

CASE MIX UPDATES WEBINAR

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June 17, 2016



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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

ALL CASE MIX SUBMISSION GUIDES

CHANGES & REVISIONS



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Unique Patient Identifier

- As hospitals move away from the use of social security numbers as patient identifiers, Case Mix data needs another viable alternative as a unique patient identifier.
- Patient identifiers are used to create a surrogate key to enable agencies and researchers to follow a de-identified entity across providers, settings and timeframes.
- Three new data elements will be added to all 3 submission guides:
 - Carrier Specific Unique member ID (Health Plan ID)
 - First and Last Name of Patient (only required when SSN is unknown)

Unique Patient Identifier – HIDD Guide Updates

Record Type 25 Patient Address and Ethnicity:

<u>19.</u>	<u>Health Plan Member ID</u>	<u>X(40)</u>	<u>L/B</u>	<u>207_246</u>	<u>Must be present when Primary Payer Type Code is not:</u> <u>"1" (Self Pay)</u> <u>"2" (Worker's Comp)</u> <u>"4" Medicaid</u> <u>"9" (Free Care)</u> <u>"T" (Auto Insurance)</u> <u>Report Health Plan Subscriber ID if Member ID is unknown.</u>	<u>A</u>
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Record Type 50 Patient Diagnosis Data:

<u>Filler Patient Last Name</u>	<u>X(74)</u> <u>X(35)</u>	<u>L/B</u>	<u>480_250180214</u>	<u>Required if Patient SSN is 000000001.</u>	<u>A</u>
<u>Patient First Name</u>	<u>X(25)</u>	<u>L/B</u>	<u>215_239</u>	<u>Required if Patient SSN is 000000001.</u>	<u>A</u>

Unique Patient Identifier – ED Guide Updates

Record Type '25': Patient Address and Ethnicity									
F#	Field Name	Type	Lgth	Pos Erm	Pos To	R?	Edit Specifications	Field Definition	Error Type
20.	Health Plan Member ID	Text	40	193	232	R	Must be present when Primary Payer Type Code is not: "1" (Self Pay) "2" (Worker's Comp) "4" Medicaid "9" (Free Care) "T" (Auto Insurance) Report Health Plan Subscriber ID if Member ID is unknown.	Patient's Health Plan Member ID	A
201.	Filler	Text	158	2334 93	250	N			

Record Type '50': Patient Diagnosis Data									
F#	Field Name	Type	Lgth	Pos Erm	Pos To	R?	Edit Specifications	Field Definition	Error Type
34	Patient Last Name	Text	35	135	169	C	Required if SSN is unknown and Sequence = 01 Must not be present if Sequence is not 01.	Patient's Last Name	A
35	Patient First Name	Text	25	170	194	C	Required if SSN is unknown and Sequence = 01 Must not be present if Sequence is not 01.	Patient's First Name	A

Unique Patient Identifier – OOA Guide Updates

<u>73.</u>	<u>Health Plan Member ID</u>	<u>Character</u>	<u>40</u>	<u>Must be present when Primary Payer Type Code is not:</u> <u>"1" (Self Pay)</u> <u>"2" (Worker's Comp)</u> <u>"4" Medicaid</u> <u>"9" (Free Care)</u> <u>"T" (Auto Insurance)</u> <u>-Report Health Plan Subscriber ID if Member ID is unknown.</u>	<u>A</u>
<u>74.</u>	<u>Patient Last Name</u>	<u>Character</u>	<u>35</u>	<u>Required if SSN is unknown.</u>	<u>A</u>
<u>75.</u>	<u>Patient First Name</u>	<u>Character</u>	<u>25</u>	<u>Required if SSN is unknown.</u>	<u>A</u>

Payer Source Codes

- Payer source codes will be updated to accurately capture each insurance carrier.



Microsoft Excel
Worksheet

TransferID

- 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

TransferID – Guide Updates

OOA:

Massachusetts Transfer Hospital Organization ID	Character	7	<p>- Must be valid <u>OrgID</u> if originating or secondary referring or transferring Source of Observation is 4-Transfer from an Acute Hospital, 7-Outside Hospital Emergency Room Transfer, or 5- Transfer from an SNF Facility, <u>or 6- Intermediate Care Facility</u> and the provider from which the transfer occurred is in Massachusetts. If provider from which the transfer occurred is outside Massachusetts, the transfer <u>OrgID</u> must be 9999999.</p> <p>- Must be a valid Organization ID as assigned by CHIA. Or 9999999 if facility was outside Massachusetts.</p> <p><u>- Transfer OrgID must not be the OrgID for Provider on RT10 or the Hospital Service Site on RT20.</u></p>	B
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Similar changes were made to ED and HIDD for ICFs.

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.
- Immediate updates will reduce the Type A errors currently occurring when hospitals submit HIDD and ED data.

