



Indiana Hospital Data Submission Portal

of the Indiana Hospital Association

INHDS-Indiana Hospital Data User's Guide

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INHDS SUBMISSION

INTRODUCTION

Pursuant to Indiana Code IC 16-21-6-6, Indiana Hospitals are required to submit monthly “patient information” to the Indiana State Department of Health. The Indiana Hospital Association is the named vendor to complete this data transaction effort. Indiana hospitals are required to submit inpatient and outpatient claim information on patient encounters that match the Indiana Hospital Association’s (IHA) definition for inclusion in the statewide databases, including self-pay and no-pay claims. These format changes explained in this document are effective for discharges of **January 1, 2021**, and after.

These specifications are to be used as a companion guide to the corresponding ASC Health Care Claim: Institutional Consolidated Guide, version 005010X223A2. Reference the ASC X12 837I Technical Reports Type 3 (TR3) and modify specific data elements to create the Indiana-specific transaction for submission. IHA does not provide the TR3 documents, but they are available from the Washington Publishing Company at www.wpc-edi.com.

Modifications to the X12 837I v5010 are specified to ensure hospital compliance for submitting to IHA through electronic administrative data. The modifications do not, however, contradict or otherwise modify the X12 837 v5010 in a manner that will make its use noncompliant. In addition, these changes are separate from and do not impact how claims are submitted for payment.

IHA also aligns with the Official UB-04 Data Specifications Manual, published and maintained by the National Uniform Billing Committee (NUBC), for claim-specific codes where applicable.

Due Dates

Data meeting the requirements specified in this manual are required to be submitted on a monthly basis. Data is due to IHA within 2 months of the end of the month being reported. Data will be verified by the hospital on a quarterly basis.

Discharges	Due Date	Quarterly Verification Due
January	April 1 st	Due June 1 ^{st*}
February	May 1 st	
March	June 1 st	
April	July 1 st	Due September 1 ^{st*}
May	August 1 st	
June	September 1 st	
July	October 1 st	Due December 1 ^{st*}
August	November 1 st	
September	December 1 st	
October	January 1 st	Due March 1 ^{st*}
November	February 1 st	
December	March 1 st	

Quarterly verifications are required for full release of INHDS data into all of IHA's data assets for use by membership.

Minimum compliance levels for quarterly data submission are as follows:

Inpatient – 100%

Outpatient – 100%

General Rules for Submission of INHDS Data

Data fields are transmitted to INHDS using an Indiana-specific X12 837I v5010. General rules for X12 837I v5010 compliance are required for batch acceptance.

Compliance with X12 837I v5010 includes but is not limited to:

- Batches need to be submitted according to standard with header (ST = beginning of transaction) and trailer (SE = end of transaction) sets.
- Required GS08 in the Functional Group Header uses code 005010X223A2.
- ISA and IEA must have exactly same control numbers.
- Detail information on the claim is comprised of hierarchical structure in a series of loops. Hierarchical level segments (HL) indicate the provider, subscriber and patient information.
- HL segments are numbered sequentially within a transaction set (ST to SE) with the sequential number found in HL01, the first data element in the HL segment. HL segments must be unique.
- HLs may contain multiple 'child' HLs which indicate an HL nested within the previous HL. 'Parent' HLs are required when a 'child' HL exists.

Batch failures include but are not limited to:

- File is not compliant with X12 837I v5010 format.
- File does not have required data elements (i.e. Facility NPI).
- More than 50% of batch contains duplicate records.

Indiana-specific X12 837I v5010 modifications include:

- Hospital Number – Each facility must coordinate with IHA on a single NPI to be used for submitting required INHDS data.
- Bill Type – As detailed on page 5, Bill Type will determine Patient Type (either Inpatient or Outpatient) AND inpatient Place of Service.
- Patient SSN – Last 4 digits of Patient SSN are required, if unknown, populate **9999**. For newborns report, **0000**.
- Patient's Gender Identity – The gender of the patient.
- Race – Required on all records.
- Ethnicity – Required on all records.
- Patient's Primary Spoken Language – Required on all records.
- Primary Expected Source of Pay, Second Expected Source of Pay and Third Expected Source of Pay.
- Patient's First Name, Patient Last Name and Patient Address #1– Required on all records.

- Admission Date – Required on all records.
- Admission Hour – Required on all records.
- Priority (Type) of Admission – Required on all records.
- Point of Origin/Source of Admission – Required on all records.
- POA – Required on ALL Inpatient Types, E-code and other/additional diagnoses unless the ICD-10 code is exempt.

Assignment of Patient Type/Inpatient Place of Service

ASSIGNMENT OF PATIENT TYPE

Each facility determines whether a record is inpatient or outpatient. Inpatient Place of Service is also determined by each facility. Bill Type will define the Patient Type and the inpatient Place of Service of submitted records. Extreme care is required to assign patient records to the service they receive.

Inpatient Patient Type and Place of Service assignment must occur as follows.

- * Place of Service 1 – **Acute Inpatient/Surgical Unit** – Bill Type **0111**
- * Place of Service 2 – **Psychiatric Unit** – Bill Type **0171**
- * Place of Service 3 – **Rehabilitation Unit** – Bill Type **0151**
- * Place of Service 4 – **SNF/ICF/Other LTC/Hospice/Subacute/Swing Bed** - Bill Types **0181,0211** or **0821**
- * Place of Service 5 – **Drug/Alcohol Rehabilitation Unit** - Bill Type **0241**
- * Place of Service 6 – **Pediatric Unit**– Bill Type **0311**

Any other Bill Type will identify a record as Outpatient. This includes records submitted with invalid Bill Types. Outpatient Place of Service is determined in a hierarchical fashion depending on the Revenue Codes on each claim.

