



maryland
health services
cost review commission

FY 2022 Quarter 1 Data Forum

September 10, 2021

Agenda

- Announcements (HSCRC Staff)
 - Case Mix Weights and Grouper Transition Update (Denise/Andi)
 - Quality Update (Dianne/Andi)
 - Financial Update (Claudine)
 - Reminders:
 - CDS-A Report on CRISP Portal (Claudine)
 - FY 2022 Formats and Edits Timeline (Oscar)
 - Data Forum Survey (Oscar)
- New Variable: ED Triage Status (Geoff)
- Data Repository Vendor Update (Jen Vogel, SPG)
- Data Processing Vendor Update (Mary Pohl, hMetrix/Burton Policy)
- Case Mix Audit Vendor Update (Brenda Watson, AGS)
- Next Meeting & Workgroups (Oscar)
- Appendix 1-3: FY 2022 DSR and Edit Updates

Grouper Transition: Case Mix Weights

Rate Year	RY 2022	RY 2023
APR/EAPG Version	IP Weights: 37.1* OP Weights: 3.15	IP Weights: 38 OP Weights: 3.16
Data Period Used	IP: CY 2019 (12 Months) OP: CY19 and Q1 of CY20 (15 Months)	IP: CY 2019 (12 Months)*** OP: CY19 and Q1 of CY20 (15 Months) ***
Implementation Date	July 2021	July 2022

*Updated from version 37 to incorporate ICD-10 codes for coronavirus. Outpatient Case Mix Weights (based upon 15 months (CY 2019 – March 2020), and Inpatient Case Mix Weights (based upon 12 months CY2019).

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

*** Staff will continue to use CY2019 as the base for setting weights until such a time when new CY data proves viable for weight for weight calculations

The weights for FY 2022 are posted onto the HSCRC web page. 3M made a multitude of changes to its grouper which had unforeseen consequences on the weights. HSCRC will create and post a de-identified dataset (with programs) for parties interested in recreating the weight calculations. Please submit a request to requests@maryland.gov.

Grouper Transition: Market Shift (TENTATIVE) – Rate Year 2023

	Temporary Market Shift (Jan – Jun)	Full Year Market Shift (Jan – Dec)
APR/EAPG Version	APR: 37.1* EAPG: 3.15	APR: 38 EAPG: 3.16
Data Period Used: Base Period Performance Period	January – June 2021 January – June 2022	January – December 2021 January – December 2022
Implementation Date	January 2023	July 2023

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

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 with the PMWG.</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.

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 rollout and COVID volume 	<ul style="list-style-type: none"> ● Quality reports do include COVID patients at this time, per RY 2023 approved policies ● Retrospective assessment of case-mix adjustment
<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: Additional Topics

- COVID impact will be evaluated retrospectively for CY 2021 performance
 - This evaluation will take place iteratively with the Performance Measurement Work Group
 - The next PMWG will be next **Wednesday, September 15** via Webinar
- HSCRC Quality has recently overhauled the QBR policy – for specifics please see the Draft QBR Policy in **October 2021 Commission Meeting**
- Quality Staff is pursuing the following strategic directions (more to come)
 - Electronic Clinical Quality Measures (eCQMs) or other digital measures – more information to come
 - Planned Monitoring Reports – Timely Follow-up for Medicaid, Behavioral Health; Maternal Morbidity; 30-day Mortality
 - Outpatient Quality measures, particularly shifts from IP to OP care
 - Social Determinants of Health (SDoH) data elements, additional (planned) reporting of aggregated trends in SDoH

Financial Data Update: Reconciliation, UCC & Denials Reporting



- Reporting will resume for FY 2022
 - Uncompensated Care (UCC) Write-offs
 - Denials
 - Reconciliation
- Reconciliation Reports
 - Hospitals to submit reports for **quarterly final** case mix data only
 - HSCRC will be notifying hospitals of the new production schedule in the coming weeks.
- UCC Write-offs and Denial Reports
 - Quarterly submissions due 30 days after the end of the quarter.
 - UCC Write-off data must be submitted via the **Repository**
 - Denials must be submitted via email to **hscrc.denial-reports@maryland.gov**

Reminder: CDS-A Reports Available on CRISP Portal

- Review hospital-level high-cost drug utilization for outlier dosage units based on 3rd Monthly case mix data
- Information used to correct errors prior to submission of Quarterly case mix data
- **Hospitals with significant errors in the CY 2021 CDS-A audit will be subject to fines for submitting erroneous data**
- **Hospitals will be subject to fines if any material error is found in a hospital's CY 2022 CDS-A audit.**
- For access, contact your CRS portal Point of Contact or support@crisphealth.org

Reminder: CDS-A Survey

- Downloading the CDS-A Survey

- Login to CRS Portal (<https://reports.crisphealth.org/>)
- Click on the “HSCRC Regulatory Reports Card”
- Click on the “CDS-A Reports” item in the list of Reports
- From the list of available CDS-A Reports, choose FY 2021 CDS-A Survey
 - Click the download () button – downloads Zip archive with Survey for all the Hospitals accessible to you
 - Click on the workbook () – downloads the survey for one Hospital at a time



- Timeline

- Memo with instructions will be sent by **Friday, September 24, 2021**
- Hospitals to review, approve and/or amend by **Friday, October 22, 2021**
 - Send to hscrc.oncology-drugs@maryland.gov
- Audits to be completed by Friday, **December 24, 2021**

- Contact Bob Gallion (bob.gallion@maryland.gov) with any questions

Reminder: FY 2022 Formats and Edits Implementation Timeline

Aug 1,
2021

- DAVE TEST sandbox available;
- New edits are flagged as warnings
- Submit discharges on or after July 1, 2021

Sept 1,
2021

- **FY 2021** Edits and Formats in effect for
 - FY 2022 July and August Monthly (due Aug 16 & Sept 15, respectively)
 - FY 2021 Q4 (due Aug 30)

Oct 1,
2021

- **FY 2022** Edits and Formats in effect for
 - FY 2022 Sept and Oct Monthly (due Oct 15 & Nov 15, respectively)
 - FY 2022 Q1 (due Nov 29)

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

New Variable: ED Triage Status

Background on Triage Data Collection

- Staff convened a workgroup over the summer to evaluate ways to measure avoidable ED utilization
 - May be included in PAU
- Discussions highlighted need to understand ED patient acuity prior to developing policy
- Patient acuity is typically measured during a triage exam and reflects urgency with which the patient needs to be treated
 - This can help us measure avoidable ED
 - Use triage status to focus measure on low-acuity visits
 - Use triage status to evaluate validity of measures using other data
- Patient acuity is not currently collected in claims
- Purpose of today's discussion is to evaluate feasibility of adding triage status to outpatient claims data

Triage Data Survey Results

- Triage status is collected within EHR
- Values are numeric and range from 1-5
- Triage scales in use include Emergency Severity Index and Australasian Triage Scale
- Triage values may be overwritten in EHR under certain circumstances
 - Need to understand how this occurs and whether it will affect data validity
- If your hospital's situation differs on one or more of these points, we need to know that now

Additional Questions

- Is triage category easily extracted from EMR and included in claims submission?
- What about missing data?
- What other concerns surface within your organization?

