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FY 2022 Quarter 4 Data Forum

Please register for FY2022 Quarter 4 Data Forum Meeting at:

https://attendee.gotowebinar.com/register/6526227556571738636

After registering, you will receive a confirmation email containing information about joining the webinar.

June 17, 2022

@10:00 AM

Agenda

- Announcements
  - Case Mix Weights and Grouper Transition Update (Denise/Dianne)
  - Quality Update (Dianne)
  - Reminders (Oscar)
    - Data Requests Moratorium
    - Expected Payer Codes for UCC
    - CDS-A Report on CRISP Portal
    - ED Triage Variables
    - Data Forum Survey

- DSR Changes for FY 2023 (Claudine)
- FY 2023 DSR Implementation Timeline (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 (Oscar)

Grouper Transition: Case Mix Weights

Rate Year	RY 2023	RY 2024
APR/EAPG Version	IP Weights: 38 OP Weights: 3.16	IP Weights: 39 OP Weights: 3.17
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	

Outpatient Case Mix Weights (based upon 15 months (CY 2019 – March 2020), and Inpatient Case Mix Weights (based upon 12 months CY 2019). *** 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

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

Grouper Transition: Market Shift – Rate Year 2023

	Temporary Market Shift * (Jan – Jun)	Full Year Market Shift** (Jan – Dec)
APR/EAPG Version	APR: 37.1 EAPG: 3.15	APR: 37.1 EAPG: 3.15
Data Period Used: **Base Period** **Performance Period**	January – June 2020** January – June 2021	January – December 2019*** January – December 2021
Implementation Date		July 2022
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	

*Cancelled report production due to the heavy resurgence of coronavirus.
**Discussions ongoing with industry workgroup to effectively implement a pathway to produce the report.
***Will likely use CY2019 as the base, due to coronavirus impact on CY 2020.

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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	<u>Base Year:</u> • MHAC: CY 2020 Q3–CY 2021 Q4 • QBR-Mortality: CY 2021 • RRIP: CY 2020 Q3–CY 2021 Q2 or CY 2021 Q1-Q4 <u>Performance Year:</u> • All Programs: CY 2022 (longer timeframe for MHAC for small hospitals TBD) <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.
Implementation Date	RY 2024 policies begin Jan 1, 2022 in most cases. Look for base period and performance period reports on the CRS Portal.

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Quality Update: Additional Topics

- For RY 2023, CMS signaling putting VBP and complications programs on hold

  - Maryland will hold QBR and MHAC hospital adjustments until January 2023 and request to hold program adjustments if national program adjustments are final.

- 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**, Behavioral Health; Maternal Morbidity; **30-day Mortality**; Excess Days in Acute Care (EDAC)
  - Health Equity Workgroup (HEW) is convening 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

Reminder: Data Request Moratorium **Has Been Lifted**

- In December 2021, MDH instituted a Data Use Policy whereby MDH will control and regulate access to its electronic Data and systems. The policy also provides a framework for review of all Data-Related Agreements involving use of MDH Data by Data Partners and Trusted Operational Partners.
- HSCRC submitted a comment letter requesting a waiver from this policy
- Until the HSCRC is granted a waiver, **all new or revised** data use agreements undergo additional review by MDH
- MDH review 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*

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 *Usage Notes:* Report Out-of-State (non-MD) Medicaid, Tri-Care, Champs and Title under this category
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

- Review hospital-level high-cost drug utilization for outlier dosage units based on 3rd Monthly case mix data

- Information used to correct errors prior to submission of Quarterly case mix data

- 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 will be subject to fines if any material error is found in a hospital's CY 2022 CDS-A audit.**

- For access, contact your CRS portal Point of Contact or support@crisphealth.org

Reminder: ED Triage Historic Data Submission

- Applies only to OP Emergency Department and Observation Visits. Do not report this variable for IP admissions.

