CASEMIX UPDATES WEBINAR

Kathy Hines | *Director of Data Compliance & Strategy*

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Agenda

10:00   Welcome

10:05   All Submission Guide Changes & Revisions

10:35   Inpatient Discharge Changes & Revisions

11:00   Emergency Department Changes & Revisions

11:30   Questions & Comments

Unique Patient Identifier

- As hospitals move away from the use of social security numbers as patient identifiers, CaseMix data needs another viable alternative as a unique patient identifier.

- Under consideration is collecting the Health Plan Member ID.

- CHIA would like to have a discussion with providers on other viable options.

Payer Source Codes

- There are a number of redundant or antiquated payer source codes.

- Rather than attempt to capture each health plan's product, CHIA seeks instead to capture the type of insurance (ex. PPO, HMO, etc.) and the insurance carrier.

Payer Source Codes

* PAYER TYPE CODE	PAYER TYPE ABBREVIATION	* PAYER TYPE DEFINITION
1	SP	Self Pay
2	WOR	Worker's Compensation
3	MCR	Medicare
F	MCR-MC	Medicare Managed Care
4	MCD	Medicaid
B	MCD-MC	Medicaid Managed Care
5	GOV	Other Government Payment
~~6~~	~~BCBS~~	~~Blue Cross~~
~~C~~	~~BCBS-MC~~	~~Blue Cross Managed Care~~
7	COM	Commercial Insurance
D	COM-MC	Commercial Managed Care
8	HMO	HMO
9	FC	Free Care
0	OTH	Other Non-Managed Care Plans
E	PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
H	HSN	Health Safety Net
J	POS	Point-of-Service Plan
K	EPO	Exclusive Provider Organization
T	AI	Auto Insurance
N	None	None (Valid only for Secondary Payer)
Q	CommCare	Commonwealth Care/ConnectorCare Plans
Z	DEN	Dental Plans

Patient Address

- Currently, patient street address information is located in one field, which makes it difficult to geocode.

- Discussion Point: On average, over 100,000 ED addresses cannot be accurately geocoded due to formatting problems. Is it feasible to update the guides so street address is broken out into 3 fields? Is it feasible to do so within the 30 character length currently allocated to street address?

Patient Address Specifications

Current 'Permanent Patient Street Address'
- Specifications
    - Type: Text | Length: 30
    - Must be present when Patient Country is 'US' unless Homeless Indicator is 'Y'
- Definition
    - Patient's residential address including number, street name and type (i.e. street, drive, road)

Patient Address Specifications

Proposed 'Permanent Patient Street Address' Specifications
- Permanent Street Number
    - Type: Text | Length: 5
    - Must be present when Patient Country is 'US' unless Homeless Indicator is 'Y'
- Permanent Street Name
    - Type: Text | Length: 20
    - Must be present when Patient Country is 'US' unless Homeless Indicator is 'Y'
- Permanent Street Type
    - Type: Text | Length: 5
    - Must be present when Patient Country is 'US' unless Homeless Indicator is 'Y'

TransferID

- Accurate coding of TransferID by hospitals, is critical for accurate analysis of data.

- Identification of Transfer patients and their point of origin are important for State and external researchers to adequately monitor care coordination and point of entry studies for trauma patients.

- Submission guide updated:
    - TransferID should not equal IDOrgSite.
    - Include Source of Admission code 6 for Intermediate Care Facilities (ICFs) as a transfer sender.

Facility ID	Name	Facility Type
I034	CHARLES V. HOGAN REGIONAL CTR	ICF-ID
I038	WRENTHAM DVLPMNT CTR	ICF-ID

External Cause of Injury

- Several providers and DPH have recommended updates to the external cause of injury field requirements for ICD10.

- The current data specifications do not include exceptions for ICD-10 codes: T15-T19, T36-T65, T71, T73, T75.0, T75.2, T75.3 and T76.

- Updates would reduce the Type A errors currently occurring when hospitals submit HIDD and ED data.

HOSPITAL INPATIENT DISCHARGE
CHANGES & REVISIONS

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Quality Indicators: Perinatal Care

- CHIA seeks to enhance the Hospital Inpatient Discharge Data (HIDD) by including certain elements for standard quality measures developed by the Joint Commission. This will improve our and other researchers' ability to perform analyses and studies related to Perinatal Care (PC).

