

Data Coordinator Manual



Data Submission Services 866-262-6222
Customerservice@team-iha.org

COMPdata Services Overview

<p>Informatics</p>	<p>Informatics, a department of Illinois Health and Hospital Association (IHA) Business Solutions, delivers health information to guide your future. We empower our customers with reports, data, and a dashboard visualization tool that are vital for health care forecasting, modeling and reform, and the increasing focus on quality and accountability. Our relationship with the IHA enables Informatics to stay abreast of cutting-edge health care industry issues and trends that impact hospitals. Our extensive health information services provide you with the data and information that are critical for your success.</p>
<p>Informatics Mission statement</p>	<p>“To anticipate information needs and provide valuable, innovative solutions to empower healthcare leaders with actionable knowledge to improve healthcare.”</p> <p>We meet our mission by providing information and solutions to our members (through COMPdata) and to our internal IHA staff to support their policy, advocacy, and quality improvement efforts.</p>
<p>What is COMPdata?</p>	<p>COMPdata, Informatics' premier product line, has been providing health information services since 1987. COMPdata is a comprehensive source of healthcare and hospital data information for over 300 hospitals and healthcare systems, state hospital associations, and state data agencies. COMPdata’s data visualization tool incorporates interactive graphs, charts, and maps to provide deeper-insights, trends, and nuanced analysis critical for your success.</p>
<p>State Mandate - Illinois Department of Public Health (IDPH)</p>	<p>IHA has been the data collection agent for IDPH following the Illinois State Mandate:</p> <ul style="list-style-type: none"> • Health Finance Reform Act 20 ILCS 2215 (IL Public Act 094-0027) • Hospital Report Card Act [210 ILCS 86] <p>The state mandate requires:</p> <ul style="list-style-type: none"> • All Illinois acute care hospitals and ambulatory surgery centers (ASCs) to submit their administrative claims data to IDPH on a quarterly basis to include inpatient, outpatient surgical, emergency department, observation, and imaging. • Hospitals and ASCs to submit their data through COMPdata Submission System, which applies rigorous edits to ensure data completeness, accuracy, and meet a minimum of 98% submission compliance level. • Submission of the Affirmation Statement (Attestation Form): <ul style="list-style-type: none"> – The State of Illinois Final Rules stipulates that every facility CEO or designee must provide a signed Affirmation Statement within 15 days after the final close date. – They are attesting any necessary corrections are completed; and the data submitted are complete and accurate based on the quarterly outcomes provided on the COMPdata data collection reports (DSVR/DQSR). – Reasons for not meeting the minimum requirement are stated and documented on this form.

COMPdata Services Overview

<p>COMPdata Data Submission</p>	<p>COMPdata data submission provides a comprehensive and time-tested data processing services on behalf of the State Associations and/or Departments of Public Health in accordance with their state's requirements. Data collection includes inpatient, swing bed, outpatient surgical, emergency department, observation care, imaging, and diagnostic discharge claims data.</p> <p>Our quality driven data submission system follows the Uniform Billing (UB04) Code standards, CMS Medicare edits, and any specific state requirements. Our comprehensive feedback process ensures the data submitted to our database accurately reflects the population you service.</p> <p>In addition, our COMPdata quality improvement team assists customer to meet this criteria. The Data Coordinator's work and dedication submitting to this data not only impacts the state agency, and your organization, but also the community you serve.</p>
<p>State Mandate Data IDPH Uses</p>	<p>Illinois Hospital Report Card and Consumer Guide to Health Care Website provides the public with access to meaningful information about patient care quality and costs in Illinois hospitals and ambulatory surgical treatment centers.</p> <ul style="list-style-type: none">• Information on the site is based on quarterly data that hospitals and ambulatory surgery centers are mandated to submit to the IDPH.• These data include patient claims data, nurse staffing data, surgical care processes, and health care-associated infections. <p>Programs in the IDPH use discharge data for:</p> <ul style="list-style-type: none">• Health care planning• Public reporting• Volume/utilization and cost of services in hospitals and ambulatory surgery treatment centers• Certificate of Need• Surveillance• Decisions about public health strategies for disease prevention and health promotion at the state and local level

COMPdata Services Overview

<p>COMPdata Subscriber Data Uses</p>	<p>COMPdata members utilize the data for to support key strategic decisions for the hospital or system and the community they serve.</p> <p>Some key decisions and analytics include:</p> <ul style="list-style-type: none">• Executive level reports assessing utilization, length of stay, and charge comparison• Compare hospital and their peers:<ul style="list-style-type: none">○ Market share of service area○ Payer Mix○ Service lines• Community needs assessment evaluation• Physician analytics – admitting/discharge patterns, service area needs, and market penetration• Evaluate data to improve quality and performance• Population health analytics to address issues i.e. chronic conditions or readmissions that burden the healthcare system <p>The end users of this data are from various areas of the hospitals/systems:</p> <ul style="list-style-type: none">• C-suite• Hospital System vs individual hospital• Strategy and planning• Business development• IT• Directors of service lines• Quality departments
<p>Training and Support</p>	<p>Relevant and timely training, along with unparalleled customer support, differentiate COMPdata from other vendors. We approach our customer relationships as true partnerships, providing support and assistance on an ongoing basis.</p> <p>COMPdata staff provide training to all new customers, ensuring that they have the expertise to take full advantage of the solutions we provide.</p> <p>Training is provided for:</p> <ul style="list-style-type: none">• Data coordinator – Data Submission System• COMPdata User – Dashboard visualization tool <p>Schedule training webinars with COMPdata Staff who will provide basic to advanced training including review all resource tool and support materials.</p> <p>Contact Information:</p> <p>Email: customerservice@team-iha.org Phone: 866-262-2222</p>

Website Index

	Data Submission Services
★	New Customers
★	Data Submission-Late Load Policy and Information
★	IL Administrative Data
★	Illinois Nurse Staffing Data
★	MT Administrative Data
★	Training

Data Submission Services: [Click here](#)

- ✓ Bookmark this link or create a shortcut

Provides the following submenu items for Administrative Data Reporting:

- ★ New customers
 - Account request forms
 - HIPAA compliance information
- ★ Data Submission Late Load Policy and information
 - Late Load Process
 - Forms and Fees
 - Release Cycle
- ★ IL or MT Administrative Data
 - Access data reporting system
 - Submission due dates
 - Message board
 - Tools and tips
- ★ COMPdata System Training
 - Webinar topics and schedule
 - Video training library

HIPAA Compliance - User Access Policy and Procedures

HIPAA compliance: COMPdata Data Submission Service contains PHI information and strictly adheres to Industry standard HIPAA compliance policy.

System Access User Types:

Primary Account Manager: Each facility is required to designate a Primary Account Manager to maintain user accounts and authorize user for their facility and/or vendors to gain access to the COMPdata's Data Reporting System, receive feedback reports, and processing notifications.

