

FY2021 CASE MIX UPDATES WEBINAR

August 31, 2020



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Agenda

Welcome

FY2021 Submission Guide Highlights

Walk Through of Proposed Changes

Timeline / Next Steps

Race/Ethnicity

Compliance

Questions & Comments

SUBMISSION GUIDE HIGHLIGHTS



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Submission Guide Change Highlights

Key Changes: Field Updates	File Types
Massachusetts Transfer Hospital Organization ID	HIDD
Principal, Admitting & Discharge Diagnosis Codes	HIDD
Condition Present on Visit	EDD
Ser_Unit	OOD
Principal Procedure & Associated Procedure Dates	OOD
Key Changes: Table Updates	File Types
Source of Admission	HIDD
Patient Status	HIDD
Payer Type	All
Payer Source	All

CHANGES & REVISIONS FOR HOSPITAL INPATIENT



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Hospital Inpatient Discharge Data

Record Type	Fields	New - Update	Description of requirement
20	Massachusetts Transfer Hospital Organization ID	U	Update conditional requirement to include new Source of Admission Code "V" – Transfer from another facility to a Medicare-approved swing bed.
45	Principal Diagnosis Code, Admitting Diagnosis Code, Discharge Diagnosis Code	N	Must not be an ICD-10 External Cause Code

Source of Admission

* SRCADM CODE	* SOURCE OF ADMISSION DEFINITION
J	Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer
K	Transfer from a Designated Disaster Alternative Care Site
U	Transfer from hospital inpatient in the same facility to a Medicare – approved swing bed
V	Transfer from another facility to a Medicare – approved swing bed

Patient Status

* PASTA CODE	* PATIENT STATUS DEFINITION
41	Expired in a Medical Facility (e.g. hospital, SNF, ICF, or free standing hospice)
69	Discharged/transferred to a Designated Disaster Alternative Care Site

CHANGES & REVISIONS FOR HOSPITAL EMERGENCY



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Hospital Emergency Department Data

Record Type	Fields	New - Update	Description of requirement
20	Condition Present on Visit - Principal Diagnosis Code	U	Change to May be present.
20	Condition Present on Visit - Principal External Cause Code	U	Change to May be present

CHANGES & REVISIONS FOR HOSPITAL OUTPATIENT OBSERVATION



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Hospital Outpatient Observation Data

Field No.	Fields	New - Update	Description of requirement
16	Ser_Unit	U	Increase field length to 9 characters
34	P_PRODATE	N	Add requirement: If P_PRODATE entered, P_PRO must be present
36	AssocDATE1	N	Add requirement: If AssocDATE1 entered, Assoc_PRO1 must be present
38	AssocDATE2	N	Add requirement: If AssocDATE2 entered, Assoc_PRO2 must be present
40	AssocDATE3	N	Add requirement: If AssocDATE3 entered, Assoc_PRO2 must be present
90	ED Discharge Date	N	Add requirement: Must be less than or equal to OOD End Date

CHANGES & REVISIONS
FOR
PAYER TYPE & PAYER SOURCE



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Payer Type



* PAYER TYPE CODE	* PAYER TYPE DEFINITION
1	Self Pay
2	Worker's Compensation
3	Medicare
F	Medicare Managed Care (includes Medicare Advantage)
4	Medicaid
B	Medicaid Managed Care/MCO
5	Other Government Payment
6	Blue Cross
C	Blue Cross Managed Care
7	Commercial Insurance
D	Commercial Managed Care
8	HMO
9	Free Care
0	Other Non-Managed Care Plans
E	PPO and Other Managed Care Plans Not Classified Elsewhere
H	Health Safety Net
J	Point-of-Service Plan
K	Exclusive Provider Organization
T	Auto Insurance
N	None (Valid only for Secondary Payer)
Q	Commonwealth Care/ConnectorCare Plans
Z	Dental Plans
S	Senior Care Options/Integrated Care Organization
A	Medicaid Accountable Care Organization
C	Commercial Accountable Care Organization

Payer Source



* PAYER SOURCE CODE	* HEALTH PLAN
137	AARP/Medigap Supplement
51	Aetna
910	Allways Health Partners
911	Anthem
272	Auto Insurance
154	BCBS Other (Not listed elsewhere)
912	Beacon Health Partners
46	Blue CHiP (BCBS Rhode Island)
807	Blue Cross Blue Shield of MA
808	Blue Cross Blue Shield of RI
288	Boston Medical Center HealthNet
400	Cambridge Network Health Forward
151	CHAMPUS
26	CHAMPUS/TriCare
996	Charity Care
178	Children's Medical Security Plan (CMSP)
30	CIGNA
296	Commonwealth Care Alliance
320	Community Care Cooperative (ACO)
42	ConnectiCare Of Massachusetts
185	Connecticut General Life
4	Fallon Community Health Plan
179	First Health Life and Health Insurance Company
143	Free Care
162	Great West Life

