maryland
health services
cost review commission

FY 2023 Quarter 3 Data Forum

Please register for FY2023 Quarter 3 Data Forum Meeting at:
https://attendee.gotowebinar.com/register/2956611384304951901
After registering, you will receive a confirmation email containing information about joining the webinar.

March 10, 2023
@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)
  - FY 2023 Changes to Edit Checks (Claudine)
  - Reminders (Oscar)
    - CDS-A Report
    - Data Forum Survey
- UCC Data Collection Update (Irene)
- Collection of SOGI Variables (Princess)
- 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)
- Upcoming Workgroups and Next Meeting (Claudine)
- Appendices:
  - Appendix 1: UCC Data Submission Updates
  - Appendix 2: UCC DAVE Walkthrough

Grouper Transition: Case Mix Weights and Market Shift

Rate Year	RY 2023		RY 2024
3M APR/EAPG Version*	IP Weights: 37.1 OP Weights: 3.15	IP Weights: 38 OP Weights: 3.16	IP Weights: 39 OP Weights: 3.17
Data Period Used for Weight Development	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)	IP: CY 2021 (12 Months) OP: CY 2021 and Q1 of CY 2022 (15 Months)
Weight Release Date	July 2020	**March 10, 2023**	November 2023
Policies Applicable To	CY 2021 12 Months Marketshift	CY 2022 12 Months Marketshift	CY 2023 6 Months Marketshift
	CY 2022 6 Months Marketshift	RY2022 ICC Volume	CY 2023 12 Months Marketshift
	RY 2023 Demographic Adjustment	RY 2024 Demographic Adjustment	RY 2025 Demographic Adjustment
	RY 2021 ICC Volume		RY 2023 ICC Volume

*The 3M ™ All Patient Refined DRG (APR DRG) Software and 3M™ Enhanced APG (EAPG) Software are proprietary products of 3M Health Information Systems.

Grouper Transition: MHAC, RRIP, QBR for **CY 2023**

Rate Year	RY2025
***3M APR/PPC Version**	40 *(Updated from version 39 to incorporate annual 3M updates)*
Timeline	**Base Year:** • MHAC: CY 2020 Q3 – CY 2022 Q2 • QBR-Mortality: CY 2021 Q3 – CY 2022 Q2 (FY 2022) • RRIP: 2018; norms based on post-COVID time period TBD **Performance Year:** • All Programs: CY 2023 (longer timeframe for MHAC for small hospitals TBD)
Implementation Date	RY 2025 policies begin Jan 1, 2023 in most cases. Look for base and performance period reports on the CRS Portal.

*The 3M ™ All Patient Refined DRG (APR DRG) Software and 3M ™ Potentially Preventable Complications (PPC) Software are proprietary products of 3M Health Information Systems.

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 CY 2023 – please see HSCRC memo dated 10/19/2022
  - 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; WG focused on social determinants of Health (SDoH) data elements; staff is working on additional reporting of aggregated trends in SDoH to address health disparities
  - Outpatient Quality measures, particularly shifts from IP to OP care

CY 2023 Digital Measure Submission to HSCRC

Title	Short Name	CMS eCQM ID	NQF Number	Meaningful Measure	Notes
Anticoagulation Therapy for Atrial Fibrillation/Flutter	STK-3	CMS71v12	N/A	Preventive Care	HSCRC Optional
Antithrombotic Therapy By End of Hospital Day 2	STK-5	CMS72v11	N/A	Preventive Care	HSCRC Optional
Cesarean Birth	PC-02	CMS334v4	N/A	Safety	HSCRC Required
Discharged on Antithrombotic Therapy	STK-2	CMS104v11	N/A	Preventive Care	HSCRC Optional
Discharged on Statin Medication	STK-6	CMS105v11	N/A	Preventive Care	HSCRC Optional
Exclusive Breast Milk Feeding	PC-05	CMS9v11	0480e	Care Personalized, Aligned with Patient's Goals	HSCRC Optional
Hospital Harm - Severe Hyperglycemia	HH-02	CMS871v2	3533e	Preventable Healthcare Harm	HSCRC Required

CY 2023 Digital Measure Submission to HSCRC

Title	Short Name	CMS eCQM ID	NQF Number	Meaningful Measure	Notes
Hospital Harm - Severe Hypoglycemia	HH-01	CMS816v2	3503e	Preventable Healthcare Harm	HSCRC Required
Intensive Care Unit Venous Thromboembolism Prophylaxis	VTE-2	CMS190v11	N/A	Preventive Care	HSCRC Optional
Median Admit Decision Time to ED Departure Time for Admitted Patients	ED-2	CMS111v11	N/A	Admission and Readmissions to Hospitals	HSCRC Required
Safe Use of Opioids - Concurrent Prescribing	N/A	CMS506v5	3316e	Prevention and Treatment of Opioid and Substance Use Disorders	HSCRC Required
Severe Obstetric Complications	PC-07	CMS1028v1	N/A	Safety (Measure Risk adjusted)	HSCRC Required
Venous Thromboembolism Prophylaxis	VTE-1	CMS108v11	N/A	Preventive Care	HSCRC Optional

Quality Update: eCQM Reporting Timeline

- CY 2023 Performance Period Submission Windows for eCQMs

Q1 2023:	Open: 07/15/2023	Close: 10/02/2023
Q2 2023:	Open: 07/15/2023	Close: 10/02/2023
Q3 2023:	Open: 10/15/2023	Close: 12/30/2023
Q4 2023:	Open: 01/15/2024	Close: 04/01/2024

- CY 2023 Performance Period Submission Windows for Hybrid Clinical Data Elements

Q3 2023:	Open: 01/15/2024	Close: 04/01/2024
Q4 2023:	Open: 01/15/2024	Close: 04/01/2024

- Hospitals may apply for an extraordinary circumstances exemption if warranted, including an extension if more time is needed.

FY 2023 DSR Updates: Revised Warning, Expanding MRN Length

- Revise Homeless Warning
  - HSCRC will remove the first warning from FY23 Q3 Processing as the objective is to **encourage hospitals to report more SDOH diagnosis** codes related to homelessness.
    Current warnings:
    - If one of the codes is reported, but zip code is not '88888'.
    - If zip code '88888' is reported and one of the diagnosis codes is not from the list

    Updated warning - effective FY 2023 Q3:
    - If zip code '88888' is reported and one of the diagnosis codes is not from the list
- Expand MRN Length
  - Effective April 1, 2023 for all datasets (IP, OP, PSYCH)
  - MRNUM Length from 11 to 12 characters

FY 2024 Proposed DSR Updates

Proposed Changes in Inpatient Dataset:

- **Remove** cross edit error related to psychiatric days of service and non psychiatric days of service
- **Remove** the variable non psychiatric days of service

Psychiatric Dataset:

Current Days of Service Values	Proposed Days of Service Value
01 - 09 = DO NOT USE - RESERVED FOR ACUTE HOSPITALS	01 -10 = DO NOT USE - RESERVED FOR ACUTE HOSPITALS
10 = ADULT	
11 = ADOLESCENT	11 = ADOLESCENT
12 = CHILD	12 = CHILD
13 = GERIATRIC	13 = GERIATRIC
14 = OTHER	14 = OTHER
15 = UNKNOWN	15 = UNKNOWN
	16 = ADULT

Reminders

Reminder: CDS-A Reports on CRISP Portal

- Provides hospitals with **high-cost drug utilization for outlier dosage units** based on 3rd Monthly case mix data
- Information should used to correct errors prior to submission of Quarterly case mix data.
- Hospitals can see which drugs' units are outliers compared to the State average

