

WHAIC Training Sessions October – November 2007

Presented by:

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Introduction/Overview

- ◆ Thank you for your partnership: You help demonstrate our commitment to public accountability.
- ◆ We said we'd produce better, faster and more useful data, and we have delivered on that promise.
- ◆ The health care environment is changing. We can't stop change, but we can manage it in a way that is good for hospitals and public reporting.

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Introduction/Overview

- ◆ Q4 2003 – Collection and dissemination of hospital data (INP, OPS, ED data), including OPS data from free-standing ambulatory surgery centers
- ◆ Q1 2005 – Collection of unlimited diagnoses/procedures and revenue-code detail. Collection of all other hospital outpatient data except reference labs and retail pharmacy

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Introduction/Overview

- ◆ Feb. 2005 – Launched PricePoint
- ◆ Q1 2006 – Collection of observation data on non-OHO timeline to standardize against prior submissions
- ◆ Oct. 2006 – Launched PricePoint v.2
- ◆ Q1 2007 – Changed race & ethnicity codes to match national standards. Required CPT on all OP records
- ◆ Q3 2007 – Collection of UB-04 data elements
- ◆ Q1 2008 – Collection of Present on Admission (POA) Indicator

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Introduction/Overview

- ◆ Agenda
 - Data Parameters & Definitions
 - Q1 07 (Wlpop) & Q3 07 (Wlpop UB04) Changes
 - NPI Implementation
 - Profile/Affirmation Process
 - Data Output & Data Products
 - Future Enhancements
 - Other
 - Closing Remarks

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Data Parameters

- ◆ Inpatient Data
 - Discharge date is used to determine which quarter
 - Type of Bill (TOB) 011X or 012X
 - Record Exclusions: Medicare-certified swing beds (TOB 018X), Sub-acute care (TOB 019X) and/or Medicare-certified hospice (TOB 082X)
 - Professional services line item charges excluded (revenue codes 096X thru 098X)

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Data Parameters

- ◆ Inpatient Data
 - Following revenue codes should be used on INP only:
 - 0100-0189
 - 0200-0219
 - **Reminder:** Hospice patients are to be excluded – review Type of Bill code. If you contract this service, are you using TOB 011X or 012X instead of TOB 082X?

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Data Parameters

- ◆ Outpatient Surgery
 - Record submitted for each surgical case, NOT for each procedure or bill generated
 - Selection is on procedure date and one of the following revenue codes
 - 036X, 0481, 049X and 0750
 - Record exclusions: Revenue code 0480 records (moved to POS 5 (Lab/Radiology) effective with 07/01/07 service dates - Q3 2007 submissions)
 - Professional services line item charges excluded (revenue codes 096X thru 098X)

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Data Parameters

- ◆ Emergency Department Visits
 - A single record is required for each ED visit
 - Selection is on discharge date and one of the following revenue codes
 - 0450 – 0452 and 0459
 - Professional services line item charges excluded (revenue codes 096X thru 098X)

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Data Parameters

- ◆ Outpatient Place of Service Hierarchy (Appendix IX)
 - **POS 3 – Observation**
 - **POS 1 – Outpatient Surgery**
 - **POS 2 – Emergency Department Visit**
 - POS 4 – Therapies
 - POS 5 – Outpatient (Lab/Radiology)
 - POS 6 – Other Outpatient
 - **POS 7 – Repetitive Services**

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Data Parameters

- ◆ Hospital Outpatient Data
 - Observation, Therapies, Lab/Radiology, Other Outpatient and Repetitive Services
 - Inclusion: Self-pay patients
 - Record Exclusions: Separate hospital outpatient program
 - Different Medicaid provider numbers
 - Financial system different than main hospital campus
 - Professional services line item charges excluded (revenue codes 096x thru 098x)

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Data Parameters

- Hospital outpatient records are selected based on the 'through' date in the 'statement covers period'
- May be reported monthly, quarterly, or at the end of the individual's treatment based on Statement Period
 - Covers From and Through dates must reflect minimum and maximum service dates on record
 - Edit implemented effective with 04/01/2007 dates of service (Q2 2007 submissions)