Next Steps

- Would like to begin collecting data January 1, 2022
- Staff will evaluate data between January – June 2022
- Present initial analysis on triage status and avoidable utilization to avoidable ED subgroup in May/June 2022

Data Repository Vendor Update: Secure File Transfer -UPDATE

RDS

(Repository Data Submissions)

is the system used to submit
HSCRC Case Mix data.

RDS replaced Repliweb.

Accessing RDS



rds.thestpaulgroup.com



The URL for RDS is only available if you are directly connected to the hospital network.



Log in using credentials provided to you by St. Paul

Login

Username:

Password:

Keep me logged in

Folder Structure

ARCHIVE

- Record of files submitted

RETURN

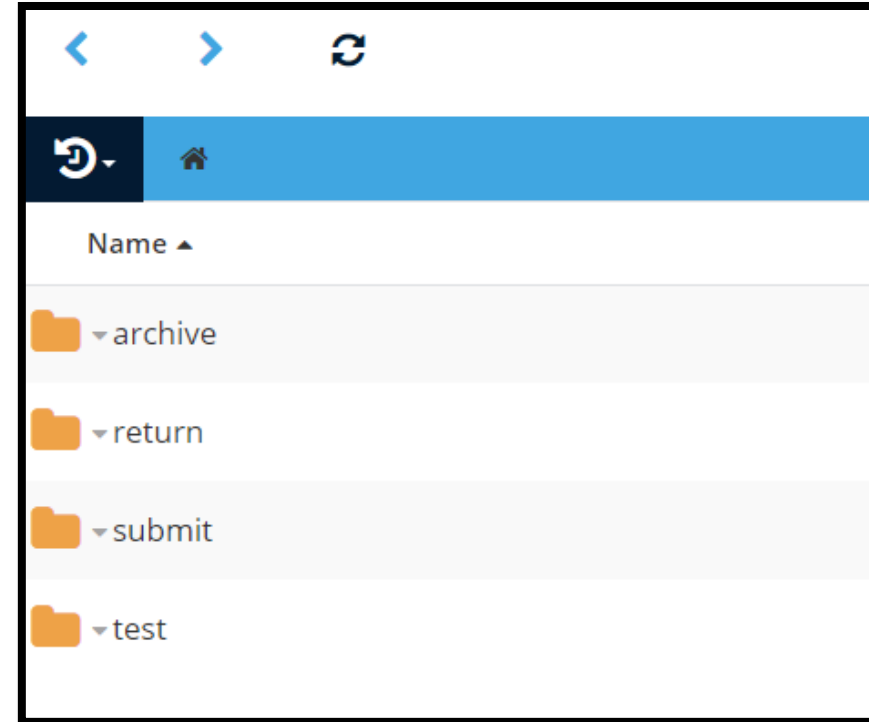
- Files sent to end user

SUBMIT

- Submit FINAL data

TEST

- Submit TEST data



RDS Special File Submission

GME

- Hospital Intern and Resident Survey

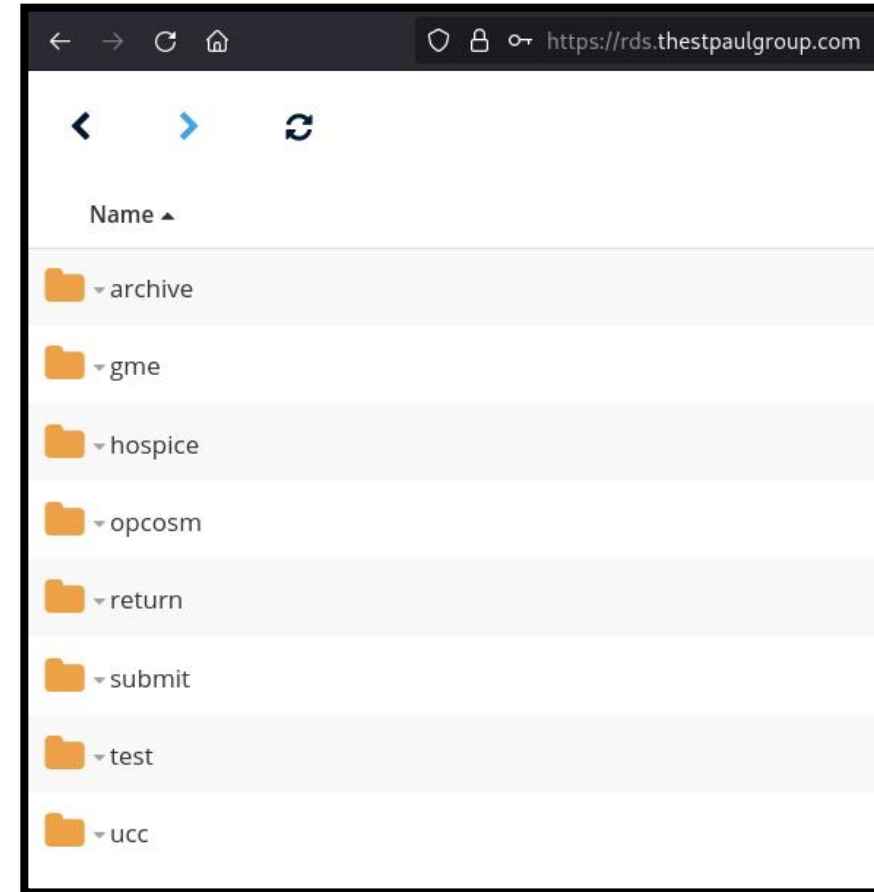
HOSPICE

OPCOSM

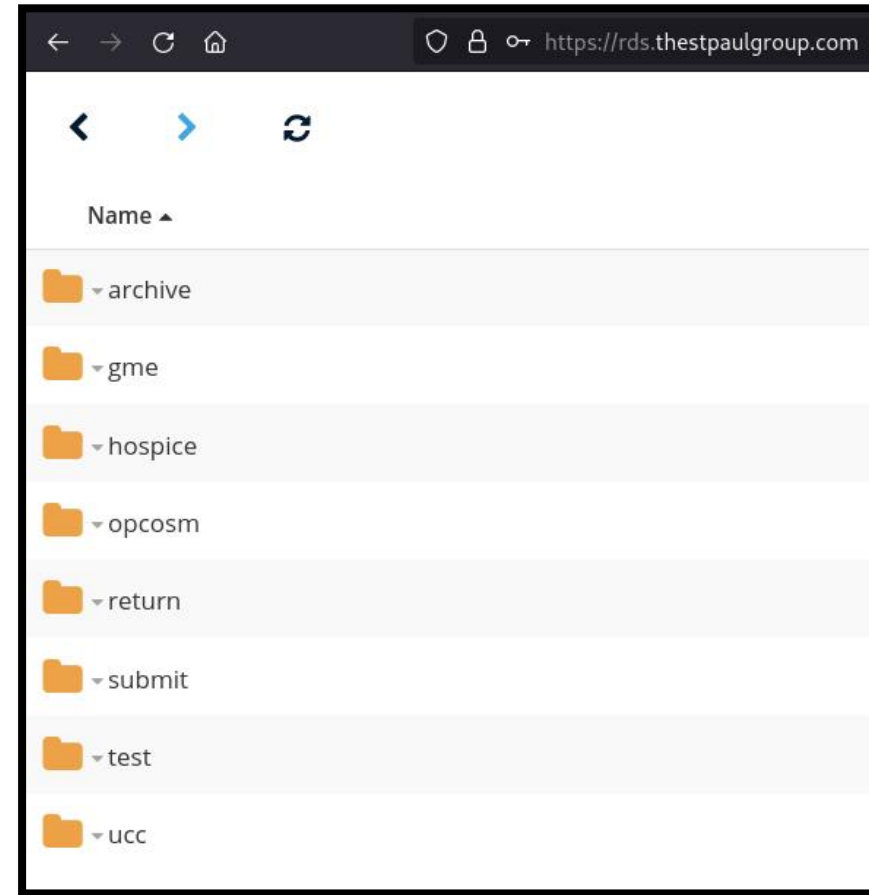
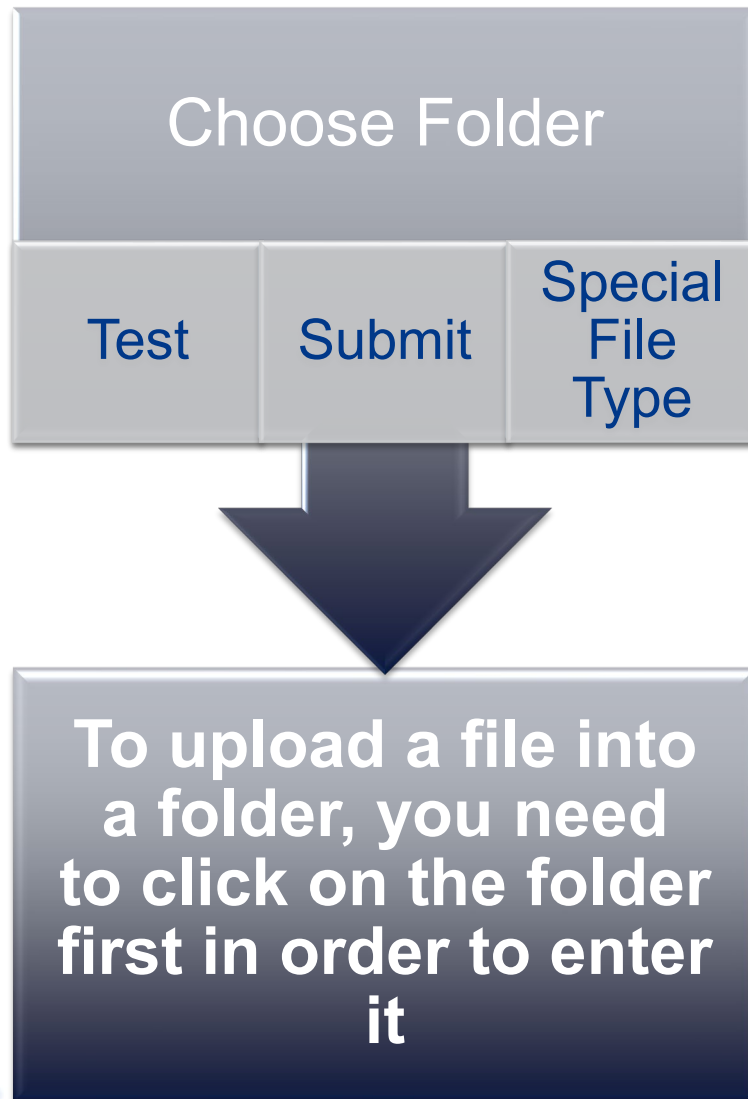
- OP Cosmetic Surgery

