

Frequently Asked Questions (FAQ) about submitting Hospital Inpatient Discharge Data (HIDD) to the New Mexico Health Policy Commission for the calendar year 2009.

Please Note that the [HIDD File Layout Specifications](#). will tell you where each field in the file begins and ends and the [Data Reporting Requirements for Healthcare Facilities](#) (7.1.4 NMAC 1978) rule outlines the requirements and provides valid values for standard fields.

1. Submitting Data and Deadlines

A. Since we compile and submit the data ourselves, do we submit just once a year?

Yes, you submit one file for each facility once per year, **between January 1 and March 31 of the following year**. Per the NM Health Policy Commission's (NMHPC) Rule, [Data Reporting Requirements for Healthcare Facilities](#) (7.1.4 NMAC 1978), late submittal of HIDD data to the NMHPC may result in a penalty of up to \$1,000. If you submit data to Thomson Reuters, you continue to submit to them quarterly. Thomson will then submit all data compiled to the HPC annually.

B. We submit both inpatient and outpatient data to Centers for Medicare and Medicaid Services (CMS) through Thomson-Reuters. We are getting a number of fatal errors on our outpatient file related to fields required for the NM Health Policy Commission (NMHPC) submission. However, if I read the letter we received correctly, we are only submitting inpatient data to the state. Am I correct? If so then possibly some or the errors we have can be ignored because—maybe Thomson Reuters (T-R) just templated the inpatient file for the outpatient.

The NMHPC should only be getting inpatient records from facilities and Thomson Reuters. If you are submitting both inpatient and outpatient, that may be the source for many errors. However, the NMHPC filters out anything that does not qualify as an inpatient. The definition of an inpatient is a patient that was admitted to a hospital for overnight stay or, if the patient expired on the same day as admitted. Thomson only submits inpatient data to the NMHPC. If you submit data to Thomson, please [contact Thomson Reuters directly](#) to see what their policies are regarding inpatient versus outpatient data.

C. What is the leading cause of our files to be returned by the NM Health Policy Commission (NMHPC) for errors?

The file is a fixed-width file which means that all data fields start and end at specific locations on the line of the record. The leading cause for the data to not load into the database is because the file is not padded (with spaces) out to the last position specified. For the submission of 2009 data the last position in the file is 587. Each record (line) should have this many characters on each line even though they will be blank spaces at the end of some lines. **In other words, when looking at the file, if you hit the "end" key on any line it should place your cursor at position 588.**

2. Required Fields and Blank Values

A. Is there a default SSN value that should be sent? What if patient has no SSN?

Please leave blank (space filled).

B. For Patient Ethnicity/Race, should we send 9 if there is no value reported for a patient?

U for unknown

<u>ID</u>	<u>Ethnicity</u>
A	Asian Pacific Islander
B	African American
H	Hispanic
I	Native American Indian
W	White
O	Other
U	Unknown

C. Are there required Present On Admission (POA) values? Should we send 1 or E or blank for exempt POAs?

For each corresponding diagnosis you must provide a POA as follows:

Y	Yes
N	No
U	No information on the record
W	Clinically Undetermined
1	Exempt

D. I received the recent mailing about the NM Health Policy Commission (NMHPC) reporting requirements. I recall from a webinar I attended in April that several hospitals had issues with the reporting because we do not collect the required information electronically. Specifically county and birth weight are the two that were discussed. Can you tell me if there have been any decisions regarding this issue and what can be done? Thanks.

Basically, this is going to require a change/amendment in our regulation (rule). The wording is confusing. The way that the rule reads makes it sound like each and every field in the file layout is required. Thomson Reuters (for those facilities who submit through them) has put that into their quality checks, so if there is any data missing it becomes a fatal error. We are working with Thomson to reduce the number of fatal errors for the facilities, specifically pointing out exactly which fields are absolutely required and which fields are required only if you have that data in your systems. For now, please look at as **if you have the data, you are required to include that in the file.** If you do not have the value, just leave it blank in the file. Having said that the following data elements are absolutely crucial and records missing any of these elements will be rejected by the system. Consequently, we have asked Thomson Reuters to keep these as fatal errors:

- New Mexico State License Number, left justified
- Admission hour (military time)
- Patient Admission Date (mmddyyyy)
- Source of Admission (1 to 9)
- Type of Admission (1 to 4, 9)
- Discharge hour (military time)
- Patient Discharge Date (mmddyyyy)
- Patient Status (01 to 99)
- Primary Payer Category (1 to 10, 88), right justified
- Primary Payer Type (1 to 3, 88), right justified
- Patient Zip code (5 or 9 digits), left justified
- Patient Date of Birth (mmddyyyy)
- Patient ethnicity/race
- Sex of Patient (M,F)
- Patient Principal Diagnosis code (ICD-9-CM), left justified
- Patient Principal Diagnosis, Present on Admission, left justified

A note about E-Codes: The NM Health Policy Commission (NMHPC) typically gets about 75% of E-Codes reported for Diagnoses of Poisonings and Injury (those that should require an E-Code). The HPC wants to encourage all facilities to work toward recording E-Codes with 100% accuracy. Therefore, the HPC will not ask Thomson to change their audit criteria for this field.

