



## **New State of Oregon Reporting Requirements and COMPdata Systems and Functions 2008**

### **OBJECTIVES**

- New State of Oregon Regulations and Managing Compliance
- Introduction to AMR's COMPdata and Data Coordinator Responsibilities
- Computer Resource Requirements
- Process for Submitting Data
- Qualifying Procedures and Implementation Time Frames
- Expanded Flat File Format
- Online Retrieval of Feedback Reports
- Test File Deletion Function
- Feedback Report Review

## NEW STATE MANDATED DATA REPORTING REQUIREMENTS



- New Reporting Requirements:
  - ✓ Changes Listed Under Oregon Revised Statute 442.120
  - ✓ Letter of Notification Sent to All OR ASCs by the Office for Oregon Health Policy and Research (OHPR) on 06/28/07
  - ✓ New Rules Include:
    - ❖ Data Elements Required for Reporting
    - ❖ Data Submission File Formats
    - ❖ ASC Data Reporting

## MANAGING COMPLIANCE UNDER THE NEW REQUIREMENTS

- **ALL** Oregon ASCs are Subject to the New State of Oregon Reporting Requirements
- Facilities Will be Held to 95% Complete Data at All Times
- % May Be Increased Shortly
- GOAL IS ALWAYS 100% COMPLETE DATA



## WHAT IS COMPdata?

## INTRODUCTION TO COMPdata

- COMPdata is the portion of the Association Management Resources (AMR) that collects, edits, and audits healthcare discharge data for both ASCs and hospitals in multiple states.
- Many years of experience in collecting discharge data, processing it, and providing it to various state agencies and organizations, as contracted.
- COMPdata is the contracted data collection agent for Oregon, as well as a subcontractor for these services with Associations in KY, MT, IL & ID.
- Contracted by facilities in many states for submission of quality Core Measurement data to The Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC).
- All transactions and processes are HIPAA compliant, ensuring patient privacy and secure access.
- COMPdata also makes unidentified discharge data available for utilization and community healthcare analysis, performance measurement, and planning purposes to subscribers in all of our contracted states.



## ROLES AND RESPONSIBILITIES OF THE DATA COORDINATOR

## DATA COORDINATOR DUTIES AND DESIGNATION



- Data Coordinator – Responsible for :
  - ✓ Submission of Patient Data
  - ✓ Correction of Submission Errors
  - ✓ Review of Feedback Reports and Ensuring that all Data is Accurate for Facility
  - ✓ Duties May be Handled by One Staff Member or Split Among More than One
- ASC CEO Designates Data Coordinator(s):
  - ✓ Primary
  - ✓ Backup
  - ✓ Initial Designation Via Data Coordinator Information Form Found in the Data Coordinator Manual.
  - ✓ E-mail Us at [ubhelp@ihastaff.org](mailto:ubhelp@ihastaff.org) With Updates to the Data Coordinator Information

## EXPECTATIONS OF THE ASC DATA COORDINATOR

- Provide Facility and Data Coordinator Names, and Email Addresses for Ongoing Communication
- Submit Data Routinely
- Meet Submission Timeframes
- Report Monthly Actual Case Discharge Counts
- Review Feedback Reports and Reconcile Errors
- Monitor Reporting Levels
  - ✓ Percentage of Data Loaded
  - ✓ Quality of Elements Submitted



## IMPORTANCE OF DATA QUALITY

- Data Used by Various Governmental Agencies
- Utilized for Facility Internal Analysis
- Insufficient/Incomplete Data Submissions Affect Community Planning and Disparity Analysis by State Agencies, Reducing Benefit to Patients



## DATA COORDINATOR KEYS TO HIGH QUALITY

- Provide Data that is Complete And Error Free
- Submit Before Final Quarter Submission Deadline
- Supply Monthly Case Discharge Counts
- Review Distribution of Data Elements Within Feedback Reports

**COMP**data<sup>®</sup>

**SUBMITTING DATA**

## SUPPORT MATERIALS

- Data Coordinator Manual – Includes Sections:
  - ✓ Format Specs
  - ✓ Electronic File Transfer (EFT) Mini-Manual
  - ✓ Online Feedback Report Access Mini-Manual
  - ✓ Various Oregon and ASC Specific Details
- Additional Resources and Assistive Materials on Tools and Aids Webpage
  - ✓ <http://www.compdatainfo.com/training/tools.html>



The screenshot shows a web browser window with the address bar containing <http://www.compdatainfo.com/training/tools.html>. The website header features the COMPdata logo and the tagline "COMPdata Does More!". A left-hand navigation menu lists various site sections. The main content area is titled "Data Coordinator Training Tools and Aids" and provides an overview of the resources available, including sections for Error Correction Tips, New File Format Tips, Outpatient Category Bucket Assignment Reference Sheet, and an FAQ Sheet.

**COMPdata**  
*COMPdata Does More!*

**Data Coordinator Training Tools and Aids**

Provided below are various tools and aids to assist Data Coordinators with the tasks for which they are responsible.

**ERROR CORRECTION TIPS**

- Provides step-by-step process for reconciling errors on the Edit Error feedback report.
- For use with Production or Test data files.

**NEW FILE FORMAT TIPS**

- Provides checklist for common errors on the new file formats.
- Use prior to first new file format submission, in either the Test or Production system.
- For states going through a file format conversion.

**OUTPATIENT CATEGORY BUCKET ASSIGNMENT REFERENCE SHEET**

- [Illinois](#)
- [Kentucky](#)
- [Montana](#)
- [Oregon](#)
- Provides applicable code specs for each Outpatient category
- Use to assist with calculating monthly case counts

**FAQ SHEET**

- Responses to Frequently Asked Questions
- Listed by date of update.

## REQUIREMENTS FOR ACCESS



- Facility Internet Access Necessary:
  - ✓ Submission of Patient Data Files
  - ✓ Submission of Clinician Information
  - ✓ Retrieval of Feedback Reports
- Data Coordinator Email Address Necessary:
  - ✓ Receipt of Feedback Availability Notices
  - ✓ Submission of Monthly Discharge Case Counts
  - ✓ ListServe Correspondences Regarding Task Tips, Important Changes, and Upcoming Training
- IDs and Passwords Required:
  - ✓ Each Facility Will Be Provided With a Unique ID/Password Combination for EFT Submissions and a Separate One for Retrieving Feedback Reports
  - ✓ The IDs/Passwords will be Mailed Out to the Primary Facility Contact We Have on File, According to HIPAA Standards
  - ✓ For Inquiries, Email [ubhelp@ihastaff.org](mailto:ubhelp@ihastaff.org)

## SUBMISSION GUIDELINES



- Monthly Submissions are Preferred
- Obtain Submission Due Dates :
  - ✓ Go to our website: [www.compdatainfo.com](http://www.compdatainfo.com)
  - ✓ Click Data Collection Services,
  - ✓ Click UB/Administrative
  - ✓ Click Submission Deadlines
  - ✓ (Regular Email Reminders Sent)
- Report Actual Monthly Facility Discharges
  - ✓ Email Monthly Counts to [compdatamonthlycounts@ihastaff.org](mailto:compdatamonthlycounts@ihastaff.org)
  - ✓ Email Must Include:
    - ❖ Outpatient Count
    - ❖ Month / Year
    - ❖ Your Name and Phone #
    - ❖ Your Facility Name, City and State

## WHY DO WE NEED THESE NUMBERS?



Monthly Case Counts Needed:

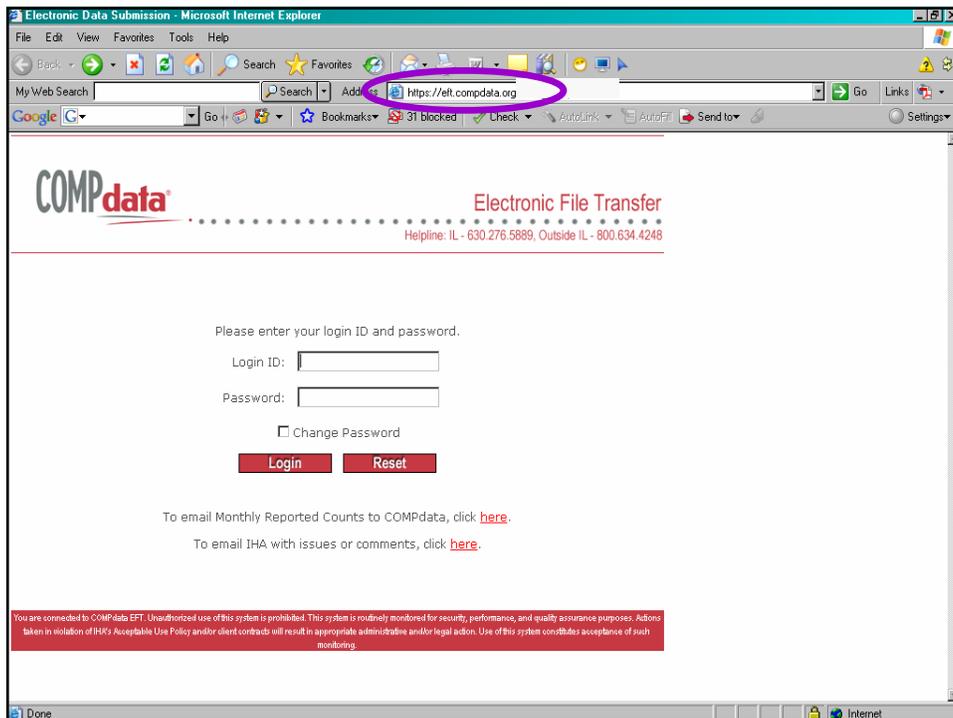
- To Compare Actual Discharges to Error Free Submissions Loaded
- Discharge Percentage Loaded is Calculated as Follows: Data Counts Submitted and Loaded to COMPdata, Divided by Actual Monthly Reported Counts