Secondary Account Manager: Backup to Primary

Vendor Access: Facility authorized data submitter

- ❖ All users must be authorized to access this site. Failure to comply or any misuse of the site and its content will result in legal action taken by IHA's legal department.
- ❖ Passwords expire every 90 days. Users are required to maintain a current password to continue system access and/or receive system generated reports and other submission notifications.
- ❖ The system will automatically email user accounts 10 days prior to password expiration.
- ❖ IDs and passwords are to remain confidential to the user assigned and under no circumstance should be shared.
- ❖ Password reset request must come from the authorized user.
- ❖ The Primary Account Manager must ensure they notify COMPdata immediately of staff changes e.g. separation of employment or changes in duties to deactivate access.

Proper Handling of Private Health Information (PHI):

PHI in communications: It is against HIPAA policy to include any identifiable patient information in email communications to COMPdata without a secure mail system. Immediate legal action will be taken if you do not comply.

- COMPdata support staff has access to your account and can discuss any PHI related issues by calling our support line.

Submission Guidelines

Data Coordinators oversee and or complete the quarterly submission process outlined in this manual and state guidelines.

- Illinois: [State Mandates](#)
- Montana Hospital Association Guidelines: [MT Guidelines](#)

Best Practices: Comply with quarterly submission deadlines and meet or exceed the percentage of error free data levels established.

- Illinois Hospitals and ASTCs = 98%
- Montana Hospitals = 90%

Required/mandated actions to meet minimum compliance level:

- Complete your manual data entry of monthly discharge volume within the COMPdata Data Submission System, *View Status screen*
- Monitor percentage levels and quality of elements submitted using the Data Submission Verification and Data Quality Summary Report (*DSVR/DQSR*)

Why entering monthly discharge volume is so important: The (*DSVR/DQSR*) report is provided to the Illinois Department of Public Health (IDPH) and Montana Hospital Association and is reviewed for compliance levels.

- Failure to complete the process of entering case counts generates a *0% of reporting level*.

IL - IDPH Required Affirmation Statement (Attestation Form): The State of Illinois Final Rules stipulates that every facility CEO or designee must provide a signed Affirmation Statement within 15 days after the final close date.

They are attesting to the following:

- That any necessary corrections have been made; and that the data submitted are complete and accurate based on the quarterly outcomes provided on the *DSVR/DQSR*.
- Reasons for not meeting the minimum requirement are also to be stated on this form.
 - [Hospital Attestation Form](#)
 - [ASTC Attestation Form](#)

Note: You will be submitting this form directly to IDPH. COMPdata is unable to confirm receipt.

Required Data Elements and Formats

Data Requirements:

The State specific links provide the following for programming data files:

- COMPdata Flat File layout
- Required data fields for COMPdata Flat File or 5010 837
- Data specification reference to the UB-04, CMS edits and State Reporting guidelines.

State Specific Links

- Illinois:
 - Hospitals: [IL Data Element list /COMPdata's Flat File Format](#)
 - ASTCs: [IL ASTC Data Element list /COMPdata's Flat File Format](#)
 - Illinois: [IL Rev Code Category List for outpatient submissions](#)
- Montana:
 - Hospitals: [MT Data Element List/COMPdata's Flat File Format](#)
 - Montana: [MT Rev Code Category List for outpatient submissions](#)

Programming questions for 5010X223A2 837 file format submitters.

- The 5010X223A2 837 is a licensed product that your systems or vendors will have access to programming guides for file layout.
- Use the reference above for required data elements specific for your State.
- Note: COMPdata is unable to provide sample files for 5010 file layout or program guides.

[Edit Error Code Reference Sheet](#): List of error codes applicable by state. Provides definitions of each fatal edit with cross walk informational codes, and warnings of potential quality issues.

This reference is to be utilized during initial startup for file creation and claims reconciliation of rejected claims or quality data improvements after each submission.

Data Submission - System Training

Login –

First Time Login

Your new user account login ID, was established with the email address you provided on your application.

You will create a password for this site on your initial login. Due to HIPAA regulations a two-step authentication process will be required. You will be prompted to provide a land line or cell phone for this two-step verification process. There are two options available, a phone call or text message. Follow the instructions and choose your options and phone number. Take care to enter phone numbers correctly.

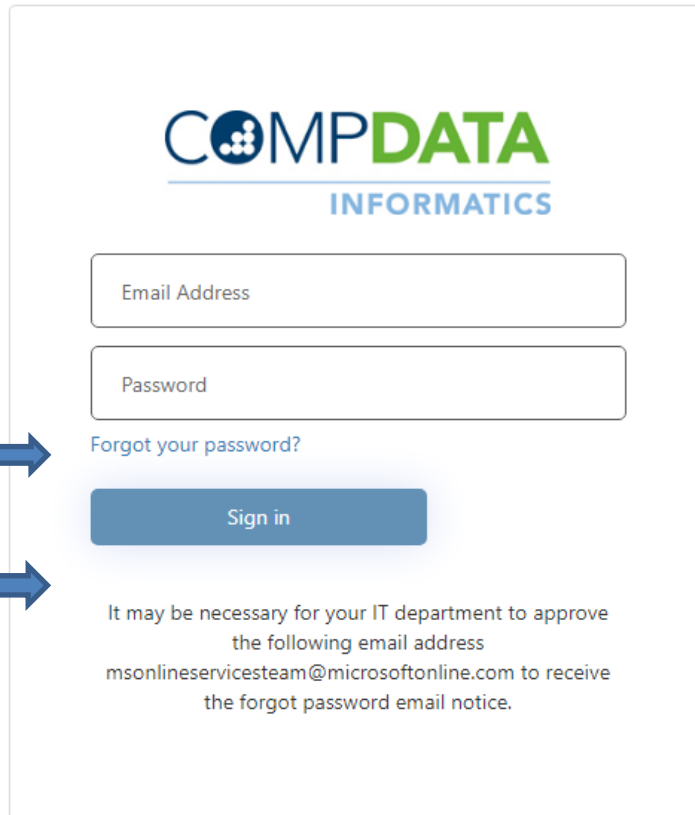
On each login, you will be prompted to request a verification code or phone call based on your initial setup. To make changes to phone numbers contact customer service for assistance.

Note: Before you begin see "Resolving Email Notices" below and have your IT department complete this step prior to accessing the reporting system.

View of Login Page

Forgot password: Use the "Forgot your password" feature to create a new password.

Resolving Email Notices: Instructions for IT to clear our automated email.



The screenshot shows the login interface for COMPDATA INFORMATICS. At the top is the logo. Below it are two input fields: "Email Address" and "Password". A link for "Forgot your password?" is positioned below the password field. A blue "Sign in" button is located below the "Forgot your password?" link. At the bottom of the page, there is a note: "It may be necessary for your IT department to approve the following email address msonlineserviceteam@microsoftonline.com to receive the forgot password email notice."