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Data Parameters

- ◆ Observation
 - Any record with revenue code in category 0760 and/or 0762. Submitted with non-OHO data effective with 01/01/06 dates of service (Q1 2006)
- ◆ Therapies
 - Any record **NOT** classified as ED, OPS or OBS **AND** with revenue codes in categories:
 - 041X thru 044X or
 - 093X thru 095X

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Data Parameters

- ◆ Lab/Radiology
 - Any record not previously designated and may include, but are not limited to, records with revenue codes:
 - 030X, 032X thru 035X
 - 040X, 0480 (07/01/07 dates of service)
 - 061X, 073X thru 074X or 092X
 - Record Exclusions: reference diagnostic laboratory services (non-patient services)

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Data Parameters

- ◆ Repetitive Services
 - Records of services that recur for an individual outpatient
 - Intended for 'exception' records – patients being seen for long-term OHO treatment, with occasional visits as part of that treatment to ER or surgical suite for 'incidental treatment', not primary surgical procedure (ex. chemotherapy/radiotherapy)
 - Hierarchy 'bypass' for complex records

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Data Parameters

- ◆ Repetitive Services
 - OPS and ED services may be reported on the repetitive service record or they may be reported separately
 - Applicable edits apply
 - **Question:** How are you utilizing this category? Data outputs are impacted by what you place in this category, specifically as it relates to OPS and ED services

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Data Parameters

- ◆ Add the alpha character "A" to surgical revenue codes when the service is incidental to another service
 - Records of services with POS 1 revenue code but are not "true" outpatient surgery cases
 - Examples: Interventional radiology procedures with a surgical component or an ED service with a surgical component

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Data Definitions

- ◆ Inpatient/Outpatient Submittal Data Dictionary
 - ZIP Code: Enter five zeroes ('00000') for persons with an address that does not include a valid US ZIP code. If ZIP is unknown, such as homeless patients, this field should be left blank and Condition Code 1 = '17'.
 - Sex: Added U = Unknown. To be used only when sex is clinically unknown. Effective with 01/01/06 dates of service.

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Data Definitions

- ◆ Admitting Diagnosis: The ICD-9-CM code describing the patient's diagnosis or reason for visit at the time of admission (INP only).
- ◆ Patient's Reason For Visit: The ICD-9-CM diagnosis for visit at the time of outpatient registration (OP only).
 - One code required for TOB 013X and 085X, with Revenue Codes 045X, 0516, 0526, or 0762
 - Up to three codes allowed for any OP record

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Data Definitions

- ◆ Present on Admission Indicator (POA)
 - Only submitted for Inpatient records
 - Not Allowed for exempt diagnoses
 - Optional/Accepted with 07/01/07 dates of service (Q3 2007 submissions)
 - Required as of 01/01/08 dates of service (Q1 2008 submissions)

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Data Definitions

- ◆ POA Codes:
 - Identify conditions known at the time of admission, and those that were clearly present, but not diagnosed, until after the admission took place
 - Conditions that develop during an outpatient encounter, including ED, are considered POA
 - All hospitals are required to submit POA indicator regardless of payer or type of hospital
 - Allows for consistent reporting across all hospitals
 - Risk-adjustment and mortality rates could be negatively affected if POA not reported across all hospitals

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Data Definitions

- ◆ POA Codes:
 - WHAIC is proactive in requiring all facilities to submit as eventually this may become a “non-Medicare” requirement
 - WHAIC will not be releasing POA data publicly for at least a year after collection
 - Key is accurate POA reporting as CMS may deny payment
 - CMS will send remarks to facilities beginning 01/01/08 dates of service and send edits beginning 04/01/08