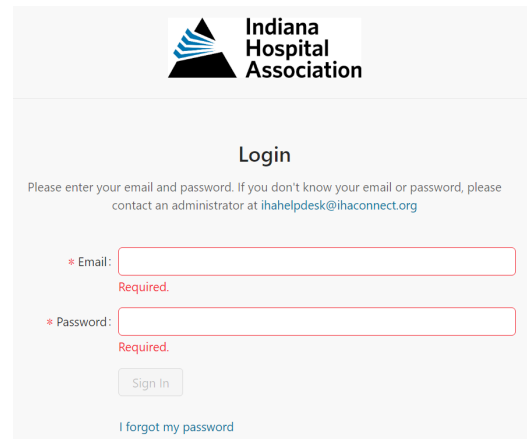
Other reporting rules:

- Inpatient
 - Service line information (revenue portion) should be summary level claim information where all the charges are summarized (rolled-up) by revenue code.
 - Inpatient procedure information is reported using ICD-10 procedure codes (Loop 2300, HI segment).
 - Repeat HI segments to report ALL inpatient ICD-10 diagnosis codes and ALL inpatient ICD-10 procedures codes associated with each claim.

- Outpatient
 - Service line information (revenue portion) should be detail level claim information where all revenue lines are submitted.
 - Outpatient procedure information is reported using CPT and/or HCPCS codes (Loop 2400, SV2 segment).
 - Repeat HI segments to report ALL outpatient ICD-10 diagnosis codes associated with each claim.
 - Repeat SV2 segments to report ALL outpatient CPT/HCPCS procedure codes associated with each outpatient claim.

INHDS USER'S GUIDE

LOGGING INTO INHDS



Indiana Hospital Association

Login

Please enter your email and password. If you don't know your email or password, please contact an administrator at ihahelpdesk@ihaconnect.org

* Email:
Required.

* Password:
Required.


Sign In

[I forgot my password](#)

- The INHDS data collection login page is at <http://www.in-hds.org/>.
- Username is full email address.
- Passwords will:
 - Be at least 14 characters
 - Be changed every 90 days
 - Require that users not reuse the last 20 passwords
 - Meet 3 of the 4 character requirements:
 - Contain upper case letters
 - Contain lower case letters
 - Contain numbers
 - Contain symbols found on the keyboard (all keyboard characters not defined as letters or numerals) and spaces
 - The password cannot contain the user's account name or parts of the user's full name that exceed two consecutive characters.
 - **Note:** More than 6 failed login attempts will lock the account. You must contact ihahelpdesk@ihaconnect.org to have your account unlocked.

DO NOT SHARE YOUR LOGIN INFORMATION!! New user information should be communicated to IHA by contacting ihahelpdesk@ihaconnect.org.

- To reset password, click on “I forgot my password”. A program-generated email will contain a link for the user to input new password information.

 **Indiana
Hospital
Association**

Login

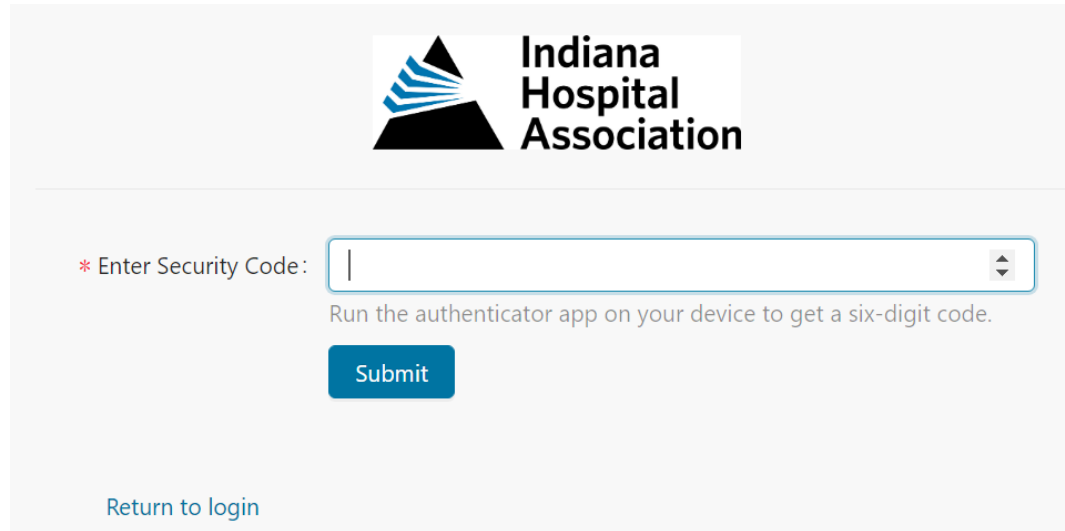
Please enter your email and password. If you don't know your email or password, please contact an administrator at ihahelpdesk@ihaconnect.org

* Email:
Required.

* Password:
Required.

[I forgot my password](#)

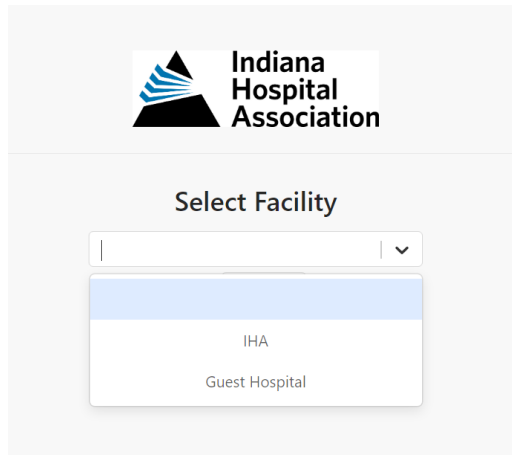
MULTI-FACTOR AUTHENTICATION (MFA)



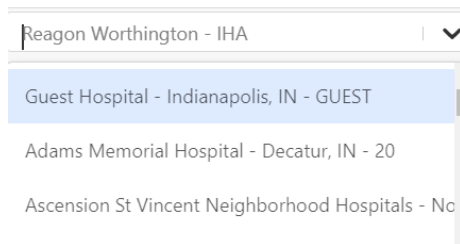
The screenshot shows the login interface for the Indiana Hospital Association. At the top, there is a logo consisting of a stylized mountain peak with blue and black lines, followed by the text "Indiana Hospital Association". Below the logo, there is a form with a red asterisk and the text "* Enter Security Code:". To the right of this text is a text input field with a vertical cursor and a small dropdown arrow on the right side. Below the input field, there is a blue button labeled "Submit". At the bottom of the form, there is a blue link labeled "Return to login".

