

State of Maryland
Department of Health and Mental Hygiene

John M. Colmers
Chairman

Herbert S. Wong, Ph.D.
Vice-Chairman

George H. Bone,
M.D.

Stephen F. Jencks,
M.D., M.P.H.

Jack C. Keane

Bernadette C. Loftus,
M.D.

Thomas R. Mullen

Donna Kinzer
Executive Director

Stephen Ports
Principal Deputy Director
Policy and Operations



Health Services Cost Review Commiss

4160 Patterson Avenue, Baltimore, Maryland 21215
Phone: 410-764-2605 · Fax: 410-358-6217
Toll Free: 1-888-287-3229
hsrcr.maryland.gov

September 16, 2015

To: Hospital Chief Financial Officers and Case Mix Liaisons

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

Re: **Transitioning the Chronic Data to the Inpatient Patient Level Datasets**

The purpose of this memo is to notify hospitals that the Chronic Inpatient Discharge Data will be combined with the Inpatient Discharge data, effective with discharges on or after January 1, 2016.

Combining the Inpatient and Chronic Patient Level Datasets

Due to hospital conversions to EPIC, as well as CMS reporting requirement changes for one hospital, HSCRC is requiring hospitals that currently submit Chronic discharge data separately to transition to including these records with the Inpatient dataset. **This change will be effective with discharges on or after January 1, 2016.** The chronic data submission requirements were revised effective July 1, 2015 to align with the inpatient dataset, with the intent of having hospitals submit this data as part of the inpatient dataset format.

Identifying Chronic Cases for Purposes of HSCRC Payment Methodologies

In order to identify the chronic cases in the Inpatient dataset, HSCRC updated the Inpatient Data Submission Requirements (see attached), to include 3 new codes:

- Nature of Admission (Data Item #7)
 - **0 = CHRONIC (After 1/1/2016):** Patients who are admitted for a chronic hospital level of care in a distinct, licensed chronic hospital or unit. An on-site transfer from an acute care unit to a distinct licensed chronic unit shall be represented by two separate records in the inpatient discharge abstract, one for the

acute care portion of the stay and the second for the distinct chronic unit stay.

- Major Service and Special Care Unit Stays (Data Item #26)
 - **10 = CHRONIC (After 1/1/2016)**
- Type of Daily Hospital Service (Data Item #27)
 - **09 = CHRONIC (After 1/1/2016)**

Hospitals must code all relevant variables to ensure that the chronic cases are accurately identified in the inpatient dataset. At the present time, the HSCRC plans to exclude the chronic cases from the Transfer and Market Shift methodologies. For facilities not already required to participate, HSCRC will work with hospitals on a case by case basis to determine whether the cases identified as chronic in the inpatient dataset will be included in the Inpatient Readmission Reduction Incentive and Maryland Hospital Acquired Conditions programs.

Questions

HSCRC will work with hospitals to ensure an easy transition. If you have questions regarding how this transition will impact the Transfer and Market Shift methodologies, please contact Sule Gerovich (sule.gerovich@maryland.gov) or Nd Udom (nduka.udom@maryland.gov). For questions regarding the potential impact on the Inpatient Readmission Reduction Incentive and Maryland Hospital Acquired Conditions programs, please contact Dianne Feeney or Alyson Schuster at hsrc.quality@maryland.gov. For all other questions or concerns about this transition, please contact me at 410- 764-2561 or via email at claudine.williams@maryland.gov.