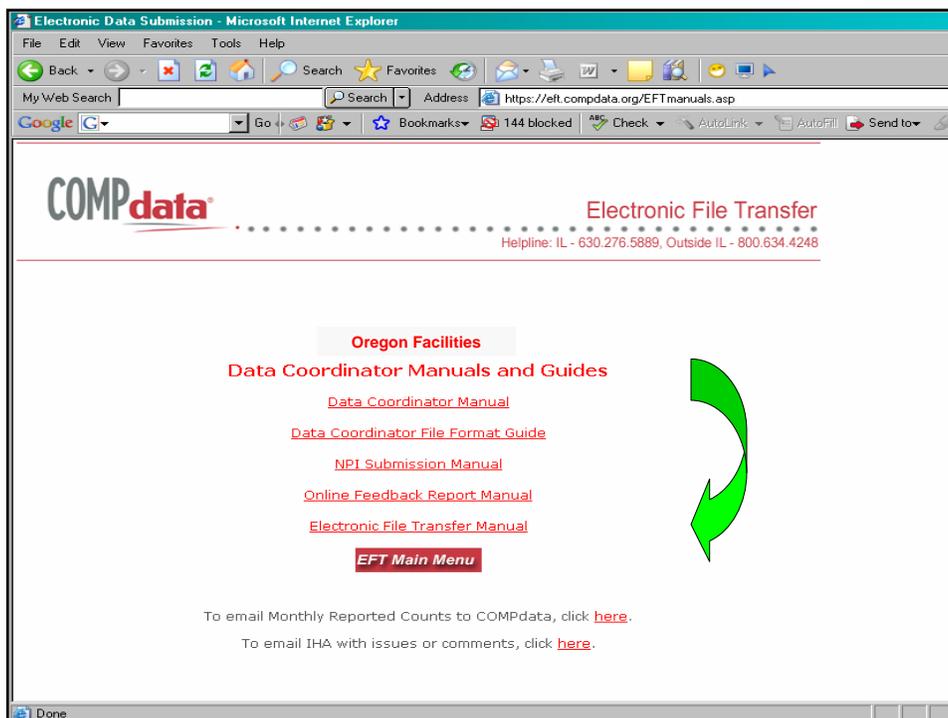
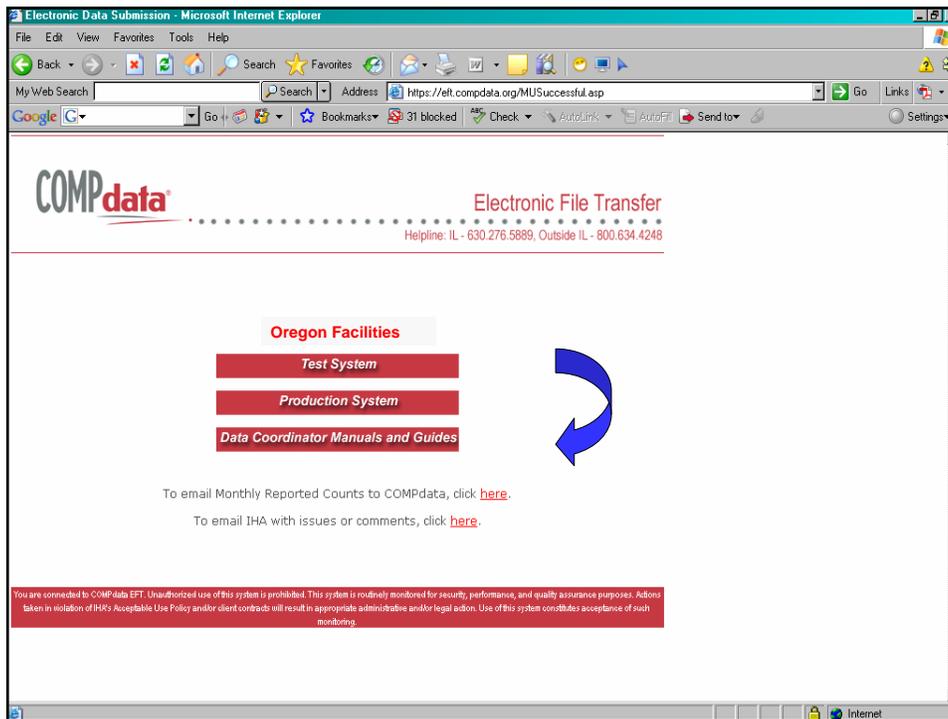
## PATIENT FILE NAMING CONVENTION

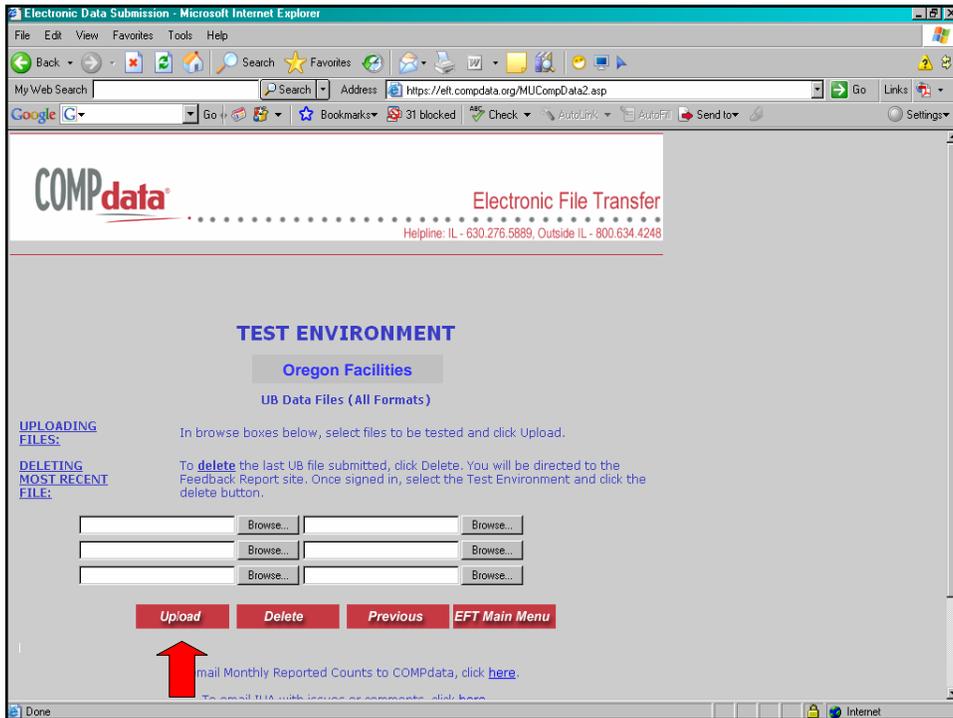
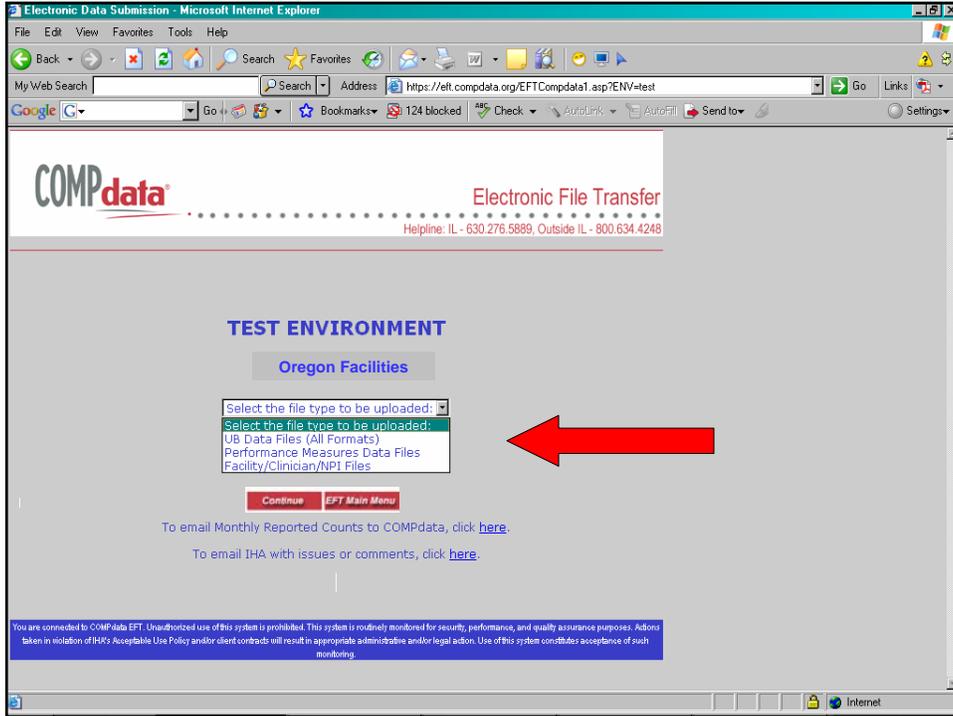
- Patient Data Files Must be Named as Follows:
  - ✓ Begin with Facility ID = NPI:
  - ✓ 3 Characters for the Month (Lowercase)
  - ✓ 2 Digits for the Year
  - ✓ 3 or 4 Characters to Specify Outpatient Data
    - ❖ "opt" or "OROS"
  - ✓ e.g. 1234567890jan08opt
- Instructions Also in Manual – pg. 49

## ELECTRONIC SUBMISSION PROCESS

- Website: <https://eft.compdata.org>
- Website Login
- Indicate Production or Test
- Select up to 6 Files
- Confirmation Page







Electronic Data Submission - Microsoft Internet Explorer

Address: https://eft.compdata.org/EFTCompdata1.asp?ENV=prod

**COMPdata** Electronic File Transfer  
Helpline: IL - 630.276.5889, Outside IL - 800.634.4248

**PRODUCTION ENVIRONMENT**

Oregon Facilities

Select the file type to be uploaded:  
 Select the file type to be uploaded:  
 UB Data Files (All Formats)  
 Performance Measures Data Files  
 Facility/Clinician/NPI Files

Continue EFT Main Menu

To email Monthly Reported Counts to COMPdata, click [here](#).  
 To email IHA with issues or comments, click [here](#).