- After successfully logging in you will need to enter your 6-digit security code produced by your MFA device.
 - If you do not have an MFA device setup please contact ihahelpdesk@ihaconnect.org for setup instructions.

- Hospital contacts submitting information for more than one facility will encounter a second login page to select the facility desired.
 - Users with more than one facility must select a facility for that episode.



- To work on another facility, select from the drop down in the upper right-hand corner of the page.



- Successful entry brings the user to the “Welcome to Data Services” screen with name and facility name appearing in the top right of the screen – see page 12.

WELCOME TO DATA SERVICES SCREEN

Indiana Hospital Association

Welcome, Reagon! Stop Emulating Guest Hospital

Q4 Submission Due Date
February 28th (18 days away)

Next Reminder Scheduled
A New Quarter Has Opened 04/01 (50 days away)

Total Claims by Month

Month	Total Claims
Oct 2020	2
Nov 2020	0
Dec 2020	870
Jan 2021	224
Feb 2021	0
Mar 2021	0

Top 10 Error Types

Error Type	Count
Social Security Number	224
Additional Diagnosis	26
External Cause of Injury 1	10
Type of Bill	2
Total Charges	2
Service Date	2
Principal Diagnosis	2
External Cause of Injury 2	1

[INDHS Submissions Manual](#)
[INHDS User's Guide](#)

- The Welcome to Data Services screen greets INHDS users.
 - The two charts show total claims by month or quarter (**valid/invalid**) and top 10 error types.
 - INHDS reference materials are available through links at the bottom of the page.
- Sidebar menu options include:
 - Welcome (Page)
 - Error Summary
 - Batch Review
 - NPI Upload
 - Submit Batch
 - Device Manager
 - Find Patient Record
 - Help
 - Create Report
 - Logout

- Help initiates an Outlook email session to send a question/message to ihahelpdesk@ihaconnect.org.

SUBMIT BATCHES

There are multiple ways to gain access to the Submit Batch Screen:

- Select “Batch Review” from the sidebar menu which takes you to the Batch Review screen. Select “Submit Batch” button next to the quarter in which you want to submit.

OR

- Select “Submit Batch” from the sidebar menu.

Batch Review

1st Quarter 2021 - Open | [Submit Batch](#) [Create New Batch](#)

Batch	Uploaded	Primary Month	Total Records	Valid Records	Invalid Records
1027	2/8/2021	January	224	0	224

OR

Submit Batch

To submit your inpatient/outpatient file please click in the box and browse for your files or drag the files to the upload area below. Please do not close the browser window while the file is being uploaded to our server.

Batch to Upload

Click or Drag File(s) to Upload

Text files and compressed text files with a '.zip' extension are accepted.

From the Submit Batch screen:

- Click or drag file(s) to upload.
- Browse to locate saved zipped file. Select or drag-and-drop file.
- File will automatically upload.
- Messaging on the screen will inform the user of batch submission status or communicate upload errors.
- Page automatically refreshes to inform the user of batch status.
- Once loaded the batch will appear on the Batch Review screen.
- An email notification on status of the batch submission will be sent to primary contacts at the facility.

BATCH REVIEW SCREEN

Batch Review Guest Hospital

1st Quarter 2021 - Open Submit Batch Create New Batch

Batch	Uploaded	Primary Month	Total Records	Valid Records	Invalid Records
1027	2/8/2021	January	224	0	224

Month	Batches	Total Records	Valid Records	Invalid Records
January	1	269	0	269
February	0	0	0	0
March	0	0	0	0
Quarter 1	1	269	0	269

Verification Process

- The Batch Review screen allows users to manage quarterly information, gain access to delete batches, gain access to records with edits, find records, begin the verification process and complete the quarter.
- Information about submitted batches is displayed on the left side of the screen by Batch # and on the right by discharge month. Upload date, total records and valid/invalid record counts are shown.
 - **Note:** A batch will not appear until the data has been processed and the screen has been refreshed.
- There are multiple ways to access editable records that include:
 - Select the linked Batch #. This will take you to the Batch Detail screen – see page 15.
 - Select the linked Month. This will take you to the Month Detail screen – see page 16.
 - Select the linked number in the Invalid Record column. This will take you directly to the Edit Record Screen – see page 18.
- To delete a batch, select the linked Batch # next to the desired batch. Click the link “Delete Batch” below the header information. Select “DELETE” when asked the question, “Are you sure you want to DELETE this batch?”

BATCH DETAIL SCREEN

Batch Review / Batch Detail Stop Emulating Guest Hospital

Batch Detail #1154

File Name 4Q 2020 batch.txt
Submitted 3/10/2021 by Kara Staiert
Quarter Q4 2020
Primary Month [October](#)
[Delete Batch](#) [Create New Record](#)

Record Type	Total Records	Valid Records	Invalid Records
Inpatient	2	1	1
Outpatient	1	1	0

All Edit Types | v

Record Type	Patient Control #	MRN	Admission Date	Discharge Date	
IP	1111111111	5874220289A	10042020	10042020	Edit

The Batch Detail screen displays:

- Record count information by record type (Inpatient or Outpatient) with links to related edit types.
AND/OR
- Dropdown of fields with edits for selection. Once the desired field is selected, click “Edit” next to a record to gain access to the first record matching selected criteria.
- With either of these options, users may work through edits from the criteria selected until all edits are satisfied – ignoring other field edits on the records.
- To delete a batch, click the link “Delete Batch” below the Primary Month listing. Select “DELETE” when asked the question, “Are you sure you want to DELETE this batch?”