- The specifications below are based off of the Joint Commission Manual Version 2016a, which is used for discharges from Q3 2016 – Q2 2017.

Quality Indicators: Perinatal Care

- Three patient populations are needed to calculate PC measures. Different elements are required for each population.
    - Population 1: Mothers
        - Gestational Age
        - Labor
        - Prior Uterine Surgery
        - Number of Previous Live Births
        - Antenatal Steroids Initiated
        - Reason for Not Initiating Antenatal Steroid Therapy
    - Population 2: Newborns (Blood Stream Infection Measure)
        - Bloodstream Infection confirmed
    - Population 3: Newborns (Breast Feeding Measure)
        - Exclusive Breast Milk Feeding
        - Admission to NICU
        - Term Newborn

Quality Indicators: Perinatal Care

- These elements are required by the Joint Commission's specifications for the Perinatal Care (PC) measure set:

    1. PC-01 Elective Delivery

    2. PC-02 Cesarean Section for Low-Risk Pregnancy

    3. PC-03 Antenatal Steroids Initiated

    4. PC-04 Health Care-Associated Bloodstream Infections in Newborns

    5. PC-05 Exclusive Breast Milk Feeding

- As these measures are included in the Commonwealth's Standard Quality Measure Set, CHIA would use these data in its ongoing monitoring and reporting of hospital quality performance.

- The addition of these elements will also enhance the HIDD for researchers and clinicians who examine Perinatal Care in Massachusetts.

Update to Physician and Caregiver National Provider Identifier (NPI)

- The Hospital Inpatient Discharge data contains 3 NPI fields that are currently 'note' fields and are not edited. As NPI is now widely used CHIA proposes updating these fields to error type 'B'.

Field Name	Edit Specifications	Error Type
Attending Physician National Provider Identifier (NPI)	- Must be present - Must be a valid National Physician Identifier per National Plan and Provider Enumeration System (NPPES)	B
Operating Physician National Provider Identifier (NPI)	- Must be present if Principal Procedure Code is present - If present, must be a valid National Physician Identifier per National Plan and Provider Enumeration System (NPPES)	B
Additional Caregiver National Provider Identifier (NPI)	- May be present - If present, must be a valid National Physician Identifier per National Plan and Provider Enumeration System (NPPES)	B

ED Flag (HIDD & OOA)

- CHIA would like to ensure hospitals use the ED Flag = 1 to indicate which patients had a prior ED visit reflected within the HIDD discharge.

- It is important that CHIA understand which patients were admitted directly from the Emergency Room.

- Discussion point: It was CHIA's intent that an ED visit would be included in the inpatient discharge only if it is NOT a separate record in the Emergency Department submission. Does this hold true? Are there instances where we would see procedures/charges for the same visit in both submissions?

OUTPATIENT EMERGENCY DEPARTMENT

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Clarification to ED Patient Status

Patient Status of 9 - Dead on arrival (DOA)

- Expect coding would follow the State's Office of the Chief Medical Examiner that the patient arrives <u>asystole</u> (with or without resuscitative efforts in the ED).

- Some visits have reported DOAs (Code 9) with length of stays exceeding several hours. This makes it difficult to monitor appropriate triaging and timeliness of emergency care.

- Are there instances where we would see long lengths of stay for visits coded with a Patient Status of 9/DOA?

Service Line Charges

- It is important for the state and researchers to have individual charges associated with each service as this information is paramount to providing transparency in healthcare, and aids in analyzing healthcare data to promote the triple aim of care, health and cost.

- Proposed Solution: Use the same model as Inpatient CaseMix to provide a charge associated with outpatient ED service line.

Follow-up Contacts

Kathy Hines, Director of Data Compliance & Strategy

Kathy.Hines@MassMail.State.MA.US

Cynthia Dukes-Reed, Senior Medical Claims Data Liaison

Cynthia.Dukes-Reed@MassMail.State.MA.US

AnneMarie Martel, Manager of Data Compliance

AnneMarie.Martel@MassMail.State.MA.US

QUESTIONS & COMMENTS

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