Outlier Summary Fiscal Year 2022 Q2 -2023 Q1

Drug Codes	Drug Description	EAPG	EAPG class code	Out..	Latest Year Visit Count	Latest Year Charges	Latest Year Outlier Count	Latest Quarter Visi..	Latest Quarter Cha..	Latest Quarter Out..
90375	Rabies ig im/sc	460	CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	1,274	$9,027,826	156	449	$3,129,047	51
90376	Rabies ig heat treated	460	CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	157	$742,379	18	48	$210,480	
90377	Rabies ig ht&sol human im..	460	CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHE..	Yes	311	$1,646,114	31	198	$1,050,729	15
A9513	Lutetium lu 177 dotatat th..	246	CLASS IV THERAPEUTIC RADIOPHARMACEUTICALS	No	97	$5,253,900	0	26	$1,384,760	
A9606	Radium ra223 dichloride t..	245	CLASS III THERAPEUTIC RADIOPHARMACEUTICALS	No	38	$990,371	0	11	$189,499	
C9132	Kcentra, per i.u.	461	CLASS IX COMBINED CHEMOTHERAPY AND PHARMACOTHER..	No	24	$502,626	0	5	$109,800	
C9257	Bevacizumab injection	435	CLASS I PHARMACOTHERAPY	Yes	160	$174,816	16	31	$1,782	
C9492	Injection, durvalumab	463	CLASS XI COMBINED CHEMOTHERAPY AND PHARMACOTHER..	No	2	$32,041	0	1	$15,281	
J0129	Abatacept injection	461	CLASS IX COMBINED CHEMOTHERAPY AND PHARMACOTHER..	No	468	$2,549,362	0	83	$450,205	
J0180	Agalsidase beta injection	464	CLASS XII COMBINED CHEMOTHERAPY AND PHARMACOTHER..	No	95	$1,970,951	0	20	$395,562	
J0791	Inj crizanlizumab-tmca 5mg	444	CLASS VII PHARMACOTHERAPY	No	258	$3,830,744	0	73	$1,049,857	
J0875	Injection, dalbavancin	462	CLASS X COMBINED CHEMOTHERAPY AND PHARMACOTHERA..	Yes	500	$3,578,522	3	177	$1,310,185	3
J0896	Inj luspatercept-aamt 0.25..	464	CLASS XII COMBINED CHEMOTHERAPY AND PHARMACOTHER..	Yes	211	$5,109,211	3	63	$1,866,504	2

Billed Unit Details : 90376 - Rabies ig heat treated

EAPG Version 3.17

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Reminder: CDS-A Reports on CRISP Portal

- CDS-A Audits starts 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.
- Hospitals are subject to fines if the case mix data used for CDS-A audits the following year contains errors.
- For access to the CRISP portal, contact your CRS Portal Point of Contact or support@crisphealth.org

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

UCC Data Collection and Processing

- New UCC data processing system via DAVE was implemented on January 1, 2023
- Ongoing data collection and data review for FY23Q2 reports
- UCC 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
- Revised UCC data reporting instructions, data edit rules, report template and materials from the UCC training webinar and FY23 UCC report submission schedule have been posted on the HSCRC Financial Data Submission Tools web page (https://hscrc.maryland.gov/Pages/hsp_info2.aspx).

UCC Data Preparation and Submission Process Recommendations

- Submit data as early as possible during the 30 - 60 days window to allow time for data review and correction
- Before submission, review the data and verify **all submission requirements** below are met:
  - Use UCC report template and proper file name
  - Record admission date (IP) or from date (OP) of the service for the account reported in case mix as the service date
  - Record UCC write-offs for HSCRC regulated services only
  - Check for missing values in data rows
  - Use proper sign for the write-off amount according to write-off type
  - Report original billed amount as positive number value
  - Use valid payer code (new payer codes for services since FY22)

UCC Data Preparation and Submission Process Recommendations

- After submission, review errors and warnings in the edit report and resubmit corrected data as needed
- Report with > 5% error rate will be rejected unless approved by HSCRC
- Data flagged with warning or error will be kept in the UCC write-off database but may be excluded from UCC-related policy development or other data analysis
- If additional time is needed to prepare, request due date extension before the scheduled due date via DAVE. Once the due date has passed, this option will be disabled unless approved by HSCRC and hMetrix staff.
- Contact hMetrix to update DAVE user workbook to obtain or remove access to UCC edit reports and notifications

UCC Data Edit Rule and Edit Report Modifications for FY 2023 Q3

- HSCRC continues to review submitted UCC data and to work with hMetrix to improve UCC data processing procedures
- UCC record submitted for psychiatric hospital that has no matching account number in case mix will be flagged as warning instead of error
- Make file naming convention checking rules non case-sensitive
- Payer code that is valid during the time of the reporting quarter or on the service date will be accepted
- UCC balance list in the edit report will only display accounts with net balance greater than $100 credit for recent services provided within 8 quarters prior to the end of the current reporting period

UCC and Case Mix Data Matching Method Under Evaluation

- UCC write-off service date may not reconcile with case mix admission date due to different reporting requirement (e.g., UCC write-off for ED visit that resulted in IP admission on the next day, UCC write-off for service performed during IP visit).
- May change edit rule for UCC and Case Mix data reconciliation to consider a match if the service date is within 1 day of the case mix admission date and/or if the service date falls within the window of the admission date and discharge date.

Questions about UCC Data Processing Procedures

- Contact Irene Cheng (Irene.Cheng@maryland.gov) for questions regarding
  - Revised UCC reporting instructions
  - UCC data edit rules
  - UCC data quality
  - Request report submission extension before due date (via DAVE)
  - Request report data pass if error rate > 5% (via DAVE)
- Contact hMetrix (hscrcteam@hmetrix.com) for technical support regarding DAVE
  - Access to edit reports and notification e-mail
  - Request report submission window be reopened to submit past due report

CY 2023 Sexual Orientation and Gender Identity Data Collection (SOGI) Survey Results

Impetus for SOGI Data Collection

- Members of the LGBTQIA+ community experience health disparities and require care and services tailored to their unique needs
- The lack of data collection regarding SOGI makes it challenging to provide appropriate health services
- The systematic collection and analysis of SOGI data are essential to ensuring the surveillance, delivery, and evaluation of high-quality, patient-centered care
- In 2019, the HSCRC conducted a survey regarding data collection practices but the COVID-19 pandemic stymied progress with assisting and training hospitals with the collection of SOGI data

Hospital Responses

- 19 responses for 52 hospitals
- Gender Identity (GI): A patient's current internal sense of being man, woman, neither, or both.
  - Male/Man
  - Female/Woman
  - Female to Male -or- Male to Female Transgender
  - Genderqueer
- Sexual Orientation (SO): A patient's identity with regard to romantic and/or sexual attraction.
  - Straight/Heterosexual
  - Lesbian, Gay, or Homosexual
  - Bisexual

Gender Identity Field Options

- All hospitals collect “Male/Man” and “Female/Woman”
- 27 hospitals collect “Female To Male (FTM) Transgender” and “Male To Female (MTF) Transgender”
  - Increase from 17 hospitals in 2019
- 24 hospitals collect “Genderqueer”
  - Increase from 12 hospitals in 2019
- 25 hospitals collect “Sex at Birth”
  - No change in # of hospitals from 2019
- 44 hospitals allow patients to decline to answer their GI
  - Increase from 29 hospitals in 2019

Sexual Orientation Fields Options

- 30 hospitals collect
  - “Straight or Heterosexual”
  - “Lesbian, Gay, or Homosexual”
  - “Bisexual”
  - Increase from 18 hospitals in 2019
- 26 hospitals collect “Something Else”
  - Increase from 18 hospitals in 2019
- 23 hospital collect “Don’t Know”
  - Increase from 17 hospitals in 2019
- 28 hospitals allow patients to decline to answer their SO
  - Increase from 19 hospitals in 2019

Collection Methods & Data Usage

How do Hospitals Collect SOGI Data:

- 46 hospitals collect SOGI verbally
- 15 via paper form
- 32 electronically

How do Hospitals Use SOGI Data:

- 6 hospitals use SOGI data to assess quality assurance/improvement
- 4 hospitals use SOGI data to reduce health disparities
- 2 hospitals use SOGI data for monitoring
- 10 hospitals use SOGI data to assess patient safety
- 28 hospitals use SOGI data for record keeping

Barriers to Collection

- EHR vendors are not currently set up for collection of all options presented in the survey
- Lack of universal data collection processes (especially for minors)
- Lack of clinical pertinence could violate patient rights/privacy
- Staff discomfort in asking
- Patients' refusal to answer and how to deal with moral objectifications