You are connected to COMPdata EFT. Unauthorized use of this system is prohibited. This system is routinely monitored for security, performance, and quality assurance purposes. Actions taken in violation of IHA's Acceptable Use Policy and/or client contracts will result in appropriate administrative and/or legal action. Use of this system constitutes acceptance of such monitoring.



Electronic Data Submission - Microsoft Internet Explorer

Address: https://eft.compdata.org/EFTCompData2.asp

**COMPdata** Electronic File Transfer  
Helpline: IL - 630.276.5889, Outside IL - 800.634.4248

**PRODUCTION ENVIRONMENT**

Oregon Facilities

Please select UB Data Files (All Formats) to be uploaded:

<input type="text"/>	Browse...	<input type="text"/>	Browse...
<input type="text"/>	Browse...	<input type="text"/>	Browse...
<input type="text"/>	Browse...	<input type="text"/>	Browse...

Upload Previous EFT Main Menu

To email Monthly Reported Counts to COMPdata, click [here](#).  
 To email IHA with issues or comments, click [here](#).

You are connected to COMPdata EFT. Unauthorized use of this system is prohibited. This system is routinely monitored for security, performance, and quality assurance purposes. Actions taken in violation of IHA's Acceptable Use Policy and/or client contracts will result in appropriate administrative and/or legal action. Use of this system constitutes acceptance of such monitoring.

Electronic Data Submission - File Uploaded - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites

My Web Search Search Address <https://elt.compdata.org/MUuploadFile.asp> Go Links

Google Go Bookmarks 31 blocked Check AutoLink AutoFill Send to Settings

**COMPdata** Electronic File Transfer  
Helpline: IL - 630.276.5889, Outside IL - 800.634.4248

**TEST ENVIRONMENT**

**Oregon Facilities**

The following files have been successfully loaded via Electronic Data Submission:

File Name	File Size
y:\IL_UB_PFI51_512158_123456789002mar06inp.doc	
y:\IL_UB_PFI51_512158_123456789002mar06inp.doc	19968

1 file(s) successfully uploaded.

[Previous](#) [EFT Main Menu](#)

To email Monthly Reported Counts to COMPdata, click [here](#).

To email IHA with issues or comments, click [here](#).

Done Internet

**Print and save for future reference. Make a manual note of date and time.**

**COMPdata**

**QUALIFYING PROCEDURES AND IMPLEMENTATION TIMEFRAMES**

## OS CPT RANGES

OUTPATIENT SURGICAL		
CPT Category III Codes (Emerging Technology)*	CPT Category I Codes (Surgical and Invasive Procedures)	CPT Category II Codes (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 CODES



### Qualifying Procedure Codes

- Venipuncture CPT Codes = 36415
- Do Not Report if it is the Only Procedure on the Patient Record
- Will Only be Captured if Reported in Conjunction with Other Qualifying Criteria for Outpatient Surgeries

## IMPLEMENTATION TIME FRAMES



- Data Expansion Timeline:
  - ✓ **07/01/08:** New Requirements Effective with Cases Beginning on this Date – for OHPR “Test” Data
  - ✓ **TBA:** COMPdata Test System Opens for Availability and Early Testing
  - ✓ **10/01/08:**
    - ❖ Official Start Up Date for Facilities to Submit New Data and Formats into Test System FIRST
    - ❖ ONLY AFTER SUCCESSFUL, ERROR FREE TEST - ASCs Can Begin to Submit Live 3<sup>rd</sup> Quarter 2008 Data to Production System
  - ✓ **12/01/08:** Final Deadline for Submission of 3Q08 OHPR “Test” Data - Transition Must Be Complete and All OR ASCs Have Submitted the New Data Requirements to the Production System
  - ✓ **01/01/09:** Official Start Date to Begin Submission of 4<sup>th</sup> Quarter 2008 Data

## EXPANDED FLAT FILE FORMAT

- Record is 2500 Bytes Long
- No Header or Trailer Records
- Fields are Populated from HCFA 1500 Claims Info and/or Patient Encounter Info (Self Pay/Charity Cases)
- Plus Additional Data Elements as Required by OHPR
  
- Turn to Manual Page 11
  
- ★ 837 File Format Specs Will be Available for Vendor Use Shortly

## EXPANDED FLAT FILE LAYOUT

- Layout Contains the Following Columns:
  - ❖ Data Element #
  - ❖ Data Element Description
  - ❖ Position: From/To/Length
  - ❖ Type of Digits: Alpha-Numeric/Numeric Only
  - ❖ Field Justification
  - ❖ 1500 Form Locator
  - ❖ Definition and Instruction
  - ❖ Reference Charts
- Displays Programming Specs, Instructions, and Coding Information into one Place for All Data Elements
- Very User Friendly
- Legend at Bottom of Each Page

## NEW FILE FORMAT TIPS



- Formats Tips:
  - ✓ Procedures Must Appear in BOTH the Procedure Code/Date Fields and the Service Line Item/Date Fields
  - ✓ OS Service Line Items Should Have a Corresponding Charge
  - ✓ If Payer ID is Self Pay (98918), Then Payer Name Should be "Self Pay"
  - ✓ Do Not Add Header or Trailer Records – Will Cause File to Fail
- Utilize New File Format Tips Checklist



## ONLINE RETRIEVAL OF FEEDBACK REPORTS

### WHAT ARE FEEDBACK REPORTS?

- Feedback Reports are Created at the Time Submitted Files are Processed Overnight
- Provide Various Summaries of Submission Details and Errors
- Feedback Reports Must be Reviewed to Correct Submission Errors
- Feedback Reports Must be Used to Monitor Quality and Accuracy of the Data Submitted

## EMAIL NOTIFICATION

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

Data Collection Feedback Reports for Outpatient data submitted by ABC Facility on 23-SEP-08 are ready for your review.

Please go to [http://www.compdata.org/three\\_links.html](http://www.compdata.org/three_links.html) to access the COMPdata Data Collection Feedback Reports online.

If you have questions, please e-mail [ubhelp@ihastaff.org](mailto:ubhelp@ihastaff.org) or call the Helpline at 630.276.5889 in Illinois, or 800.634.4248 outside Illinois.

- After each new submission of outpatient surgical data is received and processed at COMPdata
- Primary and Backup Data Coordinators will receive an e-mail notification that they may now access their Feedback Reports on the Internet - For Both Test and Production Files

COMPdata Hotline: Illinois 630.276.5851 - Outside Illinois 866.262.6222  
COMPdata E-mail: [COMPdata@hastaff.org](mailto:COMPdata@hastaff.org)  
Data Collection Helpline: Illinois 630.276.5889 - Outside Illinois 800.634.4248  
Data Collection E-mail: [ubhelp@hastaff.org](mailto:ubhelp@hastaff.org)  
Performance Measures E-mail: [perfmeas@hastaff.org](mailto:perfmeas@hastaff.org)

New COMPdata® customers and returning customers with a new PC must download software to access COMPdata.

[Click here to download files for COMPdata](#)

[www.compdata.org/three\\_links](http://www.compdata.org/three_links)

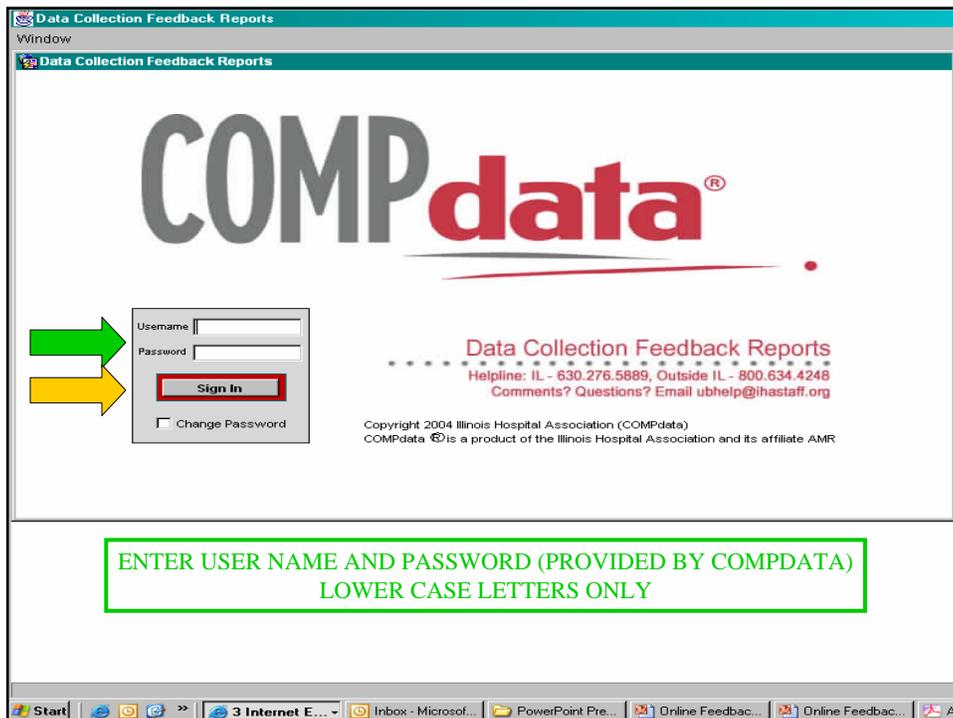
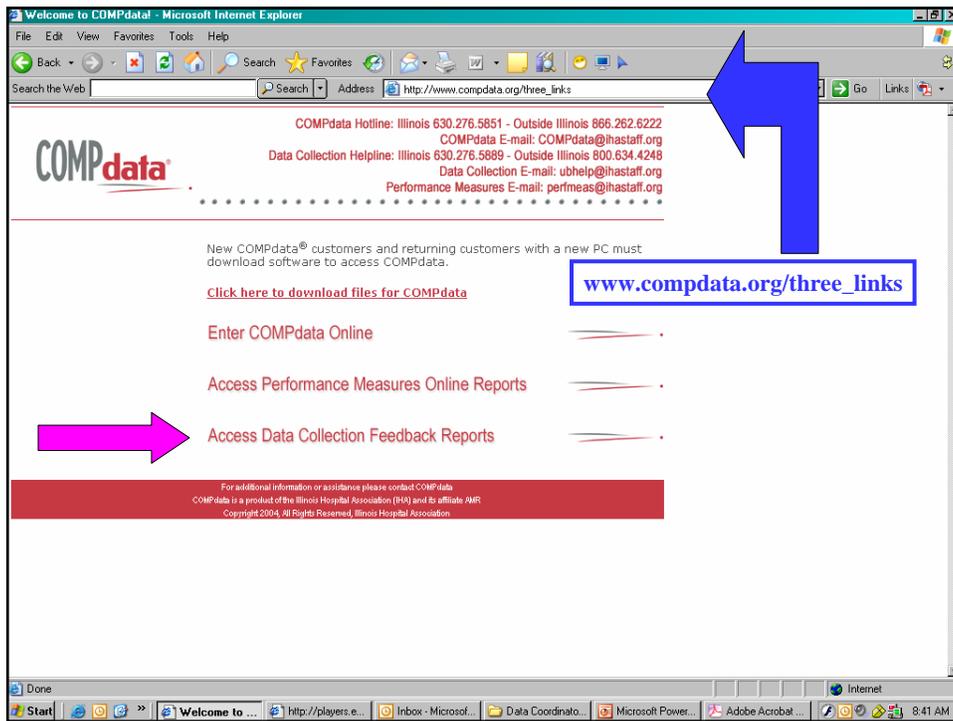
Enter COMPdata Online

