

CASE MIX UPDATES WEBINAR

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August 26, 2016



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Agenda

11:00 Welcome

11:05 Previously Reviewed Changes

**11:15 New Proposed Changes related to
Emergency Department (ED) Boarding**

**11:30 Additional Proposed Changes for
Outpatient Observation Department**

11:35 Updated Timeline / Next Steps

11:40 Questions & Comments

PREVIOUSLY REVIEWED CHANGES WHICH WILL NOT BE ADOPTED

ALL SUBMISSION GUIDES



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Not for Adoption:

- CHIA proposed enhancing the Hospital Inpatient Discharge Data (HIDD) with elements for standard quality measures related to Perinatal Care developed by the Joint Commission. CHIA has decided **not** to collect the Perinatal Care quality measures at this time.
- CHIA proposed changing the patient address from one field to three fields for additional standardization purposes. CHIA has decided **not** to make this change at this time.

PREVIOUSLY REVIEWED CHANGES INCLUDED IN DRAFT SUBMISSION GUIDES



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Hospital Inpatient Discharge Data

Previously Reviewed Changes:

Added Unique Patient Identifiers:

Patient First/ Last Name (required when SSN is unknown),
Health Plan Member ID

Updated External Cause Code edits to align with ICD-10

Tightened Edit on MMIS ID

Updated Transfer Org ID guideline to include Intermediate Care Facilities (ICFs).

Updated Attending / Operating / Other Caregiver NPI edits

Updated Payer Source Codes

Hospital Emergency Department Data

Previously Reviewed Changes:

Added Unique Patient Identifiers:

Patient First/ Last Name (required when SSN is unknown),
Health Plan Member ID

Updated External Cause Code edits to align with ICD-10

Tightened Edit on MMIS ID

Updated Transfer Org ID guideline to include Intermediate Care Facilities (ICFs).

Clarification of Patient Status of 9 - Dead on arrival (DOA)

Updated Payer Source Codes

Added Service Line Item Charges field

Hospital Outpatient Observation Data

Previously Reviewed Changes:

Added Unique Patient Identifiers:

Patient First/ Last Name (required when SSN is unknown),
Health Plan Member ID

Tightened Edit on MMIS ID

Update Transfer Org ID guideline to include Intermediate Care Facilities (ICFs).

Update Payer Source Codes

EMERGENCY DEPARTMENT BOARDING

CHANGES & REVISIONS
FOR
EMERGENCY DEPARTMENT



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Updated Language to Include Submission of ALL ED Visits

Removed language that stated to submit only if visit results in neither an observation or inpatient stay

Data To Include in Outpatient Emergency Department Visit Electronic Submissions

Emergency department visit data shall be reported, as required by Regulation 957 CMR 8, for all emergency department visits, including Satellite Emergency Facility visits,

~~by patients whose visits result in neither an outpatient observation stay nor an inpatient admission at the reporting facility.~~

Updated Departure Status

Added two new departure statuses to accommodate patient's transfer within the same hospital:

“Admitted as an Inpatient to the Hospital” and

“Moved to an Outpatient Observation Bed in this Hospital”

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)
A	Admitted as an Inpatient to this Hospital
X	Moved to an Outpatient Observation Bed in this Hospital

Allow \$0 Charges for New ED Visits

Allow submission of zero charges for visits with new departure statuses, but require all other information per submission guides.

Charges	Curr	10	131	140	C Must be present unless Departure Status is 6 (Eloped), 4 (AMA) P (Personal Physician), A (Admitted as an Inpatient to this Hospital) or X (Moved to an Outpatient Observation Bed in this Hospital). If present: Must be numeric. Must be greater than 1 unless a code listed above then it may be zero. Must be whole numbers, no decimals. Must be rounded to the nearest dollar.	Grand total of all charges associated with the patient's ED visit. The total charge amount should be rounded to the nearest dollar.	A
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New Field: Do Not Resuscitate (DNR)

DNR Status	Text	1	242	242	May be present -If present, must be valid as specified in in Data Code Tables (Section IV).	A status indicating that the patient had a physician order not to resuscitate or the patient had a status of receiving palliative care only.	B
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*DNR CODE	DO NOT RESUSCITATE STATUS DEFINITION
1	DNR order written
2	Comfort measures only
3	No DNR order or comfort measures ordered

EMERGENCY DEPARTMENT BOARDING

CHANGES & REVISIONS
FOR
HOSPITAL INPATIENT AND HOSPITAL OUTPATIENT



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New Field: Number of Hours in ED

For discharges with an admission source, revenue code (HIDD only) or ED flag denoting the patient came from the hospital's ED, CHIA is requesting the **number of hours** the patient was in the ED before the transfer to an inpatient bed or outpatient bed

