Society of Thoracic Surgeons

Adult Cardiac Surgery Database: User Group Call

June 15, 2022

Agenda

- Welcome and Introductions
- STS Important Dates
- STS Updates
- IQVIA Updates
- STS Education
  - Insurance
- Q & A

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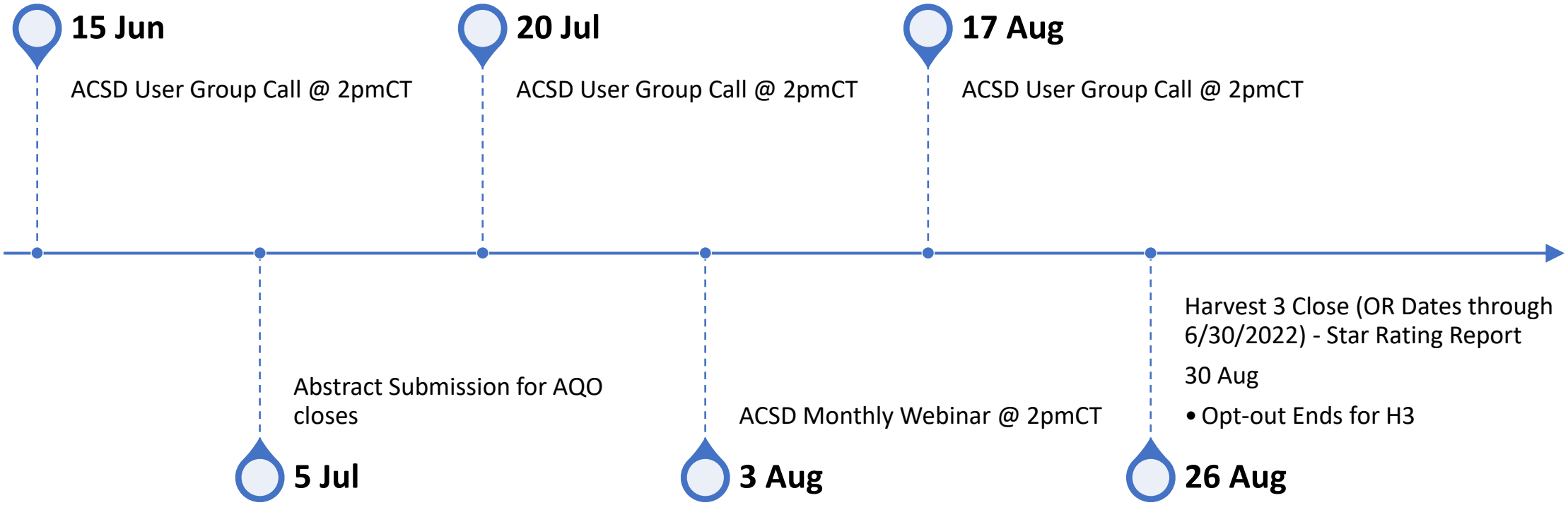
Important Dates



Harvest 2022 Dates

ACSD					
Harvest	Close	Opt-Out	Includes procedures performed through	Report Posting	Comments
H1 2022	February 25	March 1	December 31, 2021	Spring 2021	Star Rating
H2 2022	May 27	June 1	March 31, 2022	Summer 2022	
H3 2022	August 26	August 30	June 30, 2022	Fall 2022	Star Rating
H4 2022	November 18	November 22	September 30, 2022	Winter 2022	

STS Updates

- Harvest 2 data in analysis
- June Training Manual Posted
- Email STSDB@sts.org for contact updates
- AQO Abstract submission open
- Audit notifications sent
- Audit instruction letters coming this week

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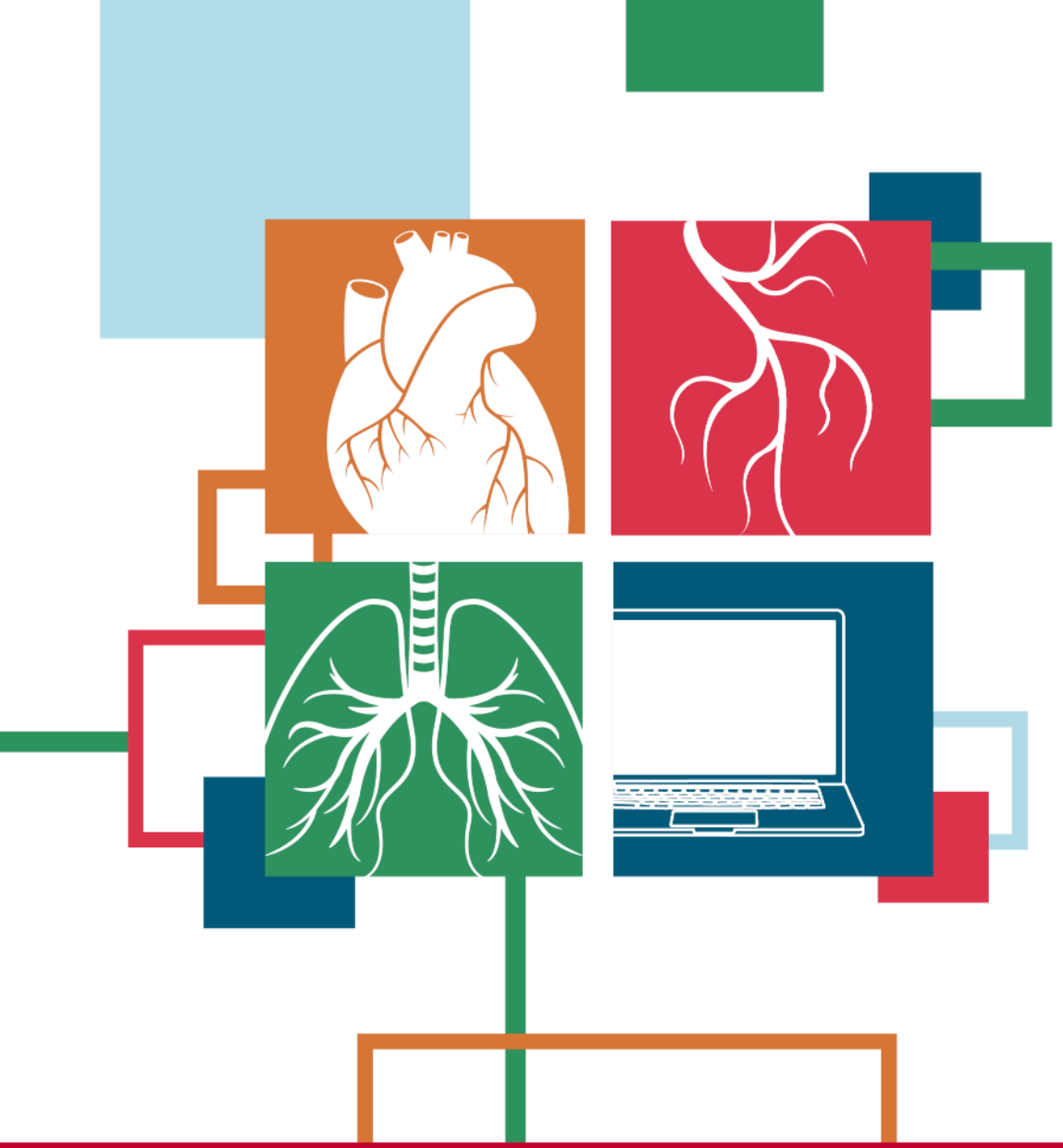