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Data Definitions

- ◆ POA Implications:
- ◆ Identifies eight conditions that, starting in fiscal year 2009, will impact reimbursement rate(s) unless they are coded as Present On Admission (POA).
 - Object Left in Surgery
 - Air Embolism
 - Blood Incompatibility
 - Catheter-Associated UTI
 - Pressure Ulcers (Decubitus)
 - Vascular Catheter-Associated Infection
 - Mediastinitis after CABG-Surgical Site Infection
 - Hospital-Acquired Injuries; Fractures, Dislocations, Intracranial Injury, Crushing Injury, Burn, and Other Unspecified Effects of External Causes

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Data Definitions

- ◆ POA Codes:
 - Y = Yes
 - N = No
 - W = Clinically undetermined (provider unable to clinically determine)
 - U = No Information in record (documentation is insufficient to make a determination)
 - 1 or Blank (NULL) = Exempt from POA reporting
 - 1 or Blank (NULL) used for file load/batch processing
 - Blank (NULL) used for editing purposes

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Data Definitions

- ◆ POA Codes:
 - Indicator cannot be reported for OP records
 - Indicator can be left unreported only for exempt codes
 - Exemption List published in October 2007 ICD-9-CM Official Guidelines for Coding and Reporting

<http://www.cdc.gov/nchs/dataawh/ftpser/ftp9/ftp9.htm>

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Q1 2007 Changes (Wlpop)

- ◆ Changes in ethnicity codes and definitions
- ◆ Changes in race codes and definitions
- ◆ CPT codes required for OP records
 - Primary Record
 - Principal procedure
 - Additional procedures (if appropriate)
 - Revenue Record
 - HCPCS/Rate for revenue line items

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Q1 2007 Changes (Wlpop)

- ◆ CPT codes required for OP records
 - Required for ED, OBS and any other OP records where principal and additional procedure coding is appropriate
 - Principal procedure – most related to the principal diagnosis and performed during the episode of care
 - Additional procedures

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Q1 2007 Changes (Wlpop)

- ◆ CPT codes required for OP records
 - Interdisciplinary effort between health information staff, business office staff, and individual submitting extract in determining principal procedure
 - Refer to Appendix XI for recommended range of CPT or HCPCS Level II codes that may be selected as a principal procedure

http://www.whainfocenter.com/wipop_07/PrincipalProcedureRange_121206.pdf

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Q1 2007 Changes (Wlpop)

- ◆ Q1 07 analysis of records submitted with a principal procedure (PRP) outside the recommended range
 - ~6,800 records were submitted with a principal procedure not in the recommended range
 - Eighty-five facilities appeared on this list
 - Charge appeared to be only factor in determining PRP
 - Programming is picking the first "match" from the range
 - PRP pulled from a non-outpatient surgery revenue code even though outpatient surgery revenue code present on the record

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Q1 2007 Changes (Wlpop)

- ◆ Race & Ethnicity
 - Required data elements per WI statute, and WHAIC's contract with DOA for IP, OPS, OBS and OHO records
 - Consistent with OMB/CDC definitions and hierarchy as of 01/01/07 dates of service

<http://www.whitehouse.gov/omb/fedreg/ombdir15.html>
http://www.cdc.gov/phn/library/documents/pdf/Race_ver1.pdf
<http://www.cod.gov.phn/library/documents/pdf/ethnicity.pdf>

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Q1 2007 Changes (Wlpop)

- ◆ Race & Ethnicity
 - Looking for improvement if “unknown” or “not asked” rates are above state average
 - DHFS is monitoring response rates via HCUP data
 - 2005 data – 5% of WI hospitals flagged for potential inaccurate coding of race and ethnicity
 - 2006 data – HCUP report released to DHFS recently. WHAIC analysis estimates 4-5% of WI hospitals will be flagged
 - 2007 data – WHAIC will contact facilities for continuous improvement of data
 - WHAIC must notify DHFS if there is repeated noncompliance

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Q1 2007 Changes (Wlpop)