Number of Hours in ED	9(3)	R/Z	103 105	<ul style="list-style-type: none"> - Must be present if Source of Admission is 'R' – Within hospital Emergency Room Transfer - Must be present if Revenue Codes 045x are used - Must be present if ED Flag is set to 1 or 2. 	Note
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New Fields: ED Registration Date and Time

For discharges with an admission source, revenue code (HIDD only) or ED flag denoting the patient came from the hospital’s ED, CHIA is requesting the **ED registration date and time.**

Emergency Department Registration Date	X(8)	L/B	106 113	<ul style="list-style-type: none"> - Must be present if Source of Admission is ‘R’ – Within hospital Emergency Room Transfer. - Must be present if Revenue Codes 045x are used - Must be present if ED Flag is set to 1 or 2. - Must be valid date format (CCYYMMDD). - Must be less than or equal to ED Discharge Date. 	Note
Emergency Department Registration Time	9(4)	L/B	114 117	<ul style="list-style-type: none"> - Must be present if Source of Admission is ‘R’ – Within hospital Emergency Room Transfer. - Must be present if Revenue Codes 045x are used - Must be present if ED Flag is set to 1 or 2. - Must be numeric. - Must range from 0000 to 2359. 	Note

New Fields: ED Discharge Date and Time

For discharges with an admission source, revenue code (HIDD only) or ED flag denoting the patient came from the hospital's ED, CHIA is requesting the **ED discharge date and time.**

Emergency Department Discharge Date	X(8)	L/B	118 125	<ul style="list-style-type: none"> - Must be present if Source of Admission is 'R' – Within hospital Emergency Room Transfer. - Must be present if Revenue Codes 045x are used - Must be present if ED Flag is set to 1 or 2. - Must be valid date format (CCYYMMDD). - Must be greater than or equal to Registration Date. 	Note
Emergency Department Discharge Time	9(4)	L/B	126 129	<ul style="list-style-type: none"> - Must be present if Source of Admission is 'R' – Within hospital Emergency Room Transfer. - Must be numeric. - Must range from 0000 to 2359. - Must be greater than the registration time when the discharge date and registration date are equal. 	Note

OUTPATIENT OBSERVATION DEPARTMENT

ADDITIONAL CHANGES & REVISIONS



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New Field: Principal External Cause Code

Principal External Cause Code	Character	7	<p>If present, must be a valid ICD-9-CM External Cause Code (E800-E999) excluding E849.0-E849.9 or a valid ICD-10-CM V-code, W-code, X-code, or Y-code (V00-Y99).</p> <p>Must agree with ICD Indicator.</p> <p>Principal External Cause Code shall be recorded in designated field and not be present in Associated Diagnosis Codes.</p>	B
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New Fields: Additional Diagnosis Codes

Assoc_DX6	Character	7	Patient's sixth associated diagnosis: - If present, DX5 must be present - Must be valid ICD code+ in diagnosis file (exclude decimal point) - Must agree with ICD Indicator	A
Assoc_DX7	Character	7	Patient's seventh associated diagnosis: - If present, DX6 must be present - Must be valid ICD code+ in diagnosis file (exclude decimal point) - Must agree with ICD Indicator	A
Assoc_DX8	Character	7	Patient's eighth associated diagnosis: - If present, DX7 must be present - Must be valid ICD code+ in diagnosis file (exclude decimal point) - Must agree with ICD Indicator	A
Assoc_DX9	Character	7	Patient's ninth associated diagnosis: - If present, DX8 must be present - Must be valid ICD code+ in diagnosis file (exclude decimal point) - Must agree with ICD Indicator	A
Assoc_DX10	Character	7	Patient's tenth associated diagnosis: - If present, DX9 must be present - Must be valid ICD code+ in diagnosis file (exclude decimal point) - Must agree with ICD Indicator	A

Timeline / Next Steps: Propose Delayed Dates for Quarter 1 Submission

FY17 Case Mix Intake Process	Draft Timeline
Draft Submission Guides Published with Updates for ED Boarding	August 2016
Guides Reviewed at Technical Advisory Group Meeting	August 2016
Provider Comment Period Ends	September 16, 2016
Administrative Bulletin and Guides Adopted	September 30, 2016
CHIA and Providers Update Systems	Fall 2016 – Spring 2017
Provider Testing Period	Spring 2017
DELAYED DUE DATE for Quarter 1 Submission	June 14 th , 2017
No Change to Due Date for Quarter 2 Submission	June 14 th , 2017



Updated Submission Guides Published on CHIA Website

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

FY17 Hospital Draft Case Mix Data Specifications

DRAFT Hospital Inpatient Discharge Data Specifications

August 2016 PDF | Word

DRAFT Hospital Emergency Department Data Specifications

August 2016 PDF | Word

DRAFT Hospital Outpatient Observation Data Specifications

August 2016 PDF | Word

DRAFT Payer Source Codes

June 2016 Excel

QUESTIONS & COMMENTS



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Follow-up Contacts

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