ADVANCES IN QUALITY & OUTCOMES:
A Data Managers Meeting

October 26–28, 2022 ▪ PROVIDENCE, RHODE ISLAND

THE SOCIETY OF THORACIC SURGEONS
Established 1964

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Thursday, October 27, 2022 – Adult Cardiac In-Person Option

- In-person sessions for the track(s) you choose with opportunity for live Q&A
- Breakfast, lunch, and refreshment breaks
- Networking Reception with speakers, vendors, and colleagues
- Face-to-face time with Exhibitors
- Opportunity to view and vote on your favorite E-Poster
- All on-demand content available on virtual meeting platform in mid-October
- All recorded in-person sessions available for additional viewing in **mid-November**
- Post-AQO Webinar “Hot Topics” in **January**
- Access to digital conference materials such as: PowerPoint slides and case scenarios
- CE/CEU Credit

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ADVANCES IN QUALITY & OUTCOMES:
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October 26–28, 2022 ▪ PROVIDENCE, RHODE ISLAND

AQO Registration will open next week.

Receive Early Bird Registration Pricing through Friday, August 26.

STS MEMBER	Early Bird (August 26, 2022)	Standard
One Track	$550	$650
Two Tracks	$900	$1,100
Multi-Day (Three Tracks)	$1,150	$1,450
Virtual Pass	$300	$300

NON-MEMBER	Early Bird (August 26, 2022)	Standard
One Track	$650	$750
Two Tracks	$1,100	$1,300
Multi-Day (Three Tracks)	$1,450	$1,750
Virtual Pass	$400	$400

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- Educational sessions and social events will take place at the Rhode Island Convention Center (1 Sabin St, Providence, RI 02903).

- A block of rooms have been reserved at the Omni Providence Hotel (1 West Exchange St., Providence, RI 02903). The special AQO group rate of $259, plus state and local taxes, is guaranteed through **Tuesday, October 4,** or until the group block is sold out.
- Reserve online
- Call 401-598-8000. Be sure to reference “AQO” or “Advances in Quality and Outcomes.”

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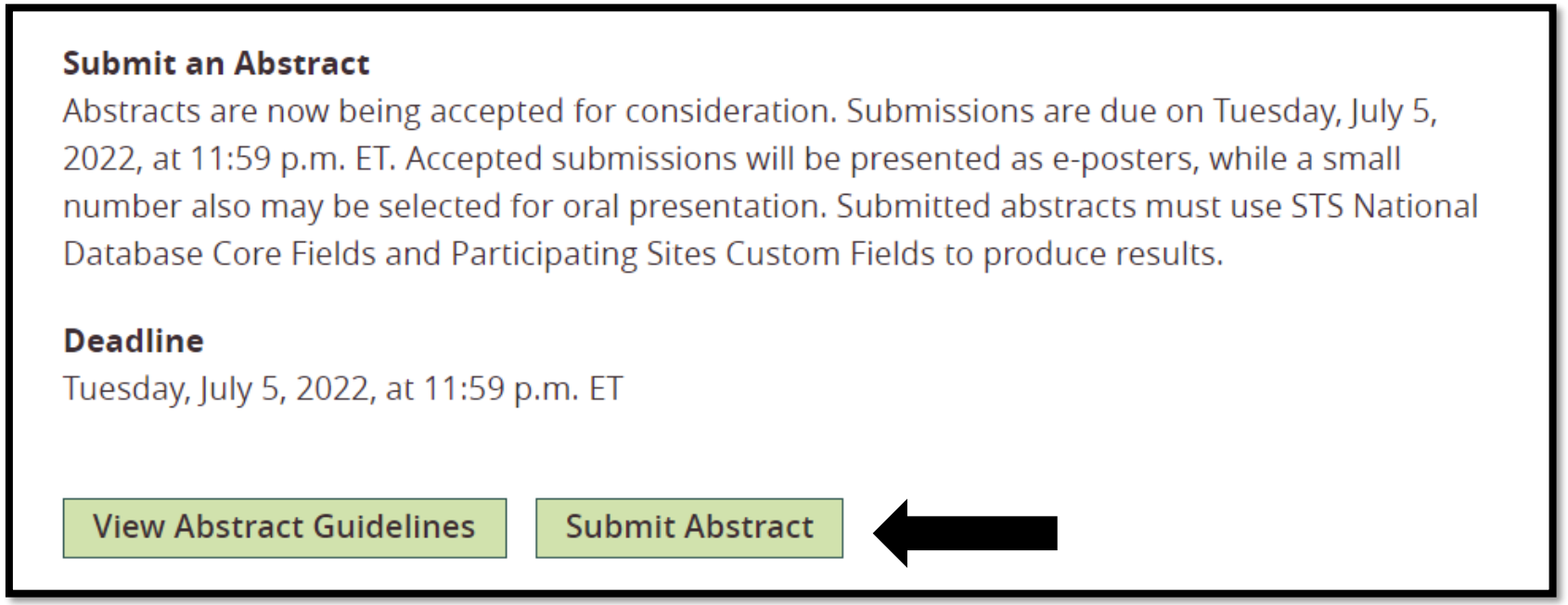
ADVANCES IN QUALITY & OUTCOMES:
A Data Managers Meeting
October 26–28, 2022 ▪ PROVIDENCE, RHODE ISLAND

Abstract Submission Deadline: Tuesday, July 5, 2022.

Click **Submit an Abstract** on the STS AQO Website.

All authors listed on the abstract are required to submit a Disclosure Form at the time of submission. Your submission will not be listed as complete unless each author has submitted a Disclosure Form.



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Preliminary Program Topics

- Aorta/Arch/Debranching
- AVR with Annular Enlargements
- MV Procedures
- CABG Anastomoses
- Devices: VAD, ECMO, Impellas
- Databases in Value Based Care
- TVT Registry
- Cath/Echo