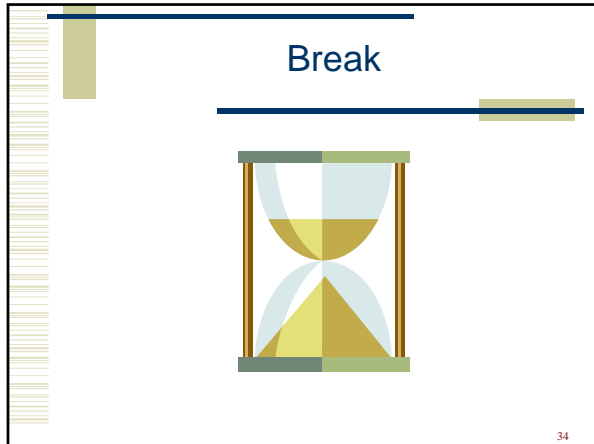
Race Description (prior race code description)	Code prior to Q1 2007	Code as of Q1 2007
American Indian or Alaskan Native (no change)	1	1
Asian (Asian or Pacific Islander)	2	2
Black or African American (Black)	3	3
Native Hawaiian or Other Pacific Islander (White)	N/A	4
White (Other)	4	5
Other (Unknown)	5	6
Unknown (new code designation)	6	7
Not Asked (no change)	9	9

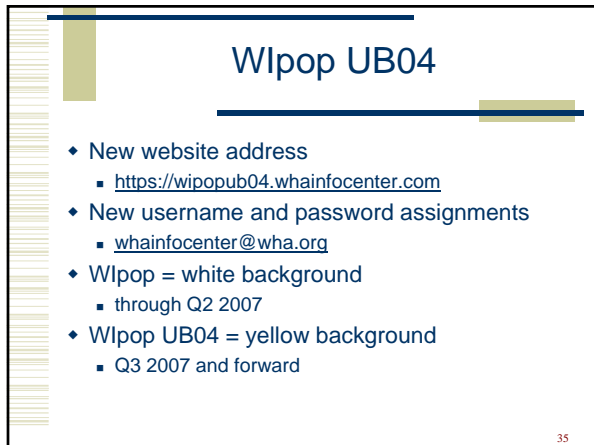
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Q1 2007 Changes (Wlpop)

Ethnicity Description (prior ethnicity code description)	Code prior to Q1 2007	Code as of Q1 2007
Hispanic or Latino Origin (Hispanic Origin)	1	1
Not Hispanic or Latino Origin (Not of Hispanic Origin)	2	2
Unknown (Unknown)	6	7
Not Asked (No change)	9	9

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Wlpop UB04

◆ Enhancements

- Add multiple additional records
 - Additional diagnoses (if appropriate)
 - Additional procedures (if appropriate)
 - Revenue line items
- Use of arrows to re-order additional diagnoses
- Use of arrows to re-order additional procedures
- More to come...

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Additional Diagnoses:

Code	PCIA	Description
1 0421	<input type="checkbox"/>	HOST TOXIN PG DEL W/NO ANTIFEM COND
2 0188	<input type="checkbox"/>	RES W/ TOBACCO RES HAZRDLHLY
3 0270	<input type="checkbox"/>	OUTCOME OF DELIVERY SINGLE LIVEBORN

Create Additional Diagnosis Record(s)

Additional Procedures:

Code	Proc1	Proc2	Proc3	Proc4	Description
1 0298	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ROPE OTH CURRENT OB LAC
2 0299	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTH ARTIFICIAL RUPT w/abdn

Create Additional Procedure Record(s)

Revenue:

Service Date	Code	HCPCS Rate	Proc1	Proc2	Proc3	Proc4	Units	Charge	Description
	0912	333.90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	667.80	Room & Board - Private (Medical or General) - OB
	0920		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	1,748.40	Incremental Nursing Charge Rate - OB
	0298		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	641.39	Maternity - General Classification
	0271		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	499.50	Medical/Surgical Supplies and Devices - Non-Sterile Supply
	0272		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	59.80	Medical/Surgical Supplies and Devices - Sterile Supply
	0268		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	112.30	Laboratory - General Classification
	0720		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121	1,304.50	Labor Room/Delivery - General Classification
	0721		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	154	1,798.43	Labor Room/Delivery - Labor
	0722		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	326.80	Labor Room/Delivery - Delivery

