



maryland
health services
cost review commission

FY 2023 Quarter 1 Data Forum

Please register for FY2023 Quarter 1 Data Forum Meeting at:
<https://attendee.gotowebinar.com/register/4353433151100808204>
After registering, you will receive a confirmation email containing
information about joining the webinar.

September 9, 2022
@10:00 AM

Why, When, Where

- **WHY?**
 - Open and ongoing communication between HSCRC & industry
 - Forum to ask questions about data (case mix and financial)
 - Sharing of best practices
- **WHEN?**
 - 10:00 am - 12:00 pm

FY 2023 Dates:

 - September 9, 2022
 - December 16, 2022
 - March 10, 2023
 - June 9, 2023
- **WHERE?**
 - via Webinar (link is sent the day before the meeting)

Agenda

- **Announcements**

- Case Mix Weights and Grouper Transition Update (Denise/Dianne)
- Quality Update (Dianne)
- New ED Triage Edit (Claudine)
- Reminders (Oscar)
 - Data Requests Moratorium
 - Expected Payer Codes for UCC
 - CDS-A Report and Timeline for 2021/2022 Audits
 - FY 2023 DSR Implementation Timeline
 - Data Forum Survey

- UCC Data Collection Update (Irene)
- Discussion on Gender-related Data (Claudine)
- Data Processing Vendor Update (Mary Pohl, hMetrix/Burton Policy)
- Case Mix Review Vendor Update (Brenda Watson, AGS, LLC)
- Data Repository Vendor Update (Jen Vogel, SPG)
- Next Meeting (Kai)

Grouper Transition: Case Mix Weights

Rate Year	RY 2023	RY 2024
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: CY 2019 and Q1 of CY 2020 (15 Months)	IP: CY 2019 (12 Months)*** OP: CY 2019 and Q1 of CY 2020 (15 Months) ***
Implementation Date	July 2022	July 2023
Number of Diagnosis/Procedure Codes Used	IP: Up to 30 procedure and diagnosis codes (primary and 29 secondary) OP OBS > 23 hrs (with IP): Up to 50 diagnosis codes (primary and 49 secondary) all procedure codes reported in Type III record OP: Primary diagnosis code and all procedure codes reported in Type III record	

*** Staff will continue to use CY 2019 as the base for setting weights until such a time when new CY data proves viable for weight calculations

FY 2022 weights are posted on the HSCRC website. 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 hsrc.data-requests@maryland.gov.

Grouper Transition: Market Shift – Rate Year 2024

	Temporary Market Shift (Jan – Jun)	Full Year Market Shift (Jan – Dec)
APR/EAPG Version	APR: 38 EAPG: 3.16	APR: 38 EAPG: 3.16
Data Period Used: Base Period Performance Period	January – June 2021 January – June 2022	January – December 2019 January – December 2022
Implementation Date	January 2023	July 2023
Number of Diagnosis/Procedure Codes Used	IP: Up to 30 procedure and diagnosis codes (principal and 29 secondary) OP Observation cases >23 hrs (with IP): Up to 50 diagnosis codes (principal and 49 secondary) OP: Primary diagnosis code and all procedure codes reported in Type III record	

Grouper Transition: MHAC, RRIP, QBR for CY 2022

Rate Year	RY2024
APR/PPC Version	39 (Updated from version 38 to incorporate annual 3M updates)
Timeline	<p><u>Base Year:</u></p> <ul style="list-style-type: none"> • MHAC: CY 2020 Q3–CY 2021 Q4 • QBR-Mortality: CY 2020 Q3–CY 2021 Q2 (FY 2021) • RRIP: CY 2020 Q3–CY 2021 Q2 (FY 2021) • <u>Performance Year:</u> • All Programs: CY 2022 (longer timeframe for MHAC for small hospitals TBD) <p><u>RY 2023 and COVID:</u> Current policies will include COVID patients with concurrent normative values, subject to 3M grouper logic (e.g. 3M's v39 PPC grouper will not assign many PPCs to COVID positive patients); this decision will be evaluated retrospectively.</p>
Implementation Date	RY 2024 policies begin Jan 1, 2022 in most cases. Look for base period and performance period reports on the CRS Portal.

Quality Update: Additional Topics

- For RY 2023, CMS finalized putting VBP and HAC programs on hold
 - Maryland previously stated we will hold QBR and MHAC hospital adjustments until January 2023 but may request to suspend program adjustments in light of final determination of suspensions for national programs.
- COVID impact will be evaluated retrospectively for RY 2024 (CY 2022 performance)
 - This evaluation will take place iteratively with the Performance Measurement Work Group
- Quality is pursuing the following additional areas of quality of care (more to come)
 - Electronic Clinical Quality Measures (eCQMs) or other digital measures – please see HSCRC memo dated 09/27/2021
 - Planned Monitoring Reports – Timely Follow-up for Medicaid (implemented); Maternal Morbidity; 30-day Mortality; Excess Days in Acute Care (EDAC)
 - Health Equity Workgroup (HEW) convened this summer to establish framework for hospital equity measurement; Social determinants of Health (SDoH) data elements; additional reporting of aggregated trends in SDoH to address health disparities
 - Outpatient Quality measures, particularly shifts from IP to OP care