Payer Source



* PAYER SOURCE CODE	* HEALTH PLAN
23	Guardian Life Insurance Company
822	Harvard Pilgrim Health Care
24	Health New England
913	Health Plans Inc.
995	Health Safety Net Office
247	Humana Insurance Company
914	Insurance Programmers
57	John Hancock Life Insurance
40	Kaiser Foundation
915	Key Benefit
85	Liberty Mutual
916	Lifetime Benefit Solutions
118	Mass Behavioral Health Partnership
103	Medicaid (MassHealth)
121	Medicare
134	Medicare HMO - Other (not listed elsewhere)
249	MEGA Life and Health Insurance Company
295	Meritain
209	Mid-West National Life Insurance Company of Tennessee
917	Nationwide
47	Neighborhood Health Plan
207	Network Health
159	None (Valid only for Secondary Source of Payment)
311	Other ACO
147	Other Commercial (not listed elsewhere)

Payer Source



* PAYER SOURCE CODE	* HEALTH PLAN
156	Out of state BCBS
120	Out-of-State Medicaid
228	Oxford Health Plans
322	Partners Healthcare Choice (ACO)
84	Private Healthcare Systems
918	QCC Insurance Company
145	Self-Pay
922	Senior Whole Health
919	State Farm
323	Steward Health Choice (ACO)
7	Tufts Associated Health Plan
920	UMR Inc.
97	UniCare
826	United Concordia
226	United Health Care of New England, Inc.
74	United Healthcare Insurance Company
903	Unlisted International Source
102	Wausau Insurance Company
328	Wellforce Care Plan (ACO)
146	Worker's Compensation
921	Zenith



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 to CHIA.

- Both the final and redline versions of the [FY2020 Hospital Case Mix Data Specifications](#) for Hospital Inpatient Discharge Data (HIDD), Hospital Emergency Department, and Hospital Outpatient Observation are available below.
 - Also on this page, the [FY17-19 Hospital Case Mix Data Specifications](#), Edit Enhancements, Transfer Organization ID listings, and Payer Sources Codes are also available for reference.
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FY2020 Hospital FINAL Case Mix Data Specifications

- [Final Hospital Inpatient Discharge Data Specifications \(PDF\)](#) | [Word](#)
 - [Final Hospital Emergency Department Data Specifications \(PDF\)](#) | [Word](#)
 - [Final Hospital Outpatient Observation Data Specifications \(PDF\)](#) | [Word](#)
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FY2020 Hospital Redline Case Mix Data Specifications

- [Redline Hospital Inpatient Discharge Data Specifications \(PDF\)](#) | [Word](#)
 - [Redline Hospital Emergency Department Data Specifications \(PDF\)](#) | [Word](#)
 - [Redline Hospital Outpatient Observation Data Specifications \(PDF\)](#) | [Word](#)
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Timeline / Next Steps

FY 2021 Case Mix Intake Process	Draft Timeline
Provider Comment Period Ends	September 18, 2020
Administrative Bulletin and Guides Adopted	September 2020
CHIA and Providers Update Systems	October 2020 – January 2021
Provider Testing Period	February 2021
Quarter 1 Submission	March 16, 2021

Race/Ethnicity



Race Codes

Race Code	Patient Race Definition
R1	American Indian/Alaska Native
R2	Asian
R3	Black/African American
R4	Native Hawaiian or other Pacific Islander
R5	White
R9	Other Race
UNKNOWN	Unknown/not specified

Ethnicity Codes – Utilize full list of standard codes, per Center for Disease Control, and those listed below:
http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf

Ethnicity Code	Ethnicity Definition
AMERCN	American
BRAZIL	Brazilian
CVERDN	Cape Verdean
CARIBI	Caribbean Island
PORTUG	Portuguese
RUSSIA	Russian

Compliance

FY 2020 Submittal Schedule	Due Date
Quarter 1 & Quarter 2 Case Mix files	Currently Due
Quarter 3 Case Mix files	September 13, 2020
Quarter 4 Case Mix files	December 14, 2020

*** Reminder: Data from Field Hospitals should be submitted**

QUESTIONS & COMMENTS



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