

From: HHSC RAD Uhrip <RAD-Uhrip@hhsc.state.tx.us>
Sent: Thursday, June 4, 2020 1:36 PM
Subject: PGY4 UHRIP Preprint Commercial and Medicare Data Collection
Importance: High

UHRIP Providers,

The Health and Human Services Commission (HHSC) is requesting assistance to gather information and data for the Centers for Medicare and Medicaid Services (CMS) regarding the Uniform Hospital Rate Increase Program (UHRIP) for state fiscal year (SFY) 2021.

CMS is requesting HHSC to provide data for a comparison of the proposed SFY 2021 UHRIP rate increases to the Medicare and the average commercial rate for reimbursement of certain healthcare services. To do this, HHSC will be requesting data for certain Medicaid inpatient and outpatient diagnosis codes by class (i.e. urban, rural, children, psychiatric) for Medicaid services from hospitals participating in UHRIP. HHSC will collect the data and perform certain analyses before sending it to CMS for their review.

Please find a list of IP and OP diagnosis codes by provider type attached to this email. This should aid providers in pulling the necessary data prior to completing the survey. Providers should aggregate the data for a maximum of their top 5 payers, and not break the data out by payer.

HHSC understands that providers may encounter issues with this uniform request that are specific to their billing structure. Providers should refer to the CMS guidance at the links below to determine how to address these provider-specific issues (such as value-based, bundled, or other payment arrangements that may not directly align to a claim/encounter), and contact HHSC if they cannot find the answers.

<https://www.medicaid.gov/medicaid/downloads/physician-upl-template.xlsx>

<https://www.medicaid.gov/medicaid/downloads/upl-instructions-qualified-practitioner-services-replacement-new.pdf>

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Additionally, HHSC has already received several questions from providers that are addressed below:

1. How will HHSC be defining "payments"? Based on the [physician UPL guidance](#), it seems a Contracted rate total inclusive of coinsurance and deductible should be used.

HHSC Response: Yes, a contracted rate total inclusive of coinsurance and deductible should be used.

2. How are Top 5 Commercial Payers determined? Based on volume? Based on Highest Payment Rate?

HHSC Response: Volume

3. Should Medicare non-claims based payments be included or excluded in the payment total? For example, Medicare Graduate Medical Education (GME) is paid bi-weekly and not on the encounter.

HHSC Response: These payments should be included.

4. For Critical Access Hospitals (CAH) that are paid cost-reimbursement should payments reflect the interim per diem payment rate and not the retroactive cost settlement?

HHSC Response: The preference is that an all-inclusive payment be reported if possible.

5. If a hospital did not provide any services for the requested diagnosis codes, do they still submit a survey?

HHSC Response: Yes, please submit with zeros so that HHSC knows your hospital is accounted for.

The links below are to web-based forms that will allow HHSC to collect information from participating hospitals in each class. Specifically, HHSC requests each provider in each class to provide payment and number of corresponding encounters based on the questions on the form. The diagnosis codes were selected from the top 10 primary diagnosis codes for Medicaid. The service periods are inpatient discharges between September 1, 2018 and August 31, 2019, and outpatient from dates of service between September 1, 2018 and August 31, 2019.

Links to Web-based forms for Data Collection

- [Children's Survey](#)
- [Urban Survey](#)
- [Rural Survey](#)
- [Psychiatric Hospital Survey](#)

The deadline to submit the information to HHSC is COB, Wednesday, June 10th. Please direct any questions to RAD-UHRIP@hhsc.state.tx.us. HHSC understands that this is a significant request with a very short turnaround time and understands that this will be burdensome for many providers. However, if this data is not obtained by June 10th the proposed PGY4 rate increase amounts could not be approved by CMS.

Thank you,

HHSC Rate Analysis