

ASC Outpatient Surgical Data Coordinator Manual For Oregon

Updated 08/14/08 Mandatory 07/01/08

Data Collection HELPLINE: 630-276-5889

Outside of Illinois: 800-634-4248

To Report Actual Monthly Discharge Numbers: compdatamonthlycounts@ihastaff.org

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Updated August 14, 2008 TABLE OF CONTENTS

SECTION	PAGE
Title Page	1
What is COMPdata	5
Overview	5
Facility Data Coordinator Responsibilities	6
Purpose	6
State Mandate and Late Load Fee	6
Data Coordinator Information Form	7
Data Elements Information and Edits	9
Outpatient Data Elements	9
Outpatient Expanded Flat File Format	11
Outpatient Surgical Site Identifier Form	37
Outpatient 837 4010A1 File Format	39
Data Submission Highlights	51
Monthly Count Posting Policy	52
COMPdata Installation Instructions	53
Download Files	54
Install Jinitiator and Jar Files	54
System Requirements	55
Electronic File Transfer Instructions	57
Edit/Audit Process and Data Correction	67
Resources and Feedback Report Overview	68
Feedback Report Descriptions and Samples	69
Recap Report	70
Recap Report Sample	71
Edit Error Report	72
Outpatient Error Report Sample	73
Error Code Reference Sheet	75
DSVR – Data Submission Verification Report	84
DSVR Report Sample	85
Duplicate Error Report	86
Duplicate Report Sample	87
DQSR – Data Quality Summary Report	88
DQSR Report Sample	89
NPI – National Provider Identifier Submission Instructions	105
Feedback Report Online Access	129
Overview and Firewall Information	129
Email Notification	130
Accessing Website and Link	131
Logon Screen	132
Feedback Reports Main Menu Screen	133
Accessing Production System Feedback Reports	134
Accessing Zipped Reports	134
Accessing Individual Reports	138
Accessing Test System Feedback Reports	140
Test File Deletion Function	140
Feedback Report Terms and Definitions	141
COMPdata Terms Glossary	142
Common Medical, Billing, and Coding Terminology	143

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COMPdata Data Coordinator Introduction

What is COMPdata?

COMPdata is the most comprehensive and multidisciplinary source of comparative utilization, clinical, physician, financial, demographic, market share, quality, performance measurement, and severity-adjusted information. Since 1987 COMPdata has provided the most timely data, information, report generation, mapping and graphics capabilities, and data manipulation tools for local-area community healthcare analysis. COMPdata customers include over 500 hospitals and health systems, Ambulatory Surgery Centers, business/healthcare coalitions, state hospital and health associations, researchers, and consultants.

- COMPdata offers data collection, processing, and feedback reporting services for inpatient and outpatient surgical data.
- COMPdata provides the most timely, high quality, and accurate data on the COMPdata system.
- COMPdata collects patient information from hospitals and/or ASCs in the following states, in accordance with each state's requirements:
 - ✓ Kentucky
 - ✓ Idaho
 - ✓ Illinois
 - ✓ Montana
 - ✓ Oregon
 - ✓ West Virginia
- COMPdata staff members are committed to doing everything we can
 to help you through the demanding data submission process. Use this
 manual to understand and fulfill your role in data reporting

Overview

The most critical component in utilizing information is the underlying data from which the information is derived. The integrity and usefulness of the COMPdata information are based upon the accurate and complete reporting of the data by each individual facility. The output of the data collection system provides details that will enable facilities to better service their community needs and provide comparative analysis of the delivery of health care.

COMPdata Data Coordinator Guidelines

Each ambulatory surgical center (ASC) will designate a primary and backup Data Coordinator. Please use the form on the following page to: **ASC Data** Designate your initial Data Coordinator Coordinator Inform COMPdata of personnel changes Responsibilities Each Data Coordinator will be responsible for submitting, correcting, and monitoring their facility's data for inclusion in the COMPdata database as outlined in this manual. The Data Coordinator should review the COMPdata Data Coordinator Manual, and address any questions with COMPdata staff at ubhelp@ihastaff.org, prior to any data submission. Discuss your data reporting needs with the appropriate staff members at your facility, to ensure that the various departments within your organization understand their part in the process. COMPdata will mail your User ID and Password for the secure internet Electronic File Transfer (EFT). A facility that utilizes a vendor for claims processing may request the vendor to prepare the data for submission. The facility must relay their ID and Password information to their vendor. COMPdata cannot dispense any user IDs or Passwords directly to any vendor. The following pages have key information on each of the data elements to be submitted for inclusion in the AMR/COMPdata system. **Purpose** Details on the edits and cross edits performed are included so that you may tailor your own system to perform these edits, thereby reducing the number of records rejected. The edits are commonly found throughout the industry and applied to databases that are used for clinical research and resource study. The Office for Oregon Health Policy and Research (OHPR) is authorized under **State Mandates** Oregon Revised Statue 442.120 to collect outpatient ambulatory surgical center (ASC) data. COMPdata is the contracted agent for collection of this data. Per correspondence from OHPR to all Oregon ASCs, in a letter dated 07/28/07, new reporting requirements are being instituted beginning with 2008 discharge data. The new requirements are provided in detail within this comprehensive manual. Oregon has set its quarterly close date at approximately 60 days after the **Late Load Fee** calendar end of a quarter. In general, submission of data or counts after any quarterly deadline is not allowed. ❖ Any submission after the quarterly close date is called a Late Load. ❖ Any late load data updates are at a fee of \$500 per calendar quarter, per type of data submitted (Outpatient). Late Load data must be "clean," and have passed each COMPdata edit and audit prior to loading into the system. Late Load data will be loaded onto COMPdata at one time each month.

COMPDATA

<u>DATA COORDINATOR INFORMATION</u>

IMPORTANT: The primary data coordinator is the one who will receive submission confirmation and feedback reports when data are submitted.

The following people are d	esignated as primary a	nd backup	data coordinator	rs at our facility:
FACILITY NAME				
ADDRESS				
CITY			_STATE	
DATE				
PRIMARY DATA COOR	DINATOR: (please pr	rint)		
Name				
Title				
Mailing Address				
City	S1	ate	Zipcode	
Telephone/				
Fax/	Email			
BACKUP DATA COORD	DINATOR: (please prin	nt)		
Name				
Title				
Mailing Address				
City	S1	ate	Zipcode	
Telephone/				
Fax/	Email			

Please fax this form to: **630/276-5402**

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Outpatient Data Elements Specs

- ❖ Outpatient Surgical data are to be reported according to Medicare definition, as those procedures that include incision, excision, amputation, introduction, repair, destruction, endoscopy, suture, or manipulation.
 - The bill types for original outpatient submission will be 831, and 838 for deletions.
 - AMR/COMPdata has included a specific range of CPT procedure codes that are
 accepted on the new file formats for outpatient surgical services for inclusion in
 our database. A patient record must contain at least one of the following procedure
 codes to qualify for inclusion in our outpatient surgical database.
 - *Category II and Category III codes will be evaluated quarterly for possible new
 procedures reflecting changes in CMS coding requirements and new technology.
 Actual submission requirements may be updated each January and July based on
 the results of the quarterly review.
 - These ranges apply to HCFA 1500 field 24D data elements only (Procedure, Services, or Supplies).
 - These fields should also contain any available HCPCS codes related to the cases selected for reporting.

0	UTPATIENT SURGICAL	
CPT Category III Codes	CPT Category I Codes	CPT Category II
(Emerging Technology)*	(Surgical and Invasive	Codes
	Procedures)	(HCPCS Codes)*
0016T - 0017T	10021 - 36410	C9724 – C9728
0019T	36416 - 59020	G0104 - G0105
0026T - 0027T	59030	G0121
0048T - 0053T	59070 – 69990	G0186
0061T - 0063T	75894 – 75978	G0267 – G0269
0071T - 0072T	75992 – 75996	G0275
0075T - 0081T	92970 – 92998	G0278
0084T	93501 – 93662	G0289 - G0291
0088T		G0297 – G0300
0090T		G0341 – G0343
0092T - 0093T		G0364 - G0365
0095T - 0096T		G0380 - G0384
0098T - 0102T		G0392 – G0393
0123T - 0124T		
0126T		
0135T		
0137T		
0141T - 0143T		
0155T – 0158T		
0163T - 0172T		
0176T – 0177T		
0181T		

❖ Venipuncture and Fetal Monitoring Codes should NOT be submitted if they are the only procedure on the patient record. They are not include in the Outpatient Surgical Range, and will only be captured if reported in conjunction with other qualifying criteria for OS.

Procedure Type	CPT-4 Codes
Fetal Monitoring	59025, 59050, 59051
Venipuncture	36415

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OUTPATIENT EXPANDED FLAT FILE FORMAT

EXPANDED FLAT FILE FORMAT LAYOUT

					OUTP	ATIENT D	ATA FIE	ELD DES	CRIPTION AND FORMAT		
						of Digits	Field	HCFA			
Data			Position		Alpha-	Numeric		1500			
Element		From		Length	numeric	Only	cation	Field #	Definition and Instruction		Reference Charts
1*	Patient	1	8	8		Χ		3	~ MMDDYYYY Format		
	DOB								~ DOB must occur prior to or on same date as discharge		
									~ Patient must be 124 years old or less		
									~ Edited to check patient's age vs. logic of diagnoses and procedures		
2*	Patient Sex	9	9	1	Х			3	M = Male		
									F = Female		
									U = Unknown		
3*	Patient ZIP Code	10	14	5		X		5	Zip Code of patient's residence	Unknov	vn = 00000, Foreign = 99999
4	Filler	15	18	4	Х				Blank Fill		
5*	1st	19	27	9		Х	L	1	Expected Principal Payment Source -		Payer Mapping Codes
	Individual								The name and number assigned by the	11	= Medicare Managed Care
	Payer ID #								health plan to identify the health plan	12	= Medicare Fee-for-Service
									from which the provider might expect payment for the bill.	21	= Medicaid Managed Care
									paymont for the bill.	22	= Medicaid Fee-for-Service
									~ Map the payer type designated in	25	= Medicaid - Out of State
									HCFA 1500 field 1 to the appropriate	311	= Tricare (Champus)
									code to the right. ~ Patient's payer source must be	32	= Dept. of Veterans Affairs (use for CHAMPVA)
									mapped to one of the federal 2 or 3 digit codes to the right.	521	= Commercial Indemnity (use for Group Health Plan)
									~ Appropriate name and code must	81	= Self Pay
									also be used for Self Pay and	821	= Charity
									Charity patients.	98	= Other (use also for FECA Black Lung)
6	Filler	28	36	9	Х				Blank Fill		
7	Filler	37	45	9	Х		L		Blank Fill		

* Required field, ** When applicable / available

						C	UTPAT	IENT DA	TA CONT.		
Data			Positi		Alpha-	of Digits Numeric	Field Justifi-	HCFA 1500	_ ,,		
Element				Length	numeric	Only	cation	Field #	Definition and Instruction		Reference Charts
8*	Date of Admission	46	51	6		X		24A 1	Date of admission as outpatient - Use beginning date from Dates of Service field - MMDDYY Format - No hyphens or slashes - Admission date cannot precede birth date or 1993 - Discharge date cannot precede admission date		
9	Filler	52	52	1	Х				Blank Fill		
10	Filler	53	53	1	Х				Blank Fill		
11*	Type of Bill	54	56	3		Х			Bill Type is a 3 digit code indicating if bill is outpatient, adjustment, void, etc.		The only valid codes are:
									Bill Type 838 requires resubmission of entire record with all data elements, and is only valid if a record was previously submitted using an 831 Bill Type and was found to be without error.	831	= Outpatient Surgical Site = Deletes Original Record at COMPdata Default value for this field is 831.
									 Submit final bills only. No interim bills accepted 		
12*	Principal Diagnosis	57	64	8	X		L	21 1	Must be valid ICD-9-CM code established after admission as responsible for outpatient care necessity - Must be consistent with patient's age and gender - Space fill right, no decimals		
						* P.		** \All	oplicable / available		

							UTPAT	IENT DA	TA CONT.	
Data			Positio	on	Type o Alpha-	f Digits Numeric	Field Justifi-	HCFA 1500		
Element	Description	From	То	Length	numeric	Only	cation	Field #	Definition and Instruction	Reference Charts
13**	1st Other Diagnosis	65	72	8	X	y	L	21 2-4	Additional condition that coexists at time of admission, or develops during facility stay, and has effect on the treatment provided or the length of stay - Enter all diagnoses that appear on the patient case in the following consecutive fields. - Up to 24 Other Diagnoses are accepted. If more exist, include only those that affect the patient's treatment and length of stay. Avoid	
14**	2nd Other	73	80	8	X		L	21 2-4	symptom codes. Must be consistent with patient's age and gender Space fill right, no decimals As Above	As Above
15**	Diagnosis 3rd Other Diagnosis	81	88	8	X		L	21 2-4	As Above	As Above
16**	4th Other Diagnosis	89	96	8	Х		L		As Above	As Above
17**	5th Other Diagnosis	97	104	8	Х		L		As Above	As Above
18**	6th Other Diagnosis	105	112	8	X		L		As Above	As Above
19**	7th Other Diagnosis	113	120	8	Х		L		As Above	As Above
20**	8th Other Diagnosis	121	128	8	Х		L	21 2-4	As Above	As Above
21	Filler	129	129	1	Х				Blank Fill	
						* Requ	ired field,	** When ap	oplicable / available	

						C	UTPAT	IENT DA	TA CONT.			
Data			Position		Alpha-	f Digits Numeric	Field Justifi-	HCFA 1500				
Element	•			Length	numeric	Only	cation	Field #	Definition and Instruction	Reference Charts		
22*	Principal	130	143	14	X		L	24D 1	Use procedure performed for definitive treatment, not for exploratory or	Format programming notes:		
	Procedure Code								diagnostic purposes.	CPT 99999		
	Code								~ Only CPT/HCPCS codes, plus modifiers, if applicable, allowed for outpatient services.			
									5 digit code, plus up to four 2-digit modifiers may be reported for any procedure. HCPCS modifiers are accepted on CPT codes.			
									 Must be valid codes/modifiers for discharge date timeframe 			
									~ Space fill right			
									 Must be consistent with patient's gender 			
23*	Principal	144	149	6		Χ		24A 1	~ MMDDYY format			
	Procedure								~ No hyphens or slashes			
	Date								 Procedure date cannot occur after discharge date 			
									~ Procedure date can occur prior to the admission date.			
24	Filler	150	151	2	Х				Blank Fill			
25**	1st Other Procedure	152	165	14	Х		L	24D 2-6	Additional procedure performed other than principal procedure	Up to 24 Other Procedure Codes allowed. Same instructions as element #22.		
	Code								~ Enter all procedures that appear on the patient case in the following consecutive fields.			
									 Must be consistent with patient's gender 			
									 Space fill right, no decimals or hyphens 			
	* Required field, ** When applicable / available											
						Requ	neu neiu,	vviien ap	plicable / available			

						С	UTPAT	IENT DA	TA CONT.	
Data			Position		Alpha-	of Digits Numeric		HCFA 1500		
Element				Length	numeric	Only	cation	Field #	Definition and Instruction	Reference Charts
26**	1st Other Procedure Date	166	171	6		X		24A 2-6	No hyphens or slashes Procedure date cannot occur after discharge date Procedure date can occur prior to admission date. Required if corresponding procedure is recorded Same instructions as element #23	
27**	2nd Other Procedure Code	172	185	14	X		L		Same as element #25	
28**	2nd Other Procedure Date	186	191	6		X			Same as element #26	
29**	3rd Other Procedure Code	192	205	14	Х		L	24D 2-6	Same as element #25	
30**	3rd Other Procedure Date	206	211	6		Х		24A 2-6	Same as element #26	
31**	4th Other Procedure Code	212	225	14	Х		L		Same as element #25	
32**	4th Other Procedure Date	226	231	6		Х			Same as element #26	
33**	5th Other Procedure Code	232	245	14	X		L		Same as element #25	
34**	5th Other Procedure Date	246	251	6		Х			Same as element #26	
						* Requ	ired field,	** When ap	plicable / available	

						С	UTPAT	IENT DA	TA CONT.	
						of Digits	Field	HCFA		
Data			Position		Alpha-	Numeric	,	1500		
Element	Description			Length	numeric	Only	cation	Field #	Definition and Instruction	Reference Charts
35	Filler	252	255	4	X				Blank Fill	
36**	Units of Service	256	262	7		X	R	24G	A quantitative measurement of services rendered per procedure or charge	
07*	4-1-01	000	070	40		V	_	0.45.4	~ Right justify, zero fill left Total charges for the corresponding 1st	Programming notes:
37*	1st Charge	263	272	10		X	R	24F 1	procedure	
									~ The sum of all charges must be positive	 Programming Format: S9(8)V99 Signed fields are unpacked, signed, right justified, zero filled to left
									~ Right justify, zero fill left	~ When including sign, use zoned
									~ Enter all charges that appear on the	decimal representation
									patient case in the following consecutive fields.	~ May be negative (credit)
									consecutive fields.	 Charge fields have an assumed decimal with 2 positions to the right for cents
38	Filler	273	276	4	Х				Blank Fill	
39**	Units of Service	277	283	7		Х	R	24G	Same as element #36	
40**	Charges	284	293	10		Х	R	24F 2-6	Same as element #37	
41	Filler	294	297	4	Х				Blank Fill	
42**	Units of Service	298	304	7		X	R	24G	Same as element #36	
43**	Charges	305	314	10		Χ	R	24F 2-6	Same as element #37	
44	Filler	315	318	4	Х				Blank Fill	
45**	Units of Service	319	325	7		Х	R	24G	Same as element #36	
46**	Charges	326	335	10		Х	R	24F 2-6	Same as element #37	
47	Filler	336	339	4	Х					
48**	Units of Service	340	346	7		Х	R	24G	Same as element #36	
49**	Charges	347	356	10		Х	R	24F 2-6	Same as element #37	
50	Filler	357	360	4	Х				Blank Fill	
						* Requ	ired field,	** When ap	pplicable / available	

						С	UTPAT	IENT DA	TA CONT.	
						f Digits	Field	HCFA		
Data			Position			Numeric	Justifi-	1500		
	Description			Length	numeric	Only	cation	Field #	Definition and Instruction	Reference Charts
51**	Units of	361	367	7		Χ	R	24G	Same as element #36	
	Service									
52**	Charges	368	377	10		Χ	R	24F 2-6	Same as element #37	
53	Filler	378	381	4	Х					
54**	Units of	382	388	7		Χ	R	24G	Same as element #36	
	Service									
55**	Charges	389	398	10		Χ	R	24F 2-6	Same as element #37	
56	Filler	399	402	4	X				Blank Fill	
57**	Units of	403	409	7		Χ	R	24G	Same as element #36	
	Service									
58**	Charges	410	419	10		Χ	R	24F 2-6	Same as element #37	
59	Filler	420	423	4	X					
60**	Units of	424	430	7		Χ	R	24G	Same as element #36	
	Service									
61**	Charges	431	440	10		X	R	24F 2-6	Same as element #37	
62	Filler	441	444	4	X				Blank Fill	
63**	Units of	445	451	7		Χ	R	24G	Same as element #36	
	Service									
64**	Charges	452	461	10		Χ	R	24F 2-6	Same as element #37	
65	Filler	462	465	4	X				Blank filler	
66**	Units of	466	472	7		Χ	R	24G	Same as element #36	
	Service									
67**	Charges	473	482	10		Χ	R	24F 2-6	Same as element #37	
68	Filler	483	486	4	X				Blank filler	
69**	Units of	487	493	7		Χ	R	24G	Same as element #36	
	Service									
70**	Charges	494	503	10		Χ	R	24F 2-6	Same as element #37	
71	Filler	504	507	4	X				Blank filler	
72**	Units of	508	514	7		Χ	R	24G	Same as element #36	
	Service									
73**	Charges	515	524	10		Χ	R	24F 2-6	Same as element #37	
74	Filler	525	528	4	X				Blank filler	
						* Requ	ıred field,	** When ap	plicable / available	

						О	UTPAT	IENT DA	TA CONT.	
						of Digits	Field	HCFA		
Data			Position		Alpha-	Numeric	Justifi-	1500		
Element				Length	numeric	Only	cation	Field #	Definition and Instruction	Reference Charts
75**	Units of Service	529	535	7		X	R	24G	Same as element #36	
76**	Charges	536	545	10		Х	R	24F 2-6	Same as element #37	
77	Filler	546	549	4	Х				Blank filler	
78**	Units of Service	550	556	7		Х	R	24G	Same as element #36	
79**	Charges	557	566	10		Х	R	24F 2-6	Same as element #37	
80	Filler	567	570	4	Χ				Blank Filler	
81**	Units of Service	571	577	7		Х	R	24G	Same as element #36	
82**	Charges	578	587	10		Χ	R	24F 2-6	Same as element #37	
83	Filler	588	591	4	Х				Blank Filler	
84**	Units of Service	592	598	7		Х	R	24G	Same as element #36	
85**	Charges	599	608	10		Х	R	24F 2-6	Same as element #37	
86	Filler	609	612	4	Х				Blank Filler	
87**	Units of Service	613	619	7		Х	R	24G	Same as element #36	
88**	Charges	620	629	10		Х	R	24F 2-6	Same as element #37	
89	Filler	630	633	4	Х				Blank Filler	
90**	Units of Service	634	640	7		Х	R	24G	Same as element #36	
91**	Charges	641	650	10		Χ	R	24F 2-6	Same as element #37	
92	Filler	651	654	4	Х				Blank Filler	
93**	Units of Service	655	661	7		Х	R	24G	Same as element #36	
94**	Charges	662	671	10		Х	R	24F 2-6	Same as element #37	
95	Filler	672	675	4	Х	Х			Blank Fill	
96**	Units of Service	676	682	7		Х	R	24G	Same as element #36	
97**	Charges	683	692	10		Х	R	24F 2-6	Same as element #37	
98	Filler	693	696	4	Х				Blank Fill	
						* Requi	ired field,	** When ap	plicable / available	

						С	UTPAT	IENT DA	TA CONT.	
						f Digits	Field	HCFA		
Data			Position			Numeric	Justifi-	1500		
Element				Length	numeric	Only	cation	Field #	Definition and Instruction	Reference Charts
99**	Units of	697	703	7		Χ	R	24G	Same as element #36	
	Service									
100**	Charges	704	713	10		Χ	R	24F 2-6	Same as element #37	
101	Filler	714	717	4	X				Blank Fill	
102	Filler	718	724	7	X				Blank Fill	
103*	Total	725	734	10		Χ	R	28	Report ONLY the Total Charges for the Patient in this field.	
	Charges for the Case								Patient in this field.	
104*	Page Number	735	738	4		Х	R		Designates the incrementing page count and total number of pages for the claim.	Use default code of 0101.
105*	Attending Clinician NPI	739	748	10	Х		L	17b or 32b	Identifies attending clinician, who is expected to certify and recertify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment - Enter clinician's NPI - Blank fill right	Enter physicians NPI from whichever HCFA 1500 field is appropriate, 17b or 32b.
106	Filler	749	760	12	Х				Blank Fill	
107*	Patient ID #	761	780	20	X		L	26	Uniquely identifies each patient	
									~ Blank fill right	
108**	1st Insur Group #	781	797	17	X		L	11	The ID#, control #, or code assigned by the insurance carrier or plan administrator to identify the group under which the individual is covered.	
									~ Space fill right	
									Recorded only if corresponding payer ID# is present.	
109**	2nd Insur Group #	798	814	17			L	9a	As above	
110	Filler	815	831	17	Х				Blank Filler	
111	Filler	832	841	10	Х				Blank Filler	
						* Requ	ired field,	** When ap	plicable / available	

						С	UTPAT	IENT DA	TA CONT.	
						of Digits	Field	HCFA		
Data			Position		Alpha-	Numeric	Justifi-	1500		
Element				Length	numeric	Only	cation	Field #	Definition and Instruction	Reference Charts
112	Filler	842	851	10	X				Blank Filler	
113	Filler	852	853	2	Χ				Blank Filler	
114	Filler	854	858	5	Χ				Blank Filler	
115	Filler	859	859	1	Χ				Blank Filler	
116**	9th Other	860	867	8	X		L	21 2-4	Same as element # 13	Same as element # 13
	Diagnosis									
	Code									
117**	10th Other	868	875	8	Х		L	21 2-4	Same as element # 13	Same as element # 13
	Diagnosis									
	Code									
118**	11th Other	876	883	8	Х		L	21 2-4	Same as element # 13	Same as element # 13
	Diagnosis									
	Code									
119**	12th Other	884	891	8	Х		L	21 2-4	Same as element # 13	Same as element # 13
	Diagnosis									
	Code									
120**	13th Other	892	899	8	Х		L	21 2-4	Same as element # 13	Same as element # 13
	Diagnosis									
	Code									
121**	14th Other	900	907	8	Х		L	21 2-4	Same as element # 13	Same as element # 13
	Diagnosis									
	Code									
122**	15th Other	908	915	8	Х		L	21 2-4	Same as element # 13	Same as element # 13
	Diagnosis									
	Code									
123**	16th Other	916	923	8	Х		L	21 2-4	Same as element # 13	Same as element # 13
	Diagnosis									
	Code									
124**	17th Other	924	931	8	Х		L	21 2-4	Same as element # 13	Same as element # 13
	Diagnosis									
	Code									
					·					·
						* Requ	ired field,	** When ap	pplicable / available	

						С	UTPAT	IENT DA	TA CONT.	
Data			Position	on	Type of Alpha-	of Digits Numeric	Field Justifi-	HCFA 1500		
Element	Description	From	ı To	Length	numeric	Only	cation	Field #	Definition and Instruction	Reference Charts
125**	18th Other Diagnosis Code	932	939	8	Х		L	21 2-4	Same as element # 13	Same as element # 13
126**	19th Other Diagnosis Code	940	947	8	Х		L	21 2-4		Same as element # 13
127**	20th Other Diagnosis Code	948	955	8	Х		L	21 2-4	Same as element # 13	Same as element # 13
128**	21st Other Diagnosis Code	956	963	8	Х		L	21 2-4	Same as element # 13	Same as element # 13
129**	22nd Other Diagnosis Code	964	971	8	Х		L	21 2-4	Same as element # 13	Same as element # 13
130**	23rd Other Diagnosis Code	972	979	8	Х		L	21 2-4	Same as element # 13	Same as element # 13
131**	24th Other Diagnosis Code	980	987	8	Х		L	21 2-4	Same as element # 13	Same as element # 13
132	Filler	988	995	8	Х				Blank Filler	
133	Filler	996	1003	8	Х				Blank Filler	
134	Filler	1004	1011	8	Х				Blank Filler	
135**	6th Other Procedure Code	1012	1025	14	Х		L		Same as element #25	
136**	6th Other Procedure Date	1026	1031	6		Х		24A 2-6	Same as element #26	
						* Requ	ired field,	** When ap	pplicable / available	

						C	UTPAT	IENT DA	TA CONT.	
Data			Positio		Type of Alpha-	of Digits Numeric	Field Justifi-	HCFA 1500		
Element				Length	numeric	Only	cation	Field #	Definition and Instruction	Reference Charts
137**	7th Other Procedure Code	1032	1045	14	X		L		Same as element #25	
138**	7th Other Procedure Date	1046	1051	6		X			Same as element #26	
139**	8th Other Procedure Code	1052	1065	14	Х		L		Same as element #25	
140**	8th Other Procedure Date	1066	1071	6		Х			Same as element #26	
141**	9th Other Procedure Code	1072	1085	14	X		L	24D 2-6	Same as element #25	
142**	9th Other Procedure Date	1086	1091	6		Х			Same as element #26	
143**	10th Other Procedure Code	1092	1105	14	X		L		Same as element #25	
144**	10th Other Procedure Date	1106	1111	6		Х			Same as element #26	
145**	11th Other Procedure Code	1112	1125	14	Х		L		Same as element #25	
146**	11th Other Procedure Date	1126	1131	6		Х		24A 2-6	Same as element #26	
						* Requ	ired field,	** When ap	plicable / available	

						C	UTPAT	IENT DA	TA CONT.	
Data			Positio		Alpha-	of Digits Numeric		HCFA 1500		
Element				Length	numeric	Only	cation	Field #	Definition and Instruction	Reference Charts
147**	12th Other Procedure Code		1145	14	X		L		Same as element #25	
148**	Procedure Date	1146		6		X			Same as element #26	
149**	13th Other Procedure Code	1152	1165	14	X		L		Same as element #25	
150**	13th Other Procedure Date	1166	1171	6		Х			Same as element #26	
151**	14th Other Procedure Code	1172	1185	14	X		L	24D 2-6	Same as element #25	
152**	14th Other Procedure Date	1186	1191	6		Х			Same as element #26	
153**	15th Other Procedure Code	1192	1205	14	Х		L		Same as element #25	
154**	15th Other Procedure Date	1206	1211	6		Х			Same as element #26	
155**	16th Other Procedure Code	1212	1225	14	Х		L		Same as element #25	
156**	16th Other Procedure Date	1226	1231	6		Х		24A 2-6	Same as element #26	
						* Requ	ired field,	** When ap	plicable / available	