- Submit your questions or case scenarios **by Friday, August 16.**

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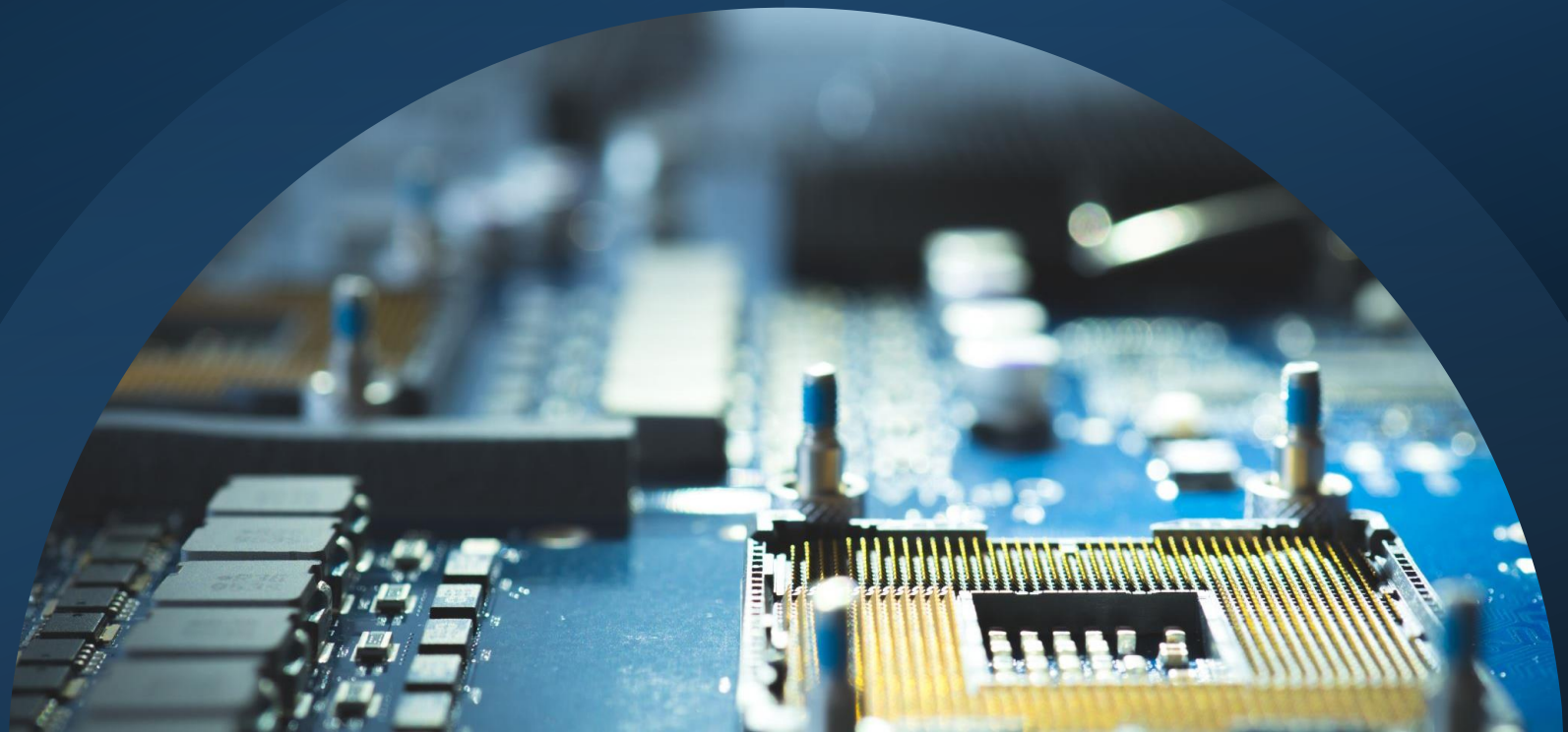
IQVIA Update
Joe Brower



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IQVIA Release June 2022

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The below items were deployed to production the weekend of June 4

Risk Adjusted Report (analyzed and benchmark report)

Report Updates

STS-7815 – The Rating Trends Report has been updated to display the reporting periods starting from the current harvest in the first column to the oldest in the last column.

STS-8072 – Isolated CABG Benchmark Report – Preoperative Medications - The Preoperative Beta Blocker within 24 Hours calculation for the Among Eligible Cases results has been updated to exclude cases that are Status = Emergent or Emergent Salvage (harvest code 3 or 4) and cases where MedBeta = Contraindicated (harvest code = 3) from the denominator.

IQVIA Release June 2022

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The below items were deployed to production the weekend of June 4

Risk Adjusted Report (analyzed and benchmark report)

Report Updates

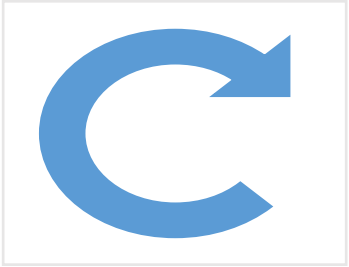
STS-8058 – Isolated CABG Benchmark Report – Operative Information - The Missing results for Blood Products Used has been corrected to not flag patients who answered Yes to refused Intraop blood as Missing.

STS-8380 – Demographics Benchmark Report - The total number of STS cases previously displayed a dash |-|. This has been corrected and now displays the case count result.

IQVIA Update

Please note:

Submitted tickets are currently under review and the IQVIA support team will follow up on resolution and/or target release confirmation.



The IQVIA Team is currently reviewing items that will be released in an upcoming release. Those items will be posted to the Notifications section once released.

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IQVIA Support Plan

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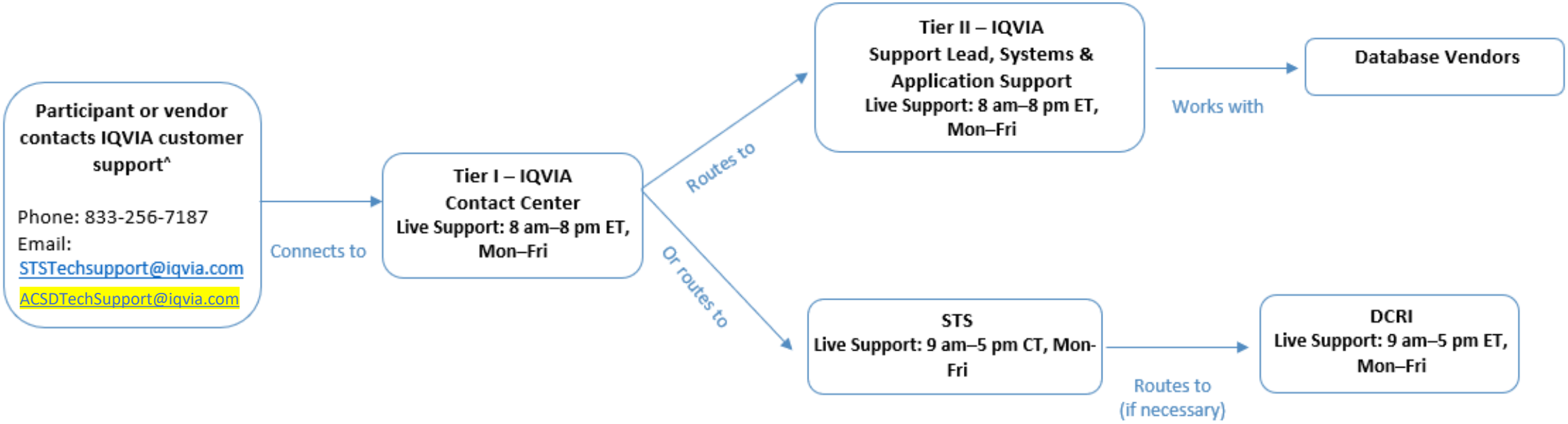
IQVIA's Support Plan

Please include your Participant ID (PID) in all communications with STS and IQVIA



^ Inquiries received outside live support hours will require a 24-hour turnaround window (i.e., one business day) for responses.

