



maryland
health services
cost review commission

FY 2021 Quarter 3 Data Forum

March 12, 2021

Agenda

- Announcements
 - Case Mix Weights and Grouper Transition Update (Prudence/Andi)
 - 3M Core Grouper Software (CGS) Version (Claudine)
 - Quality Update (Dianne/Andi)
 - EMR Information on DAVE (Oscar)
 - REMINDER: Edits and Error Threshold Implementation Timeline (Oscar)
 - REMINDER: Data Forum Survey (Oscar)
- Changes to DSR & New Edits for FY 2022 (Claudine)
- Data Processing Vendor Update (Mary)
- Next Steps & Next Meeting
 - Upcoming workgroups (Oscar)
 - Next Meeting (Oscar)

Announcements

Groupers Transition: Case Mix Weights

Rate Year	RX2022	RX2023
APR/EAPG Version	IP Weights: 37.1* OP Weights: 3.15	Still to be determined — Assessing the data
Data Period Used	IP CY 2019 (12 Months) OP CY2019 and first quarter of CY2020 (15 Months)	
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	CANCELLED DUE TO COVID EMERGENCY	CANCELLED DUE TO COVID EMERGENCY
Timeline		
Implementation Date		

Rate Year	RY2023	
	Temporary Market Shift (Jan – Jun)	Permanent Market Shift (Jan – Dec)
APR/EAPG Version	Although a determination is still to be made, we will likely use CY2019 as the base period due to COVID	Although a determination is still to be made, we will likely use CY2019 as the base period due to COVID
Timeline		
Implementation Date		

Grouper Transition: MHAC, RRIP, QBR for CY 2021

Rate Year	RY2023
APR/PPC Version	38 (Updated from version 37.1 to incorporate annual 3M updates)
Timeline	<p><u>Base Year:</u></p> <ul style="list-style-type: none"> • MHAC: CYs 2018-2019 • QBR-Mortality: CY 2019 • RRIP: CY 2018 <p><u>Performance Year:</u></p> <ul style="list-style-type: none"> • All Programs: CY 2021 (longer timeframe for MHAC for small hospitals TBD; presently CYs 2019 and 2021) <p><u>RY 2023 and COVID:</u> 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.</p> <p>For the latest on COVID, please visit https://hscrc.maryland.gov/Pages/COVID-19.aspx</p>
Implementation Date	RY 2023 policies begin Jan 1, 2021 in most cases. Look for base period and performance period reports on the CRS Portal in the coming months.

3M Core Grouper Software (CGS) Version

- HSCRC will use the most recent 3M CGS software version
 - 3M releases a new CGS version every quarter
 - Patches to the quarterly version is published based on fixes identified
 - For example, CGS v2021.0.3 was released on February 11, 2021
- Every new CGS version is tested before moving it to production
 - The tests ensure that the grouper output matches the current version in production
 - Use the most recent four quarters data for validation
 - Test all versions used by HSCRC quality and methodology programs
- If the validation fails, the discrepancy will be investigated with 3M

Quality Update: RY 2022 and COVID-19 Public Health Emergency

Data Concerns	Options
<p>RY 2022 (CY 2020): Only 6 months of data for CY 2020 may be used:</p> <ol style="list-style-type: none"> 1. Is 6-months data reliable? 2. Consider fall 2020 surge of COVID-19 cases 	<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 all measures of quality in CY 2020 derived from case-mix data
<p>Case-mix adjustment concerns:</p> <ol style="list-style-type: none"> 1. Inclusion of COVID patients when not in normative values 2. Impacts on other DRG/SOI of COVID PHE 	<ul style="list-style-type: none"> ● Remove COVID patients from all measures of quality in CY 2020 derived from case-mix data ● Use 2019 data or revenue adjustments

For more information on RY 2022 pay-for-performance programs, please see the Quality Performance Measurement Work Group [website](#).

Quality Update: RY 2023 and COVID-19 Public Health Emergency

Data Concerns	Potential Options
<p>RY 2023 (CY 2021) How do we understand fall/winter 2020/2021 surge of COVID-19 cases and impacts of such issues as:</p> <ol style="list-style-type: none"> 1. Seasonality 2. Reliability/Validity of smaller volume of eligible discharges? 3. Vaccine and promise of post-COVID? 	<ul style="list-style-type: none"> ● Use 6-months data, adjust base as needed for seasonality concerns ● Merge pre- or post-COVID time periods together to create 12-month performance period ● Use previous revenue adjustments?
<p>Clinical concerns over inclusion of COVID patients – Some have been addressed by 3M; others remain</p>	<ul style="list-style-type: none"> ● Consider re-integration of COVID patients into all-payer measures; evaluate retrospectively.
<p>Case-mix adjustment concerns:</p> <ol style="list-style-type: none"> 1. Inclusion of COVID patients when not in normative values 2. Impacts on other DRG/SOI of COVID PHE 	<ul style="list-style-type: none"> ● TBD pending analysis of CY 2020 and CY 2021 normative values

Quality Update: Review of Secondary Dx in Case Mix Data

- In current Quality programs, up to 29 secondary dx (30 dx total) are incorporated when grouping case-mix data submissions
- Beginning FY 2019, HSCRC understood many hospitals to say they were enabled to collect up to 99 secondary dx (100 dx total)
 - HSCRC Quality truncates at 30 total dx codes to align base and performance periods.
- APR-DRG grouper will incorporate up to 50 dx codes (1 primary, 49 secondary); EAPG grouper will incorporate up to 25 dx codes (1 primary, 24 secondary).
- HSCRC has reviewed hMetrix analysis of the impact of expansion of the secondary diagnoses; due to historical base periods in quality programs (in particular, RRIP) **HSCRC will truncate at 29 secondary dx (30 dx total)**

Quality Update: Date of Death

- Quality team is working to develop a 30-day post-discharge all-diagnoses, all-cause mortality measure
- Maryland regulations this year direct Vital Statistics to provide the death dates to CRISP to add to the hospitalization case files
 - CRISP will add the date of death when it is within 90 days of hospitalization to the HSCRC Case Mix data in January 2021 beginning with discharges from October 2019
- Anticipate providing quarterly reports on deaths for hospitalizations during CY 2021 through the CRISP CRS portal
- Date of Death discrepancies – quantified, evaluated, and removed from measure
 - Minor discrepancies in the date of death (~1% IP; ~13% OP) have been evaluated
 - IP discrepancies likely due to EID mismatch; further investigating but these cases will not be included in the 30-day mortality measure
 - OP discrepancies likely due to scheduled (but not billed) services; thank you to hospitals for working with HSCRC to understand this data discrepancy.

Quality Update: Race Data Accuracy and Completeness

- HSCRC is interested in reporting hospital case mix race and ethnicity fields, to shine a light on persistent health disparities in State of Maryland.
- Case mix data race fields are generally accurate, as verified in several studies:
 - Compared to geography of service areas and served patients (Hospital-level) (Results are included in Appendix 1)
 - Compared within EIDs for race data mismatch between visits (Patient-level)
- Case mix data race fields are generally more **complete** as compared to other claims datasets
- HSCRC feels confident that our race data is accurate enough to report for purposes of **improving statewide health disparities**.
- MHA/KPMG are also conducting an independent study to assess the validity and accuracy of REAL (Race, Ethnicity, and Language) data elements in HSCRC case mix.