Quality Update: eCQM Measures by Year

Performance Year	CY 2021	CY 2022	CY 2023
# eCQMs/Reporting Period	4 eCQMs submitted to CMS 2 qtrs. of data	2 required + 2 optional eCQMs 4 qtrs. of data submitted to CRISP/Medisolv	PROPOSED four required + 2 optional eCQMs 4 qtrs of data submitted to CRISP/Medisolv.
Data Submission	Spring 2022	See # 2	TBD
ED-2: Decision to Admit to Admission Median Time	Optional	Required	Required
PC-01: Elective Delivery	Optional	Optional	Optional
PC-02: Cesarean Birth		Optional	Optional
PC-05: Exclusive Breast Milk Feeding	Optional	Optional	Optional
PC-06: Unexpected complications in term newborns	Optional	Optional	Optional
PC-07: Severe Obstetric Complications			Optional
STK-2: Discharged on Antithrombotic Therapy	Optional	Optional	Optional
STK-3: Anticoagulation Therapy for A. Fibrillation /Flutter	Optional	Optional	Optional
STK-5: Antithrombotic by Day 2	Optional	Optional	Optional
STK-6: Discharged on Statin Medication	Optional	Optional	Optional
VTE-1: VTE Prophylaxis	Optional	Optional	Optional
VTE-2: ICU VTE Prophylaxis	Optional	Optional	Optional
OPI-01 Safe use of Opioids	Optional	Required	Required
Severe Hypoglycemia			Proposal to Require
Severe Hyperglycemia			Proposal to Require

Quality Update: eCQM Reporting Timeline

1. Calendar Year 2021 "Test Run" Submission of Data- Hospitals to optionally submit to CRISP/Medisolv the same QRDA 1 files they submitted to CMS in Spring 2022
 - 4 eCQM's with 2 quarters of CY 2021 performance period data
 - > 50% Hospitals submitted 2021 pilot data
2. Calendar Year 2022 Required Data Submission- Starting with Q 1, 2022 performance period, all hospitals submit to CRISP/Medisolv quarterly data: 2 required eCQM's and 2 optional eCQM's from the table below according to the following submission schedule:

Performance Period Submission Windows

Q1 2022 data	Open: 7/15/2022	Close: 09/30/2022*
Q2 2022 data	Open: 7/15/2022	Close: 09/30/2022*
Q3 2022 data	Open: 10/15/2022	Close: 12/30/2022
Q4 2022 data	Open: 1/15/2023	Close: 3/31/2023

*ECE Requests due by September 16, 2022.

NEW: ED Triage Data Validation

- HSCRC added ED Triage variables to the outpatient data submission requirements effective CY 22
- HSCRC will introduce data validation for these fields
 - Variable ED Triage 1 or ED Triage 2 must be populated for $\geq 99\%$ of ED visits
 - ED visits are identified using the logic “EMG rate center charges > 0 ”
 - Warning for all submissions after Oct 1, 2022 (FY 23 Sept Preliminary data)
 - Converts to errors for all submissions on March 1, 2023 (FY 23 Feb Preliminary data)

Please send questions to hscrc.quality@maryland.gov

Reminder: Data Request Processing Delays and Abortion Cases

- Data Request Delays
 - **All new or revised** DUAs must undergo additional review by MDH Strategic Data Initiative (SDI) Team and can take **up to 60 days**, in addition to the usual HSCRC and MDH IRB (if applicable) review
 - **Best Advice: *Submit requests early and be patient***
- Elective Abortion Records in Case Mix Data
 - Due to the heightened sensitivity around claims for elective abortions, particularly for out-of-state patients who receive care and the providers from whom they received abortion services, the HSCRC will be **restricting disclosure of claims related to elective abortion cases** beginning in FY 2023.
 - This policy will also be applied to new requests for data prior to FY 2023.

Reminder: Expected Payer Codes for UCC & Denials Quarterly Report

- Use the New Primary Payer Codes for UCC and Denial data with service dates in FY22 and beyond
- 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)

Valid Primary Payer Codes (since FY 2022)

Code	Description
01	MEDICARE FFS
02	MD MEDICAID FFS AND PENDING MD MEDICAID
05	COMMERCIAL INSURANCE
	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)
14	MD MEDICAID MCO
15	MEDICARE ADVANTAGE
18	INTERNATIONAL INSURANCE
19	BEHAVIORAL HEALTH PLAN (NEW)
99	UNKNOWN

Reminder: CDS-A Reports Available on CRISP Portal

- Purpose: to review hospital-level high-cost drug utilization for outlier dosage units based on 3rd Monthly case mix data
- Information should be used to correct errors prior to submission of Quarterly case mix data
- CDS-A Audits start with what is reported in the case mix data. If the case mix data has errors, the CDS-A data for the following year will have errors.
- For access, contact your CRS Portal Point of Contact or support@crisphealth.org