- Data Submission Deadline

Period	Due Date
CY 2021 Q1 (FY 2021 Q3)	January 18, 2022
CY 2021 Q2 (FY 2021 Q4)	January 18, 2022
CY 2021 Q3 (FY 2022 Q1)	March 15, 2022
CY 2021 Q4 (FY 2022 Q2)	June 15, 2022

- File format
  - Pipe delimited text file
  - Include Hospital ID, Medical Record Number, Patient Account Number, From Date (MMDDYYYY) of OP visit, Through Date (MMDDYYYY) of OP visit, Initial triage status code
  - Exclude Headers
  - **One file per Period and Hospital**

- Submit to 'ad-hoc' folder in RDS server

- Tasks will be created in DAVE
  - Data Type: ED Triage
  - Submission Type: Historic data

- Reminders Email
  - When data submission is open
  - Three days before the due date
  - On the day of the due date

- Notification
  - Data Acceptance
  - File rejection due to
    - Incorrect format (special characters)
    - Contains more than 10 characters
    - More than one hospital per file

Please send questions to hscrc.quality@maryland.gov

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Reminder: Complete the Data Forum Survey!

- Opportunity to provide feedback on

  - Meeting logistics (meeting notice, registration, ease of participation)

  - Topics covered during the prior meeting

  - Topics for discussion for future meetings

- After this Data Forum, participants will receive a link to a survey via Survey Monkey

- Questions about the survey: contact hscrcteam@hmetrix.com

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 appendix 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

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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)

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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)

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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 Appendix 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

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New Edits

- 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 Appendix for codes)

  - **FY 2023 Warning:** If CPT Code = (99202-99205, 99211-99215, and G0463) then unit value must be between 2-6

- Medicaid ID = 77777777777 (Not Applicable)

  - Intent is to make rules consistent across all payer types.

  - **FY 2023 Cross Edit:** If Medicaid ID = 77777777777, then Primary Expected Payer must be eq ("06", "07", "10", or "18")

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FY 2023 DSR Implementation Timeline

FY 2023 DSR Implementation Timeline

- Test/Sandbox

Aug 1, 2022 Onwards

- **FY2023** DSR
- **FY2023** Lookup Rules
- With July Discharges
- Use test folder

- Production

Aug 2022
- **FY2022** DSR
- FY23 Q1 (Jul Monthly)

Sep 2022
- **FY2022** DSR
- FY23 Q1 (Jul – Aug Monthly)

Oct 1, 2022
- **FY2023** DSR
- FY23 Q1 (Jul – Sep Monthly) Onwards

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Data Processing Vendor Update

Points of Contact

HSCRC	hMetrix / Burton Policy
Claudine Williams Phone: (410) 764-2561 Email: claudine.williams@maryland.gov	**Maria Manavalan** (Primary PoC) Phone: (484) 222-3055 Email: maria@hmetrix.com
Oscar Ibarra Phone: (410) 764-2566 Email: oscar.ibarra@maryland.gov	**Mary Pohl** (Hospital Support) Phone: (410) 274-3926 Email: marypohl@burtonpolicy.com
	Team Email: hscrcteam@hmetrix.com

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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/

- ED Triage data
  - Upload files to the RDS server '**adhoc'** folder
  - Email notifications sent to Hospital Contact after successful processing

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DAVE Refresher for Hospitals

- Manage Case Mix submissions

  - Use Extension and Skip buttons to submit requests

- Review Error Reports

  - Review error percentage

  - Explanations for errors with keys to identify visits

  - Charge summary by month and revenue codes

  - Visit summary by various metrics

- Review financial reconciliation reports

Extensions and Skips

Monthly / Preliminary Submissions

Request Type	When to use
Skip	Unable to submit file by Due Date
Accept with Errors	Unable to fix errors by Due Date