Data Coordinator Manual

Main Menu Overview

Home

Upload Data

View Status

Download Reports

UB Claims Review

AdHoc Reports

Resources

Upload Data:

- Data coordinator will submit files (batch) via this screen

View Status:

- Data Submission Summary – Count Entry Screen
- Data Submission Status Report – Status of Submission and Batch
Detail link to confirmation page

Download Reports:

- Access area to obtain data submission reports generated from file submissions or AdHoc Reports run

UB Claims Review:

- Online claims corrections full UB claim review

AdHoc Report:

- Create data loaded reports or error AdHoc reports in excel format

Resources:

- Location of reference documents to assist in data submission
e.g., edit reference sheet

File Submissions

The COMPdata system assigns a number to all uploads for tacking purposes called the **Batch ID**.

The Batch ID is located on the following:

- The upload confirmation page
- View Status Screen

Refer to the files Batch ID when requesting assistance with your file submissions and reviewing submission results.

Submissions must be:

- Appropriate format for the type of file being used
- Can be transferred in the ASCII format
- An upload containing single or multiple files can be no larger than 50MB

IMPORTANT NOTE:

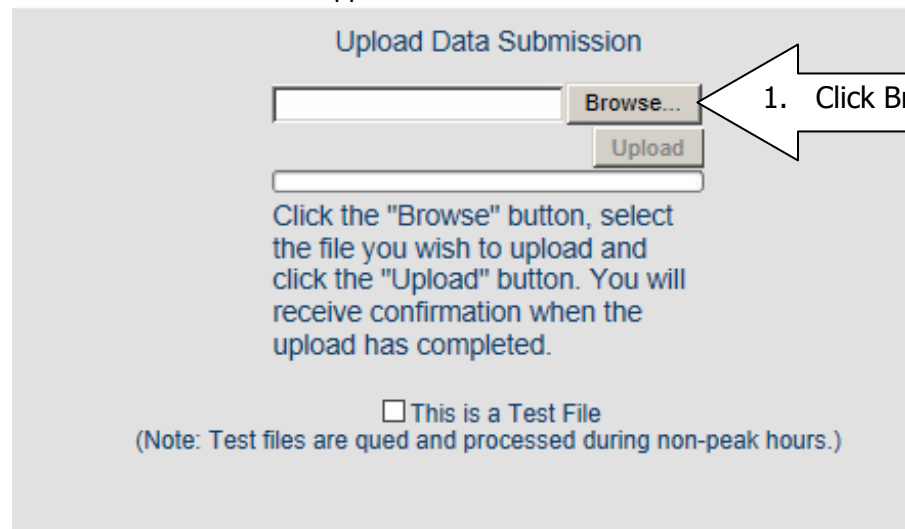
Do not send an entire directory
Zips files before uploading

Processing options:

- Production:
 - Submissions are processed as received and are completed instantaneously upon a successful upload
- Test:
 - Processing is held and completed after 7PM
- You will be notified by e-mail when the data has processed

Submit a file step by step:

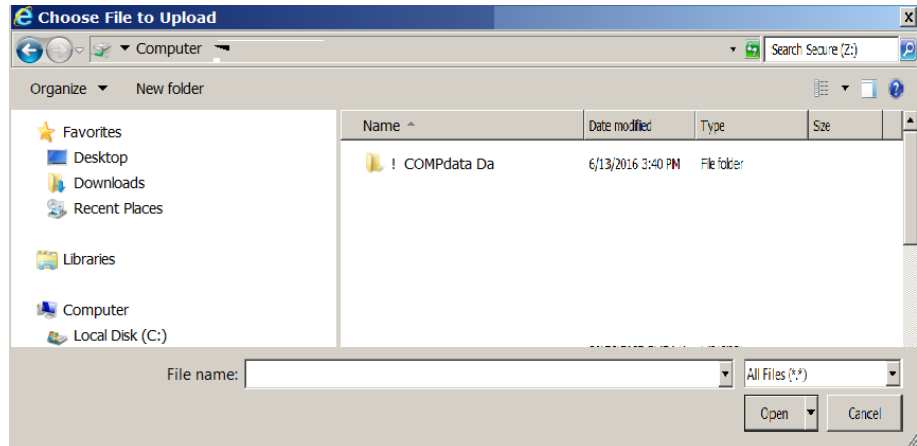
- Click on "Upload Data"
- Below Screen will appear:



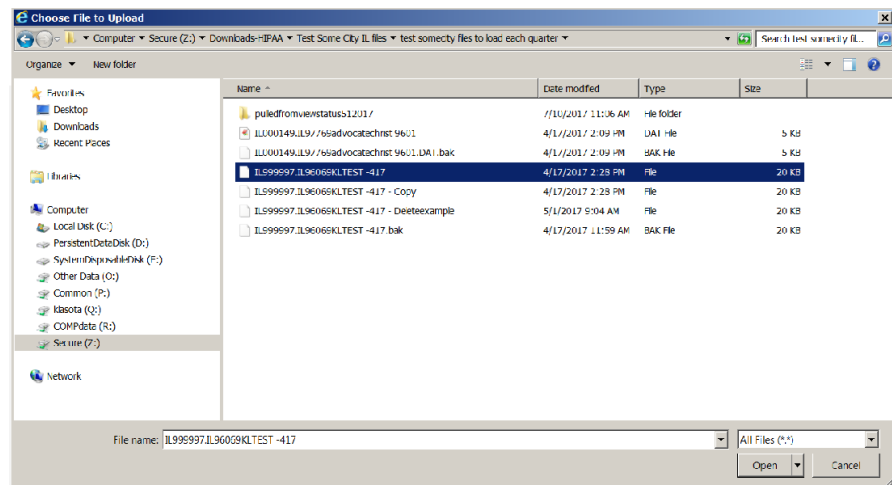
File Submission contd.

The following window pops up

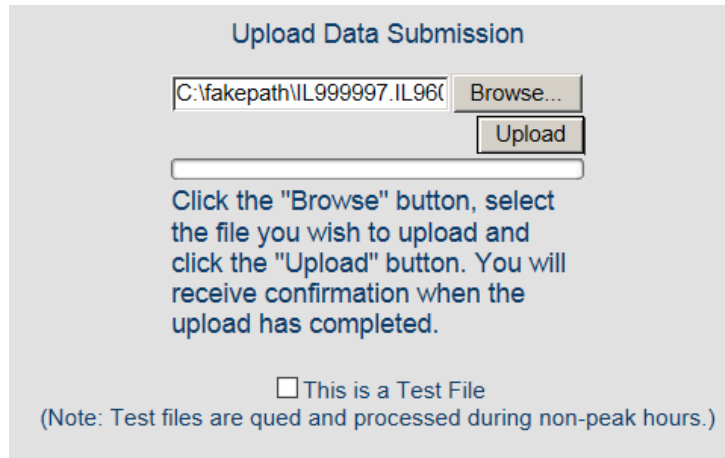
- Left hand side of the window, locate and click on the drive the files are located in
 - Files and Folders contained in the drive will appear on the right side of the screen
- Double click on the folder to the right to view the content