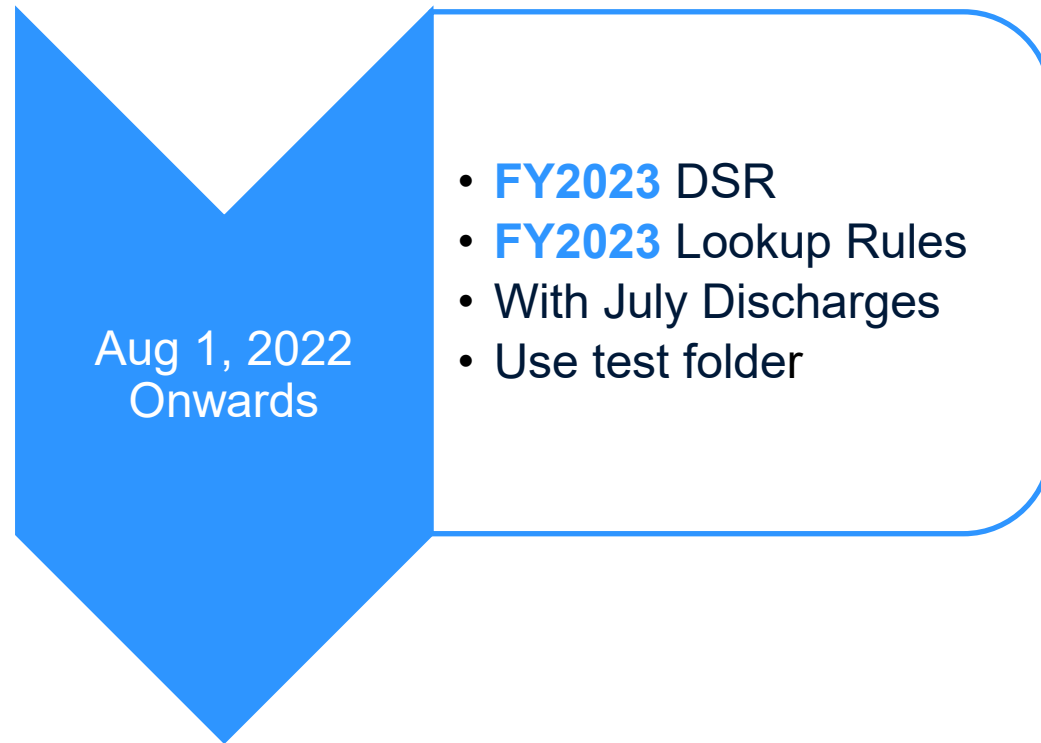
Timeline: CDS-A Audit for FY 2022

September 23, 2022	Hospitals receive final drug list and CDS-A Audit template for 2021/2022
October 21 2022	Completed template due to HSCRC
October 21-December 23, 2022	HSCRC staff completes audits and provides hospitals with results.

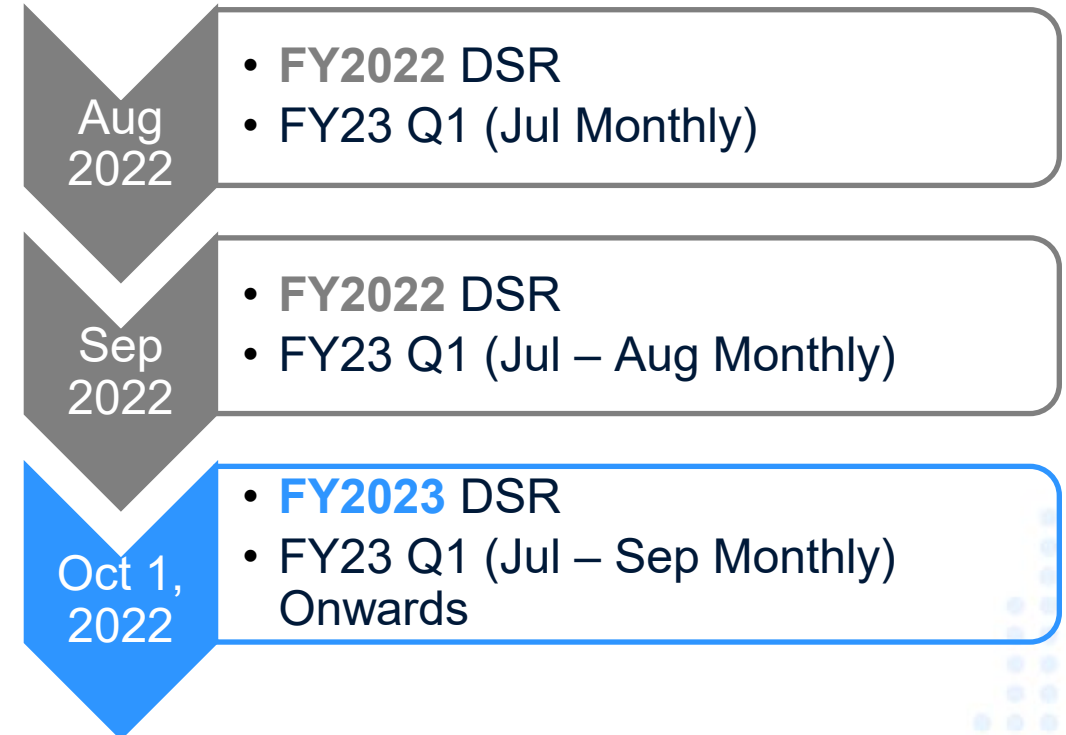
Hospitals will be subject to fines if any material error is found their FY 2022 CDS-A audit.

