

BEHAVIORAL HEALTH HOSPITAL DATA COLLECTION PROJECT

June 23, 2016



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Agenda

10:00 Welcome

10:05 Project Overview

10:15 Uses & Requested Data Fields

10:55 Next Steps

PROJECT OVERVIEW



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Project Overview

Based on feedback received from other state agencies, CHIA plans to begin collection of **inpatient** socio-demographic, clinical, charge data (“Case Mix”) from behavioral health hospitals for internal and external research needs.

Met with other state agencies on April 25th, and we received feedback on data fields.

The plan is to create submission guides for the collection of FY2018 data.

Case Mix Background

- Began collection of Case Mix data in 1988.
- Includes case specific, diagnostic discharge data that describe patient socio-economic demographic characteristics, medical reason for admission, treatment of services provided, the duration and status of patient's stay, and the full service-specific charges.
- Consistent data collection allows for longitudinal trends observation in acute hospital utilization, which is useful for cost trends, epidemiological, and health planning studies.
- Currently collect 3 types of Case Mix data from acute care hospitals:
 - Hospital Inpatient Discharge (HIDD)
 - Emergency Department Database (ED)
 - Outpatient Observation Database (OOD)

Project Timeline

| MA Behavioral Health Intake Process | Draft Timeline |
|---|-----------------------|
| Perform CHIA BH Data assessment | April – June 2016 |
| Data Partners Propose Data Needs and Availability | April - August 2016 |
| Develop Business Requirements Document | September 2016 |
| CHIA IT, BH Hospitals and Vendors determine submission format | October 2016 |
| CHIA develops Draft Data Submission Guide | November 2016 |
| Guides Reviewed at Technical Advisory Group/Partner Comment Period | December 2016 |
| Administrative Bulletin and Guides Finalized | January 2017 |
| Begin Data Intake System Project | February 2017 |

Massachusetts Behavioral Health Hospitals

- AdCare Hospital of Worcester
 - *Amesbury Health Center (Anna Jaques)*
 - Arbour Hospital – Boston
 - Arbour-Fuller Hospital – Brookline
 - Austen Riggs Center
 - Baldpate Hospital
 - *BayRidge Hospital (Northeast Hospital)*
 - Bournewood Hospital
 - Cape Cod & Islands Mental Health Center
 - Corrigan Mental Health Center
 - Franciscan Hospital for Children
 - Gosnold on Cape Cod
 - High Point Treatment Center
 - Kindred Hospital Northeast (Stoughton)
 - McLean Hospital
 - *Norcap Lodge (Good Samaritan Hospital)*
 - Pembroke Hospital/ Westwood Lodge
 - *Providence Behavioral Health (Mercy Medical Center)*
 - Southcoast Behavioral Health
 - Solomon Fuller Mental Health Center
 - Taunton State Hospital
 - Tewksbury Hospital
 - Vibra Hospital of Western MA
 - Walden Behavioral Care
 - Whittier Pavilion
 - Worcester Recovery Center and Hospital
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USES & REQUESTED DATA FIELDS



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Examples of Use Cases

- Information on opioid epidemic (ex. Chapter 55 of the Acts of 2015)
- Behavioral health and substance abuse hospital capacity issues
- Patient migration between acute care hospitals and behavioral health hospitals
- Readmissions rates
- Utilization studies
- Population studies
- Preventable hospitalizations

Current Case Mix Data Fields Overview

1. Patient Data

- Unique Patient Identifier

- Demographic and Address Information

2. Provider Data

3. Clinical Information

- Medical Diagnoses: ICD-10 Codes

- Admission Date

- Discharge Date

- Physician Data

- DSM-IV codes are not present in CaseMix

4. Charges & Revenue Information

Requested Patient Data

- Unique Patient Identifier (SSN or First/Last Name)
- Medical Record Number
- Primary & Secondary Payer/ insurer
- Demographic and Address Information
 - Sex, DOB, Race, Ethnicity, Living Arrangement (Homeless Indicator), Rating Category (disability status), Veteran Flag, Prisoner Flag, Employment Status, Wages/ Salary

Requested Provider Data

- Provider Name & Address
- Admitting Physician & NPI
- Admission Date
- Referring Provider
- Submitter EIN
- Org ID/ Site ID
- Discharge OrgID & Transfer/ Admit OrgID
- Level of Service Data (Readmissions)
- ED Flag & Observation Stay Flag
- Type of Admission: Voluntary vs. Involuntary Committal

Requested Clinical Information

- Diagnosis Codes & Procedure Codes: include specific BH data
 - ICD-10 Codes
 - DRG Codes
 - DSM Codes
 - NDC Codes
 - HCPCS Codes
- Procedure Date
- Patient Disposition: Discharge Status
- Vital Signs
- Previous Episodes of Care
- Lapse of Time Since Last Episode of Care
- Prescription Information

Requested Charge Line Items

- Charge Line Items
- Routine Accommodation Codes
- Special Care Accommodation Codes
- Ancillary Services

Additional Data Fields

- What fields are feasible to collect?
- What other fields could we collect?
- Anything else to include or consider?

Review of CFR Part 2 Filter

- 42 CFR Part 2 is the federal regulation protecting the confidentiality of individually identifiable substance abuse treatment, diagnosis and prognosis information. Except by express patient consent or by very limited regulatory exception, disclosing such information is unlawful.
- A behavioral health hospital is a “program” in whole or in part under 42 CFR Part 2 when it:
 - holds itself out as providing substance abuse services (“diagnosis, treatment or referral for treatment”), or
 - operates an identified unit holding itself out as providing substance abuse services, or
 - Engages any personnel or staff whose primary function is to provide substance abuse services and who are identified as such providers
- If a behavioral health hospital determines it is a “program” under 42 CFR Part 2, prior to disclosing data (including CHIA reporting) it can be expected either to:
 - redact any data relating to substance abuse services prior to disclosure/release if it is directly or indirectly identifiable to an individual, including by reference to outside data
 - refuse to release individual identifiers when releasing substance abuse service data
- Programs (and other holders of data) typically use a “substance abuse filter” to redact individually identifiable substance abuse service data before disclosing that data. The predominant filter standards follow guidance from the federal Centers for Medicaid & Medicare Services [CMS]

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