- Choose a file to upload within a folder on the right by clicking on it
 - The file should now be viewable in the file name box



- Click on Open



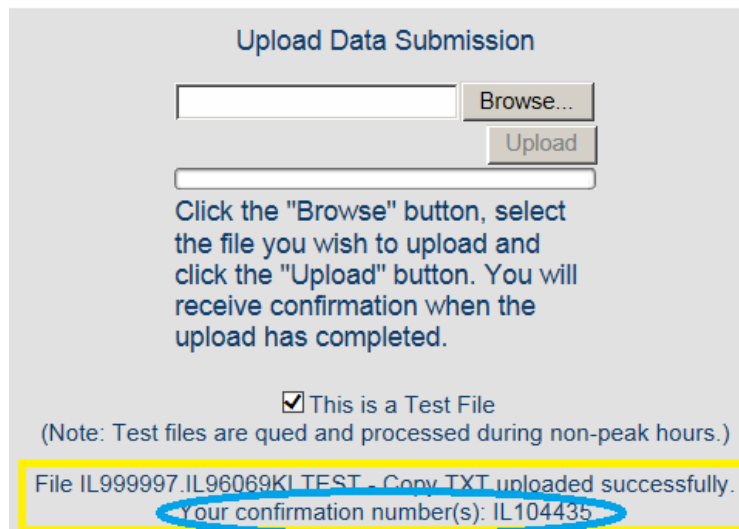
Upload Data Submission

C:\fakepath\IL999997.IL96069KI TEST - Copy.TXT Browse... Upload

Click the "Browse" button, select the file you wish to upload and click the "Upload" button. You will receive confirmation when the upload has completed.

This is a Test File
(Note: Test files are queued and processed during non-peak hours.)

- A confirmation message appears at the bottom of the screen



Upload Data Submission

Browse... Upload

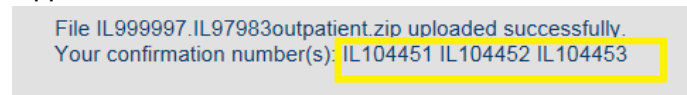
Click the "Browse" button, select the file you wish to upload and click the "Upload" button. You will receive confirmation when the upload has completed.

This is a Test File
(Note: Test files are queued and processed during non-peak hours.)

File IL999997.IL96069KI TEST - Copy.TXT uploaded successfully.
Your confirmation number(s): IL104435

and provides the file name uploaded successfully and the (*Confirmation number*) referred to as the Batch ID IL104435 on submission logs and status screens

Zipped files each receive their own Batch ID as shown in this example



File IL999997.IL97983outpatient.zip uploaded successfully.
Your confirmation number(s): IL104451 IL104452 IL104453

- Note this information or do a "print screen" for tracking purposes

Data Coordinator Manual

Reviewing Submission Results	File/s other than test process immediately and generate reports for submission results. An email notification is sent to the submitter of the file on completion of processing and reports generated.			
	Submission Reports Overview			
	Report Name	Purpose	Main Menu Location	
	Batch Log	File content: Provides file content such as: Discharge date range, bill type accepted and/or rejected, number of duplication of claims, and the accepted error free count by month and patient type.	View Status: The Batch ID list is Located on the Lower half of the View Status screen. Each batch ID is an active link to the batch log.	
	DSVR/DQSR	Excel spreadsheet: This combined report is broken down by data type (IP, OS) and report type. <i>DSVR</i> : Provides the quarterly totals and percentage of data accepted. <i>DQSR</i> : Provides volume by data elements reported such as payer This report is given to the State with final quarterly files. IL – Attestation form	Download Reports	
	Edit Error Report	Provides a report in PDF format of the rejected claims. Used for reconciliation within in-house departments for corrections online or through file submission.	Download Reports	
	On Demand Reports			
	Report Name	Purpose	Main Menu Location	Location Published
	Error Report	Provides report run options in an excel format of the errors pending correction with the same error detail in the PDF version	AdHoc Reports	Download Reports
	Accepted Claims	Provides report run options in an excel format of claims accepted. Used to reconcile missing claims, duplications that cause above 100% reporting percentage.	AdHoc Reports	Download Reports

Data Coordinator Manual

View Status Screen Overview

After submitting a file go to:

View Status on the main menu
The following page appears

Part 1

Data Submission Summary												
Select a Facility:	▼											
Discharge Counts By Month												
Disch. Type	Feb 2012	Mar 2012	Apr 2012	May 2012	Jun 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013
IP Reported	0	0	0	0	0	0	0	0	0	0	0	560
IP Accepted	0	0	0	0	0	0	0	0	0	0	0	0
IP % Accepted												0.00%
ED Reported	0	0	0	0	0	0	0	0	0	0	0	0
ED Accepted	0	0	0	0	0	0	0	0	558	0	0	0
ED % Accepted												
OS Reported	0	0	0	0	0	0	0	0	0	0	0	0
OS Accepted	0	0	0	0	0	0	0	0	483	0	0	0
OS % Accepted												
OC Reported	0	0	0	0	0	0	0	0	0	0	0	0
OC Accepted	0	0	0	0	0	0	0	0	102	0	0	0
OC % Accepted												
IM Reported	0	0	0	0	0	0	0	0	0	0	0	0
IM Accepted	0	0	0	0	0	0	0	0	1069	0	0	0
IM % Accepted												

Save

- Illinois counts are due within 30 days after the end of each month. Corrections/adjustments are allowed until five days prior to the quarterly patient data file submission deadline.
- Montana counts are due by the same quarterly deadline as the patient data files.

Top of screen – Data Submission Summary

- Enter counts under the respective months, thus automatically generating the % of reporting on the screen.
- You must click on the "save" button to keep your data entries or changes.
- Closed quarters are gray in color, and do not allow entry of counts.
- To exit this screen, go to Navigator Bar and click on any button.

Part 1 continued

Counting Method

Facilities must report a Monthly Case Count figure for each outpatient service category, which represents the patient volume for those services for any given month.

Data Coordinators must provide completely separate monthly case counts for each outpatient service category (See State-Specific Revenue Code Category List). Facilities must report a Monthly Case Count (numeric figure) for each inpatient case and outpatient service category, which represents the patient volume for those services for any given month.

Data Coordinators must enter on the data submission entry screen a completely separate monthly case counts (numeric number) for each of the following as specified by your state requirements or guidelines:

Inpatient:

- Claims and encounter data pertaining to each inpatient discharged.
- Numeric number count of all inpatient cases.

Outpatient Surgery (OS):

- Information relating to any patient treated with an ambulatory surgical procedure within any of the general types of surgeries.
- Claims and encounter data pertaining to case data for each emergency department (ED) visit (wherever care is administered) and each observation case (OC), Imaging (IM).
- Numeric number count of all outpatient cases as defined by the revenue code category list.

