maryland
health services
cost review commission

Date: September 27, 2021

To: Hospital Chief Financial Officers and Case Mix Liaisons

From: Claudine Williams, Deputy Director, MEDA

Subject: **FY 2022 DSR Revisions and Q1 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.

FY 2022 DSR Revisions

The following revisions have been made to the FY 2022 Inpatient, Outpatient and Psychiatric DSR. These changes are also highlighted in the slide deck in Appendix 1 and 2.

Medicaid Behavioral Health Plan Payer: For patients using Optum MD Medicaid for services, hospitals should code **Medicaid MCO (code #14) as the Primary Payer** and **Optum Maryland (MD Medicaid) (code #118) as the Primary Health Plan Payer** (slide 45). Since the primary payer is Medicaid, the Medicaid ID is also required. The Behavioral Health (code #19) will not be valid payer code for Optum MD Medicaid. Use code 19 for all other behavioral health plans.

CareFirst Health Plans: There was an error in the latest version of the FY 2022 DSR where the code for CAREFIRST BLUECROSS BLUESHIELD (Code #102) was deleted from the list of Health Plan Codes. The revised FY 2022 DSR reinstates code 102 (slide 46). Additionally, since CareFirst bought the Medicare Advantage plan, UNIVERSITY OF MD HEALTH PARTNERS, instead of creating another code for the Medicare Advantage line of business, we are going to use the CareFirst code (102) to apply to the Medicare Advantage plan as well, similar to how we use generic codes for Kaiser and United Healthcare.

New Behavioral Health Plan Payer: A new behavioral health plan has been added: Kaiser Mental Health. The Health Plan Code will be 107 (slide 46).

New Valid Health Plan Code: To avoid having to add new health plans that come on board during the year, the HSCRC is allowing code 98 (HEALTH PLAN PAYERS NOT SPECIFIED BELOW) to be a valid code for Commercial, Behavioral Health, Medicare Advantage, and Medicaid MCO payers. Currently, it is not a valid health plan code and triggers an error. hMetrix will update the edits to accept code 98 on 9/27/2021.

Table 1 displays the updated payer/health plan crosswalk for payer codes that require an associated health plan. **Table 2** displays the updated edits associated with the payer/health plan payer revisions. Items that have changed are in **green**.

Table 1: Revised Payer/Health Plan Crosswalk

Payer Code	Payer Description	Plan Payer Code	Plan Payer Description
05	Commercial HMO/POS/PPO/ PPN/TPA	**98**	**HEALTH PLAN PAYERS NOT SPECIFIED BELOW**
		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
		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
14	MD Medicaid MCO	**98**	**HEALTH PLAN PAYERS NOT SPECIFIED BELOW**
		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)~~ DO NOT USE
		118	**OPTUM MARYLAND (MD MEDICAID) (previously Beacon Health)**
15	Medicare Advantage	**98**	**HEALTH PLAN PAYERS NOT SPECIFIED BELOW**
		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
		115	JOHNS HOPKINS ADVANTAGE MD
		116	PROVIDER PARTNERS HEALTH PLAN (NEW)
		~~117~~	~~UNIVERISTY OF MD HEALTH ADVANTAGE~~ DO NOT USE
		128	HORIZONS MEDICARE DIRECT
19	Behavioral Health	**98**	**HEALTH PLAN PAYERS NOT SPECIFIED BELOW**
		107	**KAISER PERMANENTE**
		119	MAGELLAN
		120	CIGNA BEHAVIORAL HEALTH
		121	COMPSYCH
		122	MANAGE HEALTH NETWORK
		123	OPTUM BEHAVIORAL HEALTH (Commercial)
		124	BEACON HEALTH OPTIONS