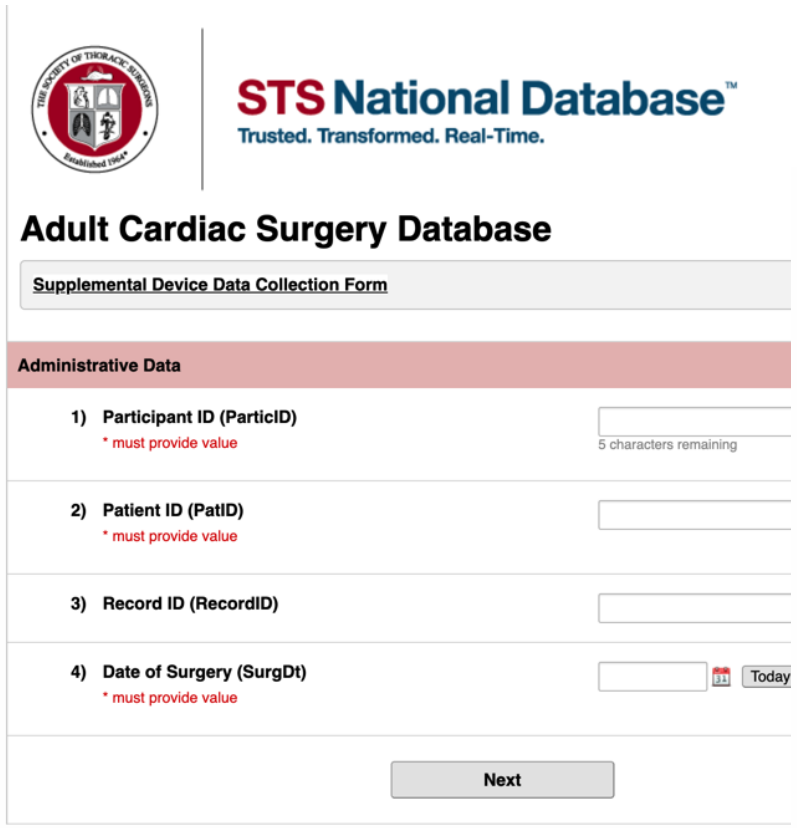
STS Education:
Devices
Insurance

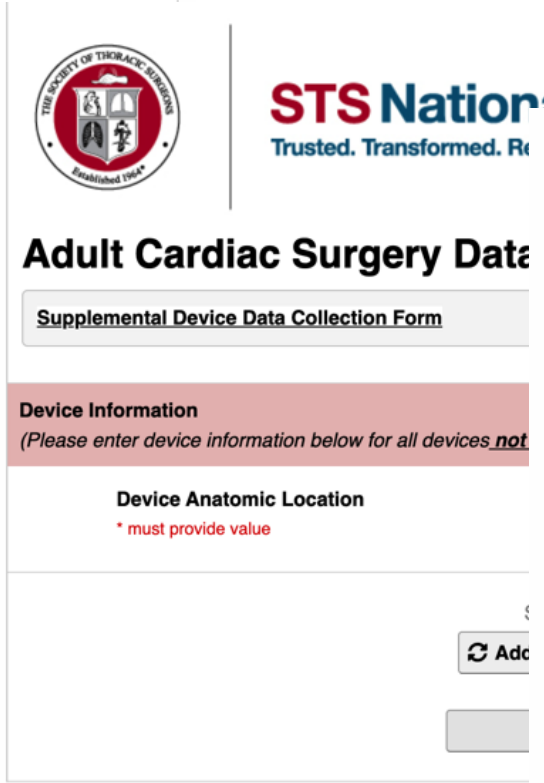
Devices not on the ‘list’

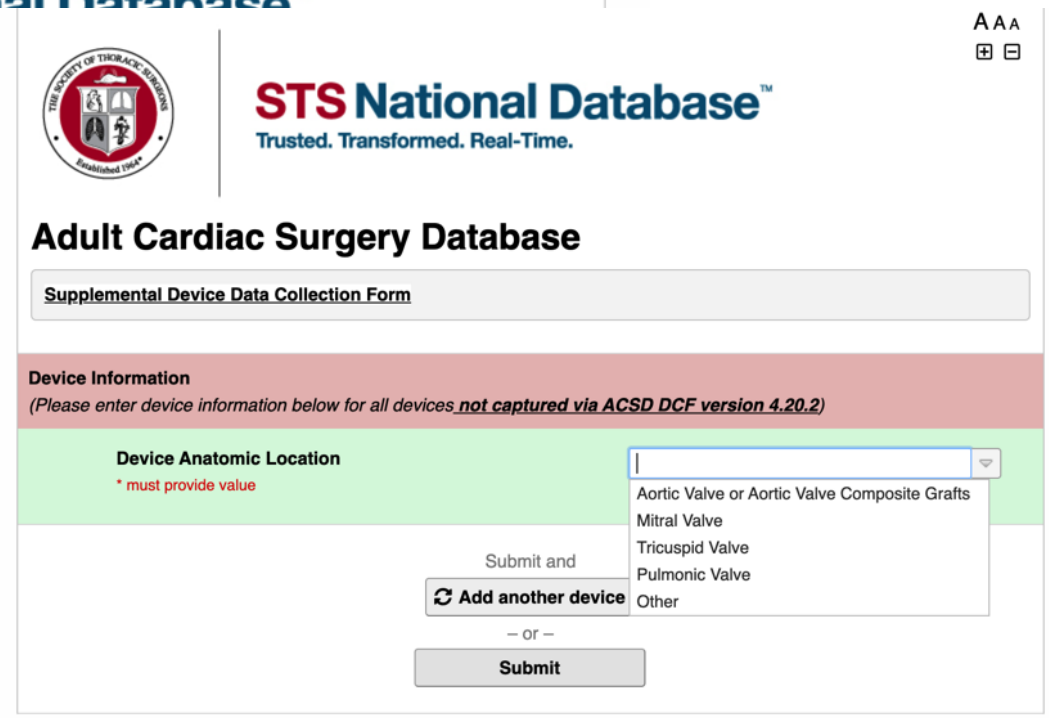
- Capture devices approved or near-approval that are not included on the current ACSD version 4.20 data specifications
- Please start with July 1, 2022 cases
- May enter cases prior to July 1, 2022, but not required
- Double check the specs before entering a device, just to be sure!
- These devices will be added to the next upgrade – not planned at this time.

https://redcap.sts.org/surveys/?s=8YR88JKHPMTXKRMM

Device Entry for Devices NOT on the ‘List’