Access Performance Measures Online Reports

Access Data Collection Feedback Reports

For additional information or assistance please contact COMPdata  
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Manual Pages 41 - 43



**Data Collection Feedback Reports**

Window

Data Collection Feedback Reports

**Report Selection** **Data Collection Feedback Reports**

Helpline: 630.276.5889 Outside Illinois: 800.634.4248 email: ubhelp@ihastaff.org

**PRODUCTION SYSTEM** **Data Coordinator Manuals and Guides**

**SELECT ENVIRONMENT**  PRODUCTION  TEST

**YOUR FACILITY NAME WILL APPEAR HERE**

**Zipped Reports** Click the 'Zipped Reports' button to receive a zipped file of your latest inpatient and outpatient submission reports. These zipped files already exist and will download in a few seconds.

**INDIVIDUAL PRODUCTION REPORTS**  
 Select the Data Collection Report you want to run by receive date:

**Run Report**  
**Help**

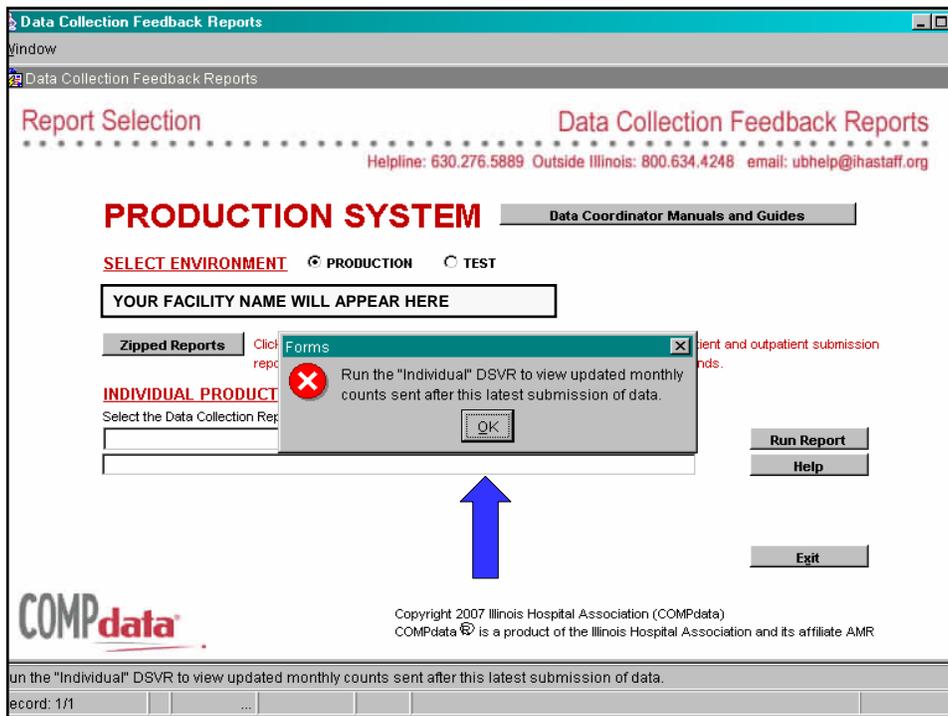
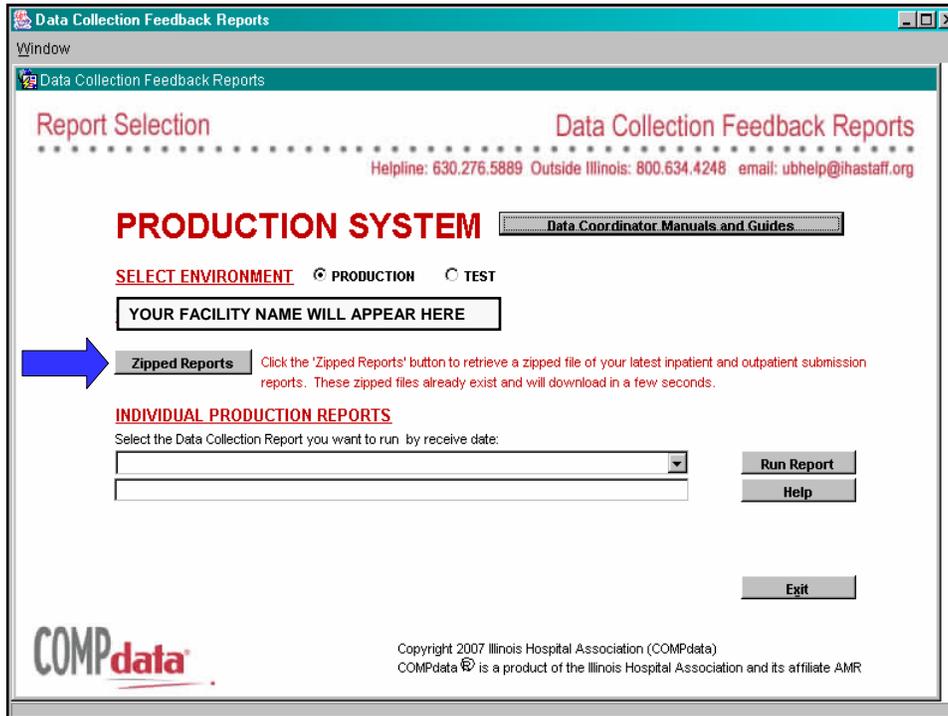
**ACCESS ZIPPED OR INDIVIDUAL REPORTS** **Exit**

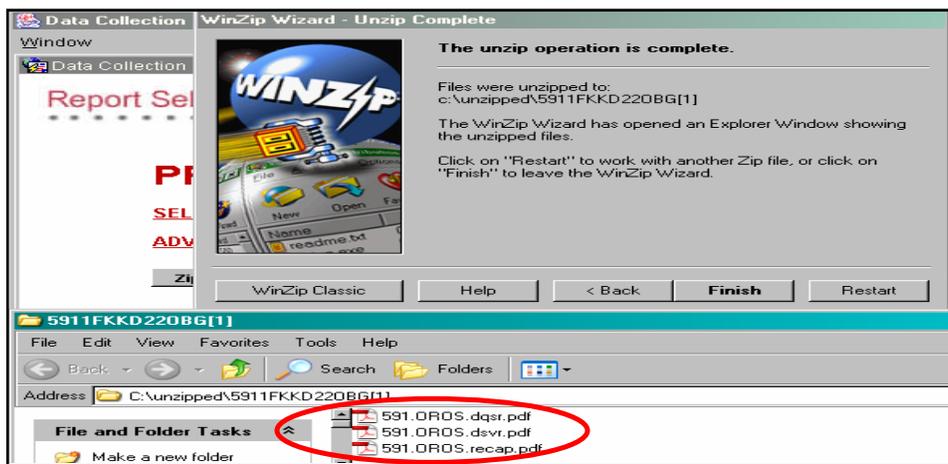
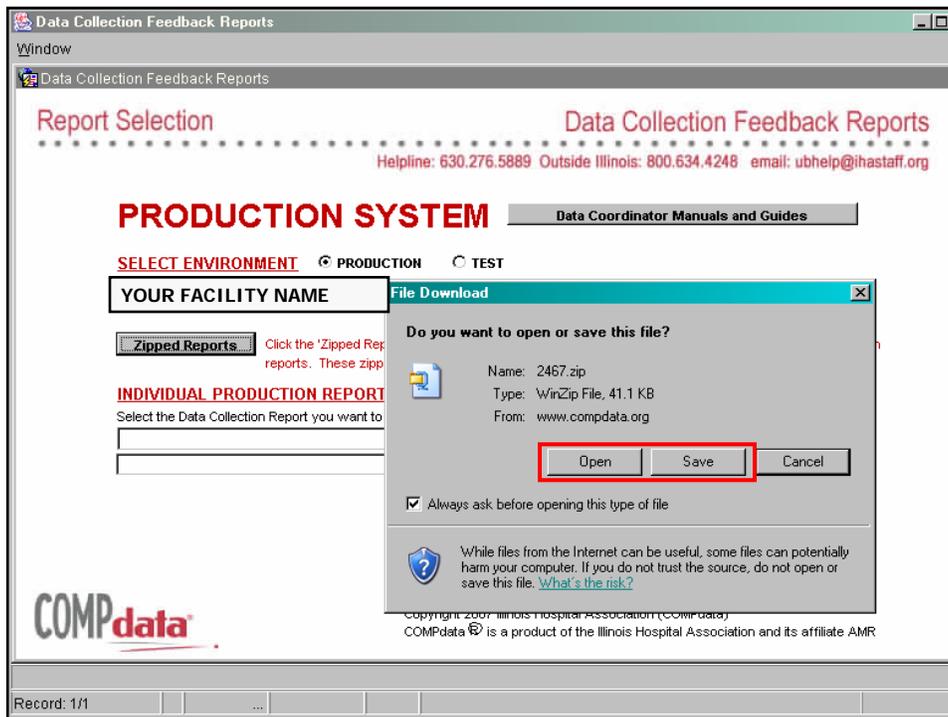
**COMPdata**