Quarterly / Final Submission

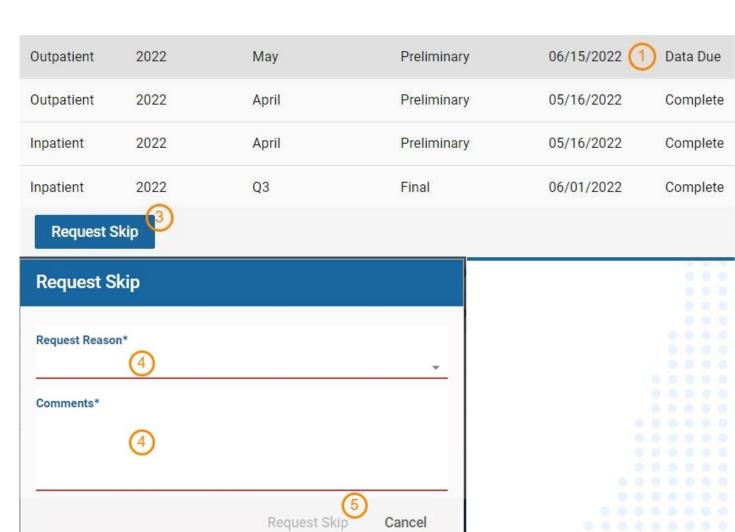| Request Type	When to use
Extension	Unable to submit file by Due Date
Accept with Errors	Unable to fix errors by Due Date
Use Prelim File	Have no new data to submit for Final and want to use Monthly/ Preliminary file
Resubmission	Want to resubmit file after close of a quarter

⚠️ Submit requests in DAVE before the Due Date

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Request a Skip

- For - Monthly / Preliminary only

- When - You are not able to submit a file

- Instructions
  1. Locate the submission
  2. Click on the task
  3. Click on "Request Skip"
  4. Chose a Request Reason and add a comment for HSCRC
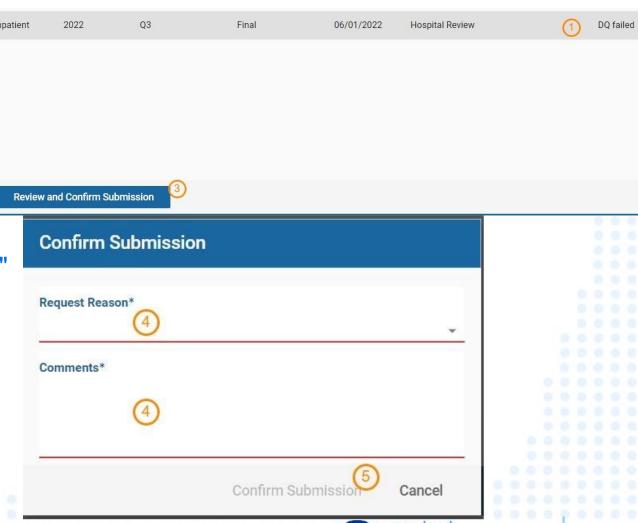 5. Click on "Request Skip" to submit the request

  ⚠️ If you have already submitted a file, this option will not be available.

Outpatient	2022	May	Preliminary	06/15/2022	Data Due
Outpatient	2022	April	Preliminary	05/16/2022	Complete
Inpatient	2022	April	Preliminary	05/16/2022	Complete
Inpatient	2022	Q3	Final	06/01/2022	Complete

Request Skip

Request Skip

Request Reason*

Comments*

Request Skip   Cancel

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Request to Accept a File with High Error Rate

- For - Monthly / Preliminary or Quarterly / Final

- When - The file submitted failed DQ check, and you are not able fix errors by Due Date

- Instructions:
  1. Locate the submission
  2. Click on the task
  3. Click on "Review and Confirm Submission"
  4. Provide a Request Reason and a comment in the Confirm Submission window
  5. Click on "Confirm Submission" to submit the request

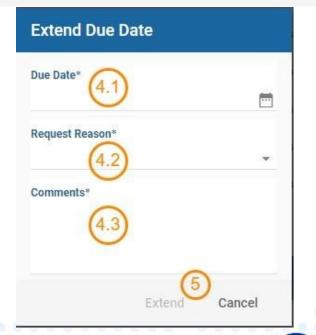 ⚠️ The last submission for the period will be used

Request an Extension

- For – Quarterly / Final only

- When - You require more time to submit the Final file.