						C	UTPAT	IENT DA	TA CONT.	
Data			Positio		Alpha-	of Digits Numeric		HCFA 1500		
Element	Description			Length	numeric	Only	cation	Field #	Definition and Instruction	Reference Charts
157**	17th Other Procedure Code		1245	14	X		L		Same as element #25	
158**	17th Other Procedure Date	1246	1251	6		X			Same as element #26	
159**	18th Other Procedure Code	1252	1265	14	X		L		Same as element #25	
160**	18th Other Procedure Date	1266	1271	6		X			Same as element #26	
161**	19th Other Procedure Code	1272	1285	14	Х		L	24D 2-6	Same as element #25	
162**	19th Other Procedure Date	1286	1291	6		Х			Same as element #26	
163**	20th Other Procedure Code	1292	1305	14	X		L		Same as element #25	
164**	20th Other Procedure Date	1306	1311	6		Х			Same as element #26	
165**	21st Other Procedure Code	1312	1325	14	Х		L		Same as element #25	
166**	21st Other Procedure Date	1326	1331	6		Х		24A 2-6	Same as element #26	
						* Requ	ired field,	** When ap	plicable / available	

						0	UTPAT	IENT DA	TA CONT.	
Data			Positio	n	Type of Alpha-	of Digits Numeric	Field Justifi-	HCFA 1500		
Element	Description	From	n To	Length	numeric	Only	cation	Field #	Definition and Instruction	Reference Charts
167**	22nd Other Procedure Code		1345	14	X		L		Same as element #25	
168**	22nd Other Procedure Date	1346		6		X			Same as element #26	
169**	23rd Other Procedure Code	1352	1365	14	X		L		Same as element #25	
170**	23rd Other Procedure Date	1366	1371	6		Х			Same as element #26	
171**	24th Other Procedure Code	1372	1385	14	Х		L	24D 2-6	Same as element #25	
172**	24th Other Procedure Date	1386	1391	6		Х		24A 2-6	Same as element #26	
173*	Operating Clinician ID Number / NPI	1392	1402	11	Х		L	17b or 32b	NPI of the individual with the primary responsibility for performing the surgical procedure(s). - Enter clinician's NPI. Should be the same NPI as for Attending Clinician. - Space fill right	
174*	Billing Provider Facility NPI	1403	1417	15	X		L	32a	The NPI assigned to the provider submitting the bill. Submit NPI or NPI subpart on each patient record. Space fill right	
175	Filler	1418	1432	15	Х				Blank Fill	
176*	Other Provider Identifier	1433	1447	15	Х		L	25	Field to be used to submit facility's current Tax ID #. ~ Space fill right	
				·		* Requ	ired field,	** When ap	pplicable / available	

						О	UTPAT	IENT DA	TA CONT.	
Data			Positio	on	Type of Alpha-	of Digits Numeric	Field Justifi-	HCFA 1500		
Element	Description	From	n To	Length	numeric	Only	cation	Field #	Definition and Instruction	Reference Charts
177	Filler	1448	1522	75	Х				Blank Fill	
178*	Statement Covers Period	1523	1534	12		Х	R	24A 1-6	From and Through dates (beginning and ending dates) of patient care. Discharge date will be derived from the "through date."	
									~ MMDDYY format	
									Use dates from Dates of Service fields. If only one date exists, use it as both the beginning and ending dates.	
179*	Primary Payer Name	1535	1557	23	Х		L	11c	Name of the Primary Payer source for the patient - Space fill right	
180**	Secondary Payer	1558	1580	23	Х		L	9d	Name of the Secondary Payer source for the patient	
	Name								~ Space fill right	
181	Filler	1581	1603	23	Х				Blank Fill	
182	Filler	1604	1606	3	Х				Blank Fill	
183*	Race	1607	1608	2	Х				2 digit code designating patient's race, reported according to official federal Office of Management and Budget (OMB) categories.	R1 = American Indian or Alaska Native R2 = Asian R3 = Black or African American R4 = Native Hawaiian or Pacific Islander
									~ Must have one of the two digit code	R5 = White
									values to the right.	R7 = Patient Refused
									Classify Latino patients by using a	R8 = Unknown
									Race code to the right, in conjunction with the appropriate Ethnicity code below.	R9 = Other
184*	Ethnicity	1609	1610	2	X				2 digit code designating patient's ethnic background, reported according to	E1 = Hispanic or Latino Ethnicity E2 = Non Hispanic or Latino Ethnicity
									official OMB categories	E8 = Patient Refused
									Must have one of the two digit code values to the right.	E9 = Unknown
									Guidelines on reporting Race and E	ethnicity can be obtained from the OMB at ehouse.org/omb
					1	* Requ	ired field,	** When ap	pplicable / available	

						C	UTPAT	IENT DA	TA CONT.		
Data Element 185**	Description Admission	From		on Length 2		f Digits Numeric Only X	Field Justifi- cation	HCFA 1500 Field #	Definition and Instruction 2 digit code refers to the hour during		Reference Charts Code Time AM
100		1011	1012	2		^			which the patient was admitted for	00	T
	Hour								outpatient care.	00	= 12 :00 - 12:59 Midnight
	(Pre-Op								Must use HH code format from list to	01	= 01:00 - 01:59
	Time)								the right.	02	= 02:00 - 02:59
									~ Facility must map the military	03	= 03:00 - 03:59
									admission time to the hour (HH)	04	= 04:00 - 04:59
									coding structure	05	= 05:00 - 05:59
									<u> </u>	06	= 06:00 - 06:59
										07	= 07:00 - 07:59
										80	= 08:00 - 08:59
										09	= 09:00 - 09:59
										10	= 10:00 - 10:59
										11	= 11:00 - 11:59
											Code Time PM
										12	= 12 :00 - 12:59 Noon
										13	= 01:00 - 01:59
										14	= 02:00 - 02:59
										15	= 03:00 - 03:59
										16	= 04:00 - 04:59
										17	= 05:00 - 05:59
										18	= 06:00 - 06:59
										19	= 07:00 - 07:59
										20	= 08:00 - 08:59
										21	= 09:00 - 09:59
										22	= 10:00 - 10:59
										23	= 11:00 - 11:59
186**	Discharge Hour	1613	1614	2		Х			2 digit code refers to the hour during which the patient was discharged from outpatient care.		Same coding chart as above
									~ Same instructions as # 185		
187	Filler	1615		7	Χ				Blank Fill		
188	Filler	1622	1623	2	Χ				Blank Fill		
189	Filler	1624	1629	6	Χ				Blank Fill		
						* Requ	ired field,	** When ap	plicable / available		

EXPANDED FLAT FILE FORMAT LAYOUT

						C	UTPAT	IENT DA	TA CONT.	
Data			Positio		Type o	of Digits Numeric	Field Justifi-	HCFA 1500		
Element	Description	From	То	Length	numeric	Only	cation	Field #	Definition and Instruction	Reference Charts
190	Filler	1630	1635	6	Χ				Blank Fill	
191	Filler	1636	1637	2	X				Blank Fill	
192**	Accident State	1638	1639	2	X		L	10b	The state where the patient's auto accident occurred. Required when applicable field on 1500 is noted for auto accident cases.	
									 National 2 digit alpha state abbreviation 	
193**	Condition Employ- ment Related	1640	1641	2	Х			10a	Condition code designating whether the patient's condition is due to an employment related incident. ~ If applicable field is noted on 1500,	Condition Code = 02 (Code indicates that the patient alleges that medical condition is due to environment/events resulting from employment)
194**	Accident Employ- ment Related:	1642	1643	2	X		L	10c	enter default code to the right. Occurrence Code designating whether the patient's accident occurred during employment related duties.	Occurrence Code = 04 (Code indicating the existence of an accident allegedly relating to the patient's employment)
	Occurrence Code								If applicable field is noted on 1500, enter default code to the right.	
195	Filler	1644	1649	6	Х				Blank Fill	
196	Filler	1650	1651	2	Χ				Blank Fill	
197	Filler	1652	1657	6	Χ				Blank Fill	
198	Filler	1658	1659	2	Χ				Blank Fill	
199	Filler	1660	1663	4	Χ				Blank Fill	
200	Filler	1664	1670	7	Х				Blank Fill	
201	Filler	1671	1677	7	X				Blank Fill	
202	Filler	1678	1684	7	Х				Blank Fill	

* Required field, ** When applicable / available

							UTPAT	IENT DA	TA CONT.	
Data Element	Description		Positio	on Length	Type of Alpha-	of Digits Numeric Only	Field Justifi- cation	HCFA 1500 Field #	Definition and Instruction	Reference Charts
203*	1st CPT / HCPCS	1685	1698	14	X	Offig	L	24D 1	CPT/HCPCS codes, plus modifiers, if applicable, for outpatient services.	CPT/HCPCS Service Line Items and Dates must also be reported in the Procedure Codes and
	Service Line Item								5 digit code, plus up to four 2-digit modifiers may be reported for any service line item. HCPC modifiers are accepted on CPT codes.	Dates fields.
									 Enter all CPT/HCPCS Line Items that appear on the patient case in the following consecutive fields. 	
									Must be valid codes/modifiers for discharge date timeframe Space fill right	
204*	1st CPT / HCPCS Service Date	1699	1704	6		X	R	24A 1	Service Date for each CPT/HCPCS code reported in the field above. - Enter all CPT/HCPCS Dates that appear on the patient case in the following consecutive fields. - MMDDYY format	
205**	2nd CPT / HCPCS Service Line Item	1705	1718	14	Х		L	24D 2-6	Same as element #203	
206**	2nd CPT / HCPCS Service Date	1719	1724	6		Х	R	24A 2-6	Same as element #204	
207**	3rd CPT / HCPCS Service Line Item	1725	1738	14	Х		L	24D 2-6	Same as element #203	
208**	3rd CPT / HCPCS Service Date	1739	1744	6		Х	R	24A 2-6	Same as element #204	
	1				1	* Requ	ired field,	** When ap	plicable / available	

						0	UTPAT	IENT DA	TA CONT.	
						of Digits	Field	HCFA		
Data			Position					1500		
Element				Length	numeric	Only	cation	Field #	Definition and Instruction	Reference Charts
209**	4th CPT / HCPCS Service Line Item	1745	1758	14	X		L		Same as element #203	
210**	4th CPT / HCPCS Service Date	1759	1764	6		X	R	24A 2-6	Same as element #204	
211**	5th CPT / HCPCS Service Line Item	1765	1778	14	X		L		Same as element #203	
212**	5th CPT / HCPCS Service Date	1779	1784	6		X	R	24A 2-6	Same as element #204	
213**	6th CPT / HCPCS Service Line Item	1785	1798	14	X		L	24D 2-6	Same as element #203	
214**	6th CPT / HCPCS Service Date	1799	1804	6		Х	R	24A 2-6	Same as element #204	
215**	7th CPT / HCPCS Service Line Item	1805	1818	14	X		L	24D 2-6	Same as element #203	
216**	7th CPT / HCPCS Service Date	1819	1824	6		Х	R	24A 2-6	Same as element #204	
						* Requi	ired field,	** When ap	pplicable / available	

OUTPATIENT DATA CONT.												
						f Digits	Field	HCFA				
Data			Position				!	1500				
	Description			Length	numeric	Only	cation	Field #	Definition and Instruction Reference Charts			
217**	8th CPT / HCPCS	1825	1838	14	X		L	24D 2-6	Same as element #203			
	Service Line Item											
218**	8th CPT /	1920	1844	6		X	R	244 2 6	Same as element #204			
210	HCPCS	1039	1044	0		^	I N	24A 2-0	Same as district #204			
	Service Date											
219**	9th CPT / HCPCS Service	1845	1858	14	Х		L	24D 2-6	Same as element #203			
000**	Line Item	4050	4004	•		V		044.0.0	Same as element #204			
220**	9th CPT / HCPCS Service	1859	1864	6		X	R	24A 2-6	Same as element #204			
	Date											
221**	10th CPT / HCPCS Service	1865	1878	14	Х		L	24D 2-6	Same as element #203			
	Line Item											
222**	10th CPT / HCPCS Service Date	1879	1884	6		Х	R	24A 2-6	Same as element #204			
223**	11th CPT / HCPCS Service Line Item	1885	1898	14	Х		L	24D 2-6	Same as element #203			
224**	11th CPT / HCPCS Service Date	1899	1904	6		Х	R	24A 2-6	Same as element #204			
	Date					* Regu	ired field	** When an	Dolicable / available			
* Required field, ** When applicable / available												

OUTPATIENT DATA CONT.												
						of Digits	Field	HCFA				
Data			Position					1500				
Element				Length	numeric	Only	cation		Definition and Instruction	Reference Charts		
225**	12th CPT / HCPCS Service Line Item		1918	14	X		L		Same as element #203			
226**	12th CPT / HCPCS Service Date	1919	1924	6		Х	R		Same as element #204			
227**	13th CPT / HCPCS Service Line Item	1925	1938	14	X		L	24D 2-6	Same as element #203			
228**	13th CPT / HCPCS Service Date	1939	1944	6		X	R	24A 2-6	Same as element #204			
229**	14th CPT / HCPCS Service Line Item	1945	1958	14	X		L	24D 2-6	Same as element #203			
230**	14th CPT / HCPCS Service Date	1959	1964	6		Х	R	24A 2-6	Same as element #204			
231**	15th CPT / HCPCS Service Line Item	1965	1978	14	X		L		Same as element #203			
232**	15th CPT / HCPCS Service Date	1979	1984	6		Х	R		Same as element #204			
						* Requ	ired field,	** When ap	plicable / available			

OUTPATIENT DATA CONT.												
						of Digits	Field	HCFA				
Data			Position					1500				
Element				Length	numeric	Only	cation		Definition and Instruction	Reference Charts		
233**	16th CPT / HCPCS Service Line Item		1998	14	X		L		Same as element #203			
234**	16th CPT / HCPCS Service Date	1999	2004	6		X	R		Same as element #204			
235**	17th CPT / HCPCS Service Line Item	2005	2018	14	X		L		Same as element #203			
236**	17th CPT / HCPCS Service Date	2019	2024	6		Х	R	24A 2-6	Same as element #204			
237**	18th CPT / HCPCS Service Line Item	2025	2038	14	X		L	24D 2-6	Same as element #203			
238**	18th CPT / HCPCS Service Date	2039	2044	6		Х	R	24A 2-6	Same as element #204			
239**	19th CPT / HCPCS Service Line Item	2045	2058	14	X		L	24D 2-6	Same as element #203			
240**	19th CPT / HCPCS Service Date	2059	2064	6		Х	R		Same as element #204			
						* Requ	ired field,	** When ap	plicable / available			

EXPANDED FLAT FILE FORMAT LAYOUT

	OUTPATIENT DATA CONT.												
Data		Position			! !			HCFA 1500					
Element				Length	numeric	Only	cation		Definition and Instruction	Reference Charts			
241**	20th CPT / HCPCS Service Line Item	2065	2078	14	X		L		Same as element #203				
242**	20th CPT / HCPCS Service Date	2079		6		X	R		Same as element #204				
243**	21st CPT / HCPCS Service Line Item	2085	2098	14	X		L	24D 2-6	Same as element #203				
244**	21st CPT / HCPCS Service Date	2099	2104	6		Х	R	24A 2-6	Same as element #204				
245**	22nd CPT / HCPCS Service Line Item		2118	14	X		L		Same as element #203				
246**	22nd CPT / HCPCS Service Date		2124	6		X	R	24A 2-6	Same as element #204				
247	Filler	2125	2129	5	Х				Blank Fill				
248	Filler	2130	2158	29	Х			2	Blank Fill				
249	Filler	2159	2257	99	X				Blank Fill				

* Required field, ** When applicable / available

EXPANDED FLAT FILE FORMAT LAYOUT

	OUTPATIENT DATA CONT.												
					Type o	of Digits	Field	HCFA					
Data		Position			Alpha-	Numeric	Justifi-	1500					
Element	Description	From	ı To	Length	numeric	Only	cation	Field #	Definition and Instruction Reference Charts				
250*	Primary Insured's Unique Identifier (Insurance Policy #)	2258	2277	20	X			1a	The unique number assigned by the health plan to the individual under whose name the Primary insurance benefit is carried. (Insur. Policy #) Field should be blank fill only for patients with 1st Individual Payer IDs (element # 5) of Self Pay (81), or Charity (821). All other payers must have valid identifier reported.				
251	Filler	2278	2500	223	X				Blank Fill				
	III THERE MUST BE A LINE SEED ACTED DOCITION 2500 FOR EVERY RECORDIN												

!!! THERE MUST BE A LINE FEED AFTER POSITION 2500 FOR EVERY RECORD!!!

Note: All single character fields should be submitted in upper case.

Note: All filler fields and unpopulated Optional fields must be blank filled.

* Required field, ** When applicable / available

OUTPATIENT SURGICAL SITE IDENTIFIER

In order for IHA/AMR to properly identify outpatient surgical sites, facilities must submit their Medicaid ID number and a 2 digit site identifier:

*On-Campus Outpatient Surgical Sites must always be designated as "01."

*Each Off-Campus Outpatient Surgical Site related to your facility must be assigned a 2 digit site-specific identifier; e.g. 02, 03, etc.

Note: See the Outpatient Data Element Spec and Description Spreadsheet for the specific file layout and field position of the 2 digit outpatient site number.

PLEASE COMPLETE THE FOLLOWING INFORMATION AND INCLUDE A 2 DIGIT SITE IDENTIFIER FOR EACH OUTPATIENT SURGICAL SITE, AS SPECIFIED ABOVE.

City	State	Zip code
Medicaid ID #		
2 Digit Surgical Site Specific ID #		
Outpatient Surgical Site Name		
Address		
City	State	Zip code
Medicaid ID #		
2 Digit Surgical Site Specific ID #		
Outpatient Surgical Site Name		
Address		
City	State	Zip code

Please mail or fax this form to:
IHA/AMR COMPdata Data Reporting Coordinator
1151 E. Warrenville Rd.
Naperville, IL 60563

Fax: 630/505-9389

Blank Page

						837 DAT	FIELD	DESCF	RIPTIO	N AND FORMAT			
Seg	nent / Element ment Reference 837 Data 1500 Manual												
ment	/ Element												
#	Description	837 Loop		Description		Qualifier	Position	Field #	Page #		Reference Charts		
1*	Production or Test Indicator	Header	ISA	ISA15	114	P = Production Data T = Test Data			B.3	Designation of whether the data being sent is for the Production or Test system. MUST be the first line of the entire file. Located in the Interchange Control Header. Character information MUST be filled in after each ZZ character, or segment will reject.	Segment Example: ISA*00* *00* *ZZ*363720182 *ZZ*133052274 *061109*1127*U*00401*000000887*1* T *>~ (Followed by Functional Group Header Segment)		
2*	Facility NPI or Tax ID #	2010AA	NM1	NM109	67	NM108 =XX (NPI) =24 (EIN)	015	32a 25	76 - 78	Identifying # for facility where services are rendered. Name is not to be reported. - Enter facility's Master NPI, Subpart NPI, or Tax ID #. - Facility Name (NM103) is in this segment, but is not loaded.	Segment Example: NM1*85*2*ABC facility*****24*370662569~		
4**	4** Primary (1st) 2000B SBR SBR03 127 SBR01-P (Primary) 101 101 The ID#, control #, or code assigned by the insurance carrier or plan administrator to identify the group under which the individual is covered. Recorded only if corresponding SBR SBR03 127 SBR01-P (Primary) 105 11 101 The ID#, control #, or code assigned by the insurance carrier or plan administrator to identify the group under which the individual is covered.												
5* Primary Insured's for Unique destinal Identifier (Insurance Policy #) 2330A for non-destination payer (Inor payer Identination payer Identination payer Identification Number) The unique number assigned by the health plan to the individual under whose name the Primary insurance benefit is carried. (Insurance Policy #.) Field should be blank only for patients with 1st Individual Payer IDs (segment # 6) of Self Pay (81), or Charity (821). All other payers must have valid identifier reported.													
	* Required field, ** When applicable / available												

					83	37 DATA FII	ELD DE	SCRIPT	ION AI	ND FORMAT CONT.		
Seg	Data Segment		Seg-					HCFA	837			
ment	/ Element		ment	Reference	837 Data			1500	Manual			
#	Description	837 Loop	ID	Description	Element	Qualifier	Position	Field #	Page #			Reference Charts
6*	1st Individual	2010BC	NM1	NM103	1035	NM101=PR	015	11c	123	Expected Principal Payment Source		Payer Mapping Codes
	Payer Name &			NM109	67	(Payer)		~	- 125	The name and number assigned by	11	= Medicare Managed Care
	ID#					NM103=2		1		the health plan to identify the health	12	= Medicare Fee-for-Service
						(Non-Person				plan from which the provider might	21	= Medicaid Managed Care
						Entity)				expect payment for the bill.	22	= Medicaid Fee-for-Service
						NM108=PI					25	= Medicaid - Out of State
						(Payer				~	311	= Tricare (Champus)
						Identifica- tion)				Enter name of payer designated in HCFA 1500 field 1, followed by	32	= Dept. of Veterans Affairs (use for CHAMPVA)
										the appropriate code to the right.	521	= Commercial Indemnity (use for
										~ Patient's payer source must be		Group Health Plan)
										mapped to one of the federal 2 or	81	= Self Pay
										3 digit codes to the right.	821	= Charity
										~ Appropriate name and code must	98	= Other (use also for FECA Black
										also be used for Self Pay and		Lung)
										Charity patients.		
										Segment Example: N	M1*PR*2	*MEDICARE****PI*12~
8*	Patient ZIP	2010CA	N4	N403	116		030	5	146	Zip Code of patient's residence		
	Code								- 147	~ Unknown = 00000,	Ī	
										Foreign = 99999	Soamor	nt Example: N4***IL*60542~
										~ Enter only the zipcode from the	Segmen	it Example. N4 IE 00342~
										Patient's Address field, not the		
										entire address.		
9*	Patient DOB	2010BA	DMG	DMG02	1251	DMG01	032	3	148	~ Date of Birth is reported in		
	~	if Patient		DMG05	1109	(1250)=D8			- 149	CCYYMMDD Format		Gender Coding
1	Gender	is the				(Date)				~ DOB must occur prior to or on		
	~	Insured				DMG03				same date as discharge	N	= Male
	Race	~				(1068)				~ Patient must be 124 yrs old or <	F	= Female
	~	2010CA				=F,M,U				~ Edited to check patient's age vs.	L	= Unknown
	Ethnicity	for all				(Gender)				logic of diagnoses and		
		other								procedures.		
		situa- tions										
		110115										
						* Red	quired field	d, ** Wher	n applicat	ole / available		

	837 DATA FIELD DESCRIPTION AND FORMAT CONT.										
Seg			Seg-					HCFA	837		
ment			ment					1500	Manual		
#	Description	837 Loop	ID	Description	Element	Qualifier	Position	Field #	Page #		Reference Charts
9*	Patient DOB									*RET must be repeated on	ce for Race and once for Ethnicity
cont.	~ .									Forr	nat is RR:EE
	Gender									Race Coding	
	~ Race									2 digit code designating patient's	R1 = American Indian or Alaska Native
	Nace									race, reported according to official	R2 = Asian
	Ethnicity									OMB categories.	R3 = Black or African American
	Lamiony									~ Must have one of the two digit	R4 = Native Hawaiian or Pacific Islander
	cont.									code values to the right.	R5 = White
											R7 = Patient Refused
											R8 = Unknown
											R9 = Other
										Ethnicity Coding	
										2 digit code designating patient's	E1 = Hispanic or Latino Ethnicity
										ethnicity, reported according to	E2 = Non Hispanic or Latino Ethnicity
										official OMB categories.	E8 = Patient Refused
										~ Must have one of the two digit	E9 = Unknown
										code values to the right.	Commont Francis
											Segment Example: DMG*D8*19300708*F**R9:E2~
											d Ethnicity can be obtained from the OMB at
40	D (1 1 1 D 11 4	2000	01.14	01.1404	4000	01140504	400		454		<u>hitehouse.org/omb</u>
10	Patient ID # *	2300	CLM	CLM01	1028	CLM05-2=A	130	26	154	Patient ID is a facility assigned # that	
	~ Total Charge			CLM02	782 ~	(Freq Type / Bill Type)		~ 28	- 159	uniquely identifies each patient.	
	for Case *			~ CLM05 1-3	1331	ын туре)		~		T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	~			~	1332			~		Total charges for the entire patient	
	Bill Type*			~	1325			10b		claim	
	~			~	~					Report only the total charges for the patient case. Total charges	
	Accident State			CLM11	CO24					will only be abstracted from this	
	**									field. Case will reject if Total	
										Charge is not reported in this field.	
										The sum of all charges must be	
										positive.	
										positivo.	l.
						* Rec	nuired field	1 ** \//her	annlical	ole / available	
						Nec	141104 11610	a, vviici	i applical	or available	

	837 DATA FIELD DESCRIPTION AND FORMAT CONT. Data Segment Seg- HCFA 837											
Seg	Data Segment		Seg-					HCFA	837			
ment			ment					1500	Manual			
#		837 Loop	D	Description	Element	Qualifier	Position	Field #	Page #			Reference Charts
10	Patient ID # *									Bill Type is a 3 digit code indicating	Т Т	he only valid Bill Type codes are:
	~									if bill is outpatient, adjustment, void,	831	= Outpatient Surgical Site
	Total Charge									etc.	838	= Deletes Original Record
	for Case *									~ Bill Type 838 requires		Default value for this field is 831.
	Bill Type*									resubmission of entire record with		
	~									all data elements, and is only valid	I	
	Accident State									if a record was previously		
	**									submitted using a 831 Bill Type and was found to be without error.		
										and was round to be without error.		
	cont.											
										~ Submit final bills only. No		
										interim bills accepted		
										~ CLM05 Qualifier of A designates		
										the Frequency Type portion of the Bill Type code. Example: Bill		
										Туре 831 = 83>A>1		
										Type 031 = 032A21		
										Accident State is the state where	Forma	tting for Accident State
										the patient's auto accident occurred.		ate alpha abbreviation must be
										Required when HCFA 1500 field 10b		
										is marked "yes" for auto accident		t this prefix. Accident State is to be
										cases.	reporte	ed within the Related Causes data
										~ National 2 digit alpha state		nt of this segment.
										abbreviation, from Related		ent Example:
										Causes State segment		0AB99999*1383.5***11>A>1*Y*A*Y*Y**
										Cadoo Ciaio cogment	:::OR**	*****N~
						* Re	auired field	d. ** Wher	n applicat	ole / available		

					83	37 DATA FII	ELD DE	SCRIPT	ION AI	ND FORMAT CONT.		
Seg	Data Segment		Seg-					HCFA	837			
ment	/ Element		ment	Reference	837 Data			1500	Manual			
#	Description	837 Loop	ID	Description		Qualifier	Position	Field #	Page #			Reference Charts
11**	Time of	2300	DTP	DTP03	1251	DTP01	135		160	2 digit code refers to the hour during		Code Time AM
	Discharge					(374)=096			- 161	which the patient was discharged	00	= 12 :00 - 12:59 Midnight
	(Discharge					DTP02				from outpatient care.	01	= 01:00 - 01:59
	Hour)					(1250)=TM				~ Must use HH code format from list	02	= 02:00 - 02:59
										to the right.	03	= 03:00 - 03:59
										~ Facility must map the military	04	= 04:00 - 04:59
										admission time to the hour (HH)	05	= 05:00 - 05:59
										coding structure	06	= 06:00 - 06:59
										~ DTP03 contains four digits for	07	= 07:00 - 07:59
										time. Only the first 2 digits are	80	= 08:00 - 08:59
										read in to the database.	09	= 09:00 - 09:59
											10	= 10:00 - 10:59
											11	= 11:00 - 11:59
												Code Time PM
											12	= 12 :00 - 12:59 Noon
											13	= 01:00 - 01:59
											14	= 02:00 - 02:59
										Segment Example:	15	= 03:00 - 03:59
										DTP*096*TM*1100~	16	= 04:00 - 04:59
											17	= 05:00 - 05:59
											18	= 06:00 - 06:59
											19	= 07:00 - 07:59
											20	= 08:00 - 08:59
											21	= 09:00 - 09:59
											22	= 10:00 - 10:59
											23	= 11:00 - 11:59
12*	Statement	2300	DTP	DTP03	1251	DTP01	135	24A 1-6	162	From and Through (beginning and		
	Covers Period					(374)=434			- 163	ending) dates of patient care.		
	(Dates of					(Statement)				Discharge date is derived from the		
	Service)					DTP02				"through date."		
						(1250)=RD8 (Date Range)				~ CCYYMMDD-CCYYMMDD format	Segme 200610	nt Example: DTP*434*RD8*20061003-
)				~ Use dates from Dates of Service	200010	, 10
										fields. If only one date exists, use		
										it as both the beginning and		
										ending dates.		
						* D.	uirod fict	d ** \\/ha=	applicat			
						Red	quired liel	u, vvner	applicat	ole / available		

