

CASE MIX UPDATES WEBINAR

June 6, 2019



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Agenda

2:00 Welcome

2:05 FY20 Submission Guide Highlights

2:15 Walk Through of Proposed Changes

2:40 Timeline / Next Steps

2:45 Verification Reports/Potential Survey

2:55 Questions & Comments

SUBMISSION GUIDE HIGHLIGHTS



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Submission Guide Change Highlights

Key Changes: New Fields	File Types
Health Plan Member/Subscriber Flag	All
Payer Type	ED/OOD only
Additional diagnosis codes	OOD Only
Additional CPT codes	OOD Only

Key Changes: Field Updates	File Types
ED Boarding Fields moved to 'B' category	HIDD/OOD
Diagnosis/External Cause/Procedure Code edits streamlined	All
Other assorted field/edit updates	All

CHANGES & REVISIONS FOR HOSPITAL INPATIENT



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Hospital Inpatient Discharge Data

Record Type	Fields	New - Update	Description of requirement
20	Primary/Secondary Type/Source of Payment	U	Remove 'NOTE' edit on the primary/secondary type and source of payment agreement
20	Medicaid/MassHealth ID	U	Require ID for MassHealth/HSN payer ONLY (not MCO/ACO)
20	Patient Last Name	U	Change to required.
20	Patient First Name	U	Change to required.
25	Health Plan Member/Subscriber Flag	N	Must be present.
45	Principal External Cause of Injury Code/ ICD Indicator	U	Streamline Edits; Remove ICD9
45	Number of Hours in ED/ED Registration Date and Time/ ED Discharge Date and Time	U	Update error category to a 'B'
50	Assoc. Diagnosis Code I - XIV	U	Streamline Edits; Remove ICD9

Hospital Inpatient Discharge Data

Health Plan Member/Subscriber Flag	
Valid Entries	Definition
1	Health Plan Member ID (RT25 Field 19) is the Member ID
2	Health Plan Member ID (RT25 Field 19) is the Subscriber ID
3	It is unknown whether the Health Plan Member ID is for the subscriber or member

Hospital Inpatient Discharge Data

Field Name	Edit Specifications
Principal External Cause Code	<p>Must be present if principal diagnosis is an ICD-10-CM S-code (S00- S99),</p> <p>May be present if principal diagnosis is an ICD-10-CM T-code (T00-T88),</p> <p>If present, must be a valid ICD-10-CM external cause code (V00-Y89).</p> <p>Additional (V00-Y89) and supplemental (Y90-Y99) ICD external cause codes shall be recorded in associated diagnosis fields.</p>

Field Name	Edit Specifications
Assoc. Diagnosis Code I	<p>Only permitted if prior diagnosis is entered</p> <p>Must be valid ICD code in diagnosis file</p> <p>Sex of patient must agree with diagnosis code for sex specific diagnosis</p> <p>May be an ICD external cause code (V00-Y99).</p> <p>Must agree with ICD Indicator</p>

CHANGES & REVISIONS FOR HOSPITAL EMERGENCY



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Hospital Emergency Department Data

Record Type	Fields	New - Update	Description of requirement
20	Primary/Secondary Type/Source of Payment	U	Remove 'NOTE' edit on the primary/secondary type and source of payment agreement
20	Medicaid/MassHealth ID	U	Require ID for MassHealth/HSN payer ONLY (not MCO/ACO)
20	Payer Type Code	N	See next slide
20	Principal External Cause of Injury Code/ ICD Indicator/ Procedure Code	U	Streamline Edits; Remove ICD9
20	Stated Reason for Visit	U	Must be NULL/blank due to high risk of PHI.
25	Health Plan Member/Subscriber Flag	N	Must be present.
50	Associated Diagnosis Code 1 - 15	U	Streamline Edits; Remove ICD9
50	Patient Last Name	U	Change to required.
50	Patient First Name	U	Change to required.

Hospital Emergency Department Data

Field Name	Edit Specifications
Primary/Secondary Payer Type Code	<p>Must be present.</p> <p>Must be valid as specified in Outpatient Emergency Department Visit Data Code Tables Section II.</p> <p>If Medicaid is one of two payers, Medicaid must be coded as the secondary type and source of payment unless Free Care is the secondary type and source of payment.</p>

Hospital Emergency Department Data

* 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 Classified Elsewhere
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

CHANGES & REVISIONS
FOR
HOSPITAL OUTPATIENT OBSERVATION



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Hospital Outpatient Observation Data

Field No.	Fields	New - Update	Description of requirement
7	Medicaid/MassHealth ID	U	Require ID for MassHealth/HSN payer ONLY (not MCO/ACO)
103	Payer Type Code	N	See next slide
21-22	Primary/Secondary Type/Source of Payment	U	Remove 'NOTE' edit on the primary/secondary type and source of payment agreement
28-32; 72-78	ICD Indicator/ Principal External Cause of Injury Code/ Assoc_DX1 – Assoc_DX15	U	Streamline Edits; Remove ICD9; Add 5 additional diagnosis code fields
62-68; 79-83	Condition Present on Observation	U	Change to “May” be present when Associated Diagnosis Code is present.
85	Patient Last Name	U	Change to required.
86	Patient First Name	U	Change to required.
87-91	Number of Hours in ED/ED Registration Date and Time/ ED Discharge Date and Time	U	Update error category to a 'B'
92	Health Plan Member/Subscriber Flag	N	Must be present.
93-102	Assoc_DX11- Assoc_DX15; CPT6 – CPT10	N	Add 5 additional associated diagnosis codes; Add 5 additional CPT codes