Next Steps

- 1-2 virtual meetings in April – May 2023
- Stakeholder workgroup to draft recommendations
  - Codes and definitions
  - Timeline for implementation and training
- Training/Staff Education
- Addition of new variables

Data Processing Vendor Update

Points of Contact

HSCRC	hMetrix / Burton Policy
Oscar Ibarra Phone: (410) 764-2566 Email: oscar.ibarra@maryland.gov	**Shivani Bhatt** (Primary PoC) Phone: (484) 228-1453 Email: shivani@hmetrix.com
Claudine Williams Phone: (410) 764-2561 Email: claudine.williams@maryland.gov	**Mary Pohl** (Hospital Support) Phone: (410) 274-3926 Email: marypohl@burtonpolicy.com
	Team Email: hscrcteam@hmetrix.com

Reminders

- Production data
  - Upload Case Mix (Inpatient, Outpatient and Psychiatric) files to the RDS server ‘submit’ folder
    - These files are used for grouping and other downstream processes
  - Upload UnCompensated Care (UCC) files to the RDS server ‘UCC’ folder
  - Download error reports from https://hscrcdave1.hmetrix.com/
- Test data
  - Upload files to the RDS server ‘test’ folder - both Case Mix data as well as UCC files
    - UCC files accepted starting Jan 1, 2023
  - Available all the time for hospitals to test submissions
  - Data is not used for downstream processes
  - Download error reports from https://hdavetest.hmetrix.com/
- For new UCC users
  - Same as Case-Mix data, there are requests that can be made using DAVE before due date.
  - Refer to “Appendix 2: DAVE Walk through for UCC” for more information

Case Mix Review Vendor Update

Point of Origin & Discharge Disposition Definitions

- Point of Origin: Defined as the patient's immediate location (physical location) before arriving at the hospital, hospital's emergency department, or another point of entry.
  - Non-healthcare facility:
    - Patient coming from home or work
    - Patient coming for a scheduled procedure or admission with a referral
  - Clinic or Physician Office includes urgent care
    - Patient is seen in a physician office, clinic or urgent care and is advised to go directly to the Emergency Department
- 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.

Coding Sequence Reminder

Socioeconomic and psychosocial circumstances condition coding and reporting leads to standardization in health equity data.

- Inpatient
  - Up to 30 diagnosis codes (primary and 29 secondary)
- Outpatient
  - Up to 50 diagnosis codes (primary and 49 secondary)

Note: When the socioeconomic and psychosocial circumstance conditions are coded in another diagnosis position (inpatients 31-99 or outpatients 51-99) the codes are not available in the case mix audit and could result in a non-essential error.

Outpatient Coding Quality Review

Internal coding quality review plans should include the following:

- Lesion removal
- Skin Repairs
- Debridement

Data Repository Vendor Update

RDS Folder Structure

ADHOC

- Submit files as requested by HSCRC or data processing vendor

ARCHIVE

- Record of files submitted

SPECIALITY FOLDERS

- UCC, GME, Hospice, OPCOSM

RETURN

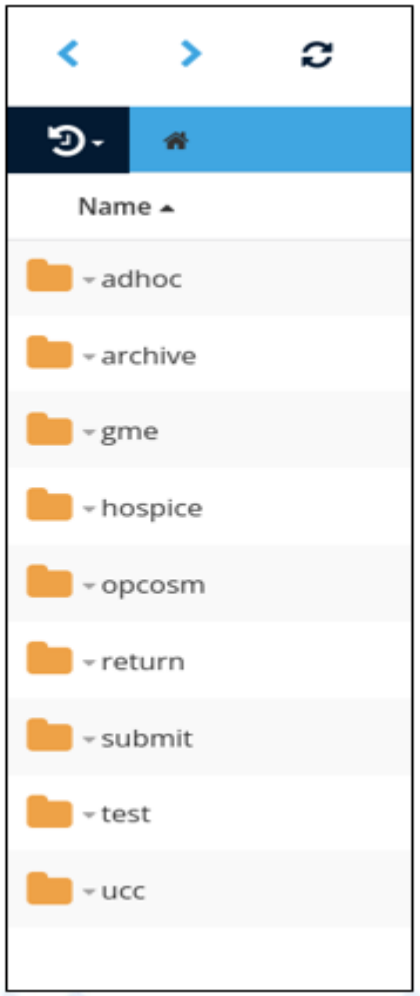
- Files sent to end user

SUBMIT

- Submit FINAL data

TEST

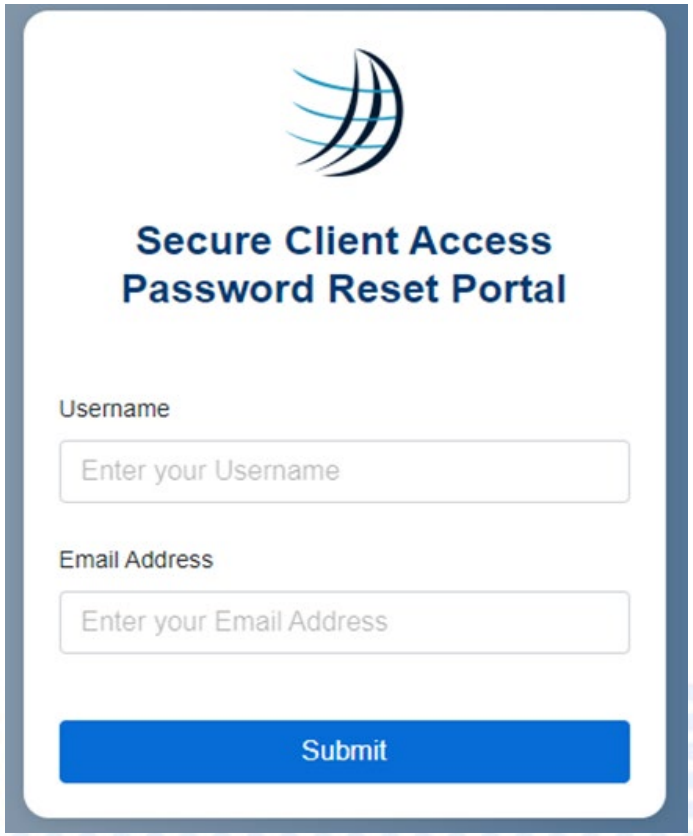
- Submit TEST data



SCA Password Reset Portal

https://password.thestpaulgroup.com

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



RDS Questions

Contact St. Paul Operations
with any questions:

ops@thestpaulgroup.com

Upcoming Workgroup Meetings

Workgroup Topics

- SOGI Workgroup
  - **Purpose:** Discuss feasibility of expanding definitions for Sexual Orientation and Gender Identity (SOGI)
  - **Duration:** 1-2 meetings (virtual)
  - **Membership:** 6-10 members (would like representatives from all systems, rural, and independent hospitals)
  - **Timing:** April – May 2023, present findings at June Data Forum Meeting
  - **To participate:** Email Princess.Collins@maryland.gov
- Data Submission Requirements Workgroup:
  - **Purpose:** To review and edit the final FY DSR for accuracy and consistency
  - **Duration:** 1-2 meetings (virtual)
  - **Membership:** 6-10 members
  - **Timing:** April – May 2023, present updates at June Data Forum Meeting
  - **To participate:** Email Oscar.Ibarra@maryland.gov

Next Meeting

Notes and slides will be posted to the HSCRC website:

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

Next Meeting
FY 2023 Q4
June 9, 2023

Appendix 1: UCC Data Submission Updates

January 2023 onwards

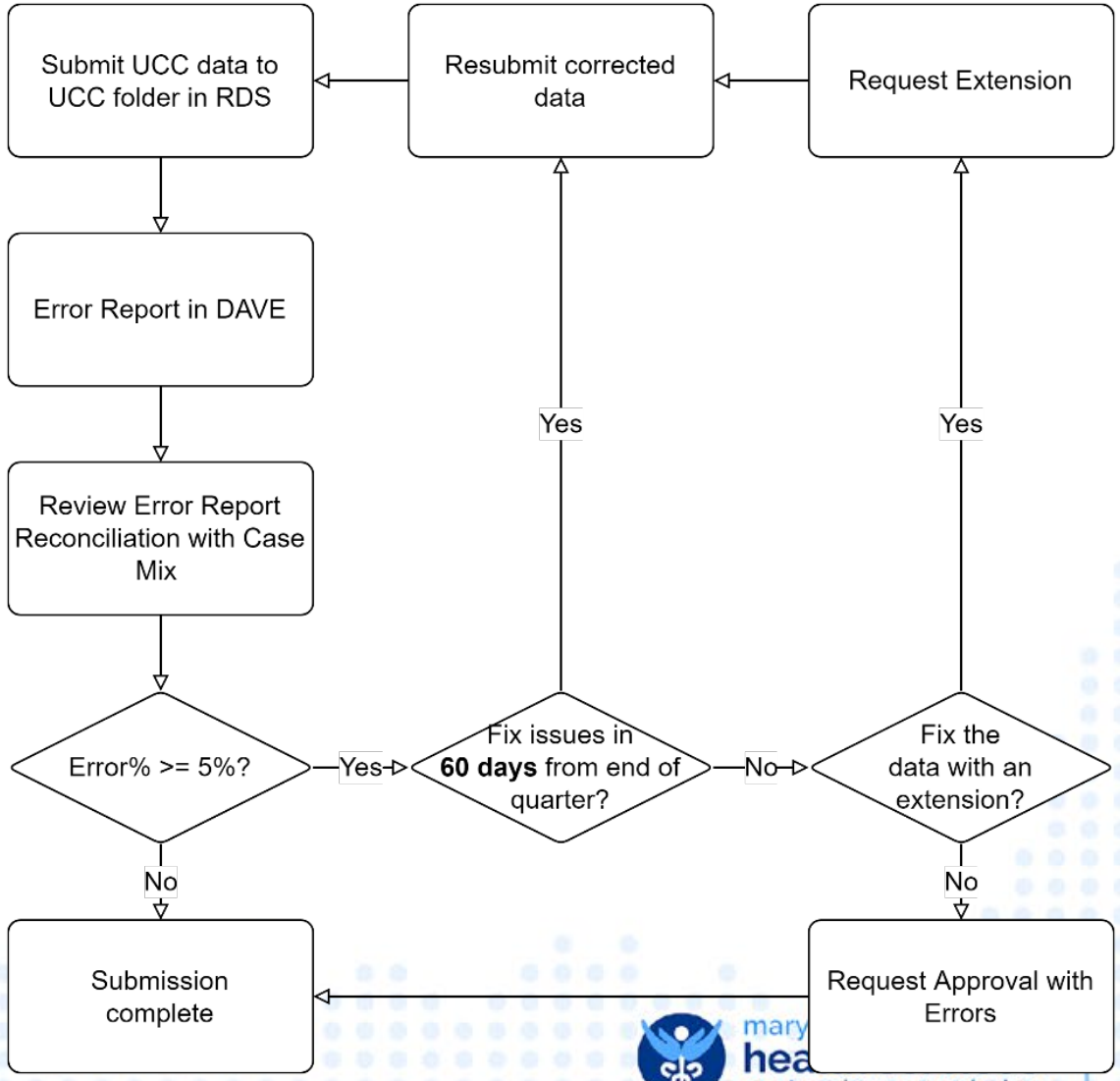
- Follow current process
  - Data (re)submission through UCC folder in RDS (SPG)
- New
  - Submission window 30 – 60 days after close of quarter
  - Automated notifications and reminders from DAVE
  - Error reports within an hour
  - Submission status in DAVE

January 2023 onwards (contd.)

- New
  - Strict adherence to data submission format
    - File Naming Convention <HospitalID>_FYyyQx_UCC.xlsx
      - E.g. - 210001_FY23Q2_UCC.xlsx
    - File Naming Convention for resubmission <HospitalID>_FYyyQx_UCCREVz.xlsx
      - E.g. - 210001_FY23Q2_UCCRev1.xlsx
    - Hospital ID in cell B5
      - No special characters allowed
    - Reporting Quarter in cell E4
      - YYYYQx (YYYY – Fiscal Year; Q – Fiscal Quarter, e.g – 2022Q1)
  - Values for write off Type (B,C,R)
- Refer to the UCC memo for additional detail

Overview

- Submit data to RDS UCC folder
  - 30 – 60 days after End of Quarter (EoQ)
- Download Error report from DAVE
  - < 1 hour from submission
- Error < 5% - Submission complete
- Error >=5% - Review and fix errors
  - Able to fix within 60 days of EoQ?
    - Resubmit corrected data before Due Date
  - Able to fix with an extension?
    - Submit extension request & resubmit data
  - Unable to fix
    - Submit request for approval with errors



Errors

- Validation Errors
  - Invalid Date Format
  - Invalid Write Off Type
  - Invalid Payer
  - Invalid Amount
- Reconciliation with Case Mix Data (eight quarters)
  - UCC Account Number does not match Case Mix
  - UCC Service Date does not match Case Mix
  - For the most recent quarter
    - Preliminary (monthly) Case Mix data will be used
- Permitted error percentage - 5%

Error Report Overview

Tab	Contents	Purpose
UCC HSCRC Letter	Summary of records received and count of records with Errors.	Overview of data quality and Case Mix reconciliation match rate
UCC Errors for Data Received	Line level details of records with Validation errors in the file submitted. Explanation gives details of the error.	Help identify the row numbers from the submission file with errors and the fields resulting in the error
UCC Warning for Data Received	Line level details of records with validation warnings in the files submitted. Explanation gives details of the warning.	Help identify the row numbers from the submission file with warnings and the fields resulting in the error
UCC Total Write-Off	Summary of the data submitted Write off type, Quarter and Payer	Help hospital reconcile the processed summaries with internal records
UCC Total Write-Off by Type	Summary of the data submitted Write off type by Quarter	Help hospital reconcile the processed summaries with internal records

Error Report Overview (contd.)

Tab	Contents	Purpose
UCC Percent Error list	Summary of the type of errors identified in the submissions	Identify primary type of errors in the submission
UCC Cross Check with Case Mix	Summary of match rate between UCC data and Case Mix data	Help identify the type of mismatches between UCC submission and Case Mix data
Detail UCC Case Mix Cross Check	Account level details of records that do not match with Case Mix data, along with Case Mix data points	Help hospitals identify the records in the UCC submission that does not align with Case Mix data
UCC Balance	List of account numbers that have a total write off amount of <-$100	Help hospitals identify accounts that have total negative write offs

Identify Case Mix Reconciliation Issues

Detail UCC Case Mix Cross Check tab from the error report

Column Name	Description
ROW_NUM	Row number from the UCC file that was submitted
SRVC_DT	Service date from the UCC file that was submitted
WRITE_OFF	Write off amount from the UCC file that was submitted
PAYER	Payer from the UCC file that was submitted
TYPE	Write off type from the UCC file that was submitted
Case Mix Match Status	Reason for the mismatch between the UCC data and the Case Mix data
Case Mix Start Date	Admit Date from the Case Mix data for UCC records with patient account match
Case Mix End Date	Discharge Date from the Case Mix data for UCC records with patient account match
Case Mix Data Type	Case Mix data type where the match was found