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**COMPdata**

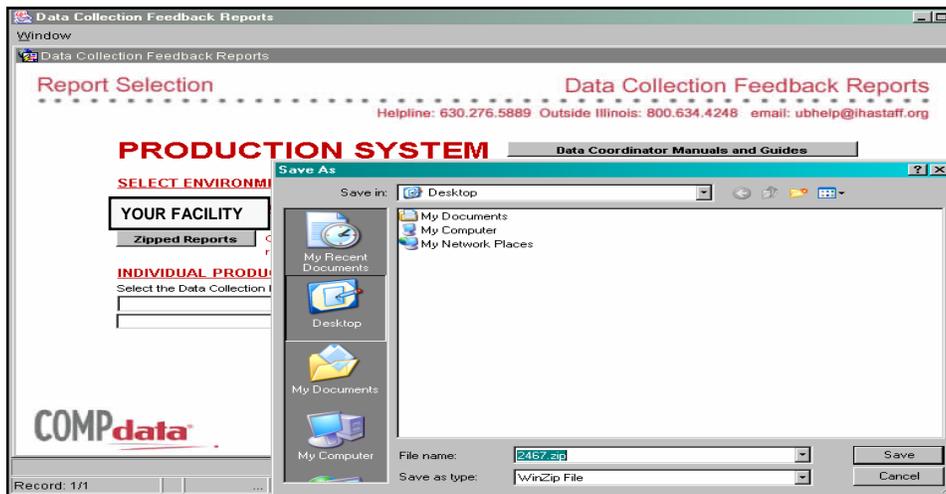
**ACCESSING ZIPPED REPORTS**





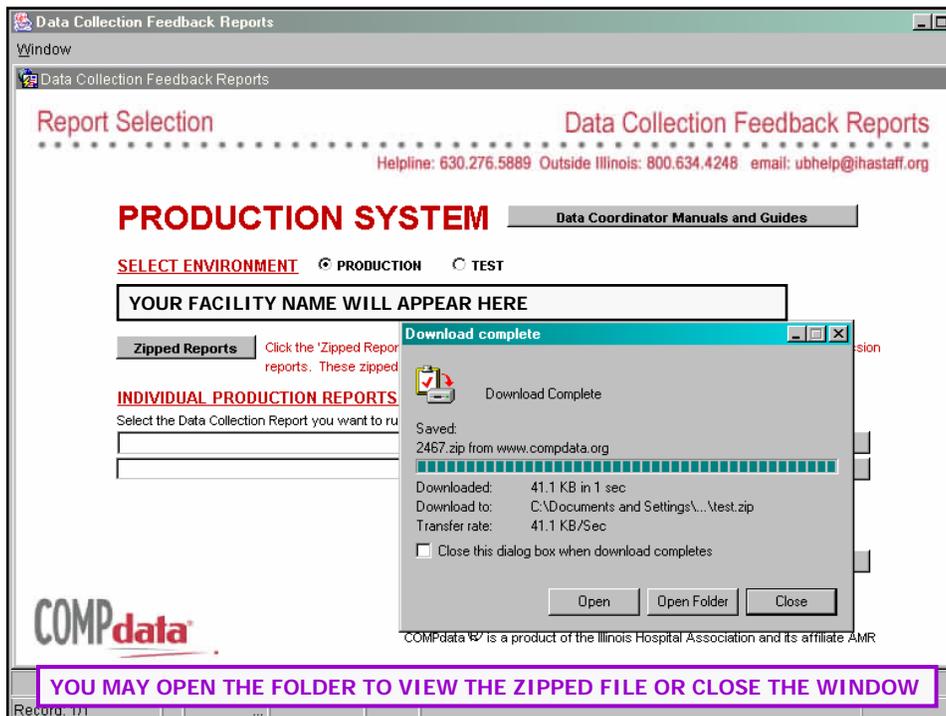
**To OPEN the zipped file:**

- Click on 'Open' in previous screen, unzip folder, and the above screen with the outpatient files listed is displayed.
- You can open and print one file at a time by holding down the Ctrl key and highlighting them. (Each file can be saved using File, Save As.)
- You may print all files at one time by selecting the first file, holding the Shift (on your keyboard) and selecting the last file.



**To SAVE the zipped file:**

- Saving the zipped file provides an opportunity to view and print the files at a later time.
- Select Save on previous screen, and the above 'Save As' window displays.
- Select location for file saving on the hard drive or directory of your choice.
- Change the File name and select 'Save.' A 'Download Complete' window displays.





## ACCESSING INDIVIDUAL REPORTS

**Report Selection** Data Collection Feedback Reports

Helpline: 630.276.5889 Outside Illinois: 800.634.4248 email: ubhelp@ihastaff.org

### PRODUCTION SYSTEM

[Data Coordinator Manuals and Guides](#)

**SELECT ENVIRONMENT**  PRODUCTION  TEST

YOUR FACILITY NAME WILL APPEAR HERE

**Zipped Reports** Click the 'Zipped Reports' button to retrieve a zipped file of your latest inpatient and reports. These zipped files already exist and will download in a few seconds.

#### INDIVIDUAL PRODUCTION REPORTS

Select the Data Collection Report you want to run by receive date:

- DATA SUBMISSION VERIFICATION REPORT
- EDIT ERROR REPORT
- DUPLICATE ERROR REPORT
- SUBMISSION RECAP REPORT
- DATA QUALITY SUMMARY REPORT

**1ST DROP DOWN BOX**

**Run Report**  
**Help**  
**Exit**

**COMP** ate AMR

Record: 1/1

**Accessing Individual Reports by Receive Date:**

- Select 1st Drop down box for available data collection feedback reports
- Select the type of feedback report you wish to run

**Data Collection Feedback Reports**

Window

Data Collection Feedback Reports

**Report Selection** Data Collection Feedback Reports

Helpline: 630.276.5889 Outside Illinois: 800.634.4248 email: ubhelp@ihastaff.org

**PRODUCTION SYSTEM** Data Coordinator Manuals and Guides

Data Submission Verification Report

Find 0%

Date Received

- 07-24-2007 - OROS
- 07-15-2007 - OROS

Find OK Cancel

Run Report Help

Exit

1. Select 'receive date' to run from the list of received dates (latest date on the top) and the category of OS for Outpatient Surgical. Select OK on the current window.
2. Click the 'Run Report' button.

**Note:** To check the progress of your report: Minimize your report screen and you will see a 'black bar' on the status bar running while the report is being generated.

**Data Collection Feedback Reports**

Window

Data Collection Feedback Reports

**Report Selection** Data Collection Feedback Reports

https://www.compdata.org/webtemp/dcub5911107135134DUPL.pdf - Microsoft Internet Explorer