Create Additional Revenue Record(s)

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Q3 2007 Changes (Wlpop UB04)

Primary Record Changes	Field Length prior Q3 07	Field Length Q3 07
Patient Control Number	20	24
Principal Diagnosis	8	7
Principal Diagnosis POA	N/A	1
Admitting Diagnosis	8	7
Patient's Reason For Visit (3)	N/A	7 (ea)
External Cause of Injury Code (12)	8	7 (ea)
External Cause of Injury Code POA (12)	N/A	1 (ea)

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Q3 2007 Changes (Wlpop UB04)

Primary Record Changes	Field Length prior Q3 07	Field Length Q3 07
Principal Procedure	8	7
Principal Procedure – CPT/HCPCS Modifier fields – split into 2 fields	4	2 (ea)
Principal Procedure – CPT/HCPCS Modifier fields (2 additional)	N/A	2 (ea)
Type of Bill Code	3	4
Certificate Number	16	20

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Q3 2007 Changes (Wlpop UB04)

Revenue Record Changes	Field Length prior Q3 07	Field Length Q3 07
Patient Control Number	20	24
HCPCS/Rate – CPT/HCPCS Modifier fields – split into 2 fields	4	2 (ea)
HCPCS/Rate – CPT/HCPCS Modifier fields (2 additional)	N/A	2 (ea)

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Q3 2007 Changes (Wlpop UB04)

Diagnosis Record Changes	Field Length prior Q3 07	Field Length Q3 07
Patient Control Number	20	24
Additional Diagnosis (unlimited)	8	7
Additional Diagnosis POA (unlimited)	N/A	1

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Q3 2007 Changes (Wlpop UB04)

Procedure Record Changes	Field Length prior Q3 07	Field Length Q3 07
Patient Control Number	20	24
Additional Procedure (unlimited)	8	7
Additional Procedure – CPT/HCPCS Modifier fields – split into 2 fields	4	2 (ea)
Additional Procedure – CPT/HCPCS Modifier fields (2 additional)	N/A	2 (ea)

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National Provider Identifier (NPI)

- ◆ Two types of NPI's:
 - Physician
 - Facility/**Provider**/Organizational
- ◆ The Physician NPI is a ten-digit field located in Field 42 (Attending Physician), Field 43 (Operating Physician), and Field 44 (Other Operating Physician)
- ◆ The Provider NPI is a ten-digit field located in Field 57 (Provider ID)

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National Provider Identifier (NPI)

- ◆ Physician NPI's:
 - Submission of Physician NPI's delayed until further notice
 - Earliest submission would be with Q1 2008 dates of service
 - WHAIC will transition requirement of NPI over two quarter period

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National Provider Identifier (NPI)

- ◆ Provider NPI's:
 - Required with Q3 2007 dates of service
 - Please send Provider NPIs to Brian Competente (bcompetente@wha.org).
 - WHAIC is creating its own database while it works through the CMS database.
 - Facilities will see edits until their Provider NPIs are implemented into the Wlpop UB04 lookup table.

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National Provider Identifier (NPI)

- ◆ CMS recently released NPI database
 - Numerous issues with database
 - CMS announced monthly updates would be available for download, but that is no longer the case. CMS will be providing the entire database each month.
 - WHAIC's Database Administrator implementing an automated process to cleanse and scrub the entire database each month for implementation into the Wlpop system.