Outpatient Revenue Hierarchy Counting Method:

- Each outpatient case is counted ONLY ONCE.
- Revenue code counting hierarchy is listed in the table below from left to right.
- The first should include all Outpatient Surgical (OS) cases, as calculated previously, regardless of whether they include ED, OC, or IM services.
- The second count should include all Outpatient Observation Care (OC) records, regardless of whether they also contain Emergency Department.
- The third count should include all Emergency Department (ED) or Imaging (IM) records or that contain no OS or OC services.
- The fourth count should include all Imaging (IM) records that contain no OS, OC, or ED. IM counts are for patients who have Imaging Services ONLY.

Revenue Code Categories	Revenue Code Counting Hierarchy			
	OS	OC	ED	IM
OS	X			
OS & OC	X			
OS & ED	X			
OS & IM	X			
OS & OC & ED & IM	X			
OC		X		
OC & ED		X		
OC & IM		X		
OC & ED & IM		X		
ED			X	
ED & IM			X	
IM				X

[View Status](#)

Part 2

Data Submission Status

Summary information as shown in the header below:

Data Submission Status								
Batch ID	Received	Low Date	High Date	IP Records	OP Records	Status	Delete	Test
IL1296	4/12/2013	10/1/2012	10/31/2012	0	5191	LOADED	Delete	No
IL1297	4/12/2013	10/1/2012	10/31/2012	955	0	LOADED	Delete	No

IP or OP Records =
numeric value

Status =

- Loaded
- Processing
- deleted

[View Status](#)

Part 2 continued

Data Submission Status

Active Links:

Data Submission Status								
Batch ID	Received	Low Date	High Date	IP Records	OP Records	Status	Delete	Test
IL1296	4/12/2013	10/1/2012	10/31/2012	0	5191	LOADED	Delete	No
IL1297	4/12/2013	10/1/2012	10/31/2012	955	0	LOADED	Delete	No

Batch ID is the new internal tracking number assigned to each file upload. This link will provide a confirmation page, which you can print and/or save.

Batch (File) ID link will summarize the results of your data submission. You can review this report to see that the data you intended to send were in fact sent, and what the results were after processing. The number that appears is the Batch ID confirmation number you received at the time of your submission.

The **"Batch Details"** (confirmation page) provides the following information:

Batch Details

Batch ID: IL 1297

Original Filename: **All fields will be filled in with customer-specific information**

Date Submitted: **All fields will be filled in with customer-specific information**

Facility: **All fields will be filled in with customer-specific information**

Submitted by: **All fields will be filled in with customer-specific information**

Date Range: **All fields will be filled in with customer-specific information**

Processed on: **All fields will be filled in with customer-specific information**

Deleted on: **All fields will be filled in with customer-specific information**

Deleted by: **All fields will be filled in with customer-specific information**

Status: LOADED

Record Format: Flat File

Bill Types Received

111	955
Inpatient Discharges:	955
Outpatient Discharges:	0
xx7 Updated:	0
xx8 Deleted:	0

Records not loaded

Closed Quarter/Invalid Discharge Dates:	0
Invalid Hospital IDs:	0
Invalid Bill Types:	0
Invalid Record Lengths:	0
Duplicate Records:	0
xx7 No Match:	0
xx8 No Match:	0

Records by Month

2013-04	955
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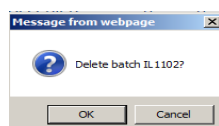
Deleting Batch Submission

“Delete” link enables the deletion of an entire submission "Batch" and voids out the submission results. The Batch ID remains on the view status log and shows as deleted.

Data Submission Status								
Batch ID	Received	Low Date	High Date	IP Records	OP Records	Status	Delete	Test
IL1101	3/15/2013			207		0 LOADED	Delete	No

To delete a complete batch/file:

- Click on “Delete” link.
- The following pop up message will display:



- Click on “OK” to delete the Batch/file.
- Click on “Cancel” to cancel your request to delete the Batch.
- You can submit a new or updated original batch.

File Submission Updates/Deletes in Production

At times it may become necessary to update and/or delete individual patient cases that have already been accepted into the COMPdata database.

COMPdata follows the same process that is used to request replacements and deletions on Medicare claims (CMS Manual System – Section: Claim Change Reason Codes). These processes are termed the “XX7” and “XX8” Processes.

XX7: Update or adjustment request by using bill type XX7

- Make the necessary changes to fields.
- Change the Bill Type on the case using the formula XX7, whereby the first two digits of the Bill Type remain the same (XX) and only the last digit is changed to 7, (e.g. 111 becomes 117).
- Resubmit the case to COMPdata.

XX8: Delete or cancel-only adjustment request by using bill type XX8

- Do not make any adjustments to information on the patient case.
- Change only the Bill Type of the case using the formula XX8, whereby the first two digits of the Bill Type remain the same (XX), and only the last digit is changed to 8, (e.g., 111 becomes 118).
- Resubmit the case to COMPdata.
- The 1st matched case will be deleted from the database.

Test

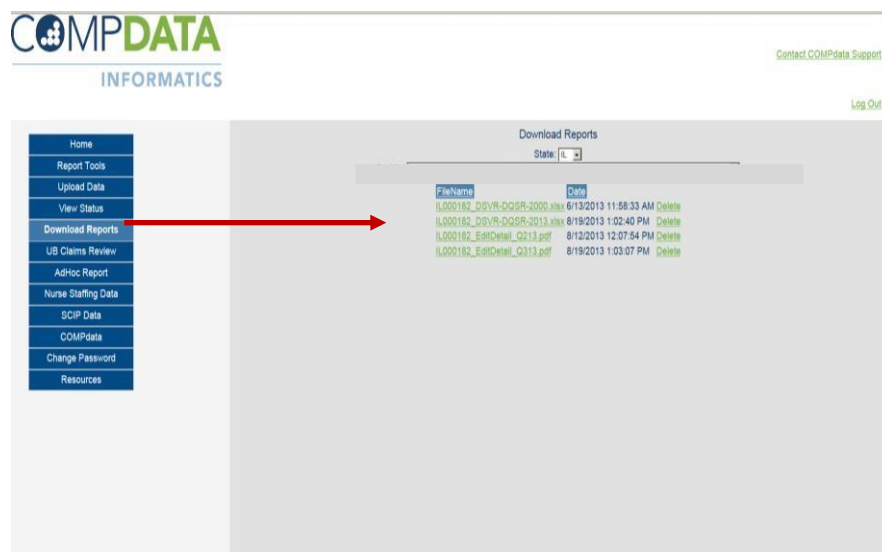
Information

Information regarding submitting test files:

- Including Test in the naming convention will help you manage your files.
- View Status Screen – Batch Submission Status will indicate test file.
- Once test is processed, the file is automatically deleted by the system and will show deleted on the Batch Submission Status.
- All associated feedback reports will indicate TEST in the job name.
- The test check box will direct files to Test.
 - 5010 T or P indicator is a required segment and can be used to assist tracking file submissions but will not direct the file to test or production.
- Failing to check the test box and uploading the data will:
 - Process in production.
 - If incorrectly sent to production, it will be up to you to delete the file if you do not want it included in the current open quarter.

