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BACKGROUND

The Hawaii Health Information Corporation (HHIC) is a not for profit organization incorporated in February, 1994.

HHIC maintains one of Hawai'i's largest healthcare databases, which contains over 2,000,000 inpatient discharge records collected from Hawai'i's 22 acute care hospitals for each year since 1993. HHIC has also collected nearly 3,000,000 emergency room records since 2000. HHIC's unique strength is the ability to generate comparative information using the extensive records in this database. In addition, we analyze relevant state and national databases to create population-based reports, performance measures, norms and benchmarks. As an independent organization, HHIC brings both objectivity and the required expertise to enable health care facilities, health plans, public and private organizations and communities to make the most of the data available, both locally and nationally.

Our Mission

The mission of HHIC is to collect, analyze and disseminate statewide health information in support of efforts to continuously improve the quality and cost-efficiency of healthcare services provided to the people of Hawai'i.



Overview

Since the first publication of *Technical Specifications: Hospital Discharge Data* in 1995, the Hawaii Health Information Corporation (HHIC) has issued several updated versions that incorporate new data elements and data sets to support HHIC member services and report requirements. The original Technical Specifications, Hospital Discharge Data, Version 1 included the core HHIC inpatient data elements and was applied to the submittal of hospital discharge data covering 1993 – 1995.

In December, 1995, *Technical Specifications, Hospital Discharge Data, Version 2* was released covering inpatient discharges for 1996. This version expanded the original inpatient data set to include additional detailed discharge data elements: Type of Admission, Source of Admission, Total Acute Care Days, Total Acute Care Charges, Total SNF Days, Total SNF Charges, Total ICF Days, Total ICF Charges, Total Other Days, Total Other Charges and Wait Listed Flag.

In October, 1996, the first Technical Specifications for outpatient data was issued. It covered ambulatory surgery and emergency room events beginning with 1997.

Health Care Data Sets: Technical Specifications and Transmittal Instructions, Version 3 was released in 1998 and included the specifications for both Inpatient and Outpatient data sets. It was applicable for events beginning with January, 1998 and included specifications for a new Patient Satisfaction Survey data set that was applicable to hospitals participating in the HHIC statewide Patient Satisfaction Survey project. This Patient Satisfaction Survey data set was an exact duplicate of the inpatient data set with the addition of eight new data elements that were added on at the end of the inpatient data set.

Health Care Data Sets, Technical Specifications and Transmission Instructions, Version 4 was released in 2003 and was applicable for events beginning in January 2003. It included new field values for are Principal Source of Payment and Disposition of Patient. The *inpatient data set* was expanded to include an additional 10 Other Diagnoses as well as 10 more Other Procedures, Other Surgeons and Other Procedure Dates. Also new for 2003 inpatient data is the mother's medical record number on all newborn records. Current Procedural Terminology (CPT) codes were added to the *outpatient data set*.

Health Care Data Sets, Technical Specifications and Transmission Instructions, Version 5 was released in 2006 and was applicable for events beginning in January 2006. It included a newly created Physician data set. The new field values for are Principal Source of Payment. New data elements for both the *inpatient and outpatient data set* were Account number, Social Security Number, Patient Source of Admission—Specific Facility and Opt-Out Mailing Flag. Admitting and Discharge Nursing Unit were added to the *inpatient data set*. The Disposition of Patient—Hospital Defined field was modified for both the *inpatient and outpatient data set*. Total Charges and Mother's Medical Record Number fields were modified for the *inpatient data set* only. All of the waitlisted data elements were deleted from the *inpatient data set*.

Health Care Data Sets, Technical Specifications and Transmission Instructions, Version 6 was released in 2008 and was applicable for events beginning in January 2008. New data elements for both the *inpatient and outpatient data set* were Patient Middle Initial and Patient Name Suffix. For the *inpatient data set* only was the Present on Admission Indicator.



Health Care Data Sets, Technical Specifications and Transmission Instructions, Version 7 was released in 2009 and was applicable for events beginning in January 2010. New field values for both the *inpatient and outpatient data set* were added to Principal Source of Payment (Summerlin Insurance) and the Race/Ethnicity values were standardized for all the hospitals to report.