EHR System Survey

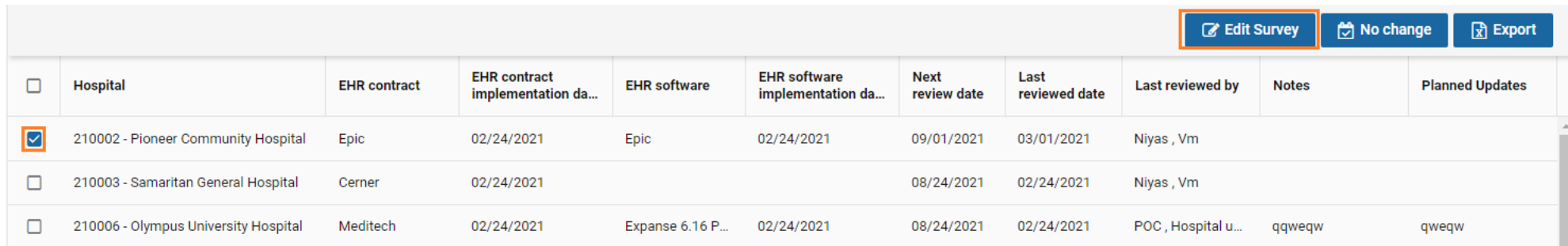
- Document EHR system in use at hospitals
- Review and update the data at least once every six months
- The survey is now available in DAVE
- Contact hscrcteam@hmetrix.com with questions

To Edit EHR Survey Data

- Access the EHR Survey



- Select the hospital(s) to be edited and click **Edit Survey**

The image shows a table with columns for Hospital, EHR contract, EHR contract implementation date, EHR software, EHR software implementation date, Next review date, Last reviewed date, Last reviewed by, Notes, and Planned Updates. The first row is selected, and the 'Edit Survey' button is highlighted with an orange border.

<input type="checkbox"/>	Hospital	EHR contract	EHR contract implementation da...	EHR software	EHR software implementation da...	Next review date	Last reviewed date	Last reviewed by	Notes	Planned Updates
<input checked="" type="checkbox"/>	210002 - Pioneer Community Hospital	Epic	02/24/2021	Epic	02/24/2021	09/01/2021	03/01/2021	Niyas , Vm		
<input type="checkbox"/>	210003 - Samaritan General Hospital	Cerner	02/24/2021			08/24/2021	02/24/2021	Niyas , Vm		
<input type="checkbox"/>	210006 - Olympus University Hospital	Meditech	02/24/2021	Expanse 6.16 P...	02/24/2021	08/24/2021	02/24/2021	POC , Hospital u...	qqweqw	qweqw

- If there are no changes to report, click **No change**

To Update EHR information

Edit EHR Information

Hospital*
120121 - Pioneer Community Hospital

Electronic Health Record Contract*
McKesson

Electronic Health Record Contract Implementation Date*
02/04/2021

Electronic Health Record Software*
Essentia

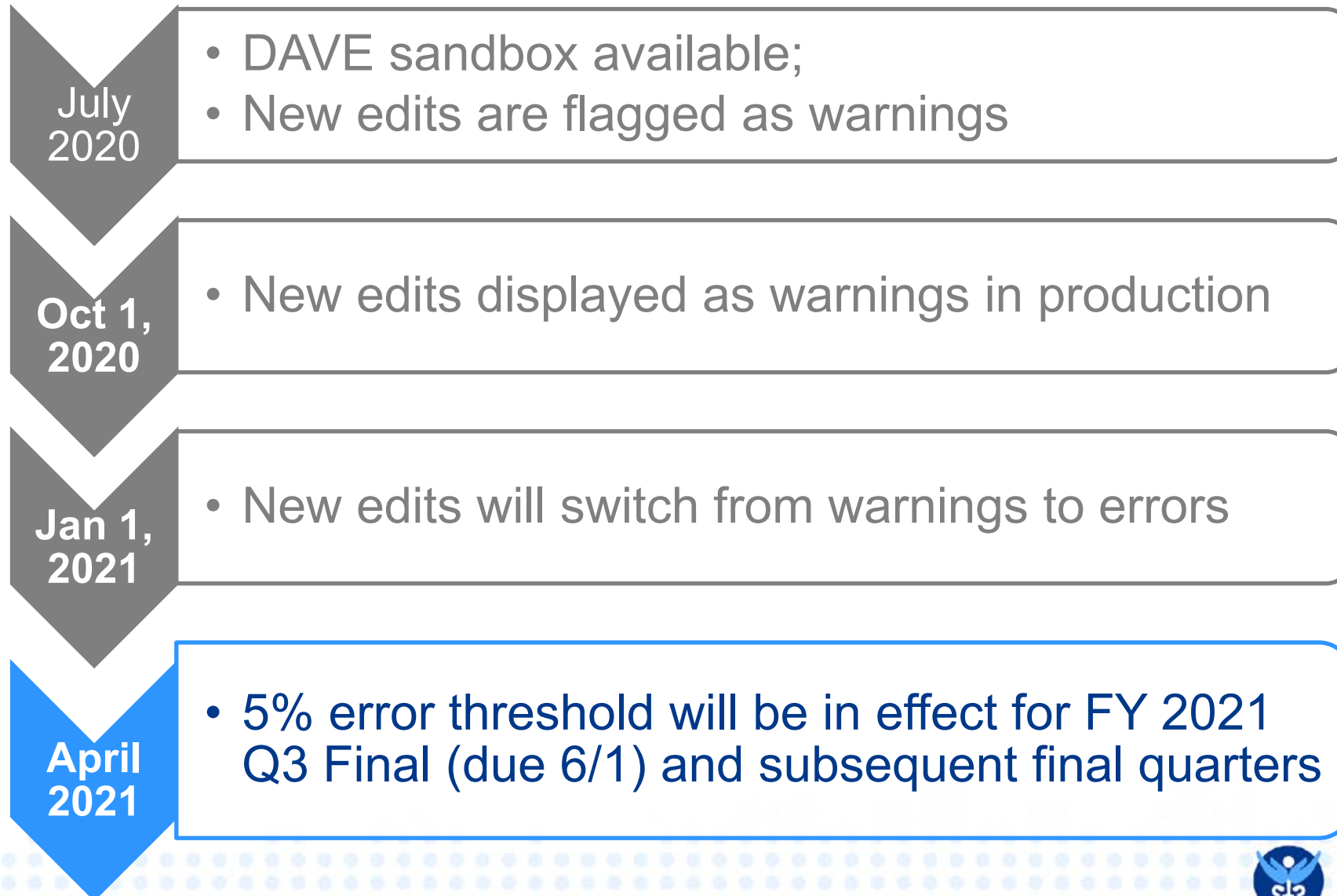
Electronic Health Record Software Implementation Date*
02/11/2021

