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July 22, 2015

To: Chief Financial Officers and Case Mix Liaisons

From: Claudine Williams, Associate Director, Data Administration and Policy

Subject: FY 2016 Case Mix Data Submission Schedule and Guidance for Transition to ICD-10

This memo is to notify hospitals of the Case Mix Data Submission and Reconciliation Report Due dates for FY 2016, and provide some guidance for submitting data to the HSCRC during the ICD-10 transition in October 2015.

Data Submission Schedule

Table 1 below displays the Inpatient, Outpatient, Psychiatric and Chronic case mix data submission schedule for FY 2016. Included on the schedule are the due dates for the Hospital Volumes and Revenues ("Financials") data and the reconciliation reports. Currently, the reconciliation reports are delayed because HSCRC staff cannot run the reports for the previous month until the financial data is received at the beginning of the next month.

Final FY 2016 Data Submission Requirements

The FY 2016 data submission requirements have been finalized and distributed to hospitals. The inpatient and outpatient data submission requirements are available on the HSCRC website: http://hscrc.maryland.gov/hsp_Info1.cfm. The chronic and psychiatric data submission requirements are available upon request.

HSCRC does not intend to make any more substantive changes to the requirements until FY 2017. Hospitals can submit suggestions for amendments to the data submission requirements to be considered for inclusion in FY 2017 to Oscar Ibarra (Oscar.ibarra@maryland.gov).

Dataset		Case Mix		Financials		Reconciliation Reports		
Submit to:		St. Paul		HSCRC		HSCRC		
FY 2016 Production Schedule	Mon/Qtr End date	Days from End Date	Due Date to St. Paul	Days from End Date	Due Date to	Days from End Date	Due Date to HSCRC	Threshold (M/Q)
FY 2016 Q1								
July 2015	7/31/2015	17	8/17/2015	30	8/30/2015	52	9/21/2015	M (2%)
July & August 2015	8/31/2015	15	9/15/2015	30	9/30/2015	50	10/20/2015	M (2%)
Jul, Aug & Sept 2015 (Prelim)	9/30/2015	15	10/15/2015	30	10/30/2015	61	11/30/2015	QP (1%)
1st Qtr Final		61	11/30/2015	N/A	N/A	N/A	N/A	N/A
FY 2016 Q2								
October 2015	10/31/2015	16	11/16/2015	30	11/30/2015	51	12/21/2015	M (2%)
Oct & Nov 2015	11/30/2015	15	12/15/2015	30	12/30/2015	50	1/19/2016	M (2%)
Oct, Nov & Dec 2015 (Prelim)	12/31/2015	15	1/15/2016	30	1/30/2016	57	2/26/2016	QP (1%)
2nd Qtr Final		60	2/29/2016	N/A	N/A	N/A	N/A	N/A
FY 2016 Q3								
January 2016	1/31/2016	16	2/16/2016	30	3/1/2016	50	3/21/2016	M (2%)
Jan & Feb 2016	2/28/2016	15	3/14/2016	30	3/29/2016	50	4/18/2016	M (2%)
Jan, Feb & Mar 2016 (Prelim)	3/31/2016	15	4/15/2016	30	4/30/2016	57	5/27/2016	QP (1%)
3rd Qtr Final		60	5/30/2016	N/A	N/A	N/A	N/A	N/A
FY 2016 Q4								
April 2016	4/30/2016	16	5/16/2016	32	6/1/2016	51	6/20/2016	M (2%)
April & May 2016	5/31/2016	15	6/15/2016	30	6/30/2016	50	7/20/2016	M (2%)
April, May & June 2016 (Prelim)	6/30/2016	15	7/15/2016	30	7/30/2016	57	8/26/2016	QP (1%)
4th Qtr Final		60	8/29/2016	N/A	N/A	N/A	N/A	N/A
M = Monthly								
QP= Quarter Preliminary								

Transition to ICD-10 in October 2015

On October 1, 2015, hospitals should successfully transition from ICD-9 to ICD-10. All Diagnosis, E-codes, and inpatient procedure codes must be coded in ICD-10. HSCRC's vendor, St. Paul Group, will not be accepting ICD-9 codes on discharges/visits occurring on or after October 1st. In preparation for this transition, HSCRC staff strongly encourages all hospitals to submit ICD-10 data (one month of data is preferable) for testing with St. Paul by September 15, 2015. Test data may be submitted to St. Paul beginning on August 1, 2015 until September 15, 2015. Please contact Brian Petr (443-749-5456) or Rich Vincent (443-749-5447) at St. Paul for more information.

In addition, HSCRC staff understands that billing for hospital services after October 1st may be delayed; however, HSCRC will not be granting extensions for monthly submissions due to the ICD-10 transition. Furthermore, HSCRC is aware that some hospitals submit preliminary claims in the case mix data that haven't yet been submitted for payment to insurers. This is an acceptable practice as long as the claim contains complete clinical and financial information when it is submitted with the final data for each quarter and the monthly data is submitted by the due dates as specified in Table 1.

If you have any questions or concerns about the contents of this memo, please contact me at Claudine. Williams@maryland.gov.