MONTH DETAIL SCREEN

Batch Review / Month Detail Guest Hospital

Month Detail - October, 2020

Record Type	Total Records	Valid Records	Invalid Records
Inpatient	2	1	1
Outpatient	1	0	1

Batch #	Uploaded	Total	Valid	Invalid	File Name
1006	1/12/2021	3	1	2	4Q 2020 batch.txt
1024	2/4/2021	0	0	0	
1025	2/4/2021	0	0	0	
1026	2/4/2021	0	0	0	

All Edit Types | v

Record Type	Patient Control #	MRN	Admission Date	Discharge Date	
IP	123456ABC2	5874220289A	10042020	10042020	Edit
OP	123456ABC3	11001	10042020	10202020	Edit

- The Month Detail Screen displays:
 - Record count information by record type (Inpatient or Outpatient) with links to related edit types.
AND
 - A list of batches that are contained within that month.
AND
 - Edit detail that allows selection of fields that contain edits. Select “Edit” next to a record to gain access to the first record matching selected criteria.
- With any of these options, users work through edits from criteria selected until all those types of edits are satisfied – ignoring other field edits on the records. Narrowing down to specific criteria can be done by using the drop-down boxes under the Batch # area.

ERROR SUMMARY SCREEN

Indiana Hospital Association

Error Summary

Guest Hospital

Quarter: 4th Quarter 2020 - Open | Month: 10 - October | Batch: 1006 (Loaded on Jan 12, 2021 - 5 Errors) | Patient Type: All

Place of Service: All

Search Export

Found 5 errors.

- > Expected Source of Pay (Inpatient - 0, Outpatient - 1)
- > Patient Discharge Status (Inpatient - 0, Outpatient - 1)
- > Physician NPI (Attending) (Inpatient - 1, Outpatient - 0)
- > Primary Language (Inpatient - 1, Outpatient - 0)
- > Zip Code (Inpatient - 1, Outpatient - 0)

- It is recommended that this report be generated after submitting a batch to track edit counts.
- To use the Error Summary Screen:
 - Wizard-like ability to find counts of edits by field.
 - Search criteria (Quarter, Month, Batch #, Patient Type and Place of Service) to narrow report.
 - At minimum a quarter needs to be chosen and then select “SEARCH”.
 - Collapsible-expandable field option reveals specific records with edits matching the field.
 - Hyperlinks to records allow user to access Edit Record page for specific edits.
- A record may have multiple edits. Each error is counted under the appropriate edit type.
- Export allows search results to be sent to an Excel spreadsheet.

EDIT RECORD SCREEN

Indiana Hospital Association

Error Summary / Record: 123456ABC2

Guest Hospital

123456ABC2
Error Count: 4

123456ABC3
Error Count: 2

Patient Control #123456ABC2 - Inpatient

Welcome

Batch Review

Submit Batch

Find Patient Record

Create Report

Error Summary

NPI Upload

Device Manager

Help

Logout

← Previous Update Next →

Return to Error Summary

Protected Information +

Patient Information

Medical Record # 5874220289A

Date of Birth 10042020

Patient's State IA

Birth Gender F-Female

Gender Identity

Zip Code

Race R1-White

Ethnicity E1-Hispanic or Latino

Patient's City

Patient's County

Language

Encounter Information

Bill Type 111

Point of Origin 5-Born Inside this Hospital

Primary Expected SOP

Place of Service 1

Priority of Admission 4-Newborn

Secondary Expected SOP 02-Medicare Advantage

Admission Date 10042020

Patient Discharge Status 51-Hospice- Medical Facility

Tertiary Expected SOP 11-Self Pay

Admission Hour 11

Attending Physician NPI

DRG I509

Discharge Date 10042020

Operating Physician NPI 1234567890

Discharge Hour 12

Other Operating Physician NPI 1234567890

Statement Covers Period From 10042020

Referring Provider NPI 1234567890

Statement Covers Period Through 10042020

Rendering Provider NPI

- The Edit Record page is organized to show claim information in the following manner:
 - Protected Information
 - Patient Information
 - Encounter Information
 - Diagnosis Information
 - Procedure Information
 - NUBC Billing Codes (NB birth weight)
 - Revenue Information
- Fields are accessible to change and correct with the following exceptions:
 - Patient Control
 - Patient County
 - Patient City
- For privacy reasons, protected information (Patient Name and Patient Address) is not immediately visible on the edit screen. Routine audits

determine access to this information periodically.

PATIENT RECORD SIDEBAR

Indiana Hospital Association

Guest Hospital

123456ABC2
Error Count: 4

123456ABC3
Error Count: 2

123456ABC2 - Inpatient

Protected Information +

Patient Information

Medical Record # 5874220289A Date of Birth 10042020 Gender Identity

Patient's State IA Birth Gender F-Female Race R1-White

Zip Code Patient's City Ethnicity E1-Hispanic or Latino Language

Patient's County

Encounter Information

Bill Type 111 Point of Origin 5-Born inside this Hospital Primary Expected SOP

Place of Service 1 Priority of Admission 4-Newborn Secondary Expected SOP 02-Medicare Advantage

Admission Date 10042020 Patient Discharge Status 51-Hospice- Medical Facility Tertiary Expected SOP 11-Self Pay

Admission Hour 11 Attending Physician NPI Operating Physician NPI 1234567890 DRG I509

Discharge Date 10042020 Other Operating Physician NPI 1234567890

Discharge Hour 12 Referring Provider NPI 1234567890

Statement Covers Period From 10042020 Rendering Provider NPI

Statement Covers Period Through 10042020

Patient Record
Sidebar

After selecting a record to view, an interactive sidebar appears on the right-hand side of the edit record screen.