Planned updates in the future
Planned updates

Notes
EHR system, Changes or Upgrades in the Last 5 Years:- Converted to Epic 9/1/2018 EHR system, Changes or Upgrades in the Last 5 Years: Most Recent System Upgrade – 4/10/2019 a. Will Upgrade System Again – 9/11/2019

* Mandatory fields Save Cancel

Reminder: Edits and Error Threshold Implementation Timeline



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

Changes to Data Submission Requirements for FY 2022

Removal of County Variable, New Logic for Assigning Residency

- Current Logic
 - Payer = 18 is international insurance
 - County 89 as Foreign.
 - Zip = 77777
- Hospitals code Border State or Other State Zip code with County as 89
- Zip code lookup table has
 - County 89 has Resident Status 'Border State' and 'Other State'
- Proposed Logic
 - Retire County entirely from DSR
 - Replace it with Zip code lookup table
 - https://hscrc.maryland.gov/Documents/CaseMixData/completeness_20202007.xlsx
 - Use Zip Code = 77777 for International residents
 - Update processing pipeline to use Zip code lookup table for Residential Status

Country Code Lookup update

- Current Lookup
 - Manually Maintained
 - Some countries are not present
- Proposed Lookup
 - ISO 3166-1 Alpha-2
 - E.g., US, CA, MX
 - <https://www.iso.org/obp/ui/#home>
 - Select “Country codes”
 - Enter the country name
 - E.g., “Germany”
 - Click Search

New Expected Payer Codes

- Combine
 - Blue Cross (04), HMO (12), Blue Cross National Capital Area (16), Blue Cross – Other State (17) with Commercial Insurance (05)
 - Title V (03) with Other Government Programs (06)
 - Donor (11) with Other (10)
- Add
 - Behavioral Health Plans (19)
- Anticipated source of payment for the major portion of the patient’s hospital expenses
 - For codes 05, 14, 15, 19 report the applicable health plan in the Primary Health Plan Payer data item
 - For all other codes, report "100" NOT APPLICABLE for the Expected Primary Health Plan Payer data item
 - For MD Medicaid (14), a Medicaid ID must be reported in Data Item
 - For Out-Of-State Medicaid, enter "06 - Other Government Programs" and code "7777777777" for the Medicaid ID in Data Item

Code Description

- 01 MEDICARE FFS
- 02 MD MEDICAID FFS AND PENDING MD MEDICAID
- 03 ~~TITLE V DO NOT USE~~
- 04 ~~BLUE CROSS DO NOT USE~~
- 05 COMMERCIAL INSURANCE, ~~OTHER THAN BLUE CROSS~~ HMO/POS/PPO/PPN/TPA
- 06 OTHER GOVERNMENT PROGRAMS - *Usage Notes: Report Out-of-State (non-MD) Medicaid, Tri-Care, Champs and Title under this category*
- 07 WORKMEN'S COMPENSATION
- 08 SELF PAY
- 09 CHARITY (PATIENT WAS NOT CHARGES FOR CARE)
- 10 OTHER (INCLUDES GRANT FUNDED, DONOR)
- 11 ~~DONOR DO NOT USE~~
- 12 ~~HMO DO NOT USE~~
- 13 DO NOT USE
- 14 MD MEDICAID ~~HMO~~ MCO
- 15 MEDICARE ~~HMO~~ ADVANTAGE
- 16 ~~BLUE CROSS NATIONAL CAPITAL AREA DO NOT USE~~
- 17 ~~BLUE CROSS OTHER STATE (NON-MD) DO NOT USE~~
- 18 INTERNATIONAL INSURANCE
- 19 BEHAVIORAL HEALTH PLAN (NEW)
- 77 NOT APPLICABLE
- 99 UNKNOWN

New Health Plan Payer Codes

- Combine various health plan products into major plans
 - E.g., CareFirst of Maryland, CareFirst Group Hospitalization and Medical Services Inc., and CareFirst Blue Choice are merged into CareFirst BlueCross BlueShield
- Expected Payer to Plan code cross documented in the lookup

Code	Description
Other:	
198	HEALTH PLAN PAYERS NOT SPECIFIED BELOW (INCLUDING QUALIFIED DENTAL PLANS (QDPs), PHARMACY BENEFIT MANAGERS (PBMs), OUT-OF-STATE HEALTHPLANS, OR NEW HEALTH PLANS EFFECTIVE DURING THE FY)
199	UNKNOWN
100	NOT APPLICABLE - DOES NOT REQUIRE HEALTH PLAN PAYER
Commercial HMO/POS/PPO/PPN/TPA (Expected Payer Code = 05)	
101	AETNA HEALTHPLANS
104 102	CAREFIRST BLUECROSS BLUESHIELD
106 103	CIGNA
109 104	GENERIC TPA/COMMERCIAL PLANS
105	GENERIC COMMERCIAL EMPLOYEE HEALTH PLANS (INCLUDES JOHNS HOPKINS AND UNIVERSITY OF MD EMPLOYEE HEALTH PLANS)
111 106	HUMANA
114 107	KAISER PERMANENTE
121 108	UNITED HEALTHCARE
MD Medicaid MCO HMO (Expected Payer Code = 14):	
101	AETNA BETTER HEALTH OF MD HEALTHPLANS
114 107	KAISER PERMANENTE
121 108	UNITED HEALTHCARE
102 -109	AMERIGROUP
110	JAI MEDICAL SYSTEMS
116 111	MARYLAND PHYSICIANS CARE MCO
117 112	MEDSTAR FAMILY CHOICE MCO
118 -113	PRIORITY PARTNERS MCO
114	CAREFIRST BLUECROSS BLUESHIELD COMMUNITY HEALTH PLAN MARYLAND UNIVERSITY OF MD HEALTH PARTNERS (Riverside Health)
Medicare HMO Advantage (Expected Payer Code = 15)	
101	AETNA HEALTHPLANS
106 103	CIGNA
114 107	KAISER PERMANENTE
121 108	UNITED HEALTHCARE
113 115	JOHNS HOPKINS ADVANTAGE MD
119 116	PROVIDER PARTNERS HEALTH PLAN (NEW)
123 117	CAREFIRST BLUECROSS BLUESHIELD MEDICARE ADVANTAGE UNIVERSITY OF MD HEALTH ADVANTAGE
Behavioral Health (Expected Payer Code = 19):	
103 118	OPTUM MARYLAND (MD MEDICAID) (previously Beacon Health)
105 119	MAGELLAN CareFirst BlueCross BlueShield—Behavioral Health
107 120	CIGNA BEHAVIORAL HEALTH
108 -121	COMPSYCH
115 122	MANAGE HEALTH NETWORK
120 123	United OPTUM BEHAVIORAL HEALTH

Accident Hour

Currently this information is collected as 1 variable

- First 2 digits is the value code (45)
- Last 2 digits is the accident hour

34	Value Code for Accident Hour and Appropriate Code for Time	Enter the 2-digit value code for accident and the 2-digit code for indicating the hour of the accident.	ACCITIME
		XXXX = ACCIDENT CODE AND HOUR	
		BLANKS = NOT APPLICABLE	