File Edit Go To Favorites Help

Search the Web

Address: https://www.compdata.org/webtemp/

100%

ASSOCIATION MANAGEMENT RESOURCES

OUTPATIENT SURGICAL DATA COLLECTION

OUTPATIENT SURGICAL DUPLICATE ERROR REPORT

FACILITY NAME: ABC Facility, ANYTOWN

FACILITY ID: 111111111

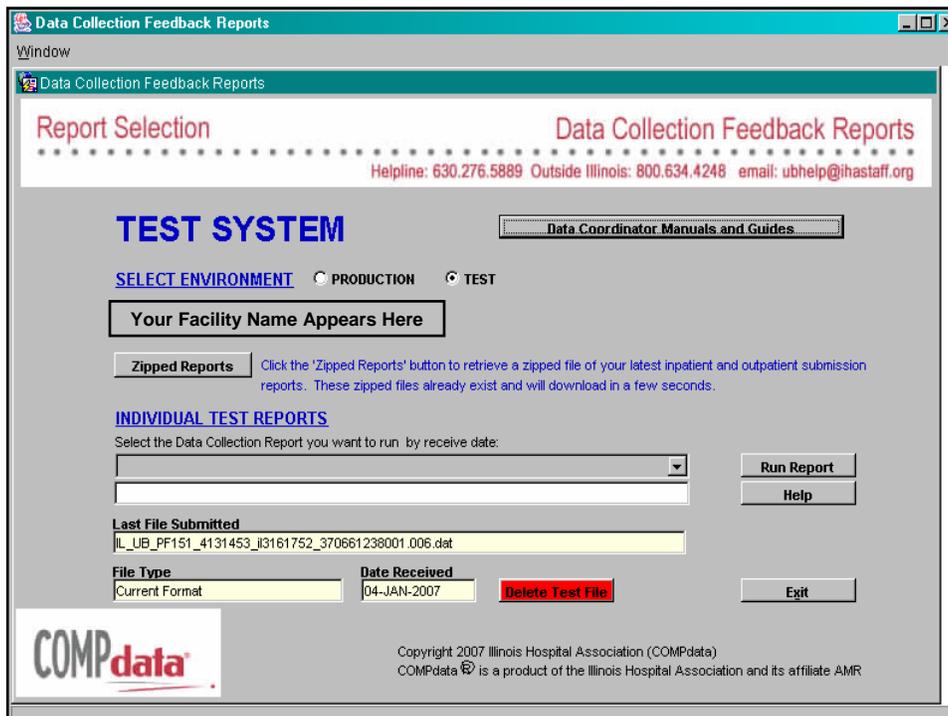
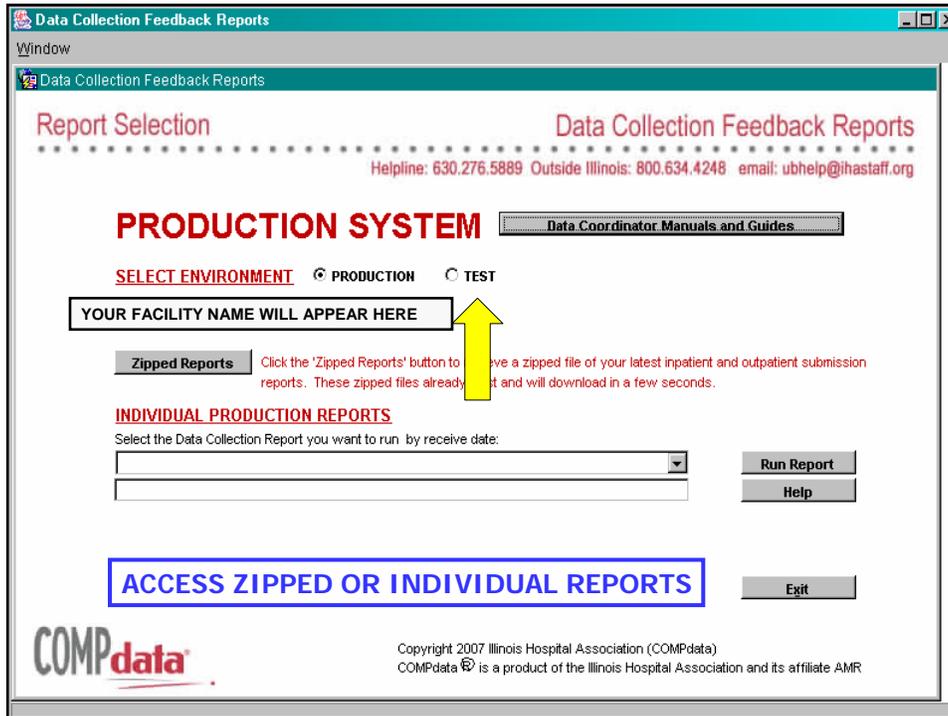
Date Received: 10/24/05

PATIENT ID NUMBER	BILL TYPE	DISCH DATE	SEX	PAT STAT	ADM DATE	BIRTH DATE	REASON FOR REJECT
1111111	131	01192005	F	01	01182005	05221964	DUPLICATE RECO
2222222	131	01282005	M	01	01282005	11271947	DUPLICATE RECO
3333333	131	01032005	F	30	12172004	12311962	DUPLICATE RECO
4444444	131	01252005	F	30	01042005	12311962	DUPLICATE RECO

1 of 20

**WINDOW APPEARS WITH PDF REPORT**

Start 4 Internet E... Inbox - Microsoft... Feedback Repor... Online Feedback... Adobe Acrobat P... Feedback Repor... 12:41 PM





## TEST FILE DELETION

## PURPOSE OF FILE DELETION FUNCTION

- In Production (Live System) an Adjusted File Re-Submitted Not Using the Appropriate "838" Process Results in a Rejection as a Duplicate Record
- For Speed of Testing, a File Deletion Function has been Set Up For the Test System Only, So This Process is Not Necessary and Doesn't Cause Duplicate Rejections
- Allows for Deletion of Last Submitted Test File
- File Content or Format Changes Can Then be Made and Resubmitted Quickly

## FILE DELETION STEPS

- Confirm That Information Displayed is for Last Submitted Test File:
  - ✓ File Name
  - ✓ File Type
  - ✓ Date Received
- Click on Delete Test File
- Action Description Flyover Appears

The screenshot shows a web application window titled "Data Collection Feedback Reports". The page has a header with "Report Selection" and "Data Collection Feedback Reports" along with contact information: "Helpline: 630.276.5889 Outside Illinois: 800.634.4248 email: ubhelp@ihastaff.org".

The main content area is titled "TEST SYSTEM" and includes a "Data Coordinator Manuals and Guides" link. Below this, there are radio buttons for "SELECT ENVIRONMENT" with options "PRODUCTION" and "TEST" (selected). A text box labeled "Your Facility Name Here" is present.

A "Zipped Reports" button is followed by a description: "Click the 'Zipped Reports' button to retrieve a zipped file of your latest inpatient and outpatient submission reports. These zipped files already exist and will download in a few seconds."

The "INDIVIDUAL TEST REPORTS" section has a dropdown menu for "Select the Data Collection Report you want to run by receive date:" and a "Run Report" button. A "Help" button is also visible.

The "Last File Submitted" section displays a text box with the file name: "IL\_UB\_FF151\_4131453\_#3161752\_370661238001.006.dat". Below this, there are two columns: "File Type" with "Current Format" and "Date Received" with "04-JAN-2007". A red "Delete Test File" button is highlighted with a yellow starburst, and a yellow arrow points to the "Last File Submitted" text box.

At the bottom left is the "COMPdata" logo, and at the bottom right is the copyright notice: "Copyright 2007 Illinois Hospital Association (COMPdata) COMPdata is a product of the Illinois Hospital Association and its affiliate AMR".

Data Collection Feedback Reports

**Report Selection** Data Collection Feedback Reports

Helpline: 630.276.5889 Outside Illinois: 800.634.4248 email: ubhelp@ihastaff.org

**TEST SYSTEM** Data Coordinator Manuals and Guides

[SELECT ENVIRONMENT](#)  PRODUCTION  TEST

Your Facility Name Will Appear Here

**Zipped Reports** Click the 'Zipped Reports' button to retrieve a zipped file of your latest inpatient and outpatient submission reports. These zipped files already exist and will download in a few seconds.

**INDIVIDUAL TEST REPORTS**

Select the Data Collection Report you want to run by receive date:

**Last File Submitted**  
OR\_Pf999\_1234567890JAN08OPT.TXT

**File Type**  **Date Received**

 Click to delete the most recent test file submission

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COMPdata®

FEEDBACK REPORTS

## FEEDBACK REPORT LISTING

- Recap Report
- Edit Error Report
- Duplicate Error Report
- DSVR
- DQSR

## RECAP REPORT

- Provides Recap of Individual Submission
- Displays the Following:
  - ✓ Facility Information
  - ✓ General Error Category Totals
  - ✓ Total # of Records Processed
  - ✓ Total # of Records With Errors
  - ✓ Total # of Records Without Edit Errors
  - ✓ Total # of Duplicate Records

## RECAP REPORT CONT.



- Provides Line Items with Reporting Percentages for Invalid Values of 2 Data Elements
  - ✓ Race
  - ✓ Ethnicity
- Percentages are Used as Warnings in Test Only
  - ✓ Records Will NOT Reject (in Test)
  - ✓ Allows for Phase in of Some New Elements
  - ✓ Must Correct During Testing Phase
  - ✓ Become Rejections in Production System
  - ✓ Use Your Facility Internal Data to Identify Cases

ASSOCIATION MANAGEMENT RESOURCES		OREGON OUTPATIENT	RUNDATE: 11/09/06
			PAGE: 1
<b>SUBMISSION RECAP REPORT</b>			
Date Received: 10/31/06			
<b>FACILITY ID#:</b>	999999999999	<b>VENDOR SUBMITTING DATA</b>	
<b>Facility Name:</b>	ABC HOSPITAL	<b>Name of Vendor:</b>	ABC VENDOR
<b>Street Address:</b>		<b>Street Address:</b>	
<b>City, State, ZIP:</b>	ANYTOWN,	<b>City, State, ZIP:</b>	ANYTOWN,
<b>ATTN:</b>	JANE DOE	<b>ATTN:</b>	
<b>TITLE:</b>		<b>TITLE:</b>	
<b>FAX:</b>	9999999999	<b>FAX:</b>	9999999999
	<b>NUMBER OF ERRORS</b>	<b>ERROR CATEGORIES</b>	
	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	
	<b>ACTUAL RECORDS RECEIVED</b>	<b>DATE</b>	
	1000	10/31/06	
	<b>PERCENTAGE REPORTED</b>	<b>TYPE OF RECORD</b>	
	7%	WITHOUT RACE*	
	1%	INVALID RACE*	
	3%	WITHOUT ETHNICITY*	
	0%	INVALID ETHNICITY*	
<p><b>Recap</b> →</p> <p><b>Warnings</b> →</p>			
<p><small>*This is a warning message only indicating that the field contained an invalid code. <u>The case was not rejected. Please ensure the correct values are reported.</u></small></p> <p><small>NOTE: Records with errors and submissions with format problems should be re-submitted to IHA/AMR COMPdata after the problems have been resolved.</small></p> <p><small>This report is provided to notify you of submission acceptance by IHA/AMR.</small></p> <p><small>For questions regarding this report, please call the IHA/AMR COMPdata Helpline at 630.276.5889</small></p>			

## EDIT ERROR REPORT

- Lists Each Record Containing an Error
- Displays the Following:
  - ✓ Facility Information
  - ✓ Data to Assist Patient Identification
  - ✓ Value And/or Explanation of Error
- Any Rejected Records Are Not Retained in Our Database
- Each Error Must Be Corrected and the Record Resubmitted
- Once Final Implementation Arrives, Warnings on Recap Report Will Become Rejections on the Edit Error Report in Production
- Error Message Definition Reference Sheet, Pgs 63 - 71 in Manual