	B37 DATA FIELD DESCRIPTION AND FORMAT CONT. Data Segment Seg- HCFA 837												
Seg	/ Element ment Reference 837 Data 1500 Manual												
ment	/ Element		ment										
#	Description	837 Loop	ID	Description		Qualifier	Position	Field #	Page #		Reference Charts		
13	Admission	2300	DTP	DTP03	1251	DTP01	135	24A 1	164	Date of admission as outpatient			
	Date					(374)=435			- 165	Use beginning date from Dates of			
	(Date of					(Statement)				Service field			
	Service) *					DTP02 (1250)=DT				~ CCYYMMDDHHMM Format			
	~ Admission					(Date/Time)				~ No hyphens or slashes			
	Hour					(Bate/Time)				~ Admission date cannot precede			
	(Pre-Op									birth date or 1993			
	Time) **									 Discharge date cannot precede admission date 			
										Hour reported as 2 digit code			
										referring to the hour during which the	Comment Evenneles		
										patient was admitted for outpatient	Segment Example: DTP*435*DT*200610030237~		
										care.	D11 433 D1 200010030237~		
										~ Must use HH code format from list in Segment #11.			
										~ Facility must map the military			
										admission time to the hour (HH)			
										coding structure			
										~ DTP03 contains the date and			
										time. Time portion is populated			
										as 4 digits. Only the first 2 digits			
										are read into the database.			
17*	Principal	2300	HI	HI01-2	C022	HI01-1=BK	231	21-1	234	Principal Diagnosis must be valid			
	Diagnosis								- 236	ICD-9-CM code established after			
										admission as the primary reason for outpatient care necessity.			
										outpatient care necessity.			
										Must be consistent with notice the			
										~ Must be consistent with patient's age and gender			
										~ No decimals			
											-		
	* Required field, ** When applicable / available												

					83	7 DATA FI	ELD DE	SCRIP1	ION A	ND FORMAT CONT.	
Seg	Data Segment		Seg-					HCFA	837		
ment	/ Element		ment	Reference	837 Data			1500	Manual		
#	Description	837 Loop	ID	Description		Qualifier	Position	Field #	Page #	Definition and Instruction	Reference Charts
18**	Other	2300	HI	HI0x-2	C022	HI0x-1=BF	231	21 2-4	239	Addt'l conditions that exist at time of	
	Diagnoses					(Other Dx)			- 248	admit, or develop during facility stay,	
										and have effect on the treatment	
										provided or the LOS.	
										~ Up to 24 Other Diagnoses are	
										accepted. If more exist, include	
										only those that affect the patient's	
										treatment and length of stay.	
										Avoid symptom codes.	Segment Example:
										~ Must be consistent with patient's	HI*BF>99883*BF>42731*BF>2761*BF>V433*
										age and gender	BF>41400*BF>4019*BF>2449*
										~ No decimals	BF>28529~
										~ Repeat data segment/loop as	
										many times as necessary to	
										complete all diagnoses, up to a	
										total of 24 secondary diagnoses.	
19*	Principal	2300	НІ	HI101	C022	HI0x-1=BP	231	24D 1	249	Code for procedure performed for	
	Procedure					(OP CPT)		~	- 250	~ Only CPT-4 / HCPCS and	
	Code and Date					~		24A		associated Modifiers accepted for	
						HI0x-3=D8				Outpatient. HCPCS modifiers	
						(Date)				accepted on CPT codes.	
										~ No decimals or hyphens	
										~ Must be consistent with patient's	
										gender Must be valid codes/modifiers for	Segment Example: HI*BP>76086>D8>20061006~
										discharge date timeframe.	TH BI 7700007B0720001000
										Date must be in CCYYMMDD format	
										~ Pull from Dates of Service field	
										~ No hyphens or slashes	
										~ Procedure date cannot occur after	
										discharge date	
										~ Proc. date can be prior to the	
										admission date.	
[
						* Re	auired field	d. ** Wher	n applical	ole / available	
							1	. ,			

	837 DATA FIELD DESCRIPTION AND FORMAT CONT. 9 Data Segment Seg-										
Seg	Data Segment		Seg-					HCFA	837		
ment	/ Element		ment	Reference	837 Data			1500	Manual		
#	Description	837 Loop	ID	Description	Element	Qualifier	Position	Field #	Page #	Definition and Instruction	Reference Charts
20**	Other	2300	HI	HI101	C022	HI0x-1=BO	231	24A 2-6	251	Code for additional procedures	Data segment/loop contains space for 12
	Procedure					(OP CPT)		~	- 262	performed other than principal	procedures, and can be repeated twice to
	Codes and					~		24A		procedure	complete all procedures, up to a total of 24
	Dates					HI0x-1=D8				~ Must be consistent with patient's	secondary procedures.
						(Date)				gender	
										~ Coding methods as for Principal	
										Procedure	
										Date must be in CCYYMMDD format	
										~ Pull from Dates of Service field	Segment Example:
										~ No hyphens or slashes	HI*BQ>7761>D8>20061006*BQ>7761>D8>20
											061010*BQ>8382>D8>20061010*BQ>101006
										discharge date	>D8>20061010*BQ>3893>D8>20061004~
										~ Proc. date can be prior to	
										admission date.	
										~ Required if corresponding	
										procedure is recorded	
22**	Accident	2300	HI	HI0x-2	C022	HI01-1	231	10c	274	Occurrence Code designating	Occurrence Code 04 =
	Employment			HI0x-4		(1270)=BH			- 286	whether the patient's accident	(Code indicating the existence of an accident
	Related Occurrence					(1271)=04				, , ,	allegedly relating to the patient's employment)
	Code									duties.	0
	Oddc									If 1500 field is marked as "Yes", enter the code to the right.	Segment Example: HI*BH>04*D8>199981208~
25**	Candition	2200	LII	HI0x-2	COOO	HI0x-1	231	100	207		Condition Code = 02
25	Condition Employment	2300	HI	HIUX-2	C022	(1270)=BG	231	10a	297	Condition code designating	(Code indicates that the patient alleges that
	Related					(Condition			- 303	to an employment related incident.	medical condition is due to
	Rolated					Code)				lo an employment related incident.	environment/events resulting from
						(1271)=02				Only 1 and in appentable nated	employment)
						(Only 1 code is acceptable, noted to the right. 	Segment Example: HI*BG>2~
										~ If 1500 field is marked as "Yes",	Segment Example. Hi BG>2~
										enter the code to the right.	
										onto and dode to the light.	
1											
	* Required field, ** When applicable / available										
						1100	1411CU IICI	a, vviici	upplical	no / avanabio	

837 FILE FORMAT LAYOUT

Seg	Data Segment		Seg-					HCFA	837		
ment	/ Element		ment	Reference	837 Data			1500	Manual		
#	Description	837 Loop	ID	Description	Element	Qualifier	Position	Field #	Page #	Definition and Instruction	Reference Charts
27*	Attending Clinician NPI	2310A	NM1	NM109	67		250	17b or 32b	328 - 330	Identifies attending clinician, who is expected to certify and recertify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment.	Segment Example: NM1*71*1******0B>036105759~
										~ Enter physicians NPI from whichever HCFA 1500 field is appropriate, 17b or 32b.	
29*	Operating Clinician NPI	2310B	NM1	NM109	67		250	17b or 32b	335 - 337	ID# of the individual with the primary responsibility for performing the surgical procedure(s). ~ Enter physician's NPI from	Segment Example:
										whichever HCFA 1500 field is appropriate, 17b or 32b. Most likely is the same as the Attending Clinician. NPI must be entered in both fields.	NM1*72*1******0B>036089268~
30**	2nd Insur Group #	2320	SBR	SBR03	127	SBR01=S (Secondary)	290	9a	353 - 358	Same instructions as segment #4. Located in Other Subscriber Information segment.	Segment Example: SBR*S*18*NONE*MEDICARE*****98910~
32**	2nd Individual Payer Name	2330B	NM1	NM103 NM109	1035 67	NM101=PR (Payer) NM102 (1065)=2	325	9d	404 - 405	Expected Secondary Payment Source Same instructions as for data segment # 6.	Segment Example: NM1*PR*2**MEDICARE*****98910~

* Required field, ** When applicable / available

					83	37 DATA FII	ELD DE	SCRIPT	ION AI	ND FORMAT CONT.	
Seg ment	Data Segment / Element		Seg- ment	Reference				HCFA 1500	837 Manual		
#	Description	837 Loop	ID	Description	Element	Qualifier	Position	Field #	Page #	Definition and Instruction	Reference Charts
		837 Loop 2400				Qualifier SV202-1=HC (CPT / HCPCS Code List) SV204(355) =DA(Days) =UN(Units)	Position 375		Page # 435	Definition and Instruction Units of Service is a quantitative measurement of services rendered per procedure or charge LOS must be =, +/- 1 day of the room & board units. CPT/HCPCS Service Line Item codes, plus modifiers, if applicable, for outpatient services. 5 digit code, plus up to four 2-digit modifiers may be reported for any service line item. HCPC modfiers are accepted on CPT codes. First line item and charge are Required. All others are When Available. Must be valid codes/modifiers for discharge date timeframe CPT/HCPCS Service Line Items and Dates must also be reported in the Procedure Codes and Dates fields. Repeat segment for units, and line items as many times as is necessary.	Segment Examples: LX*3~ SV2*0214**363.90*DA*3~ LX*4~ SV2*0250**1337.90*UN*242~
						* Poo	vuirod field	d ** W/bor	, application	to complete all charges. Total charges for each individual corresponding CPT/HCPCS code. At least one charge is required for every patient case. Enter all charges tht appear on the patient case. The sum of all charges minus the total charges must = the total charges for the case. The sum of all charges must be positive	

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COMPdata Data Coordinator Guidelines

Data Submission Highlights

- Ambulatory Surgical Centers submit data directly to COMPdata, in one of the file layouts specified in this manual.
- Quarterly deadlines will be established for the submission of data. Facilities
 will be notified of the data submission deadlines in advance, and will also
 receive submission deadline reminders via email. Submission deadlines are
 always available online at
 http://www.compdatainfo.com/datacollection/ordeadlines.html.
- The preferred method of data submission is via COMPdata's secure internet EFT. You must have access to the internet to send files via EFT. See the EFT section of this manual for instructions. When sending EFT, please <u>name the file with your facility ID #</u>, as specified in the EFT section of this manual.
- You may need your Information Systems Dept. to assist with the initial setup. If you believe you are unable to send EFT, email our COMPdata staff at ubhelp@ihastaff.org with your needs and contact information, and we will do what we can to assist you.
- Each data file submitted can contain records for multiple months and years.
 Additionally, each data file can contain original patient records, corrections, updates, and deletions, all in one file. There is NO need to submit separate files.
- No paper administrative data submissions will be accepted. ASCs that
 have only hard copy data should email COMPdata staff at
 ubhelp@ihastaff.org for assistance.
- Utilize COMPdata's testing services prior to submitting actual data, if your facility has never submitted data previously, has never submitted in the new file formats, or has undergone a system conversion or upgrade.
 Submit a test file using a sample of data, to ensure that data are correctly formatted as specified in the file layout. Testing will allow you to readily pinpoint any areas that need correction prior to submitting actual facility data.
- See the spec spreadsheet section of this manual for details on each individual item of data, should you need to make any format or content adjustments prior to your initial facility data submission.
- Your facility must also report the actual number of outpatient surgical discharges/cases for a given month, within 30 days after the end of the calendar month, via email at compdatamonthlycounts@ihastaff.org.
- This monthly count is a key indicator as to what % of your facility's actual
 discharges/cases are included in the COMPdata database. Should you need
 to change a previously submitted count for a particular month, simply email
 us with the updated information. The most recent submission of your
 monthly total counts overrides any earlier information received.
- Your actual discharge case count emails must include the following information:
 - ✓ Your name and phone #
 - ✓ Facility's full name and Data Collection ID #
 - ✓ Month/year represented in discharge case totals
 - ✓ Outpatient Surgical discharge case totals

COMPdata Data Coordinator Guidelines

Monthly Count Posting Policy

In order to assist Data Coordinators in their duties, and make posting of monthly discharge counts prompt, consistent and reliable, COMPdata is making the following commitment to our customers:

Count Turnaround Times

- From the beginning of a data submission quarter until 2 weeks prior to any data quarter close date, monthly reported counts that are received from ASCs:
 - Prior to 2:00pm Central Standard Time will be entered into the COMPdata system the same day. The counts will be available on Feedback Reports the next business day.
 - ❖ After 2:00pm Central Standard Time will be entered the following business day. The counts will be available on Feedback Reports the 2nd business day.
- For monthly reported counts that are received during the 2 week period prior to any data quarter close date:
 - All attempts will be made to meet the same turnaround times as stated above.
 - However, counts received relating to the most current close dates will take priority.

Emailing of Counts

- ASCs must email all monthly discharge case counts to COMPdata's count specific email address: <u>compdatamonthlycounts@ihastaff.org</u>.
- Upon receipt of discharge count emails into <u>compdatamonthlycounts@ihastaff.org</u>, facilities will receive an automatic reply receipt, stating the above posting policy.
- Counts emailed to any other email address will not receive an auto reply, and may not be posted within the turnaround times stated above.
- COMPdata staff will track all incoming count emails, should it be necessary for facilities to follow up at any time.

Important Note:

It is highly recommended that <u>final</u> counts be submitted to COMPdata at least 2 weeks prior to the quarter submission deadline.

COMPdata Installation Instructions

NOTE: Before installing COMPdata® files, you must ensure that the facility firewall is configured to access the COMPdata® application. Ports 9000 must be open in both directions for COMPdata® to run. If your facility uses a proxy server on the firewall, additional configuration may be required. In such a case, please have the facility firewall administrator contact the COMPdata® Hotline at 630-276-5851 Inside Illinois / 866-262-6222 Outside Illinois or send an email to compdata@ihastaff.org for assistance.

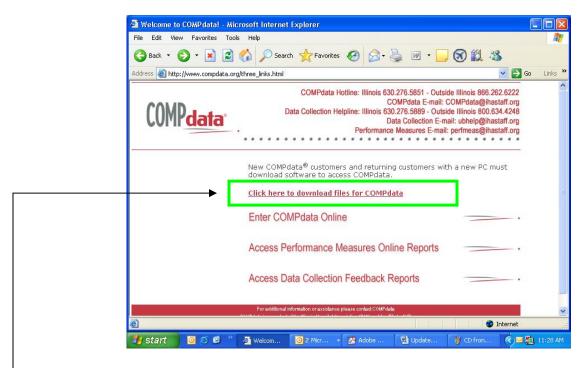
Windows 2000 and XP Professional users must have a network administrator install the download files. You must have administrative privilege on your facility server to install. **This application is not supported on Windows XP Home.**

*****Unzip software is required to open COMPdata downloads****

<u>For New COMPdata® customers and returning customers with a NEW PC ONLY:</u> Prior to the initial login into COMPdata® (including COMPdata® Online, Feedback Reports, and Performance Measures Reports) both files (JInitiator and Jar) must be downloaded.

Open a browser window and go to: http://www.compdata.org/three_links.html

The following Web page will display



Click on the Click here to download files for COMPdata link.

IMPORTANT NOTE: When the installation completes, you must exit the browser window and open a new browser session to enter COMPdata.



Download and install Oracle Jinitiator and Jar file:

To download and install Oracle JI nitiator and Jar file:

The instructions below are exactly as they appear on your screen when downloading the files from the COMPdata website.

Important: If your operating system is Windows 2000 or Windows XP, you must have Administrative Privileges on your facility server to install.

Step 1: Install Oracle JInitiator

- 1. Click here to download the "jinit.exe" file to your computer
 - You will need to know where "jinit.exe" file is being saved on your computer
- 2. When the download is complete:
 - Locate the "jinit.exe" file and double click on file to launch the installation process and accept all default settings
 OR
 - If you do not know the location of the "jinit.exe" file, right-click on "Start" Button and click on "Search" and type in "jinit.exe" then double-click on the file to launch the installation process and accept all default settings

***IMPORTANT NOTE:

COMPdata will only work properly if the "jinit.exe" file is installed on the C: drive

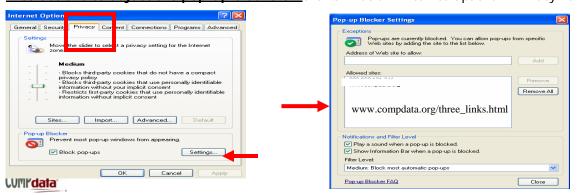
Step 2: Install Jar File

- 1. To install the Jar file right-click here,
- 2. Select 'Save Target As'
- 3. Select 'All Files' in the 'Save as type' drop-down selection box
- 4. Save the file in the C:\Program Files\Oracle\JInitiator 1.3.1.22\lib directory
- 5. When the installation process has finished, exit your browser and restart
- 6. Return to the initial application starting page and click the appropriate "Enter ..." link
- 7. The browser will load Oracle JInitiator and launch the desired IHA application (COMPdata, COMPdata ROLAP, Performance Measurements, or Data Collection Feedback Reports)

Please contact the COMPdata HOTLINE with any questions or need of assistance. The COMPdata HOTLINE can be reached at 630-276-5851 (Inside Illinois) or 866-262-6222 (Outside Illinois) or by email at compdata@ihastaff.org.

SPECIAL NOTE: If you have operating system windows xp, you will need to adjust the pop-up blocker in Internet Explorer to view COMPdata Reports.

Instructions to adjust the pop-up blockers: Click on Tools → Internet Options → Privacy Tab



COMPdata System Requirements:

- 1. Internet Explorer 5.5 or greater OR Netscape Navigator 4.7 X or greater is required.
- 2. We recommend users to download Microsoft IE6
- 3. Unzip software is required to open COMPdata downloads.
- 4. Adobe Acrobat Reader is required to view reports



Oracle JI nitiator supports the following configurations:

Platform	Internet Explorer 5.X	Internet Explorer 6.X	Navigator 4.x**
Windows NT*	Х	X	X
Windows 2000 Professional	Х	X	X
Windows XP Professional	Х	X	X

^{*} Although JInitiator 1.3.1.22 is certified on Internet Explorer 5.5/6.0. It is in no way implying that other Oracle Java applications are certified to run on Internet Explorer. Please consult corresponding documentation form for supported browsers.

** Oracle JInitiator 1.3.1.22 has been shown (by both internal testing and the absence of any customer reported issues) not to be sensitive to any particular version of Netscape 4.7.x. It is therefore certified for use against all versions from 4.7.x onward. Currently we test Oracle JInitiator on Netscape 4.78 and will continue to install and test against the latest version of Netscape 4.7.x.

For more information regarding certifications please refer to the Client Platform Support, Statement of Directions available on OTN (http://otn.oracle.com/products/forms/content.html)

Other Minimum Requirements:

Important: If your operating system is Windows 2000 or Windows XP, you must have Administrative Privileges on your facility server to install.

- Pentium 166 MHz or better processor
- 70 MB free hard disk space before installing
- 32-48 MB system RAM minimum for running Oracle Forms applications



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Getting Started in the EFT System

	3
System Requirements	Your system must have one of the following internet browsers in order to transfer files to compdata via the secure internet Electronic File Transfer (EFT): • Internet Explorer • Netscape Communicator
Security with HTTPS Protocol	 The secure internet EFT is available using the HTTPS Protocol. This provides HIPAA compliant 128 bit encrypted security of any data that is sent via that protocol. Once submitters have accessed the EFT application, they will be authenticated through Oracle.
Website Logon	Type the following URL into your web browser address bar: https://eft.compdata.org . This brings you to the logon screen. • Enter your unique Login ID and Password (initially provided by COMPdata.) ID and Password must be entered in lowercase. • Administrative (1500) Data submission ID begins with your state abbreviation (e.g. id, il, ky, mt, or) • This ID will direct your files in the appropriate manner with the system • Click Login to proceed.
Use EFT	Electronic File Transfer Hepline: IL - 630 276 5889, Outside IL - 600 634 4248 Please enter your login ID and password. Login ID: Password: Cogin Reset To email Monthly Reported Counts to COMPdata, dick here. To email IHA with issues or comments, click here.
Changing Passwords	 Reset buttons allow you to clear any entry you have made on the screen, and start over. Upon your first EFT submission and/or every 30 days, you will be prompted to change your password. You can also change it at any time, as desired, by checking the Change Password box upon logging in. This will bring you to the password change webpage. Type in lower case Password configuration must be 6 digits with at least one numeric and contain no special characters Type in new password 2 times Click on Change Password A window appears stating "Password Successfully Changed"
	Please enter your new password then re-type it to confirm. New Password: Confirm New Password: Change Password Roset To email IHA with issues or comments, click here.



EFT System Options

Main Menu Options

From the EFT Main Menu, three option buttons are provided:

- Test System System used to test new files and formats for accuracy
 - It is not necessary to send Clinician/NPI files to the Test system.
- Production System System used to submit active patient files for reporting purposes
- Data Coordinator Manuals and Guides Links to all available training manuals for download

Also available on this page are links to email COMPdata regarding monthly discharge counts and questions.



Manuals and Guides

To access the various Data Coordinator Manuals and Guides, click on the bottom button displayed above. The next screen provides links to all available training documents. Click on desired document, and it will download in a PDF document that can be saved to a location of your choice. To return to the previous screen, click on the EFT Main Menu button.

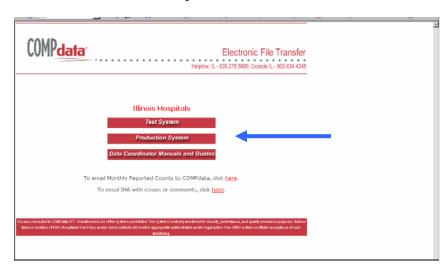




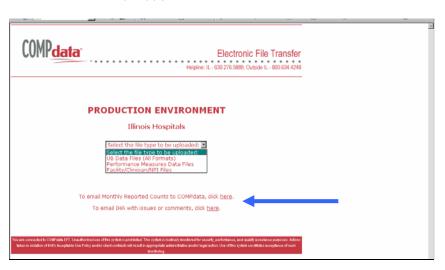
Submitting **Production Files**

Submitting Production (live) Files:

Click on the Production System button from the main screen



- The Production System has a white background and red typeface, and is titled Production Environment.
- Click on drop down menu where instructed to "select the file type to be uploaded"
- Select the type of file you will be submitting:
 - UB Data Files (All Formats) for submission of Administrative data
 - Facility/Clinician/NPI Files For submission of facility, clinician & NPI information



Click Continue button:
 Continue EFT Main Menu



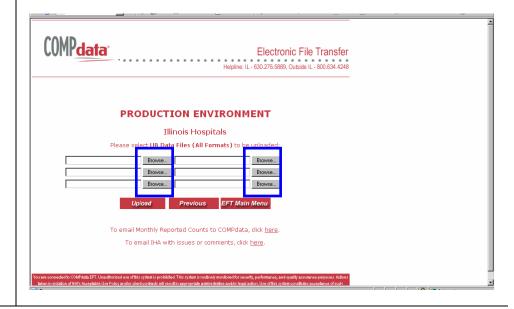
Uploading Production Files

The upload screen appears next.

- ASCs can submit up to 6 uniquely named files at one time, using the browser buttons.
- Files must be in the appropriate format for the type of file being used.
- Files must also be transferred in the ASCII format, and may be zipped.

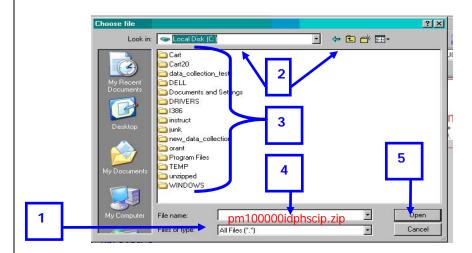
NOTE: Multiple files should be zipped for easier uploading of the XML Files

To begin the file upload process, click on Browse:





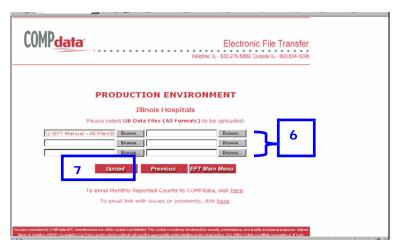
Steps to Follow for Submitting Files



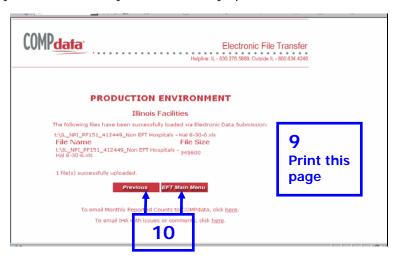
- 1. The Choose File window appears. File type MUST be set on "All Files (*.*)"
- 2. Select the drive and folder where your files are stored
- 3. Choose the appropriate file for submission, and ensure that it is named correctly for tracking of submissions:
 - a. UB Data File <u>must</u> use the following naming convention:
 - Start with your current COMPdata data collection facility provider ID# (usually your Tax ID, Medicaid ID, or NPI)
 - 3 characters for the month (lowercase)
 - 2 digits for the year
 - 2-4 characters to specify inpatient or outpatient data
 - e.g. 123456789002dec07inp
 - b. NPI Data File must use the following naming convention:
 - "NPI" in caps, underscore
 - Specify "PF" (Provider file) or "CL" (Clinician file), underscore
 - Your COMPdata data collection ID (Medicaid #, Tax ID, or NPI)
 - e.g. NPI_CL_123456789002
 - c. Note: Zipped files must end with .zip extension
 - d. File names cannot exceed 38 characters, including the extension
 - e. Use a unique file name for each submission
 - If using the same general file name for a resubmission, add a sequential number to the end, e.g. 01, 02, 03, etc.
- 4. Highlight the selected file desired for transfer. This file will appear in the File Name box.
 - a. If you need to change the file name, highlight the file
 - b. Right click on your mouse
 - c. Pick Rename
 - d. Type in the appropriate name using the naming convention above
- 5. Click on the Open button
 - a. The file name now will appear back in the Browser box on the previous screen



Steps to Follow for Submitting Files



- 6. Continue this process to select up to 6 uniquely named facility files.
- 7. Once you have finished selecting your files, click the Upload button. This uploads the files to the COMPdata database.
- 8. If you have more than 6 files to upload, while you are uploading your first 6 files, you can minimize the screen and start a second session of your browser and begin the process again.
- 9. After your files have been electronically transferred, you will receive a submission confirmation page that displays the file name, file size in bytes, and how many files successfully uploaded. PRINT THIS PAGE!



- If the file size appears as 0, or you do not receive the confirmation page at all, your file(s) did not transmit. You must start again from step one.
- It is strongly recommended that you print this page, manually note the date and time of submission, and file it for future reference if necessary.
- If you wish to transmit additional files, click on the Previous button on the confirmation page or click on EFT Main Menu to return to the Main Menu screen.

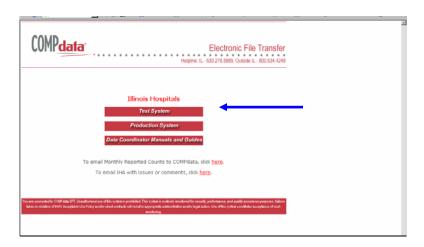


EFT Test System Functions

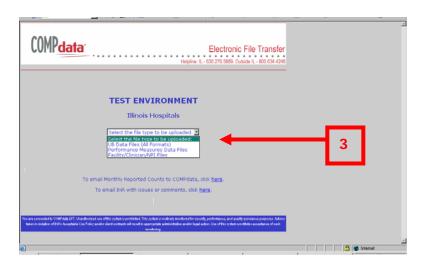
Submitting Test Files

The test system allows ASCs to test files and formats for accuracy and validity, without being processed with active data. <u>It is NOT necessary to send NPI Files to the Test System</u>. <u>Utilize the Test System only for 1500</u> (Administrative) Data Files. To access the Test System:

1. Click on the Test System button from the Main Menu screen.



2. The Test System main screen appears, which has a gray background, blue typeface, and is titled Test Environment.



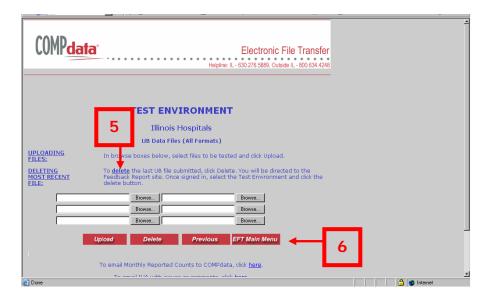
3. From this page you can select which type of file you desire to submit, in the same fashion as for Production files. <u>Use only for UB Data Files (All Formats)</u> selection.