For FY 2022,

- Update the definition of this field to collect the **Accident Hour alone**
- Two digits - valid values are:
 - 00, 01, 02 ... 23 for the 24 hours of the day starting with 00 for 12 AM ET
 - 99 for Unknown

Accident Code

- Accident codes should be reported using the Occurrence Code in Record Type 3
 - Valid Occurrence Code values
 - <https://www.resdac.org/sites/resdac.umn.edu/files/Claim%20Related%20Occurrence%20Table.txt>
- If the value is invalid (special characters) this is a Warning
 - Changed to Warning on May 2, 2019



New Edits for FY 2022

Chronic Major Service / Daily Service – IP only

- New Error Edits
 - Allow Daily Service = 09 or Major Service = 10 only for Hospitals with Chronic Beds
 - If **Daily Service** values is 09 (CHRONIC) and Hospital does not belong to the Chronic List
 - If **Major Service** values is 10 (CHRONIC) and Hospital does not belong to the Chronic List
- List of Hospitals with Chronic Beds
 - Johns Hopkins Bayview Medical Center
 - UMMC Midtown Campus
 - UM - Rehabilitation & Orthopaedic Institute
 - UM - Prince George's Hospital Center

Rehab Major Service / Daily Service – IP only

- Current Cross Edit Error
 - If Nature of Admission is Rehab, then Major Service must also be rehab
- New Additional Error Edits
 - Allow Daily Service = 08 or Major Service = 08 only for Hospitals with Rehab Beds
 - If **Daily Service** values is 08 (REHAB) and Hospital does not belong to the Rehab List
 - If **Major Service** values is 08 (REHABILITATION) and Hospital does not belong to the Rehab List

Review Rules for Rehab Major Service / Daily Service – IP only

List of Hospitals with Rehab Beds

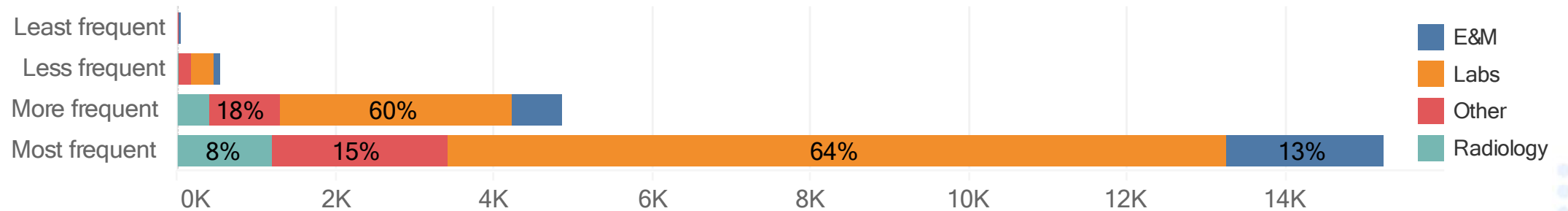
- Meritus Medical Center
- UP - Western MD
- Adventist HealthCare Rehabilitation
- Adventist Healthcare Rehabilitation Hospital @ White Oak
- UMM Prince George's Hospital Center
- UM Rehab & Orthopaedic Institute
- UM Shore Medical Center at Easton
- Mt. Washington Pediatric Hospital, Inc.
- Lifebridge Sinai Hospital
- Lifebridge Levindale Hebrew Geriatric Center & Hospital
- Johns Hopkins Hospital
- Johns Hopkins Bayview Medical Center
- MedStar Good Samaritan Hospital
- Encompass Health Rehabilitation Hospital of Salisbury

Date of Service Validation Rule – OP (Error)

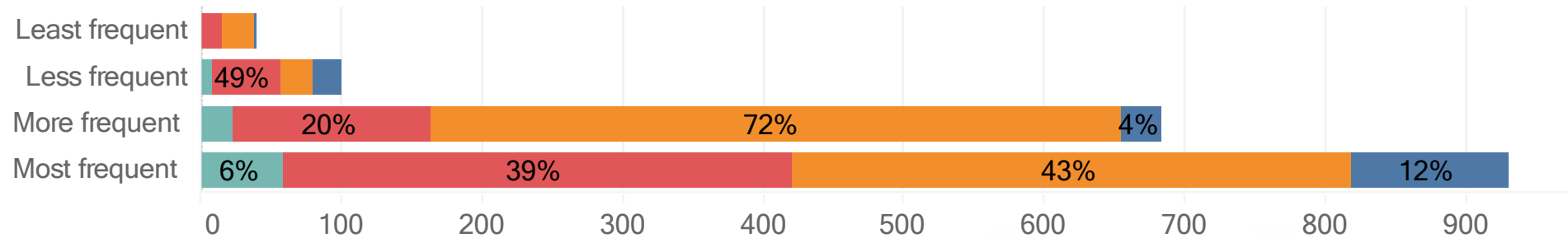
- FY 2020 Edit Error:
 - Error if Date of Service is more than 30 days before the service
 - Error if Date of Service is Past Thru Date
- FY 2021 Edit Error:
 - Error if Date of Service is:
 - more than 2 days before From Date or
 - more than 2 days after Thru Date
- FY 2022 Edit Error:
 - **Error if Date of Service is outside From and Thru Date**
 - Impacts small number of records - less than .5%

Service Outside From Date and Thru Date - Trends

- Hospitals grouped into one of four groups based on frequency
- Services coded before From Date



