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Date: April 8, 2024

To: Hospital Chief Financial Officers and Case Mix Liaisons

From: Claudine Williams, Principal Deputy Director, HDMI

Subject: **FY 2024 Q3 Data Forum Follow-up**

Thanks to all who participated in the FY 2024 Q3 Data Forum held on March 8, 2024. Below is a summary of what was discussed and next steps.

Announcements

Staff reviewed the grouper versions that will be applied to the IP, OP for RY 2024 (Slide 5).

- **Case Mix Weights and Market Shift (RY 2024)**: IP Weights 39; OP Weights: 3.17; IP weights use CY 2022 (12 months); OP weights use CY 2023 – Q1 CY 2023 (15 months). Weights for FY 2024 to be available in the first quarter of 2024. These weights are applied to the following policies:
    - CY 2023 12 Months Marketshift
    - RY 2022 ICC Volume

Quality Update

Staff provided updates on quality-related data initiatives (slide 8-9). Staff reviewed the eCQM measures that will be required or optional for the upcoming calendar years and the timeline for reporting the measures (slides 10-12). Additionally, staff reviewed the HSCRC hospital wide readmission and mortality reporting requirements for calendar year 2024 (Slide 13).

SOGI Data Collection Update

Staff provided updates on SOGI data collection (slides 15-23). Updates on SOGI data collection included: SOGI Workgroup overview and members; discussion of the three (3) proposed SOGI case mix variables and implementation timeline; options for collection of "select more than one" codes; and the upcoming training sessions for hospital staff. Below are follow-up questions regarding this section of the data forum.

1. How will the consolidated variables be determined?
   HSCRC will work with the workgroup to determine what the variables will be and what logic is required for each consolidated variable.
2. Will there be more clarification on how to submit the data?
   HSCRC will provide more details along with FY25 DSR.
3. How will the state use Sexual Orientation? Is this not private information?

These variables will be considered confidential data and patient-level information will be kept private. From a health equity perspective, this data will be used to glean information about sexual and gender minorities, in particular, their access to necessary and quality healthcare.

4. ED departure to inpatient admission is not well defined.
   It may help to record more than one variable to determine what should be used in policy. HSCRC will work with Adventist to better understand this

ED LOS Update

Staff provided an update on Emergency Department Length of Stay (ED LOS) initiative, covering: CMS data highlighting Maryland's below-average performance, ED LOS Quality Based Reporting (QBR) Measure Development Plan, interventions for ED LOS improvement, proposed date stamps for the IP Data Set, and background and findings from the HSCRC ED-1 Data Survey. ED LOS data requirements are currently being finalized and additional detail is included below.

CDS-A Reports

Staff reminded all participants that the CDS-A Report is available on the CRISP Portal (slides 37-38). This report allows hospitals to review growth in the cost of outpatient infusion and chemotherapy 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 will be subject to fines if any material error is found in a hospital's CDS-A audit.**

Data Forum Survey

Staff reminded all meeting participants to complete the survey in Survey Monkey. **The link was sent on Thursday, March 14, 2024**. Please use this opportunity to provide the HSCRC staff feedback on the data forums.

FY 2025 Proposed Data Submission Requirements (DSR) Updates

Staff reviewed the FY 2025 proposed DSR updates (Slides 41-42).
- **Add** an **error check** for valid rate centers
  - Staff is updating its error check system to prevent reporting terminated rate centers like PSI and FSE. Previously, this check only applied to Psychiatric hospitals.
  - Starting FY 2025, errors will be flagged for invalid rate center submissions across all categories. Valid rate centers are listed in the DSR.
- **Add** a **new plan payer** for Out of State (non Maryland) Medicaid payers
  - Staff is introducing a new payer code, 128 for "OUT OF STATE (NON MARYLAND) MEDICAID PAYER", and implementing error checks to ensure it's reported alongside payer code 06 for "OTHER GOVERNMENT PROGRAMS".
- **Add** an **error check** when terminated HCPCS code is reported
  - Starting FY 2025, Staff will check for terminated HCPCS codes. They'll compare the termination date against the procedure date to flag errors.
- **Add** new proposed **SOGI variables**. The workgroup will finalize the code values at its next meeting in April 2024.
  - New variables for testing will be added starting October 1, 2024. They'll be optional in production runs from FY 2025 and mandatory beginning in FY 2026.