EFT Test System Functions

Uploading Test Files and Other Functions

4. The Test File upload screen appears. Follow all steps outlined for submission of Production files. The Test System functions are exactly the same.



- The file upload screen also provides a <u>Delete</u> link that takes you to the Test File Deletion function, which is housed on the Online Feedback Report website.
- 6. Buttons are also available that take you to the Previous screen or EFT Main Menu.



Completing the Transmission

. 5	
Disconnect EFT	Once you have finished all your desired actions, please disconnect from the EFT System by using the X in the upper right corner of your browser screen.
Resources	CONTACT INFORMATION
	Helpline (1500 Data) Inquiry Email Address: <u>ubhelp@ihastaff.org</u>
	For questions regarding uploading your files, please include the following information:
	Facility Name and ID #
	Your Full Name
	Your Phone Number
	The File Name
	Date File Was Submitted
	Monthly Discharge Count Email Address: compdatamonthlycounts@ihastaff.org
	Helpline phone (Illinois): 630/276-5889
	Helpline phone (outside Illinois): 800/634-4248
	Visit COMPdata on the web: www.compdatainfo.com



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COMPdata Data Coordinator Guidelines

Edit/Audit Process and Data Correction

- Upon receipt of data, COMPdata processes it through a series of edits and audits. The details related to the edits performed on each data element are specified in the spec spreadsheet sections of this manual.
- Error free data are added to the database. Data rejected due to errors or failure are not added to the database. Upon completion of the editing process, facilities are notified of any errors or problems encountered in processing their data. Those records with errors must be corrected and resubmitted before the close of the quarter.
- If errors are encountered with individual patient records, the entire patient record in error needs to be corrected and resubmitted. If there are problems encountered with the entire data set file, COMPdata staff will provide the facility with instructions as to the next step to undertake. The goal is to submit 100% correct data.
- Corrected records that were previously rejected due to edit errors should be sent in the same way that the original records were submitted, using the original Bill Type. There is no need to resubmit the entire file. You only need to resubmit the corrected records. If you do not have the capability of pulling out just those records to be corrected, you can resubmit the entire data file. Any records that are already retained in the database will err out as duplicates, as long as none of the patient identifying fields have been changed. Those fields are:
 - ✓ Patient ID Number
 - ✓ Bill Type
 - ✓ Discharge Date
 - ✓ Gender
 - ✓ Patient Discharge Status
 - ✓ Admission Date
 - ✓ Birth Date
- If any of the above fields are the items that need to be corrected on the patient record, then you will first need to delete the original record. This is done by resubmitting the record using a Bill Type of XX8, where the 1st two original Bill Type digits are retained and the 3rd is replaced by 8. The record can then be resubmitted as a new record, using the original Bill Type.
- For open quarters, a facility has the opportunity to delete, replace, or update a patient record that has passed all edits and already been added to the database. Please use the same XX8 process as stated above to make adjustments to existing records.

COMPdata Data Coordinator Guidelines

Feedback Reports

- With each submission of data, each individual medical facility will receive a set of Feedback Reports as follows:
 - Submission Recap Report summarizes the results of your data submission
 - Edit Error Report displays information about any record in which an error has been detected
 - Data Submission Verification Report (DSVR) indicates the volume of data submitted and accepted for inclusion in the COMPdata database
 - Duplicate Error Report identifies which records are already in the COMPdata database
 - Data Quality Summary Report (DQSR) provides a detailed breakdown of the data submitted
 - Clinician Mismatch Report
- See the "Feedback Reports" section of the manual, on the next page, for a detailed explanation and examples of each report.

Resources

- For assistance with reporting or correcting data, submission guidelines, or feedback report questions, please contact COMPdata at ubhelp@ihastaff.org.
- Actual monthly discharges must be reported at compdatamonthlycounts@ihastaff.org
- To submit data electronically, go to https://eft.compdata.org
- Additional information, training session dates, and updates can be found on our website www.compdatainfo.com.
- Fax number 630/276-5402
- Data Collection HELPLINE: 630/276-5889
- Outside of Illinois: 800/634-4248

Feedback Reports

Communications with Data Coordinators

Every time data are received, COMPdata provides each facility with reports that offer summaries and/or details of the data submitted and accepted for inclusion in the database. Data Coordinators may also receive various forms from COMPdata to provide other types of information and improve the quality of the database. This section includes descriptions and samples of all the feedback reports. The full set of reports and forms is:

- Submission Recap Report
- Edit Error Report
- Data Submission Verification Report (DSVR)
- Duplicate Error Report
- Data Quality Summary Report (DQSR)
- Clinician Mismatch Report

Submission Recap Report

This report summarizes the results of your data submission. It notifies you and/or the vendor who submits data for you, of submission acceptance by COMPdata. Check this report to see that the data you intended to send were in fact sent, and what the results were after processing. The report provides information in the following categories:

Facility - Provides facility information

- Provider facility name
- ID#
- Address
- Primary contact name
- Fax #

Vendor – If applicable, identifies the vendor submitting data, in above format

Summarized Data Categories:

- Number of errors per error category Provides details on each type of error.
- Total number of records received and processed
- Total number of records with edit errors
- Total number of records without edit errors
- Total number of duplicate records
- Actual records received and date of receipt
- · Reporting percentages for:
 - Race reported
 - Ethnicity Reported

ASSOCIATION MANAGEMENT RESOURCES OREGON OUTPATIENT DATA COLLECTION

RUNDATE: 11/09/06 PAGE: 1 OREGON OUTPATIENT

SURGICAL, EMERGENCY DEPT. AND OBSERVATION CARE

SUBMISSION RECAP REPORT

Date Received: 10/31/06

FACILITY ID#: 9999999999 Facility Name:

ABC FACILTY

Street Address:

City, State, ZIP: ANYTOWN, OR 60600

ATTN: JANE DOE

TITLE:

FAX: 999999999 **VENDOR SUBMITTING DATA**

Name of Vendor: ABC VENDOR

Street Address:

City, State, ZIP: ANYTOWN, OR 60600

71

ATTN:

TITLE:

FAX: 999999999

NUMBER OF ERRORS **ERROR CATEGORIES**

3

DIAG./PROC/ ERRORS

102 **DIAGNOSIS**

1000 TOTAL RECORDS PROCESSED

150 TOTAL RECORDS WITH ERROR REJECTIONS

50 **TOTAL RECORDS WITH ERROR WARNINGS**

800 TOTAL RECORDS WITHOUT EDIT ERRORS

0 **DUPLICATE RECORDS**

ACTUAL RECORDS RECEIVED DATE

> 1000 10/31/06

TYPE OF RECORD PERCENTAGE REPORTED

> 7% WITHOUT RACE

1% INVALID RACE

3% WITHOUT ETHNICITY

0% **INVALID ETHNICITY**

NOTE: Records with errors and submissions with format problems should be re-submitted to IHA/AMR COMPdata after the problems have been resolved. This report is provided to notify you of submission acceptance by IHA/AMR.

For questions regarding this report, please call the IHA/AMR COMPdata Helpline at 630.276.5889

^{*}This is a warning message only indicating that the field contained an invalid code. The case was not rejected. Please ensure the correct values are reported.

Edit Error Report

This report displays information about any record in which an error has been detected. The report provides key pieces of information so that the record may be easily identified and corrected. This ensures that the final data will be accurate and maintain the integrity of the database. The report displays the following details:

- Facility name and ID number
- Service Category of the error (provided only on the Outpatient report)
- Patient ID Number
- ❖ Bill Type
- Discharge Date
- Gender
- Patient Status
- Admission Date
- Birth Date
- Page of record on which error occurred
- Error Type
- Value and/or explanation of the error

RUNDATE: (PAGE:

03/17/06 1 ⁷³

OREGON OUTPATIENT

SURGICAL, EMERGENCY DEPT. AND OBSERVATION CARE EDIT ERROR REPORT

FACILITY NAME: ABC FACILITY, ANYTOWN

FACILITY ID: 9999999999999

Date Received: 01/11/06

PATIENT ID NUMBER	SERVICE CATEGORY	BILL TYPE	DISCH DATE	SEX	PAT STAT	ADM DATE	BIRTH DATE	PAGE	ERROR TYPE	VALUE AND/OR EXPLANATION OF ERROR
000	ED	131	100105	F	01	093005	01271949	1	SECONDARY DIAGNOSIS INVALID	585* 75312 V451 4019 V0382
111	ED, OC	131	100105	F	01	093005	09051984	1	SECONDARY DIAGNOSIS INVALID	2765*
222	ED	131	100505	F	72	100505	09171976	1	PATIENT STATUS VALUE INVALID AS OF 10/01/03	72
333	ED	131	100805	M	11	100805	10281951	1	PATIENT STATUS VALUE INVALID AS OF 03/31/04	11
444	ED	131	100905	F	72	100905	06101972	1	PATIENT STATUS VALUE INVALID AS OF 10/01/03	72
555	ED	131	100905	F	72	100905	09261975	1	PATIENT STATUS VALUE INVALID AS OF 10/01/03	72
666	ED	131	100905	M	01	100905	05252002	1	ATTENDING PHYSICIAN BLANK	REQUIRED FIELD
777	ED	131	101405	F	72	101405	02231988	1	PATIENT STATUS VALUE INVALID AS OF 10/01/03	72
888	ED	131	101505	M	01	101505	10091969	1	ZIP CODE INVALID	98018
999	OS, ED	131	101705	M	01	101705	07231992	1	PRINCIPAL DIAGNOSIS CANNOT BE E-CODE	E8859
000	ED	131	101805	M	01	101805	10071960	1	ZIP CODE INVALID	98018
111	ED	131	102505	F	01	102405	01181980	1	ATTENDING PHYSICIAN BLANK	REQUIRED FIELD
222	ED, OC	131	102805	F	01	102705	07021925	1	ATTENDING PHYSICIAN BLANK	REQUIRED FIELD

Blank Page

ERROR CATEGORY TEXT	ERROR CODE TEXT	ERROR DETAIL TEXT
(appear under "Error Categories"	(appear under "Error Type" on Edit Error Report)	(appear under "Value and/or Explanation of Error" on Edit
on Recap Report)	(appear arraci Error Typo on East Error Report)	Error Report)
ACCIDENT STATE		
	E810 - E819 CODE REPORTED/STATE ABBR BLANK	·
	STATE ABBREVIATION INVALID	REPORTED ACCIDENT STATE: <state abbreviation="" is="" listed="" reported=""></state>
ADMISSION DATE	ADMISSION DATE > CURRENT DATE	<admission date="" entered="" is="" listed=""></admission>
	ADMISSION DATE AFTER DISCH. DATE	<admission date="" entered="" is="" listed=""></admission>
	ADMISSION DATE BLANK	REQUIRED FIELD
	ADMISSION DATE CANNOT PRECEDE BIRTHDATE	<admission date="" entered="" is="" listed=""></admission>
	ADMISSION DATE INVALID	<admission date="" entered="" is="" listed=""></admission>
	ADMIT HOUR BLANK	REQUIRED FIELD
	ADMIT HOUR INVALID	REPORTED TIME: <admission entered="" is="" listed="" time=""></admission>
ADMISSION SOURCE	ADMISSION SOURCE BLANK	REQUIRED FIELD
	ADMISSION SOURCE CONFLICTS WITH ADMISSION	
	TYPE	<admission entered="" is="" listed="" source=""></admission>
	ADMISSION SOURCE INVALID (Not between 1-9 and	
	A or D)	<admission entered="" is="" listed="" source=""></admission>
ADMISSION TYPE	ADMISSION TYPE "4", AGE MUST BE "0"	FOR ADMIT TYPE 4, AGE MUST BE 0
	ADMISSION TYPE BLANK	REQUIRED FIELD
	ADMISSION TYPE INVALID (Not 1,2,3,4 or 9)	<admission entered="" is="" listed="" type=""></admission>
BILL TYPE	DELETE ERROR	NO RECORD MATCHES 7 KEY FIELDS
	TYPE OF BILL BLANK	REQUIRED FIELD
	TYPE OF BILL INVALID	<bill entered="" is="" listed="" type=""></bill>
	UPDATE ERROR	NO RECORD FOUND IN DATA BASE TO UPDATE
CONDITION CODES		REPORTED DNR CODE: <dnr code="" is="" listed="" reported="">,</dnr>
		REPORTED COND. EMP. RLTD CODE: <condition employment<="" td=""></condition>
	INVALID CONDITION CODE	RELATED CODE REPORTED IS LISTED>
COUNTY CODE ERRORS	COUNTY CODE BLANK	REQUIRED FIELD
		INVALID IL/BORDER CNTY CODE: <correct code="" county="" is="" listed=""> REPORTED</correct>
	COUNTY CODE INVALID	COUNTY CODE: <entered code="" county="" is="" listed=""></entered>

ERROR CATEGORY TEXT	ERROR CODE TEXT	ERROR DETAIL TEXT
(appear under "Error Categories"	(appear under "Error Type" on Edit Error Report)	(appear under "Value and/or Explanation of Error" on Edit
on Recap Report)	, , ,	Error Report)
DIAG./PROC. ERRORS	DIAGNOSIS - AGE NOT ADULT	<string adult="" aren't="" codes="" of="" that=""></string>
	DIAGNOSIS - AGE NOT CHILD	<string aren't="" child="" codes="" of="" that=""></string>
	DIAGNOSIS - AGE NOT MATERNITY	<string aren't="" codes="" maternity="" of="" that=""></string>
	DIAGNOSIS - SEX NOT FEMALE	<string aren't="" codes="" dx="" female="" of="" that=""></string>
	DIAGNOSIS - SEX NOT MALE	<string aren't="" codes="" dx="" male="" of="" that=""></string>
	DIAGNOSIS - AGE NOT NEWBORN	<string aren't="" codes="" newborn="" of="" that=""></string>
	PRINCIPAL DIAGNOSIS REQUIRES SECONDARY	
	DIAGNOSIS	PRINCIPAL DIAGNOSIS: <principal dx="" is="" listed="" reported=""></principal>
	PROCEDURE - SEX NOT FEMALE	<string aren't="" codes="" female="" of="" proc="" that=""></string>
	PROCEDURE - SEX NOT MALE	<string aren't="" codes="" male="" of="" proc="" that=""></string>
	UNACCEPTABLE PRINCIPAL DIAGNOSIS	
	(MANIFESTATION)	<string a="" aren't="" codes="" manifestation="" of="" that="" valid=""></string>
	UNACCEPTABLE PRINCIPAL DIAGNOSIS (NON-	
	SPECIFIC)	PRINCIPAL DIAGNOSIS: <principal dx="" is="" listed="" reported=""></principal>
	UNACCEPTABLE PRINCIPAL DIAGNOSIS (V-CODE)	PRINCIPAL DIAGNOSIS: <principal dx="" is="" listed="" reported=""></principal>
DIAGNOSIS		PRINCIPAL DIAGNOSIS: REQUIRED FIELD,
		ADMITTING DIAGNOSIS: REQUIRED FIELD,
	DIAGNOSIS BLANK	FIRST REASON FOR VISIT: REQUIRED FIELD
	DIAGNOSIS INVALID	<sequence #=""> DIAGNOSIS: <diagnosis code="" is="" listed="" reported=""></diagnosis></sequence>
		(469/470 ERROR) PRIN DX = <principal code<="" diagnosis="" td=""></principal>
		REPORTED IS LISTED>, DS CODE = <patient discharge="" status<="" td=""></patient>
	GROUPER ERROR - UNGROUPABLE	REPORTED IS LISTED>
	ICD CODE QUALIFIER BLANK	REQUIRED FIELD
	ICD CODE QUALIFIER INVALID	<icd code="" is="" listed="" reported="" version=""></icd>
		DX CODES: <count codes="" dx="" is="" listed="" of=""> POAS: <count of<="" td=""></count></count>
	POA COUNT DOES NOT EQUAL DIAGNOSIS COUNT	POA CODES IS LISTED>
	PRINCIPAL DIAGNOSIS BLANK	
	PRINCIPAL DIAGNOSIS CANNOT BE E-CODE	<principal code="" diagnosis="" is="" listed="" reported=""></principal>
	PRINCIPAL DIAGNOSIS INVALID	
	SECONDARY DIAGNOSIS INVALID	NEXT TO INVALIDS>

ERROR CATEGORY TEXT	EDDOD CODE TEXT	ERROR DETAIL TEXT		
(appear under "Error Categories"	ERROR CODE TEXT	(appear under "Value and/or Explanation of Error" on Edit		
on Recap Report)	(appear under "Error Type" on Edit Error Report)	Error Report)		
DISCHARGE DATE		STATEMENT THROUGH DATE: <discharge date="" is<="" reported="" td=""></discharge>		
	DISCHARGE DATE INVALID	LISTED>		
	DISCHARGE DATE IS BLANK	REQUIRED FIELD		
	DISCHARGE DATE MUST BE <= TO CURRENT DATE	<discharge date="" is="" listed="" reported=""></discharge>		
	DISCHARGE DATE MUST BE >= TO ADMISSION			
	DATE	<discharge date="" is="" listed="" reported=""></discharge>		
	DISCHARGE HOUR IS BLANK	REQUIRED FIELD		
	DISCHARGE HOUR IS INVALID	REPORTED TIME: <discharge is="" listed="" reported="" time=""></discharge>		
		STATEMENT FROM DATE = <statement date="" from="" is<="" reported="" td=""></statement>		
	STATEMENT FROM DATE INVALID	LISTED>		
	STATEMENT FROM DATE IS BLANK	REQUIRED FIELD		
	STATEMENT FROM DATE MUST BE <= TO			
	CURRENT DATE	<statement date="" from="" is="" listed="" reported=""></statement>		
DUPLICATES	DUPLICATE RECORD	DUP_VAL_ON_INDEX ON EXT CM:		
	EXACT DUPLICATE RECORD	EXACT DUPLICATE RECORD ON EXTENDED CM		
FEDERAL TAX ID	FEDERAL TAX NUMBER BLANK			
GENERAL ERROR	INSERT ERROR	<location information="" insert="" of="" statement=""></location>		
	NUMBER OF PAGES INVALID	REPORTED # OF PAGES		
	NUMBER OF PAGES IS BLANK	REQUIRED FIELD		
	PAGE NUMBER INVALID	REPORTED PAGE #		
	PAGE NUMBER IS BLANK	REQUIRED FIELD		
	UNHANDLED EXCEPTION	<program case="" failed="" in="" name="" that=""></program>		
HOSPITAL ID/NPI	HOSPITAL ID ON PHYSICAL RECORD DOES NOT			
	MATCH FILE HOSPITAL ID	<hospital entered="" id="" is="" listed=""></hospital>		
	HOSPITAL ID/NPI BLANK	REQUIRED FIELD		
	INVALID NPI	<npi entered="" is="" listed=""></npi>		
	NPI ON PHYSICAL RECORD DOES NOT MATCH FILE			
	NPI ID	<npi entered="" is="" listed=""></npi>		
KBSR	INVALID FIELD	<invalid are="" fields="" kbsr="" listed=""></invalid>		
	REQUIRED FIELD	<missing are="" fields="" kbsr="" listed=""></missing>		
LENGTH OF STAY	LENGTH OF STAY ERROR	RM&BD REV. UNITS NOT = LOS		
MULTIPLE PAGE RECORD	PATIENT RECORD CANNOT EXCEED 45 MULTIPLE PAGES			
	PATIENT RECORD CANNOT EXCEED 99 MULTIPLE			
	PAGES	PATIENT ID <patient id="" is="" listed="" reported=""> HAS > 99 PAGES</patient>		

ERROR CATEGORY TEXT	ERROR CODE TEXT	ERROR DETAIL TEXT
(appear under "Error Categories"	(appear under "Error Type" on Edit Error Report)	(appear under "Value and/or Explanation of Error" on Edit
on Recap Report)		Error Report)
NEWBORN BIRTH WEIGHT	NEWBORN BIRTH WEIGHT CODE IS BLANK	REQUIRED WITH ADMIT TYPE 4
		NBW CODE NOT EQUAL TO 54: < NEWBORN BIRTH WEIGHT CODE
	NEWBORN BIRTH WEIGHT CODE IS INVALID	REPORTED IS LISTED>
	NEWBORN BIRTH WEIGHT IN GRAMS IS BLANK	REQUIRED WITH ADMIT TYPE 4
		1) REPORTED GRAMS NOT NUMERIC: <newborn birth="" td="" weight<=""></newborn>
		GRAMS REPORTED IS LISTED> 2)
	NEWBORN BIRTH WEIGHT IN GRAMS IS INVALID	BIRTH WT DOES NOT MATCH DX CODE
OCCURRENCE CODE		REPORTED CODE: <accident code="" employment="" is<="" reported="" td=""></accident>
	ACCIDENT EMPLOYMENT RLTD CODE MUST = 04	LISTED>
	ACCIDENT EMPLOYMENT RLTD DATE BLANK /	<accident date="" employment="" is="" listed="" reported=""></accident>
	CRIME VICTIM CODE MUST = 06	REPORTED CODE: <crime code="" is="" listed="" reported="" victim=""></crime>
	CRIME VICTIM DATE BLANK / INVALID	<crime date="" is="" listed="" reported="" victim=""></crime>
	DATE REPORTED/CODE BLANK	MUST HAVE OCCURRENCE CODE 04
OCCURRENCE SPAN	71 CODE REPORTED / PRIOR STAY DATE NOT	1) PRIOR STAY FROM DATE: <prior from-date="" reported<="" stay="" td=""></prior>
	CODE INVALID	<occurrence code="" is="" listed="" reported="" span=""></occurrence>
	PRIOR STAY DATE > ADMIT DATE	1) PRIOR STAY FROM DATE: <prior from-date="" reported<="" stay="" td=""></prior>
		1) PRIOR STAY FROM DATE: <prior from-date="" reported<="" stay="" td=""></prior>
		IS LISTED>
		2) PRIOR STAY TO DATE: <prior is<="" reported="" stay="" td="" to-date=""></prior>
	PRIOR STAY DATE > DISCHARGE DATE	LISTED>
		1) PRIOR STAY FROM DATE: <prior from-date="" reported<="" stay="" td=""></prior>
		IS LISTED>
		2) PRIOR STAY TO DATE: <prior is<="" reported="" stay="" td="" to-date=""></prior>
	PRIOR STAY DATE > TODAY	LISTED>
		1) PRIOR STAY FROM DATE: <prior from-date="" reported<="" stay="" td=""></prior>
		IS LISTED>
		2) PRIOR STAY TO DATE: <prior is<="" reported="" stay="" td="" to-date=""></prior>
	PRIOR STAY DATE INVALID	LISTED>
		1) PRIOR STAY FROM DATE: <prior from-date="" reported<="" stay="" td=""></prior>
	DDIOD STAV DATE DEDODTED / 74 CODE NOT	IS LISTED>
	PRIOR STAY DATE REPORTED / 71 CODE NOT	2) PRIOR STAY TO DATE: <prior is<="" reported="" stay="" td="" to-date=""></prior>
	REPORTED	LISTED>
	DDIOD CTAY FDOM DATE - DDIOD CTAY TO DATE	PRIOR STAY FROM DATE: <prior from-date="" is<="" reported="" stay="" td=""></prior>
	PRIOR STAY FROM DATE > PRIOR STAY TO DATE	LISTED>

ERROR CATEGORY TEXT	ERROR CODE TEXT	ERROR DETAIL TEXT
(appear under "Error Categories"		(appear under "Value and/or Explanation of Error" on Edit
on Recap Report)	(appear under "Error Type" on Edit Error Report)	Error Report)
PATIENT BIRTH DATE	BIRTH DATE BLANK	REQUIRED FIELD
	BIRTH DATE INVALID	DOB = <dob entered="" is="" listed=""></dob>
	BIRTH DATE OVER 124 YEARS OLD	<dob entered="" is="" listed=""></dob>
	BIRTH DATE, MUST BE <= CURRENT DATE AND	
	DISCHARGE DATE	<dob entered="" is="" listed=""></dob>
PATIENT CONTROL NO.	PATIENT CONTROL NUMBER BLANK	REQUIRED FIELD
PATIENT DISCHARGE STATUS	DISCHARGE STATUS CODE	30 - NOT ALLOWED ON FINAL BILL
	PATIENT STATUS BLANK	REQUIRED FIELD
	PATIENT STATUS VALUE INVALID	<patient discharge="" is="" listed="" reported="" status=""></patient>
	PATIENT STATUS VALUE INVALID AS OF 03/31/04	<patient discharge="" is="" listed="" reported="" status=""></patient>
	PATIENT STATUS VALUE INVALID AS OF 10/01/03	<patient discharge="" is="" listed="" reported="" status=""></patient>
	PATIENT STATUS VALUE INVALID AS OF 10/01/05	<patient discharge="" is="" listed="" reported="" status=""></patient>
	PATIENT STATUS VALUE INVALID AS OF 10/16/03	<patient discharge="" is="" listed="" reported="" status=""></patient>
	PATIENT STATUS VALUE VALID AS OF 01/01/06	<patient discharge="" is="" listed="" reported="" status=""></patient>
	PATIENT STATUS VALUE VALID AS OF 10/01/03	<patient discharge="" is="" listed="" reported="" status=""></patient>
PAYER ERROR	PRIMARY PAYER NAME IS BLANK	REQUIRED FIELD
	PRINCIPAL PAYER BLANK	REQUIRED FIELD
	PRINCIPAL PAYER INVALID	<payer id="" is="" listed="" reported=""></payer>
	SECONDARY PAYER INVALID	<payer id="" is="" listed="" reported=""></payer>
	SECONDARY PAYER NAME IS BLANK	REQUIRED FIELD (IF 2ND PAYER ID IS REPORTED)
	THIRD PAYER INVALID	<payer id="" is="" listed="" reported=""></payer>
	THIRD PAYER NAME IS BLANK	REQUIRED FIELD (IF 3RD PAYER ID IS REPORTED)
PHYSICIAN	NPI NOT ON FILE	<clinician id="" is="" listed="" reported=""></clinician>
	STATE LICENSE NUMBER NOT ON FILE	<clinician id="" is="" listed="" reported=""></clinician>
	UPIN NOT ON FILE	<clinician id="" is="" listed="" reported=""></clinician>
PHYSICIAN ID	ATTENDING PHYSICIAN BLANK	
		[INPATIENT PRIN OR OUTPATIENT SURG] PROC REPORTED
		⟨CLINICIAN TYPE IS LISTED (i.e. admitting, operating, 1st other, 2nd other) ⟩ √ D:
	CLINICIAN ID BLANK	REQUIRED FIELD
		<clinician (i.e.="" 1st="" 2nd="" admitting,="" is="" listed="" operating,="" other)="" other,="" td="" type="" 対d:<=""></clinician>
	CLINICIAN ID INVALID FORMAT	<clinician id="" is="" listed="" reported=""></clinician>
	OUTPATIENT - PRINCIPAL PROCEDURE PHYSICIAN	REQUIRED FIELD
	PHYSICIAN ID INVALID FORMAT	

ERROR CATEGORY TEXT	ERROR CODE TEXT	ERROR DETAIL TEXT			
(appear under "Error Categories" on Recap Report)	(appear under "Error Type" on Edit Error Report)	(appear under "Value and/or Explanation of Error" on Edit Error Report)			
POA INDICATOR		<diagnosis (i.e.="" 1st="" etc.)="" is="" listed="" name="" other,="" principal,="">REPORTED</diagnosis>			
	POA CODE INVALID - NOT IN Y, N, W, OR U	POA: <poa dx="" for="" is="" listed="" reported="" that=""></poa>			
	POA CODE IS BLANK/DIAGNOSIS CODE NOT				
	EXEMPT	REQUIRED FIELD			
	POA CODE NOT REPORTED	REQUIRED FIELD			
	POA CODE REPORTED BUT NOT IN POSITION 8	REPORTED DIAGNOSIS: < DIAGNOSIS CODE REPORTED IS LISTED>			
PROC NOT AVAILABLE	DATA SUBMITTED FOR CLOSED QUARTER	PROCESS CYCLE NOT AVAILABLE FOR <discharge date<="" td=""></discharge>			
	RECORD ERROR - REVIEW RECORD				
PROCEDURE CODE METHOD	CODING METHOD BLANK				
	CODING METHOD INVALID				
PROCEDURE DATE	FIFTH PROCEDURE DATE BLANK				
	FIFTH PROCEDURE DATE FOUND - NO				
	PROCEDURE CODE				
	FIFTH PROCEDURE DATE INVALID				
	FOURTH PROCEDURE DATE BLANK				
	FOURTH PROCEDURE DATE FOUND - NO				
	PROCEDURE CODE				
	FOURTH PROCEDURE DATE INVALID				
	PRINCIPAL PROCEDURE DATE BLANK				
	PRINCIPAL PROCEDURE DATE FOUND - NO				
	PROCEDURE CODE				
	PRINCIPAL PROCEDURE DATE INVALID				
		REQUIRED FIELD: <procedure #="" sequence=""> PROC (OR</procedure>			
	PROCEDURE DATE BLANK	CPT/HCPCS) CODED			
	PROCEDURE DATE FOUND - NO PROCEDURE	<sequence #=""> CPT/HCPCS NOT CODED</sequence>			
	CODE	<sequence #=""> PROC NOT CODED</sequence>			
		<pre><sequence #=""> CPT/HCPCS DATE: <date is="" listed="" reported=""></date></sequence></pre>			
	PROCEDURE DATE INVALID	<pre><sequence #=""> PROC DATE: <date is="" listed="" reported=""></date></sequence></pre>			
		<pre><sequence #=""> CPT/HCPCS DATE: <date is="" listed="" reported=""></date></sequence></pre>			
		(CPT/HCPCS LINE ITEMS)			
	PROCEDURE DATE IS > 7 DAYS BEFORE ADM.	<pre><</pre> <pre><<pre><<pre><</pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre><pre></pre></pre></pre>			
	DATE	(REGULAR PROCEDURE CODES)			