Data Cleansing

Coding Edits—HHIC has over 700 coding edits that check for illogical/erroneous combinations of ICD-9 codes. These edits are based on coding principles and guidelines and other coding references such as AHA’s Coding Clinic for ICD-9-CM.

Other Edits—HHIC also ensures that all dates and values are valid based on current state and national standards.

A full listing of our current edits is below.

Edit Number and Description	
2	Admit Date Before Date Of Birth
5	Patient Discharged Before Admission
6	Disposition Hosp Must Be Blank For Non-Acute-Care Transfers.
7	Invalid Disposition - Must Be 01-09, 20, 30, 40-43, 50-51, 61-65, 70-72
8	Invalid Pay Source.
9	Invalid Sex - Must Be 1 - 4
10	Invalid Race
11	Invalid Date Of Birth
12	Transfer-To Hospital Must Be A Valid Medicare Provider No For Acute-Care Transfers
13	Duplicate Record
14	Invalid Principal Diagnosis Code
15	Principal Diagnosis Is Missing.
16	Pregnancy Related Diagnosis Not Compatible With Age
17	Invalid Secondary Diagnosis Code
18	Invalid Sex For Diagnosis
20	Procedure Requires Procedure Date
21	Procedure Date Is Not Within Stay
22	Invalid Procedure Code
23	Invalid Sex For Procedure
24	Hospital Code Must Be Medicare Provider Number
26	In-Hospital Newborn - Admit Date Must Equal Birth Date
27	Invalid Zip Code
28	Mom Acct Number Must Be Present
29	Total Charges Must Be Greater Than Zero
30	Mom Discharge Record Not Found
31	Specified Mom Acct Number Links To A Non-Delivery Discharge
32	Newborn Residential Zip Code Does Not Match Moms
33	Multiple Mom Discharges Found For This Newborn Discharge
34	Newborn Acct Number And Mom Acct Number Are The Same
35	Mom Acct # Must Not Be Specified For A Non-Newborn Discharge



Edit Number and Description	
36	Mom Discharge Does Not Have A Related Newborn Discharge, Please Provide:
37	Name, SSN, Or Birth Date Does Not Match To Existing Patient.
38	Mom Residential Zip Code Does Not Match Newborns.
40	Invalid Admission Date
41	Admission Type Must Be 1 - 5 Or 9
42	Admission Type 4 (Nb) Requires Age Equal 0
43	Newborn Dx Requires Admit Type 4 (Nb) And Admsource 5 Or 6
44	Admission Source Must Be 1, 2, 4-9, B-F
45	Newborn Dx Requires Admit Type 4 (Nb) And Admsource 5 Or 6
46	Adm Hosp Must Be Blank For Non-Acute-Care Transfers
48	Adm Hosp Must Be A Valid Medicare Provider Number For Acute-Care Transfers.
50	Attending Physician Is Required
51	Attending Physician Id Not In Physician File.
52	Principal Procedure Requires Surgeon Code
53	Surgeon Id For Principal Procedure Not In Physician File.
54	Procedure Requires Surgeon Code
55	Surgeon Id Not In Physician File.
58	Acct Number Already Exists.
59	Acct Number Is Not Unique In Load Batch.
60	SSN Is Invalid.
61	SSN Already Belongs To Another MRN. Please Confirm.
62	SSN Is Not Unique In Load Batch.
65	Birth Weight In Grams Must Be 455 - 9505
66	Birth Weight Does Not Agree With Diagnosis
67	Invalid E-Code
69	Birth Weight Reported As Unknown, Please Confirm
87	First Name Is Blank Or Invalid.
88	Last Name Is Blank Or Invalid.
89	Opt Out Flag Must Be Blank Or 1.
102	Uncommon Payer For Newborn - Please Confirm
106	POA Indicator Must Be Present
107	Invalid POA Indicator On Non-Exempt Icd-9 Code
108	Invalid POA Indicator On Exempt Icd-9 Code
116	Unknown Admission Type, Please Confirm
117	Unknown Admission Source, Please Confirm
118	Los For DRG Is Greater Than Expected, Please Confirm
119	Los For DRG Is Lower Than Expected, Please Confirm
120	Average Daily Charge High For DRG, Please Confirm
122	Principal Diagnosis Invalid As Discharge Diagnosis