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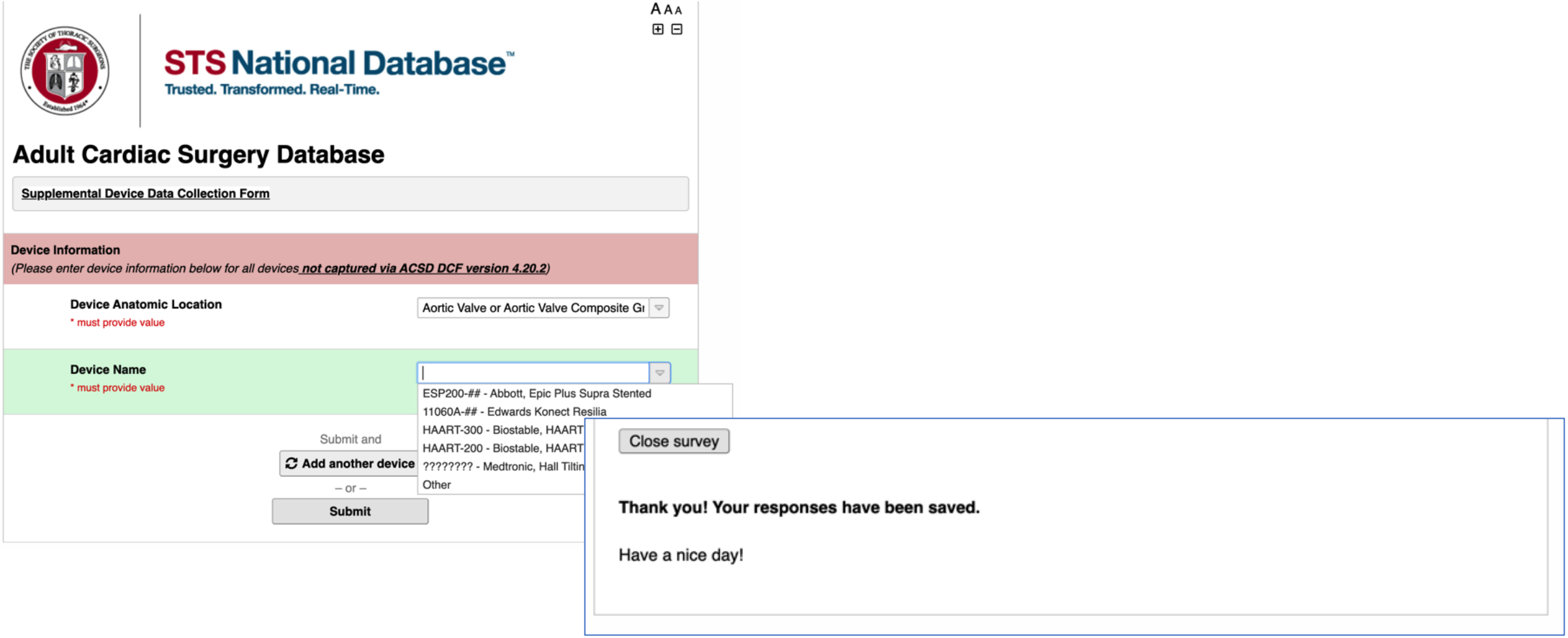

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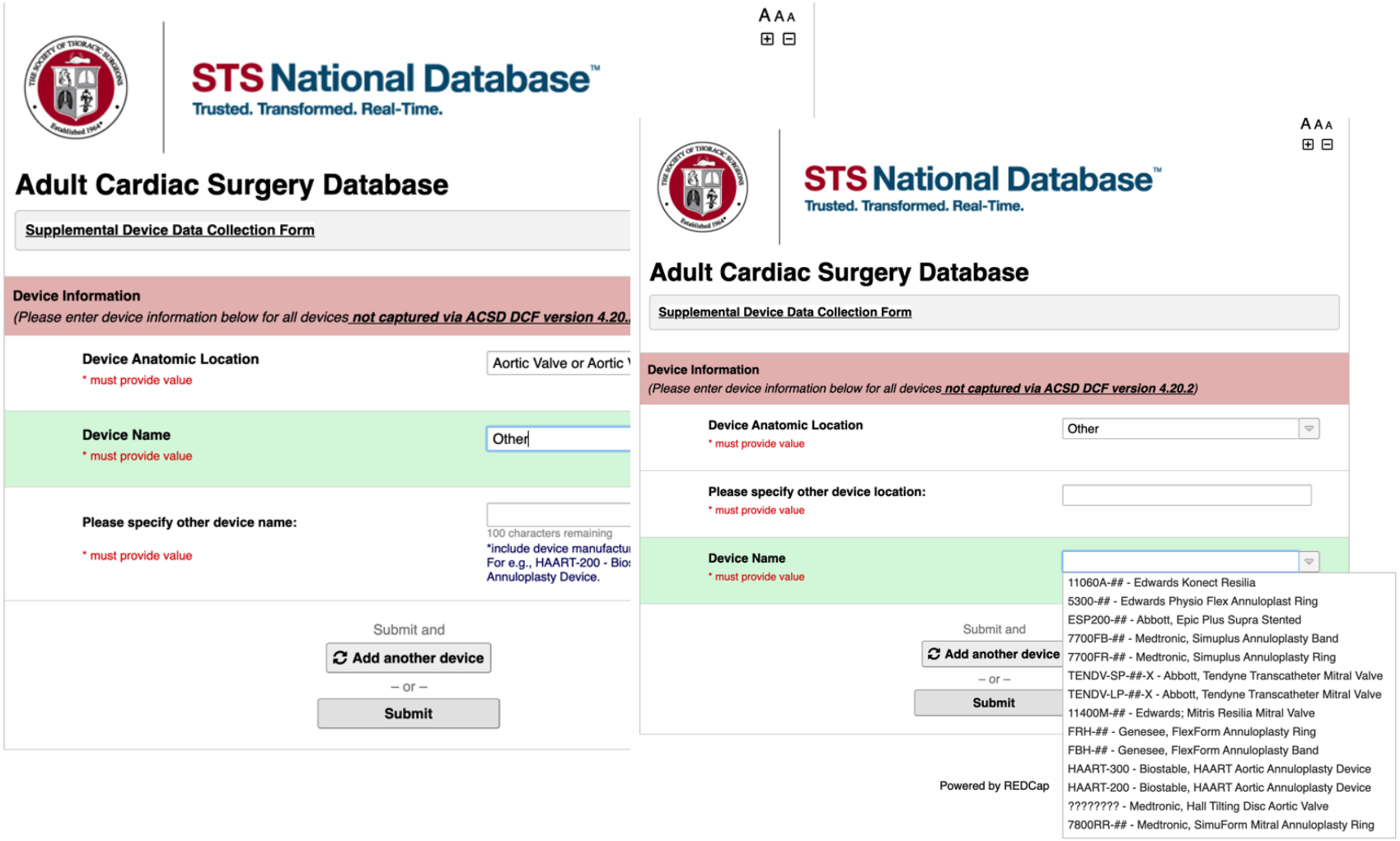

Insurance

Indicate the primary insurance payor at time of arrival.

Insurance is in the Risk Model.

The hospital Billing Dept will be your best friend.