Feedback Reports

[Download Reports](#)



Feedback Reports

With each submission of data, each individual facility will receive a set of Feedback Reports as follows:

- **Edit Detail Report** – displays information about any record in which an error has been detected
 - Inpatient or Outpatient Error Summary Report
 - Inpatient or Outpatient Error Detail Report
- **Data Submission Verification Report (DSVR)/Data Quality Summary Report (DQSR)**
 - Data Submission Verification Report (DSVR) – indicates the volume of data submitted and accepted for inclusion in the COMPdata database
 - Data Quality Summary Report (DQSR) – provides a detailed breakdown of the data submitted
- **AdHoc Reports**
 - An AdHoc Report provides a listing of all error-free, patient cases accepted into the COMPdata database for the quarter selected for your facility.
 - A warning/fatal error AdHoc report aids in reconciliation of errors.
 - These reports are created on demand.

Important Note:

Each Batch ID Edit Detail and AdHoc Report will be deleted 3 days after close dates. For your records, download the report and save it to your computer.

Edit Detail Report

This report provides:

- Inpatient or Outpatient Error Summary Report – Recap all errors
- Inpatient or Outpatient Error Detail Report – Detail of all edits or errors

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

The Error Summary Report displays the following details:

- Facility name
- Inpatient or Outpatient Report
- Discharge period
- Error number
- Error Type = Failure (F) / Warning (W) / Informational (I)
- Error message
- Error count
- Error rate

The Error Detail Report displays the following details:

- Facility name
- Inpatient or Outpatient
- Discharge period
- Patient number (defined in UB-04)
- Birth date
- Discharge date
- Attending physician
- Medical Record Number
- Bill type
- Admit date
- Error number
- Error type = F/W/I
- Field value
- Error message
- Corrected value

Edit Detail continued	<p>With each submission, the Edit Detail Report will:</p> <ul style="list-style-type: none">• Generate new report that continuously updates with each submitted file.• Corrected errors will drop off and any new errors will be added.• Generate an email notifying you the edit process is completed and report is ready to review.• Edit #101 – Identify duplicate patients using the patient number and .X indicating how many times you have submitted the same patient number in the file (e.g. initial pt #12345 --> 12345.1, 12345.2, and 12345.3).• Error Message indicator:<ul style="list-style-type: none">✓ Fatal (F) – errors need to be corrected to be accepted in the database✓ Warning (W) – errors need to be reviewed for accuracy✓ Informational (I) – informational codes provide direction in determining the data element that may be causing the fatal error.• Files submission with large number of errors will not produce a complete report. Report capacity is 300 pages on each Inpatient or Outpatient Edit Error Report.• Reports will display in a PDF and can be saved and/or printed.
Edit Detail Report Example	<p>Click here to see example: Edit Detail Report Example</p>
Error Reference Sheet	<p>The Error Reference Sheet is to be used in combination with the Edit Detail report when reconciling errors. This Excel document contains a list of each error code in numerical order and provides the error message received on the Edit Detail Report along with the following additional information:</p> <ul style="list-style-type: none">• Type of Error Code• Error Description• Historic Notes• UB-04 Form Locator• Indicator flags if applicable by State and Patient Level Data Type• 1500 Form Locator for ASCs• Effective Dates <p>Additional tabs on the spreadsheet provide a document key, a list of error code groupings, Discharge Status Codes, and a County Code look-up link.</p> <ul style="list-style-type: none">• Error Reference Sheet

Feedback Reports

DSVR and DQSR

Data Submission Verification Report (DSVR) and Data Quality Summary Report (DQSR) are included in one Excel spreadsheet:

- Data Submission Verification Report (DSVR) – indicates the volume of data submitted and accepted for inclusion in the COMPdata database.
- Data Quality Summary Report (DQSR) – provides a detailed breakdown of the data submitted.

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

Data Submission Summary Report (DSVR)

- Data Type – Designates data as inpatient or outpatient
- Reporting period
- Facility Name and ID #
- Monthly/Quarterly Totals
- Accepted and Reported Cases for inpatient, swing bed, outpatient surgery, observation care, emergency department, imaging, and all other outpatient data as identified by your state mandate or guidelines.

Calculations

- Accepted Inpatient/Outpatient Discharges – The number of error-free discharges/cases accepted/counted in the database.
- Reported Counts – The monthly case count values you have keyed into the system, representing your actual qualifying patient volume for each month.
- % Accepted – Number of discharges/cases in the database divided by the reported cases x 100.

Note: The outpatient report displays many of these categories separately for each of the different outpatient service categories, depending upon what is required for reporting in your state. The outpatient report may also use verbiage for the categories that is slightly different.

Download Reports

Step 1

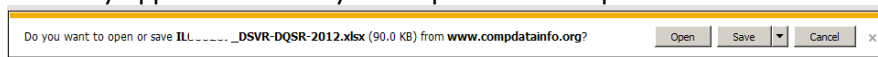
Excel Spread Sheet: DSVR & DQSR

Download Reports

FileName	Date
IL000267_AdHoc_Q312.xlsx	4/2/2013 11:14:19 AM
IL000267_AdHoc_Q412.xlsx	4/4/2013 12:17:39 PM
IL000267_DSVR-DQSR-2012.xlsx	4/4/2013 11:28:20 AM
IL000267_EditDetail_Q312.pdf	4/4/2013 11:14:44 AM
IL000267_EditDetail_Q412.pdf	4/4/2013 11:28:23 AM

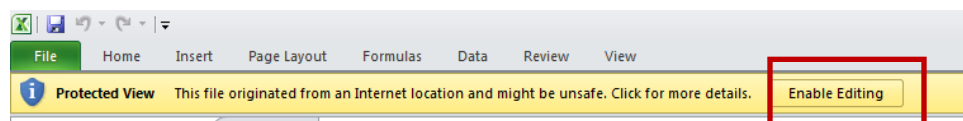
Double click →

This box may appear and allow you to open or save report:



Step 2

Click on Enable Editing



Green box below on screen are the available tabs:

- DSVR IP
- DSVR OP
- DQSR IP
- DQSR OP

DSVR →

Month/Quarter	Accepted Cases	Reported Cases	% Accepted	Swing Bec Combined Inpatient	Total Cases
HOSPITAL - IL0001 - 11					
2012 Qtr. 1 Totals	0	0	0.00%	0	0
2012 Qtr. 2 Totals	0	0	0.00%	0	0
2012 Qtr. 3 Totals	89	0	0.00%	0	89
Oct-12	3	0	0.00%	0	3
Nov-12	0	0	0.00%	0	0
Dec-12	0	0	0.00%	0	0
2012 Qtr. 4 Totals	3	0	0.00%	0	3
2012 Totals	92	0	0.00%	0	92

Tabs display each report →

Data Coordinator Manual

Step 3

DSVR continued

Report will default to Year by Quarter – box #1.