ERROR CATEGORY TEXT	ERROR CODE TEXT	ERROR DETAIL TEXT
(appear under "Error Categories"	(appear under "Error Type" on Edit Error Report)	(appear under "Value and/or Explanation of Error" on Edit
on Recap Report)	(appear arraerrrer rype err _arrrrer repert)	Error Report)
PROCEDURE DATE CONT.		<pre><sequence #=""> CPT/HCPCS DATE: <date is="" listed="" reported=""></date></sequence></pre>
		(CPT/HCPCS LINE ITEMS)
		<sequence #=""> PROC DATE: <date is="" listed="" reported=""></date></sequence>
	PROCEDURE DATE IS > DISCHARGE DATE	(REGULAR PROCEDURE CODES)
	SECOND PROCEDURE DATE BLANK	
	SECOND PROCEDURE DATE FOUND - NO	
	PROCEDURE CODE	
	SECOND PROCEDURE DATE INVALID	
	SIXTH PROCEDURE DATE BLANK	
	SIXTH PROCEDURE DATE FOUND - NO	
	PROCEDURE CODE	
	SIXTH PROCEDURE DATE INVALID	
	THIRD PROCEDURE DATE BLANK	
	THIRD PROCEDURE DATE FOUND - NO	
	PROCEDURE CODE	
	THIRD PROCEDURE DATE INVALID	
PROCEDURES	FIFTH PROCEDURE CPT MODIFIER INVALID	
	FIFTH PROCEDURE INVALID	
	FOURTH PROCEDURE CPT MODIFIER INVALID	
	FOURTH PROCEDURE INVALID	
	MODIFIED INVALID	<pre><sequence #=""> <cpt hcpcs="" is="" listed="" or="" reported=""> MOD:</cpt></sequence></pre>
	MODIFIER INVALID	<modifier is="" listed="" reported=""></modifier>
	NO QUALIFYING OS/ED/OC CRITERIA	DECOMPTION OF THE PROPERTY OF
	NO SURGICAL PROCEDURE LISTED	<pre><sequence #=""> <cpt hcpcs="" is="" listed="" or="" reported=""> PROC: <procedure code="" is="" listed="" reported=""></procedure></cpt></sequence></pre>
	PRINCIPAL PROCEDURE BLANK	
	PRINCIPAL PROCEDURE CPT MODIFIER INVALID	REQUIRED FIELD
	PRINCIPAL PROCEDURE INVALID	
	PRINCIPAL PROCEDURE INVALID	OFCUENCE II IOD OD ODT OD HODOG DEDODTED IO HOTED DDOC
	PROCEDURE INVALID	<pre><sequence #=""> <icd cpt="" hcpcs="" is="" listed="" or="" reported=""> PROC: <procedure code="" is="" listed="" reported=""></procedure></icd></sequence></pre>
	SECOND PROCEDURE CPT MODIFIER INVALID	CI NOCEDONE CODE NEI ONTED 13 LIGIED?
	SECOND PROCEDURE INVALID	
	SIXTH PROCEDURE CPT MODIFIER INVALID	
	SIXTH PROCEDURE INVALID	
	THIRD PROCEDURE CPT MODIFIER INVALID	
	THIRD PROCEDURE INVALID	

ERROR CATEGORY TEXT	ERROR CORE TEXT	ERROR DETAIL TEXT			
(appear under "Error Categories"	ERROR CODE TEXT (appear under "Error Type" on Edit Error Report)	(appear under "Value and/or Explanation of Error" on Edit			
on Recap Report)		Error Report)			
RACE / ETHNICITY	ETHNICITY CODE BLANK	REQUIRED FIELD			
	ETHNICITY CODE INVALID	REPORTED ETHNICITY: < ETHNICITY CODE REPORTED IS LISTED>			
	RACE CODE BLANK	REQUIRED FIELD			
	RACE CODE INVALID	REPORTED RACE: < RACE CODE REPORTED IS LISTED>			
REVENUE CODE	NO QUALIFYING OS SUITE REV CODE	OS CRITERIA NOT MET			
	NO ROOM AND BOARD REVENUE CODE				
	NO TOTAL REVENUE CODE	TOTAL REVENUE CODE 0001 MISSING			
	REVENUE CHARGE REPORTED; NO				
	CORRESPONDING REVENUE CODE	MUST REPORT REVENUE CODE			
		REV. 450 CANNOT BE USED WITH REV. CODES			
	REVENUE CODE CONFLICT	451,452,456,459			
	REVENUE CODE CONFLICT	REV. CODE 452 MUST BE USED IN CONJUNCTION WITH 451			
		REV CODE # = <revenue code="" is="" listed="" reported=""></revenue>			
		EFFECTIVE DATE = < EFFECTIVE DATE IS LISTED> REV CODE			
		<revenue code="" is="" listed="" reported=""></revenue>			
		CANCELLATION DATE = < CANCELLATION DATE IS LISTED> REV			
		CODE <revenue code="" is="" listed="" reported=""></revenue>			
	REVENUE CODE INVALID	23RD REV CODE MUST BE 0001			
	SERVICE PROCEDURE REPORTED, REV CODE NOT				
	REPORTED	<element is="" listed="" position=""> REV CODE: REQUIRED FIELD</element>			
	TWO (001) REVENUE CODES FOUND	ONLY ONE 0001 TOTAL CHARGE ALLOWED			
REVENUE CODE CHARGE	CHARGE CANNOT BE ZERO	REV CODE = <revenue code="" is="" listed="" reported=""></revenue>			
		REVENUE CODE <revenue code="" is="" listed="" reported=""> SEQ</revenue>			
		<revenue is="" listed="" sequence=""></revenue>			
		REV CODE CHARGE <revenue is="" listed="" sequence=""> = <charges< td=""></charges<></revenue>			
	CHARGE IS NOT NUMERIC	REPORTED ARE LISTED>			
		SUM OF CHARGES NEGATIVE FOR REV CODE <revenue< td=""></revenue<>			
	CHARGES NEGATIVE FOR REVENUE CODE	CODE REPORTED IS LISTED>			
	REV CODE REPORTED; NO CORRESPONDING REV	NO CHARGE FOUND FOR REV CODE < REVENUE SEQUENCE IS			
	CODE CHARGE	LISTED> = <revenue code="" is="" listed="" reported=""></revenue>			
	SUM OF REVENUE CODE CHARGES DOES NOT	SUM OF REVENUE CODE CHARGES MUST = 0001 TOTAL			
	EQUAL TOTAL CHARGE	CHARGE			
	TOTAL CHARGE MUST BE > ZERO	REV CODE CHARGE 0001 CANNOT BE NEGATIVE			

ERROR CATEGORY TEXT (appear under "Error Categories" on Recap Report)	ERROR CODE TEXT (appear under "Error Type" on Edit Error Report)	ERROR DETAIL TEXT (appear under "Value and/or Explanation of Error" on Edit Error Report)
REVENUE CODE UNITS		REV CODE UNITS <revenue #="" sequence=""> = <units of="" service<="" td=""></units></revenue>
	REVENUE CODE UNITS INVALID	REPORTED IS LISTED>
	ROOM AND BOARD REVENUE CODE UNITS BLANK	REQUIRED FIELD
SEX ERRORS	SEX BLANK	REQUIRED FIELD
	SEX INVALID	REPORTED GENDER: <patient entered="" is="" listed="" sex=""></patient>
SITE ID	SITE ID INVALID	<site id="" is="" listed="" reported=""></site>
	SITE ID MUST BE ENTERED	OS ONLY: REQUIRED FIELD
ZIP CODE ERRORS	ZIP CODE BLANK	REQUIRED FIELD
	ZIP CODE INVALID	<zip code="" entered="" is="" listed=""></zip>

Data Submission Verification Report (DSVR)

This report provides a summary of the volume of data submitted and loaded into the database. It can be used by the Data Coordinator to monitor and confirm the data being sent to COMPdata. The <u>Percent Loaded</u> column will be used by the COMPdata subscriber for analysis of the data. This number should not be greater than 100%. If larger than 100%, then the actual number of discharges reported might be incorrect. If this occurs, you should reconcile your data submission and your actual counts to ensure they are accurate. The categories displayed on the report are as follows:

- Header
 - Data Type Designates data as outpatient
 - Reporting period
 - Facility Name, Location, and ID #
 - Discharge Month/Year lists monthly and quarterly totals
- Body Outpatient
 - Records Received Running total of records/cases received, calculated according to each page of the 1500 records
 - Discharges Received Running total of discharges/cases (not pages)
 - Rejected Errors Not loaded into database. Corrections submitted to database are not removed from this running total.
 - Error Free Discharges/Cases Your submitted and accepted totals
 - ❖ Total Actual Reported Discharges Your emailed monthly count totals
 - ❖ Percent Loaded Number of discharges/cases in the database divided by the actual reported cases x 100

ILLINOIS HOSPITAL ASSOCIATION ILLINOIS INPATIENT DATA COLLECTION

RUNDATE: 05/27/05

PAGE: 1

ILLINOIS INPATIENT HOSPITAL DATA SUBMISSION VERIFICATION REPORT REPORTING PERIOD: 1ST - 4TH QTR 05 FACILITY NAME: ABC HOSPITAL & MEDICAL CENTER FACILITY ID: 111111111111

************* RECOR	DS ********	**********	******	******	*** DISCHARGES	\$ **** ** ****	******	******
DISCHARGE MONTH	RECORDS RECEIVED	DISCHARGES RECEIVED	COMBINED BILLS RECEIVED	REJECTED ERRORS	LOS AND DUPLICATE ERRORS	ERROR FREE DISCHARGES	TOTAL REPORTED DISCHARGES	PERCENT LOADED
JAN, 2005	3438	2961	0	11	1928	1022	1022	100.00 %
FEB, 2005	3274	2869	0	10	1893	966	966	100.00%
MAR, 2005	4892	4297	0	13	3206	1078	1105	97.56 %
QUARTER TOTALS	11604	10127	0	34	7027	3066	3093	99.13 %
APR, 2005	978	866	0	8	0	858	0	%
MAY, 2005	0	0	0	0	0	0	0	%
JUN, 2005	0	0	0	0	0	0	0	%
QUARTER TOTALS	978	866	0	8		858		.00 %
JUL, 2005	0	0	0	0	0	0	0	%
AUG, 2005	0	0	0	0	0	0	0	%
SEP, 2005	0	0	0	0	0	0	0	%
QUARTER TOTALS	0	0	0	0	0	0	0	.00 %
OCT, 2005	0	0	0	0	0	0	0	%
NOV, 2005	0	0	0	0	0	0	0	%
DEC, 2005	0	0	0	0	0	0	0	%
QUARTER TOTALS	0	0	0	0		0	0	.00 %
PERIOD TOTALS	12582	10993	0	42	7027	3924	3093	126.87 %

For questions regarding this report, please call the IHA/AMR COMPdata UB-92 Helpline at 630.276.5889.

Duplicate Error Report

This report identifies which records are already in the COMPdata database. The records are checked against 7 key fields, and if they match an existing record, the new record is considered a duplicate. The report displays the following variables:

- Patient ID Number*
- Service Category of the duplicate
- ❖ Bill Type*
- Discharge Date*
- ❖ Gender*
- ❖ Patient Status*
- Admission Date*
- ❖ Birth Date*
- * Reason for Rejection

^{*}Element is one of the 7 key fields

RUNDATE: 03/17/06

PAGE:

OREGON OUTPATIENT

SURGICAL, EMERGENCY DEPT. AND OBSERVATION CARE DUPLICATE ERROR REPORT

FACILITY NAME: ABC FACILITY, ANYTOWN

PATIENT ID NUMBER	SERVICE CATEGORY	BILL TYPE	DISCH DATE	SEX	PAT STAT	ADM DATE	BIRTH DATE	REASON FOR REJECTION
000	ос	131	100305	F	01	100205	09291978	DUPLICATE RECORD
111	ОС	131	102605	F	01	102505	11071982	DUPLICATE RECORD
222	OS, ED, OC	131	101205	F	01	101105	09211962	DUPLICATE RECORD
333	ОС	131	100405	F	01	100305	03201976	DUPLICATE RECORD
444	os, oc	131	102705	F	01	102605	03021974	DUPLICATE RECORD
555	os, oc	131	100805	M	01	100705	08121958	DUPLICATE RECORD
666	OS, OC	131	101405	F	01	101305	09141968	DUPLICATE RECORD
777	ED, OC	131	100105	M	01	092905	09091973	DUPLICATE RECORD
888	ED	131	100105	F	01	093005	01101911	DUPLICATE RECORD
999	ED	131	100105	M	01	093005	08101989	DUPLICATE RECORD
000	ED	131	100105	M	01	093005	01171958	DUPLICATE RECORD
111	ED	131	100105	M	01	093005	12261932	DUPLICATE RECORD
222	OS, ED, OC	131	100105	M	01	093005	03161975	DUPLICATE RECORD
333	os, oc	131	101905	F	01	101805	01061971	DUPLICATE RECORD
444	ED	131	100105	F	01	093005	11031991	DUPLICATE RECORD
555	ED	131	100105	F	01	093005	10111943	DUPLICATE RECORD
666	ED	131	100105	F	01	093005	06121975	DUPLICATE RECORD
777	OS, ED	131	100105	F	01	093005	09211969	DUPLICATE RECORD

For questions regarding this report, please call the IHA/AMR COMPdata Helpline at 630.276.5889.

Data Quality
Summary Report
(DQSR)

This report provides a breakdown of the data that have been submitted. For each data element, the major categories and the detailed distribution within that category are displayed. This report allows the Data Coordinator to verify that the submitted values are an accurate representation of the facility's patient mix. If the patient mix appears inaccurate, an error in reporting data at your facility may have occurred. Each category should be carefully reviewed, and irregularities investigated. The major categories displayed are as follows:

- Percentage of Reporting
- Monthly/Quarterly Reported Discharges
- Monthly/Quarterly Loaded Discharges
- Admission Type
- Admission Source
- Discharge Status
- Gender/Sex
- Age
- Race
- Ethnicity
- Diagnoses
- E-Coded Discharges
- Patient's Reason for Visit
- Procedures
- Length of Stay
- Charges determined by procedure code submitted

- Insurance Group Plan Number
- Payer Mix
- ❖ Payer Fields Duplicated same payer in more than one field for a given patient. (Acceptable for Commercial Insurance.)
- Clinician totals for Attending (Primary) Clinician, 1st Other Clinician, 2nd Other/Principle Procedure Clinician, and Clinicians with misc. UPIN numbers (as defined in "Data Elements" section of manual)
- Clinician IDs Repeated
- Zip Codes unidentified values only
- Accident State
- Accident Employment Related
- Condition Employment Related
- Crime Victim
- CPT-4 Service Utilization

OREGON OUTPATIENT DATA QUALITY SUMMARY REPORT

FACILITY NAME: ABC FACILITY, ANYTOWN

FACILITY ID: 999999999999 Reported Period: 3Q07-1Q08 RUNDATE: 01/08/08 PAGE:

	<u>Jul 07</u>	Aug 07	Sep 07	3rd Qtr	Oct 07	Nov 07	Dec 07	4th Qtr	Jan 08	Feb 08	Mar 08	1st Qtr
Percentage of Reporting	100.00	100.00	100.00	100.00	99.19	0.00		48.81				0.00
Monthly/Quarterly Reported Discharges	116	132	133	381	124	128	0	252	0	0	0	0
Monthly/Quarterly Loaded Discharges TYPE ADMISSION/PRIORITY(TYPE)	116	132	133	381	123	0	0	123	0	0	0	0
OF VISIT: Emergency	24	28	20	72	26	0	0	26	0	0	0	0
Urgent	10	19	15	44	9	0	0	9	0	0	0	0
Elective	72	78	84	234	80	0	0	80	0	0	0	0
Newborn	10	70	14	31	8	0	0	8	0	0	0	0
Trauma Center	0	0	0	0	0	0	0	0	0	0	0	0
Information not Available	0	0	0	0	0	0	0	0	0	0	0	0
SOURCE ADMISSION/POINT OF	U	U	U	U	U	U	U	U	U	U	U	· ·
ORIGIN (Newborn):	0	0	0	0	0	0	0	0	0	0	0	0
Nrml Brth (D* 10/07)	0	0	0	0	0	0	0	0	0	0	0	0
Prmtr Brth (D* 10/07)	0	0	0	0	0	0	0	0	0	0	0	0
Sick Baby (D* 10/07)	0	0	0	0	0	0	0	0	0	0	0	0
Extrmrl Birth (D* 10/07)	0	0	0	0	0	0	0	0	0	0	0	0
Born in this Hosp	0	0	0	0	0	0	0	0	0	0	0	0
Born Outside this Hosp	0	0	0	0	0	0	0	0	0	0	0	0
Other (D* 10/07)	0	0	0	0	0	0	0	0	0	0	0	0
*D = Discontinued	0	0	0	0	0	0	0	0	0	0	0	0
*R = Revised	0	0	0	0	0	0	0	0	0	0	0	0

OREGON OUTPATIENT

DATA QUALITY SUMMARY REPORT

RUNDATE: 01/08/08

PAGE:

2⁹⁰

FACILITY NAME: ABC FACILITY, ANYTOWN

FACILITY ID: 999999999999 Reported Period: 3Q07-1Q08

	<u>Jul 07</u>	Aug 07	Sep 07	3rd Qtr	Oct 07	Nov 07	Dec 07	4th Qtr	Jan 08	Feb 08	Mar 08	1st Qtr
SOURCE ADMISSION/POINT OF ORIGIN(Newborn):												
Nrml Brth (D* 10/07)	10	6	14	30	0	0	0	0	0	0	0	0
Prmtr Brth (D* 10/07)	0	1	0	1	0	0	0	0	0	0	0	0
Sick Baby (D* 10/07)	0	0	0	0	0	0	0	0	0	0	0	0
Extrmrl Birth (D* 10/07)	0	0	0	0	0	0	0	0	0	0	0	0
Born in this Hosp	0	0	0	0	7	0	0	7	0	0	0	0
Born Outside this Hosp	0	0	0	0	1	0	0	1	0	0	0	0
Other (D* 10/07)	0	0	0	0	0	0	0	0	0	0	0	0
*D = Discontinued												
*R = Revised												
SOURCE ADMISSION/POINT OF ORIGIN:												
Non HCF Pnt/Org (R* 10/07)	82	97	99	278	89	0	0	89	0	0	0	0
Clinic Referral	0	0	0	0	0	0	0	0	0	0	0	0
HMO Referral (D* 10/07)	0	0	0	0	0	0	0	0	0	0	0	0
Transfer/Hospital	0	0	0	0	0	0	0	0	0	0	0	0
Trsf/SNF/ICF (R* 10/07)	0	0	0	0	0	0	0	0	0	0	0	0
Transfer/Other HCF	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Room	24	28	20	72	26	0	0	26	0	0	0	0
Court/Law Enforce	0	0	0	0	0	0	0	0	0	0	0	0
Trsf/Rural Hosp (D* 10/07)	0	0	0	0	0	0	0	0	0	0	0	0
Transfer to Same Hosp	0	0	0	0	0	0	0	0	0	0	0	0
Trsfr from ASC	0	0	0	0	0	0	0	0	0	0	0	0
Trsfr from Hospice Prog	0	0	0	0	0	0	0	0	0	0	0	0
Info Not Available	0	0	0	0	0	0	0	0	0	0	0	0
*D = Discontinued												
*R = Revised												
DO NOT RESUSCITATE:												
	0	0	0	0	0	0	0	0	0	0	0	0

OREGON OUTPATIENT DATA QUALITY SUMMARY REPORT

FACILITY NAME: ABC FACILITY, ANYTOWN

FACILITY ID: 999999999999

RUNDATE: 01/08/08 PAGE:

				Repor	ted Period	: 3Q07-1Q	808					
	<u>Jul 07</u>	Aug 07	Sep 07	3rd Qtr	Oct 07	Nov 07	Dec 07	4th Qtr	Jan 08	Feb 08	Mar 08	1st Qtr
DISCHARGE STATUS:												
Home/Self Care	89	87	91	267	73	0	0	73	0	0	0	0
Other Hospital	8	11	15	34	16	0	0	16	0	0	0	0
SNF	7	12	8	27	12	0	0	12	0	0	0	0
ICF	3	2	2	7	4	0	0	4	0	0	0	0
Another Institution	0	0	0	0	0	0	0	0	0	0	0	0
Home Health Service	0	4	2	6	5	0	0	5	0	0	0	0
Left Against Med. Adv.	0	2	0	2	0	0	0	0	0	0	0	0
Home IV EXPIRED 10/01/05	0	0	0	0	0	0	0	0	0	0	0	0
Admitted as Inpatient (only for Medicare Outpatient Claims)	0	0	0	0	0	0	0	0	0	0	0	0
Discharged-no longer covered by Medicare (discont. 10/16/03)	0	0	0	0	0	0	0	0	0	0	0	0
Disch/Trans to another cat of service (discont 03/31/04)	0	0	0	0	0	0	0	0	0	0	0	0
Expired	3	1	3	7	0	0	0	0	0	0	0	0
Exp-not cov by Medicaid on date of death(discont. 10/16/03)	0	0	0	0	0	0	0	0	0	0	0	0
Still Patient	0	0	0	0	0	0	0	0	0	0	0	0
Still Pat. not cov. by Medicaid (discontinued 10/16/03)	0	0	0	0	0	0	0	0	0	0	0	0
Expired at Home	0	0	0	0	0	0	0	0	0	0	0	0
Expired in Medical Facility	0	0	0	0	0	0	0	0	0	0	0	0
Expired Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Discharged/Transferred to a Federal Hosp	0	0	0	0	0	0	0	0	0	0	0	0
Hospice-Home	0	0	1	1	0	0	0	0	0	0	0	0
Hospice-Med Facility	0	0	0	0	0	0	0	0	0	0	0	0
Within Inst. Medicare Approv. swing bed	6	12	10	28	13	0	0	13	0	0	0	0
Discharge/transfer to rehab facility or hospital unit	0	0	0	0	0	0	0	0	0	0	0	0

OREGON OUTPATIENT

DATA QUALITY SUMMARY REPORT

FACILITY NAME: ABC FACILITY, ANYTOWN

FACILITY ID: 999999999999 Reported Period: 3007-1008

				Repor	ted Period	: 3Q07-1Q	808					
	<u>Jul 07</u>	Aug 07	Sep 07	3rd Qtr	Oct 07	Nov 07	Dec 07	4th Qtr	Jan 08	Feb 08	Mar 08	1st Qtr
Discharge/transfer to long-term care hospital	0	0	0	0	0	0	0	0	0	0	0	0
Disch/Trans to nursing facil cert undr Medicaid-not Medicare	0	0	0	0	0	0	0	0	0	0	0	0
Discharged/transfer to psyc hospital or unit	0	1	1	2	0	0	0	0	0	0	0	0
Another institution/outpatient serv. (discont. 04/01/03)	0	0	0	0	0	0	0	0	0	0	0	0
Discharge/Transfer CAH (effective 01/01/06)	0	0	0	0	0	0	0	0	0	0	0	0
This institution/outpatient serv. (discont. 04/01/03)	0	0	0	0	0	0	0	0	0	0	0	0
SEX:												
Male	33	29	37	99	31	0	0	31	0	0	0	0
Female	83	103	96	282	92	0	0	92	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
AGE:												
0	26	20	29	75	19	0	0	19	0	0	0	0
1 - 19	5	7	5	17	2	0	0	2	0	0	0	0
20 - 64	50	47	58	155	51	0	0	51	0	0	0	0
65 - 84	21	47	26	94	34	0	0	34	0	0	0	0
85 - 99	14	11	15	40	17	0	0	17	0	0	0	0
100 and older	0	0	0	0	0	0	0	0	0	0	0	0
RACE:												
American Indian or Alaska Native	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0
Black or African American	0	0	0	0	0	0	0	0	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0
ETHNICITY:												
Hispanic or Latino Ethnicity	0	0	0	0	0	0	0	0	0	0	0	0
Non Hispanic or Latino Ethnicity	0	0	0	0	0	0	0	0	0	0	0	0

RUNDATE: 01/08/08 PAGE:

OREGON OUTPATIENT

DATA QUALITY SUMMARY REPORT

RUNDATE: 01/08/08

PAGE:

FACILITY NAME: ABC FACILITY, ANYTOWN

FACILITY ID: 999999999999 Reported Period: 3Q07-1Q08

	<u>Jul 07</u>	Aug 07	Sep 07	3rd Qtr	Oct 07	Nov 07	Dec 07	4th Qtr	Jan 08	Feb 08	Mar 08	1st Qtr
DIAGNOSES:												
Principal	116	132	133	381	123	0	0	123	0	0	0	0
Second	115	131	133	379	122	0	0	122	0	0	0	0
Third	109	123	121	353	115	0	0	115	0	0	0	0
Fourth	99	117	110	326	107	0	0	107	0	0	0	0
Fifth	85	107	100	292	101	0	0	101	0	0	0	0
Sixth	79	101	89	269	94	0	0	94	0	0	0	0
Seventh	74	99	87	260	87	0	0	87	0	0	0	0
Eighth	62	79	72	213	73	0	0	73	0	0	0	0
Ninth	50	60	55	165	64	0	0	64	0	0	0	0
Tenth	0	0	0	0	0	0	0	0	0	0	0	0
Eleventh	0	0	0	0	0	0	0	0	0	0	0	0
Twelfth	0	0	0	0	0	0	0	0	0	0	0	0
Thirteenth	0	0	0	0	0	0	0	0	0	0	0	0
Fourteenth	0	0	0	0	0	0	0	0	0	0	0	0
Fifteenth	0	0	0	0	0	0	0	0	0	0	0	0
Sixteenth	0	0	0	0	0	0	0	0	0	0	0	0
Seventeenth	0	0	0	0	0	0	0	0	0	0	0	0
Eighteenth	0	0	0	0	0	0	0	0	0	0	0	0
Nineteenth	0	0	0	0	0	0	0	0	0	0	0	0
Twentieth	0	0	0	0	0	0	0	0	0	0	0	0
Twenty-first	0	0	0	0	0	0	0	0	0	0	0	0
Twenty-second	0	0	0	0	0	0	0	0	0	0	0	0
Twenty-third	0	0	0	0	0	0	0	0	0	0	0	0
Twenty-fourth	0	0	0	0	0	0	0	0	0	0	0	0
Twenty-Fifth	0	0	0	0	0	0	0	0	0	0	0	0
E-CODED DISCHARGES:												
First	13	24	17	54	19	0	0	19	0	0	0	0
Second	4	14	9	27	12	0	0	12	0	0	0	0
Third *	0	0	0	0	0	0	0	0	0	0	0	0
Additional E-Codes in Secondary Dx Fields	0	1	0	1	0	0	0	0	0	0	0	0