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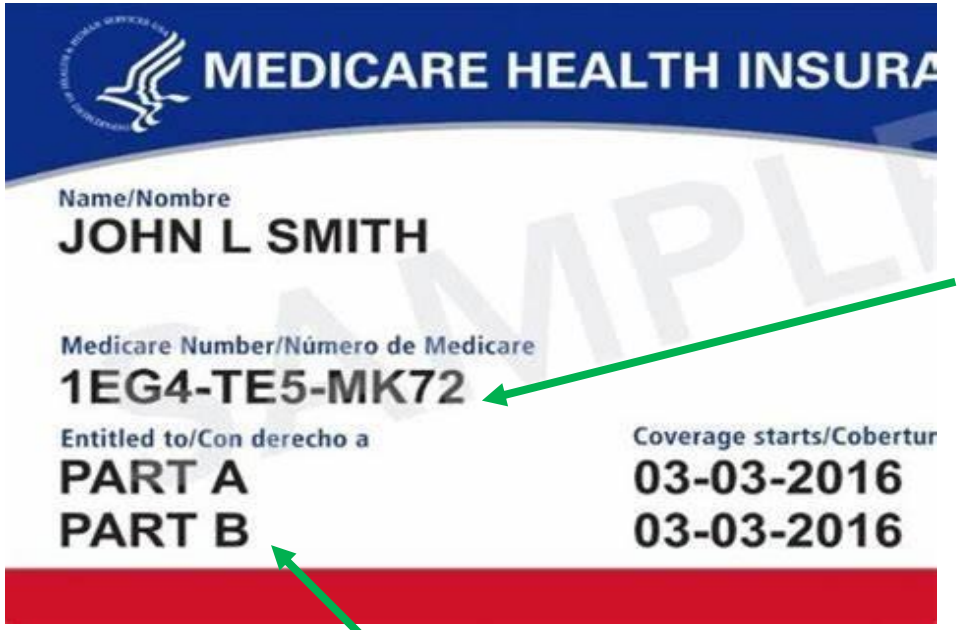
Medicare – Includes commercially managed options

Traditional Medicare

- ➢ Medicare Part A – is hospital insurance and covers inpatient hospital stays, skilled nursing facility, hospice care and some home health care. Some patients may only have Medicare A, and this is not included in Fee-for-Service.
- ➢ Medicare Part B – is medical insurance; payment for Pro-fee or the coverage for physician services (therefore it is coded as Fee-for-Service), outpatient care, medical supplies, and preventive services.



MBI Number SEQ 294

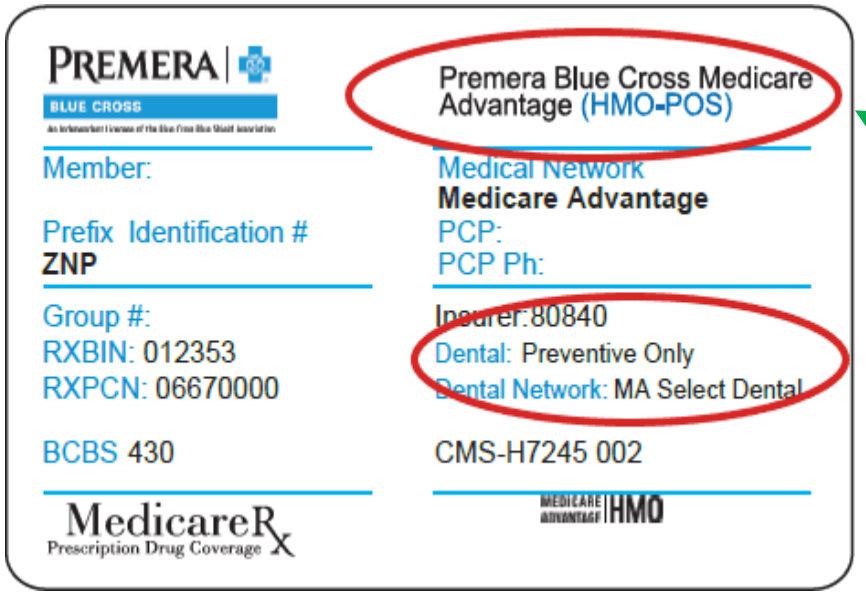
Primary Payor Medicare Part B SEQ 295
Medicare Part B – is payment for Professional-fee or the coverage for physician services therefore it is coded as Fee-for-Service. **This field is for traditional Medicare plans** that pay via FFS (Fee-for-service). Medicare Replacement (Medicare Advantage) and Managed Care plans that pay via PFFS (Private-Fee-for Service) are not captured as Medicare FFS.

Medicare Part C / Medicare Advantage Plan – is still a Medicare program which is managed by an insurance company, most have additional benefits – vision, and/or dental. Medicare Advantage Plan covers most Medicare benefits and usually require patients to see specific providers in their network. All Medicare Advantage/ Managed Care plans (i.e.. Humana HMO Medicare) are captured in the payor category as Medicare only. For example, if the patient has Medicare HMO, code as primary payor Medicare, there is no secondary payor in this scenario.

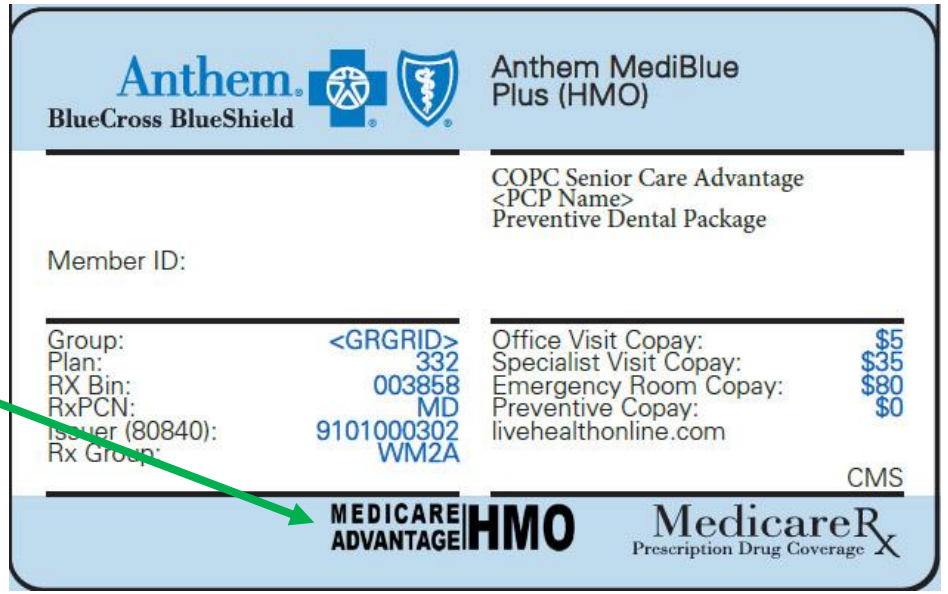
Medicare Part D is prescription drug coverage. Medicare Part D is optional, and it's available only through private insurance companies that contract with Medicare (Medicare Advantage or Managed Care plans).