Reminder: FY 2023 DSR Implementation Timeline

- Test/Sandbox



- Production



Reminder: Please 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

UCC Data Collection Update



Improved UCC Data Collection and Processing

- HSCRC is working with hMetrix to improve the UCC data processing
- Improved features in DAVE
 - Manage and track tasks
 - Reminders and notifications
 - Automated error report generation
- Advantages of the new system
 - Timely data processing
 - Offers an opportunity for hospitals to correct errors
 - Standardized data
 - Uses the same system as the Case Mix data
- Details to be provided at the next quarterly data forum

Proposed Changes to UCC Data Collection, Effective FY 2023 Q2

Task	Current	Proposed	Advantages
Submission Due Date	30 days after quarter close	60 days after quarter close	<ul style="list-style-type: none"> Matches Case Mix Final Quarterly data submission schedule More time for hospitals
File format and naming convention	Allows slight variations from the defined format	Variation from format will result in errors	Standardize process
Allowed values for Write off Type	<ul style="list-style-type: none"> Bad Debt Charity Recovery 	<ul style="list-style-type: none"> B C R 	<ul style="list-style-type: none"> Standardize process Less error prone
Submission Method	SPG RDS UCC folder	SPG RDS UCC folder	No change
Submission Tracking and Notifications	Manual	DAVE tracks submissions, and sends reminders	Improved documentation and process flow
Error report generation distribution	Manual	Automated	<ul style="list-style-type: none"> Timely error report Opportunity to fix issues Standardize process

Discussion: Gender-related Data

Proposed Update to Collecting Sex and Gender-related Data

- HSCRC proposes a review of the reporting of Gender in Case Mix data
- The HL7 Gender Harmony Project is proposed as a potential best practice for the collection of Gender data
- Update the definition of “Sex” Variable in DSR to “Sex for Clinical Use” as defined by the HL7 Gender Harmony Project
- HSCRC seeks feedback from the Industry



HL7 Gender Harmony Project

- A collective, collaborative, international effort to help fulfill health care's responsibility to gender-marginalized people by **specifying gender-inclusive standards** that can be used by systems and clinicians **in the provision of affirmative and quality person-centered care**
- Developed via an American National Standards Institute (ANSI)-certified collaborative balloted process based on work of the gender harmony project led by the HL7 Vocabulary Work Group.
- The Model has **five major elements** independent of other components that may also be part of the information model for a person:
 - Gender Identity
 - **Sex for Clinical Use**
 - Recorded Sex
 - Name to Use
 - Patient Pronoun



Sex for Clinical Use - Definition

- **Sex for Clinical Use (SFCU)** is a categorization that
 - **supports context specificity,**
 - derived from **observable information** (e.g., Clinical observation, Radiology report, Lab report, Genetic testing)
 - **directly linked to the information this element summarizes** (such as a comment or a linked data observation) to clarify the context and resulting value
- The SFCU value is **not defined for use outside of a specific clinical context** and should never be used as a label for the patient as a whole.
 - Because the SFCU is context-specific, on rare occasions there may be **more than one concurrent SFCU** for a patient

Sex for Clinical Use - Proposed Codes

Current Codes in DSR	Proposed Codes and Definitions
Female	Female: The “female” values apply to this patient, in the case of a given procedure or process in each context, for instance for a procedure, algorithm, hormone level, organ inventory, etc.
Male	Male: The “male” values apply to this patient, in the case of a given procedure or process in each context, for instance for a procedure, algorithm, hormone level, organ inventory, etc.
	Specified*: This patient has specific documented characteristics that do not fully match either male or female in each context, for instance for a procedure, algorithm, hormone level, organ inventory, etc.
Unknown	Unknown: The SFCU cannot be determined because there are no observations, or the observations are not sufficient to determine a value. For example, an emergency trauma case may require treatment before SFCU can be established.

**3M groupers do not support an option for “Specified” sex, hence these responses will be mapped to “Unknown”*



Next Steps

- Convene a workgroup to discuss potential revision of Sex variable
 - Also consider other Sexual Orientation and Gender Identity variables
- Reach consensus on definitions and timeline
- Bring recommendations back to industry at a future Data Form
- If you are interested in participating in the workgroup, contact Oscar Ibarra (Oscar.Ibarra@maryland.gov).

