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

15 Jun
ACSD User Group Call @ 2pmCT

5 Jul
Abstract Submission for AQO closes

20 Jul
ACSD User Group Call @ 2pmCT

3 Aug
ACSD Monthly Webinar @ 2pmCT

17 Aug
ACSD User Group Call @ 2pmCT

26 Aug
Harvest 3 Close (OR Dates through 6/30/2022) - Star Rating Report
30 Aug
• Opt-out Ends for H3
## Harvest 2022 Dates

<table>
<thead>
<tr>
<th></th>
<th>Harvest</th>
<th>Close</th>
<th>Opt-Out</th>
<th>Includes procedures performed through</th>
<th>Report Posting</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1 2022</td>
<td>February 25</td>
<td>March 1</td>
<td></td>
<td>December 31, 2021</td>
<td>Spring 2021</td>
<td>Star Rating</td>
</tr>
<tr>
<td>H2 2022</td>
<td>May 27</td>
<td>June 1</td>
<td></td>
<td>March 31, 2022</td>
<td>Summer 2022</td>
<td></td>
</tr>
<tr>
<td>H3 2022</td>
<td>August 26</td>
<td>August 30</td>
<td></td>
<td>June 30, 2022</td>
<td>Fall 2022</td>
<td>Star Rating</td>
</tr>
<tr>
<td>H4 2022</td>
<td>November 18</td>
<td>November 22</td>
<td></td>
<td>September 30, 2022</td>
<td>Winter 2022</td>
<td></td>
</tr>
</tbody>
</table>
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
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
AQO Registration will open next week.

Receive Early Bird Registration Pricing through Friday, August 26.

<table>
<thead>
<tr>
<th></th>
<th>Early Bird (August 26, 2022)</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STS MEMBER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One Track</td>
<td>$550</td>
<td>$650</td>
</tr>
<tr>
<td>Two Tracks</td>
<td>$900</td>
<td>$1,100</td>
</tr>
<tr>
<td>Multi-Day (Three Tracks)</td>
<td>$1,150</td>
<td>$1,450</td>
</tr>
<tr>
<td>Virtual Pass</td>
<td>$300</td>
<td>$300</td>
</tr>
<tr>
<td><strong>NON-MEMBER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One Track</td>
<td>$650</td>
<td>$750</td>
</tr>
<tr>
<td>Two Tracks</td>
<td>$1,100</td>
<td>$1,300</td>
</tr>
<tr>
<td>Multi-Day (Three Tracks)</td>
<td>$1,450</td>
<td>$1,750</td>
</tr>
<tr>
<td>Virtual Pass</td>
<td>$400</td>
<td>$400</td>
</tr>
</tbody>
</table>
• 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.”
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.
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.
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.
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.
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.
IQVIA's Support Plan

^ 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’

**Adult Cardiac Surgery Database**

**Supplemental Device Data Collection Form**

**Administrative Data**

1) Participant ID (PartICID)  
   * must provide value

2) Patient ID (PatID)  
   * must provide value

3) Record ID (RecordID)

4) Date of Surgery (SurgDt)  
   * must provide value

---

**Device Information**

*(Please enter device information below for all devices not captured via ACSDF DCF version 4.20.2)*

**Device Anatomic Location**  
* must provide value

- Aortic Valve or Aortic Valve Composite Grafts
- Mitral Valve
- Tricuspid Valve
- Pulmonary Valve
- Other

Submit and Add another device

---

Next
Device Entry for Devices NOT on the ‘List’
Device Entry for Devices NOT on the ‘List’
Indicate the primary insurance payor at time of arrival.

Insurance is in the Risk Model.

The hospital Billing Dept will be your best friend.
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.
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 copayments, 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.
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.

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?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Code Primary Payor as Medicare and Secondary Payor as Commercial.</td>
</tr>
<tr>
<td>B.</td>
<td>Code Primary Payor as Commercial and Secondary Payor as Medicare.</td>
</tr>
<tr>
<td>C.</td>
<td>I haven’t a clue</td>
</tr>
</tbody>
</table>
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 almost 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 employer.
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!
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"?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. Yes, Primary Payor Medicare Part B</td>
</tr>
<tr>
<td>B. No, Primary Payor Medicare Part B</td>
<td></td>
</tr>
<tr>
<td>C. Send a question to the FAQ mailbox</td>
<td></td>
</tr>
</tbody>
</table>
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
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
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](mailto: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!