User Management Workbook

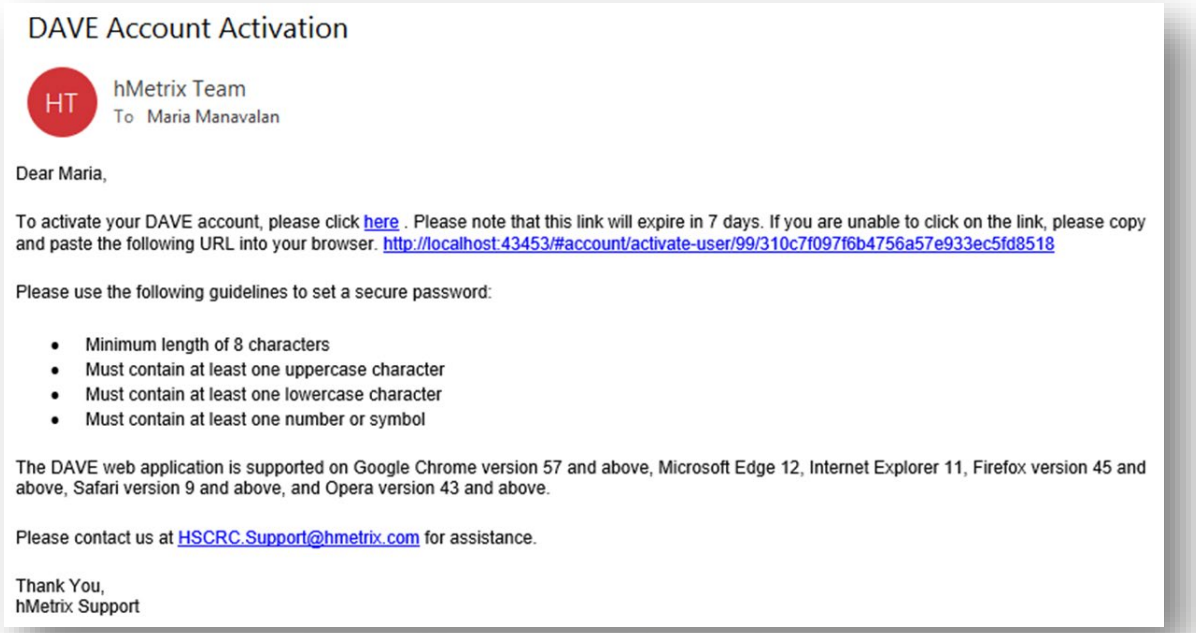
- hMetrix has distributed an user management workbooks to current DAVE primary contacts
  - These works books will be sent on Dec 14, 2022
- Hospitals to update the workbook:
  - Enter Y in the UCC column for current DAVE users who also require access to UCC records
  - Add details of new users who need access to UCC records
  - Workbooks to be returned to hMetrix by Jan 14, 2023

Hospital or system name:	Hospital1				Hospital or system ID:		12345	
#	First Name	Middle Name	Last Name	Email Address	Phone	Primary	Secondary	UCC	Accessible Hospital List
1	Jon		Doe	jondoe@h1.com		Y		Y	Hospital1
2	Jane		Smith	jsmith@h1.com				Y	Hospital1

Appendix 2: DAVE Walk through for UCC

Account Activation

- Email with link to activate user account (only for new users of DAVE)
- Click on the link in the email



DAVE Account Activation

HT

hMetrix Team
To Maria Manavalan

Dear Maria,

To activate your DAVE account, please click here . Please note that this link will expire in 7 days. If you are unable to click on the link, please copy and paste the following URL into your browser. http://localhost:43453/#account/activate-user/99/310c7f097f6b4756a57e933ec5fd8518

Please use the following guidelines to set a secure password:

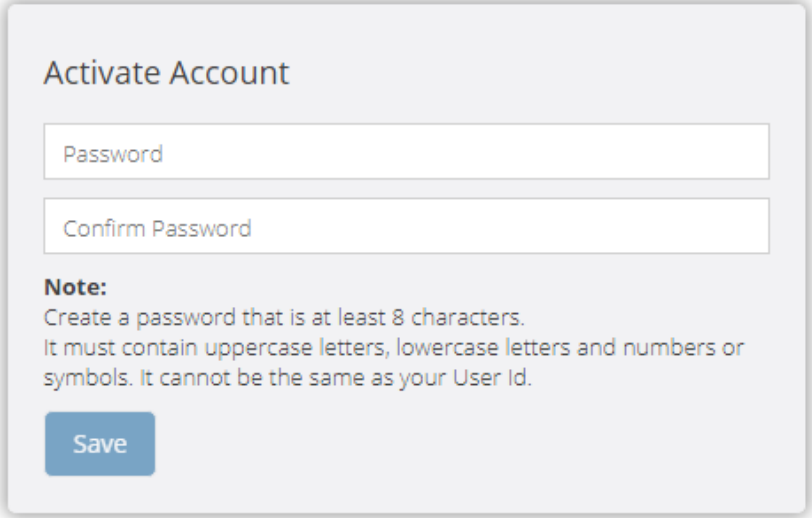
- Minimum length of 8 characters
- Must contain at least one uppercase character
- Must contain at least one lowercase character
- Must contain at least one number or symbol

The DAVE web application is supported on Google Chrome version 57 and above, Microsoft Edge 12, Internet Explorer 11, Firefox version 45 and above, Safari version 9 and above, and Opera version 43 and above.

Please contact us at HSCRC.Support@hmetrix.com for assistance.

Thank You,
hMetrix Support

- Enter a secure password
- Click Save



Activate Account

Password

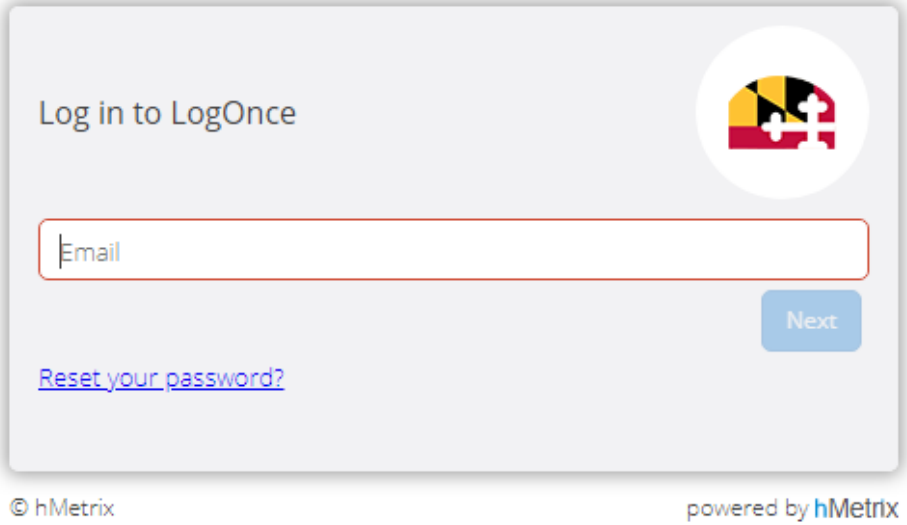
Confirm Password

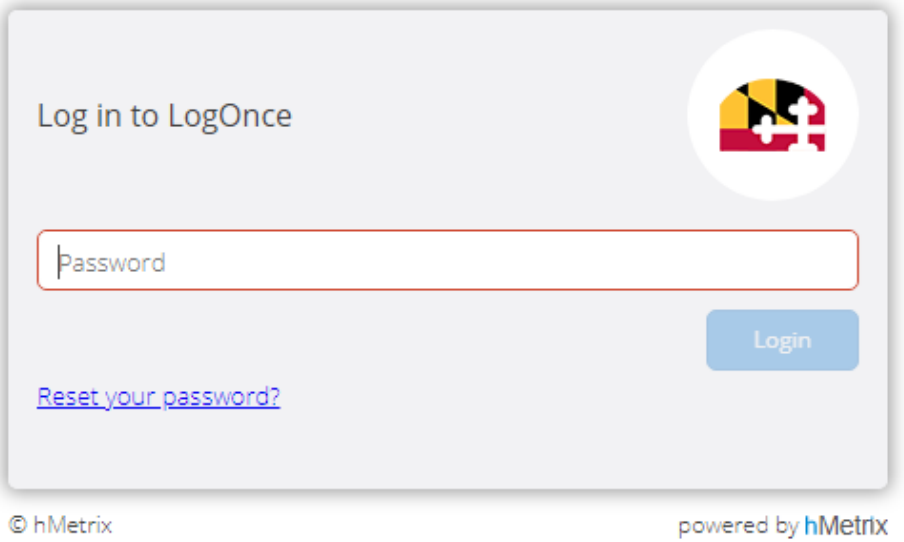
Note:
Create a password that is at least 8 characters.
It must contain uppercase letters, lowercase letters and numbers or symbols. It cannot be the same as your User Id.

