

Date: June 30, 2021
To: Hospital Chief Financial Officers and Case Mix Liaisons
From: Claudine Williams, Deputy Director, MEDA
Subject: FY2021 Q4 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 Q4 Data Forum on June 11, 2021, 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 (slides 3-5).

- **Case Mix Weights (RY 2023):** IP Weights: 37.1; OP Weights: 3.15; IP weights use CY 2019 (12 months); OP weights use CY 2019 – Q1 CY2020 (15 months). The case mix weights for FY 2022 are still undergoing QA. 3M made a multitude of changes to its grouper which had unforeseen consequences on the weights. Thus, the development and QA of the weights and the process is taking longer than usual. When the weights are posted, HSCRC will create a de-identified dataset (with programs) for parties interested in recreating the weight calculations. Please submit a request to hscrc.data-requests@maryland.gov.
- **Market Shift (RY 2023): Jan – Jun (Temporary):** APR DRG 37.1; EAPG 3.15; **Jan – Dec (Full Year):** APR DRG 38; EAPG 3.16. Staff will prepare a 6-months market shift report using CY 2019 as the base year vs CY 2021 as the performance year, if the hospitals' volumes are viable (not heavily impacted by COVID-19). Once staff assess the COVID-19

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impacts on volume, HSCRC will decide on the grouper version at a future date. More information to come on the timing and availability.

- **MHAC/RRIP/QBR (CY 2021):** APR DRG and PPC version 38; current CGS version. **Note:** RY 2023 policies begin January 1, 2021, in most cases. Look for base period and performance period updates in the coming months. **RY 2023 and COVID:** 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.

Quality Update: Staff reviewed the data concerns and revenue adjustment options for RY 2022 and 2023 (Slides 6-7). Of note, RY 2022 quality performance (with and without COVID patients) is available on the CRS Portal for hospital review.

New Reports Available on DAVE and CRISP Portal: Staff reminded all participants of several new tools that are available for hospitals (slide 7):

- **EHR System Survey:** This new tool is available in DAVE to capture updates to hospitals EHR systems. Hospitals must review (and update if applicable) at least once every six (6) months. Hospital staff can contact hscrc@hmetrix.com if they need access or have questions.
- **Financial Reconciliation Reports:** Hospitals are now able to download reconciliation reports between case mix and financial data from DAVE. Hospitals will continue to submit their completed reports to hscrc.reconciliation@maryland.gov.
- **CDS-A Reports:** Hospitals are now able to review their high-cost drug utilization for outlier dosage units based on 3rd Monthly case mix data in CRISP. For access, please contact your CRS portal Point of Contact or support@crisphealth.org.

The expectation is that hospitals will use this information to correct errors prior to submission of Quarterly case mix data. Based on the FY 2021 Q2 data, outliers that were flagged were not being corrected. **Please be aware hospitals with significant errors in the CY 2021 CDS-A audit will be subject to fines for submitting erroneous data.** Additionally, hospitals will be subject to fines if any material error is found in a hospital's CY 2022 CDS-A audit.

FY 2022 Formats and Edits Implementation Timeline: Staff reminded participants of when the FY 2022 formats and edits will be available in the Test sandbox and in production (slide 8). Please email hscrc@hmetrix.com for questions or assistance with the new edits.

Data Forum Survey: Staff reminded all meeting participants to complete the survey (in Survey Monkey). The link was sent on June 16, 2021. 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 hscrc@hmetrix.com.

Data Repository Vendor Update

Jen Vogel from St. Paul Group presented screen shots on how to access the new Repository Data Submission (RDS) site, an easy-to-use web interface that will replace RepliWeb for submitting data to the HSCRC (slides 12-19), including the Uncompensated Care Reports. More instructions will be forthcoming when the RDS goes live next month in July 2021. Please contact Jen Vogel (jen.vogel@thestpaulgroup.com) with any questions about the RDS.

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 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 23).

Case Mix Audit Vendor Update

Brenda Watson, representing AGS, reported on some common case mix audit issues: point of origin, discharge disposition and mapping all CPT/HCPC codes and modifiers and ensuring that they are reported in the case mix data.

Validating Race and Ethnicity Data

Brian Burkhalter, from MHA, reported the results of an assessment, conducted by KPMG, on race and ethnicity data collected in the case mix data (slides 27-41). The objective of the project was to assess the accuracy of capturing patient self-identification of Race, Ethnicity, and Language (REaL) data in the HSCRC IP case mix and to:

- Research and recommend a best-practice accuracy framework for assessing REaL data;

- Research and document REaL accuracy efforts performed to date by MHA, CRISP, HSCRC and hospital field;
- Apply the accuracy framework to assess current state; and
- Make recommendations for next steps.

MHA's recommendations include:

- Adopting an accuracy assessment framework for validation based on research and current best practices and use it to routinely assess REaL data;
- Increasing accuracy focus beyond race to include ethnicity and then expand again to include language and country of origin;
- Regularly reviewing HSCRC REaL data fields to better align with best practices (ex. ethnicity);
- Adopting a formal validation cadence and stratify by REaL data categories in scheduled reporting to improve timeliness;
- Continuing to explore and deploy best practice training and communication techniques for employee intake to increase accuracy;
- Expanding corroboration by linking to additional reliable and trusted data sources leveraging CRISP and MDH. Go deeper on race and expand to include ethnicity; and
- Advancing validation techniques by adding a seventh element of probabilistic matching. Research indicates that a technique of indirect estimation of race and ethnicity could be used to enhance that algorithm for validation purposes. CRISP HIE is well positioned to advance the field into probabilistic matching.

HSCRC will be considering these recommendations and discussing with the industry the ways we can continue to improve the REaL data variables in future Data Forum meetings.

Next Data Forum Meeting

The next Quarterly Data Forum Meeting is scheduled for Friday, September 10, 2021.

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