- **Add** new proposed **ED LOS variables**. The workgroup will finalize the variables at its next meeting in April 2024.
  - Date and timestamps, along with other necessary variables, will be added to the monthly case mix data.
  - Hospitals can test the new ED LOS variables in the Case-mix data starting from October 1, 2024, and it will become mandatory from January 1, 2025. Further details will be provided soon.
- **Publish updates** to **Accounting and Budgeting Manual** Appendix D.

Below is a follow-up question regarding this section of the data forum.

1. **Will the source of the HSCPCs and CPT codes date be published?**
   hMetrix will check the license terms for CPT codes. HCPCS codes are available on the CMS website, and the link will be added to DSR. It is recommended to utilize open sources for procedure codes rather than relying solely on DSR

FY 2025 DSR Implementation Timeline
- **August 1, 2024 and onwards**
  - **FY 2025 test files** with **FY 2025 format** with **optional SOGI variables**
  - Submit data with discharges on/after July 1
  - Submit to TEST folder
- **November 1, 2024 and onwards**
  - **FY 2025 test files with FY 2025 format** with **ED LOS variables** and **SOGI variables**
  - Submit data with discharges on/after October 1
  - Submit to TEST folder
- **August 2024**
  - **FY 2024 Jul + Aug** with **FY 2024 DSR Format**
  - Submit to PRODUCTION folder
- **October 1, 2024**
  - **FY 2024 Jul - Sep** with **FY 2025 DSR Format with optional SOGI variables**
  - Submit to PRODUCTION folder
- **January 1, 2024 and onwards**
  - **FY 2024 Dec** with **FY 2025 DSR** with **ED LOS variables** and **optional SOGI variables**
  - Submit to PRODUCTION folder
  - CY 2023 ED LOS variables data to be submitted via the ad hoc folder

Relative Value Unit Methodology
Staff reviewed the relative value unit methodology (slide 45). RVUs are adjusted to whole numbers by multiplying by ten and rounding. Values <0.5 are rounded down, values >0.5 are rounded up. Appendix D will be updated in FY 2025 to reflect the change from units using a decimal point to a whole number.

Uncompensated Care (UCC) Data Collection Update
Staff provided an update on UCC data collection, including discussions on current processing, DSR and edit report updates for FY 2024 Q2; notable data submission errors in FY 24 Q2; recommendations for the UCC data preparation and submission process; and tips for reviewing UCC data error reports (slides 47-52).

Data Processing Vendor Update

Shivani Bhatt, representing hMetrix, reported on data processing updates. Shivani 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 (slides 54-46).

Data Repository Vendor Update

Jen Vogel with the St Paul Group, reminded participants of the recent updates to the Repository Data Submission (RDS) site, including mapped drive functionality, SFTP capability, and the password reset portal (slides 58-59).

Upcoming Workgroups

Staff announced information for the Performance Measurement Workgroup (slide 61). For more information on the Performance Measurement Workgroup you can visit online at https://hscrc.maryland.gov/Pages/hscrc-workgroup-performance-measurement.aspx.

The HSCRC has contracted the Johns Hopkins Medicine Office of Diversity, Inclusion and Health Equity (ODIHE) to provide hospital staff training on the best practices for collecting Sexual Orientation and Gender Identity (SOGI) data. For more information on the trainings you can visit online at https://hscrc.maryland.gov/Pages/Workgroups-Home.aspx

The ED LOS Data subgroup has concluded (last meeting was April 12th) and the data submission requirements will be released by mid-May. The ED LOS Measure and Incentive Subgroup will have its first meeting on April 16th. More information on both Subgroups can be found here: ED Length of Stay Subgroup Webpage

Next Meeting

The next Quarterly Data Forum Meeting is scheduled for June 7, 2024. If you have any agenda items, please send them to Oscar, Curtis, or myself by May 29, 2024.   If you have any questions or concerns about the topics discussed above, please contact Claudine Williams (Claudine.Williams@maryland.gov), Oscar Ibarra (Oscar.Ibarra@maryland.gov), or Curtis Willis (Curtis.Wills@maryland.gov).