Data Processing Vendor Update



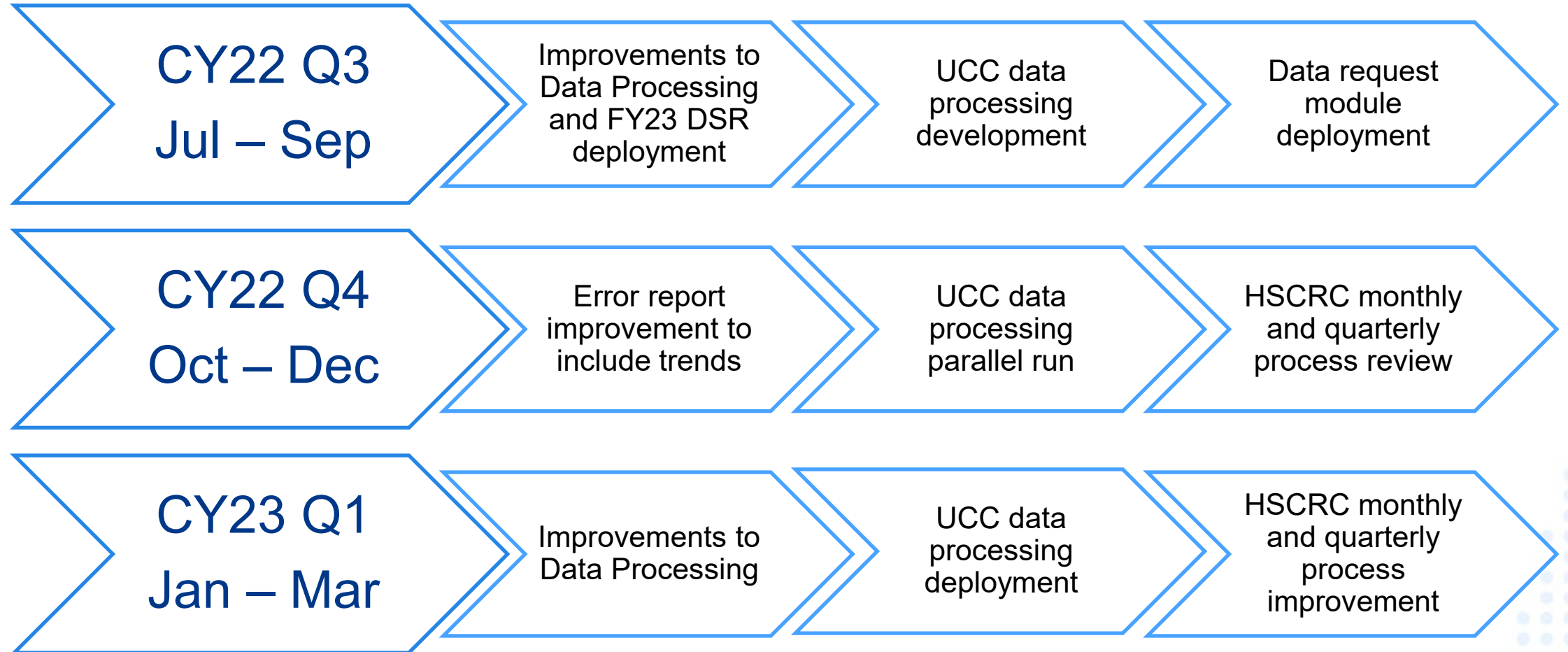
Points of Contact

HSCRC	hMetrix / Burton Policy
Claudine Williams Phone: (410) 764-2561 Email: claudine.williams@maryland.gov	Shivani Bhatt (Primary PoC) Phone: (484) 228-1453 Email: shivani@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/>

Roadmap for Continuous Improvements to DAVE



Case Mix Review Vendor Update

Point of Origin and Discharge Disposition Definitions

- Point of Origin - defined as the patient's immediate location before arriving at the hospital, hospital's emergency department, or another point of entry
- Discharge Disposition – discharge is when a patient leaves the hospital after receiving treatment or expires. Where the patient is going after the encounter is represented with a code to identify what type of facility or where the patient is discharged.

FY 2021 Overall Inpatient Variable Profile

Inpatient Variable	# Cases	% Errors		
		% EP	% NE	% PM
Medical Record Number	2,286	0	0	100
Patient Account Number	2,286	0	0	100
Admission Date	2,286	0	3	100
Discharge Date	2,286	0	0	100
Newborn Birth Weight	2,286	0	0	100
Date of Birth	2,286	0	0	100
Sex of Patient	2,286	0	0	100
Nature of Admission	2,286	0	2	100
Point of Origin	2,286	8	0	92
Provider Specific POO	2,286	0	3	100
Admission from ER	2,286	0	0	100
Admission Hour	2,286	0	26	100
APR-DRG	2,286	2	0	98
Severity of Illness	2,286	2	0	98
Length of Stay	2,286	0	0	100
Disposition of the Patient	2,286	6	0	94
Prov Specific DD	2,286	1	2	99
Principal Procedure	2,286	0	1	100
Principal Procedure Date	2,286	0	0	100
Other Procedure 1-29	2,286	0	2	100
Other Procedure Date 1-29	2,286	0	0	100
Principal Diagnosis	2,286	2	1	98
Principal Diagnosis POA	2,286	0	0	100
Other Diagnosis 1-29	2,286	3	10	97
Other Diagnosis 1-29 POA	2,286	0	2	100
External Cause of Injury	2,286	0	0	100
Weight	2,286	4	0	96

- EP = Essential Performance errors with the 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 2021 Inpatient Variable-Specific Performance Among Hospitals

Inpatient Category	Hospital										AT			SO?	PB
	#31	#32	#33	#34	#35	#36	#37	#38	#39	#40	50th	75th	90th		
All Samples															
Random & Focused	86	88	72	78	87	87	91	87	92	73	87	89	92	88	95
APR-DRG	98	97	97	96	97	98	98	99	98	100	98	98	100	94	95
Disposition of Patient	99	95	82	90	98	92	96	96	97	96	96	97	99	90	95
Prov. Specific DD	100	99	96	100	100	100	100	100	100	100	100	100	100	94	95
Weight	98	94	97	94	95	96	97	98	96	96	96	97	98	94	95

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.

