



**Maryland Health Services Cost Review
Commission (HSCRC)
Maryland Traffic Records Forum 2014-06-15**

Maryland HSCRC Data Integration

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The Health Services Cost Review Commission (HSCRC)

- ▶ Hospital rate regulation in Maryland was established by an act of the Maryland legislature in 1971. The law created the Health Services Cost Review Commission (HSCRC), an independent State agency with seven Commissioners appointed by the Governor.
- ▶ The law was strongly supported by the hospital industry. The HSCRC was given broad responsibility regarding the public disclosure of hospital data and operating performance and was authorized to establish hospital rates to promote cost containment, access to care, equity, financial stability and hospital accountability.
- ▶ The HSCRC has set rates for all payers, including Medicare and Medicaid, since 1977 and has largely achieved the key policy objectives established by the Maryland legislature. In recent years, the HSCRC has devoted considerable resources toward the development and implementation of payment-related initiatives designed to promote the overall quality of care in Maryland hospitals.
- ▶ Maryland remains the only state to retain such a system. The market for health care services in the United States has failed to produce results consistent with the Maryland legislature's founding goals. The Maryland system shows that a "macro-oriented" approach to regulation, which seeks to correct only for the most obvious market failures, can assist policy-makers in controlling cost growth and, at the same time, enhancing access to care.
- ▶ [Maryland's All-Payer Hospital System Modernization](#) is another new, unique, and innovative model that was approved by the Centers for Medicare and Medicaid Services (CMS) on January 10, 2014.

Presentation Outline

- ▶ Waiver Monitoring Requirements
- ▶ Case Mix Data
- ▶ Revised IP / OP Production Schedule
- ▶ Changes to Abstract Requirements in FY 2015
- ▶ Summary

Maryland Waiver Test Monitoring

▶ Key Data Elements

- ▶ Primary Payer (Medicare FFS = “01”)
- ▶ Residency (zip code)
- ▶ Admission Source & Discharge disposition → Transfer Methodology

Better care

▶ Key Data Sources

- ▶ Discharge / Abstract Tapes
- ▶ Hospital Financial Data submission
- ▶ CMS claims level detail → data has been requested, and approved

Better health

▶ Waiver Test – Data Source

- ▶ 3.58% All-Payer: Financial Data Submissions
- ▶ \$330M: CMS Claims, HSCRC routine monitoring based on Abstract
- ▶ Total Cost: CMS Claims

Lower cost

What Is Case Mix Data ?

Hospital Inpatient and Outpatient data on all patients receiving services at MD hospitals

- ▶ Includes data from
 - ▶ 47 acute care hospitals
 - ▶ 3 Freestanding ER Centers
 - ▶ 5 Chronic care facilities or units
 - ▶ 2 Rehabilitation hospitals
 - ▶ 3 Private psychiatric hospitals
- ▶ Source is the abstracted patient medical record
- ▶ Currently submitted quarterly (after 45 days) but moved to monthly submissions in FY2015
- ▶ No updates after quarterly close

Case Mix Data Includes Demographic, Clinical and Financial Information

Demographic:

- ▶ Unique patient identifiers
- ▶ Physician identifiers
- ▶ Date of Birth
- ▶ Sex
- ▶ Race and ethnicity
- ▶ Country of birth and preferred spoken language
- ▶ Residency (county & zip code)
- ▶ Marital status

Financial:

- ▶ Payer source
- ▶ Total charges
- ▶ UB04 billing information

Clinical:

- ▶ Admission & discharge dates
- ▶ Principle & secondary diagnosis
- ▶ Principle & secondary procedures
- ▶ Discharge status of patient
- ▶ Types of services provided
- ▶ Flag for present on admission (POA)

Data comes from the patient medical record as documented by the doctor

Creation of Unique ID is Necessary in New Waiver World

- ▶ Chesapeake Regional Information System for Our Patients (CRISP) is State's designated Health Information Exchange (HIE)
- ▶ Electronically connects all healthcare providers
- ▶ HSCRC required all hospitals to submit data to CRISP
 - ▶ Initially IP only, expanded to OP visits in 2012
- ▶ CRISP uses probabilistic matching to create a unique patient identifier number Master Patient Index (MPI)
- ▶ HSCRC merges MPI to discharge data to link patients across settings and hospitals



Payment Methodologies Rely on Accurate Data

- ▶ Coding reviews conducted on Inpatient data since FY2005
- ▶ Added POA coding review and screens in FY2011
 - POA review became important because MHAC assignment is based on POA
 - ❖ Inaccurate coding could result in rewards to poor quality hospitals
- ▶ Added coding review of Outpatient in FY 2012

FY2015 Q3-Q4 Production Schedule

	End date	Days from End (Mon,Qtr)	CM Due Date
FY 2015 Q3			
January 2015 data	1/31/2015		
January prelim		17	2/17/2015
Hospitals Complete Monthly Rec (w/in 2%);		51	3/23/2015
Feb 2015 data	2/28/2015		
January & February prelim		16	3/16/2015
Hospitals Complete Monthly Rec (w/in 2%);		51	4/20/2015
Mar 2015 Data	3/31/2015		
January, February & March Prelim		15	4/15/2015
Hospitals Complete Monthly Rec (w/in 1%);		57	5/27/2015
3rd Qtr Final		62	6/1/2015
FY 2015 Q4			
April 2015 data	4/30/2015		
April prelim		15	5/15/2015
Hospitals Complete Monthly Rec (w/in 2%);		50	6/19/2015
May 2015 data	5/31/2015		
April & May Prelim		15	6/15/2015
Hospitals Complete Monthly Rec (w/in 2%);		50	7/20/2015
June 2015 data	6/30/2015		
April, May & June Prelim		15	7/15/2015
Hospitals Complete Monthly Rec (w/in 1%);		57	8/26/2015
4th Qtr Final		62	8/31/2015

Changes to Abstract Requirements in FY 2015

▶ Residency Categories

- ▶ New County of Residence Code “90” (Other US Territories)
- ▶ New Zip Code “88888” to capture Homeless

▶ Payer Categories

- ▶ New Primary and Secondary Payer Code “18” (International Insurance)
- ▶ Clarified use of “Other Gov’t Programs” to capture Non-MD Medicaid
- ▶ Clarified use of Medicaid FFS for Medicaid Pending
- ▶ Clarified reporting of Medicaid ID for Medicaid FFS & HMO

Changes to Abstract Requirements in FY 2015

- ▶ **Admission Source and Discharge Disposition Categories (IP only)**
 - ▶ Added SNF Admission Source and Discharge Disposition (Code 51)
 - ▶ Required identification of MD SNF where patient was admitted from or discharged to.
 - ▶ Added codes for MD Medicare SNF, Other Non-Medicare MD SNFs, and Out-of-State SNF
- ▶ **Transition to ICD -10**
- ▶ **Data Elements for Patients Admitted to a Hospital-based Psychiatric Setting**
 - ▶ Medication Paneling, and Restraint, Seclusion, or Constant Observation Events
 - ▶ Effective January 1, 2015
 - ▶ New Record Type 7

Accurate Reporting of Data = Reliable Monitoring for New Waiver

- ▶ Consistent definition of MD residency (Zip codes and International county code)
- ▶ Accurate coding of POAs
- ▶ Reporting correct dates of service (outpatient issue)
- ▶ Reporting accurate number of units in Observation rate center
- ▶ Accurate coding of Diagnosis and procedure codes
- ▶ Accurate coding of Admission source & Discharge destination



QUESTIONS??

THANK YOU!!

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