ASSOCIATION MANAGEMENT RESOURCES										RUNDATE: 05/27/05
										PAGE: 1
OREGON OUTPATIENT EDIT ERROR REPORT										
FACILITY NAME: ABC FACILITY										
FACILITY ID: 111111111111										
Date Received: 05/18/05										
PATIENT ID NUMBER	BILL TYPE	DISCH DATE	SEX	PAT STAT	ADM DATE	BIRTH DATE	PAGE	ERROR TYPE	VALUE AND/OR EXPLANATION OF ERROR	
11111	111	040105	M	63	031605	07211928	1	ZIP CODE INVALID	60642	
22222	111	041105	M	01	040205	05101963	1	ZIP CODE INVALID	60600	
33333	111	040505	F	01	040305	02061989	1	ZIP CODE INVALID	60627	
44444	111	041305	M	01	040705	05121929	1	ZIP CODE INVALID	UNK	
55555	111	041805	F	01	041205	05231924	2	CHARGES NEGATIVE I	SUM OF CHARGES NEGATIVE FOR CHARGE # 2	
66666	111	042605	F	63	041305	01091962	1	ZIP CODE INVALID	60642	

## Making Corrections and Changes

- Records Rejected Due to Errors (Appearing on Report) Must Be Corrected and Resubmitted Using Original Bill Type.
  - ✓ Utilize Error Correction Tips Checklist
- Changing/Updating Existing Records (Not on Report)
  - ✓ The Original Record, With NO Changes, Must Be Resubmitted Using Bill Type 838.
    - ❖ This Deletes the Original Record Sent
  - ✓ Make Necessary Changes to the Record and Resubmit Using Bill Type 831.

## DUPLICATE ERROR REPORT

- Lists Each Record That Is Considered a Duplicate Entry
- If a Submission Record Contains the Same Information in the Displayed Fields As an Existing Record, It Is Considered a Duplicate
- Report Displays the Following Information:
  - ✓ Facility Information
  - ✓ Data to Assist in Identifying Patients
  - ✓ Reason for Rejection
- Data Coordinator Should Confirm Whether:
  - ✓ Record Is Actually a Duplicate Submission
  - ✓ There Is an Error in Need of Correction

## OREGON OUTPATIENT DUPLICATE ERROR REPORT

FACILITY NAME: ABC FACILITY

FACILITY ID: 111111111111

Date Received: 04/12/05

PATIENT ID NUMBER	BILL TYPE	DISCH DATE	SEX	PAT STAT	ADM DATE	BIRTH DATE	REASON FOR REJECTION
11111111111	111	010205	M	01	122804	05081936	DUPLICATE RECORD
22222222222	111	012005	M	03	011105	04281936	DUPLICATE RECORD
33333333333	111	011505	M	01	011405	03021970	DUPLICATE RECORD
44444444444	111	011805	M	01	011405	11211951	DUPLICATE RECORD
55555555555	111	011905	M	01	011505	11271954	DUPLICATE RECORD
66666666666	111	020305	M	01	012605	08211955	DUPLICATE RECORD
77777777777	111	022205	M	01	021905	06191954	DUPLICATE RECORD

## DATA SUBMISSION VERIFICATION REPORT (DSVR)

- Confirms the Volume of Data Submitted and Loaded to COMPdata
- Displays the Following Items:
  - ✓ Facility Information
  - ✓ Records:
    - ❖ Discharge Month
    - ❖ Records Received
  - ✓ Discharges
    - ❖ Discharges Received
    - ❖ Combined Bills Received
    - ❖ Rejected Errors
    - ❖ LOS and Duplicate Errors
    - ❖ Error Free Discharges
    - ❖ Total Reported Discharges
    - ❖ Percent Loaded
- Data Coordinator Must Report Actual Monthly Discharges Prior to Data Submission for Accurate Percent Loaded.

## REVIEW YOUR DSVR

- Verify That All Data Were Submitted and Actual Monthly Reported Discharges Are Accurate.
- Discharge Case Counts Can Be Resubmitted Before Quarter Closes If Necessary.
- Use It to Determine If You Need an Ad Hoc Report to Assist Your Reconciliation Process.
- Correct All Rejected Cases and Resubmit.
  - ✓ Errors Corrected in Database Will **Not** Adjust the Rejected Error # on This Report.



ASSOCIATION MANAGEMENT RESOURCES RUNDATE: 05/27/05  
PAGE: 1

OREGON OUTPATIENT  
DATA SUBMISSION VERIFICATION REPORT  
REPORTING PERIOD: 1<sup>ST</sup>-4<sup>TH</sup> QTR 05  
FACILITY NAME: ABC FACILITY  
FACILITY ID: 999999999999905

***** RECORDS *****		***** 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%
<b>QUARTER TOTALS</b>	<b>11604</b>	<b>10127</b>	<b>0</b>	<b>34</b>	<b>7027</b>	<b>3066</b>	<b>3093</b>	<b>99.13%</b>
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	%
<b>QUARTER TOTALS</b>	<b>978</b>	<b>866</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>858</b>	<b>0</b>	<b>.00%</b>
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	%
<b>QUARTER TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>.00%</b>
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	%
<b>QUARTER TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>.00%</b>
<b>PERIOD TOTALS</b>	<b>12582</b>	<b>10993</b>	<b>0</b>	<b>42</b>	<b>7027</b>	<b>3924</b>	<b>3093</b>	<b>126.87%</b>

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

# DATA QUALITY SUMMARY REPORT (DQSR)

- Provides Detailed Breakdown of Data Elements Submitted (Open Quarters Only)
- Report Displays:
  - ✓ Facility Information
  - ✓ Percentage of Reporting
  - ✓ Monthly/quarterly Reported Discharges
  - ✓ Monthly/quarterly Loaded Discharges
  - ✓ **Major Data Categories**
  - ✓ **Subcategories**

ASSOCIATION MANAGEMENT RESOURCES		OREGON OUTPATIENT SURGICAL											RUNDATE: 01/08/08
		DATA QUALITY SUMMARY REPORT											PAGE: 1
		FACILITY NAME: ABC FACILITY, ANYTOWN											
		FACILITY ID: 999999999999											
		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
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		116	132	133	381	123	0	0	123	0	0	0	0
<b>TYPE</b>													
<b>ADMISSION/PRIORITY(TYPE)</b>													
<b>OF VISIT:</b>													
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	7	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
<b>SOURCE ADMISSION/POINT OF</b>													
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
Prmr 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

ASSOCIATION MANAGEMENT RESOURCES		OREGON OUTPATIENT SURGICAL											RUNDATE: 01/08/08
		DATA QUALITY SUMMARY REPORT											PAGE: 2
		FACILITY NAME: ABC FACILITY, ANYTOWN											
		FACILITY ID: 999999999999											
		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
<b>SOURCE ADMISSION/POINT OF ORIGIN:</b>													
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	28	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													

ASSOCIATION MANAGEMENT RESOURCES		OREGON OUTPATIENT SURGICAL											RUNDATE: 01/08/08
		DATA QUALITY SUMMARY REPORT											PAGE: 3
		FACILITY NAME: ABC FACILITY, ANYTOWN											
		FACILITY ID: 999999999999											
		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
<b>DISCHARGE STATUS:</b>													
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 10/01/06		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

ASSOCIATION MANAGEMENT RESOURCES		OREGON OUTPATIENT SURGICAL DATA QUALITY SUMMARY REPORT FACILITY NAME: ABC FACILITY, ANYTOWN FACILITY ID: 999999999999 Reported Period: 3Q07-1Q08											RUNDATE: 01/08/08 PAGE: 4
	Jul 07	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	
<b>SEX:</b>													
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	
<b>AGE:</b>													
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	
<b>RACE:</b>													
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	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	
Patient Refused	0	0	0	0	0	0	0	0	0	0	0	0	
<b>ETHNICITY:</b>													
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	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	
Patient Refused	0	0	0	0	0	0	0	0	0	0	0	0	

ASSOCIATION MANAGEMENT RESOURCES		OREGON OUTPATIENT SURGICAL DATA QUALITY SUMMARY REPORT FACILITY NAME: ABC FACILITY, ANYTOWN FACILITY ID: 999999999999 Reported Period: 3Q07-1Q08											RUNDATE: 01/08/08 PAGE: 5
	Jul 07	Aug 07	Sep 07	3rd Qtr	Oct 07	Nov 07	Dec 07	4th Qtr	Jan 08	Feb 08	Mar 08	1st Qtr	
<b>DIAGNOSES:</b>													
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	
<b>E-CODED DISCHARGES:</b>													
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	
* Only counted for records submitted in Expanded Formats													

ASSOCIATION MANAGEMENT RESOURCES		OREGON OUTPATIENT SURGICAL										
		DATA QUALITY SUMMARY REPORT										
		FACILITY NAME: ABC FACILITY, ANYTOWN										
		FACILITY ID: 99999999999999										
		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
<b>1ST PATIENT REASON FOR VISIT DX:</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>2ND PATIENT REASON FOR VISIT DX:</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>3RD PATIENT REASON FOR VISIT DX:</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>PROCEDURES:</b>												
Principal	829	735	727	2,291	714	0	0	714	0	0	0	0
Second	478	196	214	888	192	0	0	192	0	0	0	0
Third	387	74	94	555	58	0	0	58	0	0	0	0
Fourth	278	46	51	375	30	0	0	30	0	0	0	0
Fifth	158	14	17	189	8	0	0	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-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