- Records, both valid and invalid, will be visible on the right side of the edit record screen.
- The patient control number and error count will be visible.
- If a record has multiple edits on the same field, you will see those edits reflected in the error count but may not be able to see the same count of edits on the screen.

CORRECTING EDITS/CHANGING INCORRECT VALUES

The screenshot shows the 'Patient Control #123456ABC2 - Inpatient' interface. The left sidebar contains navigation options: Welcome, Batch Review, Submit Batch, Find Patient Record, Create Report, Error Summary (highlighted), NPI Upload, Device Manager, Help, and Logout. The main content area is divided into three sections: Protected Information, Patient Information, and Encounter Information. The Patient Information section contains fields for Medical Record #, Date of Birth, Patient's State, Birth Gender, Zip Code, Race, Patient's City, Ethnicity, and Patient's County. The Encounter Information section contains fields for Bill Type, Point of Origin, Place of Service, Priority of Admission, Admission Date, Patient Discharge Status, Admission Hour, Attending Physician NPI, Discharge Date, Operating Physician NPI, and Discharge Hour. Yellow error indicators (triangles) are present next to the Zip Code, Language, and Attending Physician NPI fields.

Patient Information	
Medical Record #	5874220289A
Date of Birth	10042020
Patient's State	IA
Birth Gender	F-Female
Zip Code	[Yellow Error]
Race	R1-White
Patient's City	
Ethnicity	E1-Hispanic or Latino
Patient's County	
Language	[Yellow Error]

Encounter Information	
Bill Type	111
Point of Origin	5-Born Inside this Hospital
Place of Service	1
Priority of Admission	4-Newborn
Admission Date	10042020
Patient Discharge Status	51-Hospice- Medical Facility
Admission Hour	11
Attending Physician NPI	[Yellow Error]
Discharge Date	10042020
Operating Physician NPI	1234567890
Discharge Hour	12
Other Operating Physician NPI	1234567890

Edits in INHDS occur for one of three reasons:

- Required field is missing.
- Field value does not match a look-up to the INHDS tables (e.g. Payer Codes).
- Field value does not agree with another field value on the record.

Edit instructions include:

- Yellow yield signs appear next to fields with data problems. Hover over yield sign to reveal what is causing the issue.
- Edits on fields in the Protected Information (name and address) area, can be seen by clicking on the + sign to expand the area.
- Edit language explains what is wrong and in some cases how to correct the problem.
 - For example, an edit next to Discharge Date instructs the user to change the Statement Covers Period Through date if a change to Discharge Date is necessary. This is true because Discharge Date is derived from Statement Covers Period Through.
 - Another example would be for an edit on Point of Origin that describes a relationship with Priority of Admission for Newborns. In this case, Principal Diagnosis and Date of Birth also must agree.
- Make correction to the value in the field and click on "Update" or hit enter to accept changes. The program runs the record through the edit process again to ensure that no subsequent edits now apply.

- Continue until record is edit free.

In some cases, no edits will be flagged on a record but it is determined that some data field needs to be corrected. Find the Record by using the search function (see page 29) to bring it to the Edit Screen.

- Change the field in question.
- Update the record by clicking on Update or hit enter.

ADDING OR DELETING OTHER DIAGNOSES, OTHER PROCEDURES, CPTs OR REVENUE INFORMATION

- Select “Add Diagnosis”, “Add Procedure”, or “Add Revenue” to add a code and other information where an omission has occurred.
- Select the red “X” next to any line item that needs to be deleted.

Other Diagnosis	POA	Description
1509Y	<input type="checkbox"/>	
+ Add Diagnosis		

Procedure Information

Principal Procedure	<input type="text"/>	<input type="checkbox"/>
+ Add Procedure		

Revenue Information

Revenue Codes	CPT/HCPCS Code	Service Dates	Units of Service	Charge
0001				10000.00
0110		<input type="checkbox"/>	4	1000.00
+ Add Revenue				

DELETING A RECORD

- To delete an entire record, select “Delete Record” at the bottom of the page and answer “OK” to delete a record (e.g. duplicate records).

NAVIGATING THE EDIT PAGE

- Select “Next” or “Previous” at the top or bottom of the page to go to the record with edits immediately before or immediately after.

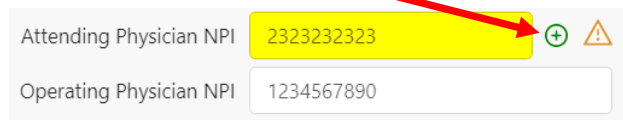
CORRECTING NPI EDITS

Maintaining correct assignment of providers to accurate and verifiable sources is critical to INHDS data collection. INHDS's provider lookup table will be maintained to ensure proper assignment of the provider name to the National Provider ID (NPI) assigned by CMS for the correct practitioner demographics.

Newly submitted providers are sent to INHDS for approval where careful evaluation against the National Plan and Provider Enumeration System (NPPESS) determines if the entry is included in the lookup table. If any part of the evaluation reveals a mismatch or incorrect assignment, the submitted NPI will be rejected. A program-generated email will inform the person submitting the NPI that it has been rejected. All edits associated with approved NPIs will be cleared automatically.

An edit will appear on the Edit Record page when an NPI has not been approved for addition, either through the upload process or via request through the Edit Record page. When an edit appears on the Edit Record page related to Provider IDs, follow these steps:

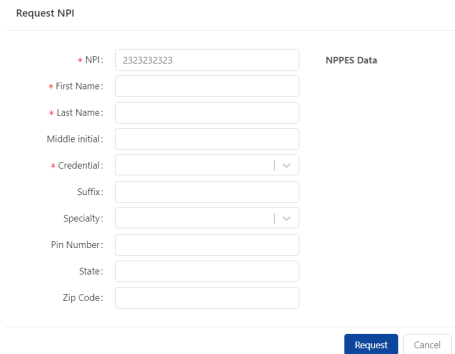
- Click on green + sign.