- E. As I was reading through the specs and working on the program I'm surprised that the record definition wasn't set up to have the National Provider Identifier (NPI) for the facility and for the payers. All facilities already have an NPI. Eventually, all payers will have an NPI. By not putting that in now will force another change in the future, for both the HPC and the reporting agencies/facilities.**

The NPI for the Physicians was to be implemented After July 1 for 2008 data. The payer NPI was not yet in place at the time of the rule changes for the submittal of 2009 data so another rule change may take place in the future to require NPI for the payer.

- F. If the record has 5 diagnoses, do you want me to send a "U" for the corresponding present on admission for that diagnosis?**

There are 18 present on admission fields (one for each diagnosis). A value for present on admission is required for every diagnosis listed. In most cases the Primary diagnosis present on admission field will be yes, unless the admission was for a procedure. If it is known that the fifth diagnosis was not present on admission, then you would send an N. If the information is not known, you would send a U. In other words, for each diagnosis (where there is an ICD-9 code), we should also have a value for the corresponding present on admission. The values for present on admission are:

Y – Yes
N – No
U – No information on the record
W – Clinically undetermined
1 – Exempt

- G. Diagnosis Related Group (DRG) code; do they want a certain version of DRG sent?**

There is no standard version. Please use what your facility uses.

- H. E-Codes; When are E-Codes required?**

An E-Code is required for diagnoses with an ICD-9-CM code within the range of 800–999. The NM Health Policy Commission (NMHPC) typically gets about 75% of E-Codes reported for Diagnoses of Poisonings and Injury (those that should require an E-Code). The HPC wants to encourage all facilities to work toward recording E-Codes with 100% accuracy. Please note that, for the 2009 calendar year, two new E-Code fields have been added. Therefore, E-Codes should be used so that they correspond with the first three diagnoses fields

3. File Layout Field Specifications

- A. Could you please verify that fields should not be blank or zero filled to the maximum field length listed? For example, if Primary Payer Category = 1, send |1| not |1xxx.**

In general, numeric values should be right justified and text should be left justified with blank spaces for padding to the maximum length of the field. In other words, each field must start and end the required positions. For example, the Payer Category would be {space}1 and not x1. It is a two digit field and right justified with a leading space. Please refer to the [HIDD File Layout](#)

[Specifications](#). Also, please note that there was an error published in the HPC [Data Reporting Requirements rule change](#). It specifies that the file is to be pipe (|) delimited. This is not correct, it is a fixed width file with every field a specified length so there should not be a delimiter.

B. Admission and Discharge Hour: field length limit is 4. Do you want HHMM or just the hour?

Please submit the hour and minute as HHMM (military/24hr time). For example: 2102, 0110, etc.

C. Patient Medicaid ID Number: previously, this was only sent if the patient had Medicaid insurance. Is this still true or should we always provide the information?

If there is a primary and/or secondary payer we need the Medicaid ID number for all that apply. So, yes the answer is that it still holds true.

D. Payer Category values: Previously we sent an 8 if patient was self pay. Please verify if it should now be 88.

88 is for Unknown, 8 is for Self-Pay:

<u>ID</u>	<u>Primary Category</u>
1	Medicare
2	Medicaid
3	Champus Military VA
4	IHS PHS
5	Other Government Law
6	Private Insurance
7	Workers Compensation
8	Self Pay
9	County Indigent Funds
10	Charity Care
88	Unknown

E. Secondary Payer Category and Payer Type fields: Should we send a value of 88 if the patient has only 1 insurance or is self pay, or should the fields be blank filled? e.g. fields 19-24 should look like:

- o |88|SELF PAY|88||| OR |88|SELF PAY|88|88|SELF PAY|88|
- o |9|INS NAME|3||| OR |9|INS NAME|3|88|SELF PAY|88|

Please leave blank (space filled). Remember that 88 is for "Unknown" and 8 is for "Self Pay." Also, do not use a delimiter.

F. Does each patient record start on its own line, not just a pipe in between data?

Yes, one record per line. Also, note that the file is a fixed width file. The [rule](#) specifies that it should be delimited by a pipe (|). That is an error. There should be no delimiter as each field is a specific width.

G. Should the record begin with a pipe and after the last data element, there should also be a pipe

Again, please do not use pipe delimiters. All fields should be blank filled to start and end on their respective positions. The total record length should be 587 characters. For the new record layout required for 2009 data, if you hit "end" in the file the cursor should always be on position 588 for every record.

H. Field 13, birth weight. Is that left justified?

Birth weight (and all numeric fields) should be right justified, unless otherwise specified in the [HIDD File Layout Specifications](#).

I. I padded numeric fields with leading zeros, should I not do that?

You can just right justify numeric fields unless otherwise specified in the [HIDD File Layout Specifications](#). Please do not pad them with leading zeros.

J. What are the date formats?

Date fields are eight characters in the format MMDDYYYY as specified in the [HIDD File Layout Specifications](#).

4. General HIDD Questions

A. How would I know if my facility is participating in "the NM Hospital Association (NMHA) Comparative Data Program."?

Typically, those facilities who submit to Thomson Reuters are participating because that is part of the benefit Thomson offers. However, you should check with the [NM Hospital Association](#) to be sure.