ASSOCIATION MANAGEMENT RESOURCES		OREGON OUTPATIENT SURGICAL										
		DATA QUALITY SUMMARY REPORT										
		FACILITY NAME: ABC FACILITY, ANYTOWN										
		FACILITY ID: 99999999999999										
		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
<b>LENGTH OF STAY:</b>												
0 Day Stay	1,220	1,356	1,384	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
<b>CHARGES:</b>												
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/Deliv	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

ASSOCIATION MANAGEMENT RESOURCES		OREGON OUTPATIENT SURGICAL DATA QUALITY SUMMARY REPORT FACILITY NAME: ABC FACILITY, ANYTOWN FACILITY ID: 999999999999 Reported Period: 3Q07-1Q08											RUNDATE: 01/08/08 PAGE: 8
	Jul 07	Aug 07	Sep 07	3rd Qtr	Oct 07	Nov 07	Dec 07	4th Qtr	Jan 08	Feb 08	Mar 08	1st Qtr	
<b>GROUP PLAN NUMBER:</b>													
Insurance Group Plan#	0	0	0	0	0	0	0	0	0	0	0	0	
<b>PRIMARY PAYER:</b>													
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	

ASSOCIATION MANAGEMENT RESOURCES		OREGON OUTPATIENT SURGICAL DATA QUALITY SUMMARY REPORT FACILITY NAME: ABC FACILITY, ANYTOWN FACILITY ID: 999999999999 Reported Period: 3Q07-1Q08											RUNDATE: 01/08/08 PAGE: 9
	Jul 07	Aug 07	Sep 07	3rd Qtr	Oct 07	Nov 07	Dec 07	4th Qtr	Jan 08	Feb 08	Mar 08	1st Qtr	
HMO/Managed Care		12	13	41	0	0	0	0	0	0	0	0	
Managed Assistance	16	4	1	6	0	0	0	0	0	0	0	0	
Medically Indigent/Free	1	1	5	11	0	0	0	0	0	0	0	0	
County/St. Employees	5	10	6	26	0	0	0	0	0	0	0	0	
Federal, CHAMPUS	10	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	
Blue Cross	0												
Other													
<b>SECOND PAYER</b>													
Effective with 01/01/2008													
Dischgs	0	0	0	0	0	0	0	0	0	0	0	0	
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													
Effective Thru 12/31/07 Dischgs	0	1	0	1	0	0	0	0	0	0	0	0	
Medicare	0	0	0	0	0	0	0	0	0	0	0	0	
Medicaid	5	3	4	12	0	0	0	0	0	0	0	0	
Commercial Ins.	18	13	18	49	0	0	0	0	0	0	0	0	
Self Pay	0	0	0	0	0	0	0	0	0	0	0	0	
Self Insured	0	0	0	0	0	0	0	0	0	0	0	0	
Worker Compensation	2	1	1	4	0	0	0	0	0	0	0	0	
HMO/Medicaid	7	13	8	28	0	0	0	0	0	0	0	0	
HMO/Managed Care	12	9	12	33	0	0	0	0	0	0	0	0	
Managed Assistance	0	0	0	0	0	0	0	0	0	0	0	0	
Medically Indigent/Free	0	3	4	7	0	0	0	0	0	0	0	0	
County/St. Employees	0	0	0	0	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													
Blue Cross													
Other													

ASSOCIATION MANAGEMENT RESOURCES		OREGON OUTPATIENT SURGICAL										RUNDATE: 01/08/08	
		DATA QUALITY SUMMARY REPORT										PAGE: 10	
		FACILITY NAME: ABC FACILITY, ANYTOWN											
		FACILITY ID: 999999999999											
		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
<b>THIRD PAYER:</b>													
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
Blue Cross													
Other													

ASSOCIATION MANAGEMENT RESOURCES		OREGON OUTPATIENT SURGICAL										RUNDATE: 01/08/08	
		DATA QUALITY SUMMARY REPORT										PAGE: 11	
		FACILITY NAME: ABC FACILITY, ANYTOWN											
		FACILITY ID: 999999999999											
		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
<b>PAYER FIELDS DUPLICATED:</b>													
989XX - excluding 98920		0	0	0	0	0	0	0	0	0	0	0	0
<b>CLINICIAN:</b>													
Attending		128	132	141	401	0	0	0	0	0	0	0	0
First Other		12	7	10	29	0	0	0	0	0	0	0	0
Second Other		5	4	6	15	0	0	0	0	0	0	0	0
Operating		25	19	29	73	0	0	0	0	0	0	0	0
INT000		0	0	0	0	0	0	0	0	0	0	0	0
RES000		0	0	0	0	0	0	0	0	0	0	0	0
PHS000		0	0	0	0	0	0	0	0	0	0	0	0
VAD000		0	0	0	0	0	0	0	0	0	0	0	0
BIA000		0	0	0	0	0	0	0	0	0	0	0	0
SLF000		0	0	0	0	0	0	0	0	0	0	0	0
OTH000		0	0	0	0	0	0	0	0	0	0	0	0
MID000		0	0	0	0	0	0	0	0	0	0	0	0

ASSOCIATION MANAGEMENT RESOURCES		OREGON OUTPATIENT SURGICAL											
		DATA QUALITY SUMMARY REPORT											
		FACILITY NAME: ABC FACILITY, ANYTOWN											
		FACILITY ID: 999999999999											
		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
<u>CLINICIAN IDs REPEATED:</u>													
Attending/Consulting/Operating		105	112	119	336	106	0	0	106	0	0	0	0
<u>ZIP CODES:</u>													
Equal to 00000 (Unknown)		0	0	0	0	0	0	0	0	0	0	0	0
Equal to 99999 (Foreign)		0	0	0	0	0	0	0	0	0	0	0	0
<u>ACCIDENT STATE:</u>													
		0	0	0	0	0	0	0	0	0	0	0	0
<u>ACCIDENT EMPLOYMENT RELATED:</u>													
		0	0	0	0	0	0	0	0	0	0	0	0
<u>CONDITION EMPLOYMENT RELATED:</u>													
		0	0	0	0	0	0	0	0	0	0	0	0
<u>CRIME VICTIM CODE:</u>													
		0	0	0	0	0	0	0	0	0	0	0	0

ASSOCIATION MANAGEMENT RESOURCES		OREGON OUTPATIENT SURGICAL											
		DATA QUALITY SUMMARY REPORT											
		FACILITY NAME: ABC FACILITY, ANYTOWN											
		FACILITY ID: 999999999999											
		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
<u>SERVICE UTILIZATION BY CPT CODES:</u>													
01= 00100-01999 Anesthesia		0	0	0	0	0	0	0	0	0	0	0	0
02= 10021-19999 Integumentary System		0	0	0	0	0	0	0	0	0	0	0	0
03= 20000-29999 Musculoskeletal System		26	18	19	63	4	0	0	4	0	0	0	0
04= 30000-32999 Respiratory System		0	0	0	0	0	0	0	0	0	0	0	0
05= 33000-37999 Cardiovascular System		346	27	33	406	23	0	0	23	0	0	0	0
06= 38100-38999 Hemic and Lymphatic System		0	0	0	0	0	0	0	0	0	0	0	0
07= 39000-39599 Mediastinum and Diaphragm System		0	0	0	0	0	0	0	0	0	0	0	0
08= 40490-49999 Digestive System		0	0	0	0	0	0	0	0	0	0	0	0
09= 50010-53999 Urinary System		7	12	6	25	8	0	0	8	0	0	0	0
10= 54000-55899 Male Genital System		0	0	0	0	0	0	0	0	0	0	0	0
11= 55970-55999 Intersex		0	0	0	0	0	0	0	0	0	0	0	0
12= 56300-56399 Laparoscopy, Peritoneoscopy and Hysteroscopy		0	0	0	0	0	0	0	0	0	0	0	0
13= 56405-58999 Female Genital System		1	0	1	2	2	0	0	2	0	0	0	0
14= 59000-59999 Maternity Care and Delivery		0	0	0	0	0	0	0	0	0	0	0	0
15= 60000-60699 Endocrine System		0	0	0	0	0	0	0	0	0	0	0	0
16= 61000-64999 Nervous System		0	0	0	0	0	0	0	0	0	0	0	0

ASSOCIATION MANAGEMENT RESOURCES		OREGON OUTPATIENT SURGICAL											
		DATA QUALITY SUMMARY REPORT											
		FACILITY NAME: ABC FACILITY, ANYTOWN											
		FACILITY ID: 99999999999999											
		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	
17= 65091-68999 Eye and Ocular Adnexa	3	0	0	3	0	0	0	0	0	0	0	0	
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 Laboratory	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	
<b>SERVICE UTILIZATION BY HCPCS CODES:</b>													
22= A0021 - A0099 Transportation 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 Splinting Supplies	0	0	0	0	0	0	0	0	0	0	0	0	

ASSOCIATION MANAGEMENT RESOURCES		OREGON OUTPATIENT SURGICAL											
		DATA QUALITY SUMMARY REPORT											
		FACILITY NAME: ABC FACILITY, ANYTOWN											
		FACILITY ID: 99999999999999											
		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	
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.

## RESOURCE REFERENCE

- General Inquiries: [ubhelp@ihastaff.org](mailto:ubhelp@ihastaff.org)
- Submission of Monthly Discharge Counts: [compdatamonthlycounts@ihastaff.org](mailto:compdatamonthlycounts@ihastaff.org)
- Training Questions: [compdataedu@ihastaff.org](mailto:compdataedu@ihastaff.org)
- Submission of Patient Files: <https://eft.compdata.org>
- Online Feedback Report Retrieval: [https://www.compdata.org/three\\_links](https://www.compdata.org/three_links)
- Tools and Aids: <http://www.compdatainfo.com/training/tools.html>
- Helpline: 800/634-4248

[UBHELP@IHASTAFF.ORG](mailto:UBHELP@IHASTAFF.ORG)

800/634-4248

**QUESTIONS ????**

**SUGGESTIONS ???**

**CONCERNS ???**