- Instructions
    1. Locate the submission
    2. Click on the task
    3. Click on "Request for Extension"
    4. In the Extend Due Date window, enter:
        1. Due Date – Expected submission date
        2. Request Reason
        3. Comments - Provide details for the reason for the extension
    5. Click on "Extend" to submit the request

⚠️ Extensions up to 7 days are allowed. The date entered in the "Due Date" will become the new Due Date

Data Type		Fiscal Year	Period	Submission Type	Due Date ↓	Status	Status Reason
Outpatient		2022	Q3	Final	06/01/2022	Complete	DQ passed
Inpatient		2022	Q3	Final	06/15/2022	Data Due	Scheduled data submission
Outpatient		2022	April	Preliminary	05/16/2022	Complete	DQ passed
Inpatient		2022	April	Preliminary	05/16/2022	Complete	DQ passed
Outpatient		2022	March	Preliminary	04/15/2022	Complete	DQ passed

Request Extension ③

Extend Due Date

Due Date* (4.1)

Request Reason* (4.2)

Comments* (4.3)

(5) Extend   Cancel

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Request Using Preliminary Data for Quarterly Submission

- For – Quarterly/ Final only

- When – Have no new data to submit for Final

- Instructions
  1. Locate the submission
  2. Click on the task
  3. Click on "Use Preliminary data" to submit the request

⚠️ Preliminary submission Error Rate must be below 5%

Inpatient	2022	Q3	Final	06/10/2022	Data Due	①	Scheduled data submission
Outpatient	2022	April	Preliminary	05/16/2022	Complete		DQ passed
Inpatient	2022	April	Preliminary	05/16/2022	Complete		DQ passed
Inpatient	2022	March	Preliminary	04/15/2022	Complete		DQ passed
Outpatient	2022	March	Preliminary	04/15/2022	Complete		DQ passed

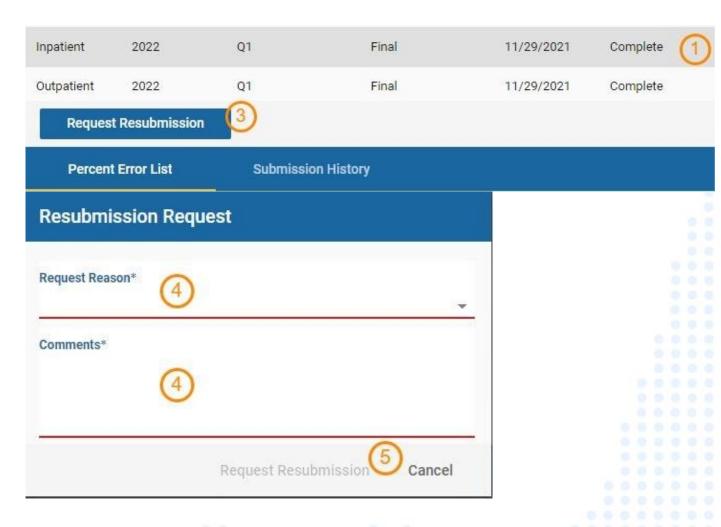**Use Preliminary Data** ③

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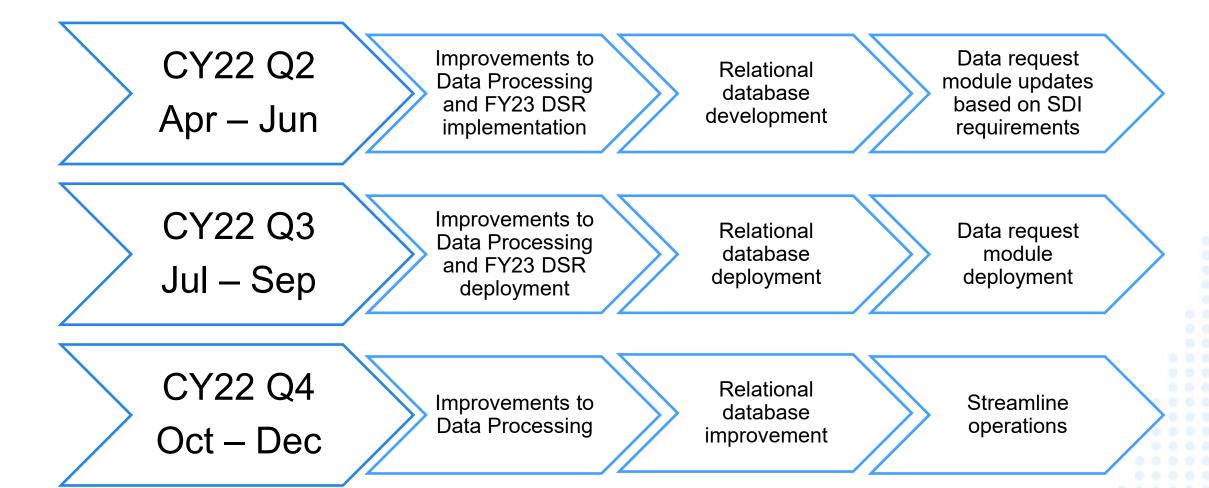cost review commission