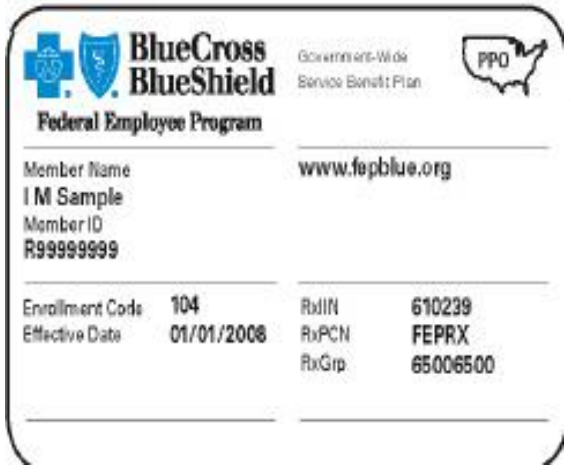
Medicare Advantage Plan Types:

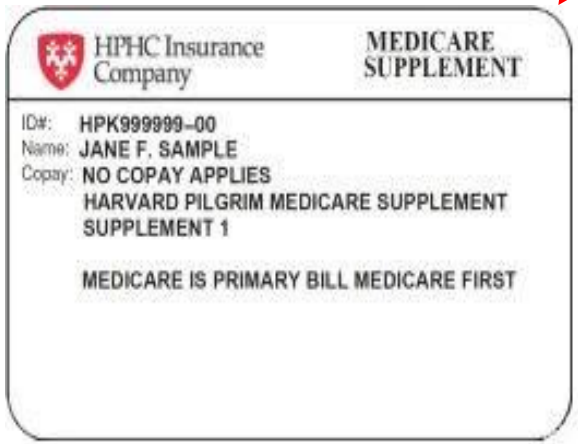
- ➢ HMO
- ➢ PPO
- ➢ Private Fee-for-Service
- ➢ Special needs plan
- ➢ Medicare Medical Savings Account plan



All of these are coded as Medicare. There is no secondary payor in this scenario. There is **NO HIC number SEQ 294 and NO FFS Part B SEQ 295** with Medicare Advantage Plans







All of these are coded as Commercial Health Insurance

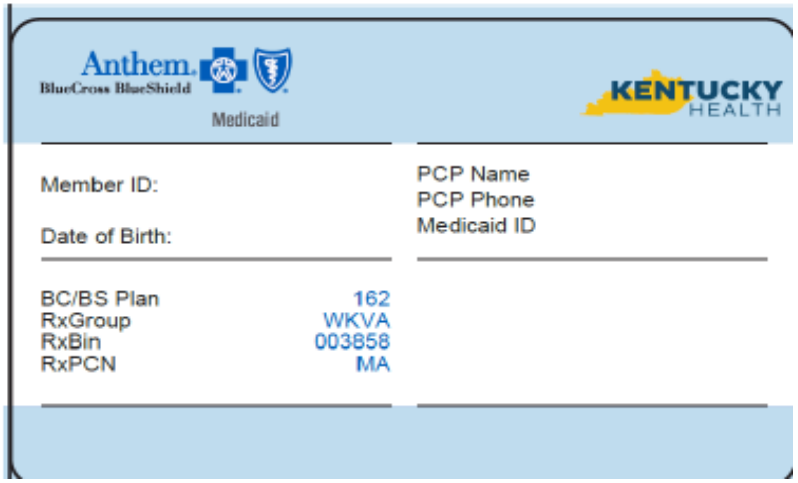
Commercial Health Insurance - Commercial health insurance is health insurance provided and administered by non-governmental entities. It covers medical expenses and disability income for the insured.

Commercial insurance includes Medicare Supplement plans such as Medigap or AARP etc. It is a private insurance policy that can help pay for some of the health care cost Medicare doesn't cover, such as co-payments, coinsurance, and deductibles. **This is not part of Medicare – this is a separate private health insurance plan.**

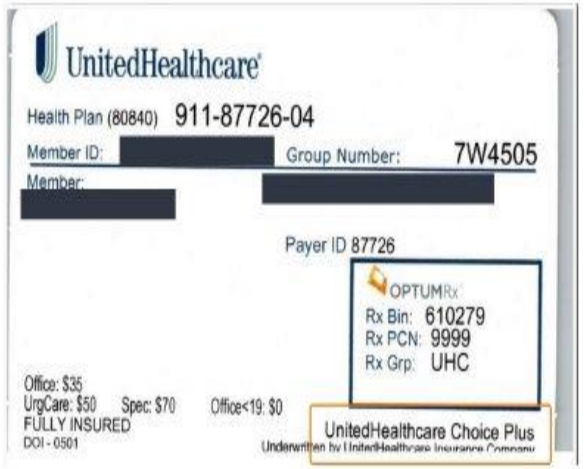
Point-of-service plan (POS) and Preferred Provider Organization (PPO) plans not associated with Medicare Advantage plans will be captured here

Medicaid - Medicaid in the United States is a federal and state program that helps with medical costs for some people with limited income and resources. Medicaid also offers benefits not normally covered by Medicare, including nursing home care and personal care services.

All Medicaid Commercial / Managed Care plans (i.e.. Humana Medicare, Star Molina Medicaid) are captured in the payor category as Medicaid only.



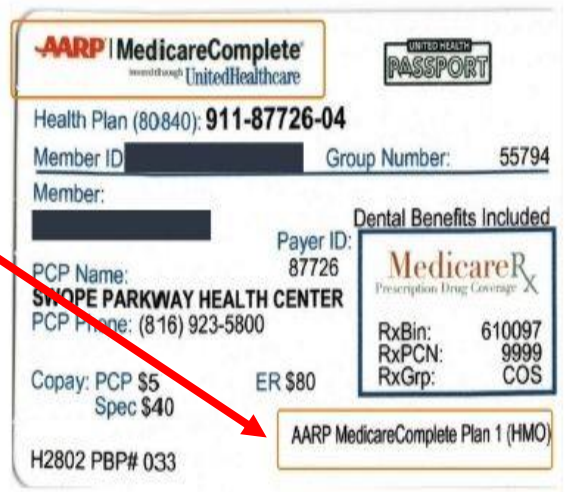
Commercial Plan



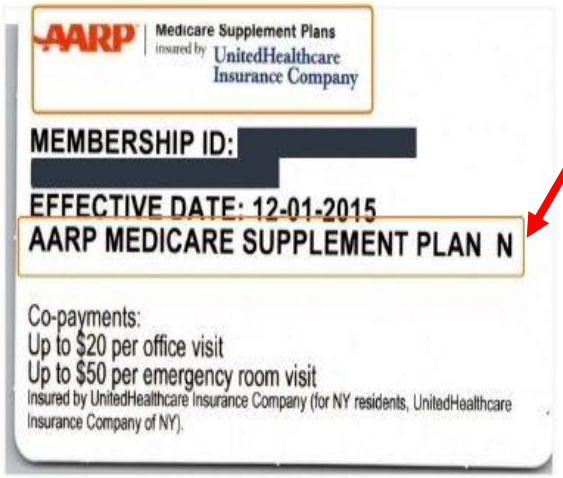
Commercial Plan

Medicare Advantage/Replacement Plan

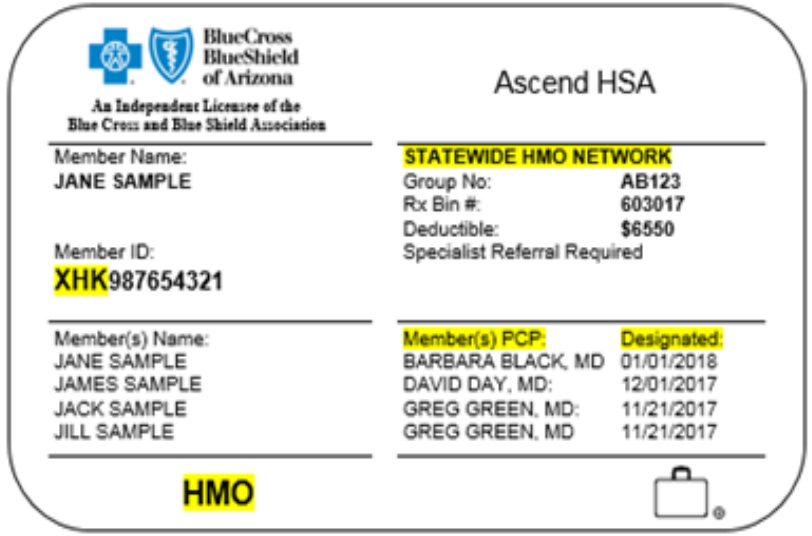
Medicare Advantage Plan – Code as Medicare