Save

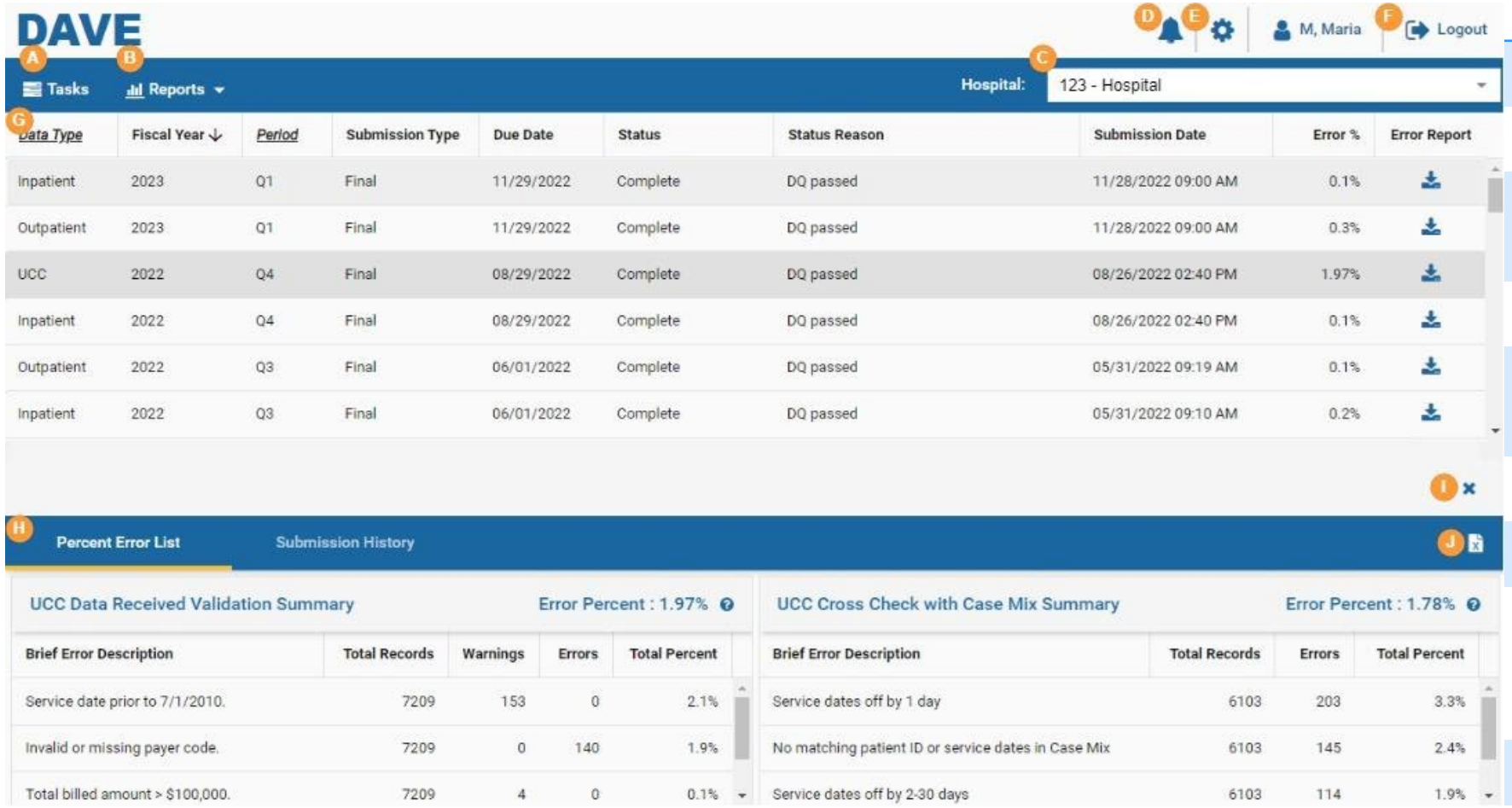
Login

- https://hscrcdave1.hmetrix.com
- Enter email and click Next
  - UCC tasks available from Feb 1, 2023





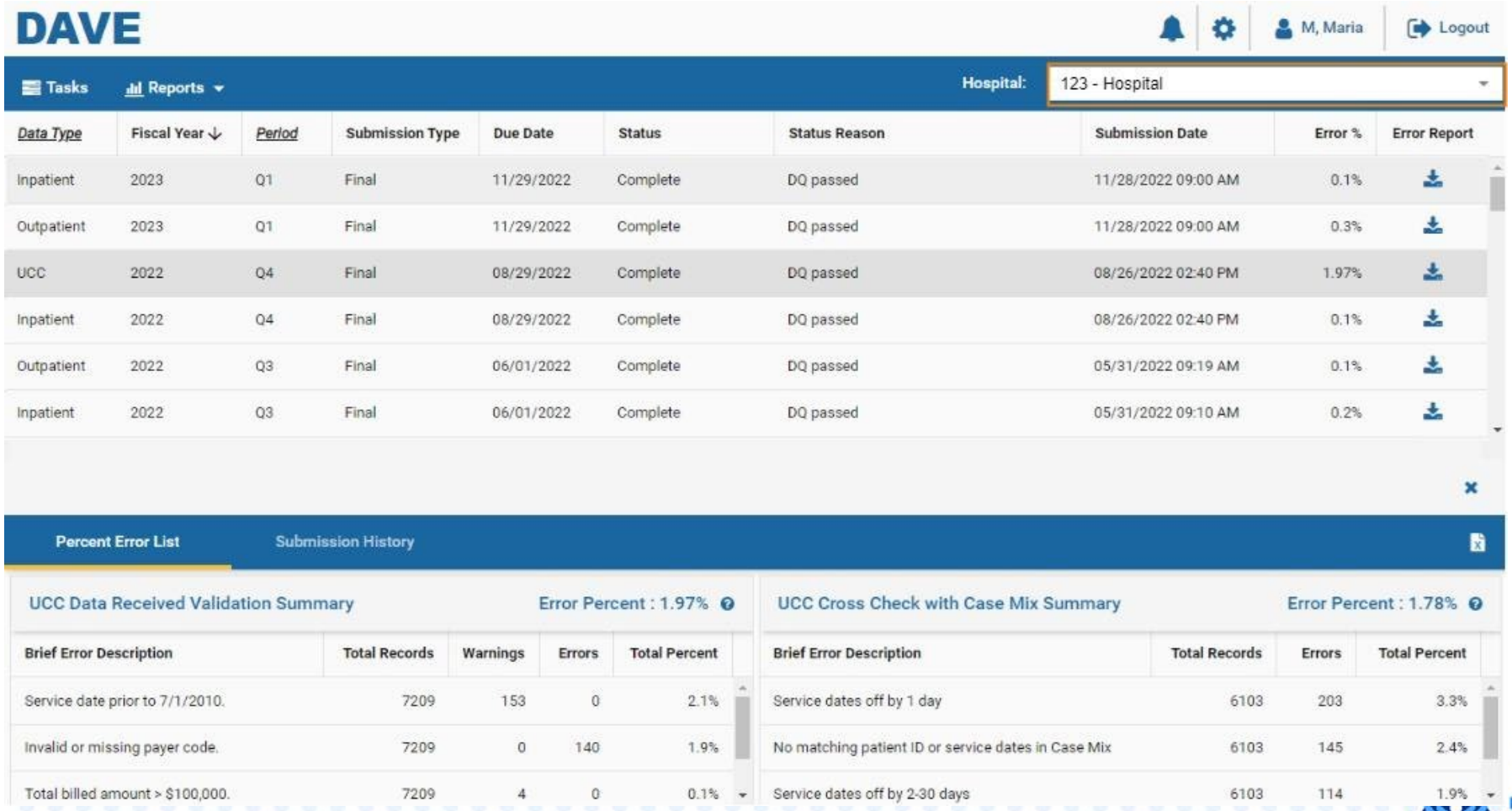
Login



A	Tasks – Click to view the tasks page
B	Reports – Click to view reports
C	Hospital Selector – Use to select the hospital to view
D	Landing Page settings
E	Help – Knowledge Base and Service Desk
F	Logout – Click to exit from DAVE
G	Data submission Tasks table
H	Details table – displays details regarding the selected data submission task
I	Minimize Details table
J	Export task details to Excel