Attending Physician NPI 2323232323

Operating Physician NPI 1234567890

- Enter information into the pop-up window as displayed below.



Request NPI

NPPES Data

• NPI: 2323232323

• First Name:

• Last Name:

Middle initial:

• Credential:

Suffix:

Specialty:

Pin Number:

State:

Zip Code:

Request Cancel

- Select “Request”.

NPI UPLOAD

- Download NPI Upload Template.
- Enter new provider information into the Excel spreadsheet.
- Browse to find file.
- Submit.

Indiana Hospital Association

NPI Upload

To import multiple NPI records, please download the template by clicking the link below. Once information has been entered, select the file by using the Browse button and then click the Submit button.

To view a complete list of valid Credentials, download the template and click the second sheet titled 'Credential List' (bottom left corner).

Please do not close the browser window while the file is being uploaded to our server.

[Download NPI Upload Template](#)

NPI File to Upload

Click or Drag File(s) to Upload

NPI Upload Template

- Tab 1 – NPI Data

	A	B	C	D	E	F
1	NPI	First Name	Middle Initial	Last Name	Suffix	Credential
2						
3						

- Tab 2 – Credential List

Credential	Description
ACRB-L2	Chiropractor - Rehabilitation
ANP	Adult Nurse Practitioner
ANP-BC	Adult Nurse Practitioner-Board Certified

As stated above, IHA will evaluate the provider ID information submitted through the Edit Record page in the same way as those that are uploaded.

DATA VERIFICATION PROCESS

Batch Review

4th Quarter 2020 - Open | Submit Batch | Create New Batch

Batch	Uploaded	Primary Month	Total Records	Valid Records	Invalid Records
1026	2/4/2021	October	0	0	0
1025	2/4/2021	October	0	0	0
1024	2/4/2021	October	0	0	0
1023	2/4/2021	December	7873	7104	769
1022	2/4/2021	December	951	850	101
1006	1/12/2021	October	3	1	2

Month	Batches	Total Records	Valid Records	Invalid Records
October	1	7	1	6
November	0	0	0	0
December	2	9124	7954	1170
Quarter 4	3	9131	7955	1176

Verification Process

Verification is a two-step process.

- Ready to Verify Quarter
- Mark Complete

READY TO VERIFY QUARTER

- Selection of “Verification Process” on the Batch Review screen (shown above) initiates a check of valid/invalid record counts.
- Verification of quarterly data happens for two groups of record types:
 - Inpatient
 - Outpatient

- Program messaging will communicate the status of the selected category. Reasons for non-compliance include:
 - No valid records submitted for one or more months.
 - Threshold of compliance is not yet met (displayed with red formatting).

Quarter Verification

4th Quarter 2020

Please select one of the following groups to verify or close:

- Inpatient - Open
- Outpatient - Open

Quarter Verification

4th Quarter 2020 - Inpatient

Not In Compliance

Month	Batches	Total Records	Valid Records	Compliance
October	1	5	1	20%
November	0	0	0	0%
December	1	1130	936	82.83%
Quarter 4	2	1135	937	82.55%

You are unable to verify the selected group at this time due to the following reasons:

- Quarter 4 does not meet the minimum compliance rate of 100%. It is currently at 82.55% for Inpatient.

If you have any questions or need assistance, please contact the Administrator at ihahelpdesk@ihconnect.org or call .

- If compliance requirements are met for the chosen category select the “Verify” button.

Quarter Verification

4th Quarter 2020 - Inpatient

Month	Batches	Total Records	Valid Records	Compliance
October	1	2	2	100%
November	0	0	0	0%
December	0	0	0	0%
Quarter 4	1	2	2	100%

Please review the facility and contact information listed below for accuracy and make any corrections needed. When you are ready, click Verify. Any corrections you make will be sent to the administrator for review. You may be contacted to verify the information you provided or to provide more detail.

Verify

- Facility Information (facility name and contact information) is displayed for confirmation. All Executive, General and Primary INHDS contacts are shown. Edit facility name and contact information as needed to inform IHA of changes.
 - Changes are automatically emailed to IHA but may not be updated immediately.
 - Select the checkbox to signify that the contacts have been reviewed.

Quarter Verification

3rd Quarter 2020 - Inpatient

Month	Batches	Total Records	Valid Records	Compliance
July	1	2	2	100%
August	0	0	0	0%
September	0	0	0	0%
Quarter 3	1	2	2	100%

Please review the facility and contact information listed below for accuracy and make any corrections needed. When you are ready, click Verify. Any corrections you make will be sent to the administrator for review. You may be contacted to verify the information you provided or to provide more detail.

Facility Information

Data Collection ID: Mailing Address 1:

Facility Name: Mailing Address 2:

Facility License Number: City:

Facility ID: State:

Postal Code:

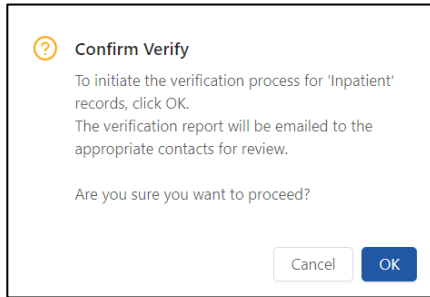
Executive
No users are assigned this role.

Primary
Name:
Phone:
Fax:
Email:

General
Name:
Phone:
Fax:
Email:

Read Only Admin
No users are assigned this role.

- The request for updating the facility and contacts occurs one time per quarter. Selection of another category skips this step.
- Answer “OK” to the question “To initiate the verification process for this quarter, click OK. Reports will be emailed to the Primary and General contacts for review. Are you sure you want to proceed?” See Email example on page 38.