UCC

- Uncompensated Care

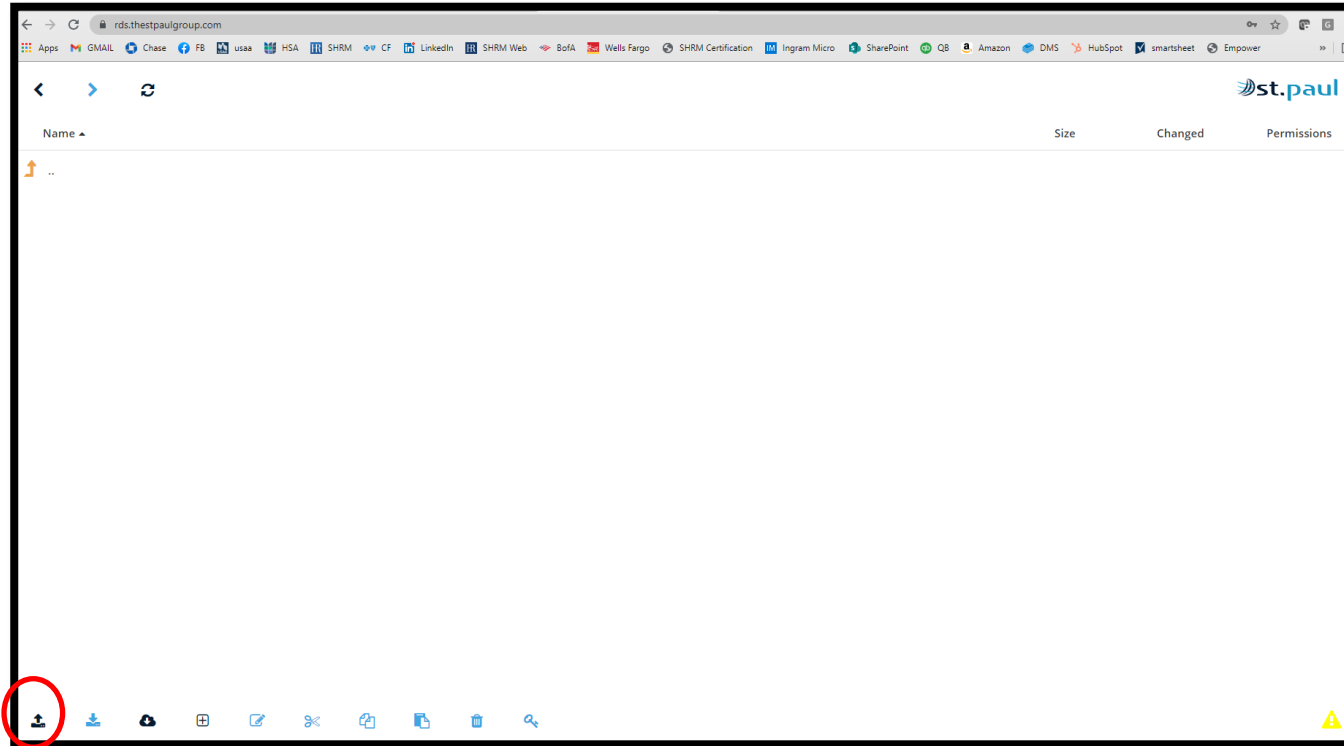


Uploading and Submission



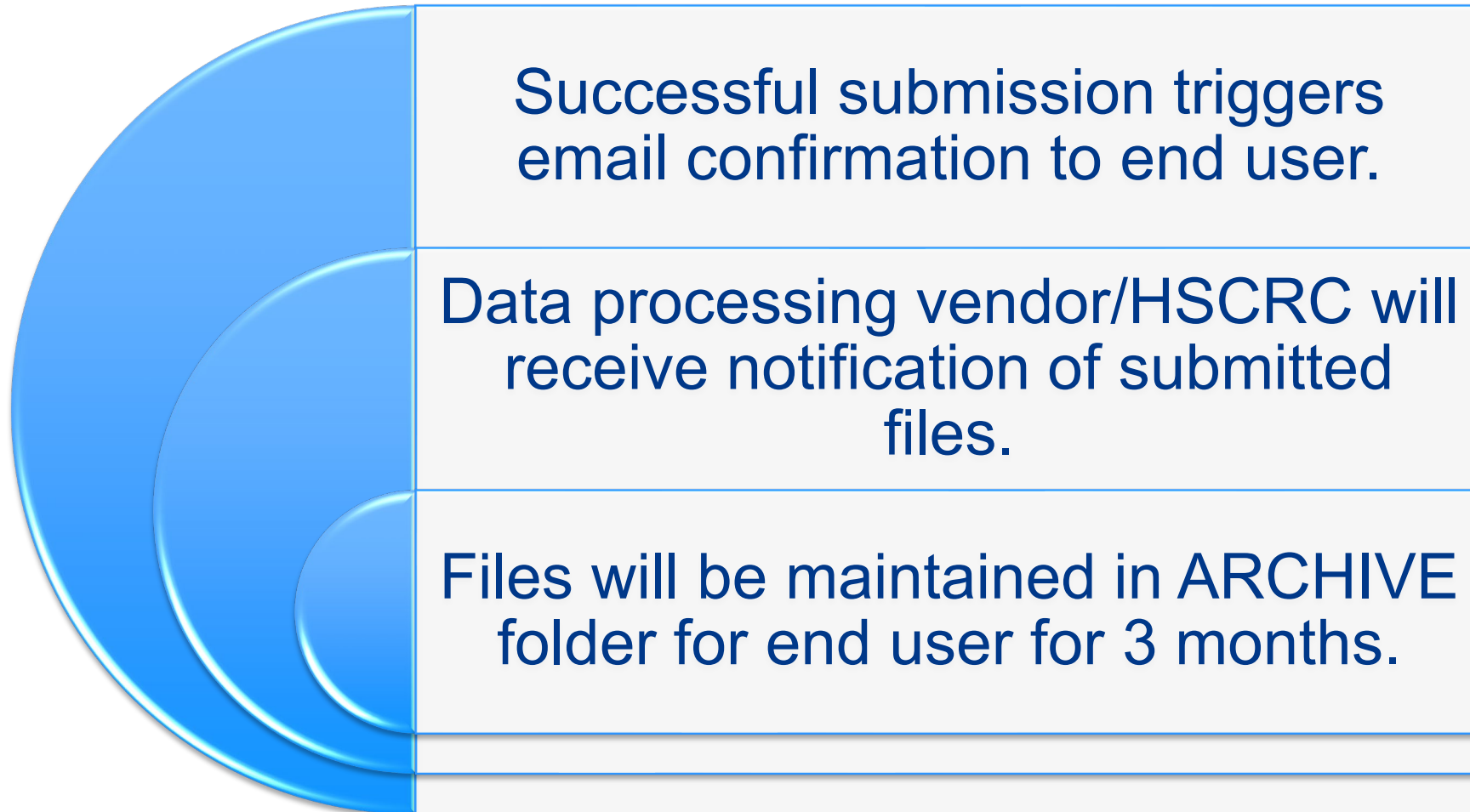
Uploading and Submission

Once inside the correct folder, you will be presented with a blank page.



Upload File	Submission
<ul style="list-style-type: none">•Click Icon located in bottom left corner•Upload file•Browse your computer to select the file•Select File and click OPEN	<ul style="list-style-type: none">•File will automatically upload

Confirmation and Documentation



Contact St. Paul Operations
with any questions:

