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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.

<table>
<thead>
<tr>
<th>Discharges</th>
<th>Due Date</th>
<th>Quarterly Verification Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>April 1st</td>
<td>Due June 1st*</td>
</tr>
<tr>
<td>February</td>
<td>May 1st</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>June 1st</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>July 1st</td>
<td>Due September 1st*</td>
</tr>
<tr>
<td>May</td>
<td>August 1st</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>September 1st</td>
<td></td>
</tr>
<tr>
<td>July</td>
<td>October 1st</td>
<td>Due December 1st*</td>
</tr>
<tr>
<td>August</td>
<td>November 1st</td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>December 1st</td>
<td></td>
</tr>
<tr>
<td>October</td>
<td>January 1st</td>
<td>Due March 1st*</td>
</tr>
<tr>
<td>November</td>
<td>February 1st</td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>March 1st</td>
<td></td>
</tr>
</tbody>
</table>

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.
- 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.
LOGGING INTO INHDS

- The INHDS data collection login page is at [http://www.in-hds.org/](http://www.in-hds.org/).
- Username is full email address.
- Passwords will:
  - Be at least 14 characters
  - Be changed every 90 days
  - Require 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](mailto: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](mailto: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.
MULTI-FACTOR AUTHENTICATION (MFA)

- 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@ihacnect.org for setup instructions.
• Hospital contacts submitting information for more than one facility will encounter a second login page to select the facility desired.
  o Users with more than one facility must select a facility for that episode.

  ![Select Facility]

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

  ![Select Facility]

• 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

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)
- Batch Review
- Submit Batch
- Find Patient Record
- Create Report
- Error Summary
- NPI Upload
- Device Manager
- Help
- 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.

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.
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?”
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

The Month Detail Screen displays:
- Record count information by record type (Inpatient or Outpatient) with links to related edit types.
- A list of batches that are contained within that month.
- 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.

---

#### Record Count Information

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Total Records</th>
<th>Valid Records</th>
<th>Invalid Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Outpatient</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

#### List of Batches

<table>
<thead>
<tr>
<th>Batch #</th>
<th>Uploaded</th>
<th>Total</th>
<th>Valid</th>
<th>Invalid</th>
<th>File Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1006</td>
<td>1/12/2021</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>4Q 2020 batch.txt</td>
</tr>
<tr>
<td>1024</td>
<td>2/4/2021</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1025</td>
<td>2/4/2021</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1026</td>
<td>2/4/2021</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

#### Edit Detail

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Patient Control #</th>
<th>MRN</th>
<th>Admission Date</th>
<th>Discharge Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>IP</td>
<td>123456ABC2</td>
<td>58742028BA</td>
<td>10042020</td>
<td>10042020</td>
<td>Edit</td>
</tr>
<tr>
<td>OP</td>
<td>123456ABC3</td>
<td>11001</td>
<td>10042020</td>
<td>10202020</td>
<td>Edit</td>
</tr>
</tbody>
</table>
ERROR SUMMARY SCREEN

- 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.
The Edit Record page is organized to show claim information in the following manner:

- Protected Information
- Procedure Information
- Patient Information
- NUBC Billing Codes (NB birth weight)
- Encounter Information
- Diagnosis Information
- Revenue Information

Fields are accessible to change and correct with the following exceptions:

- Patient Control
- Patient City
- Patient County

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

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.
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.

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.

![Image of Edit Record page]

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

![Image of pop-up window with NPI information]
- Select “Request”.

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

![NPI Upload Template](image)

**NPI Upload Template**
- **Tab 1 – NPI Data**

<table>
<thead>
<tr>
<th>NPI</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Suffix</th>
<th>Credential</th>
</tr>
</thead>
</table>

- **Tab 2 – Credential List**

<table>
<thead>
<tr>
<th>Credential</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACRB-L2</td>
<td>Chiropractor - Rehabilitation</td>
</tr>
<tr>
<td>ANP</td>
<td>Adult Nurse Practitioner</td>
</tr>
<tr>
<td>ANP-BC</td>
<td>Adult Nurse Practitioner-Board Certified</td>
</tr>
</tbody>
</table>

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

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:
  o No valid records submitted for one or more months.
  o Threshold of compliance is not yet met (displayed with red formatting).

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

- 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.”
MARK COMPLETE

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

- “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.
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

<table>
<thead>
<tr>
<th>Place of Service</th>
<th>July 2020</th>
<th>August 2020</th>
<th>September 2020</th>
<th>Q3 Totals</th>
<th>October 2020</th>
<th>November 2020</th>
<th>December 2020</th>
<th>Q4 Totals</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Inpatient/Surgical Unit</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Total Charges by Revenue Center

<table>
<thead>
<tr>
<th>Service</th>
<th>July 2020</th>
<th>August 2020</th>
<th>September 2020</th>
<th>Q3 Totals</th>
<th>October 2020</th>
<th>November 2020</th>
<th>December 2020</th>
<th>Q4 Totals</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0.00%</td>
</tr>
<tr>
<td>Ambulatory Surgical Care</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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 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 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 batch)

ihahelpdesk@ihaconnect.org
To: Staiert, Kara
Cc: addresses@qcl.com, Coddington, Sarah, Pitman, Elaine, Kurimski, Sara, Browning, Matt, Richardson, John, Trytten, Kathy, Worthington, Reagon

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)

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@ihacnect.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.
**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)**

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.
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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.

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

ihahelpdesk@ihacnect.org  
To

Verification - Inpatient.xls  
79 KB

Thank you for completing this quarter's submission.

Reagan 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@ihacnect.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
  o Sent to contact that requested NPI for approval.

IN HDS NPI Rejected: 1231231233 (TEST, TEST)

ihahelpdesk@ihacconnect.org
To Worthington;Reagon

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@ihacconnect.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.