- Services coded after To Date

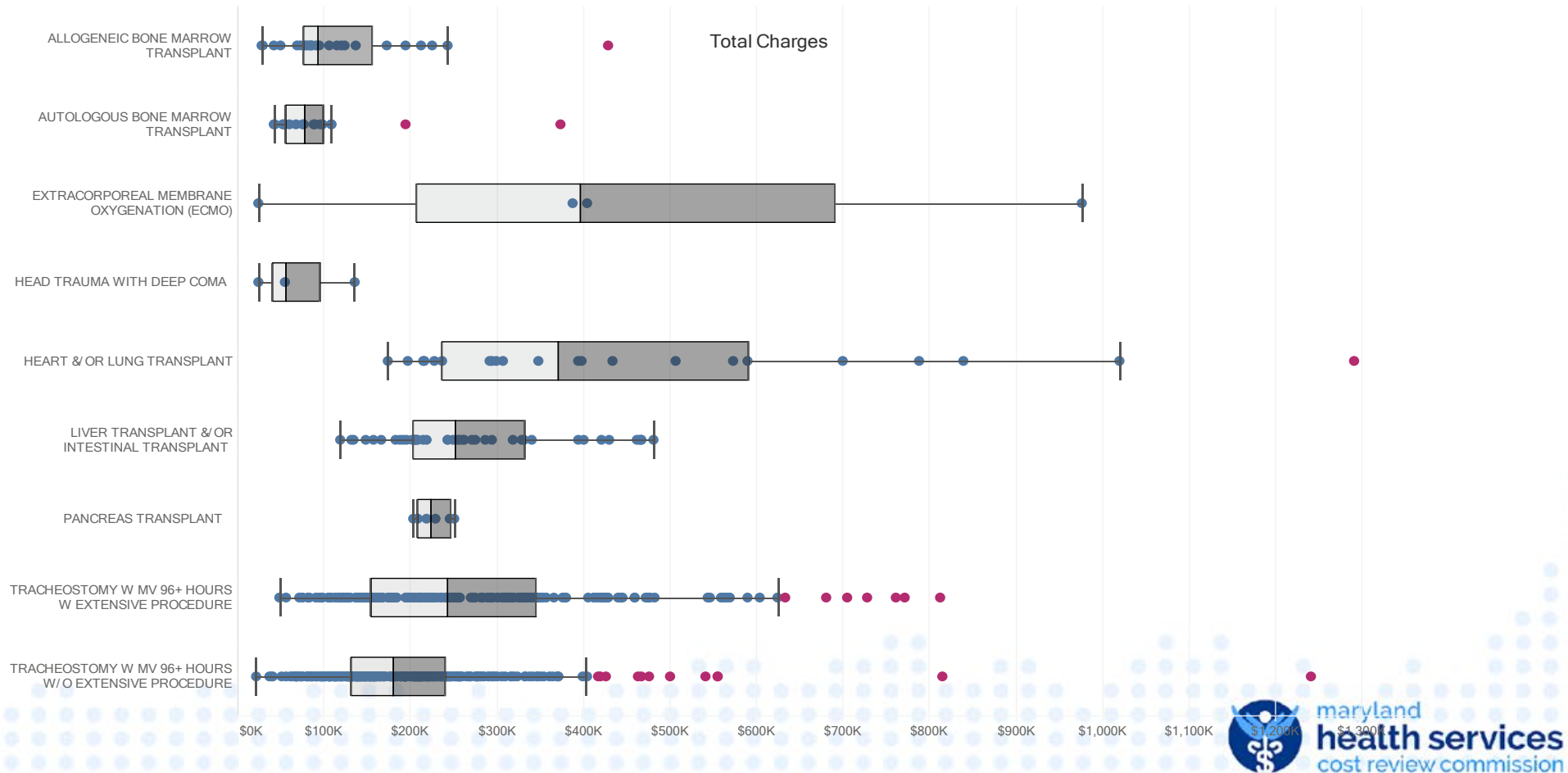


Threshold for Charge Edit (Warning)

- Thresholds are computed by APR DRG using the box and whisker method
- **First quartile** or 25th percentile is the median of the lower half of the dataset
- **Third quartile** or 75th percentile is the median of the upper half of the dataset
- **Interquartile range (IQR)** is the difference between the first and third quartile
- Two thresholds:
 - **High threshold** – third quartile *plus* 1.5 times IQR
 - **Low threshold** – first quartile *minus* 1.5 times IQR
- Data outside the range between the High and Low threshold are outliers

Threshold for Charge Edit (Warning)

- Thresholds computed by APR DRG using box and whisker method
- Example below is for DRGs in MDC 0 (Transplants and Tracheostomy)



Ambulance Run Number

- Pre-Hospital care data collection is regulated by MIEMSS (COMAR 30.03.04.04)
- Form known as Ambulance Runsheet (later “Maryland Ambulance Information System (MAIS))”
 - Electronic version named “Electronic MD Ambulance Information System (eMAIS)”
 - Switched to electronic system named “Electronic MD EMS Data System (eMEDS®)”
- eMEDS® collects an electronic Patient Care Report (ePCR)
 - Each report is assigned a unique number as they are generated
- Ambulance Run Number, now referred to as [e]PCR Number is unique to each individual report
- Starting January 1, 2021, this number changed:
 - from a 11-character string
 - to a 32-character string / Universally Unique Identifier (UUID or GUID)
 - https://en.wikipedia.org/wiki/Universally_unique_identifier
- FY 2021 – Warning if value is not 32 hexadecimal (0-9A-F) characters
 - “00000000000000000000000000000000” = “Patient did not arrive by Ambulance”
 - Otherwise, more than five consecutive 0’s in the 32-character string is invalid
- **FY 2022 – The warning converts to an Error**

New Timeline and Data Naming Convention for FY 2022

Monthly and Quarterly Submissions

- To reduce confusion, the HSCRC plans to start referring to
 - **Preliminary** submissions as **Monthly** submissions
 - For example:
 - January Monthly (contains January discharges)
 - February Monthly (contains January, and February discharges)
 - March Monthly (contains January, February, and March discharges)
 - **Final** submissions as **Quarterly** submissions
 - Quarterly submission will always contain three months of discharges
 - The submission received on or prior to the due date (Monthly or Quarterly) will be considered as the final submission for that submission period

Data Submission File Naming Convention

- Single requirement
 - the name must be unique across hospitals and time
- An example of a unique name is shown below:

210098_IP_21_M05_2021030514.TXT

NNNNNN_XX_CY_TZZ_YYYYMMDDHH.TXT

Six-digit Hospital ID
E.g.: 210098

Submission Data Type (XX)
IP (Inpatient), OP (Outpatient),
PS (Psychiatric)

Calendar Year (CY) of submission
E.g.: 21 for CY 2021

Submission Type (T)
Q for Quarterly (previously Final)
M for Monthly (previously Preliminary)

Calendar Period (ZZ)
calendar quarter for T = Q; e.g. 01 for Q1
calendar month for T = M; e.g. 05 for May

Submission date & hour (YYYYMMDDHH)
E.g.: 2021030514 for Mar 5, 2021 2 PM

FY22 DSR Implementation Timeline

- Test / Sandbox
 - Go Live on August 1, 2021
 - Discharges July 1, 2021 onwards
 - Employs FY22 lookup and rules
- Production
 - FY21 rules until Sept 15, 2021
 - FY21 Q4
 - FY22 Jul, Aug Monthly
 - FY22 rules from Oct 1, 2021
 - FY22 Q1 Quarterly
 - FY22 Sep Monthly

Data Processing Vendor Update

Points of Contact

HSCRC

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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