ops@thestpaulgroup.com

Data Processing Vendor Update

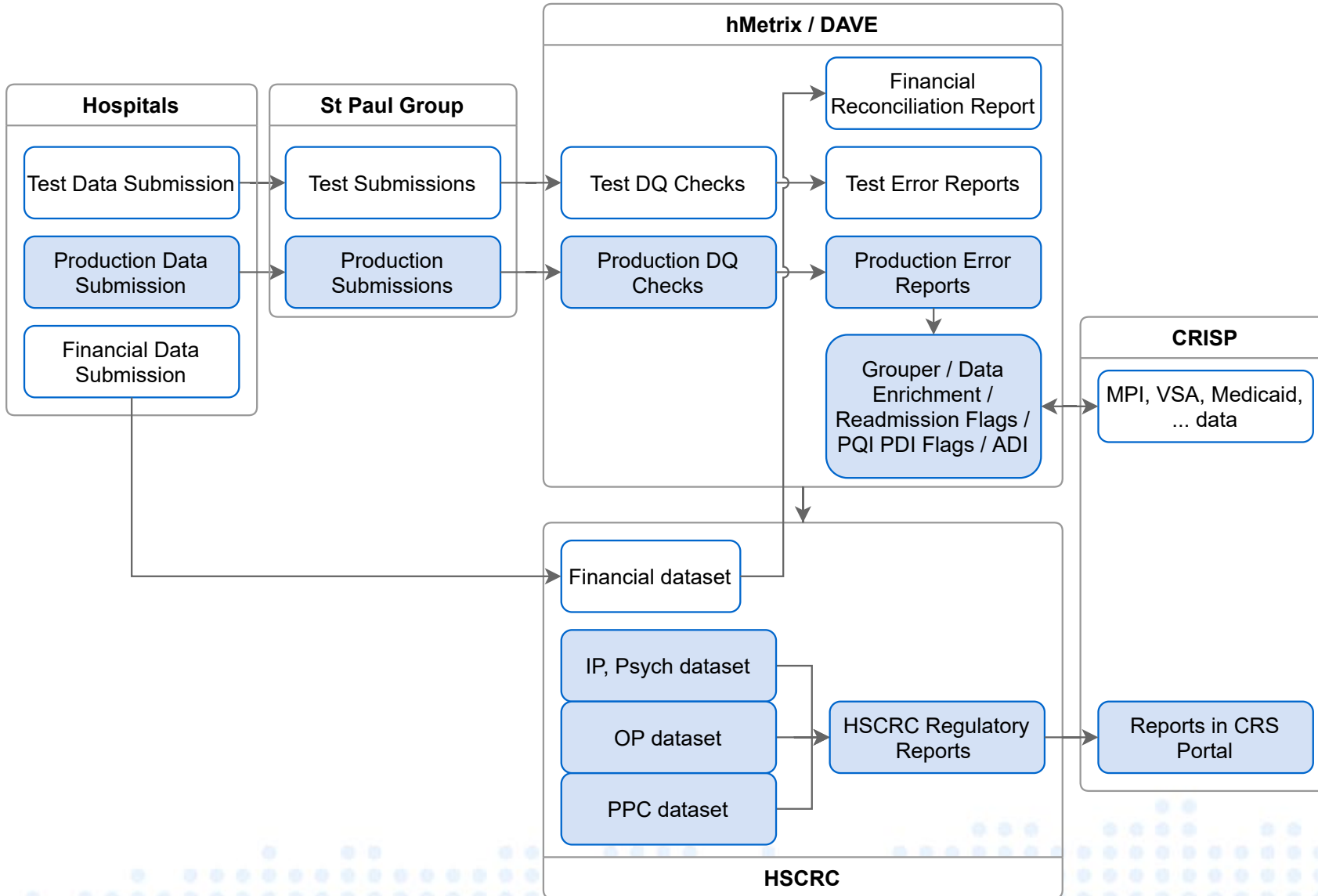
Points of Contact

HSCRC	hMetrix / Burton Policy
Claudine Williams Phone: (410) 764-2561 Email: claudine.williams@maryland.gov	Maria Manavalan (Primary PoC) Phone: (484) 222-3055 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

Reminders

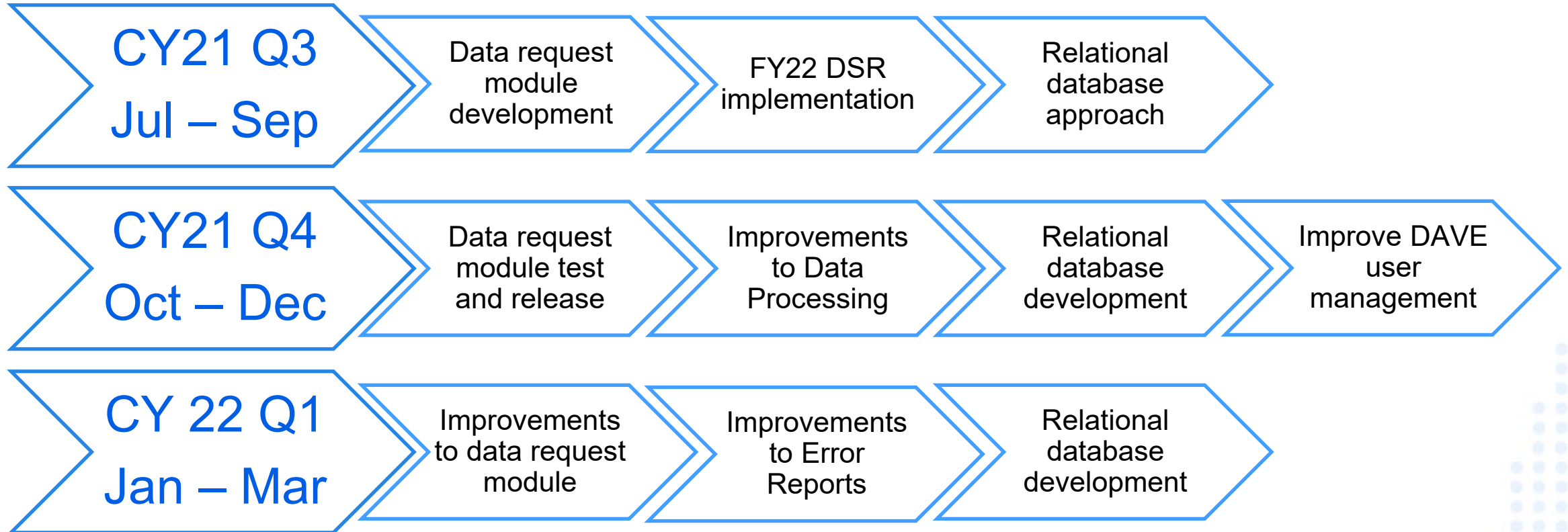
- **Production data**
 - Upload files to the RDS server '**submit**' folder
 - These files are used for grouping and other downstream processes
 - Download error reports from <https://hscrcdave1.hmetrix.com/>
- **Test data**
 - Upload files to the RDS server '**test**' folder
 - Available all the time for hospitals to test submissions
 - Data is **not** used for downstream processes
 - Download error reports from <https://hdavetest.hmetrix.com/>
- Use DAVE to notify HSCRC & hMetrix if you want to use the Monthly submission as the Quarterly submission

Data Flow



- Data Intake
- Error Checks
- Group and Enrich Data
 - Enterprise ID
 - Geocoding
 - Medicaid variables
 - VSA data
 - Additional flags
- Regulatory Reports
 - Quality
 - RRIP
 - MHAC
 - QBR
 - PAU
 - Methodology
 - Market Shift
- CRS Portal for reports

Roadmap for Continuous Improvements to DAVE



Case Mix Audit Vendor Update

Case Mix Audit Reminders

- **Inpatient Improvement Areas**

- Point of Origin - Assisted living facility is reported with the designation (05) from skilled nursing facility (SNF), Intermediate Care Facility, or Assisted Living Facility
- Discharge Disposition – Most discharge disposition coding recommendations were related to reporting as home (01) instead of home with home care (06)

- **Outpatient Improvement Areas**

- Observation Stays – from and thru dates & units of observation
- Emergency Services – verify the new RVU values are reflected in the charge description master
- Majority of coding recommendations were for the following services: 1) integumentary, 2) infusion, and 3) wound care

Case Mix Audit Reminders

- What's new for next review period?
 - A new strata focused on Covid-19 cases will be established for both inpatient and outpatient
 - Outpatient series discharge disposition code (00) was removed

FY 2020 Case Mix Audit: Inpatient Results

- Table presents average accuracy across all 10 hospitals for FY20
- Two inpatient variables scored below the PB: admission source (Source of Admission) and discharge disposition (Disposition of the Patient)
- Note at least 12 errors would need to be present for any specific variable to show up with a 1 percent finding

Inpatient Variable	# Cases	% Errors		
		% EP	% NE	% PM
Medical Record Number	2,281	0	0	100
Patient Account Number	2,281	0	0	100
Admission Date	2,281	0	1	100
Discharge Date	2,281	0	0	100
Newborn Birth Weight	2,281	0	0	100
Date of Birth	2,281	0	0	100
Sex of Patient	2,281	0	0	100
Nature of Admission	2,281	0	1	100
Source of Admission	2,281	8	0	92
Prov Specific SOA	2,281	0	7	100
Admission from ER	2,281	0	0	100
Admission Hour	2,281	0	22	100
APR-DRG	2,281	3	0	97
Severity of Illness	2,281	2	0	98
Length of Stay	2,281	0	0	100
Disposition of the Patient	2,281	7	0	93
Prov Specific DD	2,281	5	0	95
Principal Procedure	2,281	1	1	99
Principal Procedure Date	2,281	0	0	100
Other Procedure 1-29	2,281	0	2	100
Other Procedure Date 1-29	2,281	0	0	100
Principal Diagnosis	2,281	2	1	98
Principal Diagnosis POA	2,281	0	0	100
Other Diagnosis 1-29	2,281	3	16	97
Other Diagnosis 1-29 POA	2,281	0	2	100
External Cause of Injury	2,281	0	0	100
Weight	2,281	5	0	95

Legend

- EP = Essential Performance errors with potential to impact payment.
- NE = Non-Essential errors without impact on payment.
- PM = Performance Measure representative of cases with no errors or non-essential errors.