Request a Resubmission

- For- Quarterly / Final only

- When- A data issue is identified after the Due Date

- Instructions:
  1. Locate the submission
  2. Click on the task
  3. Click on "Request a Resubmission"
  4. Chose a Request Reason and add a comment for HSCRC
  5. Click on Request Resubmission to submit this to HSCRC

⚠️ There are processing fees associated with each file that is resubmitted

Roadmap for Continuous Improvements to DAVE

CY22 Q2 Apr – Jun	Improvements to Data Processing and FY23 DSR implementation	Relational database development	Data request module updates based on SDI requirements
CY22 Q3 Jul – Sep	Improvements to Data Processing and FY23 DSR deployment	Relational database deployment	Data request module deployment
CY22 Q4 Oct – Dec	Improvements to Data Processing	Relational database improvement	Streamline operations

Case Mix Review Vendor Update

Case Mix Review Vendor Update

Common Inpatient and Outpatient Variances Attributed to the following:

- Primary Diagnosis Coding for clinic services:
  - Example coumadin clinic frequently sees patients and monitors the patient's drug levels. The primary diagnosis is for drug monitoring and not the acute condition that necessitated the patient to need the medication.
- Missing low-cost drug policy and procedure that identifies how low-cost drug charging is performed.
- Point of Origin
- Discharge Disposition

Case Mix Review Vendor Update

- Point of Origin - defined as the patient's immediate location prior to 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 at the conclusion of the encounter is represented with a code to identify what type of facility or where the patient is discharged.
- Variances associated with:
  - Workflow
  - Data Mapping/ Dictionary
  - Knowledge and Application of Variable Definitions

Case Mix Review Vendor Update

Point of Origin

05
- FROM SKILLED NURSING FACILITY (SNF), INTERMEDIATE CARE FACILITY, OR ASSISTED LIVING FACILITY

The patient is brought to the facility from Star Wars Assisted Living Facility which is noted in the ambulance record and case management documentation.

02
- FROM PHYSICIAN'S OFFICE OR CLINIC AND INCLUDES URGENT CARE & IMMEDIATE CARE CLINICS

The patient informs registration that they just left Top Gun Urgent Care and were instructed to come to the closest ER. Another option Top Gun Urgent Care called 911 and the patient is brought in an ambulance check ambulance and case management notes.

Definition

The patient's <u>immediate location prior to arriving at the hospital</u> or hospital's emergency room. Focus is on the <u>patient's place or point of origin</u> rather than the doctor's order or referral.

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Case Mix Review Vendor Update

Point of Origin

• Patient is transferred from Davita Dialysis Center what is the point of origin ?

06

Another Healthcare facility not defined elsewhere in the list

CMS- Medlearn Point of Origin Effective 7/1/2010

Usage Examples

Inpatient: The patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere in this code list.

Outpatient: The patient was referred to this facility for services by (a physician of) another health care facility not defined elsewhere in this code list

Case Mix Review Vendor Update

Point of Origin

02

From Physician Office or Clinic

CMS- Medlearn
Point of Origin
Effective 7/1/2010

Usage Examples

Inpatient: The patient was admitted to this facility as a transfer from a freestanding or non-freestanding clinic.