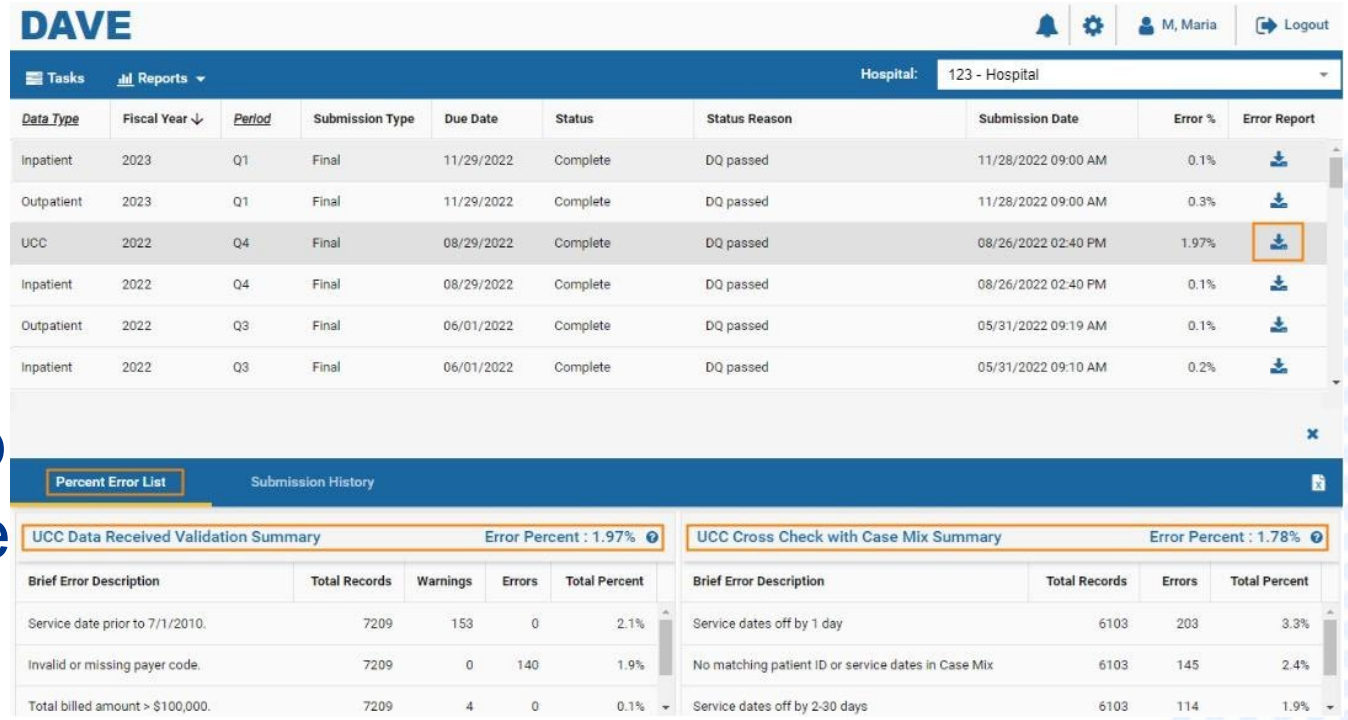
Select a Hospital

- Choose the Hospital using the list on right of the menu bar



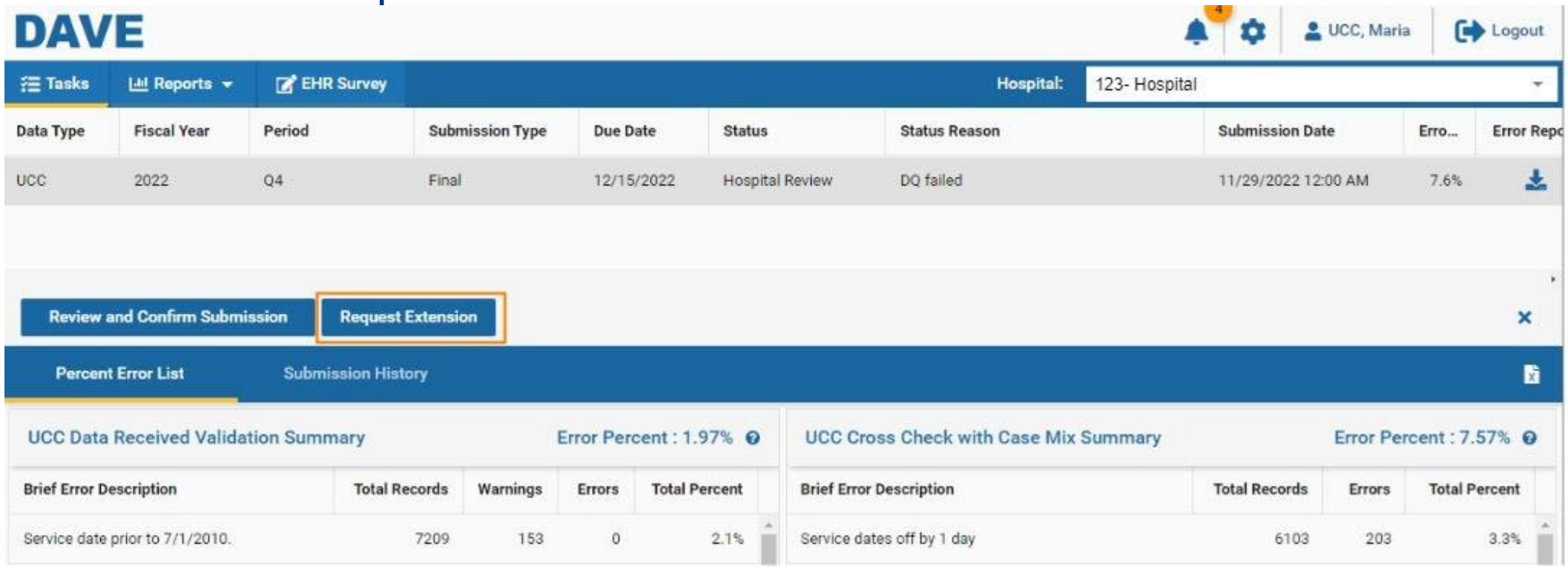
Select a Hospital

- Double click on the data submission row
- Click on the icon to download the Error Report
- The Percentage Error List tab in the lower pane displays the summary of the error report
  - UCC Data Validation Summary
  - UCC Cross Check with Case Mix Summary