- Compare information on the verification report against internal information.
 - No issues found. Proceed to “MARK COMPLETE”.
 - OR**
 - If issues are found on the verification reports, reopen the quarter by re-selecting the category from the Quarter Verification page, click on “REOPEN.”

Quarter Verification

4th Quarter 2020 - Inpatient

Month	Batches	Total Records	Valid Records	Compliance
October	1	2	2	100%
November	0	0	0	0%
December	0	0	0	0%
Quarter 4	1	2	2	100%

Select the COMPLETE button after you have reviewed the verification report and have confirmed that the data submitted is accurate and complete.

Select the REOPEN button if you have found errors while reviewing the verification report and corrections to the data need to be made.

Complete

Reopen

MARK COMPLETE

- Once all reports have been reviewed for completeness and accuracy, click “Complete” on the Quarter Verification screen.

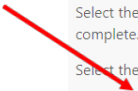
Quarter Verification

4th Quarter 2020 - Inpatient

Month	Batches	Total Records	Valid Records	Compliance
October	1	2	2	100%
November	0	0	0	0%
December	0	0	0	0%
Quarter 4	1	2	2	100%

Select the COMPLETE button after you have reviewed the verification report and have confirmed that the data submitted is accurate and complete.

Select the REOPEN button if you have found errors while reviewing the verification report and corrections to the data need to be made.



- “Complete” communicates the facility attestation to data accuracy and completeness.
- Answer “Yes” to the question “Are you sure you are ready to mark this quarter complete? Clicking OK will communicate that you agree with the reports and attest to their accuracy. NOTE: Changes to data after this point may incur a cost to your facility. Are you sure you want to proceed?”

REPEAT PROCESS

Repeat this process until all categories are completed for the quarter.

FIND PATIENT RECORDS

In some cases, no edits will be flagged on a record but it may be determined that a data field needs to be updated. Find the record by using the search function to bring it to the Edit Screen.

Indiana Hospital Association

Record Search

To locate previously submitted records, use the filtering criteria below and press Find.

Patient Control #:

Medical Record #:

Year: | v

Quarter: | v

Discharge Month: | v

Patient Type: | v

Place Of Service:

Age >:

Age <:

Race: | v

Ethnicity: | v

Bill Type:

Point of Origin: | v

Primary Payer: | v

Secondary Payer: | v

Priority of Admission: | v

Patient Discharge Status: | v

NPI:

Length of Stay >:

Principal Diagnosis:

Revenue Code:

(Must have leading zero, eg 0XXX)

Total Charge >:

Total Charge <:

MS-DRG:

Principal Procedure:

(ICD 10 codes. Must have leading zero, eg 0XXX. Will limit to results to inpatient records.)

Find **Export**

To search for any submitted record at any time (will return records matching the specified criteria both with and without edits):

- Select “Find Patient Records” from the sidebar menu.
- Enter any combination of criteria matching the options available. Included are:
 - Patient Control # (must match exactly to how the record is submitted)
 - Medical Record #
 - Year
 - Quarter
 - Discharge Month
 - Patient Type
 - Place of Service
 - Age >
 - Age <
 - Race
 - Ethnicity
 - Bill Type
 - Point of Origin
 - Primary Payer
 - Secondary Payer
 - Priority of Admission
 - Patient Discharge Status
 - NPI
 - Length of Stay >
 - Principal Diagnosis
 - Revenue Code
 - Total Charge >
 - Total Charge <
 - MS-DRG
 - Principal Procedure
- Records matching the criteria will appear in a list. Select “View” to go to the Edit Screen for the record. If only one record matches the selection criteria, the user will be taken immediately to the Edit Screen.
- Changes can be made to open quarters only.
 - If data needs to be changed and the quarter has already begun the verification process, reopen the category on the Quarter Verification page or contact IHA (ihahelpdesk@ihaconnect.org) to reopen the quarter to save changes.

CREATE REPORTS

Reports are available on-demand to all users by following these menu options:

- Select 'Create Report' from the left sidebar menu
 - Follow wizard-based criteria to set up each report.
- Report options include:
 - Verification Report
 - Inventory Report
 - NPI Errors Report

VERIFICATION REPORTS

Data Quality Summary Report

Guest Hospital, Indianapolis, IN

Inpatient

Quarter 4, 2020



	July 2020	August 2020	September 2020	Q3 Totals	October 2020	November 2020	December 2020	Q4 Totals	% Difference
Place of Service									
Acute Inpatient/Surgical Unit	0	0	0	0	2	0	0	2	100.00%
Total Charges by Revenue Center									
Ambulance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Ambulatory Surgical Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%

Verification reports can be created at any time and should be used for checking the accuracy and completeness of quarterly data submission during any phase of the submission process. The reports are also automatically emailed to Primary and General contacts during the verification process.

- Reports contain valid records only.
- The Excel spreadsheet has collapse/expand capability for each field.
- The current quarter is displayed side-by-side to the immediately preceding quarter.
- The percent difference aids in determining potential gaps in reporting.

- Fields included for hospital validation for completeness and accuracy include:
 - Place of Service
 - Total Charges by Revenue Center
 - Outlying Total Charges
 - Length of Stay
 - Age
 - Gender
 - Race/Ethnicity
 - Primary Spoken Language
 - Priority of Admission
 - Point of Origin
 - Patient Discharge Status
 - Primary Payer
 - Count of ICD-10 Diagnoses
 - Present on Admission
 - Count of ICD-10 Procedures
 - Count of External Cause of Injury codes
 - MS-DRG
 - NUBC Billing Codes
 - NB Birth Weights
 - Clinician NPI
 - Generic NPI
 - Zip Codes
 - State of Residence
 - Patient Reason for Visit

INVENTORY REPORT



Guest Hospital, Indianapolis, IN

Inventory Report

All Patient Types

Facility	Batch	Load Date	Month	Valid	Invalid	Total
Guest Hospital	1006	1/12/2021	October 2020	3	0	3
Totals				3	0	3

Inventory reports show record counts for the selected range of quarters by patient type (all, inpatient or outpatient), batch and discharge month. If there are multiple months in a batch, each month is shown as a separate line on the report. The report may be generated as a PDF file or exported to Excel.