Month/Quarter	Inpatient (IP)			Swing Bed Combined Inpatient	
	Accepted Cases	Reported Cases	% Accepted	Accepted Cases	Total Cases
HOSPITAL - IL0001 - 11					
2012 Qtr. 1 Totals	0	0	0.00%	0	0
2012 Qtr. 2 Totals	0	0	0.00%	0	0
2012 Qtr. 3 Totals	89	0	0.00%	0	89
2012 Qtr. 4 Totals	3	0	0.00%	0	3
2012 Totals	92	0	0.00%	0	92

To see the "Year by Monthly" Report – choose box #2.

Month/Quarter	Inpatient (IP)			Swing Bed Combined Inpatient	
	Accepted Cases	Reported Cases	% Accepted	Accepted Cases	Total Cases
HOSPITAL - IL0001 - 11					
Jan-12	0	0	0.00%	0	0
Feb-12	0	0	0.00%	0	0
Mar-12	0	0	0.00%	0	0
2012 Qtr. 1 Totals	0	0	0.00%	0	0
Apr-12	0	0	0.00%	0	0
May-12	0	0	0.00%	0	0
Jun-12	0	0	0.00%	0	0
2012 Qtr. 2 Totals	0	0	0.00%	0	0
Jul-12	23	0	0.00%	0	23
Aug-12	36	0	0.00%	0	36
Sep-12	30	0	0.00%	0	30
2012 Qtr. 3 Totals	89	0	0.00%	0	89
Oct-12	3	0	0.00%	0	3
Nov-12	0	0	0.00%	0	0
Dec-12	0	0	0.00%	0	0
2012 Qtr. 4 Totals	3	0	0.00%	0	3
2012 Totals	92	0	0.00%	0	92

DSVR continued

To see a "One quarter by month" – click on + in front of the quarter.

Choose 1 or 2 in the upper left margin to view/hide Monthly Totals

Month/Quarter	Inpatient (IP)			Swing Bed Combined Inpatient	
	Accepted Cases	Reported Cases	% Accepted	Accepted Cases	Total Cases
HOSPITAL - IL0001 - 11					
2012 Qtr. 1 Totals	0	0	0.00%	0	0
2012 Qtr. 2 Totals	0	0	0.00%	0	0
2012 Qtr. 3 Totals	89	0	0.00%	0	89
Oct-12	3	0	0.00%	0	3
Nov-12	0	0	0.00%	0	0
Dec-12	0	0	0.00%	0	0
2012 Qtr. 4 Totals	3	0	0.00%	0	3
2012 Totals	92	0	0.00%	0	92

Data Quality Summary Report (DQSR)

This report provides a breakdown of the data that have been submitted.

- For each data element, the major categories and the detailed distribution within that category are displayed.
- Separate reports are prepared for Inpatient and Outpatient data.
 - *Most data elements are the same for both reports. However, there are some categories that are applicable for only one or the other type of discharge.*
- This report allows the Data Coordinator to verify that the submitted values are an accurate representation of the facility’s patient mix.
- If the patient mix appears inaccurate, an error in reporting data at your facility may have occurred.
- Each category should be carefully reviewed and irregularities investigated.
- This report is a vitally important tool in ensuring data integrity.
- This report is utilized in reviewing readmission reports and facility internal analysis.
- This report displays the information that is applicable for your state.

Data Coordinator Manual

DQSR

Click on DQSR IP or DQSR OP Tab:

COMPDATA INFORMATICS		Data Quality Summary Report - Inpatient												M/D/YYYY			
HOSPITAL - 11111111111		Jan-12	Feb-12	Mar-12	Qtr 1	Apr-12	May-12	Jun-12	Qtr 2	Jul-12	Aug-12	Sep-12	Qtr 3	Oct-12	Nov-12	Dec-12	Qtr 4
Priority (Type) of Admission or Visit																	
1-Emergency	0	0	0	0	0	0	0	0	0	18	30	29	77	3	0	0	3
2-Urgent	0	0	0	0	0	0	0	0	0	5	6	1	12	0	0	0	0
3-Elective	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4-Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5-Trauma Center	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9-Information Not A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Point of Origin for Admission or Visit																	
1-Non-Health Care F	0	0	0	0	0	0	0	0	0	19	30	29	78	3	0	0	3
2-Clinic or Physician'	0	0	0	0	0	0	0	0	0	4	6	1	11	0	0	0	0
4-Transfer from a Ho	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5-Transfer from a SN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-Transfer from anot	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8-Court/Law Enforce	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9-Information not Av	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D-Transfer from One	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E-Transfer from Amk	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
F-Transfer from a Ho	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5-Born Inside this Hc	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-Born Outside this I	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Patient Discharge Status																	
01-Discharged to Hoi	0	0	0	0	0	0	0	0	0	13	18	12	43	1	0	0	1
02-Discharged/trans	0	0	0	0	0	0	0	0	0	2	2	4	8	1	0	0	1
03-Discharged/trans	0	0	0	0	0	0	0	0	0	4	10	6	20	0	0	0	0
04-Discharged/trans	0	0	0	0	0	0	0	0	0	4	4	2	6	0	0	0	0
05-Discharged/trans	0	0	0	0	0	0	0	0	0	1	0	2	3	0	0	0	0
06-Discharged/trans	0	0	0	0	0	0	0	0	0	1	3	4	1	0	0	0	1
07-Left Against Medi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
09-Admitted as an In	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20-Expired	0	0	0	0	0	0	0	0	0	2	1	0	3	0	0	0	0
21-Discharged/trans	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30-Still Patient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40-Expired at Home	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
41-Expired in a Medi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

DSVR / DQSR Example

DQSR-DQSR Report Example:

- [DSVR-DQSR Example Report](#)

UB Claims Review

- Click on UB Claims Review Screen



- Complete this screen and click on "Build Index"

Error Corrections

Facility: IHA, IL

Patient Type: Inpatient

Quarter: Q213

No records selected.

- The screen below will display ALL fatal errors by Patient ID and errors with message
- Click on Patient ID link to view detailed claims screen

Correcting Claims Online: [UBClaimsReviewScreen-Correction.pdf](#) for complete instructions on how to complete and process claims within the COMPdata Data Reporting system.

