

Email notice sent to hospital data reporting contacts on

May 12, 2015

The final reporting specifications manual for **2015** reporting is now posted on the ADHS website here: <http://www.azdhs.gov/plan/crr/ddr/reporting/index.htm>
Please refer to the Change History in the front of the manual for a summary of 2015 changes.

2015 test periods: June and December are test periods, when hospitals may submit test files for routine content auditing. **Commencing with the June 2015 test period, only one set of test files per hospital will be processed.** This change has unfortunately become necessary due to some hospitals sending multiple test files. This change does not apply to format testing for newly licensed hospitals or hospitals that need to test programming changes due to transition from one HIMS to another. Format testing is conducted year-round with prior notice to this office.

IMPORTANT:

The Arizona Statute that mandates the collection of hospital data requires the collection to follow federal Health and Human Services standards. This requirement has two significant impacts on Arizona data collection for 2015:

1) The national definition of DRG is: *“the PPS code assigned to the claim to identify the DRG based on the grouper software called for under contract with the primary payer.”* This means that due to the implementation of **APRDRGs** for reimbursement by the Arizona Health Care Cost Containment System (AHCCCS), on all records for which AHCCCS is the primary payer, the APRDRG code and APRDRG version must be reported. See Section C of the reporting manual for specifications of APRDRG reporting.

From data review and discussions with hospitals during the recently completed 2014-02 data reporting, it was discovered that in some hospital HIMS, the DRG used for billing is not necessarily stored with the claim for subsequent reporting to the state. If you anticipate problems with reporting APRDRG, please contact ADHS for assistance.

2) Arizona data reporting will commence collection of **ICD-10-CM** codes for diagnoses and procedures in conjunction with the national implementation currently scheduled to occur for discharges on/after October 1, 2015. This means that ICD-9-CM codes must be reported on discharges occurring through

September 30, 2015, and only ICD-10-CM codes must be reported on discharges occurring on/after October 1, 2015.

The 2015 manual includes the information necessary to prepare to transition to reporting ICD-10-CM codes in your data reports for the second half of 2015. Please ensure your state data reporting extracts are appropriately revised to report ICD-10-CM codes as required. Significant advance notice of this transition has been provided since January of 2013. Failure to prepare will not excuse any resulting non-compliance with the ICD-10-CM reporting requirements.

As always, if you have any questions or concerns regarding Arizona data reporting, please contact ADHS for assistance.