Email notice sent to hospital data reporting contacts on June 3, 2013

The purpose of this notification is to provide final information regarding Arizona hospital discharge data reporting for the **2013-01** reporting period and preliminary information for the **2013-02** reporting period.

Reporting Requirements:

The Arizona hospital discharge data reporting requirements manual for **2013-01** reporting (those discharges occurring January 1, 2013 through June 30, 2013) was first released in November 2012. Final 2013 preparations are now complete and the manual (2013-01/02 Version 4, Transmittal 004) is posted here: http://www.azdhs.gov/plan/crr/ddr/hospa1/index.htm

Please note there have been no changes to the reporting specifications for 2013-01.

Further, the Arizona Department of Health Services has no plans to make changes for *2013-02*, unless forced to do so by circumstances beyond the Department's control.

As previously communicated, changes for 2013-01 include clarification of Audit functions and changes in Audit logic to improve accuracy. These changes simultaneously increase the automation of the auditing process and support increased transparency in the communication of identified errors.

The appearance of the error information grids provided in the feedback letters has been revised and will be attached at the end of the letters. Totals for Audit Universe, Error Allowance, and Errors identified for each of the Audit universes will be provided. Example:

A1A	Total Records Universe	17113
A1B	Total Records Allowance	257
	Total Errors Identified	**40**
A2A	E-Codes Universe	4080
A2B	E-Codes Allowance - Applies to Audit H11	122
	Audit H11 Errors Identified	**0**
A3A	E-Codes Universe	4080
A3B	E-Codes Allowance - Applies H Audits Except H10 & H11	61
	Other E-Code Errors Identified	**0**
A4A	Injury by Fall Universe	655
A4B	Injury by Fall Allowance - Applies to Audit H10	10
	Audit H10 Errors Identified	**0**
A5A	Newborn Universe	2580
A5B	Newborn Allowance	39
	Newborn Errors Identified	**2**
A6A	Operating Provider Universe	11430
A6B	Operating Provider Allowance	171
	Operating Provider Errors Identified	**0**
A7A	Other Provider Universe	17076
A7B	Other Provider Allowance	256
	Other Provider Errors Identified	**14**
A8A	Procedure Universe	11430
A8B	Procedure Allowance	171
	Procedure Errors Identified	**0**

Individual error information previously provided in summary form within the body of the feedback letters will now be provided directly to hospital data contacts in detail form as a separate MSWord document and placed on the secure server with the error spreadsheets.

As always, a submitted file must Audit under the Allowance in each of the Audit Universe categories to be accepted.

Incomplete Reporting:

Two issues have been identified related to incomplete reporting of data.

1) On corrected resubmission files, in some cases the corrected file contains *fewer* records than the original submission. Please be aware that record counts between original and corrected files will be compared and must match. If removal of records from a file is appropriate, you must provide information on why the records were removed. Corrected resubmissions with fewer records and no supporting documentation will be rejected.

2) Also on corrected resubmission files, in some cases the corrected file contains *additional* records not reported in the original submission. This indicates that the state report programming parameters for reporting of data to the state may be incorrectly configured to depend upon an account achieving a certain status or level of completion in the reporting hospital's HIMS in order to be captured for the state data report. This would not be appropriate. All reportable records with a discharge date in the applicable reporting period ***must be reported***.

Audit Discrepancies:

There have been some recent inquiries regarding perceived discrepancies between the *Reporting Specifications* (Section C of the manual) and the *Audits* (Section E of the manual).

The Specifications and the Audits, while related, serve specific and different functions. The Specifications provide information on what must be reported and how to report. The Audits are merely a tool, used to evaluate compliance with the Specifications. The Audit logic in the manual is provided for two purposes; to provide transparency in the state process, and to enable hospitals or vendors to mimic the state audit process if they so choose. However, ***the Audit logic provided in Section E of the manual should never be used for the purpose of defining the parameters of the state report extract.***

The Audits are designed to capture valid errors, while simultaneously attempting to avoid capture of false or duplicative errors. One perceived discrepancy between Specification and Audit provides an example of this:

The Specifications instruct that Physician Assistants, who are reported with Board Code 7, may not be reported as the Attending Provider. However, Audit K21 permits Board Code 7 as a valid Board Code for Attending Providers. This apparent discrepancy is deliberate to avoid generating two errors for the same issue - that of a Physician Assistant being reported as Attending - which is captured by Audit K17.

Test files:

As usual, ADHS will accept test files for **2013-01** routine content testing during the last month of the reporting period, **June**.

If your hospital has a HIMS transition that affects your state report programming, please notify ADHS immediately and plan to submit test files for file structure/format testing as soon as possible.