Table 2: Revised Edits for Expected Payer and Health Plan Payer

Data Dictionary	Variable	Change
IP/OP/Psych	Expected Primary Payer	Cross Edit Error: If Expected Payer is 05, then Expected Health Plan Payer must = **98**, 101, 102, 103, 104, 105, 106, 107, 108, 125, 126, 127 Cross Edit Error: If Expected Payer is 14, then Expected Health Plan Payer must = **98**, 101, 102, 107, 108, 109, 110, 111, 112, 113, **118** Cross Edit Error: If Expected Payer is 15, then Expected Health Plan Payer must = **98**, 101, 102, 103, 106, 107, 108, 109, 115, 116, 128 Cross Edit Error: If Expected Payer is 19, then Expected Health Plan Payer must = **98**, 107, 119, 120, 121, 122, 123, 124 For more details- refer to the Exp Payer & Health Plan Code in DSR
IP/OP/Psych	Expected Primary Health Plan Payer	Cross Edit Error: If Expected Payer is 05, then Expected Health Plan Payer must = **98**, 101, 102, 103, 104, 105, 106, 107, 108, 125, 126, 127 Cross Edit Error: If Expected Payer is 14, then Expected Health Plan Payer must = **98**, 101, 102, 107, 108, 109, 110, 111, 112, 113, **118** Cross Edit Error: If Expected Payer is 15, then Expected Health Plan Payer must = **98**, 101, 102, 103, 106, 107, 108, 109, 115, 116, 128 Cross Edit Error: If Expected Payer is 19, then Expected Health Plan Payer must = **98**, 107, 119, 120, 121, 122, 123, 124 For more details- refer to the Exp Payer & Health Plan Code in DSR
IP/OP/Psych	Expected Secondary Payer	Cross Edit Error: If Expected Payer is 05, then Expected Health Plan Payer must = **98**, 101, 102, 103, 104, 105, 106, 107, 108, 125, 126, 127 Cross Edit Error: If Expected Payer is 14, then Expected Health Plan Payer must = **98**, 101, 102, 107, 108, 109, 110, 111, 112, 113, **118** Cross Edit Error: If Expected Payer is 15, then Expected Health Plan Payer must = **98**, 101, 102, 103, 106, 107, 108, 109, 115, 116, 128 Cross Edit Error: If Expected Payer is 19, then Expected Health Plan Pater must = **98**, 107, 119, 120, 121, 122, 123, 124 **08-SELF PAY is a valid secondary payer, regardless of primary payer** For more details- refer to the Exp Payer & Health Plan Code in DSR
IP/OP/Psych	Expected Secondary Health Plan Payer	Cross Edit Error: If Expected Payer is 05, then Expected Health Plan Payer must = **98**, 101, 102, 103, 104, 105, 106, 107, 108, 125, 126, 127 Cross Edit Error: If Expected Payer is 14, then Expected Health Plan Payer must = **98**, 101, 102, 107, 108, 109, 110, 111, 112, 113, **118** Cross Edit Error: If Expected Payer is 15, then Expected Health Plan Payer must = **98**, 101, 102, 103, 106, 107, 108, 109, 115, 116, 128 Cross Edit Error: If Expected Payer is 19, then Expected Health Plan Payer must = **98**, 107, 119, 120, 121, 122, 123, 124 For more details- refer to the Exp Payer & Health Plan Code in DSR
IP/OP/Psych	Expected Tertiary Payer	Cross Edit Error: If Expected Payer is 05, then Expected Health Plan Payer must = **98**, 101, 102, 103, 104, 105, 106, 107, 108, 125, 126, 127 Cross Edit Error: If Expected Payer is 14, then Expected Health Plan Payer must = **98**, 101, 102, 107, 108, 109, 110, 111, 112, 113, **118** Cross Edit Error: If Expected Payer is 15, then Expected Health Plan Payer must = **98**, 101, 102, 103, 106, 107, 108, 109, 115, 116, 128 Cross Edit Error: If Expected Payer is 19, then Expected Health Plan Payer must = **98**, 107, 119, 120, 121, 122, 123, 124 For more details- refer to the Exp Payer & Health Plan Code in DSR
IP/OP/Psych	Expected Tertiary Health Plan Payer	Cross Edit Error: If Expected Payer is 05, then Expected Health Plan Payer must = **98**, 101, 102, 103, 104, 105, 106, 107, 108, 125, 126, 127 Cross Edit Error: If Expected Payer is 14, then Expected Health Plan Payer must = **98**, 101, 102, 107, 108, 109, 110, 111, 112, 113, **118** Cross Edit Error: If Expected Payer is 15, then Expected Health Plan Payer must = **98**, 101, 102, 103, 106, 107, 108, 109, 115, 116, 128 Cross Edit Error: If Expected Payer is 19, then Expected Health Plan Payer must = **98**, 107, 119, 120, 121, 122, 123, 124 For more details- refer to the Exp Payer & Health Plan Code in DSR

Clarified Edit for Medicaid ID: The language was clarified to read “If Expected Payer is Medicaid FFS (02) or Medicaid MCO (14) then the Medicaid ID cannot be missing, invalid, or unknown (slide 48).

Ambulance Run Number: It has come to our attention that some counties are still using the 11-digit Ambulance Run Number. MIEMSS is working with individual counties to update their systems to produce the new 32-digit, alphanumeric string that was effective January 1, 2021. In the meantime, the HSCRC will accept both 11-digit and the 32-alphanumeric values (slide 48).

New Revenue Codes Added to the HSCRC Valid List: It has come to our attention that several revenue codes for CAR-T therapy (871,872,873,874) are not passing the data edits as they are not listed

on the Valid Revenue List (slide 48). The HSCRC will add these codes to the list. Additionally, the HSCRC will be working on updating the Charge Buckets that are based on revenue codes and will convene a workgroup with interested parties in the coming months.

Below is a summary of what was discussed during the FY 2022 Q1 Data Forum held on September 10, 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 2022):** IP Weights: 37.1; OP Weights: 3.15; IP weights use CY 2019 (12 months); OP weights use CY 2019 – Q1 CY2020 (15 months). Weights are now available on the HSCRC website (https://hscrc.maryland.gov/Pages/gbr-adjustments.aspx). HSCRC will make available a de-identified dataset (with programs) for parties interested in recreating the weight calculations. Please submit a request to hscrc.data-requests@maryland.gov.
- **Case Mix Weights (RY 2023):** IP Weights: 38; OP Weights: 3.16; IP weights use CY 2019 (12 months); OP weights use CY 2019 – Q1 CY2020 (15 months). 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.
- **Market Shift (RY 2022):** Due to the pandemic, staff is assessing whether the available data can be used for market shift analyses. HSCRC will update the industry once a decision has been made.
- **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 January – June 2021 as the base year vs January – June 2022 as the performance year and implement in rates in January 2023. The 12-month market shift report will use CY 2021 as the base year and CY 2022 as the performance year and implement in rates in July 2023.
- **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 with the PMWG.