Outpatient: The patient was referred to this facility for outpatient or referenced diagnostic services.

Case Mix Review Vendor Update

Disposition of the Patient

62	• TO AN INPAIENT REHABILITATION FACILITY (IRF) OR REHBILITATION DISTINCT PART UNIT OF ANOTHER HOSPITAL
	62- Subacute rehab at an SNF is classified as SNF and not inpatient rehabilitation hospital/unit of the hospital (62). For example, the patient is transferred to a skilled nursing facility and will continue to receive physical and occupational therapy is an example of the discharge disposition 03- skilled nursing facility.
06	• TO HOME UNDER CARE OF AN ORGANIZED HOME HEALTH SEERVICE ORGANIZATON IN ANTICIPATION OF COVERED SKILLED CARE
	The patient is discharged to home and will receive home health services. Care management and case management notes are used to validate the services that will be provided at home.

Definition

Discharge occurs when a patient leaves the hospital after receiving treatment or expires. Where the patient is going at the conclusion of the encounter is represented with a code to identify what type of facility or where the patient is discharged.

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Data Repository Vendor Update

RDS Automation Reminders

MAPPED DRIVE FUNCTIONALITY

SFTP CAPABILITY

PASSWORD RESET PORTAL

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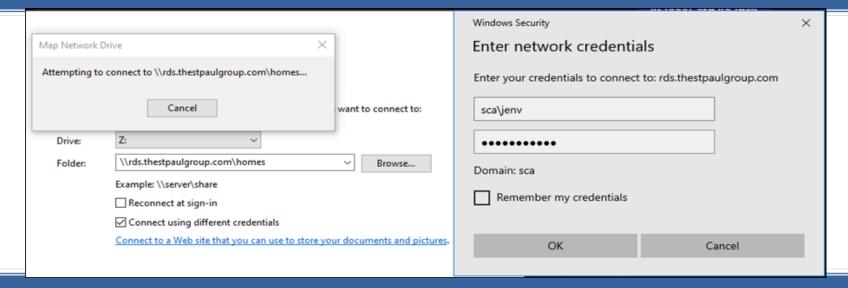
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RDS Mapped Drive Functionality

Map Network Drive using SCA Credentials

\\rds.thestpaulgroup.com\homes

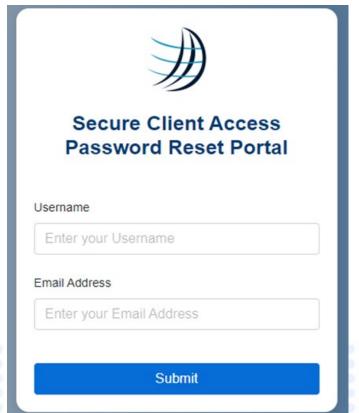(Internal IT staff may need to assist with set up)

All current RDS access granted folders will appear and files can be dropped accordingly.

RDS Password Reset Portal

https://password.thestpaulgroup.com

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

**Secure Client Access
Password Reset Portal**

Username

Enter your Username

Email Address

Enter your Email Address

Submit

RDS Questions

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 Q1
September 9, 2022

Appendix

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

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

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Homeless Definitions

~~New code Z59.89, Other problems related to housing and economic circumstances, includes foreclosure on loan, isolated dwelling and problems with creditors.~~

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 g to develop, test, and validate standardized SDOH data for use in patient care, care coordination between health and human services sectors, population health management, publi 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 slee 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 sl 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 assignmer 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*

COVID testing codes

- Updated on 5/10/2022

Immunology	Microbiology	Proprietary Laboratory Analyses	HCPCS codes
86317	87250	0202U	J0248
86318	87255	0223U	M0201
86328	87301	0224U	Q0220
86408	86328	0225U	Q0221
86409	87426	0226U	M0220
86413	87428	0240U	M0221
86602	87635	0241U	Q0222
86635	87636		M0223
86769	87637		Q0249
	87811		M0249
			M0250
			U0001
			U0002
			U0003
			U0004
			U0005
			C9803

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