Edit Number and Description	
123	Reported Diagnoses And Procedures Could Not Be Grouped To A DRG
124	DRG Grouper Program Return An Error
126	Invalid CMS DRG Code - Code Must Exist In Reference File
127	Invalid CMS MDC Code - Code Must Exist In Reference File
128	Invalid APR DRG Code - Code Must Exist In Reference File
129	Invalid APR MDC Code - Code Must Exist In Reference File
130	V Edit - Invalid Principal Diagnosis
131	V Edit - Invalid Other Diagnosis
132	V Edit - Diagnosis Vs Diagnosis
133	V Edit - Procedure Vs Diagnosis
134	V Edit - Procedure Vs Procedure
135	V Edit - E-Code Vs Diagnosis

New in 2011

This current publication, *Health Care Data Sets, Technical Specifications and Transmission Instructions, Version 8* includes collection of data for Observation patients as well as a new file type for Revenue Data.

Outpatient Data Set Changes:

Observation data will be collected using the same specifications as are used for ambulatory and emergency data.

HCPCS Code (1-20) and HCPCS Code Modifier (1-3) data elements have been deleted since they are now part of the new Revenue Data Set.

Revenue Data Set includes revenue code, unit and charge information for all discharges/visits. Generally, data elements specified in the HHIC Revenue Data Set follow UB-04 standard formats and values.

All changes are effective with discharges of January 1, 2011.



GENERAL SPECIFICATIONS

The instructions and specifications contained in *Health Care Data Sets: Technical Specifications and Transmittal Instructions, Version 8* are applicable to participating HHIC institutions submitting data to HHIC, effective with discharges of January, 2011.

Data Submission Schedule

Inpatient and outpatient event records (for a month period) will be submitted to HHIC **45 days** after the end of each month.

A schedule for the submittal of the Inpatient, Outpatient, and Physician data sets to HHIC is provided in the table below.

Data Submission Schedule 2011

DATA DUE AT HHIC	INPATIENT/OUTPATIENT/ PHYSICIAN DATA SETS
January 14, 2011	November, 2010 Discharges
February 15, 2011	December, 2010 Discharges
March 15, 2011	January, 2011 Discharges
April 15, 2011	February, 2011 Discharges
May 13, 2011	March, 2011 Discharges
June 15, 2011	April, 2011 Discharges
July 15, 2011	May, 2011 Discharges
August 15, 2011	June, 2011 Discharges
September 15, 2011	July, 2011 Discharges
October 14, 2011	August, 2011 Discharges
November 15, 2011	September, 2011 Discharges
December 15, 2011	October, 2011 Discharges
January 13, 2012	November, 2011 Discharges



Data File Description

Data files submitted to HHIC should include the following:

Email Attachment via HHIC's Secure File Transfer:

- Attach data files to an email message (see transmission specifications below for details)
- Email message should contain the following information:
 - Hospital Name(s)
 - Time Period Covered
 - Record Count (in message or at the end of the data file)

Each Inpatient data record is 1362 characters in length, Outpatient data record is 983 characters in length, and Physician data record is 130 characters in length. All data records have a carriage return line feed at the end of each record.

Hospitals should submit separate files for each Inpatient, Outpatient, and Physician data set. The Outpatient files (Ambulatory Surgery, Emergency Room, and Observation) can be submitted separately or combined in a single file. The preferred method is separate files.

Transmission Options and Specifications

Data can be transmitted to HHIC in one of the following ways:

1. Direct upload to HHIC's Secure File Transfer site with these requirements:
 - Send email to HHIC Data Manager (Jean Kailiawa at jkailiawa@hhic.org) that the file has been sent.
2. VPN (i.e. HyperSend, PGP) data files to HHIC Data Manager (Jean Kailiawa).