External Cause of Injury – Guide Updates

Principal External Cause of Injury Code	X(7)	L/B	13 19	<p><u>- Must be present if principal diagnosis is ICD-9-CM codes 800-904.9 or 910-995.89 EXCEPT 995.60-995.69.</u></p> <p><u>- Must be present if principal diagnosis is ICD-10-CM codes (S00-S99), or the following T-Codes:</u></p> <p><u>(T07) unspecified multiple injuries</u></p> <p><u>(T14) injury of unspecified body region</u></p> <p><u>(T20-T32) burns and corrosions</u></p> <p><u>(T33-T34) frostbite</u></p> <p><u>(T66) radiation sickness</u></p> <p><u>(T67) effects of heat/light</u></p> <p><u>(T68) heatstroke/sunstroke</u></p> <p><u>(T69) other effects of reduced temperatures</u></p> <p><u>(T70) effects of air pressure and water pressure</u></p> <p><u>(T74) confirmed cases of abuse/neglect</u></p> <p><u>- May be present if Principal Diagnosis is ICD-9-CM codes 996-999.9</u></p> <p><u>- If present, must be a valid ICD-9-CM External Cause of Injury Code (E800-E999) excluding E849.0 - E849.9</u></p> <p><u>OR must be a valid ICD-10-CM External Cause of Injury Code (V00-Y99)– Must be present if principal</u></p>	B
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External Cause of Injury – Guide Updates

<u>Principal External Cause of Injury Code</u>	<u>X(7)</u>	<u>L/B</u>	<u>13 19</u>	<p><u>Continued from page 36.</u></p> <ul style="list-style-type: none"> - <u>Principal External Cause of Injury code shall be recorded in designated field and not be present in Diagnosis Codes</u> - <u>Associated Diagnosis fields may be used for additional External Cause of Injury codes: ICD-9-CM codes (E800-E999) OR ICD-10-CM (V00-Y84.9) or supplemental codes: (Y90-Y99) (place of injury, activity, status)</u> - <u>Associated External Cause of Injury codes, present in the Associated Diagnosis field, shall only be permitted when a Principal External Cause of Injury Code is entered</u> - <u>Must agree with ICD Indicator</u> 	<u>B</u>
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Other Changes

- Updated Hospital List
- Updated source of revenue codes: <http://www.nubc.org/>

(3) Record Types '30' and '40'

~~For (a) Routine Accommodations, (b) Special Care Accommodations, and Ancillary Services, please use the codes found in:~~

~~Standard Facility Billing Elements: National Uniform Billing Committee (NUBC)~~

~~<http://www.nubc.org/>~~

HOSPITAL INPATIENT DISCHARGE

CHANGES & REVISIONS



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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 will update these fields to error type 'B'. Updated in HIDD Record Type 45:

Attending Physician National Provider Identifier (NPI)	X(10)	L/B	69 78	<p><u>- Must be present</u></p> <p><u>- Must be a valid National Physician Identifier per National Plan and Provider Enumeration System (NPPES) - May be present when available</u></p>	<u>B</u>
Operating Physician National Provider Identifier (NPI)	X(10)	L/B	79 88	<p><u>- Must be present if Principal Procedure Code is present</u></p> <p><u>- If present, must be a valid National Physician Identifier per National Plan and Provider Enumeration System (NPPES) - May be present when available</u></p>	<u>B</u>
Additional Caregiver National Provider Identifier (NPI)	X(10)	L/B	89 98	<p><u>- May be present</u></p> <p><u>- If present, must be a valid National Physician Identifier per National Plan and Provider Enumeration System (NPPES) - May be present when available</u></p>	<u>B</u>

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.

(i)

ED Flag Code	Admitted ED Patient Definition
0	Not admitted from the ED, no ED visit reflected in this record
1	Not admitted from the ED, but ED visit(s) reflected in this record
2	Admitted from the ED

Example: If a patient is not admitted as an inpatient directly from the ED, but an ED visit within the last 72 hours is included in this record, choose code 1.

If a patient is not admitted as an inpatient directly from the ED, but a recent ED visit is included in this record because of "payment window" rules, choose code 1.

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 asystole (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.
- Updated language in the submission guide on the patient status of DOA to read: "Expect coding would follow the State's Office of Chief Medical Examiner that the patient arrives asystole (with or without resuscitative efforts in the ED)." Further QA should be done with follow-up to individual hospitals if needed.

ED Patient Status – Guide Changes

X) Patient Departure Status Code

Departure Status Code	
Departure Status Code	Patient Disposition (Departure Status):
1	Routine (i.e. to home or usual place of residence)
3	Transferred to Other Facility
4	AMA
6	Eloped
8	Within Hospital Clinic Referral
9	Dead on Arrival (with or without resuscitative efforts in the ED)
0	Died during ED Visit
P	Patient met personal physician in the emergency department (not seen by staff)

Note: With 9 – Dead on Arrival, coding should follow the State's Office of Chief Medical Examiner that the patient arrives asystole (with or without resuscitative efforts in the ED).

Service Line Charges – Guide Changes

- 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.
- Updated the ED submission guides to include service line charges. Currently only Total Charges for the visit is collected.

4.	<u>Service line Item Charges</u>	<u>Curr</u>	<u>10</u>	<u>18</u>	<u>27</u>	<u>C</u>	<u>Must be present if service line item is present</u> <u>Must be numeric</u> <u>Must be whole number, no decimals</u> <u>Must be rounded to nearest dollar</u>		
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Follow-up & Contacts

Any feedback must be received by Friday, June 24th.

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QUESTIONS & COMMENTS



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