FY 2020 Case Mix Audit: OP Results

- Table presents hospital data variable findings for all outpatient samples combined.
- Three variables averaged below the PB: Disposition of Patient, CPT®/HCPCS code, and Units of Service
- Note at least 11 errors would need to be present for any specific variable to display a 1 percent finding.

Outpatient Variable	# Cases	% Errors		
		% EP	% NE	% PM
Medical Record Number	2,196	0	0	100
Patient Account Number	2,196	0	0	100
From Date of Service	2,196	0	0	100
Thru Date of Service	2,196	2	1	98
Date of Birth	2,196	0	0	100
Sex of Patient	2,196	0	0	100
Source of Arrival	2,196	0	11	100
Provider Specific SOA	2,196	0	0	100
Disposition of Patient	2,196	7	0	93
CPT/HCPCS Code 1-30	2,196	12	0	88
Procedure DOS for CPT/HCPCS Code 1-30	2,196	1	0	99
Units of Service for CPT/HCPCS 1-30	2,196	20	0	80
Modifier 1-5 for CPT/HCPCS 1-30	2,196	2	0	98
Primary Diagnosis	2,196	0	4	100
Other Diagnosis 1-28	2,196	0	17	100
External Cause of Injury	2,196	0	9	100
Rate Center for CPT/HCPCS Code 1-30	2,196	0	0	100

Legend

- EP = Essential Performance errors with potential to impact payment.
- NE = Non-Essential errors without impact on payment.
- PM = Performance Measure representative of cases with no errors or non-essential errors.

Inpatient Case Mix Audit Results: FY 2018 - 2020

- Compares inpatient performance for all hospitals for the three years (FY18 through FY20)
- The statistical outliers (SO↓), representing one standard deviation from performance benchmark (PB), assigned here based on hospital performance over the first three years of benchmarking
- Average results are presented for all overarching random and focused sample strata combined, two discharge disposition-related variables, APR-DRG, and accuracy scores pertaining to weight
- Overall, the inpatient scores for the FY20 hospitals were statistically similar to the FY19 hospitals for all five categories

Legend:

- Red is >1, Yellow is <= 1 standard deviation from the PB, Green is at or above the PB.
- AT = Achievement Threshold representing the 50th (median), 75th and 90th percentile of hospital performance.
- SO↓ = Statistical Outlier representing one standard deviation from the PB.
- PB = Performance Benchmark frame of reference for expected case-level accuracy regarding payment impact

		Inpatient Category				
		Random & Focused	APR-DRG	Disposition of Patient	Prov. Specific DD	Weight
FY18 Hospitals	#1	76	86	96	99	80
	#2	87	94	98	98	90
	#3	71	93	86	86	87
	#4	78	95	97	97	93
	#5	74	91	83	83	88
	#6	73	95	78	78	94
	#7	84	98	89	90	95
	#8	81	96	93	92	94
	#9	93	96	99	100	94
	#10	72	97	76	98	95
FY19 Hospitals	#11	75	97	94	91	96
	#12	85	96	92	97	94
	#13	73	92	88	93	89
	#14	91	96	98	99	94
	#15	93	96	99	100	95
	#16	73	98	90	86	97
	#17	83	97	91	100	94
	#18	91	96	96	97	96
	#19	82	98	91	94	97
	#20	85	97	97	96	95
FY20 Hospitals	#21	80	97	98	86	96
	#22	86	96	99	99	94
	#23	90	97	97	99	94
	#24	51	99	75	85	97
	#25	64	93	81	88	92
	#26	89	98	97	100	95
	#27	87	97	96	99	97
	#28	94	99	97	99	98
	#29	67	94	95	99	93
	#30	88	99	97	100	98
AT	50th	83	96	96	97	94
	75th	88	97	97	99	96
	90th	93	99	99	100	97
	SO↓	85	92	88	89	91
	PB	95	95	95	95	95

Outpatient Case Mix Audit Results: FY 2018 - 2020

- Compares outpatient performance for all hospitals for the three years (FY18 through FY20)
- Statistical outliers (SO↓), represent one standard deviation below the performance benchmark (PB), assigned based on accuracy data for all overarching random and focused samples combined and five specific variables
- Overall, the outpatient scores for the FY20 hospitals were statistically similar to the FY19 hospitals for all five measures
- The variation within each year may have somewhat masked differences between the years

Legend:

- Red is >1, Yellow is <= 1 standard deviation from the PB, Green is at or above the PB.
- AT = Achievement Threshold representing the 50th (median), 75th and 90th percentile of hospital performance.
- SO↓ = Statistical Outlier representing one standard deviation from the PB.
- PB = Performance Benchmark frame of reference for expected case-level accuracy regarding payment impact

		Outpatient Category				
		Random & Focused	CPT	Units	Modifiers	Disposition of the Patient
FY18 Hospitals	#1	88	96	92	98	100
	#2	82	94	90	97	100
	#3	53	72	88	83	97
	#4	76	87	93	96	99
	#5	77	93	100	94	91
	#6	86	81	100	95	100
	#7	90	91	99	99	100
	#8	85	89	100	95	100
	#9	86	88	100	96	100
	#10	83	84	100	97	100
FY19 Hospitals	#11	55	90	65	97	96
	#12	72	95	95	98	84
	#13	60	73	91	97	92
	#14	85	94	98	95	94
	#15	71	89	99	98	82
	#16	65	87	90	95	90
	#17	71	93	91	99	81
	#18	47	61	76	97	100
	#19	65	83	80	100	92
	#20	42	81	58	99	97
FY20 Hospitals	#21	71	92	100	97	80
	#22	72	87	100	100	85
	#23	74	86	91	100	93
	#24	80	91	90	96	95
	#25	16	85	24	92	99
	#26	73	94	96	100	81
	#27	74	93	77	100	100
	#28	49	83	62	97	99
	#29	81	87	93	100	100
	#30	53	85	66	100	100
AT	50th	73	88	92	97	97
	75th	82	93	99	99	100
	90th	86	94	100	100	100
	SO↓	78	87	78	92	88
	PB	95	95	95	95	95

Workgroups and Next Meeting

Upcoming Workgroups

- **ECMAD Workgroup**
 - Purpose: To review the ECMAD logic for FY 2022
 - Duration: 1 – 2 meetings (via Google Meet)
 - Membership: Unlimited
 - Timing: September 13, 2021
- Email Lindsey Finné (lindsey.finne@maryland.gov) to register for this workgroup