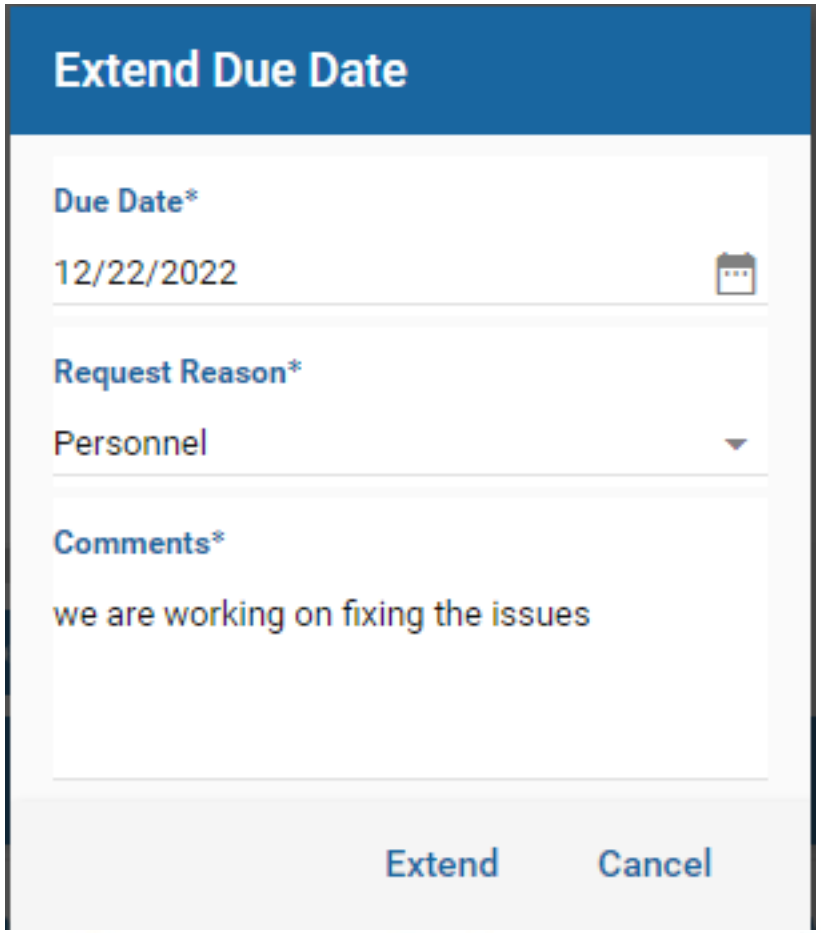
Hospital Review - DQ Failed

- Require an extension to fix data quality issues
- Select the row in the table that you would like to review and request extension for
- Click on the Request Extension button on the bottom left

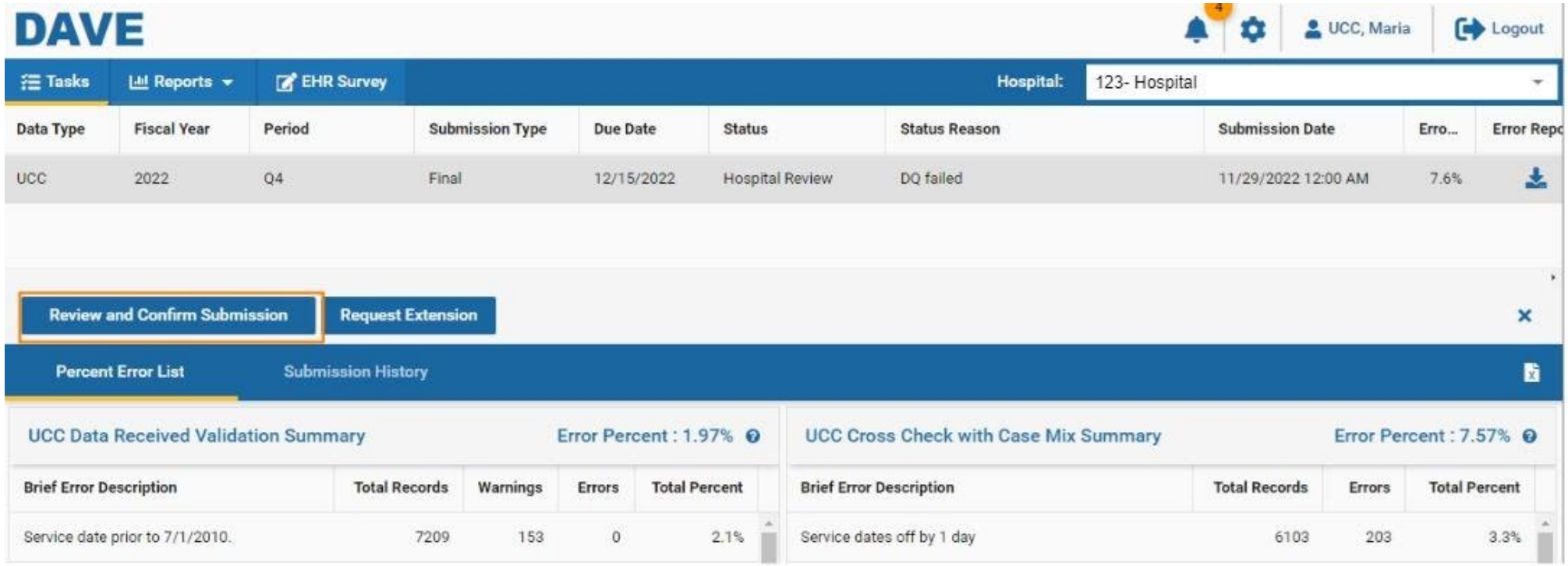


Request Data Submission Extension

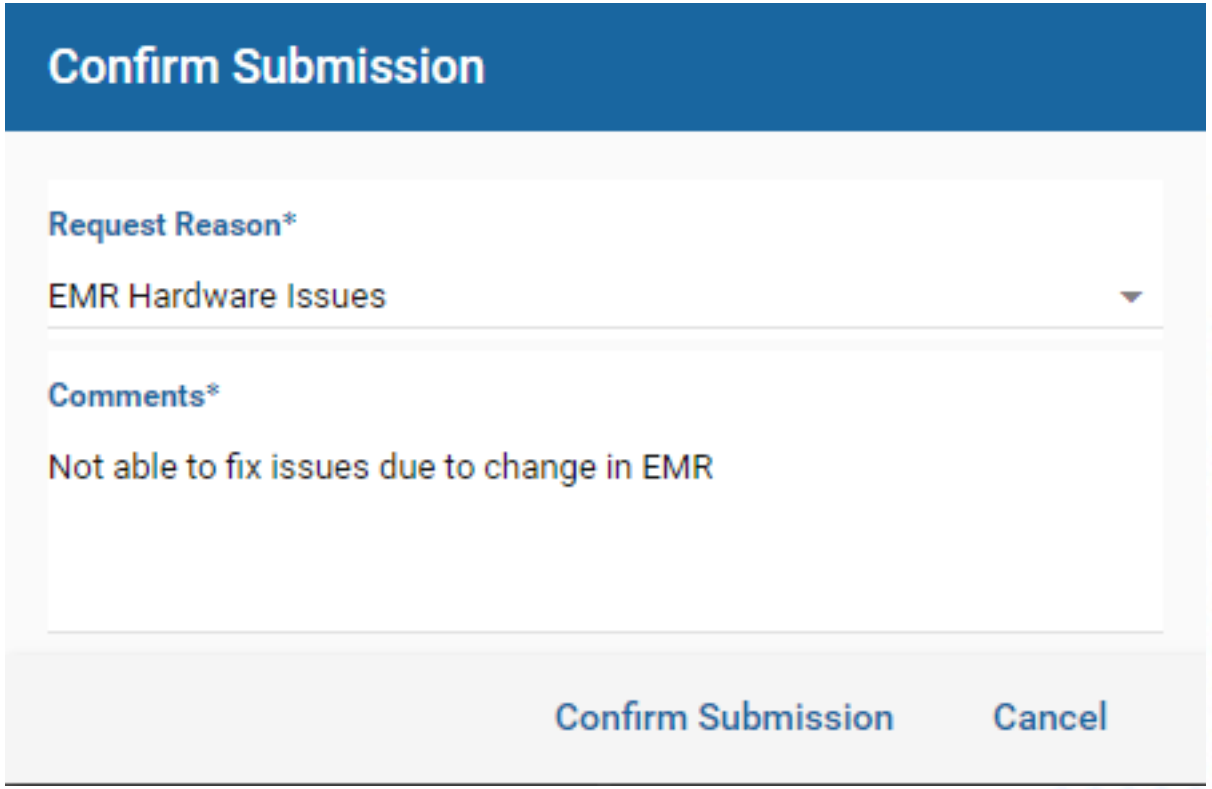
- Choose a new Due Date (must be within 15 days of production submission date)
- Choose a reason of the Extension
- Add comments with Explanation for the reason of the issue
- Click on Extend
- Confirm submission of Extension Request
- Email notification of Approval from HSCRC is sent to user



Hospital Review - DQ Failed

- Unable to fix issues
- Select the row in the table that you would like to request to accept with Errors
- 

ft

Confirm Submission with Errors

- Choose a reason for the errors
- Add the reason why data issues cannot be fixed in the Comments
- Click Confirm Submission
- Upon approval by the HSCRC
  - Email notification of Approval from HSCRC is sent to user