OREGON OUTPATIENT SURGICAL

RUNDATE: 01/08/08

PAGE: 6⁹⁴

DATA QUALITY SUMMARY REPORT FACILITY NAME: ABC FACILITY, ANYTOWN Reported Period: 3Q07-1Q08

	Jul 07	Aug 07	Sep 07	3rd Qtr	Oct 07	Nov 07	Dec 07	4th Qtr	Jan 08	Feb 08	Mar 08	1st Qtr
1ST PATIENT REASON FOR												
VISIT DX:												
	0	0	0	0	0	0	0	0	0	0	0	0
2ND PATIENT REASON FOR												
VISIT DX:	_			_				_		_	_	
	0	0	0	0	0	0	0	0	0	0	0	0
3RD PATIENT REASON FOR VISIT DX:												
VISIT DX:	0	0	0	0	0	0	0	0	0	0	0	0
PROCEDURES:	U	U	U	U	U	U	U	U	U	U	U	U
Principal	829	735	727	2,291	714	0	0	714	0	0	0	0
Second	478	735 196	214	888	192	0	0	192	0	0	0	0
Third	387	74	214 94	555	192 58	0	0	192 58	0	0	0	0
Fourth	278	46	5 1	375	30	0	0	30	0	0	0	0
Fifth	158	14	17	189	8	0	0	30 8	0	0	0	0
Sixth	97	10	11	118	4	0	0	4	0	0	0	0
Seventh	0	0	0	0	0	0	0	0	0	0	0	0
Eighth	0	0	0	0	0	0	0	0	0	0	0	0
Ninth	0	0	0	0	0	0	0	0	0	0	0	0
Tenth	0	0	0	0	0	0	0	0	0	0	0	0
Eleventh	0	0	0	0	0	0	0	0	0	0	0	0
Twelfth	0	0	0	0	0	0	0	0	0	0	0	0
Thirteenth	0	0	0	0	0	0	0	0	0	0	0	0
Fourteenth	0	0	0	0	0	0	0	0	0	0	0	0
Fifteenth	0	0	0	0	0	0	0	0	0	0	0	0
Sixteenth	0	0	0	0	0	0	0	0	0	0	0	0
Seventeenth	0	0	0	0	0	0	0	0	0	0	0	0
Eighteenth	0	0	0	0	0	0	0	0	0	0	0	0
Nineteenth	0	0	0	0	0	0	0	0	0	0	0	0
Twentieth	0	0	0	0	0	0	0	0	0	0	0	0
Twenty-First	0	0	0	0	0	0	0	0	0	0	0	0
Twenty-First Twenty-Second	0	0	0	0	0	0	0	0	0	0	0	0
Twenty-Third	0	0	0	0	0	0	0	0	0	0	0	0
Twenty-Forth	0	0	0	0	0	0	0	0	0	0	0	0
Twenty-Fifth	0	0	0	0	0	0	0	0	0	0	0	0
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RUNDATE: 01/08/08 **PAGE: 7**⁹⁵

OREGON OUTPATIENT SURGICAL

DATA QUALITY SUMMARY REPORT FACILITY NAME: ABC FACILITY, ANYTOWN

Reported Period: 3Q07-1Q08

	<u>Jul 07</u>	Aug 07	Sep 07	3rd Qtr	Oct 07	Nov 07	Dec 07	4th Qtr	Jan 08	Feb 08	Mar 08	1st Qtr
LENGTH OF STAY:												
0 Day Stay	1,220	1,356	1,394	3,970	1,345	0	0	1,345	0	0	0	0
1 Day Stay	115	108	72	295	92	0	0	92	0	0	0	0
2 Day Stay	0	1	1	2	1	0	0	1	0	0	0	0
3 - 7 Day Stay	2	1	1	4	1	0	0	1	0	0	0	0
8 - 29 Day Stay	7	11	23	41	6	0	0	6	0	0	0	0
30 - 59 Day Stay	0	8	0	8	2	0	0	2	0	0	0	0
60 - 79 Day Stay	0	0	0	0	0	0	0	0	0	0	0	0
80 - 129 Day Stay	0	0	0	0	0	0	0	0	0	0	0	0
130 - 199 Day Stay	0	0	0	0	0	0	0	0	0	0	0	0
200 - 365 Day Stay	0	0	0	0	0	0	0	0	0	0	0	0
366 -730 Day Stay	0	0	0	0	0	0	0	0	0	0	0	0
Stay Over 730 Days	0	0	0	0	0	0	0	0	0	0	0	0
CHARGES:												
Avg Ancillary	1,219	1,279	1,294	1,265	1,479	0	0	1,479	0	0	0	0
Avg Lab	171	171	160	167	193	0	0	193	0	0	0	0
Avg Radiology	197	219	204	207	227	0	0	227	0	0	0	0
Avg Pharmacy	68	74	79	74	82	0	0	82	0	0	0	0
Avg Oper Room	194	215	216	209	287	0	0	287	0	0	0	0
Avg Anesthesia	27	28	32	29	44	0	0	44	0	0	0	0
Avg Oncology	0	0	0	0	0	0	0	0	0	0	0	0
Avg Lab/Delv	0	0	0	0	0	0	0	0	0	0	0	0
Avg Ancillary 'Other'	561	571	603	579	646	0	0	646	0	0	0	0
Avg Rm/Brd Charges	0	0	0	0	0	0	0	0	0	0	0	0
Avg Total Charges	1,219	1,279	1,294	1,265	1,479	0	0	1,479	0	0	0	0

OREGON OUTPATIENT DATA QUALITY SUMMARY REPORT

FACILITY NAME: ABC FACILITY, ANYTOWN

FACILITY ID: 999999999999 Reported Period: 3Q07-1Q08

RUNDATE: 01/08/08 **8**⁹⁶ PAGE:

	<u>Jul 07</u>	Aug 07	Sep 07	3rd Qtr	Oct 07	Nov 07	Dec 07	4th Qtr	Jan 08	Feb 08	Mar 08	1st Qtr
CHARGES:												
Avg Ancillary	5,560	5,183	5,957	5,575	0	0	0	0	0	0	0	0
Avg Lab	1,259	1,104	1,174	1,178	0	0	0	0	0	0	0	0
Avg Radiology	1,187	992	775	978	0	0	0	0	0	0	0	0
Avg Pharmacy	1,041	765	961	922	0	0	0	0	0	0	0	0
Avg Oper Room	729	624	1,060	811	0	0	0	0	0	0	0	0
Avg Anesthesia	137	131	215	162	0	0	0	0	0	0	0	0
Avg Oncology	0	0	0	0	0	0	0	0	0	0	0	0
Avg Lab/Delv	0	0	0	0	0	0	0	0	0	0	0	0
Avg Ancillary 'Other'	1,208	1,568	1,773	1,525	0	0	0	0	0	0	0	0
Avg Rm/Brd Charges	2,421	2,695	2,866	2,668	0	0	0	0	0	0	0	0
Avg Total Charges	7,981	7,878	8,823	8,243	0	0	0	0	0	0	0	0
*Tot Chgs Only (Rev Code 0001)	0	0	0	0	0	0	0	0	0	0	0	0
*Missing Tot Chgs (Rev Code 0001)	0	0	0	0	0	0	0	0	0	0	0	0
GROUP PLAN NUMBER:												
Insurance Group Plan#	0	0	0	0	0	0	0	0	0	0	0	0
PRIMARY PAYER:												
Effective with 01/01/2008												
Dischgs												
Medicare	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid	0	0	0	0	0	0	0	0	0	0	0	0
Other Government	0	0	0	0	0	0	0	0	0	0	0	0
Private Health Ins.	0	0	0	0	0	0	0	0	0	0	0	0
Regence BC/BS	0	0	0	0	0	0	0	0	0	0	0	0
No Payment	0	0	0	0	0	0	0	0	0	0	0	0
Misc. / Other	0	0	0	0	0	0	0	0	0	0	0	0
Effective Thru 12/31/07 Dischgs												
Medicare	6	12	11	29	0	0	0	0	0	0	0	0
Medicaid	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Ins.	56	49	56	161	0	0	0	0	0	0	0	0
Self Pay	32	44	48	124	0	0	0	0	0	0	0	0
Self Insured	0	0	0	0	0	0	0	0	0	0	0	0
Worker Compensation	0	0	0	0	0	0	0	0	0	0	0	0
HMO/Medicaid	2	0	1	3	0	0	0	0	0	0	0	0

Blue Cross

Updated August 14, 2008

OREGON OUTPATIENT

DATA QUALITY SUMMARY REPORT

01/08/08

9¹,

RUNDATE:

PAGE:

FACILITY NAME: ABC FACILITY, ANYTOWN

Dec 07 Jan 08 Feb₀₈ Mar 08 1st Qtr **Oct 07 Nov 07** 4th Qtr **Jul 07** Aug 07 **Sep 07** 3rd Qtr **HMO/Managed Care Managed Assistance Medically Indigent/Free** County/St. Employees Federal, CHAMPUS O O **Div. of Health Services Blue Cross** Other **SECOND PAYER:** Effective with 01/01/2008 **Dischgs** Medicare Medicaid **Other Government** Private Health Ins. Regence BC/BS No Payment Misc. / Other Effective Thru 12/31/07 Dischgs Medicare Medicaid Commercial Ins. **Self Pay** Self Inisured **Worker Compensation HMO/Medicaid HMO/Managed Care Managed Assistance Medically Indigent/Free** County/St. Employees Federal, CHAMPUS Div. of Health Services

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Updated August 14, 2008

OREGON OUTPATIENT

DATA QUALITY SUMMARY REPORT

RUNDATE: 01/08/08

PAGE:

1**0**8

FACILITY NAME: ABC FACILITY, ANYTOWN

	Jul 07	Aug 07	Sep 07	3rd Qtr	Oct 07	Nov 07	Dec 07	4th Qtr	<u>Jan 08</u>	Feb 08	Mar 08	1st Qtr
THIRD PAYER:												
Effective with 01/01/2008												
Dischgs												
Medicare	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid	0	0	0	0	0	0	0	0	0	0	0	0
Other Government	0	0	0	0	0	0	0	0	0	0	0	0
Private Health Ins.	0	0	0	0	0	0	0	0	0	0	0	0
Regence BC/BS	0	0	0	0	0	0	0	0	0	0	0	0
No Payment	0	0	0	0	0	0	0	0	0	0	0	0
Misc. / Other	0	0	0	0	0	0	0	0	0	0	0	0
Effective Thru 12/31/07 Dischgs												
Medicare	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Ins.	0	0	0	0	0	0	0	0	0	0	0	0
Self Pay	0	0	1	1	0	0	0	0	0	0	0	0
Self Insured	0	0	0	0	0	0	0	0	0	0	0	0
Worker Compensation	0	0	0	0	0	0	0	0	0	0	0	0
HMO/Medicaid	1	0	0	1	0	0	0	0	0	0	0	0
HMO/Managed Care	1	0	2	3	0	0	0	0	0	0	0	0
Managed Assistance	0	0	1	1	0	0	0	0	0	0	0	0
Medically Indigent/Free	0	0	0	0	0	0	0	0	0	0	0	0
County/St. Employees	1	0	0	1	0	0	0	0	0	0	0	0
Federal, CHAMPUS	0	0	0	0	0	0	0	0	0	0	0	0
Div. of Health Services	0	0	0	0	0	0	0	0	0	0	0	0

OREGON OUTPATIENT DATA QUALITY SUMMARY REPORT

01/08/08

11

RUNDATE:

PAGE:

FACILITY NAME: ABC FACILITY, ANYTOWN

FACILITY ID: 9999999999999 Reported Period: 3Q07-1Q08

Jan 08 Feb₀₈ Mar 08 1st Qtr Oct 07 **Nov 07 Dec 07** 4th Qtr **Jul 07** Aug 07 **Sep 07** 3rd Qtr PAYER FIELDS DUPLICATED: 989XX - excluding 98920 **CLINICIAN:** Attending **First Other Second Other** Operating **INT000 RES000 PHS000 VAD000 BIA000 SLF000 OTH000** MID000 **CLINICIAN IDS REPEATED:** Attending/Consulting/Operating **ZIP CODES:** Equal to B9999 (Unknown) Equal to A9999 (Foreign) SERVICE UTILIZATION BY **MAJOR DIAGNOSTIC CATEGORIES: MDC-1 Diseases and Disorders** of the Nervous System MDC-2 D & D of the Eye MDC-3 D & D of the Ear, Nose, **Mouth and Throat** MDC-4 D & D of the Respiratory **System** MDC-5 D & D of the Circulatory System

OREGON OUTPATIENT

DATA QUALITY SUMMARY REPORT

01/08/08

RUNDATE:

PAGE:

FACILITY NAME: ABC FACILITY, ANYTOWN

Jan 08 Feb₀₈ Mar 08 1st Qtr Oct 07 **Nov 07 Dec 07** 4th Qtr **Jul 07** Aug 07 **Sep 07** 3rd Qtr **CLINICIAN IDS REPEATED:** Attending/Consulting/Operating **ZIP CODES:** Equal to 00000 (Unknown) Equal to 99999 (Foreign) **COUNTY CODES: IL & Border States** Equal to 99999 (Other) **ACCIDENT STATE:** ACCIDENT EMPLOYMENT **RELATED: CONDITION EMPLOYMENT RELATED: CRIME VICTIM CODE: PRIOR STAY:** SERVICE UTILIZATION BY **MAJOR DIAGNOSTIC CATEGORIES: MDC-1 Diseases and Disorders** of the Nervous System MDC-2 D & D of the Eye MDC-3 D & D of the Ear, Nose, **Mouth and Throat** MDC-4 D & D of the Respiratory System MDC-5 D & D of the Circulatory System MDC-6 D & D of the Digestive **System** MDC-7 D & D of the Hepatobiliary System and the **Pancreas**

OREGON OUTPATIENT SURGICAL

RUNDATE: 01/08/08 PAGE: 131

DATA QUALITY SUMMARY REPORT FACILITY NAME: ABC FACILITY, ANYTOWN

	11.07	A 0.7	0 07	01.04	Oct 07	Nov 07	Dec 07	44h O4#	Jan 08	Feb 08	Mar 08	1st Qtr
	<u>Jul 07</u>	Aug 07	Sep 07	3rd Qtr	Oct 07	Nov 07	Dec 07	4th Qtr	Jan vo	reb oo	IVIAI UO	<u> 15t Qti</u>
CONDITION EMPLOYMENT												
RELATED:	•	^	•	•	•	^	•	•	^	•	•	•
ODIME VICTIM CODE:	0	0	0	0	0	0	0	0	0	0	0	0
CRIME VICTIM CODE:	•	•	•	•	•	•	•	•	•	•	•	•
	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE UTILIZATION BY CPT CODES:												
01= 00100-01999 Anesthesia	0	0	0	0	0	0	0	0	0	0	0	0
02= 10021-19999 Integumentary	0	0	0	0	0	0	0	0	0	0	0	0
System												
03= 20000-29999	26	18	19	63	4	0	0	4	0	0	0	0
Musculoskeletal System												
04= 30000-32999 Respiratory	0	0	0	0	0	0	0	0	0	0	0	0
System												
05= 33000-37999	346	27	33	406	23	0	0	23	0	0	0	0
Cardiovascular System												
06= 38100-38999 Hemic and	0	0	0	0	0	0	0	0	0	0	0	0
Lymphatic System	_	_	_	_	_	_	_		_		_	_
07= 39000-39599 Mediastinum	0	0	0	0	0	0	0	0	0	0	0	0
and Diaphragm System	•	•	•	•	•		•	•			•	•
08= 40490-49999 Digestive	0	0	0	0	0	0	0	0	0	0	0	0
System	-	40	•	05	•	•	•	•	•	•	•	•
09= 50010-53999 Urinary	7	12	6	25	8	0	0	8	0	0	0	0
System 10= 54000-55899 Male Genital	0	^	0	•	0	0	0	0	^	0	0	0
System	U	0	U	0	U	0	0	U	0	0	U	0
11= 55970-55999 Intersex	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0
12= 56300-56399 Laparoscopy, Peritoneoscopy and	U	U	U	U	U	U	U	U	U	U	U	U
Hysteroscopy												
13= 56405-58999 Female	1	0	1	2	2	0	0	2	0	0	0	0
Genital System	•	· ·	•	_	_	· ·		_	· ·	·	J	J
14= 59000-59999 Maternity Care	0	0	0	0	0	0	0	0	0	0	0	0
and Delivery	•	J	•	· ·	•			•	· ·	•	•	•
15= 60000-60699 Endocrine	0	0	0	0	0	0	0	0	0	0	0	0
System			-	-		-	-	-	_	-	-	-
16= 61000-64999 Nervous	0	0	0	0	0	0	0	0	0	0	0	0
System		COMP	data® io o ~~	aduct of Illinois	Hospital Assa	ciation (ILA)a	and its offiliate	AMD				
		COMP	ualaw is a pro	oduct of Illinois	i iospilai ASSO	ciation (IDA)a	וווט ונא מוווומנפ	AIVIN .				

OREGON OUTPATIENT SURGICAL

RUNDATE: 01/08/08 PAGE: 102

DATA QUALITY SUMMARY REPORT FACILITY NAME: ABC FACILITY, ANYTOWN

	<u>Jul 07</u>	Aug 07	Sep 07	3rd Qtr	Oct 07	Nov 07	Dec 07	4th Qtr	<u>Jan 08</u>	Feb 08	Mar 08	1st Qtr
17= 65091-68999 Eye and Ocular	3	0	0	3	0	0	0	0	0	0	0	0
Adnexa												
18= 69000-69999 Auditory System	3	0	0	3	0	0	0	0	0	0	0	0
19= 70000-79999 Radiology	0	0	0	0	0	0	0	0	0	0	0	0
20= 80000-89399 Pathology and _aboratory	0	0	0	0	0	0	0	0	0	0	0	0
21= 90281-99199 Medicine	0	0	0	0	0	0	0	0	0	0	0	0
99= Other	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE UTILIZATION BY HCPCS CODES:												
22= A0021 - A9999 Fransportation Svcs Ambulance	0	0	0	0	0	0	0	0	0	0	0	0
23= B4034 - B9999 Enteral & Parenteral Therapy	0	0	0	0	0	0	0	0	0	0	0	0
24= C1079 - C9999 Outpatient PPS	0	0	0	0	0	0	0	0	0	0	0	0
25= D0120 - D9999 Dental Procedures	0	0	0	0	0	0	0	0	0	0	0	0
26= E0100 - E9999 Durable Medical Equipment	0	0	0	0	0	0	0	0	0	0	0	0
27= G0008 - G9999 (Temporary) Procedures/Professional Svcs	0	0	0	0	0	0	0	0	0	0	0	0
28= H0001 - H2037 Alcohol & Drug Abuse Treatment Svcs	0	0	0	0	0	0	0	0	0	0	0	0
29= J0120 - J9999 Drugs Administered Other Than Oral	0	0	0	0	0	0	0	0	0	0	0	0
30= K0001 - K9999 (Temporary) Medical Equip Carriers (DMERC)	0	0	0	0	0	0	0	0	0	0	0	0
31= L0100 - L9900 Orthotic Procedures And Devices	0	0	0	0	0	0	0	0	0	0	0	0
32= M0064 - M0301 Medical Services	0	0	0	0	0	0	0	0	0	0	0	0
33= P2028 - P9999 Pathology and Laboratory Svcs	0	0	0	0	0	0	0	0	0	0	0	0
34= Q0035 - Q9999 (Temporary)Casting and	0	0	0	0	0	0	0	0	0	0	0	0

OREGON OUTPATIENT SURGICAL

RUNDATE: 01/08/08 PAGE: 15⁰³

DATA QUALITY SUMMARY REPORT FACILITY NAME: ABC FACILITY, ANYTOWN

	<u>Jul 07</u>	Aug 07	Sep 07	3rd Qtr	Oct 07	Nov 07	Dec 07	4th Qtr	<u>Jan 08</u>	Feb 08	Mar 08	1st Qtr
35= R0070-R5999 Diag Radiology Svcs(Trnsp of Portable Equip)	0	0	0	0	0	0	0	0	0	0	0	0
36= S0012 - S9999 Temporary National Codes (Non-Medicare)	0	0	0	0	0	0	0	0	0	0	0	0
37= T1000 - T9999 National T Codes	0	0	0	0	0	0	0	0	0	0	0	0
38= V2020 - V5364 Vision Services	0	0	0	0	0	0	0	0	0	0	0	0

Please call the IHA/AMR with any questions regarding this report at 630.276.5889.

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COMPdata NPI Data Collection Guidelines

National Provider Identifier (NPI) Submission to IHA COMPdata

In order to assist facilities with the transition to NPIs, IHA COMPdata is collecting clinician and facility **NPI and Taxonomy** information. Send separate listings of all your <u>Provider Facility</u>'s active NPIs and related Taxonomy codes, as well as <u>Clinician</u> NPIs and Taxonomy codes, to IHA COMPdata via Electronic File Format. This is used to create a crosswalk against existing UPINs and State License #s. Please submit the information in 2 different steps:

- Step 1: Submission of crosswalk documents:
 - Clinician NPI/Taxonomy information and Facility NPI/Taxonomy information must be sent on separate Electronic File Formats. There are 2 files for clinician information and 1 file for facility information.
 - ✓ There is a <u>Clinician Short File</u> for use when simply updating NPI information on an existing clinician within our database.
 - ✓ A separate <u>Clinician Full File</u> is to be used for all clinicians that are new to IHA COMPdata.
 - ✓ The <u>Facility NPI File</u> is for submission of facility NPI information.
 - ✓ All three files can be accessed at the links specified on pages 5, 9, and 11 of this manual.
 - ✓ Should a facility have NPI information to be submitted for both new and existing Clinicians, they can all be sent together on the Clinician Full File. Existing clinicians need only the first 12 fields filled in on the Full File.
 - ✓ Complete the required fields on each form, per the attached instructions, before sending them to IHA COMPdata. The NPI and Taxonomy Code are both required for clinicians and facilities, as of the CMS implementation deadline, currently set at 05/23/07. Prior to the deadline, UPIN and/or state license # can be sent without NPI information on the Clinician Full File only.
 - ✓ Use the following file naming convention: the letters NPI in caps, underscore, specify "PF" (Provider File) or "CL" Clinician ID File, underscore, and your facility's COMPdata Data Collection ID#. e.g. NPI_PF_123456789002.
 - The NPI files are only to be sent to IHA COMPdata via online EFT, in the same manner as patient data file submissions.
 - Access https://eft.compdata.org, and log in using your standard EFT ID # and Password. New ID #s and Passwords can be provided for NPI submitters that do not already have one.
 - ✓ Select the NPI submission option from the drop down menu.
 - ✓ Upload your files using the browser buttons.
 - ✓ See the EFT Submission section of this manual for details and screen prints.
- Step 2: AFTER submitting the above documents, facilities can begin submitting NPIs within their patient data records.
 - Once all NPI information is received for any given clinician, the Clinician Mismatch Report will match only against NPIs, as of the CMS deadline. Prior to such date, it will continue to match against UPINs and state license numbers as appropriate.
 - If your facility submits clinician NPIs within your data files, but has not yet provided clinician NPI crosswalk information to IHA COMPdata, your patient data cases will be retained, but a Clinician Mismatch Report will generate for each applicable clinician.
 - If your facility attempts to send patient data files using a facility NPI for identification, but has not yet provided the facility NPI crosswalk information to IHA COMPdata, all of your records will reject. IHA COMPdata will be unable to identify your facility under these circumstances.

Tools for Submitting NPIs

Over the next several pages, IHA COMPdata has provided the necessary tools to assist facilities in submitting NPI information. The documents, and their definitions, are as follows:

- File Layout Reference Sheet This is a spreadsheet providing information on each of the data elements that are collected in each of the Electronic File Formats.
 - ✓ The information provided includes Field Position, Field Name, New Field Designation, Required Field Designation, Field Description, Field Instructions, Data Type, and Field Size.
 - ✓ There is a separate File Layout Reference Sheet for each of the three versions of the Electronic File Format
- Electronic File Format This is an interactive spreadsheet into which facilities must input their facility and clinician NPI information, and send to IHA COMPdata via EFT. There are three different Electronic File Formats, as described on the previous page:
 - ✓ Clinician Short File For use when simply updating NPI information on an existing clinician within the IHA COMPdata database.
 - ✓ Clinician Full File For use with all clinicians that are new to the IHA COMPdata database. Can also be used to submit a combination of new and existing clinicians within the same file. Updates for existing clinicians require filling in only the first twelve fields.
 - ✓ Facility NPI File For use when submitting NPI information for medical facilities.
- Facility Assigned Clinician Specialties list A reformatted listing of clinician specialties. The specialties have not changed from the previous list.
- Board Certification Code list An updated listing of clinician board certification codes. This is a significantly expanded list, with many more codes and subcategories. Use only this new list for certification codes. Any previous list is obsolete.

Clinician Short File Layout - Reference Sheet											
Clinicia	an Data S	Short	File Layo	out for NPI Crossw	valk- To update existing physicians with NPI						
				ditional; O=Option							
9		1					-				
Field Position	Field Name	New Field	Required Fields for Full File	Field Description	Instructions	Туре	Length				
1	Facility ID	· 1 1		facility submitting this	Enter the Data Collection ID or the NPI. If an NPI is provided, it must have been previously provided by the facility on the Facility NPI Update Form.	TEXT	12				
2	Facility State ID	Х	R	State that facility submitting the data resides in.	Enter the 2 digit abbreviation for the State the facility sending the data is in.	TEXT	2				
3	Clinician Last Name		R	Last Name		TEXT	60				
4	Clinician First Name		R	First Name		TEXT	60				
5	UPIN		Х	UPIN number previously assigned by CMS	Either a UPIN or State License Number is required	TEXT	6				
6	Clinician State License Number		Х	State License Number	Either a UPIN or State License Number is required	TEXT	10				
7	NPI	Х	R	NPI Assigned by NPPES	Enter NPI assigned by NPPES for this clinician. The format consists of 10 characters that includes a check digit in the 10th position.	TEXT	10				
8	NPI Street Address	Х	0	Street Address that relates to this NPI	This may or may not be the same as one of the office addresses, but is the address reported to NPPES for this NPI number.	TEXT	60				
9	NPI City	Х	0	City that relates to the NPI address	Enter the City that applies to this address.	TEXT	30				
10	NPI State	Х	0	State that relates to the NPI address	Enter the 2 digit abbreviation for the State that applies to this address.	TEXT	2				
11	NPI ZIP code	X	0	ZIP code that relates to the NPI address	Enter the 5 digit Zip code that applies to this address. If the +4 is known, enter in the format XXXXX-XXXX.	TEXT	10				
12	NPI Taxonomy Code	Х	0	Taxonomy Code that relates to this NPI.	If submitted, must be a valid Taxonomy Code or the record will be returned to the facility and not loaded. Valid taxonomies can be seen at: http://www.wpc-edi.com/codes/taxonomy	TEXT	10				
					If clinician has multiple Taxonomy Codes, submit codes on an additional record repeating all previous fields except for the different Taxonomy Code						

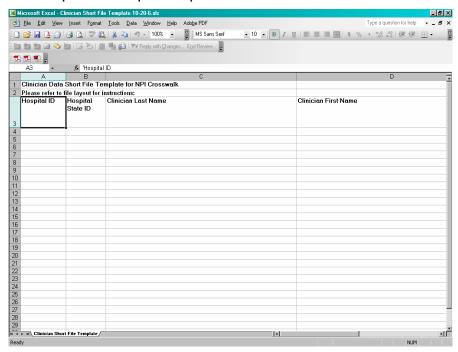
Accessing the Clinician Short File

For access to the Electronic Clinician Short File Format, to submit basic NPI crosswalk information on existing clinicians, please go to:

http://www.compdatainfo.com/datacollection/clinshorttemplate.xls.

The spreadsheet can be used directly from this page, if accessed online, or it can be saved to a directory of your choice for future reference.