Notes and slides will be posted to the
HSCRC website:

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

Next Meeting
FY 2022 Q2
December 10, 2021



Appendix 1: 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/completezip_202007.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 - Updated 9/10/21

- 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 Optum MD Medicaid, report the Primary Payer as Medicaid MCO (code 14) and the Medicaid ID should 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 - <i>Usage Notes: Report Out-of-State (non-MD) Medicaid, Tri-Care, Champs and Title under this category</i>
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

REVISED Expected Primary Health Plan Payer

Code	Description
	HEALTH PLAN PAYERS NOT SPECIFIED BELOW <i>Usage Note: Report Qualified Dental Plans (QDPs), Pharmacy Benefit Managers (PBM), and any new health plans that become effective during the FY). This can be used with payer (05,14,15,19)</i>
98	HEALTH PLAN PAYERS NOT SPECIFIED BELOW <i>Usage Note: Report Qualified Dental Plans (QDPs), Pharmacy Benefit Managers (PBM), and any new health plans that become effective during the FY)</i>
99	UNKNOWN
100	NOT APPLICABLE - DOES NOT REQUIRE HEALTH PLAN PAYER <i>Usage Note: Report this code for Expected Payer Codes in (01, 02, 06 - 10, 18, and 77)</i> Commercial HMO/POS/PPO/PPN/TPA (Expected Payer Code = 05)
101	AETNA HEALTHPLANS
102	CAREFIRST BLUECROSS BLUESHIELD (INCLUSIVE OF ALL COMMUNITY, COMMERCIAL, AND FEP PRODUCTS, includes formerly UNIVERSITY OF MD HEALTH PARTNERS)
103	CIGNA
104	GENERIC TPA/COMMERCIAL PLANS
105	GENERIC COMMERCIAL EMPLOYEE HEALTH PLANS <i>Usage Note: Do not report Johns Hopkins, MedStar or University of MD Employee Health plans in this category. See codes below.</i>
106	HUMANA
107	KAISER PERMANENTE
108	UNITED HEALTHCARE
125	JOHNS HOPKINS EMPLOYEE HEALTH PLANS
126	UNIVERSITY OF MD EMPLOYEE HEALTH PLANS
127	MEDSTAR EMPLOYEE HEALTH PLANS MD Medicaid MCO (Expected Payer Code = 14):
101	AETNA HEALTHPLANS
102	CAREFIRST BLUECROSS BLUESHIELD (INCLUSIVE OF ALL COMMUNITY, COMMERCIAL, AND FEP PRODUCTS, includes formerly UNIVERSITY OF MD HEALTH PARTNERS)
107	KAISER PERMANENTE
108	UNITED HEALTHCARE
109	AMERIGROUP COMMUNITY CARE
110	JAI MEDICAL SYSTEMS
111	MARYLAND PHYSICIANS CARE
112	MEDSTAR FAMILY CHOICE
113	PRIORITY PARTNERS
114	CAREFIRST BLUECROSS BLUE SHIELD COMMUNITY HEALTH PLAN MARYLAND (includes formerly UNIVERSITY OF MD HEALTH PARTNERS)
118	DO NOT USE OPTUM MARYLAND (MD MEDICAID) (previously Beacon Health) Medicare Advantage (Expected Payer Code = 15)
101	AETNA HEALTHPLANS
102	CAREFIRST BLUECROSS BLUESHIELD (INCLUSIVE OF ALL COMMUNITY, COMMERCIAL, AND FEP PRODUCTS, includes formerly UNIVERSITY OF MD HEALTH PARTNERS)
103	CIGNA
106	HUMANA
107	KAISER PERMANENTE
108	UNITED HEALTHCARE
109	AMERIGROUP COMMUNITY CARE
114	CAREFIRST BLUECROSS BLUE SHIELD COMMUNITY HEALTH PLAN MARYLAND (includes formerly UNIVERSITY OF MD HEALTH PARTNERS)
115	DO NOT USE
116	JOHNS HOPKINS ADVANTAGE MD
117	PROVIDER PARTNERS HEALTH PLAN (NEW)
118	UNIVERSITY OF MD HEALTH ADVANTAGE DO NOT USE
128	HORIZONS MEDICARE DIRECT Behavioral Health (Expected Payer Code = 19):
107	KAISER PERMANENTE
119	MAGELLAN CareFirst-BlueCross-BlueShield—Behavioral Health
120	CIGNA BEHAVIORAL HEALTH
121	COMPSTYCH
122	MANAGE HEALTH NETWORK
123	United OPTUM BEHAVIORAL HEALTH (Commercial)
124	BEACON HEALTH OPTIONS

Updates to Payer Plan Rules

Medicaid Behavioral Health Plan

- Use Medicaid MCO (code #14) for Payer with Optum Maryland (MD Medicaid) (code #118) for Health Plan
- Behavioral Health (code #19) is no longer a valid Payer Code with plan payer Optum Maryland (MD Medicaid) (code #118)

New Behavioral Health Plan

- Kaiser Mental Health – Code 107

CareFirst Health Plans

- CAREFIRST BLUECROS BLUESHIELD (Code #102)
- Generic Health Plan code for all applicable Payers
- Health Plan 102 is valid with the following Payers
 - 05 – Commercial ,14 – MD Medicaid MCO,15 – Medicare Advantage

New valid Health Plan code

- 98 (HEALTH PLAN PAYERS NOT SPECIFIED BELOW) to be valid for
 - 05 – Commercial ,14 – MD Medicaid MCO,15 – Medicare Advantage, 19 – Behavioral Health

Other Updates

Unknown Medicaid ID

- Unknow Medicaid ID (999999999999) cannot be used when Payer is
 - 02 - MD MEDICAID FFS AND PENDING MD MEDICAID or 14 - MD MEDICAID MCO

Ambulance Run number

- Some counties are still using the 11-digit Ambulance Run Number
- DSR Edit rule has been updated to accept
 - 11-digit value or 32-character value for Ambulance Run Number
 - FY 2022 – Warning

New Revenue Codes Added to the HSCRC Valid List

- CAR-T therapy (871,872,873,874,891) added to HSCRC's valid Revenue list
- HSCRC working on updating Charge Buckets based on Revenue codes

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	Enter the 2-digit code for indicating the hour of the accident.	ACCITIME
		XX = ACCIDENT 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

