WEST VIRGINIA Department of Health & Human Resources

WEST VIRGINIA HEALTHCARE AUTHORITY

West Virginia
Hospital Data Submission System

Data Collection Policies and Procedures

West Virginia Hospital Association

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Contents

The West Virginia Health Care Authority (WVHCA) has been charged by the West Virginia Legislature with ensuring compliance with W.Va. Code §16-29B-1 et seq. and the Financial Disclosure Rule, 65 C.S.R. 13. Collection of data for all hospital inpatient stays and outpatient encounters is a part of this duty. Data collected and analyzed through the West Virginia Hospital Data Submission System (HDSS) are used by state and federal agencies, hospitals, universities, and non- profit organizations for health care regulatory and planning purposes. The WVHCA analyzes these data to assess health care access, quality, and cost, as well as disease prevalence and disparities, in West Virginia. This information is used to inform hospital Certificate of Need decisions, and statewide health policy efforts.

This document outlines the required protocols for submission of hospital inpatient and outpatient data to the WVHCA. Additional documents outlining guidelines and specifications for data reporting and editing can be accessed from the WVHCA website at https://hca.wv.gov/fdhome/HospInpatientData/Pages/default.aspx.

I. Data Specifications

A. Hospital inpatient and outpatient data are required to be extracted from billing systems and submitted by all hospitals to the WVHCA in the formats outlined in the *837I Companion Guide* and *Data Element Specifications* documents, which specify the required data file layout and field content.

B. Data must be submitted for all hospital inpatient stays and outpatient encounters, regardless of the expected source of payment. This is to include, but is not limited to, self-pay and charity discharges, and swing discharges.

C. For each inpatient stay and outpatient encounters, the record(s) submitted must represent the final and complete claim. It is recommended that one final record be submitted per discharge, after the claim has been closed. However, ~~interim and~~ subsequent records can be submitted to adjust, supplement, or void a previously submitted claim.

D. Each discharge is uniquely identified in the data files by a combination of three fields (referred to as the discharge identification key): Medicare provider number (HOSP), patient number (PATNO), and service end date (EDATE). If multiple records are submitted for the same discharge, all records must contain the same values for these three fields.

E. For all inpatient stays that result in a birth, a separate record/claim must be submitted for mother and baby(s).

II. Data Submission and Quality

A. Discharge and encounter records are required to be submitted on a monthly basis within 60 days after the end of the submission month.

B. Data are required to be submitted to the DHHR vendor, the West Virginia Hospital Association, utilizing the Hospital Data Submission System (HDSS), as outlined in the *837I Companion Guide* and *Data Element Specification*.

C. Upon upload to the HDSS, edit checks are performed on the data to assess the completeness and quality of records. Results of the edit checks are displayed in the HDSS and must be reviewed prior to inclusion of the data ~~into~~ in the master database. All fatal errors must be corrected while warning errors are provided for consideration and review. A complete list of the edit checks are outlined in the *Edit Check Definitions* guide.

D. As stated in Section I.C, subsequent records can be submitted to adjust, supplement, or void claims previously submitted to the master database. Refer to the *HDSS User Guide* for specific information on revising the master database.

E. Data quality reports (DQRs) are available on the data submission and editing website to provide information regarding the completeness and accuracy of submitted data. These reports are designed to assist in the data submission process and should be reviewed regularly to identify and assess data errors. Refer to the *HDSS User Guide* for specific information on accessing and using the DQRs.

III. Reconciliation

A complete and accurate dataset is ensured by conducting data reconciliation at the time of data submission.

A. A Submission Details Report is created for every file uploaded. This report provides the batch ID, original filename, submission date, facility Medicare number, user submitting the file, date range of data within the file, date the file was processed, date the file was deleted and the user that deleted it (if applicable), status of the batch and format of the data file received.
Additional information on this report includes a list of record counts for each bill type, a total record count loaded, a summary of records that were not loaded and a list of record counts by month-year.

B. The Verification Report is an Excel document that shows distributions of inpatient and outpatient records by month and patient data elements.
Data elements include discharges/visits by month, priority of admission, point of origin, patient discharge status, age, sex, race, ethnicity, number of diagnosis codes, number of procedure codes, length of stay, primary payer and payer by Medicare provider number.
Users compare this report to internal reports to validate and reconcile the data uploads.

C. The Submit List report provides a listing of all accounts included in the batch. The Submit List report includes Patient Account Number, Medicare Provider Number, Admission Date, Discharge Date, Bill Type and Payer Code.
Hospitals use this detailed listing to further investigate any questions or issues that were identified when

reviewing the Verification Report.

The Submission Details Report and Verification Reports are created and updated each time data is uploaded or manually corrected. Based on the outcome of the reconciliation process, users may choose to delete the batch and resubmit a corrected file or make corrections to the records using the online patient correction process. Additional details may be found in the *HDSS User Guide*.

Summary reports by hospital are available for monitoring volumes and errors. The WV Health Care Authority and/or their discharge data vendor will work with hospitals to resolve any discrepancies identified.

IV.Compliance

A. Compliance with these policies and procedures is required by W. Va. Code §16-29B-1 *et seq.* and the Financial Disclosure Rule, 65 C.S.R. 13. Facilities are deemed out of compliance if submissions are 120 days overdue or if data quality or format is not in conformity with the required specifications.

B. Noncompliant facilities may be announced in the Health Care Authority's weekly newsletter *Health Care Review*.

V. Technical Assistance

All documentation outlining the required guidelines and specifications for data reporting and editing can be accessed from the WVHCA website at:
https://hca.wv.gov/fdhome/HospInpatientData/Pages/default.aspx

For technical assistance related to the data submission website (HDSS), contact the West Virginia Hospital Association.

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