Edit Record

Pat. Control No.		Mod. Rec. No.	
Bill Type		Federal Tax ID	
Patient First Name		Patient Last Name	
Patient Address		Patient City	
State		Patient Zip Code	
Patient Date of Birth		Patient Gender	
Patient Race		Patient Ethnicity	
Social Security No.		Discharge Date	
Statement From Date		Admit Date	
Admit Hour		Discharge Hour	
Point of Origin		Priority of Visit	
Discharge Disposition		DX Version Qualifier	
		Accident State	
Accident Date		Accident Code	
Crime Date		Crime Code	
Birth Weight		Birth Code	
Admit DX		Condition Code1	
Condition Code2		Condition Code3	
Condition Code4		Condition Code5	
Condition Code6		Condition Code7	
Condition Code8		Condition Code9	
Condition Code10		Condition Code11	
Attending Physician NPI		Operating Physician NPI	
Other Physician1 NPI		Other Physician1 Qualifier	
Other Physician2 NPI		Other Physician2 Qualifier	
Total Charges		Non-Covered Charges Total	

Rev. Code	HCP/SC/PT	Serv. Date	Units	Charge	Rate	Net Charge	Net Charge
111			3	\$2,112.00	\$ 0.00		
250			143	\$1,132.00	\$ 0.00		
251			37	\$953.00	\$ 0.00		

Errors:

Red (fatal) require correction for inclusion
 Yellow (warning) errors may become fatal in the future
 Blue (informational) messages are fields related to the transaction

Error Correction Step by Step Process

This Step by Step Process will help you reconcile edit errors on your submission by using COMPdata System, Reports, and Resources.

Resources:

- COMPdata Data Submission System
- Edit Detail Report
- Error Code Reference Sheet → [Error Reference Sheet](#)
- Data Coordinator Manual – File Format Specs

Error Correction Process Step by Step → [Error Correction Step by Step Process](#)

AdHoc Report

AdHoc Reports

Two AdHoc reports are available.

The first AdHoc Report – Submitted Data – provides a listing of all error-free patient cases accepted into the COMPdata database for the quarter selected for your facility.

- Useful for managing particularly difficult reconciliation issues.
- Can be compared to the cases in your internal system that should have been submitted to COMPdata, so that you can determine which ones are missing or duplicated in the database.
- Is in an Excel spreadsheet for ease of reviewing.

This report will display the following variables:

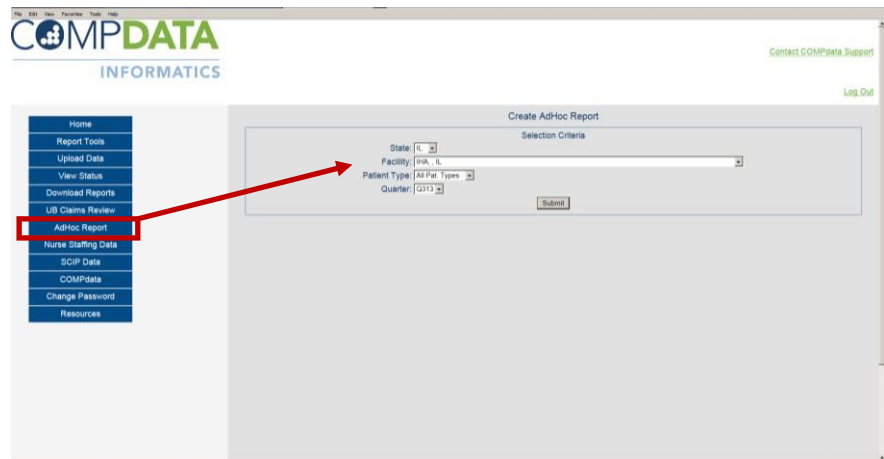
- Patient ID
- Received date
- Admission date
- Discharge date
- Gender
- Patient discharge status
- Birth date
- Point of origin
- Bill type
- Priority type of visit
- Primary payer ID
- Principal diagnosis (DX)
- Principal procedure
- Flags for IP,OS,OC,ED,IM, and OP

The second AdHoc Report, Warning/Error files, allows you to run a report showing all your errors and warnings summarized along with the accompanying error reference 4-digit code. Or you may choose to run that report summarizing a specific warning or error. The Warning/Error AdHoc is an additional report to aid in reconciliation of errors.

AdHoc Reports

Step #1

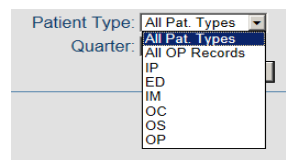
Click on "AdHoc Report"



Submitted Data AdHoc Report:

Click on drop down arrows to choose:

1. Facility – facility names.
2. Patient Type – types listed below:



3. Quarter – quarters will be listed.
4. Click on "Submit."
5. A job number will display for your records.
6. Go to Navigator Bar; click on "Download Reports" to retrieve the AdHoc Report.

For running the Warning/Error files AdHoc report, choose the quarter and year from the quarter pull-down tab, then choose All Errors to see all errors and warnings or choose one or more individual error or warning with its accompanying 4-digit error reference code. Submit. You will see a job number display which has been submitted to create your error/warning file. Go to Download Reports button to retrieve your AdHoc reports.

AdHoc Report

Step #2

On Navigator Bar – go to “Download Reports.”

Click on “File Name AdHoc XXXXdate.xlsx .”

FileName	Date
IL000267_AdHoc_Q312.xlsx	4/2/2013 11:14:19 AM
IL000267_AdHoc_Q412.xlsx	4/4/2013 12:17:39 PM
IL000267_DSVR-DQSR-2012.xlsx	4/4/2013 11:28:20 AM
IL000267_EditDetail_Q312.pdf	4/4/2013 11:14:44 AM
IL000267_EditDetail_Q412.pdf	4/4/2013 11:28:23 AM

An Excel spreadsheet will open:

- “Enable Editing.”
- Headers are the list of variables in the report.

ID	IPFID	COMPREHENSIVE	STATUS	MRN	NAME	ADDRESS	CITY	STATE	ZIP	ACTIVITY TYPE	EXCLUDE	IP	OS	DC	ED	IM	ALLRANGES
1	State Adhoc - #	#####	#####	1	10 digit #	Name	City	State	ASC	Y	Y	Y	Y	Y	Y	Y	Y
2	State Adhoc - #	#####	#####	1	12 digit #	Name	City	State	ASC	Y	Y	Y	Y	Y	Y	Y	Y
3	State Adhoc - #	#####	#####	1	14 digit #	Name	City	State	ASC	Y	Y	Y	Y	Y	Y	Y	Y
4	State Adhoc - #	#####	#####	1	15 digit #	Name	City	State	ASC	Y	Y	Y	Y	Y	Y	Y	Y
5	State Adhoc - #	#####	#####	1	16 digit #	Name	City	State	ASC	Y	Y	Y	Y	Y	Y	Y	Y

AdHoc Report Example

AdHoc Report Example:

- [AdHoc Example Report](#)

Resources

COMPDATA INFORMATICS

Contact COMPdata Support
Log Out

Resources

- [COMPdata Data Coordinator Manual](#)
- [Error Reference Sheet](#)
- [Submission Step-by-Step Guide](#)

COMPdata CONTACT INFORMATION

Please address all questions, issues, or concerns to COMPdata customer service email: Customerservice@team-ih.org

- Include your contact information:
 - Your Facility Name
 - City, State
 - Your Full Name
 - Your Phone #

Customer Support phone: 866/262-6222