Appendix 2: 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

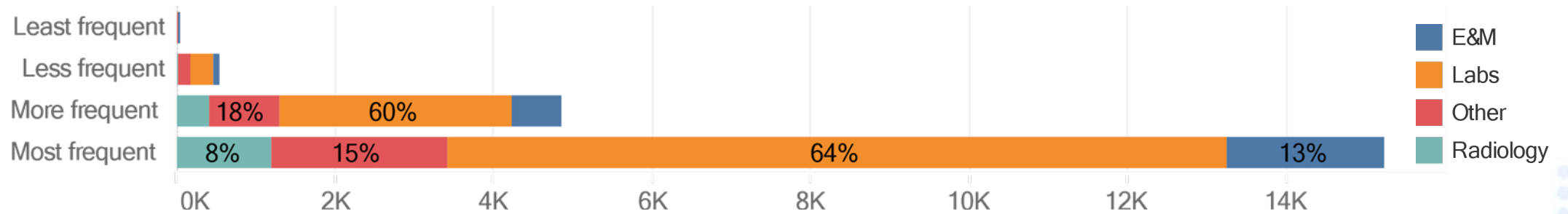
- Meritus Medical Center
- UP - Western MD
- Adventist HealthCare Rehabilitation
- Adventist Healthcare Rehabilitation Hospital @ White Oak
- UMM Prince George's Hospital Center
- UM Rehab & Orthopaedic Institute
- UM Shore Medical Center at Easton
- Mt. Washington Pediatric Hospital, Inc.
- Lifebridge 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)

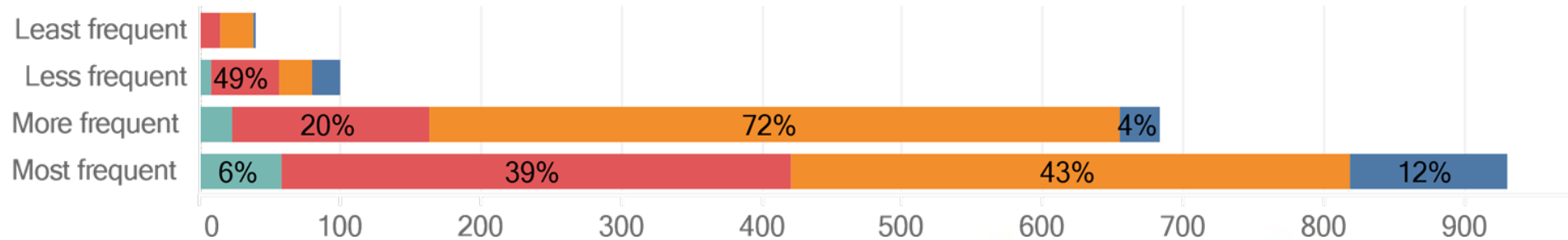
- FY 2020 Edit Error:
 - Error if Date of Service is more than 30 days before the service
 - Error if Date of Service is Past Thru Date
- FY 2021 Edit Error:
 - Error if Date of Service is:
 - more than 2 days before From Date or
 - more than 2 days after Thru Date
- FY 2022 Edit Error:
 - Error if Date of Service is outside From and Thru Date, unless associated CPT or HCPCS Code is COVID Testing (87635,U0001,U0002,U0003,U0004,U0005)
 - (NEW) Error if Date of Service is +/- 5 days from Thru and From date and CPT or HCPCS Code is COVID Testing (87635,U0001,U0002,U0003,U0004,U0005)
 - 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

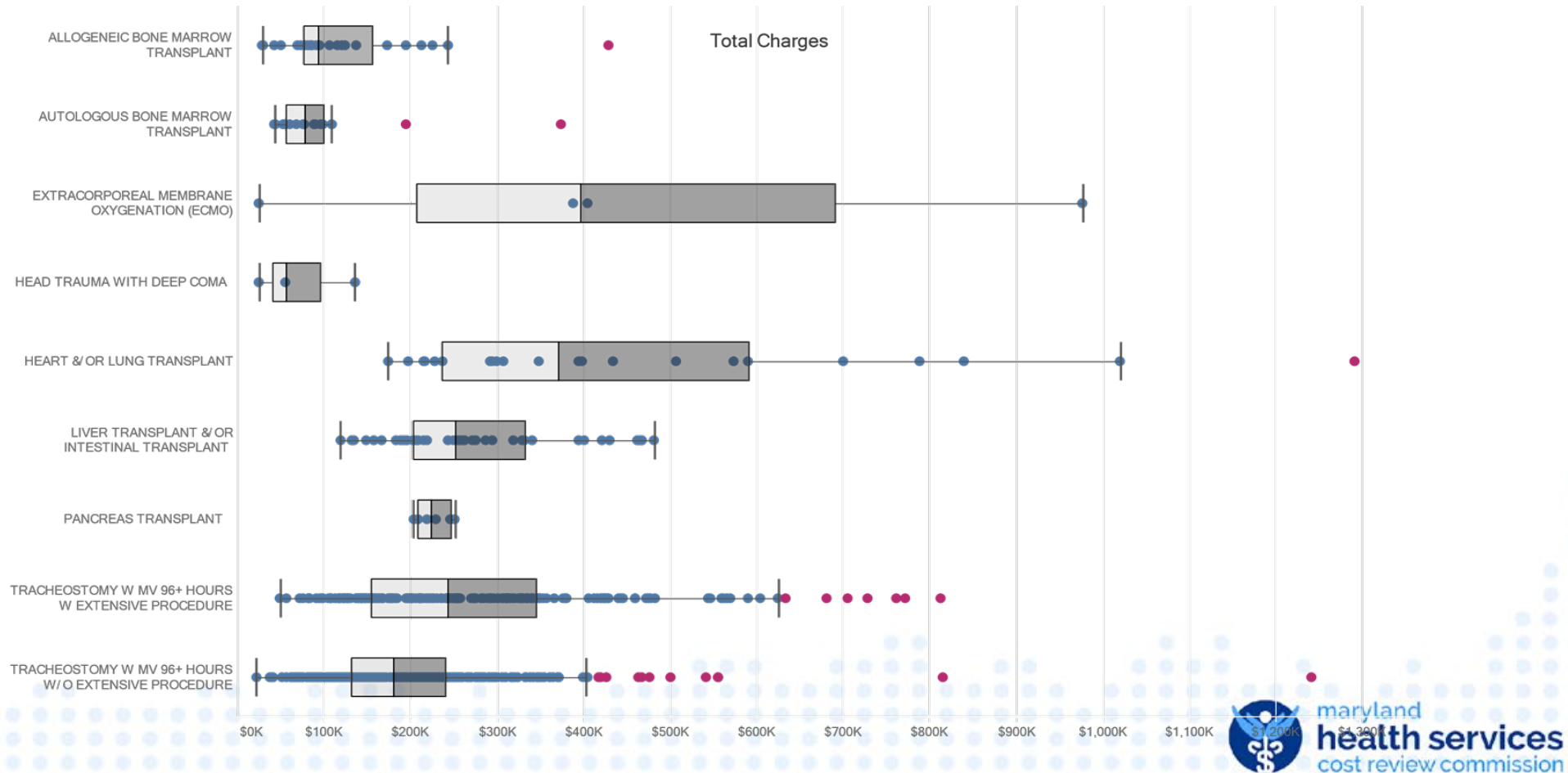


Threshold for Charge Edit (Warning) – IP Only

- 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 or a 11 digit value
 - “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**

Appendix 3: New Timeline 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 last submission before the submission deadline will be considered as the final submission for that submission period

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