Hospital Outpatient Observation Data

Field Name	Edit Specifications
Primary/Secondary Payer Type Code	<p>Must be present.</p> <p>Must be valid as specified in Outpatient Observation Data Code Tables.</p> <p>If Medicaid is one of two payers, Medicaid must be coded as the secondary type and source of payment unless Free Care is the secondary type and source of payment.</p>



Submission Guides Will Be Published to CHIA Website

<http://www.chiamass.gov/hospital-data-specification-manuals/>

Hospital Case Mix Data Specification Manuals

The Hospital Case Mix Data Specification Manuals provide detailed information on the data file format, data specifications, data element definitions, and quality standards that data submitters must follow when submitting Case Mix files.

CHIA has released both [final](#) and [redline versions](#) of FY17-19 Hospital Case Mix Data Specifications and Payer Sources Codes.

FY17-19 Final Hospital Case Mix Data Specifications

- [Hospital Inpatient Discharge Data Specifications\(PDF\)| Word](#)
- [Hospital Emergency Department Data Specifications \(PDF\) | Word](#)
- [Hospital Outpatient Observation Data Specifications \(PDF\)| Word](#)

Associated Case Mix Documentation

- [FY17-FY19 Edit Enhancements \(PDF\) | Word](#)
- [Transfer Organization ID \(ORG ID\) List \(Excel\)](#)
- [Payer Source Codes \(Excel\)](#)
(includes payer type and 2007- 2019 payer source codes)
(published December 2018)

Timeline / Next Steps:

FY20 Case Mix Intake Process	Draft Timeline
Provider Comment Period Ends	July 5, 2019
Administrative Bulletin and Guides Adopted	July 2019
CHIA and Providers Update Systems	July – December 2019
Provider Testing Period	January 2020
Quarter 1 Submission	March 16, 2020

VERIFICATION REPORTS/SURVEY

- | | |
|---|---|
| <input type="checkbox"/> HDD-01 - Source of Admission Frequency Report | <input type="checkbox"/> HDD-17 - Special Care Accommodation Services by Discharges |
| <input type="checkbox"/> HDD-02 - Type of Admission Frequency Report | <input type="checkbox"/> HDD-18 - Ancillary Services by Charges |
| <input type="checkbox"/> HDD-03 - Discharges by Month Frequency Report | <input type="checkbox"/> HDD-19 - Routine Accommodation Services by Charges |
| <input type="checkbox"/> HDD-04 - Primary Payer Type Frequency Report | <input type="checkbox"/> HDD-20 - Special Care Accommodation Services by Charges |
| <input type="checkbox"/> HDD-05 - Patient Disposition Frequency Report | <input type="checkbox"/> HDD-22 - Top 20 Patient Zip Codes Frequency Report |
| <input type="checkbox"/> HDD-06 - Discharges by Gender Frequency Report | <input type="checkbox"/> HDD-25 - Top 10 Principal Diagnosis Codes |
| <input type="checkbox"/> HDD-07A - Discharges by Race (1) Frequency Report | <input type="checkbox"/> HDD-26 - Top 10 Patient Diagnosis Codes (Discharge Status = 20) |
| <input type="checkbox"/> HDD-09A - Discharges by Ethnicity (1) Frequency Report | <input type="checkbox"/> HDD-27 - Top 10 Cause Codes |
| <input type="checkbox"/> HDD-10 - Discharges by Patient Hispanic Indicator Frequency Report | <input type="checkbox"/> HDD-28 - Top 10 Principal Procedure Codes |
| <input type="checkbox"/> HDD-11 - Discharges by Age Frequency Report | <input type="checkbox"/> HDD-29 - Number of Hours in ED |
| <input type="checkbox"/> HDD-12 - Top 10 CMS v35.0 MDCs Listed In Rank Order Report | <input type="checkbox"/> HDD-30 - Health Plan Member ID vs. Payer Type Code |
| <input type="checkbox"/> HDD-13A - Top 10 APR v30.0 DRGs Listed In Rank Order Report | <input type="checkbox"/> HDD-31 - SSN Category |
| <input type="checkbox"/> HDD-13B - Top 10 APR v34.0 DRGs Listed In Rank Order Report | <input type="checkbox"/> HDD-32A - Top Ten Attending NPIs Frequency |
| <input type="checkbox"/> HDD-13C - Top 10 CMSDRG v35.0 DRGs Listed In Rank Order Report | <input type="checkbox"/> HDD-32B - Number of Discharges missing an Attending NPI |
| <input type="checkbox"/> HDD-14 - Length of Stay Frequency Report | <input type="checkbox"/> HDD-33A - Top Ten Operating NPIs Frequency |
| <input type="checkbox"/> HDD-15 - Ancillary Service by Discharges | <input type="checkbox"/> HDD-33B - Number of Discharges Missing an Operating NPI
When there is a Principal Procedure Present |
| <input type="checkbox"/> HDD-16 - Routine Accommodation Services by Discharges | <input type="checkbox"/> HDD-34 - Discharges Registered in the ED – Time of Day Frequency |
| | <input type="checkbox"/> HDD-35 - Discharges Registered in the ED – Day of Week Frequency |

QUESTIONS & COMMENTS



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