Medicare Supplement Plan



Health Maintenance Organization (HMO) - An HMO gives you access to certain doctors and hospitals within its network. A network is made up of providers that have agreed to lower their rates for plan members and meet quality standards. But unlike PPO plans, care under an HMO plan is covered only if you see a provider within that HMO's network. There are few opportunities to see a non-network provider. There are also typically more restrictions for coverage than other plans, such as allowing only a certain number of visits, tests or treatments.



Code as HMO in SEQ

Notice this is Medicare Advantage HMO - it is coded as Medicare, not HMO

Military – US Military provides insurance. Typically reported as VA insurance or Tricare.

TRICARE

- Department of Defense's (DOD) health plan for families of active-duty members of:
  - Army
  - Air Force
  - Coast Guard
  - NOAA
  - Navy
  - Marine
  - Public Health Service
- Previously known as CHAMPUS

Non-U.S. Plan – Insurance covered by a non-U.S. source.

Other Category - Indian Health Services, Correctional Facility, State Specific plans, other government insurance, charitable care or foundation funding.

None / Self – the patient has no insurance, or the patient is self-pay. Code Christian Healthcare Ministries and Medi-Share Christian Health Care in this selection.

Question #1

If Medicare A&B and AARP Medicare Supplement is listed for insurance, how do I code this?

A. Code Primary Payor as Medicare and Secondary Payor as Commercial.

B. Code Primary Payor as Commercial and Secondary Payor as Medicare.

C. I haven't a clue

Answer #1

If Medicare A&B and AARP Medicare supplement is listed for insurance, how do I code this?

A. Code Primary Payor as Medicare and Secondary Payor as Commercial.

B. Code Primary Payor as Commercial and Secondary Payor as Medicare.

C. I haven't a clue

Medicare almonst always pays first, and the Commercial supplement insurance covers what Medicare does not pay. Unless the patient is still working, then the patient may have Medicare as secondary depending if they receive coverage through their employeer.

Question #2

Patient has Humana HMO Medicare. Do I code this as Medicare or Commercial or HMO?

A. Code as Medicare and Commercial
B. Code as Medicare
C. Code as Medicare and HMO
D. Help me!

Answer #2

Patient has Humana HMO Medicare. Do I code this as Medicare or Commercial or HMO?

A. Code as Medicare and Commercial
B. Code as Medicare
C. Code as Medicare and HMO
D. Help me!

All Traditional Medicare, Medicare Advantage/ Managed Care plans (i.e.. Humana HMO Medicare) are captured in the payor category as Medicare only.

There is no secondary payor in this scenario.

Question #3

For patient who has Medicare Managed Insurance there is a policy number i.e 79011118. Is this the MBI number?

A. No this is not the MBI number
B. Yes, this is the MBI number
C. What is a MBI number??

Answer #3

For patient who has Medicare Managed Insurance there is a policy number i.e 79011118. Is this the MBI number?

A. No this is not the MBI number
B. Yes, this is the MBI number
C. What is a MBI number??

A MBI number is not the same as a member number or policy number and is only associated with traditional Medicare

Question #4

I have a patient who has Aetna Medicare PPO. I answered Yes to Medicare and Yes to Commercially Managed Medicare Plan. How do I answer the question "Primary Payor Medicare Part B"?

A. Yes, Primary Payor Medicare Part B
B. No, Primary Payor Medicare Part B
C. Send a question to the FAQ mailbox

Answer #4

I have a patient who has Aetna Medicare PPO. I answered Yes to Medicare and Yes to Commercially Managed Medicare Plan. How do I answer the question "Primary Payor Medicare Part B"?

A. Yes, Primary Payor Medicare Part B

B. No, Primary Payor Medicare Part B

C. Send a question to the FAQ mailbox

Only traditional Medicare (not Medicare Advantage is coded as Fee for service)

Medicare Part B – is payment for Professional-fee or the coverage for physician services therefore it is coded as Fee-for-Service.

Medicare Replacement (Medicare Advantage) and Managed Care plans that pay via PFFS (Private-Fee-for-Service) are not captured as Medicare FFS.

Question #5

I have a question about coding primary payor for a patient who presents to the hospital with no insurance with Medicaid pending. Are these patients coded as None/self as primary insurance with Medicaid as secondary or are they coded as Medicaid Primary?

A. Code as Medicaid
B. Code as Primary Payor as None and Secondary Payor as Medicaid
C. Code as None
D. Call a friend

Answer #5

I have a question about coding primary payor for a patient who presents to the hospital with no insurance with Medicaid pending. Are these patients coded as None/self as primary insurance with Medicaid as secondary or are they coded as Medicaid Primary?

A. Code as Medicaid
B. Code as Primary Payor as None and Secondary Payor as Medicaid
C. Code as None
D. Call a friend

Indicate the primary insurance payor at time of arrival

Question #6

BLUE CROSS FEDERAL
Plan with commercial provider paid by BCBS Code as Other or Commercial or what?

A. Code as Other
B. Code as Medicare
C. Code as Commercial
D. Code all the above

Answer #6

BLUE CROSS FEDERAL
Plan with commercial provider paid by BCBS. Code as Other or Commercial or what?

A. Code as Other
B. Code as Medicare
C. Code as Commercial
D. Code all the above

This is a commercial insurance for Federal Workers

Resources

- STS National Database Webpage
- ACSDTechSupport@IQVIA.com (Uploader, DQR, Missing Variable, Dashboard, Password and Login)
- Phone Support: 1-833-256-7187
- STS National Database Feedback Form
- Resource Documents
  - Contact Information
  - Webinar Information
  - FAQ Document
  - Go-Live Checklist
  - Tiered-level Support Document
  - *Training Videos*
  - *Link to IQVIA*
  - ckrohn@sts.org

Contact Information

- Carole Krohn, Sr. Clinical Manager, STS National Database
  - CKrohn@sts.org
  - 312-202-5847
- Database Operational Questions
  - STSDB@sts.org

Open Discussion

Please use the raise-hand function.

Please use the Q&A Function.

We will answer as many questions as possible.

We encourage your feedback and want to hear from you!