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.

PB = Performance Benchmark frame of reference for expected case-level accuracy regarding payment impact.

FY 2021 Overall Outpatient Variable Profile

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	2	98
Date of Birth	2,196	0	1	100
Sex of Patient	2,196	0	0	100
Point of Origin	2,196	0	10	100
Provider Specific POO	2,196	0	1	100
Disposition of Patient	2,196	1	0	99
CPT/HCPCS Code 1-30	2,196	10	0	90
Procedure DOS for CPT/HCPCS Code 1-30	2,196	1	1	99
Units of Service for CPT/HCPCS 1-30	2,196	5	0	95
Modifier 1-5 for CPT/HCPCS 1-30	2,196	1	0	99
Primary Diagnosis	2,196	2	3	98
Other Diagnosis 1-28	2,196	1	13	99
External Cause of Injury	2,196	0	0	100
Rate Center for CPT/HCPCS Code 1-30	2,196	0	0	100

- EP = Essential Performance errors with the 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 2021 Outpatient Variable-Specific Performance Among Hospitals

Outpatient Category	Hospital										AT			SO?	PB
	#31	#32	#33	#34	#35	#36	#37	#38	#39	#40	50th	75th	90th		
All Samples															
Random & Focused	93	63	71	85	85	92	81	83	84	84	84	87	93	86	95
CPT	95	65	82	94	93	98	95	95	90	94	94	95	98	85	95
Units	98	95	77	94	97	98	97	97	95	96	97	97	98	89	95
Modifiers	99	100	99	100	99	98	100	100	100	100	100	100	100	94	95
Disposition of Patient	100	100	97	99	96	99	100	100	100	99	100	100	100	94	95

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.

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.

PB = Performance Benchmark frame of reference for expected case-level accuracy regarding payment impact.

Review of Residence Zip Code & Homeless

Residence Zip Code & Homeless

In each case where the patient was homeless, the zip code field was assessed on whether zip code 88888 or the hospital's zip code and if the Z59.0 was used.

- 36 cases had documentation that the patient was homeless
- 6 cases (17%) reported 88888 zip code
- 32 cases (89%) reported Z59.0 homeless

COVID-19 Case Review

- 97% inpatient COVID-19 diagnosis accuracy
 - Discrepancies were due to re-sequencing COVID-19 to the principal diagnosis, and COVID-19 diagnosis was reported without supporting documentation
- 95% outpatient COVID-19 diagnosis accuracy
 - Discrepancies were due to re-sequencing COVID-19 as the primary diagnosis, and COVID-19 was reported as an acute condition when the patient had a history of COVID-19.

Proposed Future Changes to Case Mix Review

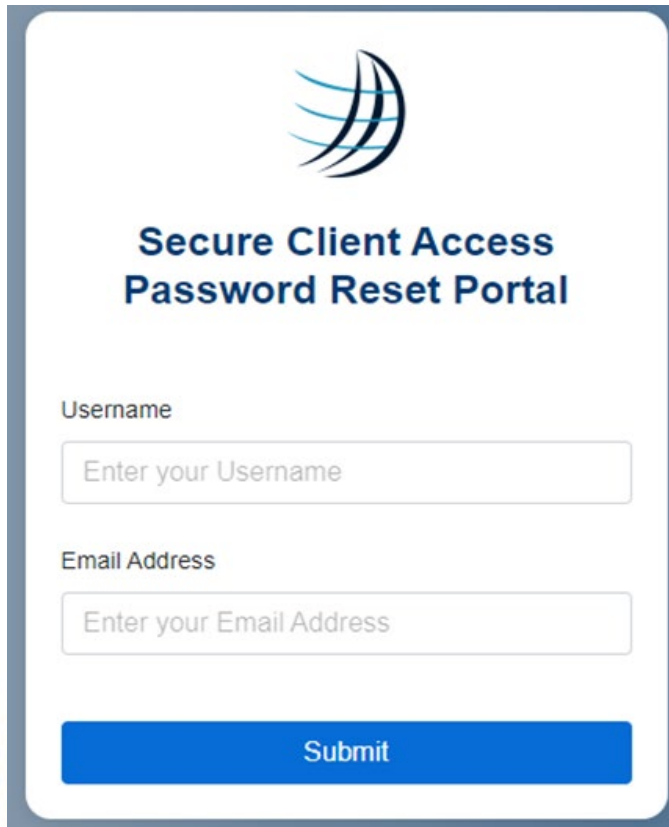
- Inclusion on freestanding/specialty hospitals
- Potential additional sources of information for review (i.e., lab results in CRISP)
- Increasing the number of facilities reviewed b per year

Data Repository Vendor Update

SCA Password Reset Portal

<https://password.thestpaulgroup.com>

- Enter Username and Email associated with account
 - A secure email will be sent with new password



The screenshot shows a web form for password reset. At the top is a logo consisting of several curved lines. Below the logo is the title "Secure Client Access Password Reset Portal". There are two input fields: "Username" with the placeholder text "Enter your Username" and "Email Address" with the placeholder text "Enter your Email Address". At the bottom of the form is a blue "Submit" button.

