3 flags that are applied to the case mix data post processing. Staff is aware of the new codes that will be in effect January 1, 2021 and will update the flags accordingly.

Table 1: COVID Flag Definitions

Flag Name	Flag Description	ICD-10 Codes Reported in Primary or Any Secondary Diagnosis
COVID CONFIRMED	COVID-19 confirmed in the discharge/visit	Set to "Y" if **U07.1** (*COVID-19*) is coded.
COVID SYMPTOMATIC	COVID-19 signs and symptoms coded in the discharge/visit	Set to "Y" if **R05** (*Cough*) **or R06.02** (*Shortness of Breath*) **or R50.9** (*Fever*) is coded.
COVID EXPOSURE	COVID-19 concern about possible exposure, where evaluation/ test result is negative or unknown	Set to "Y" if **Z03.818** (*Encounter for observation for suspected exposure to other biological agents ruled out*) **or Z20.828** (*Contact with and (suspected) exposure to other viral communicable diseases*) is coded. **Effective January 1, 2021: or Z20.822** (*Contact with and (suspected) exposure to COVID-19*).

Data Processing Vendor Update

Mary Pohl, representing hMetrix and Burton Policy, reported on data processing updates. Mary reminded hospitals that they could submit to any of the HSCRCIP, HSCRCOP, and HSCRC-Psych folders in RepliWeb to process the monthly data. hMetrix has instituted automated logic that can determine the type of file submitted. She also indicated 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 described updates to the Error Report for the Record Type 3 Errors (slide 27) to include the line number from the submission, the Revenue Code submitted, better explanation of which Revenue Group is impacted, and enhancements to identify the missing variable within in the Revenue Group. These enhancements will be available for data submissions after December 1, 2020. Mary also reviewed the new System Level Error Report that will be available for submissions after January 1, 2021 (slides 28-30).

Mary discussed the new ECMADs datasets that are available with the Public Use Files (PUF) (slide 31). Hospitals and consultants can request this data using the Non-Confidential Data Requests Forms that can be found on the HSCRC website.

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 32).

Data Repository Vendor Update

John Hartlove, from the St. Paul Group (SPG), provided an update on the new Secure File Transfer system that they are developing for hospitals to submit data to the Commission. RepliWeb is built on older technology that is no longer being supported by the vendor. SPG is developing a system with an improved user interface that is standards based and allows for greater flexibility. SPG will begin piloting the system with a small group of users in January 2021, with full implementation during the first quarter of CY 2021. A hospital representative asked whether users will be able to view previously sent items. John indicated that this feature would not be available initially, but it may be included in future releases.

Case Mix Review Discussion

Brenda Watson, from Advanta Government Solutions, LLD (AGS), reviewed the results of case mix reviews for 20 hospitals conducted over the last 2 years, FY 2018-19 (slides 41-42). There was significant improvements in inpatient performance scores between the 2 years, but the outpatient scores were significantly lower in 4 out of 6 measures for hospitals reviewed in Year 2. The same review criteria were applied to both years.

Brenda started the discussion on reporting Attending Physician in the Case Mix data by reviewing the HSCRC and Medicare definitions. There are challenges with the HSCRC definition of attending physician, as it is ambiguous (based on the physician who is responsible for the longest portion of the patients LOS) and interpreted differently by many hospitals. Brenda presented several scenarios that illustrate the issues with the variable's definition. A hospital representative asked how the variable is being used. While the HSCRC has used it sporadically in past to analyze trends in physician utilization, the HSCRC is required to collect and report this data to MedChi per COMAR regulation.

To reduce confusion, the HSCRC will consider updating the definition to make it consistent with the Medicare definition. Several hospital representatives indicated that the discharge physician is typically designated the attending physician, regardless of how long the physician cared for the patient. Another hospital representative cautioned that designating the discharge physician as the attending physician could have other downstream implications for care management once the patient leaves the hospital. Staff will review the definitions with the DSR Review Workgroup in the Spring of 2021 and present the changes at a future Data Forum.

Upcoming Workgroups and Next Data Forum Meeting

Staff announced two (2) upcoming workgroups, the Data Edits Review Workgroup and the Data Submission Requirements (DSR) Review Workgroup. If you are interested in volunteering for either workgroup, please contact Oscar Ibarra (Oscar.Ibarra@maryland.gov).

The next Quarterly Data Forum Meeting is scheduled for Friday, March 12, 2021.

If you have any agenda items, please send them to Oscar or me by March 5, 2021. 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).