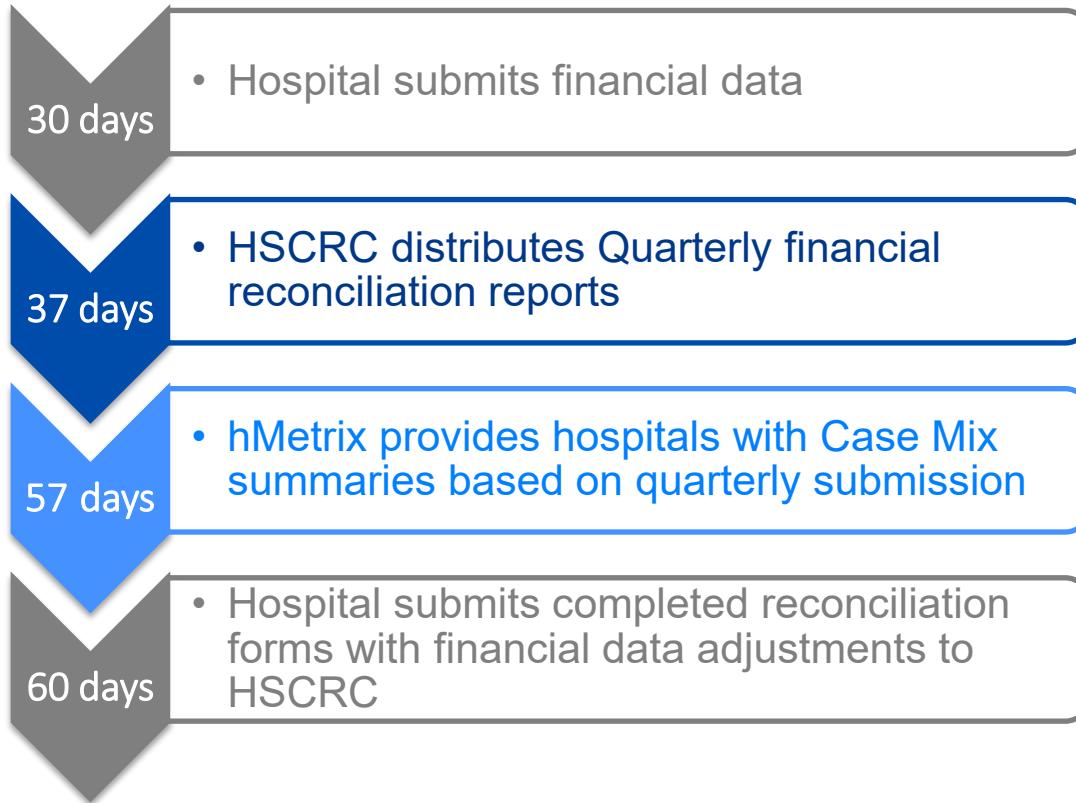
Team Email: hscrcteam@hmetrix.com

Reminders

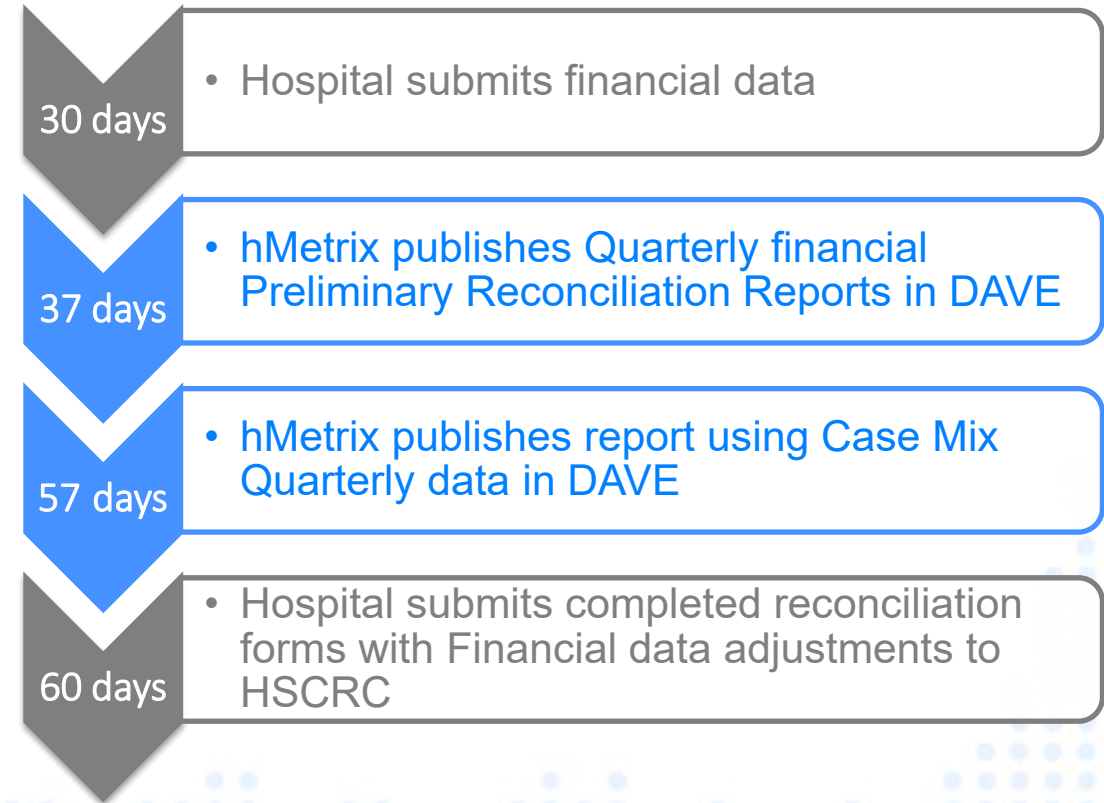
- **Production Data**
 - Submit to HSCRCIP, HSCRCOP, and HSCRC-Psych distribution list in Repliweb
 - Download error reports from <https://hscrcdave1.hmetrix.com/>
- **Test Data**
 - Submit to TESTIP, TESTOP, and TESTPSY distribution list in Repliweb
 - Download reports from <https://hdavetest.hmetrix.com/>
 - Available all the time for testing
- Use DAVE to notify HSCRC & hMetrix if you want to use the Monthly submission as the Quarterly submission, or to request an extension or skip