Contact St. Paul Operations
with any questions:

ops@thestpaulgroup.com



Next Meeting

Notes and slides will be posted to the
HSCRC website:

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

Next Meeting
FY 2023 Q2
December 16, 2022

Appendix: DSR Updates for FY 2023

Updates to the FY 2023 DSR Since Q3 Data Forum

- **Tertiary Payer Variable (NEW)**
 - Previously proposed to remove tertiary payer variables
 - **FY 2023 Change: Retain these variables** to aid in identifying Kaiser patients
- **Kaiser Flag (NEW)**
 - Intend to capture any Kaiser patient (Y/N)
 - FY 2023 Change: **Add** Kaiser Flag variable
 - **New Cross Edit Error:** if primary/secondary/tertiary plan payer is NOT 107 and Kaiser_flag = Y and vice versa
- **Type of Daily Service - Shock Trauma (02) (NEW)**
 - Intended to capture admissions only to UM Shock Trauma
 - Admissions for the 8 MIEMSS-Designated Trauma Centers are already flagged using the IP Reserve Flag
 - **FY 2023 Change: Remove** code

Updates to the FY 2023 DSR Since Q3 Data Forum

- **Outpatient Date of service check for COVID testing (NEW)**
 - CPT/HCPCS codes used to identify the COVID testing procedures are updated. The date of service for these codes can be +/- 5 days from the Thru date and From date.
 - A new tab added for the latest COVID testing codes. **Please see next slide for the codes**
- **Outpatient Date of Service (NEW)**
 - Previously +/-2 days grace period was given for the outpatient services.
 - **New Warning:** If the date of service for procedure OTHER than COVID tests are NOT within the Thru date and from date
 - This warning will be converted to error on **1/1/2023**
- **Hospitals with Licensed Hospice Beds Added to the DSR (NEW)**
 - List used in data edits for Type of Daily Service variable
 - **Existing Error:** if value = 10 and Hospital does not have a HSCRC-approved Hospice contract for care

COVID Testing Codes

- Updated on 5/10/2022

Immunology

86317
86318
86328
86408
86409
86413
86602
86635
86769

Microbiology

87250
87255
87301
86328
87426
87428
87635
87636
87637
87811

Proprietary Laboratory Analyses

0202U
0223U
0224U
0225U
0226U
0240U
0241U

HCPCS codes

J0248
M0201
Q0220
Q0221
M0220
M0221
Q0222
M0223
Q0249
M0249
M0250
U0001
U0002
U0003
U0004
U0005
C9803

Updates to the FY 2023 DSR Since Q3 Data Forum

- **Point of Origin Code for Home Hospice**

- Currently coded as F (FROM HOSPICE FACILITY AND/OR IS UNDER A HOSPICE PLAN OF CARE (INCLUDES HOME-BASED HOSPICE CARE))

F = FROM HOSPICE FACILITY AND/OR IS UNDER A HOSPICE PLAN OF CARE (INCLUDES HOME-BASED HOSPICE CARE)
INPATIENT: THE PATIENT WAS ADMITTED TO THIS FACILITY AS A TRASFER FROM A HOSPICE FACILITY.

- In FY 2019, HSCRC convened a workgroup to update and streamline the reporting of source of admission. The workgroup revised the code for Home Hospice to 01 (FROM NON-HEALTHCARE FACILITY (INCLUDES PATIENT'S HOME OR WORKPLACE; GROUP HOME/CONGREGATE HOUSE, FOSTER CARE). This code applies to patients receiving care at home.
- **FY 2023 Change:** Home Hospice should be coded as 01

01 = FROM NON-HEALTHCARE FACILITY (INCLUDES PATIENT'S HOME OR WORKPLACE; GROUP HOME/CONGREGATE HOUSE, FOSTER CARE, **HOME-BASED HOSPICE CARE**)
INPATIENT: THE PATIENT WAS ADMITTED TO THIS FACILITY UPON AN ORDER OF A PHYSICIAN.
Usage Note: This includes patients coming from home or the workplace and patients receiving care at home (such as home health services)

Remove/Revise Codes

- IP Reserve Flag - Transfer Code (4)
 - Intended to capture transfers between hospitals
 - Most hospitals are not using it correctly or at all. Already have source of admission/discharge disposition codes to identify transfers.
 - **FY 2023 Change:** Remove Code
- OP Reserve Flag - UM Shock Trauma (S)
 - Intended to capture visits to UM Shock Trauma
 - Visits to other MIEMSS-Designated Trauma Centers are not being flagged
 - **FY 2023 Change: Revise** code to apply to all MIEMSS-Designated Trauma Centers (similar to IP)