NPI ERRORS REPORT



NPI Errors

#GUEST: Guest Hospital, IN

- NPI # 112233445
- NPI # 989898989

NPI Errors report may be created at any time and should be used to obtain a list of NPIs that are creating edits for any record submitted for your facility.

- Available in PDF and Excel.
- NPIs may be added to INHDS in two ways.
 - NPI Upload process.
 - Adding through Edit Screen on individual records.

EMAIL EXAMPLES

BATCH STATUS - FILE PROCESSED SUCCESSFULLY

Guest Hospital - INHDS Batch Status: File Processed Successfully (4Q 2020 b:



ihahelpdesk@ihaconnect.org

To ● Staiert, Kara

Cc ● adrees@qci.com; ● Coddington, Sarah; ○ Pittman, Elaine; ○ Kurimski,Sari; ○ Browning, Matt; ● Richardson,John; ● Trytten, Kathy; ● Worthington,Reagon

Reply Reply All Forward ...

Wed 3/10/2021 1:14 PM

The file submitted has been successfully proc

File Name: 4Q 2020 batch.txt

Submitted At: 3/10/2021 1:12:54 PM

Submitted By: Kara Staiert

Batch #1154

For Facility: Guest Hospital

- Total Records: 3

- Valid Records: 2

- Invalid Records: 1

Invalid records need to be corrected as soon as possible to complete the data submission requirements.

If you have any questions, contact the Administrator at ihahelpdesk@ihaconnect.org.

Caution: This email originated from outside of the organization.Do not click links or open attachments unless you recognize the sender and know the content is safe.

BATCH STATUS - INVALID FILE

- Multiple reasons for batch rejection exist. The message will specifically describe why the batch was not allowed to load.
- Failures include but are not limited to:
 - File is not compliant with X12 837I v5010 format.
 - File does not have required data elements (i.e. Facility NPI).
 - More than 50% of batch contains duplicate records.

NOT COMPLIANT

Guest Hospital - IN HDS Batch Status: Invalid File (guest batch submission reject.txt)



ihahelpdesk@ihaconnect.org

To
Cc

↩ Reply

↩ Reply All

➔ Forward



Tue 2/9/2021 1:31 PM

We removed extra line breaks from this message.

The file submitted could not be processed due to the following error.

File Name: guest batch submission reject.txt Submitted At: 2/9/2021 1:31:02 PM Submitted By: Reagon Worthington For Facility: Guest Hospital

Error:

No quarter is defined within the application that covers Month 1, 2019.

Please correct this issue and resubmit the data.

If you need further assistance, contact the Administrator at ihahelpdesk@ihaconnect.org.

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DUPLICATES

- Email example when the batch is rejected because of duplicate records. Duplicates can be either within the same batch or previously submitted.

Guest Hospital - IN HDS Batch Status: Invalid File (DUP - 1Q 2018 February batch for testing.txt)



ihahelpdesk@ihaconnect.org

To
Cc

[Reply](#) [Reply All](#) [Forward](#)

Tue 2/9/2021

We removed extra line breaks from this message.

The file submitted could not be processed due to the following error.

File Name: DUP - 1Q 2018 February batch for testing.txt Submitted At: 2/9/2021 1:38:37 PM Submitted By: Reagon Worthington For Facility: Guest Hospital

Error: 98% of the records in this batch have Patient Control numbers matching other records from your facility. This exceeds the maximum allowed.

Duplicates Found: 497

Line 1: PControl value on this line is a duplicate.
Line 1: PControl value on this line is a duplicate.
Line 1: PControl value on this line is a duplicate.
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Line 1: PControl value on this line is a duplicate.
Line 1: PControl value on this line is a duplicate.
Line 1: PControl value on this line is a duplicate.

VERIFICATION REPORT EMAIL

- Sent to Primary and General contacts when all records are submitted and all edits are corrected.

Guest Hospital - IN HDS Verification Reports for Quarter 4, 2020 - Inpatient



ihahelpdesk@ihaconnect.org
To

Reply Reply All Forward

Tue 2/9/2021 12:42 PM



Thank you for completing this quarter's submission.

Reagon Worthington has indicated that your facility is done submitting Inpatient data for Quarter 4, 2020.

Attached you will find a set of verification reports. Please review these carefully for accuracy and completeness. Report discrepancies in data, questions about the content of the reports, and changes in who should receive the verification reports to the Administrator at ihahelpdesk@ihaconnect.org or call .

To indicate that you attest to the accuracy and completeness of the quarter's data, click the Mark Complete link for the quarter. This is found on the Batch Review page within the application.

Caution: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

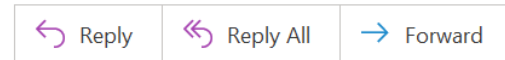
NPI REJECTION

- Sent to contact that requested NPI for approval.

IN HDS NPI Rejected: 1231231233 (TEST, TEST)



ihahelpdesk@ihaconnect.org
To Worthington, Reagon



Tue 2/9/2021 1:

Accurate NPI assignment is key to IN HDS databases. IN HDS confirms each individual provider NPI against the NPPES (National Plan & Provider Enumeration System) at the following link:

<https://npiregistry.cms.hhs.gov/>

The requested NPI has been rejected for one of the following reasons:

- NPI does not exist in NPPES
- NPI-Name combination does not match NPPES
- NPI requested belongs to an organization rather than an individual

To correct edits associated with this requested ID provide updated information that matches NPPES. For questions, please contact ihahelpdesk@ihaconnect.org.

Caution: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