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Quarterly Data Submission & Affirmation Process

- ◆ WHAIC specifications for submission, validation and affirmation is pursuant to Chapter 153, Wisconsin Statutes
- ◆ Failure to comply with Wisconsin Statutes, or submission deadlines may result in penalties and forfeitures

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Quarterly Data Submission & Affirmation Process

- ◆ Facilities must submit Inpatient, Emergency Department, Outpatient Surgery, and Observation care within 45 calendar days of the last day of each quarter
- ◆ Other Hospital Outpatient data must be submitted within 135 calendar days of the last day of the quarter
- ◆ An extension of up to 30 days to the submission deadline may be granted

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Quarterly Data Submission & Affirmation Process

- ◆ 4 Types of Data Validation/Edit Checks
 - Edits – during data submission
 - Validation Requests – when applicable
 - Internal Validation performed by WHAIC
 - Profile review by hospitals and FASC's

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Quarterly Data Submission & Affirmation Process

- ◆ Edits during data submission
 - Refer to Appendix XII – record level checks
 - Edits parallel national standard coding guidelines
 - Specific to data types (ex. If OP record, CPT coding required)
 - Plausibility (ex. DOB must be less or equal to admission date)
 - Required fields, data type specific (ex. DOB, race, ethnicity, etc.)

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Quarterly Data Submission & Affirmation Process

- ◆ Validation Requests (when applicable)
 - Unknown Gender
 - ED visits longer than 3 days
 - ZIP code '99999'
 - Observation Visits longer than 2 days
 - Type of Bill '999'
 - Zero Charge Records

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Quarterly Data Submission & Affirmation Process

- ◆ Internal Validation by WHAIC staff
 - Focuses on data submission as a whole
 - Consistent with historical norms
 - Plausible given expected distributions within each data element
 - Includes: Age, Gender, Diagnosis groups, CCS procedure groups, charges, race & ethnicity, etc.

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Quarterly Data Submission & Affirmation Process

- ◆ Profile review by hospitals and FASC's
 - Facility receives profile after internal validation
 - Within 10 working days after receipt of the data profile, each facility's CEO or his/her designee must affirm in writing that data is accurate
 - If analysis of profile requires a correction, facility must do so within same 10 working day timeframe
 - Reports include: DRG, physician, ZIP Code, charge, revenue center distributions, etc.

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Quarterly Data Submission & Affirmation Process

- ◆ Profile review by hospitals and FASC's
 - Q2 2007 – Add total record count for each data type as front page of profile
- ◆ Common omissions found during validation:
 - Cardiac Catheterizations
 - Inpatient volume (submission of partial quarter)
 - Discharge Status ('0' expired records in INP data)

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Data Outputs

- ◆ Five Different Types available
 - Fixed Width data products
 - Relational data products
 - Custom data products
 - Web-based reporting
 - Publications

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Data Outputs

- ◆ Fixed Width Data Sets
 - "Limited" Data Set – 8 diagnosis & 5 procedure fields
 - Inpatient (INP)
 - Outpatient Surgery (OPS)
 - Emergency Department Visit (ED)
 - Observation Data (includes OBS with ED and OBS with OPS)
 - Physician Enhanced for all data types

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Data Outputs

- ◆ Relational Data Products
 - Standard
 - Revenue Enhanced
 - Physician Enhanced
 - APR-DRG Enhanced (available to facilities that have a contract with 3M for APR-DRG product)
 - Other Hospital Outpatient Data

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Data Outputs

- ◆ Relational Data Products
 - Built for SQL Server or other robust data storage product
 - Identification of cross-over data types
 - Structure allows for UB04 changes
 - Additional fields easily added

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Data Outputs

- ◆ Custom Data Products
 - Aggregated reports
 - Custom appends to data
 - For example – County Code reassignment for IL ZIP Codes per customer specifications
 - Complex projects
 - Contact Julie Callies for more information
 - jcallies@wha.org

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Data Outputs

- ◆ Web-based Reporting
 - PricePoint (www.wipricepoint.org)
 - Allows health care consumers to receive basic, facility-specific information about services and charges
 - **Inpatient Services:** Services for which the patient is admitted to the hospitals.
 - **Outpatient Services:** Selected services provided on an outpatient basis, such as outpatient surgery and invasive diagnostic procedures.