New Edits

- Z-Codes for Homeless
 - Intent is to encourage hospitals to code the homeless z codes.
 - Eventually phase out homeless zip code
 - **FY 2023 Warning:** If Zip Code = “88888”, then Z59.X should also be reported as a secondary diagnosis code (**See next slide for codes and definitions**)
- Trauma cases flagged at non-Trauma hospitals
 - Intent is to identify all trauma cases consistently across IP and OP.
 - Level I, II and III MIEMSS-Designated Trauma Centers: UM Shock Trauma, Johns Hopkins, PG Hospital Center, Sinai, Suburban, Peninsula, Western MD, Meritus
 - **FY 2023 Cross Edit (IP):** If not a MIEMSS-Designated trauma center, than Reserve Flag cannot eq R
 - **FY 2023 Cross Edit (OP):** If not a MIEMSS-Designated trauma center, then Reserve Flag cannot eq S

Homeless Z-Codes

Z59 Problems related to housing and economic circumstances

Z59.0 Homelessness

Z59.00 unspecified

Z59.01 Sheltered homelessness

Z59.02 Unsheltered homelessness

Z59.1 Inadequate housing

Z59.3 Problems related to living in residential institution

Z59.5 Extreme poverty

Z59.6 Low income

Z59.7 Insufficient social insurance and welfare support

Z59.8 Other problems related to housing and economic circumstances

Z59.81 Housing instability, housed

Z59.811 with risk of homelessness

Z59.812 homelessness in past 12 months

Z59.819 unspecified

Z59.89 Other problems related to housing and economic circumstances

Z59.9 Problem related to housing and economic circumstances, unspecified

Homeless Definitions

The new codes are aligned with standardized screening questions and answers such as the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE), the Accountable Health Screening Tool, or the Health Leads Screening Tools.

The following commonly accepted definitions for homelessness and housing instability have been provided by the Gravity Project, a multi-stakeholder public collaborative with the goal to develop, test, and validate standardized SDOH data for use in patient care, care coordination between health and human services sectors, population health management, public health, value-based payment and clinical research.

Homelessness

Defined as because of economic difficulties, currently living in a shelter, motel, temporary or transitional living situation, scattered site housing, not having a consistent place to sleep at night, or sleeping in a place not meant for human habitation.

Source Homelessness During Infancy: Associations With Infant and Maternal Health and Hardship Outcomes

Source Unstable Housing and Caregiver and Child Health in Renter Families

Homelessness, sheltered

Defined as because of economic difficulties, currently living in a shelter, motel, temporary or transitional living situation, scattered site housing, or not having a consistent place to sleep at night.

Source Homelessness During Infancy: Associations With Infant and Maternal Health and Hardship Outcomes

Source Unstable Housing and Caregiver and Child Health in Renter Families

Homelessness, unsheltered

Defined as residing in a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).

Source HUD

Housing instability, housed

Defined as currently consistently housed, but experiencing any of the following circumstances in the past 12 months: being behind on rent or mortgage, multiple moves.

Source Promoting Caregiver and Child Health Through Housing and Stability Screening in Clinical Settings

Housing instability, housed with risk of homelessness

Defined as currently consistently housed, but with the imminent threat of being forced to live in a shelter, motel, temporary or transitional living situation, scattered site housing, not having a consistent place to sleep at night, or in a place not meant for human habitation.

Housing instability, housed, homelessness in the past 12 months

Defined as currently consistently housed, but with a history of homelessness, for any period of time during the past 12 months.

Source Homelessness During Infancy: Associations With Infant and Maternal Health and Hardship Outcomes

Source Unstable Housing and Caregiver and Child Health in Renter Families

In addition, the ICD-10-CM *Official Guidelines for Coding and Reporting* have been revised and a new section created for Social Determinants of Health under Chapter 21, Factors influencing health status and contact with health services. Information previously found in Section I of the guidelines related to documentation that may be used for code assignment for social determinants of health has been moved to this newly created section. For the specific changes, please refer to the summary of the modifications to the ICD-10-CM *Official*

New Edits for FY 2023

- E & M codes with unit of 1
 - Some hospitals may still be reporting 1 unit for E & M.
 - According to Appendix D of Accounting and Budget Manual, effective 7/1/2019, the RVUs for E&M portion of a clinic visit are based on a 5-point visit level scale and valid values are 2-6 **(See next slide for codes)**
 - **FY 2023 Warning:** If CPT Code = (99202-99205, 99211-99215, and G0463) then unit value must be between 2-6
- Medicaid ID = 777777777777 (Not Applicable)
 - Intent is to make rules consistent across all payer types.
 - **FY 2023 Cross Edit:** If Primary Expected Payer is eq (“06”, “07”, “10”, or “18”), then Medicaid ID must be 777777777777

RVU for E & M Visits

HCPCS CODES	APPENDIX D - STANDARD UNIT OF MEASURE REFERENCES	DESCRIPTION / PROCEDURE	RVU Appendix D	HSCRC COST CTR
99211	Level 1	0-10 minutes	2	CLINIC
99202/99212	Level 2	11-25 minutes	3	CLINIC
99203/99213	Level 3	26-45 minutes	4	CLINIC
99204/99214	Level 4	46-90 minutes	5	CLINIC
99205/99215	Level 5	>90 minutes	6	CLINIC