Screen print example of spreadsheet:



Clinician Full File Layout - Reference Sheet							
Clinici	an Data F	ull F					
Legen	d: R=Req	uired	l; X=Con	ditional; O=Optio	nal		
Field Position	Field Name	New Field	Required Fields for Full File	Field Description	Instructions	Туре	Length
1	Facility ID		R	Number that identifies facility submitting this provider's information	Enter the Data Collection ID or the NPI. If an NPI is submitted, it must have been previously provided by the facility on the Facility NPI Update Form.	TEXT	12
2	Facility State ID	Х	R	State that facility submitting the data resides in.	Enter the 2 digit abbreviation for the State the Facility sending the data is located in.	TEXT	2
3	Clinician Last Name		R	Last Name		TEXT	60
4	Clinician First Name		R	First Name		TEXT	60
5	UPIN		Х	UPIN number previously assigned by CMS	Either a UPIN or State License Number or a NPI is required if all 3 are provided, all 3 will be added.	TEXT	6
6	Clinician State License Number		X	State License Number	Either a UPIN or State License Number or a NPI is required if all 3 are provided, all 3 will be added.	TEXT	10
7	NPI	Х	X	NPI Assigned by NPPES	Enter NPI assigned by NPPES for this clinician. The format consists of 10 characters that includes a check digit in the 10th position.	TEXT	10
8	NPI Street Address	Х	0	Street Address that relates to this NPI	This may or may not be the same as one of the office addresses, but is the address reported to NPPES for this NPI number.	TEXT	60
9	NPI City	Х	0	City that relates to the NPI address	Enter the City that applies to this address.	TEXT	30
10	NPI State	Х	0		Enter the 2 digit abbreviation for the State that applies to this address.	TEXT	2
11	NPI ZIP code	Х	0	ZIP code that relates to the NPI address	Enter the 5 digit Zip code that applies to this address. If the +4 is known, enter in the format XXXXX-XXXX.	TEXT	10
12	NPI Taxonomy Code	Х	0	Taxonomy Code that relates to this NPI.	If submited, must be a valid Taxonomy Code or the record will be returned to the facility and not loaded. Valid taxonomies can be seen at: http://www.wpc-edi.com/codes/taxonomy	TEXT	10
					If clinician has multiple Taxonomy Codes, submit codes on an additional record repeating all previous fields except for the different Taxonomy Code		

13	Clinician Middle Name	0	Middle Name or Initial	Please provide if known.	TEXT	30
14	Suffix 1	0		Use this field if Jr. , Sr. or III applies.	TEXT	5
15	Suffix 2	0	Credentials	Use this field for MD, DO or DPM.	TEXT	5
16	Clinician Specialty1	X	1st Facility assigned Specialty	Required only if NPI is not provided. Use the 2 digit specialty code that most accurately reflects the Clinician's special area of practice from the specialty code list that we have provided. A minimum of 1 is required. Please see the provided list of valid specialties.	TEXT	2
17	Clinician Specialty2	0	2nd Facility assigned Specialty	Specialties only needed if NPI is not provided. Please use 2 digit specialty code that most accurately reflects the Clinician's special area of practice from the specialty code list that we have provided. Please see the provided list of valid specialties.	TEXT	2
18	Clinician Specialty3	0	3rd Facility assigned Specialty	Specialties only needed if NPI is not provided. Please use 2 digit specialty code that most accurately reflects the Clinician's special area of practice from the specialty code list that we have provided. Please see the provided list of valid specialties.	TEXT	2
19	Clinician Specialy4	0	4th Facility assigned Specialty	Specialties only needed if NPI is not provided. Please use 2 digit specialty code that most accurately reflects the Clinician's special area of practice from the specialty code list that we have provided. Please see the provided list of valid specialties.	TEXT	2
20	Full Status Board1	0	Board Certification	Provide up to 5 areas that the Clinician has been deemed Board Certified in. Please choose the appropriate Board Certification Code from the American Board of Medical Specialties (ABMS) list that is provided.	TEXT	10
21	Full Status Board2	0	Board Certification	Provide up to 5 areas that the Clinician has been deemed Board Certified in. Please choose the appropriate Board Certification Code from the American Board of Medical Specialties (ABMS) list that is provided.	TEXT	10
22	Full Status Board3	0	Board Certification	Provide up to 5 areas that the Clinician has been deemed Board Certified in. Please choose the appropriate Board Certification Code from the American Board of Medical Specialties (ABMS) list that is provided.	TEXT	10
23	Full Status Board4	0	Board Certification	Provide up to 5 areas that the Clinician has been deemed Board Certified in. Please choose the appropriate Board Certification Code from the American Board of Medical Specialties (ABMS) list that is provided.	TEXT	10
24	Full Status Board5	0	Board Certification	Provide up to 5 areas that the Clinician has been deemed Board Certified in. Please choose the appropriate Board Certification Code from the American Board of Medical Specialties (ABMS) list that is provided.	TEXT	10
27	Clinician Birth date	0	Date	Clinician Birth data in the format MM/DD/YYYY.	Date	10
28	Office Address 1	0	Office Location	Enter the office street address	TEXT	60
29	City 1	0	Office Location	Enter the city	TEXT	30 2
30	State 1	0	Office Location	Enter the state	TEXT	2
31	ZIP Code 1	0	Office Location	Enter the Zip code	TEXT	10

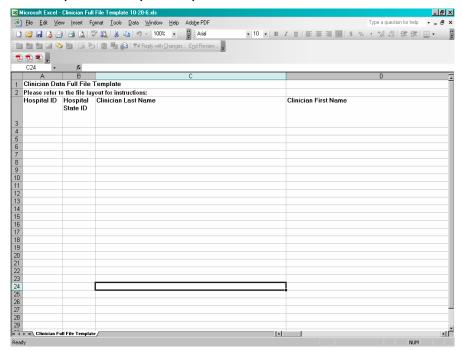
32	Office		0	Office Location	Enter the office street address	TEXT	60
	Address 2						
33	City 2		0	Office Location	Enter the city	TEXT	30
34	State 2		0	Office Location	Enter the state	TEXT	2
35	ZIP Code 2		0	Office Location	Enter the Zip code	TEXT	10
36	Office		0	Office Location	Enter the office street address	TEXT	60
	Address 3						
37	City 3		0	Office Location	Enter the city	TEXT	30
38	State 3		0	Office Location	Enter the state	TEXT	2
39	ZIP Code 3		0	Office Location	Enter the Zip code	TEXT	10
40	Office	Χ	0	Office Location	Enter the office street address	TEXT	60
	Address 4						
41	City 4	Χ	0	Office Location	Enter the city	TEXT	30
42	State 4	Χ	0	Office Location	Enter the state	TEXT	2
43	ZIP Code 4		0	Office Location	Enter the Zip code	TEXT	10
44	Office	Χ	0	Office Location	Enter the office street address	TEXT	60
	Address 5						
45	City 5	Χ	0	Office Location	Enter the city	TEXT	30
46	State 4	Χ	0	Office Location	Enter the state	TEXT	2
47	ZIP Code 5		0	Office Location	Enter the Zip code	TEXT	10
48	Office	Χ	0	Office Location	Enter the office street address	TEXT	60
	Address 6						
49	City 6	Χ	0	Office Location	Enter the city	TEXT	30
50	State 6	Χ	0	Office Location	Enter the state	TEXT	2
51	ZIP Code 6		0	Office Location	Enter the Zip code	TEXT	10

Accessing the Clinician Full File

For access to the Electronic Clinician Full File Format, to submit full information on new clinicians, please go to: http://www.compdatainfo.com/datacollection/clinfulltemplate.xls.

The spreadsheet can be used directly from this page, if accessed online, or it can be saved to a directory of your choice for future reference.

Screen print example of spreadsheet:



Provider Facility NPI File Layout - Reference Sheet

Provid	er Facility NPI	File L	.ayout				
Legen	d: R=Required;	X=C	ondition	al; O=Optional;			
Field Position	Field Name	New Field	Required Fields for File	Field Description	Instructions to Facilities	Туре	Length
1	Facility Name	Х	R	Facility Name	Name of the Facility.	TEXT	60
2	Facility Address	Х	R	Address	List street address for Parent facility and each subpart.	TEXT	60
3	Facility City	X	R		List City of Parent facility and each subpart.	TEXT	30
4	Facility State	Х	R		List 2 digit code for the State of Parent facility and each subpart.	TEXT	2
5	Facility Zip code	Х	R		List 5 digit Zip code for Parent facility and each subpart. If +4 is known, it may also be sent in the format XXXXX-XXXX.	TEXT	10
6	Contact Person	Χ	R	Name	First and Last Name of individual submitting this file.	TEXT	60
7	Contact Telephone	Х	R	Telephone Number	Please list telephone number of individual submitting this file in the format XXX-XXX-XXXX	TEXT	12
8	Current Data Collection ID	Х	X	Facility ID	List the COMPdata data collection Id that the facility currently uses to submit data to COMPdata. If this is a new entity where data will begin to be submitted under, this field is not required.	TEXT	12
9	NPI	X	R	NPI Assigned by NPPES	List the NPI that the facility will use to submit data to COMPdata that directly relates to the existing COMPdata Data Collection ID. If a facility has multiple NPIs, submit the NPI for the entity that will submit data. If a subpart NPI is provided, the related Parent NPI record must also be submitted on an additional record.	TEXT	10
10	Taxonomy Code	Х	0	Specialty Code/Division as defined by NPPES	Enter the facility related taxonomy code used when the above NPI was obtained from NPPES. Must be a valid taxonomy code or the record will be loaded and returned to the facility to correct. Valid codes can be found at http://www.wpc-edi.com/codes/taxonomy If a facility NPI has multiple taxonomies, provide the NPI-Taxonomy combination of the entity that submits data and relates to the current COMPdata Data Collection ID	TEXT	10
11	NPI Type	Х	X	Designates whether the above NPI is Parent or Subpart	Designate whether the NPI is a Parent NPI (enter P) or a subpart NPI (enter S).	TEXT	1
12	Parent NPI	Х	X	Designates the NPI of the Parent Facility	Provide the Parent NPI if a subpart NPI is provided in "NPI Type".	TEXT	10

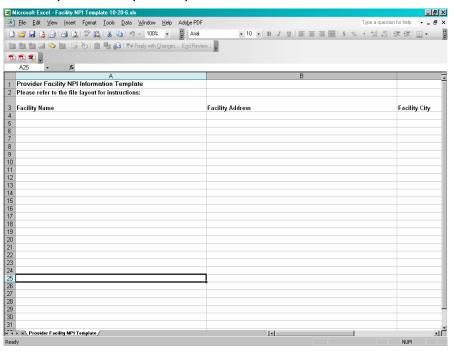
Accessing the Facility NPI File

For access to the Electronic Facility NPI File Format, to submit facility NPI information, please go to:

http://www.compdatainfo.com/datacollection/facnpitemplate.xls.

The spreadsheet can be used directly from this page, if accessed online, or it can be saved to a directory of your choice for future reference.

Screen print example of spreadsheet:



FACILITY ASSIGNED CLINICIAN SPECIALTIES

ID Specialty

- 2 Allergy
- 3 Allergy and Immunology
- 4 Anesthesiology
- 6 Cardiology-Medicine
- 7 Dermatology
- 8 Emergency Medicine
- 9 Endocrinology
- 10 Family Practice
- 11 Gastroenterology
- 12 General Practice
- 13 Geriatrics
- 14 Gynecology
- 15 Hematology
- 16 Immunology
- 17 Infectious Diseases
- 18 Internal Medicine
- 19 Neonatal-Perinatal Medicine
- 20 Nephrology
- 21 Neurology
- 22 Nuclear Medicine
- 23 Obstetrics and Gynecology
- 24 Occupational Medicine
- 25 Oncology
- 26 Ophthalmology
- 27 Otorhinolaryngology
- 28 Pathology
- 29 Pediatrics, Allergy
- 30 Pediatrics, Cardiology
- 31 Pediatrics, Endocrinology
- 32 Pediatrics, General
- 33 Peds, Hematology-Oncology
- 34 Pediatrics, Nephrology
- 35 Pediatrics, Neurology
- 36 Pediatrics, Orthopedics
- 37 Pediatrics, Pulmonology
- 38 Physical Medicine & Rehab
- 39 Podiatrist
- 40 Preventive Medicine
- 41 Psychiatry
- 42 Psychiatry, Child
- 43 Pulmonary Diseases
- 44 Radiology, General

ID Specialty

- 45 Radiology, Diagnostic
- 46 Radiology, Nuclear
- 47 Radiology, Oncology
- 48 Rheumatology
- 49 Sports Medicine
- 50 Surgery, Abdominal
- 51 Surgery, Cardiac
- 52 Surgery, Colon and Rectal
- 53 Surgery, Dental
- 54 Surgery, Facial Plastic
- 55 Surgery, General
- 56 Surgery, General Plastic
- 57 Surgery, Hand
- 58 Surgery, Hand and Neck
- 59 Surgery, Neurological
- 60 Surgery, Orthopedics
- 61 Surgery, Pediatric
- 62 Surgery, Thoracic
- 63 Surgery, Traumatic
- 64 Surgery, Urological
- 65 Surgery, Vascular
- 66 Other Specialty
- 70 Endocrinology Reproductive
- 71 Medical Genetic
- 72 Neurosurgery Spinal Cords Injuries
- 73 Public Health
- 74 Psychiatry Addiction
- 75 Psychiatry Geriatric
- 76 Urology General
- 77 Cardiovascular Disease
- 78 Critical Care Medicine
- 79 Gynecological Oncology
- 80 Certified Nurse Midwife
- 81 Physician Assistant
- 82 Nurse Practitioner

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CLINICIAN BOARD CERTIFICATION CODE LIST

BOARD	BOARD CERTIFICATION TITLE	NEW
CERTIFICATION		CODE
CODE		JOODE
AdP	ADDICTION PSYCHIATRY	X
Al	ALLERGY AND IMMUNOLOGY	
AM	ADOLESCENT MEDICINE	х
Anes	ANESTHESIOLOGY	X
BB	BLOOD BANKING	
BBTM	BLOOD BANKING/TRANSFUSION MEDICINE	х
C/NPh	CLINICAL NEUROPHYSIOLOGY	X
CCEP	CLINICAL CARDIAC ELECTROPHYSIOLOGY	X
CCM	CRITICAL CARE MEDICINE	Х
Cd	PEDIATRIC CARDIOLOGY	х
CE	CARDIAC ELECTROPHYSIOLOGY	X
ChAP	CHILD AND ADOLESCENT PSYCHIATRY	
ChemP	CHEMICAL PATHOLOGY	X
ChiN	NEUROLOGY W SPECIAL QUAL IN CHILD NEUROLOGY	X
ChiP	CHILD PSYCHIATRY	X
CLDI	CLINICAL & LABORATORY DERMATOLOGICAL IMMUNOLOGY	X
CLI	CLINICAL & LABORATORY IMMUNOLOGY	X
CRS	COLON AND RECTAL SURGERY CARDIOVASCULAR DISEASE	X
Cv		X
CytoP D	CYTOPATHOLOGY DERMATOLOGY	X
DBP	DEVELOPMENTAL-BEHAVIORAL PEDIATRICS	X
DD	DERMATOPATHOLOGY D (under Dermatology program)	X
DI	DERMATOPATHOLOGY D (under Dermalology program) DERMATOLOGICAL IMMUNOLOGY/DIAGNOSTIC & LABORATORY IMMU	
DLI	DIAGNOSTIC LABORATORY IMMUNOLOGY	X
DO	PERIDONTOLOGY	Х
DP	DERMATOPATHOLOGY P	
DS	ORAL/MAXILLOFACIAL SURGERY	
ED	ENDODONTICS	
EDM	ENDOCRINOLOGY, DIABETES & METABOLISM	х
EE	ELECTROENCEPHALOGRAPHY	^
EM	EMERGENCY MEDICINE	
EN	ENDOCRINOLOGY AND METABOLISM (under Internal Medicine program)	
FM	FAMILY MEDICINE	х
FPath	FORENSIC PATHOLOGY	X
FPsy	FORENSIC PSYCHIATRY	X
GE	GASTROENTEROLOGY (under Internal Medicine program)	
Ger	GERIATRIC MEDICINE	Х
GO	GYNECOLOGIC ONCOLOGY	
GPsyc	GERIATRIC PSYCHIATRY	Х
Hem	HEMATOLOGY	X
HO	PEDIATRIC HEMATOLOGY-ONCOLOGY	X
HS	HAND SURGERY	
IM	INTERNAL MEDICINE	
Inf	INFECTIOUS DISEASE	Х
IntvCd	INTERVENTIONAL CARDIOLOGY	Х
IP	IMMUNOPATHOLOGY	Х
MF	MATERNAL/FETAL MEDICINE	

CLINICIAN BOARD CERTIFICATION CODE LIST

MG CBCGn	CLINICAL BIOCHEMICAL GENETICS	Х
MG CBMG	CLINICAL BIOCHEMICAL/MOLECULAR GENETICS	Х
MG CCytG	CLINICAL CYTOGENETICS	Х
MG CGen	CLINICAL GENETICS (M.D.)	Х
MG CMGn	CLINICAL MOLECULAR GENETICS	Х
MG PhDMG	PH.D. MEDICAL GENETICS	Х
MGP	MOLECULAR GENETIC PATHOLOGY	Х
MMB	MEDICAL MICROBIOLOGY	X
MO	MUSCULOSKELETAL ONCOLOGY (under Orthopedic Surgery program)	
MT	MEDICAL TOXICOLOGY	х
N	NEUROLOGY	X
ND	NEURODEVELOPMENTAL DISABILITIES	X
Ne	PEDIATRIC NEPHROLOGY	X
Nep	NEPHROLOGY	X
NP	NEONATAL-PERINATAL MEDICINE	X
NPath	NEUROPATHOLOGY	X
NR	NUCLEAR RADIOLOGY	^
NRad	NEURORADIOLOGY	х
NS	NEUROLOGICAL SURGERY	^
NuM	NUCLEAR MEDICINE	х
ObG	OBSTETRICS AND GYNECOLOGY	X
ON	OTOLOGY/NEUROTOLOGY	X
Onc	MEDICAL ONCOLOGY	X
Oph	OPHTHALMOLOGY	
OrS	ORTHOPAEDIC SURGERY	X
OSM	ORTHOPAEDIC SONGENT ORTHOPAEDIC SPORTS MEDICINE (under Orthopedic Surgery program)	X
Oto	OTOLARYNGOLOGY	X
PA	PEDIATRIC GASTROENTEROLOGY	Α
Path AP	ANATOMIC PATHOLOGY	
Path AP/CP	ANATOMIC PATHOLOGY ANATOMIC PATHOLOGY	X
Path CP	CLINICAL PATHOLOGY	X
Path PathR	PATHOLOGY RECERTIFICATION	X
PdP	PEDIATRIC PATHOLOGY	
PdS	PEDIATRIC PATRIOLOGIA PEDIATRIC SURGERY	X
PE Pus		X
Ped	PEDIATRIC ENDOCRINOLOGY (under Pediatrics program) PEDIATRICS	.,
		X
PedD PedRM	PEDIATRIC DERMATOLOGY (under Dermatology program) PEDIATRIC REHABILITATION MEDICINE	X
	PEDIATRIC REHABILITATION MEDICINE PEDIATRIC EMERGENCY MEDICINE	X
PEM		X
PI	PROSTHODONTICS	
PIS	PLASTIC SURGERY	X
PM	PAIN MANAGEMENT / PAIN MEDICINE	X
PMR	PHYSICAL MEDICINE AND REHABILITATION	X
PO Data A a a ata	PEDIATRIC OTOLARYNGOLOGY	X
PrM AeorM	AEROSPACE MEDICINE	X
PrM GPM	GENERAL PREVENTIVE MEDICINE	X
PrM OM	OCCUPATIONAL MEDICINE	X
PrM PH CPM	PUBLIC HEALTH	X
PrM PHGPM	PUBLIC HEALTH & GENERAL PREVENTIVE MEDICINE	Х
PSHN	PLASTIC SURGERY WITHIN THE HEAD AND NECK	Х
Psyc	PSYCHIATRY POWER TO MEDIONE	Х
PsycoMed	PSYCHOSOMATIC MEDICINE	Х

CLINICIAN BOARD CERTIFICATION CODE LIST

PT	PATHOLOGY	
Pul	PULMONARY DISEASE	Х
Rad DR	DIAGNOSTIC RADIOLOGY	Х
Rad DRMNP	DIAGNOSTIC RADIOLOGY & MEDICAL NUCLEAR PHYSICS	Х
Rad DRnt	DIAGNOSTIC ROENTGENOLOGY	Х
Rad DRP	DIAGNOSTIC RADIOLOGIC PHYSICS	Х
Rad DRSCNR	DIAGNOSTIC RADIOLOGY W SP COMPETENCE IN NUCLEAR RAD	Х
Rad MNP	MEDICAL NUCLEAR PHYSICS	Х
Rad R	RADIOLOGY	Х
Rad Rnt	ROENTGENOLOGY	Х
Rad RO	RADIATION ONCOLOGY	Х
Rad ROR	RADIATION ONCOLOGY RECERTIFICATION	Х
Rad RP	RADIOLOGICAL PHYSICS	Х
Rad RRP	ROENTGEN GAMMA RAY PHYSICS	Х
Rad RT	RADIUM THERAPY	Х
Rad TDRP	THERAPEUTIC & DIAGNOSTIC RADIOLOGICAL PHYSICS	Х
Rad TO	THERAPEUTIC ROENTGENOLOGY	Х
Rad TR	THERAPEUTIC RADIOLOGY	Х
Rad TRNP	THERAPEUTIC RADIOLOGY & MEDICAL NUCLEAR PHYSICS	Х
Rad TRP	THERAPEUTIC RADIOLOGIC PHYSICS	Х
Rad XRP	X-RAY & RADIUM PHYSICS	Х
RE	REPRODUCTIVE ENDOCRINOLOGY	
Rhu	RHEUMATOLOGY	Х
RIP	RADIOISOTOPIC PATHOLOGY	Х
S	SURGERY	Х
SCC	SURGICAL CRITICAL CARE	Х
SCInj	SPINAL CORD INJURY MEDICINE	Х
SLP	SLEEP MEDICINE	Х
SM	SPORTS MEDICINE	Х
TH	TRANSPLANT HEPATOLOGY	Х
TS	THORACIC SURGERY	
U	UROLOGY	Х
UHM	UNDERSEA & HYPERBARIC MEDICINE	Х
UM	UNDERSEA MEDICINE (under Preventative Medicine program)	Х
VascN	VASCULAR NEUROLOGY	Х
VascS	VASCULAR SURGERY	х
VIR	VASCULAR & INTERVENTIONAL RADIOLOGY	Х
Sourced from: Else	vier Inc. and the American Board of Medical Specialties (ABMS) published on BoardCertifiedD	ocs.com

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System Requirements

Your system must have one of the following internet browsers in order to transfer files to COMPdata via the secure internet Electronic File Transfer (EFT):

- Internet Explorer OR
- Netscape Communicator

Security with HTTPS Protocol

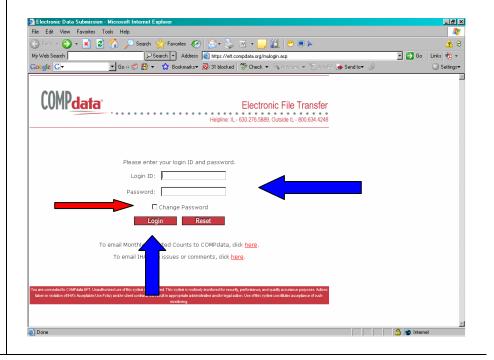
The secure internet EFT is available using the HTTPS Protocol.

- This provides HIPAA compliant 128 bit encrypted security of any data that is sent via that protocol.
- Once submitters have accessed the EFT application, they will be authenticated through Oracle.

Website Logon

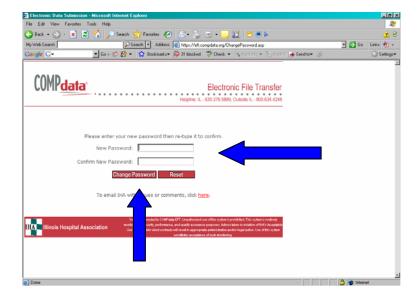
Type the following URL into your web browser address bar: https://eft.compdata.org. This brings you to the logon screen.

- Enter your unique Login ID and Password (initially provided by COMPdata.)
 - Click Login to proceed.
- Administrative (1500) Data submission ID begins with your state abbreviation in lowercase (e.g. or)



Changing Passwords

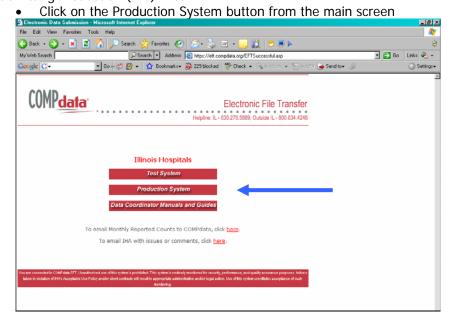
- Upon your first EFT submission and/or every 30 days, you will be prompted to change your password. You can also change it at any time, as desired, by checking the Change Password box upon logging in. This will bring you to the password change webpage.
 - Type in new password 2 times
 - Click on Change Password
 - A window appears stating "Password Successfully Changed"



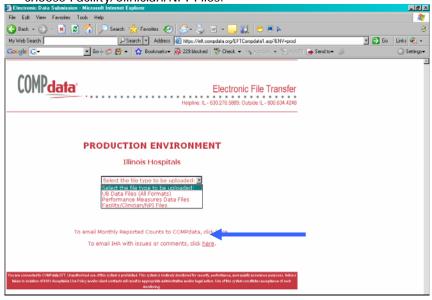
Reset buttons allow you to clear any entry you have made on the screen, and start over.

Submitting NPI Production Files

Submitting Production (live) Files:



- The Production System has a white background and red typeface, and is titled Production Environment.
- Click on drop down menu where instructed to "select the file type to be uploaded."
- From the 3 selections for the type of file you will be submitting, choose Facility/Clinician/NPI Files.



Click Continue button:
 Continue EFT Main Menu

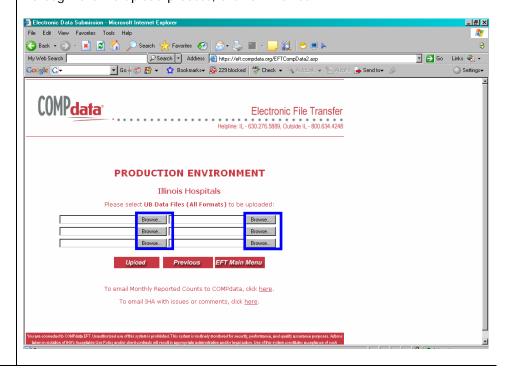
Uploading Production NPI Files

The upload screen appears next.

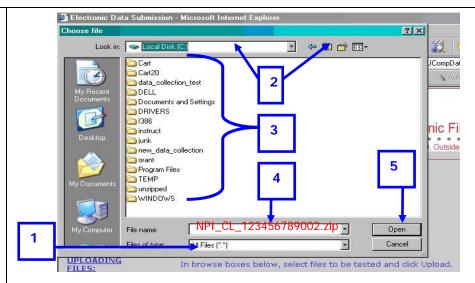
- Facilities can submit up to 6 uniquely named files at one time, using the browser buttons.
- Files must be in the appropriate format for the type of file being used.
- Files must also be transferred in the ASCII format, and may be zipped.

NOTE: Multiple files should be zipped for easier uploading of the XML Files

To begin the file upload process, click on Browse:

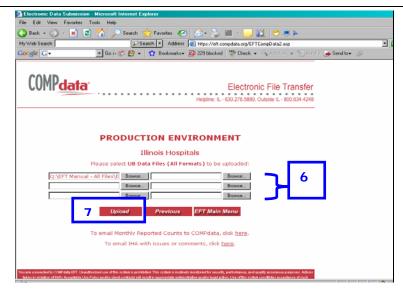


Steps to Follow for Submitting NPI Files

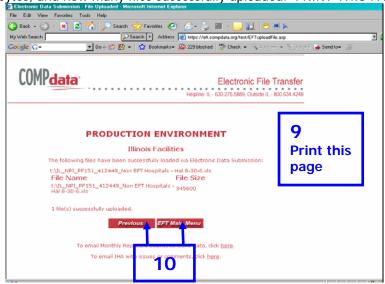


- The Choose File window appears. File type MUST be set on "All Files (* *)"
- 2. Select the drive and folder where your files are stored
- 3. Choose the appropriate file for submission, and ensure that it is named correctly for tracking of submissions:
 - a. NPI Data File must use the following naming convention:
 - "NPI" in caps, underscore
 - Specify "PF" (Provider file) or "CL" (Clinician file), underscore
 - Your COMPdata data collection ID#
 - e.g. NPI_CL_123456789002
 - b. Note: Zipped files must end with .zip extension
- 4. Highlight the selected file desired for transfer. This file will appear in the File Name box.
 - a. If you need to change the file name, highlight the file
 - b. Right click on your mouse
 - c. Pick Rename
 - d. Type in the appropriate name using the naming convention above
- 5. Click on the Open button
 - a. The file name now will appear back in the Browser box on the previous screen

Steps to Follow for Submitting NPI Files



- 6. Continue this process to select up to 6 uniquely named facility files.
- 7. Once you have finished selecting your files, click the Upload button. This uploads the files to the COMPdata database.
- 8. If you have more than 6 files to upload, while you are uploading your first 6 files, you can minimize the screen and start a second session of your browser and begin the process again.
- After your files have been electronically transferred, you will receive a submission confirmation page that displays the file name, file size in bytes, and how many files successfully uploaded. PRINT THIS PAGE!



- If the file size appears as 0, or you do not receive the confirmation page at all, your file(s) did not transmit. You must start again from step one.
- It is strongly recommended that you print this page, manually note the date and time of submission, and file it for future reference if necessary.
- 10. If you wish to transmit additional files, click on the Previous button on the confirmation page or click on EFT Main Menu to return to the Main Menu screen.