Quality Update: Staff reviewed the data concerns and revenue adjustment options for RY 2022 and 2023 (Slides 6) and an update on their strategic direction (slide 7).

Financial Update: Staff reiterated that reporting of the UCC Write-offs, Denials and Reconciliation Reports will resume for FY 2022. Reconciliations will be done for only the quarter (final) case mix data. UCC Write-offs and Denials Reports are also quarterly submissions and due 30 days after the end of the quarter (slide 8).

CDS-A Reports and Survey Template: Staff reminded all participants that the CDD-A Report is available on the CRISP Portal. This report allows hospitals to review their high-cost drug utilization for outlier dosage units based on 3rd Monthly case mix data in CRISP. **The expectation is that hospitals will use this information to correct errors prior to submission of Quarterly case mix data.** 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.**

Additionally, the HSCRC will be posting the CDS-A Survey in the CRISP portal and presented instructions how to access the survey (slide 10). Below is the timeline for this year's CDS-A audit. For access, please contact your CRS portal Point of Contact or support@crisphealth.org. Questions related to the CDS-A Audit and timelines should be directed to Bob Gallion (Bob.Gallion@maryland.gov).

- **Friday, September 24, 2021:** Memo with instructions for completing the CDS-A survey will be sent by HSCRC staff.
- **Friday, October 22, 2021:** Deadline for hospitals to review, approve and/or amend Survey
    - Send to **hscrc.oncology-drugs@maryland.gov**
- **Friday, December 24, 2021:** HSCRC staff to complete 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 11). Please email hscrcteam@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 will be sent with these notes. Please use this opportunity to provide the HSCRC staff feedback on the data forums. If you did not receive a link to the survey, please contact hscrcteam@hmetrix.com.

New Variable: ED Triage Status

Geoff Dougherty, Deputy Director, Population Health, presented slides on a new variable to be reported in case mix, starting January 1, 2022 (slides 13-17). The ED Triage Status will help the HSCRC measure avoidable ED visits by focusing the measure on low-acuity visits and evaluating the validity of other measure that use other data. Staff is interested in having further discussions with hospitals about the feasibility of collecting this data and plan to follow-up in the coming weeks.

A hospital representative asked what the HSCRC is looking for that is not already available in the data (specifically CPTs). The HSCRC believes the CPT codes provide information once the admission is made, whereas the Triage variable will provide more relevant information before the admission. HSCRC wants to capture the initial impression of the patients and to evaluate hospitals based on the information hospitals had at the time of admission. Also, there are multiple CPT codes attached to a claim, which often assigns conflicting emergency severities to a visit.

Another participant asked whether the ED Triage variable apply to a specific outpatient category, or will it be to all the inpatient and outpatient visits? HSCRC wants to use the ED triage measure to focus on acuity of admission for outpatient and not for high acuity patients who appeared in ED for preventable conditions and were then admitted. There are PQI and PDI measures available already to evaluate inpatient visits. The focus is on patients who showed up in the ED and were discharged.

Data Repository Vendor Update

RDS is LIVE! Jen Vogel from St. Paul Group presented on the new Repository Data Submission (RDS) site, the easy-to-use web interface that replaced RepliWeb for submitting data to the HSCRC (slides 18-26), including the monthly case mix, Uncompensated Care Reports, Hospital Intern and Residency Survey, Hospice Report and the OP Cosmetic Surgery Report. 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 to submit **monthly and quarterly production data** (data that is grouped and used by the HSCRC) to the **"Submit folder"** in RDS to process the monthly data. hMetrix has instituted automated logic that can determine the type of file submitted. For **test data**, hospitals should submit to the **"Test folder"** in RDS. 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.

In responds to a query from a hospital, Mary outlined how the case mix and financial data that are submitted by hospitals flow to hMetrix and HSCRC (slide 30). 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 31).

Case Mix Audit Vendor Update

Brenda Watson, representing AGS, reported on some common case mix audit issues for inpatient (point of origin, discharge disposition) and outpatient (observation stay dates, new RVU values for emergency room services and coding recommendations for integumentary, infusion, and wound care). Brenda indicated there are 2 changes for the next review period: new strata focusing on COVID-19 cases and the removal of the recurring code for Outpatient discharge disposition (this was a finding for many hospitals). Brenda also reviewed, at a high live, the audit results across the last 3 audit cycles (slides 35-38).

ECMAD Workgroup Meeting

HSCRC staff held a ECMAD workgroup meeting on Monday, September 13, 2021. For more information, including slides and the recording from the meeting, please contact Lindsey Finné (lindsey.finne@maryland.gov).

Next Data Forum Meeting

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

If you have any agenda items, please send them to Oscar or me by November 30, 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).