Data Outputs

- ◆ Publications
 - Guide To Wisconsin Hospitals
 - Health Care Data Report
 - Wisconsin Inpatient Quality Indicators Report
 - Uncompensated Health Care Report

Data Outputs

- ◆ Guide To Wisconsin Hospitals
 - Detailed information about each hospital in Wisconsin, including general medical-surgical, psychiatric, alcohol and other drug abuse, rehabilitation, and state hospitals.
 - Information is drawn from responses to the Annual Survey of Hospitals and the Hospital Fiscal Survey
 - Tables present selected measures of utilization, service, staffing and finance for each hospital.
 - Also shows comparison data for hospitals of the same type, for hospitals in the same analysis area, and for hospitals in the same patient volume group.

Data Outputs

- ◆ Health Care Data Report
 - Contains information on services provided to hospital inpatients, the primary reasons for hospitalization, charges for services received, and most common diagnostic conditions (DRG groups)
 - Contains information on outpatient surgery services with utilization and charges for selected common principal procedures
 - Contains information on emergency department visit data for most common diagnostic treatments (including External Causes of Injury)

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Data Outputs

- ◆ Wisconsin Inpatient Quality Indicators Report
 - Presents a "snapshot" of the general performance of hospitals across many inpatient indicator areas
 - Includes:
 - mortality rates
 - volume rates
 - utilization rates
 - patient safety rates
 - Will incorporate POA for risk-adjustment and inclusion/exclusion criteria for various measures

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Data Outputs

- ◆ Accurate data is key to successful analysis & interpretation of data by data consumers (hospitals, national data reporting- HCUP, legislative officials, etc).
- ◆ Data is used for public-policy debates, potential grants for services, decisions to increase or decrease services, etc.

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Other - Manual Changes

- ◆ Point of Origin for Admission or Visit (Source of Admission) – Appendix III
 - Newborn Structure – Appendix IV
- ◆ Patient Status – Appendix VI
 - Language consistent with UB04 manual
- ◆ FAQs – Appendix XIX
 - Updated to reflect the changes
- ◆ Record Layout
- ◆ Type of Bill References (3-digit vs. 4-digit)

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UB04 Resources

- ◆ <http://www.nubc.org>
- ◆ <http://www.wpc-edi.com/>
 - 005010X222 837 Health Care Professional Claim
 - 005010X223 837 Health Care Institutional Claim
- ◆ CMS
 - <http://www.cms.hhs.gov>
 - Manual System
 - Transmittal 1018, CR 5072
- ◆ MLN Matters MM5072

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CMS-1500 Resources

- ◆ <http://www.nucc.org/>
- ◆ MLN Matters 4293 Revised
- ◆ MLN Matters 5060

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NPI Resources

- ◆ <http://www.cms.hhs.gov/NationalProvIdentStand/>
 - How to Apply
 - Educational Resources (Module 5 available)
 - Enumeration Reports
 - Medicare NPI Implementation
 - Electronic File Interchange
- ◆ MLN Matters: 4023, 5229, 5243
- ◆ Data Dissemination:
<http://www.cms.hhs.gov/NationalProvIdentStand/06a-DataDissemination.asp>

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Present on Admission Resources

- ◆ ICD-9-CM Coding Guidelines (Oct 2007):
<http://www.cdc.gov/nchs/datawh/ftpser/ftpicd9/ftpicd9.htm>
- ◆ AHIMA- "Are You Ready For POA Reporting?"
Journal of AHIMA, Jan. 2007
- ◆ www.hcup-us.ahrq.gov/reports/methods.jsp
- ◆ Health Care Financing Review/Spring 2006/Volume 27, Number 3 63-81
- ◆ MLN Matters: MM5499
- ◆ CMS Transmittal 1240, May 2007

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Future Enhancements

- ◆ Other Hospital Outpatient publication
- ◆ Other Hospital Outpatient categories and more ambulatory procedures added to PricePoint
- ◆ MS-DRGs incorporated into INP data output
- ◆ Present On Admission reports for facilities
 - Overall breakdown of POA indicator
 - Breakdown by Attending Physician
 - Related to the eight conditions that will affect CMS reimbursement rates if not POA

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Other?



Thank you for participating in today's session.