Disconnect EFT	Once you have finished all your desired actions, please disconnect from the EFT System by using the X in the upper right corner of your browser screen.			
Resources	<u>CONTACT INFORMATION</u>			
	Helpline Inquiry Email Address: <u>UBhelp@ihastaff.org</u>			
	For questions regarding uploading your files, please include the following information:			
	Facility Name and ID #			
	Your Full Name			
	Your Phone Number			
	The File Name			
	Date File Was Submitted			
	Monthly Discharge Count Email Address: compdatamonthlycounts@ihastaff.org			
	Helpline phone (Illinois): 630/276-5889			
	Helpline phone (outside Illinois): 800/634-4248			
	Visit COMPdate on the web, www.compdateinfo.com			
	Visit COMPdata on the web: www.compdatainfo.com			

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Introduction

Overview

This manual will explain the step-by-step procedures to follow in order to access the COMPdata 1500/Administrative data collection feedback reports online. The topics covered are:

- Load the COMPdata data collection feedback reports system onto your PC
- Identify username and password, and log into COMPdata system
- Selection of feedback reports by Zipped Reports or Individual Reports
- Selection of specific feedback report, and related Save, Print or Review functions
- Review of sample reports

Firewall Information

NOTE: Before installing COMPdata® files, you must ensure that the facility firewall is configured to access the COMPdata® application. Ports 9000 must be open in both directions for COMPdata® to run. If your facility uses a proxy server on the firewall, additional configuration may be required. In such a case, please have the facility firewall administrator contact the COMPdata® Hotline at 630-276-5851 Inside Illinois / 866-262-6222 Outside Illinois or send an email to compdata@ihastaff.org for assistance.

Windows 2000 and XP Professional users must have a network administrator install the download files. You must have administrative privilege on your facility server to install. **This application is not supported on Windows XP Home.**

*****Unzip software is required to open COMPdata downloads****

For New COMPdata® customers and returning customers with a NEW PC ONLY: Prior to the initial login into COMPdata® (including COMPdata® Online, Feedback Reports, and Performance Measures Reports) both files (JInitiator and Jar) must be downloaded.

Email Notification

Email
Notification to
COMPdata
Primary and
Backup Data
Coordinators

After each new submission of outpatient data is received and processed at COMPdata, both Primary and Backup Data Coordinators will receive an email notification that they may now access their Data Collection Feedback Reports online. Coordinators will also receive notification of Feedback Report readiness for test file submissions. A sample of the email notification is as follows:

Good Day SUE KUE (email: SUE.KUE@ABCFACILITY.COM)

Data Collection Feedback Reports for Inpatient data submitted by ABC FACILITY on 23-SEP-04 are ready for your review.

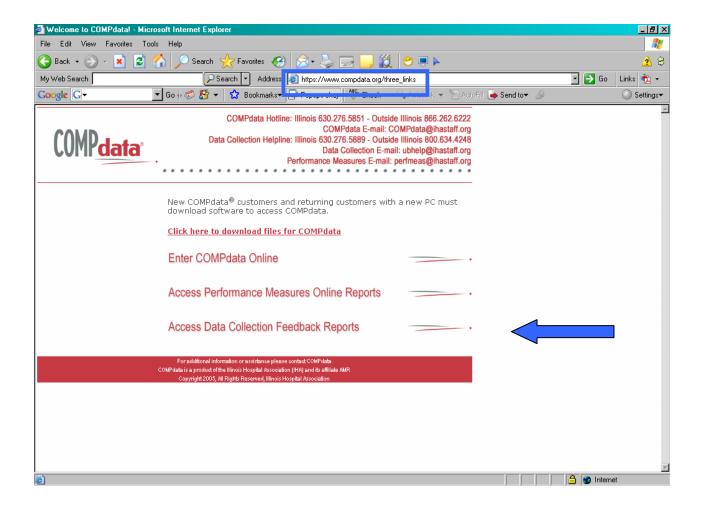
Please go to http://www.compdata.org/three_links.html to access the COMPdata Data Collection Feedback Reports online.

If you have questions, please e-mail <u>ubhelp@ihastaff.org</u> or call the Helpline at 630.276.5889 in Illinois, or 800.634.4248 outside Illinois.

Website URL

To access the Data Collection Feedback Reports, follow these steps:

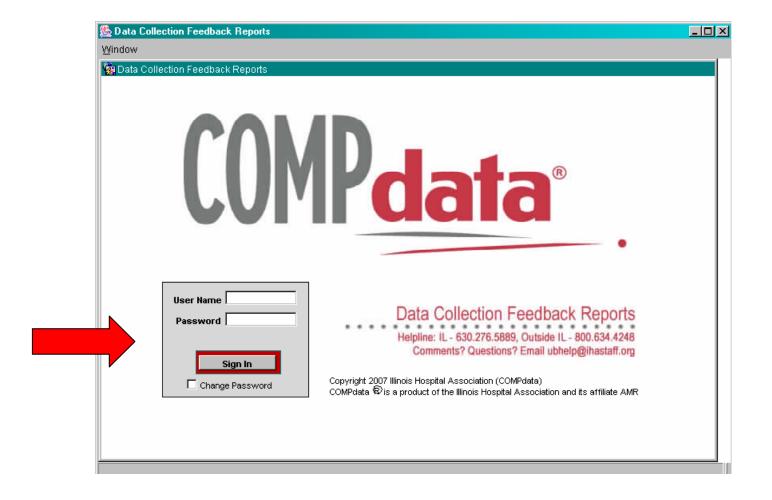
- Open your web browser and enter the following URL into the address bar: http://www.compdata.org/three_links (Note: This address can be added to your internet favorites list)
- Click on the Access Data Collection Feedback Reports link. (Your Feedback Report username and password will only grant you access to this one link on this webpage.)



Logon Screen

Please take the following steps to logon to the COMPdata system:

- Enter Username (unique ID provided to each facility by COMPdata)
- Enter Password (unique password initially provided by COMPdata)
 - Password is case sensitive. Use lower case letters only.
 - Every 90 days you will be prompted to change the password
- Click on "Sign In" or press the "Enter" key twice



Feedback Report Main Menu Screen

The Feedback Report Main Menu Screen offers several pieces of information and functions to assist in accessing your desired Feedback Reports:

- Your individual facility name and location is displayed. Please make sure this is the correct facility before proceeding
- In the upper right corner a button is provided so that the most current version of the various Data Coordinator Manuals / File Format Guides may be downloaded at any time.
 - Click on the appropriate button
 - A new screen appears with links to the currently available documents. Click on the desired one.
 - Manual will appear in a separate window in PDF format
- When opening to the Main Menu, the system automatically defaults to the Production System, with a white background and red typeface.
- If you desire to use the Test System, you must click on Test under Select Environment. The background will then change to gray with blue typeface, and the window will be titled Test System



Accessing Production System Feedback Reports

Once the Production environment has been selected, there are 2 different methods available to run Feedback Reports.

- Using the Zipped Reports function provides the full complement of Feedback Reports from the most recent data submission, for your outpatient data.
 - To generate Zipped Reports, you must have an UNZIP program compatible with the .zip extension, in order to unzip the files.
 Without the unzip program, you will not be able to view the files appropriately
- Individual Reports are available based upon a selected previous "receive date" (data file submission date).
 - This should be used for prior submissions of outpatient data feedback reports.
 - For the latest DSVR, if corrections were resubmitted or discharge counts were adjusted, an individual report is recommended

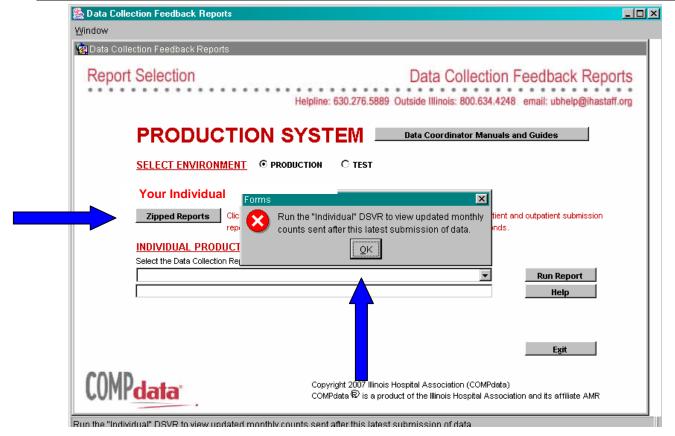
Production System Zipped Reports

The Zipped Reports on the Production System already exist from the time of your data submission, and will take only a few seconds to download. Your Zipped Reports will include:

- Submission Recap Report
- Edit Error Report
- Duplicate Error Report
- Data Submission Verification Report (DSVR)
- Data Quality Summary Report (DQSR)
- Clinician Mismatch Report (in states where a clinician database is maintained)

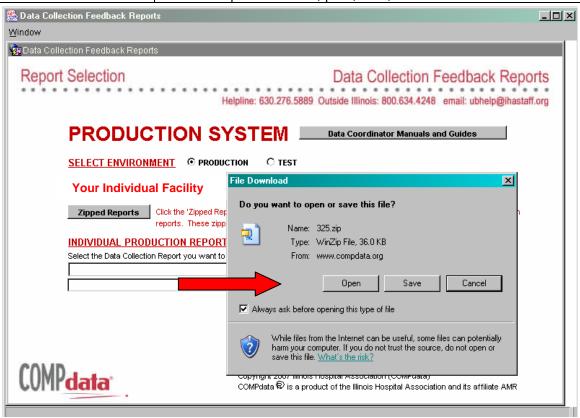
To access these Zipped Reports, take the following steps:

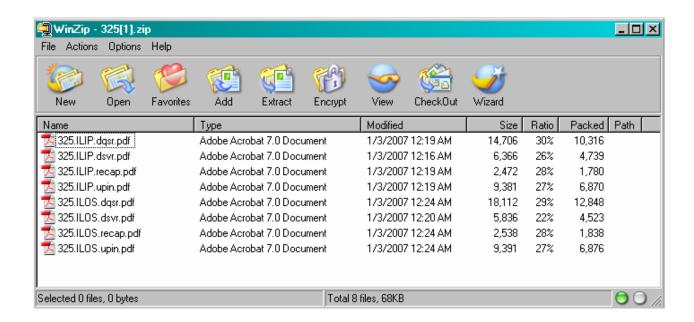
- Click on the Zipped Reports button
- A Forms window will appear. Click on OK.
- A File Download window will appear. You can choose to either Open or Save the zipped file from here.



Opening Zipped Files

To Open the Zipped Files, click the Open button on the File Download window. You will then receive a screen with all the available outpatient feedback report files available from your most recent data submission. You can access one file at a time, or highlight multiple files at once by using the Ctrl key or Shift key. From this screen you are able to select the desired feedback reports and view, print, save, or email them.

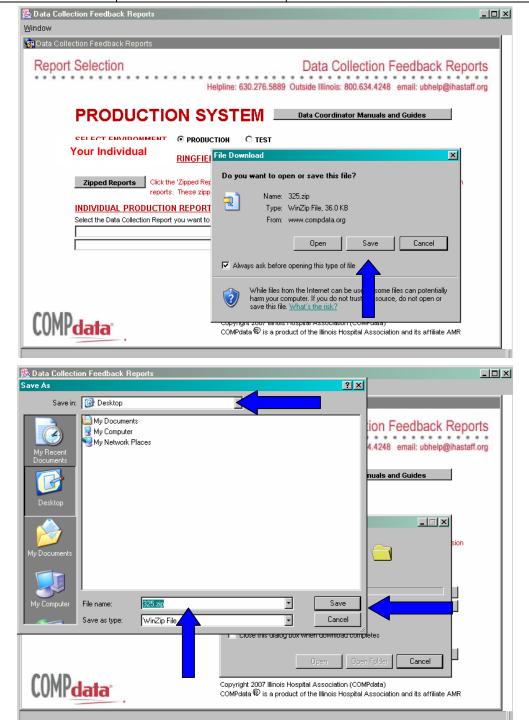


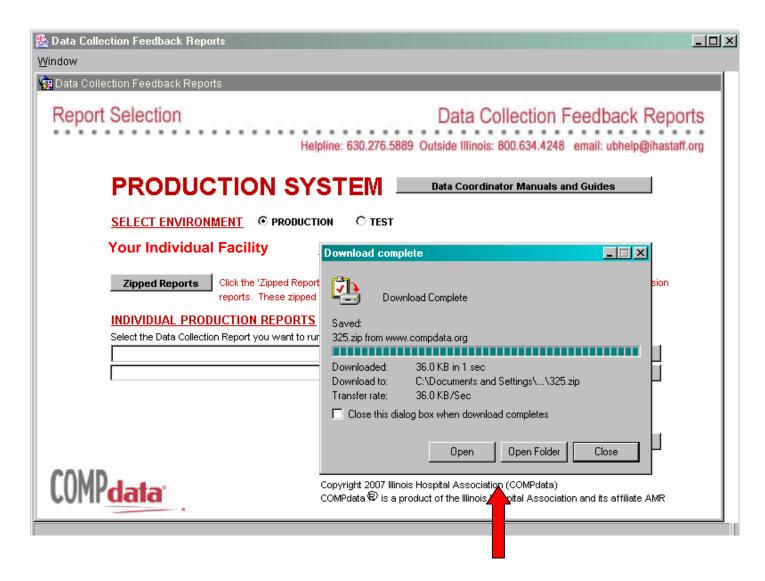


Saving Zipped Files

Saving the Zipped Files provides an opportunity to view and print the files at a later time. To Save the Zipped Files, follow these steps:

- Click the Save button on the File Download window.
- You will then receive a Save As window. Select the hard drive or network directory of your choice in which to save the Zipped Files.
- Change the File Name to a name that reflects the file type and date.
- Click Save
- A Download Complete window will appear, providing the progress status of the download process.



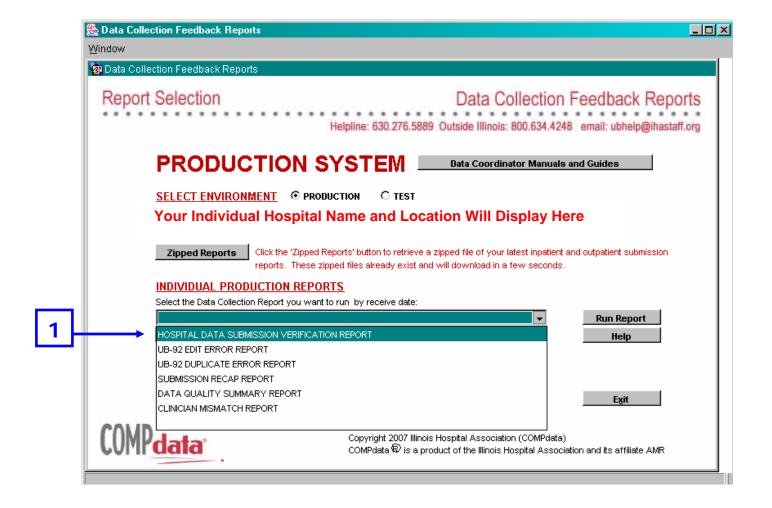


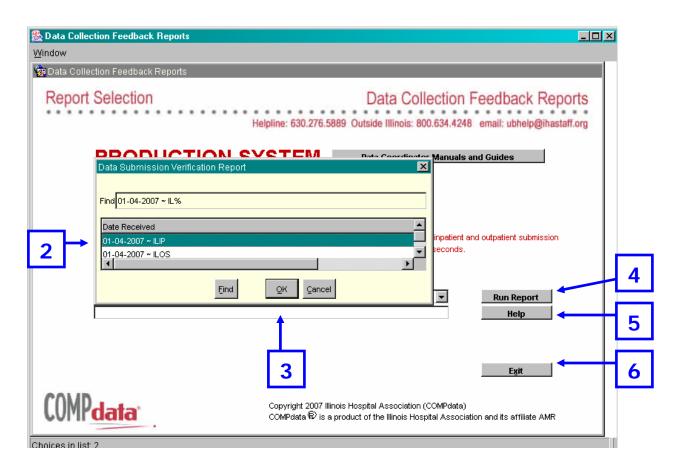
From this screen you may open the file / folder to view the Zipped File, or close the window.

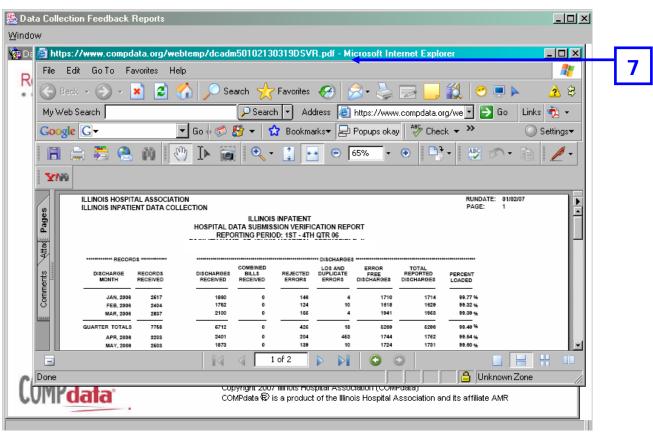
Accessing Individual Reports

The Individual Reports function should be used to access Feedback Reports from previous "receive dates" (data file submission dates). This function should also be utilized when an updated DSVR is desired, after corrections have been resubmitted, or discharge counts have been adjusted / submitted. Please use the following steps to access the Individual Reports:

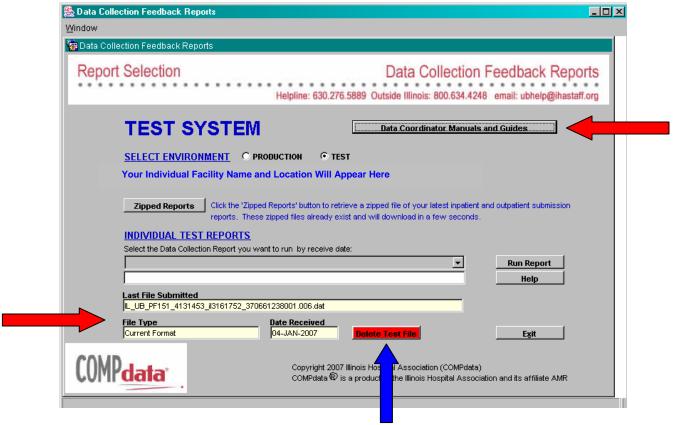
- 1) Go to the first drop down box, and select the desired report
- 2) A new window will appear with the previous data file submission listings. Select the listing that reflects both the "Receive Date" and that the data is Outpatient (OS).
- 3) Click OK on the window
- 4) Click Run Report on the main screen. (You can check the progress of the download by minimizing the screen and viewing the black bar on your status bar.)
- 5) There is a Help button available if assistance is needed.
- 6) To exit this function, please use the Exit button.
- 7) The Individual Report will pop up in a PDF document. You can view, print, save, or email the report from this window.







Once the Test environment has been selected, the appropriate Feedback Reports can **Accessing Test** be accessed using the same type of steps as used for the Production feedback reports. System Feedback Please ensure that you are in the Test system intentionally, and that the screens have a gray background with blue typeface. Please see pages 116 - 121 for the appropriate Reports steps to access the various feedback reports. There are additional functions available on the Test System Feedback Report screen: Additional Test The download button for the Data Coordinator Manual / File Format Guide is System Functions provided in the Test System as well. **New Test File Delete Function available** To assist in the ease of testing new files and formats, COMPdata has now provided a Test File Deletion new Test File Deletion Function. **Function** Allows for quick resubmission of the same test file without causing records to reject as duplicates. A previously submitted file can be deleted, so that changes may be made and resubmitted under the same file name. Displays Last File Submitted (name of file), File Type (format of file, e.g. Current Format, Expanded Format, or 837 Format), and Date Received The deletion function defaults to the last previously submitted file in the test system. This is the only file that can be deleted. Delete Test File button is displayed in red. Click this button to delete the file that is displayed. By placing the cursor over this button, the system displays a box stating, "Click to delete the most recent test file submission." Once a file is deleted, the screen will once again default to the next most recently submitted file information that is still in the system. You can then delete this next file that is displayed, if desired, and continue to delete files in a sequential order by submission date. Currently under development is the capability for facilities to view all their stored test files, and select which ones they would like to delete all at one time. Additional announcement will be made when this function is available. Note: COMPdata staff will still be able to view files that have been deleted, in the event that this is necessary to assist facilities with testing files.



FEEDBACK REPORT TERMS/DEFINITIONS

Username	Special set of numbers and letters assigned by COMPdata
Password	Special password assigned by COMPdata for use upon initial access. Your password will expire after 90 days.
E-mail Notification	After each submission of outpatient data has been received and processed at COMPdata, an e-mail notification will be sent to the primary and backup data coordinators to advise that the feedback reports are ready to access on the internet.
Zipped Reports	All data collection feedback reports from the most recent submission of outpatient data in a zipped (compressed) file
Individual Reports	Individual data collection feedback reports for outpatient data by receive date
Submission Recap Report	This report summarizes the details and results of your data submission. It details the total number of records received and processed, the total number of records with edit errors, and the total number of records without edit errors loaded to the database. Also noted is the number of duplicate records (meaning that the record already exists in the database). In addition, a summary is made of the number of errors for each error category that occurs, showing you the types of errors in your submission.
Edit Error Report	This report displays information about any record in which an error has been detected. The report provides several key variables about that record so that the record may be identified in order to correct the error and resubmit the data. The specific error incurred is also identified as well.
Duplicate Error Report	When a facility submits patient records in duplicate, this report will identify which records are already in the COMPdata database. The records are checked against seven key fields, and if they match, the record is identified as a duplicate.
Data Submission Verification Report	The Data Submission Verification report provides the Data Coordinator with key information concerning the volume of data submitted and loaded into the database for a calendar month/quarter. This report identifies the monthly reported counts supplied by each facility and provides the percentage of reporting by month/quarter.
Data Quality Summary Report	The Data Quality Summary Report provides a detailed breakdown of the data that have been submitted. For each data element, the possible categories and the distribution within that category are displayed. This report allows facility data coordinators to verify the breakdown of the various categories, ensuring that the values are an accurate representation of the data received by COMPdata data collection from your facility.
Clinician Mismatch Report	COMPdata data collection maintains a clinician database to enhance the value of the data for participating organizations. Your facility's executives use the clinician information in the COMPdata data collection system.
	When a record is submitted that contains an unidentified clinician number, the COMPdata data collection system generates a Clinician Mismatch Report that will include a patient identification number to let you know which record to check. If the clinician NPI, state license number or UPIN was miskeyed on the record, please correct the error and submit the patient record again. If the number was not miskeyed, then the database is missing part or all of the physician information. The Excel Full File format should be completed and submitted to COMPdata data collection.

Glossary

Administrative Data	The HCFA 1500 and Uniform Bill of 2004 are the basis for the data used in the COMPdata outpatient surgical database. The HCFA 1500 is the standard bill format accepted by Medicare and other insurers. Data from these forms constitutes the basis of Administrative Data.
AMR	Association Management Resources is an affiliate of the Illinois Hospital Association, and provides the data processing, editing, and on-line system to support AMR services.
Closed Data	A data set that is finalized and is no longer able to be updated. No further data submissions are accepted for this data time frame, except under special circumstances. COMPdata will set the date on which data submission is considered "closed" for each quarter. On the "closing date," COMPdata will begin processing the given data, which will later be accessible by surgical sites as "closed data."
Combined Bill	Circumstance in which a mother and newborn baby are submitted on the same bill, instead of separate bills for each patient. Includes rejected errors and loaded discharges.
COMPdata	The service available to all clients for outpatient surgical information, clinician data, and demographics. Services include on-line access and custom reporting. COMPdata is a product of the Illinois Hospital Association (IHA) and its affiliate AMR.
COMPdata Subscriber	The person at your facility who will be utilizing the information from the COMPdata system and services. The information provided to the subscriber will include your facility data and data from other facilities for comparative analysis.
Direct Access	On-line access to closed outpatient surgical data through COMPdata
EFT	Electronic File Transfer is a secure method of submitting data in a file format via the internet.
EMTALA	Emergency Medical Treatment and Active Labor Act
Final Release	When the data for a quarter are closed and made available to COMPdata Online subscribers. This is also called a Closed Release. No more data are accepted for that quarter. Final Release is 91 days after the physical end of the quarter.
Initial Release	An occasional period in which open quarter data are temporarily closed to make it available to COMPdata Online subscribers, only for date spans past the federally mandated 91 day waiting period. The quarter is then reopened and new data continues to be accepted.
Loaded Discharges	The total number of discharges/cases that are submitted to the COMPdata database for a given time frame.
Outpatient Surgical Data	Includes outpatient surgeries defined by Medicare as those procedures that include incision, excision, amputation, introduction, repair, destruction, endoscopy, suture, or manipulation. This definition is consistent with the Uniform Hospital Discharge Data Set (UHDDS).
Outpatient Surgical Patients	All patients are considered outpatient surgical cases if they received surgical services and are not considered inpatients. Included are all patients with surgical services who stayed in "Observation" but were not admitted as an inpatient case.
Reported Discharges	The total actual number of discharges/cases at your facility for a given month. These figures are emailed to COMPdata every month and used to calculate your facility's reporting percentage.

COMMON MEDICAL, BILLING AND CODING TERMINOLOGY

CPT-4	Current Procedural Terminology (CPT) is a systematic listing and coding of procedures and services performed by physicians. Each procedure or service is identified with a five-digit code. The use of CPT codes simplifies the reporting of services. With this code set, the procedure or service rendered by the physician is accurately identified. (Definition from AMA, CPT, page xiii.)
DRG	Diagnosis Related Groups (DRGs) are a patient classification scheme consisting of classes of patients who are similar clinically and in terms of their consumption of facility resources. They provide a means of relating the type of patients a facility treats (i.e. its case mix) to the costs incurred by the facility. They are the basis of Medicare's facility reimbursement system. (Definition from DRGs Definitions Manual, Version 23.0, pages 3 & 4.)
E-Code	Supplementary ICD classification of "External" causes of injury and poisoning – E800-E999. E-codes are used as supplementary classifications of environmental events, circumstances and conditions, to record the cause of injury, poisoning or other adverse effect.
G-Code	Temporary HCPCS codes used to identify professional health care procedures and services that would otherwise be coded in CPT but for which there are no CPT codes. They are used to classify various types of injections, diagnostic screenings, training and education services, home based clinical care, therapy, monitoring of patients, and quality of care.
HCPCS Code	Healthcare Common Procedure Coding System (HCPCS) codes are Medicare's national level II codes. They are essentially secondary procedure codes for CPT codes, and may provide more specific detail about the procedure or service rendered. Each procedure or service is identified with a five-digit code, the first of which is an alpha character. The HCPCS coding system also uses interchangeable two-digit modifiers, after the five-digit code, that further describe the conditions, reason for, or anatomical location of the procedure/service.
ICD-9-CM	International Classification of Diseases (ICD), Ninth Revision, and Clinical Modification is based on the official version from the World Health Organization. ICD-9 classifies morbidity and mortality information of statistical purposes, and for the indexing of facility records by disease and operations, for data storage and retrieval. (Definition from ICD-9 Professional, Sixth Addition, page iii.) ICD is a diagnosis and procedure classification system.
MDC	Major Diagnostic Categories (MDCs) were created by dividing all possible principal diagnoses into 25 mutually exclusive principal diagnosis areas. The diagnoses in each MDC correspond to a single organ system or etiology and in general are associated with a particular medical specialty. (Definition from DRGs Definitions Manual, Version 23.0, page 6.)
NPI	The National Provider Identifier (NPI) is a new healthcare identifier, as mandated for the HIPAA standard transactions. The NPI will identify healthcare providers (both clinicians and facilities) in electronic transactions such as claims, eligibility inquiries and responses, claim status inquiries and responses, referrals, and remittance advices. The NPI will replace all other health care provider identifiers that are in use today in standard transactions.

Taxonomy Code	The Health Care Provider Taxonomy code set is a collection of unique alphanumeric codes, ten characters in length. The code set is structured into three distinct "Levels" including Provider Type, Classification, and Area of Specialization. This code set allows a single provider (individual, group, or institution) to identify their specialty category.
	Taxonomy codes can be found in the Health Care Provider Taxonomy Code List, which is maintained by the NUCC. Listings and copies can be obtained from the Washington Publishing Company at http://www.wpc-edi.com/codes/taxonomy .
UPIN	Unique Physician Identification Numbers (UPINs) are designated and supplied by the Centers for Medicare & Medicaid Services (CMS). A UPIN is a six-digit alphanumeric identifier that is assigned to all Medicare physicians, medical groups and non-physician practitioners. (UPINs are now being phased out, as providers convert to the new NPI identification system.)
V-Code	Supplementary ICD classification of factors influencing health status and contact with health services – V01-V85. V-Codes are used as supplementary classifications of potential health hazards, influencing conditions, and health service encounters. They are provided to deal with occasions when circumstances other than a disease or injury classifiable under the main ICD codes are recorded as diagnoses or problems.