Financial Reconciliation Summary - Process

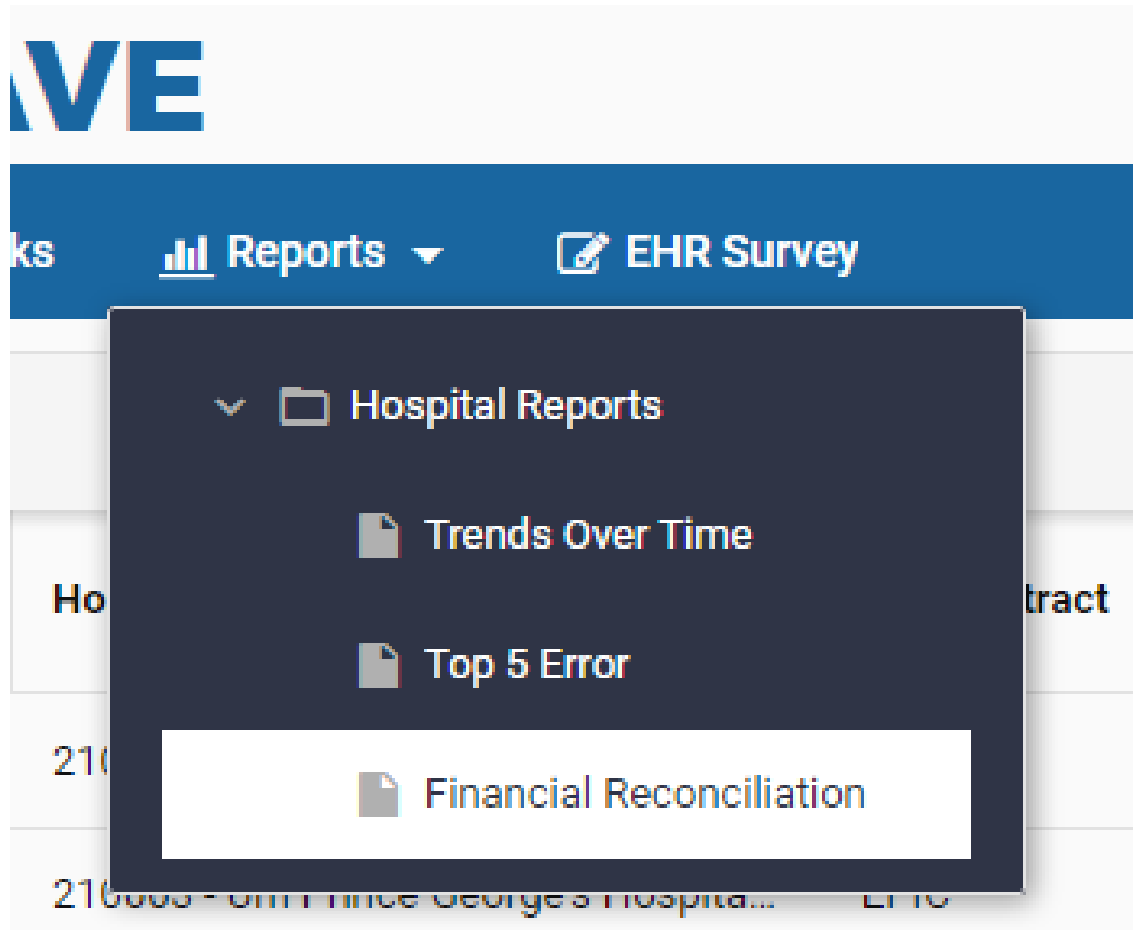
Current Process – until FY21 Q2



New Process – From FY21 Q3





Financial Reconciliation Summary - Access



- Login to DAVE
 - Email hscrcteam@hmetrix.com to request access to DAVE
- Click on Reports
- Click on Financial Reconciliation

Financial Reconciliation Summary – Download

- Find the row corresponding to the Fiscal Year and Quarter
- Click the download button

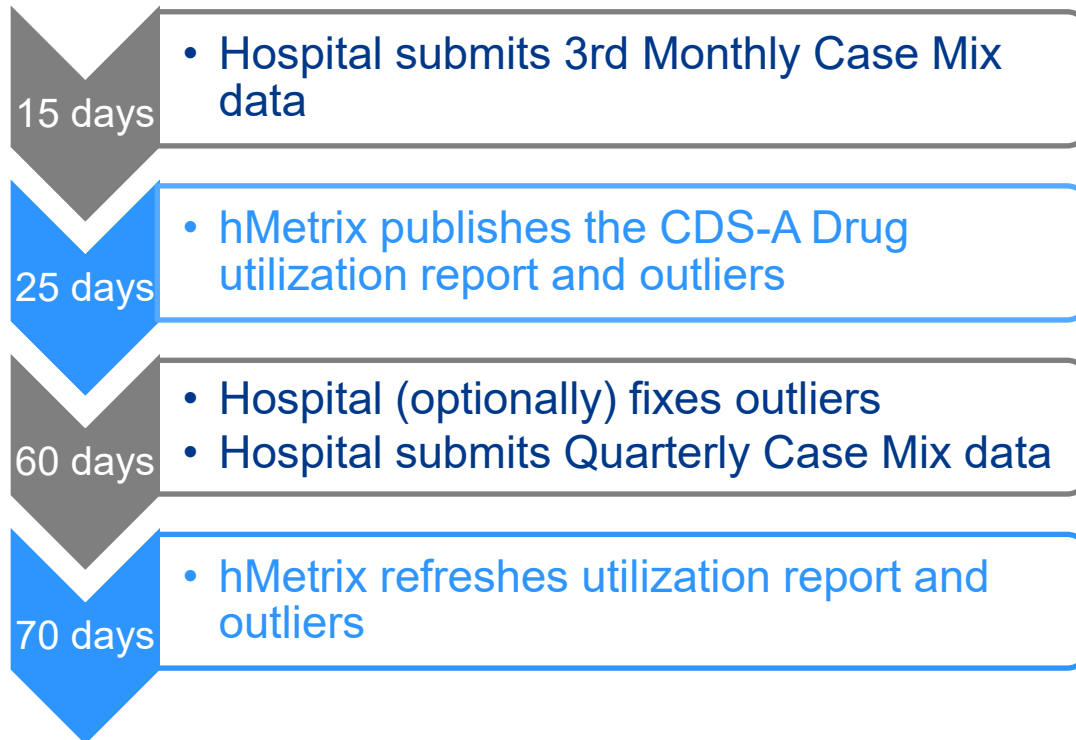
Financial Reports					Bulk Export
<input type="checkbox"/>	Hospital	Fiscal Year and Quarter	Submission Type	Created Date	Report
<input type="checkbox"/>	210116 - General Hospital	FY 21 Q2	Quarterly	02/24/2021 07:22 AM	
<input type="checkbox"/>	210116 - General Hospital	FY 21 Q2	Monthly	02/24/2021 07:34 AM	

CDS-A Reports

- Currently HSCRC produces the drug list annually
- HSCRC distributes the CDS-A survey
 - Contains utilization of drugs on the list
 - Identifies outliers
- Hospitals submit feedback
- Drawbacks
 - Drug list is not available till the end of the year
 - Hospitals do not have a chance to fix coding errors

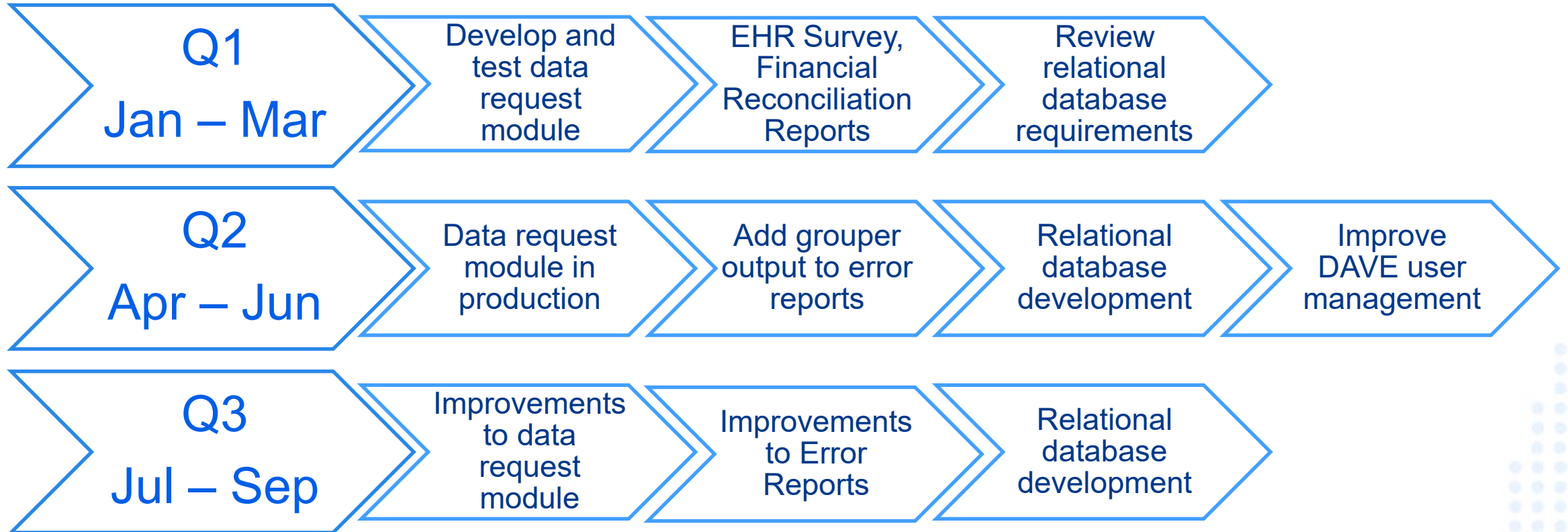
Proposed Process

- Plan to publish quarterly



- Process – FY21 Q3 onward
- Reports will be in the CRS Portal
 - User documentation and release announcement to follow
 - Notification to Case Mix liaisons

CY 2021 Roadmap for Continuous Improvements to DAVE



Workgroups and Next Meeting

Upcoming Workgroups

- **Data Submission Requirements Review Workgroup**
 - Purpose: To review and edit the final FY DSR for accuracy and consistency
 - Duration: 1 – 2 meetings (via Google Meet)
 - Membership: 4 – 5 members
 - Timing: March – May 2021
- Email Oscar.Ibarra@maryland.gov to volunteer for these workgroups

Notes and slides will be posted to the
HSCRC website:

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

Next Meeting
FY 2021 Q4
June 11, 2021

Appendix 1: Results of a Reliability Assessment of Race Variable Across Hospitals

Changing Race as a Reliability Measure

An additional approach suggested by the literature is test-retest reliability, which evaluates agreement between data collected from individuals at two points in time.

- This approach acknowledges that there is no single source of truth in claims regarding race, while assessing the degree to which the race recorded by individual patients may change over time
- Changes across admits at different hospitals provides information on reliability of data collected at each hospital

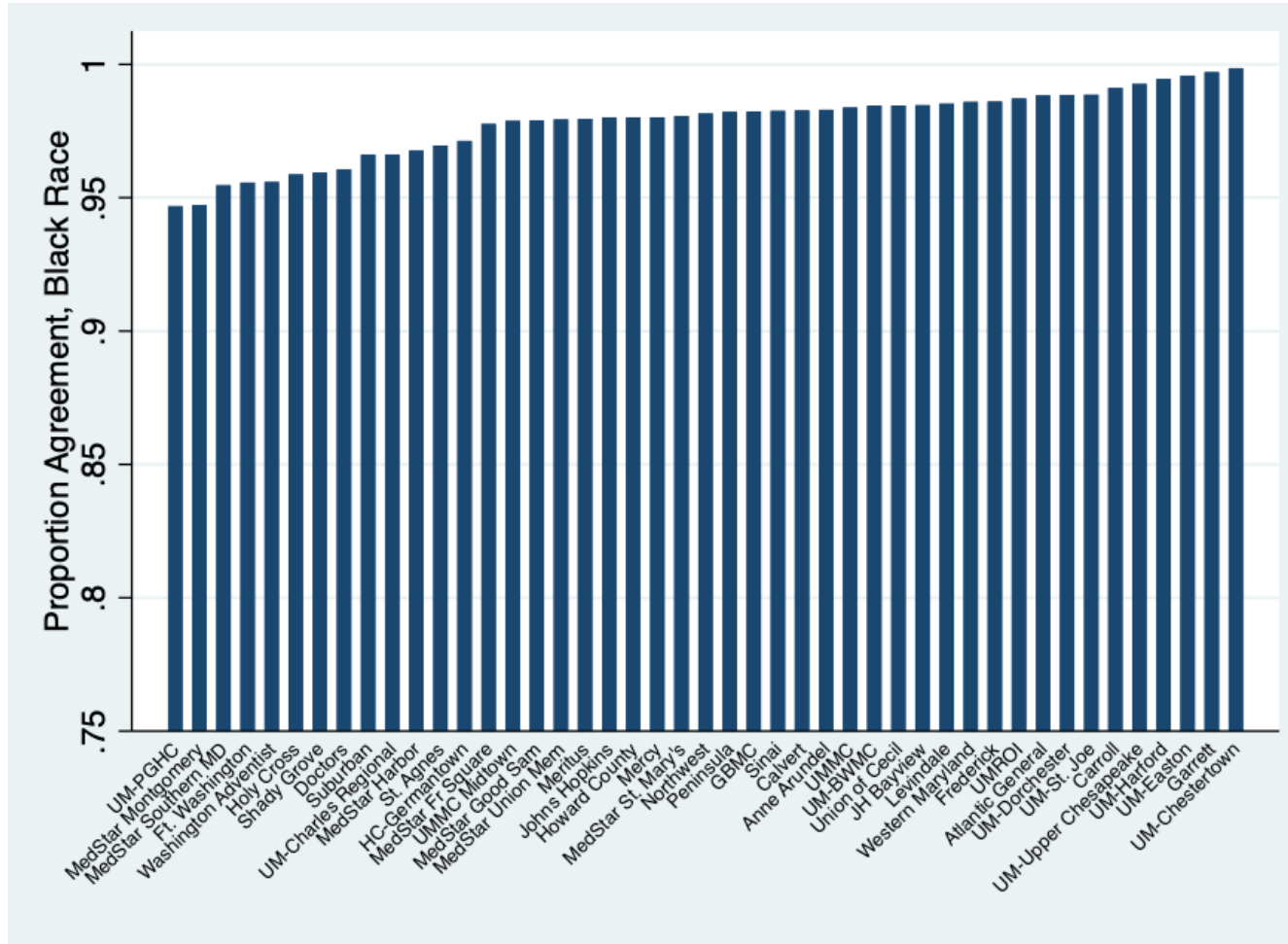
Analytic Approach

- Create Black race flag using criteria developed for PAI measure
- Using 2017-19 casemix, restrict analytic file to patients who have been admitted at more than one hospital
- Identify the most recent admit for each patient as the index case
- Compare % agreement between index race and race information from most recent claim at a different hospital

Expected Findings

- We expect excellent, but not perfect, agreement between race information provided by a single patient across admits at two hospitals
 - In some cases, racial identification may change over time due to personal preference
- A lower level of agreement at a given hospital may indicate data problems at that hospital, or problems at a hospital that frequently shares patients with the index hospital
- We limit the evaluation to black race because other categories are not currently used in policy. Many have issues with small cell size.

Proportion of Agreement by Hospital



- Statewide agreement is 0.98
- Modest variation between hospitals
- All hospitals have acceptable level